Fresno-Kings-Madera
Regional Health Authority

CalViva Health
Commission
Meeting Minutes
March 19, 2026

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

	Commission Members		
✓	**Sara Bosse**, Director, Madera Co. Dept. of Public Health		**Vacant**, Kings County At-large Appointee
	Garry Bredefeld, Fresno County Board of Supervisors	✓	**Aftab Naz**, M.D., Madera County At-large Appointee
✓*	**David Cardona**, M.D., Fresno County At-large Appointee	✓	**Joe Neves**, Vice Chair, Kings County Board of Supervisors
✓	**Aldo De La Torre**, Community Medical Center Representative	✓	**Joe Prado**, Interim Director, Fresno County Dept. of Public Health
✓	**Joyce Fields-Keene**, Fresno County At-large Appointee	✓	**Rose Mary Rahn**, Director, Kings County Dept. of Public Health
✓	**John Frye**, Commission At-large Appointee, Fresno	✓	**David Rogers**, Madera County Board of Supervisors
✓•	**Soyla Griffin**, Fresno County At-large Appointee	✓	**Jennifer Armendariz**, Valley Children's Hospital Appointee
✓	**David Hodge**, M.D., Chair, Fresno County At-large Appointee	✓*	**Paulo Soares**, Commission At-large Appointee, Madera County
✓*•	**Kerry Hydash**, Commission At-large Appointee, Kings County		
	Commission Staff		
✓	**Jeff Nkansah**, Chief Executive Officer (CEO)	✓	**Amy Schneider**, R.N., Senior Director of Medical Management
✓	**Daniel Maychen**, Chief Financial Officer (CFO)	✓	**Cheryl Hurley**, Commission Clerk, Director Office/HR
✓	**Patrick Marabella, M.D.**, Chief Medical Officer (CMO)	✓	**Sia Xiong-Lopez**, Equity Officer
✓	**Mary Lourdes Leone**, Chief Compliance Officer	✓	**Morgan Simpson**, Senior Director of Compliance
	General Counsel and Consultants		
✓*	**Jason Epperson**, General Counsel		
✓ = Commissioners, Staff, General Counsel Present			
* = Commissioners arrived late/or left early			
• = Attended via Teleconference			

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
#1 Call to Order	The meeting was called to order at 1:30 pm. A quorum was present.		
#2 Roll Call	A roll call was taken for the current Commission Members.		*A roll call was taken.*

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Cheryl Hurley, Clerk to the Commission			
#3 Consent Agenda • *Commission Minutes dated 2/19/26* • *Finance Committee Minutes dated 10/16/25* • *QI/UM Committee Minutes dated 11/20/25* • *Public Policy Committee Minutes dated 12/3/25* • *Revised Public Policy Committee Charter* **Action** David Hodge, MD, Chairman	All consent items were presented and accepted as read.		***Motion:** Consent Agenda was approved.* *15 – 0 – 0 – 1* *(Naz / De La Torre)*
#4 Closed Session	Jason Epperson reported out of closed session. The Commission went in closed session to discuss the item agendized as item #4.A, Conference with Legal Counsel – Anticipated Litigation. Significant exposure to potential litigation, one potential case pursuant to government code section 54956.9(b). The commission discussed that in closed session; direction was given to staff. It took no further reportable action. Closed session was recessed at 2:18 pm.		***No Motion*** **Kerry Hydash left meeting during closed session due to technical difficulties.*
#5 FKM RHA Commission Meeting Location **Action** J. Nkansah, CEO	Jeff Nkansah provided a summary of the March commission meeting discussion and provided historical challenges of the FKM RHA Commission Meeting locations. The Commission discussed and Madera County and Kings County commissioners indicated they do not see an issue with keeping the meetings in Fresno County. The commission voted to keep the meetings in Fresno County.	*Sara Bosse asked the Equity Officer if having the Commission meetings always in Fresno County was equitable for the Plan's members that may want to attend.* *Sia Xiong-Lopez reiterated that keeping the meetings in Fresno County would be*	***Motion:** Commission approved to keep meeting location in Fresno County.* *14 – 0 – 0 – 2* *(Naz / Fields-Keene)*

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		challenging for locating a meeting location, technology, attendance, etc.	
6. CYBHI MOU CBH-MCP ASO Payment Model **Action** J. Nkansah, CEO	Jeff presented the CYBHI MOU for the second phase (i.e., the ASO Payment Model). This MOU will allow for the exchange of eligibility data and for the ability to receive the applicable encounter data. Similar to the previous MOU, this has been finalized by the California Department of Health Care Services ("DHCS") and they are accepting no changes.		***Motion:*** *Commission approved Jeffrey Nkansah to execute the CYBHI ASO Payment Model MOU* *14 – 0 – 0 – 2* *(Rahn / Frye)* **Dr. Cardona left at 2:28 pm; no vote after agenda item #5*
7. Community Support & DHCS Reinvestment Program Ad-hoc Committee Selection **Action** J. Nkansah, CEO	An ad-hoc committee is needed for the Community Support & DHCS Community Reinvestment Program. Jeff Nkansah recommended that since the current ad-hoc committee members have been educated on the new requirements and also to avoid a conflict of interest with public health department commissioners, that the previous ad-hoc members Dr. Hodge, Paulo Soares, and Dr. Naz remain in place moving forward.		***Motion:*** *Ad-Hoc Committee members remained the same and Commission approved.* *14 – 0 – 0 – 2* *(Rogers / Neves)*
8. 2026 Quality Improvement & Health Education **Action** P. Marabella, CMO	Dr. Marabella presented the 2026 Quality Improvement and Health Education Program Description and 2026 Work Plan. The highlights of changes for 2026 Program Description are: • Information Systems and Analysis: Removed section since it is redundant to the additional resources - Information Systems section. • Quality Improvement Goals: Added bullet item: Ensure the development of strategies and processes designed to improve health equity and mitigate health disparities. • Scope: Services Covered by CalViva: Removed Health Homes Program (HHP), added Community Supports to meet social needs of all members. • Health Education Programs: Added description on Complex Health Needs/Care Management		***Motion:*** *See #9 for motion*

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	• Care Management (CM) Program: Removed section and added Complex Health Needs/Care Management to Health Management Programs section • Operations and Service: Provider Performance & Analytics team name updated to Data Strategy & Insights. Removed Sales from collaboration efforts. • Health Plan Performance: o Health Equity Accreditation survey name was updated to Health Outcomes Accreditation (HOA), and Health Equity Accreditation Plus was updated to Community-Focused Care Accreditation (CFCA). o MCAS and DMHC Health Equity and Quality measure performance were added to CalViva's monitoring activities. Specified that member outreach activities are conducted to close care gaps to improve outcomes and performance metrics. • Delegation: Removed language, "The delegates may review for medical necessity and appropriateness of care following the triage exam when there is no emergency condition or following stabilization of an emergency condition." • Health Equity and Cultural and Linguistic Needs: Replaced Diversity, Equity, and Inclusion training with Cultural Competency Training. • Access and Availability: Shortened first paragraph. Added "Standards are communicated through the online Provider Operations Manual and Provider Updates." Added information on monitoring and reporting activities in the last two paragraphs. • Satisfaction: Revised and rephrased Satisfaction description. Added ECHO/OPMH surveys and description of Program Manager responsibilities. • Health Education Programs: Removed the Health Education phone number. Rephrased the Kick It California description. • Telehealth Services: Added ConferMed of CA as vendor. Removed and replaced the goals for the Telehealth Program. • Staff Resources and Accountability: o Added Case/Care Management department description; Updated Management Information Systems (MIS) summary description and updated the titles of several departments or functional areas. o Revised Enterprise Data Warehouse (EDW) and Statistical Analysis Software (SAS) descriptions and added other new software descriptions.		

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	• QI Program Activities: Projects, Surveys and Audits, Incentive Programs: Added ECHO and OPMH; Revised Member and Provider Incentive Programs. • QI Process: Added DMHC Health Equity and Quality measure performance as areas for focused performance improvement. • Other minor edits. 2026 QI, Health Ed and Wellness Work Plan is divided into Two Sections: • Work Plan Initiatives • Quality Improvement Tracking System Activities Log The eight (8) key areas for Quality Improvement and Health Education Work Plan include: 1. Behavioral Health: a. MPL met for both measures in Kings County for MY2024. b. Statistically significant directional improvement noted in Fresno and Madera Counties, but MPL not met for either measure in MY2024. c. Continue efforts on both FUM/FUA measures in 2026. d. Ensure broad and consistent implementation of depression screening by all providers in all 3 counties (DSF-E). e. Work with providers to capture depression screening data. 2. Chronic Conditions: a. Maintain achievement of MPL for two measures in 2026. b. Asthma Medication Ratio measure retired. c. "Follow-up After Acute and Urgent Care Visits for Asthma" is new measure this year. MCPs are not held to MPL for this measure in MY26. 3. Hospital Quality/Patient Safety: a. Goals not met in MY2024 b. MY2026 focus is to increase number of reporting hospitals. c. Reduce infection rates & c-section rates. d. In 2026 maintain achievement of MPL with new priority activity that will focus on coordination of care. e. Implement two new depression screening measures consistently in all three counties ensuring appropriate follow-up and data capture. 4. Member Engagement and Experience (IHA) for 2026:		

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	a. Meet or exceed goal for timely IHA of 59.40%. b. Ensure providers are clear on minimum requirements for comprehensive initial health appointment. c. Connect new members with medical home and support timely completion of IHA within 120 days. 5. Pediatric: a. Improvement noted in Children's Domain measures in MY2024, but continued focus needed in MY2026 for: i. Well Child Visits (W30) in Fresno County and (WCV & W30) in Kings County. ii. Topical Fluoride (TFL-CH), Developmental Screening (DEV) and Immunizations (CIS-10) in Kings County. iii. Maintain achievement in other Children's Domain measures in all counties. 6. Preventive Health: a. Maintain achievement of MPL for BCS, CCS & COL through special events, mobile events, and member outreach. b. Strive to understand barriers and improve flu vaccine rates. 7. Member Engagement and Experience (CAHPS): a. Continue to obtain directional improvement on Access related measures. b. Implement strategies to meet or exceed the CAHPS 25th percentile for Rating of Health Plan, Customer Service and Ease of Filling Out Forms. 8. Provider Communications/Engagement: a. After Hours Access met performance goal > 90% on both metrics. b. Improvement needed for Appointment Access related to: c. Specialist Urgent d. Specialist Non-urgent e. Interventions will focus on improving member access to appointments with Specialists in 2026. Quality Improvement Tracking System Activities examples: 1. Behavioral Health: • Monitor results of BH member satisfaction surveys at least annually and Appeal and Grievance Quarterly results and analysis to identify trends and opportunities for improvement.		

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	• Conduct Member outreach (Outreach Team or CHW) following ED Visit for substance use or mental health issue post-discharge utilizing the Admit, Transfer, and Discharge (ADT) report (Lanes Report). • Ensure PHQ-9 data from Teledoc appointments can be used to improve HEDIS Depression Screening rates for Adults and Adolescents (DSF-E). 2. Chronic Conditions: • Member outreach campaign (by Sprinter Health) to provide in-home blood pressure device to self-monitor blood pressure (CBP). • Outreach campaign to support Diabetic Members that may be due for an A1c test to provide "Simple HealthKits", A1c home test kits sent directly to the Member via mail. 3. Hospital Quality/Patient Safety: • Outreach to hospital leadership regarding patient safety metrics, standards/expectations, and opportunities to improve. Metrics will focus on hospital acquired infections, sepsis management, the Patient Safety Honor Roll, and the Opioid Care Honor Roll. o Produce and distribute Hospital Quality Scorecards. 4. Member Experience (IHA): • Identify high volume, low-performing Initial Health Appointment (IHA) providers on a quarterly basis and collaborate with Provider Engagement to provide targeted training and support to the identified providers. • Report quarterly IHA results of monitoring and training status to stakeholder committee members. 5. Pediatric: • Share Quarterly Blood Lead Screening gap lists with providers for members who have not completed blood lead screening by age 1, age 2 or by age 6. • Sends IVR phone messages to parents of children who are 10 months old to remind them of the importance of their upcoming 1-year checkup. • Promote the CDC's Milestone Tracker App in future newsletters, website locations, add to Health Education Provider Resource (QR Codes), promote it to CalViva's Pregnancy and First Year of Life programs, etc. 6. Preventative Health:		

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	• Launch a targeted text campaign designed to remind and encourage Members to complete recommended breast, cervical, and/or colorectal cancer screenings. • Partner with Exact Sciences who will outreach to members and inform them of the importance of colorectal cancer screening via a letter. • Increase access to breast cancer screening services using mobile mammography, especially for individuals who have limited access to traditional healthcare facilities, including those in rural and underserved communities. 7. Member Experience (CAHPS): • Revise CAHPS Provider Playbook Best Practices into one resource for providers to utilize and improve CAHPS measures. 8. Member Experience (CAHPS): • Offer physician-led webinar trainings; topics will focus on improving provider communication and access. • Develop a Behavioral Health (BH) Resource Sheet for PCPs to support member referral to the appropriate BH services.		
9. 2026 Utilization Management **Action** P. Marabella, CMO	Dr. Marabella presented the 2026 Utilization Management Care Management Program Description and Work Plan. The UMCM Work Plan changes include: • Five Sections remain consistent with the 2025 Work Plan with updates and minor edits throughout. • Expanding the integration of Behavioral Health into utilization activities was a key enhancement this year. • The addition of a separate section for Enhanced Care Management was also a priority. The 2026 Work Plan Updates include: • Annual Review of UM Clinical Criteria: Added Behavioral Health (BH) to Physical Health (PH) to ensure annual review and approval of UM criteria by Medical Advisory Committee and QI/UM Committee. • The number of authorizations for services requested: Clarified objectives to track both PH and BH authorizations monthly.		***Motion:*** *Approve the 2026 QI & HE Program Description & Change Summary; 2026 QI & HE Work Plan; 2026 UM Program Description & change Summary; and UM Work Plan* *14 – 0 – 0 – 2* *(Rogers / Naz)*

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	• Timeliness of processing authorization requests: Monitor turnaround times for both PH and BH authorizations. • Annual Interrater Reliability (IRR) testing of healthcare professionals: Clarified IRR testing applies to both PH and BH; and Clarified 2 remediation opportunities offered for scores below 90%. • Number of Appeals of UM Decisions Received: Clarified tracking for PH and BH; and Expanded planned interventions when TATs aren't met • Improve Shared Risk & Fee for Service UM Acute Inpatient Performance: Updated Planned Interventions to emphasize support of discharge to various post-acute care destinations; and Goals for Key Metrics (admits, ALOS, Bed Days, etc) under review, to be established by end of Q1. • Care Management: Removed ECM enrollment and graduation rates. • Disease/Chronic Condition Management: New program implemented last year; and added new annual report to monitor Member outcomes • Behavioral Health Care Coordination: Added measures related to Screening for Referrals to County Programs; Other Referral Data; Referrals to Case Management; and Appointment Access Data • Enhanced Care Management (ECM) - New Section of Work Plan: Added Demonstrate 12-month growth in % of members receiving ECM; Members not meeting criteria are referred to alternative programs or CM; and Notice of Action Letters are distributed to Members who are disenrolled from ECM.		
10. Standing Reports • **Finance Reports** Daniel Maychen, CFO	**Finance** <u>Financials as of January 31, 2026</u> As of January 2026, total current assets were approximately $411.8M; total current liabilities were approximately $224.6M. Current ratio is approximately 1.83. TNE as of the end of January 2026 was approximately $196.9M which is approximately 661% above the minimum DMHC required TNE amount. For the DHCS standard, the minimum required TNE is approximately $193.7M, which the Plan is approximately $3.2M above the DHCS standard.		***Motion:*** *Commission approved standing reports* *13 – 0 – 0 – 3* *(Frye / Naz)* **Paulo Soares left meeting at 2:59 pm, no vote for #10*

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• **Compliance Report** Mary Lourdes Leone, CCO	Interest income actual recorded was approximately $5.5M which is approximately $2.3M more than budgeted due to rates being higher than projected. Premium capitation income actual recorded was approximately $1.36B which is approximately $162.6M more than budgeted primarily due to rates and enrollment being higher than projected. Total Cost of Medical Care expense actual recorded was approximately $868.1M which is approximately $157M more than budgeted due to enrollment and rates being higher than projected. Admin Service Agreement fees expense actual recorded was approximately $33M which is approximately $1.9M more than budgeted due to enrollment being higher than projected. Labor expense actual recorded was approximately $2.7M which is approximately $470K less than projected mainly due to open positions (e.g., an open position related to succession planning for a key management position). All other expense items are below or in line with what was budgeted. Total net income through January 2026 was approximately $12.8M, which is approximately $7.4M more than budgeted primarily due to interest income being approximately $2.3M more than projected and enrollment and rates being higher than projected. **Compliance** <u>Compliance Report</u> Year to date there have been 51 Administrative & Operational regulatory filings for 2026; 10 Member Materials filed for approval; 24 Provider Materials reviewed and distributed, and 12 DMHC filings. There have been 7 potential Privacy & Security breach cases reported year to date, with one being high risk. Since the 2/19/2026 Compliance Regulatory Report to the Commission, there were 5 new MC609 filings. The filings were related to the following: • Inappropriate Billing: 1 case • Phantom Provider: 1 case • Ineligible Provider: 1 case		

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	• False Representation: 1 case • Inappropriate use of transportation: 1 case The Annual Oversight Audits currently in progress since last reported include UMCM, Call Center, Claims/PDR, and Provider Network. No audits have been completed since the last Commission meeting. Regarding the DHCS 2023 Focused Audit for Behavioral Health and Transportation, no change in status. DHCS will issue forward-looking guidance at future CAP closure and allow 90 days to implement any required changes. Regarding the DHCS 2025 Medical Audit, DHCS issued its final audit report and Corrective Action Plan (CAP) citing deficiencies related to delegated oversight of Health Net, including: 1) application of EPSDT criteria for members under age 21; 2) provision of all required ECM core service components; 3) timely notification of ECM benefit discontinuation; and 4) inclusion of required elements in member-facing ECM materials. The Plan submitted its monthly CAP update on 2/27/2026 and will continue to send updates until the CAP is closed. Regarding the 2026 DMHC/DHCS Joint Medical Survey Audit, the Plan submitted all required DMHC pre-audit documentation on February 20, 2026, and is currently awaiting additional guidance from DHCS regarding their pre-audit requirements. Since the last Commission Meeting, the Plan has not executed any MOUs. Regarding the Annual Community Advisory Committee (CAC) Demographic Report, in compliance with the DHCS Contract, the Plan has completed the annual demographic report for CalViva's CAC (also know as the Public Policy Committee (PPC)). The annual analysis is conducted to ensure that the PPC's membership reflects the general Medi-Cal Member population in CalViva's service area. Demographics analyzed are race, ethnicity, age, gender and spoken language. The analysis shows that the PPC membership does reflect the Plan's general Medi-Cal population. The Plan must file this report with DHCS by 4/1/26.		

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• **Health Equity** Sia Xiong-Lopez, EqO	Regarding the Revised ASA and CPSA with Health Net, on 2/12/26, the Plan filed the revised ASA and CPSA with DHCS and is awaiting their response/approval. Depending on whether DHCS has any additional requirements, we must also update DMHC in order to assure both agencies are reviewing and approving the same final document. The last PPC meeting was held on March 4, 2026. The following reports were presented: • Q4 2025 Appeal and Grievance Report • A&G Review and Discussion from Dr Marabella • Annual Public Policy Committee Charter • 2025 CalViva Health Annual Report • Semi-Annual Member Incentive Programs • 2025 Annual Compliance Report The next PPC meeting will be held on June 3, 2026, 11:30am-1:30pm. **Equity** <u>Equity Report</u> Regarding Madera Live Well, as of March 2026, current efforts are focused on merging the Resilience Workgroup with the Diabetes and Heart Health Workgroup to strengthen alignment of priorities and activities. The merger kickoff meeting was held on March 9, 2026, where partners reviewed shared goals and objectives and began strategizing key activities to guide the combined workgroup moving forward. Regarding Kings County CHIP, as of February 2026, the Kings County Community Health Improvement Plan (CHIP) kickoff took place in February 2026. As previously shared during the last Commission meeting, the perimenopause and menopause initiative will continue as part of the CHIP priorities. This effort aligns with focus areas related to access to health care, maternal and child health, and Community		

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• **Medical Management** P. Marabella, MD, CMO	Health Workers (CHWs). CVH's Equity Officer will participate in the initial workgroup kickoff scheduled for March 23, 2026. Regarding FCHIP HOPE HUB, the first CVDSP network meeting took place in January 2026, with the next meeting scheduled for April 2026. CVH, in partnership with FCHIP, will be leading a Health Equity (HE) initiative with the network. Regarding the Health Equity Annual Oversight Audit, the audit is scheduled to start April 2026. With regard to the changes for NCQA: The web-based standards were available for purchase but have not yet been released. Health Outcomes (formerly Health Equity) • 2 standards removed, primarily related to DEI terminology. • 23 standards revised to align with updated language after the removal of DEI wording. • 10 new standards added, focusing on data collection and activities related to individuals with developmental disabilities and other population-specific groups. Community-Focused Care (formerly HE+) • 19 standards revised to align with updated language. • 3 new standards added, also focusing on individuals with disabilities. • 4 standards renamed to align with the removal of DEI terminology. • 2 standards moved due to restructuring or consolidation. **Medical Management** <u>Appeals and Grievances Dashboard</u> Dr. Marabella presented the Appeals & Grievance Data Analysis Report through January 2026.		

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	• The total number of grievances at the end of January remained consistent with previous months. The Quality-of-Service category represents the highest volume of total grievances. • For the Quality of Service (QOS) category, the types of cases noted to contribute the most to case volume are Access-Other, Administrative, Community Supports, Other, and Transportation-Other. • The volume of Exempt Grievances is consistent with previous months. • Total Appeals volume remained consistent with previous months. The majority being Community Supports, DME, Advanced Imaging, and Surgery. • <u>Key Indicator Report</u> Dr. Marabella presented the Key Indicator Report (KIR) through January 2026. A summary was shared that provided the most recent data for Membership, Admissions, Bed Days, Average Length of Stay, and Readmissions through January 2026. • Membership has had a slight decrease. Admits and Acute Admits remain consistent with previous months. Readmission rates for all categories have decreased with the exception of SPDs. ER visits remain consistent. • Turn-Around-Time Compliance (TAT) categories met compliance goals with the exception of Expedited Pre-Service. • Case Management (CM) engagement rates are up, and all areas continue to improve. <u>Credentialing Sub-Committee Quarterly Report</u> The Credentialing Sub-Committee met on February 19, 2026. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering Q2 2025 were reviewed for delegated entities, and reports covering Q3 2025 were reviewed for delegated entities and Q4 2025 for HN, including Behavioral Health.		

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	The Adverse Events report for Q4 2025 was reviewed. This report provides a summary of potential quality issues (PQIs) as well as Credentialing Adverse Action (AA) cases identified during the reporting period. Credentialing submitted one (1) new case to the Credentialing Committee in Q4 2025 involving an individual practitioner. October, November, and December credentialing, recredentialing, denial, and termination rosters were submitted and approved via live or electronic Credentialing Committee meetings to meet business needs. There were zero (0) incidents involving appointment availability issues resulting in substantial harm to a member or members in Q4 2025. There were zero (0) cases identified outside of the ongoing monitoring process, in which an adverse injury occurred during a procedure by a contracted practitioner in Q4 2025. Reviews completed in September, October, November, and December did not identify any practitioners requiring removal from the Plan's network. October, November, and December delinquent license reports for termination and monitoring were submitted and approved via live or electronic Credentialing Committee meetings to meet business needs. Zero (0) cases required reporting for 805 in Q4 2025. The Access & Availability Substantial Harm Report Q4 2025 was presented and reviewed. The purpose of this report is to identify incidents involving appointment availability resulting in substantial harm to a member or members as defined in Civil Code section 3428(b)(1). Assessments include all received and resolved Quality of Care (QOC) and Potential Quality Issue (PQI) cases related to appointment availability. The cases are severity outcome scored and ranked by severity level. After a thorough review of all Q4 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). The Credentialing Adverse Actions report for Q4 for CalViva Credentialing Sub-Committee from HN Credentialing Committee was presented. There was one (1) case presented for discussion for October, November, and December 2025: The Medical Board of California issued a Cease Practice Order against a practitioner's medical license. The practitioner failed to complete the assigned program; therefore, the practitioner is prohibited from engaging in the practice of medicine. The practitioner shall not resume the practice of medicine until a final		

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	decision has been made. Considering this, the Credentialing Department administratively terminated the practitioner from the provider network. This administrative termination requires no state or federal reporting by the Plan, and there are no appeal rights. The case was closed with no further action. The Credentialing Sub-Committee 2026 Charter was presented and approved. There were no changes to the Charter this year. The Credentialing Policies & Procedures Annual Review was presented to the committee. The majority of policies were presented with minor or no changes made. Two credentialing policies and their attachments were updated regarding primary source verification (PSV) timeframes with a change from 180 days to 120 days throughout to align with revised NCQA standards. All policies were approved. The county-specific Credentialing Subcommittee Reports of significant sub-committee activities for October through December 2025 were presented. There were no (0) new cases identified in Fresno, Kings, or Madera Counties for Q4 2025. Follow-up activities will be scheduled, and ongoing monitoring and reporting will continue. <u>Peer Review Sub-Committee Quarterly Report</u> The Peer Review Sub-Committee met on February 19, 2026. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 4 2025 were reviewed for approval. There were no significant cases to report. The 2025 Adverse Events Report for Q4 was reviewed. This report provides a summary of ongoing monitoring of Potential Quality Issues and Credentialing Adverse Action cases during the reporting period. Seven (7) cases were identified in Q4 2025 that met the criteria for reporting. Three (3) of these cases involved practitioners, and four (4) cases involved organizational providers (facilities). Of the seven (7) cases, one (1) was tabled, one (1) was closed to track and trend with a letter of concern, and five (5) were closed to track and trend. Six (6) cases were		

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	quality of care grievances, one (1) was a potential quality issue, zero (0) were lower-level cases, and zero (0) were identified through track and trend. Three (3) cases involved Seniors and Persons with Disabilities (SPDs), and none (0) involved Behavioral Health. There were no (0) incidents involving appointment availability resulting in substantial harm to a member or members in Q4 2025. Grievance data reviews completed in August, September, October, and November did not identify any providers/practitioners who met the Peer Review trended criteria for escalation. (NCQA CR 5.A.3-4) Zero (0) cases were placed on corrective action in the fourth quarter of 2025. Grievance data reviews for health equity, site review, chaperone, or medical records, completed in October, November, and December, did not identify any providers/practitioners who met the Peer Review trended criteria for escalation. 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) in Q4 2025. The reviewing Medical Directors determined that further outreach was required for thirteen (13) 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. One (1) case was referred to peer review for further review. Further review includes trended grievances and a license and sanction/exclusion review. This case did not require escalation for presentation at the Peer Review Committee. Zero (0) cases required reporting for 805.01 in Q4 2025 The Access & Availability Substantial Harm Report for Q4 2025 was also presented. The purpose of this report is to identify incidents related to appointment availability resulting in substantial harm to a member or members as defined in Civil Code section 3428(b)(1). Assessments include all received and resolved grievances, Quality of Care (QOC), and Potential Quality Issues (PQIs) related to identified appointment availability issues (Severity Levels III & IV). Each case is severity outcome scored and ranked by severity. Sixteen (16) cases were submitted to the Peer Review Committee in Q4 2025. Of the sixteen (16) cases, two (2) cases were related to appointment availability issues without significant harm, and five (5) were related to significant harm without appointment availability issues. There were zero (0) incidents involving appointment availability issues resulting in substantial harm to a member or members in Q4 2025.		

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• **Executive Report** J. Nkansah, CEO	The 2026 Peer Review Sub-Committee Charter was presented and approved by the committee. There were no changes to the Charter this year. The 2026 Peer Review Sub-Committee Meeting Calendar was presented and accepted. The 2026 Peer Review Policy & Procedure Annual Review was presented. All Peer Review policies were approved with minor or no changes. The Q4 2025 Peer Count Report was presented at the meeting with a total of 16 cases reviewed. Case outcomes included eleven (11) cases were closed and cleared, zero (0) cases were closed and terminated, zero (0) cases were deferred, two (2) cases were tabled for further information, two (2) cases were closed with CAP outstanding/continued monitoring, and one (1) case was pending closure for CAP compliance. The Peer Review Sub-Committee reports for October through December 2025 were reviewed. These reports summarize the outcomes of Peer Review cases for Fresno, Kings, and Madera counties. There were zero (0) cases reported in Q4 2025. Follow-up will be initiated to obtain additional information for the tabled cases, and ongoing monitoring and reporting will continue **Executive Report** <u>Executive Dashboard</u> Enrollment as of January 2026 is 423,515. Enrollment for Anthem is approximately 196,671, and the enrollment for Kaiser is approximately 13,513. Market Share is currently approximately 66.83%. With regard to IT Communications & Systems, and the Member Call Center there are no significant issues or concerns. Website activity continues to grow organically. Member portal registration has reached approximately 4,200 members.		

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	With regard to Provider Network & Engagement, the running count for Hospitals from 10 (July 2025) to 11 (August 2025) is due to Madera Community Hospitals being added to the network. J. Nkansah informed the Commission there is currently a contractual dispute between the Plan's administrator, Health Net, and Madera Community Hospital on the terms of the Agreement the two parties executed in March of 2025. Regarding Claims Processing & Provider Disputes no significant updates. Activity remains consistent with prior reporting. Currently there is a high sensitivity around program integrity and there is a letter sent to the State of CA both from CMS and Committee of Energy & Commerce, and CVH as a managed care plan are also tasked by the State to meet with DHCS on the subject of program integrity.		
11. Final Comments from Commission Members & Staff	None.		
12. Announcements	None.		
13. Public Comment	None.		
14. Adjourn	The meeting adjourned at 3:20 pm. The next Commission meeting is scheduled for May 21, 2026, in Fresno County.		

Submitted this Day: May 21, 2026

Submitted by: Cheryl Hurley

Cheryl Hurley
Clerk to the Commission