

# Santa Cruz – Monterey – Merced Managed Medical Care Commission



## Meeting Agenda

**Wednesday, August 23, 2023**

**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 16<sup>th</sup> Street, Suite B, Merced, CA

Alliance offices are open to attend Board meetings in each county.

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: 937 942 360#
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, August 22, 2023 to the Clerk of the Board at [clerkoftheboard@ccah-alliance.org](mailto: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 five 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 five minutes.

**HEALTHY PEOPLE. HEALTHY COMMUNITIES.**

- 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 five 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 five 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. – 10E.): 3:10 p.m.**

- 5. Accept Executive Summary from the Chief Executive Officer (CEO).**
  - Reference materials: Executive Summary from the CEO; and 2023-24 State Budget Trailer Bill Summary.

Pages 5-01 to 5-17
- 6. Accept Alliance Dashboard for Q2 2023.**
  - Reference materials: Alliance Dashboard – Q2 2023

Pages 6-01 to 6-02
- 7. Accept Alliance Financial Highlights, Balance Sheet, Income Statement and Statement of Cash Flow for the sixth month ending June 30, 2023.**
  - Reference materials: Financial Statements as above.

Pages 7-01 to 7-09

**Appointments: (8A. – 8B.)**

- 8A. Approve appointment of Ms. Anab Mohamed to the Member Services Advisory Group.**
  - Reference Materials: Staff report and recommendation on above topic.

Page 8A-01
- 8B. Approve appointment of Ms. Paloma Barraza to the Whole Child Model Family Advisory Committee.**
  - Reference materials: Staff report and recommendation on above topic.

Page 8B-01

**Minutes: (9A. – 9E.)**

- 9A. Approve Commission meeting minutes of June 28, 2023.**
  - Reference materials: Minutes as above.

Pages 9A-01 to 9A-07
- 9B. Accept Compliance Committee meeting minutes of June 21, 2023.**
  - Reference materials: Minutes as above.

Pages 9B-01 to 9B-04

- 9C. **Accept Finance Committee meeting minutes of March 22, 2023.**
  - Reference materials: Minutes as above.

Pages 9C-01 to 9C-04
- 9D. **Accept Quality Improvement Health Equity Committee meeting minutes of March 30, 2023.**
  - Reference materials: Minutes as above.

Pages 9D-01 to 9D-07
- 9E. **Accept Whole Child Model Family Advisory Committee meeting minutes of May 8, 2023.**
  - Reference materials: Minutes as above.

Pages 9E-01 to 9E-04

**Reports: (10A. – 10E.)**

- 10A. **Approve recommendation authorizing the Chairperson to execute Department of Health Care Services Medi-Cal Contract 08-85216 A-53 to incorporate updated contract requirements.**
  - Reference materials: Staff report and recommendation on above topic.

Page 10A-01
- 10B. **Approve revisions to the Alliance's Compliance Plan and Alliance Code of Conduct.**
  - Reference materials: Staff report and recommendation on above topic; and Alliance Compliance Plan.

Page 10B-01 to 10B-13
- 10C. **Approve revised 2023 Finance Committee meeting schedule.**
  - Reference materials: Staff report and recommendation on above topic.

Page 10C-01
- 10D. **Approve revised Alliance Policy 100-0001 Alliance Donations and Sponsorship of Events and Organizations.**
  - Reference materials: Staff report and recommendation on above topic; and Alliance Policy 100-0001 Alliance Donations and Sponsorship of Events and Organizations.

Pages 10D-01 to 10D-05
- 10E. **Accept Quality Improvement Health Equity Transformation (QIHET) Workplan – Q1 2023.**
  - Reference materials: Staff report and recommendation on above topic; and Q1 2023 QIHET Workplan.

Pages 10E-01 to 10E-23

**Regular Agenda Items: (11. – 13.): 3:15 p.m.**

- 11. **Discuss Department of Health Care Services (DHCS) Initiatives Addressing Homelessness. (3:15 – 3:45 p.m.)**
  - A. Ms. Kristynn Sullivan, Program Development Director, will review and Board will discuss DHCS initiatives and incentive programs addressing homelessness, including gaps and opportunities.
  - Reference materials: Staff report on above topic.

Pages 11-01 to 11-05

- 12. Discuss status of CalAIM implementation: Enhanced Care Management (ECM) for Children and Youth and for Justice Involved Population of Focus. (3:45 – 4:15 p.m.)**
- A. Ms. Jennifer Mockus, Community Care Coordination Director, will review and Board will discuss CalAIM implementation: ECM for children and youth and for justice involved population of focus.
  - Reference materials: Staff report on above topic.

Pages 12-01 to 12-03

- 13. Discuss Alliance State of Technology, Data and Security. (4:15 – 4:45 p.m.)**
- A. Mr. Cecil Newton, Chief Information Officer & Information Security Officer, will review and Board will discuss Alliance's state of technology, data and security.
  - Reference materials: Staff report on above topic.

Pages 13-01 to 13-02

**Adjourn to Closed Session**

- 14. Closed Session pursuant to Government Code Section 54956.9, subdivision (d)(1) – Conference with Legal Counsel – Pending Litigation (Doe. v. Santa Cruz-Monterey-Merced Managed Medical Care Commission, dba Central California Alliance for Health). (4:45 – 5:00 p.m.)**
- A. Closed session agenda item.
  - B. Discussion item only; no action will be taken or reported by the Board.

**Information Items: (15A. – 15D.)**

- A. Alliance in the News Page 15A-01
- B. Alliance Fact Sheet – July 2023 Page 15B-01
- C. Letter of Support Page 15C-01
- D. Membership Enrollment Report Page 15D-01



**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, August 23, 2023; 1:30 – 2:45 p.m.
- Member Services Advisory Group  
Thursday, November 9, 2023; 10:00 – 11:30 a.m.
- Physicians Advisory Group  
Thursday, September 7, 2023; 12:00 – 1:30 p.m.
- Whole Child Model Clinical Advisory Committee [*Remote teleconference*]  
Thursday, September 21, 2023; 12:00 – 1:00 p.m.
- Whole Child Model Family Advisory Committee [*Remote teleconference*]  
Monday, September 11, 2023; 1:30 – 3:00 p.m.

The above meetings will be held in person unless otherwise noticed. Audio livestreaming will be available to listen/view the meeting. Note: Livestreaming for the public is listening/viewing only.

**The next regular meeting of the Commission, after this August 23, 2023 meeting, unless otherwise noticed:**

- Santa Cruz – Monterey – Merced Managed Medical Care Commission  
Wednesday, September 27, 2023; 3:00 – 5:00 p.m.  
Locations: Videoconference from Alliance offices in Scotts Valley, Salinas and Merced

Locations for the meeting:

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 16<sup>th</sup> Street, Suite B, Merced, CA

Members of the public interested in attending should call the Alliance at (831) 430-5523 to verify meeting dates and locations prior to the meetings. Audio livestreaming will be available to listen/view the meeting. Note: Livestreaming for the public is listening/viewing only.



*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) 430-5523. 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:** August 23, 2023  
**TO:** Santa Cruz-Monterey-Merced Managed Medical Care Commission  
**FROM:** Michael Schrader, Chief Executive Officer  
**SUBJECT:** Executive Summary from the Chief Executive Officer

---

## **Executive**

2023-24 State Budget. Governor Newsom signed into law the FY 2023-24 State Budget package totaling \$310.8B (TF) and \$226B (GF) spending. The budget bills enact the Managed Care Organization (MCO) tax retroactive to April 1, 2023 allocating revenues generated toward the Medi-Cal program, including provider rate increases.

Other components of note impacting the Alliance include, but are not limited to:

- Addition of a new Transitional Rent Community Supports service that would allow up to six months of rent or temporary housing for eligible individuals, upon approval by the federal Center for Medicare and Medicaid Services.
- Expansion of eligibility to all income eligible individuals ages 26-49 regardless of immigration status, effective January 1, 2024.
- Implementation of the Whole Child Model program in County Organized Health System expansion counties, including San Benito and Mariposa counties, to no sooner than January 1, 2025.
- Funding for the Distressed Hospital Loan Program providing interest-free loans to hospitals at risk of closure.

Staff continue to review budget trailer bill language and plan for implementation. The 2023-24 State Budget Trailer Bill Summary that includes staff's preliminary summary of the budget trailer bills AB 118 and AB 119, is attached to this report and provides additional detail.

County Expansion. Efforts towards the expansion of the Alliance's services to Medi-Cal beneficiaries in San Benito and Mariposa counties on January 1, 2024 continue. Work is ongoing in the areas of finance and government relations, provider network development, member and community engagement, data systems and reporting as well as clinical aspects related to expansion such as continuity of care. Additionally, appointments to the new five-county Board are either underway or complete in all five counties to facilitate the implementation of the new Board convening on October 25, 2023.

2023 Legislative Session. The Legislature returned from summer recess on August 14, 2023 and is currently working through remaining bills prior to adjourning on September 14, 2023, which is the final day for each house to pass bills. Staff continue to monitor those bills identified in the areas of focus established by the Board and those bills that may impact Alliance members, providers, and operations. Staff will include a final report to the Board on bill outcomes in the December Board packet.

**HEALTHY PEOPLE. HEALTHY COMMUNITIES.**

Enrollment. Alliance enrollment peaked at 429,000 in June 2023 with July 2023 being the first month where the impact of redetermination would be realized. While still early, the decrease in enrollment seen through Alliance membership has been smaller than expected and Alliance enrollment to start the month of August was just under 425,000. Further, staff understand that there may be some backlog within county eligibility processing which may further impact disenrollment numbers. Enrollment projections for 2024 include decreases due to redetermination (-22% or -95,000) which are mitigated by county expansion (+6% or 26,000) and adult expansion (+7% or 29,000). This, combined with potential loss of membership due to the Kaiser direct contract (-1% or -4,000) results in a projected December 2024 enrollment at 385,000 which is 14% higher than the March 2020 pre-pandemic enrollment.

Community Involvement. On July 11, 2023 I presented an update on the transition to the County Organized Health System to the Mariposa County Board of Supervisors. I attended the virtual Department of Health Care Services (DHCS) Small Workgroup meeting on July 13, 2023 and I attended the Local Health Plans of California July Board meeting in Sacramento on July 17, 2023. On August 5, 2023, I presented on Medi-Cal at the Salud Para La Gente Board of Directors retreat. On August 10, 2023 I attended the virtual Health Improvement Partnership of Santa Cruz County (HIPSCC) Council meeting and attended the DHCS Small Workgroup meeting in Sacramento on August 14, 2023. I attended the virtual HIPSCC Executive Committee meeting on August 17, 2023.

## **Health Services**

The Health Services Division continues to prepare for the Alliance expansion into Mariposa and San Benito counties. Top priorities include rolling out quality improvement projects through the Care-Based Quality Incentive Program, the Pharmacist Led Academic Detailing Program for asthma, and the Health Equity and Practice Transformation Program. Looking towards 2024, the Health Services department is also focused on planning for transitions of care services and partnering with hospitals on challenging discharges as well as onboarding providers for both Enhanced Care Management (ECM) and Community Supports (CS) in Mariposa and San Benito counties. The team is also working through how to expand enrollment in both ECM and CS in our existing counties.

### *Quality Improvement and Population Health (QIPH)*

Healthcare Effectiveness Data and Information Set (HEDIS)/Managed Care Accountability Set Report 2023. The Alliance's QIPH team have begun distributing the HEDIS provider site reports following the finalized audit for measurement year 2022. HEDIS award selections for providers have been made, and outreach conducted by the Provider Relations staff.

Care-Based Quality Improvement Program. The first cohort meeting occurred in early August, with the majority of provider sites accepted into the program able to attend. The focus of the agenda was to provide an overview of quality improvement, project guidance on organizing a quality improvement project, information on how to track improvement, and next steps for the program. The next cohort meeting will occur in late October with a focus on provider presentations on progress of their activities.

### *Utilization Management*

The Utilization Management team continues work on several major initiatives that will extend into the new year. San Benito and Mariposa County expansion work is well underway, with review of authorizations and claims data from the existing counties to support continuity of care

for transitioning members. System configurations and report development continues in preparation for the additional and updated data sets expected in November and prior to the January County expansions. Extensive work is underway in collaboration with the Provider Services team to further develop the Alliance's existing Non-Emergency Transportation network to support service delivery in these more geographically challenged areas.

Inpatient and Emergency Department (ED). The Utilization Management Concurrent Review team continues to engage in transitional care service requirements, expanding current functions to meet the regulatory requirements to provide Transitional Care Services to all members, effective January 1, 2024. Interdisciplinary team meetings have expanded across the three counties, with complex case reviews occurring at regular intervals with the Alliance and the various hospitals and skilled nursing facilities. A total of 480 interfacility care conferences were held in Q1, with 55 face to face member visits, with increased activity in both categories throughout Q2. Alternate placement strategies are also under development, including use of Congregate Living Facilities, Board and Care and Residential Care for the Elderly, in scenarios where lower levels of care are indicated.

Prior Authorization. Essette replacement work continues, with the new ZeOmega platform announced and anticipated to go live in Q2 2024. The ZeOmega platform will support Utilization Management, Case Management and appeals functions in replacement of the current platform (Essette) with all modules being newly implemented in tandem. Business requirements and workflows have been developed across the various existing module functions and superusers identified to begin the early work with platform development and testing that will take place over the next several months. The kickoff for the new ZeOmega platform begins in August and will include testing and process development in the future environment. In preparation for the Essette replacement, the Utilization Management team continues to identify opportunities for authorization reduction and is currently working on system configurations for authorized referrals to reduce turnaround times and the administrative burden associated with low denial authorizations.

From June to July, there was a reduction in overall authorization volume (4.95%), consultation (RAF) volume (13.7%) and automated authorizations (15%). There was an increase in non-emergency medical transportation authorizations (5%) from June to July. While recent months have seen a decrease, compared to 2022, there has been an increase in all authorization types. Numbers are expected to continue to fluctuate in response to the redetermination of eligibility and membership. A "leaderboard" has been added to the daily Prior Authorization team processes and has supported increased team productivity and movement to day three authorizations, with turnaround times fully ahead of schedule.

## *Pharmacy*

### Drug Utilization Review (DUR) Program.

Mood Stabilizers in Children with Bipolar Diagnosis: Drug utilization review was performed on Alliance members who were less than or equal to 18 years of age and had both a diagnosis of bipolar disorder and a prescription for a mood stabilizer medication in 2022. 213 pediatric members were on a mood stabilizer during this time. Of these pediatric members there were more female members on mood stabilizers than male members; 138 females versus 75 males. We analyzed members who were on three or more mood stabilizers without seeing a provider board certified in psychiatry and/or board certified in child and adolescent psychiatry. There were seven members who fit this criterion and the investigation concluded that there were no prescribing concerns. We also compared top medications for providers who are board certified

SCMMMMCC Meeting Packet | August 23, 2023 | Page 5-03

in psychiatry versus other providers, which was unremarkable. We will continue to monitor this drug utilization review topic annually for inappropriate prescribing and trends.

**Statin Therapy for Members with Diabetes:** Cardiovascular disease is the leading cause of death in the United States and diabetes is one of the risk factors for developing cardiovascular disease. The American Diabetes Association (ADA) state that statin therapy should be initiated in individuals with diabetes and other cardiovascular risk factors. Therefore, the Alliance Pharmacy Department performed a drug utilization review to assess the need for any interventions in our members with diabetes and their use of statins. Statin utilization was reviewed for Alliance members with Type 2 diabetes ages 40-75 for the year 2022. About 63% of members received statins, whereas 37% did not. Utilization was analyzed based on gender, ethnicity, language, and counties, but no concerns were found.

To increase statin utilization in members with type 2 diabetes, a fax blast was sent to all providers with reminders of most recent ADA guidelines (2023). The ADA recommends:

- A moderate dose statin to be initiated in all patients with diabetes without additional atherosclerotic cardiovascular disease (ASCVD).
- A high intensity statin in patients with diabetes and one ASCVD risk factor or diabetes and established ASCVD event.

An article will be published in the Provider Bulletin with the above reminder in addition to tips on how to manage statin related muscle pain.

**Statin Therapy for Members with Cardiovascular Diseases:** The Alliance Pharmacy Department also performed a drug utilization review to assess the need for any interventions in our members with cardiovascular disease and their use of statins. The 2019 American College of Cardiology/American Heart Association guidelines recommend use of high-intensity statin in patients ages 20-75 years who have an LDL cholesterol of greater than or equal to 190 mg/dL. Statin utilization was reviewed for Alliance members with cardiovascular diseases ages 20-75 years for the year 2022. About 62% of members received statins, whereas 38% did not. Utilization was analyzed based on ethnicity, language, and counties but no concerns were found. To increase statin utilization in members with cardiovascular diseases, an article will be published in Member News regarding the importance of taking statins and how to manage the most common statin related side effect of muscle pain.

Pharmacist-Led Academic Detailing (PLAD): Asthma Program. The Alliance Pharmacy team has initiated this new program to assist clinicians in managing Alliance members with uncontrolled asthma. The goal of this program is to improve the quality and appropriateness of prescribing practices and to ensure that Alliance members with asthma receive optimal, evidence-based care. The program encompasses two 45-minute interactive virtual sessions with a small group of 2-3 clinicians over two weeks. An Alliance pharmacist will be leading the program, by directly engaging with clinicians, assessing their needs, identifying areas for change in practice and educating on the National Heart, Lung, and Blood Institute Guidelines and the 2023 Global Initiative for Asthma. Pharmacist will support the clinicians by equipping them with specific tools such as motivational interviewing, appropriate language choices to engage and empower members, proper inhaler techniques and when to refer to a specialist. Outreach to the local clinics were started in mid-July. Program summary will be discussed in Q3 2023 Pharmacy and Therapeutics Committee to ensure providers are aware of this program and its benefits. Lastly, a program summary flyer was created to promote this new benefit offered by the Alliance.

### *Community Care Coordination (CCC)*

Enhanced Care Management/Community Supports. The Alliance has implemented two new ECM populations of focus last month. The new populations include children and youth enrolled in California Children's Services (CCS) Whole Child Model (WCM) with additional needs beyond their CCS condition, as well as children and youth involved with the child welfare system on July 1, 2023. Five of the Alliance's existing ECM contracted providers will expand to serve this population moving forward. In addition, newly contracted providers for this population are currently receiving support for the delivery of this benefit for children/youth.

There are two new CS services that were also added in July: Personal Care and Homemaker Services and Respite Services for Caregivers. Work continues in developing provider tools to support the billing and documentation for these new services. Staff are continuing efforts to support providers submitting clean claims, also a priority area for the Alliance.

Additional information on ECM and CS can be found at agenda item 12 in the Board packet.

Complex Care Management (CCM). Ongoing efforts continue in the implementation of the second phase of the CalAIM Population Health Management Program (PHMP) project work started in Q2. The focus of this project is to utilize the information gained in the prior project's gap analysis and to further develop and implement CCM interventions that align with National Committee for Quality Assurance standards. This is consistent with DHCS expectations for CCM within PHMP. CCM is provided to pediatric as well as adult members who have been identified as having medium/rising health and social risks utilizing the Alliance's risk stratification system.

Whole Child Model/Pediatric Complex Care Management. The Alliance is preparing for the implementation of the two new counties that will be added to the service area with the County expansion in January 2024. Unlike the existing WCM counties, the new counties will be continuing the provision of dependent county CCS service provision, in alignment with Trailer Bill Language signed by the Governor. Meetings are ongoing for this implementation with both County CCS teams, as well as collaborative meetings that are held between the Alliance WCM team, DHCS Integrated Systems of Care team, and both County CCS teams.

The Pediatric CCM team continues to meet with County CCS staff and other providers to support the care needs of the WCM members. In meetings with Santa Cruz County CCS, the Alliance is discussing the implementation of Kaiser WCM to support any member transitions that could occur with this new Plan delivering services within the County. The Pediatric Team continues to manage high caseloads with an average of 120 members per team member, while maintaining strong compliance with regulatory requirements related to CCS.

### *Behavioral Health (BH)*

With the recent hire of our second manager, BH has shifted focus to drafting the job description for our new analyst role, which was effective in the budget July 1, 2023. This person will support overall Carelon monitoring and provide micro-level interventions to ensure individual members access care appropriately as needed.

Our BH delegate Carelon has experienced additional turnover and since the time of last report we have been assigned a new account executive, Sherry Copeland. We have begun to build our relationship and address outstanding concerns. The BH Director continues to meet weekly with executive Carelon leadership to discuss issues and track progress. Concurrently, the BH Department has engaged with consultant Jennifer Clancy to begin the process of insource

planning. These initial steps include gathering extensive data on member utilization, conducting subject matter expert interviews with Directors across functional areas and having weekly planning discussions with the BH Director.

In an effort to deepen community-based partnerships, the BH Director, Chief Executive Officer, Chief Medical Officer and Community Engagement Director met with key leadership from the Santa Cruz County Office of Education (COE). The discussion circled around expanded collaboration for youth needing BH services with schools and included a description of how the COE plans to expand access for students. The group decided to implement monthly discussions to continue these efforts and will also be scheduling several offshoot meetings regarding CalAIM and ECM.

### *Program Development*

CalAIM Incentive Payment Program (IPP). The aim of this program is to increase capacity of ECM and CS providers through increased care management capabilities, community supports infrastructure, information technology and data exchange, and workforce capacity. Submission 3 Progress Report (based on activities conducted January 1 – June 30), will be submitted to DHCS on September 1, 2023. The Alliance can earn up to \$10,754,513 for Submission 3; decision and payment is expected December 2023. Staff continues to execute LOAs for the newly contracted ECM/CS providers serving Populations of Focus that went live July 1, 2023. Additionally, staff continue to have discussions with Anthem Blue Cross (exiting Medi-Cal plan in Mariposa and San Benito counties) and California Health and Wellness (exiting Medi-Cal plan in Mariposa County) to prepare and submit Needs Assessments and Gap Filling Plans to DHCS and assume responsibility for IPP in Mariposa and San Benito counties beginning in 2024.

Housing and Homelessness Incentive Program (HHIP). The aim of this program is to address homelessness and housing through collaborative planning and implementation of services and supports. On May 31, 2023, DHCS notified staff that the Alliance was awarded \$11,645,470 of the \$16,366,085 Payment 1 funding allocation (71% across the Alliance's service area; 66% in Merced County, 77% in Monterey County and 67% in Santa Cruz County). DHCS confirmed that the Alliance will not be able to resubmit Submission 1 to earn further dollars; however, there will be an opportunity later in the program timeline to earn dollars that have been allocated and unearned. On August 1, 2023, DHCS notified the Alliance of an error on their review of Submission 1, resulting in an additional \$585,509 being awarded to the Alliance for performance in Santa Cruz County (bringing the total to 78% of allocation in Santa Cruz County, and 74% overall), which will be distributed in March 2024. A full report on HHIP activities is included in the DHCS Initiatives Addressing Homelessness Board report at agenda item 11 in the Board packet.

Student Behavioral Health Incentive Program (SBHIP). The aim of this program is to increase access to preventative early intervention and behavioral health services by school-affiliated providers for TK-12 public school students. Progress report #1 was submitted from the Alliance to DHCS by June 30, 2023, and is associated with an additional \$1,437,273 possible total funding allocation; decision and payment is expected August 2023. Transition acknowledgment documents were submitted to DHCS with Anthem Blue Cross (exiting Medi-Cal plan in Mariposa and San Benito counties), California Health and Wellness (exiting Medi-Cal plan in Mariposa County) and Kaiser Permanente (entering plan in Mariposa County and Santa Cruz County). The transition documents acknowledged: 1) the Alliance would assume responsibility for SBHIP in San Benito County; 2) the Alliance would assume shared responsibility with Kaiser in Mariposa County beginning in 2024, and 3) Kaiser has expressed interest in collaboration on the Santa Cruz County SBHIP Project in 2024 as an entering plan.

Equity and Practice Transformation (EPT). Initial program details for a new DHCS incentive program, EPT, have been released by DHCS after a significant delay (the original release date was March 30, 2023). The purpose of this program is to support delivery system transformation, specifically targeting primary care practices that provide primary care pediatrics, family medicine, internal medicine, primary care OB/GYN services, or behavioral health services that are integrated in a primary care setting to Medi-Cal members. Alliance staff have launched a project team internally for quick movement once the finalized application is released, anticipated within the next month. Eligible project partners will be low performing (<25 percentile on at least one HEDIS measure), small to medium sized provider offices (six to 25 providers) who serve at least 500 members and are not associated with a large hospital or clinic system. More details will be provided in the September Board report.

### **Employee Services and Communications**

Alliance Workforce. As of July 31, 2023, the Alliance has 571.4 budgeted positions of which our active workforce number is 535.3 (active FTE and temporary workers). There are 32 regular and temporary positions in active recruitment, and we are 93.7% staffed. The organization continues to review and monitor all position requests to ensure we are meeting FTE targets. Human Resources (HR) partners with Finance to ensure alignment in this area and provides a bi-weekly workforce dashboard to all Directors and Chiefs for transparency regarding our workforce statistics.

Mid-Year Check-in. This year, the Alliance moved from quarterly performance check-ins to a semi-annual cadence. The first mid-year check-in will close in mid-August, providing an opportunity for staff to self-reflect on their performance over the first half of the year. Supervisors will provide feedback and meet with their staff, providing an opportunity to check in on performance expectations and goals. The Alliance focuses on a continuous feedback model, with the goal of engaging staff in open, two-way communication.

Competencies and Career Development. HR provided an update at the May Operations Committee meeting, announcing the new core, leadership and director level competencies. HR actively is working with each department to validate competencies by classification and populating the new platform. We expect this work to run through the end of August 2023. Once this body of work is complete, Training & Development will begin work on the navigation and career development module, with education and training sessions scheduled to start in Q4.

Department Assessments. HR and Operational Excellence both support the annual Department Assessment process. This process provides Directors an opportunity to review and assess department core work, function, process improvement and structure, to ensure that their departments are prepared for business operations going forward.

Annual FTE Request Process. HR facilitates the annual FTE Request Process as required for the Alliance's budget cycle. This work provides a process and methodology for request, review and approval of new staff for the next fiscal/calendar year. This process is underway.

### *Facilities and Administrative Services*

Service Area Expansion. Facilities is actively working with the County of Mariposa and San Benito to coordinate sub-leasing space with a targeted occupancy of October 1, 2023, in both service areas.



Scotts Valley Campus Turf Removal. The Scotts Valley office is undergoing a turf removal project that will be completed in August. The Alliance was able to take advantage of a rebate from the City of Scotts Valley that incentivizes removal of our irrigated lawns and replaces them with water-efficient landscaping.

Alliance Footprint Reduction. The Facilities Department is working to clear out employee workstations/offices in the areas targeted for footprint reduction. The team is proceeding with an 80,000 square foot reduction of Alliance occupied square footage and an increase of potential space for leasing which was included in the Annual Facilities Management report.

### *Communications*

Member Texting Pilot. The member texting pilot is continuing, and we have wrapped up the feasibility report. The report detailed the results of the texting pilot as well as lessons learned and other considerations for establishing a permanent texting program at the Alliance. In May, we began sending targeted texts to members who are up for redetermination and who have received packets from the county. In August, we will begin sending texts to member households who recently lost coverage, letting them know they need to return their renewal packet to re-establish coverage. We expect to continue these efforts for the remainder of the year, and we are tracking the results. We will be pursuing a permanent texting program in 2024 and will be submitting it as a formal project and including in the 2024 budget.

Healthy Start Program. To support enhanced awareness of the new Healthy Start program (rewards program for well checks and immunizations), we launched a paid media campaign in May which ran through early July. Tactics included transit ads, clinic signage (Merced), website copy, social media ads, Member Bulletin articles, The Beat articles, school and outreach flyer distribution, and mobile ads. Results of the campaign included:

- Flyer distribution to 71 schools – 34K impressions and 7,500 views
- Website views: 7.4K views in English and Spanish (Hmong views did not meet Google threshold for measurement)
- Facebook: 53K views in Spanish; 36K views in English; 670 clicks to website (both languages)
- Mobile ads: 670K impressions in Spanish; 583K impressions in English

Merced Media Campaign: Well Checks and Vaccine Rates. To support the need to increase well checks and vaccine rates among elementary and middle school children in Merced, we launched a paid media campaign targeting the Merced community. The campaign encourages families to make a well check appointment with their primary care physician to start the school year. The bi-lingual campaign consisted of mobile ads, Facebook ads, Merced clinic signage at Golden Valley Health Centers lobbies and a school flyer. Unfortunately, we were not able to execute the YouTube ad tactic as planned due to an issue on the advertiser's end. The campaign launched in early July and will run until mid-August.

### **Operations**

Claims. We continue to see positive results associated with the Monthly HSP Platform audit, which was implemented in January 2023. Below are the Financial Accuracy results, in which we have a performance target of 99% or greater.



We also continue to perform well relative to our Claims Timeliness metrics. Below are the most current 3 months of performance relative to claims processed within 30 days, which has a target of 90% or greater.

- April: 94.96%
- May: 94.92%
- June: 95.75%

We are excited to begin the claims configuration process review on September 18, 2023 as part of the Alliance's continuous improvement value. This end-to-end engagement to be performed by Mazar Consultant Group will be a 12-week engagement, which will result in an executive summary, laying out a set of recommendations to improve the overall process, which will result in even fewer claims configuration related processing errors.

Medi-Cal Continuous Coverage Unwinding. The Member Services Department continues to refine redetermination-related member data to better understand member disenrollment trends as well as the impact of the Alliance's outreach efforts. Further, we are working with our county partners to streamline the member data they send the Alliance in order to have consistent and similar data points from all counties.

County Expansion. The Member Engagement Strategy has been developed for expansion counties. We are developing in-person community presentations in both Mariposa and San Benito counties prior to go-live. These meetings will allow community members in expansion counties to learn about who the Alliance is and how we can support Medi-Cal members. The Alliance will ensure these in-person meetings are well advertised to maximize community attendance.

Provider Services. The Provider Services team has been focused on the San Benito and Mariposa counties expansion network. Contracting is currently underway with Hazel Hawkins Memorial Hospital and the John C. Fremont Healthcare District. San Benito County has one Federally Qualified Health Center that is in network. The team has been out in the field on a regular basis meeting with providers and community partners. Contracts for the existing provider network will be amended to include the new counties and will be sent out to providers in early September.

Community Engagement Santa Cruz/Monterey/Merced. Implementation of the Community Engagement Strategy has continued in expansion counties. Community Engagement staff attended collaborative meetings with San Benito community-based organizations to learn more about the member needs and to identify central locations to hold town hall meetings with

future members. The collaborative meetings include the Adult Long-Term Care Committee and the San Benito County Enhanced Care Management/Community Supports Stakeholder meeting. Staff connected with additional partners and continue to engage in discussions to begin partnerships in supporting the Medi-Cal population in San Benito County.

In Mariposa County, staff continue to develop relationships with key community stakeholders. Training and presentations for county staff are currently underway with an established bi-weekly check in. Mariposa public information officers (PIOs) have been invited to participate in the existing PIO roundtable hosted by the Alliance. Community Engagement staff also have upcoming presentations for a local civic organization and a large community-based organization. Staff are also preparing for participation in community outreach events in October.

Operational Excellence. Q2 2023 Organizational Dashboard Results: The Q2 2023 Alliance Dashboard is comprised of 148 metrics monitoring 64 health plan core, support, and managerial processes. These 64 health plan processes are rolled-up to 13 top-level (Level 1) processes for Board monitoring using a composite methodology.

Results for 10 of 13 Level 1 processes met or exceeded 95% of target. Key exceptions to the 95% standard and other notable performance are as follows:

Level 1 Process	Q2 Results	Qtr over Qtr Change	Key Drivers
<b>Manage Data</b>	86.5%	-8.9 percentage points	The two metrics below target and impacting L1 performance are represented below: <i>Complete, Accurate, and Timely Encounter Data (QMED)</i> (0.0%) – Performance is due to failed timeliness measures in all time periods and across all three counties. <i>Timely service request response</i> (88.0%) – Performance is attributed to a ticket intake process that is currently disruptive to staff's work. Both teams are working on improvements to the processes.
<b>Manage Technology</b>	94.0%	-4.3 percentage points	The process of managing Alliance technology was impacted by an unintentionally deployed bug that was discovered when the system was already online. Inadvertently missed regular server and application updates added to a lower performance. Remediation steps were put in place.
<b>Manage Alliance Compliance Commitments</b>	90.9%	+19.2 percentage points	Corrective action and workplans had been put in place to address late reporting to Compliance, timely response to failed internal audits, and adequate correction of audit findings. Even though the result for Q223 is higher than the previous quarter's result, it is not yet meeting or exceeding 95% of target.

<b>Optimize the Alliance Workforce</b>	96.3%	+2.7 percentage points	Two metrics improved during Q223 and raised the overall performance of the process to above target: <i>Days to offer (average hiring speed per candidate)</i> went up from 67.9% in Q123 to 76.3% in Q223, and <i>Early turnover rate (less than 12 months)</i> went up from 65.4% in Q123 to 99.0% in Q223.
<b>Manage Organizational Communications and Branding performance</b>	99.5%	+7.8 percentage points	The Communications department was able to refine the Alliance's content it is sharing to remain relevant and engaging. The metric <i>Community engagement on social media</i> experienced an increase in performance from 84.3% in Q123 to 100% in Q223.
<b>Enhance Operational Effectiveness</b>	95.9%	+5.1 percentage points	The metric <i>Timely project completion</i> , which negatively impacted the previous quarter's performance, came out above target this quarter. Work is underway to further positively impact another area of improvement: process measurement.

Attachments.

1. 2023-24 State Budget Trailer Bill Summary

## 2023-24 State Budget Trailer Bill Summary

Program	Funding Amount	Description	Implementation Date	Source
<b>Health Trailer Bill</b>				
<b>Member Engagement</b>				
<b>Mandatory Use of Standardized Forms</b>	N/A	Requires the DMHC to develop standard templates for the disclosure form and evidence of coverage, including standard definitions, benefit descriptions, and more. Additionally requires the DMHC to consult with the Department of Insurance and stakeholders on this development, and authorizes the DMHC to develop standard templates for a schedule of benefits, and explanation of benefits, a cost-sharing summary, or any similar document, and authorizes the DMHC to enforce use of these templates by health care service plans.	January 1, 2025	<a href="#">HS 1363.3</a>
<b>988 Suicide and Crisis Line</b>	\$13.2 million Special Funds and Federal Funds	<p>Adds specifications, requirements, and prohibitions relating to the 988 Suicide and Crisis Line:</p> <ul style="list-style-type: none"> <li>• Mental health and substance use disorder treatment includes behavioral health crisis services provided by a 988 center, mobile crisis team, or other behavioral health crisis services provider</li> <li>• Prohibits the requirement of prior authorization for behavioral health crisis stabilization services and care, but allows prior authorization for medically necessary mental health or substance use disorder services following stabilization which stemmed from the 988 system</li> <li>• Within 30 minutes of contact, a health care service plan or health insurer must either authorize post-stabilization care or inform the calling 988 system provider that it will arrange for the prompt transfer of the enrollee's care to another provider</li> <li>• Requires reimbursement to the 988 system provider for post-stabilization care in some situations, including if no response to authorize care or arrange transfer was received within 30 minutes from the plan or insurer</li> <li>• Revises statutory definition of "988"</li> <li>• Requires California Health and Human Services Agency to create a set of recommendations for a 5-year implementation plan for a comprehensive 988 system, by December 31, 2023.</li> <li>• Extends the deadline for 988 advisory group recommendations to December 31, 2024 and requires quarterly meetings at a minimum</li> <li>• States allowances and uses for 988 surcharge revenue</li> <li>• Requires expenditure and outcomes reports, beginning January 1, 2030, to include billing and reimbursement information by health care service plans or insurers. System performance measurement report to begin July 1, 2025.</li> </ul>	July 1, 2023	<a href="#">HS 1374.724</a>
<b>Newborn Hospital Gateway</b>		Enforces the use of the Newborn Hospital Gateway system by all qualified Medi-Cal providers participating in presumptive eligibility programs, for the reporting of Medi-Cal eligible newborns born	July 1, 2024	<a href="#">WI 14148.04</a>

		<p>within their facilities, within 72 hours of birth, or one business day after discharge, whichever is sooner. This is a regulated requirement under the Medi-Cal Access Program, on Medi-Cal providers.</p> <p>The Gateway shall be accessed through existing presumptive eligibility portals.</p> <p>Providers are authorized to submit newborn enrollments via electronic applications on behalf of patients without patient signature.</p> <p>Required conditions of sufficient funds and staff, as well as the 12 month timeline as written in current law, for the Newborn Hospital Gateway and Gateway Fund, are abolished.</p> <p>These provisions are operative on July 1, 2024, or the effective date of implementation for the Children's Presumptive Eligibility Program portal, whichever is later.</p>		
<b>Medi-Cal Eligibility Expansion</b>	\$844.5 million (\$653.3 million General Fund) in FY 2023-24 \$2.1 billion (\$1.6 billion General Fund) in FY 2024- 25 approximately \$2.5 billion (\$2 billion General Fund) ongoing to fund this expansion	Maintains the funding levels of expansion of full-scope Medi-Cal coverage to all income eligible adults aged 26-29	January 1, 2024	<a href="#">WI 14007.8</a>
<b>Benefits and Delivery System</b>				
<b>Doula Services Implementation Evaluation</b>		<p>Delays the required timeline for DHCS to convene a workgroup to examine the implementation of the doula benefit in Medi-Cal, from April 2022-December 2023 to April 2023-June 2025.</p> <p>Furthermore, the deadline for DHCS to publish a report on Medi-Cal recipients utilizing doula services has been delayed to July 1, 2025, from July 1, 2024. The repeal date of these provisions is delayed to January 1, 2026.</p>	January 1, 2026	<a href="#">WI 14132.24</a>
<b>Whole Child Model and Mandatory Managed Care enrollment of Foster Care Children</b>		<p>Authorizes the establishment of a Whole Child Model program to additional specified counties no sooner than January 1, 2025. The operation of the Whole Child Model advisory group is likewise extended to December 31, 2026.</p> <p>DHCS is required to take oversight actions, such as the development of utilization and quality measures relating to CCS specialty care, by January 1, 2026. Analysis regarding trends on CCS enrollment for WCM counties would be included in this.</p> <p>MCPs participating in the Whole Child Model shall be required to ensure that CCS-eligible children have a primary point of contact who is responsible for the child's care coordination. Furthermore, a</p>	No sooner than January 1, 2025	<a href="#">WI 14094.5</a>

		<p>Medi-Cal MCP serving children with CCS-eligible conditions shall support referral pathways in non-Whole Child Model counties.</p> <p>Children and youth in foster care who reside in counties operating a Single Plan model have mandated enrollment in Medi-Cal managed care, effective January 1, 2025. The transition of this population to managed care includes requirements on both Medi-Cal MCPs and DHCS regarding continuity of care and continued timely access to care.</p>		
<b>Provider Payments</b>				
<b>Managed Care Organization Provider Tax Expenditures</b>	\$19.4B (See AB 119)	<p>Reimbursement rates for primary care services, obstetric care services, doula services, and some outpatient mental health services, shall be the greater of 87.5% of the lowest maximum allowance established by the Medicare Program for the same or similar services or the level of reimbursement, no sooner than January 1, 2024, pending federal approval.</p> <p>DHCS shall annually review and revise reimbursement rates, and develop a specific rate establishment methodology.</p> <p>All Medi-Cal MCPs are to reimburse network providers at least the Medi-Cal fee-for-service rate for these services.</p> <p>DHCS shall submit a plan for targeted Medi-Cal payment or investment increases in specific domains, to the Legislature, as per the Governor's 2024-25 Budget. These payments would be supported by the MCO tax or other state funds, including those from the Medi-Cal Provider Payment Reserve Fund and/or the Healthcare Treatment Fund. The aforementioned Medi-Cal Provider Payment Reserve Fund would be created by this bill, and the Department would provide annual reports to all health plans on the deposits and expenditures from the fund.</p>	April 1, 2023	<a href="#">WI 14105.200 - 14105.202</a>
<b>General Fund Loan for Hospitals</b>	<p>\$150 million Distressed Hospital loan program, repayment by June 30, 2024.</p> <p>\$50 million Small and Rural Hospital Relief Program, repayment by June 30, 2024.</p>	The Director of Finance may authorize a loan from the General Fund, for administration by the Department of Health Care Access and Information, and for use by qualified hospitals for the purpose of strengthening the foundation of the Medi-Cal program and supporting a robust health care delivery system.	July 1, 2023	<a href="#">HS 129385</a>
<b>CaAIM</b>				
<b>CaAIM Behavioral Health Payment Reform</b>	\$250 million in General Fund Spending	Creates the Medi-Cal County Behavioral Health Fund to collect nonfederal dollars collected by DHCS from the behavioral health payment reform under CaAIM. Establishes requirements for use of funds and participation of counties in the offset and transfer of funds.	July 1, 2023	<a href="#">WI 14184.402(e)</a>

		Requires DHCS to provide schedules with specific procedural steps and timelines, and makes legislative findings that these provisions are consistent with the Mental Health Services Act.		
<b>Community Supports: Transitional Rent</b>	\$17.9 million (\$6.3 million General Fund) in FY 2025- 26 and increases at full implementation to \$116.6 million (\$40.8 million General Fund).	DHCS will seek an amendment to the CalAIM 1115 waiver to authorize a new Community Support by CY 2024 that would allow for up to six months of rent or temporary housing to eligible individuals to be funded by managed care plans.	January 1, 2024	
<b>Justice Involved</b>	\$109.7 million total fund (\$39.1 million General Fund) in FY 2023-24	The Budget includes funding for the CalAIM inmate pre-release program.	January 1, 2024	
<b>Housing and Homelessness</b>	\$1.1 billion	Establishes round 5 of the Homeless Housing, Assistance and Prevention program, with continued funding of \$1 billion.  \$100 million is deployed in 23-24 to each HHAP recipient upon submission of their regional plan, from the "bonus" set-aside in Round 3 Funding.	July 1, 2023	<a href="#">AB 129</a>
<b>MCO Tax – SB 119/AB 119</b>				
<b>Legislative Intent</b>	\$19.4B	Establishes legislative intent for DHCS to implement an MCO Tax effective April 1, 2023 that a) generates more nonfederal funds than the amount generated by the last MCO Tax; b) complies with federal requirements; c) provides funding that supports the health care delivery system, and Medi-Cal in particular; and d) minimizes the need for new reductions to the Medi-Cal program.	April 1, 2023 Effective MCO Tax Date	<a href="#">AB 119 MCO Tax TBL</a>
<b>Managed Care Enrollment Fund – Cashflow Loans to the General Fund</b>		Establishes the Managed Care Enrollment Fund in the State Treasury, in which all MCO Tax revenues shall be deposited, and authorizes the Controller to use these funds for cashflow loans to the General Fund.		
<b>Authorized Use of MCO Tax Revenue</b>		Authorizes DHCS to use MCO Tax revenue, upon appropriation by the Legislature, for: a) the nonfederal share of increased capitation payments to Medi-Cal managed care plans, accounting for their projected tax obligation; b) the nonfederal share of Medi-Cal managed care rates for Medi-Cal services; and c) transfers of funds to the Medi-Cal Provider Payment Reserve Fund to support future improvements to the Medi-Cal program.		
<b>DHCS Requirements</b>		DHCS shall provide an annual report to all health plans which accounts for the funds deposited in, and expended from, the Managed Care Enrollment Fund.  DHCS shall determine specified data for each health plan using the base data source, to include total cumulative enrollment for the base year and Medicare, Medi-Cal, and plan-to-plan cumulative enrollment for the base year.		



<p><b>Tax Details</b></p>		<p>Prohibits DHCS from collecting the tax prior to federal approval. Requires DHCS to certify in writing that federal approval was granted within 10 business days of receipt – requires posting and sending copies of certification.</p> <p>Tax date: April 1, 2023 through December 31, 2026. Quarterly installments.</p> <p>Requires DHCS to send notice to each health plan (subject to the tax) within 30 days following receipt of federal approvals, which contains the amount of tax due per tax period and the dates the tax is due.</p> <p>Requires health plans to pay the tax in installments, based on a DHCS-developed schedule, which shall be at least one month apart but no more than one quarter apart.</p> <p>DHCS may assess interest on any health plan for taxes which are not paid timely. 10 percent per annum. Penalties can also be levied for overdue payments. Director can waive interest or penalties for specified reasons.</p> <p>Merger/acquisition, establishment, or other transaction of health plan responsibility to another plan does not absolve tax responsibilities. New plan / entity must pay the full tax amount for the enrollees.</p> <p>Establishes three (3) taxing tiers for each taxing period:</p> <ol style="list-style-type: none"> <li>1. Zero to 1,250,000 inclusive enrollees</li> <li>2. 1,250,000 to 4,000,000 inclusive enrollees</li> <li>3. Greater than 4,000,000 enrollees</li> </ol> <p>Specifies criteria under which DHCS may modify taxing methodologies, and outlines noticing requirements to Plans (within 10 days of modification implementation).</p>		
<p><b>Anticipated Income</b></p>		<p>The proposed MCO tax is expected to result in approximately \$19.4 billion in new revenue.</p>		

**Behavioral Health Funding**

<b>Behavioral Health</b>		
<b>Children and Youth Behavioral Health Initiative</b>	\$10 million General Fund in FY 2023-24	Develop and implement a statewide infrastructure that will centralize provider management functions, including credentialing and quality oversight, and manage billing and claims for behavioral health services by school-based and school-linked providers, under the CYBHI fee schedule.
<b>Behavioral Health Bridge Housing</b>	\$250 million in FY 2023-24	One-time Mental Health Services Fund in 2023-24 in lieu of General Fund for the Behavioral Health Bridge Housing Program. The Budget also delays \$235 million of the total \$1.5 billion General Fund to 2024-25.

<b>BH-Connect</b>	\$6.1 billion over 5 years (\$314 million GF, \$175 million Mental Health Services Fund, \$2.1 billion Medi-Cal County Behavioral Health Fund, \$3.5 billion federal funds)	Previously CalBH-CBC, the May Revision renamed this initiative to Behavioral Health Community-Based Organized Network of Equitable Care and Treatment (BH-Connect). Additionally it added \$480 million in funding for a new workforce initiative in each year of the five-year demonstration, totaling \$2.4 billion dollars comprised of federal funds and the non-federal share is funded through DSHP and portion of MHSA state directed revenues. The workforce initiative is targeted at long and short term investments in behavioral health workforce, strengthening the pipeline of behavioral health professionals needed, and improving short-term recruitment and retention efforts.
-------------------	---	--

# Alliance Dashboard

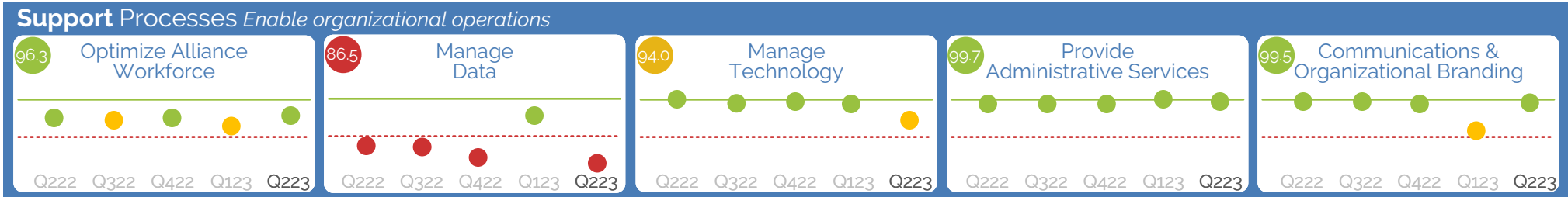
## Quarter 2, 2023



**Purpose:** To provide oversight of health plan performance across all organizational processes, to enable timely and targeted intervention as needed.

**Context & Limitations:** *Target* and *Threshold* levels are established by Alliance leadership and informed by contractual requirements and best practice standards (where available). This dashboard is produced using composites, meaning the performance of multiple sub-processes is combined for aggregate performance scores. All metrics are normalized to a 100 point scale to create the composites, so *Target* performance is always 100%. A subset of metrics are included on the following page, and additional context, analysis, and action plans surrounding performance trends (positive or negative) are included in the *Executive Summary from the CEO*, as applicable.

**Legend** | Target = desirable performance | Threshold = lowest acceptable performance | ● ≥ to 95% of Target | ● <95% of Target and >Threshold | ● <Threshold



# Alliance Dashboard – Board Metrics

Quarter 2, 2023



No.	Metric	Period	Target	Performance
1	Calls to Member Services answered within 30 seconds	Q223	80.0%	88.0%
2	New Member Welcome Call Completion Rate	Q123	30.0%	36.4%
3	Timely Resolution of Member Complaints	Q223	100.0%	100.0%
4	Members' Favorable Rating of Health Plan (CAHPS) (Medi-Cal)	2022	Child: 86.0%   Adult: 73.0%	Child: 87.8%   Adult: 76.8%
5	Members' Favorable Rating of Health Care (CAHPS) (Medi-Cal)	2022	Child: 84.5%   Adult: 70.5%	Child: 88.6%   Adult: 75.6%
6	Routine PCP Facility Site Reviews Completed Timely	Q223	100.0%	100.0%
7	Facility Sites Reviewed in Good Health	Q223	100.0%	100.0%
8	In Area PCP Market Share (all counties)	Q223	80.0%	87.0%
9	In Area Specialist Market Share (all counties)	Q223	80.0%	85.9%
10	Contracted PCP Open % (all counties)	Q223		60.0%
11	Overall Provider Satisfaction Rate	2022	88.0%	87.0%
12	Inpatient Bed Days/ 1,000 members/Year (Medi-Cal)	Q123	292.0	283.0
13	Admissions/1,000 Members/Year (Medi-Cal)	Q123	63.0	60.0
14	Total 30 Day All-Cause Readmissions %	Q123	11.0%	12.0%
15	Ambulatory Care Sensitive Admissions (Medi-Cal)	Q123	8.0%	7.0%
16	Average Length of Stay (Medi-Cal)	Q123	45	43
17	Emergency Department visits/1,000 members/year (all LOBs)	Q123	590.0	447.0
18	Avoidable Emergency Department visits (all LOBs)	Q123	18.0%	17.1%
19	Behavioral Health Utilization Rate by County (All Ages)	Q123	3.6%	SC: 9.1%   Mont: 4.0%   Merced: 4.0%
20	Routine Medical/Surgical Prior Authorizations Adjudicated Timely	Q223	100.0%	99.7%
21	Clean Claims Processed and Paid Within 30 Calendar Days	Q223	90.0%	95.2%
22	Employee Turnover Rate	Q322-Q223	10.0%	8.2%
23	Total Staffed Workforce	Q223	90.0%	95.3%
24	Board Designated Reserves Percentage	Q223	100.0%	111.1%
25	Net Income Percentage	Q223	1.0%	8.5%
26	Medical Loss Ratio	Q223	92.0%	86.5%
27	Administrative Loss Ratio	Q223	6.0%	5.0%



**DATE:** August 23, 2023  
**TO:** Santa Cruz-Monterey-Merced Managed Medical Care Commission  
**FROM:** Lisa Ba, Chief Financial Officer  
**SUBJECT:** Financial Highlights for the Sixth Month Ending June 30, 2023

For the month ending June 30, 2023, the Alliance reported an Operating Income of \$7.9M. The Year-to-Date (YTD) Operating Income is \$65.0M, with a Medical Loss Ratio (MLR) of 87.3% and an Administrative Loss Ratio (ALR) of 5.2%. The Net Income is \$74.0M after accounting for Non-Operating Income/Expenses.

The budget expected a \$62.0M Operating Income for YTD June. The actual result is favorable to budget by \$3.0M or 4.8%, driven primarily by membership favorability.

<u>Key Indicators</u>	<b>Jun-23 (\$ In 000's)</b>			
	Current Actual	Current Budget	Current Variance	% Variance to Budget
<i>Membership</i>	428,448	406,635	21,813	5.4%
Revenue	155,622	129,049	26,573	20.6%
Medical Expenses	139,552	122,046	(17,507)	-14.3%
Administrative Expenses	8,199	8,292	93	1.1%
Operating Income	7,871	(1,289)	9,160	100.0%
Net Income	4,998	(2,804)	7,803	100.0%
<i>MLR %</i>	89.7%	94.6%	4.9%	
<i>ALR %</i>	5.3%	6.4%	1.2%	
<i>Operating Income %</i>	5.1%	-1.0%	6.1%	
<i>Net Income %</i>	3.2%	-2.2%	5.4%	

**HEALTHY PEOPLE. HEALTHY COMMUNITIES.**

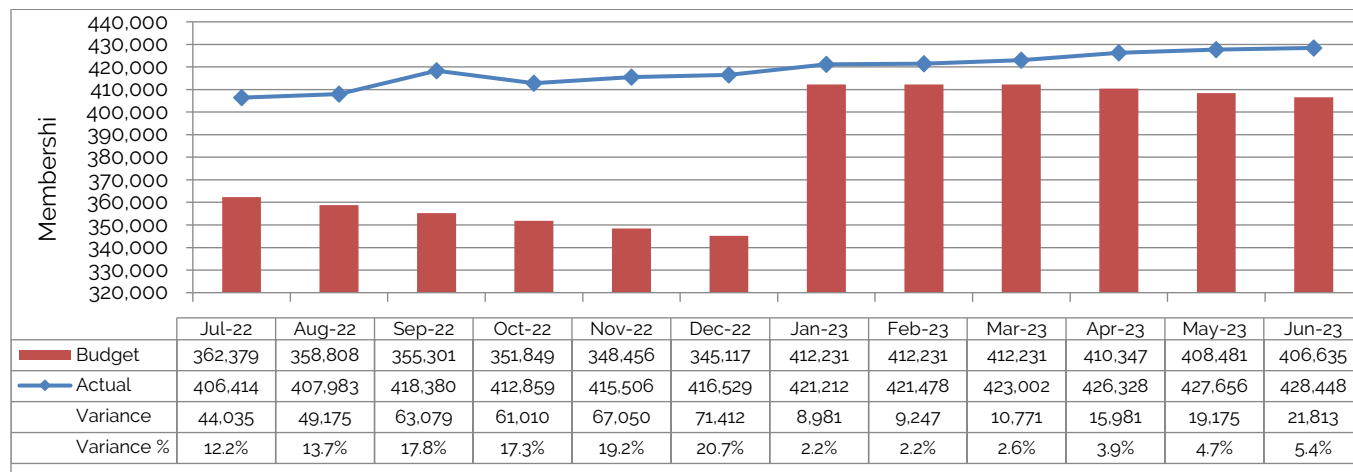
<b>Jun-23 YTD (In \$000s)</b>				
<u>Key Indicators</u>	YTD Actual	YTD Budget	YTD Variance	% Variance to Budget
<i>Member Months</i>	2,548,124	2,462,156	85,968	3.5%
Revenue	870,796	782,363	88,433	11.3%
Medical Expenses	760,484	672,602	(87,883)	-13.1%
Administrative Expenses	45,352	47,784	2,432	5.1%
Operating Income/(Loss)	64,960	61,977	2,983	4.8%
Net Income/(Loss)	73,966	49,378	24,588	49.8%
<b>PMPM</b>				
Revenue	341.74	317.76	23.98	7.5%
Medical Expenses	298.45	273.18	(25.27)	-9.3%
Administrative Expenses	17.80	19.41	1.61	8.3%
Operating Income/(Loss)	25.49	25.17	0.32	1.3%
<i>MLR %</i>	87.3%	86.0%	-1.4%	
<i>ALR %</i>	5.2%	6.1%	0.9%	
<i>Operating Income %</i>	7.5%	7.9%	-0.5%	
<i>Net Income %</i>	8.5%	6.3%	2.2%	

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 \$341.74, which is favorable to budget by \$23.98 or 7.5%. Medical cost PMPM is \$298.45, which is unfavorable by \$25.27 or 9.3%. The resulting operating income PMPM is \$25.49, which is favorable by \$0.32 compared to the budget due to the favorable admin spend.

Membership. June 2023 membership is favorable to budget by 5.4%. Please note that the 2023 budget assumed the Public Health Emergency (PHE) would end in January 2023, with membership beginning to decline in April 2023. The Health and Human Services Department announced that the PHE ended on May 11, 2023. The Department of Health Care Services (DHCS) states that the redetermination began in April 2023 for the June 2023 renewal month, with the actual enrollment loss expected to begin in July 2023.

Membership. Actual vs. Budget (based on actual enrollment trend for June-23 rolling 12 months)



**Revenue.** The 2023 revenue budget was based on the current (DHCS) 2022 draft rate package and included a 1.2% rate increase. Furthermore, the budget assumed breakeven for Enhanced Care Management and Community Supports, both were new programs in 2022. The prospective CY 2023 draft rates from DHCS (dated 12/8/2022, including Maternity) are favorable to the rates assumed in the CY 2023 budget by 0.7%.

June 2023 capitation revenue of \$144.4M is favorable to budget by \$15.7M or 12.2%, mainly attributed to higher enrollment of \$6.9M and rate variances of \$8.8M including \$1.6M of Behavioral Health Integration Incentive Program.

The State Incentive Programs consist of the CalAim Incentive Payment Program (IPP) of \$10.9M and offsets the State Incentive Programs expense. These incentives are assumed to be budget neutral.

June 2023 YTD capitation revenue of \$839.9M is favorable to budget by \$59.6M or 7.6%. Of this amount, \$24.7M is from boosted enrollment, and \$34.8M is due to rate variance.

Jun-23 YTD Capitation Revenue Summary (In \$000s)					
County	Actual	Budget	Variance	Variance Due to Enrollment	Variance Due to Rate
Santa Cruz	172,726	166,622	6,105	3,387	2,718
Monterey	360,037	334,794	25,243	12,464	12,780
Merced	307,107	278,883	28,225	8,878	19,347
<b>Total</b>	<b>839,871</b>	<b>780,298</b>	<b>59,573</b>	<b>24,728</b>	<b>34,845</b>

Note: Excludes Jun-23 YTD In-Home Supportive Services (IHSS) premiums revenue of \$2.2M and State Incentive Programs revenue of \$28.7M.

**Medical Expenses.** The 2023 budget assumed a 5% increase in utilization from 2019 and a 3% unit cost increase that included case mix and changes in fee schedules. 2023 incentives include a \$15M Care-Based Incentive, \$10M for the Hospital Quality Incentive Program, and \$5M for the Specialist Care Incentive.

June 2023 Medical Expenses of \$139.6M are \$17.5M or 14.3% unfavorable to budget. June 2023 YTD Medical Expenses of \$760.5M are above budget by \$87.9M or 13.1%. Of this amount, \$64.4M is due to rate, and \$23.5M is due to higher enrollment.

Inpatient Services (Hospital) is unfavorable to budget YTD by \$30.6M or 12.1%. \$8.8M is attributed to enrollment and \$21.8M to increased Incurred but Not Reported (IBNR) and higher spending. We are seeing similar increases in spending occurring in Physician Services and Other Medical. Other Medical includes Allied Health, Lab, Durable Medical Equipment, Behavioral Health, and Transportation.

The State Incentive Programs of \$28.7M consist of \$6.2M for the Student Behavioral Health Incentive Program (SBHIP), \$11.7M for the Housing and Homelessness Incentive Program (HHIP), and \$10.9M for CalAim Incentive Payment Program (IPP). These are also included under Revenue and assumed to be budget neutral.

<b>Jun-23 YTD Medical Expense Summary (In \$000s)</b>					
<b>Category</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance Due to Enrollment</b>	<b>Variance Due to Rate</b>
Inpatient Services (Hospital)	282,102	251,547	(30,555)	(8,783)	(21,772)
Inpatient Services (LTC)	84,104	90,092	5,988	(3,146)	9,134
Physician Services	159,143	140,619	(18,524)	(4,910)	(13,615)
Outpatient Facility	91,493	93,139	1,646	(3,252)	4,898
Other Medical	114,934	97,204	(17,730)	(3,394)	(14,336)
State Incentive Programs	28,707	0	(28,707)	0	(28,707)
<b>Total</b>	<b>760,484</b>	<b>672,602</b>	<b>(87,883)</b>	<b>(23,484)</b>	<b>(64,398)</b>

Note: Other Medical Actual includes Allied Health, Non-Claims HC Cost, Transportation, Behavioral Health, and Lab.

At a PMPM level, YTD Medical Expenses are \$298.45, unfavorable by \$25.27 or 9.3% compared to the budget. Unfavorable trends in Inpatient Services (Hospitals) are driven by IBNR levels, which are primarily due to prior year high dollar claims in the first few months of the year. These are not expected to continue for the remainder of the year. Allied Health, Behavioral Health, Transportation, and Lab drive Other Medical cost unfavourability of 14.3%.

<b>Jun-23 YTD Medical Expense by Category of Service (In PMPM)</b>				
<b>Category</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance %</b>
Inpatient Services (Hospital)	110.71	102.17	(8.54)	-8.4%
Inpatient Services (LTC)	33.01	36.59	3.58	9.8%
Physician Services	62.46	57.11	(5.34)	-9.4%
Outpatient Facility	35.91	37.83	1.92	5.1%
Other Medical	45.11	39.48	(5.63)	-14.3%
State Incentive Programs	11.27	0.00	(11.27)	0.0%
<b>Total</b>	<b>298.45</b>	<b>273.18</b>	<b>(25.27)</b>	<b>-9.3%</b>



Administrative Expenses. June YTD Administrative Expenses are favorable to budget by \$2.4M or 5.1% with a 5.2% ALR. Salaries are slightly favorable by \$29K driven by savings from vacant positions and benefits which offsets PTO, temporary services, and the staff bonus accrual. Non-Salary Administrative Expenses are favorable by \$2.4M or 16.2% due to the timing of expenses versus the budget.

Non-Operating Revenue/Expenses. June YTD Total Non-Operating Revenue is favorable to budget by \$18.9M, attributed to \$8.8M in unrealized gain on investments and \$10.1M in interest income. Non-Operating Expenses are favorable by \$2.7M due to the timing of grant expenses, resulting in a favorable Net Non-Operating income of \$21.6M compared to the budget.

Summary of Results. Overall, the Alliance generated a YTD Net Income of \$74.0M, with an MLR of 87.3% and an ALR of 5.2%.



**CENTRAL CALIFORNIA ALLIANCE FOR HEALTH**  
**Balance Sheet**  
**For The Sixth Month Ending June 30, 2023**  
**(In \$000s)**

<b>Assets</b>	
Cash	\$155,483
Restricted Cash	302
Short Term Investments	743,545
Receivables	165,034
Prepaid Expenses	4,018
Other Current Assets	3,369
<b>Total Current Assets</b>	<b>\$1,071,751</b>
Building, Land, Furniture & Equipment	
Capital Assets	\$82,343
Accumulated Depreciation	(46,096)
CIP	18
Lease Receivable	2,539
<b>Total Non-Current Assets</b>	<b>38,805</b>
<b>Total Assets</b>	<b>\$1,110,556</b>
<b>Liabilities</b>	
Accounts Payable	\$25,512
IBNR/Claims Payable	308,616
Accrued Expenses	-
Provider Incentives Payable	15,000
Other Current Liabilities	8,735
Due to State	9,562
<b>Total Current Liabilities</b>	<b>\$367,425</b>
Deferred Inflow of Resources	\$2,437
<b>Total Long-Term Liabilities</b>	<b>\$2,437</b>
<b>Fund Balance</b>	
Fund Balance - Prior	\$666,727
Retained Earnings - CY	73,966
<b>Total Fund Balance</b>	<b>740,693</b>
<b>Total Liabilities &amp; Fund Balance</b>	<b>\$1,110,556</b>
<b>Additional Information</b>	
<b>Total Fund Balance</b>	<b>\$740,693</b>
Board Designated Reserves Target	408,320
Strategic Reserve (DSNP)	56,700
Medi-Cal Capacity Grant Program (MCGP)*	173,359
Value Based Payments	46,100
<b>Total Reserves</b>	<b>684,479</b>
<b>Total Operating Reserve</b>	<b>\$56,214</b>

\* MCGP includes Additional Contribution of \$48.6M



**CENTRAL CALIFORNIA ALLIANCE FOR HEALTH**  
**Income Statement - Actual vs. Budget**  
**For The Sixth Month Ending June 30, 2023**  
**(In \$000s)**

	<u>MTD Actual</u>	<u>MTD Budget</u>	<u>Variance</u>	<u>%</u>	<u>YTD Actual</u>	<u>YTD Budget</u>	<u>Variance</u>	<u>%</u>
<b>Member Months</b>	428,448	406,635	21,813	5.4%	2,548,124	2,462,156	85,968	3.5%
<b>Capitation Revenue</b>								
Capitation Revenue Medi-Cal	\$144,393	\$128,705	\$15,689	12.2%	\$839,871	\$780,298	\$59,573	7.6%
State Incentive Programs	10,850	-	\$10,850	0.0%	28,707	-	\$28,707	0.0%
Premiums Commercial	379	344	35	10.1%	2,219	2,065	154	7.4%
<b>Total Operating Revenue</b>	<b>\$155,622</b>	<b>\$129,049</b>	<b>\$26,573</b>	<b>20.6%</b>	<b>\$870,796</b>	<b>\$782,363</b>	<b>\$88,433</b>	<b>11.3%</b>
<b>Medical Expenses</b>								
Inpatient Services (Hospital)	\$46,709	\$45,649	(\$1,060)	-2.3%	\$282,102	\$251,547	(\$30,555)	-12.1%
Inpatient Services (LTC)	14,985	16,351	1,365	8.3%	84,104	90,092	5,988	6.6%
Physician Services	28,250	25,513	(2,737)	-10.7%	159,143	140,619	(18,524)	-13.2%
Outpatient Facility	18,423	16,902	(1,522)	-9.0%	91,493	93,139	1,646	1.8%
Other Medical*	20,335	17,631	(2,704)	-15.3%	114,934	97,204	(17,730)	-18.2%
State Incentive Programs	10,850	-	(10,850)	0.0%	28,707	-	(28,707)	0.0%
<b>Total Medical Expenses</b>	<b>\$139,552</b>	<b>\$122,046</b>	<b>(\$17,507)</b>	<b>-14.3%</b>	<b>\$760,484</b>	<b>\$672,602</b>	<b>(\$87,883)</b>	<b>-13.1%</b>
<b>Gross Margin</b>	<b>\$16,069</b>	<b>\$7,003</b>	<b>\$9,066</b>	<b>100.0%</b>	<b>\$110,312</b>	<b>\$109,761</b>	<b>\$551</b>	<b>0.5%</b>
<b>Administrative Expenses</b>								
Salaries	\$5,776	\$5,590	(\$185)	-3.3%	\$32,888	\$32,917	\$29	0.1%
Professional Fees	194	422	228	54.0%	1,044	1,631	587	36.0%
Purchased Services	1,100	939	(160)	-17.1%	5,167	5,462	295	5.4%
Supplies & Other	792	949	157	16.5%	4,093	5,472	1,379	25.2%
Occupancy	79	117	37	32.0%	607	645	38	5.9%
Depreciation/Amortization	258	275	17	6.3%	1,552	1,657	105	6.3%
<b>Total Administrative Expenses</b>	<b>\$8,199</b>	<b>\$8,292</b>	<b>\$93</b>	<b>1.1%</b>	<b>\$45,352</b>	<b>\$47,784</b>	<b>\$2,432</b>	<b>5.1%</b>
<b>Operating Income</b>	<b>\$7,871</b>	<b>(\$1,289)</b>	<b>\$9,160</b>	<b>100.0%</b>	<b>\$64,960</b>	<b>\$61,977</b>	<b>\$2,983</b>	<b>4.8%</b>
<b>Non-Op Income/(Expense)</b>								
Interest	\$2,832	\$1,025	\$1,807	100.0%	\$16,251	\$6,148	\$10,103	100.0%
Gain/(Loss) on Investments	(3,410)	(1,195)	(2,215)	-100.0%	(1,877)	(10,679)	8,802	82.4%
Other Revenues	148	155	(7)	-4.6%	897	930	(33)	-3.5%
Grants	(2,442)	(1,500)	(943)	-62.9%	(6,264)	(8,998)	2,733	30.4%
<b>Total Non-Op Income/(Expense)</b>	<b>(\$2,873)</b>	<b>(\$1,515)</b>	<b>(\$1,357)</b>	<b>-89.6%</b>	<b>\$9,006</b>	<b>(\$12,599)</b>	<b>\$21,605</b>	<b>100.0%</b>
<b>Net Income/(Loss)</b>	<b>\$4,998</b>	<b>(\$2,804)</b>	<b>\$7,803</b>	<b>100.0%</b>	<b>\$73,966</b>	<b>\$49,378</b>	<b>\$24,588</b>	<b>49.8%</b>
<i>MLR</i>	89.7%	94.6%			87.3%	86.0%		
<i>ALR</i>	5.3%	6.4%			5.2%	6.1%		
<i>Operating Income</i>	5.1%	-1.0%			7.5%	7.9%		
<i>Net Income %</i>	3.2%	-2.2%			8.5%	6.3%		



**CENTRAL CALIFORNIA ALLIANCE FOR HEALTH**  
**Income Statement - Actual vs. Budget**  
**For The Sixth Month Ending June 30, 2023**  
**(In PMPM)**

	<b>MTD Actual</b>	<b>MTD Budget</b>	<b>Variance</b>	<b>%</b>	<b>YTD Actual</b>	<b>YTD Budget</b>	<b>Variance</b>	<b>%</b>
<b>Member Months</b>	428,448	406,635	21,813	5.4%	2,548,124	2,462,156	85,968	3.5%
<b>Capitation Revenue</b>								
Capitation Revenue Medi-Cal	\$337.01	\$316.51	\$20.50	6.5%	\$329.60	\$316.92	\$12.69	4.0%
State Incentive Programs	25.32	-	25.32	0.0%	11.27	-	11.27	0.0%
Premiums Commercial	0.88	0.85	0.04	4.5%	0.87	0.84	0.03	3.8%
<b>Total Operating Revenue</b>	<b>\$363.22</b>	<b>\$317.36</b>	<b>\$45.86</b>	<b>14.5%</b>	<b>\$341.74</b>	<b>\$317.76</b>	<b>\$23.98</b>	<b>7.5%</b>
<b>Medical Expenses</b>								
Inpatient Services (Hospital)	\$109.02	\$112.26	\$3.24	2.9%	\$110.71	\$102.17	(\$8.54)	-8.4%
Inpatient Services (LTC)	34.98	40.21	5.23	13.0%	33.01	36.59	3.58	9.8%
Physician Services	65.94	62.74	(3.19)	-5.1%	62.46	57.11	(5.34)	-9.4%
Outpatient Facility	43.00	41.56	(1.44)	-3.5%	35.91	37.83	1.92	5.1%
Other Medical*	47.46	43.36	(4.10)	-9.5%	45.11	39.48	(5.63)	-14.3%
State Incentive Programs	25.32	-	(25.32)	0.0%	11.27	-	(11.27)	0.0%
<b>Total Medical Expenses</b>	<b>\$325.72</b>	<b>\$300.14</b>	<b>(\$25.58)</b>	<b>-8.5%</b>	<b>\$298.45</b>	<b>\$273.18</b>	<b>(\$25.27)</b>	<b>-9.3%</b>
<b>Gross Margin</b>	<b>\$37.51</b>	<b>\$17.22</b>	<b>\$20.28</b>	<b>100.0%</b>	<b>\$43.29</b>	<b>\$44.58</b>	<b>(\$1.29)</b>	<b>-2.9%</b>
<b>Administrative Expenses</b>								
Salaries	\$13.48	\$13.75	\$0.27	1.9%	\$12.91	\$13.37	\$0.46	3.5%
Professional Fees	0.45	1.04	0.58	56.3%	0.41	0.66	0.25	38.1%
Purchased Services	2.57	2.31	(0.26)	-11.1%	2.03	2.22	0.19	8.6%
Supplies & Other	1.85	2.33	0.48	20.8%	1.61	2.22	0.62	27.7%
Occupancy	0.19	0.29	0.10	35.4%	0.24	0.26	0.02	9.0%
Depreciation/Amortization	0.60	0.68	0.07	11.0%	0.61	0.67	0.06	9.5%
<b>Total Administrative Expenses</b>	<b>\$19.14</b>	<b>\$20.39</b>	<b>\$1.26</b>	<b>6.2%</b>	<b>\$17.80</b>	<b>\$19.41</b>	<b>\$1.61</b>	<b>8.3%</b>
<b>Operating Income</b>	<b>\$18.37</b>	<b>(\$3.17)</b>	<b>\$21.54</b>	<b>100.0%</b>	<b>\$25.49</b>	<b>\$25.17</b>	<b>\$0.32</b>	<b>1.3%</b>



**CENTRAL CALIFORNIA ALLIANCE FOR HEALTH**  
**Statement of Cash Flow**  
**For The Sixth Month Ending June 30, 2023**  
**(In \$000s)**

	<b>MTD</b>	<b>YTD</b>
Net Income	\$4,998	\$73,966
Items not requiring the use of cash: Depreciation	258	1,514
Adjustments to reconcile Net Income to Net Cash provided by operating activities:		
Changes to Assets:		
Restricted Cash	(2)	(1)
Receivables	(972)	5,746
Prepaid Expenses	2,142	32
Current Assets	23,688	10,046
<b>Net Changes to Assets</b>	<b>\$24,858</b>	<b>\$15,824</b>
Changes to Payables:		
Accounts Payable	(1,823)	(45,162)
Accrued Expenses	-	-
Other Current Liabilities	420	1,026
Incurred But Not Reported Claims/Claims Payable	(10,926)	26,248
Provider Incentives Payable	2,500	5,000
Due to State	588	4,516
<b>Net Changes to Payables</b>	<b>(\$9,242)</b>	<b>(\$8,372)</b>
<b>Net Cash Provided by (Used in) Operating Activities</b>	<b>\$20,872</b>	<b>\$82,932</b>
Change in Investments	1,541	(67,550)
Other Equipment Acquisitions	(14)	1,764
<b>Net Cash Provided by (Used in) Investing Activities</b>	<b>\$1,526</b>	<b>(\$65,786)</b>
Lease Interest Income	-	-
<b>Net Cash Provided by (Used in) Financing Activities</b>	<b>\$0</b>	<b>\$0</b>
<b>Net Increase (Decrease) in Cash &amp; Cash Equivalents</b>	<b>\$22,399</b>	<b>\$17,146</b>
<b>Cash &amp; Cash Equivalents at Beginning of Period</b>	<b>\$133,086</b>	<b>\$138,338</b>
<b>Cash &amp; Cash Equivalents at June 30, 2023</b>	<b>\$155,483</b>	<b>\$155,483</b>



**DATE:** August 23, 2023  
**TO:** Santa Cruz-Monterey-Merced Managed Medical Care Commission  
**FROM:** Ronita Margain, Community Engagement Director  
**SUBJECT:** Member Services Advisory Group: Member Appointment

---

Recommendation. Staff recommend the Board approve the appointment of the individual listed below to the Member Services Advisory Group (MSAG).

Background. The Board established MSAG authorized in the Bylaws of the Santa Cruz-Monterey-Merced Managed Medical Care Commission.

Discussion. The following individual has indicated interest in participating on MSAG.

Name	Affiliation	County
Anab Mohamed	Consumer	Monterey

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

Attachments. N/A



**DATE:** August 23, 2023  
**TO:** Santa Cruz-Monterey-Merced Managed Medical Care Commission  
**FROM:** Lilia Chagolla, Community Engagement Director  
**SUBJECT:** Whole Child Model Family Advisory Committee: Member Appointment

---

Recommendation. Staff recommend the Board approve the appointment of the individual listed below to the Whole Child Model Family Advisory Committee (WCMFAC).

Background. The Board established WCMFAC as required by Statute.

Discussion. The following individual has indicated interest in participating on WCMFAC.

Name	Affiliation	County
Paloma Barraza	Parent/Guardian of Consumer	Monterey

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

Attachments. N/A

**SANTA CRUZ – MONTEREY – MERCED  
MANAGED MEDICAL CARE COMMISSION**



---

**Meeting Minutes**

**Wednesday, June 28, 2023**

**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 16<sup>th</sup> Street, Suite B, Merced, California

**Commissioners Present:**

Supervisor Wendy Root Askew  
Ms. Dorothy Bizzini  
Ms. Leslie Conner  
Dr. Maximiliano Cuevas  
Ms. Janna Espinoza  
Supervisor Zach Friend  
Dr. Donald Hernandez  
Ms. Elsa Jimenez  
Mr. Michael Molesky  
Ms. Rebecca Nanyonjo  
Supervisor Josh Pedrozo  
Ms. Julie Peterson  
Dr. James Rabago  
Dr. Allen Radner

County Board of Supervisors  
Public Representative  
Provider Representative  
Provider Representative  
Public Representative  
County Board of Supervisors  
Provider Representative  
County Health Director  
Public Representative  
Director of Public Health  
County Board of Supervisors  
Hospital Representative  
Provider Representative  
Provider Representative

**Commissioners Absent:**

Ms. Leslie Abasta-Cummings  
Ms. Julie Edgcomb  
Dr. Charles Harris  
Ms. Shebreh Kalantari-Johnson  
Ms. Mónica Morales  
Dr. Joerg Schuller

Provider Representative  
Public Representative  
Hospital Representative  
Public Representative  
County Health Services Agency Director  
Hospital Representative

**HEALTHY PEOPLE. HEALTHY COMMUNITIES.**



Mr. Rob Smith

Public Representative

**Staff Present:**

Mr. Michael Schrader

Chief Executive Officer

Ms. Lisa Ba

Chief Financial Officer

Ms. Jenifer Mandella

Chief Compliance Officer

Mr. Cecil Newton

Chief Information Officer

Ms. Kathy Stagnaro

Clerk of the Board

**1. Call to Order by Chair Jimenez.**

Commission Chairperson Jimenez called the meeting to order at 3:01 p.m.

Roll call was taken and a quorum was present.

There were no supplements or deletions to the agenda.

Chair Jimenez welcomed Dr. Donald Hernandez, Provider Representative, Santa Cruz County to the Board.

**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.

No members of the public addressed the Commission.

**3. Comments and announcements by Commission members.**

Chair Jimenez opened the floor for Commissioners to make comments.

No comments or announcements from Commissioners at this time.

**4. Comments and announcements by Chief Executive Officer.**

Chair Jimenez opened the floor for Mr. Michael Schrader, Chief Executive Officer (CEO).

Mr. Schrader welcomed Dr. Donald Hernandez to the Board.

[Commissioner Nanyonjo arrived at this time: 3:07 p.m.]

Beginning with this meeting and going forward, staff will email PowerPoint presentations to Commissioners in advance of the meeting. In addition, staff will continue to post the agenda and packet one week prior to the Board meeting and at least 72 hours in advance of each meeting.

[Commissioner Rabago arrived at this time: 3:11 p.m.]

Staff are exploring ways to address Board member concerns related to conflicts of interest in order to maximize Board participation and solicit meaningful input without violating conflict of interest rules. The Alliance legal services team is consulting with external counsel to examine the Political Reform Act and Government Code Section 1090, with respect to case law and regulatory guidance.

There has been continued progress with the expansion into San Benito and Mariposa counties. Discussions with the Department of Health Care Services (DHCS) rates team and Mercer actuaries have gone well. Mr. Schrader referenced regular agenda item 11 on today's agenda which seeks Board approval of an Alliance payment policy for the two new counties allowing staff to make further progress on provider contracts.

All five counties have posted the vacancies for the new five-county Alliance Board. Staff are working with each county with the goal to complete the appointment process by the end of August 2023. The first convening of the new Alliance Board will be held on October 25, 2023 from 10:30 a.m. to 2:00 p.m. at a venue to be determined in mid-Santa Cruz County.

Mr. Schrader informed the Board that he provided an overview of the model change and transition efforts to the San Benito County Board of Supervisors at their meeting on June 13, 2023. Mr. Schrader plans to present an overview to the Mariposa County Board of Supervisors on July 11, 2023.

The legislature and Governor reached a deal on the state budget for fiscal year 2023-24 that begins on July 1, 2023. The budget includes spending delays and cuts to address a \$31.5B deficit without needing to dip into state reserves. None of the spending delays or cuts apply to the Medi-Cal program. Full funding remains for the expansion of full-scope Medi-Cal coverage to all income eligible adults ages 26 through 49 regardless of immigration status beginning January 1, 2024. Most significant in the budget is the renewal and substantial increase of the Managed Care Organization (MCO) tax. The MCO tax is a state tax on managed care organizations, including the Alliance. The trailer bill to implement the details of the MCO tax, including the high-level spending plan was approved by both the legislature and Governor. In January 2024, the administration intends to publish a more detailed spending plan as part of the fiscal year 2024-25 budget.

The transition of Medi-Cal managed care plans to implement the new commercial plan contracts in 21 counties, the model changes in 17 counties, and the Kaiser contract for 32 counties will begin on January 1, 2024. Current managed care plans operating in San Benito and Mariposa counties will send 90-day notices to their members informing them of the plan's exit and that more information will be forthcoming. A small number of existing members in Santa Cruz County who meet the Kaiser criteria will have the option to enroll with Kaiser. A small number of new Medi-Cal beneficiaries who meet the Kaiser criteria will be default assigned by DHCS to Kaiser instead of the Alliance. In 2025, through a DHCS auto-assignment process, Kaiser will start to accept any Medi-Cal member up to its annual enrollment growth target which is currently set at approximately 3,000 beneficiaries statewide. There will be no changes to Medi-Cal managed care plans in Merced and Monterey counties.

Staff predict that through redetermination membership will shrink by 94,000 members (or 22%); through the Kaiser direct contract membership will shrink by another 4,000 members (or 1%); through the expansion of full-scope Medi-Cal coverage, membership will increase by 28,000 members (or 7%); and through expansion into San Benito and Mariposa counties, membership will increase by 25,000 (or 6%). Overall, membership enrollment by July 2024 is projected to be 385,000. Staff will provide regular updates to the Board related to the Kaiser direct contract and membership relevant to each County.

Notable on the consent agenda was item 9A, staff's recommendation for the Board to ratify the execution by the Chairperson, the DHCS Medi-Cal Contract Agreement; and item 9B, staff's recommendation to concurrently monitor Alliance vendor Carelon (formerly Beacon) while planning to bring behavioral health in-house.

[Commissioner Friend arrived at this time: 3:20 p.m.]

Mr. Schrader thanked Commissioners for accepting his invitation to meet individually and appreciated getting to know more about them and their organizations.

**Consent Agenda Items: (5. – 9E.): 3:21 p.m.**

Chair Jimenez opened the floor for approval of Consent Agenda items 5-9D.

Chair Jimenez reminded the Board that in order to manage any risk of conflict, staff have separated the approval action for the Medi-Cal Capacity Grant Program: Funding Recommendation into two agenda items. Item 9D, Group A Grant applications that are not affiliated with Board members, which all Board members may discuss and vote on; and Item 9E, Group B Grant applications that are affiliated with Board members which may have a conflict. Item 9E should be voted on separately from items 5-9D to facilitate two separate approval actions for Group A (applications not affiliated with Board members) and Group B (applications affiliated with Board members) so that the Board may have separate votes and Board members with a conflict may abstain from discussion and voting on item 9E.

Providing public comment via email, Mr. Oscar Flores, First 5 Monterey County, thanked Alliance staff for the Medi-Cal Capacity Grant Program: Funding Recommendation (Group A) opportunity.

Commissioner Peterson noted that her first name was incorrectly reflected in the May 24, 2023 minutes and were amended to Ms. Julie Peterson.

**MOTION:** Commissioner Bizzini moved to approve Consent Agenda items 5-9D, seconded by Commissioner Cuevas.

**ACTION:** The motion passed with the following vote:

Ayes: Commissioners Askew, Bizzini, Conner, Cuevas, Espinoza, Friend, Hernandez, Jimenez, Molesky, Nanyonjo, Pedrozo, Peterson, Rabago and Radner.

Noes: None.

Absent: Commissioners Abasta-Cummings, Edgcomb, Harris, Kalantari-Johnson, Morales, Schuller and Smith.

Abstain: None.

Chair Jimenez opened the floor for approval of Consent Agenda item 9E.

**MOTION:** Commissioner Askew moved to approve Consent Agenda item 9E, seconded by Commissioner Espinoza.

**ACTION:** The motion passed with the following vote:

Ayes: Commissioners Askew, Bizzini, Cuevas, Espinoza, Friend, Hernandez, Molesky, Nanyonjo, Pedrozo, Peterson and Rabago.

Noes: None.

Absent: Commissioners Abasta-Cummings, Edgcomb, Harris, Kalantari-Johnson, Morales, Schuller and Smith.

Abstain: Commissioners Conner, Jimenez and Radner.

**Regular Agenda Item: (10. - 13.): 3:41 p.m.**

**10. Consider approving Dual Eligible Special Needs Plan (D-SNP) readiness budget items. (3:41 – 3:51 p.m.)**

Ms. Lisa Ba, Chief Financial Officer (CFO), provided background information and reviewed the timeline and 2023 budget components of the D-SNP. In December 2022 the Board approved an administrative budget of \$94.2M, or 6% ALR which did not include D-SNP operational costs. The operational gap assessment included multi-year implementation activities, including the estimated full-time employees from 2023-2031. Staff have issued a request for proposal and are close to selecting an experienced implementation partner. Additionally, staff are recommending the Board approve a \$1.5M addition to the D-SNP budget to begin execution on the multi-year work plan between July and December 2023 to include additional staffing costs for this six-month period and a multi-year consulting contract. This amount and the \$840,000 approved by the Board in February 2023 brought the total D-SNP budget to \$2.3M. The total administrative budget will be \$96.5M or 6.3% ALR and the operating income will be \$64.3M, down from the original \$66.6M. Any future D-SNP budget will be included in the annual budgeting process.

**MOTION:** Commissioner Nanyonjo moved to approve an additional \$1.5M CY 2023 budget adjustment for D-SNP readiness activities in preparation for a product launch on January 1, 2026; and authorize the CEO to execute a multi-year consulting contract with the Alliance's implementation partner of choice, including the budget for such an engagement, seconded by Commissioner Bizzini.

**ACTION:** The motion passed with the following vote:

Ayes: Commissioners Askew, Bizzini, Conner, Cuevas, Espinoza, Friend, Hernandez, Jimenez, Molesky, Nanyonjo, Pedrozo, Peterson, Rabago and Radner.

Noes: None.

Absent: Commissioners Abasta-Cummings, Edgcomb, Harris, Kalantari-Johnson, Morales, Schuller and Smith.

Abstain: None.

**11. Discuss Model Change Implementation and consider approving provider payment policy for Model Change Counties. (3:51 – 4:07 p.m.)**

Ms. Ba, CFO, provided an overview of the county expansion. Staff have had multiple conversations with DHCS regarding rate development assumptions. The Alliance will improve the network in the expansion counties by utilizing the provider network in the existing three counties and in addition, offer a payment policy similar to the current counties. Higher utilization is expected compared to historical levels. The provider contract rate in the existing counties and the challenges of the new county hospitals will be considered. Risk mitigation will be applied using a risk corridor methodology. Staff modeled the potential outcomes using available data, existing provider payment policies, and risk corridor methodology. Staff expect a breakeven or

better performance and plan to expand the existing payment policy to the two expansion counties. Commissioners expressed concern with network adequacy and capacity challenges.

**MOTION:** Commissioner Cuevas moved to approve a provider payment policy for the Alliance's service area expansion to San Benito and Mariposa counties, including provider payment policies and payment rates consistent with those applied in the Alliance's existing provider contracts in its current three county service area, seconded by Commissioner Nanyonjo.

**ACTION:** The motion passed with the following vote:

**Ayes:** Commissioners Askew, Bizzini, Conner, Cuevas, Espinoza, Friend, Hernandez, Jimenez, Molesky, Nanyonjo, Pedrozo, Peterson, Rabago and Radner.

**Noes:** None.

**Absent:** Commissioners Abasta-Cummings, Edgcomb, Harris, Kalantari-Johnson, Morales, Schuller and Smith.

**Abstain:** None.

**12. Consider approving Provider Payment Strategy – Part 2: Value-Based Payment and Strategic Allocation to Value-Based Payment. (4:07 – 4:35 p.m.)**

Chair Jimenez advised the Board that this item carried potential conflict of interest. Board members who perceived that they were at risk for conflict of interest were advised to abstain from discussion and voting on this item.

Ms. Ba, CFO, provided a comprehensive assessment of the Alliance provider payment and presented future opportunities. The State has rolled out a number of financial strategies aimed at administrative efficiency, cost efficiency, capacity building and quality measurement reporting. The Alliance payment strategy is not to duplicate the State funding programs but to look for other opportunities for providers. The Alliance's current payment is well above 100% Medi-Cal and higher than other local plans. Due to the cost efficiency pressure from the State and the implementation of Medicare products in 2026, the Alliance has little room to increase base payment further above the industry benchmarks. Both Medi-Cal and Medicare financing recognize and encourage value-based payment (VBP). The Alliance and its providers are responsible for cost efficiency and quality of care. There are many opportunities to advance VBP models and for providers to earn quality and performance-based incentives.

The Alliance reserve policy calls for the annual allocation of the excessive reserve to future programs or Medi-Cal Capacity Grants. The Alliance can work more deeply with providers in VBP arrangements and aligned incentives to achieve the desired outcomes for members while controlling costs and contributing to provider's ongoing financial sustainability. Staff recommend investing and setting aside \$46.1M from the reserve to advance VBP. This ensures providers receive VBP, such as the incentive payment, even when the Alliance experiences financial losses. Staff further recommend allocating the remaining surplus of \$5M to the Medi-Cal Capacity Grant Program for San Benito and Mariposa to improve the local delivery system.

**MOTION:** Commissioner Molesky moved to approve strategically allocating from the reserve \$46.1M in value-based payment to promote the quality and efficiency of care and \$5M to establish a Medi-Cal Capacity Grant Program for San Benito and Mariposa, seconded by Commissioner Askew.

**ACTION:** The motion passed with the following vote:

Ayes: Commissioners Askew, Bizzini, Espinoza, Friend, Molesky and Pedrozo.

Noes: None.

Absent: Commissioners Abasta-Cummings, Edgcomb, Harris, Kalantari-Johnson, Morales, Schuller and Smith.

Abstain: Commissioners Conner, Cuevas, Hernandez, Jimenez, Nanyonjo, Peterson, Rabago and Radner.

**13. Discuss Alliance State of Technology, Data and Security.**

Due to time constraints, this discussion item has been deferred to a future meeting.

**Adjourn to Closed Session**

**14. Closed session pursuant to Government Code Section 54956.9, subdivision (d)(1) – Conference with Legal Counsel – Pending Litigation (THC – Orange County, LLC d/b/a Kindred Hospital – San Francisco Bay Area v. Santa Cruz-Monterey- Merced Managed Medical Care Commission, dba Central California Alliance for Health). (4:35 – 4:55 p.m.)**

Chair Jimenez moved the Commission into Closed Session at 4:35 p.m. Council provided an update to the Board on active litigation. No action was taken by the Board, so there was nothing to report subsequently. The Board adjourned from Closed Session at 4:55 p.m.

**The Commission adjourned its regular public meeting of June 28, 2023 at 4:35 p.m. to the regular meeting of August 23, 2023 at 3:00 p.m. via videoconference from Alliance offices in Scotts Valley, Salinas and Merced unless otherwise noticed.**

Respectfully submitted,

Ms. Kathy Stagnaro  
Clerk of the Board

# COMPLIANCE COMMITTEE



**Meeting Minutes**  
**Wednesday, June 21, 2023**  
9:00 – 10:00 a.m.

## **Via Videoconference**

### **Committee Members Present:**

<b>Adam Sharma</b>	Operational Excellence Director
<b>Andrea Swan</b>	Quality Improvement and Population Health Director
<b>Arti Sinha</b>	Application Services Director
<b>Bob Trinh</b>	Technology Services Director
<b>Cecil Newton</b>	Chief Information Officer
<b>Danita Carlson</b>	Government Relations Director
<b>Dave McDonough</b>	Legal Services Director
<b>Jenifer Mandella</b>	Chief Compliance Officer
<b>Jennifer Mockus</b>	Community Care Coordination Director
<b>Jessica Finney</b>	Grants Director
<b>Jessie Dybdahl</b>	Provider Services Director
<b>Jimmy Ho</b>	Accounting Director
<b>Kristynn Sullivan</b>	Program Development Director
<b>Linda Gorman</b>	Communications Director
<b>Lisa Ba</b>	Chief Financial Officer
<b>Lisa Artana</b>	Human Resources Director
<b>Marwan Kanafani</b>	Health Services Officer
<b>Michael Schrader</b>	Chief Executive Officer
<b>Navneet Sachdeva</b>	Pharmacy Director
<b>Nicole Krupp</b>	Regulatory Affairs Manager
<b>Ronita Margain</b>	Community Engagement Director, Merced County
<b>Ryan Inlow</b>	Facilities & Administrative Services Director
<b>Ryan Markley</b>	Compliance Director (Chair)
<b>Scott Fortner</b>	Chief Administrative Officer
<b>Shaina Zurlin</b>	Behavioral Health Director
<b>Tammy Brass</b>	Utilization Management Director
<b>Van Wong</b>	Chief Operating Officer
<b>Veronica David</b>	Financial Planning & Analysis Director

### **Committee Members Absent:**

<b>Anu Bhoomreddy</b>	Data Analytics Services Director
-----------------------	----------------------------------

**Committee Members Excused:**

<b>Bryan Smith</b>	Claims Director
<b>Dale Bishop</b>	Chief Medical Officer
<b>Dianna Diallo</b>	Medical Director
<b>Gisela Taboada</b>	Member Services Call Center Manager
<b>Kate Knutson</b>	Compliance Manager
<b>Kay Lor</b>	Payment Strategy Director
<b>Lilia Chagolla</b>	Community Engagement Director
<b>Luis Somoza</b>	Member Services Director
<b>Rebecca Seligman</b>	Compliance Supervisor

**Ad-Hoc Attendees:**

<b>Aaron McMurray</b>	Information Security Analyst
<b>Kat Reddell</b>	Compliance Specialist II
<b>Rachel Siwajek</b>	Program Integrity Specialist
<b>Stephanie Vue</b>	Regulatory Affairs Specialist
<b>Sara Halward</b>	Compliance Specialist II

**1. Call to Order by Chairperson Markley.**

Chairperson Ryan Markley called the meeting to order at 9:03 a.m.

**2. Review and Approval of April 19, 2023 Minutes.**

COMMITTEE ACTION: Committee reviewed and approved minutes of April 19, 2023 meeting.

**3. Consent Agenda.**

- 1. Policy Hub Approvals- April and May**
- 2. Regulatory and All Plan Letter Updates- April and May**
- 3. Open APLs**
- 4. Proposed Legislation**

COMMITTEE ACTION: Committee reviewed and approved Consent Agenda.

**4. Regular Agenda****1. Program Integrity Quarterly Report**

Siwajek, Program Integrity Specialist III, presented the Q1 2023 Program Integrity Activity Report and reviewed select Matters Under Investigation (MUIs). Siwajek reported that 33 concerns were referred to Program Integrity in Q123, 23 of which resulted in the opening of a MUI. There were 57 active MUIs in Q123.

Siwajek reviewed referral trends for the period noting that 10 were Provider specific, 1 was a State Request and 11 were categorized as Other.



Siwajek reviewed performance of the Program Integrity metrics from the Q1 Alliance Dashboard noting that quality metric met target performance while the efficiency metric did not.

Siwajek reviewed 3 exemplar cases, highlighting investigative measures taken and next steps for completion of MUI investigation. This included ongoing investigation of an MUI related to non-emergency medical transportation, an MUR related to billing for services not justified in medical records, and an MUI opened in response to a member complaint that services were not rendered as billed.

Siwajek reviewed Q123 Program Integrity Financial Reporting noting the total requested recoupment was \$1,063.54 and completed recoupment was \$26,163.99, which included both Alliance-initiated and delegate-initiated recoveries.

COMMITTEE ACTION: Committee reviewed and approved the Q1 2023 Program Integrity Report.

## **2. Internal Audit & Monitoring Quarterly Report**

Reddell, Compliance Specialist II, presented the Q1 2023 Internal Audit and Monitoring (Internal A&M) Activity Report noting that 2 internal audits were conducted, and 1 received a passing score. Reddell reviewed one exemplar internal audit related to review of Employee Permissions for staff who have been terminated, changed positions or are on a Leave of Absence. It was reported that a review of Form 700s was performed to complete this review, however, after the meeting staff identified that the audit scope did not include a review of Form 700s.

Reddell reviewed Q123 Targeted Audits Dashboard metrics related to internal audits, noting that the quality metric was not applicable as it is an annual metric, and the efficiency metric was not applicable for the time period as there were no failed audits.

Reddell then reviewed outcomes of the monitoring of 31 Alliance Dashboard metrics related to regulatory requirements, noting that 28 metrics met their established thresholds in during the review period of Q322-Q422.

Reddell reviewed external audit activities, reporting no follow-up has been received from DMHC regarding the 2023 Follow Up Survey. Reddell reported that DHCS has confirmed all findings from the 2022 audit are considered corrected and noted the preliminary audit response for the 2023 Medical Audit indicated no findings.

COMMITTEE ACTION: Committee reviewed and approved the Q1 2023 Internal A&M Quarterly Report.

## **3. HIPAA Privacy and Security Quarterly Report**

Mandella, Chief Compliance Officer, and McMurray, Information Security Analyst, presented the Q1 2023 HIPAA Privacy & Security Report. Mandella reported on recent updates to the HIPAA Program reporting process noting that previously implemented changes for low-risk mitigated incidents has been discontinued and reporting of low-risk disclosures has been reinstated. In addition, Mandella reported that staff continue to

update HIPAA policies to align with the 2024 contract; that a process to review requests to send PHI offshore has been formalized; and that staff are working to develop more formal business associate review processes.

Mandella reviewed HIPAA disclosure notifications received in Q123, noting that of the 32 referrals received, 6 were determined to be incidents with 3 requiring state reporting, and 0 were determined to be breaches. 5,823 members were impacted as a result of the incidents in Q123. Other remains the top root cause of HIPAA disclosures in the quarter, followed by incorrect selection/entry information, and verbal disclosure.

Mandella reviewed HIPAA program metrics included on the Alliance Dashboard for Q123 reporting that quality metrics met the target performance, while efficiency metrics did not. Mandella reiterated the importance of timely reporting of suspected incidents and committee members discussed ways to support and educate their teams on this matter, including soliciting feedback from reporters as to why reports were made late, and continued reminders to staff via email and/or All Staff meetings.

McMurray reported that 23 of the 41 identified critical HIPAA/NIST (National Institute of Standards and Technology) findings are currently in remediation 5 have been completed.

McMurray reviewed ongoing security efforts noting that prerequisite work has begun to address password-based risks and addressing gaps in auditable access controls.

Mandella closed the discussion an informational review of recent events related to HIPAA in the national news, including trends identified by the Office of Civil Rights in their 2021 annual reports to Congress.

COMMITTEE ACTION: Committee reviewed and approved the Q1 2023 HIPAA Privacy & Security Quarterly Report.

The meeting adjourned at 9:58 a.m.

Respectfully submitted,

Robin Sihler  
Compliance Administrative and Data Reporting Assistant

**FINANCE COMMITTEE  
SANTA CRUZ – MONTEREY – MERCED  
MANAGED MEDICAL CARE COMMISSION**



---

**Meeting Minutes**

**Wednesday, March 22, 2023**

**Members Present:**

Ms. Elsa Jiménez	County Health Director
Ms. Shebreh Kalantari-Johnson	Public Representative
Mr. Michael Molesky	Public Representative
Allen Radner, MD	Provider Representative
Mr. Tony Weber	Provider Representative

**Members Absent:**

**Staff Present:**

Ms. Lisa Ba	Chief Financial Officer
Ms. Stephanie Sonnenshine	Chief Executive Officer
Ms. Dulcie San Paolo	Finance Administrative Specialist

**1. Call to Order. (1:30 p.m.)**

The meeting was called to order at 1:30 p.m. Roll call was taken. A quorum was present.

**2. Oral Communications. (1:30 – 1:31 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.

**HEALTHY PEOPLE. HEALTHY COMMUNITIES.**

[www.ccah-alliance.org](http://www.ccah-alliance.org)

**Consent Agenda Items:****3. Approve minutes of the October 26, 2022 meeting of the Finance Committee. (1:31–1:32 p.m.)**

FINANCE COMMITTEE ACTION: Chairperson Molesky opened the floor for approval of the minutes of the October 26, 2022 meeting.

**MOTION:** Commissioner Radner moved to approve the minutes, seconded by Commissioner Weber.

**ACTION:** The motion passed with the following vote:

Ayes: Commissioners Jimenez, Molesky, Radner, Weber

Noes: None

Absent: Commissioner Kalantari-Johnson

Abstain: None

**Regular Agenda Items:****4. Propose the addition of an August 2023 Finance Committee meeting. (1:32 – 1:34 p.m.)**

Ms. Lisa Ba, Chief Financial Officer (CFO), put forth a recommendation to amend the 2023 Finance Committee meeting schedule to add an additional meeting to occur on August 23, 2023. She noted that adding a Finance Committee meeting in August would allow for more ideal timing for this committee to review and provide feedback on the preliminary 2024 budget and other items before being presented for Board approval in December 2023.

FINANCE COMMITTEE ACTION: Chairperson Molesky opened the floor to approve the proposal to add a Finance Committee meeting in August 2023.

**MOTION:** Commissioner Weber moved to approve the proposal to add an August 2023 Finance Committee meeting, seconded by Commissioner Radner.

**ACTION:** The motion passed with the following vote:

Ayes: Commissioners Jimenez, Molesky, Radner, Weber

Noes: None

Absent: Commissioner Kalantari-Johnson

Abstain: None

**5. Preliminary 2022 Financial Results. (1:34 – 1:42 p.m.)**

Ms. Ba oriented the commissioners to the Alliance's preliminary, non-audited financial performance for 2022. As of December 2022, the net operating income stands at \$115.1M or 7.4%, with a Medical Loss Ratio (MLR) of 87.3% and an Administrative Loss Ratio (ALR) of 5.3%. Revenue was favorable as compared to the budget, mainly due to the favorable enrollment from the extension of the Public Health Emergency (PHE). Medical cost was favorable at the per member per month (PMPM) level due to lower acuity and diluted per capita cost from the increased enrollment.

[Commissioner Shebreh Kalantari-Johnson arrived at this time: 1:37 p.m.]

The independent auditors will present the final audited financial results at the May 2023 Board meeting.

**6. CY 2021-2022 RDT Findings. (1:42 – 2:11 p.m.)**

Ms. Ba provided an overview of the 2021-2022 Rate Determination Template (RDT) process and findings. She explained that in March 2022, staff shared the RDTs for CY2020 and IH2021. The data indicated a decrease in utilization and PMPM cost. The Department of Health Care Services (DHCS) considered the service resumption, and the 2023 draft rate received in December 2022 reflected a 1.6% increase.

The 2024 rate setting will be based on data for CY2021 and IH2022. The submitted RDTs for this period showed increased utilization and cost from the prior year and 2019, with the cost trend indicating a potential 3% rate increase. The CFO reminded the commissioners that COVID add-ons will be removed from the 2024 rates. She noted that authorization data along with feedback received from our providers indicate a rise in service volumes. These factors may influence how DHCS sets rates for 2024. The draft rates for 2024 will be released in October 2023.

Of additional note, the CFO reported that DHCS has communicated that the regional rate will be delayed from no sooner than 2024 to no sooner than 2025.

The commissioners discussed network adequacy challenges related to rising medical costs and provider shortages. Ms. Ba advised that fee schedule changes and inflation are considered and built into the internal medical cost budget. She noted that, although we are required to align payment to industry benchmarks and that there is little flexibility with the base rate, there are value-based funding resources to providers in promoting improved quality healthcare for our members. Additionally, consideration of how the Alliance can invest in the community is a topic for future Board discussion.

**7. Investment update YTD December 2022. (2:11 p.m. – 2:28 p.m.)**

Ms. Ba provided an economic and investment update. First, she touched on the recent banking failures nationwide and reported that staff have been monitoring the situation. She advised that, although there is no immediate cause for concern in this area for the Alliance, staff have developed a contingency plan to ensure the health plan can meet obligations to members, providers, vendors, and employees.

Next, the CFO presented a view of the Alliance's investment portfolio as of December 31, 2022. She reminded the commissioners that as a public agency, Alliance staff are required to manage the investments in accordance with the Board approved Investment Policy. This policy conforms to the California Government Code section 53600 et seq. (the Code), as well as customary standards of prudent investment management. Staff have utilized the Pooled Money Investment Account (PMIA) accounts to manage the majority of the investments. These accounts are designed for public agencies and have low fees as well as investment objectives that are aligned with our policy.

Rising interest rates have resulted in a \$25.3M unrealized loss. Staff intend to hold the bonds to maturity and will not recognize the losses. Additionally, the higher interest rates allowed for a reinvestment of cash in 2022 which resulted in a rate of return that surpassed the pre-pandemic level. The Alliance had a total of \$12.5M interest income or a 1.7% annual rate of return.

**The Commission adjourned its meeting on March 22, 2023, at 2:28 p.m.**

Respectfully submitted,

Ms. Dulcie San Paolo  
Finance Administrative Specialist

# Quality Improvement Health Equity Committee (QIHEC)



**Meeting Minutes**  
**Thursday, March 30, 2023**  
12:00 – 1:30 p.m.

## Virtual Meeting / Web Conference

### **Committee Members Present**

Dr. Caroline Kennedy	Physician Representative
Dr. Casey Kirkhart	Physician Representative
Dr. Eric Sanford	Physician Representative
Dr. Minoo Sarkarati	Physician Representative
Dr. Oguchi Nkwocha	Physician Representative
Ms. Cheri Collette	Provider Representative
Ms. Susan Harris	Provider Representative

### **Committee Members Absent:**

Dr. Madhu Raghavan	Physician Representative
Dr. Stephanie Graziani	Physician Representative
Ms. Stacey Kuzak	Provider Representative

### **Guests Present:**

Myisha L. Reed	Provider Representative
----------------	-------------------------

### **Alliance Committee Members Present:**

Dr. Dianna Diallo	Medical Director, Chair
Mr. Adam Sharma	Operational Excellence Director
Ms. Andrea Swan	QI/ Population Health Director
Ms. Anu Bhoomreddy	Data Analytics Services Director
Ms. Carissa Grep	UM Manager – Prior Authorizations
Ms. Desirre Herrera	Interim Quality and Health Programs Manager
Ms. Jacqueline Van Voerkens	Administrative Specialist
Ms. Jennifer Mockus	Community Care Coordination Director
Ms. Jessie Dybdahl	Provider Services Director
Ms. Kristen Rohlf	Interim Quality Improvement Manager
Ms. Lilia Chagolla	Community Engagement Dir., Monterrey
Ms. Linda Gorman	Communications Director
Mr. Luis Somoza	Member Services Director
Ms. Ivonne Munoz	Interim Quality and Health Programs Supervisor
Mr. Marwan Kanafani	Health Services Officer
Ms. Navneet Sachdeva	Pharmacy Director
Ms. Ronita Margain	Community Engagement Dir., Merced
Ms. Sarah Sanders	Grievance and Quality Manager
Dr. Shaina Zurlin	Behavioral Health Director
Ms. Tammy Brass	Utilization Management Director
Ms. Van Wong	Chief Operating Officer
Ms. Viki Doolittle	UM/Complex Case Management Manager

#### **1. Call to Order by Dr. Dianna Diallo, Medical Director**

Dr. Diallo called the meeting to order at 12:05 PM and welcomed the members. Dr. Diallo opened the floor for any announcements. No announcements were received from the Committee.

Alliance Announcement: Department of Health Care Services (DHCS) Preliminary Findings: The Alliance did not receive any findings this year during the DHCS Audit Exit interview.

Announcement: New employees. Dr. Diallo introduced Marwan Kanafani, MBA, MPH, Health Services Officer, Andrea Swan, RN, Quality Improvement and Population Health Director. Promotions include DeAnna Leamon to Clinical Safety Quality Manager, Kristen Rohlf to Interim Quality Improvement Manager, Desirre Herrera to Interim Quality and Health Programs Manager, and Ivonne Munoz, to Interim Quality and Health Programs Supervisor.

**2. Consent Agenda**

Dr. Diallo introduced the consent agenda.

January 26, 2023 CQIC Meeting Minutes

Dr. Diallo presented the January 26, 2023 CQIC Minutes. All action items were complete. There were no edits requested at this time.

**Motion:** Dr. Kennedy moved to approve the minutes, seconded by Dr. Sanford.

**Committee Decision:** Minutes were approved as written.

Subcommittee/Workgroup Meeting Minutes

- Continuous Quality Improvement Workgroup – Interdisciplinary (CQIW - I) Minutes
- Continuous Quality Improvement Workgroup (CQIW) Minutes
- Pharmacy and Therapeutic (P&T) Committee - Minutes

Workplans:

- Q4 2022 Utilization Management Work Plan (approved via email)
- Q4 2022 Utilization Management Work Plan Executive Summary (approved via email)
- Q4 2022 Quality Improvement System (QIS) Work plan
- Q4 2022 QIS Workplan Executive Summary
- 2022 QIS Annual Report to the Board of Directors
- 2023 QIHET Workplan (approved via email)
- 2023 QIHET Workplan Executive Summary (approved via email)
- 2023 Utilization Management Work Plan (approved via email)
- 2023 Utilization Management Work Plan Executive Summary (approved via email)

Policies Requiring QIHEC Approval:

Require Approval		
Policy Number	Title	Significant Changes
401-1201	Quality Improvement Health Equity Committee	<ol style="list-style-type: none"> <li>1. Modified CQIC policy to align with the 2024 Medi-Cal contract of a Quality Improvement Health Equity Committee. This Committee name replaces the Committee known as CQIC.</li> <li>2. Incorporated verbiage that QIHEC is designated by, and accountable to, the Alliance Board, supervised by the Chief Medical Officer or designee, in collaboration with the Chief Health Equity Officer.</li> <li>3. Added verbiage to comply with the QI and Health Equity standards and the DHCS Comprehensive Quality Strategy</li> <li>4. Name change from CQIW to Quality Improvement Health Equity Workgroup (QIHE-W)</li> <li>5. Included verbiage for Member and/or family focused care through Member and community engagement such as review of Community Advisory Committee (CAC) findings.</li> </ol>



401-1501	Standards of Care	<ol style="list-style-type: none"> <li>1. Changes made per Contract Checklist</li> <li>2. Added in the "Procedure" section that this policy will be reviewed by the medical director, as well as Subcontractors, Downstream Subcontractors, and Network Providers, as appropriate.</li> <li>3. Changed CQIC references to Quality Improvement Health Equity Committee (QIHEC)</li> </ol>
401-1502	Adult Preventive Care	<ol style="list-style-type: none"> <li>1. Name change from initial health assessment to initial health appointment.</li> <li>2. Changed pregnant women to pregnant persons.</li> <li>3. Added in language for oral health referrals (R.0139)</li> <li>4. Requirement for Staying Healthy Assessment or IHEBA has ended. - reference deleted.</li> <li>5. Added information about accessing services for pregnancy women, screening tools and referrals (R.0201)</li> <li>6. Expanded language about types of referrals for pregnant women (R.0201)</li> <li>7. Accessing sensitive services (R.0186)</li> <li>8. Referenced policies for referring members to MAT and BH services.</li> <li>9. APL 22-025 - Responsibilities for Annual Cognitive Health Assessment</li> </ol>
401-1505	Childhood Preventive Care	<ol style="list-style-type: none"> <li>1. Initial health assessment has changed to initial health appointment, updated name change.</li> <li>2. Staying healthy forms are no longer required, removed reference from policy.</li> <li>3. Updated oral health/dental care information including frequency of varnish application. Also noted need for closed loop referral process. (R.0139)</li> <li>4. Changed CCS to CSCHN (R.0123)</li> <li>5. Updated WIC requirements (R.0141) and requirement for closed loop referral</li> <li>6. Added statement about basic population health management (R.0054 and R.0120)</li> <li>7. Added information about family engagement (R.0059)</li> <li>8. Added information about Dyadic care benefit APL 22-029</li> </ol>
401-1511	Initial Health Assessment	<ol style="list-style-type: none"> <li>1. Name change from Initial Health Assessment to Initial Health Appointment</li> <li>2. Modified policy to comply with MMCD All Plan Letter 22-030 and Population Health Management Program Guide:</li> <li>3. Removed references to the administration of the Staying Healthy Assessment (SHA) or other DHCS-approved IHEBA effective 1/1/23.</li> <li>4. Included IHA requirements per APL.</li> <li>5. Updated language to reflect the 2024 Medi-Cal Contract:</li> <li>6. Number of attempts to contact a member is no longer specified, modified language to "Reasonable attempts to contact a member, recommended three documented attempts..."</li> <li>7. In the " IHA Awareness" section, added how members are informed of IHA.</li> </ol>

		8. Additional information was added in the "IHA Monitoring" section. 9. Retire Attachment A as updated requirements are reflected in the Adult Preventive Care and Child Preventive Care policies.
401-4101	Cultural and Linguistic Services	<ul style="list-style-type: none"> <li>Added under Provider training and education that Cultural Competency, including delivery of services in a culturally competent manner to all Members and groups defined under Penal Code 422.6.</li> </ul>
Informational		
Policy Number	Title	Significant Changes
401-1519	Infection Control Practices	1. Changes made to Communicable Disease reporting per Contract Checklist R.0044 Disease Surveillance Policies (attached.) 2. Added Alliance staff reporting of CD and documentation. Added process for Alliance response to public health directives from public health authorities.

Delegate Oversight Report: The VSP Q4 2022 and the Carelon Q4 2022 quarterly delegate oversight summary included in consent agenda meeting packet.

**Motion:** Dr. Kirkhart moved to approve the consent agenda, seconded by Dr. Sanford.

**Committee Decision:** Consent Agenda was approved as written.

**Action:**

- a. UM Administrative Assistant will submit the UM Workplan and Executive Summary to the Executive Assistant for the May Board meeting packet after email approvals are received .
- b. QIPH Administrative Specialist will submit the CQIC minutes, QIS and QIHETP Workplans and Executive Summaries to the Executive Assistant for the May Board meeting packet after email approvals are received.
- c. QIPH Administrative Assistant will submit the policies to Policy Hub for approval.

**3. Regular Agenda**

- a. Population Health (PH) Programs  
 California Advancing and Innovating Medi-Cal (CalAIM) requires each Medi-Cal managed care plan to demonstrate to DHCS accomplishment of the National Committee for Quality Assurance (NCQA) PH requirements on January 1, 2023. The Alliance’s PH Program has been implemented and will continue to be developed throughout 2023 aligning with the DHCS 2024 contract requirements. The PH Model of Care was reviewed.

Dr. Sanford inquired on how the Alliance is ensuring patients are accessing Medi-Cal, and in turn, getting assigned to the Alliance. Golden Valley is working on ancillary services across the board through their 45 sites. Golden Valley provided information on their outreach for homeless communities, refugee programs, and healthcare events.

The Alliance is active in community outreach, in which information around enrollment at the county level is provided. Outreach is provided at health fairs or events at the schools, and outside of small community-based organizations. The Alliance's Merced office is planning a pilot in which a Medi-Cal worker will be on site to meet with the walk-in's who inquire about signing up for Medi-Cal. The Alliance reaches out their members about Medi-Cal redetermination with the goal to enhance access to care and reduce members gaps in coverage.

Dr. Sanford mentioned prenatal care. The concern is if members who have had a positive pregnancy test are receiving a call a month later about their prenatal care without the present status of the pregnancy being confirmed.

The Alliance receives lists of members who have had multiple, or at least a few, prenatal appointments, an estimated due date on file, and calls are presently made closer into the third trimester. Various members do get referred into the program by providers. If the member is receiving prenatal care, she can submit the health programs referral form and Health Programs staff will start calling out to that member ensuring access to resources and support. Part of that program includes a postpartum call.

The Health Educators have not had any calls where the Member, for example, might have had an abortion, but members have notified staff of pregnancy loss, sometimes in second trimester. The Health Educators have talking points and are trained to be able to go through the conversation. The Alliance has an internal referral and direct referral system into our case management program if the Member needs more support.

b. Care Base Quality Improvement Program

CBI purpose, payment adjustment, and support for performance improvement was presented to the Committee. The Care-Based Quality Improvement Program description was reviewed. The project timeline was shared, as well as the application content.

Dr. Sanford inquired about the effect on new clinics with brand new patients who have not received pap smears, mammograms, or cervical cancer screenings. Dr. Sanford suggested adding, or changing, a few incentives for physicians who provide members with their screenings (first pap smear or mammogram, etc.) Focusing on members who are not accessing services at all and really focusing on patient care. To give an incentive for reaching and providing services to our most challenging populations.

The QIPH team helps new providers via forensics visits. Periodically webinars are scheduled on specific topics. The team is evaluating a possible project which will include the creation of several short educational videos which would be beneficial for providers. QIPH is currently working on a PDSA project to help support other Merced providers for both care-based quality improvement program and other programs down the line. More resources are presently utilized on our Merced providers to help support them since there is a bigger gap between their metrics and what is required by the state.

Jessie Dybdahl, Provider Services Director, mentioned that in the New Provider Orientation all this information is included, and each provider has their own Provider Services Representative assigned to their clinic or group which is a resource to answer any questions.

Dr. Sarkarati agreed the videos would be beneficial for staff to learn or refresh their knowledge on CBI, or other things such as logging into the portal, etc. Dr. Kennedy reiterated the importance of assisting the facilities that are having the most difficulty meeting the metrics. A fair adjustment to consider might be to compare them with physicians in their own community. Dr. Nkwocha agrees and appreciated the information presented. Dr. Sarkarati inquired about the funding of the program. Dr. Diallo mentioned that the funding is not the smart aim. The goal is to get up to the 50th percentile of Medicaid. The funding is a process, oriented with the idea of the reward being financial later in earning the CBI points and CBI money. This is about helping to get processes in place, to better achieve the CBI goal, sharing information, trying to see what is working and what is not working, and having real conversations about it.

c. Utilization Management Criteria:

New 2023 Codes and UM Member Benefit Updates:

Tammy Brass, UM Director, presented the UM criteria updates, which include:

- Remove authorization requirements for the codes on the following items: Cervical Collar, Diabetic shoe fitting, and Molded removable foot insert.
- Recommending removal of authorization requirements and frequency limits of the contraceptive procedure codes listed under SB 523 Contraceptive Equity Act of 2022.
- Removal of referral for Immunizations requirement by alternate providers for linked or unlinked members
- Removal of authorization requirement for Medication Assisted Therapy.
- Authorized Specialty Referrals, one referral will automate the approval for In Network Specialty Services.
- The Surgery and Medical Supply no tar required / no referral codes were reviewed.

Dr. Kirkhart inquired about immunizations, if the facilities have access to the care system to confirm that these patients have not received their immunizations and to upload into the patients records. The sharing of the data across these different entities is something the Alliance is working to enhance and improve. The Alliance expects to see more activity out of the Public Health Department first which will provide a good opportunity to improve that process and build it out further.

Dr. Sanford inquired if an automated process has been considered to automatically update the old codes to the new codes to reduce the amount of time providers are researching for the new codes on a website. Dr. Sanford suggested a system when a provider entered an old code, the new code would automatically be produced.

**Action:** Dr. Diallo and Tammy Brass will connect with the IT department and inquire if auto code correction is possible.

**Conclusion:** The Alliance's new Case Management System Replacement (Essette replacement) will have some capabilities for automated messaging. The Alliance is in the midst of this replacement project and expects to go live with the new platform in Q1-2 of next year. Updates will be provided to this group of the capabilities of this system as more information becomes available.

d. Discussion:

Dr. Nkwocha inquired about prescriptions for Medicare members. Physicians are utilizing electronic prescriptions, but particular pharmacies are requiring physicians to fill out, sign and fax paperwork. Dr. Sanford and Dr. Kennedy confirmed mutual experience with the same issues. Navneet Sachdeva, PharmD requested physicians to please contact the Alliance's Pharmacy Department as a resource to troubleshoot any issues with Medical RX. **Phone: 831-430-5507 (Monday-Friday, 8 a.m. to 5 p.m., excluding holidays)**

**Action:** Navneet Sachdeva, PharmD will connect with Dr. Nkwocha to find a solution to the Pharmacy manual paperwork requirement issue.

**Conclusion:** Action complete.

**Action:** Jessie Dybdahl will share public health emergency changes that might impact providers (vaccinations, tele-health visits, testing, how many telehealth codes during the state of emergency were payable which are going away, other areas that might be impacted.)

**Conclusion:** Telehealth is a benefit. Information will be provided after the June meeting. Action complete.

**Action:** Kristen Rohlf will conduct more research on street medicine, to review whether new physicians will be required to participate in CAIR because it is a requirement for all physicians throughout the state of California.

**Conclusion:** the APL notes the expectation that all physicians that are directly contracted with the Alliance are to follow the requirements.

## e. Future Topics

*Data Exchange:* Dr. Kennedy is interested in the topic of “*Data Exchange*.” Cecil Newton, Chief Information Officer will present an overview of our **data management strategy** on Monday, May 1, 2023 which Jessie Dybdahl offered to present at a future QIHEC meeting. – Jessie Dybdahl

**Decision:** Will be presented at the September meeting.

*New Member Incentives* – Kristen Rohlf/Veronica Lozano

**Decision:** *Fliers will be sent out after the June meeting.*

Committee members are encouraged to submit items for discussion, at any time, to Dale Bishop or Tammy Brass.

**Next Meeting:** Thursday, June 29, 2023

The meeting adjourned at 1:20 p.m.

Minutes respectfully submitted by,

Jacqueline Van Voerkens  
Administrative Specialist



## Meeting Minutes

Monday, May 8, 2023

### Teleconference Meeting

**Members Present:**

Kim Pierce,  
Manuel López Mejia  
Susan Skotzke  
Heloisa Junqueira, MD

Monterey County Local Consumer Advocate  
Monterey County – CCS WCM Family Member  
Santa Cruz – CCS WCM Family Member  
Monterey County Provider

**Members Absent:**

Ashley Gregory  
Cindy Guzman  
Cristal Vera  
Cynthia Rico  
Deadra Cline  
Frances Wong  
Irma Espinoza  
Janna Espinoza  
Viki Gomez

Santa Cruz County – CCS WCM Family Member  
Merced County – CCS WCM Family Member  
Merced County – CCS WCM Family Member  
Merced County – CCS WCM Family Member  
Santa Cruz County – CCS WCMF Family Member  
Monterey County – CCS WCM Family Member  
Merced County - CCS WCM Family Member  
WCM Family Member, WCMFAC Chair  
Merced County – CCS WCM Family Member

**Staff Present:**

Ashley McEowen  
Bri Ruiz, RN  
Dianna Diallo, MD  
Gabina Villanueva  
Gisela Taboada  
Jenna Stromsoe, RN  
Jennifer Mockus, RN  
Kayla Zoliniak  
Kelsey Riggs, RN  
Kevin Lopez  
Lilia Chagolla  
Maura Middleton  
Ronita Margain

Complex Case Management Supervisor – Pediatric RN  
Interim Complex Case Management Supervisor – Pediatric  
Medical Director  
Member Services Supervisor  
Member Services Call Center Manager  
Complex Case Management Supervisor – Pediatric  
Community Care Coordination Director  
Community Engagement Administrative Specialist – Merced County  
Complex Case Management Supervisor  
Member Services Supervisor  
Community Engagement Director  
Administrative Assistant  
Community Engagement Director-Merced County

**Guest:**

Christine Betts  
Marc Mar-Yohana

Monterey County – Local Consumer Advocate  
Otis Health

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Susan Paradise Santa Cruz County CCS Administrator, Director of Children and Family Health  
Fanta Nelson Merced County Public Health

**1. Call to Order by Chairperson Espinoza.**

Lilia Chagolla welcomed the group.

Janna Espinoza called the meeting to order.

WCMFAC Mission read in English/Spanish.

Committee introductions and roll call was taken.

**2. Oral Communications.**

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

No oral communications from the public.

**Consent Agenda Items:**

**3. Accept WCMFAC Meeting Minutes from Previous Meeting**

Janna Espinoza opened the floor for approval of the meeting minutes of the previous meeting on March 13, 2023.

All committee members were given the meeting minutes prior to the meeting via USPS mail.

Minutes were approved with no further edits.

**Regular Agenda Items:**

**4. CCS Advisory Group Representative Report**

Susan Skotzke updated the committee that Kaiser is now going to be a part of WCM as of January 1, 2024.

Enhanced Care Management (ECM) will start July 1, 2023 and will include individuals transitions from incarceration and children and youth enrolled in CCS. The core services of ECM are outreach and engagement, comprehensive assessment and care management, enhanced coordination of care, health promotion, comprehensive transitional care for member and family supports, coordination of a referral to community and social support services.

**5. Community Partner Feedback New Issues | Impact on Members – Open Forum**

Member/Community Voice  
Community Based Organizations  
Alliance Updates

Janna Espinoza voiced her concerns about the wait times for durable medical equipment (DME) and the impact they are having on children and families. Some wait times can be as long as nine months.

A suggestion that was made is getting approval from the Alliance to purchase equipment via Amazon as wait times can be substantially shorter.

Support for children and families, specifically around mental health is still a challenge due to access issues to mental health care providers. The Alliance Board of Directors has tasked the Alliance to assess and evaluate what options are available to our members around Behavior Health Service vendors and/or different manners in which these services can be utilized.

Kim Pierce with the San Andreas Regional Center informed the committee that their office has not reopened to the public. They are now doing face to face meetings, but families still have the option of meeting remotely until June 30<sup>th</sup>.

## **6. Review of WCMFAC Survey Results**

Lilia Chagolla presented on the survey results regarding the committee's satisfaction with the meetings. The surveys' goal was to get insight on what the members would like to come get out of these meetings. The survey was delivered on March 13<sup>th</sup> to all 22 people on the committee.

Eight committee members responses.

The committee strongly agreed that the meetings start on time, are clearly introduced, and focus on the meeting agenda.

The committee agreed that the agenda items are allotted appropriate amount of time for discussion.

The results for the Alliance staff being prepared and focused on meeting objectives and roadmap were split 50/50 between strongly agree and agree.

Committee members are engaged in the meeting process and actively participate was rated as "agree".

The committee was very satisfied with the meeting frequency and meeting time.

The committee overwhelming want to continue meeting virtually.

The committee agreed that all members are given the opportunity to have an equal voice and are empowered to advocate.

The respondents would like to more discussions on emergency preparedness and more brainstorming on creative ways to recruit new members.

The average, overall rating, for the committee was a 3.6 out of 5.

## **7. Family Voices of California Health Summit**

Janna gave an overview of the recent Family Voices Health Summit.

As mentioned early in the meeting, DME and the complications that can go with it, was a topic of concern.



There was concern regarding the UCSF Whole Child Model evaluation that was recently done. Many people were not pleased with the findings. The evaluation was started prior to the pandemic and didn't not necessarily account for the issues the pandemic raised.

Many participants felt that the WCM program shouldn't be expanded until there is a better understanding of the model as a whole.

Janna is suggesting at the beginning of each calendar year that the Legislation calendar is shared with the committee so that they can see what legislation is possibly coming in the future.

SB-424 is relevant to the WCM as it would expand the list off CCS eligible medical conditions to include those conditions that are specified in existing CCS related regulations. It would require the department to consult with, at a minimum, CCS medical directors and experts from the department's CCS technical advisory committees to consider the addition of other medical conditions to the list.

#### **8. Review Action Items**

Maura Middleton reviewed the actions items as listed on the meeting minutes.

#### **9. Future Agenda Items**

Enhanced Care Management: Jennifer Mockus  
Grievance Reporting: Sarah Sanders

#### **Adjourn:**

The meeting adjourned at 2:00p.m.

The meeting minutes are respectfully submitted by Maura Middleton, Administrative Assistant  
*Next Meeting: Monday, July 10, 2023, at 1:30p.m.*



**DATE:** August 23, 2023  
**TO:** Santa Cruz-Monterey-Merced Managed Medical Care Commission  
**FROM:** Michael Schrader, Chief Executive Officer  
**SUBJECT:** Department of Health Care Services Medi-Cal Contract 08-85216 A-53

---

Recommendation. Staff recommend the Board authorize the Chairperson to execute Medi-Cal Contract 08-85216 A-53 as described below to incorporate updated contract requirements.

Background. The Alliance contracts with the Department of Health Care Services (DHCS) to provide Covered Services to eligible and enrolled Medi-Cal beneficiaries in Santa Cruz, Monterey, and Merced counties. The Alliance entered into the primary Agreement 08-85216 with DHCS on January 1, 2009. The agreement has subsequently been amended via written amendments (A-1 through A-52 and A-54 through A-56).

Discussion. DHCS prepared A-53, an amendment to the Alliance's State Medi-Cal contract containing technical changes as well as updates to the following contract requirements:

- Subcontract Network Certification
- Reporting Requirements
- Community Health Care Workers Services
- Cognitive Health
- Grievance and Appeals
- Asthma Preventive Services

Staff have reviewed the language and are assessing for operational impact and any necessary implementation steps to ensure compliance.

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

Attachments. N/A

**HEALTHY PEOPLE. HEALTHY COMMUNITIES.**



**DATE:** August 23, 2023  
**TO:** Santa Cruz-Monterey-Merced Managed Medical Care Commission  
**FROM:** Jenifer Mandella, Chief Compliance Officer  
**SUBJECT:** Revisions to Alliance Compliance Plan and Alliance Code of Conduct

---

Recommendation. Staff recommend the Board approve revisions to the Alliance's Compliance Plan and Alliance Code of Conduct.

Summary. The Alliance's Compliance Plan and Code of Conduct were revised to reflect new requirements implemented by the 2024 Department of Health Care Services (DHCS) Model Agreement.

Background. As previously reported to the Board, DHCS issued a draft request for proposal (RFP) and accompanying draft Medi-Cal managed care plan (MCP) contract to be implemented for all MCPs in 2024. While County Organized Health Systems were not required to participate in the RFP, we are required to comply with the revised contractual provisions beginning January 1, 2024. Revisions in the 2024 Model Agreement relate to health equity, local engagement, improved coordination and access to care, and transparency. As it relates to transparency, DHCS has implemented stronger compliance requirements, including oversight of downstream subcontractors. The Alliance's Compliance Plan articulates how the Alliance's Compliance Program is structured and how it aligns with requirements such as the 2024 Model Agreement and best practices such as the United States Federal Sentencing Guidelines' seven elements of an effective compliance program.

Discussion. Compliance staff have revised the Alliance's Compliance Plan to reflect the requirement to conduct oversight on downstream subcontractors, beginning in January of 2024. Staff are requesting Board approval of the revised Compliance Plan now to ensure that we timely post our Compliance Plan on the Alliance's website, as required by the 2024 Model Agreement.

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

Attachments.

1. Alliance Compliance Plan

**HEALTHY PEOPLE. HEALTHY COMMUNITIES.**

# Alliance Compliance Plan



## PURPOSE

The Central California Alliance for Health's (the Alliance's) Compliance Program ensures that the organization and its staff operate in compliance with contractual, regulatory and statutory requirements. Through its Compliance Program, the Alliance maintains its business operations to ensure alignment with these requirements. The Alliance exercises due diligence to prevent and detect criminal conduct, and when necessary, takes corrective action to ensure that its business operations are compliant with governing requirements. The Alliance promotes an organizational culture that encourages ethical conduct and a commitment to compliance with the law. The Alliance takes appropriate steps to ensure that its staff members are knowledgeable of requirements and that they consistently work towards meeting them. To maintain its independence, the Alliance's Compliance Program acts independently of operational and program areas without fear of repercussions for identifying non-compliance.

Following is a description of how the Alliance aligns with the Effective Compliance and Ethics Program guidance published by the United States Sentencing Commission.

## WRITTEN POLICIES, PROCEDURES, AND STANDARDS OF CONDUCT

Policies and procedures ensure that Board members, employees, and contractors, including Network Providers, Subcontractors and Downstream Subcontractors, understand and perform their responsibilities in compliance with regulatory and contractual obligations and applicable law. The Alliance maintains policies and procedures that demonstrate compliance with relevant requirements and updates are made as needed to reflect alignment with changing operations and requirements. Compliance Department staff regularly reviews proposed changes to policies and procedures and responds to needs identified through program monitoring. Policies and procedures are developed within the applicable departments, are reviewed and approved through the Policy Hub process. Policies and Procedures are available to all staff through the Alliance's Policy Library located on its Intranet.

The Compliance Department maintains a suite of policies that implement this Compliance Plan, including, but not limited to the following:

- Policies describing the obligations of plan Board members, employees, and contractors to maintain the confidentiality of protected health information (PHI) in



# Alliance Compliance Plan



accordance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and HIPAA Program Operations;

- Policies describing the Alliance's Program Integrity Program, including procedures in place to prevent, detect, investigate, and resolve fraud, waste, and abuse (FWA);
- Policies related to reporting, investigation, and resolution of non-compliance;
- Policies related to the oversight of delegated entities, including Subcontractors and Downstream Subcontractors, and the operations of the Delegate Oversight Program; and
- Policies regarding regulatory audits and the operations of the Internal Audit and Monitoring Program

A full listing of Compliance Department policies can be found in Appendix A.

In addition, the Compliance Plan includes a Code of Conduct, included in a separate document, which guides Alliance Board members, employees, and contractors in conducting their business activities in a professional, ethical, and legal manner. The Human Resources Department also reflects these expectations in its Employee Handbook. In addition to being made available to Alliance staff, this Compliance Plan and Code of Conduct are publicly posted on the Alliance's website.

## STRUCTURE AND OVERSIGHT

**Alliance Governing Board** – The Alliance Governing Board (Board) is responsible for oversight of the Compliance Program. The Board receives and approves a report from the Compliance Program annually and receives, at minimum, quarterly reports on compliance activities. These reports include a review of activities of the Compliance Program, results of internal and external audits, and reporting of other compliance-related issues. To ensure that the Board is aware of the content and operation of the Alliance's Compliance Program, the Board receives annual training regarding the content and operations of the Alliance's Compliance Program, which includes FWA prevention training. The Board is also responsible for review and approval of revisions to the Alliance's Compliance Plan and Code of Conduct, which are made at minimum biennially.

**Chief Executive Officer** – The Chief Executive Officer (CEO) oversees the Compliance Program and attends Compliance Committee. The Chief Compliance Officer (CCO) reports directly to the CEO.



# Alliance Compliance Plan



**Compliance Committee** – The Compliance Committee is comprised of Director and Chief level representatives from each department and is chaired by the CCO. The Compliance Committee directs the CCO and assists in the implementation of the Compliance Program. The Compliance Committee meets at least quarterly and reports to the Board. Additional responsibilities of the Compliance Committee include, but are not limited to:

- Reviewing information regarding new requirements or changes to existing requirements that are brought before it by the CCO, Compliance Department staff, or Government Relations Department staff, and determining necessary steps for implementation, operations, and compliance with requirements;
- Reviewing and approving an annual Compliance Risk Assessment developed by Compliance staff and overseeing the outcomes of auditing and monitoring activities identified in the Internal Audit and Monitoring Workplan;
- Reviewing monitoring and evaluation reports based upon ongoing review of existing policies and procedures and operations;
- Biennially reviewing and, as necessary, updating the Code of Conduct and Compliance Plan;
- Ensuring that Compliance training and education are effective and appropriately completed;
- Developing ways to implement appropriate corrective and preventive action to prevent or mitigate compliance concerns;
- Reviewing delegated entities, including the Alliance's Subcontractors and Downstream Subcontractors, to ensure their performance on delegated functions meets contractual, legal, and regulatory obligations, and Alliance standards;
- Overseeing the Alliance's Program Integrity activity to ensure that the organization deters, identifies, investigates and resolves potential and/or actual FWA, both internally and externally; and,
- Ensuring the Alliance implements appropriate safeguards, including administrative policies and procedures, to protect the confidentiality of PHI and ensure compliance with HIPAA requirements.

In addition to the Compliance Committee, the Alliance has other committees that oversee its contractual, legal, and regulatory obligations, including the following:

## ***Continuous Quality Improvement Committee***

The Continuous Quality Improvement Committee (CQIC) monitors progress on the Quality Improvement work plan, oversees Utilization Management activities, and receives reports from the Pharmacy and Therapeutics Committee. In addition, the Committee oversees various plan activities including: care-based incentives, HEDIS results, analysis and suggested interventions, disease management and educational



# Alliance Compliance Plan



programs, cultural and linguistic initiatives, grievances and potential quality issues, emergency department utilization projects, and the annual review of Alliance's preventive health guidelines. The CQIC reports its activities to the Board on a regular basis.

## ***Staff Grievance Review Committee***

The Staff Grievance Review Committee (SGRC) monitors the timeliness and appropriateness of the research for and resolution to member complaints and provider disputes. In addition, the SGRC monitors the processing of all Grievance cases for statutory, regulatory and contractual compliance and to manage continuous quality improvement. SGRC reports its activities to the Interdisciplinary Clinical Quality Improvement Workgroup and Board on a regular basis.

**Chief Compliance Officer** – The CCO, under the guidance of the CEO, directs the Compliance Program in support of Alliance goals, provides executive leadership in developing, implementing, and monitoring the Alliance's Compliance Program, and serves as the HIPAA Privacy Officer and Fraud Prevention Officer. The CCO maintains a direct reporting relationship to the Board, providing routine reports and updates to the Board on Compliance Program activities. The CCO is responsible for overseeing the implementation of the Compliance Program, including defining the program structure, educational requirements, reporting and complaint mechanisms, response and correction procedures, and compliance expectations of all staff and contractors. In the event the CCO is unavailable, the Compliance Director serves as the backup Compliance Officer, Privacy Officer, and Fraud Prevention Officer.

The CCO, in coordination with the Compliance Committee and staff, ensures the following activities are performed:

- Ensuring that updates from the Compliance Program are presented to the CEO and the Board on a periodic basis;
- Ensuring that the Alliance's Compliance Programs, including the Delegate Oversight Program, HIPAA Program, Internal Audit and Monitoring Program, and Program Integrity Program adhere to relevant state and federal requirements, are responsive to the Alliance's needs, and are effective in identifying and mitigating compliance risk;
- Ensuring processes and reporting mechanisms are in place that encourage staff to report noncompliance, suspected FWA, or other misconduct without fear of retaliation;



# Alliance Compliance Plan



- Ensuring that effective compliance training is in place and that staff are aware of the Alliance's Compliance Program, Code of Conduct, and all applicable statutory and regulatory requirements;
- Ensuring effective processes are in place to allow two-way communication between the Compliance Division and Alliance staff such that staff are aware of new and changing requirements and are knowledgeable about how to report noncompliance, suspected FWA, or other misconduct without fear of retaliation; and
- Ensuring corrective action plans are implemented when non-compliance is identified and that the corrective action plans effectively address the identified root cause.

**Compliance Director** – The Compliance Director, under the guidance of the CCO, executes and oversees the Compliance Program in support of Alliance goals, directs the Alliance's Compliance function, and chairs the Compliance Committee. The Compliance Director is responsible for implementing Compliance Program, including ensuring that the Compliance Plan is implemented, maintaining reporting and complaint mechanisms, directing response and correction procedures, and recommending revisions to the Compliance Program to meet organizational need. The Compliance Director, in coordination with the Compliance Committee and staff, ensures the following activities are performed:

- Directing and overseeing the Alliance's Compliance Programs, including the Delegate Oversight Program, HIPAA Program, Internal Audit and Monitoring Program, and Program Integrity Program to ensure alignment with the CCO's stated objectives;
- Interacting with the operational units of the company and being involved in and aware of the daily business activities;
- Maintaining processes that encourage staff to report potential compliance concerns without fear of retaliation;
- Ensuring reports of potential instances of FWA, disclosures of PHI, and noncompliance are resolved, including overseeing internal investigations and developing corrective or disciplinary actions, if necessary;
- Maintaining documentation for each report of potential noncompliance or FWA received;
- In partnership with the Alliance's Training & Development Department, developing training programs to ensure that staff are aware of the Alliance's Compliance Program, Code of Conduct, and all applicable statutory and regulatory requirements;
- Maintaining the compliance reporting mechanism and initiating audits through the Internal Audit and Monitoring Program, operational departments, and the Program Integrity function, where applicable;
- Ensuring that the Alliance does not employ or contract with individuals excluded from participation in federal programs. This function has been delegated to the





# Alliance Compliance Plan



Alliance's Human Resources Department, Provider Services Department, and Administrative Contracts Unit; and,

- Overseeing development and implementation of corrective action plans.

**Compliance Manager** – The Compliance Manager reports to the Compliance Director and is responsible for managing the day-to-day activities of the core Compliance Program functions, including the HIPAA Program, Internal Audit and Monitoring Program, Program Integrity Program, and Delegate Oversight Program.

**Regulatory Affairs Manager**– The Regulatory Affairs Manager reports to the Compliance Director and is responsible for managing the day-to-day activities of the Alliance's regulatory affairs function, which includes analyzing and monitoring state and federal policy, legislation and regulations affecting the Alliance; maintaining systems and procedures to intake, assess and implement regulatory policies and legislative information; and ensuring the submission of timely and accurate program reporting to regulators.

**Government Relations Director** – The GRD is the health plan contact with external regulatory and government agencies. The GRD monitors legislative, regulatory, and contractual requirements to identify new or changing, policies, standards, laws and regulations that may impact plan operations and ensures that these are brought to the relevant departments for review and implementation.

## STAFF EDUCATION AND TRAINING

As part of their orientation and training, staff are informed of the Alliance's commitment to compliance with contractual, regulatory and legal standards. New employees receive general compliance training and receive a copy of the Compliance Plan, Code of Conduct, and policies and procedures pertinent to that individual's job responsibilities, where applicable.

General compliance trainings are conducted via the Alliance Learning Center (ALC), a web-based training module, for all employees upon initial hiring. The Training & Development Department ensures that all employees are trained on the Alliance's Code of Conduct and Compliance Plan within 90 days of the date of hire and annually thereafter.

Staff are trained on the Alliance's Code of Conduct and Compliance Plan, including but not limited to:



# Alliance Compliance Plan



- Policies and procedures relevant to their job functions to ensure compliance with requirements;
- The Alliance's Program Integrity function, including information regarding the False Claims Act and the Anti-kickback Statute;
- HIPAA compliance training, with emphasis on confidentiality of PHI; and,
- An overview of compliance issues and how to report potential non-compliance or FWA.

To gauge the effectiveness of this training, staff are required to take a pre-test prior to the specific training module and a post-test after the completion of the training. The results of these tests indicate enhanced understanding of the Alliance's Compliance Program through effective training. Staff must attain a passing score of 80% in the post-test to complete the training module.

Board members receive a copy of the Compliance Plan, Code of Conduct, and policies and procedures pertinent to their appointment as part of their orientation. In addition, Board members receive general compliance training, including FWA prevention training, as part of their orientation and on an annual basis thereafter.

## EFFECTIVE LINES OF COMMUNICATION

The Alliance has formal and routine mechanisms of communication available to staff, contractors, and members. The Alliance promotes communication through a variety of meetings and processes, including Board meetings, Compliance Committee meetings, Operations Committee, the Administrative Contract Review Process, the Policy Hub process, all-staff assemblies, regular departmental meetings, internal committee meetings, and ad-hoc provider and member communications. Additionally, information is communicated to Board members, employees, contractors, and members by email distributions, internal and external websites, reports, newsletters, and handbooks.

Policies and procedures ensure that staff members understand and perform their responsibilities in compliance with their positions and applicable law. Staff members are responsible for complying with the policies and procedures relevant to job descriptions and contractors are responsible for complying with their contractual obligations.

The Alliance expects that all Board members, employees, and contractors report compliance issues including noncompliant, unethical and/or illegal behavior. Reports of non-compliance with standards are investigated by supervisors, the GRD, and/or



# Alliance Compliance Plan



Compliance Department staff and leadership, as appropriate, and are referred to the Compliance Committee as needed. The Compliance Committee reviews these reports and ensures corrective actions are implemented and monitored for effectiveness.

The Alliance encourages staff to discuss issues directly with their supervisor or manager, Compliance Department staff, the Human Resources Director, or the Chief Administrative Officer. Should staff not feel comfortable reporting concerns directly, they may do so anonymously through the Confidential Disclosure Hotline. Staff can be assured that they may report compliance issues or concerns without risk of retaliation. The Alliance has a zero-tolerance policy for retaliation or retribution against any employee who in good faith reports suspected misconduct.

The Alliance's Confidential Disclosure Hotline is accessible 24 hours a day to report violations, or suspected violations of the law and/or the Compliance Program as well as concerns with Alliance personnel practices, such as allegations of discrimination, harassment or poor treatment. Additionally, staff may use the Alliance's Confidential Disclosure website.

## **TOLL FREE CONFIDENTIAL DISCLOSURE HOTLINE**

**844-910-4228**

## **CONFIDENTIAL DISCLOSURE WEBSITE**

**<https://ccah.ethicspoint.com>**

Additional reporting information is located on the Compliance Intranet page. The Alliance takes all reports of violations, or suspected violations, seriously and is committed to investigating all reported concerns promptly and confidentially to the extent possible.

## **MONITORING AND AUDITING TO IDENTIFY COMPLIANCE RISK**

The Alliance conducts monitoring and auditing activities to test and confirm the effectiveness of the Compliance Program, to ensure that plan operations align with contractual, legal, and regulatory requirements, and to identify the Alliance's organizational risk areas. This includes the evaluation of delegated entities – Subcontractors and Downstream Subcontractors – for compliance with standards, in alignment with the Delegation Reporting and Compliance Plan.



# Alliance Compliance Plan



To comply with regulatory and contractual requirements, the Alliance conducts routine internal auditing in identified risk areas and routinely monitors plan performance through the Alliance Dashboard. The Alliance is also subject to external audits by federal and state agencies in connection with the Medi-Cal Program and its IHSS line of business.

Annually, Compliance Department staff conducts a Compliance Risk Assessment and develops an Internal Audit and Monitoring Work Plan outlining identified risk areas selected for internal audit. The Compliance Manager oversees the Internal Audit and Monitoring Work Plan, ensuring that internal audits are conducted, deficiencies are identified, reports are developed, and corrective action is taken, as needed.

## **DISCIPLINARY STANDARDS**

The Alliance does not condone any conduct that negatively affects the operation, mission, or image of the Alliance. The Alliance ensures that standards and policies and procedures are consistently enforced through disciplinary mechanisms. Any employee or contractor engaging in a violation of laws or regulations (depending on the magnitude of the violation) will be disciplined up to, and including, termination from employment or their contract.

In the event of discovery of such activity, the Alliance will implement prompt action to correct the problem and may institute appropriate disciplinary action given the facts and circumstances.

## **RESPONSE TO COMPLIANCE ISSUES**

Upon verification of non-compliance of a particular standard or requirement, the Alliance will take appropriate action steps to correct and prevent repeat non-compliance. These steps may include disclosing the incident to applicable regulatory agencies, retraining staff, and amending Alliance policies and procedures in an effort to avoid future recurrence. Compliance staff will initiate and document oversight of corrective action to ensure the instance of noncompliance has been effectively mitigated. Matters may be brought to the Compliance Committee for discussion, and Compliance Committee maintains responsibility for ensuring that issues are corrected.



# Alliance Compliance Plan



## Revision History:

Reviewed Date	Revised Date	Changes Made By	Approved By
	8/24/2021	Jenifer Mandella, Compliance Officer	Alliance Board
	8/19/2022	Jenifer Mandella, Compliance Officer	Alliance Board
	8/10/2023, with changes effective 1/1/2024	Jenifer Mandella, Chief Compliance Officer	



# Alliance Compliance Plan



## APPENDIX A – COMPLIANCE POLICIES AND PROCEDURES

Policy No.	Policy Title
105-0001	Policy Development, Maintenance, Review and Submission
105-0002	External Records Request
105-0004	Delegate Oversight
105-0005	Federal Funding Suspension and Debarment
105-0006	Physician and Pharmacist Stipends for Participation in Advisory Group and Committee Meetings
105-0008	Record Retention
105-0009	Identifying and Reporting Suspected Abuse and Neglect of Members
105-0011	Internal Audit and Monitoring
150-0012	Administrative Decision-Making Controls
105-0013	Expenditure Authority
105-0014	Sanctions
105-0015	Conflict of Interest Policy
105-0016	Management of Legal Work
105-0017	Requests for Electronic Communications
105-0018	Government Claims
105-0500	External Audits
105-2502	Contract Signature Authority
105-3001	Program Integrity: Fraud, Waste and Abuse Prevention Program
105-3002	Program Integrity: Special Investigations Unit Operations
105-3003	Suspended or Ineligible Providers
105-3004	Verification of Billed Services by Network Providers
105-4001	Notice of Privacy Practices
105-4002	Accounting of Disclosures
105-4003	No Retaliation or Waiver
105-4004	Privacy Officer Designation and Responsibilities
105-4007	Safeguarding Protected Health Information
105-4008	Uses and Disclosures of Limited Data Sets
105-4009	Minimum Necessary Use and Disclosure
105-4010	Verification of Requester Authority Prior to Release of PHI
105-4011	De-identification and Re-identification of PHI
105-4012	Use and Disclosure of PHI Including Member Authorization to Disclose
105-4013	Request to Access Records
105-4014	Requests for Amendment of PHI
105-4017	Permission to Leave Messages with PHI
105-4018	Personal Representative
105-4019	Disclosures to Family, Caregivers, and Friends



# Alliance Compliance Plan



105-4020	Disclosure to Law Enforcement and Government Officials
105-4021	Use and Disclosures About Decedents
105-4022	Uses and Disclosure for Disaster Relief
105-4023	Uses and Disclosures for Public Health Activities
105-4024	Uses and Disclosures for Treatment, Payment, and Health Care Operations
105-4025	Uses and Disclosures for Health Oversight Activities
105-4026	Communication with Minors
105-4027	Disclosures of Protected Health Information of Members with Mental Incapacities
105-4028	Uses and Disclosures for Marketing
105-4029	Breach Risk Assessment and Response
105-4030	Internal Reporting
105-4031	Facility Access Controls
105-4037	Tracking and Monitoring of ePHI Systems
105-4039	Access to and Confidentiality of ePHI
105-4043	HIPAA Privacy and Security Training
105-4044	Disclosing Sensitive Protected Health Information
105-4045	Confidential Communications and Restrictions on Uses and Disclosures





**DATE:** August 23, 2023  
**TO:** Santa Cruz-Monterey-Merced Managed Medical Care Commission  
**FROM:** Lisa Ba, Chief Financial Officer  
**SUBJECT:** Revised 2023 Finance Committee Meeting Schedule

---

Recommendation. Staff recommend the Board approve a revised 2023 Finance Committee meeting schedule to include the addition of a meeting in September and canceling the October and December meetings.

Background. The Finance Committee typically meets four times a year, once a quarter, from 1:30 to 2:45 p.m. immediately preceding a Board meeting.

Discussion. An October meeting was included when the 2023 Finance Committee schedule was originally drafted. Since the Board meeting to convene the new five-County Commission has been rescheduled from September to a half-day meeting in October, this will no longer allow for a Finance Committee meeting in October. Staff propose the following revised 2023 Finance Committee meeting schedule to include the addition of a Finance Committee meeting in September and to cancel the October and December meetings. Adding a September Finance Committee meeting will allow the committee to have an opportunity to review and provide feedback related to topics that were scheduled for presentation to the Board in Q4 2023.

1. March 22, 2023
2. June 28, 2023
3. August 23, 2023
4. September 27, 2023 *(to replace October 25, 2023 meeting)*
5. October 25, 2023 *(will be canceled)*
6. December 6, 2023 *(will be canceled)*

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

Attachments. N/A

**HEALTHY PEOPLE. HEALTHY COMMUNITIES.**





**DATE:** August 23, 2023  
**TO:** Santa Cruz-Monterey-Merced Managed Medical Care Commission  
**FROM:** Michael Schrader, Chief Executive Officer  
**SUBJECT:** Policy Revision – 100-0001 Alliance Donations and Sponsorship of Events and Organizations

---

Recommendation. Staff recommend the Board approve revisions to Alliance Policy 100-0001 – Alliance Donations and Sponsorship of Events and Organizations.

Background. The Alliance Donations and Sponsorship of Events and Organizations Policy was approved by the Board at the September 22, 2021 meeting. The intent of this policy is to provide guidelines to promote and implement opportunities for donations to non-profit 501(c)3 community organizations and sponsorship of such organizations' events within the Alliance's service area.

Discussion. Alliance Policy 100-0001 Alliance Donations and Sponsorship of Events and Organizations was reviewed as part of the routine policy process. Staff identified desired modifications and required edits to the policy to ensure the policy was accurate. To ensure that Alliance policies are up to date, staff review each policy every two years.

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

Attachments.

1. Alliance Policy 100-0001 – Alliance Donations and Sponsorship of Events and Organizations

**HEALTHY PEOPLE. HEALTHY COMMUNITIES.**

	<b>POLICIES AND PROCEDURES</b>
<b>Policy #:</b> 100-0001	<b>Lead Department:</b> Administration
<b>Title:</b> Alliance Donations and Sponsorship of Events and Organizations	
<b>Original Date:</b> 11/07/2021	<b>Policy Hub Approval Date:</b> 07/13/2023
<b>Approved by:</b> Michael Schrader, Chief Executive Officer	

**Purpose:**

To describe the Central California Alliance for Health’s (the Alliance) policy and procedure for financial donations to non-profit 501c3 community organizations and sponsorship of such organizations’ events within the Alliance’s service area.

**Policy:**

It is the policy of the Central California Alliance for Health to be responsible stewards of public funds. The Alliance, its Board members, and employees shall not make gifts of public funds or assets or lend credit to private persons or entities. Donations to a non-profit 501c3 organization or sponsorship of such organization’s event must serve a direct and substantial public purpose and make appropriate use of public funds and Alliance staff time.

As such, the Alliance may donate to non-profit 501c3 organizations and/or sponsor their events which further a Medi-Cal purpose, the Alliance’s strategic priorities, align with the Alliance’s mission, vision, and values, and comply with the Alliance’s Code of Conduct. Sponsorships and donations may only be awarded to the extent funds budgeted for such donations/sponsorships are available, and there is no guarantee of Alliance sponsorships or donations.

Alliance funds will not be used responsive to specific employee personal volunteer interests, including specific employee family and friend volunteer or associated non-profit organizations or their events (i.e. children’s school fundraisers, etc.).

**Definitions:**

1. Donation: Financial contributions by the Alliance to support a non-profit 501c3 organization that serves a public purpose that is aligned with the Alliance’s vision, mission, values and strategic priorities. Donations support the organization and are not restricted to a specific purpose nor are they subject to specific terms and conditions beyond the general requirement that they used by a 501c3 for a public purpose, aligned with the Alliance’s Vision/Mission/Values. Donations may also include time provided by Alliance staff during business hours.
  
2. Sponsorship: Financial contributions by the Alliance, to a non-profit 501c3 organization for an event hosted by the organization which serves a public purpose, and that is aligned with the Alliance’s vision, mission, values and strategic priorities. Sponsorship can also include contribution of goods or tangible items in support of an event and may also include time provided by Alliance staff to support the event during Alliance business hours.

**Procedures:**

	<b>POLICIES AND PROCEDURES</b>
<b>Policy #:</b> 100-0001	<b>Lead Department:</b> Administration
<b>Title:</b> Alliance Donations and Sponsorship of Events and Organizations	
<b>Original Date:</b> 11/07/2021	<b>Policy Hub Approval Date:</b> 07/13/2023
<b>Approved by:</b> Michael Schrader, Chief Executive Officer	

1. Budget.
  - a. Annually, the CEO will propose a budget to be included in the annual Alliance administrative budget proposal acted on by the Alliance’s board. The budget will be adequate to provide sponsorships and/or donations aligned with this policy in each of the counties in which the Alliance operates.
  
2. Requests.
  - a. An organization requesting donation or sponsorship shall submit a request and any applicable supporting documents utilizing the mandatory Alliance request form, detailing how the requested funds are intended to be used, outlining the scope and purpose of the organizational donation or event sponsorship, and agreeing to the Alliance’s requirements around benefits and recognition for any event sponsorship.
  
3. Action on Requests.
  - a. For documentation purposes, the Executive Assistant/Clerk of the Board (EA/COB) will track all requests, with data including but not limited to: organization, date of event, type of request, staffing information, amount of request, and ultimate disposition of the request. The EA/COB will forward all requests to the Community Engagement Directors (CED) for review and recommendation.
  - b. Requests for donation/sponsorship shall be reviewed by the CED for the county in which the organization operates for confirmation of alignment with this policy, verification of adequate budget for the requested sponsorship/donation, and recommendation for action to the Alliance’s CEO. The CED will consult with Finance to determine whether funding the donation or sponsorship would constitute a medical expense attributable to the Alliance medical budget or whether it is an administrative expense, attributable to the donation/sponsorship budget in the administrative budget.
  - c. If the request is aligned with criteria and there is adequate budget available, the CED will submit requests for recommended approval to the CEO. The CEO has the authority to approve or deny all requests.
  - d. The CEO will notify the CED, the Executive Assistant and Finance of any approval. Finance will prepare the check for the approved sponsorship/donation. The Executive Assistant will prepare a letter indicating approval of the request and enclosing the sponsorship/donation.

	<b>POLICIES AND PROCEDURES</b>
<b>Policy #:</b> 100-0001	<b>Lead Department:</b> Administration
<b>Title:</b> Alliance Donations and Sponsorship of Events and Organizations	
<b>Original Date:</b> 11/07/2021	<b>Policy Hub Approval Date:</b> 07/13/2023
<b>Approved by:</b> Michael Schrader, Chief Executive Officer	

- e. The CEO will notify the CED and the Executive Assistant of any denial. The Executive Assistant will prepare a letter for the organization notifying the organization of the denial.
- 4. Benefits and recognition.
  - a. Event sponsorship may be promoted by the Alliance in communications channels as deemed appropriate, including the web site, social media, press releases, print and electronic newsletters and other collateral.
  - b. The non-profit will assume the responsibility of securing signed photo releases from any individuals included in photos or other visual material provided to the Alliance by the non-profit.
  - c. As a benefit of sponsorship, the non-profit agrees to promote the sponsorship on the non-profit's and/or event promotional material, including website, press releases, public event recognition, social media, newsletters and other collateral
  - d. The non-profit agrees to include the Alliance's name and approved logo in such promotional materials as deemed appropriate and agreed upon via the sponsorship terms and with advance approval from the Alliance's Communications Department.
  - e. In the event the organization is identifying the Alliance as a donator to the organization, the organization will also only utilize the Alliance's approved logo and with advance approval from the Alliance's Communications Department.
- 5. Reporting.
  - a. On an annual basis, the Alliance will report all donation and sponsorship activities to the Board of Commissioners to assure compliance and consistency with the criteria set forth in this policy.

**References:**

Alliance Policies:

Policy 101-1038 - Solicitation

Impacted Departments:

Administration

Regional Operations

Communications

Finance

Regulatory:

Legislative:

Contractual (Previous Contract):

Contractual (2024 Contract):

	<b>POLICIES AND PROCEDURES</b>
<b>Policy #:</b> 100-0001	<b>Lead Department:</b> Administration
<b>Title:</b> Alliance Donations and Sponsorship of Events and Organizations	
<b>Original Date:</b> 11/07/2021	<b>Policy Hub Approval Date:</b> 07/13/2023
<b>Approved by:</b> Michael Schrader, Chief Executive Officer	

DHCS All Plan Letter:

NCQA:

Supersedes:

Other References:

Attachments:

**Lines of Business This Policy Applies To**

- Medi-Cal
- Alliance Care IHSS

**LOB Effective Dates**

(01/01/1996 – present)

(07/01/2005 – present)

**Revision History:**

<b>Reviewed Date</b>	<b>Revised Date</b>	<b>Changes Made By</b>	<b>Approved By</b>
06/07/2023	06/22/2023	Kathy Stagnaro, Clerk of the Board	Michael Schrader, Chief Executive Officer



**DATE:** August 23, 2023  
**TO:** Santa Cruz-Monterey-Merced Managed Medical Care Commission  
**FROM:** Andrea Swan, Quality Improvement and Population Health Director  
**SUBJECT:** Quality Improvement Health Equity Transformation Workplan – Q1 2023

---

Recommendation. Staff recommend the Board accept the Quality Improvement Health Equity Transformation (QIHET) Workplan report for Q1 2023.

Summary. This report provides pertinent highlights, trends and activities from the Q1 2023 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 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 2023 QIHET Workplan was developed to align with the Alliance Strategic Plan of Member Wellness, Access to Care, and Promotion of Value. This is accomplished through the following initiatives:

<b>Section I: Member Experience</b>	<b>Status</b>
A. Member Experience	
1. Health Care Collaboratives	<b>Goal Not Met</b>
2. Health Services Division Member Outreach & Engagement Campaigns	<b>In Progress</b>
3. Member Support – Call Center	<b>Goal Met</b>
4. Cultural and Linguistics (C&L) Services & Population Needs Assessment Education	<b>In Progress</b>
5. CAHPS: How Well Doctors Communicate	<b>In Progress</b>
<b>Section II: Quality of Service</b>	
B. Access and Availability	
1. Annual Access Plan	<b>In Progress</b>
2. Provider Choice: In-Area Market Share	<b>In Progress</b>
3. CAHPS Survey: Access Measures	<b>In Progress</b>
C. Provider Experience	
1. Provider Satisfaction	<b>In Progress</b>
<b>Section III: Quality of Clinical Care</b>	
D. Utilization	
1. Under / Overutilization	<b>Goal Met</b>

2. Site of Care	In Progress
3. Drug Utilization Review (DUR)	In Progress
E. Adult Preventive Care Services	
1. Health Education and Disease Management	In Progress
2. Controlling Blood Pressure	In Progress
3. Diabetes HbA1c >9% (poor control)	In Progress
F. Performance Improvement Projects (State Mandated)	
1. Women's Health Domain SWOT	In Progress
2. Children's Domain SWOT	Goal Partially Met
3. Childhood Immunizations	Goal Met
4. Child and Adolescent Well Care Visits in Merced County	Goal Met
5. Well-Child Visits in the First 30 Months of Life; Well-Child Visits in the first 15 Months - Six or More Well Child Visits W/ 30 - 6 Measure	In Progress
6. Follow-Up After Emergency Department Visits for Mental Illness - 30 Day Follow-Up; Total and Follow-Up after Emergency Department Visit for Substance Use; 30-day Follow-Up - Total	In Progress
G. Behavioral Health	
1. Eating Disorders	Goal Partially Met
<b>Section IV: Clinical Safety</b>	
H. Clinical Safety	
1. Grievance and PQI Management	In Progress
2. Facility Site Review (FSR) Management	Goal Partially Met

Discussion.

*2023 QIHET Workplan Outcomes and Evaluation*

Member Experience

- Health Care Collaboratives (HCC): The Community Engagement team currently received limited information from staff. The HCC Status Report form is presently not being utilized. The Community Engagement team is scheduled to review and strategize best practices and approaches for this initiative.
- Health Services Division Member Outreach and Engagement Campaigns: During Q1 2023 the Alliance Health Services' teams completed 2,309 member outreach campaign calls. These calls were in response to inclement weather events impacting the Alliance tri-county service area. Calls occurred in both January and March in response to the weather and flooding that impacted Alliance members.
- Member Support - Call Center: During Q1 2023 the Alliance Member Services' Call Center saw a decrease in call volume due to the anticipated call delegation for Non-Medical Transportation from the call center to the vendor Call the Car. This has ensured that the call center is meeting its quarterly metrics as appropriate staff are scheduled for the member calls that are coming through to Member Services. A significant decrease in unscheduled PTO was noticed as Member Services Representatives can manage the current workload and are not calling out due to burn out. In March, the first round of text

messages to members were sent out to those who were due for Medi-Cal redeterminations. Because of this a noticeable spike in call volume from the previous month was recognized.

- Topics that are currently being discussed with members outside of routine benefit inquiries or escalations: Medi-Cal redeterminations, Behavioral Health Benefits, Transportation services. In Q1, a spike in member walk-ins due to redetermination questions, general benefit questions, and bus pass issues related to the delegation was observed. Monitoring of member walk-in traffic, and collaboration with the facilities managers and CCC managers continue to ensure adequate support in the office for the members.
- Cultural and Linguistics (C&L) Services & Population Needs Assessment Education: In Q1 the C&L team coordinated face-to-face interpreting services. Additionally, providers continued to utilize the telephonic interpreting services. Comparison of utilization data from 2022 to 2023 will be provided next quarter.
- Consumer Assessment of Healthcare Providers and Systems (CAHPS); How Well Doctors Communicate: Sample Frames for the 2023 Adult and Child Clinical & Group (CG) CAHPS survey were submitted to the vendor in March. Field surveys are anticipated to begin in April.

### *Quality of Service*

#### Access and Availability

- Annual Access Plan: Working with Provider Quality and Network Development attendees to develop criteria to assist in ensuring appropriate prioritization of access areas.
- Provider Choice; In-Area Market Share: St. Michael Nephrology agreed to contract with the Alliance in the San Luis Obispo (SLO) area. Additionally, a new psychiatrist in SLO also agreed to contract. Both providers have historically declined to contract with the Alliance.
- CAHPS Survey; Access Measures: Sample Frames for the 2023 Adult and Child CG CAHPS survey were submitted to the vendor in March. Field surveys are anticipated to begin in April.

#### Provider Experience

- Provider Satisfaction: Final results were presented to the Network Development Steering Committee and CQIW-I in December. Overall Provider Satisfaction for 2022 was 87%.

### *Quality of Clinical Care*

#### Utilization

- Under/Overutilization: Report finalized in Q1 and metrics updated for UMWP quarterly reporting. Continued development of depression screening metrics underway for Q2



2023. Increases noted across the QI metrics of under/overutilization focus with decreased utilization in area of monitoring for potential over utilization. Continue to monitor for trends and opportunities for further intervention.

- Site of Care: In Q1 the focus was on members who are on infliximab (Remicade), its biosimilars, vedolizumab (Entyvio), and intravenous immune globulin (IVIG). Thus 56 members were identified who are eligible for the Site of Care program. Of these 56 eligible members, member outreach was conducted to 50 (89%-member outreach rate). Five of these 50 members have accepted the program (10%-member acceptance rate). Of those five members, three of their providers have also accepted the program and the other two are pending provider decision. Training currently continues on pharmacy team members on the program. Provider and member facing teams have also been informed about the program.
- Drug Utilization Review (DUR): DUR of antidepressants and stimulants were performed for children less than or equal to 18 years of age. In 2022, 2,867 pediatric members were on an antidepressant, with twice as many females than males. For stimulant DUR, 1,693 pediatric members, or 1.14% of all pediatric members at the Alliance, were on a stimulant in 2022. Focused review was done for 17 members aged four to five who were on a stimulant and there were no prescribing concerns for these members.

For older adults 65 years and older, two DURs were performed: benzodiazepines and other high-risk medications. For high-risk medications, the focus was on first generation antihistamines and skeletal muscle relaxants. An educational article was sent via Provider Flash to all providers with a list of safer alternatives. A letter was faxed to 30 providers who had prescribed high-risk medications to three or more members. For benzodiazepines, no concern was noted for members and prescribers. An educational article was created for publication in the Provider Digest with a reminder for member safety, proper prescribing and deprescribing, and recommendation to taper slowly to avoid any withdrawal symptoms.

Additionally, an educational article on the risk of concurrent opioids and antipsychotics was published in the Q1 Provider Bulletin.

#### Adult Preventive Care Services

- Health Education and Disease Management: In Q1 the Quality and Health Programs team completed two Healthier Living Program workshops. The workshops were offered in the telephonic modality. One workshop series was offered in English and one workshop series was offered in Spanish.
- Controlling Blood Pressure (BP): Goal 1. Conducted BP recheck audits at Watsonville Health Center, the Homeless Persons Health Project, and Emeline clinics. Identified 41% of the time medical assistants (MAs) would forget to recheck elevated BPs.

Goal 2. Conducted in-service on performing 5-why analysis with MA team to understand why MAs were forgetting to recheck BPs.

Goal 3. Project placed on hold until June while continuing to track BP recheck rates monthly.

- Diabetes HbA1c >9% (poor control): Goal 1 met, outreached to 5 clinics. Goal 2 not met. Goal is to conduct clinic outreach to identify clinics interested in program participation, develop/modify program content to meet clinic requests, meet with clinics to plan the sessions and generate registry list of members to track A1C and f/up visits throughout the program.

#### Performance Improvement Projects (State Mandated)

- Women's Health Domain SWOT: Golden Valley Health Center Merced has agreed to partner on improving breast cancer screenings in collaboration with their Care-Based Quality Improvement Project application. QIPH is continuing outreach for another clinic to partner on breast cancer screenings. QIPH will provide practice coaching, best practice information and a member recall list for clinics to outreach to members.

Apex Medical Group has agreed to partner on chlamydia screenings. Merced Faculty Associates - North is requesting their leadership's approval to partner on chlamydia screenings. QIPH will provide practice coaching, best practice information and a member recall list for clinics to outreach to members.

Member letters drafted and United States Preventive Services Task Force (USPSTF) flyer decided as outreach flyer for Black members for BCS mailer.

- Children's Domain SWOT: 1) SWOT 1 Actions A-C: QIPH Staff made outreach calls to Merced County members deficient\* (or at risk of becoming ineligible) for W15 and CIS-10 immunizations to assess for trends in barriers to receiving care, and to connect member to primary care physicians (PCPs) for appointments. Outreach was completed on April 10, 2023 and a summary of results was presented at the May 8, 2023 Pediatric Equity Task Force (PETF) committee meeting.

#### Next Steps:

- (a) Share barrier data with PR team then PCPs that participated.
- (b) Encourage PCPs to perform member recall for W15 and CIS-10.
- (c) Re-present barrier data to PETF after reconciliation and data share with PR and PCP.

2) SWOT 2 Action A: Staff are coordinating the promotion of the Infant Wellness Map (IWM) to Merced County Community Based Organizations and clinics that serve the target population to partner in disseminating the tool to parents to help them track well care visits (WCVs) and immunizations 0-15 months of life.

For entities interested in collaboration, QIPH staff will facilitate trainings in utilizing the IWM WCV and immunization tracking tool, provide copies for clinics to hand out to members, and will check progress and offer additional training, support, or supplies to engaged sites.

As of May 2023, staff are awaiting follow-up from the Merced County Office of Education – Head Start Program for participation and collaboration in providing this tool to members.

SWOT 2 Action B: Merced pediatrician engaged in hosting a webinar focused on pediatric measures for Merced County providers. Staff are drafting webinar content in collaboration with MD and preparing various internal and external communications to promote the webinar, which is tentatively set for go-live in Q3 2023. The webinar will be announced in the Alliance's Provider Digest to facilitate provider registration, attendance, and may be recorded for posting to the provider resources website.

Pre and post education will be assessed to measure the effectiveness of the webinar. Content may include Child Lead Screening, WCV, CIS-10, coding and billing, fluoride application and adverse childhood experience screenings.

3) SWOT 3 Action A: Due to delay in further information from Department of Health Care Services (DHCS) regarding technical funding for 2024, Quality Improvement Health Programs staff are coordinating with and assisting the Grants and Program Development Department's technical funding, which is currently available through the Alliance's Medical Capacity Grant Program (MCGP) or the CDIII grants for the statewide Data Sharing Agreement requirement.

Staff are currently in process of:

- (a) Identifying Merced County clinics that are using paper charts and/or outdated Electronic Health Record (EHR) systems.
- (b) Cross referencing clinics with paper charts or outdated EHR with Q4 2022 Care Based Incentive (CBI) data for clinics with deficient performance in pediatric measures.
- (c) Collaborating with Grants Department and Program Development to assist in promoting MCGP and CDIII funding to Merced County sites identified as benefiting from the tech funding grant(s).

SWOT 3 Action B: Due to unanticipated internal and external staffing constraints various external outreach/training sessions (CBI Forensic visits, Practice Coaching, Performance Improvement Project (PIP) engagements, etc.) with providers were delayed or postponed for Q2 2023.

Given that staffing could intermittently pause individual outreach sessions in 2023, Alliance staff are discussing disseminating Provider Portal recall best practices to larger groups by considering incorporating them into the annual CBI Provider Workshop, CBI Forensic Visit templates, targeting low-performers in the mid-year CBI report, and/or updating the webinar currently available on the Alliance's website. Staff are assessing the feasibility of implementing one of the broader approaches above in conjunction with individual outreach sessions. As of June 5, 2023, staff are awaiting feedback from DHCS for second progress submission submitted on May 31, 2023.

- Childhood Immunizations: CIS PIP Module 4 was submitted on April 21, 2023. The Health Services Advisory Group (HSAG) will provide validation findings no later than June 16, 2023.
- Child and Adolescent Well Care Visits in Merced County: The final rate for the WCV PIP was 62.61%; 14.05% above the goal rate for this project. Module 4 was submitted to DHCS on April 21, 2023. DHCS provided validation findings on June 2, 2023. All requirements were met and given a high confidence level rating for this PIP. No further actions need to

be taken; this PIP cycle is officially closed.

- Well-Child Visits in the First 30 Months of Life; Well-Child Visits in the first 15 Months – Six or More Well Child Visits W 30 – 6 Measure: The Healthcare Effectiveness Data and Information Set MY2021 final rates for Well-Child Visits in the First 15 Months was measured at 62.23% (50<sup>th</sup> percentile) for Santa Cruz/Monterey and 36.72% (below 50<sup>th</sup> percentile) for Merced.

2023-2026 PIP information was not yet shared with the Managed Care Plans. The PIP topic selection occurred in Q2. No further requirements from HSAG.

- Follow-Up After Emergency Department Visits for Mental Illness – 30 Day Follow-Up; Total and Follow-Up after Emergency Department Visit for Substance Use; 30-day Follow-Up – Total: Discussions with delegated Behavioral Health provider Carelon have been initiated to develop a data transfer process to identify Alliance members in the emergency department. Cross departmental work is in progress to establish member identification through claims and eCensus data, as well as file layout for data transfers to Carelon.

PIP topic selection occurred in Q2. No further requirements from HSAG.

### Behavioral Health

- Eating Disorders (EDO): The team successfully met with Santa Cruz County leadership, which identified and allowed for process improvement work. This quarter, the process improvement focus involves both access to care and repayment of services. The creation of these processes and workflows is currently taking place. Since EDOs is a specialty service, Santa Cruz County Behavioral Health Services (SCCBHS) will take the lead assessing, and when appropriate, connecting members to EDO services and care. SCCBHS will send three items to have the Alliance provide their portion of the reimbursement.
  1. The Treatment Authorization Request authorizing services
  2. The invoice SCCBHS received from the EDO provider
  3. The County's evidence of payment

What will improve the process is the EDO treatment provider no longer requiring two approvals, and removal of the SCCBHS requirement to gain a Letter of Agreement and Split Rate Agreement step with the Alliance. The Memorandum of Understanding creates clarity about payment and simplifies the process.

### *Clinical Safety*

- Grievance and Prevention Quality Indicator (PQI) Management: The team successfully onboarded one Registered Nurse FTE to assist in processing member grievances, PQIs, and other quality investigations, bringing the clinical team up to 100% staffing. The additional support contributed to closing all PQIs within the timeframe this quarter (the first time since Q2 2021) and allowed for process improvement work.

This quarter, the process improvement focus was the Provider Preventable Condition (PPC) report in Tableau. The report is currently undergoing modifications to include only

adjudicated claims which will allow for more accurate PPC oversight by QI RN(s). The new report is expected to reduce administrative burden in filtering out true PPCs for potential quality investigation.

- Facility Site Review (FSR) Management: Four goals were created for 2023. Goal 1: 80% (12/15) of existing primary care provider sites that had an FSR due this quarter were completed within three years of their last FSR date. Goal 2: 100% (2 of 2) of practices where Critical Elements Corrective Action Plans (CE CAPs) arising from FSRs are resolved within 10 business days. Goal 3: 100% (5 of 5) of practices with a CAP arising from FSR submit a plan to address the CAP within 45 calendar days. Goal 4: 63% (5 of 8) of practices with a CAP arising from FSR complete all planned actions within 90 calendar days as evidenced by verification by the FSR team.

In Q1 the FSR team planned the following to attain the quarter's goals: attend collaborative meetings to plan the implementation of the DHCS mandated Manage Care Site Review Portal (MSRP); collaborate with Anthem DHCS Certified Master Trainer to ensure a smooth expansion to San Benito and Mariposa Counties; attend statewide Managed Care Plan collaborative to continue education, align implementation of FSR tools and standards, and share resources; participate in the Managed Care Quality and Monitoring Division Site Review Work Group; and update the FSR and MRR Alliance policies to ensure compliance with APL 22-023 in support of the Street Medicine pilot.

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. Q1 2023 QIHET Workplan

Q1 2023 QIHET Workplan

Topic	Health Care Collaboratives - feedback from community engagement	Topic	Controlling Blood Pressure
Status	Goal Not Met	Status	In Progress
Topic	Health Services Division Member Outreach & Engagement Campaigns	Topic	Diabetes HbA1c >9% (poor control)
Status	In Progress	Status	In Progress
Topic	Member Support - Call Center	Topic	Women's Health Domain SWOT
Status	Goal Met	Status	In Progress
Topic	Cultural and Linguistics (C&L) Services & Population Needs Assessment Education	Topic	Childhood Immunizations
Status	In Progress	Status	Goal Met
Topic	CAHPS: How Well Doctors Communicate	Topic	Children's Domain SWOT
Status	In Progress	Status	Goal Partially Met
Topic	Annual Access Plan	Topic	Child and Adolescent Well-Care Visits in Merced County
Status	In Progress	Status	Goal Met
Topic	Provider Choice: In-Area Market Share	Topic	Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30-6) measure
Status	In Progress	Status	In Progress
Topic	CAHPS Survey: Access Measures	Topic	Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total and Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—Total
Status	In Progress	Status	In Progress
Topic	Provider Satisfaction	Topic	Eating Disorders
Status	In Progress	Status	Goal Partially Met
Topic	Under / Overutilization	Topic	Grievance and PQI Management
Status	Goal Met	Status	In Progress
Topic	Site of Care	Topic	Facility Site Review (FSR) Management
Status	In Progress	Status	Goal Partially Met
Topic	Drug Utilization Review (DUR)		
Status	In Progress		
Topic	Health Education and Disease Management		
Status	In Progress		

PROGRESS SUMMARY

53%

Percent Complete

Composite Score

4

Sections above target

## Q1 2023 QIS Workplan

### SECTION 1: MEMBER EXPERIENCE

#### A: MEMBER EXPERIENCE

Topic	Health Care Collaboratives - feedback from community engagement
Domain	Member Experience
Priority	Alliance Operating Plan
Committee	MSEC
Goals	Determine baseline performance by calculating the number of ideas acted upon by the organization (as defined by: assessing feasibility of, starting or completing a project, taking direct action) against of ideas brought back to the organizations by Community Engagement Team from Health Care Collaborative meetings
Opportunities for Improvement	continue to encourage staff to solicit member feedback and log in the HCC status reports
Results Q1	38%
Summary of Quarterly Activities Narrative	The Community Engagement team has received limited information from staff at this time. It appears that the HCC Status Report form is not being utilized. The Community Engagement team is scheduled to review and strategize best practices and approaches for this initiative.
Known Barriers/Root Cause(s) (as applicable)	Adequate staff to perform activities
Next Steps	Meet with internal stakeholders and discuss steps for improvement.

Topic	Health Services Division Member Outreach & Engagement Campaigns
Domain	Member Experience Quality of Care Quality of Service
Priority	Core
Committee	QIHET-W, MSEC
Goals	Member outreach is critical to inform, foster dialogue, and support at risk Alliance members. Member outreach will consist of calling members impacted by the emergent issues, impact on access to care, and member voice assessments. Mobilize an internal team to identify members, develop scripting and information of appropriate resources and health education, and conduct telephonic outreach to high-risk, vulnerable members.
Opportunities for Improvement	<p>Activities:</p> <ol style="list-style-type: none"> <li>1. In 2023, track and monitor all ad hoc member outreach and engagement campaigns</li> <li>2. Track each campaigns intervention, percentage of successful calls (information provided/LVM) vs. unsuccessful calls, and member counts</li> <li>3. Coordinated collaboration with multiple sources in the development of member written materials and staff talking points</li> <li>4. Development of member roster lists with the verification if there is more than one member in the same household on the list</li> <li>5. Identification of the right level of staff to support these outreach campaigns (i.e., clinical vs. non-clinical)</li> <li>6. Coordinated approach for documenting, tracking, and reporting the outcome of each outreach call</li> <li>7. Develop enough time to train staff on talking points and new outreach campaigns</li> </ol>
Results Q1	
Summary of Quarterly Activities Narrative	During Q1 2023 the Alliance Health Services teams completed 2,309 Member Outreach Campaign calls. These calls were in response to inclement weather events impacting the Alliance tri-county service area. Calls occurred in both January and March in response to the weather and flooding that impacted Alliance members.
Known Barriers/Root Cause(s) (as applicable)	Timely member rosters that target the highest risk populations that require outreach calls.
Next Steps	Recommending HS leadership team develops a member outreach campaign team that can create a standard communication plan when outreach campaigns are started so all team members can feel supported and informed when an urgent situation such as the inclement weather outreach calls.

Topic	Member Support - Call Center
Domain	Member Experience
Priority	Regulatory (DHCS)
Committee	MSEC
Goals	1. 95% of Calls to Member Services Answered Before Being Abandoned 2. 80% of Calls to Member Services Answered Within 30 Seconds
Opportunities for Improvement	Identify additional barriers to being able to continuously meet this requirement.
Results Q1	1. 98% 2. 89%
Summary of Quarterly Activities Narrative	During Q1 2023 the Alliance Member Services' Call Center saw a decrease in call volume due to the anticipated call delegation for Non-Medical Transportation (NMT) from the call center to our vendor Call the Car (CTC). This has ensured that the call center is meeting its quarterly metrics as we have appropriate staff scheduled for the member calls that are coming through to Member Services. We have also seen a significant decrease in unscheduled PTO as Member Services Representatives can manage the current workload and aren't calling out due to burn out. In March, we sent out our first round of text messages to member that were due for Medi-Cal redeterminations, because of this we saw a spike in call volume from the previous month. Topics that are currently being discussed with members outside of routine benefit inquiries or escalations: Medi-Cal redeterminations, Behavioral Health Benefits, Transportation services. In Q1, we saw a spike in member walk-ins due to redetermination questions, general benefit questions, and bus pass issues related to the delegation. We continue to keep our eye on member walk-in traffic and are collaborating with the facilities managers and CCC Managers to ensure we have adequate support in the office for our members. We truly appreciate the collaboration between the teams.
Known Barriers/Root Cause(s) (as applicable)	
Next Steps	Keep eye on member walk-in volume

Topic	Cultural and Linguistics (C&L) Services & Population Needs Assessment Education
Domain	Member Experience Quality of Care Quality of Service
Priority	Regulatory (DHCS)
Committee	QIHET-W
Goals	To measure the performance of the Alliance C&L Services program and to make improvements accordingly (measure utilization per County).  1. Increase Provider Utilization of the Alliance Language Assistance Services program by 5% when compared to the previous year 2. Increase the Alliance network provider's familiarity with the Alliance Language Assistance Services Program
Opportunities for Improvement	Effective communication is critical for our members to ensure understanding, empowerment and provide high-quality care. The Alliance Language Assistance Services program ensures that Alliance members receive high-quality and appropriate language services by reducing health disparities related to language/cultural barriers.  1. Explore the effectiveness of cultural competency services provided by the Alliance in ensuring that members receive high-quality, person-centered care and identifying opportunities for improvement where necessary 2. Monitor telephonic interpreting, face-to-face interpreting, translations, and readability requests 3. Monitor member and provider complaints and PQIs 4. Develop a Health Literacy Tool kit for the organization (PNA) 5. Collaborate with PS in the development and launching of provider cultural competency training (PNA) 6. Implement audio interpreting services for Telehealth visits 7. Promote the Alliance Language Assistance Services with our external network providers (i.e., quarterly fax blasts, training videos to support providers on how to use the services) (PNA)
Results Q1	
Summary of Quarterly Activities Narrative	In Q1 the C&L team coordinated face-to-face interpreting services. Additionally providers continued to utilize the telephonic interpreting services. Comparison of utilization data from 2022 to 2023 will be provided next quarter.
Known Barriers/Root Cause(s) (as applicable)	In Q1 there were staffing changes in the Quality Improvement department including the C&L leadership team. There are currently interim leadership team members that are moving the work forward in Q2.
Next Steps	Work will begin in Q2 to start planning C&L provider trainings to implement in late Q3-Q4.



Topic	CAHPS: How Well Doctors Communicate
Domain	Member Experience
Priority	Regulatory (DHCS)
Committee	QIHET-W, MSEC
Goals	1. Achieve xx% in How Well Doctors Communicate - Child 2. Achieve x % in How Well Doctors Communicate - Adult
Opportunities for Improvement	Assess CAHPS surveys administered in 2022, determine thresholds and targets, and identify any improvements
Results Q1	1. How Well Doctors Communicate is measured at 93.1% (28th percentile) for the Child Survey in 2022. 2. How Well Doctors Communicate is measured at 91.5% (29th percentile) for the Adult survey in 2022.
Summary of Quarterly Activities Narrative	Sample Frames for the 2023 Adult and Child CG CAHPS survey were submitted to the vendor in March. Field surveys anticipated to begin in April.
Known Barriers/Root Cause(s) (as applicable)	TBD
Next Steps	Review the finalized analysis by the vendor for 2023 survey results in Q3 2023

SECTION 2: QUALITY OF SERVICE

B: ACCESS & AVAILABILITY

Topic	Annual Access Plan
Domain	Member Experience Quality of Care Quality of Service
Priority	Regulatory, Core
Committee	NDSC
Goals	The Annual Access Plan focus areas and improvement goals are established in January of each year and are solidified by the NDSC. The 2023 Access Plan goals will be finalized in January 2023.
Opportunities for Improvement	The Access Plan will articulate identified areas within the Alliance provider network where targeted activities can increase or enhance choice and/or access. The 2023 improvement opportunities will be identified in January 2023.
Results Q1	Developing Criteria for prioritization of access areas
Summary of Quarterly Activities Narrative	Working w/ PQND attendees to develop criteria to assist in ensuring appropriate prioritization of access areas.
Known Barriers/Root Cause(s) (as applicable)	TBD
Next Steps	

Topic	Provider Choice: In-Area Market Share
Domain	Member Experience Quality of Service
Priority	Regulatory, Core
Committee	NDSC
Goals	1. 80% Market Share (PCP and Specialist) target with 75% lower threshold 2. Market Share stability with a no more than 5% decrease annually.
Opportunities for Improvement	1. Credential non-credentialed providers practicing at contracted locations. 2. Engage providers who have historically declined to contract.
Results Q1	Continuous recruitment is being done at locations w/ non-credentialed providers. Average TAT (turn around time) is 70 days for credentialing providers. Industry standard is 90-120 days.
Summary of Quarterly Activities Narrative	St. Michael Nephrology agreed to contract with the Alliance in the San Luis Obispo area. Additionally a new psychiatrist in SLO also agreed to contract. Both providers have historically declined to contract with the Alliance.
Known Barriers/Root Cause(s) (as applicable)	Difficulty obtaining timely credentialing applications for new or existing providers, priority to engage new entities in contracting over credentialing providers at existing contracted sites.
Next Steps	

Topic	CAHPS Survey: Access Measures
Domain	Member Experience Quality of Service
Priority	DHCS
Committee	HDC, QIHET-W, QIHET-C
Goals	1. Achieve xx% in Getting Care Quickly for Child and Adult CAHPS 2. Achieve xx% in Getting Needed Care for Child and Adult CAHPS
Opportunities for Improvement	Assess CAHPS surveys administered in 2022, determine thresholds and targets, and identify any improvements
Results Q1	1. Getting Care Quickly measured at 73.4% (10th percentile) for the Adult Survey and 84.5% (31st percentile) for the Child Survey in 2023. This question was marked as an area of concern in the 2022 Child survey because the 2022 composite score was 3.6% lower than it was in 2019. 2. Getting Needed Care was measured at 82.8% (50th percentile) for the Adult survey and 79.2% (18th percentile) for the Child Survey in 2023. Among the Medicaid Child population, Getting Needed Care had one of the biggest decreases compared to last year.
Summary of Quarterly Activities Narrative	Sample Frames for the 2023 Adult and Child CG CAHPS survey were submitted to the vendor in March. Field surveys anticipated to begin in April.
Known Barriers/Root Cause(s) (as applicable)	TBD
Next Steps	Review the finalized analysis by the vendor for 2023 survey results in Q3 2023

**C: PROVIDER EXPERIENCE**

Topic	Provider Satisfaction
Domain	Quality of Service
Priority	Regulatory, Core
Committee	HDSC
Goals	Target of 88% of surveyed providers who are satisfied with the Alliance (annual measure based on Satisfaction Survey); lower threshold is 79.2%.
Opportunities for Improvement	Engage more providers in responding to the annual survey; continue to explore new or evolved questions to best inform the Alliance as to feedback in targeted areas
Results Q1	2022 results were 87% overall satisfaction with the Alliance
Summary of Quarterly Activities Narrative	Results final, presented to NDSC and CQIW-I in December. Overall Provider Satisfaction for 2022 was 87%.
Known Barriers/Root Cause(s) (as applicable)	None
Next Steps	

**SECTION 3: QUALITY OF CLINICAL CARE**

**D: UTILIZATION**

Topic	Under / Overutilization
Domain	Clinical Safety Quality of Care Quality of Service
Priority	Regulatory
Committee	UMWG, QIHET-W, QIHET-C, Program Integrity/Compliance Committee, Claims, Advanced Analytics, Health Services Finance Collaborative, PS/HS Collaborative
Goals	An interdepartmental over/underutilization report will be developed by December 31, 2023.
Opportunities for Improvement	1. Coordinated collaboration with all sources of monitoring for over and underutilization. 2. Linking reporting from multiple sources to ensure compliance with monitoring.
Results Q1	Dashboard is complete and data will be included in UMWP for 2023. Additional metrics being added to further monitor depression screening, dyadic care, doula benefit utilization. Q1 UMWP data reflects the following Claims activity, with percentages measured against Claims activity in prior quarter (Q4 2022). ACE at 9462 claims, a 48% increase over prior quarter (n=6401). Breast Cancer Screening at 6631 claims, a 2% decrease over prior quarter (n=6773). Colorectal Cancer Screening at 5754 claims, a 3% increase over prior quarter (n=5573). EMG at 422 claims, a 21% decrease over prior quarter (n=531). Initial Health Assessment at 78,442 claims, a 5% increase over prior quarter (n=75658). Lead Screening in Children at 5830 claims, a 17% increase over prior quarter (n=4977). Depression screening remains unchanged from prior quarter and likely reflects incomplete capture of screening activity with new metric, consistently noting fewer than 50 claims/quarter.
Summary of Quarterly Activities Narrative	Report finalized in Q1 and metrics updated for UMWP quarterly reporting. Continued development of depression screening metrics underway for Q2-3. Increases noted across the QI metrics of under utilization focus with decreased utilization in area of monitoring for potential over utilization (EMG). Continue to monitor for trends and opportunities for further intervention.
Known Barriers/Root Cause(s) (as applicable)	Lack of consolidation of all efforts toward oversight of over /utilization.
Next Steps	Dyadic codes, depression screening, doula benefits being added to report. Current report in place for Q1UMWG reporting.

Topic	Site of Care
Domain	Clinical Safety   Member Experience   Quality of Care
Priority	Organizational Tactic
Committee	P&T, CQIC
Goals	<ol style="list-style-type: none"> <li>1. Perform Site of Care outreach to 50% of Site of Care eligible members on targeted drugs in a form of informational letter and infusion provider phone calls.</li> <li>2. Determine any barriers for Site of Care transition from members, prescribing providers, and infusion providers perspective.</li> </ol>
Opportunities for Improvement	<ol style="list-style-type: none"> <li>1. Improve access to home infusions and outpatient infusion center infusions for members.</li> <li>2. Develop infusion provider and member relationship, which can eventually improve medication adherence and health outcomes.</li> </ol>
Results Q1	89%
Summary of Quarterly Activities Narrative	We focused on members who are on infliximab (Remicade), its biosimilars, vedolizumab (Entyvio), and intravenous immune globulin (IVIG). Thus far we have identified 56 members who are eligible for our Site of Care program. Of these 56 eligible members, we have conducted member outreach to 50 of them (89%-member outreach rate). Five of these 50 members have accepted the program (10 %-member acceptance rate). Of those five members, three of their providers have also accepted the program and the other two are pending provider decision. We are currently training more pharmacy team members on the program. We also notified provider- and member-facing teams about the program.
Known Barriers/Root Cause(s) (as applicable)	<ol style="list-style-type: none"> <li>1. Pharmacy staffing</li> <li>2. Insufficient Home infusion and outpatient infusion contracted providers</li> <li>3. Hospital contract limiting transition of infusions out of Hospital based outpatient infusions center.</li> <li>4. Difficult to find the best contact information for providers.</li> <li>5. Administrative tasks such as setting up member/provider letters and referrals are time consuming.</li> <li>6. Tableau reports take time to create and modify.</li> <li>7. The members who have declined the program have done so for multiple reasons, including not wanting anyone in their home or they would like to continue at their current site of care because they receive other services from that site at the same time.</li> <li>8. It takes a long time for the prescribers to send clinical information and medication orders to the infusion pharmacy. The infusion pharmacy must follow up with the provider multiple times to obtain all the necessary information from the prescriber.</li> </ol>
Next Steps	Finish training of entire pharmacy team including both technician and pharmacists (goal 100% training rate). Expand member selection to target two more infusion medications. Review utilization of home infusion pharmacy once Tableau reports are updated by Analytics.

Topic	Drug Utilization Review (DUR)
Domain	Clinical Safety   Member Experience   Quality of Care
Priority	Regulatory
Committee	P&T, QIHET-W
Goals	<ol style="list-style-type: none"> <li>1. Perform retrospective drug utilization review on a quarterly basis, to assure that drug utilization is appropriate, medically necessary, and not likely to result in adverse events.</li> <li>2. Based on DUR, provide active and ongoing outreach to educate providers on common drug therapy problems (e.g., new prescribing guidelines and advisories) with the goals of improving prescribing and dispensing practices, increasing medication compliance, and improvement of over-all member health.</li> </ol>
Opportunities for Improvement	Improve awareness among members on providers on any drug utilization is not in line with current clinical guidelines.
Results Q1	67%
Summary of Quarterly Activities Narrative	Drug utilization reviews of antidepressants and stimulants were performed for children less than or equal to 18 years of age. In 2022, 2867 pediatric members were on an antidepressant, with twice as many females than males. For stimulant DUR, 1693 pediatric members, or 1.14% of all pediatric members at the Alliance, were on a stimulant in 2022. Focused review was done for 17 members aged 4 to 5 who were on a stimulant and there were no prescribing concerns for these members. For older adults 65 years and older, 2 DURs were performed: benzodiazepines and other high-risk medications. For high-risk medications, the focus was on first generation antihistamines and skeletal muscle relaxants. An educational article was sent via Provider Flash to all providers with a list of safer alternatives. A letter was faxed to 30 providers who had prescribed high-risk medications to three or more members. For benzodiazepines, no concern was noted for members and prescribers. An educational article was created for publication in Provider Digest with a reminder for member safety, proper prescribing and deprescribing, and recommendation to taper slowly to avoid any withdrawal symptoms. Additionally, an educational article on the risk of concurrent opioids and antipsychotics was published in Q1 Provider Bulletin.
Known Barriers/Root Cause(s) (as applicable)	<ol style="list-style-type: none"> <li>1. Limitation in report generation, requiring manual analyses that are time-consuming.</li> <li>2. Competing priorities for pharmacists.</li> </ol>
Next Steps	We will share our findings with internal teams such as case management and behavioral health. We will continue to monitor these DUR topics annually for inappropriate prescribing and utilization trends. Two remaining DURs will be performed in Q2.

Topic	Health Education and Disease Management
Domain	Member Experience Quality of Care Quality of Service
Priority	Regulatory (DHCS)
Committee	QIHET-W
Goals	To increase member self-efficacy in performing self-management behaviors by having members participate in the Alliance Healthier Living Program. (Chronic Disease Self-Management Program)  1. By December 31, 2023, at least 50% of participants in the Healthier Living Program will have scored "Good/Very Good/Excellent" for their ability to manage their chronic health conditions after the workshop 2. Overall increasing improvements of the scores (i.e., poor to fair)
Opportunities for Improvement	1. Increase participation in the Healthier Living Program workshop by prompting the member incentive and offering different format options. (Telephonic, virtual, and in-person) 2. Coordinated collaboration with multiple sources to ensure to expand the quality improvement system in the community by having a greater presence and promoting Alliance quality initiatives related to wellness and health promotion
Results Q1	78%
Summary of Quarterly Activities Narrative	In Q1 the Quality and Health Programs team completed 2 Healthier Living Program workshops. The workshops were offered in the telephonic modality. One workshop series was offered in English and one workshop series was offered in Spanish.
Known Barriers/Root Cause(s) (as applicable)	There were no barriers to delivering this workshop series.
Next Steps	In Q2 the QHP team will be offering an in-person HLP workshop series in Merced and a virtual workshop series.

Topic	Controlling Blood Pressure
Domain	Quality of Care
Priority	Regulatory (DHCS Health Equity Goals), HEDIS
Committee	QIHET-W
Goals	1. Support the Pharmacy Team in initiating the Pharmacist-Led Academic Detailing Hypertension Program which will decrease the percentage of members with uncontrolled blood pressures (or BP greater than or equal to 140/90). 2. Identify a health care systems willing to partner with the Alliance team in implementing an evidenced based practice for members with Hypertension. 3. By 12/31/2023, the Santa Cruz County Clinics proportion of patients with BP at goal (or less than 140/90) will increase from 52% to 57%.
Opportunities for Improvement	1. Improving accurate BP readings will allows clinical interventions such as the Pharmacists-Led Academic Detailing Hypertension Program to be more effective in improving BP control in members with uncontrolled hypertension. 2. Increase members that are accurately identified as having hypertension. 3. For those members with hypertension established accurate readings support the clinical management of the patient. 4. Establish this best practice in a busy ambulatory care center.
Results Q1	1. Goal not met - pharmacy hypertension program has not yet been initiated. 2. Goal partially met - received verbal interest from Santa Cruz County Clinics in their interest in participating in the PLAD Hypertension program. 3. (Waiting for current CBP rates from SCC Clinics)
Summary of Quarterly Activities Narrative	1. Conducted BP recheck audits at WHC, HPHP, and Emeline clinics. Identified 41% of the time MAs forget to recheck elevated BPs. 2. Conducted in-service on performing 5-why analysis with MA team to understand why MAs were forgetting to recheck BPs. 3. Project placed on hold until June while continuing to track BP recheck rates monthly.
Known Barriers/Root Cause(s) (as applicable)	1. Clinician and staff turnover limits clinics from participating in improvement activities (i.e. Lost Emeline medical director and clinic manager in Mar 2023) 2. New process may be slowly adopted, will need to focus on education and job aids.
Next Steps	1. Check back in with clinic to assess ability to continue working on improving CBP rates.

Topic	Diabetes HbA1c >9% (poor control)
Domain	Quality of Care
Priority	Regulatory (DHCS Health Equity Goals), HEDIS
Committee	QIHET-W
Goals	<ol style="list-style-type: none"> <li>1. Identify a health care system willing to partner with the Alliance team in implementing clinical practice recommendations on the latest pharmacologic recommendations for managing members with Diabetes Type II (ADA 2023: Pharmacologic Approaches to Glycemic Treatment)</li> <li>2. Support the Pharmacy Team in initiating the Pharmacist-Led Academic Detailing Diabetes Program which will decrease the percentage of members with uncontrolled diabetes (or A1c &gt; 9%).</li> </ol>
Opportunities for Improvement	<ol style="list-style-type: none"> <li>1. Opportunities to engage with a practice with a cohort of members with DM and interest in improving and/or expanding services to these members.</li> <li>2. For those clinics who do not have a member recall process for routine diabetes care follow-up, provide practice coaching to empower the clinic to develop a sustainable system.</li> <li>3. Opportunity to connect members to Diabetes Self-Management Education (DSME) and grow our network of Certified Diabetes Educators.</li> </ol>
Results Q1	<ol style="list-style-type: none"> <li>1. Goal met - Outreached to 5 clinics (Mee Memorial, GVHC, CSVS, MFA, and DoD). Result of outreach: No response: GVHC, MFA; On-hold: Mee Memorial; Signed up: CSVS, DoD.</li> <li>2. Goal not met: First session with CSVS held on 5/18/23.</li> </ol>
Summary of Quarterly Activities Narrative	<ol style="list-style-type: none"> <li>1. Conduct clinic outreach to identify clinics interested in program participation.</li> <li>2. Develop/modify program content to meet clinic requests.</li> <li>3. Meet with clinics to plan the sessions.</li> <li>4. Generate registry list of members to track A1C and f/up visits throughout program.</li> </ol>
Known Barriers/Root Cause(s) (as applicable)	<ol style="list-style-type: none"> <li>1. Clinics are currently struggling to maintain staff and continue to care for members with COVID.</li> <li>2. Limited capacity at many primary care offices to adopt a new initiative. (For some clinics (i.e. CSVS) have had to modify the intervention by limiting the number of sessions and allowing a larger group sizes to participate)</li> <li>3. Limited network of accessible Certified Diabetes Educators.</li> <li>4. Alliance members have few resources, may be limited to not having safe areas for physical activity or support to prepare healthy meals.</li> </ol>
Next Steps	<ol style="list-style-type: none"> <li>1. Next and final session with CSVS on 6/1/23</li> <li>2. In planning phase with DoD to schedule sessions with pharmacist.</li> </ol>

Topic	Women's Health Domain SWOT
Domain	Quality of Care
Priority	Statewide DHCS Performance
Committee	QIHET-W
Goals	<p>To increase Breast Cancer Screening and Chlamydia Screening rates by providing practice coaching and learning collaboratives to support provider implementation of QI Interventions, and supporting providers through Alliance member recall and health education.</p> <ol style="list-style-type: none"> <li>1. By 11/11/2022 Submission 1 Technical Assistance PRN.</li> <li>2. By 1/30/2023 Strategies, measurable action items and short-term objectives.</li> <li>3. By 5/30/2023 Progress on strategies and action items.</li> <li>4. By 9/30/2023 Progress on strategies and action items.</li> </ol>
Opportunities for Improvement	<p>I. The Alliance created a Care-Based Quality Improvement Program (CB QIP) with the aim to provide financial investment for practices to make quality improvement interventions. This program is designed to assist practices who are performing below minimum performance levels (MPL) on prioritized MCAS measures to make sustained improvements in staffing, processes, and technology. The application opened to eligible contracted network providers on March 14, 2023 and closed on May 19th, 2023 with a total of 44 applications. Only one eligible provider chose to not apply to the program.</p> <p>II. Three providers have been selected for targeted outreach.</p> <p>III. Black members had the lowest rate of screening of all racial/ethnic groups in 2021 for BCS. Facilitate targeted mailing for this population to educate and to notify member of screening recommendations.</p>
Results Q1	SWOT planning meetings and DHCS Technical Assistance call held to determine intervention activities to commence in Q2.
Summary of Quarterly Activities Narrative	<p>Golden Valley Health Center Merced has agreed to partner on improving breast cancer screenings in collaboration with their Care-Based Quality Improvement Project application. QIPH is continuing outreach for another clinic to partner on breast cancer screenings. QIPH will provide practice coaching, best practice information and a member recall list for clinics to outreach to members.</p> <p>Apex Medical Group has agreed to partner on chlamydia screenings. Merced Faculty Associates - North is requesting their leadership's approval to partner on chlamydia screenings. QIPH will provide practice coaching, best practice information and a member recall list for clinics to outreach to members.</p> <p>Member letters drafted and USPSTF flyer decided as outreach flyer for Black members for BCS mailer.</p>
Known Barriers/Root Cause(s) (as applicable)	<p>Due to QIPH staff limitations it was decided to focus on increasing breast cancer screening and chlamydia screening rates.</p> <p>QIPH staff has competing priorities with the completion of CB QIP applications and being low staffed.</p> <p>Breast Cancer Screenings: having difficulty getting an additional clinic to partner on increasing breast cancer screenings. Looking at clinics who have chosen this measure as part of the CB QIP application and have low rates.</p> <p>Since chlamydia screenings population starts at age 16, it is a hard population to call in for screenings since outreach goes to the member, not the parent/guardian. QIPH will be focusing on members who have not had their well-visit for 2023, and educating partnering clinics to screen all members for Chlamydia screening with the option to opt out.</p>
Next Steps	<p>Reach out to additional clinics to partner on increasing breast cancer screening rates.</p> <p>Create PowerPoint presentation for MFA to take to leadership to get their approval to partner with QIPH.</p> <p>Generate member lists and provide best practice information.</p>

Topic	Childhood Immunizations
Domain	Quality of Care
Priority	Statewide DHCS PIP
Committee	QIHET-W
Goals	<p>1. By April 21, 2023, complete final modules for DHCS PIP and summarize outcomes.</p> <p>2. (2022 goal) CIS PIP SMART Goal: By December 31,2022, CFHC will increase CIS rates among the three targeted sites from a baseline of 12.22% to 19.51%</p>
Opportunities for Improvement	<p>1. For those providers who indicated that they do not have a member recall process for immunizations (Provider Access Survey), provide practice coaching to empower the clinic to develop a sustainable system.</p> <p>2. Flu vaccinations are the limiting vaccine in CIS compliance; therefore, conducting focus groups to further understand the root causes of flu vaccine hesitancy in Merced County may help to develop more effective interventions.</p>
Results Q1	Goal 1 met. CIS PIP Module 4 completed and submitted.
Summary of Quarterly Activities Narratives	CIS PIP Module 4 was submitted on April 21, 2023. HSAG will provide validation findings no later than June 16, 2023.
Known Barrier(s)/Root Cause(s) (as applicable)	Goal 1: No Barriers.
Next Steps	Waiting for PIP validation results.



Topic **Children's Domain SWOT**

Domain **Quality of Care**

Priority **Statewide Department of Healthcare Services (DHCS) Performance**

Committee **QIHEW**

Goals **1) Outreach to high risk racial ethnic groups in Merced County who are deficient in CIS and/or W30 to address barriers to care and connect member with PCP.  
2) Provide education on children's preventative services to Merced County clinics to support clinic staff in becoming subject matter experts (SME) for their clinic.  
3) Support practices in maximizing data optimization through the Alliance Portal to prompt providers to order all recommended preventative services.**

Opportunities for Improvement

Results Q1 **1. By 11/11/2022 Submission 1 Technical Assistance PRN.  
2. By 1/30/2023 Strategies, measurable action items and short-term objectives.  
3. By 5/30/2023 Progress on strategies and action items.  
4. By 9/30/2023 Progress on strategies and action items.**

**1A-1C) Member outreach completed and results reported to PETF committee.  
2A) Infant Wellness Map (IWM) promotion and dissemination planning underway for Merced County CBOs and Clinics.  
2B) Merced Co. Pediatrician-led Webinar focused on pediatric measures is in progress with aim for go-live Q3-2023.  
3A) Promotion of DHCS 2024 Tech funding delayed due to no further information received from DHCS at this time. In lieu, staff are assisting the promotion of the MCGP and CDIII tech grants.  
3B) Provider Portal Recall Best Practices/Training delayed due to internal and external staffing constraints. Staff are discussing incorporating recall best practices into broader training outlets to ensure this education is provided.**

Known Barrier(s)/Root Cause(s) (as applicable)

Next Steps **Staff turnover, provider availability, member education  
As of 6/5/2023, staff are awaiting feedback from DHCS for 2nd progress submission submitted on 5/31/2023.**

## Summary of Quarterly Activities Narrative

### 1) SWOT 1 Actions A-C:

QIPH Staff made outreach calls to Merced County members deficient\* (or at risk of becoming ineligible) for W15 and CIS-10 immunizations to assess for trends in barriers to receiving care, and to connect member to PCP for appointments. Outreach completed 4/10/2023 and summary of results presented at 5/8/2023 PETF committee meeting.

Next Steps:

- Share barrier data with PR team then PCPs that participated.
- Encourage PCPs to perform member recall for W15 & CIS-10.
- Re-present barrier data at PETF after reconciliation and data share with PR and PCP.

### 2) SWOT 2 Action A:

Staff are coordinating the promotion of the Infant Wellness Map (IWM) to Merced County CBOs and clinics that serve the target population to partner in disseminating the tool to parents to help them track WCVs and immunizations 0-15 months of life.

For entities interested in collaboration, QIPH staff will facilitate trainings in utilizing the IWM WCV and immunization tracking tool, provide copies for clinics to hand out to members, and will check progress and offer additional training, support, or supplies to engaged sites.

### SWOT 2 Action B:

Merced Pediatrician engaged in hosting a webinar focused on pediatric measures for Merced County providers. Staff are drafting webinar content in collaboration with MD and preparing various internal and external communications to promote webinar, which is tentatively set for September 2023. The webinar will be announced in the Alliance's Provider Digest to facilitate provider registration and attendance and may be recorded for posting to our provider resources website.

Pre and post education will be assessed to measure effectiveness of webinar. Content may include Child Lead Screening, WCV, CIS-10, coding & billing, fluoride application and ACE screenings.

### 3) SWOT 3 Action A:

Due to delay in further information from DHCS re tech funding for 2024, QI staff are coordinating assisting our Grant and Program Development Department's tech funding currently available through the Alliance's Medi-Cal Capacity Grant Program (MCGP) or the CDIII grants for the statewide Data Sharing Agreement (DSA) requirement.

Staff currently in process of:

- 1) Identifying Merced County clinics that are using paper charts and/or outdated EHR systems.
- 2) Cross referencing clinics with paper charts or outdated EHR with Q4-22 Care Based Incentive (CBI) data for clinics with deficient performance in pediatric measures.
- 3) Collaborating with Grants Department and Program Development to assist in promoting MCGP and CDIII funding to Merced County sites identified as benefiting from the tech funding grant(s).

### SWOT 3 Action B:

Due to unanticipated internal and external staffing constraints some external outreach/training sessions (CBI Forensic visits, Practice Coaching, PIP engagements, etc.) with providers were delayed or postponed for Q2-23.

Given that staffing could intermittently pause individual outreach sessions in 2023, CCAH staff are discussing disseminating Provider Portal recall best practices to larger groups by considering incorporating them into the annual CBI Provider Workshop, CBI Forensic Visit templates, targeting low-performers in the mid-year CBI report, and/or updating the webinar currently available on the Alliance's website.

Staff are assessing the feasibility of implementing one of the broader approaches above in conjunction with individual outreach sessions.

As of 6/5/2023, staff are awaiting feedback from DHCS for 2nd progress submission submitted on 5/31/2023.



Topic	Child and Adolescent Well-Care Visits in Merced County
Domain	Quality of Care
Priority	Statewide Department of Healthcare Services (DHCS) Performance Improvement Project (PIP)
Committee	QIHET-W
Goals	<ol style="list-style-type: none"> <li>1. By April 21, 2023, complete final modules for DHCS PIP and summarize outcomes:</li> <li>2. WCV PIP SMART Goal: By December 31, 2022, use key driver diagram interventions to increase the percentage of child and adolescent members who receive at least one child and adolescent well-care visit with a PCP or OB/GYN practitioner during the intervention period among MCO members ages 3-17 years old, linked to Golden Valley Health Centers - Los Banos, from 32.65% to 48.56% (rate of peer benchmark [Taylor Farms Family Health &amp; Wellness Center – Gonzales, CA] in Monterey/reference county).</li> </ol>
Opportunities for Improvement	<ol style="list-style-type: none"> <li>1. Providers need to block out time for dedicated staff to do recall outreach and schedule members who are non-compliant for a well care visit.</li> <li>2. Prioritize health equity strategies by increasing outreach to populations with lower rates.</li> </ol>
Results Q1	<ol style="list-style-type: none"> <li>1. Our rate as of 12/31/22 was 62.61%; 14.05% above our goal rate.</li> <li>2. Module 4 was completed and submitted to DHCS on 4/21/23</li> </ol>
Summary of Quarterly Activities Narratives	Our final rate for the WCV PIP was 62.61%; 14.05% above our goal rate for this project. Module 4 was submitted to DHCS on April 21, 2023. DHCS provided validation findings on June 2, 2023. We met all requirements and given a High confidence level rating for this PIP. No further actions need to be taken; this PIP cycle is officially closed.
Known Barrier(s)/Root Cause(s) (as applicable)	No barriers identified
Next Steps	None.

Topic	Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6) measure
Domain	Quality of Care
Priority	Statewide Department of Healthcare Services (DHCS) Clinical Performance Improvement Project (PIP) 2023-2026
Committee	QIHET-W
Goals	<p>Reduce disparity in well-child visits in the first 15 months among Hispanic Population living in Merced County.</p> <ol style="list-style-type: none"> <li>1. By quarter 3 2023, complete first modules for DHCS PIP.</li> </ol>
Opportunities for Improvement	<ol style="list-style-type: none"> <li>1. Prioritize health equity strategies by increasing outreach to populations with lower rates.</li> </ol>
Results Q1	HEDIS MY2021 final rates for Well-Child Visits in the First 15 Months was measured at 62.23% (50th percentile) for SC/Mon. and 36.72% (below 50th percentile) for Merced.
Summary of Quarterly Activities Narratives	<p>2023-2026 PIP information was not yet shared with the MCPs.</p> <p>PIP topic selection occurred in Q2. No further requirements from HSAG.</p>
Known Barrier(s)/Root Cause(s) (as applicable)	TBD
Next Steps	Department leads will be selected for PIP submissions.

Topic	Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total and Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—Total
Domain	Quality of Care
Priority	Statewide Department of Healthcare Services (DHCS) Clinical Performance Improvement Project (PIP) 2023-2026
Committee	QIHET-W
Goals	By quarter 3 2023, complete first modules for DHCS PIP.
Opportunities for Improvement	1. Improve the percentage of provider notifications for members with SUD/SMH diagnoses following or within 7 days of emergency department (ED) visit. 2. Increase data sharing to Behavioral Health Delegate.
Results Q1	HEDIS MY2021 final rates for SC/MON were 9.67% and 5.54% for Merced for FUA-30 days. HEDIS MY2021 final rates for SC/MON were 26.52% and 30.20% for Merced for FUM-30 days. All four rates were below 50th percentile.  2023-2026 PIP information was not yet shared with the MCPs.
Summary of Quarterly Activities Narratives	Discussions with delegated Behavioral Health provider Carelon have been initiated to develop a data transfer process to identify Alliance members in the emergency department. Cross departmental work is in progress to establish member identification through claims and eCensus data, as well as file layout for data transfers to Carelon.  PIP topic selection occurred in Q2. No further requirements from HSAG.
Known Barrier(s)/Root Cause(s) (as applicable)	Patient privacy concerns for protected health information created barriers for notifications.
Next Steps	Department leads will be selected for PIP submissions.

## G: BEHAVIORAL HEALTH

Topic	Eating Disorders
Domain	Clinical Safety    Member Experience    Quality of Care    Quality of Service
Priority	Operating Plan
Committee	UMWG, CQIC, Beacon Oversight Committee, Health Services Finance Committee
Goals	By December 21, 2023, improve workflow process for coordinating and expediting eating disorder referrals to Behavioral Health through pilot project and then scaling results to all counties.
Opportunities for Improvement	
Results Q1	Project and improvement opportunities identified and staff assigned to project.
Summary of Quarterly Activities Narratives	The team successfully met with Santa Cruz County leadership and identified and allowed for process improvement work. This quarter, the process improvement focus involves both access to care and repayment of services. The process and workflow is currently undergoing. Because it is a Specialty Service, Santa Cruz County Behavioral Health takes the lead assessing and when appropriate connecting members to Eating Disorder services and care. SCCBHS will send three items to have the Alliance provide their portion of the reimbursement. 1. The TAR authorizing services 2. The invoice SCCBHS received from the EDO provider 3. The County's evidence of payment What will improve the process is the eating disorder treatment provider no longer needs two approvals, and SCCBHS staff no longer has to work with Alliance on a Letter of Agreement and Split Rate Agreement. The MOU creates clarity about payment and simplifies the process.
Known Barrier(s)/Root Cause(s) (as applicable)	1. Eating disorders post pandemic have increased significantly. Unclear pathways have caused delays in treatment. 2. Gaps in handoffs between levels of care.
Next Steps	

SECTION 4: CLINICAL SAFETY

H: CLINICAL SAFETY

Topic	Grievance and PQI Management
Domain	Clinical Safety
Priority	Regulatory
Committee	QIHET-W
Goals	<ol style="list-style-type: none"> <li>1. By December 31, 2023, 100% of Potential Quality Issues (PQI) are completed within 90 calendar days of receipt.</li> <li>2. By December 31, 2023, 100% member grievances opened as PQIs are closed within 30-days or less per regulatory requirement.</li> <li>3. By December 31, 2023, quarterly MD IRR of QoS grievances shall be in 100% agreement, indicating QI RNs are resolving cases with consistent methodology. Quarterly MD IRR shall be a 10% sample of QoS Grievances resolved by QI RN.</li> </ol>
Opportunities for Improvement	Maintain adequate staffing of program; expedite training of new hires.
Results Q1	<p>Data as of 4/13/2023</p> <ol style="list-style-type: none"> <li>1. 97/97 (100%) PQIs were closed within timeframe this quarter.</li> <li>2. 11/11 (100%) of internally referred PQIs were completed within 90 calendar days or less; and</li> <li>86/86 (100%) of Member Grievance PQIs were completed within 30 calendar days or less.</li> <li>3. 47/47 (100%) of Quality of Service member grievances were audited and approved by MD.</li> </ol>
Summary of Quarterly Activities Narrative	<p>The team successfully onboarded 1 RN FTE to assist in processing member grievances, PQIs, and other Quality investigations bringing the clinical team up to 100% staffing. The additional support contributed to closing all PQIs within timeframe this quarter (the first time since Q2-2021) and allowed for process improvement work.</p> <p>This quarter, the process improvement focus was the Provider Preventable Condition (PPC) report in Tableau. The report is currently undergoing modifications to include only adjudicated claims which will allow for more accurate PPC oversight by QI RN(s). The new report is expected to reduce administrative burden in filtering out true PPCs for potential quality investigation.</p>
Known Barriers/Root Cause(s) (as applicable)	<ol style="list-style-type: none"> <li>1. Retaining qualified and well-trained staff</li> <li>2. Overseeing Medical Director for Clinical Safety left the Alliance late March 2023.</li> </ol>
Next Steps	<ol style="list-style-type: none"> <li>1. Onboard Medical Director once established.</li> </ol>

Topic	Facility Site Review (FSR) Management
Domain	Clinical Safety
Priority	Regulatory
Committee	QIHET-W
Goals	<ol style="list-style-type: none"> <li>1. By December 31, 2023 100% of existing primary care provider sites that had an FSR due this quarter were completed within three years of their last FSR date.</li> <li>2. By December 31, 2023 100% of practices where Critical Elements Corrective Action Plans (CE CAPs) arising from FSRs are resolved within 10 business days.</li> <li>3. By December 31, 2023 100% of practices with a Corrective Action Plans (CAPs) arising from FSR submit a plan to address the CAP within 45 calendar days.</li> <li>4. By December 31, 2023 100% of practices with a CAP arising from FSR complete all planned actions within 90 calendar days as evidenced by verification by the FSR team.</li> </ol>
Opportunities for Improvement	<ol style="list-style-type: none"> <li>1. Ensure to carve out the appropriate amount of time to complete the entire Medical Record Review according to the expanded tool guidelines;</li> <li>2. Initiate request to gain Electronic Medical Record access for Medical Record Review (MRR) at time of scheduling to ensure timely MRR; and</li> <li>3. Update resources in the current Corrective Action Plan template to ensure that providers are supported in implementing improvements;</li> </ol>
Results Q1	<ol style="list-style-type: none"> <li>1. 80% (12/15) of existing primary care provider sites that had an FSR due this quarter were completed within three years of their last FSR date.</li> <li>2. 100% (2 of 2) of practices where Critical Elements Corrective Action Plans (CE CAPs) arising from FSRs are resolved within 10 business days.</li> <li>3. 100% (5 of 5) of practices with a Corrective Action Plans (CAPs) arising from FSR submit a plan to address the CAP within 45 calendar days.</li> <li>4. 63% (5 of 8) of practices with a CAP arising from FSR complete all planned actions within 90 calendar days as evidenced by verification by the FSR team.</li> </ol>
Summary of Quarterly Activities Narrative	<ol style="list-style-type: none"> <li>1. Attend collaborative meetings to plan the implementation of the DHCS mandated Manage Care Site Review Portal (MSRP);</li> <li>2. Collaborate with Anthem DHCS Certified Master Trainer to ensure a smooth expansion to San Benito and Mariposa counties;</li> <li>3. Attend Statewide Managed Care Plan collaborative to continue education, align implementation of FSR tools and standards, and share resources;</li> <li>4. Participate in the Managed Care Quality and Monitoring Division Site Review Work Group; and</li> <li>5. Update the FSR and MRR Alliance policies to ensure compliance with APL 22-023 in support of the Street Medicine pilot.</li> </ol>
Known Barriers/Root Cause(s) (as applicable)	<ol style="list-style-type: none"> <li>1. PCP office short staffed due to employee health issues and personal time off;</li> <li>2. Failed scores due to expanded DHCS FSR Tool create larger than normal CAP;</li> <li>3. Expanded tool creates longer review times, both remotely and in-person, often times exceeding established expectations; and</li> <li>4. Delay in gaining access to EMR may cause postponement of review.</li> </ol>
Next Steps	<ol style="list-style-type: none"> <li>1. Update FSR scheduling templates and work instructions to carve out the appropriate amount of time to complete the entire Medical Record Review according to the expanded tool guidelines;</li> <li>2. Update FSR scheduling templates and work instructions to initiate request to gain Electronic Medical Record access for Medical Record Review (MRR) at time of scheduling to ensure timely MRR; and</li> <li>3. Update resources in the current Corrective Action Plan template to ensure that providers are supported in implementing improvements;</li> </ol>



**DATE:** August 23, 2023  
**TO:** Santa Cruz-Monterey-Merced Managed Medical Care Commission  
**FROM:** Kristynn Sullivan, PhD, Program Development Director  
**SUBJECT:** Department of Health Care Services Initiatives Addressing Homelessness

---

Recommendation. There is no recommended action associated with this agenda item.

Summary. Over the last three years, the Department of Health Care Services (DHCS) launched multiple incentive programs to support CalAIM implementation. Two of these programs incentivize Managed Care Plans to directly address homelessness: CalAIM Incentive Payment Program (IPP) and Housing and Homelessness Incentive Program (HHIP). HHIP directly invests in priorities and initiatives addressing housing and homelessness. IPP investments are to increase Enhanced Care Management/Community Support (ECM/CS) provider capacity, the majority of whom serve members experiencing homelessness; however, IPP funds are not exclusively used to serve these members. Between the two programs, the Alliance has earned \$40,358,365 of a potential \$45,074,757 (since January 2022) and has the potential to earn another \$44,884,544 over the duration of the programs. The Alliance is committed to investing a minimum of 85% of funds earned into the community to build infrastructure and increase capacity to deliver services to Alliance members, including those who are unhoused. This report provides a summary of these efforts to date, as well as future investment plans for HHIP.

Background. Prior to the DHCS incentive programs, the Alliance made several investments to support unhoused members through the Medi-Cal Capacity Grant Program (MCGP). A funding brief, [Addressing Housing and Health](#), is available on the Alliance website under MCGP publications which provides an overview of the Alliance's investments in housing through October 2022. Between 2016 and 2021, the Alliance awarded five Capital Program grants totaling \$10.6M to support the construction of low-income housing projects. When all projects are completed, the projects will yield a total of 433 housing units, 83 of which are designated for Alliance members with complex needs for permanent supportive housing with onsite case management services. Two projects in Monterey County were operational at the beginning of 2020 (137 units) and one project in Merced County was operational in December 2022 (119 units). Two projects in Santa Cruz County are anticipated to become operational in 2024 (177 units). These investments primed the Alliance for working with housing partners in advance of the housing-related services implemented under CalAIM, including through DHCS Incentive Programs.

*HHIP Overview.* In 2022, DHCS launched HHIP; the goal of which is to address homelessness and housing through collaborative planning and implementation of services and supports. The Alliance Board approved participation in March of 2022. HHIP was designed by DHCS to build on and coordinate with Homeless Housing Assistance and Prevention (HHAP) grants. The HHAP program previously created gap analyses and funding maps for each county. These assessments were used to create the first HHIP deliverable, Local Homeless Plans (LHPs) were developed by Managed Care Plans in collaboration with local homelessness Continuums of Care (CoCs).

**HEALTHY PEOPLE. HEALTHY COMMUNITIES.**

Alliance staff collaborated with each service area CoC to develop LHPs, which included landscape analyses of demographics, needs, and gaps; identification of funding available, and Alliance strategies to address identified housing and service gaps. Information about each CoC in the Alliance service area is included below.

**Santa Cruz** **Housing 4 Health Partnership (H4HP)**

- H4HP serves as the federally-designated CoC for Santa Cruz County and is a collaboration of five public jurisdictions (the County and the cities of Santa Cruz, Watsonville, Capitola and Scotts Valley) along with housing and service providers, people with lived experience of homelessness and other stakeholders.

**Monterey** **Lead Me Home Continuum of Care (LMH CoC)**

- LMH CoC serves as the federally-designated CoC for Monterey County and participation is broadly representative of the public and private homeless service Sectors (including homeless client/consumer interests is promoted) and is staffed by the Coalition of Homeless Services Providers (CHSP).

**Merced** **Merced City and County Continuum of Care (Merced CoC)**

- Merced CoC serves as the federally-designated CoC for Merced County and representatives are those service providers which serve homeless subpopulations (jurisdictional leaders, providers, consumers, advocates, mainstream resources, education and faith-based groups), as well as community members with lived experience of homelessness.

There is significant overlap across each of the three county LHPs; all included the following strategies: 1) establish Landlord Engagement Program, 2) expand and improve street outreach, 3) include voice of People with Lived Experience (PLE) in CoC Boards, 4) fund Homeless Management Information Systems (HMIS) and Alliance data interoperability, 5) fund Electronic Health Record support for housing-related service providers, 5) create and implement strategy to address HHAP disparities and inequities, and 6) build Alliance internal capacity for tracking and managing referral for Community Support (CS) providers. In addition to the above strategies, the Santa Cruz and Monterey CoCs identified adding health factors to Coordinated Entry System assessments while the Merced CoC identified funding the 2023 Point-in-Time (PIT) count as additional county-specific strategies.

*HHIP Earnings and Funding Allocations to Date.* As of this report, the Alliance has earned a total of \$19,243,635 across all three service areas; see table below for county breakdown.

County	Total Allocation (Allocation to Date – 50%)	LHP Payment (% earned)	Investment Plan Payment (% earned)	Submission 1 (% earned)	Total Earned to Date (% earned)
Merced	\$10,951,787 (\$5,475,894)	\$547,589 (100%)	\$1,095,179 (100%)	\$2,519,647 (66%)	\$4,162,415 (76%)
Monterey	\$21,163,575 (\$10,581,788)	\$1,058,179 (100%)	\$2,116,358 (100%)	\$5,715,228.6 (77%)	\$8,889,766 (84%)
Santa Cruz	\$ 14,635,674 (\$7,317,837)	\$731,784 (100%)	\$1,463,567 (100%)	\$3,996,103 (78%)	\$6,191,454 (85%)
Total	\$46,751,036 (\$23,375,518)	\$2,337,552 (100%)	\$4,675,104 (100%)	\$12,230,979 (75%)	\$19,243,635 (82%)

The Alliance earned 100% of the available allocations for both the submission of the LHPs and the submission of Investment Plans, in all three counties, but failed to earn the full allocation in any county for Submission 1. Submission 1 was the first "pay-for-performance" submission, and the Alliance lost dollars due to inaccurate numbers of total unhoused members. At the time of submission, contracting delays had made HIMS data unavailable to Alliance staff; instead, a proxy measurement of unhoused members was created via data mining of internal Alliance data. This number was inflated, and not reflective of the true number of unhoused persons in each county and artificially decreased performance on Submission 1 metrics. Since submission, the Alliance has acquired access to the correct data and does not anticipate further issues with data measurement. After realizing the discrepancy, Alliance staff approached DHCS with a request to resubmit Submission 1 with the corrected data, but DHCS said this was not possible. DHCS did indicate that the Alliance will have an opportunity to earn back lost dollars later in the program timeline.

The Alliance allocated 100% of the funds from the first two payments into the three counties. Funding has been allocated for the following:

- Continuum of Care support in each county,
- HMIS data connections with the Alliance,
- increased capacity for street outreach,
- projects to increase representation of PLE on the CoCs Boards,
- Merced County 2023 PIT Count, and
- the implementation and expansion of Street Medicine, via an Alliance-led pilot project, discussed in detail below.

*Street Medicine Pilot.* An additional activity funded through DHCS incentive programs is the Street Medicine Pilot. Street Medicine is defined as a set of health and social services developed specifically to address the unique needs and circumstances of individuals experiencing unsheltered homelessness, delivered directly to them in their own environment. The fundamental approach of street medicine is to engage people experiencing unsheltered homelessness in their lived environment and on their own terms to maximally reduce or eliminate barriers to care access and follow-through. Health care services provided at shelters, mobile units/recreational vehicles, or other sites with a fixed, specified location do not qualify as Street Medicine, but are considered mobile medicine.

Beginning in Fall 2022 the Alliance identified and allocated HHIP funds to one provider in each county to pilot the Street Medicine modality of system delivery and assess feasibility of rollout of a Street Medicine benefit. Homeless Persons Health Project was funded to support staffing of street medicine team for 12 months in Santa Cruz County; Clinica de Salud was funded to support staffing of a Street Medicine team for 12 months, support staff training on Street Medicine best practices, marketing and outreach supplies and kits, a vehicle for the team, as well as hardware and supplies in Monterey County; and Mercy Medical Center, Merced was funded to purchase a mobile clinic and equipment, hardware and software, clinical staff for 12 months and outreach staff for 12 months.

In October 2022, DHCS released an All Plan Letter (APL 22-023) allowing for Managed Care Plans to implement Street Medicine as an optional benefit. The Alliance chose to continue with the pilot project as planned, to develop and problem solve workflows and referrals



before expanding to the full provider network. The pilot will run for 15 months, from May 2023 to December 2024.

*IPP Overview.* Also in 2022, DHCS launched IPP, the goal of which is to increase capacity of Enhanced Care Management (ECM) and CS providers through improved care management capabilities, CS infrastructure, information technology and data exchange, and workforce capacity. ECM/CS providers support specific Populations of Focus (PoFs), the first of which was "individuals and their families experiencing homelessness." All Alliance members experiencing homelessness are eligible for ECM/CS. The Alliance has made several financial investments in providers who serve members experiencing homelessness.

*IPP Earnings and Funding Allocations to Date.* The Alliance earned 100% of the funding allocations for IPP to date, including Payments 1 and 2. The Alliance has the opportunity to earn an additional three IPP payments, with a total allocation of \$21,699,239 across the Alliance service area. Payment 5 funding allocations have not yet been released, and the Alliance will have an opportunity to earn dollars in both Mariposa and San Benito Counties for the first time.

	<b>Santa Cruz</b>	<b>Monterey</b>	<b>Merced</b>	<b>Total</b>
IPP Payments 1 and 2 (Received) As of 6/5/2023	\$4,277,047	\$9,014,239	\$8,407,963	\$21,699,239
Alliance Distribution of IPP Dollars As of 6/5/2023	\$4,133,588 (96.6%)	\$5,694,413 (63.2%)	\$3,098,573 (36.9%)	\$12,926,574 (59.6%)
IPP Payment 3 & 4 Total Allocation	\$4,277,047	\$9,014,239	\$8,407,963	\$21,699,239

Staff have used IPP funds to invest in a variety of infrastructure categories, including clinical and administrative personnel, equipment, program development (policies, procedures, and workflows), software and IT systems, hardware, vehicles, and training. Personnel is the most frequently funded cost. Many of the ECM/CS providers who received IPP funds from the Alliance serve members experiencing homelessness: ten providers in Santa Cruz, eleven providers in Monterey, and seven providers in Merced.

Future IPP funds will focus on providers who serve new PoFs, including Individuals Transitioning from Incarceration and Adults/Youth Pregnant and Post-Partum Individuals, and Birth Equity. Nevertheless, members experiencing homelessness may have overlap with other PoF, and will also benefit from a more robust ECM/CS provider network.

*Future Investment Strategies to Reduce Homelessness.* The Alliance has leveraged DHCS incentive programs to significantly invest in each service area to address and reduce homelessness. Though IPP does have impact on unhoused members, that program has many competing priorities serving a wide array of Alliance members. The program that most clearly addressed housing and homelessness is HHIP.

Though HHIP investments in each community have been diverse and have addressed several CoC identified needs, the clear unaddressed need in each county is dollars to build



permanent supportive housing for unhoused persons. The Alliance acknowledges this very real need in Alliance service areas. To be responsive to stated community needs, Alliance leadership has determined that HHIP dollars can be used to fund permanent supportive housing units in each county. Alliance staff are developing funding guidelines and an investment strategy for each county to ensure these dollars are invested in a way that makes the most impact for Alliance members and aligns with best practices for capital investments. Alliance staff will develop a process and funding criteria for assessing requests to fund permanent supportive housing in all three service areas. Details will be shared with each CoC administrator and partner organizations within Q3.

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

Attachments. N/A



**DATE:** August 23, 2023  
**TO:** Santa Cruz-Monterey-Merced Managed Medical Care Commission  
**FROM:** Jennifer Mockus, MSN, Community Care Coordination Director  
**SUBJECT:** CalAIM: Enhanced Care Management/Community Supports for 2023

---

Recommendation. There is no recommended action associated with this agenda item.

Summary. This report will provide information about the activities that are taking place in 2023 to expand the new Medi-Cal benefit, Enhanced Care Management (ECM), to additional populations of focus. Information will also be shared to inform of additional Community Supports (CS) that have been implemented this year.

Background. The Alliance implemented a new Medi-Cal benefit, ECM, in alignment with Department of Health Care Services (DHCS) CalAIM efforts beginning in January 2022. Members receiving ECM have the most complex health and social needs. DHCS intends for managed care plans (MCPs) to implement ECM for nine populations of focus between January 2022 through January 2024.

The Alliance implemented three populations of focus in 2022:

- Members experiencing homelessness
- Members at risk for avoidable hospital or Emergency Department utilization
- Members with serious mental health and/or substance use diagnosis needs

In January 2023, the Alliance began the provision of ECM to two new populations of focus:

- Adults living in the community and at risk for long term care (LTC) institutionalization
- Adult nursing facility residents transitioning to the community

Last month, the Alliance added two additional ECM populations of focus, in alignment with DHCS requirements:

- Children and youth enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with additional needs beyond the CCS condition
- Children and youth involved in child welfare

The last two populations of focus to be implemented in ECM for January 2024 include:

- Birth equity (members subject to racial and ethnic disparities as defined by California Public Health Data)
- Members transitioning from incarceration

Community Supports. The Alliance has opted to provide the following 10 CS services over the following timeframe:

January (July for Merced County) 2022

- Housing Deposits
- Housing Transition/Navigation Services

**HEALTHY PEOPLE. HEALTHY COMMUNITIES.**

- Housing Sustaining/Tenancy Supports
- Sobering Center (not currently available in SC County)
- Medically Tailored Meals

July 2022

- Recuperative Care
- Short Term Post Hospitalization Housing

January 2023

- Environmental Accessibility Adaptation Services (Home Modifications)

July 2023

- Personal Care and Homemaker Support Services
- Respite Care for Caregivers

January 2024

- No new additional CS are planned for implementation in January 2024.

Expansion Counties. Efforts are underway for implementing ECM and CS in the expansion counties of Mariposa and San Benito. In alignment with the DHCS Policy Guide, the Alliance will focus attention and resources on transitioning members in ECM and CS to minimize the risk of harm from disruptions in their care during the transition and will make good faith efforts to allow for continuity of care with their existing ECM and/or CS provider, as well as attempt to identify additional providers to contract with to expand the contracted network for ECM and/or CS.

Discussion. The Alliance currently has three priority areas within ECM and CS:

1. Identifying and contracting with providers to serve the populations of focus for January 2024.
  - o Staff are currently meeting with community-based organizations and County departments to collaborate on the implementation of the Justice Involved and Birth Equity populations of focus. The current priority is to better understand the network of service providers serving the justice involved population of focus. Current guidance from DHCS includes additional requirements for contracted providers within this population of focus. The state is strongly recommending to MCPs that the ECM providers for this population of focus also become fee-for-service providers. This will support the providers in being able to provide pre-release services within the correctional facility prior to member release from the correctional setting. Additionally, the Alliance is interested in implementing best practices for this population and are especially interested in contracting with providers for this population of focus that have staff with lived experience.

Staff have many collaborative relationships with providers who support members during the perinatal and postpartum periods. The Alliance's goal is to expand the ECM contracted network with additional providers that serve these members with a priority to those who have a strategic focus towards improving health inequities.

2. Assuring continuity of care for expansion county members receiving ECM and/or CS services.
  - o Members receiving ECM and/or CS services are defined as a special population within the DHCS guidance in the 2024 Medi-Cal Managed Care Plan Transition Policy Guide. As such, additional protections will be provided to these members during the transition from the exiting Plan to the Alliance. These protections are an expansion of existing continuity of care requirements. DHCS is expecting that the Alliance contracts with all existing ECM and CS providers within the expansion counties. The Alliance has the information about the existing ECM and CS contracted providers from the exiting Plans and will be implementing contracting efforts with them in the near future. The Alliance is also in communication with the exiting Plans about their current efforts to implement the Incentive Payment Program, so that we understand who has received that funding previously to avoid duplication of resources.
  
3. Further expansion of the ECM and CS Network.
  - o The Alliance is committed to continuous support, education, and network development for the ECM/CS program. This is especially important for those nontraditional providers who have limited experience with utilizing the Medi-Cal service delivery system and have a wealth of relevant experience serving members who are eligible for ECM and/or CS. The Alliance will also look for opportunities to expand the ECM and CS network utilizing traditional providers with experience in the Medi-Cal service delivery system, including safety net clinics, county departments, and other providers who may already be providing other Medi-Cal benefits to members who are eligible for ECM and/or CS.

To support the implementation and expansion of ECM and CS, the Alliance utilizes resources and subject matter expertise from numerous departments across the organization. Areas of particular emphasis include responding to ongoing submissions to DHCS on the ECM and CS Model of Care, updates to various communication modalities to inform of ECM and CS, provider network development, provider orientation and training, administration of DHCS' Incentive Payment Program and Homelessness and Housing Incentive Payment Program, systems configuration and claims and capitation monitoring.

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

Attachments. N/A



**DATE:** August 23, 2023  
**TO:** Santa Cruz-Monterey-Merced Managed Medical Care Commission  
**FROM:** Cecil Newton, Chief Information Officer & Information Security Officer  
**SUBJECT:** Alliance State of Technology, Data and Security Report

---

Recommendation. There is no recommended action associated with this agenda item.

Summary. The Alliance State of Technology, Data and Security Report is provided as part of regular Board updates, including key updates about the Alliance's technology, security and data.

Background. The Alliance relies on cost-effective, uninterrupted, secure, smoothly operating technology systems.

Discussion.

Alliance Data Strategy. The Alliance has developed a Data Management Strategy. The Alliance Data Management Strategy outlines how data is to be created, acquired, stored, shared and managed as well as processed by the Alliance. It describes the existing data sharing regulatory environment. The Alliance's Data Management Strategy, specifically as it relates to data sharing, is that of a health information exchange (HIE) centric strategy. The intent is that data sharing to and from the Alliance be facilitated by use of HIE(s).

It includes recommendations to develop the required data management infrastructure, including data governance and associated policies. It also describes plans for the development of a provider data sharing incentive plan, which will enable providers and the Alliance to actively share data, satisfy the data sharing requirements of the CalAIM initiative as well as satisfy state and federal data sharing compliance requirements.

Security Improvements. The Alliance continues to improve its overall security posture to reduce the possibility of a successful attack. Significant progress has been made regarding the Alliance's ransomware readiness initiative.

The Information Technology Services (ITS) team conducted a security assessment led by Moss Adams, LLP in Q4 2022. The findings were delivered on December 19, 2022. The findings by priority included zero critical items, 41 high items, 37 medium items and 24 low items. All items are currently in the process of being remediated.

The ITS team conducted a penetration test with a leading security firm, Praetorian. Penetration testing is the practice of cyberattack simulation launched on computer systems in order to discover points of exploitation and test IT breach security.

The findings by priority included zero critical items, four high items, eight medium items and 13 low items. All items are currently in the process of being remediated.

**HEALTHY PEOPLE. HEALTHY COMMUNITIES.**

In May 2023 the Alliance renewed its Cyber Security Insurance policy at a lower cost and with expanded coverage due to its improved security posture, as determined by the carrier.

Care Management System Replacement. The Alliance is completing the process of selecting a new Care Management system. The current system, Essette will be at end of life as of December 31, 2023. As a result, the Alliance engaged multiple technology vendors, conducted vendor demonstrations and has made a technology replacement recommendation. The Alliance has concluded contract negotiations with the selected vendor, ZeOmega. The implementation of ZeOmega's Jiva platform is underway.

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

Attachments. N/A



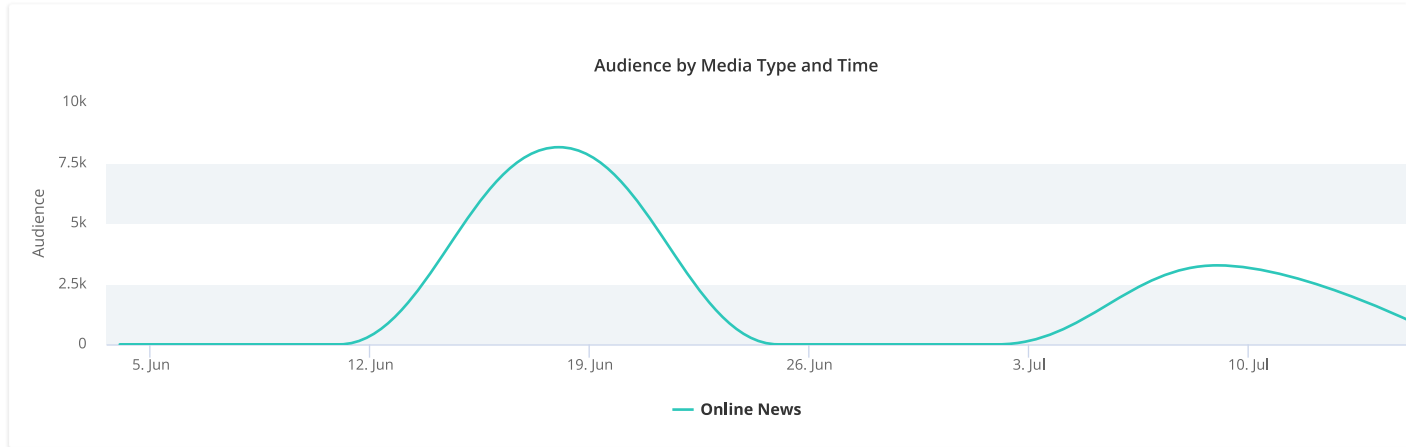
## Information Items: (15A. – 15D.)

A. Alliance in the News	Page 15A-01
B. Alliance Fact Sheet – July 2023	Page 15B-01
C. Letter of Support	Page 15C-01
D. Membership Enrollment Report	Page 15D-01

# August 2023 Board Report



## Mention Analytics



**Total Online News Audience**  
11,832

**Total Online News Publicity**  
USD \$2,043

Total Number of Clips 7

[Collapse](#)



Full Article

### [County to introduce new Medi-Cal model in 2024](#)

**Date Collected** Jul 20, 2023 12:03 PM EDT  
**Category** Digital News  
**Source** [Mariposa Gazette](#)

**Est. Audience** 435  
**Est. Publicity Value** USD \$34  
**Market** Mariposa, CA  
**Language** English

By MADISON KIRKPATRICK  
Staff Writer

Mariposa County is getting closer to rolling out its new Community Organized Health Systems (COHS) model for Medi-Cal managed care. During the July 11 meeting of the Mariposa County Board of Supervisors, Mariposa County Health and Human Services Agency (HHSA) director Jo Lynch said this change has been in the works for well over a year. Michael Schrader, CEO for the Central California Alliance for Health (CCAH), gave an update on the new model and what it will mean for the county, Schrader said...



Full Article

### [How to Make Sure Medically Fragile Children Don't Lose Health Coverage](#)

**Date Collected** Jul 12, 2023 1:58 PM EDT  
**Category** Digital News  
**Source** [California Health Report](#)  
**Author** Claudia Boyd-Barrett • Jul

**Est. Audience** 543  
**Est. Publicity Value** USD \$2  
**Market** United States  
**Language** English

Photo by FG Trade/iStock Photo

Janna Espinoza shudders remembering the day she and her daughter Coraline, then 8, showed up for an appointment in Salinas with their trusted pediatrician and were turned away because the child no longer had the right health insurance.

Coraline, who has cerebral palsy, epilepsy and other serious conditions, relies on the safety-net health insurance program, Medi-Cal, for a range of

[Read More](#)

[Mariposa County Board of Supervisors Meeting Agenda for Tuesday, July 11, 2023 - Agenda Items Include: Receive a Presentation by Central California Alliance for Health, Providing an Update on a Community Organized Health Services](#)





Full Article

### Planned for January 2024

Date Collected Jul 9, 2023 9:14 AM EDT

Category Digital News

Source [Sierra Sun Times](#)

Est. Audience 2,717

Est. Publicity Value USD \$1,901

Market Mariposa, CA

Language English

Mariposa County Board of Supervisors Meeting Agenda for Tuesday, July 11, 2023



Full Article

### [Mariposa County Board of Supervisors Meeting Agenda for Tuesday, July 11, 2023 - Agenda Items Include: Receive a Presentation by Central California Alliance for Health, Providing an Update on a Commun](#)

Date Collected Jul 9, 2023 1:33 AM EDT

Category Digital News

Source [Sierra Sun Times](#)

Market United States

Language English

'Click' Here to Visit: 'Yosemite Bug Health Spa', Now Open. "We provide a beautiful and relaxing atmosphere. Come in and let us help You Relax"



Full Article

### [HED: How to Keep Your Family's Medi-Cal Benefits](#)

Date Collected Jun 20, 2023 10:55 PM EDT

Category Digital News

Source [Alianza Metropolitan News](#)

Author Claudia Boyd-Barrett

Est. Audience 529

Est. Publicity Value USD \$2

Market San Jose, CA

Language Spanish

Janna Espinoza shudders remembering the day she and her daughter Coraline, then 8, showed up for an appointment in Salinas with their truste pediatrician and were turned away because the child no longer had the right health insurance.

Coraline, who has cerebral palsy, epilepsy and other serious conditions, relies on the safety-net health insurance program, Medi-Cal, for a range c health services. But in 2020, at the height of the pandemic, Espinoza and her family of four lost their housing in Monterey County and had to mov with Coraline's grandmother in San Benito County. The triggered ...



Full Article

### [Monterey County awarded \\$8 million in joint project to create a tiny home village for unhoused Pajaro River residents.](#)

Date Collected Jun 19, 2023 7:54 PM EDT

Category Digital News

Source [Monterey County Weekly](#)

Author Pam Marino

Est. Audience 7,608

Est. Publicity Value USD \$104

Market Seaside, CA

Language English

... -foot prefab homes from a company called Boss Cubez.

The rest of the grant will go toward two years of services provided by contractor HomeFirst services of Santa Clara County. Those services will incl help finding permanent housing and obtaining health care, among others. It's possible the **Central California Alliance for Health**—which is the Cal provider for both Monterey and Santa Cruz counties—will help fund services to keep the project going long term, said Dr. Robert Ratner, Cour

[Read More](#)



Full Article

### [Produce prescription program launches in Live Oak](#)

Date Collected Jun 6, 2023 3:30 PM EDT

Category Digital News

Source [Lookout Santa Cruz](#)

Author Source, Jessica M. Pasko

Market United States

Language English

This story was originally featured in this week's Lily Belli on Food newsletter. Be first the first to hear about food and drink news in Santa Cruz Co sign up for Lily's email newsletter here and text alerts here.

A new program through Santa Cruz Community Farmers' Markets is making healthy produce available more affordably to people who need it. Pla

Bienestar: Healthy Plates is what's known as a produce prescription program. The concept is simple: The program helps provide individuals with a "prescription" for produce, and that prescription can be filled at the Live Oak ...

NOTE: This report contains copyrighted material and may be used for internal review, analysis or research only. Any editing, reproduction, or publication is prohibited. Please visit our website for full terms of use. For complete coverage, please login to your Critical Mention account. Estimated audience data provided by Nielsen. Estimated publicity value data provided by Nielsen and SQAD.

Visit us at  
[www.criticalmention.com](http://www.criticalmention.com)

# Alliance Fact Sheet

## July 2023



### ABOUT THE ALLIANCE

The Alliance is an award-winning regional non-profit health plan, established in 1996, with **over 27 years** of successful operation. Using the State's County Organized Health System (COHS) model, we currently serve **428,217 members** in Merced, Monterey and Santa Cruz counties. We work in partnership with our contracted providers to promote prevention, early detection and effective treatment, and improve access to quality health care for those we serve. This results in the delivery of innovative community-based health care services, better medical outcomes and cost savings. The Alliance is governed with local representation from each county on our Board of Commissioners.



#### Quick Facts<sup>2</sup>

**1996**

Year Established

**533**

Number of Employees

**\$870.8M**

YTD Revenue

**5.2%**

Spent on Administration

#### Service Area:

Merced, Monterey and Santa Cruz counties.

#### Membership by Program

Total Membership: **428,217<sup>3</sup>**

**427,547**

Medi-Cal

**670**

Alliance Care IHSS

### OUR VISION

Healthy People,  
Healthy Communities.

### OUR MISSION

Accessible, quality health care guided by local innovation.

### WHAT WE DO

The Alliance is a health plan that was developed to improve access to health care for lower income residents who often lacked a primary care "medical home" and so relied on emergency rooms for basic services. The Alliance has pursued this mission by linking members to primary care physicians (PCPs) and clinics that deliver timely services and preventive care, and arrange referrals to specialty care.

### WHO WE SERVE

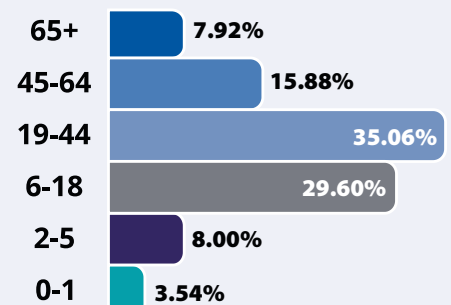
Our members represent 43 percent<sup>1</sup> of the population in Merced, Monterey and Santa Cruz counties. We serve seniors, persons and children with disabilities, low-income mothers and their children, children who were previously uninsured, pregnant women, home care workers who are caring for the elderly and disabled, and low-income, childless adults ages 19-64.

Our programs currently include Medi-Cal Managed Care serving Merced, Monterey and Santa Cruz counties and Alliance Care In-Home Supportive Services (IHSS) in Monterey County.

### PROVIDER PARTNERSHIPS

The Alliance partners with more than 11,631 providers to form our provider network, with 87 percent of primary care physicians and 86 percent of specialists within our service area contracted to provide services to our members. The Alliance also partners with more than **3,603** providers to deliver behavioral health and vision services.

#### Membership by Age Group



**HEALTHY PEOPLE. HEALTHY COMMUNITIES.**

[www.thealliance.health](http://www.thealliance.health)

## EXECUTIVE LEADERSHIP



**Michael Schrader**  
Chief Executive  
Officer



**Lisa Ba**  
Chief Financial  
Officer



**Dale Bishop, MD**  
Chief Medical Officer



**Scott Fortner**  
Chief Administrative  
Officer



**Dennis Hsieh, MD**  
Deputy Chief Medical  
Officer



**Cecil Newton**  
Chief Information  
Officer



**Jenifer Mandella,**  
Chief Compliance  
Officer



**Van Wong**  
Chief Operating  
Officer

## GOVERNING BOARD

The Alliance's 21-member governing board, the Santa Cruz-Monterey-Merced 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.

- **Leslie Abasta-Cummings**, Chief Executive Officer, Livingston Community Health
- **Supervisor Wendy Root Askew**, County of Monterey
- **Dorothy Bizzini**, Public Representative
- **Leslie Conner**, Executive Director, Santa Cruz Community Health Centers
- **Maximiliano Cuevas, MD**, Executive Director, Clinica de Salud del Valle de Salinas
- **Julie Edgcomb**, Public Representative
- **Janna Espinoza**, Public Representative
- **Supervisor Zach Friend**, County of Santa Cruz
- **Charles Harris, MD**, Chief Executive Officer, Natividad Medical Center
- **Donald Hernandez, MD**, Provider Representative
- **Elsa Jimenez**, Director of Health, Monterey County Health Department - Alliance Board Chairperson
- **Shebreh Kalantari-Johnson**, Public Representative
- **Michael Molesky**, Public Representative
- **Monica Morales**, Health Services Agency Director, County of Santa Cruz Health Services Agency
- **Rebecca Nanyonjo**, Director of Public Health, Merced County, Department of Public Health
- **Supervisor Josh Pedrozo**, County of Merced - Alliance Board Vice Chairperson
- **Julie Peterson**, Chief Financial Officer, Watsonville Community Hospital
- **James Rabago, MD**, Merced Faculty Associates Medical Group
- **Allen Radner, MD**, Salinas Valley Memorial Healthcare System
- **Joerg Schuller, MD**, Vice President Medical Affairs, Mercy Medical Center
- **Rob Smith**, Public Representative



## AWARDS

The Alliance is a multi-award winning organization for outstanding health plan performance, quality and leadership in health care.

### State Quality Awards:

Over the years, the Alliance has received numerous awards including the Department of Health Care Services (DHCS) Quality Awards for performance in the state's annual Healthcare Effectiveness Data Information Set (HEDIS®) measures for Medi-Cal managed care plans. The recent awards include:

#### DHCS 2021

- Consumer Satisfaction Award for going above and beyond in children's care for medium-sized health plans in 2021

#### 2019

- Outstanding Performance for Medium-sized Plan

#### 2018

- Most Improved Runner Up for Santa Cruz and Monterey Counties
- Innovation Award for Academic Detailing

### Customer Service Honors:

- DHCS 2011 Gold Quality Award for Outstanding Service and Support

### Employer Workplace Distinctions:

- American Heart Association 2016 Workplace Health Achievement Gold Level Award as a "Fit and Friendly Workplace"
- Second Harvest Food Bank, Santa Cruz County - CEO Cup 2018, 2017; Titanium Award 2015, 2014, 2013
- United Way of Santa Cruz County 2018, 2013 Corporate Campaign Gold Award
- 2020 Certified California Green Business - Program Participant since 2008
- 2020 Blue Zones Project Approved Worksite
- Recognized by the Santa Cruz County Breastfeeding Coalition and Community Bridges WIC for being a model for employee lactation accommodation, 2021

<sup>1</sup>County population data source: U.S. Census Bureau 2021 population estimate (as of Jul. 1, 2021).

Membership percentage by county: Merced (54 percent); Monterey (44 percent); Santa Cruz (31 percent).

<sup>2</sup>Fact sheet data as of July 1, 2023. <sup>3</sup>Fact sheet data as of July 1, 2023.

1600 Green Hills Road, Suite 101  
Scotts Valley, CA 95066-4981  
831-430-5500

950 East Blanco Road, Suite 101  
Salinas, CA 93901-4487  
831-755-6000

530 West 16th Street, Suite B  
Merced, CA 95340-4710  
209-381-5300



June 27, 2023

The Honorable Gavin Newsom  
Governor, State of California  
1020 O Street, Suite 9000  
Sacramento, CA 95814

The Honorable Dianne Feinstein  
331 Hart Senate Office Building  
Washington, DC 20510

The Honorable Alex Padilla  
112 Hart Senate Office Building  
Washington, DC 20510

The Honorable Zoe Lofgren  
1401 Longworth House Office Building  
Washington, DC 20515

The Honorable Jimmy Panetta  
304 Cannon House Office Building  
Washington, DC 20515

RE: Emergency Shelter Program for Pajaro Disaster Survivors Upcoming Expiration

Dear Governor Newsom, Senator Feinstein, Senator Padilla, Congresswoman Lofgren and Congressman Panetta:

On behalf of the communities served by our collective nonprofit organizations, we urge the State and Federal government to help the County of Monterey continue its temporary, non-shelter program until a majority of Pajaro residents housed in a local hotel can safely return to their homes or find alternative long-term housing.

The atmospheric river event on March 9 caused severe flooding in Santa Cruz and Monterey counties, resulting in the breach of the Pajaro River levee forcing the evacuation of 2,000 residents and impacting 800 homes in the Monterey County (County) community of Pajaro. At least 400 of these residents evacuated to the County operated emergency shelter at the Santa Cruz County Fairgrounds.

When the County closed that shelter site on May 15, Pajaro residents that still needed housing were offered the opportunity to access a 60-day non-congregate temporary shelter program. The program – funded with County dollars – provides hotel rooms for individuals and families, food, and Disaster Case Management conducted by nonprofits Catholic Charities and Community Bridges. The County has spent approximately \$1 million on this program in the last two months and has helped to minimize homelessness for the families impacted through this program who find themselves with limited options.

The program was designed to be available until additional support was made available to guests, while their impacted homes were being repaired or other housing options were identified. On May 19, County residents impacted by flooding became eligible for Federal Emergency Management Agency - Individual Assistance (FEMA – IA) including rental assistance. With rental assistance now available, the County is planning to end the temporary, non-congregate shelter program on July 30.

**HEALTHY PEOPLE. HEALTHY COMMUNITIES.**

[www.thealliance.health](http://www.thealliance.health)

SCMMMMCC Meeting Packet | August 23, 2023 | Page 15C-01



1600 Green Hills Road, Suite 101  
Scotts Valley, CA 95066-4981  
831-430-5500

950 East Blanco Road, Suite 101  
Salinas, CA 93901-4487  
831-755-6000

530 West 16th Street, Suite B  
Merced, CA 95340-4710  
209-381-5300



Page 2 of 3  
June 27, 2023

The availability of FEMA – IA, however, does not ensure that the 65 families currently staying at the non-congregate shelter will return to their homes. Many of the families that remain are undocumented agriculture workers who are ineligible for unemployment insurance benefits and FEMA – IA. In addition, many of these Pajaro residents' employment opportunities were drastically impacted as the flooding damaged over 20,000 acres (about the size of Manhattan) of prime agricultural farmlands, causing a significant loss of jobs.

Since March 12, this coalition has distributed upwards of \$1.2 million in cash assistance to hundreds of Pajaro families thanks to the generosity of donors, local community foundations, and the County of Monterey, as well as the hardworking nonprofit staff at community-based organizations. We are also pleased that the State Storm Assistance for Immigrants program will soon begin distributing \$95 million to eligible individuals who experienced hardship from the storms and cannot access federal assistance due to immigration status.

Yet, many Pajaro families continue to face obstacles to returning home or finding new, habitable long- term housing that these funds alone will not be able to solve. At least 82 structures in North Monterey County sustained major damage and three other structures – multi-family residential buildings – were destroyed, according to CalFire's assessment. Some of these families have returned home and are currently living in uninhabitable, mold-infested buildings, and others are struggling to find viable long-term housing options that they can afford because of incredibly expensive and limited rental housing stock available on the Central Coast.

Allowing the county's shelter program to end with no alternative temporary housing options available to Pajaro flood victims would not only be a disservice to our work to stabilize Pajaro residents, but it will further exacerbate the Central Coast's homelessness and housing crises, in addition to further displacement of several members of our vital farmworker population that fuels the \$4.1 billion Monterey County agriculture industry, and lead to further gentrification of a historically Latine community. The people of Pajaro are known for their tenacity and humility. The fact that displaced families cannot find alternative, long-term housing is not reflective of their resolve to do so. Rather, it's reflective of systemic inequality that they had no hand in creating, but consistently bear the brunt of.

Currently, families at the shelter are reassessed every 21 days for hotel voucher renewal and face ever- changing move-out deadlines because of a lack of stable funding. This constant pressure only exacerbates the trauma that they have suffered over the last four months.

Nonprofits, local governments, and community-based groups are working diligently to help families find alternative long-term housing options, and we are making slow but steady progress. Our collective is requesting that the State and Federal governments provide additional resources to extend the County's temporary shelter program until the State's

**HEALTHY PEOPLE. HEALTHY COMMUNITIES.**

[www.thealliance.health](http://www.thealliance.health)

1600 Green Hills Road, Suite 101  
Scotts Valley, CA 95066-4981  
831-430-5500

950 East Blanco Road, Suite 101  
Salinas, CA 93901-4487  
831-755-6000

530 West 16th Street, Suite B  
Merced, CA 95340-4710  
209-381-5300



Page 3 of 3  
June 27, 2023

Storm Assistance for Immigrants program is completed, the local Long-Term Recovery Group can begin operations and help families that require additional assistance with the tricky FEMA – IA process, and all 65 families in the shelter find alternative stable housing.

Sincerely,

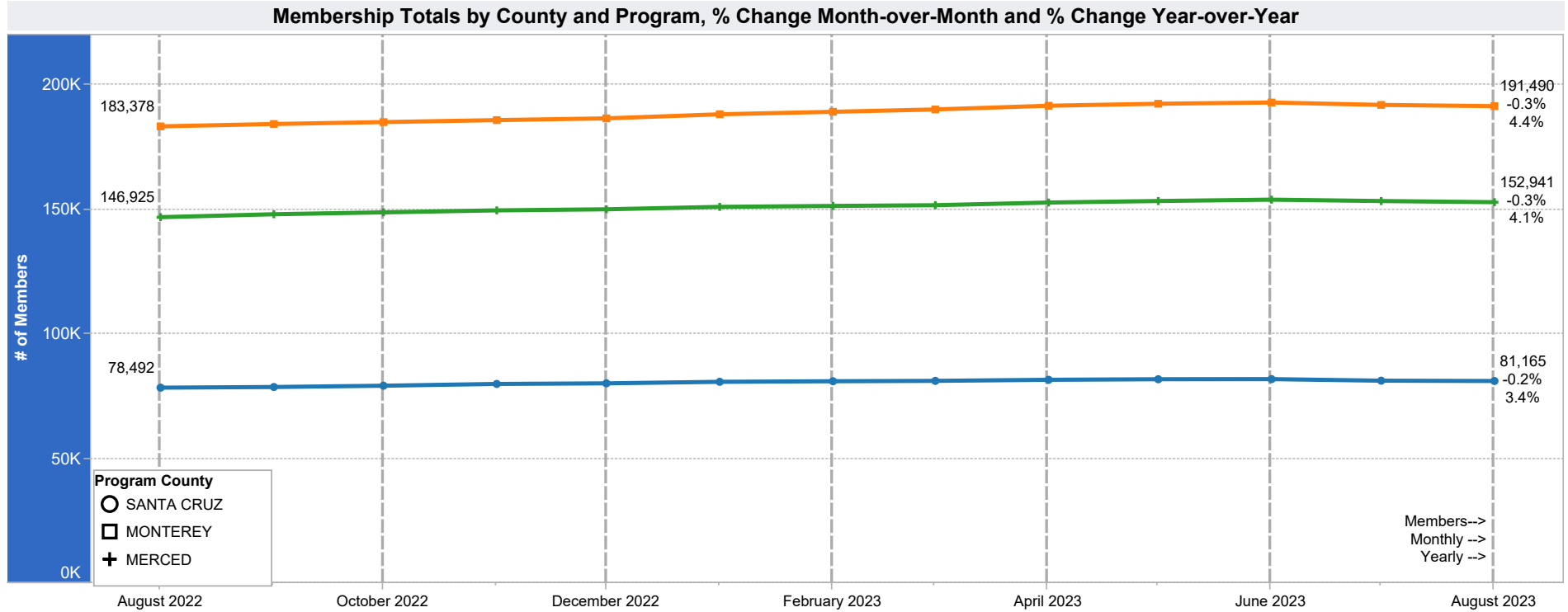
Michael Schrader  
Chief Executive Officer

# Enrollment Report

Year: 2022 & 2023 County: All Program: AIM, IHSS, Medi-Cal  
Aid Cat Roll Up: All Data Refresh Date: 8/3/2023



StaticDate  
8/1/2022 12:00:00 AM to 8/31/2023 11:59:59 PM



Program..	ProgramCo..	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023
Medi-Cal	SANTA CRUZ	78,492	78,753	79,272	79,984	80,224	80,838	81,071	81,222	81,646	81,875	81,917	81,291	81,165
	MONTEREY	182,718	183,666	184,445	185,232	185,936	187,568	188,578	189,522	191,007	191,802	192,285	191,310	190,799
	MERCED	146,925	148,102	148,860	149,659	150,090	151,066	151,438	151,731	152,800	153,418	153,955	153,406	152,941
IHSS	MONTEREY	660	658	654	656	654	652	651	646	648	656	670	679	691
<b>Total Members</b>		<b>408,795</b>	<b>411,179</b>	<b>413,231</b>	<b>415,531</b>	<b>416,904</b>	<b>420,124</b>	<b>421,738</b>	<b>423,121</b>	<b>426,101</b>	<b>427,751</b>	<b>428,827</b>	<b>426,686</b>	<b>425,596</b>