

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



Meeting Agenda

Wednesday, August 28, 2024

3:00 p.m. – 5:00 p.m.

Location:

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

1. Members of the public wishing to observe the meeting remotely via online livestreaming may do so as follows. Note: Livestreaming for the public is listening/viewing only.
 - a. Computer, tablet or smartphone via Microsoft Teams:
[Click here to join the meeting](#)
 - b. Or by telephone at:
United States: +1 (323) 705-3950
Phone Conference ID: 138 713 377#
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 27, 2024 to the Clerk of the Board at dsanpaolo@ccah-alliance.org.
 - i. Indicate in the subject line "Public Comment". Include your name, organization, agenda item number, and title of the item in the body of the e-mail along with your comments.
 - ii. Comments will be read during the meeting and are limited to three minutes.
 - b. In person, from an Alliance County office, during the meeting when that item is announced.
 - i. State your name and organization prior to providing comment.
 - ii. Comments are limited to three minutes.

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1. **Call to Order by Chairperson Jimenez. 3:00 p.m.**
 - A. Roll call; establish quorum.
 - B. Supplements and deletions to the agenda.
2. **Oral Communications. 3:05 p.m.**
 - A. Members of the public may address the Commission on items not listed on today's agenda that are within the jurisdiction of the Commission. Presentations must not exceed three minutes in length, and any individuals may speak only once during Oral Communications.
 - B. If any member of the public wishes to address the Commission on any item that is listed on today's agenda, they may do so when that item is called. Speakers are limited to three minutes per item.
3. **Comments and announcements by Commission members.**
 - A. Board members may provide comments and announcements.
4. **Comments and announcements by Chief Executive Officer.**
 - A. The Chief Executive Officer (CEO) may provide comments and announcements.

Consent Agenda Items: (5. – 9F.): 3:25 p.m.

5. **Accept Executive Summary from the Chief Executive Officer (CEO).**
 - Reference materials: Executive Summary from the CEO.

Pages 5-01 to 5-05
6. **Accept Alliance Financial Highlights, Balance Sheet, Income Statement and Statement of Cash Flow for the sixth month ending June 30, 2024.**
 - Reference materials: Financial Statements as above.

Pages 6-01 to 6-10

Appointments: (7A.)

- 7A. **Approve appointments of Ms. Jaime Berry and Ms. Stephanie Auld to the Member Services Advisory Group.**
 - Reference materials: Staff report and recommendation on above topic.

Page 7A-01

Minutes: (8A. – 8D.)

- 8A. **Approve Commission regular meeting minutes of June 26, 2024.**
 - Reference materials: Minutes as above.

Pages 8A-01 to 8A-07
- 8B. **Accept Finance Committee meeting minutes of September 27, 2023.**
 - Reference materials: Minutes as above.

Page 8B-01 to 8B-04
- 8C. **Accept Quality Improvement Health Equity Committee meeting minutes of April 25, 2024.**
 - Reference materials: Minutes as above.

Pages 8C-01 to 8C-15
- 8D. **Accept Whole Child Model meeting minutes of May 13, 2024.**
 - Reference materials: Minutes as above.

Pages 8D-01 to 8D-03

Reports: (9A. – 9F.)

- 9A. Authorize the Chairperson to sign an Amendment to the primary and secondary agreements (08-85216 A60 and 22-20492 A02) between the Department of Health Care Services and the Alliance to incorporate updated Capitation Payment rates for Calendar Year 2023.**
- Reference materials: Staff report and recommendation on above topic.
Page 9A-01
- 9B. Approve revisions to Alliance Policy #700-2000 – Board Designated Reserve.**
- Reference materials: Staff report and recommendation on above topic; Alliance Policy #700-2000 – Board Designated Reserve.
Pages 9B-01 to 9B-04
- 9C. Accept report on Medi-Cal Capacity Grant Program (MCGP) Mid-Year Report.**
- Reference materials: Staff report and recommendation on above topic; MCGP Awards January-July 2024; MCGP Performance Dashboard through July 2024; and Alliance Housing Investments to Date.
Pages 9C-01 to 9C-14
- 9D. Accept Quality Improvement Health Equity Transformation (QIHET) Workplan for Q1 2024.**
- Reference materials: Staff report and recommendation on above topic; and 2024 Quality Improvement and Population Health Transformation Program Workplan.
Pages 9D-01 to 9D-26
- 9E. Accept Quality Improvement Health Equity Transformation (QIHET) Workplan for 2024.**
- Reference materials: Staff report and recommendation on above topic; and Quality Improvement System Workplan – 2024.
Pages 9E-01 to 9E-16
- 9F. Approve Revisions to Alliance Compliance Plan and Alliance Code of Conduct.**
- Reference materials: Staff report and recommendation on above topic; Alliance Compliance Plan; and Alliance Code of Conduct.
Pages 9F-01 to 9F-25

Regular Agenda Items: (10. – 12.): 3:30 p.m.

- 10. Staff recommend the Board review, consider and take action on the request for a position of support for Measure Z, the City of Santa Cruz Beverage tax, which is on the November 5, ballot. (3:30 – 3:50)**
- A. Ms. Shebreh Kalantari-Johnson, Councilmember, City of Santa Cruz, will review and Board will consider and take action on the request for a position of support for Measure Z, the City of Santa Cruz Beverage tax, which is on the November 5, ballot.
- Reference materials: Staff report and recommendation on above topic; Fact Sheet; and letter from Senator Bill Monning.
Pages 10-01 to 10-05
- 11. Consider approving proposed CY 2025 Provider Incentive Programs. (3:50 – 4:15 p.m.)**
- A. Ms. Kay Lor, Payment Strategy Director, will review and Board will consider approving proposed CY 2025 Provider Incentive Programs.
- Reference materials: Staff report and recommendation on above topic.
Pages 11-01 to 11-04

12. Consider approving 2025 Supplemental Payment Methodology. (4:15 – 4:40 p.m.)

- A. Ms. Kay Lor, Payment Strategy Director, will review and Board will consider approving 2025 supplemental payment methodology for contracted providers to address realized network access and health equity.
- Reference materials: Staff report and recommendation on above topic.

Pages 12-01 to 12-02

Adjourn to Closed Session

13. Conference with legal counsel – anticipated litigation (Gov. Code section 54956.9(d)(2)): (One matter). (4:40 – 5:00 p.m.)

- A. Closed session agenda item.
- B. Discussion item only; no action will be taken or reported by the Board.
- Reference materials: Staff report on above topic.

Page 13-01

Information Items: (14A. – 14D.)

- A. Alliance in the News
- B. Alliance Fact Sheet – Q3 2024
- C. Letter of Support
- D. Membership Enrollment Report

Page 14A-01

Page 14B-01

Page 14C-01

Page 14D-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 28, 2024; 1:30 – 2:45 p.m.
- Member Services Advisory Group
Thursday, November 7, 2024; 10:00 – 11:30 a.m.
- Physicians Advisory Group
Thursday, September 12, 2024; 12:00 – 1:30 p.m.
- Whole Child Model Clinical Advisory Committee [*Remote teleconference only*]
Thursday, September 19, 2024; 12:00 – 1:00 p.m.
- Whole Child Model Family Advisory Committee [*Remote teleconference only*]
Monday, November 4, 2024; 1:30 – 3:00 p.m.

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

The next regular meeting of the Commission, after this August 28, 2024 meeting, unless otherwise noticed:

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

Date: Wednesday, September 25, 2024

Time: 9:30 a.m. – 3:30 p.m.

Location: Seascape Golf Club
Monarch Room
610 Clubhouse Drive
Aptos, CA 95003

Members of the public interested in attending should call the Alliance at (831) 430-5523 to verify meeting date and location prior to the meeting.

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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 28, 2024
TO: Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission
FROM: Michael Schrader, Chief Executive Officer
SUBJECT: Executive Summary from the Chief Executive Officer

2024 Legislative Session. The Legislature returned from summer recess on August 5, 2024 for the remaining month of the legislative session and is currently working through remaining bills prior to adjourning on August 31, 2024, which is the final day for each house to pass bills. Through its Local Health Plans of California (LHPC) association, staff continues to advocate for legislation that will preserve access to Medi-Cal enrollees, including but not limited to AB 2860 which makes permanent and expands the Licensed Physicians from Mexico pilot program. In addition, staff continues 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.

Proposition 35: Protect our Healthcare Initiative. Proposition 35 will be on the ballot in November and, if successful, will make permanent an existing fee on managed care organizations (MCOs) that enables the state to draw on federal matching funds to improve Medi-Cal. The Coalition to Protect Access to Care is leading the initiative and supporters including the California Medical Association, Planned Parenthood Affiliates of California, California Hospital Association, California Dental Association, California Primary Care Association, California Democratic Party and the California Republican party. At your board's retreat next month on September 25th, representatives from the California Medical Association will present to your board regarding this initiative and the implications of passage or defeat.

Medi-Cal Capacity Grant Program (MCGP) Update. This Board packet contains the Medi-Cal Capacity Grant Program (MCGP) Mid-Year Report which highlights program activities in the first half of 2024, a list of the 53 grants awarded to date, the MCGP Performance Dashboard, and impact stories of grants in the community. So far in 2024, we have seen a 75% year over year increase in grants paid out: \$12M at halfway mark in 2024 compared to \$13M in all of 2023. This is due to the grants awarded under new programs launched in 2023, including new Workforce Recruitment programs for Community Health Workers, Medical Assistants and Doulas.

In May and June 2024, the Grant Program team conducted significant outreach and applicant support, including a webinar attended by 171 attendees from 150 organizations across our five counties. The result was the highest volume of grant applications ever received by the Alliance, totaling 132 applications across 12 programs. This is a year-over-year 30% increase in grant applications, in part due to new Capital and Data Sharing Support programs launched in June. These applications received by the July 16th deadline are currently under review for awards in September for Workforce Recruitment grants and October for all other programs.

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Enhanced Care Management/Community Support Encounters. The Alliance is currently in year three of the Enhanced Care Management (ECM) and Community Support (CS) benefits, although DHCS added new populations of focus in a phased approach. The Alliance is experiencing a surge in ECM enrollment based on our recent enrollment of new ECM providers and through our active outreach and education that has resulted in more member referrals to ECM providers.

The Alliance pays ECM & CS providers a monthly capitation based on the number of members assigned to them. We require that ECM and CS providers submit encounter data, so that the Alliance can track the services they deliver to members. Plans, including the Alliance, submit to DHCS both ECM and CS expenses (the capitation paid to providers) and encounter data (the services providers deliver to members) to DHC. DHCS is informing plans that services (encounter data) fall short of the expenses (capitation payments). Staff will educate ECM and CS providers about the need to submit complete encounter data, as required per their Alliance contracts, and the various ways they can do so. If ECM and CS providers are unable to submit more complete encounter data, the Alliance may stop paying capitation for members without encounter data or convert all ECM and CS providers from monthly capitation payments to reimbursement based on their billing claims.

Dual Special Needs Plan (D-SNP) Program Implementation. Preparations continue to launch a Medicare D-SNP program by January 1, 2026. A D-SNP program will enable the Alliance to be the single plan for members eligible for Medi-Cal and Medicare, thus integrating and simplifying their experience with the health care system.

Numerous information systems are required to meet Medicare regulatory requirements (e.g., member portal, risk adjustment tool). As such, the Alliance must procure and implement these new systems. The RFPs are behind schedule, thus putting on-time implementation at risk. As a result, the Alliance is streamlining our procurement process where applicable. We have also added consultants to support the implementation of these various information systems.

In addition, the Alliance needs to contract with existing and new providers to meet Medicare network standards. Contract addenda have been sent to existing providers, of which 46 percent have signed the agreements. The network must be in place by February 2025. The Alliance also received approval from the Department of Managed Health Care for our Knox Keene material modification.

Care Management System Replacement (JIVA). The Alliance went live on the new Jiva Care Management System on July 15th. The Jiva implementation felt like a game changer, reinforcing our organizational confidence by showcasing our potential for rapid and effective system deployment. It was one of the Alliance's fastest implementations of a core system in only one year. The seamless rollout for both staff and providers was remarkable, given the comprehensive integration of technology, workflows, training, and support for providers. The Jiva Care Management System is necessary for meeting operational requirements related to our future Medicare D-SNP program and NCQA accreditations.

National Center for Quality Assurance (NCQA) Accreditation. Our effort to obtain two separate accreditations from NCQA are generally on-track. We need to complete work by October 2024, since the NCQA survey of the Alliance will take place in April 2025, for which the lookback period is six months. The NCQA standards represent a commitment to quality, excellence, and health equity. We are updating Alliance policies and procedures to align with NCQA standards, as well as

implementing the changes. A minimum of 80 percent of the NCQA standards must be achieved for accreditation, and with a few months remaining before the start of the lookback period, we are at 50 percent. However, now that we've completed the go-live of the Jiva Care Management System, there is additional Alliance bandwidth to commit to this effort. Also, some of the NCQA work that is dependent on having the Jiva CM system in place can now be completed.

Behavioral Health Integration Program. Bringing Behavioral Health inhouse will give us direct control and better opportunity to improve access for members, support providers, and collaborate with counties and schools. Today, we outsource the BH benefit to Carelon (formerly Beacon). The plan is to insource all behavioral health functions into Alliance daily operations by July 1, 2025. Work efforts are focused on redesigning internal workflows to ensure that the Alliance complies with regulatory requirements related to behavioral health. In addition, efforts are underway to prepare for behavioral health provider recruitment. The Alliance submitted contract boilerplate language to DMHC for approval. Recruitment materials and provider rate setting are in development.

Health Equity in Merced and Mariposa Program. We want to close the geographic health disparity across our 5-county service area that disproportionately impacts children in Merced and Mariposa Counties. We are working with primary-care clinics to get more children in for preventative services like immunizations, lead screenings, and well child/adolescent visits. Early results show that we are "moving the needle," and exceeding our 2024 goal to achieve a 5% improvement for each of the eight relevant HEDIS measures for which we were sanctioned by DHCS. Nonetheless, more is needed to achieve our ultimate goal to reach the 50th percentile or better for each measure.

Targeted Rate Increases (TRI). According to the FY2024/25 State budget, the rollout for the targeted rate increases for providers becomes effective on January 1 of 2024, 2025, and 2026.

Effective 2024:

Primary Care
Obstetric
Non-specialty mental health

Effective 2025:

Emergency Department Physician Services
Reproductive Health and Family Planning
Community Health Workers
Ground Emergency Medical Transportation
Emergency Air Medical Transportation
Community-Based Adult Services
Congregate Living Health Facilities
Pediatric Day Health Centers

Effective 2026:

Additional increases for primary and specialty physician services
Clinic Services and Supports
Private Duty Nursing
Non-Emergency Medical Transportation

The Alliance intends to pay providers the greater of their current rates plus prop 56 or the TRI rate. In most cases the greater is the former, since Alliance already pays providers Medicare rates or close to them. This means that the TRI increases will have little to no impact for many of our provider partners.

Provider Supplemental Payment (PSP). In June 2024, your Board approved a one-time strategic allocation of \$152.4M to be used for a Provider Supplemental Payment over multiple years and authorize staff to develop a supplemental payment methodology that addresses realized network access and health equity. This August Board Packet has the proposed Provider supplemental Payment methodology, as follows:

- Bring contracted non-specialty providers (e.g., Dialysis, CBAS, Home Health, PT/OT/ST, NEMT, etc.) who are currently below 90% Medicare to 90%. This does not include PCPs.
- Increase rates for specialists from 100% Medicare to 110%.
- Continue Equity Practice Transformation (EPT) program past initial year for Cohort 1.
- Pay providers \$100 per member for social determinants of health information.
- Pay providers \$50 per member for referral and coordinate with Community Health Workers or Community Based Organizations.
- Pay \$250 per provider for bilingual capabilities to increase member access to culturally and linguistically appropriate healthcare.

Outreach Events. The Summer season has allowed many opportunities for Alliance staff to engage with our community through outreach events. Staff participated in Back-to-School Health Fairs, Farmer's Markets, and Breast-Feeding Walks. In early August, we partnered with local law enforcement and tabled at National Night Out in Santa Cruz, Monterey and Merced counties. Through these events we are educating members and the community about Alliance programs and benefits.

Q3 2024 Media Campaign. Our Q3 paid media campaign launched this month and runs through mid-September. This campaign targets Merced families with kids under 13, urging them to stay on schedule with vaccines. The bi-lingual campaign includes radio advertisements and interviews, radio weather sponsorships, DMV ads, and social media ads. We are testing new hyperlocal ad tactics called "mobile Con questing", which shows ads to users within identified geotargeted locations where our members frequent, and "social mirroring", which surfaces our Facebook ad video on other mobile platforms our members may visit. We will be tracking the conversion rate of these ads to determine if they net a positive return on investment. The campaign slogan is: "Kids grow up fast. Give them a healthier future."

Security Update.

- CrowdStrike Outage: On July 19, 2024, the Alliance was affected by the worldwide CrowdStrike outage that was the result of a faulty configuration sent out by CrowdStrike. This outage affected windows computers worldwide. The Alliance technology team worked throughout the night and all Alliance systems were back up and operational by 12 noon the following day with no further impacts.
- Email Security Measures: The email gateway has been effective in protecting the organization from malicious emails, with external emails being rejected for security reasons, mainly from known spam senders. There has been a consistent increase in inbound email volume, peaking

at 541,323 messages in Q2 2024, alongside a decrease in rejected emails, indicating improved quality of inbound emails.

- Q2 2024 Email Rejections: The data for Q2 2024 shows a detailed breakdown of email rejections. In April, the rejection rate was 10.06%, which decreased to 9.43% in May, and further to 7.67% in June. This trend reflects an improvement in the quality of inbound emails and a reduction in the number of IP addresses listed in the Real-Time Blackhole List (RBL).
- Phishing Campaign Analysis: The internal phishing campaign has shown a continuous decline in the percentage of employees susceptible to phishing, reaching an all-time low of 0.8% mid-quarter. Although there was a slight increase in reported messages, opened messages peaked at 60.2%, while reported messages dropped to 43.4%, indicating possible confusion or hesitation in reporting.
- Security Remediation Program: The security remediation program in Q2 focused on vulnerability management, third-party risk management, log retention, network segmentation, and penetration testing. These measures aim to proactively identify and mitigate security weaknesses, enhance overall security and compliance, and prevent unauthorized access within the network.
- Security Related Activities: Regular security patching was performed on various endpoints to maintain support and security compliance.

Community Involvement. On July 15, 2024, I attended the Local Health Plans of California July Board meeting and the MoRe Health Quarterly Convening in Salinas on July 24, 2024. I attended a meeting and site visit of the Pajaro Valley Prevention and Student Assistance on July 31, 2024, in Watsonville County. On August 2, 2024, I attended the Mercy Medical Center's Mobile Care Clinic Ribbon Cutting and an introductory meeting with United Way staff in Merced County. I attended the Health Improvement Partnership of Santa Cruz County (HIPSCC) Council meeting on August 8, 2024, and the Department of Health Care Services Managed Care Small Workgroup on August 14, 2024. On August 15, 2024, I attended the HIPSCC Executive Committee meeting and on August 21, 2024, I attended a Recuperative Care Center Program meeting with the Community Foundation of Santa Cruz County.



DATE: August 28, 2024
TO: Santa Cruz-Monterey-Merced-San Benito-Mariposa Managed Medical Care Commission
FROM: Lisa Ba, Chief Financial Officer
SUBJECT: Financial Highlights for the Sixth Month Ending June 30, 2024

For the month ending June 30, 2024, the Alliance reported an Operating Income of \$21.3M. The Year-to-Date (YTD) Operating Income is \$82.1M, with a Medical Loss Ratio (MLR) of 86.9% and an Administrative Loss Ratio (ALR) of 4.9%. The Net Income is \$94.4M after accounting for Non-Operating Income/Expenses.

The budget expected a \$36.5M Operating Income for YTD June. The actual result is favorable to budget by \$45.6M or 100.0%, driven primarily by rate variance and membership favorability.

| <u>Key Indicators</u> | Jun-24 MTD (\$ In 000s) | | | |
|---------------------------|--------------------------------|----------------|------------------|----------------------|
| | Current Actual | Current Budget | Current Variance | % Variance to Budget |
| <i>Membership</i> | 449,959 | 399,413 | 50,546 | 12.7% |
| Revenue | \$168,527 | \$134,388 | \$34,140 | 25.4% |
| Medical Expenses | 138,869 | 126,210 | (12,660) | -10.0% |
| Administrative Expenses | 8,310 | 8,622 | 312 | 3.6% |
| Operating Income | 21,348 | (444) | 21,792 | 100.0% |
| Net Income | \$26,638 | \$878 | \$25,760 | 100.0% |
| <i>MLR %</i> | 82.4% | 93.9% | 11.5% | |
| <i>ALR %</i> | 4.9% | 6.4% | 1.5% | |
| <i>Operating Income %</i> | 12.7% | -0.3% | 13.0% | |
| <i>Net Income %</i> | 15.8% | 0.7% | 15.2% | |

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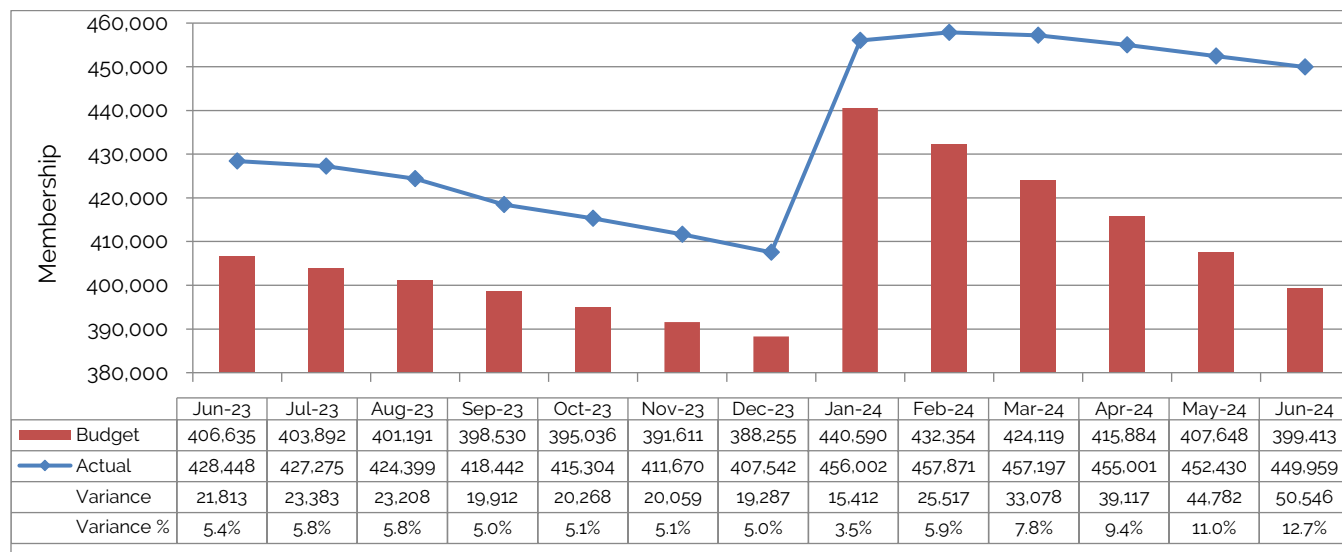
| Jun-24 (In \$000s) | | | | |
|---------------------------|-------------|------------|--------------|----------------------|
| <u>Key Indicators</u> | YTD Actual | YTD Budget | YTD Variance | % Variance to Budget |
| <i>Member Months</i> | 2,728,460 | 2,520,008 | 208,452 | 8.3% |
| Revenue | \$1,005,924 | \$852,565 | \$153,359 | 18.0% |
| Medical Expenses | 874,500 | 763,993 | (110,507) | -14.5% |
| Administrative Expenses | 49,332 | 52,055 | 2,723 | 5.2% |
| Operating Income/(Loss) | 82,092 | 36,518 | 45,575 | 100.0% |
| Net Income/(Loss) | \$94,381 | \$45,266 | \$49,116 | 100.0% |
| PMPM | | | | |
| Revenue | \$368.68 | \$338.32 | \$30.36 | 9.0% |
| Medical Expenses | 320.51 | 303.17 | (17.34) | -5.7% |
| Administrative Expenses | 18.08 | 20.66 | 2.58 | 12.5% |
| Operating Income/(Loss) | \$30.09 | \$14.49 | \$15.60 | 100.0% |
| <i>MLR %</i> | 86.9% | 89.6% | 2.7% | |
| <i>ALR %</i> | 4.9% | 6.1% | 1.2% | |
| <i>Operating Income %</i> | 8.2% | 4.3% | 3.9% | |
| <i>Net Income %</i> | 9.4% | 5.3% | 4.1% | |

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 \$368.68, which is favorable to budget by \$30.36 or 9.0%. Medical cost PMPM is \$320.51, which is unfavorable by \$17.34 or 5.7%. Overall, this results in a favorable gross margin of \$13.02 or 37.0% compared to the budget. The operating income PMPM is \$30.09, which is favorable to the budget by \$15.60 or 100.0%.

Membership. June 2024 membership is favorable to budget by 12.7%. The 2024 budget assumed a 17% decrease over the course of redetermination (July 2023 to June 2024) based on Mercer projections. Mercer later updated their projections to be less impactful than originally estimated and now only assumes an 11% decrease. The actual decrease from July 2023 to June 2024, is approximately 7.6%, excluding the new counties/new Unsatisfactory Immigration Status (UIS) members.

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



Revenue. The 2024 revenue budget was based on the current Department of Health Care Services (DHCS) 2024 draft rate package, and this does not include Targeted Rate Increase (TRI). Furthermore, the budget assumed breakeven performances for the San Benito Region. The prospective CY 2024 draft rates from DHCS (dated 12/5/2023, including Maternity) are favorable to the rates assumed in the CY 2024 budget by 2.1%, excluding TRI. Overall, actual revenue is favorable due to higher enrollment, a favorable category of aid (COA) mix, and an increase in prospective rates.

As of June MTD, actuals are favorable to budget by \$34.1M or 25.4%. This positive variance is driven by favorable enrollment contributing \$17.9M and prior year revenue of \$20.4M, which offsets unfavorable rates of -\$4.3M. The prior year revenue comprises \$12.6M from Managed Care Organization (MCO) Tax Revenue for CY 2021 and \$7.8M from MCO Tax Revenue for CY 2022, attributed to the implementation of final rates that relieved the current MCO liability for those periods. The unfavorable rates of -\$4.3M primarily result from the reversal of ECM Contra MLR for CY 2024 due to encounter data issues. This reversal will be adjusted in the future to ensure a more accurate entry once the data is resolved. Additionally, a remaining 0.5% downward adjustment for acuity from January to May was completed in June, culminating in a total 1% adjustment for the period.

As of June 2024 YTD, operating revenue stands at \$1,005.9M, surpassing the budget by \$153.4M or 18.0%. This favorable variance includes \$71.3M from increased enrollment and \$82.0M from positive rate variances, state incentives, and prior year revenue. The rate variance of \$82.0M comprises \$37.3M from favorable prospective rates, \$24.4M from State

Incentive Programs, and \$20.4M from prior year revenue due to MCO tax liability relief for CY 2021 and CY 2022.

The State Incentive Programs consist of \$22.1M for HHIP, \$1.4M for SBHIP, and \$0.8M for EPT and are offset by the State Incentive Programs expense. These incentives are assumed to be budget-neutral.

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

| Jun-24 YTD Capitation Revenue Summary (In \$000s) | | | | | |
|--|----------------|----------------|----------------|----------------------------|----------------------|
| Region | Actual | Budget | Variance | Variance Due to Enrollment | Variance Due to Rate |
| CEC SIS | 719,475 | 639,731 | 79,743 | 49,498 | 30,245 |
| CEC UIS | 197,370 | 179,998 | 17,372 | 17,134 | 238 |
| SBN SIS | 35,670 | 25,447 | 10,224 | 3,577 | 6,647 |
| SBN UIS | 6,188 | 5,325 | 864 | 740 | 124 |
| Total* | 958,703 | 850,500 | 108,203 | 70,949 | 37,254 |

*Excludes Jun-24 In-Home Supportive Services (IHSS) premiums revenue of \$2.5M, State Incentive Programs revenue of \$24.4M, and Prior Year Revenue of \$20.4M.

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

June 2024 Medical Expenses of \$138.9M are \$12.7M or 10.0% unfavorable to budget. June 2024 YTD Medical Expenses of \$874.5M are above budget by \$110.5M or 14.5%. Of this amount, \$63.0M is due to higher enrollment and \$47.5M due to rate variances which include \$24.4M for State Incentive Programs. YTD, we are seeing increases in spending on Physician Services, LTC, and Outpatient Facility.

The State Incentive Programs consist of \$22.1M for HHIP, \$1.4M for SBHIP, and \$0.8M for EPT. These are also included under revenue and assumed to be budget-neutral.

| Jun-24 YTD Medical Expense Summary (\$ In 000s) | | | | | |
|---|----------------|----------------|------------------|----------------------------|----------------------|
| Category | Actual | Budget | Variance | Variance Due to Enrollment | Variance Due to Rate |
| Inpatient Services - Hospital | 278,921 | 279,785 | 864 | (23,060) | 23,924 |
| Inpatient Services - LTC | 102,380 | 65,656 | (36,724) | (5,401) | (31,323) |
| Physician Services | 199,181 | 162,648 | (36,533) | (13,437) | (23,096) |
| Outpatient Facility | 114,957 | 94,928 | (20,029) | (7,827) | (12,202) |
| Other Medical* | 154,669 | 160,976 | 6,307 | (13,308) | 19,615 |
| State Incentive Programs | 24,392 | - | (24,392) | - | (24,392) |
| TOTAL COST | 874,500 | 763,993 | (110,507) | (63,032) | (47,475) |

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

At a PMPM level, YTD Medical Expenses are \$320.51, unfavorable by \$17.34 or 5.7% compared to the budget. More than half of this negative variance is due to budget-neutral State Incentive Programs.

Inpatient Services. Inpatient Services continues to be favorable to budget due to lower utilization than budgeted. Inpatient was budgeted to have a utilization of 344 days per 1,000 members but actual utilization is closer to 304 days per 1,000 members. Unit costs are comparable between budget and actuals which results in an 8% PMPM variance between budget and actual. This is expected to continue for the rest of the year.

Inpatient Services – LTC. LTC's unfavorability is primarily driven by unit cost. The budget underestimated the baseline cost and did not consider the continuation of the 10% COVID-19 add-on for certain codes or the 3% annual fee schedule increase. We expect the unfavorable variance continue.

Outpatient Facility. Outpatient Facility consists of both Outpatient and Emergency Room. ER continues to significantly trend upwards for both utilization per 1k and unit cost and are unfavorable to budget for both utilization and unit cost. This is slightly offset by outpatient being favorable to budget for both utilization and unit cost being favorable to budget.

Physician Services. The budget assumed utilization would increase by 3% compared to 2023. However, it has increased by 14%, driven by the new UIS 26-49 age group at Federally Qualified Health Center (FQHC) clinics and an overall increase of ACA expansion and Whole Child Model enrollments, which utilize Specialty Clinics. Further, the ECM provider capitation expense shows unfavorable due to the budget being allocated under Other Medical.

Other Medical. Other Medical costs are favorable to budget by \$6.3M. This is primarily due to Non-Claims Health Care Costs being significantly lower than budgeted by \$4.6M and the ECM actuals only including FFS, while capitation is accounted for under Physician Services, resulting in ECM being favorable to budget by \$6.6M. However, this is slightly offset by unfavorable variances in Allied Health and Behavioral Health. Allied Health

experienced a \$2.6M unfavorable variance due to increased utilization of Physical Therapists, and Behavioral Health saw a \$3.5M unfavorable variance due to higher unit costs for Behavioral Analysts and Behavioral Neurology. In summary, despite the unfavorable variances in Allied Health and Behavioral Health, the lower Non-Claim Health Care Costs and favorable ECM variance lead to an overall \$6.3M favorable variance to budget for Other Medical costs.

| Jun-24 YTD Medical Expense by Category of Service (In PMPM) | | | | |
|--|---------------|---------------|----------------|--------------|
| Category | Actual | Budget | Variance | Variance % |
| Inpatient Services - Hospital | 102.23 | 111.03 | 8.80 | 7.9% |
| Inpatient Services - LTC | 37.52 | 26.05 | (11.47) | -44.0% |
| Physician Services | 73.00 | 64.54 | (8.46) | -13.1% |
| Outpatient Facility | 42.13 | 37.67 | (4.46) | -11.8% |
| Other Medical | 56.69 | 63.88 | 7.19 | 11.3% |
| State Incentive Programs | 8.94 | - | (8.94) | -100.0% |
| TOTAL MEDICAL COST | 320.51 | 303.17 | (17.34) | -5.7% |

Administrative Expenses. June YTD Administrative Expenses are favorable to budget by \$2.7M or 5.2% with a 4.9% ALR. Salaries are favorable by \$1.6M, driven by savings from vacant positions, benefits, and PTO. Non-Salary Administrative Expenses are favorable by \$1.1M or 6.8% due to the timing of the actual spend versus budget.

Non-Operating Revenue/Expenses. June YTD Net Non-Operating income is \$12.3M, which is favorable to the budget. Total Non-Operating Revenue is favorable to budget by \$3.8M, attributed to \$8.9M in interest income offsetting a \$5.0M unrealized investment loss and \$0.1M in other revenues. Non-Operating Expenses are unfavorable by \$0.2M due to higher grant expenses.

Summary of Results. Overall, the Alliance generated a YTD Net Income of \$94.4M, with an MLR of 86.9% and an ALR of 4.9%.



CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Balance Sheet
For The Sixth Month Ending June 30, 2024
(In \$000s)

| | |
|---|--------------------|
| Assets | |
| Cash | \$379,107 |
| Restricted Cash | 300 |
| Short Term Investments | 866,774 |
| Receivables | 198,666 |
| Prepaid Expenses | 4,096 |
| Other Current Assets | 4,070 |
| Total Current Assets | \$1,453,013 |
| | |
| Building, Land, Furniture & Equipment | |
| Capital Assets | \$80,513 |
| Accumulated Depreciation | (45,793) |
| CIP | 2,590 |
| Lease Receivable | 3,084 |
| Subscription Asset net Accum Depr | 10,510 |
| Total Non-Current Assets | 50,904 |
| Total Assets | \$1,503,918 |
| | |
| Liabilities | |
| Accounts Payable | \$155,006 |
| IBNR/Claims Payable | 365,214 |
| Provider Incentives Payable | 22,995 |
| Other Current Liabilities | 9,227 |
| Due to State | 10,701 |
| Total Current Liabilities | \$563,144 |
| | |
| Subscription Liabilities | 8,687 |
| Deferred Inflow of Resources | 2,933 |
| Total Long-Term Liabilities | \$11,620 |
| | |
| Fund Balance | |
| Fund Balance - Prior | \$834,772 |
| Retained Earnings - CY | 94,381 |
| Total Fund Balance | 929,153 |
| Total Liabilities & Fund Balance | \$1,503,918 |
| | |
| Additional Information | |
| Total Fund Balance | \$929,153 |
| Board Designated Reserves Target | 447,288 |
| Strategic Reserve (DSNP) | 56,700 |
| Medi-Cal Capacity Grant Program (MCGP)* | 157,418 |
| Value Based Payments | 46,100 |
| Provider Supplemental Payments | 152,410 |
| Total Reserves | 859,916 |
| Total Operating Reserve | \$69,237 |



CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Income Statement - Actual vs. Budget
For The Sixth Month Ending June 30, 2024
(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> |
|--------------------------------------|-------------------|-------------------|-------------------|---------------|--------------------|-------------------|--------------------|---------------|
| Member Months | 449,959 | 399,413 | 50,546 | 12.7% | 2,728,460 | 2,520,008 | 208,452 | 8.3% |
| Capitation Revenue | | | | | | | | |
| Capitation Revenue Medi-Cal | \$147,724 | \$134,044 | \$13,680 | 10.2% | \$958,703 | \$850,500 | \$108,203 | 12.7% |
| State Incentive Programs | - | - | - | 0.0% | 24,392 | - | \$24,392 | 100.0% |
| Prior Year Revenue* | 20,378 | - | 20,378 | 100.0% | 20,378 | - | \$20,378 | 100.0% |
| Premiums Commercial | 425 | 344 | 81 | 23.6% | 2,451 | 2,065 | 386 | 18.7% |
| Total Operating Revenue | \$168,527 | \$134,388 | \$34,140 | 25.4% | \$1,005,924 | \$852,565 | \$153,359 | 18.0% |
| Medical Expenses | | | | | | | | |
| Inpatient Services (Hospital) | \$40,359 | \$46,177 | \$5,818 | 12.6% | \$278,921 | \$279,785 | \$864 | 0.3% |
| Inpatient Services (LTC) | 15,879 | 10,836 | (5,043) | -46.5% | 102,380 | 65,656 | (36,724) | -55.9% |
| Physician Services | 35,736 | 26,845 | (8,891) | -33.1% | 199,181 | 162,648 | (36,533) | -22.5% |
| Outpatient Facility | 18,077 | 15,667 | (2,409) | -15.4% | 114,957 | 94,928 | (20,029) | -21.1% |
| Other Medical** | 28,819 | 26,684 | (2,135) | -8.0% | 154,669 | 160,976 | 6,307 | 3.9% |
| State Incentive Programs | - | - | - | 0.0% | 24,392 | - | (24,392) | -100.0% |
| Total Medical Expenses | \$138,869 | \$126,210 | (\$12,660) | -10.0% | \$874,500 | \$763,993 | (\$110,507) | -14.5% |
| Gross Margin | \$29,658 | \$8,178 | \$21,480 | 100.0% | \$131,424 | \$88,572 | \$42,852 | 48.4% |
| Administrative Expenses | | | | | | | | |
| Salaries | \$5,622 | \$5,548 | (\$75) | -1.3% | \$33,940 | \$35,544 | \$1,604 | 4.5% |
| Professional Fees | 417 | 374 | (43) | -11.5% | 1,698 | 1,797 | 100 | 5.6% |
| Purchased Services | 1,035 | 1,050 | 15 | 1.4% | 6,249 | 6,249 | (0) | 0.0% |
| Supplies & Other | 868 | 1,218 | 349 | 28.7% | 5,187 | 5,937 | 750 | 12.6% |
| Occupancy | 105 | 116 | 11 | 9.3% | 673 | 744 | 71 | 9.5% |
| Depreciation/Amortization | 263 | 317 | 55 | 17.2% | 1,584 | 1,783 | 199 | 11.2% |
| Total Administrative Expenses | \$8,310 | \$8,622 | \$312 | 3.6% | \$49,332 | \$52,055 | \$2,723 | 5.2% |
| Operating Income | \$21,348 | -\$444 | \$21,792 | 100.0% | \$82,092 | \$36,518 | \$45,575 | 100.0% |
| Non-Op Income/(Expense) | | | | | | | | |
| Interest | \$4,301 | \$2,374 | \$1,927 | 81.2% | \$24,666 | \$15,813 | \$8,854 | 56.0% |
| Gain/(Loss) on Investments | 2,205 | 250 | 1,955 | 100.0% | (4,106) | 750 | (4,856) | -100.0% |
| Bank & Investment Fees | (60) | (36) | (24) | -64.9% | (322) | (218) | (104) | -47.8% |
| Other Revenues | 202 | 197 | 5 | 2.6% | 1,074 | 1,181 | (106) | -9.0% |
| Grants | (1,358) | (1,463) | 105 | 7.2% | (9,024) | (8,777) | (246) | -2.8% |
| Total Non-Op Income/(Expense) | 5,290 | 1,322 | 3,968 | 100.0% | \$12,289 | \$8,748 | \$3,541 | 40.5% |
| Net Income/(Loss) | \$26,638 | \$878 | \$25,760 | 100.0% | \$94,381 | \$45,266 | \$49,116 | 100.0% |
| <i>MLR</i> | 82.4% | 93.9% | | | 86.9% | 89.6% | | |
| <i>ALR</i> | 4.9% | 6.4% | | | 4.9% | 6.1% | | |
| <i>Operating Income</i> | 12.7% | -0.3% | | | 8.2% | 4.3% | | |
| <i>Net Income %</i> | 15.8% | 0.7% | | | 9.4% | 5.3% | | |

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

**Other Medical includes Pharmacy and IHSS.



CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Income Statement - Actual vs. Budget
For The Sixth Month Ending June 30, 2024
(In PMPM)

| | MTD Actual | MTD Budget | Variance | % | YTD Actual | YTD Budget | Variance | % |
|--------------------------------------|-----------------|-----------------|----------------|---------------|-----------------|-----------------|------------------|---------------|
| Member Months | 449,959 | 399,413 | 50,546 | 12.7% | 2,728,460 | 2,520,008 | 208,452 | 8.3% |
| Capitation Revenue | | | | | | | | |
| Capitation Revenue Medi-Cal | \$328.31 | \$335.60 | (\$7.30) | -2.2% | \$351.37 | \$337.50 | \$13.87 | 4.1% |
| State Incentive Programs | - | - | - | 0.0% | 8.94 | - | 8.94 | 100.0% |
| Prior Year Revenue* | 45.29 | - | 45.29 | 100.0% | 7.47 | - | 7.47 | 100.0% |
| Premiums Commercial | 0.95 | 0.86 | 0.08 | 9.7% | 0.90 | 0.82 | 0.08 | 9.6% |
| Total Operating Revenue | \$374.54 | \$336.46 | \$38.08 | 11.3% | \$368.68 | \$338.32 | \$30.36 | 9.0% |
| Medical Expenses | | | | | | | | |
| Inpatient Services (Hospital) | \$89.70 | \$115.61 | \$25.92 | 22.4% | \$102.23 | \$111.03 | \$8.80 | 7.9% |
| Inpatient Services (LTC) | 35.29 | 27.13 | (8.16) | -30.1% | 37.52 | 26.05 | (11.47) | -44.0% |
| Physician Services | 79.42 | 67.21 | (12.21) | -18.2% | 73.00 | 64.54 | (8.46) | -13.1% |
| Outpatient Facility | 40.17 | 39.23 | (0.95) | -2.4% | 42.13 | 37.67 | (4.46) | -11.8% |
| Other Medical** | 64.05 | 66.81 | 2.76 | 4.1% | 56.69 | 63.88 | 7.19 | 11.3% |
| State Incentive Programs | - | - | - | 0.0% | 8.94 | - | (8.94) | -100.0% |
| Total Medical Expenses | \$308.63 | \$315.99 | \$7.36 | 2.3% | \$320.51 | \$303.17 | (\$17.34) | -5.7% |
| Gross Margin | \$65.91 | \$20.48 | \$45.44 | 100.0% | \$48.17 | \$35.15 | \$13.02 | 37.0% |
| Administrative Expenses | | | | | | | | |
| Salaries | \$12.50 | \$13.89 | \$1.39 | 10.0% | \$12.44 | \$14.10 | \$1.67 | 11.8% |
| Professional Fees | 0.93 | 0.94 | 0.01 | 1.0% | 0.62 | 0.71 | 0.09 | 12.8% |
| Purchased Services | 2.30 | 2.63 | 0.33 | 12.5% | 2.29 | 2.48 | 0.19 | 7.6% |
| Supplies & Other | 1.93 | 3.05 | 1.12 | 36.7% | 1.90 | 2.36 | 0.45 | 19.3% |
| Occupancy | 0.23 | 0.29 | 0.06 | 19.5% | 0.25 | 0.30 | 0.05 | 16.4% |
| Depreciation/Amortization | 0.58 | 0.79 | 0.21 | 26.5% | 0.58 | 0.71 | 0.13 | 18.0% |
| Total Administrative Expenses | \$18.47 | \$21.59 | \$3.12 | 14.4% | \$18.08 | \$20.66 | \$2.58 | 12.5% |
| Operating Income | \$47.44 | (\$1.11) | \$48.55 | 100.0% | \$30.09 | \$14.49 | \$15.60 | 100.0% |

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

**Other Medical includes Pharmacy and IHSS.



CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Statement of Cash Flow
For The Sixth Month Ending June 30, 2024
(In \$000s)

| | MTD | YTD |
|---|------------------|------------------|
| Net Income | \$26,638 | \$94,381 |
| Items not requiring the use of cash: Depreciation | 263 | 1,584 |
| Adjustments to reconcile Net Income to Net Cash provided by operating activities: | | |
| Changes to Assets: | | |
| Restricted Cash | 0 | 0 |
| Receivables | 5,690 | 292,922 |
| Prepaid Expenses | 840 | (1,868) |
| Current Assets | 1,214 | 1,536 |
| Subscription Asset net Accum Depr | 0 | 0 |
| Net Changes to Assets | 7,743 | 292,590 |
| Changes to Payables: | | |
| Accounts Payable | 23,055 | (250,870) |
| Other Current Liabilities | (235) | 36 |
| Incurred But Not Reported Claims/Claims Payable | 19,872 | 76,841 |
| Provider Incentives Payable | (21,170) | (17,005) |
| Due to State | 6,862 | (0) |
| Subscription Liabilities | 0 | 0 |
| Net Changes to Payables | 28,384 | (190,997) |
| Net Cash Provided by (Used in) Operating Activities | 63,028 | 197,558 |
| Change in Investments | (4,325) | (20,942) |
| Other Equipment Acquisitions | (185) | (2,592) |
| Net Cash Provided by (Used in) Investing Activities | (4,510) | (23,534) |
| Deferred Inflow of Resources | 0 | 0 |
| Net Cash Provided by (Used in) Financing Activities | 0 | 0 |
| Net Increase (Decrease) in Cash & Cash Equivalents | 58,517 | 174,024 |
| Cash & Cash Equivalents at Beginning of Period | 320,590 | 205,083 |
| Cash & Cash Equivalents at June 30, 2024 | \$379,107 | \$379,107 |



DATE: August 28, 2024
TO: Santa Cruz – Monterey – Merced – San Benito – Mariposa 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 individuals listed below to the Member Services Advisory Group (MSAG).

Background. The Board established MSAG pursuant to Welfare and Institutions Code §14094.17(b)(1) (SB 586 – Statutes 2015).

Discussion. The following individuals have indicated interest in participating on MSAG.

| Name | Affiliation | County |
|--------------------|--------------------|---------------|
| Ms. Jaime Berry | Consumer | Mariposa |
| Ms. Stephanie Auld | Consumer | Santa Cruz |

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

Attachments. N/A

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



Meeting Minutes

Wednesday, June 26, 2024

3:00 p.m. – 5:00 p.m.

In Santa Cruz County:

Central California Alliance for Health
1600 Green Hills Road, Suite 101, Scotts Valley, California

In Monterey County:

Central California Alliance for Health
950 East Blanco Road, Suite 101, Salinas, California

In Merced County:

Central California Alliance for Health
530 West 16th Street, Suite B, Merced, California

In San Benito County:

Community Services & Workforce Development (CSWD) Building
1161 San Felipe Road, Building B, Hollister, California

In Mariposa County:

Mariposa County Health and Human Services
5362 Lemee Lane, Mariposa, California

Commissioners Present:

Ms. Leslie Abasta-Cummings

Ms. Anita Aguirre

Dr. Ralph Armstrong

Supervisor Wendy Root Askew

Ms. Tracey Belton

Ms. Dorothy Bizzini

Dr. Maximiliano Cuevas

Ms. Janna Espinoza

Supervisor Zach Friend

Dr. Donald Hernandez

Ms. Elsa Jimenez

Dr. Kristina Keheley

Ms. Mónica Morales

Ms. Rebecca Nanyonjo

At Large Health Care Provider Representative

At Large Health Care Provider Representative

At Large Health Care Provider Representative

County Board of Supervisors

County Health and Human Services Agency Director

Public Representative

Health Care Provider Representative

Public Representative

County Board of Supervisors

Health Care Provider Representative

County Director of Health Services

Interim Health and Human Services Agency Director

County Health Services Agency Director

County Public Health Director

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Supervisor Josh Pedrozo
 Dr. James Rabago
 Dr. Allen Radner

County Board of Supervisors
 Health Care Provider Representative
 At Large Health Care Provider Representative

Commissioners Absent:

Mr. Michael Molesky

Public Representative

Staff Present:

Mr. Michael Schrader
 Ms. Lisa Ba
 Mr. Scott Fortner
 Dr. Dennis Hsieh
 Ms. Jenifer Mandella
 Mr. Cecil Newton
 Ms. Van Wong
 Ms. Jessica Finney
 Ms. Kay Lor
 Ms. Anne Brereton
 Ms. Kathy Stagnaro

Chief Executive Officer
 Chief Financial Officer
 Chief Administrative Officer
 Chief Medical Officer
 Chief Compliance Officer
 Chief Information Officer
 Chief Operating Officer
 Community Grants Director
 Payment Strategy Director
 Deputy County Counsel, Monterey County
 Clerk of the Board

1. Call to Order by Chair Jimenez.

Commission Chairperson Jimenez called the meeting to order at 3:00 p.m.

Roll call was taken and a quorum was present.

There were no supplements or deletions to the agenda.

Chair Jimenez welcomed Dr. Kristina Keheley, Mariposa County Health Department Representative, 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.

Commissioner Espinoza acknowledged and appreciated the work of the Enhanced Care Management staff.

Commissioner Rabago discussed the lack of accessible health care, specifically in-patient specialty care, gastroenterology and in-patient cardiology, in Merced County as it relates to the Alliance's mission.

Commissioner Nanyonjo introduced the inaugural Merced County Assistant Health Officer, Dr. Ignacio Santana to the Board.

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. Kristina Keheley to her first Alliance Board meeting.

He reported that on Saturday the legislature and Governor Newsom reached an agreement on the state budget for fiscal year 2024-25 that begins on July 1, 2024. The budget rejects some of the cuts that were proposed in the May revise. The state budget rejected the May revise proposal to eliminate \$2.4B in new health investments and instead includes that targeted rate increases for family planning, emergency physicians, and emergency transportation will begin on January 1, 2025. Targeted rate increases for primary care, obstetric care, private duty nurses, and specific other rates will start on January 1, 2026 which is one year later than originally planned. The budget maintains state commitments for workforce programs for residencies, nurse training and other pipeline programs. It restores funding for the Children and Youth Behavioral Health Initiative and it rejects proposed cuts to In-Home Supportive Services (IHSS), protecting the expansion of IHSS coverage for undocumented for all ages and maintaining the IHSS back-up provider system. The state budget appears to uphold cuts to the Equity and Practice Transformation program including reducing funding for Cohort 1 and eliminating funding for any additional cohorts. The budget also includes delaying the start of gradually increasing the minimum wage for healthcare workers to \$25 per hour over the next decade. The budget package includes a budget bill junior and several trailer bills which are being flushed out by the legislature this week. The governor has until Sunday, June 30, 2024, the end of the fiscal year, to sign the budget act for fiscal year 2024-25 that starts on Monday, July 1, 2024.

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

The coalition of hospitals, physicians, and health plans continue to pursue a ballot measure on the managed care organization (MCO) tax for the November election. The coalition remains concerned that revenue from the MCO tax not be directed in future budget years. The ballot measure would require the MCO tax revenue be used for Medi-Cal provider increases and that it not be used to supplant preexisting state or local funding.

The Alliance held its quarterly All-Staff meeting at the Cocoanut Grove on the Santa Cruz Boardwalk on June 13, 2024. Agenda topics included organizational clarity, organizational workload, process improvement, health equity for our members and Mission in Motion. The Alliance's organizational workload is heavy and will be for the next two years because of six initiatives that will make a bold difference for our members. By increasing Enhanced Care Management enrollment the most vulnerable members, such as those experiencing homelessness, will be connected to needed clinical services and non-clinical supports in the community. By launching a D-SNP program it will be possible for low-income seniors and individuals with disabilities to obtain Medi-Cal and Medi-Care coverage from a single plan (the Alliance).

[Commissioners Abasta-Cummings and Morales arrived at this time: 3:12 p.m.]

By improving quality in Merced, more children will get in to see their doctors for immunizations, lead screenings and other preventative services, thus helping to close a geographic health disparity across the five-county service area. By moving over to the Jiva Care Management System, staff will be better positioned to help members in accordance with National Committee for Quality Assurance and Medicare standards. By bringing behavioral health in-house, staff will have a direct relationship with members and provider partners.

[Commissioner Hernandez arrived at this time: 3:15 p.m.]

There are three notable items on the consent agenda: 1) ratification of the Department of Healthcare Services (DHCS) contract amendment, 2) renewal of an agreement with Monterey County for the Alliance to continue to provide coverage for eligible IHSS workers in Monterey County from July 1, 2024 to June 30, 2025; and 3) DHCS contract amendment adjusting the 2023 capitation rates for Medi-Cal managed care plans to reflect lower acuity.

Consent Agenda Items: (5. – 9C.): 3:20 p.m.

Chair Jimenez opened the floor for approval of Consent Agenda items 5 through 9C.

MOTION: Commissioner Cuevas moved to approve Consent Agenda items 5 through 9C, seconded by Vice Chair Pedrozo.

ACTION: The motion passed with the following vote:

Ayes: Commissioners Abasta-Cummings, Aguirre, Armstrong, Askew, Belton, Bizzini, Cuevas, Espinoza, Friend, Hernandez, Jimenez, Keheley, Morales, Nanyonjo, Pedrozo, Rabago and Radner.

Noes: None.

Absent: Commissioner Molesky.

Abstain: None.

Regular Agenda Items: (10. – 12.): 3:21 p.m.

10. Consider approving proposed 2025 Behavioral Health Service Incentive. (3:21 – 3:44 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. Kay Lor. Provider Payment Director, discussed the program objective to provide timely treatment of mental and behavioral health conditions, improve member quality of life and coordination of care, advance value-based payments and support the development of a robust mental health network. The program proposes funding of \$9M for an 18-month period, all contracted behavioral health providers will qualify, a provider sign-on payment to build robust network, a provider payment structure to close language barriers and increase quality. There are a total of eight proposed incentive program measures: Primary Care Provider Coordination, Provider Satisfaction Survey, Health Equity Training, Member Access, DHCS Adverse Childhood Experiences Aware Training, Access, Reduced Emergency Department Utilization, Applied Behavioral Analysis Therapy Access. Commissioners discussed and considered specific metrics for youth and dual-diagnosed population.

MOTION: Commissioner Askew moved to approve the Behavioral Health Incentive Program design for July 2025 to December 2026, seconded by Commissioner Espinoza.

ACTION: The motion passed with the following vote:

Ayes: Commissioners Askew, Belton, Espinoza, Friend, Nanyonjo and Pedrozo.

Noes: None.

Absent: Commissioners Hernandez and Molesky.

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

11. Consider approving Strategic Allocation of Reserve. (3:44 – 4:19 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. Lisa Ba, Chief Financial Officer, discussed the 2023 financial performance. The health care expense reserve target is three times the average monthly premium capitation. The reserve may be used to improve member benefits, expand network access and augment provider reimbursement. There are adequate reserves with no need to build a higher balance. To achieve health equity and patient-centered delivery transformation, the Alliance must partner closely with providers. The Alliance reserve policy allows the use of reserve to augment provider payment and improve access. This recommendation aims to strengthen the network's financial stability in light of the state budget deficit and uncertainty around state Medi-Cal funding.

MOTION: Commissioner Friend moved to approve a one-time strategic allocation of \$152,409,630 to be used for provider supplemental payment over multiple years, seconded by Vice Chair Pedrozo.

ACTION: The motion passed with the following vote:

Ayes: Commissioners Askew, Belton, Espinoza, Friend, and Pedrozo.

Noes: None.

Absent: Commissioner Molesky.

Abstain: Commissioners Abasta-Cummings, Aguirre, Armstrong, Bizzini, Cuevas, Hernandez, Jimenez, Keheley, Morales, Nanyonjo, Rabago and Radner.

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. Lisa Ba, Chief Financial Officer, discussed the supplemental payment methodology. At the April 2024 Board meeting the Alliance's Access Framework, including the concept of realized access were reviewed as well as updated metrics and Alliance performance relative to network adequacy and realized access. Additional opportunities to increase member access from a

health system's perspective were discussed. Staff plan to bring the supplemental payment methodology back to the Board and implement a multi-year supplemental payment beginning in 2025.

Chair Jimenez opened the floor for public comment. The following person spoke:

1. Ms. Stephanie Auld spoke about Alliance options to directly impact quality of life and safety impact of wheelchair users.

MOTION: Commissioner Cuevas moved to authorize staff to develop a supplemental payment methodology that addresses realized network access and health equity, seconded by Commissioner Espinoza.

ACTION: The motion passed with the following vote:

Ayes: Commissioners Askew, Belton, Cuevas, Espinoza, Friend and Pedrozo.

Noes: None.

Absent: Commissioners Aguirre and Molesky.

Abstain: Commissioners Abasta-Cummings, Armstrong, Bizzini, Hernandez, Jimenez, Keheley, Morales, Nanyonjo, Rabago and Radner.

[Commissioner Friend departed at this time: 4:19 p.m.]

12. Consider approving Medi-Cal Capacity Grant Program Allocation for Mariposa County. (4:19 – 4:36 p.m.)

Ms. Jessica Finney, Community Grants Director, provided background on the Medi-Cal Capacity Grant Program (MCGP). The existing MCGP allocation cannot support the significant interest and demand in Mariposa County through 2024. Mariposa is included in the same region for revenue rates as Mered, Monterey and Santa Cruz counties. It is critical that an additional investment is made in Mariposa County to improve quality scores and support capacity building costs for workforce recruitment and infrastructure in this extremely rural county. The Mariposa County one-time \$5M allocation would be an interim step toward sustainable equity-based MCGP allocation methodology within the five-county service area. The Board plans to discuss options for equity-based allocation and grantmaking within the service area at a future meeting.

MOTION: Commissioner Askew moved to approve a one-time allocation of \$5M from the Medi-Cal Capacity Grant Program unallocated budget to the available funds for grantmaking in Mariposa County, seconded by Commissioner Cuevas.

ACTION: The motion passed with the following vote:

Ayes: Commissioners Abasta-Cummings, Aguirre, Armstrong, Askew, Belton, Bizzini, Cuevas, Espinoza, Hernandez, Jimenez, Morales, Nanyonjo, Pedrozo, Rabago and Radner.

Noes: None.

Absent: Commissioners Friend and Molesky.

Abstain: Commissioner Keheley.

The Commission adjourned its regular meeting of June 26, 2024 at 4:36 p.m. to the regular meeting of August 28, 2024 at 3:00 p.m. via videoconference from county offices in Scotts Valley, Salinas, Merced, Hollister and Mariposa.

Respectfully submitted,

Ms. Kathy Stagnaro
Clerk of the Board

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



Meeting Minutes

Wednesday, September 27, 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 |

Members Absent:

| | |
|-------------------------|-----------------------------|
| Supervisor Josh Pedrozo | County Board of Supervisors |
|-------------------------|-----------------------------|

Staff Present:

| | |
|----------------------|-----------------------------------|
| Ms. Lisa Ba | Chief Financial Officer |
| Mr. Michael Schrader | Chief Executive Officer |
| Ms. Dulcie San Paolo | Finance Administrative Specialist |

1. Call to Order. (1:40 - 1:41 p.m.)

Commissioner Radner called the meeting to order at 1:40 p.m. Roll call was taken. A quorum was present.

2. Oral Communications. (1:41 – 1:42 p.m.)

Commissioner Radner 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.

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Consent Agenda Items:**3. Approve minutes of the August 23, 2023 meeting of the Finance Committee. (1:42 – 1:43 p.m.)**

FINANCE COMMITTEE ACTION: Commissioner Radner opened the floor for approval of the minutes of the August 23, 2023 meeting.

MOTION: Commissioner Jiménez moved to approve the minutes, seconded by Commissioner Kalantari-Johnson

ACTION: The motion passed with the following vote:

Ayes: Commissioners Jiménez, Kalantari-Johnson, Radner

Noes: None

Absent: Commissioners Molesky, Pedrozo

Abstain: None

Regular Agenda Items:**4. YTD July Financials. (1:43 - 1:57 p.m.)**

Ms. Lisa Ba, Chief Financial Officer (CFO), updated the commissioners on the Alliance's most recent financial performance for the seven months ending on July 31, 2023. Year-to-Date (YTD) Operating Income was \$75.7M, with a Medical Loss Ratio (MLR) of 87.3% and an Administrative Loss Ratio (ALR) of 5.2%.

Revenue was favorable YTD, as compared to the budget, due mainly to the boosted enrollment because of the Public Health Emergency (PHE) extension.

Medical cost was unfavorable YTD, compared to the budget, mainly attributable to increased utilization in Inpatient, Allied Health, Behavioral Health, and Transportation services.

The Commissioners discussed concerns around network adequacy, particularly relative to access to specialist services. Ms. Ba acknowledged the importance of strategic network development and the need to identify opportunities to help to close care gaps.

The Commissioners commented on the increased utilization in Inpatient Services and noted the importance of partnering to help keep members in our communities healthy and avert the need for hospitalizations when possible. Ms. Ba advised that efforts through the Value Based Payment programs, and the Alliance's Grant Program are some examples of ways that the plan and providers can work together towards the shared goal of improved health for our members.

5. 2023 Forecast. (1:57 - 2:09 p.m.)

Next, Ms. Ba presented an updated 2023 forecast.

The CFO explained that the forecast presented at the June meeting was based on YTD May actuals, while the updated forecast presented today is based on YTD July actuals. The updated forecast expects a \$90.8M or 5.5% Operating Income, with 88.7% MLR and 5.8% ALR.

Next, Ms. Ba went on to review the enrollment, revenue, and medical cost assumptions.

The enrollment assumptions were higher than the previous forecast. The updated forecast aligned the Alliance's enrollment assumptions with the revised DHCS disenrollment projection. This reduced the disenrollment percentage from 22% to 17% from the peak membership in June 2023.

Revenue assumptions remain the same as the earlier forecast, which is better than the budget because of the delay in redetermination and the unchanged application of the draft 2023 rate. Additionally, a \$14.4M prior-year revenue settlement is included in the updated assumptions.

[Chair Molesky arrived at this time and presided over the remainder of the meeting: 2:03 p.m.]

Medical expenses are higher than budget and the earlier forecast due to continued increases in Inpatient, Allied Health, Behavioral Health, and Transportation. However, despite the higher PMPM medical cost, the MLR is better than the budget at 88.7% due to the favorable revenue.

Overall, the forecast expects an Operating Income of \$90.8M or 5.5%, with an MLR of 88.7% and an ALR of 5.8% to end the year.

6. 2024 Preliminary Budget and Five-Year Projection. (2:09 – 2:37 p.m.)

Ms. Ba oriented the commissioners to the preliminary 2023 budget. She provided a breakdown of assumptions related to enrollment, revenue, and medical costs.

With regard to enrollment, it is expected that member months will decrease slightly in 2024. The impact of redetermination is expected to be offset by the increased enrollment from the expansion counties and newly eligible undocumented members ages 26-49.

It is expected that revenue increases will be minimal due to the implementation of the quality withhold, as well as unfavorable changes in the population demographic mix next year due to redetermination. It is expected that DHCS will release the 2024 draft rates in October, which will be incorporated into the final budget.

Medical cost is expected to increase by approximately 3% due to the continued increase in utilization of Inpatient, Behavioral Health, Transportation, and other Allied Services, combined with a 3.5% increase in unit cost.

The administrative budget target is \$108.8M, or 6.7% ALR. This represents a \$12.3M or 12.8% increase from the 2023 Budget. Ms. Ba explained that administrative efforts around the 2024 Medi-Cal contract, new services from the CalAIM initiatives, and D-SNP preparation contributes to this increase.

In summary, the preliminary budget has an Operating Income of \$3.0M or 0.2%, with 93.2% MLR and 6.7% ALR. Staff will present the final budget to the Board in December.

Lastly, the CFO guided the Commissioners through a five-year outlook through 2027. She explained that the uncertainty around the regional rate, set to begin in 2025, could significantly threaten the Alliance's finances. Under the regional rate, the Alliance revenue will be risk- and quality-adjusted, competing funding with other local and commercial Medi-Cal managed care plans.

Additionally, Ms. Ba explained that an expected increase in medical utilization and unit costs, in conjunction with limited revenue increases, are likely to result in operating losses from 2025 through 2027. However, the CFO pointed out that the Alliance's reserve is healthy and can help to weather such losses. If the regional rate is implemented, the reserve is projected to decrease from twelve to eight times the Tangible Net Equity (TNE) requirement and remain healthy.

The Commission adjourned its meeting of September 27, 2023, at 2:37 p.m.

Respectfully submitted,

Ms. Dulcie San Paolo
Finance Administrative Specialist



Quality Improvement Health Equity Committee

Date: April 25, 2024

Time: 12pm – 1:30pm

Location: MS Team Meeting

MINUTES

| | | | |
|--|---|---|--|
| Chair: Dennis Hsieh, MD, CMO | | Minutes by: Jacqueline Van Voerkens | |
| Members Present: | Dr. Caroline Kennedy, Family Medicine, Dr. Eric Sanford, Family Medicine, Dr. Minoo Sarkarati, Internal Medicine/Pediatrics, Dr. Sandrine Pirard, Psychiatrist, Dr. Stephanie Chang, Family Medicine, Susan Harris, and Myisha Reed | | |
| Members Absent: | Dr. Oguchi Nkwocha, Family Medicine, Dr. Stephanie Graziani, Pediatrics, Cheri Collette, and Stacey Kuzak. | | |
| Central California Alliance for Health staff: | Ms. Andrea Swan Ms. Azura Sanchez Ms. DeAnna Leamon Ms. Desirre Herrera Ms. Elizabeth Leary Ms. Emily Kaufman Ms. Kristen Rohlf Dr. Kristynn Sullivan, PhD Ms. Lilia Chagolla Ms. Linda Gorman Dr. Maya Heinert Dr. Michael Wang Ms. Navneet Sachdeva Dr. Omar Guzman Ms. Ronita Margain Ms. Sarah Sanders Ms. Sarina King Mr. Scott Fortner Dr. Shaina Zurlin Ms. Tammy Brass Ms. Viki Doolittle | QI/ Population Health Director Administrative Assistant – Utilization Management Clinical Safety Quality Manager Quality and Health Programs Manager Care Management Director Clinical Safety Supervisor Quality Improvement Manager Program Development Director Member Services Director Marketing and Communications Director Medical Director Medical Director Pharmacy Director Chief Health Equity Officer Community Engagement Dir., Merced Grievance and Quality Manager Quality and Performance Improvement Manager Chief Administrative Officer Behavioral Health Director Utilization Management Director Utilization Management Manager | |



Quality Improvement Health Equity Committee

Date: April 25, 2024

Time: 12pm – 1:30pm

Location: MS Team Meeting

MINUTES

| Item No. | Agenda Item | | |
|----------------------------------|-------------------------------------|--|--|
| I. | Call to Order | Dr. Dennis Hsieh called the meeting to order at 12:02 PM and welcomed the members. Dr. Hsieh opened the floor for any announcements. No announcements were received from the Committee. Attendance was taken and a quorum was present. There were no supplements or deletions to the agenda. Announcement: Dr. Hsieh introduced new members of the committee. | |
| Items for Approval | | Discussion | Action/Recommendation |
| II. | Review & Approve Minutes | The Minutes from the November 30, 2023 QIHEC Meeting were reviewed. <i>*Dr. Eric Sanford motioned to approve the minutes from the November 30, 2023 QIHEC meeting.</i> <i>*Elizabeth Leary seconded the motion for approval.</i> <i>*Committee approved November 30, 2023 QIHEC as presented.</i> | <i>The QIHEC approved the November 30, 2023 QIHEC meeting minutes.</i> |
| Action Item Follow Up | | | |
| III. | | All action items complete. | |
| Items for Review/Approval | | Consent Agenda Items | Action/Recommendation |
| IV. | Review | <u>Subcommittee/Workgroup Meeting Minutes</u> | |
| | | <ul style="list-style-type: none"> Pharmacy and Therapeutic (P&T) Committee Minutes | <i>Approved at P&T</i> |
| | | <ul style="list-style-type: none"> Quality Improvement Health Equity Workgroup (QIHEW) Minutes | <i>Approved at QIHEW</i> |
| | | <ul style="list-style-type: none"> Utilization Management Workgroup (UMWG) Minutes | <i>Approved at UMWG</i> |
| | Approve | <u>Workplans:</u> | |
| | | <ul style="list-style-type: none"> Q3 2023 Utilization Management Work Plan | <i>Approved</i> |
| | | <ul style="list-style-type: none"> Q3 2023 Utilization Management Work Plan Executive Summary | <i>Approved</i> |



Quality Improvement Health Equity Committee

Date: April 25, 2024

Time: 12pm – 1:30pm

Location: MS Team Meeting

MINUTES

| | | <ul style="list-style-type: none"> Q3 2023 Quality Improvement Health Equity Transformation (QIHET) Program Work plan | <i>Approved</i> |
|---|---|--|-----------------------|
| | | <ul style="list-style-type: none"> Q3 2023 QIHET Workplan Executive Summary | <i>Approved</i> |
| | Approve | QIHEC Charter | <i>Approved</i> |
| | Review | Delegate Oversight Report: The VSP Q3 2023 and the Carelon Q3 2023 quarterly delegate oversight summary included in consent agenda meeting packet. | <i>Reviewed</i> |
| | Approve | UMWG Charter | <i>Approved</i> |
| | Approve | Carelon Q4 2023 Utilization Management Report | <i>Approved</i> |
| | Review | Pharmacy Member Benefit updates | <i>Reviewed</i> |
| Policies: Require QIHEC Approval | | | |
| Number/Title | Significant Changes | | Action/Recommendation |
| 401-1101 Quality Improvement & Health Equity Transformation Program | Updated policy to meet contractual language: <ul style="list-style-type: none"> 2024 DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 2.2.6.K 2024 DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 2.2.6.L Regarding delivery of Medically Necessary non-specialty and specialty mental health services. Attachments A & B updated. 2024 NCQA Accreditation standard QI2B | | <i>Approved</i> |
| 401-1201 Quality Improvement Health Equity Committee | Removed list of committee member specialties as not required. | | <i>Approved</i> |
| 401-1501 Standards of Care | Added: Reference to American Psychiatric Association (2013). <i>Diagnostic and Statistical Manual of Mental Disorders</i> (DSM-5). | | <i>Approved</i> |
| 401-1502 Adult Preventive Care | <ul style="list-style-type: none"> Added language for cervical cytology coverage under AB 659 section 1367.66(a). Added references for updated Initial Health Appointment (IHA) and Facility Site Review and Medical Record Review DHCS APLs. Attachment: Added new IHA requirements and updated APLs for IHA and Facility Site Review and Medical Record Review DHCS APLs. | | <i>Approved</i> |



Quality Improvement Health Equity Committee

Date: April 25, 2024

Time: 12pm – 1:30pm

Location: MS Team Meeting

MINUTES

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| 401-1505 Childhood Preventive Care | <p>Added:</p> <ul style="list-style-type: none"> Mental health parity and collaboration with DHCS in implementing the California Children and Youth Behavioral Health Initiative. <p>Contract references Updated:</p> <ul style="list-style-type: none"> Policy language for Initial Health Appointment to include risk assessment. <p>Added:</p> <p>Alliance training to Providers for EPDST, record documentation, coding, population health management requirement, health education resources, and provider and member incentives.</p> | <i>Approved</i> |
| 401-1509 Timely Access to Care | <p>Added: The Alliance will monitor access for disabled members pursuant to the Americans with Disabilities Act of 1990, in alignment with Alliance Policy 200-1006 <i>Accessibility for Members with Disabilities</i>.</p> | <i>Approved</i> |
| 401-1511 Initial Health Appointment | <p>Added new contract references:</p> <ul style="list-style-type: none"> Medi-Cal Contract Exhibit A, Attachment 3, Provision A.3.5.3.4.A Medi-Cal Contract Exhibit A, Attachment 3, Provision A.3.5.3.4.C Medi-Cal Contract Exhibit A, Attachment 3, Provision A.3.5.3.5.A | <i>Approved</i> |
| 401-1521 Physical Accessibility Review | <p>Annual review, no content changes, no 2024 contract changes required.</p> | <i>Approved</i> |
| 401-3104 Disease Management Program | <p><u>Retire</u>: Recommending retiring this policy. We have added disease management education processes in policy #401-3101. There is no need for a separate policy.</p> | <i>Approved</i> |
| 401-3105 Diabetes Prevention Program and Diabetes Self-Management Education Benefit | <p><u>Retire</u>: Recommending retiring this policy. We have added diabetes education processes in policy #401-3101. There is no need for a separate policy. Diabetes Prevention Program is now a Medi-Cal benefit and covered under specific Medi-Cal assigned billing codes.</p> | <i>Approved</i> |
| 401-3108 Asthma Education Benefit | <p><u>Retire</u>: Recommending retiring this policy. Asthma Education is now a Medi-Cal benefit and covered under specific Medi-Cal assigned billing codes.</p> | <i>Approved</i> |
| 401-3109 Comprehensive Tobacco Cessation Services | <ul style="list-style-type: none"> Removed outdated content. Updated name of Initial Health Appointment. Updated 2024 contract references. | <i>Approved</i> |
| 401-4103 Interpreter Services | <ul style="list-style-type: none"> Added Telephonic interpreting services are available for providers to access to communicate with members 24 hours a day, 365 days a year. Added procedure for Oral Interpretation requests per NCQA requirement. Added new 2024 contract requirements | <i>Approved</i> |



Quality Improvement Health Equity Committee

Date: April 25, 2024

Time: 12pm – 1:30pm

Location: MS Team Meeting

MINUTES

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| 404-1101 UM Program | NCQA requirements | <i>Approved</i> |
| Policies: Informational | | |
| Number/Title | Significant Changes | Action/Recommendation |
| 401-3101 Health Education and Disease Management Program | <ul style="list-style-type: none"> Recommend changing name. This policy will be primary to explain Alliance Health Education and Disease Management programs. I have cross referenced for NCQA and Medi-Cal contract requirements for these services. Updated 2024 contract references. | <i>Approved at QIHEW</i> |
| 401-3102 Health Education Materials | <ul style="list-style-type: none"> Updated flow to match APL for easier review/reference. No major changes only additions from APL for better understanding of requirements. Updated 2024 contract references. | <i>Approved at QIHEW</i> |
| 401-3103 Health Promotion Incentives for Members | <ul style="list-style-type: none"> Updated flow to match APL 16-005 for easier review/reference. No major changes only additions from APL for better understanding of requirements. Updated 2024 contract section references. | <i>Approved at QIHEW</i> |
| 401-3106 Perinatal Health Program | <ul style="list-style-type: none"> Added new 2024 contract requirements under 3. Provider Referral to Specialists in the policy. The content is required under the 2024 contract under Exhibit A, Attachment III, 5.3 Scope of Services, 5.3.6 Pregnant and Postpartum Members | <i>Approved at QIHEW</i> |
| 401-3107 Breastfeeding Promotion, Education and Counseling | <ul style="list-style-type: none"> Added new 2024 contract requirements to "policy" section. Removed all content that is not required for the 2024 contract, Population Health and not required for the Policy Letter 98-010. Added alliance policy reference for DME section. <p>Removed all other services that will be retired with benefits hub and not part of this policy.</p> | <i>Approved at QIHEW</i> |
| 401-4101 QI Long Term Services and Supports | <p>New policy created to describe the Central California Alliance for Health (the Alliance) processes for the Long-Term Services and Supports (LTSS) Quality Assurance Performance Improvement (QAPI).</p> <p>Policy created to be in alignment with the following APL's:</p> <ul style="list-style-type: none"> APL 23-004 – Skilled Nursing Facilities – Long-Term Care Benefit Standardization and Transition of Members to Managed Care | <i>Approved at QIHEW</i> |



Quality Improvement Health Equity Committee

Date: April 25, 2024

Time: 12pm – 1:30pm

Location: MS Team Meeting

MINUTES

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| | <ul style="list-style-type: none"> • APL 23-023-- Intermediate Care Facilities For Individuals With Developmental Disabilities - Long Term Care Benefit Standardization And Transition Of Members To Managed Care • APL 23-027 - Subacute Care Facilities -- Long Term Care Benefit Standardization And Transition Of Members To Managed Care | |
| 401-4102 Translation of Alliance Documents | <ul style="list-style-type: none"> • Added new 2024 contract requirements. • Added more content to the quality review section | <i>Approved at QIHEW</i> |
| 401-1515 Nurse Midwife Guidelines | <p>SB 667 Healing Arts: Pregnancy and Childbirth (<i>the text highlighted in yellow was added to the policy under a Scope of Practice</i>)A</p> <p>(2) Existing law prohibits, except as specified, a person from performing a clinical laboratory test or examination classified as waived or classified as of moderate complexity under the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) unless the test or examination is performed under the overall operation and administration of the laboratory director, as specified. Existing law defines laboratory director for this purpose.</p> <p>This bill would amend the definition of laboratory director to include a nurse-midwife serving as a director of a laboratory that performs only testing and examinations classified as waived or a provider-performed microscopy authorized within the scope of the nurse-midwife's certificate to practice.</p> | <i>Approved at QIHEW</i> |
| 401-1607 HEDIS Program Management and Oversight | <p>The requirement of A.3.2.2.g.B is under Policy # 401-1101 Quality Improvement & Health Equity Transformation Program (QIHETP) on page 21, updated the HEDIS policy to reference the Alliance policy 401-1101.</p> <p>Due to APL 23-12 Enforcement Actions Administrative and Monetary Sanctions, as well as the exemption Regulatory Affairs received from the DMHC APL 22-028 – Health Equity and Quality Measure Set and Reporting Process, additional edits to remove the IHSS reporting population as well as add in the sanction information.</p> | <i>Approved at QIHEW</i> |
| 404-1103 Hair Removal | Updated to align with Strategic Plan 2022-2026 | <i>Approved at UMWG</i> |
| 404-1111 Utilization Management Assessment Process | NCQA UM2: Element C: Factor 1 & 2 | <i>Approved at UMWG</i> |
| 404-1114 Continuity of Care | Changes made to reflect requirements of NCQA NET4B 42 Code of Federal Regulations Section 438.62 | <i>Approved at UMWG</i> |



Quality Improvement Health Equity Committee

Date: April 25, 2024

Time: 12pm – 1:30pm

Location: MS Team Meeting

MINUTES

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| | APL 23-022, 23-027 | |
| 404-1201 Authorization Request Process | Health and Safety Code section 1368.1(a) | <i>Approved at UMWG</i> |
| 404-1202 After-Hours Availability: Changes | 2024 contract updates | <i>Approved at UMWG</i> |
| 404-1303 RCR Process | Strategic Plan 2022-2026 | <i>Approved at UMWG</i> |
| 404-1306 Extended and Standing Referral Authorizations | Revised per Operational Readiness deliverables | <i>Approved at UMWG</i> |
| 404-1307 - Medical Second Opinion | Aligning policies for the new procedure no RAF | <i>Approved at UMWG</i> |
| 404-1309 - Member Services to Self- Referred | Strategic Plan 2022-2026 | <i>Approved at UMWG</i> |
| 404-1310 Attachment A Requirements for Referral of Members to Specialty Providers | Strategic Plan 2022-2026 | <i>Approved at UMWG</i> |
| 404-1312 Standing Referrals to HIV AIDS | Updates made to clarify standing referrals, and service types which do not require a referral | <i>Approved at UMWG</i> |
| 404-1521 Hospital Stays Where Discharge Death or Transfer Occurs on the Day of Admission | Regular Review | <i>Approved at UMWG</i> |
| 404-1524 Long Term Care for Medi-Cal Members | Adding language to policy per DHCS APL 23-027 | <i>Approved at UMWG</i> |
| 404-1527 Palliative Care | Revised for 2024 Contract language | <i>Approved at UMWG</i> |
| 404-1702 Provision of Family Planning | Revised per Operational Readiness deliverables/ | <i>Approved at UMWG</i> |
| 404-1706 PT Guidelines | Updated references | <i>Approved at UMWG</i> |
| 404-1707 Acupuncture Services | Strategic Plan 2022-2026 | <i>Approved at UMWG</i> |
| 404-1708 Chiropractic Services: Changes | Regular Review | <i>Approved at UMWG</i> |



Quality Improvement Health Equity Committee

Date: April 25, 2024

Time: 12pm – 1:30pm

Location: MS Team Meeting

MINUTES

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|---|--|---|
| 404-1710 Pediatric Therapies for Medi-Cal Recipients: Changes | Updated for Medi-Cal Contract 2024, Exhibit A, Attachment 3, Provision 4.3.9.C | <i>Approved at UMWG</i> |
| 404-1712 Biofeedback Training Urinary Incontinence | Regular Review | <i>Approved at UMWG</i> |
| 404-1715 Genetic Testing | Update to align with Senate Bill (SB) 496 | <i>Approved at UMWG</i> |
| 404-1719 Home Health | Updated references | <i>Approved at UMWG</i> |
| 404-1723 MOT | Revised per Operational Readiness deliverables / 2024 Medi-Cal Contract | <i>Approved at UMWG</i> |
| 404-1724 Hospital Transportation from Primary Care Physician Office | Regular Review | <i>Approved at UMWG</i> |
| 404-1727 Telehealth | Changes made to reflect requirements per DHCS APL 23-001. | <i>Approved at UMWG</i> |
| 404-1731 Medication Assisted Treatment | Revised for DHCS Medi-Cal Contract Exhibit A, Attachment 11, Provision 8 | <i>Approved at UMWG</i> |
| 404-1734 Allergy Immunotherapy | Annual Review | <i>Approved at UMWG</i> |
| 404-1739 Doula Services | Verbiage Added per AB 904 | <i>Approved at UMWG</i> |
| 404-1740 Complex Cancer Care | Updated for AB 659 - Cancer Prevention Act | <i>Approved at UMWG</i> |
| 404-1742 UM MCP Transition Policy | Created to align with APL 23-018/2024 MCP Transition Policy Guide | <i>Approved at UMWG</i> |
| 404-1743 Intermediate Care Facility Developmental Disabled Homes | Edited to align with APL 23-004 | <i>Approved at UMWG</i> |
| Regular Agenda | | Action/Recommendation |
| IV. | Strategic Objective | Dr. Omar Guzman presented on the Alliance Strategic Objective, which is focused on closing quality gaps in the Managed Care Accountability Sets (MCAS) measures around child preventive services, specifically in Merced and Mariposa. Trends in data that have shown the geographical disparity in the outcomes within MCAS measures within the five counties. The alliance was sanctioned on eight MCAS measures last year, six of them specifically on child preventative services, and all eight in Merced. The current quality |



Quality Improvement Health Equity Committee

Date: April 25, 2024

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MINUTES

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| | | <p>strategy for closing this MCAS measures revolves around three focus areas to build trust, which include Member and Community Support, Provider Support, and Data.</p> <p>Actions for Member Community and support include increasing communication (ex: Texting Campaign), increasing incentives measures (ex: Breast Cancer Screening and Lead Screening), increasing trust (in 2023, the Alliance Merced office hosted a collaborative Health Fair that built trust between the Alliance and members, as well as between the Alliance and other key stakeholders), and increasing access (ex: expansion of school-based immunization clinics).</p> <p>Enhanced reporting will include:</p> <ul style="list-style-type: none"> • Enhanced data for providers (e.g., expanded demographics, contact info, timeliness). • MCAS dashboard that is filterable by stratifications (e.g., county) to monitor improvements. • Enhanced data capture with BH data (POS codes on outpatient visits for FUM/FUA). <p>Alternative Data sources (HIE/HER/Etc.):</p> <ul style="list-style-type: none"> • Explore opportunities to supplement claims data. • Add Logical Observation Identifiers Names and Codes (LOINC) for depression screening to the Provider Portal Data Submission Tool (DST), to allow providers to submit supplemental information for data not received through claims. • Review opportunities to include additional historical claims for DST submission (ex. Data collection of colorectal cancer diagnosis). <p>Data sharing with Providers:</p> <ul style="list-style-type: none"> • Many programs have as a dependency on reliably sharing timely data with providers. <ul style="list-style-type: none"> ◦ MCAS updates, Transitions of Care, Basic Population Health. • Provider portal has issues – exploration on if this the best tool moving forward. <ul style="list-style-type: none"> ◦ In interim, build on what is being shared so providers can proactively identify members needing preventative services. <p>Dr. Sanford inquired on how the Alliance surveys those who are most affected, such as the parents who are not bringing their children in for appointments, or only occasionally,</p> | |
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Quality Improvement Health Equity Committee

Date: April 25, 2024

Time: 12pm – 1:30pm

Location: MS Team Meeting

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| | | <p>to inquire what are the barriers. The data might lead to interventions that would be more likely be effective. Dr. Guzman replied that Member Focus groups will be created and focusing on elevating the members voices that are missing.</p> <p>Susan Harris asked about the approach that Alliance is taking on member outreach and when is this going to be started, or has it already started. Dr. Guzman replied that the creation of the Member Focus groups has started, and there is an opportunity to create a CHW network with UC Merced. Through the ECM and CS provider teams, is another effective way to collect data.</p> <p>Susan Harris is building a team to connect with members and gain member feedback. MFA is partnered with Alliance for grant funding with the goal to increase providers conducting Saturday well child visits. Ms. Harris mentioned that educating providers is also a challenge. Dr. Hsieh will provide the collected data at quarterly JOC meetings.</p> <p>Dr. Sanford indicated that community partners such as SNAP, WIC, and California Pregnancy Services, are an opportunity for education/outreach/interviews. Ms. Swan mention upcoming meeting with CHDP/CPSP/WIC is scheduled and this topic will be brought up.</p> | |
| | <p>2024 QIHETP Workplan Kickoff</p> | <p>Andrea Swan, RN presented the 2024 QIHETP Workplan. Changes focus on ensuring alignment with DHCS requirements, and NCQA requirements for accreditation. The Program Structure Element, which includes the Program Description, Workplan, and Annual evaluation has been updated. For the Workplan, four domains include Quality of Service, Quality of Care, Patient Safety, and Member Experience.</p> <p>The focus on the Program structure is to ensure QIPH completes all gaps to meets NCQA accreditation and DHCS requirements.</p> <p>Quality of Clinical Care section will focus on improving DHCS required MCAS measures and NCQA HEDIS prioritized measures. This includes analyzing gaps in data sources, and creating a new MCAS dashboard that allows for enhanced disparities analysis.</p> <p>Care Based Incentive 2024 goal is to enhance the Provider Portal reports to streamline access to reports, increase availability of functions and measures monthly. Steps have</p> | <p><i>Action:</i> Update the workplan to have clear specific concrete deliverables/results/goals, versus processes in the quality plan.</p> <p>Action Complete.</p> |



Quality Improvement Health Equity Committee

Date: April 25, 2024

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| | | <p>been implemented into the workplan to fill the gap of access to introductory CBI program information for network providers.</p> <p>Basic Population Health Management will increase presentation opportunities of Health Education services and Member Health Rewards program to Alliance internal department staff that interact with members, as well as increase member utilization of Health and Wellness programs and self-management tools by 2.5%.</p> <p>Dr. Hsieh requested, for NCQA purposes, for the quality team to update the workplan to have clear specific concrete deliverables/results/goals, versus processes in the quality plan. Sarina King replied that for Provider Partnership the goals are being measured, and those goals are aligned with the strategic plan. To get to MPL or see a measurable improvement, the goal is 5%. Current state is being tracked and alignment of the goals is with organizational goals. Ms. Swan noted that the workplan metrics will be updated as requested and presented at the upcoming QIHEW and QIHEC meetings.</p> <p>Dr. Sanford mentioned Kindergarten vaccines, because all the families want the vaccines the same month and that that might be a time where there could be some kind of vaccine event and not necessarily tie it to doing the whole child physicals, but just give vaccines to all children that are trying to get into kindergarten, maybe a have a big, vaccine fair. Dr. Sanford also indicated that the WIC /SNAP program provides hemoglobin's. What if they did LEAD at the same time with the same finger prick?</p> <p>The 2024 QIHETP Workplan was approved by the committee.</p> | |
| | <p>2023 Annual Program Review</p> | <p>Tammy Brass, RN, Utilization Management Director, presented on the Utilization Management 2023 Annual Program Review. Highlights included the data collected noting a significant decrease in inpatient stays in comparison to 2022 data. Highest rates of decrease include bed days at a 7.38% decrease and average length of stay (ALOS) at a 6.25% decrease.</p> <p>The Alliance met its goal of reducing ALOS and overall bed days by greater than 5%. The Alliance effectively reduced total inpatient admissions by more than 2% while seeing an increase in average membership of over 4%. There was a slight decrease in the total number of admissions from 27,545 in 2022 to 26,903 in 2023.</p> | |



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| | | <p>The admissions per thousand also decreased from 68 in 2022 to 64 in 2023, indicating a lower rate of admissions relative to the population or patient base.</p> <p>Opportunities for Improvement include strengthening transitional care programs in Enhanced Transitional Care, optimize Utilization Management by implementing data-driven utilization management strategies and leveraging predictive analytics, promoting greater collaboration and communication among healthcare providers, including primary care physicians, specialists, and allied health professionals, to enhance care continuity and reduce duplication of services, and for Patient-Centered Approach, focusing on personalized care plans tailored to individual patient needs, preferences, and social determinants of health.</p> <p>Dr. Hsieh requested the committee's perspective on the call center for non-emergency medical transportation. The Alliance helps schedule appointments, and Dr. Hsieh inquired about the abandonment rate for the call center and requested suggestions on how to lower the rate. Ms. Brass responded that an internal corrective action plan (CAP) was created to improve this metric. It was found that the abandoned rate is higher when there is a longer wait time. Members hang up and call right back thinking it will reduce the wait time. To reduce abandon rates, the team contacts members proactively before the member reaches out to the Alliance. The QIHEC external committee members discussed texting as an option to reduce abandonment rate.</p> <p>Dr. Pirard inquired if an improvement in inpatient stay reduction was seen in response to the COVID vaccinations. Ms. Brass noted that the Alliance tracks and trends COVID inpatient utilization. In 2023, some peaks (COVID surges) were noted. Overall reduction in the inpatient was reflected in the increase in vaccination of Members. Another peak affecting admission periods were Respiratory Syncytial Virus (RSV) and Influenza (flu.)</p> <p>Dr. Sanford expressed concern regarding shortening inpatient stays, and the correlation between mortality rates, or readmission rates. Ms. Brass indicated that this data is provided in more detail in the next agenda item, the Utilization Management Workplan.</p> | |
| | 2024 UM Workplan Kickoff | Tammy Brass, RN reviewed the 2024 UM Workplan. The UM Workplan is separated into four sections, Projects and Initiatives, Operational Performance, Utilization Performance, and UM Delegate Oversight. | |



Quality Improvement Health Equity Committee

Date: April 25, 2024

Time: 12pm – 1:30pm

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| | | <p>Summary of Changes for 2024 UM Work Plan Template:</p> <p>Added Expansion Counties of San Benito and Mariposa. System Transformation Development / Community Care Coordination objectives updated for 2024. Reducing Readmissions Initiative updated to reflect 2023 Strategic Goals - Total 30-day HR Readmissions and Total ED visits for HR members. Inpatient Utilization updated Admins (K/Y) reported in 2021, State Admit Averages, and Bed-Day Goals. Emergency Department Utilization updated State averages from DHCS Medi-Cal Dashboard released 1/24/22 (for data through 3/2021), and 2022 Goals.</p> <p>Pharmacy Utilization:</p> <ol style="list-style-type: none"> 1. PMPM – removed. Pharmacy claims shifted to Magellan. 2. Medical Necessity Pharmacy Denied – will only reflect PADs 3. Top 10 Pharmacy drugs that result in medical necessity denial. – changed to top 5 PADs 4. Narcotic Utilization program – removed – Medi-Cal moved to Magellan. IHSS moved to MedImpact. 5. Prescription Emergency Access – Removed after confirmation with Compliance. Not pertinent as Medi-Cal Pharmacy claims not Alliance responsibility. <p>Under / Over Utilization Tracking and Reporting added language to description for Auto Auth/NTR monitoring. Emerging Under / Over Utilization Analysis added field for Auto Auth/NTR reporting. UM Delegate Oversight added MedImpact UM File Audit and MedImpact Medical Necessity Pharmacy Denial Per Quarter.</p> <p>Dr. Hsieh inquired if the decreased inpatient length of stay increased the readmission rate. Ms. Brass indicated, as reflected in the UM Executive Summary, there was a 2% overall decrease in readmissions, and a decrease in Avoidable ED use as well. Concurrent Review nurses reach out to members upon discharge; the Care Management team also reaches out to members to connect them with ECM services, and the biggest part is finding alternate placements for a member that is difficult to place.</p> | |
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Quality Improvement Health Equity Committee

Date: April 25, 2024

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| | | <p>The 2024 Utilization Management Workplan was approved by the Committee.</p> | |
| | <p>Utilization Management Criteria Review and Discussion</p> | <p>Tammy Brass, RN, the Utilization Management Criteria Review and Discussion. Member Benefits and Criteria Review is led through the UM Work Group. The UM team receives the coding updates from the state, reviews policy criteria changes needed, and any emerging needs from external stakeholders. Updated Codes from Medi-Cal were reviewed with the committee.</p> <ul style="list-style-type: none"> • Orthotics updates were reviewed. • ECM Automation Authorization code was added in quarter 1 part, which was added to improve access for members and decrease that administrative burden for providers. • Update on Cancer Gene Testing was reviewed. <p>Dr. Sanford inquired about the frequency limit of the genetic testing. Ms. Brass indicated that the Alliance reviews each request by medical necessity basis and will not deny simply on lifetime maximum allowable reached.</p> <p>Ms. Brass indicated that NCQA criteria requires external stakeholder feedback and input in authorization framework development and criteria review. The Alliance welcomes feedback and reverse in this forum. Ms. Brass encouraged the committee to provide suggestions, not only for removal an authorization requirement, but also consideration of a non-covered benefits. Many system-based configurations were created from prior feedback received from this committee. Those changes have been presented to this committee.</p> <p>NCQA also requires internal UM policies undergo an external stakeholder review through an independent medical review process, then final review by QIHEC.</p> <p>Dr. Sanford inquired if the Alliance has a system in place items to review authorizations with high approval rates. Dr. Sanford asked if criterion is being reviewed to consider removing barriers or alternate modes to monitor overutilization or fraud. Ms. Brass stated that routine and ongoing review of codes with high approval rate / low denial rate are</p> | |



Quality Improvement Health Equity Committee

Date: April 25, 2024

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| | | reviewed to consider configuration changes. The QIHEC external committee members discussed the incorrect use of diagnosis codes, resources, and shortage of specialists. | |
| | Emerging Issues | No emerging issues were presented by the committee | |
| | Future Topics | Carelon review of UM Report | |
| Action Items | | | |
| Agenda Item | What is the action item | Due date | Responsible staff |
| 2024 QIHETP Workplan Kickoff | Update the workplan to have clear specific concrete deliverables/results/goals, versus processes in the quality plan. Action Complete. | 6/27/2024 | Andrea Swan |
| | | | |
| Meeting adjourned at 1:20 p.m. | | | |
| Next Meeting June 27, 2024 | | | |
| Approved by Committee Date: June 27, 2024 | Signature: <i>Andrea Swan, RN, Quality Improvement Population Health Director</i> | | Date: <i>June 27, 2024</i> |



Meeting Minutes

Monday, May 13, 2024

Teleconference Meeting

Members Present:

| | |
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| Janna Espinoza Chair | Monterey County – CCS WCM Family Member, WCMFAC |
| Frances Wong | Monterey County – CCS WCM Family Member |
| Susan Skotzke | Santa Cruz County – CCS WCM Family Member |
| Heloisa Junqueira, MD | Monterey County – Provider |
| Manuel López Mejia | Monterey County – CCS WCM Family Member |
| Paloma Barraza | Monterey County – CCS WCM Family Member |
| Kevin Smith | Merced County – Local Consumer Advocate |
| Kim Pierce | Monterey County – Local Consumer Advocate |

Members Absent:

| | |
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| Michael Molesky | Santa Cruz County – Alliance Commissioner |
| Heidi Boynton | Santa Cruz County – Local Consumer Advocate |
| Irma Espinoza | Merced County – CCS WCM Family Member |

Staff Present:

| | |
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| Ashley McEowen, RN | Complex Case Management Supervisor - Pediatric |
| Jessie Dybdahl | Provider Services Director |
| Kelsey Riggs, RN | Complex Case Management Manager - Pediatric |
| Lilia Chagolla | Member Services Director |
| Linda Gorma | Marketing and Communications Director |
| Maura Middleton | Member Services Administrative Assistant |
| Ronita Margain | Community Engagement Director |
| Rebecca McMullen | Behavioral Health Program Manager |

Guest:

| | |
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| Anna Rubalcava | Merced County |
| Denise Sanford | Santa Cruz County |

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| Christine Betts | Monterey County |
| Esperanza Compean | Central Valley Resource Center |
| Kevin Low | County of Monterey |
| Tracy McKnight | Central Valley Resource Center |
| Maria Santillan | Kinship Center for Children |

1. Call to Order by Chairperson Espinoza.

Chairperson Espinoza called the meeting to order.

Committee introductions and roll call was taken.

2. Oral Communications.

Chairperson 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

J. Espinoza opened the floor for approval of the meeting minutes of the previous meeting on March 11, 2023. Minutes were approved with no further edits.

Regular Agenda Items:

4. CCS Advisory Group Representative Report

S. Skotzke provided updates on topics of concern for the CCS population. CCS is preparing for the Kaiser implementation which is causing some concerns that it may push out other providers. State budgetary issues will soon start trickling down and can affect the CCS consumer.

There is concern that the CCS population is decreasing and that there is room for more family voices to get the message out. T. McKnight noted that some children in the foster care system are not enrolled in a Manage Care health plan and therefore may be getting access to many of the services the children are receiving in a Managed Care health plan. Thus, raising concerns that children could be falling through the cracks.

5. Alliance Provider Directory

J. Dybdahl provided a demo of the Provider Directory, located on the Alliance website. The goal was to gain feedback on understandability and usefulness to members. She moved through the online Provider Directory highlighting areas that would be helpful, such as how to sort, find a CCS provider, change the language etc.

As well as how to find information for our providers such as Carelton for Mental Health, VSP for eye care and Pharmacy.

In reviewing the site some committee members noted:

- They had not used this function but would do so now that they have been informed.

J. Dybdahl then solicited feedback on the Provider Network. She asked for feedback on the following topics:

- ***What should providers know about the Alliance members; how can we help educate providers?***
 - MTU's and schools could help enforce the handicap parking spots. Members often face challenges accessing parking close to the building, as often, the handicap spots are not free.
 - They also noted the MTU's be located in schools becomes cumbersome for members to access care during school drop offs and pick up.
 - It was suggested that it would be helpful to produce a video to be shown to parents, the challenges that CCS families encounter, especially in terms of mobility in parking lots.
- ***What other providers would you like to see in the Alliance network?***
 - Alternative medicine such as Chinese medicine, herbal medicine
 - Naturopath medicine
 - Acupuncture

6. Review Action Items

R. Margain reviewed the actions items.

7. Future Agenda Items

Committee member requested more discussion around non ADA challenges that they face.

Committee member requested an overview of ECM/CS program.

Adjourn:

The meeting adjourned at 2:58 p.m.

The meeting minutes are respectfully submitted by Maura Middleton, Administrative Assistant. Member Services

Next Meeting: Monday, July 15, 2024, at 1:30 p.m.



DATE: August 28, 2024
TO: Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission
FROM: Michael Schrader, Chief Executive Officer
SUBJECT: Department of Health Care Services Contract CY 23 Rate Amendment

Recommendation. Staff recommend the Board authorize the Chairperson to sign an Amendments to the primary and secondary agreements (08-85216 A60 and 22-20492 A02) between the Department of Health Care Services (DHCS) and the Alliance to incorporate updated Capitation Payment rates for Calendar Year (CY) 2023.

Background. The Alliance contracts with the Department of Health Care Services (DHCS) to provide Covered Services to eligible and enrolled Medi-Cal beneficiaries. Primary Agreement 08-85216 was effective January 1, 2009, and has subsequently been amended via written amendments (A-1 through A-59). The Secondary Agreement 22-204492 was effective January 1, 2023, and has subsequently been amended via written amendment (A01).

Discussion. DHCS prepared amendments to the Alliance's Primary and Secondary agreements to adjust the CY 23 capitation rates to reflect necessary adjustments related to the Managed Care Organization (MCO) tax.

Fiscal Impact. There is no financial impact as Staff has already accrued for this adjustment.

Attachments. N/A

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DATE: August 28, 2024
TO: Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission
FROM: Lisa Ba, Chief Financial Officer
SUBJECT: Policy Revision – Alliance Policy 700-2000 – Board Designated Reserve (“Reserve”)

Recommendation. Staff recommend the Board approve revisions to Alliance Policy 700-2000 – Board-Designated Reserve (“Reserve”).

Summary. Alliance Policy 700-2000 – Board-Designated Reserve (“Reserve”) has been revised to include an update to the strategic use of Alliance reserves.

Background. On December 3, 2014, in the approval of the Alliance investment framework, the Alliance’s Board increased the Health Care Expense Reserve target from two times to three times the annual average of monthly premium capitation. The Board also approved the framework for strategic use of reserves, resulting in the Medi-Cal Capacity Grant Program (MCGP). On February 25, 2015, the Board explicitly and separately approved the Health Care Expense Reserve, the Board-designated reserve target, of three times the average monthly premium capitation. On June 22, 2022, the Alliance’s Board approved an updated Health Care Expense Reserve Policy recognizing the Board designated reserve target at three times the average monthly premium capitation. The Reserve Target is a component of the Alliance’s financial plan, which provides that surplus funds are used to expand access, improve benefits, or augment provider reimbursement. The policy indicates that annually, following the acceptance of the annual independent financial audit, the Alliance Board may strategically allocate a fund balance that exceeds the Reserve Target to enable the implementation of future programs and/or to the Medi-Cal Capacity Grant Program (MCGP) to strengthen the local delivery system for the future.


Discussion. The Alliance Board allows using reserves to expand access, improve benefits, and augment provider reimbursement. On June 26, 2024, the Alliance Board approved using reserve surplus to make provider supplemental payments over multiple years to advance realized network access and health equity. Staff recommends updating Policy 700-2000 – Board Designated Reserve (“Reserve”) to explicitly state that the Board may allocate excess reserve to make provider supplemental payments to improve realized network access and advance health equity. This is in addition to funding future program requirements and the Medi-Cal Capacity Grant Program.

Fiscal Impact. There is no fiscal impact. The Alliance fund balance in internal or regulatory reporting remains the same as the current policy. The internal fund balance reporting will show the amount for each strategic use.

Attachments

1. Alliance Policy 700-2000– Board-Designated Reserve (“Reserve”)

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|  | POLICIES AND PROCEDURES |
| Policy #: 700-2000 | Lead Department: Finance |
| Title: Board-Designated Reserve ("Reserve") | |
| Original Date: 8/1/2022 | Policy Hub Approval Date: |
| Approved by: Lisa Ba, Chief Financial Officer | |

Purpose:

Central California Alliance for Health (the Alliance) implements a financial plan to ensure the long-term financial viability of the organization, including providing uninterrupted services to its members, timely and adequate reimbursement to its providers, compliance with regulatory requirements, and ensuring organizational capacity to respond to short and long-term capital needs and opportunities consistent with the Alliance's strategic plans. The financial plan ensures the creation of prudent reserves and provides for use of surplus funds to expand access, improve benefits, and augment provider reimbursement. This policy addresses requirements around the creation of a prudent Health Care Expense Reserve ("Reserve") and allocation of surplus funds beyond the required Reserve Target.

Maintaining appropriate levels of reserves is a fiscal responsibility of the Alliance and is a legal requirement pursuant to the Knox-Keene Health Care Services Plan Act of 1975 ("Act"). The minimum tangible net equity (TNE) required by the Act and the Title 28 California Code of Regulations ("Rule") is a minimum required amount and is not considered by the State of California Department of Managed Health Care ("DMHC") or by the Alliance Board as an appropriate or sufficient reserve amount. The Alliance observes this Reserve policy to ensure an appropriate or sufficient reserve.

Policy:

As required by the DMHC and the Alliance's Medi-Cal contract, the Alliance shall always maintain the minimum TNE required by Section 1376 of the Act, calculated in accordance with Rule Section 1300.76.


The Alliance shall observe a Reserve Target, or Board designated reserve target, at three times its monthly Premium Capitation.

The Alliance shall develop and implement cost containment measures if the Alliance's financial projection indicates that reserves would fall below 300% of the TNE level.

The Alliance's provider payments must be in line with revenue rate, utilization trends, and industry benchmarks.

Annually, following the acceptance of the annual independent financial audit, the Board may allocate net income which, if reserved would result in a fund balance that exceeds the Reserve Target, to:

- a. Pay provider supplemental payments to improve realized network access and advance health equity.
- b. Enable implementation of future program requirements, with such funds remaining in Alliance reserves until expended.
- c. Make allocation to the Medi-Cal Capacity Grant Program, with such funds not available for other purposes.

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|  | POLICIES AND PROCEDURES |
| Policy #: 700-2000 | Lead Department: Finance |
| Title: Board-Designated Reserve ("Reserve") | |
| Original Date: 8/1/2022 | Policy Hub Approval Date: |
| Approved by: Lisa Ba, Chief Financial Officer | |

Definitions:

1. **Reserve** is an organization's net assets, also called fund balance. It represents the surpluses or deficits it has accumulated over time.
2. **Tangible Net Equity ("TNE")**, as defined by the Rule, means a health plan's total assets minus total liabilities reduced by the value of intangible assets and unsecured obligations of officers, directors, owners, or affiliates outside of the normal course of business. The required TNE for a full-service plan is the greater of 1 million dollars or a percentage of premium revenues or a percentage of healthcare expenses.
3. **Reserve Target** is the **Health Care Expense Reserve Target** or **Board Designated Reserve Target**. It is an amount identified and maintained in the Alliance's financial records in order to meet expected future payments and other obligations designated by the Board.
4. **Premium Capitation** is the regularly scheduled payments made by the Department of Health Care Services to the Alliance to operate the Medi-Cal program. Monthly Premium Capitation is the monthly per member per month (PMPM) rate for health care services multiplied by the number of members assigned to the Alliance. The Premium Capitation excludes revenues from incentive programs, supplemental payments, special pass-through payments such as Hospital Quality Assurance Fees (HQA) payments, intergovernmental transfers (IGT), or MCO tax revenue.


Procedures:

The Accounting Department is responsible for ensuring that the TNE calculation is in accordance with regulatory requirements and that the presentation of TNE in the financial statements is accurate.

1. On a monthly basis, the Accounting Director or designee shall calculate the Reserve Target based on the average monthly Premium Capitation for the previous three months.
2. The Chief Financial Officer (CFO) shall develop and implement a cost containment plan when the reserve balance is below the 300% TNE level. The CFO shall report the status of the plan and the reserve balance to the Board on a semi-annual basis, or more frequently as directed by the Board.
3. When negotiating and setting the provider reimbursement rates, the CFO or designee must ensure the provider payment is in line with revenue rate, utilization trends, and industry benchmarks.

Annually, following the acceptance of the annual independent financial audit, the Accounting Director or designee shall calculate the amount above the Reserve Target. The CFO or designee may recommend that the Board allocate the excess amount above the Reserve Target as provided in Provision a.

References: Title 28, California Code of Regulations, Section 1300.76.

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|  | POLICIES AND PROCEDURES |
| Policy #: 700-2000 | Lead Department: Finance |
| Title: Board-Designated Reserve (“Reserve”) | |
| Original Date: 8/1/2022 | Policy Hub Approval Date: |
| Approved by: Lisa Ba, Chief Financial Officer | |

Alliance Policies:

Impacted Departments:

Regulatory:

Title 28 California Code of Regulations, Section 1300.76

Legislative:

Contractual:

DHCS Medi-Cal Contract Exhibit A, Attachment 2, Provision 1.A

DHCS All Plan or Policy 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:

| Reviewed Date | Revised Date | Changes Made By | Approved By |
|----------------------|---------------------|---|----------------------------------|
| 07/01/2024 | 06/18/2024 | Dulcie San Paolo, Administrative Specialist | Lisa Ba, Chief Financial Officer |
| | | | |



DATE: August 28, 2024
TO: Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission
FROM: Jessica Finney, Community Grants Director
SUBJECT: Medi-Cal Capacity Grant Program Mid-Year Report

Summary. This report is informational only. This report provides a summary of Medi-Cal Capacity Grant Program (MCGP) activities in the first half of 2024, including grants awarded year to date, the MCGP Performance Dashboard, and Alliance housing investments to date.

Background. The Alliance established the MCGP in July 2015 in response to the rapid expansion of the Medi-Cal population as a result of the Affordable Care Act. Through investment of a portion of the Alliance's reserves, the MCGP provides grants to local health care and community organizations in the Alliance's service areas to increase the availability, quality and access of health care and supportive services for Medi-Cal members and to address social drivers that influence health and wellness in our communities. Since 2015, the Alliance has awarded 828 grants totaling over \$167M to 204 organizations in the Alliance's service areas.

Discussion. To ensure transparency and keep the Board informed, staff provide biannual reporting in the Board packet of all grantmaking activities and grants awarded per the Board approved annual investment plan.

MCGP Governance. In February 2024, the Board approved revised MCGP governance policies, whereby the Board provides strategic direction for the MCGP through an annual investment plan. Through an annual planning process, the Board provides input on community needs and grantmaking priorities in the Alliance's service areas, makes funding allocations for Board-directed strategies, and reviews progress from previous allocations to make adjustments as needed. The Board directs staff to manage program-level implementation and county budgets based on allocated funding.

MCGP Funding Allocations. The 2024 MCGP Investment Plan was approved by the Board on March 27, 2024 to award grants for new and ongoing funding opportunities offered under the plan's approved strategies. The allocation of funds for the plan was based on the Board's February 28, 2024 approval of the new five-county allocation methodology, which is primarily based on Medi-Cal membership volume with an equity adjustment for Mariposa, Merced and San Benito counties where Medi-Cal Managed Care Accountability Set (MCAS) quality metrics are lowest. In June 2024, the Board subsequently approved additional funds for Mariposa County to increase the county's overall allocation closer to that of San Benito County, despite the smaller Medi-Cal membership volume, in recognition of the level of investment needed to support capacity building and quality improvement.

Grant Awards Year to Date. Between January and July 2024 there were 87 grants awarded totaling \$14,308,272. Grants were awarded in two funding cycles in the first half of 2024 for all current funding opportunities under the three MCGP focus areas, per the 2024 MCGP Investment Plan. Additionally, there were grants awarded for 1) Workforce Support for Care Gap Closures for primary care clinics; 2) Workforce Development for Community Health Worker

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trainings; 3) Doula Network Technical Assistance; and 4) Community Health Assessment and Community Health Improvement Plans (CHA/CHIP) support for local health departments. Please see attachment for full list of awards.

Current Funding Cycle. In May and June, the Grant Program team conducted significant outreach and applicant support, including a webinar attended by 171 attendees from 150 organizations across our five counties. The new Capital and Data Sharing Support programs were launched in June. By the July 16 deadline, the MCGP received 132 applications across 12 programs. Those applications are currently under review for awards in September for Workforce Recruitment grants and October for all other programs. These awards will be shared with the Board in January 2025 as part of the end of year 2024 MCGP Impact Report, which will also include remaining funds available in the MCGP budget.

Grantee Survey Results. In July, Grant Program staff conducted a survey of active Alliance grantees with a 40% response rate (n=52). The survey is one of many inputs into the annual investment planning process. A detailed report will be shared with the Board in the fall during the MCGP planning discussion. The results overall are positive, including these metrics:

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

Alliance Housing Fund. As part of the 2024 MCGP Investment Plan, \$10M was allocated to blend with funding from the Department of Health Care Services' Housing and Homelessness Incentive Program (HHIP) to support permanent supportive housing projects through the Alliance House Fund. Projects are identified in partnership with local continuums of care through HHIP planning efforts. A second round of awards will be made in Monterey County in 2024 with remaining funds available. Please see attached summary of Alliance housing investments to date, inclusive of most of the MCGP allocation.

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

Attachments.

1. MCGP Awards January-July 2024
2. MCGP Performance Dashboard (data through July 2024)
3. Alliance Housing Investments to Date



Medi-Cal Capacity Grant Program
Summary of Grant Awards | January-July 2024

| Funding Opportunity | Sum of Award Amounts |
|--|------------------------|
| CHA/CHIP | \$750,000.00 |
| Mariposa | \$150,000.00 |
| Merced | \$150,000.00 |
| Monterey | \$150,000.00 |
| San Benito | \$150,000.00 |
| Santa Cruz | \$150,000.00 |
| CHW Recruitment | \$511,960.00 |
| Merced | \$316,960.00 |
| Monterey | \$130,000.00 |
| Santa Cruz | \$65,000.00 |
| Disaster Response Fund | \$30,000.00 |
| Santa Cruz | \$30,000.00 |
| Doula Network Technical Assistance | \$942,942.00 |
| Merced | \$48,000.00 |
| Merced/Mariposa | \$65,000.00 |
| Monterey | \$800,292.00 |
| Santa Cruz | \$29,650.00 |
| Doula Recruitment | \$455,000.00 |
| Merced | \$195,000.00 |
| Santa Cruz | \$260,000.00 |
| Equity Learning | \$115,713.00 |
| Merced | \$40,000.00 |
| Monterey | \$39,250.00 |
| Santa Cruz | \$36,463.00 |
| Healthcare Technology | \$108,000.00 |
| Merced | \$22,257.00 |
| Monterey | \$85,743.00 |
| Healthcare Technology | \$50,000.00 |
| Monterey | \$50,000.00 |
| MA Recruitment | \$179,957.00 |
| Mariposa | \$130,000.00 |
| Merced | \$49,957.00 |
| Medical Assistant | \$65,000.00 |
| Santa Cruz | \$65,000.00 |
| Parent Education and Support | \$222,816.00 |
| Monterey | \$100,000.00 |
| Santa Cruz | \$122,816.00 |
| Parent Education and Support | \$97,175.00 |
| Merced | \$97,175.00 |
| Partners for Active Living | \$708,944.00 |
| Monterey | \$249,998.00 |
| Santa Cruz | \$458,946.00 |
| Provider Recruitment | \$4,584,730.00 |
| Mariposa | \$929,486.00 |
| Merced | \$1,322,832.00 |
| Monterey | \$1,483,157.00 |
| San Benito | \$200,000.00 |
| Santa Cruz | \$649,255.00 |
| Workforce Development | \$1,679,775.00 |
| Merced | \$793,515.00 |
| Monterey | \$886,260.00 |
| Workforce Support for Care Gap Closures | \$3,806,259.92 |
| Merced | \$3,806,259.92 |
| Grand Total | \$14,308,271.92 |



Medi-Cal Capacity Grant Program

PERFORMANCE DASHBOARD



About the MCGP

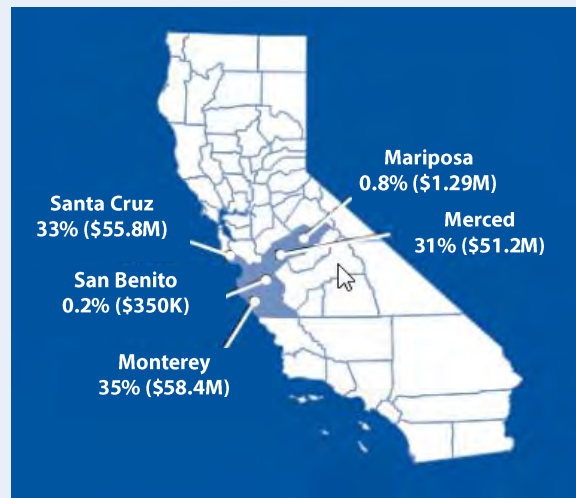
Since 2015, the Alliance has awarded grants to local organizations through the Medi-Cal Capacity Grant Program to improve the availability, quality and access of health care and supportive resources for Medi-Cal members in Santa Cruz, Monterey and Merced counties.

Funding opportunities are available under three new focus areas: *Access to Care*, *Healthy Beginnings* and *Healthy Communities*.

Funding priorities are responsive to the current health care landscape, align with organizational and State priorities, and address current and emerging needs of Alliance members and the social drivers that influence health and wellness.

Total Awarded Since 2015:

\$167M



Number of Organizations Awarded:

204

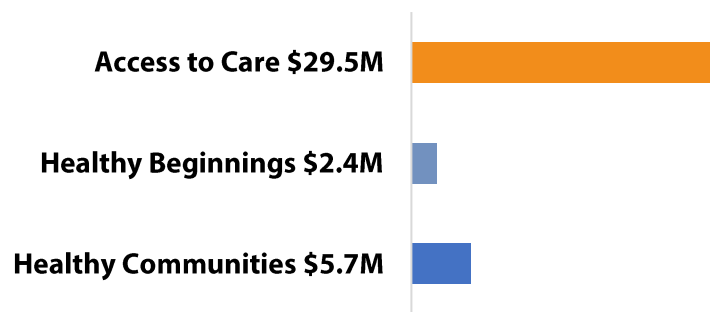
Number of Grants Awarded:

829

Award Rate: Eligible Applications Received vs. Grants Awarded

75%

Awards by Focus Area Since 2023



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

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Focus Area: Access to Care

Workforce Recruitment Programs

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

Provider Recruitment Program

362 grants totaling \$45.4M* awarded to subsidize recruitment expenses for new health care professionals to serve the Medi-Cal population.

*Awards since 2015

255 new providers hired to date.

85% retention of new recruits at one year mark

35 recruited primary care physicians specialize in Pediatrics.

Community Health Worker (CHW) Recruitment

29 grants totaling \$1.8M awarded to subsidize recruitment expenses for CHWs who become credentialed to provide the Medi-Cal CHW Benefit in the Alliance network.

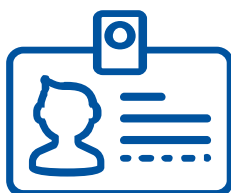


Medical Assistant (MA) Recruitment

16 grants totaling \$947K awarded to subsidize recruitment expenses for MAs to serve the Medi-Cal population in primary care practices in the Alliance network.

Doula Recruitment

7 grants totaling \$455K awarded to subsidize recruitment expenses for doulas to serve the Medi-Cal population in primary care practices in the Alliance network.



Workforce Support for Care Gap Closures

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

Focus Area: Access to Care

Equity Learning for Health Professionals

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



Total Awarded:
\$314KK

Learning opportunities for healthcare providers in:

Cultural competency and cultural humility

Trauma-informed care

Understanding the role that racism and historic and systemic inequity plays on health outcomes

Social determinants of health

Eliminating health disparities

Healthcare Technology

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



Total Awarded:
\$849K

Healthcare Technology investments in:

Mobile Health Platforms

Enhancements and Optimization of Electronic Health Records

Telehealth and eConsult

General Technology to Support Member Access

Focus Area: Healthy Beginnings

Home Visiting

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



Total Awarded:
\$1.1M

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

Parent Education and Support

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



Total Awarded:
\$1M

Facilitated educational programs to increase knowledge in:

Parenting skills

Infant and childhood development

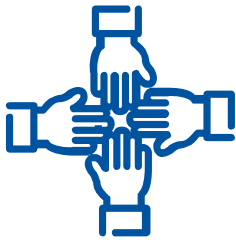
Children's health needs

Community resources that support health and well-being

Focus Area: Healthy Communities

Community Health Champions

7 grants for organizing, training and supporting youth and adults to promote individual and community health and wellness and to advocate for equity in health care access.



Total Awarded:
\$613K

Community Health Champions projects include:

Promotion of health care services, resources and health literacy

Education on specific health topics

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

Destigmatization of behavioral health and substance use disorder services.

Partners for Active Living

12 grants totaling \$2.5M to support community-based projects that provide children, adults and families opportunities to engage in physical activity and recreation programs in the community. Projects engage health care providers in partnering on program coordination and referral of Medi-Cal members to these resources.

Active Living Projects Include:

Physical Activity Programming

Partnership with Health Care Provider

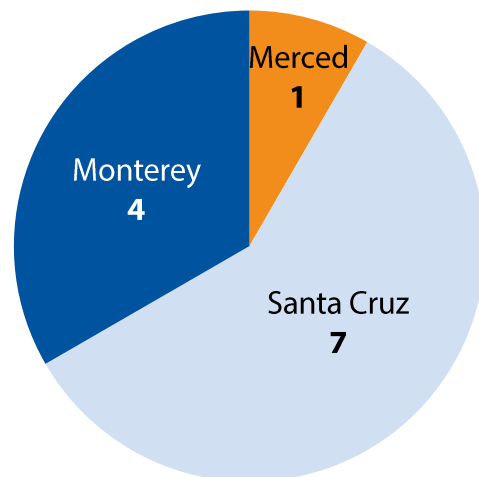
- Referral, coordination and promotion

Behavioral Education/Empowerment

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

Member Engagement

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



Total Number of Projects: 9

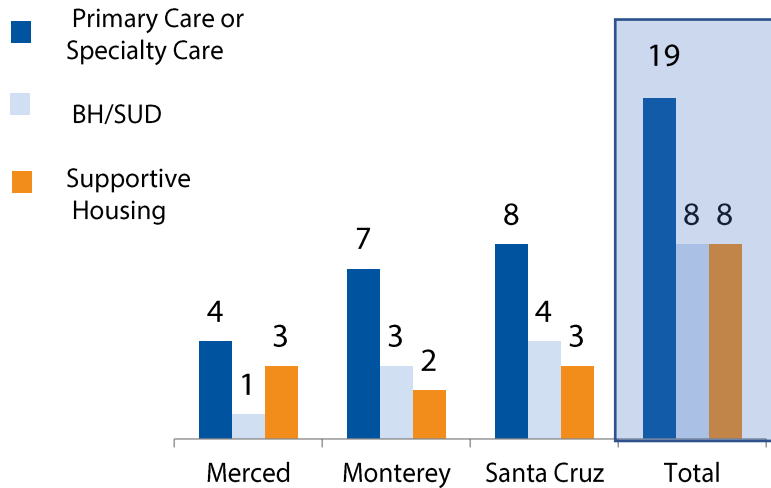
Not Accepting Applications

Capital Program

60 grants* totaling \$78.4M awarded for the expansion, construction, renovation, and/or acquisition of health care facilities that will serve the Medi-Cal population in the Alliance service area. Capital grants are also available for projects that expand access to Medi-Cal services through transitional or permanent supportive housing for the Alliance’s most medically fragile Medi-Cal members.

* Applicants could apply for both planning and implementation grants for one project.

35 Capital Projects



- 31** Complete and open to the public
- 3** Under construction
- 1** In development

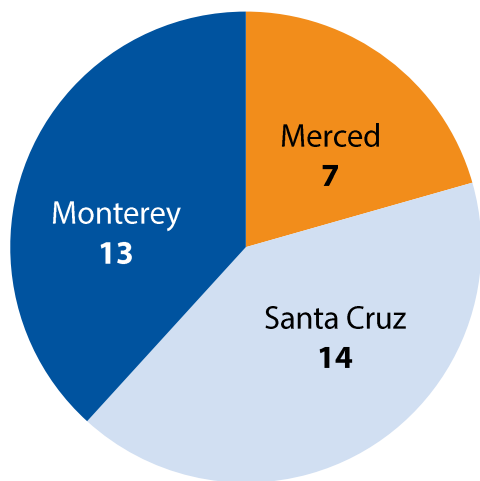
172K

Medi-Cal members anticipated to be served by new and expanded facilities.

Partners for Healthy Food Access

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

*Awards since 2018; one grant terminated.



Total Number of Projects: 34

Food Access Projects Focus On:

Food Insecurity Screening

Chronic Disease Screening

Healthy Food Prescription/Distribution

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

Referrals to Supportive Services

- Cal-Fresh Enrollment

Knowledge & Skill Building

- Nutrition/Health Classes
- Community Gardening
- Cooking Classes

Not Accepting Applications

Transportation Infrastructure



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

Project Components Include:

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

Workforce Development Investments



3 grants totaling \$1.1M awarded to support the development of new educational programs for health care professionals that will serve the Medi-Cal population.

- **111** Physician Assistant graduates to date (starting 2020).
 - Program is on hold until further notice.
 - Master of Science - Physician Assistant Program, CSU Monterey Bay.*
 - Serves Monterey and Santa Cruz counties.
-
- **42** Community Health Workers (CHW) graduates in 2023 -2024.
 - **140** CHW graduates anticipated in 2025-2026.
 - Monterey County Workforce Development Board CHW Certificate Training Program.
 - Serves Monterey County.
-
- **420** CHW graduates anticipated by 2027 (starting Fall 2024).
 - UC Merced Extension CHW Certificate Training Program.
 - Serves primarily Merced County and open to other counties.

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



Summary Housing & Health Investments

August 2024

Since 2016, the Alliance has invested \$44,202,718 in housing infrastructure and homeless services for Medi-Cal members.

The list below details the capital investments the Alliance has made through the current Alliance Housing Fund and previously through the MCGP Capital Program.

Through the Alliance Housing Fund, the Alliance supports permanent and temporary housing to provide quality safe shelter for individuals experiencing homelessness. The Alliance Housing Fund provides capital funds to build, renovate and/or furnish permanent housing units, recuperative care facilities and short-term post-hospitalization housing units across the Alliance's service area. The fund is financed through a blending of Medi-Cal Capacity Grant Program (MCGP) funds and Department of Health Care Services (DHCS) Housing and Health Incentive Program funds and is currently managed primarily through the Program Development Department.

In addition to projects supported through capital investments, the Alliance has made significant financial and operational investments in housing and health strategies. Alliance members are connected to Enhanced Care Management and Community Supports (CS). The suite of CS services includes housing navigation, tenancy sustaining services, housing deposits and transitional rent, recuperative care, and short-term post-hospitalization housing (STHHP). Recuperative care and STHHP were started through an MCGP funded pilot and became a CS service under CalAIM. Homeless service providers are extensively supported through investments in other types of infrastructure, staffing and operational costs through CalAIM Incentive Payment Program and DHCS Housing and Health Incentive Program. The Alliance works with provider partners to leverage sustainable sources of funding including Medi-Cal reimbursement to support ongoing operations. The Alliance has formalized partnerships with each county's Continuum of Care (CoC) to jointly plan how to use available funding, engage in data sharing agreements and have Alliance representation on CoC boards. Additionally, the Alliance launched Street Medicine as a pilot with one provider each in Merced, Monterey and Santa Cruz counties providing significant investment in staffing, infrastructure, equipment and mobile units.

| Housing | | | | | | | | | | |
|---|---------------------------------|---------------------|----------|-------------|------------------------------------|--------------|--------------|------------|--------------------------------|-------------------------|
| Awardee | Property Name | Location | County | Status | Operational Date or anticipated | Award Amount | Housing Type | Build Type | Total Units | Medi-Cal Eligible Units |
| CHISPA | Junsay Oaks | Marina | Monterey | Operational | Dec. 2019 | \$2.5M | PSH | New Build | 47 total units, senior housing | 20 |
| MidPen Housing | Moon Gate Plaza | Salinas (Chinatown) | Monterey | Operational | Jan. 2020 | \$2.5M | PSH | New Build | 90 total units | 21 |
| Central Valley Coalition for Affordable Housing | Childs Ave and B St. Apartments | Merced | Merced | Operational | Feb. 2023 | \$2.5M | PSH | New Build | 119 total units | 22 |

| Housing | | | | | | | | | | |
|--|--|------------|------------|--------------------|------------|----------|-------------|------------|---|--------|
| MidPen Housing Corp. | Live Oak Family 1500 Capitola Road Housing | Santa Cruz | Santa Cruz | Operational | Mar. 2024 | \$625K | PSH | New Build | 57 total units, part of Live Oak Housing and Health Campus with Dientes and Santa Cruz Community Health Centers | 5 |
| Housing Matters | Harvey West Studios | Santa Cruz | Santa Cruz | Under Construction | Feb. 2026 | \$2.5M | PSH | New Build | 120 total units | 17 |
| Mariposa County Health and Human Services Agency | 5123 Jones Street | Mariposa | Mariposa | In Development | Dec. 2027 | \$164.9K | STPHH | New Build | 1 total units (5 beds) | 5 |
| City of Los Banos | Site selection in progress | Los Banos | Merced | In Development | Jun. 2027 | \$2.5M | PSH | New Build | 6-8 total units | 5 to 7 |
| Mission Merced | Merced Rescue Mission Campus | Merced | Merced | In Development | Dec. 2027 | \$1M | PSH / STPHH | New Build | 20 total PSH units and 32 total STPHH units | 52 |
| Self-Help Enterprises | B Street | Livingston | Merced | In Development | Aug. 2026 | \$1M | PSH | New Build | 80 total units | 16 |
| Linc Housing | I Street Apartments | Merced | Merced | In Development | Sept. 2027 | \$3.37M | PSH | New Build | 53 total units | 53 |
| CHISPA | Wesley Oaks | Salinas | Monterey | In Development | Aug. 2025 | \$378K | PSH | Conversion | 3 total units | 3 |
| Community Homeless Solutions | Lexington Ct. & Wittenmyer Ct. | Marina | Monterey | Under Construction | Jan. 2026 | \$35K | PSH | Renovation | 2 total units | 2 |

| Housing | | | | | | | | | | |
|---|--|-------------|------------|--------------------|-----------|----------|---------------------------|----------------------|----------------------------|----|
| Dorothy's Places | Dignity Village | Salinas | Monterey | In Development | Dec. 2027 | \$1.75M | Recuperative Care / STPHH | New Build | 31 total units | 25 |
| Housing Authority County of Monterey | Days Inn | King City | Monterey | In Development | July 2027 | \$5.17M | PSH | Renovation | 45 total units | 45 |
| Monterey County Health Department, Behavioral Health Bureau | El Rey Motel | Salinas | Monterey | In Development | Dec 2027 | \$451.5K | STPHH | Renovation | 26 total units | 26 |
| MidPen | Madison St | Monterey | Monterey | In Development | Aug. 2027 | \$2.5M | PSH | New Build | 42 total units | 9 |
| San Benito County Health and Human Services Agency | Migrant Center | Hollister | San Benito | In Development | Mar 2025 | \$591K | PSH | Furnish of New Build | 18 total units | 18 |
| Janus of Santa Cruz | Chestnut Street Facility | Santa Cruz | Santa Cruz | In Development | Dec. 2027 | \$988K | STPHH | Renovation | 4 total units (12-16 beds) | 4 |
| Just Places | Mt. Calvary Lutheran Church | Soquel | Santa Cruz | In Development | Dec. 2027 | \$1.6M | PSH | New Build | 16 total units | 13 |
| MidPen | Sparrow Terrace | Watsonville | Santa Cruz | Under Construction | Dec. 2024 | \$1.5M | PSH | New Build | 72 total units | 6 |
| St. Johns House | The Episcopal Church of St. John the Baptist | Aptos | Santa Cruz | In Development | Dec. 2027 | \$1M | PSH | New Build | 10 total units | 8 |
| Interim, Inc. | Marina Kai Apartments | Marina | Monterey | In Development | Jan. 2027 | \$2.5M | PSH | New Build | 24 total units | 23 |

| Housing-Related Service Access Points | | | | | | | | |
|---------------------------------------|---------------------------------|------------|------------|-------------|------------------|--------------|---------------------------|------------|
| Awardee | Access Point | Location | County | Status | Operational Date | Award Amount | Type | Build Type |
| County of Merced | Merced County Navigation Center | Merced | Merced | Operational | March 2021 | \$2.65M | Shelter | New Build |
| Mission Merced | Mission Merced Respite Center | Merced | Merced | Operational | March 2022 | \$2.5M | Recuperative Care | New Build |
| Clinica de Salud de Valle de Salinas | Mobile Unit | Mobile | Santa Cruz | Operational | April 2024 | \$51.5M | | |
| Dignity Mercy Medical Center | Mobile Unit | Mobile | Merced | Operational | Aug. 2024 | \$778K | | |
| Housing Matters | Salt Air Lodge | Santa Cruz | Santa Cruz | Operational | Dec. 2023 | \$981.9K | Recuperative Care / STPHH | Lease |



DATE: August 28, 2024
TO: Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission
FROM: Andrea Swan, RN, Quality Improvement and Population Health Director
SUBJECT: Quality Improvement Health Equity Transformation Workplan – Q1 2024

Recommendation. Staff recommend the Board accept the Quality Improvement Health Equity Transformation (QIHET) Workplan report for Q1 2024.

Summary. This report provides pertinent highlights, trends, and activities from the Q1 2024 QIHET Workplan.

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

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

Discussion.

Quality of Clinical Care

MCAS Intervention. The reporting purpose is to develop a comprehensive Managed Care Accountability Set (MCAS) committee to capture, plan, and discuss quality improvement activities that will improve Department of Health Care Services required MCAS measures, and National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set prioritized measures. This meeting is structured to be an interdisciplinary workgroup to review and approve interventions, as well as serve as working sessions to problem solve barriers.

Goal will be to improve MCAS Measurement Year (MY) 2022 rates in Merced County under sanction to reach the minimum performance level (MPL) held to the 50th percentile, or improve by the 4%-6% minimal improvement threshold from:

- Childhood Immunizations - Combo 10 (CIS-10) - 16.06%.
- Immunizations for Adolescents - Combo 2 (IMA-2) - 33.09%.
- Lead Screening in Children (LSC) - 46.47%.
- Breast Cancer Screening (BCS) - 49.65%.
- Chlamydia Screening in Women (CHL-Tot) - 52.56%.
- Well-Child Visits in the First 15 Months - Six or More Well-Child Visits (W30-6) - 36.72%.

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- Well-Child Visits for Age 15 Months to 30 Months - Two or More Well-Child Visits (W30-2) - 58.09%.
- Child and Adolescent Well-Care Visits - 45.64%.

Report Previously Identified Issues/Highlights:

In Q1 2024 the MCAS Workgroup Meeting Charter was drafted and stakeholders identified across the Alliance to attend future meetings as core attendees or ad hoc. A topic tracker has been drafted to assist identifying standing agenda items and future topics based on priorities. Comparing MCAS MY 2022 to MY 2023 in Merced County, initial rates for Breast Cancer Screening (BCS) and Child and Adolescent Well-Care Visits have shown minimal improvements (4-6%), and Well-Child Visits in the First 15 Months - Six or More Well-Child Visits (W30-6+) have shown moderately significant improvement (11-15%) in Merced County.

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

- Create business requirements for a roll-up function that allows multiple clinics sites to see a combined monthly rate for measures available monthly on the Provider Portal Quality Report.
- Develop workflow to extract and generate additional columns that note members meeting continuous enrollment specifications to applicable monthly Provider Portal Quality reports.
- Create business requirements to add trending graphs to monthly quality reports.
- Create business requirements to add a Gaps in Care report.
- Create business requirements to generate email reminders for portal reports for providers.
- Record a CBI 2024 introductory video.
- Create surveys for feedback on training content.
- Published video on the Alliance Webinars and Training website.
- Advertise video to network providers, with additional targeting for newly added Mariposa and San Benito County providers.
- Create Data Submission Tool (DST) training video.
- Create and record coding training material for MCAS/CBI on available portal reports.

Report Previously Identified Issues/Highlights:

- Competing priorities for staff to build and test reports and limited visual functionality in programming reports.
- Bandwidth of staff to complete the training videos in competition with regulatory and other project obligations.

Report Changes/Updates:

- Completed roll-up function and deployment to the provider portal.
- Updated the target completion date by one month for the CBI introductory video due to resources available with a later launch of the provider partnership program and volume of CBI forensics requests in Q2.

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

No previously identified issues/highlights were noted.

Report Changes/Updates:

On a quarterly basis, provide Health Education services and Member Health Rewards program presentations to Alliance internal department staff that interact with members to increase awareness of Health Education services and health rewards available for members.

Q1 progress: The Member Health Rewards program presentation will be provided in Q1 to the Health Educators to allow them to answer member questions on the Health Education line calls regarding the program.

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

Q1 progress: The Health Educators have conducted outreach calls to members in January and February to share information on health and wellness programs available to them. Total numbers for Q1 will be included in the Q1 report.

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

Q1 progress: The project team has started planning for implementation of collecting member feedback in Q1. Member survey is being drafted and will be translated to utilize when calling members to request feedback.

Safety of Clinical Care

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

Report Previously Identified Issues/Highlights:

Facility Site Review

Results:

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

Identified Issues: Staffing to perform site reviews. (Two) positions were approved and are awaiting Human Resources posting.

Report changes/Updates:

Tisha Criswell, Senior Quality Improvement Nurse (RN) began onboarding Nicole Lyles, Senior Quality Improvement Nurse (RN) in Q1 2024. Onboarding Nicole will continue through Q2 2024. Nicole has been able to quickly engage in the work since she was hired with her certification as

a DHCS master trainer. Tisha and Nicole will continue to onboard and align audit tool scoring techniques (internal IRR) in preparation for (two) new hires anticipated for Q2 2024 that will require onboarding by both Tisha and Nicole.

Potential Quality Issues

Results:

- 100% of member grievances received by QI related to the potential medical quality of care issues are completed within Member Grievance regulatory timeframes.
- 83% of non-grievance related PQIs are completed within 90 calendar days.

Identified Issues:

Staffing to balance regulatory PQIs, internal PQI referrals, collaboration work, and/or quality studies focused on improving the quality of care for members.

- The team has been proactive in triaging incoming internal PQI referrals. However, the Alliance's current systems do not provide an easy way to identify Long-Term Services and Supports (LTSS) members, causing a workaround for DHCS Critical Incident reporting.

Report Changes/Updates:

- QI RNs prioritize regulatory PQIs based on member complaints. This prioritization and current staffing have caused internal referral PQIs to go over their assigned 90-day due dates and have impacted collaboration work outside of regulatory PQIs, such as Academic Detailing in collaboration with Pharmacy and focused Quality Studies, such as opioid/benzo co-prescribing and reports to isolate impacted members by inappropriate co-prescribing.
- QI RNs prioritize regulatory PQIs based on member complaints. This prioritization and current staffing have caused internal referral PQIs to go over their assigned 90-day due dates. The team aims to increase this metric to 100%. They have been proactive in triaging incoming internal PQI referrals. However, the Alliance's current systems do not provide an easy way to identify LTSS members for DHCS's quarterly reporting on critical incidents. This lack of proactive LTSS identification leads to a workaround. LTSS members are identified based on billing codes, and critical incidents are reported based on incoming referral information, not after the case investigation. DHCS reporting criteria require cases that were opened during the quarter. Unfortunately, most of the critical incidents reported to DHCS were internal PQIs that were in progress and had not been investigated due to the team's current staffing and bandwidth limitations, which significantly impact their workload.

Grievance and Appeals. The reporting purpose is to provide an update and review of AG performance, trends, and activities for the Appeals and Grievance Program during Q1 2024.

No previously identified issues/highlights were noted.

Member Experience

Member Satisfaction Survey – Consumer Assessment of Healthcare Providers and Systems (CAHPS). Reporting purpose is to update the group on the progress of CAHPS work.

Report Previously Identified Issues/Highlights:

- Team previously identified that CAHPS workflows were not documented or in place and the change in leadership meant that institutional knowledge was lost. This impacted having the survey fielded timely, results shared appropriately and instituting cross-functional interventions to address performance.

Report Changes/Updates:

- In Q1 2024 CAHPS workflows and timelines were drafted for all CAHPS surveys performed by the Alliance. Additionally, MY 2023 fielding began for Medi-Cal CAHPS and samples frames for MY 2023 IHSS CAHPS were uploaded to ensure timely fielding.
- Additionally, an overview of the CAHPS program at the Alliance and MY 2022 CAHPS results were presented to the Executive Team and Directors at the March Operations Committee.

Quality of Service

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

Report Previously Identified Issues/Highlights:

- Goals not met due to increase in call volume by 46% is about 6,000 additional calls monthly to the call center.
- Increase in walk-ins by 264%.

Report Changes/Updates:

- Assessing FTE needs and working on a workforce management tool to increase efficiencies.

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

No previously identified issues/highlights were noted.

Report Changes/Updates:

On a quarterly basis, provide C&L services presentations to Alliance internal department staff that interact with members to increase awareness of C&L services available for members.

Q1 progress: The C&L services program presentation has been provided in Q1 during the QIPH new hire orientation conducted in February 2024.

On a quarterly basis, inform members of C&L Services that are available to them in 2024.

Q1 progress: An article on C&L services will be included in the March 2024 Member Newsletter to inform members of C&L services available to them.

On a quarterly basis, collect member feedback on their experience with language assistance services in a clinical setting.

Q1 progress: The project team has started planning for implementation of collecting member feedback in Q1. Member survey is being drafted and will be translated to utilize when calling members to request feedback.

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. 2024 Quality Improvement and Population Health Transformation Program Workplan.



SECTION 1: QUALITY PROGRAM STRUCTURE

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

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

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

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



SECTION 2: QUALITY OF CLINICAL CARE

| Goals/Objectives for Calendar Year 2024 | Planned Activities to Accomplish Goals/Objectives | Target Completion (start & end date) | Responsible Staff | Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter. | Previously Identified Issues | Next Steps | Goal Met | Evaluation |
|--|--|--|--|---|---|---|---|--|
| 1. Establish and launch Provider Partnership program | <ol style="list-style-type: none"> Sign up 4 providers by 3.31.24. Do onsite meetings and observations by 4.31.24. Develop and implement interventions for 1-2 MCAS measures at each site by 6.30.24. Monitor and adjust interventions and MCAS rates 9.30.24 | 1/1/24-3/31/24 3/31/24-4/31/24 4/1/24-6/30/24 7/1/24-9/30/24 | Alex Sanchez, Quality Improvement Advisor | Launched program and contacted providers. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. Develop a comprehensive MCAS committee to capture, plan, and discuss quality improvement activities that will improve DHCS required MCAS measures, and NCQA HEDIS prioritized measures. Goal will be to improve MCAS Measurement Year (MY) 2022 rates in Merced County under sanction to reach the minimum performance level (MPL) held to the 50 th percentile, or improve the by the 4%-6% minimal improvement threshold from: <ul style="list-style-type: none"> Childhood Immunizations - Combo 10 (CIS-10) - 16.06%. | <ol style="list-style-type: none"> Create project charter and project tracker. Establish regular monthly check-in with committee to monitor activities. Evaluation current intervention strategies against finalized audited measurement year (MY) MY2023 MCAS measure rates. Request direction of interventions from. | 1/1/2024-3/31/2024 3/1/2024-6/30/2024 6/17/23-8/31/2024 4/1/24-12/31/2024 | Britta Vigurs, Quality Improvement Program Advisor | <p>In Q1 2024 we drafted the MCAS Workgroup Meeting Charter and identified stakeholders across the Alliance to attend future meetings as core attendees or ad hoc. A topic tracker has been drafted to assist identifying standing agenda items and future topics based on priorities.</p> <p>Initial MCAS rates for measurement year 2023 (reporting year 2024) in Merced County show slight worsening (-1-3%) on IMA-2, no improvement (0%) in LCS, slight improvements (1-3%) in CIS-10, CHL, W30-2+, minimal improvement (4-6%) in WCV, BCS, and moderately significant</p> | <p>The previous cross-departmental workgroup to address MCAS measures during the pandemic was structured more for reporting out, rather than allowing active work within the meeting to identify and flag barriers in projects.</p> | <p>This meeting will reoccur monthly.</p> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <p>This MCAS committee meeting is structured to be an interdisciplinary workgroup to review and approve interventions, as well as serve as working sessions to problem solve barriers.</p> <p>There were a number of new quality improvement projects within the provider network last year in 2023, which</p> |

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| <ul style="list-style-type: none"> • Immunizations for Adolescents - Combo 2 (IMA-2) - 33.09%. • Lead Screening in Children (LSC) - 46.47%. • Breast Cancer Screening (BCS) - 49.65%. • Chlamydia Screening in Women (CHL-Tot) - 52.56%. • Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30-6)- 36.72%. • Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30-2) - 58.09%. <p>Child and Adolescent Well-Care Visits (WCV) - 45.64%.</p> | | | | improvement (11-15%) in W30-6+. BCS has reached the MPL | | | | would have helped drive improvements in targeted measures like BCS and W30-6+. |
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CARE BASE INCENTIVE (CBI) (KRISTEN ROHLF)

| Goals/Objectives for Calendar Year 2024 | Planned Activities to Accomplish Goals/Objectives | Target Completion (start & end date) | Responsible Staff | Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter. | Previously Identified Issues | Next Steps | Goal Met | Evaluation |
|---|--|--|--|---|---|---|---|---|
| 1. Enhance Provider Portal reports to streamline access to reports and increase availability of functions and measures monthly. | <ol style="list-style-type: none"> 1. Create business requirements for a roll-up function that allows multiple clinics sites to see a combined monthly rate for measures available monthly on the Provider Portal Quality Report. 2. Develop workflow to extract and generate additional columns that note members meeting continuous enrollment specifications to applicable monthly Provider Portal Quality reports. 3. Create business requirements to add trending graphs to monthly quality reports. 4. Create business requirements to add a Gaps in Care report. 5. Create business requirements to generate email reminders for portal reports for providers. | <p>1/1/2024-3/31/2024</p> <p>1/1/2024-6/30/2024</p> <p>6/30/2024-12/31/2024</p> <p>4/1/2024-12/31/2024</p> <p>4/1/2024-12/31/2024</p> <p>1/31/2024-3/31/2024</p> | Alex Sanchez, Quality Improvement Program Advisor, Magdalena Kowalska, Quality Improvement Program Advisor, Shannon Fletcher, Quality Improvement Program Advisor, Annecy Majoros, Quality Improvement Program Advisor | <ol style="list-style-type: none"> 1. Roll-up function has been deployed on the Provider Portal Quality Reports in Q1 2024. 2. Work to start in Q2 2024. 3. Business requirements completed and submitted to ITS in Q1 2023. 4. Work to start in Q2 2024. 5. Completed draft language. | <p>Competing priorities for staff, and limited staffing available to build and test reports.</p> <p>Limited visual and report functionalities of the provider portal.</p> | <ol style="list-style-type: none"> 1. No further action required. 2. Submission of portal tickets, development, and testing. 3. Development and testing. 4. Awaiting development by ITS and QA of enhanced features. 5. Continued discussions with staff from Provider Services and Quality Improvement and Population Health on portal feature development, then development and testing of the function. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Initial reports with target dates in Q1 were successfully completed with no issues after collaborating on the easiest technological solution. Anticipate potential bandwidth challenges for the rest of the report enhancements due to regulatory and non-regulatory alliance projects. |
| 2. Increase access to introductory CBI program information for network providers. | <ol style="list-style-type: none"> 1. Record a CBI 2024 introductory video. 2. Create survey for feedback on training content. 3. Published video on the Alliance Webinars and Training website. | <p>4/1/2024-5/30/2024.</p> <p>4/1/2024-5/30/2024.</p> | Annecy Majoros, Quality Improvement Program Advisor, Juan Velarde, Quality Improvement Program Advisor, Britta Vigurs, Quality Improvement Program Advisor, Tera Mendoza, Coding Resource Specialist | Work anticipated to start in Q2 2024. | Bandwidth of staff to complete the training videos in competition with regulatory and other project obligations. | Development of slide material and recording in Q2 2024 for introductory slides. Development in Q2-Q3 for DST and coding resources. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Updated the target completion date by one month for the CBI introductory video due to resources available with a later launch of the |

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| | 4. Advertise video to network providers, with additional targeting for newly added Mariposa and San Benito County providers. | 6/1/2024-6/30/2024 | | | | | | provider partnership program and volume of CBI forensics requests in Q2. |
| | 5. Create Data Submission Tool (DST) training video. | 7/1/2024-7/31/2024 | | | | | | |
| | 6. Create and record coding training material for MCAS/CBI. | 6/1/2024-8/31/2024 | | | | | | |
| | | 6/1/24-8/31/24 | | | | | | |

BASIC POPULATION HEALTH MANAGEMENT (DESIRRE HERRERA)

| Goals/Objectives for Calendar Year 2024 | Planned Activities to Accomplish Goals/Objectives | Target Completion (start & end date) | Responsible Party | Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter. | Previously Identified Issues | Next Steps | Goal Met | Evaluation |
|--|--|---|---|--|---|---|---|--|
| 1. On a quarterly basis, provide Health Education services and Member Health Rewards program presentations to Alliance internal department staff that interact with members to increase awareness of Health Education services and health rewards available for members as evidence by an increase of member incentives fulfilled by 2.5% over 2023 by 12/31/2024. | <ol style="list-style-type: none"> The project team will reach out to internal departments that interact with members. Examples of teams: <ol style="list-style-type: none"> Health Education team Member Services team Care Coordination team Community Engagement team Schedule presentations Deliver Health Education and Member Health Rewards services presentation. Request input regarding presentation content and any member needs that they have encountered regarding Health Education services. | 3/31/2024, 6/30/2024 9/30/2024, 12/31/2024 | Kevin Lopez, C&L Program Advisor Desirre Herrera, Quality and Health Programs Manager | <p>A total of 4 presentations on Health Education services and Member Health Rewards were coordinated and completed in Quarter 1.</p> <p>Presentations were delivered to the following audiences:</p> <ul style="list-style-type: none"> UC Merced Health & Wellness center staff New Alliance staff attending the QIPH Department Orientation Health Education team Community Engagement team | <p>Due to limited staffing in 2023 these types of presentations were not offered frequently.</p> <p>In 2024 we have filled staffing vacancies and have been able to increase offerings of the presentations for internal and external audiences.</p> <p>There have been no issues in 2024 with this goal or activities.</p> | <p>The project team will continue to coordinate presentations for internal departments and Alliance staff in Q2.</p> <p>A minimum of 2 presentations on Health Education Services and Member Incentives will be completed in Q2.</p> <p>Additionally, team members will explore offering the presentation to external audiences in Q2-Q4.</p> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <p>This goal has been successful in increasing awareness among member facing teams and ensuring Alliance staff are informed of the services available for members.</p> <p>Increased awareness of Health Education Services and Member Health Rewards programs allows Alliance staff to share information on a broader scale with members they are working with in day-to-day operations.</p> |
| 2. On a quarterly basis, inform members of Health and Wellness programs and self-management tools available to them in 2024 to increase utilization of services by 2.5% over the 2023 baseline by 12/31/2024. | <ol style="list-style-type: none"> The project team will conduct outreach and education activities to inform members of services available to them via: <ol style="list-style-type: none"> Member outreach calls Member workshops Member mailings Member newsletter articles MSAG presentation Request input from members regarding program and services. | 3/31/2024,6/30/2024 9/30/2024,12/31/2024 | Veronica Lozano, Quality and Health Programs Supervisor Health Educator team Desirre Herrera, Quality and Health Programs Manager | <p>The following activities were completed in Q1 to inform members of Health and Wellness programs:</p> <ul style="list-style-type: none"> <u>Member Newsletter</u>: The project team included 1 article in the March 2024 Member Newsletter informing members of health and wellness programs available to them. The article includes how members can access | No issues to report in Q1. | <p>The project team will continue to conduct outreach calls each quarter.</p> <p>The project team will include health and wellness information in the June 2024 Member Newsletter.</p> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <p>The member newsletters result in higher calls to the Health Education Line regarding programs included in the newsletter. Health Education staff are aware of when notices are sent to members</p> |

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| | <p>3. Incorporate member feedback into bi-annual planning of health education activities.</p> | | | <p>the services and reach out to the Health Education Line for any questions.</p> <ul style="list-style-type: none"> <u>Member outreach calls:</u> The Health Education team completed 683 outreach calls in Q1 to offer members. | | | | <p>to ensure questions on program enrollment can be answered.</p> <p>In Q1 the Health Education Line received 763 incoming calls from members, providers and the community regarding Quality and Health Programs services.</p> |
| <p>3. Establish a survey tool to capture member feedback related to chronic disease management and wellness programs in order to evaluate utilization of services. 2024 will serve to both establish the baseline and determine interventions. By the end of 2024 have a well-developed survey, and an established baseline of participation and member feedback to determine interventions.</p> | <p>1. The project team will conduct satisfaction surveys with members to evaluate:</p> <ol style="list-style-type: none"> Information about the overall program Usefulness of the information shared. Percentage of members indicating that the program helped them achieve health goals. <p>2. Request input from members regarding program and services.</p> <p>3. Incorporate member feedback into bi-annual planning of health education activities.</p> | <p>3/31/2024,6/30/2024 9/30/2024,12/31/2024</p> | <p>Kevin Lopez, C&L Program Advisor</p> <p>Desirre Herrera, Quality and Health Programs Manager</p> | <p>The following activities were completed in Q1 to collect member feedback regarding chronic disease management and wellness programs.</p> <ul style="list-style-type: none"> <u>Member Satisfaction Surveys:</u> The project team completed a total of 44-member experience surveys. | <p>No issues to report in Q1.</p> | <p>The project team will continue to proactively reach out to members via outreach calls to request member feedback via satisfaction surveys.</p> <p>In Q3-Q4 the team will explore adding mailing options for satisfaction surveys.</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>According to the member feedback collected for chronic disease management programs:</p> <ol style="list-style-type: none"> Over 88% of members reported the highest rating of satisfaction with the HLP/chronic disease management program. Over 92% reported the highest rating for usefulness of the HLP program. Over 92% reported the highest rating for HLP helping them achieve health goals. <p>According to the member feedback collected for wellness programs:</p> <ol style="list-style-type: none"> Over 75% of members reported the highest rating of satisfaction with the HWL/childhood |

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| | | | | | | | | obesity prevention program. 2. Over 75% reported the highest rating for usefulness of the HLP program. 3. Over 75% reported highest rating for HWL helping them achieve health goals. |
| <p>4. On a quarterly basis increase the number of member workshops provided by the Health Education Team in comparison to 2023 baseline.</p> <p>In 2023 there were on average 2 workshops scheduled per quarter. In 2024 the team will double this number and offer at minimum 4 workshops per quarter.</p> | <p>1. The Health Educators will conduct a minimum of 4 member workshops per quarter.</p> <p>2. Health Educators will lead recruitment and outreach efforts to members to enroll in the programs.</p> <p>3. Health Educators will lead.</p> | <p>3/31/2024, 6/30/2024, 9/30/2024, 12/31/2024</p> | <p>Veronica Lozano, Quality and Health Programs Supervisor</p> <p>Health Educator team</p> <p>Desirre Herrera, Quality and Health Programs Manager</p> | <p>A total of 9 member workshops were completed in Q1. The following workshop modalities and languages were completed:</p> <ul style="list-style-type: none"> • 3 telephonic HLP groups in Spanish • 4 telephonic HLP groups in English • 1 virtual HWL group in Spanish • 1 in-person HWL group in Spanish held in Merced County | <p>No issues to report in Q1.</p> | <p>The project team will continue to schedule workshops to meet the quarterly goal of a minimum of 4 workshops per quarter.</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>The project team exceeded the minimum goal requirements being able to fill 9 workshop groups in Q1. This was due to the high interest from members to join workshop groups.</p> |



SECTION 3: SAFETY OF CLINICAL CARE

| Goals/Objectives for Calendar Year 2024 | Planned Activities to Accomplish Goals/Objectives | Target Completion (start & end date) | Responsible Staff | Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter. | Previously Identified Issues | Next Steps | Goal Met | Evaluation |
|--|--|--|--|---|--|--|---|--|
| 1. 80% of existing primary care provider sites with an FSR/MRR due this quarter are completed within three years of their last FSR date. | <ol style="list-style-type: none"> Address current staffing to support provider scheduling by onboarding three additional QI RNs to perform facility site reviews. Review upcoming reviews one quarter prior. Schedule reviews by sending the provider sites multiple review dates to choose from two months before the review due date. Continue communication with the provider site until a review date is confirmed. | 01/01/2024 – 03/29/2024 | Joana Castaneda, Quality Project Specialist, Tisha Criswell Senior Quality Improvement Nurse, Nicole Lyles, Senior Quality Improvement Nurse | <ol style="list-style-type: none"> Goal results: 100% An additional QI RN was added to the FSR team with (2) positions approved for 2024. Upcoming reviews for Q2 have been reviewed for planning in Q1. Communications to providers for Q2 reviews have been initiated. | <ol style="list-style-type: none"> Staffing to perform site reviews. (2) Positions were approved and are awaiting HR posting. | <ol style="list-style-type: none"> Continued engagement with HR regarding (2) approved QI RN positions for FSR. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Tisha Criswell began onboarding Nicole Lyles in Q1 2024. Onboarding Nicole will continue through Q2 2024. However, Nicole has been able to quickly engage in the work since she was hired as a DHCS master trainer. Tisha and Nicole will continue to onboard and align scoring techniques in preparation for (2) new hires anticipated for Q2 2024. |
| 2. 100% of practices with Corrective Action Plans (CAPs) arising from FSR/MRR submit a plan to address the CAP within regulatory timeframes. | <ol style="list-style-type: none"> Address current staffing to support CAP management by onboarding three additional QI RNs to perform facility site review. Send email reminders to provider sites with CAP due dates. Address non-responsive providers with direct phone calls and PRR involvement. | 01/01/2024 – 03/29/2024 3/31/2024, 6/30/2024 9/30/2024, 12/31/2024 | Tisha Criswell Senior Quality Improvement Nurse, Nicole Lyles, Senior Quality Improvement Nurse | <ol style="list-style-type: none"> Goal results: 100% An additional QI RN was added to the FSR team with (2) positions approved for 2024. Communications were sent to providers with CAP to remind the site of due dates. There were no non-responsive providers during this quarter. | <ol style="list-style-type: none"> Staffing to perform site reviews. (2) Positions were approved and are awaiting HR posting. | <ol style="list-style-type: none"> Continued engagement with HR regarding (2) approved QI RN positions for FSR. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Tisha Criswell began onboarding Nicole Lyles in Q1 2024. Onboarding Nicole will continue through Q2 2024. However, Nicole has been able to quickly engage in the work since she was hired as a DHCS master trainer. Tisha and Nicole will continue to onboard and align scoring techniques in preparation for (2) new |

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| | | | | | | | | hires anticipated for Q2 2024. |
| 4. | 4. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

POTENTIAL QUALITY ISSUES (DEANNA LEAMON)

| Goals/Objectives for Calendar Year 2024 | Planned Activities to Accomplish Goals/Objectives | Target Completion (start & end date) | Responsible Staff | Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter. | Previously Identified Issues | Next Steps | Goal Met | Evaluation |
|--|--|--|---|---|---|--|---|---|
| 1. 100% of member grievances received by QI related to the potential medical quality of care issues are completed within Member Grievance regulatory timeframes. | 2. Create due dates in SharePoint for PQIs that provide enough time for investigation and translation needs (if applicable) and for the Grievance Coordinator to resolve the case. 3. If medical records are needed for the PQI investigation, request timely upon case assignment to QI RN. 4. Coordinate timely discussion if the case requires MD guidance or potential P2/P3 recommendation. | 01/01/2024 – 03/29/2024 3/31/2024, 6/30/2024 9/30/2024, 12/31/2024 | Eleni Papazisis, Quality Improvement Program Advisor, Naomi Kwabata, Senior Quality Improvement Nurse, Emily Kaufman, Senior Quality Improvement Nurse, Katie Lutz, Quality Improvement Nurse, Sandy Clay Senior Quality Improvement Nurse, and Bethany Fung, Quality Improvement Nurse | 1. Goal results: 100%; 112/112 cases closed timely. 2. Due dates were created in SharePoint and used to guide the closure of regulatory PQIs. 3. Medical records were requested timely for PQI investigations by QI RN. 4. Timely discussions were held with MD for P2/P3 cases. | Staffing to balance regulatory PQIs, internal PQI referrals, collaboration work, and/or quality studies focused on improving the quality of care for members. | 1. Continue creating due dates in SharePoint to prioritize promptly closing regulatory-based PQIs. 2. Continue requesting medical records when needed for investigation and timely case closure. 3. Continue weekly MD meetings to discuss potential P2/P3 cases requiring guidance not to inhibit timely case closure. 4. Decline collaborative work and be selective regarding Quality Studies until the team can close regulatory and internal referral PQIs at 100% compliance. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | QI RNs prioritize regulatory PQIs based on member complaints. This prioritization and current staffing have caused internal referral PQIs to go over their assigned 90-day due dates and have impacted collaboration work outside of regulatory PQIs, such as Academic Detailing in collaboration with Pharmacy and focused Quality Studies, such as opioid/benzo co-prescribing and reports to isolate impacted members by inappropriate co-prescribing. |
| 1. 80% of non-grievance related PQIs are completed within 90 calendar days. | 2. Triage and prioritize incoming internal referrals for the following case types: a. Known provider to track and trend. b. Provider on a CAP or open Quality Study c. LTSS member 3. Consider revising the PQI policy to expand the due date to 120 days. | 01/01/2024 – 03/29/2024 3/31/2024, 6/30/2024 9/30/2024, 12/31/2024 | Eleni Papazisis, Quality Improvement Program Advisor, Naomi Kwabata, Senior Quality Improvement Nurse, Emily Kaufman, Senior Quality Improvement Nurse, Katie Lutz, Quality Improvement Nurse, Sandy Clay Senior Quality Improvement Nurse, and Bethany Fung, Quality Improvement Nurse | 1. Goal results: 83%; 25/30 cases closed timely. 2. The team triaged and prioritized incoming internal referrals to the best of their ability for the following case types: a. Known provider to track and trend. b. Provider on a CAP or open Quality Study c. LTSS member | 1. Staffing to balance regulatory PQIs, internal PQI referrals, collaboration work, and/or quality studies focused on improving the quality of care for members. 2. The team has been proactive in triaging incoming internal PQI referrals. However, the Alliance's current systems do not provide an easy way to identify LTSS members, causing a workaround for DHCS Critical Incident reporting. | 1. Continue triaging incoming internal PQIs to the best of the team's ability and continue workarounds to capture LTSS members for DHCS Critical Incident reporting. 2. Decline collaborative work and be selective regarding Quality Studies until the team can close regulatory and | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | QI RNs prioritize regulatory PQIs based on member complaints. This prioritization and current staffing have caused internal referral PQIs to go over their assigned 90-day due dates. The team aims to increase this metric to 100%. They have been proactive in triaging incoming internal PQI |

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|----|----|--|--|--|--|--|--|---|
| | | | | | | <p>internal referral PQIs at 100% compliance.</p> <p>3. Consider revising the PQI policy to expand the due date to 120 days.</p> | | <p>referrals. However, the Alliance's current systems do not provide an easy way to identify LTSS members for DHCS's quarterly reporting on critical incidents. This lack of proactive LTSS identification leads to a workaround. LTSS members are identified based on billing codes, and critical incidents are reported based on incoming referral information, not after the case investigation. The DHCS reporting criteria require cases that were opened during the quarter. Unfortunately, most of the critical incidents reported to DHCS were internal PQIs that were in progress and had not been investigated due to the team's current staffing and bandwidth limitations, which significantly impact their workload.</p> |
| 3: | 3. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

GRIEVANCE & APPEALS REVIEW (SARAH SANDERS)

| Goals/Objectives for Calendar Year 2024 | Planned Activities to Accomplish Goals/Objectives | Target Completion (start & end date) | Responsible Staff | Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter. | Previously Identified Issues | Next Steps | Goal Met | Evaluation |
|--|---|---|--|---|------------------------------|---|---|--|
| 1. On a quarterly basis, provide grievance updates to interdisciplinary groups including SGRC and QIHEW. | a. Monitor and process concerns within regulatory timeframes. b. Provide internal communications on appeal and grievances trends and outcomes. | 01/01/2024 – 03/29/2024 3/31/204,6/30/2024 | Sarah Sanders, Grievance and Quality Manager | Q1-Q2 updates: SGRC for 2/15 & 4/11 QIHEW 2/29 & 5/29 | Q1-Q2: n/a | Continue monitoring regulatory compliance and trends. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Close monitoring, communications and tracking of AG occurred |

| | | | | | | | | |
|--|---|--|--|--|----------------|---|---|--|
| | c. Track and trend grievance data by demographics including language to analyze disparities. d. Identify actionable opportunities for improvement | 9/30/2024,12/31/2024 | | | | | | |
| 2. Support Members by resolving issues of dissatisfaction with the Alliance. | a. Ensure that where appropriate, corrective action is implemented and effective in improving identified problems. b. Track grievance and appeals for access/QOC trends, system issues, and identify actionable corrections needed. | 01/01/2024 – 03/29/2024 3/31/2024,6/30/2024 9/30/2024,12/31/2024 | Sarah Sanders, Grievance and Quality Manager | Q1-Q2 updates: ROLT | ROLT Transport | QI action and monitoring for responsiveness | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | ROLT Transport CAP occurred in Q2 |
| 3. Quality Data: External Report requirements are met 100% of the time. | a. Monitor timely data and state submissions to ensure completeness. b. Evaluate and identify opportunities to improve the data accuracy of AG information. | 01/01/2024 – 03/29/2024 3/31/2024,6/30/2024 9/30/2024,12/31/2024 | Sarah Sanders, Grievance and Quality Manager | Q1-Q2: Accuracy achieved. *Note updates to MCPD to expand benefit types for AG proposed by DHCS for Q3 implementation | Q1-Q2: n/a | Monitor for when new benefit types are required for MCPD reporting. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | New tableau reports created for NCQA & planning for benefit additions for go-live in August. |
| 4. Ongoing monitoring of AG results to support that appropriate action is taken when occurrences of poor performance are identified. Identify and track allegations of discrimination. | a. Identify and, when appropriate, act on substantiated issues in a timely manner. Monitor and report findings bi-monthly. Complete audits for allegations of discrimination to monitor, prevent and identify any discriminatory practices. | 01/01/2024 – 03/29/2024 3/31/2024,6/30/2024 9/30/2024,12/31/2024 | Sarah Sanders, Grievance and Quality Manager | Q1-Q2: Discrimination reviews completed | Q1-Q2: n/a | Monitor outliers | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Results Achieved. |



SECTION 4: MEMBER EXPERIENCE

| Goals/Objectives for Calendar Year 2024 | Planned Activities to Accomplish Goals/Objectives | Target Completion (start& end date) | Responsible Staff | Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter. | Previously Identified Issues | Next Steps | Goal Met | Evaluation |
|---|--|-------------------------------------|--|---|---|--|---|---|
| 1. CAHPS survey fielded timely, and results reported out to internal stakeholders within 8 weeks of receiving results | 1. CAHPS workflows, processes, and timelines documented and reviewed in Q1 2024, and steps are taken to begin MY2023 surveys | 2/8/24 – 3/31/24 | Alex Sanchez, Quality Improvement Program Advisor | Workflows and timelines have been drafted and reviewed for all active Press Ganey projects. MY2023 surveys for Medicaid CAHPS currently being fielded, MY2023 IHSS sample frames uploaded for fielding in June. | There was not a documented process or workflow for working with SPH to ensure CAHPS were administered timely. Additionally, the turnover in QI leadership caused the team to relearn and map out process to move forward. | <ul style="list-style-type: none"> Medicaid fielding stops – results finalized. IHSS fielding begins. CG CAHPS planning begins. ECHO CAHPS planning for MY2024 begins. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Creating the workflows and timelines took many hours over the course of 3 months to complete and involved multiple teams, including QI, HSAG, Press Ganey, CCAH Contracts, CCAH finance, CCAH IT which led to some confusion about needs. Documenting these steps has allowed us to feel more confident moving forward and we will be able to loop in other teams early to maintain consistency and timeliness. |
| 2. Increase organizational awareness of what CAHPS is and current what current rates are | 2. Present MY 2022 CAHPS rates to targeted and appropriate stakeholders | 3/1/2024 – 10/31/24 | Sarina King, Quality Performance Improvement Manager | In Q1 MY2022 CAHPS results as well as an overview of the CAHPS program was presented to Chiefs | With the turnover in QI leadership that took place in 2023, best practices for presenting CAHPS results and implementing | Determine what more should be presented and to whom so that when MY 2023 results come in, we | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | The work was done to create and share out a presentation that |

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|--|---|------------------------|--|--|---|--|---|
| | 1. Begin outreach to chiefs/admins to present CAHPS overview and high-level rates to organization at all-staff or division meetings | Same timeline as above | | and Directors in March Operations Committee. | interventions were lost. We are working to reinstate a process. | can share appropriately and address the rates. | offered an overview of CAHPS and MY2022 results. There was conversation with a couple teams of interventions to be done in 2023, but more is needed here. We will continue to broaden organizational awareness of each departments' impact on CAHPS scores so that we may improve them. |
|--|---|------------------------|--|--|---|--|---|



SECTION 4: QUALITY OF SERVICE

| Goals/Objectives for Calendar Year 2024 | Planned Activities to Accomplish Goals/Objectives | Target Completion (start & end date) | Responsible Staff | Semi-Annual Update Please include what you have done, and why you have accomplished the goal for each quarter. | Previously Identified Issues | Next Steps | Goal Met <input type="checkbox"/> Yes <input type="checkbox"/> No | Evaluation |
|---|--|--------------------------------------|---|---|------------------------------|------------|--|------------|
| 1. Comply with DMHC Timely Access Survey Requirements | <ol style="list-style-type: none"> Ensure 90% of After-hours triage compliance in Timely Access Survey. (Provider Appointment Availability Survey [PAAS]). Ensure 75% Urgent and routine appointment access compliance, as well as next available follow up appointment for non-physician mental health care, within required time frames. PAAS work begins in the summer with vendor engagement and finalization of the project plan and contact lists. The survey is launched from August to November/December. Results are available in Q1 of the subsequent year. | 7/1/2024-12/31/2024 | Jessie Dybdahl, Provider Service Director | None | None | None | <input type="checkbox"/> Yes <input type="checkbox"/> No | none |
| 2. Quarterly review of provider to member ratios for PCPs and High-volume/high-impact Specialties. To ensure all ratios meet regulatory requirements. | <ol style="list-style-type: none"> Ensure provider to member ratios are w/in compliance and mitigate if out of compliance on a quarterly basis. Tableau report is monitored no less than quarterly to ensure provider to member ratios are met for each required provider type. | 1/1/2024-3/31/2024 | Jessie Dybdahl, Provider Service Director | None | None | None | <input type="checkbox"/> Yes <input type="checkbox"/> No | none |

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|----|----|--|--|--|--|--|--|--|
| 3. | 3. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. | 4. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

GEO ACCESS (TIMELY ACCESS) (JESSIE DYBDAHL)

| Goals/Objectives for Calendar Year 2024 | Planned Activities to Accomplish Goals/Objectives | Target Completion (start & end date) | Responsible Staff | Semi-Annual Update Please include what you have done, and why you have accomplished the goal for each quarter. | Previously Identified Issues | Next Steps | Goal Met | Evaluation |
|---|--|---|---|---|------------------------------|------------|--|------------|
| 1. Comply with Time or Distance Standards set forth by DHCS | <ol style="list-style-type: none"> Ensure the network meets time or distance standards in compliance with DHCS requirements when a provider is available. Monitor areas where no provider is available and ensure alternative access requests are in place on a quarterly basis. Evaluate the non-contracted provider network to determine if recruitment might remedy access gaps. Launch recruitment efforts as applicable. | <p>1/1/2024-3/31/2024</p> <p>1/1/2024-3/31/2024</p> | Jessie Dybdahl, Provider Service Director | none | none | none | <input type="checkbox"/> Yes <input type="checkbox"/> No | none |
| 2. | 2. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. | 3. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. | 4. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

PROVIDER SATISFACTION SURVEY (JESSIE DYBDAHL)

| Goals/Objectives for Calendar Year 2024 | Planned Activities to Accomplish Goals/Objectives | Target Completion (start & end date) | Responsible Staff | Semi-Annual Update Please include what you have done, and why you have accomplished the goal for each quarter. | Previously Identified Issues | Next Steps | Goal Met | Evaluation |
|---|---|--------------------------------------|---|---|------------------------------|------------|--|------------|
| 1. Provider Satisfaction Survey | <ol style="list-style-type: none"> Monitor Provider Satisfaction annually. Ensure no less than 5% decrease in overall satisfaction with the plan from prior year. The Provider Satisfaction Survey (PSS) is launched in the summer with vendor engagement in spring. Contact lists are sent for primary care, specialty care, and non-physician mental health care. The survey is launched from July to August. Results are available in quarter 4. | 7/1/2024 - 12/31/2024 | Jessie Dybdahl, Provider Service Director | none | none | none | <input type="checkbox"/> Yes <input type="checkbox"/> No | none |
| 2. | 2. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. | 3. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. | 4. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

TELEPHONE ACCESS (VERONICA OLIVARRIA)

| Goals/Objectives for Calendar Year 2024 | Planned Activities to Accomplish Goals/Objectives | Target Completion (start & end date) | Responsible Staff | Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter. | Previously Identified Issues | Next Steps | Goal Met | Evaluation |
|--|--|---|--|---|------------------------------|--|---|------------|
| 1. 80% of calls to Member Services answered within 30 seconds. | <p>1. The Call Center is continuously monitoring this metric as it is also included on the Operational Dashboard.</p> <p>Improvement efforts slated for 2024:</p> <ul style="list-style-type: none"> • The adoption of a Workforce Management Tool to assist with call forecasting and representative scheduling, ensuring we have appropriate levels of staff supporting the queues at any given time/day. • Call Audit Optimization: We are developing formal call audit guidelines and defined audit methodology to ensure staff is adhering to Alliance updates and processes. This will ensure representatives are provided with the appropriate resources and are getting through calls, timely. • Developing additional call circles (queues) to: <ul style="list-style-type: none"> ○ Optimize resource availability. ○ Improve speed to answer. ○ Reduce representative training time. ○ Increase member satisfaction. • Leverage technology to reduce wait times for members where their inquiries can be filled by the system. Example: Interactive voice response to check eligibility or change PCP. • Computer Telephone Integration: • Enhance HSP/Finesse by adding a screen pop up of member's demographics when a member calls into the call center. This will reduce time on phone for the MSR and will make each call more efficient. | 3/31/2024,6/30/2024 9/30/2024,12/31/2024 | Veronica Olivarría, MS Call Center Manager | Goal not met (63%). | none | additional FTEs and moving call quality auditing to MS Ops team, WFM tool to be implemented with new phone system. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | N/A |

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|--|--|---|--|-------------------|------|---|---|-----|
| 2. Call abandonment rate will not exceed 5% of calls to Member Services answered before being abandoned. | 2. The Call Center is continuously monitoring this metric as it is also included on the Operational Dashboard. (Same as above) | 3/31/2024,6/30/2024 9/30/2024,12/31/2024 | Veronica Olivarria, MS Call Center Manager | Goal not met (6%) | none | Working on additional FTEs and moving call quality auditing to MS Ops team, WFM tool to be implemented with new phone system. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | N/A |
| 3. | 3. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. | 4. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

CULTURE & LINGUISTICS (DESIRRE HERRERA)

| Goals/Objectives for Calendar Year 2024 | Planned Activities to Accomplish Goals/Objectives | Target Completion (start & end date) | Responsible Staff | Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter. | Previously Identified Issues | Next Steps | Goal Met | Evaluation |
|--|---|---|---|--|---|---|---|--|
| 1. On a quarterly basis, provide C&L services presentations to Alliance internal department staff that interact with members to increase awareness of C&L services available for members with a goal of increased member baseline by 12/31/2024. | <ol style="list-style-type: none"> The C&L team will reach out to internal departments that interact with members. Examples: <ol style="list-style-type: none"> QIPH new hire orientation Member Services team Care Coordination team Community Engagement team Schedule C&L services presentation Deliver C&L services presentation. Request input regarding presentation content and any member needs that they have encountered regarding C&L services. | 3/31/2024,6/30/2024 9/30/2024,12/31/2024 | Osiris Ramon, C&L Program Advisor Desirre Herrera, Quality and Health Programs Manager | <p>A total of 2 presentations on C&L services were coordinated and completed in Quarter 1. Presentations were delivered to the following audiences:</p> <ul style="list-style-type: none"> QIPH Department staff New Alliance staff attending the QIPH Department Orientation | <p>Due to limited staffing in 2023 these types of presentations were not offered frequently.</p> <p>In 2024 we have filled staffing vacancies and have been able to increase offerings of the presentations for internal and external audiences.</p> <p>There have been no issues in 2024 with this goal or activities.</p> | <p>The project team will continue to coordinate presentations for internal departments and Alliance staff in Q2.</p> <p>A minimum of 1 presentation on C&L Services will be completed in Q2.</p> <p>Additionally, team members will explore offering the presentation to external audiences in Q2-Q4.</p> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <p>This goal has been successful in increasing awareness among member facing teams and ensuring Alliance staff are informed of the services available for members.</p> <p>Increased awareness of C&L Services allows Alliance staff to share information on a broader scale with members they are working with in day-to-day operations.</p> |
| 2. On a quarterly basis, inform members of C&L Services available to them in 2024 with a goal of increasing member utilization by 2.5% compared to the 2023 baseline by 12/31/2024. | <ol style="list-style-type: none"> The C&L team will conduct outreach and education activities to inform members of services available to them via: <ol style="list-style-type: none"> Member newsletter articles MSAG presentation Request input from members regarding program and services. Incorporate member feedback into bi-annual planning of health education activities. | 3/31/2024,6/30/2024 9/30/2024,12/31/2024 | Osiris Ramon, C&L Program Advisor Ivonne Munoz, Quality and Health Programs Supervisor | <p>The following activities were completed in Q1 to inform members of C&L Services:</p> <p><u>Member Newsletter</u>: The project team included 1 article in the March 2024 Member Newsletter informing members of language assistance services available to them. The article includes how members can access the services and reach out to the Health Education Line for any questions.</p> | No issues to report in Q1. | <p>The project team will continue to collaborate with internal departments to ensure members are informed of language assistance services.</p> <p>The QHP leadership team will start collaborative discussions with the Community Engagement team to discuss ways to inform members of these services.</p> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <p>The member newsletters result in higher calls to the Health Education Line regarding programs included in the newsletter. Health Education staff are aware of when notices are sent to members to ensure questions on services can be answered.</p> |

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|--|---|---|---|---|----------------------------|---|---|--|
| | | | | | | | | In Q1 the Health Education Line received 763 incoming calls from members, providers and the community regarding Quality and Health Programs services. |
| 3. On a quarterly basis, collect member feedback on their experience with language assistance services in a clinical setting to target improvements in 2025. | <ol style="list-style-type: none"> 1. The project team will conduct satisfaction surveys with members to evaluate: <ol style="list-style-type: none"> a. Individual ratings of access to language services. b. Overall rating of interpretation services. c. Access to language services at a health care encounter. d. Gather individual experiences with the services. 2. Request input from members regarding program and services. 3. Incorporate member feedback into bi-annual planning of health education activities. | 3/31/2024,6/30/2024 9/30/2024,12/31/2024 | Osiris Ramon, C&L Program Advisor Desirre Herrera, Quality and Health Programs Manager | The following activities were completed in Q1 to collect member feedback regarding language assistance services in a clinical setting. <u>Member Satisfaction Surveys:</u> The project team completed a total of 53-member experience surveys. | No issues to report in Q1. | The project team will continue to proactively reach out to members via outreach calls to request member feedback via satisfaction surveys. In Q3-Q4 the team will explore adding mailing options for satisfaction surveys. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | According to the member feedback collected for language assistance services in a clinical setting: 1. Over 75% of members reported the highest rating of satisfaction with the interpreter at their doctor's visit. 2. Over 96% reported they would use the interpreting services again. 3. When asked for recommendations to improve the experience 85% of members reported no improvements needed. 10% shared recommendations such as interpreters shortening explanations when communicating to the doctor. 5% shared they would like more help with the overall visit such as checking in with the front desk, asking questions of the front desk and not just interpreting with the doctor. The C&L team will take this input and share feedback |

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| | | | | | | | | with the interpreting services vendors to work on these recommendations. |
| 4. Increase provider utilization of language assistance services quarterly by a minimum of 5% in comparison to 2023 baseline utilization data. | 1. The project team will track utilization for the following services: <ul style="list-style-type: none"> Phone interpreting services. Face-to-Face (F2F) interpreting services. 2. Use quarterly utilization data to identify potential need to training of provider network on language assistance services. | 3/31/2024 6/30/2024 9/30/2024 12/31/2024 | Osiris Ramon, C&L Program Advisor Ivonne Munoz, Quality and Health Programs Supervisor | Provider Utilization for Q1 was as follows: <u>Phone interpreting services:</u> There was a total of 5,949 total calls in Q1 by provider sites. This reflects an increase of 37% compared to Q1 in 2023. <u>Face-to-Face (F2F) interpreting services:</u> There was a total of 1,550 requests in all service counties for F2F. This was a 26.5% increase compared to Q1 2023. <ul style="list-style-type: none"> <u>Santa Cruz County</u> had 807 requests in Q1. This was a 97% increase compared to Q1 2023. <u>Merced County</u> had 467 requests in Q1. This was a 20% increase compared to Q1 2023. <u>Monterey County</u> had 275 requests in Q1. This was a 35% decrease compared to Q1 of 2023. <u>San Benito County</u> had 1 request in Q1. This is a new service county and there was no comparison for 2023. <u>Mariposa County</u> had 0 requests in Q1. This is a new service county and there was no comparison for 2023. | No issues to report in Q1. | The project team will review quarterly utilization data in Q2 to identify the potential need for training on language assistance services of providers in Q3-Q4. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | There were significant increases in utilization of language assistance services by providers in Q1 2024 compared to Q1 2023. The C&L team continues to monitor trends and work closely with the language assistance vendors to ensure effective service delivery for Alliance members. |
| 5. Establish baseline rate, and demographic profile of members who utilize interpreter services to determine any disparity to help determine additional interventions. | | | | | | | | |

DELEGATION OVERSIGHT (ANDREA SWAN)

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

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|---|--|---|---|--|-------------------------------|--------------------------------|---|--|
| | | | Quality Improvement & Population Health Director | | | | | |
| 2. Ensure oversight of all delegated activities by governing board. | 2. Present quarterly updates of all reviewed activities with identification of any issues to the governing board for review, and feedback. | 3/31/2024,6/30/2024 9/30/2024,12/31/2024 | DeAnna Leamon, Clinical Safety Quality Manager. Kristen Rohlf, Quality Improvement & Population Health. Desirre Herrera, Quality Health Programs Manager. Andrea Swan, Quality Improvement & Population Health Director | All delegate reports for the 1 st quarter were received and reviewed with no gaps identified. | No previous issues identified | Continue with quarterly review | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. | 3. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. | 4. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |



DATE: August 28, 2024
TO: Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission
FROM: Andrea Swan, RN, Quality Improvement and Population Health Director
SUBJECT: Quality Improvement Health Equity Transformation Workplan for 2024

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

Summary. This informational report provides a summary of the activities planned for the 2024 QIHET workplan. The workplan includes contractual required Performance Improvement Projects, operational performance metrics, health programs and cultural and linguistic services, and development of the population health management program. Refer to the QIHET Workplan attachment for additional details.

Discussion. The Alliance is contractually required by the Department of Healthcare Services to maintain a quality improvement system to monitor, evaluate, and take effective action on any needed improvements in the quality of care for Alliance members. This is monitored through an annual QIHET workplan with a written description of goals, objectives, and planned activities, reviewed quarterly and evaluated at the end of the year. The QIHET workplan is approved by the Quality Improvement Health Equity Committee, and ultimately, the Alliance Board. The Board can direct and provide modifications to the quality improvement system on an on-going basis to ensure that actions and improvements meet the overall Alliance mission.

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

Attachment.

1. Quality Improvement System Workplan – 2024



SECTION 1: QUALITY PROGRAM STRUCTURE

ANNUAL EVALUATION (ANDREA SWAN)

| Goals/Objectives for Calendar Year 2024 | Planned Activities to Accomplish Goals/Objectives | Target Completion (start & end date) | Responsible Staff | Annual Update | Previously Identified Issues | Next Steps | Goal Met | Evaluation |
|--|---|--|---|-------------------------|------------------------------|--------------|--|------------|
| 1. To develop a comprehensive evaluation of all Quality Improvement activities for 2024. | 1. Ensure all required sections of the workplan meet DHCS, and NCQA requirements. | 1/1/2024 | Andrea Swan, Quality Improvement & Population Health Director | 1 st update- | 1: 2: | 1. 2: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. | 2. Present for approval Quality Improvement workplan which contains all required sections for the evaluation. | 3/31/2024 – 3/31/2024 | Andrea Swan, Quality Improvement & Population Health Director | 2 nd update | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. | 3. Ensure all quarterly updates are reviewed and approved by QIHEC. | 3/31/24,6/30/2024,9/30/2024,12/31/2024 | Andrea Swan, Quality Improvement & Population Health Director | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. | 4. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

PROGRAM DESCRIPTION (ANDREA SWAN)

| Goals/Objectives for Calendar Year 2024 | Planned Activities to Accomplish Goals/Objectives | Target Completion (start & end date) | Responsible Staff | Annual Update | Previously Identified Issues | Next Steps | Goal Met | Evaluation |
|---|--|--------------------------------------|---|--|------------------------------|-------------|--|------------|
| 1. Finalize 2024 Program Description for presentation to QIHEC | 1. Ensure all required sections of the workplan meet DHCS, and NCQA requirements. | 1/31/2024-2/15/2024 | Andrea Swan, Quality Improvement & Population Health Director | 1 st update: 2 nd update: | 1: 2: | 1 2: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. Presentation of the Program Description to both the QIHEW, and QIHEC for approval by 3/31/2024 | 2. Submission of Program Description to QIHEW staff | 2/1/2024-2/15/2024 | Andrea Swan, Quality Improvement & Population Health Director | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. Develop a comprehensive 2025 Quality improvement Program Description that outlines all required DHCS, and NCQA requirements. | 3. Review all DHCS, and NCQA requirements to ensure all sections included are relevant and share the template with business owners to begin writing. | 9/30/2024-12/31/2024 | Andrea Swan, Quality Improvement & Population Health Director | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| | | | | | | | | |
| 4. | 4. | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

ANNUAL WORKPLAN (ANDREA SWAN)

| Goals/Objectives for Calendar Year 2024 | Planned Activities to Accomplish Goals/Objectives | Target Completion (start & end date) | Responsible Staff | Quarterly Update | Previously Identified Issues | Next Steps | Goal Met | Evaluation |
|--|---|--|---|------------------------|------------------------------|------------|--|------------|
| 1. To executes a QI program annual work plan that reflects ongoing activities throughout the year and addresses all required DHCS, and NCQA requirements | 1. Create a workplan that captures yearly activities, time frame for each activity's completion, staff members responsible for each activity, monitoring of previously identified issues, and evaluation of QI program. | 1/1/2024-2/15/2024 | Andrea Swan, Quality Improvement & Population Health Director | Qtr. 1: Qtr. 2 | 1: | 1: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. Ensure all workplan elements are properly documented and reflect appropriate follow up by each business owner. | 2. Regular quarterly check-ins to review workplan entries, with regular feedback provided to business owners when applicable. | 3/31/2024,6/30/2024,9/30/2024,12/31/2024 | Andrea Swan, Quality Improvement & Population Health Director | Qtr. 3: Qtr. 4: | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. Review and approval of workplan quarterly by QIHEC | 3. Review of all workplan entries prior to each committee to ensure appropriate documentation. | 3/31/2024,6/30/2024,9/30/2024,12/31/2024 | Andrea Swan, Quality Improvement & Population Health Director | | 2: | 2: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. | 4. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |



SECTION 2: QUALITY OF CLINICAL CARE

| Goals/Objectives for Calendar Year 2024 | Planned Activities to Accomplish Goals/Objectives | Target Completion (start & end date) | Responsible Staff | Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter. | Previously Identified Issues | Next Steps | Goal Met <input type="checkbox"/> Yes <input type="checkbox"/> No | Evaluation |
|--|---|--|---|---|------------------------------|------------|--|------------|
| 1. Provider Partnership program established and launched | <ol style="list-style-type: none"> Sign up 4 providers by 3.31.24 Do onsite meetings and observations by 4.31.24 Develop and implement interventions for 1-2 MCAS measures at each site by 6.30.24 Monitor and adjust interventions and MCAS rates 9.30.24 | 1/1/24-3/31/24 3/31/24-4/31/24 4/1/24-6/30/24 7/1/24-9/30/24 | Alex Sanchez, Quality Improvement Advisor | Launched program and contacted providers. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. Develop a comprehensive MCAS committee to capture, plan, and discuss quality improvement activities that will improve DHCS required MCAS measures, and NCQA HEDIS prioritized measures. | <ol style="list-style-type: none"> Create project charter and project tracker. Establish regular monthly check in with committee to monitor activities. Evaluation current intervention strategies against finalized audited measurement year (MY) MY2023 MCAS measure rates. Request direction of interventions from. | 1/1/2024-3/31/2024 3/1/2024-6/30/2024 6/17/23-8/31/2024 4/1/24-12/31/2024 | Britta Vigurs, Quality Improvement Program Advisor | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. Enhance data source capture and analyze gaps in data sources | <ol style="list-style-type: none"> Review the quality of the data sources for any new configuration issues for initial HEDIS build. Test solutions for implementation into the build. Evaluate laboratory data capture enhancement through Quest historical files for consideration in contract. Evaluate laboratory data for data sources in San Benito and | 1/1/24-3/31/2024. 1/1/24-3/31/2024. | Magdalena Kowalska, Quality Improvement Program Advisor, Charley Aebersold, Quality Improvement Program Advisor, Jo Pirie, Quality Improvement Program Advisor, Britta Vigurs, Quality Improvement Program Advisor. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| | <p>Mariposa County that would benefit from additional sftp data transfer process for MCAS reporting in 2025.</p> <p>4. Assess Provider Portal reports that enhance outreach with the addition of individual language needs for members linked to network providers.</p> <p>5. Assess Provider Portal reports that enhance outreach with the addition of race/ethnicity for members linked to network providers.</p> <p>6. Perform a gap analysis on data sources for the Eye Exam for Patients with Diabetes Review against previously submitted eye exam data.</p> <p>7. Create business requirements to add high priority MCAS reported measures on monthly reports not currently represented.</p> | <p>1/1/24-3/31/2024.</p> <p>1/1/24-3/1/2024.</p> <p>1/1/24-3/31/2024.</p> <p>3/1/2024-6/1/2024</p> | | | | | | |
| 4. Create a new MCAS Dashboard that allows for enhanced health disparity analysis. | <p>1. Develop business requirements for a new MCAS dashboard on Tableau that allows for quantitative analysis of reported MCAS and prioritized Alliance measures through trended graphs, geomapping, and individual member reports. Create filters that stratifies data based on race/ethnicity, language, gender, and county.</p> <p>2. Add additional health disparity analysis to the 2023 PNA for Colorectal Cancer Screening, Controlling High Blood Pressure, Hemoglobin A1c Control for Patients with Diabetes, Prenatal and Postpartum Care.</p> <p>3. Assess functionality of the MCAS dashboard in automating analysis for health disparities for Population Needs Assessment (PNA) review.</p> | <p>1/1/24-3/31/2024.</p> <p>3/1/2024-5/30/2024.</p> <p>5/1/24-8/31/2024.</p> | Shannon Fletcher, Quality Improvement Program Advisor, Charley Aebersold, Quality Improvement Program Advisor, Kristen Rohlf, Quality and Population Health Manager | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

CARE BASE INCENTIVE (CBI) (KRISTEN ROHLF)

| Goals/Objectives for Calendar Year 2024 | Planned Activities to Accomplish Goals/Objectives | Target Completion (start & end date) | Responsible Staff | Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter. | Previously Identified Issues | Next Steps | Goal Met | Evaluation |
|---|--|--------------------------------------|---|---|------------------------------|------------|--|------------|
| 1. Enhance Provider Portal reports to streamline access to reports and increase availability of functions and measures monthly. | 1. Create business requirements for a roll-up function that allows multiple clinics sites to see a combined monthly rate for | 1/1/2024-3/31/2024 | Alex Sanchez, Quality Improvement Program Advisor, Magdalena Kowalska, Quality Improvement Program Advisor, Shannon Fletcher, Quality Improvement | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|---|--|---|--|--|--|--|--|
| | measures available monthly on the Provider Portal Quality Report. 2. Develop workflow to extract and generate the additional column that notes members meeting continuous enrollment specifications to applicable monthly Provider Portal Quality reports. 3. Create business requirements to add trending graphs to monthly quality reports. 4. Create business requirements to add a Gaps in Care report. 5. Create business requirements to generate email reminders for portal reports for providers. | 1/1/2024-6/30/2024 6/30/2024-12/31/2024 4/1/2024-12/31/2024 4/1/2024-12/31/2024 1/31/2024-3/31/2024 | Program Advisor, Anney Majoros, Quality Improvement Program Advisor | | | | | |
| 2. Increase access to introductory CBI program information for network providers. | 1. Record a CBI 2024 introductory video. 2. Create survey for feedback on training content. 3. Published video on the Alliance Webinars and Training website. 4. Advertise video to network providers, with additional targeting for newly added Mariposa and San Benito County providers. 5. Create Data Submission Tool (DST) training video. 6. Create and record coding training material for MCAS/CBI. | 4/1/2024-5/30/2024. 4/1/2024-5/30/2024. 6/1/2024-6/30/2024 7/1/2024-7/31/2024 6/1/2024-8/31/2024 6/1/24-8/31/24 | Anney Majoros, Quality Improvement Program Advisor, Juan Velarde, Quality Improvement Program Advisor, Britta Vigurs, Quality Improvement Program Advisor, Tera Mendoza, Coding Resource Specialist | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. | 6. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. | 7. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

BASIC POPULATION HEALTH MANAGEMENT (DESIRRE HERRERA)

| Goals/Objectives for Calendar Year 2024 | Planned Activities to Accomplish Goals/Objectives | Target Completion (start & end date) | Responsible Party | Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter. | Previously Identified Issues | Next Steps | Goal Met | Evaluation |
|---|---|---|--|---|------------------------------|------------|--|------------|
| 1. On a quarterly basis, provide Health Education services and Member Health Rewards program presentations to Alliance internal department staff that interact with members to increase awareness of Health | 1. The project team will reach out to internal departments that interact with members. Examples of teams: a. Health Education team b. Member Services team c. Care Coordination team | 3/31/2024, 6/30/2024 9/30/2024, 12/31/2024 | Kevin Lopez, C&L Program Advisor Desirre Herrera, Quality and Health Programs Manager | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|--|--|---|---|--|--|--|--|--|
| Education services and health rewards available for members. | <ul style="list-style-type: none"> d. Community Engagement team 2. Schedule presentations 3. Deliver Health Education and Member Health Rewards services presentation. 4. Request input regarding presentation content and any member needs that they have encountered regarding Health Education services. | | | | | | | |
| 2. On a quarterly basis, inform members of Health and Wellness programs and self-management tools available to them in 2024. | <ul style="list-style-type: none"> 1. The project team will conduct outreach and education activities to inform members of services available to them via: <ul style="list-style-type: none"> a. Member outreach calls b. Member workshops c. Member mailings d. Member newsletter articles e. MSAG presentation 2. Request input from members regarding program and services. 3. Incorporate member feedback into bi-annual planning of health education activities. | 3/31/2024,6/30/2024 9/30/2024,12/31/2024 | Veronica Lozano, Quality and Health Programs Supervisor Health Educator team Desirre Herrera, Quality and Health Programs Manager | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. On a quarterly basis, collect member feedback from participants in chronic disease management and wellness programs to evaluate impact. | <ul style="list-style-type: none"> 1. The project team will conduct satisfaction surveys with members to evaluate: <ul style="list-style-type: none"> a. Information about the overall program b. Usefulness of the information shared c. Percentage of members indicating that the program helped them achieve health goals. 2. Request input from members regarding program and services. 3. Incorporate member feedback into bi-annual planning of health education activities. | 3/31/2024,6/30/2024 9/30/2024,12/31/2024 | Kevin Lopez, C&L Program Advisor Desirre Herrera, Quality and Health Programs Manager | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. | 4. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |



SECTION 3: SAFETY OF CLINICAL CARE

| Goals/Objectives for Calendar Year 2024 | Planned Activities to Accomplish Goals/Objectives | Target Completion (start & end date) | Responsible Staff | Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter. | Previously Identified Issues | Next Steps | Goal Met <input type="checkbox"/> Yes <input type="checkbox"/> No | Evaluation |
|--|--|--|--|---|------------------------------|------------|---|------------|
| 1. 80% of existing primary care provider sites with an FSR/MRR due this quarter are completed within three years of their last FSR date. | <ol style="list-style-type: none"> 1. Address current staffing to support provider scheduling by onboarding three additional QI RNs to perform facility site reviews. 2. Review upcoming reviews one quarter prior. 3. Schedule reviews by sending the provider sites multiple review dates to choose from two months before the review due date. 4. Continue communication with the provider site until a review date is confirmed. | 01/01/2024 – 03/29/2024 | Joana Castaneda, Quality Project Specialist, Tisha Criswell Senior Quality Improvement Nurse, Nicole Lyles, Senior Quality Improvement Nurse | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. 100% of practices with Corrective Action Plans (CAPs) arising from FSR/MRR submit a plan to address the CAP within regulatory timeframes. | <ol style="list-style-type: none"> 1. Address current staffing to support CAP management by onboarding three additional QI RNs to perform facility site review. 2. Send email reminders to provider sites with CAP due dates. 3. Address non-responsive providers with direct phone calls and PRR involvement. | 01/01/2024 – 03/29/2024 3/31/2024, 6/30/2024 9/30/2024, 12/31/2024 | Tisha Criswell Senior Quality Improvement Nurse, Nicole Lyles, Senior Quality Improvement Nurse | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. | 3. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|----|----|--|--|--|--|--|--|---|
| 4. | 4. | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----|----|--|--|--|--|--|--|---|

POTENTIAL QUALITY ISSUES (DEANNA LEAMON)

| Goals/Objectives for Calendar Year 2024 | Planned Activities to Accomplish Goals/Objectives | Target Completion (start & end date) | Responsible Staff | Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter. | Previously Identified Issues | Next Steps | Goal Met | Evaluation |
|--|--|--|---|---|------------------------------|------------|--|------------|
| 1. 100% of member grievances received by QI related to the potential medical quality of care issues are completed within Member Grievance regulatory timeframes. | 2. Create due dates in SharePoint for PQIs that provide enough time for investigation and translation needs (if applicable) and for the Grievance Coordinator to resolve the case. 3. If medical records are needed for the PQI investigation, request timely upon case assignment to QI RN. 4. Coordinate timely discussion if the case requires MD guidance or potential P2/P3 recommendation. | 01/01/2024 – 03/29/2024 3/31/2024,6/30/2024 9/30/2024,12/31/2024 | Eleni Papazisis, Quality Improvement Program Advisor, Naomi Kwabata, Senior Quality Improvement Nurse, Emily Kaufman, Senior Quality Improvement Nurse, Katie Lutz, Quality Improvement Nurse, Sandy Clay Senior Quality Improvement Nurse, and Bethany Fung, Quality Improvement Nurse | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1. 80% of non-grievance related PQIs are completed within 90 calendar days. | 2. Triage and prioritize incoming internal referrals for the following case types: <ul style="list-style-type: none"> a. Known provider to track and trend. b. Provider on a CAP or open Quality Study c. LTSS member 3. Consider revising the PQI policy to expand the due date to 120 days due to prioritizing regulatory cases and expansion into two additional counties. | 01/01/2024 – 03/29/2024 3/31/2024,6/30/2024 9/30/2024,12/31/2024 | Eleni Papazisis, Quality Improvement Program Advisor, Naomi Kwabata, Senior Quality Improvement Nurse, Emily Kaufman, Senior Quality Improvement Nurse, Katie Lutz, Quality Improvement Nurse, Sandy Clay Senior Quality Improvement Nurse, and Bethany Fung, Quality Improvement Nurse | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3: | 3. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. | 4. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

GRIEVANCE & APPEALS REVIEW (SARAH SANDERS)

| Goals/Objectives for Calendar Year 2024 | Planned Activities to Accomplish Goals/Objectives | Target Completion (start & end date) | Responsible Staff | Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter. | Previously Identified Issues | Next Steps | Goal Met | Evaluation |
|--|---|--|--|---|------------------------------|------------|--|------------|
| 1. On a quarterly basis, provide grievance updates to interdisciplinary groups including SGRC and QIHEW. | a. Monitor and process concerns within regulatory timeframes. b. Provide internal communications on appeal and grievances trends and outcomes. | 01/01/2024 – 03/29/2024 3/31/2024,6/30/2024 9/30/2024,12/31/2024 | Sarah Sanders, Grievance and Quality Manager | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | <p>c. Track and trend grievance data by demographics including language to analyze disparities.</p> <p>d. Identify actionable opportunities for improvement</p> | | | | | | | |
| 2. Support Members by resolving issues of dissatisfaction with the Alliance. | <p>a. Ensure that where appropriate, corrective action is implemented and effective in improving identified problems.</p> <p>b. Track grievance and appeals for access/QOC trends, system issues, and identify actionable corrections needed.</p> | <p>01/01/2024 – 03/29/2024</p> <p>3/31/2024,6/30/2024 9/30/2024,12/31/2024</p> | Sarah Sanders, Grievance and Quality Manager | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Quality Data: External Report requirements are met 100% of the time. | <p>a. Monitor timely data and state submissions to ensure completeness.</p> <p>b. Evaluate and identify opportunities to improve the data accuracy of AG information.</p> | <p>01/01/2024 – 03/29/2024</p> <p>3/31/2024,6/30/2024 9/30/2024,12/31/2024</p> | Sarah Sanders, Grievance and Quality Manager | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Ongoing monitoring of AG results to support that appropriate action is taken when occurrences of poor performance are identified. Identify and track allegations of discrimination. | <p>a. Identify and, when appropriate, act on substantiated issues in a timely manner. Monitor and report findings bi-monthly. Complete audits for allegations of discrimination to monitor, prevent and identify any discriminatory practices.</p> | <p>01/01/2024 – 03/29/2024</p> <p>3/31/2024,6/30/2024 9/30/2024,12/31/2024</p> | Sarah Sanders, Grievance and Quality Manager | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |



SECTION 4: MEMBER EXPERIENCE

| Goals/Objectives for Calendar Year 2024 | Planned Activities to Accomplish Goals/Objectives | Target Completion (start& end date) | Responsible Staff | Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter. | Previously Identified Issues | Next Steps | Goal Met | Evaluation |
|---|--|---|--|---|---|------------|--|------------|
| 1. CAHPS survey fielded timely, and results reported out to internal stakeholders within 8 weeks of receiving results | 1. CAHPS workflows, processes, and timelines documented and reviewed in Q1 2024, and steps are taken to begin MY2023 surveys | 2/8/24 – 3/31/24 | Alex Sanchez, Quality Improvement Program Advisor | | There was not a documented process or workflow for working with SPH to ensure CAHPS were administered timely. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. Increase organizational awareness of what CAHPS is and current what current rates are | 2. Present MY 2022 CAHPS rates to targeted and appropriate stakeholders 1. Begin outreach to chiefs/admins to present CAHPS overview and high-level rates to organization at all-staff or division meetings | 3/1/2024 – 10/31/24 Same timeline as above | Sarina King, Quality Performance Improvement Manager | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |



SECTION 4: QUALITY OF SERVICE

| Goals/Objectives for Calendar Year 2024 | Planned Activities to Accomplish Goals/Objectives | Target Completion (start & end date) | Responsible Staff | Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter. | Previously Identified Issues | Next Steps | Goal Met | Evaluation |
|---|---|--------------------------------------|---|---|------------------------------|------------|--|------------|
| 1. Comply with DMHC Timely Access Survey Requirements | <ol style="list-style-type: none"> 1. Ensure 90% of After-hours triage compliance in Timely Access Survey. (Provider Appointment Availability Survey [PAAS]). 2. Ensure 75% Urgent and routine appointment access compliance, as well as next available follow up appointment for non-physician mental health care, within required time frames. 3. PAAS work begins in the summer with vendor engagement and finalization of the project plan and contact lists. The survey is launched from August to November/December. Results are available in Q1 of the subsequent year. | 7/1/2024-12/31/2024 | Jessie Dybdahl, Provider Service Director | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. Quarterly review of provider to member ratios for PCPs and High-volume/high-impact Specialties. To ensure all ratios meet regulatory requirements. | <ol style="list-style-type: none"> 1. Ensure provider to member ratios are w/in compliance and mitigate if out of compliance on a quarterly basis. 2. Tableau report is monitored no less than quarterly to ensure provider to member ratios are met for each required provider type. | 1/1/2024-3/31/2024 | Jessie Dybdahl, Provider Service Director | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | | |
|----|----|--|--|--|--|--|--|--|
| 3. | 3. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. | 4. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

GEO ACCESS (TIMELY ACCESS) (JESSIE DYBDAHL)

| Goals/Objectives for Calendar Year 2024 | Planned Activities to Accomplish Goals/Objectives | Target Completion (start & end date) | Responsible Staff | Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter. | Previously Identified Issues | Next Steps | Goal Met | Evaluation |
|---|--|---|---|---|------------------------------|------------|--|------------|
| 1. Comply with Time or Distance Standards set forth by DHCS | <ol style="list-style-type: none"> Ensure the network meets time or distance standards in compliance with DHCS requirements when a provider is available. Monitor areas where no provider is available and ensure alternative access requests are in place on a quarterly basis. Evaluate the non-contracted provider network to determine if recruitment might remedy access gaps. Launch recruitment efforts as applicable. | <p>1/1/2024-3/31/2024</p> <p>1/1/2024-3/31/2024</p> | Jessie Dybdahl, Provider Service Director | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. | 2. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. | 3. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. | 4. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

PROVIDER SATISFACTION SURVEY (JESSIE DYBDAHL)

| Goals/Objectives for Calendar Year 2024 | Planned Activities to Accomplish Goals/Objectives | Target Completion (start & end date) | Responsible Staff | Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter. | Previously Identified Issues | Next Steps | Goal Met | Evaluation |
|---|---|--------------------------------------|---|---|------------------------------|------------|--|------------|
| 1. Provider Satisfaction Survey | <ol style="list-style-type: none"> Monitor Provider Satisfaction annually. Ensure no less than 5% decrease in overall satisfaction with the plan from prior year. The Provider Satisfaction Survey (PSS) is launched in the summer with vendor engagement in spring. Contact lists are sent for primary care, specialty care, and non-physician mental health care. The survey is launched from July to August. Results are available in quarter 4. | 7/1/2024 - 12/31/2024 | Jessie Dybdahl, Provider Service Director | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. | 2. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. | 3. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. | 4. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

TELEPHONE ACCESS (GISELA TABOADA)

| Goals/Objectives for Calendar Year 2024 | Planned Activities to Accomplish Goals/Objectives | Target Completion (start & end date) | Responsible Staff | Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter. | Previously Identified Issues | Next Steps | Goal Met | Evaluation |
|---|--|---|---|---|------------------------------|------------|---|------------|
| <p>1. 80% of calls to Member Services answered within 30 seconds.</p> | <p>1. The Call Center is continuously monitoring this metric as it is also included on the Operational Dashboard.</p> <p>Improvement efforts slated for 2024:</p> <ul style="list-style-type: none"> • The adoption of a Workforce Management Tool to assist with call forecasting and representative scheduling, ensuring we have appropriate levels of staff supporting the queues at any given time/day. • Call Audit Optimization: We are developing formal call audit guidelines and defined audit methodology to ensure staff is adhering to Alliance updates and processes. This will ensure representatives are provided with the appropriate resources and are getting through calls, timely. • Developing additional call circles (queues) to: <ul style="list-style-type: none"> ○ Optimize resource availability. ○ Improve speed to answer. ○ Reduce representative training time. ○ Increase member satisfaction. • Leverage technology to reduce wait times for members where their inquiries can be filled by the system. Example: Interactive voice response to check eligibility or change PCP. • Computer Telephone Integration: • Enhance HSP/Finesse by adding a screen pop up of member's demographics when a member calls into the call center. This will reduce time on phone for the MSR and will make each call more efficient. | <p>3/31/2024,6/30/2024 9/30/2024,12/31/2024</p> | <p>Gisela Taboada, MS Call Center Manager</p> | | | | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |

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|--|--|---|--|--|--|--|--|--|
| 2. Call abandonment rate will not exceed 5% of calls to Member Services answered before being abandoned. | 2. The Call Center is continuously monitoring this metric as it is also included on the Operational Dashboard. (Same as above) | 3/31/2024,6/30/2024 9/30/2024,12/31/2024 | Gisela Taboada, MS Call Center Manager | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. | 3. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. | 4. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| Goals/Objectives for Calendar Year 2024 | Planned Activities to Accomplish Goals/Objectives | Target Completion (start & end date) | Responsible Staff | Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter. | Previously Identified Issues | Next Steps | Goal Met | Evaluation |
|---|---|---|--|---|------------------------------|------------|--|------------|
| 1. On a quarterly basis, provide C&L services presentations to Alliance internal department staff that interact with members to increase awareness of C&L services available for members. | <ol style="list-style-type: none"> 1. The C&L team will reach out to internal departments that interact with members. Examples: <ol style="list-style-type: none"> a. QIPH new hire orientation b. Member Services team c. Care Coordination team d. Community Engagement team 2. Schedule C&L services presentation 3. Deliver C&L services presentation. 4. Request input regarding presentation content and any member needs that they have encountered regarding C&L services. | 3/31/2024,6/30/2024 9/30/2024,12/31/2024 | <p>Osiris Ramon, C&L Program Advisor</p> <p>Desirre Herrera, Quality and Health Programs Manager</p> | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. On a quarterly basis, inform members of C&L Services available to them in 2024. | <ol style="list-style-type: none"> 1. The C&L team will conduct outreach and education activities to inform members of services available to them via: <ol style="list-style-type: none"> a. Member newsletter articles b. MSAG presentation 2. Request input from members regarding program and services. 3. Incorporate member feedback into bi-annual planning of health education activities. | 3/31/2024,6/30/2024 9/30/2024,12/31/2024 | <p>Osiris Ramon, C&L Program Advisor</p> <p>Ivonne Munoz, Quality and Health Programs Supervisor</p> | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. On a quarterly basis, collect member feedback on their experience with language assistance services in a clinical setting. | <ol style="list-style-type: none"> 1. The project team will conduct satisfaction surveys with members to evaluate: <ol style="list-style-type: none"> a. Individual ratings of access to language services. b. Overall rating of interpretation services. c. Access to language services at a health care encounter. d. Gather individual experiences with the services. | 3/31/2024,6/30/2024 9/30/2024,12/31/2024 | <p>Osiris Ramon, C&L Program Advisor</p> <p>Desirre Herrera, Quality and Health Programs Manager</p> | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | | |
|----|---|--|--|--|--|--|--|--|
| | 2. Request input from members regarding program and services. 3. Incorporate member feedback into bi-annual planning of health education activities. | | | | | | | |
| 3. | 4. | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

DELEGATION OVERSIGHT (ANDREA SWAN)

| Goals/Objectives for Calendar Year 2024 | Planned Activities to Accomplish Goals/Objectives | Target Completion (start & end date) | Responsible Staff | Quarterly Update Please include what you have done, and why you have accomplished the goal for each quarter. | Previously Identified Issues | Next Steps | Goal Met | Evaluation |
|--|--|---|---|---|------------------------------|------------|--|------------|
| 1. Ensure all activities delegated on behalf CCAH and the QIPH department meet all DHCS, DMHC, and NCQA regulations. | 1. Quarterly review of delegate reports to ensure compliance, and identification of any issues. | 3/31/2024,6/30/2024 9/30/2024,12/31/2024 | DeAnna Leamon, Clinical Safety Quality Manager. Kristen Rohlf, Quality Improvement & Population Health. Desirre Herrera, Quality Health Programs Manager. Andrea Swan, Quality Improvement & Population Health Director | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. Ensure oversight of all delegated activities by governing board. | 2. Present quarterly updates of all reviewed activities with identification of any issues to the governing board for review, and feedback. | 3/31/2024,6/30/2024 9/30/2024,12/31/2024 | DeAnna Leamon, Clinical Safety Quality Manager. Kristen Rohlf, Quality Improvement & Population Health. Desirre Herrera, Quality Health Programs Manager. Andrea Swan, Quality Improvement & Population Health Director | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. | 3. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. | 4. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |



DATE: August 28, 2024
TO: Santa Cruz – Monterey – Merced - San Benito-Mariposa 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 Code of Conduct.

Summary. The Alliance conducts an annual review of its Compliance Plan and Code of Conduct to ensure that these guiding documents remain accurate and account for changes in Alliance operations. As large changes were made in 2023 to incorporate new requirements from the 2024 Medi-Cal managed care plan contract, only minimal revisions were made as part of the 2024 annual review.

Background. The Alliance's Compliance Plan and Code of Conduct are foundational documents to the Compliance Program. The Compliance Plan describes how the Alliance aligns with the United States Federal Sentencing Guidelines' seven elements of an effective compliance program, which articulates best practices for an effective compliance program. The Alliance's Code of Conduct provides guidelines to Board members, employees, and contractors on appropriate ethical and legal standards and describes the Alliance's commitment to comply with all applicable Federal and State laws, regulations, and contractual obligations.

Discussion. Compliance staff have revised the Alliance's Code of Conduct to reflect health equity as a member right. Revisions to the Compliance Plan reflect minor operational changes and title changes for compliance program staff.

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

Attachments.

1. Alliance Compliance Plan
2. Alliance Code of Conduct

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 intake process. Compliance staff leverage compliance's management software to ensure that all Alliance policies are reviewed and/or revised at least annually. 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:



Alliance Compliance Plan



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

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 verbal report from the Compliance Program no less frequently than annually and receives, at minimum, quarterly written 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 compliance training, including FWA prevention training, on appointment and annually thereafter. 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 annually.

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 Compliance Director. 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;
- Annually reviewing and, as necessary, updating the Code of Conduct and Compliance Plan;
- Ensuring that Compliance training and education are effective and appropriately completed;
- Reviewing areas of non-compliance and developing appropriate corrective and preventive action to prevent or mitigate compliance concerns, including oversight of CAPs imposed by regulators;
- 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:

Quality Improvement and Health Equity Committee

The Quality Improvement and Health Equity Committee (QIHEC) monitors progress on the Quality Improvement work plan, oversees Utilization Management activities, and receives reports from the Pharmacy and Therapeutics Committee. In addition,



Alliance Compliance Plan



the Committee oversees various plan activities including: care-based incentives, HEDIS results, analysis and suggested interventions, disease management and educational 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 QIHEC 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 (CAPs) are implemented when non-compliance is identified and that the CAPs 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 CAPs.

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.

Compliance Specialists – Compliance Specialists are responsible for conducting day-to-day operational work related to implementation of the Alliance's HIPAA Program, Program Integrity Program, Delegate Oversight Program, and Internal Audit and Monitoring Program. Compliance Specialists are also responsible for managing regulatory audits, including pre-onsite and onsite document requests and logistics, and coordinating any required CAPs. Other duties may be assigned as appropriate.

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, assessing and implementing regulatory policies and legislative information; and ensuring the submission of timely and accurate program reporting to regulators.

Regulatory Affairs Specialists – Regulatory Affairs Specialists are responsible for conducting day-to-day operational work related to implementation of new requirements, policy development and maintenance, regulatory reporting, and regulatory filings. Other duties may be assigned as appropriate.

Government Relations Director – The Government Relations Director is the primary health plan contact with external regulatory and government agencies. The Government Relations Director 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.

EDUCATION AND TRAINING



Alliance Compliance Plan



As part of their orientation and training, Alliance 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 Learning & Development Unit 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:

- 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;
- An overview of compliance issues and how to report potential non-compliance or FWA; and
- How to report suspected non-compliance with law or policy to Compliance Department staff.

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.

Compliance staff also monitor reports on an ongoing basis to ensure the following required training is occurring:

- For Member Services staff, training must cover Alliance policies and procedures; contractually required services for all members; how to utilize services in the Medi-



Alliance Compliance Plan



Cal program; how to access carved out services; how to obtain referrals to community resources; how to assist members with disabilities and chronic conditions; and diversity, equity and inclusion (DEI) training.

- For staff carrying out obligations under MOUs, training must cover how complaints can be raised and how to resolve disputes between the parties in the MOU.
- For Network Providers, training includes an overview of the Medi-Cal Managed Care program; covered services, policies and procedures for clinical protocols governing prior authorization and utilization management; how to refer to and coordinate care for carved out services; preventive healthcare services including Early Periodic Screening, Diagnosis and Testing (EPSDT); medical record and coding requirements; Population Health Management program requirements; member access, including appointment wait time standards, telephone access, translation and language access services; secure data sharing methods; member rights; DEI training; and advanced health care directives.

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 intake 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. All compliance issues regarding potential FWA or HIPAA concerns are required to be reported immediately to the Compliance Department for investigation by Compliance Department staff. Reports of non-compliance with standards are investigated by supervisors and/or 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.



Alliance Compliance Plan



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.

The Alliance also maintains a reporting mechanism on its public website that allows members, Network Providers, Subcontractors, or any other person or entity to submit reports of non-compliance, including anonymous reports if desired.

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 Board |
| | 8/14/2024 | 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 |
| 105-0004 | Delegate Oversight |
| 105-0005 | Federal Funding Suspension and Debarment |
| 105-0006 | Physician and Pharmacist Stipends for Participation in Advisory Group and Committee Meetings |
| 105-0009 | Identifying and Reporting Suspected Abuse and Neglect of Members |
| 105-0011 | Internal Audit and Monitoring |
| 105-0014 | Sanctions |
| 105-0015 | Conflict of Interest Policy |
| 105-0500 | External Audits |
| 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 |
| 105-4000 | HIPAA HITECH Privacy and Security Glossary |
| 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 |
| 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 |



Alliance Compliance Plan



| | |
|----------|---|
| 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 |
| 105-4039 | 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 |
| 105-4046 | Enforcement Sanctions: Administrative & Monetary Sanctions |



Alliance Code of Conduct



The Alliance's values are standards that guide our conduct. These values are represented in the Alliance's Code of Conduct.

Collaboration: Working together toward solutions and results.

Equity: Eliminating disparity through inclusion and justice.

Improvement: Continuous pursuit of quality through learning and growth.

Integrity: Telling the truth and doing what we say we will do.

The Code of Conduct provides guidelines to Board members, employees, and contractors, including subcontractors, downstream subcontractors, and network providers, on appropriate ethical and legal standards. The Code of Conduct is an important component of the Compliance Program and reflects the Alliance's commitment to comply with all applicable Federal and State laws, regulations, and contractual obligations. Compliance is everyone's responsibility, thus it is the Alliance's expectation that all Board members, employees, and contractors be familiar and comply with all requirements of the Code of Conduct, avoid actions and relationships that may violate these standards, and seek guidance from appropriate staff when necessary.

The information contained in the Alliance Code of Conduct is not all inclusive or encompassing. The Alliance reserves the right to evaluate any and all situations pertaining to an actual or perceived ethical or legal conflict or misconduct, and then make a determination as to appropriate disciplinary action, policy and procedures, etc., given the facts and circumstances.

This Code of Conduct must be approved by the Alliance Board annually, is made available to Alliance staff and Board members, and is publicly posted on the Alliance's website.

COMPLIANCE WITH LAW

The Alliance is committed to conducting all activities and operations in compliance with applicable laws.



Alliance Code of Conduct



Fraud Waste & Abuse

With oversight from the Compliance Committee, the Alliance's Program Integrity function prevents, detects, evaluates, investigates, reports and resolves all potential/actual fraud, waste and abuse issues. Board members, employees, and contractors shall obey laws that prohibit direct or indirect payments in exchange for the referral of patients or services, which are paid by Federal and/or State health care programs.

Political Activities

The Alliance's political participation is limited by the Political Reform Act. Alliance funds, property, and resources are not to be used to contribute to political campaigns, political parties, or organizations. Board members, employees, and contractors may participate in the political process on their own time and at their own expense but are not to give the impression that they are speaking on behalf of or representing the Alliance during these activities.

Anti-Trust

All Board members, employees, and contractors must comply with applicable antitrust, unfair competition, and similar laws which regulate competition. The types of activities that involve antitrust laws include agreements to fix prices, bid rigging, and related activities; boycotts, exclusive dealings, and price discrimination agreements; unfair trade practices; sales or purchases conditioned on reciprocal purchases or sales; and discussion of factors that determine prices at trade association meetings.

MEMBER RIGHTS

The Alliance is committed to meeting the health care needs of its members by providing access to high quality, equitable health care services.

Access

Alliance policies and procedures have been developed to be consistent with applicable laws governing member choice and access to health care services. Employees and contractors shall comply with all requirements for coordination of medical and support services for Alliance members. Employees and contractors shall provide culturally,



Alliance Code of Conduct



linguistically, and culturally appropriate services to plan members to ensure effective communication regarding diagnosis, medical history and treatment, and health education.

Health Equity

In alignment with its value of equity, the Alliance strives to reduce health inequities and provide all its members a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Complaint Process

Alliance employees and contractors shall inform members of their grievance and appeal rights through member handbooks and other communications in accordance with Alliance procedures and applicable laws. Alliance member grievances and appeals shall be investigated in a prompt and nondiscriminatory manner in accordance with Alliance policies and applicable laws.

BUSINESS ETHICS

The Alliance is committed to the highest standards of business ethics. Employees and contractors shall accurately and honestly represent the Alliance and not engage in any activity or scheme intended to defraud anyone of money, property, or honest services.

Candor and Honesty

Board members, employees, and contractors shall be candid and honest in the performance of their responsibilities and in all communications.

Financial Reporting

All financial reports, accounting records, research reports, expense accounts, timesheets and other documents are to accurately and clearly represent the relevant facts or the true nature of a transaction. The Alliance maintains a system of internal controls to ensure that all transactions are executed in accordance with management's authorization and recorded in a proper manner to maintain accountability of the agency's assets.



Alliance Code of Conduct



Regulatory Agencies and Accrediting Bodies

Alliance employees and contractors shall deal with all regulatory agencies and accrediting bodies in a direct, open, and honest manner.

PUBLIC INTEGRITY

The Alliance and its Board members and employees shall comply with laws and regulations governing public agencies.

Public Records

The Alliance shall provide access to records to any person, corporation, partnership, firm or association requesting to inspect and copy them in accordance with the California Public Records Act, California Government Code Sections 6250 et seq., the Health Insurance Portability and Accountability Act (HIPAA), and Alliance policies.

Public Funds

The Alliance, its Board members, and employees shall not make gifts of public funds or assets or lend credit to private persons without adequate consideration that they serve a purpose within the authority of the Alliance.

Public Meetings

The Alliance, and its Board members and employees, shall comply with requirements relating to the notice and operation of public meetings in accordance with the Ralph M. Brown Act.

CONFIDENTIALITY

Board members, employees, and contractors shall maintain the confidentiality of all confidential information in accordance with applicable laws and shall not disclose confidential information except as specifically authorized by Alliance policies, procedures, and applicable law.



Alliance Code of Conduct



No Personal Benefit

Board members, employees, and contractors shall not use confidential or proprietary Alliance information for their own personal benefit or for the benefit of any other person or entity, while employed at or engaged by the Alliance, or at any time thereafter.

Duty to Safeguard Member and Medical Confidential Information

Board members, employees, and contractors shall safeguard Alliance member protected health information, identity, eligibility, and medical information, peer review, and other confidential information in accordance with HIPAA regulations, California law, and the Alliance's policies and procedures.

Personnel Files

Personal information contained in employee personnel files shall be maintained in a manner designed to ensure confidentiality in accordance with applicable law.

Proprietary Information

Alliance Board members, employees, and contractors shall safeguard confidential proprietary information including, without limitation, contractor information and proprietary computer software, in accordance with, and to the extent required by, contract or law. The Alliance shall safeguard confidential provider information including social security numbers.

CONFLICTS OF INTEREST

Board members and employees have a duty to be loyal to the Alliance.

Conflict of Interest Code

Designated employees as identified in the Conflict of Interest Code, including Board members, shall comply with the requirements of Alliance Conflict of Interest Code and associated policies to avoid impropriety or the perception of impropriety, which might arise from their influence on business decisions or disclosure of Alliance business operations.

Outside Services and Interests



Alliance Code of Conduct



Employees shall not perform work or render services for any contractor, association of Contractors, or other organizations with which the Alliance does business or which seek to do business with the Alliance without prior approval (See Outside Employment section in Employee Handbook). Employees shall not permit their names to be used in any fashion that would indicate a business connection with any contractor or association of contractors, including vendors. All employees shall report all Board-level volunteer activities to the Alliance's Human Resources Department upon consideration and on an annual basis thereafter.

BUSINESS RELATIONSHIPS

Business transactions with vendors, contractors, and other third parties shall be conducted at arm's length in fact and in appearance, transacted free from improper inducements, and in accordance with applicable law and ethical standards.

Business Inducements

Board members, employees, contractors, and providers shall not use their positions to personally profit or assist others in profiting in any way at the expense of Federal and/or State health care programs, the Alliance, or Alliance members.

Gifts to the Alliance

Board members and employees shall not solicit or accept personal gratuities, gifts, favors, services, entertainment or any other things of value from any person or entity that furnishes items or services to the Alliance unless specifically permitted under Alliance Policies. Please see Alliance Policy 105-0015 – Conflict of Interest for specific guidance on acceptance of gifts by Alliance staff members.

Provision of Gifts by the Alliance

Employees may provide gifts, entertainment or meals of nominal value to the Alliance's current and prospective business partners and other persons when these activities have a legitimate business purpose, are reasonable, and are consistent with applicable law and Alliance policy. In addition to complying with statutory and regulatory requirements, it is important to avoid the appearance of impropriety when giving gifts to persons and entities that do business or are seeking to do business with the Alliance.



Alliance Code of Conduct



Third-Party Sponsored Events

The Alliance will not participate in any joint contractor, vendor, or third party sponsored event where the intent of the other participant is to improperly influence, or gain unfair advantage from, the Alliance or its operations. Employees' attendance at contractor, vendor or other third- party sponsored events, educational programs and workshops is generally permitted where there is a legitimate business purpose subject to prior approval by the Department Manager or Director. To align with California Fair Political Practices Commission requirements, third party sponsorship of events or travel is not permitted, unless the meeting attendee is a speaker or honoree at the event. Additionally, employees will not participate in raffles at third party sponsored events.

Provision of Gifts to Government Agencies

Board members, employees, and contractors shall not offer or provide money, gifts or other things of value to any government entity or its representatives, except campaign contributions to elected officials in accordance with applicable campaign contribution laws.

PROTECTION OF ALLIANCE ASSETS

Board members, employees, and contractors shall strive to preserve and protect Alliance assets by making prudent and effective use of Alliance resources and properly and accurately reporting its financial condition.

Personal Use of Alliance Assets

The assets of the Alliance are not for personal use. Board members, employees, and contractors are prohibited from the unauthorized use or taking of Alliance equipment, supplies, materials or services.

Communications

All communication systems, electronic mail, internet access, or voicemail are the property of the Alliance. Employees should assume that the communications are not private. Board members, employees, and contractors shall adhere to the highest standards of professional



Alliance Code of Conduct



conduct and personal courtesy in the type, tone, and content of all written, verbal and electronic communications and messages.

Electronic Mail and Social Media

Employees may not use internal communication channels or access to the internet at work to post, store, transmit, download, or distribute any information or material which is threatening, knowingly, recklessly, or maliciously false, obscene, or which constitutes or encourages criminal offenses, gives rise to civil liability or otherwise violates any laws or Alliance policies. The internal communication channels or access to the internet may not be used to send spam mail, or copyrighted documents that are not authorized for reproduction. Board members, employees, and contractors must adhere to the Alliance's Code-of-Conduct and policy 640-0005 – Social Media Policy when using social media in reference to the Alliance.

DISCRIMINATION

The Alliance acknowledges that fair and equitable treatment of employees, members, providers, and other persons is fundamental to fulfilling its mission and goals.

No Discrimination

Board members, employees, and contractors shall not unlawfully discriminate on the basis of race, color, national origin, creed, ancestry, religion, language, age or perceived age, marital status, sex, sexual orientation, gender identity, health status, physical or mental disability, family care leave status, veteran status, marital status, genetic information, pregnancy, political affiliation, or any other legally protected status. The Alliance is committed to providing a work environment free from discrimination and harassment based on any classification noted above.

PARTICIPATION STATUS

The Alliance requires that network providers have valid and current licenses, certificates, and/or registration, as applicable, and that employees, contractors, and



Alliance Code of Conduct



members of the Alliance Board of Commissioners are able to participate in Federal and State-funded programs.

Participation Status

The Alliance has policies that ensure network providers, employees, contractors, and members of the Alliance Board of Commissioners are not currently suspended, terminated, debarred, or otherwise ineligible to participate in any Federal or State health care program.

Disclosure of Participation Status

Contractors shall disclose to the Alliance whether they are currently suspended, terminated, debarred, or otherwise ineligible to participate in any Federal and/or State health care program; if they have ever been excluded from participation in Federal and/or State health care programs based on a Mandatory Exclusion; and/or have met the Alliance's Felony Conviction status requirements as set forth in Alliance policy, as applicable.

Delegated Third Party Administrator Review

The Alliance requires that its contractors review participating providers and suppliers for licensure and participation status as part of the delegated credentialing and recredentialing processes.

Licensure

The Alliance requires that all employees and contractors who are required to be licensed, credentialed, certified or registered in order to furnish items or services to the Alliance and its Members have valid and current licensure, credentials, certification or registration as applicable.

GOVERNMENT INQUIRIES



Alliance Code of Conduct



Employees shall notify the Alliance upon receipt of government inquiries and shall not destroy or alter documents in response to a government request for documents or information.

Notification of Government Inquiry

Employees are to notify the Government Relations and Compliance Directors immediately upon the receipt of a formal government inquiry for information regarding Alliance business practices.

No Destruction of Documents

Employees shall not conceal, destroy or alter Alliance information or documents in anticipation of, or in response to, a request for documents by any governmental agency or court.

COMPLIANCE PROGRAM REPORTING

Board members, employees, and contractors have a duty to comply with the Alliance Compliance Program. Compliance is a condition of appointment, employment, and/or engagement.

Seeking Guidance

Board members, employees, and contractors may seek additional guidance and clarity on any requirements outlined in this Code of Conduct by contacting the Alliance's Chief Compliance Officer, Compliance Director, or any Compliance Department staff.

Reporting Requirements

All Board members, employees, and contractors must report suspected violations of any statute, regulation, or guideline applicable to Federal and/or State health care programs or Alliance policies. Staff can be assured that they may report suspected and actual compliance or fraud issues or concerns without retaliation or retribution. Such reports may be made to a supervisor or manager, the Chief Compliance Officer, the Chief Administrative Officer, Human Resources Director, Compliance staff, or anonymously to the Confidential Disclosure Hotline.



Alliance Code of Conduct



Employees can call the Alliance's toll-free Confidential Disclosure Hotline at **1-844-910-4228**, or use the Alliance Confidential Disclosure website: <https://ccah.ethicspoint.com>. Additional reporting information is located on the Compliance Intranet page.

Contractors, including network providers, subcontractors, and downstream subcontractors, and members may report compliance concerns by contacting their designated Alliance contact person, contacting Compliance Department staff directly, or through the Compliance Concern Report form on the Alliance's website.

Revision History:

| Reviewed Date | Revised Date | Changes Made By | Approved By |
|---------------|---|--|----------------|
| | 3/20/2018 | Jenifer Mandella, Compliance Officer | Alliance Board |
| | 12/18/2019 | | Alliance Board |
| | 1/13/2021 | Jenifer Mandella, Compliance Officer | Alliance Board |
| | 3/23/2022 | Jenifer Mandella, Compliance Officer | Alliance Board |
| | 9/20/2023 | Jenifer Mandella, Compliance Officer | Alliance Board |
| | 8/31/2023, with changes effective 1/1/2024 | Jenifer Mandella, Chief Compliance Officer | Alliance Board |
| | 8/14/2024 | Jenifer Mandella, Chief Compliance Officer | |





DATE: August 28, 2024
TO: Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission
FROM: Michael Schrader, Chief Executive Officer
SUBJECT: Measure Z: City of Santa Cruz Beverage Tax

Recommendation. Staff recommend the Board review, consider and take action on the request for a position of support for Measure Z, the City of Santa Cruz Beverage tax, which is on the November 5, 2024 ballot.

Summary. The City of Santa Cruz unanimously passed a resolution placing a measure on the November ballot that would levy a two-cents per ounce tax for general government use on the wholesale distribution of sugar-sweetened beverages (e.g., sodas, energy drinks).

Discussion. Given the known health effects of the consumption of sugary beverages, the City Council has requested the opportunity to present to your board and request you adopt a position in support of this ballot measure.

Ms. Shebreh Kalantari-Johnson, Councilmember, City of Santa Cruz, will provide a presentation to the Board regarding Measure Z: City of Santa Cruz Beverage Tax and will request the Board's consideration taking a position of support for the general purpose tax, which is on the November 5, 2024 general election ballot.

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

Attachments.

1. Fact Sheet
2. Letter from Senator Bill Monning

HEALTHY PEOPLE. HEALTHY COMMUNITIES.



Promoting Healthy Habits and Public Health Outcomes

The City of Santa Cruz takes pride in its commitment to creating a safe, healthy environment for its residents. As a community, we aspire to prioritize the well-being of our citizens, especially when it comes to public health. To improve community health, the City of Santa Cruz is exploring options for a Sugar-Sweetened Beverage (SSB) Tax which applies to any liquids that are sweetened with various forms of added sugars such as regular soda, fruit drinks and energy drinks.

Health Risks from SSBs

SSBs are the leading source of added sugars in the American diet. An excess of added sugars in a diet can result in serious health risks like weight gain, obesity, type 2 diabetes, heart disease, kidney disease, liver disease, tooth decay and more. SSB consumption is associated with adverse health outcomes. Limiting sugary drink intake can help individuals maintain a healthy lifestyle and dietary patterns.



Impact on Vulnerable Populations

Children and minority populations are disproportionately affected by the negative health effects associated with the consumption of sugary beverages. Research reveals a disproportionate impact on Black and Brown children, who are at a significantly higher risk of developing type 2 diabetes. 40% of all children will develop Type 2 diabetes in their lifetimes; the projected rate for Latino and African American children is even greater, at 50%. In a recent report published by Dominican Hospital in Santa Cruz County, "Healthy weight is a significant issue in Santa Cruz County, with a larger proportion of children who are overweight for their age compared to all California children. In addition, adult obesity... [is] highest among the county's Latino population." Beverage companies heavily market sugary drinks to youth and communities of color.

By taking measures to reduce sugary beverage consumption, the City of Santa Cruz aims to address health disparities, promote healthier habits and improve the well-being of vulnerable populations. SSBs have a proven track record of promoting healthier habits; purchases declined in Oakland for all types of SSB's including sweetened soda by 23.1% since the adoption of their SSB tax in 2017.



Promoting Healthy Habits and Public Health Outcomes



A Potential Measure for a Healthier Santa Cruz

While no final decisions have been made, the Santa Cruz City Council ad hoc subcommittee is considering proposing a tax of 2¢ per fluid ounce on the distribution of sugar sweetened beverage products in the City to promote a healthier Santa Cruz. The potential measure could raise up \$1.3 million annually to help improve essential City services, including benefiting neighborhood parks, beaches and open space; providing youth and senior programs; expanding community recreational programs and addressing public safety and bike and pedestrian safety.

Fiscal Accountability and Local Control

The City of Santa Cruz would ensure any measure would have common sense features built in to protect consumers and taxpayers.

- A Community Oversight Panel would be mandated to oversee and report annually on the impact of the measure and include recommendations to support and improve community wellness
- Funds would be reinvested into the local community to improve the health and well-being of City residents
- The measure would include an exemption for small businesses
- The measure would only be applied to beverages with added sugar, and all grocery or consumer food products are excluded
- Diet soda, natural juices, milk and milk substitutes, diet supplements and alcohol would all be excluded

LEARN MORE!

For more information or to provide input, visit our website at [CityofSantaCruz.com](https://www.cityofsantacruz.com) or contact Lisa Murphy at LMurphy@santacruzca.gov.

 [CityofSantaCruz.com](https://www.cityofsantacruz.com)  [/CityofSantaCruz](https://www.facebook.com/CityofSantaCruz)  [@CityofSantaCruz](https://twitter.com/CityofSantaCruz)



SENATOR BILL MONNING (ret)
Attorney at Law/Mediator
California State Senate
Majority Leader Emeritus
P.O. Box 1385
Monterey, Ca 93942
billmonning@gmail.com

19 June 2024 (Juneteenth)

Dear Councilmember Skalantari-Johnson,

I am writing to express my strong support for placing a sugar-sweetened beverage (SSB) tax option on the upcoming November ballot. As someone deeply invested in public health and having dedicated years of advocacy for similar legislation at the state level, I am confident that this measure represents a critical step towards safeguarding the health and future of our community, especially our children.

During my tenure as a State Senator, I introduced SB 622, a bill aimed to establish a penny-per-ounce tax on sugar sweetened beverages. That legislation had the potential to generate up to \$1.7 billion annually for health and education programs, statewide. Despite strong evidence supporting the effectiveness of such taxes in reducing consumption and improving public health, the bill did not pass at the state level. However, this should not deter the City of Santa Cruz from taking action locally, as other local jurisdictions have proven the public health benefits of such a tax.

And, despite multi-million dollar campaigns by the SSB industry (Big Soda) to block Californians' ability to embrace local tax measures, the California Supreme Court has recognized the right of charter cities, such as the City of Santa Cruz, to proceed with such a measure without risk of penalties.

Studies have consistently shown that sugar-sweetened beverages are the leading source of excess and unhealthful calories in the diets of children, contributing significantly to the obesity crisis. Since the 1970s, these beverages have become the top caloric contributor to childhood obesity. Medical professionals are now encountering diseases in overweight children that were once only seen in adults, such as Type 2 diabetes, which has skyrocketed across all age groups and costs our state \$41 billion annually. (What used to be called "adult-onset" diabetes, is now seen all too frequently in young teens!)

The success of tobacco taxes in reducing consumption serves as a compelling model for the potential impact of an SSB tax. The revenues generated by tobacco taxes have helped to fund successful public health campaigns that have reduced tobacco use. By discouraging the consumption of sugary drinks, we can make substantial progress to improve public health outcomes, to give our children the knowledge to protect themselves, and to reduce ever-escalating healthcare costs resulting from the expansion of preventable disease.

Local control over the implementation and allocation of an SSB tax ensures that the generated revenue can be used effectively to address the specific public health needs of the community. By taking this step, city leaders and residents can show their commitment to the health and well-being of our children and future generations.

Finally, I believe that by giving Santa Cruz residents the opportunity to vote on this important public health initiative, the election process itself will stimulate greater public awareness and discourse on how best to protect the health and welfare of the community.

I strongly urge your support by voting to place the sugar-sweetened beverage tax on the November ballot. This initiative is not just a fiscal measure but represents a moral imperative to protect the health of our children and empower our community to take control of its future. Let us lead by example and demonstrate that Santa Cruz prioritizes the health and well-being of all of its residents, especially the poor and disenfranchised.

Thank you for your consideration and thank you for your continued public service.

Toward Health for All!

Sincerely,

Bill Monning

Senator Bill Monning (ret)

cc. Mayor Keeley and City of Santa Cruz City Council Members



DATE: August 28, 2024
TO: Santa Cruz-Monterey-Merced-San Benito-Mariposa Managed Medical Care Commission
FROM: Kay Lor, Payment Strategy Director
SUBJECT: Proposed CY 2025 Provider Incentive Programs

Recommendation. Staff recommend the Board approve the proposed:

- Hospital Quality Incentive Program (HQIP) for contracted hospitals
- Specialty Provider Incentive (SCI)
- Risk Adjustment Incentive (RAI)

Summary. An incentive program is a value-based payment (VBP) strategy to promote high-quality care and improve the member care experience. This report provides an overview of the 2025 HQIP and SCI and makes a recommendation for changes. In addition, the Alliance introduces a new Risk Adjustment Incentive (RAI) program.

Background. The Board-approved payment policy aligns payments with revenue, utilization trends, and industry benchmarks. In addition, on June 28, 2023, the Board approved the allocation of \$46.1M of the operating reserve to guarantee incentive payments even when the Alliance experiences financial losses to promote VBP.

To improve member experience and health outcomes and reward providers for quality care, staff continue developing more value-based payment (VBP) models to improve provider compensation. Staff initiated the HQIP in 2022, reinstated SCI in 2023, and developed a new RAI for 2025. We will update our programs yearly to learn from our experience and address emerging issues.

Discussion.

1. Hospital Quality Incentive Program (HQIP)

Program Overview: The incentive programs encourage partnership with Managed Care Plans (MCP) by meeting operational efficiencies, which will further improve transitional care services, reduce unnecessary healthcare costs, and improve service delivery with a focus on improving members' access to comprehensive care based on member needs.

Participation Requirements: All contracted hospitals with 50 or more hospital admissions or emergency visits in the calendar year 2024 are eligible to participate.

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Measurements and Payment Methodology:

| Measurements | Payment Method | Payout |
|---|--|--|
| Transitional Care Services (TCS) – Inpatient Discharge | <ul style="list-style-type: none"> - Electronic Version - \$400 per discharge - Paper Version - \$200 per discharge | Quarterly – 45 days after the end of the quarter |
| ED Follow-Up Discharge | <ul style="list-style-type: none"> - Electronic Version - \$50 per discharge - Paper Version - \$25 per discharge | Quarterly – 45 days after the end of the quarter |
| Decrease of 30-day readmission rate Target*: 15.4% Increase Post Discharge follow-up within 14 days Target: 36.8% Decrease of Avoidable Emergency Visit Target: 17.3% | Hospitals can earn the maximum available funds for each metric by meeting the established performance target. <u>Two-Tier Approach:</u> <ul style="list-style-type: none"> - Tier 1: 40% of the target - Tier 2: Additional 60%, totaling 100% maximum payout | Annual - 45 days after the ending of the first quarter in 2026 |
| Data Exchange Incentive | Quarterly payout of an <u>annual maximum</u> of \$200,000 per hospital that connects to SCHIO | Quarterly – 45 days after the end of the quarter |

*The target is based on the actual 2023 results for in-area hospitals.

2. Specialty Provider Incentive (SCI)

Program Overview: SCI is designed to improve member access to specialty services, improve member care through incentivizing referrals when appropriate, decrease emergency visits through better coordination between providers when appropriate, and further advance value-based payment.

Participation Requirements: All contracted Specialty Providers

Measurements and Payment Methodology:

| Measurements | Payment Methods | Payout |
|---|--|---|
| Reduce OB C-Section Rate Target 29% | By meeting the established performance target, providers can earn the maximum available funds for each metric. <u>Two-Tier Approach:</u> - Tier 1: 40% of the target - Tier 2: Additional 60%, totaling 100% maximum payout | Annual - payout 45 days after the ending of the first quarter in 2026 |
| Increase OB Doula Referrals | \$100 per referral | Billing via Claim |
| Increase California Children Services (CCS) referral Rate to the county | \$1,000 per referral | Billing via Claim |
| Increase Palliative Care Referrals | \$100 per referrals | Billing via Claim |
| Specialist Coordination with PCP | \$25 per member | Billing via Claim |
| Provider Completion of Surveys | \$100 per survey | Quarterly – 45 days after the end of the quarter |
| Provider Completion of training to Support DHCS | \$200 per training per provider | Quarterly – 45 days after the end of the quarter |
| Increase New Member Seen *baseline year - 2024 | Four Tiers: 1. 5% - \$50 2. 10% - \$100 3. 15% - \$150 4. 20% - \$200 | Quarterly – 45 days after the end of the quarter |
| ED f/u visit | \$50 per visit | Quarterly – 45 days after the end of the quarter |

3. 2025 Risk Adjustment Incentive (RAI)

Program Overview: Risk Adjustment is a payment model implemented by both the Department of Health Care Services (DHCS) and the Centers for Medicare and Medicaid Services (CMS) to determine payment to health plans. The payment model for DHCS is CDPS+Rx and for CMS-Hierarchical Condition Category (CMS-HCC). DHCS and CMS assign a Risk Adjustment Factor (RAF) to each Diagnosis Group at the beginning of the year. The Diagnosis Groups are associated with qualifying diagnoses that providers report on their claims. DHCS and CMS reimburse based on the health status of the patient. The risk adjustment incentives will compensate for any administrative burden providers may incur in reporting this risk-adjusted diagnosis so that we can submit the appropriate health status to DHCS/CMS.

Participation Requirements: Contracted providers

Measurements and Payment Methodology:

| Measurements | Payment Methods | Payout |
|--|--|--|
| 90 percent or more of appropriate ICDs addressed | \$100 Per member (maximum of 4 per member) | Quarterly – 45 days after the end of the quarter |
| Completion of AHA exam | \$100 per member (maximum of 1 per member) | Quarterly – 45 days after the end of the quarter |
| Completion of educational sessions | \$250 per provider (maximum of 1 per provider) | Quarterly – 45 days after the end of the quarter |

Fiscal Impact. Staff estimate the cost of the three incentive programs at \$33.5M and will include this amount in the 2025 medical budget.

1. \$20M - Hospital Quality Incentive Program (HQIP) for contracted hospitals
2. \$12.5M - Specialty Provider Incentive (SCI)
3. \$1M - Risk Adjustment Incentive (RAI)

Attachments. N/A



DATE: August 28, 2024
TO: Santa Cruz-Monterey-Merced-San Benito-Mariposa Managed Medical Care Commission
FROM: Kay Lor, Payment Strategy Director
SUBJECT: 2025 Supplemental Payment Methodology

Recommendation. Staff recommend the Board approve the 2025 supplemental payment methodology for our contracted providers to address realized network access and health equity.

Summary. The Alliance will execute the framework using the supplemental payment methodology to increase realized access and close health equity gaps.

Background. The Alliance's strategic priorities are to advance health equity and promote person-centered system transformation, which requires staff partnering with our providers. During the April 24, 2024, Board meeting, the Board reviewed the Alliance access framework, including the concept of realized access. Omar Guzman, MD, Chief Health Equity Officer, also led the discussion on opportunities to improve health equity. On June 26, 2024, the Board approved a one-time strategic allocation of \$152.4M for provider supplemental payment over multiple years. The Board further authorized staff to develop a methodology that addresses realized network access and health equality. Staff also solicited feedback from the Board's Finance Committee on the methodology on June 26, 2024.

Discussion. To *improve realized network access*, encourage specialists to open the appointment time for Medi-Cal members, and reduce the authorization to the appointment time, staff recommend increasing the current 100% Medicare reimbursement rate to 110%. For all other non-specialists, such as stand-alone dialysis centers, community-based adult services centers, home health, non-emergency transportation, durable medical equipment, and various allied health providers (physical therapy, speech therapy, acupuncture, chiropractic, and audiology), staff recommend increasing the provider payment to 90% of Medicare. For our primary care providers (PCP), the current Targeted Rate Increase (TRI) proposal from the State Managed Care Organization (MCO) tax initiative will increase PCP compensation to 90% of Medicare in 2025.

To *advance health equity*, staff recommend continuing the Equity Practice Transformation (EPT) funding even after the State stops funding after the initial year, totaling a maximum of \$18.6M over three years. In addition, staff recommend paying \$250 per provider for bilingual capabilities to increase member access to culturally and linguistically appropriate healthcare and reimbursing providers \$50 per member for successfully connecting the member to a community-based organization (CBO) or community health worker (CHW). Lastly, staff recommend offering providers \$100 per patient to collect social determinants of health (SODH) data, such as Z or G codes. The data collected will further help design future programs to address health equity effectively.

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Staff estimate the payout will be approximately \$52.6M for 2025, as shown in the table below. Staff expect the funding to last three years through 2027. Staff will learn from the experience and may return to the Board to update the methodology as necessary.

| Framework | Methodology | Estimated Payout in 2025 |
|-------------------------|-----------------------------|--------------------------|
| Improve Realized Access | Specialists | \$20.0M |
| | Non-Specialists | \$16.2M |
| | <u>Other Providers</u> | <u>\$6.5M</u> |
| | Subtotal | \$42.7M |
| Advance Health Equity | EPT | \$6.2M |
| | Bilingual | \$0.5M |
| | CBO | \$0.8M |
| | <u>SDOH data collection</u> | <u>\$0.4M</u> |
| | Subtotal | \$7.9M |
| Total | | \$52.6M |

Fiscal Impact. The expected payout will be included in the 2025 medical budget, and the Board already allocated \$152.4M over multiple years. The estimated payout is \$52.6M in 2025 and may last for three years until 2027.

Attachments: N/A



DATE: August 28, 2024
TO: Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission
FROM: Jenifer Mandella, Chief Compliance Officer
SUBJECT: Closed session: Conference with legal counsel – anticipated litigation (Gov. Code section 54956.9(d)(2).): (One matter).

Recommendation. This report is informational only.

Background. Earlier this year, the Alliance observed that a contracted partner was allegedly operating in a manner that raised significant concerns of potential fraud. The Alliance initiated an investigation into the allegations, however the investigation is not yet complete. The contracted partner has asserted that they intend to issue a demand letter unless the issue is resolved soon. For all these reasons, the Alliance anticipates potential litigation with this contracted partner.

HEALTHY PEOPLE. HEALTHY COMMUNITIES.



Information Items: (14A. – 14D.)

| | |
|----------------------------------|-------------|
| A. Alliance in the News | Page 14A-01 |
| B. Alliance Fact Sheet – Q3 2024 | Page 14B-01 |
| C. Letter of Support | Page 14C-01 |
| D. Membership Enrollment Report | Page 14D-01 |

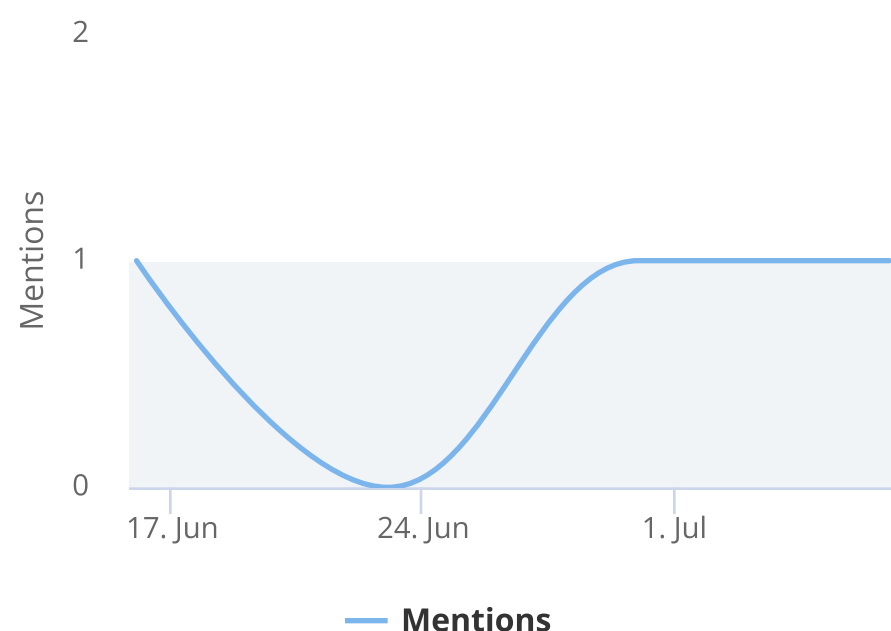
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August 2024 Board Report

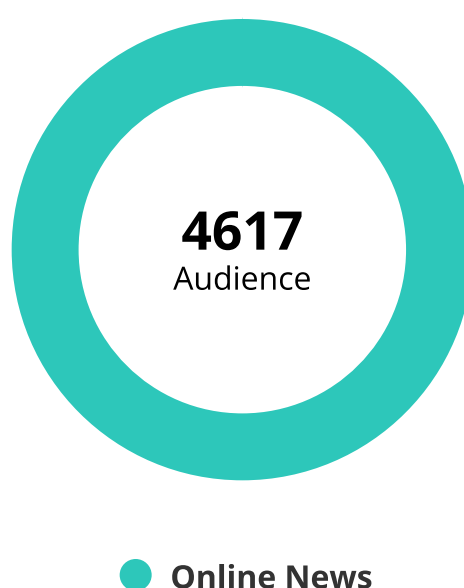


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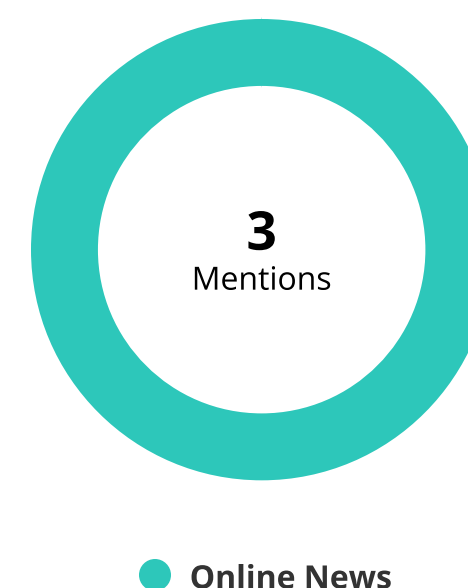
Mentions by Time



Audience by Media Type



Mentions by Media Type



Total Online + Print Audience
4,617

Total Online + Print Publicity
USD \$64

Total Number of Clips 3



(Requires Critical Mention login)

California's CalAIM, Data Exchange Framework Spur Partnerships

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Market United States

Language English

... . In partnership with Dignity Health, SacValley MedShare recently announced it will extend its health data exchange services to 30 hospitals across the state. In addition, the Serving Communities Health Information Organization (SCHIO) health information exchange has announced a collaboration with **Central California Alliance for Health**. The Alliance is a regional Medi-Cal managed care health plan established in 1996 to improve access to health care for over 456,000 members in Mariposa, Merced, Monterey, San Benito and Santa Cruz counties. This partnership will enable Alliance Medi-Cal members and providers in all five Alliance- ... SCHIO. "SCHIO makes data available to the Alliance and its partners to facilitate decision-making, meet data-sharing regulatory requirements, align with CalAIM, and ultimately improve the health outcomes of the populations that we collectively serve," said Cecil Newton, chief information officer of **Central California Alliance for Health**, in a statement. "This arrangement is an extension of over six years of mutual commitment to offer healthcare organizations a better understanding of the new interoperability regulations and technology solutions to simplify care. We are looking forward to standardizing and streamlining Californians ...

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California's CalAIM, Data Exchange Framework Spur Partnerships

Date Collected Jul 3, 2024 11:07 AM EDT

Category Digital News

Source [Healthcare Innovation](#)

Author David Rath

Market United States

Language English

California's ongoing Medicaid transformation and its new Data Exchange Framework (DxF) are accelerating partnerships to enhance interoperability.

In partnership with Dignity Health, SacValley MedShare recently announced it will extend its health data exchange services to 30 hospitals across the

state. In addition, the Serving Communities Health Information Organization (SCHIO) health information exchange has announced a collaboration with Central California Alliance for Health.

The Alliance is a regional Medi-Cal managed care health plan established in 1996 to improve access to health ...



Health Alliance partnership aims to enhance care in San Benito County



Date Collected Jun 21, 2024 8:18 PM EDT
Category Digital News
Source SanBenito.com

Est. Audience 217
Est. Publicity Value USD \$4
Market Hollister, CA
Language English

The **Central California Alliance for Health** last week announced its collaboration with Serving Communities Health Information Organization (SCHIO), one of the oldest and most advanced multi-stakeholder health information exchanges (HIEs) in the country.

The partnership will help Alliance Medi-Cal members and providers in five counties,

"SCHIO makes data available to the Alliance and its partners to facilitate decision-making, meet data-sharing regulatory requirements, align with CalAIM, and ultimately improve the health outcomes of the populations that we collectively serve," said Cecil Newton, Chief Information Officer of **Central California Alliance for Health**.

"This arrangement is an extension of over six years of mutual commitment to offer healthcare organizations a better understanding of the new interoperability regulations and technology solutions to simplify care. We are looking forward to standardizing and streamlining Californians' access to ...

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Alliance Fact Sheet

Q3 2024



About the Alliance

Central California Alliance for Health is an award-winning regional managed care health plan. The Alliance has provided trusted, no cost Medi-Cal health care from local teams to families since 1996. Using the State's County Organized Health System (COHS) model, we currently serve more than **440,000 members** in Mariposa, Merced, Monterey, San Benito and Santa Cruz counties. We have a local presence in the communities we serve, so we understand the unique needs of these communities and our members. Together with our contracted providers, we work to promote prevention, early detection and effective treatment and to improve access to quality, equitable health care. The Alliance is governed with local representation from each county on our Board of Commissioners.



Quick Facts

1996
Year
Established

580
Number of
Employees

\$1.66B¹
Annual
Revenue

6.3%¹
Administrative
Overhead

\$23.5M²
Community Grants

VISION

HEALTHY PEOPLE.
HEALTHY COMMUNITIES.

MISSION

Accessible, quality health care
guided by local innovation.

VALUES



Collaboration:

Working together toward solutions
and results.



Equity:

Eliminating disparity through
inclusion and justice.



Improvement:

Continuous pursuit of quality
through learning and growth.



Integrity:

Telling the truth and doing what we
say we will do.

What We Do

The Alliance is a local health ally for compassionate and trusted health care that supports the whole person. We ensure quality care for all ages and stages of life and for any health condition. We go beyond just providing health care, connecting our members to day-to-day resources.

Who We Serve

Our members represent 42%³ of the population in Mariposa, Merced, Monterey, San Benito and Santa Cruz counties. We serve seniors, persons and children with disabilities, low-income parents and their children, children who were previously uninsured, pregnant women, home care workers who are caring for the elderly and disabled and low-income, childless adults ages 19–64.

Provider Partnerships

The Alliance partners with 100% of hospitals in our services areas and a network of approximately 12,868 providers (99% of primary care physicians and 98% of specialists within our service areas) to ensure members receive timely access to the right care, at the right time. The Alliance also partners with more than 5,757 providers to deliver behavioral health and vision services.

Our Members⁴

1 out of every 3
Mariposa County residents.



1 out of every 2
Merced County residents.



1 out of every 2
Monterey County residents.



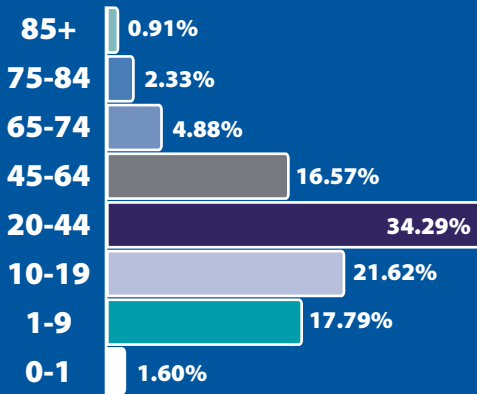
1 out of every 3
San Benito County residents.



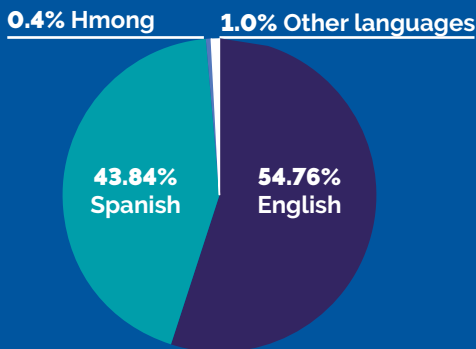
1 out of every 4
Santa Cruz County residents.



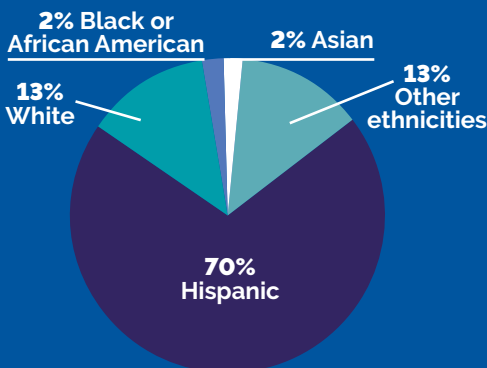
Membership by Age Group



Preferred Language



Race/Ethnicity



Executive Leadership



Michael Schrader
Chief Executive Officer



Dennis Hsieh, MD
Chief Medical Officer



Lisa Ba
Chief Financial Officer



Jenifer Mandella
Chief Compliance Officer



Scott Fortner
Chief Administrative Officer



Cecil Newton
Chief Information Officer



Omar Guzmán, MD
Chief Health Equity Officer



Van Wong
Chief Operating Officer

Governing Board

The Alliance's governing board, the Santa Cruz-Monterey-Merced-San Benito-Mariposa Managed Medical Care Commission (Alliance Board), sets policy and strategic priorities for the organization and oversees health plan service effectiveness. The Alliance Board has fiscal and operational responsibility for the health plan.

In alphabetical order, current Board members are:

- **Leslie Abasta-Cummings**, Chief Executive Officer, Livingston Community Health, At Large Health Care Provider Representative
- **Anita Aguirre**, Chief Executive Officer, Santa Cruz Community Health, At Large Public Representative
- **Ralph Armstrong**, DO FACOG, Hollister Women's Health, At Large Health Care Provider Representative
- **Wendy Root Askew**, Supervisor, County of Monterey, County Board of Supervisors Representative
- **Tracey Belton**, Health and Human Services Agency Director, San Benito County, County Health Department Representative
- **Dorothy Bizzini**, Public Representative
- **Maximiliano Cuevas, MD**, Executive Director, Clinica de Salud del Valle de Salinas, Health Care Provider Representative
- **Janna Espinoza**, Public Representative
- **Zach Friend**, Supervisor, County of Santa Cruz, County Board of Supervisors Representative
- **Donaldo Hernandez, MD**, Health Care Provider Representative
- **Elsa Jimenez**, Director of Health Services, Monterey County Health Department – Alliance Board Chairperson, County Health Department Representative
- **Kristina Keheley, PhD**, Interim Health and Human Services Agency Director, Mariposa County Health and Human Services Agency, County Health Department Representative
- **Michael Molesky**, Public Representative
- **Monica Morales**, Health Services Agency Director, County of Santa Cruz Health Services Agency, County Health Department Representative
- **Rebecca Nanyonjo**, Director of Public Health, Merced County, Department of Public Health, County Health Department Representative
- **Supervisor Josh Pedrozo**, County of Merced – Alliance Board Vice Chairperson, County Board of Supervisors Representative
- **James Rabago, MD**, Merced Faculty Associates Medical Group, Health Care Provider Representative
- **Allen Radner, MD**, President/CEO, Salinas Valley Health, At Large Health Care Provider Representative

Unless otherwise stated, Fact Sheet data as of July 1, 2024.

¹Amounts based on 2024 annual budget.

²Represents 2023 investments through the Alliance's [Medi-Cal Capacity Grant Program](#).

³County population data source: U.S. Census Bureau 2023 population estimate (as of Jul. 1, 2023).

⁴Represents an approximate visual representation. Membership percentage by county: Mariposa (33 percent) Merced (51 percent); Monterey (45 percent); San Benito (30 percent); Santa Cruz (30 percent).



July 10, 2024

Dr. Micky Tripathi
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C Street SW
Washington, DC 20201

Dear Dr. Tripathi,

Central California Alliance for Health (the Alliance) has been a dedicated partner of the Santa Cruz Health Information Organization and now the Serving Communities Health Information Organization (SCHIO) for many years, working together to enhance outcomes within our community through health information exchange. The Alliance is excited to express our commitment to participating in and supporting the SCHIO 2024 LEAP Special Emphasis Notice (SEN) Proposal to Accelerate Adoption of Health Information Technology in Behavioral Health.

This Leap grant opportunity to accelerate the adoption of health information technology in behavioral health is incredibly timely for this regional Medi-Cal health plan. Using the state's County Organized Health System (COHS) model, the Alliance serves members in Mariposa, Merced, Monterey, San Benito and Santa Cruz counties. We believe that this grant opportunity supports CalAIM, the State's 1115 Waiver, as well as the current implementation of the State's Data Exchange Framework. The current environment totally supports the move to more focused, leveraged, behavioral health patient centered, secure, accessible, and equitable data sharing. SCHIO is uniquely positioned to develop and deploy lightweight behavioral health IT solutions that will improve care coordination between behavioral health and clinical healthcare settings.

SCHIO will play a crucial role in the project by providing the technical infrastructure and support necessary for implementing a FHIR repository and integrating it with our existing and future HIT systems. SCHIO will also facilitate the integration of community-wide patient-driven consent management applications and enhance the SCHIO Provider portal to ensure comprehensive access to critical patient information across the entire Santa Cruz healthcare ecosystem and broader communities, in an efficient, secure, and private manner. Together, we aim to promote whole-person health by leveraging advanced health IT solutions and improving data interoperability.

Our organization agrees to work collaboratively with SCHIO to ensure our goals are in alignment with the goals of the proposed project, including efforts to track and report on outcomes. We believe that the proposed outcomes will contribute to how the proposed project will positively impact all of the Alliance served counties, and the State of California. Our hope is that the involvement of the Alliance will also support further innovative, equitable, accelerated adoption of health information technology in managed care organizations, mental health and SUD programs nationally.

Serving Mariposa, Merced, Monterey, San Benito and Santa Cruz counties

www.thealliance.health • 800-700-3874

SCMMSBMMMCC Meeting Packet | August 28, 2024 | Page 14C-01

The Alliance looks forward to working with SCHIO and its partners in bridging the technology gaps that have existed too long in the behavioral health continuum. The LEAP grant will quickly morph the behavioral health workflow that has been neglected by government programs for many years in our Central California community.

We look forward to your favorable review and response.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Schrader". The signature is stylized and cursive.

Michael Schrader
Chief Executive Officer

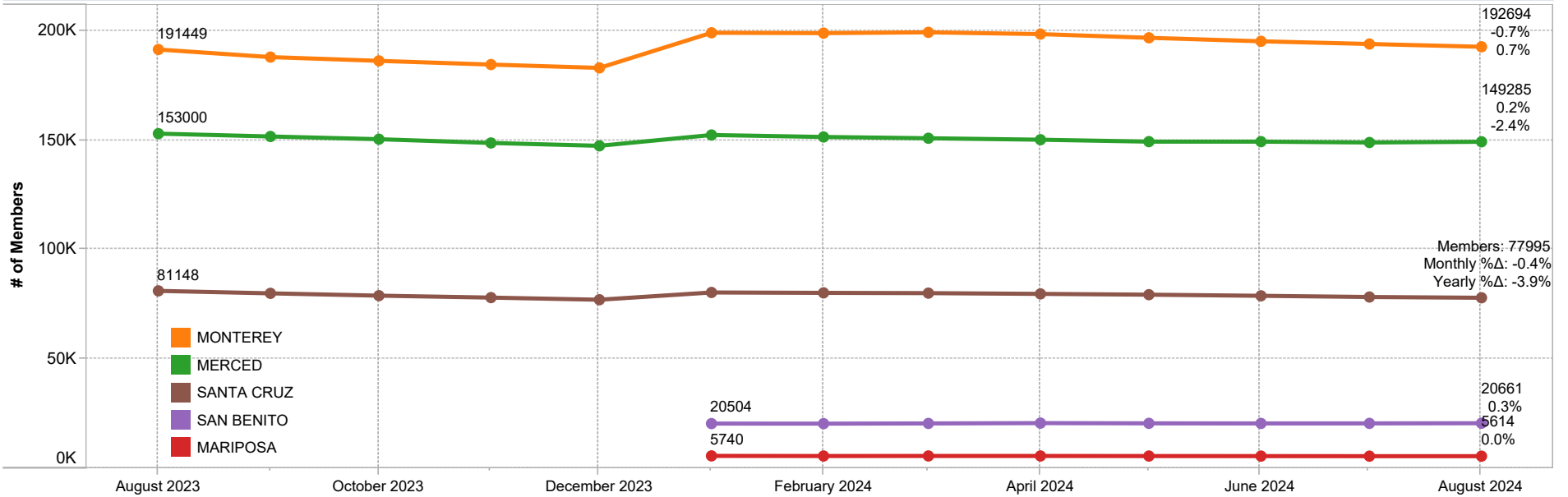


Enrollment Report

County: *None* Program: *None* Aid Cat Roll Up: *None* Data Refresh Date: 8/6/2024 6:07:35 AM

Enrollment Month
8/1/2023 to 8/31/2024

Membership Totals by County and Program, % Change Month-over-Month and % Change Year-over-Year



| LOB | County | Aug 2023 | Sep 2023 | Oct 2023 | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 |
|----------------------|------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Medi-Cal | SANTA CRUZ | 81,148 | 80,019 | 78,963 | 78,072 | 77,098 | 80,420 | 80,240 | 80,112 | 79,771 | 79,406 | 78,895 | 78,347 | 77,995 |
| | MONTEREY | 190,768 | 187,300 | 185,582 | 183,875 | 182,339 | 198,397 | 198,241 | 198,593 | 197,768 | 196,073 | 194,471 | 193,236 | 191,972 |
| | MERCED | 153,000 | 151,708 | 150,459 | 148,744 | 147,439 | 152,380 | 151,477 | 150,896 | 150,227 | 149,344 | 149,339 | 148,952 | 149,285 |
| | MARIPOSA | | | | | | 5,740 | 5,687 | 5,710 | 5,710 | 5,671 | 5,645 | 5,616 | 5,614 |
| | SAN BENITO | | | | | | 20,504 | 20,473 | 20,567 | 20,717 | 20,609 | 20,573 | 20,591 | 20,661 |
| IHSS | MONTEREY | 681 | 682 | 683 | 691 | 697 | 700 | 700 | 705 | 720 | 726 | 732 | 731 | 722 |
| Total Members | | 425,597 | 419,709 | 415,687 | 411,382 | 407,573 | 458,141 | 456,818 | 456,583 | 454,913 | 451,829 | 449,655 | 447,473 | 446,249 |