Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission

Meeting Agenda

Wednesday, January 22, 2025

3:00 p.m. – 5:00 p.m.

Location: **In Santa Cruz County**:
Central California Alliance for Health, Board Room
1600 Green Hills Road, Suite 101, Scotts Valley, CA
In Monterey County:
Central California Alliance for Health, Board Room
950 East Blanco Road, Suite 101, Salinas, CA
In Merced County:
Central California Alliance for Health, Board Room
530 West 16th Street, Suite B, Merced, CA
In San Benito County:
Community Services & Workforce Development (CSWD)
CSWD Conference Room
1161 San Felipe Road, Building B, Hollister, CA
In Mariposa County
Mariposa County Health and Human Services Agency
Catheys Valley Conference Room
5362 Lemee Lane, Mariposa, CA

1. Members of the public wishing to observe the meeting remotely via online livestreaming may do so as follows. Note: Livestreaming for the public is listening/viewing only.
    a. Computer, tablet or smartphone via Microsoft Teams:
    Click here to join the meeting
    b. Or by telephone at:
    United States: +1 (323) 705-3950
    Phone Conference ID: 302 887 054#

2. Members of the public wishing to provide public comment on items not listed on the agenda that are within jurisdiction of the commission or to address an item that is listed on the agenda may do so in one of the following ways.
    a. Email comments by 5:00 p.m. on Tuesday, January 21, 2025, to the Clerk of the Board at clerkoftheboard@ccah-alliance.org.
        i. Indicate in the subject line "Public Comment". Include your name, organization, agenda item number, and title of the item in the body of the e-mail along with your comments.
        ii. Comments will be read during the meeting and are limited to three minutes.
    b. In person, from an Alliance County office, during the meeting when that item is announced.
        i. State your name and organization prior to providing comment.
        ii. Comments are limited to three minutes.

1. Call to Order by Chairperson Jimenez. 3:00 p.m.

A. Roll call; establish quorum.
B. Supplements and deletions to the agenda.

2. Oral Communications. 3:05 p.m.

A. Members of the public may address the Commission on items not listed on today's agenda that are within the jurisdiction of the Commission. Presentations must not exceed three minutes in length, and any individuals may speak only once during Oral Communications.
B. If any member of the public wishes to address the Commission on any item that is listed on today's agenda, they may do so when that item is called. Speakers are limited to three minutes per item.

3. Comments and announcements by Commission members.

A. Board members may provide comments and announcements.

4. Comments and announcements by Chief Executive Officer.

A. The Chief Executive Officer (CEO) may provide comments and announcements.

Consent Agenda Items: (5. – 11F.): 3:30 p.m.

5. Accept Chief Executive Officer (CEO) Report.

- Reference materials: Chief Executive Officer (CEO) Report.

Pages 5-01 to 5-12

6. Accept Alliance Financial Highlights, Balance Sheet, Income Statement and Statement of Cash Flow for the ninth month ending October 31, 2024.

- Reference materials: Financial Statements as above.

Pages 6-01 to 6-10

7. Approve technical revisions to 2025 Supplemental Payment Methodology.

- Reference materials: Staff report and recommendations on above topic.

Pages 7-01 to 7-02

8. Authorize Staff to submit Part C and D Application to Centers for Medicare and Medicaid Services (CMS) for Medicare Dual Special Needs Plan (D-SNP).

- Reference materials: Staff report and recommendation on above topic

Page 8-01

9. Authorize the Chairperson to sign an Amendment to the primary Medi-Cal Contract 23-30241 to incorporate the CY 2025 Prospective Capitation Rates calculated by the Department of Health Care Services (DHCS).

- Reference materials: Staff report and recommendation on above topic

Page 9-01

Minutes: (.10A – 10D):

10A. Approve Commission regular meeting minutes of December 4, 2024.

- Reference materials: Minutes as above.

Pages 10A-01 to 10A-06

10B. Accept Finance Committee meeting minutes of November 6, 2024.

- Reference materials: Minutes as above.

Pages 10B-01 to 10B-04

10C. **Accept Compliance Committee meeting minutes of November 20, 2024.**
- Reference materials: Minutes as above.

Pages 10C-01 to 10C-04

10D. **Accept Quality Improvement Health Equity Committee meeting minutes of September 24, 2024.**
- Reference materials: Minutes as above.

Pages 10D-01 to 10D-14

Reports: (11A. – 11F)

11A. **Accept report on 2024 Community Atlas.**
- Reference materials: Annual Community Impact Report (publication).

Pages 11A-01 to 11A-05

11B. **Accept Quality Improvement Health Equity (QIHET) Transformation Workplan – Q3 2024.**
- Reference materials: Staff report and recommendation on above topic; and Q3 2024 QIHET Workplan.

Pages 11B-01 to 11B-28

11C. **Approve Quality Improvement 2023 Annual Evaluation Report.**
- Reference materials: Staff report and recommendations on above topic.

Pages 11C-01 to 11C-60

11D. **Approve Utilization Management (UM) Work Plan – Q3 2024.**
Reference materials: Staff report and recommendation on above topic.

Pages 11D-01 to 11D-19

11E. **Accept the report from December 11, 2024, meeting of the Peer Review and Credentialing Committee.**
- Reference materials: Staff report and recommendations on above topic.

Page 11E-01

11F. **Accept report on Medi-Cal Capacity Grant Program (MCGP) Annual Impact Report.**
- Reference materials: Staff report on above topic; MCGP Performance Dashboard through December 2024; Portfolio of 2024 grant awards.

Page 11F-01 to 11F-25

Regular Agenda Items: (12. – 13.): 3:40 p.m. – 4:30 p.m.

12. **Discuss Alliance 2022-2026 Strategic Plan Update. (3:40 p.m. – 4:10 p.m.)**

A. Ms. Van Wong, Chief Operating Officer, will review and Board will discuss 2024 strategic performance and the 2025 strategic objectives.
   - Reference materials: Staff report on above topic

Pages 12-01 to 12-04

13. **Consider approving Medi-Cal Capacity Grant Program 2025 Investment Plan. (4:10 p.m. – 4:30 p.m.)**

A. Ms. Jessica Finney, Community Grants Director, will review and Board will discuss 2025 MCGP Investment Plan.
   - Reference materials: Staff report on above topic

Pages 13-01 to 13-05

Information Items: (14A. – 14H.)

A. Alliance in the News — Page 14A-01
B. Membership Enrollment Report — Page 14B-01
C. Letters of Support — Pages 14C-01 to 14C-04
D. Member Appeals and Grievance Report — Page 14D-01
E. Member Newsletter (English) – December 2024
December 2024 - Member Newsletter - Central California Alliance for Health
Pages 14E-01 to 14E-12
F. Member Newsletter (Spanish) – December 2024
Diciembre de 2024 - Boletín informativo para miembros - CCAH
Pages 14F-01 to 14F-08
G. Provider Bulletin – December 2024
Provider-Bulletin-December2024.pdf
Pages 14G-01 to 14G-12
H. Alliance Fact Sheet — Pages 14H-01 to 14H-02

Announcements:

Meetings of Advisory Groups and Committees of the Commission
The next meetings of the Advisory Groups and Committees of the Commission are:

- Finance Committee
  Wednesday, March 26, 2025 1:30-2:45 p.m.
- Member Services Advisory Group
  Thursday, February 13, 2025; 10:00 – 11:30 a.m.
- Physicians Advisory Group
  Thursday, March 6, 2025; 12:00 – 1:30 p.m.
- Whole Child Model Clinical Advisory Committee [R*emote teleconference only*]
  Thursday, March 20, 2025; 12:00 – 1:00 p.m.
- Whole Child Model Family Advisory Committee [R*emote teleconference only*]
  *Monday, February 3, 2025

The above meetings will be held in person unless otherwise noticed.

The next regular meeting of the Commission, after this January 22, 2025 meeting, unless otherwise noticed:

Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission
Wednesday, February 26, 2025; 3:00 – 5:00p.m.

Locations for the meeting (linked via videoconference from each location):

In Santa Cruz County:
Central California Alliance for Health
1600 Green Hills Road, Suite 101, Scotts Valley, CA

In Monterey County:
Central California Alliance for Health
950 E. Blanco Road, Suite 101, Salinas, CA

In Merced County:
Central California Alliance for Health
530 West 16th Street, Suite B, Merced, CA

In San Benito County:
Community Services & Workforce Development (CSWD)
1161 San Felipe Road, Building B, Hollister, CA

In Mariposa County:
Mariposa County Health and Human Services Agency
5362 Lemee Lane, Mariposa, CA

Members of the public interested in attending should call the Alliance at (831) 430-2568 to verify meeting date and location prior to the meeting.

The complete agenda packet is available for review on the Alliance website at https://thealliance.health/about-the-alliance/public-meetings/. The Commission complies with the Americans with Disabilities Act (ADA). Individuals who need special assistance or a disability-related accommodation to participate in this meeting should contact the Clerk of the Board at least 72 hours prior to the meeting at (831) 430-2568. Board meeting locations in Salinas and Merced are directly accessible by bus. As a courtesy to persons affected, please attend the meeting smoke and scent free.

DATE	January 22, 2024
TO	Governing Commission of the Central California Alliance for Health
FROM	Michael Schrader, Chief Executive Officer
SUBJECT	CEO Report

Government Relations. The Alliance, as a public entity that administers a public benefit program, is impacted by Federal and State legislation, policy, and funding. As such, we closely monitor, inform, and advocate at the local, state, and federal levels.

- 2025 Legislative Session. Legislators returned to the Capitol on January 6, 2025, following the Winter Recess, to begin the new legislative session. Staff will review the policy priorities adopted by the board and bring these back to the board for updating, as appropriate. The deadline for bills to be introduced for consideration this year is February 21, 2025. Staff will review newly introduced bills to identify those which are consistent with those policy priorities adopted. Staff will work closely with the Local Health Plans of California (LHPC) and our legislative advocates in Sacramento to monitor legislative activity and will provide reports to your board throughout 2025 as issues of Board interest, importance, or action arise.

  In addition, several Alliance legislators hold key leadership positions within their respective houses including Robert Rivas (AD 29), Speaker of the Assembly, Dawn Addis (SD 30) Chair of the Assembly Budget Subcommittee on Health, and Senator Anna Caballero (SD 14), Chair of the Senate Appropriations Committee. Staff will work with our associations and legislative advocates to engage these and all members of our legislative delegation on legislative policy matters and priorities.

- 2025-26 State Budget. January 10th is the deadline for the Governor to propose a budget for the upcoming fiscal year and on Monday, January 6th Governor Newsom held a press conference to preview the budget toplines, which include a balanced budget of $322.2B and a $16.9B reserve. Details were sparse in the January 6th press conference with details expected when the Administration unveils the budget proposal on January 10th. However, with a significant portion of the State budget relying on federal funds, there will likely be need for adjustments by the time the budget is finalized in June, should the incoming Trump Administration reduce federal funding. Staff will continue to monitor budget developments and provide reports to the board on relevant key issues. Attached is a summary of the Governor's proposed budget for 2025-26 developed by the Local Health Plans of California (LHPC) that highlights key health and human services proposals of most relevance to the Alliance.

Community and Member Engagement/Health Education/Communications. The Alliance is a local plan that is invested in the communities we serve across our five counties.

- Outreach and Community Events. The Alliance was a proud sponsor and participant of the 2024 Merced Hmong New Year, a large community cultural event. Our partnership with Mercy Medical Center's mobile unit continues into the new year with pop up events in several locations throughout Merced County. In Monterey County, we participated in

the Special Kids Connect Holiday Resource fair and connected with families at the Know Your Rights Immigration Information Night/Community forum. We continue to have an on-going presence at the San Benito Community Food Bank and are looking forward to strengthening ties with our members at Community Bridges Triple P Family Resource Fairs in Watsonville and Live Oak.

- Texting. The Alliance sent more than 1.3 million texts to members in 2024 on a variety of issues, including vaccines, well-checks, redeterminations, behavioral health and Nurse Advice Line. The 2025 schedule has been finalized, and additional scripts have been submitted to DHCS for review and approval. We will continue to monitor opt outs and website conversions to maintain engagement with our messaging.

- Media. The Q4 paid media campaign in Merced wrapped up in early December and delivered more than 240,000 impressions on mobile devices and in locations frequented by our members. Popular locations for ad delivery included dollar stores, convenience stores and pharmacies, among other locations. Staff is in the process of finalizing the 2025 paid media plan, which will continue to focus on messaging that urges well-checks and vaccines. In December, the Alliance received a media mention highlighting CHW grants.

Alliance Priority Initiatives. Our staff is deeply engaged in executing the state-mandated CalAIM initiatives. Consequently, we face a significant workload with competing priorities and strict DHCS deadlines. Yet, we are excited by the work because of the opportunity to more fully serve our members.

- Medicare Dual Special Needs Plan (D-SNP). Staff are preparing to launch a D-SNP product by January 1, 2026. This product will allow the Alliance to serve as the single plan for members eligible for both Medi-Cal and Medicare, streamlining their healthcare experience.

  During the January 22, 2025 meeting, the staff will request Board approval to submit the Part C and D Application to the Centers for Medicare and Medicaid Services (CMS) for our upcoming Medicare D-SNP program, listed under the Consent Calendar. The Alliance previously submitted our Notice of Intent to Apply (NOIA) to CMS in October 2024.

  The Alliance team has been working towards a key milestone, which is to have the provider network in place by February 2025. Accomplishment to date includes the execution of D-SNP amendments with 75 percent of our current Medi-Cal provider network, as detailed in the table below. As a supplement, we are pursuing non-binding Letters of Intent (LOIs) with key providers that need more time before signing D-SNP amendments. In addition to the existing Medi-Cal network, an additional 50 providers have been identified as needed for recruitment, and staff have begun to engage with them.

D-SNP Amendment	PCPs	Specialists	Hospitals
Providers	59	342	10

Fully Executed	44	260	5

We are pursuing name *TotalCare HMO D-SNP* for our prospective Medicare D-SNP program and are currently in the process of securing trademark designations and creating branding elements.

- Behavioral Health Insourcing. In June 2024, the Alliance formally notified Carelon that we will not renew the contract when it expires on June 30, 2025. Effective July 1, 2025, the Alliance will internally manage the behavioral health benefit, including non-specialty mental health (i.e., mild to moderate mental health) and behavioral health therapy. Bringing behavioral health in-house will give us direct control and better opportunity to improve access for members, support providers, and collaborate with counties and schools.

  The Alliance team has been working diligently to build relationships with behavioral health providers. The team outreached to more than 1,000 providers, sent nearly 400 contracts, and received approximately 30 signed contracts thus far, as it is early in the process. We are also completing the credentialing process for providers with signed contracts.

  Other work efforts include redesigning internal workflows and developing future workflows to ensure that the Alliance complies with regulatory requirements related to behavioral health. Staff also completed the initial regulatory filings to DHCS and DMHC.

- Enhanced Care Management and Community Supports. The purpose of this initiative is to connect our most vulnerable members to needed clinical and non-clinical support in the community. Our objectives have been multifactorial: to increase ECM enrollment, to ensure that our capitated ECM providers are delivering services and submitting complete and timely encounter data to the Alliance, and to show DHCS that the rate it pays to the Alliance is supported by the encounter data.

  To increase ECM enrollment, the Alliance team has actively conducted outreach and education to enroll new ECM providers and generate referrals of members to ECM providers. The result has been that our ECM enrollment has increased fivefold, from 2,900 to 14,144 members, in a twelve-month period,

  To ensure that our capitated ECM providers are delivering services to their assigned members and submitting complete and timely encounter data, the Alliance team has been actively conducting focused outreach. Staff have been educating ECM providers about the need to submit complete encounter data, as required per their Alliance contracts, and helping them overcome operational and technical challenges. The result of these focused efforts is that we've experienced a 160 percent increase in monthly ECM encounter submissions over the past 3 months.

  The Alliance team has also been sharing the encounter data with DHCS. We must

demonstrate to DHCS that our ECM utilization, as reflected by the encounter data, supports the capitation rate that it pays the Alliance. Without sufficient encounter data, DHCS said it will lower the ECM capitation rate that it pays to the Alliance, from which the Alliance derives the capitation rate for our downstream ECM providers.

- Quality and Health Equity in Merced and Mariposa Counties. I am thrilled to announce that through our partnerships with primary care clinics in Merced County, we have significantly improved our quality scores in 2024 compared to 2023. Our focus was on eight measures for which DHCS had sanctioned the Alliance for scoring below the 50th percentile. I'm pleased to report that we raised five of these measures above the 50th percentile and brought two others closer to that benchmark.

  These improvements highlight our success in ensuring more women and children in Merced County receive preventative care services from their primary care providers. For children, this includes immunizations, lead screenings, well-child visits, and other well-care visits. Additionally, these results reflect our progress in reducing geographic health disparities across our five-county service area.

- National Committee for Quality Assurance (NCQA) Accreditation. The NCQA standards embody our commitment to quality, excellence, and health equity. We are actively pursuing two distinct accreditations from NCQA: Health Plan Accreditation and Health Equity Accreditation. The NCQA will conduct a survey of the Alliance on April 1, 2025, with a lookback period extending six months back to October 1, 2024. To achieve accreditation, we must meet at least 80% of the NCQA standards and fulfill all must-pass elements.

- JIVA Care Management System. The Alliance launched the new Jiva Care Management System in July 2024, completing the remaining integration work by the end of October 2024. This system is crucial for meeting the operational requirements of our upcoming Medicare D-SNP program and achieving NCQA accreditations. It is utilized for prior authorizations, case management, and handling appeals and grievances.

Notable Efforts. In addition to our Priority Initiatives, the Alliance has been pursuing other notable efforts to better serve our members and partner with providers.

- Provider Clinical Data Exchange & Usage Optimization. The objective of this project is to establish bi-directional data exchanges between the Alliance and providers, as well as ensure the data is available in a usable format. This project is foundational to many other Alliance initiatives as more robust and timely data will enable us to make clinical decisions, follow-up on referrals, improve HEDIS scores, and support more accurate coding which will increase Medicare revenue. Efforts include incentivizing more providers to share Electronic Health Record data, collaborating with SCHIO (the Health Information Exchange with which the Alliance contracts), and sharing reports/data with providers.

- Operational Volumes for the Year 2024. The Alliance is dedicated to serving our members in collaboration with our providers, leading to the following operational volumes in 2024:
    - Our Member Services department handled 187,000 member calls and 5,200 walk-ins across all five counties, with walk-ins continuing to decrease.
    - Our Provider Services managed 8,450 calls and conducted 1,640 office visits.
    - Our Claims department processed 6,500,000 claims and received 72,000 provider calls.

DHCS Incentive Programs. As of December 2024, the three DHCS incentive programs have all sunset.

- CalAIM Incentive Payment Program (IPP). The Alliance earned a total of $47.8 million from IPP, including $9.1 million from Submission 4 and $8.2 million from Submission 5, both received in Quarter 4, 2024. These funds will be used in 2025 to help new ECM providers launch their programs and assist existing ECM providers in expanding into new counties or targeting new populations.

- Student Behavioral Health Incentive Program (SBHIP). To date, the Alliance has earned $11.5 million from SBHIP, representing 100% of our state allocation. The final allocation, pending DHCS review of the SBHIP final report submitted in December 2024, is expected to bring in an additional $1.2 million.

  Staff have also focused on sustainability efforts. All but one Local Education Agency (LEA) that participated in SBHIP across our five counties have been accepted into the upcoming Children and Youth Behavioral Health Incentive (CYBHI) Fee Schedule cohort. This will provide a continuous funding source for behavioral health services in schools through medical billing.

- Housing and Homeless Incentive Program (HHIP) / Alliance Housing Fund. The Alliance earned a total of $40.8 million from HHIP. These funds, along with those from the Managed Care Growth Program (MCGP), were combined to create the **Alliance Housing Fund**. To date, the Fund has allocated $45 million to various housing projects across the five-county service area, and staff are currently executing Letters of Agreements for the awarded projects.

  Additionally, in partnership with Santa Cruz County, the **Alliance Housing Fund** is piloting an investment in a Community Development Financial Institution called the Housing Accelerator Fund. Instead of directly funding projects, this investment serves as seed money to establish a source of low-interest loans for housing projects. This approach has the potential to make the investment sustainable and enable the funding of more projects over time. If successful, the pilot could be expanded to other counties.

Regulatory Audits and Compliance. The Alliance has structured processes to ensure that we operate in an ethical and compliant manner, so that we protect our members' rights.

- Regulatory Affairs. The Alliance's Regulatory Affairs team is responsible for analyzing new laws and regulations, identifying impacts they might have on the Alliance's operations, and for managing our organizational efforts to implement these new requirements. Accordingly, California's 2024 Legislative Session produced 21 pieces of legislation the Alliance must implement. Similarly, we received seven (7) DHCS and DMHC All Plan Letters which will be implemented across the Alliance. Currently, Regulatory Affairs does not foresee any barriers toward timely implementation of 2024 legislation and All Plan Letters, which will carry into 2025.

- Regulatory Audits. Like all Medi-Cal Managed Care Plans, the Alliance is in a constant state of preparing for routine audits, experiencing them, or following up.

  Under preparation
  - 2025 DHCS Medi-Cal Audit. We received official notice of our annual 2025 DHCS Medi-Cal Audit. Scheduled for January 21-31, the DHCS' areas of focus will be utilization management, case management and coordination of care, access and availability, members rights quality improvement, and administrative and organizational capacity. On December 05, 2024, we provided the DHCS with all requested "Pre-Audit Deliverables", as is required by the DHCS to ensure targeted and informed audit sessions.
  - 2025 DMHC Financial Examination. This routine Examination, which occurs every three years, began on January 7, 2025. This audit is expected to last up to two weeks.

  Under follow up
  - 2023 DHCS Focused Audit of Behavioral Health and Transportation. DHCS issued a final report from its 2023 DHCS Focused Audit of Behavioral Health and Transportation, and the Alliance team is remediating the identified deficiencies. Our response is due to DHCS by January 17, 2025.
  - 2024 DMHC Medical Survey. We continue to await DMHC's preliminary report from its 2024 Medical Survey of the Alliance that took place in March 2024.

- Enforcement Actions. DMHC imposed an Enforcement Action and administrative penalty of $15,000 for two violations in the measurement year 2019 Timely Access monitoring report. The specific violations related to the failure to submit the required quality assurance report and addendum when the report was initially filed. The Alliance has not accepted the compromise and has communicated its concern with DMHC as the findings were corrected in early 2021 upon DMHC's request, we have demonstrated continued compliance when submitting the subsequent five monitoring reports, and it has been four years since the violation occurred. We are awaiting DMHC's response.

Alliance Workforce. Our robust culture is built on the premise that the Alliance exists to serve members, and most of our employees live in the communities we serve across our five counties. To enrich our culture there are All Staff meetings, interactive town halls, coffee talks, talent acquisition efforts, and biannual performance reviews.

- All Staff and Town Hall meetings. We hold two in person All Staff meetings per year. We held our most recent All Staff meeting at the Cocoanut Grove in Santa Cruz, on December 12, 2024. The year-end All Staff meeting is an opportunity to recognize the year's accomplishments and honor our dedicated team members. We celebrate staff work anniversaries and present the Employee of the Year awards. Our next Town Hall is scheduled for February 4, 2025.

- Staffing Numbers. As of December 30, 2024, the Alliance has 665 budgeted positions, of which 612 are filled. Moreover, the Alliance has 44 temporary employees supporting our workforce needs. In total, the organization is 92.4 % staffed. Additionally, the Alliance added 76 new positions across the following divisions for 2025: Compliance, Health Services, Operations, IT Services, Employee Services and Communications, Finance, and Health Equity. These new positions will be added to the next staffing report.

- Year End Evaluations. Supervisors will deliver 2024 evaluations in February to eligible staff, providing feedback on 2024 performance and goal attainment. Additionally, Human Resources will manage the Annual Compensation Review process in early Q1, assisting supervisors with merit review and allocation. The Alliance provides leadership and staff two formal opportunities a year to meet and discuss current performance, goal status, career development and other performance related topics.

Grants Update. Through the Medi-Cal Capacity Grant Program (MCGP), the Alliance makes investments to health care and community organizations to realize the Alliance's vision of heathy people, healthy communities. These investments focus on increasing the availability, quality and access of health care and supportive resources for Medi-Cal members, as well as to address social drivers that influence health and wellness.

- MCGP Annual Investment Plan. The Board will consider and take action at the January 22, 2025, Board meeting on staff recommendations for the MCGP 2025 Investment Plan. The Board-approved annual plan serves as a roadmap for MCGP investments, defining grantmaking priorities to address Medi-Cal capacity needs in the Alliance's service area and allocating funding to advance the goals under each focus area and strategy. In November 2024, staff presented the emerging priorities for MCGP investments in 2025 to the Board for consideration and input. Staff also solicited input from the Member and Physician Advisory Groups. The stakeholder priorities informing the 2025 Investment Plan were identified by: 1) evaluating critical stakeholder-identified needs obtained through interviews and surveys, 2) analyzing each county's Community Health Assessment and Community Health Improvement Plan; and 3) reviewing alignment with MCGP and Alliance priorities.

- Trends in the Number of MCGP Awards and Total Spend. Both MCGP grant awards and annual spending have increased in 2024. The MCGP paid out $29M in 2024 compared to $13M in 2023. New MCGP awards in 2024 totaled $46.4M. Details of all 2024 awards are included in the end of year report in the January 2025 Board packet. There will be three rounds of funding in 2025 with application deadlines on January 21, May 6 and August 19.

To: Board of Directors & Plan Staff

From: LHPC Staff

Subject: Highlights from Governor's Proposed Budget for 2025-26

Date: January 10, 2025

This memo includes highlights from Governor Newsom's Proposed Budget for 2025-26, specifically health and human services proposals of relevance to local plans. See the Governor's Budget Summary, DHCS Budget Highlights, and the DHCS Medi-Cal Estimate for additional details (references and page numbers are provided throughout the memo). LHPC will continue to review and analyze Budget proposals impacting local plans and provide additional information as it becomes available. Please contact Rebecca Sullivan at rsullivan@lhpc.org, Katie Andrew kandrew@lhpc.org or Beau Bouchard bbouchard@lhpc.org with any questions.

State Budget Overview

The following highlights provide a snapshot of California's overall State Budget:

- ***Total Budget***: $322.3 billion total fund ($228.9 billion General Fund) in FY 2025-26 (Summary Chart, p. 14).
- ***Reduced Revenues and Budget Shortfall****:* The FY 2025-26 budget anticipates a surplus of $16.5 billion compared to the FY 2024-25 budget. The Governor presented a balanced budget by proposing the following:
    - *Reserves* —$17 billion
        - $10.9 billion in Budget Stabilization Account (BSA)
        - $4.5 billion in the Special Fund for Economic Uncertainties (SFEU)
        - $1.5 billion in the Public School System Stabilization Account
    - Continuing to withdraw $7.1 billion from the BSA

The Governor noted that there are several risk factors that could negatively affect the states revenues, including the stated policy changes by the incoming federal administration. The Governor also cautioned that although the budget anticipates significant reserves, the budget anticipates shortfalls in subsequent fiscal years that are being driven by expenditures that are outpacing revenues.

Reference: Governor's Budget Summary, pp. 1-5

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Significant Medi-Cal Budget Items

Overall Medi-Cal Budget

- *2025-26 Budget estimate*: $188.1 billion ($42.1 billion General Fund) (DHCS Budget Highlights, p.12).
- *Total projected enrollment*: The FY 2025-26 projected average monthly caseload is 14.5 million, a decrease of 3.09% from FY 2024-2025. (DHCS Budget Highlights, p. 8)

Reference: DHCS Medi-Cal Estimate, p. 5; DHCS Budget Highlights, p. 12

Caseload Impacts of Redetermination

For the Governor's Budget, DHCS projects that Medi-Cal enrollment will be higher than assumed in the 2024 Budget Act, resulting in approximately $3 billion ($1.1 billion General Fund) increased cost in 2024-25.

The budget reflects a caseload of 15 million for the Medi-Cal program in 2024-2025, which represents an increase of 450,000 from the 2024 Budget Act, and projects 14.5 million for 2024-2025. The Governor's Budget projects that caseloads will remain relatively stable or only slight decline through the remainder of 2024-25 while the unwinding flexibilities remain in place through June 30, 2025. After that date, the budget assumes elimination of thirteen unwinding flexibilities, including waiver of income verification. The elimination of these flexibilities are projected to result in a steeper caseload decline from August 2025- June 2026.

Reference: DHCS Budget Highlights, pp. 5-9; Governor's Budget Summary, p. 49

Medi-Cal Eligibility Expansion

The Governor's Budget assumes no changes to Medi-Cal eligibility expansion for those with unsatisfactory immigration status. The budget assumes an approximately $2.7 billion increase in cost for this population, primarily driven by higher than anticipated enrollment and increased pharmacy costs.

Reference: DHCS Budget Highlights, p. 12

Increase in Pharmacy Expenditures

The budget includes an increase of $1.6 billion ($1.3 billion General Fund) in 2024-25 and a year-over-year increase of $1.2 billion ($215.2 million General Fund) in 2025-26 due to projected growth in Medi-Cal pharmacy expenditures.

Reference: Governor's Budget Summary, pp. 48-49, 52

CalAIM

The Governor's Budget estimates $1.2 billion in expenditures for CalAIM ECM and Community Supports, a reduction of $491.1 million from FY 2024-25. This reduction is due to the completion of plan incentive payments but is offset by the increase in ECM expenditures and the addition of Transitional Rent Costs.

	Total Fund	General Fund	Federal Funds
Community Supports	$231,000,000	$89,797,000	$141,203,000
Enhanced Care Management	$955,686,000	$374,369,000	$581,317,000
Transitional Rent	$31,276,000	$10,947,000	$20,329,000
Total for FY 2025-26	$1,217,962,000	$475,114,000	$742,848,000

Reference: DHCS Medi-Cal Local Assistance Estimate, p. 144

Proposition (Prop) 35 - Managed Care Organization (MCO) Tax

Prop 35 was approved by the voters in November 2024 and requires DHCS to see federal renewal and reauthorization of the MCO Tax to permanently continue the tax. It specifies permissible uses of the tax revenues, starting with the 2025 tax year. The provider payment increases and investments that were newly authorized in the 2024 Budget Act are repealed as of January 1, 2025. In addition, DHCS must consult with a stakeholder advisory committee to develop and implement the program. For FY 2025-26, the budget reflects $4.4 billion in MCO Tax revenue, a decrease of $2.2 billion from the FY 2024-25 budget and $3.3 billion for FY 2026-27, a decrease of $1.8 billion from FY 2024-25. The amendments to the MCO Tax were approved by the federal government on December 20, 2024 and can be found here.

The budget reflects Prop 35 expenditures for calendar years 2025 and 2026 only. It also includes the provider rates increases for primary care, maternal care, and non-specialty mental health services that were implemented in the 2024 targeted rate increases; however the final spending plan is subject to the consultation with the aforementioned stakeholder advisory committee.

Reference: Governor's Budget Summary, p. 48, DHCS Budget Highlights, p. 4

Senate Bill (SB) 525 Health Care Minimum Wage Impacts

On October 16, 2024, the health care minimum wage increases went into effect as DHCS notified the Joint Legislative Budget Committee of the data retrieval process that was necessary to trigger the implementation of the increase to the Hospital Quality Assurance Fee (HQAF) beginning January 1, 2025. Also on December 11, 2024, DHCS submitted a request to CMS in order to significantly increase the Private Hospital Directed Payment Program by roughly $6 billion total funds, beginning January 1, 2025 for services rendered in 2025.

LHPC would like to highlight that within DHCS' budget summary, they message that with the large increases to both the HQAF and PHDP programs, they believe it partially mitigates the cost pressures on managed care plans from the health care minimum wage increases as hospitals will have significant new revenue available. DHCS also notes that because of these large increases and the assumed reduced cost pressures to managed care plans, Mercer significantly discounted the impact of SB 525 in 2025 rates. This information may be useful in plan-hospital contract negotiations, and LHPC continues to seek the detailed pre-prints that DHCS submitted to CMS that include the totals for each directed payment program, including PHDP.

Reference: DHCS Budget Highlights, pp. 5-6

Behavioral Health

- *Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Demonstration*—DHCS received federal approval for $8 billion for the BH-CONNECT demonstration in December 2024, effective January 1, 2025 through December 31, 2029. The proposed budget includes a total of $29.5 million ($655,000 GF) for FY 2024-2025 and $784.3 million ($31.6 million GF) for FY 2025-2026.

Reference: Governors Budget Summary, pp. 52; DHCS Budget Highlights, pp. 4-5; DHCS Medi-Cal Estimate, pp. 119-120

- *Behavioral Health Transformation*—The budget previously included $85 million ($50 million GF) in 2024-2025. The Governor's proposed budget includes an additional $93.5 million ($55 million GF) in 2025-2026 in Local Assistance for counties to administer BHSA.

Reference: DHCS Budget Highlights, pp. 6; DHCS Medi-Cal Estimate, pp. 50-51

Other Human Services Proposals

Diaper Initiative—The budget proposes up to $7.4 million General Fund in 2025-26 and $12 million General Fund in 2026-27 for the provision of a three-month supply of free diapers for families with newborn babies via hospital systems. This program will be administered by Health Care Access and Information.
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Reference: Governor's Budget Summary p. 52

Housing and Homelessness

Creating the California Housing and Homelessness Agency
The Administration is proposing to establish a new California Housing and Homelessness Agency to create a more integrated and effective administrative framework for addressing the state's housing and homelessness challenges. It is unclear from the Governor's Budget and companion press release the scope or authority of this new Agency or whether the intent is to create new programs or coordinate amongst the existing programs. However, more details will come out this spring through a Reorganization Plan submitted to the Little Hoover Commission.

Reference: Governor's Budget Summary, p. 56

TBL Section
The following list outlines trailer bill language of interest to local plans. LHPC will be monitoring for trailer bill language in the coming weeks and will share more information once available:

- Program of All-Inclusive Care for the Elderly (PACE) Fees
- Dementia Care Aware
- Hospital Financing
- Behavioral Health Services Act Revenue and Stability (to effectuate the forthcoming report to be submitted pursuant to WIC § 5892.3(e))

DATE: January 22, 2025

TO: Santa Cruz-Monterey-Merced-San Benito-Mariposa Managed Medical Care Commission

FROM: Lisa Ba, Chief Financial Officer

SUBJECT: Financial Highlights for the Tenth Month Ending October 31, 2024

For the month ending October 31, 2024, the Alliance reported an Operating Loss of $22.6M. The Year-to-Date (YTD) Operating Income is $11.2M, with a Medical Loss Ratio (MLR) of 94.0% and an Administrative Loss Ratio (ALR) of 5.3%. The Net Income is $41.0M after accounting for Non-Operating Income/Expenses.

The budget expected an Operating Income of $35.3M for the YTD October. However, the actual performance fell short of the budget by $24.1M or 68.4%. This unfavorable variance was primarily driven by increased utilization stemming from higher enrollment, along with elevated unit costs. Additionally, the significant ramp-up of Enhanced Care Management (ECM) and Community Supports (CS) services led to higher expenses. While ECM expenses will be mitigated by the risk corridor, CS revenue is trailing significantly, more than nine times behind the current experience. DHCS has been informed about the financial sustainability related to the CS ramp-up.

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	Oct-24 MTD ($ In 000s)			
Key Indicators	Current Actual	Current Budget	Current Variance	% Variance to Budget
Membership	*444,059*	*397,852*	*46,207*	*11.6%*
Revenue	$152,064	$134,344	$17,721	13.2%
Medical Expenses	165,715	130,196	(35,520)	-27.3%
Administrative Expenses	8,964	9,279	315	3.4%
Operating Income	(22,615)	(5,131)	(17,484)	-100.0%
Net Income	($29,191)	($3,908)	($25,283)	-100.0%
MLR %	109.0%	96.9%	-12.1%	
ALR %	5.9%	6.9%	1.0%	
Operating Income %	-14.9%	-3.8%	-11.1%	
Net Income %	-19.2%	-2.9%	-16.3%	

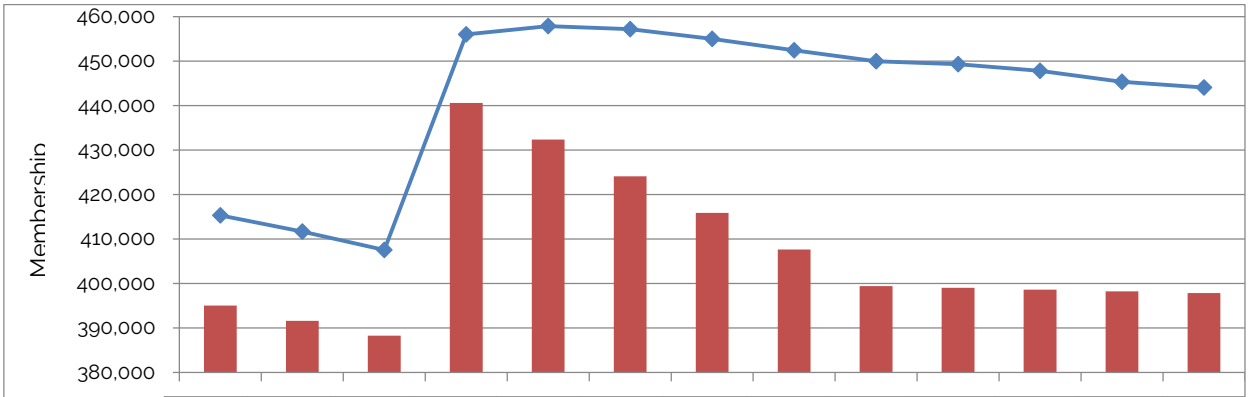
Oct-24 YTD (In $000s)				
Key Indicators	YTD Actual	YTD Budget	YTD Variance	% Variance to Budget
Member Months	*4,514,991*	*4,113,758*	*401,233*	*9.8%*
Revenue	$1,606,569	$1,391,641	$214,928	15.4%
Medical Expenses	1,510,799	1,268,522	(242,277)	-19.1%
Administrative Expenses	84,590	87,793	3,203	3.6%
Operating Income/(Loss)	11,180	35,326	(24,147)	-68.4%
Net Income/(Loss)	$40,982	$49,010	($8,028)	-16.4%
PMPM				
Revenue	$355.83	$338.29	$17.54	5.2%
Medical Expenses	334.62	308.36	(26.26)	-8.5%
Administrative Expenses	18.74	21.34	2.61	12.2%
Operating Income/(Loss)	$2.48	$8.59	($6.11)	-71.2%
MLR %	94.0%	91.2%	-2.9%	
ALR %	5.3%	6.3%	1.0%	
Operating Income %	0.7%	2.5%	-1.8%	
Net Income %	2.6%	3.5%	-1.0%	

Per Member Per Month: Capitation revenue and medical expenses are variables based on enrollment fluctuations; therefore, the PMPM view offers more clarity than the total dollar amount. Conversely, administrative expenses do not usually correspond with enrollment and should be evaluated at the dollar amount.

At a PMPM level, YTD revenue is $355.83, which is favorable to budget by $17.54 or 5.2%. Medical cost PMPM is $334.62, which is unfavorable by $26.26 or 8.5%. Overall, this results in an unfavorable gross margin of $8.72, or 29.1%, compared to the budget. The operating income PMPM is $2.48, which is unfavorable to the budget by $6.11 or 71.2%.

Membership: October 2024 membership is favorable to budget by 11.6%. The 2024 budget assumed a 17% decrease over the course of redetermination (July 2023 to June 2024) based on Mercer projections. Mercer later updated their projections to be less impactful than originally estimated and now only assumes an 11% decrease. The actual decrease during the unwinding period from July 2023 to June 2024, is approximately 7.6%, excluding the new counties / new Unsatisfactory Immigration Status (UIS) members. Redetermination losses continued in October and total loss between July 2023 and October 2024 is 9.2%.

Membership. Actual vs. Budget (based on actual enrollment trend for Oct-24 rolling 13 months)



	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Budget	395,036	391,611	388,255	440,590	432,354	424,119	415,884	407,648	399,413	399,023	398,633	398,242	397,852
Actual	415,304	411,670	407,542	456,002	457,871	457,197	455,001	452,430	449,959	449,311	447,805	445,356	444,059
Variance	20,268	20,059	19,287	15,412	25,517	33,078	39,117	44,782	50,546	50,288	49,172	47,114	46,207
Variance %	5.1%	5.1%	5.0%	3.5%	5.9%	7.8%	9.4%	11.0%	12.7%	12.6%	12.3%	11.8%	11.6%

Revenue: The 2024 revenue budget was based on the Department of Health Care Services (DHCS) 2024 draft rate package (dated 10/13/2023), which reflected a 0.4% rate increase, not including the Targeted Rate Increase (TRI). Furthermore, the budget assumed breakeven performances for the San Benito Region. The CY 2024 Prospective rates from DHCS (dated 12/5/2023, including Maternity) represented a 2.1% increase over CY 2023 Rates excluding TRI. A new Amended Rate Package was received for CY 2024 (dated 9/24/2024) that now represents a 1.6% increase over CY 2023 Rates excluding TRI. Overall, actual revenue is favorable due to higher enrollment, favorable category of aid (COA) mix, and an increase in prospective rates.

Before diving into the October financial details, it's important to recall the August Board Finance Report. The August entry included the initial adjustment for the UIS risk corridor payable, which will be trued up monthly for the remainder of the year. This adjustment reflected an $18M reduction in revenue to align with the risk corridor threshold, which was reconciled through August. Additionally, adjustments of $8.4M in September and $8.2M in October were made, bringing the total YTD net adjustment to $34.7M through October.

As of October MTD, actuals are favorable to budget by $17.7M or 13.2%. This positive variance is primarily driven by favorable enrollment, which contributed $17.0M, and rate variances of $0.7M. The rate variance includes State Incentive Programs revenue of $1.6M for SBHIP and a reduction of $1.7M for the 2022 Prop 56 MEP Payment. The rate variance includes an $8.2M reduction for the UIS Adult and Adult Expansion Risk Corridor, as well as a $4.8M gain from the ECM Risk Corridor.

As of October 2024 YTD, operating revenue stands at $1,606.6M, surpassing the budget by $214.9M or 15.4%. This favorable variance includes $141.5M from increased enrollment and $73.5M from positive rate variances, state incentives, and prior year revenue. The rate

variance of $73.5M comprises $28.8M from favorable amended rates, $26.0M from State Incentive Programs, and $18.7M from prior year revenue due to MCO tax liability relief for CY 2021 and CY 2022, ECM risk corridor for 2022, and 2022 Prop 56 MEP Payment.

The State Incentive Programs consist of $22.1M for HHIP, $3.0M for SBHIP, and $0.8M for EPT and are offset by the State Incentive Programs expense. These incentives are assumed to be budget neutral.

Beginning January 2024, the new general ledger structure is reported by region and immigration status. Central California (CEC) includes the counties of Santa Cruz, Monterey, Merced, and Mariposa, and San Benito (SBN) includes San Benito. Immigration status is reported as UIS (Unsatisfactory Immigration Status) or SIS (Satisfactory Immigration Status).

Oct-24 YTD Capitation Revenue Summary (In $000s)

Region	Actual	Budget	Variance	Variance Due to Enrollment	Variance Due to Rate
CEC SIS	1,163,634	1,047,082	116,552	89,453	27,099
CEC UIS	322,337	290,682	31,655	43,087	(11,433)
SBN SIS	60,323	41,673	18,650	6,655	11,995
SBN UIS	11,086	8,764	2,323	1,600	723
Total*	**1,557,379**	**1,388,200**	**169,179**	**140,796**	**28,384**

*Excludes Oct-24 In-Home Supportive Services (IHSS) premiums revenue of $4.5M, State Incentive Programs revenue of $26.0M, and Prior Year Revenue of $18.7M.

Medical Expenses: The 2024 budget assumed a 3.7% increase in utilization over the base data that spanned from 2018 through June 2023 and 2.9% unit cost increase that included case mix and changes in fee schedules. 2024 incentives include a $15M Care-Based Incentive (CBI), $4M Data Sharing Incentives, $18M for the Hospital Quality Incentive Program (HQIP), and $10M for the Specialist Care Incentive (SCI).

October 2024 Medical Expenses of $165.7M are $35.5M or 27.3% unfavorable to budget. October 2024 YTD Medical Expenses of $1,510.8M are above budget by $242.3M or 19.1%. Of this amount, $123.7M is due to higher enrollment and $118.6M due to rate variances which include $26.0M for State Incentive Programs. The YTD October unfavourability is primarily driven by ECM, and Community Supports followed by LTC and ER.

The State Incentive Programs consist of $22.1M for HHIP, $3.0M for SBHIP, and $0.8M for EPT. These are also included under revenue and assumed to be budget-neutral.

Oct-24 YTD Medical Expense Summary ($ In 000s)

Category	Actual	Budget	Variance	Variance Due to Enrollment	Variance Due to Rate
Inpatient Services - Hospital	468,938	464,004	(4,935)	(45,256)	40,322
Inpatient Services - LTC	175,144	108,886	(66,258)	(10,620)	(55,638)
Physician Services	291,670	269,743	(21,928)	(26,309)	4,382
ECM/CS	83,388	15,301	(68,087)	(1,492)	(66,595)
Outpatient Facility	215,263	157,432	(57,831)	(15,355)	(42,476)
Other Medical*	250,440	253,157	2,717	(24,692)	27,408
State Incentive Programs	25,955	-	(25,955)	-	(25,955)
TOTAL COST	**1,510,799**	**1,268,522**	**(242,277)**	**(123,725)**	**(118,552)**

*Other Medical actuals include Allied Health, Non-Claims HC Cost, Transportation, Behavioral Health, and Lab.

At a PMPM level, YTD Medical Expenses are $334.62, which is unfavorable by $26.26 or 8.5% compared to the budget.

Inpatient Services: Inpatient Services continues to be favorable to budget due to lower utilization than budgeted. Inpatient was budgeted to have a utilization of 344 days per 1,000 members but actual utilization is closer to 312 days per 1,000 members. Unit costs are comparable between budget and actuals which results in a 10.1% PMPM variance between budget and actual. This is expected to continue for the rest of the year.

Inpatient Services – LTC: LTC's unfavourability is primarily driven by unit cost and utilization. Utilization is trending 12% higher than budget. The budget also underestimated the baseline cost and did not consider the continuation of the 10% COVID add-on for certain codes or the 3% annual fee schedule increase. The budget was based on a -96% free-standing SNF service mix for both regions; however, San Benito's actual utilization is 95% hospital-based SNF, resulting in higher costs. As San Benito is a new country, the risk corridor will assist in managing the higher-cost hospital-affiliated service mix. The unfavorable variance is expected to continue.

Outpatient Facility: Outpatient Facility consists of both Outpatient and Emergency Room. ER continues to significantly trend upwards for both utilization per 1k and unit cost and are unfavorable to budget for both utilization and unit cost by 9% and 13% respectively, partially offset by favorable other Outpatient to budget both in utilization and unit cost.

Physician Services: Utilization has risen by 14% compared to the previous year across SIS and UIS populations, driven by increased utilization at Federally Qualified Health Center (FQHC) clinics and Primary Care Physicians (PCP) and overall growth at ACA expansion and whole Child model enrollments, which utilize Specialty Clinics. The budget underestimated FFS unit cost in PCP and FQHC, and we expect this unfavorable variance to continue.

ECM/CS: ECM enrollments have increased more than sixfold since the beginning of the year, as of October YTD and continue to grow at an average rate of 20%. As ECM is a newer program, the risk corridor will help offset the higher expenses from this growth.

Another factor contributing to the unfavorable variance is the upward trend in Community Supports (CS) expenses, driven by the ramp-up of CS benefits, while revenue streams are lagging significantly, with more than a nine-fold shortfall through October. We have communicated these ongoing increases to DHCS for consideration in rate adjustments.

Other Medical: Other Medical demonstrates a favorable variance compared to the budget. The primary driver of this favorability is the Non-Claims Health Care Costs, which came in $7.5M lower than originally budgeted. However, it is important to note that the overall favorability in Other Medical is largely counterbalanced by increased utilization within key service areas. Behavioral Health services, in particular, have experienced higher-than-expected demand, contributing to additional costs. Similarly, the Transportation category has seen a notable uptick in usage, further offsetting the budgetary advantage gained from reduced Non-Claims Health Care Costs.

Oct-24 YTD Medical Expense by Category of Service (In PMPM)

Category	Actual	Budget	Variance	Variance %
Inpatient Services - Hospital	$103.86	$112.79	$8.93	7.9%
Inpatient Services - LTC	38.79	26.47	(12.32)	-46.6%
Physician Services	64.60	65.57	0.97	1.5%
ECM/CS	18.47	3.72	(14.75)	-100.0%
Outpatient Facility	47.68	38.27	(9.41)	-24.6%
Other Medical	55.47	61.54	6.07	9.9%
State Incentive Programs	5.75	-	(5.75)	-100.0%
TOTAL MEDICAL COST	**$334.62**	**$308.36**	**$(26.26)**	**-8.5%**

Administrative Expenses: October YTD Administrative Expenses are favorable to budget by $3.2M or 3.6% with a 5.3% ALR. Salaries are favorable by $2.1M, driven by savings from vacant positions, employment taxes, benefits, and PTO. Non-Salary Administrative Expenses are favorable by $1.1M or 4.0% due to savings and unspent budgets.

Non-Operating Revenue/Expenses: October YTD Net Non-Operating Income is $29.8M, which is favorable to budget by $16.1M. The favorability is from the YTD Investment Income of $45.0M, which is favorable to budget by $18.7M due to the higher interest rates. The YTD Other Revenue is $1.9M and is slightly unfavorable to budget by $0.1M. The YTD Non-Operating Expense is $17.0M and is unfavorable to budget by $2.4M due to higher Grant disbursements.

Summary of Results: Overall, the Alliance generated a YTD Net Income of $41.0M, with an MLR of 94.0% and an ALR of 5.3%.

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Balance Sheet
For The Tenth Month Ending October 31, 2024
(In $000s)

Assets	
Cash	$134,091
Restricted Cash	300
Short Term Investments	1,035,025
Receivables	181,884
Prepaid Expenses	5,142
Other Current Assets	4,542
Total Current Assets	**$1,360,985**
Building, Land, Furniture & Equipment	
Capital Assets	$82,651
Accumulated Depreciation	(46,945)
CIP	552
Lease Receivable	3,084
Subscription Asset net Accum Depr	10,510
Total Non-Current Assets	**49,852**
Total Assets	**$1,410,837**
Liabilities	
Accounts Payable	$84,810
IBNR/Claims Payable	366,402
Provider Incentives Payable	36,969
Other Current Liabilities	9,758
Due to State	25,523
Total Current Liabilities	**$523,462**
Subscription Liabilities	8,687
Deferred Inflow of Resources	2,933
Total Long-Term Liabilities	**$11,620**
Fund Balance	
Fund Balance - Prior	$834,772
Retained Earnings - CY	40,982
Total Fund Balance	**875,754**
Total Liabilities & Fund Balance	**$1,410,837**
Additional Information	
Total Fund Balance	**$875,754**
Board Designated Reserves Target	460,968
Strategic Reserve (DSNP)	56,700
Medi-Cal Capacity Grant Program (MCGP)*	149,402
Value Based Payments	46,100
Provider Supplemental Payments	152,410
Total Reserves	**865,579**
Total Operating Reserve	**$10,175**

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CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Income Statement - Actual vs. Budget
For The Tenth Month Ending October 31, 2024
(In $000s)

	MTD Actual	MTD Budget	Variance	%	YTD Actual	YTD Budget	Variance	%
Member Months	*444,059*	*397,852*	*46,207*	*11.6%*	*4,514,991*	*4,113,758*	*401,233*	*9.8%*
Capitation Revenue								
Capitation Revenue Medi-Cal	$151,709	$134,000	$17,709	13.2%	$1,557,379	$1,388,200	$169,179	12.2%
State Incentive Programs	1,563	-	1,563	100.0%	25,955	-	$25,955	100.0%
Prior Year Revenue*	(1,694)	-	(1,694)	-100.0%	18,711	-	$18,711	100.0%
Premiums Commercial	486	344	142	41.2%	4,523	3,441	1,082	31.4%
Total Operating Revenue	**$152,064**	**$134,344**	**$17,721**	**13.2%**	**$1,606,569**	**$1,391,641**	**$214,928**	**15.4%**
Medical Expenses								
Inpatient Services (Hospital)	$51,816	$47,504	($4,312)	-9.1%	$468,938	$464,004	($4,935)	-1.1%
Inpatient Services (LTC)	19,053	11,148	(7,905)	-70.9%	175,144	108,886	(66,258)	-60.9%
Physician Services	37,990	27,615	(10,375)	-37.6%	350,806	269,743	(81,063)	-30.1%
Outpatient Facility	23,932	16,118	(7,815)	-48.5%	215,263	157,432	(57,831)	-36.7%
Other Medical**	31,361	27,811	(3,550)	-12.8%	274,693	268,458	(6,235)	-2.3%
State Incentive Programs	1,563	-	(1,563)	-100.0%	25,955	-	(25,955)	-100.0%
Total Medical Expenses	**$165,715**	**$130,196**	**($35,520)**	**-27.3%**	**$1,510,799**	**$1,268,522**	**($242,277)**	**-19.1%**
Gross Margin	**($13,651)**	**$4,148**	**($17,799)**	**-100.0%**	**$95,770**	**$123,119**	**($27,349)**	**-22.2%**
Administrative Expenses								
Salaries	$6,371	$6,487	$116	1.8%	$58,134	$60,248	$2,114	3.5%
Professional Fees	502	455	(47)	-10.4%	3,169	3,290	121	3.7%
Purchased Services	664	913	249	27.2%	10,094	9,936	(158)	-1.6%
Supplies & Other	967	952	(15)	-1.6%	9,348	9,912	564	5.7%
Occupancy	184	129	(56)	-43.1%	1,170	1,265	95	7.5%
Depreciation/Amortization	276	344	68	19.8%	2,676	3,142	467	14.8%
Total Administrative Expenses	**$8,964**	**$9,279**	**$315**	**3.4%**	**$84,590**	**$87,793**	**$3,203**	**3.6%**
Operating Income	**($22,615)**	**-$5,131**	**($17,484)**	**-100.0%**	**$11,180**	**$35,326**	**($24,147)**	**-68.4%**
Non-Op Income/(Expense)								
Interest	$4,866	$2,016	$2,850	100.0%	$43,749	$24,396	$19,353	79.3%
Gain/(Loss) on Investments	(10,001)	450	(10,451)	-100.0%	1,723	2,250	(527)	-23.4%
Bank & Investment Fees	(52)	(36)	(16)	-44.2%	(520)	(363)	(157)	-43.2%
Other Revenues	199	255	(56)	-22.1%	1,890	2,029	(140)	-6.9%
Grants	(1,588)	(1,463)	(125)	-8.5%	(17,040)	(14,629)	(2,412)	-16.5%
Total Non-Op Income/(Expense)	**(6,576)**	**1,222**	**(7,798)**	**-100.0%**	**$29,802**	**$13,684**	**$16,119**	**100.0%**
Net Income/(Loss)	**($29,191)**	**($3,908)**	**($25,283)**	**-100.0%**	**$40,982**	**$49,010**	**($8,028)**	**-16.4%**
MLR	*109.0%*	*96.9%*			*94.0%*	*91.2%*		
ALR	*5.9%*	*6.9%*			*5.3%*	*6.3%*		
Operating Income	*-14.9%*	*-3.8%*			*0.7%*	*2.5%*		
Net Income %	*-19.2%*	*-2.9%*			*2.6%*	*3.5%*		

*Prior Year Revenue consist of revenue booked in the current calendar year for services rendered in prior years.
**Other Medical includes Pharmacy and IHSS.

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CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Income Statement - Actual vs. Budget
For The Tenth Month Ending October 31, 2024
(In PMPM)

	MTD Actual	MTD Budget	Variance	%	YTD Actual	YTD Budget	Variance	%
Member Months	*444,059*	*397,852*	*46,207*	*11.6%*	*4,514,991*	*4,113,758*	*401,233*	*9.8%*
Capitation Revenue								
Capitation Revenue Medi-Cal	$341.64	$336.81	$4.83	1.4%	$344.94	$337.45	$7.48	2.2%
State Incentive Programs	3.52	-	3.52	100.0%	5.75	-	5.75	100.0%
Prior Year Revenue*	(3.81)	-	(3.81)	-100.0%	4.14	-	4.14	100.0%
Premiums Commercial	1.09	0.86	0.23	26.5%	1.00	0.84	0.17	19.8%
Total Operating Revenue	**$342.44**	**$337.67**	**$4.77**	**1.4%**	**$355.83**	**$338.29**	**$17.54**	**5.2%**
Medical Expenses								
Inpatient Services (Hospital)	$116.69	$119.40	$2.71	2.3%	$103.86	$112.79	$8.93	7.9%
Inpatient Services (LTC)	42.91	28.02	(14.89)	-53.1%	38.79	26.47	(12.32)	-46.6%
Physician Services	85.55	69.41	(16.14)	-23.3%	77.70	65.57	(12.13)	-18.5%
Outpatient Facility	53.89	40.51	(13.38)	-33.0%	47.68	38.27	(9.41)	-24.6%
Other Medical**	70.62	69.90	(0.72)	-1.0%	60.84	65.26	4.42	6.8%
State Incentive Programs	3.52	-	(3.52)	-100.0%	5.75	-	(5.75)	-100.0%
Total Medical Expenses	**$373.18**	**$327.25**	**($45.94)**	**-14.0%**	**$334.62**	**$308.36**	**($26.26)**	**-8.5%**
Gross Margin	**($30.74)**	**$10.43**	**($41.17)**	**-100.0%**	**$21.21**	**$29.93**	**($8.72)**	**-29.1%**
Administrative Expenses								
Salaries	$14.35	$16.30	$1.96	12.0%	$12.88	$14.65	$1.77	12.1%
Professional Fees	1.13	1.14	0.01	1.1%	0.70	0.80	0.10	12.2%
Purchased Services	1.50	2.29	0.80	34.8%	2.24	2.42	0.18	7.4%
Supplies & Other	2.18	2.39	0.22	9.0%	2.07	2.41	0.34	14.1%
Occupancy	0.41	0.32	(0.09)	-28.3%	0.26	0.31	0.05	15.7%
Depreciation/Amortization	0.62	0.86	0.24	28.1%	0.59	0.76	0.17	22.4%
Total Administrative Expenses	**$20.19**	**$23.32**	**$3.14**	**13.4%**	**$18.74**	**$21.34**	**$2.61**	**12.2%**
Operating Income	**($50.93)**	**($12.90)**	**($38.03)**	**-100.0%**	**$2.48**	**$8.59**	**($6.11)**	**-71.2%**

*Prior Year Revenue consist of revenue booked in the current calendar year for services rendered in prior years.

**Other Medical includes Pharmacy and IHSS.

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Statement of Cash Flow
For The Tenth Month Ending October 31, 2024
(In $000s)

	MTD	YTD
Net Income	($29,191)	$40,982
Items not requiring the use of cash: Depreciation	296	2,737
Adjustments to reconcile Net Income to Net Cash provided by operating activities:		
Changes to Assets:		
Restricted Cash	0	0
Receivables	(3,341)	309,704
Prepaid Expenses	(607)	(2,914)
Current Assets	(281)	1,064
Subscription Asset net Accum Depr	0	0
Net Changes to Assets	**(4,229)**	**307,853**
Changes to Payables:		
Accounts Payable	(82,546)	(321,065)
Other Current Liabilities	1,088	567
Incurred But Not Reported Claims/Claims Payable	(90,379)	78,029
Provider Incentives Payable	3,826	(3,031)
Due to State	3,414	14,822
Subscription Liabilities	0	0
Net Changes to Payables	**(164,597)**	**(230,679)**
Net Cash Provided by (Used in) Operating Activities	**(197,721)**	**120,893**
Change in Investments	5,957	(189,193)
Other Equipment Acquisitions	(267)	(2,692)
Net Cash Provided by (Used in) Investing Activities	**5,690**	**(191,885)**
Deferred Inflow of Resources	0	0
Net Cash Provided by (Used in) Financing Activities	**0**	**0**
Net Increase (Decrease) in Cash & Cash Equivalents	**(192,031)**	**(70,992)**
Cash & Cash Equivalents at Beginning of Period	**326,122**	**205,083**
Cash & Cash Equivalents at October 31, 2024	**$134,091**	**$134,091**

DATE: January 22, 2025

TO: Santa Cruz-Monterey-Merced-San Benito-Mariposa Managed Medical Care Commission

FROM: Kay Lor, Payment Strategy Director

SUBJECT: 2025 Supplemental Payment Methodology Revisions

Recommendation. Staff recommend the Board approve technical changes to the 2025 Supplemental Payment Methodology previously approved by the Board to allow efficiencies in operations while complying with the overall direction and intent of the program as approved by the Board.

Summary. The Alliance will execute revisions to the 2025 Supplemental Payment Methodology approved in August 2024 using the supplemental payment to increase realized network access and advance health equity.

Background. As a result of regular agenda item 12 at the August 28, 2024 Board Meeting, the Board approved the 2025 Supplemental Payment Methodology for our contracted providers to address realized network access and advance health equity. At a high level, to improve realized network access, the 2025 Supplemental Payment Methodology approved adjusting upwards the payment for certain providers from a percentage of the Medi-Cal fee schedule that they are currently receiving, to 90 percent of the Medicare fee schedule.

Discussion. Following the August 2024 Board meeting, Alliance staff began the process of configuring the Alliance's claims payment systems to comport with the 2025 Supplemental Payment Methodology, including moving non-specialists, such as stand-alone dialysis centers, community-based adult services centers, home health, non-emergency transportation, durable medical equipment, and various allied health providers (physical therapy, speech therapy, acupuncture, chiropractic, and audiology) from a percentage of the Medi-Cal fee schedule that they are currently receiving, to 90 percent of the Medicare fee schedule.

During implementation, the systems configuration process uncovered technical limitations to the Alliance's systems and incompatibility of the Medicare fee schedule to certain Medi-Cal-specific services. The result of these issues is that for certain eligible provider types, moving them to 90 percent of the Medicare fee schedule is impractical or impossible. To overcome these issues, while preserving the goal of improving realized network access and advancing health equity, staff recommend the Board approve revisions to the 2025 Supplemental Payment Methodology.

The 2025 Revised Supplemental Payment Methodology provides that where it is impractical or impossible to implement the 2025 Supplemental Payment Methodology as approved in August, Alliance staff may use their discretion to substitute a payment methodology that, in the best judgment of staff, approximates what was approved by the Board in August 2024.

To use the example discussed above, where, for certain non-specialists, it is impractical or impossible to pay them 90 percent of the Medicare fee schedule, Alliance staff may elect to increase their current payment rates by 10 percent in lieu of paying them 90 percent of the Medicare fee schedule. The remainder of the 2025 Supplemental Payment Methodology is unchanged.

Fiscal Impact. There is no anticipated fiscal impact to using the 2025 Revised Supplemental Payment methodology in lieu of the 2025 Supplemental Payment methodology.

Attachments. N/A.

DATE: January 22, 2025

TO: Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission

FROM: Scott Crawford, Executive Director, Medicare Administration

SUBJECT: Medicare Part C and D Application for Medicare Dual Special Needs Plan (D-SNP)

Recommendation. Staff recommends the Board authorize Staff to submit Part C and D Application to Centers for Medicare and Medicaid Services (CMS) for Medicare Dual Special Needs Plan (D-SNP) to serve its dually eligible Medi-Cal members in Mariposa, Merced, Monterey, San Benito, and Santa Cruz counties beginning January 1, 2026.

Summary. Organizations interested in offering a new Medicare Advantage (MA) product for Contract Year 2026 must submit a complete application to CMS no later than February 12, 2025. Information and documentation provided to CMS through the application process is detailed in the CY 2026 Part C application, CY 2026 Special Needs Plan application, and CY 2026 Part D application released on January 7, 2025.

Background. In January 2022, the Department of Health Care Services (DHCS) implemented its California Advancing and Innovating Medi-Cal (CalAIM) initiative, a portion of which is focused on integrated care for dual eligible beneficiaries via Medicare Medi-Cal Plans (MMPs), An MMP is a Medicare Advantage plan for people who have both Medicare and Medi-Cal, combining Medicare and Medi-Cal managed care benefits and Medicare prescription drug benefits into one plan. The implementation of these MMPs has been purposefully staggered with the final MMPs going live on January 1, 2026.

Discussion. Submission of this CY 2026 application to offer an MA D-SNP (also known as an MMP) in Mariposa, Merced, Monterey, San Benito, and Santa Cruz counties is required under the CalAIM initiative and, thus, necessitates that the Alliance submit the Part C, SNP, and Part D applications to CMS no later than February 12, 2025.

Fiscal Impact. There is no fiscal impact associated with this agenda item.

Attachments. N/A

DATE: January 22, 2025

TO: Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission

FROM: Michael Schrader, Chief Executive Officer

SUBJECT: Department of Health Care Services Amendment CY 2025 Prospective Rates

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Recommendation. Staff recommend the Board authorize the Chairperson to sign an Amendment to the primary Medi-Cal Contract 23-30241 to incorporate the CY 2025 Prospective Capitation Rates calculated by the Department of Health Care Services (DHCS).

Background. The Alliance contracts with DHCS to provide Covered Services to eligible and enrolled Medi-Cal beneficiaries in Santa Cruz, Monterey, Merced, San Benito, and Mariposa counties. The Alliance entered into the primary Agreement 23-30241 with DHCS on January 1, 2024. The agreement has subsequently been amended via written amendments A01 – A03.

Discussion. As required by the Centers for Medicare and Medicaid Services (CMS) DHCS and its contracting actuaries, Mercer, develop actuarially sound capitation rates for contracting Medi-Cal Plans that consider historical cost and utilization, projected trends, benefit and program changes and population adjustments. Capitation rates are developed prospectively and provided to plans prior to each calendar year and incorporated via contract amendment. The Alliance develops its administrative and medical budgets which are proposed to the Board in December on the draft rates provided to the plan in October. DHCS sends "final" rates to plans in December.

Fiscal Impact. The prospective CY 2025 rates reflect a 5.1% increase compared to the CY2025 Draft rates received on 10/21/2024 which were used for the 2025 Budget.

Attachments. N/A

SANTA CRUZ – MONTEREY – MERCED – SAN BENITO – MARIPOSA MANAGED MEDICAL CARE COMMISSION

Meeting Minutes

Wednesday, December 4, 2024
3:00 p.m. – 5:00 p.m.

In Santa Cruz County:
Central California Alliance for Health
1600 Green Hills Road, Suite 101, Scotts Valley, California
In Monterey County:
Central California Alliance for Health
950 East Blanco Road, Suite 101, Salinas, California
In Merced County:
Central California Alliance for Health
530 West 16th Street, Suite B, Merced, California
In San Benito County:
Community Services & Workforce Development (CSWD) Building
1161 San Felipe Road, Building B, Hollister, California
In Mariposa County:
Mariposa County Health and Human Services
5362 Lemee Lane, Mariposa, California

Commissioners Present:

Ms. Leslie Abasta-Cummings,	At Large Health Care Provider Representative
Ms. Anita Aguirre,	At Large Health Care Provider Representative
Dr. Ralph Armstrong,	At Large Health Care Provider Representative
Ms. Dorothy Bizzini,	Public Representative
Dr. Maximiliano Cuevas,	Health Care Provider Representative
Ms. Elsa Jimenez,	County Director of Health Services
Dr. Kristina Keheley	Interim Health and Human Services Agency Director
Ms. Mónica Morales,	County Health Services Agency Director
Supervisor Josh Pedrozo,	County Board of Supervisors
Dr. James Rabago,	Health Care Provider Representative

Commissioners Absent:

Supervisor Wendy Root Askew,	County Board of Supervisors
Ms. Tracey Belton,	County Health and Human Services Agency Director

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Ms. Janna Espinoza,	Public Representative
Supervisor Zach Friend,	County Board of Supervisors
Dr. Donaldo Hernandez,	Health Care Provider Representative
Mr. Michael Molesky,	Public Representative
Dr. Allen Radner,	At Large Health Care Provider Representative

Staff Present:

Mr. Michael Schrader,	Chief Executive Officer
Mr. Scott Fortner,	Chief Administrative Officer
Dr. Omar Guzman,	Chief Health Equity Officer
Dr. Dennis Hsieh,	Chief Medical Officer
Ms. Jenifer Mandella,	Chief Compliance Officer
Mr. Cecil Newton,	Chief Information Officer
Ms. Van Wong,	Chief Operating Officer
Ms. Lisa Ba	Chief Financial Officer
Ms. Danita Carlson,	Government Relations Director
Ms. Anne Brereton,	Deputy County Counsel, Monterey County
Ms. Hayley Tut,	Interim Clerk of the Board

1. Call to Order by Chair Jimenez.

Commission Chairperson Jimenez called the meeting to order at 3:11 p.m.

Roll call was taken and a quorum was present.

There were no supplements or deletions to the agenda.

Chair Jimenez recognized Supervisor Friend as this would have been his last meeting as a member of this board. She appreciated him for his service on this board since January of 2022 and thanked him for his leadership and focus on the well-being of Alliance members. She wished him the best in his new ventures.

2. Oral Communications.

Chair Jimenez opened the floor for any members of the public to address the Commission on items not listed on the agenda.

3. Comments and announcements by Commission members.

Chair Jimenez opened the floor for Commissioners to make comments.

Commissioner Armstrong spoke regarding measure X that passed in San Benito County which means the district now has the permission to sell the hospital to a different entity. Insight (Michigan) may purchase to the hospital.

Commissioner Aquirre mentioned two measures, which had previously been presented to the Alliance Commission, that voters had passed in the November 2024 election. One was measure Z in Santa Cruz County, the sugar-sweetened beverage tax. The other was Proposition 35, related to the Managed Care Organization (MCO) tax.

4. Comments and announcements by Chief Executive Officer.

The written CEO Report was included in the Commission packet.

Consent Agenda Items: (5. – 11D.): 3:15 p.m.

Chair Jimenez opened the floor for approval of Consent Agenda items noting that we would need to vote on consent item 7 separately due to possible conflicts of interest. Consent agenda items 5 through 11D were reviewed.

MOTION: Commissioner Bizzini moved to approve Consent Agenda items 5 through 11D, seconded by Commissioner Aquirre.

ACTION: The motion passed with the following vote:

Ayes: Commissioners Aguirre, Armstrong, Bizzini, Cuevas, Jimenez, Keheley, Morales, Pedrozo, and Rabago.

Noes: None.

Absent: Commissioners Abasta-Cummings, Askew, Belton, Espinoza, Friend, Hernandez Molesky, and Radner.

Abstain: None.

[Commissioner Abasta-Cummings arrived at this time: 3:16 p.m.]

Chair Jimenez opened the floor for approval of Consent Agenda item 7. Due to conflicts of interest we did not have a quorum for passage. This item involves approving technical revisions to the 2025 Supplemental payment methodology and will be brought to the January meeting.

Regular Agenda Items: (12. – 13.): 3:18 p.m.

12. Consider approving 1.) Medical and 2.) Administrative Budget for Alliance Calendar Year (CY) 2025. (3:18 – 3:53 p.m.)

Ms. Lisa Ba, CFO, presented the proposed medical and administrative budget for 2025, highlighting financial sustainability, provider reimbursement improvements, and the impact of public policies on the budget. Ms. Ba highlighted the results and detailed assumptions on the medical budget, followed by the administrative budget, and projected out years to give the board a five-year overview of financial performance. She noted that the budget and forecasts are based on current known facts, and federal changes to Medicaid and new programs and funding could significantly impact 2025, which will be addressed, as necessary, in the mid-year financial forecast.

Ms. Ba provided a five-year financial performance overview, projecting a $75 million operating income loss for 2025, with 98% spent on medical expenses and 5.7% on administrative expenses. She showed the trended performance, noting a budget of $22 million for 2024 and an expected end at around $29 million, with a focus on operating income. She explained that the difference in net income for 2024 is due to investment income, which is not expected to continue as interest rates lower, impacting the 2025 budget.

Ms. Ba discussed enrollment projections, revenue assumptions, and the impact of efficiency adjustments on the budget, noting a .6% revenue increase from the 2024 base. For enrollment projections they are leveraging the 2025 rate package and noted that enrollment is expected to be flat next year after the redetermination ends in December. The draft rate did not include the newly passed Proposition 35. Ms. Ba explained the efficiency adjustments, noting a significant impact on the budget, with adjustments for potentially preventable hospital admissions, low acuity non-emergent visits, and physician-administered drugs.

Ms. Ba explained the medical expense assumptions, including a 3.3% growth in utilization and a 4.2% increase in unit cost, resulting in a 7.5% overall increase. She noted that the budget includes a 20% increase in value-based payments to improve provider reimbursement. Ms. Ba mentioned that the budget includes costs for ECM and Community Support (CS) services, with an expected loss of around $30 million on CS this year.

Ms. Ba presented the administrative budget, emphasizing the need for adequate resources to carry out initiatives and maintain operational efficiency, with a budget of $119.6 million for 2025. She noted that the administrative loss ratio for 2024 was 5.8%, and the budget for 2025 is 5.7%. She highlighted that $9 million of the total admin budget is related to Medicare, with an investment needed to be ready for the D-SNP launch in 2026.

Ms. Ba provided a five-year outlook, projecting losses for 2025-2027 but expecting a decrease in losses in 2028 due to revenue recognition from the provider supplemental payment, with a focus on managing care efficiency and appealing the .6% revenue increase.

Chair Jimenez thanked Ms. Ba for submitting an appeal regarding the reduction due to Mariposa's prior experience and inquired about the timeline for hearing back from the state which will happen mid-December when they submit another appeal.

MOTION: Commissioner Cuevas moved to approve the budgets for 2025, seconded by Commissioner Abasta-Cummings.

ACTION: The motion passed with the following vote:

Ayes: Commissioners Abasta-Cummings, Aguirre, Armstrong, Bizzini, Cuevas, Jimenez, Keheley, Morales, Pedrozo, and Rabago.

Noes: None

Absent: Commissioners Askew, Belton, Espinoza, Friend, Hernandez Molesky, and Radner.

Abstain: None.

13. Consider approving the Alliance's legal and regulatory Compliance Program Report for Q1-2 2024. (3:53 – 4:26 p.m.)

Ms. Jennifer Mandella, Chief Compliance Officer, presented the compliance program report, highlighting the regulatory environment in which the Alliance operates. She noted that the organization faces increased oversight and penalties from regulators like DHCS and DMHC, and the new federal administration adds a level of uncertainty. The compliance program is designed to help the organization prepare for these changes by preventing, detecting, and correcting

risks, ensuring ethical conduct across the organization. The board is responsible for overseeing the program, assessing its design, effectiveness, and resources.

Ms. Mandella will begin reporting twice a year to the board, providing more frequent updates on compliance activities and trends. The compliance program report includes data from various sources, such as the Alliance dashboard, compliance committee minutes, and CEO reports.

Regarding the HIPAA program, she explained that it ensures controls to prevent the disclosure of protected health information (PHI) and investigates any incidents. In the first half of 2024, 72 referrals were received, with 26 reported to DHCS. All were categorized as incidents, with no breaches identified. The program also addresses security incidents, with proactive measures to educate staff and strengthen systems.

The program integrity section focuses on fraud, waste, and abuse prevention, detection, and investigation. In the first half of 2024, 112 referrals were received, with 68 opened for further review. The program recovered nearly $400,000 through investigations and corrective actions. Trends include concerns with enhanced case management (ECM) and Community Supports, with issues related to member eligibility and service quality.

Ms. Mandella also discussed internal audit and monitoring, which conducts proactive audits to identify and resolve risks. In the first half of 2024, 13 reviews were closed, covering 8 operational areas. Four audits did not pass, related to utilization management, HIPAA reporting, claims accuracy, and HIPAA security controls.

She highlighted four main oversight activities in the regulatory audits section. The DHCS Medical Audit resulted in two findings related to the timely payment of claims for family planning and abortion services. The DHCS Behavioral Health and Transportation Audit had eight findings related to care coordination and transportation services. The DMHC Medical Audit findings are still pending, while the HEDIS Compliance Audit had zero findings.

Lastly, Ms. Mandella mentioned sanctions and corrective action plans. DMHC imposed a $100,000 enforcement action for findings from a 2020 audit, which the Alliance is contesting. Additionally, DHCS issued a corrective action plan for not meeting provider-to-member ratios in Monterey and Merced counties, with ongoing efforts to resolve the issue which appears to be an issue of reporting rather than that of non-compliance.

[Commissioner Cuevas departed at this time: 4:00 p.m.]

MOTION: Commissioner Bizzini moved to approve the Compliance Program report, seconded by Commissioner Aquirre.

ACTION: The motion passed with the following vote:

Ayes: Commissioners Abasta-Cummings, Aguirre, Armstrong, Bizzini, Jimenez, Keheley, Morales, Pedrozo, and Rabago.

Noes: None

Absent: Commissioners Askew, Belton, Cuevas, Espinoza, Friend, Hernandez Molesky, and Radner.

Abstain: None.

Closed Session: (14. – 15.): 4:26 p.m.

The board adjourned for closed session to discuss the following agenda topics.

14. Conference with legal counsel - pending litigation (Gov. Code section 54956.9(d)(1)): THC Orange County, LLC dba Kindred Hospital – San Francisco Bay Area v. Santa Cruz-Monterey Merced Managed Medical Care Commission dba Centra California Alliance for Health; Santa Cruz County Superior Court case number 23CV00978. (4;26 – 4:30 p.m.)

15. Conference with legal counsel – anticipated litigation (Gov. Code sections 54956.9(d)(2) and (e)(3)): Government Claims Act claim dates October 30, 2024, from Aggrigator. (4:30 – 4:36 p.m.)

Once the Commission returned to regular session, the chair reported that the Commission voted to reject the Government Claims Act dated October 30th, 2024, from Aggrigator Incorporated.

The Commission adjourned its regular meeting of December 4, 2024, at 4:37 p.m. to the regular meeting of January 22, 2025, at 3:00 p.m. via videoconference from county offices in Scotts Valley, Salinas, Merced, Hollister, and Mariposa. unless otherwise noted.

Respectfully submitted,

Ms. Hayley Tut
Interim Clerk of the Board/Executive Assistant

Minutes were supported by AI-generated content.

FINANCE COMMITTEE
SANTA CRUZ – MONTEREY – MERCED – SAN BENITO – MARIPOSA MANAGED MEDICAL CARE COMMISSION

Meeting Minutes

Wednesday, November 6, 2024

Commissioners Present:

Ms. Anita Aguirre,	At Large Health Care Provider Representative
Ralph Armstrong, DO,	At Large Health Care Provider Representative
Ms. Elsa Jiménez,	County Health Director
Mr. Michael Molesky,	Public Representative
Supervisor Josh Pedrozo,	County Board of Supervisors
Allen Radner, MD,	At Large Health Care Provider Representative

Commissioners Absent:

Staff Present:

Ms. Lisa Ba,	Chief Financial Officer
Mr. Michael Schrader,	Chief Executive Officer
Ms. Dulcie San Paolo,	Finance Administrative Specialist
Ms. Hayley Tut	Administrative Specialist

1. Call to Order. (1:31 - 1:32 p.m.)

Chairperson Molesky called the meeting to order at 1:31 p.m. Roll call was taken. A quorum was present.

2. Oral Communications. (1:32 – 1:33 p.m.)

Chairperson Molesky opened the floor for any members of the public to address the Committee on items not listed on the agenda.

No members of the public addressed the Committee.

Consent Agenda Items:

3. Approve minutes of the August 28, 2024 meeting of the Finance Committee. (1:33 – 1:35 p.m.)

FINANCE COMMITTEE ACTION: Chairperson Molesky opened the floor for approval of the minutes of the August 28, 2024 meeting.

MOTION: Commissioner Jiménez moved to approve the minutes, seconded by Commissioner Radner

ACTION: The motion passed with the following vote:

Ayes: Commissioners Jiménez, Molesky, Pedrozo, Radner

Noes: None

Absent: Commissioners Aguirre and Armstrong

Abstain: None

Regular Agenda Items:

4. Annual Election of Officers of the Finance Committee. (1:35 – 1:38 p.m.)

Chair Molesky introduced Ms. Lisa Ba, Chief Financial Officer (CFO), who advised that the annual nomination and election of the Chairperson and Vice Chairperson of the Finance Committee had been discussed at the August 2024 Finance Committee meeting where it was agreed that the election would occur during the November 2024 meeting, in accordance with the Commission's bylaws.

Commissioner Pedrozo nominated Chair Molesky to serve as Chairperson of the Finance Committee for a successive year.

[Commissioner Aguirre arrived at this time: 1:36 p.m.]

MOTION: Commissioner Pedrozo moved to approve the nomination of Chair Molesky as the Chairperson of the Finance Committee, seconded by Commissioner Radner

ACTION: The motion passed with the following vote:

Ayes: Commissioners Aguirre, Jiménez, Molesky, Pedrozo, Radner

Noes: None

Absent: Commissioner Armstrong

Abstain: None

Commissioner Jimenez nominated Commissioner Radner to serve as Vice Chairperson of the Finance Committee for a successive year.

MOTION: Commissioner Jimenez moved to approve the nomination of Commissioner Radner as the Vice-Chairperson of the Finance Committee, seconded by Commissioner Pedrozo

ACTION: The motion passed with the following vote:

Ayes: Commissioners Aguirre, Jiménez, Molesky, Pedrozo, Radner

Noes: None

Absent: Commissioner Armstrong

Abstain: None

5. 2024 Draft September YTD Financial Results. (1:38 - 1:51 p.m.)

Ms. Lisa Ba, Chief Financial Officer (CFO), presented the draft September 2024 Year-to-Date (YTD) financial results, highlighting a $33.8M Operating Income, which was lower than budgeted due to unfavorable medical costs. The Medical Loss Ratio (MLR) was at 92.5%, and the Administrative Loss Ratio (ALR) was at 4.9%. The net income year-to-date was $70M, primarily from investment income.

Ms. Ba provided an overview of the per member per month (PMPM) September 2024 YTD Medical Expenses by Category of Service The changes in financial performance were discussed, highlighting a significant adjustment for the Unsatisfactory Immigration Status (UIS) membership and increased costs for physician services due to a rise in Enhanced Care Management (ECM) enrollment. Additionally, Community Supports (CS) expenses are increasing, driven by the expansion of the CS benefit, while revenue streams have not kept pace, resulting in higher overall expenses.

6. 2024 Forecast #2 based on Draft September YTD Financials. (1:51 - 2:18 p.m.)

Ms. Ba presented the commissioners with an overview of the updated 2024 forecast based on the YTD September financial performance. The projected operating income is $29.7M, a decrease from the $102.3M included in the first forecast shared at the August Finance Committee meeting. The budgeted operating income was $22.3M.

[Commissioner Armstrong arrived at this time: 1:53 p.m.]

Ms. Ba explained the assumptions and adjustments made in the forecast, including changes in enrollment, revenue, and medical cost.

For enrollment, the redetermination rate was noted to be 10.4%, which is slightly higher than the 8% experienced earlier but still lower than the initial estimate of 17%. The final 2024 rate lowered revenue by $20.9M, or a 1.1% downward adjustment from the CY 2024 prospective rate, resulting in a 1.6% increase in revenue compared to 2023. Community support (CS) expenses are increasing due to the ramp-up of the CS benefit. Revenue

streams have lagged nearly ninefold through September 2024, which is expected to lead to a projected loss of approximately $35M in 2024. Staff have requested that the Department of Health Care Services (DHCS) consider the ongoing rise in CS costs when setting the rates for 2025.

Looking ahead, the Board will potentially have a minimum of $29.M available for strategic allocation in June 2025.

7. 2025 Preliminary Budget. (2:18 – 2:36 p.m.)

Ms. Ba introduced the draft budget for 2025.The budget allocates 95.8% of revenue to medical expenses and 5.9% to administrative costs, resulting in an operating loss of $36M, or 1.7%.

Staff is utilizing the draft rates for 2025 received on October 21, assuming a 50% earn-back on a 1% quality withhold. On November 4, Staff communicated the rate deficiency to the Department of Health Care Services (DHCS), expressing growing concerns about the adequacy and sustainability of these rates, particularly as the draft 2025 budget indicates we may face even greater losses.

Staff is currently reviewing the managed care efficiencies outlined in our rates and holding internal discussions to identify opportunities for cost savings through appropriate utilization. There are opportunities to enhance medical cost efficiency concerning Potentially Preventable Admissions (PPAs), site of service for infusions and injectables, and Low Acuity Non-Emergent (LANE) cases. These improvements could help reduce unnecessary expenses while also enhancing both cost efficiency and patient care.

The budget anticipates a year-over-year increase of 3.3% in utilization and 4.7% in unit costs.

The preliminary administrative budget totals $122.8M, which represents a 5.9% ALR. This reflects an increase of $17.5M or 16.6% from the 2024 budget. The increase is due to the additional need to invest in staff and technology to bring behavioral health services in-house, continue the implementation of Dual-Eligible Special Needs Plans (D-SNP), and expand Enhanced Care Management (ECM) and Community Supports programs.

Staff will present the final budget to the Board in December.

The Commission adjourned its meeting of November 6, 2024, at 2:36 p.m.

Respectfully submitted,

Ms. Dulcie San Paolo
Finance Administrative Specialist

COMPLIANCE COMMITTEE

Meeting Minutes
Wednesday, November 20, 2024
9:00 – 10:00 a.m.

Via Videoconference

Committee Members Present:

Adam Sharma	Operational Excellence Director
Andrea Swan	Quality Improvement and Population Health Director
Anne Lee	Financial Planning and Analysis Director
Arti Sinha	Application Services Director
Bob Trinh	Technology Services Director
Bryan Smith	Claims Director
Cecil Newton	Chief Information Officer
Danita Carlson	Government Relations Director
Dave McDonough	Legal Services Director
Dennis Hseih	Deputy Chief Medical Officer
Dianna Myers	Medical Director
Fabian Licerio	Risk Adjustment Director
Jenifer Mandella	Chief Compliance Officer
Jessica Finney	Community Grants Director
Jessie Dybdahl	Provider Services Director
Jimmy Ho	Accounting Director
Kay Lor	Payment Strategy Director
Kate Knutson	Compliance Manager
Krishan Patel	Data Analytics Services Director
Kristynn Sullivan	Program Development Director
Lilia Chagolla	Community Engagement Director
Linda Gorman	Communications Director
Lisa Artana	Human Resources Director
Lisa Ba	Chief Financial Officer
Marwan Kanafani	Health Services Officer
Michael Schrader	Chief Executive Officer
Navneet Sachdeva	Pharmacy Director
Nicole Krupp	Regulatory Affairs Manager (Chair)
Omar Guzman	Chief Health Equity Officer
Ronita Margain	Community Engagement Director, Merced County
Ryan Inlow	Facilities & Administrative Services Director
Ryan Markley (Chair)	Compliance Director
Scott Crawford	Medicare Program Executive Director
Scott Fortner	Chief Administrative Officer
Shelly Papadopoulos	Operations Management Director
Tammy Brass	Utilization Management Director

Tammy Hoeffel	Enhanced Health Services Director
Van Wong	Chief Operating Officer

Committee Members Absent:

Committee Members Excused:

Ad-Hoc Attendees:

Aaron McMurray	Information Security Analyst
Anita Guevin	Medicare Compliance Program Manager
Daisy Gomez	Government Relations Specialist (Temp)
Ka Vang	Compliance Specialist
Kat Reddell	Compliance Specialist
Lisa Heffner	Contracts Manager
Margarita Shull	Program Integrity Specialist
Paige Harris	Regulatory Affairs Specialist
Rachel Siwajek	Program Integrity Specialist
Rebecca Seligman	Compliance Supervisor
Sara Halward	Compliance Specialist
Stephanie Vue	Regulatory Affairs Specialist
Vanessa Paz	Health Equity Program Manager

1. Call to Order by Chairperson Markley.

Chairperson Nicole Krupp called the meeting to order at 9:04 a.m.

2. Review and Approval of October 16, 2024 Minutes.

COMMITTEE ACTION: Committee reviewed and approved minutes of October 16, 2024 meeting.

3. Consent Agenda.
1. **Policy Hub Approvals**
2. **Regulatory and All Plan Letter Updates**
3. **Delegate Oversight Quarterly Report**

COMMITTEE ACTION: Committee reviewed and approved Consent Agenda.

4. Regular Agenda

1. HIPAA Quarterly and Security Update

Mandella, Chief Compliance Officer, and McMurray, Information Security Analyst, presented the Q3 2024 HIPAA Privacy & Security Report. Mandella informed the Committee that all HIPAA policies and procedures have been revised to meet NCQA (National Committee for Quality Assurance) standards. Mandella advised the Committee that DHCS (Department of Healthcare Services) notified all plans of clarification of their interpretation of a contract related to PHI Offshoring is that no plan should be sending

PHI Offshore. Mandella advised that this interpretation has large implications and have asked DHCS for more justification.

Mandella reviewed HIPAA reporting trends for the quarter noting that of the 27 referrals received, 8 were determined to be incidents requiring report to the state, 7 were determined to be non-events, 11 were determined to be non-reportable, and 0 were determined to be breaches. 1 incident is still pending determination by DHCS. The highest-ranking incident root causes for HIPAA disclosures in the quarter was incorrect selection/entry. Mandella noted that 166 of those members impacted were the result of reports related to disclosures caused by configuration errors during the implementation of the plan's Care Management platform, JIVA.

Mandella reviewed HIPAA program metrics included on the Alliance Dashboard noting that monthly metrics are now being reported. Mandella reported that all metrics met the targeted performance threshold for the quarter except for July efficiency which was due to one late report Compliance. Mandella reminded the Committee to inform staff not to take time to investigate possible HIPAA incidents prior to reporting.

McMurray, Information Security Analyst, provided an update on the assessment of cybersecurity measures related to phishing attacks for Q324, noting a slight increase in opened and failed phishing attempts.

McMurray reported an update to the security remediation program noting that vulnerability management, third party risk management, log retention, network segmentation and penetration testing were emphasized over the quarter.

COMMITTEE ACTION: Committee reviewed and approved the Q3 2024 HIPAA Privacy & Security Quarterly Report.

2. CAPs Review

Knutson, Compliance Manager, reported updates to new and previously reported Corrective Action Plans (CAPs) as follows:

PCP to FTE Ratio CAP – The plan continues to discuss this CAP with DHCS, focusing on inconsistencies in reporting methodology between DHCS and the Alliance.

2023 DHCS Focused Audit BH and NMT (Behavioral Health and Non Medical Transportation) – The plan has remediated the two NMT deficiencies and await confirmation of acceptance from DHCS.
Each of the six BH deficiencies have one open action item remaining and work is expected to be completed by the end of the year.

3. Changes in Contracting

Guevin, Medicare Compliance Program Manager and McDonough, Legal Services Director, reviewed implications of the D-SNP Implementation project and NCQA accreditation on contracting timing and complexity. Guevin described the increased complexity, stating the plan is now required to identify first tier, downstream, and related entities (FDRs) serving

the D-SNP line of business and assess for delegation under CMS, DHCS, DMHC, and NCQA requirements. Guevin introduced a tool that will be rolled out to gather information from contract owners; this information will be assessed by Compliance staff, who will determine if the entity is an FDR and/or delegate. McDonough described the impact to contracting timelines and urged Committee Members to plan ahead to allow sufficient time for the assessment and drafting of additional required contract language.

The meeting adjourned at 9:51 a.m.

Respectfully submitted,
Robin Sihler
Compliance Administrative and Data Reporting Assistant

Quality Improvement Health Equity Committee

Date: September 24, 2024

Time: 12pm – 1:20pm

Location: MS Team Meeting

MINUTES

Chair: **Dennis Hsieh, MD, CMO**			**Minutes by:** **Jacqueline Van Voerkens**
	Members Present:	Dr. Caroline Kennedy, Family Medicine, Dr. Eric Sanford, Family Medicine, Dr. Jessica Langenhan, Psychiatrist, Dr. Minoo Sarkarati, Internal Medicine/Pediatrics and Susan Harris, MFA COO.	
	Members Absent:	Dr. Madhu Raghavan, Pediatrician, Dr. Oguchi Nkwocha, Family Medicine, Dr. Stephanie Chang, Family Medicine, Dr. Stephanie Graziani, Pediatrics, Stacey Kuzak, GVHC Director of Nursing	
	Central California Alliance for Health staff:	Ms. Andrea Swan — QI/ Population Health Director Ms. Carissa Grepo — UM Manager – Prior Authorizations Dr. Dianna Myers — Medical Director Ms. DeAnna Leamon — Clinical Safety Quality Manager Ms. Desirre Herrera — Quality & Health Programs Mgr. Ms. Elizabeth Leary — Care Management Director Ms. Emily Kaufman — Clinical Safety Supervisor (RN) Ms. Jessie Dybdahl — Provider Services Director Ms. Kristen Rohlf — Quality Improvement Manager Ms. Lilia Chagolla — Member Services Director Dr. Michael Wang — Medical Director Ms. Navneet Sachdeva — Pharmacy Director Dr. Omar Guzman — Chief Health Equity Officer Ms. Rebecca McMullen — Behavioral Health Program Mgr. Ms. Ronita Margain — Community Engagement Dir., Ms. Sarah Sanders — Grievance and Quality Manager Ms. Sarina King — Quality & Performance Improvement Mgr. Mr. Scott Fortner — Chief Administrative Officer	

Quality Improvement Health Equity Committee

Date: September 24, 2024

Time: 12pm – 1:20pm

Location: MS Team Meeting

MINUTES

		Ms. Tammy Brass Utilization Management Director Ms. Viki Doolittle Utilization Management Mgr. Ms. Vanessa Paz Health Equity Program Manager	
Item No.	**Agenda Item**		
I.	**Call to Order**	Dr. Dennis Hsieh called the meeting to order at 12:05 PM and welcomed the members. Quorum was established. Dr. Hsieh opened the floor for any announcements. Tammy Brass announced part of Utilization Management NCQA requirements, UM policies with criteria updates will be brought to QIHEC for the opportunity to weigh in and provide any feedback on any of the criteria member benefit information.	
Items for Approval		**Discussion**	**Action/Recommendation**
II.	**Review & Approve Minutes**	**The Minutes from the June 27, 2024 QIHEC Meeting were reviewed.** **Dr. Sanford motioned to approve the minutes from the QIHEC meeting.* **Dr. Kennedy 2nd the motion for approval.* **Committee approved June 27, 2024 QIHEC as presented.*	*The QIHEC approved the June 27, 2024 QIHEC meeting minutes.*
Action Item Follow-Up			
III.		**All action items complete**	
Items for Review/Approval		**Consent Agenda Items**	**Action/Recommendation**
IV.	**Review**	Subcommittee/Workgroup Meeting Minutes	
		• Pharmacy and Therapeutic (P&T) Committee Minutes	*Approved at P&T*

MINUTES

		• Quality Improvement Health Equity Workgroup (QIHEW) Minutes	*Approved at QIHEW*
		• Utilization Management Workgroup (UMWG) Minutes	*Approved at UMWG*
		Delegate Oversight Report: The VSP Q2 2024 and the Carelon Q2 2024 quarterly delegate oversite summary included in consent agenda meeting packet.	
		Provider Manual Redline Edits – January 2024	
		Provider Manual Redline Edits – July 2024	

Policies: Require QIHEC Approval		
Number/Title	**Significant Changes**	**Action/ Recommendation**
401-1101 QI Health Equity Transformation Program	Annual review: Pg. 1 Policy added QIHETP alignment efforts w/DHCS comprehensive Quality Strategy report language to mirror language on AIR #1; Pg 9, 1.g.3. added CHEO's role acts as Regional Quality & HE team (AIR #4); Pg. 9, 1.g.5, added QIPH Director role acts as Regional Quality & HE team & acts as Performance Improvement lead or delegates role to staff across org (AIR #4).; Pg 10., 1.g.6 & 1.g.7, added QPIM & QPHM roles act as Regional Quality and HE team (AIR #4); Pg 11, 1.g.14 & l.g.15, added QIPA IV& QIPA III role acts as part of Regional Quality and HE team (AIR #4); Pg 12. 1.g.16 & 1.g.17, QIPA I & II function as Regional Quality and Health Equity Team (AIR #4); Pg 13. 1.g.29, added CE Director roles (AIR #4); Pg. 14, 1.g.3, added info Re: QIHE Annual Report to match language on AIR (#5); Pg. 15,, added DHCS selected MCAS measure to be stratified by	*Approved*

	various demographics (Air #13); Pg. 17, 2.l, added PNA info to meet Air #14 criteria; Pg 18. 2.w. added Patient leva data to be submitted thru EQRO FTP website (AIR #8); Pg 21, added CCAH will leverage existing regional quality & HE teams to support QIHE work (AIR #7); Pg 22. 3.c.4, added CCAH will conduct QI&HE improvement projects in low performing areas (AIR 10)	
401-1505 Childhood Preventive Care	Annual review: Addition of three lines of verbiage to "Policy:" section to include further regulatory language.; Expansion of the definition of "Network Provider" to include the types of providers that fall under this definition; Complete reorganization of the "Procedures" section to reflect regulatory requirements and process followed by the QI department; Update to 401-1305-Attachment_A_PPC_Workflow document to clarify difference between internal and external referral sources and removal of "log into PPC database" box to update to current process.	*Approved*
Policies: Informational		
Number/Title	**Significant Changes**	**Action/ Recommendation**
401-1305 Provider Preventable Conditions	Annual review: Addition of three lines of verbiage to "Policy:" section to include further regulatory language; Expansion of the definition of "Network Provider" to include the types of providers that fall under this definition; Complete reorganization of the "Procedures" section to reflect regulatory requirements and process followed by the QI department; Update to 401-1305-Attachment_A_PPC Workflow document to clarify difference between internal and external	*Approved at QIHEW*

MINUTES

	referral sources and removal of "log into PPC database" box to update to current process.	
401-1523 Non-Physician Medical Practitioner	Annual review of 401-1523 with the removal of language referencing the "FSR Tracker," which is now retired and replaced with Healthy Data Systems (HDS).	*Approved at QIHEW*
401-1524 County FSR Collaboration	Annual review. Minimal modification to 1524 with the removal of language referencing the "FSR Tracker," which is now retired and replaced with Healthy Data Systems (HDS).	*Approved at QIHEW*
401-1607 Healthcare Effectiveness Data and Information Set (HEDIS) Program Management and Oversight	Annual review. Updated purpose to connect to APL 401-1101 – Quality Improvement & Health Equity Transformation Program, updated procedures to add enforcement actions pertinent to DHCS All Plan Letter: Quality and Health Equity Transformation Requirements (24-004).	*Approved at QIHEW*
401-1705 Care-Based Incentive Program	Annual review. Updated the CBI payment, CBI program support, counties impacted, measure selection, and program structure section describing point calculation, and health equity measure calculation.	*Approved at QIHEW*
404-1114 Continuity of Care	NCQA QI-3D	*Approved at UMWG*
404-1744 Systems Control Policy	New Policy NCQA	*Approved at UMWG*
404-1745 Community Supports Policy for Medically Tailored Meals	New Policy NCQA Tammy Brass and Dr. Hsieh discussed the creation of the community supports policy for medically tailored meals, focusing on specific diagnoses and criteria to ensure uniformity. Emphasis was noted on the importance of evidence-based criteria for conditions like diabetes and high BMI.	*Approved at UMWG*

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	Dr. Kennedy asked if the policy is including, or excluding, high BMI's. Dr. Hsieh responded stating high BMI is included, and less high BMI, with other chronic conditions. Dr. Sanford inquired if there are alternate diagnoses which would be considered. Dr. Hsieh responded the requests do undergo Medical Director review, and if medically necessary will be approved. There is always room for peer to peers and discretion.	
404-1201_Authorization_Request Process	NCQA	*Approved at UMWG*
404-1202-After_Hours_Availability_of_Plan or Contract Physician	Updated phone numbers	*Approved at UMWG*
404-1738-Community_Health_Worker Services	Edits made by Business Analyst	*Approved at UMWG*
404-1102_Inpatient_Review	Added observation status and transfers language	*Approved at UMWG*
Regular Agenda		**Action/Recommendation**
IV.		
Q2 2024 Utilization Management Work Plan	Tammy Brass, UM Director, presented the UM work plan, highlighting data on CCS numbers, ECM data, and reducing readmission initiatives. Ms. Brass emphasized the importance of interdisciplinary team meetings and collaborative case management to address high-risk members.	**Action:** Ms. Brass will follow up with Dr. Sanford on Ed utilization data, changing it to rates by member ship in the

MINUTES

	In-home support services and the Medi-Cal, Child and Family codes and the SPDI were reviewed. Trends remain stable over quarter one and quarter two. One of the actions in place, which has increased across all counties, including into the expansion counties, are the interdisciplinary team meetings which discuss complex case reviews directly with hospitals. Discussions may also include cases such as a high ED utilizer, with other opportunities for collaborative case management both within the Alliance and with external partners. Dr. Hsieh acknowledge the provider services team for their strong efforts in terms of bringing on more providers, as well as the UM team, the case management team, the new enhanced health services team, in helping with getting members into ECM. Dr. Hsieh also recognized the work to be done in terms of the quality of ECM and which Tammy Hoeffel is taking lead to ensure members are not only entering into the program and also making sure the program is actually delivering high quality services. A new reporting mechanism was created for tracking Readmission, which provides helpful data to assess the activity with the highest risk members. Dr. Sanford noted one slide indicated an increase in the emergency room visits in Mariposa and in San Benito, but the following slide noted the visits were stable. Ms. Brass replied the difference in data is due to a claims lag. The updated data will be provided in the third quarter. Dr. Sanford inquired about emergency room visits per member per county. Ms. Brass noted ER visits are tracked in the UMWP. Dr. Hsieh noted renewed long standing efforts to reduce ED utilization in Merced. The efforts included: • Discussions with clinics regarding ensuring follow up with high-risk members. • Getting the hospital and the clinics better connected in terms of personal contacts to improved connection with specific members.	county, and provide the data. **Action:** Dr. Guzman will connect with Dr. Sanford to collaborate on the outreach and health literacy training program.

MINUTES

	• Creation of a vision for electronic connectivity between the record systems. • Discussions of member education from the Alliance as through the member newsletter. • Discussed with Dignity on excellent education on both the nurse advice line. • Providing information about urgent cares in patient discharge information • Discussed leveraging virtual urgent care providers. Dr. Guzman discussed the culture of utilizing the ED, and the efforts in the community taking place. **Action:** Ms. Brass will follow up with Dr. Sanford on Ed utilization data, changing it to rates by member ship in the county, and provide the data. Dr. Sanford indicated he is involved in the residency training program in Santa Cruz. The resident groups have to complete two projects, a community and a leadership project. Dr. Sanford noted this would be an opportunity to collaborate and make a training on outreach and health literacy and have this a part of the resident's training. **Action:** Dr. Guzman will connect with Dr. Sanford to collaborate on the outreach and health literacy training program.	
Utilization Management Criteria	Tammy Brass, RN, presented the new 2024 codes, Member Benefits and Criteria, and external specialty IMR for Policy Development. This fulfills DHCS and NCQA requirements. The UM team receives the coding updates from the state, reviews policy criteria changes needed, and any emerging needs from external stakeholders. Updated Codes from Medi-Cal were reviewed with the committee. a. Telehealth b. Pathology/Radiology/Skin Substitutes/Mental Health c. Termed Codes: Laboratory Analysis/Surgery d. Lab Analysis/ Ultrasound /SUD Treatment	**Action:** Ms. McMullen to distribute the graph from Carelon related to CDE vs neuro psych testing. **Action Complete.** **Action:** Dr. Langenhan from Carelon to provide neuropsychological testing referral

MINUTES

	Behavioral Health Integration: Tammy Brass and Carissa Grepo discussed the integration of behavioral health services, including the removal of referral requirements for psychotherapy and medication management. The Committee reviewed the authorization requirements for ABA services and the need for policy and criteria development. **Neuropsychological Testing:** Dr. Hsieh, Dr. Kennedy, Dr. Myers, Dr. Sarkarati, and Dr. Sanford discussed the challenges and guidelines for neuropsychological testing, emphasizing the need for careful monitoring to prevent overutilization. Dr. Sarkarati suggested providing information on how to properly utilize the referral form. The Committee agreed to continue the current authorization requirements and monitor utilization closely. Ms. Brass will work closely with Ms. Rebecca McMullen, the BH team, and Carelon regarding referrals and authorizations for release of information. **Action:** Ms. McMullen to distribute the graph from Carelon related to CDE vs neuro psych testing. **Action Complete.** **Action:** Dr. Langenhan from Carelon to provide neuropsychological testing referral guidelines, follow up on closing the loop on communication between the reference and the referee, and connect regarding the release of information work around. Non-Benefit Carelon Code utilization was reviewed. Dr. Sanford inquired about the alcohol/substance abuse screening codes; if screening is a benefit. Ms. Brass responded when further code analysis is completed for each, and if it is medically necessary it would approve. Dr. Sanford noted the benefit of an automated system to recognize if an incorrect code is entered and provide appropriate codes. Ms. Brass noted the Jiva platform updates are in process for optimization to remove steps. **Independent Medical Reviews (IMR): IMR** review is part of the NCQA processes for policy and criteria development. The Alliance is now sending out Utilization Management policies to IMR to receive specialty input during the development of the policy and of the criteria.	guidelines, follow up on closing the loop on communication between the reference and the referee, and connect regarding the release of information work around. **Action:** UM Criteria approved by Committee.

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	An example was provided, noting the varicose vein policy. Policy was scheduled for routine annual updates and sent for IMR which provided some feedback. Internal review included the medical director team, and updates incorporating the IMR input and feedback. After review, and approval at UMWG, these UM policies are on the QIHEC agenda. **Ms. Brass requested motion for approval of the criteria:** **Dr. Sanford motioned to approve the Utilization Management Criteria.* **Dr. Kennedy 2nd the motion for approval.* **Committee approved the Utilization Management Criteria.*	
Q2 2024 Quality Improvement Health Equity Transformation (QIHET) Program Work plan	**Ms. Swan presented the** Q2 2024 Quality Improvement Health Equity Transformation (QIHET) Program Work plan updates, focusing on MCAS (HEDIS) interventions, care-based incentives, and population health management. Ms. Swan highlighted the progress made in increasing health education offerings and member satisfaction. **MCAS (HEDIS) interventions m**easurement performance is trending up. 2024 Goals for Care based Incentives include enhancing provider portal reports and creating a training video on the updated reports. **Basic Population Health Management** team is increasing awareness, increasing workshops, holding more workshops. An increase in incoming calls from members to the Health Education Line was noted. **Facility Site Review (FSR)** completion goals were met. Ms. Swan noted the criteria for being a DHCS site reviewer is extensive. The training process for a new RN takes approximately 9 months. The Alliance now five counties and are responsible for these facilities site reviews. The present goal is to focus on recruitment and training of two positions. DHCS is considering expanding FSR to Obstetrics and Gynecology. **Potential Quality Issues (PQI's)**/ responding to member grievances on time 100% for the 30-day goal was met. 67% of 90-day PQI goal cases were closed within the 90-day goal, which meets DHCS timeline.	**Action:** Andrea Swan will work with Sarah Sanders and provide a Quality of Care and Access grievance data comparison between other counties and/or insurance groups to Dr. Sanford.

MINUTES

	Member Satisfaction and Grievances: Ms. Swan provided an update on member satisfaction and grievances, highlighting the importance of timely resolution and tracking allegations of discrimination. Ms. Swan emphasized the need for sufficient staffing and system implementation to support these efforts. Quality of Care and Access grievance data was reviewed. Dr. Sanford inquired if there is a data comparison from other counties or insurance groups. The team reported on the handling of Member grievances, noting improvements in call center response times and a decrease in call abandonment rates, reflecting efforts to enhance member service quality. **Action:** Andrea Swan will work with Sarah Sanders and provide a Quality of Care and Access grievance data comparison between other counties and/or insurance groups to Dr. Sanford. **Behavioral Health Utilization:** Ms. Swan discussed the efforts to increase behavioral health service utilization, particularly in Merced County. Ms. Swan outlined various interventions, including outreach, attending JOC meetings, and addressing barriers such as appointment availability and credentialing issues. The committee reviewed planned activities to increase utilization and member satisfaction. **Member Satisfaction and CAPS:** Plans for conducting surveys to gauge member satisfaction with behavioral health services insourcing were discussed. **Telephone Access:** Ms. Swan reported significant improvements in telephone access, with increased call answer rates and reduced call abandonment rates. Ms. Swan attributed this success to additional staffing and efficient support for members. Significant improvements were noted in call center response times and call abandonment rates, with additional staff hires contributing to these successes. **Cultural and Linguistic Services:** Efforts to increase awareness of language assistance services among members and providers were highlighted, including social media outreach and engagement with community-based organizations.	

MINUTES

	Dr. Sanford discussed the need to increase utilization of interpreter services, with potential strategies including immediate incentives for members and increased training for clinic front staff. Ms. Swan indicated the Alliance is extremely interested in partnering with the clinics and has the ability to provide immediate incentives for distribution. A plan would require coordination around specifics. The challenge is the administrative burden at the provider sites. Day clinics or Health Fairs are one-time options. In 2025 the Alliance might switch vendors, with alternate options to provide to members. **Delegation Oversight:** No issues were reported regarding delegation oversight, with ongoing efforts to align delegate reporting requirements with NCQA standards.	
Emerging Issues	**Quality Withhold and Incentives:** Dr. Guzman and Andrea Swan discussed the Quality Withhold and Incentive Program, focusing on improving well-child visit rates among African American and white communities. Strategies to support providers and increase member engagement through targeted incentives were outlined. Quality Withhold and Incentives for 2024 focused on strategies to improve well-child visit rates among specific racial groups in Monterey, Santa Cruz, and Merced counties, with plans to distribute lists to providers and explore immediate member incentives. Dr. Sanford suggested immediate member incentives would increase engagement. Ms. Swan acknowledged and recognized Dr. Sanford's suggestion. Immediate incentives is something the Alliance utilizes in some programs and can look into.	
Discussion	**Action:** Dr. Guzman will reach out to Dr. Sanford regarding Street Medicine.	

Quality Improvement Health Equity Committee

Date: September 24, 2024

Time: 12pm – 1:20pm

Location: MS Team Meeting

MINUTES

Action Items

Agenda Item	What is the action item	Due date	Responsible staff
Q2 2024 Utilization Management Work Plan	Ms. Brass will follow up with Dr. Sanford Ed utilization and changing it to rates by member ship in the county. **Action Pending**		Tammy Brass
Q2 2024 Utilization Management Work Plan	Dr. Guzman will connect with Dr. Sanford to collaborate on the outreach and health literacy training program. **Action Pending**		Omar Guzman
Utilization Management Criteria	Dr. Langenhan from Carelon to provide neuropsychological testing referral guidelines, follow up on closing the loop on communication between the reference and the referee, and connect regarding the release of information work around. **Action Pending**		Dr. Jessica Langenhan
Utilization Management Criteria	Ms. McMullen to distribute the graph from Carelon related to CDE vs neuro psych testing. **Action Complete.**		Rebecca McMullen
Q2 2024 QIHET Workplan	Ms. Swan will work with Sarah Sanders and provide a Quality of Care and Access grievance data comparison between other counties and/or insurance groups to Dr. Sanford. **Action Pending**		Andrea Swan

Quality Improvement Health Equity Committee

Date: September 24, 2024

Time: 12pm – 1:20pm

Location: MS Team Meeting

MINUTES

Discussion	Dr. Guzman will reach out to Dr. Sanford regarding Street Medicine. **Action Pending**		Omar Guzman
Meeting adjourned at 1:30 pm			
Next Meeting December 18, 2024			
Approved by Committee Date: December 18, 2024	***Signature:*** *Andrea Swan, RN, Quality Improvement Population Health Director*		Date: December 18, 2024

Attachments:

i. Q2 2024 Quality Improvement Health Equity Transformation (QIHET) Program Work plan Executive Summary
ii. Q2 2024 Quality Improvement Health Equity Transformation (QIHET) Program Work plan

Community Atlas 2024
Submitted by Ronita Margain, Community Engagement Director
to the Santa Cruz – Monterey – Merced – San Benito - Mariposa
Managed Medical Care Commission

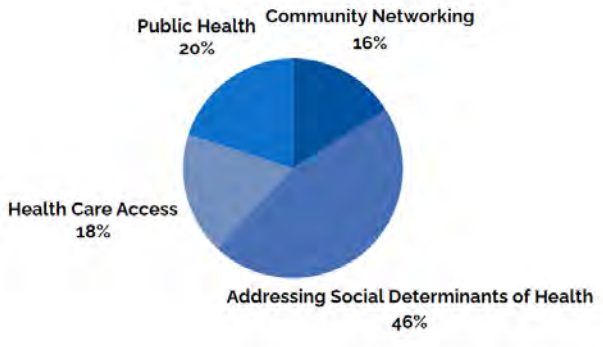
Background:

The Community Atlas is a profile of the Alliance's collaborative work in the Plan's five-county service area. This Atlas is a retrospective overview based on the work completed as of the date of this report. The collaborative work reported in this Atlas refers to the formal collaborative and partnership meetings that Alliance staff attend and/or facilitate with local stakeholders within our five-county region. The Health Care Collaboratives (HCCs) enhance the Alliance's presence in the community and advance our mission and strategic goals. HCCs present the opportunity to obtain feedback on member experience as it relates to access to care, share out initiatives and identify areas for further Alliance presence, engage in social impact efforts that aim to improve Social Drivers of Health, establish partnership opportunities such as vaccine campaigns and community investments, and understand the health access and equity landscape in our service area.

Collaborative Snapshot

Year to date, the Plan engaged with **50** collaboratives in the five-county service area, with Merced County having the highest collaborative engagement. This is a growth of 42% from 2023.

Multi-County Collaboratives	9
Mariposa	4
Merced	16
Monterey	7
San Benito	6
Santa Cruz	8



2024 Community Atlas

Multi-County Collaboratives

County	Collaborative Name	Convener	Frequency	Type
All Counties	CCS Advisory Group	DHCS	Quarterly	Public Health
All Counties	ITUP Regional Equity Collaborative	ITUP	Quarterly	Health Care Access
All Counties	LHPC Community Engagement Subgroup	LHPC	Monthly	Public Health
All Counties	WCM FAC Network Meeting	Lucile Packard Foundation for Children's Health	Quarterly	Community Networking

2024 Health Care Collaboratives Community Atlas

County	Collaborative Name	Convener	Frequency	Type
Mariposa/ Merced	Mariposa and Merced Healthcare Partnership for Emergency Preparedness	Merced County Department of Public Health	Monthly	Public Health
Monterey/San Benito	Leadership Council Meeting	Coalition of Homeless Service Providers	Monthly	Public Health
Monterey/San Benito	Monterey County & San Benito County ECM/CS stakeholder (CPI)	Camden	Monthly	Health Care Access
Monterey/San Benito/Santa Cruz	Uplift Central Coast	Uplift	Monthly	Addressing Social Determinants of Health
Monterey/San Benito/Santa Cruz	K-16 Central Coast Coalition	K-16 Central Coast Coalition	Quarterly	Addressing Social Determinants of Health

Mariposa County

Collaborative Name	Convener	Frequency	Type
Central Sierra CoC MCP Collaboration Meeting	Anthem	Monthly	Addressing Social Determinants of Health
Mariposa County CHIP Meeting	Mariposa Public Health	Monthly	Public Health
Mariposa County/Alliance/CVRC/Carelon BH Meeting	The Alliance	Monthly	Health Care Access
Mariposa Health and Wellness Coalition	Mariposa County HHSA	Monthly	Addressing Social Determinants of Health

Merced County

Collaborative Name	Convener	Frequency	Type
Adverse Childhood Experiences Informed Network of Care (ACEsINC) Monthly Community Meeting	Merced County Office of Education	Monthly	Addressing Social Determinants of Health

2024 Health Care Collaboratives Community Atlas

Collaborative Name	Convener	Frequency	Type
Behavioral Health Recovery Services Ongoing Planning Council	Merced County Department of Public Health	Monthly	Addressing Social Determinants of Health
Collaborative Planning & Implementation (CPI) Merced Collaborative	Camden Coalition	Monthly	Community Networking
Connected Care Network	Dignity Hospital and Unite Us	Quarterly	Public Health
Health & Mental Health Services Advisory Committee	Merced County Office of Education	Quarterly	Addressing Social Determinants of Health
HFA/PAT Community Advisory Board	MCOE PAT	Quarterly	Addressing Social Determinants of Health
Merced ACCT (Tobacco Prevention Coalition)	Merced County Department of Public Health	Quarterly	Public Health
Maternal Wellness Coalition	California Health Collaborative	Monthly	Addressing Social Determinants of Health
Merced Breastfeeding Network	Merced Breastfeeding Network	Quarterly	Addressing Social Determinants of Health
Merced Community Public Information Officer Roundtable	Alliance	Quarterly	Community Networking
Merced County and Alliance Convening	Alliance	Other	Public Health
Merced County/Alliance/CVRC/Carelon Quarterly Meeting	Alliance	Quarterly	Health Care Access
Merced County Community Advisory Board	Merced County District Attorney	Quarterly	Addressing Social Determinants of Health
Merced County Department of Public Health -CCAH Collaborative	Alliance	Monthly	Community Networking
Help Me Grow Merced County Coalition	Help Me Grow Merced County		Addressing Social Determinants of Health
Outreach Committee Meeting	Turning Point Community Programs	Monthly	Addressing Social Determinants of Health

Monterey County

Collaborative Name	Convener	Frequency	Type
ARN – Active Referral Network	United Way/Goodwill Central Coast	Monthly	Community Networking
Blue Zones Project Worksite Committee Meeting	Blue Zones Project	Bi-Monthly	Community Networking
Community Alliance for Safety and Peace (CASP)	City of Salinas	Bi-Weekly	Addressing Social Determinants of Health
Monterey County Caring Partners	County of Monterey	Quarterly	Community Networking
Monterey County Collaborates	County of Monterey Health Department Tobacco Prevention Program	Quarterly	Addressing Social Determinants of Health
SCORE- South County OutReach Efforts	SCORE Monterey County	Monthly	Addressing Social Determinants of Health
Monterey County/Alliance/SARC/ Carelon BH Meeting	The Alliance	Quarterly	Health Care Access

San Benito County

Collaborative Name	Convener	Frequency	Type
Adult Long Term Care Committee (ALTCC)	Senior's Council (AAA San Benito)	Monthly	Addressing Social Determinants of Health
Equity Diversity Inclusion Committee	San Benito County Behavioral Health	Bi-Monthly	Community Networking
Health Reimagined Workgroup	Seniors Council	Monthly	Addressing Social Determinants of Health
Oral Health Advisory Committee	San Benito County Public Health	Monthly	Addressing Social Determinants of Health
Safe Kids Coalition	San Benito County Public Health	Monthly	Addressing Social Determinants of Health
Wellness Coalition	County of San Benito Public Health	Monthly	Addressing Social Determinants of Health

Santa Cruz County

Collaborative Name	Convener	Frequency	Type
Cradle to Career CHW Leaders Collective	Cradle to Career	Quarterly	Public Health
Health Improvement Partnership of Santa Cruz County (HIPSCC)	HIPSCC	Monthly	Health Care Access
Health Workforce Council	HIPSCC	Monthly	Addressing Social Determinants of Health
Monterey Bay CHW Collaborative	Cabrillo College	Monthly	Health Care Access
Santa Cruz County PATH Collaborative	HIPSCC	Monthly	Health Care Access
ParkRX Santa Cruz County	County of Santa Cruz	Monthly	Addressing Social Determinants of Health
Ventures Semillitas Program	Ventures	Semi-Annually	Addressing Social Determinants of Health
Santa Cruz County/Alliance/SARC/Carelon BH Meeting	The Alliance	Quarterly	Health Care Access

DATE: January 22, 2025
TO: Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission
FROM: Andrea Swan, RN, Quality Improvement and Population Health Director
SUBJECT: Quality Improvement Health Equity Transformation Workplan – Q3 2024

Recommendation. Staff recommend the Board accept the Q3 2024 Quality Improvement Health Equity Transformation (QIHET) Workplan report.

Summary. This report provides pertinent highlights, trends, and activities from the Q3 2024 QIHET Workplan.

Background. The Alliance is contractually required to maintain a Quality and Performance Improvement Program (QPIP) to monitor, evaluate, and take effective action on any needed improvements in the quality of care for Alliance members. The Santa Cruz-Monterey-Merced - San Benito – Mariposa Managed Medical Care Commission (Board) is accountable for all QPIP activities. The Board has delegated to the Quality Improvement Health Equity Committee (QIHEC), the authority to oversee the performance outcomes of the QPIP. This is monitored through quarterly and annual review of the QIHET Workplan, with review and input from QIHEW.

The 2024 QIHET Workplan was developed to align with the Alliance Strategic Plan of Member Wellness, Access to Care, and Promotion of Value.

Discussion:

QUALITY OF CLINICAL CARE

MCAS Intervention:

Reporting purpose is to;

1. Provider Partnership program shows improvement across all 5 provider sites and 9 of the 10 measures of focus.
2. Develop a comprehensive MCAS workgroup to capture, plan, and discuss quality improvement activities that will improve DHCS required MCAS measures, and NCQA HEDIS prioritized measures.

Overall strategic goal is to improve Merced County Pediatric Measures by a 5 percentile increase over MY 22 each year through 2026. In addition to children's health measures sanctioned in Merced there were there are two women's health measures that also fell below the minimum performance level (MPL) held to the 50th percentile. Goal is to reach the following:

- Child and Adolescent Well-Care Visits (WCV) - 48.0% (45th percentile)
- Childhood Immunizations - Combo 10 (CIS-10) - 24.5% (14th percentile).
- Immunizations for Adolescents - Combo 2 (IMA–2) - 35.2% (50th percentile).
- Lead Screening in Children (LSC) - 53.2% (25th percentile).
- Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30-6)- (16th %ile)
- Well-Child Visits for Age 15 Months to 30 Months—Two or More Well- Child Visits (W30-2) - 60.8% (28th %ile)
- Breast Cancer Screening (BCS) - 52.6% (50th percentile).
- Chlamydia Screening in Women (CHL-Tot) - 56.04% (50th percentile).

Report Previously Identified Issues/Highlights:
MCAS workgroup discussed barriers and improvement activities for servicing our members in rural communities to close gaps in care.

Report Changes / Updates: Not changes or updates to report.

Care Base Incentive
Reporting purpose is to enhance Provider Portal reports to streamline access to reports and increase availability of functions and measures monthly. Increase access to introductory CBI program information for network providers. Planned activities include:

- Enhance monthly quality provider portal report data and functionality.
  - Create business requirements for a roll-up function that allows multiple clinics sites to see a combined monthly rate for measures available monthly on the Provider Portal Quality Report.
  - Develop workflow to extract and generate the additional column that notes members meeting continuous enrollment specifications to applicable monthly Provider Portal Quality reports.
  - Create business requirements to add trending graphs to monthly quality reports.
  - Create business requirements to add a Gaps in Care report.
  - Create business requirements to generate email reminders for portal reports for providers.

- Increase access to introductory CBI program information for network providers.
  - Record a CBI 2024 introductory video inclusive of Provider Portal Data Submission Tool (DST), and Provider Portal Quality and CBI reports.
  - Published video on the Alliance Webinars and Training website.
  - Advertise video to network providers, with additional targeting for newly added Mariposa and San Benito County providers.
  - Create and record coding training material for MCAS/CBI on available portal reports.
  - Report Previously Identified Issues/Highlights: No previous issues identified.

Report Previously Identified Issues/Highlights: No previous issues identified.

Report Changes / Updates:
Business requirements for gap in care reports completed in Q3 2024. Development of portal reports in process by ITS. Coding Introduction video completed and posted to Alliance website in Q3.

Basic Population Health Management
Reporting purpose is to provide an update on Basic Population Health goals and activities.

Report Previously Identified Issues/Highlights: No previous issues identified.

Report Changes / Updates:
Goal 1:
On a quarterly basis, provide Health Education services and Member Health Rewards program presentations to Alliance internal department staff that interact with members to increase

awareness of Health Education services and health rewards available for members. A minimum of 2 presentations will be conducted per quarter.

- Q3 progress: A total of 7 presentations on Health Education services and Member Health Rewards were coordinated and completed in Quarter 2. This included internal and external audiences.

Goal 2:
On a quarterly basis, inform members of Health and Wellness programs and self-management tools available to them in 2024.

- Q3 progress: The project team included 2 articles in the September 2024 Member Newsletter informing members of health education programs available to them including Healthy Moms and Healthy Babies and Healthy Weight for Life. Additionally, the Health Educators completed 2,451 outgoing calls to members to offer health and wellness programs.

Goal 3:
On a quarterly basis, collect member feedback from participants in chronic disease management and wellness programs to evaluate impact.

- Q3 progress: Due to NCQA consultant's timeline of reviewing submitted surveys of member feedback within required Population Health Management Impact report additional surveys were on hold pending NCQA consultants' approval. Additional surveys will be collected in Q4.

Goal 4:
On a quarterly basis increase the number of member workshops provided by the Health Education Team in comparison to 2023 baseline. A minimum of 4 workshops will be offered per quarter.

- Q3 progress: A total of 8 member workshops were completed during the reporting period. Virtual and telephonic workshops were completed.

SAFETY OF CLINICAL CARE

Facility Site Review and Potential Quality Issues

Reporting purpose is to outline goals, activities, and target completion dates for the Safety of Clinical Care related to Facility Site Review and Potential Quality Issues.

Facility Site Review:

Report Previously Identified Issues: To ensure adequate staffing levels, the organization has approved two new positions and one backfill position for an FSR nurse who resigned in Q3.
Goal Results:

- 15/16 or 94% (goal: 80%) of existing primary care provider sites with an FSR/MRR due this quarter are completed within three years of their last FSR date.
- 5/12 or 42% (goal: 100%) of practices with Corrective Action Plans (CAPs) arising from FSR/MRR submit a plan to address the CAP within regulatory timeframes.

Report Changes/Updates:

- Goal 1 Update: In the recruitment phase for hiring (3) FSR nurses.
- Goal 2 Update: Recent reviews in Q3 encountered challenges, resulting in delays for seven CAPs within a healthcare facility organization. The organization's Director of QA cited difficulties in completing the CAPs due to a preference for unified training across the seven facilities. Consequently, the Alliance FSR extended the CAP deadline to October 10, which the Director approved, noting that the delays were attributed to slow

policy and leadership approvals. Despite this extension, communication from the Director regarding a timely CAP closure plan diminished, leading to the Alliance FSR closing the new member linkage on October 22 for all seven facilities. Attempts by the Alliance Provider Representative to schedule a meeting with the site's team were met with no response. Moving forward, the strategy will shift to focus on reviewing one facility at a time, allowing a month's lead time for the remaining sites to prepare their potential CAPs.

Potential Quality Issues

Report Previously Identified Issues: Ensure staffing levels are adequate to balance regulatory PQIs, internal PQI referrals, collaborative efforts, and quality studies to enhance the quality of care for members. Goal Results:

- 127/127 or 100% (goal: 100%) of member grievances received by QI concerning potential medical quality of care issues are resolved within the regulatory timeframes for Member Grievances.
- 24/33 or 73% (goal: 80%) of non-grievance related PQIs are completed within 90 calendar days.

Report Changes/Updates:

- Goal 1 Update: Recruiting one PQI nurse to backfill the position following the internal promotion to PQI Supervisor.
- Goal 2 Update: PQI observed substantial progress in closing internal referrals within 90 days, highlighting advancements in key performance metrics. Recruitment efforts are currently focused on hiring a PQI nurse to backfill the internal promotion to PQI Supervisor. We expect that onboarding this new hire will further enhance the timely closure of referrals.

Grievance and Appeals

Reporting purpose is to provide an update and review of AG performance, trends, and activities for the Appeals and Grievance Program during Q3 2024.

Report Previously Identified Issues:

- Staffing deficiency continued. New staff member began in September and recruitment underway.
- System testing for new CMSR system (Jiva), training and preparation for slowdowns due to learning curves.

Report Changes/Updates:

- Active recruitment underway to stabilize staffing resources for regulatory performance.
- Regulatory performance declined but did not exceed established parameters during Q32024. This was due to both performance and learning curve with the new Care Management System (Jiva) along with ongoing staffing deficiencies.

CoC of Medical and Behavioral Health

Reporting purpose is to outline goals, activities and target completion date for CoC of Medical and Behavioral Health care

Report Previously identified issues / highlights:

- Lack of accessible in person appointments within 10 business days for many BH providers/members not having initial appointment occur within 10 business days
- Discovery of pending BHT referrals through Carelon not linked to services in a timely manner
- BH team informed by BH providers of difficulty with credentialing timelines and referral questions
- Local Eds lacking engagement and awareness of most appropriate referral options for BH care.
- From Q4 2023 to Q3 2024, Merced County Membership for CCAH reduced by 2000 members

Report changes / updates:
Q3 update:

- BH Manager presented on BH benefits to MSAG group in 2/2024 and will present again in 2025.
- BH Manager presented on BH benefits to WHM advisory committee in 3/2024
- BH Manager and QI presented at PAG in 5/2024 on current BH measures, including discussion from providers related to BH benefit
- BH Manager attended outreach event in Merced County in 5/2024 on BH benefits
- BH Managers invited to several of the hospital JOC meetings, where psychiatric hospitalizations (FUA FUM measure) were discussed.
- Weekly meetings with Carelon to review data on BHT referrals and linkage to care, specifically.
- BH Managers met with Monterey group of pediatricians in 9/2024 to discuss BH services
- Carelon to provide the BH service until 6/30/25
- Workgroup started with Merced BHRS in 6/2024 on high utilizers and ED visits.
- CCAH BH Manager attended in person collaborative to discuss with Merced BHRS high utilizers and ED visits and possible interventions in ED for BH needs.
- Outreach events attended by BH manager in our 2 new counties
- CCAH BH Manager attended AHEAD conference in Merced at Merced BHRS with other community entities

MEMBER EXPERIENCE

Member Satisfaction Survey – CAHPS

Reporting purpose is to update the group on the progress of CAHPS work.

Report Previously Identified Issues/Highlights:

- Previously fielding was not always completed in a timely manner which led to delayed results.
- Current issues that we are working through involve getting organizational involvement and alignment on CAHPS interventions based on previous MY results.

Report Changes/ Updates:

Goal 1: CAHPS survey fielded timely, and results reported out to internal stakeholders within 8 weeks of receiving results

- Medi-Cal CAHPS were fielded in Q3 2024 and CG CAHPS fielding began.

Goal 2: Increase organizational awareness of what CAHPS is and current what current rates are.

- In Q3 2024, MY2023 surveys were fielded, and results calculated.

QUALITY OF SERVICE

Access and Availability:

Reporting purpose is to ensure compliance with DMHC Timely Access Survey Requirements and provide Quarterly review of provider to member ratios for PCPs and High-volume/high-impact Specialties, to ensure all ratios meet regulatory requirements.

Report Previously Identified Issues/Highlights: No previous issues identified.

Report Changes/ Updates:

Goal 1: Comply with DMHC Timely Access Survey Requirements:

- PAAS vendor has begun the provider outreach. Current completion metrics are greater for CY 2024 than CY 2023. There are currently 4 weeks remaining of outreach to be performed by vendor ForisMazars, set to be complete by November 15, 2024.

Goal 2: Quarterly review of provider to member ratios for PCPs and High-volume/high-impact Specialties. To ensure all ratios meet regulatory requirements.

- Based on the policy standards, are well within compliance for provider to member ratios for all provider types, minus two. Out of compliance with:
  - Internal Medicine- 1:2,000 is target ratio for compliance: Reported ratio is 1:2,559 for Medical
  - Allergy and Immunology- 1:5,000 target ratio for compliance: Reported ratio is 1:5,163 for Medical

Geo Access

Reporting purpose is to Comply with Time and Distance Standards set forth by DHCS.

Report Previously Identified Issues/Highlights: No previous issues identified.

Report Changes/ Updates: The Alliance has submitted the Network Certification Report to DHCS and DHCS is reviewing and will provide outcomes in Q4 2024.

Telephone Access

Report purpose is to ensure timely assistance for members when connecting with the plan, through Member Services Call Center.

Report Previously Identified Issues/Highlights:

- Goals met due to the addition FTE's, SLA continues to improve and we consistently achieve 10% over our target average of 80%. The abandonment rate remains low for our busy call center at 2%, this is well under our 5% target goal.
- Small decrease in Walk-ins, we assisted 1,147 Walkin members

Report Changes / Updates: Addition of FTE/ Call Center Supervisors successful, We remain focused on implementing a workforce Management Tool to increase efficiencies

Culture and Linguistics

Reporting purpose is to provide an update on cultural and linguistic (C&L) program goals and activities.

Report Previously Identified Issues/Highlights: Surveys were delayed due to timeline of NCQA consultant review of surveys which are included in larger Health Equity evaluation report.

Report Changes / Updates:

- A total of 4 presentations on C&L services were coordinated and completed in Quarter 3. Presentations were delivered to the following audiences:
    - QIPH department orientation
    - New hire – Health Equity team
    - New hires – QHP team
    - Member Services Advisory Group (MSAG)
- The following activities were completed in Q3 to inform members of C&L Services:
    - Member Services Advisory Group (MSAG) presentation – In August 2024 the C&L team provided an overview of language assistance services to the MSAG. Information about services was shared and the C&L team gathered input regarding services for members and how to improve them. One suggestion was to increase awareness of the services among the Alliance provider networks.
- Surveys with members will be completed in Q4.
- Provider Utilization for Q3 was as follows:
    - Phone interpreting services: There was a total of 6,697 total calls in Q3 by provider sites. This reflects an increase of 16% compared to Q3 in 2023.
    - Face-to-Face (F2F) interpreting services: There was a total of 1,742 requests in all service counties for F2F in Q3. This reflects an increase of 42% compared to Q3 in 2023.
        - Santa Cruz County had 656 requests in Q3. This was a 35% increase compared to Q3 2023.
        - Merced County had 591 requests in Q3. This was a 20% increase compared to Q3 2023.
        - Monterey County had 494 requests in Q3. This was a 64% increase compared to Q3 of 2023.
        - San Benito County had 1 request in Q3. This is a new service county and there was no comparison for 2023.
        - Mariposa County had 0 requests in Q3. This is a new service county and there was no comparison for 2023.

Delegation Oversight
Reporting purpose is to ensure all activities delegated on behalf CCAH and the QIPH department meet all DHCS, DMHC, and NCQA regulations, and Ensure oversight of all delegated activities by governing board.

No previously identified issues were noted.

Report Changes / Updates:

All delegate reports for the quarter were received and reviewed with no gaps identified. No issues with delegate reports. QIPH working with Compliance to ensure all delegate reports meet NCQA requirements.

Conclusion: The QIHET Workplan does not have any critical areas of concern that require further intervention or follow-up. There is continued progress toward goals for the initiatives and operational metrics, including addressing any barriers to achieve outcomes. The pandemic continues to impact provider staffing and active engagement; however, there are efforts in participation and the team is providing support as needed.

Fiscal Impact. There is no fiscal impact associated with this agenda item.

Attachments.

1. Q3 2024 Quality Improvement and Population Health Transformation Program Workplan.

SECTION 1: QUALITY PROGRAM STRUCTURE

ANNUAL EVALUATION (ANDREA SWAN)

Goals/Objectives for Calendar Year 2024	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Staff	Annual Update	Previously Identified Issues	Next Steps	Goal Met	Evaluation
1. To develop a comprehensive evaluation of all Quality Improvement activities for 2024.	1. Ensure all required sections of the workplan meet DHCS, and NCQA requirements.	1/1/2024	Andrea Swan, Quality Improvement & Population Health Director	1st update- On track to meet all quarterly updates to QIHEC with appropriate approvals, and no barriers noted. Workplan structure with initial goals was approved by QIHEC 2/2024.	1: No identified issues or barriers.	1. Continue with action plan.	☑ Yes ☐ No	N/A
2.	2. Present for approval Quality Improvement workplan which contains all required sections for the evaluation.	3/31/2024 – 3/31/2024	Andrea Swan, Quality Improvement & Population Health Director				☐ Yes ☐ No	
3.	3. Ensure all quarterly updates are reviewed and approved by QIHEC.	3/31/24,6/30/2024,9/30/2024,12/31/2024	Andrea Swan, Quality Improvement & Population Health Director	2nd update	2:	2:	☐ Yes ☐ No	
4.	4.						☐ Yes ☐ No	

PROGRAM DESCRIPTION (ANDREA SWAN)

Goals/Objectives for Calendar Year 2024	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Staff	Annual Update	Previously Identified Issues	Next Steps	Goal Met	Evaluation
1. Finalize 2024 Program Description for presentation to QIHEC	1. Ensure all required sections of the workplan meet DHCS, and NCQA requirements.	1/31/2024-2/15/2024	Andrea Swan, Quality Improvement & Population Health Director	1st update: Program description was finalized 5/15/2024. but has not been presented to QIHEW as it is currently being reviewed by NCQA team to ensure all elements have been met.	1: Program description completed in prior year were not sufficient to meet new DHCS and NCQA standards. Program description has been reviewed to meet all regulatory requirements.	1 Present finalized program description to QIHEW by the end of June 2024.	☐ Yes ☑ No	N/A
2. Presentation of the Program Description to both the QIHEW, and QIHEC for approval by 3/31/2024	2. Submission of Program Description to QIHEW staff	2/1/2024-2/15/2024	Andrea Swan, Quality Improvement & Population Health Director				☐ Yes ☐ No	

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3. Develop a comprehensive 2025 Quality improvement Program Description that outlines all required DHCS, and NCQA requirements.	3. Review all DHCS, and NCQA requirements to ensure all sections included are relevant and share the template with business owners to begin writing.	9/30/2024-12/31/2024	Andrea Swan, Quality Improvement & Population Health Director	2nd update:	2:	2:	☐ Yes ☐ No	
4.	4.						☐ Yes ☐ No	

ANNUAL WORKPLAN (ANDREA SWAN)

Goals/Objectives for Calendar Year 2024	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Staff	Quarterly Update	Previously Identified Issues	Next Steps	Goal Met	Evaluation
1. To executes a QI program annual work plan that reflects ongoing activities throughout the year and addresses all required DHCS, and NCQA requirements	1. Create a workplan that captures yearly activities, time frame for each activity's completion, staff members responsible for each activity, monitoring of previously identified issues, and evaluation of QI program.	1/1/2024-2/15/2024	Andrea Swan, Quality Improvement & Population Health Director	Qtr. 1: Workplan successfully completed, and approved at QIHEW, and QIHEC in the 1st quarter of 2024. 1st quarter updates have been completed pending presentation to QIHEW and QIHEC. Qtr. 2 Quarter 1 updates presented and approved at QIHEW and QIHEC. Q2 updates completed pending update at QIHEW in August, and QIHEC in Sept.	1: Current workplan needed to be updated to meet DHCS and NCQA requirements which was successfully completed. 2: With the presentation of workplan goals within the QIPH committee feedback included in the need to establish clear baselines, and timeframes. The workplan was updated, and presented with changes, and approved.	1: Continue to work with business owners for timely submission, and ensuring work plan updates meet requirements and reflect progress towards goals.	☑ Yes ☐ No	N/A
2. Ensure all workplan elements are properly documented and reflect appropriate follow up by each business owner.	2. Regular quarterly check-ins to review workplan entries, with regular feedback provided to business owners when applicable.	3/31/204,6/30/2024,9/30/2024,12/31/2024	Andrea Swan, Quality Improvement & Population Health Director				☑ Yes ☐ No	
3. Review and approval of workplan quarterly by QIHEC	3. Review of all workplan entries prior to each committee to ensure appropriate documentation.	3/31/204,6/30/2024,9/30/2024,12/31/2024	Andrea Swan, Quality Improvement & Population Health Director	Qtr. 3:	3:	2	☐ Yes ☐ No	
4.	4.			Qtr. 4:			☐ Yes ☐ No	

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SECTION 2: QUALITY OF CLINICAL CARE

MCAS INTERVENTION (KRISTEN ROHLF)

Goals/Objectives for Calendar Year 2024	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Staff	Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter.	Previously Identified Issues	Next Steps	Goal Met	Evaluation
1. Establish and launch Provider Partnership program	1. Sign up 4 providers by 3.31.24. 2. Do onsite meetings and observations by 4.31.24. 3. Develop and implement interventions for 1-2 MCAS measures at each site by 6.30.24. 4. Monitor and adjust interventions and MCAS rates 9.30.24	1/1/24-3/31/24 3/31/24-4/31/24 4/1/24-6/30/24 7/1/24-9/30/24	Sarina King, Quality and Performance Improvement Manager	Five practices enrolled by April 2024. 2 Focused measures selected per site, with project charters completed. Monthly practice coaching sessions and quarterly data review meetings began in April 2024. Data as of Sept. 2024 shows upward trends in 9 of the 10 selected measures for the 5 sites.	Difficulty scheduling and meeting with providers, slow start to interventions.	Continue to support practice with Care Gap closure reports and funding for additional clinic time.	☑ Yes ☐ No	The Alliance provider liaisons and leadership team were persistent in their support, education and outreach to our Provider Partners. This persistence resulted in regular coaching meetings with our sites and appropriate escalations and support with interventions. The result is improved performance across MCAS measures with 9 of 10 tracked measures showing year over year improvement and 4 of 10 reaching MPL.

2. Develop a comprehensive MCAS committee to capture, plan, and discuss quality improvement activities that will improve DHCS required MCAS measures, and NCQA HEDIS prioritized measures. Overall strategic goal is to improve Merced County Pediatric Measures by a 5 percentile increase over MY 22 each year through 2026. In addition to children's health measures sanctioned in Merced there were there are two women's health measures that also fell below the minimum performance level (MPL) held to the 50th percentile. Goal is to reach the following: • Child and Adolescent Well-Care Visits (WCV) - 48.0% (45th percentile) • Childhood Immunizations - Combo 10 (CIS-10) - 24.5% (14th percentile). • Immunizations for Adolescents - Combo 2 (IMA–2) - 35.2% (50th percentile). • Lead Screening in Children (LSC) - 53.2% (25th percentile). • Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30-6)- (16th %ile) • Well-Child Visits for Age 15 Months to 30 Months—Two or More Well- Child Visits (W30-2) - 60.8% (28th %ile) • Breast Cancer Screening (BCS) - 52.6% (50th percentile). Chlamydia Screening in Women (CHL-Tot) - 56.04% (50th percentile).	1. Create project charter and project tracker. 2. Establish regular monthly check-in with committee to monitor activities. 3. Evaluation current intervention strategies against finalized audited measurement year (MY) MY2023 MCAS measure rates. 4. Request direction of interventions from.	1/1/2024-3/31/2024 3/1/2024-6/30/2024 6/17/23-8/31/2024 4/1/24-12/31/2024	Britta Vigurs, Quality Improvement Program Advisor	In Q1 2024 we drafted the MCAS Workgroup Meeting Charter and identified stakeholders across the Alliance to attend future meetings as core attendees or ad hoc. Topic tracker has been drafted to assist identifying standing agenda items and future topics based on priorities. MCAS Measurement Year (MY) 2023 rates (Report Year 2024) in Merced County show improvements in all measures but Immunizations for Adolescents (IMA-2). Child and Adolescent Well-Care Visits (WCV), Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30-6+), Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30-2+), and Breast Cancer Screening met 2023 Target Goals. WCV, W30-6+ and BCS are on track for 2024. In Q2 the MCAS Workgroup discussed tracking of all projects/initiatives that may impact MCAS measures. QIPH interviewed key stakeholders across the organization to assess impact, and track information for further discussion in the MCAS Workgroup. In Q3 the MCAS Workgroup discussed barriers and improvement activities for servicing Alliance members in rural communities to close gaps in care. Assessment for projects/initiatives for MCAS measures continues with stakeholders across the organization.	The previous cross-departmental workgroup to address MCAS measures during the pandemic was structured more for reporting out, rather than allowing active work within the meeting to identify and flag barriers in projects. In Q3 MCAS workgroup meetings were canceled due to competing hi-priority meetings and will work to see if meeting schedule should be modified for 2025.	This meeting will reoccur monthly.	☑ Yes ☐ No	This MCAS committee meeting is structured to be an interdisciplinary workgroup to review and approve interventions, as well as serve as working sessions to problem solve barriers. There were a number of new quality improvement projects within the provider network last year in 2023, which would have helped drive improvements in targeted measures like BCS and W30-6+.

CARE-BASE INCENTIVE (CBI) (KRISTEN ROHLF)

Goals/Objectives for Calendar Year 2024	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Staff	Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter.	Previously Identified Issues	Next Steps	Goal Met	Evaluation
1. Enhance Provider Portal reports to streamline access to reports and increase availability of functions and measures monthly.	1. Create business requirements for a roll-up function that allows multiple clinics sites to see a combined monthly rate for measures available monthly on the Provider Portal Quality Report.	1/1/2024-3/31/2024	Alex Sanchez, Quality Improvement Program Advisor, Magdalena Kowalska, Quality Improvement Program Advisor, Shannon Fletcher, Quality Improvement Program Advisor, Annecy Majoros, Quality Improvement Program Advisor	1. Roll-up function has been deployed on the Provider Portal Quality Reports in Q1 2024.	Competing priorities for staff, and limited staffing available to build and test reports.	1. No further action required.	☑ Yes ☐ No	Initial reports with target dates in Q1 were successfully completed with no issues after collaborating on

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	2. Develop workflow to extract and generate additional columns that note members meeting continuous enrollment specifications to applicable monthly Provider Portal Quality reports. 3. Create business requirements to add trending graphs to monthly quality reports. 4. Create business requirements to add a Gaps in Care report. 5. Create business requirements to generate email reminders for portal reports for providers.	1/1/2024-6/30/2024 6/30/2024-12/31/2024 4/1/2024-12/31/2024 4/1/2024-12/31/2024 1/31/2024-3/31/2024		2. Work for business requirements completed in Q2 2024. 3. Business requirements completed and submitted to ITS in Q1 2023. 4. Work to start in Q2 2024. 5. Completed draft language in Q1 2024.	Limited visual and report functionalities of the provider portal.	2. Awaiting ticket assignment, portal development, and testing. 3. Awaiting ticket assignment, portal development, and testing. 4. QA by QIPH and portal release. 5. Continued discussions with staff from Provider Services and Quality Improvement and Population Health on portal feature development, then development and testing of the function		the easiest technological solution. Anticipate potential bandwidth challenges for the rest of the report enhancements due to regulatory and non-regulatory alliance projects for programming.
2. Increase access to introductory CBI program information for network providers.	1. Record a CBI 2024 introductory video. 2. Create survey for feedback on training content. 3. Published video on the Alliance Webinars and Training website. 4. Advertise video to network providers, with additional targeting for newly added Mariposa and San Benito County providers. 5. Create Data Submission Tool (DST) training video. 6. Create and record coding training material for MCAS/CBI.	4/1/2024-5/30/2024. 4/1/2024-5/30/2024. 6/1/2024-6/30/2024 7/1/2024-7/31/2024 6/1/2024-8/31/2024 6/1/24-8/31/24	Annecy Majoros, Quality Improvement Program Advisor, Juan Velarde, Quality Improvement Program Advisor, Britta Vigurs, Quality Improvement Program Advisor, Tera Mendoza, Coding Resource Specialist	Work completed for CBI Introduction video in Q2 2024. Coding Introduction video completed and posted to Alliance website in Q3.	Bandwidth of staff to complete the training videos in competition with regulatory and other project obligations.		☑ Yes ☐ No	Planned activities were updated to combine the training videos for the CBI introduction, DST and provider portal reports into one training video for ease of use by provider clinics. Coding Introduction video will continue to be advertised in CBI forensics visits and at the CBI 2025 Workshop.

BASIC POPULATION HEALTH MANAGEMENT (DESIRRE HERRERA)

Goals/Objectives for Calendar Year 2024	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Party	Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter.	Previously Identified Issues	Next Steps	Goal Met	Evaluation
1. On a quarterly basis, provide Health Education services and Member Health Rewards program presentations to Alliance internal department staff that interact with members to increase awareness of Health Education services and health rewards available for members.	1. The project team will reach out to internal departments that interact with members. Examples of teams: a. Health Education team b. Member Services team c. Care Coordination team d. Community Engagement team 2. Schedule presentations 3. Deliver Health Education and Member Health Rewards services presentation.	3/31/2024, 6/30/2024 9/30/2024, 12/31/2024	Kevin Lopez, C&L Program Advisor Desirre Herrera, Quality and Health Programs Manager	A total of **7 presentations** on Health Education services and Member Health Rewards were coordinated and completed in Quarter 3. Presentations were delivered to the following audiences: • Golden Valley Health Centers Community Health Worker team	No issues to report in Q3.	The project team will continue to coordinate presentations for internal teams and external community partners in Q4.	☑ Yes ☐ No	This goal has been successful in increasing awareness among member facing teams and ensuring Alliance staff are informed of the services available for members.

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2. A minimum of 2 presentations will be conducted per quarter.	4. Request input regarding presentation content and any member needs that they have encountered regarding Health Education services.			• Alliance Care Management team • Alliance QIPH Department Orientation • Alliance Enhanced Care Management Team • Alliance Quality and Health Programs team new hires • Alliance Healthy Equity team new hire Dignity Health Merced staff				Additionally, in Q3 the project team presented to external audiences including 2 Merced County Provider sites. These presentations inform Alliance provider site teams of the services available to members accessing services at their clinics.
3. On a quarterly basis, inform members of Health and Wellness programs and self-management tools available to them in 2024.	1. The project team will conduct outreach and education activities to inform members of services available to them via: a. Member outreach calls b. Member workshops c. Member mailings d. Member newsletter articles e. MSAG presentation 2. Request input from members regarding program and services. 3. Incorporate member feedback into bi-annual planning of health education activities.	3/31/2024,6/30/2024 9/30/2024,12/31/2024	Veronica Lozano, Quality and Health Programs Supervisor Health Educator team Desirre Herrera, Quality and Health Programs Manager	The following activities were completed in Q3 to inform members of Health and Wellness programs: • <u>Member Newsletter:</u> The project team included 2 articles in the September 2024 Member Newsletter informing members of health education programs available to them including Healthy Moms and Healthy Babies, Healthy Weight for Life and member incentives. • <u>Member outreach calls:</u> The Health Education team completed **2,451 outreach calls** in Q3 to offer members health and wellness programs.	No issues to report in Q3.	The project team will continue to conduct outreach calls each quarter. The project team will include health and wellness information in the December 2024 Member Newsletter.	☑ Yes ☐ No	The member newsletters result in higher calls to the Health Education Line regarding programs included in the newsletter. Health Education staff are aware of when notices are sent to members to ensure questions on program enrollment can be answered. In Q3 the Health Education Line received **878 incoming calls** from members, providers and the community regarding Quality and Health Programs services. Additionally, the Health Educators received **231** PCP referrals to health education services in Q3.

4. On a quarterly basis, collect member feedback from participants in chronic disease management and wellness programs to evaluate impact.	1. The project team will conduct satisfaction surveys with members to evaluate: a. Information about the overall program b. Usefulness of the information shared. c. Percentage of members indicating that the program helped them achieve health goals. 2. Request input from members regarding program and services. 3. Incorporate member feedback into bi-annual planning of health education activities.	3/31/2024,6/30/2024 9/30/2024,12/31/2024	Kevin Lopez, C&L Program Advisor Desirre Herrera, Quality and Health Programs Manager	Surveys with members will be completed in Q4.	Surveys were delayed due to timeline of NCQA consultant review of surveys which are included in larger Population Health Management Impact report.	Surveys with members will be completed in Q4.	☐ Yes ☑ No	Surveys were delayed due to timeline of NCQA consultant review of surveys which are included in larger Population Health Management Impact report. Surveys will be completed in Q4.
4. On a quarterly basis increase the number of member workshops provided by the Health Education Team in comparison to 2023 baseline. In 2023 there were on average 2 workshops scheduled per quarter. In 2024 the team will double this number and offer at minimum 4 workshops per quarter.	1. The Health Educators will conduct a minimum of 4 member workshops per quarter. 2. Health Educators will lead recruitment and outreach efforts to members to enroll in the programs. 3. Health Educators will lead.	3/31/2024, 6/30/2024, 9/30/2024, 12/31/2024	Veronica Lozano, Quality and Health Programs Supervisor Health Educator team Desirre Herrera, Quality and Health Programs Manager	A total of **8 member workshops** were coordinated in Q3. The following workshop modalities and languages were provided: • 3 virtual Healthier Living Program (HLP) groups. 2 English, 1 Spanish. • 1 virtual Live Better with Diabetes (LBD) group in Spanish. • 1 in-person Healthier Living Program (HLP) in Spanish in Merced County (Planada). • 1 in-person Healthier Living Program (HLP) in Spanish in Monterey County (CCAH Salinas). • 1 virtual Healthy Weight for Life (HWL) group in English. • 1 telephonic Live Better with Diabetes (LBD) group in English.	No issues to report in Q3.	The project team will continue to schedule workshops to meet the quarterly goal of a minimum of 4 workshops per quarter.	☑ Yes ☐ No	The project team continues to experience high interest in member workshops.

SECTION 3: SAFETY OF CLINICAL CARE

FACILITY SITE REVIEW (DEANNA LEAMON)

Goals/Objectives for Calendar Year 2024	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Staff	Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter.	Previously Identified Issues	Next Steps	Goal Met	Evaluation
1. 80% of existing primary care provider sites with an FSR/MRR due this quarter are completed within three years of their last FSR date.	1. Enhance provider scheduling support by onboarding three additional QI RNs dedicated to conducting facility site reviews. 2. Implement proactive planning by reviewing all upcoming site reviews one quarter in advance. 3. Streamline scheduling by offering provider sites a selection of review dates two months before the review due date. 4. Maintain continuous communication with provider sites until a review date is confirmed.	07/01/2024-09/30/2024	Joana Castaneda, Quality Improvement Program Advisor, Tisha Criswell Senior Quality Improvement Nurse	1. Achieved goal with a result of 15 out of 16 reviews completed (94%). 2. Recruitment is underway for three FSR positions. 3. Q4 reviews were proactively assessed during Q3 for planning. 4. Initial communications have been sent to providers regarding Q4 reviews.	To ensure adequate staffing levels, the organization has approved two new positions and one backfill position for an FSR nurse who resigned in Q3.	1. Ongoing collaboration with HR to recruit three QI RN positions for FSR. Maintain communication with providers with site reviews due in Q4, ensuring follow-up on date selection until each review date is confirmed.	☑ Yes ☐ No	In the recruitment phase for hiring (3) FSR nurses.
2. 100% of practices with Corrective Action Plans (CAPs) arising from FSR/MRR submit a plan to address the CAP within regulatory timeframes.	1. Enhance CAP management support by onboarding three additional QI RNs for facility site reviews. 2. Send email reminders to provider sites regarding upcoming CAP due dates. 3. Directly contact non-responsive providers via phone, involving PRRs as necessary.	07/01/2024-09/30/2024	Tisha Criswell Senior Quality Improvement Nurse	1. Achieved goal results of 5 out of 12, or 42%. 2. Currently in the recruitment phase for three FSR positions. 3. Reminders regarding upcoming due dates have been sent to providers with CAPs.	To ensure adequate staffing levels, the organization has approved two new positions and one backfill position for an FSR nurse who resigned in Q3.	1. Ongoing collaboration with HR to recruit three QI RN positions for FSR. 2. Maintain consistent communication with providers regarding CAP due dates. Follow up with non-responsive providers	☐ Yes ☑ No	Historically, the site, resulting in the delay of seven CAPs, has successfully consolidated all FSRs and MRRs, enabling timely CAP closures without issue. For recent reviews conducted in Q3, each FSR and MRR

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						through direct phone calls involving PRRs as needed.		were coordinated directly with the Director of QA, who initially expressed difficulty completing the CAP due to a preference for unified training across the seven sites. In response, the CAP deadline was extended by Alliance FSR to October 10th, which the site's Director of QA approved. Despite this extension, follow-up was sparse after the October 10th deadline, prompting the Alliance FSR nurse to close new member linkage on October 22nd for the seven sites.
4.	4.						☐ Yes ☐ No	Subsequently, the Alliance Provider Representative reached out to arrange a meeting with the site's team; however, no response was received. Delays appear related to prolonged policy and leadership approvals. Moving forward, a revised approach has been agreed upon: reviews will start with a single site, allowing a month's lead time for all other sites to develop CAPs and ensure readiness for the subsequent sites.

POTENTIAL QUALITY ISSUES (DEANNA LEAMON)

Goals/Objectives for Calendar Year 2024	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Staff	Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter.	Previously Identified Issues	Next Steps	Goal Met	Evaluation
1. 100% of member grievances received by QI concerning potential medical quality of care issues are resolved within the regulatory timeframes for Member Grievances.	2. Establish due dates in SharePoint for PQIs that allow sufficient time for investigation, translation needs (if applicable), and for the Grievance Coordinator to resolve the case. 3. Promptly request medical records necessary for the PQI	07/01/2024-09/30/2024	Emily Kaufman, Clinical Safety Supervisor, Eleni Pappazisis, Quality Improvement Program Advisor, Naomi Kawabata, Senior Quality Improvement Nurse Nurse, Katie Lutz, Quality Improvement Nurse, Sandy Clay Senior Quality Improvement Nurse, and Bethany Fung, Quality Improvement Nurse	1. Achieved goal results of 100%, with all 127 cases closed on time. 2. Due dates have been established in SharePoint to facilitate the closure of regulatory PQIs.	1. Ensure staffing levels are adequate to balance regulatory PQIs, internal PQI referrals, collaborative efforts, and quality studies to enhance the quality of care for members.	2. Continue establishing due dates in SharePoint to prioritize promptly closing regulatory-based PQIs. 3. Maintain the practice of requesting medical records as needed for investigations to ensure timely case closures.	☑ Yes ☐ No	Recruiting one PQI nurse to backfill the position following the internal promotion to PQI Supervisor.

	investigation upon case assignment to the QI RN. 4. Ensure timely coordination of discussions if the case requires MD guidance or potential P2/P3 recommendations.			3. The QI RN requested medical records promptly for PQI investigations. 4. Timely discussions were conducted with MDs regarding P2/P3 cases.		4. Conduct weekly MD meetings to discuss potential P2/P3 cases requiring guidance, ensuring that these discussions do not hinder timely case resolution.		
1. 80% of non-grievance related PQIs are completed within 90 calendar days.	2. Triage and prioritize incoming internal referrals for the following case types: a. Known provider to tracking and trending. b. Provider on a CAP or involved in an open Quality Study c. LTSS member	01/01/2024 – 03/29/2024 3/31/204,6/30/2024 9/30/2024,12/31/2024	Eleni Pappazisis, Quality Improvement Program Advisor, Naomi Kawabata, Senior Quality Improvement Nurse, Emily Kaufman, Senior Quality Improvement Nurse, Katie Lutz, Quality Improvement Nurse, Sandy Clay Senior Quality Improvement Nurse, and Bethany Fung, Quality Improvement Nurse	1. Achieved goal results of 73%, with 24 out of 33 cases closed on time. 2. The team effectively triaged and prioritized incoming internal referrals for the following case types: • Known providers for tracking and trending. • Providers on a CAP or involved in an open Quality Study. • LTSS members.	1. Ensure staffing levels are adequate to balance regulatory PQIs, internal PQI referrals, collaborative efforts, and quality studies to enhance the quality of care for members.	2. Triage incoming 90-day referrals promptly. 3. Temporarily decline collaborative work and be selective about participating in Quality Studies until the team can achieve 100% compliance in closing regulatory and internal referral PQIs.	☐ Yes ☑ No	PQI observed substantial progress in closing internal referrals within 90 days, highlighting advancements in key performance metrics. Recruitment efforts are currently focused on hiring a PQI nurse to backfill the internal promotion to PQI Supervisor. We expect that onboarding this new hire will further enhance the timely closure of referrals.
3:	3.						☐ Yes ☐ No	

GRIEVANCE & APPEALS REVIEW (SARAH SANDERS)

Goals/Objectives for Calendar Year 2024	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Staff	Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter.	Previously Identified Issues	Next Steps	Goal Met	Evaluation
1. On a quarterly basis, provide grievance updates to interdisciplinary groups including SGRC and QIHEW.	a. Monitor and process concerns within regulatory timeframes. b. Provide internal communications on appeal and grievances trends and outcomes. c. Track and trend grievance data by demographics including language to analyze disparities. d. Identify actionable opportunities for improvement	04/01/2024-6/30/2024 3/31/204,6/30/2024 9/30/2024,12/31/2024	Sarah Sanders, Grievance and Quality Manager	Q3 updates: SGRC for 8/1 and 10/3 QIHEW 8/21 Q2 & Q3: June staffing deficiency & preparations for CMSR (Jiva) system replacement to ensure regulatory compliance.	Q3: Staffing deficiency impacted regulatory timeframes.	Continue monitoring regulatory compliance and trends. Active staffing recruitment planned for Q3-24 to ensure appropriate staffing to support regulatory compliance.	☑ Yes ☐ No	Close monitoring, communications and tracking of AG occurred
2. Support Members by resolving issues of dissatisfaction with the Alliance.	a. Ensure that where appropriate, corrective action is implemented and effective in improving identified problems.	04/01/2024 – 06/30/2024	Sarah Sanders, Grievance and Quality Manager	Q3 updates: n/a		QI action and monitoring for responsiveness	☑ Yes ☐ No	

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	b. Track grievance and appeals for access/QOC trends, system issues, and identify actionable corrections needed.	3/31/204,6/30/2024 9/30/2024,12/31/2024						
3. Quality Data: External Report requirements are met 100% of the time.	a. Monitor timely data and state submissions to ensure completeness. b. Evaluate and identify opportunities to improve the data accuracy of AG information.	04/01/2024 – 06/30/2024 3/31/204,6/30/2024 9/30/2024,12/31/2024	Sarah Sanders, Grievance and Quality Manager	Q3: Accuracy achieved. *Note updates to MCPD implemented for Q3.	Q3: n/a	Monitor for data to ensure new benefit types pulled for required MCPD reporting.	☑ Yes ☐ No	New benefits added to the tableau reporting suite.
4. Ongoing monitoring of AG results to support that appropriate action is taken when occurrences of poor performance are identified. Identify and track allegations of discrimination.	a. Identify and, when appropriate, act on substantiated issues in a timely manner. Monitor and report findings bi-monthly. Complete audits for allegations of discrimination to monitor, prevent and identify any discriminatory practices.	04/01/2024 – 06/30/2024 3/31/204,6/30/2024 9/30/2024,12/31/2024	Sarah Sanders, Grievance and Quality Manager	Q3: Discrimination reviews completed	Q3: n/a	Monitor outliers	☑ Yes ☐ No	Results Achieved.

COC OF MEDICAL & BEHAVORIAL HEALTH (REBECCA MCMULLEN)

Goals/Objectives for Calendar Year 2024	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Party	Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter.	Previously Identified Issues	Next Steps	Goal Met	Evaluation
1. Increase Utilization of BH benefit overall by 2.5% within the Behavioral health network in Merced County, from a baseline of 4.07% by 12/31/2024, by increasing provider and member education about BH benefits offered	-At minimum, annual BH team member attendance at PAG and QIHEC meetings to discuss BH services -At minimum, annual BH team member attendance at MSAG or other similar member forums to discuss BH services such as WCM advisory committee -Quarterly attendance at ER JOC meetings by BH team member to address questions related to BH benefit -increase in provider outreach and education via provider newsletters -Promotion of BH services at outreach activities (at least 3) in Merced County annually. -Meet with Delegate (Carelon) monthly and MHPs at minimum quarterly to track and discuss appropriate referrals and transitions to the NSMHS benefit. Outreach and engage local Merced Eds in collaboration on referrals to BH care.	By 10/31/2024 Attended by 2/8/2024 Ongoing, started 5/1/2024 By 12/31/2024 Ongoing, started in 5/1/2024 Ongoing, started 1/1/2024 By 12/31/2024	- Rebecca McMullen, BH Manager and/or Shae Redwine, BH Analyst - Communications department manager, Provider Services Manager, Member Services Manager	Q3 update: -BH Manager presented on BH benefits to MSAG group in 2/2024 and will present again in 2025. -BH Manager presented on BH benefits to WHM advisory committee in 3/2024 -BH Manager and QI presented at PAG in 5/2024 on current BH measures, including discussion from providers related to BH benefit -BH Manager attended outreach event in Merced County in 5/2024 on BH benefits -BH Managers invited to several of the hospital JOC meetings, where psychiatric hospitalizations (FUA FUM measure) were discussed. -Weekly meetings with Carelon to review data on BHT referrals and linkage to care, specifically. - BH Managers met with Monterey group of pediatricians in 9/2024 to discuss BH services	-Lack of accessible in person appointments within 10 business days for many BH providers/members not having initial appointment occur within 10 business days - Discovery of pending BHT referrals through Carelon not linked to services in a timely manner -BH team informed by BH providers of difficulty with credentialing timelines and referral questions -Local Eds lacking engagement and awareness of most appropriate referral options for BH care. -From Q4 2023 to Q3 2024, Merced County Membership for CCAH reduced by 2000 members	-BH services will be insourced in 7/2025 with goal to increase utilization and member and provider experience. -By 1/1/25, BH, along other applicable departments, will coordinate around annual communication to members and providers to ensure they are aware of BH benefits -BH Manager working with Carelon to update BHT referral form for ease of use for providers to reduce incomplete referrals and members not being linked to services. -Monthly meetings to continue with Carelon for ongoing monitoring of BHT data referrals. -BH Manager to meet monthly with Merced BHRS team to discuss Coordination of care for ED members and engage with local ED on outreach and referrals for BH care.	☐ Yes X No	The reason why goal was not met is due to several factors related to lack of education of BH benefit to members and providers, lack of available providers in the BH space, difficulty referring members to the BH benefit and lack of follow through on referrals submitted incorrectly or with insufficient information.

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				-Carelon to provide the BH service until 6/30/25 -Workgroup started with Merced BHRS in 6/2024 on high utilizers and ED visits. -CCAH BH Manager attended in person collaborative to discuss with Merced BHRS high utilizers and ED visits and possible interventions in ED for BH needs. -Outreach events attended by BH manager in our 2 new counties -CCAH BH Manager attended AHEAD conference in Merced at Merced BHRS with other community entities		- BH team to coordinate presentation date in Q1 or Q2 at MSAG on BH benefits.		
							☐ Yes ☐ No	
							☐ Yes ☐ No	
							☐ Yes ☐ No	

SECTION 4: MEMBER EXPERIENCE

MEMBER SATISFACTION SURVEY – CAHPS (SARINA KING)

Goals/Objectives for Calendar Year 2024	Planned Activities to Accomplish Goals/Objectives	Target Completion (start& end date)	Responsible Staff	Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter.	Previously Identified Issues	Next Steps	Goal Met	Evaluation
1. CAHPS survey fielded timely, and results reported out to internal stakeholders within 8 weeks of receiving results	1. CAHPS workflows, processes, and timelines documented and reviewed in Q1 2024, and steps are taken to begin MY2023 surveys	2/8/24 – 3/31/24	Alex Sanchez, Quality Improvement Program Advisor	Medi-Cal CAHPS were fielded in Q3 2024 and CG CAHPS fielding began.	Previously fielding was not always completed in a timely manner which led to delayed results.	• Medi-Cal CAHPS results processed and shared	☑ Yes ☐ No	Creating the workflows and timelines and coordinating with all involved parties led to do timely fielding of the Medi-Cal and CG CAHPS surveys.
2. Increase organizational awareness of what CAHPS is and current what current rates are	2. Present MY 2022 CAHPS rates to targeted and appropriate stakeholders 1. Begin outreach to chiefs/admins to present CAHPS overview and high-level rates to organization at all-staff or division meetings	3/1/2024 – 10/31/24 Same timeline as above	Sarina King, Quality Performance Improvement Manager	In Q3 2024, MY2023 surveys were fielded, and results calculated.	Current issues that we are working through involve getting organizational involvement and alignment on CAHPS interventions based on previous MY results.	Prepare MY2023 results and present to Operations Committee.	☑ Yes ☐ No	We have continued to lay the groundwork for organizational support and alignment to focus on CAHPS interventions. Once we have MY23 results, we will be sure to add the interventions to the workplan and measure specific improvement efforts.

SECTION 4: QUALITY OF SERVICE

ACCESS & AVAILABILITY (AA) (JESSIE DYBDAHL)

Goals/Objectives for Calendar Year 2024	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Staff	Semi-Annual Update Please include what you have done, and why you have accomplished the goal for each quarter.	Previously Identified Issues	Next Steps	Goal Met	Evaluation
1. Comply with DMHC Timely Access Survey Requirements	1. Ensure 90% of After-hours triage compliance in Timely Access Survey. (Provider Appointment Availability Survey [PAAS]). 2. Ensure 75% Urgent and routine appointment access compliance, as well as next available follow up appointment for non-physician mental health care, within required time frames. 3. PAAS work begins in the summer with vendor engagement and finalization of the project plan and contact lists. The survey is launched from August to November/December. Results are available in Q1 of the subsequent year.	7/1/2024-12/31/2024	Jessie Dybdahl, Provider Service Director	Q3: PAAS vendor has begun the provider outreach. Current completion metrics are greater for CY 2024 than CY 2023. There are currently 4 weeks remaining of outreach to be performed by vendor ForisMazars, set to be complete by November 15, 2024	none	Q4: complete PAAS survey and report outcomes.	☐ Yes ☑ No	PAAS vendor has begun the provider outreach. Currently completion metrics are greater for CY2024 than CY2023. There are still multiple weeks remaining for outreach to be performed by vendor ForisMazars, and is set to be complete prior to the end of the year.
2. Quarterly review of provider to member ratios for PCPs and High-volume/high-impact Specialties. To ensure all ratios meet regulatory requirements.	1. Ensure provider to member ratios are w/in compliance and mitigate if out of compliance on a quarterly basis. 2. Tableau report is monitored no less than quarterly to ensure provider to member ratios are met for each required provider type.	1/1/2024-3/31/2024	Jessie Dybdahl, Provider Service Director	Q3: Review and any outcomes. Based on the policy standards, are well within compliance for provider to member ratios for all provider types, minus two. Out of compliance with: - Internal Medicine- 1:2,000 is target ratio for compliance: Reported ratio is 1:2,559 for Medical	none	- Inform Grants of specialties where we aren't in compliance. - Inform Network Develop Team of necessary new specialties for recruitment. Continue monitoring quarterly for compliance.	☑ Yes ☐ No	Current metrics are in line with requirements, except Allergy & Immunology and Internal Medicine. Next Steps will be taken during Q4.

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				- Allergy and Immunology- 1:5,000 target ratio for compliance: Reported ratio is 1:5,163 for Medical				
3.	3.						☐ Yes ☐ No	
4.	4.						☐ Yes ☐ No	

GEO ACCESS (TIMELY ACCESS) (JESSIE DYBDAHL)

Goals/Objectives for Calendar Year 2024	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Staff	Semi-Annual Update Please include what you have done, and why you have accomplished the goal for each quarter.	Previously Identified Issues	Next Steps	Goal Met	Evaluation
1. Comply with Time or Distance Standards set forth by DHCS	1. Ensure the network meets time or distance standards in compliance with DHCS requirements when a provider is available. 2. Monitor areas where no provider is available and ensure alternative access requests are in place on a quarterly basis. 3. Evaluate the non-contracted provider network to determine if recruitment might remedy access gaps. Launch recruitment efforts as applicable.	1/1/2024-3/31/2024 1/1/2024-3/31/2024	Jessie Dybdahl, Provider Service Director	Q3: The Alliance has submitted the Network Certification Report to DHCS and DHCS is reviewing and will provide outcomes in Q4 2024.	none	Continue to monitor any gaps s they arise with in network and recruit as feasible.	☑ Yes ☐ No	Completed submission of the reports. Awaiting DHCS.
2.	2.						☐ Yes ☐ No	
3.	3.						☐ Yes ☐ No	
4.	4.						☐ Yes ☐ No	

PROVIDER SATISFACTION SURVEY (JESSIE DYBDAHL)

Goals/Objectives for Calendar Year 2024	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Staff	Annual Update Please include what you have done, and why you have accomplished the goal for each quarter.	Previously Identified Issues	Next Steps	Goal Met	Evaluation
1. Provider Satisfaction Survey	1. Monitor Provider Satisfaction annually. Ensure no less than 5% decrease in overall satisfaction with the plan from prior year. 2. The Provider Satisfaction Survey (PSS) is launched in the summer with vendor engagement in spring. Contact lists are sent for primary care, specialty care, and non-physician mental health care. The survey is launched from July to August. Results are available in quarter 4.	7/1/2024 - 12/31/2024	Jessie Dybdahl, Provider Service Director	none	none	none	☐ Yes ☐ No	none

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2.	2.						☐ Yes ☐ No	
3.	3.						☐ Yes ☐ No	
4.	4.						☐ Yes ☐ No	

TELEPHONE ACCESS (VERONICA OLIVARRIA)

Goals/Objectives for Calendar Year 2024	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Staff	Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter.	Previously Identified Issues	Next Steps	Goal Met	Evaluation
1. 80% of calls to Member Services answered within 30 seconds.	1. The Call Center is continuously monitoring this metric as it is also included on the Operational Dashboard. Improvement efforts slated for 2024: o The adoption of a Workforce Management Tool to assist with call forecasting and representative scheduling, ensuring we have appropriate levels of staff supporting the queues at any given time/day. o Call Audit Optimization: We are developing formal call audit guidelines and defined audit methodology to ensure staff is adhering to Alliance updates and processes. This will ensure representatives are provided with the appropriate resources and are getting through calls, timely. o Developing additional call circles (queues) to: o Optimize resource availability. o Improve speed to answer. o Reduce representative training time. o Increase member satisfaction. o Computer Telephone Enhance HSP/Finesse	3/31/2024,6/30/2024 9/30/2024,12/31/2024	Veronica Olivarria, MS Call Center Manager Lilia Chagolla, Member Services Director	Goal not met (63%). The call center has hired additional staff to support the calls and member walk-in volume. Coordinate lunch and break schedules to maximize the peak/busy times. Assign staff to support offices to assist member walk-ins. Eliminate unnecessary meetings and focus meetings/training on business needs. Call Center Supervisors review Queue data throughout the day to determine if changes need to be made for the day - such as schedules. Trainings coordinated in small teams to maximize service level.	Quarter 1 is the busiest time of the year in the Call center, the company was also in a Common Spirit negotiation that impacted 7600 members and the Call center was short staffed. Q2- we hired an additional 5 MSR's that helped maximize coverage and increase service level to 90% and higher monthly. Q3- We hired 2 Call Center Supervisors, 2 FTE's and onboarded 2 Temps Reps to back fill for staff who recently promoted to other departments. ns	The Call Center team will continue to ensure we are fully staffed by continuing to review the needs of our callers and ensure our staff have the most current resources and/or trainings.	☑ Yes ☐ No	This goal has been successful in increasing every month by ensuring we are fully staffed to meet the needs of our membership and ensuring Alliance staff are informed and trained about the services available to members. We are currently in the process of reviewing a new phone system and a Workforce management tool. Call center Supervisors are focused on coaching real time, ensuring resources are available and HSP updates are current to allow staff to focus on the needs of the caller.

	by adding a screen pop up of member's demographics when a member calls into the call center. This will reduce time on phone for the MSR and will make each call more efficient. Integration: o Assess staffing needs due to increase in membership							
2. Call abandonment rate will not exceed 5% of calls to Member Services answered before being abandoned.	2. The Call Center is continuously monitoring this metric as it is also included on the Operational Dashboard. (Same as above)	3/31/2024,6/30/2024 9/30/2024,12/31/2024	Veronica Olivarria, MS Call Center Manager Lilia Chagolla, Member Services Director	Goal not met (63%) The call center has hired additional staff to support the calls and member walk-in volume. Coordinate lunch and break schedules to maximize the peak/busy times. Assign staff to support offices to assist member walk-ins. Eliminate unnecessary meetings and focus meetings/training on business needs. Call Center Supervisors review Queue data throughout the day to determine if changes need to be made for the day - such as schedules. Trainings coordinated in small teams to maximize service level.	Q1 is the busiest time of the year in the Call center, the company was also in a Common Spirit negotiation that impacted 7600 members and the Call center was short staffed. Q2- we hired an additional 5 MSR's that helped maximize coverage and increase service level to 90% and higher monthly. Q3- Onboarded 2 Call Center Supervisors, 2 FTE's and 2 Temps Reps to back fill for staff who recently promoted to other departments.	Working on additional FTEs and moving call quality auditing to MS Ops team, WFM tool to be implemented with new phone system.	☐ Yes ☑ No ☑ Yes ☐ No ☑ Yes ☐ No	This goal has been successful in increasing every month by ensuring we are fully staffed to meet the needs of our membership and ensuring Alliance staff are informed and trained about the services available to members. We are currently in the process of reviewing a new phone system and a Workforce management tool. Call center Supervisors are focused on coaching real time, ensuring resources are available and HSP updates are current to allow staff to focus on the needs of the caller.
3.	3.						☐ Yes ☐ No	
4.	4.						☐ Yes ☐ No	

CULTURE & LINGUISTICS (DESIRRE HERRERA)

Goals/Objectives for Calendar Year 2024	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Staff	Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter.	Previously Identified Issues	Next Steps	Goal Met	Evaluation

1. On a quarterly basis, provide at least 1 C&L services presentations to Alliance internal department staff that interact with members to increase awareness of C&L services available for members.	1. The C&L team will reach out to internal departments that interact with members. Examples: a. QIPH new hire orientation b. Member Services team c. Care Coordination team d. Community Engagement team 2. Schedule C&L services presentation 3. Deliver C&L services presentation. 4. Request input regarding presentation content and any member needs that they have encountered regarding C&L services.	3/31/2024,6/30/2024 9/30/2024,12/31/2024	Osiris Ramon, C&L Program Advisor Desirre Herrera, Quality and Health Programs Manager	A total of **4 presentations** on C&L services were coordinated and completed in **Quarter 3**. Presentations were delivered to the following audiences: • QIPH department orientation • New hire – Health Equity team • New hires – QHP team • Member Services Advisory Group (MSAG)	No issues to report in Q3.	The project team will continue to coordinate presentations for internal departments and Alliance staff in Q4.	☑ Yes ☐ No	This goal has been successful in increasing awareness among member facing teams and ensuring Alliance staff are informed of the services available for members. Increased awareness of C&L Services allows Alliance staff to share information on a broader scale with members they are working with in day-to-day operations.
2. On a quarterly basis, inform members of C&L Services available to them in 2024 utilizing at least 1 member informing modality.	1. The C&L team will conduct outreach and education activities to inform members of services available to them via: a. Member newsletter articles b. MSAG presentation 2. Request input from members regarding program and services. 3. Incorporate member feedback into bi-annual planning of health education activities.	3/31/2024,6/30/2024 9/30/2024,12/31/2024	Osiris Ramon, C&L Program Advisor Ivonne Munoz, Quality and Health Programs Supervisor	The following activities were completed in **Q3** to inform members of C&L Services: **Member Services Advisory Group (MSAG) presentation** – In August 2024 the C&L team provided an overview of language assistance services to the MSAG. Information about services was shared and the C&L team gathered input regarding services for members and how to improve them. One suggestion was to increase awareness of the services among the Alliance provider networks.	No issues to report in Q3.	The project team will work on planning efforts to increase awareness of language assistance services to the provider network.	☑ Yes ☐ No	MSAG provided feedback to increase awareness among the provider network about language assistance services available.
3. On a quarterly basis, collect member feedback on their experience with language assistance services in a clinical setting.	1. The project team will conduct satisfaction surveys with members to evaluate: a. Individual ratings of access to language services. b. Overall rating of interpretation services. c. Access to language services at a health care encounter. d. Gather individual experiences with the services. 2. Request input from members regarding program and services. 3. Incorporate member feedback into bi-annual planning of health education activities.	3/31/2024,6/30/2024 9/30/2024,12/31/2024	Osiris Ramon, C&L Program Advisor Desirre Herrera, Quality and Health Programs Manager	Surveys with members will be completed in Q4.	Surveys were delayed due to timeline of NCQA consultant review of surveys which are included in larger Health Equity evaluation report.	Surveys with members will be completed in Q4.	☐ Yes ☑ No	Surveys were delayed due to timeline of NCQA consultant review of surveys which are included in larger Health Equity evaluation report. Surveys will be completed in Q4.

4. Increase provider utilization of language assistance services quarterly by a minimum of 5% in comparison to 2023 baseline utilization data.	1. The project team will track utilization for the following services: • Phone interpreting services. • Face-to-Face (F2F) interpreting services. 2. Use quarterly utilization data to identify potential need to training of provider network on language assistance services.	3/31/2024 6/30/2024 9/30/2024 12/31/2024	Osiris Ramon, C&L Program Advisor Ivonne Munoz, Quality and Health Programs Supervisor	**Provider Utilization for Q3** was as follows: **Phone interpreting services:** There was a total of **6,697 total calls in Q3** by provider sites. This reflects an **increase of 16%** compared to Q3 in 2023. **Face-to-Face (F2F) interpreting services:** There was a total of **1,742 requests in all service counties for F2F in Q3**. This reflects an **increase of 42%** compared to Q3 in 2023. • **Santa Cruz County** had **656 requests** in **Q3.** This was a 35% **increase** compared to Q3 2023. • **Merced County** had **591 requests** in **Q3**. This was a 20% **increase** compared to Q3 2023. • **Monterey County** had **494 requests** in **Q3.** This was a **64% increase** compared to Q3 of 2023. • **San Benito County** had **1 request** in **Q3**. This is a new service county and there was no comparison for 2023. • **Mariposa County** had **0 requests** in **Q3**. This is a new service county and there was no comparison for 2023.	No issues to report in Q3.	The utilization data from Q1-Q3 reflects very low to no utilization of in-person/F2F interpreting services in the new expansion counties. The C&L team will reach out to the Provider Relations team to share this information and inquire how to best support the providers in the expansion counties with language assistance services access.	☑ Yes ☐ No	There continues to be increases in utilization of language assistance services by providers in 2024 compared to 2023. The utilization data for Q1-Q3 show little to no utilization of language assistance services in the new expansion counties. The C&L team will work with the Provider Relations team to address this gap.

DELEGATION OVERSIGHT (ANDREA SWAN)

Goals/Objectives for Calendar Year 2024	Planned Activities to Accomplish Goals/Objectives	Target Completion (start & end date)	Responsible Staff	Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter.	Previously Identified Issues	Next Steps	Goal Met	Evaluation
1. Ensure all activities delegated on behalf CCAH and the QIPH department meet all DHCS, DMHC, and NCQA regulations.	1. Quarterly review of delegate reports to ensure compliance, and identification of any issues.	3/31/2024,6/30/2024 9/30/2024,12/31/2024	DeAnna Leamon, Clinical Safety Quality Manager. Kristen Rohlf, Quality Improvement & Population Health. Desirre Herrera, Quality Health Programs Manager. Andrea Swan, Quality Improvement & Population Health Director	1. All delegate reports for the 1st quarter were received and reviewed with no gaps identified.	No previous issues identified	Continue with quarterly review	☑ Yes ☐ No	N/A
2. Ensure oversight of all delegated activities by governing board.	2. Present quarterly updates of all reviewed activities with identification of any issues to the governing board for review, and feedback.	3/31/2024,6/30/2024 9/30/2024,12/31/2024	DeAnna Leamon, Clinical Safety Quality Manager. Kristen Rohlf, Quality Improvement & Population Health. Desirre Herrera, Quality Health	2. All delegate reports for the 1st quarter were received and reviewed with no gaps identified.	No previous issues identified	Continue with quarterly review	☑ Yes ☐ No	

			Programs Manager. Andrea Swan, Quality Improvement & Population Health Director	3. No issues with delegate reports. QIPH working with Compliance to ensure all delegate reports meet NCQA requirements.				
3.	3.						☐ Yes ☐ No	
4.	4.						☐ Yes ☐ No	

DATE: January 22, 2025
TO: Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission
FROM: Andrea Swan, RN, Quality Improvement and Population Health Director
SUBJECT: 2023 Quality Improvement Health Equity Transformation Program Evaluation

Recommendation. Staff recommend the Board approve the 2023 Quality and Health Equity Transformation Program Evaluation

Summary. This report provides pertinent highlights, trends, and activities from 2023 Quality and Health Equity Transformation Program Evaluation.

Background. The Alliance is contractually required to maintain a Quality and Health Equity Transformation Program (QIHETP) and to monitor and take effective action on any needed improvements in the quality of care for Alliance members. The Santa Cruz-Monterey-Merced - San Benito – Mariposa Managed Medical Care Commission (Board) is accountable for all QIHETP activities. The Board has delegated to the Quality Improvement Health Equity Committee (QIHEC), the authority to oversee the performance outcomes of the QIHETP. This is monitored through quarterly and annual review of the QIHET Workplan, with review and input from QIHEW.

Central California Alliance for Health

Year 2023

Quality Improvement (QI) Program Annual Evaluation

Date: August 2024

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1. EXECUTIVE SUMMARY

1.1. Overall Effectiveness of the QI Program

1.1.1. 2023 Accomplishments

The 2023 Quality Improvement (QI) Program at CCAH has demonstrated a strong commitment to enhancing the quality of care and achieving health equity. Here's a breakdown of its components and effectiveness:

1.1.2. Achievements and Strategies

- **Effective Work Plan Utilization:** The 2023 QI Work Plan was instrumental in tracking and reporting on organization-wide goals. This comprehensive approach ensured that the quality initiatives were well-defined and impactful across all areas.
- **Staffing and Resources:** The QI department was fully staffed with no open positions at this current time. Based on the assessment, the staffing was adequate to meet the needs of the program as other departments continue to provide support to the QI department.
- **Leadership and Physician Engagement:** Leadership, along with network physicians, actively participated in relevant committee meetings, offering valuable recommendations and insights. This collaboration was crucial in identifying barriers and finding opportunities for improvement.
- **Provider Grant Program/Provider Partnership program:** The multi-year Provider Incentive Program played a significant role in enhancing quality scores. It focused on innovative member engagement and interventions, aiming to deliver high-quality care. Providers were given funding to support member engagement activities.
- **Joint Operation Meetings (JOMs):** Regular JOMs with key provider groups helped to strengthen provider engagement in quality improvement initiatives. These meetings facilitated better collaboration and shared strategies for improvement. Clinic Joint Operation (cJOC) meetings and Joint Operation Committee (JOC) meetings with Hospitals are scheduled quarterly.
- **Advocacy for Increased Commitment:** Leadership advocated for a greater organization-wide focus on quality improvement. This included increasing collaboration with providers and driving member-centric engagement efforts by increasing outreach and incentives for both groups.
- **Continuous Quality Improvement Activities:** In 2023, there were several plans and activities aimed at improving:
    - **Member Access and Engagement:** Ensuring members could easily access and engage with care by maintaining a robust network of practitioners and providers.
    - **Member Experience:** Enhancing the overall experience of members through various initiatives (i.e. Outreach, incentive programs, member education, etc.).
    - **Systems and Reporting Enhancements:** Upgrading existing systems to support better care for members through case management and population health (i.e. use of gap in care reports).
    - **Data Analytics:** Leveraging advanced data analytics to drive improvements.

Conclusion

The 2023 QI Program was successful in aligning its components to support CCAH's mission of improving member health through high-quality care. By focusing on key areas of clinical and non-clinical care, member safety, and experiences, and through active leadership and provider

engagement, the program was able to drive meaningful improvements in care quality and health equity.

1.1.3. Key functional Areas:

- ***Complaint and Appeal related to Access*** – CCAH met all five categories, including access and the total complaint rate per 1,000 member months. When reviewing trend data, CCAH identified an increase in complaints related to non-behavioral health services. The highest complaint rates were observed in the areas of attitude and service, as well as access to care. Despite this, the rate per 1,000 member months for these issues remains relatively low. CCAH will place further focus on these areas to address the increasing trend in complaints and appeals, which impact overall member satisfaction. This will also ensure that members can access care as quickly as needed.
- ***Access to Care*** – CCAH's assessment found that 97% of urgent care appointments for PCPs are available within 24 hours. This exceeds CCAH's performance target of 95% which demonstrates that CCAH's network can and does accommodate its members' most pressing healthcare needs.
- ***Geo-Access to Practitioners –*** CCAH has met all geo-access drive and distance standards for Primary Care Providers, High Volume Specialists, and High Impact Specialists. Last year, CCAH added 304 new PCPs and 467 SCPs to the network. This improved rates of pediatricians and internal medical doctors in rural areas significantly.
- ***CAHPS*** – In 2024, CCAH improved all eight CAHPS scores over their respective 2017 scores. Over 80% of respondents felt that they received care quickly and nearly 90% of respondents gave favorable reviews of their doctor.
    - *Double Digit (10% or greater) Increases* - Two of the eight measures saw double digit percentage increases from 2017 to 2024. First, "How Well Doctors Communicate Composite" increased by over 11% from 81.00% in 2017 to 92.40% in 2024. And second, "Getting Care Quickly Composite" increased by over 15% from 65.10% in 2017 to 80.80% in 2024.
    - *A Caring Approach and Member Engagement* – CCAH invested heavily in training staff to have more member-centric empathy and a caring approach when interacting with members. CCAH also implemented various member engagement initiatives to demonstrate their renewed commitment to ensure members have an excellent experience. The CAHPS improvements are a direct reflection of this quality initiatives.
- ***HEDIS*** – Out of twelve HEDIS measures, five measures met the goal.
    - 5 Met Goal: APM, PCR, PPC-Timeliness of Prenatal Care, PPC-Postpartum Care, and POD
    - The following measures met the goal for both Merced, Santa Cruz and Monterey in 2022
        - APM – Blood Glucose Testing exceeded the goal by approximately 17 percentage points.
        - PCR – Plan All-Cause Readmissions (Observed Rate) exceeded the goal by approximately 6 percentage points.
        - PPC – Timeliness of Prenatal Care exceeded the goal by approximately 2 percentage points.

1.1.4. 2024 Opportunities

While CCAH is happy with its 2023 QI Program accomplishments, CCAH has a culture of continuous improvement. This requires the organization to self-evaluate and look critically at opportunities to improve (i) internal processes and (ii) quality of services provided to its members. Included below are selected highlights of focus areas for 2024.

- ***QI Program Structure*** – CCAH will continue to monitor staffing resources supporting the QI program and may adjust staff as needed throughout 2024.
- ***Complaint and Appeal related to Access*** – CCAH will continue expanding its network by adding non-emergency medical transport vendors and telehealth services to improve access to care.

We will enhance scheduling systems, gather patient feedback, and increase network capacity through partnerships with medical schools. CCAH will also offer grants to recruit providers and improve staff training in customer service. Additionally, we will revise policies for flexible scheduling and better communication to reduce confusion and improve member satisfaction.

- ***Access to Care*** – CCAH has an opportunity to improve access for urgent and routine care appointments. Due to the growing network, both urgent and routine care appointment availability rates increased by approximately 3.23% from the prior year for PCP. However, there are some SCP types that did not meet the goal. Part of this challenge is attributable to that some service areas in are designated as Health Professional Shortage Areas (HPSAs) in California. It results in a limited number of specialist providers in those regions. To remediate this, CCAH intends to both (i) continue to grow its network by collaborating with UCSF and Stanford, (ii) contract with all tertiary care centers within the service area, and (iii) offers transportation benefits to members to ensure that mobility challenges or limited access to transportation barriers do not prevent members from receiving necessary care.
- ***Geo-Access to Practitioners –*** Geo-access standards were mostly met. CCAH seeks to continuously improve its network to provide more options for members to obtain care. CCAH will continue to recruit new providers, particularly focusing on rural areas, and offer medical capacity grants to fund specific required provider types. CCAH will also monitor its network footprint on an ongoing basis to ensure that all covered services are accessible and available within the time and distance standards.
- ***CAHPS*** – The CAHPS member results reflect some of the ongoing challenges already highlighted in other sections of this document. Although the network has grown, there are still challenges in accessing care, especially with specialists. CCAH intends to tackle this problem in 2024 by expanding telehealth and offering medical grants for specific provider types to aid in recruiting additional practitioners and supporting medical assistants.

Measure	2023 Valid n	2021	2022	2023	2023 PG BoB	2023 QC	Goal met
Rating Questions (% 9 or 10)							
Q28. Rating of Health Plan	420	66.40%	57.20%	59.30%	63.60%	61.20%	NO
Q8. Rating of Health Care	267	62.70%	51.30%	48.70%	56.80%	55.70%	NO
Q18. Rating of Personal Doctor	317	72.80%	68.40%	68.10%	69.20%	67.90%	NO
Q22. Rating of Specialist +	189	67.60%	72.10%	64.00%	67.40%	66.20%	NO
Rating Questions (% 8, 9 or 10)							
Q28. Rating of Health Plan	420	79.80%	76.80%	77.10%	79.30%	77.70%	NO
Q8. Rating of Health Care	267	79.10%	75.60%	72.70%	75.40%	74.60%	NO
Q18. Rating of Personal Doctor	317	82.10%	83.10%	80.40%	83.20%	82.40%	NO
Q22. Rating of Specialist +	189	77.80%	85.70%	81.50%	82.30%	81.40%	NO
Getting Needed Care Composite Score	231	85.30%	82.90%	78.90%	82.00%	81.00%	NO

Q9. Getting care, tests, or treatment	265	83.90%	82.50%	82.60%	84.80%	84.20%	NO
Q20. Getting specialist appointment	198	86.70%	83.20%	75.30%	79.10%	78.30%	NO
Getting Care Quickly Composite Score	191	84.50%	73.40%	75.90%	81.50%	80.40%	NO
Q4. Getting urgent care	131	88.20%	74.50%	82.40%	82.70%	82.00%	NO
Q6. Getting routine care	252	80.80%	72.20%	69.40%	80.40%	79.20%	NO
Effectiveness of Care							
Q31. Flu Vaccine: 18-64 (% Yes)	298	41.30%	48.00%	45.60%	41.10%	40.30%	YES
Q33. Advised to Quit Smoking: 2YR	97	69.10%	69.60%	69.10%	74.30%	72.80%	NO
Q34. Discussing Cessation Meds: 2YR +	99	42.60%	52.20%	53.50%	53.00%	51.20%	YES
Q35. Discussing Cessation Strategies: 2YR +	95	41.80%	43.30%	42.10%	47.20%	45.40%	NO
Customer Service Composite Score	132	88.90%	91.10%	87.50%	89.80%	89.20%	NO
Q24. Provided information or help	132	83.50%	86.90%	80.30%	84.50%	83.70%	NO
Q25. Treated with courtesy and respect	133	94.30%	95.30%	94.70%	95.00%	94.70%	NO
How Well Doctors Communicate Composite Score	245	89.30%	91.50%	91.60%	92.80%	92.50%	NO
Q12. Dr. explained things	243	91.60%	90.50%	92.20%	92.80%	92.60%	NO
Q13. Dr. listened carefully	246	88.70%	92.70%	92.30%	92.90%	92.60%	NO
Q14. Dr. showed respect	246	90.80%	92.70%	94.30%	94.60%	94.40%	NO
Q15. Dr. spent enough time	246	85.80%	89.90%	87.80%	91.00%	90.30%	NO
Q17. Coordination of Care Composite Score	147	79.40%	83.70%	79.60%	85.60%	84.60%	NO
Q27. Ease of Filling Out Forms Composite Score	427	94.50%	93.10%	95.60%	95.30%	95.40%	NO

- CCAH received a positive rating of 77.1% in 2023, below the 2023 PG BoB benchmark of 79.3%. The goal was not met.
- In 2023, 72.7% of respondents rated health care positively, which did not achieve the 2023 PG BoB benchmark of 75.4%. The goal was not met.
- A rating of 80.4% was given to personal doctors in 2023, missing the 2023 PG BoB benchmark of 83.2%. The goal was not met.
- The rating for specialists was 81.5% in 2023, which did not reach the 2023 PG BoB benchmark of 82.3%. The goal was not met.
- When investigating CAHPS surveys focused on access to care, CCAH did not meet the benchmark for both getting needed care composite score and getting care quickly composite score.
- For evaluating the getting needed care composite score, the rate is 78.9%. It is lower than the PG BoB goal of 82% by 3.10 percentage points and lower than the rate in 2022 by 4.00 percentage points.
- The data showed a negative trend in member satisfaction with getting needed care between 2021 and 2023.
- When observing the getting care quickly composite score in 2023, the rate is 75.9%. It did not meet the PG BoB goal, missing by 5.60 percentage points, but was higher than the rate in 2022 of 2.50 percentage points.
- However, the rate in 2023 is 2.50 percentage points higher than that in 2022. It indicates a slightly positive trend for members getting care quickly.
- Customer service was rated positively by 87.5% of respondents in 2023, below the 2023 PG BoB benchmark of 89.8%. The goal was not met.
- The communication skills of doctors were rated positively by 91.6% of respondents in 2023, which did not meet the 2023 PG BoB benchmark of 92.8%. The goal was not met.
- Care coordination received a 79.6% positive rating in 2023, underperforming compared to the 2023 PG BoB benchmark of 85.6%. The goal was not met.
- The ease of filling out forms was rated positively by 95.6% of respondents in 2023, slightly exceeding the 2023 PG BoB benchmark of 95.3%, yet the goal was not met.

- ***HEDIS*** –CCAH has significant opportunities to enhance its HEDIS metrics, as indicated by the current performance data. The table below highlights the disparities between the 2022 results and the established goals across various measures. To address these gaps, CCAH will focus on improving data quality and mapping, particularly concerning depression, ADHD, and post-partum care data. Enhancements in data collection and targeted interventions will be crucial for improving specific measures. Key strategies include:
  - *Data Collection* - Enhancing access to provider EMRs and other data sources to support more accurate HEDIS metric calculation.
  - *Specific Measures* - Concentrating efforts on improving AMM, ADD, and PPC to meet or exceed performance goals.

HEDIS Measure	County	2022	Goal	Goal Met
AMM – Effective Acute Phase	Merced	65.05%	75.00%	N
	Santa Cruz/Monterey	64.40%	75.00%	N
AMM – Effective Continuation Phase	Merced	44.92%	65.00%	N
	Santa Cruz/Monterey	47.07%	65.00%	N
ADD – Initiation Phase	Merced	41.84%	31.67%	N

	Santa Cruz/Monterey	41.14%	31.67%	N
ADD – Continuation Phase	Merced	49.06%	60.66%	N
	Santa Cruz/Monterey	40.30%	60.66%	N
SSD	Merced	79.31%	81.60%	N
	Santa Cruz/Monterey	79.47%	81.60%	N
APM – Blood Glucose Testing	Merced	67.59%	50.00%	Y
	Santa Cruz/Monterey	67.48%	50.00%	Y
PCR – Plan All-Cause Readmissions (Observed Rate)	Merced	15.31%	10.00%	Y
	Santa Cruz/Monterey	16.58%	10.00%	Y
PCR – Plan All-Cause Readmissions (Expected Rate)	Merced	9.02%	10.00%	N
	Santa Cruz/Monterey	9.35%	10.00%	N
PPC – Timeliness of Prenatal Care	Merced	92.21%	90.00%	Y
	Santa Cruz/Monterey	91.30%	90.00%	Y
PPC – Postpartum Care	Merced	81.02%	90.00%	N
	Santa Cruz/Monterey	95.65%	90.00%	Y
POD – Pharmacotherapy for Opioid Use Disorder	Merced	44.44%	40.00%	Y
	Santa Cruz/Monterey	20.62%	40.00%	N

- CCAH evaluated 11 measures across Merced and Santa Cruz/Monterey counties. Out of these measures, 5 met their goals, and 6 did not.
- The lowest-performing measure was ADD – Continuation Phase in Santa Cruz/Monterey. It achieved only 40.30% against a goal of 60.38%, which means it fell short by 20.08 percentage points.
- The highest-performing measure was APM – Blood Glucose Testing in both Merced and Santa Cruz/Monterey. The rates reached 67.59% and 67.48%, respectively, compared to a goal of 50.00%. The measure exceeded the target by 17.59 percentage points in Merced and 17.48 percentage points in Santa Cruz/Monterey.

2. QI PROGRAM STRUCTURE

2.1. Evaluation of Core Staff

The QI Director has many years of HEDIS and QI experience and oversaw all aspects of the QI Program in 2024. CCAH has determined that the QI Director had the appropriate experience and skills necessary to effectively lead and manage the QI Program. The QI Director role was able to accomplish this working reasonable hours allowing for long term sustainability of the QI Program's leadership and the QI Program itself.

In 2024, CCAH also had one dedicated QI Program Manager. Where the QI Director focuses on strategy and manages "up" and cross-functionally across the organization, the Quality Improvement and Population Health Director focuses on operations and manages "down" and centrally the dedicated nursing staff on the core QI team. The QI Director was able to successfully oversee and manage all aspects of the day-to-day operations of the QI Program along with being very hands-on for a number of strategic QI initiatives. The Program Manager is performing well and has the appropriate knowledge, skills, and abilities to perform this crucial organizational role.

The QI Director also has two dedicated nurses reporting directly into the Quality and Health Programs Manager. Combined, the 1 program manager and 2 nurses work as 3 dedicated resources in the QI department to implement the various projects outlined in the Work Plan and Program Description. This staffing level was adequate for 2024 because of the maturity of CCAH's QI Program process, tools, and governance structure. These tools and templates served as accelerators allowing the team of 3 to execute the broad scope of activities described in the 2024 QI Program Description.

2.2. Evaluation of Reporting Relationships

Throughout 2024, the staff meet frequently, often more than 1x/week, with their direct supervisors. This includes all of the following reporting relationships:

- Nurses reporting into the Program Manager,
- QI Program Manager reporting into the QI Director
- QI Director reporting into the Chief Medical Officer
- Chief Medical Officer reporting into the President and Chief Executive Officer

These direct-report meetings occurred in addition to ad hoc meetings, various team meetings, project meetings, governance meetings, interdepartmental meetings, etc. However, the direct-report meetings provided a crucial 1:1 touchpoint for all the various 2024 initiatives, which supported direct and clear accountability throughout the QI Program's chain of command. The quality of these reporting relationships supported and enhanced the execution of the 2024 QI Program activities.

2.3. Evaluation of Funding and Resources for QI Initiatives

Current Activities

CCAH ongoing leverage funding for both member and provider incentives to support various QI initiatives. The key activities included generating gap-in-care reports, executing member incentives coupled with outreach, and conducting member education through newsletters and the website. Provider education was also part of the QI efforts, communicated via newsletters.

Future Plan Enhancements

CCAH also launched the Provider Partnership program. This program provided incentives and staffing support to help local providers close care gaps, including hiring outreach staff and expanding clinic resources.

Additional funding that will be implemented in 2025 is a texting program for member outreach which will be help as a timely reminder. Furthermore, CCAH is transitioning its incentive structure from a claim-based model to a point-of-service model.

2.4. Evaluation of Physician Involvement

In 2024, CCAH made significant improvements to the involvement of physicians within its QI Program. Initially, physician participation was limited to their presence at meetings. However, changes were implemented in 2024 to encourage more active feedback and engagement from physicians. These adjustments aimed to enhance the quality and effectiveness of the program by ensuring that physician insights were fully integrated into decision-making processes.

Meetings were held as scheduled throughout the year, with a focus on achieving all established goals. These discussions placed a strong emphasis on improving behavioral health representation. The active participation of physicians played a crucial role in aligning the program's initiatives with the plan's objectives.

In addition, CCAH plans to introduce a Member Voice Committee as part of its HealthEquity accreditation efforts. This committee plans to collect member feedback through community meetings held at regular intervals. In order to encourage active involvement, CCAH will offer incentives and schedule meetings at convenient locations and times. These initiatives will further enhance the inclusivity and responsiveness of the QI Program.

In terms of program efficiency, both the QI Director and Chief Medical Officer were directly involved in implementing the 2024 QI Program initiatives. They actively collaborated with other executives and provided continuous guidance and oversight. Their approach to overcoming challenges often involved coordination with multiple departments across CCAH.

Based on the assessment, it can be concluded that the current staffing is sufficient to meet the program's needs.

2.5. Assessment of Systems

For 2024, CCAH has implemented systems to manage and administer its QI programs, including gap-in-care reports, member incentives, and provider incentives. The organization acknowledges both strengths and areas for improvement in these systems.

Current System Capabilities

Gap-in-Care Reports - CCAH currently has systems in place to run gap-in-care reports and summarize relevant data. These systems support the generation of reports necessary for tracking and addressing care gaps.

Incentive Programs - Adequate resources and systems are established to administer member and provider incentive programs. These systems facilitate the management and execution of incentives effectively.

Future Plan Enhancements

For 2025 CCAH is undertaking a data project aimed at enhancing its data systems to improve the timeliness and accuracy of gap-in-care reports. This initiative seeks to refine the reporting process and provide more precise insights for addressing care gaps.

It can be summarized that CCAH has adequate systems in place to administer its QI programs, including gap-in-care reports, member incentives, and provider incentives. However, for better performance, CCAH has identified a plan to improve the timeliness and accuracy of gap-in-care reports. This enhancement will further optimize the effectiveness of these programs and ensure more precise outcomes.

2.6. Assessment of Delegated Vendors

In 2024, CCAH maintained a delegation agreement with Carelon, to manage grievances and appeals related to Behavioral Health quality issues. CCAH is committed to ongoing oversight of its delegates to ensure they are performing their functions effectively, particularly in contributing to behavioral health initiatives.

CCAH monitors the performance of its delegated vendors through a structured oversight process. This process includes regular reviews of the delegate's activities and outcomes. It focuses on areas where the delegate provides critical input, such as managing behavioral health issues. Joint operations

meetings are held regularly to assess performance. These meetings also address areas for improvement and implement corrective actions when necessary.

For this Annual Evaluation, CCAH has summarized the overall performance of Carelon, emphasizing the vendor's role in managing behavioral health-related grievances and appeals and its contributions to the organization's quality improvement initiatives.

3. Member Complaints and Appeals Related to Access

3.1. Introduction:

CCAH consistently collects data on factors that impact member experience. The sources concerning complaints and appeals challenges in the non-behavioral healthcare and behavioral healthcare sectors are divided into five NCQA categories. The data is carefully analyzed to assess the effectiveness of the network and identify areas that have potential for improvement. The investigation concentrated on access-related complaints and appeals. The report summarizes the results of the annual evaluation of customer complaints and appeals, which identify challenges to member satisfaction and propose solutions to address these gaps.

3.2. Methodology:

- The CCAH's Member Services team retrieved complaints and appeals from the database.
- The complaints and appeals are categorized into one of the five NCQA categories.
- The rate of complaints per 1,000 member months per month allows the Plan to compare complaint rates with the formula:
    - Annual Rate per 1,000 Member Months = (Total Number of complaints or appeals for the Year / Total Member Months for the Year) x 1,000
    - Total Member Months for the Year = Sum of monthly membership over the course of the Year

3.3. Goal Standards for Member Complaints and Appeals:

- Annual total complaints and appeals per 1,000 member months: **≤5/1,000.**
- Annual per category of complaints and appeals per 1,000 member months: **≤2/1,000.**

3.4. Key Findings

3.4.1. Complaints Non-Behavioral Health

Category	Previous Year (2022)		Current Measurement Year (2023)			
	Total Member Months 4,851,989		Total Member Months 5,055,088			
	2022 Total Complaints	2022 Complaints per 1,000	2023 Total Complaints	2023 Complaints per 1,000	Goal (Per 1,000 Members Months)	Goal Met?

		Member Months		Member Months		
Quality of Care	695	0.14	772	0.15	2	YES
Access	2,048	0.42	1,510	0.30	2	YES
Attitude/Service	795	0.16	1,938	0.38	2	YES
Billing/Financial	244	0.05	421	0.08	2	YES
Quality of Practitioner Office Site	2	0.00	3	0.00	2	YES
Total/Number per 1,000	3,784	0.78	4,644	0.92	5	YES

Quantitative Analysis:

- CCAH set the goal for evaluating complaints per category to be below 2 per thousand members and the overall goal to be below 5 per thousand members.
- CCAH met all goals for access, attitude/service, quality of care, billing/financial, and practitioner office site.
- Attitude and service appeared to be the most common complaints, with 0.384 complaints per 1,000 member months.
- Access complaints were the second most common category of complaints that CCAH received in 2023, at 0.30 complaints per thousand member months. But when compared to the previous year, this was the most complaint-related category. Both years of measurement still met the goal of having complaints less than 2 per 1,000 member months.
- The quality-of-care rate was 0.15 complaints per thousand member months.
- There were 0.08 billing and finance-related complaints for every 1,000 member months.
- The quality of the practitioner office site was the lowest complaint category that CCAH received. It was presented only at 0.01 complaints per 1,000 member months.
- The total rates of all complaint categories met the goal of less than 5 per 1,000 members. The total was 0.92 per 1,000 member months.
- The overall trend in complaint rates per 1,000 member months showed a slight increase across most categories in 2023, with the total rising by 0.14. Three categories of complaints showed an increasing trend, including Quality of Care, Attitude/Service, and Billing/Financial. However, Access complaints saw a decrease of 0.12.

Conclusion Based on Quantitative Analysis:

CCAH met all 5 categories and the total complaints rate per 1,000 member months when evaluating complaints received through the measurement year 2023. When investigating trend data, CCAH noticed an increase in complaints regarding non-BH services. This reflects that members were not

content with the staff's service and attitude and were unable to get access to care as quickly as they needed.

Qualitative Analysis:

The analysis of access complaints revealed that the goal of maintaining less than 2 complaints per 1,000 member months was not achieved. As most complaints are concentrated in the categories of Access and Attitude/Service, this may indicate that members are dissatisfied with service access and the attitude of CCAH staff. The SMEs including Quality Improvement and Population Health Director, Quality and Health Programs Manager, Grievance and Quality Manager, Provider Services Director, Provider Quality and Network Development Manager, Health Services Operations Manager, and Compliance Director explored a detailed examination of the categories related to access complaints to identify provider availability and timely access as the primary issues in specific areas.

Barrier at Member Level:

- Both Monterey and Merced counties have significant rural populations, which face additional barriers to accessing healthcare. Limited transportation options and fewer healthcare facilities contribute to the high number of complaints.
- Members might not be fully aware of the services covered or how to receive care, treatment, tests, and case management which causes frustrations that inevitably develop into complaints.
- Members do not know how to navigate the healthcare system as well, and therefore they are not able to get appointments in a timely manner. Some members do not realize that providers have same day waitlist appointments, and they can receive appointment assistance with the Alliance care management.
- Members' geographic location, economic status, or educational background might influence their access to healthcare services and their experiences. These factors could hinder their ability to receive timely and quality care. It then contributed to higher complaints in access and attitude/service categories.

Barrier at Provider Level:

- limited staffing or an imbalance between the number of healthcare providers and the high demand for services can lead to longer wait times and reduced quality of service. As reflected in the increased complaints in the Attitude/Service category, providers may lack sufficient training in service or empathy for positive member interactions.
- Limited resources of specialist availability affect the quality of care and access to care. As exploring a detailed examination of the categories related to access complaints, provider availability and timely access are the primary issues in specific areas.

County	Provider Availability	Timely Access	Grand Total
MONTEREY	186	92	278
MERCED	126	47	173
SANTA CRUZ	84	23	107

- In conclusion, provider availability and timely access appeared to be the top challenges in access-related complaints. These challenges not only lead to lower levels of member satisfaction but also interfere with the desired outcomes. The table above showed that Most complaints are likely to occur in Monterey and Merced counties. The specific types of providers that mostly cause complaints are family practitioners and clinics with mixed specialty types. The potential causes for the number of complaints in the particular areas are identified as follows.
- There are a limited number of NEMT vendors that are contracted with CCAH. This limits the ability of members to get transportation to provider offices.
- Monterey and Merced are designated as health professional shortage areas. These designations are typically made by the Health Resources and Services Administration (HRSA), which assesses regions based on specific criteria to determine shortages of healthcare professionals. It means that there is a limited number of providers in those areas. Because of the shortage, patients have limited access to providers participants and the plan also does not have much opportunity to contact additional providers in that area.
- Many complaints mention that patients had to wait long times to secure an appointment with their PCPs or SCPs. For example, members reported wait times until June 2023 for new patient appointments and delays in scheduling follow-up visits.
- Several providers, clinics, and health centers refused to schedule appointments for new patients or those who had not been seen in a long time. This issue is particularly acute with providers like Alisal Health Center and Federally Qualified Health Centers (FQHCs).
- Provider network shows that practitioners are in-network and/or accepting new patients. However, when members contact the practitioner, they are told that the provider is not accepting new patients.

Barriers at Plan-Level Barriers

- Ineffective communication from providers that may not update their availability or specialty information with CCAH regularly.
- Inefficiencies in the appointment scheduling systems and inadequate capacity to handle patient preferred times were recurrent themes.
- Policy and procedures regarding appointment scheduling, billing, and eligibility for services can create barriers to accessing care.

Conclusion Based on Qualitative Analysis:

In conclusion, CCAH reported the total complaints per 1,000 members and complaints regarding access were met their goals. The data reveal the success of performance in keeping the complaints rate low for non-behavioral health services. There is no need to do a robust barrier analysis to address any network adequacy gaps.

Opportunities for Improvement:

- CCAH has been working to expand the network by adding several vendors. These vendors can provide non-emergency medical transport to patients so that the patient can go to providers that are located far from their residence.

- Implement and expand telehealth clinics to reach remote and underserved areas. CCAH are in the process of implementing telehealth for both non-behavioral health and behavioral health to expand the number of telehealth only providers. In addition, several of the clinics offer in -person. They also offer Telehealth appointments to their patients. This reduces the need for patients to travel long distances and allows providers to see patients virtually that can reduce the pressure on physical clinic spaces.
- CCAH is implementing efficient scheduling systems and informing members about the appointment assistance available through the member services unit, which they can contact to secure earlier appointments.
- CCAH has been increasing patient feedback monitoring mechanisms to regularly gather and use this data to inform service adjustments. These efforts aim to enhance service quality and member satisfaction while addressing gaps in care.
- CCAH has been increasing network capacity by working with local medical schools, residency programs with University of California Merced and University of California San Francisco to expand the network in remote areas.
- CCAH offers medical capacity grants to fund a portion of the salary for specific provider types to aid in recruiting additional practitioners and supporting medical assistants.
- CCAH is enhancing comprehensive training and staff development programs focused on empathy, customer service, and cultural competence. This approach aims to improve staff interactions with members and reduce complaints related to attitude and service.
- CCAH is developing effective communication methods to help members understand their coverage, how to access services, and how to voice concerns. These improvements are expected to reduce confusion and dissatisfaction.
- CCAH have been revising policies to be more flexible and accommodating of individual member needs. This includes offering more flexible scheduling options, clearer billing practices, and customized care plans.

3.4.2. Appeals Non-Behavioral Health

Category	Previous Year (2022)		Current Measurement Year (2023)			
	Total Member Months 4,851,989		Total Member Months 5,055,088			
	2022 Total Appeals	2022 Appeals per 1,000 Member Months	2023 Total Appeals	2023 Appeals per 1,000 Member Months	Goal (Per 1,000 Member Months)	Goal Met?
Quality of Care	3	0.00	3	0.00	2	YES
Access	185	0.04	186	0.04	2	YES
Attitude/Service	0	0.00	0	0.00	2	YES
Billing/Financial	1	0.00	1	0.00	2	YES

Quality of Practitioner Office Site	0	0.00	0	0.00	2	YES
Total/Number per 1,000	189	0.04	190	0.04	5	YES

Quantitative Analysis:

- The target for appeal rates per category was set below 2 appeals per 1,000 member months, with an overall organizational goal of less than 5 appeals per 1,000 member months.
- CCAH successfully met the goals for all categories, including quality of care, access, attitude/service, billing/financial, and quality of practitioner office site.
- The total appeals slightly increased from 189 in 2022 to 190 in 2023, but they remained low at 0.04 per 1,000 member months. This rate met the organization's overall goal of less than 5 appeals per 1,000 member months.
- Appeals related to access was the highest appeal category received in 2023.This rate was stabilized at 0.04 to 0.04 per 1,000 member months. This also achieved the goal of having fewer than two appeals per thousand members.
- Appeal related to Quality of Care maintained a stable appeal rate of 0.01 per 1,000 member months, equivalent to 1.83 appeals per 1,000 member months. It met the set goal.
- Appeals related to other categories, including attitude/service, billing/financial, and quality of practitioner office site, were recorded as zero appeals. The rates achieved the goal with a successful performance of 0.00 appeals per 1,000 member months.

Conclusion Based on Quantitative Analysis:

CCAH met all goals for evaluating non-behavioral health appeals for 2023. The report highlights the positive aspect of member satisfaction with CCAH's health services.

Qualitative Analysis:

In summary, CCAH met all goals for keeping all categories of appeals, especially access, below 2 per thousand members, and there is a zero-complaint rate in categories such as billing/financial, quality of practitioner office site, and attitude/service. This indicates an excellent level of service and care. The possible reasons could be that CCAH has robust systems in place to ensure that members can easily access services, encounter no billing or financial discrepancies, experience high-quality practitioner office environments, and receive service with a positive attitude. By focusing on member experience, CCAH can effectively minimize complaints in these areas. The recorded complaint rates for access and quality of care were relatively low. It further suggests that CCAH has successfully implemented optimized processes to address and resolve issues promptly, preventing them from escalating into appeals.

The fact that CCAH has been able to maintain the complaint rate below the set goals in every category shows how dedicated the organization is to proactive measures and ongoing development. The organization's commitment to achieving and surpassing set goals for complaint rates guarantees high member satisfaction and quality of care.

Conclusion Based on Qualitative Analysis:

The main conclusion is that CCAH's members are highly satisfied with non-behavioral health services. This conclusion is supported by the relatively low numbers of complaints and appeals across all service categories. There is no need to identify opportunities or address network adequacy issues at the moment.

3.4.3. Complaints Behavioral Health

Category	Previous Year (2022)		Current Measurement Year (2023)			
	Total Member Months 4,851,989		Total Member Months 5,055,088			
	2022 Total Complaints	2022 Complaints per 1,000 Member Months	2023 Total Complaints	2023 Complaints per 1,000 Member Months	Goal (Per 1,000 Member Months)	Goal Met?
Quality of Care	12	0	19	0	2	YES
Access	61	0.01	37	0.01	2	YES
Attitude/Service	50	0.01	53	0.01	2	YES
Billing/Financial	4	0	14	0	2	YES
Quality of Practitioner Office Site	0	0	0	0	2	YES
Total/Number per 1,000	127	0.03	123	0.02	5	YES

Quantitative Analysis:

- The goals were to maintain complaints per category below 2 per 1,000 member months, with an organizational target of fewer than 5 complaints per 1,000 member months overall.
- CCAH met all the goals. It demonstrates effective overall management and resolution of member complaints.
- In 2023, the rate of total complaints dropped slightly to 0.02 per 1,000 member months. There was a small drop from 0.03 per 1,000 member months in 2022, suggesting a positive trend overall.

- Complaints related to attitude or service were reported as having the highest number at a rate of 0.01 per 1,000 member months. From 2022 to 2023, the rate rose slightly from 50 to 53 total complaints.
- There were 0.01 access complaints per 1,000 member months. The rate significantly decreased from 61 complaints to 37 complaints per between 2022 and 2023. This reflects the improvement in access complaints, demonstrating effective measures taken to enhance access services.
- The complaint Quality of Care in Behavioral Health Care 2023 registered 19 complaints with a rate of 0.00 complaints per 1,000 member months. There was a slight increase from 12 complaints in 2022, indicating a growing concern that needs monitoring but remains well below the complaint threshold.
- For billing/financial, the rate was 14 complaint and that account for 0.00 per 1,000 member months. There is an increase from the prior year, as in 2022 there was only 4 complaints.
- There have been no complaints about the quality of the practitioner office site. This indicates the ongoing satisfaction of members with the practitioner office environment.

Conclusion Based on Quantitative Analysis:

In conclusion, CCAH has demonstrated effective complaint management across access and various service categories in 2023. All categories have met the goals set. The overall decrease in complaints, especially in the category of access, underscores CCAH's effort to enhance member satisfaction and address concerns promptly and efficiently.

Qualitative Analysis:

The rates of complaints regarding access and other categories of behavioral health services remained consistently low from 2022 to 2023. This consistent performance suggests CCAH's effective network adequacy, which contributes to heightened member satisfaction. One possible reason for this success is CCAH's proactive approach to engaging with members, which helps to address issues before they develop into formal complaints. Implementing strategies such as conducting regular satisfaction surveys, maintaining open and empathetic communication, and deploying a responsive member services team are crucial for success. CCAH is in a strong position to improve member satisfaction and lower complaint rates in the coming years through proactive issue resolution and continuous monitoring.

Conclusion Based on Qualitative Analysis:

In summary, the qualitative analysis reveals a positive trend in member satisfaction with regarding behavioral health services. The results showed low complaint frequencies across various categories. In 2023, the objectives concerning service quality, accessibility, and practitioner office site criteria were successfully achieved.

3.4.4. Appeals Behavioral Health

Category	Previous Year (2022)	Current Measurement Year (2023)

	Total Member Months 4,851,989		Total Member Months 5,055,088			
	2022 Total Appeals	2022 Appeals per 1,000 Member Months	2023 Total Appeals	2023 Appeals per 1,000 Member Months	Goal (Per 1,000 Members)	Goal Met?
Quality of Care	0	0.00	0	0.00	2	YES
Access	0	0.00	0	0.00	2	YES
Attitude/Service	0	0.00	0	0.00	2	YES
Billing/Financial	0	0.00	0	0.00	2	YES
Quality of Practitioner Office Site	0	0.00	0	0.00	2	YES
Total/Number per 1,000	0	0.00	0	0.00	5	YES

Quantitative Analysis:

- The set goals were to keep complaints per category below 2 per 1,000 member months, with an overall organizational goal of fewer than 5 complaints per 1,000 member months.
- CCAH met all the goals for investigating appeals rate as there was no appeal reported for behavioral health care service in all five categories. It demonstrates effective overall management and resolution of member complaints.
- Between 2022 and 2023, the rate of total complaints received was zero. It suggests a positive trend overall.
- There were zero access complaints per 1,000 member months between 2022 and 2023. This reflects the effective ongoing access services of CCAH, leading to the ongoing satisfaction of members.

Conclusion Based on Quantitative Analysis:

CCAH has demonstrated outstanding performance in managing and resolving member complaints and appeals across all service categories. The organization successfully met all goals of maintaining complaints below 2 per 1,000 member months and keeping the overall complaint rate under 5 per 1,000 member months. No appeals were reported for behavioral health care services in all five categories. It underscored the effectiveness of CCAH's management practices and highlights a consistent and positive trend in member satisfaction. Moreover, the zero rate of access complaints over the same period further affirms the high level of efficacy in CCAH's access services.

Qualitative Analysis:

There has been a consistent and positive trend in the zero number of appeals across all categories in behavioral health appeals for 2022 and 2023. This demonstrates a high level of satisfaction with care and service access. The reason could be that CCAH has implemented robust systems to ensure that members can easily access services, encounter no billing or financial discrepancies, experience high-quality practitioner office environments, and receive service with a positive attitude. This thorough focus on member experience helps minimize the occurrence of issues in these areas. Furthermore, it suggests that CCAH has promptly put in place effective procedures to address problems before they become appeals. Continued monitoring and proactive measures will be essential to sustain this positive trend and further improve the quality of care and access provided to Medicaid beneficiaries.

Conclusion Based on Qualitative Analysis:

The outcomes reflect a robust framework within CCAH that ensures ongoing member satisfaction and operational excellence by proactively addressing any potential concerns. There is no need for further robust barrier analysis or opportunities for addressing network adequacy gaps at the moment.

Opportunity to Improvement

- Provide healthcare providers with regular training sessions to improve their skills and understanding of delivering quality care.
- Provide members with educational materials to help them better understand their treatment options and expected outcomes.
- Establish standardized treatment plans and policies to ensure reliable, exceptional healthcare.

4. ACCESS TO CARE

4.1. Introduction

Central California Alliance for Health (CCAH) review the provider appointment availability survey (PAAS) of services standards to measure appointment availability, network service adequacy, and capacity for Primary Care Providers (PCPs), high volume specialists, high impact specialists, and behavioral health specialists to ensure adequate access is provided for members. CCAH conducts a thorough assessment of network adequacy in relation to the state Department of Health Care Services (DHCS) standards, performing this evaluation quarterly and annually. The group in charge of reviewing and analyzing this process consists of Quality Improvement and Population Health Director, Quality and Health Programs Manager, Grievance and Quality Manager, Provider Services Director, Provider Quality and Network Development Manager, Health Services Operations Manager, and Compliance Director.

4.2. Program Goal

The program goal is to ensure that CCAH meets the appointment access standards established to meet the needs of members.

4.3. Program Objectives

The program objectives include the following:

- Determine appropriate access and availability thresholds for the specified areas of care.
- Re-evaluate the appropriateness of network availability standards at least annually.
- Measure the availability of practitioner networks in our geographic area.
- Identify any areas for improving the network to meet the needs of members.
- Develop, prioritize, and implement interventions to improve access for members.

4.4. Methodology

CCAH works with a vendor to complete data collection to monitor appointment availability via PAAS for primary care, high-volume specialty, and high-impact practitioner providers. The survey was conducted via telephone, mail, and web with a contracted survey vendor. The survey included a census of all primary care and specialty care providers to measure appointment availability against access standards. The Timely Access Survey was filed on May 1, 2022. The final data files were received from the vendor on January 30th, 2023.

Performance Standards for Primary Care Practitioners (PCP)

The performance standard for PCPs is that >80% of the below appointment types meet their respective timeframe requirements:

- Urgent care – within 48 hours
- Routine care – within 10 days

Performance Standards for Specialty Care Practitioners (SPC)

The performance standard for SCPs is that >80% of the below appointment types meet their respective timeframe requirements:

- Urgent care – within 96 hours
- Routine care – within 15 days

Performance Standards for Behavioral HealthCare Practitioners (BPC)

The performance standard for SCPs is that >80% of the below appointment types meet their respective timeframe requirements:

- Non-life-threatening emergency– within 6 hours
- Urgent care – within 96 hours
- First Appointment Routine care – within 15 days

4.5. Program Performance

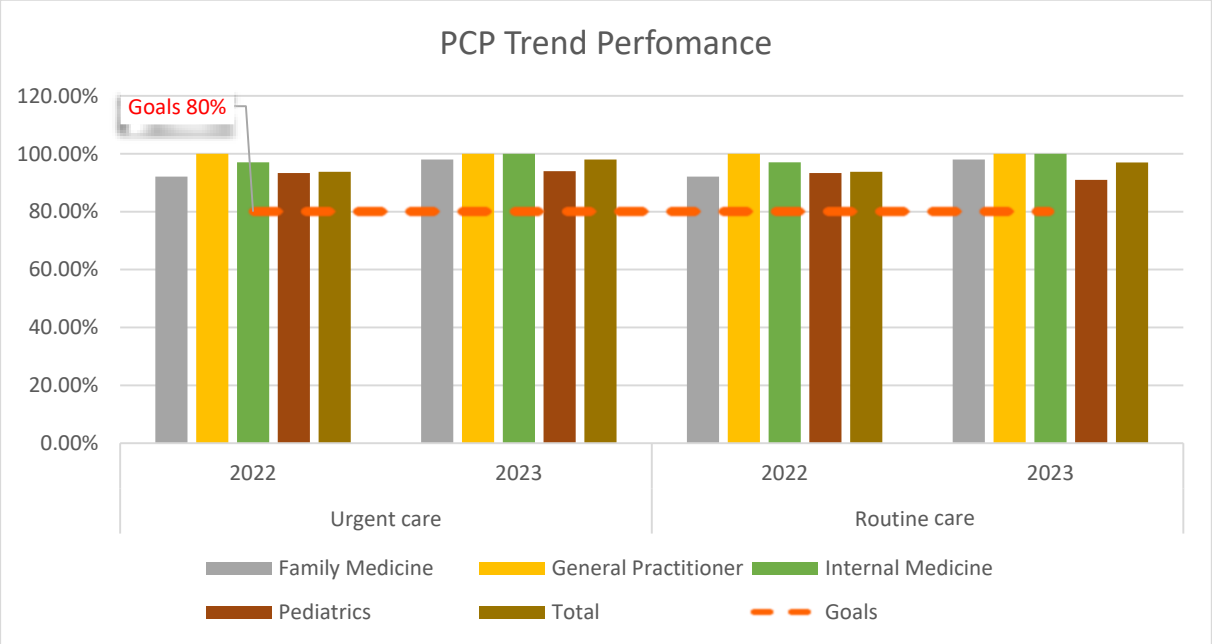
The tables below show the Plan's performance for different types of practitioners over time.

4.5.1. Primary Care Practitioner (PCP) Performance

PCPs include Family Medicine; General Practitioners; Internal Medicine; Pediatrics.

Appointment Type	Performance Standard	PCP Type	2022 Results (Pass/Count)	2023 Results (Pass/Count)	Goal Met (YES/NO)
Urgent care GOAL: 80%	Appointment available within 48 hours of patient will be seen today as a	Family Medicine	92.12% (152/165)	98% (296/301)	YES
		General Practitioner	100% (10/10)	100% (16/16)	YES
		Internal Medicine	97.06% (66/68)	100% (63/63)	YES

Appointment Type	Performance Standard	PCP Type	2022 Results (Pass/Count)	2023 Results (Pass/Count)	Goal Met (YES/NO)
	walk in or work in	Pediatrics	93.33% (28/30)	94% (66/70)	YES
		Total	93.77% (256/273)	98% (441/450)	YES
Routine care GOAL: 80%	Appointment available within 10 business days of patient will be seen today as a walk in or work in	Family Medicine	92.12% (152/165)	98% (296/302)	YES
		General Practitioner	100% (10/10)	100% (16/16)	YES
		Internal Medicine	97.06% (66/68)	100% (63/63)	YES
		Pediatrics	93.33% (28/30)	91% (64/70)	YES
		Total	93.77% (256/273)	97% (439/451)	YES



Quantitative Analysis:

- CCAH successfully exceeded the 80% benchmark for accessibility to both urgent and routine care across all types of primary care practitioners.
- When assessing urgent care for appointment availability within 48 hours, the overall CCAH result surpassed the goal by 18 percentage points.
- In urgent care, Pediatrics had the lowest service accessibility percentage at 94%, yet it still exceeded the 80% target.
- CCAH exceeded the 80% goal for routine care appointments available within 10 business days by 17 percentage points.
- Achieving a 100% success rate in General Practitioner and Internal Medicine for both urgent care and routine care. This demonstrates CCAH's exceptional performance.

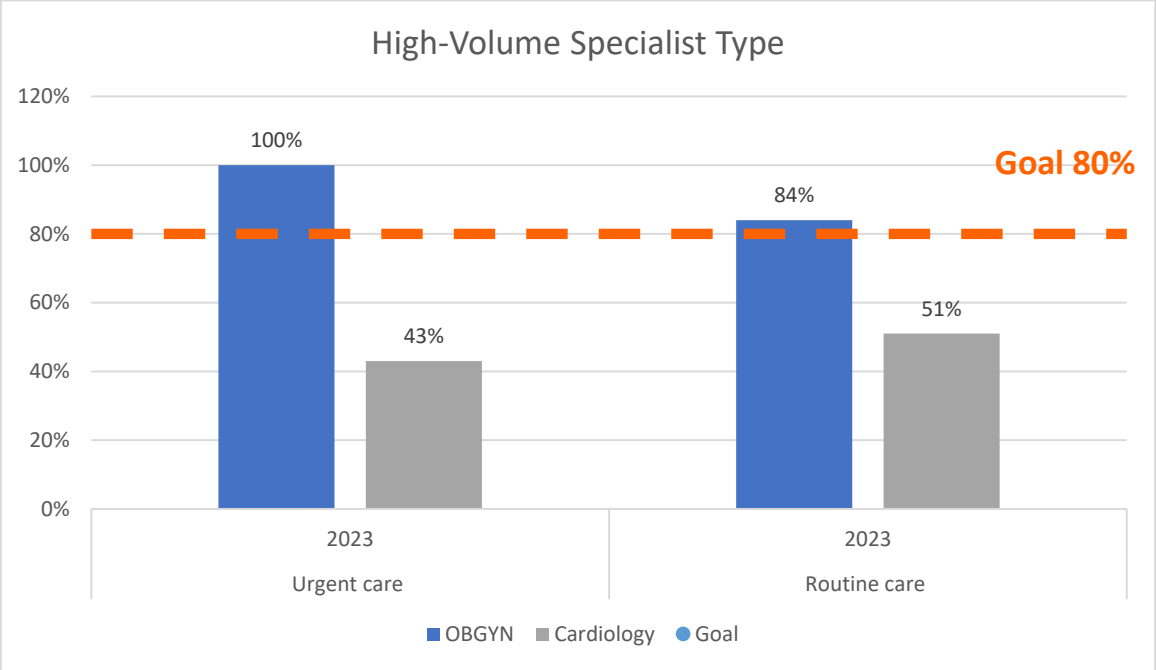
- Overall, the performance in urgent care and routine care were met for evaluating appointment availability.

4.5.2. Specialty Care Practitioner (SCP) Performance – High-Volume Specialists

High-Volume SCPs include OB/GYN and Cardiology

Appointment Type	Performance Standard	High-Volume Specialist Type	2023 Result (Pass/Total Count)	Goal Met (YES/NO)
Urgent care GOAL: 80%	Appointment available within 96 hours of initial request	OB/GYN	100% (42/42)	YES
		Cardiology	43% (27/63)	NO
Routine care GOAL: 80%	Appointment available within 15 business days of initial request	OB/GYN	84% (42/50)	YES
		Cardiology	51% (32/63)	NO

High-Volume SCPs: Urgent Care (w/in 96 hours) and Routine Care (w/in 15 days) Visit Availability



Quantitative Analysis:

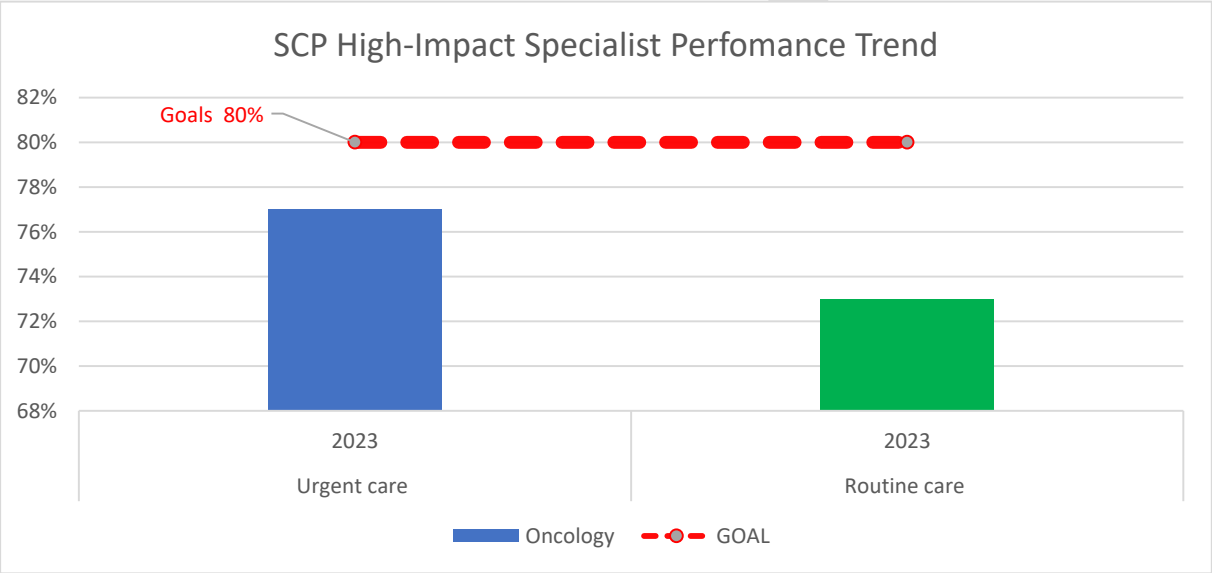
- CCAH set a goal of 80% for urgent care appointments to be available within 96 hours of the initial request and for routine care of making appointments available within 15 business days.
- The OB/GYN specialty care appointment availability met the urgent care performance goal with a 100% success rate. All 42 appointments requested were scheduled within 48 hours.
- CCAH also met the OB/GYN specialty care appointment availability routine care goals with an 84% success rate, surpassing the goal of 80% by 4 percentage points. Out of 50 appointments, 42 were successfully scheduled within 30 business days.
- The Cardiology specialty care appointment availability goal was not met for either urgent care or routine care. The performance rate was relatively low at 43% for urgent care and 51% for routine care.
- For urgent care, CCAH missed the goal by approximately 37 percentage points. For routine care, CCAH missed the goal by 29 percentage points.

4.5.3. Specialty Care Practitioner (SCP) Performance – High-Impact Specialists

High-Impact SPCs include Oncology

Appointment Type	Performance Standard	High-Impact Specialist Type	2023 Result (Pass/Total Count)	Goal Met (YES/NO)
Urgent care GOAL: 80%	Appointment available within 96 hours of initial request	Oncology	77% (20/26)	NO

Appointment Type	Performance Standard	High-Impact Specialist Type	2023 Result (Pass/Total Count)	Goal Met (YES/NO)
Routine care GOAL: 80%	Appointment available within 15 business days of initial request	Oncology	73% (19/26)	NO



Quantitative Analysis:

- CCAH set a performance goal for evaluating urgent care appointment availability within 96 hours and routine care appointment availability within 15 business days at an 80% goal.
- CCAH did not meet performance standards for either urgent care appointments or routine care appointments.
- The urgent care performance rate for Oncology was 7 % and fell approximately 3 percentage points short of the 80% target. For routine care, the rate fell short by approximately 7 percentage points.
- This minimal shortfall in the goal indicates a gap in appointment availability for Oncology within the timeframe.

4.5.4. Behavioral Healthcare Practitioner (BCP) Performance – Non-Prescriber: Non-Physician Mental Health

Non-Prescriber BPCs include: Licensed Clinical Social Worker and Psychologist

Appointment Type	Performance Standard	BHCP type	2022 Result (Pass/Total Count)	2023 Result (Pass/Total Count)	Goal Met (YES/NO)
Non-Life Threatening Emergency GOAL:80%	Members are scheduled to be seen within 6 hours of contacting the provider	LCSW	NA	NA	
		Psychologists	NA	NA	
Urgent Care GOAL: 80%	Appointment available within 96 hours	LCSW	65% (13/20)	79% (15/19)	NO
		Psychologists	50% (4/8)	75% (6/8)	NO
First Appointment Visit For Routine Care GOAL: 80%	Members are scheduled to be seen within 10 business days of contacting the provider	LCSW	62% (13/21)	64% (14/22)	NO
		Psychologists	50% (4/8)	67% (6/9)	NO

Quantitative Analysis:

- The data show that CCAH did not meet the goal of 80% for appointment availability for urgent care and for the first appointment visit for routine care.
- The data regarding non-life-threatening emergency appointment availability within 6 hours is NA because members can go to ER without refferal or making appointment.
- For urgent care, where members should receive appointment availability within 96 hours, CCAH's Licensed Clinical Social Workers achieved a performance result of 79%, only 1 percentage point short of the target goal. However, for the first appointment visit for routine care within 10 business days, LCSWs missed the goal by 16 percentage points.
- Psychologists failed to achieve the goal by 5 percentage points for urgent care and 13 percentage points for routine care. The rates were 75% and 67%, respectively, compared to the goal of 80%.

4.5.5.Behavioral Healthcare Practitioner (BHCP) Performance – Prescriber

Non-Prescriber BHPCs include Psychiatrists.

Appointment Type	Performance Standard	2022 Results (Pass/Total Count)	2023 Results (Pass/Total Count)	Goal Met (YES/NO)
Non-Life Threatening Emergency GOAL:80%	Members are scheduled to be seen within 6 hours of contacting the provider	NA	NA	
Urgent Care GOAL: 80%	Appointment available within 96 hours	75% (6/8)	45% (5/11)	NO
First Appointment Visit For Routine Care GOAL: 80%	Members are scheduled to be seen within 15 business days of contacting the provider	82% (9/11)	36% (4/11)	NO

Quantitative Analysis:

- CCAH had a limited number of psychiatrists available. CCAH did not meet the goal for 2023 appointment available.
- The data regarding non-life-threatening emergency appointment availability within 6 hours is NA because members can go to ER without refferal or making appointment.
- The performance rate for evaluating appointment accessibility for urgent care did not meet the goal, with a performance result of only 45%. The compliance rate declined from 2022 by 30 percentage points.
- For first-appointment visits, the rate dropped significantly by 46 percentage points from 2022. The 2023 compliance rate of 36% did not reach the goal of 80%.

5. GEO-ACCESS TO PRACTITIONERS

5.1. Introduction

CCAH has established provider availability standards for the number and geographic distribution of Primary Care Providers (PCPs), high volume Specialists, high impact Specialists, and Behavioral Health providers to ensure adequate access is provided for the Health Plan membership. At least annually CCAH measures performance against its standards.

On August 9, 2024, provider network geo-access was analyzed against the established standards as outlined below. The rows highlighted in red show the geo-access to practitioner standards that were not met and align with the information provided below. This analysis is conducted at least annually.

Santa Cruz County

GEO-ACCESS TO PRACTITIONERS

Practitioner Type	Measure	Performance Goal	Performance	Met/Not Met
Primary Care Physicians	1 within 30 minutes or ten miles of member's residence or workplace	100%	100%	Met
Hospitals	1 within 30 minutes or 15 miles of member's residence or workplace	100%	100%	Met
High-Volume Specialists				
Cardiology	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
Obstetrics/Gynecology (OB/GYN)	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
High-Volume Behavioral Health Providers				
Licensed Clinical Social Workers (LCSW)	LCSW Providers to Members	100%	100%	Met
Psychiatrists	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
Psychologists	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
High-Impact Providers				
Oncologists	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
Core Specialists				

Dermatology	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
Ear, Nose, and Throat/Otolaryngology	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
Endocrinology	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
Gastroenterology	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
General Surgery	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
Hematology	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
HIV/AIDS Specialists/Infectious Diseases	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
Nephrology	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
Neurology	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
Oncology	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met

Ophthalmology	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
Orthopedic Surgery	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
Physical Medicine and Rehabilitation	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
Pulmonology	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
Allergy/Immunology	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met
Neurosurgeons	1 within 60 minutes or 30 miles of member's residence or workplace	100%	100%	Met

Monterey County:

GEO-ACCESS TO PRACTITIONERS				
Practitioner Type	**Measure**	**Performance Goal**	**Performance**	**Met/Not Met**
Primary Care Physicians	1 within 30 minutes or ten miles of member's residence or workplace	100%	97%	Not Met
Hospitals	1 within 30 minutes or 15 miles of member's residence or workplace	100%	85%	Not Met
High-Volume Specialists				

Cardiology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Obstetrics/Gynecology (OB/GYN)	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
High-Volume Behavioral Health Providers				
Licensed Clinical Social Workers (LCSW)	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Psychiatrists	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Psychologists	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
High-Impact Providers				
Oncologists	1 within 75 minutes or 45 miles of their residence or workplace	100%	84%	Not Met
Core Specialists				
Dermatology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Ear, Nose, and Throat/Otolaryngology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Endocrinology	1 within 75 minutes or 45 miles of their	100%	100%	Met

	residence or workplace			
Gastroenterology	1 within 75 minutes or 45 miles of their residence or workplace	100%	92%	Not Met
General Surgery	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Hematology	1 within 75 minutes or 45 miles of their residence or workplace	100%	84%	Not Met
HIV/AIDS Specialists/Infectious Diseases	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Nephrology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Neurology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Oncology	1 within 75 minutes or 45 miles of their residence or workplace	100%	84%	Not Met
Ophthalmology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Orthopedic Surgery	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met

Physical Medicine and Rehabilitation	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Pulmonology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Allergy/Immunology	1 within 75 minutes or 45 miles of their residence or workplace	100%	83%	Not Met
Neurosurgeons	1 within 75 minutes or 45 miles of their residence or workplace	100%	82%	Not Met

Merced County:

GEO-ACCESS TO PRACTITIONERS				
Practitioner Type	**Measure**	**Performance Goal**	**Performance**	**Met/Not Met**
Primary Care Physicians	1 within 30 minutes or ten miles of member's residence or workplace	100%	100%	Met
Hospitals	1 within 30 minutes or 15 miles of member's residence or workplace	100%	100%	Met

High-Volume Specialists				
Cardiology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Obstetrics/Gynecology (OB/GYN)	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
High-Volume Behavioral Health Providers				
Licensed Clinical Social Workers (LCSW)	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Psychiatrists	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Psychologists	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
High-Impact Providers				
Oncologists	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Core Specialists				
Dermatology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Ear, Nose, and Throat/Otolaryngology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met

Endocrinology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Gastroenterology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
General Surgery	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Hematology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
HIV/AIDS Specialists/Infectious Diseases	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Nephrology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Neurology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Oncology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Ophthalmology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Orthopedic Surgery	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met

Physical Medicine and Rehabilitation	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Pulmonology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Allergy/Immunology	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met
Neurosurgeons	1 within 75 minutes or 45 miles of their residence or workplace	100%	100%	Met

Mariposa County:

GEOACCESS TO PRACTITIONERS				
Practitioner Type	**Measure**	**Performance Goal**	**Performance**	**Met/Not Met**
Primary Care Physicians	1 within 30 minutes or ten miles of member's residence or workplace	100%	99%	Not Met
Hospitals	1 within 30 minutes or 15 miles of member's residence or workplace	100%	95%	Not Met

High-Volume Specialists				
Cardiology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Obstetrics/Gynecology (OB/GYN)	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
High-Volume Behavioral Health Providers				
Licensed Clinical Social Workers (LCSW)	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Psychiatrists	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Psychologists	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
High-Impact Providers				
Oncologists	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Core Specialists				
Dermatology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Ear, Nose, and Throat/Otolaryngology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met

Endocrinology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Gastroenterology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
General Surgery	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Hematology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
HIV/AIDS Specialists/Infectious Diseases	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Nephrology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Neurology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Oncology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Ophthalmology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Orthopedic Surgery	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met

Physical Medicine and Rehabilitation	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Pulmonology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Allergy/Immunology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Neurosurgeons	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met

San Benito County:

GEO-ACCESS TO PRACTITIONERS				
Practitioner Type	**Measure**	**Performance Goal**	**Performance**	**Met/Not Met**
Primary Care Physicians	1 within 30 minutes or ten miles of member's residence or workplace	100%	91%	Not Met
Hospitals	1 within 30 minutes or 15 miles of member's residence or workplace	100%	89%	Not Met

High-Volume Specialists				
Cardiology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Obstetrics/Gynecology (OB/GYN)	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
High-Volume Behavioral Health Providers				
Licensed Clinical Social Workers (LCSW)	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Psychiatrists	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Psychologists	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
High-Impact Providers				
Oncologists	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Core Specialists				
Dermatology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Ear, Nose, and Throat/Otolaryngology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met

Endocrinology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Gastroenterology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
General Surgery	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Hematology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
HIV/AIDS Specialists/Infectious Diseases	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Nephrology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Neurology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Oncology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Ophthalmology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Orthopedic Surgery	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met

Physical Medicine and Rehabilitation	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Pulmonology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Allergy/Immunology	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met
Neurosurgeons	1 within 90 minutes or 60 miles of their residence or workplace	100%	100%	Met

Quantitative Analysis:

The Geo-Access tables show that goals were met except for the eleven county and provider type combinations listed below. The goals were not met due to a number of reasons discussed in the qualitative analysis.

County Name	**Provider Type**
Monterey, CA	Allergy/Immunology
Monterey, CA	Gastroenterology
Monterey, CA	Hematology
Mariposa, CA	Hospitals
Monterey, CA	Hospitals
San Benito, CA	Hospitals
Monterey, CA	Neurosurgery
Monterey, CA	Oncology
Mariposa, CA	Primary Care
Monterey, CA	Primary Care

San Benito, CA	Primary Care

Quantitative analysis:

Operations Business Analysis worked with Health Analytics to align the geo-access monitoring report from Quest Analytics to the standards established in Policy 300-5050 – Geographic Accessibility Standards.

Identify reasons why goals are not met for a type of practitioner:

1. Attrition of existing providers has led to a shortage of providers in the service area. This has particularly impacted the geographically rural areas within Mariposa, Monterey, and San Benito counties.
2. Generally, the geo-access analysis shows a trend in that Hospital and Primary Care networks do not meet geo-access standards for Mariposa, San Benito, and Monterey Counties. The other gaps are for specialty care (Allergy/Immunology, Gastroenterology, Hematology, Neurosurgery, and Oncology) in southern Monterey County.

5.2. IdealCare Provider Ratio Analysis

In June 2024, provider network ratios were analyzed against the established standards as outlined below. This analysis is conducted at least annually.

Practitioner Type	**Standard (Requirement) Provider to Member Ratio**	Medi-Cal Ratio (RY Actuals) Provider to Member Ratio	Met/Not Met
Total Physicians	1:2,000	1:25	Met
Primary Care Physicians	1:2,000	1:659	Met
General Medicine/Family Practice	1:2,000	1:1,157	Met
Internal Medicine	1:2,000	1:2,503	Not Met
Pediatrics	1:2,000	1:1,053	Met
High Volume Specialists			
Cardiology	1:5,000	1:778	Met
Obstetrics/Gynecology (OB/GYN)	1:3,000	1:368	Met
High Volume Mental Health Providers			
Licensed Clinical Social Workers (LCSW)	1:2,000	1:294	Met
Psychiatrists	1:5,000	1:1,707	Met
Psychologists	1:5,000	1:1,301	Met
High Impact Specialists			
Oncologists	1:10,000	1:964	Met
Other Specialists			
Allergy/Immunology	1:5,000	1:5,368	Not Met
Neurosurgeons	1:10,000	1:2,912	Met

Quantitative Analysis:

The ratios table shows that goals were met for all provider types except Internists and Allergy/Immunology. The ratio was above the goals for these practitioner types by 503 members (internists) and 368 members (Allergy/immunology). These goals were not met due to a number of reasons discussed below.

Qualitative Analysis:

Operational Business Analysis worked with Health Analytics to align the Provider to Patient Ratio report in Tableau to the NCQA standards.

Identify reasons why goals are not met for a type of practitioner:

1. Attrition of existing providers has led to a shortage of primary care providers in the service area. This has particularly impacted the rural areas included in the Alliance's service area.
2. Increase in membership during the pandemic as members were not being disenrolled. The Alliance then instituted texting reminder processes to ensure that members continued to receive Medi-Cal benefits post pandemic, which was successful in maintaining membership.

5.3. IdealCare Overall Geographic Analysis

- Numerical standards are met and exceeded for all PCP types except Internal Medicine. Drive distance standards are met and exceeded for all PCP types in Santa Cruz and Merced. but for Monterey, Mariposa, and San Benito the drive distance standards for PCP are not met.
- Numerical standards are met and exceeded for all high-volume specialists and high-impact specialists. Drive distance standards are met and exceeded for all high-volume specialists and high-impact specialists except oncologists in Monterey.
- Numerical standards are met and exceeded for all Behavioral Health provider types. Drive distance standards are met and exceeded for all Behavioral Health provider types.

5.4. Conclusion and Next Steps:

CCAH meets the member to provider ratio standards for most of the provider types. There are only two provider types that don't meet the ratio standards, and this is because several of the areas that CCAH operates in locations that are considered rural and areas designated to have low providers. CCAH's contracting department has done a good job of contracting with a very high percentage of providers in the service area and this has helped the organization meet most of the goals.

6. CAHPS

6.1. Introduction

Central California Alliance for Health (CCAH) monitors member satisfaction with health plan functions on an annual basis through the CAHPS survey. CCAH has established key CAHPS measures and quantifiable standards to evaluate member satisfaction. The two main focus areas of this survey were members getting the needed care and members receiving care promptly. This report provides an overview and analysis of CAHPS report for FY 2024.

6.2. Objectives

- Annually evaluate member satisfaction for member population.
- Identify opportunities to improve member satisfaction.

- Develop and implement solutions to improve member satisfaction.

6.3. Methodology

CCAH The methodology employed in this survey involves analyzing summary rates based on member responses. In particular, the rates were determined by analyzing the percentage of participants who revealed "Always" or "Usually" in their feedback regarding consistently receiving the care they needed and receiving it in a timely manner. This approach offers a clear measure of satisfaction and allows for year-over-year comparisons to identify trends and guide future improvements in service. By prioritizing these response categories, CCAH can obtain valuable insights into the reliability and accessibility of the care provided to members.

- Total Completed Surveys: 443
- Surveys Sent: 2012
- Response Rate: 22.4%

6.4. Results and Performance Evaluation

CCAH evaluated satisfaction using the following measures and quantifiable standards that represent the percentage of favorable positive responses. The tables below show CCAH's performance against the goals for 2024 survey. The goals were based on the PG BoB Data.

Access to Care

Measure	2021	2022	2023	2023 PG BoB	Goal met
Getting Needed Composite Score	85.30%	82.90%	78.90%	82.00%	NO
Getting care, tests, or treatment	83.90%	82.50%	82.60%	84.80%	NO
Getting specialist appointment	86.70%	83.20%	75.30%	79.10%	NO
Getting Care Quickly Composite Score	84.50%	73.40%	75.90%	81.50%	NO
Getting urgent care	88.20%	74.50%	82.40%	82.70%	NO
Getting routine care	80.80%	72.20%	69.40%	80.40%	NO

Key Findings

- CCAH did not meet the goal for any of the key measures under "Access to Care."
- The highest performing measure in 2023 was "Getting Urgent Care" at 82.40%, which was only 0.30 percentage points below the benchmark.
- The lowest performing measure in 2023 was "Getting Routine Care" at 69.40%, which was 11.00 percentage points below the benchmark.
- When examining through the composite score. The "Getting Needed Composite Score" declined by 4.00 percentage points from 2022 and by 6.40 percentage points from 2021.
- The "Getting Care Quickly Composite Score" improved by 2.50 percentage points from 2022 but declined by 8.60 percentage points from 2021.

Care Coordination

Measure	2021	2022	2023	2023 PG BoB	Goal met
Doctors were informed and up to date about care from other health providers	79.40%	83.70%	79.60%	85.60%	NO

Key Findings

- CCAH did not meet the goal for the key measures under "Care Coordination."
- In 2023, the performance measure of doctors was informed and up to date about care from other health providers was 79.60%. It falls short the goal of 85.60% by 6 percentage points.
- The recent rate declined by 4.10 percentage points from 2022 (83.70%) and improved slightly by 0.20 percentage points compared to 2021 (79.40%).

Measure	2021	2022	2023	2023 PG BoB	Goal met
Customer Service Composite Score	88.90%	91.10%	87.50%	89.80%	NO
Provided information or help	83.50%	86.90%	80.30%	84.50%	NO
Treated with courtesy and respect	94.30%	95.30%	94.70%	95.00%	NO

Key Findings

- When analyzing customer service composite score, CCAH did not meet the goal for any key measures under "Plan Administration."
- The lowest performing measure (Customer service staff provided information or help) was 80.30%, which was 4.20 percentage points below the benchmark.
- The highest performing measure in 2023 was "Treated with Courtesy and Respect" at 94.70%, which was 0.30 percentage points below the goal.

Global Measures

Measure	2021	2022	2023	2023 PG BoB	Goal met
Rating of Health Plan	79.80%	76.80%	77.10%	79.30%	NO
Rating of Health Care	79.10%	75.60%	72.70%	75.40%	NO
Rating of Personal Doctor	82.10%	83.10%	80.40%	83.20%	NO
Rating of Specialist	77.80%	85.70%	81.50%	82.30%	NO

Key Findings

- CCAH did not meet the goal for any key measures under "Global Measures."
- The lowest rate was "Rating of Personal Doctor" at 80.40%, which was 2.80 percentage points below the benchmark.
- The highest performing measure in 2023 was " Rating of Specialist" at 81.50%, which was 0.80 percentage points below the benchmark.

How Well Doctors Communicate

Measure	2021	2022	2023	2023 PG BoB	Goal met
How Well Doctors Communicate Composite Score	89.30%	91.50%	91.60%	92.80%	NO
Doctors explained things in an understandable way	91.60%	90.50%	92.20%	92.80%	NO
Doctors listened carefully to you	88.70%	92.70%	92.30%	92.90%	NO
Doctors showed respect for what you had to say	90.80%	92.70%	94.30%	94.60%	NO
Doctors spent enough time with you	85.80%	89.90%	87.80%	91.00%	NO

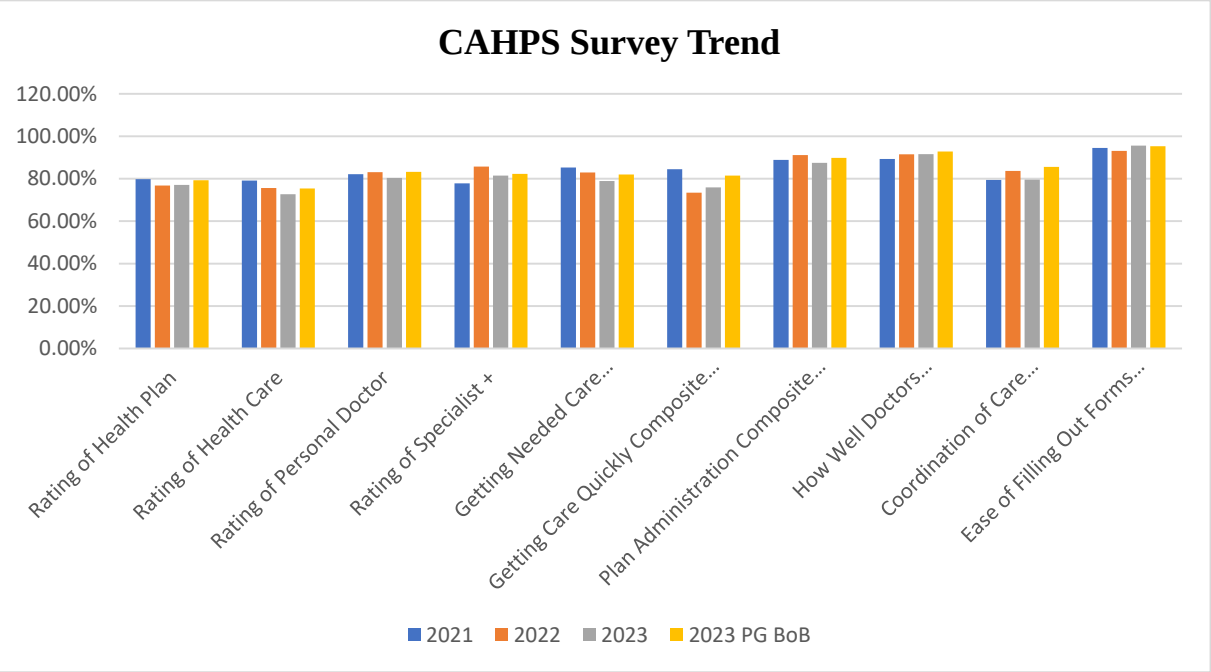
Key Findings

- CCAH met the goal for one of the key measures under "How Well Doctors Communicate."
- The lowest performing measure (Doctors spent enough time with you) was 3.20% below the goal.
- The highest performing measure (Doctors showed respect for what you had to say) was only 0.30% below the goal.

CAHPS Trend Analysis

The tables below show a trend analysis of CAHPS ratings from 2017 to 2024.

Measure	2021	2022	2023	2023 PG BoB	Goal met	Difference from Goal
Rating of Health Plan	79.80%	76.80%	77.10%	79.30%	NO	-2.20%
Rating of Health Care	79.10%	75.60%	72.70%	75.40%	NO	-2.70%
Rating of Personal Doctor	82.10%	83.10%	80.40%	83.20%	NO	-2.80%
Rating of Specialist +	77.80%	85.70%	81.50%	82.30%	NO	-0.80%
Getting Needed Care Composite Score	85.30%	82.90%	78.90%	82.00%	NO	-3.10%
Getting Care Quickly Composite Score	84.50%	73.40%	75.90%	81.50%	NO	-5.60%
Plan Administration Composite Score	88.90%	91.10%	87.50%	89.80%	NO	-2.30%
How Well Doctors Communicate Composite Score	89.30%	91.50%	91.60%	92.80%	NO	-1.20%
Coordination of Care Composite Score	79.40%	83.70%	79.60%	85.60%	NO	-6.00%
Ease of Filling Out Forms Composite Score	94.50%	93.10%	95.60%	95.30%	NO	0.30%



Quantitative Analysis

- CCAH received a positive rating of 77.1% in 2023, below the 2023 PG BoB benchmark of 79.3%. The goal was not met.
- In 2023, 72.7% of respondents rated health care positively, which did not achieve the 2023 PG BoB benchmark of 75.4%. The goal was not met.
- A rating of 80.4% was given to personal doctors in 2023, missing the 2023 PG BoB benchmark of 83.2%. The goal was not met.
- The rating for specialists was 81.5% in 2023, which did not reach the 2023 PG BoB benchmark of 82.3%. The goal was not met.
- When investigating CAHPS surveys focused on access to care, CCAH did not meet the benchmark for both getting needed care composite score and getting care quickly composite score.
- For evaluating the getting needed care composite score, the rate is 78.9%. It is lower than the PG BoB goal of 82% by 3.10 percentage points and lower than the rate in 2022 by 4.00 percentage points.
- The data showed a negative trend in member satisfaction with getting needed care between 2021 and 2023.
- When observing the getting care quickly composite score in 2023, the rate is 75.9%. It did not meet the PG BoB goal, missing by 5.60 percentage points, but was higher than the rate in 2022 of 2.50 percentage points.
- However, the rate in 2023 is 2.50 percentage points higher than that in 2022. It indicates a slightly positive trend for members getting care quickly.
- Customer service was rated positively by 87.5% of respondents in 2023, below the 2023 PG BoB benchmark of 89.8%. The goal was not met.
- The communication skills of doctors were rated positively by 91.6% of respondents in 2023, which did not meet the 2023 PG BoB benchmark of 92.8%. The goal was not met.
- Care coordination received a 79.6% positive rating in 2023, underperforming compared to the 2023 PG BoB benchmark of 85.6%. The goal was not met.
- The ease of filling out forms was rated positively by 95.6% of respondents in 2023, slightly exceeding the 2023 PG BoB benchmark of 95.3%, yet the goal was not met.

Qualitative Analysis - Opportunities for Improvement

Based on the CAHPS data review, CCAH did not reach its goals for the "getting needed care" and "getting care quickly" composite scores. This outcome highlights members struggled to access care promptly when required. CAH has acknowledged that the "getting needed care" measure is the most essential and is therefore the top priority for Plan improvements. The rate for this measure revealed a downward trend in member satisfaction between 2021 and 2023.

6.5. Qualitative Barrier Analysis

The SMEs, including Quality Improvement and Population Health Director, Quality and Health Programs Manager, Grievance and Quality Manager, Provider Services Director, Provider Quality and Network Development Manager, Health Services Operations Manager, and Compliance Director, identified the challenges obstructing the transition and quality of health care service.

- *Access to Care*
    - The decrease in the CAHPS rates can be related to the challenges in accessing routine care during the pandemic. Over the past two years, clinics have been overwhelmed with COVID and flu-related cases. It resulted in limited availability for routine care. The severity of the pandemic in 2021 and part of 2022 further compounded the situation, which led to a significant reduction in access to routine care.
- *Member-Level*
    - Members often expect to receive appointments much sooner than they actually do, which contributes to the low CAHPS ratings. Although appointments are available, the delay in scheduling leads to member dissatisfaction. The gap between the expected and actual appointment times is the primary reason for the low ratings.
    - Members do not know how to navigate the healthcare system as well, and therefore they are not able to get appointments in a timely manner. Some members do not realize that CCAH has appointment assistance for their member services unit that they can call to get the appointment services earlier.
- *Provider-Level*
    - People have begun to believe that the pandemic is ending during the period of 2022. They then are returning to the office, looking to schedule appointments now after a period of time without appointments. This resulted in a significant and unanticipated rise in the number of patients booking appointments, which would reduce the number of slots available for everyone, for which the current specialist network was unprepared.
        - CCAH has made efforts to maintain all specialist contracts with practitioners. However, the increasing demand for appointments may impact member expectations regarding timely care.
    - Primary Care is getting negatively impacted:
        - The task was made more challenging due to the limited number of PCPs available for contracting. This is because many medical school graduates are opting for specialist careers, which are more financially rewarding.
    - Providers are not updating their panel status:

        - There are cases when patients contact the clinic to schedule an appointment but find that the office's panel is closed. Members may have the perception that there are fewer appointments available as there were in previous years.
            - Providers may close offices due to high patient volume.
            - Providers may fail to update the CCAH management team on their current panel status due to lack of awareness, time constraints, or staff turnover.
- *Plan-Level*
    - There appears to be an imbalance between the number of patients seeking appointments and the availability of practitioners.
    - Some older recipients may have multiple chronic conditions and may require longer duration of appointments. Practitioner offices often struggle with the availability of longer appointment durations.
    - There are multiple health plans that operate in the same geographic area as CCAH. These plans have a significant patient base, managing multiple products and establishing contracts with primary care physicians and specialists who have a high volume of patients and a significant impact on healthcare. It becomes increasingly challenging for members as they find themselves competing for appointments with the same practitioners.
- *Health Plan-Level:*
    - There appears to be an imbalance between the number of patients seeking appointments and the availability of practitioners.
    - Some older recipients may have multiple chronic conditions and may require longer duration of appointments. Practitioner offices often struggle with the availability of longer appointment durations.
    - There are multiple health plans that operate in the same geographic area as CCAH. These plans have a significant patient base, managing multiple products and establishing contracts with primary care physicians and specialists who have a high volume of patients and a significant impact on healthcare. It becomes increasingly challenging for members as they find themselves competing for appointments with the same practitioners.
    - There was no crucial impact from negative retro disenrollments due to the text messaging campaign. The increase in membership during the COVID years has persisted post-pandemic.
    - Conversely, there was a reduction in the number of providers and medical staff as retention became challenging in the past few years. Many providers and staff left the state due to high costs, a shortage of support staff, and burnout. Several providers faced unsustainable costs related to insurance, taxes, and malpractice, leading to further attrition. Additionally, a major shortage in both practitioners and support staff made it difficult for many providers to run their offices effectively. To address this issue, we instituted a medical assistant grant to help support this critical staffing need.

Opportunities for Improvement

Based on the 2023 CAHPS Survey results, several opportunities have been identified to enhance the timeliness and accessibility of healthcare services for CCAH members. These opportunities target specific areas where performance metrics did not meet the established goals.

- CCAH investigated opportunities to enhance the telehealth solution. Telehealth services will be expanded by increasing the number of telehealth-only providers. Additionally, several clinics offer in-person appointments and provide telehealth options to their patients. This expansion aims to offer members more opportunities to receive care remotely and reduce the need for in-person visits.
- The Plan is using appropriate types of providers (i.e. CHWs, Doulas, and other type of ancillary providers), to cover for shortage PCPs in the service area. These providers can see members and administer the appropriate services instead of PCPs.
- CCAH increases network capacity by working with local medical schools, residency programs with University of California Merced and University of California San Francisco to expand the network in remote areas.
- CCAH offers medical capacity grants to fund a portion of the salary for specific provider types to aid in recruiting additional practitioners and supporting medical assistants.
- Implement efficient scheduling systems and inform members about the appointment assistance available through the member services unit, which they can contact to secure earlier appointments.
- CCAH will also enhance awareness of members that they contact Carelon directly to facilitate immediate and comprehensive support. This direct engagement ensures that members receive timely and coordinated care, enhancing their overall health outcomes and satisfaction with the healthcare system.
- There are incentive programs currently in place for PCPs, SCPs, and hospitals to give more funding to the provider network. CCAH is developing additional incentive programs to provide additional support to the provider network depending on availability of operational revenue. Additional operational revenue is distributed through grant funding or incentive payments to providers.

By addressing these areas, CCAH can work towards improving the overall healthcare service delivery efficiency and effectiveness, member satisfaction, and Plan goals for timely and accessible care.

Description of Intervention	Barrier Addressed	Timeframe
1. Continuing to expand the Provider/Practitioner Network Provider Relations continues to expand the practitioner panel to improve access for CCAH members. The Provider Relations department will focus on growing the specialty network. CCAH is reviewing contract reimbursement amounts requested in specialty areas that have been identified for improvement.	Providers/Practitioners Not Participating with CCAH	Ongoing
2. Continuing to Enhance Collaboration with New TPA In 2024, CCAH started its search for a new TPA. The process was completed by Jan 1, 2024, for CCAH's IdealCare line of business. CCAH will continue to work closely with the new TPA to ensure that it understands the quality metrics and standards that the TPA is expected to meet.	Issues with the TPA	Ongoing

	Description of Intervention	Barrier Addressed	Timeframe
3.	**Continue to educate practitioners on appointment access** standards so they can make necessary arrangements to see patients in a timely manner. The Plan will send newsletters and update its websites to educate practitioners on the appointment access standards. Education distributed annually by Provider Relation Representatives between October – December during in-person office visits.	Practitioners are not aware of appointment availability standards	Ongoing

6.6. Conclusion and Next Steps

CCAH has concluded that there are still some issues related to appointment access. Improving appointment access and making sure members receive the care they need is a key initiative for the Plan in its ongoing effort to improve quality. CCAH is continuing to expand its specialty network in order to provide better coverage to its members. CCAH will also continue to identify additional health groups and practitioners that can join the Plan in 2024.

7. HEDIS

7.1. Introduction

CCAH monitors several external and internally developed clinical quality measures that track the quality of health care services provided by the Plan's network of contracted providers. In order to calculate these rates for these measures, CCAH collects data from a variety of different sources that include but are not limited to the following:

- Annual HEDIS submission
- Claims and encounter data from contracted primary and specialty care providers
- Claims and encounters from ancillary care providers (e.g. Hospitals, Labs, Radiology centers, etc.)

Measuring and reporting these measures helps CCAH assess the effectiveness of the care members have received. These clinical quality measures are used to evaluate multiple aspects of patient care including:

- Performance with healthcare outcomes and clinical processes.
- Effectiveness of program used to manage chronic conditions.

Effectiveness of HEDIS Measures

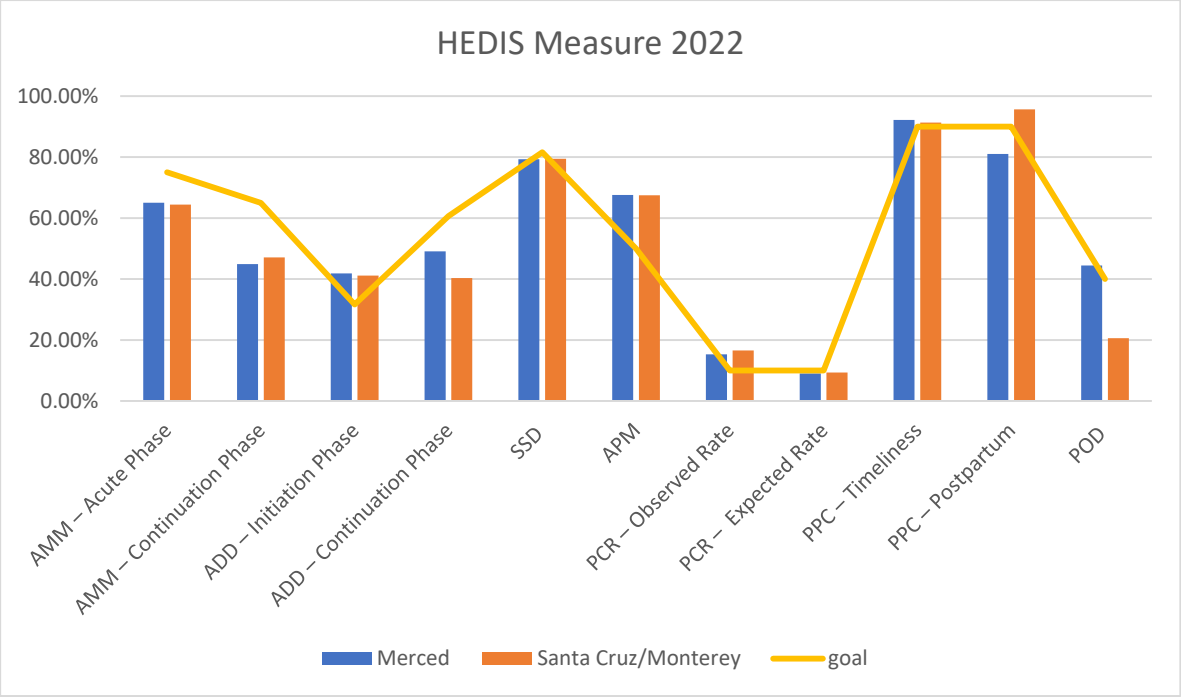
HEDIS is a set of standardized performance measures designed to ensure that healthcare consumers have reliable information for performance comparison amongst health plans. Additionally, it guides the Plan in identifying clinical areas that need ongoing improvements efforts.

7.2. Results and Performance

The table below compares CCAH's performance on some of the key measures to the national percentiles. In 2020, CCAH will be focusing on improving the measures that did not meet goals for 2024.

HEDIS Measure	County	2022	Goal	Goal Met
AMM – Effective Acute Phase	Merced	65.05%	75.00%	N
	Santa Cruz/Monterey	64.40%	75.00%	N
AMM – Effective Continuation Phase	Merced	44.92%	65.00%	N
	Santa Cruz/Monterey	47.07%	65.00%	N
ADD – Initiation Phase	Merced	41.84%	31.67%	N
	Santa Cruz/Monterey	41.14%	31.67%	N
ADD – Continuation Phase	Merced	49.06%	60.66%	N
	Santa Cruz/Monterey	40.30%	60.66%	N
SSD	Merced	79.31%	81.60%	N
	Santa Cruz/Monterey	79.47%	81.60%	N
APM – Blood Glucose Testing	Merced	67.59%	50.00%	Y

	Santa Cruz/Monterey	67.48%	50.00%	Y
PCR – Plan All-Cause Readmissions (Observed Rate)	Merced	15.31%	10.00%	Y
	Santa Cruz/Monterey	16.58%	10.00%	Y
PCR – Plan All-Cause Readmissions (Expected Rate)	Merced	9.02%	10.00%	N
	Santa Cruz/Monterey	9.35%	10.00%	N
PPC – Timeliness of Prenatal Care	Merced	92.21%	90.00%	Y
	Santa Cruz/Monterey	91.30%	90.00%	Y
PPC – Postpartum Care	Merced	81.02%	90.00%	N
	Santa Cruz/Monterey	95.65%	90.00%	Y
POD – Pharmacotherapy for Opioid Use Disorder	Merced	44.44%	40.00%	Y
	Santa Cruz/Monterey	20.62%	40.00%	N



Quantitative Analysis

- CCAH evaluated 11 measures across Merced and Santa Cruz/Monterey counties. Out of these measures, 5 met their goals, and 6 did not.
- The lowest-performing measure was ADD – Continuation Phase in Santa Cruz/Monterey. It achieved only 40.30% against a goal of 60.38%, which means it fell short by 20.08 percentage points.

- The highest-performing measure was APM – Blood Glucose Testing in both Merced and Santa Cruz/Monterey. The rates reached 67.59% and 67.48%, respectively, compared to a goal of 50.00%. The measure exceeded the target by 17.59 percentage points in Merced and 17.48 percentage points in Santa Cruz/Monterey.

7.3. Barrier Qualitative Analysis

The team at CCAH performed a detailed barrier analysis. There are two categories of barriers that impact HEDIS measures. These are as follows:

Barrier to Continuity and Coordination of Care

Provider Level Barriers

- PCPs are often unaware when their patients visit the hospital, indicating a collaboration and communication issue between providers and care settings. Hospital staff do not always share information with PCPs after a member's emergency room visit, partly due to not knowing the PCP's identity or failing to complete a release of information form.
- Misinterpretation of HIPAA regulations prevent hospital staff from sharing information with PCPs without a signed release form, which is further complicated by insufficient training on HIPAA requirements.
- Staff turnover in hospitals leads to disruptions in processes, impacting the continuity and coordination of care.
- Infrastructure Challenges:
    - Interoperability between electronic health systems may be suboptimal, impacting the timely exchange of care plans between providers in different settings. Inadequate synchronization of procedures for sharing member discharge plans across settings could delay communication and hinder post-discharge coordination of care.
    - The Hospitals and outpatient practitioners are rarely on the same EMR system which means that they are not able to see the relevant clinical information needed to better manage their patient. There are different kinds of infrastructure established to exchange information between hospitals and PCPs. These include Health information exchanges and ADT feeds. However, due to lack of resources and staffing to set up these systems, several clinics are not able to utilize these systems.
    - Some hospitals may not be connected to the ADT Feed system.
        - PCPs may not be getting sufficient information if they don't have access or did not activate their access to ADT Feed system.
        - Even the clinics that are connected to HIEs and getting ADT feeds have an issue with the providers reviewing these notes once they are received. PCPs who are within those clinics may not be aware that they can get or may not know they are already getting information through the ADT Feeds.

Member Level Barriers

- Communication between healthcare providers and members may be insufficient.
    - Members are not given clear instructions to share the discharge summaries with their outpatient provider. There is limited provider-member interaction time which could lead to unclear instructions for follow-up care once discharged.
    - Members discharged from the hospital without clear guidance on post-discharge follow up care, how and when to schedule an appointment with their PCP, medication

management, or other essential information may struggle to adhere to treatment plans, increasing the risk of readmission.

- Members may lack awareness of whom to contact for follow-up care, such as their primary care provider or specialist.
    - This lack of clarity could result in members not seeking necessary post-discharge care, leading to complications and an increased risk of readmission.

- Personal factors, such as limited social support, additional health conditions, and individual circumstances, can hinder members' ability to manage their health effectively post-discharge, contributing to the risk of readmission.

Barrier to Continuity and Coordination Between Medical Care and Behavioral Healthcare

Provider Level Barriers

- PCPs may lack confidence and experience in managing mental health medication compared to BH practitioners.
    - Unfamiliarity with mental health medications, unclear follow-up procedures, and difficulties in advising patients about medication adherence contribute to this issue.
- Access to BH providers is challenging, causing delays in care for members needing ongoing mental health medication management.
- Lack of coordination between PCPs and BH practitioners results in improper management of mental health patients.
    - PCPs may stop prescribing medication without consulting BH practitioners when side effects occur.
- Information exchange systems between providers are suboptimal.
    - Delays in sharing medical history, especially when patients switch providers, impact treatment continuity.
- Misinterpretations of HIPAA regulations hinder information sharing between PCPs and BH practitioners.
- The use of different EMR systems by BH practitioners and medical practitioners hampers effective patient care.

Member Level Barriers

- Members may discontinue mental health medication during summer months due to routine changes, reflecting a lack of awareness about the need for consistent treatment.
- Members might stop taking medication once symptoms improve, not understanding the importance of long-term adherence to prevent relapses.
- Stigma and side effects can lead to treatment discontinuation.
    - Members may choose to stop treatment to avoid judgment or due to bothersome side effects.
- Individuals with other health issues may prioritize physical health over mental health, leading to neglect of psychoactive drugs and non-adherence.

Conclusion:

For 2024, the Quality Improvement Program at CCAH will build upon its previous successes with a renewed focus on innovation and strategic goals. Here's an overview of the key initiatives planned for the year:

8. 2024 QI Program Initiatives

1. **Expand CCAH's Collaboration with Community Based Organizations**
    - **Incorporate collaboration with Community Based Organizations:** The program will integrate CCAH's Model into its mission, vision, and values. This model emphasizes addressing the unique needs of members and aims to broaden internal programs and partnerships with Community-Based Organizations (CBOs) to better support members.
2. **Increased member feedback**
    - **Member Feedback** will be introduced to gather direct feedback from members regarding the quality of care and overall satisfaction. This initiative will provide valuable insights to refine and improve services.
3. **Expand Provider Participation in the Provider Partnership Program**
    - **Inclusion of Smaller Providers:** The program will work on increasing participation from smaller network providers in the program. This expansion aims to ensure that quality improvement efforts reach a broader range of providers and benefit a more diverse set of members.
4. **Increase Focus on Health Equity and Culturally and Linguistically Appropriate Services (CLAS)**
    - **Engagement and Feedback:** There will be a heightened emphasis on health equity and CLAS. This includes:
        - **Consumer Advisory Committee (CAC):** Engaging with community and member feedback through the CAC.

The 2024 QIHET Program aims to advance CCAH's mission by integrating its Model of Care, enhancing member feedback mechanisms, expanding provider participation, and focusing on health equity and culturally appropriate services. These initiatives are designed to support continuous improvement in care quality and member outcomes while fostering stronger community and provider engagement.

Central California Alliance for Health
2024 Utilization Management Work Plan and Evaluation

I. Projects and Initiatives
- A. Pediatric Case Management
- B. System Transformation Development / Community Care Coordination
- C. Reducing Readmissions Initiative

II. Operational Performance
- A. Routine Prior Authorization Turn Around Time
- B. Prior Authorization Request Determination Metrics
- C. Top 10 Prior Authorization Medical Necessity Denials
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III. Utilization Performance
- A. Inpatient Utilization
- B Ambulatory Care Sensitive Admissions (ACSA)
- C Readmissions
- D Alternatives to Acute Inpatient Days
- E Long-term Care
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- G Pharmacy Utilization
- H Out-of-Network Specialist Utilization Metric
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IV. UM Delegate Oversight
- A. UM Delegate Oversight Quarterly Report Summary-complete
- B. Medi-Cal Mental Health Utilization Rates
- C. Beacon UM File Audit

INITIAL WORK PLAN AND EVALUATION APPROVAL:

Submitted and approved by UMWG Date: 4/16/2024
Submitted and approved by QIHEC Date: 4/25/2024
Submitted and approved by Board Date:

Mike Wang, MD, Medical Director — Date: 4/16/2024

Dennis Hsieh, MD — Dennis Hsieh, MD, Chief Medical Officer — Date: 4/16/2024

Tammy Brass, RN — Tammy Brass, RN, Utilization Management Director — Date: 4/16/2024

FINAL EVALUATION APPROVAL:

Submitted and approved by UMWG Date:
Submitted and approved by QIHEC Date:
Submitted and approved by Board Date:

Mike Wang, MD, Medical Director — Date:

Dennis Hsieh, MD, Chief Medical Officer — Date:

Tammy Brass, RN — Tammy Brass, RN, Utilization Management Director — Date:

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I. Projects and Initiatives

A. Pediatric Case Management

The Pediatric Case Management Program serves to optimize care coordination for primary, specialty, and behavioral health services for CCS and non-CCS conditions. The goal of the program is to support comprehensive treatment of the whole child, including the child's full range of needs through early identification and referral for CCS eligibility and appropriate risk stratification. Data derived from DHCS WCM Tableau Report.*Note: data displayed is unique new values per quarter, not "to date"*

2024 Evaluation							
Time Period	**Total # of Eligible members by County**	**# Newly Eligible by County**	**# Aged Out by County**	**# Approved NICU/PICU by County**	**# Low Risk Members**	**# ICPs**	**Comments/Recommendations**
1st Quarter	Santa Cruz: 1080 Monterey: 3751 Merced: 2879 Mariposa: San Benito	Santa Cruz: 55 Monterey: 123 Merced: 143 Mariposa: San Benito	Santa Cruz: 46 Monterey: 69 Merced: 88 Mariposa: San Benito	Santa Cruz: 35 Monterey: 102 Merced: 87 Mariposa: San Benito	**30**	**68**	Total Eligibility CCS members - 7710 CCS Eligibility Trend: 0.60% increase from previous quarter (7664-7710) Eligibility Trends by County - Santa Cruz - 0.83% decrease Monterey - 1.46% increase Merced - 0.03% decrease
2nd Quarter	Santa Cruz: 1043 Monterey: 3734 Merced: 2913 Mariposa: San Benito	Santa Cruz: 34 Monterey: 90 Merced: 165 Mariposa: San Benito	Santa Cruz: 35 Monterey: 87 Merced: 86 Mariposa: San Benito	Santa Cruz: 30 Monterey: 109 Merced: 90 Mariposa: San Benito	**36**	**71**	Total Eligibility CCS members - 7690 CCS Eligibility Trend: 0.60% increase from previous quarter (7710-7690) Eligibility Trends by County - Santa Cruz - 0.26% decrease Monterey - 0.45% decrease Merced - 1.18% increase
3rd Quarter	Santa Cruz: 1069 Monterey: 3800 Merced: 3019 Mariposa: San Benito	Santa Cruz: 45 Monterey: 66 Merced: 120 Mariposa: San Benito	Santa Cruz: 35 Monterey: 84 Merced: 86 Mariposa: San Benito	Santa Cruz: 52 Monterey: 131 Merced: 135 Mariposa: San Benito	**235**	**26**	Total Eligibility CCS members - 7888 CCS Eligibility Trend: 2.57% increase from previous quarter (7690-7888) Eligibility Trends by County - Santa Cruz - 2.49% increase Monterey - 1.76% increase Merced - 3.63% increase
4th Quarter	Santa Cruz: Monterey: Merced: Mariposa: San Benito	Santa Cruz: Monterey: Merced: Mariposa: San Benito	Santa Cruz: Monterey: Merced: Mariposa: San Benito	Santa Cruz: Monterey: Merced: Mariposa: San Benito			
Year End							

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B. System Transformation Development / Community Care Coordination

Execution of Enhanced Case Management (ECM) and Community Supports (CS)

2024 Evaluation					
Time Period		**Objective**	**Contracted Providers By County: Total Numbers and Capacity**	**Member Enrollment Totals by County**	**Comments/Recommendations**
1st Quarter		Support the ongoing development of contracted providers capacity to provide ECM core services, including for new populations of focus.	Santa Cruz: 1686 Monterey: 2494 Merced: 3938 Mariposa: 915 San Benito: 425	Santa Cruz: 5535 Monterey: 4903 Merced: 4490 Mariposa: 39 San Benito: 158	**ECM Provider Capacity:** Data source: http://tableau.ccah-alliance.org/#/views/ECM-CSProviderReporting/ECM-CSCapacityHistoryTotals?:iid=1 **Member Enrollment ECM:** Data source: http://tableau.ccah-alliance.org/#/views/ECM-CSProviderReporting/ECM-CSProviderMemberCountHistory?:iid=2 Santa Cruz with highest number ECM enrolled members with largest volumes provided by Pair Team (approx. 2k). Sterling and Janus each providing ECM services for approx. 500 unique members in SC county. When ECM providers across all counties are reviewed, Pair Team reflects highest utilization with 3385 distinct members served, with Sterling reflecting 1429 distinct members served, La Casa at 1310 and Day Break at 748. As ECM/CS auth processes are further assessed/developed in Q2-3, increased focus will be on assessing outcomes for ECM/CS services and ensuring members are optimally connected to ECM and CS providers.
2nd Quarter		Align with PS dept to support the contracting and development of new providers to be prepared to support the incoming pediatric populations and 2 new Community Supports (CS) services for 7/1/23.	Santa Cruz: 1927 Monterey: 3685 Merced: 7026 Mariposa: 2665 San Benito: 225	Santa Cruz: 6617 Monterey: 7214 Merced: 8751 Mariposa: 162 San Benito: 433	**ECM Provider Capacity:** Data source: http://tableau.ccah-alliance.org/#/views/ECM-CSProviderReporting/ECM-CSCapacityHistoryTotals?:iid=1 **Member Enrollment ECM:** Data source: http://tableau.ccah-alliance.org/#/views/ECM-CSProviderReporting/ECM-CSProviderMemberCountHistory?:iid=2 ECM Enrollment increased for two expansion counties, with SanBenito seeing higher enrollments through Serene Health, Youth Recovery Connextions, St. Vincents. Monterey with incrased ECM through Oversight MD and La Casa. Merced with increases in ECM per GVHC, Pair team and Upward Health. Outcomes measurements continues in the second half of the year, ensuring optimal connections to services.
3rd Quarter		Support the ongoing development of contracted providers capacity to provide ECM core services.	Santa Cruz: Monterey: Merced: Mariposa: San Benito:	Santa Cruz: 4,388 Monterey: 9,048 Merced: 11,822 Mariposa: 254 San Benito: 609	**ECM Provider Capacity:** Data source: http://tableau.ccah-alliance.org/#/views/ECM-CSProviderReporting/ECM-CSCapacityHistoryTotals?:iid=1 **Member Enrollment ECM:** Data source: http://tableau.ccah-alliance.org/#/views/ECM-CSProviderReporting/ECM-CSProviderMemberCountHistory?:iid=2 We continued to see increased enrollment wiht the two expansion counties of Mariposa and San Benito. Merced and Monterey continued to see increased enrollment with the addition and expansion into those counties with Upward Health, Cope Health and Zocalo Health.
4th Quarter		Align with PS dept. to provide contracted and noncontracted potential ECM and CS providers with information about the new populations of focus for 2024. Support the expansion of the ECM/CS network to assist these new populations of focus in 2024.			
Year End					

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C. Reducing Readmissions Initiative

To support reducing hospital readmissions, UM and CCC will track and evaluate the impact of Population Health Management and Transitions of Care activities as it relates to reductions in readmissions for members participating in these services. **Person Centered Strategic Goal 2: Improve the system of care for members with complex medical social needs. Goal is a 5% change downward year over year for 30-day all-cause readmissions and ED visits (per 1K/PMPY) for high risk members. HR READMISSIONS: 2024 Target: 13.4% (2022 Baseline 14.9% / 2023 Target 14.2% / 2025 Target 12.8% / 2026 Target 12.1%)**

HR ED VISITS (per 1000 PMPY): 2024 Target 2,403 (2022 Baseline 2,663 / 2023 Target 2,530 / 2025 Target 2,283 / 2026 Target 2,169)

2024 Evaluation							
Time Period	Total 30 Day Readmissions for HR Members	30 Day Readmits for HR Members Merced County	30 Day Readmits for HR Members Monterey County	30 Day Readmits for HR Members Santa Cruz County	30 Day Readmits for HR Members Mariposa County	30 Day Readmits for HR Members San Benito County	Comments/Recommendations
1st Quarter	9%	17%	16%	15%	2%	15%	Total IDTs = STR/LTACH/GACH STR IDTs (13 weeks X 22 IDTs) 286 LTACH IDTs (13 weeks X 2) 26 (3 LTACHs under same CM team, discussed at same IDT) GACH IDTs (13 weeks X 7 Hospitals) 91 (added 2 counties 01/2024) RCFE IDTs (13 weeks X 1 IDT) 13 (new LLOC, wkly mtg to discuss cases & placed mbrs w/ CM) Grand Total = 416 TCS work continues to focus on diagnosis Diabetes & Cardiac Disease. Identification of these members while IP supports outreach while in acute and again post discharge to promote appropriate resources to member to prevent readmissions (TCS Pilot spreadsheet). New report in place for this metric with HR inpt readmission rates tracked. Goal was developed in advance of seeing data in this metric and likely will not be achieveable to reduce to an overall rate of 4% year over year if final average remains at 9%. Will continue to focus TCS efforts to impact reductions in the higher utilizing counties.
2nd Quarter	9%	17%	15%	14%	3%	14%	Readmission rates remained relatively unchanged in Q2. Ongoing IDT development with external partners in place to further support TCS efforts.
3rd Quarter	11%	8%	12%	11%	12%	20%	Overall Readmission rates slightly higher in Q3; however, claims lags for new counties partially contributing to the Q3 increases in this metric. Notable decreases in Merced, Monterey and SC Counties, likely attributed to increased IDTs and robust ECM/CM activity and TCS supports. Opportunities for increased interventions in new expansion counties heading into Q4. As in prior quarters, total 30d avg seems to have a mismatch w individual county rates vs total average. Report under view for Essette vs Jiva vs claims lag vs other impacting this metric.Detailed readmit rates noted under utilization performance tab (III). Total 30D readmits likely capturing all readmits vs HR only.
4th Quarter							
Year End							

2024 Evaluation							
Time Period	Total ED Visits for HR Members (per 1000 PMPY)	Total ED Visits for HR Members Merced County	Total ED Visits for HR Members Monterey County	Total ED Visits for HR Members Santa Cruz County	Total ED Visits for HR Members Mariposa County	Total ED Visits for HR Members San Benito County	Comments/Recommendations
1st Quarter	225,733	84,799	97,406	41,418	357	1753	Total ED visits for HR member reporting under development. Will update with values and analysis for Q2. Report Completed, Data updated 9/16/24 http://tableau/#/views/HNIBasedReadmitandEDData/HNIBasedEDRateperLOB?:iid=1
2nd Quarter	236,985	88,689	99,925	42,218	1110	5043	Newly developed report; increase in expansion county d/t claims lag during transition. Overall rates reflect minimal increases from Q1 to Q2 in HR ED visits across all counties, with Monterey and Merxed refelxting highest utilization patterns overall. Recommend continued interventions to widen urgent and telehealth options in highest utilizing counties.
3rd Quarter	403,803	135,860	175,956	68,632	4,770	18,585	Newly developed report with data transitioning between Essette and Jiva systems. Will need 4th quarter to assess if further dvpmt is needed. Claims lags may have contributed to lower numbers in prior Quarters and metric needs further analysis. Continue w current interventions in flight including proactive work w EDs and clinics for dvpmt of new strategies to further impact reductions in this metric. Merced ED Working Group as an example of intitiatives in flight and supporting reductions in this metric.
4th Quarter							
Year End							

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II. Operational Performance

A. Routine Prior Authorization Turn Around Time

Percent of routine prior authorizations completed within 5 business days (excludes extended or deferred authorizations).

2024 Evaluation				
Time Period	**Goal**	**Results**	**Assessment & Interventions**	**Recommendation for Future**
1st Quarter	**100%**	**99.4%**	Authorization volumes 34,570 of 34,763 auths completed timely for a turnaround (TAT) rate of 99.44%	Q1 results consistent with results from previous years. Tableau report refresh frequency of every 2 hours from 5 am to 9 pm has aided in ensuring compliance with reviewing auths within the TAT. Strict oversight of the auth queue and reassignment as needed by PA supervisors has helped to ensure compliance with regulatory requirements for timeliness. PA supervisors have strategized to assign nurses to auths on different days to help work the queue down quickly and efficiently. New nurses onboarded in preparation of system replacement in Q3 2024. Department processes and opportunities for increased efficiency frequently reviewed.
2nd Quarter	**100%**	**99.7%**	Authorization volumes 34,028 of 34,123 auths completed timely for a turnaround (TAT) rate of 99.72%	Prior auth team consistently achieving near goal turnaround rate. PA supervisors continue with oversight of queue, with frequent reassignment as needed to ensure timeliness of review. Continued with backfilling open positions and training of new nurses to assist with auth volume compression. Continued strategy around distribution of authorizations across the nursing team and continued cross-training to all auth types for increased efficiency.
3rd Quarter	**100%**	**98.65%**	Authorization volumes 27,226 of 27,597 auths completed timely for a turnaround (TAT) rate of 98.65%	Turn-around time for routine prior auth had a slight decrease in Q3 (from 99% to 98%) in comparison to previous quarters. A new care management system, Jiva, was launched on July 15, 2024. The Health Services division was greatly impacted by the transition as staff were pulled into the development, testing, training and implementation of the new system and were moved from day-to-day operations/review of authorizations. Additionally, once live, staff across the teams jumped into the new system with less familiarity and efficiency than in the former platform. Workflows were slower to execute and delays in other teams had a downstream impact on the review cycle of the authorizations. Despite this transition period, the Prior Auth team was able to keep as close to goal as possible, maintaining an almost 99% TAT for routine requests.
4th Quarter	**100%**			

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B. Prior Authorization Request Determination Metrics

Monitoring of prior authorization volume, volume and % of electronic submissions, and appeals. TAT goal for Knox Keene LOB NOA's: denial letters sent within 2 business days. Auth reduction impact to be monitored through PA volume review.

2024 Evaluation						
Time Period	**#PA Volume**	**# Medical Necessity Denials**	**# Appeals**	**#Appeals Upheld**	**# Overturned**	**Assessment & Interventions**
1st Quarter	41,877	288	25	20	5	Total auth volume in Q1 2024 is up 20% from year end 2023 auth volume and up 5% compared to 2023 annual average, likely associated with expansion into 2 new counties (Mariposa & San Benito). Medical necessity denials are lower than average (< 1%) in Q1 2024 in comparison to the 1.2% average in 2023. Of the denied auths, only 8.6% were appealed. Of those, 80% of appeals were upheld and 20% were overturned.
2nd Quarter	39,451	471	26	21	5	Total auth volume decreased by 6% in Q2 from Q1 2024. Decrease likely can be attributed to the completion of county expansion continuity of care authorizations that increased auth volumes in Q1. Medical denials continue to trend the same as in Q1 (1.1%). Appeal percentage dropped from 8% in Q1 to 5.5% in Q2. Upheld and overturned rates for those appealed are consistent with previous quarter (80% and 20% respectively).
3rd Quarter	34,849	417	42	27	15	Total auth volume remained consistent with Q2 auth volumes. Number of denials also consistent with previous quarter. Appeal volume almost doubled as ECM/CS authorizations transitioned from a separate ECM/CS team to the UM PA team for review. Updates to ECM/CS policies have been made which impacted how ECM/CS authorizations were reviewed and criteria used to make determinations, particularly when considering Medically Tailored Meals benefits. Denials of ECM/CS auths resulted in increase in appeals. Compared to previous quarter, the number of overturned appeals increased from 19% to 35%. ECM/CS auths and benefits continue to be closely reviewed and monitored. Collaboration and education with providers and external ECM/CS providers continues in review and development of the auth framework and policies for the ECM/CS benefits.
4th Quarter						
YTD/Year End						

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C. Top 10 Prior Authorization Requests that result in Medical Necessity Denials

List of the top 10 prior authorization medical necessity denials, by volume.

2024 Evaluation		
Time Period	**List Denials**	**Assessment & Interventions**
1st Quarter	1. Excision 15830 (16) 2-3. Genetic testing: 81415 (16), 81416 (16) 4. Injection J0585 (13) 5. Hyaluronan J7321 (12) 6-7. Cftr. 81222 (11), Molecular Path. 81406 (11) 8. Excision 15847 (10) 9. Injection J1439 (8) 10. Molecular Pathology 81405 (7)	Newly emerging code for Excision 15830 tops the list of Top 10 Prior Auth codes resulting in Medical Necessity Denial. This is a non-benefit code. The remaining services in the Top 10 list are comprised of several injection (J) codes. These codes are new to the Top 10 list and will continue to be monitored throughout the year.
2nd Quarter	1. Anti-Mullerian Hormone 82166 (28) 2. Genetic testing: 81415 (27) 3. Excision 15830 (23) 4. Genetic Testing: 81416 (22) 5. Brca1 81162 (13) 6. Wheelchair E1028 (11) 7. Molecular Pathology 81406 (10) 8. Wheelchair E0955 (10) 9. Wheelchair E2311 (10) 10. Hearing Aid V5298 (10)	Trends with the top 10 prior authorization requests resulting in medical necessity denials are consistent with other quarters. Genetic testing and lipectomy/panniculectomy rank among the highest in services denied. Other codes most commonly denied are for wheelchair accessories. The Alliance utilizes a DME consulting group to assess the appropriateness of DME for members. This assessment aids in the final determination of the medical director. The volume of wheelchair denials is consistent with previous quarters. Further review of the partnership with the DME consulting group is underway. Total net denial for hearing aids is low (10) and represents an opportunity to retrain new staff to extend authorizations to seek further info for possible approval.
3rd Quarter	1-2. Genetic testing: 81415 (4), 81416 (3) 3. Excision 15830 (2) 4-10. Wheelchair E0955 - EE2620 (8)	Consistent with previous quarter, genetic testing, panniculectomy and wheelchair continue to be the top codes most frequently denied. Of note, overall denial rates for each of these categories remains low, in the single digits.
4th Quarter		

D. Inter-rater Reliability Review – Nurses

100% of nurses (RN and LVN) staff who review authorization requests for medical necessity, will score 90% or higher on the MCG care guidelines Inter-rater Reliability Case Studies to ensure proper understanding and application of MCG care guidelines.

2024 Evaluation				
Time Period	**Goal**		**Comments**	**Recommendation for Future**
Q4 Yearly	**100%**		All nurses who review auths for med nec continue to undergo IRR testing upon hire and annually. Passing score of 90% or higher is expected.	Continue to assess annually.

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F. Inter-rater Reliability Review – Physicians

100% of physicians will score 90% or higher on the MCG care guidelines inter-rater Reliability Case Studies to ensure proper understanding and application of Milliman Care Guidelines.

2024 Evaluation				
Time Period	**Goal**		**Comments**	**Recommendation for Future**
Q4 Yearly	**100%**		IRR testing upon hire and annually. Passing score of 90% or higher is expected.	Continue to assess annually.

G. Inter-rater Reliability Review – Pharmacists

100% of pharmacists will score 90% or higher on the MCG care guidelines inter-rater Reliability Case Studies to ensure proper understanding and application of MCG care guidelines.

2024 Evaluation				
Time Period	**Goal**	Results	**Comments**	**Recommendation for Future**
Q4 Yearly	**100%**	**100%**	All 5 pharmacists have passed the annual IRR case studies at 100%.	Continue to assess annually.

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III. Utilization Performance

A. Inpatient Utilization

The goals per line of business and by Medi-Cal aid category groupings were developed using Alliance historical performance, and DHCS state benchmarks. Of note; the state benchmarks reflect admissions per thousand per year (K/Y), while the Alliance uses bed-days per K/Y. A weighted average was used to calculate state averages based on total Medi-Cal population groupings. The bed-days per K/Y goal was established by utilizing the historic average length of stay as a multiplier, without the weighted average. The Alliance Bed Ambulatory Care Sensitive Admissions (ACSA) and 30-day Readmissions tracked per line of business and region.

IHSS							Goal					
Time Period	2023 Admit/K/Y Reported	2024 Admit/K/Y	Admit/K/Y State Average	ALOS	BD/K/Y Reported	BD/K/Y Updated	BD/K/Y	Variance	ACSA %	Readmits %	Assessment	Interventions
1st Quarter	69	52	N/A	5.9	344	315	200	58%	10%	10%	Membership total 687, increase from Q4 (n=678).	Total admit/K/Y lower than Q4 though membership did increase for this LOB. Continued review for opportunities to reduce ALOS in progress with review of complex cases at interfacility IDT mtgs.
2nd Quarter	87	84	N/A	2.6	223	214	200	12%	0%	6%	ALOS reduced with Admits/k in line with prior year data and reduced over Q1. Variance for bed days still over goal but significantly reduced over Q1. ALOS reducing favorably.	Cont TCS support and IDT case review for opportunities to reduce total BDs. Total member counts low for this population.
3rd Quarter	100	45	N/A	6.2	279		200	39.5%	0%	0%	ALOS higher than prior quarter, but total volume of members and Admit K/Y remains low. ACSA and Readmits at 0% for this LOB.	Cont TCS support and IDT case review for opportunities to reduce total BDs. Total member counts low for this population.
4th Quarter	65		N/A				200					
YTD/Year End	79		N/A				200					

Medi-Cal Child and Family Aid Codes (OTLIC + other)									Goal				
Time Period	2023 Admit/K/Y Reported	2024 Admit/K/Y	Admit/K/Y State Average 12/22	ALOS	BD/K/Y Reported	BD/K/Y Updated	BD/K/Y	Variance	% CCS	ACSA %	Readmits %	Assessment	Interventions
1st Quarter	43	48	56	3,8	189	184	170	11%	25.3	2.7	5%	Membership total 255,377 increase over Q4 (n=239,531). Total admit K/Y below goal and in line with prior quarters. ALOS lower than other aid category groupings.	Continue to monitor. Utilize IDTs for complex case reviews to further impact ALOS and readmit rates. Continue to monitor % CCS for any additional interventions needed for this grouping. Consider increased ECM/CS supports to further impact CCS admission rates.
2nd Quarter	44	51	56	3.7	192	189	170	13%	27%	3%	5%	Membership total 266,247 with a 4.25% increase over Q1 (n=255,377).Admit for Q2 remain below state average though total bed days over goal. Total ALOS continues to decline favorably and aligns with 2023 data. Last half of 2023, metrics for this pop trended up for total bed days; current data aligns with those trends.	Continue to monitor for TCS supports and IDT opportunities. http://tableau.ccah-alliance.org/#/views/UMWorkplan_0/InpatientUtilizationMCChildFamily?:iid=3
3rd Quarter	51	52	56	3.5	182		170	12.9%	21.6%	2.3	3%	Metrics on track w prior quarters. Continued favorable reductions in ALOS and readmit rates as well as ACSAs. Bed days slightly above target but within range with overall admits/K/Y lower than state average.	Cont to monitor for TCS supports - IDTs across ECM, CM and Inpt providers.
4th Quarter	52		56				170						
YTD/Year End	45		56				170						

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Medi-Cal Seniors and Persons with Disabilities Aid Codes (SPD+Dual)

Time Period	2023 Admit/K/Y Reported	2024 Admit/K/Y	Admit/K/Y State Average 12/22	ALOS	BD/K/Y Reported	BD/K/Y Updated	BD/K/Y	Variance	Goal % CCS	ACSA %	Readmits %	Assessment	Interventions
1st Quarter	226	239	453	5.9	1409	1422	1300	9%	11%	10.4	16	Membership slightly increased in Q1 (Q4= 237). Admit K/Y well under state average and only slightly above prior quarters, which may be r/t increased population. ALOS remains higher and reflects both complex population category as well as ongoing opportunity for multidisciplinary approach to support timely discharge to LLOC. Higher readmit rate for this population grouping.	Continue to monitor. Utilize IDTs for complex case reviews to further impact ALOS and readmit rates. Continue to increase ECM/CS services to further reduce total admits and ALOS.
2nd Quarter	230	239	453	5.7	1354	1510	1300	4%	10%	11%	17%	Membership stable in Q2 (Q1= 239). ALOS reduced over Q1 and total bed days in line with goal with only 4% variance.	Continue to monitor. Utilize IDTs for complex case reviews to further impact ALOS and readmit rates. Continue to increase ECM/CS services to further reduce total admits and ALOS.
3rd Quarter	223	229	453	5.3	1209		1300	7.5%	12.3%	10.7%	13.0%	Metrics in range w prior quarters. Favorable decreases in ALOS, total admits and BD/K/Y. Also of note is reduced ACSAs and readmit rates for this SPD population. Interventions and integrations in UM/CM/TCS work from prior quarters likely contributing to ongoing improvements in this metric.	Continue to monitor. Utilize IDTs for complex case reviews to further impact ALOS and readmit rates. Continue to increase ECM/CS services to further reduce total admits and ALOS.
4th Quarter	229		453				1300						
YTD/Year End	230		453				1300						

New Medicaid Expansion Members (i.e. former LIHP, as well as new M aid code and 7U/7W aid code members) (ACA+Other)

Time Period	2023 Admit/K/Y Reported	2024 Admit/K/Y	Admit/K/Y State Average 12/22	ALOS	BD/K/Y Reported	BD/K/Y Updated	BD/K/Y	Variance	Goal % CCS	ACSA %	Readmits %	Assessment	Interventions
1st Quarter	73	72	93	5.2	374	359	375	-4%	1.9	8.6	12	Q1 reflects stable LOS, Admit K/Y in line with prior quarters. Readmit rate above overall average.	Continue to monitor. Utilize IDTs for complex case reviews to further impact ALOS and readmit rates. Continue to increase ECM/CS services to further reduce total admits and ALOS.
2nd Quarter	71	70	93	5	336	357	375	-10%	1.1	8.6	12	Metric in line with prior year data and well below state averages and goal. Data source: http://tableau.ccah-alliance.org/#/views/InpatientDataMart-EDW_0/GlobalIPTUtilizationD	Continue to monitor. Utilize IDTs for complex case reviews to further impact ALOS and readmit rates. Continue to increase ECM/CS services to further reduce total admits and ALOS.
3rd Quarter	82	77	93	4.5	350		375	-6.6%	1%	6.9	11	Slight increase in Admit/K/Y in Q3, however, still well below state average. Metrics also reflect reductions in ALOS, ACSA and Readmit rates, all a reflection of ongoing growth in Alliance UM/CM/ECM integrations and external collaboration w members and providers.	Continue to monitor. Utilize IDTs for complex case reviews to further impact ALOS and readmit rates. Continue to increase ECM/CS services to further reduce total admits and ALOS.
4th Quarter	73		93				375						
YTD/Year End	71		93				375						

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A. Inpatient Utilization (Continued)

Total Medi-Cal Inpatient Utilization: Total Medi-Cal Inpatient Utilization goal was calculated using a weighted average of the individual bed days/thousand/year goal for each aid code/population subset (SPD, Child and Family, and Medicaid Expansion members). (12/22: Admit bed days per K/Y at 11.9 with ALOS of 6)

Time Period	2023 Admit/K/Y Reported	2024 Admit/K/Y	Admit/K/Y State Average 12/22	ALOS	BD/K/Y Reported	BD/K/Y Updated	Goal BD/K/Y	Variance	ACSA %	Readmits %	Assessment	Interventions
1st Quarter	60	63	71	4.6	297	291	290	11%	6%	10%	Q1 redmits overall continues to be stable as Q4 and consistent with prior activity. ALOS also consistent w prior quarters, Metrics below state average and a reflection of proactive interdepartmental TCS approach.	Continue to monitor. Utilize IDTs for complex case reviews to further impact ALOS and readmit rates. Continue to increase ECM/CS services to further reduce total admits and ALOS.
2nd Quarter	60	65	71	4.5	293	297	290	9%	6%	9%	metric stable quarter over quarter	Cont interventions as noted previously
3rd Quarter	68	65	71	4.3	280		290	9%	5%	10%	Metric continues as noted in prior quarters. Admit variance calculated in comparison to state avg for Admit k/y (state avg-result/state avg)	Continue to monitor. Utilize IDTs for complex case reviews to further impact ALOS and readmit rates. Continue to increase ECM/CS services to further reduce total admits and ALOS.
4th Quarter							290					
YTD/Year End							290					

B. Ambulatory Care Sensitive Admissions (ACSA) (%)

Ambulatory Care Sensitive Admissions (ACSA) per region.

Time Period	Santa Cruz ACSA %	Monterey ACSA %	Merced ACSA%	Mariposa ACSA%	San Benito ACSA %	Assessment	Interventions
1st Quarter	5.71%	4.87%	7.00%	3.39%	5.66%	ACSCs are a group of medical conditions for which adequate ambulatory care can, potentially, prevent the need for hospital admission or the worsening of complications. These conditions could be avoided with adequate primary care, such as asthma, low back pain and uncomplicated pneumonia. Higher rates in Merced county suggest an opportunity for increased primary care access and member engagement.	Continue to monitor. Increased ECM/CS connections to support primary care access and member engagement.
2nd Quarter	3.69%	5.31%	7.89%	4.11%	7.49%	San Benito emerging as a county with higher ACSAs, suggesting an opportunity for increased primary care access and member engagement, on par with Merced County.	Continue to monitor. Increased ECM/CS connections to support primary care access and member engagement. Increases in ECM utilization noted in SB and Merced County are expected to support improvements in these metrics.
3rd Quarter	3.71%	5.71%	4.80%	4.88%	4.87%	Merced and San Benito showing marked improvement in this metric and proactive work in Q2 to increase ECM/CS in these counties has demonstrated notable impacts. Other counties in range w prior quarters. SC with continued reductions.	Continue to monitor. Increased ECM/CS connections to support primary care access and member engagement. Increases in ECM utilization noted in SB and Merced County having favorable impacts in improvements in these metrics.
4th Quarter							
YTD/Year End							

C. Readmissions (%)

*30-day Readmissions per region

	Santa Cruz %					Monterey %					Merced %					Mariposa %					San Benito%					Assessment & Interventions
Time Period	0-18 YO	19-55 YO	Over 55 YO	Total Readmission %	% CCS	0-18 YO	19-55 YO	Over 55 YO	Total Readmission %	% CCS	0-18YO	19-55 YO	Over 55 YO	Total Readmission %	% CCS	0-18 YO	19-55 YO	Over 55 YO	Total Readmission %	% CCS	0-18YO	19-55 YO	Over 55 YO	Total Readmission %	% CCS	
1st Quarter	**8.02**	8.73	14.39	10.08	0.9	5.79	9.04	13.7	9.46	0.8	6.24	8.94	14.51	9.85	0.5	0	3.13	0	1.67	0	8.7	7.04	12.31	8.33	0	Continue to monitor. Increased ECM/CS connections to support reductions in readmission rates, additional focus on over 55 population in Merced and Santa Cruz counties.
2nd Quarter	8.11	8.27	15.52	10.09	0.9	6.06	8.19	14.01	8.93	0.8	6.63	8.77	15.91	10.15	0.7	0	8.11	0	4.48	0	8.33	7.28	14.29	8.97	0	Increases in Mariposa and SB counties in Readmits for 19-55 y/o pop (though overall volume low); Monterey with decreases in total readmissions. Rates generally stable from prior year activity.
3rd Quarter	6.64	8.55	13.71	9.66	0.7	6.43	7.57	13.12	8.46	0.8	8.2	9.1	15.28	10.35	0.9	0	5.56	0	3.5	0.8	2.86	7.23	16.55	8.85	0	Increases in SB county in Readmits for over 55 y/o pop (though overall readmit rate lower); Rates generally stable from prior quarters across all counties. Cont with IDTs and ECM/CM outreach and interventions.
4th Quarter																										
YTD/Year End																										

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D. Alternatives to Acute Inpatient Days - Skilled Nursing Facility

Appropriate inpatient utilization involves identification of hospitalized patients that do not require an acute inpatient level of care but cannot be discharged home safely. These patients should be transferred/discharged to a facility where they can receive a lower, more appropriate level of care or determined to be at an "admin" level in the hospital as appropriate discharge is secured.STR readmissions are tracked to evaluate trends in hospital readmissions occurring after placement at the LOC.

Time Period	#SNF Beddays (Updated #)	PKPY SNF SPD (Updated #)	PKPY IPT Beddays SPD (Updated #)	Total # STR	STR Readmits After Discharge	Assessment	Interventions
1st Quarter	1461(1761)	354 (400)	1403	262	57	There was a 24% increase in STR beddays over Q4 of 2024. The total number of STR stays are stable quarter after quarter.	The increase in STR beddays will be researched to find out if this increase is r/t more complex care needs and more aggressive TCS are needed. And will f/u with this in Q 2 metric review. Readmission after STR DC remains stable at ~ 20%
2nd Quarter	1920	437	1354	321	65	claims lag count for lower number of STR stays in Q1, this has been corrected and shows a less significant increase in Q2 of 9%.	Continue to monitor previous Qs when reporting out to current Q to ensure accuracy of the data.
3rd Quarter	1198	270	1209	300	41	STR bed days are decreasing but w/o specific causation identified. Alternative placements may account for some decrease but not all. Will continue to monitor for trends.	Continue to monitor for trends and identify reasons for decrease in use of STR.
4th Quarter							
YTD/Year End							

E. Long-term Care

New admissions are monitored for continued appropriateness of placement. Appropriate long-term care utilization involves identification of members who continue to meet Title 22 as well as members that no longer require long-term level of care.

Time Period	# of New Admissions	# of LTC	Total # of Members in LTC	Total # of Medi/Medi	Assessment	Interventions
1st Quarter	129	1790	300	1490	There has been a significant drop in New LTC admissions over Q4 2024 with a 59% decrease. (Q4 1948 for # LTC and 386 for total new admits)	While the total population in LTC remains consisitant as compared to Q4 2024, admissions have had a sifnificant decrease. This could be due to claims lag but will monitor closely for rationale for the decrease as we move into Q2 metrics review.
2nd Quarter	237	1856	333	1523	In reviewing the updated data for Q1 it appears that LTC membership in all 5 counties remains the same.	Continue to monitor for trends and flucuation. Ongoing CR for LTC members to assess members that no longer rquiere LTC LOC for alternate plcmts and support w ECM/CS benefits (RCFE, etc.)
3rd Quarter	183	1790	333	1457	LTC shows a decrese in Q3. This is most likely related to increased utilization of alternative placements and SNF diversion tactics.	Cont w LTC site visits, member case review, ECM/CS supports, utilization of RCFE's and other community based alternatives.
4th Quarter						
YTD/Year End						

F. Emergency Department

The ED utilization goals by Medi-Cal aid category groupings were developed using Alliance historical performance, industry benchmarks (including MCG actuarial projects) and comparison to other County Organized Health Systems (COHS) data. Performance is assessed against goals and State benchmark of DHCS reporting on ED visits/K/Y. Total ED visits and Avoidable ED visits tracked per line of business and region. Note: DHCS Popluation Aid Code Groupings may differ slightly from Tableau.

IHSS				Goal				
Time Period	Avoidable Visits %	Total Visits/K/Y Reported	Total Visits/K/Y Updated	Total Visits K/Y	Total visits: Variance	Total Visits K/Y State Average	Assessment	Interventions
1st Quarter	14.81%	560	605	N/A	N/A	N/A	Total avoidable ED visits higher than other category groupings, reflect an opportunity for additional primary care connection and ED alternatives.	IHSS LOB specific to Monterey county. Further assess PCP connections and ED alternatives in for this category grouping.
2nd Quarter	17.65%	190	472	N/A	N/A	N/A	Total ED well below prior year, Q2 data may reflect claims lag, lower than norms	Cont to monitor for trends, assess PCP connections and ED alternatives in for this category grouping to further impact avoidable ED metrics.
3rd Quarter	14.52%	348	365	N/A	N/A	N/A	Avoidable visits on track w prior quarter 1 data. Total visits in range with prior activity seen and Q2 updates as expected.	Cont to monitor for trends, assess PCP connections and ED alternatives in for this category grouping to further impact avoidable ED metrics.
4th Quarter				N/A	N/A	N/A		
YTD/Year End				N/A	N/A	N/A		

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Medi-Cal Child and Family				Goal					
Time Period	Avoidable Visits %	Total Visits/K/Y Reported	Total Visits/K/Y Updated	Total Visits K/Y	Total visits: Variance	Total Visits K/Y State Average 12/22	% CCS Visits	Assessment	Interventions
1st Quarter	19.68%	519	535	400	24%	445	18.87%	Metric slightly above state average. Higher percentage avoidable ED for this population. Analysis needed to identify county variances.	Further assess PCP connections and ED alternatives for this category grouping. Cross analysis of avoidable ED vs ECM/ CS connections needed.
2nd Quarter	19.29%	400	599	400	0%	445	21.09%	Metric in at target for total visits and reduced from prior quarter. An increase in CCS visits noted along with slight reduction in avoidable ED.	Cont to assess PCP connections and ED alternatives for this category grouping. Ongoing cross analysis of avoidable ED vs ECM/ CS connections needed.
3rd Quarter	14.95%	432		400	8%	445	16.63%	Avoidable visits notably decreased in Q3, total slightly above goal but with results better than state average	Cont to assess PCP connections and ED alternatives for this category grouping. Ongoing cross analysis of avoidable ED vs ECM/ CS connections needed.
4th Quarter				400		445			
YTD/Year End				400		445			

Medi-Cal Seniors and Persons with Disabilities				Goal					
Time Period	Avoidable Visits %	Total Visits/K/Y Reported	Total Visits/K/Y Updated	Total Visits K/Y	Total visits: Variance	Total Visits K/Y State Average 12/22	% CCS Visits	Assessment	Interventions
1st Quarter	10.20%	1073	1426	830	24%	839	14.67%	Metric above state average and goal for this category grouping. Complex SPD population likely requires increased ECM/ CS supports to achieve goals.	Continue to monitor. Assess rates by county for areas of largest opportunity. Increased TCS, ECM/CS supports to further improve metric.
2nd Quarter	9.42%	749	1442	830	-10%	839	15.43%	Decreased avoidable ED and total visits, well below goal with favorable variance.	Potential claims lag impacting Q2 and will monitor for trends.
3rd Quarter	9.49	927		830	11.68%	839	10.26%	Avoidable visits comparable to prior quarter. Total visits slight increased quarter over quarter and above goal and state average.	Cont. proactive work connecting HR members to ECM/CS providers. IDTs and CM follow up, TCS supports to further impact reductions in this metric.
4th Quarter				830		839			
YTD/Year End				830		839			

Medicaid Expansion (i.e. former LIHP, as well as new M aid code and 7U/W aid code members)				Goal					
Time Period	Avoidable Visits %	Total Visits/K/Y Reported	Total Visits/K/Y Updated	Total Visits K/Y	Total visits: Variance	Total Visits K/Y State Average 12/22	% CCS Visits	Assessment	Interventions
1st Quarter	11.14%	585	557	420	32%	426	10.84%	Metric slightly above state average. Higher percentage avoidable ED for this population. Analysis needed to identify county variances.	Continue to monitor. Assess rates by county for areas of largest opportunity. Increased TCS, ECM/CS supports to further improve metric.
2nd Quarter	11.03%	412	582	420	-2%	426	7.02%	Decreased avoidable ED and total visits, well below goal with favorable variance.	Potential claims lag impacting Q2 and will monitor for trends.
3rd Quarter	8.72%	534		420	27%	426	8.0%	Exapnsion w reduced avoidable visitis, totals above goal but lower than highs seen in Q1	Continue to monitor. Assess rates by county for areas of largest opportunity. Increased TCS, ECM/CS supports to further improve metric.
4th Quarter				420		426			
YTD/Year End				420		426			

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ED Visits per County

Time Period	Santa Cruz Avoidable Visits %	Santa Cruz Total Visits/K/Y	Monterey Avoidable Visits %	Monterey Total Visits K/Y	Merced Avoidable Visits %	Merced Total Visits K/Y	Mariposa Avoidable Visits %	Mariposa Total Visits K/Y	San Benito Avoidable Visits %	San Benito Total Visits K/Y	Assessment	Interventions
1st Quarter	12.26%	81	17.21	258	16.45	183	15.61	8	16.85	35	Increased rates in Merced, Monterey, San Benito Counties. Reduced rates in SC county . Total visits in Mariposa and San Benito overall low, driving up this percentage calculation and also reflecting an opportunity for improvement. Note: weighted average goal for total Medi-Cal ED visits for 2023 (in Alliance Dashboard) is 590	Continue to monitor. Focus on rates by county for increased TCS, ECM/CS supports to further improve metric. Review of ED alternatives in Monterey, Merced, Mariposa, San Benito for PCP access as well as ED alternatives. Review of what is working in SC county to result in improved metric in this area for that county.
2nd Quarter	12.14%	64	17.48	191	15.79	131	14.9	5	16.89	28	Reductions noted across all counties and in all categories. Continue to monitor for ongoing trend vs data/claims lag. Data overall consistent with prior quarters.	Continue to monitor; assess for efficacy of ECM connections and CS opportunities.
3rd Quarter	10.12%	76	13.4	209	12.20%	165	13%	6	12%	30	Reductions noted across all counties in avoidable visits. Total visits remain in range or slightly higher than prior quarter.	Continue to monitor; assess for efficacy of ECM connections and CS opportunities.
4th Quarter												
YTD/Year End												

G. Pharmacy

Medical Necessity Pharmacy Denials Per Quarter

Monitoring of Pharmacy prior authorization volume, appeals, and State Fair Hearings (SFH). Outcomes of the SFH included in the narrative.

Time Period	# Auth Volume	# Denials	# Appeals	# Appeals Upheld	# Overturned	#SFH	Assessment	Interventions
1st Quarter	1798	86	1	0	1	0	4.7% denial rate which is lower than previous quarter. Auth volume increased 19.46% from previous quarter. Appeal volume remains low with only 1 appeal that was overturned.	Continue to monitor
2nd Quarter	1894	91	2	2	0	0	4.8% denial rate which is about the same as previous quarter. Total auth volume increase by 5.3% from previous quarter.	Continue to monitor
3rd Quarter	1796	87	2	2	0	0	4.8% denial rate which is the same as previous quarters. Total auth volume decreased 5.2%	Continue to monitor
4th Quarter								
Year End								

Top 5 Physician Administered Drugs that Result in Medical Necessity Denial

List top 10 Pharmacy prior authorization medical necessity denials, by volume.

Time Period	List of drugs	Comments	Interventions
1st Quarter	1. Onabotulinumtoxina 2. Hyaluronic Acid 3. Ferric Carboxymaltose 4. Ferumoxytol 5. Ranibizuman	Top denied drugs remain consistant as last quarter and 2023. in 2Q2024 PA criteria was changed for Hyaluronic Acid.	Continue to monitor
2nd Quarter	1. Epoetin Beta 2. Hyaluronan 3. Ferumoxytol 4. Triamcinolone 5. Denosumab	Hyaluronan and Ferumoxytol remain among top denied drugs.	Changes to the prior authorization criteria for hyaluronic acid and denosumab were reviewed and approved in Q2 Pharmacy & Therapeutics Committee.
3rd Quarter	1. Triamcinolone Acetonide 2. Ferric Carboxymaltose 3. Onabotulinumtoxina 4. Denosumab 5. Hyaluronan	Top denied drugs remain consistant with previous quarters.	Continue to monitor
4th Quarter			
Year End			

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H. Out of Area / Out of Network Specialist Utilization Metric

Appropriate use of network specialist and out-of-network specialist is monitored for provider and member access. Review of referral practice by county provides opportunity for improved network development. Data derived from DHCS Out Of Network Tableau Report.

Time Period	Total Auths	Approvals	Denials	Voided / Canceled	Top 5 Specialty Types by County	Assessment & Interventions
1st Quarter	1,526	600	18	447	Merced: Opthalmology (27), Other (42), Cardiovascular (14), Otolaryngology (39) Monterey: Opthalmology (9), Other (6), Surgery (4), Santa Cruz: Opthalmology (5), Other (9), Neuro (2)	Out of Area / Out of Network Specialist utilization is up approximately 200 auths from 2023 average (1371 average 2023 to 1526 Q1 2024). There's a 1% denial rate in Q1 2024. These numbers were likely impacted by the Continuity of Care authorizations for County Expansion members. Continued efforts to redirect to in-network providers for medically necessary services with in-network options are made via the authorization process. Additional CM support is elicited for more complex redirection needs.
2nd Quarter	1,461	911	10	397	Merced: Opthalmology (29), Other (31), Cardiovascular (18), Otolaryngology (29) Monterey: Opthalmology (8), Other (16), Surgery (5), Santa Cruz: Opthalmology (10), Other (7), Neuro (3)	Out of area utilization decreased by 4.3% from Q1 to Q2. An increase in out-of-network specialists impacted auths in Q1 due to expansion into San Benito and Mariposa counties. UM and CM collaboration aided in redirection to in-network specialists. Of the total out-of-network auths, 62% was approved, 37% were voided/canceled or still pending review and < 1% were denied. Continued PA review of medical necessity with subsequent SBAR for Approved as Modified for proactive redirection to in-network providers and CM referrals to support out-of-network requests.
3rd Quarter	785	681	11	73	Merced: Opthalmology (38), Other (181), Neurology (12), Opthalmology (38), Surgery Orthopedic (42) Monterey: Opthalmology (11), Other (63), Surgery (6), Santa Cruz: Opthalmology (6), Other (39), Neuro (2)	Out of area utilization decreased by 46% from Q2 to Q3. Early metrics reflect potential greater accuracy in submission with a significant decrease in voided and canceled auths that were previously seen with old Essette platform due to duplicate submissions. The number of approvals and denials are consistent with previous quarters. Continued monitoring of this metric and effects of system replacement from Essette to Jiva will be reviewed and analyzed.
4th Quarter						
YTD/Year End	3,772	2,192	39	917		

I. Under / Over Utilization Tracking and Reporting

Under-over utilization is closely monitored and UM investigates identified cases, develops interventions and works closely with other departments such as Program Integrity, QI and Provider Services. As authorization codes are waived as part of the Auth Reduction Project, we will monitor to assure there is no resulting inappropriate over utilization. Auto approved or no TAR required (NTR) utilization will be monitored when an increase/decrease of 30% from the previous reporting quarter is identified in the emerging analysis (see Section J).

2024 Evaluation				
Time Period	**Monitored Category**	**Over or Under**	**Assessment**	**Interventions**
1st Quarter	1. EMG 2. Auth Redesign Codes (As identified) 3. IHA 4. Breast Cancer Screening 5. Colon Cancer Screening 6. Lead Screening 7. ACE Screening 8. Mental Health Visits 9. ED Utilization	1. Over 2. Over 3. Under 4. Under 5. Under 6. Under 7. Under 8. Under 9. Over	Continued monitoring of routine screening tools for under utilization including breast cancer screening, colon cancer screening, lead screening and ACE screening. These measures are also carefully monitored by the QI team under the HEDIS measures. Trends within this category are consistent from previous quarters.	Increased activity heading into Q2 for ECM/CS utilization review and program optimization. Metrics for ECM/CS will be reviewed under item #2 in this list (Auth Redesign codes). ED utilization additionally reviewed under "projects and initiatives" tab, with reporting in progress for further assessment of high risk utilization as an area of focus. UM/QI/CM collaborative initiatives in progress to further impact itesm #3-8 with increased provider outreach and community health fair campaigns.
2nd Quarter	1. EMG 2. Auth Redesign Codes (As identified) 3. IHA 4. Breast Cancer Screening 5. Colon Cancer Screening 6. Lead Screening 7. ACE Screening 8. Mental Health Visits 9. ED Utilization	1. Over 2. Over 3. Under 4. Under 5. Under 6. Under 7. Under 8. Under 9. Over	EMG an area of continued montioring and metrics reflect utilization reductions as anitiicipated. Metrics for ECM/CS are reviewed under item #2 in this list (Auth Redesign codes). Routine monitoring of screening tools for underutilization includes breast cancer, colon cancer, lead and ACE screening. These metrics are reviewed by the QI dept through HEDIS measures. All metrics in this section reflect progressive increases, likely a reflection of both improved capture rates, data integration and successful provider outreach campaigns. Increase in mental health visits noted likely due to the organization's compliance with the No Wrong Door APL. ED utilization reviewed under "Projects and Initiatives" tab and as noted above.	Cont. to monitor. Ongoing ECM/CS benefit optimization as an intervention to favorably impact these metrics.
3rd Quarter	1. EMG 2. Auth Redesign Codes (As identified) 3. IHA 4. Breast Cancer Screening 5. Colon Cancer Screening 6. Lead Screening 7. ACE Screening 8. Mental Health Visits 9. ED Utilization	1. Over 2. Over 3. Under 4. Under 5. Under 6. Under 7. Under 8. Under 9. Over	While there has been continued increase in EMG year over year, review of data code set for EMG/nerve conduction studies suggests that with relation to the overall membership, requests for these codes account for only 1% of total claims submitted per year. Recommendation was made to remove auth requirements for EMG and nerve conduction studies.These services will continue to be monitored for overutilization.Screenings such as breast cancer, colon cancer, lead and ACE are HEDIS measures monitored by the QI Dept.Continued delegate oversight on mental health visits through current MBHO, Carelon, while the Alliance plans continue for Behavioral Health Insourcing.ED utilization reviewed under "Projects and Initiatives" tab and as noted above.	Ongoing monitoring of utilization for these categories. EMG/nerve conduction studies will continue to be reviewed after removal of auth requirement to monitor for over/under utilization.
4th Quarter	1. EMG 2. Auth Redesign Codes (As identified) 3. IHA 4. Breast Cancer Screening 5. Colon Cancer Screening 6. Lead Screening 7. ACE Screening 8. Mental Health Visits 9. ED Utilization	1. Over 2. Over 3. Under 4. Under 5. Under 6. Under 7. Under 8. Under 9. Over		

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J. Emerging Under / Over Utilization Analysis

Provision of services that were not clearly indicated or provision of services that were indicated in either excessive amounts or in a higher-level setting than appropriate. True over and under results may be reported in Section I of this work plan for formal monitoring.

Time Period	Top 5 Over	Top 5 Under	Service / Benefit Type	Top 5 Auto Approved/NTR Codes	Assessment
1st Quarter	1. G9012 (11,005) OTHER SPECIFIEDCASE MANAGEMENTSERVICE NOTELSEWH 2. 36415 (6,572) COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE 3. 99173 (3,528) SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE 4. 3008F (2,485) Body Mass Index 5. G9008 (1,556) COORDINATED CARE FEE, PHYSICIAN COORDINATED CARE	1. CHW 2. Dyadic Care 3. Doula 4. Street Medicine 5. Depression screening	1. Misc Non Benefit codes (supplies, pdn) 2. Misc. Dressings, medical supplies 3. Nerve Conduction tests 4. Z codes, EPSDT 5. Pulmonary rehab	1. T1000-T5999, Not valid for Medicare (587) 2. A6000-A6412, Dressings (362) 3. 95905-95913, Nerve Conduction Tests (303) 4. Z4300 - Z5999, Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) (222) 5. Pulmonary Diagnostic Testing,Rehabilitation, and Therapies (203)	Similar to the previous quarter, the Top 5 over utilized services suggest members accessing preventative care measures including case management, blood draws, visual screening, physician coordinated care. Continued efforts to develop the network and familiarize members and providers for new services for the Top 5 under utilized services including CHW, dyadic care, doula and street medicine.
2nd Quarter	1. G9012 (24,976) OTHER SPECIFIEDCASE MANAGEMENTSERVICE NOTELSEWH 2. 3008F (3,675) Body Mass Index 3. G9008 (2,199) COORDINATED CARE FEE, PHYSICIAN COORDINATED CARE 4. G2211 (2,145) VISITCOMPLEXITY INHERENTTO EVALUATION 5. T1019 (1,878) PERSONALCARE SERVICES	1. CHW 2. Dyadic Care 3. Doula 4. Street Medicine 5. Depression screening		1. T1000-T5999, Not valid for Medicare (662) 2. A6000-A6412, Dressings (413) 3. 95905-95913, Nerve Conduction Tests (290) 4. Pulmonary Diagnostic Testing,Rehabilitation, and Therapies (198) 5. Z4300 - Z5999, Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) (173)	Top 5 over utilized services are consistent with previous quarters. Continued efforts toward expanding the ECM program to ensure members are accessing and receiving ECM/CS as needed. Increase in ECM utilization demonstrated by ECM codes in Top 5 Over list. The Top 5 Under list reflects the same services as previous quarter. Continued efforts across departments within the organization to ensure members and providers are aware of and able to access underutilized services. Top 5 Approved/NTR codes consistent with previous quarter. Codes noted continue to be appropriate for auto approval.
3rd Quarter	1. G9012 (24,976) OTHER SPECIFIEDCASE MANAGEMENTSERVICE NOTELSEWH 2. G9008 (2682) COORDINATEDCARE FEE,PHYSICIAN COORDINATEDCARE 3. 3008F (4405) Body Mass Index 4. G2211 (2229) VISITCOMPLEXITY INHERENTTO EVALUATIONAND MANAGE 5. A9270 (2181) NON-COVEREDITEMOR SERVICE (NON-COVEREDBY MEDICA	1. CHW 2. Dyadic Care 3. Doula 4. Street Medicine 5. Depression screening		1. T1000-T5999, Not valid for Medicare (1343) 2. A6000-A6412, Dressings (844) 3. 95905-95913, Nerve Conduction Tests (627) 4. Pulmonary Diagnostic Testing,Rehabilitation, and Therapies (445) 5. Z4300 - Z5999, Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) (420)	Top 5 over utilized services are consistent with previous quarters. Members continue to receive case management and coordination of care. Continued efforts across the organization to expand ECM program and services to support members with increased needs. Top 5 Under list consistent with previous quarters. Top 5 Approved/NTR codes are consistent with the previous quarter and continue to be appropriate for auto approval.
4th Quarter					

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IV. UM Delegate Oversight

A. UM Delegate Oversight Quarterly Report (Analysis Summary)

Time Period	Delegate	Report Due Date	Reports Received	Reports Required	Follow-up Plan	
Q4-23: Reported - Q1-24	Carelon	3/31/2024	2/20/2024	Auth Approval Log Auth Denial Log Telehealth Utilization Summary Admin 3 Provider OPT Utilization Admin 5 Provider IPT Utilization BHT Utilization Report DHCS BHT Reporting Template Mental Health reporting template Carelon CCAH PG reporting Provider Utilization Data by County Member Experience trend Report Clinicians excepting new patients	While Q4 Quarterly report passed, CCAH BH Program Manager noted inconsistencies across provider reports that identified number of providers that came into network or left network during that time. BHPM will continue working with Carelon around information on reports to ensure accuracy and understanding of the definitions of what meets threshold to be on both reports to ensure consistency in information around the provider network.	
Q1-24: Reported - Q2-24	Carelon	6/30/2024	4/19/2024	Auth Approval Log Auth Denial Log Telehealth Utilization Summary Admin 3 Provider OPT Utilization Admin 5 Provider IPT Utilization BHT Utilization Report DHCS BHT Reporting Template UM Summary ICE UM Timeliness Report	Q1 reports passed, however CCAH BH Program Manager noted expansion counties not included on a few reports including BHT reports and had to ask Carelon to provide corrections, in which corrections were not received until June and July 2024, causing delay in completion of Q1 Delegate report.	
Q2-24: Reported - Q3-24	Carelon	9/30/2024	7/19/2024	Audit summary report UM file Audit tool Auth Approval Log Auth Denial Log UM auth report Telehealth Utilization Summary Admin 3 Provider OPT Utilization Admin 5 Provider IPT Utilization BHT Utilization Report	In review of Q2 reports, all passed other than the Audit (for approval/denials) as it pertains to UM5 Element B: timeliness of UM decisions: notification of Behavioral healthcare Decisions: In our random sampling of 10 charts, 4 of the 10 were outside of the timeliness requirements (5 days or less). Carelon did identify this prior to our review and proactively submitted their own corrective action plan. Carelon has identified additional training and oversight for new staff to ensure element met in future. We anticipate to see improvement in Q3 reports that Carelon will provide on 10/20/24.	
Q3-24: Reported - Q4-24	Carelon			Auth Approval Log Auth Denial Log Telehealth Utilization Summary Admin 3 Provider OPT Utilization Admin 5 Provider IPT Utilization BHT Utilization Report DHCS BHT Reporting Template UM Summary ICE UM Timeliness Report		

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B. Medi-Cal Mental Health Utilization Rates

Carelon Behavioral Health of California, Inc. (Carelon) is contracted with CCAH to provide non speciality mental health services. Carelon supplies this data in a quarterly report that is presented in quarterly meetings with each County Behavioral Health Department. Utilization percentage rates for children and adolescents and for adults are reported by for each county managed by CCAH. Utilization rates reflect a rolling 12 month measurement ending at the Quarter. Utilization percentage is calculated by dividing the number of unique members in each age cohort within each County into the number of members that have received Carelon services from that same County and age cohort within each quarter. Utilization percentage goals were developed by Carelon and are based on best reviewing data from other states, national benchmark data, historical data on county mental health utilization, and the structure of the California delivery system. The goals are in a mature market of 3 years of operation (market maturity: lower rates are expected in new markets and higher ranges are typical for mature markets with 3-5 years of Carelon presence).

Time Period	Santa Cruz	Monterey	Merced	Mariposa	San Benito	GOAL	Assessment	Interventions
1st Quarter							Behavioral Health Utilization Data is consistent with prior quarters, other than in new counties (Mariposa and San Benito). Note that these percentages are inclusive of all member BH care regardless of whether it falls in the Physical or Behavioral health network. Utilization of Non-Specialty Mental Health (NSMH) outpatient services for	Continue Carelon oversight and close monitoring of the NSMH Delegate's performance continues.
0-12	8.05%	5.94%	4.71%	3.62%	3.99%	2.5% - 4%		
13-18	11.92%	7.79%	5.86%	2.96%	2.86%	2.5% - 4%		
19+	12.11%	7.06%	5.74%	8.43%	2.72%	4.5% - 6.5%		
2nd Quarter							Behavioral Health Utilization Data has increased in all counties and age ranges this quarter. Note that these percentages are inclusive of all member BH care regardless of whether it falls in the Physical or Behavioral health network. Utilization of Non-Specialty Mental Health (NSMH) outpatient services for Merced, Monterey, Mariposa and Santa Cruz Counties fall within or exceed the Alliance goal range. San Benito 19+ is slightly under goal.	Continue Carelon oversight and close monitoring of the NSMH Delegate's performance continues.
0-12	10.05%	7.17%	5.42%	5.92%	5.70%	2.5% - 4%		
13-18	13.97%	9.13%	6.81%	4.36%	4.60%	2.5% - 4%		
19+	14.00%	8.34%	6.77%	9.95%	4.03%	4.5% - 6.5%		
3rd Quarter							Behavioral Health Utilization Data has increased in Santa Cruz and Monterey in all age ranges this quarter. In some age ranges, there were increases in the other 3 counties, but decreases in others. Note that these percentages are inclusive of all member BH care regardless of whether it falls in the Physical or Behavioral health network. Utilization of Non-Specialty Mental Health (NSMH) outpatient services for Merced, Monterey, Mariposa and Santa Cruz Counties fall within or exceed the Alliance goal range. San Benito 19+ remains slightly under goal.	Continue Carelon oversight and close monitoring of the NSMH Delegate's performance continues. BH has worked with QI to set a goal to work to increase utilization specifically in Merced county.
0-12	10.36%	7.47%	5.38%	4.48%	5.40%	2.5% - 4%		
13-18	14.00%	9.19%	6.55%	5.04%	4.75%	2.5% - 4%		
19+	14.01%	8.42%	6.76%	8.66%	4.26%	4.5% - 6.5%		
4th Quarter								
0-12						2.5% - 4%		
13-18						2.5% - 4%		
19+						4.5% - 6.5%		

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C. Carelon UM File Audit

Review occurring every quarter that looks at previous quarter UM work. For review,15 files are randomly selected. If the first three files pass, no further review is conducted. If any of the first three fail then all 15 files are reviewed. While 100% is expected, 90% is the juncture at which a corrective action plan would be apprised if needed. Non-compliance with any of the elements require follow up analysis and correction by the vendor. Categories for review include: timeliness of decisions and notifications, appropriate practitioner review of denials, relevant information used for decisions, appeal rights communications to member, evidence of transitional care planning.

Time Period	% Compliance	Summary of Non-Compliance	Follow-up Actions
1st Quarter	100	N/A	Feedback was provided to Carelon as follows: Continue to ensure Carelon staff pre-auditing charts internally are trained and review charts thoroughly before submission. And document clearly to reason for modification/ adverse determination in the member/provider letter.
2nd Quarter	96.00%	4 out of 10 charts exceeded timeliness of UM decision making.	As Carelon pre-audits their UM charts before sending to CCAH, they were proactive in identifying that in Q2 of the audit charts, that a sample of them did not meet timeliness and did their own assessment and corrective action and confirmed that July TAT was above 95% compliance. Additional training of new staff and more formal oversight of this process for newer staff at Carelon was put in place.
3rd Quarter	NA	NA	Charts requested from Carelon will not be due by Carelon until 11/22 and therefore this will be reported out in the next quarter .
4th Quarter			

D. MedImpact UM File Audit

Review occurring every quarter that looks at previous quarter UM work. For review, 5 files are randomly selected. While 100% is expected, 90% is the juncture at which a corrective action plan would be apprised if needed. Non-compliance with any of the elements require follow up analysis and correction by the vendor. Categories for review include: timeliness of decisions and notifications, appropriate practitioner review of denials, relevant information used for decisions, appeal rights communications to member, evidence of transitional care planning.

Time Period	% Compliance	Summary of Non-Compliance	Follow-up Actions
1st Quarter	60%	One file failed PA review and one file failed member letter readability.	Outreach and coaching were performed on auth that failed PA review. The file that failed for member letter readability was done prior to CAP being initiated. Will continue to monitor
2nd Quarter	40%	One file failed TAT review due to no pending letter sent to member. 2 files failed due to member letter readability of pended letters.	Confirming process with MedImpact for requests that require additional information. Readability is addressed through CAP.
3rd Quarter	80%	All selected authorizations reviewed passed TAT however one denial did not pass readability	Currently being addressed through corrective action plan.
4th Quarter			

Line of Business	Per Month (PMPM) Cost						
	2023	2024 Q1	2024 Q2	2024 Q3	2024 Q4	2024 YTD	Change from 2023
IHSS	$188.85	$215.19	$240.99	$272.82		$243.00	28.7%

MedImpact Medical Necessity Pharmacy Denials Per Quarter

Monitoring of Pharmacy prior authorization volume and appeals.

Time Period	# Auth Volume	# Denials	# Appeals	# Appeals Upheld	# Overturned	Assessment
1st Quarter	35	7	0	0	0	Auth volume and denial consistent with volume and denial rates in 2023.
2nd Quarter	38	13	2	0	2	Corrected in Q4: Denial rate increased, with many requests for weight loss drugs not meeting criteria. 2 Appeals were received and overturned.
3rd Quarter	36	7	0	0	0	Auth volume and denial rate (~20%) is consistent with 2023 average. Weight loss drugs are the top requested PAs.
4th Quarter						
Year End						

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DATE: **January 22, 2025**
TO: Santa Cruz-Monterey-Merced-San Benito-Mariposa Managed Medical Care Commission
FROM: Dr. Omar Guzman, Interim Medical Director
SUBJECT: Peer Review and Credentialing Committee Report of December 2024

Recommendation. Staff recommend the Board accept the decisions from the December 11 meeting of the Peer Review and Credentialing Committee (PRCC).

Background. The Santa Cruz-Monterey-Merced Managed Medical Care Commission (Board) is accountable for all provider credentialing activities. The Board has delegated to the PRCC the authority to oversee the credentialing program for the Central California Alliance for Health (the Alliance).

Discussion. The PRCC is currently a six-member committee comprised of Alliance-contracted physicians who make recommendations to approve, defer, or deny network participation for new and existing providers based on established credentialing criteria. The committee meets quarterly. The PRCC also conducts peer review of network providers and offers advice and expertise when making credentialing decisions. Provider credential verification and review ensures that network providers possess the legal authority, relevant training and experience, and professional qualifications necessary to provide a level of care consistent with professionally recognized standards. The Alliance credentialing standards are aligned with applicable credentialing and certification requirements of the State of California, the Department of Health Care Services, the Department of Managed Health Care and, as appropriate, the National Committee for Quality Assurance.

December 2024 Meeting

- New Providers:
  - 50 Physician Providers (MD, DO, DPM)
  - 63 Non-Physician Medical Practitioners
  - 35 Allied Providers
  - 27 Behavioral Health
  - 7 Organizations
  - 6 ECM/CS

- Recredentialed Providers:
  - 72 Physician Providers (MD, DO, DPM)
  - 22 Non-Physician Medical Practitioners
  - 15 Allied Providers
  - 16 Organizations

Fiscal Impact. There is no fiscal impact associated with this agenda item.

Attachments. N/A

DATE: January 22, 2025

TO: Santa Cruz-Monterey-Merced-San Benito-Mariposa Managed Medical Care Commission

FROM: Jessica Finney, Community Grants Director

SUBJECT: Medi-Cal Capacity Grant Program 2024 End of Year Report

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Recommendation. Staff recommend that the Board accept this report on the Medi-Cal Capacity Grant Program's (MCGP) activities in 2024.

Summary. This report highlights the MCGP's strategic investments made to improve the health and wellbeing of the members we serve. A portfolio of 2024 awards is included as an attachment to this report as well as the *MCGP Performance Dashboard* with metrics through December 31, 2024. The February 2025 Board packet will contain the Alliance's annual *Community Impact Report* publication which includes highlights of the MCGP's impact and will be posted on the Alliance's website and shared in the community.

Background. The Alliance established the MCGP in July 2015 in response to the rapid expansion of the Medi-Cal population as a result of the Affordable Care Act. Through the investment of a portion of the Alliance's reserves, the MCGP provides grants to local health care and community organizations in the Alliance service areas to increase the availability, quality and access of health care and supportive services for Medi-Cal members, and to address social drivers that influence health and wellness in our communities. Since 2015, the Alliance has awarded 962 grants totaling $202M to 241 organizations in the Alliance's service areas. Over the past nine years, the MCGP implemented 25 distinct funding opportunities designed to advance the Alliance's grantmaking goals,

Discussion. In February 2024, the Board approved an annual investment plan policy for the MCGP to serve as a roadmap, defining grantmaking priorities to address Medi-Cal capacity needs in the Alliance's service areas and allocating funding through investment of a portion of the Alliance fund balance to advance the goals and strategies under each of the three focus areas: 1) Access to Care; 2) Healthy Beginnings; and 3) Healthy Communities. In March 2024, it approved an inaugural plan for 2024 under the new policy. The 2024 MCGP Investment Plan included allocations for funding grants in Mariposa and San Benito counties which joined the Alliance in January 2024.

In 2024, the Alliance awarded 218 grants totaling $46M to community partners to advance the Board-directed goals and funding priorities of the grant program (see attached). In May and June 2024, the Grant Program team conducted significant outreach and applicant support, including a webinar attended by 171 attendees from 150 organizations across our five counties. The result was the highest volume of grant applications ever received by the Alliance in July. The MCGP experienced a year-over-year increase of 97% in total dollar amount awarded, in part due to new Capital and Data Sharing Support programs launched this year as well as the following strategic investments:

- $3.8M targeted intervention with 15 primary care clinics in Merced to close preventive care gaps;
- $1.6M to support local Community Health Worker trainings in Monterey and Merced counties;
- $1.3M to provide technical assistance to build a network of doula providers;
- $986K to support community-based organizations in Merced County with capacity building and Medi-Cal member engagement.
- $750K to each of the five counties' local health jurisdiction to support the development and/or implementation of their Community Health Assessment and/or Community Health Improvement Plan.

Workforce Recruitment grants awarded in 2024 will result in a combined 130 new primary and specialty care providers, community health workers, doulas and medical assistants joining the provider network in the Alliance's service areas, many of whom are bilingual. The Alliance continued to award grants to support health care technology to improve care quality and coordination, home visiting and parenting programs to foster child development and increase access to health care services and supportive resources, and community-based programs that address social drivers of health.

In 2024, the MCGP blended $1.75M with the CalAIM Incentive Payment Program (IPP) to support Enhanced Care Management and Community Supports providers in Mariposa and San Benito counties for whom the Alliance had not yet earned IPP dollars from the department of Health Care Services (DHCS). The MCGP also blended $10M with funding from the DHCS Housing and Homelessness Incentive Program (HHIP) to support establishment of the Alliance Housing Fund. In June, the fund awarded more than $30 million in the Alliance's service areas for 17 housing projects, including funding to build, purchase, renovate and/or furnish permanent housing units, recuperative care facilities and short-term post-hospitalization housing units.

Grant Program staff conducted a survey of active Alliance grantees in July to assess grantee satisfaction and to obtain input into the annual planning process. The results overall were positive, including these metrics:

- 76% of grantees responded "to a great extent" the MCGP funding priorities reflect a deep understanding of Medi-Cal member needs in their community.
- 95% strongly agree or agree that the Alliance has treated their organization fairly and that grant program staff are responsive.
- 84% reported the Alliance's grant program has a significant positive impact on their local community.

Fiscal Impact. There is no fiscal impact associated with this agenda item.

Attachments.

1. Medi-Cal Capacity Grant Program Performance Dashboard
2. MCGP 2024 Awards Portfolio
3. MCGP Focus Areas, Goals and Priorities

Medi-Cal Capacity Grant Program

PERFORMANCE DASHBOARD

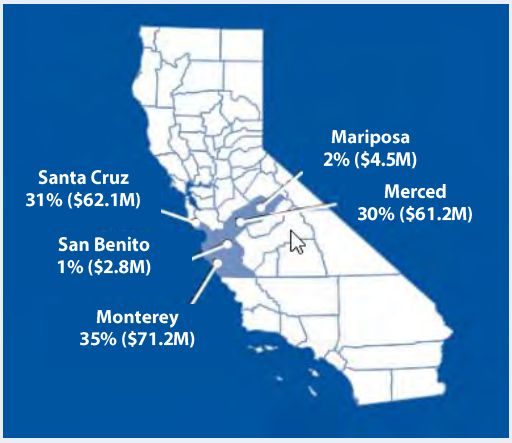
About the MCGP

Since 2015, the Alliance has awarded grants to local organizations through the Medi-Cal Capacity Grant Program to improve the availability, quality and access of health care and supportive resources for Medi-Cal members in Mariposa, Merced, Monterey, San Benito and Santa Cruz counties.

Funding opportunities are available under three new focus areas: *Access to Care, Healthy Beginnings* and *Healthy Communities*. Funding priorities are responsive to the current health care landscape, align with organizational and State priorities, and address current and emerging needs of Alliance members and the social drivers that influence health and wellness.

Total Awarded Since 2015:

$202M



Number of Organizations Awarded:

241

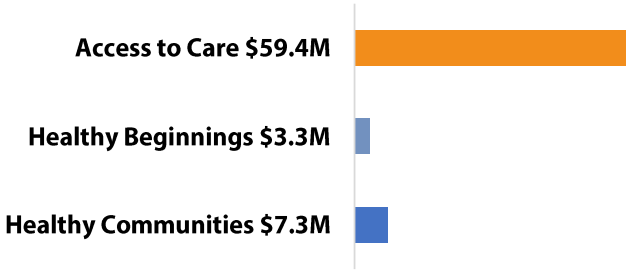
Number of Grants Awarded:

962

Award Rate:
Eligible Applications Received vs. Grants Awarded

74%

Awards by Focus Area Since 2023



For more information about the Medi-Cal Capacity Grant Program, please visit www.thealliance.health/grants.

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Focus Area: Access to Care

Workforce Recruitment Programs

Workforce Recruitment Programs provide funding to support health care and community organizations in their efforts to recruit and hire community health workers, medical assistants and licensed health care professionals to provide culturally and linguistically competent care to the Medi-Cal population in Mariposa, Merced, Monterey, San Benito and Santa Cruz counties.

Provider Recruitment Program

411 grants totaling $54.5M* awarded to subsidize recruitment expenses for new health care professionals to serve the Medi-Cal population.
*Awards since 2015

304 new providers hired to date.

85% retention of new recruits at one year mark

38 recruited primary care physicians specialize in Pediatrics.

Community Health Worker (CHW) Recruitment

42 grants totaling $2.6M awarded to subsidize recruitment expenses for CHWs who become credentialed to provide the Medi-Cal CHW Benefit in the Alliance network.

Medical Assistant (MA) Recruitment

32 grants totaling $1.8M awarded to subsidize recruitment expenses for MAs to serve the Medi-Cal population in primary care practices in the Alliance network.

Doula Recruitment

15 grants totaling $889K awarded to subsidize recruitment expenses for doulas to serve the Medi-Cal population in the Alliance network.

5 grants totaling $1.3M awarded to provide technical assistance to build a network of doula providers.

Workforce Support for Care Gap Closures

20 grants totaling $4.3M awarded to Merced County primary care providers to subsidize locum tenens, additional staff hours and equipment to improve quality metrics performance to reach at least the 50th percentile and potentially reach the 90th percentile.

Focus Area: Access to Care

Equity Learning for Health Professionals

9 grants to support training or consulting engagements that directly support Medi-Cal members in receiving equity-oriented care.

Total Awarded:

$354K

Learning opportunities for healthcare providers in:

- **Cultural competency and cultural humility**
- **Trauma-informed care**
- **Understanding the role that racism and historic and systemic inequity plays on health outcomes**
- **Social determinants of health**
- **Eliminating health disparities**

Healthcare Technology

28 grants to support the purchase and implementation of specific types of technology and infrastructure that improves Medi-Cal member access to high quality health care.

Total Awarded:

$1.2M

Healthcare Technology investments in:

- **Mobile Health Platforms**
- **Enhancements and Optimization of Electronic Health Records**
- **Telehealth and eConsult**
- **General Technology to Support Member Access**

Data Sharing Support

2 grants totaling $500K to Medi-Cal providers for infrastructure, operational solutions and technical assistance to build capacity to meet Medi-Cal requirements by sharing real-time health care data and connecting to a heath information exchange (HIE).

Focus Area: Healthy Beginnings

Home Visiting

5 grants to support the implementation or expansion of home visiting programs with trained professionals that use evidence-based models and focus on health outcomes for pregnant women and parents of children up to age 5. Home visiting programs support maternal, infant and child health in the first five years of life and remove barriers to preventative health care for the Medi-Cal population.

Total Awarded:

$1.3M

Investing in early childhood development has proven benefits for children, families and society in the short and long term, and provides resources and support needed to thrive.

Parent Education and Support

19 grants to **i**ncrease access to childhood development education, parenting skills and supportive resources for parents of children up to age 5. Parent education and support programs can serve as a pathway to child development and physical/mental health care screenings, health care services and connection to supportive resources in the community.

Total Awarded:

$1.7M

Facilitated educational programs to increase knowledge in:

Parenting skills

Infant and childhood development

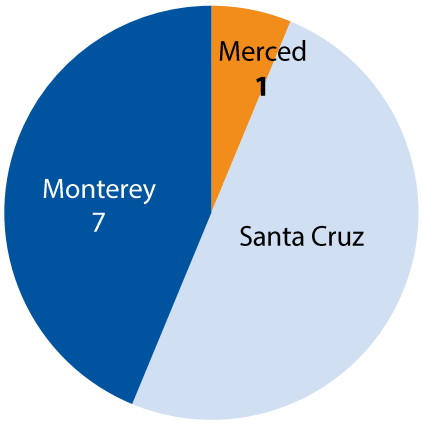
Children's health needs

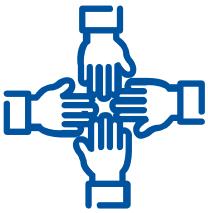
Community resources that support health and well-being

Focus Area: Healthy Communities

Community Health Champions

16 grants totaling $1.4M to community-based organizations for organizing, training and supporting youth and adults to promote individual and community health and wellness and to advocate for equity in health care access.





Community Health Champions projects include:

Promotion of health care services, resources and health literacy

Education on specific health topics

Empowerment of Medi-Cal members to advocate for individual and community health and access to care

Destigmatization of behavioral health and substance use disorder services.

Partners for Active Living

16 grants totaling $3.35M to support community-based projects that provide children, adults and families opportunities to engage in physical activity and recreation programs in the community. Projects engage health care providers in partnering on program coordination and referral of Medi-Cal members to these resources.

Active Living Projects Include:

Physical Activity Programming

Partnership with Health Care Provider

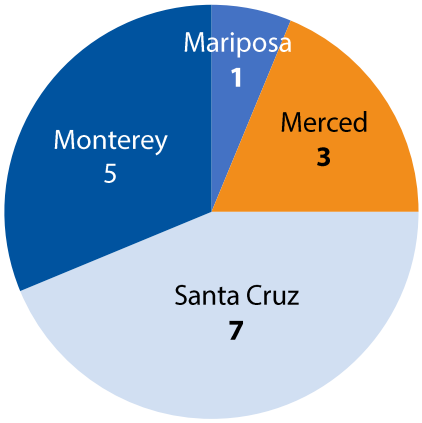
- Referral, coordination and promotion

Behavioral Education/Empowerment

- Component that communicates importance of physical activity for health and wellbeing

Member Engagement

- Culturally and linguistically competent programming
- Youth and other populations of focus

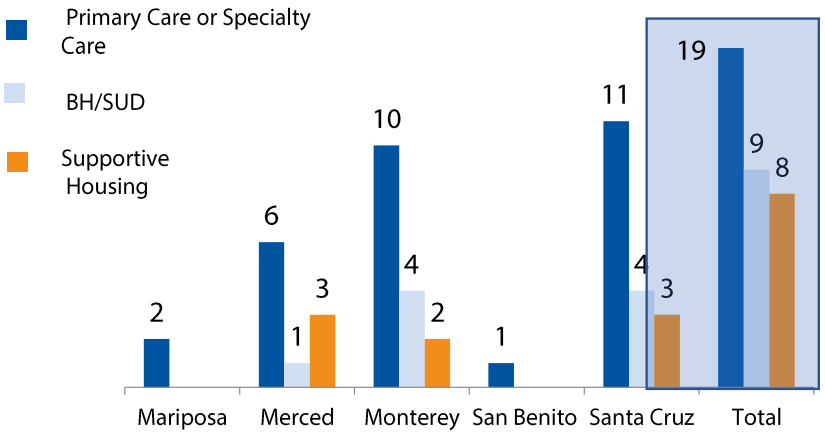


Not Accepting Applications or Limited Funding by County

Capital Program

72 grants* totaling $94.6M awarded for the expansion, construction, renovation, and/or acquisition of health care facilities that will serve the Medi-Cal population in the Alliance service area. Past capital grants were awarded for projects that expand access to Medi-Cal services through transitional or permanent supportive housing for the Alliance's most medically fragile Medi-Cal members. In 2024 housing-related funding was administered under the newly established Housing Fund, funded in part by the MCGP.

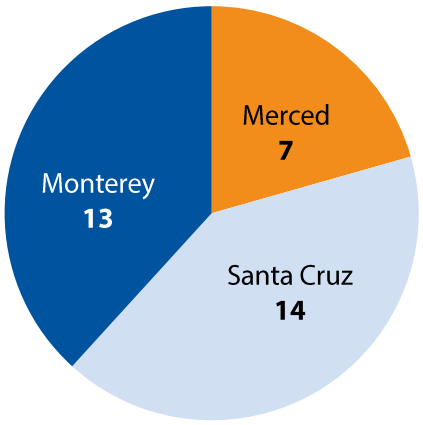
47 Capital Projects



30 Complete/Operational
4 Under construction
13 In development

Partners for Healthy Food Access

34 grants totaling $5.2M* awarded to support a variety of innovative partnerships between health care providers, community-based organizations and/or government agencies implementing community-based nutritious and medically supportive food projects to improve Medi-Cal member health and food security.
*Awards since 2018; one grant terminated.



Total Number of Projects: 34

Food Access Projects Focus On:

Food Insecurity Screening

Chronic Disease Screening

Healthy Food Prescription/Distribution
- Food Bank Access Point
- Mobile Market/Farmers Market
- Produce Box Home Delivery

Referrals to Supportive Services
- Cal-Fresh Enrollment

Knowledge & Skill Building
- Nutrition/Health Classes
- Community Gardening
- Cooking Classes

Not Accepting Applications

Transportation Infrastructure

4 totaling $3M awarded to Alliance-contracted transportation providers to expand Non-Medical Transportation (NMT) and Non-Emergency Medical Transportation (NEMT) services in the Alliance service area.

Project Components Include:

- ADA-compliant vehicles
- Vehicle equipment required for service delivery (e.g., evacuation chairs, gurneys)
- Scheduling and/or billing software
- Hardware to support administrative functions of service delivery
- Staff recruitment costs

Workforce Development Investments

3 grants totaling $1.8M awarded to support the development of new educational programs for health care professionals that will serve the Medi-Cal population.

- **111** Physician Assistant graduates to date (starting 2020).
- Program is on hold until further notice.
- Master of Science - Physician Assistant Program, CSU Monterey Bay.*
- Serves Monterey and Santa Cruz counties.

- **42** Community Health Workers (CHW) graduates in 2023 -2024.
- **140** CHW graduates anticipated in 2025-2026.
- Monterey County Workforce Development Board CHW Certificate Training Program.
- Serves Monterey County.

- **420** CHW graduates anticipated by 2027 (starting Fall 2024).
- UC Merced Extension CHW Certificate Training Program.
- Serves primarily Merced and Mariposa counties and open to other counties.

To view previous Medi-Cal Capacity Grant Program funding opportunities, please visit **http://www.thealliance.health/retiredgrants.**

Medi-Cal Capacity Grant Progam Summary of 2024 Grant Awards	
Funding Opportunity	**Sum of Award Amount**
Capital	**$15,778,139**
Mariposa	$2,281,953
Merced	$2,932,500
Monterey	$6,050,000
San Benito	$1,182,930
Santa Cruz	$3,330,756
CHA/CHIP	**$750,000**
Mariposa	$150,000
Merced	$150,000
Monterey	$150,000
San Benito	$150,000
Santa Cruz	$150,000
CHW Recruitment	**$1,334,233**
Merced	$568,562
Monterey	$440,671
Santa Cruz	$325,000
Community Health Champions	**$794,895**
Merced	$100,000
Monterey	$499,895
Santa Cruz	$195,000
Data Sharing Support	**$500,000**
San Benito	$250,000
Santa Cruz	$250,000
Disaster Response Fund	**$30,000**
Santa Cruz	$30,000
Doula Network Technical Assistance	**$1,323,204**
Merced	$48,000
Merced/Mariposa	$65,000
Monterey	$800,292
Santa Cruz	$29,650
Santa Cruz/Monterey	$380,262
Doula Recruitment	**$888,419**
Mariposa	$69,150
Merced	$260,000
Monterey	$130,000
Santa Cruz	$429,269
Equity Learning	**$155,713**
Merced	$80,000
Monterey	$39,250
Santa Cruz	$36,463
Healthcare Technology	**$541,860**
Merced	$122,257
Monterey	$235,743
Santa Cruz	$183,860
Home Visiting	**$221,363**
Merced	$221,363
Innovation Fund	**$986,187**
Merced	$986,187
MA Recruitment	**$1,130,560**
Mariposa	$190,000
Merced	$500,560
Monterey	$115,000
San Benito	$65,000
Santa Cruz	$260,000
Parent Education and Support	**$996,205**
Mariposa	$85,907
Merced	$197,175
Monterey	$300,000
San Benito	$100,000
Santa Cruz	$313,123
Partners for Active Living	**$1,551,011**
Mariposa	$112,067
Merced	$480,000
Monterey	$499,998
Santa Cruz	$458,946
Provider Recruitment	**$13,569,862**
Mariposa	$1,564,927
Merced	$3,380,886
Monterey	$4,955,172
San Benito	$1,068,773
Santa Cruz	$2,600,104
Workforce Development	**$1,679,775**
Merced	$793,515
Monterey	$886,260
Workforce Support for Care Gap Closures	**$3,806,260**
Merced	$3,806,260
Grand Total	**$46,037,686**

Medi-Cal Capacity Grant Program
2024 Grant Awards

County	Organization Name	Funding Opportunity	Grant Description	Award Amount	Date Awarded
Mariposa	Alliance for Community Transformations	Parent Education and Support	To expand the Mariposa Family Resource Center parenting education program to offer the research-based Love and Logic curriculum, which is not currently offered by any other organization in the county. The program aims to build parenting skills of children ages 0-5 and connect Mariposa families enrolled in Medi-Cal to essential health and social support services, including Enhanced Care Management and Community Supports.	$85,907	10/23/2024
Mariposa	Alliance for Community Transformations	Partners for Active Living	Ethos Youth Center, a program of The Alliance for Community Transformations, will implement Let's Get Active, a comprehensive youth program that provides opportunities for physical activity, mental health support and nutritional education. Each activity will be structured as a 6-week course, repeated over the span of 24 months.	$112,067	10/23/2024
Mariposa	Beloved Doula Services	Doula Recruitment	Recruitment of one Doula.	$40,000	12/13/2024
Mariposa	Community Health Centers of America	MA Recruitment	Recruitment of one Medical Assistant.	$65,000	6/14/2024
Mariposa	Community Health Centers of America	Provider Recruitment	Recruitment of one Nurse Practitioner.	$250,000	6/14/2024
Mariposa	John C. Fremont Healthcare District	Provider Recruitment	Recruitment of one Non-Physician Medical Practitioner (NPMP).	$137,586	6/14/2024
Mariposa	John C. Fremont Healthcare District	Provider Recruitment	Recruitment of one Non-Physician Medical Practitioner (NPMP).	$139,800	6/14/2024
Mariposa	John C. Fremont Healthcare District	Provider Recruitment	Recruitment of one Non-Physician Medical Practitioner (NPMP).	$152,100	6/14/2024
Mariposa	MACT Health Board, Inc.	Capital	MACT Health Board, Inc. will renovate the first floor of the Mariposa Clinic and add a second story to increase capacity for health care services including primary care, behavioral health, women's health, specialty care, chiropractic, and optometry services. MACT Health Board will increase the number of Medi-Cal primary care and specialty care visits, and decrease the number of referrals to non-MACT specialists for Women's Health, Chiropractic Care, Cardiology.	$1,298,328	10/23/2024
Mariposa	MACT Health Board, Inc.	MA Recruitment	Recruitment of one Medical Assistant.	$60,000	9/13/2024
Mariposa	MACT Health Board, Inc.	Provider Recruitment	Recruitment of one Primary Care Physician.	$250,000	9/13/2024
Mariposa	Mariposa County Health and Human Services Agency	Capital	The Greeley Hill facility renovation will allow an expansion of multiple services provided by the Health and Human Servics Agency in North Mariposa County, aligned with their coordinated System of Care approach, to increase the number of Medi-Cal members receiving essential health care and social support services and health education. Services include Immunizations, tobacco cessation, mental health, SUD treatment, public assistance programs, Adult Protective Services, Child Welfare, Senior Nutrition, environmental health and transportation.	$983,625	10/23/2024
Mariposa	Mariposa County Health and Human Services Agency	CHA/CHIP	To support Grantee in the development and/or implementation of their CHA and/or Community Health Improvement Plan (CHIP)	$150,000	7/31/2024
Mariposa	Root Connections Birthwork	Doula Recruitment	Recruitment of one Doula.	$29,150	9/13/2024
Mariposa	Tuolumne Me Wuk Indian Health Center	Provider Recruitment	Recruitment of one Non-Physician Medical Practitioner (NPMP).	$94,741	9/13/2024
Mariposa	Tuolumne Me Wuk Indian Health Center	Provider Recruitment	Recruitment of one Primary Care Physician.	$160,500	9/13/2024
Mariposa	Tuolumne Me Wuk Indian Health Center	Provider Recruitment	Recruitment of one Dentist.	$130,200	9/13/2024
Mariposa	Yosemite Medical Clinic	MA Recruitment	Recruitment of one Medical Assistant.	$65,000	6/14/2024
Mariposa	Yosemite Medical Clinic	Provider Recruitment	Recruitment of one Non-Physician Medical Practitioner (NPMP).	$250,000	6/14/2024
Merced	ACE Overcomers of Merced County	CHW Recruitment	Recruitment of one Community Health Worker.	$59,102	9/13/2024
Merced	ACE Overcomers of Merced County	Healthcare Technology	Tech Connect - An evidence-based initiative to enhance the quality & accessibility of healthcare for Medi-Cal members in Merced County through braiding EHR with network-enabled services for healthcare, point-of-care apps, & CHWs to address/reduce ACEs & other health disparities.	$22,257	4/24/2024

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Medi-Cal Capacity Grant Program
2024 Grant Awards

County	Organization Name	Funding Opportunity	Grant Description	Award Amount	Date Awarded
Merced	Apex Medical Group	Workforce Support for Care Gap Closures	Grant awarded with the aim to improve quality metrics performance to reach at least the 50th percentile and potentially reach the 90th percentile.	$395,092	3/27/2024
Merced	California Consortium for Prevention and Intervention (CalCPI)	CHW Recruitment	Recruitment of one Community Health Worker.	$65,000	6/14/2024
Merced	Castle Family Health Centers	CHW Recruitment	Recruitment of one Community Health Worker.	$58,000	3/15/2024
Merced	Castle Family Health Centers	Provider Recruitment	Recruitment of one Dentist.	$119,500	3/15/2024
Merced	Castle Family Health Centers	Provider Recruitment	Recruitment of one Family Medicine Physician.	$210,000	6/14/2024
Merced	Castle Family Health Centers	Provider Recruitment	Recruitment of one Primary Care Physician.	$202,500	9/13/2024
Merced	Castle Family Health Centers	Workforce Support for Care Gap Closures	Grant awarded with the aim to improve quality metrics performance to reach at least the 50th percentile and potentially reach the 90th percentile.	$653,537	3/27/2024
Merced	Chenn Yow Fuh, MD, Inc.	Provider Recruitment	Recruitment of one Nurse Practitioner.	$74,508	6/14/2024
Merced	Community Health Centers of America	Workforce Support for Care Gap Closures	Grant awarded with the aim to improve quality metrics performance to reach at least the 50th percentile and potentially reach the 90th percentile.	$381,905	3/27/2024
Merced	Cultiva Central Valley FSO United Way of Merced County	Partners for Active Living	The Open Schools for Healthy Communities project facilitates physical activity opportunities in local rural schools by establishing joint use agreements to for open use of school gymnasiums and multipurpose rooms for safe, free, and local physical activity opportunities. They will also collaborate directly with local Medi-Cal providers to connect members to health services and coordinate referrals for physical activity programs.	$250,000	10/23/2024
Merced	Dos Palos Apex Health Center	Workforce Support for Care Gap Closures	Grant awarded with the aim to improve quality metrics performance to reach at least the 50th percentile and potentially reach the 90th percentile.	$135,503	3/27/2024
Merced	El Portal Cancer Center	Provider Recruitment	Recruitment of one Oncologist/Hematologist.	$250,000	12/13/2024
Merced	Family Health Medical Center	MA Recruitment	Recruitment of one Medical Assistant.	$45,500	12/13/2024
Merced	Family Health Medical Center	MA Recruitment	Recruitment of one Medical Assistant.	$45,500	12/13/2024
Merced	Family Health Medical Center	Workforce Support for Care Gap Closures	Grant awarded with the aim to improve quality metrics performance to reach at least the 50th percentile and potentially reach the 90th percentile.	$140,446	3/27/2024
Merced	Gettysburg Medical Center	Workforce Support for Care Gap Closures	Grant awarded with the aim to improve quality metrics performance to reach at least the 50th percentile and potentially reach the 90th percentile.	$63,593	3/27/2024
Merced	Golden State Care PC	CHW Recruitment	Recruitment of one Community Health Worker.	$65,000	12/13/2024
Merced	Golden State Care PC	MA Recruitment	Recruitment of one Medical Assistant.	$64,720	9/13/2024
Merced	Golden State Care PC	MA Recruitment	Recruitment of one Medical Assistant.	$65,000	12/13/2024
Merced	Golden Valley Health Centers	CHW Recruitment	Recruitment of one Community Health Worker.	$65,000	9/13/2024
Merced	Golden Valley Health Centers	CHW Recruitment	Recruitment of one Community Health Worker.	$62,500	12/13/2024
Merced	Golden Valley Health Centers	Equity Learning	Funding to engage a consultant to aid in the implementation of the organization's strategic plan focused on 3 pillars of Access, Quality, and Culture.	$40,000	4/24/2024
Merced	Golden Valley Health Centers	MA Recruitment	Recruitment of one Medical Assistant.	$56,500	12/13/2024
Merced	Golden Valley Health Centers	Workforce Support for Care Gap Closures	Grant awarded with the aim to improve quality metrics performance to reach at least the 50th percentile and potentially reach the 90th percentile.	$287,140	3/27/2024
Merced	Harold L Schick MD, Inc.	Healthcare Technology	To purchase and implement new Optical Coherence Tomography (OCT) macula system and related software and hardware to enhance accurate imaging and advanced lens measurements.	$50,000	10/23/2024
Merced	Harold L Schick MD, Inc.	Provider Recruitment	Recruitment of one Ophthalmologist.	$250,000	6/14/2024

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Merced	Her Yonisty Feminine Wellness	Doula Recruitment	Recruitment of one Doula.	$65,000	6/14/2024
Merced	Kids Discovery Station	Innovation Fund	To support branded "Our City" health care exhibit at Kids Discovery Station children's museum.	$30,000	12/20/2024
Merced	Lenae's Lactation	Doula Recruitment	Recruitment of one Doula.	$65,000	9/13/2024
Merced	Livingston Community Health	Workforce Support for Care Gap Closures	Grant awarded with the aim to improve quality metrics performance to reach at least the 50th percentile and potentially reach the 90th percentile.	$238,116	3/27/2024
Merced	Long Thao, M.D., Inc.	Workforce Support for Care Gap Closures	Grant awarded with the aim to improve quality metrics performance to reach at least the 50th percentile and potentially reach the 90th percentile.	$56,155	3/27/2024
Merced	Memorial Hospital Los Banos Rural Health Clinic	Capital	Sutter Health Memorial Hospital Los Banos will open a second Rural Health Clinic and add an additional 4 primary care clinicians and 2-3 rotating specialists. This increase in providers will yield another 10,000-12,000 patients served and lead to a significant reduction in next available appointment times.	$2,500,000	10/23/2024
Merced	Memorial Hospital Los Banos Rural Health Clinic	Provider Recruitment	Recruitment of one Psychiatrist or Psychiatric NPMP.	$250,000	12/13/2024
Merced	Memorial Hospital Los Banos Rural Health Clinic	Workforce Support for Care Gap Closures	Grant awarded with the aim to improve quality metrics performance to reach at least the 50th percentile and potentially reach the 90th percentile.	$411,554	3/27/2024
Merced	Merced County Behavioral Health and Recovery Services	Provider Recruitment	Recruitment of one Pediatric Psychiatrist.	$250,000	12/13/2024
Merced	Merced County Behavioral Health and Recovery Services	Provider Recruitment	Recruitment of one Substance Use Disorder Psychiatrist.	$250,000	12/13/2024
Merced	Merced County Department of Public Health	CHA/CHIP	To support Grantee in the development and/or implementation of their CHA and/or Community Health Improvement Plan (CHIP)	$150,000	7/31/2024
Merced	Merced County Food Bank	Capital	Merced County Food Bank's "Garden of Health" expansion project will significantly increase their capacity to provide nutritious food and health education to Medi-Cal members. The project will include the creation of a community garden, kitchen renovation, refrigeration upgrades, mobile pantry unit, and nutrition education including cooking demonstration and educational video production	$432,500	10/23/2024
Merced	Merced County Food Bank	Community Health Champions	Through the Nourishing Merced project, Merced County Food Bank will develop and distribute 5,000 nutritionally appropriate cookbook specifically tailored for low-income families, seniors and children. The recipes will be sourced from reputable institutions such as the USDA and MyPlate.gov.	$100,000	10/23/2024
Merced	Merced Faculty Associates Medical Group	MA Recruitment	Recruitment of one Medical Assistant.	$49,957	6/14/2024
Merced	Merced Faculty Associates Medical Group	MA Recruitment	Recruitment of one Medical Assistant.	$40,810	9/13/2024
Merced	Merced Faculty Associates Medical Group	MA Recruitment	Recruitment of one Medical Assistant.	$52,573	12/13/2024
Merced	Merced Faculty Associates Medical Group	Provider Recruitment	Recruitment of one Nurse Practitioner.	$78,824	6/14/2024
Merced	Merced Faculty Associates Medical Group	Provider Recruitment	Recruitment of one Primary Care Physician.	$249,579	9/13/2024
Merced	Merced Faculty Associates Medical Group	Provider Recruitment	Recruitment of one Nurse Practitioner.	$73,475	12/13/2024

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Merced	Merced Faculty Associates Medical Group	Workforce Support for Care Gap Closures	Grant awarded with the aim to improve quality metrics performance to reach at least the 50th percentile and potentially reach the 90th percentile.	$250,292	3/27/2024
Merced	Merced Heart Associates	Provider Recruitment	Recruitment of one Cardiologist	$250,000	3/15/2024
Merced	Merced Lung & Sleep Specialists	Provider Recruitment	Recruitment of one Pulmonary Disease/Sleep Medicine Physician.	$250,000	12/13/2024
Merced	Merced Urology Medical Group Inc	Healthcare Technology	To implement new Karl Storz Video Cystoscopy to diagnose and treat Medi-Cal patients with urologic conditions at their office, enhancing patient care and eliminating the need for hospital visits.	$50,000	10/23/2024
Merced	Merced Urology Medical Group Inc	Provider Recruitment	Recruitment of one Urologist.	$250,000	9/13/2024
Merced	Merced Youth Soccer Association	Partners for Active Living	To collaborate with primary care providers in Merced County to offer discounted soccer program registration for youth and adult participants who access physical wellness visits. Grant funds will suport program coordination, equipment, marketing, and field maintenance for the recreational leagues. nited adult league.	$230,000	10/23/2024
Merced	Mercy Medical Center Merced	Provider Recruitment	Recruitment of one Cardiologist.	$250,000	6/14/2024
Merced	Mercy Medical Center Merced (Dignity Health)	Workforce Support for Care Gap Closures	Grant awarded with the aim to improve quality metrics performance to reach at least the 50th percentile and potentially reach the 90th percentile.	$556,377	3/27/2024
Merced	ModifyHealth	CHW Recruitment	Recruitment of one Community Health Worker.	$63,960	6/14/2024
Merced	NAMI Merced County	Parent Education and Support	The "Fortaleza Familiar" (Family Strength) Project in Merced County will enhance mental wellness in families by training Spanish-speaking parents with children aged 0-5 using the Nurtured Heart Approach®.	$97,175	4/24/2024
Merced	Peaceful Passages Birthing Support Center	Doula Recruitment	Recruitment of one Doula.	$65,000	6/14/2024
Merced	Provident Primary Care Inc.	MA Recruitment	Recruitment of one Medical Assistant.	$40,000	12/13/2024
Merced	Provident Primary Care Inc.	Workforce Support for Care Gap Closures	Grant awarded with the aim to improve quality metrics performance to reach at least the 50th percentile and potentially reach the 90th percentile.	$100,000	3/27/2024
Merced	Sierra Vista Child & Family Services	Equity Learning	Sierra Visa Child & Family Services will hold cultural competency trainings for support staff to address unconscious biases and support effective delivery of services to a diverse Medi-Cal patient population. The training topics will include Trauma-Informed Care, Anti-Racism & Bias Training, and Supporting LGBTQ+ Youth.	$40,000	10/23/2024
Merced	Sierra Vista Child & Family Services	Parent Education and Support	To implement the Nurturing Parenting Program, an evidence-based curriculum that includes community-based mental health counseling and consultation, case management, parent education, public school services, and foster care services. The program is available in both English and Spanish with other language interpreting services as needed, including American Sign Language.	$100,000	10/23/2024
Merced	Timothy S. Johnston, M.D. PC	Workforce Support for Care Gap Closures	Grant awarded with the aim to improve quality metrics performance to reach at least the 50th percentile and potentially reach the 90th percentile.	$53,479	3/27/2024
Merced	Timothy S. Johnston, MD	Doula Recruitment	Recruitment of one Doula	$65,000	3/15/2024
Merced	Timothy S. Johnston, MD	MA Recruitment	Recruitment of one Medical Assistant.	$40,000	12/13/2024
Merced	Timothy S. Johnston, MD	Provider Recruitment	Recruitment of one Non-Physician Medical Practitioner (NPMP).	$90,000	3/15/2024
Merced	Timothy S. Johnston, MD	Provider Recruitment	Recruitment of one Physician Assistant.	$32,500	12/13/2024
Merced	Turlock Doula Services	Doula Network Technical Assistance	Support the outreach and education for doulas on the Medi-Cal Doula Services Benefit and the provider enrollment process in order recruit doulas into the Alliance's network of doula providers. Support training and mentorship of new doulas.	$24,000	3/29/2024

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County	Organization Name	Funding Opportunity	Grant Description	Award Amount	Date Awarded
Merced	UC Merced	Innovation Fund	To support a community- based research project with community health workers led by the UC Merced Center for Health Equity to gather and integrate the input of Merced County Medi-Cal members about Vaccine Hesitancy and Emergency Department Utilization into the Alliance's health equity strategies.	$78,864	11/12/2024
Merced	UC Merced Extension	Workforce Development	To support the UC Merced Extension implementation of the Community Health Worker (CHW) Specialized Training Certification Program 2024-2027.	$793,515	7/24/2024
Merced	United Way Merced County	Innovation Fund	To support United Way of Merced County in providing technical assistance in 2024-2026 to community-based organizations (CBOs) in Merced and Mariposa counties participating in the RISE Program (Reinforce, Innovate, Strengthen, Empower) to enhance their operational effectiveness, build long-term sustainability and grow organizational capacity to engage in the Medi-Cal delivery system	$877,323	8/13/2024
Merced	Valley Childrens Primary Care Group	Workforce Support for Care Gap Closures	Grant awarded with the aim to improve quality metrics performance to reach at least the 50th percentile and potentially reach the 90th percentile.	$83,072	3/27/2024
Merced	Valley Onward	Home Visiting	To pilot the Best Beginnings home visiting program to improve prenatal, postnatal, and newborn care in Merced County by connecting Latine families with trained Promotores who will provide home visits, screenings, and referrals to community services. The program aims to enhance participation in healthcare, provide timely support for early intervention, and ensure families have access to culturally appropriate care.	$221,363	10/23/2024
Merced	Wave's Embrace Doula Services LLC	Doula Network Technical Assistance	Support the outreach and education for doulas on the Medi-Cal Doula Services Benefit and the provider enrollment process in order recruit doulas into the Alliance's network of doula providers. Support training and mentorship of new doulas.	$24,000	3/29/2024
Merced	Zocalo Health	CHW Recruitment	Recruitment of one Community Health Worker	$65,000	3/15/2024
Merced	Zocalo Health	CHW Recruitment	Recruitment of one Community Health Worker.	$65,000	6/14/2024
Merced/ Mariposa	Peaceful Passages Birthing Center	Doula Network Technical Assistance	Support the outreach and education for doulas on the Medi-Cal Doula Services Benefit and the provider enrollment process in order recruit doulas into the Alliance's network of doula providers. Support training and mentorship of new doulas.	$65,000	6/7/2024
Monterey	Acacia Family Medical Group	Provider Recruitment	Recruitment of one Primary Care Provider.	$250,000	3/15/2024
Monterey	Action Council of Monterey County, Inc.	Community Health Champions	The Action Council of Monterey County will provide additional training and build capacity of their current Community Health Worker team to outreach to underserved Monterey County residents to provide education and system navigation to health care and social support services.	$100,000	10/23/2024
Monterey	Central Coast Language and Learning Center	Provider Recruitment	Recruitment of one Speech Pathologist.	$66,580	9/13/2024
Monterey	Coastal Kids Home Care	Capital	Coastal Kids Home Care will renovate the Rodgers Center for Children's Health in Salinas which will broaden access to vital mental health, care management, and physical and occupational therapy services to their pediatric home health patients. The renovation will offer new mental health counseling rooms, a large physical and occupational therapy space, additional offices for clinical and administrative staff, a conference room for meetings, satellite offices and event space for partner organizations.	$750,000	10/23/2024

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Monterey	Coastal Kids Home Care	Healthcare Technology	To upgrade vital training and patient care equipment for pediatric home health services.	$49,600	4/24/2024
Monterey	Community Homeless Solutions	Healthcare Technology	To implement software, computers, laptops, computer services and accessories, and printers to support the agency's Wellness Program in providing mental health services to agency clients.	$36,143	4/24/2024
Monterey	County of Monterey Health Department - Clinic Services Bureau	Capital	The County of Monterey Health Department - Clinic Services Bureau will construct a new 16,000 square foot clinic at Marina which will include 14 exam rooms to provide primary care, mental health, behavioral health, nutritional counseling, dental services and a community meeting room. The new Clinic at Marina will allow for a significant patient capacity increase and an overall increase in patient satification.	$2,500,000	10/23/2024
Monterey	County of Monterey Health Department - Administrative Bureau	CHA/CHIP	To support Grantee in the development and/or implementation of their CHA and/or Community Health Improvement Plan (CHIP)	$150,000	7/31/2024
Monterey	Everyone's Harvest	Community Health Champions	Everyone's Harvest will expand the food navigation components of their Edible Education programming by employing Community Health Champions to increase member awareness and knowledge of healthy, culturally relevant eating and lifestyle choices, Medi-Cal Medically Supportive Food and other community resources to access healthy food. Everyone's Harvest will also increase the number of community resource access points by operating six farmers' markets.	$100,000	10/23/2024
Monterey	George L. Mee Memorial Hospital	Capital	The King City Rural Health Clinic will be expanded from 24 to 40 exam rooms and will offer podiatry, cardiology, primary care, pain management, general surgery, OBGYN, and other specialty services. The clinic expects the renovation to result in an increase in available same-day primary care appointments and decrease wait time for primary car appointments.	$2,000,000	10/23/2024
Monterey	George L. Mee Memorial Hospital	CHW Recruitment	Recruitment of one Community Health Worker.	$65,000	9/13/2024
Monterey	George L. Mee Memorial Hospital	Healthcare Technology	To implement an advanced electronic registration system tailored for Medi-Cal members which will improve patient experience, reduce wait times, and improve data accuracy. The project will increase organizational capacity, enhance healthcare access, and support better outcomes for Medi-Cal members by ensuring timely, efficient registration and care.	$50,000	10/23/2024
Monterey	George L. Mee Memorial Hospital	Provider Recruitment	Recruitment of one Primary Care Physician.	$181,000	9/13/2024
Monterey	Harmony At Home	Parent Education and Support	The Children 1st program focuses on addressing the emotional and developmental needs of children while improving parenting skills for economically disadvantaged families. It specifically targets families experiencing high-conflict separation, divorce, and economic hardship. The program offers parent education classes and parent-led support groups, including co-parenting education.	$100,000	10/23/2024
Monterey	HERS- Helping Empower Reentry Services	CHW Recruitment	Recruitment of one Community Health Worker.	$65,000	6/14/2024
Monterey	HERS- Helping Empower Reentry Services	Parent Education and Support	This program aims to enhance parenting skills, early childhood development awareness, and school readiness. This grant will enable HERS to provide essential resources, workshops, and materials to underserved families, ensuring a brighter future for the next generation.	$100,000	4/24/2024

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Monterey	HERS- Helping Empower Reentry Services	Partners for Active Living	To engage Medi-Cal membes to integrate physical activity into their daily lives through structured activities, educational workhops and peer support. HERS will collaborate with local healthcare providers to align program strategies and referrals to meet the health needs and goals of Medi-Cal members.	$250,000	10/23/2024
Monterey	Jacob's Heart Children's Cancer Support Services	CHW Recruitment	Recruitment of one Community Health Worker.	$65,000	9/13/2024
Monterey	Jacob's Heart Children's Cancer Support Services	Community Health Champions	Jacob's Heart aims to destigmatize the use of behavioral health services for families by introducing innovative therapeutic approaches, such as play therapy and Video Game Play Therapy (VGPT). These methods, combined with a media campaign featuring behavioral health recommendations and success stories from local Latino families, will promote and enhance access to engaging, relatable, and non-intimidating environments that encourage more people to seek mental health support.	$99,895	10/23/2024
Monterey	Jacob's Heart Children's Cancer Support Services	Provider Recruitment	Recruitment of one Behavioral Health Clinical Supervisor.	$53,000	9/13/2024
Monterey	Maryssa Hernandez LLC	Doula Recruitment	Recruitment of one Doula.	$65,000	9/13/2024
Monterey	Monterey Bay Speech Therapy	Provider Recruitment	Recruitment of one Speech and Occupational Therapist.	$16,383	12/13/2024
Monterey	Monterey County Workforce Development Board	Workforce Development	To support the Monterey County Workforce Development Board (MCWDB) implementation of four Community Health Worker (CHW) Certificate Training Program cohorts in 2024-2026.	$886,260	6/10/2024
Monterey	Mujeres en Acción	Community Health Champions	Mujeres en Acción will build their current Community Health Worker (CHW) capacity and the Mujeres peer support group network to increase awareness of the health care benefits provided by Medi-Cal. This grant will provide direct and confidential referrals to the Monterey County CORE (Community Reaching for Equity) to enroll primarily Latina women and family members in Medi-Cal.	$100,000	10/23/2024
Monterey	Natividad Medical Center	Equity Learning	The Equity Learning program for Older Adult patients will increase the number of providers with training that is culturally competent to promote health equity among older adult patients, including addressing their needs as people of color, LQBTQ+, and people with limited English proficiency.	$39,250	4/24/2024
Monterey	Natividad Medical Center	Provider Recruitment	Recruitment of one Obstretician.	$250,000	3/15/2024
Monterey	Nature's Birth Way	Doula Recruitment	Recruitment of one Doula.	$65,000	12/13/2024
Monterey	Pacific Rehabilitation & Pain	Provider Recruitment	Recruitment of one Licensed Marriage and Family Therapist	$92,000	3/15/2024
Monterey	Pacific Rehabilitation & Pain	Provider Recruitment	Recruitment of one Addiction Medicine Physician.	$200,000	12/13/2024
Monterey	Pacific Rehabilitation & Pain	Provider Recruitment	Recruitment of one Pain Medicine Physician.	$250,000	12/13/2024
Monterey	Pear Suite	CHW Recruitment	Recruitment of one Community Health Worker.	$65,000	6/14/2024
Monterey	Rancho Cielo Inc.	Community Health Champions	Rancho Cielo will offer students on-site counseling, crisis management and case management, and connect students with a mental health services through Monterey County Behavioral Health for advanced diagnosis and treatment as necessary.	$100,000	10/23/2024
Monterey	Salinas Pediatric Medical Group, Inc.	Provider Recruitment	Recruitment of one Pediatrician.	$155,250	9/13/2024
Monterey	Salinas Pediatric Medical Group, Inc.	Provider Recruitment	Recruitment of one Primary Care Physician.	$326,186	12/13/2024
Monterey	Salinas Pediatric Medical Group, Inc.	Provider Recruitment	Recruitment of one Primary Care Physician Assitant.	$303,688	12/13/2024
Monterey	Salinas Regional Sports Authority	Partners for Active Living	To strengthen community-based partnerships and increase access to physical activity and recreation opportunities for Eligible Medi-Cal members, focusing on reducing inequities in safe places to play and promoting lifelong healthy habits for mental and physical well-being.	$249,998	4/24/2024
Monterey	Salinas Valley Medical Clinic	Provider Recruitment	Recruitment of one Pulmonologist.	$250,000	3/15/2024

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Monterey	Salinas Valley Medical Clinic	Provider Recruitment	Recruitment of one General Surgeon.	$250,000	6/14/2024
Monterey	Salinas Valley Medical Clinic	Provider Recruitment	Recruitment of one Surgical Oncologist.	$250,000	9/13/2024
Monterey	Salinas Valley Medical Clinic	Provider Recruitment	Recruitment of one Vascular Surgeon.	$250,000	9/13/2024
Monterey	Salinas Valley Medical Clinic	Provider Recruitment	Recruitment of one Family Medicine & Obstetrics Physician.	$219,299	9/13/2024
Monterey	Salinas Valley Medical Clinic	Provider Recruitment	Recruitment of one Urologist.	$250,000	12/13/2024
Monterey	Salinas Valley Medical Clinic	Provider Recruitment	Recruitment of one Primary Care Physician.	$220,221	12/13/2024
Monterey	Salinas Valley Medical Clinic	Provider Recruitment	Recruitment of one Primary Care Physician.	$219,721	12/13/2024
Monterey	Santa Lucia Medical Group, Inc.	CHW Recruitment	Recruitment of one Community Health Worker.	$52,000	9/13/2024
Monterey	Santa Lucia Medical Group, Inc.	MA Recruitment	Recruitment of one Medical Assistant.	$50,000	9/13/2024
Monterey	Santa Lucia Medical Group, Inc.	Provider Recruitment	Recruitment of one Non-Physician Medical Practitioner (NPMP).	$112,600	9/13/2024
Monterey	Soledad Community Health Care District	CHW Recruitment	Recruitment of one Community Health Worker.	$65,000	9/13/2024
Monterey	Soledad Community Health Care District	MA Recruitment	Recruitment of one Medical Assistant.	$65,000	9/13/2024
Monterey	Soledad Community Health Care District	Provider Recruitment	Recruitment of one Pediatrician.	$150,000	9/13/2024
Monterey	Sun Street Centers	Capital	Sun Street Centers will construct a new 7,652 square foot Salinas Recovery Center to address unmet needs of those exiting residential treatment, meet demand for youth intensive outpatient services, and provide space for the unhoused and at-risk of homelessness. It will significantly increase their capacity to serve Medi-Cal members suffering from chronic addiction and mental health issues and greatly expand their Family Empowerment Program in the county.	$800,000	10/23/2024
Monterey	Sun Street Centers	Healthcare Technology	To implement the myEvolve sotware upgrade to enhance client access, streamline care, and improve data sharing by providing real-time dashboards, standardized documentation, and best-practice guidance for staff. This upgrade will ultimately improve timely treatment access and care coordination for Medi-Cal members.	$50,000	10/23/2024
Monterey	Sun Street Centers	Provider Recruitment	Recruitment of one Licensed Clinical Social Worker (LCSW) or Licensed Marriage and Family Therapist (LMFT).	$54,827	9/13/2024
Monterey	Taylor Farms Family Health & Wellness Center	CHW Recruitment	Recruitment of one Community Health Worker.	$63,671	12/13/2024
Monterey	Taylor Farms Family Health & Wellness Center	Provider Recruitment	Recruitment of one Primary Care Physician.	$206,506	6/14/2024
Monterey	Taylor Farms Family Health & Wellness Center	Provider Recruitment	Recruitment of one Non-Physician Medical Practitioner (NPMP).	$105,632	9/13/2024
Monterey	Taylor Farms Family Health & Wellness Center	Provider Recruitment	Recruitment of one Primary Care Physician.	$211,506	12/13/2024
Monterey	The Parenting Connection of Monterey County	Doula Network Technical Assistance	Support the outreach and education for doulas on the Medi-Cal Doula Services Benefit and the provider enrollment process in order recruit doulas into the Alliance's network of doula providers. Support training and mentorship of new doulas.	$800,292	3/29/2024
Monterey	United Way Monterey County	Healthcare Technology	To support the enhancement of AI capabilities to the Smart Referral Network chatbot to assist Medi-Cal Members.	$50,000	4/24/2024
Monterey	United Way of Monterey County	Parent Education and Support	To expand the Family, Friends, and Neighbors (FFN) program with additional playgroups in South County.The program provides education about and referrals to community-based health and supportive services through caregiver peer groups and playgroups for primarily Latinx low-income families, many of whom identify as Mexican or Indigenous and do not speak Spanish or English fluently.	$100,000	10/23/2024
Monterey	Valley Health Associates	Provider Recruitment	Recruitment of one Substance Use Disorder Counselor.	$34,651	6/14/2024
Monterey	Valley Health Associates	Provider Recruitment	Recruitment of one Substance Use Disorder Counselor.	$26,123	12/13/2024
San Benito	Hazel Hawkins Hospital	Provider Recruitment	Recruitment of one Mental Health Nurse Practitioner.	$118,773	12/13/2024
San Benito	Hazel Hawkins Hospital	Provider Recruitment	Recruitment one one Endocrinologist.	$250,000	12/13/2024

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San Benito	Hazel Hawkins Hospital	Provider Recruitment	Recruitment one one Psychiatrist.	$250,000	12/13/2024
San Benito	Hollister Pediatrics	MA Recruitment	Recruitment of one Medical Assistant.	$65,000	12/13/2024
San Benito	Hollister Pediatrics	Provider Recruitment	Recruitment of one Physician or Non-Physician Medical Practitioner (NPMP).	$200,000	6/14/2024
San Benito	San Benito Health and Human Services Agency	CHA/CHIP	To support Grantee in the development and/or implementation of their CHA and/or Community Health Improvement Plan (CHIP)	$150,000	7/31/2024
San Benito	San Benito Health Foundation	Capital	The San Benito Health Foundation will establish a comprehensive training and healthcare delivery hub in San Juan Bautista, focusing on addressing local healthcare disparities and enhancing access for Medi-Cal members.	$1,182,930	10/23/2024
San Benito	San Benito Health Foundation	Data Sharing Support	San Benito Health Foundation will implement a comprehensive technology modernization project to enable realtime data sharing, which will enchance healthcare delivery and operational efficiency by transitioning to cloud-based systems Microsoft 365 and EPIC for Electronic Health Records. This project will replace outdated hardware, improve data security, and ensure staff are trained on new systems, ultimately supporting high-quality, coordinated care for members and promoting long-term organizational sustainability.	$250,000	10/23/2024
San Benito	San Benito Health Foundation	Provider Recruitment	Recruitment of one Non-Physician Medical Practitioner (NPMP).	$250,000	9/13/2024
San Benito	Youth Recovery Connections	Parent Education and Support	To provide the “DadStrong: Empowering Fatherhood” Program to assist low-income fathers with a history of substance use/mental health, domestic abuse, and/or justice involvement in support groups and parent education which integrates the evidence-based “24/7 Dad A.M." curriculum. The program offered in English and Spanish provides linkages to vital wrap-around services provided by qualified case managers.	$100,000	10/23/2024
Santa Cruz	County of Santa Cruz, Health Services Agency, Public Health Division	CHA/CHIP	To support Grantee in the development and/or implementation of their CHA and/or Community Health Improvement Plan (CHIP)	$150,000	7/31/2024
Santa Cruz	Alliance Physical Therapy	Provider Recruitment	Recruitment of one Pelvic Floor Physical Therapist.	$100,000	3/15/2024
Santa Cruz	BASS Medical Group	Provider Recruitment	Recruitment of one Otolaryngologist.	$200,000	6/14/2024
Santa Cruz	BASS Medical Group	Provider Recruitment	Recruitment of one Otolaryngologist.	$250,000	12/13/2024
Santa Cruz	Bay Area Doula Services, LLC	Doula Recruitment	Recruitment of one Doula	$65,000	3/15/2024
Santa Cruz	Beth Lilienthal Postpartum Doula	Doula Recruitment	Recruitment of one Doula.	$40,000	12/13/2024
Santa Cruz	Central Coast Language and Learning Center	Provider Recruitment	Recruitment of one Speech Pathologist.	$82,675	12/13/2024
Santa Cruz	Coastal Health Partners	Provider Recruitment	Recruitment of one Orthopaedics Physician.	$250,000	9/13/2024
Santa Cruz	Community Bridges	Parent Education and Support	To conduct evidence-based educational workshops and hands-on cooking classes using organic produce from a local community farm, focusing on child development and parenting skills specifically related to feeding. The workshops will be provided for Latinx parents enrolled in Medi-Cal and WIC with children aged 2 to 4 within South Santa Cruz County, northern Monterey County, and San Benito County.	$90,307	10/23/2024
Santa Cruz	Community Health Trust of Pajaro Valley	Equity Learning	Funding to improve the cultural understanding and humility of healthcare professionals in the Pajaro Valley.	$36,463	4/24/2024
Santa Cruz	County of Santa Cruz, Health Services Agency, Clinic Services Division	CHW Recruitment	Recruitment of one Community Health Worker.	$65,000	9/13/2024
Santa Cruz	County of Santa Cruz, Health Services Agency, Clinic Services Division	Provider Recruitment	Recruitment of one Primary Care Physician.	$250,000	9/13/2024

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County	Organization Name	Funding Opportunity	Grant Description	Award Amount	Date Awarded
Santa Cruz	County of Santa Cruz, Health Services Agency, Public Health Division	Healthcare Technology	To implement an integrated electronic health record (EHR) platform for the California Children's Services (CCS) Medical Therapy Program (MTP) to improve care coordination and ensure program viability for medically fragile children. Leveraging the existing OCHIN EPIC platform, the project will create a sustainable, high-quality EHR platform that enhances operational efficiency and service continuity.	$50,000	10/23/2024
Santa Cruz	Dientes	Capital	Dientes will complete an acquisition and renovation of a dental clinic that will provide comprehensive oral health care services including general dentistry, endodontics and pedodontics, and an emphasis on preventative care.	$849,645	10/23/2024
Santa Cruz	Dientes	Provider Recruitment	Recruitment of one Pediatric Dentist.	$139,980	12/13/2024
Santa Cruz	Dominican Hospital (Dignity Health)	Capital	Dominican Hospital is upgrading a new van to an electric medical vehicle to expand the health care care services through a Mobile Wellness Clinic. This new mobile clinic will allow Dominican Hospital to increase the number of patients served through site stopsand prevantive screening and vaccination community events.	$1,000,000	10/23/2024
Santa Cruz	Dominican Hospital (Dignity Health)	Parent Education and Support	The program encompasses a full spectrum of care services for infants and families who are discharged from Dominican Hospital's Level III Neonatal Intensive Care Unit.	$100,000	4/24/2024
Santa Cruz	Gardenia Amor Y Bienestar Para La Mujer	Community Health Champions	Gardenia Amor Y Bienestar Para La Mujer will provide women with physical fitness classes to promote a healthy lifestyle. Peer educators will also provide healthy recipes and cooking classes and preventative health education topics.	$10,000	10/23/2024
Santa Cruz	Pajaro Valley Prevention & Student Assistance	CHW Recruitment	Recruitment of one Community Health Worker	$65,000	3/15/2024
Santa Cruz	Pajaro Valley United Football Club	Partners for Active Living	To increase access to opportunities to participate in organized sports, the YSA will conduct outreach in underserved neighborhoods and schools. For families who are eligible for medi-cal, their registration fees will be waived, helping address a major financial barrier for participation.	$249,620	4/24/2024
Santa Cruz	Pediatric Medical Group of Watsonville	MA Recruitment	Recruitment of one Medical Assistant.	$65,000	9/13/2024
Santa Cruz	Pediatric Medical Group of Watsonville	MA Recruitment	Recruitment of one Medical Assistant.	$65,000	9/13/2024
Santa Cruz	Planned Parenthood Mar Monte	Healthcare Technology	To implement clinical equipment to ensure vaccine safety during outages, allow immediate diabetes management, and offer inclusive, accessible exam tables that reduce patient stress and support diverse medical procedures.	$50,000	10/23/2024
Santa Cruz	Planned Parenthood Mar Monte	Provider Recruitment	Recruitment of one Primary Care Physician.	$197,500	12/13/2024
Santa Cruz	Plazita Medical Clinic	CHW Recruitment	Recruitment of one Community Health Worker.	$65,000	9/13/2024
Santa Cruz	Plazita Medical Clinic	Healthcare Technology	To implement medical equipment to facilitate accurate, timely diagnostics, reduce lab and emergency department visits, and enable real-time integration with patient records.	$33,860	10/23/2024
Santa Cruz	Raíces y Cariño	CHW Recruitment	Recruitment of one Community Health Worker.	$65,000	9/13/2024
Santa Cruz	Revital Carroll	Doula Recruitment	Recruitment of one Doula.	$64,269	9/13/2024
Santa Cruz	Salud Para La Gente	Provider Recruitment	Recruitment of one Psychiatrist.	$131,388	3/15/2024
Santa Cruz	Salud Para La Gente	Provider Recruitment	Recruitment of one Family Practice Physician.	$154,579	9/13/2024
Santa Cruz	Salud Para La Gente	Provider Recruitment	Recruitment of one Pediatrician.	$155,594	9/13/2024
Santa Cruz	Salud Para La Gente	Provider Recruitment	Recruitment of one OBGYN.	$220,521	12/13/2024
Santa Cruz	Santa Cruz Barrios Unidos	Community Health Champions	Barrios Unidos will expand access for Medi-Cal members to health care and social support services by creating more access points and increasing awareness and engagement through educational outreach.	$95,000	10/23/2024

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Medi-Cal Capacity Grant Program
2024 Grant Awards

County	Organization Name	Funding Opportunity	Grant Description	Award Amount	Date Awarded
Santa Cruz	Santa Cruz Children's Museum of Discovery	Parent Education and Support	To support the evidence-based program known as "Teddy Bear Clinics," which directly tackles childhood vaccine acceptance and health maintenance, by providing supportive resources for parents of children up to age 5.	$22,816	4/24/2024
Santa Cruz	Santa Cruz Community Health Centers	Data Sharing Support	Santa Cruz Community Health will implement EPIC as their electronic health record (EHR) system to enable real-time data sharing, which will improve care coordination and better meet Medi-Cal requirements by connecting to local health information exchanges. This upgrade will streamline processes, support Enhanced Care Management, and provide tools like MyChart for improved patient engagement, population health tracking, and personalized care.	$250,000	10/23/2024
Santa Cruz	Santa Cruz Community Health Centers	Healthcare Technology	To implement the Haiku and Canto applications through the EPIC platform to allow providers access patient data remotely, streamline patient-provider communication, and empower patients to manage appointments, prescriptions and health records independently.	$50,000	10/23/2024
Santa Cruz	Santa Cruz Community Health Centers	MA Recruitment	Recruitment of one Medical Assistant.	$65,000	9/13/2024
Santa Cruz	Santa Cruz Community Health Centers	MA Recruitment	Recruitment of one Medical Assistant	$65,000	3/15/2024
Santa Cruz	Santa Cruz Community Health Centers	Provider Recruitment	Recruitment of one Primary Care Provider.	$217,867	3/15/2024
Santa Cruz	Santa Cruz Community Health Centers	Provider Recruitment	Recruitment of one Primary Care Physician.	$250,000	9/13/2024
Santa Cruz	Santa Cruz County Health Services Agency-Public Health Division	Disaster Response Fund	To support prevention of the spread of shigella and syphilis among unhoused persons in Santa Cruz County.	$30,000	3/18/2024
Santa Cruz	ShaktiCare	Doula Recruitment	Recruitment of one Doula.	$65,000	9/13/2024
Santa Cruz	Stepping Up Santa Cruz	CHW Recruitment	Recruitment of one Community Health Worker.	$65,000	9/13/2024
Santa Cruz	The Circle Family Center	Doula Network Technical Assistance	Support the outreach and education for doulas on the Medi-Cal Doula Services Benefit and the provider enrollment process in order recruit doulas into the Alliance's network of doula providers. Support training and mentorship of new doulas.	$29,650	5/10/2024
Santa Cruz	The Circle Family Center	Doula Recruitment	Recruitment of one Doula.	$65,000	6/14/2024
Santa Cruz	The Circle Family Center	Doula Recruitment	Recruitment of one Doula.	$65,000	6/14/2024
Santa Cruz	The Circle Family Center	Doula Recruitment	Recruitment of one Doula.	$65,000	6/14/2024
Santa Cruz	United Way of Santa Cruz County	Community Health Champions	Jóvenes Sanos seeks to create inclusive spaces where youth feel engaged, supported, and connected to their community and promotes self-care and mental well-being by hosting mental wellness fairs, youth capacity building trainings, and peer to peer workshops.	$90,000	10/23/2024
Santa Cruz	Ventures	Parent Education and Support	To facilitate targeted outreach and engagement strategies for the Semillitas program, incentivizing Medi-Cal families to complete immunizations and well child visitss. Ventures will host workshops where Triple P practitioners will conduct parenting education sessions.	$100,000	10/23/2024
Santa Cruz	Volunteer Center of Santa Cruz County	Partners for Active Living	A Matter of Balance is an evidence-based health promotion program and a solution designed to increase activity levels among older adults and reduce the fear of falling. The project will increase Medi-Cal member access to opportunities for physical activity and recreation in the community by partnering directly with Health Educators at CCAH who will have information and A Matter of Balance class dates and locations to provide members with.	$209,326	4/24/2024

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Medi-Cal Capacity Grant Program
2024 Grant Awards

County	Organization Name	Funding Opportunity	Grant Description	Award Amount	Date Awarded
Santa Cruz	Watsonville Community Hospital	Capital	Watsonville Community Hospital will purchase nd operationalize new equipment for their Emergency Department and Labor and Delivery Department which will promote equitable health outcomes among high-risk populations. This will lead to improved patient experience, reduced incidence of severe maternal hypertension, and improved overall Emergency Department outcomes.	$1,481,111	10/23/2024
Santa Cruz/ Monterey	Raíces y Cariño	Doula Network Technical Assistance	Support the outreach and education for doulas on the Medi-Cal Doula Services Benefit and the provider enrollment process in order to recruit doulas into the Alliance's network of doula providers. Support training and mentorship of new doulas	$380,262	9/25/2024

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Medi-Cal Capacity Grant Program (MCGP) Focus Areas, Goals and Priorities

Focus Area 1. Access to Care
The Alliance will focus on strengthening and expanding the provider workforce to address provider shortages and increase the number of providers who reflect the diversity of the Alliance's membership. The Alliance will also make investments to improve coordination across the health care system and address infrastructure and capacity gaps to ensure that Medi-Cal members are able to access high-quality care when, where and how they need it.

Funding Need
1. Health care workforce shortages in the Alliance service area impact Medi-Cal members' access to timely health care services.
2. New provider types are being integrated in the Medi-Cal health care continuum to deliver a range of new non-medical services to address social drivers of health.
3. The existing health care workforce is challenged to reflect the racial, ethnic, cultural and linguistic diversity of Alliance members.
4. Organizations that serve the Medi-Cal population need expanded capacity and infrastructure to increase access to services.

Funding Goals
1. A robust health care workforce that can deliver coordinated, person-centered care and the full array of Medi-Cal services.
2. Improved patient-provider communication and trusted relationships, resulting from an expanded network of Medi-Cal providers who are linguistically and culturally responsive.
3. Medi-Cal members are able to access high-quality care when, where and how they need it.

Funding Priorities
1. Address workforce shortages, infrastructure and capacity gaps.
2. Increase the racial, ethnic, cultural and linguistic diversity of the provider network to better reflect the Alliance's membership.
3. Improve the coordination, integration and capacity of the behavioral health system, including coordination between the physical health system and behavioral health system.

Focus Area 2. Healthy Beginnings
By investing in early childhood development, the Alliance will positively impact the health and well-being of its youngest members and their families in the short and long term, as well as ensure they have the resources and support needed to thrive.

Funding Need
1. The first five years of life are critical to health and brain development.
2. Historical and persistent trauma (including systemic racism) and adverse childhood experiences can negatively impact physical, mental, emotional and behavioral health.
3. Barriers to preventative services affect maternal, infant and child health.
4. Investing in early childhood development has proven benefits for children, families and society.

Funding Goals

1. Families with a new child receive timely prenatal and post-natal care to ensure optimal physical and mental health for mothers and to promote healthy birth outcomes.
2. Children are healthy and thriving by age 5.
3. Children (prenatal through age 5) and their parents/caregivers have access to preventative health care services and community resources to support their families' health and well-being.
4. Parents and caregivers have the knowledge, resources and support they need to provide safe, nurturing environments for their children.

Funding Priorities

1. Increase access and use of preventative health services, early identification and intervention services, behavioral health interventions and early childhood development interventions.
2. Provide parents with social support and education about child development and parenting.
3. Assist families in navigating the health care system and connecting to health and community resources that support child development and family well-being.
4. Promote strategies for systems change that allow families to fulfill aspirations for children's long-term health and economic opportunities.

Focus Area 3. Healthy Communities

By investing in the non-medical factors that impact health, such as food and housing, the Alliance can ensure that Medi-Cal members have access to what is needed to live their healthiest lives at every stage of life. Creating communities where healthy options are easy and available to all can reduce health disparities, support healthy and active lifestyles and reduce risk of chronic disease.

Funding Need

1. Social, economic and environmental factors shape individual health and well-being. These factors influence risk for chronic conditions such as diabetes, asthma and cardiovascular disease.
2. Lack of access to healthy food, safe and stable housing, quality schools and safe places to exercise and play create barriers to health.
3. Geographic communities experience differences in environmental factors and distribution of resources, which contribute to disparities in health risks and quality-of-life outcomes.
4. Medi-Cal members experience barriers such as: limited English proficiency, transportation, childcare, and health literacy; food insecurity; overcrowded housing; insecure employment; and low wages. These barriers impede their ability to access services and manage their health.

Funding Goals

1. Medi-Cal members have access in their communities to what is needed to live their healthiest lives, support healthy options and reduce risk of chronic disease, including access to:
    - Fresh, affordable, healthy food.
    - Safe places to play and be active.
    - Permanent supportive housing for Medi-Cal members experiencing homelessness.
2. Medi-Cal members have the knowledge and resources to effectively manage their health.

3. Medi-Cal members are empowered to advocate for policy and systems changes that promote good health for themselves and their communities.

Funding Priorities

1. Focus on individuals, families and communities experiencing disparities in health.
2. Invest in drivers of individual and community health and well-being, such as nutritious food, supportive housing and safe places to be active.
3. Engage trusted community-based organizations to promote available health care services and resources to reduce disparities.
4. Support community/youth leadership development and civic engagement efforts that transform infrastructure and promote wellness and health equity for individuals and the community.

DATE: January 22, 2025

TO: Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission

FROM: Van Wong, Chief Operating Officer

SUBJECT: Alliance Strategic Plan Annual Update

Recommendation. This report is informational only.

Summary. The Alliance has completed the third year of an ambitious 5-year strategic plan spanning 2022-2026. This report highlights the Alliance's current performance and outlines the 2025 strategic objectives to enable the plan to achieve incremental progress towards goals set forth for 2026.

Background. In 2021, the Board approved the Alliance's five-year plan with two strategic priorities: **Health Equity (HE)** and **Person-Centered Delivery System Transformation (PCST)**, each with two goals. In September 2022, staff introduced outcome measures to evaluate organizational performance against these goals. In January 2024, updated performance measures and refinements were shared, informed by 2023 improvement efforts and a commitment to closing quality gaps and championing health equity.

Discussion. 2024 continues to be a year of adaptability as the Alliance focused on laying the foundation for both National Committee for Quality Assurance (NCQA) accreditation and Dual Special Needs Program (D-SNP) launch in January 2026. Alongside these initiatives, staff prioritized advancing the 2 strategic goals of health equity and person-centered system, implementing targeted improvements to enhance outcomes for our members.

2024 Strategic Objectives Outcome
The following outlines performance trends with respect to 2024 targets which were shared with the board in January 2024. On balance, the Alliance is on track with more than half of the measures staff set forth towards the end of 2023, with one measure at risk and one other off track. Additional details will be provided during the board presentation outlining successes where the Alliance is on track and challenges where we are off track.

STRATEGIC OBJECTIVES	2024 Goal	Status
Improve Behavioral Health Services: 2. 1 Improve behavioral health services and systems to be person-centered and equitable		
a. Timely Access to Behavioral Health Services i. DMHC TAR ii. Carelon's Regulatory Compliance - No member harm	i. 70.8% ii. 90.0%	On Track
b. Execute on BH Insourcing workplan milestones timely: % timely execution by 12/31/2024 of key milestones as established on the final BH workplan i. Network Development ii. New Hires iii. Clinical Workflow	annual attainment	On Track
Person Centered System Transformation: 2.2 -Ensure the top 3-5% of the high risk members are effectively managed to achieve:		
a. Readmissions: Reduction in 30-day all-cause hospital readmission for high risk members (5% change downward from 2023 baseline)	12.1%	At Risk
b. ED Visits PKPY: Reduction in ED visits per 1,000 members per year for high risk members (5% change downward from 2023 baseline)	1,792	Off Track
Health Equity: 2.3 - Alliance kids in Merced receive the same quality care as the average Medi-Cal kid (measured through HEDIS metrics). Measures meeting 5 percentile YoY improvement (six measures)	All measures meeting improvement goal	On Track
Health Equity: 2.4 - Incremental improvement over baseline for the CAHPS Cultural Competency questions Maintain high performance.	btw 92% and 97%	On Track

Some performance measures remain preliminary due to claims lag and pending official reports. Finalized data will be available throughout 2025, with a deadline of May 2025.

2025 Strategic Objectives & Measures

In line with the Alliance's value of improvement, staff refined our strategic objectives in 2025 to better align with regulatory intentions for state sponsored programs. The graphic below illustrates some key adjustments in our strategic objectives and performance measures.

2025 Goals		Baseline
	STRATEGIC OBJECTIVES	
	**Health Equity-1**: Alliance children in Merced and Mariposa counties receive quality care as compared to the NCQA 50th percentiles for Medicaid for the relevant HEDIS measures % of total MCAS Pediatric Measures under P50 meeting 5 percentile improvement target *Min: 80% | Meets: 90% | Stretch: 95%*	Varies by County & Measures
	Health Equity-2: Meet NCQA standards for culturally and linguistically appropriate care	
	a. Achieve 5% increase in telephonic interpretation service utilization as measured in calls by provider offices *Min: 3%, Meets: 4%, Stretch: 5%*	135 PKPY
	b. Achieve 5% increase in face-to-face interpretation service utilization as measured by provider requests *Min: 3%, Meets: 4%, Stretch: 5%*	35 PKPY
	**Person Centered System Transformation-1:** Improve behavioral health services and systems to be person-centered and equitable	
	a. BH Insourcing Workplan Execution: % timely execution by 12/31/2025 of key milestones as established on the final BH workplan i. Network Adequacy ii. Operational Readiness iii. New Hires	N/A
	b. Post Go-Live Operations (6 months post 7/1/2025)	N/A
	c. Utilization of Behavioral Health Services: Ensure same level of utilization or better for our members once BH service is in-house (6 months post 7/1/2025) Meets: Baseline %, Stretch: > Baseline %	8.27%
	Person Centered System Transformation-2: Ensure appropriate Enhanced Care Management program enrollment and member engagement	
	a. Achieve at least 3% enrollment of total Medi-Cal population into ECM services *Min: 3%, Meets: 3.25%, Stretch: 3.5%*	N/A
	b. Achieve 90% of enrolled ECM members with at least one encounter per enrolled member per month (PEPM) *Min: 75%, Meets: 85%, Stretch: 90%*	45.8%

Our Health Equity goals have been strengthened by incorporating Mariposa County's Managed Care Accountability Set (MCAS) measures for children and youth. Starting in 2024, Mariposa County will independently report MCAS results for the first time, having previously been grouped with Region 2 alongside 10 neighboring counties, with results reported by two separate health plans. The Alliance is focused on improving any pediatric measures in Mariposa County that fall below the 50th percentile.

In addition, based on consistently high member-reported satisfaction with cultural and linguistically appropriate services, as captured through CAHPS surveys, the Alliance has replaced this measure with a more relevant one: tracking the usage of interpretive services among our non-English-speaking members. The goal is to increase usage of both telephonic and face-to-face interpretive services for our non-English speaking members who are not currently assigned to a physician office that speaks their primary language.

The other strategic objective under the strategic goal of Person-Centered System Transformation entails improving the system of care for members with complex medical and social needs. Given the emphasis by the Department of Healthcare Services (DHCS) on providing better and integrated care via Enhanced Care Management (ECM) services, the Alliance aligned our goal to increase enrollment of qualifying members into our ECM program as well as ensure receipt of services as evident by encounter submissions.

Another strategic objective under this goal is improving the system of care for members with complex medical and social needs. In alignment with the Department of Healthcare Services' (DHCS) emphasis on delivering better-integrated care through Enhanced Care Management (ECM) services, the Alliance aims to increase enrollment of eligible members into the ECM program and ensure service delivery, as demonstrated by encounter data submissions by our providers.

Progress towards our 2025 strategic objectives will be reported to the Board quarterly.

Fiscal Impact. There is no fiscal impact associated with this agenda item.

Attachments. N/A

DATE: January 22, 2024

TO: Santa Cruz-Monterey-Merced-San Benito-Mariposa Managed Medical Care Commission

FROM: Jessica Finney, Community Grants Director

SUBJECT: 2025 Medi-Cal Capacity Grant Program Investment Plan

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Recommendation. Staff recommend the Board approve the 2025 Medi-Cal Capacity Grant Program (MCGP) Investment Plan in this report.

Summary. This report includes background on the MCGP annual investment plan process and the final recommendations for the 2025 MCGP Investment Plan. The reference document *MCGP Focus Areas, Goals and Priorities* may be found in the consent agenda of this meeting packet as an attachment to the *MCGP End of Year Impact Report*.

Background. In February 2024, the Board approved an annual investment plan policy for the MCGP and, in March 2024, it approved an inaugural plan under the new policy. The MCGP application deadline on January 21, 2025 and subsequent awards on April 4, 2025 fall under the Board-approved 2024 Investment Plan. If the 2025 Investment Plan is approved, funding opportunities under this plan would be available in the next funding round with the application deadline of May 6, 2025 and award date of July 18, 2025.

The Board-approved plan serves as a roadmap for MCGP investments, defining grantmaking priorities to address Medi-Cal capacity needs in the Alliance's service area and allocating funding to advance the goals under each focus area and strategy. The approval of an annual MCGP investment plan allows the Board to provide high-level strategic direction for the MCGP year over year and to direct staff to manage program-level implementation and county budgets based on allocated funding to meet identified community needs.

The Board-approved grantmaking focus areas for the MCGP include: 1) Access to Care; 2) Healthy Beginnings; and 3) Healthy Communities. These focus areas, approved in 2022, address unmet and emerging Medi-Cal needs and opportunities, align with organizational and State priorities and include upstream investments targeting root causes and prevention. As part of the annual investment plan process, staff review data and solicit stakeholder input to identify investment priorities that: 1) address community needs; 2) align with the Board-approved MCGP framework; and 3) support Alliance strategic objectives.

Discussion. In November 2024, staff presented the emerging priorities for MCGP investments in 2025 to the Board for consideration and input. Staff also solicited input from the member and physician advisory groups. The stakeholder priorities informing the 2025 Investment Plan were identified by: 1) evaluating critical stakeholder-identified needs obtained through interviews and surveys, 2) analyzing each county's Community Health Assessment and Community Health Improvement Plan; and 3) reviewing alignment with MCGP and Alliance priorities.

Based on this analysis, the following key priorities emerged:

1. Access to Care: Invest in infrastructure, including facilities, workforce and technology, to improve access to high quality services.
2. Workforce Development: Support initiatives to grow a diverse healthcare workforce that reflects the communities the Alliance serves.
3. Behavioral Health: Expand access to comprehensive behavioral health services and integrating access to services into diverse community settings.
4. Parent Support and Engagement: Invest in programs that empower parents and caregivers through education and support, ensuring access to timely prenatal and postnatal care, preventative health services, and community resources.
5. Community Education and Engagement: Invest in trusted, community-based organizations serving historically marginalized communities to educate members about Medi-Cal services, improve access to care, and promote the importance of preventative care and regular screenings.
6. Social Drivers of Health: Continue investing in social determinants of health, including access to nutritious food, safe spaces for recreation, and permanent supportive housing.

Based on available funding and identified priorities, staff synthesized stakeholder input to develop recommendations for the 2025 MCGP Investment Plan to best address identified priorities. Overall, the findings from the annual planning process validated that the current MCGP strategies remain relevant in 2025. The process helped identify key areas where existing funding opportunities could be streamlined under a strategy, where available funds could be shifted amongst existing strategies and which strategies need additional funds allocated to continue or expand in 2025. The 2025 priorities all align with existing MCGP focus areas and strategies.

2025 Identified Priorities	**MCGP Focus Area**	**MCGP Strategy**
Workforce Development	Access to Care	Healthcare Workforce
Healthcare Infrastructure	Access to Care	Healthcare Infrastructure
Behavioral Health	All	All except Social Drivers of Health
Parent Support and Engagement	Healthy Beginnings	Parent/Child Health & Wellness Parent Support & Engagement
Community Education and Engagement	Healthy Communities	Community Resources, Engagement & Empowerment
Social Drivers of Health	Healthy Communities	Community Resources, Engagement & Empowerment Social Drivers of Health

MCGP Fund Balance Available Funding for 2025 Investment Plan. The Alliance's September 30, 2024 Balance Sheet shows the MCGP fund balance at $151M, however, after all of the 2024 grant payments are accounted for, the remaining MCGP fund balance will be $142M which is comprised of three classifications:

- $52.1 M Awarded but not yet paid out (i.e., committed);
- $81.4 Allocated to specific strategies but not yet awarded (i.e., available for awards under existing and new funding opportunities); and
- $8.5M Unallocated remaining (i.e., remaining of the total $271.6M allocated since 2014 that has not yet been Board-directed to a specific strategy or funding opportunity).

MCGP available funding for new grant awards totals $89.9M. This amount would be used in part for awards under the 2025 MCGP Investment Plan and over the next few years. Staff is targeting a total award amount of $35M in 2025, which is 39% of the total remaining $89.9M. The proposed $35M target for 2025 is higher than the past ten-year average of $21M,

The total $46M award amount in 2024 was much higher than historical average to catch up after downturn due to COVID, adoption of new focus areas in 2022 and launching a slate of new programs in 2023. There was pent up community demand for grant funding and a need to increase spending as a tool to lower tangible net equity. There have been fluctuations historically on the total award amount each year and related rate of spend down (payout).

Setting a total award amount target each year as part of the annual investment plan enable consistency in planning and reporting and allow for predictability as much as possible to sustain the MCGP. The $35M target in 2025 will enable sustainment of the grant program based on current available funding, the variety of funding opportunities under board-directed strategies, and the anticipated community response. The next opportunity for a new MCGP allocation from the Alliance reserves is in June 2025 when the Board considers staff recommendations for strategic use of reserves, per policy #700-2000 Board-Designated Reserve. The current estimate for a potential allocation is approximately $40M.

Funding Available by County	**Mariposa**	**Merced**	**Monterey**	**San Benito**	**Santa Cruz**	**Remaining Amount**
Total Allocated to existing strategies to be awarded	$2,984,461	$37,135,220	$24,283,940	$5,072,323	$11,947,499	$81,423,445
$8.5M Unallocated	$140,219	$3,709,800	$2,951,261	$502,745	$1,195,974	$8,500,000
Current Available	**$3,124,680**	**$40,845,020**	**$27,235,202**	**$5,575,069**	**$13,143,474**	**$89,923,445**

Proposed Strategy Allocations and Funding Opportunities. The table below proposes funding allocation percentages for each Board-approved strategy applicable in the 2025 Investment Plan. The allocation percentages could remain the same or be adjusted in next year's proposed investment plan based on 2025 experience and 2026 planning inputs. Below the table are brief descriptions of the proposed changes to existing funding opportunities and new opportunities to be developed to meet prioritized needs. These high-level descriptions are intended to provide the Board with an understanding of the approach staff would take to develop and implement funding opportunities to achieve each strategy.

Focus Area	**Strategy**	**Remaining Available**	**Proposed % Allocation of Remaining Available**
Access to Care	Healthcare Workforce	$40.4M	55%
	Healthcare Infrastructure	$18M	25%
Healthy Beginnings	Parent/Child Health & Wellness	$13.5M	15%
	Parent Education & Engagement		
Healthy Communities	Community Resources, Engagement & Empowerment	$13.5M	15%
	Social Drivers of Health		
Any Focus Area	Any Strategy (Innovation Fund)	$4.5M	5%
	Total	**$89.9M**	**100%**

Strategy	Funding Opportunities		
	Continue	**Change**	**Develop**
Healthcare Workforce	Expand Workforce Support for Care Gap Closures to other counties	Refine Workforce Recruitment criteria and add retention Discontinue Equity Learning	Workforce Development
Healthcare Infrastructure	Healthcare Technology Data Sharing Support Capital (funds from 2024 allocation remaining in Merced only)	N/A	N/A
Parent/Child Health & Wellness Parent Education & Engagement	N/A	Streamline one funding opportunity aligned with both strategies' shared goals.	-
Community Resources, Engagement & Empowerment Social Drivers of Health	No funds in 2025 for Housing Fund	Streamline one funding opportunity aligned with both strategies' shared goals.	-
Any Strategy	Innovation Fund	-	Emerging opportunities

- Strategy: Healthcare Workforce
  - *Workforce Recruitment*: Support to hire and retain direct service employees within the Alliance's provider network, with an emphasis on outreach to behavioral health providers. The current Workforce Recruitment programs would be refined to update criteria based on program data and available funds and to include funding for retention.
  - *Workforce Development*: Support opportunities for health care career training and community-based placements for higher education students to grow the healthcare workforce in the Alliance service area. Support initiatives to grow a diverse healthcare workforce that reflects the communities the Alliance serves.
  - *Workforce Support for Care Gap Closure*: Fifteen clinics in Merced County participated in this targeted workforce intervention to close specific Managed Care Accountability Sets (MCAS) care gaps, increase quality scores and improve members' overall health. Given the preliminary data analyzed in September 2024 indicating that this is an effective intervention, this funding opportunity would be open for application by eligible primary care providers in Q2-Q4 2025 in all five counties, with program refinements based on lessons learn from 2024. This second year will allow for more data collection to inform a future staff recommendation to operationalize this intervention if proven effective.

  - *Equity Learning for Health Professionals*. Discontinue this program due to limited interest amongst providers and forthcoming equity training requirement for all contracted providers.

- Strategies: Parent/Child Health & Wellness and Parent Education & Engagement
  - Streamline one funding opportunity aligned with both strategies' shared goals for child development and access to preventive care. Incorporate components of both Home Visiting and Parent Education & Support. Support capacity building for organizations to bridge current home visiting programs to Enhanced Care Management program.

- Strategies: Community Resources, Engagement & Empowerment and Social Drivers of Health
  - Streamline one funding opportunity aligned with both strategies' shared goals. Incorporate elements of Community Health Champions to focus on integrating behavioral health into community settings, healthy eating, active living, and capacity building for trusted community partners, with an emphasis on those supporting the community health worker pipeline.

- *Innovation Fund:* Emerging opportunities to expand Medi-Cal capacity that do not fit under an existing funding opportunity.

Other MCGP Program Development Work in 2025. In addition to the development work outlined above for funding opportunities, the Community Grants Department will focus on enhancing program evaluation and communications regarding the MCGP impact measurement and storytelling strategy, and messaging about the MCGP spend down model and inherent competitiveness of the grant process based on available funds.

The Grants team will also implement the final Community Reinvestment requirements when the Department of Health Care Services releases the final All Plan Letter (APL), anticipated in the first quarter of 2025. Staff will develop an effective plan to align the MCGP's annual investment plan with the new requirements, however, based on review of the draft APL, it is unlikely that the MCGP's current strategies would need to change as they meet the proposed Community Reinvestment funding categories.

Conclusion. After approval of the 2025 MCGP Investment Plan, staff will refine existing programs, develop new opportunities, and make funding opportunities available for local health care providers and community partners in the Alliance's five-county service area.

Fiscal Impact. This recommendation would allocate a total of $8,500,000 from the MCGP unallocated budget to fund grant programs in each county developed under the Board-approved focus areas and strategies.

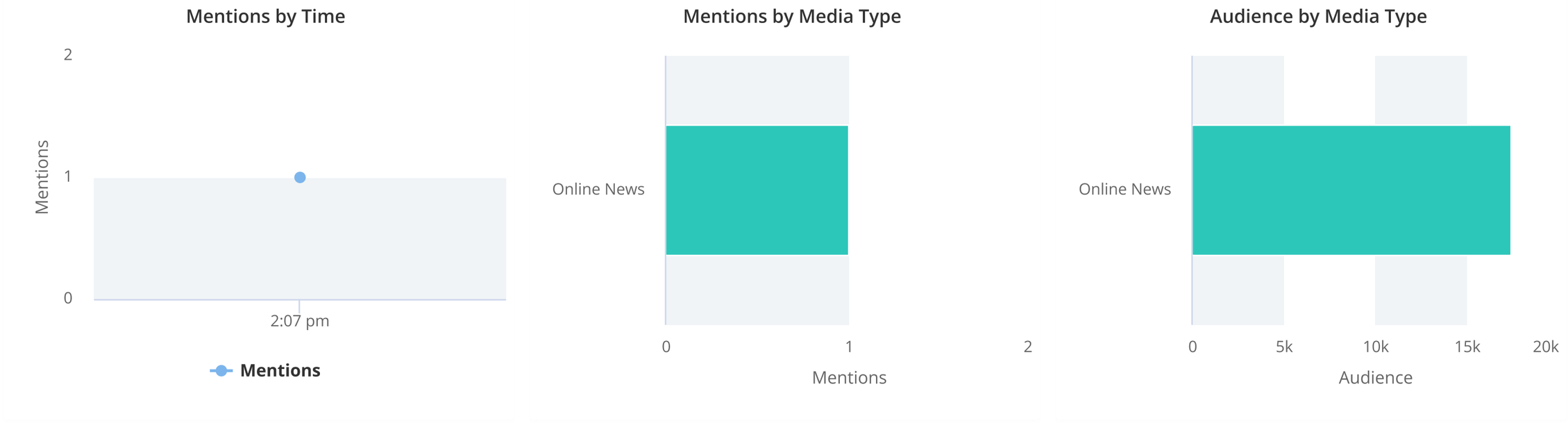
Attachments. N/A

Information Items: (14A. – 14H.)

A.	Alliance in the News	Page 14A-01
B.	Membership Enrollment Report	Page 14B-01
C.	Letters of Support	Page 14C-01 to 14C-04
D.	Members Appeals and Grievance Report	Page 14D-01
E.	Member Newsletter (English) 12-2024	Page 14E-01 to 14E-12
F.	Member Newsletter (Spanish) 12-2024	Page 14F-01 to 14F-08
G.	Provider Bulletin 09-2024	Page 14G-01 to 14G-12
H.	Alliance Fact Sheet	Page 14H-01 to 14H-02

January 2025 Board Report

Mention Analytics



Total Online News Audience
17,410

Total Online News Publicity
USD $161

Total Number of Clips 1

Grant Will Cover Tuition for Community Health Worker Program

1

Date Collected Nov 27, 2024 2:07 PM EST
Category Digital News
Source UC Merced News

Est. Audience 17,410
Est. Publicity Value USD $161
Market United States
Language English

... resources and tools that support them in being healthy.

Community health workers have a unique combination of lived experience and training that allows them to build trust and serve as liaisons between health care and social services, Medi-Cal members and the community.

Now, a $793,515 grant from **Central California Alliance for Health** will cover tuition for employees of health care providers who contract with the alliance, as well as program operational costs. The alliance is the Medi-Cal managed care health plan for Mariposa, Merced, Monterey, San Benito and Santa Cruz counties.

Extension representatives estimate that between ...

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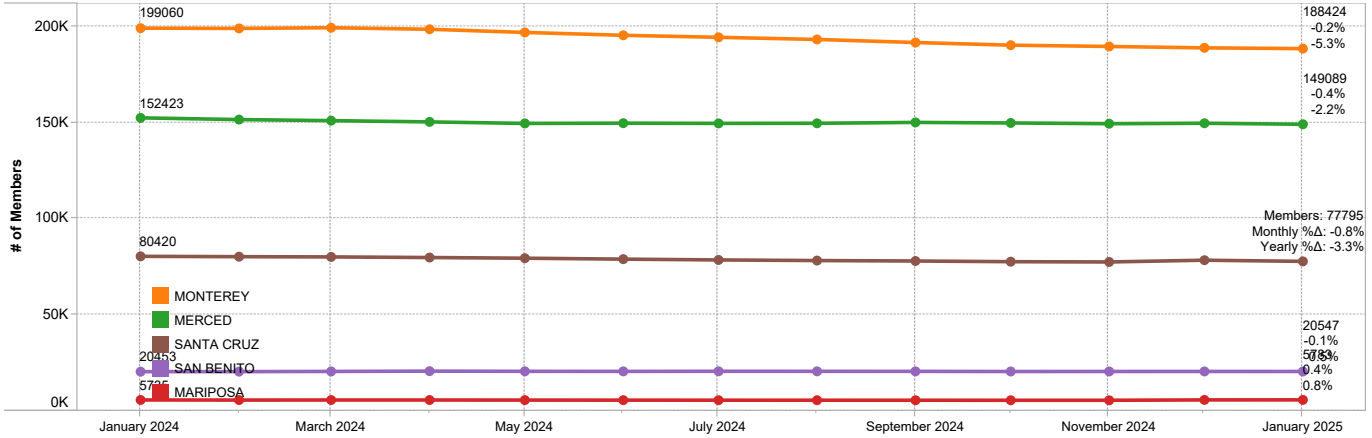
Enrollment Report

County: *None* **Program:** *None* **Aid Cat Roll Up:** *None* **Data Refresh Date:** *1/3/2025 6:09:33 AM*

Enrollment Month
1/1/2024 to 1/31/2025

Membership Totals by County and Program, % Change Month-over-Month and % Change Year-over-Year



LOB	County	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025
Medi-Cal	SANTA CRUZ	80,420	80,241	80,116	79,796	79,444	78,959	78,548	78,223	77,988	77,637	77,489	78,412	77,795
	MONTEREY	198,362	198,230	198,583	197,776	196,116	194,616	193,580	192,466	190,882	189,510	188,842	188,127	187,740
	MERCED	152,423	151,528	150,973	150,320	149,520	149,655	149,539	149,601	150,052	149,769	149,373	149,615	149,089
	MARIPOSA	5,735	5,679	5,710	5,708	5,672	5,641	5,623	5,606	5,594	5,575	5,570	5,761	5,783
	SAN BENITO	20,453	20,462	20,572	20,724	20,628	20,593	20,651	20,629	20,610	20,525	20,549	20,560	20,547
IHSS	MONTEREY	698	698	704	719	725	731	729	723	717	709	702	693	684
Total Members		**458,091**	**456,838**	**456,658**	**455,043**	**452,105**	**450,195**	**448,670**	**447,248**	**445,843**	**443,725**	**442,525**	**443,168**	**441,638**

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December 1, 2024

Monica Martinez
Chief Executive Officer
Encompass Community Services
380 Encinal St. Suite 200
Santa Cruz, CA 95060

Subject: Support for the Encompass Mental Health Services Expansion Project

Dear Monica Martinez,

I am writing to express my strong support for the Encompass Mental Health Services Expansion Project proposed by Encompass Community Services. This project aims to address the critical shortage of psychiatric short-term crisis beds, partial hospitalization, and intensive outpatient slots for Medi-Cal beneficiaries in Santa Cruz County.

Central California Alliance for Health (the Alliance) is a regional Medi-Cal managed care health plan established in 1996 to improve access to health care for over 456,000 members in Mariposa, Merced, Monterey, San Benito and Santa Cruz counties. As an award-winning managed care health plan with a vision of "healthy people, healthy communities," the Alliance remains focused on efforts to improve access to quality health care for its members.

Santa Cruz County faces a significant gap in mental health services, particularly in providing less restrictive care settings that can serve as diversions and step-downs from psychiatric hospitalization. The proposed expansion by Encompass Community Services is a vital step towards alleviating this shortage. The project includes the addition of 24 new outpatient slots—12 for partial hospitalization and 12 for intensive outpatient care—and the expansion of the existing 9-bed crisis residential social rehabilitation program by seven beds.

Encompass Community Services has a long-standing history of providing high-quality mental health services in Santa Cruz County. Their Crisis Residential Social Rehabilitation programs have been a cornerstone of mental health support for over 30 years; offering crucial services such as Motivational Interviewing, Mindfulness-based interventions, Trauma-informed Care, Seeking Safety Therapy, and Dialectical Behavior Therapy (DBT), along with medication support and resident health education. In the fiscal year 2023-2024, the Encompass Crisis Residential Social Rehabilitation programs served 132 unique adult clients, with a significant majority being Medi-Cal beneficiaries.

The new Partial Hospitalization Program (PHP) and Intensive Outpatient Program (IOP) will provide structured, multidisciplinary psychiatric care under the direction of licensed professionals. These programs will offer comprehensive evaluations, medication management, supportive counseling, and aftercare planning, ensuring that patients receive the necessary support to manage their symptoms and transition smoothly between levels of care.

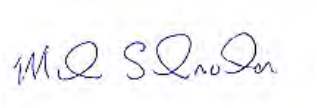
The expansion of these services is essential for meeting the growing mental health needs of our community. By increasing access to voluntary partial hospitalization and intensive outpatient slots,

and expanding crisis residential beds, Encompass Community Services will significantly enhance the continuum of care available to Medi-Cal beneficiaries in Santa Cruz County.

This project aligns with the California state priorities outlined in the Behavioral Health Continuum Infrastructure Program (BHCIP) by addressing urgent gaps in the care continuum for people with mental health conditions, including those experiencing homelessness and justice involvement. It also supports the state's goal of providing care in the least restrictive settings to promote community integration, choice, and autonomy. By expanding community-based mental health services, this project advances health equity and ensures that vulnerable populations receive the necessary support to avoid unnecessary hospitalizations and institutionalization

I believe the Mental Health Services Expansion Project proposed by Encompass Community Services is a critical project and is an excellent candidate for BHCIP Bond R1 funding. The expansion of mental health services will provide much-needed support to our community, improve patient outcomes, and reduce the burden on psychiatric and hospital facilities.

Sincerely,



Michael Schrader
Chief Executive Officer

December 1, 2024

Monica Martinez
Chief Executive Officer
Encompass Community Services
380 Encinal St. Suite 200
Santa Cruz, CA 95060

Subject: Support for Encompass Community Services' Encompass Residential Withdrawal Management Capacity Expansion Project and Bond BHCIP Round 1: Launch Ready Funding

Dear Monica Martinez,

I am writing to express my strong support for Encompass Community Services' Encompass Residential Withdrawal Management Capacity Expansion Project and your application for Bond BHCIP Round 1: Launch Ready funding. Encompass plays an invaluable role in delivering critical safety net services to our community. Encompass is a foremost referral partner for substance use disorder treatment in Santa Cruz County, serving as a vital resource for our residents for over 50 years. Each year, they serve thousands of Medi-Cal beneficiaries through their comprehensive residential and outpatient programs, equipping individuals with the tools and resources necessary for healthier, more fulfilling lives.

Central California Alliance for Health (the Alliance) is a regional Medi-Cal managed care health plan established in 1996 to improve access to health care for over 456,000 members in Mariposa, Merced, Monterey, San Benito and Santa Cruz counties. As an award-winning managed care health plan with a vision of "healthy people, healthy communities," the Alliance remains focused on efforts to improve access to quality health care for its members.

Santa Cruz County currently faces a severe shortage of substance-use withdrawal management services, and there are no residential substance-use disorder (SUD) treatment beds available for withdrawal management in South Santa Cruz County, forcing individuals to rely on local hospitals or travel over 30 minutes to the nearest withdrawal management residential program. Encompass Community Services is ready to address this critical gap through the development of the Sí Se Puede (SSP) Behavioral Health Center, the first facility in South Santa Cruz County to offer comprehensive residential withdrawal management for SUD. Our county urgently needs these services, and Encompass has our full support in these efforts.

Encompass' plan to dedicate 8 SUD treatment beds for individuals requiring withdrawal management services is a critical step forward. This initiative will significantly boost both Encompass' and Santa Cruz County's ability to serve this vulnerable population, directly addressing an urgent community need. The addition of withdrawal management services will further strengthen the SSP Center's comprehensive, bilingual SUD treatment campus, seamlessly integrating residential and outpatient treatment.

The Encompass Residential Withdrawal Management Capacity Expansion Project aligns with BHCIP priorities by addressing urgent gaps in the care continuum, advancing health equity, supporting vulnerable populations, enhancing community integration, and leveraging county and Medi-Cal investments to ensure sustainability. Encompass' unwavering dedication to addressing

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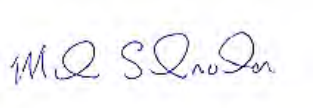
the critical needs of our community and their proven track record of providing high-quality, comprehensive care make them an exemplary candidate for this funding.

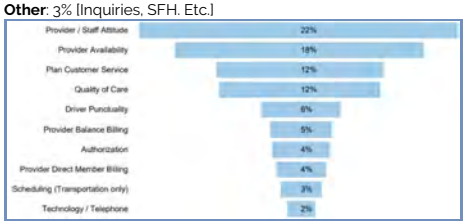
Sincerely,



Michael Schrader
Chief Executive Officer

Q3 2024 Appeals and Grievances: 1247* including Carelon.

Appeals: 4% (67% in favor of Plan; 33% in favor of Member)
Exempt: 47%
Grievances: 46%
Other: 3% (Inquiries, SFH, Etc.)



Analysis and Trends

- Quality of Care concerns decreased during Quarter 3.

Highest Grievances Filed by County

1. **Monterey**: 40%
2. Merced: 32%
3. Santa Cruz: 20%
4. San Benito: 5%
5. Mariposa: 3%

Behavioral Health Carelon Grievances: #38

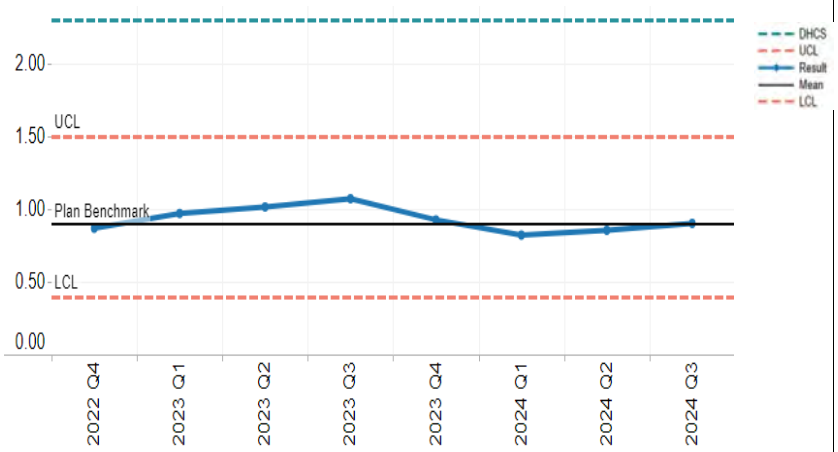
- **Monterey**: 15
- Santa Cruz: 14
- Merced: 6
- San Benito: 3

IHSS Summary: #10

- Member Grievances: 3
- Member Appeals: 1
- Exempt Complaints: 6

☒ **In Control**
☐ **Not in Control**

A lower rate demonstrates a good or positive result when compared to Upper Control Limits (UCL) and Lower Control Limits (LCL). Control limits represent three (3) standard deviations from mean or average performance.



		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2023	MemberMonths	420,218	421,740	423,191	426,109	427,751	428,849	427,117	425,602	419,723	415,702	411,428	407,693
	Case Count	321	425	480	376	488	436	448	459	455	479	369	295
	Case Count Per 1000 MM .	0.76	1.01	1.13	0.88	1.14	1.02	1.05	1.08	1.08	1.15	0.90	0.72
2024	MemberMonths	458,091	456,838	456,658	455,043	452,105	450,195	448,670	447,248	445,843			
	Case Count	394	386	345	399	427	333	416	409	384			
	Case Count Per 1000 MM .	0.86	0.84	0.76	0.88	0.94	0.74	0.93	0.91	0.86			

*Grievances Per 1,000 Member Month

Living **Healthy**
A newsletter for the members of
Central California Alliance for Health

December 2024 | VOLUME 30, ISSUE 4

Your behavioral health matters!

Life's ups and downs can sometimes feel out of control, and it is OK to ask for help. Taking care of your behavioral health is important for overall wellness. Behavioral health includes mental health, substance use and challenging behaviors.

The holidays can be a lonely or stressful time for some people. If you are feeling sad, anxious or depressed or are struggling with substance use, you are not alone! We can help.

How to get behavioral health services

- For mental health or behavioral health help, call Carelon Behavioral Health at **855-765-9700**. This toll-free number is available 24 hours a day, 7 days a week.
- For substance use services, contact your county's Behavioral Health department:
  Mariposa County:
  800-549-6741
  Merced County:
  888-334-0163
  Monterey County:
  888-258-6029
  San Benito County:
  888-636-4020
  Santa Cruz County:
  800-952-2335

If you or a family member is struggling or in crisis, call or text **988**. The 988 Suicide & Crisis Lifeline is available in English and Spanish.

If you are having a health emergency, call **911** or go to the nearest emergency room.

For more information and resources, visit **www.thealliance.health/mentalhealth**.

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1600 Green Hills Road, Suite 101
Scotts Valley, CA 95066

Ask the **doctor**

What should I do if I can't see my doctor right away?

Dr. Dennis Hsieh is the Chief Medical Officer at Central California Alliance for Health.

Sometimes you get sick when your doctor's office is closed. Maybe you need help fast. If you can't see your doctor right away, you have other ways to get care.

Here are some ways to get care:

- Call your doctor's office advice line.
- Try telehealth (if your primary care doctor offers it).
- Call our Nurse Advice Line.
- Visit an urgent care clinic.

What is a doctor's advice line?

Some doctor's offices have a phone line you can call when you need medical help. This line lets you talk to a health care worker who can answer your questions, help with your symptoms and tell you what to do next.

What is telehealth?

Telehealth is when your doctor can see you on a video call. This is great for things that do not need a physical examination, such as flu symptoms and minor infections. Ask your doctor if they have this service for you.

What is the Nurse Advice Line?

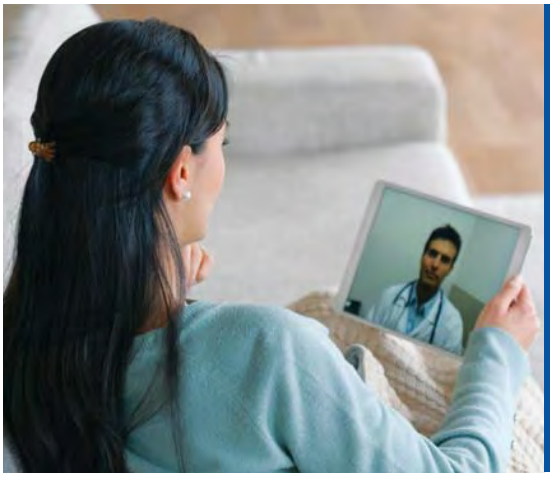
If you are not sure where to go or what to do, the 24/7 Nurse Advice Line can help you. A nurse can help you decide if you need to go to urgent care, go to the emergency room or wait to see your doctor. Call **844-971-8907** (TTY: Dial **711**) to talk to a nurse. You can also visit **www.thealliance.health/nurse-advice-line** to learn more.

What are urgent care clinics?

Urgent care is for things that are not life-threatening, like minor injuries, illnesses and infections. These clinics have long hours and offer services like x-rays and stitches. Visit **www.thealliance.health/urgent-care** to learn more.

What if I think it's serious?

If you think you are having an emergency or something that is life-threatening, call **911** or go to the emergency room right away.



Your health is important. These options can help you get care when you need it. If you have questions, call the Alliance Member Services Department at **800-700-3874**. We're here to help!

Understanding referrals and authorizations

We want to make sure you know how to get services that are covered by your health plan. Below are some important terms used in health care and what they mean.

Referral

If you are assigned to an Alliance primary care provider (PCP), you must have a ***referral*** to see another doctor.

- If your PCP thinks you need to see another doctor, they will fill out a Referral Consultation Form.
- If we don't have a referral, we can't pay the bill or claim from the other doctor.
- There are some exceptions. See your Evidence of Coverage or Member Handbook for a complete list. The Member Handbook is found online at **www.thealliance.health/memberhandbook**.

Authorized referral

Our service area includes Mariposa, Merced, Monterey, San Benito and Santa Cruz counties. If your PCP refers you to a doctor out of our service area, they will need to get approval from the Alliance ahead of time. This is called an ***authorized referral***.

- This means that we need to approve the referral before you can see the other doctor.
- If you are an Alliance In-Home Supportive Services (IHSS) member, you will need an authorized referral if your PCP refers you to a doctor who doesn't work with the Alliance—even if the doctor is in our service area.
- Alliance members who are enrolled in the California Children's Services Program will also need an authorized referral for specialty care.

Prior authorization

The Alliance must approve some services, procedures, medications and equipment before you get them. This is called ***prior authorization***.

- The provider who is going to perform the service must send us a request to let us know what you need and the reason why.
- If the request is medically necessary and a covered benefit, we will approve it and you can get the service.
- If we deny a request, you can file an appeal if you disagree with our decision.

Prescription drugs

If you are a Medi-Cal member, your prescription drugs that are filled at a pharmacy are covered by Medi-Cal Rx and not the Alliance. To find out if a drug is covered, call **800-977-2273** (TTY: Dial **711**) or go to **www.medi-calrx.dhcs.ca.gov**.

If you are an IHSS member, pharmacy services are managed by MedImpact. You can view the list of covered drugs at **www.thealliance.health/prescriptions**. You can request a mailed copy by calling Member Services at **800-700-3874** (TTY: Dial **711**). You can also call Member Services if you have questions about if a drug is covered.

Drugs given in a doctor's office or clinic

These are considered physician-administered drugs. You can view the list of covered drugs and any changes to the list at **www.thealliance.health/prescriptions**. If you would like a mailed copy, please call Member Services at **800-700-3874** (TTY: Dial **711**).

Wellness for all

It's not too late to protect yourself from the flu!

The winter season is here, which means that flu season is in full swing. From September to May, the flu is more likely to spread. This is why getting your flu vaccine each year is important to staying healthy through the winter months.

The flu is more than just a regular cold. It can be more dangerous for older people, young kids, pregnant women and those with health conditions such as diabetes or asthma.

The Centers for Disease Control and Prevention recommends that everyone 6 months and older get the flu vaccine every year. Children 6 months to 8 years old need two flu doses if it's their first time. They should get the second dose about a month after the first one.

Good news for parents!

Alliance members ages 7 to 24 months who get their two flu vaccine doses between September 2024 and May 2025 will be entered into a monthly raffle for a chance to win a **$100 Target gift card**!

If you are pregnant, getting the flu vaccine is very important. It helps protect you and your baby before and after birth.

Wondering where to get your flu vaccine?

Try your doctor's office or your county public health office. You might be able to walk in, but it's best to make an appointment. If you are over 19, you can get a flu vaccine at your local pharmacy. Ask if you need to make an appointment.

Getting your flu vaccine isn't just good for you, it's good for everyone! It helps stop the flu from spreading and keeps you, your friends and your family safe and healthy.

Alternative formats

Alliance members, did you know you can get your written information in different formats? These formats can help you if you have trouble seeing or hearing. Examples of alternative formats are:

- **Braille**—small bumps or raised dots you can feel to read if you are blind or have low vision.
- **Audio or data CD**—a CD you can listen to on a computer or a CD player if reading is hard for you.
- **Large print**—bigger letters to help you if you have trouble reading small text.

Want to try it?

The Alliance member newsletter is available on our website in large print and audio format. If you would like other written information in an alternative format, call Alliance Member Services at **800-700-3874** (TTY: Dial **711**), 8 a.m. to 5:30 p.m., Monday through Friday.

Get Care Management services to help you!

It can be tricky to keep track of your health care when you are seeing different doctors or getting care from different places. If you need help with your medical care, prescriptions and behavioral health services, the Alliance can help. Here's how:

- **After the hospital.** Did you just come home from the hospital? We help with follow-up appointments and medicines.
- **Getting to appointments.** Need a ride to see the doctor? We can help set up free rides for you.
- **Special care management.** Need more help? We offer Complex Care Management services.

For more information and help in your own language, call our Care Management team at **800-700-3874** (TTY: Dial **711**). You can also call Alliance Member Services at the same number, Monday through Friday, 8 a.m. to 5:30 p.m. For the Hearing or Speech Assistance Line, call **800-735-2929** (TTY: Dial **711**).

Community Corner

Organ and tissue donation

You can help save lives by becoming an organ or tissue donor. If you are between 15 and 18 years old, you can become a donor with the written consent of your parent or guardian. You can change your mind about being an organ donor at any time.

If you want to learn more about organ or tissue donation, talk to your doctor. You can also visit the website of the U.S. Department of Health and Human Services at **www.organdonor.gov**.

Stay safe when mixing antipsychotics and opioids!

It's important to be careful when you take antipsychotics with opioids.

Here are some tips on how to use both safely:

- **Never stop your medicine without talking to your doctor first.** Stopping suddenly can cause withdrawal symptoms.
- **Call 911 right away if you:**
  1. Feel sick while also feeling grumpy.
  2. Feel confused.
  3. Feel like your heart is beating too fast.
  4. Feel like your muscles are stiff or they twitch.
  5. Are sweating, have a high fever, have seizures, feel cold or throw up.
  6. Have trouble breathing, feel like you might pass out, feel dizzy or have a hard time staying awake.

Have questions? Talk to your doctor or pharmacist.

- **Do not drive or use machines.** When you use opioids and antipsychotics together, it might affect how well you move, react or make decisions.
- **Ask your doctor about getting naloxone (Narcan).** You can also get it at any Alliance office. Narcan can save lives if someone has taken too many opioids.
- **Talk to your doctor** about using less opioid medicine or using opioids that aren't as strong.

Common antipsychotics

Antipsychotics help treat schizophrenia, bipolar disorder, depression and other mental health concerns. Examples include:

- Chlorpromazine (Thorazine).
- Clozapine (Clozaril).
- Olanzapine (Zyprexa).
- Quetiapine (Seroquel).
- Aripiprazole (Abilify).
- Haloperidol (Haldol).
- Lurasidone (Latuda).
- Risperidone (Risperdal).
- Ziprasidone (Geodon).

Common opioids

Opioids are strong pain medicines. If you take any of the above medicines with opioids, take extra steps to stay safe. Some examples of opioids are:

- Hydrocodone-APAP (Lortab, Lorcet).
- Hydromorphone (Dilaudid).
- Morphine (MS Contin, Kadian).
- Oxycodone (Oxycontin).
- Oxycodone-APAP (Percocet, Endocet).

Benefit spotlight

Health resources and self-management tools

At the Alliance, we care about your health. That's why our health education programs give Alliance members the tools to be as healthy as possible.

The Alliance offers self-management tools to help you and your family learn about different health topics. These tools are available on the Health and Wellness website for the following topics:

Healthy eating, healthy weight, physical activity

Self-management tools for children and teens
These tools include a personalized eating plan, BMI calculator for children and teens, and a physical activity planner. They can be used anytime to help with maintaining a healthy weight, eating healthy and encouraging physical activity with your family.

Self-management tools for adults
These tools include a personalized eating plan, physical activity planner and healthy weight assessment. They can be used anytime to provide help with maintaining a healthy weight, eating healthy and fitting physical activity into your week.

Depression, managing stress, avoiding at-risk drinking

Self-management tools for adults
These tools include a depression self-test, resources for managing stress and a tool to check drinking habits. Use each tool to search for the topics that impact you. If you feel you need more help, talk to your doctor.

Quitting tobacco

Self-management tools for adults
These tools include a quit plan and self-help materials to provide help with quitting tobacco and/or smoking.

Visit the Alliance's Health and Wellness website to find the self-management tools at **www.thealliance.health/health-and-wellness**. For more information about self-management tools or health education programs, call the Health Education Line at **800-700-3874, ext. 5580**. For the Hearing or Speech Assistance Line, call **800-735-2929** (TTY: Dial **711**).

Protecting your privacy

Your health information is private, and we want to keep it safe. Sometimes we might need to share it, and sometimes you can choose what you want to share.

When we might share information

We might share your health information to help with your treatments or payments without asking you first. For example, we might tell a doctor you are an Alliance member so they can treat you. There are other times when we might share information and not ask you. These are set by law.

When you decide to share information

If someone asks us for your health information, you need to say if it's OK before we give it to them. You also get to say if it's OK before we share your information with apps on your phone or computer.

We often check how we keep your health information safe. We want to provide you quality health care and protect your information.

Learn more

To learn more about how we keep your health information private, look at the Notice of Privacy Practices in your Member Handbook. It is also available on our website at **www.thealliance.health/privacy-practices**.

We are texting members!
The Alliance texts members to help them keep up to date on Alliance benefits and services. Alliance texts are from the short code **59849**. To learn more, visit our website at **www.thealliance.health/member-texting**.

At every life stage.
For any health condition.

Trusted, no cost Medi-Cal health care from a local team that understands you.

The Alliance—your ally in being your healthiest self.

LIVING HEALTHY is published for the members and community partners of CENTRAL CALIFORNIA ALLIANCE FOR HEALTH, 1600 Green Hills Road, Suite 101, Scotts Valley, CA 95066, telephone 831-430-5500 or 800-700-3874, ext. 5505, website www.thealliance.health.

Information in LIVING HEALTHY comes from a wide range of medical experts. If you have any concerns or questions about specific content that may affect your health, please contact your health care provider.

Models may be used in photos and illustrations.

Editor — Randi Motson

Quality and Health Programs Supervisor — Ivonne Muñoz

www.thealliance.health

Nondiscrimination Notice

Discrimination is against the law. Central California Alliance for Health (the Alliance) follows State and Federal civil rights laws. The Alliance does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

The Alliance provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Alliance between 8 a.m. and 5:30 p.m., Monday through Friday, by calling **800-700-3874**. If you cannot hear or speak well, please call **800-735-2929** (TTY: Dial **711**). Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:
Central California Alliance for Health
1600 Green Hills Road, Suite 101
Scotts Valley, CA 95066
800-700-3874
800-735-2929 (TTY: Dial **711**)

HOW TO FILE A GRIEVANCE

If you believe that the Alliance has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with the Alliance's Civil Rights Coordinator, also known as the Senior Grievance Specialist. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact the Alliance's Senior Grievance Specialist between 8 a.m. and 5:30 p.m., Monday through Friday, by calling **800-700-3874**. Or, if you cannot hear or speak well, please call **800-735-2929** (TTY: Dial **711**).
- **In writing:** Fill out a complaint form or write a letter and send it to:
  Central California Alliance for Health
  Attn: Senior Grievance Specialist
  1600 Green Hills Road, Suite 101
  Scotts Valley, CA 95066
- **In person:** Visit your doctor's office or the Alliance and say you want to file a grievance.
- **Electronically:** Visit the Alliance's website at **www.thealliance.health**.

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- **In writing:** Fill out a complaint form or send a letter to:
  Deputy Director, Office of Civil Rights
  Department of Health Care Services
  Office of Civil Rights
  P.O. Box 997413, MS 0009
  Sacramento, CA 95899-7413

  Complaint forms are available at **www.dhcs.ca.gov/Pages/Language_Access.aspx**.
- **Electronically:** Send an email to **CivilRights@dhcs.ca.gov**.

This newsletter is also available in large print and audio formats at **www.thealliance.health/otherformats**.

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

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OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **800-368-1019**. If you cannot speak or hear well, please call TTY/TDD **800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at **www.hhs.gov/civil-rights/filing-a-complaint/index.html**.

- **Electronically:** Visit the Office for Civil Rights Complaint Portal at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**.

Daim ntawv tshaj xo no los kuj muaj ua ntawv luam loj thiab kaw ua suab nyob ntawm **thealliance.health/hmn/tag/alternative-access**.

Este boletín también está disponible en formato de letra grande y audio en **thealliance.health/es/tag/alternative-access**.

English Tagline
ATTENTION: If you need help in your language call 1-800-700-3874 (TTY: 1-800-735-2929). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-700-3874 (TTY: 1-800-735-2929). These services are free of charge.

الشعار بالعربية (Arabic)
يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-700-3874 (TTY: 1-800-735-2929).
تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ 1-800-700-3874 (TTY: 1-800-735-2929). هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)
ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-700-3874 (TTY: 1-800-735-2929): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-800-700-3874 (TTY: 1-800-735-2929): Այդ ծառայություններն անվճար են:

ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Cambodian)
ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-800-700-3874 (TTY: 1-800-735-2929)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរជុំសសម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-800-700-3874 (TTY: 1-800-735-2929)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

简体中文标语 (Simplified Chinese)
请注意：如果您需要以您的母语提供帮助，请致电 1-800-700-3874 (TTY: 1-800-735-2929)。我们另外还提供针对残疾人士的帮助和服务，例如盲文和大字体阅读，提供您方便取用。请致电 1-800-700-3874 (TTY: 1-800-735-2929)。这些服务都是免费的。

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

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مطلب به زبان فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-800-700-3874 (TTY: 1-800-735-2929) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-800-700-3874 (TTY: 1-800-735-2929) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-700-3874 (TTY: 1-800-735-2929) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-700-3874 (TTY: 1-800-735-2929) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-700-3874 (TTY: 1-800-735-2929). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-700-3874 (TTY: 1-800-735-2929). Cov kev pab cuam no yog pab dawb xwb.

日本語表記 (Japanese)

注意日本語での対応が必要な場合は 1-800-700-3874 (TTY: 1-800-735-2929)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 1-800-700-3874 (TTY: 1-800-735-2929)へお電話ください。これらのサービスは無料で提供しています。

한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-800-700-3874 (TTY: 1-800-735-2929) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-700-3874 (TTY: 1-800-735-2929) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ແທກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-800-700-3874 (TTY: 1-800-735-2929). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-800-700-3874 (TTY: 1-800-735-2929). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-800-700-3874 (TTY: 1-800-735-2929). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-800-700-3874 (TTY: 1-800-735-2929). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

Taglines

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)
ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-700-3874 (TTY: 1-800-735-2929). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ| ਕਾਲ ਕਰੋ 1-800-700-3874 (TTY: 1-800-735-2929). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ|

Русский слоган (Russian)
ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-700-3874 (линия TTY: 1-800-735-2929). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-700-3874 (линия TTY: 1-800-735-2929). Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)
ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-700-3874 (TTY: 1-800-855-3000). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-700-3874 (TTY: 1-800-855-3000). Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)
ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-700-3874 (TTY: 1-800-735-2929). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan,tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-700-3874 (TTY: 1-800-735-2929). Libre ang mga serbisyong ito.

แท็กไลน์ภาษาไทย (Thai)
โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-700-3874 (TTY: 1-800-735-2929) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ
ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-700-3874 (TTY: 1-800-735-2929) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)
УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-700-3874 (TTY: 1-800-735-2929). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-700-3874 (TTY: 1-800-735-2929). Ці послуги безкоштовні.

Khẩu hiệu tiếng Việt (Vietnamese)
CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-700-3874 (TTY: 1-800-735-2929). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-700-3874 (TTY: 1-800-735-2929). Các dịch vụ này đều miễn phí.

La Vida **Saludable**

Un boletín informativo para los miembros de Central California Alliance for Health

Diciembre del 2024 | VOLUMEN 30, NÚMERO 4

¡Su salud de la conducta es importante!

Los altibajos de la vida a veces pueden parecer imposibles de controlar, y está bien pedir ayuda. El cuidado de la salud de la conducta es importante para el bienestar general. La salud de la conducta incluye la salud mental, el consumo de sustancias y los comportamientos conflictivos.

Para algunas personas, las fiestas pueden ser una ocasión de soledad o estrés. Si se siente triste, ansioso o deprimido o tiene problemas con el consumo de sustancias, ¡no está solo! Podemos ayudar.

Cómo acceder a los servicios de salud de la conducta

- Para obtener ayuda de salud mental o salud de la conducta, llame a Carelon Behavioral Health al **855-765-9700**. Este número de teléfono gratuito está disponible las 24 horas del día, los 7 días de la semana.
- Para servicios por consumo de sustancias, póngase en contacto con el departamento de Salud de la Conducta de su condado:

Para obtener más información y recursos, consulte **www.thealliance.health/es/mentalhealth**.

Condado de Mariposa:
800-549-6741
Condado de Merced:
888-334-0163
Condado de Monterey:
888-258-6029
Condado de San Benito:
888-636-4020
Condado de Santa Cruz:
800-952-2335

Si usted o un miembro de su familia tiene dificultades o está atravesando una crisis, llame o envíe un mensaje de texto al **988**. La Línea de Prevención del Suicidio y Crisis 988 está disponible en inglés y español.

Si tiene una emergencia de salud, llame al **911** o diríjase a la sala de emergencias más cercana.

Pregúntele al **doctor**

¿Qué debo hacer si no puedo ver a mi doctor de inmediato?

El Dr. Dennis Hsieh es el Director Médico de Central California Alliance for Health.

En ocasiones, podría pasar que se sienta enfermo cuando la oficina de su doctor está cerrada. Quizá necesita ayuda rápido. Si no puede ver al doctor de inmediato, existen otras formas de recibir cuidado.

Aquí hay algunas formas de conseguir cuidado:

- Llame a la línea de consejos de la oficina de su doctor.
- Intente por telemedicina (si su doctor de cuidado primario ofrece esta opción).
- Llame a nuestra Línea de Consejos de Enfermeras.
- Visite una clínica de cuidado de urgencia.

¿Qué es una línea de consejos del doctor?

Algunas oficinas de doctores cuentan con una línea telefónica a la que puede llamar cuando necesita ayuda médica. Esta línea le permite hablar con un trabajador del cuidado de la salud que puede responder a sus preguntas, ayudar con sus síntomas y decirle qué hacer después.

¿Qué es la telemedicina?

La telemedicina es la posibilidad de que su doctor lo atienda a través de una videollamada. Esta es una opción excelente para casos que no requieren un examen físico, como los síntomas de la gripe y las infecciones leves. Pregunte a su doctor si ofrece este servicio.

¿Qué es la Línea de Consejos de Enfermeras?

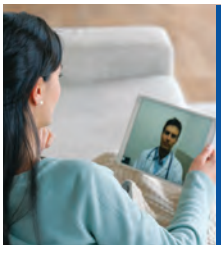
Si no está seguro de adónde ir o qué hacer, la Línea de Consejos de Enfermeras, que atiende las 24 horas del día, los 7 días de la semana, puede ser de ayuda. Un miembro del personal de enfermería puede ayudarle a decidir si debe acudir a un centro de cuidado de urgencia, a la sala de emergencias o si debe esperar a ver a su doctor. Llame al **844-971-8907** (TTY: Marque **711**) para hablar con personal de enfermería. También puede visitar a **www.thealliance.health/es/nurse-advice-line** para obtener más información.

¿Qué son las clínicas de cuidado de urgencia?

El cuidado de urgencia es para casos que no ponen en peligro la vida, como lesiones, enfermedades e infecciones leves. Estas clínicas tienen un horario de atención muy amplio y ofrecen servicios como rayos X y suturas. Visite a **www.thealliance.health/es/urgent-care** para obtener más información.

¿Qué hago si creo que es algo grave?

Si considera que se trata de una emergencia o de algo que pone en peligro su vida, llame al **911** o vaya de inmediato a la sala de emergencias.



Su salud es importante. Estas opciones pueden ayudarle a recibir cuidado cuando la necesite. Si tiene preguntas, llame al Departamento de Servicios para Miembros de la Alianza al **800-700-3874**. ¡Estamos a su disposición para ayudarle!

Cómo entender las referencias y autorizaciones

Queremos asegurarnos de que sepa cómo obtener los servicios que están incluidos en su seguro de salud. A continuación, encontrará algunos términos importantes utilizados en el cuidado de la salud y sus significados.

Referencia

Si se le asigna un proveedor de cuidado primario (primary care provider; PCP, por sus siglas en inglés) de la Alianza, debe tener una ***referencia*** para ver a otro doctor.

- Si su PCP considera que debe consultar a otro doctor, deberá rellenar un Formulario de Consulta de Referencia.
- Si no recibimos una referencia, no podemos pagar el cobro ni la reclamación del otro doctor.
- Hay algunas excepciones. Consulte la lista completa en su Constancia de Cobertura o en el Manual para Miembros. Puede consultar el Manual para Miembros en línea en **www.thealliance.health/es/memberhandbook**.

Referencia autorizada

Nuestra área de servicio incluye los condados de Mariposa, Merced, Monterey, San Benito y Santa Cruz. Si su PCP lo refiere a un doctor que se encuentra fuera de nuestra área de servicio, su doctor deberá conseguir la aprobación de la Alianza con anticipación. Esto se le llama ***referencia autorizada***.

- Esto significa que tenemos que aprobar la referencia antes de que pueda ver al otro doctor.
- Si es miembro de los Servicios de Ayuda a Domicilio (In-Home Supportive Services; IHSS, por sus siglas en inglés) de la Alianza, deberá obtener una referencia autorizada en caso de que su PCP lo refiere a un doctor que no trabaje con la Alianza, incluso si el doctor se encuentra en nuestra área de servicio.
- Los miembros de la Alianza que estén inscritos en el Programa de Servicios para Niños de California también deberán contar con una referencia autorizada para recibir cuidado especializado.

Autorización previa

La Alianza debe aprobar algunos servicios, procedimientos, medicamentos y equipos antes de que usted los reciba. Esto se le llama ***autorización previa***.

- El proveedor que va a prestar el servicio debe enviarnos una petición para indicarnos lo que necesita y el motivo.
- Si la petición es médicamente necesaria y es un beneficio cubierto, la aprobaremos y podrá recibir el servicio.
- En caso de que deneguemos una petición, puede presentar una apelación si no está de acuerdo con nuestra decisión.

Medicinas recetadas

Si es miembro de Medi-Cal, las medicinas recetadas que se surten en una farmacia tienen cobertura de Medi-Cal Rx y no de la Alianza. Para saber si un medicamento tiene cobertura, llame al **800-977-2273** (TTY: Marque **711**) o visite a **www.medi-calrx.dhcs.ca.gov**.

Si es miembro de IHSS, MedImpact maneja los servicios de farmacia. Puede consultar la lista de medicamentos con cobertura en **www.thealliance.health/es/prescriptions**. Para solicitar una copia por correo, llame a Servicios para Miembros al **800-700-3874** (TTY: Marque **711**). También puede llamar a Servicios para Miembros si tiene dudas sobre si un medicamento tiene cobertura.

Medicamentos que se administran en una oficina del doctor o en una clínica

Estos se consideran medicamentos administrados por un doctor. Puede consultar la lista de medicamentos con cobertura y cualquier modificación a la lista en **www.thealliance.health/es/prescriptions**. Si desea recibir una copia por correo, llame a Servicios para Miembros al **800-700-3874** (TTY: Marque **711**).

Bienestar para todos

¡No es demasiado tarde para protegerse de la gripe!

El invierno ya llegó, lo que significa que la temporada de gripe está en su momento de apogeo. De septiembre a mayo, es más probable que la gripe se propague. Por eso, es importante vacunarse contra la gripe todos los años para mantenerse saludable durante los meses de invierno.

La gripe no es un simple resfriado. Puede ser más peligrosa para las personas mayores, los niños pequeños, las mujeres embarazadas y las personas con problemas de salud como diabetes o asma.

Los Centros para el Control y la Prevención de Enfermedades recomiendan que todas las personas mayores de 6 meses se vacunen contra la gripe todos los años. Los niños de 6 meses a 8 años necesitan dos dosis contra la gripe si es su primera vez. Deben recibir la segunda dosis al cabo de un mes de la primera.

¡Buenas noticias para los padres!

Los miembros de la Alianza que tengan entre 7 y 24 meses y reciban las dos dosis de la vacuna contra la gripe entre septiembre de 2024 y mayo de 2025 participarán en un sorteo mensual para ganar una **tarjeta de regalo de Target de $100**.

Si está embarazada, es muy importante que se vacune contra la gripe. Esta vacuna ayuda a protegerlos a usted y a su bebé antes y después del parto.

¿Se pregunta dónde puede aplicarse la vacuna contra la gripe?

Intente ir a la oficina de su doctor o a la oficina de salud pública de su condado. Es posible que pueda acudir sin cita previa, pero lo mejor es que la pida. Si tiene más de 19 años, puede vacunarse contra la gripe en su farmacia local. Pregunte si necesita solicitar una cita.

Vacunarse contra la gripe no solo es bueno para usted, ¡es bueno para todos! Evita que la gripe se propague y los mantiene a usted, a sus amigos y a su familia seguros y saludables.

Formatos alternativos

Miembros de la Alianza, ¿sabían que pueden obtener información por escrito en diferentes formatos? Estos formatos pueden ayudarle en caso de que tenga problemas de visión o audición. Algunos ejemplos de formatos alternativos son los siguientes:

- **Braille:** pequeñas protuberancias o puntos que puede sentir para leer si está ciego o tiene poca visión.
- **CD de audio o datos:** un CD que puede escuchar en una computadora o un reproductor de CD si tiene dificultades para leer.
- **Letra grande:** letras más grandes para ayudarle si le cuesta leer textos en letra pequeña.

¿Quiere probarlo?

El boletín de noticias para los miembros de la Alianza está disponible en nuestro sitio web en letra grande y formato de audio. Si desea recibir otra información por escrito en un formato alternativo, llame a Servicios para Miembros de la Alianza al **800-700-3874** (TTY: Marque **711**), de 8 a.m. a 5:30 p.m., de lunes a viernes.

¡Reciba ayuda de los servicios de Manejo de Cuidado!

Puede ser complicado hacer un seguimiento de su cuidado de la salud cuando consulta a distintos doctores o recibe cuidado en diferentes lugares. Si necesita ayuda con su cuidado médico, medicinas recetadas y servicios de salud de la conducta, la Alianza puede ayudarle. Le explicamos cómo:

- **Después del hospital.** ¿Acaba de regresar a su casa del hospital? Le ayudamos con las citas de seguimiento y los medicamentos.
- **Traslado a las citas.** ¿Necesita que lo lleven al doctor? Podemos ayudarle a conseguir transporte gratuito.
- **Manejo de cuidado especial.** ¿Necesita más ayuda? Ofrecemos servicios de Manejo de Casos Complejos.

Para obtener más información y ayuda en su idioma, llame a nuestro equipo de Manejo de Cuidado al **800-700-3874** (TTY: Marque **711**). También puede llamar a Servicios para Miembros de la Alianza al mismo número, de lunes a viernes, de 8 a.m. a 5:30 p.m. Para la Línea de Asistencia de Audición o del Habla, llame al **800-855-3000** (TTY: Marque **711**).

Rincón de la comunidad

Donación de órganos y tejidos

Usted puede ayudar a salvar vidas convirtiéndose en donante de órganos o tejidos. Si tiene entre 15 y 18 años, puede ser donante con el consentimiento por escrito de su padre, madre o tutor. Puede cambiar de opinión sobre ser donante de órganos en cualquier momento.

Si desea obtener más información sobre la donación de órganos o tejidos, hable con su doctor. También puede visitar el sitio web del Departamento de Salud y Servicios Humanos de Estados Unidos en **www.organdonor.gov**.

¡Manténgase seguro cuando mezcle antipsicóticos y opioides!

Es importante tener cuidado al tomar antipsicóticos con opioides.

A continuación, encontrará algunos consejos sobre cómo utilizar ambos de forma segura:

- **Nunca deje de tomar su medicamento sin antes hablar con su doctor.** Dejarlo de forma repentina puede provocar síntomas de abstinencia.
- **Llame al 911 de inmediato si usted:**
  1. Se siente mal y a la vez está de mal humor.
  2. Siente confusión.
  3. Siente que el corazón le late demasiado rápido.
  4. Siente que tiene los músculos rígidos o espasmódicos.
  5. Suda, tiene fiebre alta, tiene convulsiones, siente frío o tiene vómitos.
  6. Tiene dificultad para respirar, siente que se va a desmayar, se marea o le cuesta mantenerse despierto.
- **No conduzca ni utilice máquinas.** El uso simultáneo de opioides y antipsicóticos puede afectar a su capacidad para moverse, reaccionar o tomar decisiones.
- **Consulte a su doctor sobre la posibilidad de recibir naloxona (Narcan).** También puede obtenerlo en cualquier oficina de la Alianza. Narcan puede salvar la vida de una persona que ha tomado demasiados opioides.
- **Hable con su doctor** sobre la utilización de menos medicamentos opioides o el uso de opioides que no sean tan fuertes.

¿Tiene preguntas? Consulte a su doctor o farmacéutico.

Antipsicóticos comunes

Los antipsicóticos ayudan a tratar la esquizofrenia, el trastorno bipolar, la depresión y otros problemas de salud mental. Los siguientes son algunos ejemplos:

- Clorpromazina (Thorazine)
- Clozapina (Clozaril)
- Olanzapina (Zyprexa)
- Quetiapina (Seroquel)
- Aripiprazol (Abilify)
- Haloperidol (Haldol)
- Lurasidona (Latuda)
- Risperidona (Risperdal)
- Ziprasidona (Geodon)

Opioides comunes

Los opioides son analgésicos potentes. Si toma alguno de los medicamentos mencionados junto con opioides, adopte medidas de seguridad adicionales. Algunos ejemplos de opioides son los siguientes:

- Hidrocodona-APAP (Lortab, Lorcet).
- Hidromorfona (Dilaudid).
- Morfina (MS Contin, Kadian).
- Oxicodona (Oxycontin).
- Oxicodona-APAP (Percocet, Endocet).

Centro de atención de los beneficios

Recursos de salud y herramientas de autocontrol

En la Alianza nos preocupamos por su salud. Por eso, nuestros programas de educación para la salud dan a los miembros de la Alianza las herramientas necesarias para gozar de la mejor salud posible.

La Alianza ofrece herramientas de autocontrol para ayudarles a usted y a su familia a informarse sobre distintos temas de salud. Estas herramientas están disponibles en el sitio web de Salud y Bienestar para los siguientes temas:

Alimentación saludable, peso saludable, actividad física

Herramientas de autocontrol para niños y adolescentes

Estas herramientas incluyen un plan de alimentación personalizado, una calculadora del Índice Masa Corporal (Body Mass Index; BMI, por sus siglas en inglés) para niños y adolescentes y un planificador de la actividad física. Se pueden utilizar en cualquier momento para contribuir a mantener un peso saludable, comer sano y promover la actividad física en familia.

Herramientas de autocontrol para adultos

Estas herramientas incluyen un plan de alimentación personalizado, un planificador de actividad física y una evaluación de peso saludable. Se pueden utilizar en cualquier momento para ayudar a mantener un peso saludable, comer sano y organizar la actividad física en la semana.

Depresión, control del estrés, prevención del consumo de alcohol de riesgo

Herramientas de autocontrol para adultos

Estas herramientas incluyen una autoevaluación de la depresión, recursos para controlar el estrés y una herramienta para comprobar los hábitos de consumo de alcohol. Utilice cada herramienta para buscar los temas que le afectan. Si considera que necesita más ayuda, hable con su doctor.

Abandono del consumo de tabaco

Herramientas de autocontrol para adultos

Estas herramientas incluyen un plan para dejar de fumar y materiales de autoayuda para dejar el tabaco o el hábito de fumar.

Visite el sitio web de Salud y Bienestar de la Alianza para encontrar las herramientas de autocontrol en **www.thealliance.health/es/health-and-wellness**. Para obtener más información sobre herramientas de autocontrol o programas de educación para la salud, llame a la Línea de Educación de Salud al **800-700-3874, ext. 5580**. Para la Línea de Asistencia de Audición o del Habla, llame al **800-855-3000** (TTY: Marque **711**).

La protección de su privacidad

Su información sobre la salud es privada y queremos mantenerla protegida. A veces es posible que debamos compartirla, y a veces usted puede elegir lo que quiere compartir.

Cuando podríamos compartir información

Es posible que compartamos sus datos de salud para ayudarle con sus tratamientos o pagos sin preguntarle antes. Por ejemplo, podemos informar a un doctor de que es usted miembro de la Alianza para que pueda atenderlo. Hay otros casos en los que podemos compartir información sin preguntarle. Estos casos están establecidos por ley.

Cuando decida compartir información

Si alguien nos pide información sobre su salud, usted tiene que decir si está de acuerdo antes de que se la facilitemos. También puede decir si está de acuerdo antes de compartir su información con aplicaciones de su teléfono o computadora.

Con frecuencia comprobamos cómo mantenemos protegida su información de salud. Queremos ofrecerle un cuidado de la salud de calidad y proteger su información.

Más información

Para obtener más información sobre cómo mantenemos la privacidad de su información de salud, consulte el Aviso de Prácticas de Privacidad en su Manual para Miembros. También está disponible en nuestro sitio web en **www.thealliance.health/es/privacy-practices**.

¡Enviamos mensajes de texto a los miembros!
La Alianza envía mensajes de texto a los miembros para ayudarles a mantenerse al día sobre los beneficios y servicios de la Alianza. Los textos de la Alianza son del código corto **59849**. Para obtener más información, visite nuestro sitio web en **www.thealliance.health/es/member-texting**.

En todas las etapas de la vida.
Para cualquier condición médica.

De confianza; cuidado de salud de Medi-Cal sin costo ofrecido por un equipo local que le entiende.

The Alliance: su aliado en ser su versión más saludable.

LA VIDA SALUDABLE se publica para los miembros y socios comunitarios de CENTRAL CALIFORNIA ALLIANCE FOR HEALTH, 1600 Green Hills Road, Suite 101, Scotts Valley, CA 95066, teléfono 831-430-5500 ó 800-700-3874, ext. 5508, sitio web www.thealliance.health/es.

La información de LA VIDA SALUDABLE proviene de una gran variedad de expertos médicos. Si tiene alguna inquietud o pregunta sobre el contenido específico que pueda afectar su salud, sírvase comunicarse con su proveedor de cuidado médico.

Se pueden usar modelos en fotos e ilustraciones.

Editor Randi Motson
Quality and Health Programs Supervisor Ivonne Muñoz

www.thealliance.health/es

December 2024

Provider **Bulletin**

A **quarterly** publication for providers.

Expanding network access and advancing health equity

We remain committed to our vision of advancing health equity for our members and recognize that our provider network is our strongest partner in achieving this shared vision. In our last issue, we announced significant grant and incentive-based investments to expand our provider network and close identified care gaps.

Recognizing there is more work to do, we are pleased to announce we will increase reimbursement rates for many contracted providers through our Board-approved supplemental payment strategy. This $152.4-million allocation will be paid out over approximately three years, beginning in 2025. This approach furthers our commitment to continually offer competitive reimbursement with rates higher than Medi-Cal.

To advance health equity, we will continue funding Equity Practice Transformation beyond the state's discontinuation of funding. To increase members' access to culturally and linguistically appropriate care, providers who offer bilingual services will be further compensated. And to ensure our members are informed of community support services, we will reimburse providers who successfully connect members to community-based organizations or community health workers. Lastly, we will provide payments to providers who collect social determinants of health data, which will then inform our future efforts aimed at reducing health inequities.

Together, we will make sure our members maintain access to the care they need, when they need it most. Thank you for your continued commitment to our members.

Michael Schrader

Michael Schrader, CEO

Alliance Board Meetings

Wednesday, Jan. 22, 2025
3 to 5 p.m.

Wednesday, Feb. 26, 2025
3 to 5 p.m.

Whole Child Model Clinical Advisory Committee Meetings

Thursday, Dec. 19, 2024
Noon to 1 p.m.

Physicians Advisory Group (PAG) Meeting

Thursday, March 6, 2025
Noon to 1:30 p.m.

Back to Agenda

MY2023 HEDIS Awards

The Alliance is pleased to announce our Healthcare Effectiveness Data and Information Set (HEDIS) award winners for Measurement Year 2023 (MY2023). Based on National Committee of Quality Assurance (NCQA) clinical measure guidelines, HEDIS awards represent how well the Alliance network of providers deliver services to Alliance members.

Please join us in congratulating the following providers for earning the *Award of Excellence*!

Acacia Family Medical Group

What Acacia Family Medical Group shared about **administering chlamydia screening for women**:

"At every well-child check and well-woman exam, we collect a urine sample before the member is seen by the clinician. We do this regardless of whether a member has a pelvic exam. We also have an alert in the patient's chart to collect urine at the next visit."

Alisal Health Center

What Alisal Health Center shared about **cervical and breast cancer screening and well-child visits**:

"We achieved this incredible recognition with the support of our Quality Department and clinic staff. We focused on improving quality metrics by implementing new workflows and dedicating hours of staff time to population health outreach."

Brennan Medical

What Brennan Medical shared about **cervical and breast cancer screenings and treating diabetes**:

"For patients with uncontrolled diabetes, we implemented a standing order for them to visit every four to six months to monitor their HbA1c levels. Many patients were unaware of their last screening dates, so we leveraged resources like SCHIO and CCAH to update spreadsheets and identify those members who were due for screenings."

George L. Mee Memorial Clinic

What George L. Mee Memorial Clinic shared about **childhood immunizations**:

"It starts with empowering the clinical staff and giving them the tools they need to be successful. The 2023 focus was on pre-visit planning, optimizing clinical workflows, value-driven care, and increasing availability and access for our patients. We also invested in a population health software solution that allows us to identify patients who have care gaps and contact them in a timely manner."

Laurel Vista

What Laurel Vista shared about **child and adolescent well-child checks, cervical cancer screening, and postpartum care measures**:

"We added two providers to Vista in 2023 to improve access to care. Our staff performs chart scrubbing ahead of appointments, identifying gaps in care and ensuring that necessary screenings are pended in the EMR for provider review.

We have a dedicated quality improvement team that conducts outreach to patients who have missed appointments.

In 2023, we scheduled several Saturday WCC clinics. We also held dedicated Pap smear clinics.

Postpartum care is a shared effort with hospital staff and our call center, who block time on provider schedules for postpartum visits."

Montage Medical Group

What Montage Medical Group shared about **child and adolescent well-check exams**:

"Our primary strategy is to prioritize our adolescent members for outreach. We reach out to these members every month until they are scheduled for an appointment. Once scheduled, we send reminders to members to ensure they attend their visit. We also try to schedule appointments during standard school closures (i.e., summer, Thanksgiving and Christmas breaks)."

Pediatric Medical Group

What Pediatric Medical Group shared about **immunizations in adolescents**:

"We have a dedicated vaccine coordinator. Each month she will use the spreadsheet from the Quality Improvement reports from the Alliance provider portal and compare the names of the non-compliant members with our EMR database and the California Immunization Registry. Our staff reaches out to these members at least three times by phone to schedule a vaccination appointment. If they are unsuccessful in contacting the patient by phone, a letter is mailed to the patient's home.

We also review vaccination status at every patient visit and will administer vaccines at visits. We also have a policy that an appointment is not necessary for a vaccination."

Romie Lane Pediatrics

What Romie Lane Pediatrics shared about **child and adolescent immunizations and well-child checks**:

"We text a parent of patients who have missed a well-check or are due for one in the next two months. We perform lead screening at well-checks for 1- and 2-year-olds and check vaccine status at every well-check, regardless of age."

Rural Health Network, Inc.

What Rural Health Network, Inc., shared about **attention to members**:

"Our staff and providers work together to make sure our patients are meeting all their measures. From calling patients to sending them reminders of their appointments, we work hard to make sure we don't miss anything."

St. Junipero Children's Clinic

What St. Junipero Children's Clinic shared about **developmental screening rates for children 0-3 years old**:

"We screen appointments ahead of time and provide developmental screening paperwork to parents. We also run reports on the provider portal to target noncompliant patients and ensure members have their next appointment scheduled before leaving the office."

Check out the photos of this year's HEDIS Award winners and read their unabridged quotes at **www.thealliance.health/HEDIS**.

2025 Care-Based Incentive (CBI) Program

The Alliance's CBI Program includes a set of measures encouraging preventive health services and connecting Medi-Cal members with their primary care providers (PCPs). The CBI Program pays qualifying contracted provider sites, including family practice, pediatrics and internal medicine.

Provider incentives are broken into:

- Programmatic measures that are paid annually based on rate of performance in each measure.
- Fee-for-service (FFS) measures that are paid quarterly when a specific service is performed or a measure is achieved.

New programmatic measures moved from exploratory

- **Chlamydia screening in women.** This measure is based on women 16-24 years of age who were identified as sexually active and who had a screening for chlamydia during the measurement year.
- **Colorectal cancer screening.** This measure is based on members 45-75 years of age who had an appropriate screening for colorectal cancer.
- **Well-child visits for age 15-30 months.** This measure is based on the percentage of members 30 months old who had two or more well-visits with a PCP during 15-30 months of life.

Measure changes

- **Diabetic HbA1c poor control >9% changed to Diabetic Poor Control >9%.** The measure was modified to review the most recent glycemic status received through hemoglobin A1c (HbA1c) or glucose management indicator (GMI) testing.
- **Post-discharge care.** This measure now accepts follow-up care by specialists and excludes members if they were discharged on the same day from a skilled nursing facility.

Retired measures

- **Health Equity: Child and Adolescent Well-Care Visit measure.**
- **Performance Improvement Measure.**

For more information about the Alliance CBI Program, contact your Provider Relations Representative or call Provider Services at **800-700-3874, ext. 5504**.

CBI 2025 performance improvement methodology

Care coordination measures:

- Clinics can earn full points if they did not meet the plan benchmark but achieved a 2.5% improvement compared to their 2024 quarter 4 performance.

Quality of care measures:

- Clinics at or above the 50th percentile will earn 70% of measure points. If they receive the 75th percentile or a 2.5%-point improvement from their 2024 quarter 4 performance, they will receive full points.
- Clinics below the 50th percentile will earn 50% of measure points if they attain a 2.5%-point improvement from 2024 quarter 4 performance. Clinics earn full points if they attain a 5%-point improvement from their 2024 quarter 4 performance.

Avoiding preventable Emergency Department (ED) visits

When members have a mild illness or need medications refilled and you're unable to see them in person right away, here are some resources you can refer them to. These resources help them avoid preventable ED visits.

Nurse Advice Line (NAL)

If an Alliance member is unable to speak to clinic staff, they can talk to a registered nurse 24/7 by calling the Alliance Nurse Advice Line at **844-971-8907**. Our NAL can assist in determining if a member should follow up with their doctor or go to the ED. We ask that you please include our NAL on your phone tree and help educate members on this service. Your Provider Relations Representative can supply you with NAL magnets for members to take home.

Telehealth visits

Medi-Cal covers telehealth services that may reduce barriers for members when seeking care. For eligibility and participation requirements, see section 6 of the Alliance Provider Manual at **www.thealliance.health/provider-manual**.

- Telespecialists are available to Alliance members. Through TeleMed2U, members can consult with a provider for conditions that don't require a physical examination, at home or in a clinic. See our flyer for more information: **www.thealliance.health/TeleMed2U-Flyer**.
- eConsults are available to improve access to specialty providers through AristaMD. For questions about telehealth services, email **telehealth@ccah-alliance.org** or contact Provider Services at **800-700-3874, ext. 5504**.

Urgent care

If members call with non-life-threatening issues and your clinic cannot accommodate them, you can refer them to urgent care. See the Alliance website for a list of urgent care sites that are available for members at **www.thealliance.health/urgent-care**.

Emergency Department

If members are experiencing an emergency or something that is life-threatening, they should visit the ED immediately.

Providers can also earn incentives for helping to prevent unnecessary ED visits. Learn more at **www.thealliance.health/emergency visits-tip-sheet**.

The Alliance to offer Medicare Advantage in 2026

Starting Jan. 1, 2026, the Alliance will expand our operations to include a Medicare Advantage Dual Eligible Special Needs Plan (MA D-SNP) for individuals eligible for Medicare and Medi-Cal.

What are the benefits of a D-SNP?

D-SNPs are Medicare Advantage Plans for dual-eligible beneficiaries, offering:

1. **Enhanced Care Coordination.** D-SNPs offer a holistic approach to health care, coordinating services across Medicare and Medi-Cal to ensure that a patient's care is managed effectively.
2. **Comprehensive coverage.** These plans typically provide a broad range of benefits, including those not covered by traditional Medicare, such as dental, vision and transportation services.
3. **Streamlined services.** By integrating Medicare and Medi-Cal benefits, D-SNPs simplify the process for both patients and providers, reducing administrative burdens and improving access to care.
4. **Focused support.** D-SNPs often include care management and support services designed to help beneficiaries navigate their complex health care needs, leading to better health outcomes.

Why it matters

Understanding D-SNPs helps you better support patients and ensure they receive comprehensive care. So far, 65% of Alliance providers have executed contract amendments. If you aren't yet contracted as a D-SNP provider, please reach out to Provider Services.

Population Needs Assessment

The Alliance conducts an annual Population Needs Assessment (PNA) that focuses on assessing the needs of the following:

- Members who are children or adolescents.
- Members with disabilities.
- Members of racial or ethnic groups.
- Members with limited English proficiency.
- Members in relevant subpopulations.

Additionally, the PNA assesses social determinants of health for the member population. The PNA helps us identify gaps in services related to these issues in our service areas. The assessment's main goals are to improve health outcomes and meet Medi-Cal members' needs.

The Alliance PNA reports can be viewed online at **www.thealliance.health/cultural-and-linguistic-services**.

Whole-Child Model expanding its reach

On Jan. 1, 2025, Mariposa and San Benito counties will implement the Whole-Child Model (WCM), joining the rest of the Alliance service areas. Under WCM, California Children's Services (CCS) children receive treatment from their Medi-Cal managed care health plan (the Alliance) instead of their county CCS program.

Developed by DHCS and used in 21 counties, WCM enhances care coordination for CCS and non-CCS conditions. Benefits align with CCS standards and are provided by CCS-paneled providers and specialty centers. WCM goals include patient- and family-centered care, improved coordination, maintained quality, streamlined services, cost-effectiveness and addressing the child's full range of needs.

Becoming a CCS-paneled provider

Providers must enroll in Medi-Cal before becoming CCS-paneled. Submit your Provider Application and Validation for Enrollment (PAVE). After approval, apply online to become a CCS provider.

Call **916-552-9105** or email **providerpaneling@dhcs.ca.gov** for more information.

WCM physicians

Children can continue seeing CCS-paneled providers with continuity of care extendable beyond 12 months. Access to specialized equipment and prescription drugs continues until new assessments and treatment plans are in place.

Health resources and tools for self-management

The Alliance offers health education programs and resources to help members get healthy and stay healthy. Online self-management tools help members learn about different health topics. The tools are available on the Health and Wellness website for the following topics.

Healthy eating, healthy weight, physical activity

Self-management tools for children and teens include personalized eating plans, a BMI calculator for children and teens, and a physical activity planner at **www.thealliance.health/healthy-weight**.

Self-management tools for adults include personalized eating plans, a physical activity planner and a healthy weight assessment at **www.thealliance.health/adult-weight-management**.

Depression, managing stress, avoiding at-risk drinking

Self-management tools for adults include a depression self-test, managing stress resources and checking drinking habits at **www.thealliance.health/behavioral-health-care**.

Quitting tobacco

Self-management tools for adults include a quit plan and self-help materials to provide help with quitting tobacco and/or smoking at **www.thealliance.health/quitting-tobacco**.

For more information about these tools and programs, call the Health Education Line at **800-700-3874, ext. 5580**.

Goals and strategies for IBD

The primary objectives of therapy for inflammatory bowel disease (IBD), which encompasses Crohn's disease and ulcerative colitis, are to induce remission, achieve complete mucosal healing and minimize the risk of relapse. Timely selection of appropriate medications is crucial in preventing disease progression.

Medication and treatments

- **For the induction of remission in mild Crohn's disease:** Budesonide is the first-line treatment. For maintenance therapy, azathioprine or mesalamine products are commonly used.
- **In mild ulcerative colitis:** The first-line treatment involves topical mesalamine products and topical glucocorticoids.
- **For moderate to severe cases of IBD:** Biologics like infliximab, adalimumab and vedolizumab are recommended for induction and maintenance +/- immunomodulators. Biologics demonstrate comparable efficacy in inducing clinical response and maintaining clinical remission in patients with IBD. Vedolizumab is considered a first-line therapy for immunocompromised patients.

A tailored approach to therapy, considering individual patient factors and disease severity, is essential in IBD management.

Additional resources
www.morehealth.org/nih-budesonide-for-remission
www.morehealth.org/aga-guidelines
www.crohnscolitisfoundation.org

Pharmacist-Led Academic Detailing (PLAD) Program

Alliance pharmacists offer an interactive, nonbiased, evidence-based and individualized educational program. Our goal is to promote evidence-based practices, provide support, build relationships with health care teams and ultimately improve patient health outcomes.

The following topics are currently available:

- **Diabetes**
- **Asthma**
- **Hypertension**

To learn more about the program and to enroll, please email **pharmacy@ccah-alliance.org** and include the phrase "Pharmacist-Led Academic Detailing" in the subject line.

Medi-Cal Rx Drug Utilization Review (DUR)

Please review the following Medi-Cal Rx DUR articles published since May 2024:

- "Aspirin for Primary Prevention of Cardiovascular Disease."
- "Risks of Concomitant Statin Therapy with Gemfibrozil."

This resource is linked on the Alliance's Pharmacy Services webpage under the "Drug Utilization Review (DUR)" section at **www.thealliance.health/pharmacy-services**.

The Alliance's physician-administered drug list and procedures

The Alliance's physician-administered drug list, restrictions, prior authorization criteria, policies and their updates are available on the Pharmacy Services webpage at **www.thealliance.health/pharmacy-services**. If you would like to request physical copies, please contact the Pharmacy at **831-430-5507**.

Annual provider fraud, waste and abuse (FWA) trends

From June 2023 to June 2024, the Alliance's Program Integrity Unit investigated approximately 78 provider-related referrals for suspected fraud, waste and abuse (FWA). The Alliance is required to report all suspected FWA instances to the California Department of Health Care Services, Monterey County and when applicable to the Plan's In-Home Supportive Services line of business.

The Alliance's FWA prevention program ensures compliance with federal and state standards by maintaining comprehensive policies and procedures. Suspected FWA referrals may come from internal staff, providers, members, regulatory agencies and anonymous sources.

Common FWA concerns identified from June 2023 to June 2024

- **Overutilization.** Providing unnecessary services or overprescribing medications. Providers may be flagged as outliers based on claims for specific procedures or total payments compared to peers.
- **Billing for services not rendered.** Submitting claims for services that were not provided and/or not documented in medical records.
- **Duplicate billing.** Billing multiple times for the same service or for services that should be bundled together. This includes instances where two providers from the same location submit claims for the same member on the same date or when different procedure codes are billed separately but should be combined for billing purposes.
- **Upcoding.** Submitting claims for higher-cost services than were performed; inflating charges to obtain greater reimbursement.
- **Kickbacks or inducements.** Federal law prohibits payments made to induce or reward referrals or generate business involving federal health care programs.

FWA investigations may involve medical record reviews, claim denials, payment recovery and corrective action plans. The Alliance encourages providers to ensure accurate documentation and comply with all relevant federal and state anti-FWA laws and standards. **Providers are also encouraged to report any suspected or actual FWA to their Provider Relations Representative.**

Proper billing and adherence to FWA regulations not only safeguards federal funds but also ensures the delivery of high-quality care to members.

Medicare crossover claims

Medicare automatically sends crossover claims to the Alliance for professional services. The Medicare remittance advice will have a remark code indicating that the claim has crossed over to the Alliance. It's unnecessary for providers to rebill separate paper or electronic claims that have crossed over to the Alliance. If an additional submission is received, it will be denied as a duplicate.

If you have any questions about these updates, please contact the Alliance Claims Customer Service Representative, available Monday through Friday, 8:30 a.m. to 4:30 p.m., at **800-700-3874, ext. 5503**.

Behavioral health resources for members

Connecting your patients to behavioral health services can be easier than you might think. Alliance members can self-refer by calling the following numbers:

- For mental health or behavioral help, call Carelon Behavioral Health at **855-765-9700**. This toll-free number is available 24 hours a day, 7 days a week.
- For substance use services, contact your county's Behavioral Health department.

  Mariposa County:
  800-549-6741
  Merced County:
  888-334-0163
  Monterey County:
  888-258-6029
  San Benito County:
  888-636-4020
  Santa Cruz County:
  800-952-2335

More resources

If your patients are having difficulties accessing behavioral health care, please see the supportive resources below.

Eating disorders: For patients with challenges accessing care for eating disorders, please submit a referral to Alliance Care Management at **www.thealliance.health/care-management**.

Mental health care, behavioral health therapies and comprehensive diagnostic evaluations through Carelon: If you are having referral challenges with Carelon, please reach out to **bh_providerescalation@ccah-alliance.org** or **831-430-5504**. Carelon is expected to get back to you within 48 hours, and our Behavioral Health team will also be notified of your concerns to better support your referrals.

Oral health for the pregnant patient

As prenatal providers, you want the best for your patient and their baby. One often overlooked aspect of prenatal care is ensuring optimal oral health during pregnancy.

Research links gum disease to premature birth and low birth weight. Mothers can pass decay-causing bacteria to their baby. Children of mothers with tooth decay are three times more likely to have it.

The good news is that medical and dental experts agree that dental care, including radiographs, during pregnancy is safe and important.

Here are ways to help optimize the health of your pregnant patient and their baby:

- Ask your pregnant patient to get a dental checkup and cleaning.
- Remind them that dental care is safe and important.
- Reassure them that if they have Medi-Cal, they have dental coverage!
- Encourage them to brush their teeth twice a day with fluoride toothpaste and to floss daily.
- Provide referrals to a dental clinic that accepts Medi-Cal/Denti-Cal.
- Tell your patient to take their baby to the dentist by age 1 or their first tooth.

Welcome, new providers!

New ECM/CS providers

- **AccentCare of California, Inc.:** Mariposa, Merced, Monterey, San Benito and Santa Cruz counties.
- **Art of Palliative Care:** Monterey County.
- **Central Coast VNA & Hospice, Inc:** Monterey and San Benito counties.
- **Community Action Board of Santa Cruz:** Monterey and Santa Cruz counties.
- **Court Appointed Special Advocates of SC (Casa):** Santa Cruz County.
- **Housing Matters:** Santa Cruz County.
- **Independent Living Systems:** Mariposa, Merced, Monterey, San Benito and Santa Cruz counties.
- **Modesto Gospel Mission:** Mariposa and Merced counties.
- **Monterey County Office of Education:** Monterey County.
- **Santa Cruz County Office of Education:** Santa Cruz County.
- **Serenity Walking By Faith:** Merced County.
- **Sierra Saving Grace:** Merced County.
- **Valley Health Associates:** Monterey and San Benito counties.

New physicians and specialists

Mariposa County

Referral Physician/Specialist

- Kirmanj Atrushi, MD, Foot and Ankle Surgery

Merced County

Primary Care

- Bassam Aljomard, MD, Pediatrics
- Mohamed Ashkar, MD, Pediatrics

- Kenneth Bernstein, MD, Family Medicine
- Peter Gaines, MD, Family Medicine
- Carolina Gutierrez Garcia, MD, Family Medicine
- Daniel Hardy, MD, Family Medicine
- Farhan Khokhar, MD, Pediatrics
- Pooja Kumar, MD, Pediatrics
- Jason Lee, MD, Family Medicine
- Deepika Minnal, MD, Pediatrics
- Barbara Porrello Perez, MD, Pediatrics
- Joel Ramirez, MD, Family Medicine
- Roohi Shahjahan Bakhath, MD, Pediatrics
- Joanne Spalding, MD, Family Medicine

Referral Physician/Specialist

- Patrick Akin, DO, Sports Medicine
- Jumnah Arasu, MD, Obstetrics and Gynecology
- Farah Awadallah, MD, Dermatology
- Jonathan Caldwell, MD, Emergency Medicine
- Joy Cooper, MD, Obstetrics and Gynecology
- Jessica Garst Orozco, MD, Emergency Medicine
- Garima Handa, MD, Cardiovascular Disease
- Lauren Hiyama, MD, Allergy and Immunology
- Rajeev Kaul, MD, Nephrology
- Michael Nuzzo, MD, Orthopaedic Surgery
- Howard Pettigrew, MD, Allergy and Immunology
- Kanwaljit Singh, MD, Hematology

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Important phone numbers

Provider Services	**831-430-5504**
Claims	**831-430-5503**
Authorizations	**831-430-5506**
Status (non-pharmacy)	**831-430-5511**
Member Services	**831-430-5505**
Web and EDI	**831-430-5510**
Cultural & Linguistic Services	**831-430-5580**
Health Education Line	**831-430-5580**

Partnering with local doctors and specialists to ensure that Alliance members get access to the right care, at the right time.

Welcome, new providers!

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Monterey County

Primary Care

- Rachit Chawla, MD, Pediatrics
- Erika Garcia, MD, Family Medicine
- Amber Grandison, MD, Family Medicine
- Amanda Jackson, MD, Pediatrics
- Jared Kozal, MD, Family Medicine
- Carlos Morillo-Hernandez, MD, Family Medicine
- John Obert-Hong, MD, Family Medicine
- Henna Parmar, MD, Family Medicine
- Shelley Yamamoto, MD, Pediatrics
- Mihwa Yoo, MD, Pediatrics

Referral Physician/Specialist

- Lant Abernathy, DPM, Foot and Ankle Surgery
- Giya Albert, MD, Obstetrics and Gynecology
- Sohani Amarasekera, MD, Ophthalmology
- Maziar Bidar, MD, Ophthalmology
- James Dickey, MD, Surgery
- Emaad Farooqui, MD, Vascular Surgery
- Mark Healy, MD, Surgery
- Chase Kissling, MD, Anesthesiology

- William Liss, MD, Dermatology
- Paul Montgomery, MD, Pulmonary Disease
- Martin Mwangi, MD, Sleep Medicine

Santa Cruz County

Primary Care

- Stephen Harris, MD, Pediatrics
- Marta Gorelik, MD, Pediatrics
- Hong-Nhung Tran, MD, Pediatrics
- Gary Zane, DO, Family Medicine

New Year's Day

- **Jan. 20, 2025:** Martin Luther King Jr. Day
- **Feb. 17, 2025:** Presidents Day

Referral Physician/Specialist

- Jennifer Acostamadiedo, MD, Sleep Medicine
- Allon Rafael, MD, Cardiovascular Disease
- Charnjeet Sandhu, MD, Cardiovascular Disease

Alliance Fact Sheet
Q4 2024

About the Alliance

The Central California Alliance for Health is an award-winning regional managed care health plan. The Alliance has provided trusted, no cost Medi-Cal health care from local teams to families since 1996. Using the State's County Organized Health System (COHS) model, we currently serve more than **442,007 members** in Mariposa, Merced, Monterey, San Benito and Santa Cruz counties. We have a local presence in the communities we serve, so we understand the unique needs of these communities and our members. Together with our contracted providers, we work to promote prevention, early detection and effective treatment and to improve access to quality, equitable health care. The Alliance is governed with local representation from each county on our Board of Commissioners.

Quick Facts

1996
Year Established

598
Number of Employees

$1.66B[1]
Annual Revenue

6.3%[1]
Administrative Overhead

$23.5M[2]
Community Grants

VISION

HEALTHY PEOPLE.
HEALTHY COMMUNITIES.

MISSION

Accessible, quality health care guided by local innovation.

VALUES

Collaboration:
Working together toward solutions and results.

Equity:
Eliminating disparity through inclusion and justice.

Improvement:
Continuous pursuit of quality through learning and growth.

Integrity:
Telling the truth and doing what we say we will do.

What We Do

The Alliance is a local health ally for compassionate and trusted health care that supports the whole person. We ensure quality care for all ages and stages of life and for any health condition. We go beyond just providing health care, connecting our members to day-to-day resources.

Who We Serve

Our members represent 41%[3] of the population in Mariposa, Merced, Monterey, San Benito and Santa Cruz counties. We serve seniors, persons and children with disabilities, low-income parents and their children, children who were previously uninsured, pregnant women, home care workers who are caring for the elderly and disabled and low-income, childless adults ages 19–64.

Provider Partnerships

The Alliance partners with 100% of hospitals in our services areas and a network of approximately 13,400 providers (98% of primary care physicians and 98% of specialists within our service areas) to ensure members receive timely access to the right care, at the right time. The Alliance also partners with more than 4,600 providers to deliver behavioral health and vision services.

Our Members[4]

1 out of every 3
Mariposa County residents.

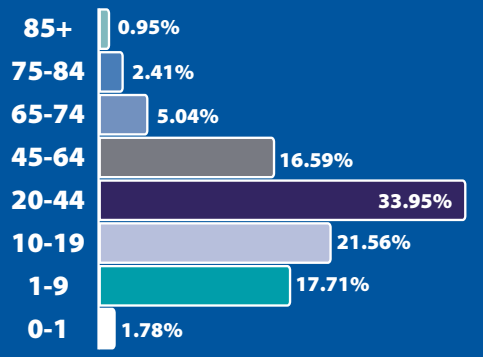
1 out of every 2
Merced County residents.

1 out of every 2
Monterey County residents.

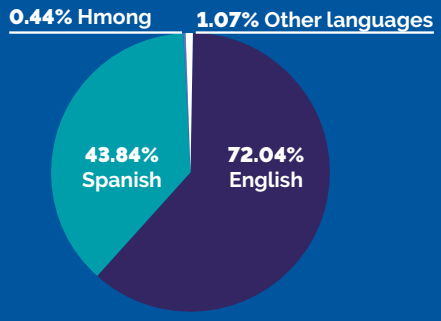
1 out of every 3
San Benito County residents.

1 out of every 3
Santa Cruz County residents.

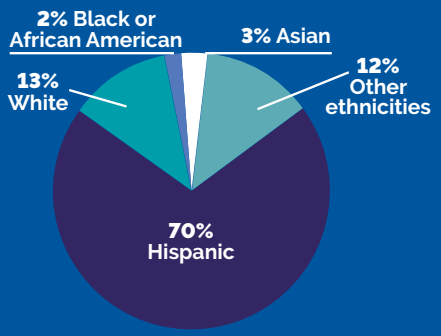
Membership by Age Group



Preferred Language



Race/Ethnicity



Executive Leadership

Michael Schrader
Chief Executive Officer

Lisa Ba
Chief Financial Officer

Jenifer Mandella
Chief Compliance Officer

Scott Fortner
Chief Administrative Officer

Cecil Newton
Chief Information Officer

Omar Guzmán, MD
Chief Health Equity Officer and Interim Chief Medical Officer

Van Wong
Chief Operating Officer

Governing Board

The Alliance's governing board, the Santa Cruz-Monterey-Merced-San Benito-Mariposa Managed Medical Care Commission (Alliance Board), sets policy and strategic priorities for the organization and oversees health plan service effectiveness. The Alliance Board has fiscal and operational responsibility for the health plan.

In alphabetical order, current Board members are:

- **Leslie Abasta-Cummings,** Chief Executive Officer, Livingston Community Health, Alliance Board Vice Chairperson, At Large Health Care Provider Representative
- **Anita Aguirre,** Chief Executive Officer, Santa Cruz Community Health, At Large Public Representative
- **Ralph Armstrong,** DO FACOG, Hollister Women's Health, At Large Health Care Provider Representative
- **Wendy Root Askew,** Supervisor, County of Monterey, County Board of Supervisors Representative
- **Tracey Belton,** Health and Human Services Agency Director, San Benito County, County Health Department Representative
- **Dorothy Bizzini,** Public Representative
- **Maximiliano Cuevas, MD,** Executive Director, Clinica de Salud del Valle de Salinas, Health Care Provider Representative
- **Janna Espinoza,** Public Representative
- **Zach Friend,** Supervisor, County of Santa Cruz, County Board of Supervisors Representative
- **Donaldo Hernandez, MD,** Health Care Provider Representative
- **Elsa Jimenez,** Director of Health Services, Monterey County Health Department, Alliance Board Chairperson, County Health Department Representative
- **Kristina Keheley, PhD,** Interim Health and Human Services Agency Director, Mariposa County Health and Human Services Agency, County Health Department Representative
- **Michael Molesky,** Public Representative
- **Monica Morales,** Health Services Agency Director, County of Santa Cruz Health Services Agency, County Health Department Representative
- **Supervisor Josh Pedrozo,** County of Merced – County Board of Supervisors Representative
- **James Rabago, MD,** Merced Faculty Associates Medical Group, Health Care Provider Representative
- **Allen Radner, MD,** President/CEO, Salinas Valley Health, At Large Health Care Provider Representative
- **Vacant,** County Health Department Representative

Unless otherwise stated, Fact Sheet data as of October 1, 2024.

[1]Amounts based on 2024 annual budget.

[2]Represents 2023 investments through the Alliance's Medi-Cal Capacity Grant Program.

[3]County population data source: U.S. Census Bureau 2023 population estimate (as of Jul. 1, 2023).

[4]Represents an approximate visual representation. Membership percentage by county: Mariposa (33 percent) Merced (51 percent); Monterey (44 percent); San Benito (30 percent); Santa Cruz (30 percent).