

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

David Luchini, 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

Rose Mary Rahn, Director
Public Health Department

Lisa Lewis
At-large

Madera County

David Rogers
Board of Supervisors

Sara Bosse
Public Health Director

Aftab Naz, M.D.
At-large

Regional Hospital

Michael Goldring
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Kerry Hydash
Kings County

Paulo Soares
Madera County

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

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

DATE: May 18, 2023

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, March 16, 2023
1:30 pm to 3:30 pm**

Where to attend:

- 1) CalViva Health
7625 N. Palm Ave., #109
Fresno, CA
- 2) 114 W. Main Street
Visalia, CA 93291

Meeting materials have been emailed to you.

Currently, there are **13** Commissioners who have confirmed their attendance for this meeting. At this time, a quorum has been secured. Please advise as soon as possible if you will not be in attendance to ensure a quorum can be maintained.

Thank you

AGENDA

Fresno-Kings-Madera Regional Health Authority Commission Meeting

May 18, 2023

1:30pm - 3:30pm

Meeting Location(s):

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

2) 114 W. Main Street
Visalia, CA 93291

Item	Attachment #	Topic of Discussion	Presenter
1		Call to Order	D. Hodge, MD, Chair
2		Roll Call	C. Hurley, Clerk
3 Action	Attachment 3.A	Kings County BOS Appointed Commissioner <ul style="list-style-type: none"> • Lisa Lewis <i>Action: Ratify appointment of Kings County At-Large Commissioner</i>	D. Hodge, MD, Chair
4 Action	No attachment	Chair and Co-Chair Nominations for Fiscal Year 2024: <i>Action: Nominate and Approve Appointments</i>	J. Nkansah, CEO
5 Action	Attachment 5.A Attachment 5.B Attachment 5.C Attachment 5.D	Consent Agenda: <ul style="list-style-type: none"> • Commission Minutes dated 3/16/23 • Finance Committee Minutes dated 2/16/23 • QIUM Committee Minutes dated 2/23/23 • Compliance Report <i>Action: Approve Consent Agenda</i>	D. Hodge, MD, Chair
6		Closed Session: The Board of Directors will go into closed session to discuss the following item(s)	
	Information	A. Government Code section 54954.5 – Conference Report Involving Trade Secret – Discussion of service, program, or facility. <ul style="list-style-type: none"> ○ Estimated Date of Public Disclosure: February 2025 	
	Action	B. Government Code section 54956.9(b) – Conference with Legal Counsel – Anticipated Litigation. <ul style="list-style-type: none"> ○ One (1) potential case. 	

7 Action	No Attachment	CEO Annual Review -Ad-Hoc Committee Selection <ul style="list-style-type: none"> Select ad-hoc Committee 	D. Hodge, MD, Chair
<i>Recommended Action: Selection of Ad-Hoc Committee</i>			
8 Information	Attachment 8.A	Sub-Committee Members for Fiscal Year 2024: <ul style="list-style-type: none"> BL 23-004 Sub-Committee Members 	D. Hodge, MD, Chair
9 Action	Attachment 9.A Attachment 9.B Attachment 9.C	Community Support Funding <ul style="list-style-type: none"> BL 23-005 Community Support Program Proposed Grant Recommendations 2023-2024 Ad-Hoc Committee Meeting Minutes 	J. Nkansah, CEO
<i>Action: Approve Community Funding Grant Recommendations</i>			
<i>Handouts will be available at meeting</i>		<i>PowerPoint Presentations will be used for item 10 & 11</i> One vote will be taken for combined items 10 & 11	
10 Action	Attachment 10.A Attachment 10.B Attachment 10.C	Health Equity Program Description and Work Plan Evaluation <ul style="list-style-type: none"> 2022 Executive Summary and <i>Annual Evaluation</i> 2023 Change Summary and <i>Program Description</i> 2023 Executive Summary and <i>Work Plan Summary</i> 	P. Marabella, MD, CMO
11 Action	Attachment 11.A Attachment 11.B Attachment 11.C Attachment 11.D	Health Education Program Description and Work Plan Evaluation <ul style="list-style-type: none"> Executive Summary 2022 Annual Evaluation 2023 Change Summary and Program Description 2023 Work Plan 	P. Marabella, MD, CMO
<i>Action: Approve Health Equity 2022 Annual Evaluation, 2023 Program Description, and 2023 Work Plan, and the Health Education 2022 Annual Evaluation, 2023 Program Description, and 2023 Work Plan</i>			

12 Action	Standing Reports	
	Finance Report	
Attachment 12.A	• Financials as of March 31, 2023	D. Maychen, CFO
Attachment 12.B	• FY 2024 Proposed Budget	
	Medical Management	
Attachment 12.C	• Appeals and Grievances Report	P. Marabella, MD, CMO
Attachment 12.D	• Key Indicator Report	
Attachment 12.E	• Quarterly Summary Report	
	Executive Report	
Attachment 12.F	• Executive Dashboard	J. Nkansah, CEO
	<i>Action: Accept Standing Reports</i>	
13	Final Comments from Commission Members and Staff	D. Hodge, MD, Chair
14	Announcements	D. Hodge, MD, Chair
15	Public Comment <i>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.</i>	D. Hodge, MD, Chair
16	Adjourn	D. Hodge, MD, Chair

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

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

Next Meeting scheduled for July 20, 2023 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

Kings County At-large Commission
Seat Application



JOE NEVES – DISTRICT 1
LEMOORE & STRATFORD

RICHARD VALLE – DISTRICT 2
AVENAL, CORCORAN, HOME GARDEN
& KETTLEMAN CITY

DOUG VERBOON – DISTRICT 3
NORTH HANFORD, ISLAND DISTRICT &
NORTH LEMOORE

RUSTY ROBINSON – DISTRICT 4
ARMONA & HANFORD

RICHARD FAGUNDES – DISTRICT 5
HANFORD & BURRIS PARK

COUNTY OF KINGS BOARD OF SUPERVISORS

MAILING ADDRESS: KINGS COUNTY GOVERNMENT CENTER, HANFORD, CA 93230
OFFICES AT: 1400 W. LACEY BLVD., ADMINISTRATION BUILDING # 1, HANFORD
(559) 582-3211, EXT. 2362, FAX: (559) 585-8047
Web Site: <http://www.countyofkings.com>

April 20, 2023

Dr. Lisa Lewis
c/o Behavioral Health Administration
email: lisa.lewis@co.kings.ca.us

Subject: CalViva/Tri-County (Fresno/Kings/Madera) Health Authority Commission

Dear Lisa:

It is a pleasure to inform you that on April 18, 2023 at the regular meeting of the Kings County Board of Supervisors they took action to appoint you to serve as the Kings County community at large member/primary member on the **CalViva/Tri-County (Fresno/Kings/Madera) Health Authority Commission**.

Congratulations on your appointment and thank you for your interest to serve Kings County in this capacity. Enclosed is an oath of office to be completed by a notary public and returned to our office or you can stop by and have us complete the oath free of charge. A copy of this letter is being sent to the Committee Coordinator to inform them of your appointment. Please call if you have any questions concerning the above.

Sincerely,

Catherine Venturella
Clerk of the Board of Supervisors

Enclosure

cc: Committee Coordinator

Item #5

Attachment 5.A

Commission Minutes
Dated 3/16/23

Fresno-Kings-Madera
Regional Health Authority

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

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		Vacant , 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
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 1:31 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>#3 Kings County At-Large Commission Seat Appointment</p> <p>Action D. Hodge, MD, Chair</p>	<p>The Commission voted unanimously to reappoint Kerry Hydash for an additional three-year term for the Kings County At-Large Commission seat.</p>	<p>Motion: Reappointed Kerry Hydash to Commission for Kings County At-Large 12 – 0 – 0 – 4</p> <p>(Neves / Fields-Keene) A roll call was taken</p>
<p>#4 Consent Agenda</p> <ul style="list-style-type: none"> • Commission Minutes dated 2/16/23 • Finance Committee Minutes dated 11/17/22 • QI/UM Committee Minutes dated 11/17/22 • Public Policy Committee Minutes 9/7/22 • Public Policy Committee Minutes 12/7/22 • Compliance Report • 2022 Quality Improvement End of Year Executive Summary • 2022 Quality Improvement Work Plan End of Year Evaluation • 2022 UMCM WP EOY Executive Summary • 2022 Utilization Management Case Management Work Plan End of Year Evaluation • 2023 Utilization Management Program Description • 2023 UMCM Work Plan 	<p>All consent items were presented and accepted as read.</p>	<p>Motion: Consent Agenda was approved.</p> <p>12 – 0 – 0 – 4</p> <p>(Frye / Neves)</p> <p>A roll call was taken</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> 2023 Case Management Program Description <p>Action D. Hodge, MD, Chair</p>		
<p>#5 Closed Session</p> <p>1) Government Code section 54956.9(b) – Conference with Legal Counsel – Anticipated Litigation.</p>	<p>Jason Epperson, General Counsel, reported out of closed session. The Commission discussed in closed session the item agendized for closed session discussion and took no reportable action.</p> <p>Closed Session concluded at 1:47 pm.</p>	
<p>#6 2023 Quality Improvement</p> <ul style="list-style-type: none"> 2023 Program Description 2023 Work Plan <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2023 Quality Improvement Annual Documents.</p> <p>The highlights of changes for the 2023 Quality Improvement Program Description consist of:</p> <ul style="list-style-type: none"> Updated HN Medical Management Department to Population Health and Clinical Operations (PHCO). Updated Initial Health Assessment to Initial Health Appointments. Revised Health Promotion Program descriptions for 2023. Revised MemberConnections’ responsibilities to expanded role in Member Engagement. Changed Transition Care Management (TCM) to Transitional Care Services (TCS). Removed MHN references and replaced with Behavioral Health Administrator. Added information regarding delegated activities are reported to the CalViva QIUM Committee. Revised Committee Description to include chairperson, delegated and nondelegated activities and representatives from CalViva and HNCS departments. 	<p>Motion: Approve 2023 Quality Improvement Program Description, and Work Plan.</p> <p>13 – 0 – 0 – 3</p> <p>(Naz / Cardona)</p> <p>A roll call was taken</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ● Revised description to separate out the Credentialing and Peer Review Subcommittees. ● Staff Resources and Accountability – Added Org Chart for Med Mgt. ● Appeals and Grievances section moved and revised to a workgroup description. ● Chart revised to include CalViva Workgroups. ● Updated the Chief Medical Officer description to include chairperson and oversight of QIUM Program information. <p>Activities for the 2023 Quality Improvement Work Plan have been updated to include eight (8) key areas:</p> <ul style="list-style-type: none"> ● Behavioral Health: <ul style="list-style-type: none"> ○ Follow up after ER visits for substance abuse. ○ Follow up after ER visits for mental health. ● Chronic Conditions: <ul style="list-style-type: none"> ○ Respiratory – AMR – Asthma Medication Ratio ○ Heart - CBP – Control Blood Pressure ○ Diabetes – CDC >9 – HbA1c to below 9 ● Maternal/Women’s Health: <ul style="list-style-type: none"> ○ Perinatal Care ○ PPC Prenatal Care visit / PPC-pre ○ PPC Postpartum Care visit / PPC-post ● Member Engagement and Experience: <ul style="list-style-type: none"> ○ Initial Health Appointment (IHA): Improve New Member completion IHA under 120 days. ○ CAHPs Improvement: Improve CAHPs survey results - Access to Care; Customer Service; Doctor Communication; Care Coordination; Overall Rating Measures. ● Hospital Quality/ Patient Safety: <ul style="list-style-type: none"> ○ Provide appropriate safe care, avoiding preventable harm. 	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ Hospital Reportable Data Scorecard ● Pediatric: <ul style="list-style-type: none"> ○ Well Child Visits –MCAS- (W30 -6+) ○ Childhood Immunization –MCAS- (CIS 10; W30): Immunizations for Children under 2 years old; Well Child Visits; utilizing SWOT Methodology ● Preventive Health: <ul style="list-style-type: none"> ○ Screening - (MCAS): Breast Cancer Screening; Cervical Cancer Screening; and CHL - Chlamydia Screening ○ Childhood Blood Lead Screening: LSC – Blood Lead Screening Children including Anticipatory Guidance ● Provider Engagement: <ul style="list-style-type: none"> ○ Quality EDGE - Evaluating Data to Generate Excellence: Increase MCAS year over year by 10%. ○ Provider Access, Availability, and Service: Improve Provider Appointment Access Survey results and Provider After-Hours Availability Survey results. <p style="color: red; text-align: center;"><i>Kerry Hydash joined meeting at 1:52 pm</i></p>	
<p>#7 Standing Reports</p> <ul style="list-style-type: none"> ● Finance Reports Daniel Maychen, CFO 	<p>Finance</p> <p><u>Financials as of January 31, 2023:</u></p> <p>Total current assets recorded were approximately \$241.9M; total current liabilities were approximately \$118.8M. Current ratio is approximately 2.04.</p> <p>Total equity as of January 31, 2023 was approximately \$133.1M which is approximately 816% above the minimum DMHC required TNE amount.</p> <p>Interest income actual recorded was approximately \$2.4M which is approximately \$2.2M more than budgeted primarily due to rates on the Plan’s money market</p>	<p><i>Motion: Standing Reports Approved</i></p> <p><i>13 – 0 – 0 – 3</i> <i>(Neves / Naz)</i></p> <p><i>A roll call was taken</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Medical Management P. Marabella, MD, CMO 	<p>funds being higher than projected. Premium capitation income actual recorded was approximately \$755.5M which is approximately \$48.2M 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 \$622.3M which is approximately \$46.2M more than budgeted due to rates and enrollment being higher than projected. Admin service agreement fees expense actual recorded was approximately \$32M, which is approximately \$1.6M more than budgeted due to higher than budgeted enrollment. All other expense line items are below or close to what was budgeted.</p> <p>Net income recorded for the first seven months of FY 2023 was approximately \$5.2M which is approximately \$3.2M more than budgeted due to rates and enrollment being higher than budgeted, in addition interest income being approximately \$2.2M higher than originally projected. The \$3.2M MCO tax gain communicated during the February 2023 Commission meeting was to be recouped by DHCS in calendar year Q1 2023; however, per DHCS, the date of the MCO tax gain recoupment has now been revised to calendar year Q3 2023 (i.e., next fiscal year). As a result, to capture the MCO tax recoupment in the current fiscal year, the Plan booked an accrual for the MCO tax gain recoupment in the January 2023 financials, which is why net income has declined in comparison to previous financials presented.</p> <p>Medical Management</p> <p><u>Appeals and Grievances Dashboard</u></p> <p>Dr. Marabella presented the Appeals & Grievances Dashboard through January 31, 2023.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • The grievances received remained consistent with previous months. • Quality of Service Grievances had a slight decrease compared to previous months. • Quality of Care Grievances remained consistent and most related to delay in PCP care. • Exempt Grievances had a significant decrease when compared to previous months. Transportation access showed improvement. • Appeals for the first month of 2023 remained consistent with previous months. <p><u>Key Indicator Report</u></p> <p>Dr. Marabella presented the Key Indicator Report (KIR) through January 31, 2023.</p> <p>A summary was shared that provided the most recent data for Admissions, Bed Days, Average Length of Stay, and Readmissions through January 31, 2023, which showed numbers have remained steady compared to previous months. Membership continues to increase. Utilization remains steady.</p> <p>Turn-around times were at 100% compliance with standards. Case Management results have shown increased referrals and engagement and demonstrate positive outcomes in the areas of Perinatal CM, Integrated CM, Behavioral CM and Palliative CM. Transitional CM has drifted slightly.</p> <p><u>Credentialing Sub-Committee Quarterly Report</u></p> <p>The Credentialing Sub-Committee met on February 23, 2023. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>services. Reports covering Q3 2022 were reviewed for delegated entities, and Q4 2022 for Health Net and MHN.</p> <p>The 2023 Credentialing Sub-Committee annual policy and procedure review was completed. One policy was retired, one new policy was presented, and five policies were updated with minor or no changes. The policies were revised as follows:</p> <ul style="list-style-type: none"> • New policy CR-109 Ongoing Monitoring of Sanctions-Complaints. • The Appeals Process policy was revised in order to add a health and safety precautions statement to assure the comfort levels of all fair hearing participants. • Policy CR-190 Medi-Cal Termination Appeals Process was retired and combined into CR-140. <p>The policies and procedures were approved.</p> <p>There was one (1) Adverse Action Case. A determination was made; and the Credentialing Committee approved this determination</p> <p><u>Peer Review Sub-Committee Quarterly Report</u></p> <p>The Peer Review Sub-Committee met on February 23, 2023. The county-specific Peer Review Sub-Committee Summary Reports for Q4 2022 were reviewed for approval. There were no significant cases to report.</p> <p>The 2023 Peer Review Sub-Committee Policies and Procedures were reviewed. PR-001 policy was reviewed without changes. PR-100 Peer Review Committee Policy had significant changes including: changed “Investigations Team Data Analyst” to “Investigations Team” and “Data Analyst” to “Associate”. Special Handle and Low-</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> • Executive Report J. Nkansah, CEO 	<p>Level reviews were modified from quarterly to semi-annual. Updated Attachment A “Peer Review Case Coding 2023”. The policies were approved.</p> <p>The Q4 2022 Peer Count Report was presented with a total of three (3) cases reviewed. There were two (2) cases closed and cleared. There were no cases pending closure for Corrective Action Plan compliance or outstanding CAPs. There were no cases pended for further information.</p> <p>Ongoing monitoring and reporting will continue.</p> <p>The Quality Improvement/Utilization Management Committee Charter was presented to the Commission, with edits, for approval.</p> <p>Executive Report</p> <p>Enrollment through January 31, 2023 continues to increase due to the public health emergency (PHE); total enrollment is currently at 421,006. Management has been reviewing 2023 numbers in relation to the DHCS aligned enrollment policy. The policy aims to ensure that if a dual eligible beneficiary selects a Medicare plan that their Medi-Cal plan is also aligned with Medicare. CVH does not have a Medicare product and currently relies on an affiliation relationship with Health Net’s Medicare product.</p> <p>There are no significant issues or concerns to report as it pertains to IT Communications and Systems.</p> <p>No significant issues or concerns with regard to the Member Call Center or CVH Website. It was confirmed that the number of users to the website was in fact 27,000; not 12,000 as initially reported.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>No significant issues or updates for Provider Network and Engagement Activities.</p> <p>For Claims Processing and Provider Disputes, Q3 2022 numbers are now available from the Plan’s Administrator, Health Net, related to Acupuncture, Vision and Transportation. The Plan learned from additional discussions that Health Net is overseeing vendors with a separate team than their delegated PPGs so because of this they have separated reporting, which caused a delay in CVH’s receipt initially.</p>	
#8 Final Comments from Commission Members and Staff	Sara Bosse, Madera County Public Health Department, requested information on data points with regards to Madera County members in reference to the closure of Madera Community Hospital.	
#9 Announcements	Mr. Harold Nikoghosian has resigned his position from the Commission and Finance Committee. The Plan is actively looking for his replacement for the Kings County At-Large position.	
#10 Public Comment	None.	
#11 Adjourn	<p>The meeting was adjourned at 2:32 pm.</p> <p>The next Commission meeting is scheduled for May 18, 2023 in Fresno County.</p>	

Submitted this Day: _____

Submitted by: _____

Cheryl Hurley
Clerk to the Commission

Item #5

Attachment 5.B

Finance Committee Minutes
Dated 2/16/23



**CalViva Health
Finance
Committee Meeting Minutes**

February 16, 2023

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
✓	Jeff Nkansah, CEO	✓	Jiaqi Liu, Accounting Manager
✓	Paulo Soares		
✓	Joe Neves		
	Harold Nikoghosian		
✓*	David Rogers		
✓	John Frye		
		✓	Present
		*	Arrived late/Left Early
		•	Teleconference

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order D. Maychen, Chair	The meeting was called to order at 11:30 am, a quorum was present.	
#2 Finance Committee Minutes dated November 17, 2022 Attachment 2.A Action, D. Maychen, Chair	The minutes from the November 17, 2022 Finance meeting were approved as read.	Motion: <i>Minutes were approved 5-0-0-2 (Neves / Soares)</i>
#3 Financials as of December 31, 2022	Total current assets recorded were approximately \$292.3M; total current liabilities were approximately \$167M. Current ratio is approximately 1.75.	Motion: <i>Financials as of September 30, 2022 were approved</i>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Action D. Maychen, Chair</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 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</p>	<p>5-0-0-2 <i>(Frye / Soares)</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>enrollment being higher than budgeted; interest income being 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 calendar year Q1 2023. In future financial statements there will likely be a reduction in net income by approximately \$3.25M.</p>	
<p>#4 Fiscal Year 2024 – Review and Discuss Budget</p> <ul style="list-style-type: none"> • Budget Timetable • Budget Assumptions & Preliminary Draft of FY 2024 Budget 	<p>An official proposed FY 2024 budget is planned for presentation at the March 2023 Finance meeting with intent to accept and adopt. Any changes as a result of the March 2023 meeting will carry on to an April 2023 meeting, if necessary. The reviewed and approved budget will then be presented at the May 2023 Commission meeting.</p> <p>The basic assumptions being used to create the FY 2024 budget was presented to the Committee.</p> <p>Enrollment is projected to gradually decline throughout fiscal year 2024 due to the Consolidated Appropriations Act of 2023 which the President signed on 12/29/22. In that Bill the Medicaid disenrollment process would begin April 2023 regardless of when the public health emergency ends. Per DHCS’s disenrollment policy, for the first two months after the disenrollment process begins DHCS will primarily focus on auto ex-parte renewals; no annual renewal packets will be sent out. Month three the State will process those renewals, and July 2023 is when the Plan will actually see members start to disenroll.</p> <p>The projected gradual decline in enrollment takes into account potential new members related to the addition of full scope Medi-Cal benefits to undocumented beneficiaries ages 26- 49, which is projected to be effective January 1, 2024. In addition, the gradual decline in enrollment also takes into account potential new members related to the Dual Special Needs Program (“D-SNP”) projected to go-live for CalViva January 1, 2024, noting that Medicare members currently in Health</p>	<p>Motion: <i>Approve Budget Timetable and Budget Assumptions</i> <i>6-0-0-1</i> <i>(Soares / Frye)</i></p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Net's D-SNP program may be assigned to CalViva as part of DHCS' aligned enrollment policy.</p> <p>Projecting revenues to increase to account for long term care moving into managed care. Also increase in rates to account for transition populations such as undocumented immigrants ages 26-49, and most dual Medi-Cal and Medi-Care members moving from voluntary Medi-Cal managed care to mandatory Medi-Cal managed care. Per the Plan's understanding with DHCS, D-SNP related revenues will be paid directly to Health Net who will be CalViva's aligned D-SNP plan.</p> <p>Interest income is projected to increase in comparison to the prior budget year due to increasing rates on money market funds.</p> <p>The Plan is projecting FY 2024 staffing at 21 full-time employees, increasing by three (3). Salary and wages projected increases of up to 5% based on employee performance at anniversary date. An approximate 7% increase in health insurance premiums based on August renewal. Overall, projecting an increase in Salary, Wages and Benefits expense due to adding a Health Equity Officer per DHCS 2024 contract requirement and additional staff related to new operational changes to Medi-Cal managed care such as but not limited to D-SNP and NCQA (National Committee for Quality Assurance) accreditation.</p> <p>Consulting expenses projected to increase due to additional consulting work to become NCQA accredited by 2026 per DHCS requirement.</p> <p>Projected increase to Insurance expense to account for potentially adding cyber insurance policy, in addition to increase in insurance premiums.</p> <p>Knox-Keene DMHC License expense is projected to increase due to</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>forecasted rate increase in addition to higher enrollment. With the license expense, DMHC takes enrollment as of March 2023; from March 2022 to March 2023 there was an increase in enrollment.</p> <p>Per California State fiscal year 2023-2024 budget released in January 2023, the State is looking to renew MCO taxes effective January 1, 2024 – December 31, 2026. The proposed renewal will maintain the structure from the prior MCO tax which expired 12/31/2022. As such, projected MCO tax revenue and expenses calculated using the prior MCO tax structure.</p> <p>Revenue is projected to be approximately \$1.3B which is approximately \$147.8M more than budgeted due to an increase in rates and enrollment. Interest income increases due to an increase in money market rates. Salary, wages, and benefits will increase due to additional staffing. An increase in insurance due to the new cyber insurance policy addition. MCO taxes to decrease due to utilizing the prior MCO tax structure. Net Income is projected to be approximately \$9.4M which is approximately \$4.7M higher than budgeted for FY 2023 due to an increase in rates and enrollment and higher interest income.</p> <p style="text-align: center;"><i>Supervisor Rogers arrived at 11:38 am</i></p>	
#5 Announcements	None.	
#6 Adjourn	Meeting was adjourned at 11:48 am	

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

Dated: *March 16, 2023*

Approved by Committee: *Daniel Maychen*
 Daniel Maychen, Committee Chairperson

Dated: *3/16/23*

Item #5

Attachment 5.C

QIUM Committee Minutes
dated 2/23/22

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
QI/UM Committee
Meeting Minutes**
February 23rd, 2023

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

Committee Members in Attendance		CalViva Health Staff in Attendance	
✓	Patrick Marabella, M.D., CalViva Chief Medical Officer, Chair		Amy Schneider, RN, Director of Medical Management Services
✓	Fenglaly Lee, M.D., Central California Faculty Medical Group	✓	Iris Poveda, Medical Management Specialist
	Paramvir Sidhu, M.D., Family Health Care Network	✓	Norell Naoe, Medical Management Administrative Coordinator
	David Cardona, M.D., Fresno County At-large Appointee, Family Care Providers	✓	Zaman Jennaty, Medical Management Nurse Analyst
	Raul Ayala, MD, Adventist Health, Kings County	✓	Mary Lourdes Leone, Chief Compliance Officer
✓	Joel Ramirez, M.D., Camarena Health Madera County	✓	Maria Sanchez, Compliance Manager
✓	Rajeev Verma, M.D., UCSF Fresno Medical Center	✓	Patricia Gomez, Senior Compliance Analyst
	David Hodge, M.D., Fresno County At-large Appointee, Chair of RHA (Alternate)		
Guests/Speakers			

✓ = in attendance

* = Arrived late/left early

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
#1 Call to Order Patrick Marabella, M.D Chair	The meeting was called to order at 10:35am. A quorum was present.	
#2 Approve Consent Agenda Committee Minutes: November 17, 2022 - Member Incentive Programs Semi-Annual Report (2022) - California Children's Service Report (Q4) - Concurrent Review IRR Report (Q4) - A&G Inter Rater Reliability Report (IRR) (Q4) - A&G Classification Audit Report (Q4)	The November 17 th , 2022, QIUM minutes were reviewed and highlights from today's consent agenda items were discussed and approved. The February 16 th meeting was cancelled due to lack of quorum and rescheduled for February 23, 2023. A link for Medi-Cal Rx Contract Drug List was available for reference.	Motion: <i>Approve</i> Consent Agenda (Attachments A-L) (Ramirez/Lee) 4-0-0-3

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> - Provider Office Wait Time Report (Q4) - County Relations Quarterly Report (Q4) - CCC DMHC Expedited Grievance Report (Q4) - SPD HRA Outreach (Q3) - Provider Appointment Availability and After-Hours Survey Results - Pharmacy Provider Updates (Q3) (Attachments A-L) <p>Action Patrick Marabella, M.D Chair</p>		
<p>#3 QI Business</p> <ul style="list-style-type: none"> - Appeals & Grievances Dashboard (December) - Appeals & Grievances Executive Summary (Q4) - Appeals & Grievances Quarterly Member Report (Q4) - Quarterly A&G Member Letter Monitoring Report (Q4) (Attachments M-P) <p>Action Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the Appeals & Grievances Dashboard through December 2022 comparing 2021 to 2022 end of year totals.</p> <ul style="list-style-type: none"> ➤ The total number of Grievances Received, Grievances Resolved and Quality of Service (QOS) for 2022 remained consistent in comparison to 2021. ➤ Quality of Service (QOS) for Access, Administrative, and Transportation represents most grievances. ➤ PCP Delay QOC has increased comparable to 2021. ➤ Exempt Grievances decreased comparable to 2021. ➤ Attitude of Service Provider and PCP Assignment/Transfer Grievances have declined comparable to 2021. ➤ Exempt Transportation Grievances – Provider Late and No Shows increased. ➤ Total Appeals Received decreased significantly due mostly to prescriptions are now managed by the Medical Rx. ➤ Advanced Imaging Appeals decrease comparable to 2021 since Cardiology and Radiology/Primary Care have adjusted their practices to present required documents. ➤ Pharmacy benefits Appeals have decreased significantly due to Medical Rx. ➤ Surgery Appeals increased due to Bariatric documentation issues. ➤ YTD Uphold Rate is 42.9%, a decrease from 2021. YTD Full Overturn Rate is 53.4%, an 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - A&G Dashboard (December) - A&G Executive Summary (Q4) - A&G Quarterly Member Report (Q4) - Quarterly A&G Member Letter Monitoring Report (Q4) <p>(Lee/Verma) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>increase from 2021. Looking to be more 60 to 40%, but rate shows providers overturned when correct documents are resubmitted.</p> <p>Appeals & Grievances Executive Summary (Q4) through December 2022 was presented noting the following trends:</p> <ul style="list-style-type: none"> ➤ Total Appeals & Grievances have decreased from Q4 2021 to Q4 2022. ➤ Total Exempt Grievances, Access & PCP Assignment Grievances have decreased significantly from Q4 2021 to Q4 2022. ➤ For Q4 2022, there were 112 Total Appeals & 340 Total Grievances reported. ➤ Transportation Grievances have increased slightly for Q4. <ul style="list-style-type: none"> ○ 34 Access Grievances: 20 were missed appointments/no shows; 10 were late; 1 no vehicle available. ○ CAP in place with the transportation vendor. New oversight reports being brought to the monthly Management Oversight Meeting. ➤ Turnaround Time and A&G IRR met standards. <p>Appeals & Grievances Quarterly Member Report (Q4) through December 2022 was presented noting the following trends:</p> <ul style="list-style-type: none"> ➤ Total number of Appeals are lower and remain steady compared to 2021. ➤ Total number of Grievances remain lower than 2021 but are slowly increasing each quarter. ➤ Pre-Service Appeals were mainly Diagnostic MRI and CAT Scan., and Surgery (some bariatric cases needing information on nutrition training) ➤ Quality of Service (QOS) Grievances: Access to Care Prior Authorization delay and Availability of Appointments with Specialists and PCP were top Grievances in Fresno County. ➤ Transportation Grievances were noted in Kings and Madera Counties. ➤ Quality of Care (QOC) Grievances: Delay in referral by PCP and PCP Inadequate Care which may be due to post pandemic staffing issues and work flows. <p>Quarterly A&G Member Letter Monitoring Report (Q4). This report provides a summary of the results of the daily audits of Appeal and Grievance (A&G) acknowledgment and resolution letters and any related corrective actions taken. For Q4 the following actions were noted to maintain compliance in sending out member communications:</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ➤ Required bolding of DMCH and Plan Phone numbers - met criteria. ➤ Correct branding. Should be branded as CalViva Health - met criteria. ➤ Communication to members regarding decision documentation in Appeal Resolution Letters must be clear and concise (AG Letter 09). 5 Letters failed to meet these criteria. ➤ Decision criteria and rationale are determined by the Medical Reviewers and must be fully referenced to the criterion on which the appeal or decision was based. (AG Letter 10). 38 letters failed to meet these criteria. <p>Working with Medical Directors and nurses to rectify noncompliance and have made some improvements in documentation of clear and concise language.</p>	
<p>#3 QI Business - Provider Preventable Conditions Report (Q4) - Potential Quality Issues Report (Q4) (Attachments Q-R)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Provider Preventable Conditions (PPC) (Q4 2022) This report provides a summary of member impacted Provider Preventable Conditions (PPC). PPCs are identified via four (4) mechanisms:</p> <ol style="list-style-type: none"> 1. Provider / Facility confidential submission of DHCS Form 7107 2. Monthly Claims Data review 3. Monthly Encounter Data review 4. Confidential Potential Quality Issue (PQI) submission of identified/suspected quality cases. <p>The zero (0) potential PPC Cases reviewed in (Q4).</p> <p>Potential Quality Issues (PQI) Report (Q4) 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 review-activities. 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.</p> <ul style="list-style-type: none"> ➤ Zero non-member PQIs for (Q4) in Fresno, Kings, and Madera Counties. ➤ 88 members related PQI-Total Grievances which is consistent with the previous quarters. <ul style="list-style-type: none"> ○ Of which 72 Grievances in Fresno County, 7 in Kings County and 9 in Madera County with 4 cases scoring at a level 3 which automatically go to Peer Review. ➤ There were 3 Peer Review cases in Fresno County, 0 in Kings County and 0 in Madera County. 2 cases have been closed and 1 tabled for more information. <p>PQI and PPC cases will continue to be tracked, monitored, and reported.</p>	<p>Motion: <i>Approve</i> Provider Preventable Conditions Report (Q4) - Potential Quality Issues Report (Q4) (Ramirez/Lee) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#4 QI/UM/CM Business - QI Work Plan End of Year Evaluation & Executive Summary 2022 (Attachment S)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The 2022 Quality Improvement Work Plan End of Year Evaluation & Executive Summary were presented.</p> <p>Planned activities and Quality Improvement focus for 2022 were:</p> <ul style="list-style-type: none"> ➤ Access, Availability and Service: <ul style="list-style-type: none"> ○ Improve Access to Care: <ul style="list-style-type: none"> • <i>Provider Appointment Availability Survey</i> MY21 results reported. <ul style="list-style-type: none"> ○ Urgent Care: scores declined compared to MY20. ○ Non-Urgent Care: PCP care decreased. ○ Specialist Care: Decreased significantly with 13.6% points as compared to MY20. • A CAP Process with a Targeted PPG approach is required for non-compliance on 1 or more metrics. 17 Tier 1 CAPs were requested with all improvement plans received. Most CAPs were closed out by 12/31/22 with one still outstanding and two remain open for supporting documentation and are closely monitored. • <i>Provider After Hours Access Survey:</i> 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. ○ Improve Member Satisfaction: <ul style="list-style-type: none"> • The annual <i>CalViva Health Access Survey:</i> 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. ➤ Quality and Safety of Care: <ul style="list-style-type: none"> ○ HEDIS Default Measures Rates for MY 2021 MPL: <ul style="list-style-type: none"> • Cervical Cancer Screening: three counties exceeded MPL of 59.12% • Childhood Immunization Combo 10: Madera exceeded MPL of 38.20%; Kings and Fresno counties fell below the MPL. • Controlling High Blood Pressure: three counties exceed MPL of 5.35%. • Timeliness of Prenatal Care: three counties exceeded the MPL of 85.89%. ○ Non-Default HEDIS MPL Rates for Measures: 	<p>Motion: <i>Approve</i></p> <p>- QI Work Plan End of Year Evaluation & Executive Summary 2022 (Verma/Ramirez) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Breast Cancer Screening: Kings and Madera counties exceeded the MPL of 53.93%; Fresno County (49.1) did not meet the MPL. • Child and Adolescent Well-Care Visits: Fresno and Madera counties exceeded the MPL of 45.31%. Kings (38.8) county fell below the MPL. • Comprehensive Diabetes Care: three counties exceeded the MPL of 43.19%. • Immunizations for adolescents: Madera and Fresno counties exceeded the MPL of 36.74%; Kings County (32.6) fell below the MPL. • Timeliness of Postpartum Care: three counties exceeded the MPL of 76.40% • 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. • 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. <p>➤ Performance Improvement Projects (PIPs):</p> <ul style="list-style-type: none"> ○ Childhood Immunizations Under 2 years: <ul style="list-style-type: none"> • 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%. Resistance to the influenza and missing hospital Hep B vaccines at birth added to low immunization rates. Compliance rate improved with the inclusion of Hep B hospital data. 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. ○ Breast Cancer Screening Disparity Project: <ul style="list-style-type: none"> • 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. The use of member requested incentives (e.g., bags of rice and gift cards) was successful. 	
#4 QI/UM/CM Business	The Utilization Management Case Management Work Plan End of Year Evaluation &	Motion: <i>Approve</i>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>- UMCM Work Plan End of Year Evaluation & Executive Summary 2022</p> <p>- UM Program Description & Change Summary 2023 (Attachments T-U)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Executive Summary 2022 were presented. The planned activities and Utilization Management Case Management focus for 2022 included the following:</p> <ul style="list-style-type: none"> ➤ Compliance with Regulatory & Accreditation Requirements: <ul style="list-style-type: none"> ○ All compliance activities met objectives for this end of year evaluation except for periodic audits for compliance with regulatory standards. Clear and concise letter content was not met due to use of clinical verbiage. ➤ Monitoring the UM Process: <ul style="list-style-type: none"> ○ Met standards except element 2.2 Timeliness of Processing Authorization Requests (TATs). Work process flow for staff was modified and implemented. ➤ Monitoring Utilization Metrics: <ul style="list-style-type: none"> ○ Objectives met except 3.1 Improve UM Acute In-Patient performance. Decrease Length of Stay for TANF met but not for SPD and MCE populations. ➤ Monitoring Coordination with Other Programs and Vendor Oversight: <ul style="list-style-type: none"> ○ All metrics for this section met goal. ➤ Monitoring Activities for Special Populations: <ul style="list-style-type: none"> ○ All monitoring activities for this section met goals. <p>The Utilization Management Program Description & Change Summary were presented. The changes to the Utilization Management Program Description for this year include:</p> <ul style="list-style-type: none"> ➤ Changed "Medical Management" to "Population Health and Clinical Operations (PHCO)". ➤ Added Basic Prenatal Care and Biomarker Testing to Scope of Utilization Management. ➤ Changed "MHN" to "The Behavioral Health Administrator" throughout. ➤ Updated Continuity and Coordination of Care section. ➤ Updated Health Promotion Programs name and function. ➤ Added Peer Review Investigation Team and Peer Review Committee references and roles. ➤ Added Long Term Services and Supports and Waiver Programs ➤ Added CalViva Health Quality Improvement/Utilization Management Committee description. ➤ Updated HN titles and roles for certain positions. 	<p>- UMCM Work Plan End of Year Evaluation & Executive Summary 2022</p> <p>- UM Program Description & Change Summary 2023 (Ramirez/Lee) 4-0-0-3</p>
<p>#4 QI/UM/CM Business</p> <p>- UMCM Work Plan 2023 (Attachment V)</p>	<p>The Utilization Management/Case Management Work Plan 2023 was presented.</p> <p>The areas of Focus for UM/CM 2023 Work Plan:</p> <ul style="list-style-type: none"> ➤ Compliance with Regulatory & Accreditation Requirements 	<p>Motion: <i>Approve</i></p> <p>- UMCM Work Plan 2023</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Action Patrick Marabella, M.D Chair</p>	<ul style="list-style-type: none"> ➤ Monitoring the UM Process ➤ Monitoring Utilization Metrics ➤ Monitoring Coordination with Other Programs and Vendor Oversight ➤ Monitoring Activities for Special Populations <p>No significant changes to the Work Plan have been made.</p>	<p>(Verma/Lee) 4-0-0-3</p>
<p>#4 QI/UM/CM Business - CM Program Description & Change Summary 2023 (Attachment W)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Case Management Program Description & Change Summary 2023 were presented. The highlights of changes for the 2023 Case Management Program Description include:</p> <ul style="list-style-type: none"> ➤ Changed "Case Management" to "Care Management" ➤ Changed non-complex to Basic Population Health Management (BPHM). Added to the Complex Care Management definition to align with DHCS PHM roadmap. ➤ Organizational Structure. Changed "Medical Management" to "Population Health and Clinical Operations (PHCO)." Changed job titles of SVP and VP from Medical Management to PHCO. ➤ Condition Specific CM & Chronic Condition Management. Added Transplant. Added First Year of Life. ➤ Special Programs – CalAIM. Updated population of focus for CalAIM. Updated ECM definition to match DHCS PHM roadmap. Updated Community Supports population of focus and removed outdated info. 	<p>Motion: <i>Approve</i> - CM Program Description & Change Summary 2023 (Lee/Verma) 4-0-0-3</p>
<p>#5 UM/CM Business - Key Indicator Report and TAT Report (December) (Attachment X)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>Dr. Marabella presented the Key Indicator Report and TAT Report year-end 2022 comparing 2021 to 2022 end of year data.</p> <ul style="list-style-type: none"> ➤ Membership has steadily increased. This will change mid-year as the Public Health Emergency ends, the redeterminations are completed, and Kaiser enters the market. ➤ Admission rates for Acute Care and Readmits has been steady, but ER visits increased. ➤ Bed Days in general decreased. ➤ Average Length of Stay remains steady for Acute and Expansion populations; decreased for Family/Adult populations; increased for SPD populations. ➤ Integrated Case Management has seen a steady increase in the number of members referred 1,313 to 1,942. Engagement rate is now at 72% with 1,299 new cases opened. ➤ Transitional Case Management numbers have fluctuated but after a change in strategy Engagement rate is now at 78%. ➤ Both Perinatal Case Management (38%) and Behavioral Health Management (66%) have higher Engagement rates over MY21. Palliative Care remained the same. 	<p>Motion: <i>Approve</i> - Key Indicator Report and TAT Report (December) (Ramirez/Lee) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>#5 UM/CM Business</p> <ul style="list-style-type: none"> - Utilization Management Concurrent Review Report (Q4) - MedZed Integrated Care Management Report (Q3) - TurningPoint Musculoskeletal Utilization Review (Q3) <p>(Attachments Y-AA)</p> <p>Action Patrick Marabella, M.D Chair</p>	<p>The Utilization Management Concurrent Review Report presents inpatient utilization data and clinical concurrent review activities for Q4. Focus is on improving member healthcare outcomes, minimizing readmission risk, and reducing post-acute gaps in care delivery via proactive discharge planning and expeditious linkages to medically necessary health and support services.</p> <ul style="list-style-type: none"> ➤ All Populations data are better than goal for Bed Days and Admissions for Q4. ➤ For Average Length of Stay, TANF, SPD, and MCE populations did not meet goal in Q4. ➤ Readmissions remained the same. ➤ Added a Non-Clinical Discharge Navigator to assist with CM discharge needs and improve Utilization outcomes. <p>The MedZed Integrated Care Management Report Q3 was presented and reviewed. This report monitors the volume and engagement of members referred to the MedZed Care Management program. This program is designed as a bridge and support for member engagement and is focused on members that are high utilizers with complex needs who are not engaged in care management or with their PCP. The goal is to build a trusting relationship and work to re-engage the member with their PCP.</p> <p>Results were as follows:</p> <ul style="list-style-type: none"> ➤ Total number of referrals has fluctuated quarterly. ➤ Q3 2022 average engagement rate has increased to 36%. ➤ There was a change in methodology for post-discharge in-home visits within 72 hours, now reaching a 100% compliance. ➤ All other metrics are meeting standards of compliance. ➤ MedZed restructured its clinical team and expanded health plan programs with vendors resulting in a lower engagement rate as less staff had time for member outreach. Staff outreach has resumed, and engagement rate has returned to normal for Q3. <p>TurningPoint Musculoskeletal Utilization Review for Q3 is an evaluation of compliance with prior authorization (PA) performance standards for orthopedic procedures.</p> <ul style="list-style-type: none"> ➤ Compliance was not achieved for turnaround times on non-urgent prior authorization determinations and TurningPoint was made aware of this. <ul style="list-style-type: none"> ○ TurningPoint is analyzing existing documentation processes to improve reporting, 	<p>Motion: <i>Approve</i></p> <ul style="list-style-type: none"> - Utilization Management Concurrent Review Report (Q4) - MedZed Integrated Care Management Report (Q3) - TurningPoint Musculoskeletal Utilization Review (Q3) <p>(Verma/Ramirez) 4-0-0-3</p>

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>additionally training individual nurses as needed.</p> <ul style="list-style-type: none"> ➤ Call Center service level agreement criteria were met. ➤ Top Denials by Procedure were Knee Replacement, Acromioplasty, Knee Arthroscopy, Spinal Fusion, and Hip Replacement. ➤ The average number of days to process a Standard Prior Authorization was 4 and 1 day for Expedited PAs. ➤ The Prior Authorization denial rate went up to 33%. Of those, 5 were appealed, 2 upheld and 3 overturned. 	
<p>#6 Compliance Update - Compliance Regulatory Report (Attachment BB)</p>	<p>Mary Lourdes Leone presented the Compliance Report.</p> <p>CalViva Health Oversight Activities. 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.</p> <p>Oversight Audits. The following annual audits are in-progress: Credentialing, Fraud, Waste & Abuse, and the Member Call Center. The following audits have been completed since the last Commission report: Access & Availability, Emergency Services, Utilization Management (CAP)</p> <p>Fraud, Waste, & Abuse Activity. Since the 11/17/22 Compliance Regulatory Report to the QIUM Committee, there have been no new MC609 cases filed.</p> <p>2021 Department of Managed Health Care (“DMHC”) 18-Month Follow-Up Audit. The Plan is still awaiting the DMHC’s final determination on our 2021 CAP response.</p> <p>Department of Health Care Services (“DHCS”) 2020 Medical Audit - CAP. The DHCS closed the CAP on February 11, 2022, however they did not notify the Plan until January 17, 2023.</p> <p>Department of Health Care Services (“DHCS”) 2022 Medical Audit. The Plan received the DHCS’ Final Report on November 17, 2022, and a corresponding CAP request on November 30, 2022. The CAP identified three audit findings: two concerned a lack of documentation related to the provision of blood lead screening of young children, and one related to lack of documentation of a Physician Certification Statement (PCS) form for member’s request for non-emergency medical transportation (NEMT). The Plan submitted its initial response to the CAP on December 30, 2022, and the first monthly follow-up report on February 1, 2023. The Plan must continue to submit monthly updates until the CAP is closed.</p>	

AGENDA ITEM / PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Department of Managed Health Care (“DMHC”) 2022 Medical Audit. The DMHC “on-site” audit was conducted via teleconference on 9/19/22 and 9/20/22. The Plan is awaiting DMHC’s Preliminary Report.</p> <p>California Advancing and Innovating Medi-Cal (CalAIM).</p> <p><u>Long-Term Care (LTC) Carve-In:</u></p> <ul style="list-style-type: none"> • Effective 1/1/23, Medi-Cal Managed Care Plans became responsible for authorizing and covering medically necessary SNF services. The Plan has submitted all 15 of the DHCS-required policy deliverables associated with this carve-in and has received 14 approvals with one still pending. • Effective 1/1/24, the remaining LTC residents receiving care from adult and pediatric Subacute facilities and Intermediate Care Facilities for the Developmentally Disabled will be required to enroll in managed care. <p>DHCS 2024 Operational Readiness Work Plan & Contract. 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 the following phases: Phase 1: August 12, 2022 – December 8, 2022, Phase 2: December 15, 2022 - March 31, 2023, and Phase 3: April 20, 2023 - July 31, 2023. 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. The Public Policy Committee will meet on March 10th at CalViva Health.</p>	
#7 Old Business	None.	
#8 Announcements	Next meeting March 16 th , 2023	
#9 Public Comment	None.	
#10 Adjourn	Meeting was adjourned at 11:38am	

NEXT MEETING: March 16th, 2023

Submitted this Day: 3/16/2023

Submitted by: 
 Amy Schneider, RN, Director Medical Management

Acknowledgment of Committee Approval:



Patrick Marabella, MD Committee Chair

Item #5

Attachment 5.D

Compliance Report



Regulatory Filings	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2023 YTD Total
# of DHCS Filings													
Administrative /Operational	22	20	28	18	7								95
Member Materials Filed for Approval;	2	3	4	3	1								13
Provider Materials Reviewed & Distributed	15	12	23	13	2								65
# of DMHC Filings	11	8	12	10	3								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.

# of Potential Privacy & Security Breach Cases reported to DHCS and HHS (if applicable)													
No-Risk / Low-Risk	0	4	3	1	1								9
High-Risk	0	0	0	0	0								

Fraud, Waste, & Abuse Activity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2023 YTD Total
# of New MC609 Cases Submitted to DHCS	0	0	2	0									2
# of Cases Open for Investigation (Active Number)	10	12	12	10									

RHA Commission: Compliance Regulatory Report

Summary of Potential Fraud, Waste & Abuse (FWA) cases: Since the 3/16/23 Compliance Regulatory Report to the Commission, there have not been any new MC609 cases filed.

Compliance Oversight & Monitoring Activities	Description
<p>CalViva Health Oversight Activities</p>	<p>Health Net CalViva Health's management team continues to review monthly/quarterly reports of clinical and administrative performance indicators, participate in joint work group meetings and discuss any issues or questions during the monthly oversight meetings with Health Net. CalViva Health and Health Net also hold additional joint meetings to review and discuss activities related to critical projects or transitions that may affect CalViva Health. The reports cover PPG level data in the following areas: financial viability data, claims, provider disputes, access & availability, specialty referrals, utilization management data, grievances and appeals, etc.</p>
<p>Oversight Audits</p>	<p>The following annual audits are in-progress: Waste & Abuse, and the Member Call Center. The following audits have been completed since the last Commission report: 2020-2021 Credentialing (CAP); Q3 2022 PDR (CAP)</p>
Regulatory Reviews/Audits and CAPS	Status
<p>2021 Department of Managed Health Care ("DMHC") 18-Month Follow-Up Audit</p>	<p>The Plan is still awaiting the DMHC's final determination on our 2021 CAP response.</p>
<p>Department of Managed Health Care ("DMHC") 2022 Medical Audit</p>	<p>The Plan is awaiting DMHC's Preliminary Report.</p>
<p>Department of Health Care Services ("DHCS") 2022 Medical Audit</p>	<p>The Plan received the DHCS' CAP request on November 30, 2022. The CAP identified three audit findings: two concerned the lack of documentation related to the provision of blood lead screening of young children, and one related to lack of documentation of a Physician Certification Statement (PCS) form for member's request for non-emergency medical transportation (NEMT). The Plan will continue to file a monthly report on the transportation finding until the DHCS accepts the Plans actions as having been satisfactorily completed.</p>
<p>Department of Health Care Services ("DHCS") 2023 Medical Audit</p>	<p>The DHCS medical audit took place via teleconference from April 17, 2023 through 4/28/2023. The 2023 audit also included two additional "focus audits": one related to Behavioral Health and the other to Transportation. In addition to the formal interview questions, there were many additional formal audit requests to which the Plan provided written responses. The Plan is awaiting the DHCS' Preliminary Final Report which is to be sent in advance of the formal "Exit Conference".</p>

RHA Commission: Compliance Regulatory Report

New Regulations / Contractual Requirements/DHCS Initiatives	Status
California Advancing and Innovating Medi-Cal (CalAIM)	On 2/15/23, the Plan submitted an updated Model of Care (MOC) to DHCS in preparation for the new ECM population of focus (POF) that goes live 7/1/23, specifically those pertaining to Children and Youth. The Plan is awaiting DHCS approval of the MOC.
Medi-Cal Adult Expansion	Effective January 1, 2024, full-scope eligibility will be expanded to include individuals who are 26 to 49 years of age, who do not have satisfactory immigration status (SIS) or are unable to establish satisfactory immigration status (USI). The expected count by county to transition to full-scope Medi-Cal is as follows: 13,994 (Fresno); Kings (1,468); 4,615 (Madera).
Transition to Statewide Exclusively Aligned Eligibility (EAE)-D-SNP	Starting January 1, 2024, DHCS will expand the availability of Medi-Medi Plans (EAE D-SNPs) for dual eligible Medicare and Medi-Cal members to five additional central valley counties, including Fresno, Kings, and Madera. The Plan continues to work with Health Net as it stands up its EAE D-SNP product that affiliates with CalViva's Medi-Cal Managed Care plan for benefits not covered by Medicare (e.g., ECM/CS, CBAS, etc.). Health Net is responsible for executing its D-SNP contract with CMS and its SMAC with DHCS. CalViva has been in contact with both DHCS and DMHC to discuss its role in the implementation process and will make any required filings with each of the Departments, especially as it concerns member communications and co-branding.
Member Handbook/Evidence of Coverage	<p>On 3/3/23, the Plan received DHCS' 2023 EOC Errata A which included language related to the California Cancer Equity Act, and the removal of the word "brief" under Cognitive health assessments. The Plan posted the Errata A on its website May 1, 2023</p> <p>ON April 10, 2023, the Plan received DHCS' 2023 EOC Errata B which includes language related to Street Medicine. The Plan is required to post Errata B to its website by July 1, 2023.</p> <p>DHCS is planning to release the 2024 Model EOC by the end of May 2023.</p>
Plan Administration	
DHCS 2024 Operational Readiness Work Plan & Contract	The Plan has completed the monthly filings to DHCS of the various policies and other required documents through January 2023, and has received approvals on most but is still responding to additional DHCS information requests for some of the items. The Plan is on schedule to continue the required monthly filings through August 2023.

RHA Commission: Compliance Regulatory Report

Committee Report	
Public Policy Committee	The next PPC meeting will be held on June 7, 2023 at 11:30 in the CalViva Health Conference Room, 7625 N. Palm Ave., Suite 109, Fresno, CA 93711

Item #8

Attachment 8.A

Sub-Committee Members FY 2024

BL 23-004

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

Sal Quintero
Board of Supervisors

David Luchini, Director
Public Health Department

David Cardona, M.D.
At-large

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

Joyce Fields-Keene
At-large

Soyla Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

Rose Mary Rahn
Public Health Department

Lisa Lewis- At-large

Madera County

David Rogers
Board of Supervisors

Sara Bosse
Public Health Director

Aftab Naz, M.D.
At-large

Regional Hospital

Michael Goldring
Valley Children's Hospital

Aldo De La Torre
Community Medical Centers

Commission At-large

John Frye
Fresno County

Kerry Hydash
Kings County

Paulo Soares
Madera County

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

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

DATE: May 19, 2022

TO: Fresno-Kings-Madera Regional Health Authority Commission

FROM: Dr. David Hodge, Chairman

RE: Committee Appointments—Commissioner Representation

BL #: **BL 22-005**

Agenda Item **8**

Attachment **8.A**

DISCUSSION:

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

FINANCE:

The **Finance Committee** meets at 11:30 am prior to the Commission meeting.

Commission members: *Supervisor Neves, Supervisor Rogers, John Frye, and Paulo Soares*

QUALITY IMPROVEMENT/UTILIZATION MANAGEMENT:

The **Quality Improvement/Utilization Management (QI/UM) Committee** meets at 10:30am prior to the Commission meeting. This committee must consist of participating providers.

Commission members: *David Cardona, MD, and five participating providers; David Hodge, MD is an alternate.*

CREDENTIALING

The **Credentialing Sub-Committee** meets at 12:00 pm following the QI/UM Committee and prior to the Commission meeting. This committee must consist of participating providers.

Commission members: *David Cardona, MD, and five participating providers; David Hodge, MD is an alternate.*

PEER REVIEW

The **Peer Review Sub-Committee** meets following the Credentialing Sub-Committee and prior to the Commission meeting. This committee must consist of participating providers.

Commission members: *David Cardona, MD, and five participating providers; David Hodge, MD is an alternate.*

PUBLIC POLICY:

The **Public Policy Committee** meets the first Wednesday of every quarter.

Commission member: *Supervisor Neves serves as Chair. His seat is coterminous with his Commission seat.*

Item #9

Attachment 9.A-B

Community Support Funding

A. BL 23-005

B. Proposed Grant Recommendations 2023-2024

C. Ad-Hoc Committee Meeting Minutes

FRESNO - KINGS -
MADERA
REGIONAL
HEALTH
AUTHORITY

Commission

Fresno County

Sal Quintero
Board of Supervisors

David Luchini, Director
Public Health Department

David Cardona, M.D.
At-large

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

Joyce Fields-Keene
At-large

Soyla Griffin - At-large

Kings County

Joe Neves
Board of Supervisors

Rose Mary Rahn
Public Health Department

Lisa Lewis - At-large

Madera County

David Rogers
Board of Supervisors

Sara Bosse
Public Health Director

Aftab Naz, M.D.
At-large

Regional Hospital

Michael Goldring
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

DATE: May 18, 2023

TO: Fresno-Kings-Madera Regional Health Authority
Commission

FROM: Jeffrey Nkansah, CEO

RE: CalViva Health Community Support Program

BL #: 23-005

Agenda Item 9

Attachment 9.A

In May 2017, the Fresno-Kings-Madera Regional Health Authority established a process to review and consider funding for Community Support programs/initiatives in excess of twenty thousand dollars (\$20,000) per fiscal year.

Guidelines and review process were established and approved during this time. As a reminder, the Commission has approved funds over the past five years to support our community programs.

The current fund request is intended for Provider Network and Member Support, Education Scholarships and Community Workforce Support, Community Infrastructure and Community Program Support as well as Community Based Organization support.

The Ad-hoc committee reviewed the funding recommendations (attachment 9.C) on March 21, 2023 and voted to bring them to the full commission.

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

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

Community Support

Community Support Grant Recommendations 2023-2024

	Fresno County	Madera County	Kings County	2023-2024 Proposed Funding
Provider Network Support				
1 Funding for PCPs/Extenders	x	x	x	\$600,000
2 Funding for Specialists, Behavioral Health, Ancillary Providers	x	x	x	\$75,000
3 Provider Incentive Quality Bonus (Top Performer(s))	x	x	x	\$1,000,000
4 Provider Incentive Quality Bonus (Low Performer(s))	x	x	x	\$100,000
5 Provider Infrastructure, Supplies & Equipment	x	x	x	\$75,000
6 Tzu Chi-See 2 Succeed Vision Program (Mobile Clinic)	x			\$100,000
Member Support				
7 Enrollment Support	x	x	x	\$200,000
Education Scholarships & Community Workforce Support				
8 California State University Fresno	x	x	x	\$100,000
9 Community Colleges	x	x	x	\$100,000
10 Community Regional Medical Centers Nursing Scholarships	x			\$45,000
Community Infrastructure Support				
11 Food Bank Funding	x	x	x	\$100,000
12 Outdoor Play and Green Space	x	x	x	\$200,000
Community Based Organizations				
13 CBO Support (i.e. Big Brothers, Break the Barriers, CASA, ENP, EPU, Habitat, KCAO, Marjaree Mason, Poverello, Reading Heart, TCM, Fresno C2C)	x	x	x	\$875,000
Other				
14 Recreation Sports	x	x	x	\$75,000
15 Contingency				\$280,000

\$3,925,000



Ad-Hoc Committee Meeting Minutes March 21, 2023

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

Ad-Hoc Committee Members	
✓	David Hodge, M.D. , Chair, Fresno County At-large Appointee
✓	Aftab Naz, M.D. , Commission At-large, Madera County
	Paulo Soares , Commission At-large, Madera County
	Rose Mary Rahn , Kings County Director, Department of Public Health
✓	Jeff Nkansah , Chief Executive Officer (CEO)
✓	Daniel Maychen , Chief Finance Officer (CFO)
✓	Courtney Shapiro , Director, Community Relations and Marketing

AGENDA ITEM / PRESENTER	DISCUSSIONS	ACTION TAKEN
#1 Call to Order Jeff Nkansah	The meeting was called to order at 1:05 pm. A quorum was present.	
#2 Summary of Past Community Support Program Funding Jeff Nkansah	Jeff Nkansah and Courtney Shapiro reviewed the history of the past community support funding.	No motion
#3 Community Support Grant Recommendations Jeff Nkansah and Courtney Shapiro	<p>Jeff Nkansah and Courtney Shapiro presented a funding matrix with potential grantees listed on it. They provided a background on how staff evaluated current funded partners and how they determined services of greatest need to our members.</p> <p>The committee reviewed each organization and staff answered questions when needed.</p> <p>After reviewing all organizations, the committee made a motion and second to move this to the full Commission in May.</p>	Motion: <i>Approve Recommendations and bring to full Commission for approval (Naz / Hodge)</i>

Item #10

Attachment 10.A

Health Equity

2022 Executive Summary
and Annual Evaluation



REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Pao Houa Lee, MBA, Senior Health Equity Specialist

COMMITTEE DATE: May 18, 2023

SUBJECT: Health Equity 2022 Work Plan End of Year Evaluation – Executive Summary Report

Summary:

This report provides information on the Health Equity Department work plan activities, which are based on providing cultural and linguistic services support and maintaining compliance with regulatory and contractual requirements. The Health Equity Work Plan is broken down into the following four sections: 1) Language Assistance Services (LAP), 2) Compliance Monitoring, 3) Communication, Training and Education, and 4) Health Literacy, Cultural Competency, and Health Equity. As of December 31, 2022, all work plan activities have been completed.

Purpose of Activity:

To provide a summary report of the Health Equity Work Plan End of Year Evaluation. CalViva Health (CVH) has delegated all language services to Health Net's Health Equity Department.

Data/Results (include applicable benchmarks/thresholds):

Below is a high-level summary of the activities completed during 2022. For a complete report and details per activity, please refer to the attached 2022 Health Equity Work Plan End of Year Evaluation Report.

1) Language Assistance Services

- a. Updated / amended contracts with vendors. Amendments included contract extensions, new rates, and Medi-Cal Addendum.
- b. Newsletter informing members on how to access language services completed and disseminated.
- c. Seventy-eight staff completed their bilingual assessment / re-assessment.
- d. Four quarterly LAP and Health Literacy meetings conducted.
- e. Population Needs Assessment completed in collaboration with HE and QI departments.
- f. Completed annual report of the LAP assessment results for the Timely Access Reporting.
- g. Forty-two translation reviews were completed in 2022.
- h. Participated in information technology projects to help vendor record member gender identity, and preferred pronouns and name.

2) ***Compliance Monitoring***

- a. HEQ reviewed two interpreter complaints and 53 grievance cases with six interventions identified.
- b. 2021 grievance trending report was completed in Q3.
- c. 2022 Mid-Year Work Plan was approved by committee.
- d. Attended QI/UM Workgroup and committee and PPC meetings.
- e. Three findhelp trainings were completed with 347 new programs added to the platform.
- f. All HEQ Policy & Procedures reviewed and updated in Archer.

3) ***Communication, Training and Education***

- a. Four A&G trainings completed on coding and resolution of grievances.
- b. Seven call center trainings conducted, and training decks updated.
- c. Providers were updated on cultural practices, LAP services, health literacy, and on-line cultural competency/OMH training.
- d. Language identification poster for provider office was remediated and posted in provider library.
- e. One-hundred and seven providers attended implicit bias training: Strengthening Cultural Humility Dismantling Implicit Bias in Maternal Health.

4) ***Health Literacy, Cultural Competency and Health Equity***

- a. English material review completed for a total of 29 materials.
- b. Revised Plain Language training; posted updated version into Centene University website.
- c. Conducted annual Heritage/CLAS Month with 3,952 attendees.
- d. Successfully co-led and supported the completion of PDSA and PIP projects.
- e. Supported work plan development, updated, and extended the Scope of Work for community partners.
- f. Led and/or collaborated on BCS PIP intervention components including of agendas, slide deck, talking points, event survey, appointment reminder, CAG meetings, etc.

Analysis/Findings/Outcomes:

All work plan activities in 2022 were completed.

Next Steps:

Obtain approval on the 2022 End of Year Work Plan evaluation report and proceed to implement the 2023 Work Plan upon committee approval.



2022
Health Equity
End of Year Work Plan Evaluation

Submitted by:

Patrick Marabella, MD, Chief Medical Officer

Amy Schneider, RN, BSN, Director Medical Management

Mission:

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

Goals:

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

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

Objectives:

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

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

Selection of the Cultural and Linguistics Activities and Projects:

The Healthy Equity Work Plan activities and projects are selected based on the results from the CalViva 2022 Population Needs Assessment Report (PNA) (i.e., demographics, health status, risk factors, and surveys), regulatory requirements, department evaluation report from the previous year, HEDIS results, contractual requirements, and strategic corporate goals and objectives. After review and input from senior management staff, projects and new departmental activities are identified and incorporated into this work plan. Programs and services are developed with special attention to the cultural and linguistic needs of our membership. This work plan addresses the needs of our Medi-Cal (MC) members.

Strategies:

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

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

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

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Communication, Training and Education	12
Core Areas of Specialization:	
Health Literacy	13
Cultural Competency	14
Health Equity	16

^
revision
*
new

1	Main Area and Sub-Area	Activity	Measurable Objective	Due Dates	Mid-Year Update (1/1/22 - 6/30/22)	Year-End Update (7/1/22 - 12/31/22)
2	Language Assistance Program Activities					
3	Rationale	The LAP and applicable policies and procedures incorporate the fifteen national standards for Culturally and Linguistically Appropriate Services (CLAS) in health care developed by the Office of Minority Health. Standards 5, 6, 7 & 8 provide the basics for language support services for CalViva Health members. ¹				
4	Responsible Staff:	Primary: I. Diaz, L. Espinoza	Secondary: P. Lee, D. Fang			
5	Audit	Assure C&L audit readiness to support DHCS Language Assistance Program (LAP) audit standards	Coordinate LAP audit requirements to include: collecting requested documentation, submitting documents as requested, participate in on-site interviews as requested	Annual	DMHC CalViva Audit documentation submitted (Q2)	No additional audits completed in Q3 or Q4.
6	Contracted Vendors	Conduct language assistance vendor management oversight	Review and update vendor contracts to ensure alignment with requirements	Ongoing	Extend SOW for the following vendors: Akorbi, ISI, T-Base, The Fresno Center, and TransPerfect. Added encryption language to alternate format servicing vendors: Akorbi, CQ Fluency, ISI, T-Base, and TransPerfect. Added Language Line as a new OPI and VRI interpreting Services vendor. Attended all JOC meetings with vendors.	Renew contracts with the following vendors: CASL, findhelp, and Voiance. Attend JOC meetings and bi-annual busines review.
7	Interpreter	Monthly collection of language utilization data for CalViva	Updated LAP utilization report to contain: monthly summary of bilingual phone calls answered by call center, in-person and telephonic interpreter utilization log	Semi-annual	Submitted CVH's 2021 EOY report and presented to committee in Q2.	Completed 2022 Mid-Year LAP Trend Analysis, submitted in Q3.
8	Data	Conduct membership data pulls	Validated membership reports	Monthly	Monthly tracking and review completed.	Monthly tracking and review completed.

9	Operational	Create language and alternate format standing request report	Number of reports generated and posted	Monthly	Ongoing. Weekly and monthly reports generated and disseminated to stakeholders.	Ongoing. Weekly and monthly reports generated and disseminated to stakeholders.
10	Compliance	Coordinate and support operationalizing 508 remediation plan inclusive of providing SME consultation to workgroups and identification of process risks	Number of PDFs remediated/total PDFs	Ongoing	No PDFs coordinated by Health Equity; ongoing support provided. Remediated 1 Cultural Competency Presentation.	0 PDFs coordinated; ongoing support provided
11	Compliance	Monitor provider bilingual staff; ensure systems are capturing provider and office language capabilities	Annual provider communication and monitoring grievances, review of provider Ops manual	Ongoing	Annual Provider Communication distributed on 7/29/2022. Ongoing monitoring of linguistic-related grievances (7). Provider Ops manual reviewed in 6/2022.	Completed in Q3.
12	Regulatory	Update and provide taglines and Non-Discrimination Notice (NDN) insert in support of departments and vendors that produce member informing materials	Annual review and update as needed and distribute updated documents to all necessary departments, maintain tagline and NDN decision guides, answer ad-hoc questions on the use and content, assure most recent documents are available on Health Equity SharePoint	June and December	No NDN and taglines reviewed and updated at the moment.	No NDN and taglines reviewed and updated at the moment.
13	Member Communication	Annual mailing to members advising how to access language assistance services	Write or revise annual language assistance article distributed to CalViva members	Annual	Assisted with annual mailing in May 2022.	Completed in Q2
14	Operational	Ensure bilingual staff maintain bilingual certification; generate reporting and support to departments to identify staff who need bilingual certification updated	Number of staff certified annually	Annual	27 bilingual assessment were completed for CVH staff.	51 bilingual assessment were completed for CVH staff.

15	Operational	Complete LAP Trend Analysis, including year over year LAP trend analysis	Report to summarize utilization of LAP services, number of bilingual staff and provide year over year trends for the utilization of LAP services	Q2	Presented 2021 EOY LAP report to committee in Q2.	Completed 2022 Mid-Year LAP Trend Analysis, submitted in Q3.
16	Operational	Oversight of interpreter and translation operations. Review of metrics for interpreter/translation coordination	Conduct oversight meetings to review metrics for timeliness. Hold quarterly meetings with Centralized Unit and escalate when metrics are not being met	Quarterly	Attended Q1 and Q2 quarterly meetings and provided consultations on translation issues, grievances, billing and invoice changes as needed.	Held Q3 and Q4 meetings, along with two ad hoc meetings (June and July) to discuss metrics, translation issues, grievances, billing and invoice changes as needed.
17	Operational	Review interpreter service complaints (exempt grievance) reports and conduct trend analysis. Provide complaint information to impacted area for resolution, e.g., vendor, internal process	Monitor interpreter service vendors through service complaints	Annual (trend)	Interpreter service Call Center complaint logs are being received and monitored on a monthly basis.	Interpreter service Call Center complaint are received, logged, and monitored monthly.
18	Operational	Coordinate and deliver Health Equity Department Quarterly meetings to review requirements and department procedures for language and health literacy services	Minutes of meetings	Quarterly	Completed Q1 and Q2 meetings.	Completed Q3 and Q4 meetings.
19	Operational	Complete 2021 PNA action plan activities to expand language assistance program awareness and utilization	Update and develop LAP resources, conduct trainings for staff and providers and complete PNA action plan reporting template for submission to DHCS	June	Completed 2021 PNA action plan and submitted report to DHCS. Action plans includes expanding VRI service.	Completed in Q2
20	Operational	Complete Population Needs Assessment (PNA) in collaboration with Health Education. Support PNA data collection, interpretation for member demographics, disparity analysis and development of an action plan that addresses identified member needs	PNA report completed including action plan developed and/or strategies identified according to DHCS requirements. Submitted to CalViva compliance for filing.	June	FindHelp, LAP, demographic and health disparity sections compiled, completed, and submitted for CVH PNA.	Completed 2022 PNA report, final report accepted in Q4.

21	Operational	Develop, update and maintain translation, alternate formats, interpreter services and bilingual assessment policies and procedures (P&Ps)	Annual update of P&Ps and off cycle revisions as needed and submitted to designated CalViva Health staff for utilization in the development or review of CalViva Health C&L P&Ps	Annual	Updated P&Ps in March 2022 for annual updates. Updated CA.CLAS.02 and 05, and in Q2 for APL updates.	Updated P&Ps throughout Q4 in response to CalViva RFP requests. Annual review on track for Q1 2023.
22	Operational	Collect and review LAP P&Ps from other departments to assure compliance with use of tagline, NDN, translation process and interpreter coordination	P&Ps will be reviewed and placed in Health Equity LAP compliance folder	Annual	Annual tracking of vital documents to be completed in Q3. P&Ps collection on track.	Tracking and documentation of vital documents completed in Q3.
23	Operational	Complete C&L Geo Access report documenting Provider Network Management (PNM) findings every two years	Data collection and data analysis for C&L GeoAccess report, production of C&L Geo Access report.	Q3 2023	Reviewed Desktop, software requirements, contacts and had a discussion around report development and sources for support.	Report is on track to be completed every other year, next report due in 2023.
24	Operational	Complete annual Timely Access Reporting on the Language Assistance Program Assessment	LAP Assessment Timely Access Report	Annually	Reports on the findings from C&L related questions on the TAR report were submitted in Feb 2022. Presented TAR report to CVH committee in June 2022.	Completed in Q1.
25	Operational	Coordinate and provide oversight to translation review process	Number of translation reviews completed	Ongoing	26 translation reviews were completed from January to June.	16 translation reviews were completed from July to December.

26	Training	Review, update and/or assign LAP online Training	Number of staff who are assigned training and percentage of completion	Annual	The LAP training to be assigned in Q3. Staff assignments will be updated in Q3 for the CC training, with assignment protocol reassigned in Q3.	LAP training was deployed Q3 with 3635 staff completing the training.
27	Information Technology	Participate in information technology projects related to language assistance services to ensure C&L requirements are represented through various projects	Successful implementation of information technology projects	Ongoing	Implementing monthly REL Workgroup meetings to coordinate IT projects. Held 2 meetings (May and June)	Ongoing workgroup meetings as updates are available. Held 3 meetings (August, November, and December).
28	Strategic Partners	Monitor strategic partners and specialty plans for LAP services	Request information from specialty plans and strategic partners (e.g., MHN, VSP, etc.) semi-annually. Update report template to indicate delegation status of LAP, use of NOLA, any comments forwarded from delegation oversight and review of P&Ps	Ongoing	Additional annual attestation collection is added to 2022. Collected and filed specialty plan reports in February 2022.	Report collection moved from semi-annual to annual in 2022. Collected and filed specialty plan reports in February 2022, and developed plan to fill specialty report in Q1 of 2023.
29	Translation and Alternate Format Management	Develop and maintain Translation and Alternate Format Tracking (TAFT) database with comprehensive list of member informing materials available and department responsible. Database will help support prompt identification of document and department responsible. Ongoing updating with bi-annual requests to all departments to review/update their list. Oversee implementation, management and updating of TAFT database	List of available materials	Ongoing	Annual tracking and updating of vital documents to be completed in Q3.	Tracking and documentation of vital documents completed in Q3.

30	Compliance Monitoring					
31	Rationale	Compliance monitoring conducted to ensure CalViva Health members receive consistent, high quality C&L services. The following processes are in place to ensure ongoing CalViva Health oversight of the C&L programs and services delegated to HNCS and the internal monitoring conducted by HNCS.				
32	Responsible Staff:	Primary: P. Lee, A. Kelechian	Secondary: I. Diaz, A. Greer			
33	Complaints and Grievances	Oversight of complaints and grievances related to LAP or C&L services, including monitoring and responding to all C&L related grievances. Collect grievance and call center reports. Maintain contact with the call center to ensure C&L complaints are monitored. Grievance reports include grievances coded to C&L codes (including discrimination due to language or culture). Maintain grievance response log and list of materials, develop and document interventions when indicated	Report on grievance cases and interventions	Ongoing	No interpreter complaint in Q1 and Q2. A total of 27 grievance cases were received and reviewed by Health Equity. Of these cases, nine (9) were coded as culture perceived discrimination, eleven (11) were coded as culture non-discriminatory, one (1) was coded to linguistic perceived discrimination, six (6) were coded to linguistic non-discriminatory. Based on evidence reviewed, Health Equity identified two (2) interventions deemed necessary and to be delivered in collaboration with the Provider Relations department. There were no grievances received regarding MHN providers or services.	Two interpreter complaints were logged in Q3 and Q4. A total of 26 grievance cases were received and reviewed by Health Equity. Of these cases, ten (10) were coded as culture perceived discrimination, eight (8) were coded as culture non-discriminatory, one (1) was coded to linguistic perceived discrimination, seven (7) were coded to linguistic non-discriminatory. Based on evidence reviewed, Health Equity identified four (4) interventions deemed necessary and to be delivered in collaboration with the Provider Relations department.

34	Complaints and Grievances	Conduct a trend analysis of C&L grievances and complaints by providers	Production of trend analysis report	August	2021 reports completed. 2022 reports on track.	On track for 2022 reports.
35	Complaints and Grievances	Review and update desktop procedure for grievance resolution process	Revised desktop procedure	December	Desktop procedure reviewed and revised on an ongoing basis.	Completed
36	Oversight	Complete CalViva required Health Equity/C&L reports	Develop Health Equity CalViva work plan, write/revise and submit Health Equity CalViva Program Description. Prepare and submit work plan, LAP mid year and end of year reports	Ongoing	2021 reports were submitted and approved in Q2. Program Description and 2022 CVH Work Plan were approved in Q2.	2022 LAP Mid-Year report and 2022 Work Plan Mid-Year report completed and approved by committee in Q3.
37	Oversight	Participate in CalViva required work groups and committees	Participate in the ACCESS workgroup, QI/UM workgroup, QI/UM committee, monthly operations management meetings. Provide support for Regional Health Authority meetings as needed or requested.	Ongoing	Attended meetings as requested.	Continue to attend CVH's Access Work Group and QI/UM committee meetings on an ongoing basis.
38	Oversight	Support Public Policy Committee meetings for Fresno, Kings and Madera Counties	Assist at Public Policy Committee meetings as required.	Quarterly	Attended two Pulic Policy Committee meetings in Q1 & Q2.	Attended two Pulic Policy Committee meetings in Q3 & Q4.
39	Oversight	Develop, update and/or maintain all Health Equity related P&Ps.	Updated P&Ps submitted to designated CalViva Health staff for utilization in the development or review of CalViva Health C&L P&Ps.	Annually	Updated P&Ps in March 2022 for annual updates. Updated CA.CLAS.02, 05, and 10 and in Q2 for APL updates.	Updated P&Ps throughout Q4 in response to CalViva RFP requests. Annual review on track for Q1 2023.
40	Regulatory	Implementation and scaling of findhelp platform and coordination of social service referrals for members.	Provide training on findhelp to internal departments and pilot Social Needs Assessment and Close Loop Referral programs with internal departments.	Ongoing	2 findhelp trainings completed in Q1 and Q2. 50 programs were added to the platform.	1 findhelp training completed in Q3. 297 programs were added to the platform.

41	Communication, Training and Education					
42	Rationale	To provide information to providers and staff on the cultural and linguistic requirements, non-discrimination requirements, the LAP program, C&L resources, and member diversity.				
43	Responsible Staff:	Primary: L. Esponza, I. Diaz	Secondary: S. Rushing, D. Fang,			
44	Training and Support	Provide support and training to A&G on coding and resolution of grievances; re-align coding per 1557 non-discrimination reporting	Revised/updated Quick Reference Guide (QRG) for A&G staff regarding grievance responses, coding and process on sending to Health Equity, etc.	Ongoing	A&G new hire training completed in March 2022. A&G staff dept training completed in June 2022. Q3 and Q4 trainings on track.	A&G training completed on 9/20- 2 sessions (morning & afternoon).
45	Staff Training	Provide Health Equity in-services for other departments as requested (e.g., Call Center, Provider Relations).	Curriculum/power point, name of department and total number of participants who attended the in-service	Ongoing	1 Cultural Competency Training plan was developed to target Provider Relation Team and Call Center Team for Q4. 2 findhelp training were completed with 18 attendees.	CCC New Hire C&L Training (28 attendees, 8/10/2022; 21 attendees, 9/14/2022; 27 attendees, 9/23/2022; 18 attendees, 9/26/2022; 10 attendees, 12/6/2022, 12/27/2022, 9 attendees; 12/29/2022 26 attendees); Plain Language-Avoiding Complex and Jargon Language Training (14 attendees, 10/11/2022; 22 attendees, 10/25/2022); Findhelp (1 attendee, 8/10/2022)
46	Staff Communication	Maintenance and promotion of Health Equity SharePoint site	Timely posting of important information on Health Equity SharePoint e.g., vendor attestation forms, threshold languages list, etc.	Ongoing	The Health Equity Dept SharePoint site is managed on an ongoing basis. Updated the site to include the most current materials.	Updated materials are added to the SharePoint on an ongoing basis. SharePoint was promoted at HEQ's quarterly meeting.

47	Provider Communication	Prepare and submit articles for publication to providers. Potential topics: LAP services, culture and health care, and promotion of on-line cultural competence/OMH training	Copies of articles and publication dates	Ongoing	LAP - on track for July 2022. Cultural competency on track for Aug 2022. Health Literacy in Oct. 2022.	Completed 9 LAP Provider Updates completed in July 2022.
48	Provider Communication and Training	Promote C&L flyer and provider material request form about Health Equity department consultation and resources available, inclusive of LAP program and interpreter services	Provider material request forms received by Health Equity Department	Ongoing	On track, scheduled for end of Q3.	Completed in Q4.
49	Provider Training	Implementation of four part provider implicit bias training series	Number of attendees/participants	Q3	On track. Led biweekly planning meetings with LA Care. Identified speaker, established an MOU with speaker, obtained CME approval from LA Care CME team. Created flyer for training, created webinar link for training	Completed training in September, Strengthening Cultural Humility Dismantling Implicit Bias in Maternal Health, 107 attendees.
50	Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity					
51	Health Literacy					
52	Rationale	To ensure that the information received by members is culturally and linguistically appropriate and readability levels are assessed to ensure they comply with required readability levels mandated by regulatory agencies.				
53	Responsible Staff:	Primary: A. Kelechian	Secondary: A. Schoepf, I. Diaz			
54	English Material Review	Conduct English Material Review (EMR) per end-end document production guidelines (review of content and layout of materials for C&L appropriateness and low literacy)	Completion of all EMRs as tracked through the C&L database	Ongoing	Completed 19 EMRs.	Completed 10 EMRs.

55	Operational	Review and update Health Literacy materials as needed inclusive of list of words that can be excluded during the readability assessment, database guide, checklists, readability assessment guide and other relevant materials	Update and post materials on Health Literacy SharePoint Explore new system platform to host EMR data	Ongoing	Health Literacy materials updated and posted in June 2022. Data migration on track to be completed in Q4.	Created and testing the new EMR database. Waiting on approval of the server to move into production.
56	Training	Quarterly training for staff on how to use the C&L database and write in plain language	Quarterly training	Quarterly	Completed 2 quarterly Readability and EMR Database trainings. On track for updating CU Plain Language training by Septmeber.	The Centene University Plain Language training was revised and uploaded to CU in September. Additionally, 2 quarterly EMR Database trainings were completed in Q3 and Q4.
57	Training	Conduct activities and promotion of national health literacy month (NHLM)	Production and tracking of action plan for NHLM and summary of activities	October	On track. Rebranded provider trainings for CVH. Scheduled two provider trainings for October for NHLM	Completed all planned activities including 2 provider trainings during NHLM in October.
58	Cultural Competency					
59	Rationale	To integrate culturally competent best practices through provider and staff in-services, training, education, and consultation. Training program offers topic specific education and consultation as needed by staff, contracted providers and external collaborations.				
60	Responsible Staff:	Primary: P. Lee,	Secondary: D. Fang, A. Schoepf, A. Greer			
61	Collaboration-External	Representation and collaboration on Health Industry Collaboration Efforts (HICE) for Health external workgroup	Minutes of meetings that reflect consultation and shared learning	Ongoing	Attended 4 meetings	Attended 2 meetings (July, November)

62	Provider Training	Conduct cultural competency training/workshops for contracted providers and provider groups upon request. Training content to include access to care needs for all members from various cultural and ethnic backgrounds, with limited English proficiency, disabilities, and regardless of their gender, sexual orientation or gender identity. Work with provider communication to implement ICE for Health computer based training through provider update and/or provider newsletters and/or medical directors, promote OMH cultural competency training through provider operational manual and provider updates	Output number of providers who received cultural competency training by type of training received	Annual	Cultural Competency and Implicit Bias trainings for Providers on track in Q3 and Q4.	LAP & Bilingual Assessments for providers (6 attendees, 11/18/2022); Special Needs and Cultural Competency (263 attendees, 8/31/2022)
63	Staff Training	Conduct annual cultural competence education through Heritage/CLAS Month events including informational articles / webinars that educate staff on culture, linguistics and the needs of special populations	Online tracking. Event summary and activity specific participation totals	Q3	On track for implementation in August. Activity and communications plan developed for CLAS month activities, surveys, incentives, and trainings including integrating for CVH.	CLAS/Heritage Month (3,952 completed trainings).

64	Online Training	Review online content for cultural competency training and update as needed annually	Annual online training and number of staff trained	Annual	On track for implementation in August.	Reviewed and provided input on 3 corporate video trainings on health equity. Reviewed corporate 101 training for staff. Training include ways to define cultural sensitivity and identifying the impacts of cultural differences, describes laws and tools, steps individuals can take to be more culturally sensitive, and practical scenarios. Completed by staff in November.
65	Health Equity					
66	Rationale	To support the health of CalViva Health members and promote the reduction of health disparities across our membership. In order to accomplish this, staff collaborates across departments and with external partners in order to analyze, design, implement and evaluate healthy disparity interventions.				
67	Responsible Staff:	Primary: P. Lee, D. Fang,	Secondary: A. Schoepf, A. Greer			
68	Operational	Increase interdepartmental alignment on disparity reduction efforts. Facilitate quarterly meetings	Facilitation of health disparity collaborative meetings	Quarterly	Completed. Attended all health disparity meetings.	Completed 4 health disparity collaborative meetings in 2022.
69	Operational	Align population health and disparity initiatives across departments	Develop Health Disparity e-newsletter and listserv for internal staff. Facilitate communication on health disparities and newsletter development and distribution	Ongoing	Supported Health Education to complete e-newsletter in Q1, newsletter is scheduled to be release in Q4.	Created and distributed the second and last newsletter on December 1.
70	Operational	Implement disparity model for Hmong breast cancer screening disparity performance improvement project (BCS Disparity PIP) in Fresno County to include formative research, community, member and provider interventions	Development of modules; meet PIP disparity reduction targets	Ongoing	Two mobile mammograms completed in Q1 & Q2. Attended bi-weekly meetings. In progress of another mobile mammogram in Q3 and pushing out testimonial videos.	Completed. Lead and supported two mobile mammogram events in Q3 & Q4. Testimonial videos aired and made available to the public in Q3.

71	Operational	Collaborate with Community Engagement team to support The Fresno Center with the development of the Community Advisory Group in Fresno County in support of the BCS Disparity PIP	Outcome of activities	Ongoing	Two meetings completed in Q1 & Q2. Additional meetings are on track.	Hosted two CAG meetings in Q3 & Q4.
72	Operational	Support Childhood Immunizations Improvement Project.	Disparity reduction project work plan; evaluation, documentation of process outcomes	Ongoing	Attended all meetings. Participated in immunization event in Q2. Another immunization event to be hosted in Q4.	Project completed in Q4. Project concluded with a 34.53% compliance rate, pending final data from final report.
	Operational	Support in PDSA	Disparity reduction project work plan; evaluation, documentation of process outcomes	Ongoing	Attended all meetings and provided support as needed. Two PDSA projects (HbA1c & CCS) concluded in Q3.	HbA1c project completed in Q3. 6 members received educational materials. CCS project completed in Q2. Project concluded with a 64.52% compliance rate.
75	Operational	Provide consultation to departments on cultural competency and improving health care outcomes (including enrollment) for key demographics and key metrics to support health equity	Consultation and /or trainings provided	Ongoing	Ongoing input provided on Health Equity to various departments and resources. Monthly Health Equity collaboration meetings held with wide representation from various depts. Presented HEDIS disparities analysis by REL and gender. Identified and prioritized disparities interventions.	Ongoing input provided on Health Equity to various departments and resources. Monthly Health Equity collaboration meetings held with wide representation from various depts.

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

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

^ **Indicates revision.**

* **Indicates new.**

Item #10

Attachment 10.B

Health Equity

2023 Change Summary
and Program Description



REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Pao Houa Lee, MBA, Senior Health Equity Specialist

COMMITTEE DATE: May 18, 2023

SUBJECT: Health Equity Program Description 2023 CalViva Health – Change Summary

Program Description Change Summary:

Redline Page #	Section/Paragraph Name	Description of Change	New Page #
Page 4	Mission	<p>To the Health Equity mission remove “be an industry leader in ensuring health equity for all members and their communities.” Add the following bullets:</p> <ul style="list-style-type: none"> • Improve structural determinants of health equity, by working within and across societal institutions and systems. • Improve neighborhood-level social determinants of health, by working with and across institutions in defined geographic communities. • Improve institutional drivers of health equity, by working within our institution, all lines of business, with providers, and with other key stakeholders. • Improve individual & household-level social needs & networks, by improving access, quality, and value of services for our members. 	Page 4
Page 7	Health Equity Work Plan	Edit and expand on the Health Equity areas.	Page 6-7
Page 10	Monitoring for LAP Quality	Add Armenian as a language to monitor.	Page 10
Page 11	Cultural Competency	Add sex, ethnic group identification, gender identity, medical condition, genetic information, and mental disability or physical disability to cultural competency training.	Page 11
Page 17-18	Population Needs Assessment	Edit the frequency of the PNA report from annually to every 3 years.	Page 17

Page 21	HNCS Health Equity Department Staff Roles and Responsibilities	Edit and updated the Health Equity Department staff.	Page 20
Page 21	HNCS Leadership Team	Included the Chief Health Equity Officer role and responsibilities to this section.	Page 20
Page 21	CalViva Health Staff Roles and Responsibilities	Added Health Equity Officer as a new role section. Responsibility is listed as follow: CalViva's Health's Health Equity Officer reports to the Chief Executive Officer and is responsible for providing leadership and health equity services across the organization.	Page 20

2023 Health Equity Program Description



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1.0 EXECUTIVE SUMMARY

The Fresno-Kings-Madera Regional Health Authority (RHA) is a local public agency, created through a joint exercise of powers agreement by the Counties of Fresno, Kings, and Madera in California. Under California's Medi-Cal Managed care program, the RHA dba CalViva Health is designated as the Local Initiative. CalViva Health is contracting with Health Net Community Solutions (HNCS) to provide cultural and linguistic services and programs for the CalViva Health's membership. CalViva Health ("CalViva" or "Plan") may also contract with other entities or health plans to provide or arrange cultural and linguistic services and programs for members enrolled with CalViva Health. CalViva Health, in collaboration with Health Net Community Solutions (HNCS), is committed to improving health outcomes by providing cultural and linguistic services and programs that facilitate effective communication between a diverse membership, provider networks, and CalViva Health and HNCS.

The HNCS Health Equity Department develops programs and services to facilitate understanding, communication and cultural responsiveness between members, providers, and Plan staff.

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

Services offered include cultural and language information for providers and their staff, as well as for Plan staff; trainings on language assistance requirements imposed by state and federal regulatory agencies; interpreter support for members and providers; culturally appropriate translation and review of member materials; and cultural responsiveness education.

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

2.0 Staff Resources and Accountability

2.1 Staff Roles and Responsibilities

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

3.0 MISSION, GOALS AND OBJECTIVES

3.1 Mission

CalViva Health's Health Equity mission is to:

- Improve structural determinants of health equity, by working within and across societal institutions and systems
- Improve neighborhood-level social determinants of health, by working with and across institutions in defined geographic communities
- Improve institutional drivers of health equity, by working within our institution, all lines of business, with providers, and with other key stakeholders
- Improve individual & household-level social needs & networks, by improving access, quality, and value of services for our members

3.2 Goals

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

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

3.3 Objectives

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

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

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

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

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

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

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

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

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

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

4.0 HEALTH EQUITY WORK PLAN

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

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

The work plan is divided into the following areas:

- Operational Areas Subject Matter Experts
- Language Assistance Program
- Health Literacy

-
- Cultural Competency
 - Health Equity, Social Determinants of Health, & Social Needs
 - General Compliance Activities

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

5.0 SCOPE OF PROGRAMS AND SERVICES

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

5.1 Language Assistance Program

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

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

The LAP main elements include:

- **Demographic Data Collection for Members**

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

- **Interpreter Services**

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

Providers and members may request an interpreter 24 hours a day, 7 days a week at no cost. Interpretation services may be delivered either through telephone, face-to-face, video remote interpreting, closed caption services or sign language (SL) depending on the nature of the appointment and need. As a result of COVID-19 changes in patient care delivery, the Plan continues to provide direct access to telephone interpreters for pre-scheduled interpreter requests and video remote interpreting services are available on the same day of the appointment. Interpreter services also include oral translation services of print documents upon request from a member, which may be provided by either a bilingual staff or contracted interpreter vendor. Quality standards for contracted interpreter services are incorporated into the vendor scope of work agreements and include demonstrating that the interpreter is versed in health care and medical terminology as demonstrated by a validated test instrument, familiarity with interpreter ethics, and verification process for basic interpreter skills such as sign translation, listening and memory skills, commitment, confidentiality, and punctuality. Interpreter quality standards are fully compliant with the interpreter quality definitions from the federal requirements in Section 1557 of the ACA and with CA SB223, Language Assistance Services.

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

- **Translation Services**

Translation services are guided by the Translation of Written Member Informing Materials P&P and are based on industry translation standards. Translation services includes quality standards for translators, a style guide to promote consistent translation quality, a glossary of common terms in each threshold language, provision of materials in Alternate Formats, a review process to prepare English documents for translation, and a process to monitor translations for quality, timely delivery, and accuracy. Translation services ensure that member informing documents are provided in the threshold languages of English, Spanish and Hmong and that a tagline and Non-Discrimination Notice (NDN) are included in member mailing when required. The translation program includes oversight of the use of the Non-Discrimination Notices and taglines with English and translated documents as required by federal rules (Section 1557, 45 CFR 155.205).

- **Alternate Formats** – CalViva Health provides alternate formats of member informing documents to members as required by regulation, law, and upon member request. Alternate formats include but are not limited to Braille, large print, and accessible PDF documents. The quality of the documents and the time to fulfill member requests for these documents are monitored to assure timely access of benefit information to CalViva Health members. The provision of alternate formats is compliant with Section 1557 of the ACA and DHCS All Plan Letters 21-004 and 22-002. This consists of informing members of the need to collect information on their preferred alternate format, requesting the information, capturing the information accurately in the membership databases and monitoring the information collected. For example, if a member states their preferred alternate format is Braille, CalViva Health will provide all required member information material to this member in this format moving forward.

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

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

- **Staff Training on LAP**

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

- **Monitoring for LAP Quality**

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

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

- **Communication for LAP**

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

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

5.2 Cultural Competency

CalViva Health integrates culturally competent best practices through provider and Plan staff in-services, training, education, and consultation. The training program offers topic specific education and consultation as needed by Plan staff and contracted providers. The cultural competency training program covers non-discrimination based on sex, race, color, national origin, ethnic group identification, ancestry, religion, language, age,

gender, gender identity, marital status, sexual orientation, medical condition, genetic information, mental disability or physical disability.

- **Cultural Competency Training for staff**

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

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

- **Cultural and Linguistic Consulting Services**

Each Health Equity staff member has a cultural subject matter area of expertise that includes: cultural issues that impact seniors and persons with disabilities, cultural issues that impede health care access for Lesbian, Gay, Bisexual & Transgender (LGBT+) populations, cultural disconnects that may result in perceived discrimination based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, health status, and the cultural issues that impede accessing health care services for recent arrivals. Health Equity staff also offers specialized consultation on many other areas including:

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

- **Cultural Competency Education for Providers**

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

- Encourage cultural responsiveness and awareness
- Provide strategies that can easily be implemented into a clinical practice
- Foster improved communication and health outcome for patients from diverse cultural and ethnic backgrounds, with limited English proficiency, disabilities, regardless of their gender, sexual orientation or gender identity
- Foster non-discrimination based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

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

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

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

- **Collaborations**

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

5.3 Health Literacy

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

- **Plain Language 101 Training**

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

- **Readability Software and Training**

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

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

- **Clear and Simple Guide**

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

- **English Materials Review (EMRs)**

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

- **National Health Literacy Month**

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

5.4 Health Equity

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

- **Health Equity Interventions**

Health Equity Projects: This involves the development and implementation of an action plan to reduce health disparities. Plan staff look systematically and deliberately at the alignment of resources and development of strategies to reduce targeted health disparities. The interventions are aligned with DHCS PIP requirements. Disparity reduction efforts are implemented through a model that integrates collaboration across departments, e.g., Quality Improvement, Provider Engagement, Cultural and Linguistics, Health Education, Medical Directors, and Public Programs. The model utilizes a multidimensional approach to improving quality and delivery of care inclusive of community outreach and media, provider interventions and system level initiatives. The following highlights the core components of the disparity reduction model:

- Planning inclusive of key informant interviews, literature reviews, data analysis (spatial and descriptive), development of community and internal advisory groups and budget development
- Implementation of efforts are targeted at 3 core levels 1.) Member/Community where partnerships are formed to identify existing initiatives and leverage support of community feedback to design and implement interventions, 2.) Provider interventions targeting high volume low performing groups and providers who have disparate outcomes, and 3.) Internal programs to address disparities in

identification, engagement and outcomes in Case Management and Disease Management

- Evaluation and improvement of health disparity efforts.

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

- **Collaborations**

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

5.5 Public Policy Committee

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

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

6.0 OVERSIGHT AND MONITORING

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

6.1 CalViva Health Monitoring and Evaluation

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

- **Member and Provider Communications Review**

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

- **Reports**

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

- **Audits**

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

6.2 HNCS Health Equity Department Internal Monitoring and Evaluation

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

- **Language Assistance Program Utilization Report**

The Health Equity Department summarizes the Language Assistance Program (LAP) utilization data on a monthly and quarterly basis. The monthly LAP utilization report

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

- **Population Needs Assessment**

The Community Health Education and Health Equity Departments conduct a Population Needs Assessment (PNA) every three years to improve health care outcomes for members. The PNA is conducted through an analysis of CAHPs survey data and follows the DHCS guidance provided in APL 19-011. CalViva's Public Policy Committee members will provide input to the PNA and review the PNA results.

The results of the PNA are used to identify Health Equity program strategies to improve health outcomes and to reduce health disparities. The Health Equity work plan is adjusted semiannually to include all strategies that have been identified to improve health outcomes and reduce health disparities for members. The Health Equity work plan serves as the PNA action plan that is submitted to DHCS every 3 years.

- **C&L Geo Access Report**

The Health Equity Department prepares a report to identify the need for linguistic services using the Geo Access demographic analysis software program. The purpose of the Geo Access report is to understand if members have access to provider locations where either the doctor or office staff speak the preferred language of the member. This analysis is conducted for both PCP offices and Specialist offices. The locations of members and providers are compared across language preference. Using predetermined time and distance parameters, software measures the time and distance for each member to each provider office by language and by county. Time and distance standards vary by type of place: urban, suburban, and rural. The language capabilities of the provider network are compared to the language needs of CalViva Health members. The availability of linguistic services by contracted providers for members with LEP is analyzed and recommendations made for provider network development. The report is produced by the Health Equity Department every two years for review and comment. Upon review of the findings and follow up by provider network management, a status report will be developed and presented to document network findings.

- **Data Collection**

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

The Health Equity Department also maintains a log of all cultural or linguistic related grievances received. The logs for culture or language-related grievances and complaints are analyzed to determine if members' cultural and communication needs are being met and/or addressed by contracted providers. Information from the Appeals and Grievances Department, in conjunction with information from the community demographic profile, help to identify cultural and/or linguistic issues that may act as barriers to accessing health care. Should a communication need be identified, the Health Equity Department develops a provider or member education intervention or program to meet that need.

7.0 SUMMARY

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

<p>STAFF RESOURCES AND ACCOUNTABILITY</p>
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1. CalViva Health Committees

A. Governing Body/RHA Commission

The RHA Commission is the governing body with ultimate authority and responsibility for the oversight of CalViva Health.

B. QI/UM Committee

The QI/UM Committee monitors the quality and safety of care and services rendered to CalViva Health members. This Committee identifies opportunities for improvement, recommends policy decisions, evaluates the results of activities, institutes needed actions, and ensures follow up as appropriate. The Health Equity program description, work plan, language assistance utilization report and end of year reports are all submitted to the CalViva Health QI/UM committee for review and approval. The QI/UM committee provides regular reports to the RHA Commission.

C. Public Policy Committee

The Public Policy Committee includes CalViva Health members, member advocates (supporters), an RHA Commissioner, and a health care provider. Committee responsibilities include obtaining feedback and guidance in the delivery of culturally and linguistically appropriate health care services and establishing and maintaining community linkages. The Health Equity program description, work plan, language assistance utilization report and end of year reports are shared as information to the Public Policy Committee. The Public Policy Committee provides regular reports to the QI/UM Committee and the RHA Commission.

2. CalViva Health Staff Roles and Responsibilities

A. Chief Medical Officer

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

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

B. Chief Compliance Officer

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

C. Health Equity Officer

CalViva's Health's Health Equity Officer reports to the Chief Executive Officer and is responsible for providing leadership and health equity services across the organization.

3. HNCS Health Equity Department Staff Roles and Responsibilities

The Health Equity Department is unique in its cross-functional support structure. The Department's function is to fulfill all cultural and linguistic contractual and regulatory requirements and serve as a resource and support for all health equity and C&L services. The Health Equity Department is staffed by the Director of Program Accreditation, a Manager of Health Equity Department, a Program Manager III, five Senior Health Equity Specialists, one Health Equity Specialist, a Project Coordinator II, and one supplemental staff.

A. HNCS Leadership Team

HNCS is a subsidiary of Health Net LLC. Through a dedicated and qualified staff, important cultural and linguistic services are developed and coordinated within the CalViva Health service area by HNCS. HNCS, as a subsidiary of Health Net LLC., continues to maintain their internal reporting responsibilities (e.g. Chief Executive Officer (CEO), Vice Presidents, Officers, Directors, etc.) however, activities conducted within the CalViva Health service area are subject to oversight by CalViva Health's staff and respective committees.

The Chief Health Equity Officer, under the Chief Medical Officer, is responsible for providing leadership in Health Equity efforts across the organization. Under the Chief Health Equity Officer, the Health Equity Department contributes to planning program structure for Health Net. The Chief Health Equity Officer ensures the plan's health equity structure is aligned with Corporate and other state plans, as appropriate.

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

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

David Hodge, MD
Regional Health Authority Commission Chairperson

Date

Patrick Marabella, MD, Chief Medical Officer
Chair, CalViva Health QI/UM Committee

Date

Item #10

Attachment 10.C

Health Equity

2023 Executive Summary
and Work Plan Summary



REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Pao Houa Lee, MBA, Senior Health Equity Specialist

COMMITTEE DATE: May 18, 2023

SUBJECT: Health Equity Work Plan 2023 – CalViva Health Summary Report

Purpose of Activity:

Present CalViva Health's Health Equity Work Plan for 2023, to obtain the committee's approval, and evaluate the progress against services to meet the end of the year goals.

Summary:

The Health Equity Work Plan 2023 supports and maintains excellence in Health Equity and C&L Services through the following strategies: provide oversight of Language Assistance Program (LAP), integration and expansion of targeted health disparity efforts, health literacy and plain language standards, supporting CalViva Health in being a culturally competent Health Plan, expanding on consulting services, and maintaining compliance with regulatory and contractual requirements.

The 2023 Work Plan is consistent with the 2022 Work Plan while incorporating and enhancing the following activities:

1. Staff responsibilities changed and updated. (Rows #2, 28, 38, 45, 51, and 57).
2. Consolidated PNA activities into one row (Row #17).
3. Consolidate Provider Training activities into one row (Row #53).
4. Updated PIP projects activities (Row #60).
5. Updated and added SWOT analysis project (Row #61).
6. Added Disparity Leadership Program (DLP) project (Row #62).

Next Steps:

Once approved, implement and adhere to the Health Equity Work Plan 2023, and report to the QI/UM Committee.



2023 Health Equity Work Plan

Submitted by:

Patrick Marabella, MD, Chief Medical Officer

Amy Schneider, RN, BSN, Director Medical Management

Mission:

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

Goals:

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

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

Objectives:

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

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

Selection of the Cultural and Linguistics Activities and Projects:

The Cultural and Linguistics Work Plan activities and projects are selected based on the results from the CalViva 2022 Population Needs Assessment Report (PNA) (i.e., demographics, health status, risk factors, and surveys), regulatory requirements, department evaluation report from the previous year, HEDIS results, contractual requirements, and strategic corporate goals and objectives. After review and input from senior management staff, projects and new departmental activities are identified and incorporated into this work plan. Programs and services are developed with special attention to the cultural and linguistic needs of our membership. This work plan addresses the needs of our Medi-Cal (MC) members.

Strategies:

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

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

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

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	Main Area and Sub-Area	Activity	Measurable Objective	Due Dates	Mid-Year Update (1/1/23 - 6/30/23)	Year-End Update (7/1/23 - 12/31/23)
	Language Assistance Program Activities					
1	Rationale	The LAP and applicable policies and procedures incorporate the fifteen national standards for Culturally and Linguistically Appropriate Services (CLAS) in health care developed by the Office of Minority Health. Standards 5, 6, 7 & 8 provide the basics for language support services for CalViva Health members. ¹				
2	Responsible Staff:	Primary: P. Lee, I. Diaz	Secondary: D. Fang, L. Espinoza			
3	Audit	Assure C&L audit readiness to support DHCS Language Assistance Program (LAP) audit standards	Coordinate LAP audit requirements to include: collecting requested documentation, submitting documents as requested, participate in on-site interviews as requested	Annual		
4	Contracted Vendors	Conduct language assistance vendor management oversight	Review and update vendor contracts to ensure alignment with requirements	Ongoing		
5	Interpreter	Monthly collection of language utilization data for CalViva	Updated LAP utilization report to contain: monthly summary of bilingual phone calls answered by call center, in-person and telephonic interpreter utilization log	Semi-annual		
6	Data	Conduct membership data pulls	Validated membership reports	Monthly		
7	Operational	Create language and alternate format standing request report	Number of reports generated and posted	Weekly		
8	Compliance	Coordinate and support operationalizing 508 remediation plan inclusive of providing SME consultation to workgroups and identification of process risks	Number of PDFs remediated/total PDFs	Ongoing		
9	Compliance	Monitor provider bilingual staff; ensure systems are capturing provider and office language capabilities	Annual provider communication and monitoring grievances, review of provider Ops manual	Ongoing		

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10	Regulatory	Update and provide taglines and Non-Discrimination Notice (NDN) insert in support of departments and vendors that produce member informing materials	Annual review and update as needed and distribute updated documents to all necessary departments, maintain tagline and NDN decision guides, answer ad-hoc questions on the use and content, assure most recent documents are available on Health Equity SharePoint	June and December		
11	Member Communication	Annual mailing to members advising how to access language assistance services	Write or revise annual language assistance article distributed to CalViva members	Annual		
12	Operational	Ensure bilingual staff maintain bilingual certification; generate reporting and support to departments to identify staff who need bilingual certification updated	Number of staff certified annually	Annual		
13	Operational	Complete LAP Trend Analysis, including year over year LAP trend analysis	Report to summarize utilization of LAP services, number of bilingual staff and provide year over year trends for the utilization of LAP services	Q2		
14	Operational	Oversight of interpreter and translation operations. Review of metrics for interpreter/translation coordination	Conduct oversight meetings to review metrics for timeliness. Hold quarterly meetings with Centralized Unit and escalate when metrics are not being met	Quarterly		
15	Operational	Review interpreter service complaints (exempt grievance) reports and conduct trend analysis. Provide complaint information to impacted area for resolution, e.g., vendor, internal process	Monitor interpreter service vendors through service complaints	Annual (trend)		
16	Operational	Coordinate and deliver Health Equity Department Quarterly meetings to review requirements and department procedures for language and health literacy services	Minutes of meetings	Quarterly		
17	Operational	Complete Population Needs Assessment (PNA) in collaboration with Health Education. Review new PNA requirement and participate in PNA Workgroup to complete assessment report.	Support PNA data collection, interpretation for member demographics, disparity analysis and development of an action plan that addresses identified member needs	June		
18	Operational	Develop, update and maintain translation, alternate formats, interpreter services and bilingual assessment policies and procedures (P&Ps)	Annual update of P&Ps and off cycle revisions as needed and submitted to designated CalViva Health staff for utilization in the development or review of CalViva Health Health Equity P&Ps	Annual		

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19	Operational	Collect and review LAP P&Ps from other departments to assure compliance with use of tagline, NDN, translation process and interpreter coordination	P&Ps will be reviewed and placed in Health Equity LAP compliance folder	Annual		
20	Operational	Complete Health Equity Geo Access report documenting Provider Network Management (PNM) findings every two years	Data collection and data analysis for Health Equity GeoAccess report, production of HEQ Geo Access report.	Q3 2023		
21	Operational	Complete annual Timely Access Reporting on the Language Assistance Program Assessment	LAP Assessment Timely Access Report	Annually		
22	Operational	Coordinate and provide oversight to translation review process	Number of translation reviews completed	Ongoing		
23	Training	Review, update and/or assign LAP online Training	Number of staff who are assigned training and percentage of completion	Annual		
24	Information Technology	Participate in information technology projects related to language assistance services to ensure C&L requirements are represented through various projects	Successful implementation of information technology projects	Ongoing		
25	Strategic Partners	Monitor strategic partners and specialty plans for LAP services	Request information from specialty plans and strategic partners (e.g., MHN, VSP, etc.) semi-annually. Update report template to indicate delegation status of LAP, use of NOLA, any comments forwarded from delegation oversight and review of P&Ps	Ongoing		
26	Translation and Alternate Format Management	Develop and maintain Translation and Alternate Format Tracking (TAFT) database with comprehensive list of member informing materials available and department responsible. Database will help support prompt identification of document and department responsible. Ongoing updating with bi-annual requests to all departments to review/update their list. Oversee implementation, management and updating of TAFT database	List of available materials	Ongoing		
Compliance Monitoring						

27	Rationale	Compliance monitoring conducted to ensure CalViva Health members receive consistent, high quality C&L services. The following processes are in place to ensure ongoing CalViva Health oversight of the Health Equity and C&L programs and services delegated to HNCS and the internal monitoring conducted by HNCS.				
28	Responsible Staff:	Primary: P. Lee, A. Lambert	Secondary: I. Diaz, N. Buller			
29	Complaints and Grievances	Oversight of complaints and grievances related to LAP or C&L services, including monitoring and responding to all C&L related grievances. Collect grievance and call center reports. Maintain contact with the call center to ensure C&L complaints are monitored. Grievance reports include grievances coded to C&L codes (including discrimination due to language or culture). Maintain grievance response log and list of materials, develop and document interventions when indicated	Report on grievance cases and interventions	Ongoing		
30	Complaints and Grievances	Conduct a trend analysis of C&L grievances and complaints by providers	Production of trend analysis report	August		
31	Complaints and Grievances	Review and update desktop procedure for grievance resolution process	Revised desktop procedure	December		
32	Oversight	Complete all CalViva required Health Equity/C&L reports	Develop Health Equity CalViva work plan, write/revise and submit Health Equity CalViva Program Description. Prepare and submit work plan, LAP mid year and end of year reports	Ongoing		
33	Oversight	Participate in CalViva required work groups and committees	Participate in the ACCESS workgroup, QI/UM workgroup, QI/UM committee, monthly operations management meetings. Provide support for Regional Health Authority meetings as needed or requested.	Ongoing		
34	Oversight	Support Public Policy Committee meetings for Fresno, Kings and Madera Counties	Assist at Public Policy Committee meetings as required.	Quarterly		
35	Oversight	Develop, update and/or maintain all Health Equity related P&Ps.	Updated P&Ps submitted to designated CalViva Health staff for utilization in the development or review of CalViva Health Health Equity P&Ps.	Annually		

36	Regulatory	Provide oversight of findhelp platform and coordination of social service referrals for members.	<p>Provide training on findhelp to internal departments, members, and providers on to promote the Social Needs Self-Assessment.</p> <p>Produce analytics and segmented utilization reports to ensure social needs assessments are completed each quarter.</p> <p>Review completed social needs assessments monthly and ensure that at least 75% of qualifying members are referred to an appropriate internal program.</p> <p>Add social need programs within Findhelp to address social risks within each month.</p>	Ongoing		
Communication, Training and Education						
37	Rationale	To provide information to providers and staff on the cultural and linguistic requirements, non-discrimination requirements, the LAP program, C&L resources, and member diversity.				
38	Responsible Staff:	Primary: P. Lee, S. Rushing	Secondary: L. Espinoza, N. Buller			
39	Training and Support	Provide support and training to A&G on coding and resolution of grievances; re-align coding per 1557 non-discrimination reporting	Revised/updated Quick Reference Guide (QRG) for A&G staff regarding grievance responses, coding and process on sending to Health Equity, etc.	Ongoing		
40	Staff Training	Provide Health Equity in-services for other departments as requested (e.g., Call Center, Provider Relations).	Curriculum/power point, name of department and total number of participants who attended the in-service	Ongoing		
41	Staff Communication	Maintenance and promotion of Health Equity SharePoint site	Timely posting of important information on Health Equity SharePoint e.g., vendor attestation forms, threshold languages list, etc.	Ongoing		
42	Provider Communication	Prepare and submit articles for publication to providers. Potential topics: LAP services, culture and health care, and promotion of on-line cultural competence/Office of Minority Health (OMH) training	Copies of articles and publication dates	Ongoing		

43	Provider Communication and Training	Promote C&L flyer and provider material request form about Health Equity department consultation and resources available, inclusive of LAP program and interpreter services	Provider material request forms received by Health Equity Department	Ongoing		
Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity						
Health Literacy						
44	Rationale	To ensure that the information received by members is culturally and linguistically appropriate and readability levels are assessed to ensure they comply with required readability levels mandated by regulatory agencies.				
45	Responsible Staff:	Primary: A. Kelechian	Secondary: A. Schoepf			
46	English Material Review	Conduct English Material Review (EMR) per end-end document production guidelines (review of content and layout of materials for C&L appropriateness and low literacy)	Completion of all EMRs as tracked through the C&L database	Ongoing		
47	Operational	Review and update Health Literacy materials as needed inclusive of list of words that can be excluded during the readability assessment, database guide, checklists, readability assessment guide and other relevant materials	Update and post materials on Health Literacy SharePoint Explore new system platform to host EMR data	Ongoing		
48	Training	Quarterly training for staff on how to use the C&L database and write in plain language	Quarterly training	Quarterly		
49	Training	Conduct activities and promotion of national health literacy month (NHLM)	Production and tracking of action plan for NHLM and summary of activities	October		
Cultural Competency						
50	Rationale	To integrate culturally competent best practices through provider and staff in-services, training, education, and consultation. Training program offers topic specific education and consultation as needed by staff, contracted providers and external collaborations.				
51	Responsible Staff:	Primary: P. Lee, S. Rushing	Secondary: L. Espinoza, I. Diaz			

52	Collaboration-External	Representation and collaboration on Health Industry Collaboration Efforts (HICE) for Health external workgroup	Minutes of meetings that reflect consultation and shared learning	Ongoing		
53	Provider Training	Conduct cultural competency, implicit bias, and gender identity training/workshops for contracted providers and provider groups upon request. Training content to include access to care needs for all members from various cultural and ethnic backgrounds, with limited English proficiency, disabilities, and regardless of their gender, sexual orientation or gender identity. Work with provider communication to implement ICE for Health computer based training through provider update and/or provider newsletters and/or medical directors, promote Office of Minority Health (OMH) cultural competency training through provider operational manual and provider updates	Output number of providers who received cultural competency training by type of training received	Annual		
54	Staff Training	Conduct annual cultural competence education through Heritage/CLAS Month events including informational articles / webinars that educate staff on culture, linguistics and the needs of special populations	Online tracking. Event summary and activity specific participation totals	Q3		
55	Online Training	Review online content for cultural competency training and update as needed annually	Annual online training and number of staff trained	Annual		
Health Equity						
56	Rationale	To support the health of CalViva Health members and promote the reduction of health disparities across our membership. In order to accomplish this, staff collaborates across departments and with external partners in order to analyze, design, implement and evaluate healthy disparity interventions.				
57	Responsible Staff:	Primary: P. Lee, D. Fang,	Secondary: A. Schoepf			
58	Operational	Increase interdepartmental alignment on disparity reduction efforts. Facilitate quarterly meetings	Facilitation of health disparity collaborative meetings	Quarterly		

	Operational	Align population health and disparity initiatives across departments	Develop Health Disparity e-newsletter and listserv for internal staff. Facilitate communication on health disparities and newsletter development and distribution	Ongoing		
^	Operational	Implement disparity model for PIP projects (CIS-10 and WCV) include formative research, community, member and provider interventions	Development of modules; meet PIP disparity reduction targets	Ongoing		
^	Operational	Support in SWOT analysis project (CIS-10 and W6+)	Disparity reduction project work plan; evaluation, documentation of process outcomes	Ongoing		
*	Operational	Improve food security among Black and Latino residing in Fresno County. Targeting members with diabetes A1c >9%	Report on Disparity Leadership Program (DLP) project	Quarterly		
	Operational	Provide consultation to departments on cultural competency and improving health care outcomes (including enrollment) for key demographics and key metrics to support health equity	Consultation and /or trainings provided	Ongoing		

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

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

^ Indicates revision.

* Indicates new.

Item #11

Attachment 11.A

Health Education

Executive Summary



REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Rosa I. Calva-Songco, MPH, CPHQ, Manager, Health Education Department
Amy M. Wittig, MBA, Director, Quality Improvement, Quality Management
Justina B. Felix, BS, Senior Health Education Specialist, Health Education Department

COMMITTEE DATE: May 18, 2023

SUBJECT: #35 Health Education Work Plan End of Year Evaluation & Executive Summary 2022

Summary

The 2022 Health Education Work Plan Year-End Evaluation report documents progress of **15 initiatives** with **34 performance objectives**. Within each initiative, there are multiple objectives:

- Of the 15 initiatives, 10 initiatives with 26 objectives have met the year-end goal.
- Of the remaining 5 initiatives with 7 objectives: 4 objectives did not meet the year-end goal; 2 objectives partially met the year-end goal; and 1 objective met the year-end goal.
- Of those 7 objectives, two were impacted based on an assessment of resources; four did not reach the member participation goal; and one did not meet the reach rate.

Purpose of Activity:

To provide for QI/UM Committee review and approval of the 2022 Health Education Work Plan Mid-Year Evaluation Summary.

Data/Results (include applicable benchmarks/thresholds):

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

Table 1. on the next page compares the 2022 year-end utilization outcomes of health education initiatives against 2022 year-end goals.

Table 1: 2022 Year-End Utilization Outcomes of Health Education Initiatives

Initiative	2022 Year-End Goal	2022 Year-End Outcomes	2022 Year-End Status
1. Chronic Disease Education: Asthma	Enroll 100 members into the Central California Asthma Collaborative (CCAC) in-home visitation program.	185 members enrolled.	Met
	Collect patient-level utilization and pharmacy data for asthma medications, and program effectiveness for members.	As of Q4 2022, 104 members have completed the 12-month program. Patient level evaluation will be conducted once the program ends in July 2023.	Met
2. Chronic Disease Education: Diabetes	Enroll at least 50 members in the Diabetes Prevention Program (DPP) by December 2022.	A total of 112 members enrolled in the DPP program in all of 2022.	Met
	At least 60% of participants enrolled in Yes Health mobile DPP program in 2022 will complete the 16-week program.	68% (n=74) of members enrolled completed milestone three. Nine core engagements by month 6.	Met
	At least 20% of participants enrolled in the Yes Health mobile DPP program will achieve 5% or greater weight loss at week 16.	23% (n= 19) of members enrolled achieved 5% weight loss by the end of the 16-week program.	Met
	Distribute <i>Diabetes Care</i> education booklet to 50 members with uncontrolled diabetes by September 2022.	No additional Diabetes Care booklets were distributed in Q3-Q4 2022 (90 distributed in Q1-Q2).	Met
3. Chronic Disease: Hypertension	Send Healthy Hearts Healthy Lives (HHHL) toolkits to <i>newly identified</i> members with uncontrolled high blood pressure to be based on identified care gaps in 2022 – projected to be at least 600 newly identified members in 2022.	Mailing deferred to 2023.	Not Met
4. Community Engagement	Reach a member participation rate of 70% in education charlas.	Conducted a total of 185 “charlas” with a 67% member participation rate (2,000/2,970) by Q4.	Partially Met
	Establish at least 1 partnership with a community partner to address social determinants of health.	Successfully established 1 new stakeholder partnerships with Promotores Con Alma in Q3-Q4 2022. Continued partnership with Self Help Enterprises. With a total of 4 stakeholder partnerships in 2022.	Met
5. Fluvention and COVID-19	Implement the Fluvention campaign to educate members on flu vaccination using two or more communication channels by Q4 2022.	Inclusion of Preventative Flu Practices and Promotion of Flu Vaccinations in CalViva Whole You Annual Member Newsletter and Preventative Screening Guidelines.	Met
	Develop and distribute a Provider Update related to flu vaccination by Q4 2022.	Annual Flu Update: Provider Communication regarding Best Practices for 2022-2023 Flu Season on 11/18/2022	Met
	Inform members on COVID-19 prevention, testing, and vaccination using two or more communication channels by Q3 2022.	Updated Web based COVID FAQs to include additional and updated information on COVID-19 vaccine boosters.	Met
6. Member Newsletter	Develop and distribute a CVH member newsletter in 2022.	Mailed newsletter to 189,370 unique households in Q4 2022.	Met
7. Mental/Behavioral Health	Increase member enrollment in myStrength by 10% from 59 to 65 members.	Enrolled 333 members in myStrength.	Met
	Produce 2 provider communications informing them of ACEs, trauma-informed care, toxic stress, and training opportunities.	2 Provider Updates distributed.	Met
	Increase ACEs screening to CVH members by 3% from 16,143 to 16,627.	Providers submitted a total of 19,180 screening claims.	Met

Initiative	2022 Year-End Goal	2022 Year-End Outcomes	2022 Year-End Status
8. Obesity Prevention	Enroll 500+ members in FFFL Home Edition Program (75% flagged as high-risk).	A total of 2 members were enrolled in 2022.	Not Met
	Enroll 350+ members in HHP Program.	No members were enrolled in 2022.	Not Met
9. Pediatric Education	Promote 2 educational well-child resources for inter-departmental utilization.	Reutilization of text message campaign with Family HealthCare Network through 12/1/22 – 12/31/22.	Met
	Explore at least 1 best practice to improve childhood immunization.	Developed internal procedure to help determine an estimate baseline level for CAIR Utilization Rates. In Q3 Immunization Best Practices slides shared with CPM manager team to share with providers at JOM meetings.	Met
	Complete analysis to determine if there are any potential disparities in completion of immunization rates based on race, ethnicity, and/or language.	Race Ethnicity and Language Spoken Disparity analysis completed on December 28, 2022.	Met
10. Perinatal Education	Enroll 1,000+ pregnant members in the CVH Program.	Enrolled 701 CVH members into the CVH Pregnancy Program in all of 2022. Distributed a total of 10,104 CVH Pregnant Program packets to members.	Partially Met
11. Population Needs Assessment	Initiate workgroup and collaborate with QI, Health Equity, and other departments to obtain proper information for various PNA sections to submit to the State by the designated 2022 deadline.	PNA was successfully completed and approved by DHCS on 7/11/22.	Met
12. Tobacco Cessation Program	Increase CVH member participation in smoking cessation programs by 5% to 180 in 2022.	Enrolled 150 members by end of Q4 2022.	Partially Met
	Enroll 20 members per month into the Kick It California pilot project after DHCS approval of the program.	Not launched due to delay in DHCS approval and implementation. To be launched in Q1-Q2 2023.	Not Met
13. Women's Health	Coordinate with Every Women Counts a minimum of 3 BCS/CCS virtual classes. Reach a minimum 50 members.	As of December 2022, conducted 57 virtual and in-person and BCS/CCS classes, reaching 1,051 participants.	Met
	Develop and implement 1 educational intervention to improve breast cancer screening rate targeting Southeast Asian members in Fresno County.	As of December 2022, 4 mobile mammography events (over 8 days); 127 members completed their BCS exams.	Met
14. Compliance: Oversight and Reporting	Complete and submit Program Description, Work Plan, and Work Plan evaluation reports.	Completed and submitted the 2022 Program Description, 2022 Work Plan submission, and the 2021 Work Plan Evaluation reports.	Met
	Update Policies and Procedures.	Updated 3 Policies & Procedures.	Met
	Complete semi-annual/annual member incentive progress reports; and annual DHCS incentive evaluation reports.	Completed semi-annual work plan progress reports and 9 annual DHCS incentive evaluation reports.	Met
	Produce one Provider Update on Staying Healthy Assessment (SHA).	Cancelled as DHCS is ending the SHA requirement.	Cancelled
	Participate in four PPC meetings where health education reports are presented.	Provided reports to be presented at 4 PPC meetings.	Met
	Develop and share Population Needs Assessment (PNA) report with action plan using the latest data.	PNA was completed and approved by DHCS on 7/11/22.	Met

Initiative	2022 Year-End Goal	2022 Year-End Outcomes	2022 Year-End Status
15. Health Education Department Promotion, Materials Update, Development, Utilization, and Inventory	Develop needed materials and resources to assure compliance.	Rebranded/updated 33 member health education materials.	Met

2022 Barrier Analysis of Interventions (or Goals) Not Met and Actions to be Taken in Q1-Q2 2023

Barriers	Actions to be taken in Q1-Q2 2023
Perinatal Education: <ul style="list-style-type: none"> Lower enrollment than expected into the CVH Pregnancy Program. 	<ul style="list-style-type: none"> Promote the program in the CVH Member Newsletter. Promote CVH Pregnancy Program via health education email campaigns.
Tobacco Cessation Program: <ul style="list-style-type: none"> Low enrollment in the smoking cessation program. 	<ul style="list-style-type: none"> Promote smoking cessation program in the CVH Member Newsletter and through an email campaign. Begin the exploration about if a data exchange process with Kick It California can be done -and approved by CVH - as part of the enhanced outreach efforts to members about the Tobacco Cessation Program. Explore if the Nicotine Replacement Therapy kit pilot can be done for CVH.

Next Steps for 2023

- Conduct patient-level evaluation once the Asthma In-Home program ends in July 2023.
- Vet and onboard new vendor for the Diabetes Prevention Program.
- Implement Fluvention communication campaigns for the 2023 Flu Season.
- Continue to promote mental/behavioral health resources to members.
- Use lessons learned from the DHCS approval process of the partnering health plan’s submission of the Tobacco Cessation “**Nicotine Replacement Therapy kits**” pilot project with Kick It California to assess if the same pilot will be implemented for CVH.
- Continue to collaborate with community partners to support local priorities and address health disparities to improve breast cancer screening rates for members in Fresno, Kings, or Madera County.
- Collaborate with Marketing to update health educational resources as needed.

Item #11

Attachment 11.B

Health Education

2022 Annual Evaluation



2022 Health Education Work Plan Year-End Evaluation

Submitted by:

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

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I. **Purpose:**

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

II. **HED's Vision:** Empower and nurture the health of our communities

III. **HED's Goals and Objectives:**

Goals:

1. To provide free culturally and linguistically appropriate health education programs and resources to:
 - support members and the community to achieve optimal physical and mental health,
 - promote health equity,
 - improve CVH's quality performance, and
 - enhance member satisfaction and retention.
2. To engage communities, stakeholders, and partners by providing high quality health education programs and resources.

Objectives

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

IV. **Selection of the Health Education Department Activities and Projects:**

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

V. **Strategies**

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

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

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

1. Initiative/ Project:	Chronic Disease Education: Asthma				
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA				
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA				
Rationale	Asthma is one of the most common chronic diseases and has been recognized as a growing health concern. According to the Centers for Disease Control and Prevention, 1 in 13 people have asthma. Asthma is the third-ranking cause of hospitalization among children younger than 15 and from 2008-2013, the annual economic cost of asthma was more than \$81.9 billion – including medical cost and loss of work and school days. A good number of CalViva Health members continue to access the Emergency Room for asthma related conditions. (The Economic Burden of Asthma in the United States, 2008-2013. Annals of the American Thoracic Society)				
Reporting Leader(s)	Primary:	J. Felix		Secondary:	R. Calva-Songco
Goal of Initiative	To educate members in managing their asthma.				
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)	
Implement an Asthma in-home visitation program	Enroll 100 members into the Central California Asthma Collaborative (CCAC) in-home visitation program.	Enrolled 127 members.	Q1-Q2, 74 members enrolled.	185 members enrolled.	
	Collect patient-level utilization and pharmacy data for asthma medications, and program effectiveness for members.	New for 2022.	As of Q2 2022, 36 members have completed the 12- month program. Member outcomes will be provided in year-end updates. Patient level evaluation will be conducted once the program ends in July 2023.	As of Q4 2022, 104 members have completed the 12-month program. Patient level evaluation will be conducted once the program ends in July 2023.	
Major Activities		Timeframe For Completion	Responsible Party(s)		
Collaborate with CCAC for in-home visitation program.		Ongoing for 2022	J. Felix, R. Calva-Songco		
Complete mailing, as needed, to promote Central California Asthma Collaborative (CCAC) program and partnership to targeted Medi-Cal members.		Q3 2022	J. Felix; A. Campos		
Conduct monthly vendor oversight meetings.		Ongoing for 2022	J. Felix		
Coordinate with Pharmacy to target members who need a controller medication and promote CCAC program.		Ongoing for 2022	J. Felix		
Provide a monthly list of high-risk members with asthma to CCAC.		Ongoing for 2022	J. Felix		
Support Asthma Population Health Management by promoting interdepartmental asthma resources to high-risk members.		Ongoing for 2022	J. Felix		
Conduct asthma phone education outreach as needed.		December 2022	J. Felix; L. Mucarsel		
Initiative Status (Populate at year-end)	MET <input checked="" type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>				
Mid-Year and Year End Updates	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: During Q1-Q2 2022, a total of 74 members have enrolled in the Central California Asthma Collaborative (CCAC) asthma project, of which 28 are children and 46 are adults. Seventy-four percent of members enrolled are Hispanic or Latino, followed by Whites at 15%, and African American or Black at 9%. Additionally, 59% of members enrolled listed English as their primary language and 41% listed Spanish. During Q1-Q2 2022, 97 home visits were completed				

in-person, followed by 59 via a phone call, and 3 via a virtual meeting. As of Q2 2022, a total of 36 members have completed the 12-month program. Patient-level utilization and pharmacy data will be collected when the program ends in July of 2023, however, in the interim, the Plan is working with CCAC to begin looking at outcome measures and lessons learned as members complete the program. Available outcomes will be shared in Q4 2022.

Year-End Update

By Q4 2022, a total of 185 members in Fresno have enrolled in the Central California Asthma Collaborative (CCAC) asthma project, of which 115 are children and 70 are adults. Seventy-nine percent of members enrolled are Hispanic or Latino, followed by African American or Black 9%, and White at 8%. Additionally, 63% of members enrolled listed English as their primary language and 37% listed Spanish. During Q3-Q4 2022, 27 home visits were completed in-person, followed by 108 via a phone call, and one via a virtual meeting. By the end of 2022, a total of 104 members have completed the 12-month program.

As of December 2022, of the 104 members that have completed the program, 81 completed the follow-up data collection (defined as any information, including self-reported information, collected after the participant’s final home visit/virtual session). Sections 4-6, specifically asked for information about outcomes based on participants’ asthma control level at enrollment. Several categories listed below indicate a positive outcome in the areas of asthma management. A complete impact evaluation of the grant project will be provided in 2023. Here are the outcomes for all sections:

1. Number of participants with improvement in asthma self-management knowledge at follow-up	81
Any improvement in asthma self-management knowledge at follow-up	46
No improvement in self-management knowledge at follow-up	2
Unknown change in asthma self-management knowledge at follow-up	2
Both started the program and remained at the highest level of asthma self-management knowledge at follow-up	31
2. Number of participants with improvement in asthma self-management skills at follow-up	81
Improved asthma self-management skills at follow-up	47
No improvement in asthma self-management skills at follow-up	2
Unknown change in asthma self-management skills at follow-up	1
Both started the program and remained at the highest level of asthma self-management skills at follow-up	31
3. Number of participants with improved self-reported controller medication adherence at follow-up	81
Self-reported improved controller medication adherence at follow-up	40
No self-reported improved controller medication adherence at follow-up	16
Both started the program and remained at the highest level of medication adherence at follow-up	9
NA - No controller medication prescribed	16
Unknown change in medication adherence at follow-up	0
4. Number of participants who completed the program AND completed follow-up, by asthma control level at enrollment	81
Number of participants with well controlled asthma at enrollment	27
Number of participants with poorly controlled asthma at enrollment	54
5. Number of participants with well controlled asthma at enrollment who completed the program AND completed follow-up, by improvement in asthma control at follow-up	27
Number of participants with well controlled asthma at enrollment and any improvement in asthma control at follow-up	24
Number of participants with well controlled asthma at enrollment and no improvement in asthma control at follow-up	3
6. Number of participants with poorly controlled asthma at enrollment who completed the program AND completed follow-up, by improvement in asthma control at follow-up	54
Number of participants with poorly controlled asthma at enrollment and any improvement in asthma control at follow-up	35
Number of participants with poorly controlled asthma at enrollment and no improvement in asthma control at follow-up	19
Number of participants with poorly controlled asthma at enrollment and unknown change in asthma control at follow-up	0

	<p>The Health Education Department did not coordinate with Pharmacy or conduct telephonic asthma outreach calls to promote CCAC as the cohort target of enrolling a minimum of 200 members in the program was met during the year. As of December 2022, 185 members were active as 18 members had declined to continue to participate in the program or they did not meet the minimum amount of follow-up visits. Asthma resources continue to be made available interdepartmentally and are shared with community members during events. A complete evaluation of the grant project including ER visits, patient-level utilization and pharmacy data will be collected and shared when the program ends in July of 2023.</p>
<p>Initiative Continuation Status <i>(Populate at year-end)</i></p>	<p> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/> </p>

2. Initiative/ Project:	Chronic Disease Education: Diabetes				
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA				
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA				
Rationale	<ol style="list-style-type: none"> According to the Centers for Disease Control and Prevention (CDC) 34.2 million people have diabetes and 88 million people aged 18 and over have prediabetes. (Centers for Disease Control and Prevention. <i>National Diabetes Statistics Report, 2020</i>. Retrieved 1.21.22. Available online: https://www.cdc.gov/diabetes/library/features/diabetes-stat-report.html) Diabetes increases their risk of serious health problems. Health plans must comply with DHCS requirements in accordance with the APL 18-018; California state law requires the Department of Health Care Services (DHCS) to establish the Diabetes Prevention Program (DPP) as a Medi-Cal covered benefit. African American, Hispanic/Latino, American Indian, or Alaska Native are at higher risk of developing Type 2 diabetes. 2021 Population Needs Assessment results concluded diabetes care as one area for improvement for Year 2022. 				
Reporting Leader(s)	Primary:	M. Zuniga		Secondary:	J. Felix
Goal of Initiative	To provide members with education on diabetes prevention and control through promotion of effective nutrition management strategies and multifaceted communication.				
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)	
Implement a Diabetes Prevention Program (DPP)	Enroll at least 50 members in the DPP program by Dec 2022.	Received DHCS approval in November 2021. Enrollment status to be reported on 2022 mid-year report.	Enrolled 91 CVH members by end of June 2022.	A total of 112 members enrolled in the DPP program in all of 2022.	
	At least 60% of participants enrolled in Yes Health mobile DPP program in 2022 will complete the 16-week program.	Program was not launched. Data to be reported in 2022.	Member data will be available by end of Q4 2022.	68% (n=74) of members enrolled completed milestone three. Nine core engagements by month 6.	
	At least 20% of participants enrolled in the Yes Health mobile DPP program will achieve 5% or greater weight loss at week 16.	Program was not launched. Data to be reported in 2022.	Member data will be available by end of Q4 2022.	23% (n= 19) of members enrolled achieved 5% weight loss by the end of the 16-week program.	
Diabetes Care	Distribute <i>Diabetes Care</i> education booklet to 50 members with uncontrolled diabetes by September 2022.	New measure.	90 booklets were provided to Clinica Sierra Vista in Q2 2022.	No additional Diabetes Care booklets were distributed in Q3-Q4 2022.	
Major Activities		Timeframe For Completion	Responsible Party(s)		
Update Diabetes Prevention Program Implementation and Vendor Oversight Policy & Procedure.		April 2022	M. Zuniga, J. Felix		
Conduct one Provider Webinar to promote the DPP Medi-Cal benefit and the DPP mobile app.		July 2022	M. Zuniga		
Release new Provider Update with claims codes for prediabetes.		September 2022	M. Zuniga		
Submit Member Incentive Annual Evaluation report to DHCS.		December 2022	M. Zuniga		
Conduct monthly member eligibility data file transfers for DPP vendor.		December 2022	M. Zuniga		
Refer Medi-Cal members diagnosed with Type 2 diabetes participating in DPP program into health plan's disease management program for diabetes as needed.		December 2022	M. Zuniga		
Conduct monthly DPP vendor oversight meetings.		December 2022	M. Zuniga		
Evaluate effectiveness of DPP program percentage of members who maintain 5% weight loss upon completion of year 1 of the DPP program.		December 2022	M. Zuniga		

Initiative Status <i>(Populate at year-end)</i>	<p style="text-align: center;"> MET <input checked="" type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/> </p>
Mid-Year and Year End Updates	<p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p>Mid-Year Update: The DPP program was approved by DHCS in November 2021 and an initial member outreach campaign was launched early January 2022 to 9,562 at risk members for developing Type 2 diabetes. A second targeted member mailing to 11,638 CVH members at risk of developing Type 2 diabetes was conducted in Q2 of 2022. As of June 2022, a total of 91 members enrolled in the DPP program. The Annual Member Incentive Report was completed in May 2022 and reflected 55 members at the time the report was completed. As part of an education component for the Diabetes PDSA project in collaboration with Quality Improvement (QI), a total of 90 (50 English and 40 Spanish) newly branded <i>Diabetes Care</i> booklets were provided to Clinica Sierra Vista in Q2 2022.</p> <p>Year-End Update: Continued monthly meetings with DPP provider, Yes Health. The Provider webinar was postponed due to staffing changes and COVID related challenges with the collaborating department. Additionally, alternative modalities in lieu of a live presentation for providers were considered. A targeted member outreach mailing to promote DPP was conducted in Q4 reaching a total of 1,296 (English: 881, Spanish: 415) at risk of developing Type 2 diabetes. CVH also worked with Yes Health and strategic sourcing to renew the SOW for an additional year and renewed the security assessment. On December 27, 2022, the DPP vendor, Yes Health, Inc, notified the health plan that they will cease operations as of January 30, 2023. The vendor will provide a closure of business communication to all actively enrolled members (n= 112) with instructions to contact member services for additional information. CVH is working quickly to identify and onboard a new DPP provider.</p>
Initiative Continuation Status <i>(Populate at year-end)</i>	<p style="text-align: center;"> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/> </p>

3. Initiative/ Project:	Chronic Disease Education: Hypertension			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	According to the Center for Disease and Prevention (CDC), hypertension affects nearly half of adults in the United State (2020). The Surgeon General’s Call to Action to Control Hypertension seeks to avert the negative health effects of hypertension across the U.S. by identifying interventions that can be implemented, adapted, and expanded across diverse settings (2020).			
Reporting Leader(s)	Primary:	M. Zuniga	Secondary:	
Goal of Initiative	To provide cardiovascular health prevention and disease management awareness to plan and community members.			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Educate members at risk for cardiovascular disease about healthy nutrition, physical activity, and timely preventive health screenings	Send Healthy Hearts Healthy Lives (HHHL) toolkits to <i>newly identified</i> members with uncontrolled high blood pressure to be based on identified care gaps in 2022 – projected to be at least 600 newly identified members in 2022.	2021 mailing of rebranded materials reached 1,212 members based on Q4 2021 care gap data.	Member mailing will be conducted in Q3-Q4 2022.	Mailing deferred to 2023.
Major Activities		Timeframe For Completion	Responsible Party(s)	
Submit HHHL member letter to Workfront and obtain material ID for future mailings.		May 2022	M. Zuniga	
Work collaboratively with Quality Improvement (QI) to identify high volume, low performing PPGs.		September 2022	M. Zuniga	
Identify members at risk for cardiovascular disease through claims and encounter data.		September 2022	M. Zuniga	
Mail Healthy Hearts Healthy Lives packet to identified members.		December 2022	M. Zuniga	
Initiative Status (Populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input checked="" type="checkbox"/>			
Mid-Year and Year End Updates	<p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p>Mid-Year Update: Collaboration with QI to conduct targeted member outreach mailing to distribute HHHL toolkits will occur in Q3-Q4 2022.</p> <p>Year-End Update: A material ID was obtained for the CVH HHHL cover letter and a new mailing BOM (Build of Materials) was created. Per the Quality Improvement Department (QI) department there was a shift in prioritization to other conditions necessary to support regulatory work. This mailed was postponed also contingent on a shift in the reallocation of resources. The member outreach has been postponed until 2023 to further explore collaboration and possible alternative resources that might be more effective.</p>			
Initiative Continuation Status (Populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/>			

4. Initiative/ Project:	Community Engagement/Promotores Health Network (PHN)			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input type="checkbox"/> QUALITY PERFORMANCE <input type="checkbox"/> PNA			
Rationale	<p>Increase community awareness of CalViva Health’s programs and services to help members achieve optimal health and wellbeing.</p> <p>For the Promotores, the focus for 2022 continues to be women’s health and chronic condition measures which are held to a Minimum Performance Level (MPL) of 50th Percentile.</p>			
Reporting Leader(s)	Primary:	A. Corona, I. Rivera		Secondary:
Goal of Initiative	To provide members culturally and linguistically appropriate health education, promote annual preventive screenings, and create linkages to local resources.			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Increase health plan member participation in Promotores Health Network education charlas	Reach a 70% member participation in education charlas.	Conducted 87 charlas with 67% member reach rate (998/1,490).	Conducted 90 “charlas” with a 69% member participation rate (950/1,380).	Conducted a total of 185 “charlas” with a 67% member participation rate (2,000/2,970) by Q4.
Engage community stakeholders to address social determinants of health priorities	Establish at least 1 partnership with a community partner to address social determinants of health.	Successfully established two partnerships with MCDPH and Alzheimer’s Association.	Successfully established 2 new stakeholder partnerships with Centro La Familia and the Parkinson’s Foundation.	Successfully established 1 new stakeholder partnerships with Promotores Con Alma in Q3-Q4 2022. Continued partnership with Self Help Enterprises. With a total of 4 stakeholder partnerships in 2022.
Major Activities		Timeframe For Completion	Responsible Party(s)	
Establish partnership with Madera County Department of Public Health to implement and promote PHN charlas and community engagement.		December 2022	A. Corona	
Identify a list of community stakeholders that address food insecurity, homelessness, and ACEs.		December 2022	A. Corona	
Promote community partners’ programs and services that address social determinants of health.		December 2022	A. Corona	
Collaborate with Camarena Health to refer members to PHN charlas and promote preventive health screenings.		December 2022	A. Corona	
Collaborate with Madera Unified School District Parent Resource Centers to host diabetes classes and promote bailoterapia (fitness classes).		December 2022	A. Corona	
Initiative Status (Populate at year-end)	<p style="text-align: center;"> MET <input type="checkbox"/> PARTIALLY MET <input checked="" type="checkbox"/> NOT MET <input type="checkbox"/> </p>			
Mid-Year and Year End Updates	<p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p>Mid-Year Update: Promotores Health Network Program (PHN) successfully pivoted to a hybrid in-person and virtual format (via Zoom) to provide bailoterapia (physical activity), walking club, literacy club (reading club) and health education in collaboration with community partners: Madera Department of Public Health, Alzheimer’s Association, Parkinson’s Association, and Vision y Compromiso, among others. The PHN program has focused on promoting children’s immunizations, adolescent well care visits and continues to promote COVID-19 vaccinations. Barriers include the community’s hesitancy to COVID-19 booster vaccine due to lack of culturally and linguistically available information. To address this barrier PHN distributed a COVID-19 educational flyer in both English and Spanish in the community.</p>			

	<p>Year-End Update:</p> <p>Promotores Health Network Program (PHN) successfully transitioned to in-person engagement with their bailoterapia (physical activity), walking club, literacy club, and included the following health topics: Hypertension, Women’s Health, Mental Health and Vaccines. The PHN program maintained strong partnerships and collaborations throughout 2022 with the Alzheimer’s Association and Parkinson’s Association. These organizations provided “train the trainer” to the PHN Program enhancing their education and knowledge to bring community awareness. PHN Program also continued their knowledge, education, and certification (bailoterapia) by attending two conferences with the organization Vision y Compromiso. The partnership with Self-Help Enterprises included vaccination clinics, bailoterapia, and a venue to conduct health workshops, “charlas”, and health fairs.</p> <p>PHN Program established a new partnership with Promotores Con Alma. Promotores Con Alma is a consulting agency that provided train the trainer workshops on COVID-19 vaccines, <i>COVID-19 is Here to Stay</i> topics, and mental health. PHN program promoted health education in collaboration with community partners and focused on children’s health asthma classes, and well care visits.</p>
<p>Initiative Continuation Status <i>(Populate at year-end)</i></p>	<p>CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/></p>

5. Initiative/ Project:	Fluvention and COVID-19			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	CalViva member flu vaccination rates continue to drop below the Healthy People 2020 rates of 70% for persons 6 months and older and 80% for pregnant women. Inform members of COVID-19 safety precautions and vaccines.			
Reporting Leader(s)	Primary:	A. Fathifard		Secondary:
Goal of Initiative	To reduce flu among members 6 months and older, especially high-risk populations. To educate members about COVID-19 prevention, testing and vaccination.			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Increase Medi-Cal member knowledge about the importance and benefits of flu vaccines	Implement the Fluvention campaign to educate members on flu vaccination using two or more communication channels by Q4 2022.	Inclusion of Preventative Flu Practices and Promotion of Flu vaccinations in CalViva Whole you Annual Member Newsletter and Preventative Screening Guidelines.	Scheduled for Q3-Q4 2022 for Flu season 2022.	Inclusion of Preventative Flu Practices and Promotion of Flu Vaccinations in CalViva Whole You Annual Member Newsletter and Preventative Screening Guidelines.
Inform health care professionals on the latest flu information and best practices	Develop and distribute a provider update related to flu vaccination by Q4 2022.	Created and implemented a Provider Update on influenza-like-illness activity for the 2021 flu season and best practices for approaching Flu Vaccine hesitations during the COVID-19 pandemic. Sent on December 29, 2021.	Vaccine Confidence and Hesitancy Webinar hosted on 4/7/2022. Additional collateral was developed. A Power Point on Vaccine Confidence Strategy by Dr. Chelliah and was uploaded on the Provider Portal a week following the webinar.	Annual Flu Update: Provider Communication regarding Best Practices for 2022-2023 Flu Season on 11/18/2022.
Increase member knowledge about COVID 19 prevention, testing and vaccination	Inform members on COVID-19 prevention, testing, and vaccination using 2 or more communication channels by Q3 2022.	CalViva Health COVID-19 CBO Toolkit developed and shared with Community Engagement team for further dissemination to local partners and LHJ. Developed and Implemented COVID-19 Community Based Member Outreach Strategy to drive CalViva members to local vaccination events.	In Q1 and Q2 of 2022, COVID vaccine telephonic outreach calls were made with a 12% member reach rate (81/700).	Updated Web based COVID FAQs to include additional and updated information on COVID-19 vaccine boosters.
Major Activities		Timeframe For Completion	Responsible Party(s)	

Leverage external resources: hospitals, schools, public health departments, CBOs, and other relevant stakeholders to increase flu vaccination rates.	August 2022	PHM
Lead COVID-19 member communication work group to develop and disseminate COVID 19 vaccine information.	August 2022	PHM
Work to rebrand and implement the multi-modal COVID-19 Corporate campaign, including requesting an expanded timeline for CA reviews.	September 2022	PHM
Work with Marketing to customize and approve eligible Fluvention communications to members and providers.	October 2022	A. Fathifard
Promote and/or distribute flu promotion resources or toolkits to providers and their office staff.	December 2022	A. Fathifard
Partner with data analytics (i.e., HEDIS team) to monitor Medi-Cal flu vaccination rates by county.	December 2022	A. Fathifard

Initiative Status <i>(Populate at year-end)</i>	MET <input checked="" type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>
Mid-Year and Year End Updates	<p>Include barriers to implementation and systemic/organizational barriers.</p> <p>Mid-Year Update: “Vaccine Confidence and Hesitancy Webinar” was hosted on April 7, 2022, with 28 attendees. Additional collateral (presentation slide deck on vaccine confidence) was developed and uploaded on the provider portal.</p> <p>CalViva Health’s data for COVID vaccine outreach for Q1 and Q2 of 2022:</p> <ul style="list-style-type: none"> • CalViva members called: 700 • CalViva members reached: 81 • Member reach rate: 12% <p>The following are member groups that we have prioritized in Q1/Q2 of 2022:</p> <ul style="list-style-type: none"> • Unknown race/ethnicity • Other race with chronic conditions • 50-64 year old’s • African American/AI/AN with Chronic Conditions all Medi-Cal • Homebound <p>Additionally, four back to school events are being planned for Q3 2022 where members will receive education on COVID-19 information (prevention, testing, and vaccinations) in addition to other services and screenings.</p> <p>Some challenges encountered with telephonic outreach included: members not returning voice messages, wrong numbers, or number not listed. HE will continue to identify opportunities to inform members on COVID-19 prevention, testing, and vaccination.</p> <p>Year-End Update: For COVID-19 CalViva Health implemented a Member Communication Strategy in tandem with Population Health that would most effectively deliver information to our most vulnerable populations. CalViva Health continued to update the COVID-19 FAQ hub to include resources and calendars and questions regarding concerns around COVID-19 vaccinations.</p> <p>During the second half of 2022, CalViva Health identified the importance of remaining vigilant in providing members high quality information concerning COVID-19 and flu vaccinations. For relaying the significance of flu-based preventative measures, CalViva Health included numerous promotions of the flu vaccines throughout the annual “Whole You” Member Newsletter. Flu reminders were included in the following sections:</p> <ul style="list-style-type: none"> • Checkups and Vaccines are Key - reminding parents that vaccinations and checkups are key to pediatric health and that anyone over the age of six months old needs an annual flu shot. • Primary Care: Your First Stop for Better Health – members are reminded that the annual flu season begins as early as October. Promotion of flu vaccine as soon as possible. Additional reminder that every person aged six months and older needs this shot annually.

	<p>To solidify CalViva’s consistency with a multi-pronged approach, CalViva Health sent out a Provider Update on November 18, 2022, titled Keep Patients Healthy with Flu Vaccine Recommendations. In this provider update, the health plan included information that assists providers in encouraging patients to continue to protect their health during the COVID-19 pandemic by obtaining their annual flu vaccination. Information shared in the update included:</p> <ul style="list-style-type: none"> • Reassuring patients about the flu vaccine by giving strong reasons to getting their flu shot and discussing any barriers • Using the SHARE method <ul style="list-style-type: none"> ○ Share reasons to get the flu shot based on age or risk factors ○ Highlight positive experiences with the flu shot that reinforce benefits. ○ Address concerns about the vaccine such as side effects, safety and myths. ○ Remind patients that the flu shot protects them and everyone around them ○ Explain that getting the flu can mean missing work or fun with family and friends. • Reminder to view our recorded webinars on vaccine hesitations. • Reimbursement information. • New Dosage requirements for Senior Citizens <p>Barriers: While there are other modes of multi-modal flu education that could provide additional value for the Health Plan and members, timing restraints for regulatory approvals provide a short window for effective internal reviews. This will be re-evaluated for 2023.</p>
<p>Initiative Continuation Status <i>(Populate at year-end)</i></p>	<p style="text-align: center;"> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/> </p>

6. Initiative/ Project:	Member Newsletter			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	The newsletter meets the DHCS guideline that requires specific member communication to be mailed to members' homes. The member newsletter is also a mode of communication for NCQA articles and promotion of wellness programs and quality improvement interventions.			
Reporting Leader(s)	Primary:	M. Zuniga		Secondary:
Goal of Initiative	To educate members about priority health topics and inform members about available programs, services, and health care rights.			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Manage content for Medi-Cal Newsletter	Develop and distribute one CVH member newsletter in 2022.	Distributed 928,000 member newsletters in 2021.	Mailing scheduled for Q3-Q4 2022.	Mailed newsletter to 189,370 unique households in Q4 2022.
Major Activities		Timeframe For Completion	Responsible Party(s)	
Submit one newsletter to C&L database for review.		March 2022	M. Zuniga	
Collaborate interdepartmentally to develop and produce 1 annual newsletter.		April 2022	M. Zuniga	
Update newsletter Desktop Procedure, as needed.		May 2022	M. Zuniga	
Obtain DHCS approval.		June 2022	M. Zuniga	
Obtain member data in preparation for member mailing.		August 2022	M. Zuniga	
Work with ICS to distribute annual member newsletter.		September 2022	M. Zuniga	
Conduct interdepartmental kick-off meeting to gather 2023 newsletter topics.		October 2022	M. Zuniga	
Explore options for offering an expanded online newsletter.		October 2022	M. Zuniga	
Initiative Status (Populate at year-end)	MET <input checked="" type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	<p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p>Mid-Year Update: During Q4 2021, HED assumed management of all aspects of the Medi-Cal member newsletter production. In Q1, HED worked in collaboration with Commercial Marketing to identify article subject matter experts (SME) responsible for providing required articles for CalViva Health. The final draft of the CVH Medi-Cal member newsletter was submitted for Health Equity, Privacy, and Compliance reviews in Q2 2022, prior to sending for regulatory review. The CVH Medi-Cal member newsletter is with DHCS pending their approval. If approved, it will be mailed by end of Q3 or early Q4 2022.</p> <p>Year-End Update: Approval of the CVH member newsletter was received on September 15, 2022. The member mailing dropped to 189,370 unique households in November 2022. A lengthy internal review process caused delays in the production timeline. In order to avoid such delays in 2023 a more collaborative effort will take place to ensure the production meets the proposed delivery timeline of September 2023. The member newsletter is available for members to access on the CVH website.</p>			
Initiative Continuation Status (Populate at year-end)	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input checked="" type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>			

7. Initiative/ Project:	Mental / Behavioral Health				
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA				
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA				
Rationale	In CA, an estimated two-thirds of adults with a mental illness and two-thirds of adolescents with major depressive episodes did not get treatment (per CA Healthcare Foundation). According to the 2019 National Health Interview Survey, 11.2% of adults experienced regular feelings of worry, nervousness, or anxiety and 4.7% experienced regular feelings of depression. Data shows that 62% of California residents have experienced at least one ACE and 16% have experienced four or more ACEs, using 2011-2017 Behavioral Risk Factor Surveillance System (BRFSS) data from a random-digit-dialed telephone survey. (California Department of Public Health, Injury and Violence Prevention Branch (CDPH/IVPB), University of California, Davis, Violence Prevention Research Program, California Behavioral Risk Factor Surveillance System (BRFSS), 2011-2017).				
Reporting Leader(s)	Primary:	M. Lin		Secondary:	
Goal of Initiative	To support members with behavioral health resources and opioid education.				
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)	
Promote member enrollment in myStrength	Increase member enrollment by 10% to 65 members.	Enrolled 59 members.	Enrolled 309 members.	Enrolled a total of 333 members.	
Develop Adverse Childhood Experiences (ACEs) training resources for providers	Produce 2 provider communications informing them of ACEs, trauma-informed care, toxic stress, and training opportunities.	Distributed 14 unique provider communications.	1 Provider Update distributed 1/2022.	2 Provider Updates distributed: 1/2022 and 11/2022.	
Promote ACEs among members/providers	Increase ACEs screening to CVH members by 3% from 16,143 to -16,627.	Submitted 16,143 screening claims.	Providers submitted 10,591 screening claims as of 6/30/2022.	Providers submitted a total of 19,180 screening claims.	
Major Activities		Timeframe For Completion	Responsible Party(s)		
Promote mental/behavioral health resources to members using member newsletter.		December 2022	M. Lin and M. Zuniga		
Explore additional promotional activities to promote myStrength/behavioral health resources.		December 2022	M. Lin		
Work with Marketing to produce 2 provider communications on ACEs.		December 2022	M. Lin		
Explore opportunity to work with Population Health Management to build referral process for members.		December 2022	M. Lin		
Initiative Status (Populate at year-end)	MET <input checked="" type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>				
Mid-Year and Year End Updates	<p>Include barriers to implementation and systemic/organizational barriers.</p> <p>Mid-Year Update: In 2022, the Health Education Department staff have worked on promoting the ACEs screenings and myStrength program to both providers and members. The myStrength program enrollment has increased from 59 members as of December 31, 2021, to 309 members on June 30, 2022. This is an increase of more than 400% in enrollment. Behavioral health information is included in the monthly "new members" packet to help members learn about these resources. Additionally, the annual Member Newsletter, which is scheduled to be delivered to members in Q4 2022, also includes behavioral health information. To promote ACEs screening, one Provider Update was distributed in January 2022 to inform providers of the ACEs training available in 2022. From January 1, 2022, through June 30, 2022, providers have submitted 10,591 claims for ACEs screening.</p> <p>Year-End Update: In 2022, enrollment for the myStrength Program has increased from 59 in 2021 to 333 members for 2022, which is a 464% growth rate. This increase in member growth rate may be due to increased awareness of the program as a result of the program promotion internally. In addition, HED staff have created and distributed provider updates in January and November to remind providers of the importance of ACEs screenings and the resources</p>				

	available to implement ACEs screening. Providers submitted a total of 19,180 screening claims in 2022, which is an increase of 19% since 2021.
Initiative Continuation Status <i>(Populate at year-end)</i>	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/>

8. Initiative/ Project:	Obesity Prevention			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	Adult obesity rate in CA is 25.8% and 13.9% for adolescents (grades 9-12)*. Obesity is a documented contributor to various diseases and healthcare costs. Per the January RY2020 HEDIS performance dashboard, Adult BMI Assessment and Weight Assessment and Counseling - BMI rates are below MPL across all Medi-Cal counties. * 2018 BRFSS and 2017 YRBSS data sources, pulled from CDC website on 1/27/2020.			
Reporting Leader(s)	Primary:	B. Head	Secondary:	M. Lin and M. Zuniga
Goal of Initiative	To support overweight and high-risk members to incorporate healthy lifestyle habits through nutrition education and increased physical activity.			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Increase Fit Families for Life (FFFL) Home Edition Program enrollment.	Enroll 500+ members (75% flagged as high-risk).	Enrolled 776 members (100% flagged as high risk) [and 93.4% satisfaction from direct incentive survey].	Enrolled 2 members in Q1 2022. Outreach scheduled for Q3-Q4 2022.	A total of 2 members were enrolled in 2022.
Increase Healthy Habits for Healthy People (HHHP) program enrollment.	Enroll 350+ members.	Enrolled 561 members.	No members enrolled. Outreach scheduled for Q3-Q4 2022.	No members were enrolled in 2022.
Major Activities		Timeframe For Completion	Responsible Party(s)	
Determine if a Provider Update on weight management is needed.		August 2022	B. Head	
Determine outreach to members non-compliant in the weight assessment/counseling HEDIS measure into FFFL and HHHP.		August 2022	B. Head	
Promote FFFL and HHHP in member newsletter.		September 2022	M. Zuniga	
Update and rebrand FFFL and HHHP materials.		December 2022	M. Lin	
Introduce email-messaging outreach to introduce FFFL to overweight members.		Q4 2022	B. Head	
Initiative Status (Populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input checked="" type="checkbox"/>			
Mid-Year and Year End Updates	<p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p>Mid-Year Update: Based on an assessment of resources, member outreach to increase enrollment for obesity programs was realigned for deployment in Q3-Q4 2022. The two enrolled members were from the Fresno area. Upcoming Q3-Q4 outreach efforts included updated materials and are expected to increase awareness of programs for targeted populations.</p> <p>In reviewing the FFFL survey findings over the past few years, we found that there was little variation in participant responses. Knowledge areas needing attention are consistent, and similar feedback was obtained through open-ended questions. With member preferences now incorporated into updated program materials for 2022, this survey incentive program was ended. The member survey was removed as materials continued to be rebranded. No FFFL member surveys were returned during Q1-Q2 2022.</p> <p>Additionally, the Health Education Department (HED) staff updated and rebranded the FFFL and HHHP materials for 2022. All of the updated</p>			

	<p>English FFFL and HHP materials have been submitted to CalViva Health Compliance for review and approval. To date, the following 7 materials are completed: FFFL Workbook in English and Spanish; Tips for Weight Control Flyer in English, Spanish, and Hmong; and the Exercise Band Flyer in English and Spanish. The remaining FFFL and HHP materials are either going through translations or pending CalViva Health Compliance approval. Compliance is working with the IT Team for review, approval, and upload of the FFFL exercise videos to the CVH branded YouTube channel.</p> <p>Year- Update All of the FFFL and HHP materials are rebranded and updated with the new logo. FFFL exercise videos have been CVH branded and added to the CalViva YouTube channel as of 11/9/2022. Due to the extended review timeframes, final approval was not received from DHCS for the FFFL Welcome Letter by end of 2022, therefore no additional member outreach was conducted. It was determined that a Provider Update was needed. Efforts were paused until all FFFL and HHP materials were ready for distribution. Outreach will be conducted in 2023.</p>
Initiative Continuation Status <i>(Populate at year-end)</i>	CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/>

9. Initiative/ Project:	Pediatric Education			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	<p>Regularly scheduled well-child visits are a vital component of health care for young children and the foundation of pediatric primary care for most children in the United States. The American Academy of Pediatrics (AAP) guideline recommends attending 14 Well Child Visit (WCV) within the first five years of life and then annual visits after that until age 21. These visits may provide children with a unique opportunity to identify and address pressing social, preventive, behavioral, and developmental health services. Furthermore, these visits help ensure timely immunizations, help reduce the use of acute care services and offer parents an opportunity to discuss their health-related concerns that demonstrate significant and long-lasting effects on children’s lives with the provider. Research estimates that children miss approximately one-third of WCVs, with African American children, children who are uninsured or publicly insured, and children from low-income families reporting even higher disproportions of WCVs. Literature indicates that children who were primarily publicly insured or uninsured most frequently missed visits at 15 months, 18 months, and four years. Children who fall short of these visits may lack developmental screenings and other preventive services typically performed at these ages. Missed WCVs accompany increased emergency department use and hospitalizations, associations that become amplified among children from low-income families.</p> <p>A consensus of scientific research demonstrates that cumulative adversity, especially when experienced during childhood development, also known as Adverse Childhood Experiences (ACEs), is a root cause to some of the most harmful, persistent, and expensive health challenges facing our nation. Identifying ACEs and other social determinants of health in children and adults, and providing targeted intervention, can improve efficacy and efficiency of care, support individual and family health and well-being, and reduce long-term health costs.</p> <p>The following CVH Counties express the current HEDIS rates (RY2022) for pediatric measures: Fresno: CIS-10 (<25th Percentile), IMA-2 (25th Percentile), LSC (<25th Percentile), W30-15 (25th Percentile), W30-30 (< 25th Percentile), WCV (50th Percentile) Kings: CIS-10 (<25th Percentile), IMA-2 (25th Percentile), LSC (50th Percentile), W30-15 (50th Percentile), W30-30 (< 25th Percentile), WCV (<25th Percentile) Madera: CIS-10 (25th Percentile), IMA-2 (75th Percentile), LSC (50th Percentile), W30-15 (75th Percentile), W30-30 (50th Percentile), WCV (75th Percentile)</p>			
Reporting Leader(s)	Primary:	A. Fathifard	Secondary:	J. Felix, M. Lin
Goal of Initiative	Develop resources to inform and educate members about the significance of WCVs and to act as a support for improving select HEDIS measures by driving member engagement via educational and community screening services.			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Promote pediatric education resources	Promote two educational well-child resources for inter-departmental utilization.	Promoted WCV/CIS-10 curriculum training with Quality Improvement and staff of FHCN	Promoted the Pfizer VAKS program to implement patient recall systems.	Reutilization of text message campaign with Family HealthCare Network through 12/1/22 – 12/31/22.
Immunization Education	Explore at least one best practice to improve childhood immunization.	Partnered with Family HealthCare Network for the clinic to implement an educational text messaging campaign inviting members to call the clinic to schedule their child’s routine childhood shots. Campaign was delivered on September 14 th with a follow-up message on September 21 st .	Working with data analytics team and CDPH to establish CAIR baseline rate. In Q2 2022, partnered with group for immunization event with 32 members receiving \$25 VISA gift card upon completion of their immunizations. Partnered with 1 clinic to implement an educational text messaging campaign	Developed internal procedure to help determine an estimate baseline level for CAIR Utilization Rates. In Q3 Immunization Best Practices slides shared with CPM manager and 8 team members to share with providers at over 5 JOM meetings.

			to encourage immunizations.	
Barrier analysis: Health Equity for Pediatric Health Education	Complete analysis to determine if there are any potential disparities in completion of immunization rates based on race, ethnicity, and/or language.	New for 2022	Population Needs Assessment (PNA) findings determined some CIS-10 disparities: <ul style="list-style-type: none"> English and Hmong speakers in Fresno County had lower CIS-10 compliance rates than other groups. 	Race Ethnicity and Language Spoken Disparity analysis completed on December 28, 2022.
Major Activities		Timeframe For Completion	Responsible Party(s)	
Identify and/or create and disseminate health education material(s) for members to inform them on the importance of blood lead screening for minors.		Q3 2022	A. Fathifard	
Identify and/or create and disseminate health education material(s) for providers to inform them on the new focus by DHCS on the importance of blood lead screening for minors.		Q3 2022	A. Fathifard	
Utilize Merck resources for webinar on Vaccine Hesitancy (for providers).		Q3 2022	A. Fathifard	
Promote well-child flyer to CBO partners and provider groups in CVH Counties.		August 2022	A. Fathifard	
Identify new potential sources of formal vaccination materials that highlight the importance of childhood and adolescent immunizations and discuss and coordinate dissemination with California Immunization Coalitions.		October 2022	A. Fathifard	
Provide health education support for the PIP and assist in intervention design.		December 2022	A. Fathifard and J. Felix	
Initiative Status <i>(Populate at year-end)</i>	<p style="text-align: center;"> MET <input checked="" type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/> </p>			
Mid-Year and Year End Updates	<p>Include barriers to implementation and systemic/organizational barriers. While the Health Plan did not identify any new potential sources of formal vaccination materials for coordinated dissemination with California Immunization Coalitions, in 2023, it will continue to seek out resources that could best benefit members and providers both.</p> <p>Mid-Year Update: CalViva Health is developing novel solutions to help address health literacy gaps parents may have surrounding dates for required immunizations and well-child visits.</p> <ul style="list-style-type: none"> For immunizations, the health plan created a proposed template based on the CDC's Recommended Vaccinations for Infants and Children, Parent-Friendly Edition. On the template, the health plan utilized form fields to create slots for ideal dates for required immunizations (creating a PDF-fillable form). Another resource in development is the creation of an easy-to-read flyer that includes spaces for dates to be populated – dates by which the parents should strive to vaccinate their child. This can help them stay current with their child's required vaccination schedule. Another resource in development is a new well-child visit personalized calendar which provides ideal dates for when members should complete their well-child visits, per the AAP periodicity schedule. This customized well-child flyer also takes things one step further by providing parents with a brief write-up of what to expect at that visit. This project's development including considerations for deployment will continue into 2023. 			

- Additionally, the health plan's internal pediatric workgroup will continue to discuss improvements around this project.

HED in collaboration with QI and Family HealthCare Network in Fresno County, implemented an intervention “Heroes for Health IZ Event” on April 23, 2022, during which 67 members attended the event and 32 members received immunizations. Health education materials were made available to members attending the event. Additionally, HED provided content for the clinic - Family HealthCare Network - to launch an educational text campaign to address members’ concerns through the development of various text messages. The text messages invited members to call the clinic to schedule an appointment for their child’s routine childhood shots. However, we continued to have a low response rate for the text campaign. To address this challenge, CalViva Health will partner with the clinic again and implement two additional Heroes for Health IZ events in the Fall 2022; one in October and the second in November as this event in the past has provided positive results.

As Lead Screening for Children became a new pediatric HEDIS measure, the health plan took the initiative to identify members that are at high-risk for lead exposure and created interventions that will mitigate any health impacts. In addition, the health plan sought a strategy to enable providers within the network to conduct lead screening for children under two. Listed below are the strategies used by the health plan for this Lead Screening Initiative:

- Took data from CDPH Data Set (Geospatial Indicators for Risk of Childhood Exposure for California Census Tracts) and cross referenced to all LSC non-compliant across all counties from care gap lists. Isolated Census tracts where risk factors > 4 (Range: 0-6). Stratified data set by county and providers to identify providers with the highest number of non-compliant LSC members living in high-risk areas for lead exposure.

Health Education will work with the Quality Improvement team to identify providers contracted with LabCorp.

Additionally, HED assisted in developing lead screening education content that will be added to QI’s Multi-Care Gap phone script. The script will be utilized by the HEDIS team to conduct outreach calls to members. There are no barriers or challenges at this time.

Year-End Update:

CIS-10 Text Campaign for PIP Project: Health Education Department (HED) has partnered with Family HealthCare Network for them to implement an educational text campaign that will prioritize and address members’ concerns through the development of various text messages. This in in continuation of last year’s efforts—however, with adjustments made from lessons learned. Health Education has developed text messages addressing the clinics’ priority rankings, which are: lack of knowledge/misperceptions of immunizations, transportation, and vaccine schedule. Once the messages have been approved by the clinic, HED will help translate the messages in Spanish. The text campaign launched in the month of December with the following outcomes:

- Percentage of messages successfully sent.
 - 479 (70.65%) had messages successfully delivered/511 (75.37%) were outreached.
- Percentage of caregivers who opt out of these text messages.
 - 7/479 (1.37%) Opted out
- Percentage of caregivers who schedule appointments.
 - 29/479 (6.05%)* received updated data from FHCN
- Percentage of caregivers who complete immunization appointments.
 - 73/127 (57.48%)*

Additionally, to further support the PIP project listed above, the Health Plan shared and promoted the “Make your Child Prosper” well-child flyers (translated in English, Spanish and Hmong) as a utilized resource for member education. Furthermore, In Q3 Immunization Best Practices slides was shared with CPM manager team to share with providers at JOM meetings—the Health Plan included information on: best practices for well-child visits and immunizations.

The health plan initially attempted to establish a baseline CAIR utilization rate by attempting to cross reference our provider network with a National Provider Identifier (NPI)-CAIR crosswalk dataset obtained from CDPH as indicated here <https://www.cdph.ca.gov/Programs/CID/DCDC/CAIR/Pages/CAIR-records-usage-reports.aspx> . The Health Plan reached out to Michael Powell at CDPH and obtained said document but was notified that the crosswalk would probably not meet our needs at only about 2-3% of providers include NPI

	<p>numbers on their CAIR ID page. To try and resolve this issue the health plan attempted another strategy which included:</p> <ol style="list-style-type: none"> 1. Identify children potentially eligible for the CIS measure, i.e., those turning 2 during 2022, so members with DOB 1/1/2020 – 12/31/2020 2. Limit to just MCAL members defined as Enterprise Data Warehouse (EDW) plan code XC 3. Look at assigned PCP and NPI 4. Bump member list against CAIR result data – if we find even just 1 record, then that member gets flagged as CAIR_YES. If we do not find any matches whatsoever in the CAIR data, then the member is flagged as CAIR_NO. 5. After each member is bucketed as either CAIR_YES or CAIR_NOW, the report is summarized at the NPI level <p>While the Health Plan’s Quasi-CAIR strategy would not give us a CAIR “baseline” it did give us insight into which providers utilize CAIR and those who might not utilize the platform as extensively.</p> <p>On December 28, 2022, with the publication of the final set of HEDIS care gap reports a disparity analysis was done for member non-compliant for CIS-10 and IMA-2 Measures and the following was found:</p> <ul style="list-style-type: none"> • For CIS-10 Measures most races and ethnicities had noncompliant rates below levels of representation when compared to overall CVH demographics. • The above can be explained by identifying that 28% of CIS-10 non-compliant members were flagged as “Unknown” race and ethnicity when that same demographic only comprises 10.9% of the overall CVH population. • For IMA-2 73% of non-compliant members identified as Hispanic while Hispanic members only represent 61.5% of the overall CVH population • Regarding Language Spoken and the CIS-10 Measure 76.35% of non-compliers identified English as their spoken language of choice while only 65.8% of CVH members identify English as their preferred spoken language. Contrary Spanish speakers showed more favorable outcomes as only 22% of non-compliers were identified in the care gap data as opposed to the 30.5% overall. • Regarding Language Spoken and the IMA-2 Measure nearly 36% of non-compliers identified Spanish as their preferred language while only 30.5% of members overall identified Spanish as their spoken language of choice. <p>The information above was shared and presented to the larger internal Pediatric Workgroup. The group will utilize this data in addition to other insights to guide programmatic development in 2023 with the aim of disparity reduction.</p> <p>Lastly, a Vaccine Confidence and Hesitancy Webinar hosted by the Health Plan was shared for network providers (hosted by Dr. Shantha Chelliah, MD on April 7th, 2022). The additional collateral on vaccine hesitancy and best CIS-10 practices (presentation) was shared and uploaded on the Provider Portal by July 2022.</p>
Initiative Continuation Status <i>(Populate at year-end)</i>	<p style="text-align: center;"> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/> </p>

10. Initiative/ Project:	Perinatal Education			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	<p>1. According to the American Academy of Pediatrics and the American College of Obstetricians and Gynecologist (2017), prenatal care visits are important to ensure the well-being of the expectant mother and the unborn child. The recommendation intervals for prenatal visits for nulliparous women with uncomplicated pregnancies are every 4 weeks until 28 weeks of gestation, every 2 weeks from 28 to 36 weeks, and then weekly until delivery. CVH counties not meeting the 50% Minimum Performance Level (MPL) (50% Benchmark = 85.89%) in 2021 are: Fresno (85.05%) and Madera (82.73%). Kings (87.60%) met the 50% Benchmark in 2021.</p> <p>2. Based on the American College of Obstetricians and Gynecologists (2017), postpartum care is an important determinant of quality health care outcomes for women giving birth. Since medical complications can occur after a woman has given birth, postpartum visits can address any adverse effects that giving birth had on a woman's body, such as persistent bleeding, inadequate iron levels, blood pressure, pain, emotional changes, and infections. This postpartum care visit is recommended between 7 to 84 days after delivery. CVH counties not meeting the 50% Minimum Performance Level (MPL) (50% Benchmark = 76.40%) in 2021 are: Fresno (66.31%), Kings (76.00%), and Madera (64.85%).</p> <p>3. High rates of cesarean delivery are a concern worldwide. The United States (US) Centers for Disease Control and Prevention set a target rate for cesarean delivery of 23.9% for low-risk first birth as part of their Healthy People 2020 goals; however, the cesarean delivery rate in the US was 25.9% in 2018, which was still above the target rate.</p>			
Reporting Leader(s)	Primary:	A. Fathifard	Secondary:	M. Estrada
Goal of Initiative	To provide accessible, high quality health care and education to women of childbearing age and babies to have healthy pregnancies, healthy newborns, increased exclusive breastfeeding rates and lower perinatal health care costs.			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Enroll pregnant CVH members into the healthy pregnant education program.	Enroll 1,000+ pregnant members in the CVH Pregnancy Program.	Distributed a total of 1,715 CVH Pregnant Program packets and 678 Newborn packets to members.	Enrolled 491 CVH pregnant members into the CVH Pregnancy Program. Distributed a total of 5,200 Newborn packets to members.	Enrolled 701 CVH members into the CVH Pregnancy Program in all of 2022. Distributed a total of 10,104 CVH Pregnant Program packets to members.
Major Activities		Timeframe For Completion	Responsible Party(s)	
Promote the CVH Pregnancy Program among internal departments.		Ongoing 2022	M. Estrada	
Initiative Status (Populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input checked="" type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	<p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p>Mid-Year Update: A total of 491 pregnancy program packets were distributed to CVH pregnant members. Distributed a total of 5,200 Newborn packets to members. No challenges were encountered during the first half of the year. Outreach for the program will continue through the end of the year.</p> <p>Year-End Update A total of 10,104 pregnancy program packets were distributed to CVH pregnant members and enrolled 701 members into the CVH Pregnancy Program. No challenges were encountered during the second half of the year. Outreach for the program will continue in 2023. Realizing that the health plan did not</p>			

	<p>meet its goal of enrolling 1,000 pregnant members—it is working on adjusting several strategies to improve outcomes for his endeavor. The health plan will work with corporate channels to obtain updated contact information on members to increase reach rates and ultimately impact enrollment rates. In addition, language reminding members to immediately contact their PCP notifying them of their pregnancy is being included in various outreach points (member newsletter, nanosites, etc.) so that the health plan can become more facilitative in identify pregnant members in a timely manner.</p>
<p>Initiative Continuation Status <i>(Populate at year-end)</i></p>	<p> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input checked="" type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/> </p>

11. Initiative/ Project:	Population Needs Assessment			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input checked="" type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	Per DHCS APL 19-011, MCPs are required to conduct a PNA. MCPs must address the special needs of seniors and persons with disabilities (SPDs), children with special health care needs (CSHCN), members with limited English proficiency (LEP), and other member subgroups from diverse cultural and ethnic backgrounds in the PNA findings. MCPs must use the PNA findings to identify and act on opportunities for improvement.			
Reporting Leader(s)	Primary:	G. Toland, A. Fathifard, and M. Zuniga		Secondary:
Goal of Initiative	To improve health outcomes for members and ensure that MCPs are meeting the needs of all their Medi-Cal members by: <ul style="list-style-type: none"> Identifying member health needs and health disparities. Evaluating Health Education, Health Equity (C&L), and Quality Improvement (QI) activities and available resources to address identified concerns. Implementing targeted strategies for Health Education, Health Equity (C&L), and Quality Improvement programs and services. 			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Compile data, author, and submit a Population Needs Assessment for CalViva Health to the Department of Health Care Services, per regulatory requirements.	Initiate workgroup and collaborate with QI, Health Equity, and other departments to obtain proper information for various PNA sections to submit to the State by the designated 2022 deadline.	Developed and completed Population Needs Assessment for CalViva Health. Obtained proper acceptance from DHCS and report noted as being "outstanding."	Population Needs Assessment submitted on time to DHCS by 6/30/22.	PNA was successfully completed and approved by DHCS on 7/11/22.
Major Activities		Timeframe For Completion	Responsible Party(s)	
Assemble and Initiate Population Needs Assessment Workgroup and cadence of Workgroup Meetings.		March 2022	G. Toland, A. Fathifard, and M. Zuniga	
Work inter-departmentally to obtain all necessary data sources for PNA production.		May 2022	G. Toland, A. Fathifard, and M. Zuniga	
Examine county-Level data for all three CalViva counties to produce a Social Determinant of Health Analysis.		June 2022	G. Toland, A. Fathifard, and M. Zuniga	
Provide PNA progress towards Action Plan objectives.		June 2022	G. Toland, A. Fathifard, and M. Zuniga	
Include stakeholder engagement.		June 2022	G. Toland, A. Fathifard, and M. Zuniga	
Compile section write-ups into single-report format and overview entire document for alignment with DHCS checklist.		June-July 2022	G. Toland, A. Fathifard, and M. Zuniga	
Submit PNA to DHCS for DHCS review and approval.		June-July 2022	R. Calva-Songco, G. Toland, A. Fathifard, and M. Zuniga	
Formalize PNA findings into a presentable format for dissemination to QI and other departments in order to guide future work plan activities.		October 2022	A. Fathifard, M. Zuniga, and R. Calva-Songco	
Amplify PNA findings by sharing findings at Policy Committee meetings and delivering critical information to key community stakeholders and executives.		December 2022	S. Si	
Initiative Status (Populate at year-end)	MET <input checked="" type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update:			

	<p>In collaboration with Health Equity and Quality Improvement, HED developed and completed the 2022 Population Needs Assessment (PNA) report. The PNA provides key findings and helped identify gaps in services to meet members’ needs and encompasses action plans to address priority concerns. The PNA was submitted by Compliance by the 6/30/22 due date. Information on the final approval will be updated in the Year-End Update. PNA presentation slides will be developed so the report findings can be shared at the Public Policy Committee meeting.</p> <p>Year-End Update: CVH received an “Approved as Submitted” (AAS) notification from DHCS on July 11, 2022. The PNA findings were presented at the CalViva Health Public Policy Committee meeting held in Fresno on 9/7/2022.</p>
<p>Initiative Continuation Status <i>(Populate at year-end)</i></p>	<p>CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/></p>

12. Initiative/ Project:	Tobacco Cessation Program				
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA				
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA				
Rationale	As the leading cause of preventable death, disease, and disability in the United States, cigarette smoking is responsible for more than 480,000 deaths every year. Exposure to secondhand smoke is estimated to cause 41,000 deaths among U.S. adults every year. Tobacco use tends to be higher in rural communities and is the highest among American Indian populations. Smokers live 10 years less than non-smokers, on average. In California, 11.2% of adults smoked (2018 estimates), and 5.4% of high school students smoked cigarettes on at least one day in the past month (2017 rate). In 2019, 17% of CVH Health Information Form respondents reported some form of tobacco use during the previous year.				
Reporting Leader(s)	Primary:	J. Felix		Secondary:	R. Calva-Songco
Goal of Initiative	To improve members' health outcomes and reduce health care costs by decreasing the rate of tobacco users among CVH membership.				
Performance Measure(s)	Objective(s)		2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Collaborate with Kick It California, CVH pharmacy staff, and other tobacco related stakeholders to improve smoking cessation rates among members	Increase CVH member participation in smoking cessation programs by 5% to 180 in 2022.		Enrolled 172 CVH members.	Enrolled 69 members through Q1-Q2 2022.	Enrolled 150 members by end of Q4 2022.
Offer members tobacco cessation aids in partnership with Kick It California	Enroll 20 members per month into the Kick It California pilot project after DHCS approval of the program.		Program proposal not completed. Still in development.	Program proposal not completed. Still in development.	Not launched due to delay in DHCS approval and implementation. To be launched in Q1-Q2 2023.
Major Activities			Timeframe For Completion	Responsible Party(s)	
Finalize SOW, BAA and MSA with Kick It California with DHCS approval.			Q2 2022	J. Felix	
Use pharmacy and claims data for smoking related CDT and ICD-10 codes to monitor tobacco-related healthcare costs and for pharmacy to promote enrollment into Kick It California.			Q2-Q4 2022	J. Felix	
Promote Kick It California in one Medi-Cal newsletter.			October 2022	J. Felix	
Promote Kick It California tobacco cessation program to members via email and/or mail campaigns.			December 2022	J. Felix	
Initiative Status (Populate at year-end)	MET <input type="checkbox"/> PARTIALLY MET <input checked="" type="checkbox"/> NOT MET <input type="checkbox"/>				
	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: Effective Q1 2022, there is a new tobacco cessation program lead from HED. CalViva Health partners with Kick It California to extend smoking cessation programs and services to members. By the end of Q2 2022, a total of 69 members were enrolled in tobacco cessation services offered by Kick It California. Of participating enrollees, 78% reside in Fresno County; 65% are female; 52% are from the 45-64 years old age group; and 95% have English listed as their preferred language. When viewed by race/ethnicity: White members make up 43% of the distribution, followed by Hispanics (23%), and Blacks (12%). The DHCS proposal for the project pilot to offer tobacco cessation aids continues to be under development. CalViva Health is awaiting successful proposal approval on behalf of a partnering health plan before moving forward with our own submission. This allows us to incorporate best practices learned during the other approval process. A challenge has been the length of time in the review process with DHCS, however, we anticipate having the final DHCS approval of the partnering health plan's request sometime in July 2022. In the meantime, preparation work continues including exploring alternative				

	<p>sources of data to identify members who smoke or have nicotine dependence. Member education materials have been updated to reflect the new helpline's name (Kick It California). Promotion also continues through the annual member newsletter.</p> <p>Year-End Update: A total of 150 members were enrolled in tobacco cessation services offered by Kick It California in 2022. Of participating enrollees, 77% reside in Fresno County; 64% are female; 53% are from the 45-64 age group followed by 37% from the 25-44 age group; and 88% have English listed as their preferred language. When viewed by race/ethnicity: White members make up 40% of the distribution, followed by Hispanic at 31%, Multi-Race at 11%, and Black at 10%.</p> <p>The tobacco cessation proposal received DHCS approval on July 1, 2022, for the partnering health plan. However, due to delays in approval, the terms were expiring and so an updated SOW with new dates needed to be rerouted for signatures through Procurement. The SOW has now been executed and the Information Security Assessment has been completed. No further contracting delays are expected for the partnering health plan to launch project pilot.</p> <p>Additionally, promotion of tobacco cessation services offered by Kick It California continued through the annual Member Newsletter. The CVH Member Newsletter reached 189,370 unique households.</p>
Initiative Continuation Status <i>(Populate at year-end)</i>	<p style="text-align: center;"> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/> </p>

13. Initiative/ Project:	Women's Health			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	<p>1. According to the U.S. Preventive Services Task Force (USPSTF, 2018), American Cancer Society (ACS, 2022), and Centers for Disease Control and Prevention (CDC, 2022), it's recommended that women between 21 to 65 years of age should have regular pap tests. Cervical Cancer is highly preventable because screening test and a vaccine to prevent HPV infections are available. When cervical cancer is found early, it is highly treatable and associated with long survival and good quality of life. CVH counties not meeting the 50% Minimum Performance Level (MPL) (50% Benchmark = 59.12%) for CCS in 2021 are: Fresno (55.74%), Kings (58.09%), and Madera (57.30%).</p> <p>2. According to the ACS (2022), 1 out of 8 women will develop breast cancer in their lifetime. Breast Cancer is the most common cancer in women, no matter race or ethnicity and it's the most common cause of death from cancer among Hispanic women. Regular mammograms are the best tests doctors have to find breast cancer early, sometimes up to three years before it can be felt for women over 50 years of age. CVH counties meeting the 50% Minimum Performance Level (MPL) (50% Benchmark = 53.93%) for BCS in 2021 are: Kings (54.42%) and Madera (54.12%). Fresno (46.33%) is below the MPL.</p>			
Reporting Leader(s)	Primary:	M. Zuniga		Secondary: J. Felix, L. Mucarsel
Goal of Initiative	To provide members with education on breast cancer and cervical cancer regular screenings through promotion of importance of regular screenings and multifaceted communication.			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Conduct Breast Cancer Screening/Cervical Cancer BCS/CCS classes	Coordinate with Every Women Counts a minimum of 3 BCS/CCS virtual classes in 2022. Reach a minimum of 50 members.	Conducted 16 virtual BCS/CCS classes, reaching a total of 1,388 participants.	Conducted 29 virtual and in-person BCS/CCS classes; reached 880 participants.	As of December 2022, conducted 57 virtual and in-person and BCS/CCS classes, reaching 1,051 participants.
Improve breast cancer screening (BCS) rate for targeted provider in Fresno County	Develop and implement 1 educational intervention to improve breast cancer screening rate targeting Southeast Asian members in Fresno County.	Implemented an educational session for Hmong-speaking BCS non-compliant members on September 24, 2021, at The Fresno Center.	Q1-Q2 2022, implemented 2 mobile mammography events (over 4 days); 80 members completed their BCS exams.	As of December 2022, 4 mobile mammography events (over 8 days); 127 members completed their BCS exams.
Major Activities		Timeframe For Completion	Responsible Party(s)	
Conduct BCS and CCS telephonic educational calls.		Ongoing 2022	L. Mucarsel	
Work with Provider Engagement to promote and distribute BCS/CCS materials with providers.		Ongoing 2022	M. Zuniga	
Coordinate with Health Equity, Quality Improvement, and Hmong community members to address BCS Disparity Project in Fresno County.		Ongoing 2022	J. Felix	
In collaboration with Health Equity, Quality Improvement, and Hmong community, develop 1 educational intervention to address priority areas for BCS project.		Ongoing 2022	J. Felix	
Partner with Every Woman Counts to conduct BCS/CCS virtual community education classes.		Ongoing 2022	M. Zuniga	
Initiative Status (Populate at year-end)	MET <input checked="" type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	Include barriers to implementation and systemic/organizational barriers. Mid-Year Update: Every Woman Counts (EWC) virtual BCS/CCS classes reached a total of 880 participants in over 29 classes held during Q1-Q2 2022. This continues to be a			

great partnership with an agency that have staff in different counties making it much easier to reach out to the community. Before COVID-19, all classes were in-person. While some counties have opened up to in-person activities others have not. During the pandemic, classes and activities were offered virtually. Classes are now offered in a hybrid model (in-person and virtual). The EWC point of contact commented that having member incentives available (as funded and provided by the health plan) at events/classes helped increase attendance and screenings (for breast and cervical cancers). The goal for EWC is to continue to partner with local collaborators in different regions to promote classes and offer incentives in order to continue to increase attendance and screenings. The health plan will continue with this partnership in 2022 with the goal to implement in-person classes - depending on the COVID-19 guidelines and status. HED is continuously working with Provider Engagement, Quality Improvement, and clinics to promote and distribute BCS/CCS materials.

Health Education Department in collaboration with Quality Improvement, Health Equity, and The Fresno Center staff, continue to support a Breast Cancer Screening (BCS) Performance Improvement Project with one high volume, low compliance clinic that serves the Hmong population in Fresno County. CalViva Health supported select providers in offering member incentives at point of care to motivate members in need of completing their breast cancer screening. In Q1 2022, two mobile mammography events were implemented at Kings Winery Clinic where 54 members received a \$25 VISA gift card incentive upon completion of the BCS exam. In Q2 2022, one mobile mammography event had to be cancelled due to a technician testing positive for COVID-19. The event was later rescheduled in June with two mobile mammography events were implemented at Kings Winery Clinic. A total of 26 members each received a \$25 VISA gift card upon completion of the BCS exam and an additional \$25 VISA gift card for the inconvenience caused by the last-minute rescheduling of the May event.

Due to the positive turnout at the BCS events, two additional BCS events are being planned for the Fall.

Year-End Update:

Every Woman Counts virtual BCS/CCS classes reached a total of 1,051 participants in over 57 classes in 2022. This partnership continues to demonstrate success in educating community members about the importance of breast cancer and cervical cancer screenings. CalViva Health will continue with this partnership in 2023 and will meet with Every Woman Counts in Q1 to discuss strategies for 2023.

The Health Education Department in collaboration with Quality Improvement, Health Equity, and The Fresno Center staff, continued to support a Breast Cancer Screening (BCS) Performance Improvement Project with one high volume, low compliance clinic that serves the Hmong population in Fresno County. CalViva Health supported select providers in offering member incentives at point of care to motivate members in need of completing their breast cancer screening.

In Q3 2022, one mobile mammography event held over a two-day period was implemented at Kings Winery Clinic where 33 members received the following incentives upon completion of the BCS exam: 12 members received a \$30 bag of rice and a \$25 VISA gift card; 11 members received a \$30 bag of rice and a \$25 Walmart gift card; 4 members received 2-\$25 VISA gift cards; and 6 members received 2-\$25 Walmart gift cares. In Q4 2022, one additional BCS event was held over a two-day period also at Kings Winery Medical Clinic. Fourteen members received the following incentives upon completion of the BCS exam: 1 member received a \$30 bag of rice and a \$25 Walmart gift card; 9 members opted to receive 2-\$30 bag of rice; 2 members received 2-\$25 VISA gift cards; and 2 members received 2-\$25 Walmart gift cards. The BCS PIP ended December 31. 2022.

Initiative Continuation Status <i>(Populate at year-end)</i>	CLOSED <input type="checkbox"/>	CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/>	CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/>
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14. Initiative/ Project:	Compliance: Oversight and Reporting			
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA			
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input type="checkbox"/> PROVIDER SUPPORT <input type="checkbox"/> COLLABORATIVE <input type="checkbox"/> DEPT EFFICIENCY <input checked="" type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA			
Rationale	Provide oversight to assure compliance to DHCS requirements.			
Reporting Leader(s)	Primary:	R. Calva-Songco, J. Felix, M. Lin		Secondary:
Goal of Initiative	To meet regulatory and company compliance			
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)
Complete and submit Health Education Department's Program Description, Work Plan, and Work Plan evaluation reports	Complete and submit Program Description, Work Plan, and Work Plan evaluation reports in 2022.	Completed and submitted Program Description, work plan, and work plan evaluation.	Completed and submitted the 2022 Program Description, 2022 Work Plan submission, and the 2021 Work Plan Evaluation.	Completed and submitted the 2022 Program Description, 2022 Work Plan submission, and the 2021 Work Plan Evaluation reports.
Update Health Education Department's Policies and Procedures	Update Policies and Procedures in 2022.	Updated 6 Policies and Procedures.	Updated 3 Policies & Procedures.	Updated 6 Policies & Procedures.
Complete all incentive program reports to CalViva Health and DHCS	Complete semi-annual progress reports and annual DHCS incentive evaluation reports in 2022.	Completed semi-annual progress reports and 12 annual DHCS incentive evaluation reports.	Completed semi-annual work plan progress reports and 3 annual DHCS incentive evaluation reports.	Completed semi-annual work plan progress reports and 9 annual DHCS incentive evaluation reports and 1 End of Program report.
Develop and distribute a Provider Update on Staying Healthy Assessment (SHA)	Produce one Provider Update in 2022.	Produced 1 Provider Update.	Postponed due to DHCS's plan to replace the SHA.	Cancelled as DHCS is ending the SHA requirement.
Present Health Education updates at Public Policy Committee (PPC) meetings	Participate in four PPC meetings where health education reports are presented in 2022.	Provided reports to be presented at 4 PPC meetings.	Provided reports to be presented at 2 PPC meetings.	Provided reports to be presented at 4 PPC meetings.
Produce a Population Needs Assessment (PNA) report for all CVH counties	Develop and share PNA report with action plan using the latest data in 2022.	PNA was completed and approved by DHCS.	Population Needs Assessment submitted for DHCS review by 6/30/2022.	PNA was completed and approved by DHCS on 7/11/22.
Major Activities		Timeframe For Completion	Responsible Party(s)	
Update Department Program Description.		March 2022	J. Felix and R. Calva-Songco.	
Produce and distribute Provider Update on SHA.		-December 2022	M. Line	
Update Health Education Department's Policies and Procedures.		December 2022	J. Felix, R. Calva-Songco, and Project Leads	
See PNA initiative of the work plan for information regarding this report.		December 2022	G. Toland, A. Fathifard, M. Zuniga, and R. Calva-Songco	
Initiative Status (Populate at year-end)	MET <input checked="" type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>			
Mid-Year and Year End Updates	<i>Include barriers to implementation and systemic/organizational barriers.</i> Mid-Year Update: In collaboration with Health Equity and QI, reviewed and developed the 2022 Population Needs Assessment (PNA) report. The PNA provides key findings and helps identify gaps in services to meet members' needs and encompasses action plans to address priority concerns. The PNA was submitted to DHCS			

	<p>meeting the June 30th deadline.</p> <p>Health Education staff updated 3 policies and procedures, one Program Description, and completed one semi-annual progress report. The department is compliant with all required reporting.</p> <p>Year-End Update Health Education staff updated six policies and procedures and one Program Description. The semi-annual reports and annual work plan were submitted in a timely manner. The department is compliant with all required reporting.</p>
<p>Initiative Continuation Status <i>(Populate at year-end)</i></p>	<p>CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input checked="" type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/></p>

15. Initiative/ Project:	Health Education Department Promotion, Materials Update, Development, Utilization, and Inventory				
Priority Counties	<input checked="" type="checkbox"/> FRESNO <input checked="" type="checkbox"/> KINGS <input checked="" type="checkbox"/> MADERA				
Initiative Aim(s)	<input checked="" type="checkbox"/> MEMBER PROGRAM UTILIZATION AND SATISFACTION <input checked="" type="checkbox"/> PROVIDER SUPPORT <input checked="" type="checkbox"/> COLLABORATIVE <input checked="" type="checkbox"/> DEPT EFFICIENCY <input type="checkbox"/> OVERSIGHT <input checked="" type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> QUALITY PERFORMANCE <input checked="" type="checkbox"/> PNA				
Rationale	Assure health education resources are meeting DHCS requirements per APL 18-016.				
Reporting Leader(s)	Primary:	M. Lin, M. Zuniga		Secondary:	A. Campos L. Mucarsel
Goal of Initiative	To produce and update health education resources to meet member and provider needs.				
Performance Measure(s)	Objective(s)	2021 Outcomes (Year-End)	2022 Outcomes (Mid-Year)	2022 Outcomes (Year-End)	
All required health education materials topics and languages available to providers, members, and associates.	Develop needed materials and resources in 2022 to assure compliance.	Rebranded, updated/ adopted 9 CalViva Health member materials. Updated the CalViva Health Provider Order Form for Health Education Materials.	Rebranded/updated 18 member health education materials.	Rebranded/updated a total of 33 member health education materials.	
Major Activities		Timeframe For Completion	Responsible Party(s)		
Review and approve health education materials following DHCS APL 18-016 guidelines. Complete and track DHCS Readability and Suitability Checklists.		Ongoing 2022	M. Lin and M. Zuniga		
Develop, rebrand and update identified CalViva Health high priority materials. Complete readability assessments and C&L Checklists for C&L review and approval. Submit materials to Health Equity, Privacy, and Compliance for review and approval.		Q4 2022	M. Lin and M. Zuniga		
Conduct monthly material review meetings. Refine material review and field test process as needed.		Q4 2022	M. Lin, M. Zuniga, A. Campos, and L. Mucarsel		
Partner with Provider Engagement to promote health education materials.		Q4 2022	J. Felix		
Initiative Status (Populate at year-end)	MET <input checked="" type="checkbox"/> PARTIALLY MET <input type="checkbox"/> NOT MET <input type="checkbox"/>				
Mid-Year and Year End Updates	<p><i>Include barriers to implementation and systemic/organizational barriers.</i></p> <p>Mid-Year Update: In Q1 and Q2 2022, the Health Education Department (HED) staff rebranded and updated a total of 18 member health education materials. HED staff identified and updated high-priority materials with the new CalViva Health logo. The rebranded materials cover the topics of exercise, health education programs and services, heart health, diabetes, pain control, and weight management. HED staff also met monthly to improve and refine the material review and development process. To explore new ways to develop in-house materials, HED staff also participated in Marketing Department’s Canva Pilot Project by attending monthly meetings, testing the design software, and providing feedback for process improvement. The Canva Pilot Project is an online graphic design tool that allows users to create materials or templates.</p> <p>Additionally, health education materials and information on programs and services were provided at the following events:</p> <ul style="list-style-type: none"> • March 10th & 11th: Breast Cancer Screening Event at Kings Winery Clinic (Fresno, CA) • June 11th: Reading Extravaganza at Storyland (Fresno, CA) • June 16th & 17th: Breast Cancer Screening Event at Kings Winery Clinic (Fresno, CA) <p>Year-End Update: To assure compliance with branding requirements, the Health Education Department (HED) staff worked with the Marketing Department on updating the member materials. A total of 33 CalViva Health member materials were rebranded and added to the Health Education materials library. The rebranded</p>				

	<p>materials cover the following topics: breastfeeding, dental care, heart health, pain control options, nutrition, exercise and weight management. To optimize efficiency, HED staff conducted monthly Material Review Team meetings to share updates and resolve issues with the material development or fulfillment process. In June, HED staff updated the Material Review Process PowerPoint presentation and conducted training for the HED team to help the team better understands the updated material review process. HED staff also participated in Marketing’s Canva Pilot Project and provided user feedback to help the design tool more effective. As a result, the use of Canva will be made available to employees companywide in 2023. In August 2022, HED was notified that the Chatsworth warehouse was closing, and all on-hand inventory was transitioned and transferred to a new contracted vendor, RRD. This transition impacted fulfillment for the materials and HED staff have been meeting with ICS and the new vendor RRD to develop action plans and build processes for fulfillment. ICS will be providing training on using Custom Point for the HED team in Q4 2022 and Q1 2023. HED staff will continue to work with ICS and the new vendor RRD to assure the new fulfillment process is implemented smoothly.</p>
<p>Initiative Continuation Status <i>(Populate at year-end)</i></p>	<p style="text-align: center;"> CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input checked="" type="checkbox"/> </p>

Item #11

Attachment 11.C

Health Education

2023 Change Summary and
Program Description



REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Rosa I. Calva-Songco, MPH, CPHQ, Manager, Health Education Department
Amy Wittig, MBA, Director, Quality Management
Justina B. Felix, Senior Health Education Specialist

COMMITTEE DATE: May 18, 2023

SUBJECT: QIUM 32 Health Education Program Description 2023 Change Summary

Redline Page #	Section/Paragraph name	Description of change	New Page #
2-1, 3-1, 3-6, 3-8, 4-2	Throughout the document	Removed reference of IHEBA/SHA throughout the document.	N/A
2-1	Purpose	Added “resources made available”	2-1
3-2	Health Education Programs, Services, and Resources (Interventions): Weight Management Programs	Deleted Fit Families for Life and Healthy Habits for Healthy People Community Classes description from the Weight Management Programs section.	3-2
3-3	Health Education Programs, Services, and Resources (Interventions): Nurse Advise Line	Added Member Services phone number to the Nurse Advise Line section.	3-3
3-3	Health Education Programs, Services, and Resources (Interventions): Digital Health Education	Made minor edits to Digital Health Education description. Removed “may participate; in electronic, and campaigns and programs.” Added “can view; and content.”	3-3
3-3	Health Education Programs, Services, and Resources (Interventions): Behavioral Health Education	Changed title description from mySrength Program to Behavioral Health Education. Added “CalViva Health also provides members and providers with Adverse Childhood Experiences (ACEs) education and resources. Providers also have access to several trainings that will support their ACEs screening implementation and offer ACEs education to members. Members can request CalViva Health’s ACEs education resources by contacting the toll-free Health Education Information Line or requesting them through their doctor” to this section.	3-3
3-3	Health Education Programs, Services, and Resources (Interventions); Health Promotion Incentive Programs	Added “CalViva Health follows MMCD Policy Letter 16-005 to develop, implement and evaluate appropriate incentive programs to promote positive health behaviors among members” to the Health Promotion Incentive Programs section.	3-3

3-3	Health Education Programs, Services, and Resources (Interventions): Community and Telephonic Health Education Classes	Made minor edits to the Community and Telephonic Health Education Classes section. Removed “offered to” and added “available; for; and topic availability.”	3-3
3-3	Health Education Programs, Services, and Resources (Interventions): Health Education Resources	Removed “more than 4,000” and added “to more” to the Health Education Resources section.	3-3
3-3	Health Education Programs, Services, and Resources (Interventions): Member Newsletter	Added “and available online” to Member Newsletter section.	3-3
3-4	Health Education Programs, Services, and Resources (Interventions): Health Promotion Incentive Programs	Deleted and then added the following paragraph “CalViva Health follows MMCD Policy Letter 16-005 to develop, implement and evaluate appropriate incentive programs to promote positive health behaviors among members. CalViva Health follows guidance from DHCS Texting Program and Campaign Submission Form and Plan’s Texting Policy to develop, administer and evaluate texting campaigns” and added the paragraph to the Health Promotion Incentive Programs section. Also made edits/revisions to the paragraph.	3-3
3-4	Population Needs Assessment	Added “up until 2022 and then on a three-year basis.”	3-3
3-4	Resource Needs Assessment	Made minor edits to this section. Deleted “system; at least once a year.” Added “work plan; annually.”	3-4
3-6	Promotion of Health Education Programs, Services and Resources: Members	Deleted “and text messaging interventions.”	3-5
3-6	Promotion of Health Education Programs, Services and Resources: Providers	Deleted “and HED.”	3-5
3-7	CalViva Health’s Health Education Standards and Guidelines	Rearranged the order of bullet points. Moved “Mass Print and Digital Medias: Direct member mailing on various health education topics, such as preventive health screening guidelines, diabetes, asthma, healthy pregnancy, and weight management. Email and text message could also be used to increase member engagement” to the first bullet point. Deleted “Nutrition, Exercise.”	3-6
4-1, 5-1	Staff Resources and Accountability; CalViva Health Monitoring & Evaluation	Rejected this update. Adding back QI/UM.	4-1, 5-1
4-2	Staff Resources and Accountability: Incorporating Health Education into Health Care Services Delivery: Provider	Deleted PR and added PE in the Provider Engagement section.	4-2

	Engagement		
4-3	Staff Resources and Accountability: Strategies for Improving the Effectiveness of Health Education Programs and Services	Deleted “such as CME training both.”	4-2
5-1	Program Evaluation: HED Internal Monitoring & Evaluation	Added: “on a three-year basis per new DHCS guidelines effective 2023.” “CalViva Health follows guidance from DHCS Texting Program and Campaign Submission Form and Plan’s Texting Policy to develop, administer and evaluate texting campaigns.”	5-1



CalViva Health
202~~32~~ Health Education
Program Description

Fresno-Kings-Madera Regional Health Authority Commission Approval

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

David Hodge, MD
Regional Health Authority Chairperson

Date

Patrick Marabella, MD
Chief Medical Officer

Date

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OVERVIEW

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

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

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

POLICY STATEMENT AND PURPOSE

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

HED's Vision: Empower and nurture the health of our communities

HED's Goals:

1. To provide culturally and linguistically appropriate health education programs and resources at no-cost to:
 - Support members and the community to achieve optimal physical and mental health.
 - Promote health equity.
 - Improve CalViva Health's quality performance.
 - Enhance member satisfaction and retention.
2. To engage communities, stakeholders, and partners by providing high quality health education programs and resources.

Purpose:

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

Confidentiality

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

PROCEDURES

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

Health Education Programs, Services, and Resources (Interventions)

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

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

- **Effective Use of Managed Health Care Services:** Educational interventions designed to assist members to effectively use the managed health care system, preventive and primary health and dental care services, obstetrical care, health education services, and appropriate use of complementary and alternative care.
- **Risk Reduction and Healthy Lifestyles:** Educational interventions designed to assist members to modify personal health behaviors, achieve and maintain healthy lifestyles, and promote positive health outcomes, including programs for tobacco use and cessation; alcohol and drug use; injury prevention; prevention of sexually transmitted diseases (STD), HIV and unintended pregnancy; nutrition, weight control, and physical activity; diabetes prevention; and parenting.
- **Self-Care and Management of Health Conditions:** Educational interventions designed to assist members to learn and follow self-care regimens and treatment therapies for existing medical conditions, chronic diseases, or health conditions, including programs for pregnancy, asthma, diabetes, and hypertension.

Members and PCPs may request educational materials on health topics such as, but not limited to, nutrition, tobacco prevention & cessation, HIV/STD prevention, family planning, exercise, dental, perinatal, diabetes, asthma, hypertension, age-specific anticipatory guidance, injury prevention, immunization, and mental health. Some of these topics are also [offered at available via](#) community classes. Members may self-refer to CalViva Health's health education programs by calling the toll-free Health Education Information Line.

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

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

- Weight Management Programs – Members have access to ~~three~~two program options under Fit Families for Life-~~Be In Charge!~~SM.
 - The Fit Families for Life-Home Edition is a 5-week self-paced home-based program to help families learn and set weekly nutrition and physical activity goals to achieve a healthy weight. Materials include a program booklet, cookbook, and exercise stretch band. Providers may complete and fax or email a copy of the Fit Families for Life —~~Be In Charge!~~SM Program Referral Form to CalViva Health's Health Education Department to refer members to the Home Edition program. Exercise videos are available online.
 - The Healthy Habits for Healthy People weight management educational resource is designed specifically for older adults and seniors. Program materials also include a program booklet, cookbook, and exercise stretch band. Exercise videos are available online.
 - ~~Fit Families for Life and Healthy Habits for Healthy People Community Classes—classes teaching basic nutrition and physical activity information. They can be offered at community-based organizations and/or in areas where CalViva Health members reside. The Community Classes are offered at no cost to all CalViva Health members and the community, (and are available contingent upon pandemic restrictions).~~
- Chronic Disease Education: Hypertension – Identify ~~at~~at-risk members for cardiovascular disease through claims and encounter data. Eligible members will receive education about healthy nutrition, physical activity, and timely preventive health screenings.
- Chronic Condition Management – Medi-Cal members with asthma, diabetes, and heart failure ~~are~~can be enrolled in the Chronic Condition Management program to help them manage their condition and better understand their treatment options. The program includes a population-based identification process, interventions based on clinical need, patient self-management, and disease education. Multi-disciplinary teams are involved in the development of these efforts. Referrals to chronic condition management are multichannel and come through Case Management, provider, and member self-referrals.
- Diabetes Prevention Program - Eligible members 18 years old and older with prediabetes can participate in a year long evidence-based, lifestyle change program that promotes and focuses on emphasizing weight loss through exercise, healthy eating, and behavior modification. The program is designed to assist Medi-Cal members in preventing or delaying the onset of type 2 diabetes. The DPP core benefit lasts one year and offers 22 peer-coaching sessions. Members who achieve and maintain a minimum weight loss of five percent by the end of the year will be eligible to receive ongoing maintenance sessions to help them continue healthy lifestyle behaviors.
- CalViva Pregnancy Program – The pregnancy program incorporates ~~the~~ concepts of case management, care coordination, disease management and health promotion ~~in an effort~~ to teach pregnant members how to have a healthy pregnancy and first year of life for babies. The program also aims to reinforce the appropriate use of medical resources to extend the gestational period and reduce the risks of pregnancy complications, premature delivery, and infant disease. Educational resources include materials on monitoring the baby's movement, ~~and~~ handbooks on planning a healthy pregnancy and caring for the baby. High-risk pregnancies receive additional case management services.
- Kick It California (formerly known as the California Smokers' Helpline) - Is a no-cost, statewide tobacco cessation program that addresses smoking and vaping behaviors. Services include

tailored one-on-one telephonic coaching in six languages (English, Spanish, Cantonese, Mandarin, Korean, and Vietnamese), a texting program in English or Spanish, a website chat function, and mobile apps on smoking and vaping. Telephonic coaching is available Monday-Friday, 7am-9pm, and Saturday from 9am-5pm by calling 1-800-300-8086. To learn more about available resources and medication options, members may call the toll-free number or visit www.kickitca.org.

- Nurse Advice Line – Members [can call Members Services at 888-893-1569 \(TTY: 711\) and ask to ~~may~~ speak to a nurse 24 hours a day, 7 days a week in the member's preferred language about any health-related concerns.](#)
- Healthy Hearts, Healthy Lives – Members have access to a heart health prevention toolkit (educational booklet and tracking journal) to learn how to maintain a healthy heart.
- Digital Health Education - Teens from 13 years old and adults ~~may participate~~[can view in electronic health education campaigns and programs content available through T2X's website and text messaging.](#) T2X engages members in learning about health topics that are important to them. T2X interventions guide participants in learning how to access credible health education information and seek preventive health care services.
- Behavioral Health Education - myStrength® Program – Members have access to an evidence-based, self-help resource that is available on-line or in a mobile app [by myStrength®](#). It offers interactive, personalized modules that empower members to help manage their depression, anxiety, stress, substance use, chronic conditions, pain management and many other conditions. [CalViva Health also provides members and providers with Adverse Childhood Experiences \(ACEs\) education and resources. Providers also have access to several trainings that will support their ACEs screening implementation and offer ACEs education to members. Members can request CalViva Health's ACEs education resources by contacting the toll-free Health Education Information Line or requesting them through their doctor.](#)
- Health Promotion Incentive Programs - The HED partners with Quality Improvement Department to develop, implement and evaluate incentive programs to encourage members to receive health education and to access HEDIS related preventive health care services. [CalViva Health follows MMCD Policy Letter 16-005 to develop, implement and evaluate appropriate incentive programs to promote positive health behaviors among members.](#)
- Community and Telephonic Health Education Classes – No-cost health education classes and webinars are ~~available offered to~~[for](#) members and the community. Classes are available in various languages. Topics vary and are determined by the community's needs [and topic availability](#).

The following educational resources are available to members:

- Health Education Resources - Members or the parents of youth members may order health education materials on a wide range of topics, such as asthma, weight control, healthy eating, diabetes, immunizations, dental care, breastfeeding, breast cancer screening, cervical cancer screening, exercise and more. These materials are available in threshold languages. Members may also access [more than 4,000 to more](#) topics relating to health and medication using Krames online at www.calvivahealth.org.
- Health Education Programs and Services Flyer - This flyer contains information on all health education programs and services offered to members and information on how to access services.
- Preventive Screening Guidelines - The guidelines are provided to inform members of health screening and immunization schedules for all ages. These are available in English, Spanish and Hmong.
- Member Newsletter – A newsletter is mailed [and available online](#) to members once a year and covers various health topics and the most up-to-date information on health education programs and services.

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

Population Needs Assessment

CalViva Health conducts a Population Needs Assessments (PNA) report and action plan annually up until 2022 and then on a three-year basis. The purpose of the PNA is to determine the health education, cultural and linguistic, and quality improvement needs of CalViva Health Medi-Cal members.

CalViva Health ensures that the findings of the PNA, as well as other relevant information, are used to establish health education, cultural & linguistics and quality improvement program priorities and appropriate levels of intervention for specific health issues and target populations. PNA findings are used to prioritize the annual work plan objectives and intervention activities and to guide on-going project developments to address the unmet needs of our members.

Resource Needs Assessment

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

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

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

Educational Materials

Health education materials are provided to members and contracted providers for dissemination to their Medi-Cal members. CalViva Health produces health education materials for its members with a 6th sixth grade or lower reading level and takes diverse cultural backgrounds into consideration in their development and translation. Materials are also available on alternative formats upon member request. The Health Equity Department reviews these materials for accuracy of translation, cultural content, and reading level. Moreover, CalViva Health evaluates member materials with the assistance of experts, Public Policy Committee, focus groups, and/or individual and group interviews. Health education

materials are also offered to community partners and disseminated through health education classes, webinars and events that are significantly relevant to the CalViva Health priority areas.

Promotion of Health Education Programs, Services and Resources

A. Members

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

- Via the toll-free Health Education Information Line, Nurse Advice Line, and Member Services
- On CalViva Health's website
- Via digital communications including T2X and myStrength website and mobile app, ~~and text messaging interventions~~
- Information contained in the member newsletters and other member mailings
- Information in the welcome packets for new members
- At health fairs and other community events
- Via the CalViva Health contracted providers' offices
- In association with Community Based Organizations
- During health education presentations, classes, and webinars
- Inclusion in the Evidence of Coverage (EOC)
- ~~Through other internal departments (e.g., Quality Improvement, Provider Engagement, Service Coordination, and Health Equity)~~

B. Providers

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

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

C. CalViva Health and Health Net Staff

The HED provides regular communications with Plan staff to keep them abreast of health education interventions and to foster collaborative efforts to improve health outcomes for members. The HED reaches out to the following departments: Service Coordination, Quality Improvement, Health Care Services, Health Equity, Provider Engagement, Member Services and Enrollment Services.

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

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

D. Community Collaborations

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

CalViva Health's Health Education Standards and Guidelines

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

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

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

- [Mass Print and Digital Medias: Direct member mailing on various health education topics, such as preventive health screening guidelines, diabetes, asthma, healthy pregnancy, and weight management. Email and text message could also be used to increase member engagement.](#)
- Group Lecture and Individual Education: Health education classes, webinars, and individualized education on topics with identified needs, such as: Diabetes, Asthma, [Nutrition, Exercise](#), etc.
- Personal Coaching: Behavioral modification coaching through in-person, telephonic or mobile app. Examples include tobacco cessation program and disease management programs.

- ~~Mass Print and Digital Medias: Direct member mailing on various health education topics, such as preventive health screening guidelines, diabetes, asthma, healthy pregnancy, and weight management. Email and text message could also be used to increase member engagement.~~

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

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

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

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

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

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

Public Policy Committee (PPC)

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

The Public Policy Committee meets four times a year. Committee responsibilities include obtaining feedback and guidance in the delivery of culturally and linguistically appropriate health care services, establishing and maintaining community linkages. The Public Policy Committee will be provided an opportunity to give input on the PNA, review the PNA findings and get update on progress made towards PNA goals. The Committee includes CalViva Health members, member advocates (supporters), a Commissioner of CalViva Health's governing board, the Fresno-Kings-Madera Regional Health Authority (RHA) Commission, and health care providers.

STAFF RESOURCES AND ACCOUNTABILITY

1. CalViva Health Committees

A. Governing Body/RHA (Regional Health Authority) Commission

The RHA Commission is the governing body with ultimate authority and responsibility for the oversight of CalViva Health.

B. QI/UM Committee

The QI/UM Committee monitors the quality and safety of care and services rendered to CalViva Health members. This Committee identifies opportunities for improvement, recommends policy decisions, evaluates the results of activities, institutes needed actions, and ensures follow up as appropriate. The Health Education program description, work plan, incentive program summary, and end of year work plan evaluation report are all submitted to the CalViva Health QI/UM committee for review and approval. The QI/UM committee provides regular reports to the RHA Commission.

C. Public Policy Committee

The Public Policy Committee includes CalViva Health members, member advocates (supporters), a RHA Commissioner, and a health care provider. Committee responsibilities include obtaining feedback and guidance in the delivery of culturally and linguistically appropriate health care services and establishing and maintaining community linkages. The Health Education program description, work plan, incentive program summary and end of year reports, Population Needs Assessment are shared as information to the Public Policy Committee. The Public Policy Committee provides regular reports to the QI/UM Committee and the RHA Commission.

2. CalViva Health Staff Roles and Responsibilities

A. Chief Medical Officer

CalViva Health's Chief Medical Officer's responsibilities include assuring that CalViva Health's programs are compatible and interface appropriately with the provider network and the overall scope of CalViva Health's QI program. A medical management team is under the direction of the Chief Medical Officer. The Medical Management team will monitor and evaluate the adequacy and appropriateness of health and administrative services on a continuous and systematic basis.

B. Chief Compliance Officer

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

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

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

A. The HED Leadership Team

Important health education services are developed and coordinated within the CalViva Health service area by the HED. The HED continues to maintain their internal reporting responsibilities within Health Net Community Solutions, as a subsidiary to Health Net LLC., (e.g., Chief Executive Officer (CEO), Vice Presidents, Officers, Directors, etc.) however, activities conducted within the CalViva Health service area are subject to oversight by CalViva Health's staff and respective committees.

Incorporating Health Education into Health Care Services Delivery

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

- a) Quality Improvement (QI): HED provides technical and advisory support on health education-related QI interventions and works closely with QI and the Health Equity Departments and CalViva Health staff to implement quality improvement projects.
- b) Health Equity: HED coordinates with Health Equity to develop culturally and linguistically appropriate educational resources and programs, and produce the Population Needs Assessment report. HED also coordinates with the Health Equity department to conduct health disparity projects.
- c) Member Services (MS): HED coordinates with the Member Services Department to promote available health education programs and resources. The HED also coordinates with Member Services to conduct third party oral translation of health education information directly to non-English/non-Spanish-speaking members and to make health education program referrals by members who access the MS phone line.
- d) Medical Management (MM): HED works closely with Medical Management to incorporate health education interventions into health improvement projects.
- e) Case Management (CM): HED coordinates with CM nurses to refer members to the HED for health education programs, services, and materials. HED also works with CM to develop approved health education resources to meet members' health education needs
- f) Provider Engagement (PE): HED coordinates with ~~PR-PE~~ staff to encourage providers to refer members to the HED for health education programs, services, and materials. PE staff also help educate providers on ~~the Staying Healthy Assessment and other~~ DHCS provider training requirements.
- g) Service Coordination (CS): HED coordinates with SC staff to refer local health departments, school-based clinics, and county organizations to the HED for health education programs, services, and materials.
- h) Enrollment Services (ES): HED partners with ES to help CalViva Health's pregnant women understand the importance of baby well care visits, postpartum visits, and the process for getting their newborn insured.

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

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

Strategies for Improving the Effectiveness of Health Education Programs and Services

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

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

PROGRAM EVALUATION

HED Internal Monitoring & Evaluation

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

- Health education materials are offered in an appropriate cultural, linguistic, and reading level. HED will follow the MMCD All Plan Letter 18-016 (Readability and Suitability of Written Health Education Materials) to develop, review and approve written health education materials. CalViva Health ~~Chief Compliance Department~~ ~~Medical Officer's (or designee)~~ review and approval are needed for materials.
- Health education classes, webinars and programs are evaluated for effectiveness.
- A documentation system tracks member requests for health education interventions.
- A documentation system tracks provider requests for health education resources to be distributed to members.
- Requests for health education materials and services are evaluated on a monthly and annual basis.
- Mid-year and year-end work plan evaluation reports are prepared and reviewed.
- A PNA Report is developed [on a three-year basis per new DHCS guidelines effective 2023 annually.](#)
- An evaluation report is submitted to CalViva Health for review and subsequent submission to DHCS annually for each active health education incentive program.
- [CalViva Health follows guidance from DHCS Texting Program and Campaign Submission Form and Plan's Texting Policy to develop, administer and evaluate texting campaigns.](#) The DHCS Texting Program and Campaign Submission form is submitted prior to implementation and ~~-an~~ evaluation report is completed.
- Informal provider assessment is conducted to obtain provider feedback on health education programs, services, and materials accessed through CalViva Health's HED as needed.

CalViva Health Monitoring & Evaluation

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

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

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

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

Item #11

Attachment 11.D

Health Education

2023 Work Plan



2023 Health Education Department Work Plan

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Health Education Department employees

Manager, Health Education

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I. Purpose

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

II. **HED's Vision:** Empower and nurture the health of our communities

II. HED's Goals and Objectives:

Goals:

1. To provide free culturally and linguistically appropriate health education programs and resources to:
 - Support members and the community to achieve optimal physical, mental, and dental health;
 - Promote health equity;
 - Improve CVH's quality performance; and
 - Enhance member satisfaction and retention.
2. To engage communities, stakeholders and partners by providing high quality health education programs and resources.

Objectives:

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

IV. Selection of the Health Education Department Activities and Projects

The HED Work Plan activities and projects are selected from results of population needs assessments, relevant stakeholders, literature reviews, regulatory requirements, department evaluation reports from the previous year, quality performance results, contractual requirements, and strategic corporate goals and objectives. After review and input from senior management, projects and new departmental activities are identified and incorporated into this Work Plan. Programs and services are developed with special attention to the cultural and linguistic needs of our membership and available resources. The HED work plan addresses the needs of our Medi-Cal (MC) members

V. Strategies

The HED Work Plan supports and maintains excellence in Health Education departmental activities through the following strategies:

- enhance member utilization of the plan's evidence-based health education, health equity (cultural and linguistic) resources, and appropriate health care services to help members better understand and manage their health conditions and improve HEDIS rates,
- to meet health plan and state compliance requirements
- assist and support the Quality Improvement/HEDIS team as they identify and promote best practices,
- improve Health Education Department's efficiency and effectiveness,
- increase provider support, resources and communication to ensure provision of comprehensive health care services, and
- support state and community collaboratives to promote preventive health initiatives.

The main health areas of focus are: pregnancy, behavioral health, dental, weight control, member engagement, tobacco cessation, preventive health care services, vaccination, heart health, and chronic disease education, among others.

VI. 2022 At-A-Glance Reporting

The 2022 Year-End Evaluation elaborates on these highlights.

Objective	2022 Engagement
Asthma Education	185 members enrolled into the Central California Asthma Collaborative in-home visitation program in Fresno. As of Q4 2022, 104 members have completed the 12-month program.
Diabetes Prevention Program	112 members enrolled in DPP; 68% of members completed milestone three; and 23% of members enrolled achieved 5% weight loss. 90 booklets were provided to Clinica Sierra Vista.
Community Engagement/PHN	185 “charlas” with a 67% member participation rate (2000/2970). Established 4 stakeholder partnerships.
Mental/Behavioral Health	Enrolled 333 members in myStrength; 2 Provider Updates distributed; and 19,180 screening claims were submitted.
Preventive Health	Conducted 57 virtual and in-person BCS/CCS classes, reaching 1,051 participants. 4 mobile mammography events (over 8 days); 127 members completed their BCS exams.
Perinatal Education	Enrolled 701 members into the CVH Pregnancy Program. Distributed 10,104 CVH Pregnant Program packets to members.
Pediatric Education	Promoted VAKS program to implement patient recall systems. Reutilized a text message campaign with Family Healthcare Network. Developed internal procedure to help determine an estimate baseline level for CAIR utilization and shared Immunization Best Practices slides with CPM manager to share with providers. Completed analysis of race ethnicity and Language Spoken Disparity analysis.
Population Needs Assessment	PNA was successfully completed and approved by DHCS on 7/11/22. Findings were shared at the Public Policy Committee meeting.
Obesity Prevention	2 members were enrolled in the Fit Families for Life Home Edition Program. No members were enrolled in the Healthy Habits for Healthy People program.
Tobacco Cessation Program	Enrolled 150 members in smoking cessation programs.
Fluvention and COVID-19	Distributed a Provider Communication regarding Best Practices for 2022-2023 Flu Season. Telephonic outreach calls were made with a 12% member reach (81/700) and updated Web based COVID FAQs.
Member Newsletter	Mailed Annual member newsletter to 189,370 unique households.
Health Education Materials	Rebranded/Updated 33 member health education materials.
Compliance	Completed and submitted 2 semi-annual work plan progress reports; updated 6 policies and procedures; and completed all required incentive program reports for DHCS.

1. CHRONIC DISEASE EDUCATION: ASTHMA

Goal of Initiative:

To provide members with education on asthma control through promotion of effective asthma management strategies and multifaceted communication

Rationale:

MEMBER PROGRAM UTILIZATION AND SATISFACTION
 PROVIDER SUPPORT
 COLLABORATIVE
 DEPT EFFICIENCY
 OVERSIGHT
 COMPLIANCE
 QUALITY PERFORMANCE
 PNA

Regions	Measurable Objective	Responsible Team Lead	Start Date	Completion Date	2022 Year-End Outcomes	Mid-Year 2023 Outcomes	2023 Year End Outcomes	Completed
F	Collect and analyze patient-level utilization and pharmacy data for asthma medications, and program effectiveness for members.	J. Felix	8/1/23	12/31/23	104 members have completed the 12-month program.			<input type="checkbox"/>
F, M, K	Promote Asthma Management: Launch 1-2 email campaigns addressing asthma triggers, prevention tips and resource links with a 15% read rate.	J. Felix	7/1/23	12/31/23	New measure.			<input type="checkbox"/>
F, M, K	Promote Asthma Health Education: Identify and distribute at least 200 asthma education materials to members with uncontrolled asthma.	J. Felix	7/1/23	12/31/23	New measure.			<input type="checkbox"/>
Major Activities		Regions	Planned Timeframe For Completion		Responsible Lead(s)	Additional Lead(s)	Date Completed	
Evaluate PNA findings and other sources such as HEDIS AMR measure data to identify member populations to outreach to in member outreach campaign (email). Data extraction to be done with QIRA.		F, M, K	Q2-Q32023		J. Felix	QIRA		
Work with data analytics and pharmacy to collect patient-level utilization data for program effectiveness.		F	Q2-Q3 2023		J. Felix	R. Calva-Songco, QIRA, Pharmacy, and PHM		
Develop content of health education messages for email campaign for Medi-Cal regions.		F, M, K	Q2-Q4 2023		J. Felix	A. Bednar		
Actively participate in the Respiratory Health POD for QI. Develop recommended member education resources for asthma.		F, M, K	12/31/23		J. Felix	A. Bednar		
Initiative Continuation Status (populate at year-end):			CLOSED <input type="checkbox"/>		CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/>		CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>	

*Programs Owners and Drivers (PODs): The purpose of the PODs is to gain efficiencies across various teams and lines of business, streamline operations and reduce duplication within and across teams/programs, improve the design and grouping of programs to achieve strategic outcomes/goals, foster collaboration and align teams, create more opportunities for innovation and growth, and share best practices across lines of business.

*Fresno, Madera, and Kings (F, M, K) Counties

2. CHRONIC DISEASE EDUCATION: DIABETES

Goal of Initiative:

To provide members with education on diabetes prevention and control through promotion of effective nutrition management strategies and multifaceted communication.

Rationale:
 MEMBER PROGRAM UTILIZATION AND SATISFACTION
 PROVIDER SUPPORT
 COLLABORATIVE
 DEPT EFFICIENCY
 OVERSIGHT
 COMPLIANCE
 QUALITY PERFORMANCE
 PNA

Regions	Measurable Objective	Responsible Team Lead	Start Date	Completion Date	2022 Year-End Outcomes	Mid-Year 2023 Outcomes	2023 Year End Outcomes	Completed
F, M, K	Identify and onboard new Diabetes Prevention Program (DPP) provider including DHCS approval of provider.	R. Calva-Songco	1/6/23	10/31/2023	New measure.			<input type="checkbox"/>
F, M, K	Develop and launch 2 member outreach campaigns to promote new DPP.	TBA	TBD	Q4 2023	New measure.			<input type="checkbox"/>
F, M, K	Develop and launch 1 provider outreach campaign to promote new DPP.	TBA	TBD	Q4 2023	New measure.			<input type="checkbox"/>
F, M, K	At least 50 eligible members will enroll in the DPP program.	TBA	TBD	Q4 2023	A total of 112 members enrolled in the DPP program in 2022.			<input type="checkbox"/>
F, M, K	Identify and distribute at least 400 <i>Diabetes Care</i> education booklets to members with uncontrolled diabetes.	TBA	6/1/23	Q3 2023	90 booklets were provided to Clinica Sierra Vista in Q2 2022.			<input type="checkbox"/>

Major Activities	Regions	Planned Timeframe For Completion	Responsible Lead(s)	Additional Lead(s)	Date Completed
Release new Provider Communication to include pre-diabetes claims codes.	F, M, K	8/31/23	R. Calva-Songco; TBA	M. Zuniga	
When DPP provider is secured, work interdepartmentally to secure all aspects of onboarding a new DPP provider.	F, M, K	TBA	R. Calva-Songco	M. Zuniga	
When DPP provider is secured, launch new member outreach campaigns to promote DPP program to Medi-Cal members.	F, M, K	Q3 2023	TBD		
When DPP provider is secured, request monthly member eligibility data file transfer from QIRA for DPP vendor.	F, M, K	Q3 2023	TBD		
When DPP provider is secured, refer Medi-Cal members diagnosed with Type 2 diabetes participating in DPP program into disease management program. Timeline will be based contingent upon the start date of the DPP.	F, M, K	TBA	TBA		
When DPP provider is secured, schedule bi-weekly/monthly/quarterly vendor oversight meetings. Timeline will be based contingent upon the start date of the DPP.	F, M, K	TBA	TBA		
When DPP provider is secured, evaluate effectiveness of DPP program in collaboration with QIRA. Timeline will be based contingent upon the start date of the DPP.	F, M, K	TBA	TBA		
When DPP provider is secured, collaborate interdepartmentally to promote DPP program. Timeline will be based contingent upon the start date of the DPP.	F, M, K	TBA	TBA		

Actively participate in the Diabetes POD for QI. Develop recommended member education resources.	F, M, K	12/31/23	TBA	G. Mathew	
Initiative Continuation Status (<i>populate at year-end</i>): CLOSED <input type="checkbox"/> CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/> CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>					

3. CHRONIC DISEASE EDUCATION: HYPERTENSION

Goal of Initiative:

To provide cardiovascular health prevention and disease management awareness to plan and community members.

Rationale:

MEMBER PROGRAM UTILIZATION AND SATISFACTION
 PROVIDER SUPPORT
 COLLABORATIVE
 DEPT EFFICIENCY
 OVERSIGHT
 COMPLIANCE
 QUALITY PERFORMANCE
 PNA

Regions	Measurable Objective	Responsible Team Lead	Start Date	Completion Date	2022 Year-End Outcomes	Mid-Year 2023 Outcomes	2023 Year End Outcomes	Completed
F, M, K	Promotion of Cardiovascular Health resources: Distribute 150+ Healthy Hearts Healthy Lives (HHHL) toolkits to members with uncontrolled high blood pressure.	B. Head	5/1/23	12/31/23	Mailing deferred to 2023.			<input type="checkbox"/>
Major Activities		Regions	Planned Timeframe For Completion		Responsible Lead(s)	Additional Lead(s)	Date Completed	
Work collaboratively with Heart Health/Blood Pressure POD to determine additional outreach efforts for HHHL toolkits.		F, M, K	4/1/23 - 12/31/23		B. Head	G. Mathew		
Send Healthy Hearts Healthy Lives (HHHL) toolkits to <i>newly identified</i> members with uncontrolled high blood pressure to be based on identified care gaps in 2023		F, M, K	6/1/23 – 12/31/23		B. Head	G. Mathew		
Distribute HHHL toolkits to members. Report number distributed.		F, M, K	12/31/23		A. Campos	B. Head		

Initiative Continuation Status (*populate at year-end*):

CLOSED

CONTINUE INITIATIVE UNCHANGED

CONTINUE INITIATIVE WITH MODIFICATIONS

4. COMMUNITY ENGAGEMENT/PROMOTORES HEALTH NETWORK

Goal of Initiative:

Increase community awareness of CalViva Health’s programs and services to help members achieve optimal health and wellbeing. For the Promotores, the focus for 2023 will be HEDIS and SDOH areas of need. Community Engagement will include activities focused on promoting and building the California Advancing and Innovating Medi-Cal (CalAIM) Enhanced Care Management (ECM) Benefit and Community Supports (CS) Services Program.

Rationale:
 MEMBER PROGRAM UTILIZATION AND SATISFACTION
 PROVIDER SUPPORT
 COLLABORATIVE
 DEPT EFFICIENCY
 OVERSIGHT
 COMPLIANCE
 QUALITY PERFORMANCE
 PNA

Regions	Measurable Objective	Responsible Team Lead	Start Date	Completion Date	2022 Year-End Outcomes	Mid-Year 2023 Outcomes	2023 Year End Outcomes	Completed
M	Reach 70% health plan member participation in Promotores Health Network activities by 12/31/2023.	A. Corona	1/1/23	12/31/23	185 charlas with a 67% member participation rate (2000/2970).			<input type="checkbox"/>
M	Increase promotion of preventive screenings by adding 18 presentations/conversations during PHN activities and events. Topics of focus will be HEDIS Performance Measure priorities. Goal is to build awareness through 6 focused conversations and presentations each quarter during Madera PHN classes and “viernes social” by 12/31/2023.	A. Corona	1/1/23	12/31/23	New measure.			<input type="checkbox"/>
M	Engage three community stakeholders to address social determinants of health priorities, link members to SDOH resources.	A. Corona	1/1/23	12/31/23	Established 4 stakeholder partnerships in 2022.			<input type="checkbox"/>
F, M, K	Conduct 25 presentations on CalAIM services to promote ECM and CS programs to increase awareness with community partners.	A. Corona I. Rivera E. Campos	1/1/23	12/31/23	N/A			<input type="checkbox"/>
F, M, K	Conduct and participate in 25 stakeholder and provider meetings to support development of CalAIM ECM and CS Network	I. Rivera E. Campos	1/1/23	12/31/23	N/A			<input type="checkbox"/>

Major Activities	Regions	Planned Timeframe For Completion	Responsible Lead(s)	Additional Lead(s)	Date Completed
Conduct PHN activities to increase member engagement (charlas, bailoterapias, walking club, etc.).	M	12/31/23	A. Corona		
Promote preventive health screenings at community events and PHN Program activities.	F, M, K	12/31/23	A. Corona		
Create an action plan to engage stakeholders and identify SDOH topic areas, and make referrals to Community Supports Services.	M	12/31/23	A. Corona		
Identify and/or create member informing materials to inform stakeholders on CalAIM Programs.	F, M, K	12/31/23	A. Corona I. Rivera E. Campos		
Engage community stakeholders and potential providers to identify ECM/CS prospects and support the CalAIM provider network development for all services and populations of focus.	F, M, K	12/31/23	I. Rivera E. Campos		

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

5. MENTAL/BEHAVIORAL HEALTH

Goal of Initiative:

Educate members on the importance of mental health and support members with behavioral health resources.

Rationale:

MEMBER PROGRAM UTILIZATION AND SATISFACTION
 PROVIDER SUPPORT
 COLLABORATIVE
 DEPT EFFICIENCY
 OVERSIGHT
 COMPLIANCE
 QUALITY PERFORMANCE
 PNA

Regions	Measurable Objective	Responsible Team Lead	Start Date	Completion Date	2022 Year-End Outcomes	Mid-Year 2023 Outcomes	2023 Year End Outcomes	Completed
F, M, K	Promote myStrength program to members; increase member enrollment by 20% to 400 members.	M. Lin	1/1/23	12/31/23	Enrolled 333 members.			<input type="checkbox"/>
F, M, K	Partner with the FUM (Follow Up after ER Visits Due to Mental Illness) and FUA (Follow Up After ER Visits Due to Substance Use Disorder) QI Workgroup to develop and implement strategies and action plans to improve the FUM FUA Measures.	M. Lin	1/1/23	12/31/23	N/A			<input type="checkbox"/>
F, M, K	Support Quality Department's Behavioral Health action plan to improve Behavioral Health HEDIS Measures. Develop strategies and action plans to reduce barriers and improve behavioral health HEDIS Measures.	M. Lin	1/1/23	12/31/23	N/A			<input type="checkbox"/>

Major Activities	Regions	Planned Timeframe For Completion	Responsible Lead(s)	Additional Lead(s)	Date Completed
Develop the provider surveys and talking points by collaborating with the FUM FUA Workgroup.	F	2/28/23	M. Lin	L. Ciotoli, K. De La Cruz, M. Aguilar, J. Lovell, V. Villaluz	
Create articles to promote the myStrength program in the Annual Medi-Cal Member newsletter.	F, M, K	3/31/23	M. Lin		
Implement provider assessments by collaborating with the FUA FUM Workgroup. Analyze data and identify barriers. Develop action plans to address HEDIS Measures barriers.	F	12/31/23	M. Lin	L. Ciotoli, K. De La Cruz, M. Aguilar, J. Lovell, V. Villaluz	
Actively participate in the Behavioral Health POD for QI. Develop recommended member education resources.	F, M, K	12/31/23	M. Lin	L. Ciotoli	

Initiative Continuation Status (*populate at year-end*):

CLOSED

CONTINUE INITIATIVE UNCHANGED

CONTINUE INITIATIVE WITH MODIFICATIONS

6. PREVENTIVE HEALTH

Goal of Initiative:

To provide members with education on breast cancer and cervical cancer regular screenings through promotion of the importance of regular screenings and a multifaceted communication approach.

Rationale:

MEMBER PROGRAM UTILIZATION AND SATISFACTION
 PROVIDER SUPPORT
 COLLABORATIVE
 DEPT EFFICIENCY
 OVERSIGHT
 COMPLIANCE
 QUALITY PERFORMANCE
 PNA

Regions	Measurable Objective	Responsible Team Lead	Start Date	Completion Date	2022 Year-End Outcomes	Mid-Year 2023 Outcomes	2023 Year End Outcomes	Completed
F, M, K	Promotion of Breast Cancer (BCS) and Cervical Cancer Screenings (CCS): Coordinate via Every Woman Counts to provide a minimum of 18 BCS/CCS member classes for a minimum of 630 members.	J. Felix	Q1 2023	12/31/23	57 virtual and in-person BCS/CCS classes, reaching 1,051 participants.			<input type="checkbox"/>
F, M, K	Develop and implement 1-2 educational interventions to improve breast cancer screening rate targeting non-compliant members in Fresno, Kings, or Madera County.	J. Felix	Q2 2023	12/31/23	4 mobile mammography events (over 8 days); 127 members completed their BCS exams.			<input type="checkbox"/>

Major Activities	Regions	Planned Timeframe For Completion	Responsible Lead(s)	Additional Lead(s)	Date Completed
Provide materials/resources to Every Woman Counts for distribution during outreach classes and events.	F, M, K	Ongoing	J. Felix	C. Omogbai	
Collaborate with Provider Engagement and other departments to promote and distribute BCS/CCS materials with providers.	F, M, K	Ongoing	J. Felix	Provider Engagement	
Develop BCS and/or CCS content for email campaign.	F, M, K	Q3 2023 - Q4 2023	J. Felix	B. Head	
Evaluate data sources to identify member populations for member outreach campaign. Data extraction to be done with QIRA for a BCS/CCS email campaign.	F, M, K	Q4 2023	J. Felix	QIRA	
Actively participate in the Preventative Care POD for QI. Develop recommended member education resources.	F, M, K	12/31/23	J. Felix	R. Gill	

Initiative Continuation Status (populate at year-end):

CLOSED

CONTINUE INITIATIVE UNCHANGED

CONTINUE INITIATIVE WITH MODIFICATIONS

7. PERINATAL EDUCATION

Goal of Initiative:

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

Rationale:

MEMBER PROGRAM UTILIZATION AND SATISFACTION
 PROVIDER SUPPORT
 COLLABORATIVE
 DEPT EFFICIENCY
 OVERSIGHT
 COMPLIANCE
 QUALITY PERFORMANCE
 PNA

Regions	Measurable Objective	Responsible Team Lead	Start Date	Completion Date	2022 Year-End Outcomes	Mid-Year 2023 Outcomes	2023 Year End Outcomes	Completed
F, M, K	Enroll 1,500 pregnant members in the CVH Pregnancy Program.	Aria Fathifard	1/1/2023	12/31/23				<input type="checkbox"/>
Major Activities		Regions	Planned Timeframe For Completion		Responsible Lead(s)		Additional Lead(s)	Date Completed
Send SSFB pregnancy packages to pregnant members to encourage enrollment in CVH Pregnancy Program.		F, M, K	12/31/23		A. Fathifard		M. Estrada	
Promote the utilization of Telehealth services and the Nurse Advice Line vi nanosites and member newsletter to make it more convenient for patients to receive the care that they need.		F, M, K	12/31/23		A. Fathifard			
Collaborate with QI on the “Concierge Program” – to conduct outreach calls to PPC postpartum members while simultaneously taking inventory of SDOH needs.		F, M, K	12/31/23		A.Fathifard		R. Abdillah, C.Vardanyan, C. Jones, L.Mucarsel	
Develop evaluation and implementation of a program and/or resources – based on findings – to identify and meet the needs of Plan members with a non-legal immigration status. Initial proposal includes pregnant members. (Health equity project.)		F, M, K	12/31/23		R. Calva-Songco		J. Coulthurst; M. Rosales; A. Fathifard; J. Felix; and L. Mucarsel	

Initiative Continuation Status (populate at year-end):

CLOSED

CONTINUE INITIATIVE UNCHANGED

CONTINUE INITIATIVE WITH MODIFICATIONS

8. PEDIATRIC EDUCATION

Goal of Initiative:

Develop resources to inform and educate members about the significance of well-child visits, immunizations and to act as a support for improving select HEDIS measures by driving member engagement via educational and community screening services.

Rationale:
 MEMBER PROGRAM UTILIZATION AND SATISFACTION
 PROVIDER SUPPORT
 COLLABORATIVE
 DEPT EFFICIENCY
 OVERSIGHT
 COMPLIANCE
 QUALITY PERFORMANCE
 PNA

Regions	Measurable Objective	Responsible Team Lead	Start Date	Completion Date	2022 Year-End Outcomes	Mid-Year 2023 Outcomes	2023 Year End Outcomes	Completed
F, M, K	Increase member engagement by 5% for the WCV Measure via call outreach to members (Concierge Program) barrier reduction support.	A. Fathifard	3/2023	12/31/23	New measure.			<input type="checkbox"/>
F, M, K	Create one Provider Update notifying providers of the changes concerning the CAIR registry and AB1789.	A. Fathifard	1/2023	12/31/23	New measure.			<input type="checkbox"/>

Major Activities	Regions	Planned Timeframe For Completion	Responsible Lead(s)	Additional Lead(s)	Date Completed
Collaborate with Pediatric POD and HEDIS outreach team to develop strategic oversight over data collection and information gathering for family outreach calls.	F, M, K	12/31/23	C. Jones	G. Toland, M. Dhonchak, A. Fathifard, J. Coulthurst	
Collaborate on the training of Member Services Representatives working for the call outreach program (“Concierge Program”) in understanding of how to improve knowledge access to preventative and primary care services and sharing information with families.	F, M, K	7/31/23	A. Fathifard	C. Vardanyan, R. Abdillah, C. Jones, L. Mucarsel	
Conduct in-depth review of AB1789 to understand the changes occurring to CAIR and work with Provider Communications to create a FAQ document educating providers on how the bill will impact their reporting going forward.	F, M, K	5/31/23	A. Fathifard	J. Coulthurst; D. Morier	
Actively participate in the Pediatrics/Adolescents POD for QI. Develop recommended member education resources.	F, M, K	12/31/23	A. Fathifard	J. Coulthurst, G. Toland, M. Dhonchak	

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

9. Outreach to Undocumented Members (Health Equity)

Goal of Initiative:

Design outreach to engage undocumented members with their care by providing a warm outreach and addressing health plan education needs for them.

Rationale:
 MEMBER PROGRAM UTILIZATION AND SATISFACTION
 PROVIDER SUPPORT
 COLLABORATIVE
 DEPT EFFICIENCY
 OVERSIGHT
 COMPLIANCE
 QUALITY PERFORMANCE
 PNA

Regions	Measurable Objective	Responsible Team Lead	Start Date	Completion Date	2022 Year-End Outcomes	Mid-Year 2023 Outcomes	2023 Year End Outcomes	Completed
F, M, K	Identify target population.	R. Calva-Songco	2/13/2023	5/26/2023	New measure.			<input type="checkbox"/>
F, M, K	Make recommendations for content and implementation of outreach.	R. Calva-Songco	3/17/2023	6/9/2023	New measure.			<input type="checkbox"/>
F, M, K	Initiate implementation of recommended intervention(s).	R. Calva-Songco	8/31/2023	ongoing	New measure.			<input type="checkbox"/>
F, M, K	Reach 3% of the target population by 12/31/2023.	R. Calva-Songco	8/31/2023	12/31/2023	New measure.			<input type="checkbox"/>

Major Activities	Regions	Planned Timeframe For Completion	Responsible Lead(s)	Additional Lead(s)	Date Completed
Create cross-collaborative work group that will review data findings, make outreach recommendations, and do future implementations, as applicable.	F, M, K	2/28/2023	R. Calva-Songco		
Complete literature review to inform variables to be analyzed and existing best practices for serving undocumented populations.	F, M, K	4/21/2023	R. Calva-Songco	J. Felix; L. Mucarsel	
Submit data request to QIRA team or other source.	F, M, K	4/28/2023	R. Calva-Songco		
Complete analysis of data to be provided by QIRA or other source(s). Confirm target population; confirm performance baseline rate(s); and establish performance goals.	F, M, K	5/26/2023	R. Calva-Songco	A. Fathifard; J. Felix	
Workgroup to make recommendations on target population, goals; and outreach to include monitoring and evaluation.	F, M, K	6/9/2023	R. Calva-Songco	M. Rosales; A. Fathifard; J. Felix; L. Mucarsel; others TBA.	
Modify and/or create original outreach content and obtain appropriate approvals, e.g., DHCS.	F, M, K	8/11/2023	R. Calva-Songco	J. Felix; L. Mucarsel; others TBA.	
Initiate implementation of outreach.	F, M, K	8/31/2023	R. Calva-Songco	M. Rosales; J. Felix; L. Mucarsel; others TBA.	

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

10. OBESITY PREVENTION

Goal of Initiative:

Promote health education resources about healthy lifestyle habits including nutrition education and increased physical activity for overweight and high-risk members.

Rationale:
 MEMBER PROGRAM UTILIZATION AND SATISFACTION
 PROVIDER SUPPORT
 COLLABORATIVE
 DEPT EFFICIENCY
 OVERSIGHT
 COMPLIANCE
 QUALITY PERFORMANCE
 PNA

Regions	Measurable Objective	Responsible Team Lead	Start Date	Completion Date	2022 Year-End Outcomes	Mid-Year 2023 Outcomes	2023 Year End Outcomes	Completed
F, M, K	Enroll 200+ members in Fit Families for Life (FFFL) Home Edition self-paced program.	B. Head (Interim)	5/31/2023	12/31/2023	2 members were enrolled in 2022.			<input type="checkbox"/>
F, M, K	Enroll 50+ members in Healthy Habits for Health People (HHHP) self-paced program.	B. Head (Interim)	5/31/2023	12/31/2023	No members were enrolled in 2022.			<input type="checkbox"/>

Major Activities	Regions	Planned Timeframe For Completion	Responsible Lead(s)	Additional Lead(s)	Date Completed
Promote FFFL and HHHP in Annual Medi-Cal Member Newsletter.	F, M, K	9/30/23	B. Head (Interim)	B. Head	
Determine outreach to pediatric members non-compliant in the weight assessment/counseling HEDIS measure.	F, M, K	5/3/23- 12/31/23	A. Fathifard	J. Coulthurst	
Determine outreach to obese adult members.	F, M, K	5/3/23 – 12/31/23	B. Head (Interim)		
Develop plan to evaluate effectiveness of resources for FFFL & HHHP programs.	F, M, K	10/30/23-12/31/23	B. Head (Interim)	R. Calva-Songco	
Actively participate in the Health Education/Wellness QI POD. Develop recommended member education resources.	F, M, K	12/31/23	TBA		

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

11. TOBACCO CESSATION PROGRAM

Goal of Initiative:

To improve health outcomes and reduce health care costs by decreasing tobacco use among CalViva Health membership.

Rationale:

MEMBER PROGRAM UTILIZATION AND SATISFACTION
 PROVIDER SUPPORT
 COLLABORATIVE
 DEPT EFFICIENCY
 OVERSIGHT
 COMPLIANCE
 QUALITY PERFORMANCE
 PNA

Regions	Measurable Objective	Responsible Team Lead	Start Date	Completion Date	2022 Year-End Outcomes	Mid-Year 2023 Outcomes	2023 Year End Outcomes	Completed
F, M, K	Increase by 5% member participation in smoking cessation programs to 158 members in 2023.	J. Felix	Q1 2023	12/31/23	Enrolled 150 members by end of Q4 2022.			<input type="checkbox"/>
F, M, K	Launch 1 email campaign to promote smoking cessation with at least a 15% read rate.	J. Felix	Q2 2023	Q4 2023	New measure.			<input type="checkbox"/>

Major Activities	Regions	Planned Timeframe For Completion	Responsible Lead(s)	Additional Lead(s)	Date Completed
Participate in the CA Quits Statewide Health Systems quarterly meetings to network and share and learn about tobacco control opportunities.	F, M, K	Ongoing	J. Felix	R. Calva-Songco	
Use pharmacy and claims data for smoking related CDT and ICD-10 codes to monitor tobacco-related healthcare costs and for pharmacy to promote enrollment into Kick It California.	F, M, K	Q1-Q3 2023	J. Felix	Claims and QIRA	
Promote "Kick It California" tobacco cessation program to members through an email campaign and the member newsletter.	F, M, K	Q1-Q2 2023	J. Felix	A. Campos, B. Head	
Create tobacco cessation social media posts during "World No Tobacco Day" and "Tobacco Awareness" month.	F, M, K	Q4 2023	J. Felix	B. Head	

Initiative Continuation Status (populate at year-end):

CLOSED

CONTINUE INITIATIVE UNCHANGED

CONTINUE INITIATIVE WITH MODIFICATIONS

12. FLUVENTION

Goal of Initiative:

To reduce flu among members 6 months and older, and overall high-risk populations.

Rationale:

MEMBER PROGRAM UTILIZATION AND SATISFACTION
 PROVIDER SUPPORT
 COLLABORATIVE
 DEPT EFFICIENCY
 OVERSIGHT
 COMPLIANCE
 QUALITY PERFORMANCE
 PNA

Regions	Measurable Objective	Responsible Team Lead	Start Date	Completion Date	2022 Year-End Outcomes	Mid-Year 2023 Outcomes	2023 Year End Outcomes	Completed
F, M, K	Implement at least one provider education activity to encourage the promotion of Flu vaccinations during patient visits.	A. Fathifard	5/1/2023	12/31/23	Distributed a Provider Communication regarding Best Practices for 2022-2023 Flu Season on 11/18/2022.			<input type="checkbox"/>
F, M, K	Inform members on Flu prevention and vaccination using 2 or more communication channels.	A. Fathifard	10/1/23	12/31/23	Telephonic outreach calls were made with a 12% member reach (81/700) and updated Web based COVID FAQs.			<input type="checkbox"/>
F, M, K	Conduct Vaccine Disparity Analysis and Identify proportion of CIS-10 non-compliant members who are missing the flu vaccination and share results with Preventative Care Pod.	A. Fathifard	7/1/23	12/31/23	New measure.			<input type="checkbox"/>

Major Activities	Regions	Planned Timeframe For Completion	Responsible Lead(s)	Additional Lead(s)	Date Completed
Work with Marketing to customize and approve Fluvention communications for members and providers.	F, M, K	10/31/23	A. Fathifard	E. Chan, S. Noonan, and M. Zuniga.	
Collaborate with other managed care plans and the Department of Healthcare Services to learn about and share best practices and coordinate efforts to increase vaccination rates among Medi-Cal recipients.	F, M, K	12/31/23	A. Fathifard		
Actively participate in the Immunization (Adult - Flu) QI POD. Develop recommended member education resources.	F, M, K	12/31/23	A. Fathifard	R. Gill	
Actively participate in the QI Department's PreventativeCare POD. Develop recommended member education resources.	F, M, K	12/31/23	R. Gill	A. Fathifard, M. Zuniga	

Initiative Continuation Status (populate at year-end):

CLOSED

CONTINUE INITIATIVE UNCHANGED

CONTINUE INITIATIVE WITH MODIFICATIONS

13. MEMBER NEWSLETTER

Goal of Initiative:

Educate members about priority health topics and inform members about available programs, services and health care rights.

Rationale:

MEMBER PROGRAM UTILIZATION AND SATISFACTION
 PROVIDER SUPPORT
 COLLABORATIVE
 DEPT EFFICIENCY
 OVERSIGHT
 COMPLIANCE
 QUALITY PERFORMANCE
 PNA

Regions	Measurable Objective	Responsible Team Lead	Start Date	Completion Date	2022 Year-End Outcomes	Mid-Year 2023 Outcomes	2023 Year End Outcomes	Completed
F, M, K	Develop and distribute 1 Annual Medi-Cal Member Newsletter including NCQA required content.	B. Head	10/10/22	11/30/23	Mailed newsletter to 189,370 unique households in Q4.			<input type="checkbox"/>
Major Activities		Regions	Planned Timeframe For Completion		Responsible Lead(s)	Additional Lead(s)	Date Completed	
Request articles, write articles, edit articles according to production schedule for all newsletters.		F, M, K	1/31/23 – 5/31/23		B. Head			
Manage production of Medi-Cal member newsletter in Workfront.		F, M, K	1/31/23- 10/31/23		B. Head			
Obtain all internal health plan and DHCS approvals.		F, M, K	2/3/23 – 8/30/23		B. Head			
Provide Program Accreditation member newsletter mail verification.		F, M, K	11/30/23		B. Head			
Post member newsletter to CVH website.		F, M, K	9/1/23 – 11/30/23		B. Head			

Initiative Continuation Status (populate at year-end):

CLOSED

CONTINUE INITIATIVE UNCHANGED

CONTINUE INITIATIVE WITH MODIFICATIONS

14. COMPLIANCE: OVERSIGHT AND REPORTING

Goal of Initiative:

To meet regulatory and company compliance

Rationale:

MEMBER PROGRAM UTILIZATION AND SATISFACTION
 PROVIDER SUPPORT
 COLLABORATIVE
 DEPT EFFICIENCY
 OVERSIGHT
 COMPLIANCE
 QUALITY PERFORMANCE
 PNA

Regions	Measurable Objective	Responsible Team Lead	Start Date	Completion Date	2022 Year-End Outcomes	Mid-Year 2023 Outcomes	2023 Year End Outcomes	Completed
F, M, K	Submit 2 semi-annual reports to the QI/UM Workgroup meeting.	A. Abdillah	1/1/23	7/31/23	Completed 2 semi-annual work plan progress reports.			<input type="checkbox"/>
F, M, K	Update 6 Policies and Procedures and 1 Program Description.	A. Abdillah	1/1/23	12/31/23	Updated 6 Policies and Procedures.			<input type="checkbox"/>
F, M, K	Complete all required incentive program reports for DHCS.	R. Abdillah	1/1/23	Ongoing	Completed all required incentive program reports for DHCS.			<input type="checkbox"/>
Major Activities		Regions	Planned Timeframe For Completion		Responsible Lead(s)	Additional Lead(s)	Date Completed	
Complete all required reports for the Public Policy Committee meetings.		F, M, K	1/31/23 and 8/30/23		R. Calva-Songco	R. Abdillah		
Submit policies and procedures in health plan's project management database.		F, M, K	February, April, May, July, December 2023		R. Abdillah	R. Calva-Songco; J. Felix		
Monitor submission of Member Incentive program annual evaluation reports.		F, M, K	12/31/23		R. Abdillah	R. Calva-Songco		
Ensure bilingual HED staff are up to date with their bilingual assessment (ITAP).		F, M, K	12/31/23		A. Campos			
Evaluate forthcoming new DHCS requirements for future Population Needs Assessment reports as part of the new Population Health Management strategy requirements.		F, M, K	12/31/23		R. Calva-Songco	D. Patolia; A. Fathifard		
Initiative Continuation Status (populate at year-end):			CLOSED <input type="checkbox"/>		CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/>		CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>	

15. HEALTH EDUCATION DEPARTMENT PROMOTION, MATERIALS UPDATE, DEVELOPMENT, UTILIZATION, and INVENTORY

Goal of Initiative:

To produce and update health education resources to assure compliance and promote healthy practices to members.

Rationale:

MEMBER PROGRAM UTILIZATION AND SATISFACTION PROVIDER SUPPORT COLLABORATIVE DEPT EFFICIENCY OVERSIGHT COMPLIANCE QUALITY PERFORMANCE PNA

Regions	Measurable Objective	Responsible Team Lead	Start Date	Completion Date	2022 Year-End Outcomes	Mid-Year 2023 Outcomes	2023 Year End Outcomes	Completed
F, M, K	Assure health education materials covering required DHCS health topics are available to providers, members, and requesting employees. Review and update materials as needed.	M. Lin	1/1/23	Ongoing	Compliant. Rebranded and updated 33 member health education materials.			<input type="checkbox"/>
F, M, K	Review and approve internal health education materials following DHCS APL 18-016 guidelines to assure compliance.	M. Lin	1/1/23	Ongoing	Compliant.			<input type="checkbox"/>
F, M, K	Review and develop action plans for health education materials impacted by new SB923 (gender-affirming care) guidance. Implement action plan to assure compliance with required gender-neutral language.	M. Lin	1/1/23	Ongoing	N/A			<input type="checkbox"/>

Major Activities	Regions	Planned Timeframe For Completion	Responsible Lead(s)	Additional Lead(s)	Date Completed
Develop evaluation to determine the baseline of current member engagement with health education programs and member/provider resources; and determine a strategy to increase engagement. Determine the current utilization of health education programs and resources: by members; by providers; and by employees.	F, M, K	12/31/23	M. Lin	R. Calva-Songco B. Head J. Justina A. Fathifard A. Campos (support)	
Develop strategy(ies) to increase utilization of health education programs and resources including identifying new approaches/tools: by members; by providers; and by employees.	F, M, K	12/31/23	M. Lin	R. Calva-Songco B. Head A. Campos (support)	
Create and conduct training for the Health Education team on Health Education material production and management. Review and update material review desktop procedures.	F, M, K	3/31/23	M. Lin		
Review and work with material owners on the Health Education materials that are due in 2023 for DHCS mandate 5-year review. Develop and implement action plans to assure compliance.	F, M, K	9/30/23	M. Lin	A. Fathifard, B. Head, J. Felix	
Identify and review the materials impacted by SB923. Meet with material owners to develop action plans. Implement action plans to assure compliance.	F, M, K	12/31/23	M. Lin	A. Fathifard, B. Head, J. Felix	
Lead the monthly material review team meeting to provide updates, assure compliance, and improve process improvement.	F, M, K	12/31/23	M. Lin		
Review/approve Medi-Cal health education materials submitted through the Health Education Department inbox and to the Marketing and Communications team. Track and conduct field tests.	F, M, K	12/31/23	M. Lin	B. Head; A. Campos (support)	

Work with Marketing, ICS, And RRD to launch the Custom Point System for materials order, fulfillment, and utilization.	F, M, K	6/30/23	A. Campos	M. Lin	
Participate in the expansion to support Quality Improvement Department PODS to support improvement in designated areas for HEDIS by providing consult and production of member and/or provider health education materials/resources.	F, M, K	12/31/23	A. Fathifard, B. Head, J. Felix, and M. Lin	QI Program Leads	
Initiative Continuation Status (populate at year-end):					
CLOSED <input type="checkbox"/>		CONTINUE INITIATIVE UNCHANGED <input type="checkbox"/>		CONTINUE INITIATIVE WITH MODIFICATIONS <input type="checkbox"/>	

CROSSWALK OF ONGOING INTERDEPARTMENTAL WORK PLAN ACTIVITIES

Activity	Activity Leader	CA Product Line	Complete ?	Date	Year-end Update or Explanation <i>(if not complete)</i>
MEMBER ENGAGEMENT					
1. Member Incentive programs: Serve as consult on requests to develop new member incentive programs; review and approve new member incentive request forms; and ensure program evaluation reports are submitted on time.	R. Calva-Songco R. Abdillah	F, M, K	<input type="checkbox"/>		

Item #12

Attachment 12.A

Financials as of March 31, 2023

Fresno-Kings-Madera Regional Health Authority dba CalViva Health

Balance Sheet

As of March 31, 2023

		Total
1	ASSETS	
2	Current Assets	
3	Bank Accounts	
4	Cash & Cash Equivalents	204,529,006.54
5	Total Bank Accounts	\$ 204,529,006.54
6	Accounts Receivable	
7	Accounts Receivable	125,563,881.99
8	Total Accounts Receivable	\$ 125,563,881.99
9	Other Current Assets	
10	Interest Receivable	521,438.51
11	Investments - CDs	0.00
12	Prepaid Expenses	496,989.44
13	Security Deposit	23,662.50
14	Total Other Current Assets	\$ 1,042,090.45
15	Total Current Assets	\$ 331,134,978.98
16	Fixed Assets	
17	Buildings	6,057,631.04
18	Computers & Software	0.00
19	Land	3,161,419.10
20	Office Furniture & Equipment	107,011.40
21	Total Fixed Assets	\$ 9,326,061.54
22	Other Assets	
23	Investment -Restricted	301,233.13
24	Lease Receivable	3,361,322.95
25	Total Other Assets	\$ 3,662,556.08
26	TOTAL ASSETS	\$ 344,123,596.60
27	LIABILITIES AND EQUITY	
28	Liabilities	
29	Current Liabilities	
30	Accounts Payable	
31	Accounts Payable	56,709,292.20
32	Accrued Admin Service Fee	4,832,234.00
33	Capitation Payable	119,503,073.11
34	Claims Payable	33,013.99
35	Directed Payment Payable	3,280,946.34
36	Total Accounts Payable	\$ 184,358,559.64
37	Other Current Liabilities	
38	Accrued Expenses	1,615,454.54
39	Accrued Payroll	116,757.99
40	Accrued Vacation Pay	322,252.09
41	Amt Due to DHCS	11,722,648.57
42	IBNR	88,735.63
43	Loan Payable-Current	0.00
44	Premium Tax Payable	0.00
45	Premium Tax Payable to BOE	6,051,267.18
46	Premium Tax Payable to DHCS	0.00
47	Total Other Current Liabilities	\$ 19,917,116.00
48	Total Current Liabilities	\$ 204,275,675.64
49	Long-Term Liabilities	
50	Renters' Security Deposit	25,906.79
51	Subordinated Loan Payable	0.00
52	Total Long-Term Liabilities	\$ 25,906.79
53	Total Liabilities	\$ 204,301,582.43
54	Deferred Inflow of Resources	2,966,726.27
55	Equity	
56	Retained Earnings	127,950,997.92
57	Net Income	8,904,289.98
58	Total Equity	\$ 136,855,287.90
59	TOTAL LIABILITIES, DEFERRED INFLOW OF RESOURCES AND EQUITY	\$ 344,123,596.60

Fresno-Kings-Madera Regional Health Authority dba CalViva Health

Budget vs. Actuals: Income Statement

July 2022 - March 2023

		Total		
		Actual	Budget	Over/(Under) Budget
1	Income			
2	Interest Income	3,594,067.32	254,997.00	3,339,070.32
3	Premium/Capitation Income	1,009,925,358.33	887,532,773.00	122,392,585.33
4	Total Income	1,013,519,425.65	887,787,770.00	125,731,655.65
5	Cost of Medical Care			
6	Capitation - Medical Costs	861,841,520.86	744,376,374.00	117,465,146.86
7	Medical Claim Costs	1,051,521.88	810,000.00	241,521.88
8	Total Cost of Medical Care	862,893,042.74	745,186,374.00	117,706,668.74
9	Gross Margin	150,626,382.91	142,601,396.00	8,024,986.91
10	Expenses			
11	Admin Service Agreement Fees	41,555,800.00	38,771,700.00	2,784,100.00
12	Bank Charges	0.00	5,400.00	(5,400.00)
13	Computer/IT Services	150,640.43	175,104.00	(24,463.57)
14	Consulting Fees	21,950.00	225,000.00	(203,050.00)
15	Depreciation Expense	220,336.17	243,225.00	(22,888.83)
16	Dues & Subscriptions	207,179.74	153,900.00	53,279.74
17	Grants	3,760,454.56	3,760,454.56	0.00
18	Insurance	145,368.80	146,463.00	(1,094.20)
19	Labor	2,462,406.67	2,693,815.00	(231,408.33)
20	Legal & Professional Fees	68,351.33	143,100.00	(74,748.67)
21	License Expense	881,381.98	880,470.00	911.98
22	Marketing	1,054,335.75	1,230,000.00	(175,664.25)
23	Meals and Entertainment	17,415.67	22,050.00	(4,634.33)
24	Office Expenses	62,863.17	67,000.00	(4,136.83)
25	Parking	184.39	1,170.00	(985.61)
26	Postage & Delivery	2,661.32	3,060.00	(398.68)
27	Printing & Reproduction	1,275.20	3,600.00	(2,324.80)
28	Recruitment Expense	37,986.73	30,000.00	7,986.73
29	Rent	0.00	9,000.00	(9,000.00)
30	Seminars and Training	6,534.05	19,600.00	(13,065.95)
31	Supplies	7,535.77	8,550.00	(1,014.23)
32	Taxes	91,437,096.77	91,437,500.00	(403.23)
33	Telephone	22,380.84	29,925.00	(7,544.16)
34	Travel	13,423.07	18,700.00	(5,276.93)
35	Total Expenses	142,137,562.41	140,078,786.56	2,058,775.85
36	Net Operating Income/ (Loss)	8,488,820.50	2,522,609.44	5,966,211.06
37	Other Income			
38	Other Income	415,469.48	495,000.00	(79,530.52)
39	Total Other Income	415,469.48	495,000.00	(79,530.52)
40	Net Other Income	415,469.48	495,000.00	(79,530.52)
41	Net Income/ (Loss)	8,904,289.98	3,017,609.44	5,886,680.54

Fresno-Kings-Madera Regional Health Authority dba CalViva Health

Income Statement: Current Year vs Prior Year

FY 2023 vs FY 2022

		Total	
		July 2022 - March 2023 (FY 2023)	July 2021 - March 2022 (FY 2022)
1	Income		
2	Interest Income	3,594,067.32	241,000.00
3	Premium/Capitation Income	1,009,925,358.33	1,015,286,758.23
4	Total Income	\$ 1,013,519,425.65	\$ 1,015,527,758.23
5	Cost of Medical Care		
6	Capitation - Medical Costs	861,841,520.86	833,672,886.34
7	Medical Claim Costs	1,051,521.88	830,515.48
8	Total Cost of Medical Care	\$ 862,893,042.74	\$ 834,503,401.82
9	Gross Margin	\$ 150,626,382.91	\$ 181,024,356.41
10	Expenses		
11	Admin Service Agreement Fees	41,555,800.00	38,911,708.00
12	Bank Charges	0.00	8.22
13	Computer/IT Services	150,640.43	117,040.32
14	Consulting Fees	21,950.00	0.00
15	Depreciation Expense	220,336.17	214,829.94
16	Dues & Subscriptions	207,179.74	126,343.05
17	Grants	3,760,454.56	2,990,909.11
18	Insurance	145,368.80	137,317.21
19	Labor	2,462,406.67	2,794,566.55
20	Legal & Professional Fees	68,351.33	58,557.66
21	License Expense	881,381.98	597,806.37
22	Marketing	1,054,335.75	1,137,317.85
23	Meals and Entertainment	17,415.67	16,723.90
24	Office Expenses	62,863.17	41,680.73
25	Parking	184.39	273.34
26	Postage & Delivery	2,661.32	2,530.72
27	Printing & Reproduction	1,275.20	2,324.41
28	Recruitment Expense	37,986.73	2,057.65
29	Rent	0.00	0.00
30	Seminars and Training	6,534.05	9,824.36
31	Supplies	7,535.77	7,806.92
32	Taxes	91,437,096.77	124,686,663.01
33	Telephone	22,380.84	25,719.34
34	Travel	13,423.07	9,953.88
35	Total Expenses	\$ 142,137,562.41	\$ 171,891,962.54
36	Net Operating Income/ (Loss)	\$ 8,488,820.50	\$ 9,132,393.87
37	Other Income		
38	Other Income	415,469.48	278,913.67
39	Total Other Income	\$ 415,469.48	\$ 278,913.67
40	Net Other Income	\$ 415,469.48	\$ 278,913.67
41	Net Income/ (Loss)	\$ 8,904,289.98	\$ 9,411,307.54

Item #12

Attachment 12.B

FY 2024 Proposed Budget

Basic assumptions used in FY 2024 budget projections

1. FY 2024 enrollment projected to gradually decline throughout the fiscal year as the Medi-Cal redetermination/disenrollment process will begin April 2023 as part of the Consolidated Appropriations Act of 2023 which delinks the Medicaid continuous coverage requirements from the COVID-19 public health emergency (“PHE”). Per DHCS’ Continuous Coverage Operational Unwinding Plan, published in January 2023, the first two months after the end of Medicaid continuous coverage (i.e., April 2023), the redetermination process will focus on auto ex-parte renewals, and the month of June 2023 will focus on processing those disenrollments. Thus, the first month of actual disenrollment would begin July 2023. The redetermination/disenrollment process will run through June 2024 based on members’ eligibility month.

NOTE: The gradual decline in enrollment also takes into account any members shifting to Kaiser as a result of Kaiser moving into CalViva’s service area in 2024 per DHCS’ contract with Kaiser.

The projected gradual decline in enrollment takes into account potential new members related to the addition of full scope Medi-Cal benefits to undocumented beneficiaries ages 26- 49, which is projected to be effective January 1, 2024. In addition, the gradual decline in enrollment also takes into account potential new members related to the Dual Special Needs Program (“D-SNP”) projected to go-live for CalViva January 1, 2024, noting that Medicare members currently in Health Net’s D-SNP program may be assigned to CalViva as part of DHCS’ aligned enrollment policy.

2. Revenues projected based on enrollment breakdown by aid category, using current aid code category specific rates as a benchmark known at time of budget preparation. Overall, revenues are projected to increase in comparison to prior year budget primarily due to the following:
 - a) Increase in rates to account for long-term care moving into mandatory Medi-Cal managed care.
 - b) Increase in rates to account for transitioning populations into Medi-Cal managed care such as most dual Medicare/Medi-Cal members moving from voluntary Medi-Cal managed care to mandatory Medi-Cal managed care and undocumented immigrants ages 26-49.
 - c) New Medi-Cal managed care benefits such as but not limited to doula services and dyadic behavioral health.

NOTE: Per our understanding with DHCS, D-SNP related revenues will be paid directly to Health Net who will be CalViva's aligned D-SNP plan, noting that Health Net will ultimately hold the D-SNP contract with CMS (Centers for Medicare and Medicaid Services) and DHCS.

3. Administrative Services Fee expense projected at \$11 pmpm based on enrollment. Overall, Administrative Services Fee expense projected to slightly increase due to higher projected enrollment in FY 2024 vs budgeted FY 2023 enrollment.
4. Interest income projected to increase due to increasing rates on money market funds.
5. Supplemental revenue from DHCS such as Maternity KICK, Hep C, and Ground Emergency Medical Transportation ("GEMT") payments projected based on current historical monthly average.
6. Medical Cost projected as Gross Medi-Cal Revenue less taxes, \$11 per-member, per-month ("pmpm") Administrative Services fee, and retention rate retained by CalViva.
7. We are projecting FY 2024 staffing at 21 full-time employees. Salary, Wages, and Benefits based on current staffing and rates. Projected wage increases of up to 5% based on employee performance at anniversary date, 7% increase in health insurance premiums based on August renewal, current deferral rate and employer contribution/match into the 457-retirement program. Overall, projecting an increase in Salary, Wages and Benefits expense due to:
 - a) Adding a Health Equity Officer per DHCS 2024 contract requirement and additional staff related to new operational changes to Medi-Cal managed care such as but not limited to D-SNP and NCQA (National Committee for Quality Assurance) accreditation.
8. Consulting expenses projected to increase due to additional consulting work to become NCQA accredited by 2026 per DHCS requirement.
9. Increase in Computer & IT expenses due to:
 - a) Upgrading computers/monitors
 - b) Windows 11 update
 - c) Increase in IT support costs
10. Depreciation expense based on current fixed assets useful life. Includes additional depreciation expense for tenant improvements to building during fiscal year 2024 for potential new tenant.

11. Projected increase in Dues & Subscriptions expense as a result of increase in dues from trade organizations who have added additional staff to better represent health plans in relation to numerous changes affecting Medi-Cal managed care such as but not limited to the California Advancing and Innovating Medi-Cal (“CalAIM”) initiative, and the addition of D-SNP and long-term care moving to Medi-Cal managed care.
12. Community Support/Grants based on continuation of providing grants to community-based organizations, scholarship funding to various local colleges, physician recruitment grants, and quality score incentive grants to providers.
13. Projected increase to Insurance expense to account for potentially adding cyber insurance policy, in addition to increase in insurance premiums.
14. Knox-Keene DMHC License expense is to be based on last year’s per member rate as an initial benchmark plus a forecasted rate increase and March 2023 enrollment for DMHC annual assessment fee to CalViva. **NOTE:** Higher enrollment will cause FY 2024 DMHC license expense to increase in comparison to FY 2023.
15. Marketing expense incurred directly by the Plan is projected based on marketing plan for the fiscal year. Marketing expense is consistent with prior year.
16. Projected increase to Recruitment expense to fill positions such as Health Equity Officer and additional staff during FY 2024.
17. Per California State fiscal year 2023-2024 budget released in January 2023, the State is looking to renew MCO taxes effective January 1, 2024 – December 31, 2026. The proposed renewal will maintain the structure from the prior MCO tax which expired 12/31/2022. As such, projected MCO tax revenue and expenses calculated using the prior MCO tax structure.

Fresno Kings Madera Regional Health Authority dba CalViva Health							
FY 2024 PROPOSED BUDGET							
		<A>		<C> = <A> - 	<D>	<E> = <D> - 	<F> = <E>/
		FY 2023 Projection	FY 2023 Approved	Projected	Proposed FY 2024	Proposed FY 2024 vs FY 2023 Budget	
		Annualized	Budget	Over (under)	Budget	Difference	% Change from Proposed FY 2024 Budget vs FY 2023 Budget
1	Medical Revenue	1,219,506,059	1,154,644,182	64,861,877	1,265,478,182	110,834,000	9.60%
2	Interest Income	3,632,885	340,000	3,292,885	3,600,000	3,260,000	958.8%
3	Total Revenues	1,223,138,944	1,154,984,182	68,154,762	1,269,078,182	114,094,000	9.9%
4	Medical Cost Expense	1,055,534,572	995,754,057	59,780,515	1,129,334,874	133,580,818	13.4%
5	Gross Margin	167,604,372	159,230,125	8,374,247	139,743,308	(19,486,817)	-12.2%
	Expenses						
6	Administrative Services Fee	54,633,282	51,243,500	3,389,782	51,397,610	154,110	0.3%
7	Salary,Wages & Benefits	3,247,520	3,591,049	(343,529)	4,546,256	955,207	26.6%
8	Bank Charges	0	7,200	(7,200)	7,200	0	0.0%
9	Consulting	46,250	300,000	(253,750)	400,000	100,000	33.3%
10	Computer & IT	207,162	233,476	(26,314)	257,960	24,484	10.5%
11	Depreciation	286,748	324,300	(37,552)	360,000	35,700	11.0%
12	Dues & Subscriptions	259,996	205,200	54,796	234,000	28,800	14.0%
13	Grants	4,250,000	4,565,000	(315,000)	3,925,000	(640,000)	-14.0%
14	Insurance	191,571	196,590	(5,019)	403,683	207,093	105.3%
15	Legal & Professional	96,685	190,800	(94,115)	200,000	9,200	4.8%
16	License	1,175,783	1,173,963	1,820	1,397,512	223,549	19.0%
17	Marketing	1,500,000	1,500,000	-	1,500,000	0	0.0%
18	Meals	20,026	24,250	(4,224)	27,450	3,200	13.2%
19	Office	85,145	84,000	1,145	91,200	7,200	8.6%
20	Parking	241	1,560	(1,319)	1,560	0	0.0%
21	Postage & Delivery	3,014	4,080	(1,066)	4,800	720	17.6%
22	Printing & Reproduction	1,192	4,800	(3,608)	4,920	120	2.5%
23	Recruitment	72,019	36,000	36,019	112,500	76,500	212.5%
24	Rent	0	12,000	(12,000)	12,000	0	0.0%
25	Seminars & Training	9,574	25,200	(15,626)	28,800	3,600	14.3%
26	Supplies	10,465	11,400	(935)	13,000	1,600	14.0%
27	Telephone/Internet	30,042	39,900	(9,858)	42,000	2,100	5.3%
28	Travel	24,285	24,400	(115)	26,200	1,800	7.4%
29	Total Expenses	66,150,998	63,798,668	2,352,330	64,993,651	1,194,983	1.9%
30	Income before Taxes	101,453,374	95,431,457	6,021,917	74,749,657	(20,681,800)	-21.7%
31	Taxes-MCO	91,437,253	91,437,500	(247)	66,500,000	(24,937,500)	-27.3%
32	Excess Revenue (Expenses)	10,016,120	3,993,957	6,022,163	8,249,657	4,255,700	106.6%
33	Other Income	523,434	660,000	(136,567)	600,000	(60,000)	-9.1%
34	Net Income/(Loss)	10,539,554	4,653,957	5,885,597	8,849,657	4,195,700	90.2%
35	Capital Expenditure Budget	77,800	250,000	(172,200)	400,000	150,000	60.0%

Item #12

Attachment 12.C

Appeals & Grievances Report

CalViva Health

Monthly Appeals and Grievances Dashboard

CY: 2023

Current as of End of the Month:
March Revised Date: 4/26/2023

CalViva Health Appeals and Grievances Dashboard 2023

Health Plan Materials - ID Cards-incorrect Information on Card	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	7
Health Plan Materials - Other	1	2	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	3	6
Mental Health Related	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
PCP Assignment/Transfer - Health Plan Assignment - Change Request	53	88	86	227	0	0	0	0	0	0	0	0	0	0	0	0	0	227	629
PCP Assignment/Transfer - HCO Assignment - Change Request	35	41	41	117	0	0	0	0	0	0	0	0	0	0	0	0	0	117	533
PCP Assignment/Transfer - PCP effective date	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
PCP Assignment/Transfer - PCP Transfer not Processed	0	1	2	3	0	0	0	0	0	0	0	0	0	0	0	0	0	3	20
PCP Assignment/Transfer - Rollout of PPG	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
PCP Assignment/Transfer - Mileage Inconvenience	1	0	2	3	0	0	0	0	0	0	0	0	0	0	0	0	0	3	32
Pharmacy - Authorization Issue	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy - Authorization Issue-CalViva Error	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy - Eligibility Issue	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Pharmacy - Quantity Limit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy - Rx Not Covered	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy - Pharmacy-Retail	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation - Access - Provider No Show	8	4	3	15	0	0	0	0	0	0	0	0	0	0	0	0	0	15	133
Transportation - Access - Provider Late	2	4	5	11	0	0	0	0	0	0	0	0	0	0	0	0	0	11	77
Transportation - Behaviour	13	10	14	37	0	0	0	0	0	0	0	0	0	0	0	0	0	37	139
Transportation - Other	0	2	1	3	0	0	0	0	0	0	0	0	0	0	0	0	0	3	12
OTHER - Other	0	1	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2	7
Claims Complaint - Balance Billing from Provider	8	15	13	36	0	0	0	0	0	0	0	0	0	0	0	0	0	36	173

CalViva Health Appeals and Grievances Dashboard 2023

Appeals	Jan	Feb	Mar	Q1	Apr	May	June	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	2022
Expedited Appeals Received	0	1	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	42
Standard Appeals Received	29	43	22	94	0	0	0	0	0	0	0	0	0	0	0	0	94	396
Total Appeals Received	29	44	23	96	0	0	0	0	0	0	0	0	0	0	0	0	96	438
Appeals Ack Letters Sent Noncompliant	0	0	1	1	0	0	0	0	1	0	0	1	0	0	0	0	2	3
Appeals Ack Letter Compliance Rate	100.0%	100.0%	95.5%	98.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	97.87%	99.2%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	0	1	2	3	0	0	0	0	0	0	0	0	0	0	0	0	3	42
Expedited Appeals Compliance Rate	0.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.00%	100.0%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Standard Appeals Resolved Compliant	21	29	40	90	0	0	0	0	0	0	0	0	0	0	0	0	90	414
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.00%	99.8%
Total Appeals Resolved	21	30	42	93	0	0	0	0	0	0	0	0	0	0	0	0	93	457
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	21	30	39	90	0	0	0	0	0	0	0	0	0	0	0	0	90	454
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	2	7
DME	2	5	4	11	0	0	0	0	0	0	0	0	0	0	0	0	11	49
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	2
Advanced Imaging	10	18	17	45	0	0	0	0	0	0	0	0	0	0	0	0	45	244
Other	2	0	2	4	0	0	0	0	0	0	0	0	0	0	0	0	4	33
Pharmacy/RX Medical Benefit	4	2	2	8	0	0	0	0	0	0	0	0	0	0	0	0	8	58
Surgery	3	5	12	20	0	0	0	0	0	0	0	0	0	0	0	0	20	61
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	3	3	0	0	0	0	0	0	0	0	0	0	0	0	3	3
Consultation	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	2	2
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	6	10	15	31	0	0	0	0	0	0	0	0	0	0	0	0	31	196
Uphold Rate	28.6%	33.3%	35.7%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	42.9%
Overturns - Full	15	19	26	60	0	0	0	0	0	0	0	0	0	0	0	0	60	244
Overturn Rate - Full	71.4%	63.3%	61.9%	64.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	64.5%	53.4%
Overturns - Partial	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	9
Overturn Rate - Partial	0.0%	0.0%	2.4%	1.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.1%	2.0%
Withdrawal	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	8
Withdrawal Rate	0.0%	3.3%	0.0%	1.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.1%	1.8%
Membership	421,006	435,392	437,493															417,000
Appeals - PTMPM	0.05	0.07	0.10	0.07	-	-	-	-	-	-	-	-	-	-	-	-	0.07	0.09
Grievances - PTMPM	0.24	0.21	0.29	0.25	-	-	-	-	-	-	-	-	-	-	-	-	0.25	0.24

CalViva Health Appeals and Grievances Dashboard 2023 (Fresno County)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	2022
Expedited Appeals Received	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	33
Standard Appeals Received	23	37	21	81	0	0	0	0	0	0	0	0	0	0	0	0	81	320
Total Appeals Received	23	37	22	82	0	0	0	0	0	0	0	0	0	0	0	0	82	353
Appeals Ack Letters Sent Noncompliant	0	0	1	0	0	0	0	0	1	0	0	1	0	0	0	0	1	1
Appeals Ack Letter Compliance Rate	100.0%	100.0%	95.2%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	98.8%	99.7%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	33
Expedited Appeals Compliance Rate	0.0%	0.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Standard Appeals Resolved Compliant	19	23	35	77	0	0	0	0	0	0	0	0	0	0	0	0	77	336
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	99.7%
Total Appeals Resolved	19	23	36	78	0	0	0	0	0	0	0	0	0	0	0	0	78	370
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	19	23	33	75	0	0	0	0	0	0	0	0	0	0	0	0	75	368
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	7
DME	2	5	4	11	0	0	0	0	0	0	0	0	0	0	0	0	11	40
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	2
Advanced Imaging	9	12	17	38	0	0	0	0	0	0	0	0	0	0	0	0	38	199
Other	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	29
Pharmacy/RX Medical Benefit	4	2	1	7	0	0	0	0	0	0	0	0	0	0	0	0	7	44
Surgery	2	4	10	16	0	0	0	0	0	0	0	0	0	0	0	0	16	47
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	3	3	0	0	0	0	0	0	0	0	0	0	0	0	3	2
Consultation	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	2	1
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	5	7	12	24	0	0	0	0	0	0	0	0	0	0	0	0	24	164
Uphold Rate	26.3%	30.4%	33.3%	30.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	30.8%	44.3%
Overturns - Full	14	16	23	53	0	0	0	0	0	0	0	0	0	0	0	0	53	189
Overturn Rate - Full	73.7%	69.6%	63.9%	67.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	67.9%	51.1%
Overturns - Partial	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	9
Overturn Rate - Partial	0.0%	0.0%	2.8%	1.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.3%	2.4%
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8
Withdrawal Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.2%
Membership	338,835	349,660	351,313															335,572
Appeals - PTMPM	0.06	0.07	0.10	0.08	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.02	0.07
Grievances - PTMPM	0.23	0.23	0.32	0.26	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.07	0.18

CalViva Health Appeals and Grievances Dashboard 2023 (Kings County)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	2022
Expedited Appeals Received	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Received	1	3	0	4	0	0	0	0	0	0	0	0	0	0	0	0	4	16
Total Appeals Received	1	3	0	4	0	0	0	0	0	0	0	0	0	0	0	0	4	16
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	100.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Expedited Appeals Compliance Rate	0.0%	0.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	2	0	3	5	0	0	0	0	0	0	0	0	0	0	0	0	5	14
Standard Appeals Compliance Rate	100.0%	0.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Appeals Resolved	2	0	4	6	0	0	0	0	0	0	0	0	0	0	0	0	6	14
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	2	0	4	6	0	0	0	0	0	0	0	0	0	0	0	0	6	14
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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
Advanced Imaging	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	5
Other	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	2	1
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Surgery	1	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	4
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	1	0	2	3	0	0	0	0	0	0	0	0	0	0	0	0	3	5
Uphold Rate	50.0%	0.0%	50.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	35.7%
Overturns - Full	1	0	2	3	0	0	0	0	0	0	0	0	0	0	0	0	3	9
Overturn Rate - Full	50.0%	0.0%	50.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	64.3%
Overturns - Partial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Overturn Rate - Partial	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Withdrawal Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Membership	36,388	38,617	38,772															314,148
Appeals - PTMPM	0.05	-	0.10	0.05	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.01	0.03
Grievances - PTMPM	0.25	0.16	0.18	0.19	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.05	0.18

CalViva Health Appeals and Grievances Dashboard 2023 (Madera County)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	2022
Expedited Appeals Received	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	9
Standard Appeals Received	5	2	1	8	0	0	0	0	0	0	0	0	0	0	0	0	8	60
Total Appeals Received	5	3	1	9	0	0	0	0	0	0	0	0	0	0	0	0	9	69
Appeals Ack Letters Sent Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.00%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	9
Expedited Appeals Compliance Rate	0.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.00%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	0	6	2	8	0	0	0	0	0	0	0	0	0	0	0	0	8	64
Standard Appeals Compliance Rate	0.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.00%
Total Appeals Resolved	0	7	2	9	0	0	0	0	0	0	0	0	0	0	0	0	9	73
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	0	7	2	9	0	0	0	0	0	0	0	0	0	0	0	0	9	72
Continuity of Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Consultation	0	0	0	0	0	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	8
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
Advanced Imaging	0	6	0	6	0	0	0	0	0	0	0	0	0	0	0	0	6	40
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Pharmacy/RX Medical Benefit	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	11
Surgery	0	1	1	2	0	0	0	0	0	0	0	0	0	0	0	0	2	10
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Consultation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DME	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	0	3	1	4	0	0	0	0	0	0	0	0	0	0	0	0	4	27
Uphold Rate	0.0%	42.9%	50.0%	44.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	44.4%	37.0%
Overturns - Full	0	3	1	4	0	0	0	0	0	0	0	0	0	0	0	0	4	46
Overturn Rate - Full	0.0%	42.9%	50.0%	44.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	44.4%	63.0%
Overturns - Partial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Overturn Rate - Partial	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Withdrawal	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Withdrawal Rate	0.0%	14.3%	0.0%	11.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	11.1%	0.0%
Membership	45,783	47,115	47,408															45377
Appeals - PTMPM	-	0.15	0.04	0.06	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.02	0.14
Grievances - PTMPM	0.28	0.08	0.19	0.19	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.05	0.21

CalViva Health Appeals and Grievances Dashboard 2023 (SPD)

Appeals	Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	Jul	Aug	Sep	Q3	Oct	Nov	Dec	Q4	YTD	2022
Appeals Received	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Expedited Appeals Received	8	11	5	24	0	0	0	0	0	0	0	0	0	0	0	0	24	76
Total Appeals Received	8	11	5	24	0	0	0	0	0	0	0	0	0	0	0	0	24	80
Appeals Ack Letters Sent Noncompliant	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	1
Appeals Ack Letter Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	95.8%	98.7%
Expedited Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Expedited Appeals Resolved Compliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11
Expedited Appeals Compliance Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Standard Appeals Resolved Noncompliant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Standard Appeals Resolved Compliant	7	9	8	24	0	0	0	0	0	0	0	0	0	0	0	0	24	89
Standard Appeals Compliance Rate	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Total Appeals Resolved	7	9	8	24	0	0	0	0	0	0	0	0	0	0	0	0	24	93
Appeals Descriptions - Resolved Cases																		
Pre-Service Appeals	7	9	8	24	0	0	0	0	0	0	0	0	0	0	0	0	19	96
Continuity of Care	0	5	0	5	0	0	0	0	0	0	0	0	0	0	0	0	5	0
Consultation	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
DME	0	1	4	5	0	0	0	0	0	0	0	0	0	0	0	0	5	26
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	1
Advanced Imaging	5	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	5	43
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8
Pharmacy/RX Medical Benefit	2	1	1	4	0	0	0	0	0	0	0	0	0	0	0	0	4	6
Surgery	0	2	2	4	0	0	0	0	0	0	0	0	0	0	0	0	4	11
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Service Appeals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	0
Experimental/Investigational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy/RX Medical Benefit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Appeals Decision Rates																		
Upholds	3	2	4	9	0	0	0	0	0	0	0	0	0	0	0	0	9	31
Uphold Rate	42.9%	22.2%	50.0%	37.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	37.5%	33.3%
Overturns - Full	4	7	4	15	0	0	0	0	0	0	0	0	0	0	0	0	15	65
Overturn Rate - Full	57.1%	77.8%	50.0%	62.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	62.5%	69.89%
Overturns - Partial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Overturn Rate - Partial	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.2%
Withdrawal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Withdrawal Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.1%
Membership	38,875	49,002	49,750															109421
Appeals - PTMPM	0.18	0.18	0.16	0.00	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.00	0.10
Grievances - PTMPM	0.67	0.61	0.92	0.00	-	-	-	0.00	-	-	-	0.00	-	-	-	0.00	0.00	0.51

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/RX Medical Benefit	Long wait time for the drug to be called in or refilled
Quality of Care Grievances	Grievances Related to clinical concerns/possible impact to members health
Access to Care Grievance - Other	Long wait time for a scheduled appointment or unable to get an appointment with an ancillary provider
Access to Care Grievance - PCP	Long wait time for a scheduled appointment or unable to get an appointment with a PCP
Access to Care Grievance - Physical/OON	Access to care issues specifically due to physical distance or provider not being contracted with the plan
Access to Care Grievance - Specialist	Long wait time for a scheduled appointment or unable to get an appointment with a specialist
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/RX Medical Benefit	Wrong drug dispensed or adverse drug reaction.
Specialist Care	Grievances related to quality of care provided by a Specialist
Specialist Delay	Grievances related to a delay in care provided by a Specialist
APPEALS	Request for reconsideration. An oral or written request to change a decision or adverse determination.
Expedited Appeals Received	Appeals received in the month with a TAT of 3 calendar days
Standard Appeals Received	Appeals received in the month with a TAT of 30 calendar days
Total Appeals Received	Amount of cases received within that month
Appeals Acknowledgement Sent Non-compliant	Total number of acknowledgement letters not sent within the 5 calendar day TAT
Appeals Acknowledgement Compliance Rate	Percentage of Acknowledgement letters sent with the 5 calendar day TAT
Expedited Appeals Resolved Non-Compliant	Number of expedited appeals resolved after the 3 calendar day TAT
Expedited Appeals Resolved Compliant	Number of expedited appeals resolved within the 3 calendar day TAT
Expedited Appeals Compliance Rate	Percentage of expedited appeals closed with the 3 calendar day TAT
Standard Appeals Resolved Non-Compliant	Standard 30 day appeals resolved after the 30 calendar days
Standard Appeals Resolved Compliant	Standard 30 day appeals resolved within the 30 calendar days
Standard Appeals Compliance Rate	Percentage of Standard 30 calendar day TAT appeals closed within compliance

Total Appeals Resolved	Total number of appeals resolved for the month
Appeal Descriptions	
Pre Service Appeal	Any request for the reversal of a denied service prior to the services being rendered.
Consultation	Denied service due to medical necessity, lack of coverage.
DME	Denied item/supply due to medical necessity, lack of coverage.
Experimental/Investigational	Denied service because it is considered experimental/investigational
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/RX Medical Benefit	Denied medication, including those considered an RX medical benefit, due to medical necessity, lack of coverage.
Surgical	Denied service due to medical necessity, lack of coverage.
Post Service Appeal	Any request for the reversal of a denied claim payment where the services were previously rendered.
Consultation	Denied service due to medical necessity, lack of coverage.
DME	Denied item/supply due to medical necessity, lack of coverage.
Experimental/Investigational	Denied service because it is considered experimental/investigational
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/RX Medical Benefit	Denied medication, including those considered an RX medical benefit, due to medical necessity, lack of coverage.
Surgical	Denied service due to medical necessity, lack of coverage.
Appeals Decision Rate	Will include number of Upholds, Overturns, Partial overturns, and Withdrawals
Upholds	Number of Upheld Appeals
Uphold Rate	Percentage of Upheld appeals
Overturns - Full	Number of full overturned appeals
Overturm Rate - Full	Percentage of full overturned appeals
Overturm - Partial	Number of Partial Overturned appeals
Overturm Rate - Partial	Percentage of Partial Overturned appeals
Withdrawals	Number of withdrawn appeals
Withdrawal 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 eligibility 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 behavior of a health plan staff member
Interpersonal - Behavior of Clinic/Staff - Provider	The case is related to the interpersonal behavior of a provider
Interpersonal - Behavior of Clinic/Staff - Vendor	The case is related to the interpersonal behavior of a vendor
Other	For miscellaneous exempt grievances
PCP Assignment/Transfer	
PCP Assignment/Transfer-Health Plan Assignment- Change Request	Use this when the member is upset/dissatisfied with the health plan's PCP assignment for the member, whether it be through the auto-assignment logic process or any other health plan assignments reasons.
PCP Assignment/Transfer-HCO Assignment - Change Request	Use this when the member is upset/dissatisfied with the health plan's PCP assignment for the member. This category will represent PCP assignments in which the assignment was made as a result of the 834 file HCO Input. "Electronic Assignment- HCO Input"
Pharmacy	The case is related to a pharmacy issue
Wait Time - In Office for Scheduled Appt	When the Access to Care complaint is in regards to wait time at a providers office
Wait Time - Too Long on Telephone	When the Access to Care complaint is in regards to being placed on hold or unable to get through by telephone
The Outlier Tab	This tab is used by the Reporting Team, CalViva, and A&G. The Reporting Team will use this tab to call out any outliers to the A&G team that were identified during the report creation such as trends or increase in volume of appeals and/or grievances. The Reporting team will send the outliers to the business when the Dashboard is sent for approval. CalViva will use this tab to call out any outliers to the A&G team that were identified during the report creation. The A&G Team will use this tab to document the reasons for the call out, trending, or unusual high numbers of complaints from the Reporting Team or CalViva on the outliers that were identified during the report creation or review of cases.
Month	This is used to track the month effected by the change that was made
Date	This is used to track the date the change was made
Outlier	This is the section that describes a brief explanation of the outlier such as increase number of PCP wait time complaints, trends, etc.
Explanation	This is the section that explains the outlier.
Membership	Excludes Kaiser membership and is addressed separately in a quarterly report by Kaiser Plan.
PTMPM	Per thousand members per month. PTMPM rates are calculated using the total number of appeals or grievances, divided by total membership and multiplied by 1,000

Item #12

Attachment 12.D

Key Indicator Report



Healthcare Solutions Reporting

Key Indicator Report

Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 3/01/2023 to 3/31/2023
Report created 4/25/2023

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

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Contact Information

Sections

Concurrent Inpatient TAT Metric
TAT Metric
CCS Metric
Case Management Metrics
Authorization Metrics

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Key Indicator Report
Auth Based PPG Utilization Metrics for CALVIVA California SHP
Report from 3/01/2023 to 3/31/2023
 Report created 4/25/2023

ER utilization based on Claims data	2022-03	2022-04	2022-05	2022-06	2022-07	2022-08	2022-09	2022-10	2022-11	2022-12	2022-Trend	2023-01	2023-02	2023-03	2023-Trenc	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Qtr Trend	CY- 2022	YTD-2023	YTD-Trend
Unable to Reach	39	31	27	27	23	25	21	20	16	15		18	19	19		95	85	69	51	56		300	56	
New Cases Opened	70	71	73	59	56	74	45	46	43	51		48	49	43		164	203	175	140	140		682	140	
Total Cases Closed	56	39	51	52	73	73	71	61	55	32		43	61	50		134	142	217	148	154		641	154	
Cases Remained Open	149	176	200	212	171	193	171	151	145	160		167	154	149		149	212	171	160	149		160	149	
Total Cases Managed	216	227	261	267	273	276	248	222	202	199		215	221	203		293	359	444	316	307		809	307	
Critical-Complex Acuity	12	13	12	12	12	7	9	9	11	7		7	9	11		18	15	17	12	13		30	13	
High/Moderate/Low Acuity	204	214	249	255	261	269	239	213	191	192		208	212	192		275	344	427	304	294		779	294	

Item #12

Attachment 12.E

Quarterly Summary Report



REPORT SUMMARY TO COMMITTEE

TO: Fresno-Kings-Madera Regional Health Authority Commissioners

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

COMMITTEE

DATE: May 18, 2023

SUBJECT: CalViva Health QI & UM Update of Activities Quarter 1 2023 (May 2023)

Purpose of Activity:

This report is to provide the RHA Commission with an update on the CalViva Health QI & UM performance, including program and regulatory activities in Quarter 1 of 2023.

I. Meetings

Two meetings were held in Quarter 1, one on February 23rd and one on March 16th. The following guiding documents were approved at the February & March *meetings*:

1. QI/UM Committee Charter 2023
2. 2022 Quality Improvement End of Year Evaluation
3. 2023 Quality Improvement Program Description
4. 2023 Quality Improvement Work Plan
5. 2022 Utilization Management/Case Management End of Year Evaluation
6. 2023 Utilization Management Program Description
7. 2023 Case Management Program Description
8. 2023 Utilization Management/Case Management Work Plan

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

1. Pharmacy Provider Updates
2. Medical Policies

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

1. The **Appeal and Grievance Dashboard** provides a summary of all grievances to track volumes, turn-around times and case classifications. A year-to-year evaluation is also presented.
 - a. The total number of grievances through January 2023 is consistent with previous months.
 - b. The "Quality of Service" grievance type demonstrated a slight decrease compared to previous months.
 - c. The volume of "Quality of Care" grievances remained consistent when compared with recent months. Most were related to delays in PCP Care.
 - d. Exempt Grievances had a notable decrease in January. Transportation access was noted to have improved.
 - e. The total number of appeals received for the first month of 2023 remained consistent with recent months. Most cases were advanced imaging denials.
 - f. All cases were validated to have been classified correctly.

2. **Potential Quality Issues (PQI) & Provider Preventable Conditions (PPC) Reporting** provides a summary of the quarterly evaluation of cases/issues that may result in substantial harm to a member. The number of members generated PQI cases reported in the Q4 2022 report was consistent with previous quarters. Non-member generated cases were reported as zero (0) and there were three (3) Peer Review cases.

There were no (0) PPC cases ready for review in Q4.

3. **MHN Performance Indicator Report for Behavioral Health** MHN Performance Indicator Report for Behavioral Health Services (Q4 2022) was presented. Fifteen (15) out of the Fifteen (15) metrics met or exceeded their targets.

- a. Appointment Access standards were met for the two (2) Emergent and ten (10) Urgent cases.
- b. Accuracy and timeliness of approvals and denials for prior authorization were 100% compliant.
- c. There were three (3) PQI cases, zero (0) with Untoward Effects.
- d. All provider disputes were resolved within timeliness standards, resulting in a 100% compliance rate.

4. **The Blood Lead Screening Report** for Quarter 3 2022 was presented. This is a new report for the QI/UM Committee. This report describes clinical guidelines for blood lead screening, reporting requirements related to blood lead screening and, emphasizes the importance of parents/caregivers receiving anticipatory guidance related to blood lead poisoning prevention and blood lead level testing and follow-up services from providers. Opportunities for improvement noted especially for children 18 to 30 months. Improvement strategies initiated and reporting will continue quarterly.

5. **Additional Quality Improvement Reports were presented** including Initial Health Appointment, Member Incentive Report, Provider Office Wait Time, County Relations, Provider Appointment Availability & After-Hours Access Results, A & G Validation Audit Report, Performance Improvement Project Updates, and others scheduled for presentation at the QI/UM Committee during Q1.

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

1. **The Key Indicator Report (KIR) and Concurrent Review Report** provided data through January 31, 2023. A quarterly comparison was reviewed with the following results:

- a. Acute Care Admissions, Bed Days, Average Length of Stay, and Readmissions remain consistent for the Expansion, SPD, and Family/Adult populations.
- b. Utilization for all risk types remains consistent with previous months.
- c. Turn-around Times were met in all areas in January 2023.
- d. Case Management (CM) results remain stable and demonstrate positive outcomes in most areas, consistent with previous months. Transitional CM referrals have drifted slightly.

2. **Inter-rater Reliability Results for Physicians and Non-physicians** is an annual evaluation of UM physicians and staff to ensure InterQual® Clinical Decision Support Criteria along with other evidence-based policies and guidelines are used consistently during clinical reviews for medical necessity.

All UM staff and physicians undergo InterQual training upon hire and annually complete a "Summary of Changes" course that is conducted by InterQual instructors.

- a. The Utilization Management Department: 94% pass rate on all modules.
- b. The Medical Affairs Department: 96% pass rate on all modules
- c. 2022 IRR season has been closed, at this time.
- d. 2023 IRR continues with monthly InterQual (initial) and InterQual Refresher training, as needed.

3. **Case Management and CCM Report** provides a summary of the various case management and care coordination services offered to CalViva members. The programs include integrated case management, behavioral health case management, transitional care management for members transitioning from an acute care facility, MemberConnections, Palliative Care, and Emergency Department (ED) diversion activities. This report covered the fourth quarter of 2022 with utilization related outcome measures through third quarter 2022. The outcome measures include Readmission rates, ED utilization, Pre-term deliveries for the OB population, Member satisfaction, and Overall Healthcare costs. Positive results are seen for all outcome measures this quarter.

- a. Decreased referrals to some programs. Fewer Concurrent Review referrals noted due to the increase in Flu, RSV and COVID cases. Next steps include plans to explore the opportunity to move Care Management into a Regional model, to align with UM and allow staff to become more familiar with the region they cover.

4. **PA Member Letter Monitoring Report** monitors compliance with standards for member correspondence for Notice of Action (NOA) letters for service denials including, Prior Authorizations, Concurrent review (in hospital), and Post Service requests. All metrics are expected to meet the 100% compliance target. Opportunities for improvement identified for Denial and Deferral letters. A coaching program is in place for providers and staff. Monitoring will continue.
5. **Additional UMCM Reports** including the CCS report, Inter-rater Reliability Report, SPD Health Risk Assessment, Standing Referral and Specialty Referral reports, TurningPoint, NIA, MedZed and others scheduled for presentation at the QI/UM Committee during Q1.

IV. **Pharmacy quarterly reports** include Pharmacy Operations Metrics, Top Medication Prior Authorization (PA) Requests, Inter-rater Reliability Review Report and Quality Assurance Results which were all reviewed for Quarter 4. All metrics are expected to be within 5% of the standard or goal. All metrics were within 5% of goal this quarter with average turn-around time rate at 96.4%. Prior authorization volumes were stable with no outliers identified.

- a. Inter-rater Reliability & Quality Assurance reports identified Criteria Application to be the main issue in Q4. In five cases, improper Criteria Application likely led to improper approval decisions by pharmacy technician reviewers. A more detailed review and QA on cases in Q4 has been performed and results have been shared with PA management to address this concern.

V. HEDIS® Activity

In Q1, HEDIS® related activities focused on data capture for measurement year 2022 (MY22). Managed Care Medi-Cal health plans will have 15 quality measures that they will be evaluated on for MY2022 and the Minimum Performance Level (MPL) is the 50th percentile. Activities included:

1. Finalized and submitted the 2023 HEDIS® Roadmap by January 31, 2023.
2. MY2022 HEDIS® data gathering from clinics and providers throughout the three-county area with final submission to DHCS and HSAG by June 1st, 2023.
3. Completed Annual HEDIS Audit on 3/8/23.
4. Initial reports in review for compliance with MCAS measures.

Our current improvement projects are:

- Breast Cancer Screening (BCS) PIP (Performance Improvement Project) concluded 12/31/22. Final Report submitted 04/28/23. Awaiting HSAG feedback.
 - Childhood Immunizations (CIS-10)– PIP Immunization birth to 2 years concluded 12/31/22. Final Report submitted 04/21/23. Awaiting HSAG feedback.
 - Well-Child & Childhood Immunization SWOT in progress with three (3) strategies in the implementation phase. Initial report submitted 02/28/23 with DHCS approval.
- **Two New PIP Projects to be initiated in September 2023.**
 - One clinical – **Well-Child Visits in the African American population in Fresno County and**
 - One Non-clinical - **Improve referrals to Community Support programs (Sobering Centers, Day Habilitation programs) within 7 days of visiting emergency department (ED) for members with a SUD/SMH diagnosis and seen in ED for the same diagnoses.**

VI. Findings/Outcomes

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

Item #12

Attachment 12.F

Executive Dashboard



	2022	2022	2022	2022	2022	2022	2022	2022	2022	2022	2023	2023	2023
Month	March	April	May	June	July	August	September	October	November	December	January	February	March
CVH Members													
Fresno	324,116	325,345	326,706	328,315	330,629	331,857	333,152	334,058	335,572	336,359	338,835	349,660	351,313
Kings	34,280	34,457	34,780	34,935	35,216	35,453	35,619	35,804	36,051	36,208	36,388	38,617	38,772
Madera	43,033	43,263	43,528	43,819	44,285	44,542	44,805	44,997	45,377	45,484	45,783	47,115	47,408
Total	401,429	403,065	405,014	407,069	410,130	411,852	413,576	414,859	417,000	418,051	421,006	435,392	437,493
SPD	35,147	35,225	35,420	35,710	35,896	36,079	36,243	36,409	36,589	36,848	38,875	49,002	49,750
CVH Mrkt Share	68.74%	68.66%	68.61%	68.58%	68.41%	68.39%	68.38%	68.34%	68.29%	68.23%	68.10%	67.08%	67.14%
ABC Members													
Fresno	134,230	135,210	136,115	137,062	139,004	139,689	140,370	141,093	142,029	142,820	144,993	157,415	157,746
Kings	22,853	22,985	23,185	23,312	23,622	23,735	23,794	23,857	24,011	24,185	24,323	25,683	25,797
Madera	25,470	25,754	26,023	26,168	26,745	26,935	27,089	27,242	27,552	27,692	27,897	30,593	30,579
Total	182,553	183,949	185,323	186,542	189,371	190,359	191,253	192,192	193,592	194,697	197,213	213,691	214,122
Default													
Fresno	803	762	707	576	566	693	630						
Kings	136	144	186	138	133	159	144						
Madera	106	110	106	82	101	128	90						
County Share of Choice as %													
Fresno	59.80%	58.30%	62.40%	61.80%	65.10%	64.80%	62.60%						
Kings	51.50%	52.70%	57.10%	56.50%	47.90%	58.90%	55.40%						
Madera	56.30%	58.60%	64.00%	69.50%	61.60%	73.30%	72.40%						
Voluntary Disenrollment's													
Fresno	405	464	481	458	389	448	414						
Kings	45	36	60	35	48	46	63						
Madera	50	66	79	53	53	43	60						

IT Communications and Systems			
IT Communications and Systems	Active Presence of an External Vulnerability within Systems	NO	Description: A good status indicator is all potential external vulnerabilities scanned and a very low identification of confirmed and/or potential vulnerabilities.
	Active Presence of Viruses within Systems	NO	Description: A specific type of malware (designed to replicate and spread) intended to run and disable computers and/or computer systems without the users knowledge.
	Active Presence of Failed Required Patches within Systems	NO	Description: A good status indicator is all identified and required patches are successfully being installed.
	Active Presence of Malware within Systems	NO	Description: Software that is intended to damage or disable computers and computer systems.
	Active Presence of Failed Backups within Systems	NO	Description: A good status indicator is all identified and required backups are successfully completed.
	Average Age of Workstations	3 Years	Description: Identifies the average Computer Age of company owned workstations.
Message From The CEO	The Average Age of Workstations became lower because newer workstations were introduced into the IT environment. Older workstations were retired and recycled. For better stability and maintenance, a new Security Information and Event Manager is being assessed.		



CalViva Health
Executive Dashboard

		Year	2021	2022	2022	2022	2022	2023
		Quarter	Q4	Q1	Q2	Q3	Q4	Q1
Member Call Center CalViva Health Website	(Main) Member Call Center	# of Calls Received	26,972	31,993	26,858	26,747	24,875	35,660
		# of Calls Answered	26,570	31,509	26,465	26,495	24,707	35,418
		Abandonment Level (Goal < 5%)	1.50%	1.50%	1.50%	0.90%	0.70%	0.70%
		Service Level (Goal 80%)	92%	95%	94%	88%	96%	94%
	Behavioral Health Member Call Center	# of Calls Received	1,076	1,365	1,511	1,082	602	813
		# of Calls Answered	1,068	1,352	1,490	1,066	596	808
		Abandonment Level (Goal < 5%)	0.70%	1.00%	1.40%	1.50%	1.00%	0.60%
		Service Level (Goal 80%)	90%	89%	88%	86%	92%	91%
	Transportation Call Center	# of Calls Received	7,768	6,737	8,470	8,062	9,278	12,407
		# of Calls Answered	7,628	6,663	8,411	8,014	9,241	12,394
		Abandonment Level (Goal < 5%)	1.30%	0.80%	0.40%	0.50%	0.20%	0.10%
		Service Level (Goal 80%)	61%	75%	85%	85%	88%	94%
	CalViva Health Website	# of Users	22,000	28,000	25,000	32,000	27,000	54,000
Top Page		Main Page	Provider Search	Provider Search	Provider Search	Do You Qualify?	Main Page	
Top Device		Mobile (62%)	Mobile (62%)	Mobile (59%)	Mobile (60%)	Mobile (57%)	Mobile (60%)	
Session Duration		~ 2 minutes	~ 2 minutes	~ 2 minutes	~ 2 minutes	~ 1 minute	~ 2 minutes	
Message from the CEO	Q1 2023 data is available for the Call Center and Website. There was a significant increase in the amount of calls received and answered at the Main Member Call Center and Transportation Call Center from prior quarters. There was a significant increase in visits to the website over the past quarter.							



CalViva Health
Executive Dashboard

Provider Network & Engagement Activities	Year	2022	2022	2022	2022	2023	2023	2023	
	Month	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
	Hospitals	11	11	11	11	10	10	10	
	Clinics	155	156	156	156	154	155	155	
	PCP	390	391	391	386	378	382	386	
	PCP Extender	280	277	284	284	284	305	310	
	Specialist	1332	1324	1335	1284	1194	1277	1291	
	Ancillary	242	241	242	240	240	239	240	
	Year	2021	2021	2022	2022	2022	2022	2023	
	Quarter	Q3	Q4	Q1	Q2	Q3	Q4	Q1	
	Behavioral Health	430	447	472	497	530	472	507	
	Vision	45	43	39	39	25	30	37	
	Urgent Care	13	13	14	10	11	11	12	
	Acupuncture	6	5	5	6	4	4	4	
	Year	2021	2021	2021	2022	2022	2022	2022	
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
	% of PCPs Accepting New Patients - Goal (85%)	96%	95%	95%	95%	95%	92%	97%	
	% Of Specialists Accepting New Patients - Goal (85%)	96%	96%	96%	97%	98%	97%	97%	
	% Of Behavioral Health Providers Accepting New Patients - Goal (85%)	96%	96%	97%	97%	97%	97%	96%	
	Year	2022	2022	2022	2022	2023	2023	2023	
	Month	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
	Providers Touched by Provider Relations	139	79	112	160	282	307	326	
	Provider Trainings by Provider Relations	448	432	549	411	281	219	426	
	Year	2017	2018	2019	2020	2021	2022	2023	
	Total Providers Touched	2,786	2,552	1,932	3,354	1,952	1,530	915	
	Total Trainings Conducted	762	808	1,353	257	3,376	5,754	926	
	Message From the CEO	The Plan is continuing to monitor, assess, and evaluate the provider network impact as a result of the closure which the Plan discussed with the Commission on February 16, 2023.							



CalViva Health
Executive Dashboard

	Year	2021	2021	2021	2022	2022	2022	2022
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Claims Processing	Medical Claims Timeliness (30 days / 45 days) Goal (90% / 95%) - Deficiency Disclosure	99% / 99% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO
	Behavioral Health Claims Timeliness (30 Days / 45 days) Goal (90% / 95%) - Deficiency Disclosure	99% / 99% N/A	99% / 99% N/A	99% / 99% N/A	96% / 99% N/A	98% / 99% N/A	99% / 99% N/A	99% / 99% N/A
	Acupuncture 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	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% / NA NO
	Transportation Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	100% / 100% NO	99% / 99% NO	99% / 99% NO	99% / 99% NO	100% / 100% NO	100% / 100% NO
	PPG 1 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	95% / 99% NO	93% / 99% NO	97% / 99% YES	97% / 99% YES	99% / 100% YES	96% / 99% NO	99% / 100% NO
	PPG 2 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	91% / 100% NO	84% / 93% NO	88% / 95% NO	80% / 95% NO	78% / 87% YES	81% / 89% YES	90% / 94% YES
	PPG 3 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	89% / 99% NO	96% / 99% YES	63% / 99% YES	95% / 99% YES	79% / 95% YES	55% / 89% NO	95% / 100% YES
	PPG 4 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	98% / 100% YES	98% / 100% YES	98% / 99% YES	97% / 100% NO	88 / 100% YES	98% / 100% NO	100% / 100% NO
	PPG 5 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% NO	99% / 99% YES	99% / 100% YES	97% / 97% NO	98% / 100% NO	100% / 100% NO	98% / 100% NO
	PPG 6 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	100% / 100% YES	99% / 100% YES	98% / 100% YES	84% / 89% NO	100% / 100% NO	99% / 100% YES	98% / 100% NO
	PPG 7 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	99% / 100% NO	96% / 100% NO	95% / 100% NO	91% / 96% NO	94% / 100% YES	99% / 99% NO	99%/100% NO
	PPG 8 Claims Timeliness (30 Days / 45 Days) Goal (90% / 95%) - Deficiency Disclosure	93% / 100% NO	98% / 100% NO	73% / 98% NO	89% / 96% NO	99% / 99% NO	99% / 100% NO	100% / 100% NO
	Message from the CEO	Q4 2022 data is available. Management is monitoring PPG 2 and PPG 3 as it pertains to Deficiency Disclosures and non-compliance metric(s). All other areas met goal.						



CalViva Health
Executive Dashboard

	Year	2021	2021	2021	2022	2022	2022	2022	
	Quarter	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Provider Disputes	Medical Provider Disputes Timeliness (45 days) Goal (95%)	99%	99%	99%	99%	98%	97%	96%	
	Behavioral Health Provider Disputes Timeliness (45 days) Goal (95%)	100%	100%	100%	100%	100%	100%	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%	100%	100%	100%	100%	N/A	
	Transportation Provider Dispute Timeliness (45 Days) Goal (95%)	N/A	N/A	100%	N/A	N/A	N/A	N/A	
	PPG 1 Provider Dispute Timeliness (45 Days) Goal (95%)	99%	96%	94%	97%	100%	100%	100%	
	PPG 2 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	100%	100%	100%	100%	
	PPG 3 Provider Dispute Timeliness (45 Days) Goal (95%)	66%	96%	99%	97%	97%	45%	85%	
	PPG 4 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	99%	100%	100%	100%	100%	100%	
	PPG 5 Provider Dispute Timeliness (45 Days) Goal (95%)	99%	97%	100%	97%	97%	86%	98%	
	PPG 6 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	100%	100%	100%	N/A	100%	
	PPG 7 Provider Dispute Timeliness (45 Days) Goal (95%)	98%	79%	39%	91%	43%	96%	98%	
	PPG 8 Provider Dispute Timeliness (45 Days) Goal (95%)	100%	100%	N/A	100%	100%	100%	100%	
	Message from the CEO	Q4 2022 numbers are available. All areas met goal with the exception of PPG 3. Management is working with PPG 3 on improving performance.							