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

Lisa Lewis, Ph.D.
At-large

Madera County

David Rogers
Board of Supervisors

Sara Bosse
Public Health Director

Aftab Naz, M.D.
At-large

Regional Hospital

Jennifer Armendariz
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Kerry Hydash
Kings County

Paulo Soares
Madera County

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

Phone: 559-540-7840
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www.calvivahealth.org

DATE: September 13, 2024

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 19, 2024
1:30 pm to 3:30 pm

<u>Where to attend:</u>

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

Meeting materials have been emailed to you.

Currently, there are **13** Commissioners who have confirmed their attendance for this meeting. At this time, a quorum has been secured. Please advise as soon as possible if you will not be in attendance to ensure a quorum can be maintained.

Thank you

Fresno-Kings-Madera Regional Health Authority
Commission Meeting
September 19, 2024
1:30pm - 3:30pm
Meeting Location: 1) CalViva Health
7625 N. Palm Ave., Suite 109
Fresno, CA 93711

Item	Attachment #	Topic of Discussion	Presenter
1.		**Call to Order**	D. Hodge, MD, Chair
2.		**Roll Call**	C. Hurley, Clerk
3. Action	Attachment 3.A Attachment 3.B Attachment 3.C Attachment 3.D	**Consent Agenda:** • Commission Minutes dated 7/18/24 • Finance Committee Minutes dated 5/16/24 • QI/UM Committee Minutes dated 5/16/24 • PPC Minutes dated 6/5/24 *Action: Approve Consent Agenda*	D. Hodge, MD, Chair
4. Action	Attachment 4.A	**Public Policy Committee Revised Charter** *Action: Approve Revised PPC Charter*	J. Nkansah, CEO
5		**Closed Session:** **The Board of Directors will go into closed session to discuss the following item(s)**	
Information	No attachment	A. **Conference Report Involving Trade Secret – Discussion of service, program, or facility:** Estimated Date of Public Disclosure: July 1, 2025 Government Code section 54954.5	
	Handouts will be available at meeting	*PowerPoint Presentations will be used for item 6 - 7* ***One vote will be taken for combined items 6 - 7***	
6. Action	Attachment 6.A Attachment 6.B	**2024 Quality Improvement, Health Education, and Wellness Work Plan Mid-Year Evaluation** • Executive Summary • Work Plan Evaluation *Action: See item 8 for Action*	P. Marabella, MD, CMO
7. Action	Attachment 7.A	**2024 Utilization Management Care Management Work Plan Mid-Year Evaluation** • Executive Summary	P. Marabella, MD, CMO

Attachment 7.B	• Work Plan Evaluation		
	Action: Approve 2024 Quality Improvement, Health Education, and Wellness Work Plan Mid-Year Evaluation; 2024 Utilization Management Care Management Work Plan Mid-Year Evaluation		

8. Action — **Standing Reports**

	Finance Report		
Attachment 8.A	• Financial Report Fiscal Year End June 30, 2024	D. Maychen, CFO
	Compliance		
Attachment 8.B	• Compliance Report	M.L. Leone, CCO
	Medical Management		
Attachment 8.C	• Appeals and Grievances Report	P. Marabella, MD, CMO
Attachment 8.D	• Key Indicator Report	
Attachment 8.E	• Credentialing Sub-Committee Quarterly Report – Q3 2024	
Attachment 8.F	• Peer Review Sub-Committee Quarterly Report – Q3 2024	
	Equity		
	• Health Disparities Report	S. Xiong-Lopez, Eq.O
No attachments	• DEI Survey Findings and Opportunities	
	• Equity Report	
	Executive Report	J. Nkansah, CEO
Attachment 8.G	• Executive Dashboard	
	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.

12. — **Adjourn** — D. Hodge, MD, Chair

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

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

Next Meeting scheduled for October 17, 2024 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-D

Consent Agenda

A.   Commission Minutes dated 7/18/24
B.   Finance Committee Minutes dated 5/16/24
C.   QIUM Committee Minutes dated 5/16/24
D.   Public Policy Committee Minutes dated 6/5/24

<table>
<tr><td rowspan="2" style="width:30%">Fresno-Kings-Madera
Regional Health Authority</td><td style="text-align:center">CalViva Health
<strong style="font-size:large">Commission
Meeting Minutes
July 18, 2024</td><td>Meeting Location:
CalViva Health
7625 N. Palm Ave., #109
Fresno, CA 93711</td></tr>
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	Commission Members		
✓	**Sara Bosse**, Director, Madera Co. Dept. of Public Health	✓	**David Luchini**, Director, Fresno County Dept. of Public Health
	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*

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
Cheryl Hurley, Clerk to the Commission	*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.*		
#3 Consent Agenda • *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* Action D. Hodge, MD, Chair	All consent items were presented and accepted as read.		***Motion**: Consent Agenda was approved.* *9 – 0 – 0 – 7* *(Neves / Naz)*
#5 Promotores Network 10 Year Anniversary **Information** Courtney Shapiro, Director of Community Relations & Marketing	Courtney Shapiro, Director of Community Relations & Marketing, presented award certificates to the Promotores for their 10 year anniversary.		***No Motion***

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
#4 Closed Session	Jason Epperson, General Counsel, reported out of closed session. The Commission discussed in closed session the item agendized 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. There was no other reportable action and the Commission adjourned Closed Session at 1:44 pm.		***Motion:*** *Approve annual review of CEO with a base pay increase.* *9 – 0 – 0 – 7* *(Rogers / Luchini)*
#8 FKM RHA Revised Bylaws Action J. Nkansah, CEO	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.	*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.*	***Motion:*** *Revised Bylaws were approved with edit of Section 4.18.* *9 – 0 – 0 - 7* *(Neves / Rogers)*
#10 Revised Annual Delegation Oversight of Health Net Action J. Nkansah, CEO	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. 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.		***Motion:*** *The revised Annual Delegation Oversight of Health Net was approved.* *9 – 0 – 0 - 7* *(Neves / Bosse)*

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	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.		
#6 Review of Fiscal Year End 2024 Goals Information J. Nkansah, CEO	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. 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. 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. With reference to Health Equity accreditation, activities are ongoing. With regard to DEI, the Plan has hired an Equity Officer, and equity activities are ongoing.		*No Motion*
#7 Goals & Objectives for FY 2025 Action J. Nkansah, CEO	The goals and objectives for FY 2025 were presented to Commissioners. 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).		*Motion: Approve Community Funding Grant Recommendations* *9 – 0 – 0 – 7* *(Neves / Rahn)*

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	With regard to tangible net equity (TNE), this goal has been updated to reflect both DHCS and DMHC requirements. For NCQA Health Equity Accreditation, the submission date is targeted for March 11, 2025. The NCQA Health Equity Accreditation activities have started via the Plan's new Equity Officer.		
#13 Standing Reports • **Finance Reports** Daniel Maychen, CFO	**Finance** Financials as of May 31, 2024: 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. 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. 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. 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.		*Motion: Standing Reports Approved* *9 – 0 – 0 – 7* *(Neves / Naz)*

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
• **Medical Management** P. Marabella, MD, CMO	**Medical Management** Appeals and Grievances Dashboard Dr. Marabella presented the Appeals & Grievances Dashboard through May 31, 2024. • 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. Key Indicator Report Dr. Marabella presented the Key Indicator Report (KIR) through May 31, 2024. A summary was shared that provided the most recent data for Membership, Admissions, Bed Days, Average Length of Stay, and Readmissions through May 2024. • 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.		

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

	• 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:
	  ○ 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%.
	
	Case Management (CM) and engagement rates are up, and all areas have improved.
	
	QIUM Quarterly Summary Report
	
	Dr. Marabella provided the QI, UMCM, and Population Health update for Q2 2024. One meeting was held in Quarter 2, on May 16, 2024.
	
	The following guiding documents were approved at the May meeting:
	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
	
	In addition, the following general documents were approved at the meetings:
	1. Medical Policies
	2. Pharmacy Provider Updates
	3. Appeals & Grievances Policies & Procedures Annual Review		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	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. 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. 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. 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. HEDIS® Activity: 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. Current improvement projects are: • Clinical - Well Child Visits W-30+6 in AA/Black Population Performance Improvement Project (PIP)2023-2026.		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	• 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. No significant compliance issues have been identified. Oversight and monitoring processes will continue. Credentialing Sub-Committee Quarterly Report 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. 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. 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.		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	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.		
	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		
	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.		
	The Credentialing Sub-Committee Charter for 2024 was reviewed and approved by the committee. There were no changes to the Charter this year.		
	Peer Review Sub-Committee Quarterly Report		
	The Peer Review Sub-Committee met on May 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.		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	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). There were no incidents involving appointment availability issues resulting in substantial harm to a member or members in Q1 2024. 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. 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. 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. 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.		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
• **Health Equity Report** S. Xiong-Lopez, Equity Officer • **Executive Report** J. Nkansah, CEO	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. The Peer Review Sub-Committee Charter for 2024 was reviewed and approved by the Committee. There were no changes to the Charter this year. Ongoing monitoring and reporting will continue. **Health Equity Report** Equity Update 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. **Executive Report** 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. There are no other significant issues or concerns to report at this time.		
#9 Update on Existing Litigation: Case #21CV381776	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.		*No Motion*

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
Information J. Nkansah, CEO			
#11 Quality Improvement **Information** P. Marabella, MD, CMO	Dr. Marabella provided an update on RY 2024 HEDIS Results® & Quality Improvement. For RY2024 (MY2023), MCP's were required to meet the minimum performance level (MPL) on 18 measures in five (5) domains in each county: 1. Child & Adolescent Preventive Health 2. Reproductive Health 3. Behavioral Health 4. Chronic Diseases 5. Cancer Prevention Fresno and Kings Counties did not meet Child & Adolescent Domain, and Behavioral Health domain. Madera County did not meet Behavioral Health domain. Current projects in progress include: 1. Performance Improvement Project (PIP) - Improve Well Child Visits (WCV) for AA/Black Children 0 to 15 months in Fresno County. • 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. • 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		

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

	3. Lean Health Equity Quality Improvement Projects in Kings and Madera Counties.
	   • 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.
	4. Comprehensive Health Equity Quality Improvement Project in Fresno County.
	   • 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.
	5. Institute for Healthcare Improvement (IHI) Collaborative Project to Improve Well Child Visits for Hispanic Children 0-15 months in Fresno County.
	   • 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
	
	To note:
	• 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.
		Rose Mary Rahn stated families in Kings County are having difficulty getting in to Providers, especially for Well Child Visits and other preventive services.
		
		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	

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
		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. *Dr. Marabella responded that the potential for supporting this type of service can be discussed further in follow up to today's meeting.*	
#12 Case Management **Information** P. Marabella, MD, CMO	Dr. Marabella presented the Care Management 2023 Annual Program Evaluation. The goals for 2023 were to increase the number of cases managed and maintain 90% compliance for documentation in the medical record. • 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. 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. • Member satisfaction results were as follows:	*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?*	

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

	• 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.
	
	Key accomplishments for 2023:
	• 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:
	   o Increased staffing
	   o Outreach to all high-risk inpatient members
	   o Created TCS hotline for recently inpatient members with care coordination needs per DHCS requirements.
	
	Goals for 2024:
	• Outreach to all Acute Inpatient Admissions
	• Increase member enrollment in Transitional Care Services program:
	   o 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.
		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.	

#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.		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	The next Commission meeting is scheduled for September 19, 2024, in Fresno County.		

Submitted this Day: _____

Submitted by: _____
　　　　　Cheryl Hurley
　　　　　Clerk to the Commission

CalViva Health
Finance
Committee Meeting Minutes

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

May 16, 2024

Finance Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	Daniel Maychen, Chair	✓	Cheryl Hurley, Director, HR/Office
✓	Jeff Nkansah, CEO	✓	Jiaqi Liu, Director of Finance
✓	Paulo Soares		
✓	Joe Neves		
✓	Jordan Wamhoff		
✓	John Frye		
✓	Rose Mary Rahn		
		✓	Present
		*	Arrived late/Left Early
		•	Teleconference

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	Comments	ACTION TAKEN
#1 Call to Order D. Maychen, Chair	The meeting was called to order at 11:30 am, a quorum was present.		
#2 Finance Committee Minutes dated March 21, 2024 Attachment 2.A Action, D. Maychen, Chair	The minutes from the March 21, 2024, Finance meeting were approved as read.		Motion: *Minutes were approved* *7 – 0 – 0 – 0* *(Frye / Neves)*
#3 Financials – as of March 31, 2024 Action D. Maychen, Chair	Total current assets recorded were approximately $767.5M; total current liabilities were approximately $621M. Current ratio is approximately 1.24. Total net equity as of the end of March 2024 was approximately $156.3M, which is approximately 877% above the minimum DMHC required TNE amount.	*John Frye asked how is the Plan doing with the new version of the TNE requirement?*	Motion: *Financials as of March 31, 2024, were approved* *7 – 0 – 0 – 0* *(Frye / Rahn)*

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	Comments	ACTION TAKEN
	Interest earned was approximately $6M, which is approximately $3.3M more than budgeted due to interest rates being higher than projected. Premium capitation income actual recorded was approximately $1.58B which is approximately $265.4M more than budgeted due to MCO taxes; DHCS paid MCO taxes for one quarter related to FY 2023, April through June FY 2023 quarter. This accounts for approximately $125.5M of the $265.4M in increase, the remaining is related to rates and enrollment being higher than projected. Total cost of medical care expense is approximately $1B which is approximately $132.8M more than budgeted primarily due to rates and enrollment being higher than projected. Admin service agreement fees expense actual recorded was approximately $43.2M, which is approximately $3.6M more than budgeted due to enrollment being higher than projected, and Medicaid disenrollments came in less than what was projected. MCO taxes actual recorded was approximately $517.3M, which is approximately $125.5M more than budgeted due DHCS paying the Plan MCO taxes related to the prior FY 2023, in FY 2024. Net income through March 31, 2024, was approximately $14.9M, which is approximately $8.3M more than budgeted primarily due to interest income being approximately $3.3M higher than projected, and rates and enrollment being higher than projected.	*Daniel Maychen replied there's two regulatory entities, DMHC & DHCS. DMHC's calculation is not as practical as DHCS. DHCS looks at how much of reserves the Plan has based off average monthly contract revenues. Daniel Maychen stated that CalViva was slightly above the DHCS TNE reserve requirement.*	
#4 Annual Review of Finance Committee Charter	No edits or revisions were recommended during the annual Charter review. This was approved to move to Commission for final approval.		Motion: *Approve Charter to move to Commission for approval.* 7 – 0 – 0 – 0 (Soares / Neves)
#5 Announcements	The Governor released the May revised State budget; within that budget the MCO Tax funds used to increase Provider rates remains in place for 2024 which will increase Medi-Cal rates to at least 87.5% of Medicare rates. For 2025, this will be cut.	*John Frye asked what the impact is for CVH?* *Daniel Maychen stated within the budget for FY 2025, he increased the rates to account for this by approximately 1% which equates to approximately $12M gross revenues and that*	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	Comments	ACTION TAKEN
		the net income impact to the Plan will be approximately $188K less.	
#6 Adjourn	Meeting was adjourned at 11:38 am		

Submitted by: _Cheryl Hurley_

Cheryl Hurley, Clerk to the Commission

Dated: _7·18·24_

Approved by Committee: _Paul Maychen_

Daniel Maychen, Committee Chairperson

Dated: _7/18/24_

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes
May 16th, 2024

CalViva Health
7625 North Palm Avenue; Suite #109
Fresno, CA 93711
Attachment A

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

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

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order Patrick Marabella, M.D Chair .	The meeting was called to order at 10:32 am. A quorum was present. Dr. Marabella introduced Ana-Liza Pascual, M.D., as a new member of the QI/UM Committee. Dr. Pascual specializes in Obstetrics & Gynecology here in Fresno. The committee members introduced themselves and welcomed Dr. Pascual.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#2 **Approve Consent Agenda** Committee Minutes: March 21, 2024 - A&G Inter-Rater Reliability Report (Q1) - Quarterly A&G Member Letter Monitoring Report (Q1) - CCC DMHC Expedited Grievance Report (Q1) - Concurrent Review IRR Report (Q1) - Pharmacy Provider Updates (January and March) - Provider Office Wait Time Report (Q1) - California Children's Services Report (Q1) - TurningPoint Musculoskeletal Utilization Review (Q4) - PA Member Letter Monitoring Report (Q1) (Attachments A-J) **Action** Patrick Marabella, M.D Chair	The March 21st, 2024, 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:** *Approve* Consent Agenda (Ramirez/Quezada) 5-0-1-1
#3 **QI Business** - A&G Dashboard (March) - A&G Executive Summary (Q1) - A&G Quarterly Member Report (Q1) - A&G Classification Audit Report	The **Appeals & Grievances Dashboard** through March 2023 was presented. Dr. Marabella explained how Members and providers submit grievances via phone, fax, email, or online, and each of these is categorized and reported on the dashboard and in other narrative reports. Standardized criteria as outlined in our policies and procedures are used to classify each case in order to include them in the appropriate area on the monthly dashboard. Each monthly Excel file includes lists or logs identifying each member who submitted a grievance that month and details	**Motion:** *Approve* - A&G Dashboard (March) - A&G Executive Summary (Q1) - A&G Quarterly

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
(Q1) - A&G Validation Audit Summary (Q4) (Attachments K-O) **Action** Patrick Marabella, M.D Chair	about their issue and its resolution. These data logs are included on tabs such as Formal Resolved, CCC Exempt Grievances, and MHN Exempt. The Outlier tab provides an analysis of the data trends. There was a total of 149 grievances received this month, 448 total for Q1, consistent with 2023. • For Q1, most grievances (390) were Quality of Service related: Fifty-nine (59) Access-Other mostly Prior Authorization delays, ninety (90) Administrative for prior authorizations; thirty-five (35) Transportation Access; and categorized as Other- eighty-three (83) related to balanced billing. Monitoring to continue. • Exempt Grievances are resolved over the phone within one business day. They remained consistent in March compared to last month, except for balanced billing which increased to sixty-one (61) this quarter. • For Q1, there were seventeen (17) Transportation Provider No-Shows reported under QOS and five (5) late arrivals causing the member to be late to their appointment. • Seventy-seven (77) Total Standard Appeals for Q1 with thirty (30) cases related to Advanced Imaging (MRI, PET scans, and Cardiac imaging): both trending downwards. • The ratio of upholds to overturns for Q1 was 34%/60% which is the opposite of our goal. The overturns are high because once providers submit the required documentation, the request is approved. However, providers have not consistently changed their procedures when educated to submit the correct documentation from the start. The **Appeals & Grievances Executive Summary Q1 and Appeals & Grievances Quarterly Member Report Q1** through March 2024 were presented noting the following trends: • Total Appeals have decreased when Q1 2023 is compared to Q1 2024, however, the Total Grievances in this same comparison have increased. • For Q1 2024, there were sixty-four (64) Total Appeals & 442 Total Grievances reported. • Total Exempt Grievances, particularly Member Billing, have increased when Q1 2023 is compared to Q4 2023, but PCP Assignment grievances have decreased. • There was a total of four (4) exempt grievances related to Mental Health which are now being tracked as MHN's services have now been integrated under HN as of January. • In Q1, seventy-two (72) formal and forty-one (41) exempt grievances were transportation-related, seventeen (17) were access-related (missed appointment/provider no-show), and fifty-five (55) were related to behavioral issues (for example, late, general vendor complaint,	Member Report (Q1) - A&G Classification Audit Report (Q1) - A&G Validation Audit Summary (Q4) (Quezada/Ramirez) 6-0-0-1

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

	reimbursement).
	• Delay in referral by PCP is the top Quality of Care Grievance.
	• Top Access Grievances were Prior Authorization Delay, PCP, and Specialist availability.
	• The turnaround times for Acknowledgement and Resolution letters across all categories met the standard at 100%.
	• The A&G Inter-rater Reliability audit results for Q1 averaged ninety-eight percent (98%).
	
	The **Appeals & Grievances Classification Audit Report (Q1)** is a review of a random sample of grievance logs and grievance classification while the case is still open to ensure appropriate disposition of grievances.
	• Out of 226 cases reviewed by A&G Clinical staff this quarter, 203 cases were classified correctly, yielding a ninety percent (90%) accuracy rate.
	• Out of twenty-three (23) misclassified cases:
	  • Eight (8) were classified as QOS instead of QOC.
	  • Five (5) were misclassified as appeals instead of QOS.
	  • Four (4) cases were duplicate complaints.
	  • One (1) was misclassified as a QOS instead of an appeal.
	  • Five (5) were invalid because they were opened w/o member consent and/or providers grieving against a member.
	All case classifications were corrected prior to case closure.
	
	The **Appeals & Grievances Validation Audit Report Q4 2023** was presented. CVH conducts weekly A&G case validations to ensure each Grievance or Appeal case contains the appropriate documentation and evidence necessary for standard and expedited Quality of Service (QOS), Quality of Care (QOC), and Appeal cases.
	• Seventy-six percent (76%) of cases (439/577) met compliance standards upon receipt. Documents were missing primarily in the Standard QOS and QOC categories.
	  o Of the variety of document types identified as missing, most commonly: Case Review forms (116), and closed Case Files twenty (20) make up seventy-one percent (71%) of the total missing documents by type. On further assessment, it was determined that files were not being properly PDF'd and compiled for CVH review due to newly hired	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	staff. Staff was retrained.	
	o Twelve (12) cases were found to be missing evidence of the DMHC script being read to the members, down from thirty-one (31) in Q3 2023.	
	■ The team has been refreshed on the internal policy requirement to read the DMHC script on all cases.	
	■ Individual staff have been coached.	
	■ Random spot-check audits were implemented prior to case closure.	
	■ Added as an audit element for CVH in A&G monthly case file audit review.	
	All documents identified to be missing from the cases were obtained and inserted to complete the files before closing out the month.	
	Discussion:	
	Dr. Ramirez inquired about the progress of the CAP for transportation.	
	Dr. Marabella indicated that CVH reviews a monthly report at our Management Oversight Meeting on all transportation-related activities and conducts internal audits of the various subcontractors. An area of focus was transportation for members receiving dialysis because it can have an untoward outcome for the member. Now only certain subcontractors will drive dialysis or oncology patients to their scheduled appointments and there has been an improvement for this subgroup of members. Considering there are 35 to 40,000 transports a month just in our three counties, we do investigate the small number of complaints to find out what appointments were missed. Transportation for our members is a free service that not all take advantage of. Providing transportation with the correct type of car seat(s) for our members with families is another hurdle to overcome.	
#3 QI Business - Potential Quality Issues (Q1) (Attachment P) **Action** Patrick Marabella, M.D Chair	**The 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 activity. Peer Review activities include cases with a severity code level of III or IV or any case the CVH CMO requests to be forwarded to Peer Review. Data for Q1 was reviewed for all case types including the follow-up actions taken when indicated. • There were five (5) non-member-generated PQIs in Q1. Three (3) cases scoring a level II. • Member-generated PQIs decreased based on previous quarters with a total of fifty-two (52) cases. Two (2) cases scoring a level III. • A total of thirteen (13) Peer Review generated cases. Six (6) cases are closed, and seven (7)	**Motion:** *Approve* - Potential Quality Issues (Q1) (Faulkenberry/ Ramirez) 6-0-0-1

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	cases are open. Nine (9) scoring a level II. The number of peer review cases varies from quarter to quarter independent of the other case types. Follow-up has been initiated when appropriate.	
#4 Key Presentations - Heath Equity Work Plan End of Year Evaluation & Executive Summary 2023 - Health Equity Program Description & Change Summary 2024 - Health Equity Work Plan & Executive Summary 2024 - Health Equity Language Assistance Program Report 2023 (Attachments Q-T) **Action** Patrick Marabella, M.D Chair	The **Health Equity 2023 Executive Summary and Annual Work Plan Evaluation; 2024 Change Summary and Program Description; and 2024 Executive Summary and Work Plan** were presented. All Work Plan activities for 2023 were completed in the following areas: • **Language Assistance Services:** Newsletter informing members on how to access language services completed and disseminated; eighty-six (86) staff completed Bilingual assessment/re-assessment; twenty-eight (28) translation reviews were completed in 2023; and successfully integrated sexual orientation gender identity (SOGI) and preferred pronouns and name into OMNI. • **Compliance Monitoring:** HEQ reviewed four (4) interpreter complaints and forty-five (45) grievance cases with three (3) interventions identified and two (2) findhelp trainings were completed with 753 overall new programs added to the platform. • **Communication, Training, and Education:** One (1) A&G training completed on coding and resolution of grievances; Conducted nine (9) Call Center Training sessions with training decks updated; and a Language identification poster for provider offices was remediated and posted in the provider library. • **Health Literacy, Cultural Competency & Health Equity:** Completed six (6) cultural competency trainings for 350 providers. Trainings include two (2) Healthcare Barriers for Gender Diverse Populations, two (2) Implicit Bias, two (2) Special Needs and Cultural Competency; Completed three (3) live cultural competency trainings for staff; 191 staff attended live trainings; Conducted annual Heritage/CLAS Month with fourteen (14) live attendees and 4,300 staff who read the newsletter; Successfully co-led and supported the completion of quality projects. Projects targeting the following HEDIS® measures: CIS-10, WCV, and CDC. The **2024 Program Description** changes include: • P4. Expanded and added an introduction to the Mission, Goals, and Objective section to align with the Health Equity Accreditation requirements. Added Vision to section. • P5. Removed and enhanced mission and replaced with the following bullets: • Ensure language services meet regulatory requirements and achieve metric goals.	**Motion:** *Approve* - Heath Equity Work Plan End of Year Evaluation & Executive Summary 2023 - Health Equity Program Description & Change Summary 2024 - Health Equity Work Plan & Executive Summary 2024 - Health Equity Language Assistance Program Report 2023 (Ramirez/Pascual) 6-0-0-1

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

	• Achieve appropriate reading grade level requirements and cultural appropriateness at market and product levels.
	 • Complete staff and provider trainings for required topics.
	 • Address health disparities through targeted cross-collaborative projects.
	 • Implement social needs assistance strategies with integrated approaches for mitigating social risks.
	 • P8. Expanded on CLAS standards and the requirements it meets.
	 • P16. Added, "Social needs and social risks all play into determining appropriate partners, selecting, engaging and taking initiatives with partners."
	 • P19. Expanded on the roles and objectives of the Governing Body and QI/UM Committee.
	 • P22. Broaden how data will be collected including SOGI data.
	 • P24. Added Equity Officer's role and responsibilities. The CVH Health Equity Officer begins on May 28th.
	
	 The **2024 Work Plan** is consistent with 2023 while incorporating and enhancing the following:
	 • Added measurable objectives to Findhelp oversight based on the Public Policy Committee's recommendation.
	 • Updated the method for obtaining C&L materials to Provider Library.
	 • Added "online" as a way for staff to complete C & L training.
	 • Expanded and consolidated cultural competency trainings.
	 • Updated Quality Projects and included SUD/MH Nonclinical PIP (Project includes Fresno and Madera Counties.)
	     o Working with Community Regional Medical Center (CRMC) which has substance use navigators and psychiatry liaisons on-site to connect with members in the ED and capture correct coding and HEDIS® data.
	 • Added IHI/DHCS Child Health Equity Sprint project.
	     o Working with Clinica Sierra Vista
	 The **2023 Language Assistance Program** Annual Evaluation analyzes and compares language service utilization at the end of each calendar year. A year-over-year analysis is also performed. The conclusions from the Language Assistance Program annual report are:
	 • Spanish and Hmong continue to be CalViva Threshold Languages. Spanish at ninety-seven percent (97%) consistently has the highest volume and Hmong was three percent (3%) of calls.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	- Interpretation was performed via the following: - Eighty-four percent (84%) telephonic interpreters up from seventy-four percent (74%) in 2022 - Twenty percent (20%) face-to-face – down from twenty-four percent (24%) in 2022 - Three percent (3%) Sign language – up from two percent (2%) in 2022 - Video Remote Interpretation was zero (0) in 2023. - Behavioral Health (MHN) results demonstrate similar language outcomes. - Limited English and non-English membership remain high for the CVH population and therefore interpreter services are integral to maintaining safe, high-quality care.	
#4 Key Presentations - Health Education Work Plan End of Year Evaluation & Executive Summary 2023 (Attachment U) **Action** Patrick Marabella, M.D Chair	The **2023 Health Education Executive Summary and Annual Work Plan Evaluation** were presented. We are closing out the separate Health Education Program Documents at this time. Health Education has been incorporated into the QI Program Documents in 2024. Overall, there were fifteen (15) initiatives with forty (40) measurable objectives. Twenty-five (25) met or exceeded the year-end goals. One (1) was partially attained and seven (7) objectives did not meet the year-end goals. Two (2) were suspended given the Quality Department's quadrant analysis and five (5) were canceled. The seven (7) initiatives that were fully met are: 1. Community Engagement 2. Behavioral Health 3. Preventative Health 4. Perinatal Education 5. Member Newsletter 6. Compliance 7. Department Promotion The seven (7) initiatives did not meet, were suspended, or canceled: 1. Chronic Disease-Asthma: Email and mailing campaigns were canceled as of 12/31/2023 because they have limited impact and are resource-intensive. Team members are reviewing alternative ways to promote programs and health education resources through providers and QR codes/links to program content. 2. Chronic Disease-Diabetes: Outreach campaigns to promote new DPP in progress as of 12/31 2023. Implementation will be contingent upon DHCS approval of the program. Continue the process of onboarding new DPP vendor through Q1-Q2 2024. Task is dependent on DHCS	Motion: *Approve* - Health Education Work Plan End of Year Evaluation & Executive Summary 2023 (Ramirez/Quezada) 6-0-0-1

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	approval of new DPP. FFFL home edition, used as a weight management tool, was offered in 2023. 3. Chronic Disease Education: Hypertension: As of 12/31/2023, the promotion of Cardiovascular Health resources is in progress. The strategy to promote HHHL toolkit is being considered via vendors. Hypertension health education was promoted in the member newsletter. 4. Pediatric Education: As of 12/31/2023, an increase in member engagement by five percent (5%) for the WCV Measure via call outreach to members was not conducted. The concierge program was not implemented in CalViva Health Counties. However, the Family Unit HEDIS outreach calls were made in CVH counties in 2023. Thirty-four percent (34%) of those members reached self-reported that they will schedule a WCV or have already completed it. 5. Undocumented Outreach: The initiative is canceled. 6. Obesity Prevention: Only four (4) members were enrolled as of 12/31/2023. No members were enrolled in the Healthy Habits for Health People (HHHP) self-paced program. Team members are reviewing alternative ways to promote programs and health education resources through providers and QR codes/links to program content. 7. Tobacco Cessation: The email campaign was canceled because email campaigns have limited impact, are resource intensive, and low volume of emails provided by members. The focus will continue the promotion of Kick It California via the State and alternative modes through providers and QR/code links to content.	
#4 Key Presentations - PHM Effectiveness Analysis Report - PHM Strategy Description & Change Summary 2024 (Attachments V, W) **Action** Patrick Marabella, M.D Chair	The **PHM Effectiveness Analysis Report** was presented as the plan that has been established to analyze the effectiveness of the population health management programs. The programs relate to the four focus areas CalViva selected and are listed below with the program measure (Clinical, Utilization, or Member feedback), the program goal, and the projected timeframe for analysis. The following programs will be evaluated later in 2024 under NCQA Accreditation: PHM.6.A.1-3 requirements and reported back to this committee: • Improve Preventive Health: Flu Vaccinations • Tobacco Cessation • Breast Cancer Screening • Diabetes Management Program • CalViva Pregnancy Program (CPP) / High-Risk Obstetrics (OB) CM • Improve Behavioral Health: Depression and Antidepressant Medication Management • Cardiac + Diabetes (formerly Cardio-Protective Bundle Project – SHAPE)	Motion: *Approve* - PHM Effectiveness Analysis Report - PHM Strategy Description & Change Summary 2024 (Quezada/Ramirez) 6-0-0-1

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

	• Care Management
	
	The **PHM Strategy Description & Change Summary 2024** was presented. The Population Health Management (PHM) Program is designed to ensure that all members have access to a comprehensive set of services based on their needs and preferences across the continuum of care, which leads to longer, healthier, and happier lives, improved outcomes, and health equity.
	Core aspects of PHM program areas include:
	• Basic Population Health Management (BPHM)
	• Risk Stratification, Segmentation & Tiering (RSST): The Risk Stratification, Segmentation & Tiering (RSST) approach and Health Equity Improvement Model (HEIM) are designed to avoid and reduce biases to prevent the exacerbation of health disparities and address inequities in a variety of ways, including:
	    o Urban vs. rural
	    o Race, ethnicity, language and
	    o The unhoused and special needs population
	Algorithms include clinical and sociodemographic variables, bias testing, and UM data to stratify the entire population (many data sources utilized). Classify into Risk: Low, Medium, High, and Case Management Level: from one (1) to five (5).
	Basic Population Health for 2024 includes:
	• Access, Utilization, and Engagement with Primary Care
	• Care Coordination, Navigation, and Referrals Across All Health and Social Services, Including Community Supports
	• Information Sharing and Referral Support Infrastructure
	• Integration of Community Health Workers (CHWs) into PHM
	• Wellness and Prevention Programs
	• Programs Addressing Chronic Disease
	• Programs to Address Maternal Health Outcomes
	• PHM for Children
	Changes to the **2024 Strategy Description** include:
	• Updated Transitions of Care Program (TOC) to Transitional Care Services (TCS).
	• P 3-4. Added information on the Public Policy Committee (PPC) and a description of its role and	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	actions to the Stakeholder Engagement section.	
	• P 11. Added ambulatory visits, vaccinations, and immunizations (e.g., COVID-19, Flu, and Pneumococcal) to key aspects of member navigation support.	
	• P 13. Added "Conducting initial outreach to members while they are inpatient to engage in the program and complete an inpatient discharge risk assessment" and "Coordinate care with hospital staff as needed to support a safe transition to a lower level of care" to list what the TCS program includes.	
	• P 14. Removed the Palliative program.	
	• P 16-17. Updated Program services to include social media, multi-gap call outreach, tipsheets, Provider Best Practices guide, and Provider collaboration.	
	• P 17. Updated Programs goal(s) from "CDC >9" to "Glycemic Status >9".	
	• P 23. Changed "annual" assessments to "at least annually or when the Member experiences a significant change in condition" within the LTC section.	
	• P 31. Added Disengaged/housing insecure or homeless member support information within the Standardized Protocols for Unable to Reach Members section.	
#4 Key Presentations - Continuity & Coordination Medical & Behavioral Healthcare Report 2023 - Continuity & Coordination Medical & Behavioral Healthcare 2024 (Attachment X) **Action** Patrick Marabella, M.D Chair	The **Continuity & Coordination Medical & Behavioral Healthcare Report 2023** was presented to provide information on strategies used to facilitate collaboration among medical and behavioral health providers, and CalViva leaders and managers. The following categories were selected for assessment and improvement in 2023: • Antidepressant medication management – acute through continuation phase of treatment (Appropriate diagnosis, treatment, and referral of Behavioral disorders commonly seen in primary care.) o Effectiveness: Observing slight year-over-year directional improvement for CVH; however, due to ongoing reporting issues, 2023 interventions were not impactful. o Actions: Continued live member outreach only for a portion of the year due to technical issues. o Next Steps: Identify a new metric/measure for MCL quantifying improvement in this opportunity area that aligns with changes in priority. • Depression screening and follow-up for adolescents and adults (DSF-E) (Preventive Behavioral Healthcare Program Implementation) o Effectiveness: Initial screening rates could only improve between RY2021 and RY2022	**Motion**: *Approve* - Continuity & Coordination Medical & Behavioral Healthcare Report 2023 - Continuity & Coordination Medical & Behavioral Healthcare 2024 (Pascual/Ramirez) 6-0-0-1

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	for CVH; starting rate was zero percent (0%.) Barriers to data collection persist – not able to capture all screenings resulting in small denominators and large swings in performance; therefore 2023 interventions were not effective.
	   o Actions: Try to improve utilization of myStrength for CVH membership through the Call Center, social media, and email.
	   o Next Steps: Maintain improvement actions. Select a new opportunity area that focuses on Exchange of Information and Coordination of Care which could improve screening and follow-up.
	• Follow-up after depression screening for adolescents and adults (DSF-E)
	   o Given that there are no national benchmarks, the internal goal is achieving directional improvement. CalViva Health did show directional improvement from RY2022 to RY2023. Due to the low screening rate, the eligible populations for this metric remained small in RY2023.
	Discussion:
	Dr. Faulkenberry asked what myStrength is.
	Dr. Marabella explained that it is an app or self-help tool that members can use. It includes educational information and tools such as biofeedback, journaling, etc.
	Amy Schneider added that the program has limitations as many of our members have limited or no internet access.
	
	A summary of quality metrics and goals that met with an improved directional change were reviewed:
	• Timeliness of information received from Primary Care Physicians on the MHN Provider Survey
	• HEDIS® Follow-up care for children prescribed ADHD medication: C&M (ADD)
	• HEDIS® Diabetes monitoring for people with diabetes and schizophrenia (SMD)
	• **Depression screening – ages twelve (12) and older (DSF-E)**
	• HEDIS® Diabetes screening for members diagnosed with bipolar disorder or schizophrenia prescribed antipsychotic medications (SSD)
	The quality metrics and goals that met with a decrease in directional change were:
	• Timeliness of information received from Behavioral Health Practitioners on the HN Provider Survey
	• **HEDIS® Antidepressant medication management: Acute (AMM)**	

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	• **HEDIS® Antidepressant medication management: Continuation (AMM)**
	• HEDIS® Follow-up care for children prescribed ADHD medication: INT (ADD)
	• **Depression screening follow-up– ages twelve (12) and older (DSF-E)**
	Bold text identified opportunity in 2023.
	
	The **Continuity & Coordination Medical & Behavioral Healthcare for 2024** was presented to review and confirm activities selected for 2024, to discuss specific barriers to improvement, and to share information/brainstorm applicable initiatives or potential actions that should be executed. The committee reviewed two identified opportunities and potential actions for 2024:
	• Opportunity #1 Appropriate diagnosis, treatment, and referral of behavioral disorders commonly seen in primary care.
	    o Quantifiable Metric(s): HEDIS® Follow-Up After Emergency Department Visit for Mental Illness (FUM) and HEDIS® Follow-Up After Emergency Department Visit for Substance use (FUA)
	    o Barriers: Timely provider notification of MH & SUD ED visits; Lack of provider/member awareness of best practices for follow-up after MH & SUD ED visits; Limitations to relying on ADT reports for ED visits; Member resistance to BH & SUD treatment; Additional Federal regulations on SUD data sharing
	    o Potential Actions: Continue live member outreach calls after MH & SUD ED visits; CVH Non-clinical PIP (PIP focuses on increasing provider notifications of ED visits for MH/SUD - should improve FUM/A rates downstream); Improve member reach rate; Implement Cozeva enhancements to increase timely, comprehensive provider notifications about MH/SUD ED visits; Engage in industry collaboratives to improve data exchange and coordination of care; Distribute FUM/FUA Tip Sheets to Providers during site visits
	    o Metrics to Evaluate Effectiveness: Meeting goal (50th Percentile) for both HEDIS® Follow-Up After Emergency Department Visit for Mental Illness (FUM) and Follow-Up After Emergency Department Visit for Substance Use (FUA)
	• Opportunity #2 Exchange of Information
	    o Quantifiable Metric(s): Provider satisfaction with the timeliness of information exchanged between medical and behavioral healthcare providers, from the Provider Satisfaction Surveys	

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	o Barriers: Ambiguities around sharing of information within privacy parameters; Provider beliefs that patient may be sharing the necessary information with the other provider on their own; Medical and Behavioral Health providers are on separate systems and/or locations. Makes it difficult for PCP to contact BHP; Lack of time to sufficiently exchange information in a timely way. o Potential Actions: Engage in industry collaboratives to improve data exchange and coordination of care; Promote and increase implementation of PCP BH Integration models. o Metrics to Evaluate Effectiveness: Meeting internal goals for provider satisfaction with timeliness of information exchange. *Discussion:* *Dr. Pascual asked if Clovis Community Medical Center uses SUNs in their Emergency Department (ED) as well.* *Dr. Marabella indicated that they do use SUNs and asked Dr. Faulkenberry if they have a separate pediatric ED.* *Dr. Faulkenberry indicated that they have a separate area, but only one pediatric psychiatrist who doesn't see any cases in the ED.* *Dr. Marabella asked how the PCPs were notified that a pediatric patient was seen in the ED.* *Dr. Faulkenberry indicated that she would be informed through ER notes or only if she was listed as the PCP in EPIC and through ADT data. If a clinic name was listed as the PCP, then she would not get the notification and does not know who would then be notified of the visit.* *Dr. Ramirez added that they are notified of an ED visit the next day, but it is a manual pull of information by his staff and not an automatic push of information or notification.*	
#5 UM/CM Business - Key Indicator & TAT Report (March) - Utilization Management Concurrent Review Report (Q1) - Revised NCQA UM System Controls Appeals & Denials Oversight Report - Medical Policies (Q1)	The **Key Indicator Report and Turn Around Time Report** through March were presented. • Membership has slightly increased. • Utilization for most risk types increased slightly in March 2024, and SPDs remained consistent. • Acute Admits PTMPY for TANF populations increased in March, while Expansion and SPD populations declined. • Bed Days for SPDs have remained low and ER visits remained consistent. • Case Management results remained robust in most categories. TCS numbers are down because they refer cases elsewhere. Behavioral Health referrals have shown variation. • The new First Year of Life program focuses on transitioning members from the Perinatal	Motion: *Approve* - Key Indicator & TAT Report (March) - Utilization Management Concurrent Review Report (Q1) - Revised NCQA UM System Controls

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(Attachments Y-BB) **Action** Patrick Marabella, M.D Chair	program into the first year after delivery emphasizing Well-Child visits, immunizations, and other preventive health with a current engagement rate of 100%. • Turnaround Times were not met for Pre-Service Urgent in March 2024, because the staff did not follow the established work process which did not explicitly provide guidance for the timestamp of the determination. Educational materials have been updated and staff refreshed on process steps. 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 Q1 2024. • MCE and TANF populations for Average Acute Monthly Admits increased in Q1 while the SPD population decreased for admissions. • It was noted that annual goals need to be recalculated as these are based on pre-COVID experience but have been included in this report to show the disparity. • Most Q1 metrics are in line with 2023 as stated above in the KIR. • Q1 Readmissions are lower than the 2023 average. • Collaboration between Clinical Concurrent Review nursing staff and the Transitional Care Services (TCS) Team around greater at-risk inpatient cases may have contributed to this reduction in readmission rates. • TCS representatives are onsite meeting with inpatients for a discharge risk assessment. • The CalAIM team will join the weekly UM Rounds to facilitate appropriate ECM and Community Support referrals. The **NCQA UM System Controls Appeals & Denials Oversight Report** was presented to demonstrate CalViva's oversight of information management and security standard compliance by HealthNet. Per NCQA standards, the report describes how UM Appeals & Denials information is received, stored, reviewed, tracked, and dated. The UM Policy includes the following: • Defines the date of receipt consistent with NCQA requirements. • Defines the date of written notification consistent with NCQA requirements. • Describes the process for recording dates in systems.	Appeals & Denials Oversight Report - Medical Policies Provider Updates (Q1) (Faulkenberry/ Quezada) 6-0-0-1

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	• Specifies titles or roles of staff who are authorized to modify dates once initially recorded and circumstances when modification is appropriate. • Specifies how the system tracks modified dates. • Describes system security controls in place to protect data from unauthorized modification. • Describes how the organization monitors its compliance with the policies and procedures in factors 1–6 at least annually and takes appropriate action, when applicable. All cases audited met compliance standards for both Appeals and Denials. The **Medical Policies** (Q1) were presented to the committee. Dr. Marabella recommended that committee members review the new Medical Policies and updates for their awareness and especially those specific to each practitioner's specialty and provide any comments or feedback. The Medical Policies are compiled based on a national review by physicians and sent monthly to providers featuring new, updated, or retired medical policies for the Plan. New policies include: • BH.CP.105 –ABA Documentation Requirements Updated policies include but are not limited to: • CP.MP.40 – Gastric Electrical Stimulation • CP.MP.91 – OB Home Programs • CP.MP.132 – Heart-Lung Transplant • CP.MP.102 – Pancreas Transplantation • CP.MP.141 – Non-Myeloablative Allogeneic Stem Cell Transplants • CP.MP.162 – Tandem Transplantation • CP.MP.250 – Lantidra • HNCA.CP.MP.150 – Benign Skin Lesion Removal • CP.MP.22 – Stereotactic Body Radiation Therapy • CP.MP.55 – Assisted Reproductive Technology • CP.MP.62 – Hyperhidrosis Treatments • CP.MP.82 – NICU Apnea Bradycardia Guidelines • CP.MP.85 – Neonatal Sepsis Management • CP.MP.129 – Fetal Surgery in Utero for Prenatally Diagnosed Malformations • CP.MP.173 – Implantable Intrathecal or Epidural Pain Pump	

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	• CP.MP.190 – Outpatient Oxygen Use • CP.MP.243 – Implantable Loop Recorder • CP.MP.248 – Facility-based Sleep Studies for Obstructive Sleep Apnea • CP.MP.99 – Wheelchair Seating • CP.MP.105 – Digital EEG Analysis • CP.BH.104 – Applied Behavioral Analysis • HNCA.CP.MP.61 – Dental Anesthesia Genetic Testing Policy Updates • V1.2024 – CG Hereditary Cancer Susceptibility • V1.2024 – CG Metabolic, Endocrine, and Mitochondrial Disorders • V1.2024 – CG Prenatal and Preconception Carrier Screening Inactive policies include but are not limited to: • HNCA.CP.MP.375 - Central Auditory Processing Disorder • HNCA.CP.MP.436 - Intraperitoneal Hyperthermic Chemotherapy for Abdominopelvic Cancers • HNCA.CP.519 - Fecal Bacteriotherapy	

#6 Pharmacy Business
- Pharmacy Executive Summary (Q1)
- Pharmacy Operations Metrics (Q1)
- Pharmacy Top 25 Prior Authorizations (Q1)
- Quality Assurance Reliability Results (IRR) for Pharmacy (Q1)
 	
(Attachments CC-FF)
 	
Action
Patrick Marabella, M.D Chair
	The **Pharmacy Executive Summary Q1** provides a summary of the quarterly pharmacy reports presented to the committee on operational metrics, top medication prior authorization (PA) requests, and quarterly formulary changes to assess emerging patterns in PA requests, compliance around PA turnaround time metrics, and to formulate potential process improvements.
	• Pharmacy Operations Metrics
	   o Pharmacy Prior Authorization (PA) metrics were within five percent (5%) of the standard for Q1.
	   o Overall, TAT for Q1 was ninety-eight-point five percent (98.5%.) PA TAT was slightly lower in Q1 than in Q4 2023.
	   o PA volume was slightly lower in Q1 compared to Q4 and there were some drug-specific differences. January had a higher volume compared to all other months in Q1 2024.
	
	The **Pharmacy Operations Metrics Q1** provides key indicators measuring the performance of the PA Department in service to CalViva Health members. The turnaround time (TAT) expectation is 100% with a threshold for action of ninety-five percent (95%.)
	• Pharmacy prior authorization (PA) metrics were within five percent (5%) of the standard for Q1
		Motion: *Approve*
		- Pharmacy Executive Summary (Q1)
		- Pharmacy Operations Metrics (Q1)
		- Pharmacy Top 25 Prior Authorizations (Q1)
		- Quality Assurance Reliability Results (IRR) for Pharmacy (Q1)
		
		(Ramirez/Pascual)
		6-0-0-1

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	at ninety-eight-point five percent (98.5%.) • PA approval rate was higher in March 2024 compared to January and February. Volume was higher in January 2024 compared to February and March. Trending in volume and TAT will be monitored to ensure consistent procedures by the PA team. The **Pharmacy Top 25 Prior Authorizations Q1** identifies the most requested medications to the PA Department for CVH members and assesses potential barriers to accessing medications through the PA process. The top ten (10) denials of the quarter by percentage and total number are consistent with recent quarters except for a few placement variations. More variance is seen in the top 15th to 25th. • Interestingly, testosterone requests increased in January and February 2024 although there was no change in PA requirement. • IV Iron requests continue to be high in Q1 similar to Q4 due to criteria change. As of 04/09/24, those criteria have been amended to reduce PA volume for some agents based on provider feedback and it is expected that in Q2 those PA request numbers will decrease. Approximately ninety-five percent (95%) of IV Iron requests were denied this quarter. The **Quality Assurance Reliability Results (IRR) for Pharmacy (Q1)** evaluates the medical benefit drug prior authorization requests for the health plan. A sample of ten (10) prior authorizations (four (4) approvals and six (6) denials) from each month in the quarter are reviewed to ensure that they are completed timely, accurately, and consistently according to regulatory requirements and established health plan guidelines. The target goal of this review is ninety-five percent (95%) accuracy or better in all combined areas with a threshold for action of ninety percent (90%.) • Ninety percent (90%) threshold met. Ninety-five percent (95%) goal not met; overall score was ninety percent (90.00%.) • Three (3) cases missed TAT. • Three (3) cases the criteria used were not applied or documented appropriately after plan review. • Three (3) cases had letter language that could have been clearer to the member and/or MD after plan review. • Three (3) cases were determined to have a questionable denial or approval after plan review. Results have been shared with PA Managers in order to provide review and feedback with	

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	individual staff involved in the decisions. Feedback includes Criteria Application review expectations as well as proper documentation of clinically relevant information.	

#7 Policy & Procedure Business
- A&G Policy & Procedure Annual Review
 	
(Attachment GG)
 	
Action
- Patrick Marabella, M.D Chair
	The **Appeals & Grievances Policy & Procedure Annual Review** was presented to the committee. The annually reviewed policies were updated to comply with APL 21-011 and other minor edits. The following policy edits were discussed and approved:
	• AG-001 Member Grievance Process
	   o Added member rights to file a grievance when an expedited request is denied.
	• AG-002 Member Appeal Process
	   o Added member rights to file a grievance when an expedited request is denied.
	• AG-004 Handling DMHC Calls Regarding Urgent Grievances
	   o Updated Definitions section to include Title 28, CCR 1300.68.
	• AG-005 Managing DMHC Cases
	   o Updated Definition section to include Title 28, CCR 1300.68(a) (2). Updated to include language and accessibility language set forth in APL 21-004.
		Motion: *Approve*
		- A&G Policy & Procedure Annual Review
		(Ramirez/Quezada)
		6-0-0-1

#8 Oversight Audits
- UMCM Oversight Audit 2023
- Quality Management Oversight Audit 2024
- Behavioral Health Oversight Audit 2024
 	
(Attachment HH-JJ)
 	
Action
Patrick Marabella, M.D Chair
	The **UMCM Oversight Audit 2023** of Health Net Community Solutions (HNCS) Utilization Management and Case Management functions for CalViva Health were presented and reviewed. The audit review period was Jan. 1, 2021, through Dec. 31, 2022, with case reviews primarily in 2022. The audit was conducted from Sept. 2023 through April 2024. A new audit tool was developed and implemented for the first time for this oversight audit to be consistent with NCQA standards and other recent regulations.
	• A total of 463 randomly selected case files of various types were reviewed covering key case types to validate that the established policies and procedures, regulations, and laws were implemented and followed when providing care and services for CalViva Health members.
	   o The following case types were reviewed with 100% compliance: CCS Coordination Files, Complex Case Management (Physical + Behavioral) Files, Perinatal Case Management Files, Terminal Illness Denial Files, Palliative Care, Continuity of Care, Transitional Care Management, and Sensitive Services Denials.
	   o Sterilization Claim Files from Health Net, Adventist, CVMP, LaSalle, Meritage, and Sante were reviewed for inclusion of PM330 form with compliance of fifty-six percent (56%) overall of the 179 paid claims. Additionally, 102 total denied claims were reviewed and denial for lack of PM330 form was inconsistent.
	   o Prior Authorization Denial case files demonstrated 99% compliance overall with a total
		Motion: *Approve*
		- UMCM Oversight Audit 2023
		- Quality Management Oversight Audit 2024
		- Behavioral Health Oversight Audit 2024
		(Pascual/Quezada)
		6-0-0-1

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	of 110 cases reviewed. Each element of the review is given one (1) point to establish the compliance rate. The goal is 100% compliance with the threshold for action at 95%. Cases included Health Net, Meritage, MHN, NIA/Magellan, LaSalle, Adventist, Sante, CVMP, and IMG.
	• Overall, this assessment included fourteen (14) categories of review including, but not limited to, program structure, clinical criteria, appropriate professionals, system controls, communication, sensitive services, carve-out programs, delegation of UM, and mental health services.
	• Overall HNCS demonstrated excellent compliance with almost all the standards evaluated for this function with a ninety-seven percent (97%) compliance rate for the 127 standards evaluated.
	• Results for Prior Authorization denial review had positive results overall at 99% and at the PPG level met compliance standards at 100%, except for one case.
	• There were three (3) denials for investigational or research treatments or services for terminally ill members identified during the audit period. Therefore, all three (3) cases were reviewed and were found to meet standards for communication to members regarding the reason for denial and options associated with appeal procedures.
	• Care Management files for Complex, Perinatal, CCS, and Transitional Services met all required elements.
	• Opportunity for improvement requiring corrective action was identified (note: Final corrective actions determination is pending final decision):
	    o Section 3A-1: Staff are available: Three call attempts were made during business hours to call the phone number provided in provider denial letters, and the call went automatically to voicemail each time saying that if you are requesting a peer review, please send an email. Monitoring data for this process is under review.
	    o Section 4A-1: Affirmative Statement About Incentives: In a sample of thirty (30) physicians and staff, twenty-two (22) individuals had evidence of attestation regarding separation of financial concerns and medical decisions for a seventy-three percent (73%) compliance rate.
	    o Section 5A: Prior Authorization Case Denials: LaSalle's compliance rate is ninety-three percent (93%) for 30 files reviewed, with 2 non-compliant cases identified. A corrective action plan is required for this PPG only.	

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	o Section 12B: Informed Consent-PM330: In a review of 179 claims paid for sterilization procedures for both men and women the PM330 form was obtained/reviewed and included in the case file in fifty-six percent (56%) of cases reviewed. The **Quality Management Oversight Audit 2024** of Health Net Community Solutions' (HNCS) support of the Quality Management function for CalViva Health was presented and reviewed. The audit review period was Jan. 1, 2023, through Dec. 31, 2023. The audit was conducted from Dec. 2023 through Feb. 2024. • Program Descriptions, Annual Work Plans, and Mid-year and Annual Evaluations were reviewed to provide evidence of compliance with several standards. Additionally, several policies and procedures, reports, contracts, and other documentation were reviewed as evidence of compliance with established standards and regulations. • Based upon review of these documents and ongoing communication with appropriate leadership and staff from QI, UM, and Population Health and through the QI/UM Workgroup and other formal and informal improvement teams CalViva Health observed overall a ninety-eight percent (98%) compliance rate for this function. • One standard was identified as not compliant, QM.5.A-1 which states, "The Plan demonstrates there is no financial incentive or gain to the Plan providers and/or others to delay or withhold appropriate care." Although only one standard was cited, the ability of the Plan to meet some of the other standards within section SA may have been impacted as well, but is difficult to quantify (5.A 4), therefore only 5. A-1 was counted as non-compliant. • Opportunity for improvement requiring corrective action was identified for: o QM.5. A-1 No financial incentive or gain to the Plan providers and/or others to delay or withhold appropriate care: In a sample of thirty (30) physicians and staff, twenty-two (22) individuals had evidence of attestation regarding separation of financial concerns and medical decisions for a seventy-three percent (73%) compliance rate. The **Behavioral Health Oversight Audit 2024** of Health Net Community Solutions (HNCS) Behavioral Health functions which during the audit year was MHN, a subsidiary of Health Net was presented and reviewed. The audit review period was Jan. 1, 2023, through Dec. 31, 2023. The audit was conducted from March through April 2024. • The audit covered ten (10) different categories including but not limited to Access &	

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	Availability, Utilization Management, Customer Service, Appeals & Grievances, Quality Improvement, Health Equity, and more. • A variety of document types were provided and reviewed including the PHM Program Description, MHN UM Program Description, Workplan and Annual Evaluation, several policies and procedures, reports and data analyses, logs, and other documentation as evidence of compliance with established standards and regulations. • A total of forty-three (43) randomly selected case files were selected and reviewed covering key case types to validate that the established policies and procedures, regulations, and laws were implemented and followed when providing care and services for CalViva Health members. • This is CalViva's first year conducting a separate standalone Behavioral Health Oversight audit and MHN demonstrated 100% compliance with the 110 standards evaluated therefore no corrective action is required at this time. Note that two categories in the audit were marked N/A: Pharmacy, due to Medi-Cal Rx most prescribed medications for the population served are managed by the state and MHN does not delegate services, therefore delegation standards were not applicable. o The following case types were reviewed with 100% compliance: Case Management of ABA Cases, Prior Authorization Case Denials, Inbound calls, Referral request calls, PQI Case files, and Crisis Call management.	

#9 Access Business
- Access Workgroup Minutes 01/30/2024
 	
(Attachment KK)
 	
Action
Patrick Marabella, M.D Chair
	Access Work Group Minutes from 01/30/2024 were presented and reviewed. The list of HN-generated reports that the Access Work Group routinely reviews at their meeting was discussed.
	• Access & After-Hours CAP & Evaluation - MY 2022:
	     o Some CAP Improvement Plans have been received timely within 30 days, a few were delayed and escalated to Provider Network Management (PNM) and with Regional Medical Directors (RMDs). Completed review and validation of all CAP Improvement Plans and received additional and supporting documentation to close out the CAPs.
	     o Required non-compliant PPGs and providers to attend the Timely Access provider training webinars and submit webinar completion certificate.
	• Telehealth Program - Q4 2023: CalViva is getting ready to file for approval to begin work with TelAdoc.
	• Practitioner Availability Report: This report measures the network availability of PCPs reviewing two aspects for geo access which has an internally set standard of 90% within time
		Motion: *Approve*
		- Access Workgroup Minutes 01/30/2024 (Ramirez/Waugh) 6-0-0-1

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	or distance. • Accuracy of Prior Authorization (PA) and Referrals Information: The report verifies that the PA and referral information are clear and accurate, and that this information is available for members on the CalViva website. • 10% Significant Network Change: Filed with DMHC on 01/15/24. We have not received feedback to date. • Workgroup Functions & Responsibilities and Matrix: For NCQA purposes, the structure of the workgroup and reporting functions to the QIUM Committee as well as the report Matrix were reviewed, revised, and approved.	
#10 **Compliance Update** - Compliance Regulatory Report (Attachment LL)	Mary Lourdes Leone presented the **Compliance Report**. **CalViva Health Oversight Activities: Health Net:** CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings, and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to critical projects or transitions that may affect CalViva Health. The reports cover PPG-level data in the following areas: financial viability data, claims, provider disputes, access & availability, specialty referrals, utilization management data, grievances, and appeals, etc. **Oversight Audits.** The following annual audits are in progress: UMCM, Marketing, Claims/PDR, and Health Equity. The following audits have been completed since the last Commission report: Credentialing (CAP) and Behavioral Health. **Fraud, Waste & Abuse Activity.** Since the 3/21/2024 Compliance Regulatory Report to the Commission, there were 3 new MC609 cases filed that involved: 1) a non-participating provider, who is not enrolled as a Medi-Cal Fee-for-Service, who was identified for allegedly performing laboratory tests that their CLIA does not authorize, and for collecting payment from beneficiaries up front and not billing Medicare; 2) a non-participating laboratory was identified via data mining for billing a non-covered service; and 3) a CalViva member who allegedly has been placing fraudulent transportation requests for approximately three years. **Department of Managed Health Care ("DMHC") 2022 Medical Audit.** The Plan received the 2022 DMHC Final Audit Report on April 18, 2024, noting two findings. 1) The Plan failed to identify PQIs in exempt grievances and 2) The Plan inappropriately denies post-stabilization care. The DMHC has referred the post-stabilization deficiency to the Office of Enforcement to assess the Plan's	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	noncompliance with post-stabilization laws. DMHC will be conducting a follow-up audit within 18 months to address these findings. The Plan is in the process of issuing a CAP to Health Net to begin to immediately remediate both these deficiencies. **Department of Health Care Services ("DHCS") 2023 Medical Audit.** The Plan submitted the final 2023 Audit CAP response to DHCS on 3/27/2024, and DHCS closed the CAP on 4/19/2024. There was a single finding (CAP) regarding the plan's ability to capture all expressions of grievances in our exempt cases. For the past year, we've been providing our corrective actions in terms of updating Health Net, updating policies and work aids for the Call Center in addition to more routine monitoring of those calls. **Department of Health Care Services ("DHCS") 2024 Medical Audit.** The Plan submitted all the Pre-Audit Documentation on 4/12/2024, and Verification Files on 5/3/2024. The Audit Entrance Conference will be held on 5/20/2024 via video teleconference and all interview sessions and file reviews will go through 5/31/2024. **California Advancing and Innovating Medi-Cal (CalAIM)** • **Enhanced Care Management (ECM):** On 2/2/24, DHCS issued to CalViva (and many other MCP plans) a "Pre-Cap" related to the Justice Involved POF with a focus on developing adequate provider networks and increasing uptake for this POF. The Plan responded to the Pre-CAP on 3/18/24 and has not heard back. • **Community Supports (CS):** DHCS approval is still pending for the Community Supports MOC submitted on 1/29/24 for those services going live 7/1/24 [Sobering Centers and Short-term Post-Hospitalization Housing (Fresno, Kings, and Madera Counties; and Recuperative Care (Madera County]. **Long-Term Care (LTC) Carve-In Deliverable List – Phase II (ICF/DD and Subacute Care facilities:** Effective 1/1/2024, LTC-ICF/DD and Subacute Care services were carved into MCPs statewide. The Plan submitted to DHCS the deliverables associated with LTC-ICF/DD facilities and Subacute facilities on 11/27/23 and 1/29/24, respectively. The Plan is awaiting DHCS approval of this submission. As it regards ICF/DD Network Readiness, the Plan submitted Phase I (i.e., must contract with at least one ICF/DD in the county) on 3/25/24, and received approval on 4/18/24. Phase II Network Readiness deliverables (i.e., additional attempts to contract and execute contracts) are due by 6/28/24. **Memorandum of Understanding (MOU):** DHCS requires each MCP to submit quarterly updates on the status of the multi-party MOUs with third-party entities (LGAs, LEAs, LHDs, and other MCPs in the	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	county). The Plan's upcoming Q2 Status Report will indicate that CalViva executed a DMC-ODS MOU with Fresno County on 4/22/24. **Annual Network Certifications:** • **2023 Subnetwork Certification (SNC)** – The Plan filed all the required documentation on 1/5/24. DHCS completed their initial review and asked for additional information on 2/20/2024 and 4/30/2024. The Plan submitted the additional information on 2/23/2024 and 5/3/2024 and is awaiting DHCS response. • **2023 Annual Network Certification (ANC)** – The Plan submitted the required documentation by 3/25/24 and is awaiting DHCS response. **Timely Access and Annual Network Reporting (TAR):** • **RY 2024 MY 2023-** The Plan submitted the annual Timely Access Report (TAR) and Annual Network Report (ANR) on 5/1/2024 and is awaiting DMHC's response. • **RY 2023 MY 2022-** DMHC issued a Network Findings Report with two findings related to Geographic Access and Data Accuracy. The Plan's response is due to the DMHC by September 9, 2024. **2024 Network Adequacy Validation (NAV) Audit:** DHCS' external auditor, Health Systems Advisory Group (HSAG), sent notification on 3/15/2024 that they will be conducting a new annual Network Adequacy Validation (NAV) audit of MCPs per CMS requirements. The Plan must submit the required documentation by 5/15/2024. The audit will take place between 6/3/2021-7/26/2024. **DMHC Subdelegated Contract Review:** On 4/24/24, DMHC requested CalViva to submit, under its DMHC license, Health Net's subdelegated contracted vendor agreements for vendors that perform various Knox-Keene functions on behalf of CalViva. The Plan will need to submit all current 19 vendor contracts as separate amendments to the DMHC and any new future subdelegated contracts. Note, this was the first time since DMHC approved CalViva's license in 2010 that it is requiring these subcontract vendor agreements. **NCQA Plan Accreditation:** On 5/6/24, Health Net, on behalf of CalViva, submitted CalViva's NCQA Audit documentation. CalViva anticipates filing the NCQA Health Equity Accreditation documents by 3/11/25. **New DHCS Regulations/Guidance:** Please refer to Appendix A for a complete list of DHCS and DMHC All Plan Letters (APLs) that have been issued in CY 2024. **Public Policy Committee (PPC):** The next PPC meeting will be held on June 5, 2024, at 11:30 am in the CalViva Health Conference Room, 7625 N. Palm Ave., Suite 109, Fresno, CA 93711	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#11 **Old Business**	None.	
#12 **Announcements**	Dr. Fenglaly Lee retired after serving on the QIUM Committee for 10 years. Dr. Ana-Liza Pascual has been appointed to the Committee and is an OB/GYN with the Central Valley OB/GYN Medical Group. Iris Poveda, Medical Management Services Manager will be leaving CVH at the end of the month and is training her successor Nicole Foss, MBA, MSN, RN. Next meeting is July 18th, 2024.	
#13 **Public Comment**	None.	
#14 **Adjourn**	Meeting adjourned at 12:38 p.m.	

NEXT MEETING: July 18th, 2024

Submitted this Day: _July 18th 2024_

Submitted by: _Amy Schneider RN_

Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:

X _(signature)_

Patrick Marabella, MD Committee Chair

Public Policy Committee
Meeting Minutes
June 5, 2024

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	
✓	Martha Miranda, Kings County Representative		**Staff Members**	
	Sylvia Garcia, Fresno County Representative	✓	Courtney Shapiro, Director Community Relations & Marketing	
	Kristi Hernandez, Fresno County Representative	✓	Cheryl Hurley, Commission Clerk / Director, HR /Office	
✓	Maria Arreola, At-Large Representative	✓	Mary Lourdes Leone, Chief Compliance Officer	
✓	Norma Mendoza, Madera County Representative	✓	Steven Si, Compliance Manager	
			Jeff Nkansah, CEO	
		✓	Maria Sanchez, Senior Compliance Manager	
		✓	Patrick Marabella, MD, CMO	
		✓	Amy Schneider, RN, Senior Director, Medical Management	
		✓	Sia Xiong-Lopez, Equity Officer	
		*	= late arrival	
		•	= participation by teleconference	

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
#1 Call to Order Joe Neves, Chair	The meeting was called to order at 11:30 am. A quorum was present.		
#2 Meeting Minutes from March 6, 2024 **Action** Joe Neves, Chair	The March 6, 2024, meeting minutes were reviewed and approved. *Jeff Garner arrived at 11:34 am; not included in vote* Courtney Shapiro introduced Sia Xiong-Lopez, CalViva Health's new Equity Officer.		**Motion:** Approve March 6, 2024, Minutes 6-0-0-3 (R. Garcia / D. Phillips)

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
#3 Enrollment Dashboard **Information** Maria Sanchez, Compliance Manager	Maria Sanchez presented the enrollment dashboard through March 2024. Membership as of March 31, 2024, was 435,626. CalViva Health maintains a 66.83% market share.		**No Motion**
#4 Health Education **2023 Year-End Evaluation Summary** **2024 Work Plan** **Information** Steven Si	<u>2023 Summary Work Plan Evaluation</u> The 2023 Health Education Work Plan consisted of 15 initiatives with 40 measurable objectives (there are multiple objectives within each initiative). Of the 40 measurable objectives: • 25 were attained as of the end of the year • 1 is partially attained as of the end of the year • 7 were attained and did not meet the measurable objective as of the end of the year • 2 were suspended given the Quality Department's quadrant analysis • 5 were canceled Accomplishments included: • 177 members enrolled in the Central California Asthma Collaborative in-home visitation program and 141 members completed the 12-month program. • 524 members attended 81 virtual and in-person Breast Cancer Screening/Cervical Cancer Screening classes. • 226 charlas with a 68% member participation rate. • Promotores Health Network conducted in-person and virtual classes on bailoterapia (physical activity), walking club, literacy club, and health education topics such as: A1C Diabetes, Vaccination, Cervical Cancer, and Cholesterol. • 364 members enrolled in myStrength. • 1,276 members enrolled in the pregnancy program. Barriers were:		**No Motion**

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	• Tobacco Cessation Program Email promotion, Chronic Disease Education Asthma email and mailing campaigns were canceled because they have limited impact and are resource intensive. • Low enrollment for Obesity Prevention. • Outreach campaigns to promote new DPP delayed as implementation is contingent upon submission to DHCS and approval of the program. 2024 Health Education Work Plan Focus areas for 2024 Health Education Programs are: • Continue onboarding process with new proposed vendor for the Diabetes Prevention Program. Submit application to DHCS. • Continue "charlas" and engagement with other stakeholders. • Continue to promote mental/behavioral health resources to members by way of providers and digital QR codes. • Continue promotion of BCS and CCS screenings via Every Woman Counts. • Continue enrollment of members in the CalViva Pregnancy Program. • Re-evaluate opportunities for Fit Families for Life and Healthy Habits Healthy People programs (obesity prevention) to increase access to available resources. • Continue promotion of the Kick It California program. Partnering with health plans to determine if a submission of the Tobacco Cessation Nicotine Replacement Therapy kits pilot project with Kick It California will be made. • Implement Fluvention education activities to encourage the promotion of Flu vaccinations during patient visits. • Collaborate with Marketing to update health educational resources as needed and increase member and provider promotion of the Krames online resources.		
#5 Appeals, Grievances and Complaints **Information** Maria Sanchez Dr. Marabella, CMO	For Q1 2024 there was one (1) Coverage Dispute (Appeals), 77 Disputes Involving Medical Necessity (Appeals), 48 Quality of Care, 110 Access to Care, and 289 Quality of Service, for a total of 525 appeals and grievances for Q1. The majority of which are from Fresno County.		**No Motion**

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	There were 58 appeal cases for Fresno County, 1 for Kings County, and 16 for Madera County, for a total of 75 for Q1 2024. There were 379 grievances cases for Fresno County, 29 for Kings County, and 40 for Madera County for a total of 448 for Q1 2024. The turn-around time compliance for resolving appeal and grievance cases was met at 100% for Standard Grievances, Expedited Grievances, Standard Appeals and Expedited appeals. There was a total of 457 Exempt Grievances received in Q1 2024. Of the total grievances and appeals received in Q1, the following were associated with Seniors and Persons with Disabilities (SPD): • Grievances: 84 • Appeals: 14 • Exempt: 20 The majority of appeals and grievances were from members in Fresno County (largest CalViva Health enrollment). The majority of quality of service (QOS) grievance cases resolved were categorized as Access-Other, Administrative, and Other. The majority of quality of care (QOC) cases were categorized as Other, PCP Care, and Specialist Care. The top categories of appeal cases were related to Advanced Imaging, Other, and DME. The top categories for exempt grievances were Balance Billing, PCP Assignment/Transfer Health Plan Assignment Change Request, and Health Plan Materials-ID cards not received. Dr. Marabella presented the Appeals & Grievances Dashboard for Q1 2024. The total of grievances for Q1, as stated, was 448 which is consistent with previous year Q1 2023. The majority of grievances are Quality of Service, having to do with prior authorizations, administrative, phone calls, and balanced billing. The Plan is working on the balanced billing	*Martha Miranda asked if a member sees a physician out of town, does the member have to pay? And who can help a member find a doctor that CVH will cover?* *Dr. Marabella clarified that if the physician is "out of network" then the member would have to see a physician that is In network. CalViva Health members should not have to pay for services; unless it is a service that the Plan does not cover (i.e. elective plastic surgery/cosmetic). Members can contact Member Services for*	

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	issue as a lot of the issues stem from member ID cards, and physicians switching to different provider groups which causes billing issues. Transportation remains an issue; however, has improved slightly from same time last year. Exempt grievances remain consistent with same time last year Q1 2023. Appeals for Q1 2024 remain stable when compared with Q1 2023. The majority of pre-service appeals were Advanced Imaging and is showing an improvement as the numbers have decline when compared with Q1 2023.	*assistance with finding a physician in the CVH network.* *Amy Schneider confirmed if the member has a prior authorization for a physician outside of the network (i.e. specialty care), then the member can see that physician out of network.* *David Phillips asked if the Plan has data on how many members repeat grievances.* *Dr. Marabella stated the Plan tracks members complaints and complaints on physicians.* *Steven Si added that Member Services is available 24/7 and the phone number is listed on the back side of member ID*	

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
		cards, and also on the CVH website.	
#6 Health Equity **Information** Steven Si	Steven Si presented the Health Equity 2023 Summary and Work Plan Evaluation, and the 2023 Summary and Language Assistance Program; and the 2024 Summary and Program Description, and the 2024 Summary and Work Plan. Cultural and Linguistics has been renamed to Health Equity. 2023 Annual Evaluation of C&L All 2023 work plan activities were completed: 1. Language Assistance Services: 86 staff completed a bilingual assessment/reassessment; and integrated sexual orientation and gender identity (SOGI) and preferred pronouns in OMNI. 2. Compliance Monitoring: Investigated and completed follow up on 45 cultural and linguistic grievances and 4 interpreter complaints; and conducted 2 findhelp trainings and added 753 overall new programs to findhelp. 3. Communication, Training and Education: Completed a coding and resolution training to A&G Department; and completed 9 trainings to new CCC hires, training includes HEQ Core areas, LAP program, Cultural Competency and Implicit Bias. 4. Health Literacy: completed 56 EMRs; and revised Plan Language training and posted online 5. Cultural Competency: Completed 6 cultural competency trainings for 350 providers. Trainings includes (2) Healthcare Barriers for Gender Diverse Populations, (2) Implicit Bias, (2) Special Needs and Cultural Competency; and completed 3 live cultural competency trainings for staff; 191 staff attended live trainings. Trainings includes LGBTQ+ 101 for Medical Professionals and Support Staff, Implicit Bias, and Healthcare Barriers for Gender Diverse Populations. 6. Health Equity: Successfully co-led and supported the completion of quality projects. Projects targets HEDIS measure: CIS-10, WCV, and CDC. 2023 Summary and Language Assistance Program End of year summary includes: • A total of 5,662 interpreter requests were fulfilled for CalViva Health members, 4,763 (84%) of these requests were fulfilled utilizing telephonic interpreter services with 1,125 (20%) for in-person and 148 (3%) for sign language interpretation. • Member Services Department representatives handled a total of 139,171 calls across all languages. Of these, 43,598 (31%) were handled in Spanish and Hmong.		**No Motion**

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	• MHN Member Services Department representatives handled a total of 4,049 calls across all languages with 624 in Spanish, 5 in Hmong and 12 in other languages. No requests for an alternate format translation were received. For written translation requests, 145 were received and fulfilled by MHN Services in 2023. • MHN Services fulfilled 287 interpreter requests. • English material review was completed for a total of 56 CalViva Health documents/materials. • A total of 86 staff were assessed or re-assessed for their bilingual skills during this reporting period. • A total of 45 grievances were reviewed by the Health Equity Department. Of these cases, 21 were coded as culture perceived discrimination, 13 were coded as culture non-discriminatory, none were coded as linguistic perceived discrimination, and 12 were coded as linguistic non-discriminatory. Interventions were identified in 2 of the cases and delivered with support by the Provider Engagement Department. As of December 31, 2023, CalViva Health membership totaled 431,853 members with 68% Latino/Hispanic, 11% White/Caucasian, 9% Asian/Pacific Islander, and 5% African American/Black. Of the 150,381 CalViva Health members with limited English proficiency (LEP), 81,108 (54%) identified as female and make up 34.8% of the overall female membership (232,834). Of the 150,381 members with LEP, there is a total of 69,273 (46%) who identified as male, and they make up 34.8% of the overall male membership (199,019). The majority of members with LEP are female, while both male and female with LEP make up an equal part of the overall membership. To assist in meeting CalViva Health members' language needs, the Member Services Department ensures that bilingual representatives and/or interpreters are available to speak with members in their preferred language. During 2023, a total of 5,662 requests for interpreter services were fulfilled. Of these, 84% (4,763) were fulfilled utilizing telephonic interpreter services, 20% (1,125) were fulfilled utilizing face-to-face interpreter services, 3% (148) were fulfilled by sign language. No video remote interpretation (VRI) services were requested in 2023.		

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

	A total of 45 grievances were received and reviewed by the Health Equity Department. Of these cases, 22 were coded as culture perceived discrimination, 12 were coded as culture non-discriminatory, none were coded as linguistics perceived discrimination, and 11 were coded as linguistic non-discriminatory. Interventions were identified in 2 of the linguistic cases while 43 cases were identified as track and monitor. The two cases identified as corrective action plans include coaching the Call Center Staff on how to appropriately route the language request to the appropriate department, and ensuring the correct language is requested.
	
	The notable changes for the 2024 Health Equity Program Description include:
	• Mission, Goals, and Objective:
	  o Expanded and added introduction to the Mission, Goals, and Objective section to align with the Health Equity Accreditation requirements.
	  o Added vision to section. Edited heading to include "vision".
	  o Replaced and enhanced goals
	• Health Equity Work Plan
	  o Expanded on CLAS standards and the accreditation requirements it meets.
	• Public Policy Committee
	  o Expanded on the roles and objectives of the Public Policy Committee. Include language regarding committee selection.
	• CalViva Health Monitoring and Evaluation
	  o Expanded on the roles and objectives of the Governing Body and QI/UM Committee.
	• Data Collection
	  o Broaden how data will be collected including SOGI data.
	• CalViva Health Staff Roles and Responsibilities
	  o Added Equity Officer's role and responsibilities.
	
	For the 2024 Health Equity Work Plan, the 2023 initiatives will continue into 2024 with the following enhancements:
	• Information Technology: Updated technology efforts to include SOGI data collection.
	• Regulatory (Community Connect): Added measurable objectives to findhelp oversight based on PPC's comments and feedback.
	• Provider Communication & Training: Include new methods for how providers can obtain C&L materials: provider's library.		

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	• Health Equity (Operations): Updated PIP projects and included SUD/MH non-clinical project.		
#7 Annual Public Policy Committee Charter Review **Information** Courtney Shapiro	The PPC reviewed the Charter and approved to move forward to Commission for approval with stated revisions.		**Motion:** Approve PPC Charter to move forward to Commission for final approval. 6-0-0-3 (J. Garner / D. Phillips)
#8 Audit Updates **Information** Mary Lourdes Leone	Mary Lourdes provided updates to the following audits: 2022 DMHC Audit Final Report: The Plan received the final report from DMHC on 4/18/24. There were two findings. DMHC stated the Plan had not corrected those findings when the CAP was submitted in December so the DMHC will do an 18-month follow-up and the Plan will need to show by that time that the deficiencies have been corrected. 2023 DHCS Audit CAP Closure: The Plan received the DHCS CAP closure document in April. In 2023 when the Plan was audited, DHCS found a deficiency. The Plan had since, on a monthly basis, provided DHCS with how the deficiency would be corrected leading to the CAP closure. 2024 DHCS Audit: The Plan completed the 2024 DHCS audit on Friday, May 31st. The Plan expects to receive the DHCS final report in August. NCQA Plan Accreditation Audit: All Plans are required to achieve NCQA Accreditation by 2026. CVH has been preparing and submitting documents during the past year to attain this accreditation. Official submission was May 6th, 2024. Final determination will be in July. Annual Health Systems Advisory Group (HSAG) Network Validation Audit: This is a brand new annual DHCS audit conducted via an external vendor. This is a federal government requirement for the State to assess how the Plan validates the sufficient network of Providers to take care of members. This audit is to determine how the plan derived at the numbers, the systems used, what's the logic, how it's pulled, and the source data that produces a higher level output. The Plan filed this May 15th and currently pending response.		**No Motion**

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
#9 2024 CVH Member Handbook / Evident of Coverage Update (Errata) **Information** Maria Sanchez	The Plan received an errata for the 2024 Evidence of Coverage (EOC); the changes include language revision to minor consent services, the removal of biomarker testing as an offered health benefit, and additional perinatal benefits identified under maternity and new born care. This errata will be posted to the CVH website by July 1, 2024.		**No Motion**
#10 Final Comments from Committee Members and Staff	Maria Arreola shared the promotores finished training for Parkinsons. Martha Miranda shared the farmers market opened in Hanford, sponsored by CVH. St. Bridget's in having a Christmas in July boutique sale. Norma Mendoza shared Madera had an Active Aging walking in collaboration with the City of Madera. The promotores also had Mental Health training to help promotores learn how to provide information to members in need of assistance. David Phillips shared UHC started performing in-house mammography at the Minnewawa (southeast Fresno) location. A second unit for Visalia will take place this summer. The UHC Fowler Health Center's open house will be June 26th. The UHC Fun Run will be on June 29th at Woodward Park. Jeff Garner shared the KCAO will be stopping their Medi-Cal outreach services May 31st due to State funding issues. When funding comes back, they will begin outreach again. KCAO is trying to get started with CalAIM. They have begun constructing their new shelter and food bank in Kings County. They just finished their "point in time" survey for Kings County, which looks at the homeless population in Kings County. The homeless population in Kings County dropped by 5 individuals, as compared to the other CVH service counties that have seen a spike in numbers. Kings County has approximately 433 individuals that are considered street homeless. KCAO will be planting a pumpkin patch at the location where they are building their shelter and food bank, as they have the area to grow pumpkins as it waits for the shelter and food bank to be built. Roberto Garcia shared Self-Help continues to build throughout the valley from Kern County to Stanislaus County. They are tapping into NPLH funding (No Place Like Home) and PSH		**No Motion**

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	(Permanent Supportive Housing), in dealing with the homeless situation. They have over 55 multi-family communities throughout the valley. Courtney Shapiro shared the promotores team will join CVH at the Reading Heart Reading Extravaganza event at Storyland 6/8/24. CVH will now be sharing information on Instagram in addition to Facebook. CVH will be celebrating the promotores at the July Commission meeting and also at the September PPC meeting. There is a survey on the CVH website for anyone that visits the website to provide feedback. CVH funded a food pantry in conjunction with Family Health Care Network at the ambulatory care center in downtown Fresno at CRMC. Sia Xiong-Lopez, CVH Equity Officer, shared her background in that she came from Catholic Charities as a Program Manager. She graduated from FPU focusing on diversity and change management.		
#11 Announcements			
#12 Public Comment	None.		
#13 Adjourn	Meeting adjourned at 12:59 pm.		

NEXT MEETING September 4, 2024, in Fresno County
11:30 am - 1:30 pm

Submitted This Day: September 4, 2024,

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

Approval Date: September 4, 2024

Approved By: _____
Joe Neves, Chairman

Item #4
Attachment 4.A

Public Policy Committee Charter Revision

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

I. **Purpose:**

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

II. **Authority:**

A. The PPC 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 PPC'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 to make recommendations regarding:
   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 equity, social determinants of health ("SDoH"), 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. Review and provide input in annual reviews and updates to relevant policies and procedures affecting quality and Health Equity. CalViva health will provide a feedback loop to inform PPC members how their input has been incorporated.
11. Other matters pertinent to developing the public policy of the Plan.

V.   Committee Membership:

A. Composition

1. The RHA Commission Chairperson shall appoint the members of the PPC selection committee. CalViva Health will make a good faith effort to ensure that the PPC selection committee is comprised of a representative sample of each of the persons mentioned below to bring different perspectives, ideas, and views to the PPC:

   1.1. Persons who sit on the PPC selection committee are a representative sample of RHA Commission members from the following stakeholder areas: Safety Net Providers including FQHCs, behavioral health, regional centers, local education authorities, dental Providers, IHS Facilities, and home and community based service Providers; and

   1.2. Persons and community based organizations who are representatives of each county within Contractor's Service Area adjusting for changes in membership diversity.

2. The Plan will designate a PPC Coordinator who will be responsible for managing the operations of the PPC in compliance with all statutory, rule, and contract requirements as outlined in 5.2.11.E.2.(e) of the Medi-Cal Contract (see VII.A. below). The PPC Coordinator will facilitate scheduling the selection committee meeting(s). The PPC selection committee must select all its PPC members promptly no later than 180 calendar days from the effective date of the 2024 DHCS Medi-Cal contract.

3. The PPC shall consist of not less than seven (7) members, who shall be appointed as follows:

   3.1. One member of the RHA Commission who will serve as Chairperson of the PPC;

   3.2. One member who is a provider of health care services under contract with the Plan; and

   3.3. All others shall be Plan members (who collectively must make-up at least 51% of the committee membership) entitled to health care services from the Plan. PPC Plan members shall be comprised of the following:

   3.3.1. Two (2) from Fresno County

   3.3.2. One (1) from Kings County

   3.3.3. One (1) from Madera County

   3.3.4. One (1) At-Large from either Fresno, Kings, or Madera Counties

   3.4. Two (2) Community Based Organizations (CBO) representatives shall be appointed as alternate PPC 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.

   3.4.1. 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.

     3.4.2 Two (2) alternates from the same CBO shall not be appointed to serve concurrent terms.

3.5. The Plan 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.

3.6. In selecting the members and/or CBO representatives of the PPC, the RHA selection committee shall make a good faith effort to ensure the PPC reflects the general Medi-Cal population in the Plan's service area (i.e., Fresno, Kings and Madera counties). Consideration will be given to Seniors and Persons with Disabilities (SPD), persons with chronic conditions (such as asthma, diabetes, congestive heart failure), and those with Limited English Proficient (LEP). To ensure at least 5% of the committee members represent a culturally diverse group of community members, consumers, and individuals, additional factors to be considered are race, ethnicity, sexual orientation, gender identity, SDoH, demography, occupation, and geography. Any such selection of a Plan member 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 PPC member may be reappointed to a subsequent three-year term.

C. Vacancies

1. If vacancies arise during the term of PPC membership, the selection committee will appoint a replacement member. Should a PPC member resign, is asked to resign, or is otherwise unable to serve on the PPC, CalViva Health must make its best effort to promptly replace the vacant seat within 60 calendar days of the vacancy.

D. Voting

1. All members of the PPC 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.

E. ~~Statewide Committee~~
~~CalViva Health will appoint one member of the PPC, to serve as the representative to DHCS' Statewide Consumer Advisory Committee and will compensate the PPC representative for their time and participation on DHCS' Statewide Consumer Advisory Committee, including transportation expenses to appear in person.~~

VI. Meetings:

The PPC must hold its first regular meeting promptly after all initial PPC members have been selected by the PPC selection committee and quarterly thereafter. Regularly scheduled PPC meetings will be open to the public, meetings information will be posted publicly on CalViva Health's website in a centralized location 30 calendar days prior to the meeting, and in no event later than 72 hours prior to the meeting.

A. Frequency
   1. The frequency of the PPC 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. CalViva Health will provide a location for PPC meetings and all necessary tools and materials to run meetings, including, but not limited to, making the meeting accessible to all participants and providing accommodations to allow all individuals to attend and participate in the meetings.
   2. Sites selected for PPC should match or coincide with locations where Plan members reside or go to access services and have the ability to support virtual participation. The following should be considered when selecting a meeting site:

      2.1. Meeting room must be able to accommodate PPC participants comfortably.
      2.2. Safety protocols must be identified (exits, facility contact in case of emergency, etc).

  2.3. Electrical outlets and wall space to accommodate presentation equipment (if needed).

  2.4. Access to nearby parking and/or transportation lines.

  2.5. Wheelchair accessible.

C. Notice

  1. At the end of each PPC 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. A written draft of meeting minutes for each meeting and the associated discussions will be prepared. All minutes will be posted on CalViva Health's website and submitted to DHCS no later than 45 calendar days after each meeting. CalViva Health must retain the minutes for no less than 10 years and provide them to DHCS, upon request.

  2. A report of each meeting will be forwarded to the RHA Commission for oversight review and consideration of the PPC's recommendations.

VII. Committee Support:

A. PPC Coordinator

The Plan will maintain a written job description detailing the PPC Coordinator's responsibilities, which will include having responsibility for managing the operations of the PPC in compliance with all statutory, rule, and contract requirements, including, but not limited to:

1. Attending PPC meetings regularly.

2. Preparing agenda and meeting documents. Ensuring documents are accessible to all participants and that appropriate accommodations are provided to allow all attending the meeting, including, but not limited to, accessibility for individuals with a disability or LEP Members to effectively communicate and participate in the meetings.

3. Ensuring that members are supported in their roles on the PPC, including but not limited to providing resources to educate PPC members to ensure they are able to effectively participate in meetings. Transportation and childcare reimbursement will be provided for PPC meetings. Meeting times will be scheduled to ensure the highest PPC member participation possible.

4. Coordinating other meeting preparation arrangements.

5. Initiating and following up on action items and suggestions until completed and ensuring feedback is provided to the Committee to "close the loop".

6. Ensuring Compliance staff will include a summary of the PPC's activity and recommendations are included in Compliance Reports to the RHA Commission.
7. Informing PPC members they can simply make the PPC Coordinator aware additional assistance is required by sending an email, phone call, or text. Assistance can include, but is not limited to the following:
    7.1. Interpreter services for Committee Members upon request.
    7.2. To arrange for interpreter services for PPC members the PPC Coordinator is responsible for partnering with Health Equity to contact and request interpreter services.

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.
3. To ensure membership is representative of Fresno, Madera, and Kings Counties, CalViva Health will annually complete and submit to DHCS a Public Policy Member Demographic Report by April 1 of each year. The Annual Member Demographic Report must include descriptions of all the following:
    • The demographic composition of the PPC;
    • How the Plan defined the demographics and diversity of its Members and Potential Members within Service Area;
    • The data sources relied upon by plan to validate that its PPC membership aligns with Member demographics;
    • Barriers to and challenges in meeting or increasing alignment between PPC membership with the demographics of the Members within Service Area;
    • Ongoing, updated, and new efforts and strategies undertaken in committee membership recruitment to address the barriers and challenges to achieving alignment between Public Policy Committee membership with the demographics of the Members within Service;
    • Area; and
    • A description of the PPC's ongoing role and impact in decision-making about Health Equity, health-related initiatives, cultural and linguistic services, resource allocation, and other community-based initiatives, including examples of how committee input impacted and shaped Contractor initiatives and/or policies.

IX. **Authority:**

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

3. RHA Bylaws
4. 2024 DHCS Medi-Cal Contract

APPROVAL:

RHA Commission Chairperson		**Date**:
	David Hodge, MD	

Item #6
Attachment 6.A-B

2024 Quality Improvement, Health Education, and Wellness Work Plan Mid-Year Evaluation

A.   Executive Summary
B.   Work Plan Evaluation

REPORT SUMMARY TO COMMITTEE

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

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

COMMITTEE DATE: September 19, 2024

SUBJECT: Quality Improvement, Health Education (QIHEd), and Wellness Mid-Year Work Plan Evaluation Executive Summary 2024

Summary:

CalViva Health's (CalViva) 2024 QIHEd Program monitors improvement in clinical care, service and satisfaction, and health education intervention outcomes using a range of indicators. These key performance indicators are found in service, clinical, and utilization reports from QI and Health Education, and various other departments. Based on these reports, areas of improvement are identified, and interventions implemented and monitored.

In 2024, quality improvement initiatives are focused on (but not limited to) improving preventive care, disease management outcomes, continuity and coordination of patient care, patient safety metrics, member access to care, and supporting provider initiatives.

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

The 2024 QIHEd Work Plan Mid-Year Evaluation report documents the progress of 15 initiatives with multiple measurable objectives and supporting activities, focused on improving quality performance metrics and Health Education intervention outcomes. Refer to Table 1 and Table 2 for more details.

A. **Objectives:** There were 84 total measurable objectives:

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

- 36/66 objectives were met.

- 30/66 objectives were not met.

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

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

B. **Activities:** There were 123 total activities planned for the year.

- 31/35 mid-year activities planned from January through June were completed.

- 4 activities under the Chronic Conditions and Provider Communication/Engagement were off track and not completed.

- 88 additional activities are planned for July to December.

The remaining 4 activities, in addition to activities that are planned for July to December, will be implemented by the end of the year.

Purpose of Activity:

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

Work Plan Initiatives:

CalViva carried out numerous targeted programs to improve quality performance metrics and Health Education intervention outcomes by mid-year 2024. Critical interventions that address data and targeted analysis, member supportive and direct care services, provider engagement and compliance, all worked cohesively to support goal achievement. The following table reflects the performance and activity progress, by program, from the workplan presented and approved earlier this year.

Table 1. QIHEd Mid-Year Performance Progress

Work Plan Programs	Objectives Met
1. Behavioral Health	0/6, 0%
2. Chronic Conditions	6/6, 100%
3. Hospital Quality/Patient Safety	N/A at mid-year (11 objectives)
4. Member Engagement and Experience	N/A at mid-year (1 objective)
5. Pediatric/Perinatal/Dental	11/30, 36.67%
6. Pharmacy and Related Measures	2/3, 66.67%
7. Preventive Health	12/12, 100%
8. Provider Communication/ Engagement	5/9, 55.56% (N/A at mid-year - 6 objectives)
Total	36/66, 54.54%

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

Table 2. QIHEd Mid-Year Work Plan Activities

Work Plan Programs	Mid-Year Activities Completed	Year-End Activities Planned
1. Behavioral Health	0/0, 0%	3
2. Chronic Conditions	10/13, 76.92%	16
3. Hospital Quality/Patient Safety	0/0, 0%	9

4. Member Engagement and Experience	0/0, 0%	2
5. Pediatric/Perinatal/Dental	5/5, 100%	27
6. Pharmacy and Related Measures	1/1, 100%	4
7. Preventive Health	0/0, 0%	10
8. Provider Communication/ Engagement	14/15, 66.67%	14
9. Health Education/Wellness	1/1, 100%	3
Total	31/35, 88.57%	88

Details for the outcomes are included in the 2024 QIHEd Mid-Year Work Plan Evaluation. Key program highlights include:

1. **Access, Availability, and Service**

   1.1 Improve Access to Care:

   CalViva has established access to care standards to meet new and existing regulatory requirements. Compliance is ensured through the monitoring and annual assessment of compliance with these standards. In order to be consistent with the health care industry CalViva adopted DMHC's regulatory compliance goals for Urgent and Non-Urgent Appointment Availability, at 70% for measurement year (MY) 2023. Additionally, in an effort to provide alignment with performance goals for the Provider Appointment Availability Survey (PAAS), goals for all appointment measures were revised to 70%.

   After-hours access is evaluated annually through the telephonic Provider After-Hours Access Surveys (PAHAS) with a performance goal of 90%. For the MY 2023 PAAS and PAHAS surveys, the Plan worked with a new survey vendor QMetrics, and results showed improvement in most measures compared to MY 2022.

   For MY 2023 PAAS results, the overall rate for PCP Urgent Care Appointment was 78.8% and for PCP Non-Urgent Appointment it was 85.3%. Both exceeded the 70% threshold and showed an increase compared to MY 2022. The overall rate for Specialist Urgent Care Appointment was 56.8%, and for Specialist Non-Urgent Appointment it was 61.8%. Both measures also showed improvement compared to MY 2022, however, they did not meet the 70% compliance threshold. The Ancillary Non-Urgent overall rate was 89.4% for MY 2023, which was slightly lower than 89.5% for MY 2022.

   For MY 2023 PAHAS survey results, the overall rate for Appropriate Emergency Instructions was 98.4% which was slightly higher than 98.3% for MY 2022. The overall rate for Ability to Contact On-Call Physicians for MY 2023 was 85.9%, which was lower than 91.6% for MY 2022.

   Corrective Action Plan (CAP)

   The analysis and aggregation process for MY 2023 PAAS and PAHAS survey results have been completed. The final list of non-compliant providers who will receive CAPs will be released in August 2024.

   For 2024, the Access & Availability team has scheduled ten (10) provider training webinars from July through December. The webinar topics are specific to Timely

Access Survey preparation, how to improve performance in access and availability, and how to respond to CAP requests. Webinar completion certificates will be required and tracked. A self-study option of the webinar with a certificate of completion is available to those who are unable to attend the live webinars.

1.2 Improve Member Satisfaction:

CalViva did not participate in the regulatory CAHPS survey in 2024. However, CalViva was included in the state conducted CAHPS survey. Root cause analysis on appeals and grievances data is conducted on a quarterly basis to identify trends in member pain points, as well as areas for improvement. Findings are shared with appropriate internal stakeholders and teams. The CAHPS Team continues to meet regularly with departments to track progress of the various activities around CAHPS performance and general member experience. These meeting spaces are also a platform to brainstorm any innovative ideas or projects to address any member issues that come up during the year. CAHPS related improvement activities in Q1 2024 include:

- The Sullivan Luallin Webinar Training for provider groups consists of 3 CAHPS focused topics for providers and office staff. Topics include:
    - Improving Service Excellence Through Successful Telephone Communication
    - A Better Care Experience with A.I.M. (Assess, Improve, Manage) and
    - Managing Challenging Situations with Patients.

The CAHPS Team continues to connect regularly with stakeholder teams and departments to track progress of improvement initiatives that may impact CAHPS and member experience.

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

Each year, the Department of Health Care Services (DHCS) requires that CalViva meets or exceeds the 50th percentile performance benchmark for the Managed Care Accountability Set (MCAS). Final rates were reported for reporting year (RY) 2024 as shown in Table 3.

Table 3. MCAS HEDIS® Measure Reported Rates and Benchmarks for RY 2024 (Fresno, Kings, Madera)

HEDIS Measure	Fresno	Kings	Madera	MPL	HPL
Asthma Medication Ratio (AMR)	63.66	59.29	72.20	65.61	75.92
Breast Cancer Screening (BCS)	57.87	61.90	63.15	52.60	62.67
Cervical Cancer Screening (CCS)	60.55	61.10	**68.37**	57.64	66.88
Chlamydia Screening (CHL)	61.35	64.11	62.08	56.04	67.39
Childhood Immunizations - Combo 10 (CIS-10)	27.74	19.83	**47.45**	30.90	45.26

HEDIS Measure	Fresno	Kings	Madera	MPL	HPL
Follow-Up After ED Visit for Mental Health Illness-30 days (FUM)	14.17	38.25	22.47	54.87	73.26
Follow-Up After ED Visit for Substance Abuse-30 days (FUA)	15.01	21.66	16.84	36.34	53.44
Hemoglobin A1c Control for Patients with Diabetes – HbA1c Poor Control (> 9%) (**inverted rate**) (CDC >9%)	35.31	**25.42**	30.79	37.96	29.44
Controlling High Blood Pressure (CBP)	64.29	**72.81**	71.04	61.31	72.22
Immunizations for Adolescents: Combination 2 (IMA)	36.06	31.39	47.32	34.31	48.80
Lead Screening in Children (LSC)	56.69	58.64	78.10	62.79	79.26
Prenatal Care (PPC-Pre)	90.39	**91.27**	90.82	84.23	91.07
Postpartum Care (PPC-Post)	82.10	83.84	80.10	78.10	84.59
Child and Adolescent Well-Care Visits (WCV)	51.57	41.79	**65.02**	48.07	61.15
Well-Child Visits in the First 15 Months of Life-Six or more Well-Child Visits (W30-15)	56.55	57.44	63.70	58.38	68.09
Well-Child visits for age 15 Months to 30 Months- Two or more Well-Child Visits (W30-30)	65.01	53.74	**79.19**	66.76	77.78

LEGEND	
NONBOLD	Result below DHCS MPL for that RY (IP)
NONBOLD	Results above the DHCS MLP for that RY but below the High-Performance Level (HPL).
BOLD	Result above DHCS HPL for that RY

In RY 2024, CalViva did not meet the MPL and needs improvement for the following measures:

Fresno	Kings	Madera
• Asthma Medication Ratio (AMR) • Childhood Immunizations – Combo 10 (CIS-10) • Follow Up After ED Visit for Mental Health Illness- 30 Days (FUM) • Follow Up After ED Visit for Substance Abuse – 30 Days (FUA) • Lead Screening in Children (LSC) • Well-Child visits in the First 15 Months of Life – Six or more Well-Child Visits (W30-15) • Well-Child visits for age 15 Months to 30 Months – Two or more Well-Child Visits (W30-30)	• Asthma Medication Ratio (AMR) • Childhood Immunizations - Combo 10 (CIS-10) • Follow Up After ED Visit for Mental Health Illness - 30 Days (FUM) • Follow Up After ED Visit for Substance Abuse – 30 Days (FUA) • Immunizations for Adolescents: Combination 2 (IMA) • Lead Screening in Children (LSC) • Child and Adolescent Well-Care Visits (WCV) • Well-Child Visits in the First 15 Months of Life-Six or more Well-Child Visit (W30-15) • Well-Child visits for age 15 Months to 30 Months-Two or more Well-Child Visits (W30-30)	• Follow-Up After ED Visit for Mental Health Illness-30 Days (FUM) • Follow-Up After ED Visit for Substance Abuse-30 Days (FUA)

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

- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening
- Controlling Blood Pressure
- Diabetes – HbA1c Poor Control, and
- Prenatal and Postpartum Care.

CalViva will continue to participate in collaboratives and develop and implement action plans as required by DHCS for measures that do not meet the MPL. For 2024, this includes multiple projects such as Lean and Comprehensive Quality Improvement Projects, and two collaboratives with the Institute for Healthcare Improvement (IHI), for behavioral health and well-child visits.

3. Performance Improvement Projects (PIPs)

3.1 Well-Child Visits in the First 30 Months of Life – 0 – 15 Months (W30-6+) in Fresno County:

CalViva submitted PIP Steps 1-6 to Health Services Advisory Group (HSAG) and received 100% validation in November 2023. The PIP team then utilized Quality Improvement (QI) tools to plan for the PIP interventions and activities. In Q1 2024, CalViva has:

1) conducted a barrier analysis via focus groups and key informant interviews with providers and community members in Fresno County,
2) developed an internal process map,
3) developed a key driver diagram, and
4) developed a failure mode and effects analysis (FMEA) to determine and prioritize PIP interventions.

CalViva has established a community partnership with the Black Infant Health (BIH) Program in Fresno County and decided to collaborate with BIH directly for the PIP intervention. The intervention aims to target well child visit (W30-6+) performance/consistency among Black or African American members through addressing member's social drivers of health, providing education around W30-6+ and empowering members. In Q2 2024, CalViva began sending monthly referrals to BIH for all pregnant and postpartum Black or African American women. BIH will conduct outreach, enroll members, and provide their standard program services. The current testing cycle started in early June and will end in late August before the next submission to HSAG in Q3 2024. In Q3 2024, the next annual HSAG submission will include Step 7 with baseline data and Step 8 with quality improvement activities.

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

CalViva submitted PIP Steps 1-6 and received 100% validation in February 2024. The Non-Clinical BH PIP Team utilized Quality Improvement (QI) tools to identify potential interventions and opportunities for improvement for this PIP topic. In Q1 2024, CalViva completed Key Informant Interviews with Substance Use Navigators (SUNs), Mental Health Providers and local hospital leadership to obtain informed perspectives on the current status of this issue in our communities, challenges faced, and opportunities for improvement. In Q2, 2024, CalViva developed a Key Driver Diagram, Process Flow Map, and Provider Profile for capturing baseline data. CalViva has developed a partnership with local hospital leadership, Substance Use Navigators and Psychiatric Liaisons from the targeted hospitals in Fresno County (covering Madera also). The intervention aims to educate the Substance Use Navigators (SUNs) and Psychiatric Liaisons seeing members in the emergency department regarding the appropriate use of codes/supplemental data to document services provided that meet our project goals. The second intervention will focus on the Hispanic population and the reluctance to seek follow up treatment for substance use or mental health issues. The intervention will be to provide culturally appropriate education and outreach about mental health that increases follow-up care. In Q3 2024, the next HSAG submission will include Step 7 with baseline data and Step 8 with quality improvement activities.

4. Health Education

4.1 Member Incentives – A total of 3,810 CalViva Health members participated in four-member incentive programs during Q1-Q2 2024. In total, $95,250 worth of gift cards were distributed to members as awards. Out of the recipients, 52% were from Fresno County, 39% were from Madera, and 9% were from Kings. There was a 134% increase in the total member incentive awards given during Q1-Q2 2024.

4.2 Member Materials Management – A total of 1,757 pieces of member materials have been ordered for CalViva members. The pieces of member materials with the most orders were lead poisoning with 135 pieces, 212 pieces for diabetes, 167 pieces for nutrition, and 167 pieces for exercise. Members and providers are able to order materials using the online Health Education Material Order Form.

4.3 Health Education Information Line – A total of nine calls have been made to the Health Education Information Line in the CalViva service areas. One call inquired about the weight loss program for families and kids. Two calls inquired about diabetic services, and six calls inquired about the health risk assessment form.

<u>Next Steps for Q3-Q4 2024</u>

Quality Improvement:
- Continue the initiatives described in the workplan and address the 18 objectives that are incomplete/off track. Complete the remaining activities planned by the end of the year.

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

- Strengthen the deployment of community health workers to support greater member awareness of their health care needs and resources that address social needs.

- Complete the quality improvement actions identified in the Lean and Comprehensive deliverables and submit to DHCS:
    - The childhood domain strategies include provider data reconciliation systems development, and
    - The promotion and evaluation of digital member health education resources through provider offices utilizing a provider survey.

Health Education:
- The Member Incentive strategy will remain in effect for the rest of the year 2024.

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

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

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

- Complete the emergency room visit analysis for the 2023 Central California Asthma Collaborative (CCAC) asthma project.

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

- Continue promotion of Kick It California tobacco cessation program.

- Awaiting DHCS approval of new Diabetes Prevention Program (DPP) with new DPP provider.

- Develop and launch 2-member outreach campaigns to promote new DPP.

- Develop and launch 1-provider outreach campaign to promote new DPP.

Quality Improvement, Health Education, and Wellness 2024 Work Plan

Purpose

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

Mission

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

Scope

The CalViva Health Quality Improvement Work Plan encompasses quality improvement and health education activities for 2024. The development of this document requires resources of multiple departments. Section I includes program objectives, monitoring and evaluation for the year. Section II includes ongoing monitoring of cross-functional activities across the organization. Section III lists Quality Improvement Tracking System activities that support meeting QI and HEd program objectives for the year.

Submitted by:

Patrick Marabella, MD   Chief Medical Officer

Amy Schneider, RN, BSN   Senior Director, Medical Management

Glossary of Abbreviations/Acronyms

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

Glossary of Abbreviations/Acronyms (Measure Specific)

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

Glossary of Abbreviations/Acronyms (Measure Specific) - continued

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

Section I: Work Plan Initiatives

Goal: Implement activities to improve performance measures.

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

Program Details	Product Line	Responsible Party	Objectives	MY 2022 Objectives Met (%, ratio):	MY 2023 Objectives Met (%, ratio):	2024 Activities Completed (%, ratio):	Projected Progress Towards MY 2024 Objectives (Glidepath) (>= 75% is on track)	Program Continuation (Populate at year-end)
1.Behavioral Health – Improving Behavioral Health (Mental Health and Substance Use) Outcomes Type of activity: •Ongoing activity – (monitoring of previously identified issue – under performing MCAS, DHCS priority area) Type of program: •Quality of Care •Safety	CVH: Medi-Cal (Fresno, Kings, Madera)	Kelli Lesser, Program Manager III, Quality Improvement Amy Schneider RN, Sr. Director Medical Management	Meet directional improvement of 1-5% from prior year or ≥ 50th percentile benchmark for the following MCAS-MPL measure (6 rates): FUA-30 (target 36.34), FUM-30 (target 54.87)	MY 2022: •FUA-30: (33%, 1/3) Fresno: 18.48% Kings: 31.79% Madera: 18.32% •FUM-30: (33%, 1/3) Fresno: 25.47% Kings: 70.07% Madera: 52%	MY 2023: •FUA-30: (0%, 0/3) Fresno: 15.01% Kings: 21.66% Madera: 16.84% •FUM-30: (0%, 0/3) Fresno: 14.17% Kings: 38.25% Madera: 22.47%	Mid-Year (Jan-Jun): 0%, (0/0) No activities were completed at mid-year. 3/3 ongoing or planned activities are on track to be completed by year-end. Year-End (Jan-Dec): (%, X/X)	Progress: On Track: 83.33% (5/6) of measures projected to meet objectives.	
2.A. Chronic Conditions – Diabetes (GSD >9) Type of activity: • Ongoing activity – (monitoring of previously identified issue – maintain achievement of DHCS MCAS MPL) Type of program: • Quality of Care • Quality of Service	CVH: Medi-Cal (Fresno, Kings, Madera)	Gigi Mathew, Program Manager III, QI Amy Schneider RN, Sr. Director Medical Management	•MCL: Meet directional improvement of 1-5% from prior year or ≥ 50th percentile benchmark for the following MCAS-MPL measure: GSD (new 2024 measure replaces HBD) **(inverted rate)**	MY 2022: •CDC > 9: (100%, 3/3) Fresno: 37.47% Kings: 30.05% Madera: 35.93%	MY 2023: •GSD >9: (100%, 3/3) Fresno: 35.31% Kings: 25.42% Madera: 30.79%	Mid-Year (Jan-Jun): 75%, (6/8) of activities were completed at mid-year. 8/10 ongoing or planned activities are on track to be completed by year-end. Year-End (Jan-Dec): (%, X/X)	Progress: Off track: 66.67% (2/3) of measures projected to meet objectives. CalViva to leverage targeted vendor campaigns to non-compliant members by utilizing multi-modal approaches and collaborating with providers to promote completion of in-home A1c kits.	
2.B. Chronic Conditions – Heart Health/Blood Pressure (CBP) Type of activity: •Ongoing activity – (monitoring of previously identified issue – maintain achievement of DHCS MCAS MPL) Type of program:	CVH: Medi-Cal (Fresno, Kings, Madera)	Gigi Mathew, Program Manager III, QI Amy Schneider RN, Sr. Director Medical Management	MCL: Meet directional improvement of 1-5% from prior year or ≥ 50th percentile benchmark for the following MCAS-MPL measure: CBP at 50th percentile 61.31%.	MY 2022: •CBP: (100%, 3/3) Fresno: 61.73% Kings: 71.81% Madera: 67.49%	MY 2023: •CBP: (100%, 3/3) Fresno: 64.29% Kings: 72.81% Madera: 71.04%	Mid-Year (Jan-Jun): 80%, (4/5) of activities were completed at mid-year. 8/8 ongoing or planned activities are on track to be completed by year-end. Year-End (Jan-Dec): (%, X/X)	Progress: On Track: 100% (3/3) of measures projected to meet objectives.	
3. Hospital Quality/Patient Safety Type of activity: • Ongoing activity – (monitoring of previously identified issue – address quality/ safety of care priority) Type of program: • Quality of Care • Safety	CVH: Medi-Cal (Fresno, Kings, Madera)	Barbara Wentworth, Program Manager III, Quality Improvement Amy Schneider RN, Sr. Director Medical Management	• Hospitals with sufficient reportable data: Directional improvement, based on appropriate scores (SIR=<1.0) or outliers (SIR>2) for target hospital acquired infections (HAIs) (CAUTI, CLABSI, C.Diff, MRSA, and SSI-Colon), if baseline is <90% (appropriate) / >5% (outlier). Otherwise, maintain =>90%/<5% status. • Maternity hospitals with reportable data: Directional improvement for the proportion of hospitals meeting the national standard (=<23.6%) for all-payer NTSV C-section rates.	HAIs for Measurement period 10/1/2021 to 9/30/2022, C-section for MY 2022; All CVH network hospitals with sufficient data: •CAUTI: SIR=<1.0: 50%; SIR>2.0: 0% •CLABSI:SIR=<1.0: 25%; SIR>2: 25% •C.Diff: SIR=<1.0: 100%; SIR>2: 0% •MRSA: SIR=<1.0: 50%; SIR>2: 0% •SSI-Colon: SIR=<1.0: 50%; SIR>2: 0% •NTSV C-sections: Rate=<23.6%: 20%	N/A at mid-year. (x/11, x%) •CAUTI: SIR=<1.0: x%; SIR>2.0: x% •CLABSI:SIR=<1.0: x%; SIR>2: x% •C.Diff: SIR=<1.0: x%; SIR>2: x% •MRSA: SIR=<1.0: x%; SIR>2: x% •SSI-Colon: SIR=<1.0: x%; SIR>2: x% •NTSV C-sections: Rate=<23.6%: x%	Mid-Year (Jan-Jun): 0%, (0/0) of activities were completed at mid-year. 9/9 ongoing or planned activities are on track to be completed by year-end. Year-End (Jan-Dec): (%, X/X)	N/A	

Program Details	Product Line	Responsible Party	Objectives	MY 2022 Objectives Met (%, ratio):	MY 2023 Objectives Met (%, ratio):	2024 Activities Completed (%, ratio):	Projected Progress Towards MY 2024 Objectives (Glidepath) (>= 75% is on track)	Program Continuation (Populate at year-end)
4. Member Engagement and Experience – Initial Health Appointment Type of activity: •Ongoing activity – (monitoring of previously identified issue – DHCS regulatory activity, audit non-compliance) Type of program: •Quality of Care	CVH: Medi-Cal (Fresno, Kings, Madera)	Miriam Rosales, Program Manager III, QI Sia Xiong Lopez CVH Health Equity Officer Amy Schneider RN, Sr. Director Medical Management	•MCL: Meet directional improvement of 1-5% from prior year. IHA does not have HEDIS benchmark but is a DHCS compliance measure.	MY 2022 • IHA: 59.82%	MY 2023 •IHA: N/A at mid-year.	Mid-Year (Jan-Jun): 0%, (0/0) of activities were completed at mid-year. 2/2 ongoing or planned activities are on track to be completed by year-end. Year-End (Jan-Dec): (%, X/X)	N/A	
5.A. Pediatric/Perinatal/Dental – Dental: TFL-CH Type of activity: • Ongoing activity - (monitoring of previously identified issue) Type of program: • Quality of Care • Quality of Service	CVH: Medi-Cal (Fresno, Kings, Madera)	Juli Coulthurst, Program Manager III, Quality Improvement Amy Schneider RN, Sr. Director Medical Management	MCL: Meet the 50th percentile benchmark for MCAS measure TFL-CH.	MY 2022 • TFL-CH: N/A – New Measure for MY 2023. But added due to DHCS MCAS priority measure.	MY 2023 • TFL-CH: (33%, 1/3) Fresno: 19.21% Kings: 9.63% Madera: 27.66%	Mid-Year (Jan-Jun): 0%, (0/0) of activities were completed at mid-year. 1/1 ongoing or planned activities are on track to be completed by year-end. Year-End (Jan-Dec): (%, X/X)	Progress: Off Track: 0% 0(/3) of measures projected to meet objectives. Measure is new for monitoring and further barrier analysis is needed. Planned activities will continue.	
5.B. Pediatric/Perinatal/Dental – Maternity/Perinatal Care: PPC-pre, PPC-pst Type of activity: •Ongoing activity – (monitoring of previously identified issue – maintain achievement of DHCS MPL, coordination of care priority) Type of program:	CVH: Medi-Cal (Fresno, Kings, Madera)	Juli Coulthurst, Program Manager III, Quality Improvement Amy Schneider RN, Sr. Director Medical Management	MCL: Meet the **75th percentile benchmark** for MCAS measures: PPC-pre and PPC-pst.	MY 2022 • PPC-pre: (67%, 2/3) Fresno: 89.62% Kings: 87.76% Madera: 90.37% • PPC-pst: (100%, 3/3) Fresno: 84.23% Kings: 84.18% Madera: 87.04%	MY 2023 • PPC-pre: (33.33%, 1/3) Fresno: 90.39% Kings: 91.27% Madera: 90.82% • PPC-pst: (0%, 0/3) Fresno: 82.1% Kings: 83.84% Madera: 80.1%	Mid-Year (Jan-Jun): 100%, (1/1) of activities were completed at mid-year. 3/5 ongoing or planned activities are on track to be completed by year-end. Year-End (Jan-Dec): (%, X/X)	Progress: On Track: 100% (6/6) of measures projected to meet objectives at 50th percentile.	
5.C. Pediatric/Perinatal/Dental – Pediatric Measures for Children 3-21 of age: IMA-2, WCV Type of activity: •Ongoing activity – (monitoring of previously identified issue – under performing MCAS, DHCS priority area) Type of program: •Quality of Care •Quality of Service	CVH: Medi-Cal (Fresno, Kings, Madera)	Juli Coulthurst, Program Manager III, Quality Improvement Amy Schneider RN, Sr. Director Medical Management	MCL: Meet the 50th percentile benchmark for MCAS measures: IMA-2 and WCV.	MY 2022 • IMA-2: (67%, 2/3) Fresno: 39.17% Kings: 29.68% Madera: 53.86% • WCV: (33.33%, 1/3) Fresno: 48.14% Kings: 39.56% Madera: 57.71%	MY 2023 • IMA-2: (67%, 2/3) Fresno: 36.06% Kings: 31.39% Madera: 47.32% • WCV: (67%, 2/3) Fresno: 51.57% Kings: 41.79% Madera: 65.02%	Mid-Year (Jan-Jun): 100%, (1/1) of activities were completed at mid-year. 5/6 ongoing or planned activities are on track to be completed by year-end. Year-End (Jan-Dec): (%, X/X)	Progress: Off Track: 50% (3/6) of measures projected to meet objectives. Barrier analysis is underway for these measures. The remaining activities will continue and contribute to improvements and will be modified as needed.	

Program Details	Product Line	Responsible Party	Objectives	MY 2022 Objectives Met (%, ratio):	MY 2023 Objectives Met (%, ratio):	2024 Activities Completed (%, ratio):	Projected Progress Towards MY 2024 Objectives (Glidepath) (>= 75% is on track)	Program Continuation (Populate at year-end)
5.D. Pediatric/Perinatal/Dental – Pediatric Measures for Children under 3 years of age: CIS-10, LSC, DEV, W30-6+, W30-2+ Type of activity: •Ongoing activity – (monitoring of previously identified issue – under performing MCAS, DHCS priority) Type of program: •Quality of Care •Quality of Service	CVH: Medi-Cal (Fresno, Kings, Madera)	Juli Coulthurst, Program Manager III, Quality Improvement Amy Schneider RN, Sr. Director Medical Management	MCL: Meet the 50th percentile benchmark for MCAS measures: CIS-10, LSC, CDEV, W30-6+, W30-2+.	MY 2022 • CIS-10: (33.33%, 1/3) Fresno: 27.49%, Kings: 23.84%, Madera: 48.42% • LSC: (33.33%, 1/3) Fresno: 49.88%, Kings: 53.77%, Madera: 66.42% • CDEV: N/A no benchmark this year • W30-6+: (33.33%, 1/3) Fresno: 50.01%, Kings: 53.48%, Madera: 56.71%, • W30-2+: (33.33%, 1/3) Fresno: 62.69%, Kings: 55.59%, Madera: 75.65%	MY 2023 • CIS-10: (33%, 1/3) Fresno: 27.74%, Kings: 19.83%, Madera: 47.45% • LSC: (33%, 1/3) Fresno: 56.69%, Kings: 58.64%, Madera: 78.1% • CDEV: (33%, 1/3) Fresno: 28.04%, Kings: 3.36%, Madera: 57.47% • W30-6+: (33%, 1/3) Fresno: 56.55%, Kings: 57.44%, Madera: 63.7% • W30-2+:(33%, 1/3) Fresno: 65.01%, Kings: 53.74%, Madera: 79.19%	Mid-Year (Jan-Jun): 100%, (3/3) of activities were completed at mid-year. 10/15 ongoing or planned activities are on track to be completed by year-end. Year-End (Jan-Dec): (%, X/X)	Progress: Off Track: 46.67% (7/15) of measures projected to meet objectives. Barrier analysis is under way. Initiatives will continue and be modified as needed.	
6. Pharmacy and Related Measures – AMR Type of activity: •Ongoing activity – (monitoring of previously identified issue – maintain or address under performing MCAS) Type of program: •Quality of Care •Quality of Service	CVH: Medi-Cal (Fresno, Kings, Madera)	Alicia Bednar, Program Manager III, QI Amy Schneider RN, Sr. Director Medical Management	MCL: Meet directional improvement of 1-5% from prior year or ≥ 50th percentile benchmark for the following MCAS-MPL measure: •AMR	MY 2022: •MCL: (66.67%, 2/3) Fresno: 62.15% Kings: 64.37% Madera: 72.93%	MY 2023: •MCL: (66.67%, 2/3) Fresno: 63.66% Kings: 59.29% Madera: 72.2%	Mid-Year (Jan-Jun): 100%, (1/1) activities were completed at mid-year. 1/4 ongoing or planned activities on track to be completed by year-end. Year-End (Jan-Dec):	Progress: Off Track: 66.67%, (2/3) of measures projected to meet objectives. Barrier analysis is under way. Interventions to continue as planned and will be modified as needed.	
7.A. Preventive Health – Cancer Screenings Type of activity: •Ongoing activity – (monitoring of previously identified issue – maintain or address under performing MCAS) Type of program: •Quality of Care •Quality of Service	CVH: Medi-Cal (Fresno, Kings, Madera)	Ravneet Gill, Program Manager III, Quality Improvement Amy Schneider RN, Sr. Director Medical Management	Meet directional improvement of 1-5% from prior year or ≥ 50th percentile benchmark for the following MCAS-MPL measures: BCS, CCS, and CHL.	MY 2022: •BCS: 100%, 3/3 Fresno: 51.99% Kings: 58.44% Madera: 60.87% •CCS: 66.67%, 2/3 Fresno: 57.08% Kings: 58.95% Madera: 61.58% •CHL: 100%, 3/3 Fresno: 58.86% Kings: 62.15% Madera: 59.38%	MY 2023: •BCS: (100%, 3/3) Fresno: 57.87% Kings: 61.9% Madera: 63.18% •CCS: (100%, 3/3) Fresno: 60.55% Kings: 61.1% Madera: 68.37% •CHL: (100%, 3/3) Fresno: 61.35% Kings: 64.11% Madera: 62.08%	Mid-Year (Jan-Jun): 0%, (0/0) activities were completed at mid-year. 5/5 ongoing or planned activities on track to be completed by year-end. Year-End (Jan-Dec):	Progress: On Track: 77.78%, (7/9) of measures projected to meet objectives.	
7.B. Preventive Health – Flu Campaign Type of activity: •New Activity – NCQA quality measure Type of program: •Quality of Care •Member Experience	CVH: Medi-Cal (Fresno, Kings, Madera)	Matt Anderson, Program Manager III, Quality Improvement CVH Health Equity Officer Amy Schneider RN, Sr. Director Medical Management	Meet directional improvement of 1-5% from prior year for the Flu Vaccine Adult Immunization Status.	MY 2022 AISE Flu: N/A	MY 2023 AISE Flu: 100% (3/3) Fresno: 21.45% Kings: 21.97% Madera: 23.92%	Mid-Year (Jan-Jun): 0%, (0/0) activities were completed at mid-year. 5/5 ongoing or planned activities on track to be completed by year-end. Year-End (Jan-Dec):	N/A	

Program Details	Product Line	Responsible Party	Objectives	MY 2022 Objectives Met (%, ratio):	MY 2023 Objectives Met (%, ratio):	2024 Activities Completed (%, ratio):	Projected Progress Towards MY 2024 Objectives (Glidepath) (>= 75% is on track)	Program Continuation (Populate at year-end)
8.A Provider Communication/ Engagement – Improving Member Experience (CAHPS) – Provider Focus Type of activity: •New Activity – improve performance NCQA quality measure. Type of program: •Quality of Care •Quality of Service	CVH: Medi-Cal (Fresno, Kings, Madera)	Frances Arce, Program Manager III, Quality Improvement Amy Schneider RN, Sr. Director Medical Management	Meet directional improvement of 1-5% from prior year on CAHPS Access measures including: Getting Needed Care, Getting Care Quickly and Care Coordination	CAHPS: N/A HSAG CAHPS: N/A	MY 2023 CAHPS: N/A at mid-year (x/3, x%) HSAG CAHPS: Getting Needed Care, (0/1, 0%) N/A for Getting Care Quickly and Care Coordination. Less than 100 respondents.	Mid-Year (Jan-Jun): 100% (3/3) activities were completed at mid-year. 6/6 ongoing or planned activities on track to be completed by year-end. Year-End (Jan-Dec):	N/A	
8.B Provider Communication/ Engagement - Improving Member Experience (CAHPS) – Plan Focus Type of activity: •Ongoing activity – (monitoring of previously identified issue – improve performance NCQA quality measure) Type of program: •Quality of Care •Quality of Service	CVH: Medi-Cal (Fresno, Kings, Madera)	Frances Arce, Program Manager III, Quality Improvement Amy Schneider RN, Sr. Director Medical Management	Meet directional improvement of 1-5% from prior year on the following CAHPS measures: Rating of Health Plan, Customer Service, Ease of Filling Out Forms	MY 2022 CAHPS: N/A since there was no Regulatory CAHPS survey done in MY2021. HSAG CAHPS: N/A	MY 2023 CAHPS: N/A at mid-year (x/3, x%) HSAG CAHPS: Rating of Health Plan (1/1, 100%) Customer Service (N/A) Ease of Filling out Forms (N/A)	Mid-Year (Jan-Jun): 100%, (2/2) activities were completed at mid-year. 5/5 ongoing or planned activities on track to be completed by year-end. Year-End (Jan-Dec): (%, X/X)	N/A	
8.C Provider Communication/ Engagement - Improving Provider Survey Results Type of activity: •Ongoing activity – (monitoring of previously identified issue – compliance priority) Type of program: •Access and Availability	CVH: Medi-Cal (Fresno, Kings, Madera)	Paul Fuentes, Provider Relations Specialist II, Access and Availability Steven Si, Sr. Manager, Compliance and Privacy	To meet performance goal for Provider Appointment Access Survey (PAAS) at 70%. To meet performance goal for Provider After-Hours Access Survey (PAHAS) at 90%.	MY 2022 PAAS: 40% (2/5) •PCP Urgent: 49.0% •PCP Non-Urgent: 74.4% •Specialists (All) Urgent: 37.6% •Specialists (All) Non- Urgent: 56.1% •Ancillary Non-Urgent: 89.5% MY 2022 PAHAS: 100% (2/2) •Appropriate Emergency Instructions: 98.3% •Ability to Contact On-Call Physicians: 91.6%	MY 2023 PAAS: 60% (3/5) •PCP Urgent: 78.8% •PCP Non-Urgent: 85.3% •Specialists (All) Urgent: 56.8% •Specialists (All) Non- Urgent: 61.8% •Ancillary Non-Urgent: 89.4% MY 2023 PAHAS: 50% (1/2) •Appropriate Emergency Instructions: 98.4% •Ability to Contact On-Call Physicians: 85.9%	Mid-Year (Jan-Jun): 80%, (4/5) activities were completed at mid-year. 2/2 ongoing or planned activities on track to be completed by year-end. Year-End (Jan-Dec): (%, X/X)	N/A	

Section II: Ongoing Work Plan Activities

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

Program Type	Activity Description	Responsible Party	Completion Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Monitor Delegation Oversight activities through the PPG scorecards that captures PPGs' audit scores. The quarterly scorecard provides an opportunity to track/ trend low-high PPGs performers.	Manisha Makwana S. Si, CVH Compliance Amy Schneider RN, Sr. Director Medical Management	12/31/24	In progress		PPG Scorecards were produced for 5 CalViva service area PPGs for Q1 and Q2 2024.	
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Maintain and manage the CAHPS Action Plan: Collaborate with CAHPS measure owners to identify areas of opportunity and activities to improve CAHPS, identifying process improvement activities. This also includes working with the Provider Engagement and Medical Affairs teams to review provider CAHPS improvement plans, identifying best practices, and recommending changes when plans are insufficient to improve the member experience in a measurable and meaningful way.	T. Jaghasspanian M. Anderson F. Arce S. Si, CVH Compliance Amy Schneider RN, Sr. Director Medical Management	12/31/24	In progress. See 2023 Year End Work Plan Evaluation.		On track.	
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Write integrated member satisfaction reports, in partnership with the QIRA Team, to satisfy NCQA Accreditation ME.7 Standard. This report captures appeals, grievances, CAHPS results, and identifies barriers, areas of opportunity, and ongoing initiatives.	T. Jaghasspanian M. Anderson F. Arce S. Si, CVH Compliance Amy Schneider RN, Sr. Director Medical Management	Q4 2024	In progress. See 2023 Year End Work Plan Evaluation.		On track.	
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Health Equity Report: Analyze and report on Cultural and Linguistics.	D. Fang, Manager, Health Equity S. Si, CVH Compliance S. Lopez, CVH Health Equity Officer	Q2 and Q3	In progress	5/16/2024	2023 Health Equity Language Assistance Program End of Year report, 2024 Program Description, and 2024 Work Plan were completed and presented to CalViva Health QI/UM Committee on May 16, 2024. 2024 Work Plan and Language Assistance Program Mid-Year Evaluation reports will be completed in Q3.	
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Coordinate data and reporting for annual Provider Satisfaction Survey.	M. Miyashiro R. Davila S. Si, CVH Compliance	September 2024-November 2024	Not started		Not started. On track.	
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Monitor appropriate after-hours messaging and timely access to urgent/emergent care. Refer to Access and Availability Work Plan for additional details.	M. Miyashiro R. Davila S. Si, CVH Compliance	October 2024-January 2025	Not started		Not started. On track.	

Program Type	Activity Description	Responsible Party	Completion Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	ACCESS SURVEY: Monitor and report access to care standards using telephonic surveys vendor(s).	P. Fuentes, PR Specialist, Access & Availability S. Si, CVH Compliance	Q2 2024: Results for Q3-Q4 2023 PAAS PAHAS Telephone Access surveys conducted.	Completed	8/2/2024	Survey went out in July 2023. Results were expected in Q2 2024 but delayed to August 2024.	
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Complete and submit DMHC Timely Access Reporting (TAR) by March 31 filing due date.	P. Fuentes, PR Specialist, Access & Availability S. Si, CVH Compliance	3/31/24	Completed	5/1/2024	DMHC extended due date to May 1, 2024. Submission was completed timely.	
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	ACCESS SURVEY RESULTS: Monitor appropriate timely appointment and after-hours access and identify noncompliant PPGs and providers.	P. Fuentes, PR Specialist, Access & Availability S. Si, CVH Compliance	Q1-Q2 2024 validate and analyze survey results and identifies non-compliant PPGs and providers.	Completed	8/2/2024	Results for noncompliant PPGs and providers will be available in August 2024.	
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	ACCESS PROVIDER TRAINING: Conduct quarterly webinars.	P. Fuentes, PR Specialist, Access & Availability S. Si, CVH Compliance	5/1/24 - 12/31/24	In progress		Training materials were produced are in review by the Marketing and Communications team. The first training will start 7/24/24 and continue through December 18th.	
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	TELEPHONE ACCESS SURVEY: Conduct quarterly surveys and issue CAPs to noncompliant providers.	P. Fuentes, PR Specialist, Access & Availability S. Si, CVH Compliance	Q2 2023 Telephone Access surveys results.	Completed	8/2/2024	Q2 2024 Validate and analyze survey results and identify non-compliant PPGs/providers. Telephone Access Surveys were conducted in Q3-Q4 2023.	
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	DHCS MEDI-CAL MANAGED CARE TIMELY ACCESS REPORT SURVEY: Conduct quarterly education outreach to noncompliant providers identified by this survey.	P. Fuentes, PR Specialist, Access & Availability S. Si, CVH Compliance	Q1 2024	Off track/ Delayed		Not started. Delayed to Q3 2024.	
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	A&G REPORT: Identify opportunities to improve member service and satisfaction through appeals and grievances review.	D. Saldarriaga; Manager, A&G S. Si, CVH Compliance Amy Schneider RN, Sr. Director Medical	12/31/24	In progress		On track. Quarterly reports are provided to the CalViva Access workgroup where opportunities to improve member services and satisfaction are identified through the A&G system. We also provide monthly reports with the overall A+G universe including Access to care grievances, these reports are reviewed during the monthly MOM call and weekly QIUM workgroups.	

Program Type	Activity Description	Responsible Party	Completion Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	GEO ACCESS: Assess and report on availability of network to identify opportunities for improvement. Analyze and inform Provider Network Management of areas needing increased contracting with a particular provider to improve availability.	D. Fang, Manager, Health Equity S. Si, CVH Compliance	Next report is due in Q3 2025.	Not started		Not started. Report will be complete in Q3 2025.	
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Maintain compliance with DHCS Initial Health Appointment (IHA) 3-pronged outreach requirement: Annual IHA Compliance Monitoring Report.	A. Wittig, Director, Quality Improvement S. Si, CVH Compliance S. Lopez, CVH Health Equity Officer Amy Schneider RN, Sr. Director Medical Management	Q4: 12/31/2024	In progress		On track.	
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	Engage with CalViva provider offices to complete MY 2024 MCAS training focused on best practices for closing care gaps.	A. Wittig, Director, Quality Improvement Erica Valdivia, Provider Engagement Amy Schneider RN, Sr. Director Medical Management	12/31/2024	In progress		On track.	
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE	In collaboration with Provider Engagement, engage with Quality EDGE priority provider offices to complete interventions addressing systemic barriers to HEDIS performance.	A. Wittig, Director, Quality Improvement Erica Valvidia, Director, Provider Engagement	12/31/2024	In progress		On track.	
BEHAVIORAL HEALTH	Conduct oversight of Behavioral Health (BH) through delegated reports on BH (may include member satisfaction surveys, etc.)	M. Cashman, Director, QI Amy Schneider RN, Sr. Director Medical Management	12/31/24	In progress		ECHO survey fielding starting in September with results report will be received in November. The CAHPS team to complete report. Remaining BH performance reports were delivered for Q1 (complete) and Q2 due in September. After that, fully transitioned to other units.	
CONTINUITY AND COORDINATION OF CARE	Educate providers on importance of well-child visits. Well-child visits include developmental screenings.	J. Coulthurst, PMIII, QI Amy Schneider RN, Sr. Director Medical Management	12/31/2024	In progress		Provider Facing Teams trained on all pediatric measures and importance of well-child visits and all services to be completed during well-child visits. All Provider Tip Sheets are up-to-date.	

Program Type	Activity Description	Responsible Party	Completion Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
CONTINUITY AND COORDINATION OF CARE	Monitor opportunities and interventions for NCQA Standards QI.3 & QI.4 Coordination of Care (COC) requirements (non-BH and BH reports).	K. Lesser/ M. Rosales Program Manager III, Quality Improvement	QI 3 & QI 4: 5/31/24 & 12/31/24	In progress	Q13: MY2022/Year 1 was approved before 05/31/24. QI4: The 2024 QI4 Plan was reviewed/approved before 5/31/24	QI3- 1st year report (2023)was approved. QI4: Approved 2024 Plan identifies timeliness of exchange (measured by provider satisfaction) and often seen in PCP setting (measured by FUM and FUA) as selected opportunities (measurments) to improve COC between Medical and BH providers.	
CREDENTIALING / RECREDENTIALING	Credentialing/Recredentialing Practitioners/Providers: Achieve and maintain a 100% timely compliance and 100% accuracy score.	M. Catello, Sr. Manager	12/31/24	In progress		Not started. On track.	
CREDENTIALING / RECREDENTIALING	PPG Delegates Credentialing/Recredentialing oversight achieve and maintain audit scores between 90 -100% compliance for annual review.	K. Bowling, Sr. Manager	12/31/24	In progress		On track. Compliant.	
DISEASE/CHRONIC CONDITIONS MANAGEMENT	Monitor Chronic Conditions (Disease) Management Program for appropriate member outreach quarterly.	Denise Miller, Program Manager III Customer Experience	12/31/24	In progress		Submitting new program updates for regulatory approval. On track.	
QUALITY AND SAFETY OF CARE AND SERVICE	Delegation Oversight -- Monitor PPG-level delegated activities and issues, including CAPs, and report findings to CalViva Credentialling Sub Committee and QIUM Committee at least annually. Activities include Utilization Management, including CCM; credentialing; and claims payments.	K. Bowling A. Tonkogolosuk	12/31/24	In progress		On track.	
QUALITY AND SAFETY OF CARE AND SERVICE	Handling of Member Grievances and Appeals: Ongoing monitoring and assessment of compliance with the handling of member grievances and appeals; ensure compliance with regulatory requirements for TAT and process.	L. Carrera Amy Schneider RN, Sr. Director Medical Management	12/31/24	In progress	9/5/2024	On track. Quality controls are in place to ensure every task with in the A+G process follows contractual and regulatory compliance standards.(FL, BKB, team and management Calibration calls, day 18 audits).	

Program Type	Activity Description	Responsible Party	Completion Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update

QUALITY AND SAFETY OF CARE AND SERVICE	Integrated Care Management (ICM)
	• Implement PHM pyramid as the predictive modeling tool to identify high-risk members for referral to ICM.
	• Evaluate the ICM Program based on the following measures:
	  o Readmission rates
	  o ED utilization
	  o Overall health care costs
	  o Member Satisfaction
		C. Patnaude, Director, Care Management	Ongoing by 12/31/24	In progress. See 2023 Year End Work Plan Evaluation.		On track.	

QUALITY AND SAFETY OF CARE AND SERVICE	Update Clinical A&G Quality of Care Concerns Policy & Procedure and Peer Review Committee Policy & Procedure.	P. Carpenter, Director, Quality Improvement Amy Schneider RN, Sr. Director Medical Management	12/31/24	Completed	Nov 2023 for 2024 year	Completed.	
QUALITY AND SAFETY OF CARE AND SERVICE	Complete all potential quality issues (PQIs) received within 90 day TAT to maintain internal compliance.	P. Carpenter, Director, Quality Improvement Amy Schneider RN, Sr. Director Medical Management	12/31/24	In progress		On track.	
QUALITY AND SAFETY OF CARE AND SERVICE	Monitor potential quality incidents and quality of care findings and report to CalViva quarterly.	P. Carpenter, Director, Quality Improvement	12/31/24	In progress		On track.	
QUALITY AND SAFETY OF CARE AND SERVICE	Monitor peer review determinations and report to CalViva Credentialing Sub Committee quarterly.	P. Carpenter, Director, Quality Improvement	12/31/24	In progress		On track.	
QUALITY AND SAFETY OF CARE AND SERVICE	Monitor credentialing findings and report to CalViva Credentialing Sub Committee quarterly.	P. Carpenter, Director, Quality Improvement	12/31/24	In progress		On track.	
QUALITY IMPROVEMENT AND COMPLIANCE	Evaluate written plan for safety and quality data collection: To improve patient safety by collecting and providing information on provider and practitioner safety and quality (at least annually).	L. Aaronson A. Wittig Pamela Carpenter Barbara Wentworth	February 2024	Completed	2/15/2024	2023 Evaluation was submitted to committee in February 2024 and presented to committee February 15, 2024. Refer to the 2023 Year End QI Executive Summary section on safety monitoring of potential quality issues.	

Program Type	Activity Description	Responsible Party	Completion Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
QUALITY IMPROVEMENT AND COMPLIANCE	Evaluation of the QIHEd program of the previous year (Q1). Complete QIHEd Work Plan evaluation semi-annually.	L. Aaronson M. Gumatay A. Wittig S. Luce T. Jaghasspanian L. Pak A. Schneider	February 2024 September 2024	In progress	3/18/2024	Year end evaluation completed. Mid-year evaluation in progress.	
QUALITY IMPROVEMENT AND COMPLIANCE	Maintain Facility Site Review (FSR) and Medical Record (MRR) Compliance: To ensure provider offices and medical records comply with DHCS contracted requirements per APL 22-107 and Physical Accessibility Review Survey per MMCD Policy Letter 12-006 and 15-023. Report FSR/MRR data to DHCS twice per year (1/31 and 7/31), including all sites with failed scores.	P. Carpenter, Director, Quality Improvement	12/31/24	In progress	ongoing	On track. DHCS implementing a new portal called MSRP to upload bi-annual FSR/MRR data, however it is not in production yet. We have submitted data for 7/1/23-12/31/23 to DHCS on 4/26/24 using their existing process and 1/1/24-6-30/24 is due 8/16/24	
QUALITY IMPROVEMENT INFASTRUCTURE	QI improves communication with stakeholder departments and identifies interventions to improve CAHPS through monthly Quality Focus Touchbase meetings and Quality Governance Committee meetings.	T. Jaghasspanian G. Toland M. Anderson	Monthly by 12/31/24	In progress. See 2023 Year End Work Plan Evaluation.	9/5/2024	Off track for Q2 A&G Root Cause Analysis report. Q1 report was submitted on 09/05/2024.	
QUALITY IMPROVEMENT INFASTRUCTURE	Encourage further Cozeva adoption/usage among PCPs and provider groups in program's 5th year; Expand Cozeva-EHR integrations and bidirectional data-sharing with priority PCP/clinics; Enhance Cozeva platform to support regulatory requirements and key opportunities / initiatives.	S. Pao S. Myers	12/31/2024	In progress. See 2023 Year End Work Plan Evaluation.	7/12/2024	Published first 2024 Cozeva adoption/engagement dashboard on 7/12/24; outreach to adopt new targeted providers and reengage existing users to begin in July 2024 and continue through December 2024; 4 of 20 Cozeva enhancement items completed, remaining 16 of 20 are in progress (ETC: 12/31/24)	
QUALITY IMPROVEMENT INFASTRUCTURE	Support development of HEDIS best practice tools.	S. Wright (lead)	12/31/2024	Completed	2/7/2024	Completed. QI Best Practices Slide deck given to the PE team 02/2024	
QUALITY IMPROVEMENT INFASTRUCTURE	Care gap reports produced by the HEDIS Team monthly, by contract level and participating provider group (PPG) level to identify non-compliant members.	HEDIS D. Mehlhouse	Monthly by 12/31/24	In progress	Jan-June.	In progress and on track.	

Program Type	Activity Description	Responsible Party	Completion Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
QUALITY IMPROVEMENT INFASTRUCTURE	Quality Improvement team will work with Provider Engagement and Medical Affairs to review quality improvement action plans for best practices and recommend changes when existing action plans are ineffective in producing the needed change.	QI PMIII team members M. Najarro	12/31/2024	In Progress		As of June, 403 action plans have been submitted. Meetings are held monthly based on measure of focus calendar.	
WELLNESS/ PREVENTIVE HEALTH	Collaborate with Marketing team to distribute member educational emails on various topics via internal and external resources: Topics TBD.	M. Rosales (lead) S. Noonan S. Si, CVH Compliance S. Lopez, CVH Health Equity Officer	Q4: 12/31/2024	Not started		On track.	
WELLNESS/ PREVENTIVE HEALTH	Member newsletter	B. Head (Medi-Cal) S. Si, CVH Compliance S. Lopez, CVH Health Equity Officer	10/1/2024	In progress. See 2023 Year End Work Plan Evaluation.		In February, the content development stage was completed with the weight management article added as a small blurb. CVH approved the content. In March, the project design phase was completed and moved into the regulatory review phase. In April, all internal reviews were completed, and the content was sent to CVH compliance for review, which would then send it to DHCS for approval. In May, the initial DHCS review was completed and sent back with minor edits. The edits were redlined and the updated version was sent to CVH for resubmission to DHCS. In June, the DHCS review was sent back with additional edits. The edits were redlined, and the updated final version was sent to CVH for the second AIR submission to DHCS.	

Program Type	Activity Description	Responsible Party	Completion Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
WELLNESS/ PREVENTIVE HEALTH	Maintain compliance with childhood blood lead level screening requirements in accordance with DHCS APL 18-017 and APL 20-016. Baseline: Quarterly monitoring of HEDIS Lead Screening for Children (LSC) RY 2020 administrative rate; Member education materials include lead screening flyer and preventive service guidelines (PSGs); Provider training and education include the Medi-Cal provider operations manual and HEDIS provider tools on Lead Screening for Children (LSC). Medical Record Reviews for lead screening conducted during Facility Site Reviews submitted to DHCS twice a year.	A. Wittig P. Carpenter S. Wright J. Coulthurst A. Jayme A. Schneider	3/29/24	In progress. See 2023 Year End Work Plan Evaluation.		On track. Please see below for MY 2023 LSC Rates: MPL: 62.79% Fresno: 56.69% Kings: 58.64% Madera: 78.10%	
WELLNESS/ PREVENTIVE HEALTH	Distribute Preventive Screening Guidelines (PSG) to Members and Providers.	B. Head, Sr. Health Education Specialist A. Jayme A. Wittig S. Si, CVH Compliance S. Lopez, CVH Health Equity Officer	Sept/Oct 2024- via Member Newsletter	Not started		Activity is on track. Article refers members on how to obtain access to PSGs in "Catch Problems Early with the Proper Health Screenings" article.	
WELLNESS/ PREVENTIVE HEALTH	Adopt and disseminate Medical Clinical Practice Guidelines (CPG).	CalViva Health/HN J. Serratore Director, Clinical Programs A. Schneider, RN, Sr. Director Med Management	May 2024	Completed	05/13/2024. 06/20/2024.	HN Medical Advisory Council approved the CPG on May 13, 2024. Provider communication distributed on June 20th.	
WELLNESS/ PREVENTIVE HEALTH	Monitor CalViva Health Pregnancy Program and identify high risk members via Care Management.	C. Patnaude, Director, Care Management S. Si, CVH Compliance S. Lopez, CVH Health Equity Officer	Ongoing by 12/31/24	In progress. See 2023 Year End Work Plan Evaluation.		On track.	
WELLNESS/ PREVENTIVE HEALTH	Distribute the Health Education Programs and Services Flyer to members via the Medi-Cal member welcome packet.	M. Lin S. Si, CVH Compliance S. Lopez, CVH Health Equity Officer	12/31/24	In Progress		The Health Education Programs and Services flyer is being sent to members via the Medi-Cal member welcome packet. The 2025 version of the Health Educaiton Programs and Services flyer is in the process of being updated.	

Program Type	Activity Description	Responsible Party	Completion Due Date(s)	Status	Completion Date(s)	Mid-Year Update	Year End Update
WELLNESS/ PREVENTIVE HEALTH	New vendor onboarding and ongoing management to provide Diabetes Prevention Program (DPP) services to our eligible Medi-Cal population.	A. Mojadedi S. Si, CVH Compliance S. Lopez, CVH Health Equity Officer	9/2/24	In Progress		CVH on track to go to DHCS for review mid-September.	
WELLNESS/ PREVENTIVE HEALTH	Health Education System P&Ps, monitoring of initiatives, maintenance of printed materials, digital programs and requirements, health promotion to providers.	A. Wittig S. Si, CVH Compliance S. Lopez, CVH Health Equity Officer	12/31/24	In Progress		On track.	
WELLNESS/ PREVENTIVE HEALTH	New vendor onboarding and ongoing management to provide Diabetes Prevention Program (DPP) services to our eligible Medi-Cal population.	A. Mojadedi	9/2/24	In Progress		CVH on track to go to DHCS for review mid-September.	
WELLNESS/ PREVENTIVE HEALTH	QR Code Material promotion	L. Aaronson, Director of Quality and Health Education A. Wittig, Director of Quality Improvement and Health Education A. Jayme, Program Manager II B. Head Sr. Health Education Specialist	12/31/24	In Progress		Currently promoting digitial health education materials and resources. Working on a survery to assess the effectiveness of resources.	
WELLNESS/ PREVENTIVE HEALTH	Health education material management	L. Aaronson, Director of Quality and Health Education A. Wittig, Director of Quality Improvement and Health Education A. Jayme, Program Manager II	12/31/24	In Progress		As of mid-year there have been nine calls to the CCC regarding health education and 6,620 pieces of printed health education material have been ordered.	

Section III: Quality Improvement Tracking System Activities Log

Section III lists Quality Improvement Tracking System activities that support meeting program objectives for the year (listed in Section I).

Work Plan ID	Initiative Section	Intervention Name	Intervention Description	Measures	Counties/ Regions	Actual Start Date	End Date	Status	Department Owner	Mid-Year Activity Updates	Activity Barriers
10043	Section 1	CalViva FUA/FUM Outreach	BEHAVIORAL HEALTH - Utilization of ADT report to conduct live outreach to Medi-Cal members that had an ED visit for MH, SUD, or Drug Overdose	FUA - F/U ED Substance Abuse - 30,FUM - F/U ED Mental Illness - 30	CVH Fresno, CVH Madera	01/01/2024	12/31/2024	ON TRACK	Ariel Spindell	Maya Cashman - The Follow up Outreach Team has been outreaching Fresno for FUA and FUM since 1/1/2024.	ADT completeness, reaching members, shortage of BH providers
10328	Section 1	CalViva Health myStrength Program Oversight and Transition to Teladoc	BEHAVIORAL HEALTH - CalViva Health myStrength Program Oversight, Enrollment, and Transition to Teladoc Mental Health Digital Program	FUM - F/U ED Mental Illness - 30,FUA - F/U ED Substance Abuse - 30	CVH-ALL	01/01/2024	12/31/2024	ON TRACK	Maria Lin	Maria Lin - 6/10/2024: June Update: 376 members enrolled in the myStrength Program. May Update: 375 members enrolled in the myStrength Program. April Update: myStrength monthly reports received. 371 members enrolled in the myStrength Program.	N/A
10189	N/A	CVH mystrength PHQ9 PSV (Primary Source Verification)-DSF	BEHAVIORAL HEALTH- myStrength PHQ9 screening data approved by the HEDIS auditor as a supplemental data source. This would enable myStrength screening data to be used as evidence that members were screened for depression with validated screening tools.	IMMH - Improving or Maintaining Mental Health	CalViva Health-All counties	1/1/2024	12/31/2024	ON TRACK	Maria Lin	Maria Lin - 6/10/2024: June Upate: Reviewing Roadmap to prepare for 2025 PSV. May Update: PSV audit passed. Apr Upate: PSV audit passed for both Aqurate and HSAG. March Update: myStrength PSV files submitted to both Aqurate and HSAG auditors. Feb Update: Worked with myStrength, QIRA and completed the member universe file and PSV files. Jan Update: Met with myStrength and QIRA and discussed PSV deliverables and timelines.	N/A
9870	Section 1	MHN PSV (FUM/FUH/FUA)	BEHAVIORAL HEALTH - FUM/FUA: MHN FUOT uses HN ADT reports to conduct member outreach calls to close gaps; FUH: MHN FUOT uses internal discharge reports to conduct member phone outreach to close gaps	FUH - F/U Hospital MH 30-day,FUH - F/U Hospital MH 7-day,FUA - F/U ED Substance Abuse - 30,FUA - F/U ED Substance Abuse - 7,FUM - F/U ED Mental Illness - 30,FUM - F/U ED Mental Illness - 7	CVH-Fresno, CVH-Madera	1/1/2024	12/31/2024	ON TRACK	Kelli Lesser	Kelli A. Lesser - 3/21/2024: 3/21/2024: FUM/FUA/FUH NCQA PSV passed for all MY2023.-----Kelli A. Lesser - 2/8/2024: Feb. 2024: Final MY2023 PSV in process; auditor 1 approved/passed, auditor 2 pending	Many steps involving transfer of member data;PHI
9752	Section 9	Annual Member Newsletter-Medi-Cal CalViva	HEALTH EDUCATION/WELLNESS The newsletter meets the Medi-Cal guideline that requires specific member communication to be mailed to members' homes. The member newsletter is also a mode of communication for NCQA, Health Equity and Regulatory articles. Promotion of wellness programs and quality improvement interventions.	CAHPS - Access to Care	CVH-All	10/25/2023	10/31/2024	ON TRACK	Brittany Head	Brittany Head - 6/16/2024: DHCS review was completed and sent back with additional edits. Edits were redlined and updated final version was sent to CVH for 2nd AIR submission to DHCS.-----Brittany Head - 5/8/2024: Initial DHCS review was completed and sent back with minor edits. Edits were redlined and updated final version was sent to CVH for resubmission to DHCS. -----Brittany Head - 4/12/2024: All internal reviews have been completed. Was sent to CVH compliance for review. CVH will send to DHCS for approval.-----Brittany Head - 3/8/2024: Project Design Phase is completed. Currently in Regulatory Review Phase. C&L review has been completed. Currently in review with Privacy.-----Brittany Head - 2/5/2024: Content development stage completed. Highlights: Added weight management article back as small blurb. CVH approved content.	N/A
10456	Section 2.A, 2.B, 9	Digital Health Education Resources to Support Patients	HEALTH EDUCATION/WELLNESS - Create a PowerPoint (PPT) presentation resource designed to promote Krames and nationally credible health education resources that providers can effectively share with their patients. This PPT will encompass a broad spectrum of health-related topics, which also includes addressing topics that support various measures.	AMR - Asthma Med Ratio Total 5 to 64,CBP - Controlling Blood Pressure,CDC - Comprehensive Diabetes Care,SUPD - Statin Use in Persons with Diabetes (SUPD),MAH - Medication Adherence for Hypertension (RAS antagonists),MAD - Medication Adherence for Diabetes Medications,MAC - Medication Adherence for Cholesterol,PBH - Persistence of Belta-Blocker Treatment after a Heart Attack,POD - Pharmacotherapy for Opioid Use Disorder,IMPH - Improving or Maintaining Physical Health,MPA - Monitoring Physical Activity,RRF - Reducing the Risk of Falling,MUI_OA - Improving Bladder Control,OMW - Osteoporosis Management in Women who had a Fracture	CVH -All	04/15/2024	05/30/2024	COMPLETED	Brittany Head	Brittany Head - 6/4/2024: April: Created PPT with QR codes and added URL for various Health Education topics. Additional topic: ○ Teen Health.-----Brittany Head - 6/4/2024: May: PPT was shared with PMIIIs and PE team for Provider distribution. PPT is on Quality Provider Engagement Collaborate Site.	n/a

10414	Section 2.A, 2.B, 7.A, 9	Member Incentive Process	Health Education/Wellness - Maintaining the process to accept new requests for member incentives, annual updates for accrued requests, end of program evaluation when member incentive projects have ended.	WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC),CIS - Childhood Immunization Combo 10,IMA - IMA - Adolescent Immunizations Combo 2,LSC - Lead Screening in Children,W30 - Well Child Visits in the First 30 Months of Life (previously W15), W15 - Well Child Mth Six or more well child visits,AMR - Asthma Med Ratio Total 5 to 64,CBP - Controlling Blood Pressure,CDC - Diabetes HbA1c poor control > 9,CHL - Chlamydia Testing,PPC - Prenatal and Postpartum Care,BCS - Breast Cancer Screening,CCS - Cervical Cancer Screen - Pap Test	CVH-ALL	01/01/2024	12/31/2024	ON TRACK	Rahma Abdillah	Rahma Abdillah - 5/16/2024: The previous DPP Member Incentive has been officially closed by DHCS on 4/25/2024	none
10151	Section 9	Weight Management: FFFL resources	CHRONIC CONDITIONS- Fulfil provider and member requests for the Fit Families for Life (FFFL) Home edition self-paced program	WCC - Weight Assess Counseling on Physical Activity - Total	CVH-All	02/01/2024	12/31/2024	ON TRACK	Arzoo Mojadedi	Arzoo Mojadedi - 5/14/2024: 5.14.24 (AM)- 0 requests for FFFL since 4.15.24.-----Arzoo Mojadedi - 4/15/2024: 4.15.24 (AM)- 0 requests for FFFL since 3.14.24.-----Arzoo Mojadedi - 3/14/2024: 3.14.24 (AM)- 0 requests received for CVH members since 2/2/24.-----Arzoo Mojadedi - 2/1/2024: 2/1/24- 0 requests received for CVH members since 1/1/24.	N/A
10153	Section 9	Weight Management: HHHP	CHRONIC CONDITIONS- Fulfil provider and member requests for the Healthy Habits Healthy People (HHHP) Resource	WCC - Weight Assess Counseling on Physical Activity - Total	CVH-All	01/01/2024	12/31/2024	ON TRACK	Arzoo Mojadedi	Arzoo Mojadedi - 5/14/2024: 5.14.24 (AM)- 0 requests for HHHP since 4.15.24.-----Arzoo Mojadedi - 4/15/2024: 4.15.24 (AM)- 0 requests for HHHP since 3.14.24.-----Arzoo Mojadedi - 3/14/2024: 3.14.24 (AM)- 0 requests for HHHP since 2/2/24.-----Arzoo Mojadedi - 2/1/2024: 2.1.24 (AM)- 0 requests for HHHP since 1.1.24.	N/A
10139	Section 3	Engagement with external collaboratives to promote hospital quality: Cal Hospital Compare collaboration	OVERUSE/HOSPITAL QUALITY: Collaboration with Cal Hospital Compare to promote their hospital Honor Rolls, leverage their Poor Performer list, partner with their staff to engage specific poor-performing hospitals including with other health plans, and identify new opportunities to drive hospital quality improvements.	STATE - State Money Measures(s) (no $ tied)	CVH-All	1/1/2024	12/31/2024	ON TRACK	Barbara Wentworth	Barbara A. Wentworth - 6/14/2024: Participant in Cal Healthcare Compare's new workgroup of key stakeholders to guide the creation of a new data tool, the QI Insights tool, which aims to support health care stakeholders in their efforts to drive hospital-level improvements on key metrics.-----Barbara A. Wentworth - 5/15/2024: Obtained 2024 Patient Safety Honor Roll report and data files.-----Barbara A. Wentworth - 5/15/2024: Coordinated with Cal Hospital Compare staff on Maternity Care Honor Roll content in pending letter to maternity hospitals.-----Barbara A. Wentworth - 4/15/2024: Participation in monthly meetings as part of Maternity Care Workgroup to determine new Honor Roll methodology, shifting from C-section rate to composite of multiple measures (eg VBAC for Level II hosps, breastfeeding, etc).-----Barbara A. Wentworth - 3/15/2024: Finalized SOW contract with Cal Hospital Compare for 2024 data deliverables and coordinated March 2024 payout of invoice.-----Barbara A. Wentworth - 2/19/2024: Barb Wentworth included in CHC's Maternity Care Workgroup of key stakeholders to help determine methodology for update to the Maternity Care Honor Roll.-----Barbara A. Wentworth - 2/19/2024: 2024 contract: Obtained invoice and data package details for 2024 CHC data, contract for 2024 data pending.	N/A
10138	Section 3	Engagement with external collaboratives to promote hospital quality: California Health Care Foundation collaboration	OVERUSE/HOSPITAL QUALITY: Collaboration with the California Health Care Foundation (CHCF) to coordinate and consult on improving hospital maternal health metrics.	STATE - State Money Measures(s) (no $ tied)	CVH-All	1/1/2024	12/31/2024	ON TRACK	Barb Wentworth	Barbara A. Wentworth - 6/14/2024: Sent instructional flyers on new implicit racial bias training resources to all network maternity hospitals and underscored requirement by law (SB 464) to ensure perinatal staff are compliant.-----Barbara A. Wentworth - 5/15/2024: Met with CHCF and obtained updated details on refresher course; latest implicit racial bias resources; and communication tools. Including this information in outreach to hospitals, and in multi-plan collaborative document on plan expectations of network hospitals with respect to doula care.-----Barbara A. Wentworth - 2/19/2024: CHCF finalized refresher course. Ready for promotion to hospitals. Additional context is newly introduced bill (AB 2319) for financial penalties for noncompliance with SB 464.	N/A

10140	Section 3	Engagement with external collaboratives to promote hospital quality: CMQCC	OVERUSE/HOSPITAL QUALITY: Collaboration with the California Maternal Quality Care Collaborative (CMQCC) to coordinate and consult on improving hospital maternal health metrics.	STATE - State Money Measures(s) (no $ tied)	CVH-All	1/1/2024	12/31/2024	ON TRACK	Barb Wentworth	Barbara A. Wentworth - 6/14/2024: Coordination with CMQCC Clinical lead on status of specific lower performers on C-section rate performance, and encouragement/facilitation of hospitals' engagement with CMQCC staff, tools and resources to drive improvement.----- Barbara A. Wentworth - 5/15/2024: Coordinated with CMQCC clinical staff on multi-plan document on health plan expectations of hospitals with respect to doula services (in context of expanding coverage).----- Barbara A. Wentworth - 4/15/2024: Met with CMQCC and their external data vendor to explore opportunities to isolate member-specific data for NTSV C-sections. Identified potential opportunity to import birth certificate data and are currently working with internal data staff to establish feasibility.-----Barbara A. Wentworth - 3/15/2024: Collaborating with CMQCC clinical lead on content for multi-plan attestation about doula care and health plan expectations.----- Barbara A. Wentworth - 2/19/2024: Meeting with CMQCC's new Maternal Data Center Director in late January to identify alignments and opportunities for collaboration.	N/A
10137	Section 3	Engagement with external collaboratives to promote hospital quality: Cynosure Health	OVERUSE/HOSPITAL QUALITY: Collaboration with Cynosure/Convergence Health to provide our network hospitals with QI resources that offer them with technical guidance on how to improve their performance on priority measures.	STATE - State Money Measures(s) (no $ tied)	CVH - All	1/1/2024	12/31/2024	ON TRACK	Barbara Wentworth	Barbara A. Wentworth - 6/14/2024: Requested updates from Cynosure, now Convergence Health, on QI tools to promote to network hospitals, and status of planned new Honor Roll program. Responses pending.----- Barbara A. Wentworth - 3/15/2024: Coordinated with SVP at Cynosure about transition of organization to new entity, Convergence Health. We should omit references to their QI online learning platform CLIC going forward and promote the new Convergence Health resources once online. Plan to check back with SVP (Kim Werkmeister) in Q2.	N/A
10142	Section 3	Hospital outreach about C-section overuse and maternal health issues	OVERUSE/HOSPITAL QUALITY: Outreach to hospitals about C-section overuse, standards/expectations, and opportunities to improve. Includes focus on maternal health equity.	STATE - State Money Measures(s) (no $ tied)	CVH-All	45292	12/31/2024	ON TRACK	Barb Wentworth	Barbara A. Wentworth - 6/14/2024: Letter distributed to maternity hospitals on C-section rate expectations and 5 steps to achieving them. Included details on new implicit racial bias training that meets CA state law requirements for perinatal care staff.-----Barbara A. Wentworth - 5/15/2024: Letter to maternity hospitals on C-section rate expectations and best practices in Executive Review for June distribution.-----Barbara A. Wentworth - 2/19/2024: Confirmed with CHCF that new implicit racial bias training (refresher course) for perinatal care providers is now available and we may promote it in next hospital outreach. Check with Beccah/CHCF for links/materials when ready to draft. Note introduction of AB 2319 to add financial penalties for noncompliance (not yet passed).	N/A
10143	Section 3	Hospital outreach about patient safety	OVERUSE/HOSPITAL QUALITY: Outreach to hospitals about patient safety metrics, standards/expectations, and opportunities to improve. Focus on metrics and reports including hospital acquired infections, sepsis management, the Patient Safety Honor Roll, and the Opioid Care Honor Roll.	STATE - State Money Measures(s) (no $ tied)	CVH-All	45292	12/31/2024	ON TRACK	Barb Wentworth	Barbara A. Wentworth - 6/14/2024: Planning Patient Safety Honor Roll outreach to hospitals that failed to make the list. Confirmed with Convergence Health the Sepsis Care Honor Roll is planned for fall launch. Obtained documentation from Leapfrog on new Safety Grade methodology to inform hospitals of pending changes. Attempted twice to obtain update from Convergence Health on updated platform with QI resources after previous platform was planned for discontinuation. Response still pending. Will move ahead without this if necessary.	N/A
10141	Section 3	Hospital Quality Scorecard program	OVERUSE/HOSPITAL QUALITY: Track and produce internally-developed Hospital Quality Scorecard for use by quality and contracting staff. Features individual hospital performance on priority metrics in areas including patient safety, maternal health, patient experience, readmissions, and overall CMS rating.	STATE - State Money Measures(s) (no $ tied)	CVH-All	1/1/2024	12/31/2024	ON TRACK	Barb Wentworth	Barbara A. Wentworth - 6/14/2024: Requested update for CMS-reported Scorecard metrics from QI data team. Results pending.----- Barbara A. Wentworth - 6/14/2024: Providing/referencing Scorecards to poor performing hospital contacts as context for inquiries about current performance on priority metrics.-----Barbara A. Wentworth - 4/15/2024: Provided relevant Scorecards to support hospital engagement via JOMs.-----Barbara A. Wentworth - 3/15/2024: Provided Hospital Scorecards to Medi-Cal team (Tanya, for Amy Wittig) per request for all CVH hospitals with sufficient data to produce a scorecard. -----Barbara A. Wentworth - 2/19/2024: Hospital Quality Scorecards updated and published to Sharepoint. Hospital name/address details document updated.	N/A

10136	Section 3	Participation on Leapfrog Committees and Events: Data Users Group	OVERUSE/HOSPITAL QUALITY - Member of Data Users Group, which includes coordination with Leapfrog to promote their surveys and findings to encourage improvement on key metrics by network hospitals.	STATE - State Money Measures(s) (no $ tied)	CVH-All	1/1/2024	12/31/2024	ON TRACK	Barbara Wentworth	Barbara A. Wentworth - 6/27/2024: Coordination with SVP of Health Care Ratings to obtain details on Safety Grade changes due for implementation this fall.-----Barbara A. Wentworth - 4/15/2024: 2024 Leapfrog data contract documentation and payment completed.-----Barbara A. Wentworth - 3/15/2024: Participated in Feb 27 Data Users Group meeting.-----Barbara A. Wentworth - 2/19/2024: Leapfrog contract for 2024 data: Submitted invoice, confirmed with contracting that we have necessary documentation, requested PO.	N/A
10144	Section 3	Participation on Leapfrog Partners Advisory Committee	OVERUSE/HOSPITAL QUALITY: Participation in Leapfrog's Partners Advisory Committee (serving as co-chair) and related activities.	STATE - State Money Measures(s) (no $ tied)	CVH-All	1/1/2024	12/31/2024	ON TRACK	Barb Wentworth	Barbara A. Wentworth - 6/14/2024: Prep prior to, and subsequent participation in Leapfrog's Q2 Partners Advisory Committee meeting (remote attendance to in-person meeting), featuring hospital/system CEO panel of high performers on culture, expectations, and strategies to achieve and maintain high-quality scores and outcomes.-----Barbara A. Wentworth - 3/15/2024: Prep meeting with Leapfrog staff and co-chair in advance of Q1 PAC meeting, which HN will chair on March 19.-----Barbara A. Wentworth - 3/15/2024: Participated in Never Events Workgroup meeting on March 14.-----Barbara A. Wentworth - 2/19/2024: As Never Events Workgroup member, participated in Jan and Feb meetings to discuss and help develop payment and organizational guidelines for hospitals in cases of serious reportable event.-----	N/A
10377	Section 2.B	Community Health Worker (CHW) Outreach	CARE COORDINATION & MEMBER ENGAGEMENT	CBP - Controlling Blood Pressure	CVH-Fresno	01/16/2024	05/17/2024	COMPLETED	Amie Eng; Miriam Rosales	Out of 4,023 members: 1,788 members were eligible for outreach. * **Member outcomes**: 1,192 UTR; 112 Declined services; 1 Referred to ECM. * **Main resources**: Feedback fm members: collaboration identified as essential as members requested CalViva Health mail a program packet on CHW benefit.	Low member engagement; Invalid member contact information; Low CHW reimbursement rate; CHW accountability.
9885	Section 4	CVH: IHA Low Performing Providers	CARE COORDINATION & MEMBER ENGAGEMENT- Utilize PPP reports, Cozeva, and Alfresco to identify low performing providers per county, work w/PE team to develop best practices.	CC - Care Coordination- IHA	CVH-All	1/1/2024	12/31/2024	ON TRACK	Miriam Rosales	Anabel Jayme - 2/13/2024: 2/13: Identified low performing providers for Q1 2024.	Identifying selecting providers and communicating individual provider's barriers.
10016	Section 4	CVH: IHA Quarterly Reporting	CARE COORDINATION AND MEMBER ENGAGEMENT- Provide quarterly updates to report on IHA rates and status to stakeholder commitee members.	CC - Care Coordination- IHA	CVH-ALL	1/1/2024	12/31/2024	ON TRACK	Miriam Rosales	Anabel Jayme - 3/11/2024: 3/11: Q1 reporting submitted 2/23-----Anabel Jayme - 2/13/2024: 2/13: Q1 report on track for 2/23 deadline.	Data gaps
10372	N/A	NCQA COC QI3	CARE COORDINATION & MEMBER ENGAGEMENT	CC - Care Coordination - COC QI3 Reporting	CVH- All	04/26/2024	12/31/2024	ON TRACK	Miriam Rosales	MY2022/Year 1 approved. Presenting to CalViva on 06/26/24	Cross departmental data collection and submission.
10515	Section 2.A	Abbott Diabetes Care Pilot	CHRONIC CONDITIONS - Pilot initially targets Medi-Cal providers whose members have uncontrolled A1c. The pilot includes educational outreach to providers, onboarding to LibreView platform,and integrate CGM data into the EHR.	CDC - Comprehensive Diabetes Care,CDC - Diabetes HbA1c < 8,CDC - Diabetes HbA1c poor control > 9	CVH -All	01/01/2024	12/31/2024	ON TRACK	Gigi Mathew	Gigi A. Mathew - 6/17/2024: Pilot initially focuses on targeted Medi-Cal providers. Working through contracts (i.e., security assessment risk, BAA, etc) to allow exchange of member lists on LibreView platform to integrate with EHRs across LOBs.	Delays on NDA approval; low turnout for live webinars
10355	Section 2.B	BP Monitor Cuff Benefit	CHRONIC CONDITIONS- Create a PPT that will help providers and PPGs navigate where members can obtain the blood pressure cuff as a member benefit	CBP - Controlling Blood Pressure	CVH- All	2/1/2024	03/31/2024	COMPLETED	Brittany Head	Brittany Head - 6/16/2024: Updated PPT to guide providers/PPGs with direct support to internal vendors (if applicable). Also provided, health education/wellness resources that members can refer to for SBMP. -----Brittany Head - 5/3/2024: No updates.-----Brittany Head - 4/12/2024: (February/March)-Created Blood Pressure cuff PPT and distributed draft to PE teams to support PPGs to accessing BP cuff benefit-----Brittany Head - 4/12/2024: Revised PPT to include updated language to match all CNC plans.	n/a
10290	Section 2.A	BPD - Provider Tip Sheet	CHRONIC CONDITIONS BPD - Blood Pressure Control for Patients with Diabetes provider tip sheet updated for MY2024 HEDIS specifications	CDC - Diabetes BP < 140/90	CVH-ALL	01/05/2024	03/31/2024	COMPLETED	Martha Zuniga	Gigi A. Mathew - 3/15/2024: 2/14 Diabetes tipsheets given to Joan Savage for review and editing. 2/29 Diabetes tipsheets submitted to Workfront for Provider Communications to format. Martha A. Zuniga: Tip Sheets posted 5/1/24	Delays for posting occurred within workfront queue.

10436	Section 2.A	BPD Tip Sheet- Blood Pressure Control for Patients with Diabetes	CHRONIC CONDITIONS- Updating BPD Tip Sheet (Pressure Control for Patients with Diabetes	CDC - Diabetes HbA1c < 8,CDC - Diabetes HbA1c poor control > 9,CDC - Diabetes – Blood Sugar Controlled (<=9)	CVH-ALL	02/28/2024	04/25/2024	COMPLETED	Stacey Noonan	Stacey Noonan - 5/18/2024: Prior measure CDC is currently referred to as BPD (Blood Pressure Control for Patients with Diabetes). Posted to the HEDIS resource page on the Provider Portal.	none
10495	Section 2.B	CBP Member Portal Websites	CHRONIC CONDITIONS --Update CBP member portal webpages across LOBs	CBP - Controlling Blood Pressure	CVH- All	05/01/2024	08/30/2024	ON TRACK	Gigi Mathew	Gigi A. Mathew - 7/1/2024 Review CBP webpage content; make modifications	N/A
10429	Section 2.B	CBP Tip Sheet- Controlling High Blood Pressure	CHRONIC CONDITIONS- Updating CBP Tip Sheet (Controlling High Blood Pressure)	CBP - Controlling Blood Pressure	CVH-All	02/28/2024	05/01/2024	COMPLETED	Stacey Noonan	Stacey Noonan - 5/17/2024: Tip Sheet was edited and reviewed. Posted to the HEDIS resource page on the Provider Portal.	none
10391	Section 2.A, 2.B	CHW Initiative Data Request for HBD and CBP members (PearSuite)	CHRONIC CONDITIONS - Submitting a QIRA data request for Community Health Worker (CHW) intervention with PearSuite	CBP - Controlling Blood Pressure,CDC - Diabetes BP < 140/90,CDC - Diabetes HbA1c poor control > 9,CDC - Comprehensive Diabetes Care,CDC - Diabetes HbA1c < 8	CVH - All	04/30/2024	05/31/2024	DELAYED	Brittany Head	Brittany Head - 6/16/2024: Delay in initiative due to lack of data. ----- Brittany Head - 5/3/2024: Data request was submitted to support CHW initiative w/ PearSuite to support patients with CBP & HBD/GSD measures.	Data
9871	Section 2.A	Diabetes Prevention Program (DPP) Vendor Onboarding	CHRONIC CONDITIONAS - Diabetes Preventative Program for members with Pre-Diabetes.	CDC - Diabetes HbA1c poor control > 9	CVH-All	04/01/2024	12/31/2024	ON TRACK	Arzoo Mojadedi	7.15.24 (AM)- CVH on track to go to DHCS for review mid-September. 6.24.24 (AM)- CVH on track to go to DHCS for review mid-September. approval. 5.14.24 (AM)- CVH on track to go to DHCS for review mid-September. 4/15/2024: CVH on track to go to DHCS for review mid-September. 3.14.24 (AM)- Once compliance receives/reviews the DHCS submission documents- they will route to CVH for review. -----Arzoo Mojadedi - 2.1.24 (AM)- SOW finalized and sent to procurement team. MSA signed. DHCS required member materials are ready. Once SOW is signed then all DHCS required documents will be sent to compliance. -----Arzoo Mojadedi - 12/19/2023- We are in the process of finalizing the SOW. The BAA and MSA have been completed. All DHCS required submission documents including member materials are projected to be submitted to CA DHCS compliance in January 2024.	DPP contract will need approval from CA DHCS compliance.
10157	Section 2.A	Direct Mail Kits for Blood Glucose (HbAc/A1c) - CVH-All	Chronic Conditions - A direct to member mail campaign to support members that may be due for an A1c (A1c kit). Quality Improvement (QI) is partnering with the vendor, Harmony Cares, to directly mail A1c Kits (to support an A1c home test).	CDC - Diabetes HbA1c < 8	CHV -ALL	1/1/2024	12/31/2024	PLANNING	Martha Zuniga	Decision made not to go with Harmony Cares for Medi-Cal. Currently, undergoing Everly's contracting process to allow for availability of in-home Alc Kits for Medi-Cal	Member may have moved; member does not return test kit.
10434	Section 2.A	EED Tip Sheet- Eye Exam for Patients with Diabetes	CHRONIC CONDITIONS- Updating Diabetes-EED Tip sheet for providers (Eye Exam for Patients with Diabetes)	CDC - Diabetes – Blood Sugar Controlled (<=9),CDC - Diabetes HbA1c poor control > 9,CDC - Diabetes HbA1c < 8	CVH-ALL	02/28/2024	04/25/2024	COMPLETED	Stacey Noonan	Stacey Noonan - 5/17/2024: Posted to the HEDIS resource page on the Provider Portal.	none
10298	Section 2.A	GSD - Provider Tip Sheet	CHRONIC CONDITIONS GSD - Glycemic Status Assessment for Patients with Diabetes provider tipsheet based upon MY2024 HEDIS specifications.	CDC - Diabetes HbA1c poor control > 9,CDC - Diabetes HbA1c < 8	CVH-ALL	02/01/2024	03/31/2024	COMPLETED	Gigi Mathew	Gigi A. Mathew - Final remediated tipsheet posted to provider portal in May 2024. 3/15/2024: 2/14 Diabetes tipsheets given to Joan Savage for review and editing. 3/1 Diabetes tipsheets (GSD) submitted to Workfront for Provider Communications to format.	N/A
10425	Section 2.A	GSD Tip Sheet- (Glycemic Status Assessment for Patients with Diabetes)	CHRONIC CONDITIONS- Creating Glycemic Status Assessment for Patients with Diabetes	CDC - Diabetes HbA1c < 8,CDC - Diabetes HbA1c poor control > 9,CDC - Diabetes – Blood Sugar Controlled (<=9)	CVH-ALL	02/28/2024	04/25/2024	COMPLETED	Stacey Noonan	Stacey Noonan - 5/17/2024: Prior measure CDC is currently referred to as GSD (Glycemic Status Assessment for Patients with Diabetes). Posted to the HEDIS resource page on the Provider Portal.	none
10507	Section 2.A	In Home Test Kits - A1c	CHRONIC CONDITIONS - Non-compliant members receive in-home A1c kits from vendor; collaborate with PPGs/PCPs to encourage members to return completed kits	CDC - Diabetes HbA1c poor control > 9	CVH-ALL	01/01/2024	12/31/2024	ON TRACK	Paul Nigels	Gigi A. Mathew - 6/15/2024: Everly Health member collateral undergoing approvals. C&L approved between 4/4/24 -4/11/24; submitted to Workfront. Privacy approved. SMS messaging privacy approval pending.	Delays in contract reviews and approvals.

ID	Section	Title	Description	Measure	LOB	Start	End	Status	Owner	Notes	Barriers
10062	N/A	KED Tip Sheet	CHRONIC CONDITIONS- Updating Diabetes-KED Tip sheet for providers	KED - Kidney Health Evaluation for Patients With Diabetes	CVH-All	01/11/2024	03/31/2024	COMPLETED	Brittany Head	Brittany Head - 5/7/2024: Tip sheet completed Executive review and was posted 4/19 on provider portal. -----Brittany Head - 4/9/2024: Draft was sent to Quality SME for review-----Brittany Head - 4/12/2024: Gave approval on the final drafts from Provider Communications –next step is that it will go out for Executive review.-----Brittany Head - 2/5/2024: Draft was completed and sent to PMIII for review.	none
10453	Section 2.A, 2.B	Outcomes MTM A1c & CBP Member Outreach	CHRONIC CONDITIONS - Pharmacists contracted with Outcomes MTM will do outreach to members and document their blood pressure and A1c level. They will also give members appropriate advise if their value is out of range.	CDC - Diabetes – Blood Sugar Controlled (<=9),CBP - Controlling Blood Pressure	CVH-Fresno	05/13/2024	12/31/2024	ON TRACK	Taline Jaghasspanian	Tianheng Liu - 6/14/2024: Outcomes stated did not receive MCal member's TIP file, so MCal outreach was delayed. Will look into the issue-----Tianheng Liu - 5/30/2024: Eligibility file sent over to Outcomes MTM. Expected starting date first week of June	Outcomes MTM's business model may not fully satisfy HEDIS supplemental data submission
10499	Section 2.B	Provider Email Alert -CBP	CHRONIC CONDITIONS - Provider e-mail alert to promote OTC benefit, SMBP and best practices	CBP - Controlling Blood Pressure	CVH- All	06/03/2024	07/31/2024	ON TRACK	Gigi Mathew	Gigi A. Mathew - 6/14/2024: Attach approved CBP provider tipsheet to email alert	N/A
10400	Section 2.A	Sprinter Health Medi-Cal Member Outreach	Chronic Conditions: In-home Diabetic Retinal Exams (DRE) for eligible members. Results will be sent to member's PCP.	CDC - Diabetes HbA1c poor control > 9	CVH-ALL	08/01/2024	12/31/2024	PLANNING	Arzoo Mojadedi	Arzoo Mojadedi - 7.15.24 (AM)- For HN- received guidance from compliance to include NDN and NOLA links in the character count and to spell out the name of the Health Plan at least in the initial texting campaign. Abbreviations can be used for subsequent texting campaigns.6.24.24 (AM)- For HN- All member materials approved by C&L and Privacy except the SMS campaign. Instructions sent to Sprinter via corporate liaison Eleni so Sprinter can update their SMS campaign with CA Privacy regulations. 5/14/2024: 5.14.24 (AM)- Meeting with corporate tomorrow to gain clarification on Sprinter's member incentive reward strategy. We will also be discussing the flexibility of modifying member materials if needed for HN internal processes and CA DHCS requirements.	Ensuring that the Medi-Cal member documents meets the CA DHCS requirements.
10280	Section 2.A	Update Diabetes Resources Webpage	CHRONIC CONDITIONS: Project to update Diabetes Resources Webpage	CDC - Comprehensive Diabetes Care	CVH-All	02/01/2024	6/28/2024	DELAYED	Arzoo Mojadedi	Arzoo Mojadedi - 7.15.24 (AM)- For HN-the document did not pass field testing layout review. Stacey will contact field testing team for suggestions on what to modify. 6.24.24 (AM)- The webpage prototype has been submitted for Health Educator review. 5/14/2024: 5.14.24 (AM)- This document has been sent to Traci in Legal for final approval. -----Arzoo Mojadedi - 4/15/2024: 4.15.24 (AM)- Readability is set at 6th grade level for this resource page so it can be utilized for all LOB's. Currently, it's being reviewed by Legal. -----Arzoo Mojadedi - 3/15/2024: 3.15.24 (AM)- Gigi, Stacey, and I are working on updating the Diabetes Resources webpage, to add more member focused content and resources. We're working on a similar Diabetes Resources Webpage across all LOB's. Currently, we have a layout complete and are verifying readability.	N/A
10083	Section 5.D	CIS-10 and W30-6+ Data Reconciliation and Outreach	PEDIATRIC/PERINATAL/DENTAL - The intent of this activity is to do data reconciliation by calling the member and/or provider, or checking in accessible EMRs.	CIS - Childhood Immunization Combo 10,W30 - Well Child Visits in the First 30 Months of Life (previously W15)	CVH-ALL	6/3/2024	12/31/2024	PLANNING	Guille Toland	Guille V. Toland - 06/17/2024: QIRA request was submitted.	None at this moment
9780	Section 5.D	CIS-10 Special Project - HepB Reconciliation	PEDIATRIC/PERINATAL/DENTAL - HEDIS team will reach out to parents and delivery hospitals to obtain records for HepB.	CIS - Childhood Immunization Combo 10	CVH-Madera & Fresno	1/3/2024	4/30/2024	COMPLETED	Guille Toland, Juli Coulthurst	Guille V. Toland - 5/15/2024: Project ended 5/1/24. Madera County: 119 attempted members, 68 (57.14%) reached. Fresno County: 2,185 attempted members, 1,291 (59%) reached.	Not having the HEDIS team support to carry this project.
10118	Section 5.C	CVH Medi-Cal Family Unit HEDIS Outreach/Multi-Gap Calls	PEDIATRIC/PERINATAL/DENTAL - HEDIS team outreach to anchor members and all household members with care gaps.	WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC)	CVH-ALL	5/20/2024	12/20/2024	ON TRACK	Juli Coulthurst	Juli B. Coulthurst - 6/17/2024: CVH Family Unit HEDIS outreach calls to start in July 2024 with WCV ages 7-13 years as the anchor measure for Fresno and WCV ages 7-16 years as the anchor measure for Kings.	N/A
10007	Section 5.D	DHCS Annual LSC Reporting	PEDIATRIC/PERINATAL/DENTAL - DHCS requires all health plans to submit an annual report on blood lead screening in children	LSC - Lead Screening in Children	CVH: All	1/1/2024	3/29/2024	COMPLETED	Anabel Jayme	3/27/2024: Per DHCS this report has been retired.	N/A

ID	Section	Title	Description	Measures	Region	Start	End	Status	Owner	Notes	Barriers
10392	Section 5.C, 5.D	DHCS Fresno County QMIP	PEDIATRIC/PERINATAL/DENTAL-Fishbone and Strategies	W30 - Well Child Visits in the First 30 Months of Life (previously W15),W15 - Well Child Mth Six or more well child visits,LSC - Lead Screening in Children,WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC),CIS - Childhood Immunization Combo 10	CVH-Fresno	05/01/2024	10/11/2024	ON TRACK	Meena Dhonchak	Juli B. Coulthurst - 6/17/2024: Fishbone submitted. No feedback yet from DHCS.	N/A
10098	Section 5.C, 5.D	DHCS Medi-Cal Child Health Sprint Collaborative	PEDIATRICS/PERINATAL/DENTAL - DHCS and Institute for Healthcare Improvement (IHI) Well Care	W30 - Well Child Visits in the First 30 Months of Life (previously W15),W15 - Well Child Mth Six or more well child visits,WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC)	CVH-ALL	02/01/2024	02/28/2025	ON TRACK	Naomi Lam, Amy Schneider	Naomi H. Lam - 5/10/2024: CVH chose Clinica Sierra Vista as their pilot clinic for the Sprint. Dr. Marabella and Amy S. are the primary contacts for the Sprint and they are spearheading the partnership and communication. The Sprint is currently planning for the 1st intervention.	N/A
10002	Section 5.D	Health Disparity PIP W30-6+ Measure	PEDIATRIC/PERINATAL/DENTAL - PIP	W30 - Well Child Visits in the First 30 Months of Life (previously W15)	CVH - Fresno	05/08/2023	12/31/2024	ON TRACK	Naomi Lam	Naomi H. Lam - 6/13/2024: CalViva Health (CVH) has reviewed and approved the FMEA, and decided move forward with proposed interventions in April. Confirmed community partnership and intervention implementation with Fresno BIH in May. Partnership flyer was approved by BIH. Provider Relations staff are in communication with target/selected providers for flyer distribution. Fresno BIH received the June referrals that are approved by CVH on 5/31 and launched the outreach on 6/3. Fresno BIH will conduct outreach, enroll members in BIH, and provide standard program services in June and July.-----Naomi H. Lam - 2/22/2024: Internal process map has completed in Jan 2024. Established partnership with BIH. Pending partnership with BLACK Wellness and Prosperity Center. Working with BIH to review key driver diagram and build external process map. -----Naomi H. Lam - 1/23/2024: Interventions planning stage: developing process map and FMEA table for intervention determination. -NL	N/A
10009	Section 5.D	LSC Quarterly Reporting	PEDIATRIC/PERINATAL/DENTAL - Quarterly UM/QI LSC reporting	LSC - Lead Screening in Children	CVH-All	1/1/2024	12/31/2024	ON TRACK	Anabel Jayme	6/5/2024: Q3 report on track for 6/21 submission.	Identifying data gaps
10123	Section 5.A, 5.B, 5.C, 5.D	MY2024 HEDIS Provider Tip Sheet Development - Pediatric/Perinatal/Dental	PEDIATRIC/PERINATAL/DENTAL - Update and rebrand any pediatric, perinatal or dental HEDIS provider tip sheets as needed per MY2024 technical specifications.	CIS - Childhood Immunization Combo 10,LSC - Lead Screening in Children,PPC - PPC - Postpartum Visit,PPC - PPC - Prenatal Visit (Timeliness),W30 - Well Child Visits in the First 30 Months of Life (previously W15),WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC), TFL-CH	CVH-ALL	01/24/2024	12/31/2024	ON TRACK	Juli Coulthurst	All Perinatal Tip Sheets are up to date and posted on the provider portal and links shared with Provider Engagement. All Pediatric Tip Sheets are up to date and posted on the provider portal, except for TFL-CH. Another dental code needs to be added to TFL-CH tip sheet.	N/A
10178	Section 5.C, 5.D	Pediatric Well Care Data Reconciliation Process with HEDIS Team and Provider Facing Teams	PEDIATRIC/PERINATAL/DENTAL - QI is partnering with the HEDIS Team, PE and MA to develop a process to triage providers to data reconciliation to the HEDIS Team, PE or MAs or QI through the HEDIS outreach team for W30-15, W30-30 and WCV.	W30 - Well Child Visits in the First 30 Months of Life (previously W15),WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC)	CVH-All	02/15/2024	12/31/2024	ON TRACK	Juli Coulthurst	Juli B. Coulthurst - 6/17/2024: Results pending.	Data Gaps identified for W30-15 and WCV
10126	Section 5.B, 5.C, 5.D	Peds+ POD Action Plan Reviews	PEDIATRIC/PERINATAL/DENTAL - Review all Pediatric/Perinatal/Dental Action Plans in the Provider Engagement Database and provide feedback to improve action plans.	CIS - Childhood Immunization Combo 10,IMA - IMA - Adolescent Immunizations Combo 2,LSC - Lead Screening in Children,PPC - PPC - Postpartum Visit,PPC - PPC - Prenatal Visit (Timeliness),W30 - Well Child Visits in the First 30 Months of Life (previously W15),WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC)	CVH-ALL	01/08/2024	12/31/2024	PLANNING	Juli Coulthurst	Juli B. Coulthurst - 6/17/2024: Action Planning on Hold	N/A

ID	Section	Title	Description	Measures	Region	Start Date	End Date	Status	Owner	Notes	Barriers
10111	Section 5.B	Perinatal Care training for Provider Engagement and Clinical Program Managers	PEDIATRIC/PERINATAL/DENTAL-Perinatal - QI PM will train Provider Engagement and CPMs on Perinatal Care MY2024 HEDIS measures and best practices that providers can implement.	PPC - Prenatal and Postpartum Care	CVH-ALL	4/9/2024	4/9/2024	COMPLETED	Juli Coulthurst	Juli B. Coulthurst - 6/17/2024: Trained Provider Engagement and CPMs on Perinatal Measures on 4/9/2024. Included best practices and specific strategies.	N/A
10088	Section 5.D	Pfizer 1st Birthday IVR	PEDIATRIC/PERINATAL/DENTAL - Well Visit Program - sends IVR phone messages to parents of children who are 10 months old to remind them of the importance of their upcoming 1-year checkup.	CIS - Childhood Immunization Combo 10	CVH-All	02/01/2024	12/31/2024	DELAYED	Guille Toland	Guille V. Toland - 5/15/2024: Need HN approvals before moving forward with CVH.	Not getting the approvals needed
10086	Section 5.D	Pfizer Missed Dose IVR	PEDIATRIC/PERINATAL/DENTAL - Missed Dose Program - sends IVR phone messages to parents of children at ages 6 months, 8 months, and 16 months to remind them they may have missed a vaccine shot.	CIS - Childhood Immunization Combo 10	CVH-All	02/01/2024	12/31/2024	DELAYED	Guille Toland	Guille V. Toland - 6/10/2024: Need HN approvals before moving forward with CVH.	Not getting the approvals needed
10020	Section 5.D	POC Lead Screening Analyzers	PEDIATRICS/PERINATAL/DENTAL - This initiative will leverage the Quality EDGE process to order point of care blood lead analyzers for pediatric providers.	LSC - Lead Screening in Children	CVH-All	05/31/2023	12/31/2023	ON TRACK	Anabel Jayme	6/5: There were no lead analyzer requests as of 6/5. The current total of lead analyzers requests that have been funded is 8.	Providers may already have a system in place to complete POC blood lead screenings.
10132	Section 5.B, 5.D	Postpartum Outreach to Inpatient MCAL members after delivery.	PEDIATRIC/PERINATAL/DENTAL - Population Health new inpatient Transition of Care Team reaches out to members still in the hospital after delivery to schedule a postpartum visit, the first infant well care visit after discharge and enroll in the First Year of Life Program.	W30 - Well Child Visits in the First 30 Months of Life (previously W15),PPC - PPC - Postpartum Visit	CVH-All	04/07/2023	12/31/2024	ON TRACK	Gigi Park	Juli B. Coulthurst - 6/17/2024: Reports are not capturing meaningful data for QI to report. QI submitted a request to update the report in June 2024. Postpartum Outreach calls transitioned from Michelle Estrada's Team to Carrie-Lee Patnaude's transition of care managers.	N/A
10108	Section 5.C, 5.D	Provider Engagement and CPM Training on Pediatric MCAS measures for MY 2024	PEDIATRIC/PERINATAL/DENTAL: Pediatric - QI PM to train Provider Engagement and Clinical Program Managers on MY2024 Pediatric MCAS measures and an outreach providers can do in Q1 2024 using MY2023 Cozeva data, before the MY2024 caregap data is available.	CIS - Childhood Immunization Combo 10,LSC - Lead Screening in Children,W30 - Well Child Visits in the First 30 Months of Life (previously W15),WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC),ADV - Annual Dental All members	CVH-ALL	2/27/2024	2/27/2024	COMPLETED	Juli Coulthurst	Juli B. Coulthurst - 3/11/2024: Completed training of PE and CPMs for all pediatric measures for MCAL. Reviewed each measure definition, best practices. Reviewed current strategies and how to build action plans for each measure based on the barriers identified by the provider.	Lack of documentation of outreach activities for providers doing the outreach in action plans.
10130	Section 5.B, 5.D	QI Referrals to the CalViva Health Pregnancy Program	PEDIATRICS/PERINATAL/DENTAL - QI is referring Medi-Cal African-American/Black Pregnancies in Fresno County to the CalViva Health Pregnancy Program. Referrals will be sent monthly.	PPC - PPC - Postpartum Visit,W30 - Well Child Visits in the First 30 Months of Life (previously W15),PPC - Prenatal and Postpartum Care	CVH-Fresno	04/07/2023	12/31/2024	ON TRACK	Gigi Park	Juli B. Coulthurst - 6/17/2024 111 Black or AA Pregnancies identified and referred to the CalViva Health Pregnancy Program in Fresno County Jan-June 2024.	N/A
10113	Section 5.D	QMIP - CVH - Kings County A3	PEDIATRIC/PERINATAL/DENTAL - Kings County A-3 with data reconciliation.	CIS - Childhood Immunization Combo 10	CVH-Kings	01/24/2024	12/31/2024	ON TRACK	Juli Coulthurst	Juli B. Coulthurst - 6/17/2024: Kings County A-3 submitted to CVH and DHCS. Data Reconciliation Strategy. Awaiting feedback from DHCS	Waiting on instructions from DHCS
10095	Section 5.D	Update Newborn Checklist	PEDIATRIC/PERINATAL/DENTAL- Update Infant Well Care Affinity Group Newborn Checklist in collaboration with HPSJ after hospital gateway newborn enrollment process is launched	W15 - Well Child Mth Six or more well child visits	CVH Counties	01/23/2024	12/31/2024	PLANNING	Meena Dhonchak	Juli B. Coulthurst - 6/17/2024: Gateway Newborn enrollment launches July 1, 2024. Newborn Checklist will be updated by Q4.	N/A
10103	Section 5.B	Confirmation of Pregnancy Build Out in Cozeva	PEDIATRICS/PERINATAL/DENTAL - Work with the Cozeva team to set up a feature/function for PCP users to indicate member's early pregnancy	PPC - PPC - Prenatal Visit (Timeliness)	CVH-ALL	02/01/2024	12/31/2024	NOT STARTED	Naomi Lam	Juli B. Coulthurst - 6/17/2024: Confirmation of Pregnancy Buildout in Cozeva deprioritized and will not be completed in 2024. Using Confirmation of Pregnancy Faxed forms in 2024.	N/A
10558	Section 6	AMR Provider Update	PHARMACY & RELATED MEASURES - Provider Update to increase knowledge of asthma care gaps, with a focus on medication adherence and proper use of asthma medications.	AMR - Asthma Med Ratio Total 5 to 64	CVH-ALL	06/03/2024	12/31/2024	PLANNING	QI/Health Ed	Provider Update content was created to help increase knowledge of asthma care gaps and the need for member education. Update to be disseminated in Q3 2024.	N/A

ID	Section	Title	Description	Measure	Region	Start	End	Status	Owner	Notes	Barriers
9915	Section 6	Community Support Asthma Remediation Provider Update	PHARMACY & RELATED MEASURES - Increase awareness of the Community Support Asthma Remediation Services program to Medi-Cal Providers.	AMR - Asthma Med Ratio Total 5 to 64	CVH-All	1/1/2024	8/30/2024	PLANNING	Justina Felix	Content created to develop a Provider Update to increase awareness to providers about Asthma Remediation Services available to Medi-Cal members. This activity is on pause as we added information regarding these services to the AMR Provider Tip Sheet.	N/A
9918	Section 6	Community Supports Asthma Remediation Email Campaign	PHARMACY & RELATED MEASURES - Increase awareness of the Asthma Remediation Services Program to Medi-Cal members with a focus on asthma denominator .	AMR - Asthma Med Ratio Total 5 to 64	CVH-Fresno	1/1/2024	8/30/2024	ON TRACK	Justina Felix, Alma Pham, Tianheng Liu	Developed email content regarding Asthma Remediation Services to help improve AMR rates in Fresno County with high volume, low performing PPG. Reached out to Provider Relations to discuss the potential pilot project and to request their assistance with a warm introduction to the Sante, the PPG. Sante was excited to join the efforts of this pilot project, however due to a very low number of up-to-date email addresses on members, and Sante not having the ability to do a mailer, we decided to pivot the acitivity. QI staff reached out to Central California Asthma Collaborative (CCAC), the Community Health Worker Provider who would be providing Asthma Remediation Services to the pilot project, to inquire if they would be inclined to send the email draft as a mailer to reach more members. CCAC agreed to the request. The English and Spanish mailer was sent through Readability to ensure 6th grade reading level for our Medi-Cal members and was sent to CCAC on 5/22/24. CCAC mailed the letter on 6/6/24 and outreach calls began on 6/17/24. QI staff will meet with CCAC on a regular basis to receive updates and to discuss strategies to overcome any challenges encountered.	None at the moment.
10012	N/A	KIC Smoking Cessation Newsletter	PHARMACY & RELATED MEASURES - Promote Kick It California (KIC), a statewide cessation program to members via the member newsletter.	CAHPS - Adult-Smoking Advice	CVH - All	01/22/2024	12/31/2024	ON TRACK	Justina Felix	Developed an article promoting Kick It California, a statewide cessation program available to members, in the Member Newsletter. The article went through internal review process approval. In April 2024, the article was sent to CalVia Heatlh Compliance for DHCS submission. The newsletter received an AIR notification in need of additional edits.	N/A
10327	N/A	KIC Tobacco Cessation	PHARMACY & RELATED MEASURES - Increase member participation in smoking cessation programs.	CAHPS - Adult-Smoking Advice	CVH: Fresno, Kings, Madera	01/02/2024	12/31/2024	ON TRACK	Justina Felix	In April, received KIC year-end data, which showed a decrease in member enrollment in cessation services. In May, created a slide for CalViva Health Medi-Cal LOB that provides information about KIC services. The slide is intended to be used by CPM/PTCs in their JOM/Workgroups or during meetings with the PPG/PCPs and help promote KIC services. In June, tobacco and asthma educational resources for providers to refer members using QR codes were developed making these resources more readily available for members.	N/A
10036	Section 2.B, 7.A	Multi-Gap Family Unit (MCL) Live Call Outreach	PHARMACY & RELATED MEASURES - Live calls via HEDIS team CSR's addressing barriers to accessing care for CVH Medi-cal members with multiple gaps. Call will occur between the health plan representatives and the member (includes inbound and outbound calls). The intention of this call is to inform the member of the importance of having preventive care visits / screenings. Callers offer members home tests that would be sent directly to member's home. During a call callers would inform about additional services, offer other resources as appropriate, and remind members about the myStrength tool. The call will also help to assess patient's access to medical care and underlying social determinants of health for possible referral to case management.	WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC),BCS - Breast Cancer Screening,IMA - IMA - Adolescent Immunizations Combo 2,LSC - Lead Screening in Children,CBP - Controlling Blood Pressure,CCS - Cervical Cancer Screen - Pap Test,W30 - Well Child Visits in the First 30 Months of Life (previously W15),W15 - Well Child Mth Six or more well child visits,CIS - Childhood Immunization Combo 10	CVH-All	5/2/2024	12/13/2024	ON TRACK	Alicia Bednar	In March planning meetings held to discuss script updates, priority calendars, database socumentation changes and reporting. End of April meaures updated to reflect targetd measure of focus. Scope focused to certian measure/members each month. Script reviewed by Health Equity department; Ethnicity questions added, Approved by compliance. DHCS approved in May. Overall calls launched in May and for CalViva members calls are targeted to start in the months of July/August.	n/a

ID	Section	Title	Description	Measure	LOB	Start	End	Status	Owner	Intervention Description	Barriers
10388	N/A	PBH Provider Tip sheet	PHARMACY & RELATED MEASURES- Updated provider tip sheet to reflect 2024 HEDIS specs.	PBH - Persistence of Belta-Blocker Treatment after a Heart Attack	CVH- All	04/26/2024	06/30/2024	COMPLETED	Brittany Head	In April & May, a tip sheet was created for CHPIV, mirroring the PBH tip sheets for other Medi-Cal LOB. It was reviewed to ensure the exclusions and required exclusions sections were combined per the 2024 HEDIS specifications. In June, The PBH tip sheet completed its executive review with no additional changes or feedback required. The first proof was reviewed by the POD lead, and minor changes, such as correcting medication listed in error and format edits, were made. The PBH tip sheets 24-518 to 24-522 are now live on the HN HEDIS page under Provider Quality Resources > Chronic Disease Management.	N/A
10166	N/A	POD Provider Tip Sheet	PHARMACY & RELATED MEASURES - Provider Tip Sheet for the Measure POD (Pharmacotherapy for Opioid Use Disorder)	POD - Pharmacotherapy for Opioid Use Disorder	CVH-All	02/02/2024	4/22/2024	COMPLETED	Tianheng Liu	Draft created in March, submitted to provider workfront in April; After remediation, tip sheet was posted to Provider HEDIS site, and provider email alert was sent out in May	N/A
10174	Section 6	PPG/PCP Community Supports Asthma Remediation Campaign	PHARMACY & RELATED MEASURES - Increase awareness of the Asthma Remediation Services Program to Medi-Cal members with a focus on asthma denominator. Create email draft for PPG, PCP, and/or Community Supports Provider to use for outreach to members to inform them of the Asthma Remediation Project.	AMR - Asthma Med Ratio Total 5 to 64	CVH-All	1/1/2024	8/30/2024	PLANNING	Justina Felix, Alicia Bednar	Created email content to increase awareness regarding Asthma Remediation Services to Medi-Cal members with a focus on asthma denominator. Email content will be used by PPGs/Providers to send out to plan's member list. Email was approved by C&L and Privacy on 4/2/24. Content was forwarded to CVH Compliance team. We received feedback from CVH that the email address domain cannot have mention of clinic or PPG. This activity is on pause while we strategize to find an alternative to to having the clinic/PPG send the email to our members.	None at the moment.
9828	Section 6	Provider flyer	PHARMACY & RELATED MEASURES - Provide Providers information on AMR and information on how to access the patient referral form.	AMR - Asthma Med Ratio Total 5 to 64	CVH-All	01/01/2024	5/17/2024	COMPLETED	Alicia Bednar	Developed Asthma Remediation Provider Flyer with QR code and logo, sent to Provider Communication. Received final version from Provider Comms on 5/7.	None
10361	Section 2.B, 7.A	Clinic HEDIS Quality Improvement Program (C-HIP)	QUALITY EDGE/TRAINING/PROVIDER COMMUNICATION - assess and incentivize PCPs (or PPGs) effort to improve quality of care. Additional measures not listed include: BCS-E, CCS, PPC-Pre, PPC-Pst,CIS-10, DEV, IMA-2, LSC, PPC, TFL-CH, W30-6+, W30-2+, WCV, CBP, COL, HBD. For MY 2024, there is a REL Cohort component a bonus incentive for Child and Adolescent Well-Care Visits (WCV) for providers who close WCV care gaps for Black and White eligible members to receive payment of $25(extra).	BCS - Breast Cancer Screening,CCS - Cervical Cancer Screen - Pap Test,CIS - Childhood Immunization Combo 10,IMA - IMA - Adolescent Immunizations Combo 2,LSC - Lead Screening in Children,W15 - Well Child Mth Six or more well child visits,W30 - Well Child Visits in the First 30 Months of Life (previously W15),WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC),CBP - Controlling Blood Pressure,COL - Colorectal Cancer Screening,PPC - Prenatal and Postpartum Care	CVH-All	01/02/2024	12/31/2024	ON TRACK	Amy Wittig	Gigi Park - External: Evaluation of Quality EDGE Incentive for PPG(s) is in progress. Please refer to 'Intervention Description' for the complete list of HEDIS Measures, thank you.	Lack of medical office staff; Limited provider appointment availability; Insufficient/outdated member's personal information to reach for the visit; Disinterested/refusal of the medical services; Provider meeting the HIP Eligible Requirement.
10358	Section 2.B, 7.A	HEDIS Improvement Program (HIP)	QUALITY EDGE/TRAINING/PROVIDER COMMUNICATION - assess and incentivize PCPs (or PPGs) effort to improve quality of care. Additional measures not listed include: BCS-E, CCS, PPC-Pre, PPC-Pst,CIS-10, DEV, IMA-2, LSC, PPC, TFL-CH, W30-6+, W30-2+, WCV, CBP, COL, HBD. For MY 2024, there is a REL Cohort component a bonus incentive for Child and Adolescent Well-Care Visits (WCV) for providers who close WCV care gaps for Black and White eligible members to receive payment of $25(extra).	BCS - Breast Cancer Screening,CCS - Cervical Cancer Screen - Pap Test,CIS - Childhood Immunization Combo 10,IMA - IMA - Adolescent Immunizations Combo 2,LSC - Lead Screening in Children,W15 - Well Child Mth Six or more well child visits,W30 - Well Child Visits in the First 30 Months of Life (previously W15),WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC),CBP - Controlling Blood Pressure,COL - Colorectal Cancer Screening	CVH-All	01/02/2024	12/31/2024	ON TRACK	Amy Wittig	Gigi Park - External: Evaluation of Quality EDGE Incentive for PPG(s) is in progress. Please refer to 'Intervention Description' for the complete list of HEDIS Measures, thank you.	Lack of medical office staff; Limited provider appointment availability; Insufficient/outdated member's personal information to reach for the visit; Disinterested/refusal of the medical services; Provider meeting the HIP Eligible Requirement.

10364	Section 2.A, 2.B, 7.A	HEDIS Quality Improvement Program (HQIP)	QUALITY EDGE/TRAINING/PROVIDER COMMUNICATION - assess and incentivize PCPs (or PPGs) effort to improve quality of care. Additional measures not listed include: BCS-E, CCS, PPC-Pre, PPC-Pst,CIS-10, DEV, IMA-2, LSC, PPC, TFL-CH, W30-6+, W30-2+, WCV, CBP, COL, HBD. For MY 2024, there is a REL Cohort component a bonus incentive for Child and Adolescent Well-Care Visits (WCV) for providers who close WCV care gaps for Black and White eligible members to receive payment of $25(extra).	BCS - Breast Cancer Screening,CCS - Cervical Cancer Screen - Pap Test,CIS - Childhood Immunization Combo 10,IMA - IMA - Adolescent Immunizations Combo 2,LSC - Lead Screening in Children,PPC - PPC - Postpartum Visit,PPC - PPC - Prenatal Visit (Timeliness),W15 - Well Child Mth Six or more well child visits,W30 - Well Child Visits in the First 30 Months of Life (previously W15),WCV - Child and Adolescent Well-Care Visits (previously W34 and AWC),CBP - Controlling Blood Pressure,COL - Colorectal Cancer Screening	CVH-All	01/02/2024	12/31/2024	ON TRACK	Amy Wittig	Gigi Park - External: Evaluation of Quality EDGE Incentive for PPG(s) is in progress. Please refer to 'Intervention Description' for the complete list of HEDIS Measures, thank you.	Lack of medical office staff; Limited provider appointment availability; Insufficient/outdated member's personal information to reach for the visit; Disinterested/refusal of the medical services; Provider meeting the HIP Eligible Requirement.
10068	N/A	IHQC - Fundamentals of QI Training	QUALITY EDGE/TRAINING/PROVIDER COMMUNICATION - IHQC vendor will host the Fundamentals in QI for a select group of providers. This virtual training consists of two workshops that introduce the essential of quality and process improvement methodologies.	HPQI - Health Plan Quality Improvement	CVH-ALL	03/01/2024	03/29/2024	COMPLETED	Gladys Lazaro, Lora Maloof-Miller	Lora Maloof-Miller - 4/2/2024: 4.2.24 Attendance for Session 1 (March 8th) - 18 out of 31. Attendance for Session 2 (March 22nd) 11 out of 18. We encouraged those who attended the first session to come to the second one. Due to the content building on the first session, we encouraged those who didn't attend the first session to look for additional opportunities which would be more beneficial. -----Lora Maloof-Miller - 3/6/2024: 31 providers total registered for the training on March 8th and 22nd. -----Lora Maloof-Miller - 2/1/2024: 1.22.24 Final flyers sent to PE (CHPIV was not included - not approved yet) Due date to register providers: 2.16.24-----Lora Maloof-Miller - 1/18/2024: 1.18.24 Finalizing dates with PE, invitation and educational flyers.	None at this time.
10072	N/A	IHQC - Project Management Training	QUALITY EDGE/TRAINING/PROVIDER COMMUNICATION - IHQC will host the Project Management (PM) training for a cohort of providers in April. The training includes content and incidental coaching to build skills to manage small scale projects and large initiatives. An additional PM training will be provided to internal staff (PE/QI) in May.	HPQI - Health Plan Quality Improvement	CVH-ALL	5/1/2024	5/31/2024	DELAYED	Gladys Lazaro, Lora Maloof-Miller	Lora Maloof-Miller - 6/3/2024: Due to low enrollment, this training will be rescheduled. Potential dates: Late July/Aug. or November. Feedback from PE (Robin MacBride) is pending. Shekinah Wright is okay with offering it in 2025, if needed. -----Lora Maloof-Miller - 4/2/2024: 4.2.24 Dates selected: May 16th and 23rd. Flyer completed and sent to PE for distribution. -----Lora Maloof-Miller - 2/1/2024: Training in May 2024. Date: TBD.-----Gladys Lazaro - 1/18/2024:	None at this time.
10106	N/A	CVH--Medi-Cal PARS for High Volume Specialists, Ancillary, CBAS, and Behavioral Health providers	PREVENTATIVE CARE - To complete Physical Accessibility Review Surveys (PARS) for high volume specialists, CBAS, ancillary and behavioral health providers including priority providers and/or requested PCPs and identify and evaluate barriers that may be limiting care to SPD members.	CAHPS - Access to Care,HPQI - Health Plan Quality Improvement	CVH-All	1/1/2024	12/31/2024	ON TRACK	Tanya Demirjian	Justin Lovell - 5/20/2024: 180 site locations need validation and/or PARS assessments.-----Justin Lovell - 2/16/2024: As of 2/16/24, 205 site locations need validation and/or PARS assessments.	The primary barrier is that most provider offices do not have accessible equipment/exam tables and have limited access. This makes it hard for our members with disabilities to get to, get into, and get equal care at our provider offices. Furthermore, members with disabilities are less likely to seek care, knowing that a provider office may not be able to accommodate them and their needs. Another identified barrier is that most providers rent office space and are not able to make structural changes to their locations in order to be more accessible.
9855	Section 7.B	Flu Campaign 2024	PREVENTATIVE CARE - Flu Outreach to members in collaboration with PPGs/CPMs	CAHPS - Annual Flu Vaccine	CVH-All	1/1/2024	12/31/2024	ON TRACK	Frances Arce	08/13/2024. Currently asking CPMs to outreach to PPG groups to help set up clinics where flu shots will be offered to members. FRANCES ARCE - 11/14/2023: QI Team effort to include: Ravneet Gill, Lynn Pak, Louba Aaronson	Budget, Staffing, Marketing FVA. Late transition of Flu Outreach

ID	Section	Title	Description	Categories	Plan	Start	End	Status	Owner	Notes	Barriers
9851	Section 8.A	Best Practice Core Measure (Annually)	CAHPS - Best Practice Core Measure	CAHPS - Access to Care	CVH-All	1/1/2024	12/31/2024	COMPLETED		14 one time update. Completed in Q2.	None
9861	Section 8.A, 8.B	CAHPS Playbook (One Time)	CAHPS - best practices captured in one resource (internal use)	CAHPS - Access to Care,CAHPS - Rating of Personal Doctor,RHP - Rating of Health Plan,RDP - Rating of Drug Plan,CS - Customer Service,CAHPS - Care Coordination	CVH-All	1/15/2024	12/31/2024	ON TRACK	Taline Jaghasspanian	Still available on SharePoint as a resource.	None
9859	Section 7.B, 8.A, 8.B	CAHPS PPG Webinar (Annually)	CAHPS - PPG Webinar reviewing CAHPS program and initiatives to help build CAHPS awareness	CAHPS - Access to Care,RHP - Rating of Health Plan,RDP - Rating of Drug Plan,CAHPS - Care Coordination,CAHPS - Annual Flu Vaccine,CAHPS - Plan Administration,CAHPS - Rating of All Health Care,CAHPS - Rating of Health Plan,CAHPS - Rating of Specialist,CAHPS - Rating of Personal Doctor,CS - Customer Service	CVH-All	8/1/2024	10/26/2024	ON TRACK	Taline Jaghasspanian	This will be completed in August and Sept	None
9865	Section 8.A, 8.B	CAHPS Provider Training Series via Sullivan Group (Annually)	CAHPS - Physician lead webinar trainings; topics will focus on improving provider communication and access (3 topics, 6 sessions total)	CAHPS - Rating of Health Plan,CAHPS - Adult-Getting Care Quickly	CVH-All	1/1/2024	12/31/2024	COMPLETED	Taline Jaghasspanian	Completed in Feb-March.	None
9857	Section 7.B, 8.A, 8.B	CAHPS Results and Goals YOY Analysis (Annually)	CAHPS - CAHPS Results and Goals YOY Analysis (Annually)	CAHPS - Access to Care,CAHPS - Annual Flu Vaccine,CAHPS - Care Coordination,CAHPS - Plan Administration,CAHPS - Rating of All Health Care,CAHPS - Rating of Health Plan,CAHPS - Rating of Personal Doctor,CAHPS - Rating of Specialist	CVH-All	9/1/2024	12/31/2024	ON TRACK	Taline Jaghasspanian	Will be completed in Q4	None
9867	Section 7.B, 8.A, 8.B	CAHPS Survey Demographic Analysis	CAHPS - CAHPS Survey Results Demographic Analysis for Health Equity Accreditation	CAHPS - Access to Care,CAHPS - Care Coordination,GNC - Getting Needed Care,GCQ - Getting Appointments and Care Quickly,CAHPS - Annual Flu Vaccine,CAHPS - Rating of Health Plan,CAHPS - Child-Rating of Health Plan	CVH-All	1/1/2024	12/31/2024	ON TRACK	Taline Jaghasspanian	Will be completed in Q4	None
9892	Section 7.B, 8.A, 8.B	CalViva Provider Newsletter CAHPS Article	CAHPS - CAHPS article and measure rates	CAHPS - Access to Care,CAHPS - Care Coordination,CAHPS - Annual Flu Vaccine,CAHPS - Rating of All Health Care,CAHPS - Rating of Health Plan,CAHPS - Rating of Specialist,CAHPS - Rating of Personal Doctor	CVH - ALL	1/1/2024	12/31/2024	ON TRACK	Taline Jaghasspanian	Will be completed in Q4	None
10135	Section 8.A	Integrated Member Satisfaction Reports	CAHPS - Integrated Member Satisfaction Reports	CAHPS - Access to Care,CAHPS - Access to Information	CVH-All	1/1/2024	12/31/2024	ON TRACK	Taline Jaghasspanian	Will be completed in Q4.	None
9863	Section 8.A, 8.B	Sullivan - Provider Training Pilot (Annually)	CAHPS - Provider training through sullivan group	CAHPS - Rating of All Health Care,CAHPS - Rating of Health Plan,CAHPS - Rating of Personal Doctor,CAHPS - Rating of Specialist,CAHPS - Plan Administration,RHP - Rating of Health Plan,CAHPS - Care Coordination	CVH-All	1/1/2024	3/31/2024	COMPLETED	Taline Jaghasspanian	Completed 6 webinars in Feb-March.	None

Item #7
Attachment 7.A-B

2024 Utilization Management Care Management
Work Plan Mid-Year Evaluation

A.   Executive Summary
B.   Work Plan Evaluation

EXECUTIVE SUMMARY REPORT TO COMMITTEE

TO: CalViva Health QI/UM Committee

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

COMMITTEE DATE: September 19, 2024

SUBJECT: 2024 CalViva Utilization Management/Care Management Work Plan Mid Year Evaluation Executive Summary

Summary:

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

Activities are currently on target for this mid-year evaluation with the exception of the following metric listed below. The metric below was identified as Too Soon To Tell for the mid year evaluation reporting period:

- 3.3 PPG Profile

Purpose of Activity:

CalViva Health (CalViva) has delegated responsibilities for utilization management and care management (UM/CM) activities to Health Net Community Solutions, Inc. (Health Net). CalViva's UM/CM activities are handled by qualified staff in Health Net. CalViva Medical Management staff oversee all UM/CM programs and activities.

The Utilization and Care Management Program is designed for all CalViva members to receive quality, medically necessary health care services, delivered at the appropriate level of care in a timely and effective manner.
CalViva Medical Management staff maintains clinical oversight of services including Behavioral Health, provided to CalViva members through regular interactions with UM//CM leadership and staff to review/discuss routine reports, policies and procedures, and completion of annual oversight audits.

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

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.

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

In Q1-2024 CalViva conducted an Oversight Audit of UMCM for MY2023. This included a request for evidence of attestations to the Affirmative Statement about Incentives which reflected 73% compliance. CAP was issued in Q1 and resolved in Q2. The activity is on track to meet 2024 goals.

Barriers included:
>   Yearly assignment of 'Affirmative Statement about Incentives' is not automated.

Actions taken:
>   The job aid was updated to address the Affirmative Statement training yearly assignment. Effective July 2024 Clinical Managers will assign the training in January and July.

II.   Monitoring the Utilization Management Process

All activities related to monitoring the utilization management process are currently on target for this mid-year evaluation.

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

The Plan monitored Turn-Around-Time (TAT) as planned in the first half of 2024 and met or exceeded the threshold for action standard of 95% for timeliness each quarter for all case types.

Authorization TAT	Q1	Q2
Pre-Service Routine	100%	95%
Pre-Service Routine with Extension/Deferral	100%	99%
Pre-Service Expedited	98%	97%
Pre-Service Expedited with Extension/Deferral	100%	100%
Post Service	100%	100%
Concurrent	100%	100%

Barriers identified:
- In Q1 two Preservice Expedited cases missed TAT. One was due to weekend processes. The second, a staff member did not follow protocol as case was misclassified as urgent.
- In Q2, April Preservice Expedited TAT, work process was not followed which resulted in missed TAT.
- In Q2 June Preservice Routine there was misalignment with the Juneteenth holiday that resulted in missed TAT.

Action taken:

- As a result of the preservice expedited TAT failures in Q1 corrective action was implemented to establish weekend cutoff time to align processes and allow time for cases to be handled within TAT on weekends.
- Retraining was provided to staff members that did not follow protocols/work processes.
- Training documents regarding holidays were revised and re-education was provided to teams regarding compliance.

III.   Monitoring Utilization Metrics

All Monitoring Utilization Metrics activities are currently on target for this mid-year evaluation with the exception of work plan activity 3.3. PPG Profile.

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

Acute inpatient performance is on target to meet goals of 2% reduction in average length of stay (ALOS) and 2% reduction in readmission utilization between 8 and 30 days compared to MY2023.

The Plan partnered with CRMC beginning in March in an ongoing effort to decompress hospital and support transition to lower level of care, including diversion to assisted living.

In June, CalViva Health supported grant funding for a provider to open 100 recuperative care beds in Fresno, and 24 recuperative care beds in Madera to go live late in 2024, or early 2025.

Metric	2023	2024 Q1-Q2	% Change
Bed Days Acute PTMPY	207	198.7	-4%
Admits PTMPY	38.1	38.2	0.3%
ALOS Acute	5.4	5.2	-3.7%
Readmit 30 Day	11.3%	10.3%	-8.8%
Readmit 8-30 Day	8.15%	7.37%	-9.54%

b.   Over/under utilization (work plan activity 3.2)

Activities are on target for this mid-year evaluation, however barriers include:
- Due to data lag, utilization for new PPG, United Physicians Network (UPN) may not be available for several quarters of 2024.
- Utilization for PPG that ceased Medi-Cal operations (Meritage Medical Network) will run off in the first few quarters.
- Madera Community Hospital closed in December 2022. Impact on overall utilization is unclear.

Actions taken:
- The Plan promotes eConsult adoption with partner FQHCs and PPGs, as a means of timely access to specialty care.
- Preparation for new telehealth vendor (TelaDoc) to be available beginning Q3 to ease provider access for common ambulatory conditions.
- The Plan advocates for value in acute care delivery by participating in Interdisciplinary Care Team (ICT) meetings and convening discussions with clinical leaders at acute care facilities in the region.

- The availability of Transitional Care Services (TCS) and Enhanced Care Management (ECM) has been communicated to area facilities to improve care transitions and address Social Determinants of Health (SDoH) among vulnerable populations.
- Over/Under semi-annual utilization reporting continues.
    - The following utilization metrics all show declines in Mid Year (MY) 2023 compared to MY 2022, for all counties:
        - ER visits per thousand members,
        - Outpatient visits per thousand,
        - Cesarean section delivery counts per thousand,
        - Bariatric surgery counts per thousand and
        - Appendectomy counts per thousand
    - Compared to the previous year, inpatient admissions per thousand is up in MY 2023 for Kings and Madera. Inpatient admissions per thousand is trending lower for Fresno in MY 2023.
- Utilization data and strategies to address high inpatient utilization were shared with PPGs quarterly in the JOMs.

c. PPG Profile (work plan activity 3.3)

Activities related to PPG Profile performance is listed as Too Soon to Tell for this mid-year evaluation.

Barriers identified:
- Specialty access continues to be a challenge for PPGs.
- Corrective Action Plan (CAP) instituted in 05/2024 for LaSalle Medical Associates for Extension letter accuracy issues.
- UPN Decision TAT was non-compliant Jan-May 2024 due to workflow management, high volume of requests and inadequate staffing which resulted in CAP.

Actions taken:
- Started three-way conversations between Santé Community Physicians, Family Health Care Network and the Plan to address barriers to HEDIS performance and better integration of PHM platform with EHR.
- UPN increased staffing and automated workflows to accommodate volume and address TAT. Consistent TAT compliance was established as of May 2024.

IV.   Monitoring Coordination with Other Programs

All activities related to monitoring coordination with other programs are on target for this mid-year evaluation.

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

Activities are on target however barriers identified and related actions taken include:
Fewer than expected number of satisfaction surveys completed. Care Managers encourage members to take survey and gain preferred contact method by member for survey.

b. Behavioral Health Case Management Program (work plan activity 4.3)

Activities are on target however the following barrier was identified:
Reduced referrals from internal teams as some referrals are now going to the Transitional Care Services team.

Actions taken:
The Plan increased referrals based on data from ADT reports.

V. Monitoring Activities for Special Populations

All monitoring activities for special populations are on target for this mid-year evaluation and no barriers were identified.

Next Steps:

Teams are continuing monitoring of 2024 activities. Ongoing monitoring of interventions is essential for all areas to ensure appropriate actions are being taken to meet goals.

CalViva Health
2024
Utilization Management (UM)/ Care Management (CM)
Work Plan Mid-Year Evaluation

Last updated: September 12, 2024

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Last updated: September 12, 2024

Last updated: September 12, 2024

1. Compliance with Regulatory & Accreditation Requirements

Last updated: September 12, 2024

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2024 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
1.1 Ensure that qualified licensed health professionals assess the clinical information used to support Utilization Management (UM) decisions.	☒ Medi-Cal	Qualified licensed and trained professionals make UM decisions.	Health Net (HN) has a documented process to ensure that each UM position description has specific UM responsibilities and level of UM decision making, and qualified licensed health professionals supervise all medical necessity decisions. Nurse, physician and pharmacy (for pharmacists and technicians) licensure status is maintained in Workday (HN software). Credentialing maintains records of physicians' credentialing. 100% compliance with maintaining records of professional licenses and credentialing for health professionals.	Provide clinical continuing education opportunities to staff. Conduct Population Health and Clinical Operations (PHCO) Staff new hire orientation training. Review and revise staff orientation materials, manuals and processes. Verification of licensure/certification, participation in InterQual training and IRR testing. Conduct training for nurses.	Ongoing As needed Ongoing Ongoing Ongoing

Last updated: September 12, 2024

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ ACTIVITY ON TARGET ☐ TOO SOON TO TELL	Courses offering clinical continuing education units (CEUs) are available to team members through the Plan's online learning management system. Clinical courses that include CEUs are also offered to the external Provider community and internal staff are able to attend. New hire overview training was offered monthly for all new hires. Medical management onboarding classes were offered and completion was monitored through our online learning management system. Training materials were reviewed and revised as needed. Ongoing process in place to monitor and ensure continued licensure for qualified health professionals via WorkDay (human resource platform). IRR training and testing is on target for completion in Q3-Q4-2024	None identified	None	Ongoing
Annual Evaluation ☐ MET OBJECTIVES ☐ CONTINUE ACTIVITY IN 2025				

Last updated: September 12, 2024

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology		2024 Planned Interventions	Target Completion Date
			Measurable Objective(s)			
1.2 Review and coordinate UMCM compliance with California legislative and regulatory requirements.	☒ Medi-Cal	Each year there is new healthcare related legislation. Compliance, Legislation Implementation staff reviews and analyzes the operational impact of these new laws and regulations. This information is utilized to plan and implement new processes or changes to existing processes to ensure compliance.	Review and report on legislation signed into law and regulations with potential impact on medical management. Appropriate and timely changes are made to PHCO processes to accommodate new legislation as appropriate.	100% compliance of UMCM staff and processes with all legislation and regulations.	Review new legislation and regulations, either through e-mail or department presentation. Participate in all appropriate implementation workgroups and/or activities to ensure new legislation that affects UMCM department is executed in a timely manner. Participate in monthly compliance committees, and Program Metrics Reporting (PMR) to review and monitor compliance to standards.	Ongoing

Last updated: September 12, 2024

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	Reviewed new legislation and regulations, received from the Compliance Department and/or the Regulatory and Legislative Implementation committee. Participated in all appropriate implementation workgroups and/or activities to ensure new legislation that affects UMCM department is executed in a timely manner. Participated in compliance committees to review and monitor compliance to standards.	None identified	None	Ongoing
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2025**				

Last updated: September 12, 2024

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology		2024 Planned Interventions	Target Completion Date
			Measurable Objective(s)			
1.3 Separation of Medical Decisions from Fiscal Considerations	☒ Medi-Cal	DHCS, DMHC, and CMS, at a minimum, require that Medical Decisions made by Medical Directors (MDs) and Nurse reviewers are free from fiscal influence.	Affirmative statement about incentives is distributed to employees and communicated to members in member mailings and to practitioners/providers in Provider Updates.		All individuals involved in UM decision making must sign an 'Affirmative Statement about Incentives' acknowledging that the organization does not specifically reward practitioners or other individuals for issuing denials of coverage or care and that the Plan does not offer financial incentives for UM decisions that result in underutilization or adversely affects subsequent claim activity. UM staff review and acknowledge this statement upon hire through the Plan's online learning platform and reminded annually thereafter.	Ongoing
			100% compliance with acknowledgement of affirmative statement about financial incentives to practitioners, providers and employees.		Management Incentive Plan (MIP) Goals will not be created that benefit MDs or Nurse reviewers based on any potential to deny care.	

Last updated: September 12, 2024

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ ACTIVITY ON TARGET ☐ TOO SOON TO TELL	Individuals involved in UM decision making must sign an 'Affirmative Statement about Incentives' upon hire. Annual reminders will be distributed in Q3-2024. CalViva conducted audit in Q1-2024 of 2023 evidence of attestations to the Affirmative Statement about Incentives which reflected 73% compliance. CAP was issued in Q1 and resolved in Q2. No MIP Goals created that benefit MDs or Nurse reviewers based on any potential to deny care.	Yearly assignment of 'Affirmative Statement about Incentives' is not automated.	Centene University Report job aid was updated to address the Affirmative Statement training yearly assignment Effective July 2024 Clinical Managers will assign the training in January and July.	Q3-2024
Annual Evaluation ☐ MET OBJECTIVES ☐ CONTINUE ACTIVITY IN 2025				

Last updated: September 12, 2024

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2024 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
1.4 Periodic audits for Compliance with regulatory standards	☒ Medi-Cal	Ensure compliance with regulatory standards.	Conduct regularly scheduled quarterly review of UM denial files compared to regulatory standards, which include such items as: turnaround time requirements, clinical rationale for denials, quality and timeliness of communications with providers and members, documents opportunity for provider to discuss case with Medical Director making denial decision.	Conduct File Reviews for compliance with regulatory standards. Provide ongoing education and/or UM process improvement with staff on issues revealed during the file review process. File Audits completed the month following each quarter.	Ongoing Ongoing January 2024, April 2024, July 2024, October 2024

Last updated: September 12, 2024

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	Ongoing monthly regulatory standard auditing continues of 30 sample size per metric. When a variance from compliance standards is identified, sample size is increased to 50 as well as a CAP submission and staff education completed as evidenced by CAP tracking within the Compliance and Auditing departments. Auditing results presented Program Metrics Reporting (PMR) meeting.	None identified	None	Ongoing
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2025**				

Last updated: September 12, 2024

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2024 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
1.5 HN Medical Director's and CalViva Health Chief Medical Officer Interaction with State of California (DHCS)	☒ Medi-Cal	Health Net (HN) Medical Directors (MDs) interact with the Medi-Cal Managed Care Division (MMCD) of DHCS: ▪ MMCD Medical Directors Meetings ▪ MMCD workgroups ▪ Quality Improvement workgroup There are benefits to HN MD participation: ▪ Demonstrates HN interest in DHCS activity and Medi-Cal Program. ▪ Provides HN with in-depth information regarding contractual programs. ▪ Provides HN with the opportunity to participate in policy determination by DHCS.	HN Medical Directors and CalViva Health Chief Medical Officer participate on DHCS workgroups, and meetings. Ensures participation by MDs at the quarterly MMCD meetings, with input for agenda and summary of findings discussed with each MD. HN and CalViva remain a strong voice in this body with participation on key workgroups.	The Medical Director and Chief Medical Officer of CalViva will attend scheduled meetings, workshops and project meetings for 2024. Ongoing report out with CalViva to ensure CalViva is aware of all DHCS activities.	Ongoing

Last updated: September 12, 2024

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	Scheduled reports to CVH and HN Medical Director and Chief Medical Officer continue. Health Net Medical Directors and the CVH Chief Medical Officer participated in the DHCS Medi-Cal Managed Care Division's Medical Directors meetings for the first two quarters in the year.	None identified	Health Net Medical Directors participated in DHCS-MCP Health Equity & Quality Think Tank in June 2024.	Ongoing
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2025**				

Last updated: September 12, 2024

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2024 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
1.6 Review, revision, and updates of CalViva UM /CM Program Description, UMCM Work plan, and associated policies and procedures as needed and at least annually.	☒ Medi-Cal	Reviews/ revises Medi-Cal UM/CM Program Description and UMCM Policies and Procedures to be in compliance with regulatory and legislative requirements. Senior Physician involvement is ensured, including behavioral health aspects of the UM Program.	Core group comprised of State Health Programs Chief Medical Officer (CMO), Regional Medical Directors, Director of PHCO and PHCO Managers for Medi-Cal review and revise existing Program Description and supporting UMCM Policies and Procedures.	Write and receive CalViva approval of 2024 UM and CM Program Descriptions.	Q 1 2024
				Write and receive CalViva approval of 2023 UMCM Work Plan Year-End Evaluation.	Q 1 2024
				Write and receive CalViva approval of 2024 UMCM Work Plan.	Q 1 2024
				Write and receive CalViva approval of 2024 UMCM Work Plan Mid-Year Evaluation.	Q 3 2024
				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

Last updated: September 12, 2024

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	The 2023 Year End UM/CM Work Plan Evaluation, 2024 UM/CM Work Plan, 2024 UM Program Description and the 2024 CM Program Description were submitted and approved in Q1 2024. Continued assessment of needs to review and revise the program materials or policies and procedures based on DHCS, DMHC and other regulatory requirements is ongoing.	None identified	None	Ongoing
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2025**				

Last updated: September 12, 2024

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2024 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
1.7 Annually review, approve and update when appropriate UM clinical criteria and clinical practice guidelines related to UM decision making	☒ Medi-Cal	All new and current UM clinical criteria and practice guidelines related to UM decision making are reviewed and approved annually by the Medical Advisory Council (MAC), which includes input from local Medical Directors.

The Plan makes UM criteria and clinical practice guidelines available to practitioners via the provider portal. | Centene's Corporate Clinical Policy Committee and HN California's Medical Advisory Council (MAC) reviews and approves policies on clinical criteria annually. Clinical practice guidelines are reviewed and approved at least every two years.

Medical policies and clinical practice guidelines are available to providers upon request; Change Healthcare, Inc.'s InterQual criteria are available to providers upon request.

CalViva QIUM Committee reviews and approves policies for clinical criteria for UM decision making annually, providing mid-year updates and monthly Medical Policy provider updates. | Confirm annually:

- Health Net of California's Medical Advisory Council (MAC) in conjunction with Centene's Corporate Clinical Policy Committee reviews, updates as necessary, and approves policies for clinical criteria for UM decision making.
- Ensure UM clinical criteria and UM clinical practice guidelines are made available to practitioners via provider portal (or website) and practitioners are notified of new policies and changes via the Quarterly Medical Policy provider fax. | Ongoing

Ongoing |

Last updated: September 12, 2024

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ ACTIVITY ON TARGET ☐ TOO SOON TO TELL	All clinical policies were reviewed and updated on an annual schedule. Policies are posted on the provider website and providers are notified of changes monthly via a provider update.	None identified	None	Ongoing
Annual Evaluation ☐ MET OBJECTIVES ☐ CONTINUE ACTIVITY IN 2025				

Last updated: September 12, 2024

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2024 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
1.8 Evaluate inclusion of new technologies and new application of existing technologies in applicable benefit packages including: medical, behavioral procedures, pharmaceuticals, devices, and new application of existing technologies	☒ Medi-Cal	Standardized process is used for review of new technologies to ensure members have equitable access to safe and effective care and for inclusion in applicable benefit packages	New technologies are reviewed and approved by Centene's Corporate Clinical Policy Committee and Health Net's Medical Advisory Council (MAC). Decisions are based on nationally recognized primary sources including: Hayes® Medical Technology Directory and Hayes® Alert technology-based evaluations, InterQual® and information from evidence-based medical journals, colleges and academies. CalViva QIUM Committee reviews and approves policies for clinical criteria for UM decision making annually, providing mid-year updates and monthly Medical Policy provider updates.	Evaluate new technologies and ensure inclusion in member benefits as applicable throughout 2024.	Ongoing monthly

Last updated: September 12, 2024

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ ACTIVITY ON TARGET ☐ TOO SOON TO TELL	Clinical policies are developed for new technology and new uses of established technology as needed and brought to the monthly Medical Advisory Council for review and approval. Presented at the CalViva QI/UM Committee via quarterly provider updates?	None identified	None	Ongoing
Annual Evaluation ☐ MET OBJECTIVES ☐ CONTINUE ACTIVITY IN 2025				

Last updated: September 12, 2024

2. Monitoring the UM Process

Last updated: September 12, 2024

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2024 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
2.1 The number of authorizations for service requests received	☒ Medi-Cal	Provide oversight, tracking, and monitoring of authorization requests and evaluate opportunities to modify prior authorization requirements. Track and trend all types of prior authorization and concurrent review activities based on requirements.	Track and trend authorization requests month to month. Tracking includes: • Number of prior authorization requests submitted, approved, deferred, denied, or modified • Turnaround times (TAT) • Number of denials appealed and overturned	Utilize the Key Indicator Report on a monthly basis as a tool for systematic oversight of Prior Authorization process. Assess staffing needs for prior authorization process completion and ensure staffing is included in annual budget and quarterly budget revisions. Continue support for long-term care benefit carve in and ensure continuity of care.	Ongoing

Last updated: September 12, 2024

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	The leadership team meets daily to review reports to track turn-around times (TAT), current inventory and staffing resources. Daily goals, action plans, barriers are discussed and staffing adjustments are made in order to meet TAT goals. Monthly Key Indicator (KIR) and Staffing reports are reviewed to track trends, results, opportunities and are discussed in Leadership Meetings. Action plans are developed/implemented as needed based on results/trends to mitigate risks with meeting requirements. LTC Specialist attends clinical rounds, engages with SNFs and supports acute hospitals with challenging discharges.	None identified	None	Ongoing
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2025**				

Authorization Volume table (within Status Report/Results):

Months	Approved	Denied	Modified
January	6968	1248	168
February	8314	1186	103
March	7094	1075	90
April	9633	1335	119
May	10075	1223	111
June	10026	1194	105
Totals	52110	7261	696

Last updated: September 12, 2024

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology / Measurable Objective(s)	2024 Planned Interventions	Target Completion Date
2.2 Timeliness of processing the authorization request (Turnaround Time =TAT)	☒ Medi-Cal	TAT Compliance is based on DHCS standards for processing authorization requests and includes all decision categories (Approvals, Deferrals, Denials, and Modifications). Provide oversight, tracking, and monitoring of turnaround times for authorization requests.	Track and trend authorization requests month to month in all categories and report monthly in the Key Indicator Report.	Utilize the Key Indicator Report on a monthly basis as a tool for systematic oversight of TATs. Identify barriers to meeting Utilization Management timeliness standards and develop action plans to address deficiencies. Continue to focus on meeting TAT requirements. Monthly Management review of TAT results, with drill down on all cases that fail to meet TAT requirements. Ongoing training of staff and evaluation of work processes to identify opportunities for streamlining.	Ongoing UM TAT summaries due monthly

Last updated: September 12, 2024

	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ ACTIVITY ON TARGET ☐ TOO SOON TO TELL	The plan met all TAT goals of 95% or better in the first half of the year. 	Authorization TAT	Q1	Q2
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Pre-Service Routine	100%	95%
Pre-Service Routine with Extension/Deferral	100%	99%
Pre-Service Expedited	98%	97%
Pre-Service Expedited with Extension/Deferral	100%	100%
Post Service	100%	100%
Concurrent	100%	100%		In Q1 two Preservice expedited cases missed TAT. One was due to weekend processes. The second, a staff member did not follow protocol as case was misclassified as urgent. In Q2, April Preservice Expedited TAT, work process was not followed which resulted in missed TAT. In Q2 June Preservice Routine there was misalignment with the Juneteenth holiday.	As a result of the preservice expedited TAT failures in Q1 corrective action was implemented to establish weekend cutoff time to align process and time for cases to be handled within TAT on weekends. Retraining was provided to staff members that did not follow protocols/work processes. Training documents regarding holidays were revised and re-education was provided to teams regarding compliance.	Ongoing
Annual Evaluation ☐ MET OBJECTIVES ☐ CONTINUE ACTIVITY IN 2025				

Last updated: September 12, 2024

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2024 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
2.3 Conduct annual Interrater Reliability (IRR) testing of healthcare professionals involved in UM decision-making	☒ Medi-Cal	Consistency with which criteria are applied in UM decision-making is evaluated annually. Opportunities to improve consistency are acted upon.	PHCO Learning and Development administers new hire and annual IRR tests to licensed UM clinicians that have the responsibility to conduct, educate, audit, and/or oversee UM medical necessity reviews	Administer the Change HealthCare InterQual IRR test in Q3-Q4 2024 to UM clinicians that have the responsibility to conduct, educate, audit, and/or oversee UM medical necessity reviews. Documented coaching will be initiated by the People Leader for any staff with a final score of less than 90% for any IRR test. Documented coaching may include but is not limited to the following: precepting of staff, retraining of the staff by reviewing the Initial/Retake IRR test(s) or auditing five (5) cases in production, for any IRR Product(s) not passed. In the event the new hire and annual IRR test(s) are not completed within the designated testing period, a failure of all applicable IRR tests is applied, and documented coaching is initiated by the People Leader.	Q3-4 2024 Q4-2024
			All new hire and annually staff must achieve a minimum passing score of 90% on each IRR test		

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Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	IRR testing and training will be held Q3-4 2024 for medical and behavioral health (BH) teams. The Change HealthCare/Optum InterQual IRR testing and training is held for medical teams. BH teams administer IRR testing for ABA and Psychological and Neuropsychological testing services.	None identified	None	12/31/2024
Annual Evaluation ☐ MET OBJECTIVES ☐ CONTINUE ACTIVITY IN 2025				

Last updated: September 12, 2024

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2024 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
2.4 The number of appeals of UM authorization decisions received, appeals upheld and overturned, and timeliness of appeals.	☒ Medi-Cal	Track the number of clinical appeals received for authorization decisions and also the number upheld and overturned to determine where modifications in authorization process are appropriate.	Measure UM Appeals volume as a percentage of the total authorization requests. Measure the number upheld and overturned, as well as Turnaround Times.	Appeals data, the numbers received, timeliness of completion of appeals will be reported to CalViva Health QIUM Committee and RHA Commission meeting at each regular meeting. On a monthly basis appeal trends are reported via a monthly dashboard. Additionally, appeals will be analyzed for trends. This analysis and recommendations will be reported to CalViva Health QI/UM Committee. Ensure appeals are processed by specialty matched physicians, when appropriate which at a minimum requires pediatricians or family practitioners to evaluate all medical necessity appeals for members under age 21, and family practitioners or internists to evaluate all medical necessity appeals for members over age 21. 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. This data is shared with the CalViva QI/UM Committee for review and identification of opportunities for improvement.	Ongoing

Last updated: September 12, 2024

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ ACTIVITY ON TARGET ☐ TOO SOON TO TELL	Appeals data is a consistent component of QI/UM and is tracked on a routine and ongoing basis. Activity is ongoing to ensure quality outcomes are met. The top trends were Diagnostic – MRI (34) and Diagnostic – Cat Scan (24) A&G team has been engaging with our delegated radiology vendor to identify root cause of overturn to decrease the overall overturn rates. All 176 cases, standard and expedited, the compliance rate was 100%. **2024 Semi-Annual Count of Appeal Type** <table><tr><td>Appeal Type</td><td>Case Count</td><td>Percentage</td></tr><tr><td>Overturn</td><td>98</td><td>55.60%</td></tr><tr><td>Uphold</td><td>71</td><td>40%</td></tr><tr><td>Partial Uphold</td><td>7</td><td>3.97%</td></tr><tr><td>Withdrawal</td><td>0</td><td>0.00%</td></tr><tr><td>Case Total</td><td>176</td><td></td></tr></table> Aggregated grievances outcomes were shared with the CVH QI/UM Committee, HN Grievance Reduction Workgroup including Provider Network Management as well as the Adverse Action Team, and HNCS QIHEC committees. Actions taken related to identified opportunities are discussed in the CVH Peer review committee, Access to care Committee, UMQI and Vendor oversight Committees amongst others.	None identified	None	Ongoing
Annual Evaluation ☐ MET OBJECTIVES ☐ CONTINUE ACTIVITY IN 2025				

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Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2024 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
2.5 Review annual member and practitioner surveys to assess satisfaction with UM process and to address areas of dissatisfaction	☒ Medi-Cal	Continually assess customers' satisfaction with the UM process to identify areas that can be improved.

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

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

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

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

Establish process to assess annual satisfaction survey outcomes. | Ongoing |

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Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	CalViva Health utilizes Health Net's provider network who participate in an annual provider survey. The 2024 surveys are scheduled Q3-2024. Results will be assessed and presented in Q1 2025. 2023 Regulatory CAHPS satisfaction survey results were reported to CalViva in Q1-2024. 2024 HSAG CAHPS member satisfaction surveys were collected in Q1 and Q2-2024. Results will be reviewed and analyzed with trends and highlights presented at the HN CAHPS work group in Q4-2024. Results will be provided to CalViva in Q1 2025. Member grievances are tracked and monitored on a monthly and quarterly basis. Opportunities related to member and practitioner satisfaction with UM processes were reviewed with the Grievance Reduction Workgroup, PNM, Provider relations and vendor management teams with the goal of identifying drivers and improve processes.	None identified	None	Ongoing
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2025**				

Last updated: September 12, 2024

3. Monitoring Utilization Metrics

Last updated: September 12, 2024

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology Measurable Objective(s)	2024 Planned Interventions	Target Completion Date
3.1 Improve Medi-Cal shared risk and FFS UM acute in-patient performance	☒ Medi-Cal	Health Net Central Medical Directors and PHCO manage the non-delegated shared risk PPGs and a sizable FFS membership.	Health Net manages shared risk non-delegated PPGs and FFS inpatient UM. Data reported quarterly at State Health Programs UM/QI Committee meeting ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ Key Metrics (SPD, Non-SPD, MCE) Bed days/k ALOS Admit /K All cause readmits within 30 days 2024 Goals: • 2% reduction in readmissions between 8-30 days over 2023 • 2% reduction in ALOS over 2023	Continue care management initiatives for adults to include correct aid code assignments, early intervention to establish medical home, and care coordination for carve out services. Use data to identify high cost/high utilizing members to target for care management. The UM team will continue transition care management collaboration and enhanced discharge planning to increase discharges to alternative and recuperative care settings. The effectiveness of the utilization management program will be tracked using key indicator performance reports for review and improvement. Leverage Member Connections to support on-site bed side enrollment of members into programs such as MedZed, CalAim, Complex Care Management and Community Supports. Explore areas for on-site support (clinical or non).	Ongoing

Last updated: September 12, 2024

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	The Plan continued telephonic care management activities for members including involvement with the medical directors and interdisciplinary teams throughout 2024 including daily UM huddles and weekly huddles with key hospitals. On-site resource established at CRMC supporting transitional care services, including transitions to ECM, internal CM and CalAIM Community Supports. **Key Indicator Report thru June 2023:**	None identified	Partnered with CRMC beginning in March in an ongoing effort to decompress hospital and support transition to lower level of care, including diversion to assisted living. In June, CVH supported grant funding for a provider to open 100 recuperative care beds in Fresno, and 24 recuperative care beds in Madera to go live late in 2024, or early 2025.	Ongoing

Metric	2023	2024 Q1-Q2	% Change
Bed Days Acute PTMPY	207	198.7	-4%
Admits PTMPY	38.1	38.2	0.3%
ALOS Acute	5.4	5.2	-3.7%
Readmit 30 Day	11.3%	10.3%	-8.8%
Readmit 8-30 Day	8.15%	7.37%	-9.54%

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2025**				

Last updated: September 12, 2024

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology / Measurable Objective(s)	2024 Planned Interventions	Target Completion Date
3.2 Over/under utilization	☒ Medi-Cal	Health Net ensures appropriate use of services for members by monitoring relevant data types for under- and over-utilization of services for SPD and Non-SPD members. Fraud, Waste and Abuse of medical services is monitored and reported. PPG Reports are used internally and externally with medical groups to develop member and population level interventions. Quarterly reports are made available for PPGs with member Non-SPD >1000 and SPD greater than 500 members. And MCE members >1000.	The UM metrics 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. Metrics for the PPGs and CCR will be for the SPD, MCE and TANF populations and will include: 1. Admissions/K 2. Bed days/K 3. Acute care average length of stay 4. ER admits/K 5. All case readmits 6. Authorization appeals, denials, deferrals, and modifications In addition, PPG metrics will include: 7. Specialty referrals for target specialties PPG profile reports are made available quarterly and specialty referrals are assessed on a biannual basis. Additionally PHM KPI monitoring includes: • Percentage of members who had more ED visits	Continue to enhance provider profile. Identify PPG PIP, outcome results and barriers and present aggregated results to CalViva. (Over and Under Utilization reports) Identify possible fraud, waste and abuse issues. Report any issues to the SIU and Compliance Department Thresholds for 2024 are under evaluation. Referral Rates: Specialist 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. PPGs with significant deviation from the peer comparison will be identified as potential outliers and engaged to determine the drivers of variation. Reevaluate appropriate metrics to be included in the PPG dashboard. Specialties and PPGs identified as potential outliers for the metrics measured undergo further analysis by the MD to determine if a Quality Improvement Plan is indicated. The Quality Improvement Plans, if applicable are reviewed at the regional joint operations meetings lead by the Medical Directors. Results of the reviews will be reported to CVH leadership quarterly in the PPG dashboard. New quarterly over-under report being generated will include direct network and PPG membership. Report will include ambulatory care measures (OP visits PTMPY, ED visits PTMPY) and selected surgical procedures PTMPY as markers of over-underutilization.	Ongoing

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			than primary care visits within a 12-month period; • Percentage of members who had a primary care visit within a 12-month period; • Percentage of members with no ambulatory or preventive visit within a 12-month period.		

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Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	PPG UM data is shared at CalViva Management Oversight Meetings, every quarter. Shifts in utilization were reviewed in quarterly JOMs with PPGs. Q4 2023 – Q1-2024 Utilization (United Physicians Network (UPN) not yet available) _(table below)_ Specialty referral performance with utilization of top specialty by PPG is compared to regional standards in the quarterly delegation oversight dashboard.	• Due to data lag, utilization for new PPG, UPN may not be available for several quarters of 2024. • Utilization for PPG that ceased Medi-Cal operations (Meritage Medical Network) will run off in the first few quarters. • Madera Community Hospital closed in December 2022. Impact on overall utilization is unclear.	• HN promotes eConsult adoption with partner FQHCs and PPGs, as a means of timely access to specialty care. • Preparation for new telehealth vendor (TelaDoc) to be available beginning Q3 to ease provider access for common ambulatory conditions. • HN advocates for value in acute care delivery by participating in Interdisciplinary Care Team (ICT) meetings and convening discussions with clinical leaders at acute care facilities in the region. • Transitional Care Services (TCS) and Enhanced Care Management (ECM) have been socialized in area facilities to improve care transitions and address SDoH among vulnerable populations. • Over/Under reporting continues. ER/k, OP/k, C-Section Count/k, Bariatric Surgery Count/k and Appendectomy Count/k all show declines in MY 2023 compared to MY 2022, for all Counties. Compared to the previous year, IP/k is up in MY 2023 for Kings and Madera. IP/k is trending lower for Fresno in MY 2023. • Utilization data and strategies to address high inpatient utilization shared with PPGs (Central Valley Medical Providers, Sante Community Physicians).	Ongoing
Annual Evaluation				

Metric	Q	Admits/K	Bed Days/K	ALOS	% 30-Day Readmit	ER/K
CVMP	Q4	93.5	467.9	5.00	16.8%	562.7
	Q1	97.9	498.0	5.09	12.5%	519.8
MMN	Q4	64.2	359.5	5.60	14.6%	395.8
	Q1	67.3	351.7	5.22	12.2%	406.1
Dignity/IMG	Q4	14.9	32.4	2.17	27.3%	376.1
	Q1	25.1	112.0	4.46	6.3%	440.9
LSMA	Q4	56.2	266.2	4.74	11.5%	403.1
	Q1	53.6	286.6	5.34	9.2%	423.3
SCP	Q4	93.9	550.3	5.86	19.6%	488.9
	Q1	92.1	536.4	5.83	18.3%	493.7

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☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2025**			

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2024 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
3.3 PPG Profile	☒ 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.	Medi-Cal PPGs with delegated CalViva members provide quarterly reporting to Health Net Delegation Oversight (DO). Delegation oversight compiles the data, seeks root causes for any variances of 15% or greater and normalizes the data to PMPY.

The following metrics are tracked by Delegation oversight:
1. Prior authorization volume & timeliness
2. Specialty referral volume for in network/out of network
3. Specialty referral access timeliness

The PPG Profile Dashboard also includes additional data provided on the dashboard where the RMD and the Finance department track and report on i.e.
Utilization rate, Financial, HEDIS score, Operations, Access, Clinical, Financial, Specialty Referral, Appeals and Grievance, etc. | CalViva Clinical PPG profile dashboard includes metrics for utilization management processing and timeliness for delegated providers.

CalViva delegated PPG reports are evaluated on a quarterly basis for inpatient and specialty referrals. Referral time to services by specialty are reported to Provider Network Management.

Variance rate is calculated from previous quarter and all Variances >+- 15% are researched

Compliance rate is calculated as identified by DHCS for:
• Prior authorization timeliness

CalViva delegated PPGs identified as non- compliant are requested to complete a root cause analysis and submit a corrective action plan to HN Delegation Oversight. Corrective Action Plans and ongoing monitoring of success of interventions will be reported to CVH at regular intervals.

CAPs identified during an annual audit by the HN Delegation Oversight is monitored and followed-up by HN Delegation Oversight. These activities will be reported to CVH during Annual Oversight Audits of HN. | Ongoing |

Last updated: September 12, 2024

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date

Mid-Year Report
 	
☐ **ACTIVITY ON TARGET**
 	
☒ **TOO SOON TO TELL**
	Q1 2024 PPG Profile and Narrative was provided 05/20/24
	
	PPG's profile reports are made available quarterly. Q2 - 8/23/24 Q3 - 11/24/24, Q4 - TBD
	
	Q1 & Q2 Annual Reviews
	- La Salle Medical Associates (LSMA) had 1 Corrective Action Plan (CAP) for Extension letter Accuracy issues issued in May 2024.
	- United Physicians Network (UPN) had 1 CAP for TAT failure for the lookback period of Jan to March 24. Consistent TAT compliance was established as of May 2024.
	
	Pending Annual Reviews for Q3 & Q4
	- Adventist Health Plan
	- Central Valley Medical Group
	- Independence Medical Group
	- Santé Physicians IPA Medical Corp
	
	Delegation oversight monitors CAPs to ensure actions are implemented, documented and followed to completion. Both PPGs have implemented an action plan to ensure compliance with denial letters/template.
	
	Q4 2023-Q1 2024 Prior Authorizations:
		• Specialty access continues to be a challenge for PPGs.
		• LSMA CAP remains open due to:
		  o The extension pend letter template instructions/layout not followed.
		  o Incorrect Your Rights template being used.
		  o Incorrect NDN inserts being used.
		  o Incorrect language inserts being used.
		• UPN Decision TAT was non-compliant due to workflow management, high volume of requests and inadequate staffing and remained open at the end of Q2.
			• Started three-way conversations between Sante Community Physicians, Family Health Care Network and Health Net to address barriers to HEDIS performance and better integration of PHM platform with EHR.
			• The Plan is continues monitoring of open CAPs to LSMA and UPN.
			• UPN increased staffing and automated workflows to accommodate volume and address TAT.
				Ongoing

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Q4-2023 PTMPY

PPG	AHP	CVMP	IMG	LSMA	SCP	UPN
Total Auths	844	1,150	495	1,002	203	812
I-Net	771	1,114	485	981	121	783
OON	73	36	10	21	82	29
TAT % Compliance						
Urgent	99.86%	99.46%	97.87%	99.95%	97.19%	80.41%
Routine	99.94%	99.92%	100%	99.89%	99.90%	85.10%

Q1-2024 PTMPY

PPG	AHP	CVMP	IMG	LSMA	SCP	UPN
Total Auths	889	1,258	401	969	240	2732
I-Net	832	1,208	391	941	136	2633
OON	57	50	10	28	104	99
TAT % Compliance						
Urgent	99.59%	100%	97.22%	99.93%	98.91%	91.62%
Routine	99.93%	100%	100%	99.99%	100%	95.29%

Annual Evaluation

☐ MET OBJECTIVES

☐ CONTINUE ACTIVITY IN 2025

Last updated: September 12, 2024

4. Monitoring Coordination with Other Programs

Last updated: September 12, 2024

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2024 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
4.1 Care Management (CM) Program	☒ Medi-Cal	Providing members with access to quality health care delivered in an appropriate setting and compassionate manner; optimizing physical and emotional health and well-being and improving quality of life. Assisting members with complex and serious medical conditions through the continuum of care and identifying barriers to accessing care will support and help members and caregivers manage their health care needs. Reviewing Member self-referrals to ECM and Community supports and referring members to ECM providers as appropriate. Members not meeting criteria will be referred to care management.	Monthly new member outreach reports for care management assessment. Measure, track and trend care management interventions resulting from triage processes. Monitor Key Indicator report including PHM Key Indicators to track and trend Care Management activities and acuity levels monthly Utilize stratified health risk assessment data to identify high-risk members and engage them in care management programs Measure program effectiveness based on the following measures: o Readmission rates o ED utilization o Overall health care costs o Member Satisfaction o Percentage of members eligible for CCM who are successfully enrolled in the CCM program; and o Percentage of transitions for high-risk members that had at least one interaction with their assigned care manager within 7 days post discharge. o ECM Enrollment and Graduation Rates	Dedicated staff of RNs, LCSWs, Program Specialists, Program Coordinators to perform physical health and integrated CM activities. The Population Health Management report that includes use of Impact Pro (a predictive modeling tool) is used to identify high risk members for referral to CM. Review outcome measures quarterly. Member connections team to collaborate with care management by providing in home visits to support appropriate interventions and improve member outcomes. ECM program and provider performance by county are reported quarterly CVH UM/QI Committee	Ongoing

Last updated: September 12, 2024

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	Number of Health Information Forms (HIFs) completed in January-June by member and returned or Envolve People Care outreach was 6,880 and 662 members subsequently referred to Care Management through June. Total members managed through Q2 across physical, behavioral health, and Transitional Care Services programs was 2,159. Outcome measures include: readmission rates, Emergency Department (ED) utilization, overall health care costs & member satisfaction. Measured 90 days prior to enrollment in Physical Health, Behavioral Health, & Transitional Care Services & 90 days after enrollment. Results reported in Q1 include members with active or closed case on or between 1/1/2024 & 3/31/2024 & remained eligible 90 days after case open date. 452 members met criteria. Results of members managed: • Number of admissions and readmissions was lower; 6.2% difference • Volume of ED claims/1000/year decreased by 504 • Total health care costs reduction primarily related to reduction in inpatient costs and outpatient services, and some increase in pharmacy costs • Member Satisfaction Survey: 22 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.	Fewer than expected number of satisfaction surveys completed.	CM's to encourage members to take survey, gain preferred contact method by member for survey.	Ongoing

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Annual Evaluation ☐ MET OBJECTIVES ☐ CONTINUE ACTIVITY IN 2025			

Last updated: September 12, 2024

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology		2024 Planned Interventions	Target Completion Date
			Measurable Objective(s)			
4.2 Referrals to Perinatal Care Management	☒ Medi-Cal	Providing perinatal risk screening is a valuable way to identify members who would benefit from CM interventions thus resulting in improved outcomes.	Notify PCP's or PPGs of patients identified for program. Measure program effectiveness based on the following measures: ○ Member compliance with completing • 1st prenatal visit within the 1st trimester and • post-partum visit between 7 and 84 days after delivery compared to pregnant members who were not enrolled in the program • pre-term delivery of high-risk members managed vs high risk members not managed		PCM Outreach to OBGYN MD's to promote referrals into PCM program for high risk moms. Dedicated staff of RNs, Program Specialists, and Program Coordinators to perform perinatal CM activities. Use of NOP reports to identify members with moderate and high-risk pregnancy for referral to the pregnancy program. Review outcome measures quarterly.	Ongoing Ongoing Ongoing Quarterly

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Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date

Mid-Year Report
 	
☒ **ACTIVITY ON TARGET**
 	
☐ **TOO SOON TO TELL**
	Through Q2 1,277 members managed in PCM program. Engagement rate for this program remains high at 67% through Q2.
	
	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 2024 demonstrated greater compliance in managed members for both visit measures and lower pre-term deliveries of high risk members managed.
	
	• 247 members met the outcome inclusion criteria for visits; 34 members met preterm delivery criteria
	• Members enrolled in the High Risk Pregnancy Program demonstrated:
	   o 7.6% greater compliance in completing the first prenatal visit within their first trimester,
	   o 7.4% greater compliance in completing their post-partum visit
	   o 1.5% less pre-term deliveries in high risk members
		None identified	None	Ongoing

Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2025**				

Last updated: September 12, 2024

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2024 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
4.3 Behavioral Health (BH) Case Management Program	☒ Medi-Cal	Providing members with access to quality health care delivered in an appropriate setting and compassionate manner; optimizing emotional health and well-being and improving quality of life. Assisting members with behavioral health conditions through the continuum of care and identifying barriers to accessing care will support and help members and caregivers manage their health care needs.	Monthly new member outreach reports for care management assessment. Measure, track and trend care management interventions resulting from triage processes. Monitor Key Indicator report to track and trend Case Management activities and acuity levels monthly Utilize stratified health risk assessment data to identify high-risk members and engage them in case management programs Measure program effectiveness based on the following measures: o Readmission rates o ED utilization o Overall health care costs o Member Satisfaction	Dedicated staff of LCSWs, LMFTs, and Program Specialist to perform BH CM activities. The Population Health Management report that includes use of Impact Pro (a predictive modeling tool) is used to identify high risk members for referral to CM. Review outcome measures quarterly.	Ongoing

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Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	Data reported is a subset of information provided in 4.1. Total members managed through Q2 is 311. Calendar Year engagement rate 62.7%. Total Referrals to CM are monitored in the KIR which includes referrals from Impact Pro. Outcome measures include: readmission rates, Emergency Department utilization, overall health care costs & member satisfaction. Measured 90 days prior to enrollment in Behavioral Health Care Management & 90 days after enrollment. Results reported for Q1 include members with active or closed case on or between 1/1/2024 & 3/31/2024 and remained eligible. Outcome results are consolidated across Physical Health, Behavioral Health, & Transitional Care Services programs and are reported in 4.1.	Reduced referrals from internal teams as some referrals now going to Transitional Care Services team.	The Plan increased referrals based on data from ADT reports	Ongoing
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2025**				

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Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2024 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
4.4 Disease/ Chronic Condition Management	☒ Medi-Cal **Diabetes Age Groups** 0-21 CCS Referral (100%) >21 Enrolled in program	The Managed Care Plan is responsible for initiating and maintaining a Chronic Condition Management program for high volume, common conditions, where guidelines and proven timely intervention have been shown to improve outcomes.	Eligibility data from sources such as: pharmacy, medical claims, and referrals. Plan Chronic Condition Management Programs may include, but are not limited to: ○ Asthma ○ Diabetes ○ Heart Failure	Ongoing program monitoring. Review prevalence data to affirm selection of Chronic Condition Management program offerings. Submit Disease/Chronic Condition Management redesign proposal for approval.	Ongoing 12/31/2024 12/31/2024

Last updated: September 12, 2024

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ ACTIVITY ON TARGET ☐ TOO SOON TO TELL	Chronic Condition Management program continues for asthma, diabetes and heart failure. Program enrollment YTD = **158**. Ongoing program monitoring is conducted to assure that member needs are met. Program elements include: • educational materials and information about the program are sent to enrolled CVH members. • outbound telephonic interventions are conducted • referrals to case management and other programs as needed. Major conditions reviewed by prevalence and utilization across 12 months of claims. Asthma, diabetes and heart failure continue to be represented, per the below rankings. These 3 conditions continue to be among those identified within the PHM Pyramid Prevalence Conditions. 	*Condition*	*Rank*
---	---
Obesity	1
Hypertension	2
Severe and Persistent Mental Illness	3
Diabetes	**4**
Other Social Needs	5
Serious Emotional Disorder	6
CKD	7
SUD	8
Asthma	**9**
Cardiac Bundle	10
Major Depressive Disorder	11
Heart Failure	**12**
CAD	13
COPD	14
Alcohol Use	15		None identified	The current Disease/Chronic Health Coaching program is on target to phase out in Q4 and be replaced with a revised program. The revised Disease/Chronic Condition Management focus areas are intended to include additional programs such as COPD and Behavioral Health screening and is being submitted for regulatory approval in Q3.	Implementation of Program revision: Q4-2024
Annual Evaluation ☐ MET OBJECTIVES				

Last updated: September 12, 2024

☐ CONTINUE ACTIVITY IN 2025				

Last updated: September 12, 2024

	Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2024 Planned Interventions	Target Completion Date
4.5	MD interactions with Pharmacy	☒ Medi-Cal	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. SHP MDs and the CalViva Health Chief Medical Officer work with Pharmacy to remove unnecessary PA obstacles for practitioners and pharmacists. SHP MDs and the CalViva Health Chief Medical Officer work with Pharmacy to improve CCS ID using pharmacy data.	Monthly report of PA requests.	Continued active engagement with pharmacy. Revised CVH UM/QI reporting based on Medical Benefit drug review. Revised DUR reporting based on Medi-Cal RX data. Continued A&G tracking of pharmacy cases related to medical benefit drug review.	Ongoing

Last updated: September 12, 2024

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	CVH UM/QI quarterly reporting continues in 2024 based on the 2021 Medi-Cal RX changes and shift to medical benefit drug tracking. SHP Quarterly meeting topics for 2024: • Continued review of Medi-Cal Rx program updates and status post implementation. DHCS audits completed • DSNP expansion in CalViva counties • Annual CMS DUR survey completed and submitted to DHCS with no errors reported. A&G trends and concerns reviewed for medical benefit drugs. • QI reporting pre-review moved to this meeting to ensure readiness in weekly QI meeting • Regulatory and operational (i.e. policy changes) issues discussed as needed • Trending in PA volume and drugs QA/IRR results for medical benefit drug reviews in Q1 2024 completed and Q2 results are pending final review at the Q3 QI meeting.	None identified	None	Ongoing
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2025**				

Last updated: September 12, 2024

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2024 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
4.6 Behavioral Health (BH) Care Coordination	☒ Medi-Cal	CalViva collaborates with BH practitioners to improve coordination between medical and behavioral health care members.	Total number of registrations and referrals.	Review data that indicates when a member was referred to the County for services to ensure that the behavioral health team staff are facilitating coordination of care. Each month is compared to data from previous months to ensure the number of referrals to County follows an acceptable trend. For example, a consistent drop in referrals may indicate the need for additional staff training.

Review data that indicates when a PCP has referred a member to a BH provider. Each month's data is compared to those from previous months to ensure that coordination of care between medical and behavioral health is occurring. For example, a drop in these referrals may indicate a need for enhanced medical provider training on the services that the behavioral health team provides. | Ongoing |

Last updated: September 12, 2024

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	Q1-Q2-2024 BH Clinicians continue regular rounds with HN medical case management staff and Medical Directors with the purpose of integrating medical and behavioral health services and ensuring that members receive optimal care Q1:	None Identified	None	Ongoing

Q1:

Medi-Cal	CalViva				
Count of Action Grouping		**Medi-Cal County**			
Action Category	**Action Grouping**	**FRESNO**	**KINGS**	**MADERA**	**Grand Total**
Received	TOC Add-On (R11)	6	1		7
	Screening MH (R09, R21)	80	1	41	122
	TOC Stepdown (R10, R22)	89	11	3	103
Received Total		175	13	44	232
Sent	Screening MH (R12, R20)	8	1		9
	TOC Add-On (SUD) (R15, R23)	2			2
	Screening SUD (R13)	2		2	4
	TOC StepUp (MH) (R14)	3			3
	TOC Add-On (MH) (R16)	1			1
Sent Total		16	1	2	19
VID Requests	VID Benefit Explanation (R30)			1	1
VID Requests Total				1	1
Other	Met SMHS - Member Declined (R.	7		2	9
	Care Coordination (BHC)	623	51	149	823
Other Total		630	51	151	832
Grand Total		821	65	198	1084

Q2:

Medi-Cal	CalViva				
Count of Action Grouping		**Medi-Cal County**			
Action Category	**Action Grouping**	**FRESNO**	**KINGS**	**MADERA**	**Grand Total**
Received	TOC Add-On (R11)	5	0	0	5
	Screening MH (R09, R21)	85	0	14	99
	TOC Stepdown (R10, R22)	116	13	3	132
Received Total		206	13	17	236
Sent	Screening MH (R12, R20)	5	0	0	5
	Screening SUD (R13)	4	0	1	5
	TOC StepUp (MH) (R14)	0	0	1	1
Sent Total		9	0	2	11
VID Requests	VID Benefit Explanation (R30)	3	1	1	5
VID Requests Total		3	1	1	5
Other	Met SMHS - Member Declined (R.	6	0	0	6
	Care Coordination (BHC)	747	59	66	872
Other Total		753	59	66	878
Grand Total		971	73	86	1130

Last updated: September 12, 2024

Annual Evaluation				
☐ MET OBJECTIVES ☐ CONTINUE ACTIVITY IN 2025				

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology		2024 Planned Interventions	Target Completion Date
			Measurable Objective(s)			
4.7 Behavioral Health Performance Measures	☒ Medi-Cal	CalViva collaborates with Behavioral Health practitioners to improve performance measures for the CalViva behavioral health care members.	Performance Measures to be monitored: Appointment Accessibility by Risk Rating Authorization Decision Timelines Potential Quality Issues Provider Disputes Network Availability Network Adequacy: Member Ratios 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

Last updated: September 12, 2024

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	Appointment Accessibility by Risk Rating: 0 Cases for Q1 and Q2. Authorization Decision Timelines: Percentage of Authorization decision in compliance Q1-2024-99.6%; Q2-2024-99.9% Potential Quality Issues: There were 0 PQI cases, Untoward Events or PQIs related to accessing Autism Services in Q1- Q2 of 2024 Provider Disputes: 100% Resolved within 45 working days in Q1 &Q2 2024 Q1-2024: Health Net Medi-Cal PDR Quarterly Report	None Identified	None	Ongoing

RBO/Capitated Provider Name: CALVIVA Q1 for MHN   RBO Reporting No.: Q1 - CALVIVA
Reporting Period: 01/01/2024 - 03/31/2024

	Total Submitted During Reporting Period	Total Resolved in Quarter in Favor of Provider	Total Resolved in Quarter in Favor of Payer	Total Number with Pending Resolution	Subtotal Resolved in Quarter (B + C)	No. Resolved Within 45 Working Days	% Resolved Within 45 Working Days (F / E)*	Total Resulting in Written Determination
Claims/Billing	A	B	C	D	E	F	G	H
Contracted**		71	112	58				
Non-contracted**		16	19	10				
Professional**	269							
Institutional**	16							
Other Providers**	1							
Non-Claims								
UM/Med. Necessity**								
Contract/Other Reasons		-	-	-				
GRAND TOTAL	286	87	131	68	218	218	100.00%	218

Provide an informative summary on any emerging or established patterns of provider disputes and demonstrate how that information has been used to improve the payor's administrative capacity, payor-provider relations, claim payment procedures, quality of care assurance system (process) and quality of patient care (results):
"Observations/Insights" - No major variance noted in the data". Will continue to observe and report any significant fluctuations and reasons behind them.

I certify (or declare) that I have read and reviewed the above report and all attachments thereto and know the contents thereof, and that the statements therein are true and correct to the best of my knowledge and belief.

(Signature of Designated Principal Officer Above)

Date: April 18, 2024

If the average (Grand Total) percentage in the "% Resolved Within 45 W-Days" column (G) is less than 95%, attach a corrective action plan.

Printed Name	Lisa Howerton
Primary Title	Claims Manager
Phone Number	
E-Mail Address	Lisa.M.Howerton@CENTENE.COM

Last updated: September 12, 2024

Q2 2024:

MHN PDR Quarterly Report

RBO/Capitated Provider Name	CALVIVA Q2 for MHN				RBO Reporting No.	Q2 - CALVIVA
Reporting Period	04/01/2024 - 06/30/2024					

	Total Submitted During Reporting Period	Total Resolved in Quarter in Favor of Provider	Total Resolved in Quarter in Favor of Payer	Total Number with Pending Resolution	Subtotal Resolved in Quarter (B + C)	No. Resolved Within 45 Working Days	% Resolved Within 45 Working Days (F / E)*	Total Resulting in Written Determination
Claims/Billing	**A**	**B**	**C**	**D**	**E**	**F**	**G**	**H**
Contracted**		78	152	1				
Non-contracted**		8	44	-				
Professional**	255							
Institutional**	32	-	-	-				
Other Providers**								
Non-Claims								
UM/Med. Necessity**		2	1	1				
Contract/Other Reasons		-	-	-				
GRAND TOTAL	287	88	197	2	285	285	100.00%	285

Provide an informative summary on any emerging or established patterns of provider disputes and demonstrate how that information has been used to improve the payor's administrative capacity, payor-provider relations, claim payment procedures, quality of care assurance system (process) and quality of patient care (results):

"Observations/Insights" - No major variance noted in the data". Will continue to observe and report any significant fluctuations and reasons behind them.

I certify (or declare) that I have read and reviewed the above report and all attachments thereto and know the contents thereof, and that the statements therein are true and correct to the best of my knowledge and belief.

(Signature of Designated Principal Officer Above)

Date	July 19, 2024

'If the average (Grand Total) percentage in the "% Resolved Within 45 W-Days" column (G) is less than 95%, attach a corrective action plan".		
Printed Name	Lisa Howerton
Primary Title	Claims Manager
Phone Number	
E-Mail Address	Lisa.M.Howerton@CENTENE.COM

Network Availability- CVH exceeds network availability standards in Q1-2024. Q2 data is not yet available.

Network Adequacy - Member Ratios: CVH exceeds network adequacy standards in Q1-2024. Q2 data is not yet available.

Annual Evaluation

☐ MET OBJECTIVES

☐ CONTINUE ACTIVITY IN 2025

Last updated: September 12, 2024

5. Monitoring Activities for Special Populations

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2024 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
5.1 Monitor California Children's Services (CCS) identification rate.	☒ Medi-Cal	Health Net State Health Programs (HN SHP) will monitor Medi-Cal CCS identification rate YTD.	All HN SHP staff will work with Public Programs Specialists and UM staff to identify potential CCS cases and refer to county for approval. Based on the standardized formula, monthly report indicates CCS %. Goal: Identify 5% of total population for likely CCS eligibility.	CCS identification and reporting continues to be a major area of focus. Continue current CCS policies and procedures. Continue to refine CCS member identification and referral through concurrent review, prior authorization, care management, pharmacy, claims review, member appeals and member services (welcome calls and Child and Adolescent Health Measurement Initiative (CAMHI) screening tool). Continue to improve and refine coordination with CCS between specialists and primary care services. Collaborate with Public Programs and Coordination of Care Team to facilitate transition of Independent Care Facility CCS membership (begins July 1st 2024). Continue to monitor Aging-out membership, identified 12 months before their 21st birthday, and continue Care Management referrals. Meet with county CCS offices to improve identification of member CCS status.	Ongoing

Last updated: September 12, 2024

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ ACTIVITY ON TARGET ☐ TOO SOON TO TELL	Teams continued efforts to identify and refer cases to CCS in collaboration with supporting departments such as UM and Pharmacy. The CCS identification rates for the CVH under 21 population continue to trend above 6% in all counties. **2023 Monthly CCS Identification Rates** <table><tr><td>Month</td><td>Fresno</td><td>Kings</td><td>Madera</td><td>Average</td></tr><tr><td>Jan</td><td>7.71%</td><td>6.87%</td><td>7.01%</td><td>7.20%</td></tr><tr><td>Feb</td><td>7.76%</td><td>6.78%</td><td>7.07%</td><td>7.20%</td></tr><tr><td>Mar</td><td>7.79%</td><td>6.86%</td><td>7.10%</td><td>7.25%</td></tr><tr><td>Apr</td><td>8.74%</td><td>7.36%</td><td>8.31%</td><td>8.14%</td></tr><tr><td>May</td><td>8.65%</td><td>7.82%</td><td>8.24%</td><td>8.24%</td></tr><tr><td>Jun</td><td>8.60%</td><td>7.72%</td><td>8.16%</td><td>8.16%</td></tr></table>	None identified	None	Ongoing
Annual Evaluation ☐ MET OBJECTIVES ☐ CONTINUE ACTIVITY IN 2025				

Last updated: September 12, 2024

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2024 Planned Interventions	Target Completion Date
			Measurable Objectives		
5.2 Provide UM/CM Programs to support Seniors and Persons with Disabilities (SPD) mandatory managed care requirements	☒ Medi-Cal	California Section 1115 waiver requires mandatory enrollment in managed care for SPDs. Essential elements of the waiver include risk stratification, health risk assessment (HRA), and care coordination/care management.	All UM Policies and Procedures revised as needed and submitted to DHCS on time for approval, all state required reporting completed and submitted through tracking and trending of SPD UM/CM program. Monitor HRA outreach	Perform Risk Stratification for all SPD's on a monthly basis, and identification of members for enrollment into the appropriate program, such as Care Management, the Pharmacy Program, the Pregnancy Program, or a Chronic Condition Management Program. Continue to meet all requirements for SPDs and utilize all programs to support them, including CM, Chronic Condition Management, Long Term Services Supports, and Care Coordination.	Ongoing

Last updated: September 12, 2024

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	Member stratification being conducted monthly using Impact Pro/related report to identify members for Integrated Case Management (ICM) as noted under 4.1. 697 Seniors and Persons with Disabilities (SPD) members (Supplemental Security Income Dual and Non-Dual) have been managed through Q2. This includes Physical Health Care Management, Behavioral Health Care Management, Transitional Care Services & Obstetrics Care Management, as well as both complex and non-complex cases. Timely HRA outreach reported for CalViva SPD members for Q1 and Q2 (100% on time). 12,338 members were outreached from January through June 2024.	None identified.	None	Ongoing
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2025**				

Last updated: September 12, 2024

Item #8

Attachment 8.A

Finance Report
Fiscal Year End June 30, 2024

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Balance Sheet
As of June 30, 2024

		Total
1	ASSETS	
2	Current Assets	
3	Bank Accounts	
4	Cash & Cash Equivalents	262,152,445.98
5	Total Bank Accounts	$ 262,152,445.98
6	Accounts Receivable	
7	Accounts Receivable	216,680,242.41
8	Total Accounts Receivable	$ 216,680,242.41
9	Other Current Assets	
10	Interest Receivable	876,876.72
11	Investments - CDs	0.00
12	Prepaid Expenses	249,953.37
13	Security Deposit	0.00
14	Total Other Current Assets	$ 1,126,830.09
15	Total Current Assets	$ 479,959,518.48
16	Fixed Assets	
17	Buildings	5,703,132.44
18	Computers & Software	35,777.72
19	Construction in Progress	111,670.10
20	Land	3,161,419.10
21	Office Furniture & Equipment	85,783.30
22	Total Fixed Assets	$ 9,097,782.66
23	Other Assets	
24	Investment -Restricted	304,184.49
25	Lease Receivable	2,614,768.01
26	Total Other Assets	$ 2,918,952.50
27	TOTAL ASSETS	$ 491,976,253.64
28	LIABILITIES, DEFFERED INFLOW OF RESOURCES, AND EQUITY	
29	Liabilities	
30	Current Liabilities	
31	Accounts Payable	
32	Accounts Payable	137,970.76
33	Accrued Admin Service Fee	4,807,330.00
34	Capitation Payable	119,630,944.33
35	Claims Payable	20,093.61
36	Directed Payment Payable	4,754,618.98
37	Total Accounts Payable	$ 129,350,957.68
38	Other Current Liabilities	
39	Accrued Expenses	1,046,084.00
40	Accrued Payroll	64,944.75
41	Accrued Vacation Pay	338,769.16
42	Amt Due to DHCS	40,500,000.00
43	IBNR	51,789.65
44	Loan Payable-Current	0.00
45	Premium Tax Payable	0.00
46	Premium Tax Payable to BOE	325,404.28
47	Premium Tax Payable to DHCS	156,406,250.00
48	Total Other Current Liabilities	$ 198,733,241.84
49	Total Current Liabilities	$ 328,084,199.52
50	Long-Term Liabilities	
51	Renters' Security Deposit	25,906.79
52	Subordinated Loan Payable	0.00
53	Total Long-Term Liabilities	$ 25,906.79
54	Total Liabilities	$ 328,110,106.31
55	Deferred Inflow of Resources	2,176,213.37
56	Equity	
57	Retained Earnings	141,338,556.42
58	Net Income	20,351,377.54
59	Total Equity	$ 161,689,933.96
60	TOTAL LIABILITIES, DEFERRED INFLOW OF RESOURCES AND EQUITY	$ 491,976,253.64

		Total		
		Actual	**Budget**	**Over/(Under) Budget**
1	**Income**			
2	Interest Earned	8,513,362.29	3,600,000.00	4,913,362.29
3	Premium/Capitation Income	2,048,060,848.94	1,731,790,682.00	316,270,166.94
4	**Total Income**	**2,056,574,211.23**	**1,735,390,682.00**	**321,183,529.23**
5	**Cost of Medical Care**			
6	Capitation - Medical Costs	1,308,574,627.57	1,127,734,874.00	180,839,753.57
7	Medical Claim Costs	1,349,780.64	1,600,000.00	(250,219.36)
8	**Total Cost of Medical Care**	**1,309,924,408.21**	**1,129,334,874.00**	**180,589,534.21**
9	**Gross Margin**	**746,649,803.02**	**606,055,808.00**	**140,593,995.02**
10	**Expenses**			
11	Admin Service Agreement Fees	57,606,857.00	51,397,610.00	6,209,247.00
12	Bank Charges	0.00	7,200.00	(7,200.00)
13	Computer/IT Services	156,100.79	257,960.00	(101,859.21)
14	Consulting Fees	166,963.00	400,000.00	(233,037.00)
15	Depreciation Expense	327,623.46	360,000.00	(32,376.54)
16	Dues & Subscriptions	238,222.02	234,000.00	4,222.02
17	Grants	3,072,985.63	3,925,000.00	(852,014.37)
18	Insurance	351,215.53	403,683.00	(52,467.47)
19	Labor	3,677,057.86	4,546,256.00	(869,198.14)
20	Legal & Professional Fees	90,098.82	200,000.00	(109,901.18)
21	License Expense	1,265,047.03	1,397,512.00	(132,464.97)
22	Marketing	1,392,135.55	1,500,000.00	(107,864.45)
23	Meals and Entertainment	14,476.05	27,450.00	(12,973.95)
24	Office Expenses	73,459.92	91,200.00	(17,740.08)
25	Parking	258.00	1,560.00	(1,302.00)
26	Postage & Delivery	2,518.71	4,800.00	(2,281.29)
27	Printing & Reproduction	2,186.85	4,920.00	(2,733.15)
28	Recruitment Expense	83,933.17	112,500.00	(28,566.83)
29	Rent	0.00	12,000.00	(12,000.00)
30	Seminars and Training	7,180.09	28,800.00	(21,619.91)
31	Supplies	11,366.23	13,000.00	(1,633.77)
32	Taxes	658,279,779.32	532,812,500.00	125,467,279.32
33	Telephone	32,405.52	42,000.00	(9,594.48)
34	Travel	16,594.38	26,200.00	(9,605.62)
35	**Total Expenses**	**726,868,464.93**	**597,806,151.00**	**129,062,313.93**
36	**Net Operating Income/ (Loss)**	**19,781,338.09**	**8,249,657.00**	**11,531,681.09**
37	**Other Income**			
38	Other Income	570,039.45	600,000.00	(29,960.55)
39	**Total Other Income**	**570,039.45**	**600,000.00**	**(29,960.55)**
40	**Net Other Income**	**570,039.45**	**600,000.00**	**(29,960.55)**
41	**Net Income/ (Loss)**	**20,351,377.54**	**8,849,657.00**	**11,501,720.54**

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Budget vs. Actuals: Income Statement
July 2023 - June 2024

		July 2023 - June 2024	July 2022 - June 2023 (PY)	

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Income Statement: Current Year vs Prior Year
FY 2024 vs FY 2023

		Total		
		July 2023 - June 2024	July 2022 - June 2023 (PY)	
1	**Income**			
2	Interest Earned	8,513,362.29	5,364,448.04	
3	Premium/Capitation Income	2,048,060,848.94	1,289,511,475.60	
4	**Total Income**	$ 2,056,574,211.23	$ 1,294,875,923.64	
5	**Cost of Medical Care**			
6	Capitation - Medical Costs	1,308,574,627.57	1,122,512,458.24	
7	Medical Claim Costs	1,349,780.64	1,384,579.86	
8	**Total Cost of Medical Care**	$ 1,309,924,408.21	$ 1,123,897,038.10	
9	**Gross Margin**	$ 746,649,803.02	$ 170,978,885.54	
10	**Expenses**			
11	Admin Service Agreement Fees	57,606,857.00	56,171,137.00	
12	Computer/IT Services	156,100.79	186,214.58	
13	Consulting Fees	166,963.00	69,015.00	
14	Depreciation Expense	327,623.46	299,109.15	
15	Dues & Subscriptions	238,222.02	258,912.56	
16	Grants	3,072,985.63	3,391,817.00	
17	Insurance	351,215.53	194,952.11	
18	Labor	3,677,057.86	3,277,790.03	
19	Legal & Professional Fees	90,098.82	87,447.35	
20	License Expense	1,265,047.03	1,174,872.66	
21	Marketing	1,392,135.55	1,393,787.02	
22	Meals and Entertainment	14,476.05	20,596.99	
23	Office Expenses	73,459.92	81,554.14	
24	Parking	258.00	215.39	
25	Postage & Delivery	2,518.71	3,103.03	
26	Printing & Reproduction	2,186.85	1,789.83	
27	Recruitment Expense	83,933.17	38,645.73	
28	Rent	0.00	0.00	
29	Seminars and Training	7,180.09	8,063.98	
30	Supplies	11,366.23	9,258.71	
31	Taxes	658,279,779.32	91,436,708.20	
32	Telephone	32,405.52	31,018.51	
33	Travel	16,594.38	15,342.01	
34	**Total Expenses**	$ 726,868,464.93	$ 158,151,350.98	
35	**Net Operating Income/ (Loss)**	$ 19,781,338.09	$ 12,827,534.56	
36	**Other Income**			
37	Other Income	570,039.45	560,023.94	
38	**Total Other Income**	$ 570,039.45	$ 560,023.94	
39	**Net Other Income**	$ 570,039.45	$ 560,023.94	
40	**Net Income/ (Loss)**	$ 20,351,377.54	$ 13,387,558.50	

Item #8
Attachment 8.B

Compliance Report

Regulatory Filings:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2024 YTD Total
# of DHCS Filings													
Administrative/ Operational	56	46	28	35	24	19	35	21	8				272
Member Materials Filed for Approval;	1	4	1	6	5	4	6	7	1				35
Provider Materials Reviewed & Distributed	10	14	9	10	8	16	17	7	3				94
# of DMHC Filings	8	8	8	11	19	7	10	7	4				83

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

# of Potential Privacy & Security Breach Cases reported to DHCS and HHS (if applicable)													
No-Risk / Low-Risk	5	4	3	1	3	0	0	3	1				20
High-Risk	0	0	0	0	0	0	0	2	0				0

Fraud, Waste, & Abuse Activity:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2024 YTD Total
# of New MC609 Cases Submitted to DHCS	2	4	0	3	1	1	2	0	2				15
# of Cases Open for Investigation (Active Number)	17	17	15	18	21	21	22	23	23				

Report Date 9/19/2024

Summary of Potential Fraud, Waste & Abuse (FWA) cases: Since the 7/18/2024 Compliance Regulatory Report to the Commission, there were 3 new MC609 cases filed that involved: 1) A participating DME provider billing for services not rendered, upcoding of wheelchairs and excessive billing of TENS unit supplies; 2) A participating provider specializing in podiatry for alleged fraudulent billing of services; and 3) A participating provider specializing in pediatrics for billing a high volume of a non-medically necessary services per health plan policy and frequently billing high level of E/M services despite previous education..

Compliance Oversight & Monitoring Activities:	Status
CalViva Health Oversight Activities	**Health Net** CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to critical projects or transitions that may affect CalViva Health. The reports cover PPG level data in the following areas: financial viability data, claims, provider disputes, access & availability, specialty referrals, utilization management data, grievances, and appeals, etc.
Oversight Audits	The following annual audits are in-progress: UMCM, ER, A&G, Provider Network, Claims/PDR, FWA, Call Center, Health Education and Privacy and Security. The following audits have been completed since the last Commission report: Marketing (no CAP), Health Equity (no CAP), and Member Rights (no CAP). In August 2024, the annual "Compliance Audit" was conducted with the cooperation of the Clerk of the Commission/HR Director. The Compliance Audit ensures that all legal/regulatory documents concerning the Plan's Commissioners, Committee members and staff are complete, accurate and on file with the Plan. No CAP was issued.

Regulatory Reviews/Audits and CAPS:	Status
Department of Health Care Services ("DHCS") 2023 Focused Audit for Behavioral Health and Transportation	On 9/3/2024 DHCS issued a formal response to the Plan's responses and rebuttals to each of the nine Focused Audit findings. DHCS stated that the Plan's responses did not contain sufficient information to affect the preliminary findings. On 9/6/2024 the Plan received DHCS Focus Audit CAP Request. The Plan's initial response is due by October 6, 2024.
Department of Health Care Services ("DHCS") 2024 Medical Audit	On 9/12/24, the Plan received the DHCS 2024 Preliminary Audit Report. There were two findings: • The Plan did not ensure the delegate, Health Net, met the contractual requirement that written PA extension notices specify the information Health Net requested but did not receive. • The Plan did not ensure that all preliminary reports of suspected FWA were reported to DHCS within ten working days. The audit Exit Conference is scheduled for 9/16/2024.

2024 Network Adequacy Validation (NAV) Audit	Still awaiting official response from HSAG for the (NAV) audit conducted on 6/18/24.
New Regulations / Contractual Requirements/DHCS Initiatives:	**Status**
California Advancing and Innovating Medi-Cal (CalAIM)	DHCS has issued its Transitional Rent Concept Paper for public comment: • DHCS is seeking to provide coverage of rent/temporary housing to members who are experiencing or at risk of homelessness and meet certain additional eligibility criteria. • California seeks to begin providing coverage of rent/temporary housing as a Medi-Cal service—to be known as "Transitional Rent"—on January 1, 2025. • Coverage of Transitional Rent will be *optional* for Medi-Cal managed care health plans (MCPs) beginning on January 1, 2025, and *required* for MCPs on January 1, 2026.
Long Term Care (LTC) Carve-In Deliverable List – Phase II (ICF/DD and Subacute Care facilities	On 7/24/2024 the Plan received DHCS approval on Phase II Network Readiness deliverables related to executing contracts.
Memoranda of Understanding (MOUs)	Since the last Commission Meeting the Plan has executed and submitted to DMHC & DHCS the following MOUs: • Fresno County SMHS- SUD MOU • Fresno County WIC MOU • Kings County MHP -MOU As required by the DHCS contract, these MOUs have also been posted the CalViva Health website under **Key Documents and Forms:** www.calvivahealth.org/meeting-agenda/procedures-forms/

Annual Network Certifications	• <u>2023 Subnetwork Certification (SNC)</u> – As required by the DHCS, the Plan continues to follow-up with PPGs on the status of all CAPS the Plan previously issued for not meeting time & distance standards in their networks. The next quarterly update submission is due by 10/1/2024. • <u>2023 Annual Network Certification (ANC)</u> – As part of the 2023 ANC, the Plan had requested several alternate access standard (AAS) requests to the DHCS. The Plan received a response to the AAS on 9/5/2024. DHCS denied 44 zip code requests from across the Plan's service area. The Plan is reviewing the DHCS findings and will need to make any revisions to the AAS request by 9/19/2024.
Timely Access and Annual Network Reporting (TAR)	<u>RY 2023 MY 2022</u>- DMHC issued a Network Findings Report with two findings related to Geographic Access (i.e., time and distance) and Data Accuracy (i.e., 11 addresses for a single physician). The Plan acknowledged the Departments T&D findings and reanalyzed the data for 2024. The reanalysis indicated all time and distance standards are being met. The Plan disagreed with the data quality issue stating that we followed MY 2022 instructions to report all the physical practice addresses where the specialists delivered in-person services on an outpatient basis. The Plan is awaiting the Department's response.
NCQA Health Equity Plan Accreditation	The Plan has begun to review NCQA Health Equity standards and prepare for the 3/11/2025 Health Equity submission.
Plan Administration:	**Status**
New DHCS Regulations/Guidance	Please refer to Appendix A for a complete list of DHCS and DMHC All Plan Letters (APLs) that have been issued in CY 2024.
Committee Report:	**Status**
Public Policy Committee (PPC)	The Public Policy Committee meeting was on September 4, 2024. The following reports were presented: Health Education Semi-Annual Member Incentive Programs, Appeals and Grievance Report, and Population Health Management Collaboration Update. Dr. Marabella gave an overview of the Q2 2024 A&G Dashboard, noting certain types of grievances reported. The revised PPC Charter was approved to be submitted to the Commission for board approval. Mary Lourdes Leone presented an overview of SB 1019 regarding required member outreach for Non-Specialty Mental Health Services, and the PPC members provided suggestions/recommendations on how best to conduct the outreach. The next Public Policy Committee meeting will be held December 4, 2024, 11:30 am -1:30 pm located at 7625 N. Palm Ave Suite 109, Fresno, CA 93711.

APPENDIX A

2024 DHCS All Plan Letters:

APL 24-001 STREET MEDICINE PROVIDER DEFINITIONS AND PARTICIPATION IN MANAGED CARE

APL 24-002 MEDI-CAL MANAGED CARE PLAN RESPONSIBILITIES FOR INDIAN HEALTH CARE PROVIDERS AND AMERICAN INDIAN MEMBERS

APL 24-003 ABORTION SERVICES

APL 24-004 QUALITY IMPROVEMENT AND HEALTH EQUITY TRANSFORMATION REQUIREMENTS

APL 24-005 CALIFORNIA HOUSING AND HOMELESSNESS INCENTIVE

APL 24-006 COMMUNITY HEALTH WORKER SERVICES BENEFIT

APL 24-007 TARGETED PROVIDER RATE INCREASES

APL 24-008 IMMUNIZATION REQUIREMENTS

2024 DMHC All Plan Letters:

APL 24-003 Health Equity and Quality Program Policies and Requirements

APL 24-005 - Change Healthcare Cyberattack (3.11.24)

APL 24-006 Annual Provider Directory Filing

APL 24-008 2024HealthPlanAnnualAssessments(4_15_24)

APL 24-009 Change Healthcare Cyberattack Response Filing

APL 24-011 Request for Health Plan Information and Addendum Revisions

APL 24-012 Single Point of Contact for Hospitals to Request Authorization

APL 24-013 Health Equity and Quality Program Policies and Requirements

APL 24-017 RY2025-MY2024 PAAS NPMH Rate of Compliance

Item #8
Attachment 8.C

Medical Management
Appeals & Grievances Report

CalViva Health

Monthly Appeals and Grievances Dashboard CY: 2024 Current as of End of the Month: July Revised Date: 08/15/2024

CalViva - 2024																		
Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2024 YTD	2023
Expedited Grievances Received	15	8	2	25	7	6	7	20	4	0	0	4	0	0	0	0	49	126
Standard Grievances Received	144	132	147	423	218	198	163	579	193	0	0	193	0	0	0	0	1195	1761
Total Grievances Received	**159**	**140**	**149**	**448**	**225**	**204**	**170**	**599**	**197**	**0**	**0**	**197**	**0**	**0**	**0**	**0**	**1244**	**1887**
Grievance Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10
Grievance Ack Letter Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.00%**	**99.4%**
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	13	9	3	25	7	6	7	20	4	0	0	4	0	0	0	0	49	126
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%**	**100.00%**	**100.0%**
Standard Grievances Resolved Noncompliant	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	1
Standard Grievances Resolved Compliant	160	125	133	418	166	213	178	557	191	0	0	191	0	0	0	0	1166	1702
Standard Grievance Compliance rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**99.4%**	**100.0%**	**100.0%**	**99.8%**	**100.0%**	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**99.91%**	**99.9%**
Total Grievances Resolved	**173**	**134**	**136**	**443**	**174**	**219**	**185**	**578**	**195**	**0**	**0**	**195**	**0**	**0**	**0**	**0**	**1216**	**1829**
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	**153**	**118**	**120**	**391**	**154**	**183**	**156**	**493**	**165**	**0**	**0**	**165**	**0**	**0**	**0**	**0**	**1049**	**1468**
Access - Other - DMHC	25	24	10	59	23	29	19	71	26	0	0	26	0	0	0	0	156	270
Access - PCP - DHCS	7	4	4	15	13	15	13	41	10	0	9	19	0	0	0	0	7	118
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	10	7	2	19	3	3	4	10	9	0	0	9	0	0	0	0	38	78
Administrative	25	30	36	91	30	34	49	113	48	0	0	0	0	0	0	0	204	186
Balance Billing	23	18	14	55	32	33	25	90	23	0	0	0	0	0	0	0	168	0
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interpersonal	12	12	16	40	16	23	19	58	17	0	0	17	0	0	0	0	115	122
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	11	5	11	28	16	13	12	41	5	0	0	5	0	0	0	0	74	339
Pharmacy/RX Medical Benefit	1	1	1	3	2	0	0	2	1	0	0	1	0	0	0	0	6	1
Transportation - Access	18	7	10	35	11	14	3	28	9	0	0	9	0	0	0	0	72	175
Transportation - Behavior	8	1	4	13	0	1	1	2	9	0	0	9	0	0	0	0	24	89
Transportation - Other	12	9	12	33	8	18	11	37	8	0	0	8	0	0	0	0	78	86
Quality Of Care Grievances	**20**	**16**	**16**	**52**	**20**	**36**	**29**	**85**	**30**	**0**	**0**	**30**	**0**	**0**	**0**	**0**	**167**	**361**
Access - Other - DMHC	1	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	3
Access - PCP - DHCS	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	0
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	4
Behavioral Health	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	0
Other	2	3	5	10	4	3	2	8	5	0	0	5	0	0	0	0	23	60
PCP Care	8	5	5	18	7	13	13	33	9	0	0	9	0	0	0	0	60	94
PCP Delay	1	3	4	8	4	7	5	16	10	0	0	10	0	0	0	0	34	116
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	6	1	2	9	1	7	6	14	3	0	0	3	0	0	0	0	26	60
Specialist Delay	2	3	0	5	3	6	2	11	2	0	0	2	0	0	0	0	18	24
Exempt Grievances Received	146	135	176	**457**	224	185	211	**620**	196	0	0	**196**	0	0	0	**0**	**1273**	1885
Access - Avail of Appt w/ PCP	4	1	2	**7**	7	3	4	**14**	5	0	0	**5**	0	0	0	**0**	**26**	15
Access - Avail of Appt w/ Specialist	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	**1**	0
Access - Avail of Appt w/ Other	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	0
Access - Wait Time - wait too long on telephone	0	0	3	**3**	0	4	1	**5**	2	0	0	**2**	0	0	0	**0**	**10**	7
Access - Wait Time - in office for appt	0	1	0	**1**	0	1	1	**2**	0	0	0	**0**	0	0	0	**0**	**3**	2
Access - Panel Disruption	0	0	2	**2**	4	2	0	**6**	3	0	0	**3**	0	0	0	**0**	**11**	15
Access - Shortage of Providers	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	0
Access - Geographic/Distance Access Other	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	0
Access - Geographic/Distance Access PCP	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	3
Access - Geographic/Distance Access Specialist	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	0
Access - Interpreter Service Requested	0	0	1	**1**	0	0	0	**0**	3	0	0	**3**	0	0	0	**0**	**4**	2
Benefit Issue - Specific Benefit needs authorization	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	0
Benefit Issue - Specific Benefit not covered	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	0
Attitude/Service - Health Plan Staff	0	1	1	**2**	5	1	0	**6**	1	0	0	**1**	0	0	0	**0**	**9**	14
Attitude/Service - Provider	6	9	16	**31**	13	9	27	**49**	18	0	0	**18**	0	0	0	**0**	**98**	43
Attitude/Service - Office Staff	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	5
Attitude/Service - Vendor	0	0	6	**6**	6	0	6	**12**	6	0	0	**6**	0	0	0	**0**	**24**	4

Category																	
Attitude/Service - Health Plan	0	1	3	**4**	3	2	1	**6**	0	0	0	**0**	0	0	0	**0**	10	12
Authorization - Authorization Related	0	2	1	**3**	0	4	7	**11**	3	0	0	**3**	0	0	0	**0**	17	6
Eligibility Issue - Member not eligible per Health Plan	0	0	0	**0**	1	2	1	**4**	0	0	0	**0**	0	0	0	**0**	4	4
Eligibility Issue - Member not eligible per Provider	2	1	4	**7**	17	10	6	**33**	4	0	0	**4**	0	0	0	**0**	44	48
Health Plan Materials - ID Cards-Not Received	19	17	20	**56**	26	22	38	**86**	30	0	0	**30**	0	0	0	**0**	172	210
Health Plan Materials - ID Cards-Incorrect Information on Card	0	2	0	**2**	4	2	0	**6**	0	0	0	**0**	0	0	0	**0**	8	2
Health Plan Materials - Other	0	0	0	**0**	1	0	2	**3**	0	0	0	**0**	0	0	0	**0**	3	4
Mental Behavioral Health (BH) Related	2	3	4	**9**	3	8	9	**20**	10	0	0	**10**	0	0	0	**0**	39	2
PCP Assignment/Transfer - Health Plan Assignment - Change Request	50	48	49	**147**	82	61	67	**210**	62	0	0	**62**	0	0	0	**0**	419	652
PCP Assignment/Transfer - HCO Assignment - Change Request	15	15	19	**49**	21	18	8	**47**	12	0	0	**12**	0	0	0	**0**	108	301
PCP Assignment/Transfer - PCP effective date	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0
PCP Assignment/Transfer - PCP Transfer not Processed	4	4	11	**19**	7	7	1	**15**	3	0	0	**3**	0	0	0	**0**	37	37
PCP Assignment/Transfer - Rollout of PPG	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	7
PCP Assignment/Transfer - Mileage Inconvenience	0	1	0	**1**	2	1	1	**4**	1	0	0	**1**	0	0	0	**0**	6	14
Pharmacy - Authorization Issue	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0
Pharmacy - Authorization Issue-CalViva Error	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0
Pharmacy - Eligibility Issue	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	1
Pharmacy - Quantity Limit	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0
Pharmacy - Rx Not Covered	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0
Pharmacy - Pharmacy-Retail	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0
Transportation - Access - Provider No Show	7	4	6	**17**	1	0	1	**2**	1	0	0	**1**	0	0	0	**0**	20	65
Transportation - Access - Provider Late	2	2	1	**5**	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	6	32
Transportation - Behaviour	4	0	1	**5**	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	6	76
Transportation - Other	2	4	3	**9**	0	1	3	**4**	1	0	0	**1**	0	0	0	**0**	14	53
OTHER - Other	1	4	5	**10**	4	5	2	**11**	7	0	0	**7**	0	0	0	**0**	28	14
Claims Complaint - Balance Billing from Provider	28	15	18	**61**	15	22	24	**61**	24	0	0	**24**	0	0	0	**0**	146	235

Appeals	Jan	Feb	Mar	Q1	Apr	May	June	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	2023
Expedited Appeals Received	2	2	2	6	1	1	2	4	2	0	0	2	0	0	0	0	12	34
Standard Appeals Received	22	17	32	71	39	40	45	124	50	0	0	50	0	0	0	0	245	331
Total Appeals Received	**24**	**19**	**34**	**77**	**40**	**41**	**47**	**128**	**52**	**0**	**0**	**52**	**0**	**0**	**0**	**0**	**257**	**365**
Appeals Ack Letters Sent Noncompliant	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	2
Appeals Ack Letter Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.00%**	**99.4%**
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	2	1	3	6	1	1	2	4	2	0	0	2	0	0	0	0	12	35
Expedited Appeals Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.00%**	**100.0%**
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Standard Appeals Resolved Compliant	16	30	11	57	30	39	40	109	49	0	0	49	0	0	0	0	215	325
Standard Appeals Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.00%**	**99.8%**
Total Appeals Resolved	**18**	**31**	**14**	**63**	**31**	**40**	**42**	**113**	**51**	**0**	**0**	**51**	**0**	**0**	**0**	**0**	**227**	**361**
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	**18**	**31**	**14**	**63**	**31**	**40**	**42**	**113**	**51**	**0**	**0**	**51**	**0**	**0**	**0**	**0**	**227**	**353**
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	1	4	6	11	8	0	0	8	0	0	0	0	19	9
DME	2	3	3	8	7	6	8	21	9	0	0	9	0	0	0	0	38	37
Experimental/Investigational	0	0	3	3	0	0	2	2	1	0	0	1	0	0	0	0	6	0
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Advanced Imaging	11	18	0	29	15	14	15	44	15	0	0	15	0	0	0	0	88	162
Other	1	4	4	9	1	7	4	12	5	0	0	5	0	0	0	0	26	35
Pharmacy/RX Medical Benefit	2	3	2	7	2	0	2	7	8	0	0	8	0	0	0	0	22	47
Surgery	2	3	2	7	5	6	5	16	5	0	0	5	0	0	0	0	28	62
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**	**8**
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	8	8	6	**22**	11	20	18	49	21	0	0	21	0	0	0	0	92	156
Uphold Rate	**44.4%**	**25.8%**	**42.9%**	**34.9%**	**35.5%**	**50.0%**	**42.9%**	**43.4%**	**41.2%**	**0.0%**	**0.0%**	**41.2%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**40.5%**	**43.2%**
Overturns - Full	9	22	7	**38**	20	18	22	**60**	28	0	0	**28**	0	0	0	**0**	126	194
Overturn Rate - Full	**50.0%**	**71.0%**	**50.0%**	**60.3%**	**64.5%**	**45.0%**	**52.4%**	**53.1%**	**54.9%**	**0.0%**	**0.0%**	**54.9%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**55.5%**	**53.7%**
Overturns - Partials	1	1	1	**3**	0	2	2	**4**	2	0	0	**2**	0	0	0	**0**	9	10
Overturn Rate - Partial	**5.6%**	**3.2%**	**7.1%**	**4.8%**	**0.0%**	**5.0%**	**4.8%**	**3.5%**	**3.9%**	**0.0%**	**0.0%**	**3.9%**	**0.0%**	**0.0%**	**0.0%**	**0.00%**	**4.0%**	**2.8%**
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%**	**0.3%**
Membership	434,122	434,443	434,459		434,072	433,828	434,041		435,904	-	-		-	-	-			430,517
Appeals - PTMPM	0.04	0.07	0.03	0.05	0.07	0.09	0.10	0.09	0.12	-	-	0.12	-	-	-	-	0.07	0.09
Grievances - PTMPM	0.40	0.31	0.31	0.34	0.40	0.50	0.43	0.44	0.45	-	-	0.45	-	-	-	-	0.40	0.24

Fresno County - 2024

Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2024 YTD	2023
Expedited Grievances Received	13	7	2	22	6	4	5	15	3	0	0	3	0	0	0	0	40	107
Standard Grievances Received	117	109	131	357	173	167	148	488	161	0	0	161	0	0	0	0	1006	1447
Total Grievances Received	**130**	**116**	**133**	**379**	**179**	**171**	**153**	**503**	**164**	**0**	**0**	**164**	**0**	**0**	**0**	**0**	**1046**	**1554**
Grievance Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grievance Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.00%
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Grievances Resolved Compliant	11	8	3	22	6	4	5	15	3	0	0	3	0	0	0	0	40	107
Expedited Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.00%
Standard Grievances Resolved Noncompliant	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	1
Standard Grievances Resolved Compliant	130	102	110	342	153	163	152	468	172	0	0	172	0	0	0	0	982	1389
Standard Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	99.3%	100.0%	100.0%	99.8%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	99.9%	99.9%
Total Grievances Resolved	**141**	**110**	**113**	**364**	**160**	**167**	**157**	**484**	**175**	**0**	**0**	**175**	**0**	**0**	**0**	**0**	**1023**	**1497**
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	**124**	**97**	**98**	**319**	**142**	**137**	**133**	**412**	**149**	**0**	**0**	**149**	**0**	**0**	**0**	**0**	**880**	**1194**
Access - Other - DMHC	21	19	9	49	22	22	16	60	22	0	0	22	0	0	0	0	131	225
Access - PCP - DHCS	4	4	3	11	11	14	11	36	9	0	0	9	0	0	0	0	56	102
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	9	7	2	18	2	3	4	9	8	0	0	8	0	0	0	0	35	69
Administrative	24	24	30	78	28	28	39	95	43	0	0	43	0	0	0	0	216	160
Balance Billing	19	17	11	47	30	28	22	80	22	0	0	22						
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interpersonal	10	10	13	33	16	15	18	49	17	0	0	17	0	0	0	0	99	97
Behavioral Health	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	0
Other	9	5	10	24	16	9	10	35	5	0	0	5	0	0	0	0	64	283
Pharmacy/RX Medical Benefit	1	0	0	1	2	0	0	2	0	0	0	0	0	0	0	0	3	1
Transportation - Access	13	6	6	25	8	6	3	17	8	0	0	8	0	0	0	0	50	126
Transportation - Behaviour	7	1	3	11	0	0	1	1	8	0	0	8	0	0	0	0	20	70
Transportation - Other	7	4	11	22	7	12	8	27	7	0	0	7	0	0	0	0	56	61
Quality Of Care Grievances	**17**	**13**	**15**	**45**	**18**	**30**	**24**	**72**	**26**	**0**	**0**	**26**	**0**	**0**	**0**	**0**	**143**	**303**
Access - Other - DMHC	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Access - PCP - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	4
Behavioral Health	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	0
Other	1	2	4	7	4	1	0	5	5	0	0	5	0	0	0	0	17	51
PCP Care	6	5	5	16	6	13	11	30	9	0	0	9	0	0	0	0	55	78
PCP Delay	1	2	4	7	4	6	5	15	8	0	0	8	0	0	0	0	30	97
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	6	1	2	9	0	4	6	10	2	0	0	2	0	0	0	0	21	54
Specialist Delay	2	3	0	5	3	6	1	10	2	0	0	2	0	0	0	0	17	17

CalViva Health Appeals and Grievances Dashboard 2024 (Fresno County)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	2023
Expedited Appeals Received	2	2	2	6	1	0	2	3	2	0	0	2	0	0	0	0	11	32
Standard Appeals Received	16	10	26	52	33	30	37	100	41	0	0	41	0	0	0	0	193	278
Total Appeals Received	**18**	**12**	**28**	**58**	**34**	**30**	**39**	**103**	**43**	**0**	**0**	**43**	**0**	**0**	**0**	**0**	204	310
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
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%**	**99.6%**
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	2	1	3	6	1	0	2	3	2	0	0	2	0	0	0	0	11	32
Expedited Appeals Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0
Standard Appeals Resolved Compliant	11	19	8	38	25	32	29	**86**	41	0	0	**41**	0	0	0	**0**	165	280
Standard Appeals Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**
Total Appeals Resolved	**13**	**20**	**11**	**44**	**26**	**32**	**31**	**89**	**43**	**0**	**0**	**43**	**0**	**0**	**0**	**0**	176	312
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	**13**	**20**	**11**	**44**	**26**	**32**	**31**	**89**	**43**	**0**	**0**	**43**	**0**	**0**	**0**	**0**	176	304
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	1	4	5	10	7	0	0	7	0	0	0	0	17	8
DME	1	2	2	5	4	6	7	17	6	0	0	6	0	0	0	0	28	36
Experimental/Investigational	0	0	2	2	0	0	1	1	0	0	0	0	0	0	0	0	3	0
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Advanced Imaging	8	9	0	17	15	10	10	35	14	0	0	14	0	0	0	0	66	137
Other	1	4	4	9	0	4	3	7	5	0	0	5	0	0	0	0	21	32
Pharmacy/RX Medical Benefit	1	2	1	4	2	3	0	5	7	0	0	7	0	0	0	0	16	39
Surgery	2	3	2	7	4	5	5	14	4	0	0	4	0	0	0	0	25	51
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**	**8**
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	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	5	4	**14**	10	15	14	**39**	17	0	0	**17**	0	0	0	**0**	70	139
Uphold Rate	**38.5%**	**25.0%**	**36.4%**	**31.8%**	**38.5%**	**46.9%**	**45.2%**	**43.8%**	**39.5%**	**0.0%**	**0.0%**	**39.5%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**39.8%**	**44.6%**
Overturns - Full	7	14	6	**27**	16	15	16	**47**	24	0	0	**24**	0	0	0	**0**	98	167
Overturn Rate - Full	**53.8%**	**70.0%**	**54.5%**	**61.4%**	**61.5%**	**46.9%**	**51.6%**	**52.8%**	**55.8%**	**0.0%**	**0.0%**	**55.8%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**55.7%**	**53.5%**
Overturns - Partials	1	1	1	**3**	0	2	1	**3**	2	0	0	**2**	0	0	0	**0**	8	6
Overturn Rate - Partial	**7.7%**	**5.0%**	**9.1%**	**6.8%**	**0.0%**	**6.3%**	**3.2%**	**3.4%**	**4.7%**	**0.0%**	**0.0%**	**4.7%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**4.5%**	**1.9%**
Withdrawal	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0
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%**	**0.0%**
Membership	347,177	347,177	347,194		346,867	346,814	346,990		348,462									345,319
Appeals - PTMPM	0.04	0.06	0.03	0.04	0.07	0.09	0.09	0.09	0.12	-	-	0.04	-	-	-	0.00	0.04	0.06
Grievances - PTMPM	0.41	0.32	0.33	0.35	0.46	0.48	0.45	0.47	0.50	-	-	0.17	-	-	-	0.00	0.25	0.26

Kings County - 2024

Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2024 YTD	2023
Expedited Grievances Received	0	1	0	1	0	2	2	4	1	0	0	1	0	0	0	0	6	9
Standard Grievances Received	11	11	6	28	18	11	7	36	14	0	0	14	0	0	0	0	78	151
Total Grievances Received	**11**	**12**	**6**	**29**	**18**	**13**	**9**	**40**	**15**	**0**	**0**	**15**	**0**	**0**	**0**	**0**	**84**	**160**
Grievance Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Grievance Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Grievances Resolved Compliant	0	1	0	1	0	2	2	4	1	0	0	1	0	0	0	0	6	9
Expedited Grievance Compliance rate	0.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Grievances Resolved Compliant	17	9	10	36	4	20	10	34	9	0	0	9	0	0	0	0	79	148
Standard Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.00%
Total Grievances Resolved	**17**	**10**	**10**	**37**	**4**	**22**	**12**	**38**	**10**	**0**	**0**	**10**	**0**	**0**	**0**	**0**	**85**	**157**
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	**14**	**9**	**10**	**33**	**4**	**19**	**9**	**32**	**9**	**0**	**0**	**9**	**0**	**0**	**0**	**0**	**74**	**128**
Access - Other - DMHC	0	3	1	4	1	2	2	5	2	0	0	2	0	0	0	0	11	22
Access - PCP - DHCS	2	0	0	2	0	1	1	2	0	0	0	0	0	0	0	0	4	7
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	1	0	0	1	0	0	0	0	1	0	0	1	0	0	0	0	2	5
Administrative	1	2	5	8	0	3	2	5	3	0	0	3	0	0	0	0	16	11
Balance Billing	3	1	0	4	1	1	2	4	1	0	0	1	0	0	0	0	9	
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interpersonal	1	0	1	2	0	5	0	5	0	0	0	0	0	0	0	0	7	10
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	2	1	3	0	0	0	0	0	0	0	0	3	25
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation - Access	1	0	1	2	2	2	0	4	1	0	0	1	0	0	0	0	7	22
Transportation - Behaviour	1	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	6
Transportation - Other	4	3	1	8	0	3	1	4	1	0	0	1	0	0	0	0	13	20
Quality Of Care Grievances	**3**	**1**	**0**	**4**	**0**	**3**	**3**	**6**	**1**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**11**	29
Access - Other - DMHC	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Access - PCP - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	0	0	1	0	1	0	1	0	0	0	0	0	0	0	0	2	4
PCP Care	2	0	0	2	0	0	2	2	0	0	0	0	0	0	0	0	4	11
PCP Delay	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	9
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	0	0	0	0	0	2	0	2	0	0	0	0	0	0	0	0	2	4
Specialist Delay	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	1

CalViva Health Appeals and Grievances Dashboard 2024 (Kings County)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	2023
Expedited Appeals Received	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	0
Standard Appeals Received	1	1	1	3	2	1	3	6	3	0	0	3	0	0	0	0	12	11
Total Appeals Received	**1**	**1**	**1**	**3**	**2**	**2**	**3**	**7**	**3**	**0**	**0**	**3**	**0**	**0**	**0**	**0**	13	11
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%**	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	1	0	1	0	0	0	0	0	0	0	0	1	1
Expedited Appeals Compliance Rate	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**0.0%**
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	2	2	0	4	1	2	1	4	4	0	0	4	0	0	0	0	12	11
Standard Appeals 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%**	100.00%
Total Appeals Resolved	**2**	**2**	**0**	**4**	**1**	**3**	**1**	**5**	**4**	**0**	**0**	**4**	**0**	**0**	**0**	**0**	13	0
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	**2**	**2**	**0**	**4**	**1**	**3**	**1**	**5**	**4**	**0**	**0**	**4**	**0**	**0**	**0**	**0**	**13**	12
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	1
DME	0	1	0	1	0	0	0	0	1	0	0	1	0	0	0	0	2	1
Experimental/Investigational	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Advanced Imaging	1	1	0	2	0	1	1	2	1	0	0	1	0	0	0	0	5	4
Other	0	0	0	0	0	2	0	2	0	0	0	0	0	0	0	0	2	2
Pharmacy/RX Medical Benefit	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Surgery	0	0	0	0	1	0	0	1	1	0	0	1	0	0	0	0	2	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	1	1	0	**2**	0	2	0	**2**	2	0	0	**2**	0	0	0	**0**	6	5
Uphold Rate	**50.0%**	**50.0%**	**0.0%**	**50.0%**	**0.0%**	**66.7%**	**0.0%**	**40.0%**	**50.0%**	**0.0%**	**0.0%**	**50.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**46.2%**	41.70%
Overturns - Full	1	1	0	**2**	1	1	1	**3**	2	0	0	**2**	0	0	0	**0**	7	7
Overturn Rate - Full	**50.0%**	**50.0%**	**0.0%**	**50.0%**	**100.0%**	**33.3%**	**100.0%**	**60.0%**	**50.0%**	**0.0%**	**0.0%**	**50.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**53.8%**	58.30%
Overturns - Partials	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0
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%**	0
Withdrawal	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0
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%**	0
Membership	38,436	38,757	38,756		38,740	38,515	38,259		38,274									38436
Appeals - PTMPM	0.05	0.05	-	0.03	0.03	0.08	0.03	0.04	0.10	-	-	0.03	-	-	-	0.00	0.03	0.026019
Grievances - PTMPM	0.44	0.26	0.26	0.32	0.10	0.57	0.31	0.33	0.26	-	-	0.09	-	-	-	0.00	0.18	0.33536

Madera County - 2024

Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2024 YTD	2023
Expedited Grievances Received	2	0	0	2	1	0	0	1	0	0	0	0	0	0	0	0	3	10
Standard Grievances Received	16	12	10	38	27	20	8	55	18	0	0	18	0	0	0	0	111	163
Total Grievances Received	**18**	**12**	**10**	**40**	**28**	**20**	**8**	**56**	**18**	**0**	**0**	**18**	**0**	**0**	**0**	**0**	**114**	173
Grievance Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Grievance Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	99.4%
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Grievances Resolved Compliant	2	0	0	2	1	0	0	1	0	0	0	0	0	0	0	0	3	10
Expedited Grievance Compliance rate	100.0%	0.0%	0.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Grievances Resolved Compliant	13	14	13	40	9	30	16	55	10	0	0	10	0	0	0	0	105	0
Standard Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Grievances Resolved	**15**	**14**	**13**	**42**	**10**	**30**	**16**	**56**	**10**	**0**	**0**	**10**	**0**	**0**	**0**	**0**	**108**	175
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	**15**	**12**	**12**	**39**	**8**	**27**	**15**	**50**	**7**	**0**	**0**	**7**	**0**	**0**	**0**	**0**	**96**	146
Access - Other - DMHC	4	2	0	6	0	5	1	6	2	0	0	2	0	0	0	0	14	27
Access - PCP - DHCS	1	0	1	2	2	0	1	3	1	0	0	1	0	0	0	0	6	9
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	1	0	0	1	0	0	0	0	0	0	0	0	1	4
Administrative	0	4	1	5	2	3	8	13	2	0	0	2	0	0	0	0	20	15
Balance Billing	1	0	3	4	1	4	2	7	0	0	0	0	0	0	0	0	11	
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interpersonal	1	2	2	5	0	3	1	4	0	0	0	0	0	0	0	0	9	15
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	3	0	1	4	0	2	1	3	0	0	0	0	0	0	0	0	7	31
Pharmacy/RX Medical Benefit	0	1	1	2	0	0	0	0	1	0	0	1	0	0	0	0	3	0
Transportation - Access	4	1	3	8	1	6	0	7	0	0	0	0	0	0	0	0	15	27
Transportation - Behaviour	0	0	0	0	0	1	0	1	1	0	0	1	0	0	0	0	2	13
Transportation - Other	1	2	0	3	1	3	1	5	0	0	0	0	0	0	0	0	8	5
Quality Of Care Grievances	**0**	**2**	**1**	**3**	**2**	**3**	**1**	**6**	**3**	**0**	**0**	**3**	**0**	**0**	**0**	**0**	**12**	29
Access - Other - DMHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Access - PCP - DHCS	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	0
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	1	1	2	0	1	1	2	0	0	0	0	0	0	0	0	4	5
PCP Care	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	5
PCP Delay	0	1	0	1	0	1	0	1	1	0	0	1	0	0	0	0	3	10
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	0	0	0	0	1	1	0	2	1	0	0	1	0	0	0	0	3	2
Specialist Delay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	2023
Expedited Appeals Received	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Standard Appeals Received	5	6	5	16	4	9	5	18	6	0	0	6	0	0	0	0	40	38
Total Appeals Received	**5**	**6**	**5**	**16**	**4**	**9**	**5**	**18**	**6**	**0**	**0**	**6**	**0**	**0**	**0**	**0**	40	40
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.00%**
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
Expedited Appeals Compliance Rate	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**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%**	**100.00%**
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	3	9	3	15	4	5	10	**19**	4	0	0	**4**	0	0	0	**0**	38	31
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	**3**	**9**	**3**	**15**	**4**	**5**	**10**	**19**	**4**	**0**	**0**	**4**	**0**	**0**	**0**	**0**	**38**	**37**
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	**3**	**9**	**3**	**15**	**4**	**5**	**10**	**19**	**4**	**0**	**0**	**4**	**0**	**0**	**0**	**0**	**38**	**37**
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	1	1	1	0	0	1	0	0	0	0	2	0
DME	1	0	1	2	3	0	1	4	2	0	0	2	0	0	0	0	8	0
Experimental/Investigational	0	0	1	1	0	0	1	1	0	0	0	0	0	0	0	0	2	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Advanced Imaging	2	8	0	10	0	3	4	7	0	0	0	0	0	0	0	0	17	21
Other	0	0	0	0	1	1	1	3	0	0	0	0	0	0	0	0	3	1
Pharmacy/RX Medical Benefit	0	1	1	2	0	0	2	2	1	0	0	1	0	0	0	0	5	6
Surgery	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	9
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	2	2	**5**	1	3	4	**8**	2	0	0	**2**	0	0	0	**0**	15	12
Uphold Rate	**33.3%**	**22.2%**	**66.7%**	**33.3%**	**25.0%**	**60.0%**	**40.0%**	**42.1%**	**50.0%**	**0.0%**	**0.0%**	**50.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**39.5%**	**32.4%**
Overturns - Full	2	7	1	**10**	3	2	5	**10**	2	0	0	**2**	0	0	0	**0**	22	20
Overturn Rate - Full	**66.7%**	**77.8%**	**33.3%**	**66.7%**	**75.0%**	**40.0%**	**50.0%**	**52.6%**	**50.0%**	**0.0%**	**0.0%**	**50.0%**	**0.0%**	**0.0%**	**0.0%**	**0.00%**	**57.9%**	**54.1%**
Overturns - Partials	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	1	0
Overturn Rate - Partial	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**10.0%**	**5.3%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**2.6%**	**10.8%**
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%**	**2.7%**
Membership	48,509	48,509	48,509		48,465	48,499	48,792		49,168									46,762
Appeals - PTMPM	0.06	0.19	0.06	0.10	0.08	0.10	0.20	0.13	0.08	-	-	0.03	-	-	-	0.00	0.07	0.06
Grievances - PTMPM	0.31	0.29	0.27	0.29	0.21	0.62	0.33	0.38	0.20	-	-	0.07	-	-	-	0.00	0.19	0.31

CalViva SPD only - 2024

Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2024 YTD	2023
Expedited Grievances Received	1	3	0	4	0	1	4	5	0	0	0	0	0	0	0	0	9	42
Standard Grievances Received	22	29	29	80	47	72	67	186	59	0	0	59	0	0	0	0	325	564
Total Grievances Received	23	32	29	84	47	73	71	191	59	0	0	59	0	0	0	0	334	606
Grievance Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Grievance Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	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	1	3	0	4	0	1	4	5	0	0	0	0	0	0	0	0	9	42
Expedited Grievance Compliance rate	100.0%	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%	100.00%
Standard Grievances Resolved Noncompliant	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	0
Standard Grievances Resolved Compliant	28	18	30	76	35	67	65	167	72	0	0	72	0	0	0	0	315	550
Standard Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	97.1%	100.0%	100.0%	99.4%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	99.7%	100.0%
Total Grievances Resolved	29	21	30	80	36	68	69	173	72	0	0	72	0	0	0	0	325	592
Grievance Descriptions - Resolved Cases	29	21	30	80	36	68	69	173	72	0	0	72	0	0	0	0	325	592
Access to primary care	0	0	1	1	2	7	5	14	5	0	0	5	0	0	0	0	20	41
Access to specialists	7	6	6	19	0	9	13	22	15	0	0	15	0	0	0	0	56	169
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Behavioral Health	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	0
Other	3	4	3	10	8	2	5	15	7	0	0	7	0	0	0	0	32	142
Out-of-network	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
Physical accessibility	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
QOC Non Access	6	2	2	10	2	5	8	15	7	0	0	7	0	0	0	0	32	60
QOS Non Access	13	9	18	22	24	45	37	106	38	0	0	38	0	0	0	0	166	164
Exempt Grievances Received	9	6	5	20	19	9	21	49	30	0	0	30	0	0	0	0	99	88
Access - Avail of Appt w/ PCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Avail of Appt w/ Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Avail of Appt w/ Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Wait Time - wait too long on telephone	0	0	1	1	0	0	0	0	1	0	0	1	0	0	0	0	2	0
Access - Wait Time - in office for appt	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Panel Disruption	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Access - Shortage of Providers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Geographic/Distance Access Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Geographic/Distance Access PCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Geographic/Distance Access Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Interpreter Service Requested	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Benefit Issue - Specific Benefit needs authorization	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Benefit Issue - Specific Benefit not covered	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Attitude/Service - Health Plan Staff	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	0
Attitude/Service - Provider	1	2	1	4	3	2	2	7	4	0	0	4	0	0	0	0	15	1
Attitude/Service - Office Staff	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Attitude/Service - Vendor	0	0	0	0	5	0	2	7	4	0	0	4	0	0	0	0	11	1
Attitude/Service - Health Plan	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	1
Authorization - Authorization Related	0	0	0	0	0	0	1	1	1	0	0	1	0	0	0	0	2	0
Eligibility Issue - Member not eligible per Health Plan	0	0	0	0	1	1	0	2	0	0	0	0	0	0	0	0	2	0
Eligibility Issue - Member not eligible per Provider	0	0	0	0	2	1	1	4	1	0	0	1	0	0	0	0	5	2
Health Plan Materials - ID Cards-Not Received	0	0	0	0	1	1	4	6	2	0	0	2	0	0	0	0	8	20
Health Plan Materials - ID Cards-Incorrect Information on Card	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Health Plan Materials - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Mental Health Related	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCP Assignment/Transfer - Health Plan Assignment - Change Request	3	2	0	5	4	0	0	4	0	0	0	0	0	0	0	0	9	19
PCP Assignment/Transfer - HCO Assignment - Change Request	1	0	1	2	1	0	7	8	5	0	0	5	0	0	0	0	15	19
PCP Assignment/Transfer - PCP effective date	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCP Assignment/Transfer - PCP Transfer not Processed	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
PCP Assignment/Transfer - Rollout of PPG	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PCP Assignment/Transfer - Mileage Inconvenience	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pharmacy - Authorization Issue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy - Authorization Issue-CalViva Error	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy - Eligibility Issue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy - Quantity Limit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy - Rx Not Covered	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy - Pharmacy-Retail	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation - Access - Provider No Show	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation - Access - Provider Late	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Transportation - Behaviour	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**	5
OTHER - Other	0	0	1	**1**	1	2	0	**3**	5	0	0	**5**	0	0	0	**0**	**9**	1
Claims Complaint - Balance Billing from Provider	4	1	1	**6**	0	1	4	**5**	7	0	0	**7**	0	0	0	**0**	**18**	13

CalViva Health Appeals and Grievances Dashboard 2024 (SPD)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	2023
Expedited Appeals Received	0	0	0	0	1	0	1	2	0	0	0	0	0	0	0	0	2	7
Standard Appeals Received	4	5	5	14	9	11	18	38	14	0	0	14	0	0	0	0	66	68
Total Appeals Received	**4**	**5**	**5**	**14**	**10**	**11**	**19**	**40**	**14**	**0**	**0**	**14**	**0**	**0**	**0**	**0**	**68**	**75**
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%**	**98.7%**
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	1	0	1	2	0	0	0	0	0	0	0	0	2	10
Expedited Appeals Compliance Rate	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**100.0%**	**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	3	0	4	7	7	16	12	35	18	0	0	18	0	0	0	0	60	66
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	**3**	**0**	**4**	**7**	**8**	**16**	**13**	**37**	**18**	**0**	**0**	**18**	**0**	**0**	**0**	**0**	**62**	**76**
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	**3**	**5**	**4**	**12**	**8**	**16**	**13**	**37**	**18**	**0**	**0**	**18**	**0**	**0**	**0**	**0**	**59**	**71**
Continuity of Care	0	0	0	0	0	8	0	8	0	0	0	0	0	0	0	0	8	5
Consultation	0	0	0	0	0	2	3	5	6	0	0	6	0	0	0	0	11	3
DME	1	2	0	3	2	3	2	7	6	0	0	6	0	0	0	0	16	13
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Advanced Imaging	2	1	2	5	3	0	4	7	1	0	0	1	0	0	0	0	13	22
Other	0	1	1	2	0	1	1	2	2	0	0	2	0	0	0	0	6	6
Pharmacy/RX Medical Benefit	0	1	0	1	0	1	0	1	2	0	0	2	0	0	0	0	4	14
Surgery	0	0	1	1	3	1	3	7	1	0	0	1	0	0	0	0	9	13
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
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	2	2	1	5	2	6	6	14	7	0	0	7	0	0	0	0	26	30
Uphold Rate	**66.7%**	**0.0%**	**25.0%**	**71.4%**	**25.0%**	**37.5%**	**46.2%**	**37.8%**	**38.9%**	**0.0%**	**0.0%**	**38.9%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**41.9%**	**39.5%**
Overturns - Full	1	3	2	6	6	9	7	22	10	0	0	10	0	0	0	0	38	44
Overturn Rate - Full	**33.3%**	**0.0%**	**50.0%**	**85.7%**	**75.0%**	**56.3%**	**53.8%**	**59.5%**	**55.6%**	**0.0%**	**0.0%**	**55.6%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**61.3%**	**57.89%**
Overturns - Partials	0	0	0	0	0	1	0	1	1	0	0	1	0	0	0	0	2	2
Overturn Rate - Partial	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**6.3%**	**0.0%**	**2.7%**	**5.6%**	**0.0%**	**0.0%**	**5.6%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**3.2%**	**2.6%**
Withdrawal	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Withdrawal Rate	**0.0%**	**0.0%**	**25.0%**	**14.3%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**1.6%**	**0.0%**
Membership	49,987	49,987	47,341		46,869	46,960	283,020		47,677									49,899
Appeals - PTMPM	0.06	-	0.08	0.00	0.17	0.34	0.05	0.00	0.38	-	-	0.13	-	-	-	0.00	0.03	0.06
Grievances - PTMPM	0.58	0.42	0.63	0.00	0.77	1.45	0.24	0.00	1.51	-	-	0.50	-	-	-	0.00	0.13	0.52

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	Member billing for Par and Nonpar providers.
Continuity of Care - Acute	Quality of service complaint/dispute regarding the continuity of care for acute care, as perceived by the enrollee from a provider.
Continuity of Care - Newborn	Quality of service complaint/dispute regarding the continuity of care for newborn care, as perceived by the enrollee from a provider.
Continuity of Care - Other	Quality of service complaint/dispute regarding the continuity of care for any other care not already categorized, as perceived by the enrollee from a provider.
Continuity of Care - Pregnancy	Quality of service complaint/dispute regarding the continuity of care for pregnancy care, as perceived by the enrollee from a provider.
Continuity of Care - Surgery	Quality of service complaint/dispute regarding the continuity of care for surgery, as perceived by the enrollee from a provider.
Continuity of Care - Terminal Illness	Quality of service complaint/dispute regarding the continuity of care for Terminal Illness, as perceived by the enrollee from a provider.
Interpersonal Grievance	Providers interaction with member
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
Behavioral Health	Denied Mental Health related service due to medical necessity, lack of coverage.
Other	All other denied services due to medical necessity, lack of coverage.

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

Item #8
Attachment 8.D

Medical Management
Key Indicator Report

Healthcare Solutions Reporting

Key Indicator Report

Auth Based Utilization Metrics for CALVIVA California SHP
Report from 7/01/2024 to 7/31/2024
Report created 8/22/2024

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

Exhibits:

Read Me

Main Report CalVIVA

CalVIVA Commission

CalVIVA Fresno

CalVIVA Kings

CalVIVA Madera

Glossary

Contact Information

Sections	Contact Person
Concurrent Inpatient TAT Metric	
TAT Metric	Katherine Marie F. Coy <KATHERINE.F.COY@HEALTHNET.COM>
CCS Metric	Azra S. Aslam <Azra.S.Aslam@healthnet.com>
Case Management Metrics	Kenneth Hartley <KHARTLEY@cahealthwellness.con

Key Indicator Report
Auth Based Utilization Metrics for CALVIVA California SHP
Report from 7/01/2024 to 7/31/2024
Report created 8/22/2024

ER utilization based on Claims data	2023-05	2023-06	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2023-Trend	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	2024-07	2024-Trend	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Qtr Trend	CY-2023	YTD-2024	YTD-Trend
MEMBERSHIP																						**Quarterly Averages**				**Annual Averages**	
Expansion Mbr Months	120,031	121,145	120,818	120,165	119,044	118,421	117,508	116,609		115,570	119,572	119,992	120,073	120,279	120,769	122,044		116,736	120,103	120,009	117,513	118,378	120,374		118,590	119,757	
Adult/Family/O TLIC Mbr Mos	271,856	272,240	271,242	270,065	268,231	266,908	265,208	263,113		262,709	267,059	267,730	267,209	266,454	266,050	266,607		267,795	271,513	269,846	265,076	265,833	266,571		268,558	266,260	
Aged/Disabled Mbr Mos	49,683	49,844	50,020	49,804	49,597	49,395	49,074	48,807		46,270	47,506	47,234	46,940	46,026	46,962	47,175		45,552	49,671	49,807	49,092	47,003	46,643		48,531	46,873	
COUNTS																											
Admits - Count	2,211	2,064	2,167	2,154	1,990	2,011	2,042	2,217		2,236	2,086	2,115	1,969	2,141	2,119	2,172		2,072	2,117	2,104	2,090	2,146	2,076		2,096	2,120	
Expansion	697	655	703	707	634	619	679	695		750	680	658	654	727	723	714		600	665	681	664	696	701		653	701	
Adult/Family/O TLIC	956	887	928	912	876	912	866	943		917	851	931	856	915	890	956		897	908	905	907	900	887		904	902	
Aged/Disabled	558	522	536	535	480	480	497	579		569	555	526	459	499	506	502		575	544	517	519	550	488		539	517	
Admits Acute - Count	1,512	1,360	1,442	1,429	1,294	1,337	1,362	1,494		1,399	1,411	1,391	1,331	1,411	1,378	1,452		1,344	1,356	1,430	1,419	1,438	1,373		1,387	1,396	
Expansion	564	533	582	564	476	498	523	531		546	534	502	513	579	567	570		489	541	541	517	527	553		522	544	
Adult/Family/O TLIC	494	402	420	425	419	437	438	502		449	452	480	443	449	408	461		438	439	421	459	460	433		439	449	
Aged/Disabled	454	425	440	440	399	402	401	461		404	425	409	375	383	403	421		418	439	426	421	413	387		426	403	
Readmit 30 Day - Count	226	225	258	252	214	236	224	249		236	247	233	210	246	258	165		242	229	241	236	239	238		237	228	
Expansion	83	90	119	97	79	89	89	101		93	89	93	85	107	111	71		94	88	98	93	92	101		93	93	
Adult/Family/O TLIC	51	38	33	44	32	38	40	37		36	47	34	47	47	44	25		51	44	36	38	39	46		42	40	
Aged/Disabled	92	97	106	111	103	109	95	111		107	111	106	78	92	103	69		97	97	107	105	108	91		102	95	
**ER Visits - Count	15,830	13,961	13,987	14,179	13,686	13,696	14,072	14,774		13,655	13,607	14,543	14,586	15,387	13,788	7,198		13,291	14,757	13,951	14,181	13,935	14,587		14,045	13,252	
Expansion	4,124	3,789	4,022	4,110	3,648	3,779	3,555	3,793		3,742	3,497	3,775	3,855	4,027	3,870	2,229		3,550	3,899	3,927	3,709	3,671	3,917		3,771	3,571	
Adult/Family/O TLIC	9,644	8,229	7,997	8,005	8,247	8,171	8,652	9,096		8,106	8,248	8,837	8,834	9,399	8,073	4,147		8,156	8,901	8,083	8,640	8,397	8,769		8,445	7,949	
Aged/Disabled	2,062	1,943	1,968	2,064	1,791	1,746	1,865	1,885		1,807	1,862	1,931	1,897	1,961	1,845	822		1,586	1,956	1,941	1,832	1,867	1,901		1,829	1,732	
PER/K																											
Admits Acute - PTMPY	41.1	36.8	39.1	39.0	35.5	36.9	37.9	41.8		39.5	39.0	38.4	36.8	39.1	38.1	40.0		37.5	36.9	39.0	39.4	40.0	38.0		38.2	38.7	
Expansion	56.4	52.8	57.8	56.3	48.0	50.5	53.4	54.6		56.7	53.6	50.2	51.3	57.8	56.3	56.0		50.2	54.1	54.1	52.8	53.5	55.1		52.8	54.6	
Adult/Family/O TLIC	21.8	17.7	18.6	18.9	18.7	19.6	19.8	22.9		20.5	20.3	21.5	19.9	20.2	18.4	20.7		19.6	19.4	18.7	20.8	20.8	19.5		19.6	20.2	
Aged/Disabled	109.7	102.3	105.6	106.0	96.5	97.7	98.1	113.3		104.8	107.4	103.9	95.9	99.9	103.0	107.1		110.0	106.0	102.7	103.0	105.4	99.6		105.3	103.1	
Bed Days Acute - PTMPY	215.7	192.0	209.9	204.9	192.1	202.3	215.2	228.7		216.6	204.8	202.7	196.0	197.9	202.6	182.9		202.9	208.8	202.3	215.3	208.0	198.8		207.3	200.4	
Expansion	315.4	284.7	310.4	333.5	302.2	311.2	320.6	309.0		327.6	308.1	298.8	298.1	291.7	339.4	271.5		298.0	307.8	315.4	313.6	311.3	309.8		308.8	304.9	
Adult/Family/O TLIC	89.3	65.8	73.6	66.1	65.9	71.3	67.8	94.4		78.7	74.0	81.3	71.4	80.0	64.1	69.5		74.2	77.6	68.6	77.7	78.0	71.8		74.5	74.2	
Aged/Disabled	666.6	656.0	706.3	647.4	610.0	649.1	759.5	761.0		721.8	680.3	646.3	643.5	635.1	635.2	594.2		715.7	686.4	654.7	723.0	682.5	638.0		694.4	650.8	
ALOS Acute	5.3	5.2	5.4	5.3	5.4	5.5	5.7	5.5		5.5	5.3	5.3	5.3	5.1	5.3	4.6		5.4	5.7	5.2	5.5	5.2	5.2		5.4	5.2	
Expansion	5.6	5.4	5.4	5.9	6.3	6.2	6.0	5.7		5.8	5.7	6.0	5.8	5.1	6.0	4.8		5.9	5.7	5.8	5.9	5.8	5.6		5.8	5.6	
Adult/Family/O TLIC	4.1	3.7	4.0	3.5	3.5	3.6	3.4	4.1		3.8	3.6	3.8	3.6	4.0	3.5	3.3		3.8	4.0	3.7	3.7	3.8	3.7		3.8	3.7	
Aged/Disabled	6.1	6.4	6.7	6.1	6.3	6.6	7.7	6.7		6.9	6.3	6.2	6.7	6.4	6.2	5.5		6.5	6.5	6.4	7.0	6.5	6.4		6.6	6.3	
Readmit % 30 Day	10.2%	10.9%	11.9%	11.7%	10.8%	11.7%	11.0%	11.2%		10.6%	11.8%	11.0%	10.7%	11.5%	12.2%	7.6%		11.7%	10.8%	11.5%	11.3%	11.1%	11.5%		11.3%	10.7%	
Expansion	11.9%	13.7%	16.9%	13.7%	12.5%	14.4%	13.1%	14.5%		12.4%	13.1%	14.1%	13.0%	14.7%	15.4%	9.9%		15.6%	13.2%	14.4%	14.0%	13.2%	14.4%		14.3%	13.2%	
Adult/Family/O TLIC	5.3%	4.3%	3.6%	4.8%	3.7%	4.2%	4.6%	3.9%		3.9%	5.5%	3.7%	5.5%	5.1%	4.9%	2.6%		5.6%	4.8%	4.0%	4.2%	4.3%	5.2%		4.7%	4.4%	
Aged/Disabled	16.5%	18.6%	19.8%	20.7%	21.5%	22.7%	19.1%	19.2%		18.8%	20.0%	20.2%	17.0%	18.4%	20.4%	13.7%		16.9%	17.8%	20.6%	20.2%	19.6%	18.6%		18.8%	18.4%	
**ER Visits - PTMPY	430.2	378.0	379.7	386.7	375.9	378.1	391.1	413.7		386.0	376.1	401.2	403.1	426.7	381.4	198.2		370.8	401.3	380.8	394.2	387.8	403.7		386.8	367.4	
Expansion	412.3	375.3	399.5	410.4	367.7	382.9	363.0	390.3		388.5	351.0	377.5	385.3	401.8	384.5	219.2		364.9	389.6	392.6	378.8	372.2	390.5		381.6	357.8	
Adult/Family/O TLIC	425.7	362.7	353.8	355.7	369.0	367.4	391.5	414.8		370.3	370.6	396.1	396.7	423.3	364.1	186.7		365.5	393.4	359.4	391.1	379.1	394.7		377.3	358.3	
Aged/Disabled	498.0	467.8	472.1	497.3	433.3	424.2	456.0	463.5		468.6	470.3	490.6	485.0	511.3	471.4	209.1		417.7	472.5	467.6	447.8	476.6	489.1		452.2	443.4	
Services							TAT Compliance Goal: 100%						TAT Compliance Goal: 100%							TAT Compliance Goal: 100%					TAT Compliance Goal: 100%	
Preservice Routine	100.0%	100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	88.0%	100.0%		100.0%	100.0%	100.0%	99.1%	100.0%	94.6%				
Preservice Urgent	98.0%	100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	100.0%		100.0%	100.0%	96.0%	94.0%	98.0%	100.0%	100.0%		100.0%	99.1%	100.0%	99.1%	98.2%	96.9%				
Postservice	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				
Concurrent (inpatient only)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				
Deferrals - Routine	100.0%	100.0%	96.6%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	100.0%		96.9%	100.0%	98.9%	100.0%	100.0%	99.1%				
Deferrals - Urgent	N/A	N/A	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				
Deferrals - Post Service	NA	NA	NA	NA	NA	NA	NA	NA		null	null	null	null	null	null	null		null	null	null	null	null	null				
CCS ID RATE													**CCS ID RATE**									**CCS ID RATE**				**CCS ID RATE**	
CCS %	7.90%	7.90%	7.90%	7.88%	7.83%	7.72%	7.77%	7.70%		7.56%	7.59%	7.63%	8.57%	8.53%	8.47%	8.50%		8.17%	7.91%	7.87%	7.73%	7.59%	8.52%		7.92%	8.12%	
Inpatient Maternity Utilizatin ALL CV Mbrshp													**Inpatient Maternity Utilizatin ALL CV Mbrshp**									**Inpatient Maternity Utilizatin ALL CV Mbrshp**					
Rate Per Thousand													**Rate Per Thousand**									**Rate Per Thousand**					
Births	13.3	13.6	14.4	14.7	13.7	14.0	13.3	14.1		14.6	12.8	13.8	12.6	13.9	14.8	15.3		13.7	13.4	14.3	13.8	13.7	-		13.8		
OB % Days	3.7%	4.2%	4.1%	6.3%	4.6%	5.3%	4.4%	4.3%		1.8%	3.0%	4.5%	5.3%	5.9%	6.3%	11.0%		2.0%	3.5%	5.0%	4.7%	3.1%	-		17.0%		
OB % Admits	21.9%	24.0%	24.3%	24.8%	24.8%	25.1%	23.1%	22.6%		22.0%	21.4%	23.2%	22.6%	23.2%	24.4%	25.3%		22.2%	22.9%	24.6%	23.6%	22.2%	-		30.0%		

Key Indicator Report
Auth Based Utilization Metrics for CALVIVA California SHP
Report from 7/01/2024 to 7/31/2024
Report created 8/22/2024

ER utilization based on Claims data	2023-05	2023-06	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2023-Trend	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	2024-07	2024-Trend	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Qtr Trend	CY- 2023	YTD-2024	YTD-Trend
Perinatal Case Management																											
Total Number Of Referrals	149	149	84	132	167	170	147	133		320	203	163	280	257	63	131		472	598	476	386	686	600		318	1,417	
Pending	0	0	0	0	0	0	0	0		0	0	0	0	0	0	1		0	2	1	21	0	0		3	1	
Ineligible	5	5	3	3	10	9	8	7		10	21	9	10	9	18	17		18	32	10	19	40	37		5	94	
Total Outreached	144	144	81	129	157	161	139	126		310	182	154	270	248	45	113		454	564	465	346	646	563		310	1,322	
Engaged	50	62	64	128	130	146	130	115		226	137	103	145	160	41	100		157	224	183	137	466	346		228	912	
Engagement Rate	35%	43%	79%	99%	83%	91%	94%	91%		73%	75%	67%	54%	65%	91%	88%		35%	40%	39%	40%	72%	61%		74%	69%	
Total Cases Managed	316	331	322	394	476	574	600	599		699	687	603	612	619	505	489		344	432	496	410	937	809		702	1384	
Total Cases Closed	47	70	57	48	58	90	116	127		151	184	136	152	153	119	163		136	154	182	180	471	424		150	1,058	
Cases Remained Open	267	251	261	341	419	478	495	469		547	509	442	439	467	388	318		199	263	263	224	442	388		547	318	
Physical Health Case Management																											
Total Number Of Referrals	239	258	198	220	194	161	114	132		186	275	314	268	343	190	221		799	840	612	407	775	801		2,658	1,797	
Pending	0	1	1	2	0	2	4	19		0	1	0	0	0	3	5		0	1	3	25	1	3		29	9	
Ineligible	56	52	32	37	32	35	16	22		25	23	33	37	79	18	4		194	164	101	73	81	134		532	219	
Total Outreached	183	205	165	181	162	124	94	91		161	251	281	231	264	169	212		605	675	508	309	693	664		2,097	1,569	
Engaged	115	134	116	124	98	81	72	62		78	123	138	119	123	77	102		343	422	338	215	339	319		1,318	760	
Engagement Rate	63%	65%	70%	69%	60%	65%	77%	68%		48%	49%	49%	52%	47%	46%	48%		57%	63%	67%	70%	49%	48%		63%	48%	
Total Screened and Refused/Decline	42	35	26	21	29	12	7	13		36	33	39	29	38	15	25		172	132	76	32	108	82		412	215	
Unable to Reach	26	36	23	36	35	31	15	16		47	95	104	83	103	77	85		90	121	94	62	246	263		367	594	
Total Cases Closed	188	122	128	132	137	107	102	94		118	105	89	76	106	94	108		325	415	397	303	312	276		1,440	696	
Cases Remained Open	406	415	399	384	354	336	302	262		226	252	296	350	376	339	331		399	415	354	262	296	339		262	331	
Total Cases Managed	616	560	547	538	503	441	403	362		360	372	405	435	484	441	450		746	848	769	591	622	615		1723	1038	
Complex Case	82	85	85	79	69	61	60	62		65	59	64	62	65	65	62		61	94	95	84	99	86		161	143	
Non-Complex Case	534	475	462	459	434	380	343	300		295	313	341	419	376	388			685	754	674	507	523	529		1562	895	
Transitional Care Services																											
Total Number Of Referrals	301	283	261	338	228	278	277	130		266	291	147	128	238	431	492		296	750	827	685	704	797		2,558	1,993	
Pending	0	0	0	0	0	0	4	13		0	0	0	0	0	1	29		0	0	0	17	0	1		17	30	
Ineligible	11	6	10	11	7	13	19	18		43	40	14	7	6	13	1		33	26	28	50	97	26		137	124	
Total Outreached	290	277	251	327	221	265	254	99		223	251	133	121	232	417	462		263	724	799	618	607	770		2,404	1,839	
Engaged	275	270	241	322	220	256	217	52		101	164	110	88	146	232	313		216	673	783	525	375	466		2,197	1,154	
Engagement Rate	95%	97%	96%	98%	100%	97%	85%	53%		45%	65%	83%	73%	63%	56%	68%		82%	93%	98%	85%	62%	61%		91%	63%	
Total Screened and Refused/Decline	1	2	6	0	0	6	10	14		31	24	3	9	6	24	35		7	7	6	30	58	39		50	132	
Unable to Reach	14	5	4	5	1	3	27	33		91	63	20	24	80	161	114		40	44	10	63	174	265		157	553	
Total Cases Closed					212	230	191	79		77	64	138	114	87	97	210		195	476	645	500	279	298		1,816	787	
Cases Remained Open	96	73	80	96	69	61	50	12		29	132	107	92	109	233	305		19	73	69	12	107	233		12	305	
Total Cases Managed	339	443	357	452	380	382	310	125		126	204	260	211	245	387	603		265	695	901	654	399	587		2,248	1,180	
Behavioral Health Care Management																											
Total Number Of Referrals	59	61	37	51	40	26	40	38		78	94	73	68	138	81	116		235	166	128	104	245	287		633	648	
Pending	0	0	0	0	0	0	0	0		0	0	0	0	0	1	18		0	0	0	0	0	1		0	19	
Ineligible	4	6	3	4	3	1	5	10		7	5	2	2	5	6	1		21	16	10	16	14	13		63	28	
Total Outreached	55	55	34	47	37	25	35	28		71	89	71	66	133	74	97		214	150	118	88	231	273		570	601	
Engaged	34	46	27	37	36	25	21	12		37	73	52	35	65	52	72		139	108	100	58	162	152		405	386	
Engagement Rate	62%	84%	79%	79%	97%	100%	60%	43%		52.0%	82.0%	73.0%	53.0%	49.0%	70%	74%		65%	72%	85%	66%	70%	56%		71%	64%	
Total Screened and Refused/Decline	6	2	1	2	1	0	1	4		2	2	1	7	10	1	1		6	12	4	5	5	18		27	24	
Unable to Reach	15	7	6	8	0	0	13	12		32	14	18	24	58	21	24		69	30	14	25	64	103		138	191	
Total Cases Closed	48	43	41	46	41	34	26	27		35	27	31	55	60	36	62		154	122	128	87	93	151		491	306	
Cases Remained Open	131	138	126	109	106	95	89	75		64	119	142	121	127	141	145		149	138	106	75	142	141		75	145	
Total Cases Managed	182	180	164	160	149	129	118	104		113	150	176	182	193	184	217		307	264	237	170	237	297		572	461	
Complex Case	16	15	16	16	15	12	15	15		14	11	10	10	15	13	17		13	17	20	18	19	19		32	33	
Non-Complex Case	166	165	148	144	134	117	103	89		99	139	166	172	178	171	200		294	247	217	152	218	278		540	428	

Key Indicator Report
Auth Based Utilization Metrics for CALVIVA California SHP
Report from 7/01/2024 to 7/31/2024
Report created 8/22/2024

ER utilization based on Claims data	2023-05	2023-06	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2023-Trend	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	2024-07	2024-Trend	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Qtr Trend	CY- 2023	YTD-2024	YTD-Trend
	First Year of Life Care Management									First Year of Life Care Management								First Year of Life Care Management							First Year of Life Care Management		
Total Number Of Referrals	1	7	15	19	26	28	18	27		32	29	47	35	29	22	56		0	8	60	73	108	86		141	250	
Pending	0	0	0	0	0	0	0	0		0	0	0	0	0	0	1		0	0	0	0	0	0		0	1	
Ineligible	0	0	0	0	0	0	2	1		1	1	0	0	1	0	0		0	1	0	3	2	1		4	3	
Total Outreached	0	0	0	0	0	28	16	26		31	28	47	35	28	22	55		0	7	60	70	106	85		137	246	
Engaged	0	0	0	0	0	28	16	21		31	28	47	35	28	22	47		0	3	60	65	106	85		128	238	
Engagement Rate	0%	0%	0%	0%	0%	100%	100%	81%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	85.5%		0.0%	43.0%	100.0%	93.0%	100.0%	100.0%		93.0%	97.0%	
Total Screened and Refused/Decline	0	0	0	0	0	0	0	2		0	0	0	0	0	0	3		0	2	0	2	0	0		4	3	
Unable to Reach	0	0	0	0	0	0	0	3		0	0	0	0	0	0	5		0	2	0	3	0	0		5	5	
Total Cases Closed	0	0	0	0	0	8	4	4		2	8	10	9	8	11	11		0	0	3	16	20	28		19	59	
Cases Remained Open	0	0	0	0	0	74	91	108		140	160	196	218	243	254	289		0	3	56	108	196	254		108	289	
Total Cases Managed	0	0	0	0	0	88	95	113		143	169	207	232	250	265	301		0	3	62	125	217	282		128	349	

Item #8
Attachment 8.E

Medical Management
Credentialing Sub-Committee
Quarterly Report Q3-2024

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 19th, 2024
SUBJECT:	CalViva Health Credentialing Sub-Committee Report of Activities in Quarter 3 2024

Purpose of Activity:
This report is to provide the QI/UM Committee and RHA Commission with a summary of the 3rd Quarter 2024 CalViva Health Credentialing Sub-Committee activities.

I. The Credentialing Sub-Committee met on July 18th, 2024. At the July meeting, routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services.

II. Reports covering the first quarter for 2024 were reviewed for delegated entities and second quarter 2024 for Health Net (HN) and HN Behavioral Health (BH). A summary of the first quarter 2024 data is included in Table 1. below.

III. Table 1. Quarter 1 2024 Credentialing/Recredentialing

	Sante	**ChildNet**	**BH**	**HN**	**LaSalle**	**ASH**	**Envolve**	**IMG**	**CVMP**	**Adventist**	**UPN**	**Totals**
Initial credentialing	36	13	79	12	75	0	2	8	53	35	61	**374**
Recredentialing	49	22	42	5	45	1	1	15	72	62	0	**314**
Suspensions	0	0	0	0	0	0	0	0	0	0	0	**0**
Resignations (for quality of care only)	0	0	0	0	0	0	0	0	0	0	0	**0**
Totals	**85**	**35**	**121**	**17**	**120**	**1**	**3**	**23**	**125**	**97**	**61**	**688**

IV. **Credentialing Adverse Actions** report for Q2 for CalViva from Health Net Credentialing Committee was presented. There was one (1) case presented for discussion. The case remains open in pending status, awaiting the Medical Board of California decision.

V. The **Adverse Events Q2 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 one (1) case to the Credentialing Committee in the second quarter of 2024. It was not a behavioral health case.
- There were no (0) reconsiderations or fair hearings during the second quarter of 2024.
- There were no (0) incidents involving appointment availability issues resulting in substantial harm to a member or members in the second quarter of 2024.
- 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 second quarter of 2024.

09/12/2024

VI.   The **Access & Availability Substantial Harm Report Q2 2024** was presented and reviewed. The purpose of this report is to identify incidents of appointment availability resulting in substantial harm to a member or members as defined in Civil Code section 3428(b)(1). Assessments include all received and resolved Quality of Care (QOC) and Potential Quality Issue (PQI) cases identified related to appointment availability and the cases are ranked by severity level.

After a thorough review of all second quarter 2024 PQI/QOC cases, the Credentialing Department identified zero new cases of appointment availability resulting in substantial harm as defined in Civil Code section 3428(b)(1).

VII.   The **2024 Credentialing Oversight Audit Corrective Action Plan.** The Oversight Audit results of the Health Net Community Solutions (HNCS) Credentialing/Re-Credentialing function for January to December 2023 were presented at the May 2024 Credentialing Sub-Committee Meeting. Two (2) issues were identified during the audit that required corrective action:
- Timeliness of attestations in the Recredentialing files for one PPG, and
- Timeliness of Re-Credentialing within thirty-six months for HealthNet.

A corrective action plan was submitted by HealthNet and approved. Re-monitoring will occur with the next annual Oversight Audit.

Item #8
Attachment 8.F

Medical Management
Peer Review Sub-Committee
Quarterly Report Q3-2024

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 19th, 2024
SUBJECT:	CalViva Health Peer Review Sub-Committee Report of Activities in Quarter 3 2024

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 18th, 2024. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 2 2024 were reviewed for approval. There were no significant cases to report.

II. The Q2 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 ten (10) cases identified in Q2 that met the criteria and were reported to the Peer Review Committee.
    - Six (6) cases involved a practitioner, and four (4) cases involved organizational providers (facilities).
    - Of the ten (10) cases, two (2) were tabled, one (1) was tabled with a letter of concern, one (1) was placed on monitoring, two (2) were closed to track and trend with a letter of concern, and four (4) were closed to track and trend.
    - Nine (9) cases were quality of care grievances, one (1) was a potential quality issue, zero (0) were lower-level cases, and zero (0) were track and trend.
    - Three (3) cases involved seniors and persons with disabilities (SPDs).
    - Zero (0) cases involved behavioral health.
- There were no incidents (0) involving appointment availability issues resulting in substantial harm to a member or members in Q2 2024.

09/12/2024

- There was one (1) case identified outside of the ongoing monitoring process this quarter, in which an adverse injury occurred during a procedure by a contracted practitioner. (NCQA CR.5.A.4)
- There were thirty-six (36) 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.

III. **The Access & Availability Substantial Harm Report for Q2 2024** was also presented. The purpose of this report is to identify incidents related to appointment availability resulting in substantial harm to a member or members as defined in Civil Code section 3428(b)(1). Assessments include all received and resolved grievances **Quality of Care (QOC)** and **Potential Quality Issues (PQIs)** related to identified appointment availability issues and they are ranked by severity level.
- Fifteen (15) cases were submitted to the Peer Review Committee in Q2 2024. There was one (1) incident found involving appointment availability issues *without significant harm* to a member. Three (3) cases were determined to be related to significant harm without appointment availability issues. No cases (0) were related to behavioral health issues.
- There were zero (0) incidents involving appointment availability issues resulting in substantial harm to a member or members in Q2 2024.

IV. The **Q2 2024 Peer Count Report** was presented and discussed with the committee. There was a total of fifteen (15) cases reviewed. There were eight (8) cases closed and cleared. No (0) cases were closed/terminated. There were two (2) cases with Corrective Action Plan (CAP) outstanding. There were three (3) cases tabled pending further information and two (2) pending closure for CAP compliance. The Sub-Committee members were in agreement with the recommendations.

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

Item #8
Attachment 8.G

Executive Dashboard

![CalViva Health logo]

Month	2023 July	2023 August	2023 September	2023 October	2023 November	2023 December	2024 January	2024 February	2024 March	2024 April	2024 May	2024 June	2024 July
CVH Members													
Fresno	355,405	353,005	350,061	348,373	346,709	345,319	343,493	347,888	348,065	348,349	347,954	347,975	349,399
Kings	39,611	39,697	39,366	38,824	38,583	38,436	38,232	38,901	38,877	38,831	38,563	38,404	38,370
Madera	48,426	48,375	48,124	47,588	47,150	46,762	46,717	48,656	48,684	48,579	48,666	48,888	49,258
Total	443,442	441,077	437,551	434,785	432,442	430,517	428,442	435,445	435,626	435,759	435,183	435,267	437,027
SPD	50,793	50,616	50,476	50,222	49,987	49,899	47,393	47,212	47,029	46,869	46,763	46,841	47,066
CVH Mrkt Share	67.36%	67.44%	67.46%	67.51%	67.59%	67.65%	67.15%	66.84%	66.83%	66.81%	66.83%	66.85%	66.90%
ABC Members													
Fresno	158,068	156,328	155,030	154,141	152,908	151,942	151,485	155,843	155,594	155,721	155,374	155,027	155,215
Kings	25,976	25,952	25,737	25,319	25,075	24,901	25,311	25,600	25,550	25,522	25,234	25,053	24,915
Madera	30,793	30,642	30,333	29,752	29,339	29,018	28,693	29,862	29,595	29,230	28,949	28,785	28,665
Total	214,837	212,922	211,100	209,212	207,322	205,861	205,489	211,305	210,739	210,473	209,557	208,865	208,795
Kaiser													
Fresno							3,562	3,998	4,627	5,075	5,467	5,931	6,269
Kings							2	54	67	87	98	102	113
Madera							574	673	800	884	918	987	1,054
Total							4,138	4,725	5,494	6,046	6,483	7,020	7,436
Default													
Fresno	55.37%	55.25%	64.51%	55.31%	52.18%	54.90%	48.76%	57.21%	55.65%	57.56%	59.38%		
Kings	63.36%	61.54%	56.71%	63.12%	65.00%	58.18%	62.64%	53.82%	55.67%	56.78%	57.36%		
Madera	56.39%	55.58%	64.21%	55.26%	58.30%	56.41%	55.86%	54.76%	61.60%	65.92%	72.97%		
County Share of Choice as %													
Fresno	69.06%	65.32%	48.06%	66.31%	65.72%	51.27%	66.82%	59.92%	62.71%	62.52%	62.40%		
Kings	60.82%	50.51%	65.47%	66.67%	61.84%	69.21%	65.78%	62.47%	63.07%	65.75%	67.10%		
Madera	64.78%	63.87%	57.35%	63.79%	66.57%	57.79%	69.02%	58.71%	60.62%	65.83%	58.80%		

IT Communications and Systems	**Active Presence of an External Vulnerability within Systems**	NO	Description: A good status indicator is all potential external vulnerabilities scanned and a very low identification of confirmed and/or potential vulnerabilities.
	Active Presence of Viruses within Systems	NO	Description: A specific type of malware (designed to replicate and spread) intended to run and disable computers and/or computer systems without the users knowledge.
	Active Presence of Failed Required Patches within Systems	NO	Description: A good status indicator is all identified and required patches are successfully being installed.
	Active Presence of Malware within Systems	NO	Description: Software that is intended to damage or disable computers and computer systems.
	Active Presence of Failed Backups within Systems	NO	Description: A good status indicator is all identified and required backups are successfully completed.
	Average Security Risk	2	Description: Average security risk for all hosts. 5 = High Severity. 1 = Low Severity
	Business Risk Score	24	Description: Business risk is expressed as a value (0 to 100). Generally, the higher the value the higher the potential for business loss since the service returns a higher value when critical assets are vulnerable.
	Average Age of Workstations	3.6 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 Communication and Systems.		

			Year	2023	2023	2023	2023	2024	2024
			Quarter	Q1	Q2	Q3	Q4	Q1	Q2
Member Call Center CalViva Health Website	(Main) Member Call Center		# of Calls Received	35,660	34,897	34,897	34,875	41,520	36,270
			# of Calls Answered	35,418	34,625	34,595	34,533	41,114	36,104
			Abandonment Level (Goal < 5%)	0.70%	0.80%	0.90%	1.00%	1.00%	0.50%
			Service Level (Goal 80%)	94%	87%	88%	83%	85%	98%
	Behavioral Health Member Call Center		# of Calls Received	813	940	860	1,436	940	864
			# of Calls Answered	808	930	848	1,426	936	859
			Abandonment Level (Goal < 5%)	0.60%	1.10%	1.40%	0.70%	0.40%	0.60%
			Service Level (Goal 80%)	91%	89%	89%	95%	97%	94%
	Transportation Call Center		# of Calls Received	12,407	12,107	12,554	8,239	9,469	13,007
			# of Calls Answered	12,394	12,083	12,466	8,181	9,384	12,942
			Abandonment Level (Goal < 5%)	0.10%	0.00%	0.50%	0.50%	0.60%	0.40%
			Service Level (Goal 80%)	94%	93%	87%	86%	79%	86%
	CalViva Health Website		# of Users	54,000	42,000	40,000	45,000	54,000	53,000
			Top Page	Main Page	Main Page	Main Page	Main Page	Main Page	Main Page
			Top Device	Mobile (60%)	Mobile (60%)	Mobile (61%)	Mobile (61%)	Mobile (61%)	Mobile (61%)
			Session Duration	~ 2 minutes	~ 1 minute	~ 1 minute	~ 1 minute	~ 1 minute	~ 1 minute
Message from the CEO	At present time, there are no significant issues or concerns as it pertains to the Plan's Call Center and Website. Q2 2024 numbers are available.								

	Year	2024	2024	2024	2024	2024	2024	2024
	Month	Jan	Feb	Mar	Apr	May	Jun	Jul
	Hospitals	10	10	10	10	10	10	10
	Clinics	156	156	156	156	157	156	156
	PCP	395	396	396	397	401	406	409
	PCP Extender	380	391	392	421	433	413	413
	Specialist	1461	1468	1468	1471	1477	1485	1531
	Ancillary	258	266	278	279	283	285	302
	Year	2022	2023	2023	2023	2023	2024	2024
	Quarter	Q4	Q1	Q2	Q3	Q4	Q1	Q2
	Behavioral Health	472	507	593	598	592	353	652
	Vision	30	37	104	110	104	108	116
	Urgent Care	11	12	14	14	16	16	16
Provider Network & Engagement Activities	Acupuncture	4	4	4	4	3	3	3
	Year	2022	2022	2023	2023	2023	2023	2024
	Quarter	Q3	Q4	Q1	Q2	Q3	Q4	Q1
	% of PCPs Accepting New Patients - Goal (85%)	92%	97%	97%	97%	98%	96%	94%
	% Of Specialists Accepting New Patients - Goal (85%)	97%	97%	98%	98%	98%	98%	98%
	% Of Behavioral Health Providers Accepting New Patients - Goal (85%)	97%	96%	96%	97%	96%	93%	
	Year	2024	2024	2024	2024	2024	2024	2024
	Month	Jan	Feb	Mar	Apr	May	Jun	Jul
	Providers Interactions by Provider Relations	544	486	434	393	557	594	500
	Reported Issues Handled by Provider Relations	15	9	7	10	11	5	6
	Documented Quality Performance Improvement Action Plans by Provider Relations	19	30	95	29	71	88	93
	Interventions Deployed for PCP Quality Performance Improvement	19	30	95	29	71	88	93
Message From the CEO	At present time, there are no significant issues or concerns as it pertains to the Plan's Provider Network. Please note, there has been a change in how the Plan monitors activities as it pertains to Provider Relations. As a result, new performance areas are being reported to the RHA Commission.							

	Year	2022	2022	2023	2023	2023	2023	2024
	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	95% / 99% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO
	Behavioral Health Claims Timeliness (30 Days / 45 days) **Goal (90% / 95%) - Deficiency Disclosure**	99% / 99% N/A	99% / 99% N/A	94% / 95% N/A	99% / 99% N/A	99% / 99% N/A	99% / 99% N/A	99% / 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	100% / 100% NO	100% / 100% NO	100% / 100% NO
	Vision Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	100% / 100% NO	100% / NA NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO
	Transportation Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO
	PPG 1 Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	96% / 99% NO	99% / 100% NO	99% / 99% NO	100% / 100% NO	87% / 100% NO	76% / 100% NO	1% / 93% NO
	PPG 2 Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	81% / 89% YES	90% / 94% YES	82% / 91% YES	91% / 97% NO	95% / 98% NO	99% / 99% NO	94% / 97% YES
	PPG 3 Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	55% / 89% NO	95% / 100% YES	90% / 100% YES	83% / 98% YES	68% / 92% NO	47% / 89% YES	79% / 93% YES
	PPG 4 Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	98% / 100% NO	100% / 100% NO	99% / 100% NO	99% / 100% NO	99% / 100% NO	99% / 100% NO	99% / 100% NO
	PPG 5 Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	100% / 100% NO	98% / 100% NO	100% / 100% NO	100% / 100% NO	99% / 100% NO	99% / 100% NO	99% / 100% NO
	PPG 6 Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	99% / 100% YES	98% / 100% NO	99% / 100% NO	99% / 100% NO	98% / 100% NO	98% / 99% NO	100% / 100% NO
	PPG 7 Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	99% / 99% NO	99%/100% NO	99%/100% NO	99% / 100% NO	100% / 100% YES	99% / 100% YES	98% / 100% NO
	PPG 8 Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	99% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	64% / 100% NO	95% / 100% NO
	PPG 9 Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**						100% / 100% NO	100% / 100% NO
Message from the CEO	Q2 2024 numbers are not yet available.							

	Year	2022	2022	2023	2023	2023	2023	2024
	Quarter	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Provider Disputes	**Medical Provider Disputes Timeliness (45 days)** **Goal (95%)**	97%	96%	98%	99%	99%	99%	98%
	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%	N/A	100%	100%	100%	100%	100%
	Transportation Provider Dispute Timeliness (45 Days) **Goal (95%)**	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	PPG 1 Provider Dispute Timeliness (45 Days) **Goal (95%)**	100%	100%	100%	100%	78%	98%	89%
	PPG 2 Provider Dispute Timeliness (45 Days) **Goal (95%)**	100%	100%	84%	11%	31%	81%	100%
	PPG 3 Provider Dispute Timeliness (45 Days) **Goal (95%)**	45%	85%	71%	40%	66%	65%	70%
	PPG 4 Provider Dispute Timeliness (45 Days) **Goal (95%)**	100%	100%	99%	41%	55%	90%	97%
	PPG 5 Provider Dispute Timeliness (45 Days) **Goal (95%)**	86%	98%	100%	43%	65%	85%	98%
	PPG 6 Provider Dispute Timeliness (45 Days) **Goal (95%)**	N/A	100%	100%	47%	63%	97%	100%
	PPG 7 Provider Dispute Timeliness (45 Days) **Goal (95%)**	96%	98%	N/A	100%	67%	95%	100%
	PPG 8 Provider Dispute Timeliness (45 Days) **Goal (95%)**	100%	100%	100%	100%	99%	99%	100%
	PPG 9 Provider Dispute Timeliness (45 Days) **Goal (95%)**						N/A	100%
Message from the CEO	Q2 2024 numbers are not yet available.							