Fresno – Kings – Madera Regional Health Authority

Commission

Fresno County

Joe Prado, Director
Public Health Department

Vacant, At-large

David S. Hodge, M.D.,
At-large

Garry Bredefeld,
Board of Supervisors

Joyce Fields-Keene,
At-large

Soyla Reyna-Griffin,
At-large

Kings County

Joe Neves,
Board of Supervisors

Rose Mary Rahn, Director,
Public Health Department

Timothy Haydock,
At-large

Madera County

David Rogers,
Board of Supervisors

Sara Bosse, Director,
Public Health Department

Aftab Naz, M.D.,
At-large

Regional Hospital

Jennifer Armendariz,
Valley Children's Hospital

Aldo De La Torre,
Community Medical Centers

Commission At-large

John Frye, Fresno County

Kerry Hydash, Kings County

Paulo Soares, Madera County

Jeff Nkansah
Chief Executive Officer
7625 N. Palm Ave., Ste 109
Fresno, CA 93711

Phone: 559-540-7840
Fax: 559-446-1990
www.calvivahealth.org

DATE: November, 13, 2026

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Cheryl Hurley, Commission Clerk

RE: Commission Meeting Materials

Please find the agenda and supporting documents enclosed for the upcoming Commission meeting on:

Thursday, November 19, 2026
1:30 pm to 3:30 pm

Where to attend:

CalViva Health
7625 N. Palm Ave., Suite 109
Fresno, CA 93711

Meeting materials link has been emailed to you. You may also go directly to our website to materials: https://calvivahealth.org/meeting-agenda/commission/

Currently, there are **12** Commissioners who have confirmed their attendance for this meeting. At this time, a quorum has been secured. Please advise as soon as possible if you will not be in attendance to ensure a quorum can be maintained.

Thank you.

AGENDA

Fresno-Kings-Madera Regional Health Authority
Commission Meeting
November 19, 2026
1:30pm - 3:30pm

Meeting Location: 1) CalViva Health
7625 N. Palm Ave., Suite 109
Fresno, CA 93711

Item	Attachment #	Topic of Discussion	Presenter
1.		**Call to Order**	D. Hodge, MD, Chair
2.		**Roll Call**	C. Hurley, Clerk
3.	Attachment 3.A	**Fresno County BOS Appointed At-Large Commission Seat** • Sheri Benbrook *Action: Ratify appointment*	D. Hodge, MD, Chair
4. Action	Attachment 4.A Attachment 4.B Attachment 4.C	**Consent Agenda:** • Commission Minutes dated 10/29/26 • Finance Committee Minutes dated 9/17/26 • QI/UM Committee Minutes dated 9/17/26 *Action: Approve Consent Agenda*	D. Hodge, MD, Chair
5.		**Closed Session:** **The Board of Directors will go into closed session to discuss the following item(s)** **A. Conference with 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. **B. Public Employee Appointment, Employment, Evaluation, or Discipline.** Title: Chief Medical Officer Per Government Code Section 54957(b)(1)	
	Handouts will be available at meeting	*PowerPoint Presentations will be used for item 6-7* ***One vote will be taken for combined items 6-7***	
6. Action	Attachment 6.A	**2026 Quality Improvement Health Equity Transformation Program** *Action: see item 7 for Action*	P. Marabella, MD, CMO

7. Action	Attachment 7.A	**Long Term Care** • **Skilled Nursing Facility Quality Assurance Performance Improvement Q2 2026 Report** *Action: Approve Quality Improvement Health Equity Transformation Program and the Skilled Nursing Facility Quality Assurance Performance Improvement Q2 2026 Repot.*	P. Marabella, MD, CMO
8. Action		**Standing Reports**	
	Attachment 8.A	**Finance Report** • Financials as of September 30, 2026	D. Maychen, CFO
	Attachment 8.B	**Compliance** • Compliance Report	M. Simpson, CCO
	Attachment 8.C Attachment 8.D Attachment 8.E Attachment 8.F	**Medical Management** • Appeals and Grievances Report • Key Indicator Report • Credentialing Sub-Committee Quarterly Report • Peer Review Sub-Committee Quarterly Report	P. Marabella, MD, CMO
	Attachment 8.G	**Equity** • Health Equity Report	S. Xiong-Lopez, EqO
	Attachment 8.H	**Executive Report** • Executive Dashboard	J. Nkansah, CEO
		Action: Accept Standing Reports	
9.		**Final Comments from Commission Members and Staff**	
10.		**Announcements**	
11.		**Public Comment** *Public Comment is the time set aside for comments by the public on matters within the jurisdiction of the Commission but not on the agenda. Each speaker will be limited to three (00:03:00) minutes. Commissioners are prohibited from discussing any matter presented during public comment except to request that the topic be placed on a subsequent agenda for discussion.*	
12.		**Adjourn**	D. Hodge, MD, Chair

Supporting documents will be posted on our website 72 hours prior to the meeting.
If you have any questions, please notify the Clerk to the Commission at: Churley@calvivahealth.org

If special accommodations are needed to participate in this meeting, please contact Cheryl Hurley at 559-540-7842 during regular business hours (M-F 8:00 a.m. – 5:00 p.m.)

Next Meeting scheduled for February 18, 2027, in Fresno County
CalViva Health, 7625 N. Palm Ave., Ste. 109, Fresno, CA 93711

“To provide access to quality cost-effective healthcare and promote the health and well-being of the communities we serve in partnership with health care providers and our community partners.”

Item #3
Attachment 3.A

Fresno County BOS
Appointed At-Large Commission Seat

County of Fresno

BOARD OF SUPERVISORS

Chairman
Garry Bredefeld
District Two

Vice Chairman
Luis Chavez
District Three

Brian Pacheco
District One

Buddy Mendes
District Four

Nathan Magsig
District Five

Bernice E. Seidel
Clerk

November 4, 2026

Sherie Benbrook
2661 E Lester Ave
Fresno, CA 93720

Subject: Appointment to Fresno-Kings-Madera Regional Health Authority

Dear Ms. Benbrook,

We are pleased to inform you that on November 3, 2026, under Chairman Bredefeld's nomination, you were appointed by the Board of Supervisors to serve on the **Fresno-Kings-Madera Regional Health Authority** (hereinafter referred to as "authority") for a term expiring on **May 1, 2028**. You will serve in the seat previously held by David Cardona. We thank you for your interest in serving our County.

Certificate of Appointment and Oath of Office: Your oath may be executed before a Deputy Clerk in our office or a Notary Public. **Please note you are not considered a voting member of your authority until your oath is taken.** Your original oath is to be filed with your authority and a copy forwarded to the Clerk of the Board's office at the following address:

Office of the Clerk of the Board of Supervisors
ATTN: Dean Dela Cruz
2281 Tulare Street, Room 301
Fresno, CA 93721

Statement of Economic Interests (Form 700): You are required to file a Form 700 for your appointed position. New appointees must file an assuming office Form 700 **no later than 30 days from the date of appointment** by the Board of Supervisors and annually thereafter. Please contact your authority's staff at churley@calvivahealth.org or (559) 540-7842 for information and instructions on filing your Form 700.

If a designated filer fails to timely file a Form 700, he or she may, in addition to any other penalties or remedies established by law, be subject to liability for penalties in the amount of $10 per day, for each day late up to a maximum of $100, after the deadline until the Form 700 is filed.

Brown Act Requirements

Newly elected and appointed members of a "legislative body" who have not yet assumed office must conform to the requirements of the Brown Act as if already in office (California Government Code Section 54952.1). Until you hear otherwise, you should immediately begin to refrain from any discussions of authority business, with a quorum of the authority, outside a formal authority meeting. If you have any questions about the Brown Act or your responsibilities and duties under it, please consult your authority's legal counsel.

State Mandated Ethics Training

California Government Code Section 53235 provides that if a local agency (which includes special districts) provides any type of compensation, salary, or stipend to a member of a legislative body, or provides for reimbursement for actual and necessary expenses incurred by a member of a legislative body in the performance of official duties, then all local agency officials shall receive training in ethics. Such local agency officials must receive **two hours** of ethics training within one year of commencing service with the local agency and once every two years thereafter. Please consult your authority's staff or legal counsel with questions relating to this requirement.

Should you be required to comply with the ethics training requirement, the Fair Political Practices Commission (FPPC) offers **free online training** at http://localethics.fppc.ca.gov/login.aspx. This course requires that you log onto the FPPC's website, review the course content materials, and take periodic tests to assure retention of the information. For those who choose this option, please be aware that the certificate will record how much time an individual spends to complete the online training. You must complete **at least 2 hours** of training time in order to be compliant with the training requirement. If an individual completes the online training in less than two hours, the certificate will reflect this, indicating that the individual has not completed the required amount of training.

When you complete the training, you will receive a Proof of Participation certificate to sign and submit to whoever maintains the training compliance records for your authority (e.g., the clerk or secretary for the authority). You should keep a copy of the certificate for your records. The authority is required to retain the certificates as public records for at least five years.

On behalf of the Fresno County Board of Supervisors, we wish to extend sincere appreciation for the time and effort you are giving in service to your community and Fresno County.

Sincerely,

Bernice E. Seidel
Clerk of the Board

cc: **Fresno-Kings-Madera Regional Health Authority**

BOARD OF
SUPERVISORS

Boards, Commissions, and Committees

DATE RECEIVED 10/15/2026

ENTERED BY Applicant

COMMITTEE AND POSITION

Committee
Fresno-Kings-Madera Regional Health Authority

Position
Authority Member

PERSONAL INFORMATION

Name
Ms. Sherie Benbrook

Email
Sherieb4@yahoo.com

Address
Home Preferred
2661 E Lester Ave E Lester Ave
Fresno, CA 93720
County District 2

Phone
Mobile Preferred
(559) 281-7022

REFERENCES

Fred Vanderhoof	Vanderhoof7@comcast.net	(559) 908-5543	6420 E Townsend Ave Fresno, CA 93727
Dr Lance Larsen	llshadymd@yahoo.com	(559) 288-4736	2979 E Richmond Ave Fresno, CA 93720

GENERAL INFORMATION

How long have you lived in Fresno?
36 years, 0 months

Do you have any obligations that might affect your attendance at scheduled meetings?
No

Are you a County Employee?
No

Is your spouse a County employee?
No

Current Employer
Kaiser

Education
College Degree

Are you currently an officer or member of a policy-making board of a nonprofit organization founded by the County of Fresno?

Are you?
No

Is your spouse?
No

Are you a US Citizen?
Yes

Reason For Applying

Why do you want to become a member of a County Board, Commission, or Committee?

I want to contribute a frontline nursing perspective to regional health care decisions. My experience has shown me that insurance coverage alone does not guarantee that patients' needs are fully met. I hope to help advance accessible, safe, high-quality care that reflects the needs of communities across Fresno, Kings, and Madera counties.

Qualifications

My clinical background, experience evaluating patient acuity and staffing needs, and commitment to patient safety equip me to contribute practical insight to the Authority. I understand how care complexity, nursing resources, and access affect patient outcomes and can bring that perspective to regional health care planning.

Interests Or Activities

Are there any interests or activities that you wish to bring to the attention of the Board of Supervisors?

My professional interests include responsible health care funding, quality care, and acuity-based patient assignments that reflect changing patient needs. As a Labor and Delivery Registered Nurse, I care for patients with private insurance and Medi-Cal. I value health care decisions that improve access to services, prioritize patient safety, and ensure resources are directed where they are most needed.

Previous Appointments

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served)

Fresno County Republican Central Committee — Elected Member (Jan. 2025–Jan. 2028). Hospital Acuity Committee — Appointed Member (Aug. 2025–Aug. 2027). Evaluate staffing and patient assignments based on acuity and changing healthcare needs. Advocate for patient safety by reporting acuity changes and the additional nursing time required for complex patient care. Professional Practice Committee (PPC) — Alternate Member. Elected Oct. 20, 2025; term expires July 2028, subject to reelection.

Experience

What experience or special knowledge can you bring to your area(s) of interest?

My 24 years of nursing experience, BSN, and work in Labor and Delivery provide a strong clinical foundation. Serving on the hospital Acuity Committee has strengthened my understanding of patient acuity, safe staffing, resource allocation, and the time required for complex care. I would bring this practical perspective to the Fresno-Kings-Madera Regional Health Authority to support informed decisions that promote patient safety, equitable access, and quality health care.

Community Organizations

List community organizations to which you belong

California Nurses Association (CNA) member since 2007. Elected member of the Fresno County Republican Central Committee, serving January 2025 through January 2028.

Convictions And Penalties

Have you ever been convicted of a felony? If yes, give dates(s), location(s) and penalties. (Convictions are evaluated for each position and are not necessarily disqualifying).

No

Affiliations

List any affiliation you or your spouse has with public service agencies

None

Additional Information

This space is provided for any additional information you may have about yourself or the position being sought

I bring 24 years of hospital nursing experience, a Bachelor of Science in Nursing degree, and ongoing participation in hospital committees focused on patient care and professional practice. I serve as an alternate on my hospital's Professional Practice Committee. This role complements my clinical experience and involvement in evaluating professional nursing practice.

AGREEMENTS

- [x] I have read the Fresno County Board of Supervisors' Administrative Policy No. 35 regarding conflicts of interest for Board appointees and agree to abide by the policies procedures at all times while an appointed member of the interested named board, commission, or committee. At present, to the best of my knowledge, no conflicts of interest exist in my serving on this board, commission, or committee.

☑ I acknowledge I may be required to file Statements of Economic Interests (Form 700s) disclosing certain types of information so the public can be made aware of potential conflicts of interest. The types of required disclosures may include: Business Positions; Gifts; Investments; Investments held by a Business Entity or Trust; Interests in Real Property held by a Business Entity or Trust; Income, including Travel Payments, Advances, and Reimbursements; Income and Loans to a Business Entity or Trust; Income from Rental Property; Commission Income received by Brokers, Agents, and Salespersons.

☑ I declare the foregoing information provided on this application is true and correct to the best of my knowledge.

Item #4
Attachment 4.A-C

Consent Agenda

A. Commission Minutes dated 10/29/26
B. Finance Committee Minutes dated 9/17/26
C. QI/UM Committee Minutes dated 9/17/26

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
Commission
Meeting Minutes
October 29, 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
	Vacant, 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
✓	**Morgan Simpson**, Chief Compliance Officer		
	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 2:00 pm. A quorum was present.		
#2 Roll Call	A roll call was taken for the current Commission Members.		*A roll call was taken.*

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
Cheryl Hurley, Clerk to the Commission			
#3 Madera County BOS Reappointed Commissioner **Action** D. Hodge, MD, Chair	The Commission ratified the reappointment of Dr. Aftab Naz for the Madera County BOS appointed At-Large Commission seat.		***Motion**: The appointment of Dr. Naz was ratified.* *9 – 0 – 0 – 7* *(Soares / Frye)*
#4 Consent Agenda • *Commission Minutes dated 7/16/26* • *Commission Minutes dated 7/28/26* • *Finance Committee Minutes dated 5/21/26* • *Finance Committee Minutes dated 7/16/26* • *QI/UM Committee Minutes dated 5/21/26* • *QIUM Committee Minutes dated 7/16/26* • *PPC Minutes dated 6/3/26* • *Commission Calendar* • *Finance Committee Calendar* • *Public Policy Committee Calendar* • *QIUM Committee Calendar* • *Credentialing Sub-Committee Calendar* • *Peer Review Sub-Committee Calendar* • *Equity Report* **Action** D. Hodge, MD, Chair	All consent items were presented and accepted as read.		***Motion**: Consent Agenda was approved.* *9 – 0 – 0 – 7* *(Neves / Naz)*

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
#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, Conference with 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; and item 5B, Public Employee Appointment, Employment, Evaluation, or Discipline, Title: Chief Medical Officer Per Government Code Section 54957(b)(1). Direction was given to staff, and no other reportable action was taken. *Joe Prado arrived during closed session* Closed session was recessed at 2:26 pm.		***No Motion***
#6 Financial Audit Report for FY 2026 by Baker Tilly, LLC **Action** D. Hodge, MD, Chair	Results for fiscal year end 2026 goals were presented to Commissioners. There were no questions or concerns. Rianne Suico, and Eleanor Garibaldi, representatives of Baker Tilly, presented the results of the audit. Baker Tilly's audit will result in the issuance of an unmodified opinion on the financial statements, which is the highest audit opinion that could be provided by an external CPA firm. A discussion of general audit procedures performed including confirmation of various account balances were discussed.. *Supervisor Rogers arrived at 2:30 pm*		***Motion:*** *Approve Financial Audit Report presented by Rianne Suico and Eleanor Girabaldi.* *11 – 0 – 0 – 5* *(Frye / Griffin)*
#7 Member Experience **Information** Jeff Nkansah, CEO	Jeff Nkansah presented the job description for the newly created Member Experience & Retention Specialist I position as a result of the Fiscal Year 2027 Goals & Objectives. The goal for this new position would be to focus on the three counties and to help improve the member experience.		***No Motion***
#8 Health Equity **Action** P. Marabella, CMO J. Nkansah, CEO	Dr. Marabella provided information on the Health Equity Department Mid-year Work Plan activities, which are based on providing cultural and linguistic services support and maintaining compliance with regulatory and contractual requirements. The following is a high-level summary of the activities completed during the first six months of 2026.		***Motion:*** *see agenda item #11 for motion*

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	Language Assistance Services • Amended 5 language vendors' contracts and completed 6 vendors' risk assessments. • Produced 3 nondiscrimination notices in large print. • Fifty-four staff completed their bilingual assessment or were reassessed. • Twenty-nine translation reviews were completed. **Compliance Monitoring** • 29 grievance cases reviewed with 6 interventions • 1,164 referrals were made in findhelp with 308 closed loop referrals, 119 members got help, and 318 new programs were added to the platform. • One staff training course was completed in Q2 with 45 attendees. **Communication, Training and Education** • Annual Coding and Resolution of Grievances training for new hires and current A&G staff completed in February. **Health Literacy, Cultural Competency and Health Equity** • English material review completed for a total of 29 materials. • Hosted two Readability and EMR Database trainings. • Provided necessary data and support for Clinical- Well Child Visit and Non-clinical – Follow up After ED Visit for SUD/MH PIP project final submissions in August. • Produced Community Referral Process with diagram for IHI Sprint Project. **CalViva Internal Equity Activities** • Co-leading the Kings County CHIP Priority #5: Maternal, Infant and Child Health Workgroup to host an upcoming Community Baby Shower, Doula services, and CHW Convening. • Partnered with other managed care plans and public health to expand doula services. • Actively working on community assessment with Reading and Beyond to better understand community members living with a disability.	*Joe Prado asked if the low percentage from referrals under Compliance Monitoring is an industry standard?* *Dr. Marabella responded that's it's an ongoing effort.*	

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	• Partnered with Madera County Public Health to develop a comprehensive resource list to identify Policy, Systems, and Environmental (PSE) in Madera County. All of the Work Plan activities continue on target for completion by the end of calendar year 2026. The Plan will continue to assess and modify plans as needed to implement, monitor, and track Health Equity-related services and activities.		
#9 2026 Quality Improvement, Health Education, and Wellness Work Plan Mid-Year Evaluation **Action** P. Marabella, CMO	Dr. Marabella presented the 2026 Quality Improvement, Health Education, and Wellness Work Plan Mid-Year Evaluation. The planned initiatives and QI Focus for 2026 include the following and are completed activities through June 30th, 2026: 1. Access and Availability 2. Behavioral Health 3. Care Coordination/ Member Engagement 4. Chronic Conditions 5. Maternal Health/ Hospital Quality & Patient Safety 6. Member Experience 7. Pediatric/Perinatal/Dental 8. Pharmacy & Related Measures 9. Preventive Health There was a total of 95 measurable objectives: • 79 objectives completed at mid-year • 70/79 objectives were met • 9/79 objectives were not met • 16 additional objectives scheduled for Q3-Q4 & on track at mid-year Programs that did not meet their objectives were: • Access and Availability • Member Experience • Pediatric/Dental		***Motion:*** *see agenda item #11 for motion*

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	• Preventative Health There were 98 total planned activities for the year. • 22/22 mid-year activities completed. • 76 additional activities are planned for July to December. Of those, two (2) activities were cancelled. Access, Availability and Service: **<u>Access to Care</u>** 1. Provider Appointment Availability Survey – PAAS ○ PCP: Urgent & Non-Urgent exceeded 70% threshold. ○ Specialist: Urgent & Non-Urgent improved but did not meet the 70% threshold. ○ Ancillary: Non-Urgent exceeded the 70% threshold. 2. Provider After Hours Access Survey – PAHAS ○ Appropriate Emergency Instructions exceeded the 90% threshold. ○ Ability to Contact On-Call MD did not meet the 90% threshold. **<u>Access Actions:</u>** • All non-compliant providers will receive Corrective Action Plans in September 2026. • Eighteen (18) Provider Training Webinars in July to December. **<u>Member Satisfaction:</u>** Consumer Assessment of Healthcare Providers and Systems – CAHPS Survey was conducted by Press Garney in May 2026. • Report in August • Quarterly Root Cause Analysis of A & G Data • Sullivan Luallin Webinar Trainings for Providers <u>HEDIS® results for RY 2026 not meeting MPL</u>: **Fresno County**: Breast Cancer Screening Follow-up after ED visit for Mental Health – 30 days Follow-up after ED visit for Substance Use Disorder – 30 days Well-Child Visits in the first 15 months of life – six or more Well-Child visits	*John Frye asked if under Specialists, under the 70%, if the patient was never seen?* *Dr. Marabella stated it means the member couldn't make an appointment within the timeframe needed.*	

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN

	Kings County:
	Childhood Immunizations – Combo 10
	Lead Screening in Children
	Child and Adolescent Well-Care Visits
	Well-Child Visits for age 15 months to 30 months – two or more Well-Child visits
	Madera County:
	Breast Cancer Screening
	Follow-up after ED visit for Mental Health – 30 days
	Follow-up after ED visit for Substance Use Disorder – 30 days
	
	<u>Performance Improvement Projects (PIPs & Other Projects), all of which are on track for completion:</u>
	• Two (2) PIPs:
	  • Non-Clinical – Improve Provider Notifications after ED Visit for SUD/MH Fresno & Madera Counties.
	  • Clinical - Well Child Visits in First 30 Months of Life Fresno County.
	• DHCS Lean Project Madera County (BH Domain)
	• IHI Well Child Visit Collaborative
	
	Health Education Activities & Actions July to December 2026:
	• Continue Member Incentive Strategy for all priority MCAS measures.
	• Member Services to inform Members of programs and materials that are available.
	• FindHelp had a total of 184 referrals at the mid-year.		

#10 2026 Utilization Management Care Management Work Plan Mid-Year Evaluation **Action** P. Marabella, CMO	Dr. Marabella presented the 2026 UMCM Work Plan Mid-Year Evaluation. Three (3) elements identified as too soon to tell (for meeting goals) at the mid-year are: 1. Timeliness of Processing the Authorization Request 2. Improve Medi-Cal shared risk and FFS UM acute in-patient performance 3. PPG Profile and Vendor List The five areas of focus activities in 2026 include the following: 1. Compliance with Regulatory & Accreditation Requirements		***Motion:*** *see agenda item #11 for motion*

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	a. All Compliance activities are on target at mid-year. b. Ongoing activities include: i. Monthly regulatory file audits. ii. Trend monitoring and expanded sampling when indicated. iii. Targeted staff education when audit findings identify opportunities to improve. iv. Corrective actions are monitored through to completion. Recurring or significant findings are escalated through the established compliance auditing process when identified. 2. Monitoring the UM Process: a. All activities related to Monitoring the UM Process are on target at the mid-year except authorization timeliness. 3. Monitoring Utilization Metrics: a. All activities related to Monitoring the UM Metrics are on target at the mid-year except acute in-patient utilization performance and PPG Profile. 4. Monitoring Coordination with Other Programs: a. All activities related to Monitoring Coordination with Other Programs are on target at the mid-year. 5. Monitoring Activities for Special Populations: a. All activities related to Monitoring Coordination with Other Programs are on target at the mid-year.	*Joe Prado asked if the denials are related to mixed status families?* *Dr Marabella responded that it's unknown at this time.*	
#11 Member Satisfaction Annual Regulatory CAHPS Summary Report **Action** P. Marabella, CMO	Dr. Marabella provided a summary of the results for the CVH Member Satisfaction Regulatory Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MY 2025. • Adult response rate was 13.4%. • Child response rate was 12.2%. • Child rating of health plan percentile was 94th. • Adult getting care quickly percentile was 14th. What is working:		***Motion:*** *Approve Health Equity, 2026 Quality Improvement, Health Education, and Wellness Work Plan Mid-Year Evaluation, 2026 Utilization Management Care Management Work Plan Mid-Year Evaluation, and Member Satisfaction Annual Regulatory CAHPS Summary Report*

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	• Child Rating of Health Plan is the standout at 80.9%, the 94th percentile against the Press Ganey book of business and 7.9 points above it. • Adult Customer Service holds at 91.2%, the 72nd percentile and 1.6 points above the Press Ganey book of business. • Adult Rating of Personal Doctor rose 6.5 points to 71.3%. • Child access is strong for urgent care at 96.0%, the 87th percentile and well above the 91.3% book of business rate. Where the gaps are: • Adult Getting Care Quickly fell to 76.7%, the 14th percentile and 5.8 points below Press Ganey. • How Well Doctors Communicate sits near the bottom for both populations, at the 2nd percentile for adults and 5th for children. • Child Coordination of Care at 76.8% trails Press Ganey by 9.3 points, the 5th percentile. • Adult advice to quit smoking at 63.3% sits 12.0 points below the Press Ganey book of business, the 11th percentile. Where the Plan is going: • Two 2026 priorities: access to care and provider experience. • Work already underway includes root cause and disparity analysis, the provider training series and playbook, and member outreach through newsletters and telehealth. • Opportunities to enhance CAHPS work. Qualified respondents for the Adult Survey included beneficiaries who were 18 years and older as of December 31st of the measurement year, and continuously enrolled in the plan for a least five of the last six months of the measurement year. The highest and lowest measures for Adult Medicaid are: Top three performing measures: 1. Customer service 2. Rating of Health Plan		*10 – 0 – 0 – 6** *(Neves / Bosse)* **Soyla Griffin offline for vote*

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	3. Rating of personal doctor Bottom three performing measures: 1. Getting care quickly 2. Advised to quit smoking 3. How well doctors communicate Improvement opportunities – Adult: • Rating of provided interpreter overall • Rating of Health Care • Rating of Personal Doctor • Rating of Specialist • Dr. listened carefully • Getting specialist appointment • Getting care, tests, or treatment • Getting routine care Qualified respondents for Child Survey were beneficiaries who were parents of those 17 years and younger and continuously enrolled in the Plan for at least five of the last six months of the measurement year. The highest and lowest measures for Child Medicaid are: Top three performing measures: 1. Rating of Health Plan 2. Getting care quickly 3. Customer service Bottom three performing measures: 1. Rating of personal doctor 2. How well doctors communicate 3. Coordination of Care Improvement opportunities include prioritizing measures where member impact, performance gaps, and organizational opportunities intersect.		
#12 Standing Reports	**Finance**		***Motion**: Commission approved standing reports*

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
• **Finance Reports** Daniel Maychen, CFO	<u>Financials as of September 30, 2026</u> As of August 2026, total current assets were approximately $890.5M; total current liabilities were approximately $688.7M. Current ratio is approximately 1.29. The substantial increase in current assets and current liabilities from previous months was because in the August 2026 capitation month, DHCS paid the Plan the hospital direct payments of approximately $384M in which the Plan paid out almost all of those amounts as of 10/29/26. TNE as of the end of August 2026 was approximately $211.2M which is approximately 731% above the minimum DMHC required TNE amount. For the DHCS standard, the minimum required TNE is approximately $195.4M, which the Plan is approximately $15.8M above the DHCS standard. Interest income actual recorded was approximately $1.7M which is approximately $494K more than budgeted due to interest rates being higher than projected. Premium capitation income actual recorded was approximately $390.8M which is approximately $2.5M less than budgeted due to revenues being less than what was projected, specifically the supplemental revenues. Total Cost of Medical Care expense actual recorded was approximately $252.4M which is approximately $2.2M less than budgeted due to supplemental revenues being less than projected. Admin Service Agreement fees actual recorded was approximately $9M, which is approximately $7K more than budgeted due to enrollment being slightly more than projected. All other expenses are in line or below budgeted amounts. Total net income for the first two months of FY 2027 was approximately $2.4M, which is approximately $946K more than budgeted primarily due to interest income being approximately $494K more than budgeted and admin expenses being approximately $696K less than projected. <u>Baker Tilly, LLP Audit Proposal</u> The fee proposal was presented to Commission for final approval of reappointment of Baker Tilly, LLC as independent auditors for an additional three years, FY 2028 – FY 2011.		*11 – 0 – 0 – 5* *(Frye / Prado)*

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• **Compliance** M. Simpson, CCO	**Compliance** <u>Compliance Report</u> Year to date there have been 163 Administrative & Operational regulatory filings for 2026; 48 Member Materials filed for approval; 153 Provider Materials reviewed and distributed, and 70 DMHC filings. There have been no high risk Privacy & Security breach cases reported since last reported at the July meeting. Since the 7/16/26 Compliance Regulatory Report to the Commission, there were 7 new MC609 filings. The filings relate to the following: • Inappropriate Billing: 5 cases • Skilled Nursing Facility excessive billing: 2 cases The Annual Oversight Audits currently in progress since last reported include Claims/PDR, Credentialing, ECM, A&G, Access and Availability, Compliance Audit, Pharmacy, Privacy and Security and Behavioral Health. The UM audit started after the Compliance Report was finalized. The following audits that have been completed since July 16, 2026, report to the Committee: Health Education (No CAP), Quality Improvement (No CAP), Member Rights (No CAP). Regarding the DHCS 2023 Focused Audit for Behavioral Health and Transportation, on August 4, 2026, DHCS accepted and closed the Focused Audit CAP. 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	*Dr. Naz asked what rate for new proposal for Baker Tilly, LLC?* *Daniel Maychen responded $76,500 per year, which is a $7,000 increase from previous contract.*	

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	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. The corrective action plan was submitted to DMHC on September 29, 2026.. 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, the HSAG NAV virtual audits were conducted on July 14, 2026, and on August 25, 2026. The Plan is expected to receive audit findings in January 2027. Regarding the DHCS 2025 Annual Network Certification (ANC) – Alternative Access Standard (AAS) Determination, on October 2, 2026, the DHCS issued its formal determination regarding CalViva Health's 2025 Annual Network Certification (ANC) Alternative Access Standard (AAS) requests. DHCS approved 109 of the submitted AAS requests across Fresno, Kings, and Madera counties and issued zero (0) denials. CalViva Health is thus deemed compliant and has passed the 2025 ANC. Regarding the Unsatisfactory Immigration Status (UIS), effective January 1, 2027, Medi-Cal members with Unsatisfactory Immigration Status (UIS) will transition from Medi-Cal managed care to the Fee-for-Service (FFS) delivery system in accordance with federal requirements. DHCS has established implementation requirements and associated deliverables for MCPs to support an orderly transition of affected members, including activities related to member communications, continuity of care, data, and transition readiness. The Plan submitted the first deliverable on September 1, 2026. The Plan will continue to submit the required documents through the end of the year. Since the last Commission Meeting, the Plan has executed the following MOUs: • First 5 Fresno County		

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	• Child Welfare Fresno County • First 5 Madera County On July 15, 2026, DHCS released the 2027 EOC Member Handbook Template. The Plan submitted both clean and redline copies to DHCS and DMHC for approval on August 26, 20265. The EOC must be mailed or posted by January 1, 2027 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 September 2, 2026. The following reports were presented: Q2 2026 Appeal and Grievance Report Review and Discussion of A&G trends from Dr Marabella Member Incentive Program-Semi-Annual Report Q1 and Q2 2026 The next PPC meeting will be held on December 3, 2026, 11:30am-1:30pm in the CalViva Health Commission Room, 7625 N. Palm Ave #109, Fresno 93711.	*Paulo Soares asked from the Provider standpoint, for Providers who have UIS patients that will transition to FFS what does the coordination look like in terms of notifying Providers if they have members pending specialty appointments, open authorizations, etc. in order to be able to track referral process and close the loop. Is that something coming from CVH or directed from HN?* *Morgan Simpson responded that the transition of care, and care of coordination process has to take place with the State, through DHCS. The Plans are educating the Providers that this is happening; however, the Plans are not able to coordinate the care because they are moving into FFS.* *Joe Prado asked in regard to FWA, inappropriate billing, excessive billing, etc., if there is an added resource or vendor that can assist certain key partners that will impact the system overall to evaluate their billing and advise them accordingly?*	

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• **Medical Management** P. Marabella, MD, CMO	**Medical Management** <u>Appeals and Grievances Dashboard</u> Dr. Marabella presented the Appeals & Grievance dashboard through August 2026. • The total number of grievances at the end of August 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, Interpersonal, Behavioral Health, and Transportation-Other. • The volume of Exempt Grievances had a slight decline since last reported. • Total Appeals volume has decreased since last reported. The majority of cases being Community Supports, Durable Medical Equipment (DME), Advanced Imaging, and Other. <u>Key Indicator Report</u> Dr. Marabella presented the Key Indicator Report (KIR) through August 2026. • A summary was shared that provided the most recent data for Membership, Admissions, Bed Days, Average Length of Stay, and Readmissions through August 2026. • Membership continues to slowly decrease. Admits and Acute Admits had a slight decrease since last reported. Readmission rates are trending up. Generally, Utilization is up except for the TANF population. • Turn-Around-Time Compliance (TAT) categories met compliance goals with the exception of Routine Pre-Service Authorization and Expedited Pre-Service case types. • Case Management (CM) engagement rates have slightly decreased since last reported but cases managed has remained stable. <u>QIUM Quarterly Summary Report</u>	*Morgan Simpson responded that there are rules around telling Providers how to bill. The Plan cannot tell a Provider how they should bill. The Plan can provide general education on claims submission, but not on how to or how not to bill. The Plan has to be selective with the information that is going out to Providers.*	

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	Dr. Marabella provided the QI, UMCM, and Population Health update for Q3 2026. Two QI/UM meetings were held in Quarter 3, one on July 16th and one on September 17th, 2026. The following guiding documents were approved: 2025 Care Management Program Evaluation, 2026 QI & Health Education Work Plan Mid-Year Evaluation, 2026 UMCM Work Plan Mid-Year Evaluation, 2026 UM Program Description – DMHC Updates; Health Disparities Analysis and Actions Report 2026, Health Equity Social Risks and Social Needs Analysis and Prioritization Report, Health Equity Social Risks and Social Needs Resource Assessment Analysis Report 2026, Health Equity 2026 Annual Referral Tracking Disparity Report, Population Health Management Program Effectiveness Report 2026, and RY2026 HEDIS® Results & QI Update. The following general documents were adopted/approved, Medical Policies, Pharmacy Provider Updates, Clinical Practice Guidelines, Quality Improvement Policies & Procedures Annual Review, DHCS Community Reinvestment Presentation. The following Quality Improvement Reports were reviewed and approved: Appeal and Grievance Dashboard & Quarterly A&G Reports; Potential Quality Issues (PQI) Report, Facility Site & Medical Records and PARS Report, Behavioral Health Performance Indicator Report Q1 2026, Lead Screening Quarterly Report, and additional QI Reports. The Access Related Reporting included the Access Work Group Q3 Report, Timely Access Metrics, After-Hours Survey, Provider Satisfaction Survey, Enrollee Experience Survey, and other Access-related reporting. The Utilization Management & Case Management (UMCM) reports reviewed were the Key Indicator Report, Care Management and CCM Report, and additional UMCM reports. The quarterly Pharmacy reports reviewed were Pharmacy Executive Summary, Operations Metrics, Top 25 Medication Prior Authorization (PA) Requests, and Pharmacy Interrater Reliability Results (IRR).		

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	In Q3, HEDIS® related activities were focused on analyzing the results for MY2025 under the Managed Care Accountability Set (MCAS) measures and the minimum performance level (MPL) of 50th percentile. CalViva saw improvement in most measures in MY25 when compared to MY24. Quality Improvement Activities 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. In addition, DHCS collaboratives included Institute for Healthcare Improvement (IHI) Collaborative Project to Improve Well Child Visit Rates for Hispanic Children zero to fifteen (0 to 15) months in Fresno County. Reports covering all pertinent areas have been reviewed and evaluated according to the established schedule to facilitate the ongoing monitoring of utilization management, care management, population health and the quality and safety of care provided to CalViva members. One area of non-compliance that was identified through routine monitoring and remains open during Q3 was Blood Lead Screening in Children – provision of anticipatory guidance by providers. Health Net was notified of the unsatisfactory performance in this area, and a Corrective Action Plan is in progress. See Blood Lead Screening Report above. Oversight and monitoring processes will continue. <u>Credentialing Sub-Committee Quarterly Report</u> The Credentialing Sub-Committee met on July 16th, 2026. At the July meeting, routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services. Reports covering Q1 2026 were reviewed for delegated entities and Q2 2026 for HN, including Behavioral Health. The 2026 Adverse Events Report for Q2 2026 (April through June) 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.		

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	The Investigations team submitted no (0) new cases involving an individual practitioner to the Credentialing Committee in Q2 2026. There were zero (0) incidents involving appointment availability issues resulting in substantial harm to a member or members in Q2 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 Q2 2026. Reviews completed in April, May, and June identified one (1) practitioner and one (1) provider requiring removal from the Plan's network. April, May, and June 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 Q2 2026. The Access & Availability Substantial Harm Report Q2 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 Q2 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 Q2 2026 for CalViva Credentialing Sub-Committee from HN Credentialing Committee was presented. One (1) case was presented for discussion in April, May, and June 2026. The county-specific Credentialing Subcommittee Reports of significant subcommittee activities for April through June 2026 were presented. There was one (1) termination in Fresno County, and three (3) CAPs were issued in Madera County for Q2 2026. Follow-up activities will be scheduled, and ongoing monitoring and reporting will continue <u>Peer Review Sub-Committee Quarterly Report</u>		

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	The Peer Review Sub-Committee met on July 16th, 2026. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 2 2026 were reviewed for approval. There were no significant cases to report. The 2026 Adverse Events Report for Q2 was reviewed. • There were eight (8) cases identified in Q2 2026 that met the criteria and were submitted to the Peer Review Committee. Four (4) cases were regarding practitioners, and four (4) cases involved organizational providers (facilities). Of the eight (8) cases, three (3) were tabled, one (1) was closed to track and trend with a letter of concern, one (1) was closed to track and trend with a letter of education, and three (3) were closed to track and trend. Eight (8) cases were quality of care grievances, zero (0) were potential quality issues, and zero (0) were track and trend. One (1) case involved seniors and persons with disabilities. One (1) case involved behavioral health. • The Investigations Team submitted five (5) previously presented, remaining-open cases to the Peer Review Committee in Q2 2026. Two (2) cases were regarding practitioners, and three (3) cases involved organizational providers (facilities). Of the five (5) cases, one (1) was tabled, one (1) was placed on monitoring, and three (3) were placed on pending closure. Two (2) 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. • There were zero (0) new or previously reported incidents involving appointment availability issues resulting in substantial harm to a member or members in Q2 2026. • Grievance data reviews (NCQA CR 5.A.3-4) completed in March, April, and May did not identify any providers/practitioners who met the Peer Review trended criteria for escalation. • Two (2) cases were placed on or remain on corrective action in Q2 2026. • Grievance data reviews for health equity, site review, chaperone, or medical records, completed in April, May, and June, did not identify any providers/practitioners who met the Peer Review trended criteria for escalation.		

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	• There was one (1) new case and one (1) previously reported case identified outside of the ongoing monitoring process in which an adverse injury occurred during a procedure by a contracted practitioner (NCQA CR.5.A.4) in Q2 2026. • The reviewing Medical Directors determined that further outreach was required for ten (10) 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. • Zero (0) Special Investigations Unit cases were referred to peer review for further review. • Zero (0) cases required escalation for presentation at the Peer Review Committee. • Zero (0) cases required reporting for 805.01 in Q2 2026. The Access & Availability Substantial Harm Report for Q2 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. The Investigations Team submitted thirteen (13) cases to the Peer Review Committee in Q2 2026. Of the thirteen (13) cases, zero (0) cases were related to appointment availability issues without significant harm, and four (4) were related to significant harm without appointment availability issues. There were zero incidents involving appointment availability issues resulting in substantial harm to a member or members in Q2 2026. The Q2 2026 Peer Count Report was presented at the meeting with a total of thirteen (13) cases reviewed. Case outcomes included five (5) cases were closed and cleared. Zero (0) cases were closed/terminated. Zero (0) cases were deferred. Four (4) cases were tabled for further information. There was one (1) case with CAP outstanding/continued monitoring, and three (3) are pending closure for CAP compliance.		

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• **Executive Report** J. Nkansah, CEO	The Peer Review Sub-Committee reports for April through June 2026 were reviewed. These reports summarize the outcomes of Peer Review cases for Fresno, Kings, and Madera counties. There were zero (0) cases reported in Q2 2026. 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 August 2026 is 405,983. Enrollment for Anthem is approximately 185,404, and the enrollment for Kaiser is approximately 15,148. Market Share is currently approximately 66.93% and remains relatively stable. Preliminary draft numbers of the default assigned members for Fresno, Kings, and Madera counties, are fairly currently favorable to CVH. Final numbers will be shared when available. There were no significant issues or concerns as it relates to IT Communications & Systems, the Member Call Center, and Provider Network & Engagement. There has been an uptick in use of the Member Portal on the CVH website. In regard to Claims Processing and Provider Dispute there may be two new IPAs potentially entering the area for Medi-Cal space. Regarding NCQA accreditation, the Plan was originally rated at 3.5 stars; the Plan, as of September 2026, is now rated a 4 star health plan.		
13. Final Comments from Commission Members & Staff	Jeff Nkansah shared that DHCS will be using the Plan's Breast Cancer Screening project with the Hmong population. In addition, CalViva Health is being recognized as one of 11 honorees for philanthropy excellence. And also, related to State Center Community College Foundation, the Plan's scholarship giving, the plan has now reached a pillar society honoree status.		

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14. Announcements	None.		
15. Public Comment	• Nishea Trinidad, founding Executive Director, Mighty Community Advocacy was here to talk about issues with claims and reimbursements. They have been on contract with CalViva since March of 2023 as a doula organization. In 2024, doula rates increased, and they did not see the increase in payment. They met with CalViva provider engagement team in August of 2024. And at that point, they said they had until November to true up claims, which they agreed and knew that was the legislation. Once November came, they followed up and the provider engagement team told them it would be a little bit longer. Every month since then, they have followed up. It's been two years and they still have not been trued up from 2024 services as well as 2025 services. Currently, CalViva owes them $31,839 of back pay. They have submitted their claim intake form to the provider engagement team five different times throughout the last two years. And each time coming back, provider engagement team tells them, they are working on it. In May of this year, they informed the provider engagement team it's been over a year of continually trying to fight for payments. They would like to go to arbitration; however, Provider engagement team denied arbitration requests, saying they had to go through the appeal process. They went through the appeals process three times where they mailed appeal forms to the Plan and never received any acknowledgement that the first two times their claim appeals were received. They then sent a collections letter to the Plan and did receive a response to the collections letter, but it was a very generic templated stating they did not include identifications. Mighty stated they included their name, their birthday, and not their ID. They went back and scanned in all of the Plan's letters, put in all of the identification numbers along with each page and sent it back to the e-mail that was provided. They then got an e-mail back saying they didn't know what this is for. And so now they have gone to Fresno County to ask about what arbitration, filing an arbitration suit Looks like. • Grubeer Sangh, the president of the non-profit Khalsa Foundation, a culturally responsive behavioral health service here in Fresno, supporting the Punjabi and other South Asian communities. Fresno is home to approximately 50,000 Punjabi speaking folk from both India and Pakistan; the second largest		

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	Punjabi community in the United States and they have tens of thousands of other South Asian populations, which they also focus on. Since they have started offering these services, they've received $750,000, some CYBHI from the state of California to run, which is still the money that they are eating off to be able to provide these services to the residents of Fresno County. They just received the BCHIP grant bond, the bond BCHIP round two for $6 million to open a physical space, 13,000 square feet to run SUDs, to run behavioral health services, to run an urgent care. However, they are facing a severe barrier to providing sustainable care. In 2024, they only tabled for three months at South Asian events and temples and other places and they had to stop tabling, they had to stop doing outreach because they reached their capacity. And beyond that, they reached a historical wait list of 250 people with just three months of outreach that they turned off. From those 250 people, 75% were CalViva members. Today, they are only serving 30 clients because that is the capacity that they can operate off of just this one grant that they initially received and they get zero other reimbursement. They just contracted with the County of Fresno's specialty mental health program, but only two of their current clients actually qualify for the severe moderate or the severe classification of behavioral health reimbursement. On January 7, 2026, Health Net rejected their provider's contracting inquiry, stating that based on its current network needs, it wouldn't be extending an agreement. The letter states Health Net's goal is to offer a network that adequately and effectively meets the needs of its membership. But when they raised concerns about Punjabi-speaking behavioral health providers, CalViva instructed them to search its provider directory and filter by language. When they did that, the search provided 2 Punjabi-speaking behavioral health providers. One was an autism service provider, and one was a child psychiatrist. They sent back the screenshot to CalViva and was informed that if they have to shut down our clients and the two people on the 250 waiting list, could use translation services. But when someone's in a crisis or someone is suicidal, the last thing they need is during a 50 minute cap session to have a middleman take half the time translating to the therapist. Cost accommodation continues to provide services without cost and without reimbursement and their operating costs are $10,000 to $20,000 a month.		

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	Without a funding solution, they will close in 2027 and the BCHIP grant from the state of California, which they are one of the only people to receive.		
16. Adjourn	The meeting adjourned at 3:48 pm. The next Commission meeting is scheduled for November 19, in Fresno County.		

Submitted this Day: _____

Submitted by: _____
Cheryl Hurley
Clerk to the Commission

CalViva Health
Finance
Committee Meeting Minutes

September 17, 2026

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

Finance Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	Daniel Maychen, Chair, CFO	✓	Cheryl Hurley, Director, HR/Office
✓	Jeff Nkansah, CEO	✓	Jiaqi Liu, Director of Finance
	Paulo Soares		
✓	Joe Neves		
	Supervisor Rogers		
✓	John Frye		
	Rose Mary Rahn		
		✓	Present
		*	Arrived late/Left Early
		•	Teleconference

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	Comments	ACTION TAKEN
#1 Call to Order D. Maychen, Chair	The meeting was called to order at 11:30 am, a quorum was present.		
#2 Finance Committee Minutes dated July 16, 2026 Attachment 2.A Action, D. Maychen, Chair	The minutes from July 16, 2026, Finance meeting were approved as read.		Motion: *Minutes were approved* *4 – 0 – 0 – 3* *(Frye / Neves)*
#3 Fiscal Year End 2026 Financials Action D. Maychen, Chair	The FY 2026 financials are currently in the final stages of the audit process by Baker Tilly, formerly known as Moss Adams, and no audit adjustments or findings have been identified. A full presentation of the audited financials by Baker Tilly will be conducted at the October meeting. As of June 30, 2026, total current assets were approximately $566.1M; total		Motion: *Fiscal Year End 2026 Financials were approved* *4 – 0 – 0 – 3* *(Neves / Frye)*

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	Comments	ACTION TAKEN
	current liabilities were approximately $366.8M. Current ratio is approximately 1.54. Total net equity as of the end of fiscal year June 30, 2026, was approximately $208.8M, which is approximately 723% above the minimum DMHC required TNE amount. In relation to the DHCS standard, the amount is approximately $197.1M which makes the Plan approximately $11.7M more than the DHCS minimum standard. Interest income actual recorded was approximately $9.7M, which is approximately $4.7M more than budgeted due to interest rates staying higher for longer. Premium capitation income actual recorded was approximately $2.37B which is approximately $351.6M more than budgeted due to rates and enrollment being higher than projected. Total cost of Medical Care expense was approximately $1.5B, which is approximately $340.3M more than budgeted due to rates and enrollment being higher than projected. Admin service agreement fees expense actual recorded was approximately $55.9M, which is approximately $3.9M more than budgeted due to enrollment being higher than projected. Grants and Community Reinvestment expense actual recorded was approximately $3.2M which is approximately $1.1M less than budgeted due to the allocation of contingency funding which funds were not spent during FY 2026. Labor expense was approximately $4.6M which is approximately $809K less than budgeted due to various open positions during the fiscal year. Net income for Fiscal Year End 2026 actual recorded was approximately $24.7M, which is approximately $15.7M more than budgeted primarily due to interest income being higher than projected by approximately $4.7M, and rates and enrollment being higher than projected.		
#4 Financials as of July 31, 2026 Action D. Maychen, Chair	As of July 2026, total current assets were approximately $441.3M; total current liabilities were approximately $241.1M. Current ratio is approximately 1.83. TNE as of the end of July 2026 was approximately $209.7M which is approximately 726% above the minimum DMHC required TNE amount. For the DHCS standard, the minimum required TNE is approximately $195.4M, which the Plan is approximately $14.3M above the DHCS standard. Interest income actual recorded was approximately $989K which is approximately $339K more than budgeted due to interest rates being higher than projected. Premium capitation income actual recorded was approximately $195.4M which is approximately $623K less than budgeted due to supplemental revenues being less		Motion: *Financials as of July 31, 2026, were approved 4 – 0 – 0 – 3 (Frye / Neves)*

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	Comments	ACTION TAKEN
	than projected. In addition to the Plan's base capitation rates, the Plan is paid supplemental capitation revenue; the most material example is maternity payments. The Plan is paid based off actual live births incurred by CVH members. In comparison to the Plan's base capitation rates, which are perspective and at risk, the supplemental payments are based on actual occurrence. Total Cost of Medical Care expense actual recorded was approximately $126.1M which is approximately $476K less than budgeted due to supplemental revenues being less than projected, in addition to enrollment being slightly less than projected as well. All other expenses are in line or below budgeted amounts. Total net income for the first month of FY 2027 was approximately $889K, which is approximately $716K more than budgeted primarily due to interest income being approximately $339K more than projected, lower admin expenses than projected, and slightly lower revenue and enrollment than projected.		
#5 Proposed 2027 Finance Meeting Calendar Action D. Maychen, Chair	The proposed 2027 Finance meeting calendar was presented to the Committee. No revisions recommended.		Motion: *Proposed 2027 Finance Meeting Calendar was approved; move forward to Commission for final approval* *4 – 0 – 0 – 3* *(Frye / Neves)*
#6 Announcements/Comments	MCO taxes are still pending CMS approval. Once the Plan receives notification of the outcome, a revised budget may need to be brought before the Commission for review and approval.		
#7 Adjourn	Meeting adjourned at 11:39 am		

Submitted by: Cheryl Hurley
Cheryl Hurley, Clerk to the Commission
Dated: 10/29/26

Approved by Committee: Daniel Maychen
Daniel Maychen, Committee Chairperson
Dated: 10/29/26

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
QI/UM Committee
Meeting Minutes
September 17th, 2026

CalViva Health
7625 North Palm Avenue; Suite #109
Fresno, CA 93711
Attachment A

Committee Members in Attendance			CalViva Health Staff in Attendance
✓	**Patrick Marabella, M.D.,** Emergency Medicine, CalViva Chief Medical Officer, Chair	✓**	**Amy Schneider, RN,** Senior Director of Medical Management Services
✓	**David Cardona, M.D.,** Family Medicine, Fresno County At-large Appointee, Family Care Providers	✓	**Morgan Simpson,** Chief Compliance Officer
✓	**Christian Faulkenberry-Miranda, M.D.,** Pediatrics, University of California, San Francisco	✓	**Sia Xiong-Lopez,** Equity Officer
✓	**Ana-Liza Pascual, M.D.,** Obstetrics/Gynecology, Central Valley Obstetrics/Gynecology Medical Group	✓	**Maria McDivitt,** Director of Compliance
	Carolina Quezada, M.D., Internal Medicine/Pediatrics, Family Health Care Network	✓	**Patricia Gomez,** Senior Compliance Manager
	Joel Ramirez, M.D., Family Medicine/Sports Medicine, Camarena Health, Madera County	✓	**Norell Naoe,** Medical Management Administrative Coordinator
✓	**DeAnna Waugh, Psy.D.,** Psychology, Adventist Health, Fresno County		
	David Hodge, M.D., Pediatric Surgery, Fresno County At-large Appointee, Chair of RHA **(Alternate)**		
	Guests/Speakers		
	None were in attendance.		

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

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order Patrick Marabella, M.D., Chair	The meeting was called to order at 10:03 AM. A quorum was present. Dr. Marabella let the Committee know that Amy Schneider has been out on medical leave but is joining the meeting remotely today. He reminded the QI/UM Committee that Mary Lourdes Leone	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	retired and introduced Morgan Simpson as the new Chief Compliance Officer for CVH.	
#2 **Approve Consent Agenda** Committee Minutes: July 16, 2026 - A&G Inter-Rater Reliability Report (Q2 2026) - A&G Classification Audit Report (Q2 2026) - Quarterly A&G Member Letter Monitoring Report (Q2 2026) - CCC DMHC Expedited Grievance Report (Q2 2026) - Lead Screening Quarterly Report (Q1 2026) - Skilled Nursing Facility (SNF) Quality Assurance and Performance Improvement (QAPI) Dashboard (Q1 2026) - Member Incentive Programs – Semi-Annual Report (Q1&Q2 2026) - Call Center Inquiry Calls Audit (Q2 2026) - Initial Health Appointment (IHA) Quarterly Audit (Q1 2026) - Medical Policies Updates (July, June) - Pharmacy Provider Updates (Q3, Q2) -ECM & Community Supports Performance Report (Q2 2026)	The July 16th, 2026, QI/UM minutes were reviewed and highlights from today's consent agenda items were discussed and approved. Any item on the consent agenda may be pulled out for further discussion at the request of any committee member. A link for Medi-Cal Rx Contract Drug List was available for reference.	**Motion:** *Approve* Consent Agenda (Cardona/Pascual) 5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
- Provider Office Wait Time Report (Q2 2026) - County Relations Quarterly Update (Q2 2026) - Performance Improvement Project Updates – PIPs - California Children's Services Report (Q2 2026) - Utilization Management Program Description 2026 - Evolent Report (Q2 2026) - PA Member Letter Monitoring Report (Q2 2026) - Disparities Analysis and Actions Report (2026) - Health Equity Social Risks and Social Needs Analysis and Prioritization Report 2026 - Health Equity Social Risks and Social Needs Resource Assessment Analysis Report 2026 - Health Equity 2026 Annual Referral Tracking Disparity Report - Access Workgroup Committee Minutes 5/26/26 (Attachments A-Y) **Action** Patrick Marabella, M.D., Chair		

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#3 QI Business - A&G Dashboard and Turnaround Time Report (July 2026) - A&G Executive Summary (Q2 2026) - A&G Quarterly Member Report (Q2 2026) (Attachments Z-BB) **Action** Patrick Marabella, M.D., Chair	The **Appeal & Grievance Dashboard and Turnaround Time Report (Q2 2026), the Appeal & Grievance Executive Summary (Q2 2026), and the Appeal & Grievance Quarterly Member Report (Q2 2026)** were presented and reviewed. Monthly Excel files include the logs identifying each member who submitted a grievance during the reporting period (monthly), with a narrative description of the grievance and the resolution. • **The Mid-Year Appeals & Grievances dashboard was reviewed**; activity remained generally consistent with 2025 trends, with 1300 grievances received and 1200 resolved. • Quality of Service Grievances (QOS), particularly Access to Care/DMHC, remained the highest grievance category, largely related to prior authorization. o Balance billing is consistent; education will continue as the primary intervention with new providers joining the network. o Community Supports' complaints and appeals remained elevated, primarily housing-related services and quality-of-service concerns. o Behavioral Health (BH) became its own category this year, noting the increase from one in 2025 to 26 at the mid-year. o Transportation missed appointments remains an issue, and monitoring continues. • Exempt grievances have generally improved compared with last year, especially assignment and ID card issues, due to increased automation and digital card access. o Transportation no-shows increased slightly in the second quarter, primarily related to a vendor issue. o Balance billing trends have remained relatively stable. • Appeals volume is increasing, with 430 resolved mid-year compared with 600 total for 2025. o Community Supports appeals are a key driver, reaching 103 mid-year compared with 95 last year, largely due to confusion around housing-related benefits and changing program rules. o Provider education is ongoing through the ECM Community Supports teams. o Durable Medical Equipment (DME) appeals remain a significant category, with 96 mid-year compared with 111 last year, driven by autism-related DME requests such as speech-generating devices, protective beds, and specialized wheelchairs. o New DME vendors and higher-cost products are creating medical-necessity challenges, often resulting in partial approvals for basic medically necessary equipment rather than more expensive options.	**Motion:** *Approve* - A&G Dashboard and Turnaround Time Report (July 2026) - A&G Executive Summary (Q2 2026) - A&G Quarterly Member Report (Q2 2026) (Faulkenberry/ Cardona) 5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	○ Advanced imaging appeal activity remains relatively steady, with continued PET scan and CT-related requests. ○ The "Other" appeals category has increased, partly because some hospitals and providers are submitting member appeals to seek payment for already completed services that were denied for lack of medical necessity. ○ Providers are being reminded to use the appropriate provider dispute process rather than routing payment disputes through member appeals. • Uphold and overturn rates are out of the desired ratio due to need for continued education related to new benefits and changes to existing benefits. • **The July A&G Dashboard was reviewed**: July grievances exceeded 300, with patterns generally consistent with prior months. ○ The "Other" grievance category included a significant number of prior authorization-related items. ○ Community Supports grievances included housing, meals, and personal care concerns, with housing remaining the largest category. ○ BH QOS grievances increased slightly into double digits, while missed appointments remained relatively stable. • July appeals reached 88, the highest monthly total of the year; trends will continue to be monitored to determine whether this is a one-month increase. ○ Community Supports appeals were high, with most related to housing, followed by personal care attendants and meals. ○ DME appeals continued, including prosthetics, wheelchair support, and other equipment requests; only one (1) speech-generating device appeal was noted. ○ Advanced imaging appeal volume remained favorable, while pharmacy biologics showed a temporary increase.	
#3 **QI Business** - Potential Quality Issues (Q2 2026) (Attachment CC)	**The Potential Quality Issues (PQI) Report** provides a summary of PQIs identified during the reporting period that may result in substantial harm to a CVH member. PQI reviews may be initiated by a member, non-member, or Peer Review activity. Peer Review activities include cases with a severity code level of III or IV, or any case that the CVH CMO requests to be forwarded to Peer Review. Data for Q2 2026 was reviewed for all case types, including the follow-up actions taken when indicated. • There were two (2) non-member-generated Fresno County Physical Health (PH) PQI in Q2.	**Motion:** *Approve* - Potential Quality Issues (Q2 2026) (Faulkenberry/ Cardona)

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Action Patrick Marabella, M.D., Chair	• Member-generated PQIs increased based on previous quarters, with a total of 57 PH cases and two (2) Behavioral Health (BH) cases. All cases were scored level zero (0) to two (2). • Thirteen (13) Peer Review cases were generated (one was BH). Five (5) cases are closed, and eight (8) cases are open. • Five (5) Peer Review cases reviewed from April through June needed Further Action. All cases scored level zero to two (0-2).	5-0-0-2
#4 Key Presentations - RY2026 HEDIS® Results & Quality Improvement Update (Attachment DD) **Action** Patrick Marabella, M.D., Chair	The **RY2026 HEDIS® Results & Quality Improvement Update** was presented and reviewed. HEDIS® Measures: The Managed Care Accountability Set (MCAS) is a set of performance measures that DHCS selects for annual reporting by Medi-Cal Managed Care health plans (MCPs). These are generally HEDIS® measures. • High-Performance levels (HPLs) are used as performance goals and to recognize MCPs for outstanding performance at the national Medicaid 90th percentile. • Minimum Performance Levels (MPLs) are set at the national Medicaid 50th percentile. MCPs are contractually required to perform at or above MPLs. DHCS will impose sanctions on MCPs that fail to meet the MPLs. • For RY2025/26 (MY2024/25), MCPs were required to meet the MPL on 18 measures in each county in four (4) Domains. • Fresno County did not meet the Minimum Performance Level (MPL) for MY25 in three (3) Domains (BH (2/2 same as last year), Children's Health (1/8 improvement), and Reproductive Health/Cancer Prevention (1/5 decline). • Kings County did not meet the MPL for MY25 in the Children's Domain (4/8 improvement). • Madera County did not meet the MPL for MY25 in the BH Domain (2/2 same as last year) and Reproductive Health/Cancer Prevention (1/5 decline). • Performance Improvement Projects (PIPs) o PIP #1: Improve Well Child Visits (WCV) for African American/Black (AA/B) children from zero to fifteen (0 to 15) months in Fresno County with two (2) interventions: 1. **Refer all caregivers/mothers of B/AA children to Black Infant Health** to encourage and facilitate WCV. 2. **Promote use of the CDC Milestone Tracker App** to engage parents in WCV and encourage appointment attendance. ▪ Statistically significant improvement noted for B/AA Children. Completion of six (6)	**Motion:** *Approve* - RY2026 HEDIS® Results & Quality Improvement Update (Pascual/Waugh) 5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Well Child Visits by 15 months for remeasurement period 1 (MY24) and remeasurement period two (2) (MY25). ▪ Successful rollout of CDC Milestone Tracker App to provide caregiver education on developmental milestones & promote timely WCVs. ▪ Continue referral of all B/AA pregnant members to Black Infant Health. o PIP #2: Improve Follow-up with Provider after ED Visit for Behavioral Health/Substance Use in Fresno and Madera Counties with three (3) interventions: 1. **Educational Intervention** for Hospital staff on Use of Smart Phrases in EMR to document services & referrals provided for BH/SUD in the ED (SUNs, CHWs, LCSWs, etc.) to represent codes that meet FUM/FUA measures. 2. **Cultural Training** to Improve behavioral health/substance use Treatment Compliance for the Hispanic population in the Central Valley. 3. **Expand Resources** by engaging with local providers - Resiliency Center. 4. Final Report submitted to HSAG & DHCS on 8/6/26. ▪ Statistically significant improvement in the percentage of timely SUD/MH ED visit provider notifications in Fresno and Madera Counties for remeasurement period 1 (MY24) and remeasurement period 2 (MY25). ▪ Although the MPL has not yet been met for FUM/FUA measures in Fresno or Madera counties, compliance rates have more than doubled for both measures in both counties since the project was initiated. • Institute for Healthcare Improvement (IHI) Collaborative Project to Improve Well Child Visit Rates for Hispanic Children zero to fifteen (0 to 15) months in Fresno County. Successful collaboration with Clinica Sierra Vista to implement all four (4) interventions at three (3) high-volume pediatric clinic sites. This project demonstrated our ability to spread interventions within an FQHC and sustain these improvements over time. o Phase 2 began Sept 2025 to Sept 2026: 1. Expanding Appointment Access – Designated Outreach Staff 2. Optimizing Scheduling Workflow – Newborn Gateway 3. Connect Birthing Parents to Resources – Community Baby Showers 4. New WIC Referral Process There were no questions or comments from committee members.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#4 Key Presentations - Quality Improvement and Health Education Work Plan Mid-Year Evaluation and Executive Summary 2026 (Attachment EE) **Action** Patrick Marabella, M.D., Chair	The **Quality Improvement and Health Education Work Plan Mid-Year Evaluation 2026 and Executive Summary** were presented and reviewed by the Committee. Planned Initiatives and Nine (9) Areas of QI Focus for 2026 include: • Access and Availability, Behavioral Health, Care Coordination/Member Engagement, Chronic Conditions, Maternal Health/Hospital Quality and Patient Safety, Member Experience, Pediatric/Perinatal/Dental, Pharmacy and Related Measures, and Preventive Health. **Objectives**: There are a total of 95 measurable objectives for the QI and Health Education 2026 Work Plan. Ongoing activities continue. • 79 objectives **completed at mid-year**. • 70/79 objectives were **met**. • 9/79 objectives were **not met**. • 16 additional objectives scheduled for Q3-Q4 2025 and **on track** at mid-year. The programs that did not meet their objectives were Access and Availability, Member Experience, Pediatric/Dental, and Preventive Health. **98 Total Activities** planned for the year: • 22/22 mid-year activities **completed**. • 76 additional activities are planned from July to December. Of those, two (2) activities were cancelled. QIHEd Mid-Year Performance Progress (refer to Table 1 in the PowerPoint presentation): • Behavioral Health, Chronic Conditions, Maternal Health/Hospital/Patient Safety, and Pharmacy have one hundred percent (100%) of their objectives met. • Hospital Quality/Patient Safety (N/A at mid-year 11 goals), Care Coordination/Member Engagement (N/A at mid-year 2 goals), Member Experience (N/A at mid-year 3 CAHPS goals) have not yet met their objectives. QIHEd Mid-Year Work Plan Activities (refer to Table 2 in the PowerPoint presentation): • Eight (8) categories (excluding Pharmacy) have additional Year-end activities planned. **Access, Availability, and Service**: Access to Care: o Provider Appointment Availability Survey – PAAS ▪ PCP Urgent and Non-Urgent exceeded the 70% threshold. ▪ Specialist Urgent & Non-Urgent improved but did not meet the 70% threshold.	**Motion:** *Approve* - Quality Improvement and Health Education Work Plan Mid-Year Evaluation and Executive Summary 2026 (Cardona/Waugh) 5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	▪ Ancillary non-urgent exceeded the 70% threshold. o Provider After Hours Access Survey – PAHAS ▪ Appropriate Emergency Instructions exceeded the 90% threshold. ▪ Ability to Contact On-Call MD did not meet the 90% threshold. Access Actions: o All non-compliant providers will receive Corrective Action Plans in September 2026. o Eighteen (18) Provider Training Webinars from July to December. **Member Satisfaction:** Consumer Assessment of Healthcare Providers and Systems – CAHPS Survey was conducted by Press Ganey in May 2026. o Report in August. o Quarterly Root Cause Analysis of A & G Data. o Sullivan Luallin Webinar Trainings are available for Providers. **RY2026 HEDIS® Results** (Refer to the chart on page nine (9) of the corresponding PowerPoint): • Fresno County did not meet the Minimum Performance Level (MPL) for RY26 in the following measures: FUM, FUA, W30-6+, and BCS-E. • Kings County did not meet the MPL for RY26 in the following measures: CIS-10, LSC, WCV, and W30-2+. • Madera County did not meet the MPL for RY26 in the following measures: BCS-E, FUM, and FUA. **Performance Improvement Projects (PIPs) and Other Projects - All On Track** Two (2) PIPs: • Clinical: Well Child Visits in First Thirty (30) Months of Life, Fresno County. • Non-Clinical: Improve Provider Notifications after ED Visit for SUD/MH, Fresno and Madera Counties. **Other Projects**: • IHI Well Child Visit Collaborative • DHCS Lean Project Madera County (BH Domain) **Health Education Activities and Actions** (July to December 2026): • Continuing Member incentive strategy for all priority MCAS measures. • Member Services to inform Members of programs and materials that are available.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• FindHelp had a total of 184 referrals at the mid-year. There were no questions or comments from committee members.	
#4 Key Presentations - Utilization Management/Care Management Work Plan Mid-Year Evaluation & Executive Summary 2026 (Attachment FF) **Action** Patrick Marabella, M.D., Chair	The **Utilization Management/Care Management Work Plan Mid-Year Evaluation 2026 & Executive Summary** were presented and reviewed by the Committee. Utilization Management (UM) processes have remained consistent. Case Management (CM) & Disease Management continue to monitor program effectiveness to better serve our members. Activities in 2026 Focus on Five Areas: 1. **Compliance with Regulatory & Accreditation Requirements** All Compliance Activities are on target at Mid-Year. 2. **Monitoring the UM Process** All Monitoring activities are on target at the mid-year, **except** element 2.2 Timeliness of Processing the Authorization Request. <u>Barriers identified:</u> o Two (2) Urgent Pre-service cases exceeded the turnaround time in Quarter 1. Rate declined below 95% in Q2 2026. o Causes include incorrect priority validation, incorrect routing, inconsistent adherence to established processes, failure to escalate, and, in June, a capacity gap caused by high authorization volume and limited staffing. <u>Actions Taken:</u> o Daily turnaround-time huddles o Hourly urgent queue reviews o Proactive staffing and workload adjustments o Staff are reminded of timely escalation of identified compliance risks. 3. **Monitoring Utilization Metrics** All Monitoring activities are on target at the mid-year **except** elements 3.1 Acute Inpatient Utilization Performance and 3.3 PPG Profile. 3.1: Utilization Goals (See table on page 20 of the PowerPoint Presentation for KIR metrics through June 2026 – all rates are too soon to tell): o 2% reduction in acute bed days over prior year o Average length of stay <5 days o 30-day readmission rate maintain 11% or below	**Motion:** *Approve* - Utilization Management/Care Management Work Plan Mid-Year Evaluation & Executive Summary 2026 (Faulkenberry/ Waugh) 5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	3.3: PPG Profile and Vendor List – Too soon to tell Barriers identified: o PPG B: Routine Decision & Member Notification TAT was non-compliant due to staffing and workflow issues. Workflow is being evaluated to determine root cause and appropriate remediation activities. o PPG C: Routine Decision & Member Notification TAT was non-compliant. Delegate has changed MSO relationship. Monitoring and working with the new MSO to oversee performance trends. Actions Taken: Continue monitoring open PPG CAPs. **4. Monitoring Coordination with Other Programs** All Monitoring activities are on target at the mid-year. **5. Monitoring Activities for Special Populations** All Monitoring activities are on target at the mid-year. There were no questions or comments from committee members.	
#4 Key Presentations - Population Health Management Program Effectiveness Report 2026 (Attachment GG) Action Patrick Marabella, M.D., Chair	The **Population Health Management Program Effectiveness Report 2026** was presented and reviewed. This report provides an annual summary of the CVH Population Health Management program successes and opportunities. It focuses on assessing the impact of key interventions related to: Care process or outcome, Cost/utilization, and Overall member experience. Thirteen (13) measures were included in the PHM analysis, and whether each measure met the goal for 2025 or not. The following programs are not yet meeting the established goals to improve care process or outcome, cost/utilization, and/or member experience. • Breast Cancer Screening (BCS) (54.77%/25th MY 2025 percentile HEDIS rate compared to 60.21%/75th MY 2024 percentile.) Analysis has identified the following barriers negatively impacting our ability to meet our goals: o Provider and radiology facility awareness of updated Breast Cancer Screening guidelines, which expanded the age range, increasing the denominator for the BCS measure. Members also had difficulty scheduling mammograms. Actions Implemented to improve BCS effectiveness: o Education for providers and radiology facilities on new guidelines. o HEDIS® live call outreach campaign. o Mobile mammography events.	**Motion: Approve** - Population Health Management Program Effectiveness Report 2026 (Cardona/ Faulkenberry) 5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	○ Engaged providers/radiology facilities to identify high-risk members for targeted outreach. • Care Management ER Visits (22% higher ER Visits in 2025) Analysis has identified the following barriers negatively impacting our ability to meet our goals: ○ Members often seek Primary Care services in the ED due to lack of access and information regarding their PCP and barriers to scheduling PCP appointments. ○ Members often don't fully understand their discharge instructions or when to seek follow-up care for symptoms. Actions Implemented to improve the ER Visits measure: ○ Expand availability of telemedicine solutions. ○ Member outreach to educate members and connect members to care. ○ Enroll inpatients in the Transitional Care Services (TCS) program to coordinate all discharge services. • Use text messages to offer TCS program to all recently discharged members. Follow-up care after Mental Health Emergency Department Visits (FUM-30) (49.63% MY 2025 rate) • Follow-up care after Substance Use Disorder Emergency Department Visit (FUA-30) (38.18% MY 2025 rate) Analysis has identified the following barriers negatively impacting our ability to meet our goals: ○ Accurate reporting/identification/contact and timely outreach of members for FUM and FUA. ○ Care Coordination to improve the continuity of care for FUM and FUA. Actions taken to address the identified barriers and improve behavioral health measures: ○ Member outreach calls using daily ADT reports to close care gaps. ○ Supplemental member contact info is being fed directly into BH ADT reports. ○ Educated SUNs, CHWs, and Social Workers on "Smart Phrases" to document care and services. ○ Provided culturally appropriate education and outreach strategies to SUNs. CHWs and Social Workers for MH/SUD to increase acceptance of follow-up care. ○ Create an educational flyer on substance abuse services and resources available for Fresno, Kings, and Madera Counties. ○ Create educational flyers on depression and anxiety to identify resources. Take this annual summary into consideration as we prepare our next **Population Health Management Strategy Program Description to** assist us in establishing priorities, setting new goals, and	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	identifying future opportunities for improvement. There were no questions or comments from committee members.	
#5 **UM/CM/PHM Business** - Key Indicator Report and Turnaround Time Report (July 2026) - UM Concurrent Review Report (Q2 2026) - Care Management & CCM Report (Q2 2026) (Attachments HH-JJ) **Action** Patrick Marabella, M.D., Chair	The **Key Indicator Report, Turnaround Time Report,** and the **Utilization Management Concurrent Review Report** present inpatient data and clinical concurrent review activities such as authorization for inpatient admissions, discharge planning, and medical appropriateness during Q2 2026. **July Key Indicator Report** • Membership continued to decline and is expected to decrease further with upcoming Unfavorable Immigration Status (UIS)-related changes. • Utilization remained variable, with no clear year-to-date trend. • Adult bed days increased sharply from 66 to 71 to 77, then to 98; the figures will be validated. • Adult and Temporary Assistance for Needy Families (TANF) Average Length of Stay (ALOS) increased. • Readmission rates fluctuated; possibly in connection with longer inpatient stays, while Seniors/Persons with Disabilities (SPD) performance leveled off. • Turnaround-time issues noted previously appear corrected in July, with performance returning to target. • Care management referrals generally rebounded: Perinatal (PCM), Transitional Care Services (TCS), Behavioral Health (BH), and First-Year-of-Life (FYOL) activity remained high; Physical Health (PH) referrals declined but stabilized. **Mid-Year Key Indicator Report** (PowerPoint Presentation) • Acute admissions were generally stable, with modest variation across Medi-Cal Expansion (MCE), TANF, and SPD populations. • On a per-1,000-members-per-year basis (PTMPY), acute admissions increased for MCE (8.9%) and SPD (5.5%) and remained about the same for TANF compared to 2025. • Bed-day utilization rose for MCE (20.9% increase compared to 2025) and remained comparatively stable for TANF and SPD. • ALOS increased for MCE and slightly for TANF, while SPD remained about the same and below the annual goal; MCE remains below the annual goal but requires continued monitoring. • Readmission performance was mixed. • Overall trends in ALOS, bed days, and readmissions fluctuated during the first half of the year;	**Motion:** ***Approve*** - Key Indicator Report and Turnaround Time Report (July 2026) - UM Concurrent Review Report (Q2 2026) - Care Management & CCM Report (Q2 2026) - Concurrent Review IRR Report (Q2 2026) (Waugh/Pascual) 5-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	MCE and SPD were identified as priority populations for monitoring. • **Key Takeaways**: The Q2 2026 readmissions data show mixed performance across populations. TANF improved compared to the 2025 average, while MCE and SPD increased above the 2025 average. Continued focus on discharge planning, care coordination, and post-discharge support remains important to help reduce avoidable readmissions, especially for populations trending above prior-year performance. • **Next steps** include strengthening hospital-partner onsite presence, coordinating transitions to lower levels of care, reviewing stays longer than 30 days during Discharge Planning (DC) Rounds, identifying barriers, escalating opportunities, facilitating timely transitions, and implementing a mandatory referral to CM for all members readmitted within 30 days of discharge to support care coordination, post-discharge follow-up, and reduction of avoidable readmissions. The **Care Management and CCM Report** for Q2 2026 was presented to provide an overview of Physical Health Care Management (PH CM), Transitional Care Services (TCS), Behavioral Health Care Management (BH CM), Perinatal (PCM), and First Year of Life activities (FYOL). This includes referral volume, member engagement, and an evaluation of Program effectiveness. • **PH CM:** Referrals increased year to date, engagement improved, and the program managed more total and complex cases than last year. • **TCS:** Referrals decreased, but engagement remained strong at approximately 90%; year-to-date activity remained sustainable and total cases managed were favorable. • **BH CM:** Referrals were consistent across the first two quarters, engagement remained near 68%–70%, and total cases managed compared favorably with last year. • **PCM:** Referrals remained steady at approximately 800 per quarter, engagement stayed in the 60% range, and total cases managed decreased slightly in Q2 2026. • **FYOL:** Volume dipped slightly in Q2 2026, but engagement remained strong; continued attention is needed to ensure effective handoffs from perinatal services. The effectiveness of the PH & BH CM programs is evaluated based on the following measures: • Readmission rates, ED utilization, overall health care costs, and member satisfaction • **PH and BH outcomes:** Readmissions and emergency department (ED) utilization declined after care management; BH and PH readmissions decreased by 12%, and ED claims by 845, above our new 20% goal.	

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	• **TCS outcomes:** Readmissions improved by 8%, exceeding the goal; the reduction in ED visits was just below the new 20% goal. • **PCM outcomes:** Timely prenatal visits improved by 14%, preterm births decreased by 6%, and postpartum visits improved by 12%; each measure met or exceeded its goal. • Member survey participation remained below target. The team plans to conduct a shorter survey delivered by text to improve response rates. Morgan Simpson left the meeting at 10:50 AM and returned to the meeting at 10:53 AM.	
#5 **UM/CM/PHM Business** - Concurrent Review IRR Report (Q2 2026) (Attachments KK) **Action** Patrick Marabella, M.D., Chair	The **Concurrent Review Inter-Rater Reliability (IRR) Report Q2 2026** ensures effective, evidence-based medical management decisions are made in a timely and consistent manner. Key components of the CCR medical management process include: Authorization of Inpatient Admissions; Proactive Acute Hospital Discharge Planning; and Medical Appropriateness Review. • Turnaround times and collaboration documentation were strong, but the Q2 2026 report identified concerns with InterQual application and documentation. InterQual compliance scores showed opportunities for improvement. o Misses included improper criteria selection and insufficient clinical documentation to support selected InterQual criteria. o Planned corrective actions include staff education, audit-team calibration, expanded certification training, strengthened review criteria, and continued trend monitoring.	**Motion:** ***Approve*** - Concurrent Review IRR Report (Q2 2026) (Cardona/ Faulkenberry) 5-0-0-2
#6 **Pharmacy Business** - Pharmacy Executive Summary (Q2 2026) - Pharmacy Operations Metrics (Q2 2026) - Pharmacy Top 25 Prior Authorizations (Q2 2026) - Quality Assurance Reliability Results (IRR) for Pharmacy (Q2 2026) (Attachments LL-OO)	The **Pharmacy Executive Summary Q2 2026** provides a summary of the quarterly pharmacy reports presented to the committee on operational metrics, top medication prior authorization (PA) requests, and quarterly formulary changes to assess emerging patterns in PA requests, compliance around PA turnaround time metrics, and to formulate potential process improvements. • **Pharmacy Operations Metrics** o Pharmacy Prior Authorization (PA) metrics were within five percent (5%) of the standard for Q2 2026. o Overall, TAT for Q2 2026 was 99.6%. o PA volume in Q2 2026 was similar to Q1 2026, with some drug-specific differences. Volume was consistent in all months of Q2 2026. • **Pharmacy Top 25 Prior Authorizations Q2 2026**	Motion: *Approve* - Pharmacy Executive Summary (Q2 2026) - Pharmacy Operations Metrics (Q2 2026) - Pharmacy Top 25 Prior Authorizations (Q2 2026) - Quality Assurance Reliability Results (IRR) for Pharmacy

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Action Patrick Marabella, M.D., Chair	o Pegfilgrastim continues to drive PA volume due to the existence of preferred products in the PA policies versus the branded products. o Several drug requests in Q2 2026 had high denial rates based on the non-preferred status of the requests. o The approval rate was similar in Q2 2026 compared to Q1 2026. o The top requests in Q2 2026 were similar compared to Q1 2026. • **Quality Assurance Reliability Results (IRR) for Pharmacy Q2 2026** o The 95% goal was met; the overall score was 95%. o Three (3) sample cases were determined to have a questionable denial or approval after Plan review: it was determined that the decisions were not consistent with criteria or documentation and led to one (1) questionable denial and two (2) questionable approvals. A more detailed review and QA of cases in Q2 2026 has been performed, and results will be shared with PA management to address concerns.	(Q2 2026) (Pascual/ Faulkenberry) 5-0-0-2
#7 Credentialing & Peer Review Subcommittee Business - Credentialing Subcommittee Report (Q3 2026) (Attachments PP) Action Patrick Marabella, M.D., Chair	The **Credentialing Sub-Committee Quarterly Report** was presented. The Credentialing Sub-Committee met on 7/16/26. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated entities. Reports covering Q1 2026 were reviewed for delegated entities, and for Q2 2026 for Health Net (HN) and HN Behavioral Health (BH). A summary of the Q1 2026 data was presented. • The **Credentialing Adverse Actions** report for Q2 2026 for CVH from the HN Credentialing Committee was presented. There was one (1) CVH case presented for discussion in Q2 2026. The Credentialing Committee reviewed a case involving a request for administrative termination of the practitioner's participation in Fresno County due to failure to satisfy required Facility Site Review (FSR) and Medical Record Review (MRR) corrective action requirements. Following the review, the practitioner was required to submit a Corrective Action Plan (CAP) with supporting evidence showing that the cited deficiencies had been resolved. Because the deficiencies remained unresolved after the regulatory correction period and extension, the Credentialing Committee administratively terminated the practitioner's participation, effective 6/25/2026, for the impacted practice site only. This action is regulatory and administrative in nature. Network terminations resulting from failed or noncompliant FSR/MRR findings remain in effect for three (3) years, after which the practitioner may reapply for participation. There are no appeal rights for this	Motion: *Approve* - Credentialing Subcommittee Report (Q3 2026) (Cardona/Waugh) 5-0-0-2

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	administrative action, consistent with the termination being based on noncompliance with regulatory participation standards rather than on a determination of professional competence or conduct. • The **Adverse Events Q2 2026** report was presented. This report provides a summary of potential quality issues (PQIs) as well as Credentialing Adverse Action (AA) cases identified during the reporting period. o Credentialing submitted no (0) new cases to the Credentialing Committee in Q2 2026 involving an individual practitioner. ▪ Credentialing submitted three previously presented, remaining open cases to the Credentialing Committee in the second quarter of 2026. o All cases involved individual practitioners. o All cases stemmed from a state licensing board action. o One case was placed on annual monitoring, and two cases were closed with no further action. o Zero cases involved behavioral health. ▪ There were no reconsiderations or fair hearings during Q2 2026. o There were zero (0) incidents involving appointment availability issues resulting in substantial harm to a member or members in Q2 2026. o There were zero (0) cases identified outside of the ongoing monitoring process in which an adverse injury occurred during a procedure by a contracted practitioner in Q2 2026. o Reviews completed in April, May, and June identified one (1) practitioner and one (1) provider requiring removal from the Plan's network. ▪ The provider appeared on both the CMS Preclusion report and the Suspended and Ineligible Provider Listing. ▪ The practitioner appeared on the Suspended and Ineligible Provider Listing. o The practitioner and provider were notified, as well as impacted Plan departments such as Claims, Network Management, Delegation Oversight, Special Investigations Team, and Provider Data Management. o April, May, and June 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.	

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	○ Zero (0) cases required reporting for 805 in Q2 2026. • The **Access & Availability Substantial Harm Report Q2 2026** was presented and reviewed. This report aims to identify incidents of appointment availability resulting in substantial harm to a member or members as defined in Civil Code section 3428(b)(1). Assessments include all received and resolved Quality of Care (QOC) and Potential Quality Issues (PQIs) cases related to identified appointment availability complaints. Each case is assigned a severity outcome score, and cases requiring follow-up are tracked to conclusion. This report now includes behavioral health cases in addition to physical health. ○ After a thorough review of all Q2 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 Investigations Team submitted 13 cases to the Peer Review Committee in the second quarter of 2026: ○ Of the 13 cases, zero (0) cases were related to appointment availability issues without significant harm, and four were related to significant harm without appointment availability issues. ○ There were zero incidents involving appointment availability issues resulting in substantial harm to a member or members in the second quarter of 2026. • The **Credentialing Summary Reports for HN and HN Behavioral Health for Q2 2026** were presented and reviewed. ○ The Credentialing Summary Reports were presented for Q1 2026 to reflect Initial Credentialing and Recredentialing activities. These reports also provide information on any Suspensions, Terminations, or Resignations for Quality of Care from the delegated entities. There were no (0) significant issues identified in this reporting period. • The **Credentialing Sub-Committee Reports for Q2 2026** were reviewed. The county-specific Credentialing Subcommittee Reports of significant subcommittee activities for April through June 2026 were presented. There was one (1) termination in Fresno County, and three (3) CAPs were issued in Madera County for Q2 2026.	
#7 Credentialing & Peer Review Subcommittee Business - Peer Review Subcommittee Report Q3 2026	**Peer Review Sub-Committee Quarterly Report** was presented. The Peer Review Sub-Committee met on 7/16/26. • The county-specific **Peer Review Sub-Committee Summary Reports for Q2** 2026 were reviewed for approval. No (0) significant cases to report.	Motion: Approve - Peer Review Subcommittee Report Q3 2026

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(Attachment QQ) Action Patrick Marabella, M.D., Chair	• The **Q2 2026 Adverse Events Report** was presented. This report provides a summary of potential quality issues (PQIs) and Credentialing Adverse Action (AA) cases identified during the reporting period. o There were eight (8) cases identified in Q2 2026 that met the criteria and were submitted to the Peer Review Committee. ▪ Four (4) cases were regarding practitioners, and four (4) cases involved organizational providers (facilities). ▪ Of the eight (8) cases, three (3) were tabled, one (1) was closed to track and trend with a letter of concern, one (1) was closed to track and trend with a letter of education, and three (3) were closed to track and trend. ▪ Eight (8) cases were quality of care grievances, zero (0) were potential quality issues, and zero (0) were track and trend. ▪ One (1) case involved seniors and persons with disabilities. ▪ One (1) case involved behavioral health. o The Investigations Team submitted five (5) previously presented, remaining-open cases to the Peer Review Committee in Q2 2026. ▪ Two (2) cases were regarding practitioners, and three (3) cases involved organizational providers (facilities). ▪ Of the five (5) cases, one (1) was tabled, one (1) was placed on monitoring, and three (3) were placed on pending closure. ▪ Two (2) 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. o There were zero (0) new or previously reported incidents involving appointment availability issues resulting in substantial harm to a member or members in Q2 2026. o Grievance data reviews (NCQA CR 5.A.3-4) completed in March, April, and May did not identify any providers/practitioners who met the Peer Review trended criteria for escalation. o Two (2) cases were placed on or remain on corrective action in Q2 2026. o Grievance data reviews for health equity, site review, chaperone, or medical records, completed in April, May, and June, did not identify any providers/practitioners who met	(Cardona/ Faulkenberry) 5-0-0-2

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	the Peer Review trended criteria for escalation. o There was one (1) new case and one (1) previously reported case identified outside of the ongoing monitoring process in which an adverse injury occurred during a procedure by a contracted practitioner (NCQA CR.5.A.4) in Q2 2026. o The reviewing Medical Directors determined that further outreach was required for ten (10) cases. o Zero (0) cases were referred to peer review for further review. Further review includes trended grievances and a license and sanction/exclusion review. Zero (0) cases required escalation for presentation at the Peer Review Committee. o Zero (0) cases required reporting for 805.01 in Q2 2026. • The **Access & Availability Substantial Harm Report for Q2 2026** was also presented. This report aims to identify incidents related to appointment availability resulting in substantial harm to a member or members as defined in Civil Code section 3428(b)(1). Assessments include all received and resolved grievances Quality of Care (QOC), and Potential Quality Issues (PQIs) related to identified appointment availability issues, and they are ranked by severity level. o Thirteen (13) cases were submitted to the Peer Review Committee in Q2 2026. Of the thirteen (13) cases, zero (0) cases were related to appointment availability issues without significant harm, and four (4) were related to significant harm without appointment availability issues. o Zero (0) incidents involving appointment availability issues resulted in substantial harm to a member or members in Q2 2026. • The **Q2 2026 Peer Count Report** was presented and discussed with the committee. There were thirteen (13) cases reviewed. Five (5) cases were closed and cleared. Zero (0) cases were closed/terminated. Zero (0) cases were deferred. Four (4) cases were tabled for further information. There was one (1) case with CAP outstanding/continued monitoring, and three (3) are pending closure for CAP compliance.	
#8 Access Business - Access Workgroup Quarterly Report (Q3 2026) (Attachment RR)	The **Access Work Group Quarterly Report (Q3 2026)** was presented by Morgan Simpson and reviewed by the QI/UM Committee. This report provides an update on the CVH Access Workgroup activities since the last report to the QI/UM Committee. Reports and topics discussed focus on access-related issues, trends, and any applicable corrective actions. Access Workgroup meetings were held on 5/26/26 and 7/28/26, with the full list of reports	**Motion: *Approve*** - Access Workgroup Quarterly Report (Q3 2026)

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Action Patrick Marabella, M.D., Chair	reviewed by the Access Workgroup in Appendix A. See full report for additional details. **5/26/26 Access Workgroup Meeting:** **ACCESS 1 MY 2024 Access & After-Hours CAP & Evaluation:** Corrective Action Plans (CAPs) were issued to seven (7) PPGs and six (6) direct network providers. All PPG and direct-network corrective action activity was validated and closed. **ACCESS 5 Network Adequacy Report Q1 2026:** • DMHC PCP alternative access was requested for non-compliant ZIP codes. Mammography fell below standard in Fresno County, and Diagnostic Radiology fell below standard in Kings County. • DHCS PCP Access: Access standards (adult and pediatric populations) were not met in Fresno and Madera Counties. **ACCESS 8 Appeals & Grievances Executive Report (Full & Executive Summary) Q1 2026:** Top access-related grievance classifications: Prior authorization delays (72 cases), Missed transportation appointments (29), PCP referrals for services (15), Network availability (12), Availability of appointment with PCP (10), Availability of appointment with specialist (9), and Prescription Delay (6) **Q1 2026 Transportation Oversight Report:** Transportation utilization increased to 12.27% from 11.50% in Q4 2025. **7/28/26 Access Workgroup Meeting:** **MY 2025 Integrated Accessibility Report:** Access metrics fall under two categories: "Rate of Compliance", DMHC Provider Appointment Availability (PAAS) Survey and the DHCS standards, and other metrics CVH uses to monitor access to care that are not part of the Rate of Compliance. • **Timely Access Metrics:** MY 2025 PAAS results show that the 70% DMHC compliance threshold was met for both Urgent Care (70%) and Non-Urgent (77%) appointments across all survey types **when combined across all counties,** even though individual providers may not have met the compliance threshold. • **After-Hours Survey:** Two metrics were used to measure performance with Access to After-Hours: o Appropriate After-Hours Emergency Instructions: percent of providers who give clear and appropriate instructions for emergency issues. **Goal met. 93% overall compliance rate** o Ability to contact on-call physician after-hours – percent of providers that can be contacted	(Pascual/ Faulkenberry) 5-0-0-2

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	within thirty (30) minutes for urgent issues. **Goal not met. 86.9% overall compliance rate** • **Provider Satisfaction Survey**: Satisfaction rates ranged approximately between 49% and 62%, which was a decrease from the prior year's results, which ranged between 66% and 72%. • **Enrollee Experience Survey (EES)**: Results of the 2025 EES show that 67% of members indicate that they had no problems getting a timely appointment for routine care, an increase in rate in 2025 from 54% in 2024. **CAHPS© Survey**: In MY2025, CVH participated in the Health Services Advisory Group, Inc. (HSAG) annual CAHPS© survey using standardized NCQA questions to assess member experience with the Plan and Plan providers. **Behavioral Health Survey:** CVH surveyed members who used behavioral healthcare services between 3/1/24, and 2/28/25. The Experience of Care and Health Outcomes (ECHO) Survey for MY 2025 assessed member satisfaction regarding Urgent and Non-Urgent Appointments. MY2024 results reflect improvement across all measures, with scores ranging from 45% to 95%. **Member Grievances:** For MY2025, CVH monitored member grievances related to access by analyzing the volume and PTMPY rates of Quality of Service (QOS) and Quality of Care (QOC) grievances. Planned improvement actions include stronger provider and member communications, increased monitoring of providers and PPGs, and a summit with HN and its provider network team to expand specialty and BH networks. **MY2025 Integrated Availability Report:** Overall, CVH is meeting the ratio standards and the time and distance standards. Exceptions include: Standard drive times were not met for hospitals across Fresno, Kings, and Madera counties due to geographic distance, particularly for rural members in Madera. Ancillary Services (Urgent Care Centers and Laboratory facilities) and Limited Specialists were not met in Kings County. **Telehealth Program Report Q1 2026:** Telehealth and eConsult utilization demonstrated overall strong performance, highlighting average response times of 14 minutes for general medical visits and 78% of eConsults completed within 24 hours. **2025 Alternative Access Network Adequacy**: When the Plan does not meet time or distance standards for a particular specialty in a geographic area (i.e., zip codes), an exemption request is filed with the Department of Managed Health Care (DMHC) and with the Department of Health Care Services (DHCS) through an alternative access standard (AAS). Five (5) PCP and three (3) Hospital AAS were submitted to the DMHC. 240 AAS requests were submitted to the DHCS across both adult and pediatric measurement categories.	

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#9 Compliance Update - Compliance Regulatory Report (Attachment SS)	Morgan Simpson presented the **Compliance Report.** **CVH Oversight Activities: Health Net:** CVH's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participates in joint work group meetings, and discusses any issues or questions during the monthly oversight meetings with HN. CVH and HN also hold additional joint meetings to review and discuss activities related to critical projects or transitions that may affect CVH. The reports cover PPG-level data in the following areas: financial viability data, claims, provider disputes, access and availability, specialty referrals, utilization management data, grievances, and appeals, etc. **Oversight Audits**: Annual audits in progress: Q4 2025 Claims/PDR, 2026 Credentialing, 2026 Health Education, Member Rights, Quality Improvement, ECM, and Behavioral Health. Completed Annual Audits since the last Commission report: Call Center (No CAP), Health Equity (No CAP), and Marketing (No CAP). **Fraud, Waste & Abuse Activity:** Since the 7/16/2026 Compliance Regulatory Report to the Committee, there were seven (7) new MC609 filings: Inappropriate Billing (5), SNF Excessive Billing (2) **Department of Health Care Services ("DHCS") 2023 Focused Audit for Behavioral Health and Transportation:** On 8/4/26, DHCS accepted and closed the Focused Audit CAP. **Department of Health Care Services ("DHCS") 2025 Medical Audit:** All CAP responses were completed and submitted to DHCS. Awaiting DHCS review, feedback, and final closure. **MY 2024 Health Equity and Quality Performance:** DMHC issued its Health Equity and Quality Performance Findings Report for MY2024 on 7/1/26. The Plan exceeded benchmarks for most quality measures with no administrative deficiencies; however, four (4) aggregate measures and several health equity disparities require a CAP, due to DMHC on 9/29/26. **2026 DMHC/DHCS Joint Medical Survey Audit:** The Plan is awaiting the preliminary audit report for the onsite audit conducted from June 16, 2026, through June 18, 2026. **2026 Network Adequacy Validation (NAV) Audit:** The Plan is expected to receive audit findings in January 2027 for the virtual audits conducted on 7/14/26 and 8/25/26. **Memorandum of Understanding (MOU):** Executed MOUs since the last Commission meeting: • Public Health (LDH) Kings County • First Five Fresno County • Child Welfare Fresno County As required by the DHCS contract, these MOUs have also been posted on the CalViva Health website	

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	under Key Documents and Forms: www.calvivahealth.org/meeting-agenda/procedures-forms/ **Unsatisfactory Immigration Status (UIS):** Effective 1/1/27, Medi-Cal members with Unsatisfactory Immigration Status (UIS) will transition from Medi-Cal managed care to the Fee-for-Service (FFS) delivery system in accordance with federal requirements. DHCS has established implementation requirements and associated deliverables for MCPs to support an orderly transition of affected members, including activities related to member communications, continuity of care, data, and transition readiness. The Plan submitted the first deliverable on 9/1/26. The next deliverable is due on 9/15/26. **New DHCS Regulations/Guidance:** Please refer to Appendix A for a complete list of DHCS and DMHC All Plan Letters (APLs) that have been issued in CY 2026. **Public Policy Committee (PPC):** The Public Policy Committee meeting was on 9/2/26. The following standing reports were presented: • Semi-Annual Member Incentive Program Q1, Q2 2026 • Appeals and Grievance Report Q2 2026, including additional perspective on specific issues/trends from Dr. Marabella. There were no recommendations or action items requiring a response from the Commission. The next Public Policy Committee meeting will be held on December 3, 2026, 11:30 am -1:30 pm, located at 7625 N. Palm Ave, Suite 109, Fresno, CA 93711.	
#11 **Old Business**	None.	
#12 **Announcements**	The next meeting is on October 15th, 2026.	
#13 **Public Comment**	None.	
#14 **Adjourn**	The meeting adjourned at 11:28 a.m.	

NEXT MEETING: October 15th, 2026

Submitted this Day: October 15th, 2026

Submitted by: Amy Schneider RN

Amy Schneider, RN, Senior Director of Medical Management

Acknowledgment of Committee Approval:

X

Patrick Marabella, M.D., CMO, Committee Chair

Item #5

Closed Session

Item #6

Attachment 6.A

2026 Quality Improvement Health Equity Transformation Program

2026
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

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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

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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:

- Ensure language services meet regulatory requirements and achieve metric goals.
- Achieve appropriate reading grade level requirements and cultural appropriateness.
- Complete staff and provider trainings for required topics.
- Address health disparities through targeted cross-collaborative projects.

Implement social needs assistance strategies with integrated approaches for mitigating social risks.

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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 nine 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. Member Experience

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4. Maternal Health/Hospital/Patient Safety
5. Pediatric/Dental
6. Pharmacy
7. Preventive Health
8. Coordination of Care/Member Engagement
9. Access and Availability

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. Operational Areas Subject Matter Experts
   2. Language Assistance Program
   3. Health Literacy
   4. Cultural Competency
   5. Health Equity, Social Determinants of Health, & Social Needs
   6. General Compliance Activities

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 (CSHCN), 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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Chronic Care / Disease Management ¶
Behavioral Health ¶
Continuity And Coordination of Care ¶
Access, Availability, Satisfaction and Service ¶
Quality And Safety of Care ¶
Quality Edge ¶

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Chronic Conditions ¶
Pharmacy & Related Measures¶
Member Engagement and Experience¶
Hospital Quality/ Patient Safety¶
Pediatric/ Perinatal/ Dental¶
Preventive Health¶
Provider Engagement/ Communication¶

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C. CalViva Health maintains Health Plan Accreditation (HPA) with the National Committee for Quality Assurance (NCQA) to ensure PHM standards are maintained.

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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 recredentialed 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.

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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.

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C. Population Health Under the PHM Program, CalViva will meaningfully participate 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.
- 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.
- 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

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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.¶

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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.

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- 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.

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Appendix 1

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.

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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, includes representation throughout the state to align with our membership locations, and is staffed by a Vice President of Quality Management, a Manager of Health Equity Department, one Program Manager III, five Senior Health Equity Specialists, two Health Equity Specialists, and one supplemental staff. Staff cover all services related to the California Market.

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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.

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

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

_____ _____

David Hodge, MD

Regional Health Authority Commission Chairperson

Date

_____ _____

Patrick Marabella, MD, Chief Medical Officer

Chair, CalViva Health QI/UM Committee

Date

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Item #7
Attachment 7.A

Skilled Nursing Facility Quality Assurance
Performance Improvement Q2 2026 Report

Attachment

REPORT SUMMARY TO COMMITTEE

TO: CalViva QI/UM Committee

FROM: Edward Mariscal, Director, Population Health Strategy
Population Health & Clinical Operations

COMMITTEE DATE: November 19, 2026

SUBJECT: Skilled Nursing Facility (SNF) Quality Assurance Performance Improvement (QAPI) Program – Q2 2026

Summary:

SNFs in CalViva Health region perform better than the state and national averages on avoidable trips to the emergency department but perform worse than the state and national averages in in-patient readmissions. SNFs in CalViva Health region have lower state enforcement actions and have lower than the state average rates of UTIs. SNFs in the CalViva Health region have higher rates than the state average of Falls and Use of Anti-Psychotic Medications.

There are 36 licensed SNFs in the CalViva Health designated service area. In Q2 2026, CalViva Health Members admitted to 58 different nursing homes statewide.

Table 1 – Long Term Care Unique Member Utilization by County: Q2 2026

	Jan	Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec	Average
Fresno	799	777	771	741	742	743							762
Kings	107	107	102	103	99	111							105
Madera	90	95	98	97	93	97							95
Other*	40	36	34	32	32	37							35
Total	1,036	1,014	1,004	973	966	988							996

**Other refers to Counties outside the CalViva Health service region*

Top 10 SNFs in CalViva Health Service Region by Unique Member Utilization: Q2 2026

SNF	Unique Members	SNF	Unique Members
1. Madera Rehabilitation & Nursing	70	Brighton Post Acute	51
2. Centerpointe Care Center	66	Sunnyside Convalescent Hospital	49
3. Community Subacute & Transitional	56	Fresno Post-Acute Care	46
4. Healthcare Centre of Fresno	55	Countryside Care Center	44
5. Hanford Post Acute	53	Sierra Vista Healthcare	43

The Top 5 Performing SNFs

The top 5 performing SNFs serving CalViva Health members are:

Q3 2025	Q4 2025	Q1 2026	Q2 2026
1. California Home for Aged	1. Fowler Care Center	1. The Terraces	The Terraces
2. Selma Convalescent	2. Selma Convalescent	2. Hacienda Post Acute	Hanford Post Acute
3. The Terraces	3. The Terraces	3. Fowler Care Center	North Pointe Healthcare
4. Dycora Trans - Fowler	4. Horizon Health	4. Selma Convalescent	California Home for Aged
5. Dycora Trans - Sanger	5. Dycora Trans - Clovis	5. Oakwood Gardens Care	Oakwood Gardens

The Bottom 5 Performing SNFs

Overall, the bottom 5 performing SNFs serving CalViva Health members are:

Q3 2025	Q4 2025	Q1 2026	Q2 2026
1. Madera Rehabilitation	1. Oakhurst Healthcare	1. Bethel Lutheran Home	Oakhurst Healthcare
2. Manning Gardens Care	2. Dycora Trans – Fresno	2. Dycora – Fresno	Dycora – Fresno
3. Hanford Post Acute	3. Madera Rehab	3. Sunnyside Convalescent	Coalinga Regional D/P
4. Healthcare Centre Fresno	4. Kingsburg Center	4. Madera Rehabilitation	Veteran's Home of CA
5. Oakhurst Healthcare	5. Hanford Post Acute	5. Oakhurst Healthcare	Pacific Gardens Nursing

Avoidable Emergency Department Visits in Q1 2026

In Q2 2026, CalViva had 533 unique members in the top 10 utilizing SNFs. In Q2 2026, those 533 members had **18** avoidable Emergency Department Visits, down from 26 in Q1 2026.

- California Average: 11.2%
- National Average: 12%
- CalViva Health Average: 9.1%

Avoidable Acute In-patient Admissions in Q1 2026

In Q2 2026, CalViva had 533 unique members in the top 10 utilizing SNFs. There were **32** avoidable Acute In-patient admissions during that same time, down from 46 in Q1 2026.

- California Average: 23.1%
- National Average: 23.9%
- CalViva Health Average: 25.3%

Note: Avoidable Emergency Department visits (18) only include ED visits that did not result in acute inpatient admission. Avoidable In-Patient admissions (32) include direct admissions from SNF and In-Patient admissions through the emergency department.

On a quarterly basis, this report will be updated to identify and trend quality outcomes and allow for directed referrals to quality SNFs and to identify SNFs for quality improvement.

Purpose of Activity:

The purpose of this report is to provide the CalViva QI/UM Committee with a summary of key quality, regulatory, satisfaction and performance measures for Skilled Nursing Facilities serving CalViva Health Members in Fresno, Kings, Madera and multiple other counties for the purpose of oversight monitoring and identification of opportunities for improvement. Once opportunities for improvement have been identified and addressed, the QI/UM Committee will utilize this report to monitor the success and challenge of improvement activities to ensure goals are met and compliance sustained. The ultimate goal of this report is to improve the overall quality of outcomes and care for CalViva Members.

Methodology

CalViva is responsible for maintaining a comprehensive Quality Assurance Performance Improvement (QAPI) program for the LTC services provided. The Health Plan has a system in place to collect quality assurance and improvement findings from CDPH and CMS, which includes survey deficiency results, citation results, annual certification survey site visits, financial penalties and complaint findings.

CalViva Health's comprehensive QAPI program incorporates the following:

- Claims data for SNF residents, including emergency room visits, healthcare associated infections requiring hospitalization, potentially preventable readmissions as well as DHCS supplied WQIP data
- Mechanism to assess the quality and appropriateness of care furnished to Members
- Member community integration
- DHCS, CDPH and CMS efforts to prevent, detect and remediate critical incidents

The QAPI program utilizes internal claims and publically available data from CDPH and CMS to help identify overall quality of care and outcomes in skilled nursing facilities. Metrics used to identify and trend the quality of providers include the following categories:

- Use of Anti-Psychotic Medications
- Rate of Falls with Injury
- Pneumococcal Vaccine Rate
- Pressure Ulcers
- UTI Rates
- Staffing
- Number of State Enforcement Actions
- Infection Control Deficiencies
- Quality of Care Deficiencies
- Freedom from Abuse Deficiencies
- Overall CMS Star Rating
- Preventable Emergency Department Utilization
- Preventable Inpatient Admission to Acute Care

Data/Results (include applicable benchmarks/thresholds – updated quarterly):

Table 2 – Q2 2026 Overall Top Performing SNFs in CalViva Health Region based on a weighted 5-point scale using metrics in Summary

Overall Quality Score - Top Ranked	
Skilled Nursing Facility	**Quality Score**
The Terraces	4.82
Hanford Post Acute	4.48
North Pointe Healthcare Centre	4.42
California Home for the Aged	4.34
OAKWOOD GARDENS CARE CENTER	4.30
HORIZON HEALTH AND SUBACUTE CENTER	4.28
EVERGREEN CARE CENTER	4.26

DYCORA TRANSITIONAL HEALTH - CLOVIS	4.24
HACIENDA POST ACUTE, INC.	4.18
FOWLER CARE CENTER	4.16

Source: Publically available data, claims data

Table 3 – Q2 2026 Overall Bottom Performing SNFs in CalViva Health Region based on a weighted 5-point scale using metrics in Summary

Overall Quality Score - Bottom Ranked	
Skilled Nursing Facility	**Quality Score**
AVALON HEALTH CARE-MADERA	3.57
SUNNYSIDE CONVALESCENT HOSPITAL	3.44
MADERA REHABILITATION & NURSING CENTER	3.40
KINGSBURG CENTER	3.35
HEALTHCARE CENTRE OF FRESNO	3.30
PACIFIC GARDENS NURSING AND REHABILITATION CENTER	3.27
VETERANS HOME OF CALIFORNIA - FRESNO	3.23
COALINGA REGIONAL MEDICAL CENTER	2.83
DYCORA TRANSITIONAL HEALTH MEMORY CARE OF FRESNO	2.81
OAKHURST HEALTHCARE CENTER	2.70

Source: Publically available data, claims data

Table 4 – SNFs with low rate of preventable Emergency Department visits – Last 4 Quarters

SNF Name	Q3 2025 Unique Mbrs	Q4 2025 Unique Mbrs	Q1 2026 Unique Mbrs	Q2 2026 Unique Mbrs	Q3 2025 ER Avoid	Q4 2025 ER Avoid	Q1 2026 ER Avoid	Q2 2026 ER Avoid
Brighton Post Acute	46	43	51	51	0	0	0	0
California Armenian Home	29	35	29	25	0	0	0	1
Oakwood Gardens Care	36	40	29	24	1	1	0	2
Bethel Lutheran	22	23	24	27	0	0	0	1
Golden Madera Care	18	19	17	18	1	0	0	0

Source: claims data

Table 5 – SNFs with high rate of preventable Emergency Department visits – Last 4 Quarters

SNF Name	Q3 2025 Unique Mbrs	Q4 2025 Unique Mbrs	Q1 2026 Unique Mbrs	Q2 2026 Unique Mbrs	Q3 2025 ER Avoid	Q4 2025 ER Avoid	Q1 2026 ER Avoid	Q2 2026 ER Avoid
Manning Gardens Care	63	49	43	41	13	7	20	8
Madera Rehabilitation	71	64	75	70	4	2	20	3
Community Subacute	63	64	62	56	0	3	18	1
Countryside Care Center	26	34	39	38	0	1	13	1
The Vineyards at Fowler	23	26	31	28	1	3	7	3

Source: claims data

Table 6 – SNFs with low rate of preventable Acute Inpatient Admissions Q2 2026

SNF Name	Q3 2025 Unique Mbrs	Q4 2025 Unique Mbrs	Q1 2026 Unique Mbrs	Q2 2026 Unique Mbrs	Q3 2025 IP Avoidable	Q4 2025 IP Avoidable	Q1 2026 IP Avoidable	Q2 2026 IP Avoidable
Bethel Lutheran Home	22	23	24	27	0	2	0	3
Clovis Skilled Care	10	10	12	7	0	0	0	1
Chowchilla Memorial	7	7	9	7	1	0	0	0
Palm Village Retirement	29	33	27	28	0	0	0	3
Sierra View Homes	10	13	13	10	1	1	0	0

Source: claims data

Table 7 – SNFs with highest rate of preventable Acute Inpatient Admissions per CalViva Health member Q2 2026

SNF Name	Q3 2025 Unique Mbrs	Q4 2025 Unique Mbrs	Q1 2026 Unique Mbrs	Q2 2026 Unique Mbrs	Q3 2025 IP Avoidable	Q4 2025 IP Avoidable	Q1 2026 IP Avoidable	Q2 2026 IP Avoidable
Madera Rehabilitation	71	64	75	70	6	6	6	7
Countryside Care Center	26	34	39	38	1	3	6	4
The Vineyards at Fowler	23	26	31	28	3	3	6	2
Healthcare Centre of Fresno	68	63	58	55	3	4	6	3
Orchard Post Acute	48	38	43	35	2	2	6	7

Source: claims data

Table 8 – 2024 and 2025 SNF Workforce Quality Incentive Program (WQIP) Quality Score

SNF Name	2024 SNF Score	2024 Member Days	2025 SNF Score	2025 Member Days
MANNING GARDENS CARE CENTER, INC.	72.15%	7,597	70.00%	8,397
HORIZON HEALTH & SUBACUTE CENTER	64.39%	12,321	78.88%	11,029
CALIFORNIA HOME FOR THE AGED, INC.	63.36%	11,447	70.00%	7,448
BETHEL LUTHERAN HOME, INC.	60.78%	9,443	68.38%	6,440
FOWLER CARE CENTER	60.10%	7,687	65.93%	4,409
SIERRA VISTA HEALTHCARE	59.75%	9,998	63.14%	7,414
PACIFIC GARDENS NURSING & REHABILITATION	48.86%	12,817	25.53%	9,412
MADERA REHABILITATION & NURSING CENTER	45.01%	13,828	50.43%	18,632
EVERGREEN CARE CENTER	43.83%	6,721	54.66%	6,009
FRESNO POST ACUTE CARE	41.55%	4,514	32.86%	13,828

Source: DHCS Scoring Report – 2025 Scores will be updated in Q4 2026

The SNF WQIP scoring system uses a combination of metrics across workforce, clinical quality and equity domains to determine incentive payments for skilled nursing facilities. Facilities are scored based on their performance across all managed care plans they serve, and the scores are aggregated to calculate a per diem incentive amount.

Higher SNF score, calculated by DHCS, results in higher per diem incentive payment for each CalViva Health member day in the SNF.

Analysis/Findings/Outcomes:

The following SNFs have the highest rates of preventable ED utilization and Acute Inpatient Admissions in Q1 2026, and oversight will continue through the end of 2026:

- Manning Gardens Care Center (managed by Cambridge Health)
- Community Subacute & Transitional
- Madera Rehabilitation & Nursing (managed by Cambridge Health)

Manning Gardens Care Center

Analysis of the publically available data shows this SNF continues to have higher than the State average rates of *Anti-Psychotic Medication Use* and *Falls*. However, they've shown improvement in their rate of *UTIs* and rates of *Pressure Ulcers*. The SNF has implemented the following to improve their quality outcomes:

- Hydration Rounds – Daily, starting 9/1/25, dedicated staff will monitor availability and consumption of water
    - Hydration Rounds continue daily, all shifts
- Pharmacy Education – Anti-Psychotic Utilization education continued through 2026
    - In-service conducted on February 10, and again on May 12 – all shifts
- Fall Prevention
    - Physical Therapist-led in-service of all staff held in Q1 2026 and Q2 2026

Community Subacute & Transitional

Analysis of the publically available data shows this SNF has better than average rates of Fall and Anti-Psychotic Medication use. However, rates of UTI and Pressure Ulcers are higher than the state average, resulting in higher-than-expected emergency department utilization and inpatient admissions. The SNF is implementing the following to improve their quality outcomes:

- Avoiding Unnecessary Catheterization – Led by the Director of Nursing and the Medical Director, all Residents with Catheters will be evaluated for necessity weekly.
    - Weekly reviews began March 2026 by Director of Nurses and Infection Control Nurse
- Repositioning Rounds and RNA-led Range of Motion Exercises for Bedbound Residents
    - Physical Therapy led training of RNAs and CNAs
    - Daily 2-hour repositioning of Bedbound and Bariatric Residents

Madera Rehabilitation & Nursing

Analysis of the publically available data shows this SNF has higher than average rates of Falls. The SNF is implementing the following to improve their quality outcomes:

- Fall Prevention
    - Physical Therapist-led in-service of all staff held in Q1 and Q2 2026
    - Physical Therapist to participate in new admission reviews to develop fall-prevention care plans
    - Coordination of fall-prevention measures and strategies with CRMC and St. Agnes prior to admission to SNF

Barrier Analysis:

- Acute hospital psychiatric evaluations
    - Patients showing behavioral health needs/episodes in acute care are not assessed or evaluated by the acute psychiatric physicians.
- Acute Care Hospitals above capacity
    - SNFs reporting referrals from acute care well before they are appropriate or safe for discharge.
    - Clovis Medical Center transferring patients from the ED to Fresno Heart Hospital
- Increased number of referrals of Members experiencing homelessness, have substance use disorders, behavioral/mental health diagnoses, bariatric (400+)

Actions Taken/Next Steps:

Manning Gardens

Between Q1 2026 and Q2 2026, Manning Gardens experienced a reduction in Falls from 3.8% of residents experiencing a fall to 3.3%. During the same period, Manning Gardens experienced a rate increase of 18.9% to 22.6% of residents who are prescribed antipsychotic medications. Monthly monitoring will continue.

- Second meeting with VP Managed Care at Cambridge – July 2026
    - Manning Gardens to work with CRMC, St. Agnes and Medical Groups to address concerns prior to admission to SNF
- Review success of Physical Therapist-led education and training of staff – Q3
    - Fall-prevention education incorporated in new-hire training for all Cambridge SNFs

Community Subacute & Transitional

Between Q1 2026 and Q2 2026, Community Subacute experienced a slight increase in UTI rates from 2.4% of residents with a UTI to 2.9%. During the same period, Community Subacute experienced a rate reduction in pressure sores from 8.41% to 7.2%. Monthly monitoring will continue.

- Follow-up on Avoiding Catheterization education
    - 2 new admits in Q1 and 4 new admits in Q2 2026 had active UTI diagnosis
    - No residents in Q2 2026 had a catheter inserted and left in the bladder
- Follow-up on RNA-led repositioning training
    - 3 new admits in Q1 and 3 new admits in Q2 2026 had Stage 4 decubitus ulcers

Madera Rehabilitation

Historically, Madera Rehabilitation has the largest number of unique utilizers per month, averaging over 70 CalViva Health members every month.

Between Q1 2026 and Q2 2026, Madera Rehabilitation experienced a slight increase in Falls from 3.98% to 4.10%. Monthly monitoring will continue.

- Second meeting with VP Managed Care at Cambridge – July 2026
    - Madera Rehabilitation to work with CRMC, St. Agnes and Medical Groups to address concerns prior to admission to SNF
- Review success of Physical Therapist-led education and training of staff – Q3
    - Fall-prevention education incorporated in new-hire training for all Cambridge SNFs

Item #8

Attachment 8.A

Financials as of September 30, 2026

Fresno-Kings-Madera Regional Health Authority dba CalViva Health

Balance Sheet

As of September 30, 2026

		Total
1	ASSETS	
2	Current Assets	
3	Bank Accounts	
4	Cash & Cash Equivalents	729,627,935.65
5	Total Bank Accounts	**$729,627,935.65**
6	Accounts Receivable	
7	Accounts Receivable	$203,450,848.33
8	Total Accounts Receivable	**$203,450,848.33**
9	Other Current Assets	
10	Interest Receivable	1,432,591.21
11	Investments - CDs	$0.00
12	Prepaid Expenses	1,370,718.06
13	Security Deposit	$0.00
14	Total Other Current Assets	**$2,803,309.27**
15	Total Current Assets	**$935,882,093.25**
16	Fixed Assets	
17	Buildings	5,452,581.75
18	Computers & Software	20,440.14
19	Construction in Progress	$0.00
20	Land	3,161,419.10
21	Office Furniture & Equipment	109,681.27
22	Total Fixed Assets	**$8,744,122.26**
23	Other Assets	
24	Investment -Restricted	300,072.60
25	Lease Receivable	2,300,119.90
26	Total Other Assets	**$2,600,192.50**
27	TOTAL ASSETS	**$947,226,408.01**
28	LIABILITIES, DEFERRED INFLOW OF RESOURCES AND EQUITY	
29	Liabilities	
30	Current Liabilities	
31	Accounts Payable	
32	Accounts Payable	85,248.88
33	Accrued Admin Service Fee	4,441,613.00
34	Capitation Payable	133,396,931.28
35	Claims Payable	103,721.37
36	Directed Payment Payable	365,326,006.93
37	Total Accounts Payable	**$503,353,521.46**
38	Other Current Liabilities	
39	Accrued Expenses	830,242.44
40	Accrued Payroll	173,466.07
41	Accrued Vacation Pay	470,295.03
42	Amt Due to DHCS	38,025,535.73
43	IBNR	247,157.55
44	Loan Payable-Current	$0.00
45	Premium Tax Payable	$0.00
46	Premium Tax Payable to BOE	325,404.28
47	Premium Tax Payable to DHCS	188,375,000.00
48	Total Other Current Liabilities	**$228,447,101.10**
49	Total Current Liabilities	**$731,800,622.56**
50	Long-Term Liabilities	
51	Renters' Security Deposit	43,928.29
52	Subordinated Loan Payable	$0.00
53	Total Long-Term Liabilities	**$43,928.29**
54	Total Liabilities	**$731,844,550.85**
55	Deferred Inflow of Resources	1,879,797.93
56	Equity	
57	Retained Earnings	208,785,016.49
58	Net Income	4,717,042.74
59	Total Equity	**$213,502,059.23**
60	TOTAL LIABILITIES, DEFERRED INFLOW OF RESOURCES AND EQUITY	**$947,226,408.01**

Fresno-Kings-Madera Regional Health Authority dba CalViva Health

Budget vs. Actuals: Income Statement

July 2026 - Sept 2026 Income Statement

		Total		
		Actual	Budget	Over/(Under) Budget
1	Income			
2	Interest Income	3,154,239.24	1,860,000.00	1,294,239.24
3	Premium/Capitation Income	586,638,621.42	589,096,062.00	(2,457,440.58)
4	**Total Income**	**589,792,860.66**	**590,956,062.00**	**(1,163,201.34)**
5	Cost of Medical Care			
6	Capitation - Medical Costs	377,804,649.59	379,759,684.00	(1,955,034.41)
7	Medical Claim Costs	1,166,657.90	1,250,001.00	(83,343.10)
8	**Total Costs of Medical Care**	**378,971,307.49**	**381,009,685.00**	**(2,038,377.51)**
9	**Gross Margin**	**210,821,553.17**	**209,946,377.00**	**875,176.17**
10	Expenses			
11	Admin Service Agreement Fees	13,407,493.00	13,405,062.00	2,431.00
12	Bank Charges	195.66	1,800.00	(1,604.34)
13	Computer & IT Services	48,367.05	72,876.00	(24,508.95)
14	Consulting & Accreditation Fees	20,300.00	136,251.00	(115,951.00)
15	Depreciation Expense	84,728.55	93,000.00	(8,271.45)
16	Dues & Subscriptions	64,843.09	90,000.00	(25,156.91)
17	Grants & Community Reinvestment	2,199,545.46	2,440,910.00	(241,364.54)
18	Insurance	99,685.79	138,605.00	(38,919.21)
19	Labor	1,152,231.67	1,461,082.00	(308,850.33)
20	Legal & Professional Fees	72,751.89	93,628.00	(20,876.11)
21	License Expense	393,658.14	445,212.00	(51,553.86)
22	Marketing	309,948.30	375,000.00	(65,051.70)
23	Meals and Entertainment	11,083.37	12,362.50	(1,279.13)
24	Office Expenses	25,790.15	33,750.00	(7,959.85)
25	Parking	46.99	390.00	(343.01)
26	Postage & Delivery	445.00	1,230.00	(785.00)
27	Printing & Reproduction	494.51	1,374.99	(880.48)
28	Recruitment Expense	1,721.32	43,125.00	(41,403.68)
29	Rent	0.00	3,000.00	(3,000.00)
30	Seminars & Training	3,841.98	8,400.00	(4,558.02)
31	Supplies	3,438.19	4,050.00	(611.81)
32	Taxes	188,375,000.00	188,375,001.00	(1.00)
33	Telephone & Internet	5,930.46	12,000.00	(6,069.54)
34	Travel	3,064.01	8,349.99	(5,285.98)
35	**Total Expenses**	**206,284,604.58**	**207,256,459.48**	**(971,854.90)**
36	**Net Operating Income**	**4,536,948.59**	**2,689,917.52**	**1,847,031.07**
37	Other Income			
38	Other Income	180,094.15	126,000.00	54,094.15
39	**Total Other Income**	**180,094.15**	**126,000.00**	**54,094.15**
40	**Net Other Income**	**180,094.15**	**126,000.00**	**54,094.15**
41	**Net Income**	**4,717,042.74**	**2,815,917.52**	**1,901,125.22**

Fresno-Kings-Madera Regional Health Authority dba CalViva Health

Income Statement: Current Year vs Prior Year

CY vs PY Income Statement

		Total	
		July 2026 - Sept 2026 (Current Year)	July 2025 - Sept 2025 (Prior Year)
1	Income		
2	Interest Income	3,154,239.24	2,300,181.25
3	Premium/Capitation Income	586,638,621.42	574,900,906.01
4	**Total Income**	**589,792,860.66**	**577,201,087.26**
5	Cost of Medical Care		
6	Capitation - Medical Costs	377,804,649.59	364,862,245.70
7	Medical Claim Costs	1,166,657.90	1,348,234.57
8	**Total Costs of Medical Care**	**378,971,307.49**	**366,210,480.27**
9	**Gross Margin**	**210,821,553.17**	**210,990,606.99**
10	Expenses		
11	Admin Service Agreement Fees	13,407,493.00	14,250,423.00
12	Bank Charges	195.66	0.00
13	Computer & IT Services	48,367.05	72,679.18
14	Consulting/Accreditation Fees	20,300.00	5,760.00
15	Depreciation Expense	84,728.55	85,518.06
16	Dues & Subscriptions	64,843.09	64,152.31
17	Grants & Community Reinvestment	2,199,545.46	1,812,401.82
18	Insurance	99,685.79	97,098.14
19	Labor	1,152,231.67	1,155,394.81
20	Legal & Professional Fees	72,751.89	44,724.48
21	License Expense	393,658.14	321,781.71
22	Marketing	309,948.30	322,411.62
23	Meals and Entertainment	11,083.37	9,862.22
24	Office Expenses	25,790.15	25,437.35
25	Parking	46.99	35.49
26	Postage & Delivery	445.00	496.90
27	Printing & Reproduction	494.51	70.43
28	Recruitment Expense	1,721.32	46,222.06
29	Rent	0.00	0.00
30	Seminars and Training	3,841.98	150.99
31	Supplies	3,438.19	3,139.89
32	Taxes	188,375,000.00	188,375,000.00
33	Telephone & Internet	5,930.46	5,900.33
34	Travel	3,064.01	3,476.39
35	**Total Expenses**	**206,284,604.58**	**206,702,137.18**
36	**Net Operating Income**	**4,536,948.59**	**4,288,469.81**
37	Other Income		
38	Other Income	180,094.15	148,530.14
39	**Total Other Income**	**180,094.15**	**148,530.14**
40	**Net Other Income**	**180,094.15**	**148,530.14**
41	**Net Income**	**4,717,042.74**	**4,436,999.95**

Item #8

Attachment 8.B

Compliance Report

Regulatory Filings:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2026 YTD Total
# of DHCS Filings													
Administrative/ Operational	27	19	16	19	14	19	25	14	14	15	4		186
Member Materials Filed for Approval;	6	3	3	7	3	6	5	10	10	0	4		57
Provider Materials Reviewed & Distributed	16	4	19	17	19	29	23	14	18	8	1		168
# of DMHC Filings	9	2	8	10	10	12	10	6	6	3	0		76

DHCS Administrative/Operational filings include ad-hoc reports, policies & procedures, Commission changes, Plan and Program documents, etc.
DHCS Member & Provider materials include advertising, health education materials, flyers, letter templates, promotional items, etc.
DMHC Filings include ad-hoc reports, Plan and Program documents, policies & procedures, advertising, bylaw changes, Commission changes, undertakings, etc.

# of Potential Privacy & Security Breach Cases reported to DHCS and HHS (if applicable)													
No-Risk / Low-Risk	1	3	4	0	4	2	4	6	2	4	2		32
High-Risk	0	0	1	0	0	0	0	0	0	0	0		1

Summary of High-Risk Privacy & Security Breach Cases: There have been no high-risk privacy and security breach cases reported since the October 29, 2026, meeting.

Fraud, Waste, & Abuse Activity:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2026 YTD Toal
# of New MC609 Cases Submitted to DHCS	0	5	2	5	6	3	2	2	10	5			40
# of Cases Open for Investigation (Active Number)	29	31	34	33	38	41	43	43	49	56			

Summary of Potential Fraud, Waste & Abuse (FWA) cases: Since October 29, 2026, Compliance Regulatory Report to the Commission, there were 3 new MC609 filings. The filings relate to the following:

- Inappropriate Billing: 2
- Overutilization: 1

Compliance Oversight & Monitoring Activities:	Status
CalViva Health Oversight Activities	**Health Net** CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to critical projects or transitions that may affect CalViva Health. The reports cover PPG level data in the following areas: financial viability data, claims, provider disputes, access & availability, specialty referrals, utilization management data, grievances, and appeals, etc.
Oversight Audits	The following annual audits are in progress: Continuity of Care, Credentialing, Emergency Services, ECM, A&G, Access and Availability, Pharmacy, Privacy and Security, Transportation, UMCM and Behavioral Health. The following audits that have been completed since October 29, 2026, report to the Committee: Claims/PDR (CAP), Compliance Internal (No CAP)

Regulatory Reviews/Audits and CAPS:	Status
Department of Health Care Services ("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.
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. The corrective action plan was submitted to DMHC on September 29, 2026.
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.
2026 Network Adequacy Validation (NAV) Audit	The HSAG NAV virtual audits were conducted on July 14, 2026, and on August 25, 2026. The Plan is expected to receive audit findings in January 2027.
2025 DMHC 10% Significant Network Change Closing Letter	On October 12, 2026, CalViva received official closing and approval from the DMHC for the significant network 10% change. The Department confirmed it has no objection to the implementation of the network changes and policies as submitted.
New Regulations / Contractual Requirements/DHCS Initiatives:	**Status**
Unsatisfactory Immigration Status (UIS)	Effective January 1, 2027, Medi-Cal members with Unsatisfactory Immigration Status (UIS) will transition from Medi-Cal managed care to the Fee-for-Service (FFS) delivery system in accordance with federal requirements. DHCS has established implementation requirements and associated deliverables for MCPs to support an orderly transition of affected members, including activities related to member communications, continuity of care, data, and transition readiness. The Plan is required to submit weekly reporting deliverables through December 2026.
Community Supports Discontinuation	In July 2026, CalViva notified DHCS of its decision to discontinue two Community Supports services—Assisted Living Facility Transitions (ALFT) and Personal Care and Homemaker Services—effective January 1, 2027. To support continuity of care and ensure appropriate transition planning for impacted members, DHCS has requested that CalViva Health submit weekly status reports through January 2027.

Memoranda of Understanding (MOUs)	Since the last Commission Meeting, the Plan has not executed any MOUs.
Plan Administration:	**Status**
2027 EOC Member Handbook	On July 15, 2026, DHCS released the 2027 EOC Member Handbook Template. The Plan submitted both clean and redline copies to DHCS and DMHC for approval on August 26, 20265. Both Departments have approved the 2027 EOC. The 2027 EOC must be mailed or posted by January 1, 2027.
New DHCS Regulations/Guidance	Please refer to Appendix A for a complete list of DHCS and DMHC All Plan Letters (APLs) that have been issued in CY 2026.
Committee Report:	**Status**
Public Policy Committee (PPC)	The next PPC meeting will be held on December 3, 2026, 11:30am-1:30pm in the CalViva Health Commission Room, 7625 N. Palm Ave #109, Fresno 93711.

APPENDIX A

2026 DHCS All Plan Letters:

- APL 25-004 Community Reinvestment Requirements - TECHNICAL CHANGE
- APL 25-015 IMMUNIZATION REQUIREMENTS
- APL 26-001 IHA (supersedes APL 22-030)
- APL 26-002 NSMHS Rsponsibilities (supersedes APL 22-006)
- APL 26-003 QMED (supersedes APL 14-020)
- APL 26-004 MCP Responsibilities for BH Data Sharing
- APL 26-005 Maternity Serv for Preg and Postp Mbrs (superseds APLs 00-012, 18-022)
- APL 26-006 Skilled Nursing Facility Workforce Quality Incentive Program (supersedes APL 25-002)
- APL 26-007 Guidance on Network Provider Agreements (supersedes APL 19-001)
- APL 26-008 Interoperability Final Rules, Incl Prior Authorizations (supersedes APL 22-026)
- APL 26-009 PRIVATE DUTY NURSING CASE MANAGEMENT RESPONSIBILITIES (supersedes APL 20-012)
- APL 26-010 SKILLED NURSING FACILITIES (supersedes APL 24-009)
- APL 26-011 SUBACUTE CARE FACILITIES (supersedes APL 24-010)
- APL 26-012 ICFs FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES (supersedes APL 24-011_
- APL 26-013 H.R. 1 Federal Payment to Prohibited Entities Important Update End of One Year Restriction on Federal Payments
- APL 26-014 Responsibilities for Ann. Cognitive Assessment (supersedes APL 22-025)
- APL 26-015 Immunization Requirements

- APL 26-016 CALIFORNIA CHILDREN'S SERVICES MEMBERS WITH UNSATISFACTORY IMMIGRATION STATUS
- APL 26-017 PROVIDER DISPUTE RESOLUTION MECHANISM AND REPORTING REQUIREMENTS
- APL 26-018 FEDERAL REIMBURSEMENT LIMITATION ON GENDER-AFFIRMING CARE
- APL 26-019 DYADIC SERVICES
- APL 26-020 FIELD MEDICINE PROVIDER PARTICIPATION IN MANAGED CARE

2026 DMHC All Plan Letters:

- APL 26-005 Maternal and Infant Health Equity
- APL 26-002 - Delegation of Risk for COVID-19 Testing or Immunizations. Applicability of SB 510
- APL 26-007 – 2026 Health Plan Annual Assessments (4.15.2026)
- APL 26-013-ProvisionalLicensesofSubstanceUseDisorderFacilities(8_21_26)
- APL 26-016-HealthEquityandQualityProgramPoliciesandRequirements(11_4_2026)
- APL 26-015-DowncodingPracticesandFilingRequirements(10_23_2026)
- APL 26-014ContractedPharmacyBenefitManagerInformation(9_3_2026)
- ALL 26-010 PharmacyBenefitManagerLicensure(5_26_26)

Item #8

Attachment 8.C

Appeals and Grievances Report

CalViva Health

Monthly Appeals and Grievances Dashboard

CY: 2026

Current as of End of the Month: September
Revised Date: 10/15/2026

CalViva - 2026																		
Grievances	**Jan**	**Feb**	**Mar**	**Q1**	**Apr**	**May**	**Jun**	**Q2**	**Jul**	**Aug**	**Sep**	**Q3**	**Oct**	**Nov**	**Dec**	**Q4**	**2026 YTD**	**2025**
Expedited Grievances Received	7	15	19	41	14	18	18	50	23	32	12	67	0	0	0	0	158	111
Standard Grievances Received	200	191	221	612	206	195	229	630	278	272	195	745	0	0	0	0	1987	2295
Total Grievances Received	**207**	**206**	**240**	**653**	**220**	**213**	**247**	**680**	**301**	**304**	**207**	**812**	**0**	**0**	**0**	**0**	**2145**	**2406**
Grievance Ack Letters Sent Noncompliant	1	1	1	3	0	2	1	3	2	1	2	5	0	0	0	0	11	8
Grievance Ack Letter Compliance Rate	**99.5%**	**99.5%**	**99.5%**	**99.5%**	**100.0%**	**99.0%**	**99.6%**	**99.5%**	**99.3%**	**99.6%**	**99.0%**	**99.3%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**99.45%**	**99.65%**
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	1
Expedited Grievances Resolved Compliant	7	14	19	40	14	18	17	49	24	31	13	68	0	0	0	0	157	110
Expedited Grievance Compliance rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**95.8%**	**100.0%**	**100.0%**	**98.5%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**99.4%**	**99.10%**
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Grievances Resolved Compliant	163	182	200	545	217	216	206	639	224	254	276	754	0	0	0	0	1938	2292
Standard Grievance Compliance rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.00%**
Total Grievances Resolved	**170**	**196**	**219**	**585**	**231**	**234**	**223**	**688**	**249**	**285**	**289**	**823**	**0**	**0**	**0**	**0**	**2096**	**2403**
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	**158**	**186**	**211**	**555**	**215**	**221**	**193**	**629**	**229**	**263**	**267**	**759**	**0**	**0**	**0**	**0**	**1943**	**2259**
Access - Other - DMHC	29	30	36	95	36	42	36	114	60	50	42	152	0	0	0	0	361	431
Access - PCP - DHCS	4	9	13	26	11	25	12	48	10	13	13	36	0	0	0	0	110	153
Access - Physical/OON - DHCS	0	0	0	0	1	0	0	1	0	2	0	2	0	0	0	0	3	1
Access - Spec - DHCS	1	6	4	11	6	5	8	19	1	7	10	18	0	0	0	0	48	73
Administrative	31	36	29	96	27	22	35	84	32	38	40	110	0	0	0	0	290	438
Balance Billing	19	26	42	87	36	30	20	86	26	35	33	94	0	0	0	0	267	313
Community Supports	6	8	4	18	12	9	10	31	14	9	18	41	0	0	0	0	90	58
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interpersonal	19	17	27	63	31	27	16	74	21	22	33	76	0	0	0	0	213	213
Behavioral Health	6	2	2	10	4	6	6	16	13	22	9	44	0	0	0	0	70	1
Other	14	14	11	39	8	3	5	16	6	13	10	29	0	0	0	0	84	178
Pharmacy/RX Medical Benefit	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
SNF-Long Term Care	2	2	1	5	1	1	2	4	3	1	1	5	0	0	0	0	14	15
Transportation - Access	6	11	12	29	16	15	12	43	10	11	15	36	0	0	0	0	108	126
Transportation - Behavior	1	6	7	14	2	4	3	9	2	5	3	10	0	0	0	0	33	49
Transportation - Other	20	19	22	61	24	32	28	84	31	35	40	106	0	0	0	0	251	209
Quality Of Care Grievances	**12**	**10**	**8**	**30**	**16**	**13**	**30**	**59**	**20**	**22**	**22**	**64**	**0**	**0**	**0**	**0**	**153**	**144**
Access - Other - DMHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Access - PCP - DHCS	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	1
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Behavioral Health	0	0	1	1	0	1	1	2	1	2	0	3	0	0	0	0	6	2
Other	3	2	2	7	5	3	8	16	5	5	8	18	0	0	0	0	41	26
PCP Care	8	4	2	14	6	4	8	18	5	8	6	19	0	0	0	0	51	58
PCP Delay	1	0	1	2	4	4	6	14	5	2	6	13	0	0	0	0	29	23
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	0	3	2	5	0	1	5	6	4	3	1	8	0	0	0	0	19	20
Specialist Delay	0	0	0	0	0	0	1	1	0	1	0	1	0	0	0	0	2	7
SNF-Long Term Care	0	1	0	1	1	0	0	1	0	1	1	2	0	0	0	0	4	4
Exempt Grievances Received	**171**	**154**	**154**	**479**	**126**	**116**	**138**	**380**	**191**	**184**	**181**	**556**	**0**	**0**	**0**	**0**	**1415**	**1798**
Access - Avail of Appt w/ PCP	3	5	2	**10**	1	3	2	**6**	3	5	2	**10**	0	0	0	**0**	**26**	**27**
Access - Avail of Appt w/ Specialist	0	0	0	**0**	1	1	0	**2**	0	1	0	**1**	0	0	0	**0**	**3**	**2**
Access - Avail of Appt w/ Other	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	**4**
Access - Wait Time - wait too long on telephone	1	1	0	**2**	0	0	0	**0**	1	1	2	**4**	0	0	0	**0**	**6**	**10**
Access - Wait Time - in office for appt	1	0	0	**1**	2	0	1	**3**	0	0	0	**0**	0	0	0	**0**	**4**	**2**
Access - Panel Disruption	0	2	7	**9**	0	1	2	**3**	0	0	0	**0**	0	0	0	**0**	**12**	**38**
Access - Shortage of Providers	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	**1**
Access - Geographic/Distance Access Other	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	**2**
Access - Geographic/Distance Access PCP	1	1	0	**2**	0	0	0	**0**	1	1	0	**2**	0	0	0	**0**	**4**	**4**
Access - Geographic/Distance Access Specialist	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	**0**
Access - Interpreter Service Requested	0	0	0	**0**	0	0	1	**1**	0	1	0	**1**	0	0	0	**0**	**2**	**1**
Benefit Issue - Specific Benefit needs authorization	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	**2**
Benefit Issue - Specific Benefit not covered	1	0	0	**1**	0	0	0	**0**	1	0	1	**2**	0	0	0	**0**	**3**	**0**
Attitude/Service - Health Plan Staff	0	7	3	**10**	1	4	1	**6**	0	2	1	**3**	0	0	0	**0**	**19**	**15**
Attitude/Service - Provider	9	4	11	**24**	9	5	3	**17**	6	22	6	**34**	0	0	0	**0**	**75**	**93**
Attitude/Service - Office Staff	0	0	0	**0**	0	0	0	**0**	2	1	0	**3**	0	0	0	**0**	**3**	**3**
Attitude/Service - Vendor	0	3	2	**5**	2	1	1	**4**	0	3	2	**5**	0	0	0	**0**	**14**	**36**
Attitude/Service - Health Plan	3	2	1	**6**	0	0	1	**1**	2	0	0	**2**	0	0	0	**0**	**9**	**8**
Authorization - Authorization Related	2	2	1	**5**	0	1	1	**2**	3	2	0	**5**	0	0	0	**0**	**12**	**17**
Eligibility Issue - Member not eligible per Health Plan	1	1	2	**4**	0	1	3	**4**	0	1	2	**3**	0	0	0	**0**	**11**	**40**
Eligibility Issue - Member not eligible per Provider	10	9	14	**33**	8	8	6	**22**	10	16	10	**36**	0	0	0	**0**	**91**	**100**
Health Plan Materials - ID Cards-Not Received	36	25	20	**81**	19	12	17	**48**	32	27	44	**103**	0	0	0	**0**	**232**	**238**
Health Plan Materials - ID Cards-Incorrect Information on Card	0	0	1	**1**	0	0	0	**0**	0	2	2	**4**	0	0	0	**0**	**5**	**10**
Health Plan Materials - Other	0	0	2	**2**	0	3	1	**4**	2	0	1	**3**	0	0	0	**0**	**9**	**7**
Behavioral Health Related	2	3	1	**6**	1	2	4	**7**	1	2	1	**4**	0	0	0	**0**	**17**	**16**
PCP Assignment/Transfer - Health Plan Assignment - Change Request	42	36	36	**114**	24	22	27	**73**	47	36	42	**125**	0	0	0	**0**	**312**	**533**
PCP Assignment/Transfer - HCO Assignment - Change Request	13	9	5	**27**	7	3	10	**20**	15	23	19	**57**	0	0	0	**0**	**104**	**131**
PCP Assignment/Transfer - PCP effective date	0	0	0	**0**	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	**1**	**0**
PCP Assignment/Transfer - PCP Transfer not Processed	2	0	0	**2**	1	0	2	**3**	2	2	0	**4**	0	0	0	**0**	**9**	**24**
PCP Assignment/Transfer - Rollout of PPG	3	0	0	**3**	3	0	0	**3**	1	0	0	**1**	0	0	0	**0**	**7**	**3**
PCP Assignment/Transfer - Mileage Inconvenience	5	3	2	**10**	2	0	2	**4**	2	2	4	**8**	0	0	0	**0**	**22**	**23**
Pharmacy - Authorization Issue	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	**0**
Pharmacy - Authorization Issue-CalViva Error	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	**0**
Pharmacy - Eligibility Issue	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	**0**
Pharmacy - Quantity Limit	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	**0**

Pharmacy - Rx Not Covered	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	**0**
Pharmacy - Pharmacy-Retail	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	**0**
Transportation - Access - Provider No Show	0	2	2	**4**	2	8	2	**12**	3	0	0	**3**	0	0	0	**0**	**19**	**4**
Transportation - Access - Provider Late	0	1	1	**2**	2	3	1	**6**	1	0	0	**1**	0	0	0	**0**	**9**	**3**
Transportation - Behaviour	0	0	1	**1**	1	2	0	**3**	1	1	3	**5**	0	0	0	**0**	**9**	**5**
Transportation - Other	14	9	14	**37**	18	17	22	**57**	18	6	9	**33**	0	0	0	**0**	**127**	**85**
OTHER - Other	4	3	3	**10**	1	2	2	**5**	4	2	5	**11**	0	0	0	**0**	**26**	**27**
Claims Complaint - Balance Billing from Provider	18	26	23	**67**	21	17	26	**64**	32	25	25	**82**	0	0	0	**0**	**213**	**284**

Appeals	Jan	Feb	Mar	Q1	Apr	May	June	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2026 YTD	2025 YTD
Expedited Appeals Received	4	1	3	8	4	4	5	13	9	7	10	26	0	0	0	0	47	49
Standard Appeals Received	51	63	75	189	72	81	71	224	77	57	72	206	0	0	0	0	619	564
Total Appeals Received	**55**	**64**	**78**	**197**	**76**	**85**	**76**	**237**	**86**	**64**	**82**	**232**	**0**	**0**	**0**	**0**	**666**	**613**
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	1	0
Appeals Ack Letter Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**98.2%**	**100.0%**	**99.5%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**99.84%**	100%
Expedited Appeals Resolved Noncompliant	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Expedited Appeals Resolved Compliant	3	1	3	7	4	4	5	**13**	7	9	10	**26**	0	0	0	0	46	49
Expedited Appeals Compliance Rate	**66.7%**	**100.0%**	**100.0%**	**85.7%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**97.9%**	**100%**
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Standard Appeals Resolved Compliant	50	49	68	167	62	69	85	216	80	66	57	203	0	0	0	0	586	562
Standard Appeals Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100%**
Total Appeals Resolved	**54**	**50**	**71**	**175**	**66**	**73**	**90**	**229**	**87**	**75**	**67**	**229**	**0**	**0**	**0**	**0**	**633**	**611**
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	**54**	**48**	**69**	**171**	**65**	**73**	**89**	**227**	**87**	**75**	**67**	**229**	**0**	**0**	**0**	0	**627**	602
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0
Consultation	2	1	5	8	2	3	1	6	2	2	2	6	0	0	0	0	**20**	16
Community Supports	13	16	15	44	22	11	26	59	31	17	11	59	0	0	0	0	**162**	95
DME	12	9	13	34	14	18	24	56	14	10	13	37	0	0	0	0	**127**	111
Experimental/Investigational	1	4	3	8	3	2	1	6	0	2	3	5	0	0	0	0	**19**	34
Mental Health	0	0	0	0	0	1	5	6	7	4	6	17	0	0	0	0	**23**	5
Advanced Imaging	9	7	13	29	11	8	14	33	8	10	5	23	0	0	0	0	**85**	127
Other	2	4	9	15	3	22	10	35	8	20	14	42	0	0	0	0	**92**	75
Pharmacy/RX Medical Benefit	7	3	6	16	2	2	4	8	12	3	6	21	0	0	0	0	**45**	61
Surgery	8	3	5	16	8	4	3	15	4	5	5	14	0	0	0	0	**45**	58
SNF-Long Term Care	0	1	0	1	0	2	1	3	1	2	2	5	0	0	0	0	**9**	19
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	1
Post Service Appeals	**0**	**2**	**2**	**4**	**1**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**6**	**9**
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0
Community Supports	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	**1**	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0
Mental Health	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	**1**	2
Other	0	2	1	3	1	0	0	1	0	0	0	0	0	0	0	0	**4**	5
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	2
SNF-Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0
Appeals Decision Rates																		
Upholds	24	25	26	**75**	22	30	40	92	31	19	31	81	0	0	0	0	248	272
Uphold Rate	**44.4%**	**50.0%**	**36.6%**	**42.9%**	**33.3%**	**41.1%**	**44.4%**	**40.2%**	**35.6%**	**25.3%**	**46.3%**	**35.4%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**39.2%**	**44.5%**
Overturns - Full	18	14	25	**57**	32	32	35	**99**	45	46	30	**121**	0	0	0	**0**	277	272
Overturn Rate - Full	**33.3%**	**28.0%**	**35.2%**	**32.6%**	**48.5%**	**43.8%**	**38.9%**	**43.2%**	**51.7%**	**61.3%**	**44.8%**	**52.8%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**43.8%**	**44.5%**
Overturns - Partials	12	6	12	**30**	11	10	11	**32**	10	8	4	**22**	0	0	0	**0**	84	42
Overturn Rate - Partial	**22.2%**	**12.0%**	**16.9%**	**17.1%**	**16.7%**	**13.7%**	**12.2%**	**14.0%**	**11.5%**	**10.7%**	**6.0%**	**9.6%**	**0.0%**	**0.0%**	**0.0%**	**0.00%**	**13.3%**	**6.9%**
Withdrawal	0	5	8	**13**	1	1	4	**6**	1	2	2	**5**	0	0	0	0	24	25
Withdrawal Rate	**0.0%**	**10.0%**	**11.3%**	**7.4%**	**1.5%**	**1.4%**	**4.4%**	**2.6%**	**1.1%**	**2.7%**	**3.0%**	**2.2%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**3.8%**	**4.1%**
Membership	420,475	418,423	416,089		412,652	410,203	406,906		406,795	402,922	399,946		0	0	0			
Appeals - PTMPM	0.13	0.12	0.17	**0.42**	0.16	0.18	0.22	**0.56**	0.21	0.19	0.17	**0.57**	-	-	-	-	**0.51**	0.24
Grievances - PTMPM	0.40	0.47	0.53	**1.40**	0.56	0.57	0.55	**1.68**	0.61	0.71	0.72	**2.04**	-	-	-	-	**1.70**	0.94

Fresno County																		
Grievances	**Jan**	**Feb**	**Mar**	**Q1**	**Apr**	**May**	**Jun**	**Q2**	**Jul**	**Aug**	**Sep**	**Q3**	**Oct**	**Nov**	**Dec**	**Q4**	**2026 YTD**	**2025**
Expedited Grievances Received	6	13	16	**35**	12	18	13	43	20	22	12	54	0	0	0	0	**132**	87
Standard Grievances Received	171	158	185	**514**	170	167	179	516	231	232	163	626	0	0	0	0	**1656**	1870
Total Grievances Received	**177**	**171**	**201**	**549**	**182**	**185**	**192**	**559**	**251**	**254**	**175**	**680**	**0**	**0**	**0**	**0**	**1788**	**1957**
Grievance Ack Letters Sent Noncompliant	1	1	1	**3**	0	1	1	2	2	1	1	4	0	0	0	0	**9**	7
Grievance Ack Letter Compliance Rate	**99.4%**	**99.4%**	**99.5%**	**99.4%**	**100.0%**	**99.4%**	**99.4%**	**99.6%**	**99.1%**	**99.6%**	**99.4%**	**99.4%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**99.5%**	**99.63%**
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	**1**	0
Expedited Grievances Resolved Compliant	6	12	17	35	11	18	13	42	20	21	13	54	0	0	0	0	**131**	87
Expedited Grievance Compliance rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**95.0%**	**100.0%**	**100.0%**	**98.1%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**99.2%**	**100.00%**
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0
Standard Grievances Resolved Compliant	134	154	167	455	181	181	172	534	184	206	234	624	0	0	0	0	**1613**	1864
Standard Grievance Compliance rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**
Total Grievances Resolved	**140**	**166**	**184**	**490**	**192**	**199**	**185**	**576**	**205**	**227**	**247**	**679**	**0**	**0**	**0**	**0**	**1745**	**1951**
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	**129**	**157**	**177**	**463**	**179**	**187**	**160**	**526**	**189**	**206**	**230**	**625**	**0**	**0**	**0**	**0**	**1614**	**1832**
Access - Other - DMHC	25	26	30	81	29	37	28	94	55	36	37	128	0	0	0	0	**303**	358
Access - PCP - DHCS	4	7	10	21	11	21	12	44	6	8	11	25	0	0	0	0	**90**	124
Access - Physical/OON - DHCS	0	0	0	0	1	0	0	1	0	2	0	2	0	0	0	0	**3**	1
Access - Spec - DHCS	1	4	4	9	6	5	7	18	1	4	10	15	0	0	0	0	**42**	54
Administrative	25	34	26	85	22	15	30	67	26	34	35	95	0	0	0	0	**247**	353
Balance Billing	14	20	39	73	30	26	13	69	20	28	29	77	0	0	0	0	**219**	251
Community Supports	4	6	4	14	11	8	9	28	13	8	16	37	0	0	0	0	**79**	50
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0
Interpersonal	16	15	23	54	26	25	15	66	17	16	27	60	0	0	0	0	**180**	173
Behavioral Health	5	2	1	8	0	4	5	9	9	17	8	34	0	0	0	0	**51**	1
Other	12	12	8	32	8	2	4	14	4	12	8	24	0	0	0	0	**70**	152
Pharmacy/RX Medical Benefit	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	**1**	0
SNF-Long Term Care	2	2	0	4	0	1	2	3	3	1	1	5	0	0	0	0	**12**	15
Transportation - Access	4	10	10	24	13	11	9	33	7	7	11	25	0	0	0	0	**82**	104
Transportation - Behaviour	1	4	6	11	1	3	3	7	2	3	3	8	0	0	0	0	**26**	37
Transportation - Other	16	15	15	46	21	29	23	73	26	30	34	90	0	0	0	0	**209**	159
Quality Of Care Grievances	**11**	**9**	**7**	**27**	**13**	**12**	**25**	**50**	**16**	**21**	**17**	**54**	**0**	**0**	**0**	**0**	**131**	**119**
Access - Other - DMHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	1
Access - PCP - DHCS	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	**1**	1
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0
Access - Spec - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	1
Behavioral Health	0	0	1	1	0	0	1	1	1	2	0	3	0	0	0	0	**5**	2
Other	3	2	2	7	4	3	5	12	4	5	7	16	0	0	0	0	**35**	20
PCP Care	7	3	2	12	6	4	7	17	4	8	4	16	0	0	0	0	**45**	46
PCP Delay	1	0	1	2	3	4	5	12	3	1	5	9	0	0	0	0	**23**	21
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0
Specialist Care	0	3	1	4	0	1	5	6	4	3	0	7	0	0	0	0	**17**	17
Specialist Delay	0	0	0	0	0	0	1	1	0	1	0	1	0	0	0	0	**2**	7
SNF-Long Term Care	0	1	0	1	0	0	0	0	0	1	1	2	0	0	0	0	**3**	**3**

CalViva Health Appeals and Grievances Dashboard (Fresno County)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2026 YTD	2025 YTD
Expedited Appeals Received	3	1	2	6	2	3	4	9	7	5	7	19	0	0	0	0	**34**	36
Standard Appeals Received	39	49	55	143	57	65	54	176	54	45	63	162	0	0	0	0	**481**	444
Total Appeals Received	**42**	**50**	**57**	**149**	**59**	**68**	**58**	**185**	**61**	**50**	**70**	**181**	**0**	**0**	**0**	**0**	**515**	**480**
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	**1**	0
Appeals Ack Letter Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**97.8%**	**100.0%**	**99.4%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**99.8%**	**100.0%**
Expedited Appeals Resolved Noncompliant	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	**1**	0
Expedited Appeals Resolved Compliant	2	1	2	5	2	3	4	9	5	7	7	19	0	0	0	0	**33**	36
Expedited Appeals Compliance Rate	**50.0%**	**100.0%**	**100.0%**	**80.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**97.0%**	**100.0%**
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**	0
Standard Appeals Resolved Compliant	39	36	52	127	47	55	67	169	63	46	44	153	0	0	0	**0**	**449**	444
Standard Appeals Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**
Total Appeals Resolved	**42**	**37**	**54**	**133**	**49**	**58**	**71**	**178**	**68**	**53**	**51**	**172**	**0**	**0**	**0**	**0**	**483**	**480**
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	**42**	**36**	**53**	**131**	**48**	**58**	**70**	**176**	**68**	**53**	**51**	**172**	**0**	**0**	**0**	**0**	**479**	**472**
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0
Consultation	2	1	5	8	0	2	1	3	2	1	2	5	0	0	0	0	**16**	14
Community Supports	11	13	11	35	20	9	21	50	26	13	10	49	0	0	0	0	**134**	73
DME	11	8	11	30	10	14	23	47	10	6	10	26	0	0	0	0	**103**	91
Experimental/Investigational	1	3	2	6	3	2	0	5	0	2	1	3	0	0	0	0	**14**	27
Behavioral Health	0	0	0	0	0	1	4	5	7	4	6	17	0	0	0	0	**22**	5
Advanced Imaging	5	5	9	19	8	7	8	23	7	8	3	18	0	0	0	0	**60**	105
Other	2	1	7	10	2	17	8	27	5	11	10	26	0	0	0	0	**63**	50
Pharmacy/RX Medical Benefit	7	3	5	15	2	2	2	6	9	1	5	15	0	0	0	0	**36**	52
Surgery	3	2	3	8	3	3	2	8	1	5	3	9	0	0	0	0	**25**	40
SNF-Long Term Care	0	0	0	0	0	1	1	2	1	2	1	4	0	0	0	0	**6**	14
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	1
Post Service Appeals	**0**	**1**	**1**	**2**	**1**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**4**	**8**
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0
Community Supports	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	**1**	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0
Behavioral Health	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	**1**	**2**
Other	0	1	0	1	1	0	0	1	0	0	0	0	0	0	0	0	**2**	4
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	2
SNF-Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0
Appeals Decision Rates																		
Upholds	16	20	18	**54**	13	22	33	**68**	25	14	22	61	0	0	0	**0**	**183**	204
Uphold Rate	**38.1%**	**54.1%**	**33.3%**	**40.6%**	**26.5%**	**37.9%**	**46.5%**	**38.2%**	**36.8%**	**26.4%**	**43.1%**	**35.5%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**37.9%**	**42.5%**
Overturns - Full	16	10	21	**47**	27	29	25	**81**	34	29	24	87	0	0	0	**0**	**215**	223
Overturn Rate - Full	**38.1%**	**27.0%**	**38.9%**	**35.3%**	**55.1%**	**50.0%**	**35.2%**	**45.5%**	**50.0%**	**54.7%**	**47.1%**	**50.6%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**44.5%**	**46.5%**
Overturns - Partials	10	4	10	**24**	8	6	10	**24**	8	8	3	19	0	0	0	**0**	**67**	33
Overturn Rate - Partial	**23.8%**	**10.8%**	**18.5%**	**18.0%**	**16.3%**	**10.3%**	**14.1%**	**13.5%**	**11.8%**	**15.1%**	**5.9%**	**11.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**13.9%**	**6.9%**
Withdrawal	0	3	5	**8**	1	1	3	**5**	1	2	2	5	0	0	0	**0**	**18**	20
Withdrawal Rate	**0.0%**	**8.1%**	**9.3%**	**6.0%**	**2.0%**	**1.7%**	**4.2%**	**2.8%**	**1.5%**	**3.8%**	**3.9%**	**2.9%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**3.7%**	**4.2%**
Membership	332,462	330,913	329,090		326,488	324,541	321,785		321,974	318,347	315,825							
Appeals - PTMPM	0.13	0.11	0.16	**0.40**	0.15	0.18	0.22	**0.55**	0.21	0.17	0.16	**0.18**	-	-	-	0.00	**0.28**	0.29
Grievances - PTMPM	0.42	0.50	0.56	**1.48**	0.59	0.61	0.57	**1.78**	0.64	0.71	0.78	**0.71**	-	-	-	0.00	**0.99**	1.20

CalViva Health Appeals and Grievances Dashboard (Kings County)

Kings County																		
	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2026 YTD	2025
Expedited Grievances Received	1	2	2	5	0	0	2	2	3	2	0	5	0	0	0	0	12	11
Standard Grievances Received	16	11	13	40	18	13	17	48	20	14	13	47	0	0	0	0	135	196
Total Grievances Received	**17**	**13**	**15**	**45**	**18**	**13**	**19**	**50**	**23**	**16**	**13**	**52**	**0**	**0**	**0**	**0**	**147**	**207**
Grievance Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	0
Grievance Ack Letter Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**92.3%**	**97.9%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**99.3%**	**1**
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Grievances Resolved Compliant	1	2	1	4	1	0	1	2	4	2	0	6	0	0	0	0	12	11
Expedited Grievance Compliance rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Grievances Resolved Compliant	15	14	12	41	16	17	12	45	16	20	14	50	0	0	0	0	136	196
Standard Grievance Compliance rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.00%**
Total Grievances Resolved	**16**	**16**	**13**	**45**	**17**	**17**	**13**	**47**	**20**	**22**	**14**	**56**	**0**	**0**	**0**	**0**	**148**	**207**
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	**15**	**16**	**12**	**43**	**16**	**17**	**12**	**45**	**18**	**21**	**13**	**52**	**0**	**0**	**0**	**0**	**140**	**197**
Access - Other - DMHC	2	2	1	5	2	2	2	6	4	5	1	10	0	0	0	0	21	32
Access - PCP - DHCS	0	1	0	1	0	0	0	0	2	2	1	5	0	0	0	0	6	14
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8
Administrative	4	1	1	6	4	6	1	11	3	1	1	5	0	0	0	0	22	35
Balance Billing	2	4	1	7	3	2	2	7	1	3	1	5	0	0	0	0	19	26
Community Supports	1	2	0	3	1	1	1	3	0	0	2	2	0	0	0	0	8	4
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interpersonal	1	1	2	4	3	2	1	6	1	5	2	8	0	0	0	0	18	24
Behavioral Health	0	0	0	0	1	0	0	1	3	0	0	3	0	0	0	0	4	0
Other	1	1	0	2	0	0	0	0	2	0	1	3	0	0	0	0	5	12
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
SNF-Long Term Care	0	0	1	1	1	0	0	1	0	0	0	0	0	0	0	0	2	0
Transportation - Access	0	0	2	2	0	2	2	4	0	3	2	5	0	0	0	0	11	8
Transportation - Behaviour	0	1	1	2	0	0	0	0	0	1	0	1	0	0	0	0	3	7
Transportation - Other	4	3	3	10	1	2	3	6	2	1	2	5	0	0	0	0	21	26
Quality Of Care Grievances	**1**	**0**	**1**	**2**	**1**	**0**	**1**	**2**	**2**	**1**	**1**	**4**	**0**	**0**	**0**	**0**	**8**	**10**
Access - Other - DMHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - PCP - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	3
PCP Care	1	0	0	1	0	0	1	1	0	0	1	1	0	0	0	0	3	4
PCP Delay	0	0	0	0	0	0	0	0	1	1	0	2	0	0	0	0	2	1
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Specialist Delay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SNF-Long Term Care	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	1

CalViva Health Appeals and Grievances Dashboard (Kings County)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2026 YTD	2025 YTD
Expedited Appeals Received	0	0	0	0	0	1	0	1	1	0	0	1	0	0	0	0	2	7
Standard Appeals Received	3	3	5	11	6	7	8	21	8	6	3	17	0	0	0	0	49	36
Total Appeals Received	**3**	**3**	**5**	**11**	**6**	**8**	**8**	**22**	**9**	**6**	**3**	**18**	**0**	**0**	**0**	**0**	51	**43**
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**1**
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	0	0	0	0	0	1	0	1	1	0	0	1	0	0	0	0	2	7
Expedited Appeals Compliance Rate	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	0	3	4	7	4	7	9	20	6	7	6	19	0	0	0	0	46	37
Standard Appeals Compliance Rate	**0.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.00%**
Total Appeals Resolved	**0**	**3**	**4**	**7**	**4**	**8**	**9**	**21**	**7**	**7**	**6**	**20**	**0**	**0**	**0**	**0**	**48**	**44**
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	**0**	**3**	**3**	**6**	**4**	**8**	**9**	**21**	**7**	**7**	**6**	**20**	**0**	**0**	**0**	**0**	**47**	**44**
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	1	0	1	0	1	0	1	0	0	0	0	2	2
Community Supports	0	1	2	3	2	2	4	8	5	3	1	9	0	0	0	0	20	10
DME	0	0	0	0	0	2	0	2	0	0	1	1	0	0	0	0	3	5
Experimental/Investigational	0	0	0	0	0	0	1	1	0	0	1	1	0	0	0	0	2	6
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Advanced Imaging	0	0	1	1	0	0	3	3	0	0	0	0	0	0	0	0	4	4
Other	0	1	0	1	0	1	1	2	1	3	1	5	0	0	0	0	8	6
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Surgery	0	0	0	0	2	1	0	3	1	0	1	2	0	0	0	0	5	4
SNF-Long Term Care	0	1	0	1	0	1	0	1	0	0	1	1	0	0	0	0	3	5
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	**0**	**0**	**1**	1	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Community Supports	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SNF-Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	0	2	3	**5**	1	4	3	**8**	2	2	3	7	0	0	0	**0**	20	23
Uphold Rate	**0.0%**	**66.7%**	**75.0%**	**71.4%**	**25.0%**	**50.0%**	**33.3%**	**38.1%**	**28.6%**	**28.6%**	**50.0%**	**35.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**41.7%**	**52.3%**
Overturns - Full	0	1	1	**2**	1	1	4	**6**	5	5	3	13	0	0	0	**0**	21	13
Overturn Rate - Full	**0.0%**	**33.3%**	**25.0%**	**28.6%**	**25.0%**	**12.5%**	**44.4%**	**28.6%**	**71.4%**	**71.4%**	**50.0%**	**65.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**43.8%**	**29.5%**
Overturns - Partials	0	0	0	**0**	2	3	1	**6**	0	0	0	0	0	0	0	**0**	6	7
Overturn Rate - Partial	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**50.0%**	**37.5%**	**11.1%**	**28.6%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**12.5%**	**15.91%**
Withdrawal	0	0	0	**0**	0	0	1	**1**	0	0	0	0	0	0	0	**0**	1	1
Withdrawal Rate	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**11.1%**	**4.8%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**2.1%**	**2.3%**
Membership	**38,237**	**38,072**	**37,909**		37,590	37,474	37,262		37,085	36,989	36,722					**0**		
Appeals - PTMPM	-	0.08	0.11	**0.06**	0.11	0.21	0.24	**0.19**	0.19	0.19	0.16	**0.18**	-	0	-	0.00	**0.11**	**0.16**
Grievances - PTMPM	0.42	0.42	0.34	**0.39**	0.45	0.45	0.35	**0.42**	0.54	0.59	0.38	**0.51**	-	0	-	0.00	**0.33**	**0.68**

CalViva Health Appeals and Grievances Dashboard (Madera County)

Madera County																		
Grievances	**Jan**	**Feb**	**Mar**	**Q1**	**Apr**	**May**	**Jun**	**Q2**	**Jul**	**Aug**	**Sep**	**Q3**	**Oct**	**Nov**	**Dec**	**Q4**	**2026 YTD**	**2025**
Expedited Grievances Received	0	0	1	1	2	0	3	5	0	8	0	8	0	0	0	0	14	13
Standard Grievances Received	13	22	23	58	18	15	33	66	27	26	19	72	0	0	0	0	196	229
Total Grievances Received	**13**	**22**	**24**	**59**	**20**	**15**	**36**	**71**	**27**	**34**	**19**	**80**	**0**	**0**	**0**	**0**	**210**	**242**
Grievance Ack Letters Sent Noncompliant	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	2
Grievance Ack Letter Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**93.3%**	**100.0%**	**98.5%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**99.5%**	**99.1%**
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Grievances Resolved Compliant	0	0	1	1	2	0	3	5	0	8	0	8	0	0	0	0	14	13
Expedited Grievance Compliance rate	**0.0%**	**0.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**100.0%**	**100.0%**	**0.0%**	**100.0%**	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Grievances Resolved Compliant	14	14	21	49	20	18	22	60	24	28	28	80	0	0	0	0	189	232
Standard Grievance Compliance rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**
Total Grievances Resolved	**14**	**14**	**22**	**50**	**22**	**18**	**25**	**65**	**24**	**36**	**28**	**88**	**0**	**0**	**0**	**0**	**203**	**245**
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	**14**	**13**	**22**	**49**	**20**	**17**	**21**	**58**	**22**	**36**	**24**	**82**	**0**	**0**	**0**	**0**	**189**	**230**
Access - Other - DMHC	2	2	5	9	5	3	6	14	1	9	4	14	0	0	0	0	37	41
Access - PCP - DHCS	0	1	3	4	0	4	0	4	2	3	1	6	0	0	0	0	14	15
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	2	0	2	0	0	1	1	0	3	0	3	0	0	0	0	6	11
Administrative	2	1	2	5	1	1	4	6	3	3	4	10	0	0	0	0	21	50
Balance Billing	3	2	2	7	3	2	5	10	5	4	3	12	0	0	0	0	29	36
Community Supports	1	0	0	1	0	0	0	0	1	1	0	2	0	0	0	0	3	4
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interpersonal	2	1	2	5	2	0	0	2	3	1	4	8	0	0	0	0	15	16
Behavioral Health	1	0	1	2	3	2	1	6	1	5	1	7	0	0	0	0	15	0
Other	1	1	3	5	0	1	1	2	0	1	1	2	0	0	0	0	9	14
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SNF-Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation - Access	2	1	0	3	3	2	1	6	3	1	2	6	0	0	0	0	15	14
Transportation - Behaviour	0	1	0	1	1	1	0	2	0	1	0	1	0	0	0	0	4	5
Transportation - Other	0	1	4	5	2	1	2	5	3	4	4	11	0	0	0	0	21	24
Quality Of Care Grievances	**0**	**1**	**0**	**1**	**2**	**1**	**4**	**7**	**2**	**0**	**4**	**6**	**0**	**0**	**0**	**0**	**14**	**15**
Access - Other - DMHC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - PCP - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Physical/OON - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Access - Spec - DHCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Behavioral Health	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	0
Other	0	0	0	0	1	0	3	4	0	0	1	1	0	0	0	0	5	3
PCP Care	0	1	0	1	0	0	0	0	1	0	1	2	0	0	0	0	3	8
PCP Delay	0	0	0	0	1	0	1	2	1	0	1	2	0	0	0	0	4	1
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Specialist Care	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	3
Specialist Delay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SNF-Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

CalViva Health Appeals and Grievances Dashboard (Madera County)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2026 YTD	2025 YTD
Expedited Appeals Received	1	0	1	2	2	0	1	3	1	2	3	6	0	0	0	0	11	4
Standard Appeals Received	9	11	15	35	9	9	9	27	15	6	6	27	0	0	0	0	89	59
Total Appeals Received	**10**	**11**	**16**	**37**	**11**	**9**	**10**	**30**	**16**	**8**	**9**	**33**	**0**	**0**	**0**	**0**	100	**63**
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Appeals Ack Letter Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**96.61%**
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	1	0	1	2	2	0	1	3	1	2	3	6	0	0	0	0	11	4
Expedited Appeals Compliance Rate	**100.0%**	**0.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.00%**
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0	0
Standard Appeals Resolved Compliant	11	10	12	33	11	7	9	27	11	13	7	31	0	0	0	**0**	91	63
Standard Appeals Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**
Total Appeals Resolved	**12**	**10**	**13**	**35**	**13**	**7**	**10**	**30**	**12**	**15**	**10**	**37**	**0**	**0**	**0**	**0**	**102**	**87**
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	**12**	**9**	**13**	**34**	**13**	**7**	**10**	**30**	**12**	**15**	**10**	**37**	**0**	**0**	**0**	**0**	**101**	**86**
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	2	0	0	2	0	0	0	0	0	0	0	0	0	0
Community Supports	2	2	2	6	0	0	1	1	0	1	0	1	0	0	0	0	0	0
DME	1	1	2	4	4	2	1	7	4	4	2	10	0	0	0	0	0	3
Experimental/Investigational	0	1	1	2	0	0	0	0	0	0	1	1	0	0	0	0	0	0
Behavioral Health	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0
Advanced Imaging	4	2	3	9	3	1	3	7	1	2	2	5	0	0	0	0	0	5
Other	0	2	2	4	1	4	1	6	2	6	3	11	0	0	0	0	0	16
Pharmacy/RX Medical Benefit	0	0	1	1	0	0	2	2	3	2	1	6	0	0	0	0	0	0
Surgery	5	1	2	8	3	0	1	4	2	0	1	3	0	0	0	0	0	7
SNF-Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	**0**	**1**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**1**
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Community Supports	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Other	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SNF-Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	8	3	5	**16**	8	4	4	16	4	3	6	13	0	0	0	**0**	**45**	**45**
Uphold Rate	**66.7%**	**30.0%**	**38.5%**	**45.7%**	**61.5%**	**57.1%**	**40.0%**	**53.3%**	**33.3%**	**20.0%**	**60.0%**	**35.1%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**44.1%**	**51.7%**
Overturns - Full	2	3	3	**8**	4	2	6	12	6	12	3	21	0	0	0	**0**	**41**	36
Overturn Rate - Full	**16.7%**	**30.0%**	**23.1%**	**22.9%**	**30.8%**	**28.6%**	**60.0%**	**40.0%**	**50.0%**	**80.0%**	**30.0%**	**56.8%**	**0.0%**	**0.0%**	**0.0%**	**0.00%**	**40.2%**	**41.4%**
Overturns - Partials	2	2	2	**6**	1	1	0	2	2	0	1	3	0	0	0	**0**	**11**	2
Overturn Rate - Partial	**16.7%**	**20.0%**	**15.4%**	**17.1%**	**7.7%**	**14.3%**	**0.0%**	**6.7%**	**16.7%**	**0.0%**	**10.0%**	**8.1%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**10.8%**	**2.3%**
Withdrawal	0	2	3	**5**	0	0	0	0	0	0	0	0	0	0	0	**0**	**5**	4
Withdrawal Rate	**0.0%**	**20.0%**	**23.1%**	**14.3%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**4.9%**	**4.6%**
Membership	49,776	49,438	49,090		48,574	48,188	47,859		47,736	47,586	47,399					-		
Appeals - PTMPM	0.24	0.20	0.26	**0.71**	0.27	0.15	0.21	**0.62**	0.25	0.32	0.21	0.26	-	0	-	0.00	**0.40**	**0.38**
Grievances - PTMPM	0.28	0.28	0.45	**1.01**	0.45	0.37	0.52	**1.35**	0.50	0.76	0.59	0.62	-	0	-	0.00	**0.74**	**1.02**

CalViva SPD only

Grievances	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2026 YTD	2025
Expedited Grievances Received	3	4	4	11	2	6	5	13	4	11	12	27	0	0	0	0	51	31
Standard Grievances Received	26	21	78	125	62	66	82	210	75	92	195	362	0	0	0	0	697	658
Total Grievances Received	**29**	**25**	**82**	136	**64**	**72**	**87**	**223**	**79**	**103**	**207**	**389**	**0**	**0**	**0**	**0**	**748**	**689**
Grievance Ack Letters Sent Noncompliant	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	4
Grievance Ack Letter Compliance Rate	**100.0%**	**100.0%**	**98.7%**	**99.2%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**99.9%**	**99.39%**
Expedited Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Grievances Resolved Compliant	3	5	4	12	2	5	6	13	4	10	4	18	0	0	0	0	43	34
Expedited Grievance Compliance rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.00%**
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Grievances Resolved Compliant	50	59	51	160	71	69	71	211	76	70	94	240	0	0	0	0	611	718
Standard Grievance Compliance rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**
Total Grievances Resolved	**53**	**64**	**55**	**172**	**73**	**74**	**77**	**224**	**80**	**80**	**98**	**258**	**0**	**0**	**0**	**0**	**654**	**752**
Grievance Descriptions - Resolved Cases	**53**	**64**	**55**	**172**	**73**	**74**	**77**	**224**	**80**	**80**	**98**	**258**	**0**	**0**	**0**	**0**	**654**	**752**
Access to primary care	1	1	2	4	0	4	3	7	3	1	3	7	0	0	0	0	18	43
Access to specialists	0	4	1	5	2	2	2	6	0	4	2	6	0	0	0	0	17	18
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Behavioral Health	3	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3	1
Other	17	17	13	47	14	19	22	55	21	33	18	72	0	0	0	0	174	233
Out-of-network	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Physical accessibility	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
QOC Non Access	2	5	3	10	4	0	6	10	7	2	6	15	0	0	0	0	35	29
QOS Non Access	30	37	36	103	53	49	44	146	49	40	69	158	0	0	0	0	407	428
Exempt Grievances Received	**22**	**24**	**25**	**71**	**7**	**14**	**13**	**34**	**19**	13	**15**	**47**	**0**	**0**	**0**	**0**	**152**	**271**
Access - Avail of Appt w/ PCP	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	2
Access - Avail of Appt w/ Specialist	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0
Access - Avail of Appt w/ Other	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0
Access - Wait Time - wait too long on telephone	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	3
Access - Wait Time - in office for appt	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	1
Access - Panel Disruption	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	6
Access - Shortage of Providers	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	1
Access - Geographic/Distance Access Other	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0
Access - Geographic/Distance Access PCP	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0
Access - Geographic/Distance Access Specialist	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0
Access - Interpreter Service Requested	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0
Benefit Issue - Specific Benefit needs authorization	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0
Benefit Issue - Specific Benefit not covered	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0
Attitude/Service - Health Plan Staff	0	3	2	**5**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	5	1
Attitude/Service - Provider	0	1	0	**1**	1	1	0	**2**	1	2	1	**4**	0	0	0	**0**	7	13
Attitude/Service - Office Staff	0	0	0	**0**	0	0	0	**0**	1	1	0	**2**	0	0	0	**0**	2	0
Attitude/Service - Vendor	0	1	0	**1**	1	1	1	**3**	0	1	2	**3**	0	0	0	**0**	7	19
Attitude/Service - Health Plan	2	0	1	**3**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	3	0
Authorization - Authorization Related	0	0	1	**1**	0	0	1	**1**	1	2	0	**3**	0	0	0	**0**	5	6
Eligibility Issue - Member not eligible per Health Plan	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	11
Eligibility Issue - Member not eligible per Provider	3	2	1	**6**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	7	15
Health Plan Materials - ID Cards-Not Received	10	2	4	**16**	3	1	1	**5**	1	0	5	**6**	0	0	0	**0**	27	31
Health Plan Materials - ID Cards-Incorrect Information on Card	0	0	0	**0**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	1	2
Health Plan Materials - Other	0	0	1	**1**	0	0	0	**0**	1	0	0	**1**	0	0	0	**0**	2	3
Behavioral Health	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	2
PCP Assignment/Transfer - Health Plan Assignment - Change Request	2	4	3	**9**	0	2	4	**6**	4	2	1	**7**	0	0	0	**0**	22	44
PCP Assignment/Transfer - HCO Assignment - Change Request	0	0	0	**0**	0	1	0	**1**	1	1	0	**2**	0	0	0	**0**	3	13
PCP Assignment/Transfer - PCP effective date	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0
PCP Assignment/Transfer - PCP Transfer not Processed	1	0	0	**1**	0	0	0	**0**	0	1	0	**1**	0	0	0	**0**	2	1
PCP Assignment/Transfer - Rollout of PPG	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	2
PCP Assignment/Transfer - Mileage Inconvenience	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	2
Pharmacy - Authorization Issue	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0
Pharmacy - Authorization Issue-CalViva Error	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0
Pharmacy - Eligibility Issue	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0
Pharmacy - Quantity Limit	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0
Pharmacy - Rx Not Covered	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0
Pharmacy - Pharmacy-Retail	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0
Transportation - Access - Provider No Show	0	0	0	**0**	0	1	0	**1**	1	0	0	**1**	0	0	0	**0**	2	1
Transportation - Access - Provider Late	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	0

Transportation - Behaviour	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	9
Transportation - Other	3	6	8	**17**	0	2	3	**5**	6	0	1	**7**	0	0	0	**0**	29	34
OTHER - Other	1	1	1	**3**	2	1	0	**3**	1	0	1	**2**	0	0	0	**0**	8	7
Claims Complaint - Balance Billing from Provider	0	3	3	**6**	0	4	3	**7**	1	1	4	**6**	0	0	0	**0**	19	42

CalViva Health Appeals and Grievances Dashboard (SPD)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	2026 YTD	2025 YTD
Expedited Appeals Received	0	0	2	2	1	0	2	3	1	1	10	12	0	0	0	0	17	16
Standard Appeals Received	9	9	21	39	28	43	25	96	15	20	72	107	0	0	0	0	242	159
Total Appeals Received	**9**	**9**	**23**	**41**	**29**	**43**	**27**	**99**	**16**	**21**	**82**	**119**	**0**	**0**	**0**	**0**	259	**175**
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	0	0	2	2	1	0	2	3	1	1	3	5	0	0	0	0	10	17
Expedited Appeals Compliance Rate	**0.0%**	**0.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**-400.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	0	0
Standard Appeals Resolved Compliant	17	24	20	61	21	33	41	95	24	16	21	61	0	0	0	**0**	217	164
Standard Appeals Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**
Total Appeals Resolved	**17**	**24**	**22**	**63**	**22**	**33**	**43**	**98**	**25**	**17**	**24**	**66**	**0**	**0**	**0**	**0**	**227**	**181**
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	**17**	**24**	**22**	**63**	**22**	**22**	**43**	**87**	**25**	**17**	**24**	**66**	**0**	**0**	**0**	**0**	**216**	**160**
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	1	0	1	2	0	0	1	1	1	0	0	1	0	0	0	0	4	6
Community Supports	6	12	4	22	8	5	12	25	10	4	3	17	0	0	0	0	64	34
DME	4	6	6	16	8	11	16	35	7	5	9	21	0	0	0	0	72	40
Experimental/Investigational	0	0	2	2	1	1	1	3	0	1	2	3	0	0	0	0	8	6
Behavioral Health	0	0	0	0	0	0	4	4	1	1	3	5	0	0	0	0	9	1
Advanced Imaging	2	1	3	6	2	1	6	9	0	0	0	0	0	0	0	0	15	25
Other	0	2	6	8	0	2	1	3	2	5	3	10	0	0	0	0	21	20
Pharmacy/RX Medical Benefit	2	2	0	4	0	1	0	1	2	0	2	4	0	0	0	0	9	13
Surgery	2	0	0	2	3	1	1	5	2	1	1	4	0	0	0	0	11	7
SNF-Long Term Care	0	1	0	1	0	0	1	1	0	0	1	1	0	0	0	0	3	8
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Community Supports	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Behavioral Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SNF-Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	8	17	9	**34**	7	6	24	**37**	8	4	13	**25**	0	0	0	**0**	**96**	85
Uphold Rate	**47.1%**	**70.8%**	**40.9%**	**54.0%**	**31.8%**	**18.2%**	**55.8%**	**37.8%**	**32.0%**	**23.5%**	**54.2%**	**37.9%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**42.3%**	**47.0%**
Overturns - Full	6	5	5	**16**	9	11	15	**35**	17	9	8	**34**	0	0	0	**0**	**85**	70
Overturn Rate - Full	**35.3%**	**20.8%**	**22.7%**	**25.4%**	**40.9%**	**33.3%**	**34.9%**	**35.7%**	**68.0%**	**52.9%**	**33.3%**	**51.5%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**37.4%**	**38.67%**
Overturns - Partials	3	0	4	**7**	6	5	4	**15**	0	3	1	**4**	0	0	0	**0**	**26**	15
Overturn Rate - Partial	**17.6%**	**0.0%**	**18.2%**	**11.1%**	**27.3%**	**15.2%**	**9.3%**	**15.3%**	**0.0%**	**17.6%**	**4.2%**	**6.1%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**11.5%**	**8.3%**
Withdrawal	0	2	4	**6**	0	0	0	**0**	0	1	2	**3**	0	0	0	**0**	**9**	11
Withdrawal Rate	**0.0%**	**8.3%**	**18.2%**	**9.5%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**5.9%**	**8.3%**	**4.5%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**4.0%**	**6.1%**
Membership	43,916	43,978	43,870		43,309	43,418	43,439		43,320	43,317	43,172							
Appeals - PTMPM	0.39	0.55	0.50	**1.43**	0.51	0.76	0.99	**2.26**	0.58	0.39	0.56	**0.51**	0	-	-	0.00	**1.05**	**0.79**
Grievances - PTMPM	1.21	1.46	1.25	**3.92**	1.69	1.70	1.77	**5.16**	1.85	1.85	2.27	**1.99**	0	-	-	0.00	**2.77**	**3.22**

Cal Viva Dashboard Definitions	
Categories	**Description**
GRIEVANCE	Expression of dissatisfaction regarding any aspect of a plans or providers operations, contractual issues, activities or behaviors.
Expedited Grievances Received	Grievance received in the month with a TAT of 3 calendar days
Standard Grievances Received	Grievances received in the month with the standard 30 days TAT
Total Grievance Received	Amount of cases received within that month
Grievance Acknowledgement Sent Noncompliant	The number of Acknowledgement letters not sent within the 5 calendar day TAT
Grievance Acknowledgement Compliance Rate	Percentage of acknowledgement letters sent within 5 calendar days
Expedited Grievances Resolved Noncompliant	Expedited grievances closed after the 3 calendar day TAT
Expedited Grievances Resolved Compliant	Expedited grievances closed within the 3 calendar day TAT
Expedited Grievance Compliance Rate	Percentage of Expedited Grievances closed within the 3 calendar day TAT
Standard Grievances Resolved Noncompliant	Standard 30 day grievance cases closed after the 30 day TAT
Standard Grievances Resolved Compliant	Standard 30 day grievance cases closed within the 30 day TAT
Standard Grievance Compliance Rate	Percentage of cases closed within the 30 calendar day TAT
Total Grievances Resolved	Amount of cases closed for the month
Quality of Service Grievances	Grievances Related to non clinical concerns/administrative issues
Access to Care Grievance - Other	Long wait time for a scheduled appointment or unable to get an appointment with an ancillary provider
Access to Care Grievance - PCP	Long wait time for a scheduled appointment or unable to get an appointment with a PCP
Access to Care Grievance - Physical/OON	Access to care issues specifically due to physical distance or provider not being contracted with the plan
Access to Care Grievance - Specialist	Long wait time for a scheduled appointment or unable to get an appointment with a specialist
Administrative	Grievances related to health plan benefit, paln authorization or access issues
Balance Billing	Member billing for Par and Nonpar providers.
Continuity of Care - Acute	Quality of service complaint/dispute regarding the continuity of care for acute care, as perceived by the enrollee from a provider.
Continuity of Care - Newborn	Quality of service complaint/dispute regarding the continuity of care for newborn care, as perceived by the enrollee from a provider.
Continuity of Care - Other	Quality of service complaint/dispute regarding the continuity of care for any other care not already categorized, as perceived by the enrollee from a provider.
Continuity of Care - Pregnancy	Quality of service complaint/dispute regarding the continuity of care for pregnancy care, as perceived by the enrollee from a provider.
Continuity of Care - Surgery	Quality of service complaint/dispute regarding the continuity of care for surgery, as perceived by the enrollee from a provider.
Continuity of Care - Terminal Illness	Quality of service complaint/dispute regarding the continuity of care for Terminal Illness, as perceived by the enrollee from a provider.
Interpersonal Grievance	Providers interaction with member
Behavioral Health	Grievances related to Mental Health providers/care
Other	All other QOS grievance types
Pharmacy/RX Medical Benefit	Long wait time for the drug to be called in or refilled
Quality of Care Grievances	Grievances Related to clinical concerns/possible impact to members health
Access to Care Grievance - Other	Long wait time for a scheduled appointment or unable to get an appointment with an ancillary provider
Access to Care Grievance - PCP	Long wait time for a scheduled appointment or unable to get an appointment with a PCP
Access to Care Grievance - Physical/OON	Access to care issues specifically due to physical distance or provider not being contracted with the plan
Access to Care Grievance - Specialist	Long wait time for a scheduled appointment or unable to get an appointment with a specialist
Behavioral Health	Grievances related to Mental Health providers/care
Other	All other QOC grievance types
PCP Care	Grievances related to quality of care provided by a PCP
PCP Delay	Grievances related to a delay in care provided by a PCP
Pharmacy/RX Medical Benefit	Wrong drug dispensed or adverse drug reaction.
Specialist Care	Grievances related to quality of care provided by a Specialist
Specialist Delay	Grievances related to a delay in care provided by a Specialist

APPEALS	Request for reconsideration. An oral or written request to change a decision or adverse determination.
Expedited Appeals Received	Appeals received in the month with a TAT of 3 calendar days
Standard Appeals Received	Appeals received in the month with a TAT of 30 calendar days
Total Appeals Received	Amount of cases received within that month
Appeals Acknowledgement Sent Non-compliant	Total number of acknowledgement letters not sent within the 5 calendar day TAT
Appeals Acknowledgement Compliance Rate	Percentage of Acknowledgement letters sent with the 5 calendar day TAT
Expedited Appeals Resolved Non-Compliant	Number of expedited appeals resolved after the 3 calendar day TAT
Expedited Appeals Resolved Compliant	Number of expedited appeals resolved within the 3 calendar day TAT
Expedited Appeals Compliance Rate	Percentage of expedited appeals closed with the 3 calendar day TAT
Standard Appeals Resolved Non-Compliant	Standard 30 day appeals resolved after the 30 calendar days
Standard Appeals Resolved Compliant	Standard 30 day appeals resolved within the 30 calendar days
Standard Appeals Compliance Rate	Percentage of Standard 30 calendar day TAT appeals closed within compliance
Total Appeals Resolved	Total number of appeals resolved for the month
Appeal Descriptions	
Pre Service Appeal	Any request for the reversal of a denied service prior to the services being rendered.
Consultation	Denied service due to medical necessity, lack of coverage.
DME	Denied item/supply due to medical necessity, lack of coverage.
Experimental/Investigational	Denied service because it is considered experimental/investigational
Behavioral Health	Denied Mental Health related service due to medical necessity, lack of coverage.
Other	All other denied services due to medical necessity, lack of coverage.
Pharmacy/RX Medical Benefit	Denied medication, including those considered an RX medical benefit, due to medical necessity, lack of coverage.
Surgical	Denied service due to medical necessity, lack of coverage.
Post Service Appeal	Any request for the reversal of a denied claim payment where the services were previously rendered.
Consultation	Denied service due to medical necessity, lack of coverage.
DME	Denied item/supply due to medical necessity, lack of coverage.
Experimental/Investigational	Denied service because it is considered experimental/investigational
Behavioral Health	Denied Mental Health related service due to medical necessity, lack of coverage.
Other	All other denied services due to medical necessity, lack of coverage.
Pharmacy/RX Medical Benefit	Denied medication, including those considered an RX medical benefit, due to medical necessity, lack of coverage.
Surgical	Denied service due to medical necessity, lack of coverage.
Appeals Decision Rate	Will include number of Upholds, Overturns, Partial overturns, and Withdrawals
Upholds	Number of Upheld Appeals
Uphold Rate	Percentage of Upheld appeals
Overturns - Full	Number of full overturned appeals
Overturn Rate - Full	Percentage of full overturned appeals
Overturn - Partial	Number of Partial Overturned appeals
Overturn Rate - Partial	Percentage of Partial Overturned appeals
Withdrawls	Number of withdrawn appeals
Withdrawl Rate	Percentage of withdrawn appeals

EXEMPT GRIEVANCE	Grievances received over the telephone that are not coverage dipsutes, disputed health care services involving medical necessity or experimental/investigational treatment that are resolved the the close of the next business day (1300.68 (d)(8).

Exempt Grievance tab key – Calviva Dashboard	
Column Definitions.	
Date Opened	The date the case was received
SF #	The internal HealthNet system ID code for the CCC representative who documented the call
Rep Name	Name of the CCC associate who took the call
Sup Name	Supervisor of the CCC associate who took the call
Mbr ID	The Calviva Health ID number of the member
SPD	Marked “yes” if the member is part of the “Seniors & Persons with Disabilities” population
Date of Birth	Date of birth of the member
Mbr Name	Name of the member
Reason	The case was categorized as a Calviva Exempt Grievance, hence the reason it’s on the report
Preventable	Used if an Exempt Grievance was determined to be preventable
Access to Care	Used if determined Exempt Grievance was related to Access to Care
Issue Main Classification	Case is categorized by type of complaint
Issue Sub Classification	Case is subcategorized by type of complaint
DMHC Complaint Category	Case is categorized based on the DMHC TAR template complaint category
Discrimination?	Marked "yes" if case involved perceived discrimination by the member, otherwise marked "no"
Resolution	The resolution to the exempt grievance is notated here
Date Reviewed	The date the case was reviewed by CCC exempt grievance personnel
Provider Involved	The provider involved in the exempt grievance is notated here
Provider Category	The type of provider that is involved
County	The county the member resides in is notated here
PPG	Whether the member is assigned to a PPG is notated here
Health Plan ID	The Internal HN Plan ID for the Provider Involved in the exempt grievance.
PPG Service Area	Internal HN Code for the PPG to whom the member belongs.
Yes	
Classification Definitions	
Authorization	Used when it’s an Authorization/Referral issue related exempt grievance
Avail of Appt w/ Other Providers	The case is related to appointment availability of ancillary providers
Avail of Appt w/ PCP	The case is related to appointment availability of the PCP
Avail of Appt w/ Specialist	The case is related to appointment availability of a Specialist
Claims Complaint	The case is related to a claims issue/dispute
Eligibility Issue	The case is related to the members eligibilty or lackthereof.
Health Care Benefits	When it’s an exempt grievance related to a specific benefit, eg transportation
ID Card - Not Received	The case is related to the member having not received their ID card
Information Discrepancy	When the exempt grievance is related to being given wrong or misleading information
Interpersonal - Behavior of Clinic/Staff - Health Plan Staff	The case is related to the interpersonal behavoir of a health plan staff member
Interpersonal - Behavior of Clinic/Staff - Provider	The case is related to the interpersonal behavoir of a provider
Interpersonal - Behavior of Clinic/Staff - Vendor	The case is related to the interpersonal behavoir of a vendor
Other	For miscellaneous exempt grievances
PCP Assignment/Transfer	
PCP Assignment/Transfer-Health Plan Assignment- Change Request	Use this when the member is upset/dissatisfied with the health plan's PCP assignment for the member, whether it be through the auto-assignment logic process or any other health plan assignments reasons.
PCP Assignment/Transfer-HCO Assignment - Change Request	Use this when the member is upset/dissatisfied with the health plan's PCP assignment for the member.This category will represent PCP assignments in which the assignment was made as a result of the 834 file HCO Input. "Electronic Assignment- HCO Input"
Pharmacy	The case is related to a pharmacy issue
Wait Time - In Office for Scheduled Appt	When the Access to Care complaint is in regards to wait time at a providers office
Wait Time - Too Long on Telephone	When the Access to Care complaint is in regards to being placed on hold or unable to get through by telephone

The Outlier Tab	This tab is used by the Reporting Team, CalViva, and A&G. The Reporting Team will use this tab to call out any outliers to the A&G team that were identified during the report creation such as trends or increase in volume of appeals and/or grievances. The Reporting team will send the outliers to the business when the Dashboard is sent for approval. CalViva will use this tab to call out any outliers to the A&G team that were identified during the report creation. The A&G Team will use this tab to document the reasons for the call out, trending, or unusual high numbers of complaints from the Reporting Team or CalViva on the outliers that were identified during the report creation or review of cases.
Month	This is used to track the month effected by the change that was made
Date	This is used to track the date the change was made
Outlier	This is the section that describes a brief explanation of the outlier such as increase number of PCP wait time complaints, trends, etc.
Explanation	This is the section that explains the outlier.

Membership	Excludes Kaiser membership and is addressed separately in a quarterly report by Kaiser Plan.
PTMPM	Per thousand members per month. PTMPM rates are calculated using the total number of appeals or grievances, divided by total membership and multiplied by 1,000

Item #8

Attachment 8.D

Key Indicator Report

Healthcare Solutions Reporting

Key Indicator Report

Auth Based Utilization Metrics for CALVIVA California SHP

Report from 9/1/2026 to 9/30/2026

Report created 10/26/2026

Purpose of Report: Summary report on Inpatient and Outpatient Utilization Metrics by Region, County, PPG entity
Reports show inpatient Rates with and without maternity, readmission, TAT Compliance, Care Management Programs

Exhibits:

Read Me
Main Report CalVIVA
CalVIVA Commission
CalVIVA Fresno
CalVIVA Kings
CalVIVA Madera
Glossary

Contact Information

Sections	Contact Person
Concurrent Inpatient TAT Metric	
TAT Metric	Katherine Marie F. Coy <KATHERINE.F.COY@HEALTHNET.COM>
CCS Metric	Shima Lotfi
Case Management Metrics	Kenneth Hartley <KHARTLEY@cahealthwellness.cor
Authorization Metrics	John Gonzalez

Key Indicator Report
Auth Based Utilization Metrics for CALVIVA California SHP
Report from 9/1/2026 to 9/30/2026
Report created 10/26/2026

ER utilization based on Claims data	2025-09	2025-10	2025-11	2025-12	2025-Trend	2026-01	2026-02	2026-03	2026-04	2026-05	2026-06	2026-07	2026-08	2026-09	2026-Trend	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026	Q2 2026	Q3 2026	Qtr Trend	CY- 2025	YTD-2026	YTD-Trend
MEMBERSHIP																Quarterly Averages								Annual Averages		
Expansion Mbr Months	121,296	121,003	120,883	120,655		119,264	118,421	117,406	116,197	114,780	113,710	112,871	112,337	111,534		121,576	122,898	122,530	120,847	118,364	114,896	112,247		121,963	115,169	
Adult/Family/O TLIC Mbr Mos	258,290	257,463	257,291	257,397		255,067	253,936	252,988	251,878	250,132	247,101	245,580	244,158	241,914		261,819	262,076	260,234	257,384	253,997	249,704	243,884		260,378	249,195	
Aged/Disabled Mbr Mos	48,579	48,705	48,603	48,463		47,702	47,578	46,195	46,988	46,712	46,325	46,121	46,130	45,663		47,683	48,039	48,558	48,590	47,158	46,675	45,971		48,218	46,602	
COUNTS																										
Admits - Count	2,037	2,146	2,127	2,228		2,181	2,104	2,234	2,136	2,100	2,020	2,122	2,098	2,197		2,130	2,067	2,110	2,167	2,173	2,085	2,139		2,118	2,184	
Expansion	739	838	765	769		806	747	799	807	821	750	825	818	797		772	753	779	791	784	793	813		774	817	
Adult/Family/O TLIC	868	890	909	982		908	916	958	857	839	846	867	825	925		902	859	886	927	927	847	872		894	903	
Aged/Disabled	430	418	453	477		467	441	477	472	440	424	430	455	475		456	454	445	449	462	445	453		451	464	
Admits Acute - Count	1,244	1,351	1,361	1,403		1,466	1,398	1,501	1,442	1,402	1,306	1,380	1,426	1,500		1,411	1,372	1,324	1,372	1,455	1,383	1,435		1,370	1,463	
Expansion	572	677	611	614		658	596	663	669	667	617	660	675	649		611	608	604	634	639	651	661		614	668	
Adult/Family/O TLIC	359	362	408	417		440	480	471	404	379	349	370	374	443		448	411	384	396	464	377	396		410	424	
Aged/Disabled	313	312	342	372		368	322	367	369	356	340	350	377	408		353	353	335	342	352	355	378		346	371	
Readmit 30 Day - Count	240	280	272	276		284	265	303	313	312	258	283	329	285		241	250	255	276	284	294	299		255	298	
Expansion	98	129	118	118		126	114	121	148	151	117	137	141	122		96	101	100	122	120	139	133		105	133	
Adult/Family/O TLIC	64	66	68	56		65	68	70	62	55	48	50	74	69		58	59	67	63	68	55	64		62	63	
Aged/Disabled	78	85	86	102		93	83	112	103	106	93	96	114	94		86	90	88	91	96	101	101		89	101	
**ER Visits - Count	17,499	17,252	16,724	17,932		18,442	17,551	19,327	17,747	18,691	17,154	16,489	16,103	6,983		17,048	17,033	16,892	17,303	18,440	17,864	13,192		17,069	16,499	
Expansion	5,558	5,334	5,083	5,493		5,710	5,141	5,847	5,233	5,655	5,575	5,569	5,278	2,361		4,861	5,223	5,532	5,303	5,566	5,488	4,403		5,230	5,152	
Adult/Family/O TLIC	9,847	9,672	9,476	10,179		10,461	10,224	11,090	10,259	10,693	9,249	8,618	8,643	3,849		10,159	9,665	9,166	9,776	10,592	10,067	7,037		9,691	9,232	
Aged/Disabled	2,094	2,246	2,165	2,260		2,271	2,186	2,390	2,255	2,343	2,330	2,302	2,182	773		2,028	2,144	2,194	2,224	2,282	2,309	1,752		2,147	2,115	
PER/K																										
Admits Acute - PTMPY	34.9	38.0	38.3	39.5		41.7	40.0	43.2	41.7	40.9	38.5	40.9	42.5	45.1		39.3	38.0	36.8	38.6	41.6	40.4	42.8		38.2	42.7	
Expansion	56.6	67.1	60.7	61.1		66.2	60.4	67.8	69.1	69.7	65.1	70.2	72.1	69.8		60.3	59.4	59.2	63.0	64.8	68.0	70.7		60.4	69.6	
Adult/Family/O TLIC	16.7	16.9	19.0	19.4		20.7	22.7	22.3	19.2	18.2	16.9	18.1	18.4	22.0		20.5	18.8	17.7	18.4	21.9	18.1	19.5		18.9	20.4	
Aged/Disabled	77.3	76.9	84.4	92.1		92.6	81.2	95.3	94.2	91.5	88.1	91.1	98.1	107.2		88.8	88.3	82.9	84.5	89.7	91.3	98.8		86.1	95.4	
Bed Days Acute - PTMPY	172.3	175.0	192.5	200.5		204.4	196.8	204.3	213.4	206.5	200.0	197.5	198.7	246.8		204.4	192.3	172.8	189.3	201.8	206.7	214.2		189.7	211.5	
Expansion	291.9	326.5	319.0	334.2		329.3	308.4	333.6	418.5	365.6	341.3	354.6	352.0	411.9		347.8	300.9	287.9	326.5	323.7	375.4	372.7		315.7	364.1	
Adult/Family/O TLIC	64.8	60.5	66.1	74.8		75.3	75.8	76.6	68.0	73.4	82.4	73.2	63.0	105.7		75.5	76.1	69.0	67.2	75.9	74.6	80.5		72.0	78.9	
Aged/Disabled	444.9	404.1	546.9	535.6		582.1	564.0	574.6	485.7	528.2	480.5	475.1	543.9	591.0		546.4	548.8	438.6	495.4	573.6	498.2	536.5		507.0	543.0	
ALOS Acute	4.9	4.6	5.0	5.1		4.9	4.9	4.7	5.1	5.1	5.2	4.8	4.7	5.5		5.2	5.1	4.7	4.9	4.8	5.1	5.0		5.0	5.0	
Expansion	5.2	4.9	5.3	5.5		5.0	5.1	4.9	6.1	5.2	5.2	5.1	4.9	5.9		5.8	5.1	4.9	5.2	5.0	5.5	5.3		5.2	5.2	
Adult/Family/O TLIC	3.9	3.6	3.5	3.8		3.6	3.3	3.4	3.5	4.0	4.9	4.1	3.4	4.8		3.7	4.0	3.9	3.6	3.5	4.1	4.1		3.8	3.9	
Aged/Disabled	5.8	5.3	6.5	5.8		6.3	6.9	6.0	5.2	5.8	5.5	5.2	5.5	5.5		6.2	6.2	5.3	5.9	6.4	5.5	5.4		5.9	5.7	
Readmit % 30 Day	11.8%	13.0%	12.8%	12.4%		13.0%	12.6%	13.6%	14.7%	14.9%	12.8%	13.3%	15.7%	13.0%		11.3%	12.1%	12.1%	12.7%	13.1%	14.1%	14.0%		12.1%	13.6%	
Expansion	13.3%	15.4%	15.4%	15.3%		15.6%	15.3%	15.1%	18.3%	18.4%	15.6%	16.6%	17.2%	15.3%		12.5%	13.5%	12.8%	15.4%	15.3%	17.5%	16.4%		13.6%	16.3%	
Adult/Family/O TLIC	7.4%	7.4%	7.5%	5.7%		7.2%	7.4%	7.3%	7.2%	6.6%	5.7%	5.8%	9.0%	7.5%		6.5%	6.9%	7.6%	6.8%	7.3%	6.5%	7.4%		6.9%	7.0%	
Aged/Disabled	18.1%	20.3%	19.0%	21.4%		19.9%	18.8%	23.5%	21.8%	24.1%	21.9%	22.3%	25.1%	19.8%		18.8%	19.7%	19.8%	20.3%	20.8%	22.6%	22.4%		19.6%	21.7%	
**ER Visits - PTMPY	490.4	484.6	470.2	504.5		524.4	501.6	556.7	513.1	544.9	505.6	489.1	479.9	210.0		474.6	472.0	470.0	486.5	527.5	521.2	393.7		475.7	481.8	
Expansion	549.9	529.0	504.6	546.3		574.5	521.0	597.6	540.4	591.2	588.3	592.1	563.8	254.0		479.8	510.0	541.8	526.6	564.3	573.1	470.7		514.6	536.8	
Adult/Family/O TLIC	457.5	450.8	442.0	474.6		492.2	483.1	526.0	488.8	513.0	449.2	421.1	424.8	190.9		465.6	442.6	422.7	455.8	500.4	483.8	346.2		446.6	444.6	
Aged/Disabled	517.3	553.4	534.5	559.6		571.3	551.3	620.8	575.9	601.9	603.6	598.9	567.6	203.1		510.4	535.6	542.1	549.2	580.8	593.7	457.4		534.4	544.5	

	Sep-25	Oct-25	Nov-25	Dec-25	2025-Trend	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	2026 - Trend	Q1-2025	Q2-2025	Q3-2025	Q4-2025	2025 - Quarters Trend	Q1-2026	2026 - Quarters Trend	YTD-2025	YTD-2026	Year trends
Services	**TAT Compliance Goal: 100%**															**TAT Compliance Goal: 100%**							**TAT Compliance Goal: 100%**		
Routine Pre-Service Authorization TAT (non-BH)	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	98%	100%		100%	98%	98%	97%		100%		NA	NA	
Routine Pre-Service Authorization w/ Extension/Deferral TAT (non-BH)	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%		97%	69%	96%	100%		100%		NA	NA	
Expedited Pre-Service Authorization TAT (non-BH)	94%	100%	100%	94%		96%	100%	100%	98%	94%	90%	100%	98%	98%		100%	100%	89%	98%		98.46%		NA	NA	
Expedited Pre-Service Authorization w/ Extension/Deferral TAT (non-BH)	NA	100%	100%	100%		NA	100%	100%	100%	100%	67%	100%	100%	NA		88%	83%	100%	100%		100%		NA	NA	
Post-Service Authorization TAT (non-BH)	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%		100%		NA	NA	
Concurrent Authorization TAT (non-BH)	98%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	92%		100%	100%	98%	100%		100%		NA	NA	
	CCS ID rate															**CCS ID rate**							**CCS ID rate**		
CCS %	8.39	8.48	8.49	8.51		8.48	8.50	8.48	8.49	8.43	8.59	8.57	8.54	8.45		8.47	8.38	8.40	8.49		8.49		8.44	8.49	

	Sep-25	Oct-25	Nov-25	Dec-25	2025-Trend	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	2026 - Trend	Q1-2025	Q2-2025	Q3-2025	Q4-2025	2025 - Quarters Trend	Q1-2026	Q2-2026	2026 - Quarters Trend	YTD-2025	YTD-2026	Year trends
Perinatal Case Management																**Perinatal Case Management**								**Perinatal Case Management**		
Total Number Of Referrals	272	236	216	233		222	241	343	322	295	192	286	294	299		777	907	750	685		806	809		3,119	2,494	
Pending	-	1	-	13		-	-	-	-	-	-	-	1	8		-	-	-	14		-	-		14	9	
Ineligible	13	6	7	8		19	7	10	17	8	5	7	13	18		50	53	44	21		36	30		168	104	
Total Outreached	259	229	209	212		203	234	333	305	287	187	279	280	273		727	854	706	650		770	779		2,937	2,381	
Engaged	182	164	141	157		154	151	219	197	177	135	204	170	164		441	544	471	462		524	509		1,918	1,571	
Engagement Rate	70%	72%	67%	74%		76%	65%	66%	65%	62%	72%	73%	61%	60%		61%	64%	67%	71%		68%	65%		65%	66%	
Total Screened and Declined	6	4	2	12		3	2	4	1	1	2	1	1	3		9	14	10	18		9	4		51	18	
Unable to Reach	71	61	66	43		46	81	110	107	109	50	74	109	106		277	296	225	170		237	266		968	792	
Total Cases Managed	385	372	364	359		321	295	304	293	278	265	275	264	255		477	494	530	448		430	344		1,089	614	
Total Cases Closed	61	63	58	69		71	55	56	41	38	33	37	28	33		185	221	203	190		182	112		799	392	
Cases Remained Open	311	303	289	284		225	169	131	97	81	74	48	34	17		277	270	311	284		131	74		284	17	
Physical Health Case Management																**Physical Health Case Management**								**Physical Health Case**		
Total Number Of Referrals	397	337	267	351		481	579	535	505	401	470	454	424	426		771	1,445	1,134	955		1,595	1,376		4,305	4,275	
Pending	3	2	3	55		1	1	1	-	2	1	-	3	44		-	-	4	60		3	3		64	53	
Ineligible	18	6	16	10		36	20	8	5	2	7	9	5	1		10	54	51	32		64	14		147	93	
Total Outreached	376	329	248	286		444	558	526	500	397	462	445	416	381		761	1,391	1,079	863		1,528	1,359		4,094	4,129	
Engaged	226	206	136	182		266	339	308	301	269	278	295	270	254		413	780	628	524		913	848		2,345	2,580	
Engagement Rate	60%	63%	55%	64%		60%	61%	59%	60%	68%	60%	66%	65%	67%		54%	56%	58%	61%		60%	62%		57%	62%	
Total Screened and Refused/Decline	18	17	18	19		24	34	44	22	10	8	11	12	6		87	122	76	54		102	40		339	171	
Unable to Reach	132	106	94	85		154	185	174	177	118	176	139	134	121		261	489	375	285		513	471		1,410	1,378	
Total Cases Closed	95	96	74	112		118	129	108	142	126	142	162	129	136		240	273	289	282		355	410		1,084	1,192	
Cases Remained Open	314	345	355	329		342	345	407	413	422	415	399	400	409		277	308	314	329		407	415		329	409	
Total Cases Managed	440	464	437	458		500	526	548	579	585	595	592	567	565		528	572	634	558		796	858		1,430	1,621	
Complex Case	59	76	73	78		92	95	96	103	98	106	108	101	94		48	42	70	81		129	135		148	238	
Non-Complex Case	381	388	364	380		408	431	452	476	487	489	484	466	471		480	530	564	477		667	723		1,282	1,383	
Transitional Care Services																**Transitional Care Services**								**Transitional Care Services**		
Total Number Of Referrals	710	801	591	563		719	714	623	609	618	739	776	630	566		1,590	1,639	2,010	1,955		2,056	1,966		7,194	5,994	
Pending	-	2	-	15		-	-	-	-	-	-	-	3	9		-	-	-	17		-	-		17	12	
Ineligible	5	3	14	6		48	22	9	3	8	7	4	4	1		10	7	13	23		79	18		53	106	
Total Outreached	705	796	577	542		671	692	614	606	610	732	772	623	556		1,580	1,632	1,997	1,915		1,977	1,948		7,124	5,876	
Engaged	602	637	462	470		604	624	554	573	533	630	655	548	496		1,437	1,466	1,702	1,569		1,782	1,736		6,174	5,217	
Engagement Rate	85%	80%	80%	87%		90%	90%	90%	95%	87%	86%	85%	88%	89%		91%	90%	85%	82%		90%	89%		87%	89%	
Total Screened and Refused/Decline	6	18	9	6		4	9	7	2	9	12	19	6	7		21	12	20	33		20	23		86	75	
Unable to Reach	97	141	106	66		63	59	53	31	68	90	98	69	53		122	154	275	313		175	189		864	584	
Total Cases Closed	348	399	340	387		327	281	431	338	355	344	390	364	298		837	841	992	1,126		1,039	1,037		3,796	3,128	
Cases Remained Open	445	478	450	386		392	488	436	490	459	526	563	528	532		324	364	445	386		436	526		386	532	
Total Cases Managed	850	938	840	789		781	836	928	883	891	976	1,022	964	897		1,207	1,227	1,493	1,164		1,535	1,670		4,198	3,727	

	Sep-25	Oct-25	Nov-25	Dec-25	2025-Trend	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	2026 - Trend	Q1-2025	Q2-2025	Q3-2025	Q4-2025	2025 - Quarters Trend	Q1-2026	Q2-2026	2026 - Quarters Trend	YTD-2025	YTD-2026	Year trends
Behavioral Health Care Management																**Behavioral Health Care Management**								**Behavioral Health Care**		
Total Number Of Referrals	129	241	95	106		130	161	155	173	164	159	202	144	167		387	423	363	442		446	496		1,615	1,455	
Pending	1	-	-	15		-	-	-	-	-	-	-	-	15		-	-	1	15		-	-		16	15	
Ineligible	4	-	1	1		11	4	1	-	-	-	-	1	-		7	11	6	2		16	-		26	17	
Total Outreached	124	241	94	90		119	157	154	173	164	159	202	143	152		380	412	356	425		430	496		1,573	1,423	
Engaged	86	152	65	65		82	109	111	110	110	102	128	93	112		267	308	239	282		302	322		1,096	957	
Engagement Rate	69%	63%	69%	72%		69%	69%	72%	64%	67%	64%	63%	66%	74%		70%	75%	67%	66%		70%	65%		70%	67%	
Total Screened and Refused/Decline	2	2	3	1		4	-	1	2	4	2	1	-	1		2	1	2	6		5	8		11	15	
Unable to Reach	36	87	26	24		33	48	42	61	50	55	73	50	39		111	103	115	137		123	166		466	451	
Total Cases Closed	27	42	28	25		37	36	37	63	55	62	61	59	52		159	209	85	95		110	180		548	462	
Cases Remained Open	110	88	93	104		114	136	158	168	160	158	138	127	140		169	70	110	104		158	158		104	140	
Total Cases Managed	149	139	127	135		163	187	216	237	237	230	213	204	202		338	282	209	168		287	346		658	612	
Complex Case	11	10	10	11		15	18	20	26	35	37	40	37	31		22	16	15	12		24	45		39	64	
Non-Complex Case	138	129	117	124		148	169	196	211	202	193	173	167	171		316	266	194	156		263	301		619	548	
First Year of Life Care Management																**First Year of Life Care Management**								**First Year of Life Care**		
Total Number Of Referrals	45	55	40	47		51	37	61	45	44	38	48	50	28		124	149	147	142		149	127		562	402	
Pending	-	-	-	2		-	-	-	-	-	-	1	-	-		1	2	5	2		-	-		10	1	
Ineligible	1	2	1	4		7	2	-	-	-	-	-	-	-		1	1	2	7		9	-		11	9	
Total Outreached	44	53	39	41		44	35	61	45	44	38	47	50	28		122	146	140	133		140	127		541	392	
Engaged	41	51	39	40		43	31	59	42	43	36	47	48	28		117	146	129	130		133	121		522	377	
Engagement Rate	93%	96%	100%	98%		98%	89%	97%	93%	98%	95%	100%	96%	100%		96%	100%	92%	98%		95%	95%		96%	96%	
Total Screened and Refused/Decline	1	-	-	1		-	-	-	-	-	1	-	-	-		-	-	1	1		-	1		2	1	
Unable to Reach	2	2	-	-		1	4	2	3	1	1	-	2	-		5	-	10	2		7	5		17	14	
Total Cases Closed	27	20	23	33		29	41	49	37	47	51	47	44	34		78	87	101	76		119	135		342	379	
Cases Remained Open	405	432	450	449		452	441	435	450	440	419	419	422	413		327	395	405	449		435	419		449	413	
Total Cases Managed	437	455	474	483		489	482	497	489	490	476	473	467	451		424	479	510	503		567	560		792	796	

Item #8

Attachment 8.E

Credentialing Sub-Committee
Quarterly Report

REPORT SUMMARY TO COMMITTEE

TO: Fresno-Kings-Madera Regional Health Authority Commissioners
CalViva QI/UM Committee

FROM: Patrick C. Marabella, MD, Chief Medical Officer
Amy R. Schneider, RN, Senior Director, Medical Management

COMMITTEE DATE: November 19, 2026

SUBJECT: CalViva Health Credentialing Sub-Committee Report of Activities in Q4 2026

Purpose of Activity:
This report is to provide the QI/UM Committee and RHA Commission with a summary of the 4th Quarter 2026 CalViva Health (CVH) Credentialing Sub-Committee activities.

I. The Credentialing Sub-Committee met on October 15th, 2026. At the October meeting, routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services.

II. Reports covering Q2 2026 were reviewed for delegated entities and Q3 2026 for HN, including Behavioral Health. Q2 2026 data for all organizations is summarized in Table 1 below. There were no unanticipated credentialing patterns identified in this reporting period.

Table 1. Q2 2026 CalViva Health Credentialing/Recredentialing by Organization

	BH	HN	Adventist	ASH	ChildNet	CSV	Envolve	Grow	IMG	LaSalle	Mindpath	Santé	Teladoc	UPN	Totals
Initial Credentialing	10	13	21	0	7	2	7	223	6	96	29	3	15	44	476
Recredentialing	13	8	39	0	32	12	7	78	14	26	6	17	46	38	336
Suspensions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Resignations (for quality of care only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals	23	21	60	0	39	14	14	301	20	122	35	20	61	82	812

III. **The 2026 Adverse Events Report** for Q3 2026 (July through September) 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. This includes all cases with a severity code level of III or IV, or any case the CVH CMO requests to be forwarded to the Peer Review Committee.

- The Investigations team submitted no (0) new cases involving an individual practitioner to the Credentialing Committee in Q3 2026.
  - Credentialing staff submitted zero (0) previously presented, remaining open cases to the Credentialing Committee in Q3 2026.
    - There were no reconsiderations or fair hearings during Q3 2026.
- There were zero (0) incidents involving appointment availability issues resulting in substantial harm to a member or members in Q3 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 Q3 2026.

- Reviews completed in July, August, and September identified zero (0) practitioners and zero (0) providers requiring removal from the Plan's network.
- July, August, and September 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 Q3 2026.

IV. The **Access & Availability Substantial Harm Report Q3 2026** 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 Q3 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).
- Zero (0) incidents involving appointment availability issues resulted in substantial harm to a member or members in Q3 2026.

V. The **Credentialing Adverse Actions** report for Q3 2026 was presented to the CalViva Credentialing Sub-Committee. One (1) case was presented for discussion in July, August, and September 2026. A primary care site in Madera County received a third consecutive non-passing MRR score and remained noncompliant with state requirements and CalViva's Credentialing Policies, Procedures, and Standards of Participation. It was determined that the practitioner's participation in the provider network shall be administratively terminated. The practitioner may reapply for participation in the provider network three years after the established termination date. Because the action was administrative, it was not reportable to state or federal regulatory agencies, and no appeal rights were applied.

VI. The county-specific **Credentialing Subcommittee Reports** of significant subcommittee activities for July through September 2026 were presented. There was one (1) termination in Madera County for Q3 2026.

VII. Follow-up activities will be scheduled, and ongoing monitoring and reporting will continue.

Item #8

Attachment 8.F

Peer Review Sub-Committee
Quarterly Report

REPORT SUMMARY TO COMMITTEE

TO:	Fresno-Kings-Madera Regional Health Authority Commissioners CalViva Health QI/UM Committee
FROM:	Patrick C. Marabella, MD, Chief Medical Officer Amy R. Schneider, RN, Senior Director, Medical Management
COMMITTEE DATE:	November 19, 2026
SUBJECT:	CalViva Health Peer Review Sub-Committee Report of Activities in Q4 2026

Purpose of Activity:

This report is to provide the QI/UM Committee and RHA Commission with a summary of the CalViva Health (CVH) Peer Review Sub-Committee activities. All Peer Review information is confidential and protected by law under the Knox Keene Health Care Services Plan Act of 1975, Section 1370, which prohibits disclosure to any parties outside the peer review process.

I. The Peer Review Sub-Committee met on October 15th, 2026. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 3 2026 were reviewed for approval. There were no significant cases to report.

II. The **2026 Adverse Events Report for Q3** was reviewed. This report provides a summary of ongoing monitoring of Potential Quality Issues and Credentialing Adverse Action cases during the reporting period. This includes all cases with a severity code level of III or IV, or any case the CVH CMO requests to be forwarded to the Peer Review Committee.

- There were fourteen (14) cases identified in Q3 2026 that met the criteria and were submitted to the Peer Review Committee.
    - Five (5) cases involved practitioners, and nine (9) cases involved organizational providers (facilities).
    - Of the 14 cases, two (2) were tabled, two (2) were tabled with a letter of concern, one (1) was placed on a corrective action plan with monitoring, and two (2) were placed on monitoring, one (1) was closed to track and trend with a letter of concern, one (1) was closed to track and trend with a letter of education, and five (5) were closed to track and trend.
    - Fourteen (14) cases were quality of care grievances, zero (0) were a potential quality issue, and zero (0) were track and trend.
    - Zero (0) cases involved seniors and persons with disabilities.
    - One (1) case involved behavioral health.
- The Investigations Team submitted six (6) previously presented, remaining-open cases to the Peer Review Committee in Q3 2026.

    - Zero (0) cases were regarding practitioners, and six (6) cases involved organizational providers (facilities).
    - Of the six (6) cases, one (1) remained on a corrective action plan with monitoring, one (1) was closed to track and trend with a letter of education, and four (4) were closed to track and trend.
    - Five (5) cases were quality of care grievances, one was a potential quality issue, and zero were track and trend.
    - One (1) case involved seniors and persons with disabilities.
    - Zero (0) cases involved behavioral health.
- There were zero (0) new cases and two (2) previously reported cases identified outside of the ongoing monitoring process in which an adverse injury occurred during a procedure by a contracted practitioner in Q3 2026. (NCQA CR.5.A.4)
- The reviewing Medical Directors determined that further outreach was required for seven (7) 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.
- There was one (1) case referred to peer review from the Special Investigations Unit for further review. Further review includes a review of trended grievances, as well as license and sanction/exclusion review.
- Zero (0) cases required escalation for presentation at the Peer Review Committee and zero (0) required reporting for 805.01 in Q3 2026.

III. The **Access & Availability Substantial Harm Report for Q3 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.

- The Investigations Team submitted twenty (20) cases to the Peer Review Committee in Q3 2026.
    - Of the twenty (20) cases, five (5) cases were related to appointment availability issues without significant harm, and four (4) were related to significant harm without appointment availability issues.
    - There were zero incidents involving appointment availability issues resulting in substantial harm to a member or members in Q3 2026.

IV. The **Q3 2026 Peer Count Report** was presented at the meeting with a total of twenty (20) cases reviewed. Case outcomes included:
Twelve (12) cases were closed and cleared. Zero (0) cases were closed/terminated. Zero (0) cases were deferred. Four (4) cases were tabled for further information. There were four (4) cases with CAP outstanding/continued monitoring, and none (0) are pending closure for CAP compliance.

V. The **Peer Review Sub-Committee reports** for July through September 2026 were reviewed. These reports summarize the outcomes of Peer Review cases for Fresno, Kings, and Madera counties. There were zero (0) cases reported in Q3 2026.

VI. Follow-up will be initiated to obtain additional information for the tabled cases, and ongoing monitoring and reporting will continue.

Item #8

Attachment 8.G

Health Equity Report

Current Health Equity Project(s) and Initiative(s):	Objective	Status
Kings County CHIP	Priority 5: Maternal, Infant, and Child health	**/CHW Convening – November 2026:** The convening focused on increasing utilization of Medi-Cal-covered doula services and understanding barriers to doulas becoming more embedded in the community. Doulas had the opportunity to ask managed care plans (MCPs) questions, voice concerns about billing and reimbursement, and share their needs for better supporting families. CVH Equity Officer provided the Doula Survey to guide the conversation between Doula and MCPs.
FCHIP HOPE HUB	Central Valley Disabilities Service Provider (CVDSP) network to CVH's HE initiative in 2026	Update 11/2026 So far 171 surveys have been completed CVH Led virtual community webinar to discuss the survey findings and next steps to addressing some of the barriers families identified through the survey. **Provider survey:** Providers reported unclear referral processes, difficulty identifying available services and contacts, long evaluation wait times, and limited service availability. They also described challenges helping families complete screenings and follow through with referrals. They requested an updated resource guide with eligibility requirements, referral steps, and direct agency contacts, along with better coordination. **Community member survey:** Families reported difficulty understanding available developmental services and navigating access. Among respondents answering each question: • **63.3%** identified not knowing available services as a reason families do not seek help. • **38.1%** reported long waits, and **35.1%** did not know where to go. • **43.7%** reported receiving no guidance through the referral process. • **41.9%** reported having felt dismissed when raising concerns about their child. **The shared finding:** Both groups identified a need for clearer service information, stronger referral connections, and ongoing guidance. Together, the surveys support developing a regional referral guide paired with trusted CBO/CHW navigation and follow-up, while also addressing waitlists and service shortages.

		Next steps: We are developing a regional resource guide with clear referral pathways, eligibility requirements, and contacts, paired with CBO/CHW navigation to help families connect to services. The State Council on Developmental Disabilities (SCDD) is stepping in to support these efforts by connecting us with service providers and helping shape and share the guide.

Health Equity Annual Activities	Status
NCQA Update	At this time, CalViva will not pursue NCQA Community-Focused Care Accreditation at this time, prioritizing efforts that improve members' access to services and community resources. We will continue aligning our health equity work with NCQA Health Outcomes Accreditation standards to strengthen member outcomes and maintain readiness should DHCS require accreditation in the future.
Cultural Competency Training	Cultural Competency training for all staff scheduled for 12/4

Health Equity Community Activities/ Updates	Who	Activity
10/29/2026	Chief Health Equity Officers and Chief Medical Officers meeting in Oakland	The leadership summit brought CHEO and CMO together to discuss how health equity connects with quality, value-based care, and accountability. Through collaborative discussions, participants explored current challenges and opportunities to strengthen health equity within their organizations and inform future action. Outcome: The leadership summit explored how health equity connects with quality, value-based care, and accountability. A key outcome was interest in developing measurable health equity outcomes, similar to HEDIS measures, and advancing community-driven projects that demonstrate meaningful impact.

11/2026	Recreation Association of Corcoran and CalViva	Planning began in August for a community baby shower at the Recreation Association of Corcoran (RAC), scheduled for November 17, 2026. CalViva Health is sponsoring and helping plan the event to connect pregnant and postpartum mothers with resources and support. This marks RAC's first partnership with a managed care plan to bring direct resources to a baby shower at its location.

Item #8

Attachment 8.H

Executive Dashboard

Month	2025 September	2025 October	2025 November	2025 December	2026 January	2026 February	2026 March	2026 April	2026 May	2026 June	2026 July	2026 August	2026 September
CVH Members													
Fresno	340,709	339,554	339,029	338,291	334,955	332,883	331,574	329,434	326,859	323,305	322,802	321,186	318,013
Kings	38,783	38,729	38,689	38,719	38,543	38,391	38,329	37,893	37,698	37,395	37,276	37,112	36,838
Madera	50,850	50,648	50,627	50,523	50,017	49,650	49,306	48,811	48,347	48,023	47,850	47,685	47,474
Total	430,342	428,931	428,345	427,533	423,515	420,924	419,209	416,138	412,904	408,723	407,928	405,983	402,325
SPD	48,274	48,382	48,315	48,254	47,340	47,218	46,990	46,357	46,347	46,263	46,068	46,008	45,826
CVH Mrkt Share	66.79%	66.83%	66.84%	66.89%	66.83%	66.85%	66.89%	66.93%	66.96%	66.96%	67.00%	66.93%	66.86%
ABC Members													
Fresno	148,987	147,973	147,293	146,465	144,988	143,482	142,360	141,087	139,469	137,744	136,983	136,638	135,657
Kings	25,146	25,108	25,166	25,184	25,211	25,126	25,016	24,783	24,665	24,571	24,500	24,373	24,217
Madera	27,240	27,076	26,930	26,742	26,472	26,186	25,888	25,405	25,112	24,731	24,561	24,393	24,260
Total	201,373	200,157	199,389	198,391	196,671	194,794	193,264	191,275	189,246	187,046	186,044	185,404	184,134
Kaiser													
Fresno	10,551	10,714	10,976	11,117	11,321	11,662	11,971	12,085	12,210	12,333	12,536	12,721	12,847
Kings	239	246	259	259	269	270	265	263	265	272	268	286	275
Madera	1,775	1,811	1,843	1,864	1,923	1,986	2,013	2,019	2,042	2,054	2,113	2,141	2,163
Total	12,565	12,771	13,078	13,240	13,513	13,918	14,249	14,367	14,517	14,659	14,917	15,148	15,285
Default													
Fresno	61.52%	59.59%	60.44%	63.29%	64.73%	65.80%	63.89%	65.20%	64.79%	65.84%	65.61%	64.86%	
Kings	46.17%												
Madera	50.43%					58.10%							
County Share of Choice as %													
Fresno	61.73%	60.40%	60.85%	61.54%	59.09%	59.53%	59.04%	60.04%	60.68%	59.55%	53.65%	52.29%	
Kings	56.51%		55.43%	56.30%	53.62%	N/A	50.16%	57.80%	53.61%	52.90%		54.42%	
Madera	61.08%	63.92%	65.14%	57.46%	55.67%	67.31%	66.46%	60.44%	67.34%	62.50%		61.28%	

IT Communications and Systems	**Active Presence of an External Vulnerability within Systems**	**NO**	Description: A good status indicator is all potential external vulnerabilities scanned and a very low identification of confirmed and/or potential vulnerabilities.
	Active Presence of Viruses within Systems	**NO**	Description: A specific type of malware (designed to replicate and spread) intended to run and disable computers and/or computer systems without the users knowledge.
	Active Presence of Failed Required Patches within Systems	**NO**	Description: A good status indicator is all identified and required patches are successfully being installed.
	Active Presence of Malware within Systems	**NO**	Description: Software that is intended to damage or disable computers and computer systems.
	Active Presence of Failed Backups within Systems	**NO**	Description: A good status indicator is all identified and required backups are successfully completed.
	# of Devices in IT Environment with low space	**0**	Description: These devices are at higher risk for slow performance, failed updates, or application issues
	# of Devices in IT Environment which have been deemed End-of-Life	**0**	Description: Devices running operating systems that are no longer supported or approaching the end of support.
	Average Security Risk	**2**	Description: Average security risk for all hosts. 5 = High Severity. 1 = Low Severity
	Business Risk Score	**22**	Description: Business risk is expressed as a value (0 to 100). Generally, the higher the value the higher the potential for business loss since the service returns a higher value when critical assets are vulnerable.
	Average Age of Workstations	**1.9 Years**	Description: Identifies the average Computer Age of company owned workstations.
Message From The CEO	At present time, there are no significant issues or concerns as it pertains to the Plan's IT Communications and Systems.		

Member Call Center CalViva Health Website		**Year**	**2025**	**2025**	**2025**	**2025**	**2026**	**2026**
		Quarter	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**
	(Main) Member Call Center	**# of Calls Received**	**41,923**	**40,133**	**42,619**	**37,637**	**43,343**	**39,739**
		# of Calls Answered	**41,609**	**39,766**	**42,295**	**37,365**	**42,983**	**39,175**
		Abandonment Level (Goal < 5%)	**0.70%**	**0.90%**	**0.80%**	**0.70%**	**0.80%**	**1.40%**
		Service Level (Goal 80%)	**92%**	**94%**	**96%**	**95%**	**89%**	**88%**
	Behavioral Health Member Call Center	**# of Calls Received**	**1,008**	**917**	**963**	**847**	**938**	**918**
		# of Calls Answered	**1,004**	**909**	**959**	**843**	**933**	**916**
		Abandonment Level (Goal < 5%)	**0.40%**	**0.90%**	**0.40%**	**0.50%**	**0.50%**	**0.20%**
		Service Level (Goal 80%)	**95%**	**96%**	**98%**	**98%**	**98%**	**99%**
	Transportation Call Center	**# of Calls Received**	**14,958**	**15,899**	**18,401**	**21,331**	**22,357**	**24,968**
		# of Calls Answered	**14,868**	**15,819**	**18,327**	**21,246**	**22,267**	**24,893**
		Abandonment Level (Goal < 5%)	**0.40%**	**0.20%**	**0.20%**	**0.30%**	**0.20%**	**0.10%**
		Service Level (Goal 80%)	**86%**	**85%**	**84%**	**91%**	**91%**	**91%**
	CalViva Health Website	**# of Users**	**79,000**	**34,000**	**54,000**	**52,000**	**53,000**	**42,200**
		Top Page	**Main Page**	**Main Page**	**Main Page**	**Main Page**	**Do You Qualify**	**Do You Qualify**
		Top Device	**Mobile (70%)**	**Mobile (63%)**	**Mobile (62%)**	**Mobile (63%)**	**Mobile (70%)**	**Mobile (68%)**
		Session Duration	**~ 1 minute**	**~ 1 minute**	**~ 1 minute**	**~ 1 minute**	**~ 1 minute**	**~ 1 minute**
Message from the CEO	Q2 2026 numbers were presented at the last RHA Commission meeting on 10/29/2026. Q3 numbers are not yet available.							

Provider Network & Engagement Activities	**Year**	**2026**	**2026**	**2026**	**2026**	**2026**	**2026**	**2026**
	Month	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**
	Hospitals	**11**	**11**	**11**	**11**	**11**	**11**	**11**
	Clinics	**170**	**171**	**171**	**176**	**175**	**176**	**174**
	PCP	**438**	**435**	**434**	**427**	**437**	**438**	**441**
	PCP Extender	**514**	**522**	**530**	**529**	**564**	**565**	**567**
	Specialist	**1549**	**1539**	**1564**	**1594**	**1605**	**1610**	**1616**
	Ancillary	**343**	**344**	**346**	**347**	**355**	**355**	**354**
	Year	**2024**	**2025**	**2025**	**2025**	**2025**	**2026**	**2026**
	Quarter	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**
	Behavioral Health	**558**	**545**	**562**	**486**	**295**	**460**	**438**
	Vision	**114**	**112**	**104**	**106**	**35**	**41**	**41**
	Urgent Care	**17**	**17**	**16**	**16**	**12**	**15**	**15**
	Acupuncture	**2**	**3**	**3**	**3**	**7**	**8**	**9**
	Year	**2024**	**2025**	**2025**	**2025**	**2025**	**2026**	**2026**
	Quarter	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**
	% of PCPs Accepting New Patients - Goal (85%)	**91%**	**89%**	**89%**	**92%**	**92%**	**93%**	**93%**
	% Of Specialists Accepting New Patients - Goal (85%)	**96%**	**96%**	**96%**	**97%**	**92%**	**97%**	**97%**
	% Of Behavioral Health Providers Accepting New Patients - Goal (85%)	**99%**	**99%**	**99%**	**95%**	**94%**	**94%**	**94%**
	Year	**2026**	**2026**	**2026**	**2026**	**2026**	**2026**	**2026**
	Month	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**
	Providers Interactions by Provider Relations	**564**	**606**	**716**	**657**	**673**	**781**	**751**
	Reported Issues Handled by Provider Relations	**46**	**44**	**35**	**35**	**20**	**0**	**0**
	Documented Quality Performance Improvement Action Plans by Provider Relations	**22**	**33**	**17**	**75**	**26**	**2**	**38**
	Interventions Deployed for PCP Quality Performance Improvement	**22**	**33**	**17**	**75**	**26**	**2**	**38**
Message From the CEO	At this time there are no significant issues or concerns as it pertains to the Plan's Provider Network and Provider Engagement Activities.							

Claims Processing	**Year**	**2024**	**2025**	**2025**	**2025**	**2025**	**2026**	**2026**
	Quarter	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**
	Medical Claims Timeliness (30 days / 45 days) **Goal (90% / 95%) - Deficiency Disclosure**	99% / 99% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO
	Behavioral Health Claims Timeliness (30 Days / 45 days) **Goal (90% / 95%) - Deficiency Disclosure**	94% / 98% N/A	96% / 98% N/A	99% / 99% N/A	99% / 99% N/A	99% / 99% N/A	99% / 99% N/A	99% / 99% N/A
	Acupuncture Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	99% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	99% / NA NO	98% / NA NO
	Vision Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / NA NO	100% / NA NO
	Transportation Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / NA NO	100% / NA NO
	PPG 2 Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	79% / 95% YES	91% / 100% YES	84% / 99% YES	83% / 99% YES	84% / 100% YES	92% / 100% YES	96% / 100% YES
	PPG 3 Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	96% / 100% YES	93% / 100% YES	92% / 100% NO	92% / 100% YES	83% / 100% NO	68% / 100% NO	97% / 100% YES
	PPG 4 Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	99% / 100% NO	98% / 100% NO	95% / 100% NO	97% / 100% YES	99% / 100% NO	99% / 100% NO	98% / 100% NO
	PPG 5 Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	100% / 100% NO	99% / 100% NO	100% / 100% NO	95% / 100% NO	100% / 100% NO	100% / 100% NO	100% / NA NO
	PPG 6 Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	99% / 100% NO	98% / 100% NO	98% / 100% NO	100% / 100% NO	99% / 100% NO	100% / 100% NO	99% / NA NO
	PPG 7 Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	99% / 100% NO	97% / 100% NO	99% / 100% NO	99% / 100% NO	99% / 100% NO	99% / 100% NO	98% / NA NO
	PPG 8 Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	98% / 100% NO	100% / 100% NO	98% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	
	PPG 9 Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / NA NO
Message from the CEO	Q1 and Q2 2026 numbers were presented during the last RHA Commission meeting on 10/29/2026. Q3 2026 numbers are not yet available.							

Provider Disputes	**Year**	**2024**	**2025**	**2025**	**2025**	**2025**	**2026**	**2026**
	Quarter	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**
	Medical Provider Disputes Timeliness (45 days) Goal (95%)	99%	100%	99%	99%	99%	99%	86%
	Behavioral Health Provider Disputes Timeliness (45 days) Goal (95%)	100%	100%	99%	99%	100%	99%	99%
	Acupuncture Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	N/A	N/A	N/A	N/A	N/A	100%
	Vision Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	100%	100%	100%	100%
	Transportation Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	PPG 2 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	100%	78%	91%	60%
	PPG 3 Provider Dispute Timeliness (45 Days) Goal (95%)	96%	99%	95%	99%	99%	98%	100%
	PPG 4 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	99%	100%	100%	100%
	PPG 5 Provider Dispute Timeliness (45 Days) Goal (95%)	98%	100%	100%	99%	100%	100%	99%
	PPG 6 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	99%	100%	100%	99%
	PPG 7 Provider Dispute Timeliness (45 Days) Goal (95%)	99%	100%	100%	99%	100%	100%	99%
	PPG 8 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	100%	100%	100%	100%
	PPG 9 Provider Dispute Timeliness (45 Days) Goal (95%)	98%	100%	100%	100%	100%	100%	100%
Message from the CEO	Q1 and Q2 2026 numbers were presented during the last RHA Commission meeting on 10/29/2026. Q3 2026 numbers are not yet available.							