

9.21.26 Pop Health Board committee- NOTICE

Kaweah Delta Health Care District

Board of Directors Committee Meeting

Health is our Passion. Excellence is our Focus. Compassion is our Promise.

NOTICE

The Population Health Board Committee of the Kaweah Delta Health Care District will meet at the Executive Office Conference Room {305 W Acequia Avenue, Visalia, CA} on Monday, September 21, 2026:

- 12:00PM Open meeting

In compliance with the Americans with Disabilities Act, if you need special assistance to participate at this meeting, please contact the Board Clerk (559) 624-2330. Notification 48 hours prior to the meeting will enable the District to make reasonable arrangements to ensure accessibility to the Kaweah Delta Health Care District Board of Directors meeting.

All Kaweah Delta Health Care District regular board meeting and committee meeting notices and agendas are posted 72 hours prior to meetings (special meetings are posted 24 hours prior to meetings) in the Kaweah Health Medical Center, Mineral King Wing near the Mineral King entrance.

The disclosable public records related to agendas can be obtained by contacting the Board Clerk at Kaweah Health Medical Center – Acequia Wing, Executive Offices (Administration Department/Executive Offices) {1st floor}, 400 West Mineral King Avenue, Visalia, CA via phone 559-624-2330 or email: kedavis@kaweahhealth.org, or on the Kaweah Delta Health Care District web page <http://www.kaweahhealth.org>.

KAWEAH DELTA HEALTH CARE DISTRICT

David Francis, Secretary/Treasurer



Kelsie Davis

Board Clerk / Executive Assistant to CEO

DISTRIBUTION:

Governing Board, Legal Counsel, Executive Team, Chief of Staff, www.kaweahhealth.org

9.21.26 Population Health Board Commitee- Agenda

Kaweah Delta Health Care District Board of Directors Committee Meeting

Health is our Passion. Excellence is our Focus. Compassion is our Promise.



KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS POPULATION HEALTH COMMITTEE

Kaweah Health Medical Center
305 W. Acequia Avenue, Executive Office Conference Room (1st Floor)

Monday September 21, 2026 at 12:00 pm

ATTENDING: DIRECTORS: Dean Levitan (Chair), Armando Murrieta; Marc Mertz, Tom Boggs, Jag Batth, Max Heckhausen, Luke Schneider, Ambulatory Medical Director-(Vacant), Sonia Duran-Aguilar, Ivan Jara, Chelsea Stafford- Recording

CALL TO ORDER – *Dean Levitan, Secretary/Treasurer*

PUBLIC PARTICIPATION – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdictions of the Board are requested to identify themselves at this time.

1. **WELCOME & CALL TO ORDER - 12:00 PM** - *Dean Levitan, Committee Chair; Board Secretary/Treasurer*
 - 1.1 Prior Meeting Minutes – For Approval
 - 1.2 Organizational Chart
 - 1.3 Guest Introduction
 - 1.4 Patient story
 - 1.5 Celebrate Wins
1. **COMMITTEE WORKPLAN: For Approval - 12:10 PM**
2. **POPULATION HEALTH & VALUE BASED CARE - 12:15 PM**
 - 3.1 Quality Report - 2026 Medi-Cal Population
 - 3.2 Medicare / Medicare Advantage (MA) Report
 - 3.3 Discussion Questions
1. **STRATEGIC PLAN REPORT - PAYMENT REFORM - 12:30**
 - 4.1 Cal-RHT (Rural Health Transformation)
 - 4.2 Transforming Maternal Health (TMAH)

Mike Olmos • Zone 1
Board Member

Jonna Schengel • Zone 2
Board Member

Dean Levitan, MD • Zone 3
Secretary/Treasurer

David Francis • Zone 4
President

Armando Murrieta • Zone 5
Vice President

Kaweah Delta Health Care District

Board of Directors Committee Meeting

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1. HEALTH EQUITY & COMMUNITY/GRANTS - 12:40 PM

- 5.1 Enhanced Care Management (ECM) & Community Supports (CS)
- 5.2 HRSA Care Coordination Grant
- 5.3 Elevance Grant
- 5.4 Discussion Questions

1. NEXT MEETING TOPICS- 12:55 PM

ADJOURN – *Dean Levitan, Committee Chair; Board Secretary/Treasurer*

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Board Member

Jonna Schengel • Zone 2
Board Member

Dean Levitan, MD • Zone 3
Secretary/Treasurer

David Francis • Zone 4
President

Armando Murrieta • Zone 5
Vice President

Population Health Committee materials Sep 2026 FINAL

Population Health & Community Committee

Sep. 21, 2026



OUR MISSION

Health is our passion.
Excellence is our focus.
Compassion is our promise.



Meeting Agenda

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- 1.4 Patient story
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- 3.2 Medicare / Medicare Advantage (MA) Report
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- 4.1 Cal-RHT (Rural Health Transformation)
- 4.2 Transforming Maternal Health (TMaH)

5. HEALTH EQUITY & COMMUNITY/GRANTS - 12:40 PM

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- 5.3 Elevance Grant
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1. WELCOME & CALL MEETING TO ORDER

1.1 Prior Meeting Minutes – For Approval

1.2 Organizational Chart

1.3 Guest Introduction

1.4 Patient story

1.5 Celebrate Wins

1.1 Prior Meeting Minutes (Draft) – For Approval

KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS

POPULATION HEALTH COMMITTEE- MINUTES

Monday July 20, 2026

Kaweah Health Medical Center

305 W. Acequia Avenue, Executive Office Conference Room (1st Floor)

ATTENDING: [Dean](#) Levitan (Chair), Armando Murrieta; Marc Mertz, Tom Boggs, Max Heckhausen, Luke Schneider, Sonia Duran-Aguilar, Chelsea Stafford- Recording

CALLED TO ORDER AT 12:00 – Dean Levitan, Secretary/Treasurer

Dr. Dean Levitan called the meeting to order at 12:00PM and welcomed the group. He gave an overview of the meeting purpose as this was the first meeting. The committee was established from the desire to bring Population Health activities to the attention of the Board as it is on the strategic plan. This is a formal way to capture reviews, ask questions, and ensure project goals are achieved. Dr. Levitan thanked Sonia, Tom and Chelsea for their time putting the agenda together and organizing the meeting.

MEETING CADENCE: The committee agreed to a bi-monthly cadence.

CHARTER- FOR REVIEW ONLY: Tom shared the charter was drafted from best practices and describes how this committee will support the board, what the authority structure and scope of responsibilities are. The membership list was reviewed and discussed. The group agreed with the charter. The charter was made available in the packet. It was asked that a Population Health org chart be provided at the next meeting.

COMMITTEE OVERVIEW & PATIENT STORY: Tom welcomed the committee and suggested meetings should start with a patient success story. Sonia shared a patient story. The story was available in the packet and did not include any patient information. Chelsea and Sonia introduced themselves upon Dr. Levitan's request and shared backgrounds.

CURRENT STATE: Tom provided an overview of the current state of the Population Health Division including contracts, grants, and quality. Tom asked that the group join in for questions as they come up. Tom spoke about the difficulties that are driving the need for payment reform and how that affects care. Tom discussed the effects of HR1 and the impact in terms of Medi-Cal redetermination. The group discussed what the projections of patients falling off Medi-Cal may be. The committee discussed various strategies for continuing to meet the needs of the community. More information was available in the packet.

Page 1

QUALITY INCENTIVE PROGRAM (QIP): Sonia shared a slide with the measures that the organization monitors. She noted that for 2026 there will be 7 measures reported on. She added that there are strong workflows in place in the clinics and a dedicated Gaps in Care team and Annual Wellness Visits team. Sonia described the process for closing gaps and shared some of the tools used. Marc added that Kaweah Health has been recognized at a state level for work in this program.

SEQUOIA HEALTH PLAN (SHP): Tom shared information on the partnership. Information was available in the packet. He noted that there has been a lot of improvement in a short period of time. There are action plans and focus areas [in](#) place. Tom shared that our challenges here reflect challenges across the country.

TRADITIONAL MEDICARE-MSSP (ALEDAD): Tom described the relationship with Aledade. Detailed information was made available in the packet. There was discussion on the savings and payment structure.

QUALITY METRIC INDICATORS: Information was provided in the packet. Tom shared that the next step is developing an enterprise quality score card.

COMMUNITY PARTNERSHIPS/ OUTREACH: Information regarding community outreach efforts was briefly discussed with information available in the packet. Armando asked about incorporating residents into community outreach events like street medicine and Cuadrilla events.

GRANT REVIEW: The committee reviewed and discussed the current grants and grant opportunities. This information was included in the packet. Dr. Levitan asked what the grant seeking and writing process is. Sonia described the current collaboration between the foundation grant coordinator and the population health division.

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA): Sonia shared what Kaweah's role is in developing [the CHNA](#) as part of the regional collaborative. Sonia will bring details when the next cycle begins.

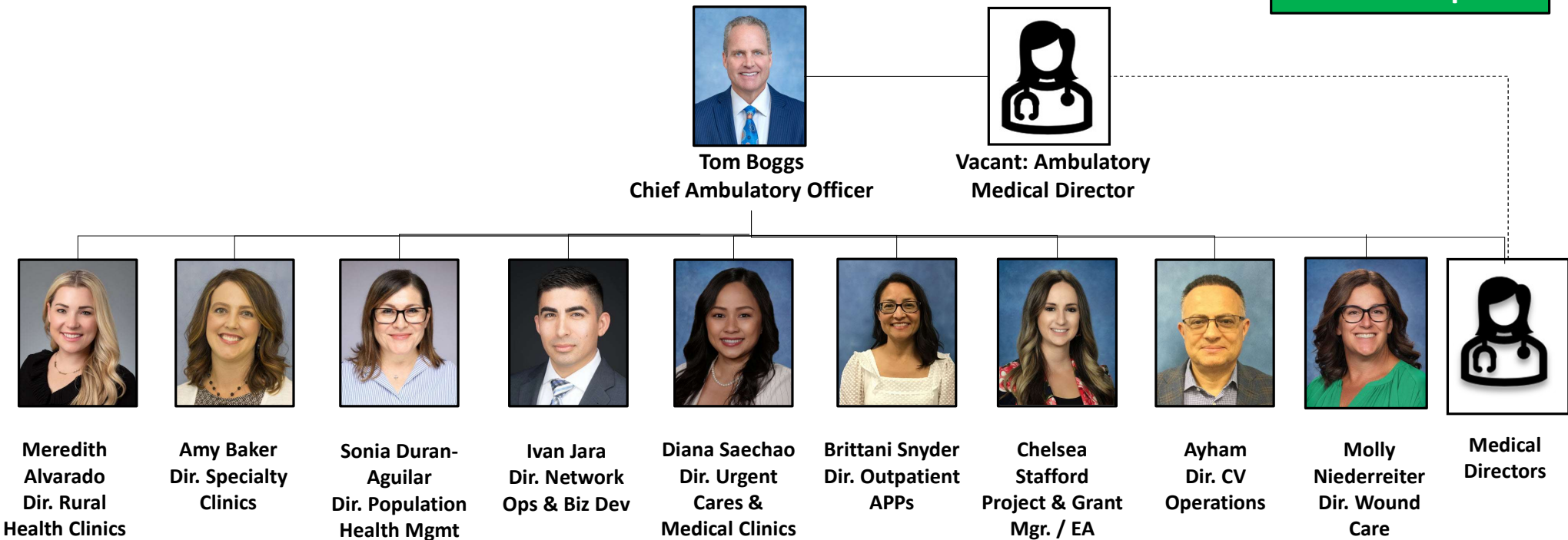
ENHANCED CARE MANAGEMENT (ECM) & COMMUNITY SUPPORTS (CS): Enrollment information and tracking was available in the packet. The Community Supports program has enrolled 142 members to date.

ADJOURN – The meeting was adjourned at 1:03pm

Page 2

1.2 Ambulatory & Population Health Org Chart (1 of 2)

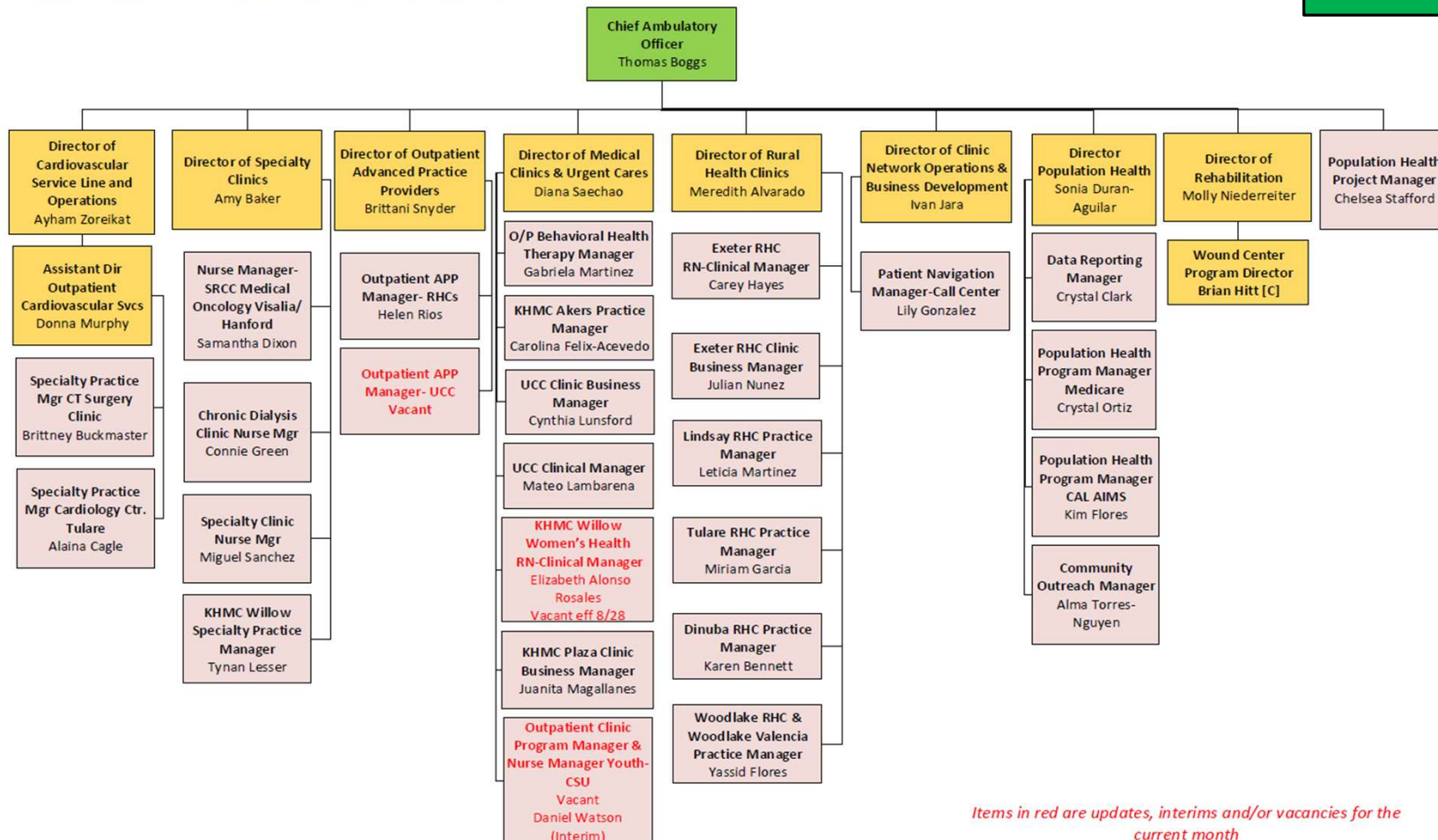
Population Health
is a Team Sport!



1.2 Ambulatory & Population Health Org Chart (2 of 2)

Population Health
is a Team Sport!

POPULATION HEALTH AND OUTPATIENT CLINICS



kav

Items in red are updates, interims and/or vacancies for the current month

1.4 Patient Story

Patient Overview

Patient: BA, 44 year old Male

Enhanced Care Management (ECM) Intervention & Enrollment: 3/2025, transplant 10/25

PMX: Liver cirrhosis s/p liver transplant and R Kidney transplant in 10/25, anemia, and esophageal varices.

IN JUST 12 MONTHS
77% ED Visits w/NO
FURTHER ADMISSIONS



Patient Engagement

Patient and parents involved in member's care. CC Laura worked closely with patient and parents to coordinate multiple appointments with PCP, cardiologists, In Home Supportive Services (IHSS), Motive Care for transportation to medical appointments. Transplant evaluation began first week of May and since transplant his life has changed in a positive way. First time in his life he began talk therapy, he obtained his CA DL, purchased his own vehicle, goes to the gym 4x/week.

Patient Outcomes

Reduction in avoidable
health care use:

Utilization	Jan-Aug 2025	Jan-Aug 2026	% Change
ER Visits	51	12	77%
Inpatient Visits	18	0	100%
Total Acute-Care	69	12	83%

Patient Success & Feedback

Patient reports he is "living his best life" and frequently expresses how thankful he is for the support & guidance he has received through ECM program.

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1.5 Celebrate Wins!

Quality & Payment Transformation

\$7M+ in Infrastructure Grants Submitted

- Community Health – Physician Recruitment
- Cal Rural Health Transformation (Cal RHT)
- Elevance (MFM / OB)

Dialysis 5-Star Patient Experience

Kaweah's Dialysis Center 1 of only 2 recipients of CMS 5-Star Patient Satisfaction rating within our market

Kaweah Health Dialysis Center

5040 W. Tulare Avenue
Visalia, CA 93277
(559) 624-3600

Patient survey rating
★★★★★

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PCMH Level 3 Designation

Rural Health Clinics (RHCs) earn Level 3 (Highest) Patient-Centered Medical Home (PCMH) from NCQA!



Exeter, Lindsay & Dinuba RHCs earn Behavioral Health Integration Distinction



Population Health Community Impact!

- Cuadrilla event held 7/25/26. 100 members served, 23 SDOH screened
- MOVES
45 Events, 600 Lives Touched
- Community Supports (CS)
Total Housed members since 1/2024=172!

Lindsay Clinic Mobile Van
CDPH Review Complete with Contingent Approval received!



2. FY 2027 Committee Workplan (Draft) – For Approval

Purpose: *Ensure Committee fulfills responsibilities outlined in its Charter per Governance Best Practices (refer to Appendices)*

July 2026	Sep 2026	Nov 2026	Jan 2027	March 2027	May 2027
• Committee Kickoff • Member Slate Approval • Orientation / Introduction • Programs Overview	• Committee FY 2027 Workplan • Strategic Project Deep Dive: Payment Transformation	• Approve CY 2027 Quality Workplan • Health Equity Report (HCAI) • Regulatory Review	• Community Health Needs Assessment (CHNA) Report • Community Benefit Overview • Grant Report	• FY 2028 Kaweah Strategic Plan: Proposed Population Health & Community Initiatives	• Charter Review • Committee Self Evaluation • Annual Report • Committee FY 2028 Workplan

Above Topics Exclude Standing Meeting Items:

- Prior Meeting Minutes
- Population Health Balanced Scorecard
- Strategic Plan / Program Reports

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3. POPULATION HEALTH & VALUE BASED CARE

3.1 QUALITY - 2026 MEDI-CAL POPULATION (QIP)

3.2 MEDICARE/MEDICARE ADVANTAGE (MA) REPORT

3.3 DISCUSSION QUESTIONS

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3.1 QUALITY REPORT: 2026 MEDI-CAL POPULATION (QIP)

≈\$12M Opp.
7 measures

Measures	Current YTD	Prior YTD	Target	Var To Prior YTD	Var To Target
	Aug 26 YTD	Aug. 25 YTD			
Controlling High BP	64%	53%	71%	● 21%	-10%
GSD Glycemic Status Assessment for Patients w/Diabetes (<=9.0%)	48%	42%	27%	● 14%	77%
Colorectal Cancer Screening (45 - 75 y/o)	38%	36%	39%	● 6%	-3%
Well-Child Visits in the First 15 Months	54%	49%	70%	● 11%	-22%
Well-Child Visits in the First 30 Months	64%	67%	69%	● -4%	-8%
Well Child-BMI Percentile	84%	79%	78%	● 7%	8%
Well Child - Counseling for Nutrition	49%	50%	68%	● -2%	-28%
Well Child - Counseling for Physical Activity	54%	53%	68%	● 3%	-20%
Immunizations for Adolescents	22%	22%	29%	● 3%	-25%
Childhood Immunization Status COMBO-10	4%	6%	20%	● -32%	-78%
Lead Screening in Children	74%	77%	81%	● -4%	-9%
PPC-PRE Prenatal Care	87%	86%	90%	● 1%	-3%
PPC-PST Post Natal Care	76%	76%	85%	● -1%	-11%
Breast Cancer Screening	56%	52%	60%	● 8%	-6%
Cervical Cancer Screening	58%	58%	55%	● -1%	4%
Chlamydia Screening	57%	47%	54%	● 22%	5%
WCV: Child and Adolescent Well-Care	24%	34%	50%	● -29%	-52%
Developmental Screening	18%		43%		-58%
Follow Up After ER Visit for Mental Illness w/in 30 days of visit	54%		57%		-6%
Follow Up After ER Visit for Mental Illness w/in 7 days of visit	38%		42%		-8%
Follow-Up After ER Visit for Substance Use w/in 30 days of visit	24%		39%		-38%
Follow-Up After ER Visit for Subst Use w/in 7 days of visit (info only)	15%		27%		-44%
Eye Exam for Patients With Diabetes (EED)	25%		50%		-51%
ECDS Measures Depression Screening	22%		18%		20%
ECDS Measures Follow-Up on Positive Screen	69%		71%		-2%

Overall Status:

● **On Track (Lagged Data)**
meeting 4 metrics

Scope

- CMS 1115 Waiver program through DHCS
- ≈20,000 Medi-Cal Lives
- Upside Only

Methodology

- Attain/Improve/Outperform on 7 Metrics
- Targets set by DHCS

Action Plans

- Care Gap Closure
- RHC Workflows / Integration
- Documentation / Supp. Data
- Implemented Care Gap / AWV Team

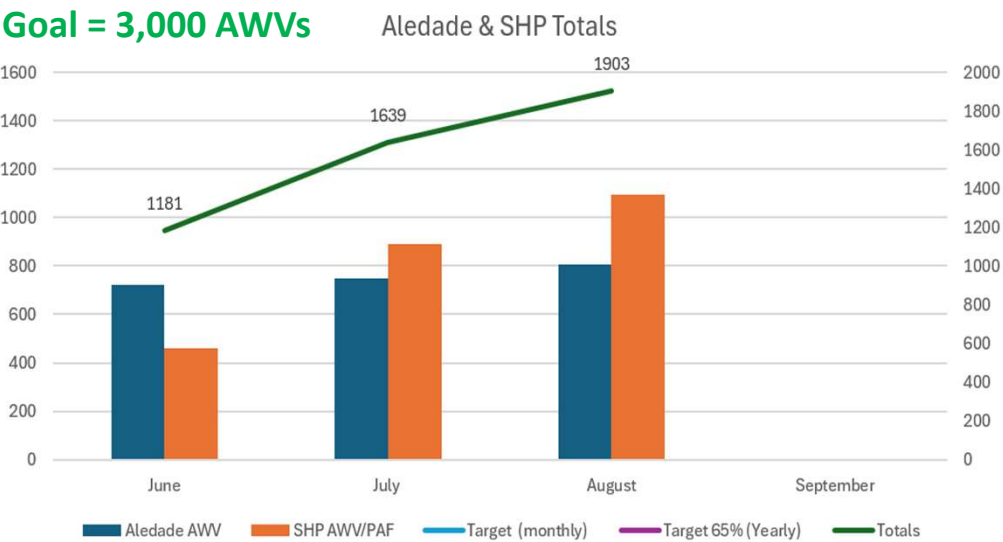
DHCS: Dept of Healthcare Services
RHC: Rural Health Clinic

3.2 MEDICARE/MEDICARE ADVANTAGE (MA) REPORT

Our AWW Team launched in May 2026 and has shown steady improvement through focused tactics, outperforming CY 2025.

Annual Wellness Visits (AWVs)

- Foundational to success in value-based care.
- Establish/Strengthen Patient-PCP Relationship
- Drive Assignment & Attribution Methodologies
- Vital to Closing Gaps in Care & Risk Scores



We are positioned for success in a growing MA Market during Fall 2026 Open Enrollment (AEP).

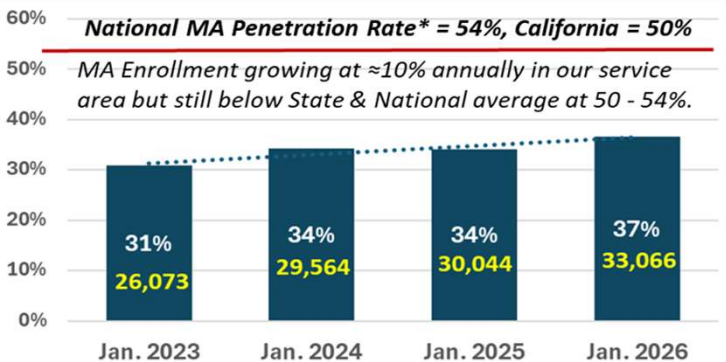
Like Costco, Walmart will sell Medicare Advantage plans

Both retail giants have partnered with SCAN Health, a nonprofit health insurer

Humana to exit Medicare Advantage plans covering 600,000 members in 2027

Tulare & Kings County Service Area

Medicare Advantage (MA) Enrollees & Penetration Rate*



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3.3 Discussion

Budget Deficits, Employer/Purchaser dissatisfaction, unsustainability etc. driving payment shift to risk & outcomes.

CMS Medicare CY 2027 Payment Rule

CMS Proposes Transformational Medicare Reforms to Expand Accountable Care, Modernize Physician Payment, and Shift from Sick Care to Healthcare

CMS Proposes Transformational Medicare Reforms to Expand Accountable Care, Modernize Physician Payment, and Shift from Sick Care to Healthcare

The Centers for Medicare & Medicaid Services (CMS) is proposing transformational reforms to Medicare's physician payment and value-based care programs that would expand accountable care, modernize physician payment, reduce administrative burden, and help shift the healthcare system's focus from treating illness to preventing it.

HealthAffairs

Could California's Health Care Spending Benchmark Become A Global Budget?

Keith Marzilli Ericson - August 19, 2026

Medi-Cal Value Strategy 2026

Medi-Cal Has Already Made Major Commitments

- » Medi-Cal has made **major moves to improve** value:
 - **Expanded managed care** in Medi-Cal
 - **Expanded coverage** in prior years to additional populations
 - **Holding plans accountable** to [quality measure expectations](#)
 - **Aligning many expectations** across Medi-Cal, Covered California, and CalPERS
 - **Increasing programs** that pay based on quality performance
- » DHCS has also **engaged stakeholders in many strategic conversations** about improving value, including leaders of managed care plans and provider organizations

Question:

In response to external challenges (HR1, Aging Population, Site of Service Shifts, strained federal / state budgets, etc.), how should we think about pacing our efforts in value-based care to monetize our infrastructure, prepare for the future and balance risk/reward?

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4. STRATEGIC PLAN REPORT: PAYMENT REFORM

4.1 Cal-RHT (Rural Health Transformation)

4.2 Transforming Maternal Health (TMaH)

4.1 CalRHT (Rural Health Transformation)

Submitted \$3.2M ask 8/14;
awaiting response from State

Rural Health Transformation Program (RHTP) – Federal Program

- Awards states \$50 billion over five years for rural healthcare delivery

CalRHT Program – California’s Implementation of RHTP Federal Program Awards

- CalRHT is California’s approach to the federal Rural Health Transformation Program (RHTP)
- California awarded \$233.6 million for Federal Fiscal Year 2026 to support rural communities across the state, administered by HCAI
- **Transformative Care Model – Accelerator Partners: \$3.2M Grant Ask “Maternal Health Transformation Network in Tulare County”**

Maternal Health Transformation Network in Tulare County Concept Design for Partner Reference

The Maternal Health Transformation Network in Tulare County will be a regional hub-and-spoke model initially connecting Kaweah Health, Tulare County clinics, Alta Centers for Health, and community partners to improve maternal health outcomes through technology-enabled monitoring, coordinated high-risk pregnancy care, shared clinical protocols, and continuous regional quality improvement. HC2 will serve as implementation partner.

- **Year-1 clinical focus:** Hypertension & diabetes in pregnancy + referrals for health-related social needs (HRSN)
- **Regional transformation:** Shared protocols + shared measurement + referral redesign + care coordination + rapid-cycle improvement
- **Future scalability:** MFM access + diabetes + postpartum care + behavioral health + HRSN + additional maternal specialty services + additional Partners

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4.2 Transforming Maternal Health (TMaH) Model

Headline:

As part of CMS Innovation Model, California is implementing the federal [Transforming Maternal Health \(TMaH\)](#) through a **\$17 million, 10-year initiative** led by the Department of Health Care Services (DHCS).

Overview of the TMaH Model

Target Region: 5-County region w/high maternal health disparities (Fresno, Kern, Kings, Madera, and **Tulare** counties).

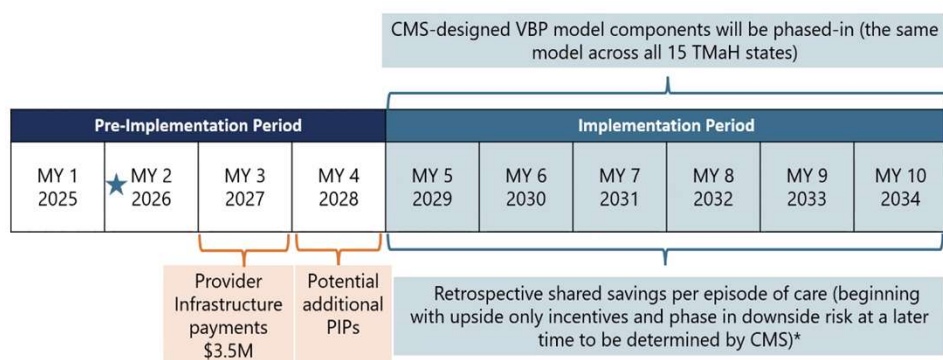
Core Goal: Test whether evidence-informed practices and value-based payments can improve care and lower Medi-Cal and CHIP costs.

Timeline: Includes a 3-year pre-implementation period followed by a 7-year implementation phase. **Infrastructure Payments begin in 2027.**

Current State:

Kaweah has submitted a non-binding Letter of Interest and is participating in learning sessions with our Health Plan Partners.

TMaH Model Year (MY) Timeline*



TMaH VBP Model Quality Measures

	 PRENATAL	 LABOR & BIRTH	 POSTPARTUM
Model Goals	- Increase engagement in prenatal care - Increase screening, follow up, and management of comorbidities	- Decrease rates of low-risk c-section - Decrease maternal morbidity - Decrease rates of low birth-weight infants	- Increase engagement in postpartum care - Increase screening, follow up, and management comorbidities
Measures	- Timeliness of prenatal care* - Depression screening and follow-up* - Maternal hypertension control	- Low-risk c-section* - Low birth weight - Maternal morbidity (e.g., obstetric complications)	- Timeliness of postpartum* depression screening and follow-up* - Maternal hypertension control

*Measures confirmed by CMS to be used in the VBP Model initially



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17

5. HEALTH EQUITY & COMMUNITY

- 5.1 Cal-AIM: Enhanced Care Management (ECM) & Community Support (CS)**
- 5.2 HRSA Care Coordination Grant**
- 5.3 Elevance Maternal Health Grant Submission**
- 5.4 Discussion Questions**

5.1 Cal-AIM: Enhanced Care Management (ECM) & Community Supports (CS)

Care Coordination



Enhanced Care Management

For people with serious mental illness or substance use disorder, those who are medically complex, and those experiencing homelessness or housing instability.

392 ECM
Enrolled



Community Supports

Housing transition navigation, plus housing tenancy and sustaining services.

111 CS
Enrolled

62 Members Successfully Housed in FY 2026!



Community health worker CHW

Trusted, culturally responsive support that runs across both benefits — the connective tissue of the model.

MEDI-CAL Enhanced Care Management

FREE Services to help you get the care you need!



Find doctors and get an appointment



Assistance with transportation services



Connect you to housing services if you are homeless or at risk of homelessness



Better understand your prescription drugs



Find and apply for food benefits and housing



Connect you to other community programs and services

Joining the program is EASY! Simply let the Community Care Coordinator, your doctor or behavioral health provider know that you would like ECM Services. Call (559) 624-2956 or (559) 624-2881.

IMPORTANT THINGS TO REMEMBER

- You keep your current Medi-Cal benefits
- ECM offers an extra layer of support
- Your current doctor and provider stay the same
- ECM adds to your current healthcare
- Joining the ECM is optional
- Leave the program at any time and keep all your Medi-Cal Benefits



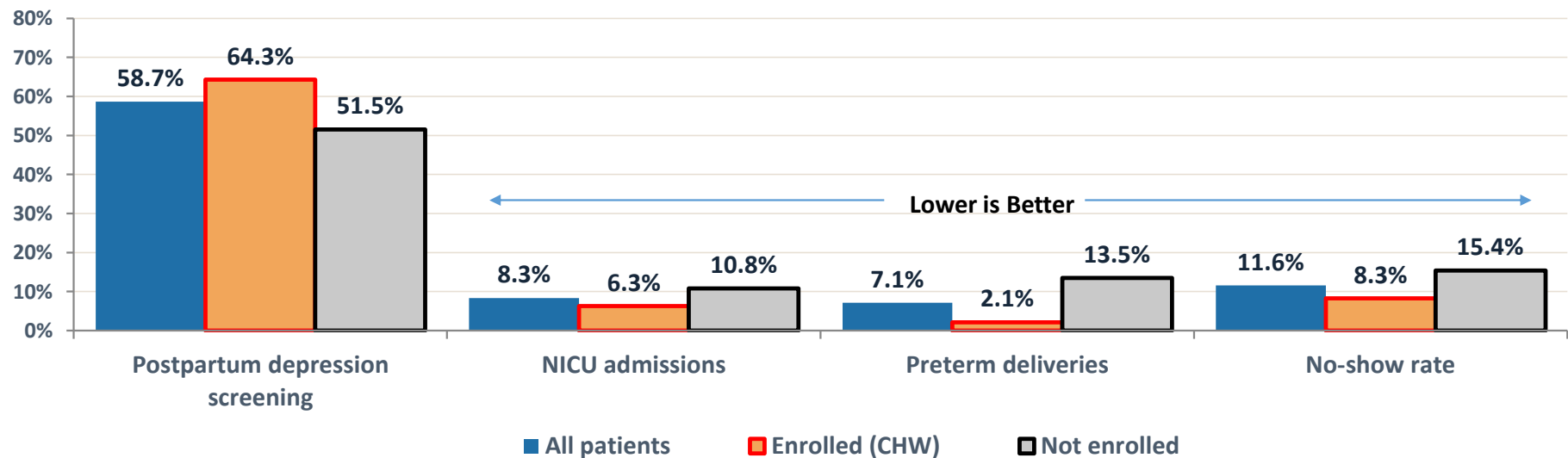
5.2 HRSA Care Coordination Grant

CHW-enrolled patients saw fewer preterm deliveries, fewer NICU admissions, and lower no-show rates.

CHW: Community Health Worker

Enrolled vs. Eligible

Pregnant patient population. Enrolled = assigned to a community health worker.



5.3 Elevance Maternal Health Grant

Grant Submitted in
Aug. 2026 (3-Year Term)

Elevance Maternal Health Grant

INVESTING IN HEALTHIER MOMS, BRIGHTER TOMORROWS.



Kaweah Health
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\$3 MILLION

GRANT REQUEST



PURPOSE

Improve maternal health outcomes through expanding the Community Health Worker (CHW) Growing Together program currently at the Lindsay clinic.

WHAT WE WILL DO



EXPAND THE GROWING TOGETHER PROGRAM

Scale the successful CHW program from 1 clinic to 5 clinics.



1 CLINIC
(Lindsay)



5 CLINICS
More families. Greater reach.



PROVIDE LACTATION SUPPORT

Offer lactation education and support to help mothers meet their breastfeeding goals.



ADD CHW SUPPORT IN THE INPATIENT MOM & BABY UNIT

Embed CHWs in the hospital to connect mothers with resources before and after discharge.

EXPECTED IMPACT



IMPROVED MATERNAL HEALTH OUTCOMES



EXPANDED ACCESS TO COORDINATED SUPPORT



BETTER CONTINUITY OF CARE

From community to hospital and back.



STRONGER MATERNAL & INFANT OUTCOMES

Stronger Mothers
Healthier Communities
Brighter Tomorrows.

HEALTHIER PEOPLE. STRONGER COMMUNITIES. BRIGHTER TOMORROWS.

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 **Kaweah Health**
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5.4 Discussion: Payment Reform/Grants

Questions:

- Are we focused on the highest priority areas of the organization and the community?
- Are there other funding sources/opportunities we should consider pursuit of?
- Do these investments / strategies advance our mission and help achieve our goals?

6. Next Meeting Topics

Meeting Adjourn

Appendices & Pre-Reads

Committee Charter

Kaweah Delta Health Care District

Health is our Passion. Excellence is our Focus. Compassion is our Promise.



Population Health & Community Committee Charter

I. Purpose

The Population Health & Community Committee ("Committee") is a standing committee of the Board of Directors established to provide oversight, guidance, and strategic support related to community health improvement, population health initiatives, community benefit activities, health equity efforts, and partnerships that advance the health and well-being of the communities served by the District/Hospital.

The Committee serves in an advisory capacity to the Board and supports alignment between organizational strategy, community needs, regulatory requirements, and measurable health outcomes.

II. Authority

The Committee is authorized by the Board of Directors to review population health strategies, recommend policies and initiatives, monitor compliance requirements, request reports and data, and engage leadership and community stakeholders as appropriate.

The Committee does not have independent authority to bind the organization unless expressly delegated by the Board.

III. Scope of Responsibilities

- Community Health Needs Assessments and implementation strategies
- Population health goals and initiatives
- Community partnerships and outreach
- Health equity and access initiatives
- Regulatory and community benefit reporting
- Strategic oversight of population health priorities and metrics

IV. Membership

The Committee shall consist of Board members appointed by the Board Chair, with additional advisory participants as appropriate including CEO, Chief Ambulatory Officer, Director of Population Health, medical staff, and community representatives.

Kaweah Delta Health Care District

Health is our Passion. Excellence is our Focus. Compassion is our Promise.



V. Meetings

The Committee shall meet at least quarterly. Minutes shall be maintained and regular reports provided to the Board of Directors.

VI. Reporting to the Board

The Committee Chair shall provide regular reports and recommendations to the Board regarding committee activities, community health priorities, population health initiatives, and strategic recommendations.

VII. Performance Evaluation

The Committee shall annually review its charter, evaluate committee effectiveness, and assess alignment with organizational goals.

VIII. Guiding Principles

The Committee supports improved community health outcomes, access to care, health equity, collaboration, stewardship of resources, and alignment with the organization's mission and strategic plan.

IX. Staff Support

Administrative support shall be provided by designated leadership and Board administration staff.

|
Approved By: Board of Directors

Effective Date: _____

Review Cycle: Annually



CURRENT STATE

Our Value-Based Care Portfolio, Partnerships & Infrastructure



Quality Incentive Program (QIP)

20,000 Medi-Cal Managed Care Lives
≈\$12M Opportunity



Sequoia Health Plan (SHP) Medicare Advantage (MA)

2,400 MA Lives
≈\$90M+ Opportunity



Aledade ACO Traditional CMS Medicare (MSSP)

2,600 MSSP Lives
≈\$500K+ Opportunity



Other

Commercial ACO Lives: ≈4,000 Lives
Medi-Cal (RHC P4P): ≈20,000 Lives

**\$105M+
29K
Lives**

Other includes following:
Aledade Anthem CO: 2,600 Lives
Key Commercial ACO: 1,400 lives
Medi-Cal (RHC P4P): 20,000 Lives

≈ \$1M+ Opportunity



Value-based care

Tying reimbursement to quality and outcomes rather than the volume of services.



Care coordination

Connecting patients across primary care, behavioral health and social supports.



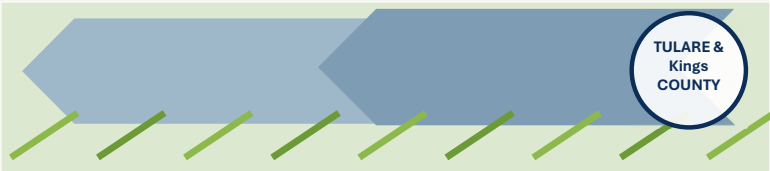
Community health

Meeting people where they live with trusted, culturally responsive outreach.

MSSP: Medicare Shared Savings Program | CO: Commercial



MEDICARE ADVANTAGE (MA) CY 2027 RATE ANNOUNCEMENT ANALYSIS



CMS FINALIZED
APRIL 6, 2026

CMS finalized the CY 2027 Medicare Advantage Rate Announcement on April 6, 2026. Nationally, MA payments are projected to increase by **2.48%** — more than \$13 billion above CY 2026. With estimated risk score trends, CMS projects an effective revenue increase of approximately **4.98%**.

NATIONAL PAYMENT INCREASE

2.48% ↑	4.98% ↑
BASE PAYMENT	WITH RISK TREND

KEY CY 2027 CHANGES IMPACTING PLANS OPERATING IN TULARE & KINGS COUNTY

- 1

EFFECTIVE GROWTH RATE INCREASED
Final effective growth rate: 5.33%, up from 4.97% in the Advance Notice. County-specific benchmark impact must be validated in the CMS ratebook.
- 2

RISK ADJUSTMENT RELIEF
CMS will continue the CMS-HCC Version 28 (V28) model in CY 2027 rather than adopt the proposed recalibrated model. V28 was fully phased in for CY 2026.
- 3

CODING INTEGRITY CHANGES
 - Unlinked chart-review diagnoses excluded, with limited exceptions for members changing MA organizations.
 - Audio-only diagnoses and other non-compliant sources remain restricted.
 - Prospective, encounter-linked documentation becomes increasingly important.

POTENTIAL IMPACT FOR TULARE & KINGS COUNTY IPA / PROVIDER GROUPS

- POSITIVE FACTORS**
- Higher national growth rate supports stronger benchmark and revenue expectations.
 - Keeping V28 avoids the additional reduction projected under the proposed recalibration.
 - Payment outlook improved materially from the Advance Notice.

STRATEGIC CONSIDERATIONS

Prioritize prospective and concurrent RAF capture.

Use compliant, linkable documentation; avoid reliance on unlinked chart reviews.

ACTIVE MA PLAN PLAYERS

Anthem Blue Cross • Humana • Imperial SCAN • UnitedHealthcare (AARP) • Wellcare by HN Central Health Plan (exiting)

CY 2027 STAR RATINGS UPDATES

- ★

HEI REWARD
Not implemented for 2027 Star Ratings; historical reward factor continues.
- ↘

PAYMENT IMPACT
Estimated national impact from Star Ratings changes: -0.03%.
- ✓

MEASURE SET
CMS removed 11 measures with limited differentiation, using phased effective dates.
- +

BEHAVIORAL HEALTH
Depression Screening and Follow-Up begins with measurement year 2027 and affects 2029 Star Ratings.
- **FOCUS AREAS**
Clinical outcomes, member experience, preventive care and medication adherence remain critical.

TULARE & KINGS COUNTIES, CALIFORNIA

MEDICARE ADVANTAGE MARKET OVERVIEW

Enrollment, market share, penetration and 2026 CMS Star Ratings

TOTAL MA

30,140

TULARE

23,701

KINGS

6,439

SHP SHARE

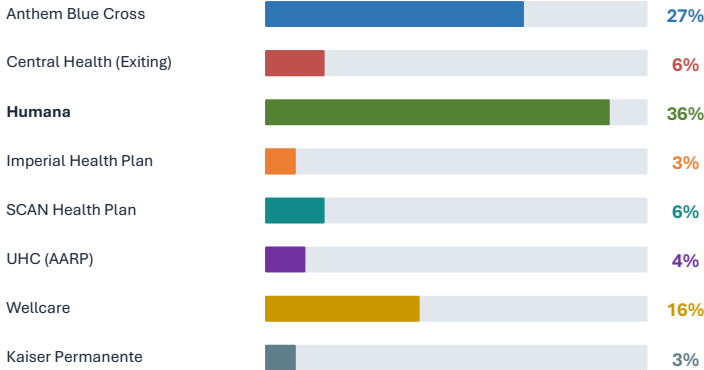
44%

MA ENROLLMENT BY PLAN

Plan	Tulare	Kings	Total	Share	CMS Rating
Anthem Blue Cross	6,194	1,852	8,046	27%	3
Central Health Plan (Exiting)	1,269	410	1,679	6%	3
Humana	8,803	1,918	10,721	36%	3
Imperial Health Plan	614	169	783	3%	3.5
SCAN Health Plan	1,048	852	1,900	6%	4
UnitedHealthcare (AARP)	883	189	1,072	4%	4
Wellcare by Health Net	4,519	386	4,905	16%	3.5
Kaiser Permanente	371	663	1,034	3%	4.5
TOTAL	23,701	6,439	30,140	100%	

Plan shares are rounded to whole percentages.

MARKET SHARE AT A GLANCE



MA PENETRATION • AUGUST 2026

National MA
Penetration
54%

MA enrolled / Medicare eligibles

TULARE
37%

26,609 / 71,764

KINGS
38%

7,531 / 19,960

SHP MEMBERSHIP

13,138 MEMBERS

Humana: 10,711 • Wellcare: 2,427

Tulare 11,163 | Kings 1,975

44%

MARKET SHARE

Source: User-provided enrollment and CMS ratings; CMS MA State/County Penetration Report, August 2026.

Cal-RHT (Rural Health Transformation)

Submitted 8/14; awaiting response from State

Rural Health Transformation Maternal Health Transformation Network

COLLABORATING FOR HEALTHIER MOMS. STRONGER COMMUNITIES.



\$3 MILLION
GRANT REQUEST



PURPOSE

Improve maternal health outcomes in our rural communities by identifying high-risk patients and connecting them to the care and support they need.

*Healthy
Moms.
Brighter
Tomorrows.*



TRANSFORMATION MODULES

1



KNOW THE RISK

Identify and stratify high-risk patients early in pregnancy and throughout the perinatal period.

2



CONNECT THE CARE

Link patients to comprehensive medical, behavioral, and community supports across the care continuum.

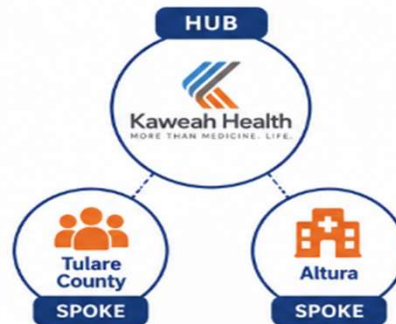
3



TRANSFORM THE SYSTEM

Build sustainable models, share data, and align partners to improve equity and maternal health outcomes across the region.

A COLLABORATIVE NETWORK



*Stronger together for healthier
mothers and babies across our region.*

EXPECTED IMPACT



**EARLIER IDENTIFICATION
OF HIGH-RISK PATIENTS**
Proactive support for
better outcomes.



**IMPROVED ACCESS
TO CARE**
Stronger connections to
medical, behavioral, and
community resources.



**HEALTHIER MOMS
AND BABIES**
Reduced complications
and improved outcomes.



**A MORE EQUITABLE,
SUSTAINABLE SYSTEM**
Lasting change for
rural communities.

PEOPLE. PARTNERSHIPS. PROGRESS.

A HEALTHIER TOMORROW FOR GENERATIONS TO COME.

kaweahhealth.org



Kaweah Health
MORE THAN MEDICINE. LIFE.

Cal-RHT (Rural Health Transformation)

Supporting Details

RHTP / Cal RHT
Executive Summary | Aug. 13, 2026

Maternal Health Transformation Network in Tulare County Concept Design for Partner Reference

The Maternal Health Transformation Network in Tulare County will be a regional hub-and-spoke model initially connecting Kaweah Health, Tulare County clinics, Altura Centers for Health, and community partners to improve maternal health outcomes through technology-enabled monitoring, coordinated high-risk pregnancy care, shared clinical protocols, and continuous regional quality improvement. HC2 will serve as implementation partner.

- **Year-1 clinical focus:** Hypertension & diabetes in pregnancy + referrals for health-related social needs (HRSN)
- **Regional transformation:** Shared protocols + shared measurement + referral redesign + care coordination + rapid-cycle improvement
- **Future scalability:** MFM access + diabetes + postpartum care + behavioral health + HRSN + additional maternal specialty services + additional Partners

Partner Roles:

	Kaweah Health	Tulare County Clinics	Altura Centers for Health	HC2 Strategies
Primary Network Role	Serve as prime applicant, regional clinical hub, QI lead, and overall accountable entity	Serve as a clinical spoke and county-connected implementation partner	Serve as a clinical spoke and community-based implementation partner	Serve as the neutral regional transformation, coordination, and implementation partner

RHTP / Cal RHT
Executive Summary | Aug. 13, 2026

Timeline and Key Milestones:

Year 1 Build and Launch the Network	Quarter 1: Establish and align the care quality network	1. Launch the regional care quality network 2. Establish shared decision-making process 3. Create structure to reflect governance processes 4. Tap into & coordinate clinical implementation teams
	Quarter 2: Design the shared learning & action system	5. Conduct a regional current-state assessment 6. Develop the regional operating model 7. Establish shared measurement
	Quarters 2–3: Begin network learning and testing	8. Conduct quarterly network learning sessions 9. Launch rapid-cycle improvement 10. Conduct multidisciplinary simulations or pathway walk-throughs
	Quarters 3–4: Operationalize and standardize	11. Implement a phased cross-sector case review, case-finding, and conferencing model 12. Standardize successful practices 13. Complete a Year 1 network review
Year 2 Mature, spread, and sustain the network	Quarters 1–2: Achieve reliable implementation	14. Move from testing to reliable regional implementation 15. Strengthen shared accountability 16. Deepen patient and community partnership
	Quarters 2–3: Expand selectively	17. Apply readiness criteria before adding new clinical priorities
	Quarters 3–4: Institutionalize and sustain	18. Develop a permanent network operating model 19. Develop the financial sustainability strategy 20. Capture and spread the model

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GRANTS

Current Grants

Heavy focus on the social drivers of health; delivered through trusted community partnerships.

Grant	Scope	Term	Funding
HRSA Care Coordination	Maternal Health	4 years 2023-2027	\$1.4 M
MOVES Centene	Community Outreach & Mobile Health Van	3 years 2024-2026	\$1.8M
Equity Practice Transformation (EPT)	Maternal Health	3 years 2024-2026	\$710K
Healthy Community Healthy Lindsay (HC-HL)	Chronic Disease Management	1 year 2026-2027	\$153K