



Public Policy Committee  
Meeting Minutes  
September 3, 2025

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

Committee Members		Community Base Organizations (Alternates)	
✓	Joe Neves, Chairman	✓	Jeff Garner, KCAO
✓	Miguel Rodriguez, Provider Representative	✓	Roberto Garcia, Self Help
✓	Martha Miranda, Kings County Representative		<b>Staff Members</b>
✓*	Araceli Sanabria Gaona, 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	✓	Steven Si, Compliance Manager
✓	Norma Mendoza, Madera County Representative	✓	Morgan Simpsn, Senior Director of Compliance
		✓	Sia Xiong-Lopez, Equity Officer
		✓	Mary Lourdes Leone, Chief Compliance Officer
		✓	Dr. Marabella, Chief Medical Officer
		✓	Maria Sanchez, Senior Compliance Manager
		✓	Jeff Nkansah, Chief Executive 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 11:33 am. Roll call was taken to establish a quorum.		
#2 Meeting Minutes from June 4, 2025  Action Joe Neves, Chair	The June 4, 2025, meeting minutes were reviewed and approved.		<b>Motion:</b> Approve March 5, 2025, Minutes 8-0-0-1 (J. Garner / R. Garcia)

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<b>#3 Proposed 2026 PPC Meeting Calendar</b>  <b>Action</b> Joe Neves, Chair	The 2025 PPC meeting calendar was approved with no changes.		<b>Motion:</b> Approve the 2026 Calendar to move to Commission for final approval 8-0-0-1 (J.Garner / N.Mendoza)
<b>#4 Committee Membership Update</b>  <b>Information</b> Courtney Shapiro	Public Policy Committee membership has been updated as follows:  Addition: Araceli Sanabria Gaona has been appointed to the PPC as Fresno County representative.		<b>No Motion</b>
<b>#5 Enrollment Dashboard</b>  <b>Information</b> Maria Sanchez	Maria Sanchez presented the enrollment dashboard through May 2025. Membership as of May 31, 2025, was 433,908. CalViva Health maintains a 66.79% market share.		<b>No Motion</b>
<b>#6 Health Education</b>  <b>Information</b> Steven Si	<p>A total of 3,383 CalViva Health members participated in five-member incentive programs during Q1-Q2 2025. In total, \$84,575 worth of gift cards were distributed to members as awards. All the recipients, 100%, were from Fresno County. There was a 33% increase in the total member incentive awards given during Q1-Q2 2025.</p> <p>With regard to Breast Cancer Screening, Cervical Cancer Screening, Childhood Immunization Status-10, and Well Care Visits, there were no barriers for quarters 1 and 2, 2025.</p> <p>With regard to W30-6+ Performance Improvement Plan, due to a low supply of gift cards, Black Infant Health (BIH) did not provide incentives to postpartum members who completed each class. BIH did not notify the Plan of the shortage. The Plan initially shipped 210 \$25 gift cards to BIH on October 7, 2024, which were depleted by March 2025</p> <p>With regard to Diabetes Prevention Program (DPP), the Plan received approval from DHCS for the Diabetes Prevention Program (DPP) in January 2025. Promotional letters were sent to eligible members during the second quarter of 2025. To date, 44 members have enrolled in the program. The Provider Webinar announcing the re-launch of the DPP took place on January 15, 2025.</p>		<b>No Motion</b>

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	<p>As an update to Child and Adolescent Well Care Visits (WCV), Childhood Immunization Status (CIS-10), Cervical Cancer Screening (CCS), and Breast Cancer Screening (BCS), the Plan will continue to distribute member incentives at point-of-care in collaboration with selected providers.</p> <p>With regard to the Quality EDGE Program, the Quality EDGE Incentive PREV Member Incentive Program was approved on 6/6/2025 and the new program began on 7/1/2025. Leadership has decided to end the BCS, CCS, WCV, and CIS-10 incentive programs. The Quality EDGE Incentive is now the primary member incentive program for the Plan covering for all Medi-Cal Managed Care Accountability Set (MCAS) measures held to the Minimum Performance Level (MPL).</p> <p>With regard to W30-6+ PIP, reports indicate that some non-Plan members enrolled their newborns in CalViva Health after learning about the incentives and benefits offered through the health plan. Continue tracking the distribution of member incentive gift cards to those who enroll in the BIH program and participate in group classes. The current PIP incentive will remain in effect through the end of the cohort on 12/31/2025.</p>		
<p><b>#7 Appeals, Grievances and Complaints</b></p> <p><b>Information</b> Maria Sanchez</p>	<p>For Q2 2025 there were 34 Coverage Disputes (Appeals), 132 Disputes Involving Medical Necessity (Appeals), 32 Quality of Care, 194 Access to Care, and 320 Quality of Service, for a total of 712 appeals and grievances for Q2. The majority of which are from Fresno County.</p> <p>There were 144 appeal cases for Fresno County, ten for Kings County, and twenty-one for Madera County, for a total of 175 for Q2 2025. There were 445 grievances cases in Fresno County, forty-seven for Kings County, and forty-six for Madera County for a total of 538 for the second quarter of 2025.</p> <p>The turn-around time compliance for resolving appeal and grievance cases was met at 100% for all categories.</p> <p>There was a total of 400 Exempt Grievances received in Q2 2025.</p> <p>Of the total grievances and appeals received in Q2, the following were associated with Seniors and Persons with Disabilities (SPD):</p>	<p><i>Miguel Rodriguez asked what the Plan is hearing from the State in terms of the new change for the \$35 co-pay for MC members?</i></p> <p><i>Dr. Marabella responded that it is not known if that will ever happen.</i></p>	<p><b>No Motion</b></p>

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	<ul style="list-style-type: none"> <li>Grievances: 160</li> <li>Appeals: 47</li> <li>Exempt: 65</li> </ul> <p>The majority of appeals and grievances are from members in Fresno County, which has the 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 resolved were categorized as PCP Delay, PCP Care, and Specialist Care.</p> <p>The top categories of appeal cases resolved were related to Advanced Imaging, CalAim, 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><i>Araceli Sanabria Gaona arrived during agenda item #7</i></p>		
<b>#8 2025 EOC Errata</b>  <b>Information</b> Maria Sanchez	<p>The changes in the most recent EOC errata are in Section 3, under Minor Consent Services. A letter was sent to all members explaining the changes and it is also posted on the CVH website in English, Spanish, and Hmong.</p>		<b>No Motion</b>
<b>#9 DHCS Community Reinvestment</b>  <b>Information</b> Courtney Shapiro Jeff Nkansah	<p>Courtney Shapiro and Jeff Nkansah gave an update/overview of the DHCS Community Reinvestment program and how it is a new way of how the Plan will fund the community. The State informed the Plan that they had to take a percentage of the Plan's net income and reinvest it back into the community and provided 5 buckets ("categories") of where the funding could fall into.</p> <p>For phase A, the Plan met with partners that have been supported in the past and provided a mini training and provided a template that the State required to be used and had the partners complete the template. The document included a section that asked how their funding aligned</p>	<p><i>Dez Martinez, with We Are Not Invisible (public participant), is attending the meeting to learn more about what the Plan is doing in Fresno. She is experiencing not</i></p>	<b>No Motion</b>

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	<p>with each of the counties they were serving in, through the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). The reason the State is requiring this is because when the counties create these documents the State wants the Plan funding to align with the documents and what they are asking for. In addition, the Plan has an “ad-hoc” committee to review funding requests, and then the information is taken to the FKM RHA Commission for approval.</p> <p>For phase B, nothing has been approved. Everything is waiting to be sent to the State in the coming months. There is still funding that needs review for phase B that goes all together, so phase A and phase B will all be sent to the State at one time.</p> <p>For today’s PPC meeting, there are no updates; however, the PPC was polled to see if there are any non-profits that the committee would like for the Plan to meet with. And if there are any issues within their communities that they think need to be addressed. Both Jeff and Courtney went on a tour with others to learn about the needs of the community. All PPC members were encouraged to contact Courtney with any recommendations. One area they are currently looking at is current scholarships. Currently, the Plan gives scholarships to students at all the colleges in town. In order to change that the student would have to be in a healthcare related field. The Plan has to be very specific so that it fits into one of the required “buckets”.</p>	<p><i>getting the resources that the State is saying are actually available. What protection is the Plan giving to the individuals that are receiving services through CVH? She added right now there are a lot of Providers coming into town opening respite and recuperative care; her concern is that when the money runs out the actual letter that people receive in the shelters the letter states the insurance company was paying. What are the insurance companies doing to protect the individuals that they are supposed to be writing services for? She feels the money is not being used correctly, which is hurting the</i></p>	

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		<p><i>individual. What accountability is there?</i></p> <p><i>Courtney Shapiro responded and offered her contact information to Dez so that the Plan can get her in contact with the correct person/people that handle CalAIM.</i></p>	
<p><b>#10 Summary of the Annual Member Understanding Report</b></p> <p><b>Information</b> Mary Lourdes Leone</p>	<p>Mary Lourdes Leone presented the 2025 New Member Understanding Report to the PPC. The NCQA standards require an annual assessment of members' understanding of CalViva Health.</p> <p>The purpose is to understand why new members contact Member Services or file grievances, and to use insights to improve materials (e.g., welcome packets, website).</p> <p>The methodology consists of:</p> <ul style="list-style-type: none"> <li>• Analyze Q1 call data (largest volume of new member calls).</li> <li>• Categorize and quantify reasons for calls/grievances.</li> <li>• Identify improvement opportunities, Collaborate with Marketing, and Update and enhance member education materials.</li> </ul> <p>Barriers consist of:</p> <ul style="list-style-type: none"> <li>• Confusion about routine benefits (vision, dental, transportation).</li> <li>• Perceived delay in ID card mailing.</li> <li>• Delay in care due to a perceived mishandling of member provider selection.</li> </ul> <p>Actions taken are:</p> <ul style="list-style-type: none"> <li>• Member Services provide education during calls</li> </ul>	<p><i>Aracelia commented that a lot of members do not know how to use technology or access the website. How does it work to select a health plan?</i></p> <p><i>Mary Lourdes provided Araceli with verbal information on how a potential member would go about applying for Medi-Cal and how they are assigned to a Plan and how they are assigned a PCP.</i></p>	<p><b>No Motion</b></p>

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	<ul style="list-style-type: none"> <li>• Draft an FAQs to be added to CalViva's Member login portal and website.</li> <li>• Add language or supplemental guide in the New Member Welcome Kit.</li> </ul> <p><i>Roberto Garcia left meeting at 12:31 pm</i></p>	<p><i>Including what the Plan sends out to the new member upon being assigned to CVH. Adding that the challenge is when members do not have a cell phone or access to a computer.</i></p> <p><i>Comment from the Public: Community Centers, Libraries, and such places would be a good place to post information or hold a class on how to apply and get information on their Medi-Cal benefits.</i></p>	
<p><b>#11</b></p> <ul style="list-style-type: none"> <li>• 2023 DHCS Focused Audits Final Report</li> <li>• 2025 DHCS Audit</li> </ul> <p>Information Mary Lourdes Leone</p>	<p>With regard to the 2023 DHCS Focused Audits final report, there were deficiencies with behavioral health and transportation. Those deficiencies have been corrected, and a final summary has been provided to the State, currently pending closure from the State.</p> <p>With regard to the 2025 DHCS Audit, the Plan has yet to receive the final report from the State.</p>		<p><b>No Motion</b></p>
<p><b>#12 Teledoc Health</b></p> <p>Information Jewell Booth</p>	<p>Jewell Booth provided an in-depth presentation of Teledoc Health Services, including how to access the service through member registration, the Menal Health Digital, and the value of the program.</p>	<p><i>PPC member Maria Arreola shared that she has used Teledoc services and likes it.</i></p>	<p><b>No Motion</b></p>

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	<p>In summary, Teledoc Health is a 24/7 telemedicine service offering two different types of services, General Medical, and Behavioral Health. General Medical provides convenient, high-quality care at a lower cost. Members have the choice of on-demand or scheduled visits with a U.S. board-certified doctor via phone or video. They can diagnose, treat or, if necessary, prescribe medication. All referrals to specialty care will be coordinated by the member's assigned Primary Care Provider (PCP). There is no age requirement for general medical services. For Behavioral Health, members can choose from board-certified psychiatrists, licensed psychologists, therapists or counselors. Behavioral Health is offered 7 days a week by phone or video: 7am – 9pm PST. Members can receive ongoing support with the same psychiatrist, psychologist, therapist or counselor. Behavioral health and psychiatry counseling is for ages 18 and up.</p>	<p><i>Comment from public, is there an option for transportation when using Teledoc?</i></p> <p><i>Courtney Shapiro shared that this is a virtual option, there is no brick and mortar facility and that transportation would not be needed.</i></p> <p><i>Jeff Garner asked if the Teledoc health visit information gets transferred to the member's primary care provider?</i></p> <p><i>Jewell Booth responded that the Teledoc visit gets transferred to primary doctor listed on the member's records.</i></p> <p><i>Jeff Garner asked if this was specific to CVH, or it's also</i></p>	



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		<p><i>provided by Anthem and Kaiser.</i></p> <p><i>Jeff Nkansah responded and cannot confirm if Anthem or Kaiser offers the same service.</i></p> <p><i>Jeff Garner asked if there is a "feedback" option for members that use this service?</i></p> <p><i>Courtney Shapiro confirmed there is a feedback/survey option.</i></p> <p><i>Jewell Booth also confirmed that the feedback/survey results are returned directly to her, and then that information is shared with CVH.</i></p>	
#13 Announcements / Final Comments from Committee Members and Staff	Norma Mendoza shared on 6/25 the promotores attended the Alzheimer's Conference; on 6/29 they attended the Univision Event; they have a CVH information table every month at the Mexican Consulate; on 8/9 they attended a maternity event on 8/16 they attended the 23 <sup>rd</sup> annual back to school event at Chukchansi.		

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	<p>Maria Arreola shared the promotores have participated in trainings the last three months that include mental health, vaccine training, and smoking cessation training by UC Davis.</p> <p>Araceli Gaona shared she is happy to be a part of the PPC and ready to learn.</p> <p>Miguel Rodriguez shared that since the last PPC, UHC has opened eight centers in downtown Fresno, an urgent care in Kerman, and additional health centers opening in southwest Fresno, Shields and Marty in November, and one in Delano at the end of September. Recruitment and retention are going well.</p> <p>Jeff Garner shared that KCAO is working with Sia Xiong-Lopez, Equity Officer, on hosting three workshops/community meetings with the Kings County Public Health Department. He added they will be building a 200-bed emergency shelter in Kings County that will also have a new food bank and a new centralized kitchen; groundbreaking will be in January 2026.</p> <p>Jeff Nkansah, CEO for CVH, welcomed Araceli to the PPC.</p> <p>Courtney Shapiro shared highlights of recent outreach. CVH partnered with the Central Valley Food Bank and gave a sponsorship for Groceries to Go. She participated in the Fresno County Housing Authority scholarships, the annual Reading Heart Teacher Library event in the CVH parking lot, Back to School with the Grizzlies, hosted a baby shower at City Center, Madera Food Bank event, CASA of Kings County event, the Youth Recreation grant has made its way through Kings County, and CVH attended Community Health Systems event and provided a scholarship to all of the employees that were enrolled in their nursing program.</p>		
#14 Announcements	None.		
#15 Public Comment	Public comments were made throughout the meeting; see above.		
#16 Adjourn	Meeting adjourned at 1:23 pm.		

**NEXT MEETING** December 3, 2025, in Fresno County  
11:30 am - 1:30 pm

Submitted This Day: December 3, 2025,

Submitted By: C. Shapiro  
Courtney Shapiro, Director Community Relations & Marketing

Approval Date: December 3, 2025

Approved By: Joe Neves  
Joe Neves, Chairman

