FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY

Commission

Fresno County

David Pomaville, Director
Public Health Department

David Cardona, M.D.
At-large

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

Sal Quintero
Board of Supervisors

Joyce Fields-Keene
At-large

Soyla Reyna-Griffin
At-large

Kings County

Joe Neves
Board of Supervisors

Ed Hill, Director
Public Health Department

Harold Nikoghosian
At-large

Madera County

David Rogers
Board of Supervisors

Sara Bosse
Public Health Director

Aftab Naz, M.D.
At-large

Regional Hospital

Brian Smullin
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

Gregory Hund
Chief Executive Officer
7625 N. Palm Ave., Ste. 109
Fresno, CA 93711

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

DATE: May 15, 2020

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, May 21, 2020
1:30 pm to 3:30 pm

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

Teleconference: 605-313-4819
Participant Code: 270393

A separate number will be provided to you for Closed Session

Meeting materials have been emailed to you.

Currently, there are **11** 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 is maintained

Thank you

AGENDA

Fresno-Kings-Madera Regional Health Authority

Commission Meeting

May 21, 2020

1:30pm - 3:30pm

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

Teleconference: 605-313-4819
Participant Code: 270393

Item	Attachment #	Topic of Discussion	Presenter
1		**Call to Order**	D. Hodge, MD, Chair
2		**Roll Call**	C. Hurley, Clerk
3 Action	No attachment	**Chair and Co-Chair Nominations for Fiscal Year 2020:** *Action: Nominate and Approve Appointments*	G. Hund, CEO
4 Action	Attachment A Attachment B	**Consent Agenda:** • Commission Minutes dated 4/16/2020 • Finance Committee Minutes dated 2/20/2019 *Action: Approve Consent Agenda*	D. Hodge, MD, Chair
5 Information	Attachment A	**Committee Appointments for Fiscal Year 2021:** • BL 20-00x	D. Hodge, MD, Chair
	Handouts will be available at meeting	*PowerPoint Presentations will be used for item 7 & 8* ***One vote will be taken for combined items 7 & 8***	
6 Action	Attachment A Attachment B Attachment C	**Cultural and Linguistics (C & L) Program Description and Work Plan Evaluation** • 2019 Executive Summary and *Annual Evaluation* • 2020 Change Summary and *Program Description* • 2020 Executive Summary and *Work Plan Summary*	P. Marabella, MD, CMO
7 Action	Attachment A Attachment B Attachment C Attachment D	**Health Education Program Description and Work Plan Evaluation** • Executive Summary • 2019 Annual Evaluation • 2020 Change Summary and Program Description • 2020 Work Plan *Action: Approve Cultural and Linguistics 2019 Annual Evaluation, 2020 Program Description, and 2020 Work Plan, and the Health Education 2019 Annual Evaluation, 2020 Program Description, and 2020 Work Plan*	P. Marabella, MD, CMO

8 Action		**Standing Reports**	
	Attachment A Attachment B	**Finance Report** • Financials as of March 31, 2020 • FY 2021 Proposed Budget	D. Maychen, CFO
	Attachment C	**Compliance** • Compliance Report	M.B. Corrado, CCO
	Attachment D Attachment E Attachment F	**Medical Management** • Appeals and Grievances Report • Key Indicator Report • QIUM Quarterly Summary Report	P. Marabella, MD, CMO
	Attachment G	**Operations** • Operations Report	J. Nkansah, COO
	Attachment H	**Executive Report** • Executive Dashboard	G. Hund, CEO
		Action: Accept Standing Reports	
9		**Closed Session:** **The Board of Directors will go into closed session to discuss the following item(s)** **A. Public Employee Appointment, Employment, Evaluation, or Discipline** Title: Chief Executive Officer Per Government Code Section 54957(b)(1)	
10		**Final Comments from Commission Members and Staff**	D. Hodge, MD, Chair
11		**Announcements**	D. Hodge, MD, Chair
12		**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.*	D. Hodge, MD, Chair
13		**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 July 16, 2020 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 #4

Attachment 4.A

Commission Minutes
Dated 4/16/2020

Fresno-Kings-Madera
Regional Health Authority

CalViva Health
Commission
Meeting Minutes
April 16, 2020

Meeting Location:
Teleconference Meeting due to COVID-19
Executive Order to Shelter-in-Place
CalViva Health
7625 N. Palm Ave., #109
Fresno, CA 93711

	Commission Members		
✓●	**David Cardona**, M.D., Fresno County At-large Appointee	✓●	**Joe Neves**, Vice Chair, Kings County Board of Supervisors
✓●	**Aldo De La Torre**, Community Medical Center Representative	✓●	**Harold Nikoghosian**, Kings County At-large Appointee
✓●*	**Sara Bosse**, Director, Madera Co. Dept. of Public Health		**David Pomaville**, Director, Fresno County Dept. of Public Health
✓●	**John Frye**, Commission At-large Appointee, Fresno		**Sal Quintero**, Fresno County Board of Supervisor
✓●*	**Soyla Griffin**, Fresno County At-large Appointee	✓●	**Joyce Fields-Keene,** Fresno County At-large Appointee
	Vacant, Commission At-large Appointee, Kings County	✓●	**David Rogers**, Madera County Board of Supervisors
✓●	**Ed Hill**, Director, Kings County Dept. of Public Health	✓●	**Brian Smullin**, Valley Children's Hospital Appointee
✓●	**David Hodge**, M.D., Chair, Fresno County At-large Appointee	✓●	**Paulo Soares**, Commission At-large Appointee, Madera County
✓●	**Aftab Naz**, Madera County At-large Appointee		
	Commission Staff		
✓	**Gregory Hund**, Chief Executive Officer (CEO)	✓●	**Amy Schneider**, R.N., Director of Medical Management
✓	**Daniel Maychen**, Chief Financial Officer (CFO)	✓●	**Mary Lourdes Leone**, Director of Compliance
✓●	**Patrick Marabella, M.D.,** Chief Medical Officer (CMO)	✓	**Cheryl Hurley**, Commission Clerk
✓●	**Mary Beth Corrado**, Chief Compliance Officer (CCO)		
✓●	**Jeff Nkansah**, Chief Operations Officer (COO)		
	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	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order	The meeting was called to order at 1:32 pm. A quorum was present via conference call in lieu of gathering in public per executive order signed	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	by the Governor of California on Monday, 3/16/2020, allowing Public Health Plans subject to the Brown Act to hold public meetings via teleconferencing due to COVID-19. A quorum remains a requirement to take actions, but can be achieved with any combination of Commissioners' physical attendance at the public location or by teleconferencing.	
#2 Roll Call Cheryl Hurley, Clerk to the Commission	A roll call was taken for the current Commission Members.	*A roll call was taken*
#3 Reappointment of Kings County At-Large Commissioner for Kings County Information David Hodge, MD, Chairman	Kings County Board of Supervisors has re-appointed Harold Nikoghosian for a three-year term, expiring on March 2023. *Soyla Griffin joined the meeting at 1:33 pm*	
#4 Kings County Vacancy: At-Large Commission Appointed Applicant Action David Hodge, MD, Chairman	Kerry Hydash was appointed as the Kings County At-Large representative for a three-year term, ending in April 2023.	***Motion**: Approve Appointment of New Commissioner Applicant* *13 – 0 – 0 –4* *(Rogers / Fields-Keene)* *A roll call was taken*
#5 Consent Agenda a) Commission Minutes 2/20/2020 b) Finance Committee Minutes 10/17/2019	All consent items were presented and accepted as read.	***Motion**: Approve Consent Agenda* *13 – 0 – 0 – 4* *(Rogers / Neves)*

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
c) Finance Committee Minutes 2/20/2020 d) QIUM Committee Minutes 11/21/2019 e) QIUM Committee Minutes 2/28/2020 f) Public Policy Committee Minutes 12/4/2019 Action David Hodge, MD, Chairman		*A roll call was taken*
#6 2020 Quality Improvement Program Description and Work Plan Action David Hodge, MD, Chairman	Dr. Marabella presented the 2020 Quality Improvement Program Description and Work Plan. The highlights of changes for the 2020 QI Program Description include: • Changes in the Health Promotion Programs: o Removed redundancies, toolkit items and reference to the Health Promotion Incentive Program; and added Opioid and Postpartum Depression to Digital Health program. • Transition Care Management Program: o Expanded description of transition care including details of the program's model and impact on members. • Palliative Care: o This new category was added to this document including objectives, eligibility criteria and services offered. • Satisfaction: o Expanded section to include description of educational activities, member materials and new and ongoing activities. • Access & Availability:	*See #7 for Action Taken*

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	o Provider Satisfaction Survey was added and the name of the "Telephone Answer Survey" was added. Activities for 2020 Quality Improvement Work Plan continue to focus on: • Improve Access to Care: o Continue to monitor Appointment Access and After-hours Access and educate providers using webinars and follow-up surveys. o Results from 2019 CAHPS Survey is pending; improvement strategies will be updated based upon results. • Improve the Quality & Safety of Care: o Comprehensive Diabetes Care. o Utilize principles from Chronic Disease Self-Management Program to perform Planned Care Visits. o Scheduled lab tests and LVN education for members using a Stoplight Tool. • There are two new formal 18-month Performance Improvement Projects (PIPs): o Childhood Immunizations project in Fresno County (CIS-10). o Breast Cancer Screening Disparity Project in Fresno County (BCS). *Sara Bosse joined the meeting at 1:49 pm*	
#7 2020 Utilization Management and Case Management Work Plan Action	Dr. Marabella presented the 2020 Utilization Management and Case Management Work Plan.	***Motion**: Approve 2020 Quality Improvement Program Description and Work Plan; and 2020*

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
David Hodge, MD, Chairman	The areas of focus for the 2020 Utilization Management & Case Management Work Plan include: • Compliance with Regulatory & Accreditation Requirements: Ensure licensure, attestations and audits are current and complete. • Monitoring the UM Process: Track and trend prior authorizations, conduct inter-rater reliability testing for clinical staff, and analyze appeals data to identify opportunities to remove or modify PA criteria. • Monitoring Utilization Metrics: Track effectiveness of care management, monitor for over/under utilization, and continue to enhance PPG Profile monitoring. • Monitoring Coordination with Other Programs and Vendor Oversight as it pertains to effectiveness of Case Management, Perinatal Case Management, and Behavioral Health Case Management. Maintain Disease Management, and monitor MD interactions with Pharmacy, and coordination between medical and behavioral health. • Monitoring Activities for Special Populations: Continue monitoring care of SPDs and CCS identification-additional analysis of CCS data will be included in the quarterly report.	*Utilization Management and Case Management Work Plan* *14 – 0 – 0 – 3* *(Frye / Naz)* *A roll call was taken*
#8 Standing Reports • **Finance Report** Daniel Maychen, CFO	**<u>Finance</u>** Total current assets were approximately $301M; total current liabilities were approximately $234.2M. Current ratio is 1.29. TNE as of February 29, 2020 was approximately $77.1M, which is approximately 650% above the minimum DMHC required TNE amount.	**Motion:** *Approve Standing Reports* *14 – 0 – 0 – 3* *(Nikoghosian / Smullin)* *A roll call was taken*

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Premium capitation income actual recorded for first eight months of FY 2020 was approximately $689M which is approximately $65.2M less than budgeted amounts, primarily due to MCO taxes which were budgeted for pending CMS approval. MCO taxes are still in the renewal process with CMS. On April 3, 2020 CMS approved the MCO tax renewal waiver. The difference under the MCO tax renewal request retroactive was to be July 1, 2019; based on Federal regulation it can only go retroactive to January 1, 2020. Funds are expected to be by the end of current fiscal year 2020. With MCO taxes adjusted out of the budgeted amount, actual revenues recorded is higher than what was budgeted by approximately $18.8M primarily due to rates being higher than estimated. Capitation medical costs are over budget by $17.8M for the same reason. Admis Service Agreement fees expense is below budget due to enrollment being less than projected. License expense is ahead of budget due to actual being higher than estimated. Marketing expense is higher than budgeted due to timing but should fall into place by the end of the fiscal year. Taxes are below budget due to the MCO tax at that time pending renewal. Total net income for the first eight months of the fiscal year is approximately $6.9M which is approximately $1.9M more than budgeted. **<u>Compliance</u>** Mary Beth Corrado presented the Compliance Report. Year-to-date 2020 there have been six (6) fraud cases reported to DHCS as of the end of March, of which all six were provider issues.	
• **Compliance** M.B. Corrado, CCO		

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	All audit activity is continuing during COVID-19. As a result of COVID-19 the State has issued delays and extensions on due dates for regulatory reports. The DHCS issued new requirements for the annual network certification. Plans must now meet both time and distance standard. The filing due date has been extended to 4/20/2020. Due to COVID-19, CalAIM and other proposed health care related initiatives are being reviewed and recalibrated by the state due to the budgetary and economic crisis that is developing. Since DHCS has not yet issued official notice of specific CalAIM delays, changes or cancellations, the status of the projects listed in Table 1 remain the same but will likely be changed by the next Commission meeting. CalViva Health received three (3) applications for the Behavioral Health Integration Incentive Program with one application covering two programs. All three (3) applications met the minimum qualifying criteria and the application packets have been submitted to DHCS for review. Due to the COVID-19 emergency, DHCS has deferred the start date of the BHI Incentive program to July 1, 2020. Preventive Care Outreach Project call campaign has been delayed due to COVID-19. The Plan has received numerous All Plan Letters and other regulatory guidance from DMHC and DHCS during the last month. DHCS requires MCPs to report provider site closures, positive COVID-19 tests and hospitalizations on a daily basis, including weekends. Both agencies	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
• **Medical Management** P. Marabella, MD, CMO	have provided guidance to plans on ensuring access to testing, screening and treatment services, promoting telehealth services, ensuring members are not liable for COVID-19 balance bills from providers, etc. CalViva Health staff and our administrator's staff are carrying out operations on a remote basis. Remote work situation is assessed on a weekly basis. The Public Policy Committee (PPC) met in Fresno County on March 4, 2020. The following reports were presented: the Q4 2019 Grievance & Appeal report, the Annual 2019 Compliance Report, the Q3 and Q4 2019 Member Incentive Programs Report. There were no recommendations for referral to the Commission. The next meeting is scheduled for June 10, 2020, in Kings County, subject to change due to COVID-19 state. A comprehensive report on 2020 New California Health Care Laws was reported out. **<u>Medical Management</u>** **Appeals and Grievances Dashboard** Dr. Marabella presented the Appeals & Grievances Dashboard through January 2020. **Appeals & Grievances Data:** • The total number of grievances received through end of January 2020 is consistent with previous year's data.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• The majority of Quality of Service grievances were noted in the areas of Access to PCP, Access to Specialist, and Transportation. • More information on exempt grievances is needed as it relates to Transportation • The total number of Appeals Received/Resolved is consistent with previous year data. These results are attributable primarily to advanced imaging, and pharmacy denials. **Key Indicator Report** Dr. Marabella presented the Key Indicator Report through January 31, 2020. • Inpatient utilization is consistent with previous months. • Turn around time compliance has improved compared to previous year. • Case Management numbers for January continue to be good. **Credentialing Sub-Committee Quarterly Report** In Quarter 1, 2020, the Credentialing Sub-Committee met on February 28, 2020. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering Q3 2019 were reviewed for delegated entities, Q4 2019 reports were reviewed for both Health Net and MHN. There were two (2) cases to report on in the Quarter 4 2019 Credentialing Report from Health Net. **Peer Review Sub-Committee Quarterly Report**	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
• **Operations** J. Nkansah, COO	The Peer Review Sub-Committee met on February 28, 2020. The county-specific Peer Review Sub-Committee Summary Reports for Q4 2019 were reviewed for approval. There were no significant cases to report. The Q4 2019 Peer Count Report was presented with a total of 16 cases reviewed. There were six (6) cases closed and cleared. There were two (2) cases pending closure for Corrective Action Plan compliance. There were eight (8) cases pended for further information, and no cases with an outstanding CAP. Follow up will be initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue. **<u>Operations Report</u>** Jeff Nkansah presented the Operations Report. Currently, there are no issues, concerns, or items of significance as it relates to IT Communications and Systems. Due to COVID-19 the business continuity plan was activated and staff are successfully working remotely from home. Due to the current environment additional security measures have been put into place. For Privacy and Security, there are no issues or items of significance to report. There are no new items to report in reference to the Member Call Center and CalViva Health Website. Changes to the website due to COVID-19 were addressed in the Compliance Report.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
• **Executive Report** G. Hund, CEO	With regard to Provider Network Activities, the Plan is preparing to represent its network to Regulators. Activity is ongoing with no significant issues to report. With regard to Claims Processing and Provider Disputes metrics in most areas have met goal. **<u>Executive Report</u>** The membership for February presents a slight decline from January. Membership is expected to increase due to the impact of COVID-19.	
#9 Closed Session A. **Government Code section 59454.5 – Report Involving Trade Secret –** Discussion of service, program, or facility	Due to technical difficulties and after consulting with general counsel, Closed Session was discussed in open session in item #10.	
#10 Community Support Program Funding Grant Recommendations Action David Hodge, MD, Chairman	Greg Hund presented the grant recommendations as a result of the Community Support Funding Ad-hoc Committee which met on March 4, 2020. As a result of the COVID-19 pandemic which developed after the ad-hoc committee met, administration has asked that an additional funding of $1.1M be added to the budget to assist partners within the CVH communities. The original $4.2M will be proposed to the Commission in May as a part of the FY 2021 budget; given the current circumstances it is recommended that the additional $1.1M be allocated now out of the current FY 2002 budget as there are sufficient funds and to allow	**Motion:** *Approve Community Support Funding Grant Recommendations* *(Nikoghosian / Fields-Keene)* *13 – 0 – 1 – 3 (Bosse abstained from Every Neighborhood Partnership)* *13 – 0 – 1 – 3 (Frye abstained from Poverello House)*

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	administration the flexibility to accommodate the organization(s) with the greatest need now.	*13 – 0 – 1 – 3 (Soares abstained from CASA Fresno and Madera Counties)* *A roll call was taken*
#11 Final Comments from Commission Members and Staff	None.	
#12 Announcements	CalViva Health is following the Mayor's order to shelter-in-place and has closed the office through May 6, 2020. Staff will work from home.	
#13 Public Comment	None.	
#14 Adjourn	The meeting was adjourned at 2:38 pm The next Commission meeting is scheduled for May 21, 2020 in Fresno County.	

Submitted this Day: _____

Submitted by: _____
Cheryl Hurley
Clerk to the Commission

Item #4

Attachment 4.B

Finance Minutes
dated 2/20/2020

CalViva Health
Finance
Committee Meeting Minutes

February 20, 2020

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	✓	Cheryl Hurley, Office Manager
✓	Gregory Hund, CEO	✓	Jiaqi Liu, Sr. Accountant
✓	Paulo Soares		
✓	Joe Neves		
✓	Harold Nikoghosian		
	David Rogers		
✓	John Frye		
		✓	Present
		*	Arrived late
		•	Teleconference

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	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 October 17, 2019 Attachment 2.A Action D. Maychen, Chair	The minutes from the October 17, 2019 Finance meeting were approved as read.	Motion: *Minutes were approved* *6 – 0 – 0 – 1* *(Frye / Soares)*
#3 Financial Statements as of December 31, 2019	Total current assets were approximately $249.5M; total current liabilities were approximately $184.4M. Current ratio is 1.35. TNE as of December 31, 2019 was	Motion: *Approve Financials as of December 31, 2019* *6 – 0 – 0 – 1*

Action D. Maychen, Chair	approximately $75.6M, which is approximately 581% above the minimum DMHC required TNE amount. Premium capitation income actual recorded for first six months of FY 2020 was approximately $516.5M which is approximately $49M less than budgeted amounts, primarily due to MCO taxes. MCO taxes are still in the renewal process with CMS. With the MCO tax adjusted out of the budgeted amount, actual revenues are ahead of what was budgeted by approximately $13.9M, primarily due to rates being higher than estimated. Capitation medical costs are over budget by $13M for the same reason. Furthermore, on 9/30/19, DHCS sent an MCO tax renewal to CMS and on 1/30/2020, CMS responded with a denial of the MCO tax renewal request, specifically stating that it appeared as if the MCO tax renewal had a hold harmless provision, citing the MCO tax renewal was applying the taxes to Medicaid plans and not to non-Medicaid plans. DHCS has made revisions applying the taxes to non-Medicaid plans and sent the revised MCO tax renewal to DHCS on 2/10/2020. DHCS believes they have appropriately addressed concerns by CMS and are relatively confident it will be approved; outcome is pending. Total net income for the first six months of the fiscal year is approximately $5.3M which is approximately $1.6M more than budgeted.	*(Nikoghosian / Neves)*
4 Fiscal Year 2021 – Review and Discuss Budget Action D. Maychen, Chair	D.Maychen discussed the FY 2021 budget timeline. A formalized budget is planned for presentation at the March 2020 meeting with intent to accept and adopt. Any changes as a result of the March 2020 meeting will carry on to an April 2020 meeting, if necessary. The formal budget will be presented at the May 2020 Commission meeting.	Motion: *Approve Budget Assumptions* *6 – 0 – 0 – 1* *(Frye / Soares)*

	During the meeting, D. Maychen discussed the basic assumptions being used to create the FY 2021 budget. Enrollment projected to be relatively consistent with current membership. Rates are projected to increase due to various factors, including but not limited to additional Prop 56 programs such as trauma and developmental screening, and long-term care along with major organ transplants moving into Medi-Cal managed care effective 1/1/2021, net of pharmacy carve out effective 1/1/2021. Knox Keene licensing fee, marketing expense, consulting expense, and community support grants expected to increase in comparison to FY 2020. The MCO tax renewal is still pending CMS approval; DHCS is relatively confident that the MCO tax renewal addresses CMS' concerns regarding a hold harmless provision. As such, MCO tax will be included in the FY 2021 budget.	
#5 Announcements	D. Maychen reported information on the Voluntary Rate Range program previously IGT to the Finance Committee. This program resulted in increased funds to the Plan for FY 2020. More information will be provided in the coming months. D. Maychen provided an update on MFAR. In November 2019, CMS issued a proposed Medicaid Fiscal Accountability Rule to strengthen the fiscal integrity of the Medicaid program. They are specifically looking at Medicaid financing arrangements and proposing to make changes without clear guidance in relation to proposed changes. Several Plans, DHCS, and trade associations representing Plans have stated this is in violation of the federal Administrative Procedure Act. The Proposed Rule would add an "undue burden" test to Provider Tax arrangements such as the Managed Care	

	Organization ("MCO") Tax, without providing clear guidance as to what criteria would be used to determine what would be deemed an "undue burden." The Proposed Rule would reduce or limit the Prop 56 payments and any supplemental payments. Supplemental payments would be limited to 50% of base pay of Provider. DHCS has said this would be administratively burdensome and agrees that there needs to be more transparency and oversight; however, they would like at minimum, three full years to implement any requested changes from the effective date. They would like the ceiling of supplemental payments to be comparative to commercial payers. It would limit Intergovernmental Transfers ("IGTs") to local taxes, noting that local taxes are not clearly defined in the Proposed Rule. In summary, billions of Medicaid federal dollars would be at stake. Overall, comment letters have requested that the Proposed Rule be rescinded or revised substantially to better fulfill its stated purpose. CMS is currently in the process of receiving comment letters; final decision is pending.	
#6 Adjourn	Meeting was adjourned at 12:06 pm	

Submitted by: Cheryl Hurley
Cheryl Hurley, Clerk to the Commission

Dated: March 19, 2020

Approved by Committee: Daniel Maychen
Daniel Maychen, Committee Chairperson

Dated: 3/19/2020

Item #5

Attachment 5.A

Committee Appointments
Fiscal Year 2021

FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY

Commission

Fresno County

Sal Quintero
Board of Supervisors

David Pomaville, Director
Public Health Department

David Cardona, M.D.
At-large

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

Joyce Fields-Keene
At-large

Soyla Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

Ed Hill
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Harold Nikoghosian- At-large

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

DATE: May 21, 2020

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Dr. David Hodge, Chairman

RE: Committee Appointments—Commissioner Representation

BL #: **BL 20-004**
Agenda Item 5
Attachment **A**

DISCUSSION:

In accordance with the Committee Charters, Commissioner representation on committees will be established by the RHA Commission Chairperson on an annual basis at the start of each fiscal year except for the "Public Policy Committee". The Public Policy Committee Commission members will serve coterminous terms with their Commission appointment. Chairperson Hodge has approved the following appointments for the Commissioners listed below.

FINANCE:
The **Finance Committee** meets at 11:30 am prior to the Commission meeting.
Commission members*: Supervisor Neves, Supervisor Rogers, John Frye, Paulo Soares, and Harold Nikoghosian.*

QUALITY IMPROVEMENT/UTILIZATION MANAGEMENT:
The **Quality Improvement/Utilization Management (QI/UM) Committee** meets at 10:30am prior to the Commission meeting. This committee must consist of participating providers.
Commission members*: David Cardona, MD, and five participating providers; David Hodge, MD is an alternate.*

CREDENTIALING
The **Credentialing Sub-Committee** meets at 12:00 pm following the QI/UM Committee and prior to the Commission meeting. This committee must consist of participating providers.
Commission members*: David Cardona, MD, and five participating providers; David Hodge, MD is an alternate.*

PEER REVIEW
The **Peer Review Sub-Committee** meets following the Credentialing Sub-Committee and prior to the Commission meeting. This committee must consist of participating providers.
Commission members*: David Cardona, MD, and five participating providers; David Hodge, MD is an alternate.*

PUBLIC POLICY:
The **Public Policy Committee** meets the first Wednesday of every quarter.
Commission member*: Supervisor Neves serves as Chair. His seat is coterminous with his Commission seat.*

Item #6

Attachment 6.A

Cultural and Linguistics
2019 Executive Summary
and Annual Evaluation

REPORT SUMMARY TO COMMITTEE

TO:	CalViva Health QI/UM Committee
FROM:	Lali Witrago, MPH, Sr. Cultural and Linguistics Specialist
COMMITTEE DATE:	May 21, 2020
SUBJECT:	Cultural and Linguistic Services (C&L) 2019 Work Plan End of Year Evaluation – Executive Summary Report

Summary:

This report provides information on the C&L Services Department work plan activities, which are based on providing cultural and linguistic services support and maintaining compliance with regulatory and contractual requirements. The C&L Work Plan is divided into the following four sections: 1) Language Assistance Services (LAP), 2) Compliance Monitoring, 3) Communication, Training and Education, and 4) Health Literacy, Cultural Competency, and Health Equity. As of December 31, 2019, all work plan activities have been completed with the exception of one activity.

Purpose of Activity:

To provide a summary report of the cultural and linguistic services Work Plan End of Year Evaluation. CalViva Health (CVH) has delegated all language services to Health Net's C&L Services Department.

Data/Results (include applicable benchmarks/thresholds):

Below is a high-level summary of the activities completed during 2019. For a complete report and details per activity, please refer to the attached 2019 C&L Work Plan End of Year Evaluation Report.

1) Language Assistance Services

a. Submitted C&L audit documentation and responses for the two audit requests.
b. Contract amendments with multiple vendors for extension of interpreter and translation services.
c. Member newsletter including "We speak your language" article disseminated in August.
d. Bilingual certification / re-certification completed for 101 staff.
e. A total of 146 translation reviews coordinated.
f. LAP training was assigned with 3,449 staff completing the training.

2) Compliance Monitoring

a. Received 35 C&L related grievance cases for review, eight interventions identified and delivered with support by Provider Relations Representatives.
b. Completed, presented and received approval for all C&L required reports.
c. Presented C&L reports at two Public Policy Committee meetings and helped secure a new committee member.

d. C&L policies and procedures submitted during Q3 as part of the annual audit filing.

3) Communication, Training and Education

a. Conducted two trainings for A&G coordinators on coding and resolution of C&L related cases.
b. Quick Reference Guide (QRG) on C&L codes for A&G updated and posted internally.
c. Trainings on C&L services conducted for four call center new hire classes with 59 staff in attendance.
d. Provider articles published on caring for patients with disabilities and language assistance programs.

4) Health Literacy, Cultural Competency and Health Equity

a. A total of seventy-two (72) materials were reviewed for readability level, content and layout.
b. Conducted four C&L Database trainings via webinar with 31 staff in attendance.
c. Completed Health Literacy Month activities with 1,610 staff participating.
d. Provider update promoting cultural competency and language services published during Q3.
e. Heritage Month activities completed including a poverty simulation, four culture videos and three online activities to raise awareness of culture and the impact of poverty on health outcomes.
f. Online cultural competency training deployed to 3,678 staff during Q3.
g. Conducted staff trainings on impact of poverty, emotional intelligence, reasonable accommodations, members living in poverty and cultural competency with a total of 563 staff in attendance.
h. Supported the DHCS Disparity PIP on postpartum, with monthly audits at the clinic in collaboration with QI to asses utilization and completion of revised OB History Form cultural practices section.
i. Lead the development of a postpartum project outcomes poster presented at the DHCS Quality Conference in Sacramento, CA earning the best poster and best Health Equity project award.
j. Provided support to HE department with the planning and hosting of seven Mendota CAG meetings and implementation of action plan priorities including a mental health forum.
k. Supported a total of nine BCS mobile mammography events led by QI. C&L acted as a cultural broker, conducted Hmong reminder/educational calls, coordinated interpreter services for members and supported members intake/registration and flow at clinics.
l. Conducted key informant interviews/focus groups with a total of 55 participants and completed barrier analysis for breast cancer screening barriers among the Hmong community.
m. C&L staff secured a booth and coordinated HE and C&L staff attendance at the Hmong New Year celebration in Fresno to create awareness on BCS reaching approximately 300 individuals.
n. Coordinated and hosted three trainings for United Health Centers' Mendota on Motivational Interviewing on April 30, May 16 and May 30 with 15, 14 and 13 providers and their staff in attendance respectively.

Analysis/Findings/Outcomes:

All work plan activities were completed with the exception of one activity. Newsletter schedule was modified in 2019 from quarterly to bi-annual. Due to other regulatory priorities, article promoting the PPC was not published. However, C&L continued to promote the PPC and helped secure a new PPC member in 2019.

Next Steps:

Obtain approval on the 2019 end of year work plan evaluation report and proceed to implement the 2020 work plan upon committee approval.

2019
Cultural and Linguistic Services
Work Plan End of Year Evaluation

Submitted by:
Patrick Marabella, MD, Chief Medical Officer
Amy Schneider, RN, BSN, Director Medical Management

Mission:
CalViva Health's C&L mission is to be an industry leader in ensuring health equity for all members and their communities.

Goals:
CalViva Health's C&L 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:

1. To ensure meaningful access and positive health outcomes through the provision of culturally and linguistically responsive services to members and providers.
2. To promote for members and potential enrollees to be active participants in their own health and health care through clear and effective communication.
3. To advance and sustain cultural and linguistic innovations.

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

A. To ensure compliance with applicable Medi-Cal contractual requirements, state and federal regulations and other requirements of the Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC).

B. To ensure staff and providers have C&L resources available to provide culturally competent services to CalViva Health members.

C. To be champions of cultural and linguistic services in the communities CalViva Health serves.

D. To promote and be champions for diversity of CalViva Health members, providers and Plan staff.

Selection of the Cultural and Linguistics Activities and Projects:

The Cultural and Linguistics Work Plan activities and projects are selected based on the results from the CalViva Health Group Needs Assessment Report (GNA) (i.e., demographics, health status, risk factors, and surveys), regulatory requirements, department evaluation report from the previous year, HEDIS results, contractual requirements, and strategic corporate goals and objectives. After review and input from senior management staff, projects and new departmental activities are identified and incorporated into this work plan. Programs and services are developed with special attention to the cultural and linguistic needs of our membership. This work plan addresses the needs of our Medi-Cal (MC) members.

Strategies:

The Cultural and Linguistics Work Plan supports and maintains excellence in the cultural and linguistics activities through the following strategies:

A. Goals and objectives are translated into an annual work plan with specific activities for the year to fulfill its mission of being an industry leader in ensuring health equity for all members and their communities;
B. Work plan objectives and activities reflect the Office of Minority Health's national Culturally and Linguistically Service (CLAS) standards, and directly address various contractual and regulatory requirements;
C. Support information-gathering and addressing needs through Group Needs Assessment reports (GNA), data analysis, and participation in the CalViva Health Public Policy Committee (PPC);
D. Interacting with community-based organizations, advocacy groups, community clinics and human service agencies to identify the cultural and linguistic-related concerns of the community.

The Cultural and Linguistics Work plan is divided into the following areas in support of the Principal CLAS Standard (To provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs): 1) Language Assistance Program Activities, 2) Compliance Monitoring, 3) Communication, Training and Education and 4) Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity.

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1	Main Area and Sub-Area	Activity	Measurable Objective	Due Dates	Mid-Year Update (1/1/19 - 6/30/19)	Year-End Update (7/1/19 - 12/31/19)
2	**Language Assistance Program Activities**					
3	**Rationale**	**The LAP and applicable policies and procedures incorporate the fifteen national standards for Culturally and Linguistically Appropriate Services (CLAS) in health care developed by the Office of Minority Health. Standards 5, 6, 7 & 8 provide the basics for language support services for CalViva Health members.[1] According to the GNA findings, almost half (48%) of members responded they have used a family member or friend to interpret because they feel comfortable. Based on the GNA finding, C&L will continue to promote the use of medical interpreters and discourage the use of family and friends as interpreters.**				
4	**Responsible Staff:**	**Primary: H. Theba, L. Witrago**	**Secondary: I. Diaz, D. Carr, D. Fang, L. Goodyear-Moya**			
5	Audit	Assure C&L audit readiness to support DHCS Language Assistance Program (LAP) audit standards	Coordinate LAP audit requirements to include: collecting requested documentation, submitting documents as requested, participate in on-site interviews as requested	Annual	Audit readiness is ongoing.	Submitted all audit documents during Q3 as requested for the CalViva audit and received 100% compliant. Provided documentation requested for DHCS audit of CalViva. Audit scheduled for February 2020.
6	Contracted Vendors	Provide oversight and consultation for language and interpreter vendor management	Provide consultation on contract negotiations and response for proposals (RFP's)	Ongoing	No changes to contracts and SOWs. Voiance and Interpreter Unlimited SOWs in process to be renewed.	Added amendment 5 to SOW 1 to extend the contract for 3 more years for telephone interpreter vendor. Added amendment 4 to SOW 2 to extend the contract for another 6 months for face to face interpreter vendor. Added amendment 6 to SOW 2 to extend the contract for one more year for translation and Amendment 2 to SOW3 for alternate format services with the same vendor.
7	Interpreter	Monthly collection of language utilization data for CalViva	Updated LAP utilization report to contain: monthly summary of bilingual phone calls answered by call center, in-person and telephonic interpreter utilization log	Semi-annual	Monthly collection of LAP data ongoing. Refer to LAP report for data.	Collection of LAP data ongoing. Refer to LAP end of year report for complete information.
8	Data	Conduct membership data pulls	Validated membership reports	Monthly starting in February	Membership data pulls ongoing. Refer to LAP report for updates.	Membership data pulls ongoing. Refer to LAP end of year report for membership updates.

9	NOLA	Update and provide Notice of Language Assistance (NOLA) in support of departments and vendors that produce member informing materials	Annual review and update as needed of NOLA, distribute updated NOLA to all necessary departments, maintain NOLA identification flow diagram, answer ad-hoc questions on the use and content of the NOLA, assure most recent NOLA is available on C&L intranet site	Annual	No changes to the NOLA.	No changes to the NOLA.
10	Member Communication GNA	Annual mailing to members advising how to access language assistance services	Write or revise annual language assistance article distributed to CalViva members	Annual	Member newsletter for LAP has been drafted and approved. Newsletter due in members homes in August.	Member newsletter advising members on how to access language services arrived in members' homes the second week of August. Newsletter reached a total of 163,841 households.
11	Operational	Ensure bilingual staff maintain bilingual certification; generate reporting and support to departments to identify staff who need bilingual certification updated	Number of staff certified annually	Annual	Provide support to departments needing bilingual certification of staff. A total of 48 staff completed their bilingual certification / re-certification during this reporting period.	A total of 55 staff completed their bilingual certification / re-certification during this reporting period.
12	Operational	Complete LAP Trend Analysis, including year over year LAP trend analysis	Report to summarize utilization of LAP services, number of bilingual staff and provide year over year trends for the utilization of LAP services	Q2	2018 End of year LAP report inclusive of year over year trend analysis completed, submitted and approved by the various committees during Q2.	2019 mid year LAP report completed, submitted and approved by the various committees during Q3.
13	Operational	Oversight of call center interpreter and translation operations. Review of metrics for invoicing and interpreter and translation coordination and document process	Conduct oversight meetings to review metrics for operations. Monthly meetings with Centralized Unit and escalate when metrics are not being met	Monthly	Monthly meeting with CU to review and updated metrics for interpretation and translation requests are ongoing.	Completed monthly meetings with interpreter and translation request reviews.
14	Operational	Review interpreter service complaints (exempt grievance) reports and conduct trend analysis. Provide complaint information to impacted area for resolution, e.g., vendor, internal process	Monitor interpreter service vendors through service complaints	Annual (trend)	On track. Interpreter service Call Center complaint logs are being received and monitored on a monthly basis.	Interpreter service Call Center complaint logs continue to be received and monitored on a monthly basis. Complaint information provided to impacted areas as needed.

15	Operational GNA	Coordinate and deliver quarterly LAP/Health Literacy meetings to review requirements and department procedures for language and health literacy services	Minutes of meetings	Quarterly	LAP and Health Literacy quarterly meetings conducted on March 12 and June 26. LAP and health literacy requirements discussed and general updates, resources and support provided.	LAP and Health Literacy quarterly meetings conducted on September 19 and November 11. LAP and health literacy requirements discussed and general updates, resources and support provided.
16	Operational	Develop, update and/or maintain translation, alternate formats, interpreter services and bilingual assessment policies and procedures (P&Ps)	Annual update of P&Ps and off cycle revisions as needed and submitted to designated CalViva Health staff for utilization in the development or review of CalViva Health C&L P&Ps	Annual	P&P reviewed and updated according to their review schedule.	Activity completed.
17	Operational	Collect and review LAP P&Ps from other departments to assure compliance with use of NOLA, translation process and interpreter coordination	P&Ps will be reviewed and placed in C&L LAP compliance folder	Annual	Ongoing. Departments were asked to provide their department desktops or P&Ps during the LAP Q1 and Q2 meetings. P&Ps received have been reviewed. Follow up actions being taken to ensure collection of all departments' P&Ps.	Ongoing. Departments were reminded to provide their department P&Ps during the LAP Q3 and Q4 meetings. P&Ps received have been reviewed. Follow up actions being taken to ensure collection of all departments' P&Ps.
18	Operational	Data collection and data analysis for C&L GeoAccess report	Production of C&L Geo Access report	Q3	Data collection and data analysis in progress and to be completed during Q3.	Data analysis completed during Q3 and report completed / submitted during Q4.
19	Operational	Completion of C&L GeoAccess report and alignment of reports with PNM	Presentation of report to QI/UM and Access committee	Q4	Activity to be completed during Q4.	Presentation to QI/UM and Access committee completed during Q4. Report also shared with PNM and provider network. Follow up activities taking place during Q1 2020.
20	Operational	Complete annual Timely Access Reporting on the Language Assistance Program Assessment	LAP Assessment Timely Access Report	Annually	Timely Access Reporting on the Language Assistance Program Assessment completed and submitted for filing during Q1.	Activity completed.
21	Operational	Coordinate and provide oversight to translation review process	Number of translation reviews completed	Ongoing	A total of 91 translation reviews were coordinated to ensure accuracy and completeness of translation.	Fifty five (55) translation reviews were coordinated to ensure accuracy and completeness of translations.
22	Training	Review, update and/or assign LAP online Training in collaboration with online team	Training online and number of staff who are assigned training	Annual	Training has been assigned to staff and total number of staff who completes the training will be available during the next reporting period.	Training was assigned to staff with a total of 3,449 staff completing the training.

23	Information Technology	Participate in information technology projects related to language assistance services to ensure C&L requirements are represented through projects	Successful implementation of information technology projects	Ongoing	Ongoing. CalViva REL has no reported issues at this time.	Ongoing. CalViva REL has no reported issues at this time
24	Strategic Partners	Monitor strategic partners and specialty plans for LAP services	Request information from specialty plans and strategic partners (e.g., MHN, VSP, etc.) semi-annually. Update report template to indicate delegation status of LAP, use of NOLA, any comments forwarded from delegation oversight and review of P&Ps	Ongoing	C&L monitoring semi-annual report request has been sent to all specialty plans. Held multiple meeting with MHN to ensure LAP data reported for CalViva utilization is tracked and reported accordingly.	C&L held multiple meetings with MHN Services to ensure LAP data reported for CalViva utilization is tracked and reported accordingly.
25	Translation and Alternate Format Management	Develop and maintain Translation and Alternate Format Tracking (TAFT) database with comprehensive list of member informing materials available and department responsible. Database will help support prompt identification of document and department responsible. Ongoing updating with bi-annual requests to all departments to review/update their list. Oversee implementation, management and updating of TAFT database	List of available materials	Ongoing	Ongoing management and updates to the materials and information listed in the TAFT database. SharePoint pages have been updated with information, materials, and Frequently Asked Questions for efficient distribution and onboarding for new users.	In progress and on track. Yearly updates are requested in Q1.
26	**Compliance Monitoring**					
27	**Rationale**	**Compliance monitoring conducted to ensure CalViva Health members receive consistent, high quality C&L services. The following processes are in place to ensure ongoing CalViva Health oversight of the C&L programs and services delegated to HNCS and the internal monitoring conducted by HNCS. Based on GNA finding, C&L will continue to promote the use of medical interpreters and discourage the use of family and friends as interpreters.**				
28	**Responsible Staff:**	**Primary: L. Witrago, B. Ferris, H. Theba**	**Secondary: D. Carr, I. Diaz, D. Fang**			

^	29	Complaints and Grievances GNA	Oversight of complaints and grievances received about the LAP or C&L services, including monitoring and responding to all C&L related grievances. Collect grievance and call center reports. Maintain contact with the call center to ensure that they are monitoring C&L complaints. Grievance reports include grievances coded to C&L codes (including discrimination due to language or culture). Maintain grievance response log and list of materials and develop and document interventions when indicated	Report on grievance cases and interventions	Ongoing	A total of 16* grievance cases were received and reviewed by C&L. Of these cases, one (1) was coded as 1557 perceived discrimination, six (6) were coded as culture perceived discrimination, four (4) were coded as culture non-discriminatory, and five (5) to other codes. Based on evidence reviewed, C&L identified four (4) interventions deemed necessary and to be delivered in collaboration with the provider relations department. Interventions included tools and training resources addressing the concerns/issues identified, e.g., cultural competence/sensitivity and language services information	Twenty grievance cases related to a C&L issue were received. Of these cases, five were coded to culture perceived discrimination (CPD), eleven were coded to culture non-perceived discrimination (CNPD), one was coded to linguistic perceived discrimination (LPD), and three were coded to linguistic non-perceived discrimination (LNPD). Based on evidence reviewed, C&L identified four (4) interventions deemed necessary and to be delivered in collaboration with the provider relations department. No interpreter complaints received during Q3 and Q4. ***Correction.** Mid year case
	30	Complaints and Grievances	Conduct a trend analysis of C&L grievances and complaints by providers	Production of trend analysis report	June	Consolidated trend analysis report for 2018 complaints and grievances and trending completed. Currently under review.	2018 trend analysis report of complaints and grievances completed during Q3.
	31	Complaints and Grievances	Review and update desktop procedure for grievance resolution process	Revised desktop procedure	December	Desktop procedure revised and final approval pending.	Desktop procedure pending final approval.
	32	Oversight	Complete all CalViva required C&L reports	Develop C&L CalViva work plan, write/revise and submit C&L CalViva Program Description. Prepare and submit work plan and LAP mid year reports and end of year reports	Ongoing	C&L completed and received approvals during Q2 2019 on the following reports: 2018 End of Year Language Assistant Program and 2018 End of Year Work Plan, 2019 Program Description and 2019 Work Plan.	Completed and received approvals during Q3 2019 on the following reports: 2019 Mid Year Language Assistance Program, 2019 Mid Year Work Plan, and 2019 C&L Geo Access Assessment Report.

^	33	Oversight	Participate in all CalViva required work groups and committees	Participate in the ACCESS workgroup, QI/UM workgroup, QI/UM committee, monthly operations management meetings, Regional Health Authority meetings as needed or requested, etc.	Ongoing	C&L participated in the following CalViva Health meetings and committees: QI/UM work group, QI/UM Committee, RHA Committee, Access Committee, and Public Policy Committee. C&L also attended and contributed at other required CalViva Health meetings and committees as follows: Postpartum care disparity bi weekly meetings, Breast Cancer Screening bi weekly meeting, among others. Also, conducted a presentation on behalf of CalViva on LAP and cultural competency requirements as well as member rights during the Pre Term Birth initiative (PTBi) committee meeting on March 4.	Attended, participated and/or presented in the following CalViva Health meetings and committees: QI/UM work group, QI/UM Committee, RHA Committee, Access Committee, and Public Policy Committee. C&L also attended and contributed at other required CalViva Health meetings and committees as follows: Postpartum care disparity bi weekly meetings, Breast Cancer Screening bi weekly meeting, among others.
	34	Oversight GNA	Establish relationships with local community partners, identify participants for Public Policy Committee participation for Fresno, Kings and Madera Counties	Assist coordinate, attend and present at Public Policy Committee planning meetings, Public Policy Committee meetings and C&L relevant community sponsored events as required	Quarterly	Provided support with the planning of two PPC meetings held on March 6 and June 12. Prepared reports and power point presentations for the following reports: 2018 Summary and Work Plan Evaluation, 2018 Summary and Language Assistance Program, 2019 Summary and Program Description, and 2019 Summary and Work Plan. Presented these reports during the June meeting held in Kings County.	Provided support with the planning of two PPC meetings held on September 4 and December 4. Prepared reports and presentations for the following reports: 2019 Summary and Mid Year Work Plan Evaluation, 2019 Summary and Mid Year Language Assistance Program, 2019 C&L Geo Access Assessment Report. Presented these reports during the December meeting held in Fresno County. C&L promoted the PPC and helped secure a new PPC member.
	35	Oversight	Develop, update and/or maintain all C&L related P&Ps	Updated P&Ps submitted to designated CalViva Health staff for utilization in the development or review of CalViva Health C&L P&Ps	Annually	P&Ps reviewed and updated according to their review schedule.	P&Ps submitted during Q3 as part of the 2019 audit of C&L.

36	**Communication, Training and Education**					
37	**Rationale**	**To provide information to providers and staff on the cultural and linguistic requirements, non-discrimination requirements, the LAP program, C&L resources, and member diversity. Based on GNA finding, C&L will continue to promote the use of medical interpreters and discourage the use of family and friends as interpreters.**				
38	**Responsible Staff:**	**Primary: L. Witrago, B. Ferris**	**Secondary: D. Carr, I. Diaz, H. Theba**			
39	Training and Support GNA	Provide support and training to A&G on coding and resolution of grievances; re-align coding per 1557 non-discrimination reporting	Revised/updated Quick Reference Guide (QRG) for A&G staff regarding grievance responses, coding and when to send to C&L, etc. Explore opportunity to place developed tools / training online. Support provided	Ongoing	Support to A&G staff on how and when to code is ongoing. Two C&L trainings for A&G coordinators scheduled for July 15. Quick reference guide updated and posted internally online.	Support to A&G staff on the coding process is ongoing. Quick reference guide updated and posted internally online.
40	Staff Training GNA	Provide C&L in-services for other departments as requested (e.g., Call Center, Provider Relations, etc.). Update training decks with specific date slides at mid and end of year. Update interpreter and translation QRGs with any system updates or process changes	Curriculum/power point, name of department and total number of participants who attended the in-service	Ongoing	Call center had no new hire training classes in Q1 or Q2. Interpreter quick reference guide for call center staff updated and posted internally online on KW (Knowledge Base).	A total of four (4) call center new hire trainings were conducted as follows: November 14 with 11 staff in attendance, November 18 with 29 staff in attendance, December 20 with 6 staff in attendance and December 23 with 13 staff in attendance. Multiple staff trainings were conducted to staff in various departments (refer to row 60).
41	Staff Communication GNA	Maintenance and promotion of C&L intranet site	Timely posting of important information on C&L intranet, e.g., vendor attestation forms, threshold languages list, etc.	Ongoing	The C&L site (SharePoint) is updated on an ongoing basis to include the most current and updated materials. C&L site promoted at every LAP/Health Literacy meeting.	The C&L site updated on an ongoing basis and CVH materials and reports posted once approval is received.
42	Provider Communication GNA	Prepare and submit articles for publication to providers. Potential topics: LAP services , culture and health care, and promotion of on-line cultural competence/OMH training	Copies of articles and publication dates	Ongoing	Online provider newsletter article on Tips on Giving Quality Care to Patients With Disabilities submitted and projected to be published on July 1st.	Article on patients with disabilities published accordingly and article on the language assistance programs published on October 28th.

43	Provider Communication and Training GNA	Promote C&L flyer and provider material request form about C&L department consultation and resources available, inclusive of LAP program and interpreter services	Provider material request forms received by C&L Department	Ongoing	C&L promoted availability of resources and consultation services. Three request for C&L tools and resources for providers were fulfilled.	A total of three requests for C&L materials were received and fulfilled during this reporting period.
44	Member Communication	Annual PPC promotion article on member newsletter	Write or revise annual PPC article distributed to CalViva members	Annual	PPC article to be published during Q4.	Newsletters schedule was modified in 2019 from quarterly to bi-annual. Due to regulatory priorities, article promoting the PPC was not published. However, C&L promoted the PPC and helped secure a new PPC member.
45	**Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity**					
46	**Health Literacy**					
47	**Rationale**	**To ensure that the information received by members is culturally and linguistically appropriate and readability levels are assessed to ensure they comply with required readability levels mandated by regulatory agencies. According to GNA results, a third (35%) of responding members indicated they 'sometimes' had trouble filling out forms (35%). Based on GNA findings, C&L will provide support to departments to ensure resources and interventions are culturally and linguistically appropriate.**				
48	**Responsible Staff:**	**Primary: A. Kelechian, D. Carr**	**Secondary: B. Ferris, L. Witrago**			
49	English Material Review GNA	Conduct English Material Review (EMR) per end-end document production guidelines (review of content and layout of materials for C&L appropriateness and low literacy)	Completion of all EMRs as tracked through the C&L database	Ongoing	A total of 39 EMRs have been completed to date. Of these, three came from MHN.	Thirty three (33) EMRs were completed during this reporting period. None received from MHN.
50	Operational GNA	Review and update Health Literacy Tool Kit as needed inclusive of list of words that can be excluded during the readability check, database guide, checklists, readability assessment guide and other relevant materials	Production and distribution of toolkit	June	No updates needed to be completed. All materials remain current.	Toolkit revisions and distribution scheduled for 2020.

51	Training GNA	Quarterly training for staff on how to use the C&L database and write in plain language	Quarterly training	Quarterly	Three training have been conducted on the use of the C&L database and plain language principles. Trainings conducted as follows: March 20 with 5 staff in attendance, May 3 with four staff in attendance and June 19 with 13 staff in attendance.	Nine (9) staff received training on C&L database and plain language principles on December 6th. Twenty (20) staff completed the online Plain Language training during Q3 & Q4 and an additional 4 staff completed online Readability Training during the same period.
52	Training GNA	Conduct activities and promotion of national health literacy month (NHLM)	Production and tracking of action plan for NHLM and summary of activities	October	Activity scheduled to begin during Q3.	Completed Health Literacy Month (10/1-10/19). Overall participation reached 1,610 staff throughout the 7 activities/ articles.
53	**Cultural Competency**					
54	**Rationale**	**To integrate culturally competent best practices through provider and staff in-services, training, education, and consultation. Training program offers topic specific education and consultation as needed by staff, contracted providers and external collaborations. According to GNA results, one-third (31%) of members indicated their beliefs go against their PCP's advice. Based on GNA findings, C&L will continue to increase awareness of cultural sensitivity to address ongoing needs of members with diverse cultural backgrounds.**				
55	**Responsible Staff:**	**Primary: D. Carr, L. Witrago**	**Secondary: H. Theba, L. Goodyear-Moya**			
56	Collaboration-External	Representation and collaboration on Industry Collaboration Efforts (ICE) for Health external workgroup	Minutes of meetings that reflect consultation and shared learning	Ongoing	ICE representation and collaboration is ongoing. D. Carr is co-lead of ICE C&L work group. Continue to work on the development / completion of cultural competency training modules for providers.	C&L staff continues to co-chair the ICE C&L work group and provide support to the various sub-committees inclusive of content development for the cultural competency training modules for providers.

^	57	Provider Training GNA	Conduct cultural competency training/workshops for contracted providers and provider groups upon request. Training content to include access to care needs for all members from various cultural and ethnic backgrounds, with limited English proficiency, disabilities, and regardless of their gender, sexual orientation or gender identity. Work with provider communication to implement ICE for Health computer based training through provider update and/or provider newsletters and/or medical directors, promote OMH cultural competency training through provider operational manual and provider updates	Output number of providers who received cultural competency training by type of training received	Annual	C&L presented on LAP and cultural competency requirements as well as member rights during the Pre Term Birth initiative meeting on March 4. Twenty four participants were in attendance. C&L presented during Provider Relations' Lunch and Learn event on April 16 with 40 providers and 9 CVH staff in attendance. LAP and cultural competency requirements provided. C&L coordinated and hosted three training for United Health Centers' Mendota on Motivational Interviewing on April 30, May 16 and May 30th with 15, 14 and 13 providers and their staff in attendance respectively. Currently working with provider communication to promote OMH cultural competency training through the LAP / CC provider update schedule to be released in July.	CC / LAP provider update published during Q3. Presented at two lunch and learn trainings (8/6 and 8/22) hosted by Provider Engagement on the topics of LAP program services and requirements as well as cultural competency requirements with a total of 67 providers in attendance (18 and 49 respectively).
	58	Staff Training GNA	Conduct annual cultural competence education through Heritage events and transition event to an online platform. Heritage to include informational articles / webinars that educate staff on culture, linguistics and the needs of special populations.	Online tracking. Written summary of Heritage activities	Q3	Planning for this year's Heritage Month is in progress with Heritage activities planned for August.	Heritage Month completed in August 2019. Held an in person poverty simulation and shared an online resource that over 300 associates reported participating in. Four (4) short culture videos were produced and shared with all staff. All staff were encouraged to participate in 3 online activities to raise awareness of culture and the impact of poverty on health outcomes.

59	On Line Training GNA	Review online content for cultural competency training and update when needed annually. Training will also include content on access to care needs for all members per 1557 non-discrimination rule	Annual online training and number of staff trained	Annual	Cultural competency training content currently under review. Training assignments scheduled for Q3.	Deployed Cultural Competency training to 3,678 staff during Q3.
^ 60	Training GNA	Implement quarterly culture specific training series for staff in various departments	Training plan with a minimum of three trainings provided in collaboration with regional experts	Ongoing	Quarterly trainings for staff conducted as follows: Impact of Poverty conducted on March 7 with 78 participants, Emotional Intelligence conducted on May 30 with 128 participants, and Making Reasonable Accommodations on June 20 with 82 participants.	Staff training conducted as follows: Members Living in Poverty conducted on July 24 with 74 participants, Cultural Competency conducted on November 8 with 201 participants. Additional, four short culture videos were produced and disseminated to staff as part of Heritage Month during the month of August.
61	**Health Equity**					
62	**Rationale**	**To support the health of CalViva Health members and promote the reduction of health disparities across our membership. In order to accomplish this, staff collaborates across departments and with external partners in order to analyze, design, implement and evaluate healthy disparity interventions. Based on GNA findings, C&L will support culturally and linguistically appropriate health education resources and quality improvement interventions to help members access preventive health services in a timely manner. C&L will also address cultural barriers that may impede members from accessing care and implement disparity projects to reduce barriers to care among disparate populations.**				
63	**Responsible Staff:**	**Primary: L. Witrago, D. Fang**	**Secondary: H. Theba, L. Goodyear-Moya**			
64	Operational GNA	Increase interdepartmental alignment on disparity reduction efforts. Facilitate monthly meetings	Facilitation of health disparity collaborative	Quarterly	Interdepartmental alignment and monthly meeting on disparity reduction effort ongoing.	Monthly health disparities collaboration meetings held.
65	Operational GNA	Align population health and disparity initiatives across departments	Develop Health Disparity e-newsletter and listserv. Facilitate communication on health disparities and newsletter development and distribution	Ongoing	Health Disparity e-newsletter Volume 3, Issue 1 completed and disseminated in June.	Health Disparity newsletter Volume 3, Issue 2 completed and disseminated in September.

66	Operational GNA	Continue to co-lead DHCS Disparity PIP on prenatal/postpartum HEDIS measures and implement disparity reduction model	Support development of modules; meet PIP disparity reduction targets	Ongoing	C&L continue to support DHCS Disparity PIP on postpartum HEDIS measure. Participated in bi weekly meetings led by CalViva with United Health Centers Mendota. C&L hosted bi weekly internal meetings to discuss progress and next steps. Conducted monthly records review audits at clinic in collaboration with QI to document utilization and completion on revised OB History Forms' cultural practices section. Provided support with planning, coordinating, and co-lead with HE a total of five Community Advisory Group meetings. Also coordinated three motivational interviewing trainings for UHC providers and staff. PPC rates have increased from 50% to 82%.	Conducted monthly records review audits at clinic in collaboration with QI thru Q3 and participated in bi weekly meetings with UHC Mendota and CalViva. Lead the development of a poster presented at the following conferences: Association of Clinicians for the Underserved Conference in Washington, DC and DHCS Quality Conference in Sacramento, CA earning the best poster and best Health Equity project award. Also presented this project during the 2019 American Public Health Association conference held in Philadelphia, Penn.

67	Operational GNA	Continue to lead disparity reduction model implementation for prenatal/postpartum measure. Support/co-lead Mendota Community Advisory Group, develop action plan for priority areas and delivery of interventions. Participate in scale up discussions and deliverables	Agendas and Action Plan with outcome of activities	Ongoing	Provided support with the planning and hosting of CAG meetings on the following dates: January 31, February 28, March 28, April 25, and May 30. Developed action plan with four priorities identified by the CAG members and work to address all areas identified. Identified CAG priorities areas / action plan deliverables addressed as follows: topics/resources identified as needed/lacking presented during monthly meetings, e.g., community/park safety, city and street lighting, water contamination, etc. C&L coordinated in person interpreter for each CAG meeting. Also, coordinate and facilitated three training on motivational interviewing for clinic staff to support another area identified as a priority area. Supported planning and sponsorship of a community forum with a focus on mental health stigma which was identified as another action plan priority area.	Supported planning and coordination of two Community Advisory Group meetings held on August 29 and November 21. Documented action plan priorities inclusive of advocacy training and secured C&L sponsorship for local CBO to lead the CAG efforts in 2020. Also, collaborated with QI on the development of a "Cultural Considerations for Postpartum Care" flyer for providers finalized and disseminated during Q4.
68	Operational GNA	Provide support to other departments on health disparities and deployment of interventions, e.g., mobile mammography	Disparities and interventions delivered	Ongoing	Provided support at a total of nine BCS mobile mammography events led by QI where C&L acted as cultural broker (for Hmong and Hispanics), conducted Hmong reminder/ educational calls, coordinated interpreter services for members and supported members intakes/registration and flow at clinics. A total of 224 members, primarily Hmong, completed their BCS screening.	Participated and provided ongoing consultation and support to other departments around the HEDIS 50th percentile as needed.

^	69	Operational GNA	Implement disparity model for Hmong breast cancer screening disparity in Fresno County to include formative research, community, member and provider interventions	Work plan and report of activities	Ongoing	Obtained approval to begin formative research inclusive of literature review, focus groups and key informant interviews to learn about barriers to breast cancer screening among the Hmong community.	Completed literature review with H Ed. support. Completed seven provider / staff key informant interviews with a total of 11 clinic staff, six key informant interviews with a total of eight community based organization representatives, and six focus groups with a total of 19 members interviewed. Also conducted key informant interviews with five WISH facility and scheduling staff. Completed barrier analysis and presented to CalViva Health. Obtained approval from CalViva Health to develop relationship with The Fresno Center (TFC). Attend and participate in ongoing project meetings. Also coordinated the participation of HE and C&L departments at the Hmong New Year celebration in Fresno reaching approximately 300 individuals.
	70	Operational GNA	Incorporate Motivational Interviewing and Teach Back trainings onto disparity projects as needed	Number of providers/staff trained and post-evaluation data showing increase in attitude and knowledge	Ongoing	Coordinated motivational interviewing training for United Health Clinic, Mendota providers and staff as part of the PPC Disparity PIP. Training provided by C&L's consultant, Dr. Ring, and held on April 30, May 16 and May 30th with 15, 14 and 13 participants attending each training respectively. A pre-test was completed by participants on April 30 and the post test completed on May 30th. Results from the pre and post test illustrated a significant increase in knowledge and skill among those in attendance.	Facilitated the development of MI training certificates presented by CalViva Health to UHC staff during Q3.

71	Operational GNA	Provide consultation to departments on cultural competency and improving health care outcomes (including enrollment) for key demographics and key metrics to support health equity	Consultation provided	Ongoing	Consultation by C&L's biostatistician and specialist ongoing. Provide support with the completion of a DHCS survey on SDoH.	Consultation ongoing. Provided consultation services for pharmacy material approval, to creative services to field test ethnic specific images for marketing materials, marketing for readability requirements.

[1] National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

^ Indicates revisions.

Item #6

Attachment 6.B

Cultural and Linguistics
2020 Change Summary
and Program Description

REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Lali Witrago, MPH, Sr. Cultural and Linguistics Specialist

COMMITTEE DATE: May 21, 2020

SUBJECT: 2020 Cultural and Linguistic (C&L) Services Program Description – CalViva Health – Change Summary

Program Description Change Summary:

Redline Page #	Section/Paragraph Name	Description of Change	New Page #
Page 11	Executive Summary	Included reference to the Cultural and Linguistic Appropriate Services (CLAS) Standards	Page 3
Page 4	Objectives – A	Modified GNA (Group Needs Assessment to PNA (Populations Needs Assessment) in various areas	Page 4
Page 6	Objectives – C	Removed reference to the California Association of Health Plans (CAHP)	Page 6
Page 6	Objectives – C	Added staff participation in employee inclusion groups (EIG) to help expand sharing of knowledge and resources	Page 6
Page 6	Objectives – D	Added subject matter expertise and training resources to meet the needs of seniors and persons with disabilities (SPD) and other population groups	Page 6
Page 6	Objectives – D	Added CLAS month as an addition to the Heritage month reference in various areas	Page 6
Page 8	Interpreter Services	Added closed caption services to the list of interpreter service available	Page 8
Page 8	Translation Services	Replaced NOLA with taglines and Non Discrimination Notices	Page 8
Page 10	Monitoring for LAP Quality	Added the provision of the translation and alternate format style guide and glossary of preferred terms to all translation vendors	Page 9
Page 13	Readability Software and Training	Added mention to the use of plain language guiding principles	Page 13
Page 14	Health Equity Interventions	Added reference to the how health equity interventions are aligned with DHCS PIP requirements	Page 14
Page 16	Population Needs Assessment	Removed mention to GNA requirements and replaced with new DHCS guidance requirements for the Population Needs Assessment (PNA) report	Page 16

		completion and action plan development	
Page 17	C&L Geo Access Report	Updated Geo Access section with current methodology and follow up actions inclusive of status report of network findings	Page 17
Page 20	Appendix 1 – Staff Resources and Accountability – 3. HNCS C&L Services Department Staff Roles and Responsibilities	Modified C&L staff totals from six to eight Senior C&L Specialists and added one Data Analyst	Page 20

202019
Cultural and Linguistic Services Program Description

Table of Contents

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 the ~~majority of~~ CalViva Health's 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 Health Net Community Solutions (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 Cultural and Linguistic Services Department (C&L Services Department) develops programs and services to facilitate understanding, communication and cultural responsiveness between members, providers and Plan staff.

The C&L Services Department, on behalf of CalViva Health, utilizes the Cultural and Linguistic Appropriate Services (CLAS) Standards, developed by the Office of Minority Health, as a guide for provision of culturally and linguistically appropriate services. CLAS Standards assure that services comply with the Office of Civil Rights Guidelines for culturally and linguistically appropriate access to health care services. C&L's objective is to promote effective communication with limited English proficient members by assuring access to culturally appropriate materials, print translations of member informing materials, telephonic and in-person interpreter services, and through ~~provides resources, materials,~~ trainings, and in-services on a wide range of C&L topics that impact health and health care~~.~~ .

Services offered include~~, but are not limited to,~~ cultural and language information for providers and their staff, as well as for Plan staff; trainings on language assistance requirements imposed by state and federal regulatory agencies; interpreter support for members and providers; culturally appropriate translation and review of member materials; and cultural responsiveness education.

C&L services are part of a continuing quality improvement endeavor~~.~~ . The C&L program description, work plan, language assistance utilization ~~report~~ and end of year reports are all submitted to the CalViva Health Quality Improvement ~~/~~ Utilization Management (QI/UM) committee for review and approval.

2.0 Staff Resources and Accountability

2.1 Staff Roles and Responsibilities

A detailed description of staff roles and responsibilities is included in Appendix 1~~.~~.

3.0 MISSION, GOALS AND OBJECTIVES

3.1 Mission

CalViva Health's C&L mission is to be an industry leader in ensuring health equity for all members and their communities.

3.2 Goals

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

- To ensure meaningful access and positive health outcomes through the provision of culturally and linguistically responsive services to members and providers.
- To promote for members and potential enrollees to be active participants 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:

A. To ensure compliance with applicable Medi-Cal contractual requirements, state and federal regulations and other requirements of the Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC).

   - Develop and implement Policies and Procedures (P&Ps) related to the delivery of culturally and linguistically appropriate services.

- Utilize and implement the Culturally and Linguistically Appropriate Services (CLAS) Standards developed by the Office of Minority Health, to address Health Care disparities~~.~~.
- Collect and analyze C&L information and requirements as identified by DMHC and DHCS and other regulatory or oversight entities.
- Adhere and implement HHS guidelines for Section 1557 of the ACA for C&L services and requirement for non-discrimination based on race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status, or disability.
- Collect, analyze and report membership language, race and ethnicity data.
- Inform members of interpreter services via the member newsletter, the Member Handbook/Evidence of Coverage (EOC), and other communication sources at least once annually.
- Maintain information links with the community through Public Policy Committee (PPC) meetings, ~~Group~~ Population Needs Assessment (PC~~G~~NA) and other methods.
- Inform contracted providers annually of the C&L services available via Provider Updates, online newsletter articles, the Provider Operations Manual, in-services, trainings, conferences, and other communication sources.
- Monitor the use of taglines and Non Discrimination notices in all required communications.

B. To ensure staff and providers have C&L resources available to provide culturally competent services to CalViva Health members~~.~~.

- Provide C&L information and support for HNCS and CalViva Health staff in their efforts to provide excellent customer relations and services.
- Collaborate with other departments, where appropriate, to further the mutual attainment of culturally and linguistically appropriate healthcare services received by members.
- Support efforts of contracted providers to deliver culturally and linguistically appropriate health care services by providing informative materials, cultural competency workshops, and in-services.
- Promote effective communication by staff and contracted providers with LEP members by providing them with easy access to culturally and linguistically appropriate materials, ~~high~~ quality translations of member-informing materials, high quality interpreter services, and culturally responsive staff and health care providers.
- ~~Deliberately~~ Aaddress health equity through ~~collaborating to develop and~~development and implementation of an organizational and member level strategic plan to improve health disparities.
- Sustain efforts to address health literacy in support of CalViva Health members.

- Provide oversight for the assessment of bilingual capabilities of bilingual staff and provide ongoing education and support.

C. To be champions of cultural and linguistic services in the communities CalViva Health serves.

- Continue involvement with local community-based organizations, coalitions, and collaborative efforts in counties where CalViva Health members reside and to be a resource for them on C&L issues.
- Participate actively and leverage resources from community and government committees including Health Industry Collaboration Effort (ICE), and America's Health Insurance Plans (AHIP)~~, and California Association of Health Plans (CAHP)~~.
- Participate in employee inclusion groups (EIG) for veterans, military families, women, LGBTQ community, MOSAIC (multicultural network), and people with disabilities. The EIG's help expand sharing of knowledge and resources.

D. To promote and be champions for diversity of CalViva Health members, providers and Plan staff. This includes:

- Provide C&L services that support member satisfaction, retention, and growth.
- Provide subject matter expertise and training resources to meet the needs of seniors and persons with disabilities (SPD) and other population groups~~.~~.
- Increase cultural awareness of Plan staff through trainings, newsletter articles, annual "Heritage / ~~-~~CLAS Month", and other venues.

4.0 C&L SERVICES WORK PLAN

The goals and objectives are translated into an annual work plan with specific activities for the year to fulfill its mission of being an industry leader in ensuring health equity for all members and their communities. The work plan objectives and activities reflect the Office of Minority Health's national Culturally and Linguistically Service (CLAS) standards, and directly address various contractual and regulatory requirements~~.~~.

The work plan also supports information-gathering through annual PC~~G~~NA updates, data analysis, and participation in the CalViva Health Public Policy Committee (PPC). In addition, the Plan interacts with community-based organizations, advocacy groups, community clinics and human service agencies to identify the cultural and linguistic-related concerns of the community.

The work plan is divided into the following areas:

- Language Assistance Program Activities

- Compliance Monitoring
- Communication, Training and Education
- Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity

The work plan activities are evaluated twice a year by CalViva Health's QI/UM committee. The work plan activities are also shared as information to CalViva Health's PPC. The mid-year review monitors the progress of each activity and assesses if it is meeting the established objective~~.~~ . The mid-year review allows for modifications to be taken if necessary, and ensures progress is on course. The end of year evaluation assesses if the activity has met the objective, its successes, identifies the challenges and barriers encountered and how they were addressed, and is also an assessment for the future direction of C&L services~~.~~ . This work plan review process assures that a standard of excellence is maintained in the delivery of cultural and linguistic services~~.~~ . The work plan has more detailed information and activities in these areas.

5.0 SCOPE OF PROGRAMS AND SERVICES

The Plan is committed to ensuring quality care and services that meet the needs of diverse communities within the CalViva Health service area. CalViva Health, in collaboration with the Health Net Community Solutions (HNCS), ensures that all services provided to members are culturally and linguistically appropriate. There are some aspects of language assistance services that are delegated to HNCS with oversight by CalViva Health. The collaboration and coordination between both plans ensure that there is dedicated staff providing overall support and guidance to C&L program and services.

5.1 Language Assistance Program

The Plan established and monitors the Language Assistance Program (LAP) for members and providers. The LAP is a comprehensive program that ensures language assistance services are provided for all members and that there are processes in place for training and education of Plan staff and providers. The LAP ensures equal access to quality health care and services for all members. C&L provides oversight for LAP operational activities and directly provides LAP services related to member and provider communication.

The LAP and applicable policies and procedures incorporate the fifteen national standards for Culturally and Linguistically Appropriate Services (CLAS) in health care developed by the Office of Minority Health. The mandated standards (4, 5, 6, and 7) provide the basics for language support services for CalViva Health members.

The LAP main elements include:

- **Demographic Data Collection for Members**

The standards for direct collection of members' race, ethnicity, alternate format, spoken and written language needs consist of informing members of the need to collect information, requesting information from members, capturing the information accurately in the membership data bases and monitoring the information collected. Members are informed of the need to collect this information through a variety of methods such as the member newsletter. Providers may request the information collected for lawful purposes.

- **Interpreter Services**

Interpreter services range from ensuring contracted vendors are in place, monitoring the provision of services and annual communication with members and providers on how to access these services~~.~~. Interpreter services are available in over 150 languages supported by the contracted vendors and bilingual staff. Interpreter services are guided by the Interpreter Services and Assessment of Bilingual Staff policies and procedures and meet the national quality standards for interpreter support~~.~~. Interpreter services facilitate communication with LEP members to speak with Plan staff and/or its contracted providers. Bilingual staff and contracted telephone interpreter services vendors are used to assist LEP members~~.~~.

Providers and members may request an interpreter 24 hours a day, 7 days a week at no cost~~.~~. Interpretation services may be delivered either telephonically, face-to-face, closed caption services or sign language (SL) depending on the nature of the appointment and need~~.~~. Interpreter services also include oral translation services of print documents upon request from a member, which may be provided by either a bilingual staff or contracted interpreter vendor~~.~~. Quality standards for contracted interpreter services are incorporated into the vendor scope of work agreements and include demonstrating that the interpreter is versed in health care and medical terminology as demonstrated by a validated test instrument, familiarity with interpreter ethics, and verification process for basic interpreter skills such as sigh translation, listening and memory skills, commitment, confidentiality and punctuality~~.~~. Interpreter quality standards are fully compliant with the new interpreter quality definitions from the federal requirements in Section 1557 of the ACA and with CA SB223, Language Assistance Services.

The Plan also supports provider groups and individual providers' efforts to supply interpreter services for CalViva Health's LEP members. Providers may call the Provider Services toll free number and request interpreter assistance. Updates on C&L services available ~~to contracted providers~~ are sent regularly to all contracted providers~~.~~.

- **Translation Services**

Translation services are guided by the Translation of Written Member Informing Materials P&P and are based on industry translation standards~~.~~. Translation services includes quality standards for translators, a style guide to promote consistent translation quality, a glossary of common terms in each threshold language, provision of materials in Alternate Formats, a review process to prepare English documents for translation, and a process to monitor translations for quality, timely delivery, and accuracy~~.~~. Translation services ensure that member informing documents are provided in the threshold languages of English, Spanish and Hmong and that a tagline or Non Discrimination Notices (NDN) ~~notice of language assistance (NOLA)~~ is included in member mailing when required~~.~~. The translation program includes oversight of the use

of the Non Discrimination Nnotices and taglines with English documents as required by federal rules (Section 1557, 45 CFR 155.205).

- **Alternate Formats** – CalViva Health provides alternate formats of member informing documents to members as required by regulation, law, and upon member request. Alternate formats consist of Braille, large print and accessible PDF documents. The quality of the documents and the time to fulfill member requests for these documents are monitored to assure timely access of benefit information to CalViva Health members. The provision of alternate formats is compliant with Section 1557 of the ACA. This consists of informing members of the need to collect information on their preferred alternate format, requesting the information, capturing the information accurately in the membership data bases and monitoring the information collected. If a member states their preferred alternate format is Braille, CalViva Health will provide all required member information material to this member in this format moving forward.

- **Oversight of Contracted Specialty Plans and Health Care Service Vendors**

The C&L Services Department is responsible for monitoring its Language Assistance Program (LAP), including plan partners, specialty plans and delegated health care service vendors, and to make modifications as necessary to ensure full compliance. Monitoring includes assurance that all language assistance regulations are adhered to for members at all points of contact.

- **Staff Training on LAP**

All Plan staff who have direct routine contact with LEP members and whose duties may include elements of CalViva Health's language services must be trained on the LAP and on the P&Ps specific to their duties. Training is conducted annually and is done either in person and/or on-line.

- **Monitoring for LAP Quality**

The quality of the LAP is assured through quarterly monitoring of the utilization of language services such as interpreter requests by language, telephone interpreter utilization by language, and the number of member requested translations. All translation vendors are provided with a translation and alternate format style guide and a glossary of preferred terms in each of the threshold languages. The quality of Spanish, Hmong, and Chinese translations are monitored by reviewing translated documents. Quality of translations and interpreters is monitored through quarterly review of linguistic grievances and member complaints that are related to language.

The C&L Services Department also oversees and monitors the delegation of LAP services with our specialty plans and ancillary vendors~~.~~. The C&L Services Department in collaboration with other departments ensures LAP services are available to all members at all points of contact and that the specialty plans and ancillary vendors have processes in place to adhere to the regulations~~.~~. To assure that all language assistance regulations are adhered to for members at all points of contact, C&L requests/obtains a semi-annual report from each specialty plan or health care service vendor~~.~~. The C&L Services Department provides consultation services to these plans and vendors as necessary.

- **Communication for LAP**

The Plan has implemented processes to assure routine member and provider communication promoting the LAP. The Plan advises members annually of no-cost language services (inclusive of interpreter and translation support) that are available to them~~.~~. Methods of member communication are inclusive of PPCs, community-based organizations, member service representatives and/or other Plan staff, member newsletters, call center scripts, and provider relations representatives.

Providers receive an annual reminder of the language assistance services that are available to them in support of CalViva Health members which includes how to access the LAP at no cost to members. Methods for communication are inclusive of the online Provider Operations Manual, Provider Updates, Operational Toolkits (including the ~~new~~ Rainbow Guide), mailings, in-person visits, and/or trainings/in-services.

5.2 Cultural Competency

CalViva Health integrates culturally competent best practices through provider and Plan staff in-services, training, education, and consultation~~.~~. The training program offers topic specific education and consultation as needed by Plan staff and contracted providers~~.~~. The cultural competency training program covers non-discrimination based on race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status, or disability.

- **Cultural Competency Training for staff**

Support for staff includes workshops, training, in-service, and cultural awareness events~~.~~. Training and education on C&L services and/or cultural competency is provided on ongoing bas~~i~~es to Member Services, Provider Relations, Health Education, Quality Improvement department staff, etc~~.~~. The goal of these is to provide information to staff on the cultural and linguistic requirements, non-discrimination requirements, the LAP, C&L resources, and member diversity.

Annually, the Plan hosts a Heritage / CLAS event for Plan staff as the main cultural competency training activity. Staff engages in training, interactive learning and events related to cultural competency. The cultural issues that impact seniors and persons with disabilities are topics covered during the Heritage /-CLAS event~~—~~. Cultural competency training courses ~~will also~~ include content on access to care needs for all members regardless of their gender, sexual orientation or gender identity~~.——~~. The event demonstrates CalViva Health's commitment to being a culturally competent organization by providing a forum for Plan staff to learn about diverse cultures, which increases their understanding of the diverse cultures represented in CalViva Health's membership~~.—~~. This understanding also serves to build sensitivities that promote a non-discrimination environment~~.—~~.

- **Cultural and Linguistic Consulting Services**

Each C&L staff member has a cultural subject matter area of expertise that includes: cultural issues that impact seniors and persons with disabilities, cultural issues that impede health care access for Lesbian, Gay, Bisexual & Transgender (LGBT) populations, cultural disconnects that may result in perceived discrimination based on race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status, or disability, and the cultural issues that impede accessing health care services for recent arrivals~~.—~~. C&L staff also offers specialized consultation on many other areas including:

- Case managers to assist in building trust with patients who are recently arrived immigrants
- Quality improvement coordinators to help identify cultural issues and strategies to help improve preventative access to care
- Grievance coordinators and provider relations representatives to address perceived discriminations including but not limited to those due to members' gender, sexual orientation or gender identity
- Care coordinators trying to obtain medical information for patients hospitalized outside of the U.S.

- **Cultural Competency Education for Providers**

The Plan supports contracted providers in their efforts to provide culturally responsive and linguistically appropriate care to members. The services that are~~—~~ offered to contracted providers are intended to:

- Encourage cultural responsiveness and awareness
- Provide strategies that can easily be implemented into a clinical practice
- Foster improved communication and health outcome for patients from diverse cultural and ethnic backgrounds, with limited English proficiency, disabilities, regardless of their gender, sexual orientation or gender identity

- Foster non-discrimination based on race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status, or disability.

To identify the cultural needs of providers, the Plan collects information from providers using a variety of methods, including the annual provider survey ~~that is~~ conducted by the Quality Improvement Department.

Cultural competency services are also promoted to providers through the provider website, the ICE provider toolkit, "Better Communication - Better Care" and tailored cultural competency workshops~~.~~. Many topic areas for presentations on cultural aspects of health care, and provider group in-services on interpreter services, cultural and linguistic requirements and working with SPD population are available to providers upon request. Cultural Competency training for providers is documented in the provider directory~~.~~.

Additionally, the Plan has developed materials for use in provider offices that specifically address cultural background and clinical issues. CalViva Health recognizes that diverse backgrounds include culture, ethnicity, religion, age, residential area, disability, gender, sexual orientation and gender identity. Because diversity is complex and an important component for individuals as they access and utilize services, emphasis is placed on developing materials that are researched and field-tested to assure quality and cultural appropriateness. Providers may access the materials by calling the Cultural and Linguistic Services Department toll free number during business hours at (800) 977-6750.

- **Collaborations**

Representatives of the Plan have been an active participant and co-chair/lead on the Industry Collaboration Efforts (ICE)~~.~~. Participation on this collaboration has provided the Plan with suggestions to implement new cultural or linguistic legislation~~.~~. It has also provided a forum to discuss language assistance program challenges faced by providers and other health plans that result in a more consistent experience for LEP members~~.~~.

5.3 Health Literacy

The Plan continues to make strides in the promotion of health literacy through the implementation of the health literacy initiative *Clear and Simple.* The Initiative offers: a) Plain Language on-line training b) Plain Language tip sheets, c) Support in development of documents at appropriate grade level, d) Access to plain language readability software, e) Readability software training, f) Cultural Competency and Plain Language checklists for materials production, g) A database that streamlines the English Material

Review process, h) Participation in National Health Literacy Month, and i) Provider training on motivational interviewing/reflective listening and plain language resources.

- **Plain Language 101 Training**

The available training provides Plan staff with a basic understanding of health literacy and its impact on health care access. For example, trainings cover useful tips on how to write in plain language such as avoiding jargon, using simple words, and giving examples to explain difficult concepts. This ensures that communications available to members are clear and easy to understand.

- **Readability Software and Training**

In an effort to sustain the Clear and Simple initiative, the Readability software was made available to all staff developing member informing materials. The software supports staff in editing written materials so that they are easily understandable for members. All staff that produces written materials for members are required to utilize readability studio, edit their documents and provide the grade level analysis to C&L prior to a request for English Material Review.

The C&L Department has developed and implemented Readability Studio training so that staff have the support to eaffectively navigate the software and produce effective member materials developed following the plain language guiding principles. .The training is delivered utilizing adult learning theory and provides hands-on experiential learning in operating the software and editing written materials to a 6th grade reading level.

- **Clear and Simple Guide**

The C&L Services Department produces a Plain Language Guide that provides 15 tips for staff to follow when preparing member materials and as well as a document checklist to confirm plain language standards were applied.. The guide is provided during training and is also available online.

- **English Materials Review (EMRs)**

The C&L Services Department conducts English material reviews through the EMR database~~.~~ . EMRs are conducted on all member informing materials to ensure that the information received by members is culturally and linguistically appropriate. Readability levels are assessed on the original document and revised accordingly to ensure they comply with required readability levels mandated by regulatory agencies. The review process ensures that document layouts are clean, easy-to-read, well organized, and that images are appropriate and culturally relevant and prepares documents to be ready to be translated, when indicated~~.~~ . Cultural competency and plain language checklists are required to be submitted with all EMR requests.

- **National Health Literacy Month**

National Health Literacy Month is promoted internally by Plan staff every October and offers an opportunity for staff to participate in various contests to exemplify how they are using the Clear and Simple principles in their everyday work.

5.4 Health Equity

CalViva Health is committed to supporting the health of our members and promoting the reduction of health disparities across our membership~~.~~ . In order to accomplish this, Plan staff collaborates across departments and with external partners in order to analyze, design, implement and evaluate healthy disparity interventions.

- **Health Equity Interventions**

Health Equity Project**s**: This ~~interventions~~ involves the development and implementation of an action plan to reduce health disparities. Plan staff look systematically and deliberately at the alignment of resources and development of strategies to reduce targeted health disparities~~.~~ . The interventions are aligned with DHCS PIP requirements~~.~~ . Disparity reduction efforts are implemented through a model that integrates collaboration across departments, e.g., Quality Improvement, Provider Relations, Cultural and Linguistics, Health Education, Medical Directors, 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, literature reviews, data analysis (spatial and descriptive), development of community and internal advisory groups and budget development
- Implementation of efforts are targeted at 3 core levels 1.) Member/Community where partnerships are formed to identify existing initiatives and leverage support of community feedback to design and implement interventions, 2.) Provider

interventions targeting high volume low performing groups and providers who have disparate outcomes, and 3.) Internal programs to improve disparities in identification, engagement and outcomes in Case Management and Disease Management

- Evaluation and improvement of health disparity efforts ~~is conducted using PDSA cycles~~.

Consultation: Plan staff collaborates across departments to provide consultative services for cultural competency and linguistic perspectives in order to improve health disparities~~.~~ . Examples of consultations include partnership on QI intervention development and support of care transition programs.

- **Collaborations**

CBO's: To support the reduction of health disparities, Plan staff interact with community-based organizations (CBOs) to identify C&L related concerns, obtain feedback on C&L service needs of the community and promote C&L services to community members.

5.5 Public Policy Committee

CalViva Health maintains a Public Policy Committee, as one way for members to participate in establishing the public policy of the plan. "Public policy" means acts performed by the Plan or its employees and staff to assure the comfort, dignity and convenience of members who rely on the Plan's facilities to provide health care services to them, their families, and the public.

The Public Policy Committee meets four times a year. Committee responsibilities include obtaining feedback and guidance in delivery of culturally and linguistically appropriate health care services inclusive of the ~~group~~ population needs assessment, and establishing and maintaining ~~the~~ community linkages. The Committee includes CalViva Health members, member advocates (supporters), ~~a~~ Commissioner of CalViva Health's governing board, the Fresno-Kings-Madera Regional Health Authority (RHA) Commission, and health care providers.

6.0 OVERSIGHT AND MONITORING

CalViva Health and HNCS collaborate to ensure that CalViva Health members receive consistent, high quality C&L services. The collaboration also forms a unity among the plans that permits a uniform message to be delivered to contracted providers and members. This collaboration is an avenue that increases services for the community and increases the impact that C&L programs can make. The following processes are in place to ensure ongoing CalViva Health oversight of the C&L programs and services delegated to HNCS and the internal monitoring conducted by HNCS.

6.1 CalViva Health Monitoring and Evaluation

CalViva Health receives, reviews, and if necessary approves numerous key reports in a calendar year. CalViva Health ensures C&L services, programs, and activities are meeting the required regulatory and compliance requirements through the following methods:

- **Member and Provider Communications Review**

CalViva Health reviews and approves all member materials before distribution to CalViva Health Members. The review process includes but is not limited to ensuring member materials have been approved by HNCS as culturally appropriate and the appropriate reading level. In addition, CalViva Health reviews and approves C&L provider communications prior to release to contracted providers.

- **Reports**

CalViva Health reviews and approves key C&L reports produced by HNCS including, but not limited to the LAP utilization report, annual work plan and program description, PCNA, Geo Access Report, and mid-year/annual evaluations. The reports are reviewed, discussed, and if necessary approved by CalViva Health's Quality Improvement (QI) workgroup, QI/UM Committee, Access workgroup and the RHA Commission. In addition, reports are also shared as information to CalViva Health's Public Policy Committee.

- **Audits**

CalViva Health conducts an oversight audit of C&L activities delegated to HNCS. The main elements covered in the audit include but is not limited to: C&L/language assistance policies and procedures, assessing the member population, language assistance services, staff training, provider contracts, training and language assistance program, and evaluation and monitoring. The results of the audit are shared with HNCS, the QI/UM Committee, and the RHA Commission.

6.2 HNCS C&L Services Department Internal Monitoring and Evaluation

The C&L Services Department produces numerous key reports in a calendar year. The reports are an integral part of the regulatory and compliance requirements and are used to help identify areas where modifications and corrective measures may be needed. The key reports include but are not limited to the following:

- **Language Assistance Program Utilization Report**

The C&L Services Department summarizes the Language Assistance Program (LAP) utilization data on a monthly and quarterly basis. The monthly LAP utilization report summarizes the non-English call volume to the member service call center, interpreter vendor (telephone, face-to-face, ASL) call volume per language, and requests for oral and written translations from member service representatives. Language call volume and identified language preferences are tracked to identify developing trends and possible future member language needs~~.~~ . C&L Services Department produces a LAP report biannually that summarizes LAP data and assesses utilization and usage trends~~.~~ . The end of the year LAP Utilization report compares current usage by language and type of request to previous year's data to allow the Plan to project future language trends~~.~~ . Any notable trends will be reported to the Plans' QI/UM Committee.

- **Population~~Group~~ Needs Assessment**

The Community Health Education and C&L Services Departments conduct a Population ~~Group~~ Needs Assessment (~~G~~PNA) every ~~five~~ year~~s~~ to improve health care outcomes for members~~.~~ . ~~determine the health education, cultural, linguistic, and health care access needs of members.~~ The P~~G~~NA is conducted through an analysis of CAHPs survey data and follows the DHCS guidance provided in APL 19-011. CalViva's ~~data from reports, as well as external data from national, state, and local health agencies and community-based organizations. The GNA includes a socioeconomic demographic profile of each community served by CalViva Health~~. ~~Community agencies provide input to the GNA through the C&L Services Department contact with~~ Public Policy Committee members ~~and agency representatives, community-based organizations, and other community service organizations~~will provide input to the PNA and review the PNA results on an annual basis~~.~~ .

The ~~GNA~~ results of the PNA ~~and community feedback~~ are used to identify C&L program strategies to improve health outcomes and to reduce health disparities~~.~~ . The C&L work plan is adjusted annually to include all strategies that have been identified to improve health outcomes and reduce health disparities for members. The C&L work plan serves as the PNA action plan that is submitted to DHCS on an annual basis. ~~develop the objectives and activities on the annual C&L work plan. It's a foundation for the C&L work plan and directs the development of C&L programs, services, and materials.~~

- **C&L Geo Access Report**

The C&L Services Department prepares a report to identify the need for linguistic services using the Geo Access demographic analysis software program~~.~~ . The purpose of the Geo Access report is to understand if members have access to provider locations

where either the doctor or office staff speak the preferred language of the member. This analysis is conducted for both PCP offices and Specialist offices. The locations of members and providers are compared across language preference. Using predetermined time and distance parameters, software measures the time and distance for each member to each provider office by language and by county. Time and distance standards vary by type of place: urban, suburban and rural. The Geo Access program uses member zip code data and correlates it with member language preference. A similar mapping of provider network language capabilities is generated for each identified member language. The geographic distribution of provider languages is based on the zip code of the office location.

A set of maps is generated that reports the geographic distribution of member language preferences, primary care provider language capabilities and specialist language capabilities by zip code. A map is generated for each language that is preferred by 3 percent or more of membership. The geographic distribution of member language preferences is then overlaid with the language capacity of primary care providers and specialists. The language capabilities of the provider network are compared to the language needs of CalViva Health members. The availability of linguistic services by contracted providers for LEP members is analyzed and recommendations made for provider network development. The report is produced by HNCS C&L every two years for review and comment. Upon review of the findings and follow up by provider network management, a status report will be developed and presented to document network findings.

- **Data Collection**

The C&L Services Department monitors the demographic composition of members for each CalViva Health county. Demographic information is used to assess the language needs of members; to identify possible cultural and socio-economic background barriers to accessing health care; and to understand the range of diversity within the communities that CalViva Health serves. Collected and analyzed on a regular basis, data is based on existing member language needs, race and ethnicity. The C&L Services Department holds the list of all race, ethnicity and language codes and categories used by all data systems. C&L collaborates with IT to assure that all new databases and modified databases can share member race, ethnicity and language information.

The C&L Services Department also maintains a log of all cultural or linguistic related grievances received. The logs for culture or language-related grievances and complaints are analyzed to determine if members' cultural and communication needs are being met and/or addressed by contracted providers. Information from the Appeals and Grievances Department, in conjunction with information from the community demographic profile, help to identify cultural and/or linguistic issues that may act as

barriers to accessing health care~~.~~ . Should a communication need be identified, the C&L Services Department develops a provider or member education intervention or program to meet that need~~.~~ .

7.0 SUMMARY

CalViva Health, in collaboration with Health Net Community Solutions (HNCS), is committed to improving health outcomes by providing cultural and linguistic services and programs that facilitate effective communication between a diverse membership, diverse provider networks, and CalViva Health and HNCS. CalViva Health's goals and objectives are based on providing support, maintaining compliance, and creating cultural awareness through education, consultation, and support~~.~~ . In addition, the programs and services encompass how we communicate to our members and contracted providers about the C&L program and services available.

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 C&L 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), a 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 C&L program description, work plan, language assistance utilization report and end of year reports are shared as information to the Public Policy Committee. The Public Policy Committee provides regular reports to the QI/UM Committee and the RHA Commission.

2. CalViva Health Staff Roles and Responsibilities

A. Chief Medical Officer

CalViva Health's Chief Medical Officer's responsibilities include assuring that CalViva Health's programs are compatible and interface appropriately with the provider network

and the overall scope of CalViva Health's QI program. A medical management team is under the direction of the Chief Medical Officer.

~~*B. Medical Management Team*~~

~~CalViva Health's Medical Management team includes the Chief Medical Officer, Director of Medical Management Services, who is a Registered Nurse, and a Medical Management Specialist to monitor and evaluate the adequacy and appropriateness of health and administrative services on a continuous and systematic basis.~~

~~*C.*~~*B.* *Chief Operating Officer*

CalViva Health's Chief Operating Officer's responsibilities include assuring that services and needs covered under the Administrative Services Agreement with the Plan's administrator are operating in accordance with CalViva Health's program requirements.

~~*D. Operations Team*~~

~~CalViva Health's Operations team includes the Chief Operating Officer and an Operations Coordinator who is responsible for providing operational support.~~

~~*E.*~~*C.* *Chief Compliance Officer*

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

~~*F. Compliance Team*~~

~~CalViva Health's Compliance team includes the Chief Compliance Officer, a Director, and compliance staff who focus on compliance activities.~~

3. HNCS C&L Services Department Staff Roles and Responsibilities

The C&L Services Department is unique in its cross-functional support structure~~.~~. The Department's function is to fulfill all cultural and linguistic contractual and regulatory requirements and serve as a resource and support for all C&L services~~.~~. The C&L Services Department is staffed by the Director of Health Education and Cultural and Linguistic Services, a Manager of Cultural and Linguistic Services Department, ~~six~~eight Senior C&L Specialists, one Diversity and Disability Program Specialist, two supplemental staff, one Biostatistician, one Data Analyst, and one Project Coordinator~~.~~ .

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.

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 Date

Regional Health Authority Commission Chairperson

_____ _____

Patrick Marabella, MD, Chief Medical Officer Date

Chair, CalViva Health QI/UM Committee

Item #6

Attachment 6.C

Cultural and Linguistics
2020 Executive Summary
And Work Plan Summary

REPORT SUMMARY TO COMMITTEE

TO:	CalViva Health QI/UM Committee
FROM:	Lali Witrago, MPH, Senior Cultural and Linguistics Specialist
COMMITTEE DATE:	May 21, 2020
SUBJECT:	2020 Cultural and Linguistic (C&L) Work Plan – CalViva Health Summary Report

Summary:

The C&L 2020 Work Plan supports and maintains excellence in C&L Services through the following strategies: provide oversight of Language Assistance Program (LAP), integration and expansion of targeted health disparity efforts, health literacy and plain language standards, supporting CalViva Health in being a culturally competent Health Plan, expanding on consulting services, and maintaining compliance with regulatory and contractual requirements.

The 2020 Work Plan is consistent with the 2019 Work Plan while incorporating and enhancing the following activities:

1. Incorporating the Population Needs Assessment (PNA) reporting requirements and action plan development. The PNA was previously known as the GNA (Group Needs Assessment). The 2020 work plan will retain the GNA reference as the 2020 activities are guided by the 2016 GNA findings.
2. Enhancing LAP reporting activities inclusive of C&L GeoAccess findings and follow up activities, assessment of language services for timely access reporting, and bilingual staff certification oversight.
3. Implementation of Aunt Bertha platform and coordination of social service referrals for members.
4. Continue to expand training and consulting services for contracted providers and staff case managers, health education, quality improvement, call center, and grievance coordinators to support cultural competency, language assistance, health literacy and health equity efforts inclusive of new disparity reduction efforts for breast cancer screening.

Purpose of Activity:

Present CalViva Health's Cultural and Linguistic Services 2020 Work Plan and obtain the committee's approval.

Next Steps:

Once approved, implement and adhere to the C&L 2020 Work Plan and report to the QI/UM Committee.

2020
Cultural and Linguistic Services
Work Plan

Submitted by:
Patrick Marabella, MD, Chief Medical Officer
Amy Schneider, RN, BSN, Director Medical Management

Mission:

CalViva Health's C&L mission is to be an industry leader in ensuring health equity for all members and their communities.

Goals:

CalViva Health's C&L 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:
1. To ensure meaningful access and positive health outcomes through the provision of culturally and linguistically responsive services to members and providers.
2. To promote for members and potential enrollees to be active participants in their own health and health care through clear and effective communication.
3. To advance and sustain cultural and linguistic innovations.

Objectives:

To meet these goals, the following objectives have been developed:
A. To ensure compliance with applicable Medi-Cal contractual requirements, state and federal regulations and other requirements of the Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC).
B. To ensure staff and providers have C&L resources available to provide culturally competent services to CalViva Health members.
C. To be champions of cultural and linguistic services in the communities CalViva Health serves.
D. To promote and be champions for diversity of CalViva Health members, providers and Plan staff.

Selection of the Cultural and Linguistics Activities and Projects:

The Cultural and Linguistics Work Plan activities and projects are selected based on the results from the CalViva Health 2016 Group Needs Assessment Report (GNA) (i.e., demographics, health status, risk factors, and surveys), regulatory requirements, department evaluation report from the previous year, HEDIS results, contractual requirements, and strategic corporate goals and objectives. After review and input from senior management staff, projects and new departmental activities are identified and incorporated into this work plan. Programs and services are developed with special attention to the cultural and linguistic needs of our membership. This work plan addresses the needs of our Medi-Cal (MC) members.

Strategies:

The Cultural and Linguistics Work Plan supports and maintains excellence in the cultural and linguistics activities through the following strategies:

A. Goals and objectives are translated into an annual work plan with specific activities for the year to fulfill its mission of being an industry leader in ensuring health equity for all members and their communities;
B. Work plan objectives and activities reflect the Office of Minority Health's national Culturally and Linguistically Service (CLAS) standards, and directly address various contractual and regulatory requirements;
C. Support information-gathering and addressing needs through Group Needs Assessment reports (GNA), data analysis, and participation in the CalViva Health Public Policy Committee (PPC);
D. Interacting with community-based organizations, advocacy groups, community clinics and human service agencies to identify the cultural and linguistic-related concerns of the community.

The Cultural and Linguistics Work plan is divided into the following areas in support of the Principal CLAS Standard (To provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs): 1) Language Assistance Program Activities, 2) Compliance Monitoring, 3) Communication, Training and Education and 4) Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity.

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^ revision
* new

	1	Main Area and Sub-Area	Activity	Measurable Objective	Due Dates	Mid-Year Update (1/1/20 - 6/30/20)	Year-End Update (7/1/20 - 12/31/20)
	2	**Language Assistance Program Activities**					
	3	**Rationale**	**The LAP and applicable policies and procedures incorporate the fifteen national standards for Culturally and Linguistically Appropriate Services (CLAS) in health care developed by the Office of Minority Health. Standards 5, 6, 7 & 8 provide the basics for language support services for CalViva Health members.[1] According to the 2016 GNA findings, almost half (48%) of members responded they have used a family member or friend to interpret because they feel comfortable. Based on GNA finding, C&L will continue to promote the use of medical interpreters and discourage the use of family and friends as interpreters.**				
	4	**Responsible Staff:**	**Primary: H. Theba, L. Witrago**	**Secondary: D. Carr, I. Diaz, D. Fang, L. Goodyear-Moya**			
	5	Audit	Assure C&L audit readiness to support DHCS Language Assistance Program (LAP) audit standards	Coordinate LAP audit requirements to include: collecting requested documentation, submitting documents as requested, participate in on-site interviews as requested	Annual		
^	6	Contracted Vendors	Conduct language assistance vendor management oversight	Review and update vendor contracts to ensure alignment with requirements	Ongoing		
	7	Interpreter	Monthly collection of language utilization data for CalViva	Updated LAP utilization report to contain: monthly summary of bilingual phone calls answered by call center, in-person and telephonic interpreter utilization log	Semi-annual		
	8	Data	Conduct membership data pulls	Validated membership reports	Monthly starting in February		
*	9	Operational	Create language and alternate format standing request report	Number of reports generated and posted	Monthly		
*	10	Compliance	Support marketing in developing and operationalizing 508 remediation plan inclusive of providing SME consultation to EPCO and workgroups and identification of	Number of PDFs remediated/total PDFs	Ongoing		
*	11	Compliance	Monitor provider bilingual staff; ensure systems are capturing provider and office language capabilities	Annual provider communication and monitoring grievances, review of provider Ops manual	Ongoing		
^	12	Regulatory	Update and provide taglines and Non-Discrimination Notice (NDN) insert in support of departments and vendors that produce member informing materials	Annual review and update as needed and distribute updated documents to all necessary departments, maintain tagline and NDN decision guides, answer ad-hoc questions on the use and content, assure most recent documents are available on C&L sharepoint site	June and December		

	13	Member Communication GNA	Annual mailing to members advising how to access language assistance services	Write or revise annual language assistance article distributed to CalViva members	Annual		
	14	Operational	Ensure bilingual staff maintain bilingual certification; generate reporting and support to departments to identify staff who need bilingual certification updated	Number of staff certified annually	Annual		
^	**15**	Operational	Complete LAP Trend Analysis, including year over year LAP trend analysis	Report to summarize utilization of LAP services, number of bilingual staff and provide year over year trends for the utilization of LAP services	Q2		
^	**16**	Operational	Oversight of interpreter and translation operations. Review of metrics for interpreter/translation coordination	Conduct oversight meetings to review metrics for operations. Monthly meetings with Centralized Unit and escalate when metrics are not being met	Monthly		
	17	Operational	Review interpreter service complaints (exempt grievance) reports and conduct trend analysis. Provide complaint information to impacted area for resolution, e.g., vendor, internal process	Monitor interpreter service vendors through service complaints	Annual (trend)		
	18	Operational GNA	Coordinate and deliver quarterly LAP/Health Literacy meetings to review requirements and department procedures for language and health literacy services	Minutes of meetings	Quarterly		
*	**19**	Operational PNA	Complete Population Needs Assessment (PNA) in collaboration with Health Education. Support PNA data collection, interpretation for member demographics, disparity analysis and development of an action plan that addresses identified member needs	PNA report completed including action plan developed and/or strategies identified according to DHCS requirements. Submitted to CalViva compliance for filling	June		
	20	Operational	Develop, update and maintain translation, alternate formats, interpreter services and bilingual assessment policies and procedures (P&Ps)	Annual update of P&Ps and off cycle revisions as needed and submitted to designated CalViva Health staff for utilization in the development or review of CalViva Health C&L P&Ps	Annual		
^	**21**	Operational	Collect and review LAP P&Ps from other departments to assure compliance with use of tagline and NDN, translation process and interpreter coordination	P&Ps will be reviewed and placed in C&L LAP compliance folder	Annual		
*	**22**	Operational	Develop and implement an action plan to address 2019 Geo Access findings	Plan implemented	Ongoing		

23	Operational	Complete C&L Geo Access update report documenting Provider Network Management (PNM) network findings	Presentation of status report to Access Committee	Q1		
24	Operational	Complete annual Timely Access Reporting on the Language Assistance Program Assessment	LAP Assessment Timely Access Report	Annually		
25	Operational	Coordinate and provide oversight to translation review process	Number of translation reviews completed	Ongoing		
26	Training	Review, update and/or assign LAP online Training in collaboration with online team	Training online and number of staff who are assigned training	Annual		
27	Information Technology	Participate in information technology projects related to language assistance services to ensure C&L requirements are represented through projects	Successful implementation of information technology projects	Ongoing		
28	Strategic Partners	Monitor strategic partners and specialty plans for LAP services	Request information from specialty plans and strategic partners (e.g., MHN, VSP, etc.) semi-annually. Update report template to indicate delegation status of LAP, use of NOLA, any comments forwarded from delegation oversight and review of P&Ps	Ongoing		
29	Translation and Alternate Format Management	Develop and maintain Translation and Alternate Format Tracking (TAFT) database with comprehensive list of member informing materials available and department responsible. Database will help support prompt identification of document and department responsible. Ongoing updating with bi-annual requests to all departments to review/update their list. Oversee implementation, management and updating of TAFT database	List of available materials	Ongoing		
30	**Compliance Monitoring**					
31	**Rationale**	**Compliance monitoring conducted to ensure CalViva Health members receive consistent, high quality C&L services. The following processes are in place to ensure ongoing CalViva Health oversight of the C&L programs and services delegated to HNCS and the internal monitoring conducted by HNCS. Based on GNA finding, C&L will continue to promote the use of medical interpreters and discourage the use of family and friends as interpreters.**				
32	**Responsible Staff:**	**Primary: L. Witrago, B. Ferris**	**Secondary: H. Theba, L. Goodyear-Moya, B. Simpson, D. Carr, I. Diaz, D. Fang,**			

33	Complaints and Grievances GNA	Oversight of complaints and grievances received about the LAP or C&L services, including monitoring and responding to all C&L related grievances. Collect grievance and call center reports. Maintain contact with the call center to ensure that they are monitoring C&L complaints. Grievance reports include grievances coded to C&L codes (including discrimination due to language or culture). Maintain grievance response log and list of materials and develop and document interventions when indicated	Report on grievance cases and interventions	Ongoing		
34	Complaints and Grievances	Conduct a trend analysis of C&L grievances and complaints by providers	Production of trend analysis report	June		
35	Complaints and Grievances	Review and update desktop procedure for grievance resolution process	Revised desktop procedure	December		
36	Oversight	Complete all CalViva required C&L reports	Develop C&L CalViva work plan, write/revise and submit C&L CalViva Program Description. Prepare and submit work plan and LAP mid year reports and end of year reports	Ongoing		
37	Oversight	Participate in all CalViva required work groups and committees	Participate in the ACCESS workgroup, QI/UM workgroup, QI/UM committee, monthly operations management meetings, Regional Health Authority meetings as needed or requested, etc.	Ongoing		
38	Oversight GNA	Establish relationships with local community partners, identify participants for Public Policy Committee participation for Fresno, Kings and Madera Counties	Assist coordinate, attend and present, as needed, at Public Policy Committee planning meetings, Public Policy Committee meetings and C&L relevant community sponsored events as required	Quarterly		
39	Oversight	Develop, update and/or maintain all C&L related P&Ps	Updated P&Ps submitted to designated CalViva Health staff for utilization in the development or review of CalViva Health C&L P&Ps	Annually		
40	Regulatory	Implementation of Aunt Bertha platform and coordination of social service referrals for members	Development of staff and members facing URLs. Provide member URL to CalViva for inclusion on member website and implement staff URL internal for staff utilization. Deploy trainings to internal departments and disseminate member and provider resources and collateral. Analytics and utilization reports, training and material distribution logs			

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41	**Communication, Training and Education**					
42	**Rationale**	**To provide information to providers and staff on the cultural and linguistic requirements, non-discrimination requirements, the LAP program, C&L resources, and member diversity. Based on GNA finding, C&L will continue to promote the use of medical interpreters and discourage the use of family and friends as interpreters.**				
43	**Responsible Staff:**	**Primary: B. Ferris, L. Witrago**	**Secondary: L. Goodyear-Moya, D. Carr, I. Diaz, H. Theba**			
44	Training and Support GNA	Provide support and training to A&G on coding and resolution of grievances; re-align coding per 1557 non-discrimination reporting	Revised/updated Quick Reference Guide (QRG) for A&G staff regarding grievance responses, coding and when to send to C&L, etc.	Ongoing		
45	Staff Training GNA	Provide C&L in-services for other departments as requested (e.g., Call Center, Provider Relations, etc.). Update training decks with specific date slides at mid and end of year. Update interpreter and translation QRGs with any system updates or process changes	Curriculum/power point, name of department and total number of participants who attended the in-service	Ongoing		
46	Staff Communication GNA	Maintenance and promotion of C&L sharepoint site	Timely posting of important information on C&L sharepoint e.g., vendor attestation forms, threshold languages list, etc.	Ongoing		
47	Provider Communication GNA	Prepare and submit articles for publication to providers. Potential topics: LAP services, culture and health care, and promotion of on-line cultural	Copies of articles and publication dates	Ongoing		
48	Provider Communication and Training GNA	Promote C&L flyer and provider material request form about C&L department consultation and resources available, inclusive of LAP program and interpreter services	Provider material request forms received by C&L Department	Ongoing		
49	**Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity**					
50	**Health Literacy**					
51	**Rationale**	**To ensure that the information received by members is culturally and linguistically appropriate and readability levels are assessed to ensure they comply with required readability levels mandated by regulatory agencies. According to GNA results, a third (35%) of responding members indicated they 'sometimes' had trouble filling out forms (35%). Based on GNA findings, C&L will provide support to departments to ensure resources and interventions are culturally and linguistically appropriate.**				
52	**Responsible Staff:**	**Primary: A. Kelechian, D. Magee**	**Secondary: D. Carr, B. Ferris, L. Witrago**			

53	English Material Review GNA	Conduct English Material Review (EMR) per end-end document production guidelines (review of content and layout of materials for C&L appropriateness and low literacy)	Completion of all EMRs as tracked through the C&L database	Ongoing		
54	Operational GNA	Review and update Health Literacy Tool Kit as needed inclusive of list of words that can be excluded during the readability check, database guide, checklists, readability assessment guide and other relevant materials	Production and distribution of toolkit	June		
55	Training GNA	Quarterly training for staff on how to use the C&L database and write in plain language	Quarterly training	Quarterly		
56	Training GNA	Conduct activities and promotion of national health literacy month (NHLM)	Production and tracking of action plan for NHLM and summary of activities	October		
57	**Cultural Competency**					
58	**Rationale**	**To integrate culturally competent best practices through provider and staff in-services, training, education, and consultation. Training program offers topic specific education and consultation as needed by staff, contracted providers and external collaborations. According to GNA results, one-third (31%) of members indicated their beliefs go against their PCP's advice. Based on GNA findings, C&L will continue to increase awareness of cultural sensitivity to address ongoing needs of members with diverse cultural backgrounds.**				
59	**Responsible Staff:**	**Primary: D. Carr, L. Witrago**	**Secondary: H. Theba, L. Goodyear-Moya**			
60	Collaboration-External	Representation and collaboration on Industry Collaboration Efforts (ICE) for Health external workgroup	Minutes of meetings that reflect consultation and shared learning	Ongoing		
61	Provider Training GNA	Conduct cultural competency training/workshops for contracted providers and provider groups upon request. Training content to include access to care needs for all members from various cultural and ethnic backgrounds, with limited English proficiency, disabilities, and regardless of their gender, sexual orientation or gender identity. Work with provider communication to implement ICE for Health computer based training through provider update and/or provider newsletters and/or medical directors, promote OMH cultural competency training through provider operational manual and provider updates	Output number of providers who received cultural competency training by type of training received	Annual		

62	Staff Training GNA	Conduct annual cultural competence education through Heritage events and transition event to an online platform. Heritage to include informational articles / webinars that educate staff on culture, linguistics and the needs of special populations	Online tracking. Written summary of Heritage activities	Q3		
63	On Line Training GNA	Review online content for cultural competency training and update when needed annually. Training will also include content on access to care needs for all members per 1557 non-discrimination rule	Annual online training and number of staff trained	Annual		
64	Training GNA	Implement quarterly culture specific training series for staff in various departments	Training plan with a minimum of three trainings provided in collaboration with regional experts	Ongoing		
65	**Health Equity**					
66	**Rationale**	**To support the health of CalViva Health members and promote the reduction of health disparities across our membership. In order to accomplish this, staff collaborates across departments and with external partners in order to analyze, design, implement and evaluate healthy disparity interventions. Based on GNA findings, C&L will support culturally and linguistically appropriate health education resources and quality improvement interventions to help members access preventive health services in a timely manner. C&L will also address cultural barriers that may impede members from accessing care and implement disparity projects to reduce barriers to care among disparate populations.**				
67	**Responsible Staff:**	**Primary: L. Witrago, D. Fang**	**Secondary: H. Theba, L. Goodyear-Moya**			
68	Operational GNA	Increase interdepartmental alignment on disparity reduction efforts. Facilitate monthly meetings	Facilitation of health disparity collaborative meetings	Quarterly		
69	Operational GNA	Align population health and disparity initiatives across departments	Develop Health Disparity e-newsletter and listserv. Facilitate communication on health disparities and newsletter development and distribution	Ongoing		
70	Operational GNA	Provide support to other departments on health disparities and deployment of interventions, e.g., mobile mammography	Disparities and interventions delivered	Ongoing		
71	Operational GNA	Continue to support Mendota Community Advisory Group efforts, e.g., sponsor local CBO to continue efforts	Outcome of activities	Ongoing		
72	Operational GNA	Collaborate with QI on the BCS Disparity PIP project scope and co-manage the relationship with The Fresno Center	Report of activities	Ongoing		

*

^	**73**	Operational GNA	Implement disparity model for Hmong breast cancer screening disparity performance improvement project (BCS Disparity PIP) in Fresno County to include formative research, community, member and provider interventions	Barrier analysis completed. Development of modules; meet PIP disparity reduction targets	Ongoing		
*	**74**	Operational GNA	Collaborate with HE to support The Fresno Center with the development of the Community Advisory Group in Fresno County in support of the BCS Disparity PIP	Outcome of activities	Ongoing		
	75	Operational GNA	Incorporate Motivational Interviewing and Teach Back trainings onto disparity projects as needed	Number of providers/staff trained and post-evaluation data showing increase in attitude and knowledge	Ongoing		
	76	Operational GNA	Provide consultation to departments on cultural competency and improving health care outcomes (including enrollment) for key demographics and key metrics to support health equity	Consultation provided	Ongoing		

[1] National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

^ **Indicates revision.**

* **Indicates new.**

Item #7

Attachment 7.A

Health Education
Executive Summary

&

Item #7

Attachment 7.B

Health Education
2019 Annual Evaluation

(document combined)

REPORT SUMMARY TO COMMITTEE

TO: CalViva QI/UM Committee

FROM: Hoa Su, MPH, Health Education Department Manager
Justina B. Felix, Health Educator

COMMITTEE DATE: May 21, 2020

SUBJECT: Health Education Work Plan End of Year Evaluation & Executive Summary

Summary
The 2019 Health Education Work Plan Year End Evaluation report documents progress of **16 program initiatives**. Within each initiative, there are multiple programs and services (**36 key objectives**). Of the 16 initiatives, 9 key initiatives (28/36 objectives) have met or exceeded year-end goal and the remaining 7 (7/36 objectives) did not meet the year-end goal.

Purpose of Activity:
To provide for QI/UM Committee review and approval of the 2019 Health Education Work Plan End of Year Evaluation Summary.

Data/Results (include applicable benchmarks/thresholds):
The Health Education Department developed programs and services on a variety of topics to promote healthy lifestyles and health improvement for CalViva Health (CVH) members. The main areas of focus are member engagement, weight control, pregnancy, smoking cessation, preventive health care services, and chronic disease education.

Table 1 compares 2019 year-end utilization outcomes of key health education programs and services against 2019 year-end goals.

Table 1 2019 Year-End Utilization Outcomes of Health Education Programs

Initiative	Program	2019 Year-End Goal	2019 Year-End Status	% of 2019 Year-End Goal Met
1. Chronic Disease Education: Asthma	Conduct asthma education classes.	Classes reach a 15% CalViva Health membership.	Reached a 48% (131/271) member participation	Exceeded
2. Chronic Disease Education: Diabetes	Collaborate with Madera County Department of Public Health's Proyecto Dulce Disease Self-Management and Education Program (DSME).	Conduct 1 DSME class series reaching 50% targeted CVH member participants.	Conducted 1 DSME class series with 71% (10/14) member participation	Met
	Implement a Diabetes Prevention Program.	Enroll 25+ Medi-Cal members.	Program not launched. Submitted contract and materials for DHCS review. Revised SOW is pending vendor completion.	Partially Met
3. Community Health	Increase CVH member participation in health education classes.	Reach a 50% member participation rate in classes.	Reached a 56% (1,492/2,658) member participation.	Exceeded
	Increase CVH member participation in health screenings.	Reach a 50% member participation rate in community health screenings.	Reached a 70% (215/306) member participation.	Exceeded
4. Digital Health Education Programs	Partner with QI to continue with a Management of Persistent Medication (MPM) text messaging campaign.	Reach 50% of targeted members.	Reached 72% (86/120) of members with an MPM text message about scheduling their labs.	Exceeded
	Promote member enrollment in myStrength.	Enroll 50+ members.	Enrolled 65 CVH members.	Exceeded
5. Health Equity Projects	Improve postpartum rate for targeted provider in Fresno County.	Develop and implement 1 educational intervention to improve postpartum rate targeting Latinos in Fresno County.	Completed 3 interventions: 1 motivational interviewing training for United Health Center clinics; 1 mental community health forum with a focus on the stigma of postpartum depression; 1 mental health first aid training.	Met
	Improve breast cancer screening rate for targeted provider in Fresno County.	Develop and implement 1 educational intervention to improve breast cancer screening rate targeting Hmong members in Fresno County.	Submitted and approved module 1 of the BCS PDSA PIP by DHCS. BCS PIP process map and key driver diagram were developed in Q4. Educational interventions will be discussed in module 2.	Met
6. Immunization Initiative	Collaborate with QI to implement Childhood Immunization (CIS) Performance Improvement Plan (PIP).	Support clinic Panel Managers with educational materials and call scripts to improve CIS rate in Fresno County.	Increased percentage rate from 64.4% in August 2018 to 68.7% in June 2019.	Met

7. Member Engagement	Increase member screenings for diabetes care measures.	65% of member participants in Know Your Numbers (KYN) interventions complete their screening.	69% of member participation in Know Your Number events completed their screenings (149/215).	Exceeded
	Increase member understanding of health plan benefits, health plan satisfaction and preventive health screenings.	Achieve 90% satisfaction from participants attending the Member Orientation classes.	Postponed to 2020. The DHCS finalized and released the new member handbook in 2019. Member orientation module will be revised in 2020.	Partially Met
8. Member Newsletters	Manage content for Medi-Cal Newsletter.	Develop and distribute 2 CVH member newsletters.	Distributed 2 newsletters.	Met
9. Mental/Behavior Health	Develop pain management education strategy.	Creation of opioid/pain management educational materials and distribution plan. Determine utilization baseline.	Created 4 items. Pending item has a 2020 completion date.	Met
	Develop behavioral health education strategy.	Creation of 3+ behavioral health materials and distribution plan. Determine utilization baseline.	Two behavioral health materials developed with content drafts, however production has paused. Considering outsourcing with community partner.	Partially Met
10a. Obesity Prevention: Members	Increase Fit Families for Life (FFL) Home Edition Program enrollment and satisfaction.	Enroll 500+ members (70% flagged as high-risk) and 90% satisfaction from both program surveys.	Enrolled 572 members (99% flagged as high risk), 100% satisfaction from workbook surveys and 92% satisfaction from direct incentive surveys.	Exceeded
	Increase Healthy Habits for Healthy People (HHHP) program enrollment.	350+ members.	Enrolled 357 members	Exceeded
10b. Obesity Prevention: Community	Conduct Fit Families for Life (FFFL) Community classes, increase participant knowledge and acquire high satisfaction rates.	Reach a 25% member participation rate; participants achieve 80% correct answers per knowledge metric (post-tests) and 90% satisfaction rate from post-tests.	Reached a 70% member participation rate; 100% correct answers; 100% satisfaction rate overall from workshops.	Exceeded
11. Perinatal Education	Promote pregnancy packets to members.	Distribute 1,000+ pregnancy information packets to requesting CVH pregnant members.	Mailed 1,008 CVH Pregnancy Program packets to members. Additionally, 500 Newborn packets were mailed to members.	Exceeded
	Coordinate bilingual baby showers to expectant mothers in Fresno and Kings County.	Reach 50% member participation at baby showers within Kings and Fresno Counties.	Reached a 62% (277/450) of members at baby showers in Fresno County.	Exceeded
12. Promotores Health Network (PHN)	Implement the RX for Health intervention to increase member participation in PHN education charlas.	Reach a 30% member participation in education charlas.	Reached a 60% (664/1,113) member participation through charlas. (53 charlas conducted).	Exceeded
	Increase member participation in diabetes prevention program classes.	Conduct 1 DSME class series reaching 50% targeted CVH member participants.	Conducted 1 DSME class series with a 71% (10/14) member reach.	Exceeded
	Implement the Rx for Health intervention to increase member request for Fit Families for Life (FFFL) Home Edition educational resource.	25 members request FFFL Home Edition educational resources.	75 Rx for Health pads were disseminated to members promoting FFFL. However, no member requests for FFFL Home Edition educational resources were received.	Partially Met
13. Tobacco Cessation Program	Collaborate with California Smokers' Helpline and other internal departments to improve smoking cessation	Enroll 200+ smokers into CA Smokers' Helpline.	Enrolled 154 members	Partially Met

	program enrollment for CVH members.			
14. Compliance: Oversight and Reporting	Complete and submit Health Education Department's Program Description, Work Plan, and Work Plan evaluation reports.	Complete and submit Program Description, Work Plan, and Work Plan evaluation reports.	Completed and submitted one Program Description, 2 Semi-Annual Work Plan evaluations, and 2020 Work Plan.	Met
	Update Health Education Department's Policies and Procedures.	Update Policies and Procedures.	Updated 5 Policies and Procedures and 1 Program Description.	Met
	Complete all incentive program reports to CalViva Health and DHCS.	Complete semi-annual progress reports and annual DHCS incentive evaluation reports.	Submitted semi-annual progress report and 10 annual DHCS incentive evaluation reports for the company.	Met
	Develop and distribute a Provider Update on Staying Healthy Assessment (SHA).	Produce 1 Provider Update.	Produced one Provider Update.	Met
	Present Health Education updates at PPC meetings.	Conduct 4 PPC meetings.	Presented at 4 PPC meetings.	Met
15. Health Education Department Promotion, Materials Update, Development, Utilization and Inventory	All required health education materials topics and languages available to providers, members and associates.	Develop needed materials and resources to assure compliance.	Reviewed 2 existing materials. Updated 2 DHCS Checklists. Developed 4 new in-house materials.	Met
	Educate members on accessing appropriate care.	Develop and disseminate 1 educational resource about Nurse Advice Line and when to use the ER.	Made available 8 educational resources relating to top avoidable ER health conditions for providers to order and health plan to send to members.	Met
	Educate members on controlling asthma.	Develop and disseminate 1 educational resource about asthma action plan, use of medication, peak flow meter readings, and finding your triggers.	Resources (Asthma Action Plan and Live Your Best Life with Asthma) will be finalized and disseminated in Q1, 2020.	Partially Met
16. Health Education Operations	Formalize GIS request structure	Develop an interdepartmental GIS project request dashboard.	Completed the GIS Mapping Request Dashboard.	Met
	GIS-assisted HEDIS intervention activities and Health Education outreach.	Develop geomaps for 10+ projects/outreach activities.	Completed 13 data/mapping requests.	Exceeded
	Best practice based on proximity and geographic attributes	Develop best practice framework to intervention site planning (ex. Huff Gravity Model)	In development	Partially Met

2019 Barrier Analysis and Action to be Taken

Barriers	Actions to be taken in 2020
Chronic Disease Education: Diabetes • Delayed implementation of Diabetes Prevention Program	• Finalize vendor contract and get DHCS approval for implementation. Explore in-person DPP provider to contract as additional resource.
Member Engagement: • Postponed Member Orientation class curricula update and implementation pending DHCS revision of member handbook	• Update Member Orientation curriculum in 2020 and develop member orientation implementation plan. • Work with key partners to schedule Member Orientation classes.
Mental/Behavioral Health: • Behavioral health material development limited in 2019 due to changes in Marketing/Creative Services Department.	• New staff being trained and assigned to assist in material development. • Consider partnering with community partner to make resources available.
Promotores Health Network: • No member requests for FFFL educational resources through the use of Rx for Health prescription pads.	• Change focus-Engage members in diabetes charla series using Rx for Health prescription pads.
Tobacco Cessation Program: • Fewer referrals into the CA Smokers' Helpline (CSH).	• Finalize contract with CSH to track and evaluate member participation and reach out to members to enroll in the CSH. • Provide members with Nicotine Replacement Therapy starter kit upon program enrollment. • Explore opportunities to reach smokeless tobacco, vape, and other types of tobacco use among members.
Health Education Department Promotion, Materials Update, Development, Utilization and Inventory: • Delayed development of asthma resources.	• Marketing has new staff to help get this material developed in Q1, 2020.
Health Education Operation: • Development of best practice framework for using GIS postponed.	• Collect feedback to help identify areas for improvement. • Implement enhanced functionality to make the Geomaps interactive.

Next Steps:

- Continue key programs and services from 2019.
- Add new initiatives to the 2020 Health Education Work Plan: Fluvention, Pediatric Education, and Women's Health.
- Enhancing phone education process.

2019 Health Education Work Plan
End of Year Evaluation

Submitted by:

Patrick Marabella, MD, Chief Medical Officer
Amy Schneider, RN, BSN, Director Medical Management

Table of Contents

I. Purpose

The purpose of the CalViva Health (CVH) Health Education Work Plan is to provide a systematic plan of health education activities for the calendar year. It also documents the outcomes of proposed health education programs and services. The implementation of this plan requires the cooperation of CVH senior staff management and multiple departments such as Cultural and Linguistic Services, Quality Improvement, Utilization/Care Management, Members Services, Marketing, and Provider Relations.

II. Goals

1. To provide free, accessible, culturally and linguistically appropriate health education and health equity programs, services and resources to:
    - aid members and the community to achieve good health and overall wellbeing,
    - positively impact CVH's health care quality performance rates, and
    - positively impact member satisfaction and retention.
2. To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.

III. Objectives

1. Encourage members to practice positive health and lifestyle behaviors.
2. Promote members to appropriately use preventive care and primary health care services.
3. Teach members to follow self-care regimens and treatment therapies.
4. Support provider offices for efficient and cost effective delivery of health education services and referrals.

IV. Selection of the Health Education Department Activities and Projects

The Health Education Work Plan activities and projects are selected from results of CVH group needs assessment report (i.e., demographics, health status, risk factors, and surveys), regulatory requirements, department evaluation report from the previous year, HEDIS results, contractual requirements, and strategic corporate goals and objectives. After review and input from senior management staff, projects and new departmental activities are identified and incorporated into this work plan. Programs and services are developed with special attention to the cultural and linguistic needs of our membership. This work plan addresses the needs of our Medi-Cal (MC) members.

V. Strategies

The Health Education Work Plan supports and maintains excellence in the health education department's activities through the following strategies:

- increase provider support, resources and communication to ensure provision of comprehensive health care services;
- support community collaboratives to promote preventive health initiatives;
- enhance member utilization of health education and cultural and linguistic resources, help members better understand and manage their health conditions, and improve health care quality performance rates;
- improve the Health Education Department's efficiency; and
- meet compliance requirements.

The Health Education Department's (HED) main health focus areas include: pregnancy, weight control, member engagement, smoking cessation, preventive health care services, chronic disease prevention, and health promotion.

1. Initiative/ Project:	**Chronic Disease Education: Asthma**				
Priority Counties	☒ **FRESNO** ☒ **KINGS** ☒ **MADERA**				
Initiative Aim(s)	☒ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☒ **PROVIDER SUPPORT** ☒ **COLLABORATIVE** ☐ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☐ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☒ **GNA**				
Rationale	Asthma is one of the most common chronic diseases and has been recognized as a growing health concern. According to the Centers for Disease Control and Prevention, 1 in 13 people have asthma. Asthma is the third-ranking cause of hospitalization among children younger than 15 and from 2008-2013, the annual economic cost of asthma was more than $81.9 billion – including medical cost and loss of work and school days. A good number of CalViva Health members continue to access the Emergency Room for asthma related conditions.				
Reporting Leader(s)	**Primary:**	**J. Felix, T. Gonzalez**	**Secondary:**	H. Su	
Goal of Initiative	To educate members in managing their asthma				
Performance Measure(s)	**Objective(s)**		**2018 Outcomes (Year-End)**	**2019 Outcomes (Mid-Year)**	**2019 Outcomes (Year-End)**
Conduct asthma education classes	Classes reach a 15% CalViva Health membership		New project for 2019	Conducted 7 Asthma health education classes to 70 participants, of which, 53 (76%) were CalViva Health members.	Conducted 20 Asthma health education classes to 271 participants, of which 131 (48%) were CalViva Health members.

Major Activities	**Timeframe For Completion**	**Responsible Party(s)**
Produce an asthma action plan	April 2019	J. Felix
Provide in-service to promotores on how to use the asthma action plan, medication flyer, and asthma app	June 2019	J. Felix
Conduct asthma classes	December 2019	J. Felix

Initiative Status ***(populate at year-end)***	**MET** ☒ **PARTIALLY MET** ☐ **NOT MET** ☐
Update: If Activities/Objectives NOT MET: Barriers Encountered and Recommended Interventions to Overcome Barriers ***(populate at mid-year and year-end)***	*Include barriers to implementation and systemic/organizational barriers.* ***Mid-Year Update:*** Development of the asthma action plan is delayed due to staffing changes in Marketing department. It will be done by Q3. ***Year-End Update***: No barriers encountered.
Overall Summary ***(populate at year-end)***	***Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?*** During Q1&Q2, completed two in-services to 25 promotores from CalViva Health Promotores Health Network program. The training provided a comprehensive overview of asthma to help promotores feel confident in their ability to speak to community members about asthma and its affects. Topics included: avoiding triggers, asthma symptoms, controller vs reliever medications, asthma action plan and proper use of asthma tools (peak flow meter and spacer). During Q3, completed a third in-service to 17 promotores from CalViva Health Promotores Health Network program with a focus on the asthma action plan and the peak flow meter. During this training, promotores had the opportunity to pair up and conduct a "teach-back" with each other on the importance of the Asthma Action Plan and how to use a peak flow meter. Promotores conducted their first asthma in-service to community members from Madera County. The class was well attended with a total of 30 community members in attendance, of which 19 were CVH members. Collaborating with community base organizations that work with the Medi-Cal population, has worked well to schedule asthma classes, thus helping us reach our members and providing them with important asthma management information. Development of new asthma action plan health educational material not feasible due to competing priorities on behalf of our Marketing Department and scheduled for completion by Q1 in 2020.

Initiative Continuation Status (***populate at year-end)***	**CLOSED** ☐	**CONTINUE INITIATIVE UNCHANGED** ☒	**CONTINUE INITIATIVE WITH MODIFICATIONS** ☐

2. Initiative/ Project:	**Chronic Disease Education: Diabetes**				
Priority Counties	☒ **FRESNO** ☒ **KINGS** ☒ **MADERA**				
Initiative Aim(s)	☒ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☐ **PROVIDER SUPPORT** ☒ **COLLABORATIVE** ☐ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☐ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☒ **GNA**				
Rationale	According to the Centers for Disease Control and Prevention (CDC) more than 84 million US adults—that's 1 in 3—have prediabetes. More than 30 million Americans have diabetes, which increases their risk of serious health problems. Health plans must comply with DHCS requirements in accordance to the APL 18-018; California state law requires the Department of Health Care Services (DHCS) to establish the Diabetes Prevention Program (DPP) as a Medi-Cal covered benefit. 1. CVH HbA1C testing (Fresno, 83%) and Nephropathy care (87%) are below MPL for Fresno				
Reporting Leader(s)	**Primary:**	**M. Zuniga, T. Gonzalez**	**Secondary:**	Guillermina Toland, H. Su	
Goal of Initiative	To provide members with education on diabetes prevention and control through promotion of effective nutrition management strategies and multifaceted communication.				

Performance Measure(s)	**Objective(s)**	**2018 Outcomes (Year-End)**	**2019 Outcomes (Mid-Year)**	**2019 Outcomes (Year-End)**
Collaborate with Madera County Department of Public Health's Proyecto Dulce Disease Self-Management and Education Program (DSME).	Conduct 1 DSME class series reaching 50% targeted CVH member participants.	Reached 62 participants, of which, 43 (69%) were CVH members.	Conducted 1 DSME class series with 14 participants, of which 10 (71%) were CVH members.	Conducted 1 DSME class series with 14 participants, of which 10 (71%) were CVH members.
Implement a Diabetes Prevention Program.	Enroll 25+ Medi-Cal members.	New project for 2019	Completed Scope of Work, obtained regulatory approvals (Privacy and C&L), released Provider Update, and conducted provider webinar. Program to be launched in Q4.	Program not launched. Submitted contract and materials for DHCS review. Revised SOW is pending vendor completion.

Major Activities	**Timeframe For Completion**	**Responsible Party(s)**
Release Provider Update with Provider referral form	February 2019	M. Zuniga
Develop DPP FAQ/referral guidelines for Member Services	February 2019	M. Zuniga
Finalize SOW with DPP vendor(s)	May 2019	M. Zuniga, H. Su
Set up monthly member eligibility data file transfer for DPP vendor	December 2019	M. Zuniga. D. Carrillo
Promote DPP on the CalViva health website: member portal and provider portal.	April 2019	M. Zuniga. J. Felix, T. Gonzalez
Conduct 1 Provider webinar to promote DPP	April 2019	M. Zuniga
Develop and launch text message campaign to promote DPP program to targeted Medi-Cal members	October 2019	M. Zuniga, G. Toland
Identify local in-person Medi-Cal certified DPP providers	Q 3-Q4 2019	M. Zuniga
Refer Medi-Cal members diagnosed with type 2 diabetes participating in DPP program into disease management program.	Ongoing to December 2019	M. Zuniga
Obtain weekly/monthly participant reports evaluation report from vendor to review program and member successes	Ongoing to December 2019	M. Zuniga
Refer Medi-Cal members diagnosed with type 2 diabetes participating in DPP program into disease management program.	Ongoing to December 2019	M. Zuniga

Initiative Status ***(populate at year-end)***	**MET** ☐	**PARTIALLY MET** ☒	**NOT MET** ☐
Update: If Activities/Objectives NOT MET: Barriers Encountered and Recommended Interventions to Overcome Barriers	*Include barriers to implementation and systemic/organizational barriers.* ***Mid-Year Update***: The Diabetes Prevention Program (DPP) not launched in Q1-Q2 pending SOW approval, information security assessment renewal, and		

(populate at mid-year and year-end)	DHCS approval. Consistent follow up had been made to ensure we make progress in getting the necessary approvals. ***Year-End Update:*** The DPP program not implemented. Pending resubmission of vendor contract and materials to DHCS. Per DHCS review, revisions to SOW and materials were needed. Vendor's DHCS Medi-Cal DPP provider application is pending approval. The Health Education Department provided Fit Families For Life weight management program to members on the wait list for the DPP program.
Overall Summary ***(populate at year-end)***	***Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?*** Many unanticipated challenges were encountered with the implementation of the DPP program. External and internal factors delayed the completion of the SOW and submission of contract and materials to DHCS for review and approval. Program implementation will occur in Q1 of 2020. However, a Secure File Transfer Protocol (SFTP) with encryption key was developed to facilitate the transfer of member files monthly. The data formats and transfer processes have been tried and tested between CalViva Health and DPP vendor.
Initiative Continuation Status **(*populate at year-end)***	**CLOSED** ☐ **CONTINUE INITIATIVE UNCHANGED** ☐ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☒

3. Initiative/ Project:	**Community Health Education**				
Priority Counties	☒ **FRESNO** ☒ **KINGS** ☒ **MADERA**				
Initiative Aim(s)	☒ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☒ **PROVIDER SUPPORT** ☒ **COLLABORATIVE** ☐ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☐ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☒ **GNA**				
Rationale	Breast Cancer Screening 2018 HEDIS rate is below MPL in Fresno County. Comprehensive Diabetes Care-Hemoglobin A1c testing 2018 HEDIS rate is below MPL in Fresno County. Comprehensive Diabetes Care-Medical Attention for Nephropathy 2018 HEDIS rate is below MPL in Fresno County.				
Reporting Leader(s)	**Primary:**	**T. Gonzalez, G. Toland**	**Secondary:**	I. Rivera. A. Corona	
Goal of Initiative	Provide health education to members in their community.				
Performance Measure(s)	**Objective(s)**		**2018 Outcomes (Year-End)**	**2019 Outcomes *(Mid-Year)***	**2019 Outcomes (Year-End)**
Increase CVH member participation in health education classes.	Reach a 50% member participation rate in classes.		Conducted 99 health education classes to 772 participants, of which 499 (65%) were CVH members.	Conducted 46 health education classes to 719 participants, of which 498 (69%) were CVH members.	Conducted 112 health education classes to 2,658 participants, of which 1,491 (56%) were CVH members.
Increase CVH member participation in health screenings.	Reach a 50% member participation rate in community health screenings.		Conducted 4 Know Your Numbers events with 205 participants reached, of which 144 (70%) were CVH members	Conducted 2 Know Your Numbers events with 78 participants reached, of which 63 (81%) were CVH members.	Conducted 5 Know Your Numbers events with 306 participants reached, of which 215 (70%) were CVH members.
Major Activities			**Timeframe For Completion**	**Responsible Party(s)**	
Partner with Madera County Department of Public Health - Prevention First and Diabetes Prevention Program and community partners to implement community education classes and Know Your Numbers forums.			December 2019	T. Gonzalez	
Partner with Fresno County Department of Public Health's Fresno County Health Improvement Program and community partners to implement community education classes and Know Your Numbers forums.			December 2019	T. Gonzalez	
Partner with Kings County Diabesity Coalition, Adventist Health and community partners to implement community education classes.			December 2019	T. Gonzalez, G. Toland	
Initiative Status ***(populate at year-end)***	**MET** ☒ **PARTIALLY MET** ☐ **NOT MET** ☐				
Update: If Activities/Objectives NOT MET: Barriers Encountered and Recommended Interventions to Overcome Barriers ***(populate at mid-year and year-end)***	*Include barriers to implementation and systemic/organizational barriers.* ***Mid-Year Update:*** No barriers encountered. ***Year-End Update:*** No barriers encountered.				
Overall Summary ***(populate at year-end)***	***Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?*** The Know Your Numbers intervention demonstrates to be a successful community health education model which engages key stakeholder and provider partners (e.g., Community Medical Centers, Clinica Sierra Vista, Centro La Familia Advocacy Services, Fresno County Department of Public Health and California Health Collaborative). Community health screenings demonstrated high member reach rate. In 2020, we will target HEDIS priority areas and coordinate our screening interventions with internal department to increase member reach. During our community health screening events, we encounter members who do not know the name of their health plan. In 2020, we will incorporate				

	visuals, e.g., poster size health plan member card, with our health education information and help members understand their health plan affiliation**.**
Initiative Continuation Status (***populate at year-end)***	**CLOSED** ☐ **CONTINUE INITIATIVE UNCHANGED** ☐ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☒

4. Initiative/ Project:	**Digital Health Education Programs**				
Priority Counties	☒ **FRESNO** ☒ **KINGS** ☒ **MADERA**				
Initiative Aim(s)	☒ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☐ **PROVIDER SUPPORT** ☐ **COLLABORATIVE** ☒ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☐ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☒ **GNA**				
Rationale	Annual Monitoring for Patients of Persistent Medications 2018 HEDIS rate is below MPL in Madera county. According to the Centers for Disease Control and Prevention (CDC), the use of antibiotics (AAB) is "the single most important factor leading to antibiotic resistance around the world." The CDC estimates 30 percent of unnecessary antibiotics are prescribed in outpatient clinics. Madera AAB HEDIS rate is 24.6% and below MPL for 3 years. Fresno AAB HEDIS rate of 31.7% is marginally above the 50% percentile. More members are willing to use digital communications (text/email/mobile app) to access health education information.				
Reporting Leader(s)	**Primary:**	**G. Toland, H. Su, M. Zuniga, D. Carrillo**	**Secondary:**	T. Gonzalez	
Goal of Initiative	To increase member engagement using electronic/digital communications to improve member health knowledge, behavior, and outcomes.				

Performance Measure(s)	**Objective(s)**	**2018 Outcomes (Year-End)**	**2019 Outcomes *(Mid-Year)***	**2019 Outcomes (Year-End)**
Partner with QI to continue with a Management of Persistent Medication (MPM) text messaging campaign.	Reach 50% of targeted members	77% (342/445) members received an MPM text messaging about scheduling their labs.	Reached 72% (86/120) of members with an MPM text message about scheduling their labs.	Reached 72% (86/120) of members with an MPM text message about scheduling their labs. Campaign ended June 2019.
Promote member enrollment in myStrength.	Enroll 50+ members.	Enrolled 45 CVH members.	Enrolled 14 CVH members.	Enrolled 65 members.

Major Activities	**Timeframe For Completion**	**Responsible Party(s)**
Develop revised myStrength flyer promoting opioid / behavioral health education	May 2019	D. Carrillo
Launch SMS text messaging campaign for MPM.	June 2019	G. Toland
Promote myStrength in the CVH member newsletter	August 2019	D. Carrillo
Launch SMS text messaging campaign for antibiotic awareness	September 2019	M. Zuniga

Initiative Status ***(populate at year-end)***	**MET** ☒ **PARTIALLY MET** ☐ **NOT MET** ☐
Update: If Activities/Objectives NOT MET: Barriers Encountered and Recommended Interventions to Overcome Barriers ***(populate at mid-year and year-end)***	*Include barriers to implementation and systemic/organizational barriers.* ***Mid-Year Update:*** Antibiotics Awareness campaign cancelled per CalViva. Antibiotics no longer a measure below MPL for 2019. Low enrollment into myStrength due to a lack of approved promotional flyer. This flyer is being developed and will be ready by Q4 for promotion to members. Follow up is being conducted with Case Managers to ensure eligible members are informed about myStrength. ***Year-End Update:*** No barriers encountered.
Overall Summary ***(populate at year-end)***	***Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?*** The MPM text messaging campaign ended June 2019. This campaign was able to reached 86 members with confirmed mobile numbers out of the 120 phone numbers provided. Out of those 86 members with mobile numbers, 67 (78%) were able to complete their MPM screenings. myStrength enrollments increased overall, with 65 during the reporting year. With promotional flyers expected in Q1 2020, we anticipate improved participation moving forward. Despite the lack of promotional materials for myStrength, inter-departmental support (ex. MHN, Case Management) in program promotion to members was extremely valuable. Involving departments with member touchpoints is an effective approach to enrollment.
Initiative Continuation Status (*populate at year-end)*	**CLOSED** ☐ **CONTINUE INITIATIVE UNCHANGED** ☒ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☐

5.Initiative/Project	**Healthy Equity Projects**				
Priority Counties	☒ **FRESNO** ☐ **KINGS** ☐ **MADERA**				
Initiative Aim(s)	☒ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☒ **PROVIDER SUPPORT** ☒ **COLLABORATIVE** ☐ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☒ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☒ **GNA**				
Rationale	Improve postpartum care with target providers above baseline of 65% and increase Breast cancer screening rates for Fresno above MPL (52.7%).				
Reporting Leader(s)	**Primary:**	**T. Gonzalez**	**Secondary:**		
Goal of Initiative	To reduce health care access barriers that contribute to identified health disparities among our ethnically diverse membership in the area of postpartum care and breast cancer screening.				

Performance Measure(s)	**Objective(s)**	**2018 Outcomes (Year-End)**	**2019 Outcomes *(Mid-Year)***	**2019 Outcomes (Year-End)**
Improve postpartum rate for targeted provider in Fresno County.	Develop and implement 1 educational intervention to improve postpartum rate targeting Latinos in Fresno County.	Completed 3 interventions; Developed the CalViva Health Mendota Community Advisory Group, Created OB Alert added to Electronic Medical Record to increase postpartum visits, added Cultural Practices Question to ACOG OB History Form.	Completed 1 motivational interviewing training for United Health Center clinics to increase provider's ability to be sensitive to various cultural practices related to postpartum care and improve the patient experience.	Completed a total of 3 interventions; 1 motivational interviewing training for United Health Center clinics, 1 mental community health forum in Spanish with a focus on the stigma of postpartum depression and 1 mental health first aid training.
Improve breast cancer screening rate for targeted provider in Fresno County.	Develop and implement 1 educational intervention to improve breast cancer screening rate targeting Hmong members in Fresno County.	60% (28/47) of targeted members completed their Breast cancer screening.	Completed literature review for breast cancer screening (BCS) and completed key informant interviews to identify barrier to BCS. Provided member phone education and scheduled 30 members for breast cancer screening.	Submitted and approved module 1 of the BCS PDSA PIP by DHCS. BCS PIP process map and key driver diagram were developed in Q4. Educational Interventions will be discussed in module 2.

Major Activities	**Timeframe For Completion**	**Responsible Party(s)**
Develop Action Plan to address the Mendota Community Advisory Group (CAG) priority areas.	March 2019	T. Gonzalez
Conduct literature review for breast cancer screening among Hmong women	March 2019	T. Gonzalez
Conduct key informant interviews for to identify barriers to breast cancer screening	April 2019	T. Gonzalez
Develop 2 educational interventions to address priority areas for Mendota Community Advisory Group.	December 2019	T. Gonzalez

Initiative Status ***(populate at year-end)***	**MET** ☒ **PARTIALLY MET** ☐ **NOT MET** ☐
Update: If Activities/Objectives NOT MET: Barriers Encountered and Recommended Interventions to Overcome Barriers ***(populate at mid-year and year-end)***	*Include barriers to implementation and systemic/organizational barriers.* ***Mid-Year Update:*** No barriers encountered. ***Year-End Update:*** No barriers encountered.

Overall Summary ***(populate at year-end)***	***Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?*** Successfully implemented 4 Mendota Community Advisory Group meetings with an average of 12 health plan members and 6 agency partners in attendance. The CAG has addressed: timely access and quality of care which was addressed by United Health Centers; shared after hour appointment schedules and United Health Centers' staff received a motivational interviewing training; poor perception of the quality of the drinking water which was addressed by City of Mendota; and successfully implemented a mental health forum "Cultivating Good Health" which provided the community with an opportunity to learn about available mental health services in Mendota with over 50 community residents in attendance. Continue the Mendota Community Advisory Group to address community priority areas in collaboration with Centro La Familia Advocacy Services.
Initiative Continuation Status **(*populate at year-end)***	**CLOSED** ☐ **CONTINUE INITIATIVE UNCHANGED** ☐ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☒

6. Initiative/ Project:	**Immunization Initiative**				
Priority Counties	☒ **FRESNO** ☐ **KINGS** ☐ **MADERA**				
Initiative Aim(s)	☒ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☒ **PROVIDER SUPPORT** ☒ **COLLABORATIVE** ☐ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☒ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☒ **GNA**				
Rationale	California and the United States as a whole continue to strive to meet the Federal Department of Health and Human Services' Healthy People 2020 goal of on time vaccination for 90% of two-year-olds and 95% of school-age children. The percentage of Medi-Cal Managed Care Plans (MCP) members who were fully immunized at age two has fallen for four consecutive years, from 78% in 2010 to 71% in 2015.				
Reporting Leader(s)	**Primary:**	**Tony Gonzalez**	**Secondary:**	G. Toland	
Goal of Initiative	Improve Fresno County Clinica Sierra Vista Regional Medical Community CIS Combo3 Compliance rates above HEDIS MPL (65%).				
Performance Measure(s)	**Objective(s)**		**2018 Outcomes (Year-End)**	**2019 Outcomes *(Mid-Year)***	**2019 Outcomes (Year-End)**
Collaborate with QI to implement Childhood Immunization (CIS) Performance Improvement Plan (PIP)	Support clinic Panel Managers with educational materials and call scripts to improve CIS rate in Fresno County.		Baseline rate for clinic was 51%. As of 12/20/2018, clinic immunization rate had increased to 59.7%. Eliminating double booking and having Panel Managers schedule members for RN visit for immunizations improved immunization rate.	Conducted a training for 7 Clinica Sierra Vista Panel Managers.	Increased percentage rate from 64.4% in August 2018 to 68.7% in June 2019.
Major Activities			**Timeframe For Completion**	**Responsible Party(s)**	
Provide in-service training for Clinica Sierra Vista Panel Managers			December 2019	T. Gonzalez	
Initiative Status (*populate at year-end)*	**MET** ☒ **PARTIALLY MET** ☐ **NOT MET** ☐				
Update: If Activities/Objectives NOT MET: Barriers Encountered and Recommended Interventions to Overcome Barriers *(populate at mid-year and year-end)*	*Include barriers to implementation and systemic/organizational barriers.* ***Mid-Year Update:*** No barriers encountered. ***Year-End Update:*** No challenges encountered.				
Overall Summary: *(populate at year-end)*	***Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?*** Q1&Q2: Training topics for Clinica Sierra Vista Panel Managers included: 1) Immunization phone call script, 2) Member incentives and gift card distribution process, 3) Overview of health education programs and services, and 4) Transportation benefit and scheduling process. Q3&Q4: The team predicted that walk-ins would be the visit type of choice by parents bringing in their child for CIS-3 Immunizations, but we were surprised to find that a provider or "nurse only visit" was preferred by health plan members. We also found that "no shows" were not problematic for these appointments that were convenient for parents. The "Nurse Visit" became the preferred option for members by the end of the project.				
Initiative Continuation Status (*populate at year-end)*	**CLOSED** ☒ **CONTINUE INITIATIVE UNCHANGED** ☐ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☐				

7. Initiative/ Project:	**Member Engagement**				
Priority Counties	☒ **FRESNO** ☒ **KINGS** ☒ **MADERA**				
Initiative Aim(s)	☒ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☐ **PROVIDER SUPPORT** ☒ **COLLABORATIVE** ☐ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☐ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☒ **GNA**				
Rationale	Together, heart disease, stroke, and other vascular diseases claim over 800,000 lives in the United States each year and cost over $300 billion in annual health care costs and lost productivity from premature death.				
Reporting Leader(s)	**Primary:**	**T. Gonzalez**	**Secondary:**	G. Toland, I. Rivera	
Goal of Initiative	To improve member health screening rates by educating members on critical health indicators (numbers) associated with cardiovascular disease, annual preventive screenings, health plan benefits, and member rights and responsibilities.				

Performance Measure(s)	**Objective(s)**	**2018 Outcomes (Year-End)**	**2019 Outcomes *(Mid-Year)***	**2019 Outcomes (Year-End)**
Increase member screenings for diabetes care measures.	65% of member participants in Know Your Numbers (KYN) interventions complete their screening.	Know Your Numbers events reached 205 participants of which 144 (70%) were CVH member. Of the members reached 123 (87%) completed a screening.	Conducted Know Your Numbers events reaching 78 participants, of which 63 (81%) were CVH members.	Conducted 5 KYN screenings events reaching 306, of which 215 (70%) were CVH members. Of the members reached, 149 (69%) completed the diabetes screening
Increase member understanding of health plan benefits, health plan satisfaction and preventive health screenings.	Achieve 90% satisfaction from participants attending the Member Orientation classes.	New project for 2019	Member orientation module has been revised and will be submitted to DHCS for approval in Q3-Q4.	Postponed to 2020.

Major Activities	**Timeframe For Completion**	**Responsible Party(s)**
Develop member orientation implementation timeline and confirm target counties.	June 2019	T. Gonzalez
Revise member orientation curriculum and obtain approval of member benefits and resources materials addressing member needs related to social determinants of health.	December 2019	T. Gonzalez
Partner with key providers to promote KYN forums to targeted members.	December 2019	T. Gonzalez

Initiative Status ***(populate at year-end)***	**MET** ☐ **PARTIALLY MET** ☒ **NOT MET** ☐
Update: If Activities/Objectives Not MET: Barriers Encountered and Recommended Interventions to Overcome Barriers ***(populate at mid-year and year-end)***	*Include barriers to implementation and systemic/organizational barriers.* ***Mid-Year Update:*** Encountered a barrier: Community Medical Center's policies prohibit outside screening vendors from operating out of their facilities. We will confirm our screening vendor (MedXM) has the appropriate Clinical Laboratory Improvement Amendments (CLIA) certificate for future screening events. ***Year-End Update:*** DHCS is currently revising the Medi-Cal member handbook which will be finalized in 2020. The CalViva Health member orientation PowerPoint template has been updated with content revisions and will be finalized once DHCS releases the new member handbook.
Overall Summary ***(populate at year-end)***	***Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?*** Established partnerships with key provider partners: Fresno County Diabetes Collaborative, Clinica Sierra Vista and Community Medical Centers. We will work with key partners to educate members on the importance of screenings to improve comprehensive diabetes care and increase health plan member screening compliance. The Know Your Numbers screenings had a 70% health plan member reach rate. In 2020, we will target HEDIS priority areas and coordinate our screening

	interventions with internal department to increase the number of care gap members reached.
Initiative Continuation Status (*populate at year-end)*	**CLOSED** ☐ **CONTINUE INITIATIVE UNCHANGED** ☐ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☒

8. Initiative/ Project:	**Member Newsletters**				
Priority Counties	☒ **FRESNO** ☒ **KINGS** ☒ **MADERA**				
Initiative Aim(s)	☒ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☒ **PROVIDER SUPPORT** ☐ **COLLABORATIVE** ☐ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☐ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☒ **GNA**				
Rationale	The newsletter meets the DHCS guideline that requires specific member communication to be mailed to members' homes. The member newsletter is also a mode of communication for NCQA articles and promotion of wellness programs and quality improvement interventions.				
Reporting Leader(s)	**Primary:**	**K. Schlater**	**Secondary:**		
Goal of Initiative	To educate members about priority health topics and inform members about available programs, services and health care rights.				
Performance Measure(s)	**Objective(s)**		**2018 Outcomes (Year-End)**	**2019 Outcomes *(Mid-Year)***	**2019 Outcomes (Year-End)**
Manage content for Medi-Cal Newsletter.	Develop and distribute 2 CVH member newsletters		Produced 4 newsletters	Distributed one newsletter to member homes on August 15, 2019.	Two newsletters were distributed to member homes in August and December 2019.
Major Activities			**Timeframe For Completion**	**Responsible Party(s)**	
Conduct interdepartmental meeting to decide 2018 newsletter topics.			January 2019	K. Schlater	
Update desktop procedure as needed.			December 2019	K. Schlater	
Submit 2 newsletters to C&L database.			December 2019	K. Schlater	
Develop and implement member newsletters according to the production schedule.			December 2019	K. Schlater	
Initiative Status ***(populate at year-end)***	**MET** ☒ **PARTIALLY MET** ☐ **NOT MET** ☐				
Update: If Activities/Objectives NOT MET: Barriers Encountered and Recommended Interventions to Overcome Barriers ***(populate at mid-year and year-end)***	*Include barriers to implementation and systemic/organizational barriers.* ***Mid-Year Update:*** Newsletter schedule was changed in 2019 from 4 quarterly newsletters to 2 bi-annual newsletters. New member communication options being explored for 2020***.*** ***Year-End Update:*** No barriers encountered.				
Overall Summary ***(populate at year-end)***	***Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?*** Two member newsletters were distributed to member homes for Fall and Winter 2019. Limited Marketing budget may affect the ability to distribute two newsletters annually. May transition to one larger newsletter for 2020. Exploring options for a larger format online newsletter with more health education information starting in 2021.				
Initiative Continuation Status (*populate at year-end)*	**CLOSED** ☐ **CONTINUE INITIATIVE UNCHANGED** ☒ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☐				

9. Initiative/ Project:	**Mental / Behavioral Health**				
Priority Counties	☒ **FRESNO** ☒ **KINGS** ☒ **MADERA**				
Initiative Aim(s)	☒ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☒ **PROVIDER SUPPORT** ☐ **COLLABORATIVE** ☐ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☐ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☐ **GNA**				
Rationale	In CA, an estimated two-thirds of adults with a mental illness and two-thirds of adolescents with major depressive episodes did not get treatment (per CA Healthcare Foundation). In 2016, there were over 2,000 opioid overdose-related deaths (NIH-National Institute on Drug Abuse).				
Reporting Leader(s)	**Primary:**	**D. Carrillo**	**Secondary:**	M. Geraty, T. Gonzalez, B. Nate, K. Schlater, G. Toland, M. Zuniga, M. Lin	
Goal of Initiative	To support members with behavioral health resources and opioid education.				

Performance Measure(s)	**Objective(s)**	**2018 Outcomes (Year-End)**	**2019 Outcomes (Mid-Year)**	**2019 Outcomes (Year-End)**
Develop pain management education strategy	Creation of opioid/pain management educational materials and distribution plan. Determine utilization baseline.	New project for 2019	Created 4 items, 1 pending.	Created 4 educational pieces. Pending item has a 2020 completion date.
Develop behavioral health education strategy	Creation of 3+ behavioral health materials and distribution plan. Determine utilization baseline.	New project for 2019	Materials being developed	Production paused. Considering outsourcing with community partner.

Major Activities	**Timeframe For Completion**	**Responsible Party(s)**
Solicit high risk member interest in pain management education using text, mail, and/or new member surveys.	June 2019	D. Carrillo
Promote behavioral health resources in member newsletter	August 2019	D. Carrillo
Finalize opioid-based and behavioral health education materials	December 2019	D. Carrillo, M. Lin

Initiative Status ***(populate at year-end)***	**MET** ☐ **PARTIALLY MET** ☒ **NOT MET** ☐
Update: If Activities/Objectives NOT MET: Barriers Encountered and Recommended Interventions to Overcome Barriers ***(populate at mid-year and year-end)***	Include barriers to implementation and systemic/organizational barriers. **Mid-Year Update:** Material development in 2019 limited due to changes in Marketing/Creative Services Department. New staff being trained and assigned to assist material development. **Year-End Update:** Delays in receiving an approved text-message policy removed this communication avenue as an option. In addition, development of new behavioral health educational materials not feasible at the current moment, due to competing priorities on behalf of our Marketing Department. Partnership and discussions with the National Alliance on Mental Illness (NAMI) initiated to assist with material production. Communication and distribution of existing pain management materials facilitated through our Pharmacy department mailers (targeting high-risk opioid users).
Overall Summary ***(populate at year-end)***	**Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?** Opioid management and communication is a sensitive topic that is highly monitored. While Health Education has means to identify members needing pain management and behavioral health resources, close collaboration with our Case Management and Pharmacy Departments is needed to help extend education in a sensitive and compliant manner. Furthermore, given the limitations of developing internal pieces, we are looking to partner with National Alliance on Mental Illness (NAMI) to make these resources available to our members.
Initiative Continuation Status (***populate at year-end)***	**CLOSED** ☐ **CONTINUE INITIATIVE UNCHANGED** ☐ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☒

10a. Initiative/ Project:	**Obesity Prevention: Members**				
Priority Counties	☒ **FRESNO** ☒ **KINGS** ☒ **MADERA**				
Initiative Aim(s)	☒ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☒ **PROVIDER SUPPORT** ☐ **COLLABORATIVE** ☐ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☐ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☒ **GNA**				
Rationale	Adult obesity rate in CA is 25.1% and 15.6% for adolescents 10-17 years old. Obesity is a documented contributor to various diseases and healthcare costs.				
Reporting Leader(s)	**Primary:**	**D. Carrillo**	**Secondary:**	T. Gonzalez, G. Toland	
Goal of Initiative	To support overweight and high risk members to incorporate healthy lifestyle habits through nutrition education and increased physical activity.				

Performance Measure(s)	**Objective(s)**	**2018 Outcomes (Year-End)**	**2019 Outcomes *(Mid-Year)***	**2019 Outcomes (Year-End)**
Increase Fit Families for Life (FFFL) Home Edition Program enrollment & satisfaction.	Enroll 500+ members (70% flagged as high-risk) and 90% satisfaction from both program surveys.	Enrolled 699 members (96% flagged as high risk), 100% satisfaction from workbook survey and 84% satisfaction from pilot survey.	Enrolled 223 members (98% flagged as high risk), 92% satisfaction from direct incentive surveys. No workbook surveys received.	Enrolled 572 members (99% flagged as high risk), 100% satisfaction from workbook surveys and 92% satisfaction from direct incentive surveys.
Increase Healthy Habits for Healthy People (HHHP) program enrollment.	350+ members.	Enrolled 419 members.	Enrolled 36 members.	Enrolled 357 members.

Major Activities	**Timeframe For Completion**	**Responsible Party(s)**
Promote FFFL and HHHP in member newsletter.	August 2019	D. Carrillo
Introduce text-messaging outreach to introduce DPP and/or FFFL to overweight members	September 2019	D. Carrillo
Promote weight management resources on the CVH website.	December 2019	D. Carrillo, J. Felix
Identify and utilize datasets acknowledging member risk based on weight status.	Ongoing	D. Carrillo
Introduce text-messaging as possible avenue to gauge program satisfaction	December 2019	D. Carrillo

Initiative Status ***(populate at year-end)***	**MET** ☒ **PARTIALLY MET** ☐ **NOT MET** ☐
Update: If Activities/Objectives NOT MET: Barriers Encountered and Recommended Interventions to Overcome Barriers ***(populate at mid-year and year-end)***	*Include barriers to implementation and systemic/organizational barriers.* ***Mid-Year Update:*** Embedded FFFL workbook survey with quarterly raffle not effective in soliciting responses. Will continue direct incentive approach to evaluate program effectiveness. Looking to increase HHHP and FFFL enrollment by direct mail promotion to members with high blood pressure and/or elevated cholesterol who could benefit from this nutrition and physical activity educational resource. ***Year-End Update:*** Unable to secure a text-messaging pilot in 2019. CalViva text messaging policy is pending DHCS approval. Website updates and upload of weight management resources are in process. Health plan rebranding requires changes to program materials. These activities are being rolled over into 2020.
Overall Summary ***(populate at year-end)***	***Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?*** While we were unable to develop a text-message campaign, we were still able to extend our weight management products to high-risk groups, such as members with chronic diseases and those with a HEDIS gap in the weight assessment/counseling measure. In addition, program materials for FFFL and HHHP continue to evolve to meet the needs of our members. While taking slightly longer than expected, materials are now being updated and rebranded, and the existing program DVD is being reformatted for website/digital platforms. Program material updates will allow participants the ability to self-assess their health risk and health needs.
Initiative Continuation Status (*populate at year-end)*	**CLOSED** ☐ **CONTINUE INITIATIVE UNCHANGED** ☒ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☐

10b. Initiative/ Project:	**Obesity Prevention: Community**				
Priority Counties	☒ **FRESNO** ☒ **KINGS** ☒ **MADERA**				
Initiative Aim(s)	☒ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☐ **PROVIDER SUPPORT** ☒ **COLLABORATIVE** ☐ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☐ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☒ **GNA**				
Rationale	Adult obesity Rate in CA is 25.1% and 15.6% for adolescents 10-17 years old. Obesity is a documented contributor to various diseases and healthcare costs.				
Reporting Leader(s)	**Primary:**	**D. Carrillo**	**Secondary:**	T. Gonzalez, G. Toland	
Goal of Initiative	To increase awareness and participation of CalViva Health's obesity prevention programs in the community to impact membership satisfaction and improve health outcomes.				

Performance Measure(s)	**Objective(s)**	**2018 Outcomes (Year-End)**	**2019 Outcomes *(Mid-Year)***	**2019 Outcomes (Year-End)**
Conduct Fit Families for Life (FFFL) Community classes, increase participant knowledge and acquire high satisfaction rates.	Reach a 25% member participation rate; participants achieve 80% correct answers per knowledge metric (post-tests) and 90% satisfaction rate from post-tests.	**Workshop Data:** Reached a 42% member participation rate; 80% correct answers on all knowledge metrics (workshops); 100% satisfaction rate overall from workshops. No series data collected.	**Workshop Data:** Reached a 70% member participation rate; 100% correct answers on all knowledge metrics (workshops); 100% satisfaction rate overall from workshops. No series data collected.	Reached a 70% member participation rate; 100% correct answers on all knowledge metrics (workshops); 100% satisfaction rate overall from workshops. No series data collected.

Major Activities	**Timeframe For Completion**	**Responsible Party(s)**
Mid-year FFFL performance review with Health Education Trainers.	June 2019	D. Carrillo
Implement 4+ FFFL Classes.	December 2019	D. Carrillo

Initiative Status ***(populate at year-end)***	**MET** ☒ **PARTIALLY MET** ☐ **NOT MET** ☐
Update: If Activities/Objectives NOT MET: Barriers Encountered and Recommended Interventions to Overcome Barriers ***(populate at mid-year and year-end)***	*Include barriers to implementation and systemic/organizational barriers.* ***Mid-Year Update:*** 2 scheduled workshops had no attendees. Will work with collaborating partners for additional avenues to promote and send reminders. ***Year-End Update:*** No challenges encountered.
Overall Summary ***(populate at year-end)***	***Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?*** Facilitators make the most of the time allotted to them during their scheduled classes. There are often last-minute adjustments and unplanned constraints, making it difficult to collect pre/post data as planned. As with all health education classes, efforts in 2020 will focus on close planning with CBOs and timely class promotion. Moving forward, reporting on weight management classes will be merged with initiative 10a. A total of 6 FFFL classes were extended during the reporting year. We will continue our efforts with community partners in 2020 to improve opportunities for data collection.
Initiative Continuation Status (***populate at year-end)***	**CLOSED** ☒ **CONTINUE INITIATIVE UNCHANGED** ☐ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☐

11. Initiative/ Project:	**Perinatal Education**				
Priority Counties	☒ **FRESNO** ☒ **KINGS** ☒ **MADERA**				
Initiative Aim(s)	☒ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☒ **PROVIDER SUPPORT** ☒ **COLLABORATIVE** ☐ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☐ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☒ **GNA**				
Rationale	Postpartum care 2018 HEDIS rate is above MPL but below the 50th percentile in Kings, Fresno and Madera counties.				
Reporting Leader(s)	**Primary:**	**K. Schlater, G. Toland, I. Rivera**	**Secondary:**	A. Campos, T. Gonzalez, D. Carrillo	
Goal of Initiative	To provide accessible, high quality health care and education to women of childbearing age and babies to have healthy pregnancies, healthy newborns, increased exclusive breastfeeding rates and lower perinatal health care costs.				

Performance Measure(s)	**Objective(s)**	**2018 Outcomes (Year-End)**	**2019 Outcomes *(Mid-Year)***	**2019 Outcomes (Year-End)**
Promote pregnancy packets to members.	Distribute 1,000+ pregnancy information packets to requesting CVH pregnant members.	A total of 1,285 pregnancy packets were mailed to CVH members. (of which 167 packets were from the new CVH Pregnancy Program)	Mailed a total of 825 CVH Pregnancy Program packets to members.	Mailed a total of 1,008 CVH Pregnancy Program packets and 500 Newborn packets to members.
Coordinate bilingual baby showers in to expectant mothers in Fresno and Kings County.	Reach 50% member participation at baby showers within Kings and Fresno counties.	Completed 28 baby showers in Fresno County with 406 attendees, of which, 261 (64%) were CVH members.	Completed 15 baby showers in Fresno County with 255 attendees, of which, 159 (62%) were CVH members.	Completed 29 baby showers with 450 attendees, of which, 277 (62%) were CVH members.

Major Activities	**Timeframe For Completion**	**Responsible Party(s)**
Coordinate with Provider Relations and QI departments to promote pregnancy education resources to providers serving a high volume of African American and Latino pregnant members.	December 2019	G. Toland, I. Rivera
Coordinate with QI, community based organizations, and clinics to implement baby showers in English, Spanish, and Hmong	December 2019	G. Toland, I. Rivera
Train Provider Relations and QI department staff on updated Infant Nutrition Benefit Guide and breast pump policy.	December 2019	K. Schlater

Initiative Status ***(populate at year-end)***	**MET** ☒ **PARTIALLY MET** ☐ **NOT MET** ☐
Update: If Activities/Objectives NOT MET: Barriers Encountered and Recommended Interventions to Overcome Barriers ***(populate at mid-year and year-end)***	*Include barriers to implementation and systemic/organizational barriers.* ***Mid-Year Update:*** No barriers encountered. ***Year-End Update:*** No barriers encountered.
Overall Summary ***(populate at year-end)***	***Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?*** Baby showers continue to be an opportunity to engage diverse health plan members (e.g., African Americans, Southeast Asians and Latinos) and educate on the importance of prenatal/postpartum care, immunizations, cervical cancer, asthma and diabetes management. The CVH Pregnancy Program Newborn packets were on hold due to a data issue. Data team rectified this issue and members are receiving the newborn packets now.
Initiative Continuation Status (*populate at year-end)*	**CLOSED** ☐ **CONTINUE INITIATIVE UNCHANGED** ☒ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☐

12. Initiative/ Project:	**Promotores Health Network (PHN)**				
Priority Counties	☐ **FRESNO** ☐ **KINGS** ☒ **MADERA**				
Initiative Aim(s)	☒ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☐ **PROVIDER SUPPORT** ☐ **COLLABORATIVE** ☐ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☐ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☒ **GNA**				
Rationale	Diabetes HbA1c control (44.44%) and poor control (47.20%) are below MPL.				
Reporting Leader(s)	**Primary:**	**T. Gonzalez, A. Corona**	**Secondary:**		
Goal of Initiative	To provide members culturally and linguistically appropriate health education, promote annual preventive screenings and create linkages to local resources.				

Performance Measure(s)	**Objective(s)**	**2018 Outcomes (Year-End)**	**2019 Outcomes *(Mid-Year)***	**2019 Outcomes (Year-End)**
Implement the Rx for Health intervention to increase member participation in PHN education charlas.	Reach a 30% member participation in education charlas.	New project for 2019	Conducted 24 charlas with 553 participants, of which 363 (66%) were members.	Conducted 53 charlas with 1,113 participants, of which 664 (66%) were members.
Increase member participation in diabetes prevention program classes.	Conduct 1 DSME class series reaching 50% targeted CVH member participants.	Reached 62 participants, of which, 43 (69%) were CVH members.	Conducted 1 DSME class series with 14 participants, of which 10 (71%) were members.	Conducted 1 DSME class series with 14 participants, of which 10 (71%) were members.
Implement the Rx for Health intervention to increase member request for Fit Families for Life (FFFL) Home Edition educational resource.	25 members request FFFL Home Edition educational resources.	New project for 2019	Rx for Health to promote FFFL will be implemented on Q3-Q4.	Based on utilization report, there were no member requests for FFFL.

Major Activities	**Timeframe For Completion**	**Responsible Party(s)**
Develop Rx for Health (prescription pad), obtain DHCS approval and train promotores.	March 2019	T. Gonzalez
Refresher trainer on DSME training for PHN promotores.	June 2019	T. Gonzalez
Establish partnership with Madera Community Hospital, Camarena Health and Madera County Department of Public Health to implement Diabetes Prevention Program and Project Dulce DSME programs.	December 2019	T. Gonzalez
Collaborate with Madera Community Hospital and Camarena Health to refer members to diabetes classes.	December 2019	T. Gonzalez
Continue collaboration with Madera Unified School District Parent Resource Centers to host diabetes classes.	December 2019	T. Gonzalez

Initiative Status ***(populate at year-end)***	**MET** ☐ **PARTIALLY MET** ☒ **NOT MET** ☐
Update: If Activities/Objectives NOT MET: Barriers Encountered and Recommended Interventions to Overcome Barriers ***(populate at mid-year and year-end)***	*Include barriers to implementation and systemic/organizational barriers.* ***Mid-Year Update:*** No barriers encountered. ***Year-End Update***: A barrier encountered. The Madera Hospital's Clinical Manager left the position which created a challenge to consistently promote classes due to the staffing changes. Although FFFL educational resources were not requested through the Rx for Health pad, PHN had the opportunity to disseminate 75 Rx for health pads to members promoting FFFL in 2019The Rx for Health intervention will be modified and implemented to increase member participation in PHN charlas in 2020.
Overall Summary ***(populate at year-end)***	***Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?*** Q1&Q2: Rx for Health pad was approved by DHCS. Sixteen Promotores completed a refresher training at Camarena Health Centers. Successfully collaborated with Madera Community Hospital, Camarena Health Centers and Madera County Department of Public Health to promote the diabetes – Project Dulce class series and will continue collaboration in Q3-Q4. We will collaborate with Madera Unified School District for a Know Your Numbers Diabetes event in Q3.

	Q3&Q4: The Promotores Health Network (PHN) program continues to successfully reach health plan members (66%). The PHN will focus on educating member on specific HEDIS priority areas for Madera and Fresno County in 2020, e.g., Diabetes testing, cervical cancer and breast cancer screening, and connecting members to local resources.
Initiative Continuation Status (*populate at year-end)*	**CLOSED** ☐ **CONTINUE INITIATIVE UNCHANGED** ☐ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☒

13. Initiative/ Project:	**Tobacco Cessation Program**				
Priority Counties	☒ **FRESNO** ☒ **KINGS** ☒ **MADERA**				
Initiative Aim(s)	☒ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☒ **PROVIDER SUPPORT** ☒ **COLLABORATIVE** ☐ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☒ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☒ **GNA**				
Rationale	Nationally, over 13 billion is spent on healthcare related costs due to smoking, and over 10 billion a year is lost in smoking related loss of productivity. Approximately 18% of CVH members are smokers, higher than the national average is 17% and California average of 11%.				
Reporting Leader(s)	**Primary:**	**B. Nate**	**Secondary:**		
Goal of Initiative	To improve members' health outcomes and reduce health care costs by decreasing the rate of tobacco users among CVH membership.				
Performance Measure(s)	**Objective(s)**		**2018 Outcomes (Year-End)**	**2019 Outcomes *(Mid-Year)***	**2019 Outcomes (Year-End)**
Collaborate with California Smoker's Helpline and other internal departments to improve smoking cessation program enrollment for CVH members.	Enroll 200+ smokers into CA Smokers' Helpline.		Enrolled 189 members.	Enrolled 63 members.	Enrolled a total of 154 CVH members in 2019.

Major Activities	**Timeframe For Completion**	**Responsible Party(s)**
Update 2019 Program Description and Desktop Procedures.	March 2019	B. Nate
Identify smokers from pharmacy and claims using smoking related CDT and ICD-10 codes and encourage them to join the California Smokers' Helpline.	April 2019 & October 2019	B. Nate
Develop provider on-line news article and promote provider web referral twice a year.	July 2019	B. Nate
Conduct one (1) provider webinar to promote CSH.	July 2019	B. Nate
Promote CSH in one Medi-Cal newsletter.	September 2019	B. Nate
Track and evaluate member participation in smoking cessation services.	Ongoing	B. Nate

Initiative Status ***(populate at year-end)***	**MET** ☐ **PARTIALLY MET** ☒ **NOT MET** ☐
Update: If Activities/Objectives NOT MET: Barriers Encountered and Recommended Interventions to Overcome Barriers ***(populate at mid-year and year-end)***	*Include barriers to implementation and systemic/organizational barriers.* ***Mid-Year Update:*** Currently, we are at 62 members enrolled into California Smoker's Helpline (CSH). One more mailing will be conducted in Q4 to help meet year end goal. Online news article and provider webinar to promote CSH has been pushed to Q3 based on CSH priorities. New efforts are underway to contract with CSH to conduct direct outreach to members who smoke and offer them a start kit of nicotine replacement therapy to encourage their participation in smoking cessation program. ***Year-End Update:*** **Barriers:** Based on recent Public Health Institute tobacco webinar, providers face challenges and confusion concerning coverage, costs, and billing requirements for tobacco cessation and medications, especially since reimbursement can vary by LOB and by individual health plan documents. Furthermore, patients may face additional charges under certain circumstances. **Recommendation:** Offer web-based provider training with interactive modules and CMEs/CEs; reach providers through academic detailing and webinar presentations. Partner with billing staff to offer webinar on billing requirements and coverage. Review and implement the pending U.S. Preventive Task Force updated tobacco cessation recommendations.

Overall Summary ***(populate at year-end)***	***Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?*** This year, 154 CVH members went through the CSH to quit smoking. While this number is less than 2018 (189 CVH members in 2018), numbers were down across all health plans affiliated with the CSH. CVH identified this trend during mid-year (Q1/Q2) when there were only 63 CVH members enrolled, but turned the tide in Q3/Q4 with 91 CVH members enrolled (gain of 28 CVH members over the previous 6 months). Adding CVH members who smoke into the CSH database will bring greater numbers in the future. The results we expect when the activity of tracking members throughout the quit process will be well worth the effort to get this pilot project started. Return on Investment and other evaluation goals will be easier to achieve and members will be tracked throughout the quit process. Lastly, because more people are turning to vaping instead of smoking, increased efforts will be needed in the future to address vaping as a public health concern especially for teen users.
Initiative Continuation Status **(*populate at year-end)***	**CLOSED** ☐ **CONTINUE INITIATIVE UNCHANGED** ☒ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☐

14. Initiative/ Project:	**Compliance: Oversight and Reporting**				
Priority Counties	☒ **FRESNO** ☒ **KINGS** ☒ **MADERA**				
Initiative Aim(s)	☐ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☐ **PROVIDER SUPPORT** ☐ **COLLABORATIVE** ☐ **DEPT EFFICIENCY** ☒ **OVERSIGHT** ☒ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☐ **GNA**				
Rationale	Provide oversight to assure compliance to DHCS requirements.				
Reporting Leader(s)	**Primary:**	**H. Su**	**Secondary:**	G. Toland, J. Felix	
Goal of Initiative	To meet regulatory and company compliance				

Performance Measure(s)	**Objective(s)**	**2018 Outcomes (Year-End)**	**2019 Outcomes *(Mid-Year)***	**2019 Outcomes (Year-End)**
Complete and submit Health Education Department's Program Description, Work Plan, and Work Plan evaluation reports.	Complete and submit Program Description, Work Plan, and Work Plan evaluation reports.	Submitted work plan evaluation, work plan and Program Description.	Completed and submitted one Program Description, Work Plan, and Work Plan Evaluation report.	Completed and submitted one Program Description, 2 Semi-Annual Work Plan evaluations, and 2020 Work Plan.
Update Health Education Department's Policies and Procedures.	Update Policies and Procedures.	Updated 5 Policies and Procedures.	Updated 4 Policies and Procedures.	Updated 5 Policies and 1 Program Description
Complete all incentive program reports to CalViva Health and DHCS.	Complete semi-annual progress reports and annual DHCS incentive evaluation reports.	Submitted semi-annual progress reports and 7 annual DHCS incentive evaluation reports for the company.	Submitted semi-annual progress report and 8 annual DHCS incentive evaluation reports for the company.	Submitted semi-annual progress reports and 10 annual DHCS incentive evaluation reports for the company.
Develop and distribute a Provider Update on Staying Healthy Assessment (SHA).	Produce 1 Provider Update.	Produced one Provider Update.	Produced one Provider Update.	Produced one Provider Update.
Present Health Education updates at PPC meetings.	Conduct 4 PPC meetings.	Presented at 4 PPC meetings.	Presented at 2 PPC meetings.	Presented at 4 PPC meetings.

Major Activities	**Timeframe For Completion**	**Responsible Party(s)**
Update Department Program Description.	March 2019	H. Su
Complete mid-year and year end health education work plan evaluation reports.	September 2019 & March 2020	H. Su,
Produce and distribute Provider Update on SHA.	December 2019	M. Lin
Complete incentive program progress reports and annual DHCS evaluations.	December 2019	H. Su
Update Health Education Department's Policies and Procedures.	December 2019	H. Su
Coordinate with CalViva Health and Cultural & Linguistic Services staff to implement PPC meetings.	December 2019	T. Gonzalez, G. Toland

Initiative Status ***(populate at year-end)***	**MET** ☒ **PARTIALLY MET** ☐ **NOT MET** ☐
Update: If Activities/Objectives Not MET: Barriers Encountered and Recommended Interventions to Overcome Barriers ***(populate at mid-year and year-end)***	*Include barriers to implementation and systemic/organizational barriers.* ***Mid-Year Update:*** No barriers encountered. ***Year-End Update:*** No barriers encountered.
Overall Summary ***(populate at year-end)***	***Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?*** Met all compliance objectives.

Initiative Continuation Status (*populate at year-end)*	CLOSED ☐	CONTINUE INITIATIVE UNCHANGED ☒	CONTINUE INITIATIVE WITH MODIFICATIONS ☐

15. Initiative/ Project:	**Health Education Department Promotion, Materials Update, Development, Utilization and Inventory**				
Priority Counties	☒ **FRESNO** ☒ **KINGS** ☒ **MADERA**				
Initiative Aim(s)	☒ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☒ **PROVIDER SUPPORT** ☒ **COLLABORATIVE** ☒ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☐ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☒ **GNA**				
Rationale	Assure health education resources are meeting DHCS requirements per APL 18-016.				
Reporting Leader(s)	**Primary:**	**G. Toland, J. Felix, H. Su**	**Secondary:**	A. Campos, J. Landeros	
Goal of Initiative	To produce and update health education resources to meet member and provider needs.				

Performance Measure(s)	**Objective(s)**	**2018 Outcomes (Year-End)**	**20189Outcomes *(Mid-Year)***	**2019 Outcomes (Year-End)**
All required health education materials topics and languages available to providers, members and associates.	Develop needed materials and resources to assure compliance.	Reviewed 25 existing materials. Updated 25 DHCS Checklists. Developed 9 new in-house materials.	Reviewed 2 existing materials. Updated 2 DHCS Checklists. Developed 4 new in-house materials.	Reviewed 2 existing materials. Updated 2 DHCS Checklists. Developed 4 new in-house materials.
Educate members on accessing appropriate care.	Develop and disseminate 1 educational resource about Nurse Advice Line and when to use the ER	New for 2019	Communication will be done in Q3.	Made available 8 educational resources relating to top avoidable ER health conditions for providers to order and health plan to send to members.
Educate members on controlling asthma	Develop and disseminate 1 educational resource about asthma action plan, use of medication, peak flow meter readings, and finding your triggers.	New for 2019	Resource will be done by Q4.	Resources (Asthma Action Plan and Live Your Best Life with Asthma) will be finalized in Q1, 2020.

Major Activities	**Timeframe For Completion**	**Responsible Party(s)**
Update materials identification codes with scanning vendor.	September 2019	G. Toland
Review, process, and track EPC materials review and approval for program implementation.	December 2019	G. Toland
Monthly meetings or as necessary meetings with Marketing and Health Ed. to discuss material status and projects.	December 2019	G. Toland
Develop and implement 2019 CVH materials work plan and budget.	December 2019	G. Toland
Partner with Provider Relations to promote health education materials.	December 2019	M. Zuniga, T. Gonzalez, G. Toland

Initiative Status ***(populate at year-end)***	**MET** ☐ **PARTIALLY MET** ☒ **NOT MET** ☐
Update: If Activities/Objectives NOT MET: Barriers Encountered and Recommended Interventions to Overcome Barriers ***(populate at mid-year and year-end)***	*Include barriers to implementation and systemic/organizational barriers.* ***Mid-Year Update:*** Delays in producing new educational resources due to staff shortage and procedural changes in Marketing department. Health Education is taking on new project management roles to ensure materials are produced by year end. ***Year-End Update:*** Health Education worked with Creative Services within Marketing to get Asthma resources produced through FLO, which we found is a multi-layer approval process thus delaying the development of these asthma educational pieces. In addition, several changes were made to these tools, further delaying their development. Asthma resources will be finalized and disseminated in Q1, 2020. Resources include: Asthma Action Plan and Live Your Best Life with Asthma.

Overall Summary ***(populate at year-end)***	***Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?*** Health Education encountered some challenges working with Marketing to produce desired resources due to a change in their processes. We have raised these concerns with Marketing. Marketing will further streamline their processes and deploy a better project tracking system to improve efficiency in 2020.
Initiative Continuation Status **(*populate at year-end)***	**CLOSED** ☐ **CONTINUE INITIATIVE UNCHANGED** ☐ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☒

16. Initiative/ Project:	**Health Education Operations**				
LOB(s)	☒ **FRESNO** ☒ **KINGS** ☒ **MADERA**				
Priority Counties	☐ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☐ **PROVIDER SUPPORT** ☐ **COLLABORATIVE** ☒ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☐ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☐ **GNA**				
Rationale	Spatial analysis can assist public health activities by tracking the spread of disease, supporting intervention planning by geographic need, resource mapping / scatter maps and identifying spatial trends.				
Reporting Leader(s)	**Primary:**	**D. Carrillo**	**Secondary:**		
Goal of Initiative	To incorporate the spatial perspective in Health Education planning and HEDIS activities				

Performance Measure(s)	**Objective(s)**	**2018 Outcomes (Year-End)**	**2019 Outcomes (Mid-Year)**	**2019 Outcomes (Year-End)**
Formalize GIS request structure	Develop an interdepartmental GIS project request dashboard	New project for 2019	Completed the GIS Mapping Request Dashboard.	Developed GIS Mapping Request Dashboard.
GIS-assisted HEDIS intervention activities and Health Education outreach	Develop Geomaps for 10+ projects/outreach activities	New project for 2019	Completed 9 data/mapping requests.	Completed 13 data/mapping requests.
Best practice based on proximity and geographic attributes	Develop best practice framework for intervention site planning	New project for 2019	In development	Moved to 2020

Major Activities	**Timeframe For Completion**	**Responsible Party(s)**
Monthly mapping meetings	Ongoing	D. Carrillo
Research GIS application strategy to public health	March 2019	D. Carrillo
Collect plotted outcome data to determine correlations between services offered and proximity	December 2019	D. Carrillo
Draft and pilot outreach algorithms using Huff model principles	December 2019	D. Carrillo

Initiative Status ***(populate at year-end)***	**MET** ☒ **PARTIALLY MET** ☐ **NOT MET** ☐
Update: If Activities/Objectives NOT MET: Barriers Encountered and Recommended Interventions to Overcome Barriers ***(populate at mid-year and year-end)***	Include barriers to implementation and systemic/organizational barriers. **Mid-Year Update:** Maps currently extended to colleagues are not interactive. Working to obtain software extensions that will offer increased functionality and control for the end users. **Year-End Update:** Software acquired to allow interactive functions. Currently being tested for 2020 implementation. Because mapping requests vary by project, collecting consistent data to develop and pilot new algorithms was not feasible. Will look into additional, consistent avenues.
Overall Summary ***(populate at year-end)***	**Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?** GIS in 2019 helped us target our member outreach and program implementation activities. This helped us focus efforts on areas of need in closest proximity to intervention sites. Feedback throughout the year helped identify areas for improvement. Interactive functionality will be implemented in 2020, allowing users more control in data visualization. In turn, this will provide more informed mapping requests in the future.
Initiative Continuation Status (***populate at year-end)***	**CLOSED** ☐ **CONTINUE INITIATIVE UNCHANGED** ☒ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☐

Item #7

Attachment 7.C

2020 Change Summary and

Program Description

REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Hoa Su, MPH, Justina Felix

COMMITTEE DATE: April 8, 2020

SUBJECT: Health Education Program Description Change Summary

UM Redline Page #	Section/Paragraph name	Description of change	New Page #
1-1	Overview	• Changed "community" needs assessment to "population" needs assessment • Added "Cultural and Linguistic and Quality Improvement"	1-1
3-2 3-3	Procedures/HE Programs, Services and Resources (Interventions)	• Deleted "Be In Charge!" under Disease Management Program • Removed "and fitness DVD" under Healthy Hearts, Healthy Lives • Added "postpartum depression and more" under Digital Health Education • Updated description of KYN Community Classes and Screening Events • Changed "twice" a year to "once" a year for Member Newsletter • Added DHCS Text Messaging Program and Campaign Submission	3-2
3-3	Population Needs Assessment	• Changed "Group" Needs Assessment to "Population" Needs Assessment • Updated description of Population Needs Assessment (added PNA assessment is done annually, deleted that full GNA report is done every 5 years)	
3-4	Resource Needs Assessment	• Added "Resource Needs Assessment" • Changed "GNA findings to "PNA" findings • Deleted "service that include process and outcome evaluation and direct health education service requests from" and added "intervention outcome and utilization" for annual evaluation of all health education • Deleted "HEDIS health outcomes reports" and added "quality performance measures.	

3-5	Promotion of Health Education Programs, Services and Resources/Members	• Added "welcome" packets and deleted "enrollment" packets • Added "Service Coordinator" and deleted "Public Programs"	
3-5	Promotion of Health Education Programs, Services and Resources/Providers	• Deleted "Practice Transformation"	
3-5	Promotion of Health Education Programs, Services and Resources/CalViva Health and Health Net Staff	• Deleted "Public Programs" • Added "Service Coordination" • Deleted "Practice Transformation"	
3-6	Promotion of Health Education Programs, Services and Resources/Community Collaboration	• Deleted "Sr. Health Education Specialist" • Deleted "GNA" and added "PNA"	
3-6	CalViva Health's Health Education Standards and Guidelines	• Added additional detailed not previously outlined regarding common health education methods • Removed previously outlined information regarding common health education methods	
3-7	Public Policy Committee	• Added "The Public Policy Committee will be provided opportunity to give input on the PNA, review the PNA findings, and get update on progress made towards the PNA goals"	
4-1	Staff Resources and Accountability/Public Policy Committee	• Added "Population Needs Assessment"	
4-1 4-2	Staff Resources and Accountability/CalViva Health Staff Roles and Responsibilities	• Changed description of department teams to a generic manner to accommodate any future team changes • Deleted "Operations Team" • Deleted "Compliance Team"	
4-2	Health Net Health Education Department (HED) Staff Roles and Responsibilities	• Deleted "HEDIS" and added "quality performance"	
4-2	Incorporating Health Education into Health Care Services Delivery/QI and C&L	• Deleted "HEDIS" and added "quality" • Added "and produce the Population Needs Assessment report"	
4-3	Incorporating Health Education into Health Care Services Delivery/Provider Relations	• Deleted "Practice Transformation (PT)"	

4-3	Incorporating Health Education into Health Care Services Delivery/Service Coordination	• Deleted “Public Programs” and added “Service Coordination” • Modified Service Coordination description	
5-1 5-1	Program Evaluation/HED Internal Monitoring & Evaluation Program Evaluation/CalViva Health Monitoring & Evaluation	• Deleted “GNA” and added “PNA” • Modified PNA description • Added “DHCS Texting Program and Campaign Submission form is submitted prior to implementation and an evaluation report is completed” • Added “Population Needs Assessment” under Reports.	5-1

CalViva Health
~~2019~~2020 Health Education Program Description

Fresno-Kings-Madera Regional Health Authority Commission Approval

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

David Hodge, MD Date
Regional Health Authority Chairperson

Patrick Marabella, MD, Chief Medical Officer Date

Table of Contents

OVERVIEW

CalViva Health is a Local Health Initiative managed care plan licensed by the Department of Managed Health Care (DMHC) and under contract with the California Department of Health Care Services (DHCS) to provide health care services to Medi-Cal (MC) members. CalViva Health has MC operations in three California counties, spanning rural and urban settings with diverse and distinct challenges. The three MC counties include Fresno, Kings and Madera.

CalViva Health has an Administrative Services Agreement with Health Net Community Solutions (HNCS or Health Net) to provide certain administrative services on CalViva Health's behalf. CalViva Health also has a Capitated Provider Services Agreement with Health Net Community Solutions for the provision of health care services to CalViva Health members through Health Net's network of contracted providers. Health Net Community Solutions provides health education programs, services, and resources on CalViva Health's behalf through these contractual arrangements. CalViva Health may also contract with other entities or health plans to provide health education programs, services, and resources for members enrolled with CalViva Health.

These services are based on community health, cultural, and linguistic needs in order to encourage members to practice positive health and lifestyle behaviors, to use appropriate preventive care and primary health care services, and to follow self-care regimens and treatment therapies. Health education services include individual, group and community-level education, and support by trained health educators. Provision of health education materials includes culturally and linguistically appropriate brochures, fact sheets, flyers, and newsletters. Under the oversight of CalViva Health, the Health Net Health Education Department (HED), in coordination with the Health Net Cultural and Linguistic Services Department, conduct a ~~community~~ population needs assessment for CalViva Health contracted counties. Assessment results are used to develop health education, Cultural and Linguistic and Quality Improvement priorities and ~~the~~ annual work plans.

POLICY STATEMENT AND PURPOSE

Policy Statement: CalViva Health is committed to providing appropriate and effective health education, health promotion and patient education programs, services and materials to its members based on community health, cultural, and linguistic needs. These programs and resources seek to encourage members to practice positive health and lifestyle behaviors, use appropriate preventive care and primary health care services, and learn to follow self-care regimens and treatment therapies. CalViva Health ensures the delivery of organized health education programs using education strategies, methods and materials that are appropriate for the member population and effective in achieving behavioral change for improved health. CalViva Health conducts appropriate levels of evaluation, e.g. formative, process and outcome evaluation, to ensure effectiveness in achieving health education program goals and objectives.

HED's Goals:

1. To provide free, accessible, culturally and linguistically appropriate health education and health equity programs, services and resources to:
   - Aid members and the community to achieve good health and overall wellbeing.
   - Positively impact CalViva Health's health care quality performance rates.
   - Positively impact member satisfaction and retention.
2. To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.

Purpose:

- To provide accessible, no cost health education programs, services and resources based on the community health, cultural and linguistic needs of CalViva Health's members and contractually required program scope.
- To monitor the quality and accessibility of health promotion and education offered by CalViva Health Primary Care Physicians (PCPs) to CalViva Health members.
- To encourage PCPs to perform an individual health education behavioral assessment (IHEBA)/Staying Healthy Assessment (SHA); assist providers in prioritizing individual health education needs of their assigned patients related to lifestyle, behavior, environment, and cultural and linguistic background; and assist providers in initiating and documenting focused health education interventions, referrals and follow-up.

Confidentiality

CalViva Health's health education programs and services, administered through the HED, maintain the confidentiality of all documents and any acquired member identifiable information in accordance with company, state, and federal regulations.

PROCEDURES

CalViva Health establishes programs and services to meet the regulatory requirements of Department of Health Care Services (DHCS) and offers no-cost information materials, programs, and other services on a variety of topics to promote healthy lifestyles and health improvement to members. These programs and services include:

Health Education Programs, Services and Resources (Interventions)

CalViva Health arranges organized health education interventions using educational strategies, methods and materials that are appropriate for the member population and effective in achieving behavioral change for improved health. The HED directly offers no cost health education interventions to CalViva Health members in each contracted county. When a contracted provider with expertise in delivering health education interventions offers the same type of service, the member is referred to the provider that is delegated to serve that member. Members are referred to the appropriate health education program (within CalViva Health, local hospital or a community based organization) based on type of request, geographical, cultural, and language circumstances.

CalViva Health ensures provision of the following program interventions for members by addressing the following health categories and topics:

- Effective Use of Managed Health Care Services: Educational interventions designed to assist members to effectively use the managed health care system, preventive and primary health and dental care services, obstetrical care, health education services, and appropriate use of complementary and alternative care.

- Risk Reduction and Healthy Lifestyles: Educational interventions designed to assist members to modify personal health behaviors, achieve and maintain healthy lifestyles, and promote positive health outcomes, including programs for tobacco use and cessation; alcohol and drug use; injury prevention; prevention of sexually transmitted diseases (STD), HIV and unintended pregnancy; nutrition, weight control, and physical activity; diabetes prevention; and parenting.

- Self-Care and Management of Health Conditions: Educational interventions designed to assist members to learn and follow self-care regimens and treatment therapies for existing medical conditions, chronic diseases or health conditions, including programs for pregnancy, asthma, diabetes, and hypertension.

Members and PCPs may request educational materials on health topics such as, but not limited to, nutrition, tobacco prevention & cessation, HIV/STD prevention, family planning, exercise, dental, perinatal, diabetes, asthma, hypertension, age-specific anticipatory guidance, injury prevention and immunization. Some of these topics are also offered at community classes.

Point of Service Education: CalViva Health monitors that (1) members receive health education services during preventive and primary health care visits, (2) health risk behaviors, health practices and health education needs related to health conditions are identified, and (3) educational intervention, including counseling and referral for health education services, is conducted and documented in the member's medical record. CalViva Health ensures that providers use the DHCS developed and approved Individual Health Behavioral Assessment tool, Staying Healthy Assessment, or other approved assessment tool for identifying Medi-Cal medical members' health education needs and conducting educational interventions. CalViva Health provides health education resources, programs and community classes to assist contracted providers to provide effective health services for members.

The following programs and resources are available at no cost to CalViva Health's members through self-referral or a referral from their primary care physician. Members and providers may obtain more information about these programs and services by contacting the HED's toll-free Health Education Information Line at (800) 804-6074.

- Weight Management Programs –Members have access to a comprehensive Fit Families for Life-*Be In Charge!*[sm] *suite of* programs. The Fit Families for Life-Home Edition is a 5-week home-based program to help families learn and set weekly nutrition and physical activity goals to achieve a healthy weight. Fit Families for Life-Community Classes, teaching basic nutrition and physical activity information, are offered at community centers and community based organizations located in areas where CalViva Health members reside. The Fit Families for Life-Community Classes are free to all CalViva Health members and the community. CalViva Health members also have access to Healthy Habits for Healthy People weight management educational resource specifically for adults and seniors.
- Disease Management Program – Members with asthma, diabetes, and chronic heart failure are enrolled into ~~*Be In Charge!*[sm]~~ Disease Management programs to help them control their condition. Members receive educational resources and have unlimited 24 hour access to a nurse to address their medical concerns. High-risk members also receive nurse initiated outbound calls to help members manage their conditions.
- Diabetes Prevention Program - Eligible members 18 years old and older with prediabetes can participate in a year long evidence-based, lifestyle change program that promotes and focuses on emphasizing weight loss through exercise, healthy eating and behavior modification. The program is designed to assist Medi-Cal members in preventing or delaying the onset of type 2 diabetes.
- CalViva Pregnancy Program – The pregnancy program incorporates the concepts of case management, care coordination, disease management and health promotion in an effort to teach pregnant members how to have a healthy pregnancy and first year of life for babies. The program also aims to reinforce the appropriate use of medical resources to extend the gestational period and reduce the risks of pregnancy complications, premature delivery, and infant disease. Members can participate by contacting Member Services at 1-888-893-1569.
- California Smokers' Helpline.--The California Smokers' Helpline (1-800-NO-BUTTS) is a free statewide quit smoking service. ~~.~~ The Helpline offers self-help resources, referrals to local programs, and one-on-one telephone counseling to quit smoking. Helpline services are available in six languages (English, Spanish, Cantonese, Mandarin, Korean, and Vietnamese), and specialized services are available to teens, pregnant women, and tobacco chewers. Members are offered a 90 day regimen of all FDA approved tobacco cessation medications with at least one medication available without prior authorization. CalViva Health will cover a minimum of two separate quit attempts per year with no mandatory break between quit attempts. CalViva Health also offers no cost individual, group and telephone counseling without prior authorization for members of any age regardless if they opt to use tobacco cessation medications.
- Nurse Advice Line – Members may speak to a nurse 24 hours a day, 7 days a week in the member's preferred language about any health related concerns.
- Healthy Hearts, Healthy Lives –Members have access to a heart health prevention toolkit (educational booklet and~~,~~ tracking journal ~~and fitness DVD~~) and access to community classes to learn how to maintain a healthy heart.
- Digital Health Education - Teens from 13 years old and adults may participate in electronic health education campaigns and programs available through T2X's website, text messaging and mobile app. T2X engages members in discussing health topics that are important to them. T2X interventions guide participants in learning how to access credible health education information and seek preventive health care services. CalViva Health also offers myStrength, a personalized website and mobile application, to help members deal with depression, anxiety, stress, substance use, ~~and~~ pain management, postpartum depression and more.

- Health Promotion Incentive Programs - The HED partners with Quality Improvement Department to develop, implement and evaluate incentive programs to encourage members to receive health education and to access HEDIS related preventive health care services.
- Know Your Numbers Community Class and Screening Events -- The HED conducts health screening on Body Mass Index (BMI), diabetes, hypertension and/or cholesterol to help participants understand their current health status. At the same event, participants are provided the appropriate preventive health education to help them adopt healthy behaviors and connect them to health care providers to control their health conditions. The HED partners with Quality Improvement Department to conduct diabetes, well care visit and mammogram screenings for eligible members.
- Community Health Education Classes - Free classes are offered to members and the community. Classes are available in various languages. Topics vary by county and are determined by the community's needs.
- Community Health Fairs – HED participates in health fairs and community events to promote health awareness and promotion to members and the community. CalViva Health representatives provide screenings, presentations, and health education materials at these events.

The following educational resources are available to members:

- Health Education Resources: Members or the parents of youth members may order health education materials on a wide range of topics, such as asthma, healthy eating, diabetes, immunizations, prenatal care, exercise and more. These materials are available in threshold languages.
- Health Education Member Request Form –- Members complete a pre-stamped form to request free health education materials available through the department. The form also contains the toll-free Health Education Information Line.
- Health Education Programs and Services Flyer — This flyer contains information on all health education programs and services offered to members and information on how to access services.
- Preventive Screening Guidelines -- The guidelines are provided to inform members of health screening and immunization schedules for all ages. These are available in English, Spanish and Hmong.
- Member Newsletter – A n~~N~~ewsletter is mailed to members ~~on a quarterly basis~~once~~twice~~ a year and covers various health topics and the most up-to-date information on health education programs and services.

CalViva Health follows MMCD Policy Letter 16-005 to develop, implement and evaluate appropriate incentive programs to promote positive health behaviors among members. CalViva Health follows guidance from DHCS Texting Program and Campaign Submission Form and Plan's Texting Policy to develop, administer and evaluate texting campaigns.

~~Group~~ Population Needs Assessment

CalViva Health conducts a ~~Group~~ Population Needs Assessments (P~~G~~NA) ~~for contracted counties and develops a health education work plan based on the assessment results~~report and action plan annually. The purpose of the ~~GNA~~PNA is to determine the health education, cultural and ~~l~~, ~~language~~linguistic, and quality improvement ~~, and health care access~~ needs of CalViva Health Medi-Cal members. ~~A full GNA report is submitted to DHCS every five (5) years. Updated GNA findings are incorporated in the Plan's annual work plan.~~

CalViva Health ensures that the findings of the ~~GNA~~PNA, as well as other relevant information, are used to establish health education, cultural & linguistics and quality improvement program priorities and

appropriate levels of intervention for specific health issues and target populations. ~~GNA~~PNA findings are used to prioritize the annual work plan objectives and intervention activities and to guide on-going project developments to address the unmet needs of our members.

Resource Needs Assessment

The health education system shall be reviewed at least once a year to ensure appropriate allocation of health education resources based upon needs assessment findings, program evaluation results, and other plan data. Health education programs, services and resources are developed, augmented, prioritized and allocated according to several critical sources that identify areas of need. The health education work plan is developed on an annual basis based on the following listed data sources:

- Needs and recommendations identified in the ~~GNA~~PNA findings, or other assessment findings, which are reviewed on an on-going basis
- Available provider and member surveys that identify the needs ~~for new~~ and satisfaction ~~with~~ for new and current health education and cultural and linguistic services
- Annual evaluation of all health education ~~service~~intervention outcome and utilization ~~s that include process and outcome evaluation and direct health education service requests from~~ members and providers
- Data from current CalViva Health ~~HEDIS® health outcomes reports~~quality performance measures
- Specific community requests determined through the CalViva Health Public Policy Committee meetings
- Discussion and coordination of community needs at various community-based workgroups and coalitions
- Needs identified by other departments

The results of the assessment are presented at appropriate internal forum (e.g., QI/UM Workgroup) and external forum (e.g., QI/UM Committee, Public Policy Committee).

Educational Materials

Health education materials are provided to members and contracted providers for dissemination to their Medi-Cal members. CalViva Health produces health education materials for its members with a 6th grade or lower reading level and takes diverse cultural backgrounds into consideration in their development and translation. Materials are also available on alternative formats upon member request. The Cultural and Linguistic Services Department reviews these materials for accuracy of translation, cultural content, and reading level. Moreover, CalViva Health evaluates member materials with the assistance of experts, Public Policy Committee, focus groups, and/or individual and group interviews. Health education materials are also offered and disseminated through community health education classes, health fairs and other events that are significantly relevant to the CalViva Health priority areas.

Promotion of Health Education Programs, Services and Resources

A. Members

CalViva Health promotes members to appropriately use health care services including health education interventions. CalViva Health also monitors that these interventions are available and accessible upon member self-referral or referral by contracting providers. Members are provided information in the following ways:

- Via the toll-free Health Education Information Line, Nurse Advice Line, and Member Services

- On CalViva Health's website
- Via digital communications including T2X and myStrength website and mobile app, and text messaging interventions
- Information contained in the member newsletters and other member mailings
- Inclusion in the ~~enrollment~~ welcome packets with Health Education Member Request Form
- At health fairs and other community events
- Via the CalViva Health contracted providers' offices
- In association with Community Based Organizations
- During health education presentations and classes
-
- Inclusion in the Evidence of Coverage (EOC)
- Through other internal departments (e.g., Quality Improvement, Provider Relations, ~~Public~~ Service Coordination~~Programs~~, and Cultural & Linguistics)

B. Providers

CalViva Health offers education, training, and program resources to assist contracting practitioners in the delivery of effective health education services for members. Provider educational and training opportunities can include CME training information, in-services on health education programs and services, and web-based health education. Information about CalViva Health's health education programs and resources are disseminated to contracting providers through the following ways:

- CalViva Health's Provider Toolkit and web-based Provider Operations Manual contain requirements for health education and available health plan's services. The Toolkit and Manual are updated as needed. The Health Education materials order form is included as an attachment and offers materials in multiple languages and on multiple health topics at no cost to the providers or members
- Provider on-line newsletters, Provider Updates, flyers and other provider mailings
- CalViva Health's provider trainings
- On-site visits are conducted by the Facility Site Compliance Department, Provider Relations, ~~Practice Transformation~~ and HED to inform providers and their staff about CalViva Health's services, including health education programs, Staying Healthy Assessment, and resources
- CalViva Health's toll-free Health Education Information Line
-

C. CalViva Health and Health Net Staff

The HED provides regular communications with Plan staff to keep them abreast of health education interventions and to foster collaborative efforts to improve health outcomes for members. The HED reaches out to the following departments: ~~Public Programs~~Service Coordination, Quality Improvement, Health Care Services, Cultural & Linguistic Services, Provider Relations, ~~Practice Transformation,~~ Member Services and Enrollment Services.

Health education programs, resources and services are promoted to staff through the following ways:

- Health Education Department intranet site
- Health Education Department email updates
-
- CalViva Health's website
- Presentation at individual department's staff meetings
- Member newsletter
- Interdepartmental workgroup meetings

D. Community Collaborations

The HED interacts with community-based organizations (CBOs), providers and other stakeholders in statewide and county specific collaborations to support health initiatives to promote positive community member health and lifestyle behaviors. The HED also participates to promote CalViva Health's health education interventions. The HED staff ~~'s Sr. Health Education Specialists~~ are involved in coalitions that address major health issues identified in the ~~GNA~~PNAs and/or reflective of CalViva Health's priorities. Creating and maintaining community connection allows for input and guidance on member services and programs and assures that the HED work reflects the needs of CalViva Health members. The role of the HED within the CBO or community collaborative is primarily consultative in nature. In some instances, HED takes on a more leadership role where appropriate. CalViva Health may also provide sponsorships to CBOs and collaboratives to implement interventions that meet the company's priorities.

CalViva Health's Health Education Standards and Guidelines

The HED's standards and guidelines must support the findings of professional experts or peers, best practices, and/or published research. CalViva Health monitors the performance of providers that are contracted to deliver health education programs and services to members, and implement strategies to improve provider performance and effectiveness.

Educational materials for Medi-Cal members must be culturally appropriate and written at a sixth-grade (or lower) reading level and in an easy-to-read format. All health education materials are reviewed and approved by the Health Education Department, Cultural & Linguistic Services Department, Medical Directors, CalViva Health staff and contracting regulators as appropriate. CalViva Health pre-translated a core set of educational materials into Spanish and Hmong. Health Education materials are also available in alternative formats upon member request. Educational materials and services must be available on a variety of topics to members and providers at no cost.

CalViva Health's educational interventions and programs are developed based on specific professional behavioral models, such as the PRECEDE/PROCEED model, the Health Belief Model, and the Transtheoretical/Stage of Change model. These models are valuable in health education and promotion planning since they provide a format for identifying factors related to health problems, behaviors, and program implementation. The following are the most common health education methods used:

- Group Lecture and Individual Education: Health education classes and individualized education on topics with identified needs, such as: Diabetes, Asthma, Nutrition, Exercise, etc.
- Personal Coaching: Behavioral modification coaching through in-person, telephonic or mobile app. Examples include tobacco cessation program and disease management programs.
- Mass Print and Digital Medias: Direct member mailing on various health education topics, such as preventive health screening guidelines, diabetes, asthma, healthy pregnancy and weight management. Email and text message could also be used to increase member engagement.
- ~~Structured health education classes and other events: Health education classes, presentations, health fairs, screenings or other event participation on topics such as diabetes, asthma, pregnancy, nutrition, exercise, cervical cancer, dental, hypertension, etc.~~
- ~~Counseling: Examples include California Smokers' Helpline smoking cessation and Diabetes Prevention Programs.~~
- ~~Mass media: Direct member mailing and digital education interventions on various health education topics, such as Preventive Screening Guidelines, diabetes, asthma, pregnancy, smoking cessation, and weight control.~~

Another health education standard includes the evaluation of all health education programs to ensure effectiveness in achieving health education goals and objectives. The different types of evaluation methods used are: qualitative, quantitative, formative, process, and outcome.

Individual Health Education Behavioral Assessment (IHEBA)/ Staying Healthy Assessment (SHA)

The California Department of Health Care Services (DHCS) requires primary care physicians to administer an Individual Health Education Behavioral Assessment (IHEBA) to Medi-Cal members. The DHCS developed and approved IHEBA is the Staying Healthy Assessment (SHA). CalViva Health encourages all new members to complete the IHEBA within 120 calendar days of enrollment as part of the initial health assessment (IHA); and that all existing members complete the IHEBA at their next non-acute care visit. CalViva Health encourages: 1) that primary care providers use SHA, or alternative approved tools that comply with DHCS approval criteria for the IHEBA; and 2) that the IHEBA tool is: a) administered and reviewed by the primary care provider during an office visit, b) reviewed at least annually by the primary care provider with members who present for a scheduled visit, and c) re-administered by the primary care provider at the appropriate age-intervals.

Contracted providers or provider groups must notify Health Net, on behalf of CalViva Health, two months in advance of using electronic copy of SHA, Bright Futures, and alternative IHEBA tools. Alternative IHEBA tools will need DHCS approval prior to use. Members may decline to participate in an offered assessment. CalViva Health conducts various activities to improve IHEBA implementation, including on-site in-services at provider offices, targeting office staff to complete the non-clinical IHEBA items with the member, and educating members about IHEBA/IHA through direct mailing.

The assessment consists of standardized questions developed by Medi-Cal managed care health plans in collaboration with DHCS to assist PCPs in: 1) identifying high-risk behaviors, including tobacco use and alcohol consumption, of individual members; 2) assigning priority to individual health education needs of their patients related to lifestyle, behavior, disability, environment, culture, and language; 3) initiating and documenting health education interventions, referrals, and follow-up care with members; and 4) identifying members whose health needs require coordination with appropriate community resources and other agencies for services not covered under the current contract.

The SHA consists of nine questionnaires specific to age ranges in which health risk factors may change significantly. They are available in Arabic, Armenian, Chinese, English, Farsi, Hmong, Khmer, Korean, Russian, Spanish, Tagalog, and Vietnamese. Providers are informed via a Provider Update and provider in-services on the SHA requirements, how to complete and document the questionnaires, how to provide appropriate health education and referrals, and where to access the questionnaires. CalViva Health makes these forms available to contracting providers via the toll-free Health Education Information Line, on the provider website, and on the provider materials order fax form.

Public Policy Committee (PPC)

CalViva Health maintains a Public Policy Committee, as one way for members to participate in establishing the public policy of the plan. “Public policy” means acts performed by the Plan or its employees and staff to assure the comfort, dignity, and convenience of members who rely on the Plan’s facilities to provide health care services to them, their families, and the public.

The Public Policy Committee meets four times a year. 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 Public Policy Committee will be provided an opportunity to give input on the PNA, review the PNA findings and get update on progress made towards PNA goals. The Committee includes CalViva Health members, member advocates (supporters), a

Commissioner of CalViva Health's governing board, the Fresno-Kings-Madera Regional Health Authority (RHA) Commission, and health care providers.

STAFF RESOURCES AND ACCOUNTABILITY

1. CalViva Health Committees

A. Governing Body/RHA (Regional Health Authority) 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 Education program description, work plan, incentive program summary, and end of year work plan evaluation report 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), a 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 Education program description, work plan, incentive program summary and end of year reports, Population Needs ~~Assesment~~Assessment 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. The Medical Management team will

~~Medical Management Team~~

~~CalViva Health's Medical Management team includes the Chief Medical Officer, Director of Medical Management Services, who is a Registered Nurse, and a Medical Management Specialist to~~ monitor and evaluate the adequacy and appropriateness of health and administrative services on a continuous and systematic basis.

***B.** Chief Operating Officer*

CalViva Health's Chief Operating Officer's responsibilities include assuring that Health Net is coordinating the requested health education services and needs in accordance with the Administrative Services Agreement with CalViva Health. The Chief Operating Officer meets the DHCS qualification and definition of a qualified health educator and maintains a Master Certified Health Education Specialist ("MCHES") certification awarded by the National Commission for Health Education Credentialing, Inc. An operations team is under the direction of the Chief Operating Officer.

~~***C.*** Operations Team~~

~~CalViva Health's Operations team includes the Chief Operating Officer and an Operations Coordinator. The Chief Operating Officer meets the DHCS qualification and definition of a qualified health educator and maintains a Master Certified Health Education Specialist ("MCHES") certification awarded by the National Commission for Health Education Credentialing, Inc.~~

~~D.~~C. *Chief Compliance Officer*

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

~~***E.*** Compliance Team~~

~~CalViva Health's Compliance team includes the Chief Compliance Officer, a Director, and a Compliance Analyst.~~

3. Health Net Health Education Department (HED) Staff Roles and Responsibilities

The HED's primary function is to fulfill DHCS contractual requirements for health education and provides a supporting role in the development and implementation of quality improvement initiatives coordinated by the QI Department including but not limited to the development and implementation of ~~HEDIS®~~quality performance interventions. CalViva Health's QI/UM Committee oversees the work of the HED.

A. The HED Leadership Team

Important health education services are developed and coordinated within the CalViva Health service area by the HED. The HED continues to maintain their internal reporting responsibilities within Health Net Community Solutions, as a subsidiary to Health Net ~~Inc~~LLC., (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.

Incorporating Health Education into Health Care Services Delivery

Processes are in place, including inter-organizational (CalViva Health and Health Net Community Solutions) and provider-initiated methods of identifying members in need of health education, communication assistance, referral to appropriate departments, and coordination of services delivery. Examples of such coordination activities are as follows:

a) Quality Improvement (QI): HED provides technical and advisory support on health education-related QI interventions and works closely with QI and the Cultural and Linguistics Services Departments and CalViva Health staff to implement ~~HEDIS®~~quality improvement projects.

b) Cultural & Linguistic Services (C&L): HED coordinates with C&L to develop culturally and linguistically appropriate educational resources and programs, and produce the Population Needs Assessment report ~~including converting materials into alternative formats~~. HED also coordinates with the C&L department to conduct health disparity projects and with the CalViva Health staff to implement Public Policy Committee meetings throughout Fresno, Kings and Madera Counties.

c) Member Services (MS): HED coordinates with the Member Services Department to promote available health education programs and resources. The HED also coordinates with Member Services to conduct third party oral translation of health education information directly to non-English/non-Spanish-speaking members and to make health education program referrals by members who access the MS phone line.

d) Medical Management (MM): HED works closely with Medical Management to incorporate health education interventions into health improvement projects.

e) Case Management (CM): HED coordinates with CM nurses to refer members to the HED for health education programs, services and materials. HED also works with CM to develop approved health education resources to meet members' health education needs

f) Provider Relations (PR) ~~and Practice Transformation (PT~~): HED coordinates with PR ~~and PT~~ staff to encourage providers to refer members to the HED for health education programs, services and materials. PR ~~and PT~~ staff also help educate providers on the Staying Healthy Assessment and other DHCS provider training requirements.

g) ~~Public Programs~~Service Coordination (CS~~PP~~): HED coordinates with ~~PP~~SC staff to refer ~~members~~local health departments, school based clinics and ~~providers~~county organizations to the HED for health education programs, services, and materials ~~through PP's targeted initiatives~~.~~with PP staff to refer members to the HED for health education programs, services and materials through PP's targeted initiatives.~~

h) Enrollment Services (ES): HED partners with ES to help CalViva Health's ~~pregnant~~pregnant women understand the importance of baby well care visits, postpartum visits and the process for getting their newborn insured.

i) Member Connections (MC): HED coordinates with MC staff to promote CalViva Health's health education programs and resources to members during their member outreach and home visits.

CalViva Health's health education initiatives support improvement in local public health concerns and support CalViva Health contracted providers' ability to provide culturally and linguistically appropriate health education programs and services.

Strategies for Improving the Effectiveness of Health Education Programs and Services

The HED utilizes findings from program evaluation to identify areas for improvement and to establish strategies for improving program effectiveness. Program evaluation data at varying levels are collected on an on-going basis through methods such as health education class evaluation surveys, reports of weight management activity, quarterly reports of smoking cessation program activity, and member completed preventive health screenings. Strategies are multi-level and developed to tailor specific needs, such as increasing targeted promotion of a program to increase utilization of services, enhancing class curricula to include more interactive activities based on feedback from class participants, and enhancing a group intervention program by including an individual-level intervention component.

Providers are contracted to deliver and make available no cost health education programs and services to CalViva Health's Medi-Cal members. To improve provider performance in delivering health education services to members, the HED connect providers to a variety of provider training and educational opportunities such as CME training both within targeted Medi-Cal counties and via free on-line training. PCPs and PPGs are also kept informed on CalViva Health's health education programs and services. Monitoring is conducted through monthly analysis of program utilization and provider referrals, through the Facility Site Review and Medical Record Review processes. Moreover, the annual work plan is

evaluated to assess progress and outcomes and to develop strategies for enhanced intervention effectiveness for the following year.

PROGRAM EVALUATION

HED Internal Monitoring & Evaluation

The following process is in place to ensure internal monitoring and evaluation:

- Health education materials are offered in an appropriate cultural, linguistic, and reading level. HED will follow the MMCD All Plan Letter 16-016 (Readability and Suitability of Written Health Education Materials) to develop, review and approve written health education materials. CalViva Health Chief Medical Officer's review and approval are needed for materials.
- Health education classes and programs are evaluated for effectiveness.
- A documentation system tracks member requests for health education interventions.
- A documentation system tracks provider requests for health education resources to be distributed to members.
- Requests for health education materials and services are evaluated on a monthly and annual basis.
- Mid-year and year-end work plan evaluation reports are prepared and reviewed.
- A ~~GNA~~PNA Report is developed ~~every 5 years and changes are monitored~~ annually. ~~A member survey is conducted during each GNA Report year to obtain member feedback on health education interventions accessed through CalViva Health's HED.~~
- ~~An evaluation report is submitted to CalViva Health for review and subsequent submission to DHCS annually for each active health education incentive program.~~
- ~~~~
- DHCS Texting Program and Campaign Submission form is submitted prior to implementation and an evaluation report is completed.
- Informal provider assessment is conducted to obtain provider feedback on health education programs, services, and materials accessed through CalViva Health's HED as needed.

CalViva Health Monitoring & Evaluation

The following activities are in place to ensure CalViva Health's oversight responsibilities over the delegation of HED programs, services and resources to Health Net:

- **Communications Review** -The CalViva Health Chief Medical Officer, Chief Compliance Officer or designee review and approve all health education materials created by the HED before distribution to CalViva Health members.
- **Reports** - The CalViva Health QI/UM Committee oversees the HED programs and reviews the Health Education Department program description, work plan, ~~and~~ reports, and Population Needs Assessment to ensure planned interventions are in place and completed by target date.
- **Audits** - CalViva Health conducts an oversight audit of health education activities performed by the HED. The main elements covered in the audit include but are not limited to: establishing, administrating, and monitoring of the health education system, assessing the need for health education, and health education material development and approval process. The results of the audit are shared with the HED, the QI/UM Committee, and the RHA Commission.

Program evaluation for CalViva Health's health education programs and services include both process and outcome measures. Process measures will assess the extent to which the delivery of services is consistent with program design specifications and the level of utilization, such as monitoring of program participation and program feedback. Outcome evaluation will assess the amount and direction of change in knowledge, attitudes, and behaviors that have occurred with an intervention, such as for a health

education class. An annual work plan is developed with measurable objectives, rationale, barriers, and outcomes, and is reviewed and updated to monitor and evaluate progress every 6 months.

Item #7

Attachment 7.D

2020 Work Plan

(Work Plan document is a separate attachment due to its size)

2020 Health Education Work Plan

Submitted by:

Patrick Marabella, MD, Chief Medical Officer
Amy Schneider, RN, BSN, Director Medical Management

Table of Contents

I. Purpose

The purpose of the CalViva Health (CVH) Health Education Work Plan is to provide a systematic plan of health education activities for the calendar year. It also documents the outcomes of proposed health education programs and services. The implementation of this plan requires the cooperation of CVH senior staff management and multiple departments such as Cultural and Linguistic Services, Quality Improvement, Utilization/Care Management, Members Services, Marketing, and Provider Relations.

II. Goals

1. To provide free, accessible, culturally and linguistically appropriate health education and health equity programs, services and resources to:
    - aid members and the community to achieve good health and overall wellbeing,
    - positively impact CVH's health care quality performance rates, and
    - positively impact member satisfaction and retention.
2. To increase the quality, availability, and effectiveness of health education through internal and external partnerships and collaborations.

III. Objectives

1. Encourage members to practice positive health and lifestyle behaviors.
2. Promote members to appropriately use preventive care and primary health care services.
3. Teach members to follow self-care regimens and treatment therapies.
4. Support provider offices for efficient and cost effective delivery of health education services and referrals.

IV. Selection of the Health Education Department Activities and Projects

The Health Education Work Plan activities and projects are selected from results of CVH group needs assessment report (i.e., demographics, health status, risk factors, and surveys), regulatory requirements, department evaluation report from the previous year, HEDIS results, contractual requirements, and strategic corporate goals and objectives. After review and input from senior management staff, projects and new departmental activities are identified and incorporated into this work plan. Programs and services are developed with special attention to the cultural and linguistic needs of our membership. This work plan addresses the needs of our Medi-Cal (MC) members.

V. Strategies

The Health Education Work Plan supports and maintains excellence in the health education department's activities through the following strategies:

- increase provider support, resources and communication to ensure provision of comprehensive health care services;
- support community collaboratives to promote preventive health initiatives;
- enhance member utilization of health education and cultural and linguistic resources, help members better understand and manage their health conditions, and improve health care quality performance rates;
- improve the Health Education Department's efficiency; and
- meet compliance requirements.

The Health Education Department's (HED) main health focus areas include: pregnancy, weight control, member engagement, smoking cessation, preventive health care services, chronic disease prevention, and health promotion.

1. Initiative/ Project:	**Chronic Disease Education: Asthma**				
Priority Counties	☒ **FRESNO** ☒ **KINGS** ☒ **MADERA**				
Initiative Aim(s)	☒ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☒ **PROVIDER SUPPORT** ☒ **COLLABORATIVE** ☐ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☐ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☒ **PNA**				
Rationale	Asthma is one of the most common chronic diseases and has been recognized as a growing health concern. According to the Centers for Disease Control and Prevention, 1 in 13 people have asthma. Asthma is the third-ranking cause of hospitalization among children younger than 15 and from 2008-2013, the annual economic cost of asthma was more than $81.9 billion – including medical cost and loss of work and school days. A good number of CalViva Health members continue to access the Emergency Room for asthma related conditions.				
Reporting Leader(s)	**Primary:**	**J. Felix**	**Secondary:**	T. Gonzalez, H. Su, G. Toland, I. Rivera	
Goal of Initiative	To educate members in managing their asthma				
Performance Measure(s)	**Objective(s)**		**2019 Outcomes (Year-End)**	**2020 Outcomes (Mid-Year)**	**2020 Outcomes (Year-End)**
Increase knowledge and improve asthma management	Reach a 25% CalViva Health membership via classes and/or telephonic education.		Reached 271 participants, of which 131 (48%) were CVH members		
Develop materials to support HBR Initiative	Develop and disseminate resources to educate high risk members on asthma management.		Asthma educational resources drafted		

Major Activities	**Timeframe For Completion**	**Responsible Party(s)**
Support Asthma HBR with the development of new member educational resources	March 2020	J. Felix, G. Toland
Continue to vet contractor for home visitation program	June 2020	J. Felix, H. Su
Conduct asthma classes	December 2020	J. Felix, I. Rivera
Conduct telephonic education	December 2020	J. Felix, I. Rivera

Initiative Status ***(populate at year-end)***	**MET** ☐ **PARTIALLY MET** ☐ **NOT MET** ☐
Update. If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers ***(populate at mid-year and year-end)***	*Include barriers to implementation and systemic/organizational barriers.* ***Mid-Year Update:*** ***Year-End Update***
Overall Effectiveness/Lessons Learned ***(populate at year-end)***	*Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?*
Initiative Continuation Status (***populate at year-end)***	**CLOSED** ☐ **CONTINUE INITIATIVE UNCHANGED** ☐ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☐

2. Initiative/ Project:	**Chronic Disease Education: Diabetes**				
Priority Counties	☒ **FRESNO** ☒ **KINGS** ☒ **MADERA**				
Initiative Aim(s)	☒ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☒ **PROVIDER SUPPORT** ☒ **COLLABORATIVE** ☐ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☒ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☒ **PNA**				
Rationale	According to the Centers for Disease Control and Prevention (CDC) more than 84 million US adults—that's 1 in 3—have prediabetes. More than 30 million Americans have diabetes, which increases their risk of serious health problems. Health plans must comply with DHCS requirements in accordance to the APL 18-018; California state law requires the Department of Health Care Services (DHCS) to establish the Diabetes Prevention Program (DPP) as a Medi-Cal covered benefit. 1. CVH HbA1C testing (Fresno, 83%) and Nephropathy care (87%) are below MPL for Fresno				
Reporting Leader(s)	**Primary:**	**M. Zuniga, T. Gonzalez**	**Secondary:**	H. Su, J Felix, D. Carrillo	
Goal of Initiative	To provide members with education on diabetes prevention and control through promotion of effective nutrition management strategies and multifaceted communication.				

Performance Measure(s)	**Objective(s)**	**2019 Outcomes (Year-End)**	**2020 Outcomes (Mid-Year)**	**2020 Outcomes (Year-End)**
Collaborate with Madera County Department of Public Health's Proyecto Dulce Disease Self-Management and Education Program (DSME)	Conduct 1 DSME class series reaching 50% targeted CVH member participants.	Conducted 1 DSME class series with 14 participants, of which 10 (71%) were CVH members		
Implement a Diabetes Prevention Program	5% of participants enrolled in Omada program will achieve 5% weight loss by the end of the 16 week program.	New for 2020		
	Participants will weigh-in at least 5 times per week using the Omada digital scale.	New for 2020		
	75% of participants will complete weekly lessons.	Program not launched. Revised SOW is pending vendor completion		

Major Activities	**Timeframe For Completion**	**Responsible Party(s)**
Finalize SOW with DPP vendor(s)	March 2020	M. Zuniga
Obtain DHCS approval prior to implementation	March 2020	M. Zuniga
Release Provider Update with Provider referral form	March 2020	M. Zuniga
Submit CCC Knowledge Base for Member Services	March 2020	M. Zuniga
Promote DPP on the CalViva health website	March 2020	M. Zuniga, J. Felix
Conduct 1 Provider webinar to promote DPP	June 2020	M. Zuniga
Set up monthly member eligibility data file transfer for DPP vendor	December 2020	M. Zuniga, D. Carrillo
Identify local in-person Medi-Cal certified DPP providers	December 2020	M. Zuniga
Refer Medi-Cal members diagnosed with type 2 diabetes participating in DPP program into disease management program	On going	M. Zuniga
Partner with Camarena Health to promote DSME class to health plan members	December 2020	T. Gonzalez
Meet monthly with DPP to review Joint Operations logistics, member participation, and in accordance to SOW	December 2020	M. Zuniga
Obtain monthly participant reports evaluation report from vendor to review program and member successes	December 2020	M. Zuniga

Initiative Status ***(populate at year-end)***	**MET** ☐	**PARTIALLY MET** ☐	**NOT MET** ☐

If Activities/Objectives NOT MET: Barriers Encountered and Recommended Interventions to Overcome Barriers ***(populate at mid-year and year-end)***	*Include barriers to implementation and systemic/organizational barriers.* ***Mid-Year Update***: ***Year-End Update:***
Overall Summary ***(populate at year-end)***	*Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?*
Initiative Continuation Status (***populate at year-end)***	**CLOSED** ☐ **CONTINUE INITIATIVE UNCHANGED** ☐ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☐

3. Initiative/ Project:	**Community Health Education**				
Priority Counties	☒ **FRESNO** ☒ **KINGS** ☒ **MADERA**				
Initiative Aim(s)	☒ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☒ **PROVIDER SUPPORT** ☒ **COLLABORATIVE** ☐ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☐ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☒ **PNA**				
Rationale	Breast Cancer Screening 2018 HEDIS rate is below MPL in Fresno County. Comprehensive Diabetes Care-Hemoglobin A1c testing 2018 HEDIS rate is below MPL in Fresno County. Comprehensive Diabetes Care-Medical Attention for Nephropathy 2018 HEDIS rate is below MPL in Fresno County.				
Reporting Leader(s)	**Primary:**	**T. Gonzalez, J. Felix**	**Secondary:**	Isabel Rivera, Adela Corona	
Goal of Initiative	Provide health education to members in their community.				

Performance Measure(s)	**Objective(s)**	**2019 Outcomes (Year-End)**	**2020 Outcomes *(Mid-Year)***	**2020 Outcomes (Year-End)**
Increase CVH member participation in health education classes	Reach a 50% member participation rate in classes.	Conducted 112 health education classes to 2,658 participants, of which 1,491 (56%) were CVH members		
Increase CVH member participation in health screenings	Reach a 50% member participation rate in community health screenings.	Conducted 5 Know Your Numbers events with 306 participants reached, of which 215 (70%) were CVH members		

Major Activities	**Timeframe For Completion**	**Responsible Party(s)**
Partner with Madera County Department of Public Health - Prevention First and Diabetes Prevention Program and community partners to implement community education classes and Know Your Numbers forums	December 2020	T. Gonzalez
Partner with Fresno County Department of Public Health's Fresno County Health Improvement Program and community partners to implement community education classes and Know Your Numbers forums	December 2020	T. Gonzalez
Partner with Adventist Health and community partners to implement community education classes in Kings County	December 2020	J. Felix, I. Rivera

Initiative Status ***(populate at year-end)***	**MET** ☐ **PARTIALLY MET** ☐ **NOT MET** ☐
If Activities/Objectives NOT MET: Barriers Encountered and Recommended Interventions to Overcome Barriers ***(populate at mid-year and year-end)***	*Include barriers to implementation and systemic/organizational barriers.* ***Mid-Year Update:*** ***Year-End Update***
Overall Summary ***(populate at year-end)***	*Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?*
Initiative Continuation Status (***populate at year-end)***	**CLOSED** ☐ **CONTINUE INITIATIVE UNCHANGED** ☐ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☐

4. Initiative/ Project:	**Digital Health Education Programs**				
Priority Counties	☒ **FRESNO** ☒ **KINGS** ☒ **MADERA**				
Initiative Aim(s)	☒ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☒ **PROVIDER SUPPORT** ☐ **COLLABORATIVE** ☒ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☐ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☒ **PNA**				
Rationale	More members are willing to use digital communications (text/email/mobile app) to access health education information. HEDIS measures below the MPL: Fresno-Breast Cancer Screening, Controlling Blood Pressure, A1C Poor Control; Kings and Madera- Controlling Blood Pressure, A1C Poor Control. In CA, an estimated two-thirds of adults with a mental illness and two-thirds of adolescents with major depressive episodes did not get treatment (per CA Healthcare Foundation). In 2016, there were over 2,000 opioid overdose-related deaths (NIH-National Institute on Drug Abuse).				
Reporting Leader(s)	**Primary:**	**G. Toland, H. Su, L. Wong, D. Carrillo**	**Secondary:**		
Goal of Initiative	To increase member engagement using electronic/digital communications to improve member health knowledge, behavior, and outcomes.				
Performance Measure(s)	**Objective(s)**		**2019 Outcomes (Year-End)**	**2020 Outcomes *(Mid-Year)***	**2020 Outcomes (Year-End)**
Implement text messaging programs	Reach 50% of targeted members.		New ifor 2020		
Promote member enrollment in myStrength	Increase member enrollment by 10% to 72 members.		Enrolled 65 members		

Major Activities	**Timeframe For Completion**	**Responsible Party(s)**
Finalize myStrength flyer promoting opioid / behavioral health education	March 2020	D. Carrillo
Develop and launch a HEDIS improvement related text messaging program	December 2020	G. Toland, H. Su
Promote myStrength to targeted audiences	December 2020	L. Wong
Promote myStrength in the CVH member newsletter	December 2020	L. Wong

Initiative Status ***(populate at year-end)***	**MET** ☐ **PARTIALLY MET** ☐ **NOT MET** ☐
If Activities/Objectives NOT MET: Barriers Encountered and Recommended Interventions to Overcome Barriers ***(populate at mid-year and year-end)***	*Include barriers to implementation and systemic/organizational barriers.* ***Mid-Year Update:*** ***Year-End Update***
Overall Summary ***(populate at year-end)***	*Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?*
Initiative Continuation Status (***populate at year-end)***	**CLOSED** ☐ **CONTINUE INITIATIVE UNCHANGED** ☐ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☐

5. Initiative/ Project:	**Fluvention**				
Priority Counties	☒ **FRESNO** ☒ **KINGS** ☒ **MADERA**				
Initiative Aim(s)	☒ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☒ **PROVIDER SUPPORT** ☐ **COLLABORATIVE** ☐ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☐ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☒ **PNA**				
Rationale	CalViva member flu vaccination rates continue to drop below the Healthy People rates of 70% for persons 6 months and older and 80% for pregnant women.				
Reporting Leader(s)	**Primary:**	**K. Magie**	**Secondary:**		
Goal of Initiative	To reduce flu among members 6 months and older, especially high risk populations.				
Performance Measure(s)	**Objective(s)**		**2019 Outcomes (Year-End)**	**2020 Outcomes (Mid-Year)**	**2020 Outcomes (Year-End)**
Increase Medi-Cal member knowledge about the importance and benefits of flu vaccines	Increase by at least 1% of 2019 baseline rate for Medi-Cal flu vaccination rates among members 6 months and older.		New for 2020		
Train health care professionals on best practices for increasing maternal flu vaccination rates.	Implement at least one provider education activity related to flu vaccinations.		Provider Lunch & Learns; WIC Conference and CA WIC Assn. website trainings; SME selected for 2020 CVH Provider Webinar Series		
Major Activities			**Timeframe For Completion**	**Responsible Party(s)**	
Develop and implement a variety of social media methods to target high risk groups during flu season			March-June 2020	K. Magie	
Submit FLO tickets for all flu-related interventions for all LOB as appropriate			April-June 2020	K. Magie	
Promote and/or distribute flu promotion resources or toolkits to providers and their office staff			September-November 2020	K. Magie	
Leverage external resources: hospitals, schools, public health departments, and other relevant stakeholders, and CBOs to increase maternal, child and adolescent flu shot rates			Ongoing	K. Magie	
Partner with CalViva data analytics to monitor Medi-Cal flu vaccination rates by county			Ongoing	K. Magie	
Initiative Status ***(populate at year-end)***	**MET** ☐ **PARTIALLY MET** ☐ **NOT MET** ☐				
If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers ***(populate at mid-year and year-end)***	Include barriers to implementation and systemic/organizational barriers. **Mid-Year Update:** **Year-End Update:**				
Overall Summary ***(populate at year-end)***	**Overall summary of initiative. What worked? What didn't? What could be improved next year if continue?**				
Initiative Continuation Status (***populate at year-end)***	**CLOSED** ☐ **CONTINUE INITIATIVE UNCHANGED** ☐ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☐				

6. Initiative/ Project:	**Healthy Equity Projects**				
Priority Counties	☒ **FRESNO** ☐ **KINGS** ☐ **MADERA**				
Initiative Aim(s)	☒ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☒ **PROVIDER SUPPORT** ☒ **COLLABORATIVE** ☐ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☒ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☒ **PNA**				
Rationale	Improve postpartum care with target providers above baseline of 65% and increase breast cancer screening rates for Fresno above MPL (52.7%).				
Reporting Leader(s)	**Primary:**	**T. Gonzalez**	**Secondary:**	I. Rivera	
Goal of Initiative	To reduce health care access barriers that contribute to identified health disparities among our ethnically diverse membership in the area of breast cancer screening.				

Performance Measure(s)	**Objective(s)**	**2019 Outcomes (Year-End)**	**2020 Outcomes *(Mid-Year)***	**2020 Outcomes (Year-End)**
Improve breast cancer screening (BCS) rate for targeted provider in Fresno County	Develop and implement 1 educational intervention to improve breast cancer screening rate targeting Hmong members in Fresno County.	Completed literature review for breast cancer screenings (BCS) and completed key informant interviews to identify barriers to BCS. Scheduled 30 members for BCS		

Major Activities	**Timeframe For Completion**	**Responsible Party(s)**
Develop Action Plan to address to address BCS priority areas	March 2020	T. Gonzalez
Conduct literature review for breast cancer screening among Hmong women	March 2020	T. Gonzalez
Conduct key informant interviews to identify barriers to breast cancer screening	December 2020	T. Gonzalez
Develop 1 educational intervention to address priority areas for BCS project	December 2020	T. Gonzalez

Initiative Status ***(populate at year-end)***	**MET** ☐ **PARTIALLY MET** ☐ **NOT MET** ☐
If Activities/Objectives NOT MET: Barriers Encountered and Recommended Interventions to Overcome Barriers ***(populate at mid-year and year-end)***	*Include barriers to implementation and systemic/organizational barriers.* ***Mid-Year Update:*** ***Year-End Update***
Overall Summary ***(populate at year-end)***	*Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?*
Initiative Continuation Status (***populate at year-end)***	**CLOSED** ☐ **CONTINUE INITIATIVE UNCHANGED** ☐ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☐

7. Initiative/ Project:	**Immunization Initiative**				
Priority Counties	☒ **FRESNO** ☐ **KINGS** ☐ **MADERA**				
Initiative Aim(s)	☒ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☒ **PROVIDER SUPPORT** ☒ **COLLABORATIVE** ☐ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☒ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☒ **PNA**				
Rationale	California and the United States as a whole continue to strive to meet the Federal Department of Health and Human Services' Healthy People 2020 goal of on time vaccination for 90% of two-year-olds and 95% of school-age children. The percentage of Medi-Cal Managed Care Plans (MCP) members who were fully immunized at age two has fallen for four consecutive years, from 78% in 2010 to 71% in 2015.				
Reporting Leader(s)	**Primary:**	**Tony Gonzalez**	**Secondary:**	Isabel Rivera	
Goal of Initiative	Improve Fresno County Family HealthCare Network CIS 10 Compliance rates above HEDIS MPL (65%).				
Performance Measure(s)	**Objective(s)**		**2019 Outcomes (Year-End)**	**2020 Outcomes *(Mid-Year)***	**2020 Outcomes (Year-End)**
Collaborate with QI to implement Childhood Immunization (CIS) 10 Performance Improvement Plan (PIP)	Support clinic Panel Managers with educational materials and call scripts to improve CIS 10 rate in Fresno County		New for 2020		
Major Activities			**Timeframe For Completion**	**Responsible Party(s)**	
Implement educational intervention to promote childhood immunizations			June 2020	Tony Gonzalez	
Participate in bi-weekly planning meetings with Family Health Care Network			December 2020	Tony Gonzalez	
Promote Childhood Immunization Resources			December 2020	Tony Gonzalez	
Initiative Continuation Status (*populate at year-end)*	**CLOSED** ☐ **CONTINUE INITIATIVE UNCHANGED** ☐ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☐				
If Activities/Objectives NOT MET: Barriers Encountered and Recommended Interventions to Overcome Barriers *(populate at mid-year and year-end)*	*Include barriers to implementation and systemic/organizational barriers.* ***Mid-Year Update:*** ***Year-End Update***				
Overall Summary *(populate at year-end)*	*Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?*				
Initiative Continuation Status (*populate at year-end)*	**CLOSED** ☐ **CONTINUE INITIATIVE UNCHANGED** ☐ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☐				

8. Initiative/ Project:	**Member Engagement (Know Your Numbers and Phone Education)**				
Priority Counties	☒ **FRESNO** ☒ **KINGS** ☒ **MADERA**				
Initiative Aim(s)	☒ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☐ **PROVIDER SUPPORT** ☒ **COLLABORATIVE** ☐ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☐ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☒ **PNA**				
Rationale	Together, heart disease, stroke, and other vascular diseases claim over 800,000 lives in the United States each year and cost over $300 billion in annual health care costs and lost productivity from premature death.				
Reporting Leader(s)	**Primary:**	**T. Gonzalez, J. Felix**	**Secondary:**	A. Corona, I. Rivera	
Goal of Initiative	To improve member health screening rates by educating members on critical health indicators (numbers) associated with cardiovascular disease, annual preventive screenings, health plan benefits, and member rights and responsibilities.				

Performance Measure(s)	**Objective(s)**	**2019 Outcomes (Year-End)**	**2020 Outcomes *(Mid-Year)***	**2020 Outcomes (Year-End)**
Increase member screenings for diabetes care measures	65% of member participants in Know Your Numbers (KYN) interventions complete their screening.	306 participants reached, of which 215 (70%) were CVH members. Of the members reached, 149 (69%) completed their diabetes screening		
Increase member understanding of health plan benefits, health plan satisfaction and preventive health screenings	Achieve 90% satisfaction from participants attending the Member Orientation classes.	Postponed to 2020		
Conduct phone education and appointment scheduling for HN members to attend screening events	Reach a 25% CalViva Health membership via telephonic education and/or appointment scheduling.	Reached 47% of members via telephonic education (108/231) of which 39% (42/108) scheduled an appointment		

Major Activities	**Timeframe For Completion**	**Responsible Party(s)**
Train staff on phone scripts and appointment scheduling	March 2020	J. Felix, I. Rivera
Revise member orientation curriculum and obtain approval of member benefits and resource materials addressing member needs related to social determinants of health	June 2020	T. Gonzalez
Develop member orientation implementation plan	June 2020	T. Gonzalez
Partner with key providers to promote KYN forums to targeted health plan members	December 2020	T. Gonzalez

Initiative Status ***(populate at year-end)***	**MET** ☐ **PARTIALLY MET** ☐ **NOT MET** ☐
If Activities/Objectives NOT MET: Barriers Encountered and Recommended Interventions to Overcome Barriers ***(populate at mid-year and year-end)***	*Include barriers to implementation and systemic/organizational barriers.* ***Mid-Year Update:*** ***Year-End Update:***
Overall Summary ***(populate at year-end)***	*Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?*
Initiative Continuation Status (***populate at year-end)***	**CLOSED** ☐ **CONTINUE INITIATIVE UNCHANGED** ☐ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☐

9. Initiative/ Project:	**Member Newsletters**				
Priority Counties	☒ **FRESNO** ☒ **KINGS** ☒ **MADERA**				
Initiative Aim(s)	☒ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☒ **PROVIDER SUPPORT** ☐ **COLLABORATIVE** ☐ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☒ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☒ **PNA**				
Rationale	The newsletter meets the DHCS guideline that requires specific member communication to be mailed to members' homes. The member newsletter is also a mode of communication for NCQA articles and promotion of wellness programs and quality improvement interventions.				
Reporting Leader(s)	**Primary:**	**K. Schlater**	**Secondary:**		
Goal of Initiative	To educate members about priority health topics and inform members about available programs, services and health care rights.				
Performance Measure(s)	**Objective(s)**		**2019 Outcomes (Year-End)**	**2020 Outcomes *(Mid-Year)***	**2020 Outcomes (Year-End)**
Manage content for Medi-Cal Newsletter	Develop and distribute 1 CVH member newsletters.		Produced 2 newsletters		

Major Activities	**Timeframe For Completion**	**Responsible Party(s)**
Conduct interdepartmental meeting to decide 2020 newsletter topics	January 2020	K. Schlater
Submit 1 newsletters to C&L database	May 2020	K. Schlater
Explore options for expanded online newsletter	June 2020	k. Schlater
Update desktop procedure as needed	December 2020	K. Schlater
Develop and implement member newsletters according to the production schedule	December 2020	K. Schlater

Initiative Status ***(populate at year-end)***	**MET** ☐ **PARTIALLY MET** ☐ **NOT MET** ☐
If Activities/Objectives NOT MET: Barriers Encountered and Recommended Interventions to Overcome Barriers ***(populate at mid-year and year-end)***	*Include barriers to implementation and systemic/organizational barriers.* ***Mid-Year Update:*** ***Year-End Update***
Overall Summary ***(populate at year-end)***	*Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?*
Initiative Continuation Status (***populate at year-end)***	**CLOSED** ☐ **CONTINUE INITIATIVE UNCHANGED** ☐ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☐

10. Initiative/ Project:	**Mental / Behavioral Health**				
Priority Counties	☒ **FRESNO** ☒ **KINGS** ☒ **MADERA**				
Initiative Aim(s)	☒ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☒ **PROVIDER SUPPORT** ☐ **COLLABORATIVE** ☐ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☐ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☐ **PNA**				
Rationale	In CA, an estimated two-thirds of adults with a mental illness and two-thirds of adolescents with major depressive episodes did not get treatment (per CA Healthcare Foundation). In 2016, there were over 2,000 opioid overdose-related deaths (NIH-National Institute on Drug Abuse).				
Reporting Leader(s)	**Primary:**	**L. Wong, D. Carrillo**	**Secondary:**		
Goal of Initiative	To support members with behavioral health resources and opioid education.				

Performance Measure(s)	**Objective(s)**	**2019 Outcomes (Year-End)**	**2020 Outcomes (Mid-Year)**	**2020 Outcomes (Year-End)**
Assist opioid intervention planning	Develop statewide maps noting opioid distribution.	New for 2020		
Develop behavioral health education materials	Creation 1 new behavioral health material and a distribution plan. Determine utilization baseline.	Postponed for 2020		

Major Activities	**Timeframe For Completion**	**Responsible Party(s)**
Develop a behavioral health class curriculum and training guide. Train staff on resources	June 2020	L. Wong
Promote mental/behavioral health resources to high risk members through Social Media	June, September, December 2020	L. Wong
Work with NAMI to develop of behavioral health education materials	December 2020	L. Wong
Promote behavioral health resources in member newsletter	December 2020	L. Wong, D. Carrillo
Identify myStrength users with high PHQ9 scores for Case Management referrals	Ongoing	D. Carrillo

Initiative Status ***(populate at year-end)***	**MET** ☐ **PARTIALLY MET** ☐ **NOT MET** ☐
If Activities/Objectives NOT MET: Barriers Encountered and Recommended Interventions to Overcome Barriers ***(populate at mid-year and year-end)***	Include barriers to implementation and systemic/organizational barriers. **Mid-Year Update:** **Year-End Update:**
Overall Summary ***(populate at year-end)***	Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?
Initiative Continuation Status (***populate at year-end)***	**CLOSED** ☐ **CONTINUE INITIATIVE UNCHANGED** ☐ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☐

11. Initiative/ Project:	**Obesity Prevention**				
Priority Counties	☒ **FRESNO** ☒ **KINGS** ☒ **MADERA**				
Initiative Aim(s)	☒ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☒ **PROVIDER SUPPORT** ☐ **COLLABORATIVE** ☐ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☐ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☒ **PNA**				
Rationale	Adult obesity Rate in CA is 25.8% and 13.9% for adolescents (grades 9-12)*. Obesity is a documented contributor to various diseases and healthcare costs. Per the January RY2020 HEDIS performance dashboard, Adult BMI Assessment and Weight Assessment and Counseling - BMI rates are below MPL across all Medi-Cal counties. * 2018 BRFSS and 2017 YRBSS data sources, pulled from CDC website on 1/27/2020.				
Reporting Leader(s)	**Primary:**	**D. Carrillo**	**Secondary:**	T. Gonzalez, J. Felix, M. Lin	
Goal of Initiative	To support overweight and high risk members to incorporate healthy lifestyle habits through nutrition education and increased physical activity.				

Performance Measure(s)	**Objective(s)**	**2019 Outcomes (Year-End)**	**2020 Outcomes *(Mid-Year)***	**2020 Outcomes (Year-End)**
Increase Fit Families for Life (FFFL) Home Edition Program enrollment & satisfaction	Enroll 500+ members (75% flagged as high-risk) and 90% satisfaction from both program surveys.	Enrolled 572 members (99% flagged as high risk), 100% satisfaction from workbook survey and 92% satisfaction from direct incentive survey		
Increase Healthy Habits for Healthy People (HHHP) program enrollment	Enroll 350+ members.	Enrolled 357 members		
Conduct Fit Families for Life (FFFL) Community classes, increase participant knowledge and acquire high satisfaction rates	Reach a 25% member participation rate; participants achieve 80% correct answers per knowledge metric (post-tests) and 90% satisfaction rate from post-tests.	Reached a 70% member participation rate; 100% correct answers on all knowledge metrics (workshops); 100% satisfaction rate overall from workshops. No series data collected		

Major Activities	**Timeframe For Completion**	**Responsible Party(s)**
Update content and design of FFFL & HHHP program materials	June 2020	D. Carrillo, M. Lin
Provider Update on weight management products	April 2020	D. Carrillo
Promote FFFL and HHHP in member newsletter	September 2020	D. Carrillo
Introduce text-messaging outreach to introduce DPP and/or FFFL to overweight members	September 2020	D. Carrillo
Promote weight management resources on the CVH website	December 2020	D. Carrillo, J. Felix
Enroll members non-compliant in the weight assessment/counseling HEDIS measure	Quarterly, 2020	D. Carrillo

Initiative Status ***(populate at year-end)***	**MET** ☐ **PARTIALLY MET** ☐ **NOT MET** ☐
If Activities/Objectives NOT MET: Barriers Encountered and Recommended Interventions to Overcome Barriers ***(populate at mid-year and year-end)***	*Include barriers to implementation and systemic/organizational barriers.* ***Mid-Year Update:*** ***Year-End Update***
Overall Summary ***(populate at year-end)***	*Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?*

Initiative Continuation Status (***populate at year-end)***	**CLOSED** ☐	**CONTINUE INITIATIVE UNCHANGED** ☐	**CONTINUE INITIATIVE WITH MODIFICATIONS** ☐

12. Initiative/ Project:	**Pediatric Education**				
Priority Counties	☒ **FRESNO** ☒ **KINGS** ☒ **MADERA**				
Initiative Aim(s)	☒ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☒ **PROVIDER SUPPORT** ☒ **COLLABORATIVE** ☐ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☐ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☒ **PNA**				
Rationale	Regularly scheduled well-child visits are a vital component of health care for young children and the foundation of pediatric primary care for most children in the United States. The American Academy of Pediatrics (AAP) guideline recommends attending 14 Well Child Visit (WCV) within the first five years of life and then annual visits after that until age 21. These visits may provide children with a unique opportunity to identify and address pressing social, preventive, behavioral, and developmental health services. Furthermore, these visits help ensure timely immunizations, help reduce the use of acute care services and offer parents an opportunity to discuss their health-related concerns that demonstrate significant and long-lasting effects on children's lives with the provider. Research estimates that children miss approximately one-third of WCVs, with African American children, children who are uninsured or publicly insured, and children from low-income families reporting even higher disproportions of WCVs. Literature indicates that children who were primarily publicly insured or uninsured most frequently missed visits at 15 months, 18 months, and four years. Children who fall short of these visits may lack developmental screenings and other preventive services typically performed at these ages. Missed WCVs accompany increased emergency department use and hospitalizations, associations that become amplified among children from low-income families. A consensus of scientific research demonstrates that cumulative adversity, especially when experienced during childhood development, also known as Adverse Childhood Experiences (ACEs), is a root cause to some of the most harmful, persistent, and expensive health challenges facing our nation. Identifying ACEs and other social determinants of health in children and adults, and providing targeted intervention, can improve efficacy and efficiency of care, support individual and family health and well-being, and reduce long-term health costs. The following CVH Counties express the current HEDIS rates for pediatric measures: Fresno: AWC (<50th MPL), W15 (<25th percentile 3+ years), W34 (<50th MPL), CIS-10 (<50th MPL), Kings: AWC (<50th MPL), W15 (<25th percentile 3+ years), W34 (<50th MPL), CIS-10 (<50th MPL), IMA-2 (<50th Percentile) a Madera: AWC (< 50th MPL), W15 (< 50th MPL), W34 (<50th MPL)				
Reporting Leader(s)	**Primary:**	**A. Fathifard**	**Secondary:**	M. Lin, T. Gonzalez, J. Felix, L. Wong	
Goal of Initiative	Develop resources to inform and educate members about the significance of WCV and to act as a support for improving select HEDIS measures by driving member engagement via educational and community screening services.				

Performance Measure(s)	**Objective(s)**	**2019 Outcomes (Year-End)**	**2020 Outcomes (Mid-Year)**	**2020 Outcomes (Year-End)**
Pediatric resource development	Develop and promote 3 educational well-child resources and train Health Educators in utilizing them.	New for 2020		
Adverse Childhood Experiences (ACEs) educational resource development	Develop 2 educational resources for providers and members.	New for 2020		

Major Activities	**Timeframe For Completion**	**Responsible Party(s)**
Develop and promote well-child flyer	June 2020	A. Fathifard
Participate in Pre-Teen Vaccination Week via Social Media Post campaign	March 2020	A. Fathifard
Develop Well-Child Visit Class Curriculum for Community Events/Webinars	May 2020	A. Fathifard
Explore utilizing Pfizer VAKS program across PPG providers	December 2020	A. Fathifard
Explore utilizing Merck HPV resources	December 2020	A. Fathifard
Promote ACEs Aware Initiative	December 2020	L. Wong

Initiative Status ***(populate at year-end)***	**MET** ☐ **PARTIALLY MET** ☐ **NOT MET** ☐
If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers ***(populate at mid-year and year-end)***	Include barriers to implementation and systemic/organizational barriers. **Mid-Year Update:** **Year-End Update:**

Overall Summary ***(populate at year-end)***	**Overall summary of initiative. What worked? What didn't? What could be improved next year if continue?**
Initiative Continuation Status **(*populate at year-end)***	**CLOSED** ☐ **CONTINUE INITIATIVE UNCHANGED** ☐ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☐

13. Initiative/ Project:	**Perinatal Education**			
Priority Counties	☒ **FRESNO** ☒ **KINGS** ☒ **MADERA**			
Initiative Aim(s)	☒ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☒ **PROVIDER SUPPORT** ☒ **COLLABORATIVE** ☐ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☐ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☒ **PNA**			
Rationale	Increase Postpartum care HEDIS rate to the 50th percentile or above in Kings, Fresno and Madera counties.			
Reporting Leader(s)	**Primary:**	**K. Schlater, G. Toland, I. Rivera**	**Secondary:**	A. Campos, T. Gonzalez, D. Carrillo

Goal of Initiative	To provide accessible, high quality health care and education to women of childbearing age and babies to have healthy pregnancies, healthy newborns, increased exclusive breastfeeding rates and lower perinatal health care costs.

Performance Measure(s)	**Objective(s)**	**2019 Outcomes (Year-End)**	**2020 Outcomes *(Mid-Year)***	**2020 Outcomes (Year-End)**
Promote pregnancy packets to members.	Distribute 1,000+ pregnancy information packets to requesting CVH pregnant members.	A total of 1,008 CVH Pregnant Program packets and 500 Newborn packets were mailed to members		
Coordinate bilingual baby showers in to expectant mothers in Fresno and Kings County	Reach 35% member participation at baby showers within Kings and Fresno counties.	Completed 29 baby showers in Fresno & Kings Counties with 450 attendees, of which, 277 (62%) were CVH members		

Major Activities	**Timeframe For Completion**	**Responsible Party(s)**
Coordinate with Provider Relations and QI departments to promote pregnancy education resources to providers serving a high volume of African American and Latino pregnant members	December 2020	I. Rivera
Train Provider Relations and QI department staff on updated Infant Nutrition Benefit Guide and breast pump policy	December 2020	K. Schlater
Coordinate with QI, community based organizations, and clinics to implement baby showers in English, Spanish, and Hmong	Ongoing	I. Rivera

Initiative Status ***(populate at year-end)***	**MET** ☐ **PARTIALLY MET** ☐ **NOT MET** ☐
If Activities/Objectives NOT MET: Barriers Encountered and Recommended Interventions to Overcome Barriers ***(populate at mid-year and year-end)***	*Include barriers to implementation and systemic/organizational barriers.* ***Mid-Year Update:*** ***Year-End Update***
Overall Summary ***(populate at year-end)***	***Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?***
Initiative Continuation Status (***populate at year-end)***	**CLOSED** ☐ **CONTINUE INITIATIVE UNCHANGED** ☐ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☐

14. Initiative/ Project:	**Promotores Health Network (PHN)**				
Priority Counties	☐ **FRESNO** ☐ **KINGS** ☒ **MADERA**				
Initiative Aim(s)	☒ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☐ **PROVIDER SUPPORT** ☐ **COLLABORATIVE** ☐ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☐ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☒ **PNA**				
Rationale	Madera Diabetes HbA1c control (44.44%) and poor control (47.20%) are below MPL.				
Reporting Leader(s)	**Primary:**	**T. Gonzalez**	**Secondary:**	**Adela Corona**	
Goal of Initiative	To provide members culturally and linguistically appropriate health education, promote annual preventive screenings and create linkages to local resources.				

Performance Measure(s)	**Objective(s)**	**2019 Outcomes (Year-End)**	**2020 Outcomes *(Mid-Year)***	**2020 Outcomes (Year-End)**
Increase member participation in PHN education charlas	Reach a 60% member participation in education charlas.	Conducted 53 charlas with 66% health plan member reach rate (664/1113)		
Increase member participation in diabetes prevention program classes	Conduct 1 DSME class series reaching 50% targeted CVH member participants.	Conducted 1 DSME class series with 14 participants, of which 10 (71%) were members		
Implement the Rx for Health intervention to increase member participation in health education charlas.	Engage 50 members in our diabetes charla series using Rx for Health prescriptions.	No member requests for FFFL were received		

Major Activities	**Timeframe For Completion**	**Responsible Party(s)**
Refresher trainer on DSME training for PHN promotoras	June 2020	T. Gonzalez
Establish partnership with Madera Community Hospital, Camarena Health and Madera County Department of Public Health to implement Diabetes Prevention Program and Project Dulce DSME programs	December 2020	T. Gonzalez
Collaborate with Madera Community Hospital and Camarena Health to refer members to diabetes classes	December 2020	T. Gonzalez
Continue collaboration with Madera Unified School District Parent Resource Centers to host diabetes classes	December 2020	T. Gonzalez

Initiative Status ***(populate at year-end)***	**MET** ☐ **PARTIALLY MET** ☐ **NOT MET** ☐
If Activities/Objectives NOT MET: Barriers Encountered and Recommended Interventions to Overcome Barriers ***(populate at mid-year and year-end)***	*Include barriers to implementation and systemic/organizational barriers.* ***Mid-Year Update:*** ***Year-End Update***
Overall Summary ***(populate at year-end)***	*Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?*
Initiative Continuation Status (***populate at year-end)***	**CLOSED** ☐ **CONTINUE INITIATIVE UNCHANGED** ☐ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☐

15. Initiative/ Project:	**Tobacco Cessation Program**				
Priority Counties	☒ **FRESNO** ☒ **KINGS** ☒ **MADERA**				
Initiative Aim(s)	☒ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☒ **PROVIDER SUPPORT** ☒ **COLLABORATIVE** ☐ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☒ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☒ **PNA**				
Rationale	Cigarette smoking remains the leading cause of preventable disease, disability, and death in all communities. Smoking tobacco contributes to diabetes mellitus, rheumatoid arthritis, and colorectal cancer besides heart and lung diseases per the Surgeon General. Tobacco control and prevention efforts have been successful, however, disparities persist. Approximately 18% of tobacco use among rural counties tends to be higher than in urban communities and access to resources are more limited. Vaping/E-cigarettes: 93% of vapers are aware of vaping-related illnesses and deaths; most vape to socialize and/or relax (reduce stress). Nationally, over $13 billion is spent on healthcare-related costs due to smoking; over $10 billion a year is lost in smoking-related loss of productivity; 68% of U.S. adults are interested in quitting (MMWR, 2017).				
Reporting Leader(s)	**Primary:**	**K. Magie**	**Secondary:**	**B. Nate**	
Goal of Initiative	To improve members' health outcomes and reduce health care costs by decreasing the rate of tobacco users among CVH membership.				

Performance Measure(s)	**Objective(s)**	**2019 Outcomes (Year-End)**	**2020 Outcomes *(Mid-Year)***	**2020 Outcomes (Year-End)**
Collaborate with California Smoker's Helpline (CSH), CVH pharmacy staff, and other tobacco –related stakeholders to improve smoking cessation rates among members	Enroll 160+ CVH member in CSH.	Enrolled 154 CVH members		
Train health care professionals on best practices and resources for reducing member tobacco use (e.g., smoking and/or vaping).	Implement at least one provider education activity related to tobacco cessation.	New for 2020		

Major Activities	**Timeframe For Completion**	**Responsible Party(s)**
Identify smokers and track changes in health conditions improved by smoking by using pharmacy data and claims billing codes (CDT and ICD-10 codes) and encourage them to join the California Smokers' Helpline	March 2020	K. Magie
Identify provider challenges in promoting CSH for CalViva counties	June 2020	K. Magie
Finalize a process to include members into CSH Smoker's Registry following approval of CSH contract.	June 2020	B. Nate, K. Magie
Co-brand materials (poster) with CSH for promotion with providers.	June 2020	K. Magie
Finalize social media interventions (i.e., texting program) for promotion of smoking cessation resources	September 2020	K. Magie
Finalize the contract and process to increase member enrollment into CSH (nicotine patch promotion, etc.)	September 2020	K. Magie, B. Nate
Promote Great American Smoke Out resources to promote tobacco cessation	November 2020	K. Magie
Conduct one (1) provider webinar to promote CSH	December 2020	B. Nate, K. Magie
Promote CSH in one Medi-Cal newsletter and/or a provider update	December 2020	K. Magie

Initiative Status ***(populate at year-end)***	**MET** ☐	**PARTIALLY MET** ☐	**NOT MET** ☐

If Activities/Objectives NOT MET: Barriers Encountered and Recommended Interventions to Overcome Barriers ***(populate at mid-year and year-end)***	*Include barriers to implementation and systemic/organizational barriers.* ***Mid-Year Update:*** ***Year-End Update:***
Overall Summary ***(populate at year-end)***	*Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?*
Initiative Continuation Status (***populate at year-end)***	**CLOSED** ☐ **CONTINUE INITIATIVE UNCHANGED** ☐ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☐

16. Initiative/ Project:	**Women's Health**				
Priority Counties	☒ **FRESNO** ☒ **KINGS** ☒ **MADERA**				
Initiative Aim(s)	☒ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☒ **PROVIDER SUPPORT** ☒ **COLLABORATIVE** ☐ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☐ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☒ **PNA**				
Rationale	1. According to the U.S. Preventive Services Task Force (USPSTF), American Cancer Society (ACS), and Centers for Disease Control and Prevention (CDC), it's recommended women between 21 to 65 years of age should have regular pap tests. Cervical Cancer is highly preventable because screening test and a vaccine to prevent HPV infections are available. When cervical cancer is found early, it is highly treatable and associated with long survival and good quality of life. Improve cervical cancer screening rates for Fresno County (60.56%) that is below the MPL. Madera County (62.83%) and Kings County (61.76%) are above the MPL. 2. According to the ACS, 1 out of 8 women will develop breast cancer in their lifetime. Breast Cancer is the most common cancer in women, no matter race or ethnicity and it's the most common cause of death from cancer among Hispanic women. Regular mammograms are the best tests doctors have to find breast cancer early, sometimes up to three years before it can be felt for women over 50 years of age. Improve breast cancer screening rates for Fresno County (52.51%) and Kings County (55.08%) that are below the MPL. Madera County (60.15%) is above the MPL.				
Reporting Leader(s)	**Primary:**	**G. Toland**	**Secondary:**	T. Gonzalez, I. Rivera	

Goal of Initiative	To provide members with education on breast cancer and cervical cancer regular screenings through promotion of importance of regular screenings and multifaceted communication.

Performance Measure(s)	**Objective(s)**	**2019 Outcomes (Year-End)**	**2020 Outcomes (Mid-Year)**	**2020 Outcomes (Year-End)**
Conduct BCS/CCS classes & telephonic educational calls	Coordinate with Every Women Counts a minimum of 3 BCS/CCS classes. Conduct telephonic educational calls in CVH counties to target non-compliant members. Reach 50 members.	New for 2020		
Implement multi-care gap text messaging program that includes BCS/CCS	Reach 50% of targeted members.	New for 2020		

Major Activities	**Timeframe For Completion**	**Responsible Party(s)**
Produce BCS & CCS member educational pieces	June 2020	G. Toland
Obtain DHCS approval prior to implementation	July 2020	G. Toland
Develop and launch a HEDIS improvement related text messaging program	December 2020	G. Toland, H. Su
Conduct BCS & CCS health classes and Telephonic educational calls	December 2020	I. Rivera, G. Toland
Obtain evaluation report from text vendor to review program and member successes	December 2020	G. Toland
Work with Provider Relations to promote & distribute BCS/CCS materials with providers.	December 2020	G. Toland
Coordinate with Cultural & Linguistics Hmong BCS Disparity Project in Fresno County.	December 2020	J. Gonzalez, I. Rivera, G. Toland

Initiative Status ***(populate at year-end)***	**MET** ☐ **PARTIALLY MET** ☐ **NOT MET** ☐
If Activities/Objectives Not Met: Barriers Encountered and Recommended Interventions to Overcome Barriers ***(populate at mid-year and year-end)***	Include barriers to implementation and systemic/organizational barriers. **Mid-Year Update:** **Year-End Update:**
Overall Summary (populate at year-end)	**Overall summary of initiative. What worked? What didn't? What could be improved next year if continue?**

Initiative Continuation Status **(*populate at year-end)***	**CLOSED** ☐ **CONTINUE INITIATIVE UNCHANGED** ☐ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☐

17. Initiative/ Project:	**Compliance: Oversight and Reporting**				
Priority Counties	☒ **FRESNO** ☒ **KINGS** ☒ **MADERA**				
Initiative Aim(s)	☐ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☐ **PROVIDER SUPPORT** ☐ **COLLABORATIVE** ☐ **DEPT EFFICIENCY** ☒ **OVERSIGHT** ☒ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☐ **PNA**				
Rationale	Provide oversight to assure compliance to DHCS requirements.				
Reporting Leader(s)	**Primary:**	**H. Su, J. Felix**	**Secondary:**	**G. Toland, S. Wright**	
Goal of Initiative	To meet regulatory and company compliance				
Performance Measure(s)	**Objective(s)**		**2019 Outcomes (Year-End)**	**2020 Outcomes *(Mid-Year)***	**2020 Outcomes (Year-End)**
Complete and submit Health Education Department's Program Description, Work Plan, and Work Plan evaluation reports.	Complete and submit Program Description, Work Plan, and Work Plan evaluation reports.		Submitted work plan evaluation, work plan and Program Description		
Update Health Education Department's Policies and Procedures.	Update Policies and Procedures.		Updated 5 Policies and 1 Program Description		
Complete all incentive program reports to CalViva Health and DHCS.	Complete semi-annual progress reports and annual DHCS incentive evaluation reports.		Complete semi-annual progress reports and 10 annual DHCS incentive evaluation reports		
Develop and distribute a Provider Update on Staying Healthy Assessment (SHA).	Produce 1 Provider Update.		Produced 1 Provider Update		
Present Health Education updates at PPC meetings.	Participate in 4 PPC meetings where health education reports are presented.		Presented at 4 PPC meetings		
Major Activities			**Timeframe For Completion**	**Responsible Party(s)**	
Update Department Program Description			March 2020	H. Su, J. Felix	
Complete incentive program progress reports and annual DHCS evaluations			September 2020 & March 2021	H. Su, J. Felix	
Produce and distribute Provider Update on SHA			December 2020	M. Lin	
Update Health Education Department's Policies and Procedures			December 2020	H. Su, J. Felix	
Initiative Status ***(populate at year-end)***	**MET** ☐ **PARTIALLY MET** ☐ **NOT MET** ☐				
If Activities/Objectives NOT MET: Barriers Encountered and Recommended Interventions to Overcome Barriers ***(populate at mid-year and year-end)***	*Include barriers to implementation and systemic/organizational barriers.* ***Mid-Year Update:*** ***Year-End Update***				
Overall Summary ***(populate at year-end)***	*Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?*				
Initiative Continuation Status (*populate at year-end)*	**CLOSED** ☐ **CONTINUE INITIATIVE UNCHANGED** ☐ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☐				

18. Initiative/ Project:	**Health Education Department Promotion, Materials Update, Development, Utilization and Inventory**				
Priority Counties	☒ **FRESNO** ☒ **KINGS** ☒ **MADERA**				
Initiative Aim(s)	☒ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☒ **PROVIDER SUPPORT** ☒ **COLLABORATIVE** ☒ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☐ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☒ **PNA**				
Rationale	Assure health education resources are meeting DHCS requirements per APL 18-016.				
Reporting Leader(s)	**Primary:**	**G. Toland, J. Felix, H. Su**	**Secondary:**	T. Gonzalez, A. Campos, J. Landeros	
Goal of Initiative	To produce and update health education resources to meet member and provider needs.				

Performance Measure(s)	**Objective(s)**	**2019 Outcomes (Year-End)**	**2020 Outcomes *(Mid-Year)***	**2020 Outcomes (Year-End)**
All required health education materials topics and languages available to providers, members and associates	Develop needed materials and resources to assure compliance.	Reviewed 2 existing materials. Updated 2 DHCS Checklists. Developed 4 new in-house materials.		
Develop behavioral health education materials	Creation of at least 1 behavioral health material(s) and distribution plan. Determine utilization baseline.	Postponed for 2020		
Educate members on controlling asthma	Develop and disseminate 1 educational resource about asthma action plan, use of medication, peak flow meter readings, and finding your triggers.	Resource will be finalized in Q1, 2020.		

Major Activities	**Timeframe For Completion**	**Responsible Party(s)**
Update materials identification codes with scanning vendor	October 2020	G. Toland
Review, process, and track CVH materials review and approvals	December 2020	G. Toland
Partner with Provider Relations to promote health education materials.	December 2020	T. Gonzalez, J. Felix

Initiative Status ***(populate at year-end)***	**MET** ☐ **PARTIALLY MET** ☐ **NOT MET** ☐
If Activities/Objectives NOT MET: Barriers Encountered and Recommended Interventions to Overcome Barriers ***(populate at mid-year and year-end)***	*Include barriers to implementation and systemic/organizational barriers.* ***Mid-Year Update:*** ***Year-End Update;***
Overall Summary ***(populate at year-end)***	*Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?*
Initiative Continuation Status (***populate at year-end)***	**CLOSED** ☐ **CONTINUE INITIATIVE UNCHANGED** ☐ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☐

19. Initiative/ Project:	**Health Education Operations: GIS**				
LOB(s)	☒ **FRESNO** ☒ **KINGS** ☒ **MADERA**				
Priority Counties	☐ **MEMBER PROGRAM UTILIZATION AND SATISFACTION** ☐ **PROVIDER SUPPORT** ☐ **COLLABORATIVE** ☒ **DEPT EFFICIENCY** ☐ **OVERSIGHT** ☐ **COMPLIANCE** ☒ **QUALITY PERFORMANCE** ☐ **PNA**				
Rationale	Spatial analysis can assist public health activities by tracking the spread of disease, supporting intervention planning by geographic need, resource mapping / scatter maps and identifying spatial trends.				
Reporting Leader(s)	**Primary:**	**D. Carrillo**	**Secondary:**		
Goal of Initiative	To incorporate the spatial perspective in Health Education planning and HEDIS activities				
Performance Measure(s)	**Objective(s)**		**2019 Outcomes (Year-End)**	**2020 Outcomes (Mid-Year)**	**2020 Outcomes (Year-End)**
GIS-assisted HEDIS intervention activities and Health Education outreach	Develop geomaps for 10+ projects/outreach activities.		Completed 13 data/mapping requests.		
Introduce new interactive mapping platform	Implement use of interactive software within Health Education and QI departments.		New for 2020		
Major Activities			**Timeframe For Completion**	**Responsible Party(s)**	
Monitor Health Education Data Request Database and GIS Mapping Request Dashboard for mapping/data support			Ongoing	D. Carrillo	
Develop interactive county maps for Fresno, Kings & Madera using HEDIS data			June 2020	D. Carrillo	
Train health education staff on interactive GIS software			September 2020	D. Carrillo	
Collect plotted outcome data to determine correlations between services offered and proximity			December 2020	D. Carrillo	
Initiative Status ***(populate at year-end)***	**MET** ☐ **PARTIALLY MET** ☐ **NOT MET** ☐				
If Activities/Objectives NOT MET: Barriers Encountered and Recommended Interventions to Overcome Barriers ***(populate at mid-year and year-end)***	Include barriers to implementation and systemic/organizational barriers. **Mid-Year Update:** **Year-End Update**				
Overall Summary ***(populate at year-end)***	Were the activities adequate to address the barriers? Were the objectives feasible? How will lessons learned impact implementation for next year?				
Initiative Continuation Status (***populate at year-end)***	**CLOSED** ☐ **CONTINUE INITIATIVE UNCHANGED** ☐ **CONTINUE INITIATIVE WITH MODIFICATIONS** ☐				

Item #8

Attachment 8.A

Financials as of March 31, 2020

Fresno-Kings-Madera Regional Health Authority dba CalViva Health

Balance Sheet

As of March 31, 2020

		Total
1	ASSETS	
2	Current Assets	
3	Bank Accounts	
4	Cash & Cash Equivalents	73,100,175.22
5	Total Bank Accounts	$ 73,100,175.22
6	Accounts Receivable	
7	Accounts Receivable	243,987,440.97
8	Total Accounts Receivable	$ 243,987,440.97
9	Other Current Assets	
10	Interest Receivable	3,704.77
11	Investments - CDs	0.00
12	Prepaid Expenses	380,426.64
13	Security Deposit	0.00
14	Total Other Current Assets	$ 384,131.41
15	Total Current Assets	$ 317,471,747.60
16	Fixed Assets	
17	Buildings	6,769,419.08
18	Computers & Software	0.00
19	Land	3,161,419.10
20	Office Furniture & Equipment	126,398.53
21	Total Fixed Assets	$ 10,057,236.71
22	Other Assets	
23	Investment -Restricted	315,752.21
24	Total Other Assets	$ 315,752.21
25	TOTAL ASSETS	$ 327,844,736.52
26	LIABILITIES AND EQUITY	
27	Liabilities	
28	Current Liabilities	
29	Accounts Payable	
30	Accounts Payable	43,042.15
31	Accrued Admin Service Fee	3,858,910.00
32	Capitation Payable	175,778,685.39
33	Claims Payable	31,961.46
34	Directed Payment Payable	795,625.47
35	Total Accounts Payable	$ 180,508,224.47
36	Other Current Liabilities	
37	Accrued Expenses	624,397.03
38	Accrued Payroll	77,030.25
39	Accrued Vacation Pay	338,176.27
40	Amt Due to DHCS	25,061.10
41	IBNR	68,869.79
42	Loan Payable-Current	0.00
43	Premium Tax Payable	0.00
44	Premium Tax Payable to BOE	5,959,951.98
45	Premium Tax Payable to DHCS	33,250,000.00
46	Total Other Current Liabilities	$ 40,343,486.42
47	Total Current Liabilities	$ 220,851,710.89
48	Long-Term Liabilities	
49	Renters' Security Deposit	0.00
50	Subordinated Loan Payable	0.00
51	Total Long-Term Liabilities	$ 0.00
52	Total Liabilities	$ 220,851,710.89
53	Equity	
54	Retained Earnings	70,284,248.46
55	Net Income	36,708,777.17
56	Total Equity	$ 106,993,025.63
57	TOTAL LIABILITIES AND EQUITY	$ 327,844,736.52

Fresno-Kings-Madera Regional Health Authority dba CalViva Health

Budget vs. Actuals: Income Statement

July 2019 - March 2020 (FY 2020)

		Total		
		Actual	Budget	Over/(Under) Budget
1	Income			
2	Investment Income	102,938.99	598,500.00	(495,561.01)
3	Premium/Capitation Income	895,505,070.76	848,279,268.00	47,225,802.76
4	**Total Income**	**895,608,009.75**	**848,877,768.00**	**46,730,241.75**
5	Cost of Medical Care			
6	Capitation - Medical Costs	783,136,012.23	705,520,890.00	77,615,122.23
7	Medical Claim Costs	2,269,020.06	2,175,003.00	94,017.06
8	**Total Cost of Medical Care**	**785,405,032.29**	**707,695,893.00**	**77,709,139.29**
9	**Gross Margin**	**110,202,977.46**	**141,181,875.00**	**(30,978,897.54)**
10	Expenses			
11	Admin Service Agreement Fees	35,035,385.00	35,491,500.00	(456,115.00)
12	Bank Charges	5.00	4,950.00	(4,945.00)
13	Computer/IT Services	89,057.64	117,900.00	(28,842.36)
14	Consulting Fees	1,575.00	78,750.00	(77,175.00)
15	Depreciation Expense	217,387.88	221,400.00	(4,012.12)
16	Dues & Subscriptions	122,803.24	135,144.00	(12,340.76)
17	Grants	1,160,812.43	1,312,497.00	(151,684.57)
18	Insurance	135,557.49	159,801.00	(24,243.51)
19	Labor	2,375,993.34	2,559,674.00	(183,680.66)
20	Legal & Professional Fees	76,010.52	143,100.00	(67,089.48)
21	License Expense	572,330.19	520,650.00	51,680.19
22	Marketing	816,128.92	776,000.00	40,128.92
23	Meals and Entertainment	15,139.11	16,100.00	(960.89)
24	Office Expenses	43,003.47	61,200.00	(18,196.53)
25	Parking	1,162.53	1,125.00	37.53
26	Postage & Delivery	2,341.63	2,430.00	(88.37)
27	Printing & Reproduction	2,458.65	3,600.00	(1,141.35)
28	Recruitment Expense	2,049.57	27,000.00	(24,950.43)
29	Rent	2,700.00	9,000.00	(6,300.00)
30	Seminars and Training	6,043.04	18,000.00	(11,956.96)
31	Supplies	8,258.78	7,650.00	608.78
32	Taxes	33,248,741.78	94,404,042.00	(61,155,300.22)
33	Telephone	25,862.70	25,200.00	662.70
34	Travel	17,332.47	22,120.00	(4,787.53)
35	**Total Expenses**	**73,978,140.38**	**136,118,833.00**	**(62,140,692.62)**
36	**Net Operating Income**	**36,224,837.08**	**5,063,042.00**	**31,161,795.08**
37	Other Income			
38	Other Income	483,940.09	495,000.00	(11,059.91)
39	**Total Other Income**	**483,940.09**	**495,000.00**	**(11,059.91)**
40	**Net Other Income**	**483,940.09**	**495,000.00**	**(11,059.91)**
41	**Net Income**	**36,708,777.17**	**5,558,042.00**	**31,150,735.17**

Fresno-Kings-Madera Regional Health Authority dba CalViva Health

Income Statement: CY vs PY

FY 2020 vs FY 2019

		Total	
		July 2019 - March 2020 (CY)	July 2018 - March 2019 (PY)
1	Income		
2	Investment Income	102,938.99	900,684.65
3	Premium/Capitation Income	895,505,070.76	879,935,501.19
4	Total Income	$ 895,608,009.75	$ 880,836,185.84
5	Cost of Medical Care		
6	Capitation - Medical Costs	783,136,012.23	736,585,931.80
7	Medical Claim Costs	2,269,020.06	2,000,185.32
8	Total Cost of Medical Care	$ 785,405,032.29	$ 738,586,117.12
9	Gross Margin	$ 110,202,977.46	$ 142,250,068.72
10	Expenses		
11	Admin Service Agreement Fees	35,035,385.00	35,698,190.00
12	Bank Charges	5.00	1,374.10
13	Computer/IT Services	89,057.64	95,615.84
14	Consulting Fees	1,575.00	4,200.00
15	Depreciation Expense	217,387.88	217,715.67
16	Dues & Subscriptions	122,803.24	127,419.06
17	Grants	1,160,812.43	1,509,329.86
18	Insurance	135,557.49	149,853.36
19	Labor	2,375,993.34	2,299,647.94
20	Legal & Professional Fees	76,010.52	87,584.62
21	License Expense	572,330.19	505,804.96
22	Marketing	816,128.92	596,932.89
23	Meals and Entertainment	15,139.11	14,110.42
24	Office Expenses	43,003.47	41,659.25
25	Parking	1,162.53	1,001.11
26	Postage & Delivery	2,341.63	2,475.46
27	Printing & Reproduction	2,458.65	1,603.98
28	Recruitment Expense	2,049.57	1,206.13
29	Rent	2,700.00	1,200.00
30	Seminars and Training	6,043.04	4,835.34
31	Supplies	8,258.78	6,982.78
32	Taxes	33,248,741.78	94,404,058.44
33	Telephone	25,862.70	25,154.37
34	Travel	17,332.47	17,109.25
35	Total Expenses	$ 73,978,140.38	$ 135,815,064.83
36	Net Operating Income	$ 36,224,837.08	$ 6,435,003.89
37	Other Income		
38	Other Income	483,940.09	529,648.29
39	Total Other Income	$ 483,940.09	$ 529,648.29
40	Net Other Income	$ 483,940.09	$ 529,648.29
41	Net Income	$ 36,708,777.17	$ 6,964,652.18

Item #8

Attachment 8.B

Fiscal Year 2021
Proposed Budget

Basic assumptions used in FY 2021 budget projections

- Enrollment projected to increase as a result of the economic impact related to the COVID 19 pandemic. CalViva utilized enrollment projections from Health Management Associates ("HMA") as a benchmark in determining projected enrollment for FY 2021. Overall, we deemed it was prudent to keep our enrollment projections more on the conservative end of the spectrum.

- Revenues projected based on enrollment breakdown by aid code and County, using current aid code specific rates as a benchmark for each County known at time of budget preparation. Overall, rates are projected to increase in comparison to prior year due to the following:
    - Increase in MCO tax related revenues related to MCO tax renewal proposal sent to CMS.
    - Increase in rates as a result of new Prop 56 programs such as developmental screening, trauma screening, family planning and value-based payments.
    - Net of decrease in rates as pharmacy benefits will be carved out from Medi-Cal managed care, effective 1/1/2021.

- Investment income projected to decrease as a result of declining yields from short-term investment accounts.

- Supplemental revenue from DHCS such as Maternity KICK, Hep C, Behavioral Health Treatment ("BHT"), and Ground Emergency Medical Transportation ("GEMT") payments projected based on current historical monthly average with an increase to account for projected enrollment increase.

- Medical Cost projected as Gross Medi-Cal Revenue less taxes, $11 pmpm Administrative Services fee, and retention rate retained by CalViva.

- Administrative Services fee projected at $11 pmpm based on enrollment.

- We are projecting FY 2021 staffing at 18 FTEs. Salary, Wages, and Benefits based on current staffing and rates. Projected wage increases of up to 5% based on employee performance at anniversary date, 8% increase in health insurance premiums based on August renewal, current deferral rate and employer contribution/match into 457 retirement program.

- Knox-Keene DMHC License Expense is to be based on last year's per member rate as an initial benchmark plus a forecasted rate increase and March 2020 enrollment for DMHC annual assessment fee to Health Plan.

- Marketing Expense incurred directly by the Plan is projected based on marketing plan for the fiscal year. Increase in marketing during FY 2021 due to additional marketing activities and community-based sponsorships, noting that 2020/2021 is the procurement year for commercial plans.

- Increase in Community Support Grants via scholarships, physician recruitment grants, COVID 19 related grants, Healthcare Effectiveness Data and Information Set ("HEDIS") Physician Incentive Plan, etc.…

- Depreciation expense based on current fixed assets useful life. Increase depreciation expense for any improvements to building during fiscal year 2021.

- Premium Taxes (MCO Tax) based on CMS approved amount, which was approved by CMS on 4/3/2020.

- Expenses projected based on either specific identifiable projections for major categories or approximate current run rate for minor expense categories.
    - Computer Support
    - Dues and Subscriptions
    - Legal & Professional
    - Insurance

	Fresno Kings Madera Regional Health Authority dba CalViva Health									
	FY 2021 PROPOSED BUDGET									
		<A>		**<B>**	**<C>** = <A> - <B>		**<D>**	**<E>** = <D> - <B>		**<F>** = <E>/<B>
								Proposed		
							Proposed	**FY 2021 Budget**		
		FY 2020 Projection		**FY 2020 Approved**	**Projected**		**FY 2021**	**vs FY 2020 Budget**		
		Annualized		**Budget**	**Over (under)**		**Budget**	**Difference**		**% Change from FY 2021 Budget vs FY 2020 Budget**
1	Medical Revenue	1,033,304,312		1,131,039,026	(97,734,715)		**1,186,025,070**	54,986,044		4.86%
2	Investment Income	137,252		798,000	(660,748)		**396,000**	(402,000)		-50.4%
3	Total Revenues	1,033,441,564		1,131,837,026	(98,395,463)		**1,186,421,070**	54,584,044		4.8%
4	Medical Cost	971,509,847		943,594,535	27,915,311		**972,451,469**	28,856,934		3.1%
5	Gross Margin	61,931,717		188,242,491	(126,310,774)		**213,969,601**	25,727,110		13.7%
	Expenses									
6	Administrative Services Fee	46,764,713		47,322,000	(557,287)		**48,048,000**	726,000		1.5%
7	Salary,Wages & Benefits	3,128,350		3,392,535	(264,185)		**3,492,627**	100,092		3.0%
8	Bank Charges	60		6,600	(6,540)		**6,600**	-		0.0%
9	Consulting	2,363		105,000	(102,638)		**105,000**	-		0.0%
10	Computer Support	121,546		157,200	(35,654)		**177,696**	20,496		13.0%
11	Depreciation Expense	290,287		295,200	(4,913)		**306,000**	10,800		3.7%
12	Dues & Subscriptions	163,679		180,192	(16,513)		**180,192**	-		0.0%
13	Community Support	1,523,094		1,750,000	(226,906)		**4,200,000**	2,450,000		140.0%
14	Insurance Expense	181,943		214,761	(32,818)		**182,310**	(32,451)		-15.1%
15	Legal & Professional	103,604		190,800	(87,196)		**190,800**	-		0.0%
16	License Expense	763,107		694,200	68,907		**855,424**	161,224		23.2%
17	Marketing Expense	1,084,083		1,000,000	84,083		**1,500,000**	500,000		50.0%
18	Meals	21,120		19,700	1,420		**20,300**	600		3.0%
19	Office Expense	55,275		81,600	(26,325)		**84,000**	2,400		2.9%
20	Parking	1,602		1,500	102		**1,500**	-		0.0%
21	Postage & Delivery	3,376		3,240	136		**3,360**	120		3.7%
22	Printing & Reproduction	3,364		4,800	(1,436)		**4,800**	-		0.0%
23	Recruitment	2,757		36,000	(33,243)		**36,000**	-		0.0%
24	Rent	3,600		12,000	(8,400)		**12,000**	-		0.0%
25	Seminars & Training	9,090		24,000	(14,910)		**24,000**	-		0.0%
26	Supplies	10,480		10,200	280		**10,800**	600		5.9%
27	Telephone	34,397		33,600	797		**34,800**	1,200		3.6%
28	Travel	24,881		28,090	(3,209)		**29,300**	1,210		4.3%
29	Total Expenses	54,296,773		55,563,218	(1,266,446)		**59,505,509**	3,942,291		7.1%
30	Income before Taxes	7,634,944		132,679,273	(125,044,329)		**154,464,092**	21,784,819		16.4%
31	Taxes-MCO	(1,887)		125,872,053	(125,873,940)		**149,625,000**	23,752,947		18.9%
32	Excess Revenue (Expenses)	7,636,832		6,807,220	829,612		**4,839,092**	(1,968,128)		-28.9%
33	Other Income	657,891		660,000	(2,109)		**480,000**	(180,000)		-27.3%
34	Net Income	8,294,723		7,467,220	827,503		**5,319,092**	(2,148,128)		-28.8%
35	Capital Expenditure Budget	-		-	-		200,000	200,000		100.0%

	Fresno Kings Madera Regional Health Authority dba CalViva Health													
	Combined Fresno -Kings - Madera Counties													
	FY 2021 Budget Projections													
		2020	2020	2020	2020	2020	2020	2021	2021	2021	2021	2021	2021	FY 2021
		July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Budget Total
	Enrollment													
1	Enrollment	364,000	364,000	364,000	364,000	364,000	364,000	364,000	364,000	364,000	364,000	364,000	364,000	
2	Total Enrollment	364,000	364,000	364,000	364,000	364,000	364,000	364,000	364,000	364,000	364,000	364,000	364,000	
	Revenue													
3	Current Mix	101,115,517	101,115,517	101,115,517	101,115,517	101,115,517	101,115,517	82,295,328	82,295,328	82,295,328	82,295,328	82,295,328	82,295,328	**1,100,465,070**
4	Maternity Kick, BHT and supplementals	7,100,000	7,100,000	7,100,000	7,100,000	7,100,000	7,100,000	7,100,000	7,100,000	7,100,000	7,100,000	7,100,000	7,100,000	**85,200,000**
5	Medi-Cal Revenue	108,245,517	108,245,517	108,245,517	108,245,517	108,245,517	108,245,517	89,425,328	89,425,328	89,425,328	89,425,328	89,425,328	89,425,328	**1,186,025,070**
6	Investment Income	33,000	33,000	33,000	33,000	33,000	33,000	33,000	33,000	33,000	33,000	33,000	33,000	**396,000**
7	Total Revenues	**108,278,517**	**108,278,517**	**108,278,517**	**108,278,517**	**108,278,517**	**108,278,517**	**89,458,328**	**89,458,328**	**89,458,328**	**89,458,328**	**89,458,328**	**89,458,328**	**1,186,421,070**
8	Medical Cost	90,306,565	90,306,565	90,306,565	90,306,565	90,306,565	90,306,565	71,768,680	71,768,680	71,768,680	71,768,680	71,768,680	71,768,680	**972,451,469**
9	Total Medical Costs	**90,306,565**	**90,306,565**	**90,306,565**	**90,306,565**	**90,306,565**	**90,306,565**	**71,768,680**	**71,768,680**	**71,768,680**	**71,768,680**	**71,768,680**	**71,768,680**	**972,451,469**
10	Gross Margin	17,971,952	17,971,952	17,971,952	17,971,952	17,971,952	17,971,952	17,689,649	17,689,649	17,689,649	17,689,649	17,689,649	17,689,649	**213,969,601**
	Expenses													
11	Administrative Services Fee	4,004,000	4,004,000	4,004,000	4,004,000	4,004,000	4,004,000	4,004,000	4,004,000	4,004,000	4,004,000	4,004,000	4,004,000	**48,048,000**
12	Salary,Wages & Benefits	270,990	273,018	293,928	277,928	277,928	369,928	281,652	284,886	301,886	281,162	281,162	298,162	**3,492,627**
13	Bank Charges	550	550	550	550	550	550	550	550	550	550	550	550	**6,600**
14	Consulting	8,750	8,750	8,750	8,750	8,750	8,750	8,750	8,750	8,750	8,750	8,750	8,750	**105,000**
15	Computer Fees	14,008	14,008	14,008	14,008	14,008	14,008	15,608	15,608	15,608	15,608	15,608	15,608	**177,696**
16	Depreciation Expense	25,500	25,500	25,500	25,500	25,500	25,500	25,500	25,500	25,500	25,500	25,500	25,500	**306,000**
17	Dues & Subscriptions	15,016	15,016	15,016	15,016	15,016	15,016	15,016	15,016	15,016	15,016	15,016	15,016	**180,192**
18	Community Support	350,000	350,000	350,000	350,000	350,000	350,000	350,000	350,000	350,000	350,000	350,000	350,000	**4,200,000**
19	Insurance Expense	14,270	14,270	14,270	15,500	15,500	15,500	15,500	15,500	15,500	15,500	15,500	15,500	**182,310**
20	Legal & Professional	15,900	15,900	15,900	15,900	15,900	15,900	15,900	15,900	15,900	15,900	15,900	15,900	**190,800**
21	License Expense	71,285	71,285	71,285	71,285	71,285	71,285	71,285	71,285	71,285	71,285	71,285	71,285	**855,424**
22	Marketing Expense	120,000	120,000	140,000	140,000	140,000	140,000	145,000	125,000	125,000	100,000	90,000	115,000	**1,500,000**
23	Meals	1,000	1,200	4,200	2,500	1,650	1,650	1,650	1,650	1,200	1,200	1,200	1,200	**20,300**
24	Office Expense	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	7,000	**84,000**
25	Parking	125	125	125	125	125	125	125	125	125	125	125	125	**1,500**
26	Postage & Delivery	280	280	280	280	280	280	280	280	280	280	280	280	**3,360**
27	Printing & Reproduction	400	400	400	400	400	400	400	400	400	400	400	400	**4,800**
28	Recruitment	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	**36,000**
29	Rent	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	**12,000**
30	Seminars & Training	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	**24,000**
31	Supplies	900	900	900	900	900	900	900	900	900	900	900	900	**10,800**
32	Telephone	2,900	2,900	2,900	2,900	2,900	2,900	2,900	2,900	2,900	2,900	2,900	2,900	**34,800**
33	Travel	2,100	2,100	2,100	6,200	2,100	2,100	2,100	2,100	2,100	2,100	2,100	2,100	**29,300**
34	Total Expenses	4,930,974	4,933,202	4,977,112	4,964,742	4,959,792	5,051,792	4,970,116	4,953,350	4,969,900	4,924,176	4,914,176	4,956,176	**59,505,509**
35	Income before Taxes	13,040,977	13,038,749	12,994,839	13,007,209	13,012,159	12,920,159	12,719,533	12,736,299	12,719,749	12,765,473	12,775,473	12,733,473	**154,464,092**
36	Taxes-MCO	12,468,750	12,468,750	12,468,750	12,468,750	12,468,750	12,468,750	12,468,750	12,468,750	12,468,750	12,468,750	12,468,750	12,468,750	**149,625,000**
37	Operating Income (Loss)	572,227	569,999	526,089	538,459	543,409	451,409	250,783	267,549	250,999	296,723	306,723	264,723	**4,839,092**
38	Other Income	40,000	40,000	40,000	40,000	40,000	40,000	40,000	40,000	40,000	40,000	40,000	40,000	**480,000**
39	Net Income	612,227	609,999	566,089	578,459	583,409	491,409	290,783	307,549	290,999	336,723	346,723	304,723	**5,319,092**
40	Capital Expenditures													**200,000**

Item #8

Attachment 8.C

Compliance Report

RHA Commission Compliance – Regulatory Report

Regulatory Filings	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2020 YTD Total
# of DHCS Filings													
Administrative/ Operational	9	15	12	13	2								51
Member & Provider Materials	2	1	7	12	2								24
# of DMHC Filings	5	8	7	7	1								28

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.

Fraud, Waste, & Abuse Activity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2020 YTD Total
# of New MC609 Cases Submitted to DHCS	2	1	3	0	4								10
# of Cases Open for Investigation (Active Number)	16	16	16	14	14								

Summary of Potential Fraud, Waste & Abuse (FWA) cases

Since the last report, the Plan identified four (4) cases that reflect potential FWA circumstances and MC609 reports were filed with the DHCS. Three (3) cases were provider-related and one (1) was member reported.

One case involved potential identity theft reported by a member. The other three (3) provider related cases involved participating providers identified as inappropriately billing more than expected diagnoses in certain categories, up coding of Evaluation and Management Services (E/Ms), or billing inappropriate codes.

There were no cases that needed to be referred to other law enforcement agencies by the Plan.

Report Date 5/21/20

Compliance Oversight & Monitoring Activities	Description
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. Health Net is providing more detailed reports of vendor oversight audits and comprehensive reports of participating provider groups (PPG) activity – additional reporting enhancements will be implemented in 2020. 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: Appeals & Grievances, Marketing, Provider Network, Utilization Management & Case Management, Provider Dispute Resolutions and Claims. The following audit has been completed since the last Commission report: Q3 2019 Provider Dispute Resolutions (CAP).
Regulatory Reviews/Audits and CAPS	**Status**
Department of Health Care Services ("DHCS") 2020 Medical Audit	DHCS was onsite at CalViva Health the week of February 3, 2020 to conduct their annual Medical Audit. On 5/6/20, DHCS informed the Plan that they will soon issue the Preliminary Audit Report and have requested an exit conference be scheduled for later this month.
Department of Health Care Services ("DHCS") 2019 Medical Audit	DHCS issued its Final Report to the Plan on October 29, 2019 citing three deficiencies. The Plan submitted its last CAP update on 5/2/20. On 5/11/20, DHCS notified the Plan that the CAP has been closed. The Plan will continue to work with Health Net to implement and monitor the various corrective actions to ensure compliance as it is expected that DHCS will review these same requirements in future audits.
Department of Managed Health Care ("DMHC") 2019 Medical Survey	The DMHC issued their Final Report on February 5, 2020 citing two deficiencies as corrected and two deficiencies uncorrected. DMHC will conduct an 18-month follow-up audit to validate corrective actions have been implemented on one of these deficiencies, and for the other, CalViva submitted its final CAP response on 5/8/20. We are awaiting DMHC acceptance of the CAP.
Department of Managed Health Care ("DMHC") MY2019 Timely Access Report	The Plan submitted the MY19/RY20 DMHC TAR on 5/1/20 and are awaiting DMHC's Final Report.
Department of Health Care Services ("DHCS") Annual Network Certification	On 2/27/20, DHCS published All Plan Letter (APL 20-003) specifying new requirements for annual network certification (ANC). The most significant change relates to provider availability standards. Plans must now meet **both** time **and** distance standards (no longer time **or** distance). This change resulted in a significant number of zip codes and specialty categories falling out of compliance and requiring CalViva to file Alternative Access Standards (AAS) requests with DHCS. The Plan submitted the ANC filing on 4/20/20. As part of the ANC, the Plan submitted its Plan of Action (POA) on 4/3/20 describing its readiness efforts in preparation for the 2021 Subcontracted Network Certification. As a result of follow-up letters from DHCS on these filings, the Plan will be submitting revised ANC and POA filings within the next 2 weeks.

New Regulations / Contractual Requirements	
Governor Newsom's May Budget Revision for 2020-21	The May Budget Revision for 2020-21 reflects significant impacts from the COVID-19 pandemic effects on California's economy. The Budget Revision includes a limited number of new proposals, and reflects modification of some previous proposals included in the Governor's 2020-21 proposed January budget. As required by the California Constitution, the May Revision presents a balanced budget by cancelling new initiatives, cancelling or reducing spending, drawing down reserves, borrowing from special funds, temporarily increasing revenues, and accounting for CARES Act funding. If passed by the legislature and depending on federal funding, there may be significant impact on managed care plan activities. For more details: • The Governor's Full May Revision is available on the California Department of Finance website at www.ebudget.ca.gov/. • The DHCS released 2020-21 May Revision Highlights, available on the DHCS website at https://www.dhcs.ca.gov/Documents/Budget_Highlights/DHCS-FY-2020-21-MR-Highlights-051320.pdf.
California Advancing and Innovating Medi-Cal (CalAIM) (fmr "Medi-Cal Healthier California for All")	Due to COVID-19 financial impacts, Governor Newsom's May Budget Revision for 2020-21 withdraws funding for all CalAIM related initiatives. It is possible some initiatives may be re-initiated later. DHCS has verbally notified plans that they are also delaying the managed care carve-in of long-term care (LTC) and organ transplants (formerly effective 1/1/2021).
COVID-19 Novel Coronavirus	The Plan continues to receive All Plan Letters and other regulatory guidance from DMHC and DHCS, and continues to report provider site closures, positive COVID-19 tests and hospitalizations on a daily basis, including weekends. CalViva Health staff and our administrator's staff continue to carry out operations on a remote basis. We are assessing the remote working situation on a weekly basis.
Committee Report	
Public Policy Committee	The next meeting will be held on June 10, 2020, 11:30 a.m. via telephone conference due to the COVID-19 state of emergency.

TO: RHA Commission

FROM: Mary Beth Corrado

DATE: May 21, 2020

SUBJECT: Oversight Audits of Health Net Community Solutions – 2019 Executive Summary

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SUMMARY

In 2019, CalViva Health completed several Oversight Audits involving activities delegated to Health Net Community Solutions (Health Net) and their subcontractors. CalViva Health employs both "desk review" and "on-site" audit methods. These audits were comprised of interviews with key personnel at Health Net and subcontractors as needed, case file audits and desk reviews of evidence and documentation submitted to meet the required audit elements. An onsite audit was conducted for the Claims activities. Documentation reviewed included but is not limited to:

- Program Descriptions & Work Plans
- Policies and Procedures
- Functional Area Periodic Reports (e.g., Claims, A&G, UM, Credentialing)
- Individual case files
- Meeting Minutes
- Sample Template Letters and forms
- Tracking Logs
- Training Manuals
- Member Materials (e.g., Handbook/EOC, Welcome Packet)
- Provider Communications and Educational Materials
- Sub-delegated entity oversight reports

Overall, Health Net and their subcontractors performed well and fully complied with most requirements.

PURPOSE OF ACTIVITY

Oversight audits of the various functions and responsibilities delegated to Health Net and subdelegated to Health Net contracted entities are conducted to assess compliance with and adherence to CalViva Health's policies and procedures, state and federal regulations and contractual requirements. When noncompliance issues are identified, corrective action plans (CAPs) are implemented to improve quality and performance.

RESULTS & ANALYSIS

The following table summarizes the 2019 Oversight Audit results by functional area.

2019 CalViva Health Oversight Audit Results

Function	Period Audited	CAP	CAP Issue(s)
Access and Availability	Jan 2017 to Dec 2017	Completed 4/29/19 **No CAP**	
Claims	Jan 2018 to Dec 2018	Completed 10/16/19 CAP	CAP identified issue that resolution was not timely. Cases did not meet 30 calendar day turnaround time. Also, several claims were not processed and paid correctly.
Continuity of Care	Jan 2017 to Dec 2018	Completed 7/22/19 **No CAP**	
Cultural and Linguistics	Jan 2018 to Dec 2018	Completed 10/30/19 **No CAP**	
Emergency Services	Jan 2018 to Dec 2018	Completed 12/17/19 **No CAP**	
Health Education	Jul 2016 to Dec 2018	Completed 9/20/19 **No CAP**	
Marketing	Jan 2017 to Dec 2017	Completed 2/8/19 **No CAP**	
Pharmacy	Jan 2016 to Dec 2017	Completed 6/21/19 CAP	CAP issue, incorrect templates were being used. Bi-annual audit of PBM was not being done.
Privacy and Security	Jan 2017 to Dec 2017	Completed 6/27/19 **No CAP**	
Provider Disputes (Annual)	Jan 2018 to Dec 2018	Completed 10/16/19 CAP	CAP resolution, PDRs were noncompliant with payment of interest on 2 of 25 cases.

Function	Period Audited	CAP	CAP Issue(s)
Provider Disputes (Quarterly)	Q3-2018 Q4 2018	Completed 3/19/19 **No CAP** Completed 10/16/19 CAP	 CAP resolution, PDRs were noncompliant with payment of interest on 2 of 25 cases.
Quality Management	Jan 2016 to Dec 2017	Completed 6/5/19 **No CAP**	

Individual oversight audit deficiencies requiring CAPs did not rise to a level that could potentially result in a failure to pass the audit. As reflected in the table above, issues primarily affected only one or two individual elements within the overall area audited. All other audits were favorable.

ACTIONS TAKEN

For those audits requiring CAPs, CalViva Health has received and approved Health Net's corrective actions.

NEXT STEPS

Continue to perform oversight audits of functions handled by Health Net and their subcontractors on the Plan's behalf and work with Health Net to improve administration of activities as applicable.

Item #8

Attachment 8.D

Appeals and Grievances Report

CalViva Health

Monthly Appeals and Grievances Dashboard

CY: 2020

Current as of End of the Month: March
Revised Date: 5/7/2020

CalViva - 2020																		
Grievances	**Jan**	**Feb**	**Mar**	**Q1**	**Apr**	**May**	**Jun**	**Q2**	**Jul**	**Aug**	**Sep**	**Q3**	**Oct**	**Nov**	**Dec**	**Q4**	**2020 YTD**	**2019**
Expedited Grievances Received	10	4	12	26	0	0	0	0	0	0	0	0	0	0	0	0	26	189
Standard Grievances Received	101	97	98	296	0	0	0	0	0	0	0	0	0	0	0	0	296	1118
Total Grievances Received	**111**	**101**	**110**	**322**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**322**	**1307**
Grievance Ack Letters Sent Noncompliant	0	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	12
Grievance Ack Letter Compliance Rate	**100.0%**	**97.9%**	**100.0%**	**99.3%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**99.32%**	**98.9%**
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	10	4	12	26	0	0	0	0	0	0	0	0	0	0	0	0	26	189
Expedited Grievance Compliance rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.00%**	**100.0%**
Standard Grievances Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Standard Grievances Resolved Compliant	110	88	121	319	0	0	0	0	0	0	0	0	0	0	0	0	319	1100
Standard Grievance Compliance rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.00%**	**99.9%**
Total Grievances Resolved	**120**	**92**	**133**	**345**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**345**	**1290**
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	**96**	**60**	**107**	**263**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**263**	**983**
Access - Other - DMHC	7	7	7	21	0	0	0	0	0	0	0	0	0	0	0	0	21	58
Access - PCP - DHCS	10	9	12	31	0	0	0	0	0	0	0	0	0	0	0	0	31	166
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	10	4	1	15	0	0	0	0	0	0	0	0	0	0	0	0	15	59
Administrative	13	9	23	45	0	0	0	0	0	0	0	0	0	0	0	0	45	211
Continuity of Care	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	10
Interpersonal	8	5	9	22	0	0	0	0	0	0	0	0	0	0	0	0	22	106
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	11	5	6	22	0	0	0	0	0	0	0	0	0	0	0	0	22	87
Pharmacy	7	2	11	20	0	0	0	0	0	0	0	0	0	0	0	0	20	50
Transportation - Access	17	11	22	50	0	0	0	0	0	0	0	0	0	0	0	0	50	160
Transportation - Behaviour	7	4	14	25	0	0	0	0	0	0	0	0	0	0	0	0	25	56
Transportation - Other	4	4	2	10	0	0	0	0	0	0	0	0	0	0	0	0	10	20
Quality Of Care Grievances	**24**	**32**	**26**	**82**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**82**	**307**
Access - Other - DMHC	1	0	2	3	0	0	0	0	0	0	0	0	0	0	0	0	3	11
Access - PCP - DHCS	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	4
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	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	3	6	6	15	0	0	0	0	0	0	0	0	0	0	0	0	15	51
PCP Care	11	19	3	33	0	0	0	0	0	0	0	0	0	0	0	0	33	108
PCP Delay	1	2	6	9	0	0	0	0	0	0	0	0	0	0	0	0	9	50
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Specialist Care	8	3	6	17	0	0	0	0	0	0	0	0	0	0	0	0	17	65
Specialist Delay	0	1	2	3	0	0	0	0	0	0	0	0	0	0	0	0	3	15
Exempt Grievances Received	324	243	239	**806**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**806**	NA
Access - Avail of Appt w/ PCP	17	12	8	**37**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**37**	NA
Access - Avail of Appt w/ Specialist	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**	NA
Access - Avail of Appt w/ Other	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	NA
Access - Wait Time - wait too long on telephone	1	3	2	**6**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**6**	NA
Access - Wait Time - in office for appt	0	3	1	**4**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**4**	NA
Access - Panel Disruption	3	3	3	**9**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**9**	NA
Access - Shortage of Providers	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	NA
Access - Geographic/Distance Access Other	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	NA
Access - Geographic/Distance Access PCP	1	1	0	**2**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**2**	NA
Access - Geographic/Distance Access Specialist	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**	NA
Access - Interpreter Service Requested	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	NA
Benefit Issue - Specific Benefit needs authorization	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	NA
Benefit Issue - Specific Benefit not covered	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	NA
Attitude/Service - Health Plan Staff	4	1	1	**6**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**6**	NA
Attitude/Service - Provider	24	30	29	**83**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**83**	NA
Attitude/Service - Office Staff	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	NA

CalViva Health Appeals and Grievances Dashboard 2020

Attitude/Service - Vendor	2	1	4	**7**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**7**	NA
Attitude/Service - Health Plan	0	1	3	**4**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**4**	NA
Authorization - Authorization Related	4	2	1	**7**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**7**	NA
Eligibility Issue - Member not eligible per Health Plan	1	3	0	**4**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**4**	NA
Eligibility Issue - Member not eligible per Provider	2	2	3	**7**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**7**	NA
Health Plan Materials - ID Cards-Not Received	14	20	16	**50**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**50**	NA
Health Plan Materials - ID Cards-Incorrect Information on Card	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**	NA
Health Plan Materials - Other	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	NA
PCP Assignment/Transfer - Incorrect PCP assigned- Health Plan Error	109	59	74	**242**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**242**	NA
PCP Assignment/Transfer - Incorrect PCP assigned-non Health Plan Error	29	14	10	**53**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**53**	NA
PCP Assignment/Transfer - PCP effective date	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	NA
PCP Assignment/Transfer - PCP Transfer not Processed	0	0	2	**2**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**2**	NA
PCP Assignment/Transfer - Rollout of PPG	3	0	2	**5**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**5**	NA
PCP Assignment/Transfer - Mileage Inconvenience	6	17	3	**26**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**26**	NA
Pharmacy - Authorization Issue	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**1**	NA
Pharmacy - Authorization Issue-CalViva Error	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	NA
Pharmacy - Eligibility Issue	26	15	20	**61**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**61**	NA
Pharmacy - Quantity Limit	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	NA
Pharmacy - Rx Not Covered	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	NA
Pharmacy - Pharmacy-Retail	5	4	4	**13**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**13**	NA
Transportation - Access - Provider No Show	9	1	1	**11**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**11**	NA
Transportation - Access - Provider Late	15	9	7	**31**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**31**	NA
Transportation - Behaviour	27	31	26	**84**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**84**	NA
Transportation - Other	2	1	0	**3**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**3**	NA
OTHER - Other	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**0**	NA
OTHER - Balance Billing from Provider	18	9	18	**45**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	**45**	NA

CalViva Health Appeals and Grievances Dashboard 2020

Appeals	**Jan**	**Feb**	**Mar**	**Q1**	**Apr**	**May**	**June**	**Q2**	**Jul**	**Aug**	**Sep**	**Q3**	**Oct**	**Nov**	**Dec**	**Q4**	**YTD**	**YTD**
Expedited Appeals Received	11	9	13	33	0	0	0	0	14	0	0	0	0	0	0	0	33	158
Standard Appeals Received	78	91	95	264	0	0	0	0	0	0	0	0	0	0	0	0	264	744
Total Appeals Received	**89**	**100**	**108**	**297**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	297	**902**
Appeals Ack Letters Sent Noncompliant	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	1	3
Appeals Ack Letter Compliance Rate	**100.0%**	**98.9%**	**100.0%**	**99.6%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**99.62%**	**99.6%**
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	11	10	11	**32**	0	0	0	**0**	0	0	0	**0**	0	0	0	0	32	158
Expedited Appeals Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.00%**	**100.0%**
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Standard Appeals Resolved Compliant	65	69	95	229	0	0	0	0	0	0	0	0	0	0	0	0	229	726
Standard Appeals Compliance Rate	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.00%**	**99.6%**
Total Appeals Resolved	**76**	**79**	**106**	**261**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**261**	**887**
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	**76**	**78**	**106**	**260**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**260**	883
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12
DME	5	5	3	13	0	0	0	0	0	0	0	0	0	0	0	0	13	51
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	0	0	0	0	0	0	0	0	0	0	0	11
Advanced Imaging	34	37	49	120	0	0	0	0	0	0	0	0	0	0	0	0	120	412
Other	5	6	3	14	0	0	0	0	0	0	0	0	0	0	0	0	14	71
Pharmacy	31	26	48	105	0	0	0	0	0	0	0	0	0	0	0	0	105	274
Surgery	1	4	3	8	0	0	0	0	0	0	0	0	0	0	0	0	8	50
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**	4
Consultation	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	1
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	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Surgery	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	33	41	63	**137**	0	0	0	0	0	0	0	0	0	0	0	0	137	463
Uphold Rate	**43.4%**	**51.9%**	**59.4%**	**52.5%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**52.5%**	**52.2%**
Overturns - Full	40	35	39	**114**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	114	399
Overturn Rate - Full	**52.6%**	**44.3%**	**36.8%**	**43.7%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**43.7%**	**45.0%**
Overturns - Partials	3	2	2	**7**	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**	7	19
Overturn Rate - Partial	**3.9%**	**2.5%**	**1.9%**	**2.7%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.00%**	**2.7%**	**2.1%**
Withdrawal	0	1	2	**3**	0	0	0	**0**	0	0	0	**0**	0	0	0	0	**3**	6
Withdrawal Rate	**0.0%**	**1.3%**	**1.9%**	**1.1%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.00%**	**1.1%**	**0.7%**
Membership	348,034	347,538	347,090		-	-	-		-	-	-		-	-	-			
Appeals - PTMPM	0.22	0.23	0.31	0.25	-	-	-	-	-	-	-	-	-	-	-	-	0.25	0.21
Grievances - PTMPM	0.34	0.26	0.38	0.33	-	-	-	-	-	-	-	-	-	-	-	-	0.33	0.30

Item #8

Attachment 8.E

Key Indicator Report

Healthcare Solutions Reporting

Key Indicator Report

Auth Based PPG Utilization Metrics for CALVIVA California SHP

Report from 3/01/2019 to 3/31/2020

Report created 4/14/2020

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:

Contact Information

Sections	Contact Person
Concurrent Inpatient TAT Metric	
TAT Metric	Katherine Marie F. Coy <KATHERINE.F.COY@HEALTHNET.COM>
CCS Metric	Azra S. Aslam <Azra.S.Aslam@healthnet.com>
Case Management Metrics	Kenneth Hartley <KHARTLEY@cahealthwellness.com
Authorization Metrics	John Gonzalez

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 3/01/2019 to 3/31/2020
Report created 4/14/2020

ER utilization based on Claims data	2019-03	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2019-Trend	2020-01	2020-02	2020-03	2020-Trend	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Qtr Trend	CY- 2019	YTD-2020	YTD-Trend
																Quarterly Averages						Annual Averages		
Expansion Mbr Months	85,451	85,388	85,290	85,591	87,019	86,955	86,797	86,477	86,060	85,490		84,720	84,125	83,614		85,595	85,423	86,924	86,009	84,153		85,988	84,153	
Family/Adult/Other Mbr Mos	243,291	243,078	242,808	241,622	250,640	249,775	248,368	247,313	246,624	245,870		244,600	243,646	241,879		243,845	242,503	249,594	246,602	243,375		245,636	243,375	
SPD Mbr Months	32,809	32,865	32,967	33,061	33,812	33,810	33,806	33,845	33,858	33,833		33,708	33,590	33,384		32,792	32,964	33,809	33,845	33,561		33,353	33,561	
Admits - Count	2,254	2,152	2,316	2,183	2,382	2,357	2,156	2,294	2,203	2,232		2,316	2,167	2,043		2,226	2,217	2,298	2,243	2,175		2,246	2,542	
Expansion	614	596	710	639	765	716	663	664	656	646		685	659	584		611	648	715	655	643		657	766	
Family/Adult/Other	1,074	1,017	1,067	1,039	1,062	1,104	999	1,115	1,032	1,081		1,088	1,014	995		1,085	1,041	1,055	1,076	1,032		1,064	1,210	
SPD	557	529	532	489	541	520	483	505	502	493		529	484	457		521	517	515	500	490		513	554	
Admits Acute - Count	1,576	1,482	1,582	1,483	1,563	1,510	1,451	1,500	1,484	1,496		1,596	1,506	1,371		1,549	1,516	1,508	1,493	1,491		1,517	1,701	
Expansion	478	449	547	491	558	536	481	485	506	474		504	488	440		464	496	525	488	477		493	559	
Family/Adult/Other	585	543	543	535	504	504	515	554	520	565		595	566	511		602	540	508	546	557		549	628	
SPD	506	483	488	446	494	460	449	456	452	450		491	447	415		476	472	468	453	451		467	508	
Readmit 30 Day - Count	297	270	309	303	297	291	305	315	306	309		308	269	280		297	294	298	310	286		300	328	
Expansion	74	64	89	92	94	102	94	93	99	79		92	88	70		82	82	97	90	83		88	97	
Family/Adult/Other	98	85	77	85	89	89	94	103	87	91		88	75	88		88	82	91	94	84		89	95	
SPD	125	120	143	125	114	97	116	118	117	137		127	105	121		125	129	109	124	118		122	134	
Readmit 14 Day - Count	17	32	30	34	31	27	21	23	26	21		31	24	36		26	32	26	23	30		27	34	
Expansion	3	7	11	9	9	8	6	9	10	6		10	9	12		9	9	8	8	10		8	12	
Family/Adult/Other	5	7	5	10	7	6	4	5	3	8		9	7	8		7	7	6	5	8		6	9	
SPD	9	18	14	15	15	13	11	9	13	7		12	8	16		10	16	13	10	12		12	13	
**ER Visits - Count	18,301	16,058	15,518	15,014	15,459	15,626	15,722	15,139	15,262	15,645		17,617	16,600	6,392		16,689	15,530	15,602	15,349	13,536		15,793	13,536	
Expansion	3,928	3,867	3,835	3,880	4,221	4,100	3,833	3,588	3,525	3,634		3,867	3,568	1,180		3,686	3,861	4,051	3,582	2,872		3,795	2,872	
Family/Adult/Other	12,552	10,463	9,998	9,384	9,312	9,763	10,084	9,869	10,035	10,329		11,999	11,459	4,734		11,302	9,948	9,720	10,078	9,397		10,262	9,397	
SPD	1,795	1,690	1,644	1,696	1,870	1,722	1,758	1,631	1,672	1,646		1,698	1,526	467		1,679	1,677	1,783	1,650	1,230		1,697	1,230	
Admits Acute - PTMPY	52.3	49.2	52.5	49.3	50.4	48.8	47.1	48.9	48.5	49.1		52.7	49.9	45.8		51.3	50.3	48.8	48.8	49.5		49.8	56.4	
Expansion	67.1	63.1	77.0	68.8	76.9	74.0	66.5	67.3	70.6	66.5		71.4	69.6	63.1		65.1	69.6	72.5	68.1	68.1		68.8	79.7	
Family/Adult/Other	28.9	26.8	26.8	26.6	24.1	24.2	24.9	26.9	25.3	27.6		29.2	27.9	25.4		29.6	26.7	24.4	26.6	27.5		26.8	31.0	
SPD	185.1	176.4	177.6	161.9	175.3	163.3	159.4	161.7	160.2	159.6		174.8	159.7	149.2		174.3	171.9	166.0	160.5	161.3		168.1	181.8	
Bed Days Acute - PTMPY	271.3	243.4	251.0	244.0	245.8	237.3	223.7	244.3	240.9	243.8		248.9	237.2	226.8		260.1	246.2	235.6	243.0	237.7		246.2	265.1	
Expansion	334.5	306.9	377.2	349.8	387.2	404.3	330.3	322.2	362.5	344.5		381.7	363.9	340.7		340.3	344.6	374.0	343.0	362.2		350.6	408.9	
Family/Adult/Other	105.7	95.9	94.8	102.2	87.5	84.8	96.4	107.2	98.2	111.7		101.1	106.6	88.1		114.4	97.6	89.6	105.7	98.6		101.8	110.3	
SPD	1,322.6	1,163.3	1,075.3	986.2	1,047.3	917.8	873.6	1,027.2	959.8	947.7		984.7	859.2	939.3		1,122.1	1,074.7	946.2	978.2	927.8		1,029.3	1,021.6	
ALOS Acute	5.2	5.0	4.8	4.9	4.9	4.9	4.7	5.0	5.0	5.0		4.7	4.8	5.0		5.1	4.9	4.8	5.0	4.8		4.9	4.7	
Expansion	5.0	4.9	4.9	5.1	5.0	5.5	5.0	4.8	5.1	5.2		5.3	5.2	5.4		5.2	4.9	5.2	5.0	5.3		5.1	5.1	
Family/Adult/Other	3.7	3.6	3.5	3.8	3.6	3.5	3.9	4.0	3.9	4.1		3.5	3.8	3.5		3.9	3.7	3.7	4.0	3.6		3.8	3.6	
SPD	7.1	6.6	6.1	6.1	6.0	5.6	5.5	6.4	6.0	5.9		5.6	5.4	6.3		6.4	6.3	5.7	6.1	5.8		6.1	5.6	
Readmit % 30 Day	13.2%	12.5%	13.3%	13.9%	12.5%	12.3%	14.1%	13.7%	13.9%	13.8%		13.3%	12.4%	13.7%		13.3%	13.3%	13.0%	13.8%	13.1%		13.3%	12.9%	
Expansion	12.1%	10.7%	12.5%	14.4%	12.3%	14.2%	14.2%	14.0%	15.1%	12.2%		13.4%	13.4%	12.0%		13.4%	12.6%	13.5%	13.8%	13.0%		13.3%	12.7%	
Family/Adult/Other	9.1%	8.4%	7.2%	8.2%	8.4%	8.1%	9.4%	9.2%	8.4%	8.4%		8.1%	7.4%	8.8%		8.1%	7.9%	8.6%	8.7%	8.1%		8.3%	7.9%	
SPD	22.4%	22.7%	26.9%	25.6%	21.1%	18.7%	24.0%	23.4%	23.3%	27.8%		24.0%	21.7%	26.5%		24.0%	25.0%	21.2%	24.8%	24.0%		23.8%	24.2%	
Readmit % 14 Day	1.1%	2.2%	1.9%	2.3%	2.0%	1.8%	1.4%	1.5%	1.8%	1.4%		1.9%	1.6%	2.6%		1.7%	2.1%	1.7%	1.6%	2.0%		1.8%	2.0%	
Expansion	0.6%	1.6%	2.0%	1.8%	1.6%	1.5%	1.2%	1.9%	2.0%	1.3%		2.0%	1.8%	2.7%		1.9%	1.8%	1.5%	1.7%	2.2%		1.7%	2.1%	
Family/Adult/Other	0.9%	1.3%	0.9%	1.9%	1.4%	1.2%	0.8%	0.9%	0.6%	1.4%		1.5%	1.2%	1.6%		1.2%	1.4%	1.1%	1.0%	1.4%		1.2%	1.5%	
SPD	1.8%	3.7%	2.9%	3.4%	3.0%	2.8%	2.4%	2.0%	2.9%	1.6%		2.4%	1.8%	3.9%		2.1%	3.3%	2.8%	2.1%	2.7%		2.6%	2.6%	
**ER Visits - PTMPY	600.8	601.8	602.8	603.8	604.8	605.8	606.8	607.8	608.8	609.8		598.8	599.8	600.8		552.7	515.8	504.8	501.8	449.0		518.6	449.0	
Expansion	551.6	543.4	539.6	544.0	582.1	565.8	529.9	497.9	491.5	510.1		547.7	509.0	169.3		516.8	542.3	559.3	499.8	409.5		529.6	409.5	
Family/Adult/Other	619.1	516.5	494.1	466.1	445.8	469.0	487.2	478.9	488.3	504.1		588.7	564.4	234.9		556.2	492.3	467.3	490.4	463.4		501.3	463.4	
SPD	656.5	617.1	598.4	615.6	663.7	611.2	624.0	578.3	592.6	583.8		604.5	545.2	167.9		614.5	610.4	633.0	584.9	439.9		610.7	439.9	
Services	TAT Compliance Goal: 100%											TAT Compliance Goal: 100%				TAT Compliance Goal: 100%						TAT Compliance Goal: 100%		
Preservice Routine	96.7%	96.7%	40.0%	60.0%	90.0%	86.0%	86.0%	74.0%	100.0%	92.0%		100.0%	100.0%	100.0%		98.9%	65.6%	87.3%	88.7%	100.0%				
Preservice Urgent	100.0%	96.7%	90.0%	83.3%	96.7%	86.7%	92.0%	76.0%	100.0%	92.0%		100.0%	98.0%	98.0%		98.9%	90.0%	91.8%	89.3%	98.7%				
Postservice	100.0%	100.0%	100.0%	96.7%	86.7%	92.0%	100.0%	94.0%	94.0%	94.0%		100.0%	100.0%	100.0%		100.0%	98.9%	92.9%	94.0%	100.0%				
Concurrent (inpatient only)	100.0%	93.3%	100.0%	96.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%		92.2%	96.7%	100.0%	100.0%	100.0%				
Deferrals - Routine	100.0%	88.9%	100.0%	88.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%		100.0%	92.4%	100.0%	100.0%	100.0%				
Deferrals - Urgent	100.0%	100.0%	100.0%	100.0%	N/A	100.0%	NA	null	100.0%	NA		N/A	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%				
Deferrals - Post Service	null	NA	NA	NA	NA	NA	NA	NA	NA	NA		null	null	null		null	null	null	null	null				

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 3/01/2019 to 3/31/2020
Report created 4/14/2020

ER utilization based on Claims data	2019-03	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2019-Trend	2020-01	2020-02	2020-03	2020-Trend	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Qtr Trend	CY- 2019	YTD-2020	YTD-Trend
	CCS ID RATE											CCS ID RATE				CCS ID RATE						CCS ID RATE		
CCS %	8.06%	8.07%	8.14%	8.11%	8.13%	8.15%	8.29%	8.25%	8.29%	8.31%		8.36%	8.25%	8.42%		8.07%	8.10%	8.19%	8.28%	8.34%		8.16%	8.31%	
	Perinatal Case Management											Perinatal Case Management				Perinatal Case Management						Perinatal Case Management		
Total Number Of Referrals	53	64	183	250	267	249	139	116	96	184		258	252	277		135	507	655	396	787		1,693	787	
Pending	0	0	1	0	0	1	4	0	2	6		3	3	21		0	1	5	8	27		14	27	
Ineligible	6	6	10	24	17	13	5	1	1	3		5	9	7		10	40	35	5	21		90	21	
Total Outreached	47	58	172	236	250	235	130	115	93	175		250	240	249		125	466	615	383	739		1,589	739	
Engaged	8	23	43	55	55	57	37	43	33	64		80	67	71		31	121	149	140	218		441	218	
Engagement Rate	17%	40%	25%	23%	22%	24%	28%	37%	35%	37%		32%	28%	29%		25%	26%	24%	37%	29%		28%	29%	
New Cases Opened	8	23	43	55	55	57	37	43	33	64		80	67	71		31	121	149	140	218		444	218	
Total Cases Managed	66	80	108	150	188	216	227	245	242	283		324	344	362		99	177	273	316	459		503	459	
Total Cases Closed	9	15	10	12	30	25	25	34	25	40		44	52	55		44	37	80	99	151		260	151	
Cases Remained Open	52	56	92	125	154	180	197	206	214	228		266	275	291		52	125	197	228	291		228	291	
	Integrated Case Management											Integrated Case Management				Integrated Case Management						Integrated Case Management		
Total Number Of Referrals	76	62	70	126	101	109	80	111	78	112		99	127	152		152	258	290	301	378		1,001	378	
Pending	0	3	1	0	1	3	2	2	1	7		4	3	16		0	4	6	10	23		20	23	
Ineligible	6	11	4	16	16	13	5	11	9	10		8	8	4		10	31	34	30	20		105	20	
Total Outreached	70	48	65	110	84	93	73	98	68	95		87	116	132		142	223	250	261	335		876	335	
Engaged	35	19	27	27	34	34	30	38	32	49		45	61	63		58	73	98	119	169		348	169	
Engagement Rate	50%	40%	42%	25%	40%	37%	41%	39%	47%	52%		49%	53%	48%		41%	33%	39%	46%	50%		40%	50%	
Total Screened and Refused/Decline	16	14	15	29	20	21	24	25	26	14		10	16	17		28	58	65	65	43		216	43	
Unable to Reach	24	25	37	69	46	49	32	53	27	42		32	39	52		67	131	127	122	123		447	123	
New Cases Opened	35	19	27	27	34	34	30	38	32	49		45	61	63		58	73	98	113	169		342	169	
Total Cases Closed	20	19	17	34	40	34	28	41	40	30		19	40	49		63	70	102	111	108		346	108	
Cases Remained Open	116	134	147	137	151	142	130	126	102	125		141	160	184		116	137	130	125	184		125	184	
Total Cases Managed	136	135	143	150	150	141	137	144	130	139		151	196	218		164	189	192	202	276		444	276	
Critical-Complex Acuity	22	23	27	26	24	23	22	24	24	31		36	31	29		26	32	31	39	41		65	41	
High/Moderate/Low Acuity	114	112	116	124	126	118	115	120	106	108		115	165	189		138	157	159	163	235		379	235	
	Transitional Case Management											Transitional Case Management				Transitional Case Management						Transitional Case Management		
Total Number Of Referrals	64	60	45	32	111	152	114	162	129	132		134	116	179		152	137	377	414	429		1,080	429	
Pending	0	2	1	0	0	0	18	3	2	29		3	2	20		0	3	18	34	25		55	25	
Ineligible	8	18	12	15	24	28	9	17	9	15		9	8	9		29	45	61	41	26		176	26	
Total Outreached	56	40	32	17	87	124	87	138	113	88		122	106	150		123	89	298	339	378		849	378	
Engaged	27	14	8	3	32	52	41	64	55	48		77	58	81		50	25	125	167	216		367	216	
Engagement Rate	47%	38%	24%	18%	37%	42%	47%	46%	49%	55%		63%	55%	54%		41%	28%	42%	49%	57%		43%	57%	
Total Screened and Refused/Decline	16	16	2	7	22	24	20	38	33	14		13	14	31		44	25	66	85	58		220	58	
Unable to Reach	16	15	25	8	42	51	31	44	28	29		32	34	38		36	48	124	101	104		309	104	
New Cases Opened	27	13	8	3	32	52	41	64	55	48		77	58	81		51	24	125	167	216		367	216	
Total Cases Closed	13	11	24	8	12	33	34	56	56	55		56	59	88		29	43	79	167	203		318	203	
Cases Remained Open	18	20	14	13	26	42	45	67	54	55		74	62	63		18	13	45	55	63		55	63	
Total Cases Managed	44	46	43	21	46	88	94	129	125	117		138	140	164		52	55	128	167	280		378	280	
High/Moderate/Low Acuity	44	46	43	21	46	88	94	129	125	117		138	140	164		52	55	128	167	280		378	280	
	Palliative Care											Palliative Care				Palliative Care						Palliative Care		
Total Number Of Referrals										21		20	17	14					21	51		21	51	
Pending										3		1	4	6					3	11		3	11	
Ineligible										0		6	1	0					0	7		0	7	
Total Outreached										18		13	12	8					18	33		18	33	
Engaged										14		10	12	6					14	28		14	28	
Engagement Rate										78%		77%	100%	75%					78%	85%		78%	85%	
Total Screened and Refused/Decline										2		3	0	2					2	5		2	5	
Unable to Reach										2		0	0	0					2	0		2	0	
New Cases Opened										13		12	13	6					13	31		13	31	
Total Cases Closed										9		5	7	11					9	23		9	23	
Cases Remained Open										84		85	89	88					84	88		84	88	
Total Cases Managed										109		90	96	100					109	102		109	102	

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 3/01/2019 to 3/31/2020
Report created 4/14/2020

ER utilization based on Claims data	2019-03	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2019-Trend	2020-01	2020-02	2020-03	2020-Trend	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Qtr Trend	CY- 2019	YTD-2020	YTD-Trend
	Behavioral Health Case Management											Behavioral Health Case Management				Behavioral Health Case Management						Behavioral Health Case Managemen		
Total Number Of Referrals	40	29	30	45	54	75	45	51	24	24		24	50	50		80	104	174	97	124		455	124	
Pending	0	0	1	0	0	1	7	1	0	2		0	0	1		0	1	8	3	1		12	1	
Ineligible	6	2	6	1	8	13	2	2	1	2		2	3	2		9	9	23	5	7		46	7	
Total Outreached	34	27	23	44	46	61	36	47	22	20		22	47	47		71	94	143	89	116		397	116	
Engaged	14	14	14	12	27	16	11	17	13	10		12	14	21		29	40	54	40	47		163	47	
Engagement Rate	41%	52%	61%	27%	59%	26%	31%	36%	59%	50%		55.0%	30.0%	45.0%		41%	43%	38%	45%	41%		41%	41%	
Total Screened and Refused/Decline	0	0	1	1	3	3	1	2	1	2		0	0	0		2	2	7	5	0		16	0	
Unable to Reach	22	13	11	34	24	49	26	32	10	11		10	33	26		44	58	99	53	69		254	69	
New Cases Opened	14	14	14	12	27	15	11	17	13	10		12	14	21		29	40	53	40	47		163	47	
Total Cases Closed	8	3	12	11	18	20	22	15	19	11		20	13	7		21	26	60	45	40		152	40	
Cases Remained Open	21	35	36	34	43	36	25	25	20	25		18	19	28		21	34	25	25	28		25	28	
Total Cases Managed	34	40	51	50	67	64	54	50	48	39		39	35	42		47	63	76	63	75		181	75	
Critical-Complex Acuity	1	4	5	3	6	7	8	9	7	4		5	4	6		4	6	9	10	8		14	8	
High/Moderate/Low Acuity	33	36	46	47	61	57	46	41	41	35		34	31	36		43	57	67	53	67		167	67	
	Record Processing											Record Processing				Record Processing						Record Processing		
Total Records	7,723	7,256	9,524	7,696	7,900	7,867	7,518	8,761	7,380	7,418		8,341	7,703	7,536		22,529	24,476	23,285	23,559	23,580		93,849	16,044	
Total Admissions	2,183	2,087	2,242	2,111	2,277	2,260	2,067	2,188	2,116	2,155		2,244	2,201	2,092		6,490	6,440	6,604	6,459	6,537		25,993	4,445	

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Attachment 8.F

QIUM Quarterly Summary Report

REPORT SUMMARY TO COMMITTEE

TO: Fresno-Kings-Madera Regional Health Authority Commissioners

FROM: Patrick C. Marabella, MD
Amy R. Schneider, RN

COMMITTEE DATE: May 21, 2020

SUBJECT: CalViva Health QI & UM Update of Activities Quarter 1 2020 (May 2020)

Purpose of Activity:
This report is to provide the RHA Commission with an update on the CalViva Health QI & UM performance, program and regulatory activities in Quarter 1 of 2020.

I. Meetings

Two meetings were held in Quarter 1, one in February and one in March. The following guiding documents were approved at the February & March *meetings*:

1. QI/UM Committee Charter 2020
2. 2019 Quality Improvement End of Year Evaluation
3. 2020 Quality Improvement Program Description
4. 2020 Quality Improvement Work Plan
5. 2019 Utilization Management/Case Management End of Year Evaluation
6. 2020 Utilization Management Program Description
7. 2020 Case Management Program Description
8. 2020 Utilization Management/Case Management Work Plan

In addition, the following general documents were approved at the meetings:

1. Pharmacy Formulary & Provider Updates
2. Medical Policies

II. QI Reports - The following is a summary of some of the reports and topics reviewed:

1. The **Appeal and Grievance Dashboard** provides a summary of all grievances in order to track volumes, turn-around times and case classifications. A year to year evaluation is also presented.
    a. The majority of Quality of Service grievances were noted in the areas of Access to PCP, Access to Specialist, and Transportation.
    b. Quality of Care grievances increased in the areas of Access to Specialist and PCP care.
    c. The decrease in Exempt grievances continues in Q1.
    d. The increase in the total number of Appeals Received/Resolved continues in Q1 2020. This increase is attributable primarily to advanced imaging, pharmacy denials, and surgery denials. Follow up with providers is in progress.
2. **Potential Quality Issues (PQI) Report** provides a summary of the quarterly evaluation of cases/issues that may result in substantial harm to a member. The corrective action plan that was implemented to address timely resolution of PQI cases is now closed. Compliance monitoring is ongoing.

3. **MHN Performance Indicator Report for Behavioral Health** MHN Performance Indicator Report for Behavioral Health Services (Q4 2019) was presented. 12 out of the 15 metrics met or exceeded their targets.
    a. Provider Disputes were below target by 5%. There was an increase in late provider dispute receipts due to technical issues involving mail being held at the United State Post Office, misrouting and delayed routing of PDR mail from other departments.
    b. The BHP Open Practice metric was 78%, which missed target by 7%. Last quarter, BHP Open Practice metric was 73% which means MHN's efforts to improve the percentage of providers who are accepting new patients is having a positive effect.
    c. A number of interventions have been initiated to address the above issues with improvement noted in recent months.
4. **SPD HRA Outreach** is a new report to monitor compliance with requirements for health plan outreach to high risk members. Data presented covered all of 2019 with good compliance demonstrated. Opportunities to improve were identified related to number of members reached. A full barrier analysis is in progress and will be reported upon in the next quarterly report.
5. **Additional Quality Improvement Reports** including Provider Preventable Conditions and County Relations and others scheduled for presentation at the QI/UM Committee during Q1.

III. UMCM Reports - The following is a summary of some of the reports and topics reviewed:

1. **The Key Indicator Report (KIR)** provided data through January 31, 2020. A quarterly comparison was reviewed with the following results:
    a. Inpatient utilization is consistent with previous months.
    b. Turn-around time compliance has improved compared to previous year.
    c. Case Management numbers for January continue to be good.
2. **Inter-rater Reliability Results for Physicians and Non-physicians** is an annual evaluation of UM physicians and staff to ensure InterQual® Clinical Decision Support Criteria along with other evidence-based policies and guidelines are used consistently during clinical reviews for medical necessity.
    a. The passing score is 90% for both physicians and non-physicians.
    b. Staff and Physicians who do not pass are required to retake the exam.
        - The Utilization Management Department 2019 passed with 98% on all modules.
        - The Medical Affairs Department for 2019 passed with 91% on all modules.
3. **Additional UMCM Reports** including Case Management and CCM Report and the UM Concurrent Review Report and others scheduled for presentation at the QI/UM Committee during Q1.

IV. Pharmacy quarterly reports include Operation Metrics, Top Medication Prior Authorization (PA) Requests, and quarterly Formulary changes which were all reviewed. All fourth quarter 2019 pharmacy prior authorization metrics were within 5% of standard.

V. HEDIS® Activity

In Q1, HEDIS® related activities focused on the new mandates established by our new governor and DHCS' response to these new mandates. Managed Care Medi-Cal health plans will have 18 quality measures that they will be evaluated on for RY20 and the new Minimum Performance Level (MPL) is the 50th percentile.

1. Finalized and submitted the 2020 HEDIS® Roadmap by January 31, 2020.
2. MY2019 HEDIS® data gathering from clinics and providers throughout the three-county area with final submission to DHCS and HSAG by mid-June 2020.
3. Initial reports in review for compliance with new MCAS measures.

For CalViva only 2 measures are currently below the MPL (25th percentile for RY19) and these are Diabetes-HbA1c testing and Breast Cancer Screening, both in Fresno County. Therefore, our current improvement projects are:

- Breast Cancer Screening (BCS) *New PIP (Performance Improvement Project) this year*
- Diabetes- Improve HbA1c testing – *PDSA Cycles*
- Childhood Immunizations (CIS-10)– Immunizations birth to 2 years *New PIP this year*

VI. Findings/Outcomes

Reports covering all pertinent areas have been reviewed and evaluated according to the established schedule to facilitate the ongoing monitoring of the quality and safety of care provided to CalViva members. No significant compliance issues have been identified. Oversight and monitoring processes will continue

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Operations Report

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.
Message From The COO	At present time, there are no issues, items of significance to report at this time as it relates to the Plan's IT Communications and Systems.		

Privacy and Security	**Risk Analysis (Last Completed mm/yy: 6/19)**	**Risk Rating: Medium**	Description: Conducting an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of ePHI held in the Health Plans IT and Communication Systems. A Rating is assigned: "No Risk", "Low Risk", "Medium Risk", "High Risk", "Critical Risk".					
	Eff. Date & Last Annual Mail Date of NPP (mm/yy)	**4/18 & 2/20**	Description: Notice of Privacy Practices (NPP) describes how PHI may be used and disclosed. The NPP is review and updated when appropriate. The NPP is distributed upon enrollment and annually thereafter					
	Active Business Associate Agreements	**6**	Description: A signed agreement is required of any person/entity who is not a member of CalViva Health's workforce who will create or receive PHI of behalf of CalViva Health.					
	# Of Potential Privacy & Security Breach Cases reported to DHCS and HHS (if applicable)							
	Year	**2019**	**2019**	**2020**	**2020**	**2020**	**2020**	**2020**
	Month	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**
	No/Low Risk	**1**	**3**	**4**	**3**	**4**	**1**	**0**
	High Risk	**0**	**1**	**0**	**0**	**0**	**0**	**0**
	Total Cases By Month	**1**	**4**	**4**	**3**	**4**	**1**	**0**
	Year	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
	No/Low Risk	**48**	**54**	**36**	**28**	**38**	**23**	**12**
	High Risk	**6**	**3**	**5**	**1**	**1**	**2**	**0**
	Total Cases By Year	**54**	**57**	**41**	**29**	**39**	**25**	**12**
Message from the COO	At present time, there are no issues, items of significance to report at this time as it relates to the Plan's Privacy and Security activities.							

Member Call Center CalViva Health Website		**Year**	**2018**	**2019**	**2019**	**2019**	**2019**	**2020**
		Quarter	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
	(Main) Member Call Center	**# of Calls Received**	**28,135**	**30,380**	**28,902**	**30,232**	**27,416**	**29,707**
		# of Calls Answered	**27,948**	**30,174**	**28,762**	**30,031**	**27,140**	**29,564**
		Abandonment Level (Goal < 5%)	**0.70%**	**0.70%**	**0.50%**	**0.70%**	**1.00%**	**0.50%**
		Service Level (Goal 80%)	**91%**	**93%**	**94%**	**92%**	**86%**	**96%**
	Behavioral Health Member Call Center	**# of Calls Received**	**1,034**	**1,297**	**1,204**	**1,132**	**1,040**	**1,228**
		# of Calls Answered	**1,011**	**1,277**	**1,188**	**1,124**	**1,026**	**1,218**
		Abandonment Level (Goal < 5%)	**2.20%**	**1.50%**	**1.30%**	**0.70%**	**1.30%**	**0.80%**
		Service Level (Goal 80%)	**83%**	**84%**	**88%**	**87%**	**88%**	**93%**
	Transportation Call Center	**# of Calls Received**	**13,776**	**14,470**	**14,281**	**16,285**	**16,264**	**17,872**
		# of Calls Answered	**13,583**	**14,383**	**14,224**	**15,943**	**16,085**	**17,765**
		Abandonment Level (Goal < 5%)	**1.40%**	**0.60%**	**0.40%**	**2.10%**	**1.10%**	**1.21%**
		Service Level (Goal 80%)	**84%**	**82%**	**92%**	**67%**	**83%**	**83%**
	CalViva Health Website	**# of Users**	**17,000**	**20,000**	**19,000**	**20,000**	**20,000**	**21,000**
		Top Page	**Main Page**	**Main Page**	**Find a Provider**	**Find a Provider**	**Find a Provider**	**Main Page**
		Top Device	**Mobile (58%)**	**Mobile (60%)**	**Mobile (59%)**	**Mobile (57%)**	**Mobile (57%)**	**Mobile (60%)**
		Session Duration	**~ 3 minutes**	**~ 2 minutes**	**~ 2 minutes**	**~ 2 minutes**	**~ 2 minutes**	**~ 2 minutes**
Message from the COO	At present time, there are no issues, items of significance to report at this time as it relates to the Plan's Call Center and Website activities.							

Provider Network Activities & Provider Relations	**Year**	**2019**	**2019**	**2019**	**2019**	**2020**	**2020**	**2020**
	Month	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
	Hospitals	**10**	**10**	**10**	**10**	**10**	**10**	**10**
	Clinics	**121**	**122**	**121**	**121**	**125**	**128**	**130**
	PCP	**370**	**379**	**375**	**374**	**374**	**376**	**372**
	Specialist	**1367**	**1353**	**1367**	**1369**	**1383**	**1385**	**1382**
	Ancillary	**189**	**188**	**188**	**189**	**191**	**197**	**197**
	Year	**2018**	**2018**	**2019**	**2019**	**2019**	**2019**	**2020**
	Quarter	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
	Pharmacy	**167**	**164**	**161**	**151**	**151**	**152**	**151**
	Behavioral Health	**226**	**336**	**342**	**343**	**342**	**368**	**356**
	Vision	**71**	**77**	**31**	**39**	**42**	**41**	**42**
	Urgent Care	**10**	**11**	**12**	**14**	**13**	**12**	**12**
	Acupuncture	**11**	**5**	**7**	**6**	**6**	**5**	**4**
	Year	**2018**	**2018**	**2018**	**2019**	**2019**	**2019**	**2019**
	Quarter	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
	% of PCPs Accepting New Patients - Goal (85%)	**89%**	**91%**	**91%**	**94%**	**93%**	**90%**	
	% Of Specialists Accepting New Patients - Goal (85%)	**97%**	**98%**	**97%**	**95%**	**95%**	**95%**	
	% Of Behavioral Health Providers Accepting New Patients - Goal (85%)						**72%**	**78%**
	Year	**2019**	**2019**	**2019**	**2019**	**2020**	**2020**	**2020**
	Month	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
	In-Person Visits by Provider Relations	**95**	**185**	**104**	**132**	**137**	**120**	**168**
	Provider Trainings by Provider Relations	**127**	**125**	**114**	**87**	**78**	**123**	**46**
	Year	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
	Total In Person Visits	**1,790**	**2,003**	**2,604**	**2,786**	**2,552**	**1,932**	**425**
	Total Trainings Conducted	**148**	**550**	**530**	**762**	**808**	**1,353**	**201**
Message From the COO	The Plan continues to monitor the % of Behavioral Health Providers Accepting New Patients as the metric remains below goal for Q4 2019. The Plan is still reviewing the data on the % of PCPs and Specialists Accepting New Patients for Q4 2019. Preliminary numbers showed decreasing numbers which triggered an additional analysis of the data. Due to COVID-19 provider outreach activities are on hold.							

Claims Processing	**Year**	**2018**	**2018**	**2019**	**2019**	**2019**	**2019**	**2020**
	Quarter	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
	Medical Claims Timeliness (30 days / 45 days) Goal (90% / 95%) - Deficiency Disclosure	97%/99% NO	90% / 99% NO	90% / 99% YES	94% / 99% YES	99% / 99% NO	99% / 99% NO	99% / 99% NO
	Behavioral Health Claims Timeliness (30 Days / 45 days) Goal (90% / 95%) - Deficiency Disclosure	97%/99% YES	98% / 99% N/A	98% / 99% N/A	97% / 99% N/A	97%/98% N/A	98% / 99% N/A	99% / 99% N/A
	Pharmacy 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% / 100% NO
	Acupuncture Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% /100% NO	100% /100% NO	99% /100% NO	100% / 100% NO	100% / 100% NO	100% / 100% 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% / 100% NO	
	Transportation Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	99% / 99% NO	98% / 99% NO	95% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	
	PPG 1 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	99% / 100 % NO	100% /100% NO					
	PPG 2 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	78% / 88% YES	98% / 99% NO	99% / 100% NO	97% / 98% NO	100% / 100% NO	100% / 100% NO	
	PPG 3 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	95% / 100% NO	99% / 100 % NO	92% / 100 % NO	99% / 100 % NO	93% / 99% NO	93% / 100% NO	
	PPG 4 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	100% / 100% NO	95% / 100% NO	99% / 100% NO	99% / 100% NO	
	PPG 5 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	98% / 100% NO	93% / 98% NO	97% / 100% NO	90% / 99% NO	89% / 100% YES	88% / 98% YES	
	PPG 6 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	95% / 100% NO	95% / 100% NO	94% / 100% NO	92% / 99% NO	99% / 100% YES	100% / 100% YES	
	PPG 7 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	95% / 100% NO	99% / 100% NO	96% / 100% NO	96% / 99% NO	99% / 100% YES	98% / 98% YES	
	PPG 8 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure		100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	99% / 100% NO	
	PPG 9 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure			100% / 100% NO	99% / 100% NO	100% / 100% NO	99% / 100% NO	
Message from the COO	Claims processing metrics met goal for medical, behavioral health and pharmacy. Q1 2019 numbers are not yet available for Acupuncture, Vision, Transpiration and the PPGs.							

Provider Disputes	**Year**	**2018**	**2018**	**2019**	**2019**	**2019**	**2019**	**2020**
	Quarter	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
	Medical Provider Disputes Timeliness (45 days) Goal (95%)	97%	98%	99%	99%	96%	95%	97%
	Behavioral Health Provider Disputes Timeliness (45 days) Goal (95%)	99%	100%	85%	89%	100%	90%	99%
	Acupuncture Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	N/A	N/A	N/A	N/A	N/A	
	Vision Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	100%	100%	N/A	100%	100%	
	Transportation Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	N/A	N/A	N/A	N/A	N/A	
	PPG 1 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%					
	PPG 2 Provider Dispute Timeliness (45 Days) Goal (95%)	17%	67%	98%	100%	89%	64%	
	PPG 3 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	100%	100%	100%	
	PPG 4 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	100%	100%	100%	
	PPG 5 Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	73%	100%	99%	95%	99%	
	PPG 6 Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	96%	96%	100%	93%	100%	
	PPG 7 Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	95%	97%	N/A	67%	100%	
	PPG 8 Provider Dispute Timeliness (45 Days) Goal (95%)		N/A	100%	100%	100%	100%	
	PPG 9 Provider Dispute Timeliness (45 Days) Goal (95%)			N/A	N/A	N/A	N/A	
Message from the COO	Provider disputes met goal for medical and behavioral health. Q1 2019 numbers are not yet available for Acupuncture, Vision, Transporation and the PPGs.							

Item #8

Attachment 8.H

Executive Dashboard

	2019	2019	2019	2019	2019	2019	2019	2019	2019	2019	2020	2020	2020
Month	**March**	**April**	**May**	**June**	**July**	**August**	**September**	**October**	**November**	**December**	**January**	**February**	**March**
CVH Members													
Fresno	291,254	290,257	291,340	291,316	290,728	289,852	288,082	287,519	285,402	284,285	281,473	280,719	280,297
Kings	29,165	29,385	29,399	29,326	29,305	29,338	29,383	29,410	29,448	29,514	29,392	29,575	29,534
Madera	36,769	36,788	36,842	37,002	37,031	37,112	37,068	37,181	37,266	37,264	37,169	37,244	37,259
Total	357,188	356,430	357,581	357,644	357,064	356,302	354,533	354,110	352,116	351,063	348,034	347,538	347,090
SPD	31,773	31,834	32,054	32,236	32,382	32,441	32,582	32,591	32,753	32,836	32,797	32,834	32,797
CVH Mrkt Share	71.06%	71.06%	71.16%	71.20%	71.23%	71.28%	71.28%	71.29%	71.32%	71.36%	71.34%	71.27%	71.21%
ABC Members													
Fresno	106,311	106,066	106,032	105,901	105,546	104,884	104,326	104,083	103,079	102,524	101,664	101,800	102,085
Kings	19,556	19,464	19,346	19,257	19,203	19,200	19,103	19,102	19,112	19,057	18,926	18,996	18,890
Madera	19,611	19,602	19,513	19,502	19,505	19,451	19,398	19,450	19,402	19,289	19,246	19,268	19,345
Total	145,478	145,132	144,891	144,660	144,254	143,535	142,827	142,635	141,593	140,870	139,836	140,064	140,320
Default													
Fresno	1,242	1,484	1,160	1,519	1,080	1,053	1,080	928	1,364	1,038	945	1,080	1,256
Kings	171	211	165	247	146	177	159	148	240	173	181	204	227
Madera	175	177	133	185	145	160	132	131	187	104	98	92	148
County Share of Choice as %													
Fresno	69.00%	66.50%	67.40%	67.80%	68.10%	65.60%	67.30%	65.10%	66.10%	65.60%	62.50%	65.00%	64.80%
Kings	61.10%	68.80%	60.10%	58.50%	57.30%	64.70%	63.90%	62.20%	58.80%	63.60%	65.20%	60.00%	64.30%
Madera	55.20%	62.20%	65.20%	62.20%	57.70%	63.30%	60.10%	63.00%	68.10%	67.60%	60.80%	63.20%	69.70%
Voluntary Disenrollment's													
Fresno	503	520	449	393	394	418	486	421	413	300	336	334	361
Kings	67	58	35	61	43	38	48	52	43	55	48	33	36
Madera	81	95	51	69	68	86	67	71	62	81	73	64	85