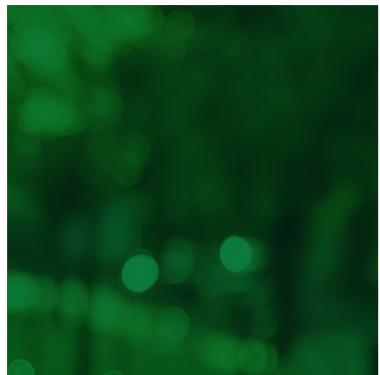
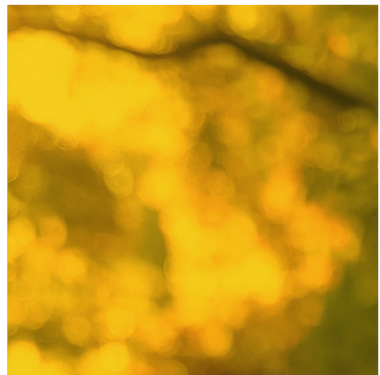
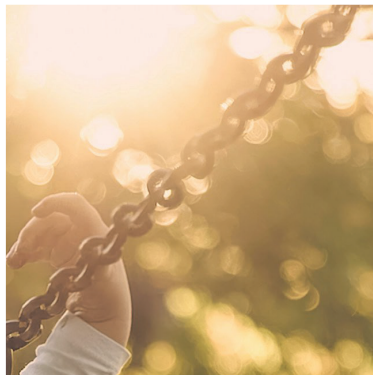
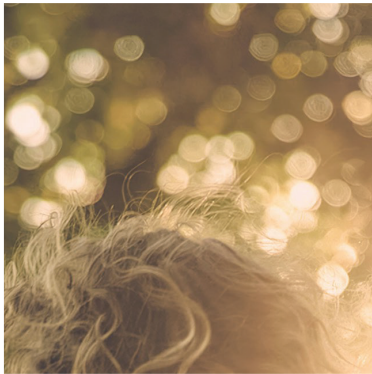


2025 ANNUAL REPORT





OUR MISSION

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.



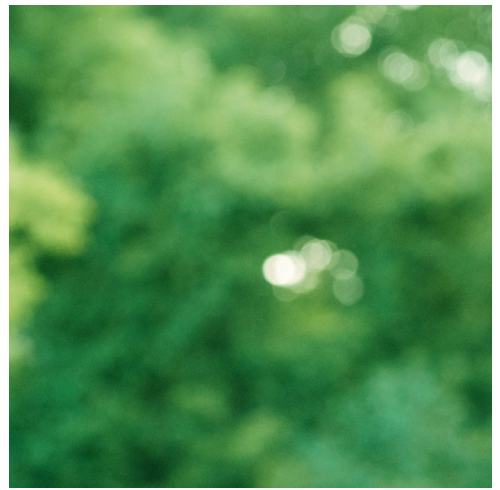
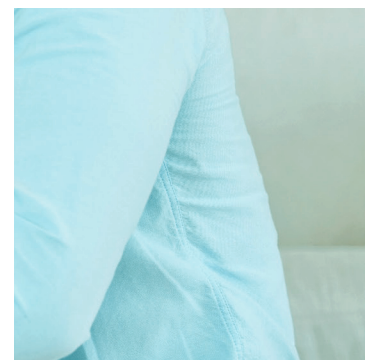


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A MESSAGE FROM THE CEO

It has long been said that a picture can tell a thousand words. As you begin reviewing this year's annual report, you may notice the squares on the cover arranged in a way that once formed a complete image. The white spaces between them now suggest a picture that is no longer fully intact.

You may also notice the image of a child sitting on a swing, facing the horizon as sunlight filters through the trees. Why can we not see the child's face? Why are we viewing the child from behind? Most importantly, what is the child seeing that remains outside our view, and how might that unseen landscape help shape the picture of the future ahead? These themes are intentional. As Fiscal Year 2025 comes to a close, signs of looming change are emerging.

This change may or may not alter the clearer picture that began to form during Fiscal Year 2025, a year in which CalViva Health earned both NCQA Health Plan Accreditation and NCQA Health Equity Accreditation from the National Committee for Quality Assurance. It was a year defined by meaningful advances in our health plan operations, medical management, quality improvement, provider and community engagement, and our work to elevate Diversity, Equity, and Inclusion at the Governance level. These accomplishments are highlighted throughout this report.

However, the landscape is shifting. Executive Order 14151, "Ending Radical and Wasteful Government DEI Programs and Preferences," the anticipated implementation of H.R.1 (the One Big Beautiful Bill Act), which is projected to cut nearly one trillion dollars from Medicaid, and the continued economic and inflationary pressures facing community partners and government agencies all point to the possibility of significant change ahead. If current conditions continue, CalViva Health expects notable impacts in the coming Fiscal Years.

Despite these pressures, we remain committed to meeting change with our community partners and providers, and to helping individuals and families navigate whatever challenges arise. I extend my sincere appreciation to our Commission for their service and leadership, and to the entire CalViva Health team, both internal and external, who work each day to ensure our members receive the care they need and deserve.



Jeffrey Nkansah
Chief Executive Officer





2025 GOALS & OBJECTIVES

REVIEW OF FISCAL YEAR 2025

MARKET SHARE



GOAL

Maintain current market share.

OUTCOME

Market Share is approximately 66% and has remained the same from the prior Fiscal Year.



MEDICAL MANAGEMENT/QUALITY IMPROVEMENT

GOAL

Continue the work on both PIPS:

(1) Clinical-- African American/Black Well Child Visits in Fresno County and (2) Nonclinical-- Follow-up after ED visit for substance use disorder (SUD)/mental health (MH) issue in Fresno and Madera Counties.

Also begin work on three other QI Health Equity projects using the LEAN Methodology:

1. Madera County initiate a LEAN project to improve follow-up after ED visit for SUD or MH issue, Behavioral Health Domain with an emphasis on the Hispanic population.
2. Kings County initiate a LEAN project to improve provider reconciliation /gap closures for Children's Well Care Domain measures with emphasis on the Hispanic population.
3. Fresno County initiate a Comprehensive project to improve compliance with Children's Health Domain measures (Well Child Visits, Immunizations and Lead Screening).

In addition, a special Health Equity based QI project has been initiated in collaboration with the Institute for Healthcare Improvement (IHI) and sponsored by DHCS to improve Children's Well Care Visit compliance. An FQHC in Fresno County has been selected for this effort which continues through the end of March 2025.

OUTCOME

Both PIPs have completed the planning phase and data gathering is underway:

1. Black Infant Health supported infant well child visits and use of the CDC Milestone Tracker App are monitored as evidence of outcomes.
2. Follow-up after ED visit for Substance Use Disorder or Mental Health tracked by use of EMR "Smart Phrases" as evidence of provider assessment and referral after ED visits.

The Madera County LEAN project was continued for Follow-up after ED visit for Substance Use Disorder or Mental Health using Community Health Workers as provider to link to services.

The Kings County LEAN project has been updated to Comprehensive project by including the Chronic domain HEDIS® measure AMR (Asthma Medication Ratio). Work continues on the Childhood Domain.

Fresno County Comprehensive project has now expanded to a Transformational framework which includes not only Childhood and Behavioral Health domains but also Chronic Domain with AMR. Additionally DHCS has required a collaborative effort by both CalViva and Anthem to address improvement in at least one of the domains – Childhood. The planning phase and data gathering for that project has been initiated.

For the Health Equity IHI Collaborative we have successfully completed the initial 5 Interventions to improve Well Child Visits for Hispanic children 0-15 months with a selected FQHC. The second phase will begin in late August to include collaboration with Community Based Organizations –WIC and Centro La Familia.



FUNDING OF COMMUNITY SUPPORT PROGRAM

GOAL

Administer the Community Investment Funding Program

OUTCOME

10 Provider recruitment grants awarded.



TANGIBLE NET EQUITY (TNE)

GOAL

Meet DMHC minimum TNE requirement and meet the DHCS TNE requirement of at least 1 month's contract revenues based on CalViva's average monthly contract revenues for the previous twelve months.

OUTCOME

CalViva has met the DMHC TNE requirement.

CalViva did not meet the DHCS reserve standard as we were approximately \$7.7M short. However, we are continuing to make progress towards meeting the DHCS reserve standard.



DIRECT CONTRACTING

GOAL

Maintain current direct contracts to align with TNE requirements.

OUTCOME

Maintained current direct contracts. TNE requirements have been met and presently there is no longer a need for this to be an ongoing Fiscal Year goal, therefore, this is being removed as a Category and Goal for Fiscal Year 2026.



COMMUNITY OUTREACH

GOAL

Continue to participate in local community initiatives.

OUTCOME

Participated in Cradle to Career, See 2 Succeed Vision Program, The Children's Movement of Fresno (TCM Fresno), Back 2 School Backpack event, Reading Heart Advisory Group, Coalition for Digital Health, and 150+ CBO Sponsorships.



STATE AND FEDERAL ADVOCACY

GOAL

Continue to advocate Local Initiative Plan Interests.

OUTCOME

Continued as a Local Health Plan Association and Mid State MGMA Board Member.



HEALTH PLAN ACCREDITATION

GOAL

Maintain activities to have NCQA Health Plan Accreditation by 2025 and NCQA Health Equity Accreditation by 2026.

OUTCOME

CalViva Health is NCQA Health Plan and NCQA Health Equity Accredited as of June 30, 2025.



DIVERSITY, EQUITY, AND INCLUSION

GOAL

Promote diversity in recruiting and hiring. Implement activities to identify opportunities to improve around Diversity, Equity, and Inclusion.

Offer mandatory annual Diversity, Equity, and Inclusion training to employees which will include cultural competency, bias and/or inclusion.

OUTCOME

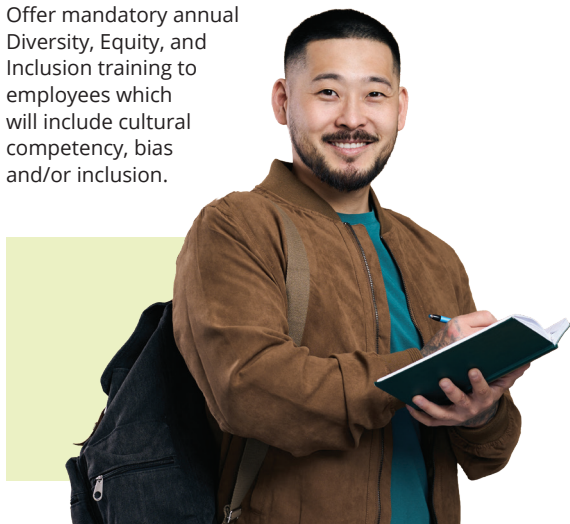
Diversity, Equity, Inclusion training was completed 11/1/2024 for all staff. DEI training was also approved by DHCS.

DEI survey was distributed to Staff, leadership, Board and Committee members to identify potential Equity opportunities. The identified CVH internal opportunities include room setting changes during staff meetings and implementation of Cultural potluck.

Equity projects include Perimenopause/menopause study/workgroup in Kings County

Network Improvement Committee with Fresno County Superintendent of Schools

WIC Pilot, Mobile health clinics, Live Well Madera Diabetes and heart disease work group.



2026 STRATEGIC GOALS & OBJECTIVES



MARKET SHARE

GOAL

Maintain current market share.



MEDICAL MANAGEMENT/QUALITY IMPROVEMENT

GOAL

Continue the work on both Performance Improvement Projects (PIPS):

1. Clinical – African American/Black Well Child Visits in Fresno County and
2. Nonclinical – Follow-up after ED visit for substance use disorder (SUD)/mental health (MH) issue in Fresno and Madera Counties.

Successfully complete the Madera LEAN project and DHCS submissions for Follow-up after ED Visits for Substance Use Disorder or Mental Health issue in Madera County.

Successfully complete the Kings County Comprehensive project and DHCS submissions for the Chronic Domain- Asthma Medication Ratio (AMR) and the Childhood Domain- All eight (8) MCAS Childhood & Adolescent measures.

Successfully complete the Fresno County Transformational Project and DHCS submissions in Collaboration with Anthem Blue Cross for the Childhood Domain (Six (6) of eight (8) Childhood & Adolescent measures) working with a large FQHC. Also complete the Asthma Medication Ratio (AMR) Project from the Chronic Domain.

Complete the IHI Health Equity project in Fresno County working with an FQHC and CBOs for Childhood Domain (Well Child visits).

Complete 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.



TANGIBLE NET EQUITY (TNE)

GOAL

Meet DMHC minimum TNE requirement and meet the DHCS reserve standard of at least one month's contract revenues based on CalViva's average monthly contract revenues for the previous twelve months.



COMMUNITY OUTREACH

GOAL

Continue to participate in local community initiatives.



STATE AND FEDERAL ADVOCACY

GOAL

Continue to advocate Local Initiative Plan Interest



HEALTH PLAN ACCREDITATION

GOAL

Maintain NCQA Health Plan Accreditation and NCQA Health Equity Accreditation Certifications



DIVERSITY, EQUITY, AND INCLUSION

GOAL

Continue to monitor various ongoing Equity projects and identify any new opportunities to improve around Diversity, Equity, and Inclusion. Continue to monitor changes in member population health gaps and disparities to keep DEI annual training up to date with trends. Offer DEI training as per DHCS and NCQA requirement. Take part in QIUM meetings and assist/ add input with quality as it relates to Health Equity and ensure that Health Equity reports meet DHCS and NCQA standards. Complete Health Net internal annual Audit.



FUNDING OF COMMUNITY SUPPORT PROGRAM

GOAL

Administer the Community Investment Funding Program

WELLNESS PROGRAMS

FOR MEMBERS



Digital Health Education Resources

Members can access health education materials on a wide range of topics to help lower blood pressure, improve heart health, manage weight, and much more by visiting <https://calviva.kramesonline.com>.

Disease/Chronic Condition Management Program

The program aims to help members with chronic conditions improve their quality of life. The program does this by assisting members with their self-management skills, knowledge, and awareness of the impact of poor health habits. It also promotes appropriate utilization of services. The program adheres to a whole-person approach, focusing on removing barriers to care. Some of the conditions addressed by the program include: Asthma, Heart Failure, and Diabetes.

Pregnancy Program

Pregnant members receive educational resources to help them achieve a successful pregnancy and a healthy baby. Case Management is available for high-risk pregnancies.

First Year of Life Program

The First Year of Life Program provides parents and caregivers with education, support, and service coordination. The program is managed by a clinical team with backgrounds and experience in pediatrics and postpartum care. The clinical team outreaches to members when the infant is 2, 4, 6, 9, 12, and 15 months of age, provides education, support, and conducts age-appropriate assessments.

Tobacco Cessation Program

Kick It California is a no-cost tobacco cessation program available to CalViva Health members that addresses smoking and vaping behaviors. Services include one-on-one coaching, a text messaging program, a website chat function, and mobile apps on smoking and vaping.

Members can learn more by calling Kick It California at 1-800-300-8086, Monday through Friday from 7 a.m. to 9 p.m., and Saturday from 9 a.m. to 5 p.m., or by visiting www.kickitca.org.

Diabetes Prevention Program

Eligible members ages 18 and older with prediabetes can participate in a year-long evidence-based lifestyle change program. The program promotes and emphasizes weight loss through exercise, healthy eating, and behavior modification by a team of health coaches. It is designed to help Medi-Cal members prevent or delay the onset of type 2 diabetes.

Nurse Advice Line

The 24-hour, 7-days a week Nurse Advice Line provides timely access to registered nurses who can assist with health-related questions by phone, any time, day or night. Members can receive immediate support by calling the number on their ID card.

Get answers to questions about various concerns, including cold and flu, minor illnesses and injuries, chronic pain, and medications.

Teladoc Mental Health (Digital Program)

A personalized digital program designed to help members improve their mental health. Available on the website and mobile application, this program covers topics such as depression, anxiety, stress, substance use, pain management, and more.

Members can sign up for this program at www.teladochealth.com

Community Health Education Classes

CalViva Health offers members and the community no-cost health education classes and webinars.

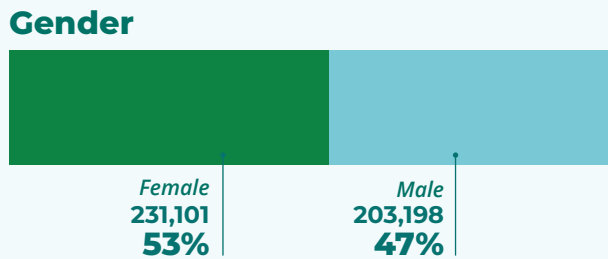
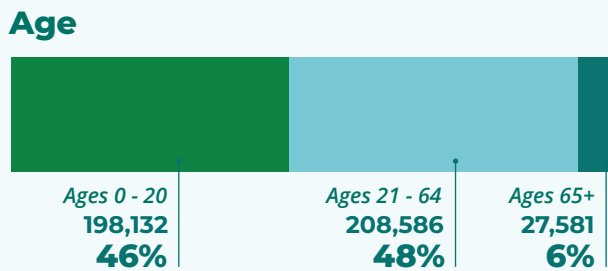
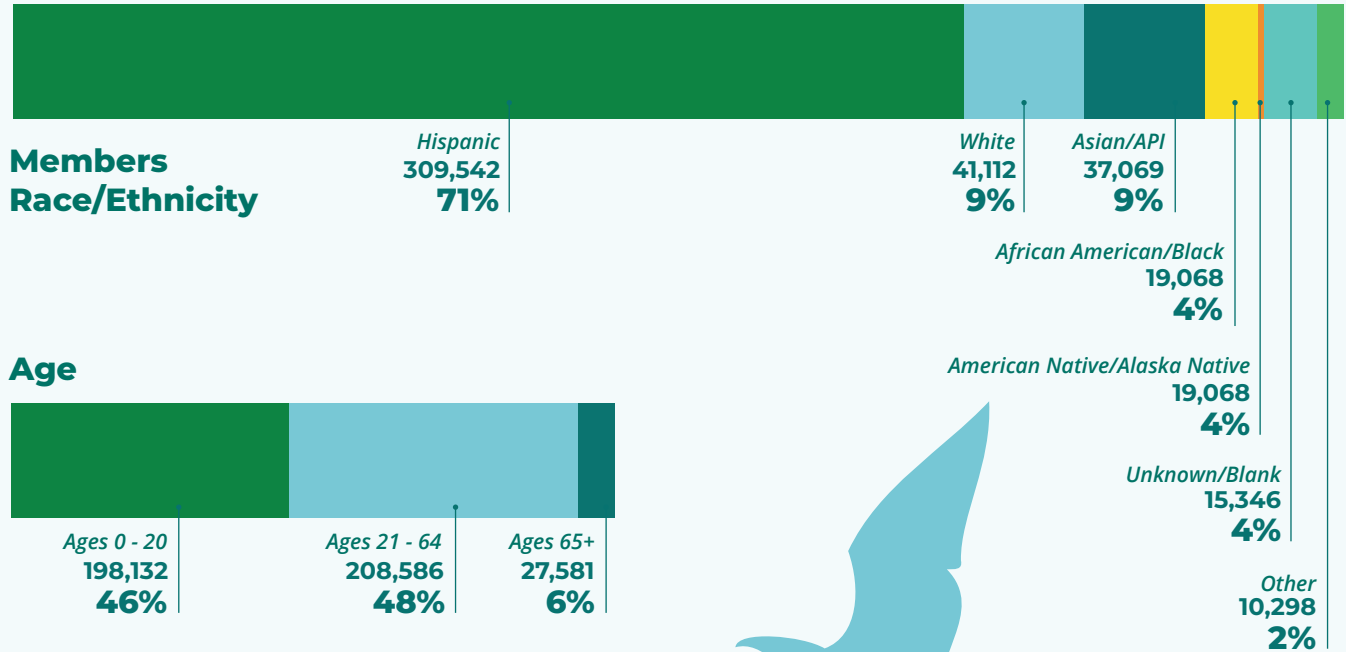
Classes are available in English and Spanish. Topics vary by county and are determined by the community's needs.

Members may call Member Services at 888-893-1569 for more information.



SERVING COMMUNITIES

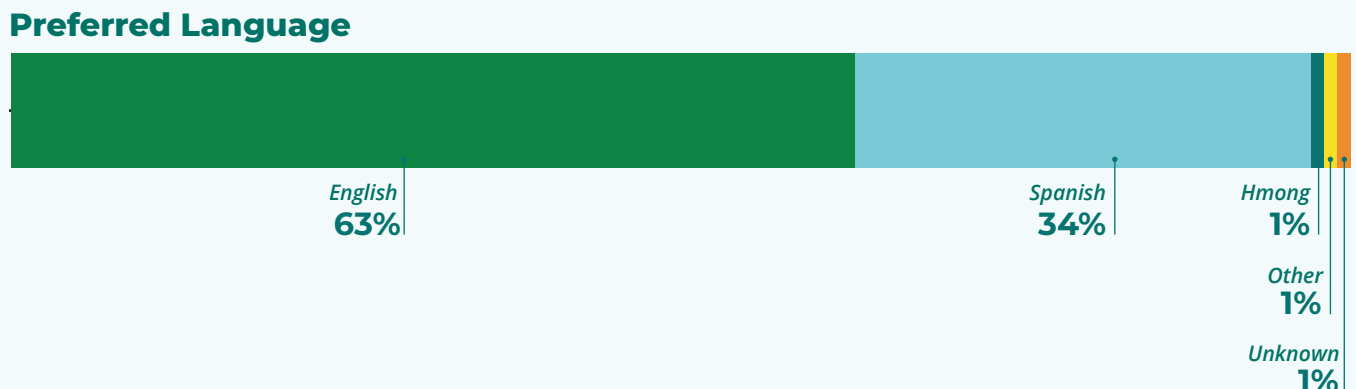
IN THE CENTRAL VALLEY



TOTAL MEMBERS

434,299

AS OF JUNE 30, 2025



MEDICAL MANAGEMENT

The CalViva Health Quality Improvement Program (QI Program) strives to provide members with access to network-wide safe clinical practices and services and to ensure they are given the information they need to make better decisions about their healthcare choices.

The CalViva Health QI Program is designed to monitor and evaluate the adequacy and appropriateness of health and administrative services on a continuous, systematic basis, and to support the identification and pursuit of opportunities to improve health outcomes, services, and member and provider satisfaction. Opportunities for improvement are identified through continuous monitoring of clinical processes, outcomes, safety, access, and satisfaction.

The CalViva Health QI Program employs an organizational structure that reports to the Regional Health Authority (RHA) Commission through the Quality Improvement /Utilization Management Committee (QI/UM). The QI/UM Committee is composed of committed decision-makers from both Primary Care Physicians and Specialists.

CalViva is committed to incorporating a culture of quality across the organization, continuously improving service and satisfaction for CalViva members, as well as supporting and overseeing the provider network to improve provider quality outcomes. CalViva Health collaborates externally with network physicians, community-based organizations, community support providers, county leaders, and other community partners for an effective QI integration process. CalViva Health works with stakeholders in each county to develop unique programs tailored to each county's needs.

CalViva recognizes the challenges posed by the diverse ethnic, cultural, linguistic, and health needs of CalViva Members in the San Joaquin Valley. To address these issues, CalViva leverages its provider network, staff, knowledge, systems, and cultural and linguistic competence to serve individuals in this region and address these challenges.

Acknowledging that the conditions in which we are born, live, learn, work and play, so called "social determinants of health" (SDOH), may have more of an impact on our health than the medical care we receive, CalViva Health Medical Management staff strive to provide more efficient care and improve health outcomes by collaborating with members, health care providers and community-based organizations to develop programs and activities that address these issues.



MEDICAL
MANAGEMENT

GOALS

Support a partnership among members, practitioners, providers, and regulators to provide effective health management, health education, disease prevention, and management, and facilitate appropriate use of resources and services.

Promote better outcomes for members through improved practitioner and provider relationships and promotion of evidence-based health care in an environment that ensures meaningful access through culturally and linguistically responsive services for members and providers.

Monitor, evaluate, and require timely action

to address necessary improvements in the quality of care delivered and address health disparities.

Monitor and improve CalViva Health's performance

in promoting member, practitioner, and provider satisfaction with an emphasis on administrative procedures, primary care, high-volume specialists/specialty services, and behavioral health/substance use services.

Develop and implement an annual quality improvement work plan

and continually evaluate the effectiveness of planned activities at improving/maintaining performance of target measures and take action to improve performance.

Promote systems and business operations

that provide and protect confidentiality, privacy, and security of members, practitioners, and provider information while ensuring the integrity of data collection and reporting systems in accordance with state and federal requirements.



SCOPE OF THE QI PROGRAM

The CalViva Health Quality Improvement Program includes the development and implementation of standards for clinical care and service, the measurement of compliance with the standards, and the implementation of actions to improve performance. The scope of these activities considers the enrolled populations' demographics and health risk characteristics, as well as current national, state, and regional public health goals. The Population Health Management (PHM) strategy provides a unifying framework to support the QI Program in delivering a whole-person approach to caring for CalViva members.

Quality Improvement activities are built upon this population health framework that leverages community partnerships, clinical programming, and data analytics to strategically deploy resources to enhance the member and provider experience, improve whole-person care, mitigate social determinants of health (SDoH), and match members with clinical programs designed to serve their unique clinical, cultural, social, functional, and behavioral health needs.

THE QUALITY IMPROVEMENT PROGRAM IMPACTS THE FOLLOWING:

- **CalViva Members in all demographic groups and in service areas where CalViva is licensed.** Network Providers, including practitioners, facilities, hospitals, ancillary providers, and any other contracted or subcontracted provider types.
- **Aspects of Care**, including level of care, health promotion, wellness, chronic conditions management, care management, continuity of care, appropriateness, timeliness, and clinical effectiveness of care and services covered by CalViva.
- **Health Disparities** by supporting activities and initiatives that improve the delivery of health care services, patient outcomes, and reduce health inequities.
- **Health Education** by providing accessible, no-cost health education programs, services, and resources.
- **Communication** to meet the cultural and linguistic needs of CalViva members.
- **Behavioral Health Aspects of Care integration** by monitoring and evaluating the care and services provided to improve behavioral health care in coordination with other medical conditions.
- **Practitioner/Provider Performance** relating to professional licensing, accessibility and availability of care, quality and safety of care and services, including practitioner and office staff behavior, medical record keeping practices, environmental safety and health, and health promotion.
- **Services Covered by CalViva** including preventive care, primary care, specialty care, telehealth, ancillary care, emergency services, behavioral health services, diagnostic services, pharmaceutical services, skilled nursing care, home health care, long term care (LTC), Long Term Services and Supports (LTSS): Community Based Adult Services (CBAS), and CalAIM benefits that meet the special, cultural and linguistic, complex or chronic needs of all members.
- **Internal Administrative Processes**, which are related to service and quality of care.

CalViva conducts ongoing monitoring of health plan performance by participating in annual HEDIS® measurement, member experience and practitioner satisfaction assessments, monitoring of appeals and grievances, and evaluating the accessibility and availability of medical services. CalViva Health's QI Program has mechanisms to continuously monitor, review, evaluate, and improve the quality of clinical care and services provided, including, but not limited to, preventive services for children and adults, perinatal care, Primary Care, specialty, emergency, inpatient, behavioral health, and ancillary care and services.

The QI program also monitors, reviews, evaluates, and improves coordination and continuity of care and services for all members including Seniors and Persons with Disabilities (SPDs), Children with Special Healthcare Needs (CSHCN), Members with chronic or behavioral health conditions, experiencing homelessness or recently released from incarceration, Members who use Long-Term Services & Supports, and Children in child welfare (Foster children).

Physician reviews are performed to evaluate the appropriate standards of care, including but not limited to ensuring that appropriate specialty care referrals are made, that surgical care is not delayed, and that general standards of care are met.

QUALITY IMPROVEMENT INITIATIVES

WORK PLAN

The Quality Improvement Work Plan activities are evaluated to determine whether objectives were met. At the end of the fiscal year, eighty-six percent (86%) of objectives were complete. Eleven (11) remaining objectives are on track for completion by 12/31/25.

PLANNED ACTIVITIES AND QI FOCUS FOR 2025

The planned Quality Improvement activities for 2025 are divided into nine sections covering the following topics:

Behavioral Health

- Improve follow-up care for members after an Emergency Department Visit for Substance Use/ Mental Health issues. Lean Project continued with a focus on Madera County.
- Performance Improvement Project (PIP) continued to improve Provider Notifications of ED Visits for Mental Health or Substance Use issues in Fresno and Madera Counties.
- Institute for Healthcare Improvement Collaborative Project to improve follow-up care after ED Visit for Mental Health or Substance Use issues in Fresno County.

Chronic Conditions

- Improve Management of Blood Pressure, prevent and control high blood pressure.
- Improve Management of Diabetes by reducing the number of members with elevated Hemoglobin A1c results.

Hospital Quality/Patient Safety

- Monitor Hospital Quality & Safety, engage hospitals to reduce and report on c-section rates, and reduce hospital-associated infections.

Member Engagement & Experience

- Improve Satisfaction with Quality of Care/Service, educate and collaborate with multiple stakeholders to promote improved member satisfaction survey results.

Pharmacy and Related Measures

- Improve Management of Asthma, by increasing asthma controller medication adherence and reducing use of rescue medications.

Pediatric/Perinatal/Dental

- Improve Dental health for children 1 to 4 years old with the application of dental varnish twice per year.
- Improve Prenatal/Postpartum Care by ensuring timely care and reducing disparities.

- Improve Infant Well-Child Visits for African American/ Black children 0-15 months through Performance Improvement Project (PIP) in Fresno County.
- Institute for Healthcare Improvement Collaborative Project to Improve Well-Child Visits for Hispanic children 0-15 months in Fresno County.
- Improve Well-Child Visits for Children and Adolescent Members.
- Improve Other Childhood Measures by increasing Blood Lead Screening testing rates, Childhood Immunization rates, and Developmental Screening for Children 0-3 years of age.

Preventive Health

- Reduce the risk of cancer and complications by improving Breast Cancer, Cervical Cancer, and Chlamydia screening.
- Improve Seasonal Flu Vaccination rates for children and adults through the Flu Campaign.

Provider Communication/Engagement – Improve the Member Experience

- Improve Provider Access, Availability, and Service by improving timely appointments to primary care physicians, specialists, ancillary providers, and after-hours access.

Health Education

To provide culturally and linguistically appropriate health education programs and resources at no cost to:

- Support members and the community to achieve optimal physical and mental health.
- Improve CalViva's quality performance.
- Enhance member satisfaction and retention.
- To engage communities, stakeholders, and partners.

PERFORMANCE IMPROVEMENT PROJECTS (PIPS)

CalViva Health participates in two formal Performance Improvement Projects each year. In 2025, the Medical Management Team continued two Performance Improvement Projects (PIPs) that were initiated in 2024.

These PIPs are first, a Disparity Project, “Improving Well-Child Visits for African American/Black children 0-15 months in Fresno County” and secondly, “Improving Provider Notifications after an ED Visit for Substance Use or Mental Health issue in Fresno and Madera Counties”. These projects will continue intervention testing until December 31st, 2025, with final data reporting in August 2026.

Improving Well-Child Visits for African American/Black children ages 0-15 months in Fresno County.

After establishing a multidisciplinary team, a number of Quality Improvement Tools were utilized to help the team understand our target population and the factors influencing their decision to complete a Well-Child Visit.

The PIP team established a community partnership with the Black Infant Health (BIH) Program in Fresno County to act as a trusted partner for our target population.

Two interventions have been implemented and are still in the testing phase:

1. Referral of all B/AA pregnant CalViva members to BIH.
2. Support the use of the CDC Milestone Tracker App to educate caregivers about the timing and importance of well-child visits and the developmental milestones for infants and young children.

Data shows a year-over-year (YOY) increase in Fresno County’s W30-6+ rate (39.55%)

for MY2025 and a current trajectory on track for meeting the 60.38% benchmark rate.

The Black/African American W30-6+ rate for MY2024 was 48.6%, which was a statistically significant improvement from the MY2023 rate of 31.3%. Data will continue to be gathered through the end of the calendar year.

Provider Notifications after ED Visit for Substance Use or Mental Health Issue in Fresno and Madera Counties.

For the second PIP, CalViva leveraged dedicated hospital staff (Social Workers, Substance Use Counselors, and Community Health Workers) to notify providers of members seen in the Emergency Department (ED) for substance use disorder (SUD)/mental health (MH) diagnosis. Timely provider notification of the need for follow-up care was identified as an important first step in addressing this issue.

CalViva is currently implementing three interventions:

1. Educate the hospital staff (Substance Use Professionals, Social Workers & Community Health Workers) on the use of Smart Phrases in the Electronic Health Record (EHR) to represent required codes to meet the HEDIS® measure.
2. Culturally Appropriate Education Strategies for the Hispanic population to support follow-up treatment for Mental Health/Substance Use Disorders.
3. Utilization of the Resiliency Center to Increase Provider Notifications.

Although the 50th percentile goal was not met for the mental health follow-up measure in either Fresno or Madera County in MY2024, significant improvements are noted in MY2024 with Fresno County improving from 14.17% to 42.94%, and Madera County improving from 22.47% to 47.71%. Similar improvements are noted for the substance use follow-up measure in MY2024, with Fresno County improving from 15.01% to 29.48% and Madera County improving from 16.84% to 30.70%. Intervention testing will continue through the end of December 2025.



UTILIZATION AND CASE MANAGEMENT INITIATIVES

The Utilization and Care Management Program is designed for all CalViva members to receive quality, medically necessary health care services, delivered at the appropriate level of care in a timely and effective manner.

The Medical Management Team develops an annual Work Plan to track key performance metrics, regulatory compliance, assess progress toward goals, and identify critical barriers to success.

CalViva's UCM Program is overseen by the RHA Commission through the CalViva QI/UM Committee. The QI/UM Committee supervises the UCM Program, providing feedback, decision support, and recommendations for the UCM program throughout the year.

MEDICAL MANAGEMENT RESPONSIBILITIES

Compliance with Regulatory & Accreditation Requirements

- Program Descriptions, Work Plans, and Policies & Procedures updated and maintained to be compliant with state, federal, and accreditation standards.
- Corrective Action Plan was requested from the Plan's administrator to address post stabilization requirements. The Post stabilization policy was updated, a dedicated team was established to manage these cases, and providers received targeted education. Success of interventions will be monitored.

Monitoring the UM Process

- Turnaround Time average compliance for Processing Authorizations for all case types, January to June 2025, at 92.3% which is below the 95% threshold. Majority of non-compliant cases were Deferrals. Actions underway to improve performance.
- Turnaround Time compliance for appeals is at 100% for January to June 2025.
- Behavioral Health bidirectional referrals between medical and behavioral providers continue to be a priority.

Monitoring Utilization Metrics

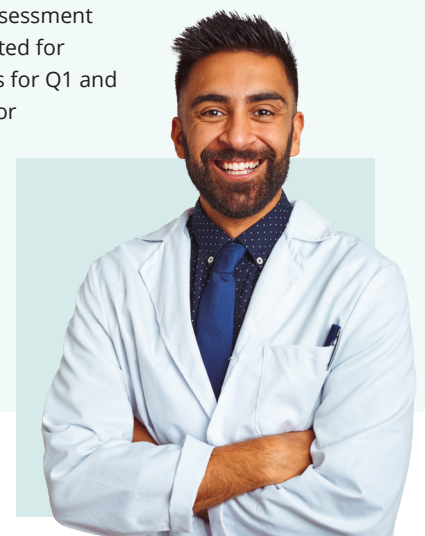
- Based on data through June 2025, all utilization goals (2% reduction in acute bed days over prior year, achieve average length of stay <5, and maintain 11% or below 30-day readmission rate) are on target.
- Over/Under Utilization reporting continues. A new report is in development.
- Provider group (PPG) utilization metrics dashboard monitored quarterly and shifts in utilization reviewed with PPGs at regular meetings.

Monitoring Coordination with Other Programs

- Health Information Forms (HIF) completed for January to June were 6,233, with one thousand and fifty-six (1,056) members referred to Case Management. An increase of almost four hundred (400) cases from 2024.
- 3,375 members managed January to June 2025 in physical, behavioral, and transitional case management. Over 1,200 more cases than the prior year.
- 682 members were managed in Perinatal Case Management from January to June 2025. Engagement remains consistent at 63%.
- 452 Members managed in Behavioral Health Case Management, January to June 2025. Engagement rate is at 73% this year.
- As of June 2025, of the 19,359 members assigned to Enhanced Care Management (ECM) in the three CalViva counties, 2,138 are enrolled, accounting for an 11% enrollment rate.

Monitoring Activities for Special Populations

- The California Children's Services (CCS) identification rates for the CalViva under 21 population continue to trend above 7% in all counties.
- Timely Health Risk Assessment (HRA) outreach reported for CalViva SPD members for Q1 and Q2 at 100% on time for 9,857 members.



CALAIM PROGRAMS

California Advancing and Innovating Medi-Cal (CalAIM) was created to improve the health of Medi-Cal members across the state and in our community. CalAIM consists of two primary programs, Enhanced Care Management (ECM) and Community Supports (CS). These programs allow us to offer individualized health care navigation and 14 new services to help our Medi-Cal members with their health and well-being.

These extra services are available at no cost to Medi-Cal members with complex needs and challenges that make it hard for them to improve their health. CalViva Health members receive a holistic approach to medical care and treatment to support a well-supported recovery journey.

“Determined to navigate the demanding radiation therapy treatment for prostate cancer, Mr. Li embarked on a comprehensive care journey with the support of the Enhanced Care Management (ECM) team. His care manager ensured that each step of his treatment was carefully managed, from transportation to clinic check-ins and in-session support. Mr. Li received guidance on pre-treatment preparation, procedure protocols and medication management, which helped minimize discomfort and optimize therapy effectiveness. By August 20, 2025, Mr. Li completed his final radiation therapy session and demonstrated remarkable resilience, discipline, and trust in his care team.”

31,099 members received
CS program services

COMMUNITY SUPPORTS OFFERED

1. Housing Transition Navigation Services
2. Housing Deposits
3. Housing Tenancy and Sustaining Services
4. Short-Term Post-Hospitalization Housing
5. Recuperative Care (Medical Respite)
6. Respite Services
7. Day Habilitation Programs
8. Nursing Facility Transition/ Diversion to Assisted Living Facilities
9. Community Transition Services/ Nursing Facility Transition to a Home
10. Personal Care and Homemaker Services
11. Environmental Accessibility Adaptations (Home Modifications)
12. Medically Tailored Meals/ Medically-Supportive Food
13. Sobering Centers
14. Asthma Remediation

Community Support services with the highest utilization and paid claims through June 2025:

52% Medically-Tailored Meals/Medically Supported Foods

20% Housing Navigation, Tenancy, and Deposit Services

13,146 members received
ECM program services

ENHANCED CARE MANAGEMENT OUTCOMES

In-person engagement increased from 36.2% in 2024 to 44.1% in June of 2025.

36.2% - 44.1%

As of June 2025, of the 19,913 members assigned to Enhanced Care Management (ECM) in the three CVH counties, 2,138 are enrolled. A total of 129 CalViva Health members have graduated from the ECM program.

The top three ECM populations of focus (POF) by county are:

FRESNO

1. Adults Experiencing Homelessness
2. Adults SMH/SUD
3. Adults at Risk for Avoidable Hospitalization/ED

KINGS

1. Adults Experiencing Homelessness
2. Adults SMH/SUD
3. Adults at Risk for Avoidable Hospitalization/ED

MADERA

1. Adults at Risk for Avoidable Hospitalization/ED
2. Adults Experiencing Homelessness
3. Children/Youth Enrolled In CCS

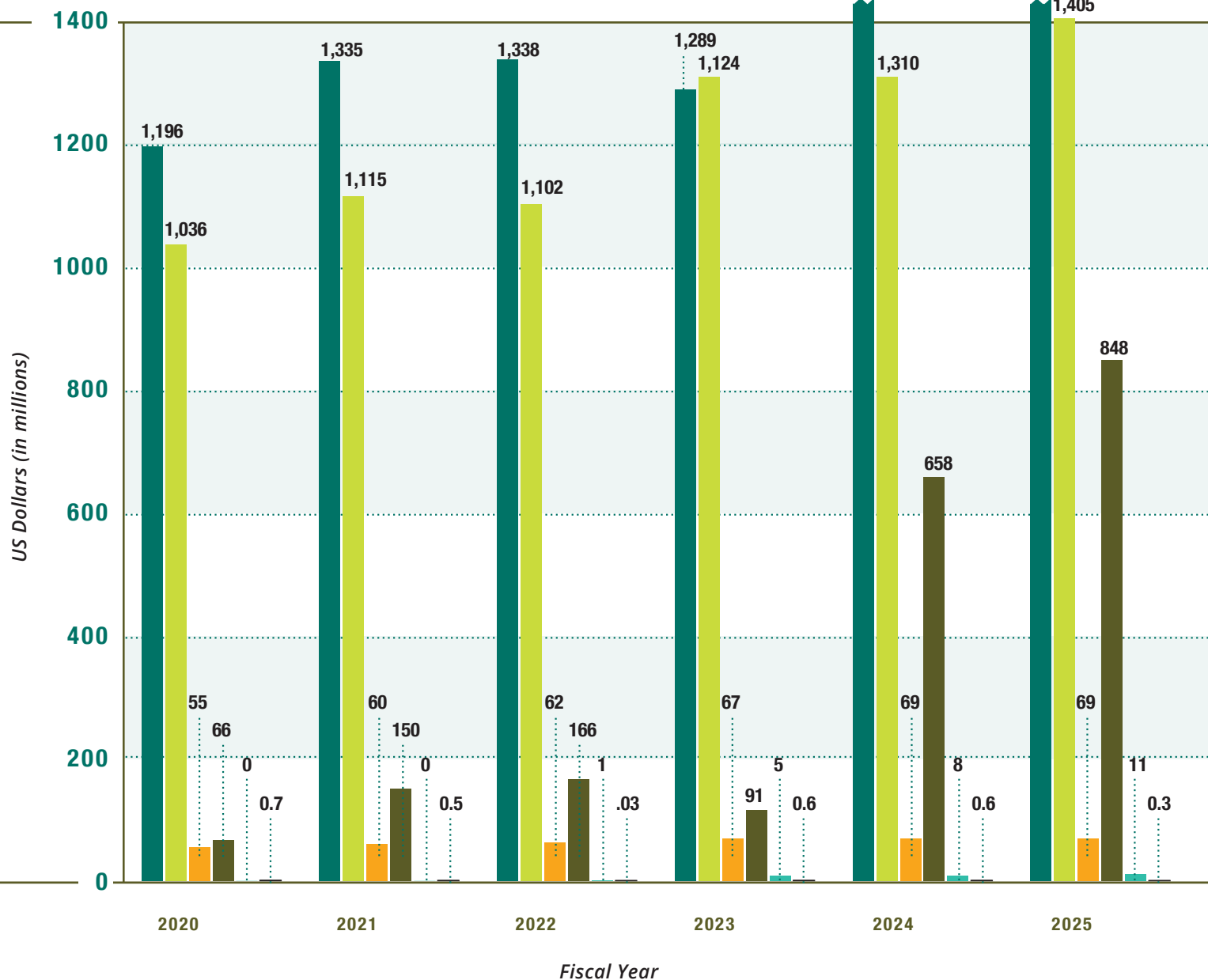
INITIATIVES AND COMMUNITY COLLABORATIONS

- Alvina Elementary Charter School District
- American Heart Association
- Angels of Grace
- Art of Life
- Aspen Public Schools
- Association for Fundraising Professionals AFP
- Babies First Fresno County
- Barbara Saville Shelter - Kings County
- Better Business Bureau
- Big Brothers Big Sisters of Central California
- Binational of Central California
- BLACK Wellness & Prosperity Center
- Break The Barriers
- Breaking the Chains
- Bristol Hospice Foundation
- Burrel Union Elementary School District
- California Family Health Council
- California Health Collaborative
- California Health Sciences University
- California Partnership for Health
- California State University Fresno Foundation
- California State University Fresno Health and Human Services
- California Teaching Fellows
- Camarena Health
- Career Nexus
- CASA of Fresno and Madera Counties
- CASA of Kings County
- Cen Cal Sports
- Central California Community Food Bank
- Central California Legal Services
- Central California Women's Conference
- Central Unified School District
- Central Valley Black Nurses Association
- Central Valley Community Foundation
- Central Valley Health Network
- Central Valley Justice Coalition
- Centro La Familia
- City of Fresno
- City of Madera
- Clinica Sierra Vista
- Clovis Community College
- Clovis Unified School District
- Community Medical Foundation
- Comprehensive Youth Services
- Covenant Worship Center
- Cradle to Career Partnership (C2C)
- Deaf & Hard of Hearing Service Center
- Delta Sigma Theta Sorority, Inc.
- East Fresno Kiwanis Foundation
- East Fresno Youth Soccer League
- Edison Youth Football
- Every Neighborhood Partnership
- Exceptional Parents Unlimited
- Family Health Care Network
- Firebaugh Las Deltas School District
- First 5 Fresno County
- First 5 Madera County
- Focus Forward
- Forward Fresno Foundation
- Fowler Unified School District
- Fresno Airport District Rotary
- Fresno Area Hispanic Foundation
- Fresno Chaffee Zoo
- Fresno Chamber of Commerce
- Fresno City College
- Fresno Community Health Improvement Partnership (FCHIP)
- Fresno Council on Child Abuse Prevention
- Fresno County Breastfeeding Coalition
- Fresno County Department of Public Health
- Fresno County Superintendent of Schools
- Fresno Economic Opportunities Commission WIC
- Fresno Grizzlies
- Fresno Healthy Communities Access Partners
- Fresno Housing Authority
- Fresno Housing Education Corps, Inc
- Fresno Madera Medical Society
- Fresno Metro Ministry
- Fresno Police Activities League (PAL)
- Fresno Police & Neighborhood Watch
- Fresno Mission
- Fresno Rotary
- Fresno State Foundation
- Fresno Street Saints
- Fresno Unified School District
- Gavin Gladding Memorial Foundation
- Girl Scouts of Central California South
- Golden Charter Academy
- Golden Plains Unified School District
- Golden Valley Unified School District
- Greater Fresno Healthcare
- Habitat for Humanity Greater Fresno Area
- Hands On Central California
- Hanford Main Street Program
- Heartland Compass
- Healthy Fresno County
- Helping Others Pursue Excellence (HOPE)

- Highway City Community Development
- Hinds Hospice
- Housing Authority Kings County
- Image Church
- Kings Community Action Organization
- Kings County Breastfeeding Coalition
- Kings County Department of Public Health
- Kings County Economic Development Corporation
- Kings County Office of Education
- Kings Partnership for Prevention
- Kings United Way
- League of Mexican American Women
- Lemoore Police Department
- Level the Playing Field
- Live Again Fresno
- Live Well Madera County
- Madera County Food Bank
- Madera County Department of Public Health
- Madera County's Sheriff's Foundation
- Madera NAACP
- Madera Rescue Mission
- Madera Unified School District
- Make A Wish Foundation
- Marjaree Mason Center
- Martin Park
- Mendota Unified School District
- Mothers Against Drunk Driving Central Valley (MADD)
- Neighborhood Industries
- Off the Front
- Omni Family Health
- On Ramps Covenant Church
- One Fresno Foundation
- Orange Center School District
- Parlier Unified School District
- Poverello House
- Reading Heart
- Riverdale Joint Union School District
- River Parkway Trust
- Sanger Unified School District
- See 2 Succeed Vision Program
- Self Help Enterprises
- Sequoia Council, Boy Scouts of America
- Sierra Foothill Conservancy
- Sierra Kings Health Care District
- St. Brigid
- St. Rest Economic Development Corporation
- State Center Community College District
- Storyland
- Susan G. Komen Central Valley
- Teens That Care
- The Children's Movement of Fresno
- The Lighthouse
- The Fresno Center
- Trinity Pregnancy Center Madera
- Two Cities Marathon
- Tzu Chi Medical Foundation
- United Cerebral Palsy Central California
- UCSF Foundation
- United Health Centers
- United Way Fresno and Madera
- Valley Caregivers Resource Center
- Valley Children's Healthcare Foundation
- Valley Communities Inc.
- Valley FC
- Valley Health Team
- Valley PBS
- Washington Union School District
- West Park School District
- West Fresno Family Resource Center
- West Hills Community College Foundation
- Youth For Christ



FINANCIAL SUMMARY



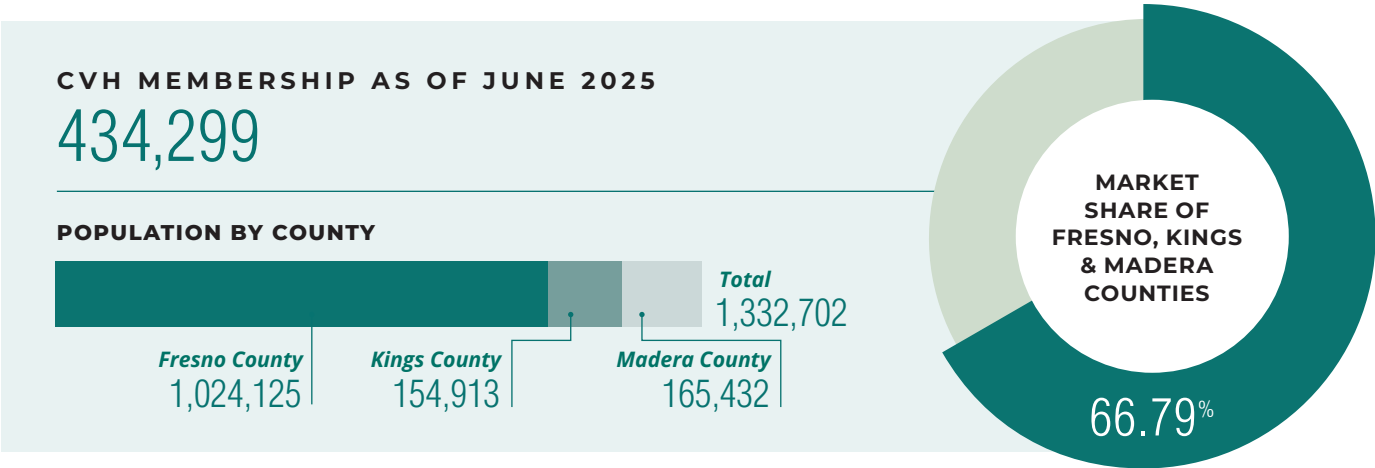
As a local Medi-Cal managed care health plan, CalViva Health is committed to managing our resources wisely. To ensure accuracy and transparency, CalViva Health's financials are audited each year by an independent auditor. Since beginning operations, CalViva Health has continually received an unmodified audit opinion from an independent auditor with no audit adjustments or findings.

Furthermore, CalViva Health utilizes the majority of funds received to provide access to quality health care for our members, which is exemplified in our low administrative expense ratio of 2.96%. In addition, CalViva Health continues to make investments in the communities we serve by providing grants such as physician recruitment grants and sponsorships to over 150 community-based organizations which help to improve the health and well-being of the people residing in the counties of Fresno, Kings, and Madera.

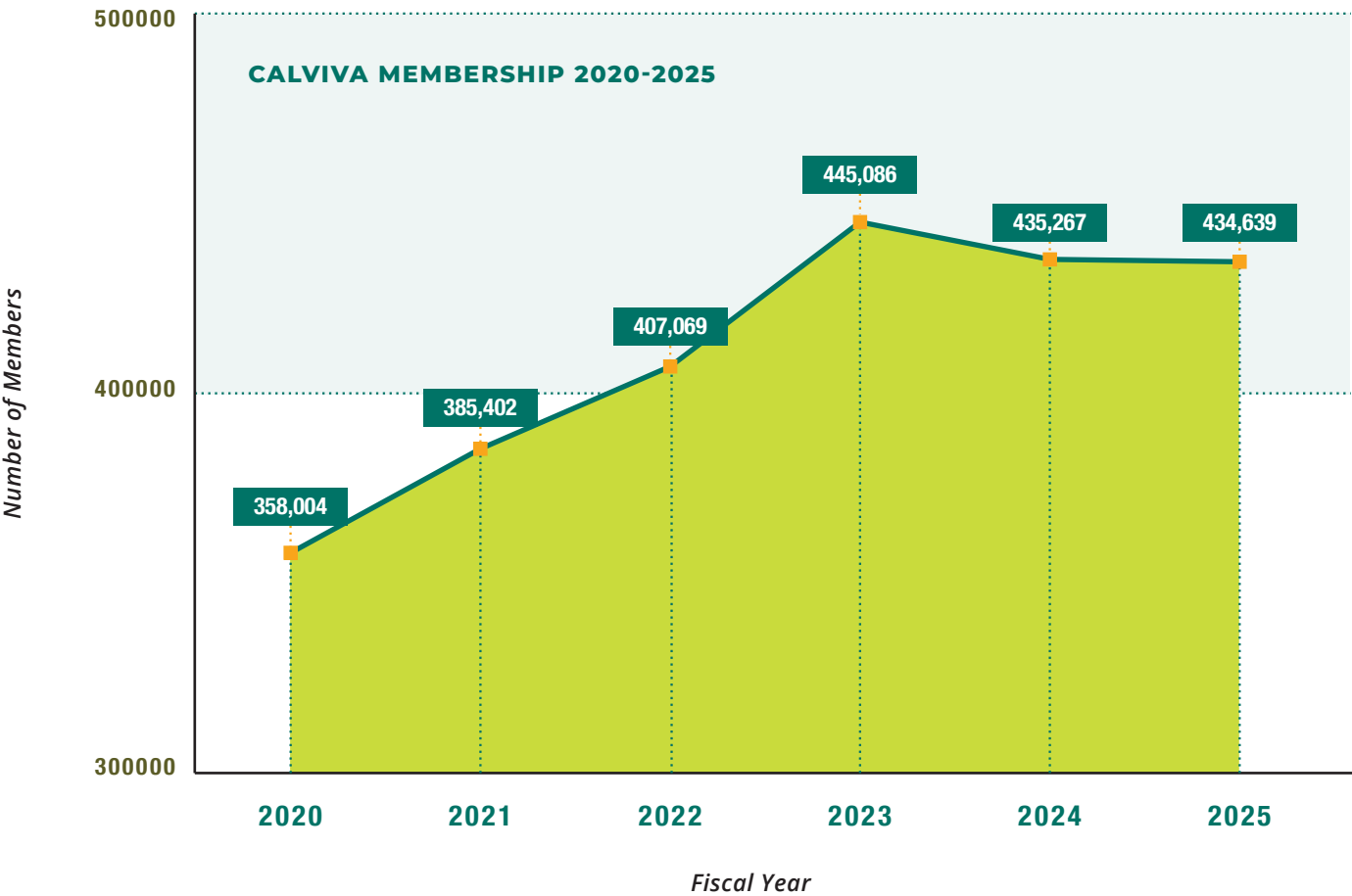
- Revenues
- Health Care Expenditures
- Administrative Expenses
- Premium Taxes
- Interest Income
- Other Income

ENROLLMENT SUMMARY

CalViva Health has seen our membership grow significantly since beginning operations in 2011. In fact, over 30% of Fresno, Kings, and Madera County residents are CalViva Health Members. During FY 2025, CalViva Health experienced a slight decrease in enrollment as Medicaid disenrollment started to take effect in July 2023 due to the Consolidated Appropriations Act of 2023.



As of June 30, 2025, CalViva Health held a 66.79% market share for Medi-Cal managed care enrollment in the counties of Fresno, Kings, and Madera.

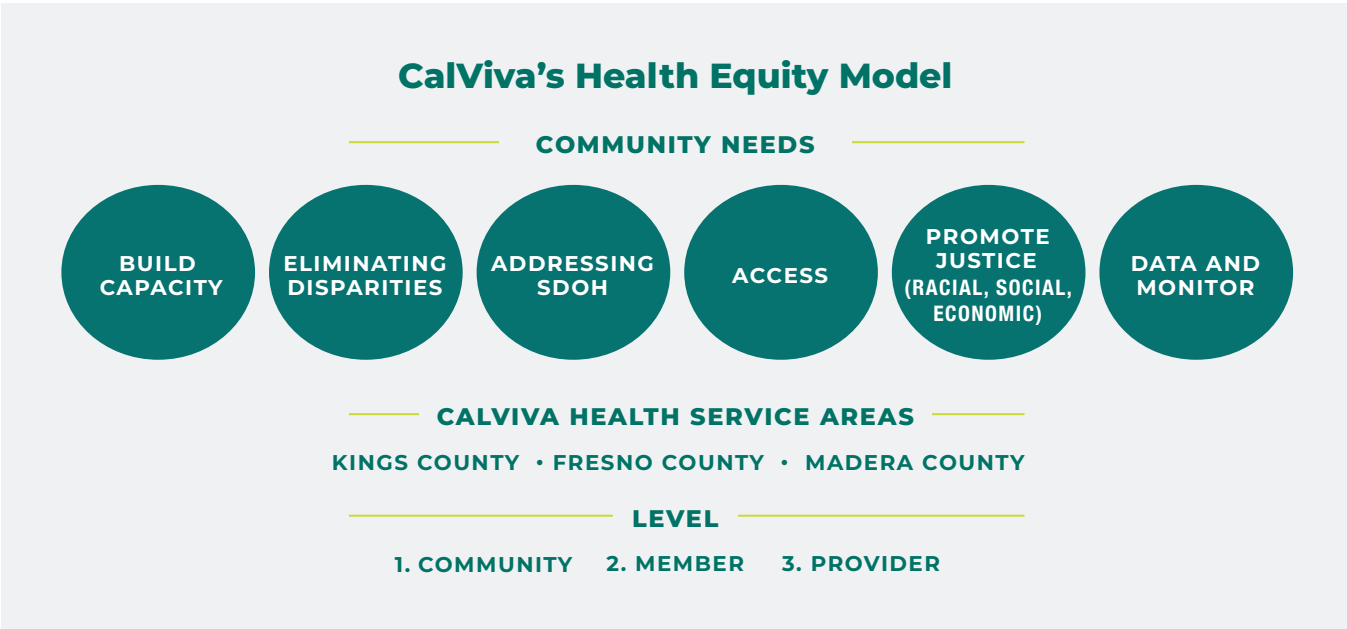


HEALTH EQUITY

The Health Equity initiative is dedicated to ensuring that the quality of care and services meets the diverse needs of communities within the CalViva Health service area, which includes Kings, Fresno, and Madera counties.

To achieve this, CalViva plans to collaborate across departments and with external partners to analyze, design, implement, and evaluate interventions to reduce health disparities.

Our approach integrates collaboration across various departments, including Quality Improvement, Provider Engagement, Cultural and Linguistic Services, Health Education, Medical Directors, and Public Programs.



CalViva Health takes a proactive approach to Health Equity through biweekly strategy meetings with the Local Health Plan of California (LHPC).

This coordination ensures that our efforts in Kings, Madera, and Fresno Counties align with statewide priorities. Key findings from these meetings are shared during quarterly sessions with the Center for Care Innovations and the Institute for Healthcare Improvement to refine best practices.

We also hold quarterly meetings with the Department of Health Care Services (DHCS) and maintain direct communication with state Health Equity leadership to support system-level improvements.



HEALTH EQUITY PROJECT IN KINGS COUNTY:

DIRECT MEMBER IMPACT ON WOMEN AGES OF 35+

This project supports the Kings County Community Health Improvement Plan goal of improving access to care. A Community Health Worker group has been recruited to serve multiple regions, including rural communities.

GOAL

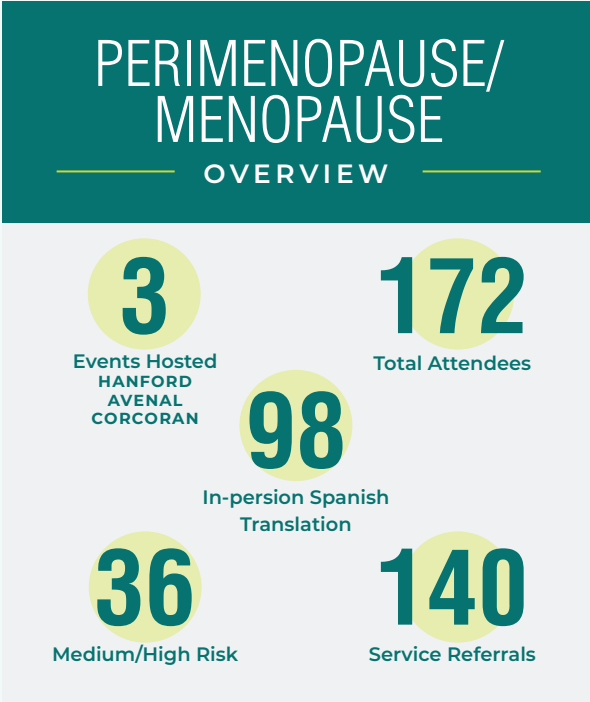
Increase awareness and support for perimenopause and menopause among women ages 35+ in Kings County through education, resources, and referrals.

THE PROJECT INCLUDES THREE PHASES.

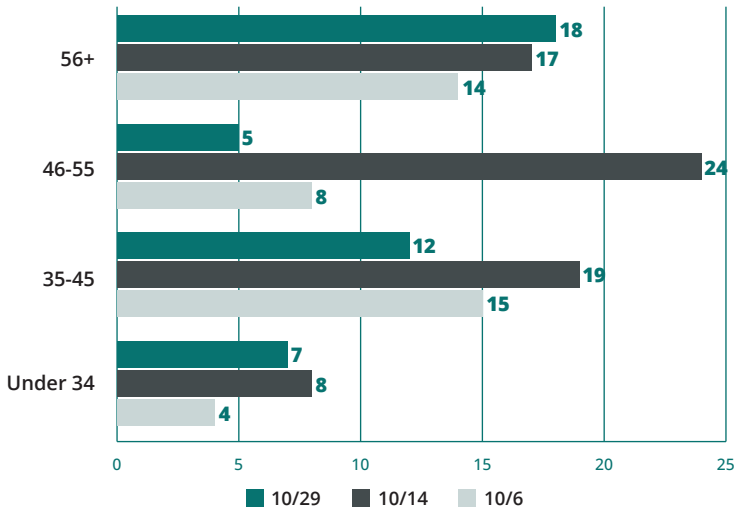
- > **Phase one was completed in Q1 2025** and focused on identifying a project champion and creating the data platform.
- > **Phase two was completed in Q4 2025** and included three focus groups across Kings County, with at least one held in a rural area.
- > **Phase three is scheduled for completion in Q2 2026.** During this phase, Community Health Workers will provide follow-up, complete closed loop referrals, and analyze data to assess impact.

KEY PARTNERS:

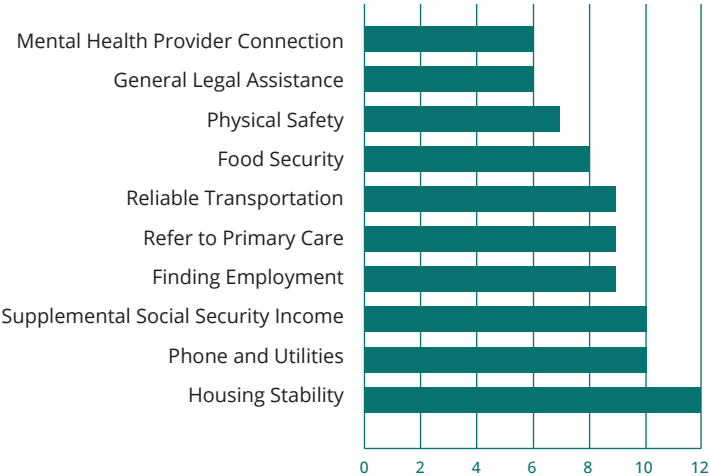
- Valley Voices
Kings Community Action Organization
Recreation Association of Corcoran
- Pear Suite
Avenal Veteran's Center
Kings County Public Health
- Kings County Department of Behavioral Health
Linguistica - Translation Services



PARTICIPANTS: AGE GROUPS



TOP SERVICE REFERRALS



COMMISSIONERS

FRESNO COUNTY

David S. Hodge, M.D.

Retired Pediatric Surgeon, Commission Chair

Garry Bredefeld

Board of Supervisors

David Luchini

Director, Department of Public Health

David Cardona, M.D., MPH

Family Care Providers Medical Group Inc.

Joyce Fields-Keene

MPA, CEO, Central California Faculty Medical Group

Soyla A. Reyna-Griffin

CEO, Valley Health Team

KINGS COUNTY

Joe Neves

Board of Supervisors, Commission Vice-Chair

Rose Mary Rahn

Director, Department of Public Health

Lisa Lewis

Ph.D., Director, Behavioral Health Department

MADERA COUNTY

David Rogers

Board of Supervisors

Sara Bosse

Director, Department of Public Health

Aftab Naz, M.D.

President, Madera Family Medical Group

REGIONAL HOSPITALS

Jennifer Armendariz

Vice President, Revenue Cycle and Managed Care, Valley Children's Healthcare

Aldo De La Torre

SVP Payer Strategy, Managed Care & Insurance Services, Community Health System; President & CEO, Community Care Health

COMMISSION AT-LARGE

John Frye

Fresno County, Saint Agnes Medical Center (Retired)

Kerry Hydash

Kings County, President & CEO, Family HealthCare Network

Paulo Soares

Madera County, CEO, Camarena Health



LEADERSHIP

▶ **Jeffrey Nkansah**

Chief Executive Officer

Mr. Nkansah joined CalViva Health effective February 2011. He has worked within the health care industry for over ten years. His areas of expertise include privacy and security, health education, health services, public policy, public administration, Medicare, and Medicaid.

▶ **Mary Lourdes Leone**

Chief Compliance Officer

Ms. Leone joined CalViva Health effective September 2015. She has over 35 years management experience in pharmaceutical drug development, clinical research, and health care industries. She is Certified in Healthcare Compliance (CHC). Her areas of expertise are program management, state and federal regulatory compliance, data analysis/reporting, contract development and oversight.

▶ **Patrick C. Marabella, MD, MS**

Chief Medical Officer

Dr. Marabella was appointed CMO of CalViva Health effective February 2011 and is a Board Certified Emergency Physician with over 35 years of clinical and administrative experience. His professional memberships include Fellow of the American College of Emergency Physicians and the American Association for Physician Leadership.

▶ **Daniel Maychen**

Chief Financial Officer

Mr. Maychen joined CalViva Health effective February 2011. Prior to joining CalViva Health, he has held various accounting positions in the banking and public accounting industry. He is a certified public accountant (CPA) and a certified healthcare financial professional (CHFP) specializing in financial reporting, strategic financial planning, internal controls, and auditing.

▶ **Amy R. Schneider, RN, PHN**

Senior Director of Medical Management

Ms. Schneider joined CalViva Health effective September 2011. She is a registered Public Health Nurse and is certified in both Healthcare Quality and Patient Safety. Amy's passion in her work life is to collaborate with community leaders and healthcare providers to improve the quality and safety of healthcare services provided to the people of the San Joaquin Valley.

▶ **Morgan Simpson**

Senior Director of Compliance

Ms. Simpson joined CalViva Health in September 2025, bringing over 20 years of experience in the California Managed Care industry. A native of Fresno and Clovis, she holds a Master's Degree in Health Care Administration. Her expertise includes regulatory compliance, state program implementation, network operations, and delegation oversight.

▶ **Courtney Shapiro**

Director, Community Relations and Marketing

Ms. Shapiro joined CalViva Health in June 2015. For the past twenty-one years, she has served public and non-profit organizations in the Fresno area, focusing on community outreach, training, public administration, leadership building, marketing, and development. Courtney earned a Master of Public Administration in 2011.

▶ **Cheryl Hurley**

Director, Human Resources/Office, Commission Clerk

Ms. Hurley joined CalViva Health effective October 2014. She is a native of Fresno and earned her Bachelor's Degree from California State University, Fresno. Cheryl has over 20 years of experience in the HR field and earned her Professional in Human Resources (PHR) Certification in 2017.

▶ **Jiaqi "Jackie" Liu**

Director of Finance

Ms. Liu joined CalViva Health effective February 2018. She is a certified public accountant (CPA) and a certified healthcare financial professional (CHFP) with experience in both public and private accounting. Her areas of expertise include financial reporting, financial management, internal controls, and auditing.

▶ **Sia Xiong-Lopez**

Equity Officer

Ms. Xiong-Lopez joined CalViva Health in 2024. She is a native of Fresno, earned her Master's Degree from Fresno Pacific University, and serves as a Doula for her community. She has over 10 years of experience in the health field, primarily in mental and behavioral health. Prior to joining CalViva Health, she served as a community resource navigator across eight counties in the San Joaquin Valley in the nonprofit sector, advocating for immigrants and the homeless population.

SEE 2 SUCCEED



CalViva Health is proud to support organizations throughout the Central Valley. We are especially proud to be a founding partner of See 2 Succeed, a local nonprofit partnership that provides free eye exams and glasses to children at elementary schools across Fresno County.

In **2024/2025** the See 2 Succeed Vision Program Accomplished...

14,991

Vision Screenings
Given to Local Fresno
County School Children



1,306

Full Eye Exams
with an
Optometrist



1,183

Pairs of
Glasses Made



51

Mobile
Unit Days



21

School Districts
Serviced in
Fresno County



50

Elementary
Schools Serviced in
Fresno County

2025/2026

will be even better with...

51

Mobile Unit Days

&

23

School Districts

To donate visit www.see2succeed.com



2025



CalViva Health

7625 N. Palm Ave., #109

Fresno, CA 93711

559-540-7840

calvivahealth.org

