

Fresno-Kings-Madera  
Regional Health Authority

**CalViva Health  
Commission  
Meeting Minutes**  
February 16, 2023

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

<b>Commission Members</b>			
	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	✓	Michael Goldring, Valley Children's Hospital Appointee
		✓	Paulo Soares, Commission At-large Appointee, Madera County
<b>Commission Staff</b>			
✓	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
<b>General Counsel and Consultants</b>			
✓	Jason Epperson, General Counsel		
✓ = Commissioners, Staff, General Counsel Present			
* = Commissioners arrived late/or left early			
• = Attended via Teleconference			

<b>AGENDA ITEM / PRESENTER</b>	<b>MOTIONS / MAJOR DISCUSSIONS</b>	<b>ACTION TAKEN</b>
#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>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>#3 Reappointed Board of Supervisors Commissioners</b></p> <p><b>Action</b> J. Nkansah, CEO</p>	<p>Fresno County has re-appointed Supervisor Sal Quintero as Commissioner, and Supervisor Brian Pacheco as alternate. Kings County has re-appointed Supervisor Joe Neves as Commissioner and Supervisor Rusty Robinson as alternate. Madera County has re-appointed Supervisor David Rogers as Commissioner and Supervisor Jordan Wamhoff as alternate.</p>	<p><b>Motion:</b> Ratify reappointment of County BOS Commissioners 13 – 0 – 0 – 4</p> <p>(Neves / Soares)</p> <p>A roll call was taken</p>
<p><b>#4 Consent Agenda</b></p> <ul style="list-style-type: none"> <li>a) Commission Minutes dated 11/17/22</li> <li>b) Finance Committee Minutes dated 9/15/22</li> <li>c) QI/UM Committee Minutes dated 10/20/22</li> <li>d) 2023 Compliance Program Description</li> <li>e) 2023 Code of Conduct</li> <li>f) 2023 Anti-Fraud Plan</li> <li>g) 2023 Privacy and Security Plan</li> </ul> <p><b>Action</b> J. Neves, MD, Co-Chair</p>	<p>All consent items were presented and accepted as read.</p> <p>The 2023 Privacy &amp; Security Plan was pulled for discussion to report on revisions located on pages 4, 10 and 11. The revisions include bringing the Plan into compliance as it pertains to AB 1184. AB 1184 amended the Confidentiality of Medical Information Act and requires plans to take extra steps to protect an enrollee’s medical information. Specifically, these steps include not requiring a protected individual to obtain the primary subscriber or other enrollee’s authorization to receive sensitive services, or to submit a claim for sensitive services if the protected individual has the right to consent to care. It also requires the plan to direct all communications regarding a protected individual’s receipt of sensitive services directly to the protected individual’s designated alternate address/email/telephone. Additionally, the Privacy &amp; Security Plan incorporated definitions for a Protected Individual and Sensitive Services.</p>	<p><b>Motion:</b> Consent Agenda was approved.</p> <p>13 – 0 – 0 – 4</p> <p>(Neves / Rogers)</p> <p>A roll call was taken</p>

Commission Meeting Minutes

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<p><b>#5 Closed Session</b></p> <p>1) <b>Government Code section 54954.5 – Conference Report Involving Trade Secret – Discussion of service, program, or facility.</b></p>	<p>Jason Epperson, General Counsel, reported out of closed session. The Commission discussed in closed session the item agendaed for closed session discussion, direction was given to staff. The Commission took no other reportable action.</p> <p>Closed Session concluded at 1:57 pm.</p>	
<p><b>#6 Annual Administration Information</b> D. Hodge, MD, Chair</p>	<p>Dr. Hodge reminded the Commission the Form 700 is due on an annual basis, due this year on 4/3/23. Commissioners will receive notification from the Commission Clerk via email. Anyone due for an updated Ethics Certification will be notified.</p>	<p><b>No Motion</b></p>
<p><b>#7 Community Support Program Ad-Hoc Committee Selection</b></p> <p>Action D. Hodge, MD, Chair</p>	<p>A new ad-hoc committee is needed for the Community Support Program. Dr. Hodge polled Commissioners for volunteers to sit on the Committee. Members that volunteered are: Rose Mary Rahn, Paulo Soares, Dr. Naz, and Dr. Hodge.</p>	<p><b>No Motion - Committee members selected</b></p>
<p><b>#8 2022 Annual QI Work Plan Evaluation</b></p> <ul style="list-style-type: none"> <li>Executive Summary</li> </ul>	<p>Dr. Marabella presented the 2022 Annual Quality Improvement Work Plan Evaluation</p>	<p><b>See #9 below for Motion</b></p>

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<ul style="list-style-type: none"> <li>• Year End Evaluation</li> </ul> <p>Action P. Marabella, MD, CMO</p>	<p>Planned activities and Quality Improvement focus for 2022 were:</p> <ul style="list-style-type: none"> <li>• Access, Availability and Service:               <ul style="list-style-type: none"> <li>○ Improve Access to Care:                   <ul style="list-style-type: none"> <li>• <u>Provider Appointment Availability Survey</u> is the assessment tool. MY21 results reported.                       <ul style="list-style-type: none"> <li>○ Urgent Care scores declined compared to MY20. Non-Urgent Care scores for PCP care decreased. Specialist care also decreased significantly compared to MY20.</li> <li>○ CAP Process with Targeted PPG Approach</li> <li>○ Corrective Action Plans (CAPs) required for non-compliance on 1 or more metrics. 17 CAPs requested –all improvement plans received. The majority of the CAPs were closed out by 12/31/22. One CAP is still outstanding and two remains open for supporting documentation and is closely monitored.</li> </ul> </li> </ul> </li> </ul> </li> <li>• Provider After Hours Access Survey is the tool used. Statistically significant increase noted for overall and county level scores for MY21 for Emergency Instructions. For After-Hours Physician Availability the performance goal of 90% was not met in Fresno and Kings County which fell slightly short of the goal. The goal was met for Madera County.</li> <li>• Improve Member Satisfaction:               <ul style="list-style-type: none"> <li>• The annual <u>CalViva Health Access Survey</u> was launched to members in early April 2022. Final results revealed that one of the four measures, Ease to Get Specialist Appointment increased from prior year. The other three measures declined year over year. Access to care continues to be the main driver of grievances filed, especially around prior authorization delays.</li> </ul> </li> </ul>	

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	<ul style="list-style-type: none"> <li>• Quality and Safety of Care:                             <ul style="list-style-type: none"> <li>○ HEDIS Default Measures Rates for MY 2021 MPL:                                     <ul style="list-style-type: none"> <li>▪ Cervical Cancer Screening: three counties exceeded MPL of 59.12%</li> <li>▪ Childhood Immunization Combo 10: Madera exceeded MPL of 38.20%; Kings and Fresno counties fell below the MPL. The PIP ended 12/31/22.</li> <li>▪ Controlling High Blood Pressure: three counties exceed MPL of 5.35%.</li> <li>▪ Timeliness of Prenatal Care: three counties exceeded the MPL of 85.89%.</li> </ul> </li> <li>○ Non-Default HEDIS MPL Rates for Measures:                                     <ul style="list-style-type: none"> <li>▪ Breast Cancer Screening: Kings and Madera counties exceeded the MPL of 53.93%; Fresno County (49.1) did not meet the MPL.</li> <li>▪ Child and Adolescent Well-Care Visits: Fresno and Madera counties exceeded the MPL of 45.31%. Kings (38.8) county fell below the MPL.</li> <li>▪ Comprehensive Diabetes Care: three counties exceeded the MPL of 43.19%.</li> <li>▪ Immunizations for adolescents: Madera and Fresno counties exceeded the MPL of 36.74%; Kings County (32.6) fell below the MPL.</li> <li>▪ Timeliness of Postpartum Care: three counties exceeded the MPL of 76.40%</li> <li>▪ Well-Child Visits in the first 15 months of Life: Kings and Madera counties exceeded the MPL of 54.92%; Fresno County (48.8) fell below the MPL.</li> <li>▪ Well-Child visits for age 15 months to 30 months: Madera County exceeded the MPL of 70.67%; Fresno (61.9) and Kings (54.4) counties fell below the MPL.</li> </ul> </li> </ul> </li> </ul>	

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	<ul style="list-style-type: none"> <li>• Performance Improvement Projects:               <ul style="list-style-type: none"> <li>○ Childhood Immunizations Under 2 years:                   <ul style="list-style-type: none"> <li>▪ During the project a total of 73 immunizations were given from the Provider Profile (non-compliant member list) and 149 members scheduled appointments which resulted in a 49.0% compliance rate. Overall Clinic compliance rate was 34.3% with a goal rate of 34.53% and a baseline rate of 28.03%. The Performance Improvement Project CIS-10 ended December 31, 2022. The PIP Conclusion-Module 4 and the PIP/PDSA worksheet are due to DHCS in April 2023.</li> </ul> </li> <li>○ Breast Cancer Screening Disparity Project:                   <ul style="list-style-type: none"> <li>▪ 112 of 170 (65.9%) breast cancer screenings exams scheduled were completed from the Provider Profile during the mobile mammography events from a baseline rate of 38.4% to a (sustained) goal rate of 47.8%. Video testimonials were developed from three Southeast Asian breast cancer survivors and the videos are being shown to raise awareness of breast cancer. Health Education distributed educational materials on the importance of breast cancer.</li> </ul> </li> </ul> </li> </ul>	
<p><b>#9 2022 Annual UMCM Workplan Evaluation</b></p> <ul style="list-style-type: none"> <li>• Executive Summary</li> <li>• Year End Evaluation</li> </ul> <p><b>2023 UM Program Description</b></p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2022 Annual Utilization Management Case Management Workplan Evaluation.</p> <p>The focus areas for 2022 consisted of:</p> <ul style="list-style-type: none"> <li>▪ Compliance with Regulatory &amp; Accreditation Requirements:               <ul style="list-style-type: none"> <li>○ All compliance activities met objectives for this end of year evaluation with the exception of periodic audits for compliance with regulatory standards. Clear and concise letter content was not met due to use of clinical jargon. Additional training and tracking of Medical Director dictations is in progress.</li> </ul> </li> <li>▪ Monitoring the UM Process:</li> </ul>	<p><i><b>Motion:</b> No motion taken as QIUM did not meet quorum. Will be voted on during March 2023 meeting</i></p>

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	<ul style="list-style-type: none"> <li>○ Met standards except element 2.2 Timeliness of Processing Authorization Requests (TATs). Work process flow for staff was modified and implemented was modified</li> <li>▪ Monitoring Utilization Metrics:               <ul style="list-style-type: none"> <li>○ Objectives met except 3.1 Improve UM Acute in-Patient performance. Length of Stay for TANF met but not for SPD and MCE populations</li> </ul> </li> <li>▪ Monitoring Coordination with Other Programs and Vendor Oversight:               <ul style="list-style-type: none"> <li>○ All metrics for this section met goal.</li> </ul> </li> <li>▪ Monitoring Activities for Special Populations:               <ul style="list-style-type: none"> <li>○ All monitoring activities for this section met goals.</li> </ul> </li> </ul> <p>Dr. Marabella presented the 2023 Utilization Management Program Description. The highlights of changes for 2023 consist of:</p> <ul style="list-style-type: none"> <li>▪ Updated Purpose and Mission.</li> <li>▪ Changed “Medical Management” to “Population Health and Clinical Operations (PHCO)”.</li> <li>▪ Added Basic Prenatal Care and Biomarker Testing to Scope of Utilization Management.</li> <li>▪ Changed “MHN” to “The Behavioral Health Administrator” throughout.</li> <li>▪ Updated Continuity and Coordination of Care section.</li> <li>▪ Updated Health Promotion Programs name and function.</li> <li>▪ Added Peer Review Investigation Team and Peer Review Committee references and roles.</li> <li>▪ Added Long Term Services and Supports and Waiver Programs</li> <li>▪ Added CalViva Health Quality Improvement/Utilization Management Committee description.</li> <li>▪ Updated HN titles and roles for certain positions.</li> </ul>	

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<p><b>#10 2022 Annual Compliance Evaluation</b></p> <p>Action M.L. Leone, CCO</p>	<p>M.L. Leone reported on the 2022 Annual Compliance Evaluation.</p> <p>In 2022, the Compliance Program largely focused on the following:</p> <ul style="list-style-type: none"> <li>▪ DHCS and DMHC Medical Audits</li> <li>▪ Compliance with CalAim Initiatives</li> <li>▪ 2024 Operational Readiness Contract Requirements</li> <li>▪ Policy &amp; Procedure Development/Revisions</li> </ul> <p>There were over 220 regulatory filing made to DMHC and DHCS.</p> <p>State audits, corrective actions and Medi-Cal contract amendments with DHCS include:</p> <ul style="list-style-type: none"> <li>▪ 2020 DHCS audit: CAP closed 2/11/2022.</li> <li>▪ 2022 DHCS Annual Audit: final report received on 11/17/2022 and a corresponding CAP request received 11/30/2022.</li> <li>▪ DHCS 2019-2020 Performance Evaluation: The Plan received the annual external quality review report and associated recommendations on 7/5/2022; the Plan submitted its response on 8/1/2022.</li> <li>▪ DHCS 2020-2021 Encounter Data Validation Study: the study was completed on 5/19/2022; currently pending HSAG to share raw data.</li> <li>▪ DHCS 2022 Annual Network Certification: The Plan submitted the first part of the ANC 11/2022; DHCS has postponed the second phase until 2/2023.</li> <li>▪ DHCS 2021 MOT CAP: the Plan submitted a CAP response and received approval from DHCS 2/15/2022.</li> </ul> <p>Several Medi-Cal contract amendments were executed between DHCS and CalViva in 2022.</p>	<p><i>Motion: 2022 Annual Compliance Evaluation was approved</i></p> <p><i>11 – 0 – 0 – 6</i> <i>(Fields-Keene /Rogers)</i></p> <p><i>A roll call was taken</i></p>

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	<p>DHCS issued its 2024 Procurement Contract Operational Readiness Work Plan in June 2022.</p> <p>State audits and reporting with DMHC include:</p> <ul style="list-style-type: none"> <li>▪ Measurement Year 2021 Timely Access Report submitted to DMHC in April 2022.</li> <li>▪ The Plan received a final report from DMHC for the DMHC 18-month follow up audit 11/2/2021.</li> <li>▪ DMHC on-site audit was conducted virtually from 9/19/22-9/21/22; pending DMHCs preliminary report.</li> <li>▪ DMHC issued a CAP 3/15/22 in regards to the March 2022 DMHC Routine Financial Exam; the Plan's response to the CAP was accepted 8/11/22 and the audit was closed 8/30/22.</li> </ul> <p>Suspected Fraud, Waste and Abuse cases total:</p> <ul style="list-style-type: none"> <li>▪ 1 CBAS provider</li> <li>▪ 2 DME providers</li> <li>▪ 1 vascular surgery provider</li> </ul> <p>Privacy and Security Incidents/Breaches:</p> <ul style="list-style-type: none"> <li>▪ 31 privacy/security cases total</li> <li>▪ No or low risk = 31</li> <li>▪ High risk = 0</li> </ul> <p>DHCS new benefits, waivers and other programs consist of:</p> <ul style="list-style-type: none"> <li>▪ Enhanced Care Management (ECM) and Community Supports (CS)</li> <li>▪ Community Health Worker (CHW) Services</li> <li>▪ Community Based Adult Services (CBAS) Emergency Remote Services (ERS)</li> <li>▪ Long Term Care (LTC)</li> </ul>	

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	<ul style="list-style-type: none"> <li>▪ MMCE Phase II</li> <li>▪ Doula Services</li> <li>▪ Cognitive Health Assessment</li> <li>▪ Medical Expansion</li> </ul> <p>Compliance Program Activities include:</p> <ul style="list-style-type: none"> <li>▪ Compliance Program Description (no change)</li> <li>▪ Code of Conduct (no change)</li> <li>▪ Compliance Committee Charter (no change)</li> <li>▪ Anti-Fraud Plan (no change)</li> <li>▪ Privacy and Security Plan (updated to be in compliance with the Confidentiality of Medical Information Act regarding sensitive services)</li> <li>▪ Compliance Policies and Procedures (updated as needed to be compliance with DHCS/DMHC guidance)</li> <li>▪ Delegation audits and CAPs of Health Net</li> <li>▪ Monthly Management Oversight (MOM) meetings with Health net</li> <li>▪ Review monthly/quarterly performance metrics &amp; key indicator data</li> <li>▪ Joint Workgroups with Health Net included: Access &amp; Availability, Encounter Data Integrity, Grievances &amp; Appeals, QI/UM/Credentialing</li> <li>▪ On-going oversight of PPGs, specialty plans and vendors through report dashboards with comprehensive performance metrics accompanied by narrative reports explaining outlier data or issues</li> <li>▪ 2022 CalViva Internal Audit</li> <li>▪ CalViva Health staff trainings</li> <li>▪ Member communications, Provider Communications, and Provider Relations</li> </ul> <p>Total grievances and appeals received for 2022, both expedited and standard, were 1,626; total resolved were 1,637. SPD grievances and appeals received for 2022</p>	

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	<p>were 455; total resolved were 474. Total exempt grievances received and resolved were 2,429.</p> <p>For Independent Medical Reviews, there were 45 DMHC cases, and 28 DHCS State Hearings, for a total of 73 for 2022. All of which met the turn-around times at 100%.</p> <p>Looking ahead for 2023, the key areas of focus are Enhanced Care Management and Community Supports; 2024 Operational Readiness Contract; NCQA Accreditation; Dual-Eligible Special Needs Program; and the 2023 DHCS Audit.</p>	
<p><b>#11 Emergency Preparedness &amp; Crisis Response Plan</b></p> <p>Action M.L. Leone, CCO</p>	<p>Mary Lourdes Leone provided an in-depth description of the new Emergency Preparedness &amp; Crisis Response Plan.</p> <p>An overview of the Plan describes CalViva Health’s contractual relationship with Health Net and highlights that Health Net, as CalViva’s Plan Administrator, maintains all the systems typical of health plan operations, including those used for CalViva Health operations.</p> <p>The purpose of this plan is to ensure the ongoing provision of health services in an epidemic, disaster or manmade emergency including, but not limited to, localized acts of nature, accidents, and technological and/or attack related emergencies. The Plan is reviewed annually, and any changes are conveyed to the Plan’s Governing Board (i.e., RHA Commission) and other applicable stakeholders.</p> <p>Constituents represent the various groups that may be impacted in an emergency. Constituents consist of members, providers, employees, regulators, the community, elected government officials, vendors, and the RHA Commission.</p>	<p><i><b>Motion: Disaster Preparedness Plan was approved</b></i></p> <p><i>11 – 0 – 0 – 6 (Naz /Cardona)</i></p> <p><i>A roll call was taken</i></p>

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	<p>The Emergency Preparedness Leadership Team (ERLT) consists of the CalViva Health executive officers; CEO, CFO, CMO, and CCO. Each officer maintains oversight of specific functional areas listed in the plan. The team is responsible for identifying the nature, scope and magnitude of the event’s impact; mitigate and/or resolve the event’s impacts; maintain during the recovery phase, fulfill required regulatory filings to the DMHC and the DHCS; and update the Plan’s Emergency Preparedness and Crises Plan when needed.</p> <p>For each functional area impacted, CalViva Health requires that Health Net notifies the CalViva Health ELRT team immediately of any notification where there is an emergency or disaster impacting the function within Health Net where it has been determined the impact will also impact CalViva Health business.</p> <p>The CalViva Health ELRT team with oversight responsibilities will work with Health Net on an appropriate response to the emergency and/or disaster.</p>	
<p><b>#12 Standing Reports</b></p> <ul style="list-style-type: none"> <li><b>Finance Reports</b> Daniel Maychen, CFO</li> </ul>	<p><b>Finance</b></p> <p><u>Financials as of December 31, 2022:</u></p> <p>Total current assets recorded were approximately \$292.3M; total current liabilities were approximately \$167M. Current ratio is approximately 1.75.</p> <p>TNE as of the end of December 2022 was approximately \$138.4M which is approximately 828% above the minimum DMHC required TNE amount.</p> <p>Interest income actual recorded was approximately \$1.9M which is approximately \$1.7M more than budgeted primarily due to rates on the Plan’s money market funds being higher than projected. Premium capitation income actual recorded was</p>	<p><i><b>Motion: Standing Reports Approved</b></i></p> <p><i>11 – 0 – 0 – 6</i> <i>(Rogers /Fields-Keene)</i></p> <p><i>A roll call was taken</i></p>

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<ul style="list-style-type: none"> <li>• <b>Compliance</b> M.L. Leone, CCO</li> </ul>	<p>approximately \$662.5M which is approximately \$46M more than budgeted primarily due to rates and enrollment being higher than projected.</p> <p>Total cost of medical care expense actual recorded is approximately \$532.2M which is approximately \$41.3M more than budgeted due to rates and enrollment being higher than projected. Admin service agreement fees expense actual recorded was approximately \$27.3M, which is approximately \$1.2M more than budgeted due to higher than budgeted enrollment. Dues and Subscriptions expense actual recorded was approximately \$103K which is in line with what was budgeted; however, there is a potential future increase to this line item due to the governor's budget reinstating the MCO tax effective 1/1/2024. The Local Health Plans of California (LHPC) Board agreed that if the MCO tax is reinstated that any additional revenue should be invested back into Medi-Cal to benefit Medi-Cal enrollees. The LHPC Board agreed to assess a one-time additional membership fee for all of its member plans to support this effort. The Plan is anticipating a budget impact of approximately \$65K. Recruitment expense is approximately \$36K which is approximately \$15K more than budgeted due to turnover and the use of staffing agencies to assist with filling vacant positions.</p> <p>Net income for the first six months of FY 2023 was approximately \$7.3M which is approximately \$5.9M more than budgeted due to rates and enrollment being higher than budgeted; interest income was approximately \$1.7M more than projected; and a \$3.25M MCO tax gain that was not expected. DHCS has indicated that they are likely to recoup the MCO tax gain which would likely be Q1 2023. In future financial statements there will likely be a reduction in net income by approximately \$3.25M.</p> <p><b>Compliance</b></p>	

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<p>• <b>Medical Management</b> P. Marabella, MD, CMO</p>	<p>DHCS and DMHC filings, Privacy &amp; Security, and Fraud, Waste &amp; Abuse were discussed during agenda item #10, the 2022 Annual Compliance Evaluation.</p> <p>The oversight audits currently in progress consist of Credentialing; Fraud, Waste &amp; Abuse; and the Member Call Center. Audits that have been completed since the last Commission report are: Access &amp; Availability; Emergency Services; and Utilization Management (CAP).</p> <p>New Regulations, Contractual Requirements, and DHCS Initiatives consist of:</p> <ul style="list-style-type: none"> <li>▪ CalAim - Long-Term Care (LTC) Carve-In: effective 1/1/23 MMC Plans became responsible for authorizing and covering medically necessary SNF services. Effective 1/1/24, the remaining LTC resident receiving care from adult and pediatric subacute facilities and intermediate care facilities for the developmentally disabled will be required to enroll in managed care.</li> <li>▪ The Plan began providing the 2023 Member Handbook to members on 1/1/23.</li> <li>▪ On 6/30/22, the DHCS issued its 2024 Procurement Contract "Operational Readiness Work Plan". The work plan contains 238 deliverables that must be submitted during three phases which began on 8/12/22 for phase 1; 12/15/22 for phase 2; and 4/20/23 for phase 3. The Plan has completed the monthly filings of the various policies and other documents through January 2023, and has received approvals on most but is still responding to additional DHCS information requests for some of the items.</li> </ul> <p>The next Public Policy meeting will be held on March 1, 2023 at 11:30am in the Plan's Administrative Office.</p> <p><b>Medical Management</b></p> <p><u>Appeals and Grievances Dashboard</u></p>	

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	<p>Dr. Marabella presented the Appeals &amp; Grievances Dashboard through December 31, 2022.</p> <ul style="list-style-type: none"> <li>• The total number of grievances remained consistent for 2022 when compared with YTD 2021.</li> <li>• Quality of Service Grievances remained consistent for 2022 when compared with YTD 2021.</li> <li>• Quality of Care Grievances increased in 2022 when compared to YTD 2021 mostly related to delay in care for PCP and Specialists secondary to staffing challenges and increased demand after pandemic.</li> <li>• Exempt Grievances have had a slight decrease for 2022 when compared to prior year but continued issue with Transportation access which is being addressed by CAP and more comprehensive oversight reporting.</li> <li>• Appeals for YTD 2022 have significantly decreased when compared to prior year, this is a result of the lower Advanced Imaging numbers and fewer Pharmacy appeal due carve-out of Medi-Cal Rx.</li> </ul> <p><u>Key Indicator Report</u></p> <p>Dr. Marabella presented the Key Indicator Report (KIR) through December 31, 2022.</p> <p>A summary was shared that provided the most recent data for Admissions, Bed Days, Average Length of Stay, and Readmissions through year end 2022 which shows numbers have remained steady compared to 2021. Membership continues to increase. ; Utilization has decreased for all populations except for Length of Stay for SPDs</p>	

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<ul style="list-style-type: none"> <li><b>Executive Report</b> J. Nkansah, CEO</li> </ul>	<p>Case Management results through year end 2022 have shown increased referrals and engagement and demonstrate positive outcomes in the areas of Perinatal CM, Integrated CM, Transitional CM, Behavioral CM and Palliative CM.</p> <p><b>Executive Report</b></p> <p>Enrollment through December 31, 2022 is 418,051 members. Enrollment continues to increase as a result of the Public Health Emergency (PHE). Medi-Cal redeterminations from the COVID-19 Public Health Emergency (PHE) and eligibility redeterminations slated to restart April 1. First actions which are adverse are anticipated July 2023.</p> <p>DHCS has discontinued the process of sharing monthly reports (COPS 11 Report) with requestors outside of DHCS due to the Data and Analytics De-Identification Guidelines. This impacts the data we were previously reporting to the RHA Commission around Default, County Share of Choice as %, Voluntary Disenrollment's.</p> <p>No changes to the default algorithm in 2023. For 2024, DHCS will be exploring changes to the default algorithm. They have shared that they are looking at changing the quality measures to align with the Bold Goals and 2024 Medi-Cal Contract Changes.</p> <p>All Server upgrades were completed successfully. Staff are continuing to navigate one off issues as they arise in the effort of achieving stability. Workstation and Spam Filter upgrades are in progress.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>No significant issues or concerns with regard to the Member Call Center or CVH Website. We noticed an uptick in users in Q3 2022, but also noted a decline in Q4 2022. Staff are evaluating the results.</p> <p>In reference to provider activities, the Plan will monitor, assess, and evaluate the provider network impact as a result of a hospital closure which occurred late December 2022.</p> <p>For claims processing, management is working with Administrator surrounding performance for PPG 2 and PPG 3. The management team discovered a reporting issue surrounding Acupuncture, Vision and Transportation Claims Timeliness data and has discussed issue with Administrator.</p> <p>For provider disputes, management is working with Administrator surrounding performance for PPG 3, PPG 5 and PPG 7. The management team discovered a reporting issue surrounding Acupuncture, Vision and Transportation Provider Disputes data and has discussed issue with Administrator.</p> <p>In reference to the Medi-Cal procurement, DHCS cancelled the RFP. DHCS exercised its authority to select the entities it would contract with in a particular County. Anthem Blue Cross will remain the Commercial Plan competitor to CalViva Health (the local plan), in Fresno, Kings, and Madera Counties. Kaiser will join January 1, 2024 and will be available to limited Medi-Cal beneficiaries. Operational Readiness activities have started for all MCP being awarded a contract effective January 1, 2024. Go/No Go Live Date is September 1, 2023.</p> <p>The Annual Report was given to all Commissioners.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#13 Final Comments from Commission Members and Staff		
#14 Announcements	David Luchini announced the Fresno County Public Health Department had an event in Helm (Fresno County), the first rural mobile event with UCSF. This will also be coordinated with Saint Agnes and Fresno State. This mobile event will not replace primary care; this is solely health screening, health literacy and connecting people to a primary care physician.	
#15 Public Comment	None.	
#16 Adjourn	The meeting was adjourned at 3:22 pm. The next Commission meeting is scheduled for March 16, 2023 in Fresno County.	

Submitted this Day: March 16, 2023

Submitted by: Cheryl Hurley  
Cheryl Hurley  
Clerk to the Commission