

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission
Meeting Minutes**
May 19, 2022

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

Commission Members			
	Sara Bosse, Director, Madera Co. Dept. of Public Health	✓	David Luchini, Director, Fresno County Dept. of Public Health
✓	David Cardona, M.D., Fresno County At-large Appointee	✓	Aftab Naz, Madera County At-large Appointee
	Aldo De La Torre, Community Medical Center Representative	✓	Joe Neves, Vice Chair, Kings County Board of Supervisors
✓	Joyce Fields-Keene, Fresno County At-large Appointee		Harold Nikoghosian, Kings County At-large Appointee
✓	John Frye, Commission At-large Appointee, Fresno	✓	Sal Quintero, Fresno County Board of Supervisor
✓•	Soyla Griffin, Fresno County At-large Appointee	✓	Rose Mary Rahn, Director, Kings County Dept. of Public Health
✓	David Hodge, M.D., Chair, Fresno County At-large Appointee	✓	David Rogers, Madera County Board of Supervisors
	Kerry Hydash, Commission At-large Appointee, Kings County	✓	Brian Smullin, Valley Children's Hospital Appointee
			Paulo Soares, Commission At-large Appointee, Madera County
Commission Staff			
✓	Jeff Nkansah, Chief Executive Officer (CEO)	✓	Mary Lourdes Leone, Chief Compliance Officer
✓	Daniel Maychen, Chief Financial Officer (CFO)	✓	Amy Schneider, R.N., Director of Medical Management
✓	Patrick Marabella, M.D., Chief Medical Officer (CMO)	✓	Cheryl Hurley, Commission Clerk
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 1:30 pm. A quorum was present	
#2 Roll Call Cheryl Hurley, Clerk to the Commission	A roll call was taken for the current Commission Members.	<i>A roll call was taken</i>

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<p>#3 Chair and Co-Chair Nominations for FY 2023</p> <p>Action David Hodge, MD, Chairman</p>	<p>The Commissioners nominated and subsequently re-elected David Hodge, MD as chair and Supervisor Joe Neves as Co-Chair to serve during Fiscal Year 2023.</p>	<p>Motion: <i>Nominate and Approve Chair:</i> 12 – 0 – 0 – 5 (Rogers / Naz)</p> <p><i>Nominate and Approve Co-Chair:</i> 12 – 0 – 0 – 5 (Rogers / Naz)</p> <p>A roll call was taken</p>
<p>#4 Consent Agenda</p> <ul style="list-style-type: none"> a) Commission Minutes dated 3/17/2022 b) Finance Committee Minutes dated 2/17/2022 c) QI/UM Committee Minutes dated 2/17/2022 <p>Action D. Hodge, MD, Chair</p>	<p>All consent items were presented and accepted as read.</p>	<p>Motion: <i>Approve Consent Agenda</i> 12 – 0 – 0 – 5</p> <p>(Neves / Frye)</p>
<p>#5 Closed Session</p>	<p>Jeff Nkansah, CEO, reported out of Closed Session.</p>	

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<p>A. Government Code section 54954.5 – Conference Report Involving Trade Secret – Discussion of service, program or facility.</p>	<p>Regarding Government Code section 54954.5 – conference report involving trade secret – discussion of service, program or facility, this was discussed and action was given to staff to proceed.</p> <p>Closed Session concluded at 1:35 pm.</p>	
<p>#6 Legal Services</p> <p>Action J. Nkansah, CEO</p>	<p>The Commission approved the Attorney Services Agreement between Epperson Law Group, PC and Fresno Kings Madera Regional Health Authority for an additional three years.</p>	<p>Motion: Approve Attorney Services Agreement 12-0-0-5 (Rogers / Fields-Keene)</p>
<p>#7 Sub-Committee Members for FY 2023</p> <p>Information D. Hodge, MD, Chair</p>	<p>No changes in Commission members were made for FY 2023 to the following committees, as described in BL 22-005:</p> <ul style="list-style-type: none"> ➤ Finance Committee ➤ Quality Improvement/Utilization Management Committee ➤ Credentialing Sub-Committee ➤ Peer Review Sub-Committee ➤ Public Policy Committee 	
<p>#8 RHA Commission Policies & Procedures</p> <p>Action J. Nkansah, CEO</p>	<p>J. Nkansah presented the Commissioners with a brief summary of the new document management system and reasoning to move the Telephonic Participation policy, the Contract Authority policy, and the Requirements for RHA Funding of Community Supports Program policy into the “Administration” department policies.</p>	<p>Motion: Approve all existing approved Commission Policies to move to Administration Department policies. 12-0-0-5 (Luchini / Cardona)</p>

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<p>#9 Community Support Funding</p> <p>Action J. Nkansah, CEO</p>	<p>The Community Support Grant Recommendations were presented to the Commission with funding at \$4,565,000 for 2022-2023 fiscal year. The ad-hoc committee reviewed the funding recommendations on March 21, 2022 and voted to move to full Commission for approval.</p>	<p>Motion: Approve Community Funding Grant Recommendations 12 – 0 – 0 – 5 (Rogers / Frye)</p>
<p>#10 Health Equity Program Description and Work Plan Evaluation</p> <ul style="list-style-type: none"> • 2021 Executive Summary and Annual Evaluation • 2022 Change Summary and Program Description • 2022 Executive Summary and Work Plan Summary <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the Health Equity 2021 Executive Summary and Annual Evaluation; 2022 Change Summary and Program Description; and 2022 Executive Summary and Work Plan.</p> <p>All Work Plan activities for 2021 were completed in the following areas:</p> <ul style="list-style-type: none"> • Language Assistance Services: 70 staff completed Bilingual assessment/re-assessment; and Population Needs Assessment was completed with Quality Improvement (QI) and Health Education (HE). • Compliance Monitoring: Investigated and completed follow up on 53 grievances in 2021 with eight (8) interventions; and updated all Health Equity Policies. • Communication, Training and Education: Conducted Fifteen (15) Call Center Training sessions; and implemented 2-part Implicit Bias Training & 2-part Motivational Interviewing training reaching over 600 providers. • Health Literacy, Cultural Competency & Health Equity: Completed review of 89 English materials; updated the Provider Health Literacy toolkit; and collaborated on the intervention development and implementation for the Breast Cancer Screening PIP. <p>The 2022 Program Description changes include the following:</p> <ul style="list-style-type: none"> • Department name changed from Cultural & Linguistics (C&L) to Health Equity. • Updated language regarding access to interpreters due to effects of pandemic. 	<p>See #11 for Motion</p>

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	<ul style="list-style-type: none"> • Other minor edits included removing Chief Operating Officer from appendix and other updates related to Staff Resources. <p>The 2022 Work Plan is consistent with 2021, while incorporating and enhancing the following:</p> <ul style="list-style-type: none"> • Rebrand the Health Literacy Program and explore a new system to store EMR data. • Support the Childhood Immunizations Improvement Project. • Collaborate with partners to support the PDSA project efforts. <p>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:</p> <ul style="list-style-type: none"> • Spanish and Hmong continue to be CalViva Threshold Languages. Spanish consistently has the highest volume. • Most interpretation (68%) is done via telephonic interpreters (down from 83% in 2020) • 28% was face-to-face interpretation (up from 14% in 2020) • 4% was Sign language (up from 3% in 2020) • with Video Remote Interpreting (VRI) remaining a low volume service at less than 1%. <p>Limited English and non-English membership remains high for CVH population and therefore interpreter services are integral to maintaining safe, high-quality care.</p>	
<p>#11 Health Education Program Description and Work Plan Evaluation</p> <ul style="list-style-type: none"> • Executive Summary 	<p>Dr. Marabella presented the Health Education Executive Summary, the 2021 Annual Evaluation, the 2022 Change Summary and Program Description, and the 2022 Work Plan.</p>	<p>Motion: Approve the Health Equity 2021 Executive Summary and Annual Evaluation, the</p>

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<ul style="list-style-type: none"> • 2021 Annual Evaluation • 2022 Change Summary and Program Description • 2022 Work Plan <p>Action P. Marabella, MD, CMO</p>	<p>Overall, twelve (12) of the seventeen (17) key Program Initiatives met or exceeded the year-end goal. Five initiatives with eleven (11) objectives partially met the year-end goals. Of the eleven (11) objectives, two (2) were canceled, two (2) were delayed for DHCS approval, and seven (7) did not meet performance goals.</p> <p>The twelve (12) initiatives that were fully met are:</p> <ol style="list-style-type: none"> 1. Chronic Disease-Asthma 2. Chronic Disease – HTN 3. Community Engagement 4. Fluvention & COVID-19 5. Health Equity Projects 6. Member Newsletter 7. Obesity Prevention 8. Pediatric Education 9. Perinatal Education 10. Promotores Health Network 11. Compliance 12. Department Promotion <p>The five (5) initiatives partially met were:</p> <ol style="list-style-type: none"> 1. Chronic Disease Education: Diabetes Prevention Program 2. Mental/Behavioral Health 3. Tobacco Cessation Program 4. Women’s Health 5. Operations: Geomaps <p>The barriers identified are related to:</p> <ul style="list-style-type: none"> • Regulatory approval delays. • Low enrollment. 	<p><i>2022 Change Summary and Program Description, the 2022 Executive Summary and Work Plan Summary; and the Health Education Executive Summary, 2021 Annual Evaluation, 2022 Change Summary and Program Description, and 2022 Work Plan</i></p> <p><i>12 – 0 – 0 – 5 (Neves/Naz)</i></p> <p><i>A roll call was taken</i></p>

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	<ul style="list-style-type: none"> • Ended services with vendor. • Fewer mapping requests due to limited work in the field. <p>Changes to the 2022 Program Description include:</p> <ol style="list-style-type: none"> 1. Added mental health to education topics and statement that members may self-refer to education programs by calling the Health Education information line. 2. Updated language and description of several educational programs and services including: Diabetes Prevention Program, Pregnancy Program and “Kick it California” smoking cessation program. 3. Updated language for classes open to the Community to include “telephonic” option and “available at no cost”. 4. Education Resources updated. 5. Other minor edits throughout including updated terminology such as replacing “C & L” with “Health Equity”, replacing “Disease Management” with “Chronic Condition Management”, and other minor edits. <p>The 2021 Work Plan initiatives will continue into 2022 with the following enhancements:</p> <ol style="list-style-type: none"> 1. Launch targeted member mailing for the Diabetes Prevention Program. 2. Implement Fluvention & COVID 19 Communication Campaign with focus on 5-11 year old’s. Work with schools, CBO’s, etc. 3. Continue to promote mental health resources. 4. Launch Tobacco Cessation Nicotine Replacement Therapy kits pilot project. 5. Collaborate with community partners to address health disparities. 6. Submit the 2022 Population Needs Assessment to DHCS and update educational resources 	
#21 Standing Reports	Finance	<i>Motion: Standing Reports Approved</i>

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<ul style="list-style-type: none"> Finance Reports Daniel Maychen, CFO 	<p><u>Financials as of March 31, 2022:</u></p> <p>Total current assets recorded were approximately \$268M; total current liabilities were approximately \$149.3M. Current ratio is approximately 1.8. Total net equity as of the end of March 2022 was approximately \$128.5M which is approximately 760% above the minimum DMHC required TNE amount.</p> <p>For the first nine months of FY 2022, interest income actual recorded was approximately \$241K which is approximately \$169K more than budgeted due to a new accounting standard called GASB 87 which requires a portion of lease revenue to be recorded as interest income. Premium capitation income actual recorded was approximately \$1.015B which is approximately \$47.2M more than budgeted primarily due to overall rates and enrollment being higher than projected. Also, for FY 2022 a projected \$2.2M MCO tax loss did not occur as enrollment was higher than projected, noting that the MCO tax revenue is directly tied to actual enrollment. Furthermore, in January 2022, DHCS updated the Plan’s MCO tax revenue rate which increased the Plan’s MCO tax revenue which led to approximately a \$3.4M MCO tax gain for FY 2022.</p> <p>Total cost of medical care expense actual recorded is approximately \$834.5M which is approximately \$39.6M more than budgeted due to the same reasons as stated above referencing revenue. Admin service agreement fees expense actual recorded was approximately \$38.9M, which is approximately \$1.2M more than projected due to higher-than-budgeted enrollment. All other expense line items are in line or below what was budgeted.</p> <p>Total net income through March 2022 actual recorded was approximately \$9.4M which is approximately \$7.3M more than budgeted primarily due to rates and enrollment being higher and the MCO tax loss the Plan projected for FY 2022 that</p>	<p>12 – 0 – 0 – 5 (Rogers/Smullin)</p> <p>A roll call was taken</p>

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	<p>did not materialize due to higher-than-expected enrollment, and the updated MCO tax revenue rate beginning January 2022 which has caused the Plan to book an approximate \$3.4M MCO tax gain.</p> <p><u>FY 2023 Proposed Budget:</u></p> <p>On March 17, 2022 the FY 2023 budget was reviewed and approved by the Finance Committee to move to Commission for recommendation of full review and approval.</p> <p>FY 2023 enrollment projected to peak in July 2022 as the Public Health Emergency (PHE) is projected to continue through the middle of calendar year 2022, which is consistent with California State Budget projections for State fiscal year 2022-2023.</p> <p>As the PHE ends, enrollment is projected to decline throughout FY 2023 due to the freeze on Medi-Cal disenrollment ending in conjunction with PHE ending, resulting in steady decline in enrollment, net of new members moving into mandatory Medi-Cal managed care, effective 1/1/2023.</p> <p>Revenues are projected to decline in comparison to FY 2022 due to the current MCO tax structure projected to end 12/31/2022 as opposed to being effective all of FY 2022. And additionally, rates are projected to decline as a result of the full year impact of the pharmacy carve-out on the Plan's rates as opposed to half of the impact of the pharmacy carve-out on the Plan's rate for FY 2022. The overall decline in rates takes into account and is net of any increase in rates due to new programs moving into Medi-Cal managed care such as Long-Term Care. Furthermore, the overall decline in revenues is net of any increase in enrollment in comparison to FY 2022.</p>	

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	<p>Medical revenue is projected to be approximately \$1.155B which is approximately a \$95.4M decrease in comparison to FY 2022 primarily due to the end of the MCO tax midway through FY 2023 and the full year impact of pharmacy carve-out on rates paid by DHCS for FY 2023 as opposed to half year impact during FY 2022.</p> <p>Interest income is projected to be approximately \$340K which is approximately a \$244K increase due to the new GASB 87 requirement which requires the Plan to book a portion of the lease revenue to interest income.</p> <p>Medical Cost expense is projected to be approximately \$995.8M which is approximately a \$23.5M decrease primarily due to a decrease in rates.</p> <p>Admin Service Agreement Fees expense is projected to be approximately \$51.2M which is approximately a \$1.2M more than projected for FY 2022 primarily due to a projected increase in enrollment.</p> <p>Salary, Wages, and Benefits expense is projected to be approximately \$3.6M which is approximately a \$350K less than budgeted for FY 2022 primarily due to previous employment arrangements for retired executives no longer being applicable in FY 2023.</p> <p>Computer and IT expenses are projected to be approximately \$233K which is approximately a \$43K increase due to updating outdated hardware and software.</p> <p>Grants expense is projected to be approximately \$4.6M which is approximately \$940K more than budgeted in FY 2022 due to new grants and grant related programs.</p>	

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<ul style="list-style-type: none"> • Compliance M.L. Leone, CCO 	<p>MCO tax is projected to end mid-way through FY 2023 which reflects a decline by approximately \$74.8M as it is only applicable for half of FY 2023.</p> <p>Net Income is projected to be approximately \$4.9M which is approximately \$1.3M more than budgeted for FY 2022 primarily due to the Plan no longer projecting the MCO tax loss of approximately \$2.2M that was projected in FY 2022, net of a decrease in rates and net of an increase in enrollment.</p> <p>Compliance</p> <p>There were 61 Administrative & Operational regulatory filings for total YTD 2022; 15 Member Materials filed for approval; 58 Provider Materials reviewed and distributed; and 18 DMHC filings.</p> <p>There were 15 Privacy & Security Breach Cases that were No-Risk/Low-Risk cases filed total YTD 2022.</p> <p>There was one (1) Fraud, Waste & Abuse MC609 case filed with DHCS; and 20 cases open for investigation with HN SIU department for total YTD 2022.</p> <p>The Annual Oversight Audits of HN in-progress are Access and Availability; Appeals & Grievances; and Provider Network/Provider Relations. The Continuity of Care (No CAP) has been completed since the last Commission report.</p> <p>The Plan is still awaiting the DMHC’s final determination on the 2021 CAP response of the 2021 DMHC 18-month follow-up audit.</p>	

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	<p>The Plan is still awaiting DHCS' final response in order to close the 2020 CAP in reference to the DHCS 2020 Medical Audit.</p> <p>The 2022 DHCS Audit Entrance Conference was held on 4/18/22, and audit interviews continued through 4/29/22. Since then, the DHCS audit team has been requesting additional information requests and the Plan has been providing timely responses. Additionally, a DHCS Nurse Evaluator had been conducting phone interviews with 8 contracted providers. The DHCS has not yet set a date for the Exit Conference.</p> <p>DMHC issued its 2022 Financial Audit Preliminary Report findings on 5/3/22. There were two findings, one related to inaccurate reimbursement of a sample of claims, and the other related to the untimely acknowledgement of a sample of provider disputes. Plan responses to the findings are due 6/13/22.</p> <p>The Enhanced Care Management and Community Supports programs are next scheduled to become effective in Fresno and Madera counties by 7/1/2022. For these counties, the Plan developed and submitted the Models of Care Parts (MOC) 1 and, 2 on 2/15/22 and received DHCS approval on 4/14/22 for the ECM portion. On 4/15/22, the Plan submitted MOC Part 3 and is awaiting DHCS approval.</p> <p>The Major Organ Transplant Carve-In benefit became effective 1/1/22 for all CalViva counties. The Plan submitted its first Quarterly Post-Transition Monitoring Report on 5/5/22. This is a new DHCS required report.</p> <p>DHCS implemented the Housing and Homelessness Incentive Program (HHIP) starting January 1, 2022 and concluding December 31, 2023 with Medi-Cal Managed Care Plans (MCPs). CalViva Health submitted its Letter of Intent to participate in the HHIP on 4/1/22.</p>	

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<ul style="list-style-type: none"> • Medical Management P. Marabella, MD, CMO 	<p>DHCS issued APL 22-004 on 3/17/22 to guide plans on their efforts to conduct multiple outreach campaigns using all modalities available and permitted to support the Medi-Cal redetermination process. The Plan will be implementing various member and provider communications using DHCS approved messaging. During the COVID-19 PHE, plans can continue to leverage the Telephone Consumer Protection Act (TCPA) “emergency purposes” exception.</p> <p>The Plan’s satellite office on the downtown Fulton Mall has officially closed</p> <p>The next Public Policy Committee meeting will be held on June 1, 2022 at 11:30am in the Plan’s Administrative Office.</p> <p>Medical Management</p> <p><u>Appeals and Grievances Dashboard</u></p> <p>Dr. Marabella presented the Appeals & Grievances Dashboard through Q1 2022.</p> <ul style="list-style-type: none"> • The total number of grievances remains consistent. The majority of grievances were Quality-of-Service related. • Quality of Care Grievances are higher when compared to last year’s end of year totals. • Exempt Grievances remain consistent when compared to last year’s end of year totals. <p>As expected, Appeals for Q1 2022 have decreased when compared to last year due to the implementation of Medi-Cal Rx (medication related appeals are managed by the state) and improvement noted for Advanced Imaging (providers have become familiar with the criteria).</p>	

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	<p><u>Key Indicator Report</u></p> <p>Dr. Marabella presented the Key Indicator Report (KIR) for March 2022.</p> <p>A summary was shared that provided a comparison of Admissions, Bed Days, Average Length of Stay, and Readmissions in Q1 2022 compared to Q2 2020. All of these metrics demonstrated a decrease for this time period.</p> <p>ER rates remained steady in Q1 2022 when compared to Q2 2020.</p> <p>Case Management results for Q1 2022 remain stable and demonstrate positive outcomes in all areas, consistent with previous months.</p> <p><u>QI & UM Quarterly Update of Activities – Q1 2022</u></p> <p>Dr. Marabella provided the QI &UM Qtr. 1, 2022 update. Two QI/UM meetings were held in Quarter 1; one in February and one in March.</p> <p>The following guiding documents were approved at these meetings:</p> <ul style="list-style-type: none"> • QI/UM Committee Charter 2022 • 2021 Quality Improvement End of Year Evaluation • 2022 Quality Improvement Program Description • 2022 Quality Improvement Work Plan • 2021 Utilization Management/Case Management End of Year Evaluation • 2022 Utilization Management Program Description • 2022 Case Management Program Description • 2022 Utilization Management/Case Management Work Plan <p>In addition, the following general documents were approved:</p>	

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	<ul style="list-style-type: none"> • Pharmacy Provider Updates • Medical Policies <p>The following Quality Improvement Reports were reviewed: Appeals and Grievances Dashboard, Potential Quality Issues (PQI) and Provider Preventable Conditions (PPC) Reports, MHN Performance Indicator Report for Behavioral Health, and Initial Health Assessment (IHA) Report. Additional Quality Improvement Reports including Provider Office Wait Time, County Relations, SPD HRA Outreach, A&G Validation Audit Report, and Performance Improvement Project Updates.</p> <p>The Utilization Management & Case Management reports reviewed were the Key Indicator Report, the Inter-rater Reliability Results for Physicians and Non-physicians, Case Management and CCM Report, and PA Member Letter Monitoring Report. Additional UMCM Reports include UM Concurrent Review Report, Standing Referral and Specialty Referral reports, TurningPoint, NIA, and MedZed.</p> <p>Pharmacy reports for Q4 2021 were reviewed including Pharmacy Call Report, Operations Metrics, Top Medication Prior Authorization (PA) Requests, and quarterly Formulary changes. Future reporting will focus on the medical benefit only due to the implementation of Medi-Cal Rx.</p> <p>HEDIS® Activity:</p> <p>In Q1, HEDIS® related activities focused on data capture for measurement year 2021 (MY21). Managed Care Medi-Cal health plans will have eighteen (18) quality measures that they will be evaluated on for MY2021 and the Minimum Performance Level (MPL) will remain at the 50th percentile.</p> <p>Current activities include:</p>	

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<ul style="list-style-type: none"> • Executive Report J. Nkansah, CEO 	<ul style="list-style-type: none"> • Finalized and submitted the 2022 HEDIS® Roadmap. • MY2021 HEDIS® data gathering from clinics and providers throughout the three-county area. • Completed Annual HEDIS® Audit. • Initial reports in review for compliance with MCAS measures. <p>Current Improvement Projects include:</p> <ul style="list-style-type: none"> • Breast Cancer Screening (BCS) PIP (Performance Improvement Project) • Childhood Immunizations (CIS-10)– PIP Immunization birth to 2 years • Comprehensive Diabetes Care – HbA1c >9% (CDC-H9) • Cervical Cancer Screening (CCS) • COVID-19 Quality Improvement Plan (COVID-QIP) <p>No significant compliance issues have been identified. Oversight and monitoring processes will continue.</p> <p>Executive Report</p> <p>The enrollment through March 31, 2022 is 401,429 members. Enrollment is likely to continue to increase while the Public Health Emergency (PHE) is in place.</p> <p>There are no significant issues, concerns, or items to note as it pertains to the Plan’s IT Communications and Systems. Efforts are underway to upgrade servers to keep the Plan’s network secure.</p> <p>There are no significant issues or concerns as it pertains to the Call Center, and CVH Website.</p>	

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	<p>The Plan has contracted with Coalinga Medical Center upon its reopening and has been added to the Provider Network.</p> <p>There are no significant issues or concerns as it pertains to Claims Processing and Provider Dispute activities.</p> <p><u>Medi-Cal Procurement Update</u></p> <p>The California Department of Health Care Services (DHCS) released an RFP for its commercial Medi-Cal managed care plan (MCP) contractors that will redefine how care is delivered Californians. Commercial Managed Care Plan Proposals were due April 11, 2022. DHCS expects to award contracts to selected plans in August 2022. New Contracts will become effective on January 1, 2024. Local Plans do not have to participate in the RFP in accordance with current State Law, however, they will be subject to the same contractual requirements.</p> <p>DHCS proposed to enter into a direct contract with Kaiser Permanente as a Medi-Cal Managed Care Plan within new geographic regions of the State, effective January 1, 2024 for a five-year contract term, with potential contract extensions. On April 19, 2022, an Assembly Health Committee hearing occurred where the proposed AB 2724 was heard. On May 4, 2022, a Joint Informational Hearing between the Senate Health Committee & Senate Budget; the Bill was not heard rather it was a general conversation regarding the topic. The trailer bill is currently going through potential amendments and/or up for discussion to see if what was originally proposed is going to be approved or if further changes to the amendment are needed. The Plan has been working to educate others on what Kaiser’s entry into the Medi-Cal system would mean to Fresno, Kings, and Madera Counties.</p>	

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#7 Final Comments from Commission Members and Staff		
#8 Announcements		
#9 Public Comment		
#10 Adjourn	The meeting was adjourned at 2:51 pm. The next Commission meeting is scheduled for July 21, 2022 in Fresno County.	

Submitted this Day:

July 21, 2022

Submitted by:

Cheryl Hurley
Cheryl Hurley
Clerk to the Commission