Fresno-Kings-Madera
Regional Health Authority

CalViva Health
Commission
Meeting Minutes
March 21, 2024

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, Director Office/HR
	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 Reappointment of Madera County At-large Commission Seat Action D. Hodge, MD, Chair	The Commission voted unanimously to reappoint Paulo Soares for an additional three-year term for the Madera County At-Large Commission seat.		***Motion:*** *Reappointed Paulo Soares to Commission for Madera County At-Large* *11 – 0 – 1 – 5* *(Frye / Bosse)*
#4 Consent Agenda • *Commission Minutes dated 2/15/24* • *Finance Committee Minutes dated 10/19/23* • *QI/UM Committee Minutes dated 11/16/23* • *Public Policy Committee Minutes dated 9/6/23* • *Public Policy Committee Minutes dated 9/27/23* • *Public Policy Committee Minutes dated 12/6/23* Action D. Hodge, MD, Chair	All consent items were presented and accepted as read.		***Motion:*** *Consent Agenda was approved.* *12 – 0 – 0 – 5* *(Neves / Naz)*
#5 Community Support Program Ad-Hoc Committee Selection Action D. Hodge, MD, Chair	A new ad-hoc committee is needed for the Community Support Program. Dr. Hodge polled Commissioners and no volunteers responded. Dr. Hodge will select and appoint ad-hoc committee members, and those members will be contacted at a later date.		***No Motion*** *- No Committee members selected*
#6 Population Health • Segmentation Report • Assessment Report	Dr. Marabella presented the 2024 Population Health Segmentation Report and the Assessment Report.		***Motion:*** *See item #7 for motion.*

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	The Segmentation Report looks at the Plan's population and matches that population to the Plan's programs. It is part of the Plan's ongoing programs and specific activities aimed at targeting specific subpopulations. The Population Segmentation is recorded to understand the portions of the population targeted by each Population Health Management program. The programs and criteria for eligibility and the number of those potentially eligible as of December 2023 are as follows: • Eligible members with no risk factors = 132,944 • Eligible members with no claims = 109,239 • Improve Preventive Health – FluVaccinations: all members six (6) months and older = 429,206 • Improve Preventive Health – Breast Cancer Screening: women ages 50-74 = 69,411 • Improve Behavioral Health – Depression and Antidepressant Medication Management a bidirectional data exchange process: members ages 18 and older that have been newly prescribed antidepressant medications and are diagnosed with major depression = 695 • CalViva Pregnancy Program: pregnant members at risk for complications of pregnancy as detemined by having an NOP score greater than 34 and/or provider determination = 22 • Care Management: members fitting within clinical analytics population health groups 05d, 05c, 07a, 07b derived from ImpactPro with other designated criteria, complex conditions and other designated health factors and/or social determinants of health = 20,136 • Palliative Care: members with chronic, severe, progressive or terminal illness = 4,826 • Transition Care Management: members with high complexity profile: Member is inpatient with anticipated discharge or recently discharged, hospital readmissions risk, 2 or more admissions within the past 6 months, 3+ emergency department visits within the past 6 months, multiple medications/high cost medications/high-risk medications, recent catastrophic event or illness, unmanaged/poorly managed chronic or behavioral health	*Commissioner Sara Bosse asked on the 40 items, from the start date how long did most of them run? Was it a period of time? Are they ongoing?* *Dr. Marabella responded that it's variable. Some items are ongoing; some items were for a specific time; there is overlap of multiple items; and they are grouped into segments. In the actual report there is a list of all items with a timeline for each. There's a summary for the past three years.* *Commissioner Sara Bosse asked what is the intersection between this and the Population Needs Assessment in which health plans need to work with Health Departments?* *Dr. Marabella responded that the Population Needs Assessment is a snapshot in time and is done every 3 years The reports for the Population Health Management (PHM) Assessment will be done annually.* *Commissioner Sara Bosse asked about the tool*	

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	issues, psychosocial issues/barriers impacting access to care and/or services, history of non-compliance and/or complexity of anticipated discharge = 1,059 • Chronic Condition Disease Management: Members with Asthma, COPD, Diabetes, Cardiovascular Conditions, and Heart Failure = 72,496 • Chronic Condition Management – Substance Use Disorder-Opiod (SUD-O) Program: SUD-O program timely/effective care in collaboration with providers for members on dangerous combinations (benzodiazepines, opioids, muscle relaxants, other), high doses and prolonged use = 1,241 • Tobacco Cessation – Kick it California: members 13 years and older = 308,521 • Diabetes Prevention Program: members 18 years and older with pre-diabetes and/or abnormal glucose = 19,741 • Diabetes Management Program: Members 18-75 years of age with diabetes (type 1 and 2) with care gaps = 26,002 • Cardiac and Diabetes: members that have diabetes with hypertension and/or cardiovascular disease = 9,630 • Fit Families for Life – Home Edition: adults and children = 431,152 • Health Information Form: all members = 431,152 • Health Risk Questionnaire: members 18 years and older = 256,918 • Digital Behavioral Health Platform (MyStrength): Ages 13 years and above - Mental health and substance use (behavioral health) educational support for depression, anxiety, substance use, pain management, and insomnia/sleep health = 308,521 • Behavioral Health Care Management: all members = 431,152 • Chronic Condition – Respiratory Conditions (Chronic Obstructive Pulmonary Disease (COPD) and Asthma): Members with Chronic Obstructive Pulmonary Disease or Asthma diagnosis with pharmacy claims who are either not adherent to their medications, have ER visits in the last 12 months, or both = 1,868 • Emergency Room Diversion Program: members visiting the ER for avoidable chief complaints = 25,277 • Chronic Condition – Oncology: Members with diagnosis of breast, prostate or colon cancer with pharmacy claims who are either not adherent to their medications, have ER visits in the last 12 months, or both = 80 • Telemedicine: all members = 431,152	*FindHelp.org and stated it has issues. Her main concern with the tool is that it puts the onus entirely on the participant. They have to know what to search, how to search it, how to find it, know what it is they are looking for, have a grasp of what their needs are, and proactively reach out to the resource themselves, as opposed to it being more customer service oriented towards the participant with a closed-loop referral system. She inquired as to whether there has been any thought to upgrading from something that checks the box to meet the requirement versus something that would be more effective?* *Dr. Marabella responded that findhelp.org was previously AuntBertha when CalAIM was created. Findhelp.org was determined to be the best tool given the breadth of what needed to be covered.* *Mary Lourdes Leone added that Findhelp.org is not the Plan's application, it is more of a national tool. She also stated it is used by the Plan more specifically to help the members connect with*	

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	The purpose of the Population Health Management Assessment Report is to: • Assess the needs and characteristics of the enrolled population, including review of the impact of Social Determinants/Drivers of Health (SDoH). • Identify key sub-populations and determine their needs. • Assess the needs of child and adolescent members. • Assess the needs of members with disabilities. • Assess the needs of members with serious persistent mental illness (SPMI). • Evaluate the extent to which current organization-wide population health management activities and resources address the needs identified and determine if modifications are needed to better serve the enrolled population. • Evaluate the integration of community resources into population health management activities to address member needs not covered by the benefit plan and make recommendations if changes are needed. The methodology and time period: Data is combined from multiple sources and is stored in data warehouses. Data from the warehouse is extracted into a predictive modeling tool. The following data is pulled from the main data warehouse into the risk stratification tool housed in Impact Pro: 1. medical and behavioral claims/encounters 2. pharmacy claims 3. laboratory results 4. health appraisal results 5. electronic health records 6. data from health plan UM and/or CM programs 7. advanced data sources such as all-payer claims databases or regional health information 8. Timeframe: January through December 2023 Race and Ethnicity: • Race and ethnicity vary by region in California, with Hispanic/Latino comprising 40% of the state population. • CalViva counties serve 55-60% Hispanic population.	*Community Supports and the Community Supports Providers.* *Dr. Marabella added that it was determined by Health Net and other health plans that this was a useful tool to support CalAIM efforts, but not the only tool.* *Mary Lourdes Leone added that for the Plan to be able to use FindHelp.org to connect Community Supports providers for CalAIM we had to obtain State approval.* *Amy Schneider added that staff do assist members with using FindHelp.org. The staff use it to connect members as well.*	

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	• In Fresno, nearly 11% of the population is Asian with the White population representing 27% (lowest in F, K, M). • Kings County has a Black/AA population of 6% (highest). • Madera has highest Hispanic (60.3%) and White (31.7%). Per the county Health Rankings and Roadmaps, CalViva counties experience higher rates compared to California of the following social economic contributing factors: • Premature death • Percentages of adult smoking • Adult obesity • Physical inactivity • Excessive drinking • Teen births children in poverty • Injury deaths • Air pollution • Ratio of population to primary care physicians and mental health providers (limited access) • Fresno and Kings counties experience higher sexually transmitted infections. CalViva counties compared to California overall have lower rates of: • Access to exercise opportunities • Kings and Madera counties experience lower percentage of flu vaccination completion. • Education; high school and college completion • Social Associations The Population Analysis reflects the following key findings **(Purposes 1-5):** • Top social determinants/drivers of health (SDoH) factors impacting CalViva Health: Smoking, Teen Birth, Air Pollution • Top needs of child and adolescent members: Pulmonary conditions • Top needs of members with disabilities: Cardiovascular and Pulmonary conditions		

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	• Top needs of members with serious and persistent mental illness (SPMI): Anxiety and Mood disorders • Top Race/Ethnicity: Hispanic, White, Black, Asian • Top language groups with Limited English Proficiency: Hispanic, Asian (SE Asian/Laotian Other) • Top Health Conditions: Pulmonary, Cardiac and Pregnancy **Purpose #6** is to Evaluate the extent to which current PHM activities and resources address the needs identified in this analysis and determine if modifications are needed. • Actions taken since 2021 to address identified gaps were considered as part of this analysis. • Almost 40 actions were identified that address opportunities for improvement. Additional examples of actions taken include: • Heart Health: Cardiac + Diabetes Social media post to create awareness to members and the community for heart health, diabetes & medication adherence. • Pregnancy and Birth: Outreach to newly delivered moms to address post-partum needs including encouraging follow up visits with OB, screening for depression and referral to BH. Explore timely treatment options for pregnant mothers with substance use disorder. • Pulmonary – related admits: Enrollment of members who are active smokers to Smoking/Vaping Cessation app via Clinical Pharmacist outreach. • Healthy or At-Risk behavioral health: Calls to adult members diagnosed with major depression and demonstrating refill gaps, to improve medication adherence. • Pulmonary – adults, children and disabled: Partner with school districts to hold vaccination clinics for school-age youth focusing on low vaccination regions. **Purpose #7** is to evaluate the integration of community resources into PHM activities to address member needs not covered by the benefit plan and make recommended changes.		

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	• CalViva connects members with community resources and also promotes community programs. We actively respond to members' assessed needs. • All Care Managers have access to and utilize a central directory for local community resources (*FindHelp*) for this purpose and educate members on available resources. • A community resources link by county is available on our website for staff and members. Jeff Nkansah announced this is the first time the Population Segmentation and Assessment Reports have been brought to the Commission and questioned the Commissioners if these reports were something that they would like to see on an annual basis? These reports are also presented at the Quality Improvement Utilization Management meetings prior to the Commission. ***Alde De La Torre arrived at 1:36 pm*** ***Kerry Hydash connected in at 1:43 pm***	*Dr. Naz stated its good information to know. He added that annual reporting is good, with additional reporting as needed.* *John Frye added that if there are any concerns from the QIUM committee, the Commission would want to know that.*	
#7 2024 Quality Improvement • Program Description & Change Summary • Work Plan **Action** P. Marabella, MD, CMO	Dr. Marabella presented the 2024 Quality Improvement and Health Education Annual Program Description & Change Summary, and the 2024 Work Plan. Quality Improvement and Health Education have now merged into one set of program documents. The two components for the QI and Health Ed Program consist of: • 2024 QI & Health Ed Program Description: This is a roadmap for structure, resources and monitoring and we combined QI and Health Ed this year. • 2024 QI & Health Ed Work plan: The plan for quality improvement activities throughout the year combined with Health education activities. The highlights of changes for 2024 include: • Updated QI Program and QI Work Plan to QIHEd Program and QIHEd Work Plan throughout.		***Motion:*** *Approve 2024 QI & HE Program Description and Work Plan* *14 – 0 – 0 – 3* *(Neves / Naz)* *(Naz / Frye)*

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	• Updated social determinates of health to social drivers of health (SDoH) throughout. • Information Systems and Analysis: added ECHO behavioral health survey and provider satisfaction survey to scope of analytics. • Health Promotion Programs: added use of QR codes to promote HEd programs. Revised the CalViva Pregnancy Program, Health Promotion Incentive Program and Member Newsletter descriptions. • MemberConnections® Program: added clinical pharmacy to the scope of the program. Added HEDIS Care Gap Reports as a tool used to engage members. • Health Management Programs: Added social needs data to data sources used for PHM assessments. Added additional details on risk stratification, segmentation, and tiering methodologies to identify changes in member's health status and connecting them to health management programs. • Health Plan Performance: Revised description to include additional details of performance metrics and standards that are monitored by the plan to improve health outcomes. Also, details were added on how performance data and ratings are shared with members and providers. • Delegation: Added statement regarding QI functions that are delegated. • QI Process: Replaced SWBHC with CAHPS/ECHO Surveys. Added REL, SOGI, and social needs status under demographics with risks. Moved information regarding communication to members and providers into its own section. • Behavioral Health Medical Director: Removed MHN reference. Clarified role of the BH Medical Director who functions as an advisor to the QI/UM Committee. • Health Education: Revised the population needs assessment from conducted annually to every three years. • Corrective Actions: New section added for corrective actions taken for problems identified. • QIHEd Program Information Availability: New section added regarding how QIHEd program is communicated to members and/or providers. • Other minor edits Activities for QI, Health Ed, and Wellness Work Plan for 2024 focus on: • Work Plan Initiatives: Implement activities to improve performance measures.	*Amy Schneider added that the MemberConnections team are also doing bedside enrollment for hospitalized members.* *Commissioner Soyla Reyna-Griffin asked what led to the Health Education program being integrated into QI?* *Dr. Marabella stated it's an integration of a natural fit to bring QI and the educational aspect together.* *Commissioner Dr. Naz asked if the Director of Behavioral Health will be able to help with finding a Provider, as this is a problem.* *Dr. Marabella stated that Medical Management is meeting with BH on a regular*	

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	• Ongoing Work Plan Activities There are eight (8) sections for the QI Work Plan that are more comprehensive and inclusive of key areas for QI Work: 1. Behavioral Health – Improving Behavioral Health (Mental Health and Substance Use) Outcomes: objective is to meet directional improvement of 1-5% from prior year or greater than or equal to the 50th percentile. 2. Chronic Conditions: objective is to meet directional improvement of 1-5% from prior year or greater than or equal to the 50th percentile. 3. Hospital Quality/ Patient Safety: monitoring for hospital acquired conditions. 4. Member Engagement and Experience: Improve New Member completion of IHA in under 120 days. 5. Pediatric and Maternal Health Programs: Well-Child visits; Childhood Immunization; Prenatal and Postpartum Care; and Lead Screenings. 6. Pharmacy: Pharmacy Medical Drug Benefit 7. Preventive Health: Cancer Screening (MCAS). Breast Cancer Screening and Cervical Cancer Screening 8. Provider Engagement: Improving Member Experience (CAHPS) – Provider and Plan Focus; and Improving Provider Survey Results. Quality Improvement Tracking System Activities include: 1. Behavioral Health: Conduct live outreach to Medi-Cal members that had an ED visit for MH, SUD, or Drug Overdose. Uses ADT reports to conduct member outreach calls to close gaps. 2. Chronic Conditions: Diabetes Prevention Program (DPP) Vendor Onboarding. Multiconditions: KED Tip Sheets. 3. Hospital Quality/ Patient Safety: Hospital outreach about patient safety, C-section overuse and maternal health issues, Hospital Quality Scorecard program, Participation on Leapfrog Partners Advisory Committee and Engagement with external collaboratives to promote hospital quality. 4. Member Engagement and Experience: Annual Member Newsletter- CalViva, IHA Quarterly Reporting and focus on Low Performing Providers. 5. Pediatric/ Adolescents: First Year of Life Program – FYOL, QI Referrals to the CalViva Health Pregnancy Program, Peds+ POD Action Plan Reviews,	*basis now, they have a network and a list of all the providers who provide mental health services. Now that the Plan is closer to the issue, access will be a priority area of focus.* *Dr. Naz added that we lack an adequate number of psychiatrists to treat serious mental illness. It was noted that serious mental illness services are the responsibility of the counties.* *Commissioner Sara Bosse added that behavioral health staffing is an issue. She stated Madera County has a program, but the issue is staffing.* *Commissioner Michael Goldring asked what SIR stands for in relation to #3 Hospital Quality / Patient Safety.* *Dr. Marabella stated it stands for Systemic Inflammatory Response-evidence of infection.*	

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	Pediatric/Perinatal/ Dental Provider HEDIS Tip Sheets, Provider Engagement and CPM Training on Pediatric MCAS measures for MY 2024. 6. Pharmacy: Multi-Gap Family Unit (MCL) Live Call Outreach, KIC Smoking Cessation Newsletter, Community Supports Asthma Remediation Email Campaign, Provider flyer. 7. Preventive Health: PARS for High Volume Specialists, Ancillary, CBAS, and Behavioral Health providers. 8. Provider Engagement: IHQC – Project Management Training and Fundamentals of QI Training.		
#8 HEDIS® Report Update **Information** P. Marabella, MD, CMO	Dr. Marabella presented the 2023-2024 HEDIS® Update. Recent changes to quality measures by Quality Domain for MY2024 are as follows: 1. Child & Adolescent Preventative Health Domain: a. Child and Adolescent Well-Care Visits b. Childhood Immunization Status: Combination 10 c. Developmental Screening in the First Three Years of Life d. Immunizations for Adolescents: Combination 2 e. Lead screening in Children f. Topical Fluoride for Children g. Well-Child Visits in the First 30 Months of Life – Well-Child Visits in the First 15 Months h. Well-Child Visits in the First 30 Month of Life - Well-Child Visits for Age 15 Months - 30 Months 2. Reproductive Health Domain: a. Chlamydia Screening in Women b. Prenatal and Postpartum Care: Postpartum Care c. Prenatal and Postpartum Care: Timeliness of Prenatal Care d. Postpartum Depression Screening and Follow Up (new measure) e. Prenatal Depression Screening and Follow Up *(new measure)* f. Prenatal Immunization Status (new measure) 3. Behavioral Health Domain: a. Follow-Up After Emergency Department (ED) Visit for Mental Illness –30 days.		**No Motion**

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	b. Follow-Up After ED Visit for Substance Abuse – 30 days c. Depression Remission or Response for Adolescents & Adults *(new measure)* d. Depression Screening and Follow-Up for Adolescents & Adults (new measure) e. Pharmacotherapy for Opioid Use Disorder *(new measure)* 4. Chronic Diseases Domain: a. Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) b. Controlling High Blood Pressure c. Asthma Medication Ratio 5. Cancer Prevention Domain: a. Breast Cancer Screening (BCS) b. Cervical Cancer Screening (CCS) c. Colorectal Cancer Screening (COL) *(new measure)* The QI Accountability Tier Updates are: 1. Red Tier (systemic QI challenges): County is below the State AND Region median or average in 3 or more domains. 2. Orange Tier (QI sporadic): County is below the State or region median or average in 2 domains. 3. Green Tier (QI integrated): County is below the State median or average within a region in any 1 domain. CalViva Health tier status shows that no service counties are in the red. Fresno County is in the orange tier, and Kings and Madera counties are both in the green tier. Orange Tier County Activities include: 1. County is below the State or Region median or average in 2 domains. (RY 2023): Accountability Project: a. SWOT process with modification of SWOT analysis to be replaced by fishbone for each domain triggered by the RU (reporting unit or county).	*Commissioner Sara Bosse asked what counties are in the San Joaquin region.* *Dr. Marabella stated the counties in the San Joaquin region are Fresno, Kings Madera, Tulare, Kern, San Joaquin, Merced and Stanislaus.*	

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	b. The fishbone should include disparity barriers for the disparate group compared to the well- performing group within the triggered domain. Advantage: 1. Allows peer comparison in performance within a region. 2. Allows accountability for performance that is consistently low compared to the Plans within the region 3. Allows domain-focused interventions that could potentially impact multiple measures within a domain 4. Allows improvement in rates for disparate groups within the region for multiple measures within a domain. Green Tier County Activities include: 2. County is below the State median or average within a region in one (1) of the domains. Accountability Project: a. Improve Disparity population in a region with measure(s) within a triggered domain by using A3 and a summary of Aims. (Improvement ideas & measures/progress, results & impact, then next steps). Advantage: a. Allows peer comparison in performance within a region. b. Allows accountability within a domain performance. c. Allows potential for sustainability. d. Allows improvement in rates for disparate groups. Improvement Opportunities for CalViva in 2023-2024 consist of: • Clinical PIP: Well Child Visits in AA/Black population in Fresno County • Non-clinical PIP: Follow up after ED Visit for MH/SUD in Fresno & Madera Counties • SWOT: Well Child & CIS-10 Project in all three service counties. (closed December 2023) • 2024: Anticipate A3 Projects in Madera & Kings Counties. SWOT Project in Fresno County. • IHI Collaborative: DHCS Child Health Sprint Collaborative. Focus on Well Child Visits in Fresno County.	*Commissioner Rose Mary Rahn asked if the Health Departments will be a part of helping with the A3 projects?*	

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		Dr. Marabella responded, for Kings County, it is unknown at this time.	
#14 Standing Reports • **Finance Reports** Daniel Maychen, CFO	**Finance** <u>Financials as of January 31, 2024:</u> Total current assets recorded were approximately $711.2M; total current liabilities were approximately $570.1M. Current ratio is approximately 1.25. Current assets and liabilities are higher due to accruing for the new MCO taxes which are substantially higher than in the past. Total net equity was approximately $151M, which is approximately 847% above the minimum DMHC required TNE amount. For the first seven months of the current fiscal year, interest income actual recorded was approximately $4.5M, which is approximately $2.4M more than budgeted due to interest rates on our money market funds being higher than projected. Premium capitation income actual recorded was approximately $1.2B which is approximately $209.6M more than budgeted due to accounting for MCO taxes that are applicable to fiscal year 2024 with $125M related to FY 2023, and enrollment and rates being higher than projected. Total cost of medical care expense actual recorded is approximately $765.4M which is approximately $80.9M more than budgeted due to rates and enrollment being higher than projected. Admin service agreement fees expense actual recorded was approximately $33.6M, which is approximately $2.4M more than budgeted due to enrollment being higher than projected. Taxes were approximately $423.4M, which is approximately $125.5M more than budgeted due to that portion of MCO taxes relating to FY 2023 (April 2023 – June 2023 quarter). Net income through January 31, 2024, was approximately $9.6M, which is approximately $4.5M more than budgeted primarily due to interest income being approximately $2.4M higher than projected, and rates and enrollment being higher than projected.	*Commissioner Soyla Reyna-Griffin asked if the MCO taxes are a part of premium capitation.* *Daniel Maychen responded, yes.*	***Motion**: Standing Reports Approved* *14 – 0 – 0 – 3* *(Naz / Frye)*

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• **Compliance** Mary Lourdes Leone, CCO	**Compliance** <u>Compliance Report</u> Year to date there have been 112 Administrative & Operational regulatory filings for 2024; 5 Member Materials filed for approval; 26 Provider Materials reviewed and distributed, and 16 DMHC filings. There have been 10 potential Privacy & Security breach cases reported since year to date. One of the four cases reported in February involved a cybersecurity incident at Change Healthcare that caused widespread product outages affecting many plans nationally. CalViva does not have a contractual relationship with Change Healthcare but CalViva's Plan Administrator, Health Net, does. Although Health Net submitted a Privacy Incident Report to DHCS on 2/28/24 no member PHI was impacted and DHCS closed the case as a non-breach. There have been six (6) Fraud, Waste & Abuse cases filed with DHCS year to date. The Annual Oversight Audits currently in progress since last reported include Credentialing, UMCM, and Behavioral Health. Audits completed since last reported consist of Emergency Room (CAP), and Quality Improvement (CAP). The Plan is currently awaiting response from DMHC relating to the CAP response submitted on 12/15/23 in reference to the 2022 Medical Audit. With regard to the DHCS 2023 Medical Audit, the Plan submitted its March CAP update on 2/26/24. DHCS has requested the Plan's final CAP response by 3/20/24. The Plan received notice from DHCS for this years' 2024 Medical Audit. It will take place May 20th – 31st covering the review period of 4/1/23 – 3/31/24. The audit will be virtual. Regarding Enhanced Care Management, the Plan submitted an updated Justice Involved ECM network and capacity report on 1/19/24.	*Commissioner Aldo De La Torre asked if this is the Routine Medical Survey?* *Mary Lourdes Leone responded, it's routine in that it's done every year, but not as in depth as it was last year.*	

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	Regarding Community Supports, the Plan submitted an updated 2024 Community Supports MOC on 1/29/24 for those services going live 7/1/24; Sobering Centers and Short-term Post-Hospitalization Housing (Fresno, Kings, and Madera Counties; and Recuperative Care (Madera County.) Effective 1/1/2024, LTC-ICF/DD and Subacute Care services were carved into MCPs statewide. The Plan submitted deliverables associated with APL 23-004 ("Intermediate Care Facilities for Individuals with Developmental Disabilities"), and APL 23-027 ("Subacute Care Facilities") to DHCS on 11/27/23 and 1/29/24. The Plan is still working to complete Phase I of the ICF/DD network readiness requirements regarding contracting efforts. DHCS requires Plans and Third-Party Entities to submit updated MOU templates and to specify responsibilities under those MOUs. DHCS has provided base templates that the Plan must execute starting January 1, 2024, through January 1, 2025. DHCS will require quarterly status updates on the execution of those MOUs. Q1 2024 is due 4/30/2024. Regarding the Annual Subnetwork Certification (SNC), the Plan filed all the required documentation on 1/5/24 and is awaiting DHCS determination. Regarding the 2023 Annual Network Certification (ANC), the Plan is scheduled to file the required documentation by 3/25/24. Regarding the 2022 Annual Network Certification (ANC), the Plan was informed on 3/13/24 it's Alternate Access Standard (AAS) requests were approved by DHCS and have been posted as required on the CalViva Health website. The Public Policy Committee met on March 6, 2024, at 7625 N. Palm Ave Suite 109, Fresno, CA 93711. The following programs and reports were presented: 2024 Annual Compliance Report; Q4 2023 Grievance & Appeals Report; and the Semi-Annual (Q3 and Q4 2023) Member Incentive Programs Report. Additionally, CalViva Health's 2023 Annual Report was presented and was posted on the Plan's website. Next Public Policy Committee meeting will be June 5, 2024, 11:30 am-1:30 pm located at 7625 N. Palm Ave Suite 109, Fresno, CA 93711.		

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• **Medical Management** P. Marabella, MD, CMO	**Medical Management** <u>Appeals and Grievances Dashboard</u> Dr. Marabella presented the Appeals & Grievances Dashboard through January 31, 2024. • The total number of grievances remains consistent compared to previous months. • For the Quality of Service (QOS) category, the types of cases noted to contribute the most to the increase are Access (Prior Authorizations, Availability of Providers, DME delays), Administrative (member material requests), and Transportation. • The volume of Quality of Care (QOC) cases remains consistent with recent months. • The volume of Exempt Grievances remains consistent. Exempt Transportation Grievances have improved when compared to previous months. Balanced Billing Grievances have improved. • Total Appeals remain in line with previous data reported, while the uphold and overturn rates remain consistent. Advanced imaging and Cardiovascular imaging volume of cases has improved (declined). <u>Key Indicator Report</u> Dr. Marabella presented the Key Indicator Report (KIR) through January 31, 2024. A summary was shared that provided the most recent data for Membership, Admissions, Bed Days, Average Length of Stay, and Readmissions through January 2024, which demonstrates that most rates have decreased. • Membership continues to show a decrease for Expansion, TANF, and the SPD populations. This is related to redetermination activities.		

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	• Acute Admissions, Bed Days, and Acute Length of Stay (adjusted PTMPY), for SPDs continues to decrease. • For Acute Admissions (adjusted PTMPY), SPDs continues to decrease. • Acute Length of Stay (adjusted PTMPY) continues to decrease. • Turn-around time compliance remains at 100%. Care Management (CM) results have fluctuated within the various programs; Perinatal CM increased significantly with good engagement rates, Integrated Case Management has decreased, 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 increased substantially in January. First Year of Life is a new program recently added and has shown an increase in engagement rates. <u>Credentialing Sub-Committee Quarterly Report</u> The Credentialing Sub-Committee met on February 15, 2024. Routine credentialing and re-credentialing reports were reviewed for both delegated and non-delegated services. Reports covering the third quarter for 2023 were reviewed for delegated entities and fourth quarter 2023 for Health Net and MHN. Credentialing Adverse Actions for Q4 for CalViva from Health Net Credentialing Committee was presented. There were no (0) cases for October, November, or December for CalViva Health. The Q4 2023 Adverse Events Report is a new report for the Credentialing Sub-Committee in 2023. This report provides a summary review of ongoing monitoring for potential quality issues and Credentialing Adverse Action cases during the reporting period. There were no (0) cases identified in Q4 that met the criteria for reporting in which an adverse outcome was associated with a contracted practitioner. There were no reconsiderations or fair hearings during the fourth quarter of 2023. There were no (0) incidents or patterns of non-compliance resulting in substantial harm to a member or members because of		

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	access to care issues. There were no (0) cases identified outside of the ongoing monitoring process this quarter. There were six Credentialing Policies reviewed by the committee with edits, Policy CR-101 Delegation Evaluation; Policy CR-109 Ongoing Monitoring of Sanctions-Complaints; Policy CR-110 Credentialing and Recredentialing; Policy CR-120 Organizational Providers; Policy CR-140 Adverse Action; and Policy CR-160 Appeal Process. NCQA System Controls Oversight Report is to identify any incidents of non-compliance with the credentialing policies on information management. NCQA standards require that the organization's credentialing policy describe 1) How primary source verification information is received, dated, and stored; 2) How modified information is tracked and dated from its initial verification; 3) Titles or roles of staff who are authorized to review, modify, and delete information, and circumstances when modification or deletion is appropriate; 4) Security controls that are in place to protect the information from unauthorized modification; 5) How the organization monitors its compliance with the policies and procedures in factors 1–4 at least annually and takes appropriate action when applicable. Quarterly audits were performed with no modifications to CalViva provider records during 2023, therefore no cases to audit. The Health Net audit results provided to CalViva reflect 100% compliance with audit criteria. <u>Peer Review Sub-Committee Quarterly Report</u> The Peer Review Sub-Committee met on February 15, 2024. The county-specific Peer Review Sub-Committee Summary Reports for Quarter 4 2023 were reviewed for approval. There were no significant cases to report. The Q4 2023 Adverse Events Report was presented. This 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 nine (9) cases identified in Q4 that met the criteria for reporting and were submitted to the Peer Review Committee.		

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	Three (3) of these cases involved a practitioner and six (6) cases involved organizational providers (facilities). Of the nine (9) cases, three (3) were tabled, one (1) was tabled with a letter of education, zero (0) were placed on a CAP, three (3) were closed with a letter of education, and two (2) 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. There was one (1) case identified outside of the ongoing monitoring process this quarter, in which an adverse injury occurred during a procedure by a contracted practitioner. There were 37 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. The Peer Review Policies presented to the committee for review, discussion, and approval include the PR-001 Peer Review Protected Information, PR-100 Peer Review Committee Policy. The Access & Availability Substantial Harm Report Q4 2023 identifies incidents related to appointment availability resulting in substantial harm to a member or members as defined in Civil Code section 3428(b)(1). Assessments include all received and resolved Quality of Care (QOC) and Potential Quality Issues (PQIs) related to identified appointment availability issues and are ranked by severity level. Sixteen (16) cases were submitted to the Peer Review Committee in Q4 2023. There were zero (0) incidents found involving appointment availability issues resulting in substantial harm to a member or members. One (1) case was associated with significant harm without appointment availability issues. The Quarter 4, 2023 Peer Count Report was presented at the meeting with a total of sixteen (16) cases reviewed. The outcomes for these cases consist of ten (10) cases closed and cleared. There were five (5) cases tabled for further information. There was one (1) case with CAP outstanding and none (0) were pending closure for CAP compliance. Ongoing monitoring and reporting will continue.		

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• **Executive Report** J. Nkansah, CEO	**Executive Report** Data from the State was unavailable at the time packets were distributed and numbers reported were from December 2023. Updated data has been received and total membership for CalViva as of January 2024 is 428,442. Kaiser numbers are now included in the report and show their MC membership at 4,100 for January 2024. There are no significant issues or concerns to report at this time as it pertains to IT, Member Services, CVH Website, Provider Network, Claims, and Provider Disputes.		
#10 Final Comments from Commission Members and Staff	None.		
#11 Announcements	None.		
#12 Public Comment	None.		
#13 Adjourn	The meeting adjourned at 2:58 pm. The next Commission meeting is scheduled for May 16, 2024, in Fresno County.		

Submitted this Day: 5-16-24

Submitted by: Cheryl Hurley

Cheryl Hurley
Clerk to the Commission