

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission**
Meeting Minutes
July 17, 2025

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
✓	Garry Bredefeld, Fresno County Board of Supervisors	✓	Aftab Naz, M.D., Madera County At-large Appointee
✓	David Cardona, M.D., Fresno County At-large Appointee	✓	Joe Neves, Vice Chair, Kings County Board of Supervisors
✓	Aldo De La Torre, Community Medical Center Representative		Lisa Lewis, Ph.D., Kings County At-large Appointee
	Joyce Fields-Keene, Fresno County At-large Appointee		Rose Mary Rahn, Director, Kings County Dept. of Public Health
✓	John Frye, Commission At-large Appointee, Fresno	✓	David Rogers, Madera County Board of Supervisors
	Soyla Griffin, Fresno County At-large Appointee		Jennifer Armendariz, Valley Children's Hospital Appointee
✓	David Hodge, M.D., Chair, Fresno County At-large Appointee		Paulo Soares, Commission At-large Appointee, Madera County
	Kerry Hydash, Commission At-large Appointee, Kings 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	✓	Maria Sanchez, Senior Compliance Manager
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 1:29 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			
#5 Consent Agenda <ul style="list-style-type: none"> • <i>Commission Minutes dated 5/15/25.</i> • <i>Finance Committee Minutes dated 3/20/25.</i> • <i>QI/UM Committee Minutes dated 3/20/25.</i> • <i>Public Policy Committee Minutes 3/5/25</i> • <i>Finance Committee Charter</i> • <i>Credential Committee Charter</i> • <i>Peer Review Committee Charter</i> • <i>QIUM Charter</i> • <i>Public Policy Committee Charter</i> • <i>Compliance Report</i> <p>Action D. Hodge, MD, Chair</p>	All consent items were presented and accepted as read.		<p><i>Motion: Consent Agenda was approved.</i></p> <p><i>9 – 0 – 0 – 8</i></p> <p><i>(Neves / Frye)</i></p>
#4 Closed Session	<p>Jason Epperson reported out of closed session. The Commission met in closed session to discuss the items agendized specifically item #4.A Public Employee Appointment, Employment, Evaluation, or Discipline – CEO Annual Review, Government Code section 54957(b)(1), #4.B Conference with Legal Counsel – Existing Litigation, Fresno County Superior Court Case #24CECG020996, Government Code section 54596.9, and #4.C Conference Report Involving Trade Secret, Public Disclosure date July 1, 2025, Government code section 54954.5. Regarding items 4.B and 4.C, the Commission discussed those items, and direction was given to staff and took no other reportable action regarding those two items. Regarding 4.A, the Commission discussed this in closed session. A motion was made by John Frye and seconded by Supervisor Neves to increase the CEO's basic</p>		No Motion

Commission Meeting Minutes

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	compensation 5% effective his employment anniversary date, motion was carried unanimously. The Commission recessed from closed session at 1:40 pm.		
<p>#5 Public Disclosure – Health Net Community Solutions Contract</p> <p>Information J. Nkansah, CEO</p>	<p>The RHA met in closed session during various dates over the past year to discuss the contract with Health Net Community Solutions. Public disclosure was reported out for Fresno-Kings-Madera Regional Health Authority (“RHA”) dba CalViva Health and Health Net Community Solutions, Inc. (“Health Net”) contract(s) with an effective date of July 1, 2025.</p> <p>The discussions during those closed session meetings were centered around the Administrative Services Agreements and Amendments with Health Net Community Solutions, Inc., and the Capitated Provider Services Agreements and Amendments with Health Net Community Solutions, Inc.</p> <p>A modernized Administrative Services Agreement and Capitated Provider Services Agreement has been agreed to by RHA and Health Net with the intent to execute with an effective date of July 1, 2025, upon gaining regulatory approval of the new modernized agreement(s). There are no changes to financial terms, and there is no first right of refusal language included in these agreements. The new modernized agreements will continue to adhere to an initial term as well as the automatic renewal terms. Either party has the right to exercise the clause to terminate without cause, which remains in the contract. Legal references and definitions have been reviewed and if applicable updated, removed or added in the new agreements. Business operational practices and processes were reviewed and updated to align with current processes. Performance standards will remain in the new agreement, and the Medi-Cal benefit program terminology was reviewed because of the new 2024 DHCS contract requirements.</p> <p>Next steps in this process are to obtain regulatory approval of the new modernized Administration Services Agreement and Capitated Provider Services Agreement and execute those new modernized agreements with Health Net with a retroactive effective date of July 1, 2025.</p>		<i>No Motion</i>

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
<p>#6 Community Support & Community Reinvestment Policy and Procedure</p> <p>Action</p> <p>J. Nkansah, CEO</p>	<p>In February 2025, the Commission discussed the new DHCS Community Reinvestment contractual requirements and DHCS All Plan Letter 25-004 and how the changes would impact the Plan's Community Support Policy and Procedure. A redline of the policy and procedure AD-103 was presented to Commission on February 20, 2025.</p> <p>The Commission was advised on February 20, 2025, that the revised RHA Commission Policy and Procedure AD-103 would be submitted to DHCS for review and approval. If DHCS requests additional changes the policy will be brought back to the RHA Commission for approval.</p> <p>The DHCS did not request any changes to the RHA Policy and Procedure which impacts how the Plan intends to operationalize the RHA Community Support Program and/or the DHCS Community Reinvestment Program. The DHCS requested technical changes to insert certain aspects of the requirements of the All Plan Letter into the policy and procedure as opposed to Plan's preference to refer to the All Plan Letter. Those changes can be found in redline on pages 1, 2, 3, 5, 6, and 7 of Policy and Procedure AD-103.</p> <p>The Policy and Procedure is now reviewed and approved by DHCS.</p>		<p><i>Motion: The Commission reviewed and approved Policy AD-103.</i></p> <p><i>9 – 0 – 0 – 8</i></p> <p><i>(Rogers / Neves)</i></p>
<p>#7 Review of Fiscal Year End 2025 Goals</p> <p>Information</p> <p>J. Nkansah, CEO</p>	<p>Results for fiscal year end 2025 goals were presented to Commissioners. Market share remained stable from the prior fiscal year.</p> <p>The Medical Management and Quality Improvement outcomes are that both PIPs were completed, and the planning phase and data gathering are underway. In addition, the required collaborative effort to work with Anthem to address improvement in the Childhood domain is underway and the planning phase and data gathering has been initiated.</p> <p>For the Funding of Community Support program there were ten (10) Provider recruitment grants awarded.</p> <p>For Tangible Net Equity (TNE), the Plan has met the DMHC TNE requirement. CVH did not meet the DHCS reserve standard; however, continues to make progress toward meeting that goal.</p>		<p><i>No Motion</i></p>

Commission Meeting Minutes

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<p>For Direct Contracting, the Plan maintained direct contracts. TNE requirements have been met and presently there is no longer a need for this to be an ongoing fiscal year goal.</p> <p>For Health Plan Accreditation, the goal was to obtain health plan accreditation by 2025 and NCQA Health Equity Accreditation by 2026. Both goals were met early, and the Plan is now NCQA Health Plan and NCQA Health Equity Accredited as of June 30, 2025.</p>		
<p>#8 Goals & Objectives for Fiscal Year 2026</p> <p>Action J. Nkansah, CEO</p>	<p>The goals and objectives for FY 2026 were presented to Commissioners.</p> <p>For Medical Management/Quality Improvement, the Plan continues to work on both Performance Improvement Projects (PIPs); African American/Black Well child Visits in Fresno County (Clinical); and Follow-up after ED visit for substance use disorder (SUD)/mental health (MH) issue in Fresno and Madera Counties (Non-clinical). In addition, continue the IHI Behavioral Health project in Fresno County working with Fresno County Behavioral Health and Anthem Blue Cross on the Behavioral Health Domain to improve follow up after an ED visit for SUD/MH issues.</p> <p>The Plan will continue to maintain Funding of Community Support Program, DMHC TNE requirements, Community Outreach, participation in local community initiatives, advocacy for Local Initiative Plan interest, NCQA accreditations, and DEI activities as required by DHCS.</p>		<p><i>Motion: Commissioners approved goals & objectives for FY 2026.</i></p> <p><i>9 – 0 – 0 – 8</i></p> <p><i>(Neves / Naz)</i></p>
<p>#9 CYBHI MOU CBH-MCP Interim Model 04032025</p> <p>Action J. Nkansah, CEO</p>	<p>The Children Youth Behavioral Health Initiative, which is part of a master plan for kids' mental health and is an investment by the State of California</p> <p>The DHCS has contracted with Caredon Behavioral Health (CBH) to manage certain implementation components of the statewide, multi-payer, school-linked fee schedule and support DHCS and participating entities with the management of the school-linked statewide provider network of behavioral health practitioners, which is comprised of local education agencies, county offices of education, public institutions of higher education, and community-based individual, group and</p>		<p><i>Motion: Commission approved CYBHI MOU</i></p> <p><i>9 – 0 – 0 – 8</i></p> <p><i>(Neves / Cardona)</i></p>

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<p>organizational providers designated in-network by local education agencies, county offices of education, or public institutions of higher education (collectively, Providers).</p> <p>As a participating entity, DHCS requires Fresno-Kings-Madera Regional Health Authority dba CalViva Health a Medi-Cal Managed Care Plan, to coordinate components of the program under the terms specified in this MOU. Additionally, CalViva Health will fund CYBHI Fee Schedule program claims for eligible services furnished by Providers to enrolled members of CalViva Health. The MOU must be signed “as is” as the Regulators, which include DHCS and the California Department of Managed Health Care (DMHC), are not accepting any redlines.</p> <p>The CEO and RHA Outside Counsel agree the CEO’s ability to execute MOUs are limited to local and state agencies that provide services as described in the DHCS Medi-Cal Agreement. CBH is not a local and/or state agency, therefore approval of the RHA Commission is needed to execute the California Children and Youth Behavioral Health Initiative Network Support, Claims Processing and Payment Remittance Memorandum of Understanding as presented to the Commission on July 17, 2025.</p>		
<p>#10 Care Management</p> <p>Information P. Marabella, CMO</p>	<p>Dr. Marabella presented the 2024 Annual Program Evaluation for Care Management.</p> <p>The Care Management Program Evaluation addresses Physical Health, Behavioral Health, Perinatal Wellness, and Transitional Care Services.</p> <p><u>Goals for 2024</u></p> <ul style="list-style-type: none"> • Increase number of cases managed: Met - Total 3,649 cases in 2024, compared to 3,571 in 2023. Or 0.93% of entire population managed in physical, behavioral or perinatal case management. • Maintain 90% Compliance for Documentation in the medical record: Met – each program scored 90% or greater on file reviews in 2024. <p><u>Care Management Outcomes</u></p>		<p><i>No Motion</i></p>

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<ul style="list-style-type: none"> Physical Health and Behavioral Health: Claims data demonstrated a reduction in readmissions for the care managed members, 2.3% decrease in readmission rate based on claims. There was also a 23% reduction in ED utilization for this population by 261 ED claims and a reduction of 599 ED claims per 1,000 members per year. Perinatal Outcomes: Members in the Perinatal CM program demonstrated a 6.3% percentage increase in compliance with completing the first prenatal visit in their first trimester and an 8% increase in timely completion of their post-partum visit compared to pregnant members who were not enrolled in the program. Member Satisfaction <ul style="list-style-type: none"> 72 Responses in 2024 12 of 14 Questions had a response. Goal = 90% positive response (Very Satisfied-Satisfied) 90% Satisfied with CM Program (met goal) 86% Satisfied with ability to reach their CM. 83% Reported CM helped them to reach their health goals. 89% Reported CM helped to organize care with MD and other caregivers. <p><u>Key Accomplishments for 2024</u></p> <ul style="list-style-type: none"> Successful coordination of CalAIM ECM member self-referrals. Successful CalAIM Community Supports referrals. Filled open CM positions. Managed more members compared to 2023 in BH, Perinatal, TCS, and FYOL programs. Enhanced the Transitional Care Services program to meet Population Health requirements: <ul style="list-style-type: none"> Outreach for all Acute Inpatient Admissions Onsite staff at Community Regional Medical Center Increased engagement in programs Enhanced coordination with Telehealth docs for post discharge follow up referrals. 		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<p><u>Goals for 2025</u></p> <ul style="list-style-type: none"> • Increase member enrollment in Transitional Care Services program. <ul style="list-style-type: none"> ◦ Increase the number of hospitals with onsite staff presence. • Manage more members across CM programs. • Launch texting program with members. • Reduce further the readmission rate and ED visits for members in Care Management. • Increase Prenatal and Postpartum visit goals for Perinatal program. • Support CalAIM Community Supports programs and referrals for members through FindHelp. 		
<p>#11 Long Term Care</p> <p>Action</p> <p>P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2025 Long Term Care Quality Assurance & Performance Improvement Plan.</p> <p>As a part of CalAIM's benefit standardization and to move to a more seamless system, beginning January 1, 2023, DHCS initiated a transition of responsibility for Long Term Care services to Medi-Cal Managed Care Plans from Fee-For-Service.</p> <ul style="list-style-type: none"> • Starting with Skilled Nursing Facilities (SNF) • Followed by Subacute Care Facilities • Finally, Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) <p>The transition was complete in 2024. CalViva has a designated Long Term Support Services (LTSS) Liaison.</p> <p><u>Responsibility for the Quality of LTC</u></p> <ul style="list-style-type: none"> • With the responsibility for contracting with providers and authorizing members to receive LTC services, health plans are required to establish a system for monitoring and overseeing the quality of services provided to their members. • <u>Goal</u>: Continuous, Data-Driven Improvement across the full long-term-care continuum. • <u>Scope</u>: Fresno, Kings, and Madara Counties in and out of network Skilled Nursing Facilities (SNF). <p>LTC Quality Plan was developed to address the following required elements:</p>		<p><i>Motion: Commission approved LTC 2025 Quality Assurance Performance Improvement Plan</i></p> <p><i>9 – 0 – 0 – 8</i></p> <p><i>(Frye / Neves)</i></p>

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<ul style="list-style-type: none"> • Ongoing, comprehensive program covering clinical care, quality of life & resident autonomy. • Multi-source data integration: <ul style="list-style-type: none"> ○ Claims Data ○ Data from DHCS ○ CDPH Survey Data (Publicly available) ○ Critical Incident Data (Never events) ○ Appeal & Grievance Data ○ Satisfaction Data • Benchmark against Title 22/42, LTC MCAS measures, CMS quality metrics, others as indicated. • Oversight: QI/UM Committee <p>Components of the Plan include:</p> <ul style="list-style-type: none"> • Main monitoring tool is a Quarterly QAPI Dashboard which has been developed. • CalViva LTSS Liaison maintains this dashboard, leads SNF & stakeholder engagement, and ensures transparency. • A cross-functional team (LTSS, UM, Transitional Care, Contracting, Quality/Data Analytics, etc.) will update the dashboard on a quarterly basis by gathering and compiling data from the various sources. • Review the Dashboard to identify trends and opportunities. • Collaborate with SNFs, LTC Ombudsman, CBOs for root-cause analysis & technical assistance. <p>LTC Dashboard Monitoring: Through the Dashboard we will monitor:</p> <ul style="list-style-type: none"> • Integrated monitoring: claims analytics, public survey metrics, MCAS LTC measures per SNF/county. • Track ED visits, preventable admissions/readmissions, HAIs, infection control, staffing, abuse/neglect. • PQI system for reporting & investigating potential quality issues / critical incidents. Tied to Appeal & Grievance Data. 	<p><i>John Frye asked what leverage the Plan has with facilities that are not in network?</i></p> <p><i>Dr. Marabella stated it is about rates. It is incumbent upon the Plan to ensure the member receives the care that is needed.</i></p> <p><i>Dr. Naz asked if it is possible to have CVH work with two or three hospitals to develop LTC?</i></p> <p><i>Jeff Nksansah stated he previously was engaged in conversations about LTC, but no forward progress was attainable.</i></p>	

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<ul style="list-style-type: none"> Adverse events: root-cause analysis, corrective action plans for prevention of recurrence (ensure CDPH has completed). Active feedback loops with staff, residents, families incorporated into improvement cycle. Satisfaction/complaints. 		
#12 Standing Reports <ul style="list-style-type: none"> Finance Reports Daniel Maychen, CFO 	<p>Finance</p> <p><u>Financials as of May 31, 2025</u></p> <p>As of May 2025, total current assets were approximately \$471.3M; total current liabilities were approximately \$300.1M. Current ratio is approximately 1.57. TNE as of May 2025 was approximately \$180.9M, which is approximately 736% above the minimum DMHC required TNE amount. For DHCS standard, the minimum required TNE is approximately \$194.2M, which the Plan is short by approximately \$13.3M; however, the DHCS financial performance measure does fluctuate as revenues fluctuate.</p> <p>As of May 2025, interest income actual recorded was approximately \$10.8M, which is approximately \$7.1M more than budgeted due interest rates being higher than projected. Premium capitation income actual recorded was approximately \$2.14B which is approximately \$468.3M more than projected primarily due to higher MCO taxes which increased by approximately \$268M as a result of the recent revision to the MCO taxes in December 2024 in addition to higher capitation rates and enrollment than projected. Total Cost of Medical Care expense actual recorded was approximately \$1.28B which is approximately \$193.8M more than budgeted due to enrollment and rates being higher than projected.</p> <p>Admin Service Agreement fees expense actual recorded was approximately 52.6M which is approximately \$3.3M more than budgeted due to enrollment being higher than projected. License expense, by DMHC, actual recorded was approximately \$1.4M which is approximately \$57K more than projected due to the DMHC assessment fee being higher than projected. Taxes actual recorded was \$785.6M, which is approximately \$268.8M more than budgeted due to the revised MCO taxes by CMS which materially increased the MCO taxes. Telephone & Internet expense actual recorded was approximately \$45K, which is approximately</p>	<p><i>John Frye asked if the DHCS compiles data quarterly?</i></p> <p><i>Daniel Maychen stated the Plan submits quarterly financials.</i></p>	<p><i>Motion: Commission approved standing reports</i></p> <p><i>9 – 0 – 0 – 8</i></p> <p><i>(Luchini / Neves)</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>\$6K more than projected due to the previous phone vendor increasing rates as the Plan was on a legacy platform and the Plan switched voice service providers at a lower cost.</p> <p>Total net income through May 31, 2025, was approximately \$19.2M, which is approximately \$11.2M more than budgeted primarily due to interest income being approximately \$7.1M higher than projected, and rates and enrollment being higher than projected.</p> <p>Medical Management</p> <p><u>Appeals and Grievances Dashboard</u></p> <p>Dr. Marabella presented the Appeals & Grievances Dashboard through May 2025.</p> <ul style="list-style-type: none"> • The total number of grievances at the end of May shows a slight decrease from previous months. 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 case volumes are Access-Other, Administrative, Balance Billing, and Transportation. • The volume of Exempt Grievances is consistent with previous months. • Total Appeals volume continues to increase. The majority being CalAIM (Medically Tailored Meals and a small number of Housing Support related), DME, and Advanced Imaging. Uphold rate has decreased this month while the overturn rate has increased when compared with previous month. <p><u>Key Indicator Report</u></p> <p>Dr. Marabella presented the Key Indicator Report (KIR) for May 2025.</p> <p>A summary was shared that provided the most recent data for Membership, Admissions, Bed Days, Average Length of Stay, and Readmissions through May 31, 2025.</p>		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<ul style="list-style-type: none"> • Membership remains steady. • Readmission rates for all categories have decreased when compared to prior year, most likely related to improved transition of care services and improved post discharge destinations. • Turn-Around-Time Compliance (TAT) categories met compliance goals with the exception of Deferrals related to staff efficiency in getting translated letters to members. <p>Care Management (CM) engagement rates are up, and all areas continue to improve.</p> <p><u>QIUM Quarterly Summary Report</u></p> <p>Dr. Marabella provided the QI, UMCM, and Population Health update for Q2 2025. One meeting was held in Quarter 2, on May 15, 2025.</p> <p>The following guiding documents were approved:</p> <ol style="list-style-type: none"> 1. 2024 Health Equity End of Year Evaluation 2. 2025 Health Equity Program Description 3. 2025 Health Equity Work Plan 4. 2024 Health Equity Language Assistance Program Report 5. 2025 Population Segmentation Report 6. 2025 Long Term Care: Quality Assurance & Performance Improvement Plan <p>The following general documents were adopted/approved:</p> <ol style="list-style-type: none"> 1. Medical Policies 2. Clinical Practice Guidelines 3. Appeals & Grievances Policies & Procedures Annual Review <p>The following Quality Improvement Reports were reviewed: Appeal and Grievance Dashboard & Quarterly A&G Reports; and Potential Quality Issues (PQI) Report. Additional Quality Improvement reports from Q2 were reviewed as scheduled during Q2.</p>		

Commission Meeting Minutes

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<p>The Utilization Management & Case Management reports reviewed were the Key Indicator Report, and NCQA System Controls Appeals & Denials Oversight Report for 2024. Additional UMCM reports were reviewed as scheduled during Q2.</p> <p>The following Access Related Reports for Q2 were reviewed: Access Workgroup Quarterly Report, and Provider Office Wait Time Report.</p> <p>The quarterly Pharmacy reports reviewed were Pharmacy Executive Summary, Operations Metrics, Top 25 Medication Prior Authorization (PA) Requests, and the Quality Assurance Reliability Results (IRR), these were all reviewed for Quarter 2.</p> <p>The Q2 HEDIS® Activities were focused on finalizing and preparing Measurement Year (MY) 2024 full HEDIS® Data for submission to HSAG & DHCS for the Managed Care Accountability Set (MCAS) measures. Final Attestations and IDSS submission were completed on June 12th. Medi-Cal Managed Care (MCMC) health plans currently have 18 quality measures (MCAS) on which we will be evaluated this year. The Minimum Performance Level (MPL) remains at the 50th percentile.</p> <p>Quality Improvement Activities included two Performance Improvement Projects, Improve Infant Well-Child Visits (WCV) in the Black/African American(B/AA) Population in Fresno County, and Improve Provider Notifications following ED Visit for Substance Use Disorder or Mental Health Issue.</p> <p>DHCS Collaboratives include Institute for Healthcare Improvement (IHI) Equity Focused Well-Child Sprint Collaborative, and Institute for Healthcare Improvement (IHI) Behavioral Health Collaborative. Phase 1 of these collaboratives concluded in June 2025, and Phase 2 is scheduled to begin in August 2025.</p> <p>DHCS County Projects include Fresno County, Transformational Equity Improvement Projects; for Kings County, Comprehensive Equity Improvement Projects; and for Madera County, Lean Equity Improvement Project.</p> <p>No significant compliance issues have been identified. Oversight and monitoring processes will continue.</p>		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<p><u>Credentialing Sub-Committee Quarterly Report</u></p> <p>The Credentialing Sub-Committee met on May 15, 2025. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering the fourth quarter for 2024 were reviewed for delegated entities and first quarter 2025 for Health Net and Behavioral Health (BH).</p> <p>The Credentialing Adverse Actions report for Q1 for CalViva from Health Net Credentialing Committee was presented. There were no (0) CalViva cases presented for discussion in Quarter 1</p> <p>The Adverse Events report for Q1 2025 was reviewed. This report provides a summary of potential quality issues (PQIs) as well as Credentialing Adverse Action (AA) cases identified during the reporting period. Credentialing submitted zero (0) cases to the Credentialing Committee in the first quarter of 2025. There were no (0) reconsiderations or fair hearings during the first quarter of 2025. There were no (0) incidents involving appointment availability issues resulting in substantial harm to a member or members in the first quarter of 2025. There were zero (0) cases identified outside of the ongoing monitoring process, in which an adverse injury occurred during a procedure by a contracted practitioner in the first quarter of 2025.</p> <p>The Access & Availability Substantial Harm Report Q1 2025 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 related to identified appointment availability complaints. Each case is assigned a severity outcome score and cases requiring follow up are tracked to conclusion. This report now includes behavioral health cases in addition to physical health. After a thorough review of all first quarter 2025 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).</p>		

Commission Meeting Minutes

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<p>The NCQA System Controls CR Oversight Report 2025 was presented and reviewed. The purpose of this report is to identify any incidents of non-compliance with the credentialing policies on information management. NCQA standards require that the organization's credentialing policies describe 1) How primary source verification information is received, dated, and stored; 2) How modified information is tracked and dated from its initial verification; 3) Titles or roles of staff who are authorized to review, modify, and delete information, and circumstances when modification or deletion is appropriate; 4) Security controls that are in place to protect the information from unauthorized modification; and 5) How the organization monitors its compliance with the policies and procedures in factors 1-4 at least annually and takes appropriate action when applicable. Quarterly audits were performed of all CalViva credentialing files processed with two (2) modifications to CalViva provider records identified in 2024. These two (2) cases were audited against the information management criteria included in the policy and were found to be fully (100%) compliant. Modifications were made by individuals authorized to do so; when and why the modification was made was documented and consistent with policy; what was modified and who made the modification was also documented. Quarterly monitoring will continue with annual auditing and reporting. Appropriate actions will be taken when indicated.</p> <p>The Credentialing Sub-Committee Charter for 2025 was reviewed and approved by the committee. There were no changes to the Charter this year.</p> <p><u>Peer Review Sub-Committee Quarterly Report</u></p> <p>The Peer Review Sub-Committee met on May 15, 2025. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 1 2025 were reviewed for approval. There were no significant cases to report.</p> <p>The Adverse Events Report for Q1 2025 was reviewed. This report provides a summary of ongoing monitoring of PQIs and Credentialing Adverse Action cases during the reporting period. There were nine (9) new cases identified in Q1 that met the criteria and were reported to the Peer Review Committee. Three (3) cases involved a practitioner, and six (6) cases involved organizational providers (facilities). Of the nine (9) cases, three (3) were tabled, one (1) was tabled with a</p>		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<p>letter of concern, zero (0) were deferred, one (1) was closed to track and trend with a letter of concern, zero (0) were closed to track and trend with a letter of education, and four (4) were closed to track and trend.</p> <p>Seven (7) cases were quality of care grievances, two (2) were PQIs, zero (0) were lower-level cases, and zero (0) were track and trend. Zero (0) cases involved seniors and persons with disabilities (SPDs). Zero (0) cases involved behavioral health. There were no incidents involving appointment availability issues resulting in substantial harm to a member or members in Q1 2025. There were zero (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) Reviews completed in December, January and February did not identify any providers/practitioners who met the Peer Review trend criteria for escalation. There were thirteen (13) cases identified that required further outreach. Outreach can include but is not limited to an advisement letter (site, grievance, contract, or allegation), case management referral, or notification to Provider Network Management.</p> <p>The Access & Availability Substantial Harm Report for Q1 2025 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 Issue (PQI) cases related to identified appointment availability issues, each case is assigned a tracking number, and all pertinent information is gathered for presentation to the Peer Review Committee. Each case is assigned a severity outcome score, and cases requiring follow-up are tracked to conclusion. Seventeen (17) * new cases were submitted to the Peer Review Committee in Q1 2025. Three (3) cases were related to appointment availability issues without significant harm, and three (3) were related to significant harm without appointment availability issues. There were no (0) behavioral health related cases identified this quarter. *One (1) case appeared twice in the quarter.</p> <p>The Q1 2025 Peer Count Report was presented and discussed with the committee. There was a total of seventeen (17) cases reviewed. There were ten (10) cases closed and cleared. No (0) cases were closed/terminated. There were five (5)</p>		

Commission Meeting Minutes

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
<ul style="list-style-type: none"> Executive Report J. Nkansah, CEO 	<p>cases tabled for further information. There was one (1) case with CAP outstanding/continued monitoring, and one (1) was pending closure for CAP compliance.</p> <p>The Peer Review Sub-Committee Charter for 2025 was reviewed and approved by the Committee. There were no changes to the Charter this year.</p> <p>Follow-up will be initiated to obtain additional information for the tabled cases and ongoing monitoring and reporting will continue.</p> <p>Executive Report</p> <p><u>Executive Dashboard</u></p> <p>Enrollment as of May 2025 is 433,908. Enrollment for Anthem is approximately 204,546, and the enrollment for Kaiser is approximately 11,170. Market Share is currently approximately 66.79%.</p> <p>Regarding Information Technology Communications & Systems, Microsoft will stop providing security updates for Windows 10 as of October 14, 2025. Currently there is only one workstation running Windows 10 and that workstation will be upgraded prior to 10/14/25.</p> <p>Regarding the Call Center and CVH Website, there are no new updates to report. The Member Portal continues to show growth; there are approximately 1,100 members currently registered the portal.</p> <p>Provider Network & Engagement Activities, Claims Processing, and Provider Disputes, there are no significant issues or concerns at this time.</p> <p>The H.R. 1, also known as the One Big Beautiful Bill Act, agreement was reached between the legislature and the government. CVH along with partners in the trade association continue to evaluate and monitor the impact of the requirements now and in the future.</p>	<p><i>John Frye commented that it would be helpful if the Plan could provide the Commission with answers</i></p>	

Commission Meeting Minutes

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
		<p><i>regarding specific issues the Plan is concerned with. And did the approved budget assume enough change to feel confident with the numbers.</i></p> <p><i>Jeff Nkansah replied that CVH would prepare a report to provide Commissioners with a timeline of key issues.</i></p> <p><i>Daniel Maychen answered the question regarding the budget and stated he is confident with the numbers and budgeted for a decrease in enrollment. A lot of big changes are occurring in future fiscal years. There will be some impact to this fiscal year with the freeze on undocumented immigrant Medi-Cal enrollment.</i></p>	
#13 Final Comments from Commission Members & Staff	<p>Jeff Nkansah shared that the vacant space is close to securing a lease with a new tenant.</p> <p>Jeff Nkansah thanked David Luchini for his participation on the FKM RHA Commission and presented him with a plaque in honor of his retirement.</p>		
#14 Announcements	None.		
#15 Public Comment	None.		
#16 Adjourn	The meeting adjourned at 2:49 pm.		

Commission Meeting Minutes

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	The next Commission meeting is scheduled for September 18, 2025, in Fresno County.		

Submitted this Day: 9-18-25

Submitted by: Cheryl Hurley
Cheryl Hurley
Clerk to the Commission