Fresno-Kings-Madera
Regional Health Authority

CalViva Health
Commission
Meeting Minutes
May 16, 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	✓	**Jordan Wamhoff** (*alternate*), Madera County Board of Supervisors
✓*	**Kerry Hydash**, Commission At-large Appointee, Kings County	✓	**Jennifer Armendariz**, 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., Senior 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 FKM RHA Appointment/ Reappointments Action J. Neves, Co-Chair	The Commission voted unanimously to ratify and reappoint the following Commissioners: • Ratify Soyla Reyna-Griffin, Fresno County At-large BOS Commissioner • Ratify Aldo De La Torre, CRMC reappointed Commissioner • Ratify official appointment of Department of Public Health, David Luchini, Fresno County • Ratify official appointment of Department of Public Health, Rose Mary Rahn, Kings County • Ratify Jennifer Armendariz, Valley Children's Hospital		***Motion:*** *All appointments / reappointments were approved* *11 – 0 – 0 – 6* *(Soares / Frye)*
#4 Consent Agenda • *Commission Minutes dated 3/21/24* • *Finance Committee Minutes dated 2/15/24* • *QI/UM Committee Minutes dated 2/15/24* Action J. Neves, Co-Chair	All consent items were presented and accepted as read.		***Motion:*** *Consent Agenda was approved.* *12 – 0 – 0 – 5* *(Naz / Lewis)*
#5 Closed Session	Jason Epperson reported out of Closed Session. The report out of closed session, the Commission discussed in closed session the items agendized for closed session discussion, specifically #5.A Public Employee, title Equity Officer, pursuant to Government section code 54957(b)(1); and item #5.B conference report involving trade secret pursuant to Government code 54954.5. The Commission discussed these items, gave direction to staff, and took no other reportable actions. Closed session recessed at 2:00 pm.		***No Motion***
#6 Chair and Co-Chair Nominations for FY 2025	The Commissioners nominated and subsequently re-elected David Hodge, MD as chair and Supervisor Joe Neves as Co-Chair to serve during Fiscal Year 2025.		***Motion:*** *Consent Agenda was approved.* *12 – 0 – 1 – 4*

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Action J. Nkansah, CEO			*(Naz / Fields-Keene)*
#7 CEO Annual Review Ad-Hoc Committee Selection Action J. Neves, Co-Chair	Commission members selected for the CEO Annual Review ad-hoc committee are Dr. Hodge, Dr. Naz, John Frye, and Paulo Soares.		***Motion:*** *Commissioners selected and approved ad-hoc committee for CEO annual review.* *13 – 0 – 0 – 4* *(Soares / Rahn)*
#8 Sub-Committee Members for FY 2025 Information J. Neves, Co-Chair	No changes in Commission members were made for FY 2025 to the following committees, as described in BL 24-004: • Finance Committee • Quality Improvement/Utilization Management Committee • Credentialing Sub-Committee • Peer Review Sub-Committee • Public Policy Committee		***No Motion***
#9 Community Support Funding Action J. Nkansah, CEO	The Community Support Grant Recommendations were presented to the Commission with funding at $4,325,000 for 2024-2025 fiscal year. The ad-hoc committee reviewed the funding recommendations on April 16, 2024, and April 29, 2024, and voted to move to full Commission for approval. Commissioner Sara Bosse and Commissioner David Luchini stated they both have a conflict of interest with EPU and will abstain their vote on this item at the recommendation of general counsel.		***Motion:*** *Approve Community Funding Grant Recommendations* *11 – 0 – 2 – 4* *(Frye / Fields-Keene)*
#10 Health Equity Program Description and Work Plan Evaluation • 2023 Exec Summary & Annual Evaluation • 2024 Change Summary & Program Description	Dr. Marabella presented the Health Equity Program Description and Work Plan Evaluation. Work Plan activities completed in four areas include: • Language Assistance Services o Newsletter informing members on how to access language services completed and disseminated.		***Motion:*** *See item #12 for motion.*

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• 2024 Exec Summary & Work Plan Action P. Marabella, MD, CMO	○ 86 staff completed their bilingual assessment / re-assessment. ○ 28 translation reviews were completed in 2023. ○ Successfully integrated sexual orientation gender identity (SOGI) and preferred pronouns and name into OMNI. • Compliance Monitoring ○ HEQ reviewed 4 interpreter complaints and 45 grievance cases with 3 interventions identified. ○ 2 *findhelp* trainings were completed with 753 overall new programs added to the platform. • Communication, Training and Education ○ One (1) A&G training completed on coding and resolution of grievances. ○ Nine (9) Call Center trainings conducted, and training decks updated. ○ Language identification poster for provider offices was remediated and posted in provider library. • Health Literacy, Cultural Competency, & Health Equity ○ Completed 6 cultural competency trainings for 350 providers. Trainings include (2) Healthcare Barriers for Gender Diverse Populations, (2) Implicit Bias, (2) Special Needs and Cultural Competency. ○ Completed 3 live cultural competency trainings for staff; 191 staff attended live trainings. ○ Conducted annual Heritage/CLAS Month with 14 live attendees and 4,300 staff who read the newsletter. ○ Successfully co-led and supported the completion of quality projects. Projects targeting the following HEDIS® measures: CIS-10, WCV, and CDC. The Health Equity Program Description changes for 2024 include: • Expanded and added introduction to the Mission, Goals, and Objective section to align with the Health Equity Accreditation requirements. Added Vision to section. • Removed and enhanced mission and replaced with the following bullets: ○ Ensure language services meet regulatory requirements and achieve metric goals. ○ Achieve appropriate reading grade level requirements and cultural appropriateness at market and product levels.		

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	○ Complete staff and provider trainings for required topics. ○ Address health disparities through targeted cross-collaborative projects. ○ Implement social needs assistance strategies with integrated approaches for mitigating social risks. ○ Expanded on CLAS standards and the requirements it meets. ○ Added "Social needs and social risks all play into determining appropriate partners, selecting, engaging and taking initiatives with partners." ○ Expanded on the roles and objectives of the Governing Body and QI/UM Committee. ○ Broaden how data will be collected including SOGI data. ○ Added Equity Officer's role and responsibilities. The 2024 Work Plan is consistent with the 2023 Work Plan while incorporating and enhancing the following: • Added measurable objectives to Findhelp oversight based on Public Policy Committee's recommendation. • Updated the method for obtaining C&L materials to Provider Library. • Added "online" as way for staff to complete C & L training. • Expanded and consolidated cultural competency trainings. • Updated Quality Projects and included SUD/MH Non-clinical PIP. • Added IHI/DHCS Child Health Equity Sprint project. 2023 Language Assistance Program: • Spanish and Hmong are CalViva Threshold Languages. Spanish (97%) consistently has highest volume and Hmong was 3% of calls. • Interpretation was performed via the following: ○ 84% telephonic interpreters up from 74% in 2022 ○ 20% face-to-face – down from 24% in 2022 ○ 3% Sign language – up from 2% in 2022 ○ Video Remote Interpretation was zero (0) in 2023. • MHN results demonstrate similar language outcomes. • Limited English and non-English membership remain high for CVH population and therefore interpreter services are integral to maintaining safe, high-quality care.		

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#11 Health Education Work Plan Evaluation • Executive Summary • 2023 Annual Evaluation **Action** P. Marabella, MD, CMO	Dr. Marabella presented the 2023 Health Education Executive Summary and 2023 Annual Work Plan Evaluation. The Plan is closing out the separate Health Education Program Documents as Health Education has been incorporated into the Quality Improvement Program Documents in 2024. The 2023 Annual Evaluation of Work Plan Summary of activities accomplished, and improvements made over the last calendar year consist of 15 initiatives with 40 measurable objectives. • Objective Outcomes: o 25 were attained as of the end of the year. o 1 was partially attained as of the end of the year. o 7 were not attained and did not meet the measurable objective as of the end of the year. o 2 were suspended given the Quality Department's quadrant analysis. o 5 were canceled. • Seven (7) initiatives were fully met: o Community Engagement o Behavioral Health o Preventive Health o Perinatal Education o Member Newsletter o Compliance o Department Promotion • Seven (7) initiatives did not meet, were suspended or canceled: o Chronic Disease Education-Asthma: Email and mailing campaigns were canceled because they have limited impact and are resource intensive. o Chronic Disease Education– Diabetes: outreach campaigns are in progress, and implementation will be contingent upon DHCS approval of the program.		***Motion:*** *See item #12 for motion.*

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	○ Chronic Disease Education – Hypertension: the promotion of cardiovascular health resources is in progress. ○ Pediatric Education: call outreach to members via Concierge program for WCV Measure was not conducted. Family Unit HEDIS® outreach calls were completed for WCV measure. ○ Undocumented Outreach: this initiative has been canceled. ○ Obesity Prevention: This program had low enrollment, the team members are currently reviewing alternative ways to promote programs and health education resources through Providers and QR codes/links to program content. ○ Tobacco Cessation: this initiative was canceled due to email campaigns have limited impact, are resource intensive, and CVH has a low volume of emails provided by members. Continue to promote *Kick It California* program.	*Commissioner Dr. Naz stated there is a problem with finding Dieticians that accept Medi-Cal; and that this could potentially be a pilot project for CVH to develop.* *Dr. Marabella stated CVH did a project partnering with Clinica Sierra Vista a few years back for members with diabetes. The team partnered with a dietician that did outreach to members, provided virtual education, and then conducted individual follow up sessions with the members. This was a very successful program although the sample was small.*	
#12 Population Health Management **Action** P. Marabella, MD, CMO	Dr. Marabella presented the Population Health Management Strategy Program Description for 2024. 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. Core aspects of PHM program areas include: • Basic Population Health Management (BPHM) • Risk Stratification, Segmentation & Tiering (RSST) • Complex Care Management • Enhanced Care Management and Community Supports		***Motion:*** *See item #12 for motion.* *13 – 0 – 0 – 4* *(Neves / Naz)* *(Naz / Quintero)*

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	• Transitional Care Services The Risk Stratification, Segmentation & Tiering (RSST) approach and Health Equity Improvement Model (HEIM) is designed to avoid and reduce biases to prevent the exacerbation of health disparities and address inequities in a variety of ways, including: • Urban vs rural • Race, ethnicity, language and • The unhoused and special needs population Algorithms include clinical and sociodemographic variables, bias testing, and UM data to stratify entire population (many data sources utilized). • Classify into Risk: Low, Medium, High and • Case Management Level: 1 to 5 Basic Population Health 2024 includes: • Access, Utilization, and Engagement with Primary Care. • Care Coordination, Navigation, and Referrals Across All Health and Social Services, including Community Supports. • Information Sharing and Referral Support Infrastructure. • Integration of Community Health Workers (CHWs) in PHM. • Wellness and Prevention Programs. • Programs Addressing Chronic Disease. • Programs to Address Maternal Health Outcomes. • PHM for Children. Highlights of Changes for 2024: • Updated Transitions of Care Program (TOC) to Transitional Care Services (TCS). • Added information on Public Policy Committee (PPC) and description of its role and actions to Stakeholder Engagement section. • Added ambulatory visits, vaccinations and immunizations to key aspects of member navigation support.		

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	• Added "Conducting initial outreach to member while they are inpatient to engage in the program and complete an inpatient discharge risk assessment" and "Coordinate care with hospital staff as needed to support safe transition to lower level of care" to list of what TCS program includes. • Removed Palliative program. • Updated Program services to include social media, multi-gap call outreach, tipsheets, Provider Best Practices guide, and Provider collaboration. • Updated Programs goals from CDC>9 to Glycemic Status >9. • Changed annual assessments to at least annually or when the member experiences a significant change in condition within LTC section. • Added disengaged/housing insecure or homeless member support information within Standardized Protocols for Unable to Reach Members section.		
#14 Standing Reports • **Finance Reports** Daniel Maychen, CFO	**Finance** <u>Financials as of March 31, 2024:</u> Total current assets recorded were approximately $767.5M; total current liabilities were approximately $621M. Current ratio is approximately 1.24. Total net equity as of the end of March 2024 was approximately $156.3M, which is approximately 877% above the minimum DMHC required TNE amount. Interest earned was approximately $6M, which is approximately $3.3M more than budgeted due to interest rates being higher than projected. Premium capitation income actual recorded was approximately $1.58B which is approximately $265.4M more than budgeted due to MCO taxes; DHCS paid MCO taxes for one quarter related to FY 2023, April through June FY 2023 quarter. This accounts for approximately $125.5M of the $265.4M in increase, the remaining is related to rates and enrollment being higher than projected. Total cost of medical care expense is approximately $1B which is approximately $132.8M more than budgeted primarily due to rates and enrollment being higher than projected. Admin service agreement fees expense actual recorded was approximately $43.2M, which is approximately $3.6M more than budgeted due to		***Motion:*** *Standing Reports Approved* *13 – 0 – 0 – 4* *(Frye / Naz)*

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	enrollment being higher than projected, and Medicaid disenrollments came in less than what was projected. MCO taxes actual recorded was approximately $517.3M, which is approximately $125.5M more than budgeted due DHCS paying the Plan MCO taxes related to the prior FY 2023, in FY 2024. Net income through March 31, 2024, was approximately $14.9M, which is approximately $8.3M more than budgeted primarily due to interest income being approximately $3.3M higher than projected, and rates and enrollment being higher than projected. <u>FY 2025 Proposed Budget</u> On March 21, 2024, the FY 2025 budget was reviewed and approved by the Finance Committee to move to the Commission for recommendation of full review and approval. FY 2025 enrollment projected to gradually decline throughout FY 2025 as DHCS works through the Medicaid disenrollment process. As of March 2024, the Plan's enrollment is approximately 435,000. It is projected by June 2025 the Plan's enrollment to be approximately 394,000. Revenues are projected to increase in comparison to prior year budget primarily due to an increase in MCO taxes which was approved by the Centers for Medicare and Medicaid Services ("CMS") noting a substantial increase in the MCO tax amount from previous years. In addition, an increase in capitation rates paid by DHCS to CalViva as a result of the additional funds generated by the new MCO tax which will be used to increase Medi-Cal rates. The State has increased the Medi-Cal fee schedule beginning 2024 to at least 87.5% of Medicare. On May 10th the State released the May revised 2024-2025 State budget. What was initially planned was an increase beginning 2025 for Provider rates, which includes Medi-Cal rates for primary care, specialty care, maternity care and non-specialty mental health related services to at least 100% of Medicare; this has been removed from the State budget. The Plan increased the capitation rate projections to account for these changes, but because the Plan knew there was a budget deficit looming, the Plan conservatively increased it only by approximately 1%. Total gross		

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	revenue impact will be approximately $12.5M. Net income impact will be approximately $188K less in net income. Taking into consideration the change to remove Medi-Cal provider rate increases beginning 2025, the Plan still believes the budget proposal is appropriate moving forward. Medical revenue is projected to be approximately $1.82B, which is approximately $84.2M more than budgeted due to MCO taxes increasing by approximately $30.9M, and an increase in rates and enrollment in comparison to FY 2024. Interest income is projected to be $4M, which is a $400K increase in comparison to FY 2024 due to the Plan allocating more funds to the money market funds and the interest rates staying higher than projected in comparison to FY 2024. Medical cost expense is projected to be approximately $1.18B, which is a $50.2M increase primarily due to rates and enrollment being higher than FY 2024. Administrative services fee expense is projected to be $53.7M which is approximately $2.3M more than budgeted primarily due to enrollment being higher than FY 2024. Salary, wages, and benefits expense is projected to be approximately $5M which is approximately $487K more than budgeted in FY 2024 due to potentially adding more staff to account for new programs moving into Medi-Cal Managed Care, including but not limited to NCQA, D-SNP, etc. Dues and subscriptions expense is projected to be approximately $298K, which is an increase of approximately $64K due to the trade associations that represent the Plan potentially hiring more staff to support the local health plans with regard to the new programs moving into Medi-Cal Managed Care. Grants expense is projected to be approximately $4.3M, which is an increase of approximately $400K to account for the new DHCS 2024 contract requirement that requires Plans to reinvest 5% of annual net income back into the community. In addition, if Plans fail to meet certain quality metrics that is published annually by DHCS, then the Plan would have to contribute an additional 7.5% of annual net		

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	income back into the community, specifically related to those quality measures that the Plan underperformed. Legal and professional fees expense is projected to be approximately $323K which is an increase of approximately $123K due to the project of adding an online member ID card option for members so that they can access their ID cards online. Recruitment expense is projected to be approximately $157K, which is $45K more than budgeted in FY 2024 due to paying placement fees to staffing agencies for their services in identifying new staff. MCO taxes are projected to be approximately $563.7M which is approximately $30.9M more than budgeted in FY 2024 due to the MCO tax having a built in escalating tax rate. Capital expenditure budget is projected to be $500K, which is an increase of $100K from FY 2024 due to vacant office space in the owned building. This is primarily due to accounting for any tenant improvements for potential new tenants. Net income is projected to be approximately $8.7M, which is approximately $192K less than budgeted for FY 2024 primarily due to an increase in admin expense net of increase of rates and enrollment. **Compliance Report**		
• **Compliance** Mary Lourdes Leone, CCO	Year to date there have been 169 Administrative & Operational regulatory filings for 2024; 12 Member Materials filed for approval; 43 Provider Materials reviewed and distributed, and 38 DMHC filings. There have been 13 potential Privacy & Security breach cases reported year to date. Since the 3/21/2024 Compliance Regulatory Report to the Commission, there were 3 new MC609 cases filed, of which 17 are under investigation. The 3 cases		

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	involved: 1) a non-participating provider, who is not enrolled as a Medi-Cal Fee-for-Service, who was identified for allegedly performing laboratory tests that their CLIA does not authorize, and for collecting payment from beneficiaries up front and not billing Medicare; 2) a non-participating laboratory was identified via data mining for billing a non-covered service; and 3) a CalViva member who allegedly has been placing fraudulent transportation requests for approximately three years The Annual Oversight Audits currently in progress since last reported include Marketing, Claims/PDR, and Health Equity. Audits completed since last reported consist of UMCM (CAP), Credentialing (CAP), and Behavioral Health. 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 the 2022 DMHC Final Audit Report on April 18, 2024, noting two findings: the Plan failed to identify PQIs in exempt grievances, and the Plan inappropriately denies post-stabilization care. The DMHC has referred the post-stabilization deficiency to the Office of Enforcement to assess the Plan's noncompliance with post-stabilization laws. DMHC will be conducting a follow-up audit within 18 months to address these findings. The Plan is in the process to issue a CAP to Health Net to begin to immediately remediate both these deficiencies. The Plan submitted the final 2023 Audit CAP response to DHCS on 3/27/2024, and DHCS closed the CAP on 4/19/2024. The Plan submitted all the Pre-Audit Documentation on 4/12/2024, and Verification Files on 5/3/2024. The Audit Entrance Conference will be held on 5/20/2024 via video teleconference and all interview sessions and file reviews will go through 5/31/2024.		

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	With regard to the Annual Network Certifications, the Plan filed all the required documentation related to the 2023 Subnetwork Certification on 1/5/24. DHCS completed their initial review and asked for additional information on 2/20/2024 and 4/30/2024. The Plan submitted the additional information on 2/23/2024 and 5/3/2024 and is awaiting DHCS response. In addition, The Plan submitted the required documentation for the 2023 Annual Network Certification by 3/25/24 and is awaiting DHCS response. With regard to the Timely Access and Annual Network Reporting (TAR), the Plan submitted the annual Timely Access Report (TAR) and Annual Network Report (ANR) on 5/1/2024 and is awaiting DMHC response. In addition, DMHC issued a Network Findings Report with two findings related to Geographic Access and Data Accuracy. The Plan's response is due to the DMHC by September 9, 2024. DHCS' external auditor, Health Systems Advisory Group (HSAG), sent notification on 3/15/2024 that they will be conducting a new annual Network Adequacy Validation (NAV) audit of MCPs per CMS requirements. The Plan must submit the required documentation by 5/15/2024. The audit will take place between 6/3/2021-7/26/2024. On 5/6/24, Health Net, on behalf of CalViva, submitted CalViva's NCQA Audit documentation. CalViva anticipates filing the NCQA Health Equity Accreditation documents by 3/11/25. On 4/24/24, DMHC requested CalViva to submit, under its DMHC license, Health Net's subdelegated contracted vendor agreements for vendors that perform various Knox-Keene functions on behalf of CalViva. The Plan will need to submit all current 19 vendor contracts as separate amendments to the DMHC and any new future subdelegated contracts. Note, this was the first time since DMHC approved CalViva's license in 2010 that it is requiring these subcontract vendor agreements. Regarding Enhanced Care Management (ECM), on 2/2/24, DHCS issued to CalViva (and many other MCP plans) a "Pre-Cap" related to the Justice Involved POF with a focus on developing adequate provider networks and increasing uptake for this		

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	POF. The Plan provided responses to the Pre-CAP on 3/18/24 and has not heard back. Regarding Community Supports, DHCS approval is still pending for the Community Supports MOC submitted 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). With regards to Long Term Care Carve-in, Phase II Network Readiness deliverables (i.e., additional attempts to contract and execute contracts) are due by 6/28/24. 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. DHCS requires each MCP to submit quarterly updates on the status of the multi-party MOUs with third party entities (LGAs, LEAs, LHDs and other MCPs in the county). The Plan's upcoming Q2 Status Report will indicate CalViva executed a DMC-ODS MOU with Fresno County on 4/22/24. The 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. **Medical Management** <u>Appeals and Grievances Dashboard</u> Dr. Marabella presented the Appeals & Grievances Dashboard through March 31, 2024. • The total number of grievances for the first quarter of 2024 remains consistent compared to the previous year.		
• **Medical Management** P. Marabella, MD, CMO			

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	• 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, balanced billing), and Transportation. • The volume of Quality of Care (QOC) cases remains consistent when compared to last year. • The volume of Exempt Grievances remains consistent. • Total Appeals volume has decreased when compared to the previous year's data, while the uphold and overturn rates have remained relatively consistent. Advanced imaging and Cardiovascular imaging volume of cases has improved (declined) so far this year. <u>Key Indicator Report</u> Dr. Marabella presented the Key Indicator Report (KIR) through March 31, 2024. A summary was shared that provided the most recent data for Membership, Admissions, Bed Days, Average Length of Stay, and Readmissions through March 2024, which demonstrates that most rates have decreased. • Membership has had a slight increase for the Expansion population; both TANF and the SPD populations remain consistent with previous months. • Acute Admissions, Bed Days, and Acute Length of Stay (all adjusted PTMPY), for TANF, MCE, and SPDs remain consistent with recent months with the following exceptions: o For Bed Days (adjusted PTMPY), SPDs show steady decline month over month in Q1 2024. o Acute Length of Stay (adjusted PTMPY) overall decreased in March with SPDs decreasing month over month in Q1 2024. • Turn-around time compliance remains at 100% with the exception of Preservice urgent at 96%. Care Management (CM) results have fluctuated within the various programs; Perinatal CM slightly decreased with good engagement rates, Physical Health CM referrals are trending up with good engagement, and Transitional Care Services		

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	(Transitions of Care) is declining as members are referred to appropriate services after 30 days. Behavioral Health CM capture rate remains good. First Year of Life is a new program recently added and has shown 100% engagement rates in the first 3 months of 2024. <u>QIUM Quarterly Summary Report</u> Dr. Marabella provided the QI, UMCM, and Population Health update for Q1 2024. Two meetings were held in Quarter 1, one on February 15, 2024, and one on March 21, 2024. The following guiding documents were approved at the February and March meetings: 1. QI/UM Committee Charter 2024 2. 2023 Quality Improvement End of Year Evaluation 3. 2024 Quality Improvement/Health Education Program Description 4. 2024 Quality Improvement/Health Education Work Plan 5. 2023 Utilization Management/Case Management End of Year Evaluation 6. 2024 Utilization Management Program Description 7. 2024 Case Management Program Description 8. 2024 Utilization Management/Case Management Work Plan 9. Population Health Management Segmentation Report 10. Population Health Management Assessment Report 11. Non-Behavioral Health Member Experience Report 12. Behavioral Health Member Experience Report In addition, the following general documents were approved at the meetings: 1. Pharmacy Provider Updates 2. Medical Policies 3. Pharmacy Policies The following Quality Improvement Reports were reviewed: Appeals and Grievances Dashboard, Potential Quality Issues (PQI) & Provider Preventable Conditions (PPC) Report, MHN Performance Indicator Report for Behavioral Health, Blood Lead Screening Report, and NCQA System Controls CR Oversight		

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	Report 2023. Additional Quality Improvement reports were reviewed as scheduled during Q1. The following Access Reports were reviewed: Access Work Group minutes from November 28th,2023 and the Access Workgroup Quarterly Reports for Q4 2023 & Q1 2024. Other Access-related reporting included the Standing Referrals Report, Specialty Referrals Report, and Provider Office Wait Time Report. The Utilization Management & Case Management reports reviewed were the Key Indicator Report & Concurrent Review Report, Inter-rate Reliability Results for physicians and Non-physicians, and Case Management and CCM Report. Additional UMCM reports were also reviewed as scheduled. Pharmacy quarterly reports reviewed were Pharmacy Operations Metrics, Top Medication Prior Authorization (PA) Requests, Inter-rater Reliability Review Report and Quality Assurance Results which were all reviewed for Quarter 4. HEDIS® Activity: In Q1, HEDIS® related activities focused on data capture for measurement year 2023 (MY23). Managed Care Medi-Cal health plans will have eighteen (18) quality measures that they will be evaluated on for MY2023 and the Minimum Performance Level (MPL) is the 50th percentile. Activities include: • Finalized and submitted the 2024 HEDIS® Roadmap. • MY2023 HEDIS® data gathering from clinics and providers throughout the three-county area with final submission to DHCS and HSAG. • Completed Annual HEDIS® Audit. • Initial reports in review for compliance with MCAS measures. Current improvement projects: • Clinical - Well Child Visits W-30+6 in AA/Black Population Performance Improvement Project (PIP). • Non-clinical – Improve Provider Notifications within 7-days for Members Seen in the E.D. for SUD/MH Issue Performance Improvement Project (PIP).	*Supervisor Quintero asked if the projects are mandated?* *Dr. Marabella replied that if the Plan is below the 50th percentile (minimum performance level) on the eighteen measures when compared to the overall or regional rates, then per domain (groups of measures by topic- Children, BH, Chronic*	

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	• Institute for Healthcare Improvement (IHI) Equity Focused Well-Child Sprint Collaborative. • Lean Equity Improvement Projects. • Comprehensive Improvement Project. No significant compliance issues have been identified. Oversight and monitoring processes will continue.	*Disease, or Reproductive & Cancer) the Plan is required to complete an improvement project. The projects are Lean, Comprehensive or Transformational. For CVH we have a Lean project (Children) in Kings County, a Comprehensive project (Children & BH) in Fresno County, and a Lean project (BH) in Madera County.*	
• **Executive Report** J. Nkansah, CEO	**Executive Report** Total membership for CalViva as of March 2024 is 435,626. Anthem Blue Cross members are at 210,739, and Kaiser membership is at 5,494. Currently pending State data related to how default percentages are for March as well as the Choice percentages. Dual Eligible Membership will have a role in Medi-Cal enrollment in the foreseeable future. There are no significant issues or concerns to report at this time as it pertains to IT, Member Services, CVH Website, Provider Network, and Provider Disputes. Cybersecurity Assessment is scheduled for Calendar Year 2024. With regard to the Call Center and Website, the self-service change to allow members to request a PCP Change through the CalViva Health website has been successful. Efforts are underway to allow members a self-service option to gain access to their Member ID Card through the CalViva Health Website.	*Commissioner John Frye asked how high Kaiser numbers may go?* *Jeff Nkansah believes their membership will slowly trend up, and that there is no cap.*	

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	With regard to Claims Processing, management is working with PPG 1, 3 & 8 on improving performance. PPG 1 is no longer active in the CalViva Health Service Area as of 12/31/2023. *Joyce Fields Keene left at 3:07 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 3:26 pm. The next Commission meeting is scheduled for July 18, 2024, in Fresno County.		

Submitted this Day: 7-18-24

Submitted by: Cheryl Hurley

Cheryl Hurley
Clerk to the Commission