

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission
Meeting Minutes**
July 18, 2024

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, M.D., 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	✓	Lisa Lewis, Ph.D., 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		Jennifer Armendariz, 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., Senior Director of Medical Management
✓	Patrick Marabella, M.D., Chief Medical Officer (CMO)	✓	Cheryl Hurley, Commission Clerk, Director Office/HR
		✓	Sia Xiong-Lopez, Equity Officer
General Counsel and Consultants			
✓*	Jason Epperson, General Counsel		
✓ = Commissioners, Staff, General Counsel Present			
* = Commissioners arrived late/or left early			
● = Attended via Teleconference			

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
#1 Call to Order	The meeting was called to order at 1:30 pm. A quorum was present.		
#2 Roll Call	A roll call was taken for the current Commission Members.		A roll call was taken

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Cheryl Hurley, Clerk to the Commission	<i>Due to time constraints, and at the direction of general counsel, agenda items were reported out of sequence as listed on the agenda to ensure a quorum was available for all action items. Each discussion item below is listed with original agenda item number.</i>		
<p>#3 Consent Agenda</p> <ul style="list-style-type: none"> • Commission Minutes dated 5/16/24 • Finance Committee Minutes dated 3/21/24 • QI/UM Committee Minutes dated 3/21/24 • Public Policy Committee Minutes dated 3/6/24 • Finance Committee Charter • Credentialing Committee Charter • Peer Review Committee Charter • QIUM Charter • Public Policy Committee Charter • Compliance Report <p>Action D. Hodge, MD, Chair</p>	All consent items were presented and accepted as read.		<p>Motion: Consent Agenda was approved.</p> <p>9 – 0 – 0 – 7</p> <p>(Neves / Naz)</p>
<p>#5 Promotores Network 10 Year Anniversary</p> <p>Information Courtney Shapiro, Director of Community Relations & Marketing</p>	Courtney Shapiro, Director of Community Relations & Marketing, presented award certificates to the Promotores for their 10 year anniversary.		No Motion

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<p>#4 Closed Session</p>	<p>Jason Epperson, General Counsel, reported out of closed session. The Commission discussed in closed session the item agenda'd for closed session discussion, 4.A Public Employee Appointment, Employment, Evaluation, or Discipline position title Chief Executive Officer pursuant to Government Code Section 54957(b)(1), motion was made by Supervisor Rogers, seconded by David Luchini, with a unanimous vote, to continue the CEO's current contract with a 5% increase in base pay effective on the anniversary date of the CEO's current contract.</p> <p>There was no other reportable action and the Commission adjourned Closed Session at 1:44 pm.</p>		<p><i>Motion: Approve annual review of CEO with a base pay increase.</i></p> <p>9-0-0-7</p> <p><i>(Rogers / Luchini)</i></p>
<p>#8 FKM RHA Revised Bylaws</p> <p>Action J. Nkansah, CEO</p>	<p>Jeff Nkansah presented the revised bylaws for approval. The Bylaws needed to be revised due to CalViva Health's intent to pursue NCQA Health Equity Accreditation. The recommended changes were proposed by CalViva Health's NCQA consultant and in addition they were reviewed and approved by general counsel prior to presenting to the Commission. An additional change, unrelated to NCQA and Health Equity, was to update Robert's Rules of Order to Rosenberg's Rules of Order, as our general counsel stated this is how the Commission meetings have been operating.</p>	<p><i>Dr. Hodge pointed out that the title of Section 4.18 is to be revised to read Rosenberg's Rules of Order, to coincide with this revision.</i></p>	<p><i>Motion: Revised Bylaws were approved with edit of Section 4.18.</i></p> <p>9-0-0-7</p> <p><i>(Neves / Rogers)</i></p>
<p>#10 Revised Annual Delegation Oversight of Health Net</p> <p>Action J. Nkansah, CEO</p>	<p>The 2023 Annual Delegation Oversight and Monitoring Report of Health Net was originally presented to the Commission in February 2024. Although the prior version of the report was approved and Health Net passed the Oversight and Monitoring Reviews Conducted, there was a section under Performance Standards HEDIS/MCAS which was still identified as "To Be Determined" as of February 15, 2024. A determination is now available.</p> <p>The RHA acknowledged Health Net's acceptance to pay the \$72,000 DHCS penalty of which DHCS directly sanctioned CalViva Health for HEDIS/MCAS measures which were below the MPL, however, the RHA must also uphold its contractual performance standards with Health Net and assess a Performance Penalty of \$53,333 due to the existence of a HEDIS Measure (i.e. W30-6 in Fresno and Kings Counties) in RHA Counties performing below the Minimum Performance Level as identified by RHA and confirmed by Health Net.</p>		<p><i>Motion: The revised Annual Delegation Oversight of Health Net was approved.</i></p> <p>9-0-0-7</p> <p><i>(Neves / Bosse)</i></p>

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	<p>The measure was confirmed by RHA and Health Net to be below the Minimum Performance Level and did not meet the requirements of being exempt from the RHA performance penalty. The revised Annual Delegation Oversight of Health Net report includes an update to reflect a Monetary Payment of \$53,333 being assessed.</p>		
<p>#6 Review of Fiscal Year End 2024 Goals</p> <p>Information J. Nkansah, CEO</p>	<p>Results for fiscal year end 2024 goals were presented to Commissioners. Jeff Nkansah noted an error in the report presented in the Commission Packet. In regard to Market Share, it actually decreased rather than increased from the prior fiscal year by 1%, The decrease was primarily related to the default formula related to auto assignment during that fiscal year. The decrease is also attributed to the COVID PHE ending and members moving off of the plan due to ineligibility, and lastly Kaiser enrolling Medi-Cal members as of 1/1/2024.</p> <p>All deliverables were completed in regard to the 2024 Medi-Cal Contract Readiness and the contract with DHCS was renewed for an additional five years.</p> <p>The Plan was successful in submitting the accreditation survey on May 7, 2024. A preliminary report has been received and the Plan landed at 100% in terms of the accreditation score. Those results are currently going through the NCQA executive committee and oversight committee, which is an NCQA routine process. The Plan has no reason to believe there will be anything identified to change the preliminary scores.</p> <p>With reference to Health Equity accreditation, activities are ongoing.</p> <p>With regard to DEI, the Plan has hired an Equity Officer, and equity activities are ongoing.</p>		<p><i>No Motion</i></p>
<p>#7 Goals & Objectives for FY 2025</p> <p>Action J. Nkansah, CEO</p>	<p>The goals and objectives for FY 2025 were presented to Commissioners.</p> <p>Regarding Medical Management/Quality Improvement activities, the focus is on integrating health equity and the LEAN Methodology in Quality Improvement activities as well as ongoing performance improvement projects (PIPs).</p>		<p><i>Motion: Approve Community Funding Grant Recommendations</i></p> <p><i>9 – 0 – 0 – 7</i></p> <p><i>(Neves / Rahn)</i></p>

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	<p>With regard to tangible net equity (TNE), this goal has been updated to reflect both DHCS and DMHC requirements.</p> <p>For NCOA Health Equity Accreditation, the submission date is targeted for March 11, 2025. The NCOA Health Equity Accreditation activities have started via the Plan's new Equity Officer.</p>		
<p>#13 Standing Reports</p> <ul style="list-style-type: none"> Finance Reports Daniel Maychen, CFO 	<p>Finance</p> <p><u>Financials as of May 31, 2024:</u></p> <p>Total current assets recorded were approximately \$454.5M; total current liabilities were approximately \$304.7M. Current ratio is approximately 1.49. Total net equity as of the end of May 2024 was approximately \$159.7M, which is approximately 890% above the minimum DMHC required TNE amount.</p> <p>Interest income actual earned was approximately \$7.6M, which is approximately \$4.3M more than budgeted due to rates being higher than projected. Premium capitation income actual recorded was approximately \$1.92B which is approximately \$328.4M more than budgeted due to MCO taxes that DHCS paid the Plan related to FY 2023 in FY 2024, which accounts for approximately \$125.5M, the remaining is related to rates and enrollment being higher than projected.</p> <p>Admin service agreement fees expense actual recorded was approximately \$52.8, which is approximately \$5.3M more than budgeted due to enrollment being higher than budgeted. Taxes actual recorded was approximately \$611.3M, which is approximately \$125.5M more than budgeted due DHCS paying the Plan MCO taxes related to the prior fiscal year (FY 2023), in FY 2024. All other expense line items are in line or below what was budgeted.</p> <p>Net income through May 31, 2024, actual recorded was approximately \$18.3M, which is approximately \$10.2M more than budgeted primarily due to interest income being higher than projected by \$4.3M, and rates and enrollment being higher than projected.</p>		<p><i>Motion: Standing Reports Approved</i></p> <p><i>9-0-0-7</i></p> <p><i>(Neves / Naz)</i></p>

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<ul style="list-style-type: none"> Medical Management P. Marabella, MD, CMO 	<p>Medical Management</p> <p><u>Appeals and Grievances Dashboard</u></p> <p>Dr. Marabella presented the Appeals & Grievances Dashboard through May 31, 2024.</p> <ul style="list-style-type: none"> The total number of grievances through May 2024 has increased compared to 2023 counts. The Quality-of-Service category represents the highest volume of total grievances. For the Quality of Service (QOS) category, the types of cases noted to contribute the most to the increase are Access-Other (Prior Authorizations), Administrative (Balanced Billing), and Transportation. The volume of Quality of Care (QOC) cases remains consistent when compared to last year. The volume of Exempt Grievances also remains consistent. Total Appeals volume has increased from previous months, with the majority being Advanced Imaging, and Other (SNF-Long Term Care related). Upholds are trending up and overturn rates have declined slightly. <p><u>Key Indicator Report</u></p> <p>Dr. Marabella presented the Key Indicator Report (KIR) through May 31, 2024.</p> <p>A summary was shared that provided the most recent data for Membership, Admissions, Bed Days, Average Length of Stay, and Readmissions through May 2024.</p> <ul style="list-style-type: none"> Membership has had a slight increase and leveled off and utilization has remained consistent or increased slightly over the previous months. SPD utilization remains low. 		

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	<ul style="list-style-type: none"> • Acute Admissions, Bed Days, and Acute Length of Stay (all adjusted PTMPY), for TANF, MCE, and SPDs remain consistent with recent months with the following exceptions: <ul style="list-style-type: none"> ○ For Bed Days (adjusted PTMPY), SPDs show steady decline month over month. ○ Acute Length of Stay (adjusted PTMPY) decreased in May with SPDs decreasing month over month. • Turn-around time compliance remains at 100% with the exception of Preservice urgent at 98% and Deferrals routine at 98%. <p>Case Management (CM) and engagement rates are up, and all areas have improved.</p> <p><u>QIUM Quarterly Summary Report</u></p> <p>Dr. Marabella provided the QI, UMCM, and Population Health update for Q2 2024. One meeting was held in Quarter 2, on May 16, 2024.</p> <p>The following guiding documents were approved at the May meeting:</p> <ol style="list-style-type: none"> 1. 2023 Health Equity End of Year Evaluation 2. 2024 Health Equity Program Description 3. 2024 Health Equity Work Plan 4. 2023 Health Equity Language Assistance Program Report 5. 2023 Health Education End of Year Evaluation 6. 2023 PHM Effectiveness Analysis Report 7. 2024 PHM Strategy Program Description 8. 2023 Continuity & Coordination of Medical & Behavioral Healthcare Report 9. 2024 Continuity & Coordination of Medical & Behavioral Healthcare Report <p>In addition, the following general documents were approved at the meetings:</p> <ol style="list-style-type: none"> 1. Medical Policies 2. Pharmacy Provider Updates 3. Appeals & Grievances Policies & Procedures Annual Review 		

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	<p>The following Quality Improvement Reports were reviewed: Appeals and Grievances Dashboard and Quarterly A&G Reports, and Potential Quality Issues (PQI) Report. Additional Quality Improvement reports were reviewed as scheduled during Q2.</p> <p>The Utilization Management & Case Management reports reviewed were the Key Indicator Report & Concurrent Review Report, and NCQA System Controls Appeals & Denials Oversight Report 2023. Additional UMCM reports were reviewed as scheduled during Q2.</p> <p>The following Access Reports were reviewed: Access Work Group minutes from January 20, 2024, Access & After-Hours CAP & Evaluation, Practitioner Availability Report, and Accuracy of Prior Authorization and Referrals Information. Other Access-related reporting included Provider Office Wait Time Report for Q1 2024.</p> <p>Pharmacy quarterly reports reviewed were Pharmacy Executive Summary, Pharmacy Operations Metrics, Top 25 Medication Prior Authorization (PA) Requests, and the Quality Assurance Results which were all reviewed for Quarter 1 2024.</p> <p>HEDIS® Activity:</p> <p>In Q2, HEDIS® related activities were focused on finalizing and preparing Measurement Year (MY)2023 full HEDIS® Data for submission to HSAG & DHCS for the Managed Care Accountability Set (MCAS) measures. Final Attestations and IDSS submission were completed on June 14th. Medi-Cal Managed Care (MCMC) health plans currently have 18 quality measures (MCAS) on which we will be evaluated this year. The Minimum Performance Level (MPL) remains at the 50th percentile.</p> <p>Current improvement projects are:</p> <ul style="list-style-type: none"> • Clinical - Well Child Visits W-30+6 in AA/Black Population Performance Improvement Project (PIP)2023-2026. 		

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	<ul style="list-style-type: none"> • Non-clinical – Improve Provider Notifications within 7-days for Members Seen in the E.D. for SUD/MH Issue Performance Improvement Project (PIP) 2023-2026. • Institute for Healthcare Improvement (IHI) Equity Focused Well-Child Sprint Collaborative April 2024 through March 2025. • Lean (Green) Equity Improvement Projects in Kings (Child Domain) and Madera (Behavioral Health Domain) assigned in April 2024. • Comprehensive (Orange) Improvement Project in Fresno County (Child & Behavioral Health Domains) assigned in April 2024. <p>No significant compliance issues have been identified. Oversight and monitoring processes will continue.</p> <p><u>Credentialing Sub-Committee Quarterly Report</u></p> <p>The Credentialing Sub-Committee met on May 16, 2024. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering the fourth quarter for 2024 were reviewed for Health Net and MHN.</p> <p>Credentialing Adverse Actions for Q1 for CalViva from Health Net Credentialing Committee was presented. There were two (2) cases presented for discussion. Both cases remain open and are subject to semiannual monitoring to continue through the completion of probation.</p> <p>The Adverse Events Q1 2024 report was reviewed. This report provides a summary of potential quality issues (PQIs) as well as Credentialing Adverse Action (AA) cases identified during the reporting period. Credentialing submitted zero (0) cases to the Credentialing Committee in the first quarter of 2024. There were no (0) reconsiderations or fair hearings during the first quarter of 2024. There were no (0) incidents involving appointment availability issues resulting in substantial harm to a member or members in the first quarter of 2024.</p>		

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	<p>There were zero cases identified outside of the ongoing monitoring process, in which an adverse injury occurred during a procedure by a contracted practitioner in the first quarter of 2024.</p> <p>The Access & Availability Substantial Harm Report Q1 2024 was presented and reviewed. Assessments include all received and resolved Quality of Care (QOC) and Potential Quality Issues (PQIs) related to identified appointment availability and are ranked on severity level. After a thorough review of all first quarter 2024 PQI/QOC cases, the Credentialing Department identified zero new cases of appointment availability resulting in substantial harm</p> <p>The 2024 Credentialing Oversight Audit Results of Health Net Community Solutions (HNCS) Credentialing/Re-Credentialing function were presented and reviewed. The audit review period was Jan. 1, 2023, through Dec. 31, 2023. The audit was conducted from Dec. 2023 through April 2024. Based upon a review of documents and communication with appropriate HNCS staff, overall, CalViva Health observed a 98.8% compliance rate with the 82 standards assessed. A total of one-hundred-and-seventy-four (174) practitioner & organizational provider files were reviewed for this audit. Overall compliance with the inclusion of required documentation for both initial credentialing and re-credentialing of practitioners was excellent at 100% and 99.5% respectively. The Organizational Providers file review also demonstrated 100% compliance. Issues with timeliness were noted for attestations in the Recredentialing files for one PPG which will require corrective action. Additionally, the timeliness of Re-Credentialing within thirty-six months for HealthNet will also require corrective action. These two items must pass at 100% or corrective action is required.</p> <p>The Credentialing Sub-Committee Charter for 2024 was reviewed and approved by the committee. There were no changes to the Charter this year.</p> <p><u>Peer Review Sub-Committee Quarterly Report</u></p> <p>The Peer Review Sub-Committee met on May 16th, 2024. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 1 2024 were reviewed for approval. There were no significant cases to report.</p>		

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	<p>The Q1 2024 Adverse Events Report was presented. This report provides a summary of potential quality issues (PQIs) as well as Credentialing Adverse Action (AA) cases identified during the reporting period. There were seven (7) cases identified in Q1 that met the criteria and were reported to the Peer Review Committee. Three (3) cases involved a practitioner, and four (4) cases involved organizational providers (facilities). Of the seven (7) cases, three (3) were tabled, one (1) was closed with a letter of education, and three (3) were closed to track and trend. Six (6) cases were quality of care grievances, one (1) was a potential quality issue, zero were lower-level cases, and zero were track and trend. Two (2) cases involved seniors and persons with disabilities (SPDs).</p> <p>There were no incidents involving appointment availability issues resulting in substantial harm to a member or members in Q1 2024.</p> <p>There were two (2) cases identified outside of the ongoing monitoring process this quarter, in which an adverse injury occurred during a procedure by a contracted practitioner.</p> <p>There were seventeen (17) cases identified that required further outreach. Outreach can include but is not limited to an advisement letter (site, grievance, contract, or allegation), case management referral, or notification to Provider Network Management.</p> <p>The Access & Availability Substantial Harm Report for Q1 2024 was also presented. This is a new report for the Peer Review Committee. The purpose of this report is to identify incidents related to appointment availability resulting in substantial harm to a member or members as defined in Civil Code section 3428(b)(1). Assessments include all received and resolved grievances Quality of Care (QOC) and Potential Quality Issues (PQIs) related to identified appointment availability issues and they are ranked by severity level.</p> <p>Thirteen (13) cases were submitted to the Peer Review Committee in Q1 2024. There were zero (0) incidents found involving appointment availability issues resulting in substantial harm to a member or members. Two (2) cases were determined to be related to significant harm without appointment availability issues.</p>		

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<ul style="list-style-type: none"> • Health Equity Report S. Xiong-Lopez, Equity Officer • Executive Report J. Nkansah, CEO 	<p>The Q1 2024 Peer Count Report was presented and discussed with the committee. There was a total of thirteen (13) cases reviewed. There were six (6) cases closed and cleared. No (0) cases were closed/terminated. There were four (4) cases tabled for further information. There were two (2) cases with CAP outstanding and one (1) was pending closure for CAP compliance.</p> <p>The Peer Review Sub-Committee Charter for 2024 was reviewed and approved by the Committee. There were no changes to the Charter this year.</p> <p>Ongoing monitoring and reporting will continue.</p> <p>Health Equity Report</p> <p><u>Equity Update</u></p> <p>Sia Xiong-Lopez introduced herself as the new Equity Officer for CalViva Health. Sia will be assisting with the NCQA Health Equity Accreditation in regard to DEI activities such as staff training, surveys, etc. Sia also introduced some Equity Project(s) which are currently being worked on, for example, mobile clinics, and next month the DHCS CalFresh WIC pilot program. She is currently acclimating to her role and will be participating in the QIUM meetings, and the performance improvement meetings. She is also participating in Kings County CHIP, and Fresno County CHIP, and soon Madera County CHIP.</p> <p>Executive Report</p> <p>Market share is trending down as a result of three Plans in the market. The team has been asked to do a deep dive to understand the drivers of enrollment and disenrollment amongst the three Plans in the market. Updates will be provided as appropriate.</p> <p>There are no other significant issues or concerns to report at this time.</p>		
<p>#9 Update on Existing Litigation: Case #21CV381776</p>	<p>Jeff Nkansah informed the Commission this case has been officially dismissed. The Plan is no longer a part of any pending litigation at this time.</p>		<p>No Motion</p>

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<p>Information J. Nkansah, CEO</p>			
<p>#11 Quality Improvement</p> <p>Information P. Marabella, MD, CMO</p>	<p>Dr. Marabella provided an update on RY 2024 HEDIS Results® & Quality Improvement.</p> <p>For RY2024 (MY2023), MCP's were required to meet the minimum performance level (MPL) on 18 measures in five (5) domains in each county:</p> <ol style="list-style-type: none"> 1. Child & Adolescent Preventive Health 2. Reproductive Health 3. Behavioral Health 4. Chronic Diseases 5. Cancer Prevention <p>Fresno and Kings Counties did not meet Child & Adolescent Domain, and Behavioral Health domain.</p> <p>Madera County did not meet Behavioral Health domain.</p> <p>Current projects in progress include:</p> <ol style="list-style-type: none"> 1. Performance Improvement Project (PIP) - Improve Well Child Visits (WCV) for AA/Black Children 0 to 15 months in Fresno County. <ul style="list-style-type: none"> • Referring all caregivers/mothers of Black/AA children to Black Infant Health to encourage and facilitate WCV. • Member incentive • Baseline data due to HSAG Sept 2024 2. Performance Improvement Project (PIP) Improve Follow up with Provider after ED Visit for Behavioral Health/Substance Use in Fresno and Madera Counties. <ul style="list-style-type: none"> • Working with Acute Care Hospitals in Fresno County • Developing Educational Intervention for staff who provide services for BH/SUD in the ED • Baseline data due to HSAG Sept 2024 		

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	<p>3. Lean Health Equity Quality Improvement Projects in Kings and Madera Counties.</p> <ul style="list-style-type: none"> • Madera County (Behavioral Health Domain) Focusing on the Hispanic population to improve follow up care after ED Visit for BH/SUD. • Kings County (Childhood Domain) Develop and share data reconciliation policy and tool to close care gaps. Focus on Hispanic population to address identified disparity in Kings County. <p>4. Comprehensive Health Equity Quality Improvement Project in Fresno County.</p> <ul style="list-style-type: none"> • Increase member access to evidence-based health education resources on well-child visits, screenings and immunizations through provider offices. • Develop and test an internal step-by-step process for an e-campaign that communicates with providers on how to reconcile their data for pediatric well-care measures and ensure all completed services and encounters are received by CalViva Health. <p>5. Institute for Healthcare Improvement (IHI) Collaborative Project to Improve Well Child Visits for Hispanic Children 0-15 months in Fresno County.</p> <ul style="list-style-type: none"> • Working with Clinica Sierra Vista Elm Street clinics • Five Interventions April 2024 to March 2025: • Equity & Transparent, Stratified and Actionable Data • Understanding the Provider and Patient/Caregiver Experience (currently in progress) • Reliable & Equitable Scheduling Process • Asset Mapping and Community Partnerships • Partnering for Effective Education and Communication <p>To note:</p> <ul style="list-style-type: none"> • Kings County has a developmental screening tool that has been implemented and monitoring shows improvement. • FQHC's in Fresno & Kings Counties are holding special events with member incentives for Well Care Visits & Other Preventive Care. • The Plan has received approval from HSAG to count Well Baby visits completed at the hospital as first Well Child Visit. 	<p><i>Rose Mary Rahn stated families in Kings County are having difficulty getting in to Providers, especially for Well Child Visits and other preventive services.</i></p> <p><i>Dr. Marabella stated that our quality teams were made aware of this issue when conducting key informative interviews for our projects, and added that the problem of access to care is pervasive</i></p>	

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		<p><i>Dr. Naz commented on Behavioral Health in Madera County stating there is a possibility that if there are funds available a private health enterprise is willing to open an office in Madera to provide services for CalViva and Madera County Health Department patients.</i></p> <p><i>Dr. Marabella responded that the potential for supporting this type of service can be discussed further in follow up to today's meeting.</i></p>	
<p>#12 Case Management Information P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the Care Management 2023 Annual Program Evaluation.</p> <p>The goals for 2023 were to increase the number of cases managed and maintain 90% compliance for documentation in the medical record.</p> <ul style="list-style-type: none"> • A total 3,571 cases were managed in 2023, compared to 3,275 in 2022. Or 0.81% of the entire population managed in physical, behavioral or perinatal case management. Goal met. • Compliance for documentation for each program scored 90% or greater on file reviews in 2023. Goal met. <p>Several slides were presented to visually demonstrate the volume of members served over time, audit scores and key metrics, and outcome metrics such as readmissions, ED Visits, and pre-term deliveries.</p> <ul style="list-style-type: none"> • Member satisfaction results were as follows: 	<p><i>Aldo De La Torre asked if there were only 31 surveys for the whole population? And if the Case Managers are Health Net staff or CalViva staff?</i></p>	

Commission Meeting Minutes

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<ul style="list-style-type: none"> • 31 Responses in 2023 (lower response rate noted) • 12 of 14 Questions had a response • Goal = 90% positive response (Very Satisfied - Satisfied) • 90% Satisfied with Care Management Program (met goal) • 96% Satisfied with ability to reach their Case Manager. • 92% Reported Case Manager helped them to reach their health goals. • 96% Reported Case Manager helped to organize care with MD and other caregivers. <p>Key accomplishments for 2023:</p> <ul style="list-style-type: none"> • Successful coordination of CalAIM ECM member self-referrals • Successful CalAIM Community Supports referrals. • Enhanced Transitional Care Services (TCS) Program to Meet Population Health Management (PHM) Requirements including: <ul style="list-style-type: none"> ○ Increased staffing ○ Outreach to all high-risk inpatient members ○ Created TCS hotline for recently inpatient members with care coordination needs per DHCS requirements. <p>Goals for 2024:</p> <ul style="list-style-type: none"> • Outreach to all Acute Inpatient Admissions • Increase member enrollment in Transitional Care Services program: <ul style="list-style-type: none"> ○ With non-clinical staff on site at hospitals to improve engagement. • Increase caseload per CM to 75 to align with goals. • Support CalAIM activities, prepare for additional Populations of Focus. • Support CalAIM Community Supports programs and increased offerings. • Manage more members across all CM Programs. 	<p><i>Dr. Marabella responded there were 31 satisfaction surveys submitted, and they were all from the physical health component of the program. The Case Managers are Health Net staff that are dedicated to serve CalViva members.</i></p>	
#14 Final Comments from Commission Members and Staff	None.		
#15 Announcements	None.		
#16 Public Comment	None.		
#17 Adjourn	The meeting adjourned at 2:39 pm.		

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	The next Commission meeting is scheduled for September 19, 2024, in Fresno County.		

Submitted this Day: 9-19-24

Submitted by: Cheryl Hurley
 Cheryl Hurley
 Clerk to the Commission