

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission
Meeting Minutes**
May 18, 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, M.D., 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		Lisa Lewis, Ph.D., 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	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
#1 Call to Order	The meeting was called to order at 1:30 pm. A quorum was present.		
#2 Roll Call Cheryl Hurley, Clerk to the Commission	A roll call was taken for the current Commission Members.		<i>A roll call was taken</i>

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<p>#3 Kings County At-Large Commission Seat Appointment</p> <p>Action J. Neves, Co-Chair</p>	<p>The Commission ratified the appointment of Lisa Lewis, Ph.D. for the Kings County BOS appointed At-Large Commission seat.</p>		<p>Motion: Ratified appointment of Kings County BOS appointed At-Large seat 11-0-0-6</p> <p>(Rogers / Naz) A roll call was taken</p>
<p>#4 Chair and Co-Chair Nominations for FY 2024</p> <p>Action J. Neves, Co-Chair</p>	<p>The Commissioners nominated and subsequently re-elected David Hodge, MD as chair and Supervisor Joe Neves as Co-Chair to serve during Fiscal Year 2024.</p>		<p>Motion: Nominate and Approve Chair: 11-0-0-6 (Rogers / Naz)</p> <p>Nominate and Approve Co-Chair: 10-0-1-6 (Rogers / Naz)</p> <p>A roll call was taken</p>
<p>#5 Consent Agenda</p> <ul style="list-style-type: none"> • Commission Minutes dated 3/16/23 • Finance Committee Minutes dated 2/16/23 • QI/UM Committee Minutes dated 2/23/23 • Compliance Report <p>Action J. Neves, Co-Chair</p>	<p>All consent items were presented and accepted as read.</p>		<p>Motion: Consent Agenda was approved.</p> <p>11-0-0-6</p> <p>(Rahn / Cardona)</p> <p>A roll call was taken</p>
<p>#6 Closed Session</p>	<p>Jason Epperson, General Counsel, reported out of closed session. The Commission discussed in closed session the items agendaized for closed session</p>		

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<p>1) Government Code section 54954.5 – Conference Report Involving Trade Secret – Discussion of service, program, or facility.</p> <p>2) Government Code section 54956.9(b) – Conference with Legal Counsel – Anticipated Litigation.</p>	<p>discussion as previously read into the record. Items were discussed, direction was given to staff. In addition, a motion was made by Supervisor Rogers, and seconded by Ms. Fields-Keene to adopt as organization-wide holidays Veterans Day and Martin Luther King Day effective calendar year 2024 and moving forward. The motion was adopted unanimously 11-0-0-6. No other reportable action was taken.</p> <p>Closed Session concluded at 1:51 pm.</p>		
<p>#7 CEO Annual Review Ad-Hoc Committee Selection</p> <p>Action J. Neves, Co-Chair</p>	<p>Commission members selected for the CEO Annual Review ad-hoc committee are Dr. Hodge, Dr. Naz, Mr. John Frye.</p>		<p><i>Action: Committee members were selected.</i></p>
<p>#8 Sub-Committee Members for FY 2024</p> <p>Information J. Neves, Co-Chair</p>	<p>No changes in Commission members were made for FY 2024 to the following committees, as described in BL 23-004:</p> <ul style="list-style-type: none"> • Finance Committee • Quality Improvement/Utilization Management Committee • Credentialing Sub-Committee • Peer Review Sub-Committee • Public Policy Committee 	<p><i>Dr. Naz requested email for information on committees.</i></p>	
<p>#9 Community Support Funding</p> <p>Action J. Nkansah, CEO</p>	<p>The Community Support Grant Recommendations were presented to the Commission with funding at \$3,925,000 for 2023-2024 fiscal year. The ad-hoc committee reviewed the funding recommendations on March 21, 2023, and voted to move to full Commission for approval.</p>	<p><i>Commissioner Bosse raised a question on the CBO list for the two organizations that were selected from Madera, and how the money was distributed</i></p>	<p><i>Motion: Approve Community Funding Grant Recommendations 11 – 0 – 0 – 6 (Rogers / Quintero)</i></p>

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		<p><i>between the three counties. The Plan reached out to all previously funded CBOs and asked that they submit an evaluation report. One of the organizations in Madera did not submit their follow-up report to initiate next steps for further grant funding. There are opportunities through sponsorship as well.</i></p>	
<p>#10 Health Equity Program Description and Work Plan Evaluation</p> <ul style="list-style-type: none"> • 2022 Executive Summary and Annual Evaluation • 2023 Change Summary and Program Description • 2023 Executive Summary and Work Plan Summary <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the Health Equity 2022 Executive Summary and Annual Evaluation; 2023 Change Summary and Program Description; and 2023 Executive Summary and Work Plan.</p> <p>The Work Plan activities were completed in the following areas:</p> <ul style="list-style-type: none"> • Language Assistance Services: 78 staff completed Bilingual assessment/re-assessment; Population Needs Assessment was completed with Quality Improvement (QI) and Health Education (HE); and participation in information technology projects to assist vendor record member gender identity, and preferred pronouns and names. • Compliance Monitoring: Investigated and completed follow up on 53 grievances in 2022 with six (6) interventions; and updated all Health Equity Policies. • Communication, Training and Education: Conducted seven (7) Call Center Training sessions; and 107 providers attended implicit bias training: Strengthening Cultural Humility, Dismantling Implicit Bias in Maternal Health. • Health Literacy, Cultural Competency & Health Equity: Completed review of 29 English materials; conducted annual Heritage/CLAS Month with 3,952 attendees; and collaborated on the intervention implementation for the Breast Cancer Screening & Childhood Immunizations PIPs. <p>The 2023 Program Description changes include:</p>	<p><i>No comments or questions from Commissioners</i></p>	<p>See #11 for Motion</p>

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	<ul style="list-style-type: none"> • Revised the Mission statement to remove “be an industry leader in ensuring health equity for all members and their communities.” • Added the following: <ul style="list-style-type: none"> ○ Improve structural determinants of health equity. ○ Improve neighborhood-level social determinants of health. ○ Improve institutional drivers of health equity. ○ Improve individual & household-level social needs & networks. • Edited and expanded on the Health Equity areas. • Add Armenian as a language to monitor. • Added sex, ethnic group identification, gender identity, medical condition, genetic information, and mental disability or physical disability to cultural competency training. • Edited the frequency of the PNA report from annually to every 3 years. • Edited and updated the Health Equity Department staff. • Included the Chief Health Equity Officer role and responsibilities in this section. • Added CalViva Health Equity Officer as a new role section and included responsibilities. <p>The 2023 Work Plan is consistent with 2022, while incorporating and enhancing the following:</p> <ul style="list-style-type: none"> • Staff assignments updated throughout document. • Consolidated Population Needs Assessment activities into one element. • Consolidated Provider Training activities. • Updated PIP projects and activities for new 2023 PIPs Disparity Project for Childhood Immunizations & Well Child Visits in African American population in Fresno County. • Replaced PDSAs with SWOT analysis project for this year Childhood Immunizations. • Added Disparity Leadership Program (DLP) project to improve food security for Fresno County. <p>The Language Assistance Program Annual Evaluation analyzes and compares language service utilization at the end of each calendar year. A year over year</p>		

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	<p>analysis is also performed. The conclusions from the Language Assistance Program annual report are:</p> <ul style="list-style-type: none"> • Spanish and Hmong continue to be CalViva Threshold Languages. Spanish consistently has the highest volume. • Most interpretation (74%) is done via telephonic interpreters (up from 68% in 2021) • 24% was face-to-face interpretation (down from 28% in 2021) • 2% was Sign language (down from 4% in 2021) • Video Remote Interpreting (VRI) was zero in 2022. <p>Limited English and non-English membership remain high for CVH population and therefore interpreter services are integral to maintaining safe, high-quality care.</p>		
<p>#11 Health Education Program Description and Work Plan Evaluation</p> <ul style="list-style-type: none"> • Executive Summary • 2022 Annual Evaluation • 2023 Change Summary and Program Description • 2023 Work Plan <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the Health Education Executive Summary, the 2022 Annual Evaluation, the 2023 Change Summary and Program Description, and the 2023 Work Plan.</p> <p>Overall, 10 of 15 key Program Initiatives met or exceeded the year-end goals. Five (5) initiatives with seven (7) objectives did not meet goals. Of the seven (7) objectives, four (4) did not meet the year-end goal; two (2) partially met the year-end goal; and 1 met the year-end goal.</p> <p>The 10 initiatives that were fully met are:</p> <ol style="list-style-type: none"> 1. Chronic Disease – Asthma 2. Chronic Disease – Diabetes 3. Fluvention & COVID-19 4. Member Newsletter 5. Behavioral Health 6. Pediatric Education 7. Population Needs Assessment 8. Women’s Health 9. Compliance 10. Department Promotion <p>The five (5) initiatives that did not meet or partially met were:</p>	<p><i>Commissioner Naz questioned a possible Marijuana cessation group.</i></p> <p><i>Commissioner Rahn asked if there is any plan to interface with some of the home visitation programs in regard to the Perinatal project.</i></p>	<p>Motion: Approve the Health Equity 2022 Executive Summary and Annual Evaluation, the 2023 Change Summary and Program Description, the 2023 Executive Summary and Work Plan Summary; and the Health Education Executive Summary, 2022 Annual Evaluation, 2023 Change Summary and Program Description, and 2023 Work Plan</p> <p>10 – 0 – 0 – 7 (Cardona / Rogers)</p> <p>A roll call was taken</p>

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	<ol style="list-style-type: none"> 1. Chronic Disease Education: hypertension 2. Community Engagement 3. Obesity Prevention 4. Perinatal Education 5. Tobacco Cessation <p>The barriers identified are related to low enrollment. Program enrollment will be enhanced through an emphasis on promotion in the CalViva Member newsletter and email campaigns. For Tobacco Cessation a data exchange program will be explored to improve outreach efforts and a nicotine replacement kit program will also be evaluated.</p> <p>Changes to the 2023 Program Description include:</p> <ol style="list-style-type: none"> 1. Removed references to IHEBA/SHA throughout the document. 2. Deleted Fit Families for Life and Healthy Habits for Healthy People Community Classes description from the Weight Management Programs section. 3. Added: Member Services phone number to the Nurse Advise Line section. Changed title description from myStrength Program to Behavioral Health Education. 4. Added information about Adverse Childhood Experiences (ACEs) education and resources. 5. Added information about MMCD Policy Letter 16-005 Member incentive programs to promote positive health behaviors. 6. Added "and available online" to Member Newsletter section. 7. Added information on MMCD Policy Letter 16-005 Member Incentive Programs. CalViva follows guidance from DHCS Texting Program and Campaign Submission Form and Plan's Texting Policy to develop, administer and evaluate texting campaigns". Edited/revised the paragraph. 8. Rearranged Education standards. Deleted Nutrition & Exercise. 9. Other minor edits throughout the document such as updated titles, acronyms, and minor deletions. <p>The 2022 Work Plan initiatives will continue into 2023 with the following enhancements:</p>		

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	<ol style="list-style-type: none"> 1. Conduct patient-level evaluation once the Asthma In-Home program ends in July 2023. 2. Vet and onboard new vendor for the Diabetes Prevention Program. 3. Collaborate with community partners to address health disparities in breast cancer screening rates in Fresno, Kings, or Madera County. <p><i>Supervisor Rogers stepped out at 2:01 pm; returned at 2:09 pm Dr. Naz left the meeting at 2:17 pm; not included in motion</i></p>		
<p>#12 Standing Reports</p> <ul style="list-style-type: none"> • Finance Reports Daniel Maychen, CFO 	<p>Finance</p> <p><u>Financials as of March 31, 2023:</u></p> <p>Total current assets recorded were approximately \$331.1M; total current liabilities were approximately \$204.3M. Current ratio is approximately 1.62.</p> <p>Total equity was approximately \$136.9M which is approximately 793% above the minimum DMHC required TNE amount.</p> <p>Interest income actual recorded was approximately \$3.6M which is approximately \$3.3M 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 \$1B which is approximately \$122.4M 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 \$862.9M which is approximately \$117.7M more than budgeted due to rates and enrollment being higher than projected. Admin service agreement fees expense actual recorded was approximately \$41.6M, which is approximately \$2.8M more than budgeted due to higher than budgeted enrollment. Dues and Subscriptions expense actual recorded was approximately \$207K which is approximately \$53K more than budgeted due to the Local Health Plans of California (LHPC) one-time additional assessment related to their work in renewing the MCO tax and allocating dollars to reinvest back into Medi-Cal as opposed to the State general fund. All other expense line items are below or close to what was budgeted.</p>	<p><i>No questions or comments from Commissioners for Finance Reports.</i></p>	<p>Motion: Standing Reports Approved</p> <p>9 – 0 – 0 – 8 <i>(Rogers / Boss)</i></p> <p><i>A roll call was taken</i></p>

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	<p>Net income recorded was approximately \$8.9M, which is approximately \$5.9M more than budgeted primarily due to Interest income being approximately \$3.3M higher, and rates and enrollment being higher than budgeted.</p> <p><u>FY 2024 Proposed Budget:</u> On March 16, 2023, the FY 2024 budget was reviewed and approved by the Finance Committee to move to Commission for recommendation of full review and approval.</p> <p>Projected enrollment for FY 2024 is anticipated to gradually decline due to the disenrollment process that began April 2023. During April 2023, counties are going to focus on auto ex-parte renewals, which are renewals for members that can be automatically renewed as counties leverage state, local and federal databases to verify pertinent information, i.e., IRS, FTB, etc. This accounts for approximately 25-30% of renewals. In May 2023, anything that falls out of that process will fall under the normal process of sending out the renewal packets. Late June 2023, the State will process disenrollments for true disenrollments. The plan will begin to see members fall off in July 2023. This disenrollment process will go through June 30, 2024, and will be based off the member's eligibility month. The gradual decline in enrollment takes into account any members that may shift to Kaiser, as Kaiser moves into the Plan's service area beginning January 2024 based off their contract with DHCS. It also takes into account any new members that may come into the Plan as a result of the undocumented immigrants ages 26-49 moving into Medi-Cal managed care January 2024. The enrollment projection also considers any members the Plan may gain or lose as a part of the Dual Special Needs Program (D-SNP) going live 2024.</p> <p>Medical revenue is projected to be approximately \$1.26B which is approximately \$110.8M more than budgeted primarily due to an increase in rates and a slight increase in enrollment in comparison to FY 2023's budget.</p> <p>Interest income is projected to be \$3.6M which is approximately a \$3.3M more than budgeted in FY 2023 due to the increase in rates on the money market funds.</p>		

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	<p>Medical Cost expense is projected to be approximately \$1.13B which is approximately \$133.6M more than budgeted in FY 2023 due to rates being higher and a slight increase in enrollment.</p> <p>Salary, wages, and benefits expense is projected to be approximately \$4.5M which is approximately a \$955K increase primarily due to hiring additional staff such as the Health Equity Officer, as required per DHCS 2024 contract. Furthermore, projecting to hire additional staff to account for new programs moving in to Medi-Cal management care such as D-SNP, NCQA accreditation, and long-term care to name a few.</p> <p>Consulting expense is projected to be \$400K which is \$100K more than budgeted in FY 2023 due to ramping up efforts to being NCQA accredited.</p> <p>Grants expense is projected to be approximately \$3.9M which is \$640K less than budgeted in FY 2023 due to certain short-term or start-up funding requested by community-based organizations which have been fully funded.</p> <p>Insurance expense is projected to be approximately \$404K which is approximately \$207K more than budgeted in FY 2023 due to adding a cyber insurance policy in addition to increasing insurance premiums.</p> <p>License expense is projected to be approximately \$1.4M which is about \$224K more than budgeted in comparison to FY 2023 due to the license fee being based off enrollment as of March each year. The Plan's enrollment as of March 2023 is higher than March 2022.</p> <p>Recruitment expense is projected to be approximately \$112K which is approximately \$76K more than budgeted in FY 2023 due to the use of recruiting agencies to identify qualified candidates for the positions mentioned in the Salary & Wage category.</p> <p>MCO taxes were projected to be \$66.5M which was based off the State's initial budget in January, noting that the State communicated the use of the prior MCO tax structure which ended December 2022. In that previous MCO tax structure, it</p>		

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<ul style="list-style-type: none"> • Medical Management P. Marabella, MD, CMO 	<p>had a lower tax rate in the beginning then escalates up as the years go by, which explains the \$25M decrease in comparison to FY 2023. Governor Newsom has since presented the May revised State budget and included in that revised budget was a revised MCO tax proposal noting that they are looking to substantially increase the MCO taxes. Based on the new proposal, the MCO tax would almost quadruple, which would increase the Plan’s budgeted MCO taxes to \$500M compared to the \$66.5M originally budgeted. The State is looking to make this retroactive to April 2023, which is nine months earlier than originally projected. The reason behind the substantial increase is due to the State facing a \$31.5B budget deficit. The Federal government has also communicated to DHCS they are looking to tighten the rules around the MCO tax program which would essentially decrease it. The new revised MCO tax proposal must pass the California state legislature by June 15, 2023. By June 30, 2023, the State must send the revised proposal to CMS for approval. If passed as proposed, the budget may need revision. Ongoing monitoring is taking place.</p> <p>Capital Expenditure budget is \$400K which is \$150K more than budgeted for FY 2023 primarily due to upcoming vacancy in the building and budgeting for any improvements requested by new tenant(s).</p> <p>Net Income is projected to be approximately \$8.8M which is approximately a \$4.2M increase in comparison to FY 2023 primarily due to interest income increasing by approximately \$3.3M, and rates increasing.</p> <p>Medical Management</p> <p><u>Appeals and Grievances Dashboard</u></p> <p>Dr. Marabella presented the Appeals & Grievances Dashboard through April 2023 beginning with an explanation regarding how staff obtain data or information from Members and providers via phone, fax, email or online and how it’s rolled up into the dashboard and other narrative reports. Each grievance submitted by or for a Member is categorized according to standardized criteria and is reflected in the appropriate area on the monthly dashboard. The last tab in each Excel file includes a list or log identifying each member who submitted a grievance that</p>	<p><i>No questions or comments from Commissioners for Appeals & Grievances Dashboard.</i></p>	

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	<p>month with their demographic information, assigned provider, county, language spoken, the specifics of their grievance and how it was resolved. This represents hundreds of lines in the log when all grievance types are compiled but each one is reflected on the dashboard to allow for the identification of trends over time and opportunities for improvement. In addition, Dr. Marabella stated that comments and questions from Commissioners are encouraged.</p> <ul style="list-style-type: none"> • Grievances received overall for Q1 2023 increased when compared to the previous year. • Quality of Service Grievances increased when compared to the previous two months. The “Other” and “Transportation – Access” categories have both increased when compared to the previous year. • Quality of Care Grievances remained consistent and most related to delay in PCP care. • Exempt Grievances had a significant decrease when compared to the previous year. “Transportation-No Show” showed improvement. However, it appears this grievance type may have shifted from Exempt over to QOS rather than truly declining. • Appeals for Q1 2023 remained consistent with previous quarters. “Advanced Imaging” has improved (decreased). <p><u>Key Indicator Report</u></p> <p>Dr. Marabella presented the Key Indicator Report (KIR) through Q1 2023.</p> <p>A summary was shared that provided the most recent data for Membership, Admissions, Bed Days, Average Length of Stay, and Readmissions through March 31, 2023, which demonstrates that rates have remained steady when compared to the previous year. Membership has begun to level off and is expected to decline as redeterminations begin. Utilization remained steady through quarter 1.</p> <p>Turn-around times are at 100% compliance with standards this reporting month, except for routine deferrals. The issue associated with this failure has been</p>	<p><i>No questions or comments from Commissioner for the Key Indicator Report.</i></p>	

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	<p>addressed and follow up completed. Case Management results have shown increased referrals and demonstrate positive outcomes.</p> <p><u>QI & UMCM Quarterly Report – Q1 2023</u></p> <p>Dr. Marabella provided the QI & UMCM Q1 2023 update. Two QI/UMCM meetings were held in Quarter 1: one on February 23, 2023, and one on March 16, 2023.</p> <p>The following guiding documents were approved at these meetings:</p> <ol style="list-style-type: none"> 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 <p>In addition, the following general documents were approved at these meetings:</p> <ol style="list-style-type: none"> 1. Pharmacy Provider Updates 2. Medical Policies <p>The following Quality Improvement Reports were reviewed: Appeals and Grievances Dashboard, Potential Quality Issues (PQI) & Provider Preventable Conditions (PPC) Reporting, the MHN Performance Indicator Report for Behavioral Health Services, and the Blood Lead Screening Report. Additional Quality Improvement reports were also reviewed as scheduled during Q1.</p> <p>The Utilization Management & Case Management reports reviewed were the Key Indicator Report, Inter-rater Reliability Results for Physicians and Non-Physicians, Case Management and CCM Report, the PA Member Letter Monitoring Report, and other reports scheduled during Q1.</p>	<p><i>No questions or comments from Commissioner for the Quarterly QI & UMCM Report.</i></p>	

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	<p>Pharmacy quarterly reports included Pharmacy Operations Metrics, Top Medication Prior Authorization (PA) Requests, Inter-rater Reliability Review Report and Quality Assurance Results.</p> <p>HEDIS® Activity:</p> <p>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.</p> <p>Activities included:</p> <ol style="list-style-type: none"> 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 are in review for evaluation of compliance with MCAS measures. <p>Current improvement projects are:</p> <ol style="list-style-type: none"> 1. Breast Cancer Screening (BCS) PIP (Performance Improvement Project) concluded 12/31/22. Final Report submitted 04/28/23. Awaiting HSAG feedback. 2. Childhood Immunizations (CIS-10)– PIP Immunization birth to 2 years concluded 12/31/22. Final Report submitted 04/21/23. Awaiting HSAG feedback. 3. Well-Child & Childhood Immunization SWOT in progress with three (3) strategies in the implementation phase. Initial report submitted 02/28/23 with DHCS approval. <p>Two New PIP Projects to be initiated in September 2023.</p> <ol style="list-style-type: none"> 1. One clinical – Well-Child Visits in the African American population in Fresno County and 		

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<ul style="list-style-type: none"> Executive Report J. Nkansah, CEO 	<p>2. One Non-clinical - Improve referrals to Community Supports programs (Sobering Centers, Day Habilitation programs) within 7 days of visiting an emergency department (ED) for members with a Substance Use Disorder (SUD)/Serious Mental Health (SMH) diagnosis and seen in ED for the same diagnosis.</p> <p>No significant compliance issues have been identified. Oversight and monitoring processes will continue.</p> <p>Executive Report</p> <p>Enrollment through March 31, 2023, continues to increase as a result of the public health emergency (PHE); total enrollment is currently at 437,493. CVH Market Share % for February and March has improved. DHCS has not provided a replacement report to address the discontinued reports which provided data to MCPs around Default, Share of Choice %, and Voluntary Disenrollments.</p> <p>There are no significant issues or concerns to report as it pertains to IT Communications and Systems. Workstation and spam filter upgrades are currently in process. The Plan is assessing a new security information and event manager for better stability and maintenance.</p> <p>In reference to the Call Center and Website activities, there has been an increase in users calling into the Member and Transportation Call Centers, as well as an increase in users visiting the CVH website. No other significant issues or concerns. Q1 2023 numbers are available.</p> <p>No significant issues or updates for Provider Network and Engagement Activities.</p> <p>For Claims Processing and Provider Disputes, Q4 2022 numbers are now available. Management is working with Administrator regarding performance for PPG 2 and PPG 3. All other areas met goal.</p>	<p><i>Commissioner Cardona inquired about the number of members transitioning to Kaiser. CFO Daniel Maychen responded and reported the Plan completed an analysis and for FY 2024 estimates approximately 5,000 may be enrolled in Kaiser but will not all occur in one month. Kaiser membership would increase month by month.</i></p> <p><i>CEO Jeff Nkansah responded in Fresno, Kings, and Madera Counties, Kaiser currently does not have an existing Medi-Cal presence so the transition of Medi-Cal members to Kaiser will look different in Fresno, Kings, and Madera Counties than other Counties where Kaiser has</i></p>	

Commission Meeting Minutes

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<p>With regard to Madera Community Hospital, the Plan continues to monitor activity related to MCH. The Plan reviewed claims utilization at the alternative hospitals for Claims year 2022, as well as our current claims experience for Q1 2023. A majority of the claims experience for 2022 at MCH, many of these services were provided in 2022 at Fresno Hospitals. In 2023, as expected, the Plan sees no claims experience at MCH, and all services have been redirected to the alternative hospitals, primarily Fresno County hospitals. While membership is being redirected to Fresno County hospitals, it is dispersed among them, and not heavily redirected to one over the others in a trend that is significantly different than the previous years' experience.</p> <p style="text-align: center;"><i>Kerry Hydash left meeting @ 2:45 pm</i></p>	<p><i>an active Medi-Cal presence.</i></p> <p><i>No questions or comments from Commissioners regarding MCH.</i></p>	
#13 Final Comments from Commission Members and Staff	Supervisor Quintero thanked the staff at CVH for the work put into the FKM RHA Commission meetings.		
#14 Announcements	None.		
#15 Public Comment	None.		
#16 Adjourn	<p>The meeting was adjourned at 3:01 pm.</p> <p>The next Commission meeting is scheduled for July 20, 2023, in Fresno County.</p>		

Submitted this Day: July 20, 2023

Submitted by: Cheryl Hurley
 Cheryl Hurley
 Clerk to the Commission