

Fresno-Kings-Madera
Regional Health Authority

**CalViva Health
Commission
Meeting Minutes**
October 19, 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
✓	Rusty Robinzon, <i>Alternate</i> , Kings County Board of Supervisors	✓	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, Director Office/HR
		✓	Jiaqi Liu, Director of Finance
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 1:31 pm. A quorum was present.		
#2 Roll Call	A roll call was taken for the current Commission Members.		<i>A roll call was taken</i>

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
Cheryl Hurley, Clerk to the Commission			
#3 Madera County BOS Appointed At-Large Commission Seat Action D. Hodge, MD, Chair	Dr. Naz was reappointed by Madera County Board of Supervisors for an additional three-year term.		Motion: Appointment was ratified by Commission. 13-0-1-3 (Frye / Soares) A roll call was taken
#4 Consent Agenda • Commission Minutes dated 9/28/23 • Finance Committee Minutes dated 7/20/23 • QI/UM Committee Minutes dated 7/20/23 • Public Policy Committee Minutes dated 6/7/23 • 2024 Calendars – Commission, Finance, QIUM, Peer Review, Credentialing, Public Policy • Public Policy Committee Charter • QIUM Charter Action D. Hodge, MD, Chair	All consent items were presented and accepted as read.		Motion: Consent Agenda was approved. 14-0-0-3 (Rogers / Rahn) A roll call was taken
5. Community Supports Action J. Nkansah, CEO	The ad-hoc committee met on 9/27/23 to review updated funding recommendations for 2023-2024. The \$100K funding for the Poverello House has been moved to contingency program and were awarded over \$500K under that initiative. In addition, additional infrastructure support for Marjorie Mason Center		Motion: Community Support Funding was approved. 14-0-0-3

Commission Meeting Minutes

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<p>Courage Takes Root capital support has been added in the amount of \$150K, with naming rights for their Speech & Behavior Room in the new Community Resource Center. If the Commission approves today, MMC will match there is an opportunity for the Plan's funds to be matched by other MMC donors.</p>		<p><i>(Luchini / Naz)</i></p> <p><i>A roll call was taken</i></p>
<p>#6 Financial Audit Report for Fiscal Year 2023</p> <p>Presented by Rianne Suico, Moss Adams</p> <p>Action D. Hodge, MD, Chair</p>	<p>Rianne Suico, representative of Moss Adams, presented the results of the audit. Moss Adams' audit will result in the issuance of an unmodified opinion on the financial statements, which is the highest audit opinion that could be provided by an external CPA firm. A discussion of general audit procedures performed including confirmation of various account balances were discussed.</p> <p>The required communications and the organization's accounting policies are in compliance with GAAP. After completing the work, it was found that the financial statements do not need to be adjusted and no issues were encountered when completing the work.</p>	<p><i>Commissioner Griffin asked if there were any pre-audit adjustments.</i></p> <p><i>Rianne Suico replied that there were some adjustments made as they were waiting for additional information related to the June capitation revenue and receivable as those were not received until approximately August. Moss Adams does not consider those items as audit adjustments as this is only information not yet received before closing the books. They are referenced as post-closed adjustments. Examples of audit adjustments are when a liability is not recorded or revenue was recorded incorrectly.</i></p> <p><i>Commissioner Griffin asked if the internal financial statements get restated or does the Plan/Commission only receive the audit report.</i></p> <p><i>Daniel Maychen, CFO, stated there were not any</i></p>	<p>Motion: Financial Audit Report for Fiscal Year 2023 was approved</p> <p><i>14 - 0 - 0 - 3</i></p> <p><i>(Griffin / Frye)</i></p> <p><i>A roll call was taken</i></p>

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
<p>#7 2023 Health Equity Executive Summary and Work Plan Mid-Year Evaluation</p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2023 Health Equity Executive Summary and Work Plan Mid-Year Evaluation.</p> <p>The Work Plan consists of four (4) categories: Language Assistance Program Compliance Monitoring Communication, Training, and Education Health Literacy, Cultural Competency & Health Equity All activities were on target for end of year completion at the mid-year, with some already completed.</p> <p>Some of the Activities completed include: • Provided training sessions for new hires and current Appeals & Grievances staff. • Completed fifteen (15) translation reviews. • Supported and provided Barrier Analysis data for new Clinical and Non-clinical Performance Improvement Projects (PIPs). • Thirty-nine (39) staff completed their bilingual assessment or were reassessed. • Completed Language Assistance Program (LAP) assessment for Timely Access Report (TAR) submission. • Reviewed seventeen (17) grievance cases with no interventions and two (2) interpreter complaints. • Supported Sexual Orientation & Gender Identity (SOGI) data field go-live. • Language Assistance Program data was shared demonstrating: • CalViva's Member Race/Ethnicity breakdown through June 30th, 2023 • Majority (64%) of members are Latino/Hispanic • Followed by White/Caucasian at eleven percent (11%) • Asian/Pacific Islander at nine percent (9%).</p>	<p>adjustments needed to the financial statements. The final numbers were included in the June financials when they were presented.</p>	<p><i>Motion: See item #9 for motion.</i></p>
		<p>Commission Dr. Naz asked for clarification with the grievance cases with no interventions.</p> <p>Dr. Marabella stated this involves a member complaining about an issue and A&G didn't find that there was any basis or validation for a complaint and</p>	

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<ul style="list-style-type: none"> • Race/Ethnicity data broken down by gender provides very similar results. • Slightly more members self-identify as female (54%) versus male (46%). <p>In summary, Spanish and Hmong are CalViva Threshold Languages. Spanish is the highest volume. Most interpretation is done via telephonic interpreters. Face-to-Face remained at 26% consistent with last year. MHN (behavioral health) language services are also monitored: 31% (532) of Calls in the first 6 months of 2023 were non-English compared to 9% (207) last year during the same time period. Ninety-four percent (94%) of interpretation was provided in Spanish, one percent (1%) Hmong, and five percent (5%) Other which includes sign-language.</p> <p>All the Work Plan activities continue on target for completion by the end of calendar year 2023. The Plan will continue to assess circumstances to modify plans as needed in order to continue to implement, monitor and track Health Equity related services and activities.</p>	<p><i>therefore, no intervention was needed.</i></p> <p><i>Commissioner Griffin asked how the Plan determines, or drills down, on the increase of percentage using translation services.</i></p> <p><i>Dr. Marabella stated the data presented is what the Plan receives from the database which states what the Plan did and what was noted, which is not always accurate. MHN is a different company from Health Net per se, and they have a different way of tracking their data that doesn't necessarily align.</i></p> <p><i>Commissioner Griffin asked if the Plan looks at specific events as to the cause for the increase in percentage.</i></p> <p><i>Dr. Marabella responded stating the Plan does not investigate the events.</i></p> <p><i>Amy Schneider stated the Plan has an opportunity in the near future to talk with MHN and can ask about the shift and the increase in percentages.</i></p> <p><i>Dr. Marabella stated that Health Net/Centene has made</i></p>	

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
<p>#8 2023 Health Education Executive Summary and Work Plan Mid-Year Evaluation</p> <p>P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the 2023 Health Education Program Executive Summary</p>	<p>Dr. Marabella stated that Health Net/Centene has made a decision that MHN as a subsidiary/affiliate will be going away and behavioral health will fold into the Health Net organization which is expected to improve the information that the Plan receives regarding behavioral health.</p> <p>Dr. Marabella stated that Health Net/Centene has made a decision that MHN as a subsidiary/affiliate will be going away and behavioral health will fold into the Health Net organization which is expected to improve the information that the Plan receives regarding behavioral health.</p>	<p>The two Areas of Focus for 2023 consist of Programs and Services, and Department Operations, Reporting and Oversight. Health Education activities are selected based upon the Population Needs Assessment.</p> <p>There are fifteen (15) Program Initiatives for 2023 with forty (40) objectives: The objectives status is as follows:</p> <ul style="list-style-type: none"> • Twenty-one (21) objectives are on track. • Seven (7) pending as contingent on other activities. • Five (5) suspended after Quality Improvement Quadrant Analysis. • Three (3) are in progress and expected to exceed goal. • Two (2) are complete. • Two (2) are off track.
<p>Action</p> <p>P. Marabella, MD, CMO</p>			<p>and Work Plan Mid-Year Evaluation.</p> <p>Motion: See item #9 for motion.</p>

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<p>The Health Education Programs Mid-Year outcomes are as follows:</p> <ul style="list-style-type: none"> • Chronic Disease Education-Asthma: <ul style="list-style-type: none"> ○ On track: Asthma collaborative. ○ Suspended: Email campaign and mail education materials. • Chronic Disease-Diabetes: <ul style="list-style-type: none"> ○ In-progress: Diabetes Prevention Program (DPP). ○ Pended: Two member outreach campaigns; Provider outreach; and Enrollment of fifty (50) members. ○ Suspended: Distribution of education booklets. • Chronic disease-Hypertension: <ul style="list-style-type: none"> ○ Suspended: Distribution of toolkits to members with uncontrolled hypertension. • Community Engagement: <ul style="list-style-type: none"> ○ On-track: Reach 70%-member participation in education charlas; and Increase promotion of preventive screenings. ○ Met: Engage three (3) community stakeholders to address SDoH; Conduct 25 CalAIM presentations; and participate in twenty-five stakeholder meetings. • Fluvention: <ul style="list-style-type: none"> ○ On track: Implement Provider education; Implement member education; and Conduct vaccine Disparity Analysis. • Member Newsletter: <ul style="list-style-type: none"> ○ In-progress: Develop & distribute member newsletter. • Mental/Behavioral Health: <ul style="list-style-type: none"> ○ On track: Promote myStrength enrollment. ○ Complete: Participate in Follow-up on Mental Health (FUM)/Follow-up on Substance Abuse (FUA) PIP by conducting provider surveys and completing action plans. ○ In progress: Support Quality Improvement (QI) Behavioral Health (BH) action plan. • Preventive Health: 	<p><i>Commissioner De La Torre asked how many members that have asthma could have had a home visit? He stated 176 members seems low considering there are thousands that could have had this.</i></p> <p><i>Amy Schneider replied that she was on the Asthma Collaborative committee and that it was a particular study. It was a subset of members and established goals for number of participants were met for the study.</i></p> <p><i>Commissioner Bosse stated the Asthma program is under CalAIM Community Supports program.</i></p> <p><i>Commission Bosse asked about the Diabetes Prevention Program and wanted to know if it was all online, or in person?</i></p> <p><i>Dr. Marabella stated it was phone calls.</i></p>	

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<p>○ On track: Promote Breast Cancer Screening (BCS) and Cervical Cancer Screening (CCS); Develop/implement 1-2 interventions to improve BCS/CCS screenings.</p> <ul style="list-style-type: none"> ● Pediatric Education: <ul style="list-style-type: none"> ○ On track: Improve Well-child visits by 5% with call outreach ○ Complete: One (1) Provider update on CAIR. ● Perinatal Education: <ul style="list-style-type: none"> ○ On track: Enroll 1,500 women in CVH Pregnancy Program. ○ Outreach to Undocumented members: ○ Pending: Identify target population; and Outreach & Implement. ○ Tobacco Cessation Program: ○ On track: Increase CVH member enrollment by 5%. 67 enrolled by mid-year. ○ Suspended: Email campaign. ● Obesity Prevention: <ul style="list-style-type: none"> ○ Off track: Enroll 200+ members in Fit Families for Life (FFL) home exercise; and Enroll 50+ members in HHHHP program. ● Compliance Oversight & Reporting: <ul style="list-style-type: none"> ○ On track: Submit two semiannual reports; update six (6) policies; and complete incentive program reports. ● Health Education Materials update, Development, Utilization & Inventory: <ul style="list-style-type: none"> ○ On track: Ensure required education materials are available; review and approve internal education materials; and review & develop new education materials (gender affirming). <p>Barriers to full implementation of planned activities have been identified and are being addressed or reassessed. The Plan will continue with implementation of 2023 initiatives to meet or exceed year end goals and allocate resources for positive impact.</p> 	<p>Commissioner Bosse questioned if the Perinatal Program was incorporating home visitation?</p> <p>Dr. Marabella responded that it is mostly only connecting with members telephonically. Perinatal Case Management connects with members, including in the hospital; however, the education program is at a distance.</p> <p>Commissioner Bosse inquired if there could be referral to the home visitation programs; are they linking the programs for members that would need home visitation but are being identified through the Perinatal Education?</p>	

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
		<p><i>Dr. Marabella will follow up to obtain more information on this issue.</i></p>	
<p>#9 2023 Quality Improvement Health Equity Transformation Plan</p> <p>Action P. Marabella, MD, CMO</p>	<p>Dr. Marabella presented the new Quality Improvement Health Equity Transformation Plan (QHETP) which is a DHCS requirement to address the integration of Health Equity with Quality Improvement in Medi-Cal Managed Care plans.</p> <p>The program provides guidelines on integrating health equity practices throughout the organization and among providers, and with members to successfully engage members, their family members, and communities with the Plan.</p> <p>The Plan’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 and with providers, and with other key stakeholders. Finally, to improve individual and household-level social needs and networks, by improving access, quality, and value of services for our members.</p> <p>The Plan’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.</p> <p>The current processes and practices that are already in place are:</p> <ul style="list-style-type: none"> • Quality Improvement Program & Work Plan • Health Equity Program & Work Plan • Performance Improvement Projects (PIPs) • Population Needs Assessment 	<p><i>Commissioner Dr. Naz asked about educating Providers and how to obtain the data.</i></p> <p><i>Dr. Marabella stated educating the Providers is comparable to what the Plan did for Health Education. There needs to be a reason. It will not happen by sending out Provider Updates, it will gradually happen. As for obtaining the data, data can be obtained from anywhere, but what does it prove? The Plan can only look at certain things that are more prominent. You cannot look at everything all at once; that would be set up for failure. The data acquisition can be done, but the data integrity is unknown at this time.</i></p> <p><i>Commissioner Bosse asked about the data changing and why? She stated when using utilization data its important to look at</i></p>	<p>Motion: Approve the 2023 Health Equity Executive Summary and Work Plan Mid-Year Evaluation, the 2023 Health Education Executive Summary and Work Plan Mid-Year Evaluation, and the 2023 Quality Improvement Health Equity Transformation Plan</p> <p>13 – 0 – 0 – 4</p> <p>(Naz / Cardona)</p> <p>A roll call was taken</p>

MOTION / ACTION TAKEN	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MAJOR DISCUSSIONS	AGENDA ITEM / PRESENTER
	<p>what's not in the utilization data; all members that are not accessing a service is just as important as data that can be accessed. How is this overlapping with the fact that the Plan will have more undocumented members added in January?</p> <p>Dr. Marabella responded that is the problem. How do you connect with the undocumented members? How do you know it's real? It is unknown who is undocumented and who isn't.</p> <p>Commissioner Goldring stated there is no practicable way to track.</p>	<p>The new QIHETP further integrates the two programs. And utilizes the Health Equity Model to reduce Disparities. Leadership is charged with monitoring the health equity activities, medical management, and quality of care and services provided to members to promote equity through Encounter Data, Grievances and Appeals, Utilization Data, and Satisfaction Surveys (CAHPS). The emphasis will be on member and family engagement, community engagement, and reducing disparities.</p> <p><i>Michael Goldring left at 2:29 pm, not included in vote</i></p>	<p>#10 Standing Reports</p> <p>Finance</p> <p>Financials as of August 31, 2023:</p> <p>Accounts Receivable's higher balance of \$438.5M is due to DHCS not paying the July 2023 capitation until early September 2023, which is two months later than the original capitation month. Correspondingly, Capitation Payable is higher than normal due to late capitation payment from DHCS.</p>
<p>Motion: Standing Reports Approved</p> <p>12-0-0-5</p> <p>(Soares / Bosse)</p> <p>A roll call was taken</p>	<p>Commissioner De La Torre asked if the COVID vaccines are paid by Health Net or CVH?</p> <p>Daniel Maychen responded it is the responsibility of</p>		<p>• Finance Reports</p> <p>Daniel Maychen, CFO</p>

Commission Meeting Minutes

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
<ul style="list-style-type: none"> • Compliance Mary Lourdes Leone, CCO 	<p>Total current assets recorded were approximately \$585.4M; total current liabilities were approximately \$451.5M. Current ratio is approximately 1.3. Total net equity was approximately \$143.8M, which is approximately 833% above the minimum DMHC required TNE amount.</p> <p>Interest income actual recorded was approximately \$1.2M which is approximately \$580K more than budgeted due to when the 2024 budget was created there was a possibility the interest rates on the Plan’s money market funds could decrease. This was taken into consideration when budgeting for FY 2024 interest income; however, actual rates on the Plan’s money market account stayed above 5% which resulted in higher interest income. Premium capitation income actual recorded was approximately \$256.4M which is approximately \$36.1M more than budgeted primarily due to enrollment being higher than projected. When the budget was created for FY 2024, projections for disenrollment was approximately 7,500 per month, in actuality it is around 2,500 per month through the first two months of FY 2024.</p> <p>Total cost of medical care expense actual recorded is approximately \$243M which is approximately \$35.3M more than budgeted due to enrollment being higher than projected. Admin service agreement fees expense actual recorded was approximately \$9.7M, which is approximately \$432K more than budgeted due to higher than budgeted enrollment. All other expense line items are below or close to what was budgeted.</p> <p>For the first two months of FY 2024 net income recorded was approximately \$2.4M, which is approximately \$1.4M more than budgeted primarily due to interest income being approximately \$580K higher than projected, and enrollment being higher than projected.</p> <p>Compliance Report</p> <p>Year to date there have been 209 Administrative & Operational regulatory filings for 2023; 30 Member Materials filed for approval; 135 Provider Materials reviewed and distributed, and 70 DMHC filings.</p>	<p><i>Health Net. No adjustment to capitation payable is needed for this.</i></p>	

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
		<p>There have been no potential Privacy & Security breach cases reported since the last Commission meeting in September.</p> <p>There have been no new Fraud, Waste & Abuse cases filed with DHCS.</p> <p>The Annual Oversight Audits of HN in-progress are Pharmacy, Appeals & Grievances, Emergency Room, UICM and Privacy & Security. Audits completed since the last report are Claims, PDR (Claims CAP, no PDR CAP), and Credentialing (no CAP).</p> <p>The Plan is currently awaiting determination on the 2021 DMHC 18-month Follow-Up Audit.</p> <p>The Plan is currently awaiting the preliminary report for the DMHC 2022 Medical Audit.</p> <p>The Plan received the final report for the DHCS 2023 Medical Audit. A CAP has been issued as the Plan did not classify, process, review or resolve all expressions of dissatisfaction as grievances. The initial CAP response is due 10/20/23 and DHCS will trace progress over a six-month period with monthly update submissions.</p> <p>On 9/26/23, the Plan submitted the Birth Equity MOC template to demonstrate operational readiness for the Birth Equity POF that is going live 1/1/2024.</p> <p>In August of 2023, the Plan submitted two Amendments to the DMHC under its Knox-Keene license application. These were related to the Plan's request to co-brand with Health Net in support of HN's Exclusively Aligned Enrollment ("EAE") Dual Special Needs Plan ("D-SNP"). The Plan received DMHC approval on our submission on 9/21/2023.</p> <p>Effective 1/1/2024 LTC services will be carved into MCPs statewide. The Plan is required to submit deliverables associated with APL 23-004: INTERMEDIATE CARE</p>	

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
<ul style="list-style-type: none"> • Medical Management P. Marabella, MD, CMO 	<p>FACILITIES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES and APL 23-027: SUBACUTE CARE FACILITIES to DHCS by 11/27/2023.</p> <p>The Plan submitted the 2024 CalViva version EOC and Member ID Card on 8/31/24 to DHCS and DMHC and is awaiting approval from both Departments.</p> <p>With reference to the 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 September 2023 and has received approvals on most but is still responding to additional DHCS information requests for some of the items. On 9/1/23, the DHCS informed the Plan’s CEO that it is approved to go live on 1/1/24 contingent on closing out any Outstanding Operational Readiness Contract deliverables.</p> <p>The Public Policy Committee meeting held on September 6, 2023, did not have quorum and was unable to approve action items; therefore, a special PPC meeting was held on September 27, 2023 at CalViva Health and all action items were approved. Next Public Policy Committee meeting will be December 6, 2023, 11:30am-1:30pm located at 7625 N. Palm Ave Suite 109, Fresno, CA 93711.</p> <p>Medical Management</p> <p><u>Appeals and Grievances Dashboard</u></p> <p>Dr. Marabella presented the Appeals & Grievances Dashboard through August 31, 2023.</p> <p>Grievances received through August 2023 continue to increase.</p> <ol style="list-style-type: none"> 1. The majority of grievances were Quality of Service; high volume categories were Access, Administrative, Other, and Transportation. 2. Quality of Care Grievances remained consistent, and most were related to Delay in Prior Authorization under PCP delay. 		

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<p>3. Exempt Grievances have remained consistent in recent months. "Transportation-No Show" had a slight increase. Claims Complaint related to Balanced Billing issues has decreased.</p> <p>4. Appeals remain consistent. Advanced Imaging remains the highest category and these were all non-cardiac (MRIs & CTs).</p> <p><u>Key Indicator Report</u></p> <p>Dr. Marabella presented the Key Indicator Report (KIR) through August 31, 2023. A summary was shared that provided the most recent data for Membership, Admissions, Bed Days, Average Length of Stay, and Readmissions through August 2023, which demonstrates that most rates have decreased.</p> <ul style="list-style-type: none"> • Membership shows a decrease for Expansion, TANF, and the SPD populations. This is related to re-determinations. • For Acute Admissions (adjusted PTMPY), the Expansion population had a slight increase. TANF and SPDs remained consistent. • Bed Days (adjusted PTMPY) for Expansion had a slight uptick, whereas TANF and SPD continue to decrease. • Acute Length of Stay (adjusted PTMPY) increased slightly for Expansion and decreased for both TANF and SPD populations. • Readmits within 30 days (adjusted PTMPY) decreased slightly for all three populations. • ER Visits (adjusted PTMPY) decreased for all three populations. Most recent data must be excluded due to 60-90 days of claims lag. <p>Case Management (CM) results have fluctuated within the various programs; Perinatal CM increased significantly with good engagement rates, Integrated Case Management has stayed consistent, Transitional Case Management (Transitions of Care) continues to increase with recent modifications to the program processes, Palliative Care has trended down the past couple of months, and Behavioral Health CM remained stable.</p>	<p>Commissioner Bosse asked if this was true for ER visits because the data Madera County is receiving directly from Health Net and ABC show a reduction in ER visits for Madera County residents by as much as half? Commissioner Bosse stated some may be a matter of health literacy</p>	

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<p>Regarding Madera, the report references Madera residents and the services they receive, the report does not identify where they are going for care. All categories for Madera remain consistent. Because Madera Hospital closed, members are having to go further for their care. There is no way to see how the close of Madera Hospital changed admissions other than the work the Plan did before which showed most members were going to Saint Agnes</p> <p><u>QIUM Quarterly Summary Report</u></p> <p>Dr. Marabella provided the QI, UCMC, and Population Health update for Q3 2023. Two QI/UMCM meetings were held in Quarter 3, one on July 20, 2023, and one on September 21, 2023.</p> <p>The following guiding documents were approved at the July & September meetings:</p> <ol style="list-style-type: none"> 1. 2022 Care Management Program Evaluation 2. 2023 QI Work Plan Mid-Year Evaluation 3. 2023 UCMC Work Plan Mid-Year Evaluation 4. Population Health Management Strategy Program Description 2023 5. Complete Listing of Medical Policies & Q2 Medical Policy Updates 6. Clinical Practice Guidelines 7. QIUM Committee Charter 2023 Update <p>In addition, two additional presentations were made at these QIUM Committee meetings:</p> <ol style="list-style-type: none"> 1. Continuity & Coordination of Medical & Behavioral Healthcare- two actions for improvement were approved. A follow up report will be provided in Q1 2024. 2. Member & Provider Satisfaction Survey <p>The following Quality Improvement Reports were reviewed: Appeals and Grievances Dashboard & Quarterly A & G Reports, Initial Health Appointment (IHA), Potential Quality Issues (PQI), and Lead Screening Quarterly Report. Additional Quality Improvement reports were reviewed as scheduled during Q3.</p>	<p><i>and now they are going to urgent care.</i></p> <p><i>Commissioner Bosse stated she would share the information with CVH.</i></p> <p><i>Dr. Marabella stated he would have to research that data. Dr. Marabella stated those are ER visits which are based on claims.</i></p> <p><i>Commissioner De La Torre stated for his organization, CMC, Madera ER visits have significantly increased. When the closure of Madera Hospital occurred, they began tracking the ER visits for Madera zip codes compared to prior to closure.</i></p>	

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
		<p>The following Access Reports were reviewed: Access Work Group minutes, and Access Work Group Q2 Summary Report.</p> <p>The Utilization Management & Case Management reports reviewed were the Key Indicator Report & Concurrent Review Report, Case Management and CCM Report, Enhanced Care Management (ECM) & Community Supports, and other reports scheduled during Q3.</p> <p>Pharmacy quarterly reports reviewed were Executive Summary, Operations Metrics, Top Medication Prior Authorization (PA) Requests, and Pharmacy Interrater Reliability Results (IRR).</p> <p>HEDIS® Activity:</p> <p>In Q3, HEDIS® related activities focused on analyzing the results for MY2022 under the Managed Care Accountability Set (MCAS) measures and the minimum performance level (MPL) of 50th percentile.</p> <p>The final HEDIS® results for Caliva for MY 2022 (RY23) were received. A review of these results noted:</p> <ul style="list-style-type: none"> • Fresno County did not meet the Minimum Performance Level (MPL) of the 50th percentile for the following measures: Follow up after ED Visit for Mental Health/SUD (new), Cervical Cancer Screening, Childhood IZ, Lead Screening in Children, and Child and Adolescent Well-Care Visits. • Kings County did not meet the MPL of the 50th percentile for the following existing measures: Childhood IZs, Immunizations for Adolescents, Lead Screening, and Child and Adolescent Well-Care Visits. • Madera County met the MPL of the 50th percentile for all existing measures but not for the new Follow up after ED Visit for Mental Health/SUD. The three new HEDIS® Measures for 2023 are Asthma Medication Ratio, Topical Fluoride for Children, and Developmental Screening in the First Three Years of Life. 	

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
<ul style="list-style-type: none"> Executive Report J. Nkansah, CEO 	<p>SWOT Project is in progress to improve Well Child Visits and Childhood Immunizations.</p> <p>Medical Management’s current improvement projects are:</p> <ol style="list-style-type: none"> Clinical Disparity PIP - Improve Infant Well-Child Visits in the African American Population in Fresno County <ul style="list-style-type: none"> Initial proposal submitted to HSAG/DHCS completed 9/8/23. Awaiting feedback. Planning & Analysis Phase-Analyzing the data & conducting Key Informant Interviews. Establish proposed interventions with implementation in Q1 2024. Non-Clinical PIP - Improve Follow up After ED Visit for Mental Health or SUD utilizing Community Supports <ul style="list-style-type: none"> Initial proposal submitted to HSAG/DHCS completed 9/8/23. Awaiting feedback. Planning & Analysis Phase-Analyzing the data & conducting Key Informant Interviews. Establish proposed interventions with implementation in Q1 2024. <p>No significant compliance issues have been identified. Oversight and monitoring processes will continue.</p> <p>Executive Report</p> <p>The Plan continues to track redeterminations. Market Share continues to trend up. 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.</p> <p>Regarding redeterminations, the Plan is seeing a lot less members being disenrolled from CVH than anticipated. The retention rate is currently at 85% for the first three months based on data currently available.</p>	<p><i>Commissioner De La Torre asked if the SPD number is included in the total?</i></p> <p><i>Jeff Nkansah stated the SPD number is included in the total.</i></p>	

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
	<p>Based on data currently available, most of the disenrollment reasons were procedural. These members are usually placed in a queue for additional follow-up.</p> <p>There are no significant issues or concerns to report as it pertains to IT Communications and Systems, Member Call Center and Website, Provider Network & Engagement Activities, and Claims Processing & Provider Disputes.</p> <p>Changes that have taken place to the Auto Assignment Program, as it impacts the Plan's fiscal year enrollment goals, include an increase in Quality Measures, Safety Net Measures will remain the same, and Encounter Data Quality will be removed from the auto assignment algorithm. These changes will impact CVH and Anthem for the 2024 calendar year. Kaiser will not be taking any default members for 2024.</p> <p><i>John Frye left at 2:41 pm – not included in vote.</i></p>		
<p>#10 Final Comments from Commission Members and Staff</p>	<p>Dr. Marabella announced CalViva received an award at the DHCS Annual Quality meeting for Certificate of Achievement in Recognition of hard work and high achievement on the Bold Goals aggregated quality factor score for San Joaquin Valley Region 2022-2023.</p> <p>Jeff Nkansah announced the Compliance team has done a wonderful job on the regulatory audits for the last couple of years. Also, the finance team was recognized for a great job in keeping the financials audited and keeping the Plan's books good from a financial perspective.</p> <p>Pictures of Community Supports project funding were shared with the Commission that included outdoor play and greenspace for Webster Park, and for recreational sports supporting Edison Youth Football.</p> <p>Commissioner Dr. Naz asked if CalViva could assist with funding needed for Madera Community Hospital to reopen.</p>		
<p>#11 Announcements</p>	<p>None.</p>		
<p>#12 Public Comment</p>	<p>None.</p>		

Commission Meeting Minutes

AGENDA ITEM / PRESENTER	MAJOR DISCUSSIONS	RECOMMENDATION(S) / QUESTION(S) / COMMENT(S)	MOTION / ACTION TAKEN
#13 Adjourn	The meeting adjourned at 3:06 pm. The next Commission meeting is scheduled for November 16, 2023, in Fresno County.		

Submitted this Day: Sep. 15, 2024
 Submitted by: Cheryl Hurley
 Cheryl Hurley
 Clerk to the Commission

