

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

David Luchini, Director
Public Health Department

David Cardona, M.D.
At-large

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

Sal Quintero
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

Harold Nikoghosian
At-large

Madera County

David Rogers
Board of Supervisors

Sara Bosse
Public Health Director

Aftab Naz, M.D.
At-large

Regional Hospital

Vacant
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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DATE: September 9, 2022
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 15, 2022
1:30 pm to 3:30 pm**

Where to attend:

- 1) CalViva Health
7625 N. Palm Ave., #109
Fresno, CA
- 2) Woodward Park Library
Large Study Room
944 E. Perrin Ave.
Fresno, CA 93720
- 3) Family HealthCare Network
305 E. Center Avenue
Visalia, CA 93291

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

AGENDA

Fresno-Kings-Madera Regional Health Authority

Commission Meeting

September 15, 2022

1:30pm - 3:30pm

Meeting Location:

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

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

3) Family HealthCare Network
305 E. Center Avenue
Visalia, CA 93291

Item	Attachment #	Topic of Discussion	Presenter
1.		Call to Order	J. Neves, Co-Chair
2.		Roll Call	C. Hurley, Clerk
3. Action	Attachment 3.A Attachment 3.B Attachment 3.C Attachment 3.D Attachment 3.E Attachment 3.F Attachment 3.G	Consent Agenda: <ul style="list-style-type: none">• Commission Minutes dated 7/21/2022• Finance Committee Minutes dated 5/19/2022• QI/UM Committee Minutes dated 5/19/2022• PPC Committee Minutes dated 3/2/2022• PPC Committee Minutes dated 6/1/2022• PPC Committee Charter• Compliance Report <p><i>Action: Approve Consent Agenda</i></p>	J. Neves, Co-Chair
4.		Closed Session: The Board of Directors will go into closed session to discuss the following item(s)	
Action		A. Public Employee Appointment, Employment, Evaluation, or Discipline Title: Chief Executive Officer Per Government Code Section 54957(b)(1)	
Information		B. Conference with Legal Counsel-Existing Litigation Name of case: Case # 21CV381776 Per Government Code Section 54956.9(d)(1)	
Information		C. Public Employee Appointment, Employment, Evaluation, or Discipline Title: Chief Equity Officer	

Handouts will be available at meeting

PowerPoint Presentations will be used for item 5 – 7
One vote will be taken for combined items 5 – 7

5. Information Attachment 5.A **HEDIS®/MCAS Update** P. Marabella, MD, CMO

6. Action Attachment 6.A **2022 Quality Improvement Work Plan Mid-Year Evaluation** P. Marabella, MD, CMO
Attachment 6.B

- Executive Summary
- Work Plan Evaluation

Action: See item 6 for Action

7. Action Attachment 7.A **2022 Utilization Management Case Management Work Plan Mid-Year Evaluation** P. Marabella, MD, CMO
Attachment 7.B

- Executive Summary
- Work Plan Evaluation

Action: Approve 2022 Quality Improvement Work Plan Mid-Year Evaluation; and 2022 Utilization Management Work Plan Mid-Year Evaluation

8. Action Attachment 8.A **Standing Reports** D. Maychen, CFO
Attachment 8.B **Finance Report**

- Financial Report Fiscal Year End June 30, 2022
- Financials as of July 31, 2022

Attachment 8.C **Medical Management** P. Marabella, MD, CMO
Attachment 8.D

- Appeals and Grievances Report

Attachment 8.E

- Key Indicator Report

Attachment 8.F

- QIUM Quarterly Report

Attachment 8.G

- Credentialing Sub-Committee Quarterly Report
- Peer Review Sub-Committee Quarterly Report

Attachment 8.H **Executive Report** J. Nkansah, CEO
Attachment 8.I

- Executive Dashboard
- BL 22-013 Medi-Cal Procurement Update

Action: Accept Standing Reports

9. Final Comments from Commission Members and Staff

10. Announcements

11. 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.

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 20, 2022 in Fresno County
CalViva Health, 7625 N. Palm Ave., Ste. 109, Fresno, CA 93711

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

Item #3

Attachment 3.A

Commission Minutes
Dated 7/21/22

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
July 21, 2022

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

Commission Members			
✓	Sara Bosse , Director, Madera Co. Dept. of Public Health	✓	David Luchini , Director, Fresno County Dept. of Public Health
✓	David Cardona , M.D., Fresno County At-large Appointee	✓	Aftab Naz , Madera County At-large Appointee
✓	Aldo De La Torre , Community Medical Center Representative	✓	Joe Neves , Vice Chair, Kings County Board of Supervisors
✓	Joyce Fields-Keene , Fresno County At-large Appointee	✓	Harold Nikoghosian , Kings County At-large Appointee
	John Frye , Commission At-large Appointee, Fresno	✓	Sal Quintero , Fresno County Board of Supervisor
	Soyla Griffin , Fresno County At-large Appointee	✓	Rose Mary Rahn , Director, Kings County Dept. of Public Health
✓	David Hodge , M.D., Chair, Fresno County At-large Appointee	✓	David Rogers , Madera County Board of Supervisors
	Kerry Hydash , Commission At-large Appointee, Kings County	✓	Brian Smullin , Valley Children’s Hospital Appointee
			Paulo Soares , Commission At-large Appointee, Madera County
Commission Staff			
✓	Jeff Nkansah , Chief Executive Officer (CEO)	✓	Mary Lourdes Leone , Chief Compliance Officer
✓	Daniel Maychen , Chief Financial Officer (CFO)	✓	Amy Schneider , R.N., Director of Medical Management
✓	Patrick Marabella, M.D. , Chief Medical Officer (CMO)	✓	Cheryl Hurley , Commission Clerk
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	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order	The meeting was called to order at 1:31 pm. A quorum was present	
#2 Roll Call Cheryl Hurley, Clerk to the Commission	A roll call was taken for the current Commission Members.	<i>A roll call was taken</i>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#3 Confirmed Fresno County At-Large Reappointment</p> <p>Information David Hodge, MD, Chairman</p>	<p>Fresno County Board of Supervisors reappointed Dr. Hodge and Dr. Cardona for an additional three-year term.</p>	<p>No Motion</p>
<p>#4 Consent Agenda</p> <ul style="list-style-type: none"> a) Commission Minutes dated 5/19/2022 b) Finance Committee Minutes dated 3/17/2022 c) QI/UM Committee Minutes dated 3/17/2022 d) Finance Committee Charter e) Credentialing Committee Charter f) Peer Review Committee Charter g) QIUM Committee Charter <p>Action D. Hodge, MD, Chair</p>	<p>All consent items were presented and accepted as read.</p>	<p>Motion: Approve Consent Agenda 13 – 0 – 0 – 4</p> <p><i>(Neves / Naz)</i></p>
<p>#5 Closed Session</p> <p>A. Government Code section 54956.8 – Conference with Real Property Negotiators.</p>	<p>Jason Epperson, General Counsel, reported out of Closed Session.</p> <p>Regarding Government Code section 54956.8 – conference with real property negotiators– discussion of service, program or facility, regarding 7625 N. Palm Avenue. The item was discussed and direction was given to the negotiator.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Closed Session concluded at 1:38 pm.	
<p>#6 CEO Annual Review Ad-Hoc Committee Selection</p> <p>Action D. Hodge, MD, Chair</p>	Commission members selected for the CEO Annual Review ad-hoc committee are: Dr. Hodge, Harold Nikoghosian, and Dr. Naz.	Members were selected.
<p>#7 Conflict of Interest Code</p> <p>Action D. Hodge, MD, Chair</p>	The amended Conflict of Interest Code was presented. One change was to remove the eliminated position of Chief Operating Officer. The COIC is subject to a 45-day comment period and approval by the FPPC.	<p>Motion: Amended COIC was accepted.</p> <p>13 – 0 – 0 – 4</p> <p>(Neves / Smullin)</p>
<p>#8 Review of Fiscal Year End Goals – FY 2022</p> <p>Information J. Nkansah, CEO</p>	Results for fiscal year end 2022 goals were presented to Commissioners. No comments or concerns from Commissioners were expressed.	No Motion
<p>#9 Goals and Objectives for FY 2023</p> <p>Action J. Nkansah, CEO</p>	The goals and objectives for FY 2023 were presented to Commissioners. Previously, Strategic Planning was primarily focused on the development and creation of the Community Support Program. Now that the Community Support Program has been implemented all results and outcomes moving forward will be reported out under the line-item Funding of Community Support Program; it will only include the activities and initiatives that were completed during that particular fiscal year. There are two new goals starting FY 2023; one being 2024 Medi-Cal Contract Readiness, and Health Plan Accreditation. All other goals are in line with prior fiscal year goals.	<p>Motion:</p> <p>13 – 0 – 0 – 4</p> <p>(Rogers / Bosse)</p>
<p>#10 Standing Reports</p>	Finance	Motion: Standing Reports Approved

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Finance Reports Daniel Maychen, CFO 	<p><u>Financials as of May 31, 2022:</u></p> <p>Total current assets recorded were approximately \$259.2M; total current liabilities were approximately \$142.8M. Current ratio is approximately 1.82. In relation to the liability account, amount due to DHCS, CalViva has been recording approximately \$1.4M per month MCO Tax gain beginning January 2022, primarily due to when DHCS created the MCO tax revenue rate for 2022, they utilized a lower enrollment projection as they assumed the PHE would end December 2021. When utilizing a lower enrollment projection, it results in a higher MCO tax revenue rate, which is why the Plan has been recognizing the MCO tax gain since January 2022; however, based off of a recent DHCS CFO meeting, DHCS indicated they are looking to revise the enrollment projections to bring them up and by doing so, that would bring down the Plan’s MCO tax revenue rate. DHCS will be essentially recouping the MCO tax gain. As a result, the Plan booked a reduction in revenues in May 2022 and a corresponding liability due to DHCS (i.e., Amount due to DHCS) that amounted to approximately \$6.8M through May 2022 and it will be a little over \$8M by the end of June 30, 2022 when booked for June 2022. Moss Adams was in agreement with how the Plan accounted for MCO Tax recoupment. DHCS is looking to recoup the MCO tax gain by Q1 2023.</p> <p>Total net equity as of the end of May 2022 was approximately \$126.2M which is approximately 748% above the minimum DMHC required TNE amount.</p> <p>From July 2021 through May 2022, interest income actual recorded was approximately \$388K which is approximately \$300K more than budgeted due to a new accounting standard called GASB 87 which requires a portion of lease revenue to be recorded as interest income. Premium capitation income actual recorded was approximately \$1.2B which is approximately \$76M more than budgeted primarily due to rates and enrollment being higher than projected.</p>	<p>13 – 0 – 0 – 4 (Nikoghosian/Naz)</p> <p><i>A roll call was taken</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Total cost of medical care expense actual recorded is approximately \$1B which is approximately \$71.3M more than budgeted due to the same reasons as stated above referencing premium capitation income difference. Admin service agreement fees expense actual recorded was approximately \$47.8M, which is approximately \$1.9M more than projected due to higher-than-budgeted enrollment. All other expense line items are in line or below what was budgeted.</p> <p>Total net income through 11 months of FY 2022 actual recorded was approximately \$7.1M which is approximately \$4M more than budgeted primarily due to rates and enrollment being higher than projected; and also, in the FY 2022 budget, the Plan projected a \$2.2 MCO tax loss. However, because the Plan’s actual enrollment was higher than budgeted, the budgeted MCO tax loss did not materialize, noting that the MCO tax revenue is directly correlated to the Plan’s actual membership amount.</p> <p><u>Revised FY 2023 Budget:</u></p> <p>When the FY 2023 budget was created, it was estimated that the License Expense would increase approximately 10% from the FY 2022 amount which is on the higher end of historical rate increases by DMHC. The Plan understood there would be an increase to the DMHC license amount as we had higher enrollment and there was a general increase in operating costs; however, when the invoice from DMHC was received, it was approximately 44% higher from the prior year amount. The Plan contacted DMHC in reference to the higher DMHC license fee amount and they indicated that they have increasing compensation costs in addition to increase in DMHC staffing. DMHC uses the license fee amounts to fund their oversight over Health Plans. In addition, DMHC released an All-Plan Letter (“APL”) that explained why there was a significantly large increase. Because of this large increase, this warranted a revised FY 2023 Budget to account for the increase of License Expense</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> • Compliance M.L. Leone, CCO 	<p>by approximately \$298K. This is the only change made to the FY 2023 budget that was approved by the Commission in May 2022. The net income impact is the same at \$298K. Instead of the initial FY 2023 projected net income of \$4.9M, the revised FY 2023 projected net income is approximately \$4.6M. If approved by the Finance Committee, the revised FY 2023 will go to the Commission for full review and adoption at today’s Commission meeting.</p> <p>Compliance</p> <p>There were 93 Administrative & Operational regulatory filings for total YTD 2022; 18 Member Materials filed for approval; 104 Provider Materials reviewed and distributed; and 27 DMHC filings.</p> <p>There were 23 Privacy & Security Breach Cases that were No-Risk/Low-Risk cases filed total YTD 2022.</p> <p>There was one (1) Fraud, Waste & Abuse MC609 case filed with DHCS; and 11 cases open for investigation with HN SIU department for total YTD 2022.</p> <p>The Annual Oversight Audits of HN in-progress are Access and Availability; and Provider Network/Provider Relations. Oversight Audits completed since the last Commission report are the Appeals & Grievances (CAP), Continuity of Care (No CAP), and the Q1 2022 PDR (No CAP).</p> <p>The Plan is still awaiting the DMHC’s final determination on the 2021 CAP response of the 2021 DMHC 18-month follow-up audit.</p> <p>The Plan is still awaiting DHCS’ final response in order to close the 2020 CAP in reference to the DHCS 2020 Medical Audit.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The Plan has not yet received response from DHCS as to a specific date for the 2022 DHCS Exit Conference in relation to the DHCS 2022 Medical Audit.</p> <p>DMHC issued its 2022 Financial Audit Final Report findings on 7/13/22. Of the two findings the DMHC previously noted in its Preliminary report, the DMHC stated that the Plan had corrected the one related untimely acknowledgement of provider disputes and no further action is required. Regarding the finding related to inaccurate reimbursement of claims, the DMHC stated that the Plan's submitted response was not fully responsive to the corrective action and therefore is required to complete the claims remediation by 8/5/22, and submit monthly status reports to the DMHC until the CAP is completed.</p> <p>On 5/13/22, the DHCS approved the Plan's Enhanced Care Management (ECM) Model of Care (MOC) for Fresno and Madera counties (i.e., Phase 2 counties). As of July 1, 2022, the populations of focus for Individuals and Families Experiencing Homelessness; Adult High Users; and Adult SMI/SUD ECM have been approved for Kings, Fresno and Madera counties.</p> <p>As of 7/1/22 (MLL noted slide 7 had a typo in this date), the Community Supports for Housing Transition Navigation Services; Environmental Accessibility Adaptations; Housing Deposits; Asthma Remediation; Housing Tenancy & Sustaining Services; and Medically Tailored Meals have been approved for Kings, Fresno and Madera counties</p> <p>DHCS implemented the Housing and Homelessness Incentive Program (HHIP) starting January 1, 2022 and concluding December 31, 2023 with Medi-Cal Managed Care Plans (MCPs). The Plan submitted the required Local Homelessness Plan (LHP) on 6/30/22.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Medical Management P. Marabella, MD, CMO 	<p>Effective July 1, 2022, the Fresno-Kings-Madera Regional Health Authority and Health Net Community Solutions, Inc. executed the 12th Amendment to the Capitated Provider Service Agreement (CPSA). Revisions included Incentive Payments; Cultural and Linguistic Services; Preparation and Retentions of Records, Access to Records, Audits; Subcontracting Under the Agreement; and Capitation Payment.</p> <p>DHCS issued its 2024 Procurement Contract “Operational Readiness Work Plan” on 6/30/22. The work plan contains 238 deliverables that must be submitted during three phases: Phase 1 - August 12, 2022 – December 8, 2022; Phase 2 - December 15, 2022 - March 31, 2023; and Phase 3 – April 20, 2023 - July 31, 2023.</p> <p>The Public Policy Committee (PPC) was held on June 1, 2022 at 11:30am in the Plan’s Administrative Office however a quorum was not present. Consequently, the Minutes to the March 2, 2022 PPC meeting and the 2022 Public Policy Committee Charter will be presented for approval at the 9/7/22 PPC meeting. The following reports were presented: 2021 HE Work Plan Evaluation; 2022 HE Program Description; 2022 HE Work Plan; 2021 Health Equity Work Plan Evaluation; 2021 Language Assistance Program; 2022 Health Equity Program Description; 2022 Health Equity Work Plan; and the Q1 2022 Appeals & Grievance Report. There were no recommendations for referral to the Commission. The next meeting will be held on September 7, 2022 at 11:30am in the Plan’s Administrative Office.</p> <p>Medical Management</p> <p><u>HEDIS® Update</u></p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The final HEDIS® results for CalViva for MY2021 have been received. Dr. Marabella provided a verbal update noting that Madera County met the 50th percentile benchmark for all required measures; 100% met goal. Kings County achieved the 50th percentile goal for 73% of measures with Childhood Immunizations, Immunizations for Adolescents, and Well-Child & Adolescent Visits coming in under the benchmark. Fresno County also achieved the 50th percentile goal for 73% of measures with Breast Cancer Screening, Childhood Immunizations, and Well-Child & Adolescent Visits coming in under the benchmark.</p> <p>CalViva has recently completed two (2) PDSA Improvement Projects:</p> <ul style="list-style-type: none"> • Cervical Cancer Screening: <ul style="list-style-type: none"> ○ Multi-disciplinary team formed with high volume, low compliance clinic in Fresno County. ○ Successful Outreach and Education Effort. ○ 125 out of 249 Pap Tests were performed from 02/16/22 to 06/15/22. ○ PDSA was submitted to DHCS 07/11/22; awaiting feedback. • Comprehensive Diabetes Care: <ul style="list-style-type: none"> ○ Multi-disciplinary team formed with high volume, low compliance clinic in Fresno County. ○ Challenging project with useful tools and process established. ○ Data analysis revealed a small population of members with HbA1c >9% at the targeted clinic. ○ Dietitian Education & Counseling Sessions for 22 members to reduce A1c values. ○ Identified a dietitian to provide sessions. ○ Geo-mapping used to determine a convenient location for classes. ○ Education & Counseling Process Established. ○ Member incentives at designated intervals. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The two Performance Improvement Projects (PIPs) are scheduled to close 12/31/22:</p> <ul style="list-style-type: none"> • Childhood Immunizations 0-2 years: <ul style="list-style-type: none"> ○ Initiated Text Messaging Campaign Sep '21 ○ CIS-10 Rate in Fresno County & Clinic declining ○ Began analysis to identify any trends or determine if flu vaccine is bringing rate down. ○ Discovered first HepB shot missing for many newborns and not in CAIR. Software issue. ○ When HepB data added into rates, the baseline and SMART Aim goal needed to be revised. A statistically significant improvement has been attained and sustained since this project was initiated. • Breast Cancer Screening Disparity Project: <ul style="list-style-type: none"> ○ Hmong Sisters Educational Event at The Fresno Center (TFC) On 09/24/21 ○ Unable to schedule mammograms at the event & the Women's Imaging Center was unable to contact the women to schedule their mammogram after the event. ○ Ultimately the event produced only ONE (1) mammogram! ○ BCS Rates continued to Decline ○ Second intervention initiated, mobile mammography at the targeted FQHC ○ With mobile mammogram events completion rates have increased currently to 33% with aa goal of 47.8% ○ In an effort to convince more Southeast Asian women to complete their mammograms, a video was created to showcase testimonials of three local Southeast Asian women telling their personal stories with mammography and breast cancer. The videos are in Hmong, Lao and English. ○ Our videos will be shown on Hmong TV, YouTube, and in local provider offices. <p>Projects going forward consist of:</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • The two PIPs through December 31, 2022 with the final analysis due April 2023. • Awaiting guidance from DHCS on Projects for 2022-2023. <p><u>Appeals and Grievances Dashboard</u></p> <p>Dr. Marabella presented the Appeals & Grievances Dashboard through May 2022.</p> <ul style="list-style-type: none"> • The total number of grievances remained consistent with prior months. The majority of grievances were Quality-of-Service related. • Quality of Care Grievances in May were also consistent with previous months. • Exempt Grievances remain consistent when compared to recent months and last year. • Appeals through May 2022 have remained consistent with recent months, but fewer than previous years. <p><u>Key Indicator Report</u></p> <p>Dr. Marabella presented the Key Indicator Report (KIR) for May 2022.</p> <p>A summary was shared that provided the most recent data for Admissions, Bed Days, Average Length of Stay, and Readmissions through May 2022. Membership continues to increase; Utilization for TANFs and SPDs has leveled off.</p> <p>ER Utilization rates remained steady in Q1 2022 when compared to Q2 2020.</p> <p>Case Management results through May 2022 have shown increased referrals and engagement and demonstrate positive outcomes in all areas (Integrated, Perinatal, Transitional, and Behavioral).</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><u>Credentialing Sub-Committee Quarterly Report</u></p> <p>The Credentialing Sub-Committee met on May 19, 2022. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering Q4 2021 were reviewed for delegated entities, and Q1 2022 for MHN and Health Net.</p> <p>The 2022 Credentialing Sub-Committee Charter was reviewed and approved without changes.</p> <p>There was no case activity to report for the Q1 2022 Credentialing Report from Health Net.</p> <p><u>Peer Review Sub-Committee Quarterly Report</u></p> <p>The Peer Review Sub-Committee met on May 19, 2022. The county-specific Peer Review Sub-Committee Summary Reports for Q1 2022 were reviewed for approval. There were no significant cases to report.</p> <p>The 2022 Peer Review Sub-Committee Charter was reviewed and approved without changes.</p> <p>The Q1 2022 Peer Count Report was presented with a total of three (3) cases reviewed. There was one (1) case closed and cleared. There were no cases pending closure for Corrective Action Plan compliance. There were no cases with outstanding CAPs. There were two (2) cases pended for further information.</p> <p>Ongoing monitoring and reporting will continue.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> • Executive Report J. Nkansah, CEO 	<p>Executive Report</p> <p>The enrollment through May 31, 2022 is 405,014 members. Enrollment is likely to continue to increase while the Public Health Emergency (PHE) is in place. The PHE has been extended for an additional 90-days to approximately October 13, 2022. It is expected there will be a 60-day notice prior to the end of the PHE. With cases increasing, there is a possibility that the PHE will be extended yet again. The previous concern in reference to the State’s default algorithm for enrollment may soon be alleviated. There is hope that with the Plan’s current HEDIS scores, Encounter submitting performance, and the percent of members assigned to Safety Net Providers during the current evaluation period, if the State decides to recalculate the algorithm for default enrollment, the results may be favorable to the Plan. If that happens, the Plan will be in a better position to increase their default algorithm allowing for a better percentage of members to be assigned to the Plan in circumstances where a Plan choice was not made.</p> <p>There are no significant issues, concerns, or items to note as it pertains to the Plan’s IT Communications and Systems. The Plan continues to strengthen the security protocol. Firewall protections were upgraded at the end of May 2022.</p> <p>There are no significant issues or concerns as it pertains to the Call Center, CVH Website, Provider Network Activities, and Provider Relations.</p> <p>For Claims Processing the Q1 2022 numbers are available. Three PPGs did not meet the Claims Timeliness goals, and one group disclosed a deficiency. The Plan is working with those groups for compliance. Pharmacy Claims Timeliness has been removed from report due to the transition to Medi-Cal RX effective 1/1/22.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>In reference to Provider Disputes there was one group that did not meet goal. Management is working with PPG to improve performance.</p> <p><u>Medi-Cal Procurement Update</u></p> <p>On June 15, 2022, DHCS informed Local Plans of their intent to initiate an Operational Readiness Requirement for the new contract which will become effective on January 1, 2024. DHCS has requested documents from Local Plans to be submitted beginning August 2022 through July 2023.</p> <p>Several key elements were formalized in AB 2724, the statewide direct contract DHCS is entering with Kaiser. One element is that before the contract goes into effect DHCS has to conduct a Kaiser readiness assessment of Kaiser’s Behavioral Health Network, and network adequacy requirements and post any findings of that assessment on the DHCS website, which includes any CAPs. The second element is a requirement for DHCS to report out to legislature at the midway point of the contract which will be due in 2026 in terms of how Kaiser’s performance is to date.</p> <p>One key point to note is although Kaiser is coming into Fresno, Kings, and Madera counties, the geographic area is tied to their DMHC licensing contract and that’s where they already provide access to commercial coverage. For example, even though they may be in Fresno County, they may not be licensed to deliver services in all zip codes in the County which would result in members not being eligible for Kaiser Medi-Cal.</p>	
<p>#11 Final Comments from Commission Members and Staff</p>	<p>CalViva is having an event on August 6, 2022 sponsoring a back-to-school night at the Grizzlies game. CVH in collaboration with its partners have secured over 2,000 backpacks that will be distributed free to children who attend this event. Announcements will be broadcast throughout the evening during the event promoting well-child visits encouraging people to make appointments in</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	preparation for a healthy start to the school year. Vouchers for the game have been distributed to community partners so their population group of members are able to attend. The goal and reason for distributing the vouchers to our community partners is to ensure those children who are most in need will be in attendance to receive a free backpack.	
#12 Announcements		
#13 Public Comment		
#14 Adjourn	The meeting was adjourned at 2:52 pm. The next Commission meeting is scheduled for September 15, 2022 in Fresno County.	

Submitted this Day: _____

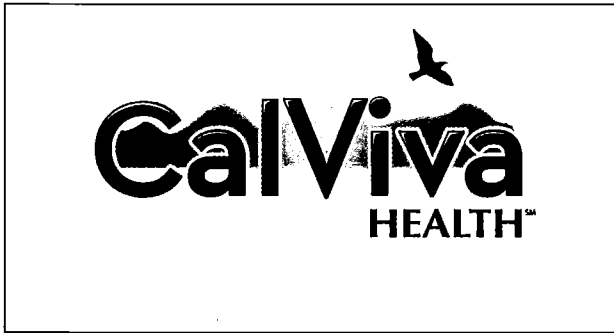
Submitted by: _____

Cheryl Hurley
Clerk to the Commission

Item #3

Attachment 3.B

Finance Committee Minutes
Dated 5/19/22



**CalViva Health
Finance
Committee Meeting Minutes**

May 19, 2022

Meeting Location

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

Finance Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	Daniel Maychen, Chair	✓	Cheryl Hurley, Office Manager
✓	Jeff Nkansah, CEO	✓	Hector Torres, Senior Accountant & MIS Analyst
	Paulo Soares		
✓	Joe Neves		
	Harold Nikoghosian		
✓*	David Rogers		
✓	John Frye		
		✓	Present
		*	Arrived late/Left Early
		•	Teleconference

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	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 17, 2022 Attachment 2.A Action D. Maychen, Chair	The minutes from the March 17, 2022 Finance meeting were approved as read.	Motion: <i>Minutes were approved 4-0-0-3 (Frye / Neves)</i>
#3 Financial Statements as of	Total current assets recorded were approximately \$268M; total current	Motion: <i>Financials as of March 31,</i>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>March 31, 2022</p> <p>Action</p> <p>D. Maychen, Chair</p>	<p>liabilities were approximately \$149.3M. Current ratio is approximately 1.8. Total net equity as of the end of March 2022 was approximately \$128.5M which is approximately 760% above the minimum DMHC required TNE amount.</p> <p>For the first nine months of FY 2022, interest income actual recorded was approximately \$241K which is approximately \$169K more than budgeted due to a new accounting standard called GASB 87 which requires a portion of lease revenue to be recorded as interest income. Premium capitation income actual recorded was approximately \$1.015B which is approximately \$47.2M more than budgeted primarily due to overall rates and enrollment being higher than projected. Also, for FY 2022 a projected \$2.2M MCO tax loss did not occur as enrollment was higher than projected, noting that the MCO tax revenue is directly tied to actual enrollment. Furthermore, in January 2022, DHCS updated the Plan's MCO tax revenue rate which increased the Plan's MCO tax revenue which led to approximately a \$3.4M MCO tax gain for FY 2022.</p> <p>Total cost of medical care expense actual recorded is approximately \$834.5M which is approximately \$39.6M more than budgeted due to the same reasons as stated above referencing revenue. Admin service agreement fees expense actual recorded was approximately \$38.9M, which is approximately \$1.2M more than projected due to higher-than-budgeted enrollment. All other expense line items are in line or below what was budgeted.</p> <p>Total net income through March 2022 actual recorded was approximately \$9.4M which is approximately \$7.3M more than budgeted primarily due to rates and enrollment being higher and the MCO tax loss the Plan projected for FY 2022 that did not materialize due to higher-than-expected enrollment, and the updated MCO tax revenue rate beginning January 2022 which has caused the Plan to book an</p>	<p><i>2022 were approved</i></p> <p><i>5 – 0 – 0 – 2</i></p> <p><i>(Neves / Rogers)</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	approximate \$3.4M MCO tax gain. <i>Supervisor Rogers arrived at 11:33 am</i>	
#4 Finance Committee 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: <i>Finance Charter was approved to move to Commission for full approval.</i> 5-0-0-2 (Rogers / Frye)
#5 Announcements	Hector Torres was introduced as the new Senior Accountant and MIS Analyst. The DMHC financial examination audit concluded on May 3, 2022. A preliminary audit report was issued with two findings. Both were related to claims and PDRs that Health Net processes on the Plan's behalf. A sample of claims were found not to be paid accurately mainly due to a contracting load issue. The second finding was related to a sample of PDRs that had untimely PDR acknowledgement due to COVID and staffing issues. The Plan is to respond to DMHC by June 13, 2022. A final report will be issued 45 days after response is due.	
#6 Adjourn	Meeting was adjourned at 11:38 am	

Submitted by: *Cheryl Hurley*
 Cheryl Hurley, Clerk to the Commission
 Dated: *7.21.22*

Approved by Committee: *Daniel Maychen*
 Daniel Maychen, Committee Chairperson
 Dated: *7/21/2022*

Item #3

Attachment 3.C

QIUM Committee Minutes
dated 5/19/22

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
QI/UM Committee
Meeting Minutes**
May 19th, 2022

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., CalViva Chief Medical Officer, Chair	✓	Amy Schneider, RN, Director of Medical Management Services
	Fenglaly Lee, M.D., Central California Faculty Medical Group	✓	Iris Poveda, Medical Management Administrative Coordinator
✓	Paramvir Sidhu, M.D., Family Health Care Network	✓	Tommi Romagnoli, Medical Management Nurse Analyst
	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Mary Lourdes Leone, Chief Compliance Officer
✓	Raul Ayala, MD, Adventist Health, Kings County		Maria Sanchez, Compliance Manager
	Joel Ramirez, M.D., Camarena Health Madera County	✓	Patricia Gomez, Senior Compliance Analyst
✓	Rajeev Verma, M.D., UCSF Fresno Medical Center		
	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)		
Guests/Speakers			

✓ = in attendance

* = Arrived late/left early

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order Patrick Marabella, M.D Chair	The meeting was called to order at 10:35am. A quorum was present.	
#2 Approve Consent Agenda Committee Minutes: March 17, 2022 - CCC DMHC Expedited Grievance Report (Q1) - A&G Validation Audit Summary (Q1) - A&G Classification Audit Report (Q1) - A&G Inter Rater Reliability Report (Q1) - Specialty Referrals Report (Q1-	The March 17 th , 2022 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. A link for Medi-Cal Rx Contract Drug List was available for reference.	Motion: <i>Approve</i> Consent Agenda (Verma/Sidhu) 4-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Q3 2021)</p> <ul style="list-style-type: none"> - Standing Referrals Report (Q1) - Concurrent Review IRR Report (Q1) - California Children’s Service Report (Q1) - Medical Policies Provider Updates (Q1) <p>(Attachments A-J)</p> <p>Action Patrick Marabella, M.D Chair</p>		
<p>#3 QI Business</p> <ul style="list-style-type: none"> - A&G Dashboard (March) - A&G Executive Summary (Q1) - A&G Quarterly Member Report (Q1) - Quarterly A&G Member Letter Monitoring Report (Q1) <p>(Attachments K-N)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the Appeals & Grievances Dashboard through March 2021.</p> <ul style="list-style-type: none"> ➤ The total number of grievances remains consistent. The majority of grievances were Quality-of-Service related. ➤ Quality of Care Grievances are higher when compared to last year’s end of year totals. ➤ Exempt Grievances remain consistent when compared to last year’s end of year totals. <p>As expected, Appeals for Q1 2022 have decreased when compared to last year due to the implementation of Medi-Cal Rx (medication related appeals are managed by the state) and improvement noted for Advanced Imaging (providers have become familiar with the criteria).</p> <p>Dr. Ayala asked about the timeframes for the Access Timeliness standards associated with some of the grievances reported. These standards will be emailed out to the committee members for their reference.</p> <p>The A & G Member Letter Monitoring Report provides a summary of the daily audits of acknowledgement and resolution letters. The most common issue in Q1 was related to CPT codes that needed to be removed. It was also noted that the Corrective Action Plan (CAP) related to use of “clear and concise” language from the 2019 DMHC audit has been cleared. The process for A & G letter monitoring going forward is currently under review.</p>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - A&G Dashboard (March) - A&G Executive Summary (Q1) - A&G Quarterly Member Report (Q1) - Quarterly A&G Member Letter Monitoring Report (Q1) <p>(Ayala/Sidhu) 4-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#3 QI Business - Potential Quality Issues (Q1) (Attachment O)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Potential Quality Issues (PQI) Report provides a summary of Potential Quality Issues (PQIs) identified during the reporting period that may result in substantial harm to a CVH member. PQI reviews may be initiated by a member, non-member or peer review-activities. 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. Data for Q1 was reviewed for all case types including the follow up actions taken when indicated.</p> <ul style="list-style-type: none"> ➤ There were two (2) non-member-generated PQI's in Quarter 1, fewer than recent quarters. ➤ Member generated PQI's slightly decreased based on previous quarters with a total of 81 cases. ➤ Total of three (3) peer review generated cases. One (1) case closed and two (2) cases open. <p>The number of peer review cases varies from quarter-to-quarter independent of the other case types. Follow up has been initiated when appropriate.</p>	<p>Motion: <i>Approve</i> - Potential Quality Issues (Q1) (Sidhu/Verma) 4-0-0-2</p>
<p>#3 QI Business - Provider Office Wait Time Report (Q1) (Attachment P)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Provider Office Wait Time Report for Q1 was presented. Health plans are required to monitor waiting times in providers' offices to validate timely access to care and services. This report provides a summary that focuses on Quarter 1 2022 monitoring for Fresno, Kings and Madera Counties. All counties are within the 30-minute office wait time threshold for both mean and median metrics.</p> <ul style="list-style-type: none"> ➤ The combined number of providers per county who submitted data in Quarter 1 is as follows: Fresno-34, Kings-1, and Madera-5 for a total of 835 patients monitored. ➤ The number of providers submitting data decreased slightly in Quarter 1 2022 for all counties combined when compared to Q4 2021 which had 44 providers, but the number of patients monitored increased when compared to Q4 2021 which had 748 patients. 	<p>Motion: <i>Approve</i> - Provider Office Wait Time Report (Q1) (Ayala/Sidhu) 4-0-0-2</p>
<p>#4 Health Equity & Health Education Business - Health Equity Work Plan End of Year Evaluation & Executive Summary 2021 - Health Equity Program Description 2022 - Health Equity Work Plan 2022</p>	<p>Dr. Marabella presented the Health Equity 2021 Executive Summary and Annual Evaluation; 2022 Change Summary and Program Description; and 2022 Executive Summary and Work Plan.</p> <p>All Work Plan activities for 2021 were completed in the following areas:</p> <ul style="list-style-type: none"> • Language Assistance Services: 70 staff completed Bilingual assessment/re-assessment; and Population Needs Assessment was completed with Quality Improvement (QI) and Health Education (HE). • Compliance Monitoring: Investigated and completed follow up on 53 grievances in 2021 with 	<p>Motion: <i>Approve</i> - Health Equity Work Plan End of Year Evaluation & Executive Summary 2021 - Health Equity Program Description</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>- Health Equity Language Assistance Program Report (Attachments Q-T)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>eight (8) interventions; and updated all Health Equity Policies.</p> <ul style="list-style-type: none"> • Communication, Training and Education: Conducted Fifteen (15) Call Center Training sessions; and implemented 2-part Implicit Bias Training & 2-part Motivational Interviewing training reaching over 600 providers. • Health Literacy, Cultural Competency & Health Equity: Completed review of 89 English materials; updated the Provider Health Literacy toolkit; and collaborated on the intervention development and implementation for the Breast Cancer Screening PIP. <p>The 2022 Program Description changes include the following:</p> <ul style="list-style-type: none"> • Department name changed from Cultural & Linguistics (C&L) to Health Equity. • Updated language regarding access to interpreters due to effects of pandemic. • Other minor edits included removing Chief Operating Officer from appendix and other updates related to Staff Resources. <p>The 2022 Work Plan is consistent with 2021, while incorporating and enhancing the following:</p> <ul style="list-style-type: none"> • Rebrand the Health Literacy Program and explore a new system to store EMR data. • Support the Childhood Immunizations Improvement Project. • Collaborate with partners to support the PDSA project efforts. <p>The Language Assistance Program Annual Evaluation analyzes and compares language service utilization at the end of each year. Year over year comparisons are also made. The conclusions from the Language Assistance Program annual report are:</p> <ul style="list-style-type: none"> • Spanish and Hmong continue to be CalViva Threshold Languages. Spanish consistently has the highest volume. • Most interpretation (68%) is done via telephonic interpreters (down from 83% in 2020) • 28% was face-to-face interpretation (up from 14% in 2020) • 4% was Sign language (up from 3% in 2020) • with Video Remote Interpreting (VRI) remaining a low volume service at less than 1%. <p>Limited English and non-English membership remain high for CVH population and therefore interpreter services are integral to maintaining safe, high-quality care.</p>	<p>2022</p> <ul style="list-style-type: none"> - Health Equity Work Plan 2022 - Health Equity Language Assistance Program Report (Verma/Sidhu) <p>4-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#4 Health Equity & Health Education Business</p> <ul style="list-style-type: none"> - Health Education Work Plan End of Year Evaluation & Executive Summary 2021 - Health Education Program Description 2022 - Health Education Work Plan 2022 <p>(Attachments U-W)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the Health Education Executive Summary, the 2021 Annual Evaluation, the 2022 Change Summary and Program Description, and the 2022 Work Plan.</p> <p>Overall, twelve (12) of the seventeen (17) key Program Initiatives met or exceeded the year-end goal. Five initiatives with eleven (11) objectives partially met the year-end goals. Of the eleven (11) objectives, two (2) were canceled, two (2) were delayed for DHCS approval, and seven (7) did not meet performance goals.</p> <p>The twelve (12) initiatives that were fully met are:</p> <ol style="list-style-type: none"> 1. Chronic Disease-Asthma 2. Chronic Disease – HTN 3. Community Engagement 4. Fluvention & COVID-19 5. Health Equity Projects 6. Member Newsletter 7. Obesity Prevention 8. Pediatric Education 9. Perinatal Education 10. Promotores Health Network 11. Compliance 12. Department Promotion <p>The five (5) initiatives partially met were:</p> <ol style="list-style-type: none"> 1. Chronic Disease Education: Diabetes Prevention Program 2. Mental/Behavioral Health 3. Tobacco Cessation Program 4. Women’s Health 5. Operations: Geomaps <p>The barriers identified are related to:</p> <ul style="list-style-type: none"> • Regulatory approval delays. • Low enrollment. 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Health Education Work Plan End of Year Evaluation & Executive Summary 2021 - Health Education Program Description 2022 - Health Education Work Plan 2022 <p>(Ayala/Sidhu) 4-0-0-2</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Ended services with vendor. • Fewer mapping requests due to limited work in the field. <p>Changes to the 2022 Program Description include:</p> <ol style="list-style-type: none"> 1. Added mental health to education topics and statement that members may self-refer to education programs by calling the Health Education information line. 2. Updated language and description of several educational programs and services including: Diabetes Prevention Program, Pregnancy Program and “Kick it California” smoking cessation program. 3. Updated language for classes opens to the Community to include “telephonic” option and “available at no cost”. 4. Education Resources updated. 5. Other minor edits throughout including updated terminology such as replacing “C & L” with “Health Equity”, replacing “Disease Management” with “Chronic Condition Management”, and other minor edits. <p>The 2021 Work Plan initiatives will continue into 2022 with the following enhancements:</p> <ol style="list-style-type: none"> 1. Launch targeted member mailing for the Diabetes Prevention Program. 2. Implement Fluvention & COVID 19 Communication Campaign with focus on 5-11-yearold’s. Work with schools, CBO’s, etc. 3. Continue to promote mental health resources. 4. Launch Tobacco Cessation Nicotine Replacement Therapy kits pilot project. 5. Collaborate with community partners to address health disparities. 6. Submit the 2022 Population Needs Assessment to DHCS and update educational resources. 	
<p>#5 UM/CM Business</p> <ul style="list-style-type: none"> - Key Indicator & TAT Report (March) - Utilization Management Concurrent Review Report (Q1) - TurningPoint Musculoskeletal Utilization Review (Q4) - Case Management & CCM 	<p>Dr. Marabella presented the Key Indicator Report and Turn Around Time Report through March. A summary was shared that provided a comparison of Admissions, Bed Days, Average Length of Stay, and Readmissions in Q1 2022 compared to Q2 2020. All of these metrics demonstrated a decrease for this time period.</p> <ul style="list-style-type: none"> ➤ ER rates remained steady in Q1 2022 when compared to Q2 2020. ➤ Case Management results for Q1 2022 remain stable and demonstrate positive outcomes in all areas, consistent with previous months. 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Key Indicator & TAT Report (March) - Utilization Management Concurrent Review Report (Q1) - TurningPoint

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Report (Q1) (Attachments X-AA)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Utilization Management Concurrent Review Report presents inpatient data and clinical concurrent review activities such as authorization for inpatient admissions, discharge planning and medical appropriateness during Quarter 1 2022.</p> <ul style="list-style-type: none"> ➤ 2022 Inpatient utilization patterns continue to be impacted by the COVID-19 pandemic. Hospitals in the CalViva region have experienced surges due to the increase in COVID patients. In Q1, hospitals also experienced serious staffing challenges which decreased hospital bed capacity. ➤ In the 1st quarter, Managed Care Expansion (MCE) and Seniors and Persons with Disabilities (SPD) populations demonstrated an increase in average Length of Stay. This was driven by an increase in ICU bed days associated with COVID admissions. <p>It is anticipated that in Q2 2022, the onsite hospital Discharge Navigator program will be enhanced with the addition of a non-clinical support person.</p> <p>TurningPoint Musculoskeletal Utilization Review for Q4 2021 provides a summary of compliance for the musculoskeletal prior authorization review process. TurningPoint reported the following results:</p> <ul style="list-style-type: none"> ➤ One-hundred-twenty-three (123) authorizations were finalized (Table 4). Elective surgeries were delayed due to COVID surge. Lowest volume in 2021. ➤ Thirty-six (36) authorizations denied (29.3% denial rate) consistent with previous quarter. <p>Four (4) appeals upheld and three (3) overturned. TurningPoint will continue to monitor denials and educate providers.</p> <p>The Case Management and CCM Report for Quarter 1 was presented. This report summarizes the case management, transitional care management, MemberConnections, palliative care, and Emergency Department (ED) diversion activities for 2022 first quarter and 2021 utilization related outcomes through 12/31/21. CM continued to support member education related to COVID-19 and provided vaccine information during outreach.</p> <ul style="list-style-type: none"> ➤ Variation in the number of referrals noted for some programs. TCM & Behavioral Health programs encountered some operational challenges. ➤ Limited success with telephonic outreach to members referred to some CM programs due to incorrect phone numbers. ➤ Staffing constraints secondary to COVID and absenteeism. <p>Next Steps:</p>	<p>Musculoskeletal Utilization Review (Q4)</p> <p>- Case Management & CCM Report (Q1) (Ayala/Sidhu) 4-0-0-2</p>


AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ➤ Begin evaluating our triage work process for areas to improve and ways to increase referrals to CM programs. ➤ Continue support of CalAIM activities. ➤ Monitor staff productivity and compliance with quality audits. ➤ Continue monitoring and manage process to meet goals. 	
<p>#6 Policy & Procedure Business - A&G Policy Annual Review 2022 (Attachment BB)</p> <p>Action - Patrick Marabella, M.D Chair</p>	<p>The Appeals & Grievances Policy Annual Review Grid were presented to the committee. The majority of policies were updated to be in compliance with APL 21-011 or with minor edits. The policy edits were discussed and approved.</p>	<p>Motion: <i>Approve</i> - A&G Policy Annual Review 2022 (Verma/Sidhu) 4-0-0-2</p>
<p>#7 Compliance Update - Compliance Regulatory Report (Attachment CC)</p>	<p>Mary Lourdes Leone presented the Compliance Report.</p> <p>Oversight Audits. The following annual audits are in-progress: Access and Availability, Appeals & Grievances, and Provider Network/ Provider Relations. The following audits have been completed since the last Commission report: Continuity of Care (No CAP)</p> <p>Fraud, Waste & Abuse Activity. Since the last report, there have not been any new MC609 cases filed.</p> <p>2021 Department of Managed Health Care (“DMHC”) 18-Month Follow-Up Audit. The Plan is still awaiting the DMHC’s final determination on our 2021 CAP response. It appears that the DMHC may wait until our next audit in September 2022 to reassess if the finding, related to processing post-stabilization requests/claims, has been corrected.</p> <p>Department of Health Care Services (“DHCS”) 2020 Medical Audit – CAP. The Plan is still awaiting DHCS’ final response in order to close the 2020 CAP. It’s possible that the DHCS is waiting until they complete the 2022 annual audit currently under way to reassess if the finding, related to provider’s completion of IHAs/IHEBAs, has been corrected.</p> <p>Department of Health Care Services (“DHCS”) 2022 Medical Audit. The 2022 DHCS Audit Entrance Conference was held on 4/18/22, and audit interviews continued through 4/29/22. Since then, the DHCS audit team has been requesting additional information and the Plan has been providing timely responses. Additionally, a DHCS Nurse Evaluator had been conducting phone interviews with 8 contracted providers. The DHCS has not yet set a date for the Exit Conference.</p> <p>Department of Managed Health Care (“DMHC”) 2022 Financial Audit. DMHC issued its</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Preliminary Report findings on 5/3/22. There were two findings, one related to inaccurate reimbursement of a sample of claims, and the other related to the untimely acknowledgement of a sample of provider disputes. Plan responses to the findings are due 6/13/22.</p> <p>Department of Managed Health Care (“DMHC”) 2022 Medical Audit. The Plan received notice on 4/21/22 of DMHC’s intent to conduct its triennial Medial Survey on September 19, 2022 via remote access. In preparation for the audit, the plan has begun to submit the requested pre-onsite documents. All pre-onsite documents must be filed by 6/3/22.</p> <p>California Advancing and Innovating Medi-Cal (CalAIM)</p> <p>A. Enhanced Care Management (ECM) and Community Supports (CS). These programs are next scheduled to become effective in Fresno and Madera counties by 7/1/2022. For these counties, the Plan developed and submitted the Models of Care (MOC) Parts 1 and, 2 on 2/15/22 and received DHCS approval on 4/14/22 for the ECM portion. On 4/15/22, the Plan submitted MOC Part 3 and is awaiting DHCS approval.</p> <p>B. Major Organ Transplant (MOT) Carve-In - This benefit became effective 1/1/22 for all CalViva counties. The Plan submitted its first Quarterly “Post-Transition Monitoring Report” on 5/5/22. The quarterly report is a new DHCS required report.</p> <p>Housing and Homelessness Incentive Program (HHIP). Housing and Homelessness Incentive Program (HHIP) In accordance with the Home and Community Based Services Spending Plan, DHCS is implementing the Housing and Homelessness Incentive Program (HHIP) over a 24-month period starting January 1, 2022 and concluding December 31, 2023 with Medi-Cal Managed Care Plans (MCPs). The HHIP aims to improve health outcomes and access to whole person care services by addressing housing insecurity and instability as a social determinant of health for the Medi-Cal population. The goals of HHIP are to:</p> <ol style="list-style-type: none"> 1. Reduce and prevent homelessness; and, 2. Ensure MCPs develop the necessary capacity and partnerships to connect their members to needed housing services. <p>CalViva Health submitted its Letter of Intent to participate in the HHIP on 4/1/22. The following are the maximum payment amounts that can be earned for Payment Years 1 and 2: Fresno (\$21.766.476), Kings (\$2.033.609) and Madera (\$2.681.819). A Local Homelessness Plan (LHP) must be submitted by 6/30/22 and accepted in order to earn Payment 1.</p> <p>COVID-19 Novel Coronavirus. The Plan’s satellite office on the downtown Fulton Mall has officially closed. It had been temporarily closed due to COVID-19 for close to three years. During that time,</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	traffic had been redirected to the Plan’s Administrative Office on Palm Ave. Our administrator, Health Net, has indicated they will continue operations on a semi-remote basis until further notice.	
#10 Old Business	None.	
#11 Announcements	Next meeting July 21 st , 2022	
#12 Public Comment	None.	
#13 Adjourn	Meeting was adjourned at 12:07pm	

NEXT MEETING: July 21st, 2022

Submitted this Day: July 21, 2022

Submitted by: 
 Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:


 Patrick Marabella, MD Committee Chair

Item #3

Attachment 3.D

PPC Minutes
dated 3/2/22



Public Policy Committee
 Meeting Minutes
 March 2, 2022

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

Committee Members		Community Base Organizations (Alternates)	
✓	Joe Neves, Chairman		Jeff Garner, KCAO
✓	David Phillips, Provider Representative		Roberto Garcia, Self Help
	Leann Floyd, Kings County Representative		Staff Members
✓	Sylvia Garcia, Fresno County Representative	✓	Courtney Shapiro, Director Community Relations
✓	Kristi Hernandez, At-Large Representative	✓	Cheryl Hurley, Commission Clerk / Director, HR /Office
	Kevin Dat Vu, Fresno County Representative	✓	Mary Lourdes Leone, Chief Compliance Officer
✓	Norma Mendoza, At-Large Representative	✓	Steven Si, Senior Compliance & Privacy/Security Specialist
		✓	Maria Sanchez, Compliance Manager
		*	= late arrival
		•	= participation by teleconference

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
#1 Call to Order Joe Neves, Chair	The meeting was called to order at 11:33 am.	A roll call was taken.
#2 Meeting Minutes from December 1, 2021 Action Joe Neves, Chair	The December 1, 2021 meeting minutes were reviewed.	Motion: Approve December 1, 2021 Minutes 5-0-0-4 (D. Phillips / S. Garcia) A roll call was taken.

CalViva Health Public Policy Committee

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
<p>#3 Enrollment Dashboard</p> <p>Information Maria Sanchez, Compliance Manager</p>	<p>Maria Sanchez presented the enrollment dashboard through December 2021. Membership as of the end of December 2021 was 393,125. CalViva Health maintains a 69.2% market share.</p>	<p>No Motion</p>
<p>#4 Annual Report</p> <p>Information Courtney Shapiro, Director, Community Relations & Marketing</p>	<p>The Annual Report is a mandated report and is for the benefit of stakeholders, community partners, and elected officials, and is posted on the CVH website for public viewing.</p>	<p>No Motion</p>
<p>#5 Appeals, Grievances and Complaints</p> <p>Information Maria Sanchez, Compliance Manager</p>	<p>For Q4 2021 there were 87 Coverage Disputes (Appeals), 87 Disputes Involving Medical Necessity (Appeals), 82 Quality of Care, 119 Access to Care, and 107 Quality of Service, for a total of 482 appeals and grievances. The majority of which are from Fresno County.</p> <p>The turn-around time compliance for appeal and grievance cases was as follows:</p> <ul style="list-style-type: none"> • Standard Grievances: 99.3% • Expedited Grievances: 100% • Standard Appeals: 100% • Expedited Appeals: 100% <p>There was a total of 795 Exempt Grievances received in Q4 2021.</p> <p>Of the total grievances and appeals received in Q4, the following were associated with Seniors and Persons with Disabilities (SPD):</p>	

CalViva Health Public Policy Committee

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Grievances: 100 • Appeals: 51 • Exempt: 18 <p>The majority of appeals and grievances were from members in Fresno County (largest CalViva Health enrollment).</p> <p>The majority of quality of service (QOS) grievance cases resolved were categorized as Transportation Behavior, Access-Other, and Transpiration Access.</p> <p>The majority of quality of care (QOC) grievance cases were categorized as PCP Delay, Specialist Care and PCP Care.</p> <p>The top categories of appeal cases were related to Advanced Imaging, Pharmacy, and Other.</p> <p>The top categories for exempt grievances were Provider Attitude/Service, Health Plan Material-ID Cards not Received, and PCP Assignment/Transfer Health Plan Assignment Change Request.</p>	
<p>#6 2021 DMHC 18-month Follow-up Audit 2020 DHCS Audit Monthly CAP Updates</p> <p>Information Mary Lourdes Leone, Chief Compliance Officer</p>	<p>CVH received the final report for the 2021 DMHC 18-month follow-up audit in November which stated there were two findings; one of which was corrected and the second finding remains open. It appears that the State will wait until the next audit in September 2022 to determine whether or not the deficiency has been corrected.</p> <p>With regards to the 2020 DHCS Audit, the Plan had a CAP from that audit. The Plan provided CAP updates to the State between 2020 and this past summer, and the last update was submitted in August 2021. The State responded with questions to the last update. The plan provided several responses, the last one being in February 2022. The DHCS has not issued a final determination as to whether they are going to close the CAP before the next audit begins</p>	

CalViva Health Public Policy Committee

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
	<p>in April 2022. In preparation for the 2022 Annual DHCS Audit, the plan has submitted the pre-audit request which contains all the documents the State will use in the audit.</p>	
<p>#7 Health Education Member Incentive Programs Semi-Annual Report Q3 and Q4 2021</p> <p>Information Steven Si, Senior Compliance Privacy/Security Specialist</p>	<p>A total of 329 CalViva Health members participated in three health education programs during Q3 & Q4 2021. 74 of the 329 member participants received an incentive. In total, \$1,655 worth of gift cards were given to CalViva Health members. Of the award recipients, 60% were from Madera County, 28% from Fresno County, and 12% from Kings County.</p> <p>In Q3 & Q4 2021, CalViva Health did not launch any plan-wide QI incentive programs. The COVID-19 pandemic presented challenges and limited the deployment of direct care programs including Performing Improvement Projects (PIPs) and Plan-Do-Study-Act (PDSA) projects that included an incentive component. CalViva Health will continue to follow Centers for Disease Control and Prevention (CDC), state, and local guidance to make informed decisions concerning outreach events and special projects as the COVID-19 pandemic and related restrictions evolve.</p>	<p>No Motion</p>
<p>#8 Annual Compliance Report</p> <p>Information Maria Sanchez, Compliance Manager</p>	<p>The Member Service Call Center received 109,025 calls, of which 107,744 were answered. Overall service level was 89%.</p> <p>The Member Service Call Center for Mental Health received 4,686 calls, of which 4,683 were answered. Overall service level was 89%.</p> <p>There were 5,769 welcome calls made to new members in 2021.</p> <p>The Provider Network remains stable.</p> <p>In 2021, contracted providers were sent approximately 229 Provider Updates with information on contractual and regulatory matters as well as health plan news and announcements. CalViva Health staff also reviewed 27 informational letter templates for contracted providers and 9 forms intended for provider use.</p>	

CalViva Health Public Policy Committee

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
	<p>In 2021, 43 communications were reviewed by the Plan. This included member-informing materials, health education, and information about incentive programs. It also included 12 Printed Provider Directories and 1 Member Newsletter. The 2022 Member Handbook/Evidence of Coverage (EOC) was made available to members by posting to the CalViva Health website for downloading.</p> <p>The 2021 Regulatory audits and performance evaluations included:</p> <ul style="list-style-type: none"> • HEDIS® MY 2020 Compliance Audit™ (received 7/14/21) • DMHC the 18-Month Follow-up Audit Final Report (received 11/2/21) • DHCS 2019-2020 EQR Performance Evaluation Report (received 7/6/21) <p>Moving forward in 2022, the Plan expects to undergo additional audits and reviews from regulatory agencies. The Plan anticipates developing new policies and implementing/revising existing processes as a result of new regulatory guidance and laws effective in 2021 and 2022.</p>	
<p>#9 Medi-Cal RX Update Information Mary Lourdes Leone, Chief Compliance Officer</p>	<p>Medi-Cal RX became effective January 1, 2022; however, the transition has not been without issues. The State is working through issues and complaints. The Medi-Cal RX program is managed through the State whereby the State has taken control over paying pharmacies for prescriptions filled by MC members. Medi-Cal RX does not have an effect on member benefits.</p>	
<p>#10 2022 CalViva Health Member Handbook / Evidence of Coverage Information</p>	<p>The 2022 Member Handbook has been posted on the CalViva Health website. By April 1, 2022, an errata will also be posted providing additional information that did not make it into the actual printed Member Handbook.</p>	

CalViva Health Public Policy Committee

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
<p>Mary Lourdes Leone, Chief Compliance Officer</p>		
<p>#11 CalAim Update: Enhanced Care Management, Community Supports and Major Organ Transplant</p> <p>Information Tony Gonzalez, Community Engagement Program Manager</p>	<p>The Community Engagement Program team reaches out to potential Providers in relation to Enhanced Care Management (ECM), and Community Supports. For phase II for Madera County and Fresno County they are launching housing navigations services, transitions and deposits starting July 1, 2022 as well as ECM with target populations of homeless individuals, individuals with severe mental illness, and substance abuse disorders. The Community Engagement team is outreaching to existing CBO partners who may be doing ECM and/or housing navigation so that they become aware that CalAIM is a new program initiative where they can partner with CalViva Health. A list of Providers who are ECM and Community Supports Providers will be available at the June 2022 Public Policy Committee meeting. The Team is also working with FindHelp.org (previously Aunt Bertha). All Providers in this program will have a platform to connect with other EMC or Community Supports Providers.</p>	
<p>#12 Promotores Health Network and Collaboration with Alzheimer’s Association Update</p> <p>Information Tony Gonzalez, Community Engagement Program Manager</p>	<p>The engagement community representative for the CVH Promotores program reported they reached out to 300 persons in less than six months last year; this year their goal is to reach out to 500. Currently, they are at 305. They are currently holding classes to enlighten members on the signs of Alzheimer’s which helps them to know what to ask doctors, how to identify signs in family members, as well as themselves. In addition, the program is now being offered in Spanish. The Community Engagement Program helps members navigate the healthcare system, are able to link them to available resources, and in some instances advocate for them.</p>	

CalViva Health Public Policy Committee


AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
#13 Final Comments from Committee Members and Staff	<p>Norma Mendoza gave an update on COVID vaccinations in Madera County.</p> <p>David Phillips reported UHC is opening four (4) new health centers in 2022; three of which will be opening soon in Kingsburg, Hanford, and South Fresno.</p> <p>Courtney Shapiro polled the Committee on future meetings with saving paper and forgoing printed packets. The Committee agreed to a trial basis during June’s meeting to project the meeting packet onto the screen and only providing hard copy agenda.</p>	
#14 Announcements	<p>Tony Gonzalez introduced Isabel Rivera as the Community Relations Representative. Isabel stated the Plan is continuing the partnership with WIC and are scheduled to hold baby showers through 2022. This partnership has been maintained for the past nine (9) years. The Plan also has a partnership with Black Infant Health and three (3) baby showers have been scheduled for 2022.</p>	
#15 Public Comment	<p>None.</p>	
#16 Adjourn	<p>Meeting adjourned at 12:50 pm.</p>	

NEXT MEETING June 1, 2022 in Fresno County
11:30 am - 1:30 pm

Submitted This Day: June 1, 2022

Approval Date: June 1, 2022

Submitted By: 
 Courtney Shapiro, Director Community Relations

Approved By: 
 Joe Neves, Chairman

Item #3

Attachment 3.E

PPC Minutes
dated 6/1/22



Public Policy Committee
Meeting Minutes
June 1, 2022

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

Committee Members		Community Base Organizations (Alternates)	
✓	Joe Neves, Chairman		Jeff Garner, KCAO
✓	David Phillips, Provider Representative	✓	Roberto Garcia, Self Help
	Vacant, Kings County Representative		Staff Members
	Sylvia Garcia, Fresno County Representative	✓	Courtney Shapiro, Director Community Relations
	Kristi Hernandez, At-Large Representative	✓	Cheryl Hurley, Commission Clerk / Director, HR /Office
	Kevin Dat Vu, Fresno County Representative	✓	Mary Lourdes Leone, Chief Compliance Officer
	Norma Mendoza, At-Large Representative	✓	Steven Si, Senior Compliance & Privacy/Security Specialist
		✓	Maria Sanchez, Compliance Manager
		*	= late arrival
		•	= participation by teleconference

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
#1 Call to Order Joe Neves, Chair	The meeting was called to order at 11:34 am. A quorum was not present. The meeting took place as an informational session only. No action was taken for action items.	A roll call was taken.
#2 Meeting Minutes from March 2, 2022 Action Joe Neves, Chair	Action postponed until the September meeting.	Motion: None taken
#3 Committee Membership Update	Sylvia Garcia has been reappointed for an additional three-year term through May 2025. The Kings County seat is vacant and active recruitment is ongoing.	

CalViva Health Public Policy Committee

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
<p>Information Joe Neves, Chair</p>		
<p>#4 Enrollment Dashboard Information Maria Sanchez, Compliance Manager</p>	<p>Maria Sanchez presented the enrollment dashboard through March 2022. Membership as of March 31, 2022 was 401,429. Membership is expected to decrease as then end of 2022 nears. CalViva Health maintains a 68.74% market share.</p>	<p>No Motion</p>
<p>#5 Health Education Information Steven Si, Senior Compliance Privacy/Security Specialist</p>	<p>Steven Si presented the 2021 Health Education Annual Evaluation and the 2022 Health Education Program Description and Work Plan.</p> <p>In reference to the 2021 year-end Annual Evaluation, Health Education met 71% of its initiatives by year-end. Of the 17 initiatives, 12 initiatives with 22 objectives met the year-end goal. The remaining 5 initiatives with 11 objectives did not meet the year-end goal. Of the 11 objectives, 2 were cancelled; 2 were impacted by DHCS delays in providing contract approval; and 7 did not meet performance goals.</p> <p>Health Education accomplishments for 2021 consist of:</p> <ul style="list-style-type: none"> • Successfully submitted the 2021 PNA, receiving high remarks from DHCS. • Enrolled 127 members into the Central California Asthma Collaborative in-home visitation program. • Promotores in the Promotores Health Network program successfully conducted a total of 87 charlas with a 67% member reach rate. • In collaboration with the Population Health team, conducted over 1,000 calls on COVID-19 topics and including relaying community-based vaccination clinics. 	<p>No Motion</p>

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Completed and mailed Member Newsletter to 928,000 members. • Supported members and providers with behavioral health resources including 14 provider communications, the enrollment of 59 members in myStrength, and the submission of 16,43 ACEs screening claims. • A total of 776 participated in the Fit Families for Life Home Edition Program and 561 in the Healthy Habits for Healthy People program. • Distributed a total of 1,715 CalViva Health Pregnant Program packets and 678 Newborn packets to members. • Enrolled 172 CalViva Health members in smoking cessation services offered by Kick It California. <p>In reference to the 2022 Health Education Program Description, notable changes for 2022 consist of Cultural and Linguistics Department renamed to Health Equity. Disease Management Program changed to Chronic Condition Management. California’s Smokers’ Helpline changed to Kick It California. And updating of various program descriptions.</p> <p>In reference to the 2022 Health Education Work Plan, major initiatives include:</p> <ul style="list-style-type: none"> • Submission of the 2022 Population Needs Assessment. • Implement Fluvention and-COVID 19 communication campaigns with a focus on 5-11-year-olds. Work with schools, health departments, CBOs, and other relevant stakeholders to increase flu vaccination rates. • Launching a targeted member outreach in 2022 for the Diabetes Prevention Program with the goal of increasing member enrollment. • Continue to collaborative and implement the Asthma In-Home Visitation program for the Central California Asthma Collaborative. • Continue to promote mental/behavioral health resources to members and explore opportunity to work with Population Health Management to build referral process to members. 	

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Launch the Tobacco Cessation Nicotine Replacement Therapy kits pilot project with Kick It California, upon DHCS approval. • Community Engagement and Promotores Health Network will continue to collaborate with community partners to support local priorities and address SDOH. • Continue to collaborate with Marketing to update educational resources as needed. 	
<p>#6 Appeals, Grievances and Complaints</p> <p>Information Maria Sanchez, Compliance Manager</p>	<p>For Q1 2022 there were 9 Coverage Disputes (Appeals), 93 Disputes Involving Medical Necessity (Appeals), 84 Quality of Care, 81 Access to Care, and 87 Quality of Service, for a total of 354 appeals and grievances. The majority of which are from Fresno County.</p> <p>The turn-around time compliance for appeal and grievance cases was as follows:</p> <ul style="list-style-type: none"> • Standard Grievances: 99.5% • Expedited Grievances: 100% • Standard Appeals: 100% • Expedited Appeals: 100% <p>There was a total of 681 Exempt Grievances received in Q1 2022.</p> <p>Of the total grievances and appeals received in Q1, the following were associated with Seniors and Persons with Disabilities (SPD):</p> <ul style="list-style-type: none"> • Grievances: 76 • Appeals: 25 • Exempt: 19 <p>The majority of appeals and grievances were from members in Fresno County (largest CalViva Health enrollment).</p>	<p>No Motion</p>

CalViva Health Public Policy Committee

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
	<p>The majority of quality of service (QOS) grievance cases resolved were categorized as Administrative, Access-Other, and Interpersonal.</p> <p>The majority of quality of care (QOC) grievance cases were categorized as PCP Delay, Specialist Care and PCP Care.</p> <p>The top categories of appeal cases were related to Advanced Imaging, Pharmacy, and Other.</p> <p>The top categories for exempt grievances were Provider Attitude/Service, Health Plan Material-ID Cards not Received, and PCP Assignment/Transfer Health Plan Assignment Change Request.</p>	
<p>#7 Health Equity Information Steven Si, Senior Compliance Privacy/Security Specialist</p>	<p>Steven Si presented the 2021 Health Equity 2021 Summary and Work Plan Evaluation, the 2021 Summary and Language Assistance Program, the 2022 Summary and Program Description, and the 2022 Summary and Work Plan.</p> <p>In reference to the 2021 Annual Evaluation of Cultural & Linguistics, now known as Health Equity, all 2021 Work Plan activities were completed. For Language Assistance Services 83 translation reviews completed. Bilingual certification/re-certification was completed for 70 staff. Compliance Monitoring investigated and completed follow up on 53 grievances. All C&L Policies were updated. Training on C&L services was conducted for 15 Call Center new hire classes (293 staff in attendance). Two trainings were conducted on coding & resolution of C&L related cases for A & G Coordinators (172 staff in attendance). Health Literacy completed 89 English material review for readability level, content and layout, and conducted C&L Database trainings (17 staff in attendance). In addition, completed Health Literacy Month activities with 2,000 staff having participated. In the area of Cultural Competency, Implicit Bias training series was conducted for providers with 1,005 attendees. Heritage/CLAS Month activities (articles, webinars, and a virtual activity completed) was completed with 3,810 staff having participated. Health Equity continued work on the BCS Health Equity PIP targeting Southeast Asian women. Provided trainings to 18 Fresno Center Staff/AmeriCorps members on</p>	<p>No Motion</p>

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
	<p>Cultural Competency Awareness, SDoH, findhelp, Interpreter Services, and Bilingual Assessment for the BCS Health Equity Project. And continued work on Childhood Immunization PIP targeting children aged 2 or younger.</p> <p>In reference to the 2021 Cultural and Linguistic Services (C&L) Language Assistance Program, a total of 3,092 interpreter requests were fulfilled for CalViva Health members, 2,108 (68%) of these requests were fulfilled utilizing telephonic interpreter services with 869 (28%) for in-person and 115 (4%) for sign language interpretation. The Member Services Department representatives handled a total of 98,255 calls across all languages. Of these, 18,047 (18%) were handled in Spanish and Hmong languages. MHN Member Services Department representatives handled a total of 4,643 calls across all languages with 429 in Spanish, 11 in Hmong and 79 in other languages. No requests for an alternate format translation were received. Fourteen written translation requests were received and fulfilled by MHN Services during 2021. English material review was completed for a total of 89 CalViva Health documents/materials. A total of 70 staff were assessed or re-assessed for their bilingual skills during this reporting period. A total of 53 grievances were received by the Health Equity Department. Of these cases, 20 were coded as culture perceived discrimination, 19 were coded as culture non-discriminatory, 2 were coded as linguistic perceived discrimination, and 12 were coded as linguistic non-discriminatory. Interventions were identified in 7 of the cases and delivered with support by Provider Engagement representatives.</p> <p>Highlights of notable changes for the 2022 Health Equity Program Description consists of:</p> <ul style="list-style-type: none"> • Interpreter Services: Updated patient care delivery to include additional interpretation services due to COVID-19 changes. • Health Equity Services Department Staff Roles & Responsibilities: Staffing structure updated to reflect the change in organizational structure; and Department name change from Cultural and Linguistic to Health Equity. 	

CalViva Health Public Policy Committee

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
	<p>For the Health Equity Work Plan, 2021 initiatives will continue in 2022 with the following enhancements:</p> <ul style="list-style-type: none"> • Population Needs Assessment (PNA): Complete 2021 PNA action plan activities to expand language assistance program awareness and utilization • Providers' Training Series: Implement additional provider training series, topics include general implicit bias and maternity care, offering up to four CME/CE credits. • Health Literacy: Rebranding the Health Literacy Program and exploring new system to host English Material Review (EMR) Database 	
<p>#8 Population Needs Assessment Update</p> <p>Information Steven Si, Senior Compliance Privacy/Security Specialist</p>	<p>Steven Si provided an update in reference to the Population Needs Assessment (PNA). CalViva is on track to submit the PNA report by the due date of June 30, 2022. The DHCS announced in May new requirements and new All Plan Letters (APLs) will be released as a result. The PNA report will now be required to be submitted to the DHCS every three years.</p>	<p>No Motion</p>
<p>#9 2021 DMHC Follow-up Audit Update</p> <p>Information Mary Lourdes Leone, Chief Compliance Officer</p>	<p>In reference to the 2021 DMHC Follow-Up Audit, there has been no final determination or closure of the audit report and remains open.</p>	<p>No Motion</p>
<p>#10 2020 DHCS Audit Update</p> <p>Information</p>	<p>In reference to the 2020 DHCS Audit, corrective actions have been submitted and this audit also remains open.</p>	

CalViva Health Public Policy Committee

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
Mary Lourdes Leone, Chief Compliance Officer		
#11 2022 DHCS Audit Information Mary Lourdes Leone, Chief Compliance Officer	The DHCS audit for 2022 was conducted in April. CVH anticipates an exit conference will be had in mid-July; at that time preliminary results will be announced.	No Motion
#12 2022 DMHC Audit Information Mary Lourdes Leone, Chief Compliance Officer	The Plan is currently preparing all documents for the 2022 DMHC audit which will take place September 19, 2022. Due date for all submissions is Friday, June 3, 2022.	No Motion
#13 Annual Public Policy Committee Charter Review Action Joe Neves, Chair	Postponed until September meeting as a quorum was not present.	No motion
#14 2022 CalViva Health Member Handbook / Evidence of Coverage Update (Errata B) Information	All Plans are required to publish an Errata to the 2022 Evidence of Coverage by July 1, 2022. This will be both on the CVH website and in print. Sections updated are Section 3 – How to Get Care in relation to “minor consent”; and Section 4 – Benefits in relation grief cognitive assessment for aged 65+.	No Motion

CalViva Health Public Policy Committee

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
Mary Lourdes Leone, Chief Compliance Officer		
#15 Final Comments from Committee Members and Staff	<p>Jeff Nkansah, CEO for CVH, provided updates in reference to the Public Health Emergency. Both CMS and DHCS' goal is to ensure there is no adverse impact to Medi-Cal beneficiaries. When the Public Health Emergency ends, the goal is to ensure that whatever coverage the beneficiary us eligible for remains intact. The health plan will be conducting outreach initiatives, placing information on the CVH website, and using social media to assist members with ensuring their contact information is current and up-to-date. The PHE has been extended to October, and this is expected to be the last extension of the PHE.</p> <p>In relation to the several changes in program documents, departments, etc., this is primarily due to Medi-Cal going through a transformational change. Numerous changes taking place are going to take effect in the Plan's health plan arrangements beginning January 1, 2024. Initiatives are taking place within the Plan's administrative support in preparation to operate under the new requirements.</p> <p>Courtney Shapiro provided an update on CalViva's sponsorships and grants. Two months prior CVH funded a project for an organization called Martin Park by Webster Elementary. CVH funded \$100K from the greenspace budget to build a play structure in the vacant lot. In addition, for the Youth Recreation fund, CVH funded a boxing program in the amount of \$10K to purchase all new equipment. This is located at Romain Park and run through the Police Activity League (PAL) for youth to box five days a week for free. CalViva is also the presenting sponsor for Reading Heart which is a book donation program. Reading Heart is having their reading extravaganza June 11, 2022 at Story Land; free to those attending. There will be approximately 25,000 books available for kids to fill a bag. This is a live event with super heroes, celebrity readers, and non-profit vendors.</p>	

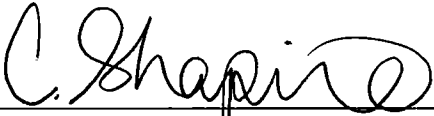
CalViva Health Public Policy Committee


AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
	<p>Public Policy meetings will resume in all service area counties (Madera and Kings Counties) for starting in 2023.</p> <p>Roberto Garcia provided an update for Self-Help Enterprises.</p> <p>David Phillips provided an update for United Health Centers. They had their grand opening for the Kings Canyon & Minnewawa location. There are an additional three new health centers opening this year; Kingsburg, Hanford, and one located in an elementary school in southeast Fresno. Four more health centers will be opening in 2023; and four more opening in 2024. The UHC golf tournament will be Friday October 14, 2022.</p>	
#16 Announcements	None	
#17 Public Comment	None	
#18 Adjourn	Meeting adjourned at 12:36 pm.	

NEXT MEETING **September 7, 2022 in Fresno County**
11:30 am - 1:30 pm

Submitted This Day: September 7, 2022

Approval Date: September 7, 2022

Submitted By: 
 Courtney Shapiro, Director Community Relations & Marketing

Approved By: 
 Joe Neves, Chairman

Item #3

Attachment 3.F

PPC Charter

**Fresno-Kings-Madera Regional Health Authority
Public Policy Committee Charter**

I. Purpose:

- A. The purpose of the Public Policy Committee is to provide a committee structure for the consideration and formulation of CalViva Health (“CalViva” or the “Plan”) policy on issues affecting members. Subscribers and enrollees shall be afforded an opportunity to participate in establishing the public policy of the Plan.

II. Authority:

- A. The Public Policy Committee is given its authority by and reports to the Fresno-Kings-Madera Regional Health Authority (“RHA”) Commission. This authority is described in the RHA Bylaws.

III. Definitions:

- A. **Public Policy** means acts performed by the Plan or its employees and staff to assure the comfort, dignity, and convenience of patients who rely on the Plan’s facilities to provide health care services to them, their families, and the public. (Rule 1300.69)
- B. **Fresno-Kings-Madera Regional Health Authority (RHA) Commission** – The governing board of CalViva Health.
 - 1. The Fresno-Kings-Madera Regional Health Authority (referred to as the “RHA”), is a public entity created pursuant to a Joint Exercise of Powers Agreement between the Counties of Fresno, Kings and Madera. On April 15, 2010, the RHA Commission adopted the name “CalViva Health” under which it will also do business.

IV. Committee Focus:

- A. The Public Policy Committee’s recommendations and reports will be regularly and timely reported to the Commission. The Commission shall act upon these reports and recommendations and the action taken by the Commission will be recorded in the minutes of the Commission’s meetings.
- B. Principal Responsibilities:
 - 1. Review a quarterly summary report regarding the specific nature and volume of complaints received through the grievance process and how those complaints were resolved
 - 2. Make recommendations concerning the structure and operation of the Plan’s grievance process including suggestions to assist the Plan in ensuring its’ grievance process addresses the linguistic and cultural needs of its member population as well as the needs of members with disabilities.
 - 3. Review and evaluate member satisfaction data
 - 4. Advise on health education and cultural and linguistic service needs through review of a population needs assessment, demographic, linguistic, and cultural information related to the Plan’s population in order to make recommendations regarding:

**Fresno-Kings-Madera Regional Health Authority
Public Policy Committee Charter**

- 4.1. Linguistic needs of populations served and identify any enhancements or alternate formats that Plan materials may need.
- 4.2. Policies needed for increasing member access to services where there may be barriers resulting from cultural or linguistic factors.
- 4.3. Changes needed to the provider network to accommodate cultural, linguistic, or other ethnic preferences.
- 4.4. Improvement opportunities addressing member health status and behaviors, member health education, health disparities and gaps in services.
5. Advise on problems related to the availability and accessibility of services
 - 5.1. Review data/other Plan information and make recommendations for policy or Plan/provider network changes needed related to Americans with Disabilities Act (ADA) requirements or to minimize barriers and increase access for members with disabilities (e.g. identifying potential outreach activities, etc.).
6. Review member literature and other plan materials sent to members and advise on the effectiveness of the presentation.
7. Make recommendations or suggestions for member outreach activities, topics or articles/information for publication on the member website, in member education materials or newsletters, etc.
8. Recommend review/revision and/or development of policies and procedures to the RHA Commission or other Plan committees as appropriate based on the Committee's review of grievance, member satisfaction, and other Plan data.
9. Review financial information pertinent to developing the public policy of the Plan.
10. Other matters pertinent to developing the public policy of the Plan.

V. Committee Membership:

A. Composition

The RHA Commission Chairperson shall appoint the members of the Committee. The Public Policy Committee shall consist of not less than seven (7) members, who shall be appointed as follows:

1. One member of the RHA Commission who will serve as Chairperson of the Committee;
2. One member who is a provider of health care services under contract with the Plan; and
3. All others shall be members (must make-up at least 51% of the committee members) entitled to health care services from the Plan.
 - 3.1. Public Policy enrollee members shall be comprised of the following:
 - 3.1.1. Two (2) enrollees from Fresno County
 - 3.1.2. One (1) enrollee from Kings County
 - 3.1.3. One (1) enrollee from Madera County
 - 3.1.4. One (1) At-Large enrollee from either Fresno, Kings, or Madera County

**Fresno-Kings-Madera Regional Health Authority
Public Policy Committee Charter**

- 3.2. Two (2) Community Based Organizations (CBO) representatives shall be appointed as alternate Public Policy Committee members to attend and participate in meetings of the Committee in the event of a vacancy or absence of any of the members appointed as provided in subsection 3.1 above.
 - 3.2.1. The alternates shall represent different Community Based Organizations (CBO) that serve Fresno, Kings, and/or Madera Counties and provide community service or support services to members entitled to health care services from the Plan.
 - 3.2.2 Two (2) alternates from the same CBO shall not be appointed to serve concurrent terms.
 - 3.3. The enrollee members and CBO representatives shall be persons who are not employees of the Plan, providers of health care services, subcontractors to the Plan or contract brokers, or persons financially interested in the Plan.
 - 3.4. In selecting the enrollee members and/or CBO representatives of the Committee, the RHA Commission Chairperson shall generally consider the makeup of the Plan's Medi-Cal enrollee population including Seniors and Persons with Disabilities (SPD), and such factors such as ethnicity, demography, occupation, and geography. Any such selection or election of enrollee members or a CBO representative shall be conducted on a fair and reasonable basis.
- B. Term of Committee Membership
1. The Commissioner member may be appointed for a three (3) year term and his/her term will be coterminous with their seat on the Commission.
 2. The provider member may be appointed for a three (3) year term.
 3. Subscriber/enrollee members' and CBO representative terms shall be of reasonable length (one, two, or three years) and shall be staggered or overlapped so as to provide continuity and experience in representation.
 4. At the conclusion of any term, a Committee member may be reappointed to a subsequent three-year term.
- C. Vacancies
1. If vacancies arise during the term of Committee membership, the RHA Commission Chairperson will appoint a replacement member.
- D. Voting
1. All members of the Committee shall have one vote each.
 2. When attending a meeting in place of a regular member, an alternate member shall be entitled to participate in the same manner and under the same standards as a regular member, to the extent that the alternate member is not otherwise disqualified from participating in discussion and voting on an item due to a conflict of interest.

**Fresno-Kings-Madera Regional Health Authority
Public Policy Committee Charter**

VI. Meetings:

A. Frequency

1. The frequency of the Public Policy Committee meetings will be quarterly.
2. The Committee Chairperson or RHA Commission may call additional *ad hoc* meetings as necessary.
3. A quorum consists of at least 51% of the membership
4. Meetings shall be open and public. Meetings will be conducted in accordance with California's Ralph M. Brown Open Meeting Law.

B. Place of Meetings

1. The Committee Chairperson will determine the place of the Committee meetings.

C. Notice

1. At the end of each Public Policy Committee meeting, the next meeting date will be determined by consensus unless a pre-arranged schedule has been established.
2. Committee members will be notified in writing in advance of the next scheduled meeting.

D. Minutes

1. Minutes will be kept at every Public Policy Committee meeting by a designated staff member.
2. A report of each meeting will be forwarded to the RHA Commission for oversight review and consideration of the Committee's recommendations.

VII. Committee Support:

A. The Plan Director of Community Relations

and designated Plan staff will provide Committee support, coordinate activities and perform the following as needed:

1. Regularly attend Public Policy meetings.
2. Prepare agenda and meeting documents.
3. Perform or coordinate other meeting preparation arrangements.
4. Prepare minutes and capture specific "suggestions or recommendations" for reporting to the RHA Commission and Quality Improvement/Utilization Management Committee.
5. Initiate and follow-up on action items and suggestions until completed and ensure that feedback is provided to the Committee to "close the loop".
6. Compliance staff will include a summary of Public Policy Committee activity and Committee recommendations in Compliance Reports to the RHA Commission.
7. Submit Public Policy Committee meeting minutes to the RHA Commission.

**Fresno-Kings-Madera Regional Health Authority
Public Policy Committee Charter**

VIII. Other Requirements:

1. The Plan's Evidence of Coverage (EOC) includes a description of its system for member participation in establishing public policy.
2. The Plan will also furnish an annual EOC to its members with a description of its system for their participation in establishing public policy and will communicate material changes affecting public policy to members.

IX. Authority

1. Health & Safety Code Section 1369
2. California Code of Regulations, Title 28, Rule 1300.69
3. RHA Bylaws

APPROVAL:

RHA Commission Chairperson

David S. Hodge 7/15/2021

Date:

David Hodge, MD

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Item #3

Attachment 3.G

Compliance Report



Regulatory Filings	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2022 YTD Total
# of DHCS Filings													
Administrative /Operational	13	21	15	10	12	16	16	19	4				116
Member Materials Filed for Approval;	1	5	4	4	1	3	3	1	0				19
Provider Materials Reviewed & Distributed	22	11	11	12	15	29	16	14	0				118
# of DMHC Filings	4	4	5	5	5	4	2	3	2				32

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	6	4	1	1	5	6	1	1	0				25
High-Risk	0	0	0	0	0	0	0	0	0				0

Fraud, Waste, & Abuse Activity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2022 YTD Total
# of New MC609 Cases Submitted to DHCS	1	0	0	0	0	0	0						1
# of Cases Open for Investigation (Active Number)	21	22	22	20	13	11	11						

Summary of Potential Fraud, Waste & Abuse (FWA) cases: Since the last report, there has been only one new MC609 cases filed. This involved a participating group practice specializing in vascular surgery that was an outlier for billing a higher number of a particular HCPC code compared to peers.

RHA Commission: Compliance Regulatory Report

Compliance Oversight & Monitoring Activities	Description
<p>CalViva Health Oversight Activities</p>	<p>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.</p>
<p>Oversight Audits</p>	<p>The following annual audits are in-progress: Access and Availability, Emergency Services, Claims, Q4 2021 Provider Disputes, and Utilization Management.</p> <p>The following audits have been completed since the last Commission report: Provider Network/ Provider Relations (No CAP); Q1 2022 Provider Disputes (No CAP).</p>
Regulatory Reviews/Audits and CAPS	Status
<p>2021 Department of Managed Health Care ("DMHC") 18-Month Follow-Up Audit</p>	<p>The Plan is still awaiting the DMHC's final determination on our 2021 CAP response.</p>
<p>Department of Health Care Services ("DHCS") 2020 Medical Audit - CAP</p>	<p>The Plan is still awaiting DHCS' final response in order to close the 2020 CAP.</p>
<p>Department of Health Care Services ("DHCS") 2022 Medical Audit</p>	<p>The Plan has not yet received word from DHCS as to a specific date for the 2022 DHCS Exit Conference.</p>
<p>Department of Managed Health Care ("DMHC") 2022 Financial Audit</p>	<p>DMHC closed the audit on 8/30/22 and nothing else is required of the Plan.</p>
<p>Department of Managed Health Care ("DMHC") 2022 Medical Audit</p>	<p>The Plan submitted all pre-onsite documents by 6/3/22. Since then, plan has received several additional "Pre-Onsite DMHC Requests" and the Plan has submitted timely responses. The DMHC "on-site" audit will begin 9/19/22. The audit will be conducted virtually.</p>
New Regulations / Contractual Requirements/DHCS Initiatives	Status

<p>California Advancing and Innovating Medi-Cal (CalAIM)</p>	<p><u>Enhanced Care Management (ECM) & Community Supports (CS)</u></p> <p>On August 29, 2022, the Plan filed an updated ECM and CS Model of Care (MOC) with DHCS.</p> <p>As of August 2022, the Plan has contracted with 7 ECM providers who are serving all three counties (Kings, Fresno, Madera), and an additional 7 ECM providers who are serving one or two of the counties.</p> <p>As of August 2022, the Plan has contracted with 19 CS providers, 10 of which can serve all three counties and 9 which can serve one or two counties.</p>
<p>Member Handbook/Evidence of Coverage</p>	<p>On September 5, 2022, the Plan submitted a final edited version of the 2023 Member Handbook, and on September 8, 2022, the Plan submitted the same final edited version to the DMHC. The Plan is waiting for final DMHC and DHCS approval.</p>
<p>Plan Administration</p>	
<p>DHCS Primary 2023 Contract (10-87050)</p>	<p>On 9/8/22, the Plan signed the DHCS Contract Extension for the term of March 1, 2011 through December 31, 2023.</p>
<p>DHCS 2024 Operational Readiness Work Plan & Contract</p>	<p>On 6/30/22, the DHCS issued its 2024 Procurement Contract “Operational Readiness Work Plan”. The work plan contains 238 deliverables that must be submitted during the following phases:</p> <ul style="list-style-type: none"> • Phase 1: August 12, 2022 – December 8, 2022 • Phase 2: December 15, 2022 - March 31, 2023 • Phase 3: April 20, 2023 - July 31, 2023 <p>The Plan has completed the 8/12/22 filing of documents and is in the process to complete the 9/12/22 required filing.</p> <p>The Plan also executed the required Operational Readiness Contract on 9/3/22.</p>
<p>Committee Report</p>	

RHA Commission: Compliance Regulatory Report

<p>Public Policy Committee</p>	<p>The Public Policy Committee (PPC) was held on 9/8/22 at 11:30am in the Plan's Administrative Office a quorum was present. The Minutes to the March 2, 2022 PPC meeting and the June 2, 2022 meetings were approved. Additionally, the 2022 Public Policy Committee Charter was approved. The following informational reports were presented: Health Education Semi-Annual Member Incentive Program; the 2022 Population Needs Assessment; and the Q2 2022 Appeals & Grievance Report.</p> <p>There were no recommendations for referral to the Commission. The next meeting will be held on December 7, 2022 at 11:30am in the Plan's Administrative Office.</p>
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Item #5

Attachments 5.A

HEDIS®/MCAS Update



HEDIS[®]/MCAS Update 2022

Results for 2022*

RY 2019-2022 HEDIS Results - CalViva Health

	Acronym	Type	HEDIS Measure	Measure Status	Fresno				Kings				Madera				MPL	HPL
					2022	2021	2020	2019	2022	2021	2020	2019	2022	2021	2020	2019	2022	2022
1	BCS	A	Breast Cancer Screening	Existing	49.11	52.64	55.26	51.12	56.64	58.24	57.3	56.21	56.63	59.15	62.44	58.05	53.93	63.77
2	CCS	H	Cervical Cancer Screening	Existing	63.04	60.16	63.5	59.57	64.17	68.39	70.07	84.54	64.42	66.49	65.21	63.4	59.12	67.99
3	CHL	A	Chlamydia Screening	Existing	59.88	57.81	61.26	N/A	55.98	59.85	64.48	N/A	63.2	52.85	55.42	N/A	54.91	66.15
4	CIS-10	H	Childhood Immz - Combo 10	Existing	35.04	32.12	33.82	N/A	31.87	29.93	33.09	N/A	49.64	50.37	46.96	N/A	38.20	53.66
5	CDC-H9	H	HbA1c Poor Control (>9.0%)	Existing	42.64	43.88	34.06	41.61	34.04	35.53	35.77	87.19	40.45	41.93	36.25	40.29	43.19	34.06
6	CBP	H	Controlling High Blood Pressure	Existing	56.83	52.07	62.03	60.34	65.10	63.99	64.43	72.37	67.29	65.21	69.77	69.1	55.35	66.79
7	IMA-2	H	Immunizations for Adolescents: Combination 2	Existing	37.23	43.55	38.69	38.69	32.66	29.44	35.04	30.58	50.49	53.06	54.88	53.55	36.74	50.61
8	PPC-Pre	H	Prenatal Care	Existing	86.11	89.05	92.21	85.56	91.70	91.24	95.38	62.89	88.15	92.21	91.48	85.94	85.89	92.21
9	PPC-Pst	H	Postpartum Care	Existing	81.60	78.35	78.83	70.83	87.34	84.67	86.13	73.68	80	80.29	81.51	63.54	76.40	83.70
10	WCC-BMI	H	Weight Assessment and Counseling - BMI Percentile	Existing	78.96	77.86	82.73	N/A	87.13	94.16	91.73	N/A	79.86	96.11	95.38	N/A	76.64	87.18
11	WCC-N	H	Counseling for Nutrition	New	76.50	N/A	N/A	N/A	86.26	N/A	N/A	N/A	83.68	N/A	N/A	N/A	70.11	82.48
12	WCC-PA	H	Counseling for Physical Activity	New	73.77	N/A	N/A	N/A	79.53	N/A	N/A	N/A	75.69	N/A	N/A	N/A	66.18	79.32
13	WCV	A	Child and Adolescent Well-Care Visits	Existing	46.30	47	N/A	N/A	38.8	37	N/A	N/A	55.2	52	N/A	N/A	45.31	61.97
14	W30-6+	A	Well-Child Visits in the First 15 Months of Life-Six or more Well- Child Visits	New	48.80	N/A	N/A	N/A	55.56	N/A	N/A	N/A	65.06	N/A	N/A	N/A	54.92	68.33
15	W30-2+	A	Well-Chid visits for age 15 Months to 30 Months- Two or more Well-Child Visits	New	61.86	N/A	N/A	N/A	54.43	N/A	N/A	N/A	73.23	N/A	N/A	N/A	70.67	82.82

*Data from 2018 to 2021



Upcoming & Retired Measures

Upcoming and Retired Measures				
	Acronym	Type	HEDIS Measure	Measure Status
	LSC	H	Lead Screening in Children	Upcoming
	FUM	A	Follow-Up After ED Visit for Mental Health Illness-30 days	Upcoming
	FUA	A	Follow-Up After ED Visit for Substance Abuse-30 days	Upcoming
	W15	H	Well-Child Visits in the First 15 Months of Life	Retired
	W34	H	Well Child Visits in 3-6th Years of Life	Retired
	AWC	H	Adolescent Well-Care Visits	Retired

Item #6

Attachment 6.A-B

2022 QI Work Plan Mid-Year Evaluation

- A. Executive Summary
- B. Work Plan Evaluation



REPORT SUMMARY TO COMMITTEE

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

FROM: Amy Wittig, Quality Improvement Department

COMMITTEE DATE: September 15, 2022

SUBJECT: Quality Improvement Mid-Year Work Plan Evaluation Executive Summary 2022

Summary:

CalViva Health's 2022 Quality Improvement (QI) Program monitors improvement in clinical care and service using a range of indicators. These key performance indicators are found in service, clinical, and utilization reports from QI and various other departments. Based on these reports, areas of improvement are identified, and interventions implemented and monitored. In 2022, quality improvement initiatives are focused on (but not limited to) improving preventative care, disease management outcomes, continuity and coordination of patient care, patient safety metrics, member access to care, and supporting provider initiatives.

Purpose of Activity:

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

Work Plan Initiatives:

Details for the outcomes are included in the 2022 QI Mid-Year Work Plan Evaluation. Key highlights include:

1. Access, Availability, and Service

1.1 Improve Access to Care: CalViva Health continued to monitor appointment access annually through the Provider Appointment Availability Survey (PAAS). After-hours access is evaluated annually through telephonic Provider After-Hours Access Surveys (PAHAS). Sutherland Global conducted the MY 2021 surveys between September and December 2021. Results indicated a need for improvement in several areas.

The MY 2021 Corrective Action Plan (CAP) is on track with revamping the process to create criteria to identify non-compliant PPGs and providers; align PPG-level CAPs for PAAS with DMHC proposed 70% compliance rate; and focus CAPs on Urgent and Non-Urgent PAAS metrics and After-Hours.

The Access & Availability team conducted online provider training webinars specific to timely access in June and July 2022. Additional webinars will be conducted in December 2022, for a total of six timely access webinars in CalViva Health areas. Due to the impacts of COVID-19, a self-study option was offered in 2022 to those PPGs and providers unable to attend one of the webinars. Data from the self-study option was available in Q1 2022.

1.2 Improve Member Satisfaction: The annual CalViva Health Access Survey was launched to members early April 2022. Final results revealed that Ease of Getting a Specialist Appointment declined for both the adult and child membership. Delays in approval and authorizations were the highest contributing factor, resulting in an 18% decrease in rate from the year prior. Two

measures, Got Routine Care As Soon As Needed and Ease of Getting Care/Test/Treatment, rose from last year, both resulting in a two-percentage point increase. Root cause analysis on Q1 2022 appeals and grievances data was conducted to identify trends in member pain points, as well as areas for improvement. Access to care continues to be the main driver of grievances filed in the first quarter of the year, especially around prior authorization delays. Findings were shared with internal stakeholders and teams during the Q1 CAHPS Workgroup call. A CAHPS Provider Tip Sheet was launched in June, highlighting the importance of CAHPS and best practices around key measures. The CAHPS Team continues to connect regularly with stakeholder teams and departments to track progress of improvement initiatives that may impact CAHPS/member experience.

2. Quality and Safety of Care

2.1 All HEDIS® Default Measures Rates for MY 2021 Minimum Performance Level (MPL) (50th percentile)

Cervical Cancer Screening (CCS)	Fresno, Kings and Madera counties exceeded MPL of 59.12%.
Childhood Immunization Combo 10 (CIS-10)	One county (Madera) exceeded MPL of 38.20%. Kings and Fresno counties fell below the MPL. A Performance Improvement Project (PIP) was implemented to improve rates in Fresno County.
Comprehensive Diabetes Care HbA1c Poor Control	Fresno, Kings and Madera counties exceeded the MPL of 43.19%.
Controlling High Blood Pressure (CBP)	Kings & Madera counties exceeded MPL of 55.35%. Fresno County fell below the MPL.
Timeliness of Prenatal Care (PPC-Pre)	Fresno, Kings and Madera counties exceeded the MPL of 85.89%.
Timeliness of Postpartum Care (PPC-Post)	Fresno, Kings and Madera counties exceeded the MPL of 76.40%.

2.2 Non-Default HEDIS Minimum Performance Level (MPL) Rates For Measures Below the MPL in MY 2021

Breast Cancer Screening (BCS)	Kings and Madera Counties exceeded the MPL of 53.93%. Fresno County did not meet the MPL. A Disparity PIP was implemented in Fresno County and will continue in 2022.
Immunizations for Adolescents: Combo 2 (IMA-2)	Fresno and Madera counties exceeded the MPL of 36.74%. Kings County fell below the MPL.
Child and Adolescent Well-Care Visits (WCV)	Fresno and Madera counties exceeded the MPL of 45.31%. Kings County fell below the MPL.
Well-Child Visits in the First 15 Months of Life-Six or more Well-Child Visits (W30-6+)	Kings and Madera counties exceeded the MPL of 54.62%. Fresno County fell below the MPL.
Well-Child visits for age 15 Months to 30 Months- Two or more Well-Child Visits (W30-2+)	Madera County exceeded the MPL of 70.67%. Fresno and Kings counties fell below the MPL.

3. Performance Improvement Projects

For 2022, two PIPs, targeted in Fresno County, were both in the intervention implementation phases.

- Breast Cancer Screening (BCS) disparity
- Childhood Immunizations, Combination 10 (CIS-10) project

3.1 Childhood Immunization (CIS-10):

In Q1 to Q4 2021, CalViva Health Medical Management staff continued the CIS-10 Performance Improvement Project in collaboration with one high volume, low compliance clinic in Fresno County. The team determined that an intervention focused on education was needed to improve the immunization completion rates. In Q1 to Q2 2022, an educational text messaging campaign was implemented with the clinic. In Q2, a second intervention was implemented, “Heroes for Health IZ Re-occurring Events.” The failure mode address is transportation/childcare, and the key driver addressed is convenient access to the clinic. The pediatric clinic was opened for the Saturday event which included interpreters, refreshments, and snacks. Members were offered gift cards/ diaper bags upon completion of the immunizations. Another event is being planned with the clinic for the Fall of 2022.

CalViva Health will continue to offer health education materials to members and help parents understand the importance of childhood immunizations.

Module 3 is in the implementation phase.

3.2 Breast Cancer Screening (BCS) Disparity

In Q1 to Q3 2022, CalViva Health Medical Management staff continued a Breast Cancer Screening (BCS) Performance Improvement Project in collaboration with one high volume, low compliance clinic, a women’s imaging center, and a community-based organization that supports the Hmong population in Fresno County. In Q1 to Q2, a mobile mammography two-day event was held which resulted in a 73.5% compliance rate. Additional events are in discussion until the end of 2022. CalViva Health will continue to implement a member friendly approach by having clinics provide a warm welcoming atmosphere at the event that addresses cultural and language issues, and other potential barriers. In Q2, video testimonials were developed from three breast cancer survivors, and we are discussing to show the videos in medical office waiting rooms, YouTube site, Hmong TV, The Fresno Center, and community events to raise awareness of breast cancer.

Module 3 is in the implementation phase.



CalViva Health Quality Improvement Mid-Year Work Plan Evaluation 2022

CalViva Health 2022 Quality Improvement Mid-Year Work Plan Evaluation

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CalViva Health 2022 Quality Improvement Mid-Year Work Plan Evaluation

Submitted by:

Patrick Marabella, MD
Amy Schneider, RN, BSN

Chief Medical Officer
Director Medical Management

CalViva Health 2022 Quality Improvement Mid-Year Work Plan Evaluation

I. Purpose

The purpose of the CalViva Health's Quality Improvement Program Work Plan is to establish objectives for the QI Program and review clinical, service and safety related outcomes against the priorities and objectives established by the Program. An assessment of critical barriers is made when objectives have not been met.

II. CalViva Health Goals

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.

III. Scope

The CalViva Health Quality Improvement Work Plan encompasses quality improvement activities for 2022. The development of this document requires resources of multiple departments.

CalViva Health 2022 Quality Improvement Mid-Year Work Plan Evaluation

Glossary of Abbreviations/Acronyms

A&G:	Appeals and Grievances	HSAG:	Health Services Advisory Group
A&I:	Audits and Investigation	IHA:	Initial Health Assessment
AH:	After Hours	ICE:	Industry Collaborative Effort
AWC:	Adolescent Well-Care	IP:	Improvement Plan
BH:	Behavioral Health	IVR:	Interactive Voice Response
C&L:	Cultural and Linguistic	MCL:	Medi-Cal
CAHPS:	Consumer Assessment of Healthcare Providers and Systems	MH:	Mental Health
CAP:	Corrective Action Plan	MMCD:	Medi-Cal Managed Care Division
CCHRI:	California Cooperative Healthcare Reporting Initiative	MPL:	Minimum Performance Level
CCM:	Chronic Conditions Management	PCP:	Primary Care Physician
CDC:	Comprehensive Diabetes Care	PDSA:	Plan, Do, Study, Act
CM:	Care Management	PIP:	Performance Improvement Project
CP:	Clinical Pharmacist	PMPM:	Per Member Per Month
CVH:	CalViva Health	PMPY:	Per Member Per Year
DHCS:	Department of Health Care Services	PNM:	Provider Network Management
DMHC:	Department of Managed Health Care	PRR:	Provider Relations Representative
DN:	Direct Network	PTMPY:	Per Thousand Members Per Year
FFS:	Fee-for-Service	QI:	Quality Improvement
HE:	Health Education	SPD:	Seniors and Persons with Disabilities
HEDIS®:	Healthcare Effectiveness Data and Information Set	UM:	Utilization Management
HPL:	High Performance Level		
HN:	Health Net		

I. ACCESS, AVAILABILITY, & SERVICE

Section A: Description of Intervention (due Q1)			
1-1: Improve Access to Care- Timely Appointments to Primary Care Physicians, Specialist, Ancillary Providers and After Hours Access			
<input type="checkbox"/> New Initiative <input checked="" type="checkbox"/> Ongoing Initiative from prior year			
Initiative Type(s)	<input checked="" type="checkbox"/> Quality of Care		<input checked="" type="checkbox"/> Quality of Service
			<input type="checkbox"/> Safety Clinical Care
Reporting Leader(s)	Primary:	CalViva Health Medical Management	Secondary:
			Health Net QI Department
Rationale and Aim(s) of Initiative			
<p>Access to care is critical to a member's ability to get care in an appropriate timeframe and to the member's satisfaction. Assessing practitioner compliance with access standards and surveying members allows the identification of areas for improvement.</p>			
Description of Outcome Measures Used To Evaluate Effectiveness of Interventions. Includes improvement goals and baseline & evaluation measurement periods.			
<p>Timely Appointment Access to Primary Care Physicians and Specialists is measured through eight metrics. The specific goal is 90% for all measures. Success will be evaluated at the end of the survey period. Timely Appointment Access is monitored using the DMHC PAAS Tool and the CVH PAAS Tool.</p>			
<p>Timely Appointment Access to Ancillary Providers is measured through two metrics. The goal is 90% for all metrics. Timely Appointment Access is monitored using the DMHC PAAS Tool.</p>			
<p>After-Hours (AH) Access is evaluated through an annual telephonic Provider After-Hours Access Survey (PAAS). This survey is conducted to assess provider compliance with required after-hours emergency instructions for members and that members can expect to receive a call-back from a qualified health professional within 30 minutes when seeking urgent care/services by telephone. The results are made available to all applicable provider organizations through annual provider updates. When deficiencies are identified, improvement plans are requested of contracted providers and provider groups as described in CVH policy PV-100-007: Accessibility of Providers and Practitioners. These measures assess whether 90% of providers have appropriate emergency instructions whenever their offices are closed/after-hours, and if 90% of providers are available for members to contact them during after-hours for urgent issues within the 30-minute timeframe standard.</p>			
Planned Activities			
Activities	Target of Intervention: Member (M) / Provider (P)	Timeframe for Completion	Responsible Party(s)
Implement Provider Appointment Access Survey (PAAS) to monitor appointment access at the provider level to comply with DMHC and continue conducting Medi-Cal Appointment Access Survey to comply with DHCS requirements.	P	Q3-Q4	CVH/HN

Implement Provider After-Hours Availability Survey (PAHAS) to monitor provider offices' after-hours urgent care instructions and physician availability.	P	Q3-Q4	CVH/HN
Develop and distribute Provider Updates, as applicable, informing providers of upcoming training webinars, surveys, survey results, and educational information for improvement.	P	Q1-Q4 Q1: Provider Webinar Trainings Q3: MY 2022 Survey Prep Q3: MY 2021 Survey Results	CVH/HN
Conduct provider training webinars related to timely access standards and surveys.	P	Q1-Q4	CVH/HN
Conduct Telephone Access surveys annually to monitor provider office answer time and member callback times.	P	Q4	CVH/HN
Review and update the Appointment Access & Provider Availability P&P as needed to reflect all regulatory and accreditation requirements and submit for approval.	P	Q1	CVH/HN
Leverage results from the quarterly DHCS Medi-Cal Managed Care Timely Access Report to identify PCPs and specialists that do not meet timely access standards and conduct outreach to these providers.	P	Q3-Q4	CVH/HN
Complete a CAP as necessary when CalViva Health providers are below standard, including additional interventions for providers not meeting standards for two consecutive years.	P	Q3-Q4	CVH/HN
Annual review, update and distribution of "Improve Health Outcomes - A Guide for Providers Toolkit," After-Hours Script and Timely Appointment Access flyer.	P	Q2-Q4	CVH/HN
Section B: Mid-Year Update of Intervention Implementation (due Q3)		Section B: Analysis of Intervention Implementation (due end of Q4)	
<ul style="list-style-type: none"> • MY 2022 PAAS and PAHAS surveys are scheduled to begin in September and will be conducted by Sutherland Global. • Provider Updates, alerts, and toolkits related to timely access are scheduled to be released in Q3 2022: <ul style="list-style-type: none"> ○ MY 2021 PAAS and PAHAS survey results ○ MY 2022 Provider Satisfaction survey preparation ○ MY 2022 PAAS & PAHAS survey preparation. ○ Improve your Access and Availability flyer for information on how to register for provider webinars. 			

<ul style="list-style-type: none"> ○ Improve Health Outcomes, a Guide for Providers. • MY 2021 PAAS and After-Hours survey results were shared with CalViva at the June 2022 Access WG ad-hoc meeting. There was a need to improve PAAS response rates by improving provider ineligibility and non-response. • The MY 2021 Corrective Action Plan (CAP) processes will remain the same as MY 2020, but will propose the focus on Urgent and Non-Urgent metrics to target providers that need improvement in these areas. It is on track with revamping the process to create criteria to identify noncompliant PPGs and providers and align PPG-level CAPs with DMHC proposed 70% compliance rate for MY 2022 PAAS. • Provider webinars: Two sessions were held in Q2 (June) and there will be one session in Q3 (July) and three sessions in Q4 (December). • Due to the pandemic, the survey was not conducted quarterly in 2021, but will be an annual survey conducted in December 2022 by Sutherland Global. This will continue as an annual survey going forward. 	
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Section C: Evaluation of Effectiveness of Interventions - Measure (s), Performance Goal (due Q1)
Section C: Evaluation of Effectiveness of Interventions - Baseline Source, Baseline Value (due Q3)
Section C: Evaluation of Effectiveness of Interventions – Evaluation Period, Analysis (due Q3)

Measure(s)	Performance Goal	Rate (%) MY 2020	Rate (%) MY 2021 (Populated mid-year)	Baseline Value Source	Baseline Value (%) MY 2019
Overall Combined: Urgent Care – PCP & SCP Non-Urgent Care – PCP & SCP First Visit – PCP or SCP Prenatal	90%	Urgent = 55.9 (-4.4) Non-Urgent = 81.9 (3.2) Prenatal = 85.3 (-4.8)	Urgent = 45.5↓ (-10.4) Non-Urgent = 68.1↓ (-13.8) Prenatal = 86.1↑ (0.8)	CVH Performance MY 2019	Urgent = 60.3 Non-Urgent = 78.7 Prenatal = 90.1
Urgent Care Services that do not require prior authorization (PCP) – Appointment within 48 hours of request	90%	Overall= 68.9 (-2.0) Fresno= 71.3 Kings= 58.9 Madera= 67.7	Overall= 50.9↓ (-18.0) Fresno= 49.5↓ Kings= 57.1↓ Madera= 52.4↓	CVH Performance MY 2019	Overall=70.9 Fresno=71.9 Kings=67.3 Madera=70.3

Urgent Care Services that require prior authorization (SCP) – Appointment within 96 hours of request	90%	Overall=44.4 (-7.8) Fresno= 47.0 Kings= 38.5 Madera= 39.0	Overall= 40.2↓ (-4.2) Fresno= 39.6↓ Kings= 50.0↑ Madera= 39.0	CVH Performance MY 2019	Overall=52.2 Fresno=53.8 Kings=42.3 Madera=50.9
Non-Urgent Appointments for Primary Care – Appointment within 10 business days of request	90%	Overall= 85.9 (1.2) Fresno= 83.7 Kings= 91.1 Madera= 93.9	Overall= 71.4↓ (-14.5) Fresno= 65.9↓ Kings= 87.5↓ Madera= 90.9↓	CVH Performance MY 2019	Overall=84.7 Fresno=85.5 Kings= 84.9 Madera= 79.5
Non-Urgent Appointments with Specialist – Appointment within 15 business days of request	90%	Overall= 78.4 (3.0) Fresno= 78.1 Kings= 82.5 Madera= 77.5	Overall= 64.8↓ (-13.6) Fresno= 64.3↓ Kings= 76.9↓ Madera=62.9↓	CVH Performance MY 2019	Overall=75.4 Fresno=77.1 Kings=64.3 Madera=74.2
First Prenatal Visit (PCP) – Within 2 weeks of request	90%	Overall= 87.1 (-1.3) Fresno= 86.7 Kings= 94.7 Madera= 71.4*	Overall= 92.3↑ (5.2) Fresno= 100.0↑ Kings= 66.7* Madera= NR	CVH Performance MY 2019	Overall=88.4 Fresno=90.0 Kings=91.3 Madera=70.0
First Prenatal Visit (SCP) – Within 2 weeks of request	90%	Overall= 80.9 (-10.3) Fresno= 81.8 Kings= 57.1* Madera= 100*	Overall= 80.0↓ (-0.9) Fresno= 78.1↓ Kings= 100.0* Madera= 100.0*	CVH Performance MY 2019	Overall=91.2 Fresno=90.3 Kings=100* Madera=NR
Well-Child Visit with PCP – within 10 business days of request	90%	Overall= 80.9 (4.0) Fresno= 77.1 Kings= 97.1 Madera= 87.5	Overall= 67.7↓ (-13.2) Fresno= 70.4↓ Kings= 66.7* Madera= 0.0*	CVH Performance MY 2019	Overall=76.9 Fresno=77.5 Kings=79.6 Madera=70.3
Measure(s)	Performance Goal	Rate (%) MY 2020	Rate (%) MY 2021 (Populated mid-year)	Baseline Value Source	Baseline Value (%) MY 2019
Physical Exams and Wellness Checks – within 30 calendar days of request	90%	Overall= 89.0 (1.2) Fresno= 86.7 Kings= 94.4 Madera= 100	Overall= 86.7↓ (-2.3) Fresno= 88.5↑ Kings= 100.0* Madera= 0.0*	CVH Performance MY 2019	Overall=87.8 Fresno=88.1 Kings=91.5^ Madera=81.6
Non-Urgent Ancillary services for MRI/Mammogram/Physical Therapy – Appointment within 15 business days of request	90%	Overall= 100 (6.7) Fresno= 100 Kings= 100* Madera=100*	Overall= 94.1↓ (-5.9) Fresno= 92.3↓ Kings= 100.0* Madera=100.0*	CVH Performance MY 2019	Overall=93.3 Fresno=90.9 Kings=100* Madera=100*
Appropriate After-Hours (AH) emergency instructions	90%	Overall=96.0 (-1.9) Fresno= 95.0 Kings= 99.1 Madera= 100	Overall= 100.0 (4.0) Fresno= 99.0↑ Kings= 100.0↑ Madera= 100.0	CVH Performance MY 2019	Overall=97.9 Fresno=97.9 Kings=99.0 Madera=96.1

AH physician callback: Member informed to expect a call-back from a qualified health professional within 30 minutes	90%	Overall= 84.2(-15.2) Fresno= 85.4 Kings= 70.9 Madera=95.6	Overall= 82.0↓ (-2.2) Fresno= 80.0↓ Kings= 89.0↑ Madera=93.0↓	CVH Performance MY 2019	Overall=99.4 Fresno=99.4 Kings=99.0 Madera=100
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* Denominator less than 10. Rates should be interpreted with caution due to the small denominator.

↑↓ Statistically significant difference between RY 2021 vs RY 202, p<0.05.

NR – No reportable data.

Section D. Year-end Evaluation—Overall Effectiveness/Lessons Learned/Barriers Encountered

Analysis: Intervention Effectiveness with Barrier Analysis	
Initiative Continuation Status (Populate at year end)	<input type="checkbox"/> Closed <input type="checkbox"/> Continue Initiative Unchanged <input type="checkbox"/> Continue Initiative with Modification

Section A: Description of Intervention (due Q1)

1-2: Improve Member Satisfaction

New Initiative Ongoing Initiative from prior year

Initiative Type(s)	<input checked="" type="checkbox"/> Quality of Care	<input checked="" type="checkbox"/> Quality of Service	<input checked="" type="checkbox"/> Safety Clinical Care
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Reporting Leader(s)	Primary:	CalViva Health Medical Management	Secondary:	Health Net QI Department
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Rationale and Aim(s) of Initiative

Member satisfaction is affected by member interaction with the providers, provider office staff, the plan, and vendor partners. Results are also impacted by member demographics and individual health status.

Member Experience for CalViva Health is monitored in two ways:

1. CalViva Health Access Survey

- a. Purpose: Scaled-back CAHPS survey to assess access areas of opportunity.
- b. Administered by: Health Net QI-CAHPS Team through survey vendor, SPH Analytics.
- c. Frequency: Annually.
- d. Look-back Period: Year prior to survey administration date.
 - i. Look-back Period for MY 2019 Result Rates: October 2019 – April 2020
 - ii. Look-back Period for MY 2020 Result Rates: October 2020 – April 2021
- e. Results: Final results are shared with CalViva Health & the Provider Network Management Department (HN internal department).

2. DHCS CAHPS Survey

- a. Purpose: Regulatory CAHPS Survey.
- b. Administered by: HSAG (DHCS CAHPS Survey Vendor).
- c. Frequency: Every 2 years.
- d. Look-back Period: Year prior to survey administration date.
 - i. Look-back Period for MY 2019 Result Rates: August 2018 – May 2019
 - ii. Look-back Period for MY 2021 Results Rates: August 2021 – May 2021
- e. Results: Results are posted on the DHCS website:
<https://www.dhcs.ca.gov/dataandstats/reports/Pages/MgdCareQualPerfCAHPS.aspx>

The CalViva Health CAHPS Survey is completed every two years and thus, annual rate updates will not be available. The most recent set of CAHPS Rates can be found below in Section C. The CalViva Health Access Survey is conducted annually, with updated results available in May/June each year (to be included in the mid-year update).

Measure rates captured below for both the CalViva Health Access Survey and the DHCS CAHPS Survey represent rates based on the percentage of members who chose “Always/Usually” as their response.

Description of Outcome Measures Used to Evaluate Effectiveness of Interventions. Includes improvement goals and baseline & evaluation measurement periods.

On an annual basis, the CalViva Health Access Survey collects information on the following measures:

- Access to Urgent Care
- Access to Routine Care
- Access to Specialist Appointment
- Ease of Getting Care/Tests/Treatment

Our internal goal for the CalViva Health Access survey is to exceed previous year’s performance

Through the DHCS CAHPS Survey, the following measures are evaluated:

- Rating of Health Plan
- Rating of Health Care
- Rating of Personal Doctor
- Rating of Specialist Seen Most Often
- Getting Needed Care (composite measure)
- Getting Care Quickly (composite measure)
- How Well Doctors Communicate (composite measure)
- Customer Service (composite measure)

Our goal for the DHCS/HSAG-administered CAHPS survey is to be at or above the Quality Compass 50th percentile.

Planned Activities

Activities	Target of Intervention: Member (M) / Provider (P)	Timeframe for Completion	Responsible Party(s)
Annually review Provider Tool Kit resources related to member experience. Ensure all are up-to-date and relevant. Resource topics include: Appointment Scheduling Tip Sheet and Quick Reference Guide, Talking with my Doctor Guide, Interpreter Services Guide, Access Standards.	P	Q3 2022	CVH/HN
Update the following articles and distribute in Member newsletter: Access standards, interpreter services, nurse advice line.	M	Q3 2022	CVH/HN
Update (as needed) and conduct scaled-back member survey/Annual CalViva Health Access Survey to assess effectiveness of interventions implemented. Share and review results once they are made available.	M	Q1-Q2 2022	CVH/HN
PPG CAHPS Webinar held bi-annually. Webinar covers recommendations and best practices on how provider/provider staff can improve patient satisfaction throughout all patient interactions, as well as the importance of CAHPS.	P	Q3 2022	CVH/HN
Quarterly perform a root cause analysis on appeals and grievances data to highlight member pain points, trends and opportunities for improvement. Share these results and recommendations with Medical Management leadership at least quarterly.	P	Quarterly basis	CVH/HN
Prepare and coordinate all needed requirements for CalViva Health to launch regulatory CAHPS Survey in Q1 2023.	M	Q4 2022	CVH/HN
Launch Provider Training Series Pilot: trainings will cover several topics related to member experience/CAHPS and will be	P	Q1 2022	CVH/HN

offered in different formats (Lunch & Learn Sessions, On-Demand Videos).			
CAHPS Tip Sheet: Provider Tip Sheet highlighting the importance of CAHPS, member experience, and best practices of major CAHPS measures.	P	Q2 2022	CVH/HN
On-Demand Provider Training Series: Short video trainings that providers can access anytime, on-demand. 4 topics will include: Motivational Interviewing, Patient Empathy, Cultural Competency, Psychotropic Medications (Behavioral Health focus)	P	Q4 2022	CVH/HN
Section B: Mid-Year Update on Intervention Implementation (due Q3)		Section B: Analysis of Intervention Implementation (due end of Q4)	
<ul style="list-style-type: none"> • The annual CalViva survey was launched in early April 2022 and was fielded for 3 weeks until the target number of respondents was met. Results from the survey were available early June. <ul style="list-style-type: none"> ○ Two measures, Got Routine Care As Soon As Needed and Ease of Getting Care/Test/Treatment, rose from last year, both seeing a 2-percentage point increase. ○ Got Urgent Care As Soon As Needed and Ease to Get Specialist Appointment decreased from last year. The decrease of the Ease of Getting a Specialist Appointment measure was mainly impacted by delays in approval and authorizations and members not getting a convenient appointment time. ○ Final results shared with Q1 MCAL Manager and PNM Director and team members. Highlights of the results were flagged so teams could reference when planning future improvement initiatives. • Root cause analysis was conducted on Q1 member pain points data. Top grievance categories included: prior auth delays and limited appointment availability for PCPs and specialists. Findings were shared with stakeholder teams during the Q2 CAHPS Workgroup call (May 2022). 			

- Provider Training Series Pilot was canceled for 2022. Appropriate logo use and approvals were not fulfilled by the pilot's scheduled launch date.
- CAHPS Provider Tip Sheet was completed and launched early June.
- On-Demand Provider Training Series has been delayed and will launch in Q4 this year.

Section C: Evaluation of Effectiveness of Interventions - Measure (s), Specific Goal (due Q1)
Section C: Evaluation of Effectiveness of Interventions - Baseline Source, Baseline Value (due Q3)
Section C: Evaluation of Effectiveness of Interventions - Evaluation Period, Analysis (due Q3 2022)

CalViva Health Access Survey Measure(s)	Specific Goal	MY 2020	MY 2021	Baseline Source (Source: Previous Year CalViva Access Survey)	Baseline Value
Got urgent care as soon as needed	Improve YOY	77%	75%	MY 2019 Rate	77%
Got routine care as soon as needed	Improve YOY	62%	64%	MY 2019 Rate	62%
Ease to get specialist appointment	Improve YOY	65%	47%	MY 2019 Rate	65%
Ease of getting care/test/treatment	Improve YOY	69%	71%	MY 2019 Rate	69%
DHCS CAHPS Survey Measure(s)	Specific Goal	MY 2018	MY 2020	Baseline Source (Source: Quality Compass Percentiles)	Baseline Value
Getting Needed Care	Meet or Exceed Quality Compass 50 th Percentile	69.10%	79.9%	MY 2021 50 th Percentile	83.0%
Getting Care Quickly	Meet or Exceed Quality Compass 50 th Percentile	73.31%	76.1%	MY 2021 50 th Percentile	82.3%
How Well Doctors Communicate	Meet or Exceed Quality Compass 50 th Percentile	86.52%	85.8%	MY 2021 50 th Percentile	93.2%

Customer Service	Meet or Exceed Quality Compass 50 th Percentile	NA	NA	MY 2021 50 th Percentile	89.3%
Rating of All Health Care	Meet or Exceed Quality Compass 50 th Percentile	63.41%	72.2%	MY 2021 50 th Percentile	76.4%
Rating of Personal Doctor	Meet or Exceed Quality Compass 50 th Percentile	75.46%	77.8%	MY 2021 50 th Percentile	83.5%
Rating of Health Plan	Meet or Exceed Quality Compass 50 th Percentile	73.35%	75.9%	MY 2021 50 th Percentile	78.5%
Rating of Specialist	Meet or Exceed Quality Compass 50 th Percentile	74.44%	NA	MY 2021 50 th Percentile	83.9%
Section D. Year-end Evaluation—Overall Effectiveness/Lessons Learned/Barriers Encountered					
Analysis: Intervention Effectiveness With Barrier Analysis					
Initiative Continuation Status	<input type="checkbox"/> Closed <input type="checkbox"/> Continue Initiative Unchanged <input type="checkbox"/> Continue Initiative with Modification				

II. QUALITY & SAFETY OF CARE

Section A: Description of Intervention (due Q1)				
2-1: Cervical Cancer Screening (CCS)				
<input checked="" type="checkbox"/> New Initiative <input type="checkbox"/> Ongoing Initiative from prior year				
Initiative Type(s)	<input checked="" type="checkbox"/> Quality of Care		<input checked="" type="checkbox"/> Quality of Service	
Reporting Leader(s)	Primary:	CalViva Health Medical Management	Secondary:	Health Net QI Department Health Net Health Education Department
Rationale and Aim(s) of Initiative				
<p>Overall Aim: The overall aim is to increase treatment choices and improve survival rates of CalViva Health members in Fresno County who are diagnosed with cervical cancer through early detection.</p> <p>Rationale: Screening is looking for cancer before a person has any symptoms. This can help find cancer at an early stage. When abnormal tissue or cancer is found early, it may be easier to treat. By the time symptoms appear, cancer may have begun to spread.</p> <p>Key Points:</p> <ul style="list-style-type: none"> • Cervical cancer is a disease in which malignant (cancer) cells form in the cervix. • Screening for cervical cancer using the Pap test has decreased the number of new cases of cervical cancer and the number of deaths due to cervical cancer since 1950. • Human papillomavirus (HPV) infection is the major risk factor for cervical cancer. <p>Cervical dysplasia occurs more often in women who are in their 20s and 30s. Death from cervical cancer is rare in women younger than 30 years and in women of any age who have regular screenings with the Pap test. The Pap test is used to detect cancer and changes that may lead to cancer. The chance of death from cervical cancer increases with age. In recent years, deaths from cervical cancer have been slightly higher in Black women younger than 50 years than in White women younger than 50 years. Deaths from cervical cancer are almost twice as likely in Black women older than 60 years than in White women older than 60 years.</p> <p>Although most women with cervical cancer have the human papillomavirus (HPV) infection, not all women with HPV infection will develop cervical cancer. Many different types of HPV can affect the cervix and only some of them cause abnormal cells that may become cancer.</p> <p>Other risk factors for cervical cancer include:</p> <ul style="list-style-type: none"> • Giving birth to many children. • Smoking cigarettes. • Using oral contraceptives • Having a weakened immune system.¹ 				

Cervical cancer can be prevented with detection and treatment of precancerous cell changes caused primarily by high-risk types of human papillomavirus (hrHPV), the causative agents in more than 90% of cervical cancers. Effective screening and treatment for precancerous lesions are associated with low rates of cervical cancer mortality in the United States.²

¹ NIH National Cancer Institute (2021). Cervical Cancer Screening (PDQ®) - Patient Version. https://www.cancer.gov/types/cervical/patient/cervical-screening-pdq#_7

² U.S. Task Force Preventive Services (2018). Cervical Cancer: Screening <https://www.uspreventiveservicestaskforce.org/uspstf/document/evidence-summary/cervical-cancer-screening#bootstrap-panel--3>

Description of Outcome Measures Used To Evaluate Effectiveness of Interventions. Includes improvement goals and baseline & evaluation measurement periods.

The percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:

- Women 21-64 years of age who had cervical cytology performed within the last 3 years.
- Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.

Women 30-64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) testing within the last 5 years.
At the targeted high volume, low performance clinic.

Planned Activities

Activities	Target of Intervention: Member (M) / Provider (P)	Timeframe for Completion	Responsible Party(s)
Work with a high volume, low compliance clinic in Fresno County to improve CCS screening rates.	P/M	Q1-Q2	CVH/HN
Conduct regular meetings with Fresno County provider to plan improvements to increase the frequency of CCS screenings in women.	P	Q1-Q2	CVH/HN
Using a call script for outreach and education to members, to facilitate completion of the screening test through collaboration between the MA and the provider.	P/M	Q1-Q2	CVH/HN
Develop a Provider Profile (Excel format) in collaboration with the clinic leadership/staff that will be populated with the demographic information of members due for screening. The Profile will facilitate documentation of member outreach attempts and test completion.	P/M	Q1-Q2	CVH/HN

Members will be mailed a letter after three unsuccessful phone attempts have been made.	P/M	Q1-Q2	CVH/HN
Work with targeted provider to develop a second intervention to address women we have been unable to reach (voicemail left, initial refusal) and newly eligible to further increase testing rate at the clinic and in Fresno County.	M	Q1-Q2	CVH/HN
Members will receive a \$25 VISA Gift Card Incentive upon completion of the CCS Screening.	M	Q1-Q2	CVH/HN

Section B: Mid-Year Update of Intervention Implementation (due Q3)	Section B: Analysis of Intervention Implementation (due end of Q4)
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<ul style="list-style-type: none"> • In Q1 and Q2 2022, CalViva Health led a Cervical Cancer Screening (CCS), Performance Improvement Project and continued to work with one high volume, low compliance clinic in Fresno County. • In Q1 and Q2, 2022, the partner organization and CalViva Health established a multidisciplinary CCS improvement Team that met bi-weekly to determine the current process, identify potential barriers, and establish a plan for improvement to address potential barriers with the project. • A call script was developed to be used for member outreach. Health Ed staff, along with QI and clinic staff worked to ensure a quality and compliant script was developed. The script was translated into Spanish. • A provider profile was developed to include non-compliant members including patient demographic information; appointment scheduled; attending the appointment; test completion; date of the screening completed; if not completed, reasons for not completing the screening; and staff feedback. • After three unsuccessful call attempts to the patients, or if the patients were a “No Show” for an appointment, a letter was mailed from the clinic. • CalViva Medical Management team will continue to collaborate with the clinic and continue current strategies while considering potential 	
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interventions that might be successful for those patients who refused their Pap test or have not returned a voicemail message. This intervention was successful because it was integrated into the existing clinic workflows, and existing data capture process. We will also consider sustainability and reproducibility and extending this successful intervention to other providers.

- The following are results of the outreach and education call script by staff:
 - 50.40% (125/248) Pap tests completed
 - 14.11% (35/248) Appointment scheduled
 - Total: 160/248 (64.52%) had a positive outcome for Cycle 2.
 - 18.15% (45/248) Left voice mail-call back in 1 week
 - 4.44% (11/248) Refused/Declined
- In Cycle 1 of the PDSA CCS:38 women completed the CCS exam exceeding the goal of 30 women. In Cycle 2: an additional 87 Pap Tests were completed exceeding the goal of 37 women for a total of 125 Pap test completed. At the end of the second cycle, there was also 35 eligible women scheduled for an appointment in the coming weeks. In Cycle 1, 30 appointments were scheduled.
- The new CCS compliance rate after Cycle 2 = 50.40% (125/248), exceeding the goal of 30.49% as stated in the SMART Aim.
- 125 \$25 VISA gift cards were given out to members upon completion of the cervical cancer screening.

Section C: Evaluation of Effectiveness of Interventions – Measure (s), Specific Goal (due Q1)
Section C: Evaluation of Effectiveness of Interventions – Baseline Source, Baseline Value (due Q3)
Section C: Evaluation of Effectiveness of Interventions – Evaluation Period, Analysis (due Q3 2020)

Measure(s)	Specific Goal	Rate MY 2020	Rate MY 2021	Baseline Source	Baseline Value
HEDIS CCS Screening in Women (CCS) – County Goal	Meet or Exceed DHCS 50 th Percentile 61.31%	Fresno: 61.26%	63.04% YTD	MY 2021 HEDIS Data	61.31%

HEDIS CCS Screening – Provider Goal	By 2/15/2022 increase rate to 55.35% By 06/15/2022 increase rate to 70.80%	Fresno: N/A	30.49%	MY 2021 Provider Results	44.1%
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Section D. Year-end Evaluation—Overall Effectiveness/Lessons Learned/Barriers Encountered

Analysis: Intervention Effectiveness with Barrier Analysis	
Initiative Continuation Status	<input type="checkbox"/> Closed <input type="checkbox"/> Continue Initiative Unchanged <input type="checkbox"/> Continue Initiative with Modification

Section A: Description of Intervention (due Q1)

2-2: Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) (CDC) PDSA

New Initiative Ongoing Initiative from prior year

Initiative Type(s)	<input checked="" type="checkbox"/> Quality of Care	<input checked="" type="checkbox"/> Quality of Service	<input checked="" type="checkbox"/> Safety Clinical Care
Reporting Leader(s)	Primary: CalViva Health Medical Management	Secondary:	Health Net QI Department Health Net Health Education Department

Rationale and Aim(s) of Initiative

Overall Aim: The overall aim is to assist CalViva Health diabetic members to control and maintain their blood glucose levels within a healthy range, thereby minimizing the long-term risks and complications associated with this highly prevalent chronic disease. This can be accomplished through basic diabetes education, routine testing, lifestyle changes, healthy behaviors and optimal medication management.

Rationale: Our review of literature, internal and external data, and discussions (brainstorming sessions) with our new CalViva Health Diabetes- H9 Improvement Team indicates that many of the same issues remain, they have just been escalated by the Public Health Emergency. A high volume of CalViva Health members in Fresno County are noted to have blood glucose levels out of range (greater than 9%) or have not had any testing administered for HbA1c levels, with the COVID-19 pandemic likely to be a major contributing factor.

CalViva Health is committed to improving the quality of care for our diabetic population in Fresno County by increasing the frequency of HbA1c testing and screening for members who have difficulty with maintaining their glycated hemoglobin levels below 9%. For this PDSA cycle, we are targeting Fresno County because it was the poorest performer in MY 2020 with the highest rate increase (CDC-H9 is an inverse measure, so a rate increase indicates poorer performance) of 7.43% from the previous year (MY 2019), as seen in Table 1.

Table 1: CalViva Health CDC-H9 County Rates for MY 2019 and MY 2020

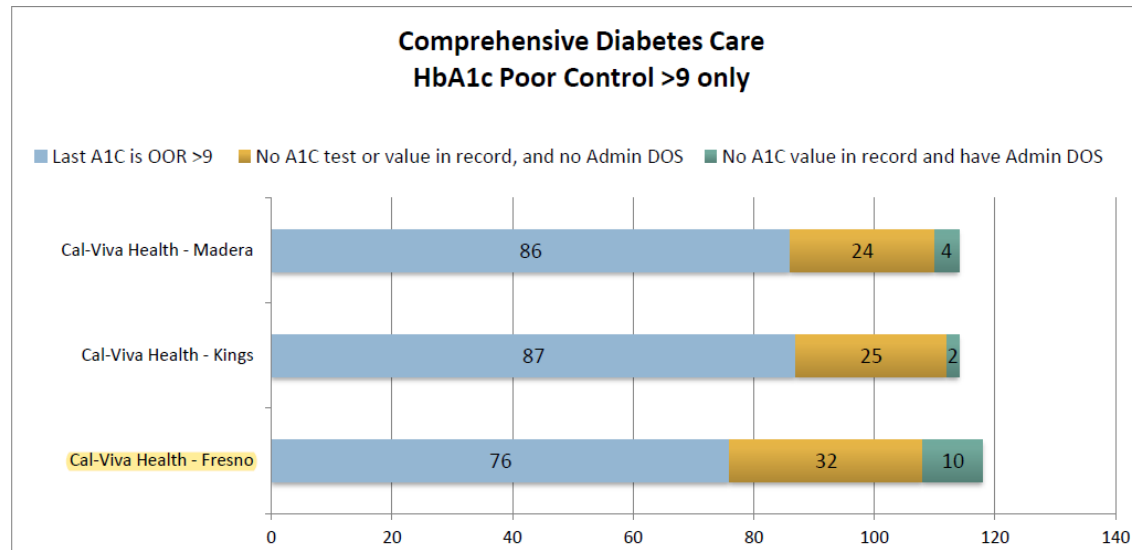
Comprehensive Diabetes Care (CDC) HbA1C Poor Control >9

Population	MY 2019 Rate	MY 2020 Rate	Rate Change From Prior Year	Goal 50 th Percentile	Records to Hit Goal
Cal-Viva - Fresno	34.06 %	41.49 %	7.43	37.47 %	16
Cal-Viva - Kings	35.77 %	35.00 %	- 0.77	37.47 %	9
Cal-Viva - Madera	36.25 %	40.63 %	4.38	37.47 %	13

** Per NCQA: A lower rate indicates better performance (i.e. low rates...indicate better care).*

Fresno County also had the highest proportion of noncompliant members who were not screened or tested for HbA1c in MY 2021 as seen in Table 2 below. Twenty-seven percent of non-compliant members in Fresno County did not have a HbA1c test in MY 2020, compared to 22% of members in Kings County and 21% in Madera County. These issues were likely a result of the various COVID-19 challenges affecting provider offices (decreased staff capacity, office closures, etc.) and hesitancy from members who feared they would contract the virus despite all preventative measures in place at provider offices.

Table 2: CalViva Health Non-Compliant Analysis of CDC-H9 Medical Records for MY 2020



CalViva Health Primary Reasons for CDC-H9 Noncompliance in MY 2020:

- The most common reason was the member’s last A1c for the measure year was out of range (> 9.0%)
- Secondly, members did not have an A1c test performed during the measurement year

We chose Clinica Sierra Vista as the target clinic for our Planned Care Visit intervention because Clinica Sierra Vista is one of the largest providers in Fresno County and they demonstrated the lowest compliance rate among FQHCs for this measure. Within the FQHC, we selected the West Fresno location because they had the second lowest compliance rate of 61.5% in MY 2020, which subsequently continued to decrease going into MY 2021, as reflected in Tables 3 below.

Table 3: Clinica Sierra Vista Fresno County CDC-H9 Compliance Rates for MY 2020 - MY 2021

	MY 2020 MPL = 37.47%*	MY 2021 YTD (9/2021) MPL = 37.47%*		
Clinica Sierra Vista Locations – Fresno County	Final Rate	YTD Rate	Denominator	Gaps to 50th
CSV - ELM COMMUNITY HEALTH CENTER FC	55.9%	63.3%	708	183
CSV - REGIONAL MED. COMMUNITY HLTH C	59.2%	64.6%	362	99
CSV – ORANGE AND BUTLER COMMUNITY HEALTH CT	54.7%	56.7%	156	53
CSV - SHAW COMMUNITY HEALTH CENTER F	65.9%	72.2%	91	44
CSV – WEST FRESNO COMMUNITY HEALTH C	61.5%	72.6%	82	40

Note: Table 3 does not reconcile exactly due to different report run dates. However, the table indicates a need for HbA1c testing and improved results.

Description of Outcome Measures Used to Evaluate Effectiveness of Interventions. Includes improvement goals and baseline & evaluation measurement periods.

Utilize the Planned Care Visit Workflow intervention to reduce the number of diabetic members with Poor control (HbA1c >9%) assigned to provider partner clinic, in Fresno County by first obtaining current HbA1c testing for at least 60% of this target population from a baseline testing rate of 34%.

Reduce the number of members with HbA1c Poor Control (>9.0%) in the targeted population.

Planned Activities			
Activities	Target of Intervention: Member (M) / Provider (P)	Timeframe for Completion	Responsible Party(s)
Collaborate with a high volume, low compliance clinic in Fresno County to improve HbA1c testing rates among noncompliant diabetic members (HbA1c > 9%)	P/M	Q1-Q2	CVH/HN
Conduct regular meetings with the Fresno County provider and staff, to discuss improvement plans for increasing the frequency of HbA1c testing for members	P	Q1-Q2	CVH/HN
Using a call script for member outreach and education, and to facilitate completion of member HbA1c testing, via collaboration between the MA and the provider.	P/M	Q1-Q2	CVH/HN
Develop a Provider Profile (Excel format) in collaboration with the clinic leadership/staff that will be populated with the demographic information of members due for HbA1c testing. The Profile will facilitate documentation of each member outreach attempt and test completion.	P/M	Q1-Q2	CVH/HN
Shifting our PDSA focus in Cycle 2 from obtaining HbA1c tests, to changing lifestyle behaviors and drawing meaningful insight from our target population. New intervention will prioritize more emphasis on lowering A1c levels for members with values greater than 9%. CalViva Health will be collaborating with a clinic provider at CSV-West Fresno, who has a panel of diabetic members eligible to receive case management and registered dietician support.	M	Q1-Q2	CVH/HN
Section B: Mid-Year Update of Intervention Implementation (due Q3)		Section B: Analysis of Intervention Implementation (due end of Q4)	
<ul style="list-style-type: none"> In Q1 and Q2 2022, CalViva Health collaborated with a high volume, low compliance provider partner in Fresno County to improve CDC 			

rates for Hemoglobin A1c (HbA1c) testing.

- CalViva Health Medical Management conducted regular bi-weekly interdisciplinary meetings with the Fresno County provider partner and clinic staff, to implement a rapid cycle Plan-Do-Study-Act (PDSA) quality improvement regulatory project focused on noncompliant diabetic members with HbA1c values greater than 9%.
- Medical Management completed its first PDSA cycle in Q1, which was focused on conducting outreach calls to the noncompliant members identified in the Provider Profile and obtaining their current HbA1c values. Fresno County clinic staff utilized the Diabetes Call Script and an engagement incentive to encourage member participation for HbA1c testing. Members who were successfully reached either completed or were scheduled for an appointment to complete testing.
- During the first PDSA cycle, 100% of members (28/28) who were contacted successfully heard the Diabetes Call Script in its entirety and 64.3% of members (18/28) completed an HbA1c test. When compared to the SMART objective, the first PDSA intervention successfully increased testing rates and exceeded the 60% testing rate goal.
- In Q2, CVH Medical Management and the Fresno County provider partner collaborated again to schedule in-person nutrition classes led by a registered dietician and disseminate health education materials for the noncompliant members identified in the Provider Profile.
- During the second PDSA cycle, a total of 68% of members (15/22) who were successfully outreached to by the Fresno County provider partner heard the Diabetes Call Script in its entirety to learn about the three in-person nutrition classes and three individual sessions with a registered dietician.
- A summary of the initial call outcomes resulted in 10/22 members who refused to schedule, 3/22 members who agreed to schedule in-

person classes and 7/22 members who could not be reached (due to disconnected phone numbers, voicemail only, no answer).

- In an effort to understand why the 10/22 members declined, CVH Medical Management utilized a QI Health Educator who was able to speak to 5/10 members to obtain anecdotal feedback. The QI Health Educator implemented a series of discussion questions, informal conversations and applied Motivational Interviewing techniques.
- CVH Medical Management and the Fresno County provider partner learned that many of these members do have an interest in improving their health and wellness, but a standard classroom setting during regular business hours may not work for them.
- Most of these members reported that a virtual or hybrid model would work better for them. Therefore, the team decided to do a small test of Virtual Diabetes Classes. The three classes could be quickly converted to video by using the already prepared slides with a voice-over and the Clinic QI staff turned those around within a week. Each video was created in English and Spanish. The team decided to follow a similar format to the in-person process with three (3) videos followed by three (3) One-on-One calls with the dietitian.
- Final outcomes from the small test of the Virtual Diabetes Classes resulted in a total of 27% of members (6/22) viewing all three (3) videos and completing three (3) One-on-One calls with the dietitian. When compared to the SMART objective, the second PDSA intervention successfully helped educate at least 20% of this target population on lifestyle changes and a healthy diet.

Section C: Evaluation of Effectiveness of Interventions - Measure (s), Specific Goal (due Q1)					
Section C: Evaluation of Effectiveness of Interventions - Baseline Source, Baseline Value (due Q3)					
Section C: Evaluation of Effectiveness of Interventions – Evaluation Period, Analysis (due Q3 2020)					
Measure(s)	Specific Goal	Rate MY 2020	Rate MY 2021	Baseline Source	Baseline Value
HEDIS Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) (CDC H9) – County Goal	Meet or Exceed DHCS 50 th Percentile 37.47%	Fresno: 43.88%	42.64% YTD	MY 2021 HEDIS Data	34.06%
HEDIS Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) – Provider Goal	Obtain current HbA1c testing for at least 60% of this target population from a baseline testing rate of 34%.	Fresno: N/A	37.00%	MY 2021 Provider Results	32.83%
HEDIS Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) – Provider Goal	Reduce the number of members with Poor control (HbA1c >9%) by educating at least 20% of this target population on lifestyle changes and a healthy diet from a baseline rate of 0%.	Fresno: N/A	27.50%	MY 2022 Provider Results	34.00%
Section D. Year-end Evaluation—Overall Effectiveness/Lessons Learned/Barriers Encountered					
Analysis: Intervention Effectiveness with Barrier Analysis					
Initiative Continuation Status	<input type="checkbox"/> Closed <input type="checkbox"/> Continue Initiative Unchanged <input type="checkbox"/> Continue Initiative with Modification				

III. PERFORMANCE IMPROVEMENT PROJECTS

Section A: Description of Intervention (due Q1)					
3-1: Addressing Breast Cancer Screening Disparities					
<input type="checkbox"/> New Initiative <input checked="" type="checkbox"/> Ongoing Initiative from prior year					
Initiative Type(s)	<input checked="" type="checkbox"/> Quality of Care		<input checked="" type="checkbox"/> Quality of Service		<input checked="" type="checkbox"/> Safety Clinical Care
Reporting Leaders	Primary	CalViva Health Medical Management	Secondary	Health Net QI Department	
Rationale and Aim(s) of Initiative					
<p>Overall Aim: To increase and improve the survival rates of CalViva Health members in Fresno County who are diagnosed with breast cancer through early detection.</p> <p>Rationale: Finding breast cancer early and getting state-of-the-art cancer treatment are the most important strategies to prevent deaths from breast cancer. Breast cancer that is found early, when it is small and has not spread, is easier to treat successfully. Getting regular screening test is the most reliable way to find breast cancer early. Breast cancers found during screening exams are more likely to be smaller and still confined to the breast. The size of a breast cancer and how far it has spread are some of the most important factors in predicting the prognosis of a woman with this disease (American Cancer Society, 2021). The COVID-19 pandemic has resulted in many elective procedures being put on hold, and this has led to a substantial decline in cancer screening. Health care facilities are providing cancer screening during the pandemic with many safety precautions in place (American Cancer Society, 2021).¹</p> <p>Barriers to breast cancer screening include personal attitudes and beliefs such as fear of positive mammogram result, and the misconception that a lack of breast cancer symptoms indicates lack of disease. Accessibility and associated factors such as concerns about mammogram cost and lack of transportation are additional barriers. Cultural related barriers were connected to racial and ethnic community cultures and immigration status, and included issues such as language barriers that stem from limited English proficiency, and cultural beliefs around modesty. Social and interpersonal barriers, or barriers created by women’s interactions with others, include lack of encouragement for screening by friends or family. The most reported barriers were perceived pain from the screening and embarrassment. Lack of physician recommendation was the most identified social barrier (Miller et al., 2019).²</p> <p>The Hmong population’s belief in the spiritual etiology of cancer and attitudes toward cancer have also been identified as potential barriers to cancer screenings. In addition, for many Hmong women, mammograms are unfamiliar and regarded as invasive screening practices. Hmong women are at high-risk for health problems due to poverty, lack of education, low English proficiency, lack of acceptance of the model of preventive care, and gender defined roles (Kue et al., 2014).³</p>					
<hr style="width: 20%; margin-left: 0;"/> <p>¹American Cancer Society (2021). American Cancer Society Recommendations for the Early Detection of Breast Cancer. https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations</p>					

² Miller, B., Bowers, J., Payne, J. and Moyer, A. (2019). Barriers to mammography screening among racial and ethnic minority women. Social Science & Medicine.

<https://www.uchicagomedicine.org/forefront/cancer-articles/breaking-down-barriers-to-breast-cancer-screening-for-high-risk-individuals>

³ Kue, Zukoski, Thorburn (2014). Breast and Cervical Cancer Screening: Exploring Perceptions and Barriers with Hmong Women and Men in Oregon. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3711956/>

Description of Outcome Measures Used To Evaluate Effectiveness of Interventions. Includes improvement goals and baseline & evaluation measurement periods.

The HEDIS measure Breast Cancer Screening (BCS) will be used to evaluate the effectiveness of interventions. The measure evaluates the percentage of women 50-74 years of age who had a mammogram to screen for breast cancer. The baseline HEDIS result for MY 2021 was 55.26%. The improvement goal is to increase the breast cancer screening rate among the Hmong speaking population at the targeted provider site from a baseline of 28.46% to a goal rate of 47.8%.

Planned Activities

Activities	Target of Intervention: Member (M) / Provider (P)	Timeframe for Completion	Responsible Party(s)
Continue to work with a high volume, low compliance FQHC in Fresno County to implement targeted BCS interventions and monitor effectiveness.	P	Q1-Q4	CVH/HN
Collaborate with a women’s imaging center to improve BCS rates.	P	Q1-Q4	CVH/HN
Design and deploy a culturally competent community educational session for the Southeast Asian BCS non-compliant CalViva Health members. The educational event will be held at the cultural center, which will include a video in the Hmong language to address health literacy barriers among the Hmong population, testimonials of breast cancer survivors, transportation presentation, and raffle items. CVH will continue to implement a Member Friendly Approach by providing a warm welcoming atmosphere at the event that addresses cultural and language issues, and other potential barriers. The educational event was discontinued to pursue other BCS activities.	M	Q1-Q4	CVH/HN
Update Key Driver Diagram with potential interventions (Module 4).	P/M	Q1-Q4	CVH/HN

Implement and test interventions with the clinic which includes PDSA cycles (Complete Module 3)	P	Q2-Q4	CVH/HN
Health Education to distribute educational materials on the importance of breast cancer screening to members at the educational sessions, cultural center, and women's imaging center.	M	Q2-Q4	CVH/HN
Implement provider incentives to support gap closure and improve HEDIS rates for BCS.	P	Q1-Q4	CVH/HN
Implement member incentive for breast cancer screening to support mammogram completion.	M	Q1-Q4	CVH/HN
Deploy cultural and linguistic strategies at targeted convenient and culturally competent provider sites to support members in accessing their breast cancer screening services. Strategies include: mobile mammography with on-site interpreters, and transportation services (Member Friendly Approach) at clinic sites.	M	Q1-Q4	CVH/HN
Members will receive a \$25 VISA Gift Card Incentive upon completion of the BCS Screening.	M	Q1-Q4	CVH/HN
Section B: Mid-Year Update of Intervention Implementation (due Q3)	Section B: Analysis of Intervention Implementation (due end of Q4)		
<ul style="list-style-type: none"> In Q1 and Q2 2022, CalViva Health led a Breast Cancer Screening (BCS) Performance Improvement Team in collaboration with one clinic with 3 sites at Greater Fresno Health Organization (GFHO), which is a high volume, low compliance clinic; and a Hmong cultural center in Fresno County. The partner organizations and CalViva Health established a multidisciplinary BCS improvement Team that met bi-weekly to determine the current process, identify potential barriers, and establish a plan for improvement to address potential barriers with the project. In Q2, 2022, the Southeast Asian educational event intervention was abandoned due to low BCS completion rates and replaced with Mobile Mammography Events. 			

- In Q1, 2022, the Key Driver diagram was updated to include Mobile Mammography (Module 4).
- In Q2, 2022, video testimonials were developed to address health literacy barriers among the Southeast Asian population from three breast cancer survivors in Hmong, Laotian, and English languages. CalViva Medical Management is currently discussing where to show the videos: potentially in medical office waiting rooms, YouTube sites, Hmong TV, The Fresno Center, and community events to raise awareness of breast cancer.
- In Q1 and Q2, 2022, Health Education distributed educational materials on the importance of breast cancer screening to members at the mobile mammography events, cultural center, and women's imaging center.
- In Q1 and Q2, 2022, Provider incentives were given to support gap closures and improve HEDIS rates for BCS. Provider Tip Sheets were developed and made available through the Provider Portal. The tip sheet outlines HEDIS® Specifications, best practices, and recommended screening guidelines.
- In Q1 and Q2, 2022, members were given a VISA gift card upon completion of the BCS exam.
- In Q1, 2022, a mobile mammography event was implemented: 54 members completed the BCS exam, and 74 members were scheduled (73.0%) compliance rate.
- In Q2, 2022, another mobile mammography event was held, 18 members completed the BCS exam out of 24 scheduled (75.0%) compliance rate. CVH will continue to implement a Member Friendly Approach by having provided a warm welcoming atmosphere at the event that addresses cultural and language issues, and other potential barriers.

Section C: Evaluation of Effectiveness of Interventions - Measure (s), Specific Goal (due Q1)					
Section C: Evaluation of Effectiveness of Interventions - Baseline Source, Baseline Value (due Q3)					
Section C: Evaluation of Effectiveness of Interventions – Evaluation Period, Analysis (due Q3 2022)					
Measure(s)	Specific Goal	Rate MY 2020	Rate MY 2021	Baseline Source	Baseline Value
HEDIS Breast Cancer Screening – County Goal	Meet or Exceed the MPL (50 th Percentile) 58.82%	Fresno: 52.64%	49.11% YTD	MY 2021 HEDIS Data	55.26%
HEDIS Breast Cancer Screening – Provider Goal	Meet or Exceed SMART Aim Goal of 47.8%	Fresno: N/A	40.00%	MY 2021 Provider Results	38.4%
Section D. Year-end Evaluation—Overall Effectiveness/Lessons Learned/Barriers Encountered					
Analysis: Intervention Effectiveness with Barrier Analysis					
Initiative Continuation Status	<input type="checkbox"/> Closed <input type="checkbox"/> Continue Initiative Unchanged <input type="checkbox"/> Continue Initiative with Modification				

Section A: Description of Intervention (due Q1)				
3-2: Improving Childhood Immunizations (CIS-10)				
<input type="checkbox"/> New Initiative <input checked="" type="checkbox"/> Ongoing Initiative from prior year				
Initiative Type(s)	<input checked="" type="checkbox"/> Quality of Care		<input checked="" type="checkbox"/> Quality of Service	
Reporting Leader(s)	Primary:	CalViva Health Medical Management	Secondary:	Health Net QI Department
Rationale and Aim(s) of Initiative				
Overall Aim: To improve pediatric health in Fresno County; specifically, to improve the health and safety of our youngest children and other at-risk populations in Fresno County by reducing the chance of preventable infection/illness through immunization.				
Rationale: Childhood vaccines or immunizations can seem overwhelming when you are a new parent. Vaccine schedules recommended by agencies and organizations, such as the CDC, the American Academy of Pediatrics, and the American Academy of Family Physicians cover about 14 different diseases. Vaccinations not only protect your child from deadly diseases, such as polio, tetanus, and diphtheria, but they also keep other children safe by eliminating or greatly decreasing dangerous diseases that used to spread from child to child (Stanford Children’s Hospital, 2021).				
According to the U.S. Health and Human Services, there are five important reasons to vaccinate your child are:				
<ol style="list-style-type: none"> 1. Immunizations can save a child’s life, 2. Vaccination is very safe and effective, 3. Immunization protects others we care about, 4. Immunizations can save families time and money. 5. Immunizations protects future generations. (HHS.gov, 2021).² 				
Centers for Disease Control and Prevention, (CDC), report released in May 2020 found a troubling drop in routine childhood vaccination because of families staying at home. CDC and the American Academy of Pediatrics (AAP) recommend that children stay on track with their well-child appointments and routine vaccinations even during the pandemic. As in-person learning, and play become more common, on-time vaccinations is even more urgent to help provide immunity against 14 serious diseases (CDC, 2021). ³				
Primary care providers play a key role in ensuring that children and the community receive vaccines on time. Because of the ongoing COVID-19 pandemic, providers are presented with the additional challenge of maintaining and strengthening routine vaccination during a global pandemic. As COVID-19 cases increased and states implemented stay-at-home orders, outpatient visits declined significantly. Increasing communication efforts regarding the importance of vaccination will be worthwhile, as the COVID-19 pandemic has highlighted the threat of infectious disease and has increased awareness of the vaccine development process.				

Prior to the tragic events of 2020, many parents had not seen the devastating consequences of an infectious disease. The COVID-19 pandemic may offer an opportunity to change parents' perspective on vaccinations, particularly as it relates to the influenza vaccine. Providers should continue to promote the importance of well-child and vaccination visits. (McNally & Bernstein, 2020).⁵

¹ Stanford Children's Hospital. (2021). Why Childhood Immunizations Are Important
<https://www.stanfordchildrens.org/en/topic/default?id=why-childhood-immunizations-are-important-1-4510>

² United States Department of Health and Human Services. (2021). Five Important Reasons to Vaccinate Your Child.
<https://www.hhs.gov/immunization/get-vaccinated/for-parents/five-reasons/index.html>

³ Centers for Disease Control and Prevention. (2021). NIIW (National Infant Immunization Week)
<https://www.cdc.gov/vaccines/events/niiw/index.html>

⁴ McNally, V., Bernstein, H. (2020). The Effect of the COVID-19 Pandemic on Childhood Immunizations: Ways to Strengthen Routine Vaccination. *Pediatric Annals*. 2020; 49(12):e516-e522.
<https://www.healio.com/pediatrics/journals/pedann/2020-12-49-12/%7B594dfc0c-a4c6-4247-8243-39f8ee9e665c%7D/the-effect-of-the-covid-19-pandemic-on-childhood-immunizations-ways-to-strengthen-routine-vaccination>.

Description of Outcome Measures Used to Evaluate Effectiveness of Interventions. Includes improvement goals and baseline & evaluation measurement periods.

The HEDIS measure, Childhood Immunization Status - Combination 10 (CIS-10), will be used to evaluate the effectiveness of interventions. The measure evaluates the percentage of members who turn 2 years old who have been identified to receive the following vaccinations: four diphtheria, tetanus, and acellular pertussis (DTap); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four (pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

This outcome measure will be monitored and reported for the targeted provider site and Fresno County using hybrid data.

Planned Activities

Activities	Target of Intervention: Member (M) / Provider (P)	Timeframe for Completion	Responsible Party(s)
Continue to work with a high volume, low compliance FQHC in Fresno County to implement targeted CIS -10 interventions and monitor effectiveness.	P	Q1-Q4	CVH/HN

Update Key Driver Diagram with potential interventions (Module 4).	P	Q1-Q4	CVH/HN
Implement and test interventions with the clinic which includes PDSA cycles (Module 3)	P	Q2-Q4	CVH/HN
Health Education will design and implement educational activities on the importance of childhood immunizations at the clinic.	M	Q1-Q4	CVH/HN
Create article and distribute in Member newsletter highlighting childhood immunizations annually.	M	Q1-Q4	CVH/HN
Implement direct member incentive to support completion of childhood immunization series to improve CIS-10 measure rates.	M	Q1-Q4	CVH/HN
Implement provider incentives to close the care gaps and improve CIS-10 measure rates.	P	Q1-Q4	CVH/HN
Develop Provider Tip Sheet for CIS-10 measure, which is available through the Provider Portal. The tip sheet outlines HEDIS Specifications, best practices, and recommended immunization guidelines.	P	Q1-Q4	CVH/HN
Work with targeted provider to develop a second intervention: a Special Immunization Recurring Event. It will be convenient and culturally competent to support members in accessing childhood immunizations for children 0-2 years in Fresno County.	P/M	Q1-Q4	CVH/HN
Section B: Mid-Year Update of Intervention Implementation (due Q3)		Section B: Analysis of Intervention Implementation (due end of Q4)	
<ul style="list-style-type: none"> In Q1 and Q2 2022, CalViva Health led a Childhood Immunizations (CIS-10) Performance Improvement Team in collaboration with one high volume, low compliance clinic in Fresno County. In Q2, 2022, the Key Driver Diagram was updated to include "Special IZ Re-occurring Event." The Team determined that an intervention focused on education was needed to improve immunization completion rates. A significant number of parents admitted to having concerns and questions about childhood vaccinations. A provider based educational texting 			

campaign with the clinic was implemented in Q1, 2022.

- The clinic is working in collaboration with CVH Health Education Department to develop content for the text messaging campaign.
- In Q2, 2022, Health Education provided educational materials at the “Heroes for Health IZ Re-occurring events.”
- A member newsletter will be distributed to members in Q3 2022 to educate on the importance of childhood immunizations.
- Members were given a \$25 VISA gift card/diaper bags upon completion of their immunizations.
- Providers were offered an incentive to encourage outreach to members and completion of their immunizations.
- Provider Tip Sheets were developed in Q3 2021 and made available through the Provider Portal. The tip sheet outlines HEDIS® Specifications, best practices, and recommended immunization guidelines.
- Revised data capture issue with the clinic included HepB data causing the compliance rates to shift upwards based on the new data. The baseline rate increased from 26.00% to 28.00%; this update in the SMART Aim will be reported to HSAG. The SMART Aim based on this new baseline is 34.53%.
- In Q2,2022 a second intervention is the “Heroes for Health IZ Re-occurring Events” was held at the pediatric clinic on Saturday which included interpreters, refreshments, and snacks. Two more events are being plan with the clinic in the fall.

Section C: Evaluation of Effectiveness of Interventions - Measure (s), Specific Goal (due Q1)					
Section C: Evaluation of Effectiveness of Interventions - Baseline Source, Baseline Value (due Q3)					
Section C: Evaluation of Effectiveness of Interventions – Evaluation Period, Analysis (due Q3 2022)					
Measure(s)	Specific Goal	Rate MY 2020	Rate MY 2021	Baseline Source	Baseline Value
Childhood Immunization Combo 10 – County Goal	Meet or Exceed the MPL (50 th Percentile) 37.47%	Fresno: 32.36%	35.04% YTD	MY 2021 HEDIS Results	33.82%
Childhood Immunization Combo 10 – Provider Goal	Meet or Exceed SMART Aim Goal of 34.53%	Fresno: N/A	N/A	MY 2021 Provider Results	28.00%
Section D. Year-end Evaluation—Overall Effectiveness/Lessons Learned/Barriers Encountered					
Analysis: Intervention Effectiveness with Barrier Analysis					
Initiative Continuation Status	<input type="checkbox"/> Closed <input type="checkbox"/> Continue Initiative Unchanged <input type="checkbox"/> Continue Initiative with Modification				

IV. CROSSWALK OF ONGOING WORKPLAN ACTIVITIES

Activity	Activity Leader	Mid-Year Update	Year End (YE)		
			Complete?	Date	YE Update or Explanation <i>(if not complete)</i>
WELLNESS/ PREVENTIVE HEALTH					
1. Distribute Preventive Screening Guidelines (PSG) to Members.	Health Education	The PSG is being sent to members monthly via the new members' welcome packets.	<input type="checkbox"/>		
2. Adopt and disseminate Medical Clinical Practice Guidelines (CPG).	CVH/HN	Annual review of CPG grid performed by corporate, approved at the June MAC meeting. Posted on healthnet.com website in June.	<input type="checkbox"/>		
3. Monitor CalViva Health Pregnancy Program and identify high risk members via Care Management.	Care Management	The CalViva Pregnancy Program remains in place. 2022 YTD through April, 493 members have been managed in this program. Outcomes continue to demonstrate greater compliance with prenatal and postpartum visits and fewer preterm deliveries of members managed vs those not managed.	<input type="checkbox"/>		
4. Promote Kick It California (formerly known as CA Smokers' Helpline) to smokers.	Health Education	The tobacco cessation proposal was approved by DHCS on 7/1/2022. HED continues exploring new data sources to identify members who smoke or have nicotine dependence.	<input type="checkbox"/>		
5. Promote Diabetes Prevention Program to members at risk of developing type 2 diabetes.	Health Education	Conducted member outreach mailing in Q2 to 11,638 at risk members.	<input type="checkbox"/>		

Activity	Activity Leader	Mid-Year Update	Year End (YE)		
			Complete?	Date	YE Update or Explanation (if not complete)
6. Maintain compliance with childhood blood lead level screening requirements in accordance with DHCS APL 18-017 and APL 20-016.	Quality Improvement	Introduce MedTox, point of care capillary lead screening kits, to pediatric providers already contracted with LabCorp. Connect with County Lead Poison Prevention Program to train providers and staff on lead poisoning and capillary point of care lead testing.	<input type="checkbox"/>		
DISEASE/CHRONIC CONDITIONS MANAGEMENT					
1. Monitor Chronic Conditions Management Program for appropriate member outreach.	Chronic Conditions Management	Assess opportunities for program redesign.	<input type="checkbox"/>		
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE					
1. C&L Report: Analyze and report on Cultural and Linguistics.	Health Equity	On track, LAP report and Mid-Year Work Plan Evaluation will be completed on 9/9/2022 for Committee review.	<input type="checkbox"/>		
2. ACCESS SURVEY: Monitor and report access to care standards using telephonic surveys vendor(s).	Access & Availability	Scheduled to begin in August through December and will be conducted by Sutherland Global.	<input type="checkbox"/>		
3. Complete and submit DMHC Timely Access Reporting (TAR) by March 31 filing due date.	Access & Availability	MY 2021 TAR Submitted timely.	<input checked="" type="checkbox"/>	3/31/22	
4. ACCESS SURVEY RESULTS: Monitor appropriate timely appointment and after-hours access and identify noncompliant PPGs and providers.	Access & Availability	MY 2021 survey results were shared with CalViva at June Access Workgroup Ad-hoc meeting. MY 2021 CAPs is on track with revamping the process to create criteria	<input type="checkbox"/>		

Activity	Activity Leader	Mid-Year Update	Year End (YE)		
			Complete?	Date	YE Update or Explanation <i>(if not complete)</i>
		to identify noncompliant PPGs and providers. Align PPG-level CAPs with DMHC proposed 70% compliance rate. Focus CAPs on urgent and non-urgent access metrics and after-hours.			
5. ACCESS PROVIDER TRAINING: Conduct quarterly webinars.	Access & Availability	Two sessions held in Q2 (June). There will be one session in Q3 (July) and three sessions in Q4 (December).	<input type="checkbox"/>		
6. TELEPHONE ACCESS SURVEY: Conduct quarterly surveys and issue CAPs to noncompliant providers.	Access & Availability	Due to the pandemic the survey was not conducted quarterly in 2021, but rather as an annual survey in December of 2021 by Sutherland Global. This will continue as an annual survey going forward.	<input checked="" type="checkbox"/>		
7. DHCS MEDI-CAL MANAGED CARE TIMELY ACCESS REPORT SURVEY: Conduct quarterly education outreach to noncompliant providers identified by this survey.	Access & Availability	DHCS resumed the Timely Access QMRT survey in Q1 2022.	<input type="checkbox"/>		
8. A&G REPORT: Identify opportunities to improve member service and satisfaction through appeals and grievances review.	A&G	A&G has worked with providers and internal departments, including tracking any potential trends through various committees and workgroups, as needed to help resolve member appeals and grievances.	<input type="checkbox"/>		
9. Population Needs Assessment Update: Evaluate members' health risks and	Health Education	Submitted to Plan's Compliance on 6/28/2022.	<input type="checkbox"/>		

Activity	Activity Leader	Mid-Year Update	Year End (YE)		
			Complete?	Date	YE Update or Explanation <i>(if not complete)</i>
identify their highest priority health care needs, as basis of targeted Cultural & Linguistics, Health Education and Quality Improvement (QI) programs.					
10. 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.	Health Equity	Geo Access report is conducted bi-yearly, the next report will be completed in Q3 of 2023.	<input type="checkbox"/>		
11. Maintain compliance with DHCS Initial Health Assessment (IHA) 3-pronged outreach requirement: Annual IHA Compliance Monitoring Report.	Quality Improvement	CVH still under DHCS CAP for IHA. QI Project underway for high volume low performing providers. PE assessing IHA education calendar and potential barriers for these providers to determine next steps for project. Postcard outreach discontinued due to tagline requirement change. 2 nd outreach call will be implemented to have 3 outreach attempts. Script for 2 nd call is currently with DHCS for approval. Tentative implementation date of Q3 2022.	<input type="checkbox"/>		
12. Engage with CVH provider offices to complete MY 2022 MCAS training focused on best practices for closing care gaps.	Quality Improvement	Ongoing in collaboration with the Provider Engagement Team	<input type="checkbox"/>		

Activity	Activity Leader	Mid-Year Update	Year End (YE)		
			Complete?	Date	YE Update or Explanation <i>(if not complete)</i>
13. In collaboration with Provider Engagement, engage with Quality EDGE priority provider offices to complete interventions addressing systemic barriers to HEDIS performance.	Quality Improvement/ Provider Engagement	Ongoing in collaboration with the Provider Engagement team.	<input type="checkbox"/>		
QUALITY AND SAFETY OF CARE					
1. Integrated Care Management (ICM) <ul style="list-style-type: none"> Implement ImpactPro as the predictive modeling tool to identify high risk members for referral to ICM. Evaluate the ICM Program based on the following measures: <ul style="list-style-type: none"> Readmission rates ED utilization Overall health care costs Member Satisfaction 	Care Management	The ImpactPro data remains incorporated into the Population Health Management Report used to identify high risk members. Outcomes demonstrate lower readmission rates, ED utilization, and health care costs post CM vs pre CM for members managed. Overall members were satisfied with the help they received from the CM and reported improvement in ability to care for self/family post CM.	<input type="checkbox"/>		
CREDENTIALING / RECREDENTIALING					
1. Credentialing/Recredentialing Practitioners/Providers: Achieve and maintain a 100% timely compliance and 100% accuracy score.	Credentialing	On track to meet year end metrics.	<input type="checkbox"/>		
2. PPG Delegates Credentialing/Recredentialing oversight achieve and maintain audit scores between 90 -100% compliance for annual review.	Credentialing	On track to meet year end metrics.	<input type="checkbox"/>		

Activity	Activity Leader	Mid-Year Update	Year End (YE)		
			Complete?	Date	YE Update or Explanation <i>(if not complete)</i>
DELEGATION OVERSIGHT/ BEHAVIORAL HEALTH					
1. Conduct oversight of Behavioral Health (BH) through delegated reports on BH (may include member satisfaction surveys, provider surveys, etc.)	MHN	MHN continues to attend/participate in QI/UM and Access Workgroup Meetings and submits BH Performance Indicator Reports timely. So far this year, no corrective action as a result of a Performance Indicator Report target being missed. Member and Provider satisfaction surveys are in flight and results/reports will be available after December 2022.	<input type="checkbox"/>		
2. MHN live calls to adult members (in Kings and Madera counties) that were newly prescribed an antidepressant medication, diagnosed with major depression, and demonstrating refill gaps between 15-50 days (supports COVID-19 QIP for BH)	Quality Improvement/ MHN	Ongoing as planned. For outreach from Jan-April 2022, the engaged (reach) rate, was 40% (4/10) for Kings County, and 18% (2/11) for Madera County. The top three reasons for not reaching members includes "leaving a voicemail," "unable to leave a voicemail," and "disconnected phone." The Antidepressant Medication Management (AMM) eligible population is not large, so the number of members identified for outreach, on a monthly basis, is not large. Due to technical difficulties	<input type="checkbox"/>		

Activity	Activity Leader	Mid-Year Update	Year End (YE)		
			Complete?	Date	YE Update or Explanation <i>(if not complete)</i>
		with Pharmacy data, May and June outreach lists were not distributed and captured in the July outreach list.			
QUALITY IMPROVEMENT					
1. Maintain Facility Site Review (FSR) and Medical Record (MRR) Compliance: To ensure provider offices and medical records comply with DHCS contracted requirements per MMCD Policy Letter 14-004 and Physical Accessibility Review Survey per MMCD Policy Letter 12-006 and 15-023.	FSR	On track.	<input type="checkbox"/>		
2. Evaluation of the QI program: Complete QI Work Plan evaluation annually.	Quality Improvement	In progress.	<input type="checkbox"/>		

Item #7

Attachment 7.A-B

2022 UMCM Work Plan Mid-Year Evaluation

- A. Executive Summary
- B. Work Plan Evaluation



EXECUTIVE SUMMARY REPORT TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Jennifer Lloyd, Senior Vice President Population Health and Clinical Operations

COMMITTEE DATE: September 15, 2022

SUBJECT: 2022 CalViva Utilization Management/Case Management Work Plan Mid-Year Evaluation Executive Summary

Summary:

Activities are currently on target for this mid-year evaluation with the exception of the following metrics listed below. These metrics are indicated as Too soon To Tell for the mid-year evaluation reporting:

- 1.3 Separation of Medical Decisions from Fiscal Considerations
- 2.2 Timeliness of processing the authorization request
- 4.7 Behavioral Health Performance Measures

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

Purpose of Activity:

CalViva Health has delegated responsibilities for utilization management and case management (UM/CM) activities to Health Net Community Solutions. CalViva Health's UM/CM activities are handled by qualified staff in Health Net's State Health Program (SHP) division.

The Utilization and Case Management Program is designed for all CalViva Health 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 provided through review/discussion of routine reports and regular oversight audits.

The Mid Year Evaluation of the UMCM 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.

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. Compliance with Regulatory & Accreditation Requirements

All Compliance activities are currently on target for this mid-year evaluation except work plan activity 1.3 which is listed as Too Soon To Tell.

a. Separation of Medical Decisions from Fiscal Considerations (work plan activity 1.3)

A gap was identified in the assignment of the 'Affirmative Statement about Incentives' attestation for new hires. As a result, steps will be taken in Q3 to ensure all individuals involved in UM decision making refresh their attestation regardless of hire date to ensure compliance.

II. Monitoring the Utilization Management Process

UM Process Monitoring activities are currently on track for this mid year evaluation with no barriers identified with the exception of work plan activity 2.2 which is listed as Too Soon To Tell.

a. Timeliness of processing the authorization request (work plan activity 2.2)

The plan met all TAT goals of 95% or better except for PreService Routine with Extension/Deferral in Q2. The root causes of the Q2 TAT below target included a process error by staff and a Work Process documentation error. The Work Process was updated and staff were trained.

III. Monitoring Utilization Metrics

All Monitoring Utilization Metrics activities are currently on target for this mid-year evaluation. Barriers were identified for work plan activity 3.3 PPG Profile.

a. PPG Profile (work plan activity 3.3)

The PPG Profile monitoring activity is on target, however an identified barrier included some PPGs experienced denial letter issues. PPGs had staffing turnover which required on-boarding training on denial letter review and process enhancements.

IV. Monitoring Coordination with Other Programs and Vendor Oversight

All activities related to monitoring coordination with other programs and vendor oversight except are currently on target for this mid-year evaluation with the exception of work plan activity 4.7 which is listed as Too Soon To Tell.

a. Behavioral Health Performance Measures (work plan activity 4.7)

There were 36 non-applied behavioral analysis (ABA) reviews in Q1 2022. The overall performance rate was 91.7%., which did not meet the 100% target and below the threshold for action of 95%.

There were 35 Pre-Service-Non-Urgent cases and 33 (94.3%) were compliant with the timeliness standards.

Two preservice cases were mishandled by a single staff person who misunderstood when the clock starts on these requests. The Management team coached and educated staff that the clock starts when any department receives the request.

There was 1 Post-Service case and it was not compliant with the timeliness standard. Because of a system error, the case was held by MHN Claims for over 30 days before being forwarded to Post-Service Review (PSR) for review. Therefore, PSR was unable to review it within timeliness standards (30 days). The system issue was resolved.

V. Monitoring Activities for Special Populations

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

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

A barrier was identified with Kings County CCS office. Although, staff is now available to answer the phone, they do not provide input when the CCS member status/SAR is not found in PEDI. This creates a potential backlog of pending cases.

Next Steps:

Teams are continuing progress towards completion of all activities. Ongoing monitoring of interventions will be essential for all areas to ensure appropriate actions are being taken to meet goals.

CalViva Health 2022 Utilization Management (UM)/ Case Management (CM) Mid Year Work Plan Evaluation

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The Fresno-Kings-Madera Regional Health Authority Commission has reviewed and approved this Work Plan.	Error! Bookmark not defined.
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1. Compliance with Regulatory & Accreditation Requirements

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2022 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.	<input checked="" type="checkbox"/> 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.	<p>Provide minimum 6 clinical continuing education opportunities to staff.</p> <p>Conduct Medical Management Staff new hire orientation training.</p> <p>Review and revise staff orientation materials, manuals and processes.</p> <p>Verification of licensure/certification, participation in InterQual training and IRR testing.</p> <p>Conduct training for nurses.</p>	Ongoing
			<p>Nurse, physician and pharmacy (for pharmacists and technicians) licensure status is maintained in Workday (HN software).</p> <p>Credentialing maintains records of physicians' credentialing.</p>		As needed
			100% compliance with maintaining records of professional licenses and credentialing for health professionals.		Ongoing

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
<p>Mid-Year Report</p> <p><input checked="" type="checkbox"/> ACTIVITY ON TARGET</p> <p><input type="checkbox"/> TOO SOON TO TELL</p>	<p>The following monthly clinical education (CE) and Quality Improvement (QI) in-services were offered to all nurse and MD reviewers in the first half of 2022:</p> <p>Jan: Management and Outcomes in Diffuse Large B-Cell Lymphoma February: Medication Adherence March:</p> <ol style="list-style-type: none"> 1. Improving health outcomes and care coordination by screening for behavioral health conditions commonly seen in primary care settings, 2. What is Palliative Care? <p>May: Preventing Preeclampsia June: The Importance of Testing and Care in Helping End the HIV Epidemic</p> <p>New hire overview training is offered monthly for all new hires. Medical management onboarding classes are offered and completion is monitored through our online learning management system.</p> <p>Ongoing process in place to monitor and ensure continued licensure for qualified health professionals via WorkDay (human resource platform).</p>	<p>None identified</p>	<p>None</p>	<p>Ongoing</p>
<p>Annual Evaluation</p> <p><input type="checkbox"/> MET OBJECTIVES</p> <p><input type="checkbox"/> CONTINUE ACTIVITY IN 2023</p>				

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2022 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
1.2 Review and coordinate UCMC compliance with California legislative and regulatory requirements .	<input checked="" type="checkbox"/> Medi-Cal	<p>Each year there is new healthcare related legislation. Compliance, Legislation Implementation staff reviews and analyzes the operational impact of these new laws and regulations.</p> <p>This information is utilized to plan and implement new processes or changes to existing processes to ensure compliance.</p>	<p>Review and report on legislation signed into law and regulations with potential impact on medical management.</p> <p>Appropriate and timely changes are made to Medical Management processes to accommodate new legislation as appropriate.</p>	<p>Review new legislation and regulations, either through e-mail or department presentation.</p> <p>Participate in all appropriate implementation workgroups and/or activities to ensure new legislation that affects UCMC department is executed in a timely manner.</p> <p>Participate in monthly compliance committees, and Program Metrics Reporting (PMR) to review and monitor compliance to standards.</p>	Ongoing
			100% compliance of UCMC staff and processes with all legislation and regulations.		

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
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<p>Mid-Year Report</p> <p><input checked="" type="checkbox"/> ACTIVITY ON TARGET</p> <p><input type="checkbox"/> TOO SOON TO TELL</p>	<p>Reviewed new legislation and regulations, received from the Compliance Department and/or the Regulatory and Legislative Implementation committee.</p> <p>Participated in all appropriate implementation workgroups and/or activities to ensure new legislation that affects UMCM department is executed in a timely manner.</p> <p>Participated in monthly compliance committees, and Program Metrics Reporting (PMR) to review and monitor compliance to standards.</p>	<p>None identified</p>	<p>None</p>	<p>Ongoing</p>
<p>Annual Evaluation</p> <p><input type="checkbox"/> MET OBJECTIVES</p> <p><input type="checkbox"/> CONTINUE ACTIVITY IN 2023</p>				

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2022 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
1.3 Separation of Medical Decisions from Fiscal Consideratio ns	<input checked="" type="checkbox"/> 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. Management Incentive Plan (MIP) Goals will not be created that benefit MDs or Nurse reviewers based on any potential to deny care.	Ongoing
			100% compliance with acknowledgement of affirmative statement about financial incentives to practitioners, providers and employees.		

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report <input type="checkbox"/> ACTIVITY ON TARGET <input checked="" type="checkbox"/> TOO SOON TO TELL	Individuals involved in UM decision making must sign an 'Affirmative Statement about Incentives' upon hire and annually thereafter through Centene University. A gap was identified in the assignment of the attestation for new hires. No MIP Goals created that benefit MDs or Nurse reviewers based on any potential to deny care.	Assignment of the new hire attestation is not automated.	As a result of the attestation assignment gap the Plan will be taking steps in Q3 to ensure all Individuals involved in UM decision making refresh their 'Affirmative Statement about Incentives'.	Ongoing
Annual Evaluation <input type="checkbox"/> MET OBJECTIVES <input type="checkbox"/> CONTINUE ACTIVITY IN 2023				

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2022 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
1.4 Periodic audits for Compliance with regulatory standards	<input checked="" type="checkbox"/> 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.	<p>Conduct File Reviews for compliance with regulatory standards.</p> <p>Provide ongoing education and/or UM process improvement with staff on issues revealed during the file review process.</p> <p>File Audits completed the month following each quarter.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>April 2022, July 2022, October 2022, January 2022</p>

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report <input checked="" type="checkbox"/> ACTIVITY ON TARGET <input type="checkbox"/> 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.	None identified	None	Ongoing
Annual Evaluation <input type="checkbox"/> MET OBJECTIVES <input type="checkbox"/> CONTINUE ACTIVITY IN 2023				

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2022 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)	<input checked="" type="checkbox"/> Medi-Cal	<p>Health Net (HN) Medical Directors (MDs) interact with the Medi-Cal Managed Care Division (MMCD) of DHCS:</p> <ul style="list-style-type: none"> ▪ MMCD Medical Directors Meetings ▪ MMCD workgroups ▪ Quality Improvement workgroup <p>There are benefits to HN MD participation:</p> <ul style="list-style-type: none"> ▪ 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. 	<p>HN Medical Directors and CalViva Health Chief Medical Officer participate on DHCS workgroups, and meetings.</p> <hr/> <p>Ensures participation by MDs at the quarterly MMCD meetings, with input for agenda and summary of findings discussed with each MD.</p> <p>HN and CalViva remain a strong voice in this body with participation on key workgroups.</p>	<p>The Medical Director and Chief Medical Officer of CalViva will attend scheduled meetings, workshops and project meetings for 2022.</p> <p>Ongoing report out with CalViva to ensure CalViva is aware of all DHCS activities.</p>	Ongoing

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
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Mid-Year Report <input checked="" type="checkbox"/> ACTIVITY ON TARGET <input type="checkbox"/> TOO SOON TO TELL	Monthly and quarterly reports to CalViva and Medical Director and Chief Medical Officer continue. Health Net Medical Directors and the CalViva Chief Medical Officer participated in the DHCS Medi-Cal Managed Care Division's Medical Directors meetings for the first two quarters in the year.	None identified	None	Ongoing
Annual Evaluation <input type="checkbox"/> MET OBJECTIVES <input type="checkbox"/> CONTINUE ACTIVITY IN 2023				

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2022 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 at least annually.	<input checked="" type="checkbox"/> Medi-Cal	Reviews/ revises Medi-Cal UM/CM Program Description and UMCM Policies and Procedures to be in compliance with regulatory and legislative requirements.	Core group comprised of State Health Programs Chief Medical Director (CMD), Regional Medical Directors, Director of Medical Management and Medical Management Managers for Medi-Cal review and revise existing Program Description and supporting UMCM Policies and Procedures.	Write and receive CalViva approval of 2022 UM and CM Program Descriptions.	Q 1 2022
				Write and receive CalViva approval of 2021 UMCM Work Plan Year-End Evaluation.	Q 1 2022
				Write and receive CalViva approval of 2022 UMCM Work Plan.	Q 1 2022
				Write and receive CalViva approval of 2022 UMCM Work Plan Mid-Year Evaluation.	Q 3 2022
				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.	Ongoing
Continue to monitor and revise policies and procedures based on DHCS and DMHC requirements.	Ongoing				

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report <input checked="" type="checkbox"/> ACTIVITY ON TARGET <input type="checkbox"/> TOO SOON TO TELL	<p>The 2021 Year End UM/CM Work Plan Evaluation, 2022 UM/CM Work Plan, 2022 UM Program Description and the 2022 CM Program Description were submitted and approved in Q1 2022.</p> <p>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.</p>	None identified	None	Ongoing
Annual Evaluation <input type="checkbox"/> MET OBJECTIVES <input type="checkbox"/> CONTINUE ACTIVITY IN 2023				

2. Monitoring the UM Process

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2018 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
2.1 The number of authorizations for service requests received	<input checked="" type="checkbox"/> Medi-Cal	<p>Provide oversight, tracking, and monitoring of authorization requests and evaluate opportunities to modify prior authorization requirements.</p> <p>Track and trend all types of prior authorization and concurrent review activities based on requirements.</p>	<p>Track and trend authorization requests month to month.</p> <p>Tracking includes:</p> <ul style="list-style-type: none"> • Number of prior authorization requests submitted, approved, deferred, denied, or modified • Turnaround times (TAT) • Number of denials appealed and overturned 	<p>Utilize the Key Indicator Report on a monthly basis as a tool for systematic oversight of Prior Authorization process.</p> <p>Assess staffing needs for prior authorization process completion and ensure staffing is included in annual budget and quarterly budget revisions.</p>	Ongoing

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date																																				
<p>Mid-Year Report</p> <p><input checked="" type="checkbox"/> ACTIVITY ON TARGET</p> <p><input type="checkbox"/> TOO SOON TO TELL</p>	<p>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.</p> <p>Monthly Key Indicator (KIR) and Staffing reports are reviewed to track trends, results, opportunities and are discussed in the Medical Management Leadership Meetings. Action plans are developed/implemented as needed based on results/trends to mitigate risks with meeting requirements.</p> <table border="1" data-bbox="411 691 932 954"> <thead> <tr> <th colspan="4">Authorization Volume</th> </tr> <tr> <th>Months</th> <th>Approved</th> <th>Denied</th> <th>Modified</th> </tr> </thead> <tbody> <tr> <td>January</td> <td>6093</td> <td>820</td> <td>56</td> </tr> <tr> <td>February</td> <td>5553</td> <td>983</td> <td>63</td> </tr> <tr> <td>March</td> <td>5851</td> <td>1091</td> <td>51</td> </tr> <tr> <td>April</td> <td>5629</td> <td>1035</td> <td>53</td> </tr> <tr> <td>May</td> <td>5884</td> <td>1060</td> <td>61</td> </tr> <tr> <td>June</td> <td>5852</td> <td>1154</td> <td>59</td> </tr> <tr> <td>Totals</td> <td>34,862</td> <td>6143</td> <td>343</td> </tr> </tbody> </table>	Authorization Volume				Months	Approved	Denied	Modified	January	6093	820	56	February	5553	983	63	March	5851	1091	51	April	5629	1035	53	May	5884	1060	61	June	5852	1154	59	Totals	34,862	6143	343	None identified	None	Ongoing
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Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2022 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
2.2 Timeliness of processing the authorization request (Turnaround Time =TAT)	<input checked="" type="checkbox"/> 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.	Ongoing UM TAT summaries due monthly

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date																								
<p>Mid-Year Report</p> <p><input type="checkbox"/> ACTIVITY ON TARGET</p> <p><input checked="" type="checkbox"/> TOO SOON TO TELL</p>	<p>The plan met all TAT goals of 95% or better in the first half of the year except for PreService Routine with Extension/Deferral. In Q2, 7 cases failed TAT for this metric.</p> <table border="1" data-bbox="415 467 848 727"> <thead> <tr> <th>Authorization TAT</th> <th>Q1</th> <th>Q2</th> </tr> </thead> <tbody> <tr> <td>Pre-Service Routine</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Pre-Service Routine with Extension/Deferral</td> <td>100%</td> <td>91.46%</td> </tr> <tr> <td>Pre-Service Expedited</td> <td>99.09%</td> <td>99.09%</td> </tr> <tr> <td>Pre-Service Expedited with Extension/Deferral</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Post Service</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Post Service with Extension/Deferral</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Concurrent</td> <td>100%</td> <td>99.09%</td> </tr> </tbody> </table>	Authorization TAT	Q1	Q2	Pre-Service Routine	100%	100%	Pre-Service Routine with Extension/Deferral	100%	91.46%	Pre-Service Expedited	99.09%	99.09%	Pre-Service Expedited with Extension/Deferral	100%	100%	Post Service	100%	100%	Post Service with Extension/Deferral	NA	NA	Concurrent	100%	99.09%	<p>The root cause of the Q2 TAT below target was a process error by staff and a Work Process documentation error.</p>	<p>The Denial Compliance Unit Work Process was updated and staff were trained.</p>	<p>Ongoing</p>
Authorization TAT	Q1	Q2																										
Pre-Service Routine	100%	100%																										
Pre-Service Routine with Extension/Deferral	100%	91.46%																										
Pre-Service Expedited	99.09%	99.09%																										
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Post Service	100%	100%																										
Post Service with Extension/Deferral	NA	NA																										
Concurrent	100%	99.09%																										
<p>Annual Evaluation</p> <p><input type="checkbox"/> MET OBJECTIVES</p> <p><input type="checkbox"/> CONTINUE ACTIVITY IN 2023</p>																												

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2022 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
2.3 Conduct annual Interrater Reliability (IRR) testing of healthcare professionals involved in UM decision-making	<input checked="" type="checkbox"/> Medi-Cal	Consistency with which criteria are applied in UM decision-making is evaluated annually. Opportunities to improve consistency are acted upon.	Health Net administers Change Healthcare InterQual® IRR Tool to physician and non-physician UM reviewers annually	<u>Physician IRR</u> Administer Physician IRR test using case review method and Change Healthcare InterQual® IRR tool in Q3-4 2022. <u>Non-Physician IRR</u> Administer annual non-physician IRR test using Change Healthcare InterQual® IRR tool in Q3-4 2022.	Q3-4 2022
			Physician and non-physician UM reviewers achieving ≥ 90% passing score on InterQual® IRR Tool		Q3-4 2022

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
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Mid-Year Report <input checked="" type="checkbox"/> ACTIVITY ON TARGET <input type="checkbox"/> TOO SOON TO TELL	IRR testing and training will be held Q3-4 2022	None identified	None Identified	12/31/2022
Annual Evaluation <input type="checkbox"/> MET OBJECTIVES <input type="checkbox"/> CONTINUE ACTIVITY IN 2023				

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2022 Planned Interventions	Target Completion Date
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2.4 The number of appeals of UM authorization decisions received, appeals upheld and overturned, and timeliness of appeals.	<input checked="" type="checkbox"/> Medi-Cal	Track the number of clinical appeals received for authorization decisions and also the number upheld and overturned to determine where modifications in authorization process are appropriate.	<p>Measure UM Appeals volume as a percentage of the total authorization requests.</p> <p>Measure the number upheld and overturned, as well as Turnaround Times.</p>	<p>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.</p> <p>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.</p> <p>Pharmacy benefit appeals will be handled through Magellan and no longer processed by the plan which will decrease the overall Appeal count for dates of service beginning January 1, 2022.</p> <p>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 for members under age 21, and family practitioners or internists to evaluate all medical necessity appeals for members over age 21.</p> <p>The data from appeals and grievances is shared with the Provider Network Management, Adverse Action Team, and Utilization Management/ Quality Improvement (UMQI) committees and is aggregated and reviewed for additional actions and recommendations.</p>	Ongoing

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date																					
<p>Mid-Year Report</p> <p><input checked="" type="checkbox"/> ACTIVITY ON TARGET</p> <p><input type="checkbox"/> TOO SOON TO TELL</p>	<p>Appeals data is a consistent component of QI/UM and is tracked on a routine and ongoing basis. Activity will be ongoing to ensure quality outcomes are met.</p> <p>Not medically necessary (198) and Pharmacy (7) denial appeals remain two top trends during the review period. The top two subclassifications were diagnostic – MRI (60) and Diagnostic CCAT Scan with 18.</p> <p>Turnaround Time Compliance for resolved expedited and standard appeals was 100% for all 210 cases.</p> <table border="1" data-bbox="411 643 913 824"> <thead> <tr> <th colspan="3">2022 Semi-Annual Count of Appeal Type</th> </tr> <tr> <th>Appeal Type</th> <th>Case Count</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Overturn</td> <td>102</td> <td>49%</td> </tr> <tr> <td>Partial Uphold</td> <td>101</td> <td>48%</td> </tr> <tr> <td>Uphold</td> <td>4</td> <td>2%</td> </tr> <tr> <td>Withdrawal</td> <td>3</td> <td>1%</td> </tr> <tr> <td>Case Total</td> <td>210</td> <td>100%</td> </tr> </tbody> </table>	2022 Semi-Annual Count of Appeal Type			Appeal Type	Case Count	Percentage	Overturn	102	49%	Partial Uphold	101	48%	Uphold	4	2%	Withdrawal	3	1%	Case Total	210	100%	None identified	None	Ongoing
2022 Semi-Annual Count of Appeal Type																									
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<p>Annual Evaluation</p> <p><input type="checkbox"/> MET OBJECTIVES</p> <p><input type="checkbox"/> CONTINUE ACTIVITY IN 2023</p>																									

3. Monitoring Utilization Metrics

Mid-Year Report <input checked="" type="checkbox"/> ACTIVITY ON TARGET <input type="checkbox"/> TOO SOON TO TELL	<p>The Plan continued care management initiatives for all members. Interdisciplinary meetings occur weekly with CalViva Health and Daily with Case Management and Public Programs teams.</p> <table border="1" data-bbox="415 360 940 516"> <thead> <tr> <th>Metric</th> <th>2019</th> <th>2022 Q1-Q2</th> <th>% Change</th> </tr> </thead> <tbody> <tr> <td>Bed Days PTMPY</td> <td>382.15</td> <td>348.4</td> <td>-8.83%</td> </tr> <tr> <td>Admits PTMPY</td> <td>74.1</td> <td>67.8</td> <td>-8.46%</td> </tr> <tr> <td>ALOS</td> <td>5.16</td> <td>5.14</td> <td>-0.40%</td> </tr> <tr> <td>Readmit 30 Day</td> <td>13.32%</td> <td>8.72%</td> <td>-34.53%</td> </tr> </tbody> </table>	Metric	2019	2022 Q1-Q2	% Change	Bed Days PTMPY	382.15	348.4	-8.83%	Admits PTMPY	74.1	67.8	-8.46%	ALOS	5.16	5.14	-0.40%	Readmit 30 Day	13.32%	8.72%	-34.53%	None	Monitoring of referral volume from Concurrent Review teams to Care Management will begin in Q3.	Ongoing
Metric	2019	2022 Q1-Q2	% Change																					
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Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2022 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
3.2 Over/under utilization	<input checked="" type="checkbox"/> Medi-Cal	<p>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.</p> <p>Fraud, Waste and Abuse of medical services is monitored and reported.</p> <p>PPG Reports are used internally and externally with medical groups to develop member and population level interventions.</p> <p>Quarterly reports are made available for PPGs with member Non-SPD >1000 and SPD greater than 500 members. And MCE members >1000.</p>	<p>The UM metrics will be 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.</p> <p>Metrics for the PPGs and CCR will be for the SPD, MCE and TANF populations and will include:</p> <ol style="list-style-type: none"> 1. Admissions/K 2. Bed days/K 3. Acute care average length of stay 4. ER admits/K 5. All case readmits <p>In addition, PPG metrics will include:</p> <ol style="list-style-type: none"> 6. Specialty referrals for target specialties <p>PPG profile reports are made available quarterly and specialty referrals are assessed on a biannual basis.</p>	<p>Continue to enhance provider profile.</p> <p>Identify PPG PIP, outcome results and barriers and present aggregated results to CalViva. (Over and Under Utilization reports)</p> <p>Identify possible fraud, waste and abuse issues. Report any issues to the SIU and Compliance Department</p> <p>Thresholds for 2022 are under evaluation.</p> <p><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 Region 3 (Central Valley) and Health Net Medi-Cal State wide. PPG's with significant deviation from the peer comparison will be identified as potential outliers and engaged to determine the drivers of variation.</p> <p>Reevaluate appropriate metrics to be included in the PPG dashboard.</p> <p>Specialties and PPG's identified as potential outliers for the metrics measured undergo further analysis by the MD to determine if a Quality Improvement Plan is indicated.</p> <p>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.</p>	Ongoing

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date																																										
<p>Mid-Year Report</p> <p><input checked="" type="checkbox"/> ACTIVITY ON TARGET</p> <p><input type="checkbox"/> TOO SOON TO TELL</p>	<p>Quarterly PPG UM data presented at CalViva Management Oversight Meetings. Shifts in utilization were reviewed in quarterly JOMs with PPGs.</p> <p>Q1 2022 Utilization (Q2 not yet available)</p> <table border="1" data-bbox="426 529 924 829"> <thead> <tr> <th>Metric</th> <th>Admits/K</th> <th>Bed Days/K</th> <th>ALOS</th> <th>% 30-Day Readmit</th> <th>ER/K</th> </tr> </thead> <tbody> <tr> <td>AHP</td> <td>NA</td> <td>NA</td> <td>NA</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>CVMP</td> <td>105.6</td> <td>524.1</td> <td>4.96</td> <td>17.60%</td> <td>463.1</td> </tr> <tr> <td>FCMG</td> <td>70.7</td> <td>371.4</td> <td>5.26</td> <td>15.80%</td> <td>393.4</td> </tr> <tr> <td>IMG</td> <td>12.8</td> <td>28.1</td> <td>2.19</td> <td>0.00%</td> <td>380.7</td> </tr> <tr> <td>LSMA</td> <td>56.8</td> <td>298.8</td> <td>5.26</td> <td>11.80%</td> <td>393.4</td> </tr> <tr> <td>SCP</td> <td>79.3</td> <td>421.8</td> <td>5.32</td> <td>11.90%</td> <td>428.5</td> </tr> </tbody> </table> <p>Specialty referral performance with utilization of top specialty by PPG is compared to regional standards in the quarterly delegation oversight dashboard.</p>	Metric	Admits/K	Bed Days/K	ALOS	% 30-Day Readmit	ER/K	AHP	NA	NA	NA	NA	NA	CVMP	105.6	524.1	4.96	17.60%	463.1	FCMG	70.7	371.4	5.26	15.80%	393.4	IMG	12.8	28.1	2.19	0.00%	380.7	LSMA	56.8	298.8	5.26	11.80%	393.4	SCP	79.3	421.8	5.32	11.90%	428.5	<p>Meritage (formerly FCMG) is still new to Medi-Cal, contract negotiation currently underway. CVMP staffing and MSO changes. New RMD covering CalViva region: Dr. Shawn Hamilton.</p>	<p>Continue to share UM data at quarterly JOM's including strategies to decrease avoidable ER visits. Establish Quarterly JOMs and quality strategy meetings with CVMP. Promoting nurse advice line to patients before ER visits.</p>	<p>Ongoing</p>
Metric	Admits/K	Bed Days/K	ALOS	% 30-Day Readmit	ER/K																																									
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Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2022 Planned Interventions	Target Completion Date
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3.3 PPG Profile	<input checked="" type="checkbox"/> 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.	<p>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.</p> <p>The following metrics are tracked by Delegation oversight:</p> <ol style="list-style-type: none"> 1. Prior authorization volume & timeliness 2. Specialty referral volume for in network/out of network 3. Specialty referral access timeliness <p>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 etc.</p>	<p>CalViva Clinical PPG profile dashboard includes metrics for utilization management processing and timeliness for delegated providers.</p> <p>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.</p> <p>Variance rate is calculated from previous quarter and all Variances >+- 15% are researched</p> <p>Compliance rate is calculated as identified by DHCS for:</p> <ul style="list-style-type: none"> • Prior authorization timeliness <p>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.</p> <p>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.</p>	Ongoing

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
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<p>Mid-Year Report</p> <p><input checked="" type="checkbox"/> ACTIVITY ON TARGET</p> <p><input type="checkbox"/> TOO SOON TO TELL</p>	<p>Q1 2022 PPG Profile and Narrative was provided 05/27/22 and reviewed at MOM on 07/12/22</p> <p>PPG's profile reports are made available quarterly. Q2 - 8/30/22 Q3 - 11/29/22, Q4 - TBD</p> <p>Q1 & Q2 Annual Reviews</p> <ul style="list-style-type: none"> - La Salle Medical Providers had 1 CAPs for Denial issues. - Central Valley Medical Providers had 2 CAPs for Denial and Timeliness issues. <p>Pending Annual Reviews for Q3 & Q4</p> <ul style="list-style-type: none"> - Adventist Health Plan - First Choice Medical Group - Independence Medical Group - Santé Community Physicians <p>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.</p> <p>Q1 2022 Prior Authorizations</p> <table border="1" data-bbox="415 812 928 1055"> <thead> <tr> <th>PPG</th> <th>AHP</th> <th>CVMP</th> <th>FCMG</th> <th>IMG</th> <th>LSMA</th> <th>SCP</th> </tr> </thead> <tbody> <tr> <td>Total Auths</td> <td>1,109</td> <td>1,693</td> <td>627</td> <td>464</td> <td>865</td> <td>122</td> </tr> <tr> <td>I-Net</td> <td>1,041</td> <td>1,671</td> <td>595</td> <td>459</td> <td>861</td> <td>83</td> </tr> <tr> <td>OON</td> <td>68</td> <td>23</td> <td>32</td> <td>5</td> <td>4</td> <td>39</td> </tr> <tr> <td colspan="7">TAT % Compliance</td> </tr> <tr> <td>Urgent</td> <td>99.75%</td> <td>99.88%</td> <td>99.41%</td> <td>98.89%</td> <td>99.64%</td> <td>94.19%</td> </tr> <tr> <td>Routine</td> <td>99.98%</td> <td>100%</td> <td>99.51%</td> <td>99.46%</td> <td>99.90%</td> <td>99.25%</td> </tr> </tbody> </table>	PPG	AHP	CVMP	FCMG	IMG	LSMA	SCP	Total Auths	1,109	1,693	627	464	865	122	I-Net	1,041	1,671	595	459	861	83	OON	68	23	32	5	4	39	TAT % Compliance							Urgent	99.75%	99.88%	99.41%	98.89%	99.64%	94.19%	Routine	99.98%	100%	99.51%	99.46%	99.90%	99.25%	<p>Some PPGs experienced denial letter issues. PPGs had staffing turnover which required on-boarding training on denial letter review and process enhancements.</p>	<p>To address denial issues, Delegation Oversight provided on-going denial review training with all CalViva PPGs.</p> <p>Delegation Oversight is also monitoring remediation plans initiated by the PPGs to ensure progression in resolving issues.</p>	<p>Ongoing</p>
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<p>Annual Evaluation</p> <p><input type="checkbox"/> MET OBJECTIVES</p> <p><input type="checkbox"/> CONTINUE ACTIVITY IN 2023</p>																																																					

4. Monitoring Coordination with Other Programs and Vendor Oversight

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2022 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
4.1 Case Management (CM) Program	<input checked="" type="checkbox"/> Medi-Cal	<p>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.</p> <p>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.</p> <p>Reviewing Member self-referrals to ECM and Community supports and creating an authorization for the ECM provider as appropriate. Members not meeting criteria will be referred to case management.</p>	<p>Monthly new member outreach reports for care management assessment. Measure, track and trend care management interventions resulting from triage processes.</p> <p>Monitor Key Indicator report to track and trend Case Management activities and acuity levels monthly</p> <p>Utilize stratified health risk assessment data to identify high-risk members and engage them in case management programs</p> <p>Measure program effectiveness based on the following measures:</p> <ul style="list-style-type: none"> o Readmission rates o ED utilization o Overall health care costs o Member Satisfaction 	<p>Dedicated staff of RNs, LCSWs, Program Specialists, Program Coordinators to perform physical health and integrated CM activities.</p> <p>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.</p> <p>Review outcome measures quarterly.</p>	Ongoing

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
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<p>Mid-Year Report</p> <p><input checked="" type="checkbox"/> ACTIVITY ON TARGET</p> <p><input type="checkbox"/> TOO SOON TO TELL</p>	<p>Number of Health Information Forms (HIFs) completed in January-June by member and returned or Envolve People Care outreach was 2,014 and 573 members subsequently referred to Case Management through June.</p> <p>Total members managed through Q2 across physical, behavioral health, and Transitional Case Management programs was 1,739.</p> <p>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 Case Management & 90 days after enrollment. Results reported in Q1 include members with active or closed case on or between 1/1/2022 & 3/31/2022 & remained eligible 90 days after case open date. 341 members met criteria. Results of members managed:</p> <ul style="list-style-type: none"> • Number of admissions and readmissions was lower; 16% difference • Volume of ED claims/1000/year decreased by 364 • Total health care costs reduction primarily related to reduction in inpatient costs and outpatient services, and some increase in pharmacy costs • Member Satisfaction Survey comprised of two sections; Care Team Satisfaction and Quality of Life 95 members were successfully contacted through Q2 • Care Team Satisfaction - overall members were satisfied with the help they received from the Case Management and reported the goals they worked on improved understanding of their health <p>Quality of Life Section 2.4% improvement in ability to care for self/family post CM (100%) vs pre Case Management (97.6%); 100% (78/78) of respondents reported Case Management exceed their expectations.</p>	None	None identified	Ongoing
<p>Annual Evaluation</p> <p><input type="checkbox"/> MET OBJECTIVES</p>				

<input type="checkbox"/> CONTINUE ACTIVITY IN 2023				
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Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2022 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
4.2 Referrals to Perinatal Case Management	<input checked="" type="checkbox"/> Medi-Cal	Providing perinatal risk screening is a valuable way to identify members who would benefit from CM interventions thus resulting in improved outcomes.	<p>Notify PCP's or PPG's of patients identified for program.</p> <p>Measure program effectiveness based on the following measures:</p> <ul style="list-style-type: none"> ○ Member compliance with completing <ul style="list-style-type: none"> ● 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 	<p>PCM Outreach to OBGYN MD's to promote referrals into PCM program for high risk moms.</p> <p>Dedicated staff of RNs, Program Specialists, and Program Coordinators to perform perinatal CM activities.</p> <p>Use of NOP reports to identify members with moderate and high risk pregnancy for referral to the pregnancy program.</p> <p>Review outcome measures quarterly.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Quarterly</p>

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
<p>Mid-Year Report</p> <p><input checked="" type="checkbox"/> ACTIVITY ON TARGET</p> <p><input type="checkbox"/> TOO SOON TO TELL</p>	<p>Referrals increased from 472 in Q1 to 599 in Q2. Through Q2 569 members managed in PCM program. Quarterly average engagement rate increased from 35% in Q1 to 40% in Q2 with YTD average 37%.</p> <p>Texting portion of program on hold while texting policy under review.</p> <p>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 2022 demonstrated greater compliance in managed members for both visit measures and lower pre-term deliveries of high risk members managed.</p> <ul style="list-style-type: none"> • 1,528 members met the outcome inclusion criteria for visits; 194 members met preterm delivery criteria • Members enrolled in the High Risk Pregnancy Program demonstrated: <ul style="list-style-type: none"> ○ 3.3% greater compliance in completing the first prenatal visit within their first trimester, ○ 13.1% greater compliance in completing their post-partum visit ○ 1.8% less pre-term deliveries in high risk members 	None identified	None	Ongoing
<p>Annual Evaluation</p> <p><input type="checkbox"/> MET OBJECTIVES</p> <p><input type="checkbox"/> CONTINUE ACTIVITY IN 2023</p>				

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2022 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
4.3 Behavioral Health (BH) Case Management (CM) Program	<input checked="" type="checkbox"/> Medi-Cal	<p>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.</p> <p>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.</p>	<p>Monthly new member outreach reports for care management assessment.</p> <p>Measure, track and trend care management interventions resulting from triage processes.</p> <p>Monitor Key Indicator report to track and trend Case Management activities and acuity levels monthly</p> <p>Utilize stratified health risk assessment data to identify high-risk members and engage them in case management programs</p> <p>Measure program effectiveness based on the following measures:</p> <ul style="list-style-type: none"> o Readmission rates o ED utilization o Overall health care costs o Member Satisfaction 	<p>Dedicated staff of LCSWs, LMFT, and Program Specialist to perform BH CM activities.</p> <p>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.</p> <p>Review outcome measures quarterly.</p>	Ongoing

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
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<p>Mid-Year Report</p> <p><input checked="" type="checkbox"/> ACTIVITY ON TARGET</p> <p><input type="checkbox"/> TOO SOON TO TELL</p>	<p>Data reported is a subset of information provided in 4.1. Referrals to behavioral health program increased from 295 in Q1 to 319 in Q2. Total members managed increased from 293 in Q1 to 359 in Q2. Total members managed through Q2 was 494. Calendar Year engagement rate 64%.</p> <p>Total Referrals to CM are monitored in the KIR which includes referrals from Impact Pro.</p> <p>Outcome measures include: readmission rates, Emergency Department utilization, overall health care costs & member satisfaction. Measured 90 days prior to enrollment in Behavioral Health Case Management & 90 days after enrollment. Results reported in Q1 include members with active or closed case on or between 1/1/2022 & 3/31/2022 & remained eligible. Outcome results are consolidated across Physical Health, Behavioral Health, & Transitional Case Management programs and are reported in 4.1.</p>	<p>None identified</p>	<p>None</p>	<p>Ongoing</p>
<p>Annual Evaluation</p> <p><input type="checkbox"/> MET OBJECTIVES</p> <p><input type="checkbox"/> CONTINUE ACTIVITY IN 2023</p>				

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2022 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
4.4 Disease/ Chronic Condition Management	<input checked="" type="checkbox"/> Medi-Cal <u>Diabetes Age Groups</u> 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: <ul style="list-style-type: none"> ○ Asthma ○ Diabetes ○ Heart Failure 	Ongoing program monitoring. Review prevalence data to affirm selection of Chronic Condition Management program offerings.	Ongoing 12/31/2022

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
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<p>Mid-Year Report</p> <p><input checked="" type="checkbox"/> ACTIVITY ON TARGET</p> <p><input type="checkbox"/> TOO SOON TO TELL</p>	<p>Chronic Condition Management program continues for asthma, diabetes and heart failure. Program enrollment YTD = 330.</p> <p>Ongoing program monitoring is conducted to assure that member needs are met. Program elements include:</p> <ul style="list-style-type: none"> • 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. <p>Major conditions reviewed by prevalence and utilization across 12 months of claims. Asthma, diabetes and heart failure continue to be represented, here are the rankings:</p> <table border="1" data-bbox="411 634 858 800"> <thead> <tr> <th></th> <th><i>Utilization</i></th> <th><i>Prevalence</i></th> </tr> </thead> <tbody> <tr> <td>Asthma</td> <td>1st</td> <td>3rd</td> </tr> <tr> <td>Diabetes</td> <td>2nd</td> <td>2nd</td> </tr> <tr> <td>Heart Health</td> <td>3rd</td> <td>1st</td> </tr> </tbody> </table>		<i>Utilization</i>	<i>Prevalence</i>	Asthma	1st	3rd	Diabetes	2nd	2nd	Heart Health	3rd	1st	None identified	None	Ongoing
	<i>Utilization</i>	<i>Prevalence</i>														
Asthma	1st	3rd														
Diabetes	2nd	2nd														
Heart Health	3rd	1st														
<p>Annual Evaluation</p> <p><input type="checkbox"/> MET OBJECTIVES</p> <p><input type="checkbox"/> CONTINUE ACTIVITY IN 2023</p>																

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2022 Planned Interventions	Target Completion Date
4.5 MD interactions with Pharmacy	<input checked="" type="checkbox"/> Medi-Cal	<p>State Health Program (SHP) MDs and the CalViva Health Chief Medical Officer work with Pharmacy 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.</p> <p>SHP MDs and the CalViva Health Chief Medical Officer work with Pharmacy to remove unnecessary PA obstacles for practitioners and pharmacists.</p> <p>SHP MDs and the CalViva Health Chief Medical Officer work with Pharmacy to improve CCS ID using pharmacy data.</p>	Monthly report of PA requests.	<p>Continued active engagement with pharmacy.</p> <p>Revised UMQI reporting based on Medical Benefit drug review.</p> <p>Revised DUR reporting based on Medi-Cal RX data.</p> <p>Continued A&G tracking of pharmacy cases related to medical benefit drug review.</p>	Ongoing

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
<p>Mid-Year Report</p> <p><input checked="" type="checkbox"/> ACTIVITY ON TARGET</p> <p><input type="checkbox"/> TOO SOON TO TELL</p>	<p>UMQI reporting was modified and updated for 2022 based on medical benefit drugs due to the Medi-Cal Rx implementation. CVS call center metrics report was retired.</p> <p>Key SHP Quarterly meeting topics include</p> <ul style="list-style-type: none"> • Review of Medi-Cal Rx program updates and status post implementation. • DHCS audits completed • DMHC audits pending • A&G trends and concerns reviewed at SHP meeting. reporting modified for medical benefit drugs due to carve out of pharmacy benefit. <p>IRR results for Q1 and Q2 2022 were presented and reports modified for Q3 to increase sample size. Targets and goal %'s updated to reflect medical benefit drug reviews and to correlate with other metric targets in other areas.</p>	<p>None identified</p>	<p>None</p>	<p>Ongoing</p>
<p>Annual Evaluation</p> <p><input type="checkbox"/> MET OBJECTIVES</p> <p><input type="checkbox"/> CONTINUE ACTIVITY IN 2023</p>				

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2022 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
4.6 Behavioral Health (BH) Care Coordination	<input checked="" type="checkbox"/> Medi-Cal	CalViva collaborates with BH practitioners to improve coordination between medical and behavioral health care members.	Total number of registrations and referrals.	<p>Review data that indicates when a member was referred to the County for services to ensure that MHN 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.</p> <p>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 MHN provides.</p>	Ongoing

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
<p>Mid-Year Report</p> <p><input checked="" type="checkbox"/> ACTIVITY ON TARGET</p> <p><input type="checkbox"/> TOO SOON TO TELL</p>	<p>MHN continues the bidirectional referral process with Fresno, Kings and Madera counties. Referrals were based on acuity of clinical presentation and member need for particular behavioral health services.</p> <p>MHN Care and Case Managers continue weekly 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.</p> <p>PCPs are also offered opportunities to collaborate with MHN MDs for guidance on treating routine psychiatric conditions.</p> <p>During the period January through June 2022, MHN received 214 referrals from Fresno, Kings and Madera counties. MHN referred 3 members to the county for Specialty Mental Health or Substance Abuse Services.</p>	<p>None Identified</p>	<p>None</p>	<p>Ongoing</p>
<p>Annual Evaluation</p> <p><input type="checkbox"/> MET OBJECTIVES</p> <p><input type="checkbox"/> CONTINUE ACTIVITY IN 2023</p>				

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2022 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
4.7 Behavioral Health Performance Measures	<input checked="" type="checkbox"/> 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 Timeliness to first appointment for member's diagnosis with Autism Spectrum Disorder.	Participate in cross functional team to improve quality of behavioral health care.	Ongoing

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
<p>Mid-Year Report</p> <p><input type="checkbox"/> ACTIVITY ON TARGET</p> <p><input checked="" type="checkbox"/> TOO SOON TO TELL</p>	<p>In Q1 2022, 14 of the 15 metrics met or exceeded their targets.</p> <p>In Q2 2022, 15 of the 15 metrics with targets met or exceeded their targets. The ABA authorization timeliness metric result was 99% and exceeded the threshold for action of 95%.</p>	<ul style="list-style-type: none"> • There were 36 non-ABA reviews in Q1 2022. The overall performance rate was 91.7%., which did not meet the 100% target and below the threshold for action of 95%. • There were 35 Pre-Service-Non-Urgent cases and 33 (94.3%) were compliant with the timeliness standards. <p>Two preservice cases were mishandled by a single staff person who misunderstood when the clock starts on these requests.</p> <ul style="list-style-type: none"> • There was 1 Post-Service case and it was not compliant with the timeliness standard. Because of a system error, the case was held by MHN Claims for over 30 days before being forwarded to PSR for review. Therefore, PSR was unable to review it within timeliness standards (30 days). 	<p>The Management team coached and educated staff that the clock starts when any department receives the request.</p> <p>The system issue was resolved on 05/06/2022.</p>	<p>Ongoing</p>
<p>Annual Evaluation</p> <p><input type="checkbox"/> MET OBJECTIVES</p> <p><input type="checkbox"/> CONTINUE ACTIVITY IN 2023</p>				

5. Monitoring Activities for Special Populations

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2022 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
5.1 Monitor of California Children's Services (CCS) identification rate.	<input checked="" type="checkbox"/> Medi-Cal	Health Net State Health Programs (HN SHP) will monitor Medi-Cal CCS identification rate YTD.	<p>All HN SHP staff will work with Public Programs Specialists and UM staff to identify potential CCS cases and refer to county for approval.</p> <p>Based on the standardized formula, monthly report indicates CCS %.</p> <p>Goal: Health Net identifies 5% of total population for likely CCS eligibility.</p>	<p>CCS identification and reporting continues to be a major area of focus.</p> <p>Continue current CCS policies and procedures.</p> <p>Continue to refine CCS member identification and referral through concurrent review, prior authorization, case management, pharmacy, claims review and member services (welcome calls and Child and Adolescent Health Measurement Initiative (CAMHI) screening tool).</p> <p>Continue to improve and refine coordination with CCS between specialists and primary care services.</p>	Ongoing

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date																																			
<p>Mid-Year Report</p> <p><input checked="" type="checkbox"/> ACTIVITY ON TARGET</p> <p><input type="checkbox"/> TOO SOON TO TELL</p>	<p>The CCS identification rates for the CVH under 21 population continue to trend above 5%.</p> <p>2022 Monthly CCS Identification Rates</p> <table border="1" data-bbox="411 483 940 769"> <thead> <tr> <th>Month</th> <th>Fresno</th> <th>Kings</th> <th>Madera</th> <th>Average</th> </tr> </thead> <tbody> <tr> <td>Jan</td> <td>9.03%</td> <td>7.97%</td> <td>7.99%</td> <td>8.33%</td> </tr> <tr> <td>Feb</td> <td>9.05%</td> <td>7.95%</td> <td>8.05%</td> <td>8.35%</td> </tr> <tr> <td>Mar</td> <td>8.58%</td> <td>7.67%</td> <td>7.69%</td> <td>7.98%</td> </tr> <tr> <td>Apr</td> <td>9.08%</td> <td>8.10%</td> <td>8.20%</td> <td>8.46%</td> </tr> <tr> <td>May</td> <td>9.04%</td> <td>8.04%</td> <td>8.18%</td> <td>8.42%</td> </tr> <tr> <td>Jun</td> <td>8.57%</td> <td>7.70%</td> <td>7.81%</td> <td>8.03%</td> </tr> </tbody> </table>	Month	Fresno	Kings	Madera	Average	Jan	9.03%	7.97%	7.99%	8.33%	Feb	9.05%	7.95%	8.05%	8.35%	Mar	8.58%	7.67%	7.69%	7.98%	Apr	9.08%	8.10%	8.20%	8.46%	May	9.04%	8.04%	8.18%	8.42%	Jun	8.57%	7.70%	7.81%	8.03%	<p>Although Kings County CCS office staff is now available to answer the phone, they do not provide input when the CCS member status/SAR is not found in PEDI. This creates a potential backlog of pending cases.</p>	<ol style="list-style-type: none"> 1. Plan leadership engaged in conversations with CCS offices to establish a plan for issues and concerns as well as updates on pending cases. 2. Plan leadership identified an opportunity to engage the large facilities in the area to assist with communication on pending CCS cases and outcomes. These efforts have helped increase the plan's identification rates because it has produced faster turn-around-times with CCS determinations. 	<p>Ongoing</p>
Month	Fresno	Kings	Madera	Average																																			
Jan	9.03%	7.97%	7.99%	8.33%																																			
Feb	9.05%	7.95%	8.05%	8.35%																																			
Mar	8.58%	7.67%	7.69%	7.98%																																			
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Jun	8.57%	7.70%	7.81%	8.03%																																			
<p>Annual Evaluation</p> <p><input type="checkbox"/> MET OBJECTIVES</p> <p><input type="checkbox"/> CONTINUE ACTIVITY IN 2023</p>																																							

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2022 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	<input checked="" type="checkbox"/> 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 Case 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 and Care Coordination.	Ongoing

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report <input checked="" type="checkbox"/> ACTIVITY ON TARGET <input type="checkbox"/> TOO SOON TO TELL	<p>Member stratification being conducted monthly using Impact Pro/related report to identify members for Integrated Case Management (ICM) as noted under 4.1. 636 Seniors and Persons with Disabilities (SPD) members (Supplemental Security Income Dual and Non-Dual) have been managed through Q2. This includes Physical Health Case Management, Behavioral Health Case Management, Transitional Case Management & Obstetrics Case Management, as well as both complex and non-complex cases.</p> <p>Timely HRA outreach reported for CalViva SPD members for Q1 and Q2 (100% on time). 12,647 members were outreached from January through June 2022.</p>	None identified.	None	Ongoing
Annual Evaluation <input type="checkbox"/> MET OBJECTIVES <input type="checkbox"/> CONTINUE ACTIVITY IN 2023				

Item #8

Attachment 8.A

Financial Report FY End 6/30/22

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Balance Sheet
As of June 30, 2022

		Total
1	ASSETS	
2	Current Assets	
3	Bank Accounts	
4	Cash & Cash Equivalents	161,181,079.60
5	Total Bank Accounts	\$ 161,181,079.60
6	Accounts Receivable	
7	Accounts Receivable	115,974,359.13
8	Total Accounts Receivable	\$ 115,974,359.13
9	Other Current Assets	
10	Interest Receivable	85,137.90
11	Investments - CDs	0.00
12	Prepaid Expenses	1,263,733.26
13	Security Deposit	0.00
14	Total Other Current Assets	\$ 1,348,871.16
15	Total Current Assets	\$ 278,504,309.89
16	Fixed Assets	
17	Buildings	6,182,986.84
18	Computers & Software	0.00
19	Land	3,161,419.10
20	Office Furniture & Equipment	76,034.62
21	Total Fixed Assets	\$ 9,420,440.56
22	Other Assets	
23	Investment -Restricted	302,144.23
24	Lease Receivable	4,237,584.14
25	Total Other Assets	\$ 4,539,728.37
26	TOTAL ASSETS	\$ 292,464,478.82
27	LIABILITIES AND EQUITY	
28	Liabilities	
29	Current Liabilities	
30	Accounts Payable	
31	Accounts Payable	84,235.86
32	Accrued Admin Service Fee	4,468,211.00
33	Capitation Payable	94,699,081.43
34	Claims Payable	24,391.47
35	Directed Payment Payable	3,676,157.20
36	Total Accounts Payable	\$ 102,952,076.96
37	Other Current Liabilities	
38	Accrued Expenses	1,117,470.00
39	Accrued Payroll	45,449.59
40	Accrued Vacation Pay	268,958.44
41	Amt Due to DHCS	8,476,570.48
42	IBNR	71,941.33
43	Loan Payable-Current	0.00
44	Premium Tax Payable	0.00
45	Premium Tax Payable to BOE	6,051,513.71
46	Premium Tax Payable to DHCS	41,562,500.00
47	Total Other Current Liabilities	\$ 57,594,403.55
48	Total Current Liabilities	\$ 160,546,480.51
49	Long-Term Liabilities	
50	Renters' Security Deposit	25,906.79
51	Subordinated Loan Payable	0.00
52	Total Long-Term Liabilities	\$ 25,906.79
53	Total Liabilities	\$ 160,572,387.30
54	Deferred Inflow of Resources	3,941,093.60
55	Equity	
56	Retained Earnings	119,237,972.02
57	Net Income/(Loss)	8,713,025.90
58	Total Equity	\$ 127,950,997.92
59	TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES AND EQUITY	\$ 292,464,478.82

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Budget vs. Actuals: Income Statement
July 2021 - June 2022

		Total		
		Actual	Budget	Over/(Under) Budget
1	Income			
2	Interest Income	550,705.02	96,000.00	454,705.02
3	Premium/Capitation Income	1,338,509,551.76	1,250,034,208.00	88,475,343.76
4	Total Income	1,339,060,256.78	1,250,130,208.00	88,930,048.78
5	Cost of Medical Care			
6	Capitation - Medical Costs	1,101,414,634.62	1,018,163,770.00	83,250,864.62
7	Medical Claim Costs	1,091,491.53	1,080,000.00	11,491.53
8	Total Cost of Medical Care	1,102,506,126.15	1,019,243,770.00	83,262,356.15
9	Gross Margin	236,554,130.63	230,886,438.00	5,667,692.63
10	Expenses			
11	Admin Service Agreement Fees	52,263,827.00	50,003,800.00	2,260,027.00
12	Bank Charges	8.22	7,200.00	(7,191.78)
13	Computer/IT Services	158,042.70	190,000.00	(31,957.30)
14	Consulting Fees	675.00	300,000.00	(299,325.00)
15	Depreciation Expense	286,517.01	306,000.00	(19,482.99)
16	Dues & Subscriptions	168,027.92	180,192.00	(12,164.08)
17	Grants	2,905,246.23	3,625,000.00	(719,753.77)
18	Insurance	183,519.40	185,310.00	(1,790.60)
19	Labor	3,507,356.31	3,940,828.00	(433,471.69)
20	Legal & Professional Fees	77,540.98	190,800.00	(113,259.02)
21	License Expense	797,075.15	855,665.00	(58,589.85)
22	Marketing	1,422,008.76	1,500,000.00	(77,991.24)
23	Meals and Entertainment	18,668.12	22,150.00	(3,481.88)
24	Office Expenses	58,580.01	84,000.00	(25,419.99)
25	Parking	289.62	1,500.00	(1,210.38)
26	Postage & Delivery	3,281.82	3,360.00	(78.18)
27	Printing & Reproduction	4,113.27	4,800.00	(686.73)
28	Recruitment Expense	20,049.97	36,000.00	(15,950.03)
29	Rent	0.00	12,000.00	(12,000.00)
30	Seminars and Training	10,292.33	24,000.00	(13,707.67)
31	Supplies	10,123.20	10,800.00	(676.80)
32	Taxes	166,249,006.31	166,250,000.00	(993.69)
33	Telephone	31,970.18	35,880.00	(3,909.82)
34	Travel	11,573.34	20,000.00	(8,426.66)
35	Total Expenses	228,187,792.85	227,789,285.00	398,507.85
36	Net Operating Income/ (Loss)	8,366,337.78	3,097,153.00	5,269,184.78
37	Other Income			
38	Other Income	346,688.12	520,000.00	(173,311.88)
39	Total Other Income	346,688.12	520,000.00	(173,311.88)
40	Net Other Income	346,688.12	520,000.00	(173,311.88)
41	Net Income/ (Loss)	8,713,025.90	3,617,153.00	5,095,872.90

Fresno-Kings-Madera Regional Health Authority dba CalViva Health

Income Statement: Current Year vs Prior Year

FY 2022 vs FY 2021

		Total	
		July 2021 - June 2022 (FY 2022)	July 2020 - June 2021 (FY 2021)
1	Income		
2	Interest Income	550,705.02	96,862.42
3	Premium/Capitation Income	1,338,509,551.76	1,334,445,553.54
4	Total Income	\$ 1,339,060,256.78	\$ 1,334,542,415.96
5	Cost of Medical Care		
6	Capitation - Medical Costs	1,101,414,634.62	1,114,505,490.71
7	Medical Claim Costs	1,091,491.53	825,742.27
8	Total Cost of Medical Care	\$ 1,102,506,126.15	\$ 1,115,331,232.98
9	Gross Margin	\$ 236,554,130.63	\$ 219,211,182.98
10	Expenses		
11	Admin Service Agreement Fees	52,263,827.00	49,584,535.00
12	Bank Charges	8.22	998.77
13	Computer/IT Services	158,042.70	149,908.81
14	Consulting Fees	675.00	0.00
15	Depreciation Expense	286,517.01	286,089.96
16	Dues & Subscriptions	168,027.92	164,209.49
17	Grants	2,905,246.23	3,532,500.00
18	Insurance	183,519.40	177,524.74
19	Labor	3,507,356.31	3,449,304.25
20	Legal & Professional Fees	77,540.98	106,300.00
21	License Expense	797,075.15	747,089.19
22	Marketing	1,422,008.76	1,293,094.30
23	Meals and Entertainment	18,668.12	18,656.05
24	Office Expenses	58,580.01	57,242.14
25	Parking	289.62	0.00
26	Postage & Delivery	3,281.82	2,095.47
27	Printing & Reproduction	4,113.27	1,949.93
28	Recruitment Expense	20,049.97	24,820.61
29	Rent	0.00	0.00
30	Seminars and Training	10,292.33	1,747.00
31	Supplies	10,123.20	8,009.90
32	Taxes	166,249,006.31	149,717,529.56
33	Telephone	31,970.18	34,704.90
34	Travel	11,573.34	645.44
35	Total Expenses	\$ 228,187,792.85	\$ 209,358,955.51
36	Net Operating Income/ (Loss)	\$ 8,366,337.78	\$ 9,852,227.47
37	Other Income		
38	Other Income	346,688.12	462,752.06
39	Total Other Income	\$ 346,688.12	\$ 462,752.06
40	Net Other Income	\$ 346,688.12	\$ 462,752.06
41	Net Income/ (Loss)	\$ 8,713,025.90	\$ 10,314,979.53

Item #8

Attachment 8.B

Financials as of July 31, 2022

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Balance Sheet
As of July 31, 2022

		Total
1	ASSETS	
2	Current Assets	
3	Bank Accounts	
4	Cash & Cash Equivalents	134,596,149.51
5	Total Bank Accounts	134,596,149.51
6	Accounts Receivable	
7	Accounts Receivable	113,316,563.71
8	Total Accounts Receivable	113,316,563.71
9	Other Current Assets	
10	Interest Receivable	118,462.41
11	Investments - CDs	0.00
12	Prepaid Expenses	1,283,966.20
13	Security Deposit	0.00
14	Total Other Current Assets	1,402,428.61
15	Total Current Assets	249,315,141.83
16	Fixed Assets	
17	Buildings	6,160,941.66
18	Computers & Software	0.00
19	Land	3,161,419.10
20	Office Furniture & Equipment	74,184.11
21	Total Fixed Assets	9,396,544.87
22	Other Assets	
23	Investment -Restricted	302,246.04
24	Lease Receivable	3,719,402.10
25	Total Other Assets	4,021,648.14
26	TOTAL ASSETS	262,733,334.84
27	LIABILITIES AND EQUITY	
28	Liabilities	
29	Current Liabilities	
30	Accounts Payable	
31	Accounts Payable	39,614.41
32	Accrued Admin Service Fee	4,509,725.00
33	Capitation Payable	92,005,112.80
34	Claims Payable	31,676.76
35	Directed Payment Payable	3,676,157.20
36	Total Accounts Payable	100,262,286.17
37	Other Current Liabilities	
38	Accrued Expenses	1,096,553.33
39	Accrued Payroll	57,537.20
40	Accrued Vacation Pay	268,958.44
41	Amt Due to DHCS	8,476,570.48
42	IBNR	71,941.33
43	Loan Payable-Current	0.00
44	Premium Tax Payable	0.00
45	Premium Tax Payable to BOE	6,051,267.18
46	Premium Tax Payable to DHCS	15,239,583.33
47	Total Other Current Liabilities	31,262,411.29
48	Total Current Liabilities	131,524,697.46
49	Long-Term Liabilities	
50	Renters' Security Deposit	25,906.79
51	Subordinated Loan Payable	0.00
52	Total Long-Term Liabilities	25,906.79
53	Total Liabilities	131,550,604.25
54	Deferred Inflow of Resources	3,413,233.95
55	Equity	
56	Retained Earnings	127,950,997.92
57	Net Income/(Loss)	(181,501.28)
58	Total Equity	127,769,496.64
59	TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES AND EQUITY	262,733,334.84

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Budget vs. Actuals: Income Statement
July 2022

		Total		
		Actual	Budget	Over/(Under) Budget
1	Income			
2	Interest Income	159,729.62	28,333.00	131,396.62
3	Premium/Capitation Income	107,283,870.33	104,277,099.00	3,006,771.33
4	Total Income	107,443,599.95	104,305,432.00	3,138,167.95
5	Cost of Medical Care			
6	Capitation - Medical Costs	85,706,557.05	83,157,201.00	2,549,356.05
7	Medical Claim Costs	78,143.52	90,000.00	(11,856.48)
8	Total Cost of Medical Care	85,784,700.57	83,247,201.00	2,537,499.57
9	Gross Margin	21,658,899.38	21,058,231.00	600,668.38
10	Expenses			
11	Admin Service Agreement Fees	4,509,725.00	4,433,000.00	76,725.00
12	Bank Charges	0.00	600.00	(600.00)
13	Computer/IT Services	18,512.54	19,456.00	(943.46)
14	Consulting Fees	1,350.00	25,000.00	(23,650.00)
15	Depreciation Expense	23,895.69	27,025.00	(3,129.31)
16	Dues & Subscriptions	16,797.95	17,100.00	(302.05)
17	Grants	1,615,000.00	1,615,000.00	0.00
18	Insurance	15,400.73	15,401.00	(0.27)
19	Labor	231,182.32	266,639.00	(35,456.68)
20	Legal & Professional Fees	6,238.33	15,900.00	(9,661.67)
21	License Expense	98,740.22	97,830.00	910.22
22	Marketing	74,379.29	120,000.00	(45,620.71)
23	Meals and Entertainment	641.26	1,000.00	(358.74)
24	Office Expenses	10,980.98	11,000.00	(19.02)
25	Parking	4.39	130.00	(125.61)
26	Postage & Delivery	472.71	340.00	132.71
27	Printing & Reproduction	0.00	400.00	(400.00)
28	Recruitment Expense	258.10	3,000.00	(2,741.90)
29	Rent	0.00	1,000.00	(1,000.00)
30	Seminars and Training	640.00	2,100.00	(1,460.00)
31	Supplies	424.17	950.00	(525.83)
32	Taxes	15,239,336.80	15,239,583.00	(246.20)
33	Telephone	2,524.63	3,325.00	(800.37)
34	Travel	330.08	1,900.00	(1,569.92)
35	Total Expenses	21,866,835.19	21,917,679.00	(50,843.81)
36	Net Operating Income/ (Loss)	(207,935.81)	(859,448.00)	651,512.19
37	Other Income			
38	Other Income	26,434.53	55,000.00	(28,565.47)
39	Total Other Income	26,434.53	55,000.00	(28,565.47)
40	Net Other Income	26,434.53	55,000.00	(28,565.47)
41	Net Income/ (Loss)	(181,501.28)	(804,448.00)	622,946.72

Fresno-Kings-Madera Regional Health Authority dba CalViva Health

Income Statement: Current Year vs Prior Year

FY 2023 vs FY 2022

		Total	
		July 2022 (FY 2023)	July 2021 (FY 2022)
1	Income		
2	Interest Income	159,729.62	2,349.87
3	Premium/Capitation Income	107,283,870.33	114,993,280.73
4	Total Income	107,443,599.95	114,995,630.60
5	Cost of Medical Care		
6	Capitation - Medical Costs	85,706,557.05	95,457,273.79
7	Medical Claim Costs	78,143.52	50,579.00
8	Total Cost of Medical Care	85,784,700.57	95,507,852.79
9	Gross Margin	21,658,899.38	19,487,777.81
10	Expenses		
11	Admin Service Agreement Fees	4,509,725.00	4,256,428.00
12	Bank Charges	0.00	5.00
13	Computer/IT Services	18,512.54	10,734.22
14	Consulting Fees	1,350.00	0.00
15	Depreciation Expense	23,895.69	23,818.60
16	Dues & Subscriptions	16,797.95	13,612.70
17	Grants	1,615,000.00	1,300,000.00
18	Insurance	15,400.73	14,970.95
19	Labor	231,182.32	271,244.05
20	Legal & Professional Fees	6,238.33	5,727.67
21	License Expense	98,740.22	66,422.93
22	Marketing	74,379.29	111,433.65
23	Meals and Entertainment	641.26	2,329.68
24	Office Expenses	10,980.98	5,293.37
25	Parking	4.39	0.00
26	Postage & Delivery	472.71	335.58
27	Printing & Reproduction	0.00	305.51
28	Recruitment Expense	258.10	156.55
29	Rent	0.00	0.00
30	Seminars and Training	640.00	3,191.00
31	Supplies	424.17	764.56
32	Taxes	15,239,336.80	13,854,166.67
33	Telephone	2,524.63	3,022.66
34	Travel	330.08	2,004.99
35	Total Expenses	21,866,835.19	19,945,968.34
36	Net Operating Income/ (Loss)	(207,935.81)	(458,190.53)
37	Other Income		
38	Other Income	26,434.53	55,331.94
39	Total Other Income	26,434.53	55,331.94
40	Net Other Income	26,434.53	55,331.94
41	Net Income/ (Loss)	(181,501.28)	(402,858.59)

Item #8

Attachment 8.C

Appeals & Grievances Dashboard

CalViva Health

Monthly Appeals and Grievances Dashboard

CY: 2022

Current as of End of the Month: July

Revised Date: 08/12/2022

CalViva Health Appeals and Grievances Dashboard 2022

Attitude/Service - Vendor	0	0	4	4	0	0	1	1	2	0	0	2	0	0	0	0	7	11
Attitude/Service - Health Plan	1	1	1	3	1	1	0	2	0	0	0	0	0	0	0	0	5	11
Authorization - Authorization Related	2	0	1	3	1	1	0	2	0	0	0	0	0	0	0	0	5	25
Eligibility Issue - Member not eligible per Health Plan	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	6
Eligibility Issue - Member not eligible per Provider	2	4	8	14	3	6	2	11	0	0	0	0	0	0	0	0	25	37
Health Plan Materials - ID Cards-Not Received	35	18	13	66	26	32	14	72	16	0	0	16	0	0	0	0	154	235
Health Plan Materials - ID Cards-Incorrect Information on Card	2	0	0	2	1	1	0	2	0	0	0	0	0	0	0	0	4	7
Health Plan Materials - Other	0	1	2	3	0	1	0	1	0	0	0	0	0	0	0	0	4	3
Mental Health Related	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	NA
PCP Assignment/Transfer - Health Plan Assignment - Change Request	54	36	41	131	59	51	40	150	42	0	0	42	0	0	0	0	323	1162
PCP Assignment/Transfer - HCO Assignment - Change Request	60	51	36	147	51	33	43	127	41	0	0	41	0	0	0	0	315	156
PCP Assignment/Transfer - PCP effective date	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	0
PCP Assignment/Transfer - PCP Transfer not Processed	3	1	2	6	1	0	2	3	0	0	0	0	0	0	0	0	9	19
PCP Assignment/Transfer - Rollout of PPG	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	45
PCP Assignment/Transfer - Mileage Inconvenience	5	3	4	12	6	4	0	10	1	0	0	1	0	0	0	0	23	58
Pharmacy - Authorization Issue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Pharmacy - Authorization Issue-CalViva Error	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pharmacy - Eligibility Issue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	144
Pharmacy - Quantity Limit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
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	45
Transportation - Access - Provider No Show	14	11	14	39	15	15	16	46	12	0	0	12	0	0	0	0	97	24
Transportation - Access - Provider Late	4	4	9	17	13	12	9	34	9	0	0	9	0	0	0	0	60	52
Transportation - Behaviour	10	5	17	32	10	22	11	43	14	0	0	14	0	0	0	0	89	119
Transportation - Other	1	5	0	6	0	3	0	3	1	0	0	1	0	0	0	0	10	12
OTHER - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
OTHER - Balance Billing from Provider	10	10	14	34	14	25	12	51	6	0	0	6	0	0	0	0	91	161

CalViva Health Appeals and Grievances Dashboard 2022

Appeals	Jan	Feb	Mar	Q1	Apr	May	June	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	0	3	7	10	4	1	2	7	2	0	0	2	0	0	0	0	19	115
Standard Appeals Received	32	27	34	93	38	36	29	103	30	0	0	30	0	0	0	0	226	918
Total Appeals Received	32	30	41	103	42	37	31	110	32	0	0	32	0	0	0	0	245	1033
Appeals Ack Letters Sent Noncompliant	0	0	0	0	2	0	0	2	1	0	0	1	0	0	0	0	3	3
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	94.7%	100.0%	100.0%	98.1%	96.7%	0.0%	0.0%	96.7%	0.0%	0.0%	0.0%	0.0%	98.67%	99.7%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Expedited Appeals Resolved Compliant	0	2	6	8	6	1	2	9	1	0	0	1	0	0	0	0	18	114
Expedited Appeals Compliance Rate	0.0%	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%	99.1%
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	53	30	31	114	25	36	36	97	22	0	0	22	0	0	0	0	233	916
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%	100.00%	100.0%
Total Appeals Resolved	53	32	37	122	31	37	38	106	23	0	0	23	0	0	0	0	251	1031
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	53	32	36	121	31	37	38	106	23	0	0	23	0	0	0	0	250	1029
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	1	0	1	2	2	0	0	2	0	0	0	0	0	0	0	0	4	17
DME	2	1	4	7	3	8	6	17	6	0	0	6	0	0	0	0	30	47
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	2
Advanced Imaging	20	18	22	60	18	22	23	63	13	0	0	13	0	0	0	0	136	488
Other	5	6	3	14	3	2	1	6	1	0	0	1	0	0	0	0	21	67
Pharmacy/RX Medical Benefit	21	2	0	23	3	4	5	12	1	0	0	1	0	0	0	0	36	362
Surgery	4	5	6	15	2	1	2	5	2	0	0	2	0	0	0	0	22	46
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	21	15	17	53	16	17	21	54	11	0	0	11	0	0	0	0	118	577
Uphold Rate	39.6%	46.9%	45.9%	43.4%	51.6%	45.9%	55.3%	50.9%	47.8%	0.0%	0.0%	47.8%	0.0%	0.0%	0.0%	0.0%	47.0%	56.0%
Overturns - Full	26	16	20	62	13	18	17	48	12	0	0	12	0	0	0	0	122	432
Overturn Rate - Full	49.1%	50.0%	54.1%	50.8%	41.9%	48.6%	44.7%	45.3%	52.2%	0.0%	0.0%	52.2%	0.0%	0.0%	0.0%	0.0%	48.6%	41.9%
Overturns - Partial	2	0	0	2	2	1	0	3	0	0	0	0	0	0	0	0	5	12
Overturn Rate - Partial	3.8%	0.0%	0.0%	1.6%	6.5%	2.7%	0.0%	2.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.0%	1.2%
Withdrawal	4	1	0	5	0	1	0	1	0	0	0	0	0	0	0	0	6	10
Withdrawal Rate	7.5%	3.1%	0.0%	4.1%	0.0%	2.7%	0.0%	0.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.4%	1.0%
Membership	398,468	399,433	401,429		403,065	405,014	405,014		79,501	330,629								4,316,872
Appeals - PTMPM	0.13	0.08	0.09	0.10	0.08	0.09	0.09	0.09	0.29	-	-	0.06	-	-	-	-	0.09	0.24
Grievances - PTMPM	0.21	0.16	0.19	0.19	0.25	0.21	0.25	0.24	1.26	-	-	0.24	-	-	-	-	0.22	0.27

Fresno County																		
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2022 YTD	2021 YTD
Expedited Grievances Received	3	4	6	13	4	5	7	16	3	0	0	3	0	0	0	0	32	142
Standard Grievances Received	65	48	91	204	65	81	85	231	69	0	0	69	0	0	0	0	504	1123
Total Grievances Received	68	52	97	217	69	86	92	247	72	0	0	72	0	0	0	0	536	1265
Grievance Ack Letters Sent Noncompliant	2	0	0	2	0	1	0	1	0	0	0	0	0	0	0	0	3	4
Grievance Ack Letter Compliance Rate	96.9%	100.0%	100.0%	99.0%	100.0%	98.8%	100.0%	99.6%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	99.4%	99.65%
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	3	4	6	13	3	6	6	15	4	0	0	4	0	0	0	0	32	93
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	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Standard Grievances Resolved Compliant	66	53	54	173	87	72	79	238	82	0	0	82	0	0	0	0	493	894
Standard Grievance Compliance rate	98.5%	100.0%	100.0%	99.4%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	99.8%	100.0%
Total Grievances Resolved	70	57	60	187	90	78	85	253	86	0	0	86	0	0	0	0	526	987
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	50	27	38	115	63	53	56	172	57	0	0	57	0	0	0	0	344	758
Access - Other - DMHC	10	4	6	20	12	14	22	48	7	0	0	7	0	0	0	0	75	56
Access - PCP - DHCS	5	3	10	18	6	3	3	12	5	0	0	5	0	0	0	0	35	98
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	3	1	1	5	11	5	3	19	3	0	0	3	0	0	0	0	27	38
Administrative	8	4	4	16	9	8	3	20	13	0	0	13	0	0	0	0	49	162
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Interpersonal	12	6	6	24	9	4	5	18	6	0	0	6	0	0	0	0	48	73
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	4	1	7	12	10	5	9	24	11	0	0	11	0	0	0	0	47	61
Pharmacy/RX Medical Benefit	4	0	0	4	0	1	0	1	0	0	0	0	0	0	0	0	5	40
Transportation - Access	2	1	2	5	3	3	3	9	3	0	0	3	0	0	0	0	17	104
Transportation - Behaviour	2	5	2	9	2	8	7	17	9	0	0	9	0	0	0	0	35	90
Transportation - Other	0	2	0	2	1	2	1	4	0	0	0	0	0	0	0	0	6	33
Quality Of Care Grievances	20	30	22	72	27	25	29	81	29	0	0	29	0	0	0	0	182	229
Access - Other - DMHC	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	3
Access - PCP - DHCS	0	1	1	2	1	0	0	1	0	0	0	0	0	0	0	0	3	6
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	2	0	0	2	0	0	0	0	0	0	0	0	2	2
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	3	4	8	0	4	5	9	6	0	0	6	0	0	0	0	23	48
PCP Care	4	9	5	18	13	5	9	27	6	0	0	6	0	0	0	0	51	83
PCP Delay	6	9	7	22	6	9	8	23	6	0	0	6	0	0	0	0	51	37
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	4	4	5	13	5	6	6	17	9	0	0	9	0	0	0	0	39	38
Specialist Delay	3	4	0	7	0	1	1	2	2	0	0	2	0	0	0	0	11	12

CalViva Health Appeals and Grievances Dashboard 2022 (Fresno County)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	0	1	6	7	3	0	1	4	2	0	0	2	0	0	0	0	13	96
Standard Appeals Received	28	22	29	79	33	30	20	83	25	0	0	25	0	0	0	0	187	789
Total Appeals Received	28	23	35	86	36	30	21	87	27	0	0	27	0	0	0	0	200	885
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	2
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.0%	0.0%	0.0%	96.0%	0.0%	0.0%	0.0%	0.0%	99.5%	99.7%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Expedited Appeals Resolved Compliant	0	0	5	5	5	0	1	6	1	0	0	1	0	0	0	0	12	95
Expedited Appeals Compliance Rate	0.0%	0.0%	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%	98.9%
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	47	27	22	96	23	31	31	85	14	0	0	14	0	0	0	0	195	785
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	47	27	27	101	28	31	32	91	15	0	0	15	0	0	0	0	206	881
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	47	27	26	100	28	31	32	91	15	0	0	15	0	0	0	0	206	880
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	1	0	1	2	2	0	0	2	0	0	0	0	0	0	0	0	4	15
DME	2	1	4	7	3	6	5	14	3	0	0	3	0	0	0	0	24	38
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	2
Advanced Imaging	18	15	14	47	16	21	21	58	10	0	0	10	0	0	0	0	115	436
Other	5	5	2	12	2	1	1	4	1	0	0	1	0	0	0	0	17	58
Pharmacy/RX Medical Benefit	19	1	0	20	3	3	3	9	0	0	0	0	0	0	0	0	29	291
Surgery	2	5	5	12	2	0	1	3	1	0	0	1	0	0	0	0	16	40
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	20	13	13	46	14	15	18	47	8	0	0	8	0	0	0	0	101	497
Uphold Rate	42.6%	48.1%	48.1%	45.5%	50.0%	48.4%	56.3%	51.6%	53.3%	0.0%	0.0%	53.3%	0.0%	0.0%	0.0%	0.0%	48.8%	56.4%
Overturns - Full	21	13	14	48	12	14	14	40	7	0	0	7	0	0	0	0	95	364
Overturn Rate - Full	44.7%	48.1%	51.9%	47.5%	42.9%	45.2%	43.8%	44.0%	46.7%	0.0%	0.0%	46.7%	0.0%	0.0%	0.0%	0.0%	45.9%	41.3%
Overturns - Partial	2	0	0	2	2	1	0	3	0	0	0	0	0	0	0	0	5	12
Overturn Rate - Partial	4.3%	0.0%	0.0%	2.0%	7.1%	3.2%	0.0%	3.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.4%	1.4%
Withdrawal	4	1	0	5	0	1	0	1	0	0	0	0	0	0	0	0	6	8
Withdrawal Rate	8.5%	3.7%	0.0%	5.0%	0.0%	3.2%	0.0%	1.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.9%	0.9%
Membership	321,656	322,473	324,116		325,345	326,706	326,706				330,629							1700076
Appeals - PTMPM	0.15	0.08	0.08	0.10	0.09	0.09	0.10	0.09	-	-	-	0.00	-	-	-	0.00	0.05	0.19
Grievances - PTMPM	0.22	0.18	0.19	0.19	0.28	0.24	0.26	0.26	-	-	-	0.00	-	-	-	0.00	0.11	0.21

CalViva Health Appeals and Grievances Dashboard 2022 (Kings County)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Standard Appeals Received	1	1	0	2	1	1	1	3	1	0	0	1	0	0	0	0	6	44
Total Appeals Received	1	1	0	2	1	1	1	3	1	0	0	1	0	0	0	0	6	48
Appeals Ack Letters Sent Noncompliant	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	100.0%	100.0%	0.0%	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
Expedited Appeals Compliance 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%	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	0	2	0	2	0	2	1	3	0	0	0	0	0	0	0	0	5	47
Standard Appeals Compliance Rate	0.0%	100.0%	0.0%	100.0%	0.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Appeals Resolved	0	2	0	2	0	2	1	3	0	0	0	0	0	0	0	0	5	54
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	0	2	0	2	0	2	1	3	0	0	0	0	0	0	0	0	5	54
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	5
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Advanced Imaging	0	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	13
Other	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	1	1	0	0	0	0	0	0	0	0	1	26
Surgery	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	2
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
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	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
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	0	1	0	1	1	2	0	0	0	0	0	0	0	0	3	27
Uphold Rate	0.0%	50.0%	0.0%	50.0%	0.0%	50.0%	100.0%	66.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	60.0%	50.0%
Overturns - Full	0	1	0	1	0	1	0	1	0	0	0	0	0	0	0	0	2	23
Overturn Rate - Full	0.0%	50.0%	0.0%	50.0%	0.0%	50.0%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	40.0%	42.6%
Overturns - Partial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Overturn Rate - Partial	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.7%
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
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%	3.7%
Membership	34,008	34,122	34,280		34,457	34,780	34,780		35,216									259,758
Appeals - PTMPM	-	0.06	-	0.02	-	0.06	0.03	0.03	-	-	-	0.00	-	-	-	0.00	0.01	0.15
Grievances - PTMPM	0.24	0.06	0.15	0.15	0.06	0.12	0.14	0.11	0.03	-	-	0.01	-	-	-	0.00	0.07	0.28

CalViva Health Appeals and Grievances Dashboard 2022 (Madera County)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Appeals Received																		
Expedited Appeals Received	0	2	1	3	1	1	1	3	0	0	0	0	0	0	0	0	6	13
Standard Appeals Received	3	4	5	12	4	5	8	17	4	0	0	4	0	0	0	0	33	81
Total Appeals Received	3	6	6	15	5	6	9	20	4	0	0	4	0	0	0	0	39	94
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	2	1	3	1	1	1	3	0	0	0	0	0	0	0	0	6	13
Expedited Appeals Compliance Rate	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	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	1	9	16	2	3	4	9	8	0	0	8	0	0	0	0	33	81
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	3	10	19	3	4	5	12	8	0	0	8	0	0	0	0	39	94
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	6	3	10	19	3	4	5	12	8	0	0	8	0	0	0	0	39	94
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	0
DME	0	0	0	0	0	2	1	3	3	0	0	3	0	0	0	0	6	5
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Advanced Imaging	2	1	8	11	2	1	2	5	3	0	0	3	0	0	0	0	19	39
Other	0	1	1	2	1	0	0	1	0	0	0	0	0	0	0	0	3	3
Pharmacy/RX Medical Benefit	2	1	0	3	0	1	1	2	1	0	0	1	0	0	0	0	6	44
Surgery	2	0	1	3	0	0	1	1	1	0	0	1	0	0	0	0	5	3
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
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	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
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	1	1	4	6	2	1	2	5	3	0	0	3	0	0	0	0	14	57
Uphold Rate	16.7%	33.3%	40.0%	31.6%	66.7%	25.0%	40.0%	41.7%	37.5%	0.0%	0.0%	37.5%	0.0%	0.0%	0.0%	0.0%	35.9%	60.6%
Overturns - Full	5	2	6	13	1	3	3	7	5	0	0	5	0	0	0	0	25	34
Overturn Rate - Full	83.3%	66.7%	60.0%	68.4%	33.3%	75.0%	60.0%	58.3%	62.5%	0.0%	0.0%	62.5%	0.0%	0.0%	0.0%	0.0%	64.1%	36.2%
Overturns - Partial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Overturn Rate - Partial	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.1%
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%	1.1%
Membership	42,804	42,838	43,033		43,263	43,528	43,528		44,285									328873
Appeals - PTMPM	0.14	0.07	0.23	0.15	0.07	0.09	0.11	0.09	0.18	-	-	0.06	-	-	-	0.00	0.07	0.21
Grievances - PTMPM	0.14	0.12	0.23	0.16	0.23	0.11	0.23	0.19	0.29	-	-	0.10	-	-	-	0.00	0.11	0.28

CalViva Health Appeals and Grievances Dashboard 2022 (SPD)

Pharmacy - Eligibility Issue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10
Pharmacy - Quantity Limit	0	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	0
Pharmacy - Pharmacy-Retail	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Transportation - Access - Provider No Show	0	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	0
Transportation - Behaviour	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER - Balance Billing from Provider	1	1	0	2	1	0	1	2	6	0	0	6	0	0	0	0	0	10	4

CalViva Health Appeals and Grievances Dashboard 2022 (SPD)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	YTD
Expedited Appeals Received	0	0	2	2	1	0	0	1	1	0	0	1	0	0	0	0	4	20
Standard Appeals Received	8	5	10	23	12	8	6	26	6	0	0	6	0	0	0	0	55	200
Total Appeals Received	8	5	12	25	13	8	6	27	7	0	0	7	0	0	0	0	59	220
Appeals Ack Letters Sent Noncompliant	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	0
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	91.7%	100.0%	100.0%	96.2%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	98.2%	99.5%
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	7	1	8	2	0	0	2	0	0	0	0	0	0	0	0	10	19
Expedited Appeals Compliance Rate	0.0%	100.0%	100.0%	100.0%	100.0%	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 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	14	0	8	22	6	12	8	26	4	0	0	4	0	0	0	0	52	185
Standard Appeals Compliance Rate	100.0%	0.0%	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	14	0	9	23	8	12	8	28	4	0	0	4	0	0	0	0	55	203
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	10	7	9	26	8	12	8	28	4	0	0	4	0	0	0	0	58	204
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	7
DME	2	1	2	5	2	6	4	12	3	0	0	3	0	0	0	0	20	35
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Advanced Imaging	3	4	5	12	5	5	3	13	1	0	0	1	0	0	0	0	26	59
Other	3	0	0	3	0	1	0	1	0	0	0	0	0	0	0	0	4	13
Pharmacy/RX Medical Benefit	1	0	0	1	1	0	1	2	0	0	0	0	0	0	0	0	3	84
Surgery	1	2	2	5	0	0	0	0	0	0	0	0	0	0	0	0	5	4
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
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	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
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	5	1	2	8	3	5	3	11	2	0	0	2	0	0	0	0	21	96
Uphold Rate	35.7%	0.0%	22.2%	34.8%	37.5%	41.7%	37.5%	39.3%	50.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	38.2%	47.3%
Overturns - Full	9	6	7	22	4	6	5	15	2	0	0	2	0	0	0	0	39	99
Overturn Rate - Full	64.3%	0.0%	77.8%	95.7%	50.0%	50.0%	62.5%	53.6%	50.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	70.9%	48.77%
Overturns - Partial	0	0	0	0	1	1	0	2	0	0	0	0	0	0	0	0	2	6
Overturn Rate - Partial	0.0%	0.0%	0.0%	0.0%	12.5%	8.3%	0.0%	7.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.6%	3.0%
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
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%	1.5%
Membership	34,882	34,376	35,147		35,225	35,420	35,420		35,896									69,295
Appeals - PTMPM	0.40	-	0.26	0.00	0.23	0.34	0.23	0.00	0.11	-	-	0.04	-	-	-	0.00	0.01	0.29
Grievances - PTMPM	0.80	0.58	0.71	0.00	0.85	0.73	0.79	0.00	1.09	-	-	0.36	-	-	-	0.00	0.09	0.80

Cal Viva Dashboard Definitions

Categories	Description
GRIEVANCE	Expression of dissatisfaction regarding any aspect of a plans or providers operations, contractual issues, activities or behaviors.
Expedited Grievances Received	Grievance received in the month with a TAT of 3 calendar days
Standard Grievances Received	Grievances received in the month with the standard 30 days TAT
Total Grievance Received	Amount of cases received within that month
Grievance Acknowledgement Sent Noncompliant	The number of Acknowledgement letters not sent within the 5 calendar day TAT
Grievance Acknowledgement Compliance Rate	Percentage of acknowledgement letters sent within 5 calendar days
Expedited Grievances Resolved Noncompliant	Expedited grievances closed after the 3 calendar day TAT
Expedited Grievances Resolved Compliant	Expedited grievances closed within the 3 calendar day TAT
Expedited Grievance Compliance Rate	Percentage of Expedited Grievances closed within the 3 calendar day TAT
Standard Grievances Resolved Noncompliant	Standard 30 day grievance cases closed after the 30 day TAT
Standard Grievances Resolved Compliant	Standard 30 day grievance cases closed within the 30 day TAT
Standard Grievance Compliance Rate	Percentage of cases closed within the 30 calendar day TAT
Total Grievances Resolved	Amount of cases closed for the month
Quality of Service Grievances	Grievances Related to non clinical concerns/administrative issues
Access to Care Grievance - Other	Long wait time for a scheduled appointment or unable to get an appointment with an ancillary provider
Access to Care Grievance - PCP	Long wait time for a scheduled appointment or unable to get an appointment with a PCP
Access to Care Grievance - Physical/OON	Access to care issues specifically due to physical distance or provider not being contracted with the plan
Access to Care Grievance - Specialist	Long wait time for a scheduled appointment or unable to get an appointment with a specialist
Administrative Grievance	Balance billing issue, claims delay in processing
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
Mental 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
Mental 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

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

Month	This is used to track the month effected by the change that was made
Date	This is used to track the date the change was made
Outlier	This is the section that describes a brief explanation of the outlier such as increase number of PCP wait time complaints, trends, etc.
Explanation	This is the section that explains the outlier.
Membership	Excludes Kaiser membership and is addressed separately in a quarterly report by Kaiser Plan.
PTMPM	Per thousand members per month. PTMPM rates are calculated using the total number of appeals or grievances, divided by total membership and multiplied by 1,000

Item #8

Attachment 8.D

Key Indicator Report



Healthcare Solutions Reporting

Key Indicator Report

Auth Based PPG Utilization Metrics for CALVIVA California SHP

Report from 7/01/2022 to 7/31/2022

Report created 8/22/2022

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

Exhibits:

[Read Me](#)

[Main Report CalVIVA](#)

[CalVIVA Commission](#)

[CalVIVA Fresno](#)

[CalVIVA Kings](#)

[CalVIVA Madera](#)

[Glossary](#)

Contact Information

Sections

Concurrent Inpatient TAT Metric

TAT Metric

CCS Metric

Case Management Metrics

Contact Person

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Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 7/01/2022 to 7/31/2022
 Report created 8/22/2022

ER utilization based on Claims data	2021-08	2021-09	2021-10	2021-11	2021-12	2021-Trenc	2022-01	2022-02	2022-03	2022-04	2022-05	2022-06	2022-07	2022-Trenc	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Qtr Trend	CY- 2021	YTD-2022	YTD-Trend
MEMBERSHIP														Quarterly Averages						Annual Averages				
Expansion Mbr Months	102,330	102,963	103,568	104,210	104,907		106,644	107,313	108,246	108,524	109,257	110,097	112,057		96,853	99,801	102,246	104,228	107,401	109,293		100,782	127,023	
Family/Adult/Other Mbr Mos	262,264	262,620	262,874	263,550	264,002		267,429	267,687	268,643	269,882	271,074	271,778	272,745		258,485	260,620	262,257	263,475	267,920	270,911		261,209	314,873	
SPD Mbr Months	35,536	35,797	35,917	35,964	36,048		36,072	36,091	36,150	36,107	36,241	36,403	36,528		35,231	35,313	35,574	35,976	36,104	36,250		35,524	42,265	
COUNTS																								
Admits - Count	2,333	2,222	2,212	2,283	2,288		2,221	1,925	2,243	2,079	2,209	2,126	2,231		2,042	2,191	2,278	2,261	2,130	2,138		2,193	2,296	
Expansion	691	590	625	597	638		630	542	655	613	699	662	717		560	619	647	620	609	658		612	693	
Family/Adult/Other	1,173	1,148	1,121	1,132	1,134		1,080	931	1,104	977	1,011	989	1,022		1,004	1,034	1,124	1,129	1,038	992		1,073	1,090	
SPD	465	481	463	549	513		505	450	478	488	499	472	488		469	533	502	508	478	486		503	510	
Admits Acute - Count	1,615	1,525	1,541	1,589	1,628		1,610	1,385	1,605	1,530	1,609	1,515	1,556		1,399	1,565	1,598	1,586	1,533	1,551		1,537	1,643	
Expansion	582	505	540	513	542		561	477	573	529	602	566	594		479	539	558	532	537	566		527	593	
Family/Adult/Other	608	577	572	577	612		570	484	586	542	544	503	500		490	532	582	587	547	530		548	570	
SPD	425	442	428	499	474		479	423	446	458	463	446	462		430	494	458	467	449	456		462	479	
Readmit 30 Day - Count	217	212	226	231	236		227	219	208	185	212	201	184		219	235	220	231	218	199		226	207	
Expansion	74	69	92	73	95		89	90	86	71	90	69	67		77	78	78	87	88	77		80	81	
Family/Adult/Other	58	46	50	44	35		43	45	40	31	51	36	37		48	43	52	43	43	39		47	41	
SPD	85	97	84	114	106		95	84	82	83	71	96	80		93	114	90	101	87	83		100	85	
**ER Visits - Count	15,018	13,229	13,042	12,496	12,642		13,964	11,104	13,924	13,511	16,134	14,139	6,294		10,012	13,164	14,257	12,727	12,997	14,595		12,540	12,724	
Expansion	3,769	3,105	3,164	2,852	3,085		3,903	2,967	3,697	3,556	4,060	3,831	1,819		3,018	3,524	3,576	3,034	3,522	3,816		3,288	3,405	
Family/Adult/Other	8,609	7,747	7,336	7,142	7,606		8,610	6,927	8,792	8,448	10,363	8,834	3,869		5,595	7,432	8,153	7,361	8,110	9,215		7,135	7,978	
SPD	1,447	1,202	1,275	1,138	1,298		1,432	1,177	1,421	1,447	1,674	1,465	596		1,205	1,415	1,384	1,237	1,343	1,529		1,310	1,316	
PER/K																								
Admits Acute - PTMPY	48.4	45.6	45.9	47.2	48.2		47.1	40.4	46.6	44.3	46.3	43.4	44.3		43.0	47.5	47.9	47.1	44.7	44.7		46.4	47.5	
Expansion	68.2	58.9	62.6	59.1	62.0		63.1	53.3	63.5	58.5	66.1	61.7	63.6		59.3	64.8	65.5	61.2	60.0	62.1		62.7	56.1	
Family/Adult/Other	27.8	26.4	26.1	26.3	27.8		25.6	21.7	26.2	24.1	24.1	22.2	22.0		22.7	24.5	26.6	26.7	24.5	23.5		25.2	21.7	
SPD	143.5	148.2	143.0	166.5	157.8		159.3	140.6	148.0	152.2	153.3	147.0	151.8		146.6	167.9	154.4	155.8	149.3	150.8		156.1	136.1	
Bed Days Acute - PTMPY	266.0	281.3	239.6	270.2	271.0		267.0	222.1	227.6	226.4	240.6	221.8	222.1		244.7	235.7	270.2	260.3	238.9	229.6		252.8	244.7	
Expansion	405.3	426.2	348.5	386.7	391.8		344.8	318.0	358.3	319.0	370.9	319.6	331.9		360.9	339.7	409.2	375.8	340.4	336.5		371.8	305.3	
Family/Adult/Other	131.8	125.9	113.6	109.8	115.3		109.4	87.6	89.8	96.1	100.4	87.6	78.6		107.1	99.5	124.6	112.9	95.6	94.7		111.0	84.6	
SPD	856.0	1,005.0	844.9	1,109.1	1,060.3		1,207.3	934.3	861.4	922.3	897.3	929.9	957.6		936.1	947.9	944.6	1,004.9	1,000.9	916.5		958.6	856.3	
ALOS Acute	5.5	6.2	5.2	5.7	5.6		5.7	5.5	4.9	5.1	5.2	5.1	5.0		5.7	5.0	5.6	5.5	5.3	5.1		5.5	5.2	
Expansion	5.9	7.2	5.6	6.5	6.3		5.5	6.0	5.6	5.5	5.6	5.2	5.2		6.1	5.2	6.3	6.1	5.7	5.4		5.9	5.4	
Family/Adult/Other	4.7	4.8	4.4	4.2	4.1		4.3	4.0	3.4	4.0	4.2	3.9	3.6		4.7	4.1	4.7	4.2	3.9	4.0		4.4	3.9	
SPD	6.0	6.8	5.9	6.7	6.7		7.6	6.6	5.8	6.1	5.9	6.3	6.3		6.4	5.6	6.1	6.5	6.7	6.1		6.1	6.3	
Readmit % 30 Day	9.3%	9.5%	10.2%	10.1%	10.3%		10.2%	11.4%	9.3%	8.9%	9.6%	9.5%	8.2%		10.7%	10.7%	9.7%	10.2%	10.2%	9.3%		10.3%	9.0%	
Expansion	10.7%	11.7%	14.7%	12.2%	14.9%		14.1%	16.6%	13.1%	11.6%	12.9%	10.4%	9.3%		13.7%	12.5%	12.0%	14.0%	14.5%	11.7%		13.0%	11.7%	
Family/Adult/Other	4.9%	4.0%	4.5%	3.9%	3.1%		4.0%	4.8%	3.6%	3.2%	5.0%	3.6%	3.6%		4.8%	4.2%	4.6%	3.8%	4.1%	4.0%		4.3%	3.7%	
SPD	18.3%	20.2%	18.1%	20.8%	20.7%		18.8%	18.7%	17.2%	17.0%	14.2%	20.3%	16.4%		19.9%	21.4%	18.0%	19.9%	18.2%	17.1%		19.8%	16.7%	
**ER Visits - PTMPY	450.2	395.4	388.8	371.3	374.5		408.4	324.1	404.4	390.9	464.5	405.4	179.2		307.5	399.1	427.5	378.2	379.0	420.3		378.4	367.8	
Expansion	442.0	361.9	366.6	328.4	352.9		439.2	331.8	409.8	393.2	445.9	417.6	194.8		374.0	423.8	419.7	349.3	393.6	418.9		391.5	321.6	
Family/Adult/Other	393.9	354.0	334.9	325.2	345.7		386.3	310.5	392.7	375.6	458.8	390.1	170.2		259.7	342.2	373.1	335.3	363.2	408.2		327.8	304.0	
SPD	488.6	402.9	426.0	379.7	432.1		476.4	391.3	471.7	480.9	554.3	482.9	195.8		410.3	480.8	466.7	412.6	446.5	506.0		442.5	373.6	
Services	TAT Compliance Goal: 100%														TAT Compliance Goal: 100%						TAT Compliance Goal: 100%			
Preservice Routine	82.0%	98.0%	98.0%	96.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		99.3%	100.0%	88.0%	98.0%	100.0%	100.0%				
Preservice Urgent	96.0%	100.0%	98.0%	98.0%	100.0%		100.0%	98.0%	100.0%	100.0%	98.0%	100.0%	100.0%		98.0%	99.3%	98.7%	98.7%	99.3%	99.1%				
Postservice	100.0%	98.0%	94.0%	100.0%	100.0%		98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		98.7%	100.0%	99.3%	98.0%	100.0%	100.0%				
Concurrent (inpatient only)	100.0%	100.0%	98.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	100.0%		100.0%	100.0%	100.0%	99.3%	100.0%	99.1%				
Deferrals - Routine	78.6%	95.2%	95.2%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	88.9%	87.9%	95.5%		98.5%	100.0%	85.7%	98.4%	100.0%	91.5%				
Deferrals - Urgent	100.0%	100.0%	N/A	100.0%	N/A		100.0%	100.0%	100.0%	100.0%	N/A	100.0%	N/A											

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 7/01/2022 to 7/31/2022
 Report created 8/22/2022

ER utilization based on Claims data	2021-08	2021-09	2021-10	2021-11	2021-12	2021-Trenc	2022-01	2022-02	2022-03	2022-04	2022-05	2022-06	2022-07	2022-Trenc	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Qtr Trend	CY- 2021	YTD-2022	YTD-Trend
Pending	0	2	2	3	2		0	0	0	1	2	3	4		0	0	2	7	0	6		9	7	
Ineligible	2	3	8	4	7		6	9	3	7	14	8	3		38	32	7	19	18	29		96	52	
Total Outreached	160	101	108	151	165		141	138	175	182	183	199	126		511	366	404	424	454	564		1,705	1,144	
Engaged	40	20	24	29	18		35	49	73	75	73	76	38		119	99	102	71	157	224		391	418	
Engagement Rate	25%	20%	22%	19%	11%		25%	36%	42%	41%	40%	38%	30%		23%	27%	25%	17%	35%	40%		23%	37%	
New Cases Opened	40	20	24	29	18		35	49	73	75	73	76	38		119	99	102	71	157	224		391	418	
Total Cases Managed	291	274	262	251	237		225	227	270	283	309	312	313		344	354	336	307	344	432		621	606	
Total Cases Closed	39	35	38	33	47		44	30	62	46	73	35	62		95	114	104	118	136	154		431	352	
Cases Remained Open	160	166	188	204	180		170	188	199	221	231	263	247		225	115	166	180	199	263		180	247	
	Integrated Case Management						Integrated Case Management						Integrated Case Management						Integrated Case Management					
Total Number Of Referrals	136	132	121	86	77		90	83	115	137	135	231	192		352	305	372	284	288	503		1,313	983	
Pending	0	2	2	4	6		0	0	1	1	1	5	7		0	0	2	12	1	7		14	12	
Ineligible	10	10	8	9	12		9	4	3	3	10	11	9		35	17	26	29	16	24		107	49	
Total Outreached	126	120	111	73	59		81	79	111	133	124	215	176		317	288	344	243	271	472		1,192	922	
Engaged	77	73	83	48	38		48	52	85	84	85	171	157		224	192	205	169	185	340		790	684	
Engagement Rate	61%	61%	75%	66%	64%		59%	66%	77%	63%	69%	80%	89%		71%	67%	60%	70%	68%	72%		66%	74%	
Total Screened and Refused/Decline	15	12	12	11	3		4	4	11	14	17	14	10		28	34	39	26	19	45		127	75	
Unable to Reach	34	35	16	14	18		29	23	15	35	22	30	9		65	62	100	48	67	87		275	163	
New Cases Opened	77	73	83	48	38		48	52	85	84	85	171	157		224	192	205	169	185	340		790	684	
Total Cases Closed	84	81	82	78	78		78	46	57	64	82	92	100		171	184	222	238	181	238		815	519	
Cases Remained Open	230	224	292	301	258		233	235	267	293	287	368	414		330	166	224	258	267	368		258	414	
Total Cases Managed	435	432	431	395	354		322	296	334	366	386	473	539		526	537	566	516	458	622		1104	968	
Critical-Complex Acuity	57	48	46	44	40		39	38	35	40	38	43	44		74	64	61	53	44	60		120	79	
High/Moderate/Low Acuity	378	384	385	351	314		283	258	299	326	348	430	495		452	473	505	463	414	562		984	889	
	Transitional Case Management						Transitional Case Management						Transitional Case Management						Transitional Case Management					
Total Number Of Referrals	138	101	94	105	80		86	91	75	75	115	136	140		573	663	354	279	252	326		1,869	718	
Pending	0	0	0	0	5		0	0	0	0	0	15	4		0	0	0	5	0	15		5	4	
Ineligible	10	10	7	13	8		6	10	5	4	5	11	8		70	84	41	28	21	20		223	52	
Total Outreached	128	91	87	92	67		80	81	70	71	110	110	128		503	579	313	246	231	291		1,641	662	
Engaged	97	66	63	70	45		53	54	51	49	82	81	123		275	408	236	178	158	212		1,097	495	
Engagement Rate	76%	73%	72%	76%	67%		66%	67%	73%	69%	75%	74%	96%		55%	70%	75%	72%	68%	73%		67%	75%	
Total Screened and Refused/Decline	6	1	4	3	1		1	3	0	1	5	5	2		52	26	11	8	4	11		97	18	
Unable to Reach	25	24	20	19	21		26	24	19	21	23	24	3		176	145	66	60	69	68		447	149	
New Cases Opened	97	66	63	70	45		53	54	51	49	82	81	123		275	408	236	178	158	212		1,097	495	
Total Cases Closed	74	109	48	65	73		49	30	59	46	60	114	83		247	387	315	186	138	220		1,135	440	
Cases Remained Open	67	40	50	62	50		45	75	71	70	80	56	100		92	60	40	50	71	56		50	100	
Total Cases Managed	182	174	125	147	126		106	113	133	123	158	186	199		366	487	388	242	214	297		1214	570	
High/Moderate/Low Acuity	182	174	125	147	126		106	113	133	123	158	186	199		366	487	388	242	214	297		1214	570	
	Palliative Care						Palliative Care						Palliative Care						Palliative Care					
Total Number Of Referrals	9	12	10	15	12		7	7	10	9	10	13	10		42	42	34	37	24	32		155	66	
Pending	0	0	0	0	3		0	0	0	0	0	1	3		0	0	0	3	0	1		3	3	
Ineligible	3	5	6	7	5		3	6	2	2	1	3	1		14	12	10	18	11	6		54	18	
Total Outreached	6	7	4	8	4		4	1	8	7	9	9	6		28	30	24	16	13	25		98	45	
Engaged	5	6	2	7	3		3	1	5	6	5	8	4		20	20	20	12	9	19		72	32	
Engagement Rate	83%	86%	50%	88%	75%		75%	100%	63%	86%	56%	89%	67%		71%	67%	83%	75%	69%	76%		73%	71%	
Total Screened and Refused/Decline	1	0	2	1	0		0	0	2	0	1	1	1		6	6	3	3	2	2		18	5	
Unable to Reach	0	1	0	0	1		1	0	1	1	3	0	1		2	4	1	1	2	4		8	8	
New Cases Opened	5	6	2	7	3		3	1	5	6	5	8	4		20	20	20	12	9	19		72	32	
Total Cases Closed	5	6	14	4	3		11	9	3	6	1	5	4		15	19	20	21	23	12		75	39	
Cases Remained Open	66	71	76	84	83		80	74	73	74	77	82	83		91	46	71	83	73	82		83	83	
Total Cases Managed	104	105	101	94	93		94	84	79	84	83	90	88		114	116	118	111	99	97		166	129	
	Behavioral Health Case Management						Behavioral Health Case Management						Behavioral Health Case Management						Behavioral Health Case Management					

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 7/01/2022 to 7/31/2022
 Report created 8/22/2022

ER utilization based on Claims data	2021-08	2021-09	2021-10	2021-11	2021-12	2021-Trenc	2022-01	2022-02	2022-03	2022-04	2022-05	2022-06	2022-07	2022-Trenc	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Qtr Trend	CY- 2021	YTD-2022	YTD-Trend
Total Number Of Referrals	90	111	120	103	82		73	100	122	110	107	102	94		251	262	292	305	295	319		1,110	707	
Pending	0	0	0	1	13		0	0	0	0	0	9	8		0	0	0	14	0	9		14	8	
Ineligible	6	5	3	5	4		8	13	4	4	4	3	0		12	7	13	12	25	11		44	41	
Total Outreached	84	106	117	97	65		65	87	118	106	103	90	86		239	255	279	279	270	299		1,052	658	
Engaged	53	57	63	51	35		44	50	70	71	73	59	57		115	122	151	149	164	203		537	425	
Engagement Rate	63%	54%	54%	53%	54%		68.0%	57.0%	59.0%	67.0%	71.0%	66%	66%		48%	48%	54%	53%	61%	68%		51%	65%	
Total Screened and Refused/Decline	0	0	0	1	1		0	2	9	4	3	4	6		5	1	1	2	11	11		9	29	
Unable to Reach	31	49	54	45	29		21	35	39	31	27	27	23		119	132	127	128	95	85		506	204	
New Cases Opened	53	57	63	51	35		44	50	70	71	73	59	57		115	122	151	149	164	203		537	425	
Total Cases Closed	45	53	53	51	51		35	43	56	39	51	52	73		105	107	148	155	134	142		515	348	
Cases Remained Open	84	91	116	128	116		123	133	149	176	200	212	194		101	80	91	116	149	212		116	194	
Total Cases Managed	173	182	192	191	176		172	187	216	227	261	269	276		220	236	280	278	293	359		640	552	
Critical-Complex Acuity	7	9	12	10	11		12	11	12	13	12	12	12		11	15	12	14	18	15		28	23	
High/Moderate/Low Acuity	166	173	180	181	165		160	176	204	214	249	257	264		209	221	268	264	275	344		612	529	

Item #8

Attachment 8.E

QIUM Quarterly Report



REPORT SUMMARY TO COMMITTEE

TO: Fresno-Kings-Madera Regional Health Authority Commissioners

FROM: Patrick C. Marabella, MD
Amy R. Schneider, RN

COMMITTEE

DATE: September 15th, 2022

SUBJECT: CalViva Health QI & UMCM Update of Activities Quarter 2 2022 (September 2022)

Purpose of Activity:

This report is to provide the RHA Commission with an update on the CalViva Health QI & UMCM performance, program and regulatory activities in Quarter 2 of 2022.

I. Meetings

One meeting was held in Quarter 2, in May 2022. The following guiding documents were approved at the May meeting:

1. 2021 Health Equity End of Year Evaluation
2. 2022 Health Equity Program Description
3. 2022 Health Equity Work Plan
4. 2021 Health Equity Language Assistance Program Report
5. 2021 Health Education End of Year Evaluation
6. 2022 Health Education Program Description
7. 2022 Health Education Work Plan

In addition, the following general document was approved at the meeting:

1. Medical Policies

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

1. The **Appeal and Grievance Dashboard & Quarterly A & G Reports** provide a summary of all grievances in order to track volumes, turn-around times and case classifications. A year-to-year evaluation is also presented.
 - a. The total number of grievances through March 2022 (Q1) remained consistent when compared to 2021 results.
 - b. Quality of Care Grievances are higher when compared to last year's end of year totals.
 - c. Exempt Grievances remain consistent when compared to last year's end of year totals.
 - d. As expected, Appeals for Q1 2022 have decreased when compared to last year due to the implementation of Medi-Cal Rx (medication related appeals are managed by the state) and improvements noted for Advanced Imaging.
 - e. Transportation related metrics demonstrate increase in volumes with some late and missed transports. This issue is being monitored closely to ensure improvement plans and CAPs are in place and actions are taken when indicated.
 - f. The **A & G Member Letter Monitoring Report** provides a summary of the daily audits of acknowledgement and resolution letters. The most common issue in Q1 was related to CPT codes

that needed to be removed. It was also noted that the Corrective Action Plan (CAP) related to use of “clear and concise” language from the 2019 DMHC audit has been cleared. The process for A & G letter monitoring going forward is currently under review.

2. The **Potential Quality Issues (PQI) Report** provides a summary of issues (PQIs) identified during the reporting period that may result in substantial harm to a CVH member. PQI reviews may be initiated by a member, non-member or peer review-activities. 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. Data for Q1 was reviewed for all case types including the follow up actions taken when indicated. The number of cases reviewed in Quarter 1 were consistent with or slightly lower than recent months. Follow up occurs when indicated.
3. **Provider Office Wait Time Report** summarizes efforts to monitor how long members wait to be seen by a provider in the office or clinic. This is one of the ways we monitor timely access to care and services. In Q1 2022, all three counties were within the 30-minute office wait time threshold for both mean and median metrics. Forty (40) providers submitted office wait time data in quarter 1 for a total of 835 patients monitored. This is lower than prior quarters. Provider Engagement will assist with reminding and re-educating office staff.
3. **Additional Quality Improvement Reports** as scheduled for presentation at the QI/UM Committee during Q2.

III. **UMCM Reports** - The following is a summary of the reports and topics reviewed:

1. **The Key Indicator Report (KIR) & UM Concurrent Review Report** provide data through March 31st, 2022. Quarterly comparisons are reviewed with the following results:
 - a. Overall membership continues to increase. A summary was shared that provided a comparison of Admissions, Bed Days, Average Length of Stay, and Readmissions in Q1 2022 compared to Q2 2020. All of these metrics demonstrated a decrease for this time period.
 - b. ER rates remained steady in Q1 2022 when compared to Q2 2020.
2. The **Case Management and CCM Report** for Quarter 1 was presented. This report summarizes the case management, transitional care management, MemberConnections, palliative care, and Emergency Department (ED) diversion activities for 2022 first quarter and 2021 utilization related outcomes through 12/31/21. CM continued to support member education related to COVID-19 and provided vaccine information during outreach.
 - a. Variation in the number of referrals noted for some programs. TCM & Behavioral Health programs encountered some operational challenges.
 - b. Limited success with telephonic outreach to members referred to some CM programs due to incorrect phone numbers.
 - c. Staffing constraints secondary to COVID and absenteeism
Activities initiated to increase referrals, monitor productivity and continue quality audits.
3. **Additional UMCM Reports** including Concurrent Review IRR Report, TurningPoint, and others scheduled for presentation at the QI/UM Committee during Q2.

IV. **HEDIS® Activity**

In Q2, HEDIS® related activities were focused on finalizing and preparing **Measurement Year (MY)2021 full HEDIS® Data for submission** to HSAG & DHCS for the Managed Care Accountability Set (MCAS) measures. Final Attestations and IDSS submission were completed by the June 15th deadline. Medi-Cal Managed Care (MCMC) health plans currently have 18 quality measures (MCAS) that we will be evaluated on this year. The Minimum Performance Level (MPL) remains at the 50th percentile.

Our current improvement projects are:

- **Breast Cancer Screening (BCS) PIP** (*Performance Improvement Disparity Project*)
continued this year. Interventions in progress during Q2 included Southeast Asian Women

Testimonial videos with Mobile Mammogram Events. We are abandoning our Hmong Sisters Educational Event.

- **Cervical Cancer Screening (CCS)**– *Two PDSA cycles were completed with positive results using educational outreach and member incentives.*
- **Diabetes – (CDC-H9)** *Two PDSA cycles completed with positive results using outreach and incentives initially to complete HbA1c testing, followed by dietitian-lead education (in-person and virtual) to provide strategies for lowering HbA1c levels.*
- **Childhood Immunizations (CIS-10)** *(Performance Improvement Project) PIP continued this year. Interventions in Q2 including ongoing Texting Campaign and Saturday Immunization Event to facilitate completion of childhood immunizations for 0 to 2 years old.*

Additionally, each Plan is required to report on what is called the “COVID-19 Quality Improvement Plan (QIP)”. This is a selection of 3 or more improvement strategies that demonstrate how the Plan has/will adapt to improve the health/wellness of its members during the COVID 19 Emergency. These interventions are to be associated with preventive services, chronic illness and/or behavioral health. The CalViva COVID-QIP submission in Q2 provided responses to questions and additional information to DHCS in following up to our March submission. Anticipate closure later this year.

VI. Findings/Outcomes

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

Item #8

Attachment 8.F

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
Amy R. Schneider, RN

COMMITTEE DATE: September 15th, 2022

SUBJECT: CalViva Health Credentialing Sub-Committee Report of Activities in Quarter 3 2022

Purpose of Activity:

This report is to provide the QI/UM Committee and RHA Commission with a summary of the 3rd Quarter 2022 CalViva Health Credentialing Sub-Committee activities.

- I. The Credentialing Sub-Committee met on July 21st, 2022. At the July 21st meeting, routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services.
- II. Reports covering the first quarter for 2022 were reviewed for delegated entities and the second quarter 2022 for MHN and Health Net. A summary of the first quarter data is included in the table below.

III. Table 1. First Quarter 2022 Credentialing/Recredentialing

	Sante	ChildNet	MHN	Health Net	La Salle	ASH	Envolve Vision	IMG	CVMP	Adventist	Totals
Initial credentialing	20	9	35	8	17	0	2	5	4	0	100
Recredentialing	0	24	18	5	32	1	8	11	44	18	161
Suspensions	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
Totals	20	33	53	13	49	1	10	16	48	18	261

- IV. There were no cases to report on for the Quarter 2 2022 Credentialing Report from Health Net.

Item #8

Attachment 8.G

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
Amy R. Schneider, RN

COMMITTEE DATE: September 15th, 2022

SUBJECT: CalViva Health Peer Review Sub-Committee Report of Activities in Quarter 3 2022

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 21st, 2022. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 2 2022 were reviewed for approval. There were no significant cases to report.
- II. The Quarter 2, 2022 Peer Count Report was presented at the meeting with a total of sixteen (16) cases reviewed. The outcomes for these cases are as follows:
 - There were six (6) case closed and cleared. There was one (1) case closed with administrative termination. There were no (0) cases pending closure for Corrective Action Plan compliance or cases with outstanding CAPs. There were nine (9) cases pended for further information.
- III. Follow up will be initiated to obtain additional information for the tabled cases and ongoing monitoring and reporting will continue.

Item #8

Attachment 8.H

Executive Dashboard



Month	2021 July	2021 August	2021 September	2021 October	2021 November	2021 December	2022 January	2022 February	2022 March	2022 April	2022 May	2022 June	2022 July
CVH Members													
Fresno	312,453	313,499	314,657	315,334	316,422	317,500	321,656	322,473	324,116	325,345	326,706	328,315	330,629
Kings	32,699	32,883	33,043	33,114	33,260	33,378	34,008	34,122	34,280	34,457	34,780	34,935	35,216
Madera	41,662	41,802	41,951	42,058	42,175	42,247	42,804	42,838	43,033	43,263	43,528	43,819	44,285
Total	386,814	388,184	389,651	390,506	391,857	393,125	398,468	399,433	401,429	403,065	405,014	407,069	410,130
SPD	33,946	33,941	34,219	34,573	34,722	34,783	34,882	34,976	35,147	35,225	35,420	35,710	35,896
CVH Mrkt Share	69.51%	69.44%	69.41%	69.33%	69.27%	69.20%	68.85%	68.79%	68.74%	68.66%	68.61%	68.58%	68.41%
ABC Members													
Fresno	124,688	125,549	126,085	126,859	127,696	128,522	132,511	133,212	134,230	135,210	136,115	137,062	139,004
Kings	21,498	21,602	21,733	21,824	21,978	22,078	22,652	22,758	22,853	22,985	23,185	23,312	23,622
Madera	23,490	23,712	23,892	24,064	24,196	24,366	25,154	25,242	25,470	25,754	26,023	26,168	26,745
Total	169,676	170,863	171,710	172,747	173,870	174,966	180,317	181,212	182,553	183,949	185,323	186,542	189,371
Default													
Fresno	501	596	517	607	759	642	770	690	803	762	707	576	566
Kings	95	113	117	126	171	100	158	143	136	144	186	138	133
Madera	93	92	75	85	99	87	126	106	106	110	106	82	101
County Share of Choice as %													
Fresno	58.90%	58.80%	63.90%	54.40%	58.30%	57.80%	56.40%	56.50%	59.80%	58.30%	62.40%	61.80%	65.10%
Kings	53.10%	60.40%	56.00%	47.70%	51.60%	47.90%	54.20%	44.70%	51.50%	52.70%	57.10%	56.50%	47.90%
Madera	58.90%	54.50%	50.40%	57.90%	55.80%	56.80%	54.40%	53.50%	56.30%	58.60%	64.00%	69.50%	61.60%
Voluntary Disenrollment's													
Fresno	643	444	441	438	451	477	439	346	405	464	481	458	389
Kings	46	42	56	50	49	21	52	44	45	36	60	35	48
Madera	56	71	65	72	65	42	64	48	50	66	79	53	53

IT Communications and Systems			
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 Age of Workstations	5 Years	Description: Identifies the average Computer Age of company owned workstations.
Message From The CEO	At present time, there are no significant issues or concerns as it pertains to the Plan's IT Communications and Systems. Items to note: Efforts continue to upgrade our computers and monitors, servers and spam filters. Ongoing risk management activities are also being deployed on an ongoing basis.		



CalViva Health
Executive Dashboard

		Year	2021	2021	2021	2021	2022	2022
		Quarter	Q1	Q2	Q3	Q4	Q1	Q2
Member Call Center CalViva Health Website	(Main) Member Call Center	# of Calls Received	26,346	26,971	28,736	26,972	31,993	26,858
		# of Calls Answered	26,119	26,664	28,391	26,570	31,509	26,465
		Abandonment Level (Goal < 5%)	0.90%	1.10%	1.20%	1.50%	1.50%	1.50%
		Service Level (Goal 80%)	93%	85%	87%	92%	95%	94%
	Behavioral Health Member Call Center	# of Calls Received	1,196	1,232	1,182	1,076	1,365	1,511
		# of Calls Answered	1,189	1,220	1,166	1,068	1,352	1,490
		Abandonment Level (Goal < 5%)	0.60%	1.00%	1.40%	0.70%	1.00%	1.40%
		Service Level (Goal 80%)	94%	89%	85%	90%	89%	88%
	Transportation Call Center	# of Calls Received	7,364	7,768	6,737	8,470	8,062	9,278
		# of Calls Answered	7,209	7,628	6,663	8,411	8,014	9,241
		Abandonment Level (Goal < 5%)	1.60%	1.30%	0.80%	0.40%	0.50%	0.20%
		Service Level (Goal 80%)	61%	61%	75%	85%	85%	88%
	CalViva Health Website	# of Users	33,000	26,000	26,000	22,000	28,000	25,000
Top Page		Main Page	Main Page	Main Page	Main Page	Provider Search	Provider Search	
Top Device		Mobile (57%)	Mobile (62%)	Mobile (65%)	Mobile (62%)	Mobile (62%)	Mobile (59%)	
Session Duration		~ 1 minutes	~ 1 minutes	~ 2 minutes	~ 2 minutes	~ 2 minutes	~ 2 minutes	
Message from the CEO	At present time, there are no significant issues or concerns as it pertains to the Plan's Member Call Center and CalViva Health Website. Q2 2022 numbers are available.							



CalViva Health
Executive Dashboard

Provider Network & Engagement Activities	Year	2022	2022	2022	2022	2022	2022	2022	
	Month	Jan	Feb	Mar	Apr	May	Jun	Jul	
	Hospitals	10	10	11	11	11	11	11	
	Clinics	144	144	144	144	150	154	155	
	PCP	364	366	371	374	378	379	390	
	PCP Extender	263	267	274	271	263	264	267	
	Specialist	1409	1417	1437	1446	1454	1435	1430	
	Ancillary	247	246	247	250	254	261	256	
	Year	2020	2021	2021	2021	2021	2022	2022	
	Quarter	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
	Behavioral Health	359	376	412	430	447	472	497	
	Vision	46	47	44	45	43	39	39	
	Urgent Care	11	12	12	13	13	14	10	
	Acupuncture	7	7	8	6	5	5	6	
	Year	2020	2020	2021	2021	2021	2021	2022	
	Quarter	Q3	Q4	Q1	Q2	Q3	Q4	Q1	
	% of PCPs Accepting New Patients - Goal (85%)	94%	94%	95%	96%	95%	95%	95%	
	% Of Specialists Accepting New Patients - Goal (85%)	96%	96%	96%	96%	96%	96%	97%	
	% Of Behavioral Health Providers Accepting New Patients - Goal (85%)	96%	98%	97%	96%	96%	97%	97%	
	Year	2022	2022	2022	2022	2022	2022	2022	
	Month	Jan	Feb	Mar	Apr	May	Jun	Jul	
	Providers Touched by Provider Relations	93	149	146	142	128	128	133	
	Provider Trainings by Provider Relations	198	750	392	892	423	198	523	
	Year	2016	2017	2018	2019	2020	2021	2022	
	Total Providers Touched	2,604	2,786	2,552	1,932	3,354	1,952	919	
	Total Trainings Conducted	530	762	808	1,353	257	3,376	3,376	
	Message From the CEO	At present time, there are no significant issues or concerns as it pertains to the Plan's Provider Network Activities & Provider Relations.							

	Year	2020	2020	2021	2021	2021	2021	2022
	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	97% / 99% N/A	99% / 99% N/A	99% / 99% N/A	99% / 99% N/A	99% / 99% N/A	99% / 99% N/A	96% / 99% 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	99% / 100% NO	100% / 100% NO	99% / 100% NO
	Vision Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO
	Transportation Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	99% / 99% NO	99% / 99% NO
	PPG 1 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	95% / 99% NO	93% / 99% NO	97% / 99% YES	97% / 99% YES
	PPG 2 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	95% / 100% NO	95% / 100% NO	91% / 98% NO	91% / 100% NO	84% / 93% NO	88% / 95% NO	80% / 95% NO
	PPG 3 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	93% / 100% NO	92% / 100% NO	98% / 99% NO	89% / 99% NO	96% / 99% YES	63% / 99% YES	95% / 99% YES
	PPG 4 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% YES	99% / 100% YES	99% / 100% YES	98% / 100% YES	98% / 100% YES	98% / 99% YES	97% / 100% NO
	PPG 5 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	98% / 98% YES	99% / 100% YES	93% / 98% NO	100% / 100% NO	99% / 99% YES	99% / 100% YES	97% / 97% NO
	PPG 6 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	99% / 100% YES	90% / 92% YES	100% / 100% NO	100% / 100% YES	99% / 100% YES	98% / 100% YES	84% / 89% NO
	PPG 7 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	99% / 100% NO	100% / 100% NO	99% / 100% NO	96% / 100% NO	95% / 100% NO	91% / 96% NO
	PPG 8 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	98% / 100% NO	96% / 100% NO	93% / 100% NO	98% / 100% NO	73% / 98% NO	89% / 96% NO
	Message from the CEO	At present time, there are no significant issues or concerns as it pertains to the Plan's Claims Processing activities. Quarter 2 2022 numbers are not yet currently available.						



CalViva Health
Executive Dashboard

	Year	2020	2020	2021	2021	2021	2021	2022	
	Quarter	Q3	Q4	Q1	Q2	Q3	Q4	Q1	
Provider Disputes	Medical Provider Disputes Timeliness (45 days) Goal (95%)	99%	99%	99%	99%	99%	99%	99%	
	Behavioral Health Provider Disputes Timeliness (45 days) Goal (95%)	100%	100%	100%	100%	100%	100%	100%	
	Acupuncture Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	Vision Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	100%	100%	100%	100%	
	Transportation Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	N/A	N/A	N/A	N/A	100%	N/A	
	PPG 1 Provider Dispute Timeliness (45 Days) Goal (95%)	91%	88%	95%	99%	96%	94%	97%	
	PPG 2 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	100%	100%	100%	100%	
	PPG 3 Provider Dispute Timeliness (45 Days) Goal (95%)	97%	66%	35%	66%	96%	99%	97%	
	PPG 4 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	100%	99%	100%	100%	
	PPG 5 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	97%	99%	97%	100%	97%	
	PPG 6 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	100%	100%	100%	100%	
	PPG 7 Provider Dispute Timeliness (45 Days) Goal (95%)	98%	99%	99%	98%	79%	39%	91%	
	PPG 8 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	100%	100%	N/A	100%	
	Message from the CEO	At present time, there are no significant issues, concerns, or items to note as it pertains to the Plan's Provider Disputes processing activities. Quarter 2 2022 numbers are not yet currently available.							

Item #8

Attachment 8.1

Medi-Cal Procurement Update

Commission

Fresno County

David Luchini, Director
Public Health Department

David Cardona, M.D.
At-large

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

Sal Quintero
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

Harold Nikoghosian
At-large

Madera County

David Rogers
Board of Supervisors

Sara Bosse
Public Health Director

Aftab Naz, M.D.
At-large

Regional Hospital

Vacant
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

Jeffrey Nkansah
Chief Executive Officer
7625 N. Palm Ave., Ste. 109
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DATE: September 15, 2022

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Jeffrey Nkansah, CEO

RE: Medi-Cal Procurement

BL #: 22-013

Agenda Item 8

Attachment 1

BACKGROUND:

1. On February 9, 2022 the California Department of Health Care Services ("DHCS") released a RFP for its commercial Medi-Cal managed care plan (MCP) contractors that will redefine how care is delivered to more than 12 million Californians.
 - a. Commercial Managed Care Plan Proposals were due April 11, 2022
 - b. DHCS expects to award contracts to selected plans in August 2022
 - c. New Contracts will become effective on January 1, 2024
 - d. Local Plans, for example CalViva Health, do not have to participate in the RFP in accordance with current State Law, however, they will be subject to the same contractual requirements.
2. On February 4, 2022, DHCS proposed to enter into a direct contract with Kaiser Permanente ("Kaiser") as a Medi-Cal Managed Care Plan within new geographic regions of the State, effective January 1, 2024 for a five year contract term, with potential contract extensions.

INFORMATION:

- On August 25, 2022, DHCS announced the results of the RFP for its Commercial Medi-Cal Managed Care Plan (MCP) contractors. The following entities were awarded contracts:
 - Molina Health Care (Counties: Los Angeles, Riverside, San Bernardino, Sacramento, San Diego)
 - Anthem Blue Cross Partnership Plan (Counties: Alpine, Amador, Calaveras, El Dorado, Fresno, Inyo, Kern, Kings, Madera, Mono, Santa Clara, San Francisco, Sacramento, Tuolumne)
 - Health Net (Amador, Calaveras, Inyo, Mono, San Diego, San Joaquin, Stanislaus, Tulare, Tuolumne) were awarded contracts.
- For Fresno, Kings, and Madera Counties, CalViva Health will remain the local plan available to **all Medi-Cal beneficiaries**. Anthem (Blue Cross) will remain the commercial plan available to **all Medi-Cal beneficiaries**. Kaiser will join effective January 1, 2024 and will be available to **limited Medi-Cal beneficiaries**.