

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: January 10, 2025
TO: Fresno-Kings-Madera Regional Health Authority Commission
FROM: Cheryl Hurley, Commission Clerk
RE: Commission Meeting Materials

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

**Thursday, January 16, 2025
1:30 pm to 3:30 pm**

Where to attend:

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

AGENDA

Fresno-Kings-Madera Regional Health Authority Commission Meeting

January 16, 2025
1:30pm - 3:30pm

Meeting Locations: 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: <ul style="list-style-type: none">Commission Minutes dated 10/17/24Finance Committee Minutes dated 9/19/24QI/UM Committee Minutes dated 9/19/24PPC Minutes 9/4/24 <p><i>Action: Approve Consent Agenda</i></p>	D. Hodge, MD, Chair
4.		Closed Session: The Board of Directors will go into closed session to discuss the following item(s)	J. Nkansah, CEO
Information	No attachment	A. Conference with Legal Counsel - Existing Litigation, pursuant to Government Code section 54596.9 <ul style="list-style-type: none">a. Fresno County Superior Court Case No. 24CECG02996	
Information	Attachment A	B. Conference Report Involving Trade Secret – Discussion of Service, Program, or facility: <ul style="list-style-type: none">a. Estimated Date of Public Disclosure: July 1, 2025b. Government Code section 54954.5	
Action	Attachment B	C. Conference Report Involving Trade Secret – Discussion of service, program, or facility: <ul style="list-style-type: none">a. Estimated Date of Public Disclosure: January 2028b. Government Code section 54954.5 <p><i>Action: Approve Closed Session item 4.C</i></p>	
5. Information	No attachment	Draft CY 2025 Rates	D. Maychen, CFO

Handout will
be available at meeting

PowerPoint Presentation will be used for item #6

6. Action *No attachment* **Quarterly CAHPS Root Cause Analysis Report** P. Marabella, MD, CMO

Action: Approve the Quarterly CAHPS Root Cause Analysis Report

7. Action

Standing Reports

Finance Report

Attachment 7.A • Financials as of September 30, 2024 D. Maychen, CFO

Compliance

Attachment 7.B • Compliance Report M.L. Leone, CCO

Medical Management

Attachment 7.C • Appeals and Grievances Report P. Marabella, MD, CMO
Attachment 7.D • Key Indicator Report
Attachment 7.E • QIUM Quarterly Report
Attachment 7.F • Credentialing Sub-Committee Quarterly Report
Attachment 7.G • Peer Review Sub-Committee Quarterly Report

Executive Report

Attachment 7.H • Executive Dashboard J. Nkansah, CEO

Action: Accept Standing Reports

8. **Final Comments from Commission Members and Staff**

9. **Announcements**

10. **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.

11. **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 February 20, 2025, in Fresno County
CalViva Health, 7625 N. Palm Ave., Ste. 109, Fresno, CA 93711

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

Item #3

Attachment 3.A

Consent Agenda

- 3.A Commission Minutes 10/17/24
- 3.B Finance Minutes 9/19/24
- 3.C QIUM Minutes 9/19/24
- 3.D PPC Minutes 9/4/24

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
October 17, 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 1:34 pm. A quorum was present.		
#2 Roll Call	A roll call was taken for the current Commission Members.		<i>A roll call was taken</i>

Commission Meeting Minutes

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
Cheryl Hurley, Clerk to the Commission			
<p>#3 Consent Agenda</p> <ul style="list-style-type: none"> • Commission Minutes dated 9/19/24 • Finance Committee Minutes dated 7/18/24 • QI/UM Committee Minutes dated 7/18/24 • Public Policy Committee Minutes dated 6/5/24 • Commission Calendar 2025 • Finance Calendar 2025 • QIUM Committee Calendar 2025 • Credentialing Calendar 2025 • Peer Review Calendar 2025 • PPC Committee Calendar 2025 • Compliance Report <p>Action D. Hodge, MD, Chair</p>	<p>All consent items were presented and accepted as read.</p>		<p>Motion: Consent Agenda was approved.</p> <p>9 – 0 – 0 – 8</p> <p>(Neves / Frye)</p> <p>A roll call was taken</p>
<p>#4 Closed Session</p>	<p>Jason Epperson, General Counsel, reported out of closed session. The Commission discussed in closed session Item 4.A, specifically Conference with Legal Counsel - Existing Litigation, pursuant to Government Code section 54596.9. Fresno County Superior Court Case No. 24CECG02996. A motion was made by Supervisor Neves and seconded by Dr. Lisa Lewis to authorize the CEO and/or the general counsel for CalViva to execute documents necessary regarding the defense and indemnity agreements between CalViva and other parties in the lawsuit to resolve the matter. That motion was adopted unanimously 9-0.</p> <p>There were no other reportable actions and recessed from Closed Session at 1:42 pm.</p>		<p>Motion: Authorize CEO and/or General Counsel to execute necessary documents in Fresno Co Superior Court Case 24CECG02996.</p> <p>9 – 0 – 0 – 8</p> <p>(Neves / Lewis)</p>

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
<p>#5 Financial Audit Report FY 2024 by Moss Adams; R. Suico and E. Garibaldi</p> <p>Action D. Hodge, MD, Chair</p>	<p>Rianne Suico and Eleanor Garibaldi, representatives of Moss Adams, presented the results of the audit. Moss Adams’ audit will result in the issuance of an unmodified opinion on the financial statements, which is the highest audit opinion that could be provided by an external CPA firm. A discussion of general audit procedures performed including confirmation of various account balances were discussed.</p> <p>The required communications and the organization’s accounting policies are in compliance with GAAP. After completing the work, it was found that the financial statements do not need to be adjusted, and no issues were encountered when completing the work.</p>		<p><i>A roll call was taken</i></p> <p>Motion: Approve FY 2024 Financial Audit Report by Moss Adams</p> <p>10 – 0 – 0 – 7</p> <p><i>(Frye / De La Torre)</i></p> <p><i>A roll call was taken</i></p>
<p>#6 2024 Health Equity</p> <p>Action S. Xiong-Lopez, EqO</p>	<p>Sia Xiong-Lopez presented the Health Equity 2024 Work Plan Mid-Year Evaluation report.</p> <p>The Health Equity activities completed during the first six months of 2024 include:</p> <ol style="list-style-type: none"> 1. Language Assistance Services <ol style="list-style-type: none"> a. Completed audit requirements for Behavioral Health and Health Equity Oversight. b. Amended 3 language vendors’ contracts, amendment includes adding tactile and CART service and updating vendors’ rates. c. One hundred and forty-five staff completed their bilingual assessment or were re-assessed. d. Eight translation reviews were completed. e. Completed annual report of the LAP assessment results for the Timely Access Reporting. 2. Compliance Monitoring <ol style="list-style-type: none"> a. Health Equity reviewed 20 grievance cases with no intervention identified and 4 interpreter complaints. b. Completed, presented and received approval for the 2023 End of Year Language Assistant Program, 2023 End of Year Work Plan reports, the 2024 Program Description, and 2024 Work Plan. c. Attended all Public Policy Committee meetings. d. Completed one findhelp training for providers. 		<p>Motion: Approve 2024 Health Equity</p> <p>10 – 0 – 0 – 7</p> <p><i>(Luchini / Neves)</i></p> <p><i>A roll call was taken</i></p>

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<p>e. 871 referrals for CalViva Members were made in findhelp, 147 members got help, and 584 new programs were added to the platform.</p> <p>3. Communication, Training and Education</p> <p>a. Annual coding and resolution of grievance training for new hires and current A&G staff on track to complete in Q3.</p> <p>b. Provider newsletter on track to complete in Q3.</p> <p>c. Provider materials available in provider library, materials include LAP program and findhelp How-to guide.</p> <p>4. Health Literacy, Cultural Competency and Health Equity</p> <p>a. English material review completed for a total of 8 materials.</p> <p>b. Hosted two Readability and EMR Database training.</p> <p>c. National Health Literacy Month on track to complete in Q4.</p> <p>d. Trained providers on LAP and the use of plain language in Q2 with 93 attendees.</p> <p>e. Cultural Competency and Implicit Bias Training for providers and staff are on track to complete in Q3 & Q4.</p> <p>f. Completed key informant interviews and focus group for W30-6+ and MH/SUD PIP projects.</p> <p>New Activities include:</p> <ul style="list-style-type: none"> • Enhancing DEI for CVH through Surveys and practices (Planned to start November 2024). • DEI training for all staff (Cultural Competency, Implicit bias, Historical trauma and how it influences modern medical practices, CVH members and how they are impacted); Planned for November 1,2024. • Community engagement: Network Improvement Committee (NIC). • Assisting Mental Health/Substance Use Disorder Performance Improvement Plan (PIP) working with trusted CBO-Binational. <p>- All activities are on target to be completed by the end of the year with some already completed. The Health Equity Department will continue to implement, monitor, and track C&L related services, and activities. HE Department will complete annual evaluation per QIUM 2024 Matrix to reflect trending of measures, an analysis of the results and initiatives</p>	<p><i>Commissioner De La Torre asked about access to the ER staff for the training.</i></p> <p><i>Sia stated that through Binational, it will be an OnDemand training that is recorded. Currently the Plan is working with Saint Agnes ER staff.</i></p> <p><i>Dr. Marabella added the training is part of the Plan's PIP to increase the</i></p>	

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<p>completed, and include a review of the results with community representatives to obtain feedback on areas of focus and progress made and evaluate the overall effectiveness of the program.</p>	<p><i>follow up for the Plan’s members that go to the ED for a SUD or MH issue and are discharged home. The idea is to provide specific training on appropriate coding and Hispanic cultural competency for the hospital staff, mostly social workers and community health workers, who will be seeing these members after they see the ER doctor. Saint Agnes wants this training to be integrated into their standard training software so that they have the ability to train new hires into the future.</i></p>	
<p>#7 2024 Quality Improvement Health Equity Transformation Program</p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2024 Quality Improvement Health Equity Transformation Program.</p> <p>This Program was created in 2023 to meet requirements for the 2024 DHCS Contract to address the integration of Health Equity into Quality Improvement in Medi-Cal Managed Care Plans. The program provides guidelines on integrating health equity practices throughout the health plan, among providers, and with Members.</p> <p>The Plan’s Health Equity Mission is to 1) improve structural determinants of health equity, by working within and across societal institutions and systems; 2) improve neighborhood-level social determinants of health, by working with and across institutions in defined geographic communities; 3) Improve institutional drivers of health equity, by working within our institution and with providers, and with other</p>	<p><i>Commissioner Soyla Griffin asked if the foundation as to who is trained is based off the population needs analysis? How are the projects chosen?</i></p> <p><i>Dr. Marabella stated that health plans are required to meet the 50th percentile for the eighteen (18) Managed Care Accountability Set (MCAS)</i></p>	<p>Motion: Approve 2024 QI Health Equity Transformation Program</p> <p>10 – 0 – 0 – 7</p> <p>(Naz / Frye)</p> <p>A roll call was taken</p>

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<p>key stakeholders; and 4) improve individual & household-level social needs & networks, by improving access, quality, and value of services for our members.</p> <p>CalViva Health’s Health Equity goals are based on providing support, maintaining compliance, and creating cultural awareness through education and consultation. These goals support the overall goal of promoting cultural responsiveness between Plan staff, members, and contracted providers.</p> <p>The current processes and practices that are already in place include:</p> <ul style="list-style-type: none"> • Quality Improvement Program and Work Plan • Health Equity Program and Work Plan • Performance Improvement Projects (PIPs, Lean Projects and Collaboratives) • Population Needs Assessment <p>The Quality Improvement and Health Equity Transformation Program (QIHETP) further integrates the two programs and utilizes the Health Equity Model to reduce Disparities.</p> <p>Leadership is charged with monitoring the health equity activities, medical management, and quality of care and services provided to members to promote equity through Encounter Data, Grievances and Appeals, Utilization Data, and Satisfaction Surveys (CAHPS) with an emphasis on Member and Family Engagement, Community Engagement, and Reducing Disparities.</p> <p>Updates to the Program for 2024 include:</p> <ul style="list-style-type: none"> • Quality Improvement Activities: revised the eight (8) categories included to assess performance to be consistent with the 2024 QI & Health Ed Work Plan. • Health Equity Model: revised list of demographic elements used in data analysis to reduce disparities to be consistent with NCQA terminology. (Race/ethnicity, language, gender identity, and sexual orientation are analyzed to develop targets for disparity reduction efforts and specific interventions to address the disparities and the barriers associated with that.) • Updated language to indicate that CalViva has obtained NCQA Health Plan Accreditation rather than planning to obtain accreditation. 	<p><i>HEDIS® measures in each county according to the DHCS contract.</i></p> <p><i>Performance Improvement Projects (PIPs) and Lean or Comprehensive projects are assigned by DHCS based on the Plan’s HEDIS® scores. PIPs every three (3) years and Lean/ Comprehensive annually.</i></p> <p><i>Commissioner Griffin asked for the HEDIS® measures, is it a communication throughout the Providers, or just the ones that need to improve?</i></p> <p><i>Dr. Marabella stated every Plan must hit the targets in each county. Every year the State determines what the measures are. Measures are tracked and Providers must submit their encounters and claims data to comply with the HEDIS® measures.</i></p>	

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
<p>#8 Standing Reports</p> <ul style="list-style-type: none"> Finance Reports Daniel Maychen, CFO 	<p>Finance</p> <p><u>Financials as of August 31, 2024</u></p> <p>As of August 31, 2024, total current assets recorded were approximately \$536.1M; total current liabilities were approximately \$381.5M. Current ratio is approximately 1.41. Total net equity as of the end of August 2024 was approximately \$164.4M, which is approximately 748% above the minimum DMHC required TNE amount.</p> <p>For the first two months of fiscal year 2025 interest earned actual recorded was approximately \$1.9M, which is approximately \$863K more than budgeted due to market projection of the first federal rate cut in March and five to six rate cuts in 2024 however, in actuality the first rate cut occurred in September 2024 and the Plan’s money markets mainly consists of T-Bills and those are closely tied to the Federal reserve rate. Premium capitation income actual recorded was approximately \$335.7M which is approximately \$27.2M more than budgeted due to enrollment being higher than projected.</p> <p>Admin service agreement fees expense actual recorded was approximately \$9.6M, which is approximately \$432K more than budgeted due to enrollment being higher than projected. License expense actual recorded was approximately \$249K which is approximately \$11K more than budgeted due to DMHC’s license fee assessment rate was higher than projected which DMHC cited higher labor costs as the reason for the higher license fee. Recruitment expense shows negative \$549 and is due to the timing of a refund related to a job posting.</p> <p>Net income for the first two months of FY 2025 actual recorded was approximately \$2.75M, which is approximately \$1.9M more than budgeted primarily due to interest income being approximately \$863K higher than projected and enrollment being higher than projected.</p>		<p><i>Motion: Standing Reports Approved</i></p> <p><i>10 – 0 – 0 – 7</i></p> <p><i>(Neves / Cardona)</i></p> <p><i>A roll call was taken</i></p>

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
<ul style="list-style-type: none"> Medical Management P. Marabella, MD, CMO 	<p>Medical Management</p> <p><u>Appeals and Grievances Dashboard</u></p> <p>Dr. Marabella presented the Appeals & Grievances Dashboard through August 31, 2024.</p> <ul style="list-style-type: none"> The total number of grievances through August 2024 remains high when compared to previous quarters. 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, and Administrative. Balanced Billing continues to be an issue and is being addressed. The volume of Quality of Care (QOC) cases remains consistent when compared to previous months. The volume of Exempt Grievances has increased. Total Appeals volume has remained consistent with previous months, with the majority being Advanced Imaging, and Other (SNF-Long Term Care related). Uphold and overturn rates remain consistent. 	<p><i>Commissioner De Le Torre asked in reference to the PPG issue, if the doctor leaves the group but is still available through a separate IPA, are members allowed to follow that physician to a new IPA?</i></p> <p><i>Dr. Cardona added that it also has to do with whose patients they are. If it's the PPG, then no, they do not follow the doctor. But if it is an individual contract with the IPA then the patients can move.</i></p> <p><i>Dr. Marabella stated the Plan has discussed this with Health Net and they have tried to educate the members about the changes through notices and inform them of what steps can be taken, as well as informing the Providers of changes and potential issues. However, it is not</i></p>	

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<p><u>Key Indicator Report</u></p> <p>Dr. Marabella presented the Key Indicator Report (KIR) through August 31, 2024.</p> <p>A summary was shared that provided the most recent data for Membership, Admissions, Bed Days, Average Length of Stay, and Readmissions through August 2024.</p> <ul style="list-style-type: none"> • Membership has had a slight increase but overall has leveled off and utilization has remained consistent or increased slightly over the previous months. SPD utilization remains lower. • Acute Admissions, Bed Days, and Acute Length of Stay (all adjusted PTMPY), for TANF, MCE, and SPDs remain consistent with recent months with the following exceptions: <ul style="list-style-type: none"> ○ For Bed Days (adjusted PTMPY), there is a steady decline month over month. ○ Acute Length of Stay (adjusted PTMPY) also shows a decline. • Turn-around time compliance remains at 100% with the exception of Preservice Urgent at 98%. <p>Case Management (CM) engagement rates are up, and all areas have improved.</p> <p><u>QIUM Quarterly Summary Report</u></p> <p>Dr. Marabella provided the QI, UMCM, and Population Health update for Q3 2024. Two meetings were held in Quarter 3, one on July 18, 2024, and one on September 19, 2024.</p> <p>The following guiding documents were approved:</p> <ol style="list-style-type: none"> 1. 2023 Care Management Program Evaluation 2. 2024 QI & Health Education Work Plan Mid-Year Evaluation 3. 2024 UMCM Work Plan Mid-Year Evaluation 4. Health Disparities Analysis and Actions Report 2024 	<p><i>always clear whether these notices have been received.</i></p>	

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<p>In addition, the following general documents were adopted/approved at the meetings:</p> <ol style="list-style-type: none"> 1. Medical Policies 2. Clinical Practice Guidelines 3. Pharmacy Provider Updates 4. Quality Improvement Policies & Procedures Annual Review 5. Prior Authorization Requirements (Aug 2024) <p>The following Oversight Audit Results were presented and accepted at the July meeting:</p> <ol style="list-style-type: none"> 1. 2023 Continuity of Care 2. 2023 Emergency Services <p>A new component of the Population Health Management program, Continuity & Coordination of Medical Care, was presented and discussed. The Purpose & Goals of this Project include the following:</p> <ol style="list-style-type: none"> 1. Facilitate care coordination and communication among providers and the health plan. 2. Evaluate performance results that quantify continuity & coordination of medical care. 3. Identify opportunities to improve continuity and coordination based upon results. <p>Results of monitoring by County were presented for Postpartum Care, Eye Exams for Diabetics, Pharmacotherapy for Opioid Use Disorder, and All Cause Readmissions. CalViva performed well on all measures except Pharmacotherapy for Opioid Use Disorder where all three (3) counties were below the goal. Barriers to successful care coordination were identified and strategies for improvement established. Results will be re-evaluated next year to assess the effectiveness of interventions</p> <p>The following Quality Improvement Reports were reviewed: Appeals and Grievance Dashboard & Quarterly A & G Reports; Potential Quality Issues (PQI) Report, and Lead Screening Quarterly Report. Additional Quality Improvement reports were reviewed as scheduled during Q3.</p>		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<p>The following Access Reports were reviewed: Access Work Group minutes from March 26, 2024, June 13, 2024, and June 27, 2024, and Access Work Group Q3 Summary Report. Other Access-related reporting included specialty Referral Report, Provider Office Wait Time Report, and the Standing Referral Report.</p> <p>The Utilization Management & Case Management reports reviewed were the Key Indicator Report & Concurrent Review Report, the Care Management and CCM Report, and the Enhanced Care Management (ECM) & Community Supports Performance Report for Q1. Additional UMCM reports were reviewed as scheduled during Q3.</p> <p>Pharmacy quarterly reports reviewed were Pharmacy Executive Summary, Operation Metrics, Top 25 Medication Prior Authorization (PA) Requests, and the Pharmacy Interrater Reliability Results (IRR) for Q2.</p> <p>The Q3 HEDIS® Activities were focused on analyzing the results for MY2023 under the Managed Care Accountability Set (MCAS) measures and the minimum performance level (MPL) of 50th percentile.</p> <p>Quality Improvement Activities included two Performance Improvement Projects, the Institute for Healthcare Improvement (IHI) Equity Focused Well-Child Sprint Collaborative, the Lean Equity Improvement Projects, and the Comprehensive Improvement Project.</p> <p>No significant compliance issues have been identified. Oversight and monitoring processes will continue.</p>		

Commission Meeting Minutes

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
		<i>Net and also a FFS relationship.</i>	
#9 Final Comments from Commission Members and Staff	John Frye thanked the Finance Department for their work on the audit.		
#10 Announcements	None.		
#11 Public Comment	None.		
#12 Adjourn	The meeting adjourned at 2:48 pm. The next Commission meeting is scheduled for November 21, 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

September 19, 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		
✓	Supervisor Rogers		
✓	John Frye		
✓	Rose Mary Rahn		
		✓	Present
		*	Arrived late/Left Early
		•	Teleconference

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	Comments	ACTION TAKEN
#1 Call to Order D. Maychen, Chair	The meeting was called to order at 11:31 am, a quorum was present.		
#2 Finance Committee Minutes dated May 16, 2024 Attachment 2.A Action, D. Maychen, Chair	The minutes from the July 18, 2024, Finance meeting were approved as read.		Motion: <i>Minutes were approved</i> 7-0-0-0 (<i>Neves / Rogers</i>)
#3 Financials – as of FY End 2024 Action D. Maychen, Chair	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.		Motion: <i>Financials as of FY End 2024, were approved</i> 7-0-0-0 (<i>Frye / Soares</i>)

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	Comments	ACTION TAKEN
	<p>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.</p> <p>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 budgeted 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, 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.</p> <p>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.</p>		
<p>#4 Proposed 2025 Finance Meeting Calendar</p> <p>Action D. Maychen, Chair</p>	<p>The proposed 2025 Finance meeting calendar was presented to the Committee. No revisions recommended.</p>		<p>Motion: Meeting Calendar for 2025 was approved to move to Commission for final approval 7-0-0-0 (Rogers / Rahn)</p>
<p>#5 Announcements</p>	<p>Moss Adams will be in attendance in October to present the FY End 2024 financials.</p>		
<p>#6 Adjourn</p>	<p>Meeting was adjourned at 11:37 am</p>		

Finance Committee

Submitted by:

Cheryl Hurley
Cheryl Hurley, Clerk to the Commission

Dated:

Oct. 17, 2024

Approved by Committee:

Daniel Maychen
Daniel Maychen, Committee Chairperson

Dated:

10/17/24

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
QI/UM Committee
Meeting Minutes**
September 19th, 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	✓	Mary Lourdes Leone , Chief Compliance Officer
✓	Christian Faulkenberry-Miranda, M.D. , Pediatrics, University of California, San Francisco	✓	Sia Xiong-Lopez , Equity Officer
✓	Ana-Liza Pascual, M.D. , Obstetrics/Gynecology, Central Valley Obstetrics/Gynecology Medical Group	✓	Maria Sanchez , Senior Compliance Manager
✓	Carolina Quezada, M.D. , Internal Medicine/Pediatrics, Family Health Care Network	✓	Patricia Gomez , Senior Compliance Analyst
✓	Joel Ramirez, M.D. , Family Medicine/Sports Medicine, Camarena Health, Madera County	✓	Nicole Foss, RN , Medical Management Services Manager
✓	DeAnna Waugh, Psy.D. , Psychology, Adventist Health, Fresno County	✓	Zaman Jennaty, RN , Medical Management Nurse Analyst
	David Hodge, M.D. , Pediatric Surgery, Fresno County At-large Appointee, Chair of RHA (Alternate)	✓	Norell Naoe , Medical Management Administrative Coordinator
	Guests/Speakers		
	None were in attendance.		

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

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order Patrick Marabella, M.D Chair	The meeting was called to order at 10:33 am. A quorum was present. Dr. Marabella introduced the CalViva staff and members of the QIUM Committee.	
#2 Approve Consent Agenda Committee Minutes: July 18, 2024	The July 18th, 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.	Motion: <i>Approve</i> Consent Agenda (Cardona/Pascual)

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> - QIUM Committee Meeting Calendar 2025 - A&G Classification Audit Report (Q2 2024) - A&G Inter-Rater Reliability Report (Q2 2024) - Quarterly A&G Member Letter Monitoring Report (Q2 2024) - A&G Validation Audit Summary (Q1 2024) - CCC DMHC Expedited Grievance Report (Q2 2024) - Member Incentive Programs – Semi-Annual Report (Q1&Q2 2024) - PA Member Letter Monitoring Report (Q2 2024) - Performance Improvement Project Updates – PIPs - California Children’s Services Report (Q2 2024) - Initial Health Appointment (IHA) Quarterly Audit (Q1 2024) - Concurrent Review IRR Report (Q2 2024) - County Relations Quarterly Update (Q2 2024) - MedZed Report (Q2 2024) - Evolent (NIA) Report (Q2 2024) - Provider Office Wait Time Report (Q2 2024) -ECM & Community Supports 	<p>A link for Medi-Cal Rx Contract Drug List was available for reference.</p>	<p>7-0-0-0</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Performance Report (Q2 2024)</p> <p>(Attachments A-R)</p> <p>Action Patrick Marabella, M.D Chair</p>		
<p>#3 QI Business</p> <ul style="list-style-type: none"> - A&G Dashboard (July 2024) - A&G Executive Summary (Q2 2024) - A&G Quarterly Member Report (Q2 2024) <p>(Attachments S-U)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Appeals & Grievances Dashboard through July 2024 was presented. Dr. Marabella explained the process in which members and providers submit grievances via phone, fax, email, or online, and how each of these grievances is categorized and reported on the dashboard, with supportive narratives in the separate quarterly reports. Monthly Excel files include lists and/or logs identifying each member who submitted a grievance during the reporting period (monthly) with a narrative description of the grievance and including the resolution.</p> <p>A total of five-hundred-ninety-nine (599) grievances were received during the current quarter (Q2 2024), an increase from Q1 2024 which reported four-hundred-forty-eight (448) grievances. We continue to analyze the data to identify trends and opportunities to improve.</p> <p>For Q2 2024, four-hundred-ninety-three (493) grievances were categorized as Quality of Service (QOS). A new process was recently implemented to have a medical director confirm at the time of triage that each quality-of-care grievance has been correctly categorized.</p> <p>The current 2024 QOS grievance count through June 30th is eight-hundred-eighty-four (884). In 2023 there was a total of one-thousand-four-hundred-sixty-eight (1468) cases for the entire year indicating approximately two hundred more cases so far this year.</p> <p>The breakdown of the 2024 YTD grievances is:</p> <ul style="list-style-type: none"> • Administrative two-hundred-four (204) YTD 2024 compared to one-hundred-eighty-six (186) for 2023. • Balanced Billing one-hundred-forty-five (145) YTD 2024, this category was added in 2024, and not previously tracked. Q2 2024 category total ninety (90) an increase from Q1 2024 which was fifty-five (55). Balanced Billing issues may be related to member ID cards that were either not brought to the appointment or not yet received by the member. In other situations, the provider has incorrectly billed the member for the remaining balance after receiving payment from the Plan. Provider Engagement is working with Network Providers to reduce incorrect billing. • Interpersonal grievances have seen increases with ninety-eight (98) YTD 2024 compared to one 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - A&G Dashboard (July 2024) - A&G Executive Summary (Q2 2024) - A&G Quarterly Member Report (Q2 2024) <p>(Quezada/Ramirez) 7-0-0-0</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>hundred twenty-two (122) for all of 2023.</p> <ul style="list-style-type: none"> • Transportation Access has seen a decrease from 2023 counts of one-hundred-seventy-five (175) to sixty-three (63) YTD 2024, since the Plan has been working with the transportation provider to address trends and high-risk transportation-related grievances. <p>The 06/30/2024 QOC grievance count of one-hundred-thirty-seven (137) represents a decrease compared to three-hundred-sixty-one (361) for 2023. However, it is important to note that there has been an increase from Q1 2024 at fifty-two (52) compared to Q2 2024 at eighty-five (85).</p> <ul style="list-style-type: none"> • PCP Care QOC grievances nearly doubled from Q1 2024 at eighteen (18) compared to Q2 2024 at thirty-three (33). <p>Exempt Grievances are a separate category from QOS and QOC and are resolved over the phone within one (1) business day. The volumes for this category increased in Q2 2024 (620):</p> <ul style="list-style-type: none"> • The Attitude/Service Provider category has increased from forty-three (43) in 2023 to eighty (80) in 2024 through Q2. • The “Transportation Provider No Show” category has decreased from sixty-five (65) in 2023 to nineteen (19) in 2024 through Q2. <p><i>Discussion:</i> <i>Dr. Quezada asked how grievances are categorized.</i> <i>Dr. Marabella responded that grievance processing is managed in a software program (Prime) that has a wide variety of potential categories to choose from and based upon keywords (which are verified/updated at least annually) each case is appropriately categorized. To ensure the correct category has been selected, triage staff can consult with a clinical supervisor, we have a quarterly classification audit that is performed real-time, and Inter-rater Reliability studies are also performed quarterly with staff follow-up as indicated. In addition to the initial categorization, Dr. Marabella reviews all appeals and QOC grievances. If a member grieves about more than one issue during a call, such as service versus quality of care, separate grievances are initiated to ensure all issues are addressed.</i></p> <p>Total Appeals Resolved were three-hundred-sixty-one (361) for all of 2023 with one-hundred-seventy-six (176) resolved in 2024 through Q2 [one-hundred thirteen (113) in Q2]. Pre-Service categories for 2024 of note are Consultation eleven (11) (a new category); Advanced Imaging seventy-three (73) with forty-four (44) of those in Q2; and the “Other” category with twenty-one (21) which will need to be evaluated further.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>In reviewing the data, a new trend has emerged for appeals. This trend is associated with providers discontinuing contracted services with the members’ assigned PPG and the attempt by the member to remain with that provider. A letter was sent to members explaining their change in provider care, but a letter may provide additional barriers to care, namely: did the member receive the letter, read it, understand it, and act on any instructions regarding the change?</p> <ul style="list-style-type: none"> • Long Term Care is a new benefit that we’re seeing appeals for the medical necessity of the extended stay. • The ratio of upholds to overturns for Q2 2024 was fifty to forty percent (50% to 40%) respectively. • Turnaround times met compliance criteria. <ul style="list-style-type: none"> • The Appeals & Grievances Executive Summary Q2 and Appeals & Grievances Quarterly Member Report Q2 through June 2024 were presented. Trends were noted as above with the following additional issues identified: <ul style="list-style-type: none"> • There were five (5) exempt grievances related to Mental Health which are now being tracked under Behavioral Health instead of MHN. • In Q2 2024, sixty-seven (67) formal and twenty-four (24) exempt grievances were transportation-related, seventeen (17) were access-related (missed appointment/provider no-show), and fifty (50) were related to behavioral issues (for example, late, general vendor complaints, reimbursement issues). • Care by PCP is the top Quality of Care Grievance type. • Top Quality of Service Grievances continue to be Balanced Billing and Access to Care-Prior Authorization Delays. • Top Access Grievances were Prior Authorization Delay, PCP referral, and availability. • Top Pre-Service Appeals continue to be MRIs and CAT Scans. • The turnaround times for Acknowledgement letters across all categories met the standard at one hundred percent (100%). Except for Standard Grievances at ninety-nine-point eight percent (99.8%), Resolution Letters met all timeliness standards at 100%. • The A&G Inter-rater Reliability audit results for Q2 2024 were slightly lower at ninety-seven percent (97%). 	
#3 QI Business	The Potential Quality Issues (PQI) Report provides a summary of Potential Quality Issues (PQIs)	Motion: <i>Approve</i>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>- Potential Quality Issues (Q2 2024)</p> <p>(Attachment V)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>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 Q2 2024 was reviewed for all case types including the follow-up actions taken when indicated.</p> <ul style="list-style-type: none"> • There was one (1) non-member-generated PQI in Q2 scoring a level III. • Member-generated PQIs decreased based on previous quarters with a total of eighty-four (84) Physical Health cases and one (1) Behavioral Health case. PCP-related cases were reported at forty-nine (49), Specialist related cases were reported at twenty-six (26), and Hospital/ER cases were reported at six (6). The remaining four (4) cases were categorized as Cultural, Behavioral Health, and Skilled Nursing related cases. Outcome scores were reported as sixty-four (64) level zero, thirteen (13) level I, and eight (8) cases scored at level II. • There was a total of fifteen (15) Peer Review generated cases (none were Behavioral Health). Eight (8) cases are closed, and seven (7) cases are open. 	<p>- Potential Quality Issues (Q2 2024)</p> <p>(Ramirez/Cardona) 7-0-0-0</p>
<p>#3 QI Business</p> <p>- Lead Screening Quarterly Report (Q1 2024)</p> <p>(Attachment W)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Lead Screening Quarterly Report (Q1 2024) is a quarterly assessment of Blood Lead Screening in Children compliance to ensure that CalViva members receive blood lead level testing and follow-up when indicated and that parents/caregivers receive anticipatory guidance related to blood lead poisoning prevention from providers.</p> <p>The Q1 2024 report provides CalViva Health’s performance on blood lead level screenings and anticipatory guidance monitoring from Q2 2023 – Q1 2024.</p> <ul style="list-style-type: none"> • In Q1 2024 the overall compliance rate was fifteen-point forty-five percent (15.45%), which is consistent with the Q1 2023 rates. However, this is approximately fourteen percent (14%) lower than Q4 2023. This is felt to be due to the cumulative effect of this measure because age-group assignments reset at the beginning of each calendar year. Therefore, a decline is expected at the start of each calendar year. • In Q1 2024 Anticipatory Guidance Code rates continue to demonstrate low compliance with only slight variation when compared to Q4 2023 rates. Due to this persistent low compliance rate, the QI team met recently to explore potential barriers and solutions. The team will provide additional information and recommendations in the Q2 report. • To date the Plan has provided funding for thirty-three (33) Point of Care (POC) lead analyzers and kits: twenty-eight (28) were for Fresno County and five (5) were for Madera County. Due to the distributor’s back-order of POC lead analyzers some providers experienced a delay in 	<p>Motion: Approve</p> <p>- Lead Screening Quarterly Report (Q1 2024)</p> <p>(Pascual/Ramirez) 7-0-0-0</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>receiving the equipment.</p> <p><i>Discussion:</i></p> <p><i>Dr. Ramirez asked if locations with lead analyzers had increased performance.</i></p> <p><i>Dr. Marabella indicated that yes, sites with analyzers had increased blood tests, but this did not correlate with an increase in anticipatory guidance.</i></p> <p><i>Amy Schneider indicated that the State was consulted when the Plan determined that an electronic way to document the anticipatory guidance was needed and potential codes were identified. It is felt there may be a problem with the recommended codes for anticipatory guidance in combination with a well-child visit code. This will be investigated further.</i></p> <p><i>Dr. Pascual asked who informs the providers on which codes to use and whom they can ask for help.</i></p> <p><i>Amy Schneider indicated that Provider Engagement trains providers on the use of codes and ways to improve on HEDIS® measures, but we’re not seeing effectiveness from that.</i></p> <p><i>Dr. Marabella indicated that due to the lag in the distribution of the POC testing equipment, the training time and learning curve for usage, and getting the proper supplies for the analyzers, we anticipate seeing improvements in rates by Q1 2025. Additionally, if they don’t already have it, providers need to be certified to do waived testing to operate this equipment in their office or clinic. This is what is considered a “waived test”.</i></p> <p><i>Dr. Cardona asked if the analyzers were venous.</i></p> <p><i>Dr. Marabella indicated that they’re capillary testing, a finger or heel stick.</i></p> <p><i>Amy Schneider indicated that supplies for the analyzers are expensive, so some sites stopped using the equipment altogether and prefer to send their patients to a lab which also has compliance issues since many times parents choose not to complete the testing the day of the office visit and then they forget to do it.</i></p> <p><i>Dr. Quezada asked to clarify the documentation of the lead test itself was CPT code 83655, but anticipatory guidance is CPT code 83655 along with code 99401-99404.</i></p> <p><i>Dr. Faulkenberry indicated that, in her experience, the secondary codes (99401-99404) are not being captured.</i></p> <p><i>Dr. Marabella indicated that although Provider Engagement is educating the clinics/providers on coding, the issue may be with the computer systems if they do not capture all the correct codes.</i></p>	
#3 QI Business	The CA Operations Oversight Audit of Call Center Inquiry Calls (Q2 2024) report is conducted to	Motion: Approve

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>- CA Operations Oversight Audit of Call Center Inquiry Calls (Q2 2024)</p> <p>(Attachment X)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>ensure all member expressions of dissatisfaction are properly identified and processed as grievances and ensures the proper handling and/or routing of grievances to the Appeals and Grievances department where the Oversight team will implement a quarterly internal audit. A monthly audit of a randomized sample of ten (10) inquiry call audio files are evaluated against established criteria. If an individual audio file is not auditable or is otherwise unavailable, a replacement file will be selected for the audit. Both English and Spanish calls will be evaluated.</p> <ul style="list-style-type: none"> • During Q2 2024, a total of thirty (30) cases were audited on a monthly basis. All cases were audited and passed except for two (2) that occurred in April 2024, prior to the change in the auditing process that ensured replacement of cases that can't be audited (June). The corrective action plan will not be closed until a full quarter audit of 30 cases is completed with satisfactory results. <p><i>Discussion:</i> <i>Dr. Cardona asked if this was similar to the actions taken to address the misclassification of grievances?</i> <i>Dr. Marabella indicated yes, but that these are grievances being identified during inquiry calls (non-grievance calls) where the previous corrective action related to the appropriate classification of cases identified as grievances.</i></p>	<p>- CA Operations Oversight Audit of Call Center Inquiry Calls (Q2 2024)</p> <p>(Ramirez/Pascual) 7-0-0-0</p>
<p>#4 Key Presentations</p> <p>- RY2024 HEDIS® Results & Quality Improvement Update</p> <p>(Attachment Y)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The RY2024 HEDIS® Results & Quality Improvement Update was presented and reviewed. HEDIS® Measures: The Managed Care Accountability Set (MCAS) is a set of performance measures that DHCS selects for annual reporting by Medi-Cal Managed Care health plans (MCPs). Generally, HEDIS® measures.</p> <ul style="list-style-type: none"> • High Performance levels (HPLs) are used as performance goals and to recognize MCPs for outstanding performance, national Medicaid 90th percentile. • Minimum Performance Levels (MPLs) are set at the national Medicaid 50th percentile. MCPs are contractually required to perform at or above MPLs. DHCS will impose sanctions on MCPs that fail to meet the MPLs. • For RY2024 (MY2023), MCPs were required to meet the MPL on eighteen (18) measures in each county in four (4) Domains: <ul style="list-style-type: none"> ○ Child & Adolescent Preventive Health ○ Reproductive Health & Cancer Prevention ○ Behavioral Health ○ Chronic Diseases 	<p>Motion: Approve</p> <p>- RY2024 HEDIS® Results & Quality Improvement Update</p> <p>(Pascual/ Faulkenberry) 7-0-0-0</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Fresno County did not meet the MPL for RY2024 in the following Measures: CIS-10, FUM, FUA, AMR, TFL-CH, DEV, LSC, W30-6+, and W30-2+. Fresno County did not meet the MPL by the following Domains: Child & Adolescent and Behavioral Health. • Kings County did not meet the MPL for RY2024 in the following Measures: CIS-10, FUM, FUA, AMR, TFL-CH, DEV, IMA-2, LSC, WCV, W30-6+, and W30-2+. Kings County met the HPL for the following Measures: HBD and CBP. Kings County did not meet the MPL by the following Domains: Child & Adolescent and Behavioral Health. • Madera County did not meet the MPL for RY2024 in the following Measures: FUM, and FUA. Madera County met the HPL for the following Measures: CCS, CIS-10, WCV, and W30-2+. Madera County did not meet the MPL with the following Domain: Behavioral Health. • Performance Improvement Projects (PIPs) <ul style="list-style-type: none"> ○ PIP #1: Improve Well Child Visits (WCV) for African American/Black (AA/B) Children 0 to 15 months in Fresno County. <ul style="list-style-type: none"> ▪ Referring all caregivers/mothers of B/AA children to Black Infant Health to encourage and facilitate WCV. ▪ QI Tools and Processes to Identify Interventions Complete ▪ Member Incentive Planned ▪ Initial Analysis and Baseline data submitted to HSAG on September 11, 2024. ○ PIP#2: Improve Follow-up with Provider after ED Visit for Mental Health/Substance Use Disorder (MH/SUD) in Fresno and Madera Counties. <ul style="list-style-type: none"> ▪ Working with Acute Care Hospitals in Fresno County ▪ QI Tools and Processes to Identify Interventions Complete ▪ Two Interventions: <ul style="list-style-type: none"> • Educational Intervention for Hospital staff on Coding of Services for MH/SUD in the ED (SUNs, CHWs, LCSWs, etc.). • Cultural Training (working with Binational) to Improve Treatment Compliance for the Hispanic population. ▪ Initial Analysis and Baseline data due to HSAG on September 25th, 2024. ○ #3: Lean Health Equity Quality Improvement Projects in Kings and Madera Counties. <ul style="list-style-type: none"> ▪ Madera County (Behavioral Health Domain) Focusing on the Hispanic population to improve follow-up care after ED Visits for MH/SUD. ▪ Kings County (Childhood Domain) Develop and share data reconciliation policy and 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>tools to close care gaps. Focus on the Hispanic population to address the identified disparity in Kings County.</p> <ul style="list-style-type: none"> ▪ DHCS Submissions due 9/30/24. ○ #4: Comprehensive Health Equity Quality Improvement Project in Fresno County. <ul style="list-style-type: none"> ▪ Increase member access to evidence-based health education resources on well-child visits, screenings, and immunizations through provider offices using QR codes. ▪ 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. ▪ DHCS Submission is due on 10/18/24. ○ #5: Institute for Healthcare Improvement (IHI) Collaborative Project to Improve Well Child Visits for Hispanic Children zero to fifteen (0-15) months in Fresno County. <ul style="list-style-type: none"> ▪ Working with Clinica Sierra Vista Elm Street clinics ▪ Five Interventions are scheduled from April 2024 to March 2025: <ol style="list-style-type: none"> 1. Equity & Transparent, Stratified and Actionable Data 2. Understanding the Provider and Patient/Caregiver Experience 3. Reliable & Equitable Scheduling Process* (*Currently in progress) 4. Asset Mapping and Community Partnerships 5. Partnering for Effective Education and Communication <p>Additional Improvement Activities:</p> <ul style="list-style-type: none"> • Kings County – Developmental Screening Tool implemented and monitoring shows improvement. • FQHCs in Fresno and Kings Counties holding special events with member incentives for Well-Care Visits and Other Preventive Care. • Received approval from HSAG to count Well Baby visits completed at the hospital as the first Well-Child Visit. 	
<p>#4 Key Presentations - Quality Improvement and Health Education Work Plan Mid-Year Evaluation and</p>	<p>The Quality Improvement and Health Education Work Plan Mid-Year Evaluation 2024 and Executive Summary was presented and reviewed by the Committee. Planned Initiatives and Eight (8) Areas of QI Focus for 2024 include:</p> <ul style="list-style-type: none"> • Behavioral Health, Chronic Conditions, Pharmacy and Related Measures, Member Engagement 	<p>Motion: Approve - Quality Improvement and Health Education</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Executive Summary 2024 (Attachment Z) Action Patrick Marabella, M.D Chair</p>	<p>and Experience, Hospital Quality and Patient Safety, Pediatric/Perinatal/Dental, Preventive Health, and Provider Engagement/Communication.</p> <p>Eighty-four (84) Measurable Objectives: (Programs that did not meet their objectives were Behavioral Health, Pediatric/Perinatal/ Dental, Pharmacy, and Provider Engagement/Communication. Ongoing activities continue.)</p> <ul style="list-style-type: none"> • Sixty-six (66) objectives completed at mid-year • Thirty-six of sixty-six (36/66) objectives were met • Thirty of sixty-six (30/66) objectives were not met • Eighteen (18) additional objectives scheduled for Q3-Q4 2024 and on track at mid-year <p>One hundred twenty-three (123) Total Activities planned for the year:</p> <ul style="list-style-type: none"> • Thirty-one of thirty-five (31/35) activities completed • Four (4) activities under Chronic Conditions and Provider Engagement/Communication off-track and not completed. • Eighty-eight (88) activities plus four (4) off-track are planned for July to December and are on track for completion by the end of the year. <p>QIHed Mid-Year Performance Progress (refer to Table 1. In the PowerPoint presentation):</p> <ul style="list-style-type: none"> • Behavioral Health, Hospital Quality/Patient Safety, Pediatric/Perinatal/Dental, and Provider Communication/Engagement have not yet met their objectives, but have year-end activities planned. <p>QIHed Mid-Year Work Plan Activities (refer to Table 2. In the PowerPoint presentation):</p> <ul style="list-style-type: none"> • Behavioral Health, Chronic Conditions, Pediatric/Perinatal/Dental, and Preventative Health have multiple year-end activities planned. <p>Access, Availability, and Service:</p> <p>Access to Care:</p> <ul style="list-style-type: none"> ○ Provider Appointment Availability Survey – PAAS <ul style="list-style-type: none"> ▪ PCP Urgent and Non-Urgent exceeded the seventy percent (70%) threshold. ▪ Specialist Urgent & Non-Urgent improved but did not meet the seventy percent (70%) threshold. ▪ Ancillary non-urgent exceeded the seventy percent (70%) threshold. ○ Provider After Hours Access Survey – PAHAS <ul style="list-style-type: none"> ▪ Appropriate Emergency Instructions exceeded ninety percent (90%) but Contact On-Call MD did not at eighty-five-point nine percent (85.9%). 	<p>Work Plan Mid-Year Evaluation and Executive Summary 2024</p> <p>(Ramirez/Cardona) 7-0-0-0</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Access Actions:</p> <ul style="list-style-type: none"> ○ All non-compliant providers will receive Corrective Action Plans in August. ○ Ten (10) Mandatory Provider Training Webinars from July to December. <p>Member Satisfaction: Consumer Assessment of Healthcare Providers and Systems – CAHPS Survey conducted by the state in 2024.</p> <ul style="list-style-type: none"> ○ Report in November ○ Quarterly Root Cause Analysis of A and G Data ○ Sullivan Luallin Webinar Trainings for Providers <p>RY2024 HEDIS® Results (Refer to the chart on page nine (9) of the PowerPoint):</p> <ul style="list-style-type: none"> ● Fresno County did not meet the Minimum Performance Level (MPL) for RY24 in the following measures: AMR, CIS-10, FUM, FUA, LSC, W30-15, and W30-30. ● Kings County did not meet the MPL for RY24 in the following measures: AMR, CIS-10, FUM, FUA, IMA, LSC, WCV, W30-15, and W30-30 but met the High-Performance Level (HPL) for CDC>9%, CBP, PPC-Pre. ● Madera County did not meet the MPL for RY24 in the following measures: FUM, and FUA, but met the HPL for CCS, CIS-10, WCV, and W30-30. <p>Performance Improvement Projects (PIPs and Other Projects) All On Track - Two PIPs:</p> <ul style="list-style-type: none"> ● Clinical - Well Child Visits in First Thirty (30) Months of Life Fresno County. Annual Submission 9/11/2024 ● Non-Clinical – Improve Provider Notifications after ED Visit for SUD/MH Fresno and Madera Counties. Annual Submission 09/25/2024 <p>Other Projects:</p> <ul style="list-style-type: none"> ● 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 and Child Domain) <p>Health Education Activities and Actions (July to December 2024):</p> <ul style="list-style-type: none"> ● Continuing Member incentive strategy. ● Promote Digital Resources including QR Codes and Links. ● Member Services to inform Members of Health Education programs and materials that are 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>available.</p> <ul style="list-style-type: none"> • Review and Update materials following DHCS Guidelines. • Complete ED analysis for the 2023 Central California Asthma Collaborative asthma project. • Continue partnership and promotion of BCS and CCS screenings at <i>Every Woman Counts</i>. • Continue promotion of the Kick It California tobacco cessation program. • Obtain DHCS approval for the Diabetes Prevention Program with the new Provider. <ul style="list-style-type: none"> ○ Develop and launch two (2) Member Outreach campaigns to promote the new Diabetes Prevention Program. ○ Develop and launch one (1) Provider Outreach campaign to promote the new Diabetes Prevention Program. <p>There were no questions or comments from committee members.</p>	
<p>#4 Key Presentations - Utilization Management/Care Management Work Plan Mid-Year Evaluation & Executive Summary 2024 (Attachment AA) Action Patrick Marabella, M.D Chair</p>	<p>The Utilization Management/Care Management Work Plan Mid-Year Evaluation 2024 & Executive Summary was presented and reviewed by the Committee. Utilization Management processes have remained consistent. Case Management & Disease Management continue to monitor the effectiveness of programs to better serve our members. Activities in 2024 Focus on Five Areas:</p> <ol style="list-style-type: none"> 1. Compliance with Regulatory and Accreditation Requirements <ul style="list-style-type: none"> ○ All Compliance Activities are on target for the Mid-Year. ○ Separation of Medical Decisions from Fiscal Considerations – Q1 2024 CalViva conducted an UMCM Oversight Audit and requested evidence of attestations for Affirmative Statement regarding Incentives. Seventy-three percent (73%) Compliance. <ul style="list-style-type: none"> ▪ CAP issued and resolved in Q2. ▪ A job aid was updated to assign Attestations as an element of annual training. 2. Monitoring the UM Process <ul style="list-style-type: none"> ○ 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 ninety-five percent (95%). <ul style="list-style-type: none"> ▪ Pre-Service Routine, Pre-Service Routine with Extension/Deferral, and Pre-Service Expedited met or exceeded the threshold for action of ninety-five to one hundred percent (95% - 100%) for Q1 and Q2 2024. ▪ Pre-Service Expedited with Extension/Deferral, Post Service, and Concurrent exceeded the threshold for action at 100% for Q1 and Q2 2024. 	<p>Motion: Approve - Utilization Management/Care Management Work Plan Mid-Year Evaluation & Executive Summary 2024 (Ramirez/Cardona) 7-0-0-0</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ All cases that didn't meet TAT were addressed. 3. Monitoring Utilization Metrics <ul style="list-style-type: none"> ○ All Monitoring Utilization Metrics are on target at the Mid-Year except 3.3 PPG Profile. ○ Acute inpatient on target to meet goals for a two percent (2%) reduction in average length of stay and readmissions eight to thirty (8-30) days. ○ The following metrics all demonstrated improvement when Jan to Jun 2024 was compared to 2023, except Acute Admits which remained essentially unchanged.: <ul style="list-style-type: none"> ▪ Bed Day PTMPY (-4%) ▪ Admits PTMPY (0.3%) ▪ ALOS (-3.7%) ▪ Readmit Thirty (30) Day (-8.8%) ▪ Readmit Eight to Thirty (8-30) Day (-9.54%) ○ 3.3 PPG Profile Too Soon To Tell <ul style="list-style-type: none"> ▪ Specialty Access continues to be a challenge. (Action: Collaboration with PPG, FQHC & the Plan) ▪ Extension Letter Accuracy (Action: CAP Issued) ▪ TAT on Denials (Action: CAP Issued) 4. Monitoring Coordination with Other Programs <ul style="list-style-type: none"> ○ All Activities related to Monitoring Coordination with other programs are on track. <ul style="list-style-type: none"> ▪ Some Barriers Being Addressed: <ul style="list-style-type: none"> ○ Care Management Program – noted fewer than expected member satisfaction surveys. Obtaining member-preferred contact methods and encouraging completion. ○ Behavioral Health Care Management – referrals reduced due to some cases going to the Transitional Care Services Team. Outreaching using other sources. 5. Monitoring Activities for Special Populations <ul style="list-style-type: none"> ○ All Monitoring Activities for Special Populations on target at the Mid-Year. No Barriers Identified. ○ 2024 California Children's Services (CCS) Monthly Identification Rates averaged between 7.56% to 8.57% for Fresno, Kings, and Madera Counties from Jan-Jun 2024. The goal is to identify at least five percent (5%) of the total population. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#5 UM/CM/PHM Business</p> <ul style="list-style-type: none"> - Key Indicator Report (July 2024) - UM Concurrent Review Report (Q2 2024) - Care Management & CCM Report (Q2 2024) - Medical Policies (June & July 2024) - Prior Authorization Requirements (August 2024) <p>(Attachments BB - FF)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>There were no questions or comments from committee members.</p> <p>The Key Indicator Report through July 2024 was presented.</p> <ul style="list-style-type: none"> • Overall, Membership levels have fluctuated but are now leveling off. • 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: <ul style="list-style-type: none"> ○ For Bed Days (adjusted PTMPY), SPDs show steady decline month over month. ○ Acute Length of Stay (adjusted PTMPY) decreased in July in all four categories. • Turnaround times are back up to one hundred percent (100%). • The CCS ID rate for July is eight-point-five percent (8.5%) • Perinatal Case Management referrals have fluctuated but have rebounded with an eighty-eight percent (88%) engagement rate. • Physical Health Case Management referrals follow a similar pattern to Perinatal. • Transitional Care Services' (TCS) engagement rate is back up to sixty-eight (68%). Referral numbers have steadily increased from the beginning of the year to almost five-hundred (500) for July. TCS receives all the Care Management cases initially and then refers to the different departments accordingly. <p>The Utilization Management Concurrent Review Report presents inpatient data and clinical concurrent review activities such as authorization for inpatient admissions, discharge planning, and medical appropriateness during Q2 2024.</p> <ul style="list-style-type: none"> • Overall Admit volume decreased, but MCE Admits increased by four percent (4%). Bed Days decreased for all three populations, most significantly for SPD (down nine percent (9%), Q1 to Q2). • Q2 2024 Inpatient ALOS was lower than the 2023 average and Annual Goal for all three populations. • Q2 2024 Readmissions are lower than the 2023 average. • Recuperative care and medically tailored meal utilization have both increased. • All members with community support authorizations receive an ECM referral. • Discharged members from the hospital, who were not reached by Non-Clinical TCS and not 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Key Indicator Report (July 2024) - UM Concurrent Review Report (Q2 2024) - Care Management & CCM Report (Q2 2024) - Medical Policies (June & July 2024) - Prior Authorization Requirements (August 2024) <p>(Ramirez/Quezada) 7-0-0-0</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>active in CM are referred by CCRN to Transitional Care Services.</p> <ul style="list-style-type: none"> • The Senior Resource Specialist connects members to TeleHealthDocs when they are unable to obtain a follow-up appointment with their primary care physician within seven (7) days of discharge. <p>The Care Management and CCM Report for Q2 2024 was presented to provide an overview of Physical Health Care Management (PH CM), Transitional Care Services (TCS), Behavioral Health Care Management (BH CM), Perinatal (PCM), and First Year of Life activities. This includes referral volume, member engagement, and an evaluation of Program effectiveness.</p> <ul style="list-style-type: none"> • In general, Care Management activity has been very positive with referral volume increasing in Physical Health, Behavioral Health, and TCS. • PCP visits within thirty (30) days of referral increased from Q4 2023 to Q1 2024. • When a member is in care management, readmission rates, ED visits, and costs decrease while positive outcomes increase. ED claims per one-thousand (1,000) members per year decreased by five-hundred-four (504) (twenty percent (20%) for Q1). • Perinatal Outcomes demonstrated increases in compliance rates for prenatal and postpartum visits and decreased pre-term deliveries for high-risk members. • Twenty-two (22) members completed a Member Satisfaction Survey, with ninety-one percent (91%) being satisfied with the Care Management program. • There were no (0) member complaints regarding CM in Q2. <p>The Medical Policies (June and July) were presented to the committee. Dr. Marabella recommended that committee members review the new Medical Policies and updates for their awareness, especially those specific to each practitioner’s specialty, and provide any comments or feedback. 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. Updated policies for June and July 2024 include but are not limited to:</p> <ul style="list-style-type: none"> • CP.MP.114 – Disc Decompression Procedures – Percutaneous and Laser • CP.MP.107 – Durable Medical Equipment and Orthotics and Prosthetics Guidelines • CP.MP.184 – Home Ventilators • CP.MP.58 – Intestinal and Mult visceral Transplant 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • CP.MP.91 – Obstetrical Home Health Programs • CP.MP.120 – Pediatric Liver Transplant • CP.MP.126 – Sacroiliac Joint Fusion • CP.MP.117 – Spinal Cord, Peripheral Nerve and Percutaneous Electrical Nerve Stimulation • CP.MP. 93 – Bone Anchored Hearing Aids (BAHA) • CP.MP.171 – Facet Joint Interventions • CP.MP. 129 – Fetal Surgery in Utero for Prenatally Diagnosed Malformations • CP.MP. 54 – Hospice Services • CP.MP. 48 - Neuromuscular Electrical Stimulation • CP.MP. 51 – Reduction Mammoplasty and Gynecomastia Surgery <p>The Prior Authorization (PA) Requirements were presented and reviewed by the Committee. Services, procedures, and equipment are subject to PA requirements as indicated (the complete list of PA requirements can be referenced in the attachment.)</p> <p>Key updates for this publication include:</p> <ul style="list-style-type: none"> • Acupuncture must go through American Specialty Health Plans, Inc. (ASH Plans). • Palliative Care has been added. • Intravenous IV Iron and Hypertension drugs are listed. • A list of Community Supports (refer to the “CalAIM Resources for Providers” page on the HN portal www.healthnet.com for more detail) has been added. 	
<p>#6 Pharmacy Business</p> <ul style="list-style-type: none"> - Pharmacy Executive Summary (Q2 2024) - Pharmacy Operations Metrics (Q2 2024) - Pharmacy Top 25 Prior Authorizations (Q2 2024) - Quality Assurance Reliability Results (IRR) for Pharmacy (Q2 2024) - Pharmacy Provider Updates 	<p>The Pharmacy Executive Summary Q2 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.</p> <ul style="list-style-type: none"> • Pharmacy Operations Metrics <ul style="list-style-type: none"> ○ Pharmacy Prior Authorization (PA) metrics were within five percent (5%) of the standard for Q2 2024. ○ Overall, TAT for Q2 was ninety-eight-point four percent (98.4%.) PA TAT remained the same as Q1 2024. ○ PA volume was slightly lower in Q2 compared to Q1 and there were some drug-specific differences. May had a higher volume compared to all other months in Q2 2024. 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Pharmacy Executive Summary (Q2 2024) - Pharmacy Operations Metrics (Q2 2024) - Pharmacy Top 25 Prior Authorizations (Q2 2024) - Quality Assurance Reliability Results

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>(Q2, July 2024)</p> <p>(Attachments GG-KK)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Pharmacy Operations Metrics Q2 2024 provides key indicators measuring the performance of the PA Department in service to CalViva Health members. The turnaround time (TAT) expectation is one hundred percent (100%) with a threshold for action of ninety-five percent (95%).</p> <ul style="list-style-type: none"> • In-patient Pharmacy prior authorization (PA) averaged around two hundred (200). • Approval rates are in the mid-sixties (60's) and denial rates are in the mid-thirties to forties (30's to 40's). • The average Turnaround time met the standard with ninety-eight-point four percent (98.4%). <p>The Pharmacy Top 25 Prior Authorizations Q2 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 fifteenth to twenty-fifth (15th to 25th).</p> <ul style="list-style-type: none"> • IV Iron, Pegfilgrastim, and testosterone requests continue to be high in Q2 similar to Q1. • Botulinum toxin increased in April for migraine use. • The top drugs denied are IV Iron and Pegfilgrastim. IV Iron requests for non-preferred agents were higher than expected in Q2 2024 in light of the criteria changes in April, however, the total number is lower than in Q1 2024 and decreased each month from May to July. <p><i>Discussion:</i> <i>Dr. Cardona asked if these drugs are managed by the state through Medi-Cal Rx?</i> <i>Dr. Marabella answered that they are not part of the Medi-Cal Rx, they are considered part of the medical benefits under utilization management and are therefore the responsibility of the Plan.</i></p> <p>The Quality Assurance Reliability Results (IRR) for Pharmacy (Q2) 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%).</p> <ul style="list-style-type: none"> • Ninety percent (90%) threshold met. Ninety-five percent (95%) goal was not met; the overall score was ninety-five- percent (95.83%). 	<p>(IRR) for Pharmacy (Q2 2024)</p> <p>- Pharmacy Provider Updates (Q2, July 2024)</p> <p>(Cardona/ Faulkenberry) 7-0-0-0</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • No (0) cases missed TAT. • In three (3) cases the criteria used were not applied or documented appropriately after Plan review. • One (1) case had letter language that could have been clearer to the member and/or MD after Plan review. • One (1) case was determined to have a questionable denial or approval after Plan review. Results were shared with the PA Managers for review and feedback to the reviewers. <p>The Pharmacy Provider Updates (Q2, July) were presented. Please refer to the attachments for the complete lists of PA changes for Medi-Cal fee-for-service physicians and other providers.</p> <ul style="list-style-type: none"> • This list covers all the injectable medications, new CPT codes, and any new medical outpatient pharmaceuticals like dental anesthesia. 	
<p>#7 Credentialing & Peer Review Subcommittee Business - Credentialing Subcommittee Report (Q3 2024) (Attachments LL)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Credentialing Sub-Committee Quarterly Report was presented. The Credentialing Sub-Committee met on July 18, 2024. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities. Reports covering the first quarter of 2024 were reviewed for delegated entities and for the second quarter of 2024 for Health Net (HN) and HN Behavioral Health (BH). A summary of the first quarter of 2024 data was presented.</p> <ul style="list-style-type: none"> • The Credentialing Adverse Actions report for Q2 2024 for CalViva from the HealthNet Credentialing Committee was presented. One (1) case was presented for discussion. The case remains open in pending status, awaiting the Medical Board of California decision. • The Adverse Events Q2 2024 report was presented. <ul style="list-style-type: none"> ○ 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. This report aims 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 	<p>Motion: <i>Approve</i> - Credentialing Subcommittee Report (Q3 2024) (Ramirez/Pascual) 7-0-0-0</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>received and resolved Quality of Care (QOC) and Potential Quality Issues (PQIs) related to identified appointment availability and are ranked by severity level.</p> <ul style="list-style-type: none"> ○ 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). ● The 2024 Credentialing Oversight Audit Corrective Action Plan of Health Net Community Solutions (HNCS) Credentialing/Re-Credentialing function was presented and reviewed at the May 2024 Credentialing Sub-Committee Meeting. The audit review period was Jan. 1, 2023, through Dec. 31, 2023. Two (2) issues were identified during the audit that required corrective action: <ul style="list-style-type: none"> ○ 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. 	
<p>#7 Credentialing & Peer Review Subcommittee Business - Peer Review Subcommittee Report Q3 2024 (Attachment MM)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Peer Review Sub-Committee Quarterly Report was presented. The Peer Review Sub-Committee met on July 18, 2024.</p> <ul style="list-style-type: none"> ● The county-specific Peer Review Sub-Committee Summary Reports for Q2 2024 were reviewed for approval. No significant cases to report. ● The Q2 2024 Adverse Events Report was presented. This report provides a summary of potential quality issues (PQIs), and Credentialing Adverse Action (AA) cases identified during the reporting period. <ul style="list-style-type: none"> ○ 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. 	<p>Motion: Approve - Peer Review Subcommittee Report Q3 2024 (Ramirez/Pascual) 7-0-0-0</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • 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. • The Access & Availability Substantial Harm Report for Q2 2024 was also presented. This report aims 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. <ul style="list-style-type: none"> ○ 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 a 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 agreed with the recommendations. 	
<p>#8 Access Business</p> <ul style="list-style-type: none"> - Access Workgroup Minutes 06/13/2024, 06/27/2024 - Access Workgroup Quarterly Report (Q3 2024) <p>(Attachment NN-00)</p>	<p>Access Work Group Minutes from 06/13/2024, and 06/27/2024 lists reports that the Access Work Group routinely reviews, and key reports were presented with additional detail to the QI/UM Committee in the Access Work Group Quarterly Report (Q3 2024).</p> <p>The Access Work Group Quarterly Report (Q3 2024) was presented and reviewed. This report is to provide the QI/UM Committee with an update on the CalViva Health Access Workgroup activities since the last report to the QI/UM Committee. Reports and topics discussed focus on</p>	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Access Workgroup Minutes 06/13/2024, 06/27/2024 - Access Workgroup Quarterly Report

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Action Patrick Marabella, M.D Chair</p>	<p>access-related issues, trends, and any applicable corrective actions. On 6/13/24, the following Standing Reports were approved:</p> <ul style="list-style-type: none"> • Network Adequacy Report - Q1 2024 • MHN Services Triage and Screening Report - Q4 2023- Q1 2024 • Appeals and Grievances Executive Report (Full and Executive Summary) - Q1 2024 • CCC Exempt Grievance / Access to Care Trend Reporting - Q1 2024 • Member Services Call Center Metrics Report (HN & MHN) - Q1 2024 • Open Practice Report - Q1 2024 • Provider Over Capacity Grievance Report - Q1 2024 • Specialty Referrals Report - Q4 2023 • Provider Over Capacity Grievance Report - Q1 2024 • Triage and Screening Report - Q1 2024 • Telehealth Program • PPG Dashboard and Access Narrative (Dashboards to include Access and Network Adequacy) - Q3 2023 • Behavioral Health Performance Indicator -Q1 2024 • Provider Office Wait Times Report - Q1 2024 • Long-Term Support Services (LTSS) - Q1 2024 • 274 Monthly Provider Data Quality Check - March & April • Transportation Oversight Report – Q1 2024 <p>On 6/27/24 (“Ad Hoc” meeting), several draft Standing Reports related to the MY 2023 DMHC TAR filing were reviewed and discussed but were not approved as “final reports” as they are typically brought back at the 7/30/24 meeting for approval. Therefore, they will not be discussed in this report.</p> <ul style="list-style-type: none"> • Member Satisfaction Survey with Access Report - Medical Providers MY2023 • Availability Report MY2023 • MY2022 Behavioral Health Member Experience Report CalViva Health Medi-Cal • MY2023 Behavioral Health Provider Satisfaction Survey Report • MY2023 PQI Access to Care Report • Provider Satisfaction Survey with Access and Availability for Medical Providers MY2023 <p>The following are some of the key standing reports/matters approved and discussed:</p>	<p>(Q3 2024)</p> <p>(Ramirez/ Faulkenberry) 7-0-0-0</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Network Adequacy Report (Q4 2023) - This report measures geographic distribution standards for member distance and drive times to PCPs / Specialists in accordance with DMHC and DHCS standards (the ten (10) miles or thirty (30) minutes PCPs/forty-five (45) miles and seventy-five (75) minutes Specialists.) The DMHC standard is one hundred percent (100%) for PCPs and the internal standard of ninety percent (90%) for specialists is set by the Plan to meet “reasonable” access requirements by the DMHC. DHCS PCP analyses are separately assessed according to Adult and Pediatric specialties, and by “core specialties” by county. The DHCS standard is one hundred percent (100%) for PCPs and defined core specialists. Alternative access is requested when the standard is not met. The Q1 2024 analysis indicated the following. DMHC Analysis: <ul style="list-style-type: none"> ○ PCP: DMHC PCP standard met for Kings County. Fresno County does not meet the standard, access percentage remains the same from Q4 2023 to Q1 2024 at ninety-nine point two (99.2%). Madera County did not meet the standard, access percentage remained the same from Q4 2023 to Q1 2024 at ninety-nine point seven (99.7%). Alternative Access has been requested through 2023 Materials Modification. ○ Specialties by Combined Counties: All specialties in all counties met the internal standard of ninety percent (90%). ○ Specialties by County: All specialties in Fresno and Madera Counties met internal standards. Anesthesiology, Cardiovascular Surgery, Geneticists, HIV/AIDS, Maternal/Fetal Medicine, and Neonatology specialties are below standard in Kings County. The six specialties above that did not meet the ninety percent (90%) standards remained the same access percentage from Q4 2023 to Q1 2024 except for Cardiovascular Surgery which changed from eighty-nine-point three percent to eighty-point eight percent (89.3% to 80.8%). DHCS Analysis: <ul style="list-style-type: none"> ○ The access percentages for PCPs in Fresno, Kings, and Madera County remained the same from Q4 2023 to Q1 2024. <ul style="list-style-type: none"> ▪ Adult PCP: DHCS standards were not met in Fresno ninety-eight-point six percent (98.6%) and Madera ninety-nine-point seven percent (99.7%) Counties. Kings County met the standard. The list of zip codes not meeting standards is in the appendix attachment, Table 1. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ▪ Pediatric PCP: DHCS standards were not met in Fresno ninety-eight-point six percent (98.6%) and Madera ninety-nine-point seven percent (99.7%) Counties. Kings County met standards. The list of zip codes not meeting standards is in the appendix attachment, Table 1. • Specialty Referrals Report - Q4 2023: <ul style="list-style-type: none"> ○ From Q3 to Q4 2023, total specialty referrals decreased by nine percent (9%) (to one-hundred-fifty-eight (158) in Q4), which is consistent with seasonal behavior. • Behavioral Health Performance Indicator Report – Q1 2024: <ul style="list-style-type: none"> ○ Due to the integration of Managed Health Network (MHN) into Health Net Community Solutions, Inc., the Behavioral Health Performance Indicator Report was modified as sections of the report will now be reported through different departments. • The other Standing Reports reviewed did not have any significant access-related issues. <p><i>Discussion:</i> <i>Dr. Ramirez asked if the Access standard is one hundred percent (100%).</i> <i>Dr. Marabella answered yes, the Access expectation standard is one hundred percent (100%) compliance.</i></p>	
<p>#9 Compliance Update - Compliance Regulatory Report (Attachment PP)</p>	<p>Mary Lourdes Leone presented the Compliance Report.</p> <p>CalViva Health Oversight Activities: Health Net: CalViva Health's management team continues to review monthly and quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings, and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to critical projects or transitions that may affect CalViva Health. The reports cover PPG-level data in the following areas: financial viability data, claims, provider disputes, access and availability, specialty referrals, utilization management data, grievances, and appeals, etc.</p> <p>Oversight Audits. The following annual audits are in progress: UMCM, ER, A and 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</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>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.</p> <p>Fraud, Waste & Abuse Activity. Since the 7/18/2024 Compliance Regulatory Report to the Committee, there were three (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 non-medically necessary services per health plan policy and frequently billing high level of E/M services despite previous education.</p> <p>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 a DHCS Focus Audit CAP Request. The Plan’s initial response is due by October 6, 2024.</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>The audit Exit Conference is scheduled for 9/16/2024.</p> <p>2024 Network Adequacy Validation (NAV) Audit. Awaiting an official response from HSAG for the (NAV) audit conducted on 6/18/24.</p> <p>California Advancing and Innovating Medi-Cal (CalAIM) DHCS has issued its Transitional Rent Concept Paper for public comment:</p> <ul style="list-style-type: none"> • 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. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> 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. <p>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.</p> <p>Memorandum of Understanding (MOU): Since the last Commission Meeting the Plan has executed and submitted to DMHC & DHCS the following MOUs:</p> <ul style="list-style-type: none"> Fresno County SMHS- SUD MOU Fresno County WIC MOU Kings County MHP -MOU <p>As required by the DHCS contract, these MOUs have also been posted on the CalViva Health website under Key Documents and Forms: www.calvivahealth.org/meeting-agenda/procedures-forms/</p> <p>Annual Network Certifications:</p> <ul style="list-style-type: none"> 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 previously issued for not meeting time and distance standards in their networks. The next quarterly update submission is due by 10/1/2024. 2023 Annual Network Certification (ANC) – 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. <p>Timely Access and Annual Network Reporting (TAR):</p> <ul style="list-style-type: none"> 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., eleven (11) addresses for a single physician). The Plan acknowledged the Departments Time and Distance findings and reanalyzed the data for 2024. The re-analysis indicated all the 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 awaits the Department’s response. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>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.</p> <p>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.</p> <p>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 and 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.</p>	
#11 Old Business	None.	
#12 Announcements	The next meeting is October 17 th , 2024.	
#13 Public Comment	None.	
#14 Adjourn	The meeting adjourned at 12:27 p.m.	

NEXT MEETING: October 17th, 2024

Submitted this Day: October 17th 2024

Submitted by: Amy Schneider RN
 Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:

X Patrick Marabella
 Patrick Marabella, MD Committee Chair



Public Policy Committee
Meeting Minutes
September 4, 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
		✓	Maria Sanchez, Senior Compliance Manager
		✓	Patrick Marabella, MD, CMO
		✓	Amy Schneider, RN, Senior Director, Medical Management
		*	= 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. Roll call was taken to establish a quorum.		
#2 Meeting Minutes from June 5, 2024 Action Joe Neves, Chair	The June 5, 2024, meeting minutes were reviewed and approved.		Motion: Approve June 4, 2024, Minutes 5-0-0-4 (N. Mendoza / M. Areola)
#3 Proposed 2025 PPC Meeting Calendar	The 2025 PPC meeting calendar was approved with no changes.		Motion: Approve 2025 Meeting Calendar 5-0-0-4

CalViva Health Public Policy Committee

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
Action Joe Neves, Chair			(N. Mendoza / K. Hernandez)
#4 Revised Annual Public Policy Committee Charter Review Action Joe Neves, Chair	The annual Public Policy Committee Charter was updated to reflect revisions on the correct version; all changes are the same from the June 2024 meeting, with the exception of the revision date and the page numbers.		Motion: Approved revised PPC Charter 5-0-0-4 (N. Mendoza / M. Areola)
#5 Enrollment Dashboard Information Maria Sanchez, Compliance Manager	Maria Sanchez presented the enrollment dashboard through March 2024. Membership as of June 30, 2024, was 435,267. CalViva Health maintains a 66.85% market share. <i>David Phillips arrived at 11:36 am; not included in vote for items 2-4</i>		No Motion
#6 Health Education Member Incentive Programs – Semi Annual Report Q1 & Q2 2024 Information Steven Si	Steven Si presented the Member Incentive Programs semi-annual report for Q1 an Q2 2024. There were 3,810 CalViva Health members that participated in four-member incentive programs. Of which, 52% were from Fresno County; 39% were from Madera; and 9% were from Kings. There was an increase of 134% in the total member incentive awards given during Q1-Q2 2024. There were \$95,250 worth of gift cards distributed to members as awards. There were no barriers for member incentive program implementation for Quarters 1-2, 2024. The increase in the number of gift cards compared to Quarters 3-4, 2024 is dependent on the number of requests providers made to the Provider Engagement team for assistance in engaging members to close care gaps. Next steps include the following: <ul style="list-style-type: none"> • Diabetes Prevention Program: <ul style="list-style-type: none"> ○ The previous DPP vendor terminated business as of January 30, 2023. ○ The health plan identified a DPP vendor that met all the requirements and has completed onboarding. 		No Motion

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	<p>Next steps include:</p> <ul style="list-style-type: none"> ○ Submitting the DHCS application for approval. ○ Pending the DHCS approval, develop new member outreach collateral and outreach campaigns. Consider conducting a Provider Webinar to promote the new DPP service to CalViva Health members. ● Child and Adolescent Well Care Visits (WCV), Childhood Immunization Status (CIS-10), Cervical Cancer Screening (CCS), and Breast Cancer Screening (BCS) update: <ul style="list-style-type: none"> ○ Continue to distribute member incentives at point-of-care in collaboration with selected providers ● Quality EDGE Program: <ul style="list-style-type: none"> ○ The Quality EDGE member incentive request form was submitted to the CVH Compliance Team on August 20, 2024, for subsequent submission to DHCS for review and approval. By incentivizing members for all relevant priority MCAS measures, CalViva Health aims to improve engagement levels between its members and healthcare providers. 		
<p>#7 Appeals, Grievances and Complaints</p> <p>Information Maria Sanchez Dr. Marabella, CMO</p>	<p>For Q2 2024 there were two (2) Coverage Disputes (Appeals), 124 Disputes Involving Medical Necessity (Appeals), 93 Quality of Care, 140 Access to Care, and 368 Quality of Service, for a total of 727 appeals and grievances for Q2. The majority of which are from Fresno County.</p> <p>There were 103 appeal cases for Fresno County, 7 for Kings County, and 18 for Madera County, for a total of 128 for Q2 2024. There were 503 grievances cases for Fresno County, 40 for Kings County, and 56 for Madera County for a total of 599 for Q2 2024.</p> <p>The turn-around time compliance for resolving appeal and grievance cases was met at 100% for Expedited Grievances, Standard Appeals and Expedited appeals. And 99.8% for Standard Grievances.</p> <p>There was a total of 620 Exempt Grievances received in Q2 2024.</p> <p>Of the total grievances and appeals received in Q2, the following were associated with Seniors and Persons with Disabilities (SPD):</p> <ul style="list-style-type: none"> ● Grievances: 191 		<p>No Motion</p>

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	<ul style="list-style-type: none"> • Appeals: 40 • Exempt: 49 <p>The majority of appeals and grievances were from members in Fresno County (largest CalViva Health enrollment).</p> <p>The majority of quality of service (QOS) grievance cases resolved were categorized as Access-Other, Administrative, and Balance Billing.</p> <p>The majority of quality of care (QOC) cases were categorized as PCP Delay, PCP Care, and Specialist Care.</p> <p>The top categories of appeal cases were related Advanced Imaging, Surgery, and DME.</p> <p>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.</p> <p>Dr. Marabella presented the Appeals & Grievances Dashboard for Q2 2024. The total of grievances for Q2, as stated, was 599 which is an increase from last year. The majority of grievances are Quality of Service, having to do with prior authorizations, administrative, and balance billing. The Plan is working on the balanced billing issue as a lot of the issues stem from member ID cards, and physicians switching to different provider groups which causes billing issues. Transportation has improved slightly from same time last year. Quality of Care grievances remain consist with prior year. Exempt grievances remain about the same as last with the exception of Attitude/Service – Provider, which has had a significant increase. Appeals for Q2 2024 has increased when compared to previous year. The majority of appeals were pre-service with Consultation, Advanced Imaging and Other being the highest categories, and consistent with previous year.</p>		
<p>#8 Population Health Management</p>	<p>Elizabeth Campos presented the Population Health Management information.</p> <p>Population Health Management – Local Health Jurisdiction/Department Collaboration. Members of the PPC were asked questions in relations to stigmas and problems preventing</p>		<p>No Motion</p>

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
<p>Information Elizabeth Campos</p>	<p>vaccination, and what ideas they may have as to educating and engaging members regarding vaccinations.</p> <ul style="list-style-type: none"> • Stigmas and problems preventing vaccination: <ul style="list-style-type: none"> ○ Young parents don't believe in vaccinations. Many don't vaccinate until required by schools. ○ Challenges with scheduling wellness visits and getting to scheduled appointments. • Ideas to educate and engage members regarding vaccinations: <ul style="list-style-type: none"> ○ Make it a family affair – the entire family gets a shot, baby & siblings, parents, aunts/uncles, grandparents. ○ Change the setting – going to the doctor for a vaccine is not always the best option for everyone, consider outdoor vaccination events, school settings/events, other settings ○ Increase awareness/education on the benefits of vaccinations and the science behind vaccinations; AND what happens to kids when they aren't vaccinated ○ Consider social media campaign to educate, TikTok influencers – younger/close in age to parents we are targeting, leverage trusted messengers 		
<p>#9 SB 1019: PPC Input on Member Outreach/Education for Non-Specialty Mental Health Services</p> <p>Information Mary Lourdes Leone Elizabeth Campos</p>	<p>Mary Lourdes provided insight into SB 1019 whereas this bill required managed care plans to develop an annual outreach and education plan focused on members and PCPs regarding benefits related to non-specialty mental health services, rolled out to members by January 1, 2025. Due to COVID and post-COVID despite mental health issues, members were not using the services that are covered under Medi-Cal. The Stated wanted MC plans to assess the utilization and then fill the gaps with educating members and PCPs about the benefits that are available. The Plans are required to do this in a manner that is culturally and linguistically appropriate for various targeted audiences. The non specialty mental health services plan has to be submitted to DHCS by the end of 2024. The outreach can begin with the unapproved plan by January 2025. Ultimately, DHCS has six months to approve the plan that CVH submits. Once approved, CVH is required to roll out the revised plan. After that, every three years, DHCS will use an external quality review organization that will conduct a member experience survey to assess member satisfaction with the Plan's coverage.</p> <p>Elizabeth Campos presented the Public Policy Committee input on Member Outreach and Education for Non-specialty Mental Health Services.</p>		<p>No Motion</p>

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	<p><u>Non-specialty mental health services: SB 1019</u></p> <ol style="list-style-type: none"> 1. Suggestions to inform communications strategies: <ol style="list-style-type: none"> a. Access to mental health self-assessment b. 24/7 crisis line c. Activity/Wellness Center for engage members d. Create respite/safe space e. Avoid labeling, use positive words like recovery, adjust, support, “healthy/positive mind/thoughts” f. communication materials in the member language g. Outreach is the barrier, leverage school partnerships and social media h. Community has not embraced telehealth- feels provider is not as attentive; prioritize person to person service/connection i. Leverage CalAIM Providers – CS/ECM, Street Medicine, CHW, Doula, etc. j. Offer Behavioral Health first aid sessions for providers k. Include communications about cost/no-cost behavioral health services l. Trust and consistency with access to medical/preventative care is reduced when members experience a change in medical providers; recruit diverse providers that members can identify with 2. Ideas for ongoing/future consult with CAC and stakeholders related to SB 1019: <ol style="list-style-type: none"> a. Short surveys, flyers, and focus groups/community conversations in the language of participants 		
<p>#10 Audit Updates</p> <p>2023 DHCS Focused Audits Final Report (Behavioral Health / Transportation)</p> <p>2024 DHCS Audit Information Mary Lourdes Leone</p>	<p>The final report for the DHCS audit that took place in the spring of 2024 is currently pending.</p> <p>Regarding the 2023 DHCS Focused Audit, specific to Behavioral Health, and Transportation, the Plan recently received the final report. There were findings identified in both areas and CVH is currently reviewing.</p>		<p>No Motion</p>
<p>#11 Final Comments from Committee Members and Staff</p>	<p>Maria Arreola shared past events including the backpack event and thanked those that participated. September 12th is the last Farmer’s Market of the year.</p>		

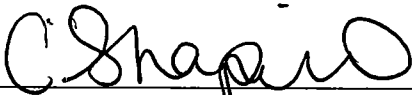
CalViva Health Public Policy Committee

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
	<p>Martha Miranda shared the Food Pantry running well.</p> <p>Norma Mendoza shared she and Adela completed training certified by the State that included, ethics, HIPAA, home business, emotional intelligence, and leadership.</p> <p>David Phillips shared that United Health Centers has a large number of new hires in September that includes clinicians, dentists, social workers, and a new CMO. The high school in Parlier is building a new training facility for clinical students. UHC is doing a ribbon cutting for their new in-house mammography suite at the Minnewawa & Kings Canyon location.</p> <p>Courtney Shapiro shared news of the backpack event at Grizzlies stadium, the teacher library event that took place in the parking of the CVH office, and The Children’s Movement Breakfast. CalViva sponsors a CNA program in West Fresno at Image Church. CVH paid for all participants to complete the program and paid for their tuition. All but one completed the course and graduated. All events are listed on the CalViva Health Face Book page. CalViva will be co-sponsoring and sending all the Plan’s promotores to the Vision y Compromiso conference in Los Angeles.</p>		
#12 Announcements	None.		
#13 Public Comment	None.		
#14 Adjourn	Meeting adjourned at 12:59 pm.		

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

Submitted This Day: December 4, 2024,

Approval Date: December 4, 2024

Submitted By: 
Courtney Shapiro, Director Community Relations & Marketing

Approved By: 
Joe Neves, Chairman

Item #4

*CLOSED
SESSION*

(will be shown/provided during closed session only)

Item #6

*No attachment
PowerPoint
Presentation
used for item #6*

Item #7

Attachment 7.A

Financials as of
September 30, 2024

Fresno-Kings-Madera Regional Health Authority dba CalViva Health		
Balance Sheet		
As of September 30, 2024		
		Total
1	ASSETS	
2	Current Assets	
3	Bank Accounts	
4	Cash & Cash Equivalents	273,841,939.81
5	Total Bank Accounts	\$ 273,841,939.81
6	Accounts Receivable	
7	Accounts Receivable	218,220,488.61
8	Total Accounts Receivable	\$ 218,220,488.61
9	Other Current Assets	
10	Interest Receivable	1,071,618.76
11	Investments - CDs	0.00
12	Prepaid Expenses	1,618,609.54
13	Security Deposit	20,357.57
14	Total Other Current Assets	\$ 2,710,585.87
15	Total Current Assets	\$ 494,773,014.29
16	Fixed Assets	
17	Buildings	5,867,087.05
18	Computers & Software	31,111.04
19	Construction in Progress	0.00
20	Land	3,161,419.10
21	Office Furniture & Equipment	99,888.56
22	Total Fixed Assets	\$ 9,159,505.75
23	Other Assets	
24	Investment -Restricted	304,796.02
25	Lease Receivable	1,898,404.18
26	Total Other Assets	\$ 2,203,200.20
27	TOTAL ASSETS	\$ 506,135,720.24
28	LIABILITIES, DEFERRED INFLOW OF RESOURCES, AND EQUITY	
29	Liabilities	
30	Current Liabilities	
31	Accounts Payable	
32	Accounts Payable	96,239.73
33	Accrued Admin Service Fee	4,807,836.00
34	Capitation Payable	116,992,530.04
35	Claims Payable	30,404.18
36	Directed Payment Payable	2,612,743.67
37	Total Accounts Payable	\$ 124,539,753.62
38	Other Current Liabilities	
39	Accrued Expenses	519,622.70
40	Accrued Payroll	148,251.10
41	Accrued Vacation Pay	449,217.93
42	Amt Due to DHCS	40,500,000.00
43	IBNR	59,513.92
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	171,875,000.00
48	Total Other Current Liabilities	\$ 213,877,009.93
49	Total Current Liabilities	\$ 338,416,763.55
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	\$ 338,442,670.34
55	Deferred Inflow of Resources	1,473,934.77
56	Equity	
57	Retained Earnings	161,689,933.96
58	Net Income	4,529,181.17
59	Total Equity	\$ 166,219,115.13
60	TOTAL LIABILITIES, DEFERRED INFLOW OF RESOURCES AND EQUITY	\$ 506,135,720.24

Fresno-Kings-Madera Regional Health Authority dba CalViva Health				
Budget vs. Actuals: Income Statement				
July 2024 - September 2024				
		Total		
		Actual	Budget	Over/(Under) Budget
1	Income			
2	Interest Earned	2,948,260.23	1,300,000.00	1,648,260.23
3	Premium/Capitation Income	502,935,549.01	461,919,057.00	41,016,492.01
4	Total Income	505,883,809.24	463,219,057.00	42,664,752.24
5	Cost of Medical Care			
6	Capitation - Medical Costs	341,851,478.58	301,989,753.00	39,861,725.58
7	Medical Claim Costs	344,033.09	350,000.01	(5,966.92)
8	Total Cost of Medical Care	342,195,511.67	302,339,753.01	39,855,758.66
9	Gross Margin	163,688,297.57	160,879,303.99	2,808,993.58
10	Expenses			
11	Admin Service Agreement Fees	14,440,162.00	13,761,825.00	678,337.00
12	Bank Charges	0.00	1,800.00	(1,800.00)
13	Computer/IT Services	38,402.97	64,490.01	(26,087.04)
14	Consulting Fees	8,610.00	99,999.99	(91,389.99)
15	Depreciation Expense	83,706.53	93,000.00	(9,293.47)
16	Dues & Subscriptions	60,479.52	74,400.00	(13,920.48)
17	Grants	1,778,965.33	2,013,638.00	(234,672.67)
18	Insurance	83,590.89	111,892.74	(28,301.85)
19	Labor	1,136,337.25	1,226,083.00	(89,745.75)
20	Legal & Professional Fees	26,653.88	80,700.00	(54,046.12)
21	License Expense	372,625.68	356,289.24	16,336.44
22	Marketing	266,034.46	375,000.00	(108,965.54)
23	Meals and Entertainment	8,478.74	8,725.00	(246.26)
24	Office Expenses	24,650.57	28,500.00	(3,849.43)
25	Parking	31.49	390.00	(358.51)
26	Postage & Delivery	475.55	1,230.00	(754.45)
27	Printing & Reproduction	802.87	1,230.00	(427.13)
28	Recruitment Expense	(549.00)	39,375.00	(39,924.00)
29	Rent	0.00	3,000.00	(3,000.00)
30	Seminars and Training	9,223.23	9,200.00	23.23
31	Supplies	2,820.61	3,249.99	(429.38)
32	Taxes	140,937,500.00	140,937,500.01	(0.01)
33	Telephone	12,489.07	10,500.00	1,989.07
34	Travel	2,637.52	6,000.00	(3,362.48)
35	Total Expenses	159,294,129.16	159,308,017.98	(13,888.82)
36	Net Operating Income/ (Loss)	4,394,168.41	1,571,286.01	2,822,882.40
37	Other Income			
38	Other Income	135,012.76	108,750.00	26,262.76
39	Total Other Income	135,012.76	108,750.00	26,262.76
40	Net Other Income	135,012.76	108,750.00	26,262.76
41	Net Income/ (Loss)	4,529,181.17	1,680,036.01	2,849,145.16

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

		Total	
		July 2024 - September 2024	July 2023 - September 2023 (PY)
1	Income		
2	Interest Earned	2,948,260.23	1,976,963.93
3	Premium/Capitation Income	502,935,549.01	358,677,033.34
4	Total Income	505,883,809.24	360,653,997.27
5	Cost of Medical Care		
6	Capitation - Medical Costs	341,851,478.58	338,606,704.50
7	Medical Claim Costs	344,033.09	314,155.88
8	Total Cost of Medical Care	342,195,511.67	338,920,860.38
9	Gross Margin	163,688,297.57	21,733,136.89
10	Expenses		
11	Admin Service Agreement Fees	14,440,162.00	14,533,783.00
12	Computer/IT Services	38,402.97	44,129.25
13	Consulting Fees	8,610.00	21,825.00
14	Depreciation Expense	83,706.53	81,884.10
15	Dues & Subscriptions	60,479.52	59,058.12
16	Grants	1,778,965.33	1,589,090.90
17	Insurance	83,590.89	87,894.83
18	Labor	1,136,337.25	922,327.27
19	Legal & Professional Fees	26,653.88	23,034.50
20	License Expense	372,625.68	316,261.74
21	Marketing	266,034.46	263,250.23
22	Meals and Entertainment	8,478.74	4,490.90
23	Office Expenses	24,650.57	17,325.04
24	Parking	31.49	4.00
25	Postage & Delivery	475.55	452.64
26	Printing & Reproduction	802.87	0.00
27	Recruitment Expense	(549.00)	0.00
28	Rent	0.00	0.00
29	Seminars and Training	9,223.23	3,563.96
30	Supplies	2,820.61	2,944.95
31	Taxes	140,937,500.00	(156.70)
32	Telephone	12,489.07	7,444.02
33	Travel	2,637.52	980.59
34	Total Expenses	159,294,129.16	17,979,588.34
35	Net Operating Income/ (Loss)	4,394,168.41	3,753,548.55
36	Other Income		
37	Other Income	135,012.76	143,047.50
38	Total Other Income	135,012.76	143,047.50
39	Net Other Income	135,012.76	143,047.50
40	Net Income/ (Loss)	4,529,181.17	3,896,596.05

Item #7

Attachment 7.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	26	23	22	22	357
Member Materials Filed for Approval;	1	4	1	6	5	4	6	7	5	2	1	4	46
Provider Materials Reviewed & Distributed	10	14	9	10	8	16	17	9	18	15	9	14	149
# of DMHC Filings	8	8	8	11	19	7	10	7	16	9	10	6	119

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	3	3	6	1	1	1	30
High-Risk	0	0	0	0	0	0	0	2	0	0	0	1	3

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	3	1	4	3	24
# of Cases Open for Investigation (Active Number)	17	17	15	18	21	21	22	23	23	24	29	29	



Summary of Potential Fraud, Waste & Abuse (FWA) cases: Since the 10/17/2024 Compliance Regulatory Report to the Commission, there seven new MC609 filing. Three of the cases involved hospice care providers who had duplicate and overlapping hospice services; one case involved a participating provider for excessive billing and upcoding; one case that involved a participating provider for unnecessary drug testing and illegal remuneration; one case involved a non-participating provider receiving payment for services outside of its current active Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver; and one case of a provider with possible services not rendered or a possible phantom provider.

Compliance Oversight & Monitoring Activities:	Status
<p>CalViva Health Oversight Activities</p>	<p>Health Net CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to critical projects or transitions that may affect CalViva Health. The reports cover PPG level data in the following areas: financial viability data, claims, provider disputes, access & availability, specialty referrals, utilization management data, grievances, and appeals, etc.</p>
<p>Oversight Audits</p>	<p>The following annual audits are in-progress: UMCM, Access and Availability and Call Center.</p> <p>The following annual audits have been completed since the last Commission report: FWA (No CAP), ER (CAP Required), Privacy and Security (CAP Required), Provider Network (CAP Required), Claims (CAP Required), Health Education (No CAP), COC (No CAP), Pharmacy (No CAP).</p>
Regulatory Reviews/Audits and CAPS:	Status
<p>Department of Health Care Services (“DHCS”) 2023 Focused Audit for Behavioral Health and Transportation</p>	<p>As a reminder, on 9/6/24, the Plan received DHCS’ Final Report findings and formal CAP request. There were nine deficiencies in total (4 for behavioral health and 5 for transportation). The Plan submitted the initial CAP response on October 7, 2024. The Plan is required to submit monthly updates on all CAP activities. The Plan is on track for completing its stated corrective actions and will provide its next monthly update on 1/10/25.</p>
<p>Department of Health Care Services (“DHCS”) 2024 Medical Audit</p>	<p>As a reminder, on 10/3/2024, DHCS sent out the Final Audit Report and CAP request. There were two findings:</p> <ul style="list-style-type: none"> • 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. <p>The Plan has since submitted updates on 11/1/24 and 12/1/24. The Plan is on track for completing its stated corrective actions and will provide its next monthly update on 2/1/25.</p>



<p>Department of Managed Health Care (DMHC) 2025 Medical Follow-Up Audit</p>	<p>On 1/6/25, the Plan received written notice from the DMHC of their intent to conduct a “Follow-Up” Audit of the outstanding deficiencies from the 4/18/24 Final Report of the 2022 Routine Medical Survey. The deficiencies concerned the Plan failing to identify potential quality issues (PQIs) in exempt grievances, and inappropriately denying payment of post-stabilization care. All requested documents must be submitted by 2/5/25.</p>
<p>New Regulations / Contractual Requirements/DHCS Initiatives:</p>	<p>Status</p>
<p>Memoranda of Understanding (MOUs)</p>	<p>Since the last Commission Meeting, the Plan has executed and submitted to DMHC & DHCS the following MOUs both of which have been posted to CalViva’s website:</p> <ul style="list-style-type: none"> • Kings County WIC MOU • Kings County DMC State Plan MOU
<p>Annual Network Certifications</p>	<ul style="list-style-type: none"> ➤ <u>2023 Annual Network Certification (ANC)</u> – On 11/15/24, the Plan received DHCS written notice that the Plan was deemed compliant and had passed the 2023 ANC with no deficiencies. ➤ <u>2023 Subnetwork Certification (SNC)</u> – On 12/10/24, the Plan received written notice that all deficiencies had been corrected and closed the 2023 SNC. ➤ <u>2024 Subnetwork Certification (SNC) Landscape Analysis</u> – On 9/25/2024, the Plan received the 2024 SNC preliminary request for the Landscape Analysis and submitted a response on 10/25/2024. On 1/3/2025, the Plan submitted the 2024 SNC deliverable certifying subnetwork compliance with network adequacy and access standards.
<p>Population Health Management</p>	<p>The Population Health Management (PHM) Program is a cornerstone of CalAIM. As part of the PHM Program, MCPs are required to submit the PHM Strategy Deliverable to DHCS annually. The purpose of the annual PHM Strategy Deliverable is for MCPs to demonstrate their engagement in local health jurisdictions’ (LHJs) community health assessments (CHAs) and community health improvement plans (CHIPs) and provide other updates on the MCP’s implementation of the PHM Program to inform DHCS’ monitoring efforts. CalViva submitted its PHM Strategy deliverable on 11/22/24.</p>
<p>Non-Discrimination Notice (NDN)</p>	<p>The Plan has posted to the CalViva website its revised Non-Discrimination Notice (NDN). The revisions were made to be compliant with the Office for Civil Rights (OCR) Final Rule under section 1557 of the Affordable Care Act (ACA) as published in the Federal Register on May 6, 2024. The NDN was required to be updated anywhere it is used no later than November 2, 2024. The Plan has posted the revised notice on its website and in the lobby of its administrative office at 7625 N. Palm Ave., Fresno, CA 93711. Over the next few months, our Plan Administrator will be including it with all member materials that are required to have have it included.</p>
<p>Notice of Privacy Practices (NOPP)</p>	<p>The Plan has revised its NOPP to include additional language specific to how a member’s race, ethnicity, language, sexual orientation, and gender identity will be protected, and additional language on how the Plan processes a member request Confidential Communications.</p>



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)	<p>The Public Policy Committee met on December 4, 2024. The following reports were presented:</p> <ul style="list-style-type: none"> • 2024 Work Plan Mid-Year Evaluation • 2024 Executive Summary and Work Plan Mid-Year Evaluation • 2024 Summary and Language Assistance Program Mid-Year Report • MY 2023 Quality Improvement & HEDIS Update • Q3 2024 Appeal and Grievance Report • A&G Dashboard review by Dr. Marabella <p>Additionally, the PPC was given a presentation on Social Determinants of Health and asked to provide feedback on the Plan's goals for mitigating social risks. A review of the online portal "Community Connect" powered by Findhelp was given to demonstrate how members' social needs are assessed, and also how members and providers can utilize Community Connect to refer members to various social service resources and programs.</p> <p>The next PPC meeting will be held on March 5, 2025, 11:30am-1:30pm, CalViva Health Conference Room, 7625 N. Palm Ave., Suite 109, Fresno, CA 93711.</p>



APPENDIX A

2024 DHCS All Plan Letters:

- 00 APLs Not Applicable to CVH
- 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
- APL 24-009 SKILLED NURSING FACILITIES
- APL 24-010 SUBACUTE CARE FACILITIES
- APL 24-011 INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES
- APL 24-012 NON-SPECIALTY MENTAL HEALTH SERVICES MEMBER OUTREACH, EDUCATION, AND EXPERIENCE REQUIREMENTS
- APL 24-013 Child Welfare Liaison
- APL 24-016 DIVERSITY, EQUITY, AND INCLUSION TRAINING PROGRAM REQUIREMENTS
- APL 24-017 TRANSGENDER, GENDER DIVERSE OR INTERSEX CULTURAL COMPETENCY TRAINING PROGRAM AND PROVIDER DIRECTORY REQUIREMENTS
- API 24-018 Medical Loss Ratio Requirements
- APL 24-019 Minor Consent to Outpatient Mental Health Treatment or Counseling



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 24-016 Request for Health Plan Contact Information (7.25.24)
- 📁 APL 24-017 RY2025-MY2024 PAAS NPMH Rate of Compliance
- 📁 APL 24-018 - Compliance with SB 923 (8.15.24)
- 📁 APL 24-019 Amendments to Rule 1300.67.2.2 and the Incorporated Annual Network Submission IM and Report Forms for RY 2025
- 📁 APL 24-021 Amendments to Network Adequacy Standards

Item #7

Attachment 7.C

Medical Management
Appeals & Grievances Report

CalViva Health

Monthly Appeals and Grievances Dashboard

CY: 2024

Current as of End of the Month: September

Revised Date: 11/13/2024

CalViva - 2024																		2023
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	11	10	25	0	0	0	0	70	126
Standard Grievances Received	144	132	147	423	218	198	164	580	193	180	174	547	0	0	0	0	1550	1761
Total Grievances Received	159	140	149	448	225	204	171	600	197	191	184	572	0	0	0	0	1620	1887
Grievance Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	1	1	2	0	0	0	0	2	10
Grievance Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.4%	99.4%	99.6%	0.0%	0.0%	0.0%	0.0%	99.87%	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	11	10	25	0	0	0	0	70	126
Expedited Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	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	170	171	532	0	0	0	0	1507	1702
Standard Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	99.4%	100.0%	100.0%	99.8%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	99.93%	99.9%
Total Grievances Resolved	173	134	136	443	174	219	185	578	195	181	181	557	0	0	0	0	1578	1829
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	153	118	120	391	154	183	156	493	165	161	158	484	0	0	0	0	1368	1468
Access - Other - DMHC	25	24	10	59	23	29	19	71	26	23	29	78	0	0	0	0	208	270
Access - PCP - DHCS	7	4	4	15	13	15	13	41	10	17	20	47	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	4	7	20	0	0	0	0	49	78
Administrative	25	30	36	91	30	34	49	113	48	39	32	119	0	0	0	0	323	186
Balance Billing	23	18	14	55	32	33	25	90	23	20	16	59	0	0	0	0	204	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	13	13	43	0	0	0	0	141	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	15	14	34	0	0	0	0	103	339
Pharmacy/RX Medical Benefit	1	1	1	3	2	0	0	2	1	2	1	4	0	0	0	0	9	1
Transportation - Access	18	7	10	35	11	14	3	28	9	9	11	29	0	0	0	0	92	175
Transportation - Behavior	8	1	4	13	0	1	1	2	9	8	3	20	0	0	0	0	35	89
Transportation - Other	12	9	12	33	8	18	11	37	8	11	12	31	0	0	0	0	101	86
Quality Of Care Grievances	20	16	16	52	20	36	29	85	30	20	23	73	0	0	0	0	210	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	1	2	0	0	0	0	2	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	1	0	1	0	0	0	0	2	0
Other	2	3	5	10	4	3	2	8	5	4	2	11	0	0	0	0	29	60
PCP Care	8	5	5	18	7	13	13	33	9	5	6	20	0	0	0	0	71	94
PCP Delay	1	3	4	8	4	7	5	16	10	5	9	24	0	0	0	0	48	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	4	4	11	0	0	0	0	34	60
Specialist Delay	2	3	0	5	3	6	2	11	2	1	1	4	0	0	0	0	20	24
Exempt Grievances Received	146	135	176	457	224	185	211	620	196	219	211	626	0	0	0	0	1703	1885
Access - Avail of Appt w/ PCP	4	1	2	7	7	3	4	14	5	2	4	11	0	0	0	0	32	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	3	5	0	0	0	0	13	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	10	4	17	0	0	0	0	25	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	2	0	2	0	0	0	0	2	3
Access - Geographic/Distance Access Specialist	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Interpreter Service Requested	0	0	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	1	0	1	0	0	0	0	1	0
Attitude/Service - Health Plan Staff	0	1	1	2	5	1	0	6	1	2	4	7	0	0	0	0	15	14
Attitude/Service - Provider	6	9	16	31	13	9	27	49	18	20	28	66	0	0	0	0	146	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	9	4	19	0	0	0	0	37	4
Attitude/Service - Health Plan	0	1	3	4	3	2	1	6	0	4	1	5	0	0	0	0	15	12
Authorization - Authorization Related	0	2	1	3	0	4	7	11	3	4	1	8	0	0	0	0	22	6
Eligibility Issue - Member not eligible per Health Plan	0	0	0	0	1	2	1	4	0	1	0	1	0	0	0	0	5	4
Eligibility Issue - Member not eligible per Provider	2	1	4	7	17	10	6	33	4	8	7	19	0	0	0	0	59	48
Health Plan Materials - ID Cards-Not Received	19	17	20	56	26	22	38	86	30	29	42	101	0	0	0	0	243	210

Health Plan Materials - ID Cards-Incorrect Information on Card	0	2	0	2	4	2	0	6	0	1	0	1	0	0	0	0	9	2
Health Plan Materials - Other	0	0	0	0	1	0	2	3	0	1	0	1	0	0	0	0	4	4
Behavioral Health Related	2	3	4	9	3	8	9	20	10	11	11	32	0	0	0	0	61	2
PCP Assignment/Transfer - Health Plan Assignment - Change Request	50	48	49	147	82	61	67	210	62	64	69	195	0	0	0	0	552	652
PCP Assignment/Transfer - HCO Assignment - Change Request	15	15	19	49	21	18	8	47	12	15	6	33	0	0	0	0	129	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	2	3	8	0	0	0	0	42	37
PCP Assignment/Transfer - Rollout of PPG	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	7
PCP Assignment/Transfer - Mileage Inconvenience	0	1	0	1	2	1	1	4	1	1	0	2	0	0	0	0	7	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	1	3	5	0	0	0	0	24	65
Transportation - Access - Provider Late	2	2	1	5	1	0	0	1	0	2	2	4	0	0	0	0	10	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	1	2	4	0	0	0	0	17	53
OTHER - Other	1	4	5	10	4	5	2	11	7	6	3	16	0	0	0	0	37	14
Claims Complaint - Balance Billing from Provider	28	15	18	61	15	22	24	61	24	22	13	59	0	0	0	0	181	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	3	1	6	0	0	0	0	16	34
Standard Appeals Received	22	17	32	71	39	40	43	122	50	38	46	134	0	0	0	0	327	331
Total Appeals Received	24	19	34	77	40	41	45	126	52	41	47	140	0	0	0	0	343	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%	100.0%	100.0%	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	3	1	6	0	0	0	0	16	35
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	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	45	36	130	0	0	0	0	296	325
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	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	48	37	136	0	0	0	0	312	361
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	18	31	14	63	31	40	42	113	51	48	37	136	0	0	0	0	312	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	2	4	14	0	0	0	0	25	9
DME	2	3	3	8	7	6	8	21	9	8	7	24	0	0	0	0	53	37
Experimental/Investigational	0	0	3	3	0	0	2	2	1	0	3	4	0	0	0	0	9	0
Mental Health	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0	0	1	1
Advanced Imaging	11	18	0	29	15	14	15	44	15	21	14	50	0	0	0	0	123	162
Other	1	4	4	9	1	7	4	12	5	9	4	18	0	0	0	0	39	35
Pharmacy/RX Medical Benefit	2	3	2	7	2	0	2	7	8	5	3	16	0	0	0	0	30	47
Surgery	2	3	2	7	5	6	5	16	5	2	2	9	0	0	0	0	32	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
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	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	16	12	49	0	0	0	0	120	156
Uphold Rate	44.4%	25.8%	42.9%	34.9%	35.5%	50.0%	42.9%	43.4%	41.2%	33.3%	32.4%	36.0%	0.0%	0.0%	0.0%	0.0%	38.5%	43.2%
Overturns - Full	9	22	7	38	20	18	22	60	28	30	21	79	0	0	0	0	177	194
Overturn Rate - Full	50.0%	71.0%	50.0%	60.3%	64.5%	45.0%	52.4%	53.1%	54.9%	62.5%	56.8%	58.1%	0.0%	0.0%	0.0%	0.0%	56.7%	53.7%
Overturns - Partial	1	1	1	3	0	2	2	4	2	0	3	5	0	0	0	0	12	10
Overturn Rate - Partial	5.6%	3.2%	7.1%	4.8%	0.0%	5.0%	4.8%	3.5%	3.9%	0.0%	8.1%	3.7%	0.0%	0.0%	0.0%	0.00%	3.8%	2.8%
Withdrawal	0	0	0	0	0	0	0	0	0	2	1	3	0	0	0	0	3	1
Withdrawal Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.2%	2.7%	2.2%	0.0%	0.0%	0.0%	0.0%	1.0%	0.3%
Membership	434,122	434,443	434,459		434,072	433,828	434,041		435,904	435,734	435,142		-	-	-			430,517
Appeals - PTMPM	0.04	0.07	0.03	0.05	0.07	0.09	0.10	0.09	0.12	0.11	0.09	0.10	-	-	-	-	0.08	0.09
Grievances - PTMPM	0.40	0.31	0.31	0.34	0.40	0.50	0.43	0.44	0.45	0.42	0.42	0.43	-	-	-	-	0.40	0.24

Fresno County - 2024																		2023
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	8	9	20	0	0	0	0	57	107
Standard Grievances Received	117	109	131	357	173	167	149	489	161	154	152	467	0	0	0	0	1313	1447
Total Grievances Received	130	116	133	379	179	171	154	504	164	162	161	487	0	0	0	0	1370	1554
Grievance Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	1	1	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%	100.0%	99.3%	99.8%	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	8	9	20	0	0	0	0	57	107
Expedited Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	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	140	146	458	0	0	0	0	1268	1389
Standard Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	99.3%	100.0%	100.0%	99.8%	100.0%	100.0%	100.0%	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	148	155	478	0	0	0	0	1326	1497
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	124	97	98	319	142	137	133	412	149	132	137	418	0	0	0	0	1149	1194
Access - Other - DMHC	21	19	9	49	22	22	16	60	22	16	26	64	0	0	0	0	173	225
Access - PCP - DHCS	4	4	3	11	11	14	11	36	9	15	18	42	0	0	0	0	89	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	3	7	18	0	0	0	0	45	69
Administrative	24	24	30	78	28	28	39	95	43	32	28	103	0	0	0	0	276	160
Balance Billing	19	17	11	47	30	28	22	80	22	19	14	55	0	0	0	0	182	
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	12	12	41	0	0	0	0	123	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	14	11	30	0	0	0	0	89	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	7	8	23	0	0	0	0	65	126
Transportation - Behaviour	7	1	3	11	0	0	1	1	8	6	2	16	0	0	0	0	28	70
Transportation - Other	7	4	11	22	7	12	8	27	7	8	11	26	0	0	0	0	75	61
Quality Of Care Grievances	17	13	15	45	18	30	24	72	26	16	18	60	0	0	0	0	177	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	1	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	1	0	1	0	0	0	0	2	0
Other	1	2	4	7	4	1	0	5	5	3	2	10	0	0	0	0	22	51
PCP Care	6	5	5	16	6	13	11	30	9	3	5	17	0	0	0	0	63	78
PCP Delay	1	2	4	7	4	6	5	15	8	5	6	19	0	0	0	0	41	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	3	4	9	0	0	0	0	28	54
Specialist Delay	2	3	0	5	3	6	1	10	2	1	0	3	0	0	0	0	18	17

CalViva Health Appeals and Grievances Dashboard (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	2	1	5	0	0	0	0	14	32
Standard Appeals Received	16	10	26	52	33	30	35	98	41	32	42	115	0	0	0	0	265	278
Total Appeals Received	18	12	28	58	34	30	37	101	43	34	43	120	0	0	0	0	279	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%	100.0%	100.0%	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	2	1	5	0	0	0	0	14	32
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	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	39	30	110	0	0	0	0	234	280
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	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	41	31	115	0	0	0	0	248	312
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	13	20	11	44	26	32	31	89	43	41	31	115	0	0	0	0	248	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	2	3	12	0	0	0	0	22	8
DME	1	2	2	5	4	6	7	17	6	7	7	20	0	0	0	0	42	36
Experimental/Investigational	0	0	2	2	0	0	1	1	0	0	3	3	0	0	0	0	6	0
Behavioral Health	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1	1
Advanced Imaging	8	9	0	17	15	10	10	35	14	19	11	44	0	0	0	0	96	137
Other	1	4	4	9	0	4	3	7	5	8	3	16	0	0	0	0	32	32
Pharmacy/RX Medical Benefit	1	2	1	4	2	3	0	5	7	4	2	13	0	0	0	0	22	39
Surgery	2	3	2	7	4	5	5	14	4	0	2	6	0	0	0	0	27	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	12	9	38	0	0	0	0	91	139
Uphold Rate	38.5%	25.0%	36.4%	31.8%	38.5%	46.9%	45.2%	43.8%	39.5%	29.3%	29.0%	33.0%	0.0%	0.0%	0.0%	0.0%	36.7%	44.6%
Overturns - Full	7	14	6	27	16	15	16	47	24	27	19	70	0	0	0	0	144	167
Overturn Rate - Full	53.8%	70.0%	54.5%	61.4%	61.5%	46.9%	51.6%	52.8%	55.8%	65.9%	61.3%	60.9%	0.0%	0.0%	0.0%	0.0%	58.1%	53.5%
Overturns - Partial	1	1	1	3	0	2	1	3	2	0	2	4	0	0	0	0	10	6
Overturn Rate - Partial	7.7%	5.0%	9.1%	6.8%	0.0%	6.3%	3.2%	3.4%	4.7%	0.0%	6.5%	3.5%	0.0%	0.0%	0.0%	0.0%	4.0%	1.9%
Withdrawal	0	0	0	0	0	0	0	0	0	2	1	3	0	0	0	0	3	0
Withdrawal Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.9%	3.2%	2.6%	0.0%	0.0%	0.0%	0.0%	1.2%	0.0%
Membership	347,177	347,177	347,194	346,867	346,814	346,990	348,462	348,258	347,545	0.11	-	-	-	0.00	0.06	0.06	0.32	0.26
Appeals - PTMPM	0.04	0.06	0.03	0.04	0.07	0.09	0.09	0.09	0.12	0.12	0.09	0.11	-	-	-	0.00	0.06	0.06
Grievances - PTMPM	0.41	0.32	0.33	0.35	0.46	0.48	0.45	0.47	0.50	0.42	0.45	0.46	-	-	-	0.00	0.32	0.26

CalViva Health Appeals and Grievances Dashboard (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	1	4	0	0	0	0	13	11
Total Appeals Received	1	1	1	3	2	2	3	7	3	0	1	4	0	0	0	0	14	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%	100.0%	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	2	0	6	0	0	0	0	14	11
Standard Appeals Compliance Rate	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	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	2	0	6	0	0	0	0	15	0
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	2	2	0	4	1	3	1	5	4	2	0	6	0	0	0	0	15	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
Behavioral 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	2	0	3	0	0	0	0	4	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
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	1	1	0	2	0	2	0	2	2	2	0	4	0	0	0	0	8	5
Uphold Rate	50.0%	50.0%	0.0%	50.0%	0.0%	66.7%	0.0%	40.0%	50.0%	100.0%	0.0%	66.7%	0.0%	0.0%	0.0%	0.0%	53.3%	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%	33.3%	0.0%	0.0%	0.0%	0.0%	46.7%	58.30%
Overturns - Partial	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	38,149	38,066							38436
Appeals - PTMPM	0.05	0.05	-	0.03	0.03	0.08	0.03	0.04	0.10	0.05	-	0.05	-	-	-	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	0.37	0.37	0.33	-	-	-	0.00	0.25	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	2	0	2	0	0	0	0	5	10
Standard Grievances Received	16	12	10	38	27	20	8	55	18	11	16	45	0	0	0	0	138	163
Total Grievances Received	18	12	10	40	28	20	8	56	18	13	16	47	0	0	0	0	143	173
Grievance Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	1	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%	90.9%	100.0%	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	2	0	2	0	0	0	0	5	10
Expedited Grievance Compliance rate	100.0%	0.0%	0.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Grievances Resolved Compliant	13	14	13	40	9	30	16	55	10	17	12	39	0	0	0	0	134	0
Standard Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	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	19	12	41	0	0	0	0	139	175
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	15	12	12	39	8	27	15	50	7	15	8	30	0	0	0	0	119	146
Access - Other - DMHC	4	2	0	6	0	5	1	6	2	6	1	9	0	0	0	0	21	27
Access - PCP - DHCS	1	0	1	2	2	0	1	3	1	0	1	2	0	0	0	0	7	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	1	0	1	0	0	0	0	2	4
Administrative	0	4	1	5	2	3	8	13	2	4	1	7	0	0	0	0	25	15
Balance Billing	1	0	3	4	1	4	2	7	0	1	2	3	0	0	0	0	14	0
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	1	0	2	0	0	0	0	4	0
Transportation - Access	4	1	3	8	1	6	0	7	0	1	3	4	0	0	0	0	19	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	1	0	1	0	0	0	0	9	5
Quality Of Care Grievances	0	2	1	3	2	3	1	6	3	4	4	11	0	0	0	0	20	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	1	0	1	0	0	0	0	5	5
PCP Care	0	0	0	0	1	0	0	1	0	2	1	3	0	0	0	0	4	5
PCP Delay	0	1	0	1	0	1	0	1	1	0	2	3	0	0	0	0	5	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	1	0	2	0	0	0	0	4	2
Specialist Delay	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	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	1	0	1	0	0	0	0	1	2
Standard Appeals Received	5	6	5	16	4	9	5	18	6	6	3	15	0	0	0	0	49	38
Total Appeals Received	5	6	5	16	4	9	5	18	6	7	3	16	0	0	0	0	50	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%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1	6
Expedited Appeals Compliance Rate	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	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	9	3	15	4	5	10	19	4	4	6	14	0	0	0	0	48	31
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	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	5	6	15	0	0	0	0	49	37
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	3	9	3	15	4	5	10	19	4	5	6	15	0	0	0	0	49	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	1	2	0	0	0	0	3	0
DME	1	0	1	2	3	0	1	4	2	1	0	3	0	0	0	0	9	0
Experimental/Investigational	0	0	1	1	0	0	1	1	0	0	0	0	0	0	0	0	2	0
Behavioral 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	2	3	5	0	0	0	0	22	21
Other	0	0	0	0	1	1	1	3	0	1	1	2	0	0	0	0	5	1
Pharmacy/RX Medical Benefit	0	1	1	2	0	0	2	2	1	1	1	3	0	0	0	0	7	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
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	1	2	2	5	1	3	4	8	2	2	3	7	0	0	0	0	20	12
Uphold Rate	33.3%	22.2%	66.7%	33.3%	25.0%	60.0%	40.0%	42.1%	50.0%	40.0%	50.0%	46.7%	0.0%	0.0%	0.0%	0.0%	40.8%	32.4%
Overturns - Full	2	7	1	10	3	2	5	10	2	3	2	7	0	0	0	0	27	20
Overturn Rate - Full	66.7%	77.8%	33.3%	66.7%	75.0%	40.0%	50.0%	52.6%	50.0%	60.0%	33.3%	46.7%	0.0%	0.0%	0.0%	0.00%	55.1%	54.1%
Overturns - Partial	0	0	0	0	0	0	1	1	0	0	1	1	0	0	0	0	2	0
Overturn Rate - Partial	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10.0%	5.3%	0.0%	0.0%	16.7%	6.7%	0.0%	0.0%	0.0%	0.0%	4.1%	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	49,327	49,531							46,762
Appeals - PTMPM	0.06	0.19	0.06	0.10	0.08	0.10	0.20	0.13	0.08	0.10	0.12	0.10	-	-	-	0.00	0.08	0.06
Grievances - PTMPM	0.31	0.29	0.27	0.29	0.21	0.62	0.33	0.38	0.20	0.39	0.24	0.28	-	-	-	0.00	0.24	0.31

CalViva Health Appeals and Grievances Dashboard (SPD)

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	1	1	7	0	0	0	0	0	11
Claims Complaint - Balance Billing from Provider	4	1	1	6	0	1	4	5	7	1	4	12	0	0	0	0	0	23

CalViva Health Appeals and Grievances Dashboard (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	11	15	40	0	0	0	0	92	68
Total Appeals Received	4	5	5	14	10	11	19	40	14	11	15	40	0	0	0	0	94	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%	100.0%	100.0%	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	16	10	44	0	0	0	0	86	66
Standard Appeals Compliance Rate	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	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	16	10	44	0	0	0	0	88	76
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	3	5	4	12	8	16	13	37	18	16	10	44	0	0	0	0	85	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	1	3	10	0	0	0	0	15	3
DME	1	2	0	3	2	3	2	7	6	7	2	15	0	0	0	0	25	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	5	4	10	0	0	0	0	22	22
Other	0	1	1	2	0	1	1	2	2	2	1	5	0	0	0	0	9	6
Pharmacy/RX Medical Benefit	0	1	0	1	0	1	0	1	2	1	0	3	0	0	0	0	5	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	6	4	17	0	0	0	0	36	30
Uphold Rate	66.7%	0.0%	25.0%	71.4%	25.0%	37.5%	46.2%	37.8%	38.9%	37.5%	40.0%	38.6%	0.0%	0.0%	0.0%	0.0%	40.9%	39.5%
Overturns - Full	1	3	2	6	6	9	7	22	10	8	4	22	0	0	0	0	50	44
Overturn Rate - Full	33.3%	0.0%	50.0%	85.7%	75.0%	56.3%	53.8%	59.5%	55.6%	50.0%	40.0%	50.0%	0.0%	0.0%	0.0%	0.0%	56.8%	57.89%
Overturns - Partial	0	0	0	0	0	1	0	1	1	0	2	3	0	0	0	0	4	2
Overturn Rate - Partial	0.0%	0.0%	0.0%	0.0%	0.0%	6.3%	0.0%	2.7%	5.6%	0.0%	20.0%	6.8%	0.0%	0.0%	0.0%	0.0%	4.5%	2.6%
Withdrawal	0	0	1	1	0	0	0	0	0	2	0	2	0	0	0	0	3	0
Withdrawal Rate	0.0%	0.0%	25.0%	14.3%	0.0%	0.0%	0.0%	0.0%	0.0%	12.5%	0.0%	4.5%	0.0%	0.0%	0.0%	0.0%	3.4%	0.0%
Membership	49,987	49,987	47,341	46,869	46,869	46,960	283,020	47,677	47,677	47,677	47,961	47,961	47,961	47,961	47,961	47,961	47,961	49,899
Appeals - PTMPM	0.06	-	0.08	0.00	0.17	0.34	0.05	0.00	0.38	0.34	0.21	0.31	-	-	-	0.00	0.08	0.06
Grievances - PTMPM	0.58	0.42	0.63	0.00	0.77	1.45	0.24	0.00	1.51	1.13	1.19	1.28	-	-	-	0.00	0.32	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	Grievances related to health plan benefit, plan authorization or access issues
Balance Billing	Member billing for Par and Nonpar providers.
Continuity of Care - Acute	Quality of service complaint/dispute regarding the continuity of care for acute care, as perceived by the enrollee from a provider.
Continuity of Care - Newborn	Quality of service complaint/dispute regarding the continuity of care for newborn care, as perceived by the enrollee from a provider.
Continuity of Care - Other	Quality of service complaint/dispute regarding the continuity of care for any other care not already categorized, as perceived by the enrollee from a provider.
Continuity of Care - Pregnancy	Quality of service complaint/dispute regarding the continuity of care for pregnancy care, as perceived by the enrollee from a provider.
Continuity of Care - Surgery	Quality of service complaint/dispute regarding the continuity of care for surgery, as perceived by the enrollee from a provider.
Continuity of Care - Terminal Illness	Quality of service complaint/dispute regarding the continuity of care for Terminal Illness, as perceived by the enrollee from a provider.
Interpersonal Grievance	Providers interaction with member
Behavioral Health	Grievances related to Mental Health providers/care
Other	All other QOS grievance types
Pharmacy/RX Medical Benefit	Long wait time for the drug to be called in or refilled
Quality of Care Grievances	Grievances Related to clinical concerns/possible impact to members health
Access to Care Grievance - Other	Long wait time for a scheduled appointment or unable to get an appointment with an ancillary provider
Access to Care Grievance - PCP	Long wait time for a scheduled appointment or unable to get an appointment with a PCP
Access to Care Grievance - Physical/OON	Access to care issues specifically due to physical distance or provider not being contracted with the plan
Access to Care Grievance - Specialist	Long wait time for a scheduled appointment or unable to get an appointment with a specialist
Behavioral Health	Grievances related to Mental Health providers/care
Other	All other QOC grievance types
PCP Care	Grievances related to quality of care provided by a PCP
PCP Delay	Grievances related to a delay in care provided by a PCP
Pharmacy/RX Medical Benefit	Wrong drug dispensed or adverse drug reaction.
Specialist Care	Grievances related to quality of care provided by a Specialist
Specialist Delay	Grievances related to a delay in care provided by a Specialist
APPEALS	Request for reconsideration. An oral or written request to change a decision or adverse determination.
Expedited Appeals Received	Appeals received in the month with a TAT of 3 calendar days
Standard Appeals Received	Appeals received in the month with a TAT of 30 calendar days
Total Appeals Received	Amount of cases received within that month
Appeals Acknowledgement Sent Non-compliant	Total number of acknowledgement letters not sent within the 5 calendar day TAT
Appeals Acknowledgement Compliance Rate	Percentage of Acknowledgement letters sent with the 5 calendar day TAT
Expedited Appeals Resolved Non-Compliant	Number of expedited appeals resolved after the 3 calendar day TAT
Expedited Appeals Resolved Compliant	Number of expedited appeals resolved within the 3 calendar day TAT
Expedited Appeals Compliance Rate	Percentage of expedited appeals closed with the 3 calendar day TAT
Standard Appeals Resolved Non-Compliant	Standard 30 day appeals resolved after the 30 calendar days
Standard Appeals Resolved Compliant	Standard 30 day appeals resolved within the 30 calendar days
Standard Appeals Compliance Rate	Percentage of Standard 30 calendar day TAT appeals closed within compliance
Total Appeals Resolved	Total number of appeals resolved for the month
Appeal Descriptions	
Pre Service Appeal	Any request for the reversal of a denied service prior to the services being rendered.
Consultation	Denied service due to medical necessity, lack of coverage.
DME	Denied item/supply due to medical necessity, lack of coverage.
Experimental/Investigational	Denied service because it is considered experimental/investigational
Behavioral Health	Denied Mental Health related service due to medical necessity, lack of coverage.
Other	All other denied services due to medical necessity, lack of coverage.
Pharmacy/RX Medical Benefit	Denied medication, including those considered an RX medical benefit, due to medical necessity, lack of coverage.
Surgical	Denied service due to medical necessity, lack of coverage.
Post Service Appeal	Any request for the reversal of a denied claim payment where the services were previously rendered.
Consultation	Denied service due to medical necessity, lack of coverage.
DME	Denied item/supply due to medical necessity, lack of coverage.
Experimental/Investigational	Denied service because it is considered experimental/investigational
Behavioral Health	Denied Mental Health related service due to medical necessity, lack of coverage.
Other	All other denied services due to medical necessity, lack of coverage.
Pharmacy/RX Medical Benefit	Denied medication, including those considered an RX medical benefit, due to medical necessity, lack of coverage.
Surgical	Denied service due to medical necessity, lack of coverage.
Appeals Decision Rate	Will include number of Upholds, Overturns, Partial overturns, and Withdrawals
Upholds	Number of Upheld Appeals
Uphold Rate	Percentage of Upheld appeals
Overturns - Full	Number of full overturned appeals
Overturn Rate - Full	Percentage of full overturned appeals
Overturn - Partial	Number of Partial Overturned appeals
Overturn Rate - Partial	Percentage of Partial Overturned appeals

Item #7

Attachment 7.D

Medical Management
Key Indicator Report



Healthcare Solutions Reporting

Key Indicator Report

Auth Based Utilization Metrics for CALVIVA California SHP

Report from 9/01/2024 to 9/30/2024

Report created 10/24/2024

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:

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[CalVIVA Kings](#)

[CalVIVA Madera](#)

[Glossary](#)

Contact Information

Sections

Concurrent Inpatient TAT Metric

TAT Metric

CCS Metric

Case Management Metrics

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Key Indicator Report
Auth Based Utilization Metrics for CALVIVA California SHP
Report from 9/01/2024 to 9/30/2024
 Report created 10/24/2024

ER utilization based on Claims data	2023-10	2023-11	2023-12	2023-Trend	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	2024-07	2024-08	2024-09	2024-Trend	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Qtr Trend	CY- 2023	YTD-2024	YTD-Trend	
MEMBERSHIP														Quarterly Averages										Annual Averages			
Expansion Mbr Months	118,421	117,508	116,609		115,570	119,572	119,992	120,073	120,279	120,769	122,044	122,125	122,163		116,736	120,103	120,009	117,513	118,378	120,374	122,111	0		118,590	120,287		
Adult/Family/O TLIC Mbr Mos	266,908	265,208	263,113		262,709	267,059	267,730	267,209	266,454	266,050	266,607	265,991	264,882		267,795	271,513	269,846	265,076	265,833	266,571	265,827	0		268,558	266,077		
Aged/Disabled Mbr Mos	49,395	49,074	48,807		46,270	47,506	47,234	46,940	46,026	46,962	47,175	47,366	47,622		45,552	49,671	49,807	49,092	47,003	46,643	47,388	0		48,531	47,011		
COUNTS																											
Admits - Count	2,018	2,049	2,227		2,242	2,107	2,150	1,989	2,167	2,147	2,227	2,154	2,069		2,073	2,108	2,109	2,098	2,166	2,101	2,150	238		2,097	2,139		
Expansion	620	682	697		752	689	665	658	736	740	739	650			600	661	683	666	702	711	710	82		653	708		
Adult/Family/O TLIC	914	865	945		918	855	940	857	923	894	940	906	970		897	905	907	908	904	891	939	105		904	911		
Aged/Disabled	484	502	585		572	563	545	474	508	513	547	509	449		575	542	520	524	560	498	502	51		540	520		
Admits Acute - Count	1,342	1,367	1,500		1,405	1,430	1,416	1,349	1,428	1,397	1,478	1,400	1,305		1,344	1,351	1,421	1,410	1,435	1,391	1,394	153		1,388	1,401		
Expansion	499	525	533		548	543	510	517	583	580	584	570	516		489	537	542	519	534	560	557	61		522	550		
Adult/Family/O TLIC	439	437	504		449	456	487	445	457	412	459	396	405		438	436	422	460	464	438	420	49		439	441		
Aged/Disabled	404	405	463		408	431	419	387	388	405	435	434	384		417	437	429	424	419	393	418	42		427	410		
Readmit 30 Day - Count	238	226	253		238	254	236	216	251	265	232	244	144		242	228	241	239	243	244	207	1		238	231		
Expansion	90	89	104		93	92	95	86	109	118	95	97	52		94	88	98	94	93	104	81	1		94	93		
Adult/Family/O TLIC	38	40	38		37	47	34	48	48	44	37	42	33		51	44	36	39	39	47	37	0		42	41		
Aged/Disabled	110	97	111		108	115	107	82	94	103	100	105	59		97	97	107	106	110	93	88	0		102	97		
**ER Visits - Count	13,715	14,097	14,805		13,710	13,670	14,647	14,757	15,685	14,692	14,276	13,421	6,043		13,293	14,761	13,963	14,206	14,009	15,045	11,247	0		14,056	13,433		
Expansion	3,786	3,563	3,798		3,514	3,806	3,917	4,118	4,142	4,296	4,050	1,818			3,550	3,901	3,932	3,716	3,690	4,059	3,388	0		3,775	3,712		
Adult/Family/O TLIC	8,178	8,663	9,109		8,144	8,284	8,889	8,896	9,541	8,489	7,924	7,728	3,660		8,156	8,904	8,088	8,650	8,439	8,975	6,437	0		8,450	7,951		
Aged/Disabled	1,751	1,871	1,898		1,816	1,872	1,952	1,944	2,026	2,061	2,056	1,643	565		1,587	1,957	1,943	1,840	1,880	2,010	1,421	0		1,832	1,771		
PER/K																											
Admits Acute - PTMPY	37.0	38.0	42.0		39.7	39.5	39.1	37.3	39.6	38.6	40.7	38.6	36.0		37.5	36.7	38.8	39.2	39.9	38.5	38.4	0		38.2	38.8		
Expansion	50.6	53.6	54.8		56.9	54.5	51.0	51.7	58.2	57.6	57.4	56.0	50.7		50.3	53.7	54.2	53.0	54.1	55.8	54.7	0		52.8	54.9		
Adult/Family/O TLIC	19.7	19.8	23.0		20.5	20.5	21.8	20.0	20.6	18.6	20.7	17.9	18.3		19.6	19.3	18.8	20.8	20.9	19.7	19.0	0		19.6	19.9		
Aged/Disabled	98.1	99.0	113.8		105.8	108.9	106.4	98.9	101.2	103.5	110.7	110.0	96.8		109.9	105.5	103.3	103.6	107.1	101.2	105.8	0		105.5	104.7		
Bed Days Acute - PTMPY	203.6	215.9	232.9		218.5	206.9	207.9	202.0	199.3	211.8	199.3	193.4	174.6		202.9	200.0	202.8	217.4	211.0	204.3	189.1	0		205.7	201.5		
Expansion	311.4	321.1	311.8		327.8	313.6	308.0	307.9	290.4	355.7	298.2	272.0	256.3		298.1	294.0	316.0	314.8	316.3	318.1	275.5	0		305.7	303.1		
Adult/Family/O TLIC	71.9	67.6	94.8		78.6	74.4	82.2	71.4	81.0	65.0	71.5	67.9	69.7		74.2	75.1	68.6	78.0	78.4	72.5	69.7	0		74.0	73.5		
Aged/Disabled	656.9	764.9	788.7		739.4	683.3	665.9	674.4	645.8	672.8	665.4	695.4	548.6		715.6	655.4	656.7	736.6	695.9	664.5	636.3	0		690.4	665.5		
ALOS Acute	5.5	5.7	5.5		5.5	5.2	5.3	5.4	5.0	5.5	4.9	5.0	4.8		5.4	5.4	5.2	5.5	5.3	5.3	4.9	#DIV/0!		5.4	5.2		
Expansion	6.2	6.0	5.7		5.8	5.8	6.0	6.0	5.0	6.2	5.2	4.9	5.1		5.9	5.5	5.8	5.9	5.8	5.7	5.0	#DIV/0!		5.8	5.5		
Adult/Family/O TLIC	3.6	3.4	4.1		3.8	3.6	3.8	3.6	3.9	3.5	3.5	3.8	3.8		3.8	3.9	3.7	3.7	3.7	3.7	3.7	#DIV/0!		3.8	3.7		
Aged/Disabled	6.7	7.7	6.9		7.0	6.3	6.3	6.8	6.4	6.5	6.0	6.3	5.7		6.5	6.2	6.4	7.1	6.5	6.6	6.0	#DIV/0!		6.5	6.4		
Readmit % 30 Day	11.8%	11.0%	11.4%		10.6%	12.1%	11.0%	10.9%	11.6%	12.3%	10.4%	11.3%	7.0%		11.7%	10.8%	11.4%	11.4%	11.2%	11.6%	9.6%	0.6%		11.3%	10.8%		
Expansion	14.5%	13.0%	14.9%		12.4%	13.4%	14.3%	13.1%	14.8%	15.9%	12.8%	13.1%	8.0%		15.6%	13.3%	14.4%	14.2%	13.3%	14.7%	11.5%	0.8%		14.3%	13.1%		
Adult/Family/O TLIC	4.2%	4.6%	4.0%		4.0%	5.5%	3.6%	5.6%	5.2%	4.9%	3.9%	4.6%	3.4%		5.6%	4.9%	4.0%	4.3%	4.3%	5.2%	4.0%	0.3%		4.7%	4.5%		
Aged/Disabled	22.7%	19.3%	19.0%		18.9%	20.4%	19.6%	17.3%	18.5%	20.1%	18.3%	20.6%	13.1%		16.9%	17.8%	20.5%	20.2%	19.6%	18.7%	17.5%	0.7%		18.8%	18.7%		
**ER Visits - PTMPY	378.6	391.8	414.6		387.5	377.9	404.1	407.8	434.9	406.4	393.1	369.8	166.8		370.9	401.4	381.1	394.9	389.8	416.4	310.0	0		387.1	372.0		
Expansion	383.6	363.9	390.8		389.4	352.7	380.6	391.5	410.8	411.6	422.4	398.0	178.6		365.0	389.7	393.2	379.4	374.1	404.6	332.9	0		382.0	370.3		
Adult/Family/O TLIC	367.7	392.0	415.4		372.0	372.2	398.4	399.5	429.7	382.9	356.7	348.6	165.8		365.5	393.5	359.7	391.6	380.9	404.0	290.6	0		377.6	358.6		
Aged/Disabled	425.4	457.5	466.7		471.0	472.9	495.9	497.0	528.2	526.6	523.0	416.2	142.4		418.0	472.8	468.1	449.8	480.0	517.2	359.9	0		452.9	451.9		
Services	TAT Compliance Goal: 100%														TAT Compliance Goal: 100%										TAT Compliance Goal: 100%		
Preservice Routine	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%	100.0%	100.0%	99.1%	100.0%	94.6%	100.0%	0.0%					
Preservice Urgent	98.0%	100.0%	100.0%		100.0%	100.0%	96.0%	94.0%	98.0%	100.0%	100.0%	98.0%	100.0%		100.0%	99.1%	100.0%	99.1%	98.2%	96.9%	99.1%	0.0%					
Postservice	100.0%	100.0%	100.0%																								

Key Indicator Report
Auth Based Utilization Metrics for CALVIVA California SHP
Report from 9/01/2024 to 9/30/2024
 Report created 10/24/2024

ER utilization based on Claims data	2023-10	2023-11	2023-12	2023-Trend	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	2024-07	2024-08	2024-09	2024-Trend	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Qtr Trend	CY- 2023	YTD-2024	YTD-Trend
	Rate Per Thousand				Rate Per Thousand										Rate Per Thousand											
Births	14.0	13.3	14.1		14.6	12.8	13.8	12.6	13.9	14.8	15.3	15.6	16.5		13.7	13.4	14.3	13.8	13.7	-	-	-		13.8		
OB % Days	5.3%	4.0%	3.9%		1.5%	2.6%	3.9%	4.3%	4.7%	4.5%	7.1%	8.3%	12.5%		2.0%	3.5%	5.1%	4.4%	2.7%	-	-	-		17.0%		
OB % Admits	25.0%	23.0%	22.5%		22.0%	21.1%	23.0%	22.4%	22.9%	24.1%	24.7%	25.9%	28.5%		22.2%	22.9%	24.6%	23.5%	22.0%	-	-	-		30.0%		

Key Indicator Report
Auth Based Utilization Metrics for CALVIVA California SHP
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ER utilization based on Claims data

	2023-10	2023-11	2023-12	2023-Trend	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	2024-07	2024-08	2024-09	2024-Trend	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Qtr Trend	CY- 2023	YTD-2024	YTD-Trend			
Perinatal Case Management	Perinatal Case Management													Perinatal Case Management													Perinatal Case Management		
	Total Number Of Referrals	170	147	133		320	203	163	280	257	64	134	137	205		472	598	476	386	686	601	476	0		318	1,763			
	Pending	0	0	0		0	0	0	0	0	0	0	0	11		0	2	1	21	0	0	11	0		3	11			
	Ineligible	9	8	7		10	21	9	10	9	18	17	13	14		18	32	10	19	40	37	44	0		5	121			
	Total Outreached	161	139	126		310	182	154	270	248	46	117	124	180		454	564	465	346	646	564	421	0		310	1,631			
	Engaged	146	130	115		226	137	103	145	160	41	103	105	86		157	224	183	137	466	346	294	0		228	1,106			
	Engagement Rate	91%	94%	91%		73%	75%	67%	54%	65%	89%	88%	85%	48%		35%	40%	39%	40%	72%	61%	70%	0%		74%	68%			
	Total Cases Managed	574	600	599		699	687	603	612	619	505	489	422	391		344	432	496	410	937	809	670	0		702	1578			
	Total Cases Closed	90	116	127		151	184	136	152	153	119	164	102	67		136	154	182	180	471	424	333	0		150	1,228			
	Cases Remained Open	478	495	469		547	509	442	439	467	388	318	295	306		199	263	263	224	442	388	306	0		547	306			
Physical Health Case Management	Physical Health Case Management													Physical Health Case Management													Physical Health Case Management		
	Total Number Of Referrals	161	114	132		186	275	314	268	343	190	224	272	173		799	840	612	407	775	801	669	0		2,658	2,245			
	Pending	2	4	19		0	1	0	0	0	3	2	0	3		0	1	3	25	1	3	5	0		29	9			
	Ineligible	35	16	22		25	23	33	37	79	18	4	25	14		194	164	101	73	81	134	43	0		532	258			
	Total Outreached	124	94	91		161	251	281	231	264	169	218	247	156		605	675	508	309	693	664	621	0		2,097	1,978			
	Engaged	81	72	62		78	123	138	119	123	77	103	107	67		343	422	338	215	339	319	277	0		1,318	935			
	Engagement Rate	65%	77%	68%		48%	49%	49%	52%	47%	46%	47%	43%	43%		57%	63%	67%	70%	49%	48%	45%	0%		63%	47%			
	Total Screened and Refused/Decline	12	7	13		36	33	39	29	38	15	26	43	27		172	132	76	32	108	82	96	0		412	286			
	Unable to Reach	31	15	16		47	95	104	83	103	77	89	97	62		90	121	94	62	246	263	248	0		367	757			
	Total Cases Closed	107	102	94		118	105	89	76	106	94	110	109	84		325	415	397	303	312	276	303	0		1,440	891			
Cases Remained Open	336	302	262		226	252	296	350	376	339	331	324	300		399	415	354	262	296	339	300	0		262	300				
Total Cases Managed	441	403	362		360	372	405	435	484	441	450	444	403		746	848	769	591	622	615	601	0		1,723	1,214				
Complex Case	61	60	62		65	59	64	62	65	65	62	51	45		61	94	95	84	99	86	69	0		161	153				
Non-Complex Case	380	343	300		295	313	341	373	419	376	388	393	358		685	754	674	507	523	529	532	0		1,562	1,061				
Transitional Care Services	Transitional Care Services													Transitional Care Services													Transitional Care Services		
	Total Number Of Referrals	278	277	130		266	291	147	128	238	431	493	610	643		296	750	827	685	704	797	1746	0		2,558	3,247			
	Pending	0	4	13		0	0	0	0	0	0	0	8	76		0	0	0	17	0	0	84	0		17	84			
	Ineligible	13	19	18		43	40	14	7	6	13	3	17	4		33	26	28	50	97	26	24	0		137	147			
	Total Outreached	265	254	99		223	251	133	121	232	418	490	585	563		263	724	799	618	607	771	1638	0		2,404	3,016			
	Engaged	256	217	52		101	164	110	88	146	232	321	354	388		216	673	783	525	375	466	1063	0		2,197	1,904			
	Engagement Rate	97%	85%	53%		45%	65%	83%	73%	63%	56%	66%	61%	69%		82%	93%	98%	85%	62%	60%	65%	0%		91%	63%			
	Total Screened and Refused/Decline	6	10	14		31	24	3	9	6	24	36	33	29		7	7	6	30	58	39	98	0		50	195			
	Unable to Reach	3	27	33		91	63	20	24	80	162	133	198	146		40	44	10	63	174	266	477	0		157	917			
	Total Cases Closed	230	191	79		77	64	138	114	87	97	212	272	311		195	476	645	500	279	298	795	0		1,816	1,372			
Cases Remained Open	61	50	12		29	132	107	92	109	233	305	386	423		19	73	69	12	107	233	423	0		12	423				
Total Cases Managed	382	310	125		126	204	260	211	245	387	608	735	831		265	695	901	654	399	587	1148	0		2,248	1,930				
Behavioral Health Care Management	Behavioral Health Care Management													Behavioral Health Care Management													Behavioral Health Care Management		
	Total Number Of Referrals	26	40	38		78	94	73	68	138	81	115	122	84		235	166	128	104	245	287	321	0		633	853			
	Pending	0	0	0		0	0	0	0	0	0	0	0	2		0	0	0	0	0	0	2	0		0	2			
	Ineligible	1	5	10		7	5	2	2	5	6	2	6	5		21	16	10	16	14	13	13	0		63	40			
	Total Outreached	25	35	28		71	89	71	66	133	75	113	116	77		214	150	118	88	231	274	306	0		570	811			
	Engaged	25	21	12		37	73	52	35	65	52	73	82	59		139	108	100	58	162	152	214	0		405	528			
	Engagement Rate	100%	60%	43%		52.0%	82.0%	73.0%	53.0%	49.0%	69%	65%	71%	77%		65%	72%	85%	66%	70%	55%	70%	0%		71%	65%			
	Total Screened and Refused/Decline	0	1	4		2	2	1	7	10	1	1	5	0		6	12	4	5	5	18	6	0		27	29			
	Unable to Reach	0	13	12		32	14	18	24	58	22	39	29	18		69	30	14	25	64	104	86	0		138	254			
	Total Cases Closed	34	26	27		35	27	31	55	60	36	63	50	60		154	122	128	87	93	151	173	0		491	417			
Cases Remained Open	95	89	75		64	119	142	121	127	141	145	160	152		149	138	106	75	142	141	152	0		75	152				
Total Cases Managed	129	118	104		113	150	176	182	193	184	217	233	235		307	264	237	170	237	297	341	0		572	604				
Complex Case	12	15	15		14	11	10	10	15	13	17	14	19		13	17	20	18	19	19	25	0		32	42				
Non-Complex Case	117	103	89		99	139	166	172	178	171	200	219	216		294	247	217	152	218	278	316	0		540	562				

Key Indicator Report
Auth Based Utilization Metrics for CALVIVA California SHP
Report from 9/01/2024 to 9/30/2024
 Report created 10/24/2024

ER utilization based on Claims data 2023-10 2023-11 2023-12 2023-Trend 2024-01 2024-02 2024-03 2024-04 2024-05 2024-06 2024-07 2024-08 2024-09 2024-Trend Q1 2023 Q2 2023 Q3 2023 Q4 2023 Q1 2024 Q2 2024 Q3 2024 Q4 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	28	18	27	32	29	47	35	29	22	55	34	25	0	8	60	73	108	86	114	0	141	308				
Pending	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Ineligible	0	2	1	1	1	0	0	1	0	0	2	0	0	1	0	3	2	1	2	0	4	5				
Total Outreached	28	16	26	31	28	47	35	28	22	55	32	25	0	7	60	70	106	85	112	0	137	303				
Engaged	28	16	21	31	28	47	35	28	22	45	32	25	0	3	60	65	106	85	102	0	128	293				
Engagement Rate	100%	100%	81%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	82.0%	100.0%	100.0%	0.0%	43.0%	100.0%	93.0%	100.0%	100.0%	91.0%	0%	93.0%	97.0%				
Total Screened and Refused/Decline	0	0	2	0	0	0	0	0	0	4	0	0	0	2	0	2	0	0	4	0	4	4				
Unable to Reach	0	0	3	0	0	0	0	0	0	6	0	0	0	2	0	3	0	0	6	0	5	6				
Total Cases Closed	8	4	4	2	8	10	9	8	11	11	12	14	0	0	3	16	20	28	37	0	19	85				
Cases Remained Open	74	91	108	140	160	196	218	243	254	289	308	319	0	3	56	108	196	254	319	0	108	319				
Total Cases Managed	88	95	113	143	169	207	232	250	265	301	321	332	0	3	62	125	217	282	357	0	128	404				

Item #7

Attachment 7.E

Medical Management
Quality Improvement
Utilization Management
Quarterly Report



REPORT SUMMARY TO COMMITTEE

TO: Fresno-Kings-Madera Regional Health Authority Commissioners

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

COMMITTEE

DATE: January 16th, 2025

SUBJECT: CalViva Health QI, UCMC & Population Health Update of Activities Quarter 4 2024 (Jan 2025)

Purpose of Activity:

This report is to provide the RHA Commission with an update on the CalViva Health **Quality Improvement, Utilization Management, Care Management** and **Population Health Management** performance, programs, and regulatory activities in Quarter 4 of 2024.

I. Meetings

The RHA Commission has delegated the authority and responsibility for development and implementation of the programs identified in the purpose above to the CalViva Health Quality Improvement Utilization Management Committee (QI/UM). The CalViva QI/UM Committee meets seven times per year to direct and oversee these programs and receive routine reports on progress towards goals and completion of planned activities.

In Quarter 4, two QI/UM Committee meetings were held on **October 17th and November 21st, 2024**. At the October and November QI/UM Committees the following **guiding documents** were approved:

The **Program Documents** that were approved were:

1. 2024 Health Equity Work Plan Mid-Year Evaluation & Executive Summary
2. 2024 Health Equity Language Assistance Program Mid-Year Report
3. Quality Improvement Health Equity Transformation Program 2024

Other **General Documents** approved were:

1. Medical Policies Update
2. Pharmacy Provider Updates
3. Public Health Policies & Procedures Annual Review
4. Utilization Management & Care Management Policies and Procedures Annual Review
5. 2024 Preventive Health Guidelines for Members

The following **Oversight Audit Results** were presented and accepted at the October meeting:

1. 2024 Appeals and Grievances Oversight Audit

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

1. The **Appeal and Grievance (A & G) Dashboard and Quarterly Reports** for Q3 2024 track volumes, turn-around times, and case classifications. Results demonstrate that the total number of grievances for

September 2024 was slightly lower than the totals for July and August but remains higher overall compared to previous years. Trends associated with this increase have been identified and are being addressed.

- The highest volume of grievances is Quality of Service (QOS). QOS cases most commonly relate to Access (Prior Authorizations), Administrative, Other (Balanced Billing), and Transportation.
- The volume of Quality of Care (QOC) grievances demonstrates random variation in quarter 3 with no patterns of persistent increase or decrease noted throughout 2024.
- Exempt Grievances have remained the same or increased over recent months.
- Balanced Billing related Grievances have begun to decline.

The **Operations Oversight Audit of Call Center Inquiry Calls Q3 Report** presents a summary of inquiry calls audited against established criteria to ensure appropriate identification and handling of potential grievances and quality of care issues. Audio files evaluated for the quarter were 100% compliant.

2. Behavioral Health Performance Indicator Report was reviewed in the October meeting with Q2 data presented. Five out of the five metrics met or exceeded their targets this quarter. Some performance metrics have been absorbed into other Health Plan reports as behavioral health is no longer managed by a separate organization.

- a. CalViva Membership showed a slight decrease (0.1%) in Q1 2024, utilization is up at approximately 3%.
- b. There were no (0) Life-Threatening or Non-Life-Threatening Emergent cases.
- c. There was one (1) Urgent case, and the appointment access standard was met for that case.
- d. Both Non-ABA and ABA Authorizations were 100% compliant on timeliness.

3. Facility Site & Medical Record & PARS Review Report provides a summary of Facility Site and Medical Record Reviews in Q1 & Q2 2024. All CVH counties are using the new FSR/MRR tools and standards.

- a. There were eleven (11) Facility Site Reviews (FSR) and six (6) Medical Record Reviews (MRR) completed in the 1st and 2nd Quarters of 2024. Eleven (11) Interim Reviews were completed.
- b. The mean rate FSR score for Fresno, Kings, and Madera Counties was 97% for the 1st and 2nd Quarters of 2024.
- c. The mean rate MRR score for Fresno, Kings, and Madera Counties was 91% for the 1st and 2nd Quarters of 2024 with 60 records reviewed.
- d. The Pediatric Preventive Care section's mean score was 84%.
- e. The Adult Preventive Care section's mean score was 90%.
- f. Lead Screening & Initial Health Appointment compliance are monitored through the Medical Record Review portion of these audits providing important validation of the status of these measures at the point of service.
- g. Eight (8) Physical Accessibility Review Surveys (PARS) were completed in the 1st and 2nd Quarters 2024. Eight (8) of the eight (8) PARS have Basic level access.

4. Additional Quality Improvement Reports from Q2 & Q3 including A & G Interrater Reliability Report, A & G Member Letter Monitoring Report, A & G Validation Audit Report, DMHC Expedited Grievance Report, Potential Quality Issues (Physical & Behavioral Health), Provider Preventable Conditions, Lead Screening Quarterly Report, Initial Health Appointment Report, and County Relations Quarterly Report were presented in Q4.

III. **Access Related Reporting** for Quarter 4 included **Provider Appointment Availability & After-Hours Access Survey Results (Provider Update)**, **Access Workgroup Quarterly Reports for Q4 (2)** and the **Access Work Group minutes from July 30th, 2024**.

1. The 2023 annual Provider Appointment Availability Survey (PAAS) and Provider After-Hours Access Survey (PAHAS) results are used to monitor provider compliance with timely access and after-hours regulations and evaluate the effectiveness of the network to meet the needs and preferences of CalViva Health members. The following DMHC and DHCS appointment access metrics **did not meet** the performance goal of **70%**:

- a. Urgent care appointment with psychiatrist

- b. Non-urgent care appointment with psychiatrist
- c. Urgent care appointment with Specialist that requires prior authorization within 96 hours.
- d. Non-urgent care appointment with Specialist within 15 business days.

A Corrective Action Plan (CAP) is issued to contracted PPGs and provider offices that fail any of the urgent or non-urgent metrics. PPGs and providers who receive a CAP are required to submit a written improvement plan (IP) within 30 days.

2. **Other Access-related** reporting included the Standing Referrals Report, Provider Office Wait Time, and Specialty Referrals Report.

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

1. **The Key Indicator Report (KIR) and UM Concurrent Review Report** provided data through September 2024. A quarterly comparison was reviewed with the following results:
 - a. Membership levels have stabilized.
 - b. Acute Admissions, Bed Days, and Acute Length of Stay (all adjusted PTMPY), for all categories have decreased. This may indicate that the acuity or the burden of illness of members being admitted is not as great as it was immediately after COVID-19.
 - Hospital stays are shorter, which may be a result of CalAIM activities as well as a robust case management or Transitional Care Services (TCS) program to help people transition out of the hospital and connect to other services.
 - c. Turnaround Time (TAT) rates for Q3 were all reported at 100% except one month each in the quarter *Pre-service Urgent (98.0%)* and *Deferrals Routine (98.0%)*.
 - d. Care Management referral rates demonstrated variation month over month in Q3, however all programs demonstrated increases over the widespread decline noted in June 2024.
 - e. Engagement rates remained consistent or demonstrated an increase for all programs in September compared to August except for Perinatal Case Management which showed a decline after a peak in August.
2. **Additional Utilization Management/Case Management Q3 Reports** presented were the TurningPoint Musculoskeletal Utilization Review, CCS Report, Concurrent Review Interrater Reliability Report, Evolent (NIA), PA Member Letter Monitoring, Case Management and CCM and SPD HRA Outreach Reports.

V. **Pharmacy Quarterly Reports** The following is a summary of the reports and topics reviewed:

Pharmacy reports include Executive Summary, Operation Metrics, Top 25 Medication Prior Authorization (PA) Requests, and Pharmacy Interrater Reliability Results (IRR) which were all reviewed. Since the implementation of Medi-Cal Rx in January of 2022, pharmacy activities are focused on Medical Benefit drugs.

1. Pharmacy prior authorization metrics were within 5% of standard for the third quarter.
2. PA metrics remained consistent in Q3 compared to Q2 with an overall Turn-around Time of 97.8%.
3. PA volumes decreased slightly in Q3.
4. Third quarter top medication requests were consistent with quarter 2 with continued higher than expected requests for IV iron for non-preferred agents but was lower than Q2 2024.
5. Inter-rater Reliability results met the 90% threshold for action. 95% goal was not met; the overall score was 93.33%. Criteria application and clear and concise language in member letters were the most common issues identified in Q3. Two (2) cases had questionable denial/approval decisions. Results were shared with PA Managers.

VI. **HEDIS® Activity**

In Q4 HEDIS® related activities were focused on analyzing the results for MY2023 under the Managed Care Accountability Set (MCAS) measures and the minimum performance level (MPL) of 50th percentile and initiating or enhancing activities to address opportunities for improvement.

The new HEDIS® HSAG Audit season has begun for MY2024. HSAG has shared a timeline for this season including timeframe for completing the HEDIS® Audit, initial and final data submission dates, Roadmap due date, etc. We have received our auditor assignment for this year as well. Data and information are currently being gathered for completion of the HEDIS® Roadmap MY2024 due January 2025.

The Medical Management Team has reinstated **Annual Clinic Visits** focused on high volume FQHC's/Clinics throughout Fresno, Kings, and Madera counties. During these 90-minute clinic site visits, the Medical Management Team presents provider specific HEDIS® results, discusses barriers to meeting the measures, and shares successful strategies and lessons learned from current and previous quality improvement projects. In Q4 two Annual Clinic Visits were conducted, one at United Health Centers in Fresno County and one at Adventist Health in Kings County. Both visits were very successful, engaging clinic leadership and quality improvement staff in productive dialogue regarding future activities and collaborative efforts. Additional Annual Clinic Visits will be conducted in Q1 2025.

VII. Quality Improvement Activities

1. Two Performance Improvement Projects:

- **Clinical Disparity PIP** - Improve Infant Well-Child Visits in the Black/African American(B/AA) Population in Fresno County.
 - Received feedback from HSAG/DHCS on 9/11/24 submission. Revised PIP Submission submitted 12/02/2024. Awaiting HSAG feedback.
 - Continuing Intervention #1 to refer all B/AA pregnant or newly delivered members to Black Infant Health (BIH) adding member incentives for attending. Webinar for targeted providers (higher volume B/AA membership) with BIH in January 2025.
 - Developing 2nd intervention to utilize CDC Milestones app via BIH to support timely completion of WCV.
- **Non-Clinical PIP** - Improve Provider Notifications following ED Visit for Substance Use Disorder or Mental Health Issue.
 - Received feedback from HSAG/DHCS on 9/25/24 submission. Revised PIP Submission submitted 12/02/2024. Awaiting HSAG feedback.
 - Implementing two interventions at Saint Agnes Medical Center:
 - ✓ Staff Training on appropriate Coding to document services provided.
 - ✓ Cultural Competency focusing on the Hispanic Population to increase Follow up.

2. **Institute for Healthcare Improvement (IHI) Equity Focused Well-Child Sprint Collaborative April 2024 through March 2025.** In progress. Working with Clinica Sierra Vista (CSV) and IHI to improve WCV for *Hispanic Children 0-15 months* in Fresno County through testing of interventions related to Provider/Caregiver Experience, Equitable Scheduling and Community Resources.

- **Intervention #1** Equity & Transparent, Stratified and Actionable Data - **complete**.
- **Intervention #2** Understanding Provider and Patient/Caregiver Experiences – **complete**
- **Intervention #3** **Reliable & Equitable Scheduling Processes** – in progress. Finalized the first PDSA cycle for this intervention. Testing will continue.
- **Intervention #4** **Asset Mapping & Community Partnerships**- in progress. Next Storyboard is due January 16th, 2025.

3. **Lean Equity Improvement Projects in Kings (Child Domain) and Madera (Behavioral Health Domain) assigned in April 2024.** A-3 Project Summaries submitted first progress report to DHCS 09/30/24. Received feedback from DHCS 10/18/24, second progress reports waived. Madera Project update submitted to DHCS 12/1/24. Projects closed. New projects will be assigned in Q1 2025.

4. **Comprehensive Improvement Project in Fresno County (Child & Behavioral Health Domains) assigned in April 2024.** First progress report on Initial Strategies and Action Item submitted to DHCS 10/18/24.

Received feedback from DHCS on 11/4/24. Second progress report waived; project closed. New projects will be assigned in Q1 2025.

VIII. Findings/Outcomes

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

Item #7

Attachment 7.F

Medical Management
Credentialing Sub-Committee
Quarterly Report



REPORT SUMMARY TO COMMITTEE

TO: Fresno-Kings-Madera Regional Health Authority Commissioners

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

COMMITTEE DATE: January 16th, 2025

SUBJECT: CalViva Health Credentialing Sub-Committee Report of Activities in Quarter 4 2024

Purpose of Activity:

This report is to provide the QI/UM Committee and RHA Commission with a summary of the 4th Quarter 2024 CalViva Health Credentialing Sub-Committee activities.

- I. The Credentialing Sub-Committee met on October 17th, 2024. At the October meeting, routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services. The 2025 Credentialing Sub-Committee meeting dates were presented and approved.
- II. Reports covering the second quarter for 2024 were reviewed for delegated entities and third quarter 2024 for Health Net including Behavioral Health. A summary of the second quarter data is included in Table 1, below.

III. Table 1. Quarter 2 2024 Credentialing/Recredentialing

	Sante	ChildNet	BH	HN	LaSalle	ASH	Envolve	IMG	CVMP	Adventist	UPN	Totals
Initial credentialing	42	20	76	8	115	0	1	10	46	12	50	380
Recredentialing	93	37	29	1	68	0	14	26	71	61	9	409
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	135	57	105	9	183	0	15	36	117	73	59	789

- IV. **The 2024 Adverse Events Report** for third quarter (July to September) was presented to the Credentialing Sub-Committee. This report provides a summary review of ongoing monitoring for potential quality issues and Credentialing Adverse Action cases during the reporting period.
 - There was one (1) case identified in Q3 that met the criteria for reporting in which an adverse outcome was associated with a contracted practitioner. There were no reconsiderations or fair hearings during the third quarter of 2024.
 - There were no (0) incidents or patterns of non-compliance resulting in substantial harm to a member or members because of appointment availability.
 - There were no (0) cases identified outside of the ongoing monitoring process this quarter. (NCQA CR.5.A.4)
- V. **The Access & Availability Substantial Harm Report Q3 2024** was presented and reviewed. The purpose of this report is to identify incidents involving appointment availability resulting in

substantial harm to a member or members as defined in Civil Code section 3428(b)(1). Assessments include all received and resolved Quality of Care (QOC) and Potential Quality Issue (PQI) cases identified related to appointment availability and the cases are ranked by severity level.

After a thorough review of all third quarter 2024 PQI/QOC cases, the Credentialing Department identified zero (0) new cases of appointment availability resulting in substantial harm as defined in Civil Code section 3428(b)(1).

- VI. **Credentialing Adverse Actions** for Q3 for CalViva Credentialing Sub-Committee from Health Net Credentialing Committee was presented. There were two (2) cases presented for discussion for July, August, and September for CalViva Health. One (1) case was placed on pending status awaiting the Medical Board of California's decision and one (1) case was placed on annual monitoring for compliance with the Medical Board of California's orders.
- VII. Follow-up activities will be scheduled, and ongoing monitoring and reporting will continue.

Item #7

Attachment 7.G

Medical Management
Peer Review Sub-Committee
Quarterly Report



REPORT SUMMARY TO COMMITTEE

TO: Fresno-Kings-Madera Regional Health Authority Commissioners

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

COMMITTEE DATE: January 16th, 2025

SUBJECT: CalViva Health Peer Review Sub-Committee Report of Activities in Quarter 4 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 October 17th, 2024. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 3 2024 were reviewed for approval. There were no significant cases to report. The 2025 Peer Review Sub-Committee meeting dates were presented and approved.
- II. The **2024 Adverse Events Report for Q3** was reviewed. This report provides a summary of ongoing monitoring for potential quality issues and Credentialing Adverse Action cases during the reporting period. This includes all cases with a severity code level of III or IV, or any case the CalViva CMO requests to be forwarded to the Peer Review Committee.
 - There were nine (9) cases identified in Q3 that met the criteria for reporting and were submitted to the Peer Review Committee. Six (6) of these cases involved a practitioner and three (3) cases involved organizational providers (facilities).
 - Of the nine (9) cases, three (3) were tabled, one (1) was deferred, one (1) was closed to track and trend with a letter of concern, and four (4) were closed to track and trend.
 - Five (5) cases involved Seniors and Persons with Disabilities (SPDs) and none (0) involved Behavioral Health.
 - There were no (0) incidents involving appointment availability resulting in substantial harm to a member or members in Q3.
 - There were no (0) cases that met the Peer Review trended criteria for escalation.

- There were no (0) cases identified outside of the ongoing monitoring process this quarter, in which an adverse injury occurred during a procedure by a contracted practitioner. (NCQA CR.5.A.4)
- There were thirty-four (34) 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 Q3 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.

- Eighteen (18) cases were submitted to the Peer Review Committee in Q3 2024. There was one (1) incident found involving appointment availability issues *without significant harm* to a member. Two (2) cases were determined to be related to significant harm to a member but *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 Q3 2024.

- IV. **Quarter 3, 2024 Peer Count Report** was presented at the meeting with a total of eighteen (18) cases reviewed. The outcomes for these cases are as follows:
- There were eleven (11) cases closed and cleared. There were three (3) cases tabled for further information. Two (2) cases were pending closure for CAP compliance and one (1) case was deferred. One (1) case with CAP outstanding/continued monitoring. There were no (0) cases closed/terminated.
- V. Follow up will be initiated to obtain additional information for the tabled cases and ongoing monitoring and reporting will continue.

Item #7

Attachment 7.H

Executive Dashboard



Month	2023	2023	2023	2023	2024	2024	2024	2024	2024	2024	2024	2024	2024
	September	October	November	December	January	February	March	April	May	June	July	August	September
CVH Members													
Fresno	350,061	348,373	346,709	345,319	343,493	347,888	348,065	348,349	347,954	347,975	349,399	348,729	347,975
Kings	39,366	38,824	38,583	38,436	38,232	38,901	38,877	38,831	38,563	38,404	38,370	38,254	38,133
Madera	48,124	47,588	47,150	46,762	46,717	48,656	48,684	48,579	48,666	48,888	49,258	49,373	49,507
Total	437,551	434,785	432,442	430,517	428,442	435,445	435,626	435,759	435,183	435,267	437,027	436,356	435,615
SPD	50,476	50,222	49,987	49,899	47,393	47,212	47,029	46,869	46,763	46,841	47,066	47,185	47,411
CVH Mrkt Share	67.46%	67.51%	67.59%	67.65%	67.15%	66.84%	66.83%	66.81%	66.83%	66.85%	66.90%	66.92%	66.92%
ABC Members													
Fresno	155,030	154,141	152,908	151,942	151,485	155,843	155,594	155,721	155,374	155,027	155,215	154,520	154,078
Kings	25,737	25,319	25,075	24,901	25,311	25,600	25,550	25,522	25,234	25,053	24,915	24,819	24,689
Madera	30,333	29,752	29,339	29,018	28,693	29,862	29,595	29,230	28,949	28,785	28,665	28,541	28,385
Total	211,100	209,212	207,322	205,861	205,489	211,305	210,739	210,473	209,557	208,865	208,795	207,880	207,152
Kasier													
Fresno					3,562	3,998	4,627	5,075	5,467	5,931	6,269	6,645	6,936
Kings					2	54	67	87	98	102	113	121	129
Madera					574	673	800	884	918	987	1,054	1,098	1,151
Total					4,138	4,725	5,494	6,046	6,483	7,020	7,436	7,864	8,216
Default													
Fresno	64.51%	55.31%	52.18%	54.90%	48.76%	57.21%	55.65%	57.56%	59.38%	64.17%	56.65%	59.99%	
Kings	56.71%	63.12%	65.00%	58.18%	62.64%	53.82%	55.67%	56.78%	57.36%	57.76%			
Madera	64.21%	55.26%	58.30%	56.41%	55.86%	54.76%	61.60%	65.92%	72.97%	77.26%	61.66%		
County Share of Choice as %													
Fresno	48.06%	66.31%	65.72%	51.27%	66.82%	59.92%	62.71%	62.52%	62.40%	64.25%	62.86%	62.71%	
Kings	65.47%	66.67%	61.84%	69.21%	65.78%	62.47%	63.07%	65.75%	67.10%	65.56%			
Madera	57.35%	63.79%	66.57%	57.79%	69.02%	58.71%	60.62%	65.83%	58.80%	62.24%	65.38%	68.13%	

IT Communications and Systems			
IT Communications and Systems	Active Presence of an External Vulnerability within Systems	NO	Description: A good status indicator is all potential external vulnerabilities scanned and a very low identification of confirmed and/or potential vulnerabilities.
	Active Presence of Viruses within Systems	NO	Description: A specific type of malware (designed to replicate and spread) intended to run and disable computers and/or computer systems without the users knowledge.
	Active Presence of Failed Required Patches within Systems	NO	Description: A good status indicator is all identified and required patches are successfully being installed.
	Active Presence of Malware within Systems	NO	Description: Software that is intended to damage or disable computers and computer systems.
	Active Presence of Failed Backups within Systems	NO	Description: A good status indicator is all identified and required backups are successfully completed.
	Average 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.		

Member Call Center CalViva Health Website			Year	2023	2023	2023	2024	2024	2024
			Quarter	Q2	Q3	Q4	Q1	Q2	Q3
	(Main) Member Call Center	# of Calls Received		34,897	34,897	34,875	41,520	36,270	38,251
		# of Calls Answered		34,625	34,595	34,533	41,114	36,104	37,970
		Abandonment Level (Goal < 5%)		0.80%	0.90%	1.00%	1.00%	0.50%	0.70%
		Service Level (Goal 80%)		87%	88%	83%	85%	98%	96%
	Behavioral Health Member Call Center	# of Calls Received		940	860	1,436	940	864	957
		# of Calls Answered		930	848	1,426	936	859	950
		Abandonment Level (Goal < 5%)		1.10%	1.40%	0.70%	0.40%	0.60%	0.70%
Service Level (Goal 80%)			89%	89%	95%	97%	94%	93%	
Transportation Call Center	# of Calls Received		12,107	12,554	8,239	9,469	13,007	14,196	
	# of Calls Answered		12,083	12,466	8,181	9,384	12,942	13,940	
	Abandonment Level (Goal < 5%)		0.00%	0.50%	0.50%	0.60%	0.40%	1.50%	
	Service Level (Goal 80%)		93%	87%	86%	79%	86%	63%	
CalViva Health Website	# of Users		42,000	40,000	45,000	54,000	53,000	64,000	
	Top Page		Main Page	Main Page	Main Page	Main Page	Main Page	Main Page	
	Top Device		Mobile (60%)	Mobile (61%)	Mobile (61%)	Mobile (61%)	Mobile (61%)	Mobile (67%)	
	Session Duration		~ 1 minute	~ 1 minute	~ 1 minute	~ 1 minute	~ 1 minute	~ 1 minute	
Message from the CEO	Q3 2024 numbers are available. Management is working with the Transportation Call Center on improving performance. At present time, there are no other significant issues or concerns as it pertains to the Plan's Call Center and Website activities.								

Provider Network & Engagement Activities									
Provider Network & Engagement Activities	Year	2024	2024	2024	2024	2024	2024	2024	
	Month	Mar	Apr	May	Jun	Jul	Aug	Sep	
	Hospitals	10	10	10	10	10	10	10	
	Clinics	156	156	157	156	156	158	157	
	PCP	396	397	401	406	409	418	423	
	PCP Extender	392	421	433	413	413	442	440	
	Specialist	1468	1471	1477	1485	1531	1563	1565	
	Ancillary	278	279	283	285	302	312	315	
	Historical Data								
	Year	2023	2023	2023	2023	2024	2024	2024	
	Quarter	Q1	Q2	Q3	Q4	Q1	Q2	Q3	
	Behavioral Health	507	593	598	592	353	652	658	
	Vision	37	104	110	104	108	116	113	
	Urgent Care	12	14	14	16	16	16	16	
	Acupuncture	4	4	4	3	3	3	3	
	Patient Acceptance								
	Year	2022	2023	2023	2023	2023	2024	2024	
	Quarter	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
	% of PCPs Accepting New Patients - Goal (85%)	97%	97%	97%	98%	96%	94%	94%	
	% Of Specialists Accepting New Patients - Goal (85%)	97%	98%	98%	98%	98%	97%	98%	
	% Of Behavioral Health Providers Accepting New Patients - Goal (85%)	96%	96%	97%	96%	93%	96%	97%	
	Provider Interactions								
	Year	2024	2024	2024	2024	2024	2024	2024	
	Month	Mar	Apr	May	Jun	Jul	Aug	Sep	
	Providers Interactions by Provider Relations	432	328	584	628	498	638	546	
	Reported Issues Handled by Provider Relations	7	10	12	7	9	4	1	
	Documented Quality Performance Improvement Action Plans by Provider Relations	86	28	71	64	93	39	20	
	Interventions Deployed for PCP Quality Performance Improvement	86	28	71	64	93	39	20	
Message From the CEO	At present time, there are no significant issues or concerns as it pertains to the Plan's Provider Network.								

	Year	2022	2023	2023	2023	2023	2024	2024
	Quarter	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Claims Processing	Medical Claims Timeliness (30 days / 45 days) Goal (90% / 95%) - Deficiency Disclosure	99% / 99% NO	95% / 99% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO
	Behavioral Health Claims Timeliness (30 Days / 45 days) Goal (90% / 95%) - Deficiency Disclosure	99% / 99% N/A	94% / 95% N/A	99% / 99% 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% / NA NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO
	Transportation Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO
	PPG 1 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	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	90% / 94% YES	82% / 91% YES	91% / 97% NO	95% / 98% NO	99% / 99% NO	94% / 97% YES	88% / 99% YES
	PPG 3 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	95% / 100% YES	90% / 100% YES	83% / 98% YES	68% / 92% NO	47% / 89% YES	79% / 93% YES	99% / 100% NO
	PPG 4 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	99% / 100% NO	99% / 100% NO	99% / 100% NO	99% / 100% NO	99% / 100% NO	98% / 100% NO
	PPG 5 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	98% / 100% NO	100% / 100% NO	100% / 100% NO	99% / 100% NO	99% / 100% NO	99% / 100% NO	99% / 100% NO
	PPG 6 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	98% / 100% NO	99% / 100% NO	99% / 100% NO	98% / 100% NO	98% / 99% NO	100% / 100% NO	99% / 100% YES
	PPG 7 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	99%/100% NO	99%/100% NO	99% / 100% NO	100% / 100% YES	99% / 100% YES	98% / 100% NO	99% / 100% NO
	PPG 8 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	64% / 100% NO	95% / 100% NO	79% / 100% NO
	PPG 9 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure					100% / 100% NO	100% / 100% NO	100% / 100% NO
	Message from the CEO	Q2 2024 were presented during the 10/17/24 RHA Commission Meeting. Q3 numbers are not yet available.						

	Year	2022	2023	2023	2023	2023	2024	2024	
	Quarter	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
Provider Disputes	Medical Provider Disputes Timeliness (45 days) Goal (95%)	96%	98%	99%	99%	99%	98%	99%	
	Behavioral Health Provider Disputes Timeliness (45 days) Goal (95%)	100%	100%	100%	100%	100%	100%	100%	
	Acupuncture Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	Vision Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	100%	100%	100%	100%	100%	100%	
	Transportation Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	PPG 1 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	78%	98%	89%		
	PPG 2 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	84%	11%	31%	81%	100%	100%	
	PPG 3 Provider Dispute Timeliness (45 Days) Goal (95%)	85%	71%	40%	66%	65%	70%	93%	
	PPG 4 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	99%	41%	55%	90%	97%	100%	
	PPG 5 Provider Dispute Timeliness (45 Days) Goal (95%)	98%	100%	43%	65%	85%	98%	97%	
	PPG 6 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	47%	63%	97%	100%	100%	
	PPG 7 Provider Dispute Timeliness (45 Days) Goal (95%)	98%	N/A	100%	67%	95%	100%	100%	
	PPG 8 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	99%	99%	100%	97%	
	PPG 9 Provider Dispute Timeliness (45 Days) Goal (95%)					N/A	100%	100%	
	Message from the CEO	Q2 2024 were presented during the 10/17/24 RHA Commission Meeting. Q3 numbers are not yet available.							