Fresno-Kings-Madera
Regional Health Authority

CalViva Health
Commission
Meeting Minutes
September 19, 2024

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

	Commission Members		
✓	**Sara Bosse**, Director, Madera Co. Dept. of Public Health	✓	**David Luchini**, Director, Fresno County Dept. of Public Health
✓	**David Cardona**, M.D., Fresno County At-large Appointee	✓	**Aftab Naz**, M.D., Madera County At-large Appointee
	Aldo De La Torre, Community Medical Center Representative	✓	**Joe Neves**, Vice Chair, Kings County Board of Supervisors
✓	**Joyce Fields-Keene**, Fresno County At-large Appointee	✓	**Lisa Lewis**, Ph.D., Kings County At-large Appointee
✓	**John Frye**, Commission At-large Appointee, Fresno	✓	**Sal Quintero**, Fresno County Board of Supervisor
	Soyla Griffin, Fresno County At-large Appointee	✓	**Rose Mary Rahn**, Director, Kings County Dept. of Public Health
✓	**David Hodge**, M.D., Chair, Fresno County At-large Appointee	✓	**David Rogers**, Madera County Board of Supervisors
	Kerry Hydash, Commission At-large Appointee, Kings County	✓	**Jennifer Armendariz**, Valley Children's Hospital Appointee
		✓	**Paulo Soares**, Commission At-large Appointee, Madera County
	Commission Staff		
✓	**Jeff Nkansah**, Chief Executive Officer (CEO)	✓	**Amy Schneider**, R.N., Senior Director of Medical Management
✓	**Daniel Maychen**, Chief Financial Officer (CFO)	✓	**Cheryl Hurley**, Commission Clerk, Director Office/HR
✓	**Patrick Marabella, M.D.**, Chief Medical Officer (CMO)	✓	**Sia Xiong-Lopez**, Equity Officer
✓	**Mary Lourdes Leone**, Chief Compliance Officer		
	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 1:31 pm. A quorum was present.		
#2 Roll Call	A roll call was taken for the current Commission Members.		*A roll call was taken*

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Cheryl Hurley, Clerk to the Commission			
#3 Consent Agenda • *Commission Minutes dated 7/18/24* • *Finance Committee Minutes dated 5/16/24* • *QI/UM Committee Minutes dated 5/16/24* • *Public Policy Committee Minutes dated 6/5/24* Action D. Hodge, MD, Chair	All consent items were presented and accepted as read.		***Motion**: Consent Agenda was approved.* *14 – 0 – 0 – 3* *(Neves / Soares)*
#4 Public Policy Committee Charter Revision **Information** Courtney Shapiro, Director of Community Relations & Marketing	The revised Public Policy Committee Charter was presented for approval.		***Motion**: Approve revised PPC Charter.* *14 – 0 – 0 – 3* *(Neves / Rahn)*
#5 Closed Session	Jason Epperson, General Counsel, reported out of closed session. The Commission discussed in closed session Item 5.A, specifically Conference Report Involving Trade Secret – Discussion of service, program, or facility, estimated date of public disclosure is July 1, 2025, pursuant to Government Code Section 54954.5. That item was discussed in closed session, general direction was given to staff. There Commission recessed at 1:50 pm and took no other reportable action.		
#6 2024 Quality Improvement, Health Education, and Wellness Work Plan Mid-Year Evaluation • Executive Summary	Dr. Marabella presented the 2024 Quality Improvement, Health Education, and Wellness Work Plan Mid-Year Evaluation. Planned Initiatives and Quality Improvement Focus for 2024 include: • Behavioral Health		***See #7 for Motion***

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• Work Plan Evaluation Action P. Marabella, MD, CMO	• Chronic Conditions • Pharmacy & Related Measures • Member Engagement & Experience • Hospital Quality & Patient Safety • Pediatric/Perinatal/Dental • Preventive Health • Provider Engagement/Communication There was a total of 84 measurable objectives: • 66 objectives completed at mid-year. • 36 out of 66 objectives were met. • 30 out of 66 objectives were not met. • 18 additional objectives scheduled for Q3-Q4 & on track at mid-year. Programs that did not meet their objectives were Behavioral Health, Pediatric/Perinatal/ Dental, Pharmacy, and Provider Engagement/Communication. Ongoing activities continue. There was a total of 123 planned activities for the year: • 31 out of 35 activities were completed. • 4 activities under Chronic Conditions and Provider. Engagement/Communication off-track and not completed. • 88 activities planned for July to December. The 88 activities planned for July to December, and the four (4) activities that are off track are on track for completion by the end of year. Within Access to Care, there are two surveys: 1. Provider Appointment Availability Survey (PAAS): a. PCP Urgent & Non-Urgent exceeded 70% threshold. b. Specialist Urgent & Non-Urgent improved but did not meet the 70% threshold. c. Ancillary non-urgent exceeded the 70% threshold. 2. Provider After Hours Access Survey (PAHAS): a. Appropriate Emergency Instructions exceeded the 90% goal but Contacting On-Call MD did not (85.9%).		

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	Access – Actions to be taken: • All non-compliant providers will receive Corrective Action Plans in August. • 10 Mandatory Provider Training Webinars will be conducted in July to December. Member Satisfaction - Consumer Assessment of Healthcare Providers and Systems – CAHPS Survey conducted by the state in 2024: • The report for this survey will be available in November. • Quarterly Root Cause Analyses of A & G Data is being performed. • Sullivan Luallin Webinar Trainings for Providers will be offered. Reporting Year 2024 HEDIS® Results: All three counties, Fresno, Kings and Madera, fell below the Minimum Performance Level (MPL) in the following areas: • Follow-Up After ED Visit for Mental Health Illness-30 days (FUM) • Follow-Up After ED Visit for Substance Abuse-30 (FUA) Fresno and Kings Counties fell below the MPL in the following areas: • Asthma Medication Ration (AMR). • Childhood Immunizations – Combo 10 (CIS-10). • Lead Screening in Children (LSC). • Well-Child Visits in the First 15 Months of Life- Six or more Well-Child Visits (W30-15); and • Well-Child Visits for age 15 Months to 30 Months – Two or more Well-Child Visits (W30-30) All three counties met, or exceeded, the MPL in the following categories: • Breast Cancer Screening • Cervical Cancer Screening • Chlamydia Screening • Hemoglobin A1c Control for Patients with Diabetes – HbA1c Poor Control • Controlling High Blood Pressure • Prenatal Care • Postpartum Care	*Rose Mary Rahn asked why most of the projects are in Fresno and Madera counties?* *Dr. Marabella responded that current projects address MY2022 data and today we are presenting*	

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	The two Performance Improvement Projects (PIPs) selected by the State are: 1. Clinical - Well Child Visits in First 30 Months of Life in the African American population in Fresno County. Annual Submission 9/11/2024 2. Non-Clinical – Improve Provider Notifications after ED Visit for SUD/MH Fresno & Madera Counties. Annual Submission 09/25/2024 Additional projects include: • IHI Well Child Visit Collaborative • IHI Behavioral Health Collaborative • DHCS Lean Project Madera County (BH Domain) • DHCS Lean Project Kings County (Child Domain) • DHCS Comprehensive Project Fresno County (BH & Child Domain) Health Education ongoing activities and actions include: • Continuing Member Incentive Strategy. • Promote Digital Resources including QR Codes & Links. • Member Services to inform Members of programs and materials that are available. • Review & Update materials following DHCS Guidelines. • Complete ED analysis for 2023 Central California Asthma Collaborative asthma project. • Continue partnership and promotion of BCS & CCS screenings at *Every Woman Counts event.* ▪ Continue promotion of *Kick It California* tobacco cessation program. • Obtain DHCS approval of the Diabetes Prevention Program with new Provider. o Develop & launch two (2) Member Outreach campaigns to promote the new *Diabetes Prevention Program.* o Develop & launch one (1) Provider Outreach campaign to promote the new *Diabetes Prevention Program*	*MY2023 data. Kings County performance declined in MY2023. Kings County is the focus of the Kings County Lean Project to improve Well Child Visits. Additionally, projects mandated by the state are based upon the four (4) domains (Childhood Preventive measures, Behavioral Health, Chronic Conditions, and Reproductive & Cancer measures) and in MY2022 Kings County was non-compliant in only one domain (missed all six (6) Pediatric Preventive measures) so only one project was required. This year (MY2023) Kings County is still non-compliant for the Pediatric Domain and now also the Behavioral Health Domain. Our PIP topics are targeted and were selected by the DHCS.* *Dr. Lewis asked for the non-clinical PIP and the follow-up after ED Visits, is the requirement provider notification or is the*	

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		requirement follow-up behavioral health visit? *Dr. Marabella responded the HEDIS® specification is for a follow-up assessment/visit within seven (7) days with a Provider, which is almost impossible in most settings. The PIP topic was selected by the state and is focused on provider notification, which is the first step in the process, in order for that assessment/visit to occur, a provider must be notified. What was discovered in Kings County is that members seen in the ED for MH/SUD were being seen that same day by a Social Worker (LCSW) conducting an assessment and appropriate referrals, which counts for the HEDIS® hit. The challenge has been to correctly document this encounter which was done correctly in Kings County last year. In Fresno County, at CRMC, they're doing a similar process, but they don't*	

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		know how to account for it. The Plan is trying to teach them how to document it correctly. The HEDIS® specification is the follow-up assessment/visit, but our PIP Project is provider notifications. *Dr. Lewis responded Kings County is dealing with the exact same people in the ED at Adventist. Follow-up appointments are required but also, there is a 40% shortage of mental health Providers in the central valley.* *Dr. Marabella stated the State has already heard about the challenges with this measure from most of the health plan medical directors but the problem with the FUA FUM is the ability to get information from the counties. The problem is not just in the central valley, it's everywhere. The State said, for this year, the Plans won't be penalized*	

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		(sanctioned), but next year we will. *Sara Bosse asked if it's possible to get the survey data on access to care for the different counties to be able to see what the actual percentages are (i.e. provider appointment, and the after-hours access).* *Dr. Marabella indicated that there is a Provider Update.* *Mary Lourdes Leone added that the Provider Update still needs to be reviewed and approved. Once the final data is available, we will finalize and distribute the Provider Update.*	
#7 2024 Utilization Management Care Management Work Plan Mid-Year Evaluation • Executive Summary • Work Plan Evaluation Action P. Marabella, MD, CMO	Dr. Marabella presented the 2024 Utilization Management Care Management Work Plan Mid-Year Evaluation. The Five Area of Focus Activities in 2024 include: • Compliance with Regulatory & Accreditation Requirements. • Monitoring the UM Process. • Monitoring Utilization Metrics. • Monitoring Coordination with Other Programs. • Monitoring Activities for Special Populations.		***Motion**: 2024 QIUM and 2024 UM Work Plan Evaluations* *14 – 0 – 0 – 3* *(Neves / Frye)*

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	Utilization Management processes have remained consistent. Case Management and Disease Management continue to monitor the effectiveness of programs to better serve our members. <u>Compliance with Regulatory & Accreditation Requirements</u> All Compliance Activities on target for Mid-Year. • Separation of Medical Decisions from Fiscal Considerations – Q1 2024 CalViva conducted UMCM Oversight Audit and requested evidence of attestations regarding Affirmative Statement regarding Incentives. 73% Compliance. o CAP issued and resolved in Q2. o A job aid was updated to assign Attestations as an element of annual training. <u>Monitoring the Utilization Management Process</u> All Activities related to Monitoring the UM Process are on Target at the Mid-Year. • All Turn-around Times (TAT) met or exceeded the threshold for action of 95%. • All cases that didn't meet TAT were addressed. <u>Monitoring Utilization Metrics</u> All Monitoring Utilization Metrics are on target at the Mid-Year except 3.3 PPG Profile. • Acute inpatient on target to meet goals for 2% reduction in avg length of stay and readmissions 8-30 days. • 3.3 PPG Profile: o Specialty Access continues to be a challenge: Collaboration with PPG, FQHC, and the Plan o Extension Letter Accuracy: CAP issued o TAT on Denials: CAP issued <u>Monitoring Coordination with Other Programs</u> All Activities related to Monitoring Coordination with other programs are on track. Some Barriers Being Addressed: • Care Management Program – noted fewer than expected member satisfaction surveys. Obtaining member preferred contact method and encouraging completion.		

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	• Behavioral Health Care Management – referrals reduced due to some cases going to Transitional Care Services Team. Outreaching using other sources. <u>Monitoring Activities for Special Populations</u> All Monitoring Activities for Special Populations on target at the Mid-Year. No Barriers Identified.		
#8 Standing Reports • **Finance Reports** Daniel Maychen, CFO	**Finance** <u>Financials as of Fiscal Year End 2024:</u> As of June 30, 2024, total current assets recorded were approximately $480M; total current liabilities were approximately $328.1M. Current ratio is approximately 1.46. Total net equity as of the end of June 2024 was approximately $161.7M, which is approximately 736% above the minimum DMHC required TNE amount. Interest income actual recorded was approximately $8.5M, which is approximately $4.9M more than budgeted due to rates being higher than projected. Premium capitation income actual recorded was approximately $2B which is approximately $316.3M more than budgeted due to MCO taxes that DHCS paid the Plan relating to FY 2023 in FY 2024 which amounted to approximately $125.5M and the remaining increase is due to rates and enrollment being higher than projected. Total cost of Medical Care expense was approximately $1.31B which is approximately $180.6M more than budgeted due to rates and enrollment being higher than projected. Admin service agreement fees expense actual recorded was approximately $57.6M, which is approximately $6.2M more than budgeted due to enrollment being higher than projected. Dues and Subscriptions expense actual recorded was approximately $238K which is $4K more than budged due to trade associations increasing dues as they hire additional staff to be able to better represent the local health plans. All other expense line items are in line or below what was budgeted. MCO taxes actual recorded was approximately $658.3M,		***Motion**: Standing Reports Approved* *14 – 0 – 0 – 3* *(Neves / Rogers)*

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• **Compliance** M.L. Leone, CCO	which is approximately $125.5M more than budgeted due to DHCS paying the Plan MCO taxes related to the prior fiscal year (FY 2023), in FY 2024. Net income for Fiscal Year End 2024 actual recorded was approximately $20.3M, which is approximately $11.5M more than budgeted primarily due to interest income being higher than projected by $4.9M, and rates and enrollment being higher than projected. **Compliance** <u>Compliance Report</u> Year to date there have been 272 Administrative & Operational regulatory filings for 2024; 35 Member Materials filed for approval; 94 Provider Materials reviewed and distributed, and 83 DMHC filings. There have been 20 potential Privacy & Security breach cases reported year to date, with zero being high risk. Since the 7/18/2024 Compliance Regulatory Report to the Commission, there were 3 new MC609 cases filed, with a year to date total of 15. There are 23 cases that remain open and under investigation. The 3 new cases 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. The Annual Oversight Audits currently in progress since last reported include UMCM, Claims/PDR, FWA, Call Center, Health Education, and Privacy & Security. The high number of audits is a result of the NCQA requirement and having everyone on the same cycle. In addition, there was an annual internal Compliance		

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	Audit of staff, Board Members, and Committee members completed with no CAP issued. Audits completed were Marketing, no CAP issued, and Member Rights, no CAP issued. On 9/3/2024 DHCS issued a formal response to the Plan's responses and rebuttals to each of the nine findings for the 2023 Focused Audit for Behavioral Health and Transportation. 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. On 9/12/24, the Plan received the DHCS 2024 Preliminary Audit Report related to the 2024 Medical Audit. 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. And, the Plan did not ensure that all preliminary reports of suspected FWA were reported to DHCS within ten working days. The audit Exit Conference was conducted on 9/16/2024. DHCS has issued its Transitional Rent Concept Paper for public comment in reference to CalAIM. 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. And 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. On 7/24/2024 the Plan received DHCS approval on Phase II Network Readiness deliverables related to executing contracts, in relation to Long Term Care Carve-In Deliverable List – Phase II. In reference to the 2023 Subnetwork Certification (SNC), as required by the DHCS, the Plan continues to follow-up with PPGs on the status of all CAPS the Plan		

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	previously issued for not meeting time and distance standards in their networks. The next quarterly update submission is due by 10/1/2024. In reference to the 2023 Annual Network Certification (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. Regarding the RY 2023 MY 2022, 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. The Plan received NCQA Accreditation on 7/19/24 in compliance with the 2024 DHCS Contract. The Plan has begun to review NCQA Health Equity standards and prepare for the 3/11/2025 Health Equity submission. Three of the twenty-one MOUs have been fully executed and posted to the CalViva Health website. Those include the Fresno County Department of Behavioral Health (DMC-ODS), Fresno Economic Opportunity Commission (EOC), United Center (UHC), and Clinica Sierra Vista (CSV), and Kings County Department of Behavioral Health (Specialty mental Health). The Public Policy Committee meeting was held 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.	*Sara Bosse asked, in reference to the alternate access standards, how many does the plan have?* *Mary Lourdes Leone responded, they are posted to the CVH website and also on the DHCS website. They infrequently change because the DMHC and DHCS have changed their methodology for how they analyze it and how CVH had analyzed it. They have now standardized the population point methodology and things should be in sync. From the ANC that the Plan just submitted there were six.* *Sara Bosse responded that in the change of the analysis, the count went from 44 to 6 which might suggest the analysis is manipulating things to make it look better than it actually is; (i.e. the State changing the*	

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	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.	*methodology; not local Plan)?* *Mary Lourdes Leone responded that was for the 2023 ANC. It's at that point in time. However, now if reanalyzed, which was done, it turns out those Providers that were initially "out of standard" right now are actually within the standard.* *Dr. Lewis stated in reference to the transitional rent issue, the idea of fund Is one thing, which is something DHCS came up with and CBHDA, the Directors Association for specialty mental health has been pushing back on very strongly because the percentage of our MHSA funds that would be used in that is typically encumbered in services so is 30% that is supposed to be used for housing, but we're using it largely for housing right now for things like act teams or similar who we can get somebody into services*	

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		and housed very quickly and we use those funds for that, which is a big challenge and we don't know what is going to happen as far as the fund. The other issue is that the way they have it conceptualized right now is the managed care plans are going to have to expend the funds on the transitional rent prior to the ability for the specialty mental health folks to go in with the BH funding for housing for instance an act team, etc. If the State leaves it that way and it doesn't change it's going to put a tremendous amount of pressure on the managed care plans because they're going to have to act really quickly to expend those funds when somebody needs them so that BH can then come in after them and do what BH normally does. It's a big issue that CBHDA is pushing. *Mary Lourdes replied stated the Plan would get*	

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		the money and it would be separate form the other money the Plan normally receives, like capitation for the medical services, and then there's another entity which is a flex pool that the Plan would have to contract with that would be the central contracting entity that would work with the Providers of the housing and paying them. Then there is the local county departments as well as the nonprofits which there's different funding sources. The answer for how all that will work out is unknown at this time but there is a lot of feedback that has gone back, and this is still out for public comment because it's extremely complex.	
• **Medical Management** P. Marabella, MD, CMO	**Medical Management** <u>Appeals and Grievances Dashboard</u> Dr. Marabella presented the Appeals & Grievances Dashboard through July 31, 2024.		

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	• The total number of grievances through July 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 Administrative, Balanced Billing, and Interpersonal. Transportation – Access has improved.
	• 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). Uphold and overturn rates remain consistent.
	
	<u>Key Indicator Report</u>
	
	Dr. Marabella presented the Key Indicator Report (KIR) through July 31, 2024.
	
	A summary was shared that provided the most recent data for Membership, Admissions, Bed Days, Average Length of Stay, and Readmissions through July 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.
	• 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 July in all four categories.
	• Turn-around time compliance remains at 100%.		

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	Case Management (CM) and engagement rates are up, and all areas have improved. <u>Credentialing Sub-Committee Quarterly Report</u> The Credentialing Sub-Committee met on July 18, 2024. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering the first quarter for 2024 were reviewed for delegated entities and second quarter 2024 for Health Net and HN Behavioral Health. 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. 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 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. 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).		

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	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, 1) Timeliness of attestations in the Recredentialing files for one PPG, and 2) 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. <u>Peer Review Sub-Committee Quarterly Report</u> The Peer Review Sub-Committee met on July 18, 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. 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. 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. There were thirty-six (36) cases identified that required further outreach. Outreach can include but is not limited to an		

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	advisement letter (site, grievance, contract, or allegation), case management referral, or notification to Provider Network Management. 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. 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. Ongoing monitoring and reporting will continue.		
• **Health Equity Report** S. Xiong-Lopez, Equity Officer	**Health Equity Report** <u>Health Disparities Report</u> CalViva Health is committed to supporting the health of our members and reducing health disparities across our membership. Health equity is incorporated throughout our organization, reflecting CalViva Health's commitment to transforming the health of our communities.		

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	Health literacy, cultural competency, language services, health disparity reduction, and social drivers of health are integrated into programs to serve our diverse membership. The Plan designs programs to decrease barriers and increase quality care for our members by focusing on needs at the member, provider, and community levels. Key to the Health Equity model process is obtaining input from stakeholders (members, community, and providers), researching disparity root causes, and developing informed tailored interventions. To understand the population, capturing valid and reliable data is critical to the Health Disparity Improvement process. Data systems and interfaces designed to accurately collect, capture, and code member demographic data are used. Demographic data that includes race, ethnicity, language, sexual orientation, and gender identity and that is accurate and reliable is a priority. In 2021 the Disparities Dashboard was created to identify disparities and HEDIS® quality measurement. An interactive table of HEDIS® measure compliance rates, 95% confidence interval of compliance rates, and national 50% benchmarks, by measures, products, and segments; visualization of compliance rates by measures, products, or segments; and an interactive map of non-complaint members. The Plan's Annual Disparity Analysis consists of all three service counties: Fresno, Kings and Madera. The analysis looks at race, ethnicity, language, and gender. Statistically significant differences are identified by the HEDIS® measures such as: Pediatric Measures; Perinatal Measures; Colorectal Cancer Screening; Chronic Conditions; and Behavioral Health. Two high priority Health Disparity Projects were established from the Annual Analysis: • Through the Disparity Leadership Program (DLP), sponsored by Massachusetts General Hospital, a team engaged in a project to improve HbA1c for members who have not completed a test or are at risk of becoming diabetic.		

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	• The California Department of Health Care Services (DHCS) is requiring CalViva to focus on improving infant well care visits in the Black or African American population for the 2023 to 2026 clinical performance improvement project (PIP). Barriers identified within the Diabetes Project include: • Fresno Census tract analysis identified major food deserts with low-income individuals. • Literature review confirmed that although members understand that diet and exercise contribute to control of their diabetes, they don't understand how to implement that into their lives. An intervention for the Diabetes Project consisted of Cooking Matters where members enroll into a 6-sesssion healthy cooking class. The project provides free resources to access free to low-cost fresh produce delivery. A $50 gift card for members completing 4 of 6 classes. And at the end of each class session each member received a box of food. The evaluation and/or impact of the Diabetes Project was to: • Compare HbA1c levels before and after the class. • 30 members attended at least one (1) class • 21 members attended 4 of 6 classes The lessons learned and future plans for the Diabetes Project consist of: • Separate classrooms into English and Spanish. Both languages and cultures in the same room were difficult. • Ensure culturally tailored menus. • Avoid obtaining HbA1c results in December. May have impacted results. For the Well Child Visit Project focused on black infant health. Barriers identified include: • Lack of Black/AA providers • Transportation • Inability to take time off work		

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	• Communication challenges • Mistrust • Social Determinants of Health - Housing and food insecurity Intervention strategy includes: • Work with Black Infant Health (BIH) to address key barriers through Case Management. • Share list of members non-compliant with WCV, CIS-10 with BIH monthly to outreach to members. • Work with providers to encourage birthing parent engagement with BIH. The evaluation results of the Health Disparities Report are currently pending and expected receipt is September 2024. <u>DEI Survey Findings and Opportunities</u> The purpose of the DEI Survey is to meet the NCQA accreditation requirements, find opportunities and, if necessary, improve areas of diversity, equity, and inclusion amongst Staff, Leadership, Committees, and Governing Bodies. The survey was 100% anonymous. Thirty surveys were sent out to Governance bodies including, but were not limited to, the organization's board of directors, and committee members, who were identified as individuals, internal or external, to the organization appointed for specific functions. Eighteen surveys were sent out to CalViva staff members. Surveys were split into two categories, Leadership-individuals with managerial authority and executive positions, such as manager, director, vice president, or chief officer, and staff. For the Board and Committee members, 18 out of 30 responded and there were no concerns as it relates to DEI, or Bias. The inquiries from that group included: 1. More in depth conversation about transportation accessibility and activities being done to address that.		

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	2. Request for further discussion about member barriers and why they do not meet certain benchmarks as it relates to Medi-Cal and cultural barriers to healthcare. 3. Request for focus on women's health specifically, perimenopause and menopause treatment and preventative care. For Staff and Leadership, 93% of staff/leadership agreed that CalViva does not celebrate/ acknowledge various celebrated cultures such as New Year Celebrations, Dia de Los Muertos, Juneteenth, Awareness months (Pride month, Black History, etc.). 11.1% of staff members 1) did not feel comfortable sharing their opinion; 2) Did not feel comfortable sharing their concerns with their direct supervisor; 3) Did not feel they were encouraged to share their opinion; and 4) Did not feel that there is work life balance. The "wants" of the staff include 1) Team/Interpersonal relationship building inside/outside of work with the possibility if including their families; 2) Learn about their peers' own cultural backgrounds. The ultimate response was that they want it all surrounded by cultural food, potluck style. The action plan for staff as a result of the survey includes the following: • Adjust settings of staff meetings. • Implement Ice Breaker activities to promote conversation and build more interpersonal relationships. • 2X a year HR will poll staff for cultural activities with the purpose of learning about a different culture of the majority choice. (Potluck Style) The action plan for Board/ Committee Members is to further discuss/investigate Perimenopausal and menopause. <u>Equity Update</u> Current equity projects consist of:		

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• **Executive Report** J. Nkansah, CEO	• Mobile Health Clinic and scheduling for accommodating members. • The WIC pilot program: goal is to increase enrollment. • Central Valley Fresno Foundation with the possibility in bringing all DEI personnel together at a round table to discuss equity and what that looks like, not only in health care, but the schools and the community. **Executive Report** Executive Dashboard Enrollment has increased to approximately 437,027. Market share increased in May, June and July. Regarding Information Technology, the Cybersecurity Assessment is scheduled for Calendar Year 2024. The average age of workstations is decreasing as older workstations are being updated. Regarding the Call Center and Website, Q2 2024 numbers are available. All areas met performance and goal. Efforts remain ongoing to allow members a self-service option to gain access to their Member ID Card through the CalViva Health Website. In reference to Provider Network Activities, management is awaiting an update from our Plan Administrator on Behavioral Health Reporting for Network Adequacy and Network Availability. Management is tracking new metrics performed by the Provider Relations Department. Regarding Claims Processing, and Provider Disputes, Q2 2024 numbers are not yet available. As stated during the Compliance presentation, CalViva Health received its NCQA Health Plan Accreditation. CalViva is now up and active on Instagram.		

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	Regarding Community Reinvestment, DHCS released a draft APL for public feedback. Medi-Cal Plans are reviewing the draft APL to assess its impact. Based on the draft, it most likely will have impacts on FKM RHA's Community Supports Program. Updates will be provided as appropriate. Regarding Proposition 35, related to the MCO tax, State Law prohibits public employees from participating in ballot measure campaigns during compensated work hours or from expending public resources for campaign purposes. With that said the Commission was presented that if there is an "ask" from the Board, or they feel strongly that CVH or FKM RHA should take an official position this is the time and place to have that discussion. Commissioner John Frye asked for a summary of Prop 35. If Prop 35 was to pass, it would increase funding to pay for Medi-Cal Health Care Services. It prohibits revenues from being used to replace existing Medi-Cal funding. It would make the MCO tax permanent from a State perspective, even though it needs federal approval every five years.		
#9 Final Comments from Commission Members and Staff	None.		
#10 Announcements	None.		
#11 Public Comment	None.		
#12 Adjourn	The meeting adjourned at 3:21pm. The next Commission meeting is scheduled for October 17, 2024, in Fresno County.		

Submitted this Day: 10.17.24

Submitted by: Cheryl Hurley

Cheryl Hurley
Clerk to the Commission