FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY

Commission

Fresno County

Joe Prado, Interim Director
Public Health Department

David Cardona, M.D.
At-large

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

Garry Bredefeld
Board of Supervisors

Joyce Fields-Keene
At-large

Soyla Reyna-Griffin
At-large

Kings County

Joe Neves
Board of Supervisors

Rose Mary Rahn, Director
Public Health Department

Lisa Lewis, Ph.D.
At-large

Madera County

David Rogers
Board of Supervisors

Sara Bosse
Public Health Director

Aftab Naz, M.D.
At-large

Regional Hospital

Jennifer Armendariz
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Kerry Hydash
Kings County

Paulo Soares
Madera County

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

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www.calvivahealth.org

DATE: September 12, 2025

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Cheryl Hurley, Commission Clerk

RE: Commission Meeting Materials

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

Thursday, September 18, 2025
1:30 pm to 3:30 pm

Where to attend:

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

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

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

Meeting materials have been emailed to you.

Currently, there are **14** Commissioners who have confirmed their attendance for this meeting. At this time, a quorum has been secured. Please advise as soon as possible if you will not be in attendance to ensure a quorum can be maintained.

Thank you

Fresno-Kings-Madera Regional Health Authority
Commission Meeting
September 18, 2025
1:30pm - 3:30pm
Meeting Location:

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

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

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

Item	Attachment #	Topic of Discussion	Presenter
1.		**Call to Order**	D. Hodge, MD, Chair
2.		**Roll Call**	C. Hurley, Clerk
3.	No attachment	**Commission Seat: Fresno County Department of Public Health – Interim Director** • Joe Prado *Action: Ratify appointment of Joe Prado to the Commission*	D. Hodge, MD, Chair
4. Action	Attachment 4.A Attachment 4.B Attachment 4.C Attachment 4.D	**Consent Agenda:** • Commission Minutes dated 7/17/25 • Finance Committee Minutes dated 5/15/25 • QI/UM Committee Minutes dated 5/14/25 • PPC Minutes dated 6/4/25 *Action: Approve Consent Agenda*	D. Hodge, MD, Chair
5.		Closed Session: The Board of Directors will go into closed session to discuss the following item: A. Conference Report Involving Trade Secret – Discussion of service, program, or facility: Estimated Date of Public Disclosure: January 2028 Government Code section 54954.5	J. Nkansah, CEO
		PowerPoint Presentations will be used for item 6	
6. Information	*No attachment*	**State and Federal Impacts**	J. Nkansah, CEO

	Handouts will be available at meeting	PowerPoint Presentations will be used for item 7-9 **One vote will be taken for combined items 7-8**	
7. Action		**2025 Quality Improvement, Health Education, and Wellness Work Plan Mid-Year Evaluation**	P. Marabella, MD, CMO
	Attachment 7.A Attachment 7.B	• Executive Summary • Work Plan Evaluation *Action: See item 5 for Action*	
8. Action		**2025 Utilization Management Care Management Work Plan Mid-Year Evaluation**	P. Marabella, MD, CMO
	Attachment 8.A Attachment 8.B	• Executive Summary • Work Plan Evaluation *Action: Approve 2025 Quality Improvement, Health Education, and Wellness Work Plan Mid-Year Evaluation; 2025 Utilization Management Care Management Work Plan Mid-Year Evaluation*	
9. Information		**RY2025 HEDIS® Results & Quality Improvement Update**	P. Marabella, D, CMO
	Attachment 9.A	• HEDIS® Chart	
10. Action		**Standing Reports**	
	Attachment 10.A Attachment 10B	**Finance Report** • Financial Report Fiscal Year End June 30, 2025 • Financials as of July 31, 2025	D. Maychen, CFO
	Attachment 10.C	**Compliance** • Compliance Report	M.L. Leone, CCO
	Attachment 10.D Attachment 10.E Attachment 10.F Attachment 10.G	**Medical Management** • Appeals and Grievances Report • Key Indicator Report • Credentialing Sub-Committee Quarterly Report – Q3 2025 • Peer Review Sub-Committee Quarterly Report – Q3 2025	P. Marabella, MD, CMO
	Attachment 10.H	**Equity** • Equity Report	S. Xiong-Lopez, Eq.O
	Attachment 10.I	**Executive Report** • Executive Dashboard *Action: Accept Standing Reports*	J. Nkansah, CEO
11.		**Final Comments from Commission Members and Staff**	
12.		**Announcements**	
13.		**Public Comment**	

Public Comment is the time set aside for comments by the public on matters within the jurisdiction of the Commission but not on the agenda. Each speaker will be limited to three (00:03:00) minutes. Commissioners are prohibited from discussing any matter presented during public comment except to request that the topic be placed on a subsequent agenda for discussion.

14.	**Adjourn**	D. Hodge, MD, Chair

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

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

Next Meeting scheduled for October 16, 2025, in Fresno County
CalViva Health, 7625 N. Palm Ave., Ste. 109, Fresno, CA   93711

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

Item #4
Attachment 4.A – 4.D

Consent Agenda

4.A   Commission Minutes 7/17/25
4.B   Finance Minutes 5/15/25
4.C   QIUM Minutes 5/14/25
4.D   Public Policy Minutes 6/4/25

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<tr><td rowspan="2" style="width:160px"></td><td colspan="3" style="text-align:center">Fresno-Kings-Madera
Regional Health Authority</td><td colspan="2" style="text-align:center">CalViva Health
Commission
Meeting Minutes
July 17, 2025</td><td colspan="2" style="text-align:center">Meeting Location:
CalViva Health
7625 N. Palm Ave., #109
Fresno, CA 93711</td></tr>
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	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	✓	**Maria Sanchez**, Senior Compliance Manager

	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 1:29 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			
#5 Consent Agenda • *Commission Minutes dated 5/15/25.* • *Finance Committee Minutes dated 3/20/25.* • *QI/UM Committee Minutes dated 3/20/25.* • *Public Policy Committee Minutes 3/5/25* • *Finance Committee Charter* • *Credential Committee Charter* • *Peer Review Committee Charter* • *QIUM Charter* • *Public Policy Committee Charter* • *Compliance Report* Action D. Hodge, MD, Chair	All consent items were presented and accepted as read.		***Motion****: Consent Agenda was approved.* *9 – 0 – 0 – 8* *(Neves / Frye)*
#4 Closed Session	Jason Epperson reported out of closed session. The Commission met in closed session to discuss the items agendized specifically item #4.A Public Employee Appointment, Employment, Evaluation, or Discipline – CEO Annual Review, Government Code section 54957(b)(1), #4.B Conference with Legal Counsel – Existing Litigation, Fresno County Superior Court Case #24CECG020996, Government Code section 54596.9, and #4.C Conference Report Involving Trade Secret, Public Disclosure date July 1, 2025, Government code section 54954.5. Regarding items 4.B and 4.C, the Commission discussed those items, and direction was given to staff and took no other reportable action regarding those two items. Regarding 4.A, the Commission discussed this in closed session. A motion was made by John Frye and seconded by Supervisor Neves to increase the CEO's basic		***No Motion***

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	compensation 5% effective his employment anniversary date, motion was carried unanimously. The Commission recessed from closed session at 1:40 pm.		
#5 Public Disclosure – Health Net Community Solutions Contract Information J. Nkansah, CEO	The RHA met in closed session during various dates over the past year to discuss the contract with Health Net Community Solutions. Public disclosure was reported out for Fresno-Kings-Madera Regional Health Authority ("RHA") dba CalViva Health and Health Net Community Solutions, Inc. ("Health Net") contract(s) with an effective date of July 1, 2025. The discussions during those closed session meetings were centered around the Administrative Services Agreements and Amendments with Health Net Community Solutions, Inc., and the Capitated Provider Services Agreements and Amendments with Health Net Community Solutions, Inc. A modernized Administrative Services Agreement and Capitated Provider Services Agreement has been agreed to by RHA and Health Net with the intent to execute with an effective date of July 1, 2025, upon gaining regulatory approval of the new modernized agreement(s). There are no changes to financial terms, and there is no first right of refusal language included in these agreements. The new modernized agreements will continue to adhere to an initial term as well as the automatic renewal terms. Either party has the right to exercise the clause to terminate without cause, which remains in the contract. Legal references and definitions have been reviewed and if applicable updated, removed or added in the new agreements. Business operational practices and processes were reviewed and updated to align with current processes. Performance standards will remain in the new agreement, and the Medi-Cal benefit program terminology was reviewed because of the new 2024 DHCS contract requirements. Next steps in this process are to obtain regulatory approval of the new modernized Administration Services Agreement and Capitated Provider Services Agreement and execute those new modernized agreements with Health Net with a retroactive effective date of July 1, 2025.		*No Motion*

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
#6 Community Support & Community Reinvestment Policy and Procedure Action J. Nkansah, CEO	In February 2025, the Commission discussed the new DHCS Community Reinvestment contractual requirements and DHCS All Plan Letter 25-004 and how the changes would impact the Plan's Community Support Policy and Procedure. A redline of the policy and procedure AD-103 was presented to Commission on February 20, 2025. The Commission was advised on February 20, 2025, that the revised RHA Commission Policy and Procedure AD-103 would be submitted to DHCS for review and approval. If DHCS requests additional changes the policy will be brought back to the RHA Commission for approval. The DHCS did not request any changes to the RHA Policy and Procedure which impacts how the Plan intends to operationalize the RHA Community Support Program and/or the DHCS Community Reinvestment Program. The DHCS requested technical changes to insert certain aspects of the requirements of the All Plan Letter into the policy and procedure as opposed to Plan's preference to refer to the All Plan Letter. Those changes can be found in redline on pages 1, 2, 3, 5, 6, and 7 of Policy and Procedure AD-103. The Policy and Procedure is now reviewed and approved by DHCS.		***Motion:*** *The Commission reviewed and approved Policy AD-103.* *9 – 0 – 0 – 8* *(Rogers / Neves)*
#7 Review of Fiscal Year End 2025 Goals Information J. Nkansah, CEO	Results for fiscal year end 2025 goals were presented to Commissioners. Market share remained stable from the prior fiscal year. The Medical Management and Quality Improvement outcomes are that both PIPs were completed, and the planning phase and data gathering are underway. In addition, the required collaborative effort to work with Anthem to address improvement in the Childhood domain is underway and the planning phase and data gathering has been initiated. For the Funding of Community Support program there were ten (10) Provider recruitment grants awarded. For Tangible Net Equity (TNE), the Plan has met the DMHC TNE requirement. CVH did not meet the DHCS reserve standard; however, continues to make progress toward meeting that goal.		***No Motion***

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	For Direct Contracting, the Plan maintained direct contracts. TNE requirements have been met and presently there is no longer a need for this to be an ongoing fiscal year goal. For Health Plan Accreditation, the goal was to obtain health plan accreditation by 2025 and NCQA Health Equity Accreditation by 2026. Both goals were met early, and the Plan is now NCQA Health Plan and NCQA Health Equity Accredited as of June 30, 2025.		
#8 Goals & Objectives for Fiscal Year 2026 Action J. Nkansah, CEO	The goals and objectives for FY 2026 were presented to Commissioners. For Medical Management/Quality Improvement, the Plan continues to work on both Performance Improvement Projects (PIPs); African American/Black Well child Visits in Fresno County (Clinical); and Follow-up after ED visit for substance use disorder (SUD)/mental health (MH) issue in Fresno and Madera Counties (Non-clinical). In addition, continue the IHI Behavioral Health project in Fresno County working with Fresno County Behavioral Health and Anthem Blue Cross on the Behavioral Health Domain to improve follow up after an ED visit for SUD/MH issues. The Plan will continue to maintain Funding of Community Support Program, DMHC TNE requirements, Community Outreach, participation in local community initiatives, advocation for Local Initiative Plan interest, NCQA accreditations, and DEI activities as required by DHCS.		*Motion: Commissioners approved goals & objectives for FY 2026.* *9 – 0 – 0 – 8* *(Neves / Naz)*
#9 CYBHI MOU CBH-MCP Interim Model 04032025 Action J. Nkansah, CEO	The Children Youth Behavioral Health Initiative, which is part of a master plan for kids' mental health and is an investment by the State of California The DHCS has contracted with Carelon Behavioral Health (CBH) to manage certain implementation components of the statewide, multi-payer, school-linked fee schedule and support DHCS and participating entities with the management of the school-linked statewide provider network of behavioral health practitioners, which is comprised of local education agencies, county offices of education, public institutions of higher education, and community-based individual, group and		*Motion: Commission approved CYBHI MOU* *9 – 0 – 0 – 8* *(Neves / Cardona)*

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	organizational providers designated in-network by local education agencies, county offices of education, or public institutions of higher education (collectively, Providers). As a participating entity, DHCS requires Fresno-Kings-Madera Regional Health Authority dba CalViva Health a Medi-Cal Managed Care Plan, to coordinate components of the program under the terms specified in this MOU. Additionally, CalViva Health will fund CYBHI Fee Schedule program claims for eligible services furnished by Providers to enrolled members of CalViva Health. The MOU must be signed "as is" as the Regulators, which include DHCS and the California Department of Managed Health Care (DMHC), are not accepting any redlines. The CEO and RHA Outside Counsel agree the CEO's ability to execute MOUs are limited to local and state agencies that provide services as described in the DHCS Medi-Cal Agreement. CBH is not a local and/or state agency, therefore approval of the RHA Commission is needed to execute the California Children and Youth Behavioral Health Initiative Network Support, Claims Processing and Payment Remittance Memorandum of Understanding as presented to the Commission on July 17, 2025.		
#10 Care Management Information P. Marabella, CMO	Dr. Marabella presented the 2024 Annual Program Evaluation for Care Management. The Care Management Program Evaluation addresses Physical Health, Behavioral Health, Perinatal Wellness, and Transitional Care Services. Goals for 2024 • Increase number of cases managed: Met - Total 3,649 cases in 2024, compared to 3,571 in 2023. Or 0.93% of entire population managed in physical, behavioral or perinatal case management. • Maintain 90% Compliance for Documentation in the medical record: Met – each program scored 90% or greater on file reviews in 2024. Care Management Outcomes		*No Motion*

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	• Physical Health and Behavioral Health: Claims data demonstrated a reduction in readmissions for the care managed members, 2.3% decrease in readmission rate based on claims. There was also a 23% reduction in ED utilization for this population by 261 ED claims and a reduction of 599 ED claims per 1,000 members per year.
	• Perinatal Outcomes: Members in the Perinatal CM program demonstrated a 6.3% percentage increase in compliance with completing the first prenatal visit in their first trimester and an 8% increase in timely completion of their post-partum visit compared to pregnant members who were not enrolled in the program.
	
	• Member Satisfaction
	   o 72 Responses in 2024
	   o 12 of 14 Questions had a response.
	   o Goal = 90% positive response (Very Satisfied-Satisfied)
	• 90% Satisfied with CM Program (met goal)
	• 86% Satisfied with ability to reach their CM.
	• 83% Reported CM helped them to reach their health goals.
	• 89% Reported CM helped to organize care with MD and other caregivers.
	
	Key Accomplishments for 2024
	• Successful coordination of CalAIM ECM member self-referrals.
	• Successful CalAIM Community Supports referrals.
	• Filled open CM positions.
	• Managed more members compared to 2023 in BH, Perinatal, TCS, and FYOL programs.
	• Enhanced the Transitional Care Services program to meet Population Health requirements:
	   o Outreach for all Acute Inpatient Admissions
	   o Onsite staff at Community Regional Medical Center
	   o Increased engagement in programs
	   o Enhanced coordination with Telehealth docs for post discharge follow up referrals.		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	Goals for 2025 • Increase member enrollment in Transitional Care Services program. ○ Increase the number of hospitals with onsite staff presence. • Manage more members across CM programs. • Launch texting program with members. • Reduce further the readmission rate and ED visits for members in Care Management. • Increase Prenatal and Postpartum visit goals for Perinatal program. • Support CalAIM Community Supports programs and referrals for members through FindHelp.		
#11 Long Term Care Action P. Marabella, MD, CMO	Dr. Marabella presented the 2025 Long Term Care Quality Assurance & Performance Improvement Plan. 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. • Starting with Skilled Nursing Facilities (SNF) • Followed by Subacute Care Facilities • Finally, Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) The transition was complete in 2024. CalViva has a designated Long Term Support Services (LTSS) Liaison. Responsibility for the Quality of LTC • 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. • Goal: Continuous, Data-Driven Improvement across the full long-term-care continuum. • Scope: Fresno, Kings, and Madara Counties in and out of network Skilled Nursing Facilities (SNF). LTC Quality Plan was developed to address the following required elements:		*Motion: Commission **a**pproved LTC 2025 Quality Assurance Performance Improvement Plan* *9 – 0 – 0 – 8* *(Frye / Neves)*

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	• Ongoing, comprehensive program covering clinical care, quality of life & resident autonomy.
	• Multi-source data integration:
	   o Claims Data
	   o Data from DHCS
	   o CDPH Survey Data (Publicly available)
	   o Critical Incident Data (Never events)
	   o Appeal & Grievance Data
	   o Satisfaction Data
	• Benchmark against Title 22/42, LTC MCAS measures, CMS quality metrics, others as indicated.
	• Oversight: QI/UM Committee
	
	Components of the Plan include:
	• Main monitoring tool is a Quarterly QAPI Dashboard which has been developed.
	• CalViva LTSS Liaison maintains this dashboard, leads SNF & stakeholder engagement, and ensures transparency.
	• 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.
	• Review the Dashboard to identify trends and opportunities.
	• Collaborate with SNFs, LTC Ombudsman, CBOs for root-cause analysis & technical assistance.
	
	LTC Dashboard Monitoring:
	Through the Dashboard we will monitor:
	• Integrated monitoring: claims analytics, public survey metrics, MCAS LTC measures per SNF/county.
	• Track ED visits, preventable admissions/readmissions, HAIs, infection control, staffing, abuse/neglect.
	• PQI system for reporting & investigating potential quality issues / critical incidents. Tied to Appeal & Grievance Data.
		John Frye asked what leverage the Plan has with facilities that are not in network?
		
		Dr. Marabella stated it is about rates. It is incumbent upon the Plan to ensure the member receives the care that is needed.
		
		Dr. Naz asked if it is possible to have CVH work with two or three hospitals to develop LTC?
		
		Jeff Nksansah stated he previously was engaged in conversations about LTC, but no forward progress was attainable.	

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	• Adverse events: root-cause analysis, corrective action plans for prevention of recurrence (ensure CDPH has completed). • Active feedback loops with staff, residents, families incorporated into improvement cycle. Satisfaction/complaints.		
#12 Standing Reports • **Finance Reports** Daniel Maychen, CFO	**Finance** <u>Financials as of May 31, 2025</u> As of May 2025, total current assets were approximately $471.3M; total current liabilities were approximately $300.1M. Current ratio is approximately 1.57. TNE as of May 2025 was approximately $180.9M, which is approximately 736% above the minimum DMHC required TNE amount. For DHCS standard, the minimum required TNE is approximately $194.2M, which the Plan is short by approximately $13.3M; however, the DHCS financial performance measure does fluctuate as revenues fluctuate. As of May 2025, interest income actual recorded was approximately $10.8M, which is approximately $7.1M more than budgeted due interest rates being higher than projected. Premium capitation income actual recorded was approximately $2.14B which is approximately $468.3M more than projected primarily due to higher MCO taxes which increased by approximately $268M as a result of the recent revision to the MCO taxes in December 2024 in addition to higher capitation rates and enrollment than projected. Total Cost of Medical Care expense actual recorded was approximately $1.28B which is approximately $193.8M more than budgeted due to enrollment and rates being higher than projected. Admin Service Agreement fees expense actual recorded was approximately 52.6M which is approximately $3.3M more than budgeted due to enrollment being higher than projected. License expense, by DMHC, actual recorded was approximately $1.4M which is approximately $57K more than projected due to the DMHC assessment fee being higher than projected. Taxes actual recorded was $785.6M, which is approximately $268.8M more than budgeted due to the revised MCO taxes by CMS which materially increased the MCO taxes. Telephone & Internet expense actual recorded was approximately $45K, which is approximately	*John Frye asked if the DHCS compiles data quarterly?* *Daniel Maychen stated the Plan submits quarterly financials.*	*Motion: Commission approved standing reports* *9 – 0 – 0 – 8* *(Luchini / Neves)*

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
• **Medical Management** P. Marabella, MD, CMO	$6K more than projected due to the previous phone vendor increasing rates as the Plan was on a legacy platform and the Plan switched voice service providers at a lower cost. Total net income through May 31, 2025, was approximately $19.2M, which is approximately $11.2M more than budgeted primarily due to interest income being approximately $7.1M higher than projected, and rates and enrollment being higher than projected. **Medical Management** Appeals and Grievances Dashboard Dr. Marabella presented the Appeals & Grievances Dashboard through May 2025. • The total number of grievances at the end of May shows a slight decrease from previous months. The Quality-of-Service category represents the highest volume of total grievances. • For the Quality of Service (QOS) category, the types of cases noted to contribute the most to case volumes are Access-Other, Administrative, Balance Billing, and Transportation. • The volume of Exempt Grievances is consistent with previous months. • Total Appeals volume continues to increase. The majority being CalAIM (Medically Tailored Meals and a small number of Housing Support related), DME, and Advanced Imaging. Uphold rate has decreased this month while the overturn rate has increased when compared with previous month. Key Indicator Report Dr. Marabella presented the Key Indicator Report (KIR) for May 2025. A summary was shared that provided the most recent data for Membership, Admissions, Bed Days, Average Length of Stay, and Readmissions through May 31, 2025.		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	• Membership remains steady. • 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. • Turn-Around-Time Compliance (TAT) categories met compliance goals with the exception of Deferrals related to staff efficiency in getting translated letters to members. 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 Q2 2025. One meeting was held in Quarter 2, on May 15, 2025. The following guiding documents were approved: 1. 2024 Health Equity End of Year Evaluation 2. 2025 Health Equity Program Description 3. 2025 Health Equity Work Plan 4. 2024 Health Equity Language Assistance Program Report 5. 2025 Population Segmentation Report 6. 2025 Long Term Care: Quality Assurance & Performance Improvement Plan The following general documents were adopted/approved: 1. Medical Policies 2. Clinical Practice Guidelines 3. Appeals & Grievances Policies & Procedures Annual Review The following Quality Improvement Reports were reviewed: Appeal and Grievance Dashboard & Quarterly A&G Reports; and Potential Quality Issues (PQI) Report. Additional Quality Improvement reports from Q2 were reviewed as scheduled during Q2.		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	The Utilization Management & Case Management reports reviewed were the Key Indicator Report, and NCQA System Controls Appeals & Denials Oversight Report for 2024. Additional UMCM reports were reviewed as scheduled during Q2. The following Access Related Reports for Q2 were reviewed: Access Workgroup Quarterly Report, and Provider Office Wait Time Report. The quarterly Pharmacy reports reviewed were Pharmacy Executive Summary, Operations Metrics, Top 25 Medication Prior Authorization (PA) Requests, and the Quality Assurance Reliability Results (IRR), these were all reviewed for Quarter 2. The Q2 HEDIS® Activities were focused on finalizing and preparing Measurement Year (MY) 2024 full HEDIS® Data for submission to HSAG & DHCS for the Managed Care Accountability Set (MCAS) measures. Final Attestations and IDSS submission were completed on June 12th. Medi-Cal Managed Care (MCMC) health plans currently have 18 quality measures (MCAS) on which we will be evaluated this year. The Minimum Performance Level (MPL) remains at 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. Phase 1 of these collaboratives concluded in June 2025, and Phase 2 is scheduled to begin in August 2025. DHCS County Projects include 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.		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	Credentialing Sub-Committee Quarterly Report The Credentialing Sub-Committee met on May 15, 2025. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering the fourth quarter for 2024 were reviewed for delegated entities and first quarter 2025 for Health Net and Behavioral Health (BH). The Credentialing Adverse Actions report for Q1 for CalViva from Health Net Credentialing Committee was presented. There were no (0) CalViva cases presented for discussion in Quarter 1 The Adverse Events report for Q1 2025 was reviewed. This report provides a summary of potential quality issues (PQIs) as well as Credentialing Adverse Action (AA) cases identified during the reporting period. Credentialing submitted zero (0) cases to the Credentialing Committee in the first quarter of 2025. There were no (0) reconsiderations or fair hearings during the first quarter of 2025. There were no (0) incidents involving appointment availability issues resulting in substantial harm to a member or members in the first quarter of 2025. There were zero (0) cases identified outside of the ongoing monitoring process, in which an adverse injury occurred during a procedure by a contracted practitioner in the first quarter of 2025. The Access & Availability Substantial Harm Report Q1 2025 was presented and reviewed. The purpose of this report is to identify incidents involving appointment availability resulting in substantial harm to a member or members as defined in Civil Code section 3428(b)(1). Assessments include all received and resolved Quality of Care (QOC) and Potential Quality Issue (PQI) cases related to identified appointment availability complaints. Each case is assigned a severity outcome score and cases requiring follow up are tracked to conclusion. This report now includes behavioral health cases in addition to physical health. After a thorough review of all first quarter 2025 PQI/QOC cases, the Credentialing Department identified zero (0) new cases of appointment availability resulting in substantial harm as defined in Civil Code section 3428(b)(1).		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	The NCQA System Controls CR Oversight Report 2025 was presented and reviewed. The purpose of this report is to identify any incidents of non-compliance with the credentialing policies on information management. NCQA standards require that the organization's credentialing policies describe 1) How primary source verification information is received, dated, and stored; 2) How modified information is tracked and dated from its initial verification; 3) Titles or roles of staff who are authorized to review, modify, and delete information, and circumstances when modification or deletion is appropriate; 4) Security controls that are in place to protect the information from unauthorized modification; and 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. Quarterly audits were performed of all CalViva credentialing files processed with two (2) modifications to CalViva provider records identified in 2024. These two (2) cases were audited against the information management criteria included in the policy and were found to be fully (100%) compliant. Modifications were made by individuals authorized to do so; when and why the modification was made was documented and consistent with policy; what was modified and who made the modification was also documented. Quarterly monitoring will continue with annual auditing and reporting. Appropriate actions will be taken when indicated. The Credentialing Sub-Committee Charter for 2025 was reviewed and approved by the committee. There were no changes to the Charter this year. Peer Review Sub-Committee Quarterly Report The Peer Review Sub-Committee met on May 15, 2025. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 1 2025 were reviewed for approval. There were no significant cases to report. The Adverse Events Report for Q1 2025 was reviewed. This report provides a summary of ongoing monitoring of PQIs and Credentialing Adverse Action cases during the reporting period. There were nine (9) new cases identified in Q1 that met the criteria and were reported to the Peer Review Committee. Three (3) cases involved a practitioner, and six (6) cases involved organizational providers (facilities). Of the nine (9) cases, three (3) were tabled, one (1) was tabled with a		

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	letter of concern, zero (0) were deferred, one (1) was closed to track and trend with a letter of concern, zero (0) were closed to track and trend with a letter of education, and four (4) were closed to track and trend. Seven (7) cases were quality of care grievances, two (2) were PQIs, zero (0) were lower-level cases, and zero (0) were track and trend. Zero (0) cases involved seniors and persons with disabilities (SPDs). Zero (0) cases involved behavioral health. There were no incidents involving appointment availability issues resulting in substantial harm to a member or members in Q1 2025. There were zero (0) cases identified outside of the ongoing monitoring process this quarter, in which an adverse injury occurred during a procedure by a contracted practitioner. (NCQA CR.5.A.4) Reviews completed in December, January and February did not identify any providers/practitioners who met the Peer Review trend criteria for escalation. There were thirteen (13) cases identified that required further outreach. Outreach can include but is not limited to an advisement letter (site, grievance, contract, or allegation), case management referral, or notification to Provider Network Management. The Access & Availability Substantial Harm Report for Q1 2025 was also presented. The purpose of this report is to identify incidents related to appointment availability resulting in substantial harm to a member or members as defined in Civil Code section 3428(b)(1). Assessments include all received and resolved grievances Quality of Care (QOC) and Potential Quality Issue (PQI) cases related to identified appointment availability issues, each case is assigned a tracking number, and all pertinent information is gathered for presentation to the Peer Review Committee. Each case is assigned a severity outcome score, and cases requiring follow-up are tracked to conclusion. Seventeen (17) * new cases were submitted to the Peer Review Committee in Q1 2025. Three (3) cases were related to appointment availability issues without significant harm, and three (3) were related to significant harm without appointment availability issues. There were no (0) behavioral health related cases identified this quarter. *One (1) case appeared twice in the quarter. The Q1 2025 Peer Count Report was presented and discussed with the committee. There was a total of seventeen (17) cases reviewed. There were ten (10) cases closed and cleared. No (0) cases were closed/terminated. There were five (5)		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	cases tabled for further information. There was one (1) case with CAP outstanding/continued monitoring, and one (1) was pending closure for CAP compliance. The Peer Review Sub-Committee Charter for 2025 was reviewed and approved by the Committee. There were no changes to the Charter this year. Follow-up will be initiated to obtain additional information for the tabled cases and ongoing monitoring and reporting will continue. **Executive Report** Executive Dashboard Enrollment as of May 2025 is 433,908. Enrollment for Anthem is approximately 204,546, and the enrollment for Kaiser is approximately 11,170. Market Share is currently approximately 66.79%. Regarding Information Technology Communications & Systems, Microsoft will stop providing security updates for Windows 10 as of October 14, 2025. Currently there is only one workstation running Windows 10 and that workstation will be upgraded prior to 10/14/25. Regarding the Call Center and CVH Website, there are no new updates to report. The Member Portal continues to show growth; there are approximately 1,100 members currently registered the portal. Provider Network & Engagement Activities, Claims Processing, and Provider Disputes, there are no significant issues or concerns at this time. The H.R. 1, also known as the One Big Beautiful Bill Act, agreement was reached between the legislature and the government. CVH along with partners in the trade association continue to evaluate and monitor the impact of the requirements now and in the future.		
• **Executive Report** J. Nkansah, CEO		*John Frye commented that it would be helpful if the Plan could provide the Commission with answers*	

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
		regarding specific issues the Plan is concerned with. And did the approved budget assume enough change to feel confident with the numbers. *Jeff Nkansah replied that CVH would prepare a report to provide Commissioners with a timeline of key issues.* *Daniel Maychen answered the question regarding the budget and stated he is confident with the numbers and budgeted for a decrease in enrollment. A lot of big changes are occurring in future fiscal years. There will be some impact to this fiscal year with the freeze on undocumented immigrant Medi-Cal enrollment.*	
#13 Final Comments from Commission Members & Staff	Jeff Nkansah shared that the vacant space is close to securing a lease with a new tenant. Jeff Nkansah thanked David Luchini for his participation on the FKM RHA Commission and presented him with a plaque in honor of his retirement.		
#14 Announcements	None.		
#15 Public Comment	None.		
#16 Adjourn	The meeting adjourned at 2:49 pm.		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	The next Commission meeting is scheduled for September 18, 2025, in Fresno County.		

Submitted this Day: _____

Submitted by: _____
      Cheryl Hurley
      Clerk to the Commission

CalViva Health
Finance
Committee Meeting Minutes

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

May 15, 2025

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

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	Comments	ACTION TAKEN
#1 Call to Order D. Maychen, Chair	The meeting was called to order at 11:30 am, a quorum was present.		
#2 Finance Committee Minutes dated March 20, 2025 Attachment 2.A Action, D. Maychen, Chair	The minutes from March 20, 2025, Finance meeting were approved as read.		Motion: *Minutes were approved* $6 - 0 - 0 - 1$ *(Frye / Soares)*
#3 Financials – as of March 31, 2025 Action D. Maychen, Chair	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		Motion: *Financials as March 31, 2025, were approved* $6 - 0 - 0 - 1$ *(Rahn / Frye)*

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	Comments	ACTION TAKEN
	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 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.		
#4 Annual Review of Finance Charter Action D. Maychen, Chair	No edits or revisions were recommended during the annual Charter review. This was approved to move to Commission for final approval.		Motion: *Approve annual review of Finance Charter to move to Commission for full approval* *6 – 0 – 0 – 1* *(Rahn / Frye)*
#5 Announcements	The House Energy and Commerce Committee released their proposal and several of the major cuts to Medicaid were not on that proposal. Notable items include effective 1/1/29 work requirements for able bodied adults ages 18-64 (with		

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	Comments	ACTION TAKEN
	certain exemptions, i.e. pregnant women, disabled persons) are to be engaged in work or community service, or an educational training program at least 80 hours per month. Their eligibility would be redetermined twice a year as opposed to once a year. Potential impact to California based on a study by the Urban Institute, project approximately 1M could potentially lose coverage due to the work requirements. On a side note, reasons why members get disenrolled quite often is for administrative reasons. The other notable proposal was if a State provides Medicaid coverage to undocumented persons, then the Federal government would reduce the Federal match on the adult expansion aid category by 10%. Based on numbers available, California would stand to lose approximately $3.2B annually as California provides Medicaid coverage to undocumented persons. Additionally, items such as prohibiting increases to MCO taxes in the future, and more strict rules on MCO tax structures. Essentially the MCO taxes that is currently in place now, if it was sent to CMS for renewal, it would not be approved as currently written. With regard to the State, the May revised budget was released 5/14/25. Key material cuts include beginning 1/1/2026 the State will freeze undocumented beneficiary enrollment into Medi-Cal for persons 19+ in age; undocumented children will remain eligible. Undocumented beneficiaries who are already on Medi-Cal would be able to keep their coverage. For the undocumented age 19+ they would be subject to a $100 per month premium beginning 1/1/2027. The Provider rate increases are still on the table.	*Paulo Soares asked about what happens when the undocumented have to re-enroll?* *Jeff Nkansah stated that if they are going through the renewal process, they will allow them to redetermine if they are still eligible; however, if they drop off for whatever reason they will not be able to obtain coverage again.* *John Frye asked the size of the undocumented population.*	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	Comments	ACTION TAKEN
		Daniel Maychen stated approximately 1.6M have signed up for Medi-Cal.	
#6 Adjourn	Meeting was adjourned at 11:42 am		

Submitted by: _Cheryl Hurley_
Cheryl Hurley, Clerk to the Commission

Dated: _7-17-25_

Approved by Committee: _Daniel Maychen_
Daniel Maychen, Committee Chairperson

Dated: _7/17/25_

Fresno-Kings-Madera Regional Health Authority	CalViva Health QI/UM Committee Meeting Minutes May 15th, 2025	CalViva Health 7625 North Palm Avenue; Suite #109 Fresno, CA 93711 **Attachment A**

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

✓ = in attendance
* = Arrived late/left early
** = Attended virtually

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order Patrick Marabella, M.D., Chair	The meeting was called to order at 10:01 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.	**Motion:** *Approve* Consent Agenda

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
- A&G Inter-Rater Reliability Report (Q1 2025) - Quarterly A&G Member Letter Monitoring Report (Q1 2025) - A&G Classification Audit Report (Q1 2025) - Quarterly CA Operations Oversight Audit of Call Center Inquiry Calls (Q1 2025) - CCC DMHC Expedited Grievance Report (Q1 2025) - A&G Validation Audit Summary (Q4 2024) - Concurrent Review IRR Report (Q1 2025) - Provider Office Wait Time Report (Q1 2025) - California Children's Services Report (Q1 2025) - TurningPoint Musculoskeletal Utilization Review (Q4 2024) - PA Member Letter Monitoring Report (Q1 2025) - Access Workgroup Quarterly Report (Q1 2025) - Clinical Practice Guidelines - Medical Policies Provider Updates (Q1 2025) (Attachments A-O) **Action** Patrick Marabella, M.D., Chair	A link for the Medi-Cal Rx Contract Drug List was available for reference.	(Quezada/Cardona) 5-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

#3 QI Business/A&G:
 - A&G Dashboard and Turnaround Time Report (March 2025)
 - A&G Executive Summary (Q1 2025)
 - A&G Quarterly Member Report (Q1 2025)
 	
 (Attachments P - R)
 	
 Action
 Patrick Marabella, M.D., Chair
	The **Appeals & 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&G data presented in this drill down comes from the A&G Ops Team.)
	 • 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.
	     o An appeal is a request for your health plan to review a decision that denies a benefit or payment.
	     o 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.
	 • Year Over Year (YOY) Comparison – Q1 2025 Appeals & Grievances (A&G) Data
	     o 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.
	     o For grievances, there was a volume increase of 22.2% in Fresno County, 13.8% in Madera County, and 31.7% in Kings County.
	 • Q2 2024 – Q1 2025 Comparison - Appeals & Grievances (A&G) Data
	     o Compared to the prior quarters:
	        ▪ Appeals showed a decrease in volume in Fresno County and Kings County. Madera County showed an increase.
	        ▪ 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%.
	 • Trends in Classifications and Categories
	     o Year-Over-Year Comparison – Q1 2025 Top Appeals & Grievances Trend by Classification Codes
	        ▪ 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.
	        ▪ For grievances, there was an increase in all the top 5 classifications.
	     o One Year Look Back - Top Appeals & Grievances Trends by Classification Codes
		Motion: *Approve*
		 - A&G Dashboard and Turnaround Time Report (March 2025)
		 - A&G Executive Summary (Q1 2025)
		 - A&G Quarterly Member Report (Q1 2025)
		
		 (Quezada/ Faulkenberry)
		 5-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	- In Q1 2025, there was a 3.4% increase in appeals for the Not Medically Necessary classification code compared to Q4 2024. - 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. - There was a decrease of 2% in Administrative Issues and 21.4% in Transportation grievances in Q1 2025 compared to Q4 2024. o Trending Appeals (volume) by Category - In Q1 2025, in the Not Medically Necessary classification, increases were seen in 4 out of the 5 categories - Diagnostic – MRI was the only category with a decrease compared to Q1 2024. - 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. o Trending Grievances (volume) by Category - Most of the grievances showed an increase in Q1 2025 compared to Q4 2024. - 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. - 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. • Summary – Areas of Improvement and Opportunities o Summary of Appeals: - 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. - The top drivers of this increase are Diagnostic MRI, Self-injectable Medications, Diagnostic Genetic Testing, Diagnostic CAT Scan, Outpatient - Procedure, and Medically Tailored meals. - Although an increase is noted, 43.7% were upheld, and no changes were made. - Medically Tailored Meals were classified into a separate category, beginning in Q1 2025, with 16 appeals.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

	13 (81.2%) appeals were upheld, and 3 (18.8%) appeals were overturned.
	o Areas of Improvement for Not Medically Necessary include the following opportunities:
	   ■ Educate providers on the criteria for medical procedures 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.
	   ■ Educate providers on the criteria to qualify for medically supportive meals.
	o Summary of 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.
	   ■ 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.
	o Areas of Improvement for Prior Authorization Delay include the following opportunities:
	   ■ The provider should keep the member informed of the prior authorization timeline for approval.
	   ■ Continue providing live and recorded provider training webinars to address prior authorizations on a regular basis.
	o Areas of Improvement for PCP Referral for Services include the following opportunities:
	   ■ Establish or reassess the current audit referral process and turnaround approval times.
	o Areas of Improvement for Transportation Missed Appointment include the following opportunities:
	   ■ Request feedback from the vendor on how they will address complaints related to no-show transportation and make reliable transportation accessible to members.
	o Areas of Improvement for Network Availability include the following opportunities:	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

	■ Expand telehealth services, utilizing data analytics to optimize network design and ensure equitable access to care.
	  ○ Areas of Improvement for Available Appointment with Specialist include the following opportunities:
	        ■ Expand specialist network in rural areas through the Provider Network team.
	        ■ Leverage contract language to incentivize provider groups to increase volume as well as meet member experience expectations.
	  ○ Areas of Improvement for Specialist Referral for Services include the following opportunities:
	        ■ Enhancing relationships with referring physicians, streamlining the referral process, and leveraging technology (i.e., EHR, patient portals, etc.).
	Discussion:
	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.
	
	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.
	
	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	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	strive for a reduction in transportation-related grievances and missed appointments.	
#3 QI Business - Potential Quality Issues (Q1 2025) - NCQA System Controls CR Oversight Report 2025 (Attachment S, T) **Action** Patrick Marabella, M.D., Chair	The **Potential Quality Issues (PQI) Report Q1 2025** 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. • There were two (2) non-member-generated Physical Health (PH) PQIs in Q1 in Fresno County, both scoring a level 0, indicating minimal issues. • 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. The **NCQA System Controls CR Oversight Report 2025** 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: 1. How primary source verification information is received, dated, and stored. 2. How modified information is tracked and dated from its initial verification. 3. Titles or roles of staff who are authorized to review, modify, and delete information, and circumstances when modification or deletion is appropriate. 4. Security controls that are in place to protect the information from unauthorized modification. 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. 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.	**Motion:** *Approve* - Potential Quality Issues (Q1 2025) - NCQA System Controls CR Oversight Report 2025 (Quezada/ Faulkenberry) 5-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Nicole Foss left the meeting at 10:26 a.m. and returned at 10:33 a.m.	
	Dr. Cardona left the meeting at 10:27 a.m. and returned at 10:32 a.m.	
#4 Key Presentations - Heath Equity Work Plan End of Year Evaluation & Executive Summary 2024 - Health Equity Program Description & Change Summary 2025 - Health Equity Work Plan & Executive Summary 2025 (Attachment U - W) **Action** Patrick Marabella, M.D., Chair	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. 1. **2024 Health Equity Work Plan Annual Evaluation.** Summary of activities accomplished and improvements made over the last calendar year, with 50 measurable objectives and all 2024 work plan activities completed. • Language Assistance Services o Updated/amended contracts with four (4) vendors to expand services. o Distributed a newsletter article informing members how to access language services. o Two hundred and two (202) staff completed their bilingual assessment / re-assessment. o Updated Non-Discrimination Notice (NDN) to include additional protected groups. o Thirty-six (36) translation reviews were completed in 2024. • Compliance Monitoring o Health Equity (HEQ) reviewed five (5) interpreter complaints and 37 grievance cases, with three (3) interventions identified. o Attended QI/UM Workgroup, weekly, and Public Policy Committee (PPC) meetings, quarterly. o Two (2) Findhelp training courses were completed, with 966 new programs added to the platform. o All HEQ Policy & Procedures reviewed and updated. • Communication, Training, and Education o One (1) A&G training was completed on coding and resolution of grievances. o Six (6) call center trainings conducted for 85 new staff; training decks updated. o Providers were updated on cultural practices, LAP services, health literacy, and online cultural competency/Office of Minority Health (OMH) training. o Language identification poster for provider offices was remediated and posted in the provider library. • Health Literacy, Cultural Competency, and Health Equity o English material review completed for a total of 77 materials. o Completed four (4) provider training courses for 164 providers. (Special Needs &	**Motion:** *Approve* - Heath Equity Work Plan End of Year Evaluation & Executive Summary 2024 - Health Equity Program Description & Change Summary 2025 - Health Equity Work Plan & Executive Summary 2025 - Health Equity Language Assistance Program Report 2024 (Waugh/Faulkenberry) 5-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Cultural Competency, Language Assistance Program & Plain Language for Health Literacy, and Community Connect) o Conducted annual Heritage/CLAS Month with 2,060 staff who attended the event. o Completed two (2) cultural competency training courses for staff: (Gender Neutral Language and Bridging Gaps for Equal Access to Health Care). o Supported the completion of quality projects. Projects target measures: W30-6+ and SUD/MH. 2. **2025 Health Equity Program Description.** Roadmap for structure, resources, and monitoring. Updated annually with changes noted below: Page 9. Added members' preferred pronouns as data we collect 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." Page 12. Added specific training and available materials to support staff in providing culturally competent services. Page 12. Added additional information regarding CLAS/Heritage Month. Page 13. Listed training topics for providers. Page 15. Added the Health Literacy Toolkit and what it consists of. Page 17. Updated the Health Equity core levels, changing local to community, data to provider, and including member as the third core area. 3. **2025 Health Equity Work Plan.** 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: • Support & Oversight o Expanded on activities regarding language vendors (row 4). o Added new responsibility encompassing oversight of Health Education's material field testing (row 30). o Added oversight of translation coordination for other departments (row 31). o Expanded on activities and support provided to A&G staff on culture and linguistic (C &	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

	L) related grievances (row 46).
	   o Updated Call Center training oversight (row 47).
	   o Added new activities to be completed by the CVH Health Equity Officer (rows 77-81).
	• Reporting
	   o Detailed how language and demographic information is collected and used to identify emerging languages (row 5).
	   o Added a new activity to include an annual review of emerging and threshold languages (row 6).
	   o Updated responsibilities for Population Needs Assessment (PNA) to supply data instead of authoring sections (row 17).
	   o Added action plans to address PNA and Geo Access report findings (row 18).
	   o Expanded to include how the grievance trend analysis is used to evaluate the effectiveness of the LAP program (row 35).
	   o Added details regarding the Disparity Projects and annual reporting requirements (row 75).
	• Members & Providers
	   o Elaborated on the members' alternate format standing request report (row 8) and responsibility for reasonable accommodation requests (row 19).
	   o Expanded details on content and purpose of the member newsletter (row 11).
	   o Expanded on Findhelp/Community Connect activities to include additional marketing efforts (row 40) and training in Cozeva integration (row 42).
	   o Included participation in CAHPS Action Plan meetings to improve member experience (row 27).
	   o Elaborated on the topics that are covered in Provider Updates and made available to providers (row 49).
	   o Added a new Health Literacy Toolkit that will be made available to staff and providers (row 54).
	   o Added list of topics for Provider Training (row 62).
	• Accreditation & Regulatory: (CVH applied for NCQA Accreditation for HEQ on 3/11/25, with only one outstanding issue.)
	   o Expanded on DHCS/DMHC audit readiness to include details regarding reviews and support (row 3).	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	o For external forums (NCQA, DHCS, etc.), added information regarding participation and responsibilities (row 43). o Included NCQA Accreditation support and a list of the required reports to provide (rows 64-65). o Expanded on Disparity Projects support and deliverables (rows 69-72).	
#4 Key Presentations - Health Equity Language Assistance Program Report 2024 (Attachment X) Action Patrick Marabella, M.D., Chair	The **Health Equity Language Assistance Program End of Year Report for 2024** 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) • Latino/Hispanic 68%: 295,729 • White/Caucasian 10%: 44,306 • Asian/Pacific Islander 9%: 36,753 • Unknown/Blank 6%: 24,833 • African American/Black 4%: 19,226 • Other 2%: 9,054 • American Indian/Alaska Native 0.5%: 2,062 Spanish and Hmong are CVH's Threshold Languages. Spanish 97%: 31,700 consistently has the highest volume, and Hmong was 3%: 848 of calls. Interpretation was performed via the following: • 80% (6,294) telephonic interpreters down from 84% in 2023 • 18% (1,387) face-to-face – down from 20% in 2023 • 2% (152) Sign language – down from 3% in 2023 • 0.1% (7) Video Remote Interpretation - up from 0% in 2023 Behavioral Health interpretation was performed via the following: • 3.5% telephonic interpreters • 46.9% face-to-face – up from 2023 • 23.9% Sign language • 25.7% Video Remote Interpretation – up from 2023 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.	**Motion:** *Approve* - Health Equity Language Assistance Program Report 2024 (Waugh/Faulkenberry) **5-0-0-3**
#4 Key Presentations - Population Segmentation	The **Population Segmentation Report 2025** was presented and reviewed to understand the portions of the population targeted by each Population Health Management program in	**Motion:** *Approve* - Population

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Report (Attachment Y) **Action** Patrick Marabella, M.D., Chair	accordance with NCQA Accreditation standards. The following programs were reviewed along with their eligible population, and the number of eligible members ranged from 75- 431,280/0.02%-100%: • Improve Preventive Health: Flu Vaccinations 60.16%, Breast Cancer Screening 14.35% • Improve Behavioral Health: Severe and Persistent Mental Illness (SPMI) and Follow-Up Care after Mental Health Emergency Department Visits 0.03% • CVH Pregnancy Program 0.02% • Care Management 2.12% • Transitional Care Services 0.13% • Chronic Condition Disease Management 11.99% • Chronic Condition Management: Substance Use Disorder-Opioid (SUD-O) Program 0.37% • Tobacco Cessation – Kick It California 72.01% • Diabetes Prevention Program 5.75% • Diabetes Management Program 6.84% • Cardiac + Diabetes 9.38% • Health Information Form 100% • Initial Health Appointment 100% • Teladoc Mental Health Digital Platform (formerly myStrength) 72.01% • Behavioral Health Care Management 100% • Chronic Condition: Respiratory Conditions (Chronic Obstructive Pulmonary Disease (COPD) and Asthma) 2.53% • Emergency Room Diversion Program 0.08% • Chronic Condition: Oncology 0.48% • Telemedicine 100% *The Committee had no further questions or recommendations.*	Segmentation Report (Quezada/Cardona) 5-0-0-3
#4 Key Presentations - CVH 2025 Long Term Care Quality Assurance Performance Improvement Plan	The **CVH 2025 Long Term Care Quality Assurance Performance Improvement Plan** was presented and reviewed. 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. • Starting with Skilled Nursing Facilities (SNF)	**Motion:** *Approve* - CVH 2025 Long Term Care Quality Assurance Performance Improvement Plan

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

(Attachment Z)
 	
Action
Patrick Marabella, M.D., Chair
	• Followed by Subacute Care Facilities
	• Finally, Intermediate Care Facilities for the Developmentally Disabled (ICF/DD)
	The transition was completed in 2024. CalViva has a designated Long Term Support Services (LTSS) Liaison.
	• 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.
	• Goal: Continuous, Data-Driven Improvement across the full long-term-care continuum.
	• Scope: Fresno, Kings, and Madera Counties in and out of network Skilled Nursing Facilities (SNF)
	Developed a Plan to Address Required Elements:
	• Ongoing, comprehensive program covering clinical care, quality of life & resident autonomy.
	• Multi-source data integration:
	   o Claims Data
	   o Data from DHCS
	   o CDPH Survey Data (Publicly available)
	   o Critical Incident Data (*Never events*)
	   o Appeal & Grievance Data
	   o Satisfaction Data
	• Benchmark against Title 22/42, LTC MCAS measures, CMS quality metrics, others as indicated.
	• Oversight: QI/UM Committee
	Components of the Plan:
	• The main monitoring tool is a Quarterly QAPI Dashboard, which has been developed.
	• CalViva LTSS Liaison maintains dashboard, leads SNF & stakeholder engagement, and ensures transparency.
	• 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.
	• Review the Dashboard to identify trends and opportunities.
	• Collaborate with SNFs, LTC Ombudsman, and CBOs for root-cause analysis & technical assistance.
		(Quezada/
		Faulkenberry)
		5-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Through the LTC Dashboard, we will monitor: • Integrated monitoring: claims analytics, public survey metrics, MCAS LTC measures per SNF/county. • Track ED visits, preventable admissions/readmissions, HAIs, infection control, staffing, abuse/neglect. • PQI system for reporting & investigating potential quality issues / critical incidents. Tied to Appeal & Grievance Data. • Adverse events: root-cause analysis, corrective action plans for prevention of recurrence (ensure CDPH has completed) • Active feedback loops with staff, residents, and families incorporated into the improvement cycle. Satisfaction/complaints. • Utilization Analysis. *Zaman left the meeting at 10:53 a.m. and returned at 10:57 a.m.*	

#5 UM/CM Business
- Key Indicator Report & Turnaround Time Report (March 2025)
 	
(Attachments AA)
 	
Action
Patrick Marabella, M.D., Chair
	The **Key Indicator Report & Turnaround Time Report** through March 2025 were presented.
	• There were no significant changes in overall membership.
	• Utilization dropped in February (short month) but rebounded in March.
	• Acute admissions went down slightly (e.g., 1,300 now vs. 1,400 last year).
	• Readmissions have decreased, attributed to improved post-discharge care and case management.
	• SPD-related metrics improving:
	    o Bed days and lengths of stay are lower than last year.
	    o Average length of stay was reduced to 5.6 days (previously over 6).
	    o ER visits are stable.
	• One (1) Pre-service Routine Deferral letter requiring language translation was delayed this month due to high volumes.
	• One (1) Pre-service Urgent Deferral letter requiring language translation was delayed because the language translation vendor does not provide services on weekends.
	• Care Management numbers dipped slightly in February but bounced back in March.
	    o Perinatal case numbers back up to 300; 62% engagement rate.
	    o Physical health case management surged in March to 400 cases: engagement at 56% for Q1 2025.
		Motion: *Approve*
		- Key Indicator Report & Turnaround Time Report (March 2025)
		
		(Cardona/ Faulkenberry)
		5-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	o Behavioral health at 157 cases in March, with a 75% engagement; more staff were added. o Transitional Care Services has a high referral volume and a high engagement rate. A revised version of the Care management data has been proposed. It would be a separate, more detailed tab in the KIR spreadsheet. *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.*	

#5 UM/CM Business
- NCQA UM System Controls Appeals & Denials Oversight Report
 	
(Attachment BB)
 	
Action
Patrick Marabella, M.D., Chair
	The **NCQA UM System Controls Appeals & Denials Oversight Report** 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 & Denials information is received, stored, reviewed, tracked, and dated.
	CVH monitors compliance with its UM denial and appeal controls by:
	1. Identifying all modifications to receipt and decision notification dates that did not meet the organization's policies and procedures for date modifications.
	2. Analyzing all instances of date modifications that did not meet the organization's policies and procedures for date modifications.
	3. Acting on all findings and implementing a quarterly monitoring process until it demonstrates improvement for one finding over three consecutive quarters.
	Attached are the audit results regarding monitoring for compliance with established UM System Controls. Results are provided for *Appeals* (January to December 2024) and also for *Denials & Partial Approvals* (January to December 2024).
	1. 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:
	   • Appeals – January 1 to December 31, 2024 - total CVH Appeals = 455 (modified & non-modified)
	   • Denials – January 1 to December 31, 2024 - total CVH Denials & Partial Approvals = 10,493 (modified & non-modified)
	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.
		Motion: *Approve*
		- NCQA UM System Controls Appeals & Denials Oversight Report
		
		(Cardona/
		Faulkenberry)
		5-0-0-3

#6 Pharmacy Business	The **Pharmacy Executive Summary Q1 2025** provides a summary of the quarterly pharmacy	Motion: *Approve*

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

- Pharmacy Executive Summary (Q1 2025)
- Pharmacy Operations Metrics (Q1 2025)
- Pharmacy Top 25 Prior Authorizations (Q1 2025)
- Quality Assurance Reliability Results (IRR) for Pharmacy (Q1 2025)
 	
(Attachments CC-FF)
 	
Action
Patrick Marabella, M.D., Chair
	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.
	• Pharmacy Operations Metrics
	   o Pharmacy Prior Authorization (PA) metrics were within 5% of the standard for Q1 2025.
	   o Overall, TAT for Q1 2025 was 99.7%.
	   o 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.
	
	Pharmacy Operations Metrics Q1 2025 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%.
	• The average turnaround time met the standard with 99.7%.
	
	The **Pharmacy Top 25 Prior Authorizations Q1 2025** 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.
	
	The **Quality Assurance Inter Rater Reliability Results (IRR) for Pharmacy Q1 2025** 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%.
	• The 90% threshold was met. The 95% goal was not met. The overall score was 94.17%.
	• Zero (0) sample cases missed the TAT.
	• Three (3) sample cases had potential criteria application or documentation issues after plan
		- Pharmacy Executive Summary (Q1 2025)
		- Pharmacy Operations Metrics (Q1 2025)
		- Pharmacy Top 25 Prior Authorizations (Q1 2025)
		- Quality Assurance Reliability Results (IRR) for Pharmacy (Q1 2025)
		
		(Cardona/Quezada)
		5-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	review. • Three (3) sample cases had letter language that could have been clearer or more concise after plan review. • One (1) sample case was determined to have a questionable denial or approval after plan review. Results of the audit were shared with the PA Managers for review with pharmacy staff and feedback to individual staff.	
#7 **Policy & Procedure Business** - A&G Annual Policy & Procedure Review (Attachment GG) Action Patrick Marabella, M.D., Chair	The **A&G Annual Policy & Procedure Review** was presented to the committee. The following policy was presented for annual review with **no changes made:** 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.	Motion: *Approve* - A & G Annual Policy & Procedure Review (Quezada/Waugh) 5-0-0-3
#8 **Compliance Update** -Compliance Regulatory Report (Attachment HH)	Mary Lourdes Leone presented the **Compliance Report.** **CalViva Health Oversight Activities: Health Net:** CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings, and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to critical projects or transitions that may affect CalViva Health. The reports cover PPG level data in the following areas: financial viability data, claims, provider disputes, access and availability, specialty referrals, utilization management data,	-Compliance Regulatory Report

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	grievances, and appeals, etc. **Oversight Audits:** The following annual audits are in progress: Behavioral Health, Health Education, Marketing, Credentialing, Call Center, Claims/PDR, and Quality Improvement. **Fraud, Waste, and Abuse:** 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. **Department of Health Care Services ("DHCS") 2023 Focused Audit for Behavioral Health and Transportation:** As a reminder, on 9/6/24, the Plan received DHCS'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. **Department of Health Care Services ("DHCS") 2024 Medical Audit:** As a reminder, on 10/3/2024, DHCS sent out the Final Audit Report and CAP request. There were two findings: • 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. • The Plan did not ensure that all preliminary reports of suspected FWA were reported to DHCS within ten (10) working days. The DHCS has accepted the Plan's remediation actions and has closed the audit as of 5/14/25. **Department of Managed Health Care (DMHC) 2025 Medical Follow-Up Audit:** 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-onsite audit requests and is awaiting further correspondence from the DMHC. **Department of Health Care Services ("DHCS") 2025 Medical Audit:** The 2025 DHCS Audit will be conducted virtually from 6/2/2025-6/13/2025. The Entrance Conference will begin on 6/2/25 @ 10:00 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	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	category added this year. **Memorandum of Understanding (MOU):** Since the last Commission Meeting, the Plan has executed and submitted to DMHC & DHCS the following MOUs, which have been posted to CalViva's website: • Central Valley Regional Center MOU • DMHC State Plan MOU Madera County **Annual Network Certifications:** • <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. • <u>2024 Annual Network Certification (ANC)</u> - The Plan submitted the 2024 ANC on 3/17/2025 and is awaiting a response from DHCS. **Transgender, Gender Diverse, or Intersex (TGI) Training:** In further support of the Plan's compliance with DHCS APL 24-017 and DMHC APL 24-018, the Plan most recently submitted the TGI training curriculum and revised policies to DHCS and DMHC on 3/14/2025. **(RY)2025 (MY)2024 Timely Access and Annual Network Submission (TAR):** On 5/1/2025, the Plan submitted its Annual TAR filing to DMHC. **New DHCS Regulations/Guidance:** Please refer to Appendix A for a complete list of DHCS and DMHC All Plan Letters (APLs) that have been issued in CY 2025. **Public Policy Committee (PPC):** 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.	
#9 Old Business	*At the March 20th, 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?* *Dr. Marabella indicated that the Plan did not meet the measure due to a low initial screening rate (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.* *Dr. Ramirez had also inquired regarding the in-home Chlamydia screening test and whether it was*	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	a urine test or a self-swab. *Dr. Marabella confirmed it was **a urine test**.*	
#10 Announcements	The next meeting is on July 17th, 2025.	
#11 Public Comment	None.	
#12 Adjourn	The meeting adjourned at 11:22 a.m.	

NEXT MEETING: July 17th, 2025

Submitted this Day: __July 17th, 2025__

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

Acknowledgment of Committee Approval:

X _____
Patrick Marabella, MD, Committee Chair

Public Policy Committee
Meeting Minutes
June 4, 2025

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

Committee Members		Community Base Organizations (Alternates)	
✓	Joe Neves, Chairman	✓	Jeff Garner, KCAO
✓	Miguel Rodriguez, Provider Representative	✓	Roberto Garcia, Self Help
✓	Martha Miranda, Kings County Representative		**Staff Members**
	Vacant, Fresno County Representative	✓	Courtney Shapiro, Director Community Relations & Marketing
✓	Kristi Hernandez, Fresno County Representative	✓	Cheryl Hurley, Commission Clerk / Director, HR /Office
✓	Maria Arreola, At-Large Representative	✓	Steven Si, Compliance Manager
✓	Norma Mendoza, Madera County Representative	✓	Patricia Gomez, Senior Compliance Analyst
		✓	Sia Xiong-Lopez, Equity Officer
		*	= late arrival
		●	= participation by teleconference

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
#1 Call to Order Joe Neves, Chair	The meeting was called to order at 11:31 am. Roll call was taken to establish a quorum.		
#2 Meeting Minutes from December 4, 2024 **Action** Joe Neves, Chair	The March 5, 2025, meeting minutes were reviewed and approved.		**Motion:** Approve March 5, 2025, Minutes 4-0-0-3 (Mendoza / Phillips)
#3 Committee Membership Update **Information** Courtney Shapiro	Public Policy Committee membership has been updated as follows: Renewals: Martha Miranda, Kings County, reinstated for a 3-year term.		

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	Addition: Miguel Rodriguez has been appointed to the PPC as the new Provider Representative. Vacancy: Fresno County seat is currently vacant. *Miguel Rodriguez arrived at 11:34 am* *Kristi Hernandez arrived at 11:36 am*		

#4 DHCS Community Reinvestment(s)
 	
Action
Jeff Nkansah
Courtney Shapiro
	Courtney Shapiro presented the Department of Health Care Services Community Reinvestment Program Stakeholder Engagement and Feedback letter, representing the PPC members. This letter is required by the State and is to include the criteria that the State is requiring.
	
	The PPC was asked for their recommendations and feedback and was informed they would be voting to approve the letter at the end of the funding presentation.
	
	The categories within the DHCS Community Reinvestment Program are:
	• Cultivating Neighborhoods and Built Environment: Investments that create neighborhoods and environments that promote health, well-being, and safety.
	  o Every Neighborhood Partnership Community Well-Being: ENP will use funding to expand programs that enhance community well-being, including Saturday Sports for safe physical activity and nutrition, Parent Coffee Hours for mental health support, the Community Land Use Academy for environmental advocacy, the Community Schools Initiative for family engagement, and neighborhood revitalization efforts through the Fresno Community and Economic Development Partnership. These programs directly address food insecurity, education, mental health, and environmental justice in Fresno's underserved communities.
	  o Generation Changers Southwest Fresno Youth Engagement: Generation Changers will use funding to strengthen community well-being in Southwest Fresno by hosting family-centered events, resource distributions, and youth engagement programs that create safer, more connected neighborhood environments. Through consistent outreach, leadership development, and wellness activities, the initiative addresses social drivers of health, reduces isolation and chronic stress, and supports long-term resilience for underserved families.
			Motion: Approve the letter supporting for the Community Reinvestment Programs
			
			7-0-1-0
			(R. Garcia / M Rodriguez)
			
			Jeff Garner abstained due to conflict of interest

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	o Habitat for Humanity Firebaugh Housing: Habitat for Humanity will use CalViva Health funding to complete critical home repairs for ten low-income families in Firebaugh, addressing urgent issues like mold, faulty wiring, and plumbing hazards. This initiative improves health and safety by providing stable housing, reducing stress, and mitigating environmental risks for families living paycheck to paycheck in agricultural/rural communities. • Cultivating a Health Care Workforce: Investments that build the next generation of health care workers include addressing workforce shortages and creating pipelines for youth and young adults (e.g., Community Health Workers, Doulas). o Image Church: In partnership with Synergy Health Care Education, Image Church will use funding to run a cohort of Certified Nursing Assistants (CNAs) and Home Health Aides (CHHAs), addressing urgent elder care workforce shortages in Fresno and Kings Counties. The program emphasizes trauma-informed, culturally competent care and creates career pathways for youth and young adults from underserved communities, advancing health equity and economic opportunity. o Exceptional Parents Unlimited Touchpoints Training: Exceptional Parents Unlimited seeks funding to expand its Touchpoints Training Center, increasing access to relationship-based training for health, behavioral health, and social service practitioners serving families with young children. The program builds capacity for early childhood professionals across Fresno, Kings, and Madera Counties, aligning with local health priorities by supporting mental health, child development, and caregiver engagement. • Cultivating Well-Being for Priority Populations: Investments that address community-specific needs through supports and services not covered under the MCP Contract for groups such as foster youth, justice-involved individuals, or other ECM populations. o CASA Fresno and Madera Counties ACEs Trauma Curriculum: Funding will expand CASA's trauma-informed advocacy and mental health services for foster and justice-involved youth in Fresno and Madera Counties. Support will fund a licensed therapist, launch a new ACEs trauma curriculum for youth in the juvenile justice system, expand job readiness and workforce development programs, and open a dedicated food pantry tailored to foster youth needs. These initiatives address behavioral health		

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	disparities, reduce food insecurity, and promote long-term stability and resilience for vulnerable youth. ○ Kings County Action Organization: KCAO will use Community Reinvestment funding to support the development of the Food Bank Service Center campus and sustain operations at the Barbara Saville Shelter, serving individuals facing food insecurity, homelessness, and domestic violence in Kings County. The project includes a phased buildout of a low-barrier emergency shelter, centralized kitchen, housing navigation, and food distribution system, directly addressing upstream determinants of health and improving long-term outcomes for vulnerable populations. ○ Marjaree Mason Center: The Marjaree Mason Center will use funding to expand trauma-informed mental health services, provide supervision and training for clinicians, and offer safe emergency shelter and comprehensive support for domestic violence survivors and their children in Fresno, Kings, and Madera Counties. Services will include counseling, legal advocacy, case management, and access to basic needs, all delivered through a culturally responsive, strength-based approach. The initiative addresses behavioral health needs, disrupts the generational cycle of trauma, and promotes long-term healing and stability. By providing immediate intervention and sustained support, the program also reduces homelessness and improves overall family well-being. ○ Poverello House Naomi's House: Poverello House will use funding for Naomi's House, a low-barrier shelter providing 24/7 support, trauma-informed mental health services, meals, and case management for women experiencing homelessness in Fresno County. Naomi's House has helped over 2,500 women since 2002, focusing on ending homelessness through healing, empowerment, and permanent housing solutions. The initiative addresses critical health disparities by offering immediate safety and long-term stability to women facing trauma, poverty, and chronic homelessness. • Cultivating Local Communities: Investments that bolster the lives of individuals and the well-being of a community through education, employment, poverty reduction, or anti-isolation initiatives. ○ Big Brothers Big Sisters High School Bigs Program: Big Brothers Big Sisters is expanding its High School Bigs mentorship program. This program connects high school mentors with at-risk youth to build resilience, reduce social isolation, and promote emotional well-being through structured activities and one-on-one guidance. The initiative		

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

	supports youth in Fresno, Kings, and Madera Counties, addressing regional mental health and behavioral health goals through early intervention.
	  ○ Reading Heart Reading Matters Literacy Book Tour: Reading Heart will use funding to expand its youth-led Book Tour program, delivering free books and interactive literacy experiences to 12,000 students annually across Fresno and Madera Counties. By fostering a love of reading and addressing early literacy gaps in underserved areas, the program strengthens educational outcomes, promotes long-term health equity, and builds a foundation for lifelong learning and wellness.
	
	• Cultivating Improved Health: Investments targeted toward upstream root causes of poor health that address immediate and long-term health-related needs as defined by the community.
	  ○ Tzu Chi See 2 Succeed Vision Program: The See 2 Succeed Program provides free vision screenings and prescription glasses to children in underserved Fresno County communities, removing barriers to academic success and long-term well-being. The program addresses health disparities by targeting low-income, foster, and at-risk youth, boosts student confidence, and fosters school engagement through early preventive care and strong school-community partnerships. 23 school districts across Fresno County.
	  ○ Fresno Cradle 2 Career: Fresno Cradle 2 Career's Early Matters Fresno program will use funding to coordinate systems and expand the Home Visitation Network, the maternal health workforce, and data-sharing infrastructure to support young children and families across Fresno County. This initiative focuses on upstream solutions, including cross-sector collaboration, maternal-child health, and early development outcomes. It aims to reach over 8,000 families and improve long-term health, education, and care coordination outcomes.
	
	Feedback from the PPC was supporting the aged and/or elderly, transportation, mental health, pediatric, Black Infant Health, Black Wellness & Prosperity Center, and In-home support services CPR/first aid training.		

#5 Enrollment Dashboard	Patricia Gomez presented the enrollment dashboard through March 2025. Membership as of March 31, 2025, was 432,619. CalViva Health maintains a 66.75% market share.		No Motion

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
Information Patricia Gomez			
#6 Health Education Information Steven Si	Steven Si presented the 2024 Summary Work Plan Evaluation and the 2025 Work Plan for Health Education. 2024 year end evaluation accomplishments include: • Member Incentives – A total of 6,073 CalViva Health members participated in four-member incentive programs during Q1-Q4 2024. In total, $151,825 worth of gift cards were distributed to members as awards. Out of the recipients, 64% were from Fresno County, 28% were from Madera, and 8% were from Kings. There was a 57% increase in the total member incentive awards given during Q1-Q4 2024. • Member Materials Management – A total of 25,560 pieces of member materials have been ordered for CalViva members. The pieces of member materials with the most orders were lead poisoning, diabetes, nutrition, and exercise. Providers are able to order materials using the online Health Education Material Order Form. • Health Education Information Line – A total of ten calls have been made to the Health Education Information Line. Two calls inquired about the weight loss program for families and kids. Two calls inquired about diabetic services, and six calls inquired about the health risk assessment form. • Promoted Kick It California tobacco cessation program in the member newsletter and at various meetings. • Completed the emergency room (ER) visit analysis in September 2024 for the Central California Asthma Collaborative (CCAC) asthma project. There were 59 ER visits (59/134) among program participants before the program began. • Awaiting DHCS approval of new Diabetes Prevention Program (DPP) with new DPP provider. • Developed 2-member outreach campaigns to promote new DPP once approved by DHCS. • Developed 1-provider outreach campaign to promote new DPP once approved by DHCS. • Received DHCS and DMHC approval for the myStrength Program transition to Teladoc Mental Health (Digital Program). • Completed a member material assessment and converted the material to Krames content. • The Plan promoted a newly developed digital resource which included QR codes and links to health education resources for members.	*PPC member Miguel Rodriguez commented that UHC has begun looking at the Krames materials and asked if CVH has looked at partnering with provider offices to provide digital content in waiting rooms.* *Courtney Shapiro responded that CVH*	**No Motion**

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	• The Plan worked with Member Services to inform members of available health education materials and programs available to CalViva members. • No changes to relevant All Plan Letters. All policies remain current. Health Initiatives for the 2025 Work Plan include: • DHCS approval of new Diabetes Prevention Program Vendor (DPP) Diabetes Care Partners. • Commencement of Teladoc Mental Health (Digital Program) which will replace MyStrength. • The Plan will continue to promote digital resources which include QR codes and links to health education resources for members. • The Plan will continue to work with the Member Services Department to inform members of available health education materials and programs available to CalViva members. • Continue partnership and promotion of BCS and CCS screenings via Every Woman Counts. • Continue promotion of Kick It California tobacco cessation program.	*has looked at marketing (CVH commercials and such) in provider lobbies, but no educational content to date.*	
#7 Appeals, Grievances and Complaints Information Patricia Gomez	For Q1 2025 there were twenty five Coverage Disputes (Appeals), 126 Disputes Involving Medical Necessity (Appeals), 35 Quality of Care, 175 Access to Care, and 414 Quality of Service, for a total of 775 appeals and grievances for Q1. The majority of which are from Fresno County. There were 116 appeal cases for Fresno County, 9 for Kings County, and 30 for Madera County, for a total of 155 for the first quarter of 2025. There were 516 grievances cases for Fresno County, 44 for Kings County, and 60 for Madera County for a total of 620 for the first quarter of 2025. The turn-around time compliance for resolving appeal and grievance cases was met at 100% for all categories. There was a total of 598 Exempt Grievances received in Q1 2025. Of the total grievances and appeals received in Q1, the following were associated with Seniors and Persons with Disabilities (SPD): • Grievances: 184 • Appeals: 51 • Exempt: 108		No Motion

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	The majority of appeals and grievances are from members in Fresno County which has the largest CalViva Health enrollment The majority of quality of service (QOS) grievance cases resolved were categorized as Access-Other, Administrative, and Balance Billing. The majority of quality of care (QOC) cases resolved were categorized as PCP Delay, PCP Care, and Other. The top categories of appeal cases resolved were related to Advanced Imaging, Surgery, and DME. The top categories for exempt grievances were Balance Billing, PCP Assignment/Transfer Health Plan Assignment Change Request, and Health Plan Materials-ID cards not received.		

#8 Health Equity
• 2024 Summary & Work Plan Evaluation
• 2024 Summary & Language Assistance Program
• 2025 Summary & Program Description
• 2025 Summary & Work Plan
 	
Information
Sia Xiong-Lopez
Pao Houa Lee
	For the 2024 Annual Evaluation of Cultural & Linguistics (C&L), all 2024 work plan activities were completed as follows:
	• Language Assistance Services
	  o 202 staff completed a bilingual assessment/reassessment
	  o Distribute newsletter to members regarding our LAP services
	• Compliance Monitoring
	  o Investigated and completed follow up on 37 cultural and linguistic grievances and 5 interpreter complaints
	  o Conducted 2 findhelp trainings and added 966 overall new programs to findhelp
	• Communication, Training and Education
	  o Completed a coding and resolution training to A&G Department
	  o Completed 6 trainings to new CCC hires, training includes HEQ Core areas, LAP program, writing in plain language
	• Health Literacy
	  o Completed 77 English Materials Reviews
	  o Revised Plan Language training and posted online
	• Cultural Competency
			No Motion

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	o Completed 4 provider trainings to 164 providers. Training includes (1) Special Needs and Cultural Competency, (1) Language Assistant Program and Plain Language for Health Literacy, and (2) Community Connect. o Completed 2 cultural competency trainings for staff; 2,448 staff completed the on-demand trainings. Trainings include Gender Neutral Language and Bridging Linguistic and Cultural Gaps for Equal Access to Health Care. • Health Equity o Successfully co-led and supported the completion of quality projects. Projects target measures: W30-6+ and SUD/MH For the 2024 Health Equity Language Assistance Program (LAP) End of Year Summary: • A total of 7,840 interpreter requests were fulfilled for CalViva Health members, 6,294 (80%) of these requests were fulfilled utilizing telephonic interpreter services with 1,387 (18%) for in-person, 152 (2%) for sign language, and 7 (0.1%) video remote interpretation services. • Member Services Department representatives handled a total of 150,453 calls across all languages. Of these, 32,548 (22%) were handled in Spanish and Hmong. • Behavior Health (BH) Member Services Department representatives handled a total of 4,946 calls across all languages with 655 in Spanish, one in Hmong and 23 in other languages. No requests for an alternate format translation were received. For written translation requests, 180 were received and fulfilled by BH Services in 2024. • Behavior Health (BH) Member Services fulfilled 339 interpreter requests. • English material review was completed for a total of 77 CalViva Health documents/materials. • A total of 202 staff were assessed or re-assessed for their bilingual skills during this reporting period. • A total of 37 grievances were reviewed by the Health Equity Department. Of these cases, 19 were coded as culture perceived discrimination, 7 were coded as culture non-discriminatory, one was coded as linguistic perceived discrimination, and 10 were coded as linguistic non-discriminatory. Interventions were identified in 3 of the cases and delivered with support by the Provider Engagement Department. For the 2025 Health Equity Program Description, highlights of notable changes for 2025 include: • Demographic Data Collection for Members		

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	o Added member's preferred pronouns as data we collect. • Monitoring for LAP Quality o Added Arabic as a threshold language. • Cultural Competency Education for Providers o Listed training topics for providers: Advancing Health Equity: Cultural Humility, Diversity and Equity in Healthcare, Language Assistance Program/Services and Health Literacy, Gender Inclusive/Affirming Care, and Community Connect Program- Social Needs Support • Health Equity Interventions o Edit and updated the Health Equity core levels 1. Community: Partnerships are formed to identify existing initiatives and leverage support of community feedback to design and implement interventions. 2. Provider: Interventions targeting high volume, low performing groups and providers who have disparate outcomes. 3. Member: Internal programs to improve disparities in identification, engagement and outcomes in Case Management and Disease Management. For the 2025 Health Equity Work Plan, the 2024 initiatives will continue in 2025 with the following enhancements: • Operational o Document emerging and threshold language for fiscal year and incorporation of languages into member materials when new languages meet threshold criteria. o Change the role and add the type of support the Health Equity Department will have on the Population Needs Assessment (PNA) report. o Include the Health Equity Department's support to the CAHPS Team from survey results. • Member Communication o Elaborate on the types of article members will receive in our annual newsletter: LAP, Findhelp, Privacy, and other content as needed to assure Cultural and Linguistic appropriateness • Access and Availability o Include action plans from results of PNA and Geo Access reports. • Training and Support		

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	o Expand support to ensure A&G Department to ensure alignment with Section 1557 of the ACA. o Provide additional support to providers with our Health Literacy Toolkit.		
#9 Annual Public Policy Committee Charter **Action** Courtney Shapiro	The PPC reviewed the Charter and approved the annual review to move forward to the Commission for approval without edits or revisions.		**No Motion**
#10 Audit Updates • 2025 DMHC Follow-up Audit • 2023 DHCS Focused Audit • 2024 DHCS Audit CAP Closure • 2025 DHCS Audit **Information** Steven Si	• 2025 DMHC Follow-up Audit: Interviews were conducted 5/5/25, currently pending final report from DMHC. • 2023 DHCS Focused Audit: the Plan continues to provide DHCS with monthly updates, anticipating final update to be provided to DHCS week of 6/9/25. • 2024 DHCS Audit CAP Closure: DHCS has accepted the Plan's corrective actions and closed the CAP 5/14/25. • 2025 DHCS Audit: the Plan is currently undergoing the DHCS onsite/virtual audit; the last audit interview will be conducted 6/9/25.		**No Motion**
#11 Member Portal **Information** Jeffrey Nkansah	Jeff Nksansah shared that the CVH member portal is live on the CalViva Health website. This allows members the ability to see if they are active, and to download a copy of their member ID card. To date, there are approximately 800 members already registered on the member portal, without promotion of this feature. Courtney Shapiro added that Telehealth is also available on the CVH website and can be found under Member Benefits.		
#12 Announcements / Final Comments from Committee Members and Staff	Maria Arreola shared recently completed events with the PPC members. Norman Mendoza shared information on the trainings the promotores have participated in and completed. Martha Miranda shared that the food pantry is doing well and serving a large number of families, and the Thursday markets have been having a good turnout.		

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	Jeff Garner thanked CVH for their continued support of Kings County and surrounding communities, and fund raising events. Kings County will also be launching their annual summer food program for children ages 0-18. KCAO was awarded a grant to help low income families struggling with housing to provide assistance to be housed. Roberto Garcia shared Self-Help Enterprises continues to develop and build single family and multi-family dwellings from Kern County to Modesto, most recently developed in Oakhurst. Their next ribbon cutting will be in Sanger. Miguel Rodriguez shared UHC is 22 days out from the transition downtown at Community Regional and will transition to UHC on 6/25/25. Urgent Care will be opening in Kerman soon. New sites opening in Delano, Southwest side of Fresno, and Shaw & Marty in Fresno. Recruitment has gone well, and retention remains steady.	*Martha Miranda asked if there are any summer programs for youth.* *Supervisor Neves shared there are Volun-teen programs.*	
#13 Announcements	Courtney Shapiro shared the PPC is currently recruiting for a new member for Fresno County.		
#14 Public Comment	None.		
#15 Adjourn	Meeting adjourned at 1:05 pm.		

NEXT MEETING   September 3, 2025, in Fresno County
                              11:30 am - 1:30 pm

Submitted This Day: September 3, 2025,

Submitted By: _____
                      Courtney Shapiro, Director Community Relations & Marketing

Approval Date: September 3, 2025

Approved By: _____
Joe Neves, Chairman

Item #5

CLOSED SESSION

Item #6

State and Federal Impacts
(no attachment)

Item #7
Attachment 7.A-7.B

2025 Quality Improvement,
Health Education, and Wellness
Work Plan Mid-Year Evaluation

7.A Executive Summary
7.B Work Plan Evaluation

REPORT SUMMARY TO COMMITTEE

TO:	CalViva QI/UM Committee Fresno-Kings-Madera Regional Health Authority Commissioners
FROM:	Patrick Marabella, MD Chief Medical Officer Amy Schneider, RN Senior Director Medical Management
COMMITTEE DATE:	September 18, 2025
SUBJECT:	Quality Improvement, Health Education (QIHEd), and Wellness Mid-Year Work Plan Evaluation Executive Summary 2025

Summary:

CalViva Health's (CalViva) 2025 QIHEd and Wellness Program monitors improvement in clinical care, service and satisfaction, and health education and wellness intervention outcomes using a range of indicators. These key performance indicators are found in service, clinical, and utilization reports from QI and Health Education/Wellness, and various other departments. Based on these reports, areas of improvement are identified, and interventions implemented and monitored.

In 2025, quality improvement initiatives are focused on (but not limited to) improving preventive care, disease management outcomes, continuity and coordination of patient care, patient safety metrics, member access to care, and supporting provider initiatives.

In addition, health education and wellness programs and services are in progress on a variety of topics to promote healthy lifestyles and health improvement for CalViva members. The main areas of focus are member engagement, weight control, pregnancy, smoking cessation, preventive health care services, and chronic disease education.

The 2025 QIHEd Work Plan Mid-Year Evaluation report documents the progress of 15 initiatives with multiple measurable objectives and supporting activities, focused on improving quality performance metrics and Health Education intervention outcomes. Refer to Table 1 and Table 2 for more details.

A. **Objectives:** There were 83 total measurable objectives:

- 72 objectives were completed as of the mid-year mark.

- 62/72 objectives were met.

- 10/72 objectives were not met.

- 11 additional objectives are scheduled for Q3-Q4 and are on-track as of the mid-year mark.

    Programs that did not meet their objectives included Pediatric/Perinatal/Dental, Preventive Health, and Provider Communication/Engagement. Planned and ongoing activities will continue to their completion and results will be measured next year.

B. **Activities:** There were 85 total activities planned for the year.

- 18/19 mid-year activities planned from January through June were completed.

- 1 activity under Pediatric/Perinatal/Dental was off track and not completed.
- 66 additional activities are planned for July to December. Of those, 4 activities were cancelled.

The remaining 1 mid-year activity, in addition to activities that are planned for July to December, will be implemented by the end of the year.

Purpose of Activity:

The QIHEd and Wellness Mid-Year Work Plan Evaluation Executive Report provides evidence of monitoring of the overall effectiveness of the QIHEd and Wellness activities and processes and identifies barriers and opportunities for improvement.

Work Plan Initiatives:

CalViva carried out numerous targeted programs to improve quality performance metrics and Health Education and Wellness intervention outcomes by mid-year 2025. Critical interventions that address data and targeted analysis, member supportive and direct care services, provider engagement and compliance, all worked cohesively to support goal achievement. The following table reflects the performance and activity progress, by program, from the work plan presented and approved earlier this year.

Table 1. QIHEd and Wellness Mid-Year Performance Progress

Work Plan Programs	Objectives Met
1. Behavioral Health	6/6, 100%
2. Chronic Conditions	6/6, 100%
3. Hospital Quality/Patient Safety	N/A at mid-year (11 objectives)
4. Member Engagement and Experience	2/2, 100%
5. Pediatric/Perinatal/Dental	27/30, 90%
6. Pharmacy and Related Measures	3/3, 100%
7. Preventive Health	9/12, 75%
8. Provider Communication/ Engagement	9/13, 69.23%
Total	62/72, 86.11%

-- Note shaded elements excluded from mid-year numerator and denominator.

Table 2. QIHEd and Wellness Mid-Year Work Plan Activities

Work Plan Programs	Mid-Year Activities Completed	Year-End Activities Planned
1. Behavioral Health	0/0, 0%	5
2. Chronic Conditions	0/0, 0%	8
3. Hospital Quality/Patient Safety	8/8, 100%	2

4. Member Engagement and Experience	0/0, 0%	2
5. Pediatric/Perinatal/Dental	5/6, 83.33%	25
6. Pharmacy and Related Measures	0/0, 0%	3
7. Preventive Health	1/1, 100%	13 (of which 4 activities were cancelled)
8. Provider Communication/ Engagement	4/4, 100%	4
9. Health Education/Wellness	0/0, 0%	4
Total	18/19, 95.45%	66

Note: Activities may support multiple initiatives and programs. Counts are based on activities planned by the programs listed in Table 2.

Details for the outcomes are included in the 2025 QIHEd and Wellness Mid-Year Work Plan Evaluation. Key program highlights include:

1. Access, Availability, and Service

1.1 Improve Access to Care:

CalViva adopted DMHC's regulatory compliance goal of 70% for Urgent and Non-Urgent Appointment Availability, for consistency within the healthcare industry. To align with performance goals for appointment access to providers, goals for all appointment measures were revised to 70%. To monitor the plan's provider network for DMHC's timely access standards, CalViva followed the Provider Appointment Availability Survey ("PAAS") Methodology developed by the DMHC for measurement year 2024 ("MY 2024"). CalViva contracted with an external survey vendor, QMetrics (previously contracted with Sutherland), to administer the PAAS, as outlined in the Department of Managed Health Care Provider Appointment Availability Survey Methodology. The DMHC developed four PAAS survey tools, which contained the survey script to be used with the PAAS methodology.

The CalViva Provider After-Hours Availability Survey (PAHAS) was fielded via telephone to CalViva PCPs. The Plan worked with survey vendor QMetrics, and collected responses based on two metrics used to measure performance with Access to After-Hours.

For MY 2024 PAAS results, the overall rate for PCP Urgent Care Appointment was 77% and for PCP Non-Urgent Appointment it was 86%. Both exceeded the 70% threshold, with non-urgent appointments showing a slight increase compared to MY 2023. The overall rate for Specialist Urgent Care Appointment was 53%, and for Specialist Non-Urgent Appointment it was 67%. The non-urgent appointment measure showed improvement compared to MY 2023; Both, however, did not meet the 70% compliance threshold. The Ancillary Non-Urgent overall rate was 91% for MY 2024, which was a slight increase compared to 89% for MY 2023.

For MY 2024 PAHAS survey results, the overall rate for Appropriate Emergency Instructions was 93.1% which was a decrease compared to MY 2023 at 98.4%. The overall rate for Ability to Contact On-Call Physicians for MY 2024 was 90.2%, which

was an increase compared to 85.9% for MY 2023.

Corrective Action Plan (CAP)

The analysis and aggregation process for MY 2024 PAAS and PAHAS survey results has been completed. The final list of non-compliant providers who will receive CAPs will be released in July 2025.

In 2025, the Access & Availability team scheduled ten (10) provider education webinars from July through December. The webinar focuses on timely access and after-hours standards, best practices, survey readiness, and how to respond to a CAP. Webinar completion certificates will be required and tracked. A copy of the self-paced training option, with a completion certificate, is available upon completion of the training.

1.2 Improve Member Satisfaction:

In 2025, CalViva participated in the regulatory CAHPS survey administered by Press Ganey. Data collection concluded on May 20, 2025, and final survey results are expected in August 2025. These results will be submitted to the National Committee for Quality Assurance (NCQA), the Culturally and Linguistically Appropriate Services (CLAS), and the National CAHPS Benchmarking Database (NCBD).

To better understand CAHPS outcomes, quarterly root cause analyses are conducted using data from resolved appeals and grievances. These analyses help identify trends, highlight areas for improvement, and enhance member satisfaction. Findings are documented in root cause analysis reports, which are reviewed by the CalViva A&G Workgroup and shared with relevant internal stakeholders and teams.

The CAHPS Team continues to meet regularly with various departments to monitor the progress of initiatives aimed to improving CAHPS performance and overall member experience. These meetings also serve as a platform for brainstorming innovative ideas and addressing emerging member concerns.

In Q1 2025, CAHPS-related improvement activities included the Sullivan Luallin Webinar Trainings for provider groups. These trainings covered three CAHPS-focused topics, each offered at two different times to accommodate schedules. The topics were:

- o Leading to a Positive Patient Experience,
- o Patient Access: Facing Reality and,
- o Building an Empowered Care Team.

The CAHPS Team remains actively engaged with stakeholder teams and departments to ensure continued progress on initiatives that impact CAHPS scores and member satisfaction.

2. Quality and Safety of Care: Meet or Exceed the MCAS Minimum Performance Levels (MPLs)

Each year, the Department of Health Care Services (DHCS) requires that CalViva meets or exceeds the 50th percentile performance benchmark for the Managed Care Accountability Set (MCAS). Final rates were reported for reporting year (RY) 2025 as shown in Table 3.

Table 3. MCAS HEDIS® Measure Reported Rates and Benchmarks for RY 2025 (Fresno, Kings, Madera)

HEDIS® Measure	Fresno	Kings	Madera	MPL	HPL
Asthma Medication Ratio (AMR)	67.62	**76.86**	74.41	66.24	76.65
Breast Cancer Screening (BCS)	59.99	**64.39**	58.50	52.68	63.48
Cervical Cancer Screening (CCS)	66.30	66.00	**70.00**	57.18	67.46
Chlamydia Screening (CHL)	64.83	65.81	66.96	55.95	69.07
Childhood Immunizations - Combo 10 (CIS-10)	29.17	14.00	39.00	27.49	42.34
Follow-Up After ED Visit for Mental Health Illness-30 days (FUM)	42.94	64.97	47.71	53.82	73.12
Follow-Up After ED Visit for Substance Abuse-30 days (FUA)	29.48	36.65	30.70	36.18	49.40
Hemoglobin A1c Control for Patients With Diabetes – HbA1c Poor Control (> 9%) (**inverted rate**) (HBD >9%)	**24.04**	28.00	**23.00**	33.33	27.01
Controlling High Blood Pressure (CBP)	68.92	**79.00**	72.00	64.48	72.75
Immunizations for Adolescents: Combination 2 (IMA)	39.60	35.77	**52.29**	34.30	48.66
Lead Screening in Children (LSC)	68.66	64.00	**93.00**	63.84	79.51
Prenatal Care (PPC-Pre)	90.40	**92.00**	**93.00**	84.55	91.85
Postpartum Care (PPC-Post)	83.90	**87.00**	**87.00**	80.23	86.62
Child and Adolescent Well-Care Visits (WCV)	54.17	49.28	63.17	51.81	64.74
Well-Child Visits in the First 15 Months of Life-Six or more Well-Child Visits (W30-15)	59.39	58.25	**72.89**	60.38	69.67
Well-Child visits for age 15 Months to 30 Months-Two or more Well-Child Visits (W30-30)	67.70	59.91	78.64	69.43	79.94
LEGEND					
SHADED	Result below DHCS MPL for that RY				
NONSHADED	Results above the DHCS MPL for that RY but below the High Performance Level (HPL).				
BOLD	Result above DHCS HPL for that RY				

In RY 2025, CalViva did not meet the MPL and needs improvement for the following measures:

Fresno	Kings	Madera
• Follow Up After ED Visit for Mental Health Illness- 30 Days (FUM) • Follow Up After ED Visit for Substance Abuse – 30 Days (FUA) • Well-Child visits in the First 15 Months of Life – Six or more Well-Child Visits (W30-15) • Well-Child visits for age 15 Months to 30 Months – Two or more Well-Child Visits (W30-30)	• Childhood Immunizations - Combo 10 (CIS-10) • Child and Adolescent Well-Care Visits (WCV) • Well-Child Visits in the First 15 Months of Life-Six or more Well-Child Visit (W30-15) • Well-Child visits for age 15 Months to 30 Months-Two or more Well-Child Visits (W30-30)	• Follow-Up After ED Visit for Mental Health Illness-30 Days (FUM) • Follow-Up After ED Visit for Substance Abuse-30 Days (FUA)

CalViva met the MPL and was compliant for all counties for the following measures:

- Asthma Medication Ratio

- Breast Cancer Screening

- Cervical Cancer Screening

- Chlamydia Screening

- Controlling Blood Pressure

- Diabetes – HbA1c Poor Control

- Immunizations for Adolescents: Combination 2

- Lead Screening in Children, and

- Prenatal and Postpartum Care.

CalViva will continue to participate in collaboratives and develop and implement action plans as required by DHCS for measures that do not meet the MPL. For 2025, this includes multiple projects such as Lean and Comprehensive Quality Improvement Projects, and two collaboratives with the Institute for Healthcare Improvement (IHI), for behavioral health and well-child visits.

3. Quality Improvement Projects (QIPs)

3.1 MCAS Performance Improvement Projects (PIPs)

3.1a Non-Clinical PIP-focused on Provider Notification after ED Visit for Substance Use or Mental Health Issue in Fresno and Madera Counties.

The initial submission of Steps 1-8 of the PIP process and two Intervention Worksheets were submitted to HSAG/DHCS in September and December 2024. CalViva received

100% validation in January 2025 for the non-clinical PIP with a "High Confidence" rating for Overall Adherence to Acceptable PIP Methodology. CalViva completed updates to Steps 1-8 of the PIP process and three Intervention Worksheets were submitted to HSAG/DHCS on August 7, 2025.

For the non-clinical PIP, CalViva will leverage dedicated hospital staff to notify providers of eligible members visiting the emergency department (ED) for substance use disorder (SUD)/mental health (MH) diagnosis. Timely provider notifications could support follow-up care for these members who had an ED visit for mental illness or substance use. CalViva is currently implementing three interventions:

- Educate the Substance Use Professionals and MH Liaisons/Social Workers regarding the use of codes to accurately and completely document services and referrals provided. The coding training will be replaced with an evaluation of the transition to the use of Smart Phrases.
- Culturally Appropriate Education Strategies for Mental Health/Substance Use Disorder to Increase Follow-up Care for the Hispanic population (62% of the target population identify as Hispanic).
- Utilization of the Resiliency Center to Increase Provider Notifications.

Data/Results:
- CalViva HEDIS® rates for these measures in Fresno and Madera counties did not meet the minimum performance levels (MPL) for FUA or FUM in MY 2023 or MY 2024.
- Although the MPL (53.82%) was not met for FUM in either county in MY 2024, significant improvements are noted from MY 2023 with Fresno County improving from 14.17% to 42.94%, and Madera County improving from 22.47% to 47.71%.
- Similar improvement is noted for the FUA measure (36.18% MPL) in MY 2024 with Fresno County improving from 15.01% to 29.48% and Madera County improving from 16.84% to 30.70%.

Integration of community based organizations (CBOs) into the project:
- Utilized Binational for Hispanic competency development and potential future organizations to provide treatment/support referrals.

Implemented Lanes, which is an Admission, Discharge, and Transfer (ADT) Report for members seen in the ED for FUA/FUM and provides real-time data sharing via SSH File Transfer Protocol (SFTP). It is utilized by CalViva (Fresno County) and Camarena Health (Madera County) to be used by providers and CHWs to facilitate member identification, outreach and follow-up. Clinica Sierra Vista (Fresno County) is expected to be added to the Lanes real-time data sharing process in late August 2025.

CalViva is continuing to identify and address additional barriers to receiving timely notifications and data regarding ED visits.

3.1b. Clinical PIP – focused on Well-Child Visits in the First 30 Months of Life – 0 – 15 Months (W30-6+) for Black or African American members in Fresno County

CalViva submitted Steps 1-8 to HSAG/DHCS in September 2024 and received a final validation score of 93% in January 2025 for the Clinical PIP with a "High Confidence" rating for Overall Adherence to Acceptable PIP Methodology.

Data shows a year over year (YOY) increase in Fresno County's W30-6+ rate (39.55%) for MY 2025 and a current trajectory on track for meeting the 60.38% benchmark rate. The Black or African American W30-6+ rate for MY 2024 was 48.6%, which was a statistically significant improvement from the MY 2023 rate of 31.3%.

For 2025, CalViva has continued their partnership with the Black Infant Health (BIH) Program in Fresno County to support Black/African American (B/AA) pregnant and postpartum members through targeted interventions aimed to improve well-child visit rates, address disparities in preventive pediatric care, and ultimately enhance health outcomes for B/AA children in Fresno County. The interventions are:
- Refer B/AA pregnant and postpartum members to BIH Fresno for additional support and education.
  - To date, CalViva identified a total of 455 prenatal and postpartum members for BIH Fresno, 416 members received outreach and 183 were reached (43.99%):
  - A total of 27/183 new members enrolled in the BIH Program. The member enrollment rate was 14.75%.
- Promote the CDC's Milestone Tracker App to encourage parental awareness of developmental milestones and preventive care.
  - Total number of CDC's Milestone Tracker App QR code scanned for BIH Fresno members: App Store: 38, Google Play: 15.

3.2 Lean – Madera County

CalViva Health 2025 FUM/FUA BH Lean Project Madera County

CalViva completed and submitted to DHCS a Lean Performance Improvement Project to Improve Follow up After ED Visits measure for MH/SUD issues in Madera County during 2024 and 2025 YTD. The purpose of the Lean Project in Madera County is to improve FUM/FUA HEDIS® measures to reach or exceed the MPL.

The Lean Project in Madera has four interventions:
- CHW Training: One staff has completed the training. CalViva has received the training certificate.
- Use of LANES Data Source: The CHW will pull the LANES data to follow up with members who were seen in the ED.
- Cultural Competency for the Hispanic Population: Camarena will provide the cultural training to one CHW, 14 clinicians, and several Community Navigators.
- Resiliency Center (RC) Referral Process: Camarena to meet with RC. They will implement a similar referral process to St. Agnes Medical Center by using the referral forms.

3.3 Comprehensive – Kings County

3.3a. DHCS Children's Health Domain Comprehensive QMIPs Kings County

CalViva, serving Kings County in California's San Joaquin Valley region, has made notable progress in its Quality Improvement and Health Equity (QI & HE) initiatives during MY 2025. The focus of the comprehensive QMIP centers on improving pediatric health outcomes, specifically targeting developmental screenings (DEV) and well-child visits (W30-6+) through data reconciliation, provider engagement, and digital health education interventions launched in Q1 2025.

To guide these efforts, Kings County QMIP has two SMART goals. The first goal aims to increase the DEV rate from a baseline of 11.93% to 16.58% by October 31, 2025. The second goal targets an improvement in the W30-6+ rate from 28.72% to 35.51% by October 31, 2025. Run chart data collected between March and June 2025 show consistent upward trends in the DEV and W30-6+ metrics indicating that the interventions are beginning to yield positive results.

In June and July 2025, CalViva submitted the first progress report to DHCS. The first progress reports detailed the work completed to date, including performance data, lessons learned, and planned next steps. These next steps are designed to sustain and accelerate improvements in DEV and W30-6+ rates at the targeted provider sites. CalViva will continue to collaborate closely with these providers and monitor their activities and performance monthly through the end of the QMIP cycle.

The second progress report is scheduled for submission in November 2025 and will provide further updates on the impact of ongoing interventions and any additional strategies implemented to meet the established goals.

3.3b. Asthma Medication Ratio (AMR) – Chronic Conditions Quality Management in Projects (QMIP) in Kings County

SMART Goal: by November 14, 2025, CalViva aims to maintain a HEDIS® AMR score at or above the MY 2024 MPL of 66.24%.

Progress Overview: Since March 2025, targeted interventions have been implemented to improve asthma management and AMR HEDIS® performance, with a focus on increasing provider use of Formoterol/ICS combo therapy.

Key Interventions and Engagements:
Strategic meetings were conducted with provider groups in Kings County, as well as CalViva leadership, to align improvement strategies aimed at enhancing asthma management and AMR HEDIS® performance. United Physicians Group was engaged through direct outreach and Joint Operations Meetings (JOM), during which best practices and improvement strategies were discussed. Asthma management education was integrated into provider office hours, quality improvement sessions, and Quality Focus Touchbases (QFT), utilizing Global Initiative for Asthma (GINA) guidelines and AMR tip sheets to reinforce consistent messaging. Additionally, discussions were initiated around continuing medical education (CME) activities to further reinforce best practices among providers and support sustained improvement.

Lessons Learned:
Early and consistent engagement with Medical Directors has proven to enhance provider responsiveness and facilitate smoother implementation of interventions. It has also become clear that repeated exposure to best practices is necessary to drive meaningful behavior changes among providers. Furthermore, addressing barriers such as tobacco use during patient visits is a critical component of improving asthma control and overall AMR performance.

Next Steps:
Bi-weekly updates with CalViva leadership will continue to ensure alignment and progress tracking. Outreach efforts will be expanded in Q3 and Q4 through the Provider Engagement teams and Medical Directors to maintain momentum and reinforce key strategies. The impact of educational activities will be monitored.

3.4 Transformational QMIP– Fresno County.

DHCS developed an additional QMIP category for those Health Plans out of compliance in 3 (three) Domains. The improvement activity requires collaboration between competing Health Plans in a particular county to implement innovative strategies for improvement. In Fresno County both CalViva Health and Anthem Blue Cross were below the MPL in Children's, Behavioral and Chronic Domains.

3.4a. DHCS Children's Health Domain

CalViva, serving Fresno County in California's San Joaquin Valley region, has made notable progress in its Quality Improvement and Health Equity (QI & HE) initiatives during MY 2025. The focus of the Transformational QMIP centers on improving pediatric health outcomes well-child visits through collaboration with Anthem and United Health Centers (UHC- a large Federally Qualified Healthcare Center in Fresno County). Two separate UHC clinic sites with Children's Domain results below the MPL are working with the Plans to improve access to preventive care for the pediatric population.
- Working with the Kerman site CalViva is supporting Saturday Clinics and due to the large denominator associated with WCVs, our innovation provides support for QI & ECM staff overtime to schedule Well Child Visit appointments. Using Motivational Interviewing and member incentives, staff engage parents and educate them on the importance of preventive care. They also address Social Determinants of Health (SDoH) related issues such as transportation during these outreach calls.
- Anthem is working with the Parlier clinic site and will use staff to schedule Well Child Visits with their Resident Physicians. They will also test the effectiveness of the innovation by supporting staff overtime to schedule appointments.

Each Plan has a separate SMART Aim with goal to improve performance in the Children's Domain.
- CalViva members at the Kerman site in Fresno County will increase to 50% (4/8) measures meeting the MPL from a baseline rate of 19%.
- Anthem members at Parlier clinic will demonstrate a 34% increase in Children's Health Domain measures (5/6) above the MPL from a baseline of 50% (3/6).

CalViva meets bi-weekly with Anthem and UHC and monthly with DHCS for Coaching Calls. The project continues through the end of calendar year 2025 with final evaluation and reporting due in December.

3.4b. Chronic Conditions Domain---Asthma Medication Ratio (AMR) –

SMART Goal: by November 14, 2025, CalViva aims to maintain a HEDIS® AMR score at or above the MY 2024 MPL of 66.24%.

Progress Overview: Since March 2025, targeted interventions have been implemented to improve asthma management and AMR HEDIS® performance, with a focus on increasing provider use of Formoterol/ICS combo therapy.

Key Interventions and Engagements:
Strategic meetings were conducted with provider groups in Fresno County as well as CalViva leadership, to align improvement strategies aimed at enhancing asthma management and AMR HEDIS® performance. LaSalle and Sante groups were engaged through direct outreach and Joint Operations Meetings (JOM), during which best practices and improvement strategies were discussed. Asthma management education was integrated into provider office hours, quality improvement sessions, and Quality Focus Touchbases (QFT), utilizing Global Initiative for Asthma (GINA) guidelines and AMR tip sheets to reinforce consistent messaging. Additionally, discussions were initiated around continuing medical education (CME) activities to further reinforce best practices among providers and support sustained improvement.

Lessons Learned:
Early and consistent engagement with Medical Directors has proven to enhance provider responsiveness and facilitate smoother implementation of interventions. It has also become clear that repeated exposure to best practices is necessary to drive meaningful behavior changes among providers. Furthermore, addressing barriers such as tobacco use during patient visits is a critical component of improving asthma control and overall AMR performance.

Next Steps:
Bi-weekly updates with CalViva leadership will continue to ensure alignment and progress tracking. Outreach efforts will be expanded in Q3 and Q4 through the Provider Engagement teams and Medical Directors to maintain momentum and reinforce key strategies. The impact of educational activities will be monitored.

3.5 Institute for Healthcare Improvement (IHI) Collaboratives

3.5a. IHI Behavioral Health Collaborative

The IHI Collaborative for Behavioral Health includes Anthem, CalViva, and Fresno County Department of Behavioral Health. Fresno County Department of Behavioral Health has declined participation for Phase 2; however, they are open to continuing to work with CalViva and Anthem on what has been established in Fresno County. Madera County has expressed interest in participating in Phase 2 but has not yet confirmed. If Madera County commits to the Phase 2 work, CalViva plans to stay engaged in the IHI Collaborative.

3.5b. IHI Child Health Equity Collaborative (CHEC) Sprint – Phase 1

The IHI CHEC Sprint Phase 1 concluded in March 2025. CalViva successful worked with FQHC in Fresno County and implemented the five interventions designed by IHI and submitted all required deliverables (storyboards and reports) on time. Although the target goal rate (61%) was not achieved, the collaborative yielded several meaningful achievements. CalViva established a reliable system for data exchange and strengthened its partnerships with the pilot clinic and a community-based organization. The collaborative has laid a strong foundation for future collaboration.

As DHCS and IHI prepare to launch Phase 2 in September 2025, CalViva remains committed to building on the momentum built in Phase 1. The organization plans to continue its active engagement with the pilot sites and maintain focused efforts to support the population of interest. These ongoing efforts are intended to ensure continuity and drive measurable progress not only in advancing health equity, but also in achieving quality improvement goals.

4. Health Education

4.1 Member Incentives – A total of 3,383 CalViva members participated in five member incentive programs during Q1-Q2 2025. In total, $84,575 worth of gift cards were distributed to members as awards. Out of the recipients, 100% were from Fresno County. There was a 33% increase in the total member incentive awards given during Q1-Q2 2025.

4.2 Member Materials Management – As of mid-year a total of 18,652 pieces of member materials have been ordered for CalViva members. Providers can order materials using the online Health Education Material Order Form and members can order printed materials by calling Member Services.

4.3 Health Education Information Line – A total of five calls have been made to the Health Education Information Line in the CalViva service areas. One call inquired about asthma education and four calls inquired about member benefits.

4.4 FindHelp Health Education Data – A total of 204 referrals have been made via the FindHelp resource. Fresno County had 169 referrals, Madera County had 21 referrals, and Kings County with 14 referrals.

Next Steps for Q3-Q4 2025

Quality Improvement:
- Continue the initiatives described in the workplan and address the 11 objectives that are incomplete/off track. Complete the remaining activities planned by the end of the year.

- Explore vendor opportunities to increase home kits and visits including resources suggested by DHCS.

- Strengthen the deployment of Community Health Workers to support greater awareness of members' health care needs and resources that address social needs.

- Complete the quality improvement actions identified in the Lean, Comprehensive and Transformational deliverables and submit them to DHCS:
  - The childhood domain strategies include provider data reconciliation, and
  - The distribution and promotion of member digital health education resources through provider offices.
  - The promotion of AMR Inhaled Corticosteroid (ICS)/Formoterol strategy for the Chronic Disease Domain.
  - Improving access to preventive care for the pediatric population.

Health Education:
- Effective July 1, 2025, the member incentive program will be enhanced with the new incentive, CalViva-PREV-2025. This updated program now includes all priority HEDIS® Medi-Cal measures to increase member participation in closing care gaps to support the Quality EDGE strategy.

- The Plan will continue to promote digital resources which include QR codes and links to health education resources for members.

- The Plan will continue to work with the Customer Contact Center to inform members of available health education materials and programs available to CalViva members.

- The Plan will continue to review and update health education materials as needed, following DHCS guidelines, and promote digital ordering and print distribution of required and high-volume topic articles.

- Continue partnership and promotion of BCS and CCS screenings via Every Woman Counts.

- Continue promotion of the Kick It California tobacco cessation program.

- DHCS approved the new Diabetes Prevention Program (DPP) with vendor Diabetes Care Partners on 1/24/25.
  - Developed and launched 1-member outreach campaign to promote new DPP. This outreach campaign included mass mailing to all eligible members.
  - Developed and launched 1-provider outreach campaign to promote new DPP. This outreach campaign included a Provider Update posted in April and an on-demand training video posted to the provider portal.

Quality Improvement, Health Education, and Wellness 2025 Mid-Year Work Plan Evaluation

Purpose

The purpose of the CalViva Quality Improvement (QI), Health Education (HEd) and Wellness Program Work Plan is to integrate operational systems to both review clinical, service, access, and safety related outcomes against the priorities and objectives established by the Quality Improvement Program as well as provide a systematic plan of health education activities for the calendar year. It also documents the outcomes of proposed health education initiatives, programs and services. An assessment of critical barriers is made when objectives have not been met. The results of this Quality Improvement Program Evaluation provide evidence of the overall effectiveness of the QI Program and identify barriers and opportunities for improvement.

Mission

1. We will anticipate, understand and respond to customer needs and be customer-driven in everything we do.
2. We will hire and retain the best people, create the best climate, provide the best tools to do the best job and build a spirit of warmth, friendliness and pride throughout the company.
3. We will dedicate ourselves to a standard of excellence in all of our customer relationships.
4. We will promote better outcomes for our customers through improved provider relationships and through the promotion of evidence-based health care.
5. We will provide efficient, simple and high-quality administrative services that get things right the first time.
6. We will build excellent business systems and processes and demonstrate the highest degree of integrity in all aspects of the operation of our business.

Scope

The CalViva Health Quality Improvement, Health Education, and Wellness Work Plan encompasses quality improvement and health education activities for 2025. The development of this document requires resources of multiple departments. Section I includes program objectives, monitoring and evaluation for the year. Section II includes ongoing monitoring of cross-functional activities across the organization. Section III lists electronic Quality Improvement & Performance Tracker (eQIPT) activities that support meeting QI and HEd program objectives for the year.

Submitted by:

Patrick Marabella, MD   Chief Medical Officer

Amy Schneider, RN, BSN   Senior Director, Medical Management

Glossary of Abbreviations/Acronyms

Acronym:	Description	Acronym:	Description
A&G:	Appeals and Grievances	**MCL:**	Medi-Cal
BH:	Behavioral Health	**MPL:**	Minimum Performance Level
C&L:	Cultural and Linguistic	**MSSP:**	Multipurpose Senior Services Program
CA:	California region	**MY:**	Measurement Year
CAHPS®:	Consumer Assessment of Healthcare Providers	**N/A:**	Not Available
	and Systems	**N/R:**	Not Reportable due to small denominator (<30)
CAIR:	California Immunization Registry	**NCQA:**	National Committee for Quality Assurance
CAP:	Corrective Action Plan	**PAS:**	Patient Assessment Survey
CH&W:	California Health & Wellness	**PCP:**	Primary Care Physician
CS:	Community Solutions	**PEPM:**	Provider Engagement Performance Management
CDI:	California Department of Insurance	**PIP:**	Performance Improvement Project
CM:	Case Management	**PDSA:**	Plan, Do, Study, Act Project
DHCS:	Department of Health Care Services	**PMPM:**	Per Member Per Month
DMHC:	Department of Managed Health Care	**PMPY:**	Per Member Per Year
DN:	Direct Network	**POD:**	Program Owners and Drivers
DM:	Disease Management	**PNM:**	Provider Network Management
ECHO:	Experience of Care and Health Outcomes survey	**PPG:**	Participating Provider Group
FFS:	Fee-for-Service	**PTMPY:**	Per Thousand Members Per Year
HEDIS®:	Healthcare Effectiveness Data and Information Set	**QC:**	Quality Compass
HPL:	High Performance Level	**QI:**	Quality Improvement
HRQ:	Health Risk Questionnaire	**QIP:**	Quality Improvement Project
IHA:	Initial Health Appointments	**RY:**	Reporting Year
IVR:	Interactive Voice Response	**SPD:**	Special Persons with Disabilities
LTSS:	Long Term Services and Supports	**UM:**	Utilization Management
MCAS:	Managed Care Accountability Set		

Glossary of Abbreviations/Acronyms (Measure Specific)

Acronym:	Description	Acronym:	Description
AISE	Vaccine Adult Immunization Status	**GSD**	Glycemic Status Assessment for Patients with Diabetes (>9%)
AAB	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	**HBD**	Diabetes Care -Blood Sugar Controlled (>9%)
AMM	Antidepressant Medication Management (	**HDO**	Use of Opioids at High Dosage
AMO	Annual Monitoring for Persons on Long-Term Opioid Therapy	**IET**	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment
AMR	Asthma Medication Ratio	**IMA-2**	Immunizations for Adolescents – Combo 2
BCS	Breast Cancer Screening	**IMMH**	Improving Mental Health
CBP	Controlling Blood Pressure	**IMPH**	Improving Physical Health
CCO	Cervical Cancer Overscreening	**KED**	Kidney Health Evaluation for Patients with Diabetes
CCS	Cervical Cancer Screening	**LSC**	Lead Screening in Children
C.Diff	Clostridioides difficile	**MAC**	Medication Adherence for Cholesterol (Statin) (MAC)
CAUTI	Catheter-associated Urinary Tract Infection	**MAD**	Medication Adherence for Diabetes Medications (MAD)
CHL	Chlamydia Screening in Women	**MAH**	Medication Adherence for Hypertension (RASA) (MAH)
CIS-10	Childhood Immunization Status - Combination 10	**MPA**	Monitoring Physical Activity
CLABSI	Central line-associated bloodstream infection	**MRSA**	Methicillin-resistant Staphylococcus aureus
COA-FA	Care of Older Adults-Functional Assessment	**MTM-CMR**	MTM Program Completion Rate – Comprehensive Medication Review
COA-MR	Care of Older Adults –Medication Review	**MUI-OA**	Improving Bladder Control
COA-PA	Care of Older Adults- Pain Assessment	**NTSV**	Nulliparous, Term, Singleton, Vertex
COB	Concurrent Use of Opioids and Benzodiazepines	**OMW**	Osteoporosis Management in Women who had a Fracture
COL	Colorectal Cancer Screening	**OED/OEV**	Oral Evaluation, Dental Services
CWP	Appropriate Testing for Pharyngitis	**OMW**	Osteoporosis Management in Women who had a Fracture
DEV	Developmental Screening in the First Three Years of Life	**PBH**	Persistence of Beta-Blocker Treatment After a Heart Attack
DSF	Depression Screening and Follow-up for Adolescents and Adults	**PCR**	Plan All Cause Readmission
EED	Eye Exam for Patients with Diabetes	**PDC-DM**	Proportion of Days Covered - Diabetes
FMC	Follow up After Emergency Dept Visit/Chronic Condition	**PDC-RAS**	Proportion of Days Covered - Renin Angiotensin System
FUA	Follow-Up After ED Visit for Substance Abuse – 30 days	**PDC-Statin**	Proportion of Days Covered - Statin
FUM	Follow-Up After ED Visit for Mental Illness – 30 days	**POD**	Pharmacotherapy for Opioid Use Disorder
FVA	Flu Vaccinations for Adults		

Glossary of Abbreviations/Acronyms (Measure Specific) - continued

Acronym:	Description		Acronym:	Description
PPC-Pre	Prenatal and Postpartum Care: Prenatal Care			
PPC-Pst	Prenatal and Postpartum Care: Postpartum Care			
RRF	Reducing Risk of Falls			
SPC-RCV	Statin Therapy for Patients with Cardiovascular Disease - Received Therapy			
SPD-RCV	Statin Therapy for Patients with Diabetes - Received Therapy			
SSI-Colon	Surgical site infection following colorectal surgery			
SUPD	Statin Use in Persons with Diabetes			
TFL-CH	Topical Fluoride for Children			
TRC	Transitions Of Care- Average			
URI	Appropriate Treatment for Upper Respiratory Infection			
W30	Well-Child Visits in the First 30 Months of Life			
W30+6	Well-Child Visits 0-15 months – Six or more visits			
W302+	Well-Child Visits 15-30 months – 2 or more visits			
WCC	Children/Adolescents: BMI Percentile Documentation			
WCV	Child & Adolescent Well-Care Visits			

Section I: Work Plan Initiatives

Goal: Implement activities to improve performance measures.

Section I includes program objectives, monitoring and evaluation for the year.

Program Initiative Details	Product Line	Responsible Party	Objectives	2024 (MY 2023) Objectives Met (%, ratio):	2025 (MY 2024) Objectives Met (%, ratio): (Populate at Mid-Year)	2025 Activities Completed (%, ratio):	Program Continuation (Populate at year-end)
1. Behavioral Health – Improving Behavioral Health (Mental Health and Substance Use) Outcomes **Type of activity:** • Ongoing activity – (monitoring of previously identified issue – under performing MCAS, DHCS priority area) **Type of program:** • Quality of Care • Safety	CVH: Medi-Cal (Fresno, Kings, Madera)	Adrianna Shoji, Program Manager III, Behavioral Health Quality Improvement Amy Schneider RN, Sr. Director Medical Management	Meet directional improvement of 1-5% from prior year or ≥ 50th percentile benchmark for the following MCAS-MPL measure (6 rates): • Follow-Up After ED Visit for Substance Abuse – 30 days (FUA-30): MPL is 36.18% • Follow-Up After ED Visit for Mental Illness – 30 days (FUM-30): MPL is 53.82%.	MY 2023: • FUA-30: (0%, 0/3) Fresno: 15.01% Kings: 21.66% Madera: 16.84% • FUM-30: (0%, 0/3) Fresno: 14.17% Kings: 38.25% Madera: 22.47%	MY 2024: • FUA-30: (100% 3/3) Fresno: 29.48% Kings: 36.65%* Madera: 30.7% • FUM-30: (100% 3/3) Fresno: 42.94% Kings: 64.97%* Madera: 47.71% *Measures that met MPL: (33.33%, 2/6)	**Mid-Year (Jan-Jun):** 0%, (0/0) of activities were completed at mid-year. 5/5 ongoing or planned activities on track to be completed by year-end. **Year-End (Jul-Dec):** (%, X/X)	
2.A. Chronic Conditions - Diabetes (CDC/GSD/HBD >9%) **Type of activity:** • Ongoing activity – (monitoring of previously identified issue – maintain achievement of DHCS MCAS MPL) **Type of program:** • Quality of Care • Quality of Service	CVH: Medi-Cal (Fresno, Kings, Madera)	Gigi Mathew, Program Manager III, QI Amy Schneider RN, Sr. Director Medical Management	• MCL: Meet directional improvement of 1-5% from prior year or ≥ 50th percentile benchmark for the following MCAS-MPL measure: • Glycemic Status Assessment for Patients with Diabetes: GSD (new 2024 measure replaces Diabetes Care -Blood Sugar Controlled - HBD): MPL is 33.33% **(inverted rate).**	MY 2023: •GSD >9: (100%, 3/3) Fresno: 35.31% Kings: 25.42% Madera: 30.79%	MY 2024: •HBD >9: (100%, 3/3) Fresno: 23.84%* Kings: 24.04%* Madera: 28.00%* *Measures that met MPL: (100%, 3/3)	**Mid-Year (Jan-Jun):** 0%, (0/0) of activities were completed at mid-year. 4/4 ongoing or planned activities on track to be completed by year-end. **Year-End (Jul-Dec):** (%, X/X)	
2.B. Chronic Conditions – Heart Health/Blood Pressure (CBP) **Type of activity:** • Ongoing activity – (monitoring of previously identified issue – maintain achievement of DHCS MCAS MPL) **Type of program:** • Quality of Care • Quality of Service	CVH: Medi-Cal (Fresno, Kings, Madera)	Gigi Mathew, Program Manager III, QI Amy Schneider RN, Sr. Director Medical Management	MCL: Meet directional improvement of 1-5% from prior year or ≥ 50th percentile benchmark for the following MCAS-MPL measure: • Controlling Blood Pressure (CBP): MPL is 64.48%.	MY 2023: • CBP: (100%, 3/3) Fresno: 64.29% Kings: 72.81% Madera: 71.04%	MY 2024: •CBP: (100%, 3/3) Fresno: 23.84%* Kings: 24.04%* Madera: 28.00%* *Measures that met MPL: (100%, 3/3)	**Mid-Year (Jan-Jun):** 0%, (0/0) of activities were completed at mid-year. 5/5 ongoing or planned activities on track to be completed by year-end. **Year-End (Jul-Dec):** (%, X/X)	
3. Hospital Quality/Patient Safety **Type of activity:** • Ongoing activity – (monitoring of previously identified issue – address quality/ safety of care priority) **Type of program:** • Quality of Care • Safety	CVH: Medi-Cal (Fresno, Kings, Madera)	Barbara Wentworth, Program Manager III, Quality Improvement Amy Schneider RN, Sr. Director Medical Management	• Hospitals with sufficient reportable data: Directional improvement, based on appropriate scores (SIR=<1.0) or outliers (SIR>2) for target hospital acquired infections (HAIs) (CAUTI, CLABSI, C.Diff, MRSA, and SSI-Colon), if baseline is <90% (appropriate) / >5% (outlier). Otherwise, maintain =>90%/<5% status. • Maternity hospitals with reportable data: Directional improvement for the proportion of hospitals meeting the national standard (=<23.6%) for all-payer NTSV C-section rates.	MY 2023 (9/11, 82%) •CAUTI: SIR=<1.0: 75%; SIR>2.0: 0% •CLABSI:SIR=<1.0: 0%; SIR>2: 0% •C.Diff: SIR=<1.0: 100%; SIR>2: 0% •MRSA: SIR=<1.0: 75%; SIR>2: 0% •SSI-Colon: SIR=<1.0: 25%; SIR>2: 0% •NTSV C-sections: Rate=<23.6%: 60%	MY 2024: N/A at Mid-Year	**Mid-Year (Jan-Jun):** 100%, (8/8) of activities were completed at mid-year. 2/2 ongoing or planned activities on track to be completed by year-end. **Year-End (Jul-Dec):** (%, X/X)	

Program Initiative Details	Product Line	Responsible Party	Objectives	2024 (MY 2023) Objectives Met (%, ratio):	2025 (MY 2024) Objectives Met (%, ratio): (Populate at Mid-Year)	2025 Activities Completed (%, ratio):	Program Continuation (Populate at year-end)
4. Member Engagement and Experience – Initial Health Appointment **Type of activity:** • Ongoing activity – (monitoring of previously identified issue – DHCS regulatory activity, audit non-compliance) **Type of program:** • Quality of Care	CVH: Medi-Cal (Fresno, Kings, Madera)	Miriam Rosales, Program Manager III, QI Sia Xiong Lopez CVH Health Equity Officer Amy Schneider RN, Sr. Director Medical Management	• MCL: Meet directional improvement of 1-5% from prior year. IHA does not have HEDIS benchmark but is a DHCS compliance measure. * Required by DHCS for NEW Medi-Cal members within 120 days of enrollment. * Goal: To ensure newly enrolled Medi-Cal members connect with a medical home/PCP, receive a comprehensive evaluation of health needs and receive needed care services across the care continuum.	MY 2023 •IHA: 57.26%	MY 2024 • IHA: (100%, 2/2) The current IHA rate is 59.40%.	**Mid-Year (Jan-Jun):** 100%, (2/2) of activities were completed at mid-year. 2/2 ongoing or planned activities on track to be completed by year-end. **Year-End (Jul-Dec):** (%, X/X)	
5.A. Pediatric/Perinatal/Dental – Dental: (TFL-CH) **Type of activity:** • Ongoing activity - (monitoring of previously identified issue) **Type of program:** • Quality of Care • Quality of Service	CVH: Medi-Cal (Fresno, Kings, Madera)	Juli Coulthurst, Program Manager III, Quality Improvement Amy Schneider RN, Sr. Director Medical Management	MCL: Meet directional improvement of 1-5% from prior year or >=50th percentile benchmark for MCAS measure: • Topical Fluoride for Children (TFL-CH): MPL is 20.01%. Two fluoride applications each measurement year for all children 1 to 20 years of age.	MY 2023 • TFL-CH: (33%, 1/3) Fresno: 19.21% Kings: 9.63% Madera: 27.66%	MY 2024 • TFL-CH: (100%, 2/3) Fresno: 23.77%* Kings: 19.46% Madera: 33.83%* *Measures that met MPL: (66.67%, 2/3)	**Mid-Year (Jan-Jun):** 100%, (1/1) of activities were completed at mid-year. 2/2 ongoing or planned activities on track to be completed by year-end. **Year-End (Jul-Dec):** (%, X/X)	
5.B. Pediatric/Perinatal/Dental – Maternity/Perinatal Care: PPC-pre, PPC-pst Type of activity: • Ongoing activity – (monitoring of previously identified issue – maintain achievement of DHCS MPL, coordination of care priority) **Type of program:** • Quality of Care • Quality of Service	CVH: Medi-Cal (Fresno, Kings, Madera)	Juli Coulthurst, Program Manager III, Quality Improvement Amy Schneider RN, Sr. Director Medical Management	MCL: Meet directional improvement of 1-5% from prior year or >=**75th percentile benchmark** for MCS measures: Prenatal and Postpartum Care: Prenatal Care (PPC-pre): 75% benchmark rate is 88.58%, and Postpartum Care (PPC-pst): 75% benchmark rate is 83.33%.	MY 2023 • PPC-pre: (33.33%, 1/3) Fresno: 90.39% Kings: 91.27% Madera: 90.82% • PPC-pst: (66.67%, 2/3) Fresno: 82.1% Kings: 83.84% Madera: 80.1%	MY 2024: • PPC-pre: (100%, 3/3) Fresno: 90.4%* Kings: 92.00%* Madera: 93.00%* • PPC-pst: (100%, 3/3) Fresno: 83.9%* Kings: 87.00%* Madera: 87.00%* *Measures that met 75% benchmark (100%, 6/6)	**Mid-Year (Jan-Jun):** 50%, (1/2) of activities were completed at mid-year. 4/4 ongoing or planned activities on track to be completed by year-end. **Year-End (Jul-Dec):** (%, X/X)	
5.C. Pediatric/Perinatal/Dental – Pediatric Measures for Children under 3 years of age: CIS-10, LSC, DEV, W30-6+, W30-2+ **Type of activity:** • Ongoing activity – (monitoring of previously identified issue – under performing MCAS, DHCS priority) **Type of program:** • Quality of Care • Quality of Service	CVH: Medi-Cal (Fresno, Kings, Madera)	Juli Coulthurst, Program Manager III, Quality Improvement Amy Schneider RN, Sr. Director Medical Management	MCL: Meet directional improvement of 1-5% from prior year or >=50th percentile benchmark for MCAS measures: • Childhood Immunization Status - Combo 10 (CIS-10): MPL is 27.49% • Lead Screening in Children (LSC): MPL is 63.84% • Developmental Screening in the First Three Years of Life (CDEV): MPL is 35.70% • Well-Child Visits 0-15 months – Six or more visits (W30-6+): MPL is 60.38% • Well-Child Visits 15-30 months – 2 or more visits (W30-2+): MPL is 69.43%.	MY 2023: • CIS-10: (33%, 1/3) Fresno: 27.74%, Kings: 19.83%, Madera: 47.45% • LSC: (33%, 1/3) Fresno: 56.69%, Kings: 58.64%, Madera: 78.1% • CDEV: (33%, 1/3) Fresno: 28.04%, Kings: 3.36%, Madera: 57.47% • W30-6+: (33%, 1/3) Fresno: 56.55%, Kings: 57.44%, Madera: 63.7% • W30-2+:(33%, 1/3) Fresno: 65.01%, Kings: 53.74% Madera: 79.19%	MY 2024 • CIS-10: (66.67%, 2/3) Fresno: 29.17%*, Kings: 14%, Madera: 39%* • LSC: (100%, 3/3) Fresno: 68.66%*, Kings: 64%*, Madera: 93%* • CDEV: (66.67%, 2/3) Fresno: 41.4%*, Kings: 7.48%, Madera: 66.65%* • W30-6+: (66.67%, 2/3) Fresno: 59.39%, Kings: 58.25%, Madera: 72.89%* • W30-2+: (100%, 3/3) Fresno: 67.7%, Kings: 59.91% Madera: 78.64%* *Measures that met the MPL (CIS-10: 66.67%, 2/3; LSC: 100%, 3/3; CDV: 66.67%, 2/3; W30-6+: 33.33%, 1/3; W30-2+: 33.33%, 1/3)	**Mid-Year (Jan-Jun):** 100%, (5/5) of activities were completed at mid-year. 21/23 ongoing or planned activities on track to be completed by year-end. 2 activities are on hold. **Year-End (Jul-Dec):** (%, X/X)	

Program Initiative Details	Product Line	Responsible Party	Objectives	2024 (MY 2023) Objectives Met (%, ratio):	2025 (MY 2024) Objectives Met (%, ratio): (Populate at Mid-Year)	2025 Activities Completed (%, ratio):	Program Continuation (Populate at year-end)
5.D. Pediatric/Perinatal/Dental – Pediatric Measures for Children 3-21 of age: IMA-2, WCV **Type of activity:** • Ongoing activity – (monitoring of previously identified issue – under performing MCAS, DHCS priority area) **Type of program:** • Quality of Care • Quality of Service	CVH: Medi-Cal (Fresno, Kings, Madera)	Juli Coulthurst, Program Manager III, Quality Improvement Amy Schneider RN, Sr. Director Medical Management	MCL: Meet directional improvement of 1-5% from prior year or >=50th percentile benchmark for MCAS measures: • Immunizations for Adolescents Combo 2 (IMA-2): MPL is 34.30% • Well Child Visits (WCV): MPL is 51.81%.	MY 2023 • IMA-2: (66.67%, 2/3) Fresno: 36.06% Kings: 31.39% Madera: 47.32% • WCV: (66.67%, 2/3) Fresno: 51.57% Kings: 41.79% Madera: 65.02%	MY 2024 • IMA-2: (100%, 3/3) Fresno: 39.60%* Kings: 35.77%* Madera: 52.29%* • WCV: (100%, 3/3) Fresno: 54.17%* Kings: 49.28% Madera: 63.17%* *Measures that met the MPL (IMA-2: 100%, 3/3; WCV: 66.67%, 2/3)	**Mid-Year (Jan-Jun):** 100%, (3/3) of activities were completed at mid-year. 7/8 ongoing or planned activities on track to be completed by year-end. 1 year-end activity is on hold. **Year-End (Jul-Dec):** (%, X/X)	
6.A. Pharmacy and Related Measures - AMR **Type of activity:** • Ongoing activity – (monitoring of previously identified issue – maintain or address under performing MCAS) **Type of program:** • Quality of Care • Quality of Service	CVH: Medi-Cal (Fresno, Kings, Madera)	Alicia Bednar, Program Manager III, QI Amy Schneider RN, Sr. Director Medical Management	MCL: Meet directional improvement of 1-5% from prior year or ≥ 50th percentile benchmark for the following MCAS-MPL measure: • Asthma Medication Ratio (AMR): MPL is 66.24%.	MY 2023: • MCL: (66.67%, 2/3) Fresno: 63.66% Kings: 59.29% Madera: 72.2%	MY 2024: • MCL: (100%, 3/3) Fresno: 67.62%* Kings: 76.86%* Madera: 74.41%* *Measures that met the MPL (100%, 3/3).	**Mid-Year (Jan-Jun):** 0%, (0/0) of activities were completed at mid-year. 2/3 ongoing or planned activities on track to be completed by year-end. 1 year-end activity is on hold. **Year-End (Jul-Dec):** (%, X/X)	
7.A. Preventive Health – Cancer and STI Screenings **Type of activity:** • Ongoing activity – (monitoring of previously identified issue – maintain or address under performing MCAS) **Type of program:** • Quality of Care • Quality of Service	CVH: Medi-Cal (Fresno, Kings, Madera)	Ravneet Gill, Program Manager III, Quality Improvement Amy Schneider RN, Sr. Director Medical Management	Meet directional improvement of 1-5% from prior year or ≥ 50th percentile benchmark for the following MCAS-MPL measures: • Breast Cancer Screening (BCS): MPL is 52.68% • Cervical Cancer Screening (CCS): MPL is 57.18% • Chlamydia Sreening in Women (CHL): MPL is 55.95.	MY 2023: • BCS: (100%, 3/3) Fresno: 57.87%, Kings: 61.9%, Madera: 63.18% • CCS: (100%, 3/3) Fresno: 60.55%, Kings: 61.1%, Madera: 68.37% • CHL: (100%, 3/3) Fresno: 61.35%, Kings: 64.11%, Madera: 62.08%	MY 2024: • BCS: (100%, 3/3) Fresno: 59.99%, Kings: 64.39%*, Madera: 58.5% • CCS: (100%, 3/3) Fresno: 66.3%*, Kings: 66%*, Madera: 70%* • CHL: (100%, 3/3) Fresno: 64.83%*, Kings: 65.81%*, Madera: 66.96%* *Measures that met the MPL (100%, 9/9).	**Mid-Year (Jan-Jun):** 0%, (0/0) of activities were completed at mid-year. 6/11 ongoing or planned activities on track to be completed by year-end. 4 year-end activities were cancelled and 1 year-end activity is on hold. **Year-End (Jul-Dec):** (%, X/X)	
7.B. Preventive Health – Flu Campaign **Type of activity:** • Ongoing activity – (monitoring of previously identified issue – improve performance for Member Experience) **Type of program:** • Quality of Care • Member Experience	CVH: Medi-Cal (Fresno, Kings, Madera)	Guille Toland, Program Manager III, Quality Improvement CVH Health Equity Officer Amy Schneider RN, Sr. Director Medical Management	Meet directional improvement of 1-5% from prior year for the Flu Vaccine Adult Immunization Status (AISE Flu).	MY 2023 AISE Flu: 0% (0/3) • Fresno: 21.45% • Kings: 21.97% • Madera: 23.92%	MY 2024- Not reported. AISE Flu: 0% (0/3) Fresno: 20.24% Kings: 21.88% Madera: 19.68%	**Mid-Year (Jan-Jun):** 100%, (1/1) of activities were completed at mid-year. 2/2 ongoing or planned activities on track to be completed by year-end. **Year-End (Jul-Dec):** (%, X/X)	
8.A Provider Communication/ Engagement – Improving Member Experience (CAHPS) – Provider Focus **Type of activity:** • Ongoing activity – (monitoring of previously identified issue – improve performance for Member Experience) **Type of program:** • Quality of Care • Quality of Service • Member Experience	CVH: Medi-Cal (Fresno, Kings, Madera)	Guille Toland, Program Manager III, Quality Improvement Amy Schneider RN, Sr. Director Medical Management	Meet directional improvement of 1-5% from prior year on CAHPS Access measures including: MY 2023 CAHPS Scores (Prior Year Results): - Getting Needed Care - 73.5% - Getting Care Quickly - NR, 25% Percentile QC benchmark - 77.4% - Care Coordination - NR, 25% Percentile QC benchmark - 83.0% *MY2024 QC benchmarks are not available until Q3 2025.	MY 2023 CAHPS: N/A since there was no Regulatory CAHPS survey done in MY2023 HSAG CAHPS: Getting Needed Care, (0/1, 0%) Getting Care Quickly: N/A Care Coordination: Non-reportable due to small sample size (n<100).	MY 2024: (100%, 3/3) • Getting Needed Care: 75.9%* • Getting Care Quickly: 78.6%* • Care Coordination: 87.2%* *Measures that met directional improvement.	**Mid-Year (Jan-Jun):** 100%, (3/3) of activities were completed at mid-year. 3/3 ongoing or planned activities on track to be completed by year-end. **Year-End (Jul-Dec):** (%, X/X)	

Program Initiative Details	Product Line	Responsible Party	Objectives	2024 (MY 2023) Objectives Met (%, ratio):	2025 (MY 2024) Objectives Met (%, ratio): (Populate at Mid-Year)	2025 Activities Completed (%, ratio):	Program Continuation (Populate at year-end)
8.B Provider Communication/ Engagement - Improving Member Experience (CAHPS) – Plan Focus **Type of activity:** • Ongoing activity – (monitoring of previously identified issue – improve performance NCQA quality measure) **Type of program:** • Quality of Care • Quality of Service • Member Experience	CVH: Medi-Cal (Fresno, Kings, Madera)	Guille Toland, Program Manager III, Quality Improvement Amy Schneider RN, Sr. Director Medical Management	Meet directional improvement of 1-5% from prior year on the following CAHPS measures: Rating of Health Plan, Customer Service, Ease of Filling Out Forms. MY 2023 CAHPS Scores (Prior Year Results): - Rating of Health Plan - 81.98% - Customer Service - NR, 25% Percentile QC benchmark - 87.2% - Ease of Filling Out Forms - 96.82% *MY2024 QC benchmarks are not available until Q3 2025.	MY 2023 CAHPS: N/A since there was no Regulatory CAHPS survey done in MY2023 HSAG CAHPS: Rating of Health Plan (1/1, 100%) NR for Customer Service and Ease of Filling out Forms. Non-reportable due to small sample size (n<100).	MY2024: (33.37%, 1/3) • Rating of Health Plan: 65.3%, • Customer Service: 90.5%* • Ease of Filling Out Forms: 93.5% *Measures that met directional improvemnet.	**Mid-Year (Jan-Jun):** 100%, (2/2) of activities were completed at mid-year. 2/2 ongoing or planned activities on track to be completed by year-end. **Year-End (Jul-Dec):** (%, X/X)	
8.C Provider Communication/ Engagement - Improving Provider Survey Results **Type of activity:** • Ongoing activity – (monitoring of previously identified issue – compliance priority) **Type of program:** • Access and Availability	CVH: Medi-Cal (Fresno, Kings, Madera)	Paul Fuentes, Provider Relations Specialist II, Access and Availability Steven Si, Sr. Manager, Compliance and Privacy	To meet performance goal for Provider Appointment Access Survey (PAAS) at 70%. To meet performance goal for Provider After-Hours Access Survey (PAHAS) at 90%.	MY 2023 PAAS: 60% (3/5) •PCP Urgent: 79% •PCP Non-Urgent: 85% •Specialists (All) Urgent: 58% •Specialists (All) Non- Urgent: 60% •Ancillary Non-Urgent: 89% MY 2023 PAHAS: 50% (1/2) •Appropriate Emergency Instructions: 98.4% •Ability to Contact On-Call Physicians: 85.9%	MY 2024 PAAS: 60% (3/5) •PCP Urgent: 77% •PCP Non-Urgent: 86% •Specialists (All) Urgent: 53% •Specialists (All) Non- Urgent: 67% •Ancillary Non-Urgent: 91% MY 2024 PAHAS: 100% (2/2) •Appropriate Emergency Instructions: 93.1% •Ability to Contact On-Call Physicians: 90.02%	**Mid-Year (Jan-Jun):** 100%, (1/1) of activities were completed at mid-year. 1/1 ongoing or planned activities on track to be completed by year-end. **Year-End (Jul-Dec):** (%, X/X)	

Section II: Ongoing Work Plan Activities

Section II includes ongoing monitoring of cross-functional activities across the organization.

Program Type	Activity Description	Responsible Party	Completion Planned Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	A&G REPORT: Identify opportunities to improve member service and satisfaction through appeals and grievances review.	D. Saldarriaga; Manager, A&G S. Si, CalViva Compliance Amy Schneider RN, Sr. Director Medical	12/31/25	In progress	Ongoing	A&G shares monthly and quarterly trending reports to the different business units including member services, so areas of improvement can be identified to improve the member experience. The A&G team also meets on a monthly basis with the call center management team to review the monthly exempt grievance logs, review and calibrate cases to validate correct handling, trends and areas of opportunity. In addition, , the A&G team participates in the monthly CVH A&G workgroups and quarterly Access workgroups. During these working sessions the team reviews reports to discuss trends and identify opportunities for improvement and effectiveness of actions taken. Recommendations from these workgroups are reported up to the MOM.	
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	ACCESS PROVIDER TRAINING: Conduct quarterly webinars.	P. Fuentes, PR Specialist, Access & Availability S. Si, CalViva Compliance	7/1/25 - 12/31/25	Not started		Timely access training webinars will commence July 23 - December 17, 2025.	
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	ACCESS SURVEY RESULTS: Monitor appropriate timely appointment and after-hours access and identify noncompliant PPGs and providers (Q1-Q2). Issue CAPs & educational packets to non-compliant providers (Q3-Q4).	P. Fuentes, PR Specialist, Access & Availability S. Si, CalViva Compliance	Q1-Q4 2025	In progress	6/24/2025 (Q1-Q2 activity)	Non-compliant PPGs/providers were identified. CAPs and educational packets will be issued in Q3 - Q4: 7 - PPG CAPs 12 - PPG Educational Packets 6 - Direct Network CAPs 20 - Direct Network Educational Packets	
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	ACCESS SURVEY: Monitor and report access to care standards using telephonic surveys vendor(s).	P. Fuentes, PR Specialist, Access & Availability S. Si, CalViva Compliance	Q3-Q4 2025	In progress	Ongoing	On track.	
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Complete and submit DMHC Timely Access Reporting (TAR) by May 1, 2025 filing due date.	P. Fuentes, PR Specialist, Access & Availability S. Si, CalViva Compliance	5/1/25	Completed	5/1/2025	Submitted and completed.	

Program Type	Activity Description	Responsible Party	Completion Planned Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Coordinate data and reporting for annual Provider Satisfaction Survey.	M. Miyashiro R. Davila Amy Schneider RN, Sr. Director Medical Management S. Si, CalViva Compliance	Q3 2025	In progress	Ongoing	On track.	
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	DHCS MEDI-CAL MANAGED CARE TIMELY ACCESS REPORT SURVEY: Conduct quarterly education outreach to noncompliant providers identified by this survey.	P. Fuentes, PR Specialist, Access & Availability S. Si, CalViva Compliance	Q1-Q4 2025	In progress	Ongoing	On track. Results for Q1 and Q2 2025 are not available, in order to conduct analysis and outreach.	
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Engage with CalViva provider offices to complete MY 2025 MCAS training focused on best practices for closing care gaps.	A. Wittig, Director, Quality Improvement Erica Valdivia, Provider Engagement Amy Schneider RN, Sr. Director Medical Management	Q3 2025	Completed	3/12/2025	Completed 2025 QI Program slide deck - Best Practice Guide. The guide was shared with the PE team on 3/12/2025 to be utilized with providers and provider groups.	
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	GEO ACCESS: Assess and report on availability of network to identify opportunities for improvement. Analyze and inform Provider Network Management of areas needing increased contracting with a particular provider to improve availability.	D. Fang, Manager, Health Equity S. Si, CalViva Compliance	Q3 2025	In progress	Ongoing	Geo Access report will be completed by September 15, 2025.	
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Health Equity Report: Analyze and report on Cultural and Linguistics.	D. Fang, Manager, Health Equity S. Si, CalViva Compliance S. Lopez, CalViva Health Equity Officer	Q2 and Q3 2025	In progress	Q1 2025 LAP; others on-going	2024 LAP End of Year Report was completed in Q1. The LAP mid-year report will be completed by September 15, 2025.	
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	In collaboration with Provider Engagement, engage with Quality EDGE priority provider offices to improve access and complete interventions addressing systemic barriers to HEDIS performance.	Michelle Najarro, Manager, Accreditation Erica Valdivia, Director, Provider Engagement	12/31/25	In progress	Ongoing	Collaboration with Provider Engagement is ongoing. QI and PE participate in regular weekly and monthly meetings. At mid-year, Quality EDGE has approved $313,500. Top requests types include equipment, member/staff incentives, and technology support.	

Program Type	Activity Description	Responsible Party	Completion Planned Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Maintain and manage the CAHPS Action Plan: Collaborate with CAHPS measure owners to identify areas of opportunity and activities to improve CAHPS, identifying process improvement activities. This also includes working with the Provider Engagement and Medical Affairs teams to review provider CAHPS improvement plans, identifying best practices, and recommending changes when plans are insufficient to improve the member experience in a measurable and meaningful way.	T. Jaghasspanian G. Toland S. Si, CalViva Compliance Amy Schneider RN, Sr. Director Medical Management	1/1/25 - 12/31/25	In progress	Ongoing	On track. CAHPS team attended 9 total QFT-PE and QFT-MA & PPG team meetings in Jan-June 2025. CAHPS survey updates were presented and CAHPS initiatives were reviewed at the QFT-PE meetings.	
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Maintain compliance with DHCS Initial Health Appointment (IHA) 3-pronged outreach requirement: Annual IHA Compliance Monitoring Report.	A. Wittig, Director, Quality Improvement S. Si, CalViva Compliance S. Lopez, CalViva Health Equity Officer Amy Schneider RN, Sr. Director Medical Management	Q4 2025	In progress	Ongoing	IHA outreach is ongoing and conducted monthly for newly enrolled members. We're on track and continuing to monitor completion rates and provider compliance quarterly.	
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Monitor appropriate after-hours messaging and timely access to urgent/emergent care. Refer to Access and Availability Work Plan for additional details.	M. Miyashiro R. Davila S. Si, CalViva Compliance	Q3-Q4 2025	In progress	Ongoing	On track.	
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Monitor Delegation Oversight activities through the PPG scorecards that captures PPGs' audit scores. The quarterly scorecard provides an opportunity to track/ trend low- high PPGs performers.	Manisha Makwana S. Si, CalViva Compliance Amy Schneider RN, Sr. Director Medical Management	Q1-Q4 2025	In progress	Ongoing	The latest production for Q1 2025 PPG scorecard was completed on June 13, 2025, for 115 PPGs which include PPGs that served the CalViva service area. PPG Performance Governance committee drives overall cross-functional accountability to improve PPG performance and approves remediation plans for underperforming PPGs.	

Program Type	Activity Description	Responsible Party	Completion Planned Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	TELEPHONE ACCESS SURVEY: Conduct quarterly surveys and issue CAPs to noncompliant providers.	P. Fuentes, PR Specialist, Access & Availability S. Si, CalViva Compliance	Q3-Q4 2025	In progress	Ongoing	On track.	
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Write integrated member satisfaction reports, in partnership with the QIRA Team, to satisfy NCQA Accreditation ME.7 Standard. This report captures appeals, grievances, CAHPS/ECHO results, and identifies barriers, areas of opportunity, and ongoing initiatives.	T. Jaghasspanian G. Toland G. Gomez (BH) S. Si, CalViva Compliance Amy Schneider RN, Sr. Director Medical Management	1/1/25 - 12/31/25	In progress	5/1/2025	Data collection for the MY 2024 CAHPS Member Satisfaction Survey was completed in May. Once the final results are shared with the health plan, we will begin developing the CalViva Health ME.7 report.	
BEHAVIORAL HEALTH	Conduct oversight of Behavioral Health (BH) through delegated reports on BH (may include member satisfaction surveys, etc.)	G. Gomez, Director, QI Amy Schneider RN, Sr. Director Medical Management	Q1-Q4 2025	In progress	6/16/2025	ECHO Survey California state submission due Jun. 16, 2025 is complete; The MY 2024 Member Satisfaction Survey for CalViva Health will be fielded between Jul. and Sep. 2025; data collection closes in October and reports are due end of Oct. - mid Nov. 2025	
CONTINUITY AND COORDINATION OF CARE	Educate providers on importance of well-child visits. Well-child visits include developmental screenings.	J. Coulthurst, PMIII, QI Amy Schneider RN, Sr. Director Medical Management	12/31/2025	In progress	Ongoing	The Provider Engagement team trained on best practices for well-child visits and developmental screenings in February 2025.	
CONTINUITY AND COORDINATION OF CARE	Monitor opportunities and interventions for NCQA Standards QI.3 & QI.4 Coordination of Care (COC) requirements (non-BH and BH reports).	Adrianna Shoji/ M. Rosales Program Manager III, Quality Improvement	Q1 2026	Not started		Q1.3 Report will be available in Q1 2026.	
CREDENTIALING / RECREDENTIALING	Credentialing/Recredentialing Practitioners/Providers: Achieve and maintain a 100% timely compliance and 100% accuracy score.	M. Catello, Sr. Manager	12/31/25	In progress	Ongoing	100% compliant for YTD, with all standards for both medical and behavioral health credentialing/recredentialing.	
CREDENTIALING / RECREDENTIALING	PPG Delegates Credentialing/Recredentialing oversight achieve and maintain audit scores between 90 -100% compliance for annual review.	K. Bowling, Sr. Manager Delegation Oversight	12/31/25	In progress	Ongoing	Delegates are on track to meet year end metrics.	

Program Type	Activity Description	Responsible Party	Completion Planned Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
DISEASE/CHRONIC CONDITIONS MANAGEMENT	Monitor Chronic Conditions (Disease) Management Program for appropriate member outreach quarterly.	Denise Miller, Program Manager III Customer Experience	1/23/25	Completed	Ongoing	Revised Disease Management program approved in March, tested in April and re-launched in May 2025. Continue monitoring enrollment, outcomes and member satisfaction. Reports received quarterly and annually.	
QUALITY AND SAFETY OF CARE AND SERVICE	Delegation Oversight -- Monitor PPG-level delegated activities and issues, including CAPs, and report findings to CalViva Credentialling Sub Committee and QIUM Committee at least annually. Activities include Utilization Management, including CCM; credentialing; and claims payments.	K. Bowling A. Tonkogolosuk	12/31/25	In progress	Ongoing	For 2025 mid-year, Delegation Oversight is on track monitoring the PPGs' delegated activities for Utilization Management including CCM, credentialing and claims processing and issues, including corrective action plans as applicable. Findings will be reported to the applicable committees by year end.	
QUALITY AND SAFETY OF CARE AND SERVICE	Handling of Member Grievances and Appeals: Ongoing monitoring and assessment of compliance with the handling of member grievances and appeals; ensure compliance with regulatory requirements for TAT and process.	L. Carrera Amy Schneider RN, Sr. Director Medical Management	12/31/25	In progress	Ongoing	Continue to monitor TAT to ensure we are meeting compliance. Monthly Dashboards support the review of this.	
QUALITY AND SAFETY OF CARE AND SERVICE	Integrated Care Management (ICM) • Implement PHM pyramid as the predictive modeling tool to identify high-risk members for referral to ICM. • Evaluate the ICM Program based on the following measures: o Readmission rates o ED utilization o Overall health care costs o Member Satisfaction	C. Patnaude, Director, Care Management	Annually by December 2025	In progress. See 2024 year-end work plan evaluation.	Ongoing	On track for increased referrals to CM programs. We do not have any outcome measures for 2025 yet, as we have to wait on claims lag,	
QUALITY AND SAFETY OF CARE AND SERVICE	Monitor credentialing findings and report to CalViva Credentialing Sub Committee quarterly.	P. Carpenter, Director, Quality Improvement	12/31/25	In progress	Ongoing	On track. Submitted 4/22/2025. On track for Mid-year and year-end.	
QUALITY AND SAFETY OF CARE AND SERVICE	Monitor peer review determinations and report to CalViva Credentialing Sub Committee quarterly.	P. Carpenter, Director, Quality Improvement	12/31/25	In progress	Ongoing	On track. Submitted 4/22/2025. On track for Mid-year and year-end.	

Program Type	Activity Description	Responsible Party	Completion Planned Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
QUALITY AND SAFETY OF CARE AND SERVICE	Monitor potential quality incidents (PQI) and quality of care (QOC) findings and report to CalViva quarterly. Complete all PQIs/QOCs received thin 90 day TAT to maintain internal compliance.	P. Carpenter, Director, Quality Improvement	12/31/25	In progress	Ongoing	On track. Submitted 4/29/2025. On track for Mid-year and year-end.	
QUALITY AND SAFETY OF CARE AND SERVICE	Update Clinical A&G Quality of Care Concerns Policy & Procedure and Peer Review Committee Policy & Procedure.	P. Carpenter, Director, Quality Improvement Amy Schneider RN, Sr. Director Medical Management	12/31/25	Completed	5/6/2025	Completed.	
QUALITY IMPROVEMENT AND COMPLIANCE	Evaluate written plan for safety and quality data collection: To improve patient safety by collecting and providing information on provider and practitioner safety and quality (at least annually).	A. Wittig S. Wright Barbara Wentworth	Q1 2025	Completed	3/20/2025	Provider Update: Stay Informed on Quality Goals was distributed and posted online on 3/20/2025. Annual evaluation of safety and quality workplan initiatives and metrics was completed and submitted to committee 2/20/2025	
QUALITY IMPROVEMENT AND COMPLIANCE	Evaluation of the QIHEd program of the previous year (Q1). Complete QIHEd Work Plan evaluation semi-annually.	L. Aaronson M. Gumatay A. Wittig S. Wright T. Jaghasspanian L. Pak A. Schneider	Q1 and Q3 2025	Completed	2/13/2025	Completed for Q1 report. Approved at QIUM Workgroup on 2/20/2025.	
QUALITY IMPROVEMENT AND COMPLIANCE	Maintain Facility Site Review (FSR) and Medical Record (MRR) Compliance: To ensure provider offices and medical records comply with DHCS contracted requirements per APL 22-107 and Physical Accessibility Review Survey per MMCD Policy Letter 12-006 and 15-023. Report FSR/MRR data to DHCS twice per year (1/31 and 7/31), including all sites with failed scores.	P. Carpenter, Director, Quality Improvement	12/31/25	In progress	Ongoing	On track to complete all required audits by year end.	
QUALITY IMPROVEMENT INFASTRUCTURE	Care gap reports produced by the HEDIS Team weekly, by contract level and participating provider group (PPG) level to identify non-compliant members.	HEDIS D. Mehlhouse	12/31/25	Completed	Ongoing	Care gaps reports are produced weekly via sFTP and Cozeva.	

Program Type	Activity Description	Responsible Party	Completion Planned Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
QUALITY IMPROVEMENT INFASTRUCTURE	Encourage further Cozeva adoption/usage among PCPs and provider groups in program's 5th year; Expand Cozeva-EHR integrations and bidirectional data-sharing with priority PCP/clinics; Enhance Cozeva platform to support regulatory requirements and key opportunities / initiatives.	S. Pao S. Myers	12/31/25	Not started	Ongoing	CalViva Medi-Cal provider Cozeva adoption in Jun 2025 stands at 92% (for 98% of members) with 47% "actively engaged" on the platform; for priority providers, 50% are "actively engaged" on the Cozeva platform vs. 50% year-end goal	
QUALITY IMPROVEMENT INFASTRUCTURE	QI improves communication with stakeholder departments and identifies interventions to improve CAHPS through monthly Quality Focus Touchbase meetings and Quality Governance Committee meetings.	T. Jaghasspanian G. Toland M. Anderson	12/31/25	In progress	Ongoing	The CAHPS team meets monthly with the PE and MA/PPG teams during the Quality Focus Touchbase meetings to provide CAHPS updates and review ongoing CAHPS initiatives. Additionally, the CAHPS team participates in the CalViva A&G Workgroup and CalViva MOM meetings as needed	
QUALITY IMPROVEMENT INFASTRUCTURE	Support development of HEDIS best practice tools.	S. Wright (lead)	6/30/2025	Completed	3/12/2025	Completed 2025 QI Program Slide Deck - Best Practice Guide. The guide was shared with the PE team on 3/12/2025 to be utilized with providers and provider groups.	
WELLNESS/ PREVENTIVE HEALTH	Adopt and disseminate Medical Clinical Practice Guidelines (CPG).	CalViva Health/HN K. Macsicza Director, Clinical Programs A. Schneider, RN, Sr. Director Med Management	6/30/25	Completed	5/15/2025	Completed. Provider Update posted to the Provider Library April 23, 2025. CPGs were adopted at QIUM Committee on May 15, 2025.	
WELLNESS/ PREVENTIVE HEALTH	Distribute and/or make available Preventive Screening Guidelines (PSG) to Members and Providers.	B. Head J. Felix	12/31/25	Completed	2/27/2025	The updated 2025 PSG Booklet went live on 2/27/2025 and was posted on the CalViva Health webpage. The booklet is distributed monthly to new members via the Member Welcome packet. PSGs were adopted at QIUM Committee on May 15, 2025.	
WELLNESS/ PREVENTIVE HEALTH	Distribute the Health Education Programs and Services Flyer to members via the Medi-Cal member welcome packet.	M. Lin S. Si, CalViva Compliance S. Lopez, CalViva Health Equity Officer	12/31/25	In progress	Ongoing.	The Health Education Programs and Services flyer is being distributed monthly via the member welcome packet. This activity is on track.	

Program Type	Activity Description	Responsible Party	Completion Planned Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
WELLNESS/ PREVENTIVE HEALTH	Health education material management	L. Aaronson, Director of Quality and Health Education A. Wittig, Director of Quality Improvement and Health Education A. Jayme, Program Manager II	12/31/25	In progress	Ongoing.	On track. For YTD, there have been 14,667 pieces of printed health education materials requested and fulfilled for the CalViva service area.	
WELLNESS/ PREVENTIVE HEALTH	Health Education System P&Ps, monitoring of initiatives, maintenance of printed materials, digital programs and requirements, health promotion to providers.	A. Wittig L. Aaronson A. Jayme S. Si, CalViva Compliance S. Lopez, CalViva Health Equity Officer	12/31/25	In progress	Ongoing.	On track. For YTD, all P&Ps have been reviewed and renewed accordingly, initiatives, digital programs, and printed materials are monitored continuously according to their review cycles.	
WELLNESS/ PREVENTIVE HEALTH	Maintain compliance with childhood blood lead level screening requirements in accordance with DHCS APL 18-017 and APL 20-016. Quarterly monitoring of HEDIS Lead Screening for Children (LSC.) Member education materials include preventive service guidelines (PSGs); Provider training and education include the Medi-Cal provider operations manual and HEDIS provider tools on Lead Screening for Children (LSC). Medical Record Reviews for lead screening conducted during Facility Site Reviews submitted to DHCS twice a year.	A. Wittig P. Carpenter S. Wright J. Coulthurst L. Armbruster A. Schneider	12/31/25	In progress	Ongoing.	CalViva Q3 Lead Blood Screening Compliance Report submitted and approved 3/20/25. Q4 Lead Blood Screening Report submitted 6/13/2025. The Committee date was 7/17/25. Anticipatory guidance rates continue to trend on the low side with little increase. The Plan is collaborating with the analytics team to address possible variations in coding to capture the anticipatory guidance with the well child visits. There are no actual codes for anticipatory guidance. The codes provided by DHCS are counseling codes.	
WELLNESS/ PREVENTIVE HEALTH	Member newsletter- Supports Medi-Cal NCQA guidelines that requires specific member communication to be mailed to members' homes.	B. Head/K. Kaila (Medi-Cal) S. Si, CalViva Compliance S. Lopez, CalViva Health Equity Officer	10/31/2025-Medi-Cal	In progress	Ongoing	On track. Went through DHCS and hope to send out by October/November.	
WELLNESS/ PREVENTIVE HEALTH	Monitor CalViva Health Pregnancy Program and identify high risk members via Care Management.	C. Patnaude, Director, Care Management S. Si, CalViva Compliance S. Lopez, CalViva Health Equity Officer	Annually by December 2025	In progress	6/18/2025	On track.	

Program Type	Activity Description	Responsible Party	Completion Planned Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
WELLNESS/ PREVENTIVE HEALTH	New vendor onboarding and ongoing management to provide Diabetes Prevention Program (DPP) services to our eligible Medi-Cal population.	A. Mojadedi S. Si, CalViva Compliance S. Lopez, CalViva Health Equity Officer	12/31/2025	In progress	Ongoing	DHCS approval for CalViva was received on 1/4/25. DPP is live for CalViva members. Members continue to sign up for the DPP. As of 6/30/25, there have been 44 CalViva members that signed up for DPP.	

Section III: Enterprise Quality Improvement & Performance Tracker Activities Log

Section III lists Enterprise Quality Improvement & Performance Tracker activities that support meeting program objectives for the year (listed in Section I).

Work Plan Initiative Section	Counties/ Regions	Initiative Point of Contact	Intervention Name	Intervention Description	Measure(s) Impacted	Start Date	End Date	Status	Opportunities/Barriers	Mid-Year Update
Section 1	CalViva Health - All Counties	Maria Lin, Program Manager II	CalViva Health Teladoc Mental Health Digital Program	BEHAVIORAL HEALTH - CalViva Health Teladoc Mental Health Digital Program oversight and management.	IMMH - Improving or Maintaining Mental Health, DSF - Depression Screening and Follow Up	01/01/25	12/31/25	In Progress	N/A	Teladoc Mental Health Digital Program launched successfully in 2025. Eligibility files were implemented. Utilization reports by LOB were launched in June.
Section 1	CalViva Health - All Counties	Adrianna Shoji, Program Manager III	CalViva MHN Primary Source Verification (PSV) (FUM/FUH/FUA)	BEHAVIORAL HEALTH - FUM/FUA MHN Follow-up Outreach Team (FUOT) uses ADT reports to conduct member outreach calls to close gaps; FUH: BH FUOT uses internal discharge reports to conduct member phone outreach to close gaps.	FUA - F/U ED Substance Abuse - 30, FUA - F/U ED Substance Abuse - 7, FUM - F/U ED Mental Illness - 30, FUM - F/U ED Mental Illness - 7	01/01/25	12/31/25	In Progress	Many steps involving transfer of member data; PHI.	Follow-up Outreach Team continues to make member outreach calls with the use of daily ADT reports to close care gaps for FUA and FUM measures.

Implemented Lanes real-time database sharing with CalViva at St. Agnes Medical Center (SAMC) and Camarena Health to be used by CHWs, Substance Abuse counselors/Navigators (SUNs) and social workers in emergency departments (EDs) to facilitate coordination of care and follow-up for FUM and FUA measures. The non-clinical PIP has implemented interventions and monitoring effectiveness for SAMC and the Madera Lean Project is implementing and monitoring effectiveness for Camarena Health. |
Section 1	CalViva Health - All Counties	Maria Lin, Program Manager II	CalViva myStrength Primary Source Verification (PSV) - DSF	BEHAVIORAL HEALTH - myStrength PHQ9 screening data approved by the HEDIS auditor as a supplemental data for HEDIS Measure Depression Screening and Follow Up (DSF-E).	IMMH - Improving or Maintaining Mental Health DSF - Depression Screening and Follow Up	01/01/25	12/31/25	In Progress	N/A	Successfully passed the 2025 PSV audit.
Section 1	CalViva- Madera	Rhonda Dick, Senior Quality Improvement Specialist	Quality Management Improvement Project (QMIP) Madera County	BEHAVIORAL HEALTH - Culturally appropriate education strategies for mental health/substance use disorder to increase follow up care; CHW training, implementation of the Lanes real time database, and utilization of the Resiliency Center referral process to increase follow up within 30 days after an ED visit for SUD/MH.	FUA- Follow-Up ED Substance Abuse 30 FUM Follow up ED Mental Illness- 30	05/02/25	12/31/25	In Progress	Working on strategies for increasing utilization of the Resiliency Center.	Culturally appropriate education strategies for mental health/substance use disorder has been completed. The Lanes database is in use and still working on utilization of the Resiliency Center.
Section 1	CalViva Health- Fresno and Madera Counties	Rhonda Dick, Senior Quality Improvement Specialist	DHCS Non-Clinical PIP: Improve notifications for members with SUD/MH diagnosis following or within 7 days of an emergency department (ED) visit in Fresno and Madera Counties.	BEHAVIORAL HEALTH- CVH Performance Improvement Project. 1st intervention-Coding Education update to include Smart Phrases; 2nd intervention: Cultural Competency Training, 3rd Intervention: Resiliency Center for referrals for first responders.	FUA- Follow up ED Substance Abuse- 7 FUM- Follow up ED Mental Illness- 7	09/11/23	08/27/26	In Progress	From the implementation of the coding training, received feedback that the different providers (Substance Abuse counselors/Navigators (SUN), Community Health Workers (CHW) do not use coding. Created smart phrases as a method for capturing data for follow up visits.	Coding and Cultural Competency training has been completed. Still working on referrals to the Resiliency Center for members after an ED visit for Substance Abuse/MH.
Section 2.b	CalViva Health - All Counties	Martha Zuniga, Sr. QI Specialist	CalViva - CBP - Blood Pressure Durable Medical Equipment (DME) Promotion	Direct mailing of blood pressure monitor via DME benefit through Western Drug to member with uncontrolled blood pressure and/or newly diagnosed. Collaboration with provider office and Provider Engagement (PE) / Provider Engagement Accounts Managers (PEAM).	CBP - Controlling High Blood Pressure	01/06/25	12/31/25	In Progress	Barriers: Providers do not have the bandwidth to conduct member outreach. Members do not receive prescribed blood pressure monitor.	BP DME fillable form created and uploaded to Provider Library. Currently working with PE/PEAE teams to promote the DME benefit to targeted providers as part of the CBP Root Cause Analysis (RCA) e-project.
Section 2.a	CalViva Health - All Counties	Martha Zuniga, Sr. QI Specialist	Direct Mail Kits for Blood Glucose (HbAc/A1c) - CalViva	CHRONIC CONDITIONS - A direct to member mail campaign to support members that may be due for an A1c (A1c kit). Quality Improvement (QI) is partnering with the vendor, Simple HealthKits, to directly mail A1c Kits (to support an A1c home test).	CDC - Comprehensive Diabetes Care	01/01/25	12/31/25	PLANNING	N/A	Pending Corporate review of vendors contracts. The Plan to submit Simple HealthKit's PPA to DHCS for review and approval in September. CalViva's submission to DHCS for approval will follow the Plan's approval.

Work Plan Initiative Section	Counties/Regions	Initiative Point of Contact	Intervention Name	Intervention Description	Measure(s) Impacted	Start Date	End Date	Status	Opportunities/Barriers	Mid-Year Update
Section 8.a	CalViva Health - All Counties	Kristen Kaila, Senior Health Education Specialist	Annual Member Newsletter-Medi-Cal CalViva	HEALTH EDUCATION/WELLNESS - The newsletter meets the Medi-Cal guideline that requires specific member communication to be mailed to members' homes. The member newsletter is also a mode of communication for NCQA, Health Equity and regulatory articles. Promotion of wellness programs and quality improvement interventions.	CAHPS - Access to Care	10/02/24	10/31/25	In Progress	N/A	In process.
Section 2.a, 2.b, 5.c, 6.a, 6.b, 6.e, 9	CalViva Health - All Counties	Brittany Head, Program Manager II	Digital Health Education Resources to Support Patients.	HEALTH EDUCATION/WELLNESS - Update PowerPoint (PPT) presentation resource designed to promote Krames and nationally credible health education resources that providers can effectively share with their patients. This PPT will encompass a broad spectrum of health-related topics, which also includes addressing topics that support various measures.	AMR - Asthma Med Ratio Total 5 to 64 CBP - Controlling Blood Pressure CDC - Comprehensive Diabetes Care CIS-E (10) - Childhood Immunization Status Combination 10 IMPH - Improving or Maintaining Physical Health MAC - Medication Adherence for Cholesterol MAD - Medication Adherence for Diabetes Medications MAH - Medication Adherence for Hypertension (RAS antagonists) MPA - Monitoring Physical Activity MUI_OA - Improving Bladder Control OMW - Osteoporosis Management in Women who had a Fracture PBH - Persistence of Beta-Blocker Treatment after a Heart Attack POD - Pharmacotherapy for Opioid Use Disorder RRF - Reducing the Risk of Falling SUPD - Statin Use in Persons with Diabetes (SUPD)	01/01/25	12/31/25	In Progress	N/A	PowerPoint presentation has been updated and is currently in review and approval process to incorporate findings from the 2024 year-end survey. Key updates include the addition of Spanish-language resources and expanded member-focused content. The CDC Milestone Tracker App was added to support for developmental screenings. Based on insights from our 2025 key-informant survey, completed by 15 respondents representing various health systems, FQHCs and community based organization (CBOs) best practice strategies were developed for sharing QR codes and URLs through multiple distribution methods. Content enhancements also addressed reducing screen time for children and teens and increasing the use of DHCS-approved vendors to ensure materials meet 6th-grade reading level.
Section 3	CalViva Health - All Counties	Barbara Wentworth, Program Manager III, Quality	Engagement with external collaboratives to promote hospital quality: Cal Hospital Compare collaboration.	HOSPITAL QUALITY/PATIENT SAFETY - Collaboration with Cal Hospital Compare to promote their hospital Honor Rolls, leverage their Poor Performer list, and identify new opportunities to drive hospital quality improvements.	HPQI - Health Plan Quality Improvement	01/01/25	12/31/25	Completed	Cal Hospital Compare staff have shifted their focus to mid-tier hospital performance rather than poor performers. We continue to focus on the latter, and can still use Cal Hospital Compare resources to do so.	Contracted with the organization for hospital quality data products, Honor Rolls, and reports, which are provided throughout the year. Patient Safety Honor Roll and Poor Performer list, and Network analysis provided to date. Leveraged these items across hospital quality initiatives.
Section 3	CalViva Health - All Counties	Barbara Wentworth, Program Manager III, Quality	Engagement with external collaboratives to promote hospital quality: California Health Care Foundation collaboration.	HOSPITAL QUALITY/PATIENT SAFETY - Collaboration with the California Health Care Foundation (CHCF) to coordinate and consult on improving hospital maternal health metrics, particularly with respect to equity.	HPQI - Health Plan Quality Improvement	01/01/25	12/31/25	Completed	Primary contact will no longer be assigned to maternal health initiatives going forward. Will need to identify new contact.	Coordinated with California Heath Care Foundation contractor on promotion of implicit bias training for perinatal care providers, including newly launched resources that address updates to state training requirements.
Section 3	CalViva Health - All Counties	Barbara Wentworth, Program Manager III, Quality	Engagement with external collaboratives to promote hospital quality: Health Services Advisory Group (HSAG).	HOSPITAL QUALITY/PATIENT SAFETY - Collaboration with Health Services Advisory Group to provide plan network hospitals with access to their online platform and QI resources to provide them with technical guidance on how to improve their performance on priority measures.	HPQI - Health Plan Quality Improvement	01/01/25	12/31/25	Completed	Major delay in HSAG being notified that they received a CMS contract as a Quality Improvement Organization (QIO). In the meantime, HSAG was not able to feature their online QI tools, and CalViva was unable to promote to hospitals. The award was just announced and CalViva is working with HSAG to identify collaborative opportunities going forward.	Collaborating with HSAG hospital quality leads to align efforts to drive improvements on patient safety metrics. After an extended delay in CMS's funding announcements, HSAG received confirmation that they were awarded a 5-year Quality Improvement Organization contract. Coordination efforts are underway between organizations to identify eligible hospitals within CalViva's network and encourage participation in HSAG's program, and to establish collaborative opportunities going forward.

Work Plan Initiative Section	Counties/ Regions	Initiative Point of Contact	Intervention Name	Intervention Description	Measure(s) Impacted	Start Date	End Date	Status	Opportunities/Barriers	Mid-Year Update
Section 3	CalViva Health - All Counties	Barbara Wentworth, Program Manager III, Quality	Engagement with external collaboratives to promote hospital quality: California Maternal Quality Care Collaborative (CMQCC).	HOSPITAL QUALITY/PATIENT SAFETY - Collaboration with the CMQCC to coordinate and consult on improving hospital maternal health metrics.	HPQI - Health Plan Quality Improvement	01/01/25	12/31/25	Completed	All CalViva Maternity hospitals have access to CMQCC's guidance and tools to help them meet maternal health standards, particularly on C-section rates.	Ongoing consultation and coordination with CMQCC staff about specific lower performing hospitals and broader trends on C-section rates and other metrics, including health equity; doula-related guidance and utilization; and maternal health quality improvement efforts broadly.
Section 3	CalViva Health - All Counties	Barbara Wentworth, Program Manager III, Quality	Hospital outreach about C-section overuse and maternal health issues.	HOSPITAL QUALITY/PATIENT SAFETY - Outreach to hospitals about C-section overuse, standards/ expectations, and opportunities to improve. Includes focus on maternal health equity.	HPQI - Health Plan Quality Improvement	01/01/25	12/31/25	In Progress	Requirements for Maternity Care Honor Roll changed in 2024, requiring hospitals to perform well on multiple metrics and not C-section rates alone. Meeting the C-section target is still a guardrail and our outreach continued to focus on this aspect of performance.	Letter to network maternity hospitals in process, with information on C-section overuse; engagement with CMQCC to address performance and reporting; guidelines on ensuring appropriate doula-related protocols are in place; and access to implicit racial bias training to meet requirements for the Dignity in Pregnancy and Childbirth Act. Collaborated with CMQCC and California Health Care Foundation on messaging and content.
Section 3	CalViva Health - All Counties	Barbara Wentworth, Program Manager III, Quality	Hospital outreach about patient safety.	HOSPITAL QUALITY/PATIENT SAFETY - Outreach to hospitals about patient safety metrics, standards/ expectations, and opportunities to improve. Focus on metrics and reports including hospital acquired infections, sepsis management, the Patient Safety Honor Roll, and the Opioid Care Honor Roll.	HPQI - Health Plan Quality Improvement	01/01/25	12/31/25	In Progress	Delay in CMS Quality Improvement Organization (QIO) grant announcements has resulted in the HSAG QI tools we previously referred hospitals no longer being available. Those announcements are still anticipated and we hope the QI resources will again be available so we may urge hospitals to use them.	Provider Update draft in progress; will be sent to all hospitals about patient safety expectations and relevant metrics. Coordinating with external patient safety stakeholders including Hospital Quality Institute (HQI), HSAG, Leapfrog and LA County Dept. of Public Health to promote hospital participation in their Regional Healthcare Networks.
Section 3	CalViva Health - Fresno	Barbara Wentworth, Program Manager III, Quality	Hospital Quality Performance Program Assessments	HOSPITAL QUALITY/PATIENT SAFETY - Produce annual report of performance on quality indicators included in the Hospital Quality Performance Program, by hospital and by product. Assessment includes hospital-acquired infections, C-section rates, and patient experience measures.	HPQI - Health Plan Quality Improvement	01/01/25	12/31/25	Completed	Incentive team needs more time to provide full list of hospitals that will be eligible for program in 2026.	Completed 2025 annual incentive program assessments. Totaled 4 hospital assessments for this program. Successfully obtained C-section data for all hospitals per custom authorization via collaboration with CMQCC. Coordinated with incentive team to engage hospitals eligible for 2026 incentives in process.
Section 3	CalViva Health - All Counties	Barbara Wentworth, Program Manager III, Quality	Hospital Quality Scorecard Program	HOSPITAL QUALITY/PATIENT SAFETY - Track and produce internally-developed Hospital Quality Scorecard for use by quality and contracting staff. Features individual hospital performance on priority metrics in areas including patient safety, maternal health, patient experience, readmissions, and overall CMS rating.	HPQI - Health Plan Quality Improvement	01/01/25	12/31/25	Completed	The Plan continued to assess other sources given the administrative lift the Scorecards require, but has opted to continue to produce this product given the readability and focus on priority metrics.	Presented to Contracting team in March on content of Scorecards and how to interpret the reporting when working and negotiating with hospitals. Mid-year update to Scorecards pending to reflect new reporting available from CMS, Leapfrog, and Cal Healthcare Compare.
Section 3	CalViva Health - All Counties	Barbara Wentworth, Program Manager III, Quality	Participation on Leapfrog Committees and Events: Data Users Group.	HOSPITAL QUALITY/PATIENT SAFETY - Member of Data Users Group, which includes coordination with Leapfrog to promote their surveys and findings to encourage improvement on key metrics by network hospitals.	HPQI - Health Plan Quality Improvement	01/01/25	12/31/25	Completed	Working with Leapfrog staff to identify opportunities to customize new data visualization tools to trends among network hospitals.	Participated in quarterly Data Users Group meetings and gained access to new Hopper tool. Obtained Spring 2025 Leapfrog Safety Grades. Leapfrog data was used to track performance of network hospitals.
Section 3	CalViva Health - All Counties	Barbara Wentworth, Program Manager III, Quality	Participation on Leapfrog Partners Advisory Committee.	HOSPITAL QUALITY/PATIENT SAFETY - Participation in Leapfrog's Partners Advisory Committee (serving as co-chair) and related activities.	HPQI - Health Plan Quality Improvement	01/01/25	12/31/25	Completed	Opportunity to obtain insights into trends and policies impacting hospital quality and as co-chair to offer insights and engage with Leapfrog staff on concerns specific to our organization.	As the co-chair for the Partners Advisory Committee coordinated with Leapfrog staff and chaired March 2025 meeting. Coordinated with Leapfrog staff and co-chair attendance for second quarterly meeting in late June 2025, with featured speakers on systems improvement design and on 2025 legislative/policy developments in DC. Contributed as member of Never Events Workgroup to new document on Never Events and payment guidelines, expected to be released next month.

Work Plan Initiative Section	Counties/ Regions	Initiative Point of Contact	Intervention Name	Intervention Description	Measure(s) Impacted	Start Date	End Date	Status	Opportunities/Barriers	Mid-Year Update
Section 2.b, 7.a	CalViva Health - All Counties	Miriam Rosales, Program Manager III	Community Health Workers (CHWs) - Community Health Worker Member Outreach W/Pair Team.	CARE COORDINATION AND MEMBER ENGAGEMENT- Collaborate w/CHW, Pair Team, to conduct telephonic outreach to 1,000 members in CalViva counties randomly selected by adults 18 + w/at least 3 open care caps.	BCS - Breast Cancer Screening CBP - Controlling Blood Pressure CCS - Cervical Cancer Screen - Pap Test	01/01/25	08/31/25	In Progress	Unable to reach members.	Currently working with Cal-Aim team and PE performance teams on escalation w/the CHW regarding performance issues. CHW has been non-responsive and Cal-Aim Provider Performance is working w/them to not only provide the requested updates, but other issues related to billing, etc. specific to the CHW/Provider.
Section 4	CalViva Health - All Counties	Linda Armbruster, Quality Improvement Specialist	CalViva : Initial Health Appointments (IHA) Quarterly Reporting	CARE COORDINATION AND MEMBER ENGAGEMENT- Provide quarterly updates to report on IHA rates and status to stakeholder committee members.	CC - Care Coordination	01/13/25	12/31/25	In Progress	Data gaps.	CalViva Health Quarterly Compliance Report for Q3 2024 was submitted on 2/21/2025 and approved. Q4 2024 report was submitted on 6/13/2025; approved with edits 6/18/2025.
Section 4	CalViva Health - All Counties	Linda Armbruster, Quality Improvement Specialist	CalViva: Low Performing Providers	CARE COORDINATION AND MEMBER ENGAGEMENT- Utilize PPP reports, Cozeva, and Alfresco to identify low performing providers per county, work with Provider Engagement (PE) team to develop best practices.	CC - Care Coordination	01/13/25	12/31/25	In Progress	Identifying selecting providers and communicating individual provider's barriers.	CalViva Health low performing providers identified with barriers and IHA/Health Information Form (HIF) training on a quarterly cadence in collaboration with the Provider Engagement Team.
Section 8.a	CalViva Health - All Counties	Miriam Rosales, Program Manager III	SNS-E Tip Sheet	CARE COORDINATION AND MEMBER ENGAGEMENT- Developed care gap tip sheet to assist providers in ensuring documentation required for measure compliance.	GNC - Getting Needed Care	01/13/25	05/30/25	Completed	Corp version does not account for CA nuances	Tip Sheet was completed and published.
Section 8.a, 8.b	CalViva Health - All Counties	Guille Toland & Matt Anderson, Program Manager III, Quality	CalViva CAHPS Playbook (One Time)	MEMBER EXPERIENCE/CAHPS - Produce provider best practices captured in one resource (internal use).	CAHPS - Access to Care CAHPS - Access to Care CAHPS - Care Coordination CAHPS - Rating of Personal Doctor CS - Customer Service RDP - Rating of Drug Plan RHP - Rating of Health Plan	01/01/25	07/31/25	In Progress	The intent of the refreshed CAHPS Playbook is to offer providers enhanced best practices and actionable recommendations to improve the member experience. It serves as a practical guide to support provider-patient conversations during office visits, focusing on key CAHPS topics. The playbook highlights the CAHPS measures most influenced by providers and clinic staff, helping drive meaningful improvements in patient care and satisfaction.	The CAHPS Playbook, featuring best practices, will be finalized at the beginning of Q3 and distributed to providers through the Provider Engagement Account Executives (PEAE) and PE teams.
Section 8.a, 8.b	CalViva Health - All Counties	Guille Toland & Matt Anderson, Program Manager III, Quality	CalViva CAHPS Provider Training Series via Sullivan Group (Annually)	MEMBER EXPERIENCE/CAHPS - Physician lead webinar trainings; topics will focus on improving provider communication and access (3 topics, 6 sessions total).	CAHPS - Adult-Getting Care Quickly CAHPS - Rating of Health Plan	01/01/25	04/30/25	Completed	Each year presents new opportunities to introduce diverse topics in the provider training series to help improve CAHPS performance.	A total of six webinars were held in March and April, with 154 providers from across California attending one or more sessions.
Section 7.b, 8.a, 8.b	CalViva Health - All Counties	Guille Toland, Program Manager III	CalViva Provider Communication CAHPS Article	MEMBER EXPERIENCE/CAHPS - Distribute Provider CAHPS article and measure rates.	CAHPS - Access to Care CAHPS - Annual Flu Vaccine CAHPS - Care Coordination CAHPS - Rating of All Health Care CAHPS - Rating of Health Plan CAHPS - Rating of Personal Doctor CAHPS - Rating of Specialist	01/17/25	03/28/25	Completed	An important CAHPS data omission was identified in the CalViva Health Provider Communication update. A corrected version was promptly created and distributed to providers.	The CalViva Health Provider Communication Update was finalized and released at the end of March 2025. Following its release, an email notification was sent to providers, and the update was uploaded to the Provider Portal.
Section 7.b	CalViva Health - All Counties	Guille Toland, Program Manager III & Matt Anderson, Program Manager III	Flu Tip Sheet	MEMBER EXPERIENCE/CAHPS - Tip sheet with flu best practices for providers to implement them in their practice for a more successful approach.	AIS-E - Adult Immunization Status - Influenza	06/01/25	08/15/25	In Progress	The tip sheet will have clinical strategies to be used during flu season. The goals are to empower staff and enhance clinical workflow.	This flu season best practices tip sheet will be finalized in Q3 and distributed to providers ahead of the start of flu season.

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Section 7.b	CalViva Health - All Counties	Guille Toland, Program Manager III & Matt Anderson, Program Manager III	Fluvention Campaign	MEMBER EXPERIENCE/CAHPS - Multi-channel campaign for flu prevention. Campaign includes emails, IVR on-hold messages, web page/messaging, and POM calls.	CAHPS - Annual Flu Vaccine	01/28/25	12/31/25	PLANNING	There has been a delay in obtaining the Fluvention materials for Medi-Cal review due to shifting state and federal guidance on vaccines and outreach efforts. These changes have put the 2025–26 Fluvention campaign at risk of not meeting regulatory requirements in several states. Additionally, the CDC data that initially triggered the release of digital components and the CDC links embedded in the messaging, may no longer be available or reliable by the next flu season. As a result, both the member communication materials and the overall strategy for Fluvention 2025–26 had to be revised.	The delivery of Fluvention materials has been delayed this year due to evolving state and federal guidance on vaccines and outreach efforts. As a result, delays in DHCS approvals for Medi-Cal are anticipated.
Section 8.a, 8.b	CalViva Health - All Counties	Matt Anderson, Program Manager III	NCQA Member Newsletter Article	MEMBER EXPERIENCE/CAHPS - Produce member CAHPS article.	CAHPS - Access to Care CAHPS - Adult-Coordination of Care CAHPS - Adult-Customer Service CAHPS - Adult-Getting Care Easily CAHPS - Adult-Getting Care Quickly CAHPS - Adult-Rating of Care CAHPS - Adult-Rating of Health Plan	11/04/25	03/30/26	Not Started	The CAHPS newsletter article is only available in the online version. Members who read the printed, condensed version may miss it unless they follow the included link.	The NCQA newsletter was approved by DHCS on 6/27/25. The newsletter featuring the CAHPS article, is scheduled for release at the end of October. Both the print and online editions will be identical in content and format.
Section 2.a	CalViva Health - All Counties	Gigi Mathew, Program Manager III, Quality	Abbott Diabetes Care Pilot	MULTI-CONDITIONS - Pilot initially targets Medi-Cal providers whose members have uncontrolled A1c. The pilot includes educational outreach to providers, onboarding to LibreView platform, and integrate continuous glucose monitoring (CGM) data into the EHR. Data sharing agreement with Abbott Diabetes signed on 12/30/24.	CDC - Comprehensive Diabetes Care CDC - Diabetes HbA1c < 8 CDC - Diabetes HbA1c poor control > 9	01/01/25	12/31/25	In Progress	Delays on NDA approval; low turnout for live webinars.	Ancillary team confirmed monthly cadence of reporting from DME providers of continuous glucose monitoring (CGMs): Byram, Edgepark, Advanced Diabetes Supply and MiniMed. Current data sharing agreement allows csv sharing of TIR (Time in Range), GMI (Glucose Management Indicator) and average glucose. Since April till June, 14 CalViva members were identified as having Abbott Free Style Libre CGM from DME reports.
Section 5.c, 9	CalViva Health - Fresno	Naomi Lam, Program Manager II; Juli Coulthurst, Program Manager III	2025 CalViva Health Fresno County Children's Health Domain Quality Management Improvement Project (QMIP)	PEDIATRIC/PERINATAL/DENTAL - MY 2025 CalViva Children's Health Domain interventions focus on DEV and W30-6+ data reconciliation and DEV and W30-6+ digital health education resources with targeted providers in Fresno County.	DEV - Developmental Screening in the First Three Years of Life W30 - Well Child Visits in the First 30 Months of Life	02/07/25	11/14/25	In Progress	Getting members to complete their developmental screenings and well child visits.	All planned interventions are on track and deliverables were met. The Fresno County QMIP 1st progress report is scheduled to be submitted to DHCS by CalViva on 7/14/2025.
Section 5.c, 9	CalViva Health - Kings	Linda Armbruster, Quality Improvement Specialist	2025 CalViva Health Kings County Children's Health Domain Quality Management Improvement Project (QMIP)	PEDIATRIC/PERINATAL/DENTAL - MY 2025 CalViva Children's Health Domain interventions focus on DEV and W30-6+ data reconciliation and DEV and W30-6+ digital health education resources with targeted providers in Kings County.	DEV - Developmental Screening in the First Three Years of Life W30 - Well Child Visits in the First 30 Months of Life	02/07/25	10/31/25	In Progress	Need to identify the barriers of providers with really low DEV and W30-6+ rates. Partnering with PE to work with providers to identify barriers and solutions to low DEV rates.	The CalViva QMIP Kings County 1st Progress Report was submitted to DHCS on 6/13/2025.
Section 5.a	CalViva Health - All Counties	Maria Lin, Program Manager II	CalViva Health Quarterly Dental Proactive Outreach Manager (POM)	PEDIATRIC/PERINATAL/DENTAL - Dental POM calls to Health Net Medi-Cal members to promote dental checkup and topical fluoride applications.	ADV - Annual Dental All members	01/01/25	12/31/25	In Progress	N/A	Launched and implemented Q1 and Q2 Dental POMs successfully.

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Section 5.c	CalViva Health - All Counties	Brittany Head, Program Manager II	CIS-10/W30 Email Outreach	PEDIATRIC/PERINATAL/DENTAL - WCV and IZ reminder: Email outreach to encourage members to schedule their child's well visit and immunizations appointment.	CIS - Childhood Immunization Combo 10 CIS-E (10) - Childhood Immunization Status Combination 10 W30 - Well Child Visits in the First 30 Months of Life (previously W15)	03/01/25	09/30/25	In Progress	N/A	Planning for the intervention began and the email draft will be sent for review.
Section 5.d	CalViva Health - All Counties	Brittany Head, Program Manager II	Monthly birthday Proactive Outreach Manager (POM) messaging - WCV	PEDIATRIC/PERINATAL/DENTAL - Monthly birthday POM messaging to parents of 3 to 17 year old members to schedule and complete their annual well child visit (WCV).	WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC)	01/06/25	12/31/25	PLANNING	N/A	Script will be sent to Compliance for review.
Section 5.b	CalViva Health - All Counties	Arpitha Banaji, Senior Quality Improvement Specialist	Pediatric/Perinatal/Dental - CalViva Confirmation of Pregnancy (COP) in Cozeva	PEDIATRIC/PERINATAL/DENTAL - Work with the Cozeva team to set up a feature/function for PCP users to indicate member's early pregnancy.	PPC - PPC - Prenatal Visit (Timeliness)	01/01/25	05/30/25	Delayed/off track/On Hold	4/16/2025: Cozeva enhancement request for Confirmation of Pregnancy (COP) flags delayed/on hold - until after Cozeva's migration to new tenancy in July/August.	Cozeva enhancement request for Confirmation of Pregnancy (COP) flags on hold until after Cozeva's migration to new tenancy in July/August.
Section 5.c, 5.d	CalViva Health - All Counties	Brittany Head, Program Manager II	Pfizer 1st Birthday IVR-Material Approval	PEDIATRIC/PERINATAL/DENTAL - Send content through Medi-Cal approval process for well visits and Missed Dose Program.	CIS-E (10) - Childhood Immunization Status Combination 10 WCV - Child and Adolescent Well-Care Visits	02/01/25	12/31/25	On Hold	N/A	Currently under review with CalViva Compliance. Awaiting their response to determine whether outreach can proceed.
Section 5.c	CalViva Health - All Counties	Brittany Head, Program Manager II	Pfizer Missed Dose IVR only	PEDIATRIC/PERINATAL/DENTAL - Missed Dose Program - sends IVR phone messages to parents of children at ages 6 months, 8 months, and 16 months to remind them they may have missed a vaccine shot.	CIS-E (10) - Childhood Immunization Status Combination 10	01/01/25	12/31/25	On Hold	N/A	Currently reviewing the opt-in requirements and will submit the form once the review is complete.
Section 5.c, 5.d	CalViva Health - All Counties	Brittany Head, Program Manager II	Provider Email Outreach (Power Automate)	PEDIATRIC/PERINATAL/DENTAL - Emails will be sent to provider offices, asking about member's gaps for measures. Email will ask provider to either fax over proof of receiving services or to encourage members to schedule an appointments to get the services done. Gap will be utilized from Cozeva.	CIS - Childhood Immunization Status CIS-E (10) - Childhood Immunization Status Combination 10 IMA - IMA - Adolescent Immunizations Combo 2 LSC - Lead Screening in Children W15 - Well Child Mth Six or more well child visits W30 - Well Child Visits in the First 30 Months of Life (previously W15) W34 - Well Child 3-6 Yr WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC)	01/12/25	12/31/25	In Progress	N/A	Project in planning stages. Reached out to PEAE (Provider Engagement Account Executive) team to test the push notification on COZEVA. The team also plans to test the strategy with FQHCs.
Section 5.c, 5.d	CalViva Health - All Counties	Juli Coulthurst, Program Manager III	CalViva Family Unit HEDIS/Multigap Outreach Calls	PEDIATRIC/PERINATAL/DENTAL - HEDIS team outreach to anchor members and all household members with care gaps.	CIS-E (10) - Childhood Immunization Status Combination 10 IMA-E - Immunizations for Adolescents WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC)	07/01/25	12/19/25	In Progress	N/A	Family Unit HEDIS outreach calls to start in July 2025 for CalViva .
Section 5.c, 5.d	CalViva Health - All Counties	Alicia Bednar, Program Manager III, Quality	CalViva Q1 Gap Calls - WCV	PEDIATRICS/ADOLESCENTS - Member with WCV not completed in the prior year will get a call encouraging gap closure by seeing provider. If in the household another member has CIS-10 (missing Flu only) gap and/or W30/W15, those gaps will addressed as well.	CIS - Childhood Immunization Combo 10 W30 - Well Child Visits in the First 30 Months of Life (previously W15) WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC)	01/01/25	03/31/25	Completed	Member phone number reliability.	CalViva Fresno WCV (9-10) anchor measure. 3,632 (25%) reached. 2,105 (58%) will schedule an appt (1,620), have an appt already scheduled (424), or received assistance to schedule an appt (61).

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Section 5.c	CalViva Health - All Counties	Linda Armbruster, Quality Improvement Specialist	DHCS Annual LSC Reporting	PEDIATRIC/PERINATAL/DENTAL - DHCS requires all health plans to submit an annual report on blood lead screening in children.	LSC - Lead Screening in Children	01/01/25	06/13/25	Completed	Member engagement in provider offices.	DHCS Annual Reporting retired 4/10/2023. Annual Reporting is integrated into Q4 report to CalViva and was submitted on 6/13/2025 and approved.
Section 5.c	CalViva Health - Fresno	Naomi Lam, Program Manager II; Amy Schneider, CalViva Health - Senior Director Medical Management	DHCS Medi-Cal Child Health Sprint Collaborative	PEDIATRICS/PERINATAL/DENTAL - Complete Phase 1 of DHCS and Institute for Healthcare Improvement (IHI) Well Care Sprint Collaborative.	W30 - Well Child Visits in the First 30 Months of Life (previously W15)	01/01/25	03/31/25	Completed	N/A	The CalViva Child Health Equity Collaborative (CHEC) Sprint Phase 1 was completed in late March 2025. All deliverables were submitted to the Institute for Healthcare Improvement (IHI) and the California Department of Health Care Services (DHCS) timely.
Section 5.c	CalViva Health - Fresno	Meena Dhonchak, Senior Quality Improvement Specialist	Health Disparity PIP W30-6+ Measure	PEDIATRICS/ADOLESCENTS - W30-6+ CalViva Health Disparity PIP: DHCS has assigned to CalViva Health for the 2023 to 2026 a performance improvement project. he topic is infant well care visits targeting improvements in the Black African American population.	W15 - Well Child Mth Six or more well child visits W30 - Well Child Visits in the First 30 Months of Life (previously W15)	01/01/25	12/31/25	In Progress	N/A	6/17/2025: Draft intervention Worksheet #2 and update PIP steps 1-8 for August 7, 2025 submission.
Section 5.c	CalViva Health - All Counties	Linda Armbruster, Quality Improvement Specialist	LSC Quarterly Reporting	PEDIATRICS/ADOLESCENTS - Quarterly UM/QI LSC reporting	LSC - Lead Screening in Children	01/01/25	12/31/25	In Progress	CalViva Q3 2024 Compliance Report was submitted 1/31/2025 and approved. Q4 2024 report was submitted 6/13/2025 and approved. QI is collaborating with Provider Engagement (PE) to improve on the timeliness of identifying the High Volume Low Performing Providers (HVLP). 6/23/25: QI had identified HVLP providers for 2025 prior to the start of the 2025 quarter and PE will create quarterly action plans for those providers where applicable, identify barriers and provide lead screening trainings to those providers. QI will obtain the barriers/training reports on a quarterly cadence from PE and continue to track quarterly.	CalViva Q4 2024 Quarterly Compliance Reporting submitted 6/13/2025 and approved 6/23/2025.
Section 5.a, 5.b, 5.c, 5.d	CalViva Health - All Counties	Juli Coulthurst, Program Manager III	PE training and QFT (Quality Focus Touchbase) for all Pediatric, Perinatal, Dental Measures Training on Pediatric HEDIS measures for MY 2025.	PEDIATRIC/PERINATAL/DENTAL - QI Program Manager to train Provider Engagement on MY 2025 Pediatric, Perinatal and Dental HEDIS measures. Review action items for PE to take to improve rates.	ADV - Annual Dental All members CIS - Childhood Immunization Combo 10 LSC - Lead Screening in Children PPC - PPC - Postpartum Visit PPC - PPC - Prenatal Visit (Timeliness) W30 - Well Child Visits in the First 30 Months of Life (previously W15) WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC)	01/01/25	06/30/25	Completed	N/A	Completed pediatric measure training on 2/27/2025. Completed perinatal and dental training on 5/27/2025. 85% of PE staff trained.

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Section 5.a, 5.b, 5.c, 5.d	CalViva Health - All Counties	Juli Coulthurst, Program Manager III	Pediatric/Perinatal/Dental - MY 2025 HEDIS Tip Sheet Development	PEDIATRIC/PERINATAL/DENTAL - Update and rebrand any pediatric, perinatal or dental HEDIS provider tip sheets as needed per MY 2025 technical specifications.	CIS - Childhood Immunization Status IMA - IMA - Adolescent Immunizations Combo 2 LSC - Lead Screening in Children PPC - Prenatal and Postpartum Care W15 - Well Child Mth Six or more well child visits W30 - Well Child Visits in the First 30 Months of Life (previously W15) WCC - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC)	01/01/25	12/31/25	In Progress	N/A	Each member of the Peds+ POD will be responsible for making changes and updates to HEDIS tip sheets per their assigned measures, as well as completing the process via Workfront. QI to update DEV and PPC-Pre tip sheets.
Section 5.b, 5.c	CalViva Health - Fresno	Meena Dhonchak, Senior Quality Improvement Specialist	Performance Improvement Project (PIP)	PERINATAL/PERINATAL/DENTAL - Health Equity QI is referring all pregnancies to CalViva's Pregnancy Program. QI is referring Medi-Cal African-American/Black Pregnancies in Fresno County. Referrals will be sent to CM/CalViva's Pregnancy Program monthly.	PPC - PPC - Postpartum Visit PPC - Prenatal and Postpartum Care W30 - Well Child Visits in the First 30 Months of Life (previously W15)	01/01/25	12/31/25	In Progress	N/A	6/17/2025: QI referred YTD: 492 Medi-Cal African-American/Black Pregnancies in Fresno County.
Section 5.c	CalViva Health - All Counties	Linda Armbruster, Quality Improvement Specialist	Point of Care (POC) Lead Analyzer - CalViva	PEDIATRICS/ADOLESCENTS - Lead Analyzer Initiative: Using QI EDGE funding to purchase point of care lead analyzers for provider offices.	LSC - Lead Screening in Children	01/01/25	12/31/25	In Progress	Lack of anticipatory guidance in provider offices. QI identifies low performing providers on a monthly cadence and track the performance rates. Provider Engagement (PE) is also creating action plans for these providers and identifying the barriers and providing lead screening training to these providers.	7/2/2025 CalViva Lead Analyzers approved 0 analyzers for 2025 YTD. QI continues to track the performance rates of providers on a monthly cadence. In June of 2025, Provider Engagement is creating action plans, identifying barriers and providing lead screening training to these providers, and reporting results to QI on a quarterly cadence. No new lead blood analyzer requests/orders have been approved in 2025 YTD.
Section 5.b, 5.c	CalViva Health - All Counties	Meena Dhonchak, Senior Quality Improvement Specialist	Postpartum Outreach to Inpatient MCAL members after delivery.	PEDIATRIC/PERINATAL/DENTAL - Population Health new inpatient Transition of Care Team reaches out to members still in the hospital after delivery to schedule a postpartum visit, the first infant well care visit after discharge and enroll in the First Year of Life Program.	PPC - PPC - Postpartum Visit W30 - Well Child Visits in the First 30 Months of Life (previously W15)	01/01/25	12/31/25	In Progress	Data is not available with county breakdowns.	6/17/2025: 38.97% postpartum appointments were scheduled for June.
Section 5.b	CalViva Health - All Counties	Meena Dhonchak, Senior Quality Improvement Specialist	PPC Compliance - Maternal Health Equity Resources and Trainings for Providers	PEDIATRIC/PERINATAL/DENTAL - Provide implicit bias training to OB providers. Provide maternal health equity resources and training links for providers.	PPC - Prenatal and Postpartum Care	01/01/25	12/31/25	In Progress	Low number of providers participating in training.	1/16/2025: Implicit Bias Training provider update for pediatricians and OB/GYNs for Q1 in progress. Legacy QITS Info: Additional identifiers: Health Equity Focus. 6/17/2025: Q2 provider update launched 6/16/2025. 1 provider registered YTD.
Section 5.c, 5.d	CalViva Health - All Counties	Meena Dhonchak, Senior Quality Improvement Specialist	Promote CDC'S Milestone Tracker App.	PEDIATRICS/ADOLESCENTS - Promote the CDC's Milestone Tracker App by promoting in future newsletters, website locations, adding QR codes to our provider QR resource, promote it to our Health Pregnancy and First Year of Life programs, etc.	CIS - Childhood Immunization Combination 3 Immunizations CIS - Childhood Immunization Combo 10 CIS - Childhood Immunization Status W15 - Well Child Mth Six or more well child visits W30 - Well Child Visits in the First 30 Months of Life (previously W15) WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC)	01/01/25	12/31/25	In Progress	N/A	6/17/2025: QR codes added to Newborn Checklist and CDC materials. In C&L review.
Section 5.c	CalViva Health - All Counties	Meena Dhonchak, Senior Quality Improvement Specialist	Update Newborn Checklist.	PEDIATRICS/ADOLESCENTS - Update Infant Well Care Affinity Group Newborn Checklist in collaboration with Health Plan of San Joaquin (HPSJ) after hospital gateway newborn enrollment process is launched.	W15 - Well Child Mth Six or more well child visits, W30 - Well Child Visits in the First 30 Months of Life (previously W15)	01/01/25	12/31/25	In Progress	Lengthy development and review process with Marketing.	6/17/2025: Newborn Checklists have been designed and in the process of getting translated.

Work Plan Initiative Section	Counties/Regions	Initiative Point of Contact	Intervention Name	Intervention Description	Measure(s) Impacted	Start Date	End Date	Status	Opportunities/Barriers	Mid-Year Update
Section 5.c	CalViva Health - Fresno	Meena Dhonchak, Senior Quality Improvement Specialist	W30-6+ Performance Improvement Project (PIP) - CalViva Referrals to BIH Fresno.	PEDIATRICS/ADOLESCENTS - CalViva Referrals to BIH Fresno for the PIP.	W15 - Well Child Mth Six or more well child visits W30 - Well Child Visits in the First 30 Months of Life (previously W15)	01/01/25	12/31/25	In Progress	Challenges for BIH to track data.	6/17/2025: The year to date (YTD) enrollment rate was 16.55% for number of CalViva members enrolled in BIH.
Section 5.c	CalViva Health - Fresno	Meena Dhonchak, Senior Quality Improvement Specialist	W30-6+ PIP - Completion of Infant Well-Child Visits for CalViva x Black Infant Health (BIH) Fresno Members.	PEDIATRICS/ADOLESCENTS - Completion of Infant Well-Child Visits for CalViva x BIH Fresno Members and member incentives for the PIP.	W15 - Well Child Mth Six or more well child visits W30 - Well Child Visits in the First 30 Months of Life (previously W15)	01/01/25	12/31/25	In Progress	Challenges for BIH to track infant well-care visits.	6/17/2025: No gift cards provided for completion of 2 month infant well-child (IWC) visits.
Section 5.c	CalViva Health - Fresno	Meena Dhonchak, Senior Quality Improvement Specialist	W30-6+ PIP - CalViva Member Incentives to Black Infant Health (BIH) Fresno for Member Participation	PEDIATRICS/ADOLESCENTS - CalViva Member Incentives to BIH Fresno for Member Participation for Prenatal and Postpartum group sessions for the PIP.	W15 - Well Child Mth Six or more well child visits W30 - Well Child Visits in the First 30 Months of Life (previously W15)	01/01/25	12/31/25	In Progress	Challenges for BIH to track distribution of incentive cards to members.	6/17/2025: YTD: 610 Walmart/Amazon/Target gift cards and 36 gift baskets provided to members who completed a prenatal or postpartum session.
Section 5.c	CalViva Health - Fresno	Meena Dhonchak, Senior Quality Improvement Specialist	W30-6+ PIP CalViva x Black Infant Health (BIH) Fresno Provider Webinar.	PEDIATRICS/ADOLESCENTS - CalViva x BIH Fresno Provider Webinar for the PIP.	W15 - Well Child Mth Six or more well child visits W30 - Well Child Visits in the First 30 Months of Life (previously W15)	01/01/25	12/31/25	In Progress	BIH has not yet scheduled the webinar.	6/17/2025: Working with BIH Fresno to schedule a date for Provider Webinar.
Section 5.c	CalViva Health - Fresno	Meena Dhonchak, Senior Quality Improvement Specialist	W30-6+ PIP Promote CDC's Milestone Tracker App to CalViva x Black Infant Health (BIH) Fresno Members.	PEDIATRICS/ADOLESCENTS - Promote CDC's Milestone Tracker App to CalViva x BIH Fresno Members for the PIP.	W15 - Well Child Mth Six or more well child visits W30 - Well Child Visits in the First 30 Months of Life (previously W15)	01/01/25	12/31/25	In Progress	Need for continuous promotion to providers.	6/17/2025: For the month of May 2025, there were 38 App store scans and 15 Google Play scans reported.
Section 2.a; 2.b, 5.c, 5.d, 7.a	CalViva Health - All Counties	Ana Sem, Program Manager II	Care Gap Cozeva Contact Tracking	PHARMACY & RELATED MEASURES - Loading care gap campaign calls into Cozeva.	BCS-E - Breast Cancer Screening CBP - Controlling High Blood Pressure CCS-E - Cervical Cancer Screening CIS-E (10) - Childhood Immunization Status Combination 10 COL-E - Colorectal Cancer Screening GSD - Glycemic Status Assessment for Patients with Diabetes - Poor Control (>9) IMA-E - Immunizations for Adolescents LSC - Lead Screening in Children W30 - Well Child Visits in the First 30 Months of Life WCV - Child and Adolescent Well-Care Visits	02/14/25	12/31/25	In Progress	N/A	A monthly cadence for Cozeva contact tracking of closed gap calls has been established. HEDIS Team provides a monthly export, QI cleans up the file, and submits it to the Cozeva team for uploading.
Section 6.a	CalViva Health - All Counties	Justina Felix, Senior Health Education Specialist, Alicia Bednar, Program Manager III	Community Supports Asthma Remediation Email Campaign	PHARMACY & RELATED MEASURES - Increase awareness of the Asthma Remediation Services Program to Medi-Cal members with a focus on asthma denominator.	AMR - Asthma Med Ratio Total 5 to 64	10/01/24	12/31/25	On Hold	Time constraints and significant efforts dedicated to QMIP, email campaigns is on hold for now.	Due to current time constraints and prioritization of the AMR QMIP, along with the significant efforts being dedicated to the QMIP, this activity is on hold. However, although email campaigns have not been launched, we have shared the Asthma Remediation Services flyer with PPGs and Medical Directors and have requested that they share with their providers and contacts in an effort to promote Asthma Remediation Services.

Work Plan Initiative Section	Counties/ Regions	Initiative Point of Contact	Intervention Name	Intervention Description	Measure(s) Impacted	Start Date	End Date	Status	Opportunities/Barriers	Mid-Year Update
Section 6.a	CalViva Health - All Counties	Justina Felix, Senior Health Education Specialist	Kick It California - Smoking Cessation Services	PHARMACY & RELATED MEASURES - Explore expanding partnership with Kick It California (KIC) to outreach to members to facilitate program utilization and offer Nicotine Replacement Therapy (NRT) kits. Health plan will initiate outreach using notification letter to member prior to KIC outreaching to members. Contracts will need to be updated (SOW, BAA, MSA, IRQ Form etc.).	CAHPS - Adult-Smoking Advice	02/03/25	12/31/25	In Progress	Delay from vendor in completing the Due Diligence Questionnaire.	Began Vendor Risk Assessment process to expand the contract with Kick It California. However, due to competing projects and progress reports, the vendor was not able to complete the required Centene Vendor Risk Assessment process therefore the project is momentarily on hold.
Section 2.b, 5.c, 5.d, 7.a	CalViva Health - All Counties	Alicia Bednar, Program Manager III, Quality	Multi-Gap Family Unit (MCL) Live Call Outreach	PHARMACY & RELATED MEASURES - Measure are subject to change. Live calls via HEDIS team CSR's addressing barriers to accessing care for CalViva Medi-cal members with multiple gaps. Call will occur between the health plan representatives and the member (includes inbound and outbound calls). The intention of this call is to inform the member of the importance of having preventive care visits / screenings. Callers offer members home tests that would be sent directly to member's home. During a call callers would inform about additional services, offer other resources as appropriate, and remind members about the myStrength tool. The call will also help to assess patient's access to medical care and underlying social determinants of health for possible referral to case management.	BCS - Breast Cancer Screening CBP - Controlling Blood Pressure CCS - Cervical Cancer Screen - Pap Test CIS - Childhood Immunization Combo 10 IMA - IMA - Adolescent Immunizations Combo 2 LSC - Lead Screening in Children W15 - Well Child Mth Six or more well child visits W30 - Well Child Visits in the First 30 Months of Life (previously W15) WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC)	07/01/25	12/31/25	In Progress	N/A	Calls to start in July targeting members.
Section 5.c, 5.d	CalViva Health - Fresno	Alicia Bednar, Program Manager III, Quality	Q1 Gap Calls-WCV	PHARMACY & RELATED MEASURES PEDIATRIC/ADOLESCENTS - member with WCV not Complete in the prior year will get a call encouraging gap closure by seeing provider. If in the household another member has CIS10 (missing Flu only) gap and/or W30/30 and W30/15 those gaps will be addressed as well.	CIS - Childhood Immunization Combo 10 W30 - Well Child Visits in the First 30 Months of Life (previously W15) WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC)	01/08/25	04/30/25	Completed	N/A	The total WCV members identified was 14,583. 3,632 (25%) members were reached. 2,105 (58%) members reached will schedule an appointment (1,620), 424 members have an appointment, and 61 members were assisted with making an appointment.
	CalViva Health - All Counties	Gladys Lazaro, Program Manager II - Lora Maloof-Miller, Program Manager II	Institute for High Quality Care (IHQC) - Project Management Training	QUALITY EDGE/TRAINING/PROVIDER COMMUNICATION - IHQC will host the Project Management (PM) training for a cohort of providers in April. The training includes content and incidental coaching to build skills to manage small scale projects and large initiatives. An additional PM training will be provided to internal staff (PE/QI) in May.	HPQI - Health Plan Quality Improvement	04/01/25	06/30/25	Canceled	N/A	This initiative has been canceled as providers are currently working with other training programs.
Section 7.a	CalViva Health - All Counties	Ravneet Gill, Program Manager III, Quality	CalViva - Every Woman Counts Community Based Organization (CBO) Outreach - BCS, CCS for MCAL	PREVENTATIVE CARE - CalViva - Use monies that Health Net is granting Every Woman Counts (EWC) to conduct member reminder outreach for BCS and CCS..	BCS - Breast Cancer Screening CCS - Cervical Cancer Screen - Pap Test	01/07/25	09/30/25	Canceled	N/A	Every Woman Counts program does not pertain to CalViva. No updates.
Section 7.a	CalViva Health - All Counties	Elisa Stomski, QI Specialist, Sr.	CalViva - Federally Qualified Health Center (FQHC) Outreach for CCS, CHL Gap Closure	PREVENTATIVE CARE - CalViva - Identify FQHCs in CalViva counties who are high volume/low performing in targeted counties. Work with our PE team to explore opportunities for member outreach by the FQHC, including outreach supported by EDGE funding.	CCS - Cervical Cancer Screen - Pap Test CHL - Chlamydia Testing - Total	01/20/25	11/17/25	Canceled	N/A	This outreach has been cancelled for 2025. Measures are above the MPL.

Work Plan Initiative Section	Counties/ Regions	Initiative Point of Contact	Intervention Name	Intervention Description	Measure(s) Impacted	Start Date	End Date	Status	Opportunities/Barriers	Mid-Year Update
Section 7.a	CalViva Health - All Counties	Elisa Stomski, QI Specialist, Sr.	CalViva Pilot Program: CCS Self-Test	PREVENTATIVE CARE - CalViva - Explore a potential partnership with one CalViva PPG/Provider to better understand the feasibility of using CCS self-tests in the clinic setting.	CCS - Cervical Cancer Screen - Pap Test	01/07/25	08/31/25	On Hold	Uncertain that CalViva outreach will be implemented.	This outreach cancelled pending higher priority initiatives and CalViva is on track to goal.
Section 7.a	CalViva Health - All Counties	Elisa Stomski, QI Specialist, Sr.	CalViva Text Message Campaign - BCS, CCS	PREVENTATIVE CARE - CalViva member text message reminders for BCS and CCS.	BCS - Breast Cancer Screening CCS - Cervical Cancer Screen - Pap Test	01/07/25	08/31/25	Canceled	Uncertain that CalViva outreach will be implemented.	This action item has been cancelled for 2025 because CalViva rates are on track to goal.
Section 7.a	CalViva Health - All Counties	Justina Felix, Senior Health Education Specialist	COZEVA Notification In-Home COL Screening	PREVENTATIVE CARE - Submit QIRA request for an in-home screening notification as per in-home screening.	COL - Colorectal Cancer Screening	01/07/25	12/31/25	Canceled	N/A	Will not be sending in-home screening kits to CalViva members. COL is not held to the MPL this year.
Section 7.a	CalViva Health - All Counties	Claunesha Jones, QI Specialist	Mobile Mammography	PREVENTATIVE CARE - Partner with Alinea to conduct mobile mammogram events - co-hosted PPG events and community events.	BCS - Breast Cancer Screening	01/01/25	12/31/25	In Progress	NA	Secured 6 BCS events for CalViva: 3 Medicare events in Fresno and Kings counties, and 3 for the Medi-Cal line of business.
Section 7.a	CalViva Health - All Counties	Ravneet Gill, Program Manager III, Quality	Office Hours - Alinea Mobile Mammography	PREVENTATIVE CARE - Update Alinea strategy to focus on specific target PPGs. Develop the updated process and share with Medical Affairs team.	BCS - Breast Cancer Screening	04/30/25	12/31/25	In Progress	N/A	Hosted bi-monthly office hours to address barriers and drive engagement into the mobile mammography program.
Section 7.a	CalViva Health - All Counties	Ravneet Gill, Program Manager III	Q2-Q4 CalViva Family Unit HEDIS Outreach Calls	PREVENTATIVE CARE - Conduct live call outreach via HEDIS team from May to December 2025 for CalViva Health members to inform them about available care options, addressing any gaps in care, and assisting in scheduling appointments with their primary care providers to ensure comprehensive coverage. Goal is 25% reach rate, based on 2024 open gaps.	WCV - Child and Adolescent Well-Care Visits BCS - Breast Cancer Screening CCS - Cervical Cancer Screening GSD - Glycemic Status Assessment for Patients with Diabetes IMA - Immunizations for Adolescents Combo 2	07/21/25	12/31/25	Not Started	N/A	CalViva family Unit HEDIS outreach calls expected to start in July 2025.

Fresno-Kings-Madera Regional Health Authority Approval

The Fresno-Kings-Madera Regional Health Authority Commission has reviewed and approved this Work Plan.

David Hodge, MD, Fresno County	Date
Regional Health Authority Commission Chairperson	

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

Item #8
Attachment 8.A-8.B

2025 Utilization Management
Care Management
Work Plan Mid-Year Evaluation

8.A Executive Summary
8.B Work Plan Evaluation

EXECUTIVE SUMMARY REPORT TO COMMITTEE

TO:	CalViva Health QI/UM Committee
FROM:	Patrick Marabella, MD, Chief Medical Officer, Amy Schneider, RN, Senior Director Medical Management
COMMITTEE DATE:	September 18th, 2025
SUBJECT:	2025 CalViva Utilization Management/Care Management Work Plan Mid-Year Evaluation Executive Summary

Summary:

Utilization Management (UM) processes have been consistent, and evaluation/monitoring of UM metrics continue to be a priority. Both Care Management and Disease Management continue to monitor the effectiveness of programs in order to better serve our members.

The metrics below were identified as too soon to tell for the mid-year evaluation reporting period:
- 1.4 – Periodic audits for Compliance with regulatory standards
- 1.7 – Annually review, approve, and update when appropriate UM clinical criteria and clinical practice guidelines related to UM decision making
- 2.2 – Timeliness of Processing the Authorization Request
- 3.3 – PPG Profile and Vendor List
- 4.1 – Care Management (CM) Program
- 4.2 – Referrals to Perinatal Care Management

Purpose of Activity:

CalViva Health (CalViva) has delegated responsibilities for utilization management and care management (UM/CM) activities to Health Net Community Solutions, Inc. (Health Net), but CalViva oversees the UM/CM Programs. CalViva's UM/CM activities are handled by qualified staff in Health Net.

The Utilization and Care Management Program is designed for all CalViva members to receive quality, medically necessary health care services, delivered at the appropriate level of care in a timely and effective manner. CalViva Medical Management staff, maintains clinical oversight of services including behavioral health, provided through review/discussion of routine reports and regular oversight audits.

The mid-year evaluation of the UM/CM Work Plan encompasses a review of medical management activities through the documentation of current and future strategic initiatives and goals. The work plan tracks key performance metrics, regulatory compliance, provides for an assessment of our progress and identifies critical barriers to achieving annual goals.

This plan requires involvement from many areas such as Appeals & Grievances, Delegation Oversight, Compliance, Information Technology, Medical Informatics, Member Services, Pharmacy, Provider Oversight, Provider Network Management, Provider Operations, Quality Improvement, Medical Management, and Behavioral Health.

Analysis/Findings/Outcomes:

I. **UMCM Committee Oversight and Structure**

In the first half of 2025, CalViva's UMCM Program was successfully supported by the CalViva QI/UM Committee which met three times. The committee supervised the UMCM Program, provided feedback, decision support, and recommendations for the UMCM program throughout the year. The QI/UM Committee reported to the CalViva Regional Health Authority (RHA) Commission three times in the first half of 2025. CalViva's QI/UM Committee structure is supported by the HNCS Committee structure as noted in the Annual Program Description.

The QI/UM Workgroup supports the efforts of the QI/UM Committee by scheduling, receiving, reviewing, editing, and approving reports for presentation at the QI/UM Committee. QI/UM Workgroup aids in the identification and pursuit of opportunities to improve health outcomes, safety, access, member satisfaction and provider satisfaction. Significant findings and follow-up were reported to the QI/UM Committee and RHA Commission.

The QI/UM Workgroup met eighteen (18) times in the first half of 2025 and was chaired by CalViva's Chief Medical Officer. Members of the Workgroup consisted of CalViva staff including the Senior Director of Medical Management (who is a Registered Nurse) and a Manager of Medical Management Services (also a registered nurse); and Health Net staff from Utilization and Care Management, Quality Improvement, Appeals and Grievances, Health Equity, Pharmacy, Credentialing, Customer Contact Center, Population Health Management, Provider Network Management, and Provider Relations. The Workgroup conducted review of UMCM routine and special reports and discussions of monitoring UMCM activities, findings, barriers, and interventions to develop and implement actions.

The Appeal and Grievance Workgroup reports to the QI/UM Workgroup and supports the UMCM program through the review and analysis of appeal and grievance data. The Workgroup processed, tracked, and trended member grievances and appeals for the first half of 2025 at the provider and plan level evaluating for type, severity, volumes, rates, and the identification of opportunities for improvement. The Workgroup submitted reports to the QI/UM Workgroup and Peer Review Subcommittee to review, act, and follow-up on identified significant events or trends. The Appeals and Grievances Workgroup met four times in the first half of 2025.

The CalViva Health Access Workgroup reports directly to the QI/UM Committee through quarterly reports and committee minutes. This access focused Workgroup included representatives from CalViva Health and Health Net departments with access and network adequacy related functions. The Workgroup reviewed findings from ongoing monitoring of access to plan services, identified gaps, and developed and evaluated activities that addressed those gaps in access to care. The Workgroup submitted issues that required escalation to the Management Oversight Meeting ("MOM"), QI/UM Committee and/or RHA Commission for final decision and approval of recommended actions. CalViva's Access Workgroup met four times in the first half of 2025.

CalViva's Credentialing and Peer-Review Subcommittees also successfully supported CalViva's UMCM Program, as demonstrated in the organizational chart below. The subcommittees met 2 times each in the first half of 2025.

Please refer to the 2025 Utilization Management and Care Management Program Descriptions for more information on the committees and sub-committees.

CalViva's Quality Improvement Utilization Management Committee Organizational Chart
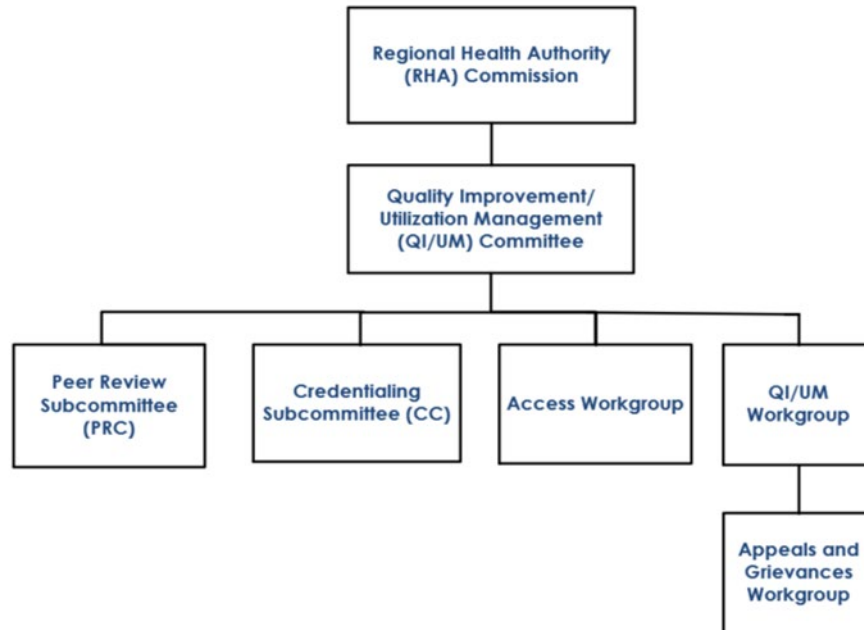
II. Compliance with Regulatory & Accreditation Requirements

All activities related to compliance with regulatory & accreditation requirements were on target for this mid-year evaluation with the exception of workplan element 1.4 Periodic audits for Compliance with regulatory standards and workplan element 1.7 Annually review, approve and update when appropriate UM clinical criteria and clinical practice guidelines related to UM decision making.

a. Periodic audits for Compliance with regulatory standards (work plan element 1.4)

Ongoing monthly regulatory standard auditing continues of 30 sample size per metric.

Barrier identified:

- Improper suspension of regulatory processes.
- Missed hospital notifications.
- Incomplete CAP documentation.
- Inadequate application of post-stabilization requirements to both contracted and non-contracted hospitals.

Action taken:

- A dedicated team was established to manage post-stabilization cases.
- Fax-based authorization requests were eliminated and a single telephone number put in place.
- Providers received targeted education and formal communication about the changes.
- Internal policies and procedures were updated.

- Enhanced tracking and reporting tools were implemented.

b. Annually review, approve and update when appropriate UM clinical criteria and clinical practice guidelines related to UM decision making (workplan element 1.7)

Barriers identified:

- Per the insourcing of Behavioral Health team to Health Net and a shift in committee structure. The BH criteria did not complete annual review in 2024.

Action taken:

- Updated workplan rationale and planned interventions to include BHT.
- BH utilization review criteria are scheduled to be presented to CalViva in Q4 2025.

III. Monitoring the Utilization Management Process

UM Process Monitoring activities were on target for this mid-year evaluation with the exception of workplan element 2.2 Timeliness of Processing the Authorization Request.

a. Timeliness of Processing the Authorization Request (work plan element 2.2)

The Plan monitored Turn Around Time (TAT) as planned in the first half of 2025.

Authorization TAT	Q1	Q2
Pre-Service Routine	100%	98.75%
Pre-Service Routine with Extension/Deferral	90%	69.34%
Pre-Service Expedited	100%	100%
Pre-Service Expedited with Extension/Deferral	71.43%	100%
Post Service	100%	100%
Concurrent	98.89%	100%

Barriers identified:

- In Q1 translation of deferral letters missed TAT, causing the below 95% result
- In Q2, this continued to be an issue with not ensuring the translation process is completed within the required timeframe.

Actions Taken:

- Targeted staffing initiatives are in progress.
- Comprehensive training for the Prior Authorization team was conducted to reinforce updated workflows and expectations.
- Regular performance reviews and compliance tracking are planned to sustain improvements and identify emerging issues proactively.

IV. Monitoring Utilization Metrics

Monitoring Utilization Metrics activities are on target for this mid-year evaluation with the exception of workplan element 3.3 Participating Provider Group (PPG) Profile and Vendor List which is listed as too soon to tell.

a. Improve Medi-Cal shared risk and FFS UM acute in-patient performance (work plan element 3.1)

Based on data through June 2025, all utilization goals (2% reduction in acute bed days over prior year, achieve average length of stay <5, and maintain 11% or below 30-day readmission rate) are on target.

Key Indicator Report thru June 2025:

Metric	2024	2025	% Change
Admits PTMPY	39.8	39.9	0.25%
Bed Days Acute PTMPY	204.7	197.6	-3.47%
ALOS Acute	5.1	4.9	-3.92%
Readmit 30 Day	11.5%	9.9%	-13.91%

KIR metrics are authorization based.

b. PPG Profile and Vendor List (work plan element 3.3)

PPG's profile reports are made available quarterly. PPG's that completed annual review in the first half of 2025 had no CAPs. Delegation Oversight monitored 3 open CAPs from 2024 to ensure actions are implemented, documented, and followed to completion.

Barriers identified:

- Specialty access continues to be a challenge for PPGs.
- PPG A: Member Notification TAT was non-compliant due to workflow issues with mailroom vendor and inadequate staffing. CAP remains open.
- PPG B: Increase in authorization requests led to delays.
- PPG F: Decision TAT was non-compliant due to workflow management, high volume of requests, and inadequate staffing and remained open at the end of Q2.

Actions taken:

- The Plan continued monitoring of open PPG CAPs.
- PPG A/B: staffing ratios were reassessed which resulted in hiring additional coordinators, onboarded by 1/1/2025.
- PPG F: increased staffing and automated workflows to accommodate volume and address TAT.

V. **Monitoring Coordination with Other Programs**

Monitoring Coordination with Other Programs activities are on target for this mid-year evaluation with the exception of workplan element 4.1 Care Management (CM) Program and 4.2 Referrals to Perinatal Care Management which is listed as too soon to tell.

a. Care Management (CM) Program (work plan element 4.1)

The Plan continued monthly new member outreach reports for care management assessment. We measure, track, and trend care management interventions resulting from triage processes. This work plan element is listed is as too soon to tell for the mid-year evaluation because the goal of 5% reduction in the number of admissions and readmissions is at 4.5% as of Q1.

Barriers identified:

- Admissions and readmissions experienced a smaller sample in the 1st quarter which skewed results due to one member with multiple re-admits.
- Fewer than expected number of satisfaction surveys completed.

Action Taken:

- CM's to encourage members to take surveys and obtain the preferred contact method by members for survey.

b. Referrals to Perinatal Care Management (work plan element 4.2)

The Plan continued ongoing outreach, assessment, and monitoring of high-risk pregnant members in the first half of 2025. All activities were on target with the exception of obtaining greater compliance in completing in the first prenatal visit within the first trimester which is too soon to tell.

Metric	Goals	Achieved
Greater compliance in completing the first prenatal visit	8%	1.4%
Greater compliance in completing their post-partum visit	10%	15.3%
Less pre-term deliveries in high-risk members	2%	6.1%

Barriers identified:

- Small Q1 sample size makes it difficult to determine if we are on target or not.
- Members entering program after first trimester impacts our ability to achieve completion of first pre-natal visit.

Action Taken:

- In Q3 we will prioritize members in the first trimester for outreach to improve compliance with completing the first prenatal visit.

c. Behavioral Health (BH) Case Management Program (work plan element 4.3)

Behavioral Health Case Management activities are on target for this mid-year evaluation.

Barrier identified:
- There were reduced referrals from internal teams as some referrals are now going to the Transitional Care Services team.

Action taken:

- The Plan increased referrals based on data from ADT reports.

d. Disease/ Chronic Condition Management (work plan element 4.4)

Disease/Chronic Condition Management activities are on target for this mid-year evaluation.

Barrier identified:

- Program revisions during Q1 and Q2 contributed to a slight drop in members receiving health coaching.

Action taken:

- Ongoing program monitoring is conducted to ensure that member needs are met.

e. Behavioral Health Performance Measures (work plan element 4.7)

Behavioral Health Performance Measures activities are on target for this mid-year evaluation. CalViva completed oversight audit in June 2025 and issued CAP regarding behavioral health Timeliness of Appointments and Network capacity

Barrier identified:

- With the new mental health provider to member ratio standards, the provider-to-member ratio standard for Psychiatrists, Psychologist, and Master Level practitioners was not met due to a limited number of providers in CalViva Health counties. There were 2 member grievances regarding network availability in Q1 2025.

Action taken:

- Provider Contracting & Network Development team continues to actively expand the network by recruiting:
  - Newly licensed providers entering the workforce,
  - Providers working with Health Net on a temporary basis, and
  - Providers currently contracted with other health plans.
  This recruitment effort includes providers offering telehealth services, which help mitigate the effects of not meeting geographic access standards and provider-to-member ratio standard. Health Net will evaluate appropriate actions to address the oversight audit CAP in Q3
- Health Net will evaluate appropriate actions to address the oversight audit CAP in Q3

VI. Monitoring Activities for Special Populations

All monitoring activities for special populations are on target for this mid-year evaluation.

a. Monitor California Children's Services (CCS) identification rate (work plan element 5.1)

Monitoring of CCS activities is on target for this mid-year evaluation.

Barrier identified:

- Adult Medically and Mentally Disabled members are at risk when they are not able to manage their care. Protected Health Information (PHI) forms are required while families go through the Power of Attorney (POA) /Conservatorship Process when parents and caregivers need to manage care for adult members. Customer Service is unable to speak to anyone other than the member once the member reaches 18 yrs of age.

Actions taken:

- Members/Family Members/Caregivers must sign PHI forms to bridge the gap until the POA/Conservatorship/Health Care Directives are in place.
- Team is supporting this process and developed a Job Aid.

- Dedicated email box and department Phone number were provided to Valley Children's Hospital Patient Navigators, their Licensed Clinical Social Worker (LCSW) and CCS County Programs for assistance.

b. Provide UM/CM Programs to support Seniors and Persons with Disabilities (SPD) mandatory managed care requirements (workplan element 5.2)

Provide UM/CM Programs to support Seniors and Persons with Disabilities (SPD) mandatory manager care requirements activities are on target for the mid-year evaluation.

Barriers identified:

- Delays in Health Risk Assessment (HRA) script approval.
- Due to the Palisades and Eaton Canyon fires in January 2025, CA issued a state of emergency. This resulted in lower outreach and HRA completion rates from January through April 2025.
- Outreach team skill gaps.

Actions taken:

- Script approved.
- Monitor monthly performance.
- Reviewed and adopted Health Risk Screening (HRS) and Long-Term Support Questions (LTSS) as the Health Risk assessment process for members designated in the special populations (SPD).
- Revised and published policy and procedure SPD Health Risk Stratification.

VII. Adequacy of UMCM Program Resources

Based upon the results of the mid-year 2025 monitoring activities noted above and within the attached full Work Plan, CalViva has determined that it is too soon to tell if the program resources meet the needs of CalViva membership and providers.

VIII. Program Scope, Processes, Information Sources

It is too soon to tell whether the scope of services offered to CalViva members meets the state of California requirements for Medi-Cal Managed Care Plans. Ongoing out-reach efforts to CalViva membership demonstrate a commitment to informing and engaging members in the programs and services available to them. From prenatal services to Behavioral Health Case Management, to Enhanced Care Management, and Community Supports services and many more, appropriate benefits and services are available for all members. Identification of opportunities to improve processes, care, and service is something that CalViva and HNCS continually work on together. Ongoing monitoring of interventions is essential for all areas to ensure appropriate actions are being taken to meet goals.

IX. Practitioner Participation and Leadership Involvement in the UM Program

The CalViva committee structure ensured that external and internal physicians with various specialties participated in the oversight, monitoring, evaluation, and improvement of the UMCM Program. Six external providers were participants in the QI/UM Committee and both the Credentialing and Peer Review Sub-Committees with specialties in Pediatrics, Family Medicine, Behavioral Health, Internal Medicine, Obstetrics and Gynecology, and General Surgery. CalViva's Chief Medical Officer chaired the committees and invited external practitioners to participate. The behavioral health provider (psychologist) has consistently attended QI/UM meetings since her appointment to the QI/UM Committee in June 2023.

She actively participates in the review, discussion, and decision making for reports, data, and performance improvement activities related to behavioral health.

Practitioner involvement in 2025 included: reviewing and approving the 2024 UMCM Work Plan Annual Evaluation, and the 2025 UMCM Work Plan and 2025 Program Descriptions for both Utilization Management and Care Management and the 2025 UMCM Work Plan Mid-Year Evaluation. Practitioners discussed monitoring results of performance. Practitioners were also involved in discussions regarding opportunities for improvement based upon findings and experience.

CalViva's Chief Medical Officer and Senior Director of Medical Management RN participate in weekly Multi-disciplinary Care Rounds with the Health Net Concurrent Review team to assess adequacy of care and address barriers to discharge for high-risk members.

Health Net ensures senior physician involvement in the planning, design, implementation, and review of the UMCM program. This includes the behavioral health aspects of the UM Program. See attached full Work Plan Annual Evaluation for more information.

Next Steps:

Teams are continuing monitoring of 2025 activities. Ongoing monitoring of interventions is essential for all areas to ensure appropriate actions are being taken to meet goals.

CalViva Health
2025
Utilization Management (UM/Care Management (CM) Work Plan Mid Year Evaluation

Last updated: September 10th, 2025

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1. Compliance with Regulatory & Accreditation Requirements

Last updated: September 10th, 2025

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2025 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
1.1 Ensure that qualified licensed health professionals assess the clinical information used to support Utilization Management (UM) decisions.	☒ Medi-Cal	Qualified licensed and trained professionals make UM decisions.	Health Net (HN) has a documented process to ensure that each UM position description has specific UM responsibilities and level of UM decision making, and qualified licensed health professionals supervise all medical necessity decisions. Nurse, physician and pharmacy (for pharmacists and technicians) licensure status is maintained in Workday (HN software). Credentialing maintains records of physicians' credentialing. 100% compliance with maintaining records of professional licenses and credentialing for health professionals.	Provide clinical continuing education opportunities to staff. Conduct Population Health and Clinical Operations (PHCO) Staff new hire orientation training. Review and revise staff orientation materials, manuals and processes. Verification of licensure/certification, participation in InterQual training and IRR testing. Conduct training for nurses.	Ongoing As needed Ongoing Ongoing Ongoing

Last updated: September 10th, 2025

UMCM Work Plan Mid Year Evaluation 2025

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	Courses offering clinical continuing education units (CEUs) are available to team members through the Plan's online learning management system. Clinical courses that include CEUs are also offered to the external Provider community and internal staff are able to attend. New hire overview training was offered monthly for all new hires. Medical management onboarding classes were offered and completion was monitored through our online learning management system. Training materials were reviewed and revised as needed. Ongoing process in place to monitor and ensure continued licensure for qualified health professionals via WorkDay (human resource platform). IRR training and testing is on target for completion in Q3-Q4 Onboarded 14 Registered nurses between January and March 2025.	None identified	None	This is a consistent component of QI/UM and is tracked on a routine and ongoing basis. Activity is ongoing to ensure quality outcomes are met.
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2026**				

Last updated: September 10th, 2025

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology		2025 Planned Interventions	Target Completion Date
			Measurable Objective(s)			
1.2 Review and coordinate UMCM compliance with California legislative and regulatory requirements	☒ Medi-Cal	Each year there is new healthcare related legislation. Compliance, Legislation Implementation staff reviews and analyzes the operational impact of these new laws and regulations. This information is utilized to plan and implement new processes or changes to existing processes to ensure compliance.	Review and report on legislation signed into law and regulations with potential impact on medical management. Appropriate and timely changes are made to PHCO processes to accommodate new legislation as appropriate.		Review new legislation and regulations, either through e-mail or department presentation. Participate in all appropriate implementation workgroups and/or activities to ensure new legislation that affects UMCM department is executed in a timely manner. Participate in monthly compliance committees, and Program Metrics Reporting (PMR) to review and monitor compliance to standards.	Ongoing
			100% compliance of UMCM staff and processes with all legislation and regulations.			

UMCM Work Plan Mid Year Evaluation 2025

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	Reviewed new legislation and regulations, received from the Compliance Department and/or the Regulatory and Legislative Implementation committee. Participated in all appropriate implementation workgroups and/or activities to ensure new legislation that affects UMCM department is executed in a timely manner. Participated in compliance committees to review and monitor compliance to standards.	See work plan element 2.2	None.	This is a consistent component of QI/UM and is tracked on a routine and ongoing basis. Activity is ongoing to ensure quality outcomes are met.
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2026**				

Last updated: September 10th, 2025

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2025 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
1.3 Separation of Medical Decisions from Fiscal Considerations	☒ Medi-Cal	DHCS, DMHC, and CMS, at a minimum, require that Medical Decisions made by Medical Directors (MDs) and Nurse reviewers are free from fiscal influence.	Affirmative statement about incentives is distributed to employees and communicated to members in member mailings and to practitioners/providers in Provider Updates.	All individuals involved in UM decision making must sign an 'Affirmative Statement about Incentives' acknowledging that the organization does not specifically reward practitioners or other individuals for issuing denials of coverage or care and that the Plan does not offer financial incentives for UM decisions that result in underutilization or adversely affects subsequent claim activity. UM staff review and acknowledge this statement upon hire through the Plan's online learning platform and reminded annually thereafter.	Ongoing
			100% compliance with acknowledgement of affirmative statement about financial incentives to practitioners, providers and employees.	Management Incentive Plan (MIP) Goals will not be created that benefit MDs or Nurse reviewers based on any potential to deny care.	

Last updated: September 10th, 2025

UMCM Work Plan Mid Year Evaluation 2025

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	Individuals involved in UM decision making must sign an 'Affirmative Statement about Incentives' upon hire. Annual reminders will be distributed in Q3-2025 No MIP Goals created that benefit MDs or Nurse reviewers based on any potential to deny care.	None identified	CalViva annual oversight audit will reevaluate completion of attestations in Q3-2025	Q3-2025 (reminder) This is a consistent component of QI/UM and is tracked on a routine and ongoing basis. Activity is ongoing to ensure quality outcomes are met.
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2026**				

Last updated: September 10th, 2025

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2025 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
1.4 Periodic audits for Compliance with regulatory standards	☒ Medi-Cal	Ensure compliance with regulatory standards.	Conduct regularly scheduled quarterly review of UM denial files compared to regulatory standards, which include such items as: turnaround time requirements, clinical rationale for denials, quality and timeliness of communications with providers and members, documents opportunity for provider to discuss case with Medical Director making denial decision.	Conduct File Reviews for compliance with regulatory standards. Provide ongoing education and/or UM process improvement with staff on issues revealed during the file review process. File Audits completed the month following each quarter.	Ongoing Ongoing January 2025, April 2025, July 2025, October 2025

Last updated: September 10th, 2025

UMCM Work Plan Mid Year Evaluation 2025

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☐ **ACTIVITY ON TARGET** ☒ **TOO SOON TO TELL**	Ongoing monthly regulatory standard auditing continues of 30 sample size per metric. When a variance from compliance standards is identified, sample size is increased to 50 as well as a CAP submission and staff education completed as evidenced by CAP tracking within the Compliance and Auditing departments. Auditing results presented Program Metrics Reporting (PMR) meeting. Based on DMHC final report from April 2024 CalViva issued a Corrective Action Plan (CAP) in June 2024, due to noncompliance with post-stabilization care requirements. CVH DMHC Follow-Up Survey was on 5/5/25 and the results are pending.	Post Stabilization • Improper suspension of regulatory processes. • Missed hospital notifications. • Incomplete CAP documentation. • Inadequate application of post-stabilization requirements to both contracted and non-contracted hospitals.	• A dedicated team was established to manage post-stabilization cases. • Fax-based authorization requests were eliminated and a single telephone number put in place. • Providers received targeted education and formal communication about the changes. • Internal policies and procedures were updated. • Enhanced tracking and reporting tools were implemented.	This is a consistent component of QI/UM and is tracked on a routine and ongoing basis. Activity is ongoing to ensure quality outcomes are met.
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2026**				

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2025 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
1.5 HN Medical Director's and CalViva Health Chief Medical Officer Interaction with State of California (DHCS)	☒ Medi-Cal	Health Net (HN) Medical Directors (MDs) interact with the Medi-Cal Managed Care Division (MMCD) of DHCS: ▪ MMCD Medical Directors CMO Meetings ▪ MMCD workgroups ▪ DHCS-MCP Quality and Health Equity Think Tank There are benefits to HN MD participation: ▪ Demonstrates HN interest in DHCS activity and Medi-Cal Program. ▪ Provides HN with in-depth information regarding contractual programs. ▪ Provides HN with the opportunity to participate in policy determination by DHCS.	HN Medical Directors and CalViva Health Chief Medical Officer participate on DHCS workgroups, and meetings. Ensures participation by MDs at the quarterly MMCD meetings, with input for agenda and summary of findings discussed with each MD. HN and CalViva remain a strong voice in this body with participation on key workgroups.	The Medical Director and Chief Medical Officer of CalViva will attend scheduled meetings, workshops and project meetings for 2025. Ongoing report out with CalViva to ensure CalViva is aware of all DHCS activities.	Ongoing

Last updated: September 10th, 2025

UMCM Work Plan Mid Year Evaluation 2025

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	Scheduled reports to CVH and HN Medical Director and Chief Medical Officer continue. Health Net Medical Directors and the CVH Chief Medical Officer participated in the DHCS Medi-Cal Managed Care Division's Medical Directors meetings for the first two quarters in the year and the CMO/CHEO Meeting on March 27, 2025 and June 4, 2025.2025. Health Net Medical Directors participated in DHCS-MCP Health Equity & Quality Think Tank on February 6, 2025.	None identified	None	This is a consistent component of QI/UM and is tracked on a routine and ongoing basis. Activity is ongoing to ensure quality outcomes are met.
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2026**				

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UMCM Work Plan Mid Year Evaluation 2025

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2025 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
1.6 Review, revision, and updates of CalViva UM /CM Program Description, UMCM Work plan, and associated policies and procedures as needed and at least annually.	☒ Medi-Cal	Reviews/ revises Medi-Cal UM/CM Program Description and UMCM Policies and Procedures to be in compliance with regulatory and legislative requirements. Senior Physician involvement is ensured, including behavioral health aspects of the UM Program.	Core group comprised of State Health Programs Chief Medical Officer (CMO), Regional Medical Directors, VP and Directors of PHCO and PHCO Managers for Medi-Cal review and revise existing Program Description and supporting UMCM Policies and Procedures.	Write and receive CalViva approval of 2025 UM and CM Program Descriptions. Write and receive CalViva approval of 2024 UMCM Work Plan Year-End Evaluation. Write and receive CalViva approval of 2025 UMCM Work Plan. Write and receive CalViva approval of 2025 UMCM Work Plan Mid-Year Evaluation. Prepare and Submit UMCM Program Description and Work plan to CalViva QIUM Committee and CalViva RHA Commission annually, providing mid-year updates and any ad hoc queries from CalViva Health leadership. Continue to monitor and revise policies and procedures based on DHCS and DMHC requirements.	Q 1 2025 Q 1 2025 Q 1 2025 Q 3 2025 Ongoing Ongoing

Last updated: September 10th, 2025

UMCM Work Plan Mid Year Evaluation 2025

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	The 2024 Year End UM/CM Work Plan Evaluation, 2025 UM/CM Work Plan, 2025 UM Program Description and the 2025 CM Program Description were submitted to CalViva QIUM Committee and CalViva RHA Commission and approved in Q1 2025 Continued assessment of needs to review and revise the program materials or policies and procedures based on DHCS, DMHC and other regulatory requirements is ongoing.	None identified	None	This is a consistent component of QI/UM and is tracked on a routine and ongoing basis. Activity is ongoing to ensure quality outcomes are met.
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2026**				

Last updated: September 10th, 2025

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2025 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
1.7 Annually review, approve and update when appropriate UM clinical criteria and clinical practice guidelines related to UM decision making	☒ Medi-Cal	All new and current UM clinical criteria and practice guidelines related to UM decision making are reviewed and approved annually by the Medical Advisory Council (MAC), which includes input from local Medical Directors. This also includes Behavioral Health Treatment (BHT) utilization review criteria and guidelines set forth by Council of Autism Services Providers (CASP) as well as utilization review criteria set forth by the American Psychological Association (APA) for the review of psych and neuropsychic testing. The Plan makes UM criteria and clinical practice guidelines available to practitioners via the provider portal.	Centene's Corporate Clinical Policy Committee and HN California's Medical Advisory Council (MAC) reviews and approves policies on clinical criteria annually. Clinical practice guidelines are reviewed and approved at least every two years. Medical policies and clinical practice guidelines are available to providers upon request; Change Healthcare, Inc.'s InterQual criteria are available to providers upon request. CalViva QIUM Committee reviews and adopts policies for clinical criteria for UM decision making annually, providing mid-year updates and monthly Medical Policy provider updates.	Confirm annually: • Health Net of California's Medical Advisory Council (MAC) in conjunction with Centene's Corporate Clinical Policy Committee reviews, updates as necessary, and approves policies for clinical criteria for UM decision making. • Review and approve annually BHT clinical criteria and guidelines set forth by the CASP and APA. Ensure BH is utilizing the most current version and incorporate any updates. • Ensure UM clinical criteria and UM clinical practice guidelines are made available to practitioners via provider portal (or website) and practitioners are notified of new policies and changes via the monthly Provider Update.	Ongoing Ongoing

Last updated: September 10th, 2025

UMCM Work Plan Mid Year Evaluation 2025

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☐ **ACTIVITY ON TARGET** ☒ **TOO SOON TO TELL**	All medical clinical policies were reviewed and updated on an annual schedule. Policies are posted on the provider website and providers are notified of changes monthly via a provider update. Per 2025 oversight audit of 2024, CalViva issued a CAP to HN because annual review of BHT/CASP utilization review criteria were not completed. BHT/CASP utilization review criteria was reviewed by MAC in February 2025. Pursuant to SB855 requirements, HNBH adopted Council of Autism Service providers (CASP) criteria effective 4/1/2024.	Per the insourcing of Behavioral Health team to Health Net and a shift in committee structure. The BH criteria did not complete annual review in 2024.	Updated workplan rationale and planned interventions to include BHT. BH utilization review criteria are scheduled to be presented to CalViva in Q4 2025.	This is a consistent component of QI/UM and is tracked on a routine and ongoing basis. Activity is ongoing to ensure quality outcomes are met.
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2026**				

Last updated: September 10th, 2025

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2025 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
1.8 Evaluate inclusion of new technologies and new application of existing technologies in applicable benefit packages including: medical, behavioral procedures, pharmaceuticals, devices, and new application of existing technologies	☒ Medi-Cal	Standardized process is used for review of new technologies to ensure members have equitable access to safe and effective care and for inclusion in applicable benefit packages	New technologies are reviewed and approved by Centene's Corporate Clinical Policy Committee and Health Net's Medical Advisory Council (MAC). Decisions are based on nationally recognized primary sources including: Hayes® Medical Technology Directory and Hayes® Alert technology-based evaluations, InterQual® and information from evidence-based medical journals, colleges and academies.

CalViva QIUM Committee reviews and adopts policies for clinical criteria for UM decision making annually, providing mid-year updates and monthly Medical Policy provider updates. | Evaluate new technologies and ensure inclusion in member benefits as applicable throughout 2025. | Ongoing monthly |

Last updated: September 10th, 2025

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ ACTIVITY ON TARGET ☐ TOO SOON TO TELL	Clinical policies are developed for new technology and new uses of established technology as needed and brought to the monthly Medical Advisory Council for review and approval. Presented at the CalViva QI/UM Committee via quarterly provider updates.	None identified	None	This is a consistent component of QI/UM and is tracked on a routine and ongoing basis. Activity is ongoing to ensure quality outcomes are met.
Annual Evaluation ☐ MET OBJECTIVES ☐ CONTINUE ACTIVITY IN 2026				

2. Monitoring the UM Process

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology		2025 Planned Interventions	Target Completion Date
			Measurable Objective(s)			
2.1 The number of authorizations for service requests received	☒ Medi-Cal	Provide oversight, tracking, and monitoring of authorization requests and evaluate opportunities to modify prior authorization requirements. Track and trend all types of prior authorization and concurrent review activities based on requirements.	Track and trend authorization requests month to month. Tracking includes: • Number of prior authorization requests submitted, approved, deferred, denied, or modified • Turnaround times (TAT) • Number of denials appealed and overturned		Utilize the Key Indicator Report on a monthly basis as a tool for systematic oversight of Prior Authorization process. Assess staffing needs for prior authorization process completion and ensure staffing is included in annual budget and quarterly budget revisions. Continue support for long-term care benefit carve in and ensure continuity of care.	Ongoing

Last updated: September 10th, 2025

UMCM Work Plan Mid Year Evaluation 2025

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	The leadership team meets daily to review reports to track turn-around times (TAT), current inventory and staffing resources. Daily goals, action plans, barriers are discussed and staffing adjustments are made in order to meet TAT goals. Monthly Key Indicator (KIR) and Staffing reports are reviewed to track trends, results, opportunities and are discussed in Leadership Meetings. Action plans are developed/implemented as needed based on results/trends to mitigate risks with meeting requirements. LTC Specialist attends clinical rounds, engages with SNFs and supports acute hospitals with challenging discharges.	None identified	None	This is a consistent component of QI/UM and is tracked on a routine and ongoing basis. Activity is ongoing to ensure quality outcomes are met.
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2026**				

Authorization Volume table (within Status Report/Results):

Months	Approved	Denied	Modified
January	9518	930	142
February	16482	2648	141
March	8704	858	171
April	9846	1321	267
May	10064	1333	217
June	7757	869	217
Totals	62371	7959	1155

Last updated: September 10th, 2025

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2025 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
2.2 Timeliness of processing the authorization request (Turnaround Time =TAT)	☒ Medi-Cal	TAT Compliance is based on DHCS standards for processing authorization requests and includes all decision categories (Approvals, Deferrals, Denials, and Modifications). Provide oversight, tracking, and monitoring of turnaround times for authorization requests.	Track and trend authorization requests month to month in all categories and report monthly in the Key Indicator Report.	Utilize the Key Indicator Report on a monthly basis as a tool for systematic oversight of TATs. Identify barriers to meeting Utilization Management timeliness standards and develop action plans to address deficiencies. Continue to focus on meeting TAT requirements. Monthly Management review of TAT results, with drill down on all cases that fail to meet TAT requirements. Ongoing training of staff and evaluation of work processes to identify opportunities for streamlining. Initiate end to end assessment of UM TAT monitoring processes.	Ongoing UM TAT summaries due monthly 12/31/2025

Last updated: September 10th, 2025

UMCM Work Plan Mid Year Evaluation 2025

	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☐ **ACTIVITY ON TARGET** ☒ **TOO SOON TO TELL**	The Plan monitored TAT as planned in the first half of 2025 	Authorization TAT	Q1	Q2	 |---|---|---|
Pre-Service Routine	100%	98.75%
Pre-Service Routine with Extension/Deferral	90%	69.34%
Pre-Service Expedited	100%	100%
Pre-Service Expedited with Extension/Deferral	71.43%	100%
Post Service	100%	100%
Concurrent	98.89%	100%		In Q1 translation of deferral letters missed TAT, causing the below 95% results. In Q2, this continued to be an issue with not allowing sufficient time for the translation process to happen within the required timeframe.	Targeted staffing initiatives are in progress. Comprehensive training for the PA team was conducted to reinforce updated workflows and expectations Regular performance reviews and compliance tracking are planned to sustain improvements and identify emerging issues proactively	Several additional registered nurses have been successfully recruited over the past three months, with onboarding efforts ongoing to ensure rapid integration and productivity
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2026**				

Last updated: September 10th, 2025

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2025 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
2.3 Conduct annual Interrater Reliability (IRR) testing of healthcare professionals involved in UM decision-making	☒ Medi-Cal	Consistency with which criteria are applied in UM decision-making is evaluated annually. Opportunities to improve consistency are acted upon.	PHCO Learning and Development administers new hire and annual IRR tests to licensed UM clinicians that have the responsibility to conduct, educate, audit, and/or oversee UM medical necessity reviews	Administer the Change HealthCare/Optum InterQual and relevant non profit criteria IRR tests in Q3-Q4 2025 to UM clinicians that have the responsibility to conduct, educate, audit, and/or oversee UM medical necessity reviews. Documented coaching will be initiated by the People Leader for any staff with a final score of less than 90% for any IRR test. Documented coaching may include but is not limited to the following: precepting of staff, retraining of the staff or auditing five (5) cases in production, for any IRR Product(s) not passed. In the event the new hire and annual IRR test(s) are not completed within the designated testing period, a failure of all applicable IRR tests is applied, and documented coaching is initiated by the People Leader.	Q3-4 2025 Q4-2025
			All new hire and annually staff must achieve a minimum passing score of 90% on each IRR test		

Last updated: September 10th, 2025

UMCM Work Plan Mid Year Evaluation 2025

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ ACTIVITY ON TARGET ☐ TOO SOON TO TELL	IRR testing and training will be held Q3-4 2025 for medical and behavioral health (BH) teams. The Change HealthCare/Optum InterQual IRR testing and training is held for medical teams. BH teams administer IRR testing for ABA and Psychological and Neuropsychological testing services. The Medical Advisory Counsil approved the annual InterQual IRR summary of changes June 2025.	None identified	None	12/31/2025
Annual Evaluation ☐ MET OBJECTIVES ☐ CONTINUE ACTIVITY IN 2026				

Last updated: September 10th, 2025

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2025 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
2.4 The number of appeals of UM authorization decisions received, appeals upheld and overturned, and timeliness of appeals.	☒ Medi-Cal	Track the number of clinical appeals received for authorization decisions and the number upheld and overturned to determine where modifications in authorization process are appropriate.	Measure UM Appeals volume as a percentage of the total authorization requests. Measure the number upheld and overturned, as well as Turnaround Times.	Appeals data, the numbers received, timeliness of completion of appeals will be reported to CalViva Health QIUM Committee and RHA Commission meeting at each regular meeting. On a monthly basis appeal trends are reported via a monthly dashboard. Additionally, appeals will be analyzed for trends. This analysis and recommendations will be reported to CalViva Health QI/UM Committee. Ensure appeals are processed by specialty matched physicians, when appropriate which at a minimum requires pediatricians or family practitioners to evaluate all medical necessity appeals. The data from appeals and grievances is shared with the Provider Network Management, Adverse Action Team, and Quality Improvement / Utilization Management (QI/UM) committees and is aggregated and reviewed for additional actions and recommendations. This data is shared with the CalViva QI/UM Committee for review and identification of opportunities for improvement.	Ongoing

Last updated: September 10th, 2025

UMCM Work Plan Mid Year Evaluation 2025

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	Appeals data is a consistent component of QIHEC and is tracked on a routine and ongoing basis. Activity is ongoing to ensure quality outcomes are met. Data Review Period: January – May 2025. There were 242 cases resolved including standard and expedited appeals. The top trends were not medically necessary, diagnostic – Magnetic Resonance Imaging (MRI) and Community Supports related to Medically Tailored Meals. The Compliance rate was 100% for all cases.	None identified	None	This is a consistent component of QI/UM and is tracked on a routine and ongoing basis. Activity is ongoing to ensure quality outcomes are met.

2024 Semi-Annual Count of Appeal Type

Appeal Type	Case Count	Percentage
Overturn	119	49%
Uphold	104	43%
Partial Uphold	9	4%
Withdrawal	10	4%
Case Total	242	100%

Aggregated grievance outcomes were shared with the CVH QI/UM Committee, CalViva A&G Workgroup including representation from the Adverse Action Team. Actions taken related to identified opportunities are discussed in the CVH Peer Review Committee, Access Work Group, and QI/UM Committee.

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2026**				

Last updated: September 10th, 2025

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2025 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
2.5 Review annual member and practitioner surveys to assess satisfaction with UM process and to address areas of dissatisfaction	☒ Medi-Cal	Continually assess customers' satisfaction with the UM process to identify areas that can be improved.

Interventions are made to improve satisfaction levels where dissatisfaction is identified | The Plan strives to improve Satisfaction with UM Process. Annually satisfaction surveys are conducted and followed by:
• Review of satisfaction survey data and trends.
• Comparison of survey results with other source data.
• Prioritization and implementation of interventions to improve member and practitioner satisfaction with UM processes.
• Re-measurement of satisfaction periodically to ensure interventions is effective.

Improved member and practitioner satisfaction results based on surveys and other satisfaction data, including but not limited to:

Member
Consumer assessment of healthcare providers and systems (CAHPS) survey and
Member Grievances

Practitioner Survey
Provider Satisfaction Survey | Complete annual Member and Practitioner Satisfaction surveys to assess satisfaction with UM Process.

Assess annual satisfaction survey outcomes.

Monitor Member Grievances to assess satisfaction with UM process. Results are reviewed through Access and Appeals and Grievances work groups and reported to CalViva QIUM Committee | Ongoing |

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UMCM Work Plan Mid Year Evaluation 2025

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	CalViva Health utilizes Health Net's provider network who participate in an annual provider survey. The 2025 surveys started June 2025 to be completed in August. Results will be assessed and presented in Q1 2026. Provider Pulse survey showed providers are consistently satisfied with "getting auth/referral processed quickly & transparently". The MY2024 Regulatory CAHPS member satisfaction surveys were conducted during Q1 and Q2 of 2025. . Member grievances are tracked and monitored on a monthly and quarterly basis. Opportunities related to member and practitioner satisfaction with UM processes were reviewed with the A & G Workgroup with the goal of identifying drivers and improve processes. The CAHPS Program Manager III is preparing the NCQA Standard ME7 report. CalViva Health will present these results to the QI/UM Committee in Q4 2025.	None identified	None	This is a consistent component of QI/UM and is tracked on a routine and ongoing basis. Activity is ongoing to ensure quality outcomes are met.
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2026**				

3. Monitoring Utilization Metrics

Last updated: September 10th, 2025

| Activity/ Study/Project | Product Line(s)/ Population | Rationale | Methodology | 2025 Planned Interventions | Target Completion Date |
			Measurable Objective(s)		
3.1 Improve Medi-Cal shared risk and FFS UM acute in-patient performance	☒ Medi-Cal	Health Net Central Medical Directors and PHCO manage the non-delegated shared risk PPGs and a sizable FFS membership.	Health Net manages shared risk non-delegated PPGs and FFS inpatient UM. Data reported quarterly at State Health Programs UM/QI Committee meeting ▪▪▪▪▪▪▪▪▪▪▪▪▪ Key Metrics (SPD, Non-SPD, MCE) Bed days/k ALOS Admit /K All cause readmits within 30 days 2025 Goals: • 2% reduction in Acute Bed days over prior year • Achieve ALOS <5 • Maintain 11% or below 30 day readmission rate	Continue care management initiatives for adults to include correct aid code assignments, early intervention to establish medical home, and care coordination for carve out services. Use data and predictive modeling to identify high cost/high utilizing members to target for care management. The UM team will continue transitional care management collaboration and enhanced discharge planning to increase discharges to alternative and recuperative care settings. The effectiveness of the utilization management program will be tracked using key indicator performance reports for review and improvement. Support on-site and telephonic enrollment of members into programs such as CalAim, Complex Care Management and Community Supports. Explore areas for additional on-site support (non clinical).	Ongoing

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Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	The Plan continued telephonic care management activities for members including involvement with the medical directors and interdisciplinary teams throughout the first 6 months of 2025 including daily UM huddles and weekly huddles with key hospitals. 100+ beds are open in Fresno as of January 2025 and the health plan, hospitals and SNFs are actively making referrals to the Recuperative Care facility. **Key Indicator Report thru June 2025:**<table><tr><td>**Metric**</td><td>**2024**</td><td>**2025 Q1-Q2**</td><td>**% Change**</td></tr><tr><td>**Admits PTMPY**</td><td>39.8</td><td>39.9</td><td>0.25%</td></tr><tr><td>**Bed Days Acute PTMPY**</td><td>204.7</td><td>197.6</td><td>-3.47%</td></tr><tr><td>**ALOS Acute**</td><td>5.1</td><td>4.9</td><td>-3.92%</td></tr><tr><td>**Readmit 30 Day**</td><td>11.5%</td><td>9.9%</td><td>-13.91%</td></tr></table>	None identified	Partnered with St Agnes in April 2025 in ongoing effort to decompress hospital and support transition to lower level of care through onsite TCS	This is a consistent component of QI/UM and is tracked on a routine and ongoing basis. Activity is ongoing to ensure quality outcomes are met.
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2026**				

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Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology / Measurable Objective(s)	2025 Planned Interventions	Target Completion Date
3.2 Over/under utilization	☒ Medi-Cal	Health Net ensures appropriate use of services for members by monitoring relevant data types for under- and over-utilization of services for SPD and Non-SPD members. Fraud, Waste and Abuse of medical services is monitored and reported. PPG Reports are used internally and externally with medical groups to develop member and population level interventions. Quarterly reports are made available for PPGs with member Non-SPD >1000 and SPD greater than 500 members. And MCE members >1000.	The UM metrics are reported quarterly and the procedure metrics will be reported annually for PPGs with greater than 1,000 non-SPD, greater than 1,000 MCE or 500 SPD Medi-Cal Members. Metrics for the PPGs and Plan include SPD, MCE and TANF populations: 1. Admissions/K 2. Bed days/K 3. Acute care average length of stay 4. ER admits/K 5. All case readmits 6. Authorization appeals, denials, deferrals, and modifications In addition, PPG metrics will include: 7. Specialty referrals for target specialties PPG profile reports are made available quarterly and specialty referrals are assessed on a biannual basis. Health Net tracks PHM KPI quarterly including: • Percentage of members who had more ED visits than primary care visits within a 12-month period; • Percentage of members who had a primary care	Continue to enhance provider profile. Identify PPG PIP, outcome results and barriers and present aggregated results to CalViva. (Over and Under Utilization reports) Identify possible fraud, waste and abuse issues. Report any issues to the SIU and Compliance Department <u>Referral Rates: Specialist</u> PM/PY referral rates are calculated from claims and set as internal thresholds by PPG. Referral rates to be determined and compared with PPG peers including Health Net (Central Valley) and Health Net Medi-Cal State wide. PPGs with significant deviation from the peer comparison will be identified as potential outliers and engaged to determine the drivers of variation. Reevaluate appropriate metrics to be included in the PPG dashboard. Specialties and PPGs identified as potential outliers for the metrics measured undergo further analysis by the MD to determine if a Quality Improvement Plan is indicated. The Quality Improvement Plans, if applicable are reviewed at the regional joint operations meetings lead by the Medical Directors. Results of the reviews will be reported to CVH leadership quarterly in the PPG dashboard. Direct network and PPG membership over/under utilization report includes ambulatory care measures (OP visits PTMPY, ED visits PTMPY) and selected surgical procedures PTMPY as markers of over-under utilization and is reported to CalViva MOM semi-annually in the MOM 18 PPG Dashboard. Adjust PHM KPI reporting per DHCS guidance as needed.	Ongoing

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			visit within a 12-month period; • Percentage of members with no ambulatory or preventive visit within a 12-month period.		

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Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	PPG UM data is shared at CalViva Management Oversight Meetings, every quarter. Shifts in utilization were reviewed in quarterly JOMs with PPGs. Q4 2024 – Q1-2025 PPG Utilization _(see table below)_ Specialty referral performance with utilization of top specialty by PPG is compared to regional standards in the quarterly delegation oversight dashboard.	None Identified	• HN promotes eConsult adoption with partner Federally Qualified Health Centers (FQHC) and PPGs, as a means of timely access to specialty care. • HN advocates for value in acute care delivery by participating in Interdisciplinary Care Team (ICT) meetings and convening discussions with clinical leaders at acute care facilities in the region. • Transitional Care Services (TCS) and Enhanced Care Management (ECM) have been socialized in area facilities to improve care transitions and address Social Determinants of Health (SDoH) among vulnerable populations. • A new Over/Under report is being generated. This report will be made available in October 2025 and April 2026 and semi-annually thereafter. • Utilization data and strategies to address high inpatient utilization shared with PPGs (PPG B/E). • Data-driven discussions on utilizations are ongoing with FQHC with high utilization High utilization at a PPG B is being addressed through a formal Corrective Action Plan (CAP). Measures included in the CAP are: Admits/K, ALOS and proportion of surgeries performed in ambulatory surgery centers (ASC).	This is a consistent component of QI/UM and is tracked on a routine and ongoing basis. Activity is ongoing to ensure quality outcomes are met.
Annual Evaluation ☐ **MET OBJECTIVES**				

PPG	Q	Admits/K	Bed Days/K	ALOS	% 30-Day Readmit	ER/K
B	Q4	96.7	679.9	7.03	17.9%	466
B	Q1	87.6	413.2	4.72	26.9%	429.6
C	Q4	22.4	48	2.15	0.0%	385.2
C	Q1	14.6	40.1	2.75	0.0%	385.2
D	Q4	56.1	346.9	6.19	12.1%	405.2
D	Q1	49.8	226.1	4.54	12.1%	410.2
E	Q4	101.1	605.1	5.98	20.4%	501.6
E	Q1	87.2	472.5	5.42	19.9%	493
F	Q4	72.4	415.5	5.74	11.60%	469
F	Q1	69	290.3	4.21	12.20%	479.1

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☐ CONTINUE ACTIVITY IN 2026				

	Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2025 Planned Interventions	Target Completion Date
				Measurable Objective(s)		
3.3	PPG Profile and Vendor List	☒ Medi-Cal	PPG Profiles provide performance metrics for delegated PPGs. The data is collected from the PPGs for CalViva members and compiled in a dashboard. Variances of 15% or more from previous quarter are researched and reported quarterly during the CalViva MOM. The MOM 20 vendor list provides audit dates and findings for each vendor. For completed audits an audit summary is shared with the monthly report, detailing audit results. Issues identified during audits or via ongoing performance monitoring are included in the monthly MOM 20 update.	Medi-Cal PPGs with delegated CalViva members provide quarterly reporting to Health Net Delegation Oversight (DO). Delegation oversight compiles the data, seeks root causes for any variances of 15% or greater and normalizes the data to PMPY. The following metrics are tracked by Delegation oversight: 1. Prior authorization volume & timeliness 2. Specialty referral volume for in network/out of network 3. Specialty referral access timeliness The PPG Profile Dashboard also includes additional data provided on the dashboard where the RMD and the Finance department track and report on i.e. Utilization rate, Financial, HEDIS score, Operations, Access, Clinical, Financial, Specialty Referral, Appeals and Grievance, etc.	CalViva Clinical PPG profile dashboard includes metrics for utilization management processing and timeliness for delegated providers. CalViva delegated PPG reports are evaluated on a quarterly basis for inpatient and specialty referrals. Referral time to services by specialty are reported to Provider Network Management. Variance rate is calculated from previous quarter and all Variances >+- 15% are researched Compliance rate is calculated as identified by DHCS for: • Prior authorization timeliness CalViva delegated PPGs identified as non- compliant are requested to complete a root cause analysis and submit a corrective action plan to HN Delegation Oversight. Corrective Action Plans and ongoing monitoring of success of interventions will be reported to CVH at regular intervals. CAPs identified during an annual audit by the HN Delegation Oversight is monitored and followed-up by HN Delegation Oversight. These activities will be reported to CVH during Annual Oversight Audits of HN. The Health Net vendor audit and monitoring process includes annual auditing of delegates' policies and files and ongoing review of delegates' adherence to service level performance.	Ongoing

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Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☐ **ACTIVITY ON TARGET** ☒ **TOO SOON TO TELL**	Q1 2025 PPG Profile and Narrative was provided 05/19/2025. PPG's profile reports are made available quarterly. Q2 – 8/25/25 Q3 - 11/24/25, Q4 – TBD PPG E termed in Q2 2025. Q1 & Q2 Annual Review - PPG D had no CAP. - PPG F had no new CAP. Monitoring Review - PPG A had 1 CAP for TAT failure (Aug – Oct 24), issued Nov 24. Delegate failed to have compliance for 3 consecutive months. - PPG B had 1 CAP for TAT failure (Aug – Oct 24), issued in Nov 24, closed in Jul 25. - PPG F had 1 CAP for TAT failure (Nov – Jan 25), issued in Feb 25, closed in Jul 25. Pending Annual Reviews for Q3 & Q4 - PPG A - PPG B - PPG C Delegation Oversight monitors CAPs to ensure actions are implemented, documented and followed to completion. Both PPGs have implemented an action plan to ensure compliance with denial letters/template. Q4 2024-Q1 2025 Prior Authorizations:	• Specialty access continues to be a challenge for PPGs. • PPG A Member Notification TAT was non-compliant due to workflow issues with mailroom vendor and inadequate staffing. CAP remains open. • PPG B Increase in authorization requests led to delays. • PPG F Decision TAT was non-compliant due to workflow management, high volume of requests and inadequate staffing and remained open at the end of Q2.	• The Plan continued monitoring of open PPG CAPs. • PPG A/B staffing ratios were reassessed which resulted in hiring additional coordinators, onboarded by 1/1/2025. • PPG F increased staffing and automated workflows to accommodate volume and address TAT.	This is a consistent component of QI/UM and is tracked on a routine and ongoing basis. Activity is ongoing to ensure quality outcomes are met.

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Q4-2024 PTMPY

PPG	A	B	C	D	E	F
Total Auths	863	1,503	447	898	282	3,579
I-Net	797	1,458	430	856	191	3546
OON	66	45	17	42	91	33
TAT % Compliance						
Urgent	100%	99.76%	99.71%	99.90%	99.55%	88.66%
Routine	99.96%	100%	99.71%	99.96%	99.96%	92.00%

Q1-2025 PTMPY

PPG	A	B	C	D	E	F
Total Auths	787	1,455	432	1,013	298	3,821
I-Net	759	1,408	413	973	202	3747
OON	28	47	19	40	96	74
TAT % Compliance						
Urgent	99.63%	99.54%	100%	99.82%	98.40%	86.57%
Routine	99.93%	99.84%	100%	98.68%	99.19%	93.30%

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☐ MET OBJECTIVES

☐ CONTINUE ACTIVITY IN 2026

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4. Monitoring Coordination with Other Programs

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2025 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
4.1 Care Management (CM) Program	☒ Medi-Cal	Providing members with access to quality health care delivered in an appropriate setting and compassionate manner; optimizing physical and emotional health and well-being and improving quality of life. Assisting members with complex and serious medical conditions through the continuum of care and identifying barriers to accessing care will support and help members and caregivers manage their health care needs. Reviewing Member self-referrals to ECM and Community supports and referring members to ECM providers as appropriate. Members not meeting criteria will be referred to care management.	Monthly new member outreach reports for care management assessment. Measure, track and trend care management interventions resulting from triage processes. Monitor Key Indicator report including PHM Key Indicators to track and trend Care Management activities and acuity levels monthly Utilize stratified health risk assessment data to identify high-risk members and engage them in care management programs Measure program effectiveness based on the following measures: o Readmission rates o ED utilization o Overall health care costs o Member Satisfaction o Percentage of members eligible for CCM who are successfully enrolled in the CCM program; and o Percentage of transitions for high-risk members that had at least one interaction with their assigned care manager within 7 days post discharge. o ECM Enrollment and Graduation Rates	Dedicated staff of RNs, LCSWs, Care Navigators, Care Coordinators to perform physical health and integrated CM activities. The Population Health Management report that includes use of Impact Pro (a predictive modeling tool) is used to identify high risk members for referral to CM. Outcome measures are included in the CCM Quarterly reports and reviewed in the QI UM Work group. Transitional Care Services staff to do onsite bedside enrollment of members into TCS program at Hospital/Facilities. TCS to transition members to Physical Health (PH) or Behavioral Health (BH) CM teams after immediate discharge needs have been met. Collaboration with PPGs, Providers, Facilities on members who would benefit from Care Management to support appropriate interventions and improve member outcomes. ECM program and provider performance by county are reported quarterly CVH UM/QI Committee	Ongoing

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Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☐ **ACTIVITY ON TARGET** ☒ **TOO SOON TO TELL**	The Plan continued monthly new member outreach reports for care management assessment and measures, tracks, and trends care management interventions resulting from triage processes. Number of Health Information Forms (HIFs) completed in January-June by member and returned or Envolve People Care outreach was 6,233 and 1,056 members subsequently referred to Care Management through June. Total members managed through June across physical, behavioral health, and Transitional Care Services programs was 3,375. Outcome measures include: readmission rates, Emergency Department (ED) utilization, overall health care costs & member satisfaction. Measured 90 days prior to enrollment in Physical Health, Behavioral Health, & Transitional Care Services & 90 days after enrollment. Results reported in Q1 include members with active or closed case on or between 1/1/2025 & 3/31/2025 & remained eligible 90 days after case open date. 472 members met criteria. Results of members managed: • Number of admissions and readmissions was at 4.5% which is lower than the 5% goal • Volume of ED claims/1000/year decreased by 627 (22.5%) which exceeds our 10% reduction goal. • Total health care costs reduction primarily related to reduction in inpatient costs and outpatient services, and some increase in pharmacy costs • Member Satisfaction Survey: 37 members were successfully contacted through Q1 Care Team Satisfaction - overall members were satisfied with the help they received from Case Management and reported the goals they worked on improved understanding of their health.	Fewer than expected number of satisfaction surveys completed. Admissions and readmissions experienced a smaller sample in Q1 which skewed results due to one member with multiple re-admits.	CM's to encourage members to take survey, gain preferred contact method by member for survey.	This is a consistent component of QI/UM and is tracked on a routine and ongoing basis. Activity is ongoing to ensure quality outcomes are met.

	Engagement rate exceeded goal of 52% for all CM programs at 76.3%.			
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2026**				

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Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2025 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
4.2 Referrals to Perinatal Care Management	☒ Medi-Cal	Providing perinatal risk screening is a valuable way to identify members who would benefit from CM interventions thus resulting in improved outcomes.	Notify PCP's or PPGs of patients identified for program. Measure program effectiveness based on the following measures: ○ Member compliance with completing • 1st prenatal visit within the 1st trimester and • post-partum visit between 7 and 84 days after delivery compared to pregnant members who were not enrolled in the program • pre-term delivery of high-risk members managed vs high risk members not managed	PCM Outreach to OBGYN MD's to promote referrals into PCM program for high risk moms. Dedicated staff of RNs, Care Navigators, and Care Coordinators to perform perinatal CM activities. Use of NOP reports to identify members with moderate and high-risk pregnancy for referral to the pregnancy program. Provide members with education about and referrals to Doulas throughout their pregnancy. Help members schedule prenatal and postpartum appts. Help members schedule their newborn child first well child exam visit, and refer into our First Year of Life Program. Outcome measures are included in the CCM Quarterly reports and reviewed in the QI/UM Work group and QI/UM Committee..	Ongoing Ongoing Ongoing Quarterly

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Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☐ **ACTIVITY ON TARGET** ☒ **TOO SOON TO TELL**	The Plan continued ongoing outreach, assessment and monitoring of high-risk pregnant members in the first half of 2025. Through June 682 members managed in PCM program. Engagement rate for this program remains high at 63% through June. Outcome measures based on member's compliance with completing 1st prenatal visit within 1st trimester & post-partum visit between 21 & 56 days after delivery compared to pregnant members who were not enrolled in the program. In addition, the rate of pre-term delivery of high-risk members managed is compared to high-risk members not managed. Results reported in Q1 for 2025 demonstrated greater compliance in managed members for both visit measures and lower pre-term deliveries of high-risk members managed. • 45 members met the outcome inclusion criteria for visits; 23 members met preterm delivery criteria and 462 met post-partum visit criteria. • Members enrolled in the High-Risk Pregnancy Program demonstrated: 　○ 1.4% greater compliance in completing the first prenatal visit within their first trimester, which is lower than the 8% goal. 　○ 15.3% greater compliance in completing their post-partum visit which exceeds our 10% goal. 　○ 6.1% less pre-term deliveries in high-risk members which exceeds our 2% goal.	Small Q1 sample size makes it difficult to determine if we are on target or not. Members entering program after first trimester impacts our ability to achieve completion of first pre-natal visit.	In Q3 we will prioritize members in first trimester for outreach to improve compliance in completing the first prenatal visit.	This is a consistent component of QI/UM and is tracked on a routine and ongoing basis. Activity is ongoing to ensure quality outcomes are met.
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2026**				

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Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2025 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
4.3 Behavioral Health (BH) Case Management Program	☒ Medi-Cal	Providing members with access to quality health care delivered in an appropriate setting and compassionate manner; optimizing emotional health and well-being and improving quality of life.

Assisting members with behavioral health conditions through the continuum of care and identifying barriers to accessing care will support and help members and caregivers manage their health care needs. | Monthly new member outreach reports for care management assessment. Measure, track and trend care management interventions resulting from triage processes.

Monitor Key Indicator report to track and trend Case Management activities and acuity levels monthly

Utilize stratified health risk assessment data to identify high-risk members and engage them in case management programs

Measure program effectiveness based on the following measures:
○ Readmission rates
○ ED utilization
○ Overall health care costs
○ Member Satisfaction | Dedicated staff of LCSWs, LMFTs, and Care Navigators to perform BH CM activities.

The Population Health Management report that includes use of Impact Pro (a predictive modeling tool) is used to identify high risk members for referral to CM.

Partner with Health Net Behavioral Health Teams to increase referrals to BH CM team to support outreach to follow up with Members who were provided resources. Help members schedule appointments with BH CM providers and connect with resources in the community to meet Member's SDOH needs.

Collaborate with ECM and CS providers to ensure warm hand off of members care plan needs. Provide guidance to ECM CM taking over members care related to benefits as appropriate.

Outcome measures are included in the CCM Quarterly reports and reviewed in the QI UM Committee. | Ongoing |

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Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ ACTIVITY ON TARGET ☐ TOO SOON TO TELL	Data reported is a subset of information provided in 4.1. Total members managed through June is 452. Calendar Year engagement rate 73.3%. Total Referrals to CM are monitored in the KIR which includes referrals from Impact Pro. Outcome measures include: readmission rates, Emergency Department utilization, overall health care costs & member satisfaction. Measured 90 days prior to enrollment in Behavioral Health Care Management & 90 days after enrollment. Results reported for Q1 include members with active or closed case on or between 1/1/2025 & 3/31/2025 and remained eligible. Outcome results are consolidated across Physical Health, Behavioral Health, & Transitional Care Services programs and are reported in 4.1.	There were reduced referrals from internal teams as some referrals are now going to Transitional Care Services team.	The Plan increased referrals based on data from ADT reports.	This is a consistent component of QI/UM and is tracked on a routine and ongoing basis. Activity is ongoing to ensure quality outcomes are met.
Annual Evaluation ☐ MET OBJECTIVES ☐ CONTINUE ACTIVITY IN 2026				

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Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology		2025 Planned Interventions	Target Completion Date
			Measurable Objective(s)			

4.4 Disease/ Chronic Condition Management	☒ Medi-Cal
	
	Diabetes Age Groups
	0-21 CCS Referral (100%)
	
	>21 Enrolled in program
		The Managed Care Plan is responsible for initiating and maintaining a Chronic Condition Management program for high volume, common conditions, where guidelines and proven timely intervention have been shown to improve outcomes.	Eligibility data from sources such as: pharmacy, medical claims, and referrals.
			
			Plan Chronic Condition Management Programs may include, but are not limited to:
			  o Asthma
			  o Diabetes
			  o Heart Failure
					Ongoing program monitoring.
					
					Annual review of prevalence data to monitor Chronic Condition Management program offerings.
					
					Obtain DHCS approval and implement redesigned Disease/Chronic Condition Management program offerings..
						Ongoing
						
						12/31/2025
						
						12/31/2025

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Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	Chronic Condition Management program continues for asthma, diabetes and heart failure. Program enrollment YTD = **215 members.** Ongoing program monitoring is conducted to assure that member needs are met. Program elements include: • educational materials and information about the program are sent to enrolled CVH members. • outbound telephonic interventions are conducted • referrals to case management and other programs as needed. Major conditions reviewed by prevalence and utilization as of Q3 2024. Asthma, cardiac issues (hypertension/cardiac bundle) and diabetes continue to be represented. These conditions continue to be among the top 3 of those identified within the PHM Pyramid Prevalence Conditions. 	*Condition*	*Rank*
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Hypertension	14.2%
Diabetes	10.1%
Obesity	4.8%
Severe and Persistent Mental Illness	1.3%
Chronic Kidney Disease	3.0%
Cardiac Bundle	16.9%
Serious Emotional Disorder	5.1%
Other Social Needs	2.8%
Asthma	5.4%
Substance Use Disorder	4.8%		Program revisions during Q1 and Q2 contributed to a slight drop in members receiving health coaching.	Disease/Chronic Condition Management focus areas include additional programs such as COPD and Behavioral Health screening. DHCS approves Disease Management Program. Upload and test letters in system (TruCare). Disease Management Program Policy and Procedure updated and published. Testing complete with no errors. Revised program launched. Performance Standards and reporting Requirements sent to Legal/Compliance on 7/14/25 for final approval.	This is a consistent component of QI/UM and is tracked on a routine and ongoing basis. Activity is ongoing to ensure quality outcomes are met.
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2026**				

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Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2025 Planned Interventions	Target Completion Date
4.5 MD interactions with Pharmacy	☒ Medi-Cal	State Health Program (SHP) MDs, the Health Net Pharmacy Advisory Committee (PAC) and the CalViva Health Chief Medical Officer work with Pharmacy Department to refine the injectable guidelines for medical benefit drugs to facilitate member and provider efficiencies; to ensure adequate and current medications are included, and to ensure appropriate utilization. SHP MDs and the CalViva Health Chief Medical Officer work with Pharmacy Department to remove unnecessary PA obstacles for practitioners and pharmacists. SHP MDs and the CalViva Health Chief Medical Officer work with Pharmacy Department to improve CCS ID using pharmacy data.	Monthly report of PA requests.	Continued active engagement with pharmacy. CVH UM/QI reporting based on Medical Benefit drug review. DUR reporting based on Medi-Cal RX data. Continued A&G tracking of pharmacy cases related to medical benefit drug review.	Ongoing

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Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	CVH QI/UM quarterly reporting continues in 2025 for medical benefit drug tracking as well as any regulatory changes. SHP Quarterly meeting topics for 2025 • Continued review of Medi-Cal Rx program updates and status post implementation. • DHCS audits completed • DSNP expansion in CalViva counties • Annual CMS DUR survey completed and submitted to DHCS with no errors reported. • A&G trends and concerns reviewed for medical benefit drugs. • QI reporting pre-review moved to this meeting to ensure readiness in quarterly QI meeting. • Regulatory and operational (i.e. policy changes) issues discussed as needed • Trending in PA volume and drugs QA/IRR results for medical benefit drug reviews in Q1 2025 completed and Q2 results are pending final review at the Q3 SHP and QI/UM Committee meeting.	None identified	None	This is a consistent component of QI/UM and is tracked quarterly at a minimum and Ad Hoc to ensure quality outcomes are met.
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2026**				

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Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2025 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
4.6 Behavioral Health (BH) Care Coordination	☒ Medi-Cal	CalViva collaborates with BH practitioners to improve coordination between medical and behavioral health care members.	Total number of registrations and referrals.	Review data that indicates when a member was referred to the County for services to ensure that the behavioral health team staff are facilitating coordination of care. Each month is compared to data from previous months to ensure the number of referrals to County follows an acceptable trend. For example, a consistent drop in referrals may indicate the need for additional staff training. Review data that indicates when a PCP has referred a member to a BH provider. Each month's data is compared to those from previous months to ensure that coordination of care between medical and behavioral health is occurring. For example, a drop in these referrals may indicate a need for enhanced medical provider training on the services that the behavioral health team provides.	Ongoing

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Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	Q1-Q2-2024 BH Clinicians continue regular rounds with HN medical case management staff and Medical Directors with the purpose of integrating medical and behavioral health services and ensuring that members receive optimal care. Changes in processes included automatic referral to case management services screening or during transitions of care, which resulted in notable increase in care coordination. Q1-Referral to County Services: 27 Coordination between Medical and BH Services: 835 Q2-Referral to County Services: 29 Coordination between Medical and BH Services: 987	None Identified	Changes in processes included automatic referral to case management services screening or during transitions of care, which resulted in notable increase in care coordination.	This is a consistent component of QI/UM and is tracked on a routine and ongoing basis. Activity is ongoing to ensure quality outcomes are met.
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2026**				

Last updated: September 10th, 2025

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2025 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
4.7 Behavioral Health Performance Measures	☒ Medi-Cal	CalViva collaborates with Behavioral Health practitioners to improve performance measures for the CalViva behavioral health care members.	Performance Measures to be monitored: Appointment Accessibility by Risk Rating Authorization Decision Timelines Potential Quality Issues Provider Disputes Network Availability Network Adequacy: Member Ratios Authorization Decision Timeliness: goal 100% with corrective action initiated at <95%	Participate in cross functional team to improve quality of behavioral health care. Consistent monitoring of performance measures to ensure continued compliance.	Ongoing

Last updated: September 10th, 2025

UMCM Work Plan Mid Year Evaluation 2025

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☐ ACTIVITY ON TARGET ☒ TOO SOON TO TELL	**CalViva completed oversight audit in June 2025 and issued CAP regarding behavioral health Timeliness of Appointments and Network capacity** **Appointment accessibility by Risk Rating:** No records for measurement period Q1-Q2 2025	With the new mental health provider to member ratio standards, the provider-to-member ratio standard for Psychiatrists, Psych ologist, and Master Level practitioners was not met due to a limited number of providers in CalViva Health counties. There were 2 member grievances regarding network availability in Q1 2025.	Health Net will evaluate appropriate actions to address the oversight audit CAP in Q3 Provider Contracting & Network Development team continues to actively expand the network by recruiting: • Newly licensed providers entering the workforce, • Providers working with the Plan on a temporary basis, and • Providers currently contracted with other health plans. This recruitment effort includes providers offering telehealt h services, which help mitigate the effects of not meeting	This is a consistent component of QI/UM and is tracked on a routine and ongoing basis. Activity is ongoing to ensure quality outcomes are met.
	Auth Decision Timeliness: % of Authorization Decision in Compliance: Q1: 100.0%, Q2: 99.7%			
	BH Potential Quality Issues Q1-Q2 of 2025: Q1: 0 cases, Q2: 0 cases **Untoward Events in Q1- Q2 of 2025:** Q1: 0 cases, Q2: 0 cases **PQIs related to accessing Autism Services in Q1- Q2 of 2025:** Q1: 0 cases, Q2: 0 cases			
	Provider Disputes: **Q1 2025: Total Submitted during reporting period: 1081** **% Resolved within 45 working days: 100%** **Q2 2025:** **Total submitted during reporting period: 150** **% resolved within 45 working days: 99.89%**			
	Network Adequacy DHCS: In addition to the results, included here is the standard denoted in table 4. It's 1 BH provider type to X members as shown below that we are reviewing ratio's against.			

Table 4. Ratio of Mental Health to Member Standards

Provider Type	Performance Threshold
Member to Psychiatrists	5,000: 1
Member to Psychologist	2,300: 1
Member to Masters Level practitioner	1,150: 1
Member to BCBA	5,000: 1
Member to BCaBA	5,000: 1

Ratio of Mental Health to Member:

Summarizes Mental Health providers to member ratio results. First quarter reporting in Q1 2025:

Provider Type	Compliance (%)	
	Q4 '24	Q1 '25
Member to Psychiatrists	N/A	10,193: 1[*]
Member to Psychologist	N/A	7,840: 1[*]
Member to Master Level practitioner	N/A	1,923: 1[*]
Member to BCBA	1,174: 1	1,027: 1
Member to BCaBA	N/A	353: 1[*]

Psychiatrist, Psychologist and Master Level practitioner are below standards.

Network Adequacy results for Psychiatry and Non-Specialty Mental Health Providers. Proportion of members residing within standard.

County	Adult Psychiatry Access %		Pediatric Psychiatry Access %		Adult Non-Specialty Mental Health Providers Access %		Pediatric Non-Specialty Mental Health Providers Access %	
	Q4 '24	Q1 '25	Q4 '24	Q1 '25	Q4 '24	Q1 '25	Q4 '24	Q1 '25
Fresno	100%	100%	100%	100%	100%	100%	100%	100%
Kings	100%	100%	100%	100%	100%	100%	100%	100%

geographic access standards and provider-to-member ratio standard.

Madera	100%	100%	100%	100%	100%	100%	100%	100%

Network Adequacy DMHC:
Network Adequacy results for Psychiatry and Mental Health Professional. Proportion of members residing within standard. First quarter reporting in Q1 2025:

County	Psychiatry Access %		MHP Access %	
	Q4 '24	Q1 '25	Q4 '24	Q1 '25
Fresno	N/A	96.4%[*]	N/A	91.8%[*]
Kings	N/A	99.6%[*]	N/A	99.9%[*]
Madera	N/A	100%[*]	N/A	100%[*]

Ratio of Mental Health to Member:
Summarizes Mental Health providers to member ratio results. First quarter reporting in Q1 2025:

Provider Type	Compliance (%)	
	Q4 '24	Q1 '25
Member to Psychiatrists	N/A	10,193: 1[*]
Member to Psychologist	N/A	7,840: 1[*]
Member to Master Level practitioner	N/A	1,923: 1[*]
Member to BCBA	1,174: 1	1,027: 1
Member to BCaBA	N/A	353: 1[*]

Psychiatrist, Psychologist and Master Level practitioner are below standards.

Provider Type	Performance Threshold
Member to Psychiatrists	5,000: 1
Member to Psychologist	2,300: 1
Member to Masters Level practitioner	1,150: 1
Member to BCBA	5,000: 1
Member to BCaBA	5,000: 1

Mental Health Open Practice:
Summarizes Mental Health providers open practice results.

Open Practice Standards	Compliance (%)	
	Q4 '24	Q1 '25
Mental Health Providers	99.5%	99.5%

[*] Includes master-level providers, psychologists, and psychiatrists, and excludes autism providers.
Q2 Data not available until Mid-August.

UMCM Work Plan Mid Year Evaluation 2025

Annual Evaluation ☐ MET OBJECTIVES ☐ CONTINUE ACTIVITY IN 2026				

Last updated: September 10th, 2025

5. Monitoring Activities for Special Populations

UMCM Work Plan Mid Year Evaluation 2025

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2025 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
5.1 Monitor California Children's Services (CCS) identification rate.	☒ Medi-Cal	Health Net State Health Programs (HN SHP) will monitor Medi-Cal CCS identification rate YTD.	All HN SHP staff will work with Public Programs Specialists and UM staff to identify potential CCS cases and refer to county for approval. Based on the standardized formula, monthly report indicates CCS %. Goal: Identify 5% of total population for likely CCS eligibility.	CCS identification and reporting continues to be a major area of focus. Continue current CCS policies and procedures. Continue to refine CCS member identification and referral through concurrent review, prior authorization, care management, pharmacy, claims review, member appeals and member services (welcome calls and Child and Adolescent Health Measurement Initiative (CAMHI) screening tool). Continue to improve and refine coordination with CCS between specialists and primary care services. Collaborate with Public Programs and Coordination of Care Team to facilitate transition of Independent Care Facility CCS membership (begins July 1st 2025). Continue to monitor Aging-out membership, identified 12 months before their 21st birthday, and continue Care Management referrals. Meet with county CCS offices to improve identification of member CCS status.	Ongoing

Last updated: September 10th, 2025

UMCM Work Plan Mid Year Evaluation 2025

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ ACTIVITY ON TARGET ☐ TOO SOON TO TELL	Teams continued efforts to identify and refer cases to CCS in collaboration with supporting departments such as UM and Pharmacy. The CCS identification rates for the CVH under 21 population continue to trend above 7% in all counties. **2025 Monthly CCS Identification Rates** 	Month	Fresno	Kings	Madera	Average
Jan	8.54%	7.70%	8.24%	8.16%
Feb	8.68%	7.81%	8.42%	8.30%
Mar	8.52%	7.64%	8.27%	8.14%
Apr	8.45%	7.58%	8.19%	8.07%
May	8.55%	7.60%	8.29%	8.15%
Jun	8.49%	7.48%	8.15%	8.04%		Adult Medically and Mentally Disabled members are at risk when they are not able to manage their care. Protected Health Information (PHI) forms are required while families go through the Power of Attorney (POA) /Conservatorship Process when Parents and Caregivers need to manage care for adult members. Customer Service is unable to speak to anyone other than the Member once the member reaches 18 yrs of age.	Members/Family Members/Caregivers must sign PHI forms to bridge the gap until the POA/Conservatorship/Health Care Directives are in place. Team is supporting this process and developed a Job Aid. Dedicated email box and department Phone number was provided to Valley Children's Hospital Patient Navigators, their Licensed Clinical Social Worker (LCSW) and CCS County Programs for assistance.	This is a consistent component of QI/UM and is tracked on a routine and ongoing basis. Activity is ongoing to ensure quality outcomes are met.
Annual Evaluation ☐ MET OBJECTIVES ☐ CONTINUE ACTIVITY IN 2026				

Last updated: September 10th, 2025

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2025 Planned Interventions	Target Completion Date
			Measurable Objectives		
5.2 Provide UM/CM Programs to support Seniors and Persons with Disabilities (SPD) mandatory managed care requirements	☒ Medi-Cal	California Section 1115 waiver requires mandatory enrollment in managed care for SPDs. Essential elements of the waiver include risk stratification, health risk assessment (HRA), and care coordination/care management.	All UM Policies and Procedures revised as needed and submitted to DHCS on time for approval, all state required reporting completed and submitted through tracking and trending of SPD UM/CM program. Monitor HRA outreach	Perform Risk Stratification for all SPD's on a monthly basis, and identification of members for enrollment into the appropriate program, such as Care Management, the Pharmacy Program, the Pregnancy Program, or a Chronic Condition Management Program. Continue to meet all requirements for SPDs and utilize all programs to support them, including CM, Chronic Condition Management, Long Term Services Supports, and Care Coordination.	Ongoing

Last updated: September 10th, 2025

UMCM Work Plan Mid Year Evaluation 2025

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	Member stratification being conducted monthly using Impact Pro/related report to identify members for Integrated Case Management (ICM) as noted under 4.1. 697 Seniors and Persons with Disabilities (SPD) (Supplemental Security Income Dual and Non-Dual). This includes Physical Health Care Management, Behavioral Health Care Management, Transitional Care Services & Obstetrics Care Management, as well as both complex and non-complex cases. HRA Outreach for Special Populations was less during January-April due to the state of emergency caused by the Palisades and Eaton Canyon Fires. Timely HRA outreach reported for CalViva SPD members for Q1 and Q2 (100% on time). 9,857 members were outreached with 576 HRA's completed from January through June 2025. Responded to all requests within the audit process regarding HRA's performance. Met with outreach team to review the HRA process and align on scripts, process and reporting requirements.	Delays in HRA script approval. Due to the Palisades and Eaton Canyon fires in January 2025, CA issued a state of emergency. This resulted in lower outreach and HRA completion rates from January through April 2025. Outreach team skill gaps.	Script approved. Monitor monthly performance Reviewed and adopted Health Risk Screening (HRS) and Long-Term Support Questions (LTSS) as the Health Risk assessment process for members designated in the special populations (SPD). Revised and published policy and procedure SPD Health Risk Stratification.	Q1 2025 January-April 2025 May to December 2025 April 2025 May 30, 2025 (met with outreach team on 5/6, 5/12, 5/22 and 5/30) 5/30/25

Last updated: September 10th, 2025

UMCM Work Plan Mid Year Evaluation 2025

Annual Evaluation ☐ MET OBJECTIVES ☐ CONTINUE ACTIVITY IN 2026				

Last updated: September 10th, 2025

Fresno-Kings-Madera Regional Health Authority Approval

The Fresno-Kings-Madera Regional Health Authority Commission has reviewed and approved this Work Plan Evaluation.

_____   _____
David Hodge, MD, Fresno County   Date
Regional Health Authority Commission Chairperson

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

Item #9
Attachment 9.A

RY 2025 HEDIS® Results
& Quality Improvement
Update

9.A HEDIS® Chart

Table 1. CalViva Health MCAS MEASURE RESULTS BY COUNTY RY2021 to RY2025**

MPL = Minimum Performance Level (50th percentile)
HPL = HIGH Performance Level (90th percentile)

#	Acronym	Type	HEDIS Measure	Measure Status	Fresno					Kings					Madera					MPL	HPL
					2025	2024	2023	2022	2021	2025	2024	2023	2022	2021	2025	2024	2023	2022	2021	2024	2024
1	BCS-E	A	Breast Cancer Screening	Existing	59.99	57.87	52.14	49.11	52.64	64.39	61.90	58.61	56.64	58.24	58.50	63.15	61.03	56.63	59.15	52.68	63.48
2	CCS	H	Cervical Cancer Screening	Existing	66.30	60.55	57.08	63.04	60.16	66.00	61.10	58.95	64.17	68.39	70.00	68.37	61.58	64.42	66.49	57.18	67.46
3	CHL	A	Chlamdyia Screening	Existing	64.83	61.35	58.86	59.88	57.81	65.81	64.11	62.15	55.98	59.85	66.96	62.08	59.38	63.15	52.85	55.95	69.07
4	CIS-10	H	Childhood Immz - Combo 10	Existing	29.17	27.74	27.49	35.04	32.12	14.00	19.83	23.84	31.87	29.93	39.00	47.45	48.42	49.64	50.37	27.49	42.34
5	FUM	A	Follow-Up After ED Visit for Mental Health Illness-30 days	Existing	42.94	14.17	25.47	N/A	N/A	64.97	38.25	70.07	N/A	N/A	47.71	22.47	52.00	N/A	N/A	53.82	73.12
6	FUA	A	Follow-Up After ED Visit for Substance Abuse-30 days	Existing	29.48	15.01	18.48	N/A	N/A	36.65	21.66	31.79	N/A	N/A	30.70	16.84	18.32	N/A	N/A	36.18	49.40
7	AMR	A	Asthma Medication Ratio	New*	67.62	63.66	62.15	64.44	66.82	76.86	59.29	64.37	64.76	70.40	74.41	72.20	72.93	71.80	73.55	66.24	76.65
8	TFL-CH	A	Topical Fluoride for Children	New*	23.77	19.21	14.13	N/A	N/A	19.46	9.63	9.29	N/A	N/A	33.83	27.66	22.06	N/A	N/A	19.00	N/A
9	DEV	A	Developmental Screening in the First Three Years of Lige	New*	41.4	28.04	21.11	N/A	N/A	7.48	3.36	2.30	N/A	N/A	66.65	57.47	33.32	N/A	N/A	35.70	N/A
10	GSD	H	Glycemic Status Assessment for Patients With Diabetes (>9%)	Existing	24.04	35.31	37.47	N/A	N/A	28.00	25.42	30.05	N/A	N/A	23.00	30.79	35.93	N/A	N/A	33.33	27.01
11	CBP	H	Controlling High Blood Pressure	Existing	68.92	64.29	61.73	56.83	52.07	79.00	72.81	71.81	65.10	63.99	72.00	71.04	67.49	67.29	65.21	64.48	72.75
12	IMA-2	H	Immunizations for Adolescents: Combination 2	Existing	39.60	36.06	39.17	37.23	43.55	35.77	31.39	29.68	32.66	29.44	52.29	47.32	53.86	50.49	53.06	34.30	48.66
13	LSC	H	Lead Screening in Children	New	68.66	56.69	49.88	N/A	N/A	64.00	58.64	53.77	N/A	N/A	93.00	78.10	66.42	N/A	N/A	63.84	79.51
14	PPC-Pre	H	Prenatal Care	Existing	90.4	90.39	89.62	86.11	89.05	92.00	91.27	87.76	91.70	91.24	93.00	90.82	90.37	88.15	92.21	84.55	91.85
15	PPC-Pst	H	Postpartum Care	Existing	83.9	82.1	84.23	81.60	78.35	87.00	83.84	84.18	87.34	84.67	87.00	80.10	87.04	80.00	80.29	80.23	86.62
16	WCV	A	Child and Adolescent Well-Care Visits	Existing	54.17	51.57	48.14	46.30	47.00	49.28	41.79	39.56	38.80	37.00	63.17	65.02	57.71	55.20	52.00	51.81	64.74
17	W30-6+	A	Well-Child Visits in the First 15 Months of Life-Six or more Well-Child Visits	Existing	59.39	56.55	50.01	48.80	N/A	58.25	57.44	53.48	55.56	N/A	72.89	63.70	56.71	65.06	N/A	60.38	69.67
18	W30-2+	A	Well-Chid visits for age 15 Months to 30 Months- Two or more Well-Child Visits	Existing	67.70	65.01	62.69	61.86	N/A	59.91	53.74	55.59	54.43	N/A	78.64	79.19	75.65	73.23	N/A	69.43	79.94

** Data reflects MY2020 to MY2024

YELLOW	Result **below** DHCS MPL for that RY
GREEN	Result **above** DHCS HPL for that RY
N/A	No Rate available (not reported)

1

Item #10
Attachment 10.A

Financial Report
Fiscal Year End June 30, 2025

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Balance Sheet
As of June 30, 2025

		Total
1	ASSETS	
2	Current Assets	
3	Bank Accounts	
4	Cash & Cash Equivalents	188,090,715.98
5	Total Bank Accounts	$ 188,090,715.98
6	Accounts Receivable	
7	Accounts Receivable	329,916,082.86
8	Total Accounts Receivable	$ 329,916,082.86
9	Other Current Assets	
10	Interest Receivable	527,928.37
11	Investments - CDs	0.00
12	Prepaid Expenses	1,411,781.75
13	Security Deposit	0.00
14	Total Other Current Assets	$ 1,939,710.12
15	Total Current Assets	$ 519,946,508.96
16	Fixed Assets	
17	Buildings	5,648,483.71
18	Computers & Software	17,111.04
19	Construction in Progress	0.00
20	Land	3,161,419.10
21	Office Furniture & Equipment	115,308.59
22	Total Fixed Assets	$ 8,942,322.44
23	Other Assets	
24	Investment -Restricted	302,745.44
25	Lease Receivable	1,523,678.27
26	Total Other Assets	$ 1,826,423.71
27	TOTAL ASSETS	$ 530,715,255.11
28	LIABILITIES AND EQUITY	
29	Liabilities	
30	Current Liabilities	
31	Accounts Payable	
32	Accounts Payable	131,096.72
33	Accrued Admin Service Fee	4,780,908.00
34	Capitation Payable	129,234,050.94
35	Claims Payable	45,094.54
36	Directed Payment Payable	742,751.12
37	Total Accounts Payable	$ 134,933,901.32
38	Other Current Liabilities	
39	Accrued Expenses	1,047,607.00
40	Accrued Payroll	80,015.76
41	Accrued Vacation Pay	412,240.66
42	Amt Due to DHCS	19,860,830.78
43	IBNR	414,406.37
44	Loan Payable-Current	0.00
45	Premium Tax Payable	0.00
46	Premium Tax Payable to BOE	325,404.28
47	Premium Tax Payable to DHCS	188,375,000.00
48	Total Other Current Liabilities	$ 210,515,504.85
49	Total Current Liabilities	$ 345,449,406.17
50	Long-Term Liabilities	
51	Renters' Security Deposit	25,906.79
52	Subordinated Loan Payable	0.00
53	Total Long-Term Liabilities	$ 25,906.79
54	Total Liabilities	$ 345,475,312.96
55	Deferred Inflow of Resources	1,131,483.78
56	Equity	
57	Retained Earnings	161,689,933.96
58	Net Income	22,418,524.41
59	Total Equity	$ 184,108,458.37
60	TOTAL LIABILITIES, DEFERRED INFLOW OF RESOURCES AND EQUITY	$ 530,715,255.11

		Total		
		Actual	**Budget**	**Over/(Under) Budget**
1	**Income**			
2	Interest Income	11,379,571.92	4,000,000.00	7,379,571.92
3	Premium/Capitation Income	2,333,594,204.93	1,816,037,012.00	517,557,192.93
4	**Total Income**	**2,344,973,776.85**	**1,820,037,012.00**	**524,936,764.85**
5	**Cost of Medical Care**			
6	Capitation - Medical Costs	1,398,230,815.67	1,173,560,582.00	224,670,233.67
7	Medical Claim Costs	7,253,543.94	6,000,000.00	1,253,543.94
8	**Total Costs of Medical Care**	**1,405,484,359.61**	**1,179,560,582.00**	**225,923,777.61**
9	**Gross Margin**	**939,489,417.24**	**640,476,430.00**	**299,012,987.24**
10	**Expenses**			
11	Admin Service Agreement Fees	57,403,720.00	53,681,100.00	3,722,620.00
12	Bank Charges	5.00	7,200.00	(7,195.00)
13	Computer & IT Services	151,339.93	257,960.00	(106,620.07)
14	Consulting & Accreditation Fees	49,238.00	400,000.00	(350,762.00)
15	Depreciation Expense	340,522.72	372,000.00	(31,477.28)
16	Dues & Subscriptions	240,687.35	297,600.00	(56,912.65)
17	Grants	3,024,637.53	4,325,000.00	(1,300,362.47)
18	Insurance	354,437.56	447,571.00	(93,133.44)
19	Labor	4,209,447.70	5,033,122.00	(823,674.30)
20	Legal & Professional Fees	169,255.10	322,800.00	(153,544.90)
21	License Expense	1,486,920.75	1,425,157.00	61,763.75
22	Marketing	1,393,716.72	1,500,000.00	(106,283.28)
23	Meals and Entertainment	18,628.40	28,350.00	(9,721.60)
24	Office Expenses	94,704.95	114,000.00	(19,295.05)
25	Parking	328.37	1,560.00	(1,231.63)
26	Postage & Delivery	1,731.70	4,920.00	(3,188.30)
27	Printing & Reproduction	2,839.23	4,920.00	(2,080.77)
28	Recruitment Expense	(90.00)	157,500.00	(157,590.00)
29	Rent	0.00	12,000.00	(12,000.00)
30	Seminars & Training	16,102.66	28,800.00	(12,697.34)
31	Supplies	11,013.05	13,000.00	(1,986.95)
32	Taxes	848,375,000.00	563,750,000.00	284,625,000.00
33	Telephone & Internet	47,074.49	42,000.00	5,074.49
34	Travel	20,298.67	26,800.00	(6,501.33)
35	**Total Expenses**	**917,411,559.88**	**632,253,360.00**	**285,158,199.88**
36	**Net Operating Income**	**22,077,857.36**	**8,223,070.00**	**13,854,787.36**
37	**Other Income**			
38	Other Income	340,667.05	435,000.00	(94,332.95)
39	**Total Other Income**	**340,667.05**	**435,000.00**	**(94,332.95)**
40	**Net Other Income**	**340,667.05**	**435,000.00**	**(94,332.95)**
41	**Net Income**	**22,418,524.41**	**8,658,070.00**	**13,760,454.41**

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Income Statement: Current Year vs Prior Year
FY 2025 vs FY 2024

		Total	
		July 2024 - June 2025	July 2023 - June 2024 (PY)
1	**Income**		
2	Interest Income	11,379,571.92	8,513,362.29
3	Premium/Capitation Income	2,333,594,204.93	2,048,060,848.94
4	**Total Income**	**2,344,973,776.85**	**2,056,574,211.23**
5	**Cost of Medical Care**		
6	Capitation - Medical Costs	1,398,230,815.67	1,308,574,627.57
7	Medical Claim Costs	7,253,543.94	1,349,780.64
8	**Total Costs of Medical Care**	**1,405,484,359.61**	**1,309,924,408.21**
9	**Gross Margin**	**939,489,417.24**	**746,649,803.02**
10	**Expenses**		
11	Admin Service Agreement Fees	57,403,720.00	57,606,857.00
12	Bank Charges	5.00	0.00
13	Computer & IT Services	151,339.93	156,100.79
14	Consulting & Accreditation Fees	49,238.00	166,963.00
15	Depreciation Expense	340,522.72	327,623.46
16	Dues & Subscriptions	240,687.35	238,222.02
17	Grants	3,024,637.53	3,072,985.63
18	Insurance	354,437.56	351,215.53
19	Labor	4,209,447.70	3,677,057.86
20	Legal & Professional Fees	169,255.10	90,098.82
21	License Expense	1,486,920.75	1,265,047.03
22	Marketing	1,393,716.72	1,392,135.55
23	Meals and Entertainment	18,628.40	14,476.05
24	Office Expenses	94,704.95	73,459.92
25	Parking	328.37	258.00
26	Postage & Delivery	1,731.70	2,518.71
27	Printing & Reproduction	2,839.23	2,186.85
28	Recruitment Expense	(90.00)	83,933.17
29	Rent	0.00	0.00
30	Seminars & Training	16,102.66	7,180.09
31	Supplies	11,013.05	11,366.23
32	Taxes	848,375,000.00	658,279,779.32
33	Telephone & Internet	47,074.49	32,405.52
34	Travel	20,298.67	16,594.38
35	**Total Expenses**	**917,411,559.88**	**726,868,464.93**
36	**Net Operating Income**	**22,077,857.36**	**19,781,338.09**
37	**Other Income**		
38	Other Income	340,667.05	570,039.45
39	**Total Other Income**	**340,667.05**	**570,039.45**
40	**Net Other Income**	**340,667.05**	**570,039.45**
41	**Net Income**	**22,418,524.41**	**20,351,377.54**

Item #10
Attachment 10.B

Financials as of July 31, 2025

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Balance Sheet
As of July 31, 2025

		Total
1	ASSETS	
2	Current Assets	
3	Bank Accounts	
4	Cash & Cash Equivalents	193,123,280.81
5	Total Bank Accounts	$ 193,123,280.81
6	Accounts Receivable	
7	Accounts Receivable	201,392,365.62
8	Total Accounts Receivable	$ 201,392,365.62
9	Other Current Assets	
10	Interest Receivable	653,424.71
11	Investments - CDs	0.00
12	Prepaid Expenses	1,661,293.93
13	Security Deposit	0.00
14	Total Other Current Assets	$ 2,314,718.64
15	Total Current Assets	$ 396,830,365.07
16	Fixed Assets	
17	Buildings	5,624,194.45
18	Computers & Software	15,555.49
19	Construction in Progress	0.00
20	Land	3,161,419.10
21	Office Furniture & Equipment	112,647.38
22	Total Fixed Assets	$ 8,913,816.42
23	Other Assets	
24	Investment -Restricted	302,943.89
25	Lease Receivable	1,880,980.37
26	Total Other Assets	$ 2,183,924.26
27	TOTAL ASSETS	$ 407,928,105.75
28	LIABILITIES AND EQUITY	
29	Liabilities	
30	Current Liabilities	
31	Accounts Payable	
32	Accounts Payable	244,524.87
33	Accrued Admin Service Fee	4,785,715.00
34	Capitation Payable	129,062,883.37
35	Claims Payable	118,455.20
36	Directed Payment Payable	742,751.12
37	Total Accounts Payable	$ 134,954,329.56
38	Other Current Liabilities	
39	Accrued Expenses	1,009,613.66
40	Accrued Payroll	137,795.68
41	Accrued Vacation Pay	412,240.66
42	Amt Due to DHCS	21,628,399.54
43	IBNR	414,406.37
44	Loan Payable-Current	0.00
45	Premium Tax Payable	0.00
46	Premium Tax Payable to BOE	325,404.28
47	Premium Tax Payable to DHCS	62,791,666.67
48	Total Other Current Liabilities	$ 86,719,526.86
49	Total Current Liabilities	$ 221,673,856.42
50	Long-Term Liabilities	
51	Renters' Security Deposit	25,906.79
52	Subordinated Loan Payable	0.00
53	Total Long-Term Liabilities	$ 25,906.79
54	Total Liabilities	1,488,636.29
55	Deferred Inflow of Resources	221,699,763.21
56	Equity	
57	Retained Earnings	184,108,458.37
58	Net Income	631,247.88
59	Total Equity	$ 184,739,706.25
60	TOTAL LIABILITIES, DEFERRED INFLOW OF RESOURCES AND EQUITY	$ 407,928,105.75

		Total		
		Actual	**Budget**	**Over/(Under) Budget**
		Fresno-Kings-Madera Regional Health Authority dba CalViva Health		
		Budget vs. Actuals: Income Statement		
		July 2025 Income Statement		

		Actual	Budget	Over/(Under) Budget
1	**Income**			
2	Interest Income	664,682.59	650,000.00	14,682.59
3	Premium/Capitation Income	192,241,985.89	173,645,006.00	18,596,979.89
4	**Total Income**	**192,906,668.48**	**174,295,006.00**	**18,611,662.48**
5	**Cost of Medical Care**			
6	Capitation - Medical Costs	122,329,778.33	103,995,180.00	18,334,598.33
7	Medical Claim Costs	479,587.97	550,000.00	(70,412.03)
8	**Total Costs of Medical Care**	**122,809,366.30**	**104,545,180.00**	**18,264,186.30**
9	**Gross Margin**	**70,097,302.18**	**69,749,826.00**	**347,476.18**
10	**Expenses**			
11	Admin Service Agreement Fees	4,785,715.00	4,587,902.00	197,813.00
12	Bank Charges	0.00	600.00	(600.00)
13	Computer & IT Services	23,666.40	23,592.00	74.40
14	Consulting & Accreditation Fees	0.00	45,413.00	(45,413.00)
15	Depreciation Expense	28,506.02	31,000.00	(2,493.98)
16	Dues & Subscriptions	21,291.77	27,000.00	(5,708.23)
17	Grants	1,242,268.88	1,253,000.00	(10,731.12)
18	Insurance	29,921.76	40,484.00	(10,562.24)
19	Labor	352,753.96	417,273.00	(64,519.04)
20	Legal & Professional Fees	12,802.81	31,212.00	(18,409.19)
21	License Expense	107,260.57	148,404.00	(41,143.43)
22	Marketing	78,672.11	125,000.00	(46,327.89)
23	Meals and Entertainment	664.72	1,800.00	(1,135.28)
24	Office Expenses	8,410.14	10,413.00	(2,002.86)
25	Parking	20.00	130.00	(110.00)
26	Postage & Delivery	466.90	410.00	56.90
27	Printing & Reproduction	0.00	462.00	(462.00)
28	Recruitment Expense	222.06	14,375.00	(14,152.94)
29	Rent	0.00	1,000.00	(1,000.00)
30	Seminars & Training	0.00	2,600.00	(2,600.00)
31	Supplies	1,574.94	1,650.00	(75.06)
32	Taxes	62,791,666.67	62,791,666.67	0.00
33	Telephone & Internet	2,012.05	4,000.00	(1,987.95)
34	Travel	2,185.85	2,300.00	(114.15)
35	**Total Expenses**	**69,490,082.61**	**69,561,686.67**	**(71,604.06)**
36	**Net Operating Income**	**607,219.57**	**188,139.33**	**419,080.24**
37	**Other Income**			
38	Other Income	24,028.31	29,625.00	(5,596.69)
39	**Total Other Income**	**24,028.31**	**29,625.00**	**(5,596.69)**
40	**Net Other Income**	**24,028.31**	**29,625.00**	**(5,596.69)**
41	**Net Income**	**631,247.88**	**217,764.33**	**413,483.55**

		Total	
		July 2025 (CY)	**July 2024 (PY)**
1	**Income**		
2	Interest Income	664,682.59	1,067,079.61
3	Premium/Capitation Income	192,241,985.89	166,294,105.44
4	**Total Income**	**192,906,668.48**	**167,361,185.05**
5	**Cost of Medical Care**		
6	Capitation - Medical Costs	122,329,778.33	112,633,789.26
7	Medical Claim Costs	479,587.97	72,440.88
8	**Total Costs of Medical Care**	**122,809,366.30**	**112,706,230.14**
9	**Gross Margin**	**70,097,302.18**	**54,654,954.91**
10	**Expenses**		
11	Admin Service Agreement Fees	4,785,715.00	4,815,954.00
12	Computer & IT Services	23,666.40	9,672.03
13	Consulting & Accreditation Fees	0.00	6,285.00
14	Depreciation Expense	28,506.02	27,381.76
15	Dues & Subscriptions	21,291.77	19,833.65
16	Grants	1,242,268.88	1,213,179.85
17	Insurance	29,921.76	27,863.63
18	Labor	352,753.96	344,709.96
19	Legal & Professional Fees	12,802.81	7,969.86
20	License Expense	107,260.57	125,004.56
21	Marketing	78,672.11	105,019.87
22	Meals and Entertainment	664.72	795.20
23	Office Expenses	8,410.14	8,303.67
24	Parking	20.00	0.00
25	Postage & Delivery	466.90	245.55
26	Printing & Reproduction	0.00	672.85
27	Recruitment Expense	222.06	(549.00)
28	Rent	0.00	0.00
29	Seminars & Training	0.00	3,400.00
30	Supplies	1,574.94	763.14
31	Taxes	62,791,666.67	46,979,166.67
32	Telephone & Internet	2,012.05	4,167.93
33	Travel	2,185.85	377.55
34	**Total Expenses**	**69,490,082.61**	**53,700,217.73**
35	**Net Operating Income**	**607,219.57**	**954,737.18**
36	**Other Income**		
37	Other Income	24,028.31	57,594.81
38	**Total Other Income**	**24,028.31**	**57,594.81**
39	**Net Other Income**	**24,028.31**	**57,594.81**
40	**Net Income**	**631,247.88**	**1,012,331.99**

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Income Statement: Current Year vs Prior Year
CY (July 2025) vs PY (July 2024) Income Statement

Item #10
Attachment 10.C

Compliance Report

Regulatory Filings:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2025 YTD Total
# of DHCS Filings													
Administrative/ Operational	35	23	25	26	21	15	18	15	6				184
Member Materials Filed for Approval;	5	2	5	1	5	8	7	3	1				37
Provider Materials Reviewed & Distributed	11	13	12	12	8	14	16	13	5				104
# of DMHC Filings	6	9	12	8	13	4	9	7	3				71

DHCS Administrative/Operational filings include ad-hoc reports, policies & procedures, Commission changes, Plan and Program documents, etc.
DHCS Member & Provider materials include advertising, health education materials, flyers, letter templates, promotional items, etc.
DMHC Filings include ad-hoc reports, Plan and Program documents, policies & procedures, advertising, bylaw changes, Commission changes, undertakings, etc.

# of Potential Privacy & Security Breach Cases reported to DHCS and HHS (if applicable)													
No-Risk / Low-Risk	5	4	2	4	4	5	3	2	2				31
High-Risk	0	1	0	0	0	0	2	2	0				5

Fraud, Waste, & Abuse Activity:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2025 YTD Total
# of New MC609 Cases Submitted to DHCS	1	0	1	1	1	3	1	2	1				11
# of Cases Open for Investigation (Active Number)	29	28	28	28	30	31	30	27	28				

Summary of Potential Fraud, Waste & Abuse (FWA) cases: Since the 7/17/2025 Compliance Regulatory Report to the Commission, there were four new MC609 filings: One case was a participating provider who was billing services not rendered and medically unnecessary services; One case is regarding a provider who routinely billed high-level Evaluation and Management (E/M) services at a rate that was significantly higher than their peers; One case is a non-participating provider, allegedly billing for services not rendered; and one case is regarding a non-participating wound care provider who allegedly had excessive high unit prior authorization requests.

Compliance Oversight & Monitoring Activities:	Status
CalViva Health Oversight Activities	**Health Net** CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to critical projects or transitions that may affect CalViva Health. The reports cover PPG level data in the following areas: financial viability data, claims, provider disputes, access & availability, specialty referrals, utilization management data, grievances, and appeals, etc.
Oversight Audits	The following annual audits are in progress: Health Education, Marketing, Call Center, Claims/PDR, A&G, Internal Compliance FWA, UMCM, Member Rights, Privacy and Security and Provider Network. The following annual audits have been completed since the last Commission report: Health Equity

Regulatory Reviews/Audits and CAPS:	Status
Department of Health Care Services ("DHCS") 2023 Focused Audit for Behavioral Health and Transportation	Per DHCS' request, on 8/4/25, CalViva submitted an updated/Final CAP summary document to DHCS. The Plan is anticipating DHCS' acceptance and CAP closure.
Department of Managed Health Care (DMHC) 2025 Medical Follow-Up Audit	The DMHC conducted the Follow-Up Audit on May 5, 2025. It has been five months since the DMHC requested any additional information. The Plan is awaiting the DMHC's Final Audit Report. "Inappropriately denying post-stabilization care" is the principal deficiency for which the DMHC must determine whether the Plan had corrected it by the time of the 5/5/25 Follow-Up Audit.
Department of Health Care Services ("DHCS") 2025 Medical Audit	The 2025 DHCS Audit was conducted virtually from 6/2/2025-6/13/2025. The Plan submitted all required pre-audit documentation and follow-up requests. The DHCS indicated it would provide a Preliminary Final Report in September 2025 with a Final Report by 10/1/25. The Plan is awaiting both reports.
2025 Network Adequacy Validation (NAV) Audit	The virtual audit was conducted on 8/21/25 by DHCS' external review organization (HSAG). The Plan submitted follow up requests on August 26, 2026 and is awaiting a Final Report. Preliminary feedback from the HSAG Auditor was very positive as it relates to the thoroughness of the Plan's systems and processes that support network development, monitoring and overall integrity. The auditor was particularly impressed with the excellent slide presentations which clearly and thoroughly described those systems and processes and their various relationships/dependencies in generating the reports the Plan

	and the DHCS rely upon for network reporting.
New Regulations / Contractual Requirements/DHCS Initiatives:	**Status**
California Advancing and Innovating Medi-Cal (CalAIM)	Transitional Rent is a new Community Support service under CalAIM designed to provide up to six months of rental assistance to Medi-Cal members who are experiencing or at risk of homelessness and meet specific clinical and situational eligibility criteria. Coverage of Transitional Rent was *optional* for Medi-Cal managed care health plans beginning on January 1, 2025, and *required* for plans by January 1, 2026. CalViva submitted its Model of Care (MOC) documents on 9/2/2025 and is awaiting DHCS' review and approval for the Plan's 1/1/26 go-live.
Memoranda of Understanding (MOUs)	Since the last Commission Meeting, the Plan has executed and submitted to DMHC & DHCS the following MOUs which have also been posted to CalViva's website: • Fresno County Local Health Department (LHD) MOU • Kings County First 5 MOU As required by the DHCS contract, these MOUs have also been posted the CalViva Health website under **Key Documents and Forms:** www.calvivahealth.org/meeting-agenda/procedures-forms/
Annual Network Certifications	➤ 2024 Subnetwork Certification (SNC) Landscape Analysis – 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 most recent quarterly update was submitted on 7/1/2025. ➤ 2024 Annual Network Certification (ANC) - On 7/22/25, DHCS sent a Preliminary Determination with four AAS denials. The Plan responded to that letter on 7/24/25 and we are awaiting a response.
(RY)2024 (MY)2023 Timely Access and Annual Network Submission (TAR)	➤ On 4/18/25, the Department of Managed Health Care (DMHC) issued a Network Findings Report. The findings related to Geographic Access standards (i.e., time and distance) for PCPs and Hospitals, and for Provider Data Accuracy. The Plan submitted a formal response on 7/17/25 which indicated a separate Material Modification would be submitted to the DMHC to request new time and distance standards for specific zip codes. ➤ On 8/12/25, the Plan submitted the Material Modification for alternate access standards and, on 9/10/25, the DMHC notified the Plan that it was postponing the review due to DMHC having additional comments.
(RY)2025 (MY)2024 Timely Access and Annual Network Submission (TAR)	➤ On 5/1/2025 the Plan submitted the Annual 2025 TAR filing to DMHC. The Plan is awaiting a response.

Plan Administration:	Status
New DHCS Regulations/Guidance	Please refer to Appendix A for a complete list of DHCS and DMHC All Plan Letters (APLs) that have been issued in CY 2025.
Committee Report:	Status
Public Policy Committee (PPC)	The Public Policy Committee met on September 3, 2025. The following standing reports were presented: • Q1 and Q2 Semi-Annual Member Incentive Program • Q2 Appeals and Grievance Report, including additional perspective on specific issues/trends from Dr. Marabella Additionally, information was shared regarding the 2025 EOC Errata, the DHCS Community Reinvestment Plan, and the 2025 Annual New Member Understanding Report. There were no recommendations or action items requiring a response from the Commission. The next PPC meeting will be held on December 3, 2025, 11:30am -1:30pm, CalViva Health Conference Room, 7625 N. Palm Ave #109, Fresno 93711.

APPENDIX A

2025 DHCS All Plan Letters:

📁 APL 25-002 SNF WQIP

📁 APL 25-004 Community Reinvestment Requirements

📁 APL 25-005 Threshold Languages

📁 APL 25-006 Timely Access Rquirements

📁 APL 25-007 Enforcement Actions

📁 APL 25-008 Hospice Services

📁 APL 25-009 CACs

📁 APL 25-010 Adult & Youth Screening & Transition of Care Tools

📁 APL 25-011 HOUSE RESOLUTION (H.R.) 1 – FEDERAL PAYMENTS TO PROHIBITED ENTITIES

📁 APL 25-012 Targeted Provider Rate Increases

2025 DMHC All Plan Letters:

📁 APL 25-008 Annual Provider Directory Filing

📄 APL 25-001 Southern California Fires and Enrollees' Continued Access to Health Care Services (1.9.2025).pdf

📄 APL 25-007 - Assembly Bill 3275 Guidance (Claim Reimbursement) (4.1.2025).pdf

📄 APL 25-009 – 2025 Health Plan Annual Assessments (4.15.2025).pdf

📄 APL 25-011 - Health Plan Coverage of HIV Preexposure Prophylaxis (PrEP).pdf

📄 APL 25-012 - Closure of Rite Aid Pharmacies (6.9.2025).pdf

📁 APL 25-013 – Amendments to Rules 1300.51, 1300.52, 1300.52.4,

📁 APL 25-014 (OPM) Provider Appointment Availability Survey Manual

Item #10
Attachment 10.D

Medical Management

Appeals & Grievances Report

CalViva Health

Monthly Appeals and Grievances Dashboard

CY: 2025

Current as of End of the Month: July
Revised Date: 08/15/2025

CalViva - 2025																	
Grievances	**Jan**	**Feb**	**Mar**	**Q1**	**Apr**	**May**	**Jun**	**Q2**	**Jul**	**Aug**	**Sep**	**Q3**	**Oct**	**Nov**	**Dec**	**Q4**	**2025 YTD**	**2024**
Expedited Grievances Received	7	6	8	21	5	9	12	26	16	0	0	16	0	0	0	0	63	126
Standard Grievances Received	184	202	217	603	187	174	159	520	199	0	0	199	0	0	0	0	1322	1761
Total Grievances Received	**191**	**208**	**225**	**624**	**192**	**183**	**171**	**546**	**215**	**0**	**0**	**215**	**0**	**0**	**0**	**0**	**1385**	**1887**
Grievance Ack Letters Sent Noncompliant	1	2	2	5	1	0	0	1	0	0	0	0	0	0	0	0	6	10
Grievance Ack Letter Compliance Rate	**99.5%**	**99.0%**	**99.1%**	**99.2%**	**99.5%**	**100.0%**	**100.0%**	**99.8%**	**100.0%**	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**99.55%**	**99.4%**
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	0
Expedited Grievances Resolved Compliant	7	5	9	21	4	9	12	25	15	0	0	15	0	0	0	0	61	126
Expedited Grievance Compliance rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**93.3%**	**0.0%**	**0.0%**	**93.3%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**98.4%**	**100.0%**
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Standard Grievances Resolved Compliant	138	165	212	515	221	193	169	583	171	0	0	171	0	0	0	0	1269	1702
Standard Grievance Compliance rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**99.9%**
Total Grievances Resolved	**145**	**170**	**221**	**536**	**225**	**202**	**181**	**608**	**187**	**0**	**0**	**187**	**0**	**0**	**0**	**0**	**1331**	**1829**
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	**130**	**161**	**208**	**499**	**210**	**184**	**171**	**565**	**181**	**0**	**0**	**181**	**0**	**0**	**0**	**0**	**1245**	**1468**
Access - Other - DMHC	28	22	18	68	29	39	40	108	36	0	0	36	0	0	0	0	212	270
Access - PCP - DHCS	5	18	13	36	18	17	8	43	13	0	0	13	0	0	0	0	92	118
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	0
Access - Spec - DHCS	2	9	7	18	6	5	7	18	11	0	0	11	0	0	0	0	47	78
Administrative	21	30	52	103	41	36	24	101	36	0	0	36	0	0	0	0	240	186
Balance Billing	23	22	34	79	45	30	25	100	18	0	0	18	0	0	0	0	197	0
Community Supports	4	6	1	11	4	11	6	21	2	0	0	2	0	0	0	0	34	0
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interpersonal	6	16	14	36	18	14	11	43	22	0	0	22	0	0	0	0	101	122
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	9	7	33	49	13	7	13	33	14	0	0	14	0	0	0	0	96	339
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
SNF-Long Term Care	1	1	3	5	2	0	2	4	3	0	0	3	0	0	0	0	12	0
Transportation - Access	15	13	5	33	7	8	11	26	9	0	0	9	0	0	0	0	68	175
Transportation - Behavior	5	3	2	10	3	3	5	11	4	0	0	4	0	0	0	0	25	89
Transportation - Other	11	14	26	51	24	14	19	57	12	0	0	12	0	0	0	0	120	86
Quality Of Care Grievances	**15**	**9**	**13**	**37**	**15**	**18**	**10**	**43**	**6**	**0**	**0**	**6**	**0**	**0**	**0**	**0**	**86**	**361**
Access - Other - DMHC	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	3
Access - PCP - DHCS	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	0
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	4
Behavioral Health	0	0	1	1	0	0	1	1	0	0	0	0	0	0	0	0	2	0
Other	4	2	1	7	0	3	2	5	3	0	0	3	0	0	0	0	15	60
PCP Care	5	1	7	13	8	7	7	22	2	0	0	2	0	0	0	0	37	94
PCP Delay	2	1	3	6	1	3	0	4	1	0	0	1	0	0	0	0	11	116
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	3	2	1	6	2	3	0	5	0	0	0	0	0	0	0	0	11	60
Specialist Delay	1	2	0	3	2	1	0	3	0	0	0	0	0	0	0	0	6	24
SNF-Long Term Care	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	0
Exempt Grievances Received	**183**	**214**	**201**	**598**	**116**	**155**	**129**	**400**	**157**	**0**	**0**	**157**	**0**	**0**	**0**	**0**	**1155**	**1885**
Access - Avail of Appt w/ PCP	1	1	4	6	2	5	4	11	3	0	0	3	0	0	0	0	20	15
Access - Avail of Appt w/ Specialist	0	0	0	0	0	0	2	2	0	0	0	0	0	0	0	0	2	0
Access - Avail of Appt w/ Other	3	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3	0
Access - Wait Time - wait too long on telephone	1	0	1	2	2	0	0	2	1	0	0	1	0	0	0	0	5	7
Access - Wait Time - in office for appt	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Access - Panel Disruption	3	3	5	11	3	5	0	8	1	0	0	1	0	0	0	0	20	15
Access - Shortage of Providers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Geographic/Distance Access Other	0	0	0	0	0	2	0	2	0	0	0	0	0	0	0	0	2	0
Access - Geographic/Distance Access PCP	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	3
Access - Geographic/Distance Access Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Interpreter Service Requested	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Benefit Issue - Specific Benefit needs authorization	0	0	0	0	0	1	1	2	0	0	0	0	0	0	0	0	2	0
Benefit Issue - Specific Benefit not covered	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Attitude/Service - Health Plan Staff	2	2	1	5	0	2	1	3	1	0	0	1	0	0	0	0	9	14
Attitude/Service - Provider	10	9	15	34	10	6	3	19	12	0	0	12	0	0	0	0	65	43
Attitude/Service - Office Staff	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	5
Attitude/Service - Vendor	0	0	0	0	10	6	0	16	7	0	0	7	0	0	0	0	23	4
Attitude/Service - Health Plan	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	12
Authorization - Authorization Related	1	2	1	4	2	2	1	5	2	0	0	2	0	0	0	0	11	6
Eligibility Issue - Member not eligible per Health Plan	0	32	2	34	0	0	0	0	0	0	0	0	0	0	0	0	34	4
Eligibility Issue - Member not eligible per Provider	3	29	5	37	10	6	10	26	7	0	0	7	0	0	0	0	70	48
Health Plan Materials - ID Cards-Not Received	27	23	20	70	14	26	17	57	28	0	0	28	0	0	0	0	155	210
Health Plan Materials - ID Cards-Incorrect Information on Card	1	1	2	4	0	2	0	2	1	0	0	1	0	0	0	0	7	2
Health Plan Materials - Other	2	0	0	2	1	0	2	3	1	0	0	1	0	0	0	0	6	4
Behavioral Health Related	0	0	0	0	1	2	3	6	2	0	0	2	0	0	0	0	8	2
PCP Assignment/Transfer - Health Plan Assignment - Change Request	58	60	72	190	31	45	37	113	38	0	0	38	0	0	0	0	341	652
PCP Assignment/Transfer - HCO Assignment - Change Request	19	15	17	51	3	11	12	26	13	0	0	13	0	0	0	0	90	301
PCP Assignment/Transfer - PCP effective date	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCP Assignment/Transfer - PCP Transfer not Processed	2	1	2	5	1	2	1	4	6	0	0	6	0	0	0	0	15	37
PCP Assignment/Transfer - Rollout of PPG	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	7
PCP Assignment/Transfer - Mileage Inconvenience	2	0	6	8	2	1	3	6	2	0	0	2	0	0	0	0	16	14

Pharmacy - Authorization Issue	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	0
Pharmacy - Authorization Issue-CalViva Error	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	0
Pharmacy - Eligibility Issue	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	1
Pharmacy - Quantity Limit	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	0
Pharmacy - Rx Not Covered	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	0
Pharmacy - Pharmacy-Retail	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	0
Transportation - Access - Provider No Show	2	0	0	**2**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**2**	65
Transportation - Access - Provider Late	1	0	0	**1**	1	0	0	**1**	1	0	0	**1**	0	0	0	**0**	**3**	32
Transportation - Behaviour	1	1	0	**2**	0	1	0	**1**	1	0	0	**1**	0	0	0	**0**	**4**	76
Transportation - Other	9	11	9	**29**	2	0	6	**8**	6	0	0	**6**	0	0	0	**0**	**43**	53
OTHER - Other	2	2	6	**10**	2	2	2	**6**	5	0	0	**5**	0	0	0	**0**	**21**	14
Claims Complaint - Balance Billing from Provider	30	20	32	**82**	19	28	24	**71**	19	0	0	**19**	0	0	0	**0**	**172**	235

Appeals	Jan	Feb	Mar	Q1	Apr	May	June	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2025 YTD	2024
Expedited Appeals Received	2	6	3	11	5	3	8	16	5	0	0	5	0	0	0	0	32	34
Standard Appeals Received	59	38	43	140	42	47	61	150	53	0	0	53	0	0	0	0	343	331
Total Appeals Received	**61**	**44**	**46**	**151**	**47**	**50**	**69**	**166**	**58**	**0**	**0**	**58**	**0**	**0**	**0**	**0**	**375**	**365**
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	2
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.00%	99.4%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	2	3	6	11	5	3	6	14	7	0	0	7	0	0	0	0	32	35
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Standard Appeals Resolved Compliant	42	52	39	133	45	45	52	142	55	0	0	55	0	0	0	0	330	325
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	99.8%
Total Appeals Resolved	**44**	**55**	**45**	**144**	**50**	**48**	**58**	**156**	**62**	**0**	**0**	**62**	**0**	**0**	**0**	**0**	**362**	**361**
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	**42**	**55**	**45**	**142**	**50**	**47**	**56**	**153**	**61**	**0**	**0**	**61**	**0**	**0**	**0**	**0**	**356**	**353**
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0
Consultation	1	0	2	3	2	0	2	4	2	0	0	2	0	0	0	0	**9**	9
Community Supports	5	6	5	16	8	7	11	26	6	0	0	6	0	0	0	0	**48**	0
DME	10	11	8	29	11	12	7	30	17	0	0	17	0	0	0	0	**76**	37
Experimental/Investigational	1	5	5	11	6	0	2	8	6	0	0	6	0	0	0	0	**25**	0
Mental Health	0	1	0	1	0	3	0	3	1	0	0	1	0	0	0	0	**5**	1
Advanced Imaging	7	20	1	28	11	13	16	40	12	0	0	12	0	0	0	0	**80**	162
Other	6	2	5	13	4	3	7	14	7	0	0	7	0	0	0	0	**34**	35
Pharmacy/RX Medical Benefit	3	6	6	15	4	3	5	12	5	0	0	5	0	0	0	0	**32**	47
Surgery	7	4	9	20	4	5	4	13	4	0	0	4	0	0	0	0	**37**	62
SNF-Long Term Care	1	0	4	5	0	1	2	3	1	0	0	1	0	0	0	0	**9**	0
Transportation	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	**1**	0
Post Service Appeals	**2**	**0**	**0**	**2**	**0**	**1**	**2**	**3**	**1**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**6**	8
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	1
Community Supports	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0
Mental Health	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	**2**	0
Other	0	0	0	0	0	0	2	2	0	0	0	0	0	0	0	0	**2**	7
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0
Surgery	0	0	0	0	0	1	0	1	1	0	0	1	0	0	0	0	**2**	0
SNF-Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0
Appeals Decision Rates																		
Upholds	22	22	19	**63**	23	18	34	75	29	0	0	29	0	0	0	0	167	156
Uphold Rate	**50.0%**	**40.0%**	**42.2%**	**43.8%**	**46.0%**	**37.5%**	**58.6%**	**48.1%**	**46.8%**	**0.0%**	**0.0%**	**46.8%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**46.1%**	**43.2%**
Overturns - Full	18	28	22	**68**	25	26	18	69	25	0	0	25	0	0	0	0	162	194
Overturn Rate - Full	**40.9%**	**50.9%**	**48.9%**	**47.2%**	**50.0%**	**54.2%**	**31.0%**	**44.2%**	**40.3%**	**0.0%**	**0.0%**	**40.3%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**44.8%**	**53.7%**
Overturns - Partials	0	2	4	**6**	1	2	3	**6**	7	0	0	**7**	0	0	0	0	19	10
Overturn Rate - Partial	**0.0%**	**3.6%**	**8.9%**	**4.2%**	**2.0%**	**4.2%**	**5.2%**	**3.8%**	**11.3%**	**0.0%**	**0.0%**	**11.3%**	**0.0%**	**0.0%**	**0.0%**	**0.00%**	**5.2%**	**2.8%**
Withdrawal	4	3	0	**7**	1	2	3	**6**	1	0	0	**1**	0	0	0	0	14	1
Withdrawal Rate	**9.1%**	**5.5%**	**0.0%**	**4.9%**	**2.0%**	**4.2%**	**5.2%**	**3.8%**	**1.6%**	**0.0%**	**0.0%**	**1.6%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**3.9%**	**0.3%**
Membership	428,829	430,593	431,030		430,849	432,549	432,886		433612	0	0		0	0	0	**0**		
Appeals - PTMPM	0.10	0.13	0.10	**0.11**	0.12	0.11	0.13	**0.12**	0.14	0	0	**0.14**	0	0	0	-	**0.12**	**0.09**
Grievances - PTMPM	0.34	0.39	0.51	**0.42**	0.52	0.47	0.42	**0.47**	0.43	0	0	**0.43**	0	0	0	-	**0.44**	**0.24**

Fresno County

Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2025 YTD	2024
Expedited Grievances Received	4	6	7	17	4	8	9	21	12	0	0	12	0	0	0	0	50	71
Standard Grievances Received	147	173	181	501	154	145	131	430	159	0	0	159	0	0	0	0	1090	1694
Total Grievances Received	**151**	**179**	**188**	**518**	**158**	**153**	**140**	**451**	**171**	**0**	**0**	**171**	**0**	**0**	**0**	**0**	**1140**	**1765**
Grievance Ack Letters Sent Noncompliant	1	2	1	4	1	0	0	1	0	0	0	0	0	0	0	0	5	0
Grievance Ack Letter Compliance Rate	99.3%	98.8%	99.4%	99.2%	99.4%	100.0%	100.0%	99.8%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	99.5%	100.00%
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Grievances Resolved Compliant	4	5	8	17	4	7	10	21	11	0	0	11	0	0	0	0	49	71
Expedited Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.00%
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Standard Grievances Resolved Compliant	110	132	183	425	181	157	142	480	142	0	0	142	0	0	0	0	1047	1713
Standard Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	99.9%
Total Grievances Resolved	**114**	**137**	**191**	**442**	**185**	**164**	**152**	**501**	**153**	**0**	**0**	**153**	**0**	**0**	**0**	**0**	**1096**	**1785**
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	**101**	**131**	**179**	**411**	**172**	**149**	**145**	**466**	**147**	**0**	**0**	**147**	**0**	**0**	**0**	**0**	**1024**	**1537**
Access - Other - DMHC	21	22	15	58	23	30	34	87	29	0	0	29	0	0	0	0	174	228
Access - PCP - DHCS	4	16	11	31	16	15	6	37	11	0	0	11	0	0	0	0	79	116
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	0
Access - Spec - DHCS	0	7	7	14	5	5	6	16	5	0	0	5	0	0	0	0	35	62
Administrative	16	23	42	81	33	32	18	83	31	0	0	31	0	0	0	0	195	364
Balance Billing	18	18	31	67	36	24	22	82	17	0	0	17	0	0	0	0	166	244
Community Supports	4	3	1	8	3	11	6	20	1	0	0	1	0	0	0	0	29	0
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interpersonal	5	11	11	27	17	10	10	37	17	0	0	17	0	0	0	0	81	155
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Other	8	6	31	45	11	7	12	30	9	0	0	9	0	0	0	0	84	121
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
SNF-Long Term Care	1	1	3	5	2	0	2	4	3	0	0	3	0	0	0	0	12	
Transportation - Access	12	12	5	29	6	4	11	21	9	0	0	9	0	0	0	0	59	92
Transportation - Behaviour	3	3	2	8	3	2	4	9	3	0	0	3	0	0	0	0	20	38
Transportation - Other	9	9	20	38	17	9	14	40	11	0	0	11	0	0	0	0	89	113
Quality Of Care Grievances	**13**	**6**	**12**	**31**	**13**	**15**	**7**	**35**	**6**	**0**	**0**	**6**	**0**	**0**	**0**	**0**	**72**	**248**
Access - Other - DMHC	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	1
Access - PCP - DHCS	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	2
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Behavioral Health	0	0	1	1	0	0	1	1	0	0	0	0	0	0	0	0	2	2
Other	3	2	1	6	0	2	1	3	3	0	0	3	0	0	0	0	12	30
PCP Care	4	1	6	11	6	6	5	17	2	0	0	2	0	0	0	0	30	90
PCP Delay	2	1	3	6	1	2	0	3	1	0	0	1	0	0	0	0	10	62
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	3	0	1	4	2	3	0	5	0	0	0	0	0	0	0	0	9	39
Specialist Delay	1	2	0	3	2	1	0	3	0	0	0	0	0	0	0	0	6	21
SNF-Long Term Care	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	0

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2025 YTD	2024
Expedited Appeals Received	2	6	2	10	5	2	6	13	4	0	0	4	0	0	0	0	27	22
Standard Appeals Received	43	26	35	104	36	35	53	124	41	0	0	41	0	0	0	0	269	375
Total Appeals Received	45	32	37	114	41	37	59	137	45	0	0	45	0	0	0	0	296	397
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	2	3	5	10	5	2	6	13	4	0	0	4	0	0	0	0	27	22
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	35	37	27	99	38	38	37	113	49	0	0	49	0	0	0	0	261	346
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Appeals Resolved	37	40	32	109	43	40	43	126	53	0	0	53	0	0	0	0	288	368
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	35	40	32	107	43	39	41	123	52	0	0	52	0	0	0	0	282	366
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	1	0	2	3	2	0	2	4	2	0	0	2	0	0	0	0	9	28
Community Supports	5	3	2	10	6	6	6	18	6	0	0	6	0	0	0	0	34	0
DME	8	7	7	22	10	10	7	27	15	0	0	15	0	0	0	0	64	63
Experimental/Investigational	1	5	3	9	5	0	2	7	4	0	0	4	0	0	0	0	20	9
Behavioral Health	0	1	0	1	0	3	0	3	1	0	0	1	0	0	0	0	5	1
Advanced Imaging	5	17	1	23	11	12	10	33	11	0	0	11	0	0	0	0	67	130
Other	5	1	3	9	4	1	7	12	5	0	0	5	0	0	0	0	26	65
Pharmacy/RX Medical Benefit	3	3	4	10	4	2	4	10	5	0	0	5	0	0	0	0	25	30
Surgery	5	3	7	15	1	5	1	7	2	0	0	2	0	0	0	0	24	40
SNF-Long Term Care	1	0	3	4	0	0	2	2	1	0	0	1	0	0	0	0	7	0
Transportation	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Post Service Appeals	2	0	0	2	0	1	2	3	1	0	0	1	0	0	0	0	6	3
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Community Supports	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Behavioral Health	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	0
Other	0	0	0	0	0	0	2	2	0	0	0	0	0	0	0	0	2	3
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	1	0	1	1	0	0	1	0	0	0	0	2	0
SNF-Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	19	18	11	48	18	13	23	54	27	0	0	27	0	0	0	0	129	134
Uphold Rate	51.4%	45.0%	34.4%	44.0%	41.9%	32.5%	53.5%	42.9%	50.9%	0.0%	0.0%	50.9%	0.0%	0.0%	0.0%	0.0%	44.8%	36.4%
Overturns - Full	14	21	17	52	23	23	15	61	21	0	0	21					134	213
Overturn Rate - Full	37.8%	52.5%	53.1%	47.7%	53.5%	57.5%	34.9%	48.4%	39.6%	0.0%	0.0%	39.6%	0.0%	0.0%	0.0%	0.0%	46.5%	57.9%
Overturns - Partials	0	1	4	5	1	2	2	5	4	0	0	4					14	15
Overturn Rate - Partial	0.0%	2.5%	12.5%	4.6%	2.3%	5.0%	4.7%	4.0%	7.5%	0.0%	0.0%	7.5%	0.0%	0.0%	0.0%	0.0%	4.9%	4.1%
Withdrawal	4	0	0	4	1	2	3	6	1	0	0	1					11	6
Withdrawal Rate	10.8%	0.0%	0.0%	3.7%	2.3%	5.0%	7.0%	4.8%	1.9%	0.0%	0.0%	1.9%	0.0%	0.0%	0.0%	0.0%	3.8%	1.6%
Membership	340,965	342,423	342,628		342,378	343,598	343,733		343,931	0	0		0	0	0			
Appeals - PTMPM	0.11	0.12	0.09	0.32	0.13	0.12	0.13	0.37	0.15	0	0	0.05	0	0	0	0.00	0.18	0.06

Kings County																	
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2025 YTD	2024
Expedited Grievances Received	1	0	0	1	1	1	1	3	1	0	0	1	0	0	0	0	5	8
Standard Grievances Received	15	13	16	44	12	18	16	46	21	0	0	21	0	0	0	0	111	143
Total Grievances Received	**16**	**13**	**16**	**45**	**13**	**19**	**17**	**49**	**22**	**0**	**0**	**22**	**0**	**0**	**0**	**0**	**116**	**151**
Grievance Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grievance Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	1
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Grievances Resolved Compliant	1	0	0	1	0	2	1	3	1	0	0	1	0	0	0	0	5	8
Expedited Grievance Compliance rate	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Grievances Resolved Compliant	15	12	13	40	17	14	16	47	17	0	0	17	0	0	0	0	104	144
Standard Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.00%
Total Grievances Resolved	**16**	**12**	**13**	**41**	**17**	**16**	**17**	**50**	**18**	**0**	**0**	**18**	**0**	**0**	**0**	**0**	**109**	**152**
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	**15**	**11**	**12**	**38**	**17**	**14**	**16**	**47**	**18**	**0**	**0**	**18**	**0**	**0**	**0**	**0**	**103**	**137**
Access - Other - DMHC	2	0	1	3	3	5	3	11	1	0	0	1	0	0	0	0	15	18
Access - PCP - DHCS	1	2	1	4	1	0	2	3	1	0	0	1	0	0	0	0	8	8
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	1	1	0	2	0	0	1	1	2	0	0	2	0	0	0	0	5	2
Administrative	3	2	5	10	3	1	3	7	3	0	0	3	0	0	0	0	20	33
Balance Billing	4	0	0	4	3	1	1	5	1	0	0	1	0	0	0	0	10	16
Community Supports	0	2	0	2	0	0	0	0	1	0	0	1	0	0	0	0	3	0
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interpersonal	1	3	1	5	1	2	1	4	4	0	0	4	0	0	0	0	13	11
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	0	1	2	1	0	0	1	4	0	0	4	0	0	0	0	7	9
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
SNF-Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation - Access	1	0	0	1	0	3	0	3	0	0	0	0	0	0	0	0	4	11
Transportation - Behaviour	0	0	0	0	0	1	1	2	0	0	0	0	0	0	0	0	2	5
Transportation - Other	1	1	3	5	5	1	4	10	1	0	0	1	0	0	0	0	16	22
Quality Of Care Grievances	**1**	**1**	**1**	**3**	**0**	**2**	**1**	**3**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**6**	**15**
Access - Other - DMHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Access - PCP - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	0	0	1	0	1	1	2	0	0	0	0	0	0	0	0	3	2
PCP Care	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	4
PCP Delay	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	4
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Specialist Delay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
SNF-Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2025 YTD	2024
Expedited Appeals Received	0	0	1	1	0	1	0	1	1	0	0	1	0	0	0	0	3	2
Standard Appeals Received	2	3	2	7	1	4	2	7	8	0	0	8	0	0	0	0	22	21
Total Appeals Received	**2**	**3**	**3**	**8**	**1**	**5**	**2**	**8**	**9**	**0**	**0**	**9**	**0**	**0**	**0**	**0**	**25**	**23**
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	1
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	0	0	1	1	0	1	0	1	1	0	0	1	0	0	0	0	3	2
Expedited Appeals Compliance Rate	0.0%	0.0%	100.0%	100.0%	0.0%	100.0%	0.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	1	2	3	6	2	1	4	7	4	0	0	4	0	0	0	0	17	21
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.00%
Total Appeals Resolved	**1**	**2**	**4**	**7**	**2**	**2**	**4**	**8**	**5**	**0**	**0**	**5**	**0**	**0**	**0**	**0**	**20**	**23**
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	**1**	**2**	**4**	**7**	**2**	**2**	**4**	**8**	**5**	**0**	**0**	**5**	**0**	**0**	**0**	**0**	**20**	**23**
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Community Supports	0	2	1	3	1	0	2	3	0	0	0	0	0	0	0	0	6	
DME	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	2
Experimental/Investigational	0	0	1	1	1	0	0	1	2	0	0	2	0	0	0	0	4	1
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Advanced Imaging	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	5
Other	0	0	1	1	0	1	0	1	1	0	0	1	0	0	0	0	3	7
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Surgery	1	0	0	1	0	0	1	1	1	0	0	1	0	0	0	0	3	5
SNF-Long Term Care	0	0	1	1	0	1	0	1	0	0	0	0	0	0	0	0	2	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Community Supports	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SNF-Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	0	1	3	**4**	1	2	4	**7**	1	0	0	1	0	0	0	**0**	12	11
Uphold Rate	0.0%	50.0%	75.0%	57.1%	50.0%	100.0%	100.0%	87.5%	20.0%	0.0%	0.0%	20.0%	0.0%	0.0%	0.0%	0.0%	60.0%	47.8%
Overturns - Full	1	1	1	**3**	1	0	0	**1**	1	0	0	1	0	0	0	**0**	5	11
Overturn Rate - Full	100.0%	50.0%	25.0%	42.9%	50.0%	0.0%	0.0%	12.5%	20.0%	0.0%	0.0%	20.0%	0.0%	0.0%	0.0%	0.0%	25.0%	47.8%
Overturns - Partials	0	0	0	**0**	0	0	0	**0**	3	0	0	3	0	0	0	**0**	3	0
Overturn Rate - Partial	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	60.0%	0.0%	0.0%	60.0%	0.0%	0.0%	0.0%	0.0%	15.0%	0.00%
Withdrawal	0	0	0	**0**	0	0	0	**0**	0	0	0	0	0	0	0	**0**	0	1
Withdrawal Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.3%
Membership	38,244	38,318	38,427		38,410	38,514	38,498		38,716	0	0		0	0	0	**0**		
Appeals - PTMPM	0.03	0.05	0.10	**0.06**	0.05	0.05	0.10	**0.07**	0.13	0	0	**0.04**	0	0	0	0.00	**0.04**	**0.05**
Grievances - PTMPM	0.42	0.31	0.34	**0.36**	0.44	0.42	0.44	**0.43**	0.46	0	0	**0.15**	0	0	0	0.00	**0.24**	**0.33**

CalViva Health Appeals and Grievances Dashboard (Madera County)

Madera County																		
Grievances	**Jan**	**Feb**	**Mar**	**Q1**	**Apr**	**May**	**Jun**	**Q2**	**Jul**	**Aug**	**Sep**	**Q3**	**Oct**	**Nov**	**Dec**	**Q4**	**2025 YTD**	**2024**
Expedited Grievances Received	2	0	1	3	0	0	2	2	3	0	0	3	0	0	0	0	8	7
Standard Grievances Received	22	16	20	58	21	11	12	44	19	0	0	19	0	0	0	0	121	189
Total Grievances Received	**24**	**16**	**21**	**61**	**21**	**11**	**14**	**46**	**22**	**0**	**0**	**22**	**0**	**0**	**0**	**0**	**129**	**196**
Grievance Ack Letters Sent Noncompliant	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Grievance Ack Letter Compliance Rate	100.0%	100.0%	95.0%	98.3%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	99.2%	100.0%
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Grievances Resolved Compliant	2	0	1	3	0	0	1	1	4	0	0	4	0	0	0	0	8	7
Expedited Grievance Compliance rate	100.0%	0.0%	100.0%	100.0%	0.0%	0.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Grievances Resolved Compliant	13	21	16	50	23	22	11	56	12	0	0	12	0	0	0	0	118	190
Standard Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Grievances Resolved	**15**	**21**	**17**	**53**	**23**	**22**	**12**	**57**	**16**	**0**	**0**	**16**	**0**	**0**	**0**	**0**	**126**	**197**
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	**14**	**19**	**17**	**50**	**21**	**21**	**10**	**52**	**16**	**0**	**0**	**16**	**0**	**0**	**0**	**0**	**118**	**168**
Access - Other - DMHC	5	0	2	7	3	4	3	10	6	0	0	6	0	0	0	0	23	25
Access - PCP - DHCS	0	0	1	1	1	2	0	3	1	0	0	1	0	0	0	0	5	13
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	1	1	0	2	1	0	0	1	4	0	0	4	0	0	0	0	7	7
Administrative	2	5	5	12	5	3	3	11	2	0	0	2	0	0	0	0	25	33
Balance Billing	1	4	3	8	6	5	2	13	0	0	0	0	0	0	0	0	21	20
Community Supports	0	1	0	1	1	0	0	1	0	0	0	0	0	0	0	0	2	0
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interpersonal	0	2	2	4	0	2	0	2	1	0	0	1	0	0	0	0	7	15
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	1	1	2	1	0	1	2	1	0	0	1	0	0	0	0	5	14
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
SNF-Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation - Access	2	1	0	3	1	1	0	2	0	0	0	0	0	0	0	0	5	23
Transportation - Behaviour	2	0	0	2	0	0	0	0	1	0	0	1	0	0	0	0	3	3
Transportation - Other	1	4	3	8	2	4	1	7	0	0	0	0	0	0	0	0	15	11
Quality Of Care Grievances	**1**	**2**	**0**	**3**	**2**	**1**	**2**	**5**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**8**	**29**
Access - Other - DMHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - PCP - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8
PCP Care	1	0	0	1	2	1	2	5	0	0	0	0	0	0	0	0	6	7
PCP Delay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	0	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	5
Specialist Delay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
SNF-Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2025 YTD	2024
Expedited Appeals Received	0	0	0	0	0	0	2	2	0	0	0	0	0	0	0	0	2	1
Standard Appeals Received	14	9	6	29	5	8	6	19	4	0	0	4	0	0	0		52	66
Total Appeals Received	**14**	**9**	**6**	**29**	**5**	**8**	**8**	**21**	**4**	**0**	**0**	**4**	**0**	**0**	**0**	**0**	54	67
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	100.0%	100.00%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	0	0	0	0	0	0	0	0	2	0	0	2	0	0	0	0	2	1
Expedited Appeals Compliance Rate	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	100.0%	100.00%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0	0
Standard Appeals Resolved Compliant	6	13	9	28	5	6	11	22	2	0	0	2	0	0	0	**0**	52	63
Standard Appeals Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	100.0%	100.0%
Total Appeals Resolved	**6**	**13**	**9**	**28**	**5**	**6**	**11**	**22**	**4**	**0**	**0**	**4**	**0**	**0**	**0**	**0**	54	64
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	**6**	**13**	**9**	**28**	**5**	**6**	**11**	**22**	**4**	**0**	**0**	**4**	**0**	**0**	**0**	**0**	54	64
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Community Supports	0	1	2	3	1	1	3	5	0	0	0	0	0	0	0	0	8	0
DME	2	4	1	7	1	2	0	3	1	0	0	1	0	0	0	0	11	11
Experimental/Investigational	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	3
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Advanced Imaging	2	3	0	5	0	1	5	6	1	0	0	1	0	0	0	0	12	27
Other	1	1	1	3	0	1	0	1	1	0	0	1	0	0	0	0	5	7
Pharmacy/RX Medical Benefit	0	3	2	5	0	1	1	2	0	0	0	0	0	0	0	0	7	9
Surgery	1	1	2	4	3	0	2	5	1	0	0	1	0	0	0	0	10	4
SNF-Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Community Supports	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SNF-Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	3	3	5	**11**	4	3	7	14	1	0	0	1	0	0	0		**26**	**25**
Uphold Rate	**50.0%**	**23.1%**	**55.6%**	**39.3%**	**80.0%**	**50.0%**	**63.6%**	**63.6%**	**25.0%**	**0.0%**	**0.0%**	**25.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	48.1%	39.1%
Overturns - Full	3	6	4	**13**	1	3	3	7	3	0	0	3	0	0	0	**0**	23	35
Overturn Rate - Full	**50.0%**	**46.2%**	**44.4%**	**46.4%**	**20.0%**	**50.0%**	**27.3%**	**31.8%**	**75.0%**	**0.0%**	**0.0%**	**75.0%**	**0.0%**	**0.0%**	**0.0%**	**0.00%**	42.6%	54.7%
Overturns - Partials	0	1	0	**1**	0	0	1	1	0	0	0	0	0	0	0	**0**	2	4
Overturn Rate - Partial	**0.0%**	**7.7%**	**0.0%**	**3.6%**	**0.0%**	**0.0%**	**9.1%**	**4.5%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	3.7%	6.3%
Withdrawal	0	3	0	**3**	0	0	0	0	0	0	0	0	0	0	0	**0**	3	0
Withdrawal Rate	**0.0%**	**23.1%**	**0.0%**	**10.7%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	5.6%	0.0%
Membership	49,620	49,852	49,975		50,061	50,437	50,655		50,965	0	0	50965	0	0	0	0.00%		

CalViva SPD only

Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2025 YTD	2024
Expedited Grievances Received	1	1	2	4	3	1	3	7	7	0	0	7	0	0	0	0	18	19
Standard Grievances Received	59	56	67	182	50	56	47	153	66	0	0	66	0	0	0	0	401	612
Total Grievances Received	**60**	**57**	**69**	**186**	**53**	**57**	**50**	**160**	**73**	**0**	**0**	**73**	**0**	**0**	**0**	**0**	**419**	**631**
Grievance Ack Letters Sent Noncompliant	0	1	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	0
Grievance Ack Letter Compliance Rate	**100.0%**	**98.2%**	**98.5%**	**98.9%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**99.5%**	**100.00%**
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Grievances Resolved Compliant	1	1	2	4	3	1	3	7	7	0	0	7	0	0	0	0	18	19
Expedited Grievance Compliance rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.00%**
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Standard Grievances Resolved Compliant	51	51	62	164	63	58	53	174	53	0	0	53	0	0	0	0	391	607
Standard Grievance Compliance rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**99.8%**
Total Grievances Resolved	**52**	**52**	**64**	**168**	**66**	**59**	**56**	**181**	**60**	**0**	**0**	**60**	**0**	**0**	**0**	**0**	**409**	**627**
Grievance Descriptions - Resolved Cases	**52**	**52**	**64**	**168**	**66**	**59**	**56**	**181**	**60**	**0**	**0**	**60**	**0**	**0**	**0**	**0**	**409**	**627**
Access to primary care	0	4	2	6	7	5	3	15	4	0	0	4	0	0	0	0	25	35
Access to specialists	0	0	0	0	1	2	1	4	4	0	0	4	0	0	0	0	8	87
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Other	26	22	16	64	28	20	9	57	19	0	0	19	0	0	0	0	140	151
Out-of-network	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Physical accessibility	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
QOC Non Access	2	2	5	9	1	3	3	7	1	0	0	1	0	0	0	0	17	55
QOS Non Access	24	24	41	89	29	29	40	98	32	0	0	32	0	0	0	0	219	280
Exempt Grievances Received	**26**	**49**	**33**	**108**	**16**	**25**	**24**	**65**	**20**	**0**	**0**	**20**	**0**	**0**	**0**	**0**	**193**	**187**
Access - Avail of Appt w/ PCP	0	0	1	**1**	0	0	0	**0**	1	0	0	1	0	0	0	**0**	2	1
Access - Avail of Appt w/ Specialist	0	0	0	**0**	0	0	0	**0**	0	0	0	0	0	0	0	**0**	0	0
Access - Avail of Appt w/ Other	0	0	0	**0**	0	0	0	**0**	0	0	0	0	0	0	0	**0**	0	0
Access - Wait Time - wait too long on telephone	2	1	0	**3**	0	0	0	**0**	0	0	0	0	0	0	0	**0**	3	4
Access - Wait Time - in office for appt	1	0	0	**1**	0	0	0	**0**	0	0	0	0	0	0	0	**0**	1	0
Access - Panel Disruption	0	0	0	**0**	0	1	0	**1**	0	0	0	0	0	0	0	**0**	1	0
Access - Shortage of Providers	0	0	0	**0**	0	0	0	**0**	0	0	0	0	0	0	0	**0**	0	0
Access - Geographic/Distance Access Other	0	0	0	**0**	0	0	0	**0**	0	0	0	0	0	0	0	**0**	0	0
Access - Geographic/Distance Access PCP	0	0	0	**0**	0	0	0	**0**	0	0	0	0	0	0	0	**0**	0	0
Access - Geographic/Distance Access Specialist	0	0	0	**0**	0	0	0	**0**	0	0	0	0	0	0	0	**0**	0	0
Access - Interpreter Service Requested	0	0	0	**0**	0	0	0	**0**	0	0	0	0	0	0	0	**0**	0	0
Benefit Issue - Specific Benefit needs authorization	0	0	0	**0**	0	0	0	**0**	0	0	0	0	0	0	0	**0**	0	0
Benefit Issue - Specific Benefit not covered	0	0	0	**0**	0	0	0	**0**	0	0	0	0	0	0	0	**0**	0	1
Attitude/Service - Health Plan Staff	0	0	0	**0**	0	0	1	**1**	0	0	0	0	0	0	0	**0**	1	3
Attitude/Service - Provider	0	1	2	**3**	0	2	1	**3**	1	0	0	1	0	0	0	**0**	7	24
Attitude/Service - Office Staff	0	0	0	**0**	0	0	0	**0**	0	0	0	0	0	0	0	**0**	0	0
Attitude/Service - Vendor	0	0	0	**0**	4	3	0	**7**	2	0	0	2	0	0	0	**0**	9	22
Attitude/Service - Health Plan	0	0	0	**0**	0	0	0	**0**	0	0	0	0	0	0	0	**0**	0	1
Authorization - Authorization Related	1	1	1	**3**	0	1	0	**1**	0	0	0	0	0	0	0	**0**	4	5
Eligibility Issue - Member not eligible per Health Plan	0	11	0	**11**	0	0	0	**0**	0	0	0	0	0	0	0	**0**	11	2
Eligibility Issue - Member not eligible per Provider	0	10	2	**12**	1	0	1	**2**	0	0	0	0	0	0	0	**0**	14	6
Health Plan Materials - ID Cards-Not Received	5	5	2	**12**	1	3	2	**6**	3	0	0	3	0	0	0	**0**	21	26
Health Plan Materials - ID Cards-Incorrect Information on Card	0	0	0	**0**	1	0	0	**1**	0	0	0	0	0	0	0	**0**	1	1
Health Plan Materials - Other	1	0	0	**1**	0	0	1	**1**	0	0	0	0	0	0	0	**0**	2	0
Behavioral Health	0	0	2	**2**	0	0	0	**0**	0	0	0	0	0	0	0	**0**	2	0
PCP Assignment/Transfer - Health Plan Assignment - Change Request	1	6	8	**15**	3	6	4	**13**	5	0	0	5	0	0	0	**0**	33	18
PCP Assignment/Transfer - HCO Assignment - Change Request	2	1	2	**5**	0	3	4	**7**	0	0	0	0	0	0	0	**0**	12	25
PCP Assignment/Transfer - PCP effective date	0	0	0	**0**	0	0	0	**0**	0	0	0	0	0	0	0	**0**	0	0
PCP Assignment/Transfer - PCP Transfer not Processed	0	0	0	**0**	0	0	0	**0**	0	0	0	0	0	0	0	**0**	0	1
PCP Assignment/Transfer - Rollout of PPG	1	0	0	**1**	0	0	0	**0**	0	0	0	0	0	0	0	**0**	1	0
PCP Assignment/Transfer - Mileage Inconvenience	0	0	0	**0**	0	0	0	**0**	0	0	0	0	0	0	0	**0**	0	0
Pharmacy - Authorization Issue	0	0	0	**0**	0	0	0	**0**	0	0	0	0	0	0	0	**0**	0	0
Pharmacy - Authorization Issue-CalViva Error	0	0	0	**0**	0	0	0	**0**	0	0	0	0	0	0	0	**0**	0	0
Pharmacy - Eligibility Issue	0	0	0	**0**	0	0	0	**0**	0	0	0	0	0	0	0	**0**	0	0
Pharmacy - Quantity Limit	0	0	0	**0**	0	0	0	**0**	0	0	0	0	0	0	0	**0**	0	0

CalViva Health Appeals and Grievances Dashboard (SPD)

Pharmacy - Rx Not Covered	0	0	0	**0**	0	0	0	**0**	0	0	0	0	0	0	0	**0**	0	0
Pharmacy - Pharmacy-Retail	0	0	0	**0**	0	0	0	**0**	0	0	0	0	0	0	0	**0**	0	0
Transportation - Access - Provider No Show	0	0	0	**0**	0	0	0	**0**	0	0	0	0	0	0	0	**0**	0	0
Transportation - Access - Provider Late	0	0	0	**0**	0	0	0	**0**	0	0	0	0	0	0	0	**0**	0	0
Transportation - Behaviour	7	0	0	**7**	0	0	0	**0**	1	0	0	1	0	0	0	**0**	8	0
Transportation - Other	1	7	5	**13**	1	0	3	**4**	5	0	0	5	0	0	0	**0**	22	2
OTHER - Other	0	2	2	**4**	0	1	1	**2**	1	0	0	1	0	0	0	**0**	7	15
Claims Complaint - Balance Billing from Provider	4	4	6	**14**	5	5	6	**16**	1	0	0	1	0	0	0	**0**	31	30

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2025 YTD	2024
Expedited Appeals Received	0	2	3	5	1	0	2	3	2	0	0	2	0	0	0	0	10	3
Standard Appeals Received	23	8	13	44	13	11	20	44	15	0	0	15	0	0	0	0	103	132
Total Appeals Received	**23**	**10**	**16**	**49**	**14**	**11**	**22**	**47**	**17**	**0**	**0**	**17**	**0**	**0**	**0**	**0**	113	135
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	0	1	4	5	1	0	2	3	2	0	0	2	0	0	0	0	10	3
Expedited Appeals Compliance Rate	**0.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**-100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0	0
Standard Appeals Resolved Compliant	13	17	8	38	15	11	15	41	18	0	0	18	0	0	0	**0**	97	126
Standard Appeals Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**
Total Appeals Resolved	**13**	**18**	**12**	**43**	**16**	**11**	**17**	**44**	**20**	**0**	**0**	**20**	**0**	**0**	**0**	**0**	107	129
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	**9**	**18**	**12**	**39**	**0**	**11**	**17**	**28**	**20**	**0**	**0**	**20**	**0**	**0**	**0**	**0**	**87**	**125**
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8
Consultation	0	0	0	0	0	0	0	0	2	0	0	2	0	0	0	0	2	17
Community Supports	0	2	1	3	0	2	7	9	4	0	0	4	0	0	0	0	16	0
DME	4	5	4	13	0	4	2	6	4	0	0	4	0	0	0	0	23	37
Experimental/Investigational	0	2	1	3	0	0	1	1	1	0	0	1	0	0	0	0	5	1
Behavioral Health	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Advanced Imaging	2	3	0	5	0	4	3	7	4	0	0	4	0	0	0	0	16	29
Other	2	0	4	6	0	0	2	2	2	0	0	2	0	0	0	0	10	25
Pharmacy/RX Medical Benefit	0	4	1	5	0	1	2	3	1	0	0	1	0	0	0	0	9	6
Surgery	1	1	1	3	0	0	0	0	1	0	0	1	0	0	0	0	4	10
SNF-Long Term Care	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Community Supports	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SNF-Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	8	7	7	22	9	2	12	23	10	0	0	10	0	0	0	**0**	55	51
Uphold Rate	**61.5%**	**38.9%**	**58.3%**	**51.2%**	**56.3%**	**18.2%**	**70.6%**	**52.3%**	**50.0%**	**0.0%**	**0.0%**	**50.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**51.4%**	39.5%
Overturns - Full	4	7	4	15	7	8	3	18	7	0	0	7	0	0	0	**0**	40	72
Overturn Rate - Full	**30.8%**	**38.9%**	**33.3%**	**34.9%**	**43.8%**	**72.7%**	**17.6%**	**40.9%**	**35.0%**	**0.0%**	**0.0%**	**35.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**37.4%**	55.81%
Overturns - Partials	0	1	1	2	0	1	1	2	3	0	0	3	0	0	0	**0**	7	6
Overturn Rate - Partial	**0.0%**	**5.6%**	**8.3%**	**4.7%**	**0.0%**	**9.1%**	**5.9%**	**4.5%**	**15.0%**	**0.0%**	**0.0%**	**15.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**6.5%**	4.7%
Withdrawal	1	3	0	4	0	0	1	1	0	0	0	0	0	0	0	**0**	5	5
Withdrawal Rate	**7.7%**	**16.7%**	**0.0%**	**9.3%**	**0.0%**	**0.0%**	**5.9%**	**2.3%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**4.7%**	3.9%
Membership	47,731	47,867	47,918		47,871	48,091	48,307		48,591	0	0		0	0	0			
Appeals - PTMPM	0.27	0.38	0.25	0.90	0.33	0.23	0.35	0.30	0.41	0	0	0.14	0	0	0	0.00	0.34	0.15

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

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

Item #10
Attachment 10.E

Medical Management

Key Indicator Report

Healthcare Solutions Reporting
Key Indicator Report
Auth Based Utilization Metrics for CALVIVA California SHP
Report from 7/01/2025 to 7/31/2025
Report created 8/21/2025

Purpose of Report: Summary report on Inpatient and Outpatient Utilization Metrics by Region, County, PPG entity
Reports show inpatient Rates with and without maternity, readmission, TAT Compliance, Care Management Programs

Exhibits:
Read Me
Main Report CalVIVA
CalVIVA Commission
CalVIVA Fresno
CalVIVA Kings
CalVIVA Madera
Glossary

Contact Information

Sections	Contact Person
Concurrent Inpatient TAT Metric	
TAT Metric	Katherine Marie F. Coy <KATHERINE.F.COY@HEALTHNET.COM>
CCS Metric	Loren Hillburn
Case Management Metrics	Kenneth Hartley <KHARTLEY@cahealthwellness.con
Authorization Metrics	John Gonzalez

Key Indicator Report
Auth Based Utilization Metrics for CALVIVA California SHP
Report from 7/01/2025 to 7/31/2025
Report created 8/21/2025
Fresno County

ER utilization based on Claims data	2024-07	2024-08	2024-09	2024-10	2024-11	2024-12	2024-Trend	2025-01	2025-02	2025-03	2025-04	2025-05	2025-06	2025-07	2025-Trend	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Qtr Trend	CY-2024	YTD-2025	YTD-Trend
MEMBERSHIP																		**Quarterly Averages**						**Annual Averages**	
Expansion Mbr Months	98,585	98,694	98,663	98,768	98,330	97,682		97,499	97,405	97,985	98,056	98,596	98,749	99,044		95,085	97,126	98,647	98,260	97,630	98,467		97,280	171,834	
Adult/Family/O TLIC Mbr Mos	211,774	211,226	210,147	209,910	208,282	206,660		206,202	207,178	206,810	206,662	206,826	206,634	206,040		211,705	211,800	211,049	208,284	206,730	206,707		210,710	361,588	
Aged/Disabled Mbr Mos	38,129	38,262	38,462	38,630	39,010	39,188		38,552	38,570	38,724	38,764	38,936	39,093	39,308		38,204	37,783	38,284	38,943	38,615	38,931		38,304	67,987	
COUNTS																									
Admits - Count	1,968	1,875	1,850	1,840	1,812	1,821		1,959	1,732	1,727	1,723	1,731	1,727	1,645		1,866	1,836	1,898	1,824	1,806	1,727		1,856	1,841	
Expansion	644	651	608	610	599	628		735	640	617	616	656	633	616		603	625	634	612	664	635		619	679	
Adult/Family/O TLIC	804	740	797	755	746	720		769	734	718	707	716	725	703		759	749	780	740	740	716		757	765	
Aged/Disabled	520	484	445	475	467	473		455	358	392	400	359	369	326		504	461	483	472	402	376		480	397	
Admits Acute - Count	1,318	1,264	1,209	1,203	1,229	1,233		1,337	1,139	1,166	1,207	1,137	1,141	1,044		1,241	1,229	1,238	1,241	1,280	1,162		1,242	1,231	
Expansion	504	512	484	467	485	515		587	499	490	504	524	520	473		459	497	500	489	525	516		486	543	
Adult/Family/O TLIC	406	340	352	358	372	326		383	368	364	375	328	334	309		398	379	366	352	372	346		374	370	
Aged/Disabled	408	412	373	378	372	392		367	272	312	328	285	287	262		384	365	398	381	317	300		382	318	
Readmit 30 Day - Count	210	235	211	235	223	236		224	188	199	230	204	190	121		213	226	219	231	204	208		222	194	
Expansion	80	86	68	71	85	96		97	84	84	105	93	89	56		77	95	78	84	88	96		83	87	
Adult/Family/O TLIC	32	37	41	46	37	37		36	30	28	33	28	33	24		33	42	37	40	31	31		38	30	
Aged/Disabled	98	112	102	118	101	103		91	74	87	92	83	68	41		102	89	104	107	84	81		101	77	
**ER Visits - Count	12,526	12,297	12,563	12,395	11,751	12,604		13,313	12,531	13,281	12,843	13,382	11,810	5,856		11,850	12,895	12,462	12,250	13,042	12,678		12,364	11,859	
Expansion	3,868	3,778	3,764	3,700	3,279	3,532		3,887	3,485	3,848	3,834	4,042	3,789	2,094		3,212	3,551	3,803	3,504	3,740	3,888		3,517	3,568	
Adult/Family/O TLIC	6,785	6,862	7,221	7,191	6,917	7,367		7,754	7,545	7,817	7,335	7,711	6,501	3,086		6,991	7,532	6,956	7,158	7,705	7,182		7,159	6,821	
Aged/Disabled	1,873	1,657	1,578	1,504	1,555	1,705		1,672	1,501	1,616	1,674	1,629	1,520	676		1,648	1,812	1,703	1,588	1,596	1,608		1,688	1,470	
PER/K																									
Admits Acute - PTMPY	45.4	43.6	41.8	41.6	42.7	43.1		46.9	39.8	40.7	42.2	39.6	39.7	36.4		43.2	42.5	42.7	43.1	44.8	40.5		43.0	43.0	
Expansion	61.3	62.3	58.9	56.7	59.2	63.3		72.2	61.5	60.0	61.7	63.8	63.2	57.3		58.0	61.4	60.8	59.7	64.6	62.9		60.0	37.9	
Adult/Family/O TLIC	23.0	19.3	20.1	20.5	21.4	18.9		22.3	21.3	21.1	21.8	19.0	19.4	18.0		22.6	21.5	20.8	20.3	21.6	20.1		21.3	12.3	
Aged/Disabled	128.4	129.2	116.4	117.4	114.4	120.0		114.2	84.6	96.7	101.5	87.8	88.1	80.0		120.6	115.9	124.6	117.3	98.5	92.5		119.6	56.1	
Bed Days Acute - PTMPY	221.6	216.2	200.9	199.2	219.1	225.9		246.4	193.4	212.1	217.2	181.5	187.7	180.9		239.4	228.9	212.9	214.7	217.3	195.4		223.9	212.7	
Expansion	312.3	306.5	288.9	253.1	329.3	353.2		411.2	328.2	339.7	319.0	303.1	304.2	280.5		354.3	343.0	302.6	311.7	359.7	308.7		327.6	195.9	
Adult/Family/O TLIC	81.5	67.8	73.2	80.5	79.4	76.2		86.7	70.3	80.1	92.3	66.7	72.7	76.3		86.2	78.6	74.2	78.7	79.0	77.2		79.4	47.0	
Aged/Disabled	765.4	802.9	672.7	706.1	687.2	697.9		683.5	514.3	594.4	625.9	483.3	501.0	478.4		802.4	777.9	746.8	697.0	597.4	536.5		755.7	330.0	
ALOS Acute	4.9	5.0	4.8	4.8	5.1	5.2		5.3	4.9	5.2	5.2	4.6	4.7	5.0		5.5	5.4	5.0	5.0	4.9	4.8		5.2	4.9	
Expansion	5.1	4.9	4.9	4.5	5.6	5.6		5.7	5.3	5.7	5.2	4.8	4.8	4.9		6.1	5.6	5.0	5.2	5.6	4.9		5.5	5.2	
Adult/Family/O TLIC	3.5	3.5	3.6	3.9	3.7	4.0		3.9	3.3	3.8	4.2	3.5	3.7	4.2		3.8	3.7	3.6	3.9	3.7	3.8		3.7	3.8	
Aged/Disabled	6.0	6.2	5.8	6.0	6.0	5.8		6.0	6.1	6.1	6.2	5.5	5.7	6.0		6.7	6.7	6.0	5.9	6.1	5.8		6.3	5.9	
Readmit % 30 Day	10.7%	12.5%	11.4%	12.8%	12.3%	13.0%		11.4%	10.9%	11.5%	13.3%	11.8%	11.0%	7.4%		11.4%	12.3%	11.5%	12.7%	11.3%	12.0%		12.0%	10.5%	
Expansion	12.4%	13.2%	11.2%	11.6%	14.2%	15.3%		13.2%	13.1%	13.6%	17.0%	14.2%	14.1%	9.1%		12.8%	15.1%	12.3%	13.7%	13.3%	15.1%		13.5%	12.8%	
Adult/Family/O TLIC	4.0%	5.0%	5.1%	6.1%	5.0%	5.1%		4.7%	4.1%	3.9%	4.7%	3.9%	4.6%	3.4%		4.4%	5.7%	4.7%	5.4%	4.2%	4.4%		5.0%	4.0%	
Aged/Disabled	18.8%	23.1%	22.9%	24.8%	21.6%	21.8%		20.0%	20.7%	22.2%	23.0%	23.1%	18.4%	12.6%		20.3%	19.2%	21.5%	22.8%	20.9%	21.5%		21.0%	19.3%	
**ER Visits - PTMPY	431.3	423.8	434.1	428.3	408.0	440.3		466.8	438.2	463.9	448.7	466.3	411.4	204.0		412.2	446.3	429.7	425.5	456.3	442.1		428.5	414.1	
Expansion	470.8	459.4	457.8	449.5	400.2	433.9		478.4	429.3	471.3	469.2	491.9	460.4	253.7		405.4	438.7	462.7	427.9	459.7	473.9		433.9	249.2	
Adult/Family/O TLIC	384.5	389.8	412.3	411.1	398.5	427.8		451.2	437.0	453.6	425.9	447.4	377.5	179.7		396.2	426.8	395.5	412.4	447.3	417.0		407.7	226.4	
Aged/Disabled	589.5	519.7	492.3	467.2	478.3	522.1		520.4	467.0	500.8	518.2	502.1	466.6	206.4		517.5	575.5	533.7	489.3	496.1	495.5		528.7	259.4	

Services	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	2024-Trend	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	2025-Trend	Q1-2024	Q2-2024	Q3-2024	Q4-2024	2024 - Quarters Trend	Q1-2025	Q2-2025	Q3-2025	Q4-2025	2025 - Quarters Trend	YTD-2024	YTD-2025	Year trends
					TAT Compliance Goal: 100%					TAT Compliance Goal: 100%							TAT Compliance Goal: 100%					TAT Compliance Goal: 100%					TAT Compliance Goal: 100%	
Routine Pre-Service Authorization TAT (non-BH)	100%	100%	100%	100%	100%	100%		100%	100%	100%	96%	100%	98%	100%		100%	95%	100%	100%		100%							
Routine Pre-Service Authorization w/ Extension/Deferral TAT (non-BH)	100%	100%	98%	100%	100%	100%		94%	98%	98%	74%	66%	68%	86%		100%	99%	99%	100%		97%							
Expedited Pre-Service Authorization TAT (non-BH)	100%	98%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	80%		98%	97%	99%	100%		100%							
Expedited Pre-Service Authorization w/ Extension/Deferral TAT (non-BH)	100%	100%	100%	100%	100%	100%		100%	100%	75%	80%	100%	N/A	N/A		100%	100%	100%	100%		88%							
Post-Service Authorization TAT (non-BH)	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%		100%							
Concurrent Authorization TAT (non-BH)	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	98%		100%	100%	100%	100%		100%							
					CCS ID Rate					CCS ID Rate							CCS ID Rate					CCS ID Rate					CCS ID Rate	
CCS %	8.50	8.52	8.51	8.52	8.55	8.47		8.43	8.57	8.42	8.34	8.43	8.36	8.35		7.59	8.52	8.51	8.51							8.28	8.43	

	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	2024-Trend	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	2025-Trend	Q1-2024	Q2-2024	Q3-2024	Q4-2024	2024-Quarters Trend	Q1-2025	Q2-2025	Q3-2025	Q4-2025	2025-Quarters Trend	YTD-2024	YTD-2025	Year trends
Perinatal Case Management																												
Total Number Of Referrals	134	137	203	196	157	134		237	223	317	366	320	222	275		686	601	474	487		777	908	275			2,248	1,960	
Pending	-	-	-	-	1	21		-	-	-	-	-	-	21		-	-	-	22		-	-	21			22	21	
Ineligible	17	13	14	27	17	15		18	15	17	18	22	13	19		40	37	44	59		50	53	19			180	122	
Total Outreached	117	124	189	169	139	98		219	208	300	348	298	209	235		646	564	430	406		727	855	235			2,046	1,817	
Engaged	103	105	87	71	77	51		113	141	187	225	197	122	159		466	346	295	199		441	544	159			1,306	1,144	
Engagement Rate	88%	85%	46%	42%	55%	52%		52%	1	1	65%	66%	58%	68%		72%	61%	69%	49%		61%	64%	68%			64%	63%	
Total Screened and Declined	7	9	9	12	13	10		-	3	6	5	6	3	3		47	9	25	35		9	14	3			116	26	
Unable to Reach	7	10	93	86	49	37		106	64	107	118	95	84	73		133	209	110	172		277	297	73			624	647	
Total Cases Managed	489	422	392	383	368	346		307	311	342	374	389	361	361		937	809	670	513		477	494	361			1,779	767	
Total Cases Closed	164	102	68	88	58	82		75	60	50	62	74	85	81		471	424	334	228		185	221	81			1,457	487	
Cases Remained Open	318	295	306	287	291	247		199	231	277	297	310	270	266		442	388	306	247		277	270	266			247	266	
Physical Health Case Management																												
Total Number Of Referrals	224	272	173	313	177	153		185	185	401	544	516	384	324		774	800	669	643		771	1,444	324			2,886	2,539	
Pending	1	-	1	2	1	12		-	-	-	-	-	-	9		-	1	2	15		-	-	9			18	9	
Ineligible	4	25	14	12	8	4		4	2	4	28	16	10	18		81	134	43	24		10	54	18			282	82	
Total Outreached	219	247	158	299	168	137		181	183	397	516	500	374	297		693	665	624	604		761	1,390	297			2,586	2,448	
Engaged	103	107	67	114	69	82		113	120	180	292	273	215	174		339	319	277	265		413	780	174			1,200	1,367	
Engagement Rate	47%	43%	42%	38%	41%	60%		62%	1	0	57%	55%	57%	59%		49%	48%	44%	44%		54%	56%	59%			46%	56%	
Total Screened and Refused/Decline	26	43	27	62	35	16		9	6	72	33	57	32	28		108	82	96	113		87	122	28			399	237	
Unable to Reach	90	97	64	123	64	39		59	57	145	191	170	127	95		246	264	251	226		261	488	95			987	844	
Total Cases Closed	110	109	85	96	83	88		63	77	100	104	81	88	106		312	276	304	267		240	273	106			1,159	619	
Cases Remained Open	331	324	300	323	297	300		277	267	277	253	287	308	297		296	339	300	300		277	308	297			300	297	
Total Cases Managed	450	444	402	429	401	398		353	364	388	384	388	418	418		622	615	601	582		528	572	418			1,479	931	
Complex Case	62	51	46	45	45	40		34	38	35	29	28	37	38		99	86	69	60		48	42	38			176	79	
Non-Complex Case	388	393	356	384	356	358		319	326	353	355	360	381	380		523	529	532	522		480	530	380			1,303	852	
Transitional Care Services																												
Total Number Of Referrals	493	611	641	827	680	572		577	502	511	514	623	501	658		704	797	1,745	2,079		1,590	1,638	658			5,325	3,886	
Pending	-	-	-	2	8	117		-	-	-	-	-	1	-		-	-	-	127		-	1	-			127	1	
Ineligible	3	17	4	22	12	7		7	1	2	3	2	2	4		97	26	24	41		10	7	4			188	21	
Total Outreached	490	594	637	803	660	448		570	501	509	511	621	498	654		607	771	1,721	1,911		1,580	1,630	654			5,010	3,864	
Engaged	321	359	402	440	346	246		519	456	462	466	558	440	582		375	466	1,082	1,032		1,437	1,464	582			2,955	3,483	
Engagement Rate	66%	60%	63%	55%	52%	55%		91%	1	1	91%	90%	88%	89%		62%	60%	63%	54%		91%	90%	89%			59%	90%	
Total Screened and Refused/Decline	36	33	34	35	34	27		8	3	10	6	6	-	4		58	39	103	96		21	12	4			296	37	
Unable to Reach	133	202	201	328	280	175		43	42	37	39	57	58	68		174	266	536	783		122	154	68			1,759	344	
Total Cases Closed	212	273	310	343	354	326		322	232	283	285	253	302	320		279	298	795	1,023		837	840	320			2,395	1,997	
Cases Remained Open	305	386	423	490	419	383		298	332	324	301	367	364	395		107	233	423	383		324	364	395			383	395	
Total Cases Managed	608	735	849	938	932	797		683	617	653	639	679	719	777		399	587	1,148	1,560		1,207	1,227	777			2,981	2,454	

	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	2024-Trend	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	2025-Trend	Q1-2024	Q2-2024	Q3-2024	Q4-2024	2024 - Quarters Trend	Q1-2025	Q2-2025	Q3-2025	Q4-2025	2025 - Quarters Trend	YTD-2024	YTD-2025	Year trends
Behavioral Health Care Management																										**Behavioral Health Care**		
Total Number Of Referrals	115	122	83	98	94	88		127	106	154	158	132	133	115		245	287	320	280		387	423	115			1,132	925	
Pending	-	-	-	-	-	11		-	-	-	-	-	-	7		-	-	-	11		-	-	7			11	7	
Ineligible	2	6	5	3	2	1		6	-	1	6	4	1	-		14	13	13	6		7	11	-			46	18	
Total Outreached	113	116	78	95	92	76		121	106	153	152	128	132	108		231	274	307	263		380	412	108			1,075	900	
Engaged	73	82	58	78	68	52		81	74	112	114	94	100	77		162	152	213	198		267	308	77			725	652	
Engagement Rate	65%	71%	74%	82%	74%	68%		67%	1	1	75%	73%	76%	71%		70%	55%	69%	75%		70%	75%	71%			67%	72%	
Total Screened and Refused/Decline	1	5	-	1	3	1		1	1	-	-	1	-	-		5	18	6	5		2	1	-			34	3	
Unable to Reach	39	29	20	16	21	23		39	31	41	38	33	32	31		64	104	88	60		111	103	31			316	245	
Total Cases Closed	63	50	60	71	53	52		49	53	57	90	65	54	29		93	151	173	176		159	209	29			593	397	
Cases Remained Open	145	160	152	152	157	161		153	142	169	124	101	70	86		142	141	152	161		169	70	86			161	86	
Total Cases Managed	217	233	234	243	240	232		216	219	236	232	174	140	122		237	297	341	366		338	282	122			801	490	
Complex Case	17	14	19	20	18	16		16	15	17	16	9	9	8		19	19	25	23		22	16	8			51	26	
Non-Complex Case	200	219	215	223	222	216		200	204	219	216	165	131	114		218	278	316	343		316	266	114			750	464	
First Year of Life Care Management																										**First Year of Life Care**		
Total Number Of Referrals	56	34	25	25	24	28		35	38	50	54	46	47	57		108	86	115	77		123	147	57			386	327	
Pending	-	-	-	-	-	-		-	-	-	-	-	-	-		-	-	-	-		-	-	-			-	-	
Ineligible	-	2	-	-	-	-		-	-	1	-	-	1	1		2	1	2	-		1	1	1			5	3	
Total Outreached	56	32	25	25	24	28		35	38	49	54	46	46	56		106	85	113	77		122	146	56			381	324	
Engaged	46	32	25	24	24	28		35	38	44	54	46	46	49		106	85	103	76		117	146	49			370	312	
Engagement Rate	82%	100%	100%	96%	100%	100%		100%	1	1	100%	100%	100%	88%		100%	100%	91%	99%		96%	100%	88%			97%	96%	
Total Screened and Refused/Decline	4	-	-	1	-	-		-	-	-	-	-	-	-		-	-	4	1		-	-	-			5	-	
Unable to Reach	6	-	-	-	-	-		-	-	5	-	-	-	7		-	-	6	-		5	-	7			6	12	
Total Cases Closed	11	12	14	21	27	23		32	23	23	34	24	29	46		20	28	37	71		78	87	46			156	211	
Cases Remained Open	289	308	319	319	317	322		278	296	327	357	375	395	396		196	254	319	322		327	395	396			322	396	
Total Cases Managed	301	321	332	342	345	346		350	355	369	393	405	427	442		217	282	357	394		424	479	442			480	607	

Item #10

Attachment 10.F

Medical Management

Credentialing Sub-Committee
Quarterly Report

REPORT SUMMARY TO COMMITTEE

TO: Fresno-Kings-Madera Regional Health Authority Commissioners
CalViva QI/UM Committee

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

COMMITTEE DATE: September 18th, 2025

SUBJECT: CalViva Health Credentialing Sub-Committee Report of Activities in Quarter 3 2025

Purpose of Activity:

This report is to provide the QI/UM Committee and RHA Commission with a summary of the 3rd Quarter 2025 CalViva Health Credentialing Sub-Committee activities.

I. The Credentialing Sub-Committee met on July 17th, 2025. At the July meeting, routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services.

II. Reports covering the first quarter for 2025 were reviewed for delegated entities, and the second quarter of 2025 for Health Net and Behavioral Health (BH). A summary of the first quarter of 2025 data is included in the table below.

III. Table 1. Quarter 1 2025 Credentialing/Recredentialing

	Sante	ChildNet	BH	HN	LaSalle	ASH	Envolve	IMG	CVMP	AHP	Grow HC	Mind path	Teledoc	CSV	UPN	Totals
Initial credentialing	12	10	9	17	35	0	4	6	24	22	177	19	17	1	82	**435**
Recredentialing	10	19	21	3	29	0	5	7	30	27	3	45	50	13	45	**307**
Suspensions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Resignations (for quality of care only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Totals	**22**	**29**	**30**	**20**	**64**	**0**	**9**	**13**	**54**	**49**	**180**	**64**	**67**	**14**	**127**	**742**

Note: Grow Healthcare Group, Mindpath, Teledoc, and Clinica Sierra Vista (CSV) were new for 2024.

09/10/2025

IV. **Credentialing Adverse Actions** report for Q2 for CalViva from Health Net Credentialing Committee was presented. There were no (0) CalViva cases presented for discussion in Quarter 2.

V. The **Adverse Events Q2 2025** report was reviewed. This report provides a summary of potential quality issues (PQIs) as well as Credentialing Adverse Action (AA) cases identified during the reporting period.
- Credentialing submitted zero (0) cases to the Credentialing Committee in the second quarter of 2025.
- There were no (0) reconsiderations or fair hearings during the second quarter of 2025.
- There were no (0) incidents involving appointment availability issues resulting in substantial harm to a member or members in the second quarter of 2025.
- There were no (0) cases identified outside of the ongoing monitoring process, in which an adverse injury occurred during a procedure by a contracted practitioner in the second quarter of 2025.
- There were no (0) cases requiring reporting for 805 in the second quarter of 2025.
- NCQA CR5.A.1-2 Reviews completed in April and May identified one (1) practitioner requiring removal from the Plan's network. Notification was provided to the impacted practitioner, as well as the impacted Plan departments, including Claims, Network Management, Delegation Oversight, Special Investigations Team, and Provider Data Management.

VI. The **Access & Availability Substantial Harm Report Q2 2025** was presented and reviewed. The purpose of this report is to identify incidents of appointment availability resulting in substantial harm to a member or members as defined in Civil Code section 3428(b)(1). Assessments include all received and resolved Quality of Care (QOC) and Potential Quality Issue (PQI) cases related to identified appointment availability complaints. Each case is assigned a severity outcome score and cases requiring follow up are tracked to conclusion. This report now includes behavioral health cases in addition to physical health.

After a thorough review of all second quarter 2025 PQI/QOC cases, the Credentialing Department identified zero (0) new cases of appointment availability resulting in substantial harm as defined in Civil Code section 3428(b)(1).

VII. The **2025 Credentialing Oversight Audit Results** were presented and reviewed. CalViva Health conducted an oversight audit of Health Net Community Solutions (HNCS) Credentialing/Re-Credentialing function. Randomly selected practitioner files (201) were reviewed from Health Net (HN), HN Behavioral Health, and the other entities delegated for Credentialing/Re-Credentialing, including Santé, La Salle, ASH, IMG, Adventist, Envolve, CVMP, ChildNet, Grow Therapy, Clinica Sierra Vista, and UPN. A total of seventy-three (73) Primary Care Providers (PCPs), sixty-seven (67) Specialty Care Providers (SCP), thirty-four (34) mid-levels (NPs, PAs, midwives), and twenty-seven (27) Allied Health Professionals were included in the file review. Organizational provider files (16) were randomly selected for review and evaluation to ensure compliance with regulatory requirements. Appropriate file types were selected to include: one (1) Skilled Nursing Facility, two (2) Outpatient Dialysis Centers, one (1) Hospice, six (6) Urgent Care Centers, two (2) Acute Care Hospitals, two (2) Imaging Centers, one (1) Physical Therapy Center, and one (1) Community Support. ICE Credentialing/Re-Credentialing audit tools were used to evaluate file compliance.
- The timeliness of Re-Credentialing within the thirty-six-month (36) criteria was noted to be a factor for IMG in this audit, with one (1) case not meeting the compliance criteria at the required 100% level. The IMG case was recredentialed at forty (40) months and will require corrective action.
Overall, HNCS was found to be consistently compliant with 85 out of 86 standards evaluated, with a 98.8% compliance rate.

The Initial Credentialing and Re-Credentialing file reviews of practitioners were excellent with both at 99% compliance, and the Organizational Provider files demonstrated 100% compliance.

VIII. **The Credentialing Sub-Committee Reports for Q2 2025** were reviewed. The county-specific Credentialing Subcommittee Reports of significant subcommittee activities for April through June 2025 were presented. Three (3) Corrective Action Plans were identified in these reports for Q2 2025; one (1) in Fresno County and two (2) in Madera County.

Item #10
Attachment 10.G

Medical Management

Peer Review Sub-Committee
Quarterly Report

REPORT SUMMARY TO COMMITTEE

TO:	Fresno-Kings-Madera Regional Health Authority Commissioners CalViva QI/UM Committee
FROM:	Patrick C. Marabella, MD Chief Medical Officer Amy R. Schneider, RN Senior Director Medical Management
COMMITTEE DATE:	September 18th, 2025
SUBJECT:	CalViva Health Peer Review Sub-Committee Report of Activities in Quarter 3 2025

Purpose of Activity:

This report is to provide the QI/UM Committee and RHA Commission with a summary of the CalViva Health Peer Review Sub-Committee activities. All Peer Review information is confidential and protected by law under the Knox Keene Health Care Services Plan Act of 1975, Section 1370 which prohibits disclosure to any parties outside the peer review process.

I. The Peer Review Sub-Committee met on **July 17th, 2025**. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 2 2025 were reviewed for approval. There were no significant cases to report.

II. The Q2 2025 **Adverse Events Report** was presented. This report provides a summary of potential quality issues (PQIs) as well as Credentialing Adverse Action (AA) cases identified during the reporting period.
   - There were nineteen new (19) cases identified in Q2 that met the criteria and were reported to the Peer Review Committee.
     - Four (4) cases involved a practitioner, and fifteen (15) cases involved organizational providers (facilities).
     - Of the nineteen (19) cases, two (2) were tabled, zero (0) were tabled with a letter of concern, two (2) were placed on monitoring, two (2) were placed on pending closure, none (0) were deferred, three (3) were closed to track and trend with a letter of concern, zero (0) were closed to track and trend with a letter of education, and ten (10) were closed to track and trend.
     - Eighteen (18) cases were quality of care grievances, one (1) was a potential quality issue, none (0) were lower-level cases, and none (0) were track and trend cases.
     - Six (6) cases involved seniors and persons with disabilities (SPDs).
     - Zero (0) cases involved behavioral health.

- There were no (0) incidents involving appointment availability issues resulting in substantial harm to a member or members in Q2 2025.
- NCQA.CR 5.A.4: Reviews completed in March and April did not identify any providers/practitioners who met the Peer Review trended criteria for escalation.
- NCQA CR 5.A.5: There were zero (0) cases identified outside of the ongoing monitoring process this quarter, in which an adverse injury occurred during a procedure by a contracted practitioner.
- There were **eight (8) cases** identified that required **further outreach**. Outreach can include but is not limited to an advisement letter (site, grievance, contract, or allegation), case management referral, or notification to Provider Network Management.
- One (1) case referred to peer review for further review. Further review includes an examination of trended grievances, as well as a review of licenses and sanctions/exclusions. The case did not require escalation for presentation at the Peer Review Committee.
- No (0) cases required reporting for 805.01 in Q2 2025.

III. **The Access & Availability Substantial Harm Report for Q2 2025** was also presented. The purpose of this report is to identify incidents related to appointment availability resulting in substantial harm to a member or members as defined in Civil Code section 3428(b)(1). Assessments include all received and resolved grievances **Quality of Care (QOC)** and **Potential Quality Issue (PQI)** cases related to identified appointment availability issues. Each case is assigned a tracking number, and all pertinent information is gathered for presentation to the Peer Review Committee. Each case is assigned a severity outcome score, and cases requiring follow-up are tracked to conclusion.
- **Twenty-three (23)** cases were submitted to the Peer Review Committee in Q2 2025. Of the 23 cases, two (2) cases were related to appointment availability issues without significant harm, and six (6) were related to significant harm without appointment availability issues.
- Behavioral Health cases are included in this report. There were no BH cases for review in Q2 2025.
- Zero (0) incidents involving appointment availability issues resulted in substantial harm to a member or members in Q2 2025.

IV. The **Q2 2025 Peer Count Report** was presented and discussed with the committee. Twenty-three (23) cases were reviewed. Sixteen (16) cases were closed and cleared. Zero (0) cases were closed/terminated. Zero (0) cases were deferred. Three (3) cases were tabled for further information. There were two (2) cases with CAPs outstanding/continued monitoring, and two (2) cases are pending closure for CAP compliance.

V. Follow-up will be initiated to obtain additional information for the tabled cases and ongoing monitoring and reporting will continue.

Item #10
Attachment 10.H

Equity Report

CalViva
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Current Health Equity Project(s) and Initiative(s):	Objective	Status
Perimenopause/ Menopause Project- Hanford	The goal is to bring Perimenopause/ Menopause into the light through education, awareness and advocating for women's health needs.	Board and Committee DEI survey 8/2024 identified Women's Health, specifically in perimenopause and menopause, as an area that has not been focused on. Project Pilot will be focused on the 4,079 women between the ages of 40-60 in Kings County. The first meeting is planned for 2/21/25. 3/2025: working on identifying a provider champion in Kings County to assist with this project 5/2025-Our workgroup in Kings County developed a survey and will be ready to distribute to women between the age of 30-60. Women who express their interest in this survey about perimenopause and menopause symptoms will be referred over to a CBO Champion for Women's health education. Kings County Public Health currently has an MOU with Valley Voices and is identified as the CBO champion with the capacity to deliver women's health education to women between the ages of late 30s to 60. We are currently in discussion about how to fund this initiative in Kings County. Future discussion on the role of CHW and whether it is billable or other funding/incentive needs for our CBO champion to help us with this perimenopause/menopause project. 6/2025- Pear Suite has been designated as a community-based organization (CBO) in Kings County to collaborate for the project. Pear Suite is an existing contracted CHW provider with CVH in Kings County and can assist with broadening the project's reach and ensure that more individuals are reached while also streamlining the referral system for the target population. The PearSuite Data platform will track the number of women referred to the Community Health Worker (CHW) for education and the number referred to a physician's office for clinical assessment. Additionally, the Pear Suite team will conduct a comprehensive needs assessment to gather data on how many of these women were referred to CalAim Services, such as Enhanced Care Management (ECM) and Community Supports (CS), specialty healthcare, or other Social Determinants of Health (SoDH).. Dr. Talk is our identified provider champion in this project. He will be assisting in taking care of the referred clients who scored high on their pre-assessment. Additionally, will be reporting out on how many of the referred individual was seen by his office or

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<td style="color:red">have an established appointment.
8/2025 Connected Valley Voices, an existing CBO and trusted partner of Kings County Public Health, with Pear Suite. Valley Voices is now a subcontractor of Pear Suite CHW Team to assist with the project and will be able to bill Medi-Cal for CHW reimbursement.
Data, referral, perimenopause/menopause pre-assessment, and workflow were created, along with a flyer. The Perimenopause campaign was launched in early September 9th for Perimenopause Awareness Month.
KAO, Jeff Gardner is assisting in the pilot project by providing their Auditorium Room for three focus groups that will be held at the end of September and in October.</td>
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<td>**Madera County- Healthy People Strong Community Workgroup**</td>
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Health Equity Annual Activities	Status
Diversity, Equity and Inclusion Survey and training	8/2024- DEI Surveys distributed and completed for Board, Committee, and staff members. 11/2024- Mandatory Diversity, Equity, and Inclusion training for all CalViva Staff Completed 12/2024- Implemented one DEI opportunity based on Survey Findings 12/2024- Submitted Diversity, Equity, and Inclusion training Curriculum to DHCS (APL-24-016) 2/2025 DEI training was approved 9/2025 Annual DEI Surveys will be distributed this month, please keep an eye out for the survey.
NCQA Health Equity Accreditation-	12/2024- Completed gathering all required CVH evidence for NCQA Health Equity Accreditation. On Schedule for Submission for 3/11/2025 1/9/2025- Introductory Call with NCQA Surveyor was completed. 3/2025- All Evidence for Health Equity was Submitted 3/11 for NCQA review 5/2025- NCQA returned minimal issues with our initial submission on 4/2. All outstanding issues were addressed, and the final submission was completed on 4/11 and sent back to NCQA for Preliminary review. The closing call was completed on 4/28 with the suggestion to revise the Health Equity Work Plan to include more specific details in SMART goals. 2025 HE Work Plan has been updated to reflect the SMART goals per NCQA's request. Preliminary report by NCQA reviewers 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 not to rebut the 1 outstanding issue remaining 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. 6/2025- CVH received its NCQA Accreditation on June 4. Out of the 26 applicable points, CalViva Health received all 26 points

Report Date 02/20/2025

Health Equity Annual Oversight Audit- HN	Oversight Audit Started April 2025, HealthNet Oversight audit completed with 100% Compliance, September 2, 2025.

Closing Health Equity Community Activities	Who	Activity
Community: Closing Activities	Mobile Health Clinic	Mobile health clinics were identified in Madera, Fresno, and Kings County. The goal was to strategize a way to bring these clinics together, identify the services they provide, and determine if there are any gaps in those services. Many of the mobile clinics expressed interest in collaborating with CVH to address areas such as well-child visits and vaccinations. However, when invited to join a collaborative meeting of all mobile health clinics, there was no response. At this time, we have concluded that many of the mobile health clinics are satisfied with their existing routines and established locations, and are not yet ready to unite as a collective workforce.
Community: Closing Activities	Network Improvement Community	Cradle to Career and the Fresno County Superintendent of Schools collaborated to develop a strategy aimed at ensuring children read at grade level by the end of third grade. The leadership team from the Fresno County Superintendent's office facilitated workgroups that included families from the identified zip code in this pilot program, as well as community leaders and system changers. This group focused on addressing key challenges such as limited access to childcare and healthcare services, a lack of understanding of early childhood development, food and economic insecurities, and the need for resource navigation. In the project's initial pilot, there were 58 students; however, one of the identified schools withdrew, leaving only two participating schools—Martinez and Teague Elementary—with a total of 39 students remaining. These students were organized into a cohort with full family support. Of the 39 identified students, only 2 (or 6%) were reading at grade level at the beginning of the pilot project. Goal: By June 2025, 100% of these students will be reading on grade level. Outcome

		Closing Activity may 2025: Data showed that 89% of the total identified students, or 32 students, were tested and reading at grade level. **CVH Contribution:** CVH participated in the NIC pilot as a community and strategy partner to identify more effective ways to assist families. CVH initiated a gathering of all Community-Based Organizations (CBOs) to align services and resources, making them more accessible to school sites. CVH also participated in and presented Cal Aim Services at the Central Valley Regional Assistance Center for Community Schools, aiming to address key challenges such as access to healthcare (including mental health and behavioral health), as well as food and economic insecurities through Medicaid-covered services such as Enhanced Case Management, Community Supports, and Community Health Workers (CHWs). The pilot cohort proved effective. By providing families with resources to tackle these challenges, school staff were able to focus exclusively on helping each student meet their reading level goals. There were many trials and errors throughout the year, and can improve by having a robust resource directory would enable the school system to swiftly allocate resources, eliminating time-consuming and frantic searches during urgent situations
Community: Closing Activities	WIC Pilot Program	Initially, the WIC pilot project aimed to assist and educate members about dual eligibility between Medi-Cal and WIC services. The goal was to provide a list of CVH members to the workgroup by July 2025. CVH planned to use contracted Community Health Workers (CHWs) to make outbound calls in the identified members list and provide education on dual eligibility. However, changes during the pilot's transition from the Department of Health Care Services (DHCS) to the Center for Data Insights and Innovation (CDII) which shifted the project's objectives. The new goal is to interview county program staff, community-based organizations (CBOs), and beneficiaries to identify barriers and experiences, ultimately establishing best practices for delivering services for CBOs. CVH HE Dept. does not work directly with members to provide the specific service; therefore, referred CDII to trusted partners and stakeholders in the community who work more closely with women, families, and community members who utilizes

		WIC and/or medical services.

Item #10
Attachment 10.I

Executive Dashboard

Month	2024 July	2024 August	2024 September	2024 October	2024 November	2024 December	2025 January	2025 Feburary	2025 March	2025 April	2025 May	2025 June	2025 July
CVH Members													
Fresno	349,399	348,729	347,975	348,113	346,388	344,539	343,331	343,661	344,009	343,946	344,786	345,260	345,340
Kings	38,370	38,254	38,133	38,078	38,137	38,356	38,319	38,416	38,595	38,593	38,656	38,654	38,730
Madera	49,258	49,373	49,507	49,666	49,757	49,814	49,686	49,936	50,015	50,185	50,466	50,725	50,974
Total	437,027	436,356	435,615	435,857	434,282	432,709	431,336	432,013	432,619	432,724	433,908	434,639	435,044
SPD	47,066	47,185	47,411	47,615	48,116	48,373	47,384	47,559	47,614	47,581	47,873	48,033	48,339
CVH Mrkt Share	66.90%	66.92%	66.92%	66.91%	66.87%	66.86%	66.70%	66.71%	66.75%	66.77%	66.79%	66.79%	66.78%
ABC Members													
Fresno	155,215	154,520	154,078	154,265	153,460	152,518	152,847	152,663	152,377	151,970	151,951	151,925	151,700
Kings	24,915	24,819	24,689	24,659	24,681	24,705	24,836	24,916	25,007	24,942	25,042	25,020	25,119
Madera	28,665	28,541	28,385	28,149	27,966	27,944	27,940	27,879	27,723	27,650	27,553	27,607	27,669
Total	208,795	207,880	207,152	207,073	206,107	205,167	205,623	205,458	205,107	204,562	204,546	204,552	204,488
Kasier													
Fresno	6,269	6,645	6,936	7,161	7,601	7,873	8,130	8,479	8,737	9,020	9,356	9,681	10,001
Kings	113	121	129	154	153	171	187	199	206	209	206	209	215
Madera	1,054	1,098	1,151	1,202	1,253	1,302	1,372	1,428	1,485	1,565	1,608	1,656	1,700
Total	7,436	7,864	8,216	8,517	9,007	9,346	9,689	10,106	10,428	10,794	11,170	11,546	11,916
Default													
Fresno	56.65%	59.99%	55.98%	58.51%	57.19%	60.02%		65.71%	61.18%	62.07%	60.31%	61.10%	
Kings	53.88%	53.85%	54.72%	54.02%	47.49%	56.30%			56.49%	42.30%	44.07%	57.76%	
Madera	61.66%	65.08%	66.39%	72.04%	57.60%	81.46%			63.13%	47.18%	46.80%	61.63%	
County Share of Choice as %													
Fresno	62.86%	62.71%	62.50%	63.30%	63.27%	59.51%		63.95%	64.88%	62.72%	61.33%	60.48%	
Kings	66.07%	58.59%	61.86%	69.74%	62.45%	60.92%		40.29%	61.16%	58.03%		52.59%	
Madera	65.38%	68.13%	69.84%	65.30%	64.17%	63.15%		69.36%	64.47%	71.61%	63.59%	65.45%	

IT Communications and Systems	Active Presence of an External Vulnerability within Systems	NO	Description: A good status indicator is all potential external vulnerabilities scanned and a very low identification of confirmed and/or potential vulnerabilities.
	Active Presence of Viruses within Systems	NO	Description: A specific type of malware (designed to replicate and spread) intended to run and disable computers and/or computer systems without the users knowledge.
	Active Presence of Failed Required Patches within Systems	NO	Description: A good status indicator is all identified and required patches are successfully being installed.
	Active Presence of Malware within Systems	NO	Description: Software that is intended to damage or disable computers and computer systems.
	Active Presence of Failed Backups within Systems	NO	Description: A good status indicator is all identified and required backups are successfully completed.
	Average Security Risk	2	Description: Average security risk for all hosts. 5 = High Severity. 1 = Low Severity
	Business Risk Score	24	Description: Business risk is expressed as a value (0 to 100). Generally, the higher the value the higher the potential for business loss since the service returns a higher value when critical assets are vulnerable.
	Average Age of Workstations	2.9 Years	Description: Identifies the average Computer Age of company owned workstations.
Message From The CEO	Microsoft will stop providing security updates for Windows 10 as of October 14, 2025. Any machines running Windows 10 that are eligible for the upgrade need to have it installed and those that are not eligible should be replaced. There are no workstation(s) in the Plan's environment currently running Windows 10. Microsoft has announced that Office 2016 and 2019 is ending official support in less than 2 months (October 14, 2025). 2 of the Plan's devices were impacted and a plan is in place to address the impacted devices.		

		Year	2024	2024	2024	2024	2025	2025
		Quarter	Q1	Q2	Q3	Q4	Q1	Q2
Member Call Center CalViva Health Website	**(Main) Member Call Center**	# of Calls Received	41,520	36,270	38,251	33,900	41,923	40,133
		# of Calls Answered	41,114	36,104	37,970	33,610	41,609	39,766
		Abandonment Level (Goal < 5%)	1.00%	0.50%	0.70%	0.90%	0.70%	0.90%
		Service Level (Goal 80%)	85%	98%	96%	93%	92%	94%
	Behavioral Health Member Call Center	# of Calls Received	940	864	957	827	1,008	917
		# of Calls Answered	936	859	950	816	1,004	909
		Abandonment Level (Goal < 5%)	0.40%	0.60%	0.70%	1.30%	0.40%	0.90%
		Service Level (Goal 80%)	97%	94%	93%	88%	95%	96%
	Transportation Call Center	# of Calls Received	9,469	13,007	14,196	14,123	14,958	15,899
		# of Calls Answered	9,384	12,942	13,940	14,010	14,868	15,819
		Abandonment Level (Goal < 5%)	0.60%	0.40%	1.50%	0.60%	0.40%	0.20%
		Service Level (Goal 80%)	79%	86%	63%	82%	86%	85%
	CalViva Health Website	# of Users	54,000	53,000	64,000	69,000	79,000	34,000
		Top Page	Main Page	Main Page	Main Page	Main Page	Main Page	Main Page
		Top Device	Mobile (61%)	Mobile (61%)	Mobile (67%)	Mobile (73%)	Mobile (70%)	Mobile (63%)
		Session Duration	~ 1 minute	~ 1 minute	~ 1 minute	~ 1 minute	~ 1 minute	~ 1 minute
Message from the CEO	Q2 2025 numbers are available. At present time, there are no significant issues or concerns as it pertains to the Plan's Call Center and Website activities. Approximately 2,000 members have registered and created a member portal account.							

Year	**2025**	**2025**	**2025**	**2025**	**2025**	**2025**	**2025**
Month	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**
Hospitals	**10**	**10**	**10**	**10**	**10**	**10**	**10**
Clinics	**161**	**161**	**161**	**161**	**161**	**161**	**162**
PCP	**440**	**438**	**441**	**431**	**435**	**440**	**445**
PCP Extender	**450**	**463**	**471**	**471**	**473**	**488**	**508**
Specialist	**1635**	**1637**	**1585**	**1589**	**1599**	**1624**	**1664**
Ancillary	**333**	**335**	**335**	**336**	**338**	**337**	**331**

Year	**2023**	**2024**	**2024**	**2024**	**2024**	**2025**	**2025**
Quarter	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**
Behavioral Health	**592**	**353**	**652**	**658**	**558**	**545**	**562**
Vision	**104**	**108**	**116**	**113**	**114**	**112**	**104**
Urgent Care	**16**	**16**	**16**	**16**	**17**	**17**	**16**
Acupuncture	**3**	**3**	**3**	**3**	**2**	**3**	**3**

Provider Network & Engagement Activities

Year	**2023**	**2023**	**2024**	**2024**	**2024**	**2024**	**2025**
Quarter	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
% of PCPs Accepting New Patients - Goal (85%)	**98%**	**96%**	**94%**	**94%**	**94%**	**91%**	**89%**
% Of Specialists Accepting New Patients - Goal (85%)	**98%**	**98%**	**97%**	**98%**	**97%**	**96%**	**96%**
% Of Behavioral Health Providers Accepting New Patients - Goal (85%)	**96%**	**93%**	**96%**	**97%**	**98%**	**99%**	**99%**

Year	**2025**	**2025**	**2025**	**2025**	**2025**	**2025**	**2025**
Month	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**
Providers Interactions by Provider Relations	**443**	**400**	**490**	**557**	**402**	**488**	**548**
Reported Issues Handled by Provider Relations	**22**	**36**	**45**	**28**	**25**	**23**	**7**
Documented Quality Performance Improvement Action Plans by Provider Relations	**43**	**10**	**74**	**74**	**26**	**32**	**6**
Interventions Deployed for PCP Quality Performance Improvement	**43**	**10**	**74**	**74**	**26**	**32**	**6**

Message From the CEO	At present time, there are no significant issues or concerns as it pertains to the Plan's Provider Network & Engagement Activities.

	Year	2023	2023	2024	2024	2024	2024	2025
	Quarter	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Claims Processing	Medical Claims Timeliness (30 days / 45 days) Goal (90% / 95%) - Deficiency Disclosure	99% / 99% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO
	Behavioral Health Claims Timeliness (30 Days / 45 days) Goal (90% / 95%) - Deficiency Disclosure	99% / 99% N/A	99% / 99% N/A	99% / 99% N/A	99% / 99% N/A	99% / 99% N/A	94% / 98% N/A	96% / 98% N/A
	Acupuncture Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	N/A	99% / 100% NO	100% / 100% NO
	Vision Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO
	Transportation Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO
	PPG 1 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	87% / 100% NO	76% / 100% NO	1% / 93% NO	(red)	(red)	(red)	(red)
	PPG 2 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	95% / 98% NO	99% / 99% NO	94% / 97% YES	88% / 99% YES	80% / 100% YES	79% / 95% YES	91% / 100% YES
	PPG 3 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	68% / 92% NO	47% / 89% YES	79% / 93% YES	99% / 100% NO	94% / 97% NO	96% / 100% YES	93% / 100% YES
	PPG 4 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	99% / 100% NO	99% / 100% NO	99% / 100% NO	98% / 100% NO	99% / 100% NO	99% / 100% NO	98% / 100% NO
	PPG 5 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	99% / 100% NO	99% / 100% NO	99% / 100% NO	99% / 100% NO	99% / 100% NO	100% / 100% NO	99% / 100% NO
	PPG 6 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	98% / 100% NO	98% / 99% NO	100% / 100% NO	99% / 100% YES	98% / 100% NO	99% / 100% NO	98% / 100% NO
	PPG 7 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% YES	99% / 100% YES	98% / 100% NO	99% / 100% NO	100% / 100% NO	99% / 100% NO	97% / 100% NO
	PPG 8 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	64% / 100% NO	95% / 100% NO	79% / 100% NO	100% / 100% NO	98% / 100% NO	100% / 100% NO
	PPG 9 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	(gray)	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO
Message from the CEO	Q1 2025 numbers were presented to the RHA Commission on July 17, 2025. Quarter 2 2025 numbers are not yet available.							

	Year	2023	2023	2024	2024	2024	2024	2025
	Quarter	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Provider Disputes	**Medical Provider Disputes Timeliness (45 days)** **Goal (95%)**	99%	99%	98%	99%	99%	99%	100%
	Behavioral Health Provider Disputes Timeliness (45 days) **Goal (95%)**	100%	100%	100%	100%	100%	100%	100%
	Acupuncture Provider Dispute Timeliness (45 Days) **Goal (95%)**	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Vision Provider Dispute Timeliness (45 Days) **Goal (95%)**	100%	100%	100%	100%	100%	100%	100%
	Transportation Provider Dispute Timeliness (45 Days) **Goal (95%)**	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	PPG 1 Provider Dispute Timeliness (45 Days) **Goal (95%)**	78%	98%	89%				
	PPG 2 Provider Dispute Timeliness (45 Days) **Goal (95%)**	31%	81%	100%	100%	100%	100%	100%
	PPG 3 Provider Dispute Timeliness (45 Days) **Goal (95%)**	66%	65%	70%	93%	99%	96%	99%
	PPG 4 Provider Dispute Timeliness (45 Days) **Goal (95%)**	55%	90%	97%	100%	100%	100%	100%
	PPG 5 Provider Dispute Timeliness (45 Days) **Goal (95%)**	65%	85%	98%	97%	97%	98%	100%
	PPG 6 Provider Dispute Timeliness (45 Days) **Goal (95%)**	63%	97%	100%	100%	100%	100%	100%
	PPG 7 Provider Dispute Timeliness (45 Days) **Goal (95%)**	67%	95%	100%	100%	100%	99%	100%
	PPG 8 Provider Dispute Timeliness (45 Days) **Goal (95%)**	99%	99%	100%	97%	100%	100%	100%
	PPG 9 Provider Dispute Timeliness (45 Days) **Goal (95%)**		N/A	100%	100%	100%	98%	100%
Message from the CEO	Q1 2025 numbers were presented to the RHA Commission on July 17, 2025. Quarter 2 2025 numbers are not yet available.							