Fresno-Kings-Madera
Regional Health Authority

CalViva Health
Commission
Meeting Minutes
July 16, 2026

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

	Commission Members		
	Sara Bosse, Director, Madera Co. Dept. of Public Health		**Tim Haydock**, 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**, 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 Fresno County BOS Reappointed Commissioner **Action** Joe Neves, Co-Chairman	The Commission ratified the reappointment of Joyce Fields-Keene for the Fresno County BOS appointed At-Large Commission seat.		***Motion:*** *The appointment of Joyce Fields-Keene was ratified.* *10 – 0 – 0 – 7* *(Rogers / Soares)*
#4 Consent Agenda • *Commission Minutes dated 5/21/26* • *Finance Committee Minutes dated 3/19/26* • *QI/UM Committee Minutes dated 3/19/26* • *Public Policy Committee Minutes dated 3/4/26* • *Finance Committee Charter* • *Credentialing Committee Charter* • *Peer Review Committee Charter* • *QIUM Charter* • *Public Policy Committee Charter* **Action** Joe Neves, Co-Chairman	All consent items were presented and accepted as read.		***Motion:*** *Consent Agenda was approved.* *10 – 0 – 0 – 7* *(Naz / Frye)*
#5 Closed Session	Jason Epperson reported out of closed session. The commission met in closed session to discuss those items, agendized for closed session discussion, specifically item 5A, public employee appointment, employment evaluation or discipline, titled Chief Executive Officer Annual Review. Pursuant to government code section 54957(B)(1). That item was discussed by the commission in closed session. A motion was made by Dr. Naz and seconded by Mr. Frye to renew the CEO's current employment contract under its current terms except to include a 5% increase in pay as of the contract anniversary date.		***No Motion***

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	The second item discussed in closed session was 5B, conference of legal counsel, anticipated litigation, significant exposure to litigation pursuant to paragraph (2) or (3) of subdivision (d) of section 54956.9 of the California Government Code. That item was discussed in closed session, direction was given to staff, and the commission took no other action on that or any other item. Closed session was recessed at 2:48 pm.		
#6 Review of Fiscal Year End 2026 Goals **Action** Jeff Nkansah, CEO	Results for fiscal year end 2026 goals were presented to Commissioners. There were no questions or concerns.		***No Motion***
#7 Goals & Objective for Fiscal Year 2027 **Action** Jeff Nkansah, CEO	The goals and objectives for FY 2027 were presented to Commissioners. One new goal that is new and highlighted is related to the member experience and member retention strategy. Previously, there was a closed session item that was going to be publicly disclosed in July 2026, centered around whether there would be opportunities for RHA or CalViva Health to have more of a direct influence for engagement in the Plan's members' experience, and also that those activities would help drive our member retention strategy. There was positive reception from the commission during that conversation, and this is now listed with an attempt to implement 100% of the actions that were outlined in the roadmap that was shared to move it into the implementation phase. The other areas are consistent with what has been presented historically in terms of the goals and objectives.		***Motion:*** *Review and approve Goals & Objectives for FY 2027* *10 – 0 – 0 – 7* *(Frye / Prado)*
#8 Update on July 1, 2025, HNCS Contract **Information** J. Nkansah, CEO	Follow-up was provided regarding the Health Net Community Solutions contract that was previously presented to the RHA Commission. The terms were agreed to, and the Plan was required to take it through the regulatory processes to get it approved through the regulators. It went through DMHC approval and was then sent through the Department of Health Care Services for approval. There were no material changes to the agreement, and therefore executed agreements were submitted on June 5th and June 12th respectively. The Plan filed those agreements with DHCS and DMHC retroactive back to July 1, 2025.		***No Motion***

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#9 Care Management **Information** P. Marabella, CMO	Dr. Marabella presented the 2025 Annual Program Evaluation for Care Management. The goals for 2025 were: • Increase number of cases managed: o Met - Total 8,816 cases (2025) compared to 3,649 cases (2024). 2.03% of population managed in PH, BH, FYOL, PCM or TCS. • Maintain 90% Compliance for Medical Record Documentation: o Met – Overall average score across programs for 2025 was 94%. Quarterly Results of Complex & Non-complex File Reviews by Program 2025, overall average scores: • Physical Health: 93% • Behavioral Health: 95% • Perinatal: 98% • Transitional Care: 91% Outcome results: • Readmissions 31.7% down to 24%. • Reduced ED Claims by 17.8% if Member in Case Management. • Inpatient & Outpatient Claims Reduced by More than 2200 After CM Completion. • Clinical Outcomes for High-Risk OB: o First Prenatal Visit in 1st Trimester - improved 15.5% (Goal ≥8%) o Reduction in Pre-term Deliveries by 5.1% (Goal 2%) o Timely Post-partum Visit – improved 11.9% (Goal ≥10%) Satisfaction: • Member Satisfaction: o 75 Responses in 2025 o 11 of 13 Questions had a response o Goal = 90% positive response (Very satisfied-Satisfied) • 92% Satisfied with CM Program (met goal) • 59% Satisfied with ability to reach their CM.		***No Motion***

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	• 84% Reported CM helped them to reach their health goals. • 81% Reported CM helped to organize care with MD and other caregivers. 2025 Key Accomplishments: • Exceeded our goal to reduce readmissions for CM engaged members in BH, PH and TCS programs. • Exceeded our goals to reduce ED visits. • Exceeded our Perinatal program goals. • Increased referrals in all programs in 2025 compared to 2024 (increased PH by 31%, BH by 50%, PCM & FYOL by 55%, and TCS by 45%) • Continue to enhance the Transitional Care Services program to meet PHM requirements: o Onsite staff at additional Hospitals (opened communication with Valley Children's Hospital) o Launched texting program with Members. 2026 Goals: • Enhancements in Transitional Care Services program to meet updated PHM requirements: o Increase length of stay for Postpartum TCS cases o Increase Staffing o Create Birthing Checklist in portal and system o Increase the number of hospitals with Onsite Staff presence. • Launch enhanced Pregnancy Program: o Utilize trimester-based assessments o Ensure alignment with PHM policy update for postpartum member requirements. • Manage more Members across CM programs. • Increase use of texting programs with Members. • Utilize texting platform to conduct timely Satisfaction Surveys. • Further reduction in ED visit goal for Members in CM.		
#10 Standing Reports • **Finance Reports**	**Finance** <u>Financials as of May 31, 2026</u>		***Motion:*** *Commission approved standing reports*

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Daniel Maychen, CFO	As of May 2026, total current assets were approximately $503.2M; total current liabilities were approximately $307.2M. Current ratio is approximately 1.64. TNE as of the end of May 2026 was approximately $205.6M which is approximately 690% above the minimum DMHC required TNE amount. For the DHCS standard, the minimum required TNE is approximately $197M, which the Plan is approximately $8.4M above the DHCS standard. Interest income actual recorded was approximately $8.9M which is approximately $4.2M more than budgeted due to interest rates being higher than projected. Premium capitation income actual recorded was approximately $2.17B which is approximately $316.4M more than budgeted primarily due to rates and enrollment being higher than projected. Total Cost of Medical Care expense actual recorded was approximately $1.4B which is approximately $306.1M more than budgeted due to enrollment and rates being higher than projected. Admin Service Agreement fees expense actual recorded was approximately $51.4M which is approximately $3.4M more than budgeted due to enrollment being higher than projected. Labor expense actual recorded was approximately $4.3M which is approximately $621K less than projected mainly due to open positions during the current fiscal year. License expense actual recorded was approximately $1.2M, which is approximately $453K less than budgeted due to the DMHC license fee being less than projected. All other expenses are in line or below budgeted amounts. Total net income through May 2026 was approximately $21.5M, which is approximately $13.2M more than budgeted primarily due to interest income being approximately $4.2M more than budgeted and enrollment and rates being higher than projected.		*10 – 0 – 0 – 7* *(Rogers / Naz)*
• **Compliance** M.L. Leone, CCO	**Compliance Report** Compliance Report		

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	Year to date there have been 115 Administrative & Operational regulatory filings for 2026; 27 Member Materials filed for approval; 97 Provider Materials reviewed and distributed, and 51 DMHC filings. There have been 15 potential Privacy & Security breach cases reported year to date, with one being high risk. Since the 5/21/2026 Compliance Regulatory Report to the Commission, there were 6 new MC609 filings. The filings relate to the following: • Inappropriate Billing: 2 cases • Phantom Provider & Possible Services Not Rendered: 3 cases • Impossible Days: 1 case The Annual Oversight Audits currently in progress since last reported include Marketing, Credentialing, Call Center, Health Education, Q4 2025 Claims/PDRs, and Health Equity. Audit completed since the last Commission meeting was the Provider Network CAP. Regarding the DHCS 2023 Focused Audit for Behavioral Health and Transportation, no change in status. DHCS will issue forward-looking guidance after it issues the final Transportation APL at which time they will close the CAP and allow 90 days to implement any additional required changes. Regarding the DHCS 2025 Medical Audit, the Plan has completed all Corrective Action Plan (CAP) responses and submitted them to DHCS. The Plan is currently awaiting DHCS review, feedback, and final closure. Regarding the DMHC MY 2024 Health Equity and Quality Performance, on July 1, 2026, DMHC issued its Health Equity and Quality Performance Findings Report for Measurement Year 2024. The Plan exceeded benchmarks for most quality measures and had no administrative deficiencies; however, four aggregate measures and several health equity disparities require a Corrective Action Plan, which is due to DMHC by September 29, 2026.		

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	Regarding the 2026 DMHC/DHCS Joint Medical Survey Audit, The DMHC/DHCS joint medical survey audit was conducted onsite from June 16, 2026, through June 18, 2026. Additional DHCS interviews were held virtually from June 22, 2026, to June 25, 2026. The Plan is currently awaiting the preliminary audit report. Regarding the 2026 Network Adequacy Validation (NAV) Audit, on May 11, 2026, the Plan received the Audit Document Request Packet from HSAG. The Plan successfully submitted the Information Systems Capabilities Assessment Tool (ISCAT) and corresponding documents on June 18, 2026. The virtual audit will be conducted on August 25, 2026. On June 25, 20206 the Plan received final DMHC/DHCS approval for the executed ASA and CPSA with Health Net. The agreements are effective retroactively to July 1, 2025. To demonstrate full compliance with the DMHC updated network adequacy regulations under APL 25-019, the Plan completed its required policy updates and successfully submitted all required policies and J-19 Compliance Grid by July 1, 2026. Since the last Commission Meeting, the Plan has executed the Correctional Facilities Fresno County MOU. DHCS has postponed the elimination of dental benefits for the UIS population until 7/1/2027. The federal ban on funding Planned Parenthood funding other abortion clinics expired on 7/5/2026 when Congress failed to pass an extension. Plans can resume making payments to these clinics. The Commission was provided a complete listing of DHCS and DMHC APLs that have been issued in CY 2026. The last PPC meeting was held on June 3, 2026. The following reports were presented:		

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• **Medical Management** P. Marabella, MD, CMO	• Health Ed 2025 Summary Work Plan Evaluation • Health Ed 2026 Work Plan • Health Equity 2025 Summary and Work Plan Evaluation • Health Equity 2025 Summary and Language Assistance Program • Health Equity 2026Summary and Program Description • Health Equity 2026 Summary and Work Plan • Q1 2026 Appeal and Grievance Report • Review and Discussion of A&G trends from Dr Marabella There were no recommendations or action items requiring a response from the Commission. The next PPC meeting will be held on September 2, 2026, 11:30am - 1:30pm, CalViva Health Conference Room, 7625 N. Palm Ave #109, Fresno 93711. **Medical Management** <u>Appeals and Grievances Dashboard</u> Dr. Marabella presented the Appeals & Grievance Data Analysis CAHPS Through May 2026. • The total number of grievances at the end of May 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, Balance Billing, Community Supports, Other, and Transportation-Other. • The volume of Exempt Grievances has declined considerably since last reported. • Total Appeals volume has increased since last reported. The majority of cases being Community Supports, Durable Medical Equipment (DME), and Advanced Imaging related. <u>Key Indicator Report</u> Dr. Marabella presented the Key Indicator Report (KIR) through May 2026.		

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	• A summary was shared that provided the most recent data for Membership, Admissions, Bed Days, Average Length of Stay, and Readmissions through May 2026. • Membership continues to slowly decrease. Admits and Acute Admits remain consistent with previous months. Readmission rates for all categories have remained consistent since last reported. ER visits have decreased since last reported. • Turn-Around-Time Compliance (TAT) categories met compliance goals with the exception of Expedited Pre-Service case type. • Case Management (CM) engagement rates remain consistent since last reported. <u>QIUM Quarterly Summary Report</u> Dr. Marabella provided the QI, UMCM, and Population Health update for Q2 2026. One QI/UM Committee meeting was held on May 21st, 2026. The following guiding documents were approved at the May meeting: 2025 Health Equity End of Year Evaluation, 2026 Health Equity Program Description, 2026 Health Equity Work Plan, 2025 Health Equity Language Assistance Program Report, 2026 PHM Strategy Description 2026, and the 2026 Long Term Care Quality Assurance & Performance Improvement Plan. In addition, the results from 2025 UMCM Oversight Audit of measurement year (MY) 2024 were presented and approved. The following general documents were adopted/approved, Medical Policies, and Appeals & Grievances Policies & Procedures Annual Review. The following Quality Improvement Reports were reviewed and approved: Appeal and Grievance Dashboard & Quarterly A&G Reports; Potential Quality Issues (PQI) Report, and additional QI Reports for Q2. The Utilization Management & Case Management (UMCM) reports reviewed were the Key Indicator Report and UM Concurrent Review Report, the Over/Under Utilization Report 2026, and additional UMCM reports.		

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	The Access Related Reporting for Q2 included the Access Work Group Quarterly Report, the Access Workgroup Minutes from January 2026, and other Access-related reporting. The quarterly Pharmacy reports reviewed were Pharmacy Executive Summary, Operations Metrics, Top 25 Medication Prior Authorization (PA) Requests, the Quality Assurance Interrater Reliability Results (IRR) and Quality Assurance Results. In Q2, HEDIS® related activities were focused on finalizing and preparing Measurement Year (MY)2025 full HEDIS® Data for submission to HSAG & DHCS for the Managed Care Accountability Set (MCAS) measures. Final Attestations and IDSS submission were completed on June 12th. Medi-Cal Managed Care (MCMC) health plans currently have 18 quality measures (MCAS) on which we will be evaluated this year. The Minimum Performance Level (MPL) remains at the 50th percentile. Quality Improvement Activities during Quarter 2 2025 included two Performance Improvement Projects, Improve Infant Well-Child Visits (WCV) in the Black/African American(B/AA) Population in Fresno County, and Improve Provider Notifications following ED Visit for Substance Use or Mental Health Issue. Quality Improvement activities also included the Institute for Healthcare Improvement (IHI) Health Equity Focused Well-Child Sprint Collaborative (Phase 2) in Fresno County. Overall, during Quarter 2 Medical Management identified two areas of non-compliance through routine monitoring. Of these two areas, one corrective action plan closed, and one remains open through the end of Quarter 2 2026: • Utilization Management Turnaround Times for Prior Authorization Deferrals - Closed • Blood Lead Screening in Children – provision of anticipatory guidance by providers – Open. Health Net has been notified of the unsatisfactory performance in these areas and Corrective Action Plans were received. Oversight and monitoring processes will continue.		

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	Credentialing Sub-Committee Quarterly Report The Credentialing Sub-Committee met on May 21st, 2026. At the May meeting, routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services. Reports covering Q4 2025 were reviewed for delegated entities and Q1 2026 for HN, including Behavioral Health. The 2026 Adverse Events Report for Q1 2026 (January through March) was presented to the Credentialing Sub-Committee. This report provides a summary review of ongoing monitoring for potential quality issues and Credentialing Adverse Action cases during the reporting period. The Investigations team submitted no (0) new cases involving an individual practitioner to the Credentialing Committee in Q1 2026. There were zero (0) incidents involving appointment availability issues resulting in substantial harm to a member or members in Q1 2026. 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 Q1 2026. Reviews completed in January, February, and March did not identify any practitioners requiring removal from the Plan's network. January, February, and March 90-day monitoring, and termination rosters for practitioners whose license status was documented as delinquent on the state licensing board were submitted and approved via live or electronic Credentialing Committee meetings to meet business needs. Zero (0) cases required reporting for 805 in Q1 2026. The Access & Availability Substantial Harm Report Q1 2026 was presented and reviewed. 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 Q1 2026 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 Q1 2026 for CalViva Credentialing Sub-Committee from HN Credentialing Committee was presented. No (0) cases were presented for discussion for January, February, and March 2026.		

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	The NCQA Information Integrity Credentialing Oversight Report Q1 2026 was presented and reviewed. Quarterly audits were performed using a 5% sampling methodology (50 cases, 25 credentialing, and 25 recredentialing). There was a total of 159 cases completed for CVH providers in 2025, and all of these were considered. The fifty (50) cases were evaluated and three (3) cases met threshold criteria for inclusion due to modifications made. All files with modifications (3) were included in this review, The audit results for CVH reflect 100% compliance with audit criteria. There were no incidents of non-compliance with policies in the 3-case universe. Ongoing and annual monitoring will continue. The county-specific Credentialing Subcommittee Reports of significant sub-committee activities for January through March 2026 were presented. There were no (0) new cases identified in Fresno, Kings, or Madera Counties for Q1 2026. 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 May 21st, 2026. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 1 2026 were reviewed for approval. There were no significant cases to report. The 2026 Adverse Events Report for Q1 was reviewed. A review of adverse events, outside of the ongoing monitoring process, identified one case in the first quarter of 2026 that met the criteria in which an adverse injury occurred during a procedure by a contracted practitioner. • There were eleven (11) cases identified in Q1 2026 that met the criteria and were submitted to the Peer Review Committee. Three (3) cases involved practitioners, and eight (8) cases involved organizational providers (facilities). Of the eleven (11) cases, three (3) were tabled, one (1) was tabled and placed on a corrective action plan with a letter of concern, one (1) was closed to track and trend with a letter of concern, and six (6) were closed to track and trend.		

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	• Eight (8) cases were quality of care grievances, three (3) were potential quality issues, and zero (0) were track and trend. Two (2) cases involved seniors and persons with disabilities. Zero (0) cases involved behavioral health. • The Investigations Team submitted six (6) previously presented, remaining open, cases to the Peer Review Committee in the first quarter of 2026. Four (4) cases were regarding practitioners, and two (2) cases involved organizational providers (facilities). Of the six (6) cases, one (1) was placed on a corrective action plan with monitoring, one (1) was closed to track and trend with a letter of concern, and four (4) were closed to track and trend. Five (5) cases were quality of care grievances, one (1) was a potential quality issue, and zero (0) were track and trend. One (1) case involved seniors and persons with disabilities. Zero (0) cases involved behavioral health. • There were zero (0) incidents involving appointment availability issues resulting in substantial harm to a member or members in Q1 2026. • Grievance data reviews (NCQA CR 5.A.3-4) completed in December, January, and February did not identify any providers/practitioners who met the Peer Review trended criteria for escalation. [NN1.1] • Two (2) cases were placed on corrective action in the first quarter of 2026. • Grievance data reviews for health equity, site review, chaperone, or medical records, completed in January, February, and March, did not identify any providers/ practitioners who met the Peer Review trended criteria for escalation. • There was one (1) new case and two previously reported 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). • The reviewing Medical Directors determined that further outreach was required for six (6) 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. [NN2.1] • Ten (10) cases were referred to peer review for further review. Further review includes trended grievances and a license and sanction/exclusion		

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• **Equity Report** S. Xiong-Lopez, EqO	review. Zero (0) cases required escalation for presentation at the Peer Review Committee. Zero (0) cases required reporting for 805.01 in Q1 2026. The Access & Availability Substantial Harm Report for Q1 2026 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. Seventeen (17) cases were submitted to the Peer Review Committee in Q1 2026. Of the seventeen (17) cases, four (4) cases were related to appointment availability issues without significant harm, and two (2) 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 Q1 2026. **Equity** Equity Report Current updated activities for Health Equity include the following: FCHIP HOPE HUB: In June, Reading and Beyond was identified as the Community Health Worker (CHW) partner to lead community outreach and survey implementation. Their team will provide multiple methods for families to complete the survey, including in-person assistance, support for individuals with limited literacy, internet access, or technology, and translation services in threshold languages through both in-person assistance and the online survey platform. Building on this partnership, Reading and Beyond, in collaboration with the Fresno County Health Improvement Partnership (FCHIP) and CalViva Health, is planning to launch its first in-person developmental disability education and resource event for families in August. (Specific date TBD) Findings from the family survey will be analyzed and presented during an FCHIP-hosted webinar on October 27 to inform providers, community partners, and stakeholders about		

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	opportunities to improve equitable access to developmental disability services and supports. NCQA Update: June 2026- NCQA has replaced Health Equity Accreditation (HEA) with Health Outcomes Accreditation (HOA). Because DHCS determined the new HOA standards do not provide the same level of health equity accountability, Managed Care Plans will no longer be required to maintain NCQA HEA after the current contract period. Local Health Plans follow up with DHCS 6/29/2026- Although accreditation is no longer required, DHCS expects MCPs to continue: • Maintaining a strong internal health equity infrastructure. • Supporting executive leadership for health equity. • Using data to identify and reduce health disparities. • Continuing health equity improvement efforts through MCP contracts rather than NCQA accreditation. DHCS is reviewing all former HEA standards and determining which should be added to future Medi-Cal contracts. Current priorities include language Access, Health Equity Data (race, ethnicity, and language- however, gender identify has not yet been confirmed at this time), Health Equity Leadership (requiring plans to maintain organizational health equity infrastructure and leadership oversight, disparities stratification to ensure quality is measured by race and ethnicity, and delegation oversight and the plans accountability. Proposed Future Role of the CHEO DHCS discussed expanding the CHEO role to include: • Oversight of race, ethnicity, language, disability, geography, and other demographic data collection. • Leading health equity analyses and disparity reduction strategies. • Developing a multi-year Health Equity Plan. • Overseeing culturally and linguistically appropriate Quality Improvement Projects (QIPs). • Leading health literacy initiatives. • Participating in Community Advisory Committees (CACs) and member engagement efforts. • Providing executive oversight of priorities to close health equity gaps.		

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	Diversity, Equity and Inclusion Survey and training: 6/2026- A DEI survey feedback was administered to both leadership and staff. Responses were anonymous. Overall, both staff and leadership viewed the cultural engagement activities positively, with more than 87% reporting a positive experience. The activities have strengthened team relationships and increased cultural awareness. Staff expressed interest in additional opportunities for cultural engagement, while leadership recommended maintaining voluntary participation and ensuring activities remain inclusive and accessible. The Plan delayed distribution of the 2026 CVH Health Equity Survey pending DHCS guidance regarding future organizational health equity requirements. Based on the DHCS proposal review between LHPC and DHCS on June 29, which continues to emphasize maintaining organizational health equity infrastructure and references concepts from 2024 NCQA Health Equity Accreditation in Standard 1, Factor 2, we will move forward with distributing the 2026 CVH Equity Survey to internal staff in the coming weeks. The survey will help identify opportunities to strengthen diversity, equity, inclusion, and organizational culture within CalViva Health. Health Equity Annual Oversight Audit-HN: Evidence for compliance of HE oversight is currently under review. Health Equity Community Activities/ Updates June 2026: DHCS, Chief Medical Officers and Chief Health Equity Officers from Health Plans across CA, both commercial and Medicaid plans met in June in Okland to discuss upcoming changes in the State. DHCS is shifting from simply measuring quality to measuring overall value by integrating health outcomes, equity, access, member experience, and cost. Future Medi-Cal efforts will prioritize stronger accountability, sustainable CalAIM implementation, standardized statewide performance measures, and continued investment in Enhanced Care Management and Community Supports while adapting to significant federal and state policy changes. Key Follow-Up Points from DHCS include: • UIS Transition: Additional guidance, planning forums, and transition communications are coming in the next 1–2 months.		

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• **Executive Report** J. Nkansah, CEO	• NCQA Health Equity Accreditation: DHCS will hold a follow-up meeting with CHEOs on upcoming HEA changes and impacts. • CCI/CHCF Project: Summary of key themes will be shared with Managed Care Plans. • Community Reinvestment: DHCS will continue stakeholder engagement and provide updates as the initiative moves forward. **Executive Report** <u>Executive Dashboard</u> Enrollment as of May 2026 is 412,904. Enrollment for Anthem is approximately 189,246, and the enrollment for Kaiser is approximately 14,517. Market Share is currently approximately 66.96%. There were no significant issues or concerns as it relates to IT Communications & Systems, the Member Call Center, Provider Network & Engagement, Claims Processing & Provider Disputes. Regarding State activities and the budget, the unsatisfactory immigration status members are going to be leaving the Medi-Cal managed care plan and going into fee for service effective January 1, 2027. The Plan anticipates this will impact potentially approximately 50,000 of our members. In addition, the outstanding issue is trying to plan in terms of how the transition is going to occur with DHCS. Medi-Cal managed care plans are wanting to serve a role in care coordination. That advocacy work is taking place to see if DHCS is receptive. If the state wants to engage Medi-Cal managed care plans in some kind of care coordination activities, it will more than likely warrant an agreement. If there's an agreement that's warranted, it would have to come to the Plan's Commission, as the CEO may lack the authority to execute agreement. If this is deemed accurate, the Board would have to decide whether to be involved in that kind of work or not.		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
11. Final Comments from Commission Members & Staff	Jeff Nkansah announced the retirement of Mary Lourdes Leone, Chief Compliance Officer, effective 7/31/26. She was presented with a certificate and plaque in honor and recognition of her 11 years with CalViva Health. Jeff Nkansah also recognized Lisa Lewis, PhD, for her time serving on the FKM RHA Commission. Dr. Lewis was not present for the meeting. A special meeting may be called to further discuss item discussed in Closed Session.		
12. Announcements	None.		
13. Public Comment	None.		
14. Adjourn	The meeting adjourned at 3:40 pm. The next Commission meeting is scheduled for September 17, 2026, in Fresno County.		

Submitted this Day: 10/29/26

Submitted by: Cheryl Hurley

Cheryl Hurley
Clerk to the Commission