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

Meeting Agenda

Date: Wednesday, April 24, 2024

Time: Call to Order.....10:00 a.m.
Catered Lunch.....12:15 p.m. – 1:00 p.m.
Adjourn.....2:30 p.m.

Location: El Capitan Hotel
Sentinel Conference Room
609 W Main Street
Merced, CA 95340

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 Monday, April 22, 2024 to the Clerk of the Board at clerkoftheboard@ccah-alliance.org.
    i. Indicate in the subject line "Public Comment". Include your name, organization, agenda item number, and title of the item in the body of the e-mail along with your comments.
    ii. Comments will be read during the meeting and are limited to five minutes.
b. In person, during the meeting, when that item is announced.
    i. State your name and organization prior to providing comment.
    ii. Comments are limited to five minutes.

Call to Order by Chairperson Jimenez. 10:00 a.m.

A. Roll call; establish quorum.
B. Supplements and deletions to the agenda.
C. Welcome Ms. Anita Aguirre, At Large Health Care Provider Representative, Santa Cruz County, to the Board.

2. Oral Communications. 10:05 a.m.

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

3. Comments and announcements by Commission members.

A. Board members may provide comments and announcements.

4. Comments and announcements by Chief Executive Officer.

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

Consent Agenda Items: (5. – 9B.): 10:30 a.m.

5. Accept Executive Summary from the Chief Executive Officer (CEO).

- Reference materials: Executive Summary from the CEO; and AB 2860 (Garcia) Fact Sheet.

Pages 5-01 to 5-13

6. Accept Alliance Financial Highlights, Balance Sheet, Income Statement and Statement of Cash Flow for the second month ending February 29, 2024.

- Reference materials: Financial Statements as above.

Pages 6-01 to 6-09

Appointments: (7A.)

7A. Approve appointment of Amy McEntee, DO and Jason Novick, MD to the Physicians Advisory Group.

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

Page 7A-01

Minutes: (8A.)

8A. Approve Commission meeting minutes of March 27, 2024.

- Reference materials: Minutes as above.

Pages 8A-01 to 8A-05

Reports: (9A. – 9B.)

9A. Authorize the Chairperson to sign an upcoming Amendment to the primary Medi-Cal Contract 23-30241, related to Provider Dispute Resolution Timeframes.

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

Page 9A-01

9B. **Approve Conflict of Interest Code: Multi County Update.**

- Reference materials: Staff report and recommendation on above topic; and Conflict of Interest Code.

Pages 9B-01 to 9B-07

Regular Agenda Items: (10. – 14.): 10:35 a.m.

10. **Discuss State of Alliance Network. (10:35 – 11:30 a.m.)**

A. Ms. Van Wong, Chief Operating Officer and Ms. Jessie Dybdahl, Provider Services Director, will review and Board will discuss Alliance Provider Network Adequacy and Realized Access.

- Reference materials: Staff report on above topic.

Pages 10-01 to 10-14

11. **Discuss Medicare Dual Eligible Special Needs Plan (D-SNP) Implementation Framework and consider approving Medicare D-SNP Specialty and Hospital Provider Payment Rates recommendation. (11:30 a.m. – 12:15 p.m.)**

A. Ms. Van Wong, Chief Operating Officer, Mr. Scott Crawford, Medicare Program Executive Director and Ms. Sherri Katz, Medicare Program Manager, will review and Board will discuss Medicare D-SNP implementation framework.

- Reference materials: Staff report on above topic.

Pages 11-01 to 11-02

B. Ms. Van Wong, Chief Operating Officer, will review and Board will consider approving 100% of Medicare rates for specialty providers and align hospital providers to Medicare payment methodology as part of the Medicare D-SNP expansion, effective January 1, 2026.

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

Page 11-03

Lunch: 12:15 – 1:00 p.m.

12. **Discuss Quality and Health Equity in Merced and Mariposa Counties. (1:00 – 1:45 p.m.)**

A. Dr. Omar Guzmán, Chief Health Equity Officer and Ms. Andrea Swan, Quality Improvement and Population Health Director, will review and Board will discuss quality and health equity in Merced and Mariposa counties.

- Reference materials: Staff report on above topic.

Pages 12-01 to 12-02

Break: 1:45 – 1:55 p.m.

Adjourn to Closed Session:

13. **Closed session pursuant to Government Code Section 54957.6 regarding the Agency's performance evaluation of the CEO. (1:55 – 2:25 p.m.)**

A. Closed session agenda item.

- Reference materials: Evaluation of CEO Performance (Confidential).

Return to Open Session: (2:25 – 2:30 p.m.)

14. **Open session pursuant to Government Code Section 54957.6 regarding the Agency's performance evaluation of the CEO.**

A. Board will report on action taken in closed session.

Information Items: (15A. – 15C.)

A. Alliance in the News — Page 15A-01
B. Letter of Support — Page 15B-01
C. Membership Enrollment Report — Page 15C-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 [*In-person and remote livestreaming*]
  Wednesday, June 26, 2024; 1:30 – 2:45 p.m.

- Member Services Advisory Group
  Thursday, May 9, 2024; 10:00 – 11:30 a.m.

- Physicians Advisory Group
  Thursday, June 6, 2024; 12:00 – 1:30 p.m.

- Whole Child Model Clinical Advisory Committee [R*emote teleconference only*]
  Thursday, June 20, 2024; 12:00 – 1:00 p.m.

- Whole Child Model Family Advisory Committee [R*emote teleconference only*]
  Monday, May 13, 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 April 24, 2024 meeting, unless otherwise noticed:

- Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission
  Wednesday, May 22, 2024; 3:00 – 5:00 p.m.

The above meeting will be held in person unless otherwise noticed. Audio livestreaming will be available to listen and view the meeting.

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

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

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

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

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

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

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

The complete agenda packet is available for review on the Alliance website at https://thealliance.health/about-the-alliance/public-meetings/. The Commission complies with the Americans with Disabilities Act (ADA). Individuals who need special assistance or a disability-related accommodation to participate in this meeting should contact the Clerk of the Board at least 72 hours prior to the meeting at (831) 430-5523. Board meeting locations in Salinas and Merced are directly accessible by bus. As a courtesy to persons affected, please attend the meeting smoke and scent free.

DATE: April 24, 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

Executive

State Budget: FY 2024-25. As previously reported, the State budget for the upcoming July 1, 2024 through June 30, 2025 State FY projects substantial deficits. To help address the anticipated shortfall, the Legislature and Governor came to agreement on an "early action" budget packet which includes approximately $17B in early budget actions while avoiding cuts to core health and human services programs and maintains previous commitments. Next, the Governor will present his revised budget proposal in mid-May which will reflect updated economic projections and will kick off a month of deliberation with the Legislature which must pass a balanced budget by June 15, 2024. Staff will provide the Board with an update after the Governor's May Revise is released.

AB 2860 (Garcia): Licensed Physicians from Mexico Program. On April 10, 2024, staff met with Commissioner Cuevas to discuss AB 2860 which makes permanent a pilot program overseen by the Medical Board of California, that allows up to 30 licensed physicians specializing in family medicine, internal medicine, pediatrics and obstetrics and gynecology, to practice medicine in California with a three-year, non-renewable license. AB 2860 revises some of the requirements of the pilot program and gradually and incrementally increases the number of physicians eligible for the program – up to 220 in 2041. The bill is co-authored by Assemblywoman Esmeralda Soria and sponsored by Clinica de Salud del Valle de Salinas (CSVS) and the California Primary Care Association. Dr. Cuevas and CSVS have been instrumental in the support and development of this program which aims to address the shortage of physicians in our service area and create access to culturally and linguistically competent doctors.

Voluntary Rate Range Intergovernmental Transfer (VRRIGT) Program. The Alliance works in coordination with the Department of Health Care Services (DHCS) and qualified local entities to implement the VRRIGT leveraging available federal funds as authorized by the Centers for Medicare and Medicaid Services. Through this program, the Alliance paid out $88M in supplemental federal funds received from DHCS for CY 2022 this month to contracted, qualified, participating providers.

Community Involvement. On April 2, 2024, I attended the virtual Association for Community Affiliated Plans (ACAP) Spring Board of Directors meeting and the virtual Health Improvement Partnership of Santa Cruz County (HIPSCC) Council meeting on April 11, 2024. On April 15, 2024, I attended the Local Health Plans of California (LHPC) Board meeting in Sacramento and on April 18, 2024, I attended the virtual HIPSCC Executive Committee meeting. On April 29, 2024, I plan to attend the Alisal Children and Youth Integrated Behavioral Health Clinic Ribbon Cutting/Open House in Salinas.

Health Services

Across Health Services, work continues on Alliance strategic goals. Quality is focused on improving quality and equity in Merced. The preliminary 2023 Managed Care Accountability Set (MCAS) scores have been released and are included here. Internally, Utilization Management continues to help drive Jiva implementation while continuing to partner with case management and Enhanced Care Management (ECM) on transitions of care. Pharmacy continues supporting providers on Narcan distribution, academic detailing to serve patients with diabetes, and following up on drug utilization reviews. Case management continues to support our new members in county expansion while working on increasing ECM enrollment. Behavioral health is working through a newly discovered issue of Carelon waitlists for behavior health treatment therapies after following up with Carelon about delayed care complaints from both members and providers. The Behavioral Health team is placing Carelon on a corrective action plan and working to correct the root cause of the problem. Program development continues its work on incentive programs and moving forward with the Equity and Practice Transformation (EPT) award recipients.

Quality Improvement and Population Health

The Alliance's 2024 quality strategy is aimed at building on previous interventions and expanding others with the goal of ensuring achievement in MCAS measures, particularly in those measures under the minimum performance level (MPL) in Merced County. Our MCAS measure strategy focuses on interventions to improve performance in all domains, including the Women's, Children's, Acute and Chronic Disease, and Behavioral Health Domains. Additionally, interventions are planned targeting provider, member, and data strategies for improvement. There continues to be an organization-wide commitment to improving quality and reducing health disparities. By comparison, our Santa Cruz/Monterey counties achieved MCAS performance above MPL for all measures. Due to the disparity between Merced when compared with Santa Cruz and Monterey for reporting years 2022 and 2023, Merced will be a primary focus in 2024 to close the gap for our members in Merced. As part of our 2024 Quality Strategy the Quality and Population Health's Performance improvement team kicked off the Provider Partnership program, partnering with our five largest providers in Merced County. All levels of our Quality Improvement, Health Services, and Equity team met with all levels of provider teams to choose two MCAS measures to focus on per provider. Our Quality Improvement team will provide in-depth and on-site practice coaching to our provider partners to improve MCAS measures towards meeting the MPL. Additionally, we are collaborating with the Community Grants team to ensure providers are leveraging available Alliance resources. Finally, we are collaborating with Program Development to provide a community and cohort-based learning space for our Merced providers where they can learn and share best practices with each other.

Preliminary Quality 2023 MCAS Performance Rates. Alliance performance on quality indicators reflects overall above-average performance in Monterey and Santa Cruz counties compared to state and national Medicaid benchmarks with a geographic disparity evident in Merced county. Preliminary Alliance results for measurement year (MY) 2023 for all but two measures for Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence and Follow-up After Emergency Department Visit for Mental Illness in Monterey and Santa Cruz counties are above the MPL, and ten metrics are trending above the National Committee for Quality Assurance (NCQA) 90th percentile which is considered the high-performance level. Eight measures are currently below the MPL in Merced, with six measures above MPL, including timeliness of prenatal care and asthma medical ratio above the 90th percentile. Please note that

these are not yet finalized. MCAS rates for MY 2023 will be provided to Health Services Advisory Group and DHCS in June.

Table of MCAS Metrics

MEASURE	MY2023 Preliminary Rates			
HYBRID MEASURES	SC/MON	2022-2023 TREND	Merced	2022-2023 TREND
Controlling High Blood Pressure	67.40%	↑	62.40%	↑
Cervical Cancer Screening	68.88%	↑	60.20%	↓
HbA1c Poor Control (Inverse)	28.95%	↓	33.33%	↑
Childhood Immunizations - Combo 10	46.47%	↓	19.71%	↑
Immunizations for Adolescents - Combo 2	60.34%	↑	31.63%	↓
Timeliness of Prenatal	90.75%	↑	92.31%	↑
Postpartum Follow Up	91.97%	↓	84.23%	↑
Lead Screening in Children	79.51%	↑	46.23%	No Change
ADMINISTRATIVE MEASURES	SC/MON	2022-2023 TREND	Merced	2022-2023 TREND
Asthma Medical Ratio	72.00%	↓	79.43%	↓
Breast Cancer Screening	63.44%	↑	56.18%	↓
Chlamydia Screening in Women	63.21%	↑	52.63%	↑
Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	32.07%	↓	15.65%	↓
Follow-up After Emergency Department Visit for Mental Illness	37.08%	↓	25.09%	↓
Topical Fluoride Varnish for Children	22.22%	N/A	20.19%	N/A
Well-Child Visits for Age 15 Months to 30 Months—Two or More Well- Child Visits	80.35%	↑	61.06%	↑
Well-Child Visits in the First 15 Months—Six or More Well-Child Visits	69.18%	↑	48.69%	↑
Child and Adolescent Well-Care Visits	65.66%	↑	50.48%	↑

MEASURE	2022	2023	2022 2023 TREND	% CHANGE
Adverse Childhood Experiences (ACEs) Screening in Children and Adolescents	4.29% (exploratory)	19.18%	↑	14.89%
Application of Dental Fluoride Varnish	17.78%	21.25%	↑	3.47%
Developmental Screening in the First 3 Years	24.98%	37.02%	↑	12.04%
Initial Health Assessments (IHA)	44.94%	51.78%	↑	6.84%
Post-Discharge Care	31.58%	37.80%	↑	6.22%
Ambulatory Care Sensitive Conditions	6.60%	6.04%	↓	-0.56%
Plan All-Cause Readmissions	15.69%	8.06%	↓	-7.63%
Preventable Emergency Visits	14.45%	14.83%	↑	0.38%
MEASURE	**2022**	**2023**	**2022 2023 TREND**	**% CHANGE**
Body Mass Index (BMI) Assessment: Children & Adolescents	76.76%	84.52%	↑	7.76%
Breast Cancer Screening	56.44%	64.01%	↑	7.57%
Cervical Cancer Screening	60.66%	63.37%	↑	2.71%
Child and Adolescent Well-Care Visits (3-21)	54.44%	59.93%	↑	5.49%
Diabetic HbA1c Poor Control >9.0%	42.64%	35.89%	↓	-6.75%
Immunizations: Adolescents	44.72%	48.01%	↑	3.29%
Immunizations: Children (Combo 10)	36.58%	34.03%	↓	-2.55%
Screening for Depression and Follow-up Plan	16.75%	42.17%	↑	25.42%
Well-Child Visit In The First 15 Months	54.66%	65.09%	↑	10.43%

Utilization Management (UM)

Work continues in the transition from Essette to the ZeOmega (Jiva) care management system replacement platform. User acceptance testing has teams engaged across all modules within the platform (UM, Case Management, Appeals) and the teams continue to work through configuration updates in preparation for end to end testing and full scale internal and external training activities. The Alliance has partnered with an external vendor for development and delivery of a robust training program that will support Alliance staff and external providers as all acclimate to the new platform. The initially planned go-live date scheduled for March has been delayed as system optimizations are further developed and tested.

NCQA accreditation preparation continues in parallel with Essette replacement activity. NCQA sets standards and measures performance for healthcare organizations and providers, focusing on areas such as patient care, patient experience, and health plan operations. The UM teams are nearing the halfway mark for successful completion of deliverables in advance of the October NCQA lookback period.

Inpatient and Emergency Department. Post Acute Care remained relatively unchanged when comparing quarter one year over year activity, with total skilled nursing admissions and average length of stays consistent, despite increases in membership with the two new counties. The teams increased focus on transitions of care and interdepartmental team meetings are factors supporting improved metrics in this area and a continued focus in 2024 as the team works to support sustained reductions in avoidable emergency department utilization and inpatient readmissions.

Prior Authorization. The Authorization team has noted a general decrease in overall faxed requests (~3%), with more authorization requests coming in directly through the portal. The increase in portal activity is a positive improvement and a reflection of ongoing provider outreach and improved efficiencies at the authorization level.

New counties are seeing low but increasing submissions in authorization activity and remain an area of continued transitions of care and special populations focus. Well-organized interdepartmental continuity of care processes are in flight for the plan's new members and the team continues to work well in advance of the routine five-day turnaround time. While overall authorization volumes have slightly decreased, the team has also seen a slight increase in consultation requests over Q1 (3%), a positive indicator of access availability and member engagement in care, Rehab requests (i.e., physical therapy) have also slightly increased and will be further assessed over the next few months.

Pharmacy

Prior authorization volume for physician-administered drugs decreased by 14% from February, though similar in volume from the same time last year. Compliance with turnaround time is at goal (98.8%). Multiple policy revisions and workflow changes are being implemented to meet the NCQA standards, and significant amount of time continues to be spent on testing the new care management system.

Drug Utilization Review (DUR) Program

Opioids and Antipsychotics Concomitant Use. Concomitant use of opioids and antipsychotics were evaluated for all five counties with more focus on the newer counties (San Benito and Mariposa). No concerns were found. A provider education article on "Opioid and antipsychotic concomitant use: understand its prevalence and risks" will be published soon. "Safety measures to consider when taking antipsychotics and opioids together" is another article that will be published for member education.

Multiple Sclerosis Physician-Administered Drugs (PAD). Utilization was reviewed for physician-administered multiple sclerosis medications including ocrelizumab (Ocrevus), natalizumab (Tysabri), alemtuzumab (Lemtra), and ublituximab (Briumvi). Updates to prior authorization criteria will be recommended to the Pharmacy & Therapeutics (P&T) Committee for approval.

Pharmacist-Led Academic Detailing (PLAD) Program. Alliance Pharmacists presented on PLAD and Naloxone Distribution Programs at six clinic Joint Operations Committee meetings during Q1 2024. It helped ensure that providers are aware of the collaboration and assistance that the Alliance pharmacy offers.

Diabetes PLAD. During Q1, the Alliance pharmacist worked with three clinics, 10 providers divided into six separate groups. Average knowledge gain was 34% based on pre- and post-test scores, with pre-test score ranging from 10%-96% and post-test score ranging from 80%-100%. Based on the post program survey received from five out of 10 providers, all of them expressed satisfaction with the program and confirmed that they learned a lot and it was applicable to their practice.

Naloxone Distribution Project. The Naloxone Distribution Project (NDP) developed by DHCS aims to address the opioid crisis by reducing opioid overdose deaths by providing free naloxone. The Alliance Pharmacy team outreached 26 clinics in an opportunity to help them become a naloxone distribution site. As of March 2024, six clinics have confirmed receiving naloxone.
Recently, DHCS announced the distribution of free, all-in-one fentanyl test strip kits through NDP. The aim of these free fentanyl test strip kits is to protect California communities who are at risk of fentanyl exposure and to prevent overdoses. These all-in-one kits help simplify the process of testing drugs for the presence of fentanyl. Organizations eligible to receive naloxone through the NDP, can apply to receive free fentanyl test strip kits through the same application form via NDP online application form. The information will be publicized through a provider newsletter in April.

Site of Care. Based on an analytics report of anticipated cost savings for medications that can be given via home infusion, future medications to target were determined. The Alliance pharmacist has been working with contracted home infusion providers to offer more medications than they currently do via home infusion. Additionally, the Alliance has been working to contract with other home infusion providers. Having more contracted providers would expand access to more medications via home infusion and thus better access for members.

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Community Care Coordination

Staff continue efforts to transition hard-to-place members that have had long hospital stays placed in Residential Care Facilities for the Elderly. These members require close monitoring and collaboration between our Complex Case Management (CCM) team and our Utilization Management department.

Staff continue with training and preparation for the Essette system replacement. Staff have been conducting testing and review of all workflows to ensure that we are able to meet our members' needs in a more streamlined approach as well as meeting NCQA standards. Lastly, we are conducting training for our new Electronic Health System replacement.

Whole Child Model/Pediatric Complex Care Management. The pediatric CCM team continues work with the Essette system replacement (Jiva/ZeOmega). Work in the Jiva platform is in full swing across all teams. Optimization for both CCS and case management and other key health services functions is under design as the new platform is developed to best align with NCQA standards as well as other requirements. We are currently in the user acceptance and testing phase. This is end-to-end system testing. This current phase includes full engagement of pediatric team members to explore and validate system functionality as well as test critical business workflows.

The pediatric CCM team is successfully managing the increased volume of pediatric cases for Mariposa and San Benito members and working closely with our County CCS partners. The Whole Child Model (WCM) expansion project work for San Benito and Mariposa counties continues to be a priority. WCM will be implemented in these two additional counties in January 2025. This project spans multiple departments and divisions and will build off the work that has been initiated for county expansion. Collaborative meetings with both our new counties and DHCS continue. DHCS has provided multiple deliverable requests to implement this expansion. Impacted departments include (but are not limited to) Pediatric CCM, Utilization Management, and Provider Services. In our three existing WCM counties, staff can continue to monitor and observe steady CCS referrals and enrollment rates.

Enhanced Care Management/Community Supports. Focus remains on increased enrollment in ECM services. There are ongoing engagement efforts to support awareness of the benefits through community contacts. The PATH Collaborative groups are working with the ECM team to focus on working relationships across multiple sectors for increased awareness and referral volume into the program. Provider network support remains a priority to encourage capacity expansion as well as quality provision of services for members. A cohort of new providers have been onboarded as of the beginning of Q2.

Behavioral Health (BH)

The BH department continues to engage with Carelon Behavioral Health of California to support members in connecting to care while striving for improvement in quality and consistency. The team maintained a monthly internal issue tracker distributed to Alliance leadership to support transparency and understanding of operations of the Managed Behavioral Healthcare Organizations as it relates to our strategic goals. BH staff engaged with Carelon on a daily basis through routine and ad hoc mechanisms including leadership meetings, topic tracker exchanges and clinical discussions. Deeper discussions were held with Carelon executives about improving the quality and presentation of data for our quarterly Joint Operations Committee meetings. Carelon was heavily supported throughout the Department of Managed Health Care audits conducted in March by the BH team.

Last month's report included a note that we were focusing on behavioral health treatment for autism spectrum and developmental disorders. On March 8, 2024, Carelon submitted a weekly caseload tracker which had major variances from prior reports, and we learned on March 11, 2024

that this represented a significant backlog of members who were waiting for services but were not connected timely. This discovery was attributed to an issue with Carelon's internal case tracking. The Alliance requested detailed information including a root cause analysis and remediation plan, as well as reporting the concern to DHCS. The BH team is partnering with compliance to issue a corrective action plan to Carelon to ensure the issue is remediated and members are getting connected to care in compliance with timely access standards.

Planning for the July 2025 integrated insourcing of behavioral health benefits for Medi-Cal and In-Home Supportive Services members has been a high priority activity across the Alliance, and the majority of departmental workplans have been completed. The Behavioral Health Learning Sessions continued with facilitation of a webinar illustrating the member experience. This presentation provided Alliance staff across departments the opportunity to understand how members access BH care, the ways in which barriers to care arise, and how we can best support members in pursuit of BH services. Insourcing planning activities have also included determining appropriate rates for various providers present in the network which we plan to recruit, and the generation of a first draft of a value-based payment opportunities for providers who continue to serve our members through the transition.

The BH department engaged with community partners in our counties deeply in this period. In Santa Cruz, the BH Director participated in the first convening of an in-person substance use disorder system of care workgroup as well as the ongoing children's BH continuum workgroup lead by health services. Our BH Director joined our Chief Medical Officer in an in-person meeting with Monterey County Behavioral Health to deepen our collaboration and discuss future goals. In Merced, the BH department partnered with Alliance BH to apply for participation in a learning collaborative led by the Institute for Healthcare Improvement. The collaboration will focus on improved follow up for members within seven and 30 days of visiting the emergency department for a behavioral health issue. This is aimed at both improved connection to routine care as well as advancing performance on the associated Healthcare Effectiveness Data and Information Set metric. Staff have also met with Mariposa County to begin the conversations and are pending a meeting with San Benito County.

Program Development

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CalAIM Incentive Payment Program (IPP). The Alliance has the potential to earn $10.8M with Submission 4, which was submitted to DHCS on March 15, 2024 for the measurement period of July 1, 2023 through December 31, 2023. The Alliance is eligible to participate in Submission 5 in both Mariposa and San Benito counties, pending completion of the Managed Care Plan transition requirements, including a Needs Assessment and Gap-Filling Plan, due to DHCS by May 1, 2024. Staff continue to execute LOAs for the newly contracted ECM/CS providers serving Populations of Focus that went live January 2024 (Justice Involved and Birth Equity), as well as to encourage expansion of ECM/CS in all five service areas. To date, 47 IPP LOAs have been executed, for a total of $25.6M.

Housing and Homelessness Incentive Program (HHIP). Alliance staff received notice that the Alliance earned 92% of the total potential HHIP Submission 2 (S2) funding allocation ($21.5M) across our three 2023 counties (Santa Cruz, Monterey, and Merced).

County	S2 DHCS Allocation	S2 Payment	% Allocation Earned
Merced	$5,475,894.00	$4,683,232.63	86%
Monterey	$10,581,788.00	$10,060,129.22	95%
Santa Cruz	$7,317,837.00	$6,797,802.42	93%
TOTAL	**$23,375,519.00**	**$21,541,164.27**	**92%**

Alliance staff are awaiting detailed S2 scoring evaluations from DHCS, in order to understand where points were earned and to use in communications with community partners.

In combination with the existing $5.3M HHIP balance (Santa Cruz: $2.3M; Monterey: $2.6M; Merced: $327k) and the additional Medi-Cal Capacity Grants Program allocation of $10M, Alliance staff intend to allocate the earned HHIP S2 award ($21.5M) towards development of Permanent Supportive Housing units and/or temporary housing units (Recuperative Care and/or Short-term Post-hospitalization Housing) across the Alliance's three 2023 counties (Santa Cruz, Monterey, and Merced).

Student Behavioral Health Incentive Program (SBHIP). Since 2022, under SBHIP, participating districts in Alliance counties have earned 100% of available allocation for Targeted Intervention projects, with the most recent award notice in February 2024. The next report to DHCS is due on June 30, 2024.

SBHIP progress is substantial in all five counties. New staff capacity has been added in all participating districts with staff expansion plans in Monterey, Merced, Santa Cruz, and San Benito counties. Systems capacity has been built in most counties for managing health data, for formalizing and simplifying screening processes, and for building capacity around billing under the existing DHCS Local Education Agency-Billing Option Program. This includes most counties except PVUSD, which is building capacity as a pilot partner under the new CYBHI Fee Schedule.)

In all, SBHIP projects directly impact approximately 30% of all student-aged Alliance members in the five counties, equivalent to approximately 42k children and youth. For non-participating districts in Alliance counties, the projects are serving as a model for increasing capacity related to school-based BH services.

Equity and Practice Transformation (EPT). The Alliance is supporting 15 providers (the fourth most projects out of all health plans in the state) in the EPT pass-through payment program. DHCS contracted with the Population Health Learning Center to serve as the Program Office for the EPT Program. The Alliance will receive the Initial Provider Planning Incentive Payment on April 18, 2024, which can be used to further Alliance capacity building goals. The first EPT deliverable is completion of a survey tool (phmCAT) and is due from practices on May 1, 2024. Practices will be able to earn their first payment by October 2024.

Employee Services and Communications

Human Resources

Alliance Workforce. As of March 25, 2024, the Alliance has 599.9 budgeted positions of which our active workforce number is 567.9 (active FTE and temporary workers covering LOAs and

vacancies). Additionally, the Alliance has 41.5 budgeted temporary workers, of which 23.5 are filled. Overall, the Alliance is 93.3% staffed. Additionally, there are 34 regular and temporary positions in active recruitment. Human Resources partners with Finance to ensure alignment in this area and provides a bi-weekly workforce dashboard to all Directors and Chiefs for transparency regarding our workforce statistics.

Q1 Goal Check-in. As part of the Alliance's performance management process, Supervisors meet with their teams on a quarterly basis to check-in on goal progression. Human Resources provides the process kickoff with reminders and procedures for goal review. This is an opportunity for staff and supervisors to dialogue on goal status updates, milestones and progress of assigned goals. Supervisor are asked to then update the status of the goals in the Alliance's performance management system.

Facilities and Administrative Services

National Committee for Quality Assurance - Member Mailing Increase. The Administrative Services team has installed four new mailing/folding machines and are now processing and sending additional member notification letters because of NCQA requirements. We have additional staff onsite to support the increase and are training this month. February mailings have increased from an average of 4,000 per month to 16,000 per month.

Generator Installation. Facilities is working with an electrical contractor to install a permanent generator at the 1600 Green Hills Road building in Scotts Valley. The installation is expected to be completed by December 2024.

Tenant Improvement Projects. There are several tenant improvement projects underway in the Salinas office location for tenants that will be leasing vacant space from the Alliance. Construction is expected to last well into 2024.

Communications

Marketing Recruitment. Staff is currently recruiting for the marketing staff person who will oversee the development and execution of strategic marketing plans for the D-SNP product. The department director will be working with the Medicare business unit to develop onboarding and D-SNP training plans for the new hire.

Behavioral Health In-House Project. Communications staff continue to work on communications plans to support the Behavioral Health in-house project. The communications plan to support provider recruitment has been approved and tactics are currently in development. April is the target date for receiving approval for the broader communications plan for members, community partners and employees.

Member Texting Project. The member texting and engagement project continues to move forward. Initial planning work is underway, and the team is currently prioritizing data integration and texting policy discussions. The texting policy is almost finalized and will be submitted to DHCS when we submit the formal texting platform application to DHCS. We have also developed campaign workflows and a team RASCI. We are also having initial discussions on using the platform to deliver a digital member ID card. Next up, we will hold meetings to determine campaign prioritization, scripting and data integration. The project schedule is ambitious with

tentative plans to launch full-scale texting in the summer; however, this will largely depend on our internal capabilities to support this timeline and the external approval timelines from DHCS.

Co-Branded Media Campaign. Staff have developed our first co-branded media campaign. The campaign targets Merced families with school aged children, aiming to raise awareness of the importance of well-checks and vaccines for school. Campaign partners include Merced County of Education (MCOE) and Mercy Dignity. Campaign tactics include a billboard (provided by MCOE), flyers, newsletter articles, website content, social media content, Spanish and English terrestrial radio, radio interviews with SMEs, YouTube and Snapchat ads. To kick-off the campaign, a press conference was held on April 4, 2024 at 9:00 a.m. at MCOE's downtown Merced campus. The media was invited to the press conference and Vice Chair Supervisor Josh Pedrozo spoke at the press conference on behalf of the Alliance. Other speakers included Dr. Tietjen from MCOE and a local pediatrician provided by Dignity. The campaign will run for 10 weeks beginning early April.

Operations

County Expansion. The Alliance continues to support our newest counties, San Benito and Mariposa. The Provider Services team is supporting the newly contracted providers and identifying new providers to join the network. The team is currently working with Adventist in Sonora to finalize contracts and credentialing for the Sonora Hospital and a few primary care physician (PCP) clinics outside of Mariposa.

The outreach team has continued to have a local presence in expansion counties by attending several community events including, North County Community Wellness Event (Mariposa) and YMCA Health Kids Day (San Benito). The Alliance also looks forward to attending the Mariposa Butterfly Festival and Kids at the Park in San Benito.

Member Services serves members in Mariposa and San Benito counties through the call center and in person in our offices in each county. In March, Member Services had 57 members in Mariposa and 131 in San Benito County access services in person. New members are continuing to seek information around PCP selection and transportation services.

Dual Eligible Special Needs Plans (D-SNPs) Implementation. D-SNP implementation workstreams are underway. Also, your Board has approved the approach for paying PCPs. Provider Services will soon begin reaching out to PCPs to sign Medicare amendments with the Alliance. An implementation update will be presented to your Board later this month.

Enhanced Care Management (ECM)/Community Support (CS) Network Development. ECM and CS providers continue to meet with staff for ongoing support. Recently the Provider Services team has been working with Health Improvement Partnership of Santa Cruz County to identify areas of partnership for their role as Providing Access and Transforming Health (PATH) collaborative and the Alliance's role as the ECM/CS Medi-Cal plan. There has been more recent work with our newest contracted ECM providers to support the Justice Involved Population which went live on January 1, 2024.

Attachments.
1. AB 2860 (Garcia) Fact Sheet

AB 2860 Doctors from Mexico Program

Updated: 2-20-24

Issue

Since the 1980s, there has been a well-documented shortage of physicians in California. This shortage is exacerbated by an even more significant shortage of culturally and linguistically competent physicians. This "double jeopardy" has denied millions of California residents who reside in federally designated Health Professional Shortage Areas (HPSA) access to essential primary health care services and are not predominantly English speaking.

Background

Governor Gray Davis signed AB 1045 (Firebaugh) in 2002, The Doctors and Dentists from Mexico pilot program. It allowed 30 doctors from Mexico who met specific criteria to be issued a 3-year California medical license and be employed in Federally Qualified Health Centers (FQHCS) for 3 years. This initiative was urgent due to the 4 million-population growth in the state, of which Latinos comprised 61%. Only 5% of doctors were Latino, and 4% were dentists. According to the Association of American Medical Colleges (AAMC), in 1998, 6.8% of all medical graduates in the nation were of an ethnic or racial minority group. A Commonwealth Fund of New York found that (1) one-third of Latinos said they had problems communicating with their doctors with barriers to this poor communication including language, cultural traditions, and sensitivity; (2) communication is essential to quality health care; and (3) inadequate communication can lead to the perception of inhumane health care service delivery.

In 2020, the American Community Survey found that Mexican Americans comprised 10.7 percent of the U.S. workforce but just 1.77 percent of U.S. physicians." An article in the Washington Post from 2023 found, "Underrepresentation among Latino healthcare workers is a concern because data suggests racially, and ethnically diverse and culturally competent medical providers can help reduce healthcare disparities among minority populations. Minority patients with providers who share their race, ethnicity, or language report receiving better care than when they see providers from different racial or language groups.

Latinos comprise 39.7% of California's population but continue to have no more than 5% of the doctor's workforce in the state. This physician shortage is disproportionately in Latino communities and other working-poor populations, but is worsen by the lack of culturally and linguistically competent doctors. In June 2021, the AAMC issued a report that projected an estimated shortage of doctors in the nation between 37,800 and 124,000.

Bill Summary

In response to the ever-worsening structural and institutional barriers causing doctor shortages, especially with culturally and linguistically competent doctors, this legislation removes the pilot status from the Doctors and Dentists from Mexico and establishes a 15-year program. In 2025, 65 new doctors in four specialties (family medicine, internal medicine, pediatrics, and OBGYN) and 30 psychiatrists from Mexico will be required to meet specific criteria to receive a 3-year medical license in California to work in FQHCs that are located primarily in farmworker and some urban communities with HPSA designations.

The medical licenses issued will be identical to those issued to doctors educated and trained in the U.S. The doctors from Mexico will be allowed to serve patients in Medi-Cal managed care, fee for service, Medicare, and private health plans. The number of doctors will increase every three years from 30 to 40 more until 2044 when the program terminates. Psychiatrists will begin with 30 in 2025 and increase to 40 every three years until 2041. This bill also implements the Dentists from Mexico Pilot Program, initially signed into law in 2002. The future of the dental program will depend on the findings of a 3-year evaluation, which will be conducted by a dental school in California.

The University of California at San Francisco (UCSF) School of Medicine will conduct two secondary peer reviews of 10 medical charts and offer 2 Quality Assurance seminars every six months for 3-years. Doctors from Mexico will follow all medical standards, procedures, and protocols in current law. Their salaries and benefits shall be the same as offered by FQHCs to all other medical providers they employ.

For More Information:

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Support

California Primary Care Association *(Co-Sponsor)*
Clinica De Salud Del Valle De Salinas *(Co-Sponsor)*
Alameda Health Consortium - San Leandro, CA
AltaMed Health Services
Altura Centers for Health

Arroyo Vista Family Health Center
CaliforniaHealth+ Advocates
CommuniCare+OLE
Community Health Partnership
Comprehensive Community Health Centers
Dientes Community Dental
Eisner Health
El Proyecto Del Barrio
Family Health Centers of San Diego
Golden Valley Health Centers
Gracelight Community Health
Health Alliance of Northern California
Health and Life Organization (Sacramento Community Clinics)
Health Center Partners of Southern California
Lifelong Medical Care
Medical Board of California *(If Amended)*
North Coast Clinics Network
Petaluma Health Center
Redwoods Rural Health Center
Sac Health
San Benito Health Foundation
San Francisco Community Clinic Consortium
Share Our Selves
Shasta Community Health Center
South Central Family Health Center
The Children's Clinic (TCC Family Health)
West County Health Centers

DATE: April 24, 2024

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

FROM: Lisa Ba, Chief Financial Officer

SUBJECT: Financial Highlights for the Two Months Ending February 29, 2024

For the month ending February 29, 2024, the Alliance reported an Operating Income of $12.2M. The Year-to-Date (YTD) Operating Income is $26.8M, with a Medical Loss Ratio (MLR) of 87.0% and an Administrative Loss Ratio (ALR) of 4.9%. The Net Income is $28.5M after accounting for Non-Operating Income/Expenses.

The budget expected a $17.9M Operating Income for YTD February. The actual result is favorable to budget by $8.8M or 49.4%, driven primarily by rate variance and membership favorability.

Feb-24 MTD ($ In 000s)

Key Indicators	Current Actual	Current Budget	Current Variance	% Variance to Budget
Membership	*457,871*	*432,354*	*25,517*	*5.9%*
Revenue	$170,663	$146,001	$24,662	16.9%
Medical Expenses	150,011	130,199	(19,812)	-15.2%
Administrative Expenses	8,478	8,360	(118)	-1.4%
Operating Income	12,173	7,442	4,731	63.6%
Net Income	$10,099	$8,985	$1,114	12.4%
MLR %	87.9%	89.2%	1.3%	
ALR %	5.0%	5.7%	0.8%	
Operating Income %	7.1%	5.1%	2.0%	
Net Income %	5.9%	6.2%	-0.2%	

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

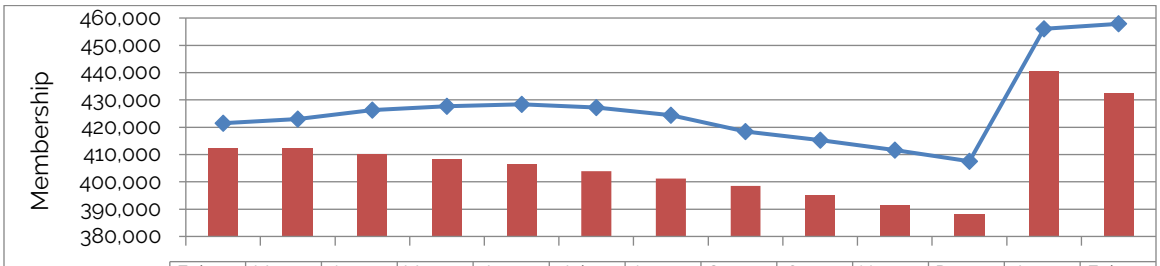
Feb-24 (In $000s)				
Key Indicators	YTD Actual	YTD Budget	YTD Variance	% Variance to Budget
Member Months	*913,873*	*872,944*	*40,929*	*4.7%*
Revenue	$333,607	$295,797	$37,810	12.8%
Medical Expenses	290,331	260,663	(29,668)	-11.4%
Administrative Expenses	16,505	17,210	705	4.1%
Operating Income/(Loss)	26,771	17,924	8,847	49.4%
Net Income/(Loss)	$28,459	$21,076	$7,383	35.0%
PMPM				
Revenue	$365.05	$338.85	$26.20	7.7%
Medical Expenses	317.69	298.60	(19.09)	-6.4%
Administrative Expenses	18.06	19.71	1.65	8.4%
Operating Income/(Loss)	$29.29	$20.53	$8.76	42.7%
MLR %	87.0%	88.1%	1.1%	
ALR %	4.9%	5.8%	0.9%	
Operating Income %	8.0%	6.1%	2.0%	
Net Income %	8.5%	7.1%	1.4%	

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 $365.05, which is favorable to budget by $26.20 or 7.7%. Medical cost PMPM is $317.69, which is unfavorable by $19.09 or 6.4%. The operating income PMPM is $29.29, which is favorable to the budget by $8.76 or 42.7%.

Membership. February 2024 membership is favorable to budget by 5.9%. 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.

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



	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Budget	412,23	412,23	410,34	408,48	406,63	403,89	401,19	398,53	395,03	391,61	388,25	440,59	432,35
Actual	421,47	423,00	426,32	427,65	428,44	427,27	424,39	418,44	415,30	411,67	407,54	456,00	457,87
Variance	9,247	10,771	15,981	19,175	21,813	23,383	23,208	19,912	20,268	20,059	19,287	15,412	25,517
Variance %	2.2%	2.6%	3.9%	4.7%	5.4%	5.8%	5.8%	5.0%	5.1%	5.1%	5.0%	3.5%	5.9%

Revenue. The 2024 revenue budget was based on the Department of Health Care Services (DHCS) 2024 draft rate package in October 2023, 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 December 5, 2023, including Maternity) are favorable to the rates assumed in the CY 2024 budget by 2.1%, excluding TRI.

February 2024 operating revenue of $170.7M is favorable to budget by $24.7M or 16.9%. Of this amount, $8.3M is from boosted enrollment, and $16.3M is due to rate variance.

February 2024 YTD operating revenue of $333.6M is favorable to budget by $37.8M or 12.8%. Of this amount, $13.0M is from boosted enrollment and $24.8M is due to rate variance.

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).

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

Region	Actual	Budget	Variance	Variance Due to Enrollment	Variance Due to Rate
CEC SIS	251,146	220,859	30,287	11,094	19,193
CEC UIS	66,748	63,616	3,131	775	2,356
SBN SIS	12,833	8,805	4,028	860	3,168
SBN UIS	2,084	1,829	255	138	116
Total*	**332,810**	**295,109**	**37,701**	**12,867**	**24,834**

*Excludes Feb-24 In-Home Supportive Services (IHSS) premiums revenue of $0.8M.

Medical Expenses. The 2024 budget assumed a 3.7% increase in utilization over the base data that spanned from 2018 through June 2023 and 2.9% unit cost increase that included case mix and changes in fee schedules. 2024 incentives include a $15M Care-Based

Incentive, $4M Data Sharing Incentives, $18M for the Hospital Quality Incentive Program, and $10M for the Specialist Care Incentive.

February 2024 Medical Expenses of $150.0M are $19.8M or 15.2% unfavorable to budget. February 2024 YTD Medical Expenses of $290.3M are above budget by $29.7M or 11.4%. Of this amount, $12.2M is due to higher enrollment and $17.5M is due to rate variances. YTD, we are seeing increases in spending on Physician Services, LTC and Other Medical Services. Other Medical expenses include Allied Health, Lab, DME, Behavioral Health, and Transportation. In addition, Other Medical in February includes a $9.6M advance to providers due to the Change Healthcare Security Breach. This advance will be reclassed next month to the appropriate category of service as the payment will be paid via claims.

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

Category	Actual	Budget	Variance	Variance Due to Enrollment	Variance Due to Rate
Inpatient Services - Hospital	93,675	95,560	1,885	(4,468)	6,353
Inpatient Services - LTC	34,354	22,426	(11,928)	(1,044)	(10,884)
Physician Services	66,625	55,550	(11,075)	(2,609)	(8,466)
Outpatient Facility	33,668	32,422	(1,246)	(1,517)	271
Other Medical*	62,010	54,706	(7,304)	(2,574)	(4,729)
State Incentive Programs	-	-	-	-	-
TOTAL COST	**290,331**	**260,663**	**(29,668)**	**(12,212)**	**(17,456)**

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

At a PMPM level, YTD Medical Expenses are $317.69, unfavorable by $19.09 or 6.4% compared to the budget.

LTC is underbudgeted for 2024. The baseline PMPM budget was calculated at $28.25 with Utilization also expected to go lower. The PMPM was further reduced by 10% to account for the LTC COVID-19 fee enhancement, which ceased May 2023. Our actual six-year PMPM trends at $31.77 (12% higher) and our two-year PMPM trends at $34.52 (21% higher). In addition, the 10% COVID-19 fee enhancement did not affect all procedure codes. 80% of LTCs expenses are related to ACM01 (Accommodation 01 – Regular services) procedure code, which did not decrease by 10%. Also to note, the actuals include a 3% fee increase beginning January 2024. The 3% fee increase is part of Incurred but not reported (IBNR) and is also excluded in the budget.

Physician Services - Budget assumed utilization to decrease by 2% vs 2023. However, it has increased by 6.4% driven by UIS members, UIS bed days have increased by 38% vs 2023. The growing trend has been consistent since 2021. UIS population also have higher acuity levels thus higher unit cost ($7/unit higher). The current month also includes $2.7M in increased prior monthly paid PMPM in IBNR.

Feb-24 YTD Medical Expense by Category of Service (In PMPM)				
Category	Actual	Budget	Variance	Variance %
Inpatient Services - Hospital	102.50	109.47	6.97	6.4%
Inpatient Services - LTC	37.59	25.69	(11.90)	-46.3%
Physician Services	72.90	63.63	(9.27)	-14.6%
Outpatient Facility	36.84	37.14	0.30	0.8%
Other Medical	67.85	62.67	(5.19)	-8.3%
State Incentive Programs	-	-	-	0.0%
TOTAL MEDICAL COST	**317.69**	**298.60**	**(19.09)**	**-6.4%**

Administrative Expenses. February YTD Administrative Expenses are favorable to budget by $0.7M or 4.1% with a 4.9% ALR. Salaries are slightly favorable by $0.4M, driven by savings from vacant positions, benefits, and PTO. Non-Salary Administrative Expenses are favorable by $0.3M or 5.7% due to the timing of the actual spend versus budget.

Non-Operating Revenue/Expenses. February YTD Net Non-Operating income is $1.7M, which is unfavorable to the budget. Total Non-Operating Revenue is unfavorable to budget by $3.3M, attributed to a $4.4M unrealized investment loss offset slightly by $1.2M in interest income. Non-Operating Expenses are favorable by $1.8M due to lower grant expenses.

Summary of Results. Overall, the Alliance generated a YTD Net Income of $28.5M, with an MLR of 87.0% and an ALR of 4.9%.

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Balance Sheet
For The Second Month Ending February 29, 2024
(In $000s)

Assets	
Cash	$328,838
Restricted Cash	300
Short Term Investments	787,264
Receivables	636,575
Prepaid Expenses	3,088
Other Current Assets	5,809
Total Current Assets	**$1,761,875**
Building, Land, Furniture & Equipment	
Capital Assets	$79,417
Accumulated Depreciation	(44,724)
CIP	1,526
Lease Receivable	3,084
Subscription Asset net Accum Depr	10,510
Total Non-Current Assets	**49,813**
Total Assets	**$1,811,688**
Liabilities	
Accounts Payable	$361,534
IBNR/Claims Payable	509,559
Provider Incentives Payable	48,334
Other Current Liabilities	8,588
Due to State	8,821
Total Current Liabilities	**$936,836**
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	28,459
Total Fund Balance	**863,231**
Total Liabilities & Fund Balance	**$1,811,688**
Additional Information	
Total Fund Balance	**$863,231**
Board Designated Reserves Target	429,062
Strategic Reserve (DSNP)	56,700
Medi-Cal Capacity Grant Program (MCGP)*	165,307
Value Based Payments	46,100
Total Reserves	**697,169**
Total Operating Reserve	**$166,062**

* MCGP includes Additional Contribution of $48.6M

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Income Statement - Actual vs. Budget
For The Second Month Ending February 29, 2024
(In $000s)

	MTD Actual	MTD Budget	Variance	%	YTD Actual	YTD Budget	Variance	%
Member Months	*457,871*	*432,354*	*25,517*	*5.9%*	*913,873*	*872,944*	*40,929*	*4.7%*
Capitation Revenue								
Capitation Revenue Medi-Cal	$170,264	$145,657	$24,607	16.9%	$332,810	$295,109	$37,701	12.8%
State Incentive Programs	-	-	-	0.0%	-	-	$0	0.0%
Prior Year Revenue*	-	-	-	0.0%	-	-	$0	0.0%
Premiums Commercial	398	344	54	15.8%	797	688	109	15.8%
Total Operating Revenue	**$170,663**	**$146,001**	**$24,662**	**16.9%**	**$333,607**	**$295,797**	**$37,810**	**12.8%**
Medical Expenses								
Inpatient Services (Hospital)	$47,858	$47,731	($127)	-0.3%	$93,675	$95,560	$1,885	2.0%
Inpatient Services (LTC)	14,848	11,201	(3,646)	-32.6%	34,354	22,426	(11,928)	-53.2%
Physician Services	34,158	27,746	(6,412)	-23.1%	66,625	55,550	(11,075)	-19.9%
Outpatient Facility	17,033	16,194	(838)	-5.2%	33,668	32,422	(1,246)	-3.8%
Other Medical**	36,115	27,326	(8,788)	-32.2%	62,010	54,706	(7,304)	-13.4%
State Incentive Programs	-	-	-	0.0%	-	-	-	0.0%
Total Medical Expenses	**$150,011**	**$130,199**	**($19,812)**	**-15.2%**	**$290,331**	**$260,663**	**($29,668)**	**-11.4%**
Gross Margin	**$20,651**	**$15,802**	**$4,850**	**30.7%**	**$43,276**	**$35,134**	**$8,142**	**23.2%**
Administrative Expenses								
Salaries	$5,687	$5,801	$115	2.0%	$11,484	$11,888	$404	3.4%
Professional Fees	197	297	100	33.6%	332	581	249	42.8%
Purchased Services	1,086	1,002	(84)	-8.4%	2,153	2,179	26	1.2%
Supplies & Other	1,154	848	(305)	-36.0%	1,775	1,753	(22)	-1.3%
Occupancy	96	135	39	28.8%	244	269	25	9.2%
Depreciation/Amortization	258	275	17	6.2%	516	540	24	4.4%
Total Administrative Expenses	**$8,478**	**$8,360**	**($118)**	**-1.4%**	**$16,505**	**$17,210**	**$705**	**4.1%**
Operating Income	**$12,173**	**$7,442**	**$4,731**	**63.6%**	**$26,771**	**$17,924**	**$8,847**	**49.4%**
Non-Op Income/(Expense)								
Interest	$2,934	$2,795	$139	5.0%	$6,867	$5,707	$1,160	20.3%
Gain/(Loss) on Investments	(4,655)	50	(4,705)	-100.0%	(4,331)	50	(4,381)	-100.0%
Bank & Investment Fees	(14)	(36)	22	60.3%	(52)	(73)	21	28.9%
Other Revenues	156	197	(40)	-20.4%	339	393	(54)	-13.7%
Grants	(495)	(1,463)	968	66.1%	(1,135)	(2,926)	1,790	61.2%
Total Non-Op Income/(Expense)	**(2,074)**	**1,543**	**(3,617)**	**-100.0%**	**$1,688**	**$3,151**	**($1,464)**	**-46.4%**
Net Income/(Loss)	**$10,099**	**$8,985**	**$1,114**	**12.4%**	**$28,459**	**$21,076**	**$7,383**	**35.0%**
MLR	*87.9%*	*89.2%*			*87.0%*	*88.1%*		
ALR	*5.0%*	*5.7%*			*4.9%*	*5.8%*		
Operating Income	*7.1%*	*5.1%*			*8.0%*	*6.1%*		
Net Income %	*5.9%*	*6.2%*			*8.5%*	*7.1%*		

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

Back to Agenda

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Income Statement - Actual vs. Budget
For The Second Month Ending February 29, 2024
(In PMPM)

	MTD Actual	MTD Budget	Variance	%	YTD Actual	YTD Budget	Variance	%
Member Months	*457,871*	*432,354*	*25,517*	*5.9%*	*913,873*	*872,944*	*40,929*	*4.7%*
Capitation Revenue								
Capitation Revenue Medi-Cal	$371.86	$336.89	$34.97	10.4%	$364.18	$338.06	$26.11	7.7%
State Incentive Programs	-	-	-	0.0%	-	-	-	0.0%
Prior Year Revenue*	-	-	-	0.0%	-	-	-	0.0%
Premiums Commercial	0.87	0.80	0.07	9.3%	0.87	0.79	0.08	10.7%
Total Operating Revenue	**$372.73**	**$337.69**	**$35.04**	**10.4%**	**$365.05**	**$338.85**	**$26.20**	**7.7%**
Medical Expenses								
Inpatient Services (Hospital)	$104.52	$110.40	$5.87	5.3%	$102.50	$109.47	$6.97	6.4%
Inpatient Services (LTC)	32.43	25.91	(6.52)	-25.2%	37.59	25.69	(11.90)	-46.3%
Physician Services	74.60	64.17	(10.43)	-16.2%	72.90	63.63	(9.27)	-14.6%
Outpatient Facility	37.20	37.46	0.26	0.7%	36.84	37.14	0.30	0.8%
Other Medical**	78.88	63.20	(15.67)	-24.8%	67.85	62.67	(5.19)	-8.3%
State Incentive Programs	-	-	-	0.0%	-	-	-	0.0%
Total Medical Expenses	**$327.63**	**$301.14**	**($26.49)**	**-8.8%**	**$317.69**	**$298.60**	**($19.09)**	**-6.4%**
Gross Margin	**$45.10**	**$36.55**	**$8.55**	**23.4%**	**$47.35**	**$40.25**	**$7.11**	**17.7%**
Administrative Expenses								
Salaries	$12.42	$13.42	$1.00	7.4%	$12.57	$13.62	$1.05	7.7%
Professional Fees	0.43	0.69	0.26	37.3%	0.36	0.67	0.30	45.4%
Purchased Services	2.37	2.32	(0.05)	-2.3%	2.36	2.50	0.14	5.6%
Supplies & Other	2.52	1.96	(0.56)	-28.4%	1.94	2.01	0.07	3.3%
Occupancy	0.21	0.31	0.10	32.8%	0.27	0.31	0.04	13.3%
Depreciation/Amortization	0.56	0.64	0.07	11.4%	0.56	0.62	0.05	8.7%
Total Administrative Expenses	**$18.52**	**$19.34**	**$0.82**	**4.2%**	**$18.06**	**$19.71**	**$1.65**	**8.4%**
Operating Income	**$26.59**	**$17.21**	**$9.37**	**54.5%**	**$29.29**	**$20.53**	**$8.76**	**42.7%**

*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 Second Month Ending February 29, 2024
(In $000s)

	MTD	YTD
Net Income	$10,099	$28,459
Items not requiring the use of cash: Depreciation	258	516
Adjustments to reconcile Net Income to Net Cash provided by operating activities:		
Changes to Assets:		
Restricted Cash	0	0
Receivables	(64,081)	(144,987)
Prepaid Expenses	(31)	(860)
Current Assets	79	(203)
Subscription Asset net Accum Depr	0	0
Net Changes to Assets	**(64,033)**	**(146,050)**
Changes to Payables:		
Accounts Payable	(83,777)	(44,342)
Other Current Liabilities	(1,776)	(603)
Incurred But Not Reported Claims/Claims Payable	188,741	221,186
Provider Incentives Payable	4,131	8,334
Due to State	(1,753)	(1,880)
Subscription Liabilities	0	0
Net Changes to Payables	**105,565**	**182,695**
Net Cash Provided by (Used in) Operating Activities	**51,889**	**65,620**
Change in Investments	62,172	58,568
Other Equipment Acquisitions	(113)	(432)
Net Cash Provided by (Used in) Investing Activities	**62,059**	**58,136**
Deferred Inflow of Resources	0	0
Net Cash Provided by (Used in) Financing Activities	**0**	**0**
Net Increase (Decrease) in Cash & Cash Equivalents	**113,948**	**123,755**
Cash & Cash Equivalents at Beginning of Period	**214,890**	**205,083**
Net Increase (Decrease) in Cash & Cash Equivalents	**$328,838**	**$328,838**

DATE: April 24. 2024

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

FROM: Dr. Dennis Hsieh, Chief Medical Officer

SUBJECT: Physicians Advisory Group: Member Appointment

Recommendation. Staff recommend the Board approve the appointments of the individuals listed below to the Physicians Advisory Group (PAG).

Background. The Board established PAG as authorized in the Bylaws of the Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission.

Discussion. The following individuals have indicated interest in participating on the PAG and are recommended.

Name	Affiliation	County
Amy McEntee, DO	Provider Representative	Santa Cruz
Jason Novick, MD	Provider Representative	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, March 27, 2024
3:00 p.m. – 5:00 p.m.

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

Commissioners Present:

Ms. Leslie Abasta-Cummings	At Large Health Care Provider Representative
Dr. Ralph Armstrong	At Large Health Care Provider Representative
Supervisor Wendy Root Askew	County Board of Supervisors
Ms. Tracey Belton	County Health and Human Services Agency Director
Ms. Dorothy Bizzini	Public Representative
Dr. Maximiliano Cuevas	Health Care Provider Representative
Ms. Janna Espinoza	Public Representative
Dr. Donaldo Hernandez	Health Care Provider Representative
Ms. Elsa Jimenez	County Director of Health Services
Ms. Mónica Morales	County Health Services Agency Director
Supervisor Josh Pedrozo	County Board of Supervisors
Dr. James Rabago	Health Care Provider Representative
Dr. Allen Radner	At Large Health Care Provider Representative
Dr. Eric Sergienko	County Public Health Officer

Commissioners Absent:

Supervisor Zach Friend	County Board of Supervisors
Mr. Michael Molesky	Public Representative
Ms. Rebecca Nanyonjo	County Public Health Director

Staff Present:

Mr. Michael Schrader	Chief Executive Officer
Mr. Scott Fortner	Chief Administrative Officer
Dr. Omar Guzmán	Chief Health Equity Officer
Dr. Dennis Hsieh	Chief Medical Officer
Ms. Jenifer Mandella	Chief Compliance Officer
Mr. Cecil Newton	Chief Information Officer
Ms. Van Wong	Chief Operating Officer
Ms. Kay Lor	Payment Strategy Director
Ms. Kathy Stagnaro	Clerk of the Board

1. Call to Order by Vice Chair Pedrozo.

Commission Vice Chairperson Pedrozo called the meeting to order at 3:06 p.m.

Roll call was taken and a quorum was present.

There were no supplements or deletions to the agenda.

[Chair Jimenez arrived at this time: 3:07 p.m.]

Chair Jimenez acknowledged the Board service of Commissioner Sergienko, who served as the Mariposa County Health Director's representative on the 5-county Board since its inception in October 2023. This was Commissioner Sergienko's last meeting.

Chair Jimenez informed the Board of the upcoming annual evaluation process of the Alliance's Chief Executive Officer. At the April Board meeting, the Board will finalize Mr. Michael Schrader's review in closed session.

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 Hernandez arrived at this time: 3:10 p.m.]

Commissioner Espinoza discussed concerns regarding members aging out of nursing care and children who are aging out of the whole child model. She also discussed referrals for California Children's Services.

Commissioner Rabago discussed access to quality care in Merced County particularly as is relates to the Alliance mission. Staff plan to include an item on the April Board agenda to discuss this topic in depth.

4. Comments and announcements by Chief Executive Officer.

Chair Jimenez opened the floor for Mr. Michael Schrader, Chief Executive Officer (CEO). Mr. Schrader thanked Commissioner Sergienko for his service on the Board and his contributions to the success of the expansion into Mariposa County.

Next month's Board meeting will be held in-person at the El Capitan Hotel in Merced County on April 24, 2024 from 10:00 a.m. to 2:30 p.m. The planned agenda includes information and discussion on the state of the Alliance network, with a focus on specialty care; the framework for the future D-SNP program; and quality and health equity in Merced and Mariposa counties.

The lengthy and complex negotiation with Common Spirit were completed resulting in a three year renewal from January 1, 2024 through December 31, 2026. Negotiations were completed without any lapse in access to care for members. Last week the parties issued a joint press release informing the community that Alliance members were able to maintain access to Dignity Health, hospitals and physicians.

The Merced County Office of Education, Dignity Health, and the Alliance are partnering on a media campaign with a focus on getting children to see their physicians for well-check visits. The campaign will include 300 spots on local radio stations, sponsorships for weather and sports segments, a radio interview with Dr. Omar Guzmán, Chief Health Equity Officer, and Snapchat and Facebook advertisements. The three partners are hosting a joint press conference on April 4, 2024 to kick off the campaign. Speakers will include Supervisor Josh Pedrozo, on behalf of the Alliance; Dr. Steve Tietjen, Superintendent of the Merced County Office of Education; and a local Dignity physician.

As reported in the New York Times and other national news media, Change Healthcare, a subsidiary of UnitedHealth Group was a victim of a cybersecurity attack on February 21, 2024. Its systems were taken offline and this in turn caused cash flow issues for providers across the country. The Alliance team acted quickly to implement workarounds for local provider partners. The Alliance helped more than 100 providers who were submitting claims electronically through Change Healthcare to the Alliance to switch to a different clearinghouse, Office Ally. On the payment side, the Alliance issued paper checks to providers most in need to prevent immediate cash flow issues. The Alliance used Echo, a subcontractor of Change Healthcare to deliver electronic funds transfer payments and associated remittance advice to all Alliance provider partners. Now that the clearinghouse operations of Change Healthcare have been restored, providers may stay with Office Ally or switch back to Change Healthcare to submit electronic claims to the Alliance.

Staff followed up from last month's Board meeting with public speaker Ms. Alicia Rodriguez, CEO, GoldenPACE Health, regarding the request for a letter of support to establish PACE in Monterey, Santa Cruz and San Benito counties. Staff shared the Board approved criteria for evaluating requests for PACE letters of support. The next step is for GoldenPACE Health to provide the necessary information so that staff can evaluate the request and bring it to the Board for consideration at a future meeting.

Notable on the consent agenda are items 7A and 8A. Item 7A are the minutes of the last month's Commission meeting. The minutes state that Ms. Alicia Rodriguez, CEO, GoldenPACE Health, spoke in support for a Program of All-Inclusive Care for the Elderly (PACE) center to serve Santa Cruz, Monterey and San Benito counties. Ms. Rodriguez contacted the Clerk of the Board and requested that the minutes be revised to reflect her request for a Letter of Support from the Alliance for GoldenPACE Health's application to establish PACE in this region. Staff ask that the Board approve the minutes to include this request. Item 8A recommended approval of the Investment Plan for the Medi-Cal Capacity Grant Program. At last month's meeting the Board received a draft of the Investment Plan and provided strategic direction. Today, staff seek approval for the final version that incorporates the Board's strategic guidance.

Consent Agenda Items: (5. – 8A.): 3:36 p.m.

The February minutes of the Commission were amended to include the request of a letter of support from the Alliance for GoldenPACE Health's application to establish PACE to serve Santa Cruz, Monterey and San Benito counties by Ms. Alicia Rodriguez, CEO, GoldenPACE Health.

Chair Jimenez opened the floor for approval of Consent Agenda items 5 through 8A.

MOTION: Commissioner Bizzini moved to approve Consent Agenda items 5 – 8A, seconded by Commissioner Askew.

ACTION: The motion passed with the following vote:

Ayes: Commissioners Abasta-Cummings, Armstrong, Askew, Belton, Bizzini, Espinoza, Hernandez, Jimenez, Pedrozo, Rabago, Radner and Sergienko.

Noes: None.

Absent: Commissioners Friend, Molesky, Morales and Nanyonjo.

Abstain: Commissioner Cuevas.

Regular Agenda Item: (9. – 10.): 3:37 p.m.

9. Consider approving the Alliance's legal and regulatory Compliance Program Report for 2023 and receive required Board training in Compliance. (3:37 – 4:16 p.m.)

Ms. Jenifer Mandella, Chief Compliance Officer, presented the Alliance Compliance Program Report for 2023 and provided required annual Board training in compliance.

[Commissioner Morales arrived at this time: 3:40 p.m.]

Key takeaways from the presentation included 1) a highly regulated and constantly evolving environment; 2) an effective Compliance Program mitigates risk; and 3) the Alliance Board is a key participant in the Compliance Program, providing oversight and ensuring an effective program.

Key accomplishments included the implementation of the 2024 Department of Health Care Services Model Contract, National Committee for Quality Assurance accreditation and process improvements to improve efficacy.

MOTION: Commissioner Cuevas moved to approve the Compliance Program Report for 2023, seconded by Commissioner Espinoza.

ACTION: The motion passed with the following vote:

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

Noes: None.

Absent: Commissioners Friend, Molesky and Nanyonjo.

Abstain: None.

10. Consider approving Medicare Dual Special Needs Plan (D-SNP) Primary Care Provider Rate recommendation. (4:16 – 4:26 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, Payment Strategy Director, reviewed the Dual Special Needs Plan (D-SNP) provider payment recommendation for primary care providers. The Alliance will launch a Medicare D-SNP product effective January 1, 2026, as part of the Department of Health Care Services policies to promote integrated care for beneficiaries dually eligible for Medicare and Medi-Cal benefits as a component of the CalAIM initiative.

MOTION: Commissioner Sergienko moved to approve payment for Primary Care Providers at 100% of Medicare rates as part of the Medicare Dual Eligible Special Needs Plan (D-SNP) expansion, effective January 1, 2026, seconded by Vice Chair Pedrozo.

ACTION: The motion passed with the following vote:

Ayes: Commissioners Armstrong, Askew, Espinoza, Pedrozo, and Sergienko.

Noes: None.

Absent: Commissioners Friend, Molesky and Nanyonjo.

Abstain: Commissioners Abasta-Cummings, Belton, Bizzini, Cuevas, Hernandez, Jimenez, Morales, Rabago and Radner.

The Commission adjourned its regular meeting of March 27, 2024 at 4:26 p.m. to the regular meeting of April 24, 2024 at 10:00 a.m. at the El Capitan Hotel in Merced County unless otherwise noticed.

Respectfully submitted,

Ms. Kathy Stagnaro
Clerk of the Board

DATE: April 24, 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 Medi-Cal Contract Amendment

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Recommendation. Staff recommend the Board authorize the Chairperson to sign an upcoming Amendment to the primary Medi-Cal Contract 23-30241, related to Provider Dispute Resolution Timeframes.

Background. The Alliance contracts with the Department of Health Care Services (DHCS) to provide Covered Services to eligible and enrolled Medi-Cal beneficiaries in Santa Cruz, Monterey, Merced, San Benito, and Mariposa counties. The Alliance entered into the primary Agreement 23-30241 with DHCS on January 1, 2024.

Discussion. DHCS circulated draft contract language with Medi-Cal Managed Care Plans (MCPs) that revises contract language related to timeframes for provider dispute resolution, removing language regarding a timeframe extension allowance for resolving provider disputes.
Staff have reviewed the contract amendment and do not anticipate an impact to the Alliance's operations.

The amendment is expected to be provided by the DHCS for signature by the end of April 2024 and prior to the next meeting of the Board.

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

Attachments. N/A

DATE: April 24, 2024

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

FROM: Danita Carlson, Government Relations Director

SUBJECT: Conflict of Interest Code: Multi-County Update

Recommendation. Staff recommend the Board approve the attached Conflict of Interest Code.

Background. As a multi-county governmental agency, the Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission is required to have an approved Conflict of Interest Code on file with the Fair Political Practices Commission (FPPC). Multi-county agencies must review their Conflict of Interest Code biennially to ensure that the code is up to date with a current list of designated staff positions and appropriate disclosure categories and when specified circumstances occur, including the formation of the Alliance's five-County Commission, in October 2023. The Board most recently approved its Conflict of Interest Code on December 7, 2022, as part of standard biennial review.

Discussion. Staff reviewed the Board's current Conflict of Interest Code, in accordance with the FPPC requirements and determined that in addition to conforming changes to reflect the five-County Commission, changes were necessary to update the list of designated positions required to file the annual Statement of Economic Interests – Form 700.

Staff worked with the FPPC to ensure that updates and revisions met regulatory requirements as approved by the FPPC.

Pursuant to FPPC regulations, the Alliance opened a 45-day public comment period on February 6, 2024. The Notice of Intention to Adopt or Amend a Conflict of Interest Code was disseminated to all employees and Code filers and was posted on the Alliance's website as required. The comment period closed on March 22, 2024 without comment. The Conflict of Interest Code remains under review by the FPPC and is subject to final approval by the FPPC.

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

Attachments.

1. Conflict of Interest Code

CONFLICT–OF–INTEREST CODE OF THE

SANTA CRUZ – MONTEREY – MERCED – SAN BENITO – MARIPOSA

MANAGED MEDICAL CARE COMMISSION

operating as CENTRAL CALIFORNIA ALLIANCE FOR HEALTH

The Political Reform Act (Government Code Section 81000, et seq.) requires state and local government agencies to adopt and promulgate conflict-of-interest codes. The Fair Political Practices Commission has adopted a regulation (2 Cal. Code of Regs. Sec. 18730) which contains the terms of a standard conflict-of-interest code, which can be incorporated by reference in an agency's code. After public notice and hearing, the standard code may be amended by the Fair Political Practices Commission to conform to amendments in the Political Reform Act. Therefore, the terms of 2 California Code of Regulations Section 18730 and any amendments to it duly adopted by the Fair Political Practices Commission are hereby incorporated by reference. This regulation and the attached Appendices, designating positions and establishing disclosure categories, shall constitute the conflict-of-interest code of the **Santa Cruz - Monterey - Merced - San Benito - Mariposa Managed Medical Care Commission operating as Central California Alliance for Health ("Central California Alliance for Health")**.

Individuals holding designated positions shall file their statements of economic interests with the **Central California Alliance for Health**, which will make the statements available for public inspection and reproduction. (Gov. Code Sec. 81008.) All statements will be retained by the **Central California Alliance for Health**.

CONFLICT-OF-INTEREST CODE, APPENDIX
EXHIBIT "A"

Designated Positions	Disclosure Category
Accounting Manager	2
Administrative Services Manager	2
Advanced Analytics Manager	2
Application Manager	2
Application Development Manager	2, 3
Application Services Director	2, 3
Behavioral Health Director	2, 3
Budgeting and Reporting Manager	2
Chief Administrative Officer	1, 2, 3, 4
Chief Compliance Officer	2, 3, 4
Chief Information Officer	2, 3, 5
Chief Medical Officer	2, 3, 4, 5
Chief Operating Officer	1, 2, 3, 4, 5
Claims Director	2, 3
Claims Manager - Operations	2
Claims Manager - Provider Support	2
Claims Quality Manager	2
Clinical Pharmacy Manager	2
Communications Director	2, 3
Community Care Coordination Director (RN)	2, 3
Community Engagement Director	2, 3
Compliance Director	2, 4
Compliance Manager	2
Continuum of Health Manager - Adult (RN)	2
Complex Case Management Manager - Pediatric (RN)	2
Contracts Manager	2
Credentialing and Provider Data Configuration Manager	2
Data Analytics Services Director	2, 3

ECM Manager	2
EDI Manager	2
Enterprise Data Warehouse (EDW) Manager	2
Facilities and Administrative Services Director	2, 3
Facilities Manager	2
Finance Manager	2
Financial Analytics Manager	2, 3
Financial Planning and Analysis Director	2, 3
Government Relations Manager	2
Government Relations Director	2, 4
Grant Program Manager	2
Grants Director	2, 5
Grievance and Quality Manager	2, 4
Health Analytics Manager	2
Health Services Officer	2, 3, 4
Health Services Operations Manager	2
Human Resources Director	2, 3
Human Resources Manager	2
IT Manager	3
Lead Financial Analytics Consultant	2, 3
Legal Services Director	1, 2, 3, 4
Media and Content Manager	2
Medical Director	2, 3
Medicare Program Executive Director	2, 3
Member Services Call Center Manager	2
Member Services Operations Manager	2
Member Services Director	2, 3
Operational Excellence Director	2,3
Payment Strategy Director	2, 3
Payroll Manager	2
Pharmacy Director	2, 3
Process Excellence Manager	2

Program Development Director	2, 5
Program Development Manager	2
Project Management Office Portfolio Manager	2
Provider Quality and Network Development Manager	2
Provider Reimbursement Manager	2
Provider Relations Manager	2
Provider Services Contracts Manager	2
Provider Services Director	2, 3, 4, 5
Purchasing Manager	2, 3
Quality Assurance and Release Management Manager	2, 3
Quality and Health Programs Manager	2
Quality and Population Health Manager	2, 3
Quality and Performance Improvement Manager	2, 3
Quality Improvement and Population Health Director	2, 3
Service Desk Manager	2
Strategic Development Director	2, 3
Talent Acquisition Manager	2
Technology Services Director	2, 3
Training and Development Manager	2
Utilization Management Director – (RN) or (PharmD)	2, 3
Utilization Management Manager – Authorizations and Transportation Coordination	2
Utilization Management Manager – Prior Authorizations (RN)	2
Utilization Management Manager – Concurrent Review (RN)	2
Consultant/New Position	*

Consultants and new positions shall be included in the list of designated employees and shall disclose pursuant to the broadest disclosure category in the code subject to the following limitation:

The Chief Executive Officer may determine in writing that a particular consultant or new position, although a "designated position," is hired to perform a range of duties that is limited in scope and thus is not required to comply fully with the disclosure requirements described in this section. Such determination shall include a description of the consultant's or new position's duties and, based upon that description, a statement of the extent of disclosure requirements. The (executive director's or executive officer's) determination is a public record and shall be retained for public inspection in the same manner and location as this conflict of interest code.

The following positions are not covered by the code because the positions manage public investments. Individuals holding such positions must file under Government Code Section 87200 and are listed for informational purposes only. Section 87200 requires disclosure of all investments and business positions in business entities, all sources of income, including gifts, loans and travel payments, and real property.

Governing Board Members
Chief Executive Officer
Chief Financial Officer
Accounting Director

An individual holding one of the above listed positions may contact the Fair Political Practices Commission for assistance or written advice regarding their filing obligations if they believe their position has been categorized incorrectly. The Fair Political Practices Commission makes the final determination whether a position is covered by Section 87200.

CONFLICT-OF-INTEREST CODE, APPENDIX
EXHIBIT "B"

DISCLOSURE CATEGORIES

CATEGORY 1: Interests in Real Property. All interests in real property located within the jurisdiction of the Central California Alliance for Health.

CATEGORY 2: Sources of Income. Investments and Business Positions Held by Designated Position. All investments, business positions in any business entity or trust, and sources of income (including gifts, loans, and travel payments) from sources that are of the type to provide services, supplies, equipment, or other property to be utilized by Central California Alliance for Health. The type of sources include, but are not limited to: health care providers, hospitals, pharmacies, laboratories, medical care treatment facilities, insurance companies, ambulance companies, and any person that provides consulting services of the type to be negotiated or to be utilized by the Central California Alliance for Health.

CATEGORY 3: Interests in Information Technology Companies: Investments, business positions and sources of income, (including gifts, loans and travel payments) from sources of the type that manufacture, distribute, supply, or install computer hardware or software of the type to be utilized by the Central California Alliance for Health, as well as entities providing computer consultant services.

CATEGORY 4: Claims Category: Investments and business positions in business entities, and income, including receipt of loans, gifts, and travel payments, from sources, that filed a legal claim or demand, or have a legal claim or demand pending, against the Central California Alliance for Health during the previous two years.

CATEGORY 5: Grants: Investments and business positions in business entities and sources of income (including receipt of gifts, loans and travel payments) if the business entity or source is of the type to receive grants or other funding from or through the Central California Alliance for Health.

DATE: April 24, 2024

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

FROM: Van Wong, Chief Operating Officer and
Jessie Dybdahl, Provider Services Director

SUBJECT: Alliance Provider Network Adequacy and Realized Access

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Recommendation. This report is informational only.

Summary. In California, Medi-Cal is a key source of health coverage for approximately one-third of all Californians with over 14.8 million low-income children, adults and people with disabilities covered under a Medi-Cal managed care plan. The Alliance ensures access to quality, accessible healthcare for approximately 450,000 Medi-Cal members in Santa Cruz, Monterey, Merced, San Benito and Mariposa counties. An important Alliance core function is to develop and maintain a provider network to meet these diverse member needs. This is the 2024 report to the Board on the state of the provider network. The Alliance has leveraged the Centers for Medicare & Medicaid Services (CMS) Access Framework to ascertain realized access for our members as indicated by their health outcomes. Additionally, staff will outline our approach to monitoring and evaluating realized access to care including efforts to continuously improve for our members.

Background. Realized access has evolved over the years for the Alliance. However, over the course of the last three years Alliance staff have aligned with the 5 As of Access under the CMS Access Framework. This framework can be described as follows, with realized access occurring when the answer to each question is yes, or the barrier to achieving one of the components is overcome (e.g. the provider was not in close proximity, but transportation was provided, so access was realized):

1. Availability: was there a provider available in the network?
2. Accessibility: was the provider in close proximity to the member?
3. Accommodation: was the member able to obtain an appointment at an acceptable time?
4. Acceptability: were the member and provider a good fit?
5. Affordability: were members knowledgeable about their Medi-Cal benefits when accessing care since Medi-Cal covered services are provided at no cost to members?

The history of realized access for the provider network has transformed from regulatory monitoring starting with member to provider ratio and transitioning to more robust measurements including traditional providers' geographic locations based on population density and member feedback. The following 5 As of Access are answered based on the most recent data related to the provider network.

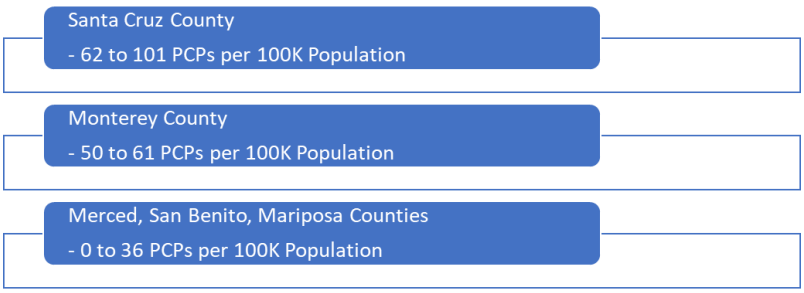
Availability: was there a provider available in the network?

Market Share. The Alliance continues to maintain a high percentage of available practicing physicians in our network ready and available to serve our members across the five counties. The below represents the Alliance's market share of primary care providers (PCPs) and outpatient specialists in our service area as of March 2024. The market share is calculated by utilizing provider groups that are contracted with the Alliance compared to provider groups that are not contracted by the Alliance.

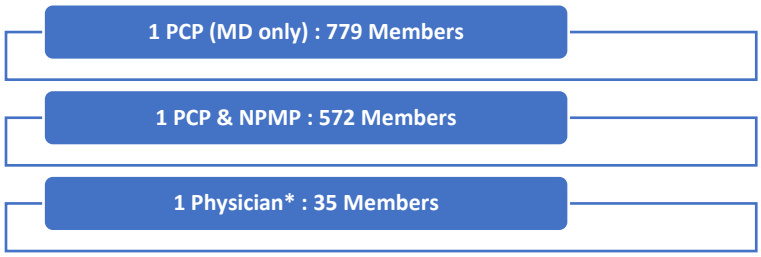
ALLIANCE PROVIDER NETWORK MARKET SHARE						
Provider Type	**All Counties**	Santa Cruz	Monterey	Merced	San Benito	Mariposa
PCP	**98.6%**	98.4%	99.1%	98.0%	99.0%	100%
Specialist	**98.1%**	99.0%	97.6%	99.0%	96.6%	100%

Provider to Member Ratios. While the Alliance maintains a high market share based on provider availability, the provider attrition across the nation has severely impacted access, particularly in more rural areas such as Merced, San Benito, Mariposa and Monterey counties. A study published by the PCP California HealthCare Foundation in 2021 showed physician supply varied by region with the Central Coast having an average of 58 PCPs and 117 specialists per 100,000 population which is just below the recommended provider supply of 60-80 PCPs/100K and above the 85-105 specialists/100K recommendation, respectively. However, as we drill into the Alliance's specific service areas, we see that the PCP supply for Monterey, Merced, San Benito, and Mariposa counties are well short of the recommended supply as denoted by the below graphic.

PCP Landscape in Alliance Counties



Provider to Member Ratios – Alliance Network (Medi-Cal)



**Denotes all PCPs, NPMP and specialists*

Aging Physicians. The limited supply of providers is compounded by the fact that about 37% of the contracted PCPs and 32% of specialists in our service area are over 60 years of age. This is in line with the statewide average of 34% of physicians aged 60 or over. Unless we have an influx of new providers to replace the aging physicians who retire, the pool of available providers will decrease, resulting in less access for our members.

Primary Care Providers Open to New Patients. While Merced, Mariposa and San Benito have the lowest PCP to Member ratios in our network, these counties have the highest percentage of PCPs open to new members. Respectively, 91% of our Merced contracted PCPs are open to new patients, 100% of Mariposa PCPs and 90% of San Benito PCPs are open to new patients. Whereas Monterey and Santa Cruz where practices open to new patients are around 54% and 37%, respectively. Whereas. Note that assignment to a PCP does not indicate timely access to needed care which will be covered further under the Accommodation section.

Accessibility: was the provider near the member?

Network Certification. The Alliance leverages the Department of Healthcare Services' (DHCS) Annual Network Certification tool to ascertain member's proximity to care. The Network Certification Standards for specialist access varies depending on population density with Monterey, Merced, San Benito and Mariposa having a longer time and distance standard due to being categorized as rural counties based on population density.

Provider Type	Time and Distance Standard
Primary Care (adult and pediatric)	10 miles or 30 minutes from the member's residence
Specialty Care (adult and pediatric)	Based on county population density ***Santa Cruz County*** 30 miles or 60 minutes from the member's residence ***Merced and Monterey Counties*** 45 miles or 75 minutes from the member's residence ***San Benito and Mariposa Counties*** 60 miles or 90 minutes from the member's residence
Hospital	15 miles or 30 minutes from the member's residence

The Alliance monitors the average maximum distance (in miles) and average maximum time (in minutes) to care by zip codes for our members. As expected, the more rural counties have a longer travel time and distance to see their PCP with some zip codes having no PCP availability within the established time and distance standards. We see similar results for access to hospital services.

Below are the October 2023 results for the service area counties active at that time. Please note that in February 2024, DHCS released updated time and distance calculations for each plan using ArcGis geoaccess mapping software. These time and distance measurements are different from those used in prior years as the software maps with different logic than Quest Analytics, which was used previously. The new methodology implied additional access needs to those approved by DHCS in prior reporting years. This shift indicates that regulators continue to refine what it means for our members to have access.

Time & Distance for PCPs

County	Average Max Distance	Max Distance	Average Max Time	Max Time
Merced	13.1	28.9	21.6	53.7
Monterey	16.4	56.9	32.7	128.9
Santa Cruz	9.8	20.9	21.5	46.0

Time & Distance for Hospitals

County	Average Max Distance	Max Distance	Average Max Time	Max Time
Merced	19.4	28.9	30.5	54.7
Monterey	22.0	69.2	38.6	125.2
Santa Cruz	14.8	29.3	28.6	66.5

While many of our members live within DHCS allowable time and distance standards for access to the nearest PCP, specialist or hospital, the reality is that members in rural areas must travel further and longer to seek out care, compounded by potential transportation limitations. From a provider landscape standpoint, we are seeing rural hospitals statewide facing financial troubles, leading to closures and a huge disruption to access with longer travel to neighboring hospital services. We continue to monitor the financial solvency of these rural hospitals to determine the impact to our members.

Telehealth. In addition to traditional in office visits, the Alliance tracks alternative access options as represented by telehealth availability in addition to the Nurse Advise Line offered by the health plan. The data for telehealth comes from the Provider Availability and Appointment Survey (PAAS) results. The below chart tells us that our existing network is incorporating telehealth into their normal practice on a regular basis.

COUNTY	PCP Providers			Specialist Providers			Mental Health Providers		
	Count	Total	%	Count	Total	%	Count	Total	%
Santa Cruz	50	54	93%	17	20	85%	110	123	89%
Monterey	89	89	100%	40	42	95%	55	58	95%
Merced	21	24	88%	16	16	100%	110	123	89%

Accommodation: was the member able to obtain an appointment at an acceptable time?

There are several measures we use to monitor providers' ability to accommodate members timely, PAAS Survey and hours of operation for PCPs, including Urgent Visit Access and After-Hours Care.

Provider Availability and Appointment Survey. Mariposa and San Benito PAAS results will not be available until after the 2024 survey. Timely Access Standards measured through the annual PAAS are as follows:

Urgent Appointment: Wait Times	
For services that do not require prior authorization	48 hours
For services that do require prior authorization	96 hours
Non-Urgent Appointments: Wait Times	
Primary care appointment (including first pre-natal visit and preventive visits)	10 business days
Mental health care appointment (with a non-physician provider)	10 business days
Non-urgent follow up appointment with a Mental health care (nonphysician provider) or substance use disorder provider	10 business days from the prior appointment
Specialist/Specialty Care appointment (including Psychiatrists)	15 business days
Ancillary service appointment for the diagnosis or treatment of injury, illness, or other health condition	15 business days

The PAAS survey continues to evolve year over year and there are key changes that should be considered when reviewing the results for measurement year 2023.

- Survey fatigue among providers and their respective offices is a recognized phenomenon with tangible consequences on participant engagement levels in completing the PAAS survey.
- For measurement year 2023 the Department changed the requirements for which counties health plans are required to conduct the PAAS. It narrowed the required counties to those in the core service area and the adjacent counties. This affected non-physician mental health (NPMH) significantly as the Carelon contract is statewide. With the new regulations, plans were required to survey the three counties being served, and those immediately adjacent. In measurement year 2022 all Alliance providers in California were surveyed.

The limited sample size of the PAAS survey poses a challenge in accurately assessing the genuine access requirements within counties. This data underscores an imperative to enhance access to mental health services for routine appointments, while also highlighting the persistent impediments affecting access to specialty care for urgent appointments.

Appointment Compliance: MY 2021, MY 2022 and MY 2023 Comparison

Category	**MY 2021 Compliance Medi-Cal** (sample size)	**MY 2022 Compliance Medi-Cal** (sample size)	**MY 2023 Compliance* Medi-Cal** (sample size)
Urgent Appointment			
PCP	99% (644)	98% (324)	98% (275)
Specialist	45% (157)	61% (191)	54% (211)
NPMH	70% (103)	66% (364)	71% (85)
Psychiatry	33% (3)	55% (20)	67% (12)
Routine Appointments			
PCP	99% (644)	98% (335)	96% (276)

Specialist	58% (179)	59% (250)	56% (228)
Ancillary	86% (21)	81% (37)	85% (40)
NPMH	80% (118)	74% (390)	68% (97)
Psychiatry	47% (15)	70% (30)	58% (12)

**Color indicates performance trend compared to MY 2022, with green indicating higher compliance and red indicating lower compliance.*

Office Hours and Urgent Visit Access Initiative Hours. Access should not be equated solely with afterhours and weekend availability. According to the California Health Care Foundation Health Care Almanac, 78% of Medi-Cal enrollees are employed, with 63% holding full-time positions. Therefore, guaranteeing appointments beyond 6:00 p.m. on weekdays and offering weekend scheduling is crucial to enhancing healthcare accessibility for this demographic, many of whom encounter difficulties in scheduling routine preventive appointments due to work commitments. Reviewing our network, we see differences in the availability in urgent care access and afterhours and weekend access to either PCP or urgent care across our service areas. As San Benito and Mariposa counties are newest to the network, we are working to get PCP offices enrolled in these programs and will likely see an increase in the coming months.

Urgent Care Offices: (PCP sites willing to see nonlinked members)

- 28% in Merced
- 33% in Monterey
- 11% in Santa Cruz
- 0% in San Benito
- 0% in Mariposa

PCP Offices: After hours and/or weekend hours

- 43% in Merced
- 43% in Monterey
- 43%% in Santa Cruz
- 20% in San Benito
- 0% in Mariposa

Member Perception of Accommodation – Member Survey. In complement to the standard metrics monitored by both the Department of Managed Health Care and DHCS, the Alliance places significant emphasis on gauging member experiences through indicators reflecting their perceived ability to access necessary care promptly. These indicators are captured through the Consumer Assessment of Healthcare Providers and Systems (CAHPS), an annual survey designed to evaluate patients' healthcare experiences.

The CAHPS survey for the 2023 year, presented a nuanced perspective compared to the previous year, with several metrics registering lower scores than in 2022.

Key Observations from the 2023 Survey:

- California benchmarks consistently fell below the national benchmark in both categories of accessing needed care and obtaining care promptly, across both adult and pediatric populations.

- Spanish-speaking members reported higher satisfaction levels compared to their non-Spanish-speaking counterparts. This trend underscores the effectiveness of our provider network in ensuring accessible care for all members, irrespective of linguistic preferences.
- Merced County exhibited noteworthy performance in child healthcare, boasting the highest scores for accessing needed care and the quality of doctor-patient communication.
- The 2023 CAHPS survey aims to assess members' experiences during the preceding year of 2022. Notably, during 2022, the provider network grappled with ongoing recovery efforts in the aftermath of the protracted effects stemming from the pandemic.
- Notably, the survey encompassed a sample size of 373 members in 2023, representing approximately 8% of the Alliance's membership base. Despite efforts to engage members, the response rate stood at 22.8%, based on the originally identified sample size of 1,638 members. These metrics suggest a potential presence of survey fatigue among members, warranting further exploration and mitigation strategies.

SURVEY OUTCOMES – Child (Spanish Speakers)

Composite/Measure/Attribute	Summary Rate and Percentile Ranking					
Total Respondents: 234/373 (83%)	2023	2022	2022 CA Benchmark	2022 CA %tile Rank	2022 US Benchmark	2022 US %tile Rank
Getting Needed Care	77.4%	79.3%	78.2%	50th – 75th	82.7%	
Getting Care Quickly	82.8%	83.5%	78.3%	50th – 75th	85.5%	
How Well Doctors Communicate	90.6%	93.7%	91.9%		93.6%	

SURVEY OUTCOMES – CHILD

Composite/Measure/Attribute	Summary Rate and Percentile Ranking						
Response Rate: 22.8%	2023	2022	2021	2023 CA Benchmark	2023 CA %tile Rank	2023 US Benchmark	2023 US %tile Rank
Getting Needed Care	79.4%↑	79.2%	83.4%	78.2%	50th – 75th	82.7%	
Getting Care Quickly	82.3%	84.5%	83.1%	78.3%	50th – 75th	85.5%	
How Well Doctors Communicate	91.7%	93.1%	93.5%	91.9%	50th – 75th	93.6%	

SURVEY OUTCOMES CHILD – COUNTY BREAKDOWN

Composite/Measure/Attribute	Summary Rate and County Breakdown				
Total Respondents: 373	2023 Plan Total	2023 US Benchmark	Merced	Monterey	Santa Cruz
Getting Needed Care	79.4%↑	82.7%	81.9%*	78.0%	79.7%
Getting Care Quickly	82.3%	85.5%	83.9%	78.7%	90.4%*
How Well Doctors Communicate	91.7%	93.6%	93.0%*	91.7%	89.2%

SURVEY OUTCOMES – Adult (Spanish Speakers)

Composite/Measure/Attribute	Summary Rate and Percentile Ranking					
Total Respondents: 166/443 (38%)	2023	2022	2022 CA Benchmark	2022 CA %tile Rank	2022 US Benchmark	2022 US %tile Rank
Getting Needed Care	85.4%↑	85.0%	76.4%	Above 90th	81.0%	75th – 90th
Getting Care Quickly	83.7%↑	78.2%	72.6%	Above 90th	80.4%	50th - 75th
How Well Doctors Communicate	93.4%↑	92.4%	90.2%	75th – 90th	92.5%	50th – 75th

SURVEY OUTCOMES – ADULT

Composite/Measure/Attribute	Summary Rate and Percentile Ranking						
Response Rate: 22.4%	2023	2022	2021	2023 CA Benchmark	2023 CA %tile Rank	2023 US Benchmark	2023 US %tile Rank
Getting Needed Care	78.9%	82.9%	85.3%	76.4%	50th – 75th	81.0%	25th - 50th
Getting Care Quickly	75.9%↑	73.4%	84.5%	72.6%	75th-90th	80.4%	Below 25th
How Well Doctors Communicate	91.6%↑	91.5%	89.3%	90.2%	50th – 75th	92.5%	25th - 50th

SURVEY OUTCOMES ADULT – COUNTY BREAKDOWN

Composite/Measure/Attribute	Summary Rate and County Breakdown				
Total Respondents: 443	2023 Plan Total	2023 US Benchmark	Merced	Monterey	Santa Cruz
Getting Needed Care	78.9%	81.0%	78.6%	82.0%*	74.5%
Getting Care Quickly	75.9%↑	80.4%	72.7%	77.3%*	76.6%
How Well Doctors Communicate	91.6%↑	92.5%	89.7%	93.7%*	90.5%

The survey outcomes from CAHPS indicate members feel the provider network is stressed and needs additional support to accommodate member needs in getting needed care and

getting care quickly. The Alliance team will ensure efforts related to these measures are implemented to support stronger outcomes in the next survey year.

Acceptability: were the member and provider a good fit?

To ascertain acceptability, the Alliance monitors member and provider language compatibility, including those of the office staff. Additionally, the Alliance assesses members' perception regarding provider fit utilizing key indicators in our annual CAHPS survey results. As part of our strategic goal of ensuring health equity through increasing culturally and linguistically appropriate care, the Alliance included three supplemental questions in the 2022 CAHPS survey focused on possible disparities in care and cultural humility. Outcomes are shared under the *Member Perception of Acceptability* section that follows.

Threshold Language. Threshold Language means a language that has been identified as the primary language by DHCS based on 3,000 beneficiaries or 5% of the beneficiary population, whichever is lower, in an identified geographic area. For the Alliance, the threshold language is Spanish in all three counties and Hmong in Merced. The Alliance assesses the network in language adequacy by comparing a member's primary language to that of existing provider and their office staff in their region. As shown in the table below, the Alliance network has adequate language compatibility for our existing membership as defined by an acceptable ratio of 1 PCP to 2,000 members. However, there is an opportunity to increase Spanish and Hmong speaking PCPs in Merced.

County	Threshold Language	Threshold Language-speaking PCP Physician	Members with primary language	Physician to Member Ratio	Physician Language Ratio Met
Santa Cruz	Spanish	101	35,999	1:356	Yes
Monterey	Spanish	216	102,904	1:476	Yes
Merced	Spanish	111	48,128	1:434	Yes
Merced	Hmong	5	1,778	1:355	Yes
San Benito	Spanish	9	7,704	1:856	Yes
Mariposa	Spanish	1	198	1:198	Yes

**Required physician to member ratio: 1:2000 for PCPs per DHCS standard*

Member Perception of Acceptability. The Alliance leverages several key indicators from the CAHPS survey as a proxy for determining members' perception of provider fit. Specifically, Spanish speaking adult and child members consistently rated their personal doctors and specialist high.

Measure	2023	2022	2023 CA Bench	2023 CA % tile Rank	2023 US Bench	2023 US % tile Rank
Rating of Personal Doctor – Child Spanish Speaking	90.9%	96.2%	88.3%	75th – 90th	89.3%	Above 90th
Rating of Specialist – Child Spanish Speaking	94.1%	97.6%	85.3%	Above 90th	85.6%	Above 90th

Measure	2023	2022	2023 CA Bench	2023 CA % tile Rank	2023 US Bench	2023 US % tile Rank
Rating of Personal Doctor –Adult Spanish Speaking	92.2%↑	89.4%	79.0%	Above 90th	82.4%	Above 90th
Rating of Specialist – Adult Spanish Speaking	93.5%↑	88.7%	80.4%	Above 90th	81.4%	Above 90th
Rating of Personal Doctor – Child	93.4%	92.1%	88.3%	25th – 50th	89.3%	25th-50th
Rating of Specialist – Child	90.4%	93.4%	85.3%	Above 90th	85.6%	Above 90th
Rating of Personal Doctor – Adult	80.4%	83.1%	79.0%	50th – 75th	82.4%	25th – 50th
Rating of Specialist – Adult	81.5%	85.7%	80.4%	25th-50th	81.4%	25th – 50th

We use the following supplemental survey questions that were added in 2022 to focus on possible disparities in care and cultural humility. As we see, based on responses, the majority of our members appear to be having positive experiences with providers and their practices.

SURVEY OUTCOMES – AUGMENT (Spanish Speakers)
SUPPLEMENTAL QUESTIONS

SUPPLEMENTAL QUESTIONS (Child)	Adult Summary Rate	Child Summary Rate
Q41. Treated unfairly at Drs. Office due to language barrier	96.8%	93.8%
Q42. Treated unfairly at Drs Office due to cultural differences	97.5%	96.4%
Q43. Misunderstanding of culture by Dr./Staff	98.7%	96.9%

Affordability: Medi-Cal covered services are provided at no cost to members; were members knowledgeable about their Medi-Cal benefits when accessing care?

The Alliance assesses affordability based on how knowledgeable members are about their benefits when accessing care. While the CAHPS survey provides a good indication of members satisfaction with the health plan overall, we rely on utilization data and member

voice to understand what benefits are potentially being underutilized and rationale including lack of awareness of the benefit, such as mental health and non-medical transportation services.

The Alliance's Your Health Matters Program is one key avenue for staff to connect with and educate our members in the community about these services. Additionally, through those engagements, staff learn about areas of focus that we then follow up with broader member communication via our Member Bulletins, direct outreach from the clinical team and other appropriate mediums. The Alliance also partners with our providers to ensure our network is aware of new benefits that are being rolled out as part of CalAIM and other state initiatives. Provider awareness allows for referrals of eligible members for specific services, e.g. community support services which also bridges any potential member knowledge gaps regarding benefits.

Discussion. What follows, outlines the major pathways taken in 2023 at the Alliance to ensure an equitable delivery system for our members. For the 2024-year staff recommended using providers, Board members, and community feedback to identify new innovative solutions.

2023 Efforts Implemented to Enhance Realized Access to Care. 2023 has been a year of growth with our new counties and significant foundational shifts to start growing the network to support our membership. This includes both financial support through grants and educating the entire network of all the new CalAim benefits available. CalAim benefits allow an opportunity for provider support staff and community-based organizations to support care for members alleviating some of the impact to licensed physicians. These new CalAim benefits include both Enhanced Care Management (ECM) providers and Community Supports (CS) providers. The ECM and CS network has grown significantly over the course of the 2023 year.

New Workforce Recruitment Programs Developed and Funding Distributed. The Alliance recently instituted a significant volume of new workforce recruitment grants in 2023 specifically for Community Health Workers (CHW), Medical Assistants, and Doulas. The doula network grants were implemented in late 2023 and the first two doula workforce recruitment grants were distributed in Q1 2024. See below for 2023 breakdown of funding by provider types and county.

Types of Grants	Workforce Recruitment Grant Awards
Merced	**$ 1,517,800**
CHW Recruitment	$260,000
MA Recruitment	$163,000
Provider Recruitment	$1,094,800
Monterey	**$4,315,132**
CHW Recruitment	$694,076
MA Recruitment	$225,766
Provider Recruitment	$3,395,290

Types of Grants	Workforce Recruitment Grant Awards
Santa Cruz	**$1,955,453**
CHW Recruitment	$388,611
MA Recruitment	$314,000
Provider Recruitment	$1,252,842
Grand Total	**$ 7,788,385**

Note, these provider types all fall under Provider Recruitment:

- Allied, Behavioral Health, Primary Care and Specialty Care Providers.
- Physicians, non-physician medical practitioners and other appropriately licensed providers.
- Certified substance use disorder service providers who provide Medi-Cal compensable services.

Building the Enhanced Care Management and Community Support Network. In 2023, the ECM and CS network experienced substantial expansion. Thirty additional ECM and CS providers were added to the network. This growth was implemented by the cultivation of robust partnerships with Community Based Organizations and providers. This strategic endeavor involved supporting providers in braiding existing benefits with newly introduced ECM/CS benefits, aimed at fostering a cohesive framework to deliver comprehensive care for members.

Enhancing the Non-Emergency Medical Transportation Network. In 2022 it was identified through utilization trends and member grievances that the network needed additional Non-Emergency Medical Transportation (NEMT) providers specifically those with stair chairs, wheelchair vans, and gurney vehicles. The Alliance had multiple NEMT providers available, but not all providers had the appropriate equipment to support these specialized needs. This was identified both as a recruitment need and a grant funding area and was implemented as a collaborative effort for the two teams at the Alliance.

In 2023 a transportation grant was approved and implemented that allowed existing and new transportation providers to apply for supplemental funding to enhance their vehicles to support member needs or increase vehicles to allow for additional member rides. The provider relations team spent a large focus of time in 2023 ensuring that our transportation team had the network needed in order to support transporting our members to obtain needed care. This included talking with NEMT providers about increasing their capacity and bringing on new NEMT providers.

Workforce Support for Care Gap Closure Grant. In Q4 2023 the Alliance awarded grant funding to five Merced County providers, empowering them to increase staffing resources, a strategic move aimed at closing identified member gaps in care. Targeted measures included Breast Cancer Screening, Chlamydia Screening in Women, Child and Adolescent Well-Care Visits, Immunizations for Children, and Adolescents, and Lead Screening in Children. Outcomes showcased remarkable progress, with 7,740 documented outreach attempts made, resulting in 5,360 members successfully scheduled for services. Among these appointments, an impressive 3,462 were successfully kept. On average, each site

experienced improvement, with 1-3 measures successfully transitioning from below the Minimum Practice Level (MPL) to meeting or exceeding it by Q4. This notable achievement reflects the dedication and effectiveness of our initiatives in enhancing the quality of care delivered across all sites. The pilot program's success has led to its extension in 2024.

2024 Avenues for Enhancing Realized Access.

In the pursuit of enhancing member access to care in 2024, staff have proposed leveraging insights gleaned from providers, Board members, and community input to devise innovative solutions. The following outlines overarching avenues through which the Alliance can facilitate the identification and implementation of measures aimed at bolstering access levels.

Alliance Payment Policy and Grant Funding. The Alliance reinvests in our community through the strategic use of reserves via grant funding as well as advancing payment policies that are in line with revenue rate, utilization, and industry benchmarks.

The Alliance leverages incentive payments to our providers for value-based payment. This avenue of payment provides monetary incentives for providers in ensuring our members are being care for with quality in mind. The Alliance will continue to look for funding opportunities including supplemental payments to our providers to help fortify the provider network.

Department of Health Care Services Incentives. DHCS also recognizes the need to ensure a robust delivery system and as part of the CalAIM initiative. DHCS has created a significant volume of funding streams in the 2023 year and continues to provide additional supportive funding for providers in 2024 to ensure the CalAIM initiative can be fully realized and implemented.

Provider and Community Partnerships. The Alliance seeks to build collaborative partnerships between community-based organizations and providers to provide timely care to our members, especially in Merced County where provider availability and accommodations are low and health outcomes reflects the lower realized access. Creative and innovative solutions are going to be the best avenue for true realized access in our counties. We hope that in the 2024 year we can rely on our provider and community partners to assist us in developing new and creative solutions to provide members with the access they need.

State and Federal Policy. The Alliance supports policies and proposals which advance the following priorities and principles aimed at developing and maintaining a provider network that meets members' needs:

1. Access to Care
    - Increase provider pathways to increase the total number of culturally competent providers available to people with Medi-Cal and Medicare coverage.
    - Provide immediate solutions to shortages in, or which expand the capacity of, the Medi-Cal and Medicare healthcare workforce.

2. Financing and Rates
    - Encourage and support provider participation in Medi-Cal and Medicare through adequate rates.
    - Increase federal funding for Medi-Cal.
3. Health Equity
    - Optimize health outcomes and eliminate health disparities for children.
    - Improve outcomes and reduce disparities between the Medi-Cal and commercially insured populations.
    - Increase member access to culturally and linguistically appropriate and culturally competent health care.
    - Prioritize allocation of resources to address disparities and to remove barriers to equitable access to high-quality services.

Realized access cannot be measured by regulatory requirements alone. The Alliance relies on additional indicators to monitor and ensure the health plan develops a network that meets our members' needs. As the Alliance continues to forge forward against the backdrop of an increasingly challenged provider landscape, we continue to rely on local innovation, strong community and provider partnerships, an experienced Board, and highly engaged staff to reduce health disparities and ensure a person-centered delivery system transformation and deliver on our vision of healthy people, healthy communities.

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

Attachments. None

DATE: April 24, 2024

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

FROM: Van Wong, Chief Operating Officer and
Scott Crawford, Medicare Program Executive Director

SUBJECT: Medicare Dual Eligible Special Needs Plan Implementation Framework

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

Summary. The Alliance is implementing a Medicare Advantage Dual-Eligible Special Needs Plan (D-SNP), for Medi-Cal members who are also eligible for Medicare benefits. The launch of a D-SNP by January 2026 is a mandated component of the Department of Healthcare Services' (DHCS) CalAIM initiative. The Alliance has engaged Change Healthcare (CHC) as an implementation partner as well as retained experienced Medicare staff to ensure we successfully launch a compliant D-SNP timely. This report outlines the Alliance's D-SNP framework.

Background. D-SNPs are Medicare Advantage plans that provide specialized care for dually eligible beneficiaries in a managed care setting. The objective of this program is improving health outcomes for dually eligible beneficiaries through better care coordination and supplemental benefits. Implementation of a D-SNP will impact all areas of Alliance operations and will require the organization to stand up new functional areas specific to Medicare Advantage program requirements as shared by staff in previous Board reports. The April 2023 D-SNP Operational Gap Assessment (OGA) report to the Board highlights the three categories of plan action shown in the table below. Staff will share our approach to the highlighted areas.

Functional Areas for Material Attention		
New MA program requirements	***MA program requirements that differ materially from Medi-Cal***	***Areas of Plan Management impacted by MA***
1. *Marketing and sales* 2. *Broker management* 3. *STARS management* 4. *Finance: 3-year finance cycle* 5. *Model of Care* 6. *Benefit Design*	1. *Compliance* 2. *Provider Contracting* 3. *Finance: Risk Adjustment* 4. *Care Coordination* 5. *Case management* 6. *Member engagement*	1. *Systems* 2. *Organizational design/structure*

Discussion. Along with CHC, our Medicare Administration team is engaging with the Alliance's functional areas to update systems, processes, and staffing, to support the operation of a D-SNP. The rigors of operating a plan that coordinates care between the Centers for Medicare and Medicaid Services (CMS) and DHCS requires the Alliance's functional areas to be integrated in ways that have not been the focus to date under Medi-Cal.

In terms of membership, staff are working with DHCS and local health plans to share best practices with the goal of ensuring that the department will support default enrollment for Medi-Cal members aging into the D-SNP program. Default D-SNP enrollment will help offset the investment that plans have made in support of this mandate. The enrollment boost will also help shorten the cost curve and get the Alliance to break-even financial performance sooner. Additionally, the Alliance will focus on enrolling Medi-Cal members turning 65 in 2026. Sales and marketing efforts will also focus on currently enrolled Medi-Cal members in fee-for-service Medicare, also known as Original Medicare. The goal is to ensure an integrated healthcare delivery system for these members under one managed care plan, the Alliance.

To appeal to D-SNP members, who have a choice in the Medicare Advantage plan, the Alliance must have a marketable provider network and attractive supplemental benefits. It is no longer sufficient to have an adequate provider network that is compliant with CMS regulations. Our provider network must be "marketable", meaning have the providers that the members want and/or already seeing. Provider partnership will be critical to a successful D-SNP. Strong provider relationships will facilitate member growth and retention.

Sales, marketing and enrollment, and provider network are some aspects of the functional areas outlined in the OGA report. The Alliance continues to focus our implementation efforts on operational integration of all the functional areas impacted by D-SNP, and staff will provide additional updates throughout the implementation period.

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

Attachments. N/A

DATE: April 24, 2024

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

FROM: Kay Lor, Payment Strategy Director

SUBJECT: Medicare Dual Eligible Special Needs Plan Specialty and Hospital Provider Payment Rates Recommendation

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Recommendation. Staff recommend the Board approve 100% of Medicare rates for specialty providers and align hospital providers to Medicare payment methodology as part of the Medicare Dual Eligible Special Needs Plan (D-SNP) expansion, effective January 1, 2026.

Background. D-SNPs are Medicare Advantage Plans that provide specialized care for dually eligible beneficiaries. The Alliance will launch a Medicare D-SNP product effective January 1, 2026, as part of the Department of Health Care Services (DHCS) policies to promote integrated care for beneficiaries dually eligible for Medicare and Medi-Cal benefits as a component of the CalAIM initiative. In preparation to contract with the provider network, staff are bringing the rates approval request to begin building the network in Q2 2024.

Additionally, during the March 27, 2024 Board meeting, the Board approved primary care provider rates at 100% of Medicare.

Discussion. As part of the readiness efforts, staff will need to contract the network in Q2 2024 and with no cost and utilization data for Medicare D-SNP members, staff recommend building the provider network with a fee-for-service (FFS) and pay for performance (P4P) model. The FFS model will allow staff to collect cost experience and as more information is available, staff will consider a capitated and P4P model.

The P4P component of the FFS model will be included in the care-based incentives program shared with the Board each year, including in the Hospital, Specialty Care Incentive, and any future designed value based payments or incentives.

Finally, the Centers for Medicare & Medicaid Services require that the plan aligns with Medicare payment methodology for facility providers. As part of the implementation plan to develop a Medicare line of business, staff will transition to paying facility providers using the Medicare Severity Diagnosis Related Group and Outpatient Prospective Payment Systems payment methodology and 100% percent of Medicare fee schedule for primary care and specialty services.

Fiscal Impact. There is no impact on the 2024 financials. The 2026 D-SNP budget will incorporate this payment methodology.

Attachments. N/A

DATE: April 24, 2024

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

FROM: Omar Guzman, MD, MPP, Chief Health Equity Officer and
Dennis Hsieh, MD, JD, Chief Medical Officer

SUBJECT: Quality and Health Equity in Merced and Mariposa Counties

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Recommendation. This report is informational only.

Summary. This report includes an overview of the strategy and tactics that are actively being deployed in Merced and Mariposa Counties to address the gap on Managed Care Accountability Set (MCAS) measures that the Alliance was sanctioned for in RY 2023.

Background. In December 2023, the Department of Health Care Services (DHCS) imposed a $25,000 monetary sanction against the Alliance for failure to meet minimum performance level (MPL) for eight Healthcare Effectiveness Data and Information Set (HEDIS) MCAS measures for MY 2022 in Merced County. Children were disproportionately impacted as six of the eight MCAS measures that fell below MPL were in the Children's Preventive Services Domain. The trends in our data show a geographic disparity within the five counties. Physicians in Merced and Mariposa counties deal with a more challenging set of circumstances, for which it can take more effort and resources to achieve the same results. The Alliance's strategic goal is to eliminate health disparities and achieve optimal health outcomes for children and youth.

The total sanction amount for Central California Alliance for Health is $25,000 for the following 8 measures below the MPL for MY 2022:

Reporting Unit	Measures*	Domains*	MCP Rates	MPL	Trending Difference from HEDIS MY 2021	Population Impacted
Merced	CIS–10	CH	16.06%	34.79%	-2.19	2198
	IMA–2	CH	33.09%	35.04%	-4.62	2116
	LSC	CH	46.47%	63.99%	0	1402
	W30–2	CH	58.09%	65.83%	2.95	1099
	W30–6	CH	36.72%	55.72%	5.66	1134
	WCV	CH	45.64%	48.93%	4.45	31593
	BCS	RC	49.65%	50.95%	-0.45	2497
	CHL–Tot	RC	52.56%	55.32%	1.77	2314

Discussion. The Alliance is taking a health equity approach in achieving its strategic objective of achieving a 10-percentile improvement for pediatric measures in Merced County from 2022 baseline.

	Merced County, MY2022, RY2023 Measures with scores below the 50th percentile	**Domain**	**# Members Impacted**
1	Childhood Immunization (combo 10)	Children	2,198
2	Adolescent Immunization (combo 2)	Children	2,116
3	Lead Screening in Children	Children	1,402
4	Six or more Well-Child Visits in First 15 Months	Children	1,134
5	Two or more Well-Child Visits for Age 15 to 30 Mths	Children	1,099
6	One or more Well-Care Visits in MY for Ages 3-21	Children	31,593

The three areas of focus are: Improving Data Collection and Reporting, Increasing Provider Support and Collaboration, and Meeting Members Where They Are and Regaining Trust.

Improving Data Collection and Reporting:

- MCAS Dashboard and Timely Data Reporting
- Healthcare Technology grants
- Improving Data Collection and Utilizing Alternative Sources

Increasing Provider Support and Collaboration:

- Grant Fund (Workforce Recruitment/Retention, Care Gap Clinic)
- Provider Partnership Wrap Around Services
- Merced Provider Group Meetings
- Point of Care Lead Machines in Clinics
- Telehealth to Expand Capacity
- Care Based Incentives

Meeting Members Where They Are and Regaining Trust:

- Streamlining Transportation Services
- Increasing Member Incentive Programs
- Point of Service Real-Time Incentives
- Texting Campaigns for Appointment Reminders
- Expansion of School-Based Immunization Clinics
- Messaging (TV/radio/news)
- Health Fairs/Mobile Clinics
- Increase use of Community Health Workers

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

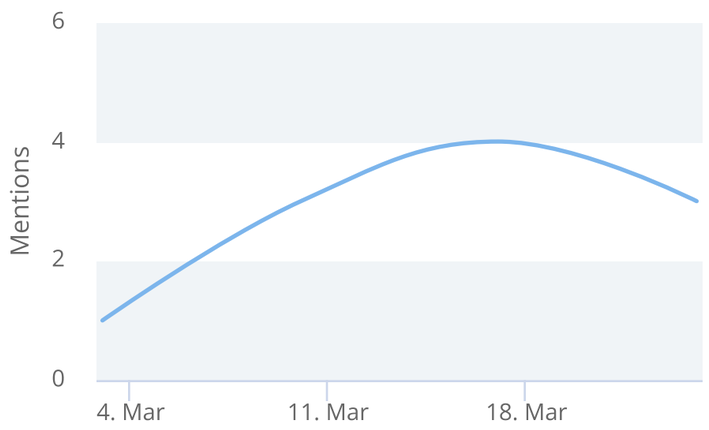
Attachments. N/A

Information Items: (15A. – 15C.)

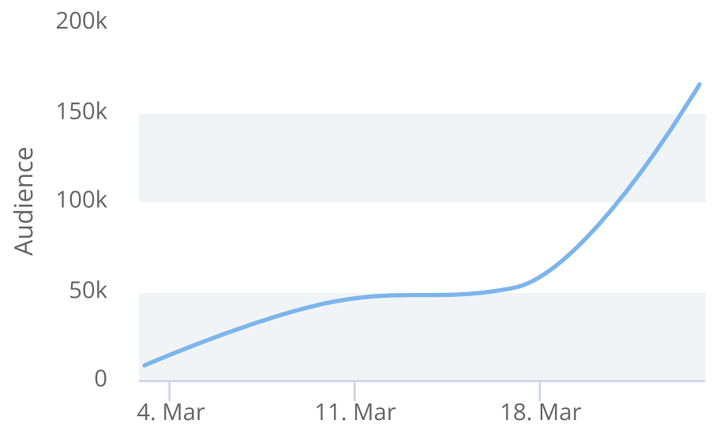
April 2024 Board Report

Mention Analytics

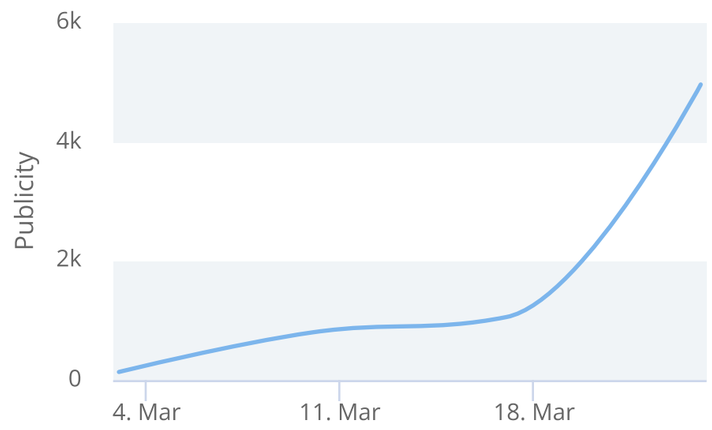
Mentions by Time



Audience by Time



Publicity by Time



Audience by Media Type

Mentions by Media Type

Publicity by Media Type

Total Online + Print Audience
268,573

Total Online + Print Publicity
USD $6,952

Total Number of Clips 11

(Requires Critical Mention login)

Baby Bump

1

Powered by LexisNexis

Date Collected Mar 27, 2024 3:50 PM EDT
Category Print
Source Monterey County Weekly
Author Pam Marino

Est. Audience 32,736
Est. Publicity Value USD $442
Market Seaside, CA
Language English

FULL TEXT

Pregnant women on Medi-Cal have a new option for support before, during and after delivery.

Cecily Salazar is a doula, a non-medical support person trained and certified to care for pregnant women before, during and after giving birth. "It stemmed from my own birthing experiences," says the mom of two boys.

Her first birth experience was traumatic, so the second time she educated herself and worked with a doula, who supported her through the birth. "It was empowering for me," Salazar says. She became a doula herself in 2019.

Doulas have been around since the 1980s but have not ...

Online News

MissionSquare Retirement Strengthens Commitment to Public Service Employees in California and Texas Through Renewed Partnerships

2

Date Collected Mar 26, 2024 11:02 AM EDT
Category Digital News
Source KRON4

Est. Audience 103,252
Est. Publicity Value USD $2,070
Market San Francisco, CA
Language English

... across the nation, MissionSquare Retirement is proud to announce it will continue providing retirement services to five jurisdictions in California and another in Texas. A staunch advocate for retirement security and financial well-being, MissionSquare Retirement has renewed partnerships with:

Central California Alliance for Health

City of Bedford, Texas

City of Kingsburg, California

City of Orange, California

City of San Marcos, California

San Luis and Delta Mendota Water

Andrew Whiting, Senior Vice President and Chief Sales Officer, said, "MissionSquare remains focused on public service employees, which means we ...

Bakersfield.com

MissionSquare Retirement Strengthens Commitment to Public Service Employees in California and ...

3

Date Collected Mar 26, 2024 10:39 AM EDT
Category Digital News
Source Bakersfield.com
Author MissionSquare Retirement - GLOBE

Est. Audience 29,345
Est. Publicity Value USD $2,445
Market Bakersfield, CA
Language English

... across the nation, MissionSquare Retirement is proud to announce it will continue providing retirement services to five jurisdictions in California and another in Texas. A staunch advocate for retirement security and financial well-being, MissionSquare Retirement has renewed partnerships with:

Central California Alliance for Health
City of Bedford, Texas
City of Kingsburg, California
City of Orange, California
City of San Marcos, California
San Luis and Delta Mendota Water

×

Santa Cruz Sentinel

(Requires Critical Mention login)

Central California Alliance for Health; Dignity Health reaches agreement

4

Powered by LexisNexis

Date Collected Mar 23, 2024 7:34 AM EDT
Category Print
Source Santa Cruz Sentinel (California)
Author PK Hattis ; pkhattis @santacruzsentinel.com

Est. Audience 14,664
Est. Publicity Value USD $295
Market Santa Cruz, CA
Language English

SANTA CRUZ >> A pair of local health care groups have reached an agreement that will ensure patients have access to facilities in Santa Cruz County for years to come.

Dignity Health and the **Central California Alliance for Health** have signed a three-year contract renewal ensuring that members continue to have

access to Dignity Health hospitals and physicians, including at Dominican Hospital in Santa Cruz, through Dec. 31, 2026, according to a Dignity release.

Dignity Health is a member of CommonSpirit Health, which ... Groups, Mercy Home Care and University Surgical Center, according to the release.

"As a local health plan, the Alliance remains committed to ensuring access to health care for our members, who are among the most vulnerable residents in the counties we serve," said Michael Schrader, CEO of the **Central California Alliance for Health**. "Dignity Health has been a longstanding partner in serving our communities' health needs, and we are pleased that our shared vision of maintaining access

to care remains."

The **Central California Alliance for Health**, a nonprofit health plan established in 1996, serves more ...

Contract renewed among Dignity Health, Central California Alliance

5

Date Collected Mar 22, 2024 5:49 PM EDT
Category Digital News
Source Santa Cruz Sentinel
Author PK Hattis

Est. Audience 28,259
Est. Publicity Value USD $625
Market Santa Cruz, CA
Language English

SANTA CRUZ — A pair of local health care groups have reached an agreement that will ensure patients have access to facilities in Santa Cruz County for years to come.

Dignity Health and the Central California Alliance for Health have signed a three-year contract renewal ensuring that members continue to have access to Dignity Health hospitals and physicians, including at Dominican Hospital in Santa Cruz, through Dec. 31, 2026, according to a Dignity release.

Dignity Health is a member of CommonSpirit Health, which operates 142 hospitals and almost 2,200 care sites across 24 states.

“Dignity ...

(Requires Critical Mention login)

Youth Alliance hosts inaugural health fair

6

Date Collected Mar 21, 2024 8:30 AM EDT
Category Digital News
Source BenitoLink (CA)
Author Adam Bell

Est. Audience 1,087
Est. Publicity Value USD $24
Market Hollister, CA
Language English

Lea este articulo en español aquí.

Youth Alliance held its inaugural Feria de Salud (Health Fair) at Hollister High School on March 16 in the cafeteria. About 15 organizations participated in the event, which focused on bringing mental health awareness to Spanish-speaking adults.

The participating organizations were required to provide an activity related to mental health and self-care. Featured were lessons in breathing techniques and creating projects with Mason Jars.

The fair was Linda Sanchez's capstone project for her undergraduate degree in collaborative health and human services ...

Pregnant women on Medi-Cal have a new option for support before, during and after delivery.

7

Date Collected Mar 21, 2024 3:55 AM EDT
Category Digital News
Source Monterey County Weekly
Author Pam Marino

Est. Audience 7,608
Est. Publicity Value USD $113
Market Seaside, CA
Language English

Cecily Salazar is a doula, a non-medical support person trained and certified to care for pregnant women before, during and after giving birth. “It stemmed from my own birthing experiences,” says the mom of two boys.

Her first birth experience was traumatic, so the second time she educated herself and worked with a doula, who supported her through the birth. “It was empowering for me,” Salazar says. She became a doula herself in 2019.

Doulas have been around since the 1980s but have not been well known until more recently. They’ve been operating independently, but because research has shown ...

Community event empowers youth and families in Soledad

8

Date Collected Mar 13, 2024 2:07 PM EDT
Category Digital News
Source Salinas Valley Tribune
Author Ryan Cronk

Est. Audience 489
Est. Publicity Value USD $6
Market King City, CA
Language English

... offering crucial tips and tools for nurturing healthy, thriving families.

Local agencies, organizations and businesses serving the Soledad area were invited to contribute by hosting a resource table and offering attendees resource information and support services. Among those with booths were **Central California Alliance for Health**, Door to Hope, Padres Unidos, Save the Whales, Suicide Prevention Service of the Central Coast, and Soledad Parks and Recreation.

The first 200 attendees also received a special swag bag and were entered in drawings throughout the day.

"Pathways to Success provides both caregivers and youth with ... family prevention/intervention classes and mentoring programs, the organization has been an advocate for family health and success throughout Monterey County.

For more information about Partners For Peace and the "Pathways to Success" event, visit partners4peace.org.

1 of 7

Representatives from **Central California Alliance for Health** provide resource information and support services at Pathways to Success. (Courtesy of Anna Velazquez)

Soledad Police Chief Damon Wasson addresses the attendees, offering support and encouragement. (Courtesy of Anna Velazquez)

Soledad Mayor Anna Velazquez (left) joins representatives from Suicide ...

(Requires Critical Mention login)

Name Dropping; Alliance names chief health equity officer

9

Date Collected Mar 11, 2024 7:42 AM EDT
Category Print
Source Santa Cruz Sentinel (California)
Author Santa Cruz Sentinel

Est. Audience 14,664
Est. Publicity Value USD $256
Market Santa Cruz, CA
Language English

Central California Alliance for Health, the Medi-Cal managed health care plan for residents of Santa Cruz, Monterey, San Benito, Mariposa and Merced counties, announced the appointment of Dr. Omar Guzmán as its new chief health equity officer.

Guzmán, a board-certified emergency medicine physician, brings experience and a commitment to ... community partnerships and health equity initiatives, according to a release from the alliance.

"We are thrilled to welcome Dr. Guzmán to the Alliance as our inaugural chief health equity officer," said **Central California Alliance for Health** CEO Michael Schrader in a prepared release.

Holy Cross students honored

Three students from Holy Cross School in Santa Cruz won second-place honors at the Catholic Academic Junior High Decathlon in Menlo Park.

Laurent Roland won second place in the category of religion, Niko Barbir won second ...

Name Dropping | Health alliance names chief health equity officer

10

Date Collected Mar 10, 2024 4:31 PM EDT
Category Digital News
Source Santa Cruz Sentinel
Author Santa Cruz Sentinel

Est. Audience 28,259
Est. Publicity Value USD $540
Market Santa Cruz, CA
Language English

Central California Alliance for Health, the Medi-Cal managed health care plan for residents of Santa Cruz, Monterey, San Benito, Mariposa and Merced counties, announced the appointment of Dr. Omar Guzmán as its new chief health equity officer.

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Holy Cross students honored

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Laurent Roland won second place in the category of religion, Niko Barbir won second ...

CSU Monterey Bay physician assistant program to close in May 2024

11

Date Collected Mar 5, 2024 12:15 AM EST
Category Print
Source Agweek
Author Molly Gibbs, Monterey Daily Herald

Est. Audience 8,210
Est. Publicity Value USD $136
Market United States
Language English

... close its Masters of Science Physician Assistant program in May following a loss of accreditation.

The university's physician assistant degree program kicked off in 2019 and 29 students from the inaugural cohort graduated in 2021. To help establish the program, Montage Health donated $600,000 and **Central California Alliance for Health** $750,000.

CSUMB President Vanya Quiñones announced the change in accreditation status to the campus community Monday.

The Accreditation Review Commission on Education for the Physician Assistant, Inc. placed the university on accreditation-probation status in 2021 until the agency's following ...

Scott McBride, City Manager
678 West 18th Street
Merced, CA 95340

March 29, 2024

RE: Homekey 3.0 County Enforceable Commitment Letter

Dear Mr. McBride:

This letter is to signify the commitment of the Central California Alliance for Health (CCAH), through our CalAIM Enhanced Care Management and Community Supports providers, for the Custom Container Homekey Merced Round 3 project located at 125 E. 13th Street, Merced CA (the "Project"). The Project is well suited to meet the housing needs of people experiencing homelessness in the County of Merced who are also Medi-Cal beneficiaries.

Based on our data we project up to 80% (n=46 households) would be eligible for both Enhanced Care Management and Community Supports as prospective residents of this proposal. Actual contributions will depend on number of alliance members and eligibility for services. Potential direct monetary contributions include:

- Enhanced Care Management services at an estimated annual contribution of up to $345,000 ($625 per member, per month);
- Housing Deposit Community Support as an estimated one-time contribution of up to $230,000 (up to $5,000 one-time, per member), and
- Housing Tenancy and Sustaining services as an estimated annual contribution of $227,976 ($413 per member, per month).

CCAH recognizes housing as a fundamental need for people experiencing homelessness to live a thriving life. This project proposal is well positioned to meet the needs of many of our beneficiaries.

Thank you.

Respectfully,

Michael Schrader

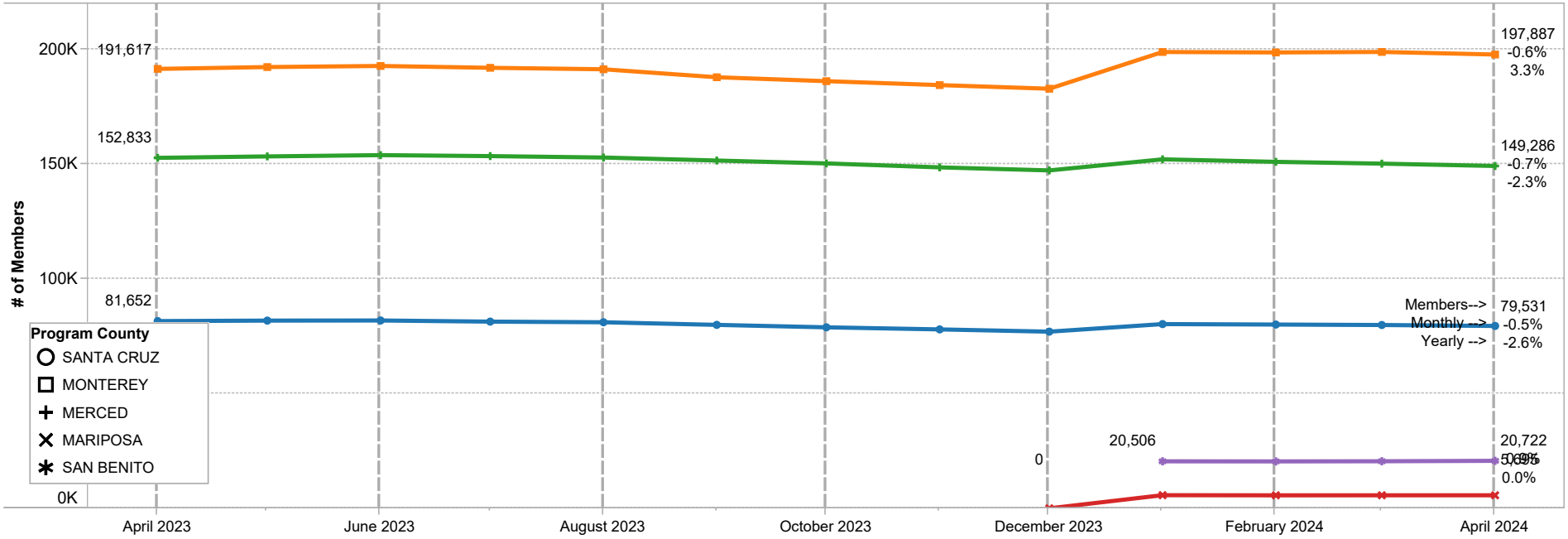
Michael Schrader
Chief Executive Officer

Enrollment Report

Year: *2023 & 2024* **County:** *All* **Program:** *AIM, IHSS, Medi-Cal*
Aid Cat Roll Up: *All* **Data Refresh Date:** *4/3/2024*

StaticDate
4/1/2023 12:00:00 AM to 4/30/2024 11:59:59 PM

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



Program..	ProgramCo..	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024
Medi-Cal	SANTA CRUZ	81,652	81,869	81,916	81,420	81,142	80,001	78,931	78,028	77,041	80,345	80,145	79,943	79,531
	MONTEREY	190,969	191,763	192,233	191,419	190,772	187,294	185,583	183,865	182,274	198,288	198,091	198,303	197,167
	MERCED	152,833	153,458	154,017	153,592	152,974	151,661	150,408	148,679	147,354	152,182	151,093	150,304	149,286
	MARIPOSA									0	5,739	5,683	5,693	5,695
	SAN BENITO										20,506	20,472	20,536	20,722
IHSS	MONTEREY	648	656	670	674	681	682	683	691	697	700	700	705	720
Total Members		**426,102**	**427,746**	**428,836**	**427,105**	**425,569**	**419,638**	**415,605**	**411,263**	**407,366**	**457,760**	**456,184**	**455,484**	**453,121**