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: September 11, 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, September 17, 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

September 17, 2020
1:30pm - 3:30pm
Meeting Location:

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

Item	Attachment #	Topic of Discussion	Presenter
1		**Call to Order**	D. Hodge, MD, Chair
2		**Roll Call**	C. Hurley, Clerk
3 Information	Attachment 3.A	**Fresno County BOS At-Large Reappointment - Confirmed** • Joyce Fields-Keene	D. Hodge, MD, Chair
4 Action	Attachment 4.A Attachment 4.B Attachment 4.C Attachment 4.D	**Consent Agenda:** • Commission Minutes dated 7/16/2020 • Finance Committee Minutes dated 5/21/2020 • QI/UM Committee Minutes dated 5/21/2020 • Public Policy Committee dated 6/10/2020 *Action: Approve Consent Agenda*	D. Hodge, MD, Chair
	Handouts will be available at meeting	*PowerPoint Presentations will be used for item 5 – 7* **One vote will be taken for combined items 6 – 7**	
5. Information	Attachment 5.A	**HEDIS Update – Reporting Year 2020**	P. Marabella, MD, CMO
6. Action	Attachment 6.A Attachment 6.B	**2020 Quality Improvement Work Plan Mid-Year Evaluation** • Executive Summary • Work Plan Evaluation *Action: See item 8 for Action*	P. Marabella, MD, CMO
7. Action	Attachment 7.A Attachment 7.B	**2020 Utilization Management Work Plan Mid-Year Evaluation** • Executive Summary • Work Plan Evaluation *Action: Approve 2020 Quality Improvement Work Plan Mid-Year Evaluation; and 2020 Utilization Management Work Plan Mid-Year Evaluation*	P. Marabella, MD, CMO

8 Action	**Standing Reports**	
	Finance Report	
Attachment 8.A	• Financial Report Fiscal Year End June 30, 2020	D. Maychen, CFO
Attachment 8.B	• Financials as of July 31, 2020	
	Compliance	M.B. Corrado, CCO
Attachment 8.C	• Compliance Report	
	Medical Management	P. Marabella, MD, CMO
Attachment 8.D	• Appeals and Grievances Report	
Attachment 8.E	• Key Indicator Report	
Attachment 8.F	• Credentialing Sub-Committee Quarterly Report	
Attachment 8.G	• Peer Review Sub-Committee Quarterly Report	
	Operations	
Attachment 8.H	• Operations Report	J. Nkansah, COO
	Executive Report	
Attachment 8.I	• 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. Government Code Section 54957(b)(1) Public Employee Appointment, Employment, Evaluation, or Discipline Title: Associate CEO	
	B. Government Code section 54954.5 – Conference Report Involving Trade Secret – Discussion of service, program, or facility.	

10	**Final Comments from Commission Members and Staff**	

11	**Announcements**	

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.*	

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 October 15, 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 #3

Attachment 3.A

Fresno County BOS At-Large
Reappointment Confirmation

County of Fresno

BOARD OF SUPERVISORS

Chairman	Vice-Chairman				
Buddy Mendes	**Steve Brandau**	**Brian Pacheco**	**Sal Quintero**	**Nathan Magsig**	**Bernice E. Seidel**
District Four	District Two	District One	District Three	District Five	Clerk

August 5, 2020

Joyce Fields-Keene
7615 N. Charles Avenue
Fresno, CA 93711

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

Dear Ms. Fields-Keene,

We are pleased to inform you that on August 4, 2020, under Supervisor Quintero's nomination, you were reappointed by the Board of Supervisors to serve on the **Fresno-Kings-Madera Regional Health Authority** (hereinafter referred to as "authority") for a term expiring on **May 1, 2023**. We thank you for your interest in serving our County.

Statement of Economic Interests (Form 700): You are required to file a Form 700 for your appointed position. The form and instructions are available at the authority office or online at www.fppc.ca.gov.

Brown Act Requirements

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

State Mandated Ethics Training

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

Should you be required to comply with the ethics training requirement, the Fair Political Practices Commission (FPPC) offers **free online training** at http://localethics.fppc.ca.gov/login.aspx. This course requires that you log onto the FPPC's website, review the course content materials, and take periodic tests to assure retention of the information. For those who choose this option, please be aware that the certificate will record how much time an individual spends to complete the online training. You must complete **at least 2 hours** of training time in order to be compliant with the training requirement. If an

individual completes the online training in less than two hours, the certificate will reflect this, indicating that the individual has not completed the required amount of training.

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

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

Sincerely,
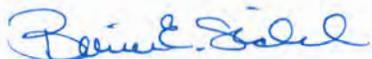
Bernice E. Seidel
Clerk of the Board

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

Item #4
Attachment 4.A
Commission Minutes
Dated 7/16/2020

	Fresno-Kings-Madera Regional Health Authority	**CalViva Health** **Commission** Meeting Minutes July 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			
	Sara Bosse, Director, Madera Co. Dept. of Public Health	✓●	**Aftab Naz**, Madera County At-large Appointee
✓●	**David Cardona**, M.D., Fresno County At-large Appointee	✓●	**Joe Neves**, Vice Chair, Kings County Board of Supervisors
	Aldo De La Torre, Community Medical Center Representative	✓●	**Harold Nikoghosian**, Kings County At-large Appointee
	Joyce Fields-Keene, Fresno County At-large Appointee	✓●*	**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	✓●	**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
✓●	**Kerry Hydash**, Commission At-large Appointee, Kings County		
	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 1:31 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 Consent Agenda
  a) Commission Minutes 5/21/2020
  b) Finance Committee Minutes 3/19/2020
  c) Finance Committee Minutes 4/19/2020
  d) QIUM Committee Minutes dated 3/19/2020
  e) Public Policy Committee Minutes dated 3/4/2020
  f) Finance Committee Charter
  g) Credentialing Committee Charter
  h) Peer Review Committee Charter
  i) QIUM Committee Charter
	All consent items were presented and accepted as read.	***Motion:*** *Approve Consent Agenda*
		12 – 0 – 0 – 5
		
		(Smullin / Neves)
		
		A roll call was taken

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
j) Public Policy Committee Charter Action D. Hodge, MD, Chair		
#4 Conflict of Interest Code Action D. Hodge, MD, Chair	The Conflict of Interest Code was presented with no changes and approved; subject to a 45-day comment period and approval by the FPPC.	*Motion: Approve COIC* *12 – 0 – 0 – 5* *(Frye / Nikoghosian)* *A roll call was taken*
#5 Review of Fiscal Year End 2020 Goals Information David Hodge, MD, Chairman	Greg Hund reported the results for fiscal year end 2020 goals. All targeted goals were met with the exception of medical preventative care services which was compromised by COVID-19 shut down.	
#6 Goals & Objective for Fiscal Year 2021 Action David Hodge, MD, Chairman	Greg Hund presented the goals and objectives for FY 2021.	*Motion: Approve FY 2021 Goals & Objectives* *12 – 0 – 0 – 5* *(Frye / Neves)* *A roll call was taken*
#7 Standing Reports • **Finance Report** Daniel Maychen, CFO	**Finance** Total current assets were approximately $257M; total current liabilities were approximately $159.6M. Current ratio is 1.61. TNE as of May 31, 2020 was approximately $107.7M, which is approximately 735% above the minimum DMHC required TNE amount.	*Motion: Approve Standing Reports* *12 – 0 – 0 – 5* *(Griffin / Smullin)* *A roll call was taken*

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Investment income is below what was budgeted by approximately $553K due to the significant decline in yields due to the COVID-19 pandemic. Premium capitation income actual recorded was approximately $1.1B which is approximately $66.3M ahead of budgeted amounts, primarily due to rates being higher than budgeted, and the IGT voluntary rate range program additional funds. Total cost of medical care is ahead of budget also due to additional revenues. Administrative service agreement fees expense is less than budgeted due to enrollment being less than projected. Grants expense is ahead of budget by approximately $947K due to additional grants being disbursed as a result of COVID-19 to provide additional support to the community. License expense is ahead of what was budgeted by approximately $63K primarily due to estimates being less than actual. Marketing is ahead of budget due to timing differences; as of June 30, 2020, it is now below what was budgeted. Taxes are below what was budgeted due to CMS approving taxes only retroactive to January 1, 2020. For the first 11 months of the current fiscal year 2020 net income recorded was approximately $37.4M which is approximately $30.6M more than budgeted primarily due to the increase in revenue from IGT additional revenue and rates being higher than projected. **Compliance** There was one (1) new Fraud, Waste & Abuse case reported to the State in June, bringing the total for the year to 11. All oversight audits are continuing.	
• **Compliance** M.B. Corrado, CCO		

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	The final report for the DHCS 2020 Medical Audit was received on 6/30/2020. There were two findings; one related to Individual Health Education Behavioral Assessment (IHEBA), and the second finding related to the Plan's corrective action policies. The Plan's Corrective Action Plan (CAP) for the findings is due to DHCS on 7/31/2020. All CAP requirements have been submitted to DMHC in reference to the DMHC 2019 Audit. Currently scheduled for an 18-month follow-up in March 2021. The Annual Network Certification (ANC) and a Plan of Action (POA) filing describing readiness efforts in preparation for the 2021 Subcontracted Network Certification was submitted to DHCS on 4/3/2020. As a result of follow-up correspondence received from DHCS, the Plan submitted revised ANC and POA filings in May and early June. DHCS approved the POA on 6/15/2020. DHCS completed its initial assessment of CalViva Health's 2020 ANC and identified some deficiencies. As a result of the deficiencies, the Plan must submit applicable documentation to remediate each deficiency by 7/13/20. Governor Newsom's May Budget Revision for 2020-21 was passed on June 29, 2020. Most lawmakers have rejected the Governor's cuts to the Medi-Cal program. In regards to COVID-19, most of the CVH staff are working in the office full-time with the exception of a couple either working remote part-time or full-time. HN staff continue to work remote full-time into October 2020.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
• **Medical Management** P. Marabella, MD, CMO	The Plan executed an amendment with the State to the Medi-Cal contract adding requirements related to Mental Health Parity, American Indian Health Services programs, and Adult Expansion Risk Corridor. In addition, it adjusts the capitation rates in 2017-18 by changing Exhibit B, Budget Detail and Payment Provisions. The Public Policy Committee met on June 10, 2020, via telephone conference due to the COVID-19 state of emergency. The following reports were presented: Q1 2020 Grievance and Appeals; the 2019 End-of-Year Health Education Work Plan; and the 2019 End-of-Year Cultural & Linguistics Work Plan. There were no recommendations for referral to the Commission. The next meeting will be held on 9/2/20 at 11:30 AM in Madera County presumably via teleconference. **Medical Management** Appeals and Grievances Dashboard Dr. Marabella presented the Appeals & Grievances Dashboard through May 2020. Appeals & Grievances Data: • The total number of grievances for May has increased slightly from April, however the total number of grievances per month in quarter 2 thus far are fewer than quarter 1. The decreased volume is likely attributable to the decline in overall utilization associated with the COVID 19 pandemic.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• The majority of Quality of Service grievances this month were noted to be under the Administrative category. • Consistent with other grievance types, the Quality of Care grievances reported in May were fewer compared to previous months. • The Exempt grievance categories were recently expanded to better analyze the data. The number of transportation grievances has decreased from previous months. • The total number of Appeals Received/Resolved per month has decreased from recent months. • Appeal decision rates are noted to have improved. **Key Indicator Report** Dr. Marabella presented the Key Indicator Report through May 31, 2020. • Membership through May has trended upward potentially attributed to enrollment associated with COVID 19. • In-hospital utilization decreased beginning in March in association with the pandemic; utilization rates have since begun to rise as hospitals begin allowing elective procedures to resume. • Turn-around time compliance for Preservice Urgent improved in May over previous two months. Post-service turn-around time compliance decreased in May. • Bed days and Length of Stay rates remain consistent with 2019. • Case Management results in 2020 thus far, continue to demonstrate positive trends in all areas.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	QIUM Quarterly Summary Report Dr. Marabella presented the QI/UM Qtr. 2, 2020 update. One QI/UM meeting was held in Quarter 2, on May 21, 2020. The following guiding documents were approved at the May meeting: 1. 2019 Culture & Linguistics (C & L) End of Year Evaluation 2. 2020 C & L Program Description 3. 2020 C & L Work Plan 4. 2019 C & L Language Assistance Program Report 5. 2019 Health Education End of Year Evaluation 6. 2020 Health Education Program Description 7. 2020 Health Education Work Plan In addition, the following general documents were approved at the meetings: • Pharmacy Formulary & Provider Updates The following Quality Improvement Reports were reviewed: Appeals and Grievances (A & G) Dashboard and Quarterly A & G reports, Potential Quality Issues Report, California Children's Services (CCS) Report, and Initial Health Assessment (IHA). The Utilization Management & Case Management reports reviewed included the Key Indicator Report, UM Concurrent Review Report, PA Member Letter Monitoring Report, and additional UMCM reports such as Case Management and Specialty Referral Report.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	HEDIS® Activity: In Q2, HEDIS® related activities focused on **MY2019 full HEDIS® Data submission** to HSAG & DHCS for the new Managed Care Accountability Set (MCAS) measures. Final Attestations and IDSS submission completed by the June 15thdeadline. Due to the COVID-19 State of Emergency the **new Performance Improvement Projects (PIPs)** for all California health plans were officially closed by DHCS on June 30th, 2020. Per the DHCS guidance, Medical Management will take a brief pause in PIP activities over the summer and reset team goals and interventions (including modifications to address COVID-19), resubmit Modules and resume PIP activities with our established teams in the fall. No significant compliance issues have been identified. Oversight and monitoring processes will continue. **Credentialing Sub-Committee Quarterly Report** In Quarter 2, 2020, the Credentialing Sub-Committee met on May 21, 2020. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering Q4 2019 were reviewed for delegated entities and Q1 2020 reports were reviewed for both Health Net and MHN. The Credentialing Sub-Committee 2020 Charter was reviewed and approved without changes. **Peer Review Sub-Committee Quarterly Report** The Peer Review Sub-Committee met on May 21, 2020. The county-specific Peer Review Sub-Committee Summary Reports for Q1 2020	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
• **Operations** J. Nkansah, COO	were reviewed for approval. There were no significant cases to report. The Q1 2020 Peer Count Report was presented with a total of 13 cases reviewed. There were nine (9) cases closed and cleared. There were three (3) cases pended for further information and one (1) case with an outstanding CAP. There were no (0) cases pending closure for Corrective Action Plan compliance. Follow up will be initiated to obtain additional information on tabled cases and ongoing monitoring and reporting will continue. **Operations Report** A new category identified as "Average Age of Workstations" was added to the IT Communications and Systems section of report. No other issues, concerns, or items of significance as it relates to IT Communications and Systems. For Privacy and Security, there were two (2) high risk cases that occurred since the May Commission meeting. Member notifications were made. There are no new items to report in reference to the Member Call Center and Website. With regard to Provider Network Activities, a new column was added to track the number of PCP Extenders in the Network. Tracking and trending for this new category began in March 2020. The percentage of PCPs, Specialists, and Behavioral Health Providers accepting new patients has been populated for Q4 2019 and Q1 2020. The COVID-19 pandemic has impacted Provider Relations activities. More touches are	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
• **Executive Report** G. Hund, CEO	occurring telephonically rather than in-person and in-person trainings have been reduced. The report was updated to track the number of "Providers Touched by Provider Relations" rather than the number of "In-Person Visits by Provider Relations" to Providers. With regard to Claims Processing for Q1 2020, numbers have met goal. With regard to Provider Dispute activity, Q1 2020 numbers met goal in all areas with the exception of two PPGs. Management continues to monitor the activities of these PPGs. **Executive Report** Membership for May shows a significant increase from previous months. Market share shows a slight decrease of approximately .04 of 1%. A meeting is scheduled with Health Net to discuss the areas of concern.	
#9 Closed Session A. Government Code section 59457(b)(1) – Public Employee Appointment, Employment, Evaluation, or Discipline	Regarding item #9.A, involving Public Employee Appointment, Employment, Evaluation, or Discipline; General Counsel Annual Review, per Government Code Section 54957(b)(1). A motion was made and passed unanimously to continue with present Counsel. Closed Session concluded at 2:21 pm.	*Motion: Approve General Counsel* *12 – 0 – 0 - 5* *(Nikoghosian / Frye)*
#9 Final Comments from Commission Members and Staff	None.	
#10 Announcements	None.	
#11 Public Comment	None.	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#12 Adjourn	The meeting was adjourned at 2:23 pm The next Commission meeting is scheduled for September 17, 2020 in Fresno County.	

Submitted this Day: _____

Submitted by: _____
        Cheryl Hurley
        Clerk to the Commission

Item #4

Attachment 4.B

Finance Committee Minutes
dated 5/21/2020

CalViva Health
Finance
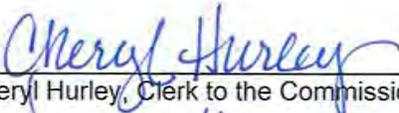## Committee Meeting Minutes

May 21, 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 via conference call in lieu of gathering in public per executive order signed 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.	A roll call was taken.

#2 Finance Committee Minutes dated: • March 19, 2020 • April 16, 2020 Attachment 2.A & 2.B Action D. Maychen, Chair	The minutes from March 19, 2020 and April 16, 2020 Finance meetings were approved as read. *Paulo Soares arrived at 11:31; was not included in vote*	Motion: *Minutes were approved* *6 – 0 – 0 – 1* *(Nikoghosian / Hund)* A roll call was taken.
#3 Financial Statements as of March 31, 2020 Action D. Maychen, Chair	Total current assets were approximately $317.5M; total current liabilities were approximately $220.9M. Current ratio is 1.44. TNE as of March 31, 2020 was approximately $107M, which is approximately 734% above the minimum DMHC required TNE amount. At the advice of auditors Moss Adams, Directed Payment Income and Directed Payment Expense was moved from income statement to balance sheet. Investment income is below what was budgeted by approximately $496K due to the significant decline in yields due to the COVID-19 pandemic. Premium capitation income actual recorded was approximately $895.5M which is approximately $47.2M ahead of budgeted amounts, primarily due to MCO taxes, retro rate adjustments for capitation back to July 2019, and the IGT voluntary rate range program additional funds. Total cost of medical care is ahead of budget also due to additional revenues. Administrative service agreement fees expense is less than budgeted due to enrollment being less than projected. All other line item expenses are in line with budget with the exception of License expense which is due to estimates being less than actual. Marketing is ahead of budget due to a timing difference, will be under budget by end of fiscal	Motion: *Approve Financials as of March 31, 2020* *7 – 0 – 0 – 0* *(Frye / Hund)* A roll call was taken.

	year 2020. Current fiscal year through March 2020 net income recorded was approximately $36.7M which is approximately $31.1M more than budgeted primarily due to the increase in revenue from IGT additional revenue and rates being higher than projected.	
#4 Finance Committee Charter – Annual Review Action D. Maychen, Chair	No edits or revisions were recommended during the annual Charter review. This was approved to move to Commission for final approval.	Motion: *Approval to move to Commission for final approval.* *7 – 0 – 0 – 0* *(Nikoghosian / Frye)* A roll call was taken.
#5 Announcements	Potential EV Charger installation has been halted due to an inaccurate proposal given to CVH.	
#6 Adjourn	Meeting was adjourned at 11:45 am	

Submitted by: _Cheryl Hurley_

Cheryl Hurley, Clerk to the Commission
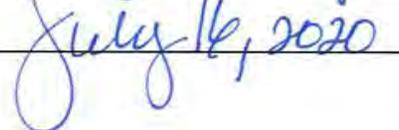
Dated: _July 16, 2020_

Approved by Committee: _Daniel Maychen_

Daniel Maychen, Committee Chairperson

Dated: _7/16/2020_

Item #4
Attachment 4.C
QIUM Committee Minutes
dated 5/21/2020

Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	**Patrick Marabella, M.D.**, CalViva Chief Medical Officer, Chair	✓ •	**Mary Beth Corrado**, Chief Compliance Officer (CCO)
✓ •	**Fenglaly Lee, M.D.**, Central California Faculty Medical Group	✓	**Amy Schneider, RN,** Director of Medical Management Services
✓ •	**Brandon Foster, PhD.** Family Health Care Network	✓	**Mary Lourdes Leone**, Director of Compliance
✓ •	**David Cardona, M.D.**, Fresno County At-large Appointee, Family Care Providers	✓	**Ashelee Alvarado**, Medical Management Specialist
	John Zweifler, MD., At-large Appointee, Kings County		**Lori Norman**, Compliance Manager
✓ • *	**Joel Ramirez, M.D.**, Camarena Health Madera County	✓	**Hyasha Anderson**, Medical Management Coordinator
	Rajeev Verma, M.D., UCSF Fresno Medical Center	✓	**Mary Martinez**, Medical Management Nurse Analyst
	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)		
Guests/Speakers			
✓ •	Brian McKenna		

✓ = In attendance
* = Arrived late/left early
• = Attended via Teleconference

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 **Call to Order** Patrick Marabella, M.D, Chair	The meeting was called to order at 10:32 am. A quorum was present.	
#2 **Approve Consent Agenda** - Committee Minutes: March 19, 2020 - Appeals and Grievances IRR	The March 19th, 2020 QI/UM minutes were reviewed and highlights from today's consent agenda items were discussed and approved. Any item on the consent agenda may be pulled out for further discussion at the request of any committee member. The full May Formulary (PDL) was available for review at the meeting.	Motion: Approve Consent Agenda (Cardona/Lee) 3-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Report (Q1) - Appeals and Grievances Classification Audit Report (Q1) - CCC DMHC Expedited Grievance Report - Concurrent Review Report (IRR) Report (Q1) - Specialty Referrals Report – HN (Q4) - Pharmacy Provider Update (Q1) - Formulary (May PDL) Action Patrick Marabella, M.D Chair		

#3 **QI Business**
- Appeals & Grievances Dashboard (March)
- Executive Summary (Q1)
- Quarterly Member Report (Q1)
(Attachment H-J)
Action
Patrick Marabella, M.D, Chair
	Dr. Marabella presented the **Appeals & Grievances Dashboard** through March 2020.
	Appeals & Grievances Data:
	  ➢ The total number of grievances through March 31, 2020 is consistent with 2019 data.
	  ➢ The majority of Quality of Service grievances were noted in the areas of Administrative and Transportation. Transportation is now broken down into Access, Behavior and Other to better understand the basis for these grievances.
	  ➢ The Quality of Care grievances remain consistent with the previous year's data.
	  ➢ The Exempt grievance categories were expanded to better analyze the data. This is the first report with new categories. We will monitor for trends.
	  ➢ The total number of Appeals Received/Resolved per month remains higher than the previous year's data. These results are attributable primarily to advanced imaging and pharmacy denials. Follow up to address the advanced imaging cases is underway. The Overturn Rate is improving.
		Motion: Approve
		- Appeals & Grievances Dashboard (March)
		- Executive Summary (Q1)
		- Quarterly Member Report (Q1)
		(Ramirez/Foster)
		4-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	The **Executive Summary and Quarterly Member** Report for Q1 were also presented and reviewed. Additional trends/results include: ➢ Appeals and Grievances Inter-Rater Reliability audit for January 1, 2020, through March 31, 2020 averaged an overall score of 99.1% and the audit score threshold is 95%. ➢ Access to care-Availability of Appointment with Specialist was a top trend. We are now identifying the specialty type for these cases and will monitor for trends.	

#3 **QI Business**
- Quarterly A & G
   Member Letter
   Monitoring Report
   (Q1)
(Attachment K)
Action
Patrick Marabella, M.D,
Chair
	The **Quarterly A & G Member Letter Monitoring** Report for Q1 was presented and reviewed.
	
	This report provides a summary of results of the daily audits of Appeals and Grievances letters to ensure compliance with standards and regulations. Letters audited include final letters, acknowledgement letters, and final position statement. Letters are audited prior to sending so that corrections can be made real-time to prevent errors reaching the recipient.
	
	➢ The following letter elements were reviewed: Required bolding of DMHC and Plan phone numbers in A&G acknowledgement and resolution letters, Correct branding, and Appeal Resolution Letters are clear and concise and outlines the appropriate criteria.
	➢ Of the 1,181 total letters reviewed, there were 41 letters that required editing prior to mailing and were corrected before the final letter was sent out.
		Motion: Approve
		- Quarterly A & G
		  Member Letter
		  Monitoring
		  Report (Q1)
		(Lee/Cardona)
		4-0-0-2

#3 **QI Business**
- California Children's
   Service Report (CCS)
   (Q1)
(Attachment L)
Action
Patrick Marabella, M.D,
Chair
	The **California Children's Service** Report (CCS) (Q1) was presented and reviewed.
	
	This report was expanded to include additional information regarding the process for identifying CCS-Eligible cases from the CalViva under-21 active membership.
	➢ Provider Network Management and Public Programs plans to offer training on new CCS criteria for appropriate staff.
	➢ Public Programs will be issuing a provider communication regarding where to submit claims. This is a reminder as this has not changed.
		Motion: Approve
		- California
		  Children's Service
		  Report (CCS) (Q1)
		(Cardona/ Lee)
		4-0-0-2

#3 **QI Business** - PQI (Q1) (Attachment M)	**Potential Quality Issues (PQI) Report** This report provides a summary of Potential Quality Issues (PQIs) identified during the reporting period that may result in substantial harm to a CVH member. PQI reviews may be initiated by a member, non-member or peer	Motion: Approve - PQI (Q1) (Ramirez/Lee)

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Action Patrick Marabella, M.D, Chair	review actions. Peer review activities include cases with a severity code level of III or IV or any case the CVH CMO requests to be forwarded to Peer Review. Data was reviewed for all case types including the follow up actions taken when indicated. ➤ Non-member initiated PQI category cases were in range when compared to the last four quarters. ➤ There were no cases generated from Provider Preventable Conditions (PPCs). ➤ PQI and PPC cases will continue to be tracked, monitored and reported.	4-0-0-2
#3 **QI Business** - IHA Quarterly Audit Report (Q1) (Attachment N) Action Patrick Marabella, M.D, Chair	The Department of Health Care Services (DHCS) requires completion of the **Initial Health Assessment** (IHA) for new Medi-Cal members within 120 days of enrollment. The Individual Health Education Behavioral Assessment (IHEBA) is a component of the IHA and must also be completed within the 120-day timeframe. The current approach to monitoring has three components: 1. Medical Record Review (MRR) via onsite provider audits. 2. Monitoring of claims and encounters data. 3. Member outreach following a three-step methodology. <u>FSR/MRR Data:</u> ➤ Data from Quarter 4 FSR/MRRs reviewed. ➤ Combined IHA/IHEBA completion and compliance rates were noted to be higher for pediatric patients compared to adult patients. ➤ A total of ten sites were audited during Q4 2019 to complete FSRs/MMRs, and of those sites audited, six sites were compliant. Outreach attempts for 2019 Quarter 4 were 85.55% which is a decrease when compared to the same time period in 2018 Q4 at 94.64%. An IHA Workgroup has been formed to identify barriers and opportunities for improved IHA completion and monitoring.	Motion: Approve - IHA Quarterly Audit Report (Q1) (Cardona/Lee) 4-0-0-2
#4 **Cultural & Linguistics/Health Education Business** (PowerPoint Presentation - Presentation handouts available at meeting) - 2019 C & L Work Plan	The **Cultural and Linguistic 2019 Executive Summary** and Annual Evaluation; 2020 change Summary and Program Description; and 2020 Executive Summary and Work Plan were presented and reviewed. **All Work Plan activities for 2019** with the exception of one, were completed in the follow areas: ➤ Language Assistance Services: 146 translation reviews completed; and bilingual certification/re-certification completed for 101 staff. ➤ Compliance Monitoring: Investigated and completed follow up on 35 grievances in 2019; and updated all C & L Policies.	Motion: Approve - 2019 C & L Work Plan End of Year Evaluation & Executive Summary - 2020 Cultural & Linguistics

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
End of Year Evaluation & Executive Summary - 2020 Cultural & Linguistics Program Description with Change Summary - 2020 Cultural & Linguistics Work Plan - Cultural and Linguistics Language Assistance Program Report (Attachment O-R) Action Patrick Marabella, M.D, Chair	➤ Communication, Training and Education: Trained new hires on C & L services; and conducted two trainings on coding & resolution of C & L related cases for A & G Coordinators. ➤ Health Literacy, Cultural Competency & Health Equity: Supported nine (9) Mobile Mammography events for the BCS Improvement Project; and coordinated three (3) Motivational Interviewing training sessions for staff and providers in Mendota. **The 2020 Program Description** is consistent with 2019, in addition has incorporated the following: ➤ Added the Population Needs Assessment (PNA) reporting requirements (formerly GNA). ➤ Updated the GeoAccess section with current methodology and follow up on findings. ➤ Continue to expand training and consulting services to support appropriate use of language assistance and reduce health disparities. **The 2020 Work Plan** is consistent with 2019, while incorporating and enhancing the following: ➤ Incorporating the Population Needs Assessment (PNA) reporting and action plan development requirements. ➤ Enhancing Language Assistance Program reporting activities specifically C & L GeoAccess findings and follow up. ➤ Implement the Aunt Bertha platform and coordination of social service referrals. ➤ Support health disparity reduction efforts for Breast Cancer Screening in Fresno County. **The Language Assistance Program** annual evaluation analyzes and compares language service utilization at the end of each year. Year over year comparisons are also made. The conclusions from the Language Assistance Program annual report are: ➤ Spanish and Hmong continue to be CalViva Threshold Languages. Spanish is highest volume. ➤ Most interpretation is done via telephonic interpreters (89%) with Sign language a low volume service at 3%. ➤ C & L staff review grievances related to language services and perceived discrimination. They also assist with development and implementation of related corrective actions. ➤ Limited English and non-English membership remain high for CVH population and therefore interpreter services are integral to maintaining safe, high quality care.	Program Description with Change Summary - 2020 Cultural & Linguistics Work Plan - Cultural and Linguistics Language Assistance Program Report (Foster/Ramirez) 4-0-0-2

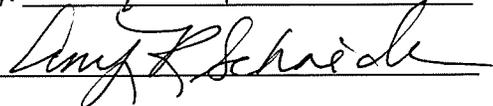| AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#4 **Cultural & Linguistics/Health Education Business** *(PowerPoint Presentation - Presentation handouts available at meeting)* - 2019 Health Education Work Plan End of Year Evaluation & Executive Summary - 2020 Health Education Program Description and Change Summary - 2020 Health Education Work Plan (Attachment S-U) Action Patrick Marabella, M.D, Chair	**The Health Education Executive Summary,** the 2019 Annual Evaluation, the 2020 Change Summary and Program Description, and the 2020 Work Plan were presented and reviewed. Overall, 9 of the 16 key Program Initiatives met or exceeded the year-end goal. Seven initiatives partially met the year-end goal and will continue into or be modified for 2020. Some sub-elements were not completed. **The nine initiatives that were fully met are:** 1. Community Partnerships 2. Digital Health Ed Program 3. Health Equity Projects 4. Immunization Initiative 5. Member Newsletter 6. Obesity Prevention 7. Perinatal Education 8. Compliance Oversight & Reporting 9. Health Ed Operations **The seven initiatives partially met were:** 1. Chronic Disease Education 2. Member Engagement 3. Behavioral Health 4. Promotores Network 5. Tobacco Cessation Program 6. Health Ed Materials Development 7. Health Ed Operations **The barriers** identified are related to: ➢ Finalizing vendor or service contracts ➢ Regulatory changes/delays ➢ Delays that were unanticipated or out of the control of the Plan. ➢ Action plans have been developed for each barrier and are included in the 2020 Work Plan. **Changes to the 2020 Program Description include:** 1. Programs & Resources: Updated language and terms to reflect current programs.	Motion: Approve - 2019 Health Education Work Plan End of Year Evaluation & Executive Summary - 2020 Health Education Program Description and Change Summary - 2020 Health Education Work Plan (Foster/Ramirez) 4-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	2. Population & Resource Needs Assessment: Updated terminology and descriptions. 3. Health Promotion Programs and Standards: Updated terminology and expanded upon education methodology. 4. Public Policy Committee: Added provision for PPC member to give input into PNA and receive updates on progress. 5. Staff Resources/Public Policy Committee: Added PNA and revised team descriptions to be more general. Removed term "HEDIS" and replaced with general "quality performance" descriptions. 6. Program Evaluations/Internal Monitoring: Updated terminology and added the DHCS Texting Program and Campaign Submission form to be submitted prior to implementation. **The 2019 Work Plan initiatives will continue in 2020 with the following enhancements:** 1. Fluvention - strategies to improve flu vaccinations 2. Pediatric Education – develop resources for providers and members 3. Women's Health – Coordinate with "Every Woman Counts" for classes. 4. Enhancing Phone Education – conduct phone education and schedule appointments.	
#5 UM/CM Business - Key Indicator Report & Turn Around Time Report (March) (Attachment V) Action Patrick Marabella, M.D, Chair	**Key Indicator Report** through March 31, 2020. ➤ Admits, Bed days, and length of stay have remained consistent with the prior year with some decline in March. Will follow for Q2 and COVID impact. ➤ UM Turn-around times have improved. Anticipate CAP to close soon. ➤ Case Management volumes remain high with positive trends in all areas.	Motion: Approve - Key Indicator Report & Turn Around Time Report (March) (Lee/Cardona) 4-0-0-2
#5 UM/CM Business - UM Concurrent Review Report (Q1) (Attachment W) Action Patrick Marabella, M.D, Chair	The **Quarterly UM Concurrent Review Report** presented inpatient data and clinical concurrent review activities such as authorization for inpatient admissions, discharge planning and medical appropriateness during 1st Quarter 2020. ➤ TANF & MCE admissions increased in Q1 2020 in comparison to Q1 2019. ➤ SPD & TANF comparison of Q1 2019 to Q1 2020 indicates a similar trend with increase in ER Visits and Admissions. ➤ The average length of stay continues to demonstrate variation in all populations. Continue with Onsite Discharge Navigator for Saint Agnes & CRMC and Daily Multidisciplinary Huddles. Weekly	Motion: Approve - UM Concurrent Review Report (Q1) (Cardona/Lee) 4-0-0-2

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Huddles with Saint Agnes and CRMC UM leadership have also been initiated.	

#5 **UM/CM Business**
- PA Member Letter Monitoring Report (Q1)
(Attachment X)
Action
Patrick Marabella, M.D, Chair
	The **PA Member Letter Monitoring Report** (Q1) was presented and reviewed. This is a new report for QI/UM Committee but represents data that has been monitored over time. Monitoring of Notice of Action (NOA) letters includes Prior Authorizations, Concurrent, and Post Service denials.
	
	All metrics are expected to meet standard of 100% compliance. A random sample of 30 letters are audited per review type monthly. If any case fails then an additional 20 cases are audited for the specific review type. This applies to TAT and Letter Audits.
	   ➢ Overall Letter element scores show improvement from 2019 Q4 results, specifically regarding clear and concise verbiage and appropriate criteria and/or guidelines.
	   ➢ Deferral letters scored 100% each month in the quarter which is also an improvement.
	We will continue to monitor for trends.
		Motion: Approve
		- PA Member Letter Monitoring Report (Q1)
		(Ramirez/Foster)
		4-0-0-2

#5 **UM/CM Business**
- Case Management and CCM Report (Q1)
(Attachment Y)
Action
Patrick Marabella, M.D, Chair
	The **Case Management and CCM Report** for Quarter 1 was presented. This report summarizes the case management, transitional care management, MemberConnections, and palliative care activities for 2020 through first quarter.
	   ➢ All programs have demonstrated an increase in referrals and open cases over the past 4 quarters. Some increases were significant.
	   ➢ Engagement rates have remained strong.
		Motion: Approve
		- Case Management and CCM Report (Q1)
		(Lee/Cardona)
		4-0-0-2

#6 **Compliance Update** - Compliance Regulatory Report (Attachment Z) Action Patrick Marabella, M.D, Chair	Mary Beth Corrado presented the Compliance Report. There were four (4) Fraud, Waste & Abuse cases received in May, bringing the total for the year to 10. Those cases are reported to the State. Three (3) cases were provider-related and one (1) was member reported. DHCS informed the Plan that they will issue the Preliminary Audit Report and have requested an exit conference for 5/28/2020. In reference to the 2019 DHCS Medical Audit, 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. In reference to the DMHC 2019 Medical Audit, CalViva submitted its final CAP response on 5/8/20. We are	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	awaiting DMHC acceptance of the CAP. Regarding the DHCS Annual 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. Links to the Governor's Full May Revision and the DHCS May Revision Highlights were provided to the Commission via the Compliance Report. 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. 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. The next Public Policy Committee meeting will be held on June 10, 2020, 11:30 a.m. via telephone conference due to the COVID-19 state of emergency. The 2019 Oversight Audit results were presented to the Commission. Specific call-outs where CAPs were issued include: Claims, Pharmacy, Provider Disputes (Annual), and Provider Disputes (Quarterly). For those audits requiring CAPs, CalViva Health has received and approved Health Net's corrective actions.	
#7 **Public Comment**	None	
#8 **Adjourn** Patrick Marabella, M.D, Chair	Meeting was adjourned at 11:38 am.	

NEXT MEETING: July 16th, 2020

Submitted this Day: _July 16, 2020_

Submitted by: _Amy R Schneide_

Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:
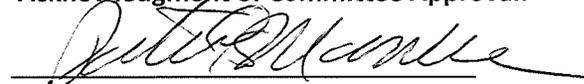
Patrick Marabella, MD Committee Chair

Item #4

Attachment 4.D

Public Policy Committee Minutes
dated 6/10/2020

Public Policy Committee
Meeting Minutes
June 10, 2020

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

	Committee Members			Community Base Organizations (Alternates)
✓	Joe Neves, Chairman		✓	Jeff Garner, KCAO
✓	David Phillips, Provider Representative		✓	Roberto Garcia, Self Help
✓*	Leann Floyd, Kings County Representative			**Staff Members**
✓	Sylvia Garcia, Fresno County Representative		✓	Courtney Shapiro, Community Relations Director
✓	Kristi Hernandez, At-Large Representative		✓	Cheryl Hurley, Commission Clerk
✓	Kevin Dat Vu, Fresno County Representative			Greg Hund, CEO
✓*	Norma Mendoza, At-Large Representative			Dr. Marabella, CMO
				Amy Schneider, RN, Director of Medical Management
			✓	Mary Lourdes Leone, Director of Compliance
			✓	Steven Si, Operations & Privacy Specialist
			✓	Lori Norman, Compliance Manager
			*	= late arrival

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
#1 Call to Order Joe Neves, Chair	The meeting was called to order at 11:33 am. A quorum was present via conference call in lieu of gathering in public per executive order signed 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.	

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
#2 Meeting Minutes from March 4, 2020 **Action** Joe Neves, Chair	The March 4, 2020 meeting minutes were reviewed. There were no discrepancies.	**Motion:** Approve March 4, 2020 Minutes 6-0-0-3 (D. Phillips / R. Garcia) A roll call was taken.
#3 Public Policy Committee Charter **Action** Joe Neves, Chair	The PPC Committee reviewed the Charter and approved to move forward to Commission for approval with no revisions. *J. Garner arrived at 11:36 am*	**Motion:** Approve Public Policy Committee Charter to move to Commission for final approval. 7-0-0-2 (D. Phillips / R. Garcia) A roll call was taken.
#4 Enrollment Dashboard **Information** Mary Lourdes Leone, Director of Compliance	Mary Lourdes Leone presented the enrollment dashboard through April 2020. Membership as of the end of April was 349,814. CalViva Health maintains a 71.5% market share.	**No motion**
#5 Health Education • HE Report Summary • 2019 Work Plan End of Year Evaluation • 2020 Program Description • 2020 Work Plan **Information** Steven Si, Operations & Privacy Specialist	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. Highlights of notable changes for 2020 within the Health Education Program Description include: • Update language and terms to reflect currently programs.	**No motion**

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
	• Updated terminology and descriptions. • Added provision for PPC members to give input into PNA and receive updates on progress. • Added PNA and revised team descriptions to be more general. Removed the term HEDIS and replaced with general quality performance descriptions. Updated role and other descriptions. The initiatives in 2019 will continue in 2020 with enhancements to Fluvention, Pediatric Education, Women's Health, and Phone Education. *L. Floyd arrived at 11:42 am*	
#6 Appeals, Grievances and Complaints **Information** Mary Lourdes Leone, Director of Compliance	Mary Lourdes Leone presented the appeals, grievances and complaints report for Q1 2020. Total appeals and grievances for Q1 2020 were 619, which is an increase from Q1 2019. Total appeals for Q1 2020 were 297. Total grievances for Q1 2020 were 322. Turnaround time compliance standard was met at 100%. The majority of appeals and grievances were from members in Fresno County which has the largest CalViva Health enrollment.	**No motion**
#7 Cultural and Linguistics • 2019 Summary & Work Plan Evaluation • 2019 Summary and Language Assistance Program • 2020 Summary & Program Description • 2020 Summary & Work Plan	Work Plan activities completed during 2019 include: • Language Assistance Services • Compliance Monitoring • Communication, Training & Education • Health Literacy, Cultural Competency & Health Equity All work plan activities were completed with the exception of one activity. Newsletter schedule was modified in 2019	**No motion**

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
Information Steven Si, Operations & Privacy Specialist	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. For the 2019 Language Assistance Program, the total number of calls handled by Member Services Department representatives accounted for 116,107 across all languages. Of these, 19,737 (17%) were handled in Spanish and Hmong languages. Additionally, 3,049 interpreter requests were fulfilled for CalViva Health members. A total of 2,551 (89%) of these requests were fulfilled utilizing telephonic interpreter services with 395 (13%) for in-person and 103 (3%) for sign language interpretation. MHN Services' Member Services Department representatives handled a total of 4,615 calls across all languages with 435 in Spanish, 9 in Hmong and 18 in other languages. In addition, a total of 167 interpreter requests for a medical point of contact were fulfilled with 152 (91%) fulfilled in-person, 11 (7%) fulfilled with sign language interpretation, and 4 (2%) with telephonic interpreter services. 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. 2. Enhancing LAP reporting activities inclusive of C&L GeoAccess findings and follow up activities, assessment	

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
	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.	
#8 Population Needs Assessment Update **Information** Steven Si, Operations & Privacy Specialist	The first annual submission of the Population Needs Assessment (PNA) is due June 30, 2020. The draft has been completed and is under review. *N. Mendoza arrived at 12:01 pm*	**No motion**
#9 Website Update **Information** Steven Si, Operations & Privacy Specialist	The CalViva Health website has been updated to add links to the social care network Aunt Bertha and also CA.gov for COVID-19 information.	**No motion**
#10 2019 DHCS and DMHC Audits Update **Information**	Mary Lourdes Leone reported that the DHCS has accepted all of the corrective actions for the 2019 DHCS audit and have closed the Corrective Action Plan (CAP).	**No motion**

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
Mary Lourdes Leone, Director of Compliance	In reference to the DMHC audit, CVH submitted the last response needed to DMHC for the CAP; response is pending as to whether or not they will accept the approach for the corrective action.	
#11 2020 DHCS Audit Update **Information** Mary Lourdes Leone, Director of Compliance	A draft final report was received from DHCS on May 22, 2020. The findings were minimal. CVH is currently reviewing and will respond by the due date of June 12, 2020.	**No motion**
#12 COVID-19 CalViva's Response **Information** Mary Lourdes Leone, Director of Compliance	CalViva has been making calls to members based on risk stratified data to inform the member on what COVID-19 is and to assess what their personal needs may be so that CVH can facilitate in assisting the members in getting various services. CVH has also encouraged Providers to use the telehealth modality to reach their patients. CVH also provides DHCS with a daily report of members that have tested positive with COVID-19 that have been hospitalized and/or may have passed. Current COVID-19 positivity rate for CVH members only is 47. CVH Commissioners approved an additional $1.1M in emergency funding towards local community-based organizations and health departments in an effort to help combat COVID-19 and keep operations open and running.	**No motion**
#13 Final Comments from Committee Members and Staff	D. Phillips announced UHC has opened two health centers in the last couple months. Two additional sights are scheduled to open this summer.	

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
	J. Garner announced the KCAO launched the summer food program providing free meals from children from 0-18 years of age.	
	R. Garcia announced Self-Help continues to put in applications for multi-family housing.	
#14 Announcements	None.	
#15 Public Comment	None.	
#16 Adjourn	Meeting adjourned at 12:33 pm.	

NEXT MEETING   September 2, 2020 in Madera County
                              11:30 am - 1:30 pm

Submitted This Day: September 2, 2020

Approval Date: September 2, 2020

Submitted By: _C. Shapiro_____
Courtney Shapiro, Director Community Relations

Approved By: _Joe Neves_____
Joe Neves, Chairman

Item #5

Attachment 5.A

HEDIS® Update – RY 2019

RY 2016-2020 HEDIS Results - CalViva Health

	Acronym	Type	HEDIS Measure	Measure Status	Fresno					Kings					Madera					MPL	HPL
					2020	2019	2018	2017	2016	2020	2019	2018	2017	2016	2020	2019	2018	2017	2016	2020	2020
1	ABA	H	Adult BMI Assessment	New	90.8	N/A	N/A	N/A	N/A	95.13	N/A	N/A	N/A	N/A	94.65	N/A	N/A	N/A	N/A	90.3	95.88
2	AMM	A	Antidepressant Medication Management - Acute Phase	New	48.2	N/A	N/A	N/A	N/A	43.7	N/A	N/A	N/A	N/A	47.74	N/A	N/A	N/A	N/A	52.33	65.95
3	AMM	A	Antidepressant Medication Management - Continuation Phase	New	31.8	N/A	N/A	N/A	N/A	29.6	N/A	N/A	N/A	N/A	27.44	N/A	N/A	N/A	N/A	36.51	48.68
4	AMR	A	Asthma Medication Ratio		64.2	63.3	69.8	69.4	N/A	71.2	89.29	69.8	66.29	N/A	69.75	66.8	70	71.38	N/A	63.58	71.62
5	AWC	H	Adolescent Well-Care Visit	New	53.8	N/A	N/A	N/A	N/A	63.8	N/A	N/A	N/A	N/A	64.23	N/A	N/A	N/A	N/A	54.26	68.14
6	BCS	A	Breast Cancer Screening	Existing	55.3	51.1	51.1	49.8	N/A	57.3	56.21	55.3	55.21	N/A	62.44	58.1	55.7	58.34	N/A	58.67	69.23
7	CCS	H	Cervical Cancer Screening	Existing	63.5	59.6	65.8	61.2	61.05	70.1	84.54	65.3	57.95	54.99	65.21	63.4	62.8	57.56	52.87	60.65	72.02
8	CDF	A	Screening for Clinical Depression and follow-up plan	Existing	N/A	N/A	N/A	N/A	N/A	N/A	88.99	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
9	CHL	A	Chlamdyia Screening	New	61.3	N/A	N/A	N/A	N/A	64.5	N/A	N/A	N/A	N/A	55.42	N/A	N/A	N/A	N/A	58.34	71.58
10	CIS-10	H	Childhood Immz - Combo 10	New	33.8	N/A	N/A	N/A	N/A	33.1	N/A	N/A	N/A	N/A	46.96	N/A	N/A	N/A	N/A	34.79	49.27
11	CDC-H9	H	HbA1c Poor Control (>9.0%)	Existing	34.1	41.6	46	42.3	55.47	35.8	87.19	35	41.85	47.69	36.25	40.3	33.3	43.31	50.36	38.52	27.98
12	CBP	H	Controlling High Blood Pressure	Existing	62	60.3	63	56.9	47.96	64.4	72.37	55.8	55.61	58.77	69.77	69.1	61.8	59.80	57.99	61.04	72.26
13	IMA-2	H	Immunizations for Adolescents: Combination 2	Existing	38.69	38.69	41.10	32.4	N/A	35	30.58	30.90	16.06	N/A	54.88	53.55	54.70	45.74	N/A	34.43	47.20
14	PPC-Pre	H	Prenatal Care	Existing	92.2	85.6	88.1	86.9	83.04	95.38	62.89	87	86.37	84.39	91.48	85.9	85.8	82.29	83.83	83.76	90.98
15	PPC-Pst	H	Postpartum Care	Existing	78.8	70.8	68.6	68	67.59	86.13	73.68	60	61.07	50.24	81.51	63.5	63.7	64.09	58.76	65.69	74.36
16	WCC-BMI	H	Weight Assessment and Counseling - BMI Percentile	New	82.7	N/A	N/A	N/A	N/A	91.73	N/A	N/A	N/A	N/A	95.38	N/A	N/A	N/A	N/A	79.09	90.40
17	W15	H	Well-Child Visits in the First 15 Months of Life	New	56.5	N/A	N/A	N/A	N/A	62.5	N/A	N/A	N/A	N/A	70.07	N/A	N/A	N/A	N/A	65.83	73.24
18	W34	H	Well Child Visits in 3-6th Years of Life	Existing	74.9	71.2	81	74.4	76.39	73.7	73.68	71.7	73.32	66.32	83.57	83.6	87	86.22	87.08	72.87	83.85

LEGEND

YELLOW	Result below DHCS MPL for that RY (IP)
GREEN	Result above DHCS HPL for that RY
ITALICS	DHCS not holding plans to MPL for this measure in RY2015
*	Denominator fewer than 30
N/A	No Rate available (not reported)

RY 2020 HEDIS Projects- CalViva Health

Acronym	Type	HEDIS Measure	Fresno 2020	MPL 2020	HPL 2020	2020 IP?	2019 IP?	2018 IP?	2017 IP?
CIS-10	H	Childhood Immz - Combo 10	33.82	34.79	49.27	Y	Y	Y	N
BCS	A	Breast Cancer Screening	55.26	58.67	69.23	Y	Y	Y	N
		Select one (1) PDSA							
COVID-QIP		Submit COVID QIP				NA	NA	NA	NA

LEGEND

YELLOW	Result below DHCS MPL for that RY (IP)
GREEN	Result above DHCS HPL for that RY
*	Denominator fewer than 30
N/A	No Rate available (not reported)

Item #6

Attachment 6.A

2020 QI Work Plan Mid-Year Evaluation
Executive Summary

REPORT SUMMARY TO COMMITTEE

TO:	QI/UM Committee Members Fresno-Kings-Madera Regional Health Authority Commissioners
FROM:	Corrie Haley, Quality Improvement Department
COMMITTEE DATE:	September 17, 2020
SUBJECT:	Quality Improvement Mid-Year Work Plan Evaluation Executive Summary 2020

Summary:

CalViva Health's 2020 Quality Improvement (QI) Program monitors improvement in clinical care and service using a range of indicators. These key performance indicators are found in service, clinical, and utilization reports from QI and various other departments. Based on these reports, areas of improvement are identified, and interventions implemented and monitored. In 2020, quality improvement initiatives are focused on (but not limited to) improving preventative care, disease management outcomes, continuity and coordination of patient care, patient safety metrics, member access to care, and supporting provider initiatives.

Due to COVID-19 public health emergency CalViva Health was unable to implement and test the 2020 performance improvement projects (PIP) and plan-do-study-act (PDSA) strategies with the targeted providers. DHCS did not require submission of the final 2020 PDSA and ended the projects on June 22, 2020. DHCS also elected to end the 2020 PIPs as of June 30, 2020.

Purpose of Activity:

The QI Work Plan Evaluation Executive Report provides a summary of the information contained in the full Work Plan document and provides evidence of monitoring of the overall effectiveness of the QI activities and processes mid-way through the year and identifies barriers and opportunities for improvement.

Work Plan Initiatives:

Full details on the End of Year outcomes are available in the 2020 QI Mid-Year Work Plan Evaluation. Key highlights include:

1. **Access, Availability, and Service**

    1.1 **Improve Access to Care**: CalViva continues to monitor appointment access annually through the Provider Appointment Availability Survey (PAAS). After Hours Access is evaluated annually through telephonic Provider After-Hours Access Surveys (PAHAS). Between MY 2018 and MY 2019 directional improvement was noted for non-urgent PCP and specialist appointments. However, rates for urgent appointments with specialists showed a notable decline.

    For the PAHAS survey, a new survey vendor was used and overall results indicate both metrics were met.

    When deficiencies are identified through analysis of the survey results, Corrective Action Plan (CAP) packets are distributed to PPGs who fail one or more of the timely access or after-hours measures. For MY 2019, a revised CAP process is being implemented using a targeted PPG approach to address non-compliance and a refined escalation process for non-responding PPGs. Targeted PPGs were identified and CAP packets will be sent no later than 07/31/2020. A request to complete an Improvement Plan will be included in the CAP packet. Completed

Improvement Plans will be due by 08/31/202. Any IP not received by the due date will be immediately escalated to the PNM team to assess next steps.

Non-compliant FFS groups, clinics and Direct Network providers were sent Education packets outlining the measures they were non-compliant for and resource materials.

In addition, CalViva Health will leverage results from the quarterly DHCS EQRO survey to identify PCPs and specialists that do not meet timely access standards and conduct outreach to these providers. Further evaluation of network will also be conducted to identify if there are any specialist gaps.

The Access & Availability team will conduct quarterly online Provider training webinars specific to access and availability. Webinars were recently conducted June 16,17 & 19. Low attendance was noted and is expected to increase in Q3 & Q4 with the distribution of the CAP and Education packets All non-compliant PPGs are required to attend one webinar as part of their Improvement Plan activities.

1.2 I**mprove Member Satisfaction**: CAHPS Metrics evaluate the following: getting needed care, getting care quickly, rating of all health care, rating of personal doctor, and how well doctors communicate. The CalViva Access Survey was completed in Q1. "Got Urgent Care As Soon As Needed" and "Got Routine Care As Soon As Needed" measure rates saw slight improvement, while "Ease of Getting Care: declined by one percentage point. This area will be a focus point to improve member access to care. In Q3 a provider webinar will be held to educate providers and clinic staff on the importance of CAHPS. Regular meetings with partner departments will continue through 2020 to track progress of the various activities around improving member experience, as we strive to ensure member satisfaction is being considered in all activities.

2. **Quality and Safety of Care**

   2.1 **HEDIS® Minimum Performance Level (MPL) Default Measures (50th percentile)**

Cervical Cancer Screening (CCS)	All counties exceeded MPL of 60.65%.
Childhood Immunization Combo 10 (CIS-10)	One county (Madera) exceeded MPL of 34.79%. Kings and Fresno counties fell below the MPL. Performance Improvement Project has been implemented to improve rates in Fresno County.
Comprehensive Diabetes Care HbA1c Testing (CDC – Testing)	For Final RY20 two out of three (Kings & Madera) counties exceeded the 50th percentile (88.55%). Fresno County fell below the MPL
Controlling High Blood Pressure (CBP)	All three counties exceeded MPL 61.04%
Timeliness of Prenatal Care (PPC-Pre)	All three counties exceeded MPL of 83.76%
Well Child Visits 3-6 years (W34)	All three counties exceeded MPL of 72.87%

   2.2 **Non-Default HEDIS® Minimum Performance Level (MPL) Measures – Additional measures Below the MPL in RY 2020**

Antidepressant Medication Management - Acute Phase (AMM)	All counties fell below the MPL of 52.33%.
Antidepressant Medication Management - Continuation Phase (AMM)	All counties fell below the MPL of 36.51%.

Adolescent Well-Care Visits (AWC)	Fresno County fell below the MPL of 54.26%. Kings and Madera counties were above.
Breast Cancer Screening (BCS)	Two of the three counties (Fresno & Kings) fell below the DHCS MPL of 58.67%. A Disparity PIP was initiated in Q3 2019 for Fresno County, and will be continued in 2020.
Chlamydia Testing – TOTAL (CHL)	Madera County fell below the MPL of 58.34%. Fresno & Kings counties were above the MPL.
Well-Child Visits in the First 15 Months of Life (W15)	Two counties (Kings & Fresno) fell below the MPL of 65.83%; Madera County was above the MPL.

3. Performance Improvement Projects

Two new PIPs in Fresno County have begun and the first Modules have been submitted and approved by HSAG/DHCS:

- Childhood Immunizations, Combination 10 (CIS-10) Project
- Breast Cancer Screening (BCS) Disparity Project

3.1 Childhood Immunization (CIS-10):

In Q4, 2019 CalViva Health Medical Management staff expanded the CIS-3 Performance Improvement Project into a CIS-10 project in collaboration with a new high volume, low compliance clinic in Fresno County. Based on the barriers identified through the Module 2 quality improvement activities (i.e. process mapping, Failure Modes and Effects Analysis, Failure Mode Priority Ranking, and a Key Driver Diagram), the team determined that an intervention focused on member education was needed to improve immunization series completion rates. An educational activity may include a video about the importance of childhood immunizations to be viewed while the member is waiting to see the provider. Module 3 is in development however, we will take a brief pause to update our baseline and goal rates, re-evaluate with the team under current circumstances, and resubmit these Modules per DHCS guidance.

3.2 Breast Cancer Screening (BCS) Disparity

In Q4, 2019 CalViva Health Medical Management staff began a Breast Cancer Screening (BCS) Performance Improvement Project in collaboration with one high volume, low compliance clinic, a women's imaging center and a community-based organization (The Fresno Center) that supports the Hmong population in Fresno County. CalViva Health, the clinic, The Fresno Center and the imaging center met to develop and analyze the process map to identify gaps in care for potential interventions.

The barrier analysis process revealed the need to address a health literacy issue regarding the importance of routine mammograms in the Hmong population. An educational event was planned that includes a video about mammography available in the Hmong language. The Plan will collaborate with the imaging center to establish appointment slots/block scheduling for mammograms for attendees of the educational event. CalViva will integrate the "member friendly approach" established last year in conjunction with mobile mammography events to address cultural and language issues,

as well as transportation and other potential barriers. A member incentive for completion of breast cancer screening will also be offered to members who complete their screening. Module 3 has been approved however, we will take a brief pause to update our baseline and goal rates, re-evaluate with the team under current circumstances, and resubmit these Modules per DHCS guidance.

Item #6

Attachment 6.B

2020 QI Work Plan Mid-Year Evaluation
Work Plan Evaluation

CalViva Health
Quality Improvement
Mid Year Work Plan 2020

08.20.20

CalViva Health 2020 Quality Improvement Mid Year Work Plan

TABLE OF CONTENTS

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

CalViva Health 2020 Quality Improvement Mid Year Work Plan

I.   Purpose

The purpose of the CalViva Health's Quality Improvement Program Work Plan is to establish objectives for the QI Program and review clinical, service and safety related outcomes against the priorities and objectives established by the Program. An assessment of critical barriers is made when objectives have not been met.

II.   CalViva Health Goals

1. We will anticipate, understand and respond to customer needs and be customer-driven in everything we do.
2. We will hire and retain the best people, create the best climate, provide the best tools to do the best job and build a spirit of warmth, friendliness and pride throughout the company.
3. We will dedicate ourselves to a standard of excellence in all of our customer relationships.
4. We will promote better outcomes for our customers through improved provider relationships and through the promotion of evidence-based health care.
5. We will provide efficient, simple and high quality administrative services that get things right the first time.
6. We will build excellent business systems and processes and demonstrate the highest degree of integrity in all aspects of the operation of our business.

III.   Scope

The CalViva Health Quality Improvement Work Plan encompasses quality improvement activities for 2020. The development of this document requires resources of multiple departments.

CalViva Health 2020 Quality Improvement Mid Year Work Plan

Glossary of Abbreviations/Acronyms

A&G:	Appeals and Grievances		**HPL:**	High Performance Level
A&I:	Audits and Investigation		**HN:**	Health Net
AH:	After Hours		**HSAG:**	Health Services Advisory Group
AWC:	Adolescent Well-Care		**IHA:**	Initial Health Assessment
BH:	Behavioral Health		**ICE:**	Industry Collaborative Effort
C&L:	Cultural and Linguistic		**IP:**	Improvement Plan
CAHPS:	Consumer Assessment of Healthcare Providers and Systems		**IVR:**	Interactive Voice Response
			MCL:	Medi-Cal
CAP:	Corrective Action Plan		**MH:**	Mental Health
CCHRI:	California Cooperative Healthcare Reporting Initiative		**MMCD:**	Medi-Cal Managed Care Division
CDC:	Comprehensive Diabetes Care		**MPL:**	Minimum Performance Level
CM:	Case Management		**PCP:**	Primary Care Physician
CP:	Clinical Pharmacist		**PIP:**	Performance Improvement Project
CVH:	CalViva Health		**PMPM:**	Per Member Per Month
DHCS:	Department of Health Care Services		**PMPY:**	Per Member Per Year
DM:	Disease Management		**PNM:**	Provider Network Management
DMHC:	Department of Managed Health Care		**PRR:**	Provider Relations Representative
DN:	Direct Network		**PTMPY:**	Per Thousand Members Per Year
FFS:	Fee-for-Service		**QI:**	Quality Improvement
HE:	Health Education		**SPD:**	Seniors and Persons with Disabilities
			UM:	Utilization Management

I. ACCESS, AVAILABILITY, & SERVICE

Section A: Description of Intervention (due Q1)

1-1: Improve Access to Care- Timely Appointments to Primary Care Physicians, Specialist, Ancillary Providers and After Hours Access

☐ New Initiative ☒ Ongoing Initiative from prior year

Initiative Type(s)		☒ Quality of Care	☒ Quality of Service		☐ Safety Clinical Care
Reporting Leader(s)	Primary:	CalViva Health Medical Management		Secondary:	Health Net QI Department

Rationale and Aim(s) of Initiative
Access to care is critical to a member's ability to get care in an appropriate timeframe and to the member's satisfaction. Assessing practitioner compliance with access standards and surveying members allows the identification of areas for improvement.

Description of Outcome Measures Used To Evaluate Effectiveness of Interventions. Includes improvement goals and baseline & evaluation measurement periods.
Timely Appointment Access to Primary Care Physicians and Specialists is measured through eight metrics. The specific goal is 90% for all measures. Success will be evaluated at the end of the survey period. Timely Appointment Access is monitored using the DMHC PAAS Tool and the CVH PAAS Tool.
Timely Appointment Access to Ancillary Providers is measured through two metrics. The goal is 90% for all metrics. Timely Appointment Access is monitored using the DMHC PAAS Tool.
After-Hours (AH) Access is evaluated through an annual telephonic Provider After-Hours Access Survey. This survey is conducted to assess provider compliance with required after-hours emergency instructions for members and that members can expect to receive a call-back from a qualified health professional within 30 minutes when seeking urgent care/services by telephone. The results are made available to all applicable provider organizations through annual provider updates. When deficiencies are identified, improvement plans are requested of contracted providers and provider groups as described in CVH policy PV-100-007 Accessibility of Providers and Practitioners. These measures assess whether 90% of providers have appropriate emergency instructions whenever their offices are closed/after-hours, and if 90% of providers are available for members to contact them during after-hours for urgent issues within the 30-minute timeframe standard.

Planned Activities			
Activities	**Target of Intervention: Member (M) / Provider (P)**	**Timeframe for Completion**	**Responsible Party(s)**
Implement Provider Appointment Access Survey (PAAS) to monitor appointment access at the provider level to comply with DMHC and continue conducting Medi-Cal Appointment Access Survey to comply with DHCS requirements	P	Q3- Q4	CVH/HN
Develop and distribute provider updates, as applicable, informing providers of upcoming training webinars,	P	Q1 - Q4 Q2 - MY2020 Survey Prep Q3 – MY2019 Survey Results	CVH/HN

surveys, survey results, and educational information for improvement.			
Conduct provider training webinars related to timely access standards and surveys	P	Q1-Q4	CVH/HN
Conduct Telephone Answer surveys quarterly to monitor provider office answer time and member callback times.	P	Q1-Q4	CVH/HN
Review and update the Appointment Access & Provider Availability P&P as needed to reflect all regulatory and accreditation requirements and submit for approval	P	Q1	CVH/HN
Implement Provider After-Hours Availability Survey (PAHAS) to monitor provider offices' after-hours urgent care instructions and physician availability.	P	Q3-Q4	CVH/HN
Complete a CAP as necessary – when CalViva providers are below standard; including additional interventions for providers not meeting standards two consecutive years.	P	Q3-Q4	CVH/HN
Annual review, update and distribution of Improve Health Outcomes – A Guide for Providers Toolkit, After-Hours Script and Timely Appointment Access flyer.	P	Q1-Q4	CVH/HN

Section B: Mid-Year Update of Intervention Implementation (due Q3)	Section B: Analysis of Intervention Implementation (due end of Q4)
- PAAS & PAHAS surveys slated to kick off 8/17/20 by Sutherland. - Provider Updates: - MY 2019 CalViva PAAS & After-Hours Results – draft being prepared for CalViva Health's review. - MY 2020 PAAS & After-Hours Survey Prep – draft being prepared for CalViva Health's review. - Telephone Answer surveys on hold Q1 & Q2 due to COVID-19. Reinstatement is TBD. - Provider Trainings conducted on June 16, 18 & 19. Total of 13 provider offices attended. Attendance expected to increase in Q3 & Q4 once CAP packets and Education packets are distributed. Attendance is required for all PPGs receiving a CAP and strongly encouraged for those receiving an Education packet.	

- Access & Availability P&P currently under review by CalViva Health for additions of LTSS and revised CAP process.
- MY 2019 CAP:
  - CAP process revised for MY 2019 with a targeted focus on priority PPGs. Includes follow-up on Improvement Plan completion, Action Plan validation and escalation process for non-responses.
  - CAP packets will be sent out no later than 7/31/20 with completed Improvement Plans due back from PPGs by 8/31/20.
  - Education packets will be sent out no later than 7/31/20.
- Review of resource materials conducted.
  - Update of Timely Appointment Access flyer to reflect change of "First Prenatal Appt – PCP & SCP" standard from 10 business days to 2 weeks as directed by DHCS.
  - Update of Timely Access Report Card flyer to reflect 2019 dates and updated First Prenatal standard of 2 weeks.
- Suggest revamp of tables in Section B for 2021 to remove duplicative data and to align reporting with DMHC's format.

Section C: Evaluation of Effectiveness of Interventions - Measure (s), Performance Goal (due Q1)
Section C: Evaluation of Effectiveness of Interventions - Baseline Source, Baseline Value (due Q3)
Section C: Evaluation of Effectiveness of Interventions – Evaluation Period, Analysis (due Q3 2018)

Measure(s)	Performance Goal#	Rate (%) RY 2020 (MY 2019) (populated mid-year)	Rate (%) RY 2019 (MY 2018)	Baseline Value Source	Baseline Value (%) RY 2018 (MY 2017)
Non-Urgent Appointments for Primary Care – Appointment within 10 business days of request	90%	Overall=84.7 Fresno=85.5 Kings= 84.9 Madera= 79.5	Overall=82.1** Fresno=85.7** Kings=85.2** Madera=62.5 **	CVH Performance RY 2018 (MY 2017)	Overall=90.1 Fresno=87.7 Kings=97.7 Madera=94.9
Non-Urgent Appointments with Specialist – Appointment within 15 business days of request	90%	Overall=75.4 Fresno=77.1 Kings=64.3	Overall= 68.1** Fresno=72.2** Kings= 73.7**	CVH Performance RY 2018	Overall=64.0 Fresno=68.8 Kings=65.2

		Madera=74.2	Madera=43.1**	(MY 2017)	Madera=55.5
Urgent Care Services that do not require prior authorization (PCP) – Appointment within 48 hours of request	90%	Overall=70.9^ Fresno=71.9 Kings=67.3 Madera=70.3	Overall= 71.4** Fresno=74.2** Kings=59.3 Madera=81.3	CVH Performance RY 2018 (MY 2017)	Overall=82.9 Fresno=82.9 Kings=81.4 Madera=84.6
Urgent Care Services that require prior authorization (SCP) – Appointment within 96 hours of request	90%	Overall=52.2^ Fresno=53.8 Kings=42.3 Madera=50.9	Overall=62.8** Fresno=68.0** Kings=44.4** Madera=53.2**	CVH Performance RY 2018 (MY 2017)	Overall=60.7 Fresno=68.3 Kings=52.3 Madera=50.8
First Prenatal Visit (PCP) – Within 2 weeks of request	90%	Overall=88.4 Fresno=90.0 Kings=91.3 Madera=70.0	Overall=90.3 ** Fresno=94.4** Kings=90.0** Madera=66.7**	CVH Performance RY 2018 (MY 2017)	Overall=100 Fresno=100 Kings=100 Madera=NR
First Prenatal Visit (SCP) – Within 2 weeks of request	90%	Overall=91.2 Fresno=90.3 Kings=100* Madera=NR	Overall=88.9** Fresno=87.5** Kings=100** Madera=100**	CVH Performance RY 2018 (MY 2017)	Overall=80.0 Fresno=100 Kings=NR Madera=33.3
Well-Child Visit with PCP – within 10 business days of request	90%	Overall=76.9 Fresno=77.5 Kings=79.6 Madera=70.3	Overall=73.6** Fresno=69.8** Kings=85.2** Madera=68.8**	CVH Performance RY 2018 (MY 2017)	Overall=84.1 Fresno=86.9 Kings=60.0 Madera=66.7
Physical Exams and Wellness Checks – within 30 calendar days of request	90%	Overall=87.8 Fresno=88.1 Kings=91.5^ Madera=81.6	Overall=88.5** Fresno=85.2** Kings=92.6** Madera=93.8**	CVH Performance RY 2018 (MY 2017)	Overall=91.3 Fresno=93.4 Kings=60.0 Madera=100
Non-Urgent Ancillary services for MRI/Mammogram/Physical Therapy – Appointment within 15 business days of request	90%	Overall=93.3 Fresno=90.9 Kings=100* Madera=100*	Overall=66.7 Fresno=60.0 Kings=100 Madera= NR	CVH Performance RY 2018 (MY 2017)	Overall=89.0 Fresno=83.3 Kings=100 Madera=NR
Appropriate After-Hours (AH) emergency instructions	90%	Overall=97.9 ↑ Fresno=97.9 ↑ Kings=99.0 Madera=96.1 ↑	Overall=93.9 Fresno=95.2 Kings=95.0 Madera=80.5	CVH Performance RY 2018 (MY 2017)	Overall=94.3 Fresno=93.6 Kings=95.7 Madera=98.2
AH physician callback: Member informed to expect a call-back from a qualified health professional within 30 minutes (Per P&P)	90%	Overall=99.4 ↑ Fresno=99.4 ↑ Kings=99.0 ↑ Madera=100 ↑	Overall=82.0 Fresno=82.3 Kings=77.8 Madera=85.0	CVH Performance RY 2018 (MY 2017)	Overall=78.7 Fresno=76.7 Kings=87.0 Madera=82.1

^Rate for MY 2019 cannot be compared to MY 2018 due to change in the sampling methodology.

- Denominator less than 10. Rates should be interpreted with caution due to the small denominator

↑↓ Statistically significant difference between RY 2019 vs RY 2018, p<0.05

NR – No reportable data

** Change in DMHC survey tool for all PCP and specialist urgent and non-urgent metrics - rates should be interpreted with caution

Performance Goal was 80% for MY 2017 & MY 2018

Section D. Year-end Evaluation—Overall Effectiveness/Lessons Learned/Barriers Encountered

Analysis: Intervention Effectiveness w Barrier Analysis	
Initiative Continuation Status (Populate at year end)	☐ **Closed** ☐ **Continue Initiative Unchanged** ☐ **Confirmed box should be checked. Continue Initiative with Modification**

Section A: Description of Intervention (due Q1)
1-2: Improve Member Satisfaction

☐ **New Initiative** ☒ **Ongoing Initiative from prior year**

Initiative Type(s)	☒ **Quality of Care**		☒ **Quality of Service**		☒ **Safety Clinical Care**
Reporting Leader(s)	**Primary:**	**CalViva Health Medical Management**	**Secondary:**		**Health Net QI Department**
Rationale and Aim(s) of Initiative					

Member Experience for CalViva is monitored in two ways:

1. DHCS conducts a CAHPS survey every 3 years; results are posted the DHCS website: https://www.dhcs.ca.gov/dataandstats/reports/Pages/MgdCareQualPerfCAHPS.aspx
2. HNCA QI CAHPS team helps to administer a scaled-back CAHPS survey to assess access areas of opportunity. This CalViva Access Survey is administered through SPH Analytics/Morpace. Final results are shared with PNM.

Member satisfaction is affected by member interaction with the providers, provider office staff, the plan, and vendor partners. Results are also impacted by member demographics and individual health status.

Description of Outcome Measures Used To Evaluate Effectiveness of Interventions. Includes improvement goals and baseline & evaluation measurement periods.

Through the DHCS-administered CAHPS survey, the following measures are evaluated:
- Rating of Health Plan
- Rating of Health Care
- Rating of Personal Doctor
- Rating of Specialist Seen Most Often
- Getting Needed Care (composite measure)
- Getting Care Quickly (composite measure)
- How Well Doctors Communicate (composite measure)
- Customer Service (composite measure)
- Shared Decision Making (composite measure)

Our goal for the CAHPS survey is to be at or above the Quality Compass 50th percentile.

On an annual basis, the CalViva Access Survey collects information on the following measures:
- Access to Urgent Care
- Access to Routine Care
- Access to Specialist Appointment
- Ease of Getting Care/Tests/Treatment

Our internal goal for the CalViva Access survey is to exceed previous year's performance

Planned Activities			
Activities	**Target of Intervention: Member (M) / Provider (P)**	**Timeframe for Completion**	**Responsible Party(s)**
Annually review, update, distribute and promote the Patient Experience(PE) Toolkit to providers	P	Q2 2020	CVH/HN

Annually, review update and distribute Appointment Scheduling Tip Sheet and Quick Reference Guide	P	Q1-Q2 2020	CVH/HN
Annually, review update and distribute the "Talking with my Doctor" agenda setting form as part of the PE Toolkit to educate and empower members and improve their overall experience	P/M	Q1-Q2 2020	CVH/HN
Annually, review, update and enhance materials on Interpreter services 24/7 to remind providers of the availability of these services and how to access them	P	Q1-Q2 2020	CVH/HN
Create article and distribute in Member newsletter highlighting access standards and interpreter services	M	Q2 2020	CVH/HN
Annually, review and update and enhance materials on the Nurse Advice Line to encourage use of this service by members	P/M	Q1-Q2 2020	CVH/HN
Update and conduct scaled-back member survey to assess effectiveness of interventions implemented	M	Q3 2020	CVH/HN
PPG CAHPS Webinar held bi-annually. Webinar covers recommendations and best practices on how provider/provider staff can improve patient satisfaction throughout all patient interactions, as well as the importance of CAHPS.	P	Q3, Q4 2020	CVH/HN
Quarterly root cause analysis on appeals and grievances data to highlight member pain points, trends and opportunities for improvement.	P	Quarterly basis	CVH/HN
Administer annual Access Survey. Share and review results once they are made available.	M	Q1 – Q2 2020	CVH/HN

Section B: Mid-Year Update on Intervention Implementation (due Q3)	Section B: Analysis of Intervention Implementation (due end of Q4)
- The Patient Experience Toolkit has evolved and become part of the Provider Tool Kit. The Provider Tool Kit includes various resources/materials around the following topics: Overall Patient Experience, CAHPS Survey, Online Provider Resources, Timely Access to Care, Interpreter Services. 500 copies of the tool kit were provided to distribute to interested doctors/clinics. . - The CalViva Access Survey was completed timely. Overall, the vast majority of members were typically able to get both urgent care and routine care as soon as needed – members waiting on average 2.8 days, 6.1 days for an appointment.76% of respondents stated that it was always/usually easy to get care, a	

1 percentage point drop from 2019. Efforts will continue through various access, availability, and member experience projects to push directional improvement in all access measures.	
• Launched the Annual Member Newsletter to 163,377 member households, highlighting the following topics: access standards, interpreter services, Nurse Advice Line	

Measure(s)	Specific Goal	RY Rate 2019	RY Rate 2020	Baseline Source	Baseline Value
Got urgent care as soon as needed	Improve YOY	76%	78%	RY 2018 Rate	81%
Got routine care as soon as needed	Improve YOY	65%	67%	RY 2018 Rate	68%
Ease to get specialist appointment	Improve YOY	59%	59%	RY 2018 Rate	55%
Ease of getting care/test/treatment	Improve YOY	77%	76%	RY 2018 Rate	74%
CAHPS Survey Measures	**Specific Goal**	**RY 2017 Rate (MY 2016) (% always/usually)**	**RY 2020 Rate MY 2019 (% always/usually)**	**Baseline Source (RY 2020)**	**Baseline Value**
Getting Needed Care	Exceed RY2017 All Plans Medicaid Average 50th Nat'l = 81.11%	69%	69.10%	National Benchmark (50th Percentile)	83.12%
Getting Care Quickly	Exceed RY2017 All Plans Medicaid Average 50th Nat'l = 80.52%	73%	73.31%	National Benchmark (50th Percentile)	82.48%
How well doctors communicate	Exceed RY2017 All Plans Medicaid Average	87%	86.52%	National Benchmark	91.62%

	50th Nat'l = 90.96%			(50th Percentile)	
Customer Service	Exceed RY2017 All Plans Medicaid Average 50th Nat'l = 87.45%	NA	NA	National Benchmark (50th Percentile)	88.52%
Shared Decision Making	Exceed RY2017 All Plans Medicaid Average 50th Nat'l = 79.70%	77%	77.00%	National Benchmark (50th Percentile)	79.84%
Rating of All Health Care	Exceed RY2017 All Plans Medicaid Average 50th Nat'l = 74.06%	63%	63.41%	National Benchmark (50th Percentile)	74.80%
Rating of Personal Doctor	Exceed RY2017 All Plans Medicaid Average 50th Nat'l = 80.58%	75%	75.46%	National Benchmark (50th Percentile)	81.76%
Rating of Health Plan	Exceed RY2017 All Plans Medicaid Average 50th Nat'l = 75.70%	73%	73.35%	National Benchmark (50th Percentile)	77.47%
Rating of Specialist	Exceed RY2017 All Plans Medicaid Average 50th Nat'l = 80.75%	74%	74.44%	National Benchmark (50th Percentile)	82.39%
Analysis: Intervention Effectiveness w Barrier Analysis					
Initiative Continuation Status	☐ **Closed**	☐ **Continue Initiative Unchanged**		☐**Continue Initiative with Modification**	

II.QUALITY & SAFETY OF CARE

Section A: Description of Intervention (due Q1)				
2-1: Comprehensive Diabetes Care (CDC)				
☐ New Initiative ☒ Ongoing Initiative from prior year				
Initiative Type(s)	☒ **Quality of Care**		☐ **Quality of Service**	☒ **Safety Clinical Care**
Reporting Leader(s)	**Primary:**	**CalViva Health Medical Management**	**Secondary:**	Health Net QI Department and Health Net Health Education Department
Rationale and Aim(s) of Initiative				

Overall Aim: To assist members improve their compliance rate for hemoglobin A1c (HbA1c) testing as well as to lower their overall HbA1c value through education, lifestyle changes, healthy behaviors, and medication management.

Rationale: Diabetes occurs when the body has an inability to produce enough insulin to properly control blood sugar. When left untreated, this complex disease can increase the risk for heart disease, stroke, blindness, kidney disease and more (Comprehensive Diabetes Care, 2018). In managing chronic conditions such as diabetes, members are advised to adopt positive life style modifications which include making dietary changes and increasing physical activity for maintaining a healthy weight and managing their blood sugar, limiting alcohol intake, and engaging in smoking cessation programs (Control, 2018). A simple test to measure one's hemoglobin A1c can help identify if one has type 1 or type 2 diabetes (Mayo Clinic A1c Test) and can be the first step in managing this chronic condition. The American Diabetes Association Standards of Medical Care in Diabetes 2019 recommends the following for HbA1c Testing:

- Perform A1C test at least two times a year in patients meeting treatment goals and have stable glycemic control.
- Perform A1c test quarterly in patients whose therapy has changed or who at not meeting glycemic goals.
- Point-of-care testing for A1C providers the opportunity for more timely treatment changes (Association, 2019).

Diabetes care involves many facets and applying the multi-disciplinary approach which involves the member, provider, family members, and other health care professionals are part of the treatment plan in helping one manage their diabetes for long-term (Diabetes Care, January)

Comprehensive Diabetes Care. (2018). Retrieved December 30, 2018, from NCAQ - National Committee for Quality Assuarance: https://www.ncqa.org/hedis/measures/comprehensive-diabetes-care/
Control, C. f. (2018). *Effective Diagnosis, Treatment, and Monitoring of Hypertension in Primary Care - Participant Guide Treatment of Hypertension.*
Diabetes Care. (January, 14 2018). Retrieved 30 December, 2018, from American Diabetes Association: http://care.diabetesjournals.org/content/41/Supplement_1/S28
Association, A. D. (2019). Glycemic Targets: Standards of Medical Care in Diabetes - 2019. *Diabetes Care*, 61-70.

Description of Outcome Measures Used To Evaluate Effectiveness of Interventions. Includes improvement goals and baseline & evaluation measurement periods.

The measure evaluates the percentage 18-75 years of age with diabetes (type 1 and type 2) who have had each of the following:

- Hemoglobin A1c (HbA1c) testing.
- HbA1c poor control (>9.0%).
- HbA1c control (<8.0%).
- HbA1c control (<7.0%) for a selected population*.
- Eye exam (retinal) performed.
- Medical attention for nephropathy.
- BP control (<140/90 mm Hg).

Planned Activities			
Activities	Target of Intervention: Member (M) / Provider (P)	Timeframe for Completion	Responsible Party(s)
Work with a high volume, low compliance provider in Fresno County to improve CDC rates for Hemoglobin A1c (HbA1c) (submit PDSA).	P	Q1-Q2	CVH/HN
Conduct regular meetings with Fresno County provider to improve CDC rates for HbA1c testing	P	Q1-Q2	CVH/HN
Using the Planned Care Visit from the Chronic Disease Self-Management Model to assist members in completing their labs, receiving education, and scheduling an appointment with their provider for better HbA1C control.	P/M	Q1-Q2	CVH/HN
Continue with in-home screening program MedXM to complete CDC HbA1C testing.	M	Q2-Q4	CVH/HN
Section B: Mid-Year Update of Intervention Implementation (due Q3)		**Section B: Analysis of Intervention Implementation (due end of Q4)**	
- In Q1 & Q2 2020, CalViva Health Medical Management collaborated with a high volume, low compliance provider in Fresno County to improve CDC rates for Hemoglobin A1c (HbA1c) testing. - CalViva Health Medical Management continued to conduct bi-weekly meetings with the multidisciplinary Diabetes Improvement team in order to receive updates on progress with activities and make modifications as needed.			

- In Q1, Medical Management completed its first PDSA cycle in which members either completed their testing or had an appointment scheduled to complete testing with the use of the Provider Profile and a member incentive.
- CalViva Medical Management Team found that using the Planned Care for a longer duration of time, confirmed the effectiveness of the script in persuading patients to complete their HbA1c testing. CVH plans to build upon the Planned Care Visit, the first step in our efforts to implement a Chronic Disease Self-Management program. The clinic is implementing a Chart Prep program throughout their clinics that is similar to the Planned Care Visit; this will allow our Diabetes Team to continue to expand and test the Planned Care Visits while we develop new components.
- Through this intervention, 65/71 members remained on the phone to hear the full Diabetes Call Script reflecting a high engagement rate of 92%. Of those 65 engaged patients, 40 completed their HbA1c testing. The completion rate for patients who heard the call script was 62% which is well above the 50% goal we established for the population overall.
- The clinic scheduled members/patients for labs (HbA1c Testing) along with nursing education using the "Stoplight tool." A standard guide comes with the "Stoplight tool" and asks patients "what barriers exist and how can we help them the most."
- Members are eligible to receive a $25 Visa gift card for completing an HbA1c testing or having their HbA1c under control (<9%). If they completed an HbA1c testing and have their HbA1c under control (<9%), they will receive two $25 Visa gift card.

  Due to COVID-19 public health emergency CVH was unable to implement and test the 2020 strategies with the targeted provider. DHCS did not require submission of final 2020 PDSA for Diabetes.

- In Q2 of 2020, the in-home screening program MedXM to complete CDC HbA1C testing was put on hold due to the COVID-19 pandemic.

Section C: Evaluation of Effectiveness of Interventions - Measure (s), Specific Goal (due Q1) Section C: Evaluation of Effectiveness of Interventions - Baseline Source, Baseline Value (due Q3) Section C: Evaluation of Effectiveness of Interventions – Evaluation Period, Analysis (due Q3 2020)					
Measure(s)	Specific Goal	Rate RY2019	Rate RY2020	Baseline Source	Baseline Value
HEDIS® Comprehensive Diabetes Care – HbA1c Testing	Meet or Exceed DHCS 50th Percentile update 87.83% (RY2019)	Fresno: 84.43%	88.56%	RY 2019 CVH Results	Fresno: 83.43%
HEDIS® Comprehensive Diabetes Care – HbA1c Poor Control (>9%)	Meet or Exceed DHCS 50th Percentile 38.20%	Fresno: 41.61%	34.06%	RY 2019 CVH Results	Fresno:41.61%
Analysis: Intervention Effectiveness w Barrier Analysis					
Initiative Continuation Status	☐ Closed ☐ Continue Initiative Unchanged ☐Continue Initiative with Modification				

Section A: Description of Intervention (due Q1)					
2-2: Addressing Breast Cancer Screening Disparities					
☐ New Initiative ☒ Ongoing Initiative from prior year					
Initiative Type(s)	☒ **Quality of Care**		☐ **Quality of Service**		☐ **Safety Clinical Care**
Reporting Leaders	**Primary**	**CalViva Health Medical Management**	**Secondary**		**Health Net QI Department**
Rationale and Aim(s) of Initiative					

Overall Aim: To increase and improve the survival rates of CalViva members in Fresno County who are diagnosed with breast cancer through early detection.

Rationale: Breast cancer is a leading cause of cancer related death among women in the U.S.   The American Cancer Society estimated incidence of new breast cancer cases was 252,710 and there were 40, 610 deaths (American Cancer Society, 2017). There is strong evidence that early detection of breast cancer through screening, including mammography and clinical breast exams can effectively reduce the mortality rate from this disease (Centers for Disease Control and Prevention, 2018). The benefit of screening is finding cancer early, when it's easier to treat (Centers for Disease Control and Prevention, 2019).

Barriers to breast cancer screening included a lack of health insurance, language, and issues related to scheduling appointed. Barriers differed for younger and older women. The Hmong's belief in the spiritual etiology of cancer and attitudes toward cancer have also been identified as potential barriers to cancer screenings. In addition, for many Hmong women, mammograms are unfamiliar and regarded as invasive screening practices. Hmong women are at high-risk for health problems due to poverty, lack of education, low English Proficiency, lack of acceptance of the model of preventive care, and gender defined roles.

————————————

1American Cancer Society (2017). Breast Cancer Facts & Figures 2017-2018.

https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/breast-cancer-facts-and-figures/breast-cancer-facts-and-figures-2017-2018.pdf

2Centers for Disease Control and Prevention. (2018). Breast Cancer. What Are the Benefits and Risks of Screening?
https://www.cdc.gov/cancer/breast/basic_info/benefits-risks.htm

3 Centers for Disease Control and Prevention. (2019). Women with Disabilities and Breast Cancer Screening.
https://www.cdc.gov/ncbddd/disabilityandhealth/breast-cancer-screening.html

4 Kue, Zukoski, Thorburn (2014). Breast and Cervical Cancer Screening: Exploring Perceptions and Barriers with Hmong Women and Men in Oregon.   https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3711956/

Description of Outcome Measures Used To Evaluate Effectiveness of Interventions. Includes improvement goals and baseline & evaluation measurement periods.
The HEDIS measure, Breast Cancer Screening (BCS) will be used to evaluate the effectiveness of interventions. The measure evaluates the percentage of women 50-74 years of age who had a mammogram to screen for breast cancer. The baseline HEDIS result for RY 2019 was 58.08%. Increase the breast cancer screening rate among the Hmong speaking population at the targeted clinic site from a baseline of 19.2% to a goal rate of 28.8%.

Planned Activities			
Activities	**Target of Intervention: Member (M) / Provider (P)**	**Timeframe for Completion**	**Responsible Party(s)**
Continue to work with a high volume, low compliance provider in Fresno County to implement targeted BCS interventions and monitor effectiveness.	P	Q1-Q4	CVH/HN
Health Education to distribute educational materials on the importance of breast cancer screening	M	Q1-Q4	CVH/HN
Implement Provider Incentives to close the gaps and Improve HEDIS rates for breast cancer screening.	P	Q1-Q4	CVH/HN
Implement direct member incentive for completion of breast cancer screening to improve rates	M	Q1-Q4	CVH/HN
Deploy cultural and linguistic strategies at targeted convenient and culturally competent clinic site to support members in accessing their breast cancer screening services. Strategies include: on site interpreters, transportation services, etc.	M	Q1-Q4	CVH/HN
Collaborating with a radiology center to improve BCS rates.	P	Q1-Q4	CVH/HN
Implement and deploy a culturally competent community event with the Hmong community members, which includes using a video presented by a Hmong physician to improve BCS rates	M	Q1-Q4	CVH/HN
Section B: Mid-Year Update of Intervention Implementation (due Q3)		**Section B: Analysis of Intervention Implementation (due end of Q4)**	
• In Q1 and Q2 2020, CalViva Health Medical Management team was able to build upon a previous strategy for improving BCS rates in Fresno County that utilized mobile mammography as a primary intervention. This project was established in collaboration with one clinic with 2 sites, (Greater Fresno Health Organization) which is a high volume, low compliance clinic, an imaging center, and a Hmong cultural center in Fresno County.			

The partner organizations and CalViva Health established multidisciplinary BCS improvement Team that met bi-weekly to determine the current process, identify potential barriers, and establish a plan for improvement to address potential barriers to the project. • Through a barrier identification process, an Educational Event which includes a video in Hmong language was developed to address health literacy barriers among the Hmong population. In addition to the event, the CalViva Health Provider Engagement staff plan to collaborate with the radiology center to establish appointment slots/block scheduling for mammograms for attendees of the educational event. CalViva will integrate the member friendly approach that addresses cultural and language issues, as well as transportation and other potential barriers. A member incentive for completion of breast cancer screening will also be offered to members who complete their screening. • Modules 1, 2, and 3 were submitted to DHCS, however, we will take a brief pause, update our baseline and goal rates, and resubmit these modules per DHCS guidance. Due to the public health crisis associated with COVID-19, DHCS has elected to end the current PIPs as of June 30, 2020 and DHCS will have the MCPs and PSPs start new PIPs as soon as the new EQRO contract is in place in mid to late summer. • All Providers in Fresno County will be offered an incentive to encourage outreach to members and completion of their breast cancer screening. • Provider Tip Sheets will be developed in Q3 2020 and made available through the Provider Portal. The tip sheet outlines HEDIS Specifications, best practices, and recommended screening guidelines.	

Section C: Evaluation of Effectiveness of Interventions - Measure (s), Specific Goal (due Q1)
Section C: Evaluation of Effectiveness of Interventions - Baseline Source, Baseline Value (due Q3)
Section C: Evaluation of Effectiveness of Interventions – Evaluation Period, Analysis (due Q3 2020)

Measure(s)	Specific Goal	Rate RY2019	Rate RY2020	Baseline Source	Baseline Value
HEDIS® Breast Cancer Screening	Meet or Exceed SMART Aim Goal of 28.8%	Fresno: 58.08%	55.26%	RY 2020 CVH results	Fresno: 51.12%
Analysis: Intervention Effectiveness w Barrier Analysis					
Initiative Continuation Status	☐ **Closed**	☐ **Continue Initiative Unchanged**	**Continue Initiative with Modification**		

III. PERFORMANCE IMPROVEMENT PROJECTS

Section A: Description of Intervention (due Q1)				
2-3: Improving Childhood Immunizations (CIS-10)				
☐ **New Initiative** ☒ **Ongoing Initiative from prior year**				
Initiative Type(s)	☐ Quality of Care		☒ Quality of Service	☐ Safety Clinical Care
Reporting Leader(s)	**Primary:**	**CalViva Health Medical Management**	**Secondary:**	**Health Net QI Department**
Rationale and Aim(s) of Initiative				

Overall Aim: To improve child health in Fresno County.

Rationale: Childhood vaccination has proven to be one of the most effective public health strategies to control and prevent disease (Ventola, 2016).[1] In an effort to reduce childhood morbidity and mortality, the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) issues annual recommendations and guidelines for childhood immunizations (Poland, Schaffner, Hopkins, 2013).[2] However, some parents decline or delay vaccinating their children or follow alternative immunization schedules because of medical, religious, philosophical, or socioeconomic reason (Ventola, 2016). Health care provider-based interventions have been suggested to overcome such vaccine noncompliance, including patient counseling; improving access to vaccinations; maximizing patient office visits; and offering combination vaccines. Community and government-based interventions to improve parent and patient adherence include public education and reminder/recall strategies, and financial incentives for vaccinations (CDC, 2017).[3]

Despite the established guidelines and documented benefits and risks associated with childhood immunization, a gap in coverage still exists. A small but increasing number of children in the United States are not getting some or all of their recommended vaccinations. The percentage of children under 2 years old who haven't received any vaccinations has quadrupled in the last 17 years, according to federal health data (Health & Science, 2018). Approximately 300 children in the United States die each year from vaccine preventable diseases (NCQA, 2019).[4] Infants also comprise the largest share of pertussis-related death. Half of the infants who contract pertussis also known as whooping cough, will be hospitalized and one in 100 will die (CDC, 2017).

With the addition of new vaccines in recent years, and more in development, there is an even greater potential to save millions of more lives. Unfortunately, continuing disease outbreaks across the U.S. remain a public health concern. Lack of access to vaccines, combined with people who are not taking full advantage of opportunities to protect themselves, their families, and their communities, leaves people susceptible to preventable diseases (State of the Immunion, 2018).[5] America's future rests in the hands of our young; here in the U.S., we have the technology to prevent suffering among our most vulnerable citizens, our newborns (State of Immunion, 2018). Through public health efforts and working together to ensure access to and delivery of vaccines, we can prevent the suffering of families who could otherwise lose their precious newborns to vaccine-preventable diseases (State of Immunion, 2018).

1 Ventola C. L. (2016). Immunization in the United States: Recommendations, Barriers, and Measures to Improve Compliance: Part 1: Childhood Vaccinations. *P & T: a peer-reviewed journal for formulary management*, *41*(7), 426–436. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4927017/

2 Poland GA, Schaffner W, Hopkins RH, Jr, U.S. Department of Health and Human Services Immunization guidelines in the United States: new vaccines and new recommendations for children, adolescents, and adults. Vaccine. 2013; 31(42):4689–4693. Available at: https://www.ncbi.nlm.nih.gov/pubmed/23583896

3 Centers for Disease Control and Prevention. (2017). "How Your Child Care Program Can Support Immunization." Available at: https://www.cdc.gov/vaccines/partners/childhood/matte-articles-support-imz.html

4 NCQA National Commission Quality Assurance. (2019) Childhood Immunization Status (CIS). https://www.ncqa.org/hedis/measures/childhood-immunization-status. Accessed November 12, 2019.

5 State of the Immunion. (2018) A Report on Vaccine-Preventable Disease in the U.S. Available at: https://www.vaccinateyourfamily.org/wp-content/uploads/2018/07/FINALSOTIReport_2018-1.pdf

Description of Outcome Measures Used To Evaluate Effectiveness of Interventions. Includes improvement goals and baseline & evaluation measurement periods.

The HEDIS measure, Childhood Immunization Status - Combination 10 (CIS-10), will be used to evaluate the effectiveness of interventions. The measure evaluates the percentage of members who turn 2 years old who have been identified for completing the following vaccinations: four diphtheria, tetanus, and acellular pertussis (DTap); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four (pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

The baseline rate of 32.4% was determined based on the RY 2019 HEDIS hybrid data for one high volume, low preforming clinics in Fresno County to a goal rate of 39.0%.

Planned Activities			
Activities	**Target of Intervention: Member (M) / Provider (P)**	**Timeframe for Completion**	**Responsible Party(s)**

Collaborate with high volume, low compliance clinic, to address high priority gaps identified in FMEA (Module 2)	P	Q1-Q4	CVH/HN
Health Education to implement educational activities on the importance of childhood immunizations.	M	Q1-Q4	CVH/HN
Member newsletter article: Childhood Immunizations	M	Q1-Q4	CVH/HN
Implement direct member incentive for completion of childhood immunizations series to improve rates	M	Q1-Q4	CVH/HN
Implement Provider Incentives to close the Care Gaps and Improve HEDIS rates for Childhood Immunizations.	P	Q1-Q4	CVH/HN
Provider Tip Sheets will be developed and made available through the Provider Portal. The tip sheet outlines HEDIS Specifications, best practices, and recommended immunization guidelines.	P	Q1-Q4	CVH/HN

Section B: Mid-Year Update of Intervention Implementation (due Q3)	Section B: Analysis of Intervention Implementation (due end of Q4)
- In Q1 and Q2, CalViva Health led a Childhood Immunizations (CIS-10), Performance Improvement Team in collaboration with one high volume, low compliance clinic in Fresno County. - Based on the barriers identified through the Module 2 quality improvement activities (i.e. Process Mapping, Failure Modes and Effects Analysis, Failure Mode Priority Ranking, and a Key Driver Diagram activities) the team determined that an intervention focused on education was needed to improve immunization completion rates. An educational activity could include a video about the importance of childhood immunizations while the member is waiting to see the provider. - Modules 1 and 2 were submitted to DHCS,; Module 3 is in development, however, we will take a brief pause to update our baseline and goal rates and resubmit these modules per DHCS guidance. - The second intervention is a $25 per member/per visit gift card incentive at point of service. Due to the public health crisis associated with COVID-19, DHCS has elected to end the current PIPs as of June 30, 2020 and	

DHCS will have the MCPs and PSPs start new PIPs as soon as the new EQRO contract is in place in mid to late summer.

- The member newsletter will be distributed to members in Q3 of 2020 to educate them on the importance of childhood immunizations.
- Providers were offered an incentive to encourage outreach to members and completion of their immunizations (to be paid in Q3).
- Provider Tip Sheets will be developed in Q3 2020 and made available through the Provider Portal. The tip sheet outlines HEDIS Specifications, best practices, and recommended immunization guidelines.

Section C: Evaluation of Effectiveness of Interventions - Measure (s), Specific Goal (due Q1)
Section C: Evaluation of Effectiveness of Interventions - Baseline Source, Baseline Value (due Q3)
Section C: Evaluation of Effectiveness of Interventions – Evaluation Period, Analysis (due Q3 2020)

Measure(s)	Specific Goal	Rate RY2019	Rate RY2020	Baseline Source	Baseline Value
Childhood Immunization Combo 10	Meet or Exceed SMART Aim Goal of 39.0%	Fresno: 25.19 %	33.82%	RY 2020 CVH results	Fresno: 27.74%
Analysis: Intervention Effectiveness w Barrier Analysis					
Initiative Continuation Status	☐ **Closed**	☐ **Continue Initiative Unchanged**	☐**Continue Initiative with Modification**		

IV. CROSSWALK OF ONGOING WORKPLAN ACTIVITIES

Activity	Activity Leader	Mid-Year Update	Complete?	Year End (YE) Date	YE Update or Explanation *(if not complete)*
WELLNESS/ PREVENTIVE HEALTH					
1. Distribute Preventive Screening Guidelines (PSG) to Members	CVH/HN	Continuing. It is in the new member welcome packet.	☐		
2. Adopt, Disseminate Medical Clinical Practice Guidelines (CPG)	CVH/HN	Clinical Practice Guidelines were updated and disseminated in April 2020.	☒	04/2020	
3. Implement CalViva Pregnancy Program and identify high risk members by Case Management	CVH/HN	The CalViva Pregnancy Program remains in place. YTD through May 2020 590 members have been managed in this program. Outcomes continue to demonstrate greater compliance with prenatal and postpartum visits and fewer preterm deliveries of members managed vs those not managed.	☐		
4. Promote CA Smokers' Helpline to smokers	CVH/HN	Continuing. Plan to conduct a text messaging campaign pending DHCS approval.	☐		
5. Launch a Diabetes Prevention Program	CVH/HN	In the process of contracting with new vendor to offer DPP.	☐		
CHRONIC CARE/ DISEASE MANAGEMENT					
1. Monitor Disease Management program for appropriate member outreach	CVH/HN	Traditional DM: telephonic outreach and education activities continue through the Traditional DM program, which helps members, manage their chronic health conditions. Chronic conditions addressed in this	☐		

Activity	Activity Leader	Mid-Year Update	Complete?	Year End (YE)	
				Date	YE Update or Explanation *(if not complete)*
		program include Asthma, Diabetes and Heart Failure. On.Demand Diabetes: CalViva Leadership is currently reviewing the feasibility of a proximate launch. On.Demand Diabetes is an opt-in DM program that provides cellular-enabled blood glucose meters and all testing supplies including test strips, lancets, lancing device and control solution, to testing diabetics.			
ACCESS, AVAILABILITY, SATISFACTION AND SERVICE					
1. C&L Report: Analyze and report Cultural and Linguistics (C&L)	CVH/HN	Completed and received approval on the following C&L reports during this reporting period: 2019 end of year work plan, 2019 end of year LAP report and year over year LAP trending, 2020 program description, and 2020 work plan. Also completed a report on the Cultural and Linguistic Services Results of the MY 2019 Provider Satisfaction Survey for Timely Access to Care.	☐		
2. ACCESS SURVEY: Monitor and report access to care standards using telephonic surveys vendor(s) and/or CCHRI	CVH/HN	PAAS & PAHAS surveys slated to kickoff 8/17/20.	☐		

| Activity | Activity Leader | Mid-Year Update | Complete? | Year End (YE) | |
				Date	YE Update or Explanation *(if not complete)*
		Surveys being conducted by Sutherland.			
3. Complete and submit DMHC Timely Access Reporting (TAR) by April 30 filing due date	CVH/HN	TAR reports completed and filed timely.	☒	4/1/20	
4. ACCESS SURVEY RESULTS: Monitor appropriate timely appointment and after-hours access and identify noncompliant PPGs and providers.	CVH/HN	Provider Updates: MY 2019 CalViva PAAS & After-Hours Results – draft being prepared for CalViva Health's review. MY 2020 PAAS & After-Hours Survey Prep – draft being prepared for CalViva Health's review. CAP packets and Education packets will be distributed no later than 7/31/20.	☐		
5. ACCESS PROVIDER TRAINING: Conduct webinars quarterly	CVH/HN	Webinar conducted on June 16, 17, & 19. Total of 13 provider offices attended. Attendance expected to increase in Q3 & Q4 once CAP packets and Education packets are distributed. Attendance is required for all PPGs receiving a CAP and strongly encouraged for those receiving an Education packet.	☐		

Activity	Activity Leader	Mid-Year Update	Year End (YE)		
			Complete?	Date	YE Update or Explanation *(if not complete)*
6. TELEPHONE ANSWER SURVEY: Conduct quarterly and issue CAPs to noncompliant providers.	CVH/HN	Q1 & Q2 surveys were not completed due to COVID-19 Q4 reinstatement is TBD.	☐		
7. A&G REPORT: Identify opportunities to improve member service and satisfaction through appeals and grievances	CVH/HN	A&G continues to assist members with obtaining timely access appointments and facilitate referrals as needed. These trends are monitored through monthly Dashboard and quarterly UMQI reporting.	☐		
8. Population Needs Assessment Update– Evaluating membership's health risks and identifying their health care needs will help to prioritize, develop and implement Cultural & Linguistics, Health Education and Quality Improvement (QI) programs.	CVH/HN	Population needs assessment (previously known as group needs assessment) completed by HE, C&L and QI departments and provided to CVH for submission to DHCS on 6/30/20 and approved on 7/17/20.	☒	6/30/2020	
9. GEO ACCESS: Assess and report on availability of network to identify opportunities for improvement: Analyze and inform Provider Network Management areas for increased contracting with a particular provider to improve availability. (Quarterly: next report 2020)	CVH/HN	Shared the 2019 C&L Geo Access Report and identified gaps by zip code, language and provider type with Provider Network Management (PNM). PNM completed follow up in an effort to identify opportunities for network improvement in response to the language access needs identified. A report with the outcomes/ updates was completed by C&L and presented on 3/24/2020.	☒	3/24/2020	

Activity	Activity Leader	Mid-Year Update	Complete?	Year End (YE) Date	Year End (YE) YE Update or Explanation *(if not complete)*
10. Maintain compliance with DHCS Initial Health Assessment (IHA) 3-pronged outreach requirement: Annual IHA Compliance Monitoring Report	CVH/HN	Revising approach to CAP and preparing a revised response. Established IHA Workgroup to identify process improvements and resolve issues.	☐		
QUALITY AND SAFETY OF CARE					

Integrated Case Management
• Implement use of ImpactPro as the predictive modeling tool to identify high risk members for referral to ICM.
• Evaluate the ICM Program based on the following measures:
   o Readmission rates
   o ED utilization
   o Overall health care costs
   o Member Satisfaction
	CVH/HN	The ImpactPro data has been incorporated into the Population Health Management Report used to identify high risk members. Outcomes demonstrate lower readmission rates, ED utilization, and health care costs post CM vs pre CM for members managed. Overall members were satisfied with the help they received from the CM and reported improvement in ability to care for self/family post CM. Outcomes are evaluated quarterly in the CM quarterly report.	☐		

CREDENTIALING / RECREDENTIALING					
1. Credentialing/Recredentialing Practitioners/Providers – Achieve and maintain a 100% timely compliance and 100% accuracy score	CVH/HN	On target for Credentialing and Recredentialing goals.	☐		
DELEGATION OVERSIGHT/ BEHAVIORAL HEALTH					
1. Conduct oversight of Behavioral Health BH) through delegated reports on BH	CVH/HN	MHN QI continues to monitor and report quarterly performance to CVH QI/UM	☐		

Activity	Activity Leader	Mid-Year Update	Complete?	Year End (YE)	
				Date	YE Update or Explanation *(if not complete)*
(may include member satisfaction surveys, provider surveys, etc.)		and Access Workgroups in 2020. The Q1 Open Practice target is the only target MHNS has missed in 2020, so far. The Q1 Open Practice rate was an improvement over the Q4 2019 but still hadn't reached the target. MHNS' improvement trajectory has continued and the Q2 Open Practice rate now exceeds the target.			
QUALITY IMPROVEMENT					
1. Maintain Facility Site Review (FSR) and Medical Record (MRR) Compliance: To ensure practitioner offices and medical records comply with DHCS contracted requirements per MMCD Policy Letter 14-004 and Physical Accessibility Review Survey per MMCD Policy Letter 12-006 and 15-023	CVH/HN	On target up to shelter in place order and APL20-011 suspending any in-person onsite provider visits until further notice	☐		
2. Evaluation of the QI program: Complete QI Work Plan evaluation annually.	CVH/HN	Ongoing. QI continues to complete Work Plan evaluation at mid year as well as annually.	☐		
CLINICAL DEPRESSION FOLLOW-UP					
1. Continue development and distribution of provider educational resources on screening for clinical depression and follow up (12 years and older)	CVH/HN	Due to COVID-19, provider resources were not distributed in Q1/Q2. A temporary hold started March 2020 to allow internal teams and communications to focus on COVID-19. Will continue in Q3/Q4 with a			

Activity	Activity Leader	Mid-Year Update	Complete?	Year End (YE) Date	YE Update or Explanation *(if not complete)*
		provider communication and tip sheet.			

Item #7

Attachment 7.A

2020 UM Work Plan Mid-Year Evaluation
Executive Summary

EXECUTIVE SUMMARY REPORT TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Jennifer Lloyd, Vice President Medical Management

COMMITTEE DATE: September 17, 2020

SUBJECT: 2020 CalViva Utilization Management/Case Management Work Plan Mid-Year Evaluation Executive Summary

Summary:

Activities are currently on target for this mid-year evaluation with the exception of the following metrics listed below. These metrics are indicated as Too soon To Tell for the mid-year evaluation reporting:

- 2.2 Timeliness of processing the authorization request
- 2.3 Conduct annual Interrater Reliability (IRR) testing of healthcare professionals involved in UM decision-making
- 3.1 Improve Medi-Cal shared risk and FFS UM acute in-patient performance
- 4.7 Behavioral Health Performance Measures

Utilization Management (UM) processes have been consistent and evaluation/monitoring of UM metrics continue to be a priority. Both Case Management and Disease Management continue to monitor the effectiveness of programs in order to better serve our members.

Purpose of Activity:

CalViva Health has delegated responsibilities for utilization management and case management (UM/CM) activities to Health Net Community Solutions. CalViva Health's UM/CM activities are handled by qualified staff in Health Net's State Health Program (SHP) division.

The Utilization and Case Management Program is designed for all CalViva Health members to receive quality, medically necessary health care services, delivered at the appropriate level of care in a timely and effective manner. CalViva Medical Management staff maintains clinical oversight of services provided through review/discussion of routine reports and regular oversight audits.

The Mid Year Evaluation of the UMCM Work Plan encompasses a review of medical management activities through the documentation of current and future strategic initiatives and goals. The Work Plan tracks key performance metrics, regulatory compliance, provides for an assessment of our progress and identifies critical barriers.

This plan requires involvement from many areas such as Appeals & Grievances, Compliance, Information Technology, Medical Informatics, Member Services, Pharmacy, Provider Oversight, Provider Network Management, Provider Operations, Quality Improvement and Medical Management.

Analysis/Findings/Outcomes:

I.   Compliance with Regulatory & Accreditation Requirements

All Compliance activities are currently on target for this mid-year evaluation. No barriers have been identified.

II.   Monitoring the Utilization Management Process

UM Process Monitoring activities listed as Too Soon To Tell for the mid-year evaluation reporting are outlined below. Other UM Process Monitoring elements are currently on track for this mid year evaluation with no barriers identified.

    a.   **Timeliness of processing the authorization request** (Work plan element 2.2)
The Plan monitored turnaround time (TAT) as planned in the first half of 2020. The benchmark of 100% TAT was not met in all months. A formal CAP for TAT was established in 2019 and is ongoing.

An opportunity for improvement was identified to address holiday and weekend coverage. The process was strengthened in June 2020 so that cases are more closely monitored over holidays and weekends.

    b.   **Conduct annual Interrater Reliability (IRR) testing of healthcare professionals involved in UM decision-making** (Work plan element 2.3)
IRR training and testing will be held in the third and fourth quarter of 2020.

III. Monitoring Utilization Metrics

Work plan elements 3.1 Improve Medi-Cal shared risk and FFS UM acute in-patient performance and 3.2 Over/Under utilization, are listed as Too Soon To Tell for the mid-year evaluation reporting. Other UM metric monitoring activities are currently on target for this mid-year evaluation.

    a.   **Improve Medi-Cal shared risk and FFS UM acute in-patient performance** (Work plan element 3.1)
It is too soon to tell whether the goals to reduce admissions by 10% over the prior year and reduce length of stay by 10% overall will be met in 2020. COVID-19 increased inpatient admissions and skilled nursing facility length of stays. The Plan continued care management initiatives for all members. Interdisciplinary meetings occur weekly with CVH & Daily with Case Management and Public Programs teams.

    b.   **Over/Under utilization** (Work plan element 3.2)
Over/Under utilization monitoring has been listed as too soon to tell Utilizations patterns have greatly shifted due to COVID-19 and are being reviewed and tracked with the PPGs on a quarterly basis. Telehealth support has been offered to PPGs via Teledoc and Babylon.

IV.   Monitoring Coordination with Other Programs and Vendor Oversight

Work plan element 4.7 Behavioral Health Performance Measures is listed as too soon Too Soon To Tell for the mid-year evaluation. All other Coordination with Other Programs and Vendor Oversight activities are currently on target for this mid-year evaluation.

    a.   **Behavioral Health Performance Measures** (Work plan element 4.7)
Performance was below target in Q1 2020 for network adequacy for Psychologist at 82% vs target of 85%. Psychiatry is an underserved specialty in California, particularly for the Medi-Cal population. There are not enough Psychiatrists in practice who are willing to treat this population, however availability increased

to 95% in the second quarter of 2020. Additionally provider dissatisfaction with current contract rates was identified.

Additionally MY 2019 MHN Provider Appointment Availability Survey and Autism Provider Accessibility Survey showed Access to urgent appointments fell below 90% target.

Interventions identified to address network availability and adequacy include growth of the telemedicine network, contract rates increases and additional recruitment efforts.

V.   **Monitoring Activities for Special Populations**

All Monitoring Activities for Special Populations are currently on target for this mid-year evaluation. Barriers to planned interventions are outlined below:

a.   **Monitor of California Children's Services (CCS) identification rate** (Work plan element 5.1)
Due to COVID-19 facilities and providers stopped scheduling non-emergent surgeries and procedures, so the overall number of prior authorization submissions to the plan decreased. As a result, potentially CCS-eligible authorizations for under-21 membership also went down:
> May 2019 vs May 2020, under-21 PA & IP auth volume decreased 100% (from 3,325 to 1,661).

Misdirected provider claims were being sent to the Fresno CCS office in late 2019, early 2020. Targeted education and communication to providers was completed to address the issues and provide Plan resources.

b.   **Provide UM/CM Programs to support Seniors and Persons with Disabilities (SPD) mandatory managed care requirements** (work plan element 5.2)
Vendor reporting does not summarize call attempts. Currently the Plan utilizes individual call records to validate call attempts. EPC plans to implement a new outbound call process called Performance Outreach Manager (POM). The new call system will provide an automated reporting solution for vendor call attempts.

Next Steps:

Teams are continuing progress towards completion of all activities. Ongoing monitoring of interventions will be essential for all areas to ensure appropriate actions are being taken to meet goals.

Item #7

Attachment 7.B

2020 UM Work Plan Mid-Year Evaluation
Work Plan Evaluation

CalViva Health
2020
Utilization Management (UM)/ Case Management (CM)
Mid Year Work Plan Evaluation

Last updated: September 8, 2020

CalViva Health
2020 UM/CM Plan

TABLE OF CONTENTS

Last updated: September 8, 2020

Last updated: September 8, 2020

1. Compliance with Regulatory & Accreditation Requirements

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2020 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
1.1 Ensure that qualified licensed health professionals assess the clinical information used to support Utilization Management (UM) decisions.	☒ Medi-Cal	Qualified licensed and trained professionals make UM decisions.	Health Net (HN) has a documented process to ensure that each UM position description has specific UM responsibilities and level of UM decision making, and qualified licensed health professionals supervise all medical necessity decisions. Nurse, physician and pharmacy (for pharmacists and technicians) licensure status is maintained in Workday (HN software). Credentialing maintains records of physicians' credentialing. 100% compliance with maintaining records of professional licenses and credentialing for health professionals.	Provide continuing education opportunities to staff. Conduct Medical Management Staff new hire orientation training. Review and revise staff orientation materials, manuals and processes. Verification of Continuing Medical Education (CME) standing, verification of certification, participation in InterQual training and IRR testing. Conduct training for nurses.	Monthly As needed Ongoing Ongoing Ongoing

Last updated: September 8, 2020

CalViva Health
2020 UM/CM Plan

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	The following monthly clinical education (CE) and Quality Improvement (QI) in-services were offered to all nurse and MD reviewers in the first half of 2020 • Jan: Genetic Testing and Molecular Profiling—Impact on Clinical Decisions for Patients with Cancer • February: Improving Women's Cardiovascular Disease • March: Palliative Care Update • March: Inappropriate Primary C-section, PNIP, PNP and PP Depression • May: Social Determinates of Health • May: Evidence-based Communication Strategies for Promoting Vaccination and Addressing Vaccine Hesitancy • June: Covid-19 • June: Cardiovascular Disease and Diabetes New hire overview training is offered monthly for all new hires. Medical management onboarding classes are offered and completion is monitored through our online learning management system. Ongoing process in place to monitor and ensure continued licensure for qualified health professionals via WorkDay (human resource platform).	None identified	CME standing is not monitored, only licensure.	Ongoing
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2021**				

Last updated: September 8, 2020

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology		2020 Planned Interventions	Target Completion Date
			Methodology			
			Measurable Objective(s)			
1.2 Review and coordinate UMCM compliance with California legislative and regulatory requirements.	☒ Medi-Cal	Each year there is new healthcare related legislation. Compliance, Legislation Implementation staff reviews and analyzes the operational impact of these new laws and regulations. This information is utilized to plan and implement new processes or changes to existing processes to ensure compliance.	Review and report on legislation signed into law and regulations with potential impact on medical management. Appropriate and timely changes are made to Medical Management processes to accommodate new legislation as appropriate. 100% compliance of UMCM staff and processes with all legislation and regulations.		Review new legislation and regulations, either through e-mail or department presentation. Participate in all appropriate implementation workgroups and/or activities to ensure new legislation that affects UMCM department is executed in a timely manner. Participate in monthly compliance committees, and Program Metrics Reporting (PMR) to review and monitor compliance to standards.	Ongoing

Last updated: September 8, 2020

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	Reviewed new legislation and regulations, received from the Compliance Department and/or the Regulatory and Legislative Implementation committee including response to the COVID-19 National and State Emergency. Participated in all appropriate implementation workgroups and/or activities to ensure new legislation that affects UMCM department is executed in a timely manner. Participated in monthly compliance committees, and Program Metrics Reporting (PMR) to review and monitor compliance to standards.	None identified	None	Ongoing
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2021**				

Last updated: September 8, 2020

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2020 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
1.3 Separation of Medical Decisions from Fiscal Considerations	☒ Medi-Cal	DHCS, DMHC, and CMS, at a minimum, require that Medical Decisions made by Medical Directors (MDs) and Nurse reviewers are free from fiscal influence.	Affirmative statement about incentives is distributed to employees and communicated to members in member mailings and to practitioners/providers in Provider Updates.	All individuals involved in UM decision making must sign an 'Affirmative Statement about Incentives' acknowledging that the organization does not specifically reward practitioners or other individuals for issuing denials of coverage or care and that the Plan does not offer financial incentives for UM decisions that result in underutilization or adversely affects subsequent claim activity. UM staff review and acknowledge this statement upon hire and annually thereafter through the Plan's online learning platform.	Ongoing
			100% compliance with acknowledgement of affirmative statement about financial incentives to practitioners, providers and employees.	Management Incentive Plan (MIP) Goals will not be created that benefit MDs or Nurse reviewers based on any potential to deny care.	

Last updated: September 8, 2020

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	Individuals involved in UM decision making must sign an 'Affirmative Statement about Incentives' upon hire and annually thereafter through Cornerstone. No MIP Goals created that benefit MDs or Nurse reviewers based on any potential to deny care.	None identified	None	Ongoing
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2021**				

Last updated: September 8, 2020

CalViva Health
2020 UM/CM Plan

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2020 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
1.4 Periodic audits for Compliance with regulatory standards	☒ Medi-Cal	Ensure compliance with regulatory standards.	Conduct regularly scheduled quarterly review of UM denial files compared to regulatory standards, which include such items as: turnaround time requirements, clinical rationale for denials, quality and timeliness of communications with providers and members, documents opportunity for provider to discuss case with Medical Director making denial decision.	Conduct File Reviews for compliance with regulatory standards. Provide ongoing education and/or UM process improvement with staff on issues revealed during the file review process. File Audits completed the month following each quarter.	Ongoing Ongoing April 2020, July 2020, October 2020, January 2021

Last updated: September 8, 2020

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	Ongoing monthly regulatory standard auditing continues of 30 sample size per Metric. When a variance from compliance standards are identified, sample size is increased to 50 as well as a CAP submission and staff education completed as evidenced by CAP tracking within the Compliance and Auditing departments. Auditing results presented PMR meeting.	None identified	None	Ongoing
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2021**				

Last updated: September 8, 2020

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2020 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
1.5 HN Medical Director's and CalViva Health Chief Medical Officer Interaction with State of California (DHCS)	☒ Medi-Cal	Health Net (HN) Medical Directors (MDs) interact with the Medi-Cal Managed Care Division (MMCD) of DHCS: ▪ MMCD Medical Directors Meetings ▪ MMCD workgroups ▪ Quality Improvement workgroup ▪ Health Education Taskforce There are benefits to HN MD participation: ▪ Demonstrates HN interest in DHCS activity and Medi-Cal Program. ▪ Provides HN with in-depth information regarding contractual programs. ▪ Provides HN with the opportunity to participate in policy determination by DHCS.	HN Medical Directors and CalViva Health Chief Medical Officer participate on DHCS workgroups, task forces and meetings. Ensures participation by MDs at the quarterly MMCD meetings, with input for agenda and summary of findings discussed with each MD. HN and CalViva remain a strong voice in this body with participation on key workgroups.	The Medical Director and Chief Medical Officer of CalViva will attend scheduled meetings, workshops and project meetings for 2020. Ongoing report out with CalViva to ensure CalViva is aware of all DHCS activities.	Ongoing

Last updated: September 8, 2020

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	Monthly and quarterly reports to CalViva and Medical Director and Chief Medical Officer continue. Health Net Medical Directors and the CalViva Chief Medical Officer participated in the DHCS Medi-Cal Managed Care Division's Medical Directors meetings for quarters in the year.	None	None	Ongoing
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2021**				

Last updated: September 8, 2020

CalViva Health
2020 UM/CM Plan

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2020 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
1.6 Review, revision, and updates of CalViva UM /CM Program Description, UMCM Work plan, and associated policies and procedures at least annually.	☒ Medi-Cal	Reviews/ revises Medi-Cal UM/CM Program Description and UMCM Policies and Procedures to be in compliance with regulatory and legislative requirements.	Core group comprised of State Health Programs Chief Medical Director (CMD), Regional Medical Directors, Director of Medical Management and Medical Management Managers for Medi-Cal review and revise existing Program Description and supporting UMCM Policies and Procedures.	Write and receive CalViva approval of 2020 UMCM Program Description.	Q 1 2020
				Write and receive CalViva approval of 2019 UMCM Work Plan Year-End Evaluation.	Q 1 2020
				Write and receive CalViva approval of 2020 UMCM Work Plan.	Q 1 2020
				Write and receive CalViva approval of 2020 UMCM Work Plan Mid-Year Evaluation.	Q 3 2020
				Prepare and Submit UMCM Program Description and Work plan to CalViva QIUM Committee and CalViva RHA Commission annually, providing mid-year updates and any ad hoc queries from CalViva Health leadership.	Ongoing
				Continue to monitor and revise policies and procedures based on DHCS and DMHC requirements.	Ongoing

Last updated: September 8, 2020

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	The 2019 Year End UM/CM Work Plan Evaluation, 2020 UMCM Work Plan, 2020 UM Program Description and the 2020 CM Program Description were submitted and approved. Continued assessment of needs to review and revise the program materials or policies and procedures based on DHCS, DMHC and other regulatory requirements is ongoing.	None identified	None	Ongoing
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2021**				

Last updated: September 8, 2020

2. Monitoring the UM Process

Last updated: September 8, 2020

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2018 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
2.1 The number of authorizations for service requests received	☒ Medi-Cal	Provide oversight, tracking, and monitoring of authorization requests and evaluate opportunities to modify prior authorization requirements. Track and trend all types of prior authorization and concurrent review activities based on requirements.	Track and trend authorization requests month to month. Tracking includes: • Number of prior authorization requests submitted, approved, deferred, denied, or modified • Turnaround times (TAT) • Number of denials appealed and overturned	Utilize the Key Indicator Report on a monthly basis as a tool for systematic oversight of Prior Authorization process. Assess staffing needs for prior authorization process completion and ensure staffing is included in annual budget and quarterly budget revisions.	Ongoing

Last updated: September 8, 2020

CalViva Health
2020 UM/CM Plan

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ ACTIVITY ON TARGET ☐ TOO SOON TO TELL	The leadership team meets daily to review reports to track turn-around times (TAT), current inventory and staffing resources. Daily goals, action plans, barriers are discussed and staffing adjustments are made in order to meet TAT goals. Monthly Key Indicator (KIR) and Staffing reports are reviewed to track trends, results, opportunities and are discussed in the Medical Management Leadership Meetings. Action plans are developed/implemented as needed based on results/trends to mitigate risks with meeting requirements. Authorization volume began to decrease in late March due to the COVID-19 pandemic and began to rebound in June. <table><tr><td colspan="4">Authorization Volume</td></tr><tr><td>**Months**</td><td>**Approved**</td><td>**Modified**</td><td>**Denied**</td></tr><tr><td>January</td><td>7,400</td><td>19</td><td>1,279</td></tr><tr><td>February</td><td>6,934</td><td>31</td><td>1,224</td></tr><tr><td>March</td><td>6,700</td><td>20</td><td>1,394</td></tr><tr><td>April</td><td>4,945</td><td>20</td><td>794</td></tr><tr><td>May</td><td>5,332</td><td>10</td><td>845</td></tr><tr><td>June</td><td>6,362</td><td>16</td><td>984</td></tr><tr><td>Totals</td><td>37,673</td><td>116</td><td>6,520</td></tr></table>	None identified	None	Ongoing
Annual Evaluation ☐ MET OBJECTIVES ☐ CONTINUE ACTIVITY IN 2021				

Last updated: September 8, 2020

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2020 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
2.2 Timeliness of processing the authorization request (Turnaround Time =TAT)	☒ Medi-Cal	TAT Compliance is based on DHCS standards for processing authorization requests and includes all decision categories (Approvals, Deferrals, Denials, and Modifications). Provide oversight, tracking, and monitoring of turnaround times for authorization requests.	Track and trend authorization requests month to month in all categories and report monthly in the Key Indicator Report.	Utilize the Key Indicator Report on a monthly basis as a tool for systematic oversight of TATs. Identify barriers to meeting Utilization Management timeliness standards and develop action plans to address deficiencies. Continue to focus on meeting TAT requirements. Monthly Management review of TAT results, with drill down on all cases that fail to meet TAT requirements. Ongoing training of staff and evaluation of work processes to identify opportunities for streamlining.	Ongoing UM TAT summaries due monthly

Last updated: September 8, 2020

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☐ ACTIVITY ON TARGET ☒ TOO SOON TO TELL	The Plan monitored TAT as planned in the first half of 2020. The benchmark of 100% TAT was not met in all months. A formal CAP for TAT was established in 2019 and is ongoing. <table><tr><td></td><td></td><td>Q1 2020</td><td>Q2 2020</td></tr><tr><td>Metric</td><td>Target</td><td>% Scored</td><td>% Scored</td></tr><tr><td>CalViva Pre-Service Routine Authorizations TAT with Extension/Deferral</td><td>100%</td><td>100.00%</td><td>100.00%</td></tr><tr><td>CalViva Pre-Service Expedited Authorizations TAT</td><td>100%</td><td>98.46%</td><td>99.23%</td></tr><tr><td>CalViva Pre-Service Expedited Authorizations TAT with Extension/Deferral</td><td>100%</td><td>100.00%</td><td>100.00%</td></tr><tr><td>CalViva Post-Service Authorization TAT</td><td>100%</td><td>100.00%</td><td>99.09%</td></tr><tr><td>CalViva Post-Service Review Authorization TAT with Extension/Deferral</td><td>100%</td><td>N/A</td><td>N/A</td></tr><tr><td>CalViva Concurrent Authorization TAT</td><td>100%</td><td>100.00%</td><td>100.00%</td></tr></table>	Opportunity for improvement in weekend/holiday coverage identified.	Weekend/holiday process was tightened up (June 2020) so that cases were more closely monitored over holiday weekends. Over/under 21 weekend process was also tightened up to include more oversight.	12/31/2020
Annual Evaluation ☐ MET OBJECTIVES ☐ CONTINUE ACTIVITY IN 2021				

Last updated: September 8, 2020

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2020 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
2.3 Conduct annual Interrater Reliability (IRR) testing of healthcare professionals involved in UM decision-making	☒ Medi-Cal	Consistency with which criteria are applied in UM decision-making is evaluated annually. Opportunities to improve consistency are acted upon.	Health Net administers McKesson InterQual® IRR Tool to physician and non-physician UM reviewers annually	<u>Physician IRR</u> Administer Physician IRR test using case review method and McKesson InterQual® IRR tool in Q3-4 2020. <u>Non-Physician IRR</u> Administer annual non-physician IRR test using McKesson InterQual® IRR tool in Q3-4 2020.	Q3-4 2020 Q3-4 2020
			Physician and non-physician UM reviewers achieving ≥ 90% passing score on InterQual® IRR Tool		

Last updated: September 8, 2020

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☐ ACTIVITY ON TARGET ☒ TOO SOON TO TELL	IRR Testing and training will be held Q3-4 2020	None identified	None	12/31/2020
Annual Evaluation ☐ MET OBJECTIVES ☐ CONTINUE ACTIVITY IN 2021				

Last updated: September 8, 2020

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2020 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
2.4 The number of appeals of UM authorization decisions received, appeals upheld and overturned, and timeliness of appeals.	☒ Medi-Cal	Track the number of clinical appeals received for authorization decisions and also the number upheld and overturned to determine where modifications in authorization process are appropriate.	Measure UM Appeals volume as a percentage of the total authorization requests. Measure the number upheld and overturned, as well as Turnaround Times.	Appeals data, the numbers received, timeliness of completion of appeals will be reported to CalViva Health QIUM Committee and RHA Commission meeting at each regular meeting. At least annually Appeals will be analyzed for trends. Opportunities for removing or modifying prior authorization requirements or criteria will be identified based upon appeals that are regularly overturned. This analysis and recommendations will be reported to CalViva Health QI/UM Committee. Ensure appeals are processed by specialty matched physicians, which at a minimum requires pediatricians or family practitioners to evaluate all medical necessity appeals for members under age 21, and family practitioners or internists to evaluate all medical necessity appeals for members over age 21.	Ongoing

Last updated: September 8, 2020

CalViva Health
2020 UM/CM Plan

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ ACTIVITY ON TARGET ☐ TOO SOON TO TELL	Appeals data is a consistent component of UM/QI and is tracked on a routine and ongoing basis. Activity will be ongoing to ensure quality outcomes are met. Turnaround Time Compliance for resolved expedited and standard appeals = 100% or 521 out of 521 cases.	None identified	None	Ongoing
Annual Evaluation ☐ MET OBJECTIVES ☐ CONTINUE ACTIVITY IN 2021				

2020 Semi-Annual Count of Appeal Type

Appeal Type	Case Count	Percentage
Overturn	224	42.99%
Partial Uphold	8	1.54%
Uphold	284	54.51%
Withdrawal	5	0.96%
Case Total	521	

Last updated: September 8, 2020

3. Monitoring Utilization Metrics

Last updated: September 8, 2020

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2020 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
3.1 Improve Medi-Cal shared risk and FFS UM acute in-patient performance	☒ Medi-Cal	Health Net Central Medical Directors and Medical Management manage the non-delegated shared risk PPGs and a sizable FFS membership.	Health Net manages shared risk non-delegated PPGs and FFS inpatient UM. Data reported quarterly at State Health Programs UM/QI Committee meeting ▪▪▪▪▪▪▪▪▪▪▪▪ Key Metrics (SPD, Non-SPD, MCE) Bed days/k ALOS Admit /K All cause readmits within 30 days 2020 Goals: • 10% reduction in admissions over prior year • 10% reduction in LOS overall	Continue care management initiatives for adults to include correct aid code assignments, early intervention to establish medical home, and care coordination for carve out services. Use data to identify high cost/high utilizing members to target for care management. The UM team will continue transition care management collaboration and enhanced discharge planning to increase discharges to alternative and recuperative care settings. Focus on the top 10 admitting diagnosis, and long length of stay admissions will also continue in 2020; adding a focus on 0-2 day stay admissions for appropriateness of admission. The effectiveness of the utilization management program will be tracked using key indicator performance reports for review and improvement.	Ongoing

Last updated: September 8, 2020

CalViva Health
2020 UM/CM Plan

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☐ ACTIVITY ON TARGET ☒ TOO SOON TO TELL	The Plan continued care management initiatives for all members. Interdisciplinary meetings occur weekly with CVH & Daily with Case Management and Public Programs teams.	COVID-19 increased inpatient admissions SNF longer stays due to isolation, and limited resources for transfers due to COVID-19 pandemic.	None	Ongoing
Annual Evaluation ☐ MET OBJECTIVES ☐ CONTINUE ACTIVITY IN 2021				

Last updated: September 8, 2020

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology		2020 Planned Interventions	Target Completion Date
			Measurable Objective(s)			
3.2 Over/under utilization	☒ Medi-Cal	Health Net ensures appropriate use of services for members by monitoring relevant data types for under- and over-utilization of services for SPD and Non-SPD members.

Fraud, Waste and Abuse of medical services is monitored and reported.

PPG Reports are used internally and externally with medical groups to develop member and population level interventions.

Quarterly reports are made available for PPGs with member Non-SPD >1000 and SPD greater than 500 members. And MCE members >1000. | The UM metrics will be reported quarterly and the procedure metrics will be reported annually for PPGs with greater than 1,000 non-SPD, greater than 1,000 MCE or 500 SPD Medi-Cal Members.

Metrics for the PPGs and CCR will be for the SPD, MCE and TANF populations and will include:
1. Admissions/K
2. Bed days/K
3. Acute care average length of stay
4. ER admits/K
5. All case readmits
6. % 0-2 day admits
In addition, PPG metrics will include:
7. Specialty referrals for target specialties
8. C-section rates.

PPG profile reports are made available quarterly and specialty referrals are assessed on a biannual basis. | | Continue to enhance provider profile.

Identify PPG PIP, outcome results and barriers and present aggregated results to CalViva. (Over and Under Utilization reports)

Identify possible fraud, waste and abuse issues. Report any issues to the SIU and Compliance Department

Thresholds for 2020 are under evaluation.

Referral Rates: Specialist
PM/PY referral rates are calculated from claims and set as internal thresholds by PPG. Referral rates to be determined and compared with PPG peers including Health Net Region 3 (Central Valley) and Health Net Medi-Cal State wide. PPG's with significant deviation from the peer comparison will be identified as potential outliers and engaged to determine the drivers of variation.

Specialties and PPG's identified as potential outliers for the metrics measured undergo further analysis by the MD to determine if a Quality Improvement Plan is indicated.

The Quality Improvement Plans, if applicable are reviewed at the regional team meetings lead by the Medical Directors.
Results of the reviews will be reported to CVH leadership at least quarterly. | Ongoing |

Last updated: September 8, 2020

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☐ **ACTIVITY ON TARGET** ☒ **TOO SOON TO TELL**	The CVH PPG specific data Dashboard Reports are produced quarterly. The data is presented at the CalViva Management Oversight meeting. The reports are derived from claims data and have a time lag of approximately four to five months. Statewide utilization shows decreased office visits and elective surgeries. Awaiting Q2 data to see PPG specific UM performance, meanwhile encounter volume overall has significantly decreased throughout central valley with most PPGs performing in the median range for the region.	None identified	Utilizations patterns have greatly shifted due to COVID-19 and are being reviewed and tracked with the PPGs on a quarterly basis.	12/31/2020
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2021**				

Last updated: September 8, 2020

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2020 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
3.3 PPG Profile	☒ Medi-Cal	PPG Profiles provide performance metrics for delegated PPGs. The data is collected from the PPGs for CalViva members and compiled in a dashboard. Variances of 15% or more from previous quarter are researched and reported quarterly during the CalViva MOM.	Medi-Cal PPGs with delegated CalViva members provide quarterly reporting to Health Net Delegation Oversight (DO). Delegation oversight compiles the data, seeks root causes for any variances of 15% or greater and normalizes the data to PMPY. The following metrics are tracked by Delegation oversight: 1. Prior authorization volume & timeliness 2. Specialty referral volume for in network/out of network 3. Specialty referral access timeliness The DO Dashboard also includes additional data provided on the dashboard where the RMD and the Finance department track and report on i.e. Utilization rate, Financial, HEDIS score etc.	CalViva Clinical PPG profile dashboard includes metrics for utilization management processing and timeliness for delegated providers. CalViva delegated PPG reports are evaluated on a quarterly basis for inpatient and specialty referrals. Variance rate is calculated from previous quarter and all Variances >+- 15% are researched Compliance rate is calculated as identified by DHCS for: • Prior authorization timeliness CalViva delegated PPGs identified as non- compliant are requested to complete a root cause analysis and submit a corrective action plan to HN Delegation Oversight. Corrective Action Plans and ongoing monitoring of success of interventions will be reported to CVH at regular intervals. CAPs identified during an annual audit by the HN Delegation Oversight is monitored and followed-up by HN Delegation Oversight. These activities will be reported to CVH during Annual Oversight Audits of HN.	Ongoing

Last updated: September 8, 2020

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ ACTIVITY ON TARGET ☐ TOO SOON TO TELL	Q1 2020 PPG Profile and Narrative was provided 5/26/2020 and will be reviewed at MOM on 7/14/2020. Data analysis for claims and authorizations reflected expected operation variations due to COVID. No major outliers were identified and trends demonstrate consistent results. CalViva PPG profile reports are made available quarterly. Q2 - 8/31/2020, Q3 - 11/30/2020, Q4 - 2/28/2021 CAPS are monitored by the Delegation Oversight team to insure actions are implemented, documented and followed to completion. Q1 & Q2 Annual Reviews - La Salle Medical Providers had no CAPs - Central Valley Medical Providers had no CAPs Pending Annual Reviews for Q3 & Q4 - Adventist Health Plan - First Choice Medical Group - Independence Medical Group - Santé Community Physicians	None identified	• Added quarterly review of denial review letter per PPG. • Tracking top 80% denial types by PPG. • Separating PPG risk and Health Net risk for out of network services. • Added trending for top 10 specialty referrals. • Provided additional analytical data in the narrative for monitoring purposes.	Ongoing
Annual Evaluation ☐ MET OBJECTIVES ☐ CONTINUE ACTIVITY IN 2020				

Last updated: September 8, 2020

4. Monitoring Coordination with Other Programs and Vendor Oversight

Last updated: September 8, 2020

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology		2020 Planned Interventions	Target Completion Date
			Measurable Objective(s)			
4.1 Case Management (CM) Program	☒ Medi-Cal	Providing members with access to quality health care delivered in an appropriate setting and compassionate manner; optimizing physical and emotional health and well-being and improving quality of life.

Assisting members with complex and serious medical conditions through the continuum of care and identifying barriers to accessing care will support and help members and caregivers manage their health care needs. | Monthly new member outreach reports for care management assessment. Measure, track and trend care management interventions resulting from triage processes.

Monitor Key Indicator report to track and trend Case Management activities and acuity levels monthly

Utilize stratified health risk assessment data to identify high-risk members and engage them in case management programs

Measure program effectiveness based on the following measures:
o Readmission rates
o ED utilization
o Overall health care costs
o Member Satisfaction | | Dedicated staff of RNs, LCSWs, Program Specialists, Program and Care Coordinators to perform physical health and integrated CM activities.

Continue use of ImpactPro as the predictive modeling tool to identify high risk members for referral to CM.

Review outcome measures quarterly. | Ongoing |

Last updated: September 8, 2020

CalViva Health
2020 UM/CM Plan

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ ACTIVITY ON TARGET ☐ TOO SOON TO TELL	Number of HIFs completed in January -June by member and returned or EPC outreach was 3,146. 242 members subsequently referred to CM through June. Total members managed through Q2 across physical, behavioral health, and TCM programs was 1,160. Outcome measures include: readmission rates, ED utilization, overall health care costs & member satisfaction. Measured 90 days prior to enrollment in PH, BH, & TCM & 90 days after enrollment. Results reported in Q1 include members with active or closed case on or between 1/1/2019 & 12/31/2019 & remained eligible 90 days after case open date. 601 members met criteria. Results of members managed: • Number of admissions and readmissions was lower; 9.6% difference • Volume of ED claims/1000/year decreased by 539 • Total health care costs reduction primarily related to reduction in inpatient costs, some decrease in outpatient services and increase in pharmacy costs • Member Satisfaction Survey comprised of two sections; Care Team Satisfaction and Quality of Life 106 members were successfully contacted through Q2 • Care Team Satisfaction - overall members were satisfied with the help they received from the CM and reported the goals they worked on improved understanding of their health • Quality of Life Section 23.7% improvement in ability to care for self/family post CM (70.9%) vs pre CM (57.3%); 93.1% (95/102) of respondents reported CM exceed their expectations	None	None identified	Ongoing

Last updated: September 8, 2020

Annual Evaluation ☐ MET OBJECTIVES ☐ CONTINUE ACTIVITY IN 2021			

Last updated: September 8, 2020

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2020 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
4.2 Referrals to Perinatal Case Management	☒ Medi-Cal	Providing perinatal risk screening is a valuable way to identify members who would benefit from CM interventions thus resulting in improved outcomes.	Notify PCP's or PPG's of patients identified for program. Measure program effectiveness based on the following measures: ○ Member compliance with completing • 1st prenatal visit within the 1st trimester and • post-partum visit between 21 and 56 days after delivery compared to pregnant members who were not enrolled in the program	PCM Outreach to OBGYN MD's to promote referrals into PCM program for high risk moms. Dedicated staff of RNs, Program Specialists, and Program Coordinators to perform perinatal CM activities. Implement use of Pregnancy Program materials to increase outreach to moderate and high risk member through education packets, text reminders, etc. Use of NOP reports to identify members with moderate and high risk pregnancy for referral to the pregnancy program. Review outcome measures quarterly.	Ongoing Ongoing Q1 Ongoing Quarterly

Last updated: September 8, 2020

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date

Mid-Year Report
 	
☒ **ACTIVITY ON TARGET**
 	
☐ **TOO SOON TO TELL**
	Referrals decreased from 787 in Q1 to 562 in Q2. Through Q2 660 members managed in PCM program, exceeding number managed in 2019 (503). Quarterly average engagement rate increased from 29%in Q1 to 38% in Q2 with YTD average 33%.
	
	Texting portion of program on hold while texting policy under review.
	
	Outcome measures based on member's compliance with completing 1st prenatal visit within 1st trimester & post-partum visit between 21 & 56 days after delivery compared to pregnant members who were not enrolled in the program. In addition the rate of pre-term delivery of high risk members managed is compared to high risk members not managed. Results reported in Q1 for 2019 demonstrated greater compliance in managed members for both visit measures and lower pre-term deliveries of high risk members managed.
	
	• 133 members met the outcome inclusion criteria for visits; 67 members met preterm delivery criteria
	• Members enrolled in the High Risk Pregnancy Program demonstrated:
	   o 7.3% greater compliance in completing the first prenatal visit within their first trimester5.2% greater compliance in completing their post-partum visit
	   5.2% less pre-term deliveries in high risk members
		None	None	Ongoing

Last updated: September 8, 2020

Annual Evaluation ☐ MET OBJECTIVES ☐ CONTINUE ACTIVITY IN 2021			

Last updated: September 8, 2020

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2020 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
4.3 Behavioral Health (BH) Case Management Program	☒ Medi-Cal	Providing members with access to quality health care delivered in an appropriate setting and compassionate manner; optimizing emotional health and well-being and improving quality of life.

Assisting members with behavioral health conditions through the continuum of care and identifying barriers to accessing care will support and help members and caregivers manage their health care needs. | Monthly new member outreach reports for care management assessment. Measure, track and trend care management interventions resulting from triage processes.

Monitor Key Indicator report to track and trend Case Management activities and acuity levels monthly

Utilize stratified health risk assessment data to identify high-risk members and engage them in case management programs

Measure program effectiveness based on the following measures:
o Readmission rates
o ED utilization
o Overall health care costs
o Member Satisfaction | Dedicated staff of LCSWs, LMFT, and Care Coordinators to perform BH CM activities.

Use of ImpactPro as the predictive modeling tool to identify high risk members for referral to CM.

Review outcome measures quarterly. | Ongoing |

Last updated: September 8, 2020

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ ACTIVITY ON TARGET ☐ TOO SOON TO TELL	Data reported is a subset of information provided in 4.1. Referrals to behavioral health program increased from 124 in Q1 to 326 in Q2. The increase in referrals was due to behavioral health case management receiving referrals from Fresno County behavioral health department (that were previously worked by MHN) for members seeking services. Total members managed increased from 75 in Q1 to 154 in Q2. Total members managed through Q2 was 203. CY engagement rate 38%. Outcome measures include: readmission rates, ED utilization, overall health care costs & member satisfaction. Measured 90 days prior to enrollment in BH & 90 days after enrollment. Results reported in Q1 include members with active or closed case on or between 1/1/2019 & 12/31/2019 & remained eligible. Outcome results are consolidated across PH, BH, & TCM programs and are reported in 4.1.	None identified	None	Ongoing
Annual Evaluation ☐ MET OBJECTIVES ☐ CONTINUE ACTIVITY IN 2021				

Last updated: September 8, 2020

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2020 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
4.4 Disease Management (DM)	☒ Medi-Cal **Diabetes Age Groups** 0-21 CCS Referral (100%) >21 Enrolled in program	The Managed Care Plan is responsible for initiating and maintaining a Disease Management program for high volume, common conditions, where guidelines and proven timely intervention have been shown to improve outcomes.	Eligibility data from sources such as: pharmacy/ encounter claims, health appraisal results, data collected through the UM or case management process, and member or provider referrals. Evaluation of outcome data from HEDIS®-like measures. Review/analyze DM partner annual report	Continue transition to insourced disease management programs for: asthma, diabetes, and heart failure. Transition process began Q4 2018. Ongoing program monitoring to assure that reporting needs are met including enrollment statistics.	April 2020 Ongoing

Last updated: September 8, 2020

CalViva Health
2020 UM/CM Plan

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ ACTIVITY ON TARGET ☐ TOO SOON TO TELL	Disease Management program continues for asthma, diabetes and heart failure: • send educational materials and information about the program to enrolled CVH members. • conduct outbound telephonic interventions and • make referrals to case management for CVH members identified as being at high risk for hospitalizations or poor outcomes, or in need of assistance with behavioral health issues. Ongoing program monitoring is taking place to assure that member needs are met.	None identified	The disease management program insourcing completed in October 2019.	Ongoing Ongoing
Annual Evaluation ☐ MET OBJECTIVES ☐ CONTINUE ACTIVITY IN 2021				

Last updated: September 8, 2020

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2020 Planned Interventions	Target Completion Date
4.5 MD interactions with Pharmacy	☒ Medi-Cal	Medi-Cal formulary is a closed formulary consisting of primarily generic medications. State Health Program (SHP) MDs and the CalViva Health Chief Medical Officer work with Pharmacy to refine the formulary and injectable guidelines to facilitate member and provider efficiencies; to ensure adequate and current medications are included, and to ensure appropriate utilization. SHP MDs and the CalViva Health Chief Medical Officer work with Pharmacy to remove unnecessary PA obstacles for practitioners and pharmacists. SHP MDs and the CalViva Health Chief Medical Officer work with Pharmacy to improve CCS ID using pharmacy data. SHP MD's and Pharmacy continue to mirror the DHCS narcotic prescribing quantity limits. This is to prevent fraud and abuse, and prevent adverse selection to the CalViva Medi-Cal plan.	Monthly report of PA requests.	Continued active engagement with pharmacy. Continue narcotic prior authorization requirements. Consider implementation of opioid edits based on updated CDC guidelines for prescribing opioids.	Ongoing

Last updated: September 8, 2020

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ ACTIVITY ON TARGET ☐ TOO SOON TO TELL	Monthly PA statistics are tracked and reported quarterly in the UM/QI meeting. Active engagement with Pharmacy and existing narcotic prior authorization requirements continue as planned. Narcotic Limits enacted 10/2019 based on CDC guidelines and results from Q4 2019 and Q1 2020 show decreased utilization. PDL changes halted in April 2020 due to MCAL RX implementation Current SHP Quarterly meeting topics include • Medi-Cal RX • AB1114 – Pharmacist services • A&G trends and concerns • Interrater Reliability of Envolve PA team	None	None	Ongoing
Annual Evaluation ☐ MET OBJECTIVES ☐ CONTINUE ACTIVITY IN 2021				

Last updated: September 8, 2020

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2020 Planned Interventions	Target Completion Date
			Measureable Objective(s)		
4.6 Manage care of CalViva members for Behavioral Health (BH)	☒ Medi-Cal	CalViva collaborates with BH practitioners to improve coordination between medical and behavioral health care members.	Total number of registrations and referrals.	Review data that indicates when a member was referred to the County for services to ensure that MHN staff are facilitating coordination of care. Each month is compared to data from previous months to ensure the number of referrals to County follows an acceptable trend. For example, a consistent drop in referrals may indicate the need for additional staff training. Review data that indicates when a PCP has referred a member to a BH provider. Each month's data is compared to those from previous months to ensure that coordination of care between medical and behavioral health is occurring. For example, a drop in these referrals may indicate a need for enhanced medical provider training on the services that MHN provides.	Ongoing

Last updated: September 8, 2020

CalViva Health
2020 UM/CM Plan

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	MHN continues the bidirectional referral process with Fresno, Kings and Madera counties. Referrals were based on acuity of clinical presentation and member need for particular behavioral health services. MHN Care and Case Managers continue weekly rounds with HN medical case management staff and Medical Directors with the purpose of integrating medical and behavioral health services and ensuring that members receive optimal care. PCPs are also offered opportunities to collaborate with MHN MDs for guidance on treating routine psychiatric conditions. During the period January through June, 2020, MHN received 373 referrals from Fresno, Kings and Madera counties. MHN referred 7 members to the county for Specialty Mental Health or Substance Abuse Services.	None Identified	None	Ongoing
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2021**				

Last updated: September 8, 2020

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2020 Planned Interventions	Target Completion Date
			Measureable Objective(s)		
4.7 Behavioral Health Performance Measures	☒ Medi-Cal	CalViva collaborates with Behavioral Health practitioners to improve performance measures for the CalViva behavioral health care members.	Performance Measures to be monitored: Appointment Accessibility by Risk Rating Authorization Decision Timelines Potential Quality Issues Provider Disputes Network Availability Network Adequacy: Member Ratios Timeliness to first appointment for member's diagnosis with Autism Spectrum Disorder.	Participate in cross functional team to improve quality of behavioral health care.	Ongoing

Last updated: September 8, 2020

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☐ **ACTIVITY ON TARGET** ☒ **TOO SOON TO TELL**	Performance was below target in Q1 2020 for network adequacy for Psychologist. *Instances where the target is not met are shown in* **bold red**. (see table below) MY 2019 MHN Provider Appointment Availability Survey and Autism Provider Accessibility Survey: - Access to urgent appointments fell below 90% target - Routine non-urgent appointments, met the 90% standard but all other results are below standard. - CVH non-physician mental health providers met the compliance rate target, over 90%. Autism Provider Accessibility Survey results: (see table below)	• Psychiatry is an underserved specialty in California, particularly for the Medi-Cal population. There are not enough Psychiatrists in practice who are willing to treat this population. • Provider dissatisfaction with current contract rates.	**2020-Network Availability and Adequacy interventions identified:** • Grow telemedicine network and promote use of telemedicine • Reviewing the current Provider contract rates for rate increases. • Improved reimbursement for newly contracted providers with stipulations including acceptance of new patients. • Contacting SCA Providers SCA's and trying to bring them in network. • Increased FQHC network participation	Ongoing

Metric	Target	Q1-2020	Q2-2020
Appointment Accessibility by Risk Rating			
Life-Threatening Emergent (requires immediate care)	100%	0 cases	0 cases
Non Life-Threatening Emergent (requires care within 6 hours)*1	90%	100%	100%
Urgent (requires care within 48 hours)	90%	100%	100%
Authorization Decision Timeliness			
% of Authorization Decisions in Compliance - Non ABA	100%	100%	100%
% of Authorization Decisions in Compliance - ABA	100%	100%	100%
Potential Quality Issues			
% of PQIs Resolved Within 30 Days	95%	100%	100%
% of Untoward Events Resolved Within 60 Days	95%	0 cases	0 cases
Provider Disputes			
% of Provider Disputes Resolved within 45 days	95%	100%	100%
Network Availability			
1 BHP (including high volume BHPs) within 45 miles and 75 minutes from residence	90%	100%	100%
1 QAS provider (BCBA provider) within 45 miles and 75 minutes from residence	90%	100%	100%
2 QAS Professionals and Paraprofessionals (BCaBA/Paraprofessional) within 45 miles and 75 minutes from residence	90%	100%	100%
BHP Open Practice	85%	**82%**	95%

MY 2019 Provider Appointment Availability Survey: Compliance Results

Reporting Population	Provider Type	Compliance: 96 Hour Urgent		Compliance: 48 Hour Urgent		Compliance: Routine**	
		MY 2018	MY 2019	MY 2018	MY 2019	MY 2018	MY 2019
CalViva Health	Psychiatrists	75%	53%	75%	41%	80%	78%
	NPMH Providers	66%	75%	32%	70%	86%	91%

Last updated: September 8, 2020

Annual Evaluation ☐ MET OBJECTIVES ☐ CONTINUE ACTIVITY IN 2021			

Last updated: September 8, 2020

5. Monitoring Activities for Special Populations

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology	2020 Planned Interventions	Target Completion Date
			Measurable Objective(s)		
5.1 Monitor of California Children's Services (CCS) identification rate.	☒ Medi-Cal	Health Net State Health Programs (HN SHP) will monitor Medi-Cal CCS identification rate YTD.	All HN SHP staff will work with Public Programs Specialists and UM staff to identify potential CCS cases and refer to county for approval. Based on the standardized formula, monthly report indicates CCS %. Goal: Health Net identifies 5% of total population for likely CCS eligibility.	CCS identification and reporting continues to be a major area of focus. Continue current CCS policies and procedures. Continue to refine CCS member identification and referral through concurrent review, prior authorization, case management, pharmacy, claims review and member services (welcome calls and Child and Adolescent Health Measurement Initiative (CAMHI) screening tool). Continue to improve and refine coordination with CCS between specialists and primary care services. Continue to distribute quarterly provider letters based upon DHCS Corrective Action Plans.	Ongoing

Last updated: September 8, 2020

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ **ACTIVITY ON TARGET** ☐ **TOO SOON TO TELL**	Comparing Q2 2019 with 2020, while the overall under-21 CVH population has decreased 0.7%, the subset of under-21 membership identified as CCS-Eligible and subsequently tracked in the DHCS PEDI system has increased 1.5%. **2020 Monthly CCS Identification Rates** 		**Fresno**	**Kings**	**Madera**	**Average**
20-Jan	8.65%	7.20%	7.26%	8.36%
20-Feb	8.53%	7.10%	7.23%	8.25%
20-Mar	8.71%	7.22%	7.34%	8.42%
20-Apr	8.53%	7.08%	7.17%	8.24%
20-May	8.42%	7.00%	7.17%	8.15%
20-Jun	8.55%	7.26%	7.38%	8.30%		• Due to COVID-19, facilities and providers stopped scheduling non-emergent surgeries and procedures, so the overall number of prior authorization submissions to the plan decreased. Potentially CCS-eligible authorizations for under-21 membership also went down: o May 2019 vs May 2020, under-21 PA & IP auth volume decreased 100% (from 3,325 to 1,661) • Misdirected provider claims were being sent to the Fresno CCS office in late 2019, early 2020. Targeted education and communication to providers was completed to address the issues and provide Plan resources.	Measurable objective staff title edited from "Public Programs Coordinators" to "Public Programs Specialists". Planned Interventions: • Removed reference to 2018 interventions • Provider letters moved from quarterly to ad hoc • Continued outreach out to members aging-out of CCS six months prior to their 21st birthday. • Continue to follow-up with aged-out members three months after their 21st birthday to ensure on-going quality of care. Using the Health Places Index risk score metric to identify members most at-risk due to COVID-19, Public Programs team identified and called 3,848 CalViva members to address needs.	Ongoing
Annual Evaluation ☐ **MET OBJECTIVES** ☐ **CONTINUE ACTIVITY IN 2021**				

Last updated: September 8, 2020

Activity/ Study/Project	Product Line(s)/ Population	Rationale	Methodology Measurable Objectives	2020 Planned Interventions	Target Completion Date
5.2 Provide UM/CM Programs to support Seniors and Persons with Disabilities (SPD) mandatory managed care requirements	☒ Medi-Cal	California Section 1115 waiver requires mandatory enrollment in managed care for SPDs. Essential elements of the waiver include risk stratification, health risk assessment (HRA), and care coordination/care management.	All UM Policies and Procedures revised as needed and submitted to DHCS on time for approval, all state required reporting completed and submitted through tracking and trending of SPD UM/CM program. Monitor HRA outreach	Perform Risk Stratification for all SPD's on a monthly basis, and identification of members for enrollment into the appropriate program, such as Case Management, the Pharmacy Program, the Pregnancy Program, or a Disease Management Program. Continue to meet all requirements for SPDs and utilize all programs to support them, including CM, Disease Management and Care Coordination.	Ongoing

Last updated: September 8, 2020

CalViva Health
2020 UM/CM Plan

Report Timeframe	Status Report/Results	Barriers	Revised/New Interventions	Target Completion Date
Mid-Year Report ☒ ACTIVITY ON TARGET ☐ TOO SOON TO TELL	Member stratification being conducted monthly using Impact Pro/related report to identify members for ICM as noted under 4.1. 419 SPD members (SSI Dual and Non Dual) have been managed 2020 through Q2. This includes PH CM, BH CM, TCM & OB CM, as well as both complex and non-complex cases. All members (100%) were outreached within the compliance due date for Q1 2020 (Reported July 2020). The percentage of members that completed a HRA for both high and low risk in Q1 2020 is 15%, which is slightly higher than Q3 2019 at 13%. Timely HRA outreach reported for CalViva SPD members as of June 2020: 100%	Vendor reporting does not summarize call attempts. Currently the health plan utilizes individual call records to validate call attempts.	EPC plans to implement a new outbound call process called Performance Outreach Manager (POM). The new call system will provide an automated reporting solution for vendor call attempts.	Ongoing
Annual Evaluation ☐ MET OBJECTIVES ☐ CONTINUE ACTIVITY IN 2021				

Last updated: September 8, 2020

Item #8

Attachment 8.A

Financials Report
Fiscal Year End 6/30/2020

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Balance Sheet
As of June 30, 2020

			Total
1	ASSETS		
2	Current Assets		
3	Bank Accounts		
4	Cash & Cash Equivalents		105,175,418.12
5	Total Bank Accounts	$	105,175,418.12
6	Accounts Receivable		
7	Accounts Receivable		180,135,949.64
8	Total Accounts Receivable	$	180,135,949.64
9	Other Current Assets		
10	Interest Receivable		580.86
11	Investments - CDs		0.00
12	Prepaid Expenses		825,925.86
13	Security Deposit		0.00
14	Total Other Current Assets	$	826,506.72
15	Total Current Assets	$	286,137,874.48
16	Fixed Assets		
17	Buildings		6,703,514.81
18	Computers & Software		0.00
19	Land		3,161,419.10
20	Office Furniture & Equipment		120,713.62
21	Total Fixed Assets	$	9,985,647.53
22	Other Assets		
23	Investment -Restricted		316,394.19
24	Total Other Assets	$	316,394.19
25	TOTAL ASSETS	$	296,439,916.20
26	LIABILITIES AND EQUITY		
27	Liabilities		
28	Current Liabilities		
29	Accounts Payable		
30	Accounts Payable		63,895.86
31	Accrued Admin Service Fee		3,970,725.00
32	Capitation Payable		96,118,430.75
33	Claims Payable		8,537.10
34	Directed Payment Payable		650,477.81
35	Total Accounts Payable	$	100,812,066.52
36	Other Current Liabilities		
37	Accrued Expenses		427,200.00
38	Accrued Payroll		137,506.38
39	Accrued Vacation Pay		284,285.80
40	Amt Due to DHCS		13,541,667.64
41	IBNR		20,434.87
42	Loan Payable-Current		0.00
43	Premium Tax Payable		0.00
44	Premium Tax Payable to BOE		5,959,359.99
45	Premium Tax Payable to DHCS		66,500,000.00
46	Total Other Current Liabilities	$	86,870,454.68
47	Total Current Liabilities	$	187,682,521.20
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	$	187,682,521.20
53	Equity		
54	Retained Earnings		70,284,248.46
55	Net Income		38,473,146.54
56	Total Equity	$	108,757,395.00
57	TOTAL LIABILITIES AND EQUITY	$	296,439,916.20

		Total		
		Actual	**Budget**	**Over/(Under) Budget**
1	**Income**			
2	Interest Earned	244,893.71	798,000.00	(553,106.29)
3	Premium/Capitation Income	1,195,614,009.34	1,131,039,026.00	64,574,983.34
4	**Total Income**	**1,195,858,903.05**	**1,131,837,026.00**	**64,021,877.05**
5	**Cost of Medical Care**			
6	Capitation - Medical Costs	1,033,815,747.62	940,694,535.00	93,121,212.62
7	Medical Claim Costs	2,396,561.35	2,900,000.00	(503,438.65)
8	**Total Cost of Medical Care**	**1,036,212,308.97**	**943,594,535.00**	**92,617,773.97**
9	**Gross Margin**	**159,646,594.08**	**188,242,491.00**	**(28,595,896.92)**
10	**Expenses**			
11	Admin Service Agreement Fees	46,868,019.00	47,322,000.00	(453,981.00)
12	Bank Charges	1,600.50	6,600.00	(4,999.50)
13	Computer/IT Services	123,379.77	157,200.00	(33,820.23)
14	Consulting Fees	7,823.00	105,000.00	(97,177.00)
15	Depreciation Expense	288,977.06	295,200.00	(6,222.94)
16	Dues & Subscriptions	163,513.48	180,192.00	(16,678.52)
17	Grants	2,429,915.38	1,750,000.00	679,915.38
18	Insurance	178,343.70	214,761.00	(36,417.30)
19	Labor	3,111,246.72	3,392,535.00	(281,288.28)
20	Legal & Professional Fees	96,254.54	190,800.00	(94,545.46)
21	License Expense	763,106.94	694,200.00	68,906.94
22	Marketing	981,494.64	1,000,000.00	(18,505.36)
23	Meals and Entertainment	16,224.14	19,700.00	(3,475.86)
24	Office Expenses	65,389.31	81,600.00	(16,210.69)
25	Parking	1,162.53	1,500.00	(337.47)
26	Postage & Delivery	3,035.16	3,240.00	(204.84)
27	Printing & Reproduction	2,458.65	4,800.00	(2,341.35)
28	Recruitment Expense	1,837.92	36,000.00	(34,162.08)
29	Rent	2,700.00	12,000.00	(9,300.00)
30	Seminars and Training	6,528.03	24,000.00	(17,471.97)
31	Supplies	10,111.24	10,200.00	(88.76)
32	Taxes	66,497,836.38	125,872,053.00	(59,374,216.62)
33	Telephone	34,057.10	33,600.00	457.10
34	Travel	17,344.43	28,090.00	(10,745.57)
35	**Total Expenses**	**121,672,359.62**	**181,435,271.00**	**(59,762,911.38)**
36	**Net Operating Income**	**37,974,234.46**	**6,807,220.00**	**31,167,014.46**
37	**Other Income**			
38	Other Income	498,912.08	660,000.00	(161,087.92)
39	**Total Other Income**	**498,912.08**	**660,000.00**	**(161,087.92)**
40	**Net Other Income**	**498,912.08**	**660,000.00**	**(161,087.92)**
41	**Net Income**	**38,473,146.54**	**7,467,220.00**	**31,005,926.54**

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Budget vs. Actuals: Income Statement
July 2019 - June 2020 (FY 2020)

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Profit and Loss
July 2019 - June 2020

		Total	
		July 2019 - June 2020 (CY)	July 2018 - June 2019 (PY)
1	Income		
2	Interest Earned	244,893.71	1,581,939.97
3	Premium/Capitation Income	1,195,614,009.34	1,177,025,680.60
4	Total Income	$ 1,195,858,903.05	$ 1,178,607,620.57
5	Cost of Medical Care		
6	Capitation - Medical Costs	1,033,815,747.62	985,159,137.36
7	Medical Claim Costs	2,396,561.35	2,789,037.80
8	Total Cost of Medical Care	$ 1,036,212,308.97	$ 987,948,175.16
9	Gross Margin	$ 159,646,594.08	$ 190,659,445.41
10	Expenses		
11	Admin Service Agreement Fees	46,868,019.00	47,572,921.00
12	Bank Charges	1,600.50	660.08
13	Computer/IT Services	123,379.77	124,955.45
14	Consulting Fees	7,823.00	4,200.00
15	Depreciation Expense	288,977.06	290,287.56
16	Dues & Subscriptions	163,513.48	167,807.93
17	Grants	2,429,915.38	1,982,712.52
18	Insurance	178,343.70	199,838.45
19	Labor	3,111,246.72	2,987,077.91
20	Legal & Professional Fees	96,254.54	102,108.60
21	License Expense	763,106.94	674,133.31
22	Marketing	981,494.64	716,004.39
23	Meals and Entertainment	16,224.14	16,994.46
24	Office Expenses	65,389.31	60,323.72
25	Parking	1,162.53	1,370.21
26	Postage & Delivery	3,035.16	3,176.91
27	Printing & Reproduction	2,458.65	1,657.97
28	Recruitment Expense	1,837.92	1,206.13
29	Rent	2,700.00	2,100.00
30	Seminars and Training	6,528.03	7,746.32
31	Supplies	10,111.24	9,755.52
32	Taxes	66,497,836.38	125,872,071.69
33	Telephone	34,057.10	33,659.71
34	Travel	17,344.43	25,184.96
35	Total Expenses	$ 121,672,359.62	$ 180,857,954.80
36	Net Operating Income	$ 37,974,234.46	$ 9,801,490.61
37	Other Income		
38	Other Income	498,912.08	662,557.07
39	Total Other Income	$ 498,912.08	$ 662,557.07
40	Net Other Income	$ 498,912.08	$ 662,557.07
41	Net Income	$ 38,473,146.54	$ 10,464,047.68

Item #8

Attachment 8.B

Financials as of July 31, 2020

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Balance Sheet
As of July 31, 2020

		Total
1	ASSETS	
2	Current Assets	
3	Bank Accounts	
4	Cash & Cash Equivalents	103,331,015.14
5	Total Bank Accounts	103,331,015.14
6	Accounts Receivable	
7	Accounts Receivable	192,709,854.09
8	Total Accounts Receivable	192,709,854.09
9	Other Current Assets	
10	Interest Receivable	1,049.07
11	Investments - CDs	0.00
12	Prepaid Expenses	843,282.61
13	Security Deposit	0.00
14	Total Other Current Assets	844,331.68
15	Total Current Assets	296,885,200.91
16	Fixed Assets	
17	Buildings	6,681,546.72
18	Computers & Software	0.00
19	Land	3,161,419.10
20	Office Furniture & Equipment	118,818.65
21	Total Fixed Assets	9,961,784.47
22	Other Assets	
23	Investment -Restricted	316,613.21
24	Total Other Assets	316,613.21
25	TOTAL ASSETS	307,163,598.59
26	LIABILITIES AND EQUITY	
27	Liabilities	
28	Current Liabilities	
29	Accounts Payable	
30	Accounts Payable	42,913.56
31	Accrued Admin Service Fee	3,985,938.00
32	Capitation Payable	95,661,837.04
33	Claims Payable	9,924.31
34	Directed Payment Payable	650,477.81
35	Total Accounts Payable	100,351,090.72
36	Other Current Liabilities	
37	Accrued Expenses	299,700.00
38	Accrued Payroll	55,757.83
39	Accrued Vacation Pay	284,285.80
40	Amt Due to DHCS	13,541,667.64
41	IBNR	20,434.87
42	Loan Payable-Current	0.00
43	Premium Tax Payable	0.00
44	Premium Tax Payable to BOE	5,959,359.99
45	Premium Tax Payable to DHCS	78,968,750.00
46	Total Other Current Liabilities	99,129,956.13
47	Total Current Liabilities	199,481,046.85
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	199,481,046.85
53	Equity	
54	Retained Earnings	108,757,395.00
55	Net Income	(1,074,843.26)
56	Total Equity	107,682,551.74
57	TOTAL LIABILITIES AND EQUITY	307,163,598.59

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Budget vs. Actuals: Income Statement
July 2020 (FY 2021)

		Total		
		Actual	**Budget**	**Over/(Under) Budget**
1	Income			
2	Interest Earned	31,032.39	33,000.00	(1,967.61)
3	Premium/Capitation Income	105,776,540.65	108,245,517.00	(2,468,976.35)
4	**Total Income**	**105,807,573.04**	**108,278,517.00**	**(2,470,943.96)**
5	Cost of Medical Care			
6	Capitation - Medical Costs	88,869,684.11	90,221,565.00	(1,351,880.89)
7	Medical Claim Costs	78,317.89	85,000.00	(6,682.11)
8	**Total Cost of Medical Care**	**88,948,002.00**	**90,306,565.00**	**(1,358,563.00)**
9	**Gross Margin**	**16,859,571.04**	**17,971,952.00**	**(1,112,380.96)**
10	Expenses			
11	Admin Service Agreement Fees	3,985,938.00	4,003,999.00	(18,061.00)
12	Bank Charges	546.05	550.00	(3.95)
13	Computer/IT Services	14,419.59	14,008.00	411.59
14	Consulting Fees		8,750.00	(8,750.00)
15	Depreciation Expense	23,863.06	25,500.00	(1,636.94)
16	Dues & Subscriptions	13,134.50	15,016.00	(1,881.50)
17	Grants	1,037,500.00	1,050,000.00	(12,500.00)
18	Insurance	14,262.07	14,270.00	(7.93)
19	Labor	261,534.92	270,990.00	(9,455.08)
20	Legal & Professional Fees	5,162.00	15,900.00	(10,738.00)
21	License Expense	62,057.59	71,285.00	(9,227.41)
22	Marketing	80,191.55	120,000.00	(39,808.45)
23	Meals and Entertainment	415.39	1,000.00	(584.61)
24	Office Expenses	8,175.67	7,000.00	1,175.67
25	Parking		125.00	(125.00)
26	Postage & Delivery	80.50	280.00	(199.50)
27	Printing & Reproduction	299.06	400.00	(100.94)
28	Recruitment Expense		3,000.00	(3,000.00)
29	Rent	0.00	1,000.00	(1,000.00)
30	Seminars and Training	223.08	2,000.00	(1,776.92)
31	Supplies	728.34	900.00	(171.66)
32	Taxes	12,468,750.00	12,468,750.00	0.00
33	Telephone	2,840.89	2,900.00	(59.11)
34	Travel		2,100.00	(2,100.00)
35	**Total Expenses**	**17,980,122.26**	**18,099,723.00**	**(119,600.74)**
36	**Net Operating Income**	**(1,120,551.22)**	**(127,771.00)**	**(992,780.22)**
37	Other Income			
38	Other Income	45,707.96	40,000.00	5,707.96
39	**Total Other Income**	**45,707.96**	**40,000.00**	**5,707.96**
40	**Net Other Income**	**45,707.96**	**40,000.00**	**5,707.96**
41	**Net Income**	**(1,074,843.26)**	**(87,771.00)**	**(987,072.26)**

		Total	
		July 2020 (CY)	**July 2019 (PY)**

Fresno-Kings-Madera Regional Health Authority dba CalViva Health
Income Statement: CY vs PY
FY 2021 vs FY 2020

		July 2020 (CY)	July 2019 (PY)
1	**Income**		
2	Interest Earned	31,032.39	64,415.83
3	Premium/Capitation Income	105,776,540.65	87,232,532.82
4	**Total Income**	**105,807,573.04**	**87,296,948.65**
5	**Cost of Medical Care**		
6	Capitation - Medical Costs	88,869,684.11	81,583,937.35
7	Medical Claim Costs	78,317.89	287,079.02
8	**Total Cost of Medical Care**	**88,948,002.00**	**81,871,016.37**
9	**Gross Margin**	**16,859,571.04**	**5,425,932.28**
10	**Expenses**		
11	Admin Service Agreement Fees	3,985,938.00	3,941,124.00
12	Bank Charges	546.05	5.00
13	Computer/IT Services	14,419.59	12,480.01
14	Depreciation Expense	23,863.06	24,190.63
15	Dues & Subscriptions	13,134.50	13,210.00
16	Grants	1,037,500.00	145,416.67
17	Insurance	14,262.07	16,661.69
18	Labor	261,534.92	256,357.23
19	Legal & Professional Fees	5,162.00	6,429.33
20	License Expense	62,057.59	63,592.24
21	Marketing	80,191.55	118,537.08
22	Meals and Entertainment	415.39	794.00
23	Office Expenses	8,175.67	4,019.60
24	Parking	0.00	90.00
25	Postage & Delivery	80.50	101.06
26	Printing & Reproduction	299.06	299.06
27	Rent	0.00	300.00
28	Seminars and Training	223.08	4,400.00
29	Supplies	728.34	710.18
30	Taxes	12,468,750.00	0.00
31	Telephone	2,840.89	2,779.66
32	Travel	0.00	444.07
33	**Total Expenses**	**17,980,122.26**	**4,611,941.51**
34	**Net Operating Income**	**(1,120,551.22)**	**813,990.77**
35	**Other Income**		
36	Other Income	45,707.96	68,938.93
37	**Total Other Income**	**45,707.96**	**68,938.93**
38	**Net Other Income**	**45,707.96**	**68,938.93**
39	**Net Income**	**(1,074,843.26)**	**882,929.70**

Item #8
Attachment 8.C
Compliance 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	11	13	6	12					91
Member & Provider Materials	2	1	7	12	1	0	4	3					30
# of DMHC Filings	5	8	7	7	1	5	5	6					44

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	1	0	2					13
# of Cases Open for Investigation (Active Number)	16	16	16	14	14	16	15	17					

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

Since the last report, the Plan identified one provider case and one-member case that reflect potential FWA circumstances. Two MC609 reports were filed with the DHCS. The first case involved a participating provider having a high provider risk score in 5 separate areas.   The second case involved an anonymous call made about a CalViva Health member regarding their eligibility for Medi-Cal.

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

Report Date 9/17/20

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 were 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: Access & Availability, Utilization Management & Case Management, Provider Dispute Resolutions & Claims and Call Center. The following audits have been completed since the last Commission report: Appeals & Grievances (CAP), Marketing (CAP), and Privacy & Security (No CAP).

Regulatory Reviews/Audits and CAPS	Status
Department of Health Care Services ("DHCS") 2020 Medical Audit	The Plan received the DHCS' Final 2020 Audit Report on 6/30/20. There were two findings: one related to provider completion of the Individual Health Education Behavioral Assessment (IHEBA) as part of the Initial Health Assessment (IHA) within 120 days of enrollment; and the second finding indicated the Plan did not have escalation policies and procedures to impose prompt effective corrective actions to bring non-compliant delegated entities into compliance with access and availability standards. The Plan's CAP was submitted to DHCS on 7/31/20. DHCS has advised they will approve closure of the Plan's CAP related to escalation policies for non-compliant delegated entities. The actions for the IHEBA CAP will continue into mid 2021 and the Plan will provide periodic reports to DHCS on the progress of the CAP activities until all actions have been implemented.
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	DHCS completed its initial assessment of CalViva Health's 2020 ANC submission and issued two reports. One report covered ANC preliminary findings and the other report identified some deficiencies regarding alternate access determinations. The Plan submitted its responses to DHCS on 8/11/20 and 8/28/20.

New Regulations / Contractual Requirements	
Medi-Cal Rx Transition	DHCS continues implementation activities to transition pharmacy services from Medi-Cal managed care to FFS by January 1, 2021. DHCS and its vendor, Magellan, created a Medi-Cal Rx website at: https://medi-calrx.dhcs.ca.gov/home/. This website launched in June with limited functionalities and serves primarily as a platform to educate, provide available resources and information, and communicate changes to interested parties. The entire website will be fully operational by January 1, 2021. On 7/15/20 CalViva Health executed a Data Sharing Agreement with Magellan to facilitate the transfer of Rx related data (claims history, UM, etc.). Plan staff continue to participate in Rx workgroups, review draft communications, policies, and plan for a member outreach campaign.
California's Section 1115(a) Medicaid waiver entitled Medi-Cal 2020 **California Advancing and Innovating Medi-Cal (CalAIM)**	The Medi-Cal 2020 waiver is effective through December 31, 2020. Following the end of the waiver period, DHCS intended to launch CalAIM, a multi-year initiative to implement overarching policy changes across all Medi-Cal delivery systems. However, the COVID-19 public health emergency impacted all aspects of California's health care delivery system. As a result, implementation of CalAIM was delayed to focus on addressing the pandemic. Because of the CalAIM delay, DHCS will submit a 12-month Section 1115 waiver extension request to the Centers for Medicare & Medicaid Services (CMS) to ensure that important programs authorized through Medi-Cal 2020 continue and are eventually transitioned under CalAIM. Public hearings regarding the proposed extension request were held in August 2020. DHCS plans to submit the Section 1115 Extension request to CMS for review and approval by September 15, 2020.
COVID Crisis Response in Central Valley Counties - LTSS Collaborative	DHCS started an initiative to address the risk of COVID for older adults and people with disabilities in Central Valley counties, and to reduce, avoid, and transition nursing facility stays. DHCS is requesting that Medi-Cal Central Valley plans convene county-level collaboration meetings (virtual meetings), including hospitals, nursing facilities, HCBS waivers/providers (including MSSP sites, CBAS centers, PACE organizations, HCBA and ALW waiver agencies, and CCT Lead Organizations), county social service agencies (for In-Home Supportive Services (IHSS)), and county health departments. The Plan is working collaboratively with Health Net and Anthem Blue Cross to arrange this convening which will cover Fresno, Kings, Madera and Tulare Counties.

Plan Administration	
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. CalViva Health staff have returned to work at the Palm office. However, some staff work remotely due to health issues or due to children at home as Fresno schools are on distance learning only. Our administrator's staff will continue to carry out operations on a remote basis until at least January 2021.
Committee Report	
Public Policy Committee	The Public Policy Committee met on September 2, 2020, via telephone conference due to the COVID-19 state of emergency. The following reports were presented: Q2 2020 Grievance and Appeals; the 2020 Population Needs Assessment, and the Semi-Annual Member Incentive Programs Report (Q1 and Q2). There were no recommendations for referral to the Commission. The next meeting will be held on 12/2/20 at 11:30 AM in Fresno County presumably via teleconference.

Report Date 9/17/20

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: June
Revised Date: 7/23/2020

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	7	8	8	23	0	0	0	0	0	0	0	0	49	189
Standard Grievances Received	101	97	98	296	61	75	77	213	0	0	0	0	0	0	0	0	509	1118
Total Grievances Received	**111**	**101**	**110**	**322**	**68**	**83**	**85**	**236**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**558**	**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%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	99.61%	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	6	9	7	22	0	0	0	0	0	0	0	0	48	189
Expedited Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	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	100	49	71	220	0	0	0	0	0	0	0	0	539	1100
Standard Grievance Compliance rate	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	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	106	58	78	242	0	0	0	0	0	0	0	0	587	1290
Grievance Descriptions - Resolved Cases																		
Quality of Service Grievances	**96**	**60**	**107**	**263**	**80**	**43**	**56**	**179**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**442**	**983**
Access - Other - DMHC	7	7	7	21	4	3	5	12	0	0	0	0	0	0	0	0	33	58
Access - PCP - DHCS	10	9	12	31	5	3	4	12	0	0	0	0	0	0	0	0	43	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	1	2	1	4	0	0	0	0	0	0	0	0	19	59
Administrative	13	9	23	45	12	21	16	49	0	0	0	0	0	0	0	0	94	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	11	5	7	23	0	0	0	0	0	0	0	0	45	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	8	7	5	20	0	0	0	0	0	0	0	0	42	87
Pharmacy	7	2	11	20	5	1	4	10	0	0	0	0	0	0	0	0	30	50
Transportation - Access	17	11	22	50	15	0	3	18	0	0	0	0	0	0	0	0	68	160
Transportation - Behaviour	7	4	14	25	17	1	11	29	0	0	0	0	0	0	0	0	54	56
Transportation - Other	4	4	2	10	2	0	0	2	0	0	0	0	0	0	0	0	12	20
Quality Of Care Grievances	**24**	**32**	**26**	**82**	**26**	**15**	**22**	**63**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**145**	**307**
Access - Other - DMHC	1	0	2	3	1	0	0	1	0	0	0	0	0	0	0	0	4	11
Access - PCP - DHCS	0	0	1	1	1	0	1	2	0	0	0	0	0	0	0	0	3	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	8	3	5	16	0	0	0	0	0	0	0	0	31	51
PCP Care	11	19	3	33	10	5	11	26	0	0	0	0	0	0	0	0	59	108
PCP Delay	1	2	6	9	2	3	3	8	0	0	0	0	0	0	0	0	17	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	4	3	2	9	0	0	0	0	0	0	0	0	26	65
Specialist Delay	0	1	2	3	0	1	0	1	0	0	0	0	0	0	0	0	4	15

Exempt Grievances Received	324	243	239	**806**	144	215	271	**630**	0	0	0	**0**	0	0	0	**0**	**1436**	NA
Access - Avail of Appt w/ PCP	17	12	8	**37**	2	6	6	**14**	0	0	0	**0**	0	0	0	**0**	**51**	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**	2	1	0	**3**	0	0	0	**0**	0	0	0	**0**	**9**	NA
Access - Wait Time - in office for appt	0	3	1	**4**	1	1	2	**4**	0	0	0	**0**	0	0	0	**0**	**8**	NA
Access - Panel Disruption	3	3	3	**9**	1	8	6	**15**	0	0	0	**0**	0	0	0	**0**	**24**	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**	2	0	1	**3**	0	0	0	**0**	0	0	0	**0**	**5**	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**	1	1	4	**6**	0	0	0	**0**	0	0	0	**0**	**12**	NA
Attitude/Service - Provider	24	30	29	**83**	12	19	26	**57**	0	0	0	**0**	0	0	0	**0**	**140**	NA
Attitude/Service - Office Staff	0	0	0	**0**	1	1	1	**3**	0	0	0	**0**	0	0	0	**0**	**3**	NA
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	2	1	**3**	0	0	0	**0**	0	0	0	**0**	**7**	NA
Authorization - Authorization Related	4	2	1	**7**	2	2	6	**10**	0	0	0	**0**	0	0	0	**0**	**17**	NA
Eligibility Issue - Member not eligible per Health Plan	1	3	0	**4**	0	1	1	**2**	0	0	0	**0**	0	0	0	**0**	**6**	NA
Eligibility Issue - Member not eligible per Provider	2	2	3	**7**	1	5	3	**9**	0	0	0	**0**	0	0	0	**0**	**16**	NA
Health Plan Materials - ID Cards-Not Received	14	20	16	**50**	6	14	17	**37**	0	0	0	**0**	0	0	0	**0**	**87**	NA
Health Plan Materials - ID Cards-Incorrect Information on Card	1	0	0	**1**	1	1	0	**2**	0	0	0	**0**	0	0	0	**0**	**3**	NA
Health Plan Materials - Other	0	0	0	**0**	0	2	1	**3**	0	0	0	**0**	0	0	0	**0**	**3**	NA
PCP Assignment/Transfer - Incorrect PCP assigned- Health Plan Error	109	59	74	**242**	59	84	127	**270**	0	0	0	**0**	0	0	0	**0**	**512**	NA
PCP Assignment/Transfer - Incorrect PCP assigned-non Health Plan Error	29	14	10	**53**	3	12	18	**33**	0	0	0	**0**	0	0	0	**0**	**86**	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	2	2	**4**	0	0	0	**0**	0	0	0	**0**	**6**	NA
PCP Assignment/Transfer - Rollout of PPG	3	0	2	**5**	4	7	6	**17**	0	0	0	**0**	0	0	0	**0**	**22**	NA
PCP Assignment/Transfer - Mileage Inconvenience	6	17	3	**26**	2	3	3	**8**	0	0	0	**0**	0	0	0	**0**	**34**	NA
Pharmacy - Authorization Issue	0	0	1	**1**	1	1	1	**3**	0	0	0	**0**	0	0	0	**0**	**4**	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**	14	11	6	**31**	0	0	0	**0**	0	0	0	**0**	**92**	NA
Pharmacy - Quantity Limit	0	0	0	**0**	0	0	1	**1**	0	0	0	**0**	0	0	0	**0**	**1**	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**	2	6	3	**11**	0	0	0	**0**	0	0	0	**0**	**24**	NA
Transportation - Access - Provider No Show	9	1	1	**11**	0	2	0	**2**	0	0	0	**0**	0	0	0	**0**	**13**	NA
Transportation - Access - Provider Late	15	9	7	**31**	1	3	0	**4**	0	0	0	**0**	0	0	0	**0**	**35**	NA
Transportation - Behaviour	27	31	26	**84**	7	3	0	**10**	0	0	0	**0**	0	0	0	**0**	**94**	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**	4	1	0	**5**	0	0	0	**0**	0	0	0	**0**	**5**	NA
OTHER - Balance Billing from Provider	18	9	18	**45**	15	16	29	**60**	0	0	0	**0**	0	0	0	**0**	**105**	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	12	6	14	32	14	0	0	0	0	0	0	0	65	158
Standard Appeals Received	78	91	95	264	67	53	56	176	0	0	0	0	0	0	0	0	440	744
Total Appeals Received	**89**	**100**	**108**	**297**	**79**	**59**	**70**	**208**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	505	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%**	100.0%	100.0%	100.0%	**100.0%**	0.0%	0.0%	0.0%	**0.0%**	0.0%	0.0%	0.0%	**0.0%**	99.77%	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**	13	6	12	**31**	0	0	0	**0**	0	0	0	**0**	63	158
Expedited Appeals Compliance Rate	100.0%	100.0%	100.0%	**100.0%**	100.0%	100.0%	100.0%	**100.0%**	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**	100	78	51	**229**	0	0	0	**0**	0	0	0	**0**	458	726
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	**100.0%**	100.0%	100.0%	100.0%	**100.0%**	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**	**113**	**84**	**63**	**260**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	521	887
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	**76**	**78**	**106**	**260**	**113**	**84**	**63**	**260**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	520	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	3	3	6	0	0	0	0	0	0	0	0	6	12
DME	5	5	3	13	4	0	2	6	0	0	0	0	0	0	0	0	19	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	1	1	0	0	0	0	0	0	0	0	1	11
Advanced Imaging	34	37	49	120	55	37	29	121	0	0	0	0	0	0	0	0	241	412
Other	5	6	3	14	9	1	2	12	0	0	0	0	0	0	0	0	26	71
Pharmacy	31	26	48	105	43	42	25	110	0	0	0	0	0	0	0	0	215	274
Surgery	1	4	3	8	2	1	1	4	0	0	0	0	0	0	0	0	12	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**	65	50	32	**147**	0	0	0	**0**	0	0	0	**0**	284	463
Uphold Rate	**43.4%**	**51.9%**	**59.4%**	**52.5%**	**57.5%**	**59.5%**	**50.8%**	**56.5%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**54.5%**	**52.2%**
Overturns - Full	40	35	39	**114**	47	33	30	**110**	0	0	0	**0**	0	0	0	**0**	224	399
Overturn Rate - Full	**52.6%**	**44.3%**	**36.8%**	**43.7%**	**41.6%**	**39.3%**	**47.6%**	**42.3%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**43.0%**	**45.0%**
Overturns - Partials	3	2	2	**7**	1	0	0	**1**	0	0	0	**0**	0	0	0	**0**	8	19
Overturn Rate - Partial	**3.9%**	**2.5%**	**1.9%**	**2.7%**	**0.9%**	**0.0%**	**0.0%**	**0.4%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.00%**	**1.5%**	**2.1%**
Withdrawal	0	1	2	**3**	0	1	1	**2**	0	0	0	**0**	0	0	0	**0**	5	6
Withdrawal Rate	**0.0%**	**1.3%**	**1.9%**	**1.1%**	**0.0%**	**1.2%**	**1.6%**	**0.8%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**1.0%**	**0.7%**
Membership	348,034	347,538	347,090		348,814	354,281	358,004		-	-	-		-	-	-			
Appeals - PTMPM	0.22	0.23	0.31	0.25	0.32	0.24	0.18	0.25	-	-	-	-	-	-	-	-	0.25	0.21
Grievances - PTMPM	0.34	0.26	0.38	0.33	0.30	0.16	0.22	0.23	-	-	-	-	-	-	-	-	0.28	0.30

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

Appeals Acknowledgement Compliance Rate	Percentage of Acknowledgement letters sent with the 5 calendar day TAT
Expedited Appeals Resolved Non-Compliant	Number of expedited appeals resolved after the 3 calendar day TAT
Expedited Appeals Resolved Compliant	Number of expedited appeals resolved within the 3 calendar day TAT
Expedited Appeals Compliance Rate	Percentage of expedited appeals closed with the 3 calendar day TAT
Standard Appeals Resolved Non-Compliant	Standard 30 day appeals resolved after the 30 calendar days
Standard Appeals Resolved Compliant	Standard 30 day appeals resolved within the 30 calendar days
Standard Appeals Compliance Rate	Percentage of Standard 30 calendar day TAT appeals closed within compliance
Total Appeals Resolved	Total number of appeals resolved for the month
Appeal Descriptions	
Pre Service Appeal	Any request for the reversal of a denied service prior to the services being rendered.
Consultation	Denied service due to medical necessity, lack of coverage.
DME	Denied item/supply due to medical necessity, lack of coverage.

Experimental/Investigational	Denied service because it is considered experimental/investigational
Mental Health	Denied Mental Health related service due to medical necessity, lack of coverage.
Other	All other denied services due to medical necessity, lack of coverage.
Pharmacy	Denied medication due to medical necessity, lack of coverage.
Surgical	Denied service due to medical necessity, lack of coverage.
Post Service Appeal	Any request for the reversal of a denied claim payment where the services were previously rendered.
Consultation	Denied service due to medical necessity, lack of coverage.
DME	Denied item/supply due to medical necessity, lack of coverage.
Experimental/Investigational	Denied service because it is considered experimental/investigational
Mental Health	Denied Mental Health related service due to medical necessity, lack of coverage.
Other	All other denied services due to medical necessity, lack of coverage.
Pharmacy	Denied medication due to medical necessity, lack of coverage.
Surgical	Denied service due to medical necessity, lack of coverage.
Appeals Decision Rate	Will include number of Upholds, Overturns, Partial overturns, and Withdrawals
Upholds	Number of Upheld Appeals
Uphold Rate	Percentage of Upheld appeals
Overturns - Full	Number of full overturned appeals
Overturn Rate - Full	Percentage of full overturned appeals
Overturn - Partial	Number of Partial Overturned appeals
Overturn Rate - Partial	Percentage of Partial Overturned appeals
Withdrawls	Number of withdrawn appeals
Withdrawl Rate	Percentage of withdrawn appeals

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

Exempt Grievance tab key – Calviva Dashboard	
Column Definitions.	
Date Opened	The date the case was received
SF #	The internal HealthNet system ID code for the CCC representative who documented the call
Rep Name	Name of the CCC associate who took the call
Sup Name	Supervisor of the CCC associate who took the call
Mbr ID	The Calviva Health ID number of the member
SPD	Marked "yes" if the member is part of the "Seniors & Persons with Disabilities" population
Date of Birth	Date of birth of the member
Mbr Name	Name of the member
Reason	The case was categorized as a Calviva Exempt Grievance, hence the reason it's on the report
Preventable	Used if an Exempt Grievance was determined to be preventable
Access to Care	Used if determined Exempt Grievance was related to Access to Care
Issue Main Classification	Case is categorized by type of complaint
Issue Sub Classification	Case is subcategorized by type of complaint
DMHC Complaint Category	Case is categorized based on the DMHC TAR template complaint category
Discrimination?	Marked "yes" if case involved perceived discrimination by the member, otherwise marked "no"
Resolution	The resolution to the exempt grievance is notated here
Date Reviewed	The date the case was reviewed by CCC exempt grievance personnel
Provider Involved	The provider involved in the exempt grievance is notated here
Provider Category	The type of provider that is involved
County	The county the member resides in is notated here
PPG	Whether the member is assigned to a PPG is notated here
Health Plan ID	The Internal HN Plan ID for the Provider Involved in the exempt grievance.
PPG Service Area	Internal HN Code for the PPG to whom the member belongs.
Yes	
Classification Definitions	
Authorization	Used when it's an Authorization/Referral issue related exempt grievance
Avail of Appt w/ Other Providers	The case is related to appointment availability of ancillary providers
Avail of Appt w/ PCP	The case is related to appointment availability of the PCP

Avail of Appt w/ Specialist	The case is related to appointment availability of a Specialist
Claims Complaint	The case is related to a claims issue/dispute
Eligibility Issue	The case is related to the members eligibilty or lackthereof.
Health Care Benefits	When it's an exempt grievance related to a specific benefit, eg transportation
ID Card - Not Received	The case is related to the member having not received their ID card
Information Discrepancy	When the exempt grievance is related to being given wrong or misleading information
Interpersonal - Behavior of Clinic/Staff - Health Plan Staff	The case is related to the interpersonal behavoir of a health plan staff member
Interpersonal - Behavior of Clinic/Staff - Provider	The case is related to the interpersonal behavoir of a provider
Interpersonal - Behavior of Clinic/Staff - Vendor	The case is related to the interpersonal behavoir of a vendor
Other	For miscellaneous exempt grievances
PCP Assignment	When the exempt grievance is specifically in regards to a PCP change or being assigned the incorrect provider
Pharmacy	The case is related to a pharmacy issue
Wait Time - In Office for Scheduled Appt	When the Access to Care complaint is in regards to wait time at a providers office
Wait Time - Too Long on Telephone	When the Access to Care complaint is in regards to being placed on hold or unable to get through by telephone
The Outlier Tab	This tab is used by the Reporting Team, CalViva, and A&G. The Reporting Team will use this tab to call out any outliers to the A&G team that were identified during the report creation such as trends or increase in volume of appeals and/or grievances. The Reporting team will send the outliers to the business when the Dashboard is sent for approval. CalViva will use this tab to call out any outliers to the A&G team that were identified during the report creation. The A&G Team will use this tab to document the reasons for the call out, trending, or unusual high numbers of complaints from the Reporting Team or CalViva on the outliers that were identified during the report creation or review of cases.
Month	This is used to track the month effected by the change that was made
Date	This is used to track the date the change was made
Outlier	This is the section that describes a brief explanation of the outlier such as increase number of PCP wait time complaints, trends, etc.
Explanation	This is the section that explains the outlier.
Membership	Excludes Kaiser membership and is addressed separately in a quarterly report by Kaiser Plan.
PTMPM	Per thousand members per month. PTMPM rates are calculated using the total number of appeals or grievances, divided by total membership and multiplied by 1,000

Item #8

Attachment 8.E

Key Indicator Report

Healthcare Solutions Reporting
Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 6/01/2020 to 6/30/2020
Report created 7/22/2020

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

Contact Information

Sections	Contact Person
Concurrent Inpatient TAT Metric	
TAT Metric	Katherine Marie F. Coy <KATHERINE.F.COY@HEALTHNET.COM>
CCS Metric	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 6/01/2020 to 6/30/2020
Report created 7/22/2020

ER utilization based on Claims data	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2019-Trend	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-Trend	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Qtr Trend	CY-2019	YTD-2020	YTD-Trend
Expansion Mbr Months	85,581	86,971	86,896	86,741	86,429	85,998	85,453		84,702	84,208	83,924	84,402	85,786	87,209		85,498	85,418	86,869	85,960	84,278	85,799		85,936	85,039	
Family/Adult/Other Mbr Mos	241,646	250,636	249,779	248,376	247,360	246,747	246,070		244,968	244,387	243,615	244,152	246,116	247,853		241,976	241,473	249,597	246,726	244,323	246,040		244,943	245,182	
SPD Mbr Months	33,117	33,906	33,928	33,938	33,988	34,020	34,029		33,950	33,905	33,767	33,700	33,659	33,664		32,767	32,989	33,924	34,012	33,874	33,674		33,423	33,774	
Admits - Count	2,185	2,387	2,362	2,165	2,298	2,207	2,241		2,339	2,184	2,079	1,599	1,771	1,915		2,227	2,219	2,305	2,249	2,201	1,762		2,250	2,299	
Expansion	683	728	735	633	663	631	648		659	649	581	497	570	623		602	681	699	647	630	563		657	702	
Family/Adult/Other	987	1,112	1,092	1,015	1,107	1,046	1,076		1,118	1,034	1,015	794	850	899		1,081	1,003	1,073	1,076	1,056	848		1,058	1,101	
SPD	501	530	517	500	518	520	507		549	489	479	299	346	383		531	521	516	515	506	343		521	486	
Admits Acute - Count	1,484	1,566	1,514	1,456	1,503	1,486	1,504		1,613	1,520	1,391	934	1,158	1,267		1,550	1,517	1,512	1,498	1,508	1,120		1,519	1,525	
Expansion	511	549	540	464	491	466	485		487	494	436	352	428	477		453	508	518	481	472	419		490	526	
Family/Adult/Other	507	527	509	518	533	548	551		610	569	515	307	393	420		600	524	518	544	565	373		547	541	
SPD	456	480	456	461	472	467	460		508	450	437	271	333	362		486	475	466	466	465	322		473	452	
Readmit 30 Day - Count	304	297	293	305	315	307	308		311	273	285	198	233	233		297	294	298	310	290	221		300	296	
Expansion	100	88	108	92	94	98	72		83	85	74	61	85	85		76	86	96	88	81	77		87	91	
Family/Adult/Other	82	101	89	98	94	86	94		90	82	82	55	69	66		89	81	96	91	85	63		90	87	
SPD	122	107	94	113	124	123	140		137	105	129	82	79	81		129	125	105	129	124	81		122	118	
Readmit 14 Day - Count	34	31	27	21	23	26	21		31	26	36	18	22	21		26	32	26	23	31	20		27	29	
Expansion	10	8	11	6	6	7	7		7	7	12	4	7	6		8	9	8	7	9	6		8	8	
Family/Adult/Other	12	11	7	6	6	5	7		8	9	8	5	9	6		7	8	8	6	8	7		7	9	
SPD	12	12	9	9	11	14	7		16	10	16	9	6	9		10	14	10	11	14	8		11	12	
**ER Visits - Count	15,098	15,554	15,721	15,824	15,309	15,470	15,981		18,236	17,582	13,183	7,248	8,781	5,164		16,714	15,606	15,700	15,587	16,334	7,064		15,902	11,699	
Expansion	3,901	4,245	4,128	3,858	3,622	3,576	3,714		4,001	3,764	3,337	2,367	2,746	1,492		3,690	3,875	4,077	3,637	3,701	2,202		3,820	2,951	
Family/Adult/Other	9,429	9,361	9,806	10,139	9,937	10,142	10,461		12,273	11,970	8,364	3,880	4,885	3,085		11,311	9,977	9,769	10,180	10,869	3,950		10,309	7,410	
SPD	1,714	1,892	1,746	1,780	1,697	1,721	1,766		1,912	1,799	1,449	979	1,125	572		1,690	1,710	1,806	1,728	1,720	892		1,734	1,306	
Admits Acute - PTMPY	49.4	50.5	48.9	47.3	49.0	48.5	49.3		53.1	50.2	46.1	30.9	37.9	41.2		51.6	50.5	48.9	48.9	49.8	36.7		50.0	50.2	
Expansion	71.7	75.7	74.6	64.2	68.2	65.0	68.1		69.0	70.4	62.3	50.0	59.9	65.6		63.5	71.4	71.5	67.1	67.3	58.6		68.4	74.2	
Family/Adult/Other	25.2	25.2	24.5	25.0	25.9	26.7	26.9		29.9	27.9	25.4	15.1	19.2	20.3		29.7	26.1	24.9	26.5	27.7	18.2		26.8	26.5	
SPD	165.2	169.9	161.3	163.0	166.6	164.7	162.2		179.6	159.3	155.3	96.5	118.7	129.0		178.1	172.9	164.7	164.5	164.7	114.7		170.0	160.6	
Bed Days Acute - PTMPY	245.6	246.0	237.9	225.0	244.4	242.0	249.7		251.5	243.3	238.2	164.3	203.8	224.0		261.6	247.4	236.3	245.4	244.4	197.5		247.6	253.3	
Expansion	344.1	391.7	400.3	326.8	328.8	331.5	338.3		365.2	358.0	344.9	253.5	338.8	345.0		332.7	341.8	373.0	332.9	356.1	312.9		345.2	386.9	
Family/Adult/Other	98.6	87.4	88.0	94.6	101.3	107.3	111.6		107.1	115.4	92.1	74.4	83.3	97.9		114.9	100.5	90.0	106.7	104.9	85.3		102.9	111.0	
SPD	1,053.7	1,035.9	915.7	905.2	1,043.0	982.7	1,022.3		1,004.9	874.9	1,024.9	591.5	739.4	833.4		1,139.4	1,066.2	952.2	1,016.0	968.2	721.4		1,042.5	947.4	
ALOS Acute	5.0	4.9	4.9	4.8	5.0	5.0	5.1		4.7	4.8	5.2	5.3	5.4	5.4		5.1	4.9	4.8	5.0	4.9	5.4		5.0	5.0	
Expansion	4.8	5.2	5.4	5.1	4.8	5.1	5.0		5.3	5.1	5.5	5.1	5.7	5.3		5.2	4.8	5.2	5.0	5.3	5.3		5.0	5.2	
Family/Adult/Other	3.9	3.5	3.6	3.8	3.9	4.0	4.2		3.6	4.1	3.6	4.9	4.3	4.8		3.9	3.9	3.6	4.0	3.8	4.7		3.8	4.2	
SPD	6.4	6.1	5.7	5.6	6.3	6.0	6.3		5.6	5.5	6.6	6.1	6.2	6.5		6.4	6.2	5.8	6.2	5.9	6.3		6.1	5.9	
Readmit % 30 Day	13.9%	12.4%	12.4%	14.1%	13.7%	13.9%	13.7%		13.3%	12.5%	13.7%	12.4%	13.2%	12.2%		13.4%	13.3%	12.9%	13.8%	13.2%	12.6%		13.3%	12.9%	
Expansion	14.6%	12.1%	14.7%	14.5%	14.2%	15.5%	11.1%		12.6%	13.1%	12.7%	12.3%	14.9%	13.6%		12.7%	12.7%	13.7%	13.6%	12.8%	13.7%		13.2%	12.9%	
Family/Adult/Other	8.3%	9.1%	8.2%	9.7%	8.5%	8.2%	8.7%		8.1%	7.9%	8.1%	6.9%	8.1%	7.3%		8.3%	8.1%	8.9%	8.5%	8.0%	7.5%		8.5%	7.9%	
SPD	24.4%	20.2%	18.2%	22.6%	23.9%	23.7%	27.6%		25.0%	21.5%	26.9%	27.4%	22.8%	21.1%		24.3%	24.1%	20.3%	25.0%	24.5%	23.5%		23.4%	24.3%	
Readmit % 14 Day	2.3%	2.0%	1.8%	1.4%	1.5%	1.7%	1.4%		1.9%	1.7%	2.6%	1.9%	1.9%	1.7%		1.7%	2.1%	1.7%	1.6%	2.1%	1.8%		1.8%	1.9%	
Expansion	2.0%	1.5%	2.0%	1.3%	1.2%	1.5%	1.4%		1.4%	1.4%	2.8%	1.1%	1.6%	1.3%		1.7%	1.8%	1.6%	1.4%	1.8%	1.4%		1.6%	1.6%	
Family/Adult/Other	2.4%	2.1%	1.4%	1.2%	1.1%	0.9%	1.3%		1.3%	1.6%	1.6%	1.6%	2.3%	1.4%		1.2%	1.5%	1.5%	1.1%	1.5%	1.8%		1.3%	1.6%	
SPD	2.6%	2.5%	2.0%	2.0%	2.3%	3.0%	1.5%		3.1%	2.2%	3.7%	3.3%	1.8%	2.5%		2.1%	3.0%	2.1%	2.3%	3.0%	2.5%		2.4%	2.7%	
**ER Visits - PTMPY	502.1	501.7	508.2	513.7	498.7	505.3	523.7		600.8	581.0	437.0	239.6	287.7	167.7		556.5	519.8	507.9	509.2	539.8	231.5		523.2	385.0	
Expansion	547.0	585.7	570.1	533.7	502.9	499.0	521.5		566.8	536.4	477.1	336.5	384.1	205.3		518.0	544.3	563.2	507.8	526.9	307.9		533.4	416.4	
Family/Adult/Other	468.2	448.2	471.1	489.9	482.1	493.2	510.1		601.2	587.8	412.0	190.7	238.2	149.4		560.9	495.8	469.7	495.1	533.8	192.7		505.1	362.6	
SPD	621.1	669.6	617.5	629.4	599.2	607.1	622.8		675.8	636.7	514.9	348.6	401.1	203.9		619.0	622.0	638.8	609.7	609.3	317.9		622.4	464.0	
Services				TAT Compliance Goal: 100%								TAT Compliance Goal: 100%							TAT Compliance Goal: 100%					TAT Compliance Goal: 100%	
Preservice Routine	60.0%	90.0%	86.0%	86.0%	74.0%	100.0%	92.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		98.9%	65.6%	87.3%	88.7%	100.0%	100.0%				
Preservice Urgent	83.3%	96.7%	86.7%	92.0%	76.0%	100.0%	92.0%		100.0%	98.0%	98.0%	98.0%	100.0%	100.0%		98.9%	90.0%	91.8%	89.3%	98.7%	99.3%				
Postservice	96.7%	86.7%	92.0%	100.0%	94.0%	94.0%	94.0%		100.0%	100.0%	100.0%	100.0%	98.0%	100.0%		100.0%	98.9%	92.9%	94.0%	100.0%	98.7%				
Concurrent (inpatient only)	96.7%	100.0%	100.0%	100.0%	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%	100.0%				
Deferrals - Routine	88.2%	100.0%	100.0%	100.0%	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%	100.0%				
Deferrals - Urgent	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%	100.0%	100.0%	99.0%				
Deferrals - Post Service	NA	NA	NA	NA	NA	NA	NA		null	null	null	null	null	null		null	null	null	null	null	null				
Services				CCS ID RATE								CCS ID RATE							CCS ID RATE					CCS ID RATE	
CCS %	8.11%	8.13%	8.15%	8.29%	8.25%	8.29%	8.31%		8.36%	8.25%	8.42%	8.24%	8.15%	8.30%		8.07%	8.10%	8.19%	8.28%	8.34%	8.23%		8.16%	8.29%	

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 6/01/2020 to 6/30/2020
Report created 7/22/2020

ER utilization based on Claims data	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2019-Trend	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-Trend	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Qtr Trend	CY-2019	YTD-2020	YTD-Trend
Perinatal Case Management																									
Total Number Of Referrals	250	267	249	139	116	96	184		258	252	277	208	176	178		135	507	655	396	787	562		1,693	1,349	
Pending	0	0	1	4	0	2	6		3	3	21	3	1	8		0	1	5	8	27	12		14	39	
Ineligible	24	17	13	5	1	1	3		5	9	7	6	9	12		10	40	35	5	21	27		90	48	
Total Outreached	236	250	235	130	115	93	175		250	240	249	199	166	158		125	466	615	383	739	523		1,589	1,262	
Engaged	55	55	57	37	43	33	64		80	67	71	72	59	70		31	121	149	140	218	201		441	419	
Engagement Rate	23%	22%	24%	28%	37%	35%	37%		32%	28%	29%	36%	36%	44%		25%	26%	24%	37%	29%	38%		28%	33%	
New Cases Opened	55	55	57	37	43	33	64		80	67	71	72	59	70		31	121	149	140	218	201		444	419	
Total Cases Managed	150	188	216	227	245	242	283		324	344	362	380	368	403		99	177	273	316	459	509		503	660	
Total Cases Closed	12	30	25	25	34	25	40		44	52	55	71	35	60		44	37	80	99	151	166		260	317	
Cases Remained Open	125	154	180	197	206	214	228		266	275	291	292	324	319		52	125	197	228	291	319		228	319	
Integrated Case Management																									
Total Number Of Referrals	126	101	109	80	111	78	112		99	127	152	141	158	145		152	258	290	301	378	444		1,001	822	
Pending	0	1	3	2	2	1	7		4	3	16	0	1	14		0	4	6	10	23	15		20	38	
Ineligible	16	16	13	5	11	9	10		8	8	4	10	5	14		10	31	34	30	20	29		105	49	
Total Outreached	110	84	93	73	98	68	95		87	116	132	131	152	117		142	223	250	261	335	400		876	735	
Engaged	27	34	34	30	38	32	49		45	61	63	57	66	68		58	73	98	119	169	191		360	
Engagement Rate	25%	40%	37%	41%	39%	47%	52%		49%	53%	48%	44%	43%	58%		41%	33%	39%	46%	50%	48%		40%	49%	
Total Screened and Refused/Decline	29	20	21	24	25	26	14		10	16	17	22	22	17		28	58	65	65	43	61		216	104	
Unable to Reach	69	46	49	32	53	27	42		32	39	52	52	64	32		67	131	127	122	123	148		447	271	
New Cases Opened	27	34	34	30	38	32	49		45	61	63	57	66	68		58	73	98	113	169	191		342	360	
Total Cases Closed	34	40	34	28	41	40	30		19	40	49	53	36	51		63	70	102	111	108	140		346	248	
Cases Remained Open	137	151	142	130	126	102	125		141	160	184	221	252	289		116	137	130	125	184	289		125	289	
Total Cases Managed	150	150	141	137	144	130	139		151	196	218	227	240	272		164	189	192	202	276	361		444	456	
Critical-Complex Acuity	26	24	23	22	24	24	31		36	31	29	35	46	54		26	32	31	39	41	63		65	80	
High/Moderate/Low Acuity	124	126	118	115	120	106	108		115	165	189	192	194	218		138	157	159	163	235	298		379	376	
Transitional Case Management																									
Total Number Of Referrals	32	111	152	114	162	129	132		134	116	179	154	147	180		152	137	377	414	429	481		1,080	910	
Pending	0	0	0	18	3	2	29		3	2	20	0	0	14		0	3	18	34	25	14		55	39	
Ineligible	15	24	28	9	17	9	15		9	8	9	9	13	12		29	45	61	41	26	34		176	60	
Total Outreached	17	87	124	87	138	113	88		122	106	150	145	134	154		123	89	298	339	378	433		849	811	
Engaged	3	32	52	41	64	55	48		77	58	81	79	62	77		50	25	125	167	216	218		367	434	
Engagement Rate	18%	37%	42%	47%	46%	49%	55%		63%	55%	54%	54%	46%	50%		41%	28%	42%	49%	57%	50%		43%	54%	
Total Screened and Refused/Decline	7	22	24	20	38	33	14		13	14	31	19	28	24		44	25	66	85	58	71		220	129	
Unable to Reach	8	42	51	31	44	28	29		32	34	38	47	44	53		36	48	124	101	104	144		309	248	
New Cases Opened	3	32	52	41	64	55	48		77	58	81	79	62	77		51	24	125	167	216	218		367	434	
Total Cases Closed	8	12	33	34	56	56	55		56	59	88	80	81	66		29	43	79	167	203	227		318	430	
Cases Remained Open	13	26	42	45	67	54	55		74	62	63	74	54	56		18	13	45	55	63	56		55	56	
Total Cases Managed	21	46	88	94	129	125	117		138	140	164	157	141	135		52	55	128	167	280	296		378	501	
High/Moderate/Low Acuity	21	46	88	94	129	125	117		138	140	164	157	141	135		52	55	128	167	280	296		378	501	
Palliative Care																									
Total Number Of Referrals							21		20	17	14	19	20	29					21	51	68		21	119	
Pending							3		1	4	6	1	1	6					3	11	8		3	19	
Ineligible							0		6	1	0	4	9	8					0	7	21		0	28	
Total Outreached							18		13	12	8	14	10	15					18	33	39		18	72	
Engaged							14		10	12	6	10	8	15					14	28	33		14	61	
Engagement Rate							78%		77%	100%	75%	71%	80%	100%					78%	85%	85%		78%	85%	
Total Screened and Refused/Decline							2		3	0	2	3	1	0					2	5	4		2	9	
Unable to Reach							2		0	0	0	1	1	0					2	0	2		2	2	
New Cases Opened							13		12	13	6	9	8	15					13	31	32		13	63	
Total Cases Closed							9		5	7	11	10	12	2					9	23	24		9	47	
Cases Remained Open							84		85	89	88	86	84	96					84	88	96		84	96	
Total Cases Managed							109		90	96	100	102	101	103					109	102	120		109	132	

Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 6/01/2020 to 6/30/2020
Report created 7/22/2020

ER utilization based on Claims data	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2019-Trend	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-Trend	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Qtr Trend	CY- 2019	YTD-2020	YTD-Trend
			Behavioral Health Case Management								Behavioral Health Case Management								Behavioral Health Case Management					Behavioral Health Case Management	
Total Number Of Referrals	45	54	75	45	51	24	24		24	50	50	110	93	123		80	104	174	97	124	326		455	450	
Pending	0	0	1	7	1	0	2		0	0	1	0	1	0		0	1	8	3	1	1		12	2	
Ineligible	1	8	13	2	2	1	2		2	3	2	5	4	6		9	9	23	5	7	15		46	22	
Total Outreached	44	46	61	36	47	22	20		22	47	47	105	88	117		71	94	143	89	116	310		397	426	
Engaged	12	27	16	11	17	13	10		12	14	21	43	29	45		29	40	54	40	47	117		163	164	
Engagement Rate	27%	59%	26%	31%	36%	59%	50%		55.0%	30.0%	45.0%	41.0%	33.0%	38%		41%	43%	38%	45%	41%	38%		41%	38%	
Total Screened and Refused/Decline	1	3	3	1	2	1	2		0	0	0	1	2	3		2	2	7	5	0	6		16	6	
Unable to Reach	34	24	49	26	32	10	11		10	33	26	61	57	69		44	58	99	53	69	187		254	256	
New Cases Opened	12	27	15	11	17	13	10		12	14	21	43	29	45		29	40	53	40	47	117		163	164	
Total Cases Closed	11	18	20	22	15	19	11		20	13	7	15	22	24		21	26	60	45	40	61		152	101	
Cases Remained Open	34	43	36	25	25	20	25		18	19	28	56	60	73		21	34	25	25	28	73		25	73	
Total Cases Managed	50	67	64	54	50	48	39		39	35	42	81	94	117		47	63	76	63	75	154		181	203	
Critical-Complex Acuity	3	6	7	8	9	7	4		5	4	6	8	11	14		4	6	9	10	8	16		14	18	
High/Moderate/Low Acuity	47	61	57	46	41	41	35		34	31	36	73	83	103		43	57	67	53	67	138		167	185	
			Record Processing								Record Processing								Record Processing					Record Processing	
Total Records	7,696	7,900	7,867	7,518	8,761	7,380	7,418		8,341	7,703	7,536	5,414	7,551	7,558		22,529	24,476	23,285	23,559	23,580	20,523		93,849	16,044	
Total Admissions	2,111	2,277	2,260	2,067	2,188	2,116	2,155		2,244	2,201	2,092	1,595	2,072	2,069		6,490	6,440	6,604	6,459	6,537	5,736		25,993	4,445	

Item #8

Attachment 8.F

Credentialing Sub-Committee
Quarterly Report

TO:	Fresno-Kings-Madera Regional Health Authority Commissioners CalViva QI/UM Committee
FROM:	Patrick C. Marabella, MD Amy R. Schneider, RN
COMMITTEE DATE:	September 17th, 2020
SUBJECT:	CalViva Health Credentialing Sub-Committee Report of Activities in Quarter 3 2020

Purpose of Activity:

This report is to provide the QI/UM Committee and RHA Commission with a summary of the 3rd Quarter 2020 CalViva Health Credentialing Sub-Committee activities.

I. The Credentialing Sub-Committee met on July 16th, 2020. At the July 16th meeting, routine credentialing and recredentialing reports were reviewed for both delegated and non-delegated services.

II. Reports covering the first quarter for 2020 were reviewed for delegated entities and the second quarter 2020 reports were reviewed for Health Net. A summary of the first quarter data is included in the table below.

III. Table 1. First Quarter 2020 Credentialing/Recredentialing

	Sante	ChildNet	MHN	Health Net	La Salle	ASH	Envolve Vision	IMG	CVMP	Adventist	**Totals**
Initial credentialing	17	8	19	7	14	0	4	3	7	17	**96**
Recredentialing	61	29	9	3	28	3	2	16	23	0	**174**
Suspensions	0	0	0	0	0	0	0	0	0	0	**0**
Resignations (for quality of care only)	0	0		0	0	0	0	0	0	0	**0**
Totals	**78**	**37**	**28**	**10**	**42**	**3**	**6**	**19**	**30**	**17**	**270**

IV. The Annual Policy & Procedure review for Credentialing was also completed. Three policies had minor or no changes, one policy was retired and three policies had moderate changes that were reviewed in detail by the membership. The "Credentialing and Re-credentialing" and "Organizational Providers" policies were updated to ensure continued compliance with regulations/laws, include Credentialing System Controls to enhance practices and security controls, and other minor edits to reflect current practice and references. The third policy with moderate changes was: "Adverse Actions". This policy's updates covered investigation initiation, notification and practices including for contracted or delegated practitioners/ providers and providers' rights after administrative termination. All policy changes were approved.

V. There was one (1) case to report on the Quarter 2 2020 Credentialing Report from Health Net. This is related to ongoing monitoring of a case in Fresno County following a denial for re-entry into the network.

Item #8
Attachment 8.G
Peer Review Sub-Committee
Quarterly Report

REPORT SUMMARY TO COMMITTEE

TO:	Fresno-Kings-Madera Regional Health Authority Commissioners CalViva QI/UM Committee
FROM:	Patrick C. Marabella, MD Amy R. Schneider, RN
COMMITTEE DATE:	September 17th, 2020
SUBJECT:	CalViva Health Peer Review Sub-Committee Report of Activities in Quarter 3 2020

Purpose of Activity:

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

I. The Peer Review Sub-Committee met on July 16th, 2020. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 2 2020 were reviewed for approval. There were no significant cases to report.

II. The Annual Policy & Procedure Review was completed with minor edits to one policy and the second policy, "Peer Review Committee", was reviewed in detail due to a number of changes to improve case trending, escalation, and actions taken when practitioner or provider fails to respond to a request for records. Policy changes were approved.

III. The Quarter 2, 2020 Peer Count Report was presented at the meeting with a total of 8 cases reviewed. The outcomes for these cases are as follows:

- There were five (5) cases closed and cleared. There was one (1) more case pended for further information and no (0) cases with an outstanding CAP. There were two (2) cases pending closure for Corrective Action Plan compliance.

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

Item #8
Attachment 8.H
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.
	Average Age of Workstations	**3 Years**	Description: Identifies the average Computer Age of company owned workstations.
Message From The COO	Previously, it was mentioned the Plan's archiving product is End-of-Life and is no longer being supported. An alternative has been identified and the Plan is beginning the process to transition to the alternative.		

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	**2020**	**2020**	**2020**	**2020**	**2020**	**2020**	**2020**
	Month	**Mar**	**Apr**	**May**	**Jun**	**July**	**Aug**	**Sep**
	No/Low Risk	4	1	0	1	2	2	1
	High Risk	0	0	1	1	0	0	0
	Total Cases By Month	4	1	1	2	2	2	1
	Year	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
	No/Low Risk	48	54	36	28	38	23	18
	High Risk	6	3	5	1	1	2	2
	Total Cases By Year	54	57	41	29	39	25	20
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.							

		Year	2019	2019	2019	2019	2020	2020
		Quarter	Q1	Q2	Q3	Q4	Q1	Q2
Member Call Center CalViva Health Website	**(Main) Member Call Center**	# of Calls Received	30,380	28,902	30,232	27,416	29,707	20,544
		# of Calls Answered	30,174	28,762	30,031	27,140	29,564	20,407
		Abandonment Level (Goal < 5%)	0.70%	0.50%	0.70%	1.00%	0.50%	0.70%
		Service Level (Goal 80%)	93%	94%	92%	86%	96%	98%
	Behavioral Health Member Call Center	# of Calls Received	1,297	1,204	1,132	1,040	1,228	1,028
		# of Calls Answered	1,277	1,188	1,124	1,026	1,218	1,022
		Abandonment Level (Goal < 5%)	1.50%	1.30%	0.70%	1.30%	0.80%	0.60%
		Service Level (Goal 80%)	84%	88%	87%	88%	93%	94%
	Transportation Call Center	# of Calls Received	14,470	14,281	16,285	16,264	17,872	11,717
		# of Calls Answered	14,383	14,224	15,943	16,085	17,765	11,506
		Abandonment Level (Goal < 5%)	0.60%	0.40%	2.10%	1.10%	0.60%	1.80%
		Service Level (Goal 80%)	82%	92%	67%	83%	83%	76%
	CalViva Health Website	# of Users	20,000	19,000	20,000	20,000	21,000	16,000
		Top Page	Main Page	Find a Provider	Find a Provider	Find a Provider	Main Page	Main Page
		Top Device	Mobile (60%)	Mobile (59%)	Mobile (57%)	Mobile (57%)	Mobile (60%)	Mobile (56%)
		Session Duration	~ 2 minutes	~ 2 minutes	~ 2 minutes	~ 2 minutes	~ 2 minutes	~ 2 minutes
Message from the COO	The Plan's Call Center call volume has dropped as a result of the COVID-19 pandemic. The Plan's Transportation Call Center is also being impacted by the COVID-19 pandemic.							

CalViva
HEALTH

	Year	2020	2020	2020	2020	2020	2020	2020
	Month	Jan	Feb	Mar	Apr	May	Jun	Jul
	Hospitals	10	10	10	10	10	10	10
	Clinics	125	128	130	132	132	132	132
	PCP	374	376	372	385	386	385	382
	PCP Extender			214	216	211	215	216
	Specialist	1383	1385	1382	1371	1371	1405	1410
	Ancillary	191	197	197	197	195	195	197
	Year	2018	2019	2019	2019	2019	2020	2020
	Quarter	Q4	Q1	Q2	Q3	Q4	Q1	Q2
	Pharmacy	164	161	151	151	152	151	153
	Behavioral Health	336	342	343	342	368	356	357
	Vision	77	31	39	42	41	42	45
	Urgent Care	11	12	14	13	12	12	11
Provider Network Activities & Provider Relations	Acupuncture	5	7	6	6	5	4	5
	Year	2018	2018	2019	2019	2019	2019	2020
	Quarter	Q3	Q4	Q1	Q2	Q3	Q4	Q1
	% of PCPs Accepting New Patients - Goal (85%)	91%	91%	94%	93%	90%	93%	93%
	% Of Specialists Accepting New Patients - Goal (85%)	98%	97%	95%	95%	95%	95%	94%
	% Of Behavioral Health Providers Accepting New Patients - Goal (85%)					72%	78%	82%
	Year	2020	2020	2020	2020	2020	2020	2020
	Month	Jan	Feb	Mar	Apr	May	Jun	Jul
	Providers Touched by Provider Relations	137	120	168	1201	333	401	118
	Provider Trainings by Provider Relations	78	123	46	0	0	0	0
	Year	2014	2015	2016	2017	2018	2019	2020
	Total Providers Touched	1,790	2,003	2,604	2,786	2,552	1,932	2,478
	Total Trainings Conducted	148	550	530	762	808	1,353	201
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 Provider Network and Provider Relations activities.							

	Year	2018	2019	2019	2019	2019	2020	2020
	Quarter	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Claims Processing	**Medical Claims Timeliness (30 days / 45 days)** **Goal (90% / 95%) - Deficiency Disclosure**	90% / 99% NO	90% / 99% YES	94% / 99% YES	99% / 99% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO
	Behavioral Health Claims Timeliness (30 Days / 45 days) **Goal (90% / 95%) - Deficiency Disclosure**	98% / 99% N/A	98% / 99% N/A	97% / 99% N/A	97%/98% N/A	98% / 99% N/A	99% / 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	99% /100% NO	100% / 100% NO	100% / 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	100% / 100% NO
	Transportation Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	98% / 99% NO	95% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO
	PPG 1 Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	100% /100% NO						
	PPG 2 Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	98% / 99% NO	99% / 100% NO	97% / 98% NO	100% / 100% NO	100% / 100% NO	100% / 100% NO	95% / 97% NO
	PPG 3 Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	99% / 100 % NO	92% / 100 % NO	99% / 100 % NO	93% / 99% NO	93% / 100% NO	96% / 100% NO	85% / 100% NO
	PPG 4 Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	100% / 100% NO	100% / 100% NO	95% / 100% NO	99% / 100% NO	99% / 100% NO	100% / 100% NO	100% / 100% NO
	PPG 5 Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	93% / 98% NO	97% / 100% NO	90% / 99% NO	89% / 100% YES	88% / 98% YES	96% / 99% NO	82%/100% YES
	PPG 6 Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	95% / 100% NO	94% / 100% NO	92% / 99% NO	99% / 100% YES	100% / 100% YES	100% / 100% NO	87% / 100% YES
	PPG 7 Claims Timeliness (30 Days / 45 Days) **Goal (90% / 95%) - Deficiency Disclosure**	99% / 100% NO	96% / 100% NO	96% / 99% NO	99% / 100% YES	98% / 98% YES	98% / 100% NO	73% / 100% 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	99% / 100% NO	92% / 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	100% / 100% NO	100% / 100% NO
Message from the COO	PPG 3, 5, 6, and 7 encountered difficulties meeting the performance metric and goal for Q2 2020. The COVID-19 pandemic played a role in not meeting the performance goal/metric.							

	Year	2018	2019	2019	2019	2019	2020	2020
	Quarter	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Provider Disputes	**Medical Provider Disputes Timeliness (45 days)** **Goal (95%)**	98%	99%	99%	96%	95%	97%	99%
	Behavioral Health Provider Disputes Timeliness (45 days) **Goal (95%)**	100%	85%	89%	100%	90%	99%	100%
	Acupuncture Provider Dispute Timeliness (45 Days) **Goal (95%)**	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Vision Provider Dispute Timeliness (45 Days) **Goal (95%)**	100%	100%	N/A	100%	100%	N/A	100%
	Transportation Provider Dispute Timeliness (45 Days) **Goal (95%)**	N/A	N/A	N/A	N/A	N/A	100%	N/A
	PPG 1 Provider Dispute Timeliness (45 Days) **Goal (95%)**	100%						
	PPG 2 Provider Dispute Timeliness (45 Days) **Goal (95%)**	67%	98%	100%	89%	64%	92%	100%
	PPG 3 Provider Dispute Timeliness (45 Days) **Goal (95%)**	100%	100%	100%	100%	100%	97%	100%
	PPG 4 Provider Dispute Timeliness (45 Days) **Goal (95%)**	100%	100%	100%	100%	100%	87%	91%
	PPG 5 Provider Dispute Timeliness (45 Days) **Goal (95%)**	73%	100%	99%	95%	99%	100%	100%
	PPG 6 Provider Dispute Timeliness (45 Days) **Goal (95%)**	96%	96%	100%	93%	100%	100%	100%
	PPG 7 Provider Dispute Timeliness (45 Days) **Goal (95%)**	95%	97%	N/A	67%	100%	100%	100%
	PPG 8 Provider Dispute Timeliness (45 Days) **Goal (95%)**	N/A	100%	100%	100%	100%	100%	100%
	PPG 9 Provider Dispute Timeliness (45 Days) **Goal (95%)**		N/A	N/A	N/A	N/A	N/A	N/A
Message from the COO	Q2 2020 numbers are available . Goal was met in most areas except PPG 4.							

Item #8

Attachment 8.1

Executive Dashboard

Month	2019 July	2019 August	2019 September	2019 October	2019 November	2019 December	2020 January	2020 February	2020 March	2020 April	2020 May	2020 June	2020 July
CVH Members													
Fresno	290,728	289,852	288,082	287,519	285,402	284,285	281,473	280,719	280,297	282,402	286,059	289,126	291,870
Kings	29,305	29,338	29,383	29,410	29,448	29,514	29,392	29,575	29,534	29,788	30,168	30,421	30,624
Madera	37,031	37,112	37,068	37,181	37,266	37,264	37,169	37,244	37,259	37,624	38,054	38,457	38,713
Total	357,064	356,302	354,533	354,110	352,116	351,063	348,034	347,538	347,090	349,814	354,281	358,004	361,207
SPD	32,382	32,441	32,582	32,591	32,753	32,836	32,797	32,834	32,797	32,952	33,195	33,406	33,456
CVH Mrkt Share	71.23%	71.28%	71.28%	71.29%	71.32%	71.36%	71.34%	71.27%	71.21%	71.15%	71.01%	70.82%	70.68%
ABC Members													
Fresno	105,546	104,884	104,326	104,083	103,079	102,524	101,664	101,800	102,085	103,359	105,487	107,750	109,576
Kings	19,203	19,200	19,103	19,102	19,112	19,057	18,926	18,996	18,890	18,955	19,218	19,423	19,591
Madera	19,505	19,451	19,398	19,450	19,402	19,289	19,246	19,268	19,345	19,554	19,934	20,344	20,673
Total	144,254	143,535	142,827	142,635	141,593	140,870	139,836	140,064	140,320	141,868	144,639	147,517	149,840
Default													
Fresno	1,080	1,053	1,080	928	1,364	1,038	945	1,080	1,256	992	1,073	1,313	1,052
Kings	146	177	159	148	240	173	181	204	227	173	166	183	178
Madera	145	160	132	131	187	104	98	92	148	105	107	114	123
County Share of Choice as %													
Fresno	68.10%	65.60%	67.30%	65.10%	66.10%	65.60%	62.50%	65.00%	64.80%	65.10%	62.00%	61.50%	61.80%
Kings	57.30%	64.70%	63.90%	62.20%	58.80%	63.60%	65.20%	60.00%	64.30%	59.40%	54.00%	59.50%	48.80%
Madera	57.70%	63.30%	60.10%	63.00%	68.10%	67.60%	60.80%	63.20%	69.70%	62.50%	62.70%	59.80%	55.70%
Voluntary Disenrollment's													
Fresno	394	418	486	421	413	300	336	334	361	402	293	340	352
Kings	43	38	48	52	43	55	48	33	36	39	21	30	31
Madera	68	86	67	71	62	81	73	64	85	80	30	51	54