| | Fresno-Kings-Madera Regional Health Authority | **CalViva Health QI/UM Committee Meeting Minutes** November 20th, 2025 | **CalViva Health** 7625 North Palm Avenue; Suite #109 Fresno, CA 93711 |
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| | Committee Members in Attendance | | CalViva Health Staff in Attendance |
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| ✓ | Patrick Marabella, M.D., Emergency Medicine, CalViva Chief Medical Officer, Chair | ✓ | Amy Schneider, RN, Senior Director of Medical Management Services |
| | David Cardona, M.D., Family Medicine, Fresno County At-large Appointee, Family Care Providers | ✓ | Mary Lourdes Leone, Chief Compliance Officer |
| | Christian Faulkenberry-Miranda, M.D., Pediatrics, University of California, San Francisco | ✓ | Sia Xiong-Lopez, Equity Officer |
| ✓* | Ana-Liza Pascual, M.D., Obstetrics/Gynecology, Central Valley Obstetrics/Gynecology Medical Group | ✓* | Morgan Simpson, Senior Director of Compliance |
| ✓ | Carolina Quezada, M.D., Internal Medicine/Pediatrics, Family Health Care Network | ✓ | Maria McDivitt, Senior Compliance Manager |
| ✓ | Joel Ramirez, M.D., Family Medicine/Sports Medicine, Camarena Health, Madera County | ✓ | Patricia Gomez, Senior Compliance Analyst |
| ✓ | DeAnna Waugh, Psy.D., Psychology, Adventist Health, Fresno County | ✓ | Nicole Sihota, RN, Medical Management Services Manager |
| | David Hodge, M.D., Pediatric Surgery, Fresno County At-large Appointee, Chair of RHA (Alternate) | ✓ | Zaman Jennaty, RN, Medical Management Nurse Analyst |
| | | ✓ | Norell Naoe, Medical Management Administrative Coordinator |
| | **Guests/Speakers** | | |
| | None were in attendance. | | |

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

| AGENDA ITEM / PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| **#1 Call to Order** Patrick Marabella, M.D., Chair | The meeting was called to order at 10:03 am. Dr. Pascual arrived at 10:03 am. | |

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| #2 **Approve Consent Agenda** Committee Minutes: October 16, 2025<br>- Standing Referrals Report (Q3 2025)<br>- Specialty Referrals Report- HN (Q3 2025)<br>- California Children's Services Report (Q3 2025)<br>- Concurrent Review IRR Report (Q3 2025)<br>- Evolent (NIA) (Q3 2025)<br>- A&G Inter-Rater Reliability Report (Q3 2025)<br>- Quarterly A&G Member Letter Monitoring Report (Q3 2025)<br>- A&G Validation Audit Summary (Q2 2025)<br>- Customer Contact Center DMHC Expedited Grievance Report (Q3 2025)<br>- Call Center Inquiry Audit Report (Q3 2025)<br>- Potential Quality Issues (PH & BH) (Q3 2025)<br>- Provider Preventable Conditions (Q3 2025)<br>- Initial Health Appointment Quarterly Audit (Q2 2025)<br>- County Relations Quarterly Report (Q3 2025)<br>- Health Equity Defining the | The October 16th, 2025, QI/UM minutes were reviewed and highlights from today's consent agenda items were discussed and approved. Any item on the consent agenda may be pulled out for further discussion at the request of any committee member.<br><br>*There were no questions or comments from committee members.*<br><br>A link for Medi-Cal Rx Contract Drug List was available for reference. | **Motion:** *Approve* Consent Agenda (Ramirez/Quezada) 5-0-0-3 |

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| Community Report RY2025<br>- PA Member Letter Monitoring Report (Q3 2025)<br>- Medical Policies Provider Updates (Oct., Sept. 2025)<br>- Pharmacy Provider Updates (Q3 2025)<br>- Preventive Health Guidelines 2025<br>- Provider Office Wait Time Report (Q3 2025)<br>- Provider Appointment & Availability & After-Hours Access Survey Results<br>- Access Work Group Quarterly Summary (Nov. 2025)<br><br>(Attachments A-W)<br><br>**Action**<br>Patrick Marabella, M.D., Chair | | |
| **#3 QI Business**<br>- A&G Dashboard and Turnaround Time Report (Sept. 2025)<br>- Appeals & Grievances Executive Summary (Q3)<br>- Appeals & Grievances Quarterly Member Report (Q3)<br>- Appeals & Grievances Classification Audit Report (Q3) | The **Appeal & Grievance Data Analysis Report Q3 2025** was presented and reviewed to highlight member satisfaction based on the resolved appeals and grievances cases quarterly to better understand CAHPS results, rate movement, and areas of improvement.<br>As defined by NCQA, a "Grievance" is an expression of dissatisfaction with any aspect of the operations, activities, or behavior of one's health plan, or its providers, regardless of whether remedial action is requested.<br>An "Appeal" is a request for your health plan to review a decision that denies a benefit or payment.<br>**Year Over Year Comparison - Q3 2025 Appeals & Grievances Volume by County:** Compared to Q3 2024, appeals volume increased by 13.9% in Fresno County, and 150% (lower volume, increased from 6 to 15) in Kings County, while Madera County remained steady. Grievance volumes showed | **Motion:** *Approve*<br>- A&G Dashboard and Turnaround Time Report (Sept. 2025)<br>- Appeals & Grievances Executive Summary (Q3)<br>- Appeals & Grievances Quarterly Member Report (Q3)<br>- Appeals & |

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| (Attachments X-AA)<br><br>**Action**<br>Patrick Marabella, M.D., Chair | a slight decline of 0.2% in Fresno County but rose sharply by 68.4% in Kings County and 46.3% Madera County.<br>**One-Year Look Back of Appeals & Grievances Volume Comparison by County:** In Q3 2025, appeals volume continued to trend upward – rising by 4% in Fresno County and increasing by 87.5% (again lower volume, increasing from 8 to 15) in Kings County. Madera County maintained a 31.8% decrease compared to the previous quarter, signaling a consistent downward trend.  Grievance volume in Q3 2025 declined by 4.8% in Fresno County, while Kings County saw an increase of 30.6%, and Madera County experienced a rise of 1.7%.<br>**Year-Over-Year Comparison - Q3 2025 Top Appeals & Grievances Trend by Classification Codes:** In Q3 2025, appeals related to the Not Medically Necessary classification code declined by 10.5% compared to Q3 2024. Grievance volumes showed upward movement in four of the top five (4/5) classifications: 39.1% in Access to Care, 6.9% in Balanced Billing, and increased 94.4% in Interpersonal. Transportation grievances saw an increase of 1.5%. Administrative Issues showed a decline of 20.7%.<br>**One Year Look Back - Top Appeals & Grievances Trends by Classification Codes:** In Q3 2025, there was a 2.5% decline in appeals for the Not Medically Necessary classification code compared to the previous quarter. For grievances, an increase was noted in three of the top five (3/5) grievances in volume quarter over quarter: 10.7% in Access to Care, 1.5% in Transportation, and 75% Interpersonal. There was a decrease of 38% in Balance Billing and 5.4% in Administrative Issues. Further trending of both Appeals and Grievances by category and volume were reviewed with the following summary:<br><br>**Summary and Opportunities for Appeals:**<br>• In Q3 2025, we observed an increase in appeal volume, with 161 total appeals – a clear continuation of the year-over-year upward trend.<br>• 119 appeals (73.9%) were classified as Not Medically Necessary.<br>• Top Drivers of Appeals (52.8% of appeals are under these drivers): Diagnostic MRI, Diagnostic, CAT Scan, Self-injectable Medications, Outpatient Procedures, DME-CPAP Machine, Medically Tailored Meals, and Housing Deposits.<br>• Opportunities to improve in the Not Medically Necessary category include:<br>  o Educate providers on the criteria for medical procedures coverage and what needs to be submitted to avoid unnecessary denials and procedure delays. | Grievances Classification Audit Report (Q3)<br><br>(Pascual/Quezada)<br>5-0-0-3 |

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| | o   Ensure providers are submitting all needed information prior to medically necessary procedures. <br> • Opportunities to improve in the Community Supports – Medically Tailored Meals category include: <br> o   Educate providers on the criteria to qualify for medically supportive meals. <br> • Opportunities to improve in the Community Supports – Housing Deposits category include: <br> o   Educate providers – particularly Community-Based Organizations – on the requirements for Housing Deposit benefits. Emphasize the importance of including a comprehensive Individualized Housing Plan and submitting all required documentation to prevent unnecessary submission and avoidable denials. <br> **Summary and Opportunities for Grievances:** <br> • Grievances continue to increase year over year, with Access to Care services remaining the most frequently cited category – particularly due to issues such as prior authorization delays and missed transportation appointments. <br> • Opportunities to improve in the Prior Authorization Delay include: <br> o   Continue providing live and recorded provider training webinars to address prior authorizations on a regular basis. <br> • Opportunities to improve in the Transportation Missed Appointment category include: <br> o   Request feedback from the vendor on how they will address complaints related to no-show transportation and make reliable transportation accessible to members. <br> • Opportunities to improve in the PCP Referral for Services category include: <br> o   Establish or reassess the current audit referral process and turnaround approval times. <br> • Opportunities to improve in the Network Availability category include: <br> o   Expand telehealth services, leverage same-day provider access, and offer diverse payment options. <br> • Opportunities to improve in the Availability of Appointments with Specialist category include: <br> o   Expand specialist network in rural areas through the Provider Network team. <br> o   Leverage contract language to incentivize provider groups to increase volume, as well as meet member experience expectations. | |
| **#3 QI Business** <br> - Lead Screening Quarterly Report (Q2 2025) | The **Lead Screening Quarterly Report (Q2 2025)** was presented to monitor the assessment of Blood Lead Screening in Children. Screening compliance describes clinical guidelines for blood lead screening, reporting requirements related to blood lead screening, and ensures Medi-Cal members | **Motion:** *Approve* <br> - Lead Screening Quarterly Report (Q2 |

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| (Attachment BB)<br><br>Action<br>Patrick Marabella, M.D., Chair | receive anticipatory guidance related to lead poisoning prevention, blood lead level testing, and follow-up services from providers.<br>The Q2 2025 report provides CVH's performance on blood lead level screenings and anticipatory guidance monitoring from Q3 2024 – Q2 2025.<br>• The Facility Site Reviews show in Q2 2025, 90.70% (39/43) of Pediatric Lead Blood Screening records were compliant, and 52.38% (11/21) of sites were compliant in documenting and completing lead blood screening.<br>• In Q2 2025, through claims and encounter data, the overall compliance was 26%, which is a 5.6% decrease from Q3 2024. Due to this measure's cumulative effect, a decline is expected at the start of each calendar year. The QI Team is collaborating with the PE team to identify potential barriers and solutions and will report out in Q3 with findings.<br>• In Q2 2025, the overall compliance for CPT Code 83655 (only) was 25%, which demonstrates a 6.6% decrease compared to Q3 2024. Due to this measure's cumulative effect, a decline is expected at the start of each calendar year. QI is collaborating with PE and QIRA analysts to identify potential barriers and solutions, and will report in Q3 any findings.<br>• In Q2 2025, the compliance for CPT 83655 + Anticipatory Guidance or annual well-visit codes* shown in Table 4, was 22%, which is a 19.20% increase compared to Q1 2025 (2.80%). This increase was due to the revision in anticipatory guidance methodology discussed in the Analysis/Findings/Outcomes section.<br>• CalViva has issued a Corrective Action Plan to Health Net for the continued poor performance with documentation of anticipatory guidance.<br>Discussion:<br>Dr. Ramirez asked if using the WCV code to track the use of Anticipatory Guidance is acceptable for DHCS?<br>Dr. Marabella indicated that the DHCS wants Anticipatory Guidance documented, but hasn't specifically indicated how to do it. We did learn that the codes DHCS provided to us a couple of years ago cannot be used in conjunction with a Well Child Visit (WCV). Previously, we could only track this measure through medical record reviews. We are now adding the WCV codes in order to capture when the blood lead test has been performed at the WCV. Establishing the best practice for electronically obtaining credit for this measure is what we're trying to achieve within the CAP.<br>Amy Schneider added that as an element of the CAP, HN will validate the correlation between the presence of a WCV code and finding documentation in the medical record that Anticipatory | 2025)<br><br>(Ramirez/Quezada)<br>5-0-0-3 |

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| | *Guidance was provided for Lead Screening.* | |
| **#4 Key Presentations**<br>- Annual Regulatory CAHPS Summary Report<br><br>(Attachment CC)<br><br>Action<br>Patrick Marabella, M.D., Chair | The **Annual Regulatory CAHPS® Summary Report** was presented and reviewed.<br>• CVH has monitored member satisfaction for many years.<br>• DHCS conducted surveys through HSAG every other year for Medi-Cal Managed Care Plans in California.<br>• On the "Off-Years", a scaled-back survey was conducted to continuously monitor access to care.<br>• Now that CVH is NCQA Accredited, annual member satisfaction surveys are required.<br>• This is our first "Regulatory CAHPS® Survey" conducted by Press Ganey and used for NCQA accreditation.<br>• **Survey Objectives and Methodology:**<br>  o The overall objective of the CAHPS® study is to capture accurate and complete information about consumer-reported experiences with health care, including:<br>  o How well plans are meeting their members' expectations and goals<br>  o To determine which areas of service have the greatest effect on members' overall satisfaction<br>  o To identify areas of opportunity for improvement<br>  o 4,146 qualified respondents received access to complete the survey (mail, phone, or online)<br>  o 500 eligible responses were collected, resulting in a 12.1% response rate (500 completed/4,146 valid samples)<br>• **Dashboard Key:**<br>  o Press Ganey uses a proprietary statistical model they have developed and tested to identify the key drivers of the ratings of the health plan.<br>  o This model provides:<br>    ▪ Identification of the elements that are driving the ratings.<br>    ▪ Relative importance of each element.<br>    ▪ How members think the Plan performed on the elements.<br>    ▪ Presented in a format that provides clear direction on actions to improve.<br>• **Satisfaction Survey:**<br>  o Press Ganey uses a 1-5 Likert scale to assess member satisfaction. | **Motion:** *Approve*<br>- Annual Regulatory CAHPS Summary Report<br><br>(Quezada/Ramirez)<br>5-0-0-3 |

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| | o  Scores represent the number of members who gave CVH a "5" on each measure.<br>o  CVH is ranked against the Quality Compass® All Plan Benchmark.<br>o  **PG Benchmark Information:** The source for data contained within the PG Book of Business (BOB) is all submitting plans that contracted with PG for MY 2024.<br>•  **2025 Dashboard (Opportunities identified)**<br>o  Q26. Rating of Health Plan 65.3%, 68th percentile, Opportunity<br>o  Q8. Rating of Health Care 52.4%, 12th percentile, Opportunity<br>o  Q18. Rating of Personal Doctor 64.8%, 10th percentile, Opportunity<br>o  Q22. Rating a Specialist, 64.9%, 22nd percentile, Opportunity<br>o  Q9. Getting Needed care: Getting care, tests, or treatment 77.2%, 4th percentile, Opportunity<br>o  Q12. How well Dr. explained things: 90.6%, 13th percentile, Opportunity<br>o  Q13. How well Dr. listened carefully: 92.0%, 20th percentile, Opportunity<br>o  Q14. How well Dr. showed respect: 92.4%, 8th percentile, Opportunity<br>o  Q15. How well Dr. spent enough time: 87.2%, 8th percentile, Opportunity<br>•  **Key Performance Metrics**<br>o  Q28. Rating of Health Plan, 65.3%, 68th percentile (positive result)<br>o  Customer Service 90.5%, 58th percentile (positive result)<br>o  Q17. Coordination of Care 87.2%, 59th percentile (positive result)<br>•  **POWeR Chart** categorized survey measures into four quadrants: Power, Opportunity, Wait, Retain<br>o  Power: Q17. Coordination of Care<br>o  Opportunity:<br>  ▪  Q13. Dr. listened carefully<br>  ▪  Q14. Dr.  showed respect<br>  ▪  Q22. Rating of Specialist<br>  ▪  Q12. Dr. explained things<br>  ▪  Q15. Dr. spent enough time<br>  ▪  Q18. Rating of Personal Doctor<br>  ▪  Q8. Rating of Health Care<br>  ▪  Q9. Getting care, tests, or treatment<br>o  Wait: | |

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| | <ul><li>Q6. Getting routine care</li><li>Q20. Getting a specialist appointment</li><li>Q41. Rating of the interpreter provided</li><li>Q4. Getting urgent care</li><li>Q43. Got an appointment in a timely manner</li><li>Q44. Had to wait for an appointment due to limited hours or few available appointments</li><li>Q27. East of Filling Out Forms</li><li>Q25. Treated with courtesy and respect</li></ul><p>○ Retain:</p><ul><li>Q24. Provided information or help</li></ul><p>• **Performance to Star Cut Points** shows how the Plan's Estimated Health Plan Rating (HPR) scores are used for accreditation ratings compared to the most recent Quality Compass® thresholds published by NCQA (Fall 2024).</p><p>○ CVH's Rating of Health Plan is at or above the 67<sup>th</sup> percentile</p><p>○ The following categories for the Plan are below the 67<sup>th</sup> percentile:</p><ul><li>Getting needed care</li><li>Getting care quickly</li><li>Rating personal doctor</li><li>Rating of Health Care</li></ul><p>• **Satisfaction Survey Results:**</p><p>○ CVH had an adequate sample size with 500 responses. This has been a problem in the past with HSAG surveys.</p><p>○ CVH performed well for the Rating of Health Plan at the 68th percentile.</p><p>○ Coordination of Care (COC) performed well for CalViva at 87.2% (59th percentile), and this was identified as a high-impact area for CVH where we will promote and leverage strengths.</p><p>○ CVH has an opportunity for improvement in the following:</p><ul><li>Getting Needed Care (75.9%)</li><li>Getting Care Quickly (78.5%)</li><li>Rating of Personal Doctor (64.8%)</li><li>Rating of Health Care (52.4%)</li></ul> | |

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| | • Next Steps:<br>  o CVH is currently assessing these results further to identify potential strategies that will maintain and improve scores.<br>  o Areas of greatest opportunity will be identified and actions taken to improve in those areas.<br>  o Regulatory CAHPS® Surveys will continue annually.<br>  o Both Adult and Children's results will be shared.<br><br>*Discussion:*<br>*Dr. Ramirez asked if the sample size of 4,100 patients was a qualified sample size, not the entire universe.*<br>*Dr. Marabella stated that Press Ganey's methodology is to obtain 500 qualified responses (the minimum needed to participate) out of the 4,100 randomized sample.* | |
| **#4 Key Presentations**<br>- Health Equity Geo Access Report 2025<br><br>(Attachment DD)<br><br>**Action**<br>Patrick Marabella, M.D., Chair | The **Health Equity Geo Access Report 2025** was presented and reviewed to examine the Race, Ethnicity, and Language of CVH Members and Provider Network for the calendar year 2024.<br>**Methodology:** The Health Equity team uses direct data collected from state or federal electronic file feeds, including Race, Ethnicity, and Language preferences, to examine the composition of CVH membership.<br>This is compared to Provider Race, Ethnicity, and Language data collected during the contracting and credentialing review processes.<br>**Sources:** Data in this report is extracted from the 2019-2023 U.S. Census American Community Survey, CVH's 2024 Membership database, and 2024 Provider Network Management rosters.<br>• Race, Ethnicity, and Both Written and Spoken Language Preferences are obtained directly from the Members and Providers.<br>• According to the Institute of Medicine's "Unequal Treatment" Report,<br>  o "Language concordance between patients and providers results in greater patient understanding, increased satisfaction, better understanding of diagnosis and treatment, and better medication adherence.".1.1. *Institute of Medicine Report, Unequal Treatment Report, page 192 (2003)*<br>• The top five (5) most common languages in California other than English (55.94%) include:<br>  o Spanish (28.21%)<br>  o Chinese, including Mandarin, Cantonese (3.44%) | **Motion:** *Approve*<br>- Health Equity Geo Access Report 2025<br><br>(Quezada/Pascual)<br>5-0-0-3 |

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| | o Tagalog (2.08%)<br>o Vietnamese (1.52%)<br>o Korean (0.96%).<br>• Nearly 44% of Californians speak a language other than English at home.<br>**Comparison of CVH's Member Language Need and Provider Language Ability: Gap Analysis**<br>• CVH provides services in three (3) California counties: Fresno, Kings, and Madera.<br>• CVH's membership has diverse language preferences: with the five (5) highest volume non-English languages spoken in the analysis: Spanish (145,774 members at 33.75%), Hmong (5,724 members at 1.33%), Arabic (1,203 members at 0.28%), Lao (782 members at 0.18%), and Armenian (681 members at 0.16%).<br>• To facilitate communication between members with Limited English Proficiency (LEP) and their providers, CVH maintains a linguistically diverse provider network.<br>• Geographic analysis of CVH's contracted provider network compared to its members' linguistic needs provides a quick overview of the locations where gaps exist.<br>The methodology used identifies gaps between members and providers based upon three (3) parameters that include both distance and time:<br>• **Urban:** within 10 miles or 30 minutes from residence or workplace.<br>*Urban = population density is greater than 3,000 persons per square mile*<br>• **Suburban:** within 15 miles or 30 minutes from residence.<br>*Suburban = population density is between 1,000 and 3,000 persons per square mile*<br>• **Rural:** within 30 miles or 60 minutes from residence.<br>*Rural = population density is less than 1,000 persons per square mile*<br>**Gap Analysis**<br>For Fresno County, a language gap exists for PCPs in Lao and for both PCPs and Specialists in Hmong. A language gap exists for PCPs in Arabic for all three CVH Counties.<br>**Conclusions:**<br>• Providers are not able to meet all member language needs for several reasons, including limited bilingual staff and large language diversity within their patient population.<br>• Health Equity Department developed and executed a plan to address the gaps to increase awareness and utilization of the language support services (telephonic & in-person) that are available through CVH. | |

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| | **Plan for Improvement:** Coordinate and conduct cultural competency training/workshops for contracted providers and provider groups.<br>• **Progress Toward Objective:** LAP training included 93 providers and provider office staff in attendance in 2024. Live training on track for October 2025. On-Demand training to be available after the live training until the next one in 2026.<br>   ○ **Strategy 1:** Promote Office of Minority Health (OMH) cultural competency training through the Provider Operations Guide and provider updates to be included in the annual provider LAP update.<br>   ○ **Progress Discussion:** Provider Updates to cover the following required topics: LAP services (to include diversity of members), culture and health care topic, promote online cultural competence/OMH training, and health literacy. LAP Provider Update was developed in Q2 2025. Distribution to all contracted providers in July 2025.<br>   ○ **Strategy 2:** Promote on-demand Video Remote Interpretation services for providers with a high membership of people with limited English proficiency.<br>   ○ **Progress Discussion:** Developed and implemented five (5) successful pilot programs in 2023 for on-demand VRI services. Secured funding for the 2025 VRI program services. Ongoing workgroup meetings to scale the program and disseminate more broadly.<br>   ○ **Strategy 3:** Enable direct access to telephone interpretation through CVH Member Services<br>   ○ **Progress Discussion:** Launched direct access line to interpretation vendor for CVH.<br><br>*Discussion:*<br>*Dr. Ramirez asked if there were enough Providers in the targeted languages.*<br>*Dr. Marabella indicated that there is a shortage of Providers who speak the targeted languages, so we will have to pivot to the use of language support services.*<br>*Amy Schneider added that, newly improved this year, members and providers are directly connected to an interpreter if needed when they call member services rather than a two-step process.* | |
| **#4 Key Presentations**<br>- PHM Assessment Report 2024<br><br>(Attachment EE) | • The **PHM Assessment Report 2024** was presented to provide an annual analysis of the CVH population to identify the needs and characteristics of the enrolled population including SDOH issues, and key sub-populations such as children, SPDs, members with mental health issues, etc. and to also: Evaluate the extent to which current organization-wide population health management activities and resources address the needs identified in this analysis and | **Motion:** *Approve*<br>- PHM Assessment Report 2024<br><br>(Waugh/Pascual) |

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| Action<br>Patrick Marabella, M.D., Chair | determine if modifications are needed to better meet the needs of the enrolled population.<br>• Evaluate the integration of community resources into population health management activities to address member needs not covered by the benefit plan and make recommendations if changes are needed.<br>The following data is pulled from the main data warehouse into the risk stratification tool housed in Impact Pro:<br>• Medical and behavioral claims/encounters<br>• Pharmacy claims<br>• Laboratory results<br>• Health appraisal results<br>• Electronic health records<br>• Data from health plan UM and/or CM program<br>• Advanced data sources such as all-payer claims databases or regional health information<br>Parameters: Time Period of Data: January 2024 through December 2024.<br>• Age Ranges:<br>  o Age cohorts are the following: Birth to age 19, age 20 to 64, and ages 65 and over.<br>  o Children and adolescents are defined as: Age 2 through age 19.<br>  o Adults: Unless otherwise specified, adults are age 20 and older.<br>  o Specific methods are used to identify and assess the needs of persons with disabilities and SPMI.<br>• Gender, Age, & Race/Ethnicity Distribution:<br>  o Total Members 427,090; Male 46.1%; Female 53.9%<br>  o Age: 0-19 42.7%, 2-19 39.4%, 20-64 50.9%, 65+ 6.3%<br>  o Race/Ethnicity: n=431,963 as of 12/31/24<br>    ▪ Latino/Hispanic: 295,729, 68%<br>    ▪ White/Caucasian: 44,306, 10%<br>    ▪ Asian/Pacific Islander: 36,753, 9%<br>    ▪ Unknown/Blank: 24,833, 6%<br>    ▪ Other: 9,054, 2%<br>    ▪ African American/Black: 19,226, 4%<br>    ▪ American Indian/Alaskan Native: 2,062, 1% | 5-0-0-3 |

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| | • The Population Analysis reflects the following **key findings:** <br>   o Top needs of child and adolescent members: Pulmonary conditions <br>   o Top needs of members with disabilities: Cardiovascular and Pulmonary conditions <br>   o Top needs of members with serious and persistent mental illness (SPMI): Anxiety and Mood disorders <br>   o Top Race/Ethnicity: Hispanic, White, Black, Asian <br>   o Top Health Conditions: Pulmonary, Cardiac, and Pregnancy <br> • **Actions Taken for Improvement:** Gaps were addressed in a chart in the categories of Heart Disease, Pregnancy, Pulmonary Care, SUD, and Mental Health. <br>   o The success of these activities is measured through MCAS measures, member satisfaction, and other established metrics. <br>   o These results will be reported in our PHM Effectiveness Analysis Report in February 2026. <br>   o Some interventions may be modified, and new interventions may be added at that time. <br><br> *There were no questions or comments from committee members.* | |
| **#4 Key Presentations** <br> – CalViva Operations Guide Annual Review <br><br> (Attachment FF) <br><br> Action <br> Patrick Marabella, M.D., Chair | The **CalViva Operations Guide Annual Review** was presented and reviewed. <br> In 2024 all Medi-Cal Managed Care Plans signed a new contract with the Department of Health Care Services (DHCS). <br> Article A, Section III,3.2.4 requires that a Provider Manual be issued to network providers, subcontractors, and downstream subcontractors regarding covered services and responsibilities. <br> **DHCS Contract** <br> The Provider Manual must be updated at least annually and include information on: <br> • Basic Population Health Management <br> • Care Coordination for Non-Covered Services <br> • Policies and Procedures <br> • Quality Improvement & Monitoring <br> • UM & Prior Authorization clinical protocols <br> • Timeliness Standards & Telephone Access <br> • Credentialing <br> • Appeals and Grievances & State Fair Hearings* <br> • Other regulations and reporting requirements | **Motion:** *Approve* <br> - CalViva Operations Guide Annual Review <br><br> (Ramirez/Quezada) <br> 5-0-0-3 |

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| | *The contract includes specific requirements regarding A & G-related information to be addressed.<br>• The Purpose of this activity is to:<br>  o Obtain information/suggestions regarding the development of future Provider Manuals.<br>  o Clarify New and Revised Policies and Procedures.<br>  o Identify information that is omitted or missing from the guide.<br>**Discussion & Recommendations:** Review of Chapters<br>• Who to Contact<br>• Enrollment & Disenrollment<br>• Access to Care<br>• Medical Standards<br>• Sensitive and Referral Services<br>• Public Health Carve-out Services<br>• Public Health Waiver Programs<br>• Health Care Management<br>• Claim Billing and Encounter Information<br>• Grievance and Appeal Procedures<br>**Areas of Interest:**<br>**Pg 4 Community Supports with revised definitions were reviewed.**<br>**Pg 42 New to Submission of Prior Authorization Requests:**<br>• Fax the prior authorization form to the Plan. Use the fax number on the form to submit requests 24 hours a day, seven days a week. You can also request authorization by phone or through the Plan's provider website.<br>**Pg 52 Medi-Cal for Kids & Teens/Early & Periodic Screening Diagnostic & Treatment (EPSDT):**<br>• New Language: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) means the provision of medically necessary comprehensive and preventive health care services provided to members less than 21 years of age in accordance with requirements…<br>• Such services may also be medically necessary to correct or ameliorate defects and physical or behavioral health conditions. All EPSDT services are covered services unless they are specifically carved out from managed care, i.e. dental services, specialty mental health services, California Children's Services.<br>• PCPs, along with delegated PPGs or the Plan, are responsible for arranging for all medically | |

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| | necessary EPSDT services identified at a preventive screening or other visit identifying the need for treatment. Providers are required to ensure all EPSDT services are provided in a timely manner.<br>**Pg 116 Balance Billing:**<br>• Balance billing is strictly prohibited by state and federal law and the PPA. Balance billing occurs when a participating provider balance bills Medi-Cal beneficiaries for amounts in excess of any Medi-Cal required copayments and deductibles for services covered under a member's benefit program, or for claims for such services denied by the Plan or the affiliated PPG.<br>• Providers are prohibited from charging Medi-Cal members for the completion of any form that is required by, or is necessary for the administration of, the Medi-Cal benefit.<br>• Participating providers are prohibited from charging a Medi-Cal member for a missed appointment. Medi-Cal managed care members are not share-of-cost beneficiaries and are not subject to copayments or deductibles for office visits, so they cannot be held accountable for these charges in the event of a missed appointment.<br><br>*Discussion:*<br>*Dr. Ramirez commented that the expectations are onerous, but the language is good.*<br>*Dr. Pascual asked if the policy has always been not to charge for no-shows?*<br>*Dr. Marabella stated that it has always been the policy that Medi-Cal members are not charged for a visit, so they cannot be charged for not showing up.* | |
| **#5 UM/CM/PHM Business**<br>- Key Indicator Report and Turnaround Time Report (Sept. 2025)<br>- UM Concurrent Review Report (Q3 2025)<br>- Care Management and CCM Report (Q3 2025)<br>- Over Under Utilization Report (Q1-Q2 2025)<br><br>(Attachments GG-JJ) | The **Key Indicator Report and Turnaround Time Report, UM Concurrent Review, and CM and CCM Report** through September 2025 were presented.<br>• MCE (Medicaid Expansion): Acute admissions and utilization remained stable, showing only minimal variance from 2024 averages.<br>• TANF (Temporary Assistance for Needy Families): Continued stability with slight declines in admissions and utilization compared to 2024.<br>• SPD (Seniors and Persons with Disabilities): Continued declines across all acute care metrics, with the steepest reductions in admissions (-25.8%) and bed days (-35.1%) versus 2024 benchmarks.<br>**Average Length of Stay (ALOS):**<br>• MCE: Q3 ALOS: 4.9 days, outperforming the annual goal by 14%<br>• TANF: Q3 ALOS: 4.1 days, slightly above the annual goal | **Motion:** *Approve*<br>- Key Indicator Report and Turnaround Time Report (Sept. 2025)<br>- UM Concurrent Review Report (Q3 2025)<br>- Care Management and CCM Report (Q3 2025)<br>- Over Under |

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| Action<br>Patrick Marabella, M.D., Chair | • SPD: Q3 ALOS: 5.5 days, a 15% reduction from the annual goal<br>**30-Day Readmission Trends:**<br>• MCE: Declined from a 2024 average of 13.5% to 11.6% in Q3 2025.<br>• TANF: Remained stable at 4% in Q3 2025 and below the 2024 Average of 4.8%.<br>• SPD: Improved significantly, moving from a 20.2% 2024 average to 14.7% in Q3 2025.<br>**Next Steps:**<br>• Maintain rigorous utilization review practices aligned with discharge planning to support continued reductions in readmission rates.<br>• Strengthen collaboration between utilization management and case management teams to ensure seamless care transitions and improved member outcomes.<br>• Continue outreach to key hospital partners, including St. Agnes, to establish an onsite presence and enhance coordination for members transitioning to lower levels of care.<br>• Continue use of the Transitional Care Services (TCS) program as part of a broader strategy to support member recovery and reduce avoidable readmissions.<br>**Physical Health Care Management (PH CM):**<br>• Referral volume decreased 22% in Q3.<br>• Q3 consistently has fewer referrals than Q2 (in review of 2024 and 2023 data).<br>• Critical-Complex Acuity cases as a percentage of total cases managed increased 64.3% from Q2 to Q3.<br>• Q2 to Q3, the Engagement Rate increased from 56% to 60%.<br>**Transitional Care Services (TCS):**<br>• Total number of referrals increased 22.6% to 2010, from Q2 to Q3.<br>• Engagement rate decreased to 86% in Q3 from 90% in Q2.<br>• Total cases managed increased 21.5% for a total of 1491 in Q3.<br>**Behavioral Health Case Management (BH CM):**<br>• Q2 to Q3, Total number of referrals decreased 14.4% to 362 in Q3.<br>• Engagement rate decreased from 75% in Q2 to 69% in Q3.<br>• Total cases managed decreased 30.1% to 197 cases in Q3.<br>**Perinatal Case Management (PCM):**<br>• Total number of referrals decreased 17.2% to 751 in Q3.<br>• Engagement rate increased from 64% in Q2 to 68% in Q3. | Utilization Report<br>(Q1-Q2 2025)<br><br>(Pascual/Waugh)<br>5-0-0-3 |

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| | • Total cases managed increased 5.9% to 523 in Q3.<br>**First Year of Life (FYOL):**<br>• Total number of referrals decreased 6.8%, Q2 to Q3.<br>• Engagement rate quarterly average decreased from 100% to 93% in Q3.<br>• Total cases managed increased 5.8% to 507 cases in Q3.<br>**CM Outcomes for PH/BH CM**<br>• The effectiveness of the program is evaluated based on the following measures:<br>• Readmission rates<br>• ED utilization<br>• Overall health care costs<br>• Member satisfaction<br>**Readmission Rate:**<br>• 960 members met outcome inclusion criteria<br>• 90 days following CM enrollment, there was a 2.8% decrease in readmission rate<br>• (27.6% readmission rate after Program) This was below our 5% goal.<br>• Total admissions 90 days after CM enrollment decreased by 60.6%.<br>**ED Claims before and after CM enrollment:**<br>• ED claims decreased by 579 (19.8% for Q2), well above our 10% goal.<br>• For a breakdown of reduction by claim type, see Appendix.<br>**Outcomes for TCS:**<br>• **Readmission rate:**<br>  o 1,718 members met outcome inclusion criteria<br>  o 90 days following CM enrollment, there was a 1.8% decrease in readmission rate.<br>  o 18.0% readmission rate after the Program<br>• **ED claims before and after CM enrollment:**<br>  o ED Claims decreased by 185 members 90 days following CM enrollment<br>**PCM:**<br>• 184 members met outcome inclusion criteria for prenatal visit measure; 70 met for Pre-term delivery measure; 938 met for postpartum visit measure.<br>• Members enrolled in the Pregnancy Program demonstrated the following:<br>  o 4.3% greater attendance rate at the first prenatal visit within the first trimester, below the | |

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| | 8% goal.<br>  ○  4.7% fewer pre-term deliveries for High-risk members, exceeding the 2% goal.<br>  ○  12.7% greater attendance rate at postpartum visits, exceeding the 10% goal.<br>**Outcomes for FYOL:**<br>• 197 members met outcome inclusion criteria for the avoidable ED measure.<br>• Members enrolled in the FYOL Program demonstrated the following:<br>  ○  ED Claims per 1,000 members per year decreased by 277 (29.9% for Q2).<br>**CM Satisfaction Survey Report was comprised of 13 questions:**<br>• 69 members successfully completed the survey by mail or by phone.<br>• Some members did not respond to all questions; therefore, the denominator varies.<br>• 91% of members surveyed were happy with the CM program.<br>• Three (3) questions scored equal to or greater than 90%, Seven (7) questions scored below 90%.<br><br>*There were no questions or comments from committee members.*<br><br>The **Over Under Utilization Report Q1-Q2 2025** was presented to review the impact of the UM Programs to detect and correct potential under and over-utilization through comprehensive monitoring efforts.<br>Key Trends (PTMPY analysis was used to adjust for changes in membership):<br>• **Inpatient Count:** The data reflects a steady decline in year-over-year (YOY) in adjusted IP count across all three (3) counties. Declining trend continues in the first half of 2025. Of all three counties, Madera consistently has the lowest IP utilization. Lower IP PTMPY trend has continued with the closure of Madera Community Hospital for the past couple of years. IP PTMPY utilization in Kings County historically tends to be somewhere between Fresno and Madera. In 2024, IP utilization in Kings surpassed Fresno. This trend continued in the first half of 2025.<br>• **Emergency Room Utilization:** The data reflect a steady decline in YOY in population-adjusted ER utilization across all three (3) counties.<br>• **Procedure Patterns:** C-section, bariatric surgery, and appendectomy rates have steadily declined in Fresno and Kings counties. In 2024, C-sections in Madera surpassed Kings with the highest rates in Fresno. This trend continued in Q1 2025. Bariatric surgery and appendectomy | |

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| | rates are holding steady in Madera County with no appreciable long-term change. With better availability of prenatal care and Doulas, a decline in C-section rates is expected and in line with state and national trends. Availability of GLP-1 medications has led to a change in practice patterns and a decline in bariatric surgery. Again, this is in line with state and national experience. This trend is expected to continue.<br>• **Barrier Analysis:** Cultural and linguistic barriers may lead to underutilization in the population. Transportation, housing instability, and limited access to specialty care can skew trends in counties with large populations residing in rural areas. Provider shortages in certain specialties or geographic areas can also limit access to services. The limited availability of post-discharge destinations in the region artificially raises inpatient utilization. Inpatient utilization in Madera County saw a 25-50% increase in most of 2023, the first year of closure of Madera Community Hospital. Inpatient utilization stabilized at lower than baseline levels in 2024 (Year 2 of hospital closure). So far, in 2025, inpatient utilization has declined to lower than baseline levels. We will monitor the effects of hospital reopening (March 2025) on inpatient utilization.<br>• **Actions Taken/Next Steps:** In 2025, UM continues focused reviews of admitting diagnoses and utilized InterQual® criteria to ensure medical necessity. Integrated care teams consisting of Concurrent Review, Public Programs, Medical Directors, and CM continue daily rounds in 2025 to review all inpatient cases. These teams work together to create a safety net of services and cultivate alliances with community resources such as Disease Management, Community-Based Adult Service (CBAS) facilities, and behavioral health care. The discharge navigator, along with nurses, continued working with hospitals to improve follow-up appointments upon discharge. CVH continues to support the adoption of Enhanced Case Management (ECM), Community Supports (CS), and Community Health Workers (CHW) to resolve barriers and improve community health outcomes. Future Remediation Consideration: As a result of the review of the Over Under Utilization Report, the Plan will evaluate the following targeted opportunities:<br>Implications for UM:<br>  o  Review high-growth surgical service lines for coding consistency and best-practice alignment.<br>Implications for CM:<br>  o  Strengthen post-discharge planning to reduce readmissions, especially for high-growth surgical and chronic condition cohorts.<br>  o  Implement targeted complex CM for frequent utilizers. | |

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| | o Address social determinants impacting ER utilization through stronger community resource partnerships.<br>CHWs continue to play a vital role in building trust and understanding of the care delivery system in the region.<br>ER Utilization Management: Launch education, triage support, and alternative care site awareness campaigns.<br>Integrated UM/CM Approach: Align UM and CM interventions for high-risk patients to improve outcomes and manage cost trends.<br><br>*Discussion:*<br>*Dr. Ramirez asked how the Madera C-Section rates are getting measured, since the Madera hospital doesn't offer any OB services.*<br>*Dr. Marabella clarified that rates are based on where the member lives, and not the hospital where the procedure was performed.*<br>*Dr. Ramirez indicated that it is hard to influence changes, as this would require working on the behavior of Fresno area hospitals, as opposed to working with Madera Hospital.*<br>*Dr. Marabella agreed that it is similar to when patients use Out-of-Area providers, like those in Modesto.*<br>*Mary Lourdes Leone asked how this report actually measures Over or Under-utilization? It indicates volume fluctuation in utilization, but how do we really know if a measure is being Over or Underutilized?*<br>*Dr. Marabella stated that we use Regional, Statewide, and National benchmarks to track averages for comparison. We've also requested that the authors of the report add narratives about why utilization is going up or down. We will also request that utilization be reported by the facility, as this data is claims and encounter-based.*<br>*Dr. Ramirez added that there are no OBGYNs in Madera County, so all C-sections will be performed in Fresno.*<br>*Dr. Marabella indicated that the State wants the Plans to track utilization to show that we're not restricting care. There's not a lot of active restriction in the Central Valley. There is under care as we have less access to care in certain categories ( i.e., specialists, post-discharge destinations, etc.).*<br><br>Mary Lourdes Leone left the meeting at 11:13 am and returned at 11:22 am. | |

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| | Zaman Jennaty left the meeting at 11:23 am and returned at 11:26 am. | |
| **#6 Pharmacy Business**<br>- Pharmacy Executive Summary (Q3 2025)<br>- Pharmacy Operations Metrics (Q3 2025)<br>- Pharmacy Top 25 Prior Authorizations (Q3 2025)<br>- Quality Assurance Reliability Results (IRR) for Pharmacy (Q3 2025)<br><br>(Attachments KK-NN)<br><br>Action<br>Patrick Marabella, M.D., Chair | The **Pharmacy Executive Summary Q3 2025** provides a summary of the quarterly pharmacy reports presented to the committee on operational metrics, top medication prior authorization (PA) requests, and quarterly formulary changes to assess emerging patterns in PA requests, compliance around PA turnaround time metrics, and to formulate potential process improvements.<br>• Pharmacy Operations Metrics<br>  o Pharmacy Prior Authorization (PA) metrics were within 5% of the standard for Q3 2025.<br>  o Overall, TAT for Q3 2025 was 100%.<br>  o PA volume in Q3 2025 was similar to Q2 2025, with some drug-specific differences. September had a higher volume compared to all other months in Q3 2025.<br>• Top Pharmacy PA Requests<br>  o The top requests in Q3 2025 were similar compared to Q2 2025.<br>• Provider and Pharmacy Updates<br>  o 25-680m Medication Trend Updates and Formulary Changes – 3rd Quarter 2025<br>    ▪ Preferred Biosimilars<br>    ▪ Changes to Medi-Cal drug benefits<br><br>The **Pharmacy Operations Metrics Q3 2025** provides key indicators measuring the performance of the PA Department in service to CVH members. The turnaround time (TAT) expectation is 100% with a threshold for action of 95%.<br>• Pharmacy prior authorization (PA) metrics were within standard at goal in all months of Q3 2025. The average TAT for Q3 2025 was 100%. PA turnaround time is monitored to identify PA requests that are approaching the required turnaround time limits.<br>• Q3 2025 TAT was met with an average of 100%. Approval rate was similar in all months of the quarter. Volume in September was higher than in all months in Q3 2025. Trending in volume and TAT will be monitored to ensure consistent procedures by the PA team.<br><br>The **Pharmacy Top 25 Prior Authorizations Q3 2025** identifies the most requested medications to the Medical Benefit PA team for CVH members and assesses potential barriers to accessing medications through the PA process. The top 25 requests in Q3 2025 were mostly consistent with the top 25 drugs reviewed in Q2 2025, with a few placement variations. More variance is seen as | **Motion: Approve**<br>- Pharmacy Executive Summary (Q3 2025)<br>- Pharmacy Operations Metrics (Q3 2025)<br>- Pharmacy Top 25 Prior Authorizations (Q3 2025)<br>- Quality Assurance Reliability Results (IRR) for Pharmacy (Q3 2025)<br><br>(Ramirez/Quezada)<br>5-0-0-3 |

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| | we review the top 15 to 25 drugs. Some variances can be explained by the intervals between treatment and the length of auth assignment per the criteria.<br>• Pegfilgrastim continues to drive PA volume due to the existence of preferred products in the PA policies versus the branded products.<br>• Several drug requests in Q3 2025 had a 100% denial rate based on non-preferred requests.<br><br>The **Quality Assurance Reliability Results (IRR) for Pharmacy Q3 2025** evaluates the medical benefit drug prior authorization requests for the health plan. A sample of ten (10) prior authorizations [four (4) approvals and six (6) denials] from each month in the quarter are reviewed to ensure that they are completed timely, accurately, and consistently according to regulatory requirements and established health plan guidelines. The target goal of this review is 95% accuracy or better in all combined areas, with a threshold for action of 90%.<br>• Ninety percent (90%) threshold met. The 95% goal was not met; the overall score was 91%.<br>• No (0) sample cases missed TAT after plan.<br>• Six (6) sample cases had potential criteria application or documentation issues after plan review.<br>• Two (2) sample cases had letter language that could have been clearer and more concise after plan review.<br>• Three (3) sample cases were determined to have a questionable denial or approval after plan review.<br>• In Q3 2025, Criteria Application was an area of concern, and after review of the documentation, it was determined that the decisions were not consistent with criteria requirements and led to two (2) questionable approvals and one (1) questionable denial. The denial was reviewed, and additional information that was needed for approval was not received before TAT expired. A more detailed review and QA on cases in Q3 2025 has been performed, and results will be shared with PA management to address concerns.<br><br>Nicole Sihota left the meeting at 11:44 am and returned at 11:45 am. | |
| **#7 Policy & Procedure Business**<br>- UMCM & Public Health Policy & Procedure Annual Review & Clinical Criteria | The **UMCM & Public Health Policy & Procedure Annual Review including annual review of criteria for Physical Health and Behavioral Health** was presented to the committee. The following policies were presented for annual review with no changes made: | Motion: Approve<br>- UMCM & Public Health Policy & Procedure Annual |

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| (Attachments OO)<br><br>Action<br>Patrick Marabella, M.D., Chair | • UM-003 Standing Referral to Specialty Care<br>• UM-004 Delegation Evaluation and Determination of UM<br>• UM-007 Major Organ Transplant<br>• UM-010 Second Opinion<br>• UM-011 Long Term Care<br>• UM-012 Discharge Planning<br>• UM-013 Provision of Enteral Nutritional Supplements/Replacements<br>• UM-014 Long Term Care Transition to Managed Care<br>• UM-030 Potential Over and Under Utilization<br>• UM-040 System Controls Policy & Procedure<br>• UM-050 Communications and Accessibility to UM<br>• UM-060 UM Decisions and Timely Access to Care<br>• UM-065 Skilled Nursing Facilities<br>• UM-100 Emergency Care and Services<br>• UM-103 Continuity of Care<br>• UM-111 Identification and Referral of CCS Members<br>• **UM-113\* Criteria for Utilization Management Care Management Decisions - Full Policy attached for annual criteria review.**<br>• UM-116 Clinical Criteria for Medical Management Decisions<br>• UM-117 Clinical Practice Guideline Development<br>• UM-118 Separation of Medical Management from Administrative and Financial Management<br>• UM-119 Concurrent Review<br>• UM-121 Dental Services and IV Sedation and General Anesthesia<br>• UM-208\* Appropriate Professionals and Use of Board-certified Physicians in UM decision making<br>• UM-211 Experimental and Investigational Services<br>• UM-212 Transgender Services<br>• CMP-015 Seniors and Persons with Disabilities (SPDs) Health Risk Stratification and Assessment<br>• CMP-030 Tuberculosis Services and the Local Health Department (LHD) Direct Observed Therapy (DOT)<br>• CMP-040 HIV/AIDS Coordination with HCBS Waiver Program | Review & Clinical Criteria<br><br>(Ramirez/Waugh)<br>5-0-0-3 |

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| | • CMP-050 Developmental Disability and Community Resources Linkage<br>• CMP-051 Coordination of Care for Children in Foster Care<br>• CMP-102 WIC Coordination<br>• CMP-107 Care Coordination/Case Management Services<br>• CMP-108 Referrals to Specialty Mental Health, Alcohol and Substance Abuse Treatment Services<br>• CMP-109 Transitional Care Management<br>• CMP-110 Targeted Case Management<br>• CMP-112 Medi-Cal Disease Management Programs<br>• CMP-123 Case Management Program Effectiveness<br>• CMP-124 CalViva Pregnancy Program (CVPP) Case Management Services<br>• CMP-125 Case Management and Members Under 21 Receiving Private Duty Nursing Services<br>• CMP-400 Palliative Care Program<br>• CMP-401 Advance Directives<br>The following policies were presented for annual review and were approved with the following changes:<br>• UM-001 Post Stabilization Inpatient Care Requested by Contracted/Non-Contracted Hospitals: Revisions in alignment with DHCS, DMHC & other regulatory language. Minor updates to definitions.<br>• UM-002 Pre-Certification and Prior Authorization: Updated APL 25-011: Health Plan Coverage of HIV Preexposure Prophylaxis (PrEP).<br>• UM-005 Specialty Referral System: Added standing referral procedure for HIV/AIDS Specialists.<br>• UM-015 Management of Enrollees in Subacute Long-Term Care: Added compliance section on APL 25-007: Enforcement Actions: Corrective Action Plans, Administrative and Monetary Sanctions.<br>• UM-016 Intermediate Care Facilities for Members with Developmental Disabilities: Updates to align with APL 23-012: Annual Health Assessment and APL 25-007: Assembly Bill 3275 Guidance (Claim Reimbursement)<br>• UM-120 Hospice Care Services: APL 25-008: Hospice Services and Medi-Cal Managed Care updates. Full policy attached.<br>• UM-210 Referrals to Non-Participating Practitioners/Providers: Minor edits to ensure | |

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| | consistency with language in APL 25-006: Timely Access Requirements regarding timely access and transportation services.<br>• UM-300 CBAS Authorization Process: Updated with Telehealth for alternate service locations and Personal Emergencies, such as time-limited illness or injury, crises, or care transitions, that temporarily prevent or restrict Members enrolled in CBAS from receiving CBAS in-person at the CBAS Provider location, subject to approval by the Plan.<br>• CMP-500 Enhanced Care Management Program Overview and Requirements: Updated ECM services review to annually. Other minor changes throughout.<br>• CMP-501 Administration of CalAIM Community Supports: Added presumptive authorization for specific Community Supports.<br>The following are new policies that were approved. The full policies were provided in the packet:<br>• PH-030 Application of Medical Necessity Guidelines for Mental Health and Substance Use Disorder Treatment<br>• PH-031 Authorization for Transcranial Magnetic Stimulation (TMS)<br>• PH-047 Mandatory Child/Elder Abuse Reporting – Exceptions to Confidentiality<br>• UM-061 Technology Supported Authorization Screening<br>• CMP-502 Administration of Transitional Rent<br>*Key NCQA Policies | |
| **#7 Policy & Procedure Business**<br>- Prior Authorization Changes for 2026<br><br>(Attachments PP)<br><br>Action<br>Patrick Marabella, M.D., Chair | The Prior Authorization Changes for 2026 were presented to the committee.<br>• The PA timelines for standard requests will change effective January 1, 2026. The current timeline is at least five business days from the date of request. The new timeline will be seven (7) calendar days. | Motion: Approve<br>- Prior Authorization Changes for 2026<br><br>(Ramirez/Quezada)<br>5-0-0-3 |
| **#8 Credentialing & Peer Review Subcommittee Business**<br>- Credentialing Subcommittee Report (Q4 2025) | The **Credentialing Sub-Committee Quarterly Report Q4 202** was presented. The Credentialing Sub-Committee met on October 16, 2025. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities. The 2025 Credentialing Sub-Committee meeting dates were presented and approved. Reports covering Q2 2025 were reviewed for delegated entities, and for Q3 2025 for Health Net (HN) and HN Behavioral Health (BH). A summary | Motion: Approve<br>- Credentialing Subcommittee Report (Q4 2025) |

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| (Attachment QQ)<br><br>Action<br>Patrick Marabella, M.D., Chair | of Q2 2025 data was presented.<br>• The **Credentialing Adverse Actions** report for Q3 2025 for CVH from the HN Credentialing Committee was presented.<br>  o There was one (1) case presented for discussion in Q3. The case was placed on pending status awaiting adjudication by the Medical Board of California. Agreed with this decision and with imposing HN's Chaperone Agreement with quarterly chaperone oversight.<br>• The **Adverse Events Q3 2025** report was presented. This report provides a summary of potential quality issues (PQIs) as well as Credentialing Adverse Action (AA) cases identified during the reporting period.<br>  o Credentialing submitted one (1) new case to the Credentialing Committee in Q3 2025 involving an individual practitioner.<br>    ▪ The case stemmed from a state licensing board action.<br>    ▪ The case was placed on pending status awaiting adjudication of the board investigation as well as a chaperone agreement, and one (1) case was approved for termination for CVH.<br>    ▪ Zero (0) cases involved behavioral health.<br>    ▪ There were no (0) reconsiderations or fair hearings during Q3 2025.<br>  o July, August, and September credentialing, recredentialing, denial, and termination rosters were submitted and approved.<br>  o There were zero (0) incidents involving appointment availability issues resulting in substantial harm to a member or members in Q3 2025.<br>  o There were zero (0) cases identified outside of the ongoing monitoring process, in which an adverse injury occurred during a procedure by a contracted practitioner in Q3 2025.<br>  o August and September delinquent license reports for termination and monitoring were submitted and approved.<br>  o Zero (0) cases required reporting for 805 in Q3 2025.<br>• The **Access & Availability Substantial Harm Report Q3 2025** was presented and reviewed. This report aims to identify incidents of appointment availability resulting in substantial harm to a member or members as defined in Civil Code section 3428(b)(1). Assessments include all received and resolved Quality of Care (QOC) and Potential Quality Issues (PQIs) related to identified appointment availability and are ranked by severity level. This report now includes | (Quezada/Ramirez)<br>5-0-0-3 |

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| | behavioral health cases in addition to physical health.<br>○ After a thorough review of all Q3 2025 PQI/QOC cases, the Credentialing Department identified zero (0) new cases of appointment availability resulting in substantial harm as defined in Civil Code section 3428(b)(1).<br>○ The Investigations Team submitted twenty (20) cases to the Peer Review Committee in Q3 2025.<br>   ○ Of the twenty (20) cases, three (3) cases were related to appointment availability issues without significant harm, and two (2) were related to significant harm without appointment availability issues.<br>○ Zero (0) incidents involving appointment availability issues resulted in substantial harm to a member or members in Q3 2025. | |
| **#8 Credentialing & Peer Review Subcommittee Business**<br>- Peer Review Subcommittee Report Q4 2025<br><br>(Attachment RR)<br><br>Action<br>Patrick Marabella, M.D., Chair | **Peer Review Sub-Committee Quarterly Report Q4 2025** was presented. The Peer Review Sub-Committee met on October 16, 2025.<br>• The county-specific **Peer Review Sub-Committee Summary Reports for Q3 2025** were reviewed for approval. No (0) significant cases to report. The 2026 Peer Review Sub-Committee meeting dates were presented and approved.<br>• The **Q3 2025 Adverse Events Report** was presented. This report provides a summary of potential quality issues (PQIs), and Credentialing Adverse Action (AA) cases identified during the reporting period.<br>○ There were eight (8) cases identified in Q3 2025 that met the criteria and were submitted to the Peer Review Committee.<br>  ▪ One (1) case involved a practitioner, and seven (7) cases involved organizational providers (facilities).<br>  ▪ Of the eight (8) cases, four (4) were tabled, one (1) was closed to track and trend with a letter of education, one (1) was closed to track and trend with a letter of concern, and two (2) were closed to track and trend.<br>  ▪ Seven (7) cases were quality of care grievances, one (1) was a potential quality issue, zero (0) were a lower-level case, and zero (0) were track and trend.<br>  ▪ One (1) case involved a senior and person with disabilities.<br>  ▪ Zero (0) cases involved behavioral health.<br>○ There were zero (0) incidents involving appointment availability issues resulting in substantial harm to a member or members in Q3 2025. | Motion: Approve<br>- Peer Review Subcommittee Report Q4 2025<br><br>(Waugh/Pascual)<br>5-0-0-3 |

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| | o   Reviews completed in May, June, and July did not identify any providers/practitioners who met the Peer Review trended criteria for escalation.<br>o   There were zero (0) cases identified outside of the ongoing monitoring process this quarter, in which an adverse injury occurred during a procedure by a contracted practitioner. (NCQA CR.5.A.4)<br>o   The reviewing Medical Directors determined that further outreach was required for three (3) cases. Outreach can include, but is not limited to, an advisement letter (site, grievance, contract, or allegation), case management referral, or notification to Provider Network Management.<br>o   There were zero (0) cases referred to peer review for further review. Further review includes a review of trended grievances, as well as license and sanction/exclusion review.<br>o   Zero (0) cases required escalation for presentation at the Peer Review Committee.<br>o   Zero (0) cases required reporting for 805.01 in Q3 2025.<br>•   The **Access & Availability Substantial Harm Report for Q3 2025** was presented to identify incidents related to appointment availability resulting in substantial harm to a member or members as defined in Civil Code section 3428(b)(1).  Assessments include all received and resolved grievances Quality of Care (QOC), and Potential Quality Issues (PQIs) related to identified appointment availability issues and they are ranked by severity level.<br>o   After a thorough review of all Q3 2025 PQI/QOC cases, the Credentialing Department identified zero (0) new cases of appointment availability resulting in substantial harm as defined in Civil Code section 3428(b)(1).<br>o   The Investigations Team submitted twenty (20) cases to the Peer Review Committee in Q3 2025.<br>o   Of the twenty (20) cases, three (3) cases were related to appointment availability issues without significant harm, and two (2) were related to significant harm without appointment availability issues.<br>o   Zero (0) incidents involving appointment availability issues resulted in substantial harm to a member or members in Q3 2025.<br>•   The **Q3 2025 Peer Count Report** was presented and discussed with the committee. There were twenty (20) cases reviewed. Fourteen (14) cases were closed and cleared. Zero (0) cases were closed/terminated. Zero (0) cases were deferred. Five (5) cases were tabled for further information. There were zero (0) cases with CAP outstanding/continued monitoring, and one | |

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| | (1) case is pending closure for CAP compliance. | |
| **#9 Compliance Update**<br>- Compliance Regulatory Report<br><br>Mary Lourdes Leone, CCO<br>(Attachment SS) | The **Compliance Report** was presented and reviewed.<br>**CVH Oversight Activities: Health Net (HN):** CVH's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings, and discuss any issues or questions during the monthly oversight meetings with HN. CVH and HN also hold additional joint meetings to review and discuss activities related to critical projects or transitions that may affect CVH. The reports cover PPG-level data in the following areas: financial viability data, claims, provider disputes, access & availability, specialty referrals, utilization management data, grievances, and appeals etc.<br>**Oversight Audits.** The following annual audits are in progress: Access & Availability, Internal Compliance FWA, UMCM, Privacy and Security, Transportation, and Provider Network.<br>The following annual audits have been completed since the last Committee report: Marketing (No CAP), Call Center (No CAP), Claims/PDR (No CAP).<br>**Fraud, Waste & Abuse Activity.** Since the 10/16/2025 Compliance Report to the Committee, seven (7) MC609 filings have been filed with DHCS.<br>• DHCS Referral - A whistleblower reported that a skilled nursing facility intentionally delayed discharging Medi-Cal patients who had already met their therapy goals or rehab potential, in order to continue billing for unnecessary services. The report also claimed the facility delayed hospice referrals to prolong higher reimbursements.<br>• DHCS Referral - A licensed psychiatrist was identified as a top Medicare prescriber among his peers.<br>• DHCS Referral - A participating provider under the national contract for California Medicaid for potential billing of non-covered or unauthorized services.<br>• DHCS Referral – A podiatrist's office billing of a HCPCS Q-code (Skin Substitute) that is considered not a covered service as it does not support medical necessity and is not a preferred product.<br>• A non-participating DME provider was identified by the Special Investigations Unit (SIU) as an ineligible provider.<br>• A non-participating Hospice and Palliative Care provider is being investigated for possible non-rendered services.<br>• A non-participating DME provider for possible services not rendered or inappropriate billing. | |

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| | **Department of Health Care Services ("DHCS") 2023 Focused Audit for Behavioral Health and Transportation.** The Plan continues to await DHCS' acceptance and CAP closure.<br>**Department of Managed Health Care (DMHC) 2025 Medical Follow-Up Audit.** The Plan continues to await the DMHC's Final Audit Report.<br>**Department of Health Care Services ("DHCS") 2025 Medical Audit.** The Plan received the 2025 DHCS Audit Final Reports on 11/5/25.<br>• The Primary Contract (Medical) - There were four findings and a corresponding CAP:<br>   o The Plan did not ensure that the delegate, HN, applied EPSDT criteria in medical necessity denial decisions for members under 21 years of age.<br>   o The Plan did not ensure that the delegate, HN, provided members with all ECM core service components.<br>   o The Plan did not ensure that the delegate, HN, notified members of the discontinuation of ECM benefits through the NOA process.<br>   o The Plan did not ensure that the delegate, HN, included all required information in ECM member-facing written materials.<br>The initial CAP response is due by 12/5/25 to DHCS.<br>• The Secondary Contract (State Supported Services) - There were no (0) findings.<br>**Memorandum of Understanding (MOU):** Since the last Commission Meeting, the Plan has executed one (1) MOU with the Madera County Local Health Department.<br>**Annual Network Certifications:**<br>• 2025 Subnetwork Certification (SNC) Landscape Analysis- The Plan submitted the Landscape Analysis on 10/31/2025.<br>• 2024 Subnetwork Certification (SNC) Landscape Analysis – The Plan continues to submit quarterly updates on the status of the CAPs until they are fully resolved. The most recent quarterly update was submitted on 9/25/2025.<br>• 2024 Annual Network Certification (ANC) - On 7/22/25, DHCS sent a Preliminary Determination with four AAS denials. The Plan responded to that letter on 7/24/25, and we are awaiting a response.<br>**(RY)2024 (MY)2023 Timely Access Report (TAR) and Annual Network Report (ANR):** As a result of the DMHC ANR Findings Report, the Plan submitted a separate Material Modification on 8/12/25 to request new time and distance standards for specific zip codes. On 11/4/25, the DMHC issued an Order of Approval for the Alternate Access Standards. | |

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| | **(RY)2025 (MY)2024 Timely Access Report (TAR) and Annual Network Report (ANR):** On 5/1/2025, the Plan submitted the Annual 2025 TAR filing to DMHC. The Plan is awaiting a response. **New DHCS Regulations/Guidance:** Please refer to Appendix A for a complete list of DHCS and DMHC All Plan Letters (APLs) that have been issued in CY 2025. **Public Policy Committee (PPC):** The next Public Policy Committee meeting will be held on December 3, 2025, 11:30 am -1:30 pm located at 7625 N. Palm Ave, Suite 109, Fresno, CA 93711.<br><br>Dr. Pascual left the meeting at 11:56 am and returned at 11:59 am.<br>Morgan Simpson left the meeting at 12:04 pm. | |
| #10 **Old Business** | None. | |
| #11 **Announcements** | The next meeting is on February 19th, 2026.<br>There are a few Committee members up for term renewal in 2026.  Dr. Marabella will confirm their continued participation in the QIUM Committee. | |
| #12 **Public Comment** | None. | |
| #13 **Adjourn** | The meeting adjourned at 12:06 p.m. | |

**NEXT MEETING: February 19th, 2026**

Submitted this Day: _**February 19, 2026**_

Submitted by: _(signature)_
**Amy Schneider, RN, Senior Director of Medical Management**

**Acknowledgment of Committee Approval:**
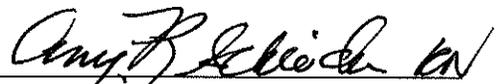
X _(signature)_
**Patrick Marabella, MD, CMO, Committee Chair**