Fresno-Kings-Madera
Regional Health Authority

CalViva Health
Commission
Meeting Minutes
September 28, 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.		*A roll call was taken*

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#3 Consent Agenda • *Commission Minutes dated 7/20/23* • *Finance Committee Minutes dated 5/18/23* • *QI/UM Committee Minutes dated 5/18/23* • *Compliance Report* Action D. Hodge, MD, Chair	All consent items were presented and accepted as read.		***Motion:** Consent Agenda was approved.* *11 – 0 – 0 – 6* *(Neves / Fields-Keene)* *A roll call was taken*
4. Closed Session: **A. Conference with Legal Counsel-Existing Litigation** Name of Case: Case #21CV381776	Jason Epperson, General Counsel, reported out of closed session. The item agendized for closed session discussion was discussed by the Board and direction was given to staff. No reportable actions taken. There was no other reportable action and the Commission adjourned Closed Session at 1:34 pm.		
#5 Provider Network Plan Information J. Nkansah, CEO	A historical summary of the Provider Network Plan was reported to the Commission. The Health Authority has entered a contractual arrangement with Health Net Community Solutions ("Health Net") to have a Capitated Provider Services Agreement. Through that agreement it allowed the Health Authority to have a Provider Network that would allow the Health Authority to meet the Medi-Cal Managed Care standards by allowing Health Net to contract with all Provider types needed (e.g., professional, organizational, etc.) to be compliant with the Medi-Cal contractual requirements. DHCS in 2010 had a concern and requested that the Health Authority maintain some direct contracts; that led to the Health Authority establishing three (3) direct contracts with FQHCs but the Health Authority's Provider Contract templates used was based off the Health Net Provider Contract templates. Moving forward into the 2024 DHCS Contract and	*Commissioner Sara Bosse asked how CalAim has impacted this agreement, specifically on the population health management. Does the contract allow the Plan the ability to access Health Net's data in a way to have them at the table when need be?* *Jeff Nkansah responded, the Capitated Provider Services*	***Motion:** Approve the Provider Network Plan; and adopt Health Net's Provider Contract Templates* *11 – 0 – 0 – 6* *(Frye / Neves)* *A roll call was taken*

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	taking into consideration planning for the NCQA accreditation, the Commission is to discuss and make sure there is an all-in agreement with the Provider Network Plan as it stands today and to make sure that a review and adoption of Health Net's Provider Contract templates are approved for use for the Health Authority's business. Historically from 2011 (the Health Authority began operations March 1, 2011) to present day, the Health Authority has continued to receive Provider Contract templates from Health Net as part of the Health Authority's compliance program oversight activities. The request of the Commission today is to make sure they have reviewed and approved the Provider Network Plan, and it is still the Board's approval for the Health Authority to continue reviewing and adopting Health Net's Provider Contract templates for use in contracting Providers in the Health Authority's service area. *Lisa Lewis, Ph.D. arrived at 1:36 pm – not included in vote*	*Agreement is from the contracting perspective, but there is also an Administrative Services Agreement (ASA) which is a separate agreement with Health Net. This agreement provides the mechanism for the Plan to request data we want to collect, oversight processes, etc. From an ECM/CS contracting perspective the Health Authority is using HN's Provider contract templates to enter into Provider agreements with ECM Providers and CS Providers. This is done through the Capitated Provider Services Agreement. For the oversight component of what the Health Authority has over the ECM/CS program it would be under the Health Authority's ASA with Health Net.* *Dr. Marabella responded, as a requirement of the ASA the Plan is required to have access to the data on request. A detailed report is provided to the Health Authority.* *Commissioner Bosse stated one of the biggest problems Madera County is having is obtaining data to understand what is happening with members.*	

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		Dr. Marabella suggested having a dialogue with stating what type of information is being asked for. *Commissioner John Frye asked if there are any concerns with moving forward with the current Provider Network Plan.* *Jeff Nkansah responded to Commissioner Frye and stated there are no concerns.*	
#6 2023 QI Work Plan Mid-Year Evaluation • Executive Summary • Work Plan Evaluation **Action** P. Marabella, MD, CMO	Dr. Marabella presented the 2021 Quality Improvement Mid-Year Evaluation. Planned activities, and their status (must be >75% complete to be "on track"), and Quality Improvement focus for 2023 consists of: • Behavioral Health: improve follow-up care for members after ED visit for substance use/mental health issue. This is on-track. • Chronic Conditions: Improve asthma medication ratio, improve management of blood pressure, and improve management of diabetes. Blood pressure and diabetes are both on-track. Asthma medication ratio is off-track. • Maternal/Women's Health: Improve prenatal/postpartum care. This is off-track. • Member Engagement & Experience: Increase compliance with Initial Health Appointment (IHA) within 120 days and Improve member satisfaction. This is on-track. • Hospital Quality and Patient Safety: Monitor hospital quality and safety. This is on-track. • Pediatric: Improve infant well-child visits and pediatric SWOT. Pediatric SWOT is on track; well child visits is off-track. • Preventive Health: Improve cancer screening and improve childhood blood lead screening. This is on-track.	*Commissioner Rose Mary Rahn asked what the Pregnancy Program entails?* *Dr. Marabella responded, it is telephonic high risk perinatal care program.*	***Motion**: See item #8 for motion.*

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	• Provider Engagement: Evaluating data to generate excellence (Quality EDGE) by supporting Providers to overcome barriers to improving performance. This is on-track. At mid-year, 87% of activities were complete and ten (10) activities are on-track, three (3) are off-track, and one (1) is n/a as this is the baseline year. All "off track" items and those planned for July to December are expected to be completed by the end of the year. The HEDIS default measures and results are: Childhood Immunizations: Madera County above MPL of 34.79%. Fresno and Kings counties fell below. Controlling High Blood Pressure: All three counties exceeded the MPL. Timeliness of Prenatal Care: All three counties exceeded the MPL. Comprehensive Diabetes Care – HbA1c: All three counties exceeded the MPL. Cervical Cancer Screening: Kings and Madera Counties exceeded the MPL of 57.64%. Fresno County fell slightly below at 57.08%.		
#7 2023 UMCM Work Plan Mid-Year Evaluation • Executive Summary • Work Plan Evaluation **Action** P. Marabella, MD, CMO	Dr. Marabella presented the 2023 Utilization Management Case Management Work Plan Mid-Year Evaluation. The focus on activities for 2023 consist of: • Compliance with regulatory and accreditation requirements. • Monitoring the UM process. • Monitoring Utilization metrics. • Monitoring coordination with other programs and vendor oversight. • Monitoring activities for special populations. Utilization Management processes have remained consistent. Case Management and Disease Management continue to monitor the effectiveness of programs to better serve the Plan's members. Key Metrics are:		***Motion:*** *See item #8 for motion.*

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	• Turn around time for processing authorizations from January – June was 99.6% • Turn around time for appeals from January – June was 100% • Bed Days, acute admits, average length of stay, and readmits within 30 days were all lower in the first 6 months of 2023 when compared to goals and 2022. All activities are reported as on track for UMCM at the Mid-Year except activities related to PPG Profile performance and monitoring are listed as too soon to tell due to one PPG falling below turn-around time targets in the first quarter. On-target activities for the mid-year evaluation consist of: • Compliance with licensure and periodic audits. • Review, revision and updates to Program Descriptions, Work Plans, and Policies annually. • Creation of new Population Health documents for NCQA accreditation preparation. • Long-term care (LTC) specialist social worker based in Fresno was onboarded in 2023 to support the LTC transition. • Health Information forms (HIF) completed or outreached January to June was 3,751 with 541 members referred to Case Management. • 2,529 members managed through Q2 in physical, behavioral, and transitional case management. • 565 members managed in high-risk pregnancy program through Q2. • 419 members managed in behavioral health CM through Q2.		
#8 Population Health Management Strategy Description **Action** P. Marabella, MD, CMO	Dr. Marabella presented the Population Health Management (PHM) Strategy Program Description. The PHM Program is designed to ensure that all members have access to a comprehensive set of services based on their needs and preferences across the continuum of care, which leads to longer, healthier, and happier lives, improved outcomes, and health equity.	*Commissioner John Frye asked if this applies to every beneficiary? And how many beneficiaries does the Plan have? Is there a starting point?* *Dr. Marabella confirmed this applies to all*	***Motion:** Approve the 2023 QI Work Plan Mid-Year Evaluation Executive Summary and Work Plan Evaluation; the 2023 UMCM Work Plan Mid-Year Evaluation Executive Summary and Work Plan Evaluation; and the*

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	PHM is the framework to achieve health and wellness for all, free from barriers, using the Health Equity (HE) Improvement Model to identify and design community-anchored interventions. PHM Data Activities include: • Gathering member information; risk stratification; providing services and supports. • Population Needs Assessment inclusive of inputs from CBOs, local jurisdictions, schools, higher education, hospitals, and managed care plans (MCPs). Core aspects of the PHM program areas include: • Basic Population Health: o Access, Utilization, and Engagement with Primary Care o Care Coordination, Navigation, and Referrals Across All Health and Social Services, Including Community Supports o Information Sharing and Referral Support Infrastructure o Integration of Community Health Workers (CHWs) in PHM o Wellness and Prevention Programs o Programs Addressing Chronic Disease o Programs to Address Maternal Health Outcomes o Population Health Management for Children under 21 years • Risk Stratification, Segmentation & Tiering (RSST): o Algorithms include clinical and sociodemographic variables, bias testing, and UM data to stratify the entire population. o Classify into Risk level. Low, medium, or high. o Case Management Level: 1-5 • Care Management Enhancements: o Complex Care Management (CCM) o Enhanced Care Management (ECM) o Transitional Care Services (TCS); defined as when a member transitions from one level of care or setting to another. o Under PHM and in line with CalAIM, the Plan is accountable for enhancing TCS beginning on 1/1/23, and fully implementing for all	*beneficiaries. The Plan has approximately 440,000 beneficiaries. The risk stratification begins with the initial health appointment.* *Commissioner Sara Bosse asked how is the Plan accessing Community Health Workers (CHWs)?* *Mary Lourdes Leone, CCO, responded there are organizations that have CHWs and Health Net contracts with the larger groups in order to provide CHW services to our members.* *Commissioner Sara Bosse asked if the Plan's Population Needs Assessment (PNA) is the same type of Needs Assessment that is done by Public Health, and the hospitals? Commissioner Bosse stated Public Health is already working with the hospitals on the PNA and they had their first meeting. She asked if the Plan would be joining in*	*Population Health Management Strategy Description.* *12 – 0 – 0 – 5* *(Luchini / Naz)* *A roll call was taken*

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	members by 1/1/24, across all settings and delivery systems, ensuring members are supported from discharge planning until they have been successfully connected to all needed services and supports. The Plan sent in the PHM monitoring plan to DHCS on 8/15/23. DHCS will be monitoring implementation of the PHM program in 2023 which includes: • Specific populations such as, Children and Youth, Birthing Populations, and Individuals with Behavioral Health Needs. • Monitoring equity across all monitoring domains and categories. • Conduct routine engagement with MCPs throughout each year on MCPs' PHM programs to ensure regular, bidirectional communication on implementation challenges and successes. The Plan's integrated approach consists of all stages of life with a focus on equity.	*with the Public Health Department or doing their own?* *Amy Schneider, RN, responded the Plan is now required to join in with Public Health on the PNA and not complete a separate PNA by the Plan.* *Dr. Marabella added there is a PNA team from HN that should be connected with the hospitals and Public Health to develop the next PNA which is now done every three years instead of annually.* *Commissioner John Frye asked if the PNA is for every potential patient in California? Or is it limited by the type of coverage a person has?* *Dr. Marabella stated this is for Medi-Cal only; required by DHCS.* *Commissioner David Luchini asked if on the Risk Stratification, the 4s and 5s are the highest risk?*	

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		And is it geographical for the highest risk? Commissioner Luchini would also like to look at the algorithm if the Plan receives a copy. *Dr. Marabella confirmed, yes, 4s and 5s are the highest risk. He also confirmed that geographical areas by zip-code or other designation are reviewed to identify areas of highest risks. It was also pointed out that while the complete algorithms are not included, the types of data utilized for the risk stratification and their sources are outlined within the PHM Strategy Program Description and its appendix provided in today's meeting materials.*	
# Standing Reports • **Finance Reports** Daniel Maychen, CFO	**Finance** <u>Financials Fiscal Year End Jun 30, 2023:</u> Financials are currently being audited by Moss Adams and are in the final stages of the audit. To date there have been no audit adjustments or findings. Moss Adams will be onsite for the October Commission meeting to present the audited FY 2023 Financials.		***Motion:*** *Standing Reports Approved*

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	Total current assets recorded were approximately $301.3M; total current liabilities were approximately $170M. Current ratio is approximately 1.77. Total net equity was approximately $141.3, which is approximately 819% above the minimum DMHC required TNE amount. As stated in the previous meeting, as part of the 2024 contract, DHCS was looking to require Plans to have two months of average monthly contract revenues in reserves. For CVH that is approximately $278M; from the current financials the Plan is at $141M and would be substantially short of the proposed required minimum reserve requirement by DHCS. Plans have provided feedback to the State expressing concern that this is not feasible. DHCS has taken concerns into consideration and has adjusted it down to one month of average monthly contract revenues for the reserve requirement. In addition, because DHCS pays the Plan one month late, they stated this would satisfy the one-month average monthly contract revenue requirement. From DHCS' perspective they believe that one-month average contract revenue is their standard reserve requirement. For the Plan, $139M is approximately the current monthly average contract revenue requirement and the Plan's current TNE is approximately $141M which puts the Plan just above the minimum reserve requirement from DHCS. Interest income actual recorded was approximately $5.4M which is approximately $5M 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 $1.3B which is approximately $134.9 more than budgeted primarily due to rates and enrollment being higher than projected. Total cost of medical care expense actual recorded is approximately $1.12B which is approximately $128.1M more than budgeted due to rates and enrollment being higher than projected. Admin service agreement fees expense actual recorded was approximately $56.2, which is approximately $4.9M more than budgeted due to higher than budgeted enrollment. Dues and Subscriptions expense actual recorded was approximately $259K which is approximately $53.7K 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		

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	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. Net income recorded for Fiscal Year 2023 was approximately $13.4, which is approximately $8.7M more than projected primarily due to interest income being approximately $5M higher than projected, and enrollment and rates being higher than projected.		
• **Medical Management** P. Marabella, MD, CMO	**Medical Management** <u>Appeals and Grievances Dashboard</u> Dr. Marabella presented the Appeals & Grievances Dashboard through Q2 2023. Grievances received through Q2 2023 have significantly increased when compared to the total for 2022 calendar year. 1. The majority of grievances are Quality of Service; high volume categories were Administrative, Other, and Transportation. 2. Quality of Care Grievances remained consistent, and most were related to Delay in PCP care, and PCP delay. 3. Exempt Grievances remained consistent with recent months. "Transportation-No Show" showed improvement. Claims Complaint has increased related to Balanced Billing issues. Actions are underway to address these issues. 4. Appeals remain consistent. Advanced Imaging and Cardiology have improved.	*Commissioner Sara Bosse requested additional information regarding transportation.* *Dr. Marabella explained that the Plan has a vendor agency that subcontracts with several different entities that provide the transportation, including Uber and Lyft, depending on what kind of service is needed. Demand continues to be high, and Providers can become overwhelmed and appointments are missed. When a trend is noted for a particular transportation provider, they are put on a corrective action plan (CAP) and their volume of trips may*	

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		be reduced. Once improvement is noted the CAP is closed and volumes return. It is challenging to find the correct balance that maximizes volumes per transportation provider but does not exceed the level at which they are able to provide high quality service. *The vendor has been instructed to assign high priority transportation such as dialysis or chemo/radiation therapy appointments only to high performing transportation providers. An app is now available for CVH members so that they can connect with the driver similar to Uber and Lyft, so they can see where the driver is located on a map and call them on the phone if needed. It is anticipated this will reduce missed connections.* *Amy Schneider, RN, responded also that the vast majority of trips are completed, and the members are satisfied. When looking at the 35,000 trips and the numbers listed in the report of 10 missed appointments it is really very low. However, we do strive to bring this to zero since every appointment is important.*	

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	Key Indicator Report Dr. Marabella presented the Key Indicator Report (KIR) through Q2 2023. A summary was shared that provided the most recent data for Membership, Admissions, Bed Days, Average Length of Stay, and Readmissions through Q2, 2023, which demonstrates that most rates have decreased. • Membership shows an increase for Expansion population, slight decrease for TANF, and an increase in the SPD population of approximately 12,500 members. • For Acute Admissions (adjusted PTMPY), the Expansion population had an increase and then slight decrease in the first 6 months of 2023 and is decreased compared to 2022. TANF slightly decreased compared to 2022, and SPD decreased compared to 2022. • Bed Days (adjusted PTMPY) decreased for all three populations. • Acute Length of Stay (adjusted PTMPY) decreased slightly for Expansion and SPD populations and remained the same for TANF population. • Readmits within 30 days (adjusted PTMPY) decreased slightly for Expansion and SPD populations and increased slightly for TANF. • ER Visits (adjusted PTMPY) are lower for Expansion and SPD populations through Q2 and slightly increased for TANF. Case Management (CM) results have fluctuated within the various programs; Perinatal CM remained consistent with good engagement rates, Integrated Case Management spiked in March and April and has since come back down with referrals, Transitional Case Management (Transitions of Care) has significantly increased with recent modifications to the program, Palliative Care, and Behavioral Health CM remained stable.	*Commissioner Sara Bosse asked about the significant decrease in ER visits for June 2023, why? Also, is the Plan tracking any key indicators for Madera County specifically to see if there's a shift because of the hospital closure.* *Dr. Marabella responded there is a 90-day claims lag for the ED; therefore, June numbers are incomplete. Dr. Marabella responded to the question regarding Madera County and stated the Key Indicator Report can be sorted by county and several other factors; however, that has not been done in this report as it's reported to the Commission for CVH as a whole.* *Commissioner Dr. Naz suggested sorting by zip codes because there are certain zip codes that are most affected by the hospital closure.* *Dr. Marabella stated the data is based on authorizations for care, it doesn't tell destination for care.* *Commissioner Sara Bosse stated they want to see*	

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		trends for the hospital; what's the health impact of the Madera hospital closure. No clear data has been provided thus far. *Dr. Marabella stated the Plan will see about providing some useful information.* *Commissioner John Frye asked about Behavioral Health and if there's a target or specific number the Plan should hit, as what's stated is low.* *Dr. Marabella clarified that the numbers presented on the KIR are only Behavioral Health case management and they do not include other types of behavioral health visits. Dr. Marabella and Amy Schneider will be meeting with the leader of the MHN organization, a subsidiary of Health Net and our mental health provider for mild to moderate issues, later in September to identify additional reporting opportunities and establish a regular meeting schedule. The utilization rate for what they track is approximately 3% of our overall membership or 10,000 to 12,000 members per month. The number of*	

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	Credentialing Sub-Committee Quarterly Report The Credentialing Sub-Committee met on July 20, 2023. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering Q1 2023 were reviewed for delegated entities, and Q2 2023 for Health Net and MHN. Credentialing Adverse Actions for Q2 for CalViva from Health Net Credentialing Committee was presented. There were no cases for April 2023, one (1) case in May and three (3) cases presented in June 2023. Outcomes include in two (2) cases the provider was placed on annual monitoring for compliance with the Board's orders; one (1) case the provider was placed on semi-annual monitoring for compliance with the Medical Board's order; one case was pended awaiting the Medical Board's decision and actions. The 2023 Adverse Events Report is a new report for the Credentialing Sub-Committee this year. This report provides a summary review of ongoing monitoring for potential quality issues and Credentialing Adverse Action cases during the reporting period. There were two (2) cases identified for Q2 2023 with adverse outcomes associated with a contracted practitioner. One (1) case was placed on annual monitoring and one case remained open for Board decision. There were no incidents or patterns of non-compliance resulting in substantial harm to a member or members as a result of access to care issues in Q2. There were no (0) cases identified outside of the ongoing monitoring process in which an adverse injury occurred during a procedure by a contracted practitioner in Q2. (NCQA CR.5.A.4) Peer Review Sub-Committee Quarterly Report The Peer Review Sub-Committee met on July 20, 2023. The county-specific Peer Review Sub-Committee Summary Reports for Q3 2022 were reviewed for approval. There were no significant cases to report.	*CVH members who are homeless is not known at this time, but this is one of our populations of focus going into 2024, so additional data is expected.*	

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• **Executive Report** J. Nkansah, CEO	The 2023 Adverse Events Report is a new report for the Peer Review Sub-Committee in 2023. This report provides a summary of ongoing monitoring for potential quality issues and Credentialing Adverse Action cases during the reporting period. There were five (5) cases identified for Q2 2023 with adverse outcomes. Three (3) cases involved a practitioner, and two (2) cases involved a provider. Outcomes included: Two (2) cases were tabled, three (3) were closed to track and trend. There were no (0) incidents or patterns of non-compliance resulting in substantial harm to a member or members as a result of access to care issues in Q2. There were no (0) cases that met the pattern of non-compliance for access to care in Q2. There were three (3) cases identified outside of the ongoing monitoring process, in which an adverse injury occurred during a procedure by a contracted practitioner in Q2. (NCQA CR.5.A.4) There were 34 cases identified that required further outreach. Outreach can include but is not limited to an advisement letter (site, grievance, contract, or allegation), case management referral, or notification to Provider Network Management. Quarter 2, 2023 Peer Count Report was presented at the meeting with a total of ten (10) cases reviewed. The outcomes for these cases are as follows: • There were five (5) cases closed and cleared. There were two (2) cases pending closure for Corrective Action Plan compliance. There were three (3) cases tabled for further information. Ongoing monitoring and reporting will continue. **Executive Report** Enrollment reflects the first decrease as eligibility redeterminations have started. 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. CalViva Health continues to work through its Trade Association to work on getting the missing data. Market Share has trended up for five consecutive months.		

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	With regard to June and July redeterminations, there were 61,881 redeterminations that took place amongst the three counties. Retention Rate is currently at 87% for the first two months based on data currently available (i.e. June and July Redeterminations) Based on data currently available (i.e. June) most of the disenrollment reasons were procedural. These members are usually placed in a queue for additional follow-up. Between Anthem and Kaiser, there are potentially 1,644 members with CalViva Health that may get aligned to their Medicare plan and off CalViva Health. The Aligned/Exclusively Aligned Enrollment policy may likely have a continued adverse impact on CalViva Health enrollment heading into 2024. Starting January 1, 2024, CalViva Health is entering into a new affiliation with Health Net's Medicare Advantage Product WellCare by Health Net. There are no significant issues or concerns to report as it pertains to IT Communications and Systems. There are no significant issues or concerns to report as it pertains to the Member Call Center, or the CVH website. Q2 2023 numbers are available. The Plan is exploring an enhancement to our website and digital tools functionality for members to request a PCP change. In addition, the Plan is exploring if there is an opportunity to allow members to obtain their member ID Card from the CalViva Health website. There are no significant issues or concerns to report as it pertains to Provider Activities. For Claims, management is monitoring PPG3 for performance. For Provider Disputes, management is working with Administrator for performance of PPGs 2-6. Quarter 2 2023 numbers are available. All other areas met goal. For Operational Readiness, the Plan has taken all actions needed and has received official go live approval to move forward. The plan is anticipating receiving the	*Commissioner Sara Bosse posed the question if there was a way Plan staff could contact members to obtain their consent to share their information with Health Net.* *Jeff Nkansah, CEO, responded that the Plan is discussing this issue. And whether or not DHCS would allow this. DHCS has not weighed in on the issue. It could be construed as a marketing tactic.*	

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	final DHCS Medi-Cal contract approximately mid-November for execution which will put the Plan on the new DHCS contractual requirements for the next five (5) years. *Joyce Fields-Keene left at 2:54 pm – not included in vote.*		
#10 Final Comments from Commission Members and Staff	None.		
#11 Announcements	None.		
#12 Public Comment	None.		
#13 Adjourn	The meeting adjourned at 3:08 pm. The next Commission meeting is scheduled for October 19, 2023, in Fresno County.		

Submitted this Day: 10-19-23

Submitted by: Cheryl Hurley

Cheryl Hurley
Clerk to the Commission