



Public Policy Committee
Meeting Minutes
March 5, 2025

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
	Vacant, Kings County Representative		Staff Members
	Vacant, 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
		✓	Sia Xiong-Lopez, Equity Officer
		*	= late arrival
		•	= participation by teleconference

AGENDA ITEM / PRESENTER	DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	ACTION TAKEN
#1 Call to Order Joe Neves, Chair	The meeting was called to order at 11:34 am. Roll call was taken to establish a quorum.		
#2 Meeting Minutes from December 4, 2024 Action Joe Neves, Chair	The December 4, 2024, meeting minutes were reviewed and approved.		Motion: Approve December 4, 2024, Minutes 4-0-0-3 (Mendoza / Phillips)
#3 Enrollment Dashboard	Maria Sanchez presented the enrollment dashboard through December 2024. Membership as of December 31, 2024, was 432,709. CalViva Health maintains a 66.86% market share.		No Motion

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Information Maria Sanchez			
#4 Annual Report Information Courtney Shapiro	This is a mandated report by DHCS and is for the benefit of stakeholders, community partners, and elected officials, and is posted on the CVH website for public viewing. Courtney Shapiro gave a brief summary of the report and each PPC member was provided with a hard copy of the annual report.		No Motion
#5 Committee Membership Update Information Courtney Shapiro	Public Policy Committee membership has been updated as follows: Renewals: Martha Miranda, Kings County, pending renewal due to Medicare being switched to another Plan. Martha has done everything needed to be switched back to CalViva and will be back on the PPC as soon as we have confirmation. Vacancy: Fresno County seat is currently vacant.		No Motion
#6 Appeals, Grievances and Complaints Information Maria Sanchez Dr. Marabella, CMO	For Q4 2024 there were nine (29) Coverage Disputes (Appeals), 112 Disputes Involving Medical Necessity (Appeals), 60 Quality of Care, 123 Access to Care, and 314 Quality of Service, for a total of 638 appeals and grievances for Q4. The majority of which are from Fresno County. There were 397 appeal cases for Fresno County, 21 for Kings County, and 67 for Madera County, for a total of 485 for the 2024 calendar year. There were 398 grievances cases for Fresno County, 44 for Kings County, and 54 for Madera County for a total of 496 for Q4 2024. The turn-around time compliance for resolving appeal and grievance cases was met at 100% for all categories. There was a total of 498 Exempt Grievances received in Q4 2024. Of the total grievances and appeals received in Q4, the following were associated with Seniors and Persons with Disabilities (SPD): <ul style="list-style-type: none"> Grievances: 178 Appeals: 41 		No Motion

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	<ul style="list-style-type: none"> Exempt: 41 <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 resolved were related to Advanced Imaging, Other, 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 Q4 2024. The total of grievances for Q4, as stated, was 497, which is a decrease from the previous two quarters. The majority of grievances are Quality of Service, having to do with Access-Other, Administrative, Balance Billing, Other, and Transportation. Quality of Care grievances has decreased from prior year. Exempt grievances have increased when compared to previous year. Areas to note are Attitude/Service-Provider, Transportation-Access-Provider No Show, and Claims Complaint-Balance Billing from Provider. Appeals for 2024 increased when compared to prior year. The majority of appeals were pre-service with Consultation, DME, Advanced Imaging and Other being the highest categories, and consistent with previous year.</p>		
<p>#7 Marketing Campaign Creative Discussion</p> <p>Information Courtney Shapiro Melissa w/JSA</p>	<p>Courtney introduced Melissa, with JSA, who presented JSA's marketing campaign for the next fiscal year.</p> <p>Melissa gave a presentation to the PPC which included the 2024 creative ads that are currently out in the community, and two new concepts for next fiscal year. Melissa asked the committee for their opinion on what they feel would stand out to the general public and which ads they liked and/or preferred the best. The committee and staff provided Melissa with questions and recommendations on wording, color, layout, photography, etc. Melissa stated she would take all recommendations into consideration for the upcoming creatives. Courtney added that before any creatives are published, they must be approved by the State.</p>		<p>No Motion</p>

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#8 DHCS Community Reinvestment Information Courtney Shapiro	<p>Courtney Shapiro shared the Plan's funding will be changing. During the March Commission meeting a new policy was presented to the Board members regarding the DHCS Community Reinvestment. The State is setting new language and policies for all managed health plans to fund specific to their requirements to go into effect 2026. CVH is gearing up for these changes by reviewing the net income of the Plan and DHCS gives the Plan a percentage of what CVH has to spend on community reinvestment specific to the buckets that DHCS assigns; that in turn is how CVH has to fund. CVH will continue to come back to the PPC for feedback/input with funding in this new bucket/requirement by DHCS.</p> <p>The budget for fiscal year 2026 will be brought to the Commission in May for approval. Once that is approved, CVH hopes to implement this new funding policy prior to the 2026 State requirement. Programs funded will also be added to the CVH website for public information.</p> <p>PPC members are encouraged to reach out either during a PPC meeting, or at any time, to share funding ideas/recommendations.</p>		No Motion
#9 Regulatory Audit Status 2023 DHCS Focused Audit CAP 2024 DHCS Audit CAP 2025 DMHC Follow-up Audit 2025 Annual Audit-Virtual Information Mary Lourdes Leone, CCO	<p>Updates will be provided in #11 – 2024 Annual Compliance Report.</p> <p>The Plan provides the State with status reports for each Corrective Action Plan (CAP) on a monthly basis.</p> <p>The Plan received notice from DHCS regarding the virtual 2025 Annual Audit. The plan is currently preparing the preaudit filing information.</p>		No Motion
#10 Health Education Member Incentive Programs Semi-Annual Report Q3 & Q4 Information Steven Si	<p>A total of 2,263 CalViva Health members participated in six-member incentive programs during Q3-Q4 2024. In total, \$56,575 worth of gift cards were distributed to members as awards. Out of the recipients, 85% were from Fresno County, 10% were from Madera, and 5% were from Kings. There was a 40% decrease in the total member incentive awards given during Q3-Q4 2024.</p> <p>For the following measures of Breast Cancer Screening (BCS), Cervical Cancer Screening (CCS), Childhood Immunization Status (CIS-10), and Well Care Visits (WCV), there were no barriers for</p>		No Motion

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	<p>Quarters 3-4, 2024. The decrease in the number of gift cards compared to Quarters 1-2, 2024 is part of the Quality/Provider Engagement strategy to develop and deploy most action plans in collaboration with providers in the first half of the year, in an effort to avoid a rush cycle of care gap closure during quarters three and four.</p> <p>Nets steps for Q1-Q2 2025: Diabetes Prevention Program (DPP):</p> <ul style="list-style-type: none"> • The DPP contract and program materials are currently under review with the Department of Health Care Services (DHCS) for Cal Viva Health. • Upon DHCS approval of the contract and program materials, next steps include: <ul style="list-style-type: none"> ○ Launching member outreach campaigns ○ Conducting Provider Webinar to promote the new DPP service to CalViva Health members <p>Child and Adolescent Well Care Visits (WCV), Childhood Immunization Status (CIS-10), Cervical Cancer Screening (CCS), and Breast Cancer Screening (BCS) update:</p> <ul style="list-style-type: none"> • Continue to distribute member incentives at point-of-care in collaboration with selected providers. <p>Quality EDGE Program:</p> <ul style="list-style-type: none"> • The Quality EDGE member incentive request form was submitted to the CVH Compliance Team on August 20, 2024 and submitted to DHCS. Per the response received from DHCS regarding their updated data documentation for new member incentive requests, further strategy needs to be developed before resubmitting the request to meet DHCS data collection requirements. <p>W30-6+ PIP:</p> <ul style="list-style-type: none"> • Continue to monitor the distribution of member incentive gift cards to members who enroll in Black Infant Health and attend a prenatal group class or postpartum group class or attend an infant well-child visit at the 2-month visit and report findings. 		
<p>#11 2024 Annual Compliance Report</p> <p>Information Mary Lourdes Leone, CCO</p>	<p>In 2024, the Compliance Program was focused on the following key activities:</p> <ul style="list-style-type: none"> • Achieving National Committee for Quality Assurance (NCQA) Accreditation. • Developing a Diversity, Equity, and Inclusion (DEI) training curriculum. • Implementing DHCS' requirement to execute new Memoranda of Understanding (MOUs) with third-party entities. 		<p>No Motion</p>

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	<ul style="list-style-type: none"> • Responding to the 2023 Department of Health Care Services ("DHCS") Focused Audit Corrective Action Plan (CAP), and the 2024 DHCS Audit CAP. • Responding to the 2022 DMHC Audit Final Report and CAP. • Successfully completing the 2024 Health Services Advisory Group (HSAG) Network Validation Audit. • Implementing the Plan's California Advancing and Innovating Medi-Cal (CalAIM) Models of Care for the Children and Youth and Justice Involved populations of focus ("POF"). • Completing the carve-in of the Subacute Care Facilities and Intermediate Care Facilities (ICF) for individuals with developmental disabilities (ICF/DD Homes, ICF/DD-H Homes, and ICF/DD-N Homes). <p>The Member Service Call Center received 149,941 calls, of which 148,798 were answered. Overall service level was 93%.</p> <p>The Member Service Call Center for Mental Health received 3,588 calls, of which 3,561 were answered. Overall service level was 93%.</p> <p>The Provider Network remains stable.</p> <p>In 2024, contracted Providers were sent approximately 305 Provider Updates with information on contractual and regulatory matters as well as health plan news and announcements. CalViva Health staff also reviewed 22 informational letter templates for contracted providers and 22 forms intended for provider use.</p> <p>In 2024, 47 communications were reviewed by the Plan. This included member-informing materials, health education, and information about incentive programs. It also included 12 Printed Provider Directories and 1 Member Newsletter. The 2025 Member Handbook/Evidence of Coverage (EOC) was made available to members by posting to the CalViva Health website for downloading.</p> <p>In 2024 the Plan completed Delegation Oversight Audits for Health Net in the areas of Appeals and Grievances, Call Center, Claims, Credentialing, Fraud Waste & Abuse, Health Education, Pharmacy, Privacy and Security, Provider Disputes, and Utilization Management. Corrective action plans (CAPs) were required for nine of the functional areas, Appeals and Grievances,</p>		

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	<p>Claims, Credentialing, Provider Disputes, Privacy and Security, Emergency Room, Utilization Management, Provider Network, and Quality Improvement.</p> <p>For calendar year 2024, the Plan had a total of 2,599 Grievances and Appeals, of which 2,589 were resolved with 99.96% turn-around-time. The number of cases resolved for Seniors & Persons with Disabilities (SPDs) was 754 with a 98.6% turn-around-time. The number of cases resolved for Exempt Grievances was 2,201 with a 100% turn-around time.</p> <p>For calendar year 2024, there were a total of 93 Independent Medical Reviews and State Hearings. A total of 51 DMHC cases, and 42 DHCS State Hearings. Turn-around time was 100%.</p> <p>The Regulatory audits and Corrective Action Plans (CAPs) included:</p> <ul style="list-style-type: none"> • 2023 DHCS Focused Audit - There were nine deficiencies in total (4 for behavioral health and 5 for transportation). • 2024 DHCS Audit - There were two findings: The Plan did not ensure written PA extension notices specified the information requested and did not receive from the provider; and the Plan did not ensure that all preliminary reports of suspected FWA were reported to DHCS within ten working days. • DHCS 2022-2023 EQR Performance Evaluation – There were two recommendations that focused on the following: working to resolve the findings from the DHCS 2022 annual DHCS audit and improving MY2022 HEDIS measures. • DHCS 2024 Encounter Data Validation (EDV) Study –Overall, the Plan did not meet Encounter Data Completeness standard (i.e., <10%) in two categories, and did not meet the Encounter Data Accuracy standard (>90%) in the three categories. The Plan is working with Health Net on strategies to improve standards in 2025. • DHCS RY 2023 Subnetwork Certification (SNC) – For RY 2023 SNC, the Plan issued five PPGs CAPs for not meeting time and distance standards. The Plan submitted quarterly updates to DHCS and on 12/10/24 DHCS approved the Plan's SNC. • 2023 DHCS Annual Network Certification (ANC) - The Plan submitted Phase 1 of the ANC in February 2024 and Phase 2 in March 2024. The Plan received DHCS approval on December 4, 2024. • 2024 Network Adequacy Validation (NAV) Audit - DHCS' external auditor, Health Systems Advisory Group (HSAG), conducted a new annual Network Adequacy Validation (NAV) audit 	<p><i>Jeff Garners asked if these audits are generated through State and/or Federal mandates?</i></p> <p><i>Mary Lourdes Leone responded they are mandated through the State.</i></p>	

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	<p>of MCPs per CMS requirements. The audit was conducted on June 18, 2024, and the audit was closed on September 30, 2024, noting all items had been accepted.</p> <ul style="list-style-type: none"> • Compliance with Timely Access and Network Reporting Statutes - The Plan successfully submitted and received approval for compliance with the new Timely Access Regulations. • Measurement Year (MY) 2022 Timely Access Report (TAR) – On May 6, 2024, DMHC issued a Network Findings Report with two findings related to Geographic Access and Data Accuracy. The Plan submitted a response on August 1, 2024. • Measurement Year (MY) 2023 Timely Access Report (TAR) - Results of the 2023 DMHC Timely Access Provider Appointment Availability Survey (PAAS) and the Provider After-Hours Survey (PAHAS) indicated that the Plan met the compliance rate standards for all with the exception of the following: Urgent Care Appointment with a specialist (that requires prior authorization) within 96 hours; and Non-Urgent Care Appointment with a specialist within 15 business days. Health Net issued CAPs to five PPG and 6 Direct Network providers. All CAPs have been closed. <p>New or expanded benefits or programs consist of:</p> <ul style="list-style-type: none"> • Enhanced Care Management (ECM): On January 1, 2024, the Plan launched the JI POF ECM benefit. The Plan continues to work on improving its JI ECM provider network by and is expected to complete contracts with all remaining providers by July 2025 • Community Supports (CS): The following CS services went live 7/1/24: Sobering Centers and Short-term Post-Hospitalization Housing (Fresno, Kings, and Madera Counties); and Recuperative Care (Madera County). Additionally, the Plan updated its CS Final Elections to indicate that the following CS would be going live 1/1/25: Recuperative Care (Kings County); Recuperative Care (Madera County); Short-Term Post-Hospitalization Housing (Madera County); and Sobering Centers (Madera County). • Long-Term Care Phase II Carve-In: The Plan completed the network readiness and policy deliverables on July 7, 2024 for ensuring coverage for ICF/DD and Subacute Care Facilities (Adult and Pediatric). • Adult Expansion: Effective January 1, 2024, DHCS expanded Medi-Cal eligibility to individuals who are 26 through 49 years of age. The Plan worked with providers to maintain member's PCP assignment. <p>Implementation Activities for 2024 DHCS Contract Requirements:</p>		

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	<ul style="list-style-type: none"> • Hired a Health Equity Officer • Submitted the annual Population Health Management Strategy • Developed a Diversity, Equity, and Inclusion (DEI) training program • Achieved full NCQA Health Plan Accreditation • Carved-in coverage for ICF/DD and Subacute Care facilities • Submitted updated fully-executed MOUs with third-party entities <p>The Key Focus Areas for 2025 consist of:</p> <ul style="list-style-type: none"> • Senate Bill 923 regarding transgender, gender diverse or intersex cultural competency training program and provider directory requirements. • Senate Bill 225 regarding network adequacy standards and methodology for RY2025. • Assembly Bill 186 regarding Skilled Nursing Facility Workforce Quality Incentive Program. • Applying for NCQA Health Equity. • Development and maintenance of a comprehensive Quality Assurance Performance Improvement (QAPI) program for LTC services provided. • Submitting Emergency Preparedness and Response Plan (EPRP) deliverables to DHCS. • In 2025, CalViva will once again be audited by DHCS, and will also submit to a DMHC's 18-month follow-up audit on 5/5/2025. 		
<p>#12 2025 CalViva Health Member Handbook / Evidence of Coverage Information Mary Lourdes Leone, CCO</p>	<p>Mary Lourdes Leone confirmed every year, effective January 1st, CalViva is required to post the new Member Handbook / Evidence of Coverage (EOC) online on the CVH website. The 2025 Member Handbook is up and available on the CVH website. The DHCS is currently in the process of developing the 2026 version which will be effective for next January.</p>		<p>No Motion</p>
<p>#13 Announcements / Final Comments from Committee Members and Staff</p>	<p>Maria Arreola shared there were nine promotores in the CHW training. The first health fair of the year was held with three attendees. Norma was nominated for a state award for promotores.</p> <p>Norma shared they are working in the community with the CalAIM program through FindHelp. In January there was a Parkinsons conference via Zoom with 700 in attendance. It was also shared that there is a concern in the community regarding Medi-Cal and non-legal people; they were told nothing has changed or is changing. Mary Lourdes shared that currently there is no</p>		


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	<p>need to be concerned. Jeff Nkansah suggested that members with questions or concerns should reach out to their local elected officials.</p> <p>Jeff Garner shared they just opened a new transitional housing program in Hanford. They will also be opening a new apartment complex for affordable housing. KCAO is celebrating their 60th year of service in Kings County.</p> <p>Jeff Nkansah shared the member portal for access to Member ID Cards is very close to go-live on the CVH website.</p> <p><i>Chairman Joe Neves left at 1:12 pm</i> <i>David Phillips left at 1:12 PM</i></p>		
#14 Public Comment	None.		
#15 Adjourn	Meeting adjourned at 1:23 pm.		

NEXT MEETING June 4, 2025, in Fresno County
11:30 am - 1:30 pm

Submitted This Day: June 4, 2025

Approval Date: June 4, 2025

Submitted By: 
Courtney Shapiro, Director Community Relations & Marketing

Approved By: 
Joe Neves, Chairman