



**2025
QUALITY IMPROVEMENT AND
HEALTH EQUITY
TRANSFORMATION PROGRAM (QIHETP)**

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1.0 Executive Summary

The Fresno-Kings-Madera Regional Health Authority (RHA) is a local public agency, created through a joint exercise of powers agreement by the Counties of Fresno, Kings, and Madera in California. Under California's Medi-Cal Managed care program, the RHA dba CalViva Health is designated as the Local Initiative. CalViva Health is contracting with Health Net Community Solutions (HNCS) to provide cultural and linguistic services and programs for CalViva Health membership. CalViva Health ("CalViva" or "Plan") may also contract with other entities or health plans to provide or arrange cultural and linguistic services and programs for members enrolled with CalViva Health. CalViva Health, in collaboration with HNCS, is committed to improving health outcomes by providing cultural and linguistic services and programs that facilitate effective communication between a diverse membership, provider networks, and CalViva Health and HNCS.

The HNCS Health Equity Department, on behalf of CalViva Health, develops programs and services to facilitate understanding, communication and cultural responsiveness between members, providers, and Plan staff. The Quality Improvement Utilization Management Committee (QIUMC) reviews and adopts these programs.

CalViva Health is committed to developing and implementing a comprehensive assessment of the QI and Health Equity activities undertaken, including an evaluation of the effectiveness of QI interventions.

2.0 Staff Resources and Accountability

2.1 Quality Improvement (QI) and Health Equity Governance Structure.

The CalViva Health Quality Improvement Utilization Management Committee (QIUMC) has responsibility for the Quality Improvement and the Health Equity Transformation activities of CalViva Health according to the responsibilities given to them by the Regional Health Authority Commissioners. This responsibility includes reviewing, analyzing, evaluating, and acting on the results of QI and Health Equity activities and ensuring appropriate follow-up on performance deficiencies and gaps in care. The QIUMC is chaired by the Chief Medical Officer, and the CalViva Health Equity Officer is a member of the QIUM Committee in an advisory capacity. The UM Committee meets seven times per year. External practitioners from Primary Care and a variety of specialties reflecting an appropriate geographic and specialty mix participate on this committee including a Behavioral Health provider, along with representatives from Compliance and Medical Management which includes Utilization Management, Care Management, and Quality Improvement.

2.2 QIUMC oversight activities include but are not limited to:

- Annually assess Utilization Management (UM), QI, and Health Equity activities, including areas of success and needed improvements in services rendered within the QI and Health Equity program at the regional and/or county level.
- Conduct a quality review of all services rendered, the results of required performance measure reporting, and the results of efforts to reduce health disparities.
- Address activities and priorities related to the Quality Improvement and Health Equity Transformation Program (QIHETP), including QI/UM participation in informing the

Non-Specialty Mental Health Services (NSMHS) Member and PCP Outreach & Education Plan.

- Analyze and evaluate the results of QI and Health Equity activities including annual review of the results of performance measures, utilization data, consumer satisfaction surveys.
- Institute actions to address performance deficiencies, including policy recommendations.
- Ensure follow-up of identified performance deficiencies or gaps in care.
- Shall provide input and advice on a non-exclusive list of topics including Population Health Management; Coordination of Care Clinical quality of physical and behavioral health care; Access to primary and specialty health care providers and services; member experience with respect to clinical quality, access, and availability, culturally and linguistically competent health care and services, and continuity and coordination of care.

2.3 CalViva Health has enhanced the Quality Improvement and Utilization Management Committee to support health equity projects and collaboration across the Plan.

- As part of the Committee support, the QIUM Work Group will meet weekly to prepare and drive content for the upstream Committee. This supports a focused and meaningful discussion for decision making.
- The CalViva Health Equity Officer will consolidate the data & recommendations received from QIUM Work Group, Public Policy Committee (PPC), Community Advisory Groups (CAGs) and the PHM annual assessment and recommend strategies and interventions that will inspire actionable recommendations and discussions at the QIUM Committee.
- Key outcomes include identification of discussion topics or decision points for discussion during the QIUM Committee, informing or engaging social & community partners, and implementing with or evaluating the success of local partners, for example Community Advisory Groups (CAGs) and targeted projects or pilots.

3.0 MISSION, GOALS AND OBJECTIVES

3.1 Mission

CalViva Health's Health Equity mission is to:

- Improve structural determinants of health equity, by working within and across societal institutions and systems.
- Improve neighborhood-level social determinants of health, by working with and across institutions in defined geographic communities.
- Improve institutional drivers of health equity, by working within our institution, , with providers, and with other key stakeholders.
- Improve individual & household-level social needs & networks, by improving

access, quality, and value of services for our members.

3.2 Goals

CalViva Health's Health Equity goals are based on providing support, maintaining compliance, and creating cultural awareness through education and consultation. These goals support the overall goal of promoting cultural responsiveness between Plan staff, members, and contracted providers. The goals are equally important and reinforce each other to fulfill the mission:

- To ensure meaningful access and positive health outcomes through the provision of culturally and linguistically responsive services for members and providers.
- To promote and support active participation of our members and potential members in their own health and health care through clear and effective communication.
- To advance and sustain cultural and linguistic innovations.

3.3 Objectives

To meet these goals, the following objectives have been developed:

- CalViva Health's QIHETP will monitor, evaluate, and require timely action to address necessary improvement in the quality of care delivered and to improve upon health equity and address health disparities. The QIHETP will be accomplished and maintained through cross-functional participation, engagement, and prioritization, and through a collaborative governance structure.

4.0 Program Activities

4.1 Quality Improvement Activities

- A. CalViva Health annually assesses the overall effectiveness of its Quality Improvement (QI) Program at improving clinical and service practices. Interventions are monitored through the QI Work Plan and an annual evaluation is provided to measure the effectiveness of the Quality Program.
- B. The Quality Improvement Work Plan includes eight categories to determine CalViva Health's success in achieving specified goals. The plan calculates the number and percentage of activities completed and objectives met per category and outlines performance against goals. Categories include:
 - 1. Behavioral Health
 - 2. Chronic Conditions
 - 3. Pharmacy & Related Measures
 - 4. Member Engagement and Experience

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5. Hospital Quality/ Patient Safety
 6. Pediatric/ Perinatal/ Dental
 7. Preventive Health
 8. Provider Engagement/ Communication

- C. Quality goals vary according to regulatory and accreditation standards which can change annually. See Annual and Mid-Year Quality Improvement, Health Education and Wellness Work Plan and Work Plan Evaluations.

4.2 Health Equity Activities

- A. The Health Equity Department provides an annual overview of activities, achievements, and barriers. All activities described in the Year End Report are reflective of our commitment to providing culturally competent services to our membership. The Department presents and requires approval of the Program Description, Year End Report, Work Plan, and biannual Work Plan Evaluations.
- B. The Health Equity Work Plan is divided into **6 content areas**. Each workplan activity is assigned a lead and support. These are aligned with the subject matter experts. The activities are tracked with mid-year and year-end updates to discuss at the QIUMC biannually.
1. Language Assistance Program Activities
 2. Compliance Monitoring
 3. Communication, Training, and Education
 4. Health Literacy
 5. Cultural Competency.
 6. Health Equity

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4.3 Population Health Management Activities

- A. Annually, CalViva Health evaluates the needs of its enrolled population and uses that information to assess whether current programs need modification to better address the needs of its membership. CalViva examines data through population risk stratification using a predictive modeling tool that utilizes data from various sources including medical and behavioral claims/encounters, pharmacy claims, laboratory results, health appraisal results, electronic health records (EHRs), data from health plan UM and/or CM programs, and advanced data sources such as claims databases or regional health information.
- B. Evaluation is conducted based on the characteristics and needs of the member population (including social determinants of health), health status and health risks broken down by ages birth to 65 and over and needs of child members with Special Health Care Needs (SHCN), disabilities, and severe and persistent mental illness. Data is analyzed to determine changes to the PHM programs or resources. Modifications to program design and resources are made based on findings.

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- C. CalViva Health obtained Health Plan Accreditation (HPA) with the National Committee for Quality Assurance (NCQA) in May 2024 to ensure PHM standards are maintained.

5.0 Delegated Subcontractors & Downstream Delegated Subcontractors

- A. CalViva Health delegates utilization management, credentialing, case management and complex care management, claims processing and payment to Health Net Community Solutions, an NCQA accredited organization, who may sub-delegate these functions to designated practitioners, provider groups, contracted vendors or ancillary organizations. Comprehensive delegation policies and processes have been established to address oversight of these entities.
- B. Annually, delegated organizations must demonstrate the willingness, capability, proficiency and experience to manage the delegated responsibilities. The Plan will institute corrective action and/or may revoke delegation when it determines the delegate is unable or unwilling to carry out the delegated responsibilities.
- C. Delegates that are certified or NCQA accredited are not required to undergo an annual on-site review for elements included in the accreditation; however, the Plan will conduct reviews for all other elements not included in the NCQA accreditation.

5.1 External Quality Review (EQR) Technical Report

- A. CalViva Health follows the PIP approach as provided by the Department of Health Care Services (DHCS) and its designated External Quality Review Organization (EQRO).
- B. CalViva Health's EQRO is Health Services Advisory Group (HSAG).
- C. Annually CalViva conducts an analysis of actions taken to address recommendations provided in the annual External Quality Review (EQR) technical report and based upon the results of this analysis identifies priorities and plans for future opportunities and areas for improvement.

6. Delivery of Services and Quality of Care Analysis

- A. CalViva Health leadership and the QIUMC is charged with monitoring the health equity activities, medical management, and quality of care and services rendered to members, including identifying and selecting opportunities for improvement, and monitoring and evaluating the effectiveness of interventions.
- B. The Quality Program impacts the following:
- CalViva Health Members in all demographic groups and in all counties for which CalViva Health is licensed.
 - Network Providers include practitioners, facilities, hospitals, ancillary providers, and any other contracted or subcontracted provider types.

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- Aspects of Care including level of care, health promotion, wellness, chronic conditions management, care management, continuity of care, appropriateness, timeliness, and clinical effectiveness of care and services covered by CalViva Health.
 - Health Disparities by supporting activities and initiatives that improve the delivery of health care services, patient outcomes, and reduce health inequities.
 - Communication to meet the cultural and linguistic needs of all members.
 - Behavioral Health Aspects of Care integration by monitoring and evaluating the care and service provided to improve behavioral health care in coordination with other medical conditions.
 - Practitioner/Provider Performance relating to professional licensing, accessibility and availability of care, quality and safety of care and service, including practitioner and office associate behavior, medical record keeping practices, environmental safety and health, and health promotion.
 - Services Covered by CalViva Health including preventive care, primary care, specialty care, telehealth, ancillary care, emergency services, behavioral health services, diagnostic services, pharmaceutical services, skilled nursing care, home health care, Health Homes Program (HHP), long term care (LTC), Subacute Long-Term Care, Intermediate Care Facilities for Members with Developmental Disabilities, Long Term Services and Supports (LTSS): Community Based Adult Services (CBAS), and Multi-purpose Senior Services Program (MSSP) that meets the special, cultural and linguistic, complex or chronic needs of all members.
 - Internal Administrative Processes which are related to service and quality of care, including customer services, enrollment services, provider relations, practitioner and provider qualifications and selection, confidential handling of medical records and information, care management services, utilization review activities, preventive services, health education, information services and quality improvement.

C. Encounter Data

- Provider Engagement and Provider Performance & Analytics departments provide oversight and capabilities in support of improving and maintaining performance with providers and their membership. Collaboration between the departments involves the Provider Relations, Practice Transformation, Encounters, RAF, and Data Analytics and Solutions teams.
- Encounter data is integrated in the Operational Data Warehouse (ODW) and TruCare. Data collection improvement projects include deploying contracts with health information exchanges and vendors that receive or process claims, encounters, member demographics or clinical data to improve efficiency of operations.

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- The data is utilized for Incentive Programs for Providers and the PHM program. Finally, encounter data is used to prioritize interventions along the strategic tracks, under Data, Analytics, & Technology.

D. Grievances and Appeals

- The Appeals & Grievances (A&G) Department will regularly conduct aggregate analysis of appeals and grievances to track and trend potential issues and barriers to care. The QIUMC will annually review appeals and grievances system policies and procedures.
- CalViva Health leadership will monitor compliance with regulations, policies and procedures as well as conduct analysis to track potential issues and barriers to care.
- The system will allow monitoring of appeals and grievances to include the number received, pending and resolved for all levels of the system, disposition of resolution in favor of the member or Plan, number of cases pending over 30 calendar days, and member by eligibility category.
- An analysis of the Grievance System will be included in the annual QI Program Evaluation. The QI Program shall define that the monitoring and tracking of the grievance submitted is reported to an appropriate level (i.e.: medical vs. care delivery issues). The QI Program shall monitor outcomes that any grievance involving the appeal of a denial based on lack of medical necessity, appeal of a denial of a request for expedited resolution of a grievance or an appeal that involves clinical issues shall be resolved by an appropriate clinical health care professional.
- The Appeals and Grievances Department works with the Credentialing and the Peer Review teams to report on potential and substantiated quality of care issues. All practitioners and providers undergo a quality process of credentialing prior to finalizing contractual agreements and are recertified every three years. All practitioners and providers are monitored monthly for Medicare/Medicaid sanctions, license sanctions, limitations and expirations, quality of care and service incidents, and any other adverse actions.
- The Peer Review Committee (PRC) is an independent review body established to achieve an effective mechanism for continuous review and evaluation of the quality of care and service delivered to enrollees. This includes monitoring whether the provision and utilization of services meets professional standards of practice and care, identifying quality of care problems, addressing deficiencies, deliberating corrective actions, and when necessary, initiating remedial actions with follow up monitoring. The overall goal is to ensure that CalViva Health members receive comparable appropriate quality of care and services.
- Analysis and evaluation of results of focused audits, studies, quality of care and safety issues and quality of service issues are presented to the QIUMC.

E. Utilization Review

- The Utilization Management (UM) program involves pre-service, concurrent and post-service evaluation of the utilization of services provided to members and management of member appeals.
- The UM program requires cooperative participation of practitioners, delegates, hospitals and other providers to ensure a timely, effective and medically sound program. The program is structured to assure that medical decisions are made by qualified health professionals, using written criteria based on sound clinical evidence, without undue influence of the Plan's management or concerns for the plan's fiscal performance.

F. Consumer Satisfaction Surveys

- CalViva Health continuously monitors member experience throughout the year using the CAHPS survey results, and monitoring member pain points including member appeals and grievances, and Call Center drivers.
 - CAHPS goals are aligned with contributions to the Quality Rating Programs. For CalViva, the goal is to meet or exceed the Quality Compass (QC) 25th percentile benchmark or demonstrate greater than a 1% year-over-year improvement.

7. Equity-Focused Interventions

7.1 Health Equity Model

- Disparity reduction efforts are implemented through a model that integrates departments across Quality Improvement, Provider Engagement, Health Equity, Community Engagement, Health Education, and Public Programs. The model utilizes a multidimensional approach to improving quality and delivery of care inclusive of community outreach and media, provider interventions and system level initiatives. The following highlights the core components of the disparity reduction model:
- Planning inclusive of key informant interviews, focus groups, literature reviews and data analysis (spatial and descriptive).
- The Health Disparity model gives the Plan a unique ability to understand target population(s) and implement tailored disparity reductions efforts to improve the quality of health care. Race/ethnicity, language, gender identity, and sexual orientation are analyzed to develop targets for disparity reduction efforts and specific interventions to address the disparities and the barriers associated with that.

A. Consumer Assessment of Healthcare Providers and Systems (CAHPS)

- The CAHPS Survey is deployed annually for CalViva to fulfill accreditation and regulatory requirements.

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- The survey asks members for feedback on their health plan (call center, claims), as well as their experience with providers (doctor communication, access, care coordination). It also includes overall rating of health plan and health care quality. Supplemental questions may be added to better understand member experiences, such as interpreter services, call center interactions, and access to care.
 - Due to the anonymous nature of the survey, the CAHPS Program Manager conduct a quarterly root cause analysis of member pain points by reviewing grievances, appeals, and call center data.
 - The Health Equity and CAHPS teams hold quarterly meetings to review results, identify areas for improvement, and discuss a shared action plan. These meetings include a breakdown of CAHPS results by race/ethnicity, sex assigned at birth (gender), age, and other member characteristics. This analysis is based on self-reported member data.

B. Performance Improvement Projects (PIPs)

- CalViva Health's overall aim is to provide equitable, high-quality care services to its culturally and linguistically diverse population no matter the individual's personal characteristics. The purpose of the organization's HE program is to reduce health care inequities and disparities by implementing interventions for identified individuals who are likely to experience or are experiencing obstacles to health care services due to their race/ethnicity, language preference, gender identity, and/or sexual orientation.
- By working to eliminate bias and discrimination within communities and the healthcare industry, the goal is to improve care.
- Performance Improvement Projects (PIPs) are two-year projects required of each Medi-Cal health plan by the California Department of Health Care Services (DHCS). DHCS requires two PIPs of each health plan during the two-year PIP process. Health Plans may be assigned a PIP topic by DHCS or choose their PIP topic from the categories provided by DHCS.
- The plan follows the PIP approach as provided by the Department of Health Care Services (DHCS) and its designated External Quality Review Organization (EQRO). This approach guides the Plan through a process for conducting PIPs using a rapid-cycle improvement method to pilot small changes rather than implementing one large transformation. The EQRO provides technical assistance throughout the process with frequent contact and feedback to ensure that PIP projects are well-designed at the onset and provide opportunities for mid-course corrections.
- Summary of progress and outcomes of PIP's are reported to the QIUMC. A summary of each PIP is also documented in the Annual QI Program Evaluation. Upon completion of each PIP, the EQRO provides a confidence level on the validity and reliability of the results.

C. Population Needs Assessment (PNA)

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- Under the PHM Program, CalViva will fulfill the PNA requirement by meaningfully participating in the Community Health Assessments (CHAs)/ and Community Health Improvement Plans (CHIPs) conducted by Local Health Jurisdictions (LHJs).
 - As part of Health Plan Accreditation, CalViva will continue to develop a “PHM Strategy” describing how CalViva meets the needs of our members over the continuum of care. To inform the PHM Strategy for NCQA, CalViva will annually complete an assessment of member needs and characteristics, including identification of subpopulations based on characteristics and needs.
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 - Participants in CalViva Health’s Public Policy Committee (PPC) provide input to the PNA and review the PNA results.
 - The results of the PNA are used to identify C&L/health equity program strategies to improve health outcomes and to reduce health disparities.
 - CalViva will work with other MCPs in the region to develop a unified planning process, including staffing, funding, data sharing, and communications with the LHJs.
 - CalViva will share the data agreed upon with the LHJs and Plan partners in a timely manner.
 - As part of meaningful participation in LHJs’ CHAs/CHIPs, CalViva will contribute resources to support LHJs’ CHAs/CHIPs in the form of funding and/or in-kind staffing.
 - In addition, CalViva will continue involvement in Community Reinvestment as appropriate.
 - CalViva will publish the CHA/CHIP on our public-facing website with a brief paragraph on how CalViva meaningfully participated.
 - CalViva will submit our annual DHCS PHM Strategy Deliverable using the DHCS template.

8. Engagement Strategy

A. CalViva Health has a policy to provide CalViva Health staff with guidelines in developing health equity practices and engagement of members, their family members, and communities. CalViva Health is committed to supporting the health of our members and promoting the reduction of health disparities across our membership. To accomplish this, Health Equity collaborates across departments and with external partners in order to analyze, design, implement and evaluate health disparity interventions.

B. Public Policy Committee (PPC)

- Information provided by the PPC participants is included in the development of Health Equity Department materials, health education materials and programs and Quality Improvement Projects. They provide critical feedback

for CalViva to understand that perception, experience and satisfaction of services.

- As part of their involvement, the group's focus is to serve meaningful community and consumer advisory functions that includes taking part in identifying and prioritizing CLAS opportunities for improvement, as well as identifying and prioritizing social risks and needs of individuals for the program to address.
- CalViva will engage the PPC as part of our participation in LHJ's CHA/CHIP process. CalViva will regularly report on our involvement in the findings from LHJs' CHAs/CHIPs to the PPC and obtain input/advice from the PPC on how to use findings from the CHAs/CHIPs to influence CalViva's strategies and workstreams related to the Bold Goals, wellness and prevention, health equity, health education, and cultural and linguistic needs.

C. Member & Family Engagement

- The Health Equity department completes community assessments that include key informant interviews and focus groups. The community assessments identify community, member, and provider level barriers that contribute to identified disparities.
- Community assessments are completed by inviting members, their family members, and caregivers to participate in focus groups and/or key informant interviews. Feedback from members and their family is used to design interventions to address disparities.

D. Community-Based Organizations

- CalViva Health draws data from community and individual social needs and risks to determine partnerships with community partners. Engaging with partner organizations that share the same goal to reduce the negative effects of social risks and improve outcomes for individuals within communities provides more effective ways to address social needs. Cross collaboration is mutually beneficial and enables partners to support each other in providing resources and interventions.
- CalViva Health and the Health Equity Department are active in the community through participation in local community workgroups and collaboratives, and other CBO activities.
- Creating and maintaining a community network allows for input and guidance on member services and programs and assures that the Health Equity work reflects the needs of CalViva Health members. Social needs and social risks all play into determining the appropriate partners, selecting and engaging in initiatives with community-based organizations.

9. Communication and Ongoing Commitment

A. CalViva Health has obtained NCQA's Health Plan Accreditation and Health Equity Accreditation..

- CalViva Health will be able to provide annual copies of Accreditation status, survey type, and level (as applicable).
- CalViva Health will share results, recommended actions, and any Corrective Action Plans (as applicable).
- CalViva Health will share expiration date of accreditation.

B. As applicable, CalViva Health will develop and submit to DHCS a QI and Health Equity plan annually which will include the following:

- A comprehensive assessment of the QI and Health Equity activities undertaken, including an evaluation of the effectiveness of QI interventions identified through activities in Section 2. Quality Improvement Activities, above.
- A written analysis of required quality performance measure results, and a plan of action to address performance deficiencies, including an assessment of all Subcontractors' and Downstream Subcontractors' performance of its delegated QI or Health Equity activities and actions to address deficiencies identified through activities in Section 5. Fully Delegated Subcontractors & Downstream Fully Delegated Subcontractors, above.
- An analysis of actions taken to address any Contractor-specific recommendations in the ERQ Technical Report and CalViva Health's specific evaluation reports identified through activities in Section 6. External Quality Review (EQR) Technical Report, above.
- An analysis of the delivery of services and quality of care of CalViva Health and its fully delegated subcontractor, based on data from a variety of sources included, but not limited to, those outlined in Section 7. Equity-focused Interventions, above.
- Planned equity-focused interventions to address identified patterns of over- or under-utilization of physical and behavioral health care services.
- A description of CalViva Health's commitment to member and/or family focused care through the activities outlined in Section 9. Engagement Strategy, above, and how CalViva Health utilizes this information from this engagement to inform CalViva Health policies and decision making.
- PHM activities and findings as outlined in CalViva Health's contract with DHCS which will be derived from activities in Section 4. Population Health Management Activities, above; and
- Outcomes and findings from Performance Improvement Projects (PIPs), consumer satisfaction surveys and collaborative initiatives.

C. CalViva Health is committed to making the QI and Health Equity plan publicly available on its website on an annual basis. CalViva Health will also publicly post the DHCS-approved NSMHS Member and PCP Outreach & Education Plan on an annual basis.

STAFF RESOURCES AND ACCOUNTABILITY

1. CalViva Health Committees

A. Governing Body/RHA Commission

The RHA Commission is the governing body with ultimate authority and responsibility for the oversight of CalViva Health.

B. QI/UM Committee

The QI/UM Committee monitors the quality and safety of care and services rendered to

CalViva Health members. This Committee identifies opportunities for improvement, recommends policy decisions, evaluates the results of activities, institutes needed actions, and ensures follow-up as appropriate. The Health Equity program description, work plan, language assistance utilization report and end of year reports are all submitted to the CalViva Health QI/UM committee for review and approval. The QI/UM committee provides regular reports to the RHA Commission.

C. Public Policy Committee

The Public Policy Committee includes CalViva Health members, member advocates (supporters), an RHA Commissioner, and a health care provider. Committee responsibilities include obtaining feedback and guidance in the delivery of culturally and linguistically appropriate health care services and establishing and maintaining community linkages. The Health Equity program description, work plan, language assistance utilization report and end of year reports are shared as information to the Public Policy Committee. The Public Policy Committee provides regular reports to the QI/UM Committee and the RHA Commission.

2. CalViva Health Staff Roles and Responsibilities

A. Chief Medical Officer

CalViva Health's Chief Medical Officer's responsibilities include assuring that CalViva Health's programs are compatible and interface appropriately with the provider network and the overall scope of CalViva Health's QI program. A medical management team is under the direction of the Chief Medical Officer.

B. Chief Compliance Officer

CalViva Health's Chief Compliance Officer's responsibilities include assuring that CalViva Health's programs are compliant with the DHCS contract, regulatory standards and reporting requirements. A compliance team is under the direction of the Chief Compliance Officer.

C. Health Equity Officer

CalViva's Health's Health Equity Officer reports to the Chief Executive Officer and is responsible for providing leadership and health equity services across the organization.

3. HNCS Health Equity Department Staff Roles and Responsibilities

The Health Equity Department is unique in its cross-functional support structure. The Department's function is to fulfill all cultural and linguistic contractual and regulatory requirements and serve as a resource and support for all health equity and C&L services.

The Health Equity Department is staffed by the Director of Program Accreditation, a Manager of Health Equity Department, a Program Manager III, five Senior Health Equity Specialists, two Health Equity Specialists, and one supplemental staff.

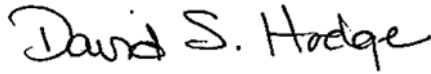
A. HNCS Leadership Team

HNCS is a subsidiary of Health Net LLC. Through a dedicated and qualified staff, important cultural and linguistic services are developed and coordinated within the CalViva Health service area by HNCS. HNCS, as a subsidiary of Health Net LLC., continues to maintain their internal reporting responsibilities (e.g. Chief Executive Officer (CEO), Vice Presidents, Officers, Directors, etc.) however, activities conducted within the CalViva Health service area are subject to oversight by CalViva Health's staff and respective committees.

The Chief Health Equity Officer, under the Chief Medical Officer, is responsible for providing leadership in Health Equity efforts across the organization. Under the Chief Health Equity Officer, the Health Equity Department contributes to planning the program structure for Health Net. The Chief Health Equity Officer ensures the plan's health equity structure is aligned with Corporate and other state plans, as appropriate.

A. Fresno-Kings-Madera Regional Health Authority Commission Approval

The Fresno-Kings-Madera Regional Health Authority Commission has reviewed and approved this Program Description



10/16/2025

David Hodge, MD

Date

Regional Health Authority Commission Chairperson



10/16/2025

Patrick Marabella, MD, Chief Medical Officer

Date

Chair, CalViva Health QI/UM Committee