Santa Cruz – Monterey – Merced Managed Medical Care Commission

Meeting Agenda

Wednesday, December 7, 2022

3:00 p.m. – 5:00 p.m.

Teleconference Meeting

(Pursuant to Assembly Bill 361 signed by Governor Newsom, September 16, 2021)

Important notice regarding COVID-19: In the interest of public health and safety due to the state of emergency caused by the spread of COVID-19, this meeting will be conducted via teleconference. Alliance offices will be closed for this meeting. The following alternatives are available to members of the public to view this meeting and to provide comment to the Board.

1. Members of the public wishing to observe the meeting remotely via online livestreaming may do so as follows:
    a. Computer, tablet or smartphone via Microsoft Teams:
    Click here to join the meeting

    b. Or by telephone at:
    United States: +1 (323) 705-3950
    Phone Conference ID: 578 784 398#

2. Members of the public wishing to provide public comment on items not listed on the agenda that are within jurisdiction of the commission or to address an item that is listed on the agenda may do so in one of the following ways.
    a. Email comments by 5:00 p.m. on Tuesday, December 6, 2022 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. Public comment 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.

3. Mute your phone during presentations to eliminate background noise.
    a. State your name prior to speaking during comment periods.
    b. Limit background noise when unmuted (i.e., paper shuffling, cell phone calls, etc.).

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

A. Roll call; establish quorum.
B. Supplements and deletions to the agenda.
C. Welcome new Board member Ms. Janna Espinoza, Public Representative, Monterey County.

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

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

3. Comments and announcements by Commission members.

A. Board members may provide comments and announcements.

4. Comments and announcements by Chief Executive Officer.

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

Consent Agenda Items: (5. – 11G.): 3:10 p.m.

5. Approve findings that the state of emergency continues to impact the ability of members to meet safely in person and/or State or local officials continue to impose or recommend measures to promote social distancing.

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

Pages 5-01 to 5-02

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

- Reference materials: Executive Summary from the CEO; and Department of Health Care Services Quality Sanction Bulletin.

Pages 6-01 to 6-13

7. Accept Alliance Dashboard for Q3 2022.

- Reference materials: Alliance Dashboard – Q3 2022.

Pages 7-01 to 7-02

8. Accept Alliance Financial Highlights, Balance Sheet, Income Statement and Statement of Cash Flow for the ninth month ending September 30, 2022.

- Reference materials: Financial Statements as above.

Pages 8-01 to 8-09

Appointments: (9A.)

9A. Approve appointment of Heloisa Junqueira, MD to the Whole Child Model Family Advisory Committee.

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

Page 9A-01

Minutes: (10A. – 10E.)

10A. Approve Commission meeting minutes of October 26, 2022 and November 18, 2022.

- Reference materials: Minutes as above.

Pages 10A-01 to 10A-09

10B. **Accept Compliance Committee meeting minutes of September 21, 2022.**
- Reference materials: Minutes as above.

Pages 10B-01 to 10B-04

10C. **Accept Continuous Quality Improvement Committee meeting minutes of July 28, 2022.**
- Reference materials: Minutes as above.

Pages 10C-01 to 10C-05

10D. **Accept Finance Committee meeting minutes of August 24, 2022.**
- Reference materials: Minutes as above.

Pages 10D-01 to 10D-04

10E. **Accept Whole Child Model Family Advisory Committee meeting minutes of September 12, 2022.**
- Reference materials: Minutes as above.

Pages 10E-01 to 10E-07

Reports: (11A. – 11G.)

11A. **Authorize the Chairperson to sign Amendments described below to the Alliance's primary Medi-Cal contract number 08-85216 to incorporate technical updates as well as programmatic and regulatory required language assuming that final amendments and any associated revenue rates are consistent with staff understandings and expectations.**
- Reference materials: Staff report and recommendation on above topic.

Pages 11A-01 to 11A-02

11B. **Approve Conflict of Interest Code of the Santa Cruz – Monterey – Merced Managed Medical Care Commission dba Central California Alliance for Health.**
- Reference materials: Staff report and recommendation on above topic; and Conflict of Interest Code.

Pages 11B-01 to 11B-07

11C. **Approve Medi-Cal Capacity Grant Program: Change to October 26, 2022 Funding Award.**
- Reference materials: Staff report and recommendation on above topic.

Page 11C-01

11D. **Approve Department of Health Care Services CalAIM Incentive Payment Program**.
- Reference materials: Staff report and recommendation on above topic.

Pages 11D-01 to 11D-02

11E. **Accept report on 2022 Legislative Session Wrap Up.**
- Reference materials: Staff report on above topic; and 2022 Legislation - Final.

Pages 11E-01 to 11E-24

11F. **Accept Alliance Donations and Sponsorship of Events and Organizations 2022 Annual Report.**
- Reference materials: Staff report and recommendation on above topic.

Pages 11F-01 to 11F-02

11G. **Accept Quality Improvement Systems Workplan Report for Q2 2022.**
- Reference materials: Staff report and recommendation on above topic; and Q2 2022 Quality Improvement System Workplan.

Pages 11G-01 to 11G-18

Regular Agenda Items: (12. – 16.): 3:15 p.m.

12. Consider approving Board meeting schedule and schedule of Board member participation in Committees and Advisory Groups for 2023. (3:15 – 3:25 p.m.)

A. Ms. Stephanie Sonnenshine, CEO, will review and Board will consider approving the Board meeting schedule for 2023.

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

Pages 12-01 to 12-02

B. Ms. Sonnenshine will review and Board will consider approving schedule of Board member participation in Committees and Advisory Groups for 2023.

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

Pages 12-03 to 12-05

13. Consider approving: 1) Medical Budget and 2) Administrative Budget for Alliance Calendar Year (CY) 2023. (3:25 – 3:55 p.m.)

A. Ms. Lisa Ba, Chief Financial Officer (CFO), will review and Board will consider approving proposed Medical Budget for CY 2023.

B. Ms. Ba will review and Board will consider approving proposed Administrative Budget for CY 2023.

- Reference materials: Staff report and recommendation on above topic; Proposed Medical and Administrative Budget for CY 2023; and Capital Budget and Depreciation Expense for CY 2023.

Pages 13-01 to 13-07

14. Consider approving Care Based Incentive (CBI) Funding for Calendar Year (CY) 2022. (3:55 – 4:05 p.m.)

A. Ms. Ba, CFO, will review and Board will consider approving proposed CBI funding for CY 2022.

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

Page 14-01

15. Consider approving proposed Quality Improvement Program and funding for Calendar Year (CY) 2023. (4:05 – 4:20 p.m.)

A. Ms. Ba, CFO, will review and Board will consider a CY 2023 Care Based Quality Improvement Program and payment for the 2023 program.

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

Pages 15-01 to 15-02

16. Discuss State of Technology and Security at the Alliance. (4:20 – 4:30 p.m.)

A. Mr. Cecil Newton, Chief Information Officer and Information Security Officer, will review and Board will discuss the state of technology and security at the Alliance.

- Reference materials: Staff report on above topic.

Pages 16-01 to 16-02

Adjourn to Closed Session

17. Closed Session pursuant to Government Code Section 54956.9, subdivision (d)(1) – Conference with Legal Counsel – Pending Litigation (Doe. v. Santa Cruz Monterey-Merced Managed Medical Care Commission, dba Central California Alliance for Health). (4:30 – 4:55 p.m.)

A. Closed session agenda item.

Return to Open Session

18. Open Session pursuant to Government Code Section 54956.9, subdivision (d)(1) – Conference with Legal Counsel – Pending Litigation (Doe. v. Santa Cruz Monterey-Merced Managed Medical Care Commission, dba Central California Alliance for Health). (4:55 – 5:00 p.m.)

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

Information Items: (19A. – 19E.)

Announcements:

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

- Physicians Advisory Group
  Thursday, December 1, 2022; 12:00 – 1:30 p.m.

- Whole Child Model Clinical Advisory Committee
  Thursday, December 15, 2022; 12:00 – 1:00 p.m.

- Whole Child Model Family Advisory Committee
  Monday, December 5, 2022; 1:30 – 3:00 p.m.

The above meetings will be held via teleconference unless otherwise noticed.

The next meeting of the Commission, after this December 7, 2022 meeting will be held in-person and via teleconference unless otherwise noticed:

- Santa Cruz – Monterey – Merced Managed Medical Care Commission
  Sunday, December 11, 2022; 12:00 – 5:00 p.m.

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.

The complete agenda packet is available for review on the Alliance website at www.ccah-alliance.org/boardmeeting.html. 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: December 7, 2022

TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission

FROM: Stephanie Sonnenshine, Chief Executive Officer

SUBJECT: AB 361 – Brown Act: Teleconferencing Meeting Procedures

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Recommendation. Staff recommend the Board consider making the following findings by majority vote, pursuant to Government Code § 54953 (e) (3), to allow the Board the option to meet remotely through teleconferencing, due to the present state of emergency, under the permissions provided via AB 361:

(A) The Board has considered the circumstances of the current COVID-19 state of emergency; and,

(B) Any of the following exists:

(i) The state of emergency continues to directly impact the ability of the members to meet safely in person.
(ii) State or local officials continue to impose or recommend measures to promote social distancing.

Staff further recommend that the Board consider making these findings on behalf of its Committees and the Advisory Groups of the Board to allow for the conduct of business via teleconferencing compliant with Government Code § 54953.

Summary. AB 361 (Statutes 2021) amended Government Code § 54953 to modify rules related to the remote participation of members of a public agency for the purposes of conducting a public meeting during declared states of emergency and/or when state or local officials have imposed or recommended measures to promote social distancing. To meet while in compliance with the permissions provided by AB 361, the Board must make the above referenced findings by majority vote and must reconsider the circumstances every 30 days.

Background. On September 16, 2021 Governor Newsom signed AB 361 (Rivas) which allows a local agency to use teleconferencing without complying with certain Brown Act requirements as long as notice and accessibility requirements are met, public members are allowed to observe and address the local agency body during the meeting, and the local agency body has a procedure for receiving and swiftly resolving requests for reasonable accommodations.

Under the provisions of AB 361, during a proclaimed state of emergency and/or when state or local officials have imposed or recommended measures to promote social distancing, a public body may meet via the specified teleconferencing procedures when the public body has determined by majority vote that, as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees.

Discussion. The federal public health emergency and the Governor's declared State of Emergency related to the COVID-19 pandemic remain in place.

In order to continue utilizing teleconferencing under the procedures outlined by AB 361, following this meeting of the Board, and if the state of emergency remains active or state or local officials continue to impose or recommend measures to promote social distancing, the Board must, no later than 30 days after this meeting and every 30 days thereafter, reconsider the circumstances of the state of emergency. To that end, the Board approved a meeting schedule for the remainder of 2022 to meet in compliance with AB 361 to consider the present state of emergency and determine if the above circumstances continue to exist in order to enable continued meeting via teleconferencing and will next consider this at the Board's January 6, 2023 meeting.

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

Attachments. N/A

DATE: December 7, 2022

TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission

FROM: Stephanie Sonnenshine, Chief Executive Officer

SUBJECT: Executive Summary from the Chief Executive Officer

Executive

2022 Legislative Session. The 2022 Legislative Session came to a close on September 30, 2022 with the deadline for Governor Newsom to sign or veto bills remaining on his desk. Outcomes of bills for which the Board approved an official position of support are provided within the 2022 Legislative Wrap-Up report included as agenda item 11C. Additionally, staff provide the entire final 2022 Bill List for the Board's information. As previously reported, staff maintain a list of bills impacting the Alliance and work with health plan trade associations to advocate on bills affecting the health care industry in general, as well as those which affect Medi-Cal specifically. Staff have reviewed the outcomes of these bills and are developing implementation steps as required.

Update on federal Public Health Emergency (PHE). The federal Health and Human Services (HHS) Agency last renewed the PHE on October 13, 2022 for an additional 90 days through January 11, 2023. HHS committed to providing at least a 60-day notice prior to termination of the PHE. Therefore, in the absence of such an announcement on November 11, 2022, it is expected that the PHE will extend past the current January 11, 2023 expiration date. The PHE is important as it allows for continued operation under COVID-19 related policies and flexibilities including continued coverage for Medi-Cal beneficiaries. Upon expiration of the PHE, the Medi-Cal eligibility redetermination process will begin for almost 15 million Medi-Cal beneficiaries. This redetermination process will occur over a 14-month timeframe. In response, Alliance staff are executing a comprehensive outreach campaign in collaboration with county eligibility staff to communicate with members and encourage them to provide updated information to the Counties for the purposes of eligibility redetermination.

2023 Board Meetings. While the expiration date of the federal PHE remains undetermined, on October 17, 2022, Governor Newsom announced the end of the COVID-19 California State of Emergency, effective February 28, 2023. On that date, state flexibilities and provisions to assist with the pandemic will end, including Brown Act flexibilities authorized under AB 361 that have allowed for the Board to conduct its meetings in a fully remote environment. AB 2449 (Blanca Rubio Statutes 2022) was signed by the Governor and allows some continued flexibilities for teleconferencing under defined circumstances only if a quorum of board members participate in person from a singular physical location open to the public within the board's jurisdiction. Further legislation introduced during the 2022 legislative session that would have provided opportunities for the Board to continue operating via fully remote meetings failed passage. At our December 7, 2022 meeting, we will discuss and finalize the Board meeting schedule for 2023.

Department of Health Care Services (DHCS) Quality Sanctions. On November 14, 2022, DHCS issued a Quality Sanction Bulletin (see attachment following this report) outlining its plan for issuing monetary sanctions to Medi-Cal Managed Care Plans (MCPs) that do not meet minimum performance levels for Measurement Year 2021 Medi-Cal Managed Care Accountability Set performance measures. MCPs that fail to meet the required MPLs will be sanctioned a base amount of $25,000 which may be increased or decreased based on factors set forth in statute. DHCS will be issuing the notice to plans regarding sanctions shortly and staff will provide a report to the board on DHCS findings and any potential sanctions which may be levied.

Community Involvement. On November 10, 2022 I attended the virtual Health Improvement Partnership of Santa Cruz County (HIPSCC) Council Meeting and I attended the virtual HIPSCC Annual Board meeting on November 17, 2022. I attended the Phase 1 Ribbon Cutting Grand Opening for 1500 Capitola Road on November 19, 2022. On December 8, 2022 I plan to attend the virtual HIPSCC Council Meeting and the virtual Medi-Cal Children's Health Advisory Panel meeting. On December 14, 2022 I plan to attend the DHCS December All Plan CEO Meeting in Sacramento and the Housing for Health Partnership Policy Board Meeting, and the virtual HIPSCC Executive Committee meeting on December 15, 2022.

Health Services

The Health Services Division is currently focused on communicating with primary Care Providers about their Managed Care Accountability Set (MCAS) quality metrics, gaps in care that can be closed before the end of the year and their estimated 2022 Care Based Incentive (CBI) performance. The 2022 CBI contract calls for downward payment adjustments for quality MCAS metrics below the 50th and 25th percentile and a number of providers are at risk for significant CBI adjustments. In order to ensure that resources are available for providers receiving lower CBI payments to improve performance going forward, planning is underway to offer a performance improvement payment program in early 2023 for providers to receive funding directed to improving performance on MCAS metrics. Finance is recommending funding for this effort in the 2023 budget and Health Services staff plans to bring the specifics of the proposal forward to your Board in February 2023. This effort is part of the Health Services process of driving significant year-over-year improvements that would align with the 2026 vision for Health Equity.

COVID Report

COVID Disease Activity (Collected on November 15, 2022)

County	Cases per 100K (7-day average)	14-Day Average of Hospitalized Patients	Rate of Positive Tests (7-day rate)	Confirmed Deaths (total)
Merced	5.4	5.6	5.7%	870
Monterey	4.4	17.9	5.1%	772
Santa Cruz	7.6	7.4	2.0%	274
California	7.1	1.680.6	5.3%	96,332

Source: https://covid19.ca.gov/state-dashboard/#location-california

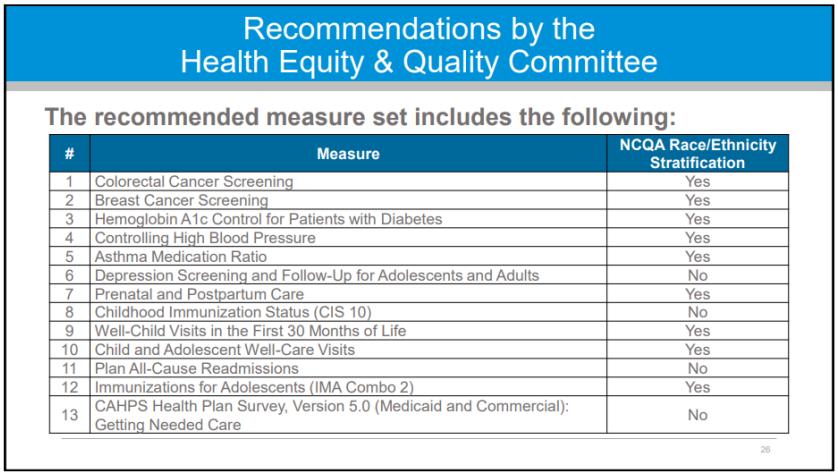
Current COVID Vaccination Status (11/7)22):

Age 6 months+	Fully (N)	Fully (%)	Partially (N)	Partially (%)	Partially + Fully (N)	Partially + Fully (%)	Boosted (N)	Boosted (%)
Merced	62,735	**41.80%**	7,191	**4.79%**	69,926	**46.6%**	25,235	**40.22%**
Monterey	101,325	**54.60%**	7,979	**4.30%**	109,304	**58.9%**	47,870	**47.24%**
Santa Cruz	49,759	**62.13%**	3,242	**4.05%**	53,001	**66.2%**	28,579	**57.43%**
IHSS	521	**79.42%**	26	**3.96%**	547	**83.4%**	403	**77.35%**
GRAND TOTAL	**214,340**	**51.47%**	**18,438**	**4.43%**	**232,778**	**55.9%**	**102,087**	**47.63%**

Quality Improvement and Population Health

Population Health Management. The Alliance submitted the DHCS Population Health Management readiness template on October 21, 2022. The Alliance is continuing to work towards the program launch of January 1, 2023, which includes ensuring that assessment tools are in place, following a model of care from risk score to ensure interventions are in place, and that key performance indicators are tracked and monitored. Population health requirements that will be phased in during 2023 include the data procurement strategy (including data sharing), community health worker integration, closed loop referrals, and transitional care requirements. Other ongoing activities include partnerships with schools and community-based organizations, policies and procedures, and refining the programs to ensure compliance with National Committee for Quality Assurance (NCQA) requirements as designed.

Health Equity. The Alliance participated in the Local Health Plans of California Health Equity Summit. DHCS and the Department of Managed Health Care (DMHC) described the health equity requirements for Medi-Cal Managed Care plans along with other ways the State is promoting health equity, such as the Comprehensive Quality Strategy and CalAIM implementation. DMHC presented the work by the Health Equity & Quality Committee in which 13 measures were recommended to advance health and equity in preventive care, maternal health, chronic care conditions as noted below and stratified by race/ethnicity. For benchmarking, the recommendations include to annually adjust the Medicaid data as the benchmark for both commercial and Medi-Cal Health Plans, current year of data released in the Quality Compass (based on prior year performance), and no consensus was reached if the 25th or 50th national Medicaid percentile should be used as the benchmark.



Recommendations by the Health Equity & Quality Committee

The recommended measure set includes the following:

#	Measure	NCQA Race/Ethnicity Stratification
1	Colorectal Cancer Screening	Yes
2	Breast Cancer Screening	Yes
3	Hemoglobin A1c Control for Patients with Diabetes	Yes
4	Controlling High Blood Pressure	Yes
5	Asthma Medication Ratio	Yes
6	Depression Screening and Follow-Up for Adolescents and Adults	No
7	Prenatal and Postpartum Care	Yes
8	Childhood Immunization Status (CIS 10)	No
9	Well-Child Visits in the First 30 Months of Life	Yes
10	Child and Adolescent Well-Care Visits	Yes
11	Plan All-Cause Readmissions	No
12	Immunizations for Adolescents (IMA Combo 2)	Yes
13	CAHPS Health Plan Survey, Version 5.0 (Medicaid and Commercial): Getting Needed Care	No

In addition, Stephanie Sonnenshine, CEO, presented on developing a structure and approach for health equity from an organizational perspective and Michelle N. Stott, Quality Improvement & Population Health Director presented as part of a panel about driving equity forward by implementing specific interventions and approaches to address disparities. Presented were the featured geographical health disparities between the coastal regions compared to the Central Valley and the Merced tour by Alliance staff to understand pediatric health disparities and root causes for lower preventive care rates in well-visits and immunizations.

Utilization Management/Complex Case Management

Inpatient and Emergency Department (ED). The Utilization Management Social Workers team has resumed long term care (LTC) facility site visits as part of the care transitions and readmission reduction efforts are underway across the Health Services Division. Overall, LTC utilization remains consistent with prior months, with new utilizer distinct member counts on par with numbers seen pre-pandemic (n= 65-80). Total inpatient utilization across the counties, with August data reflecting inpatient volumes higher than previously noted (n= 2321) and likely a reflection of increased membership, members obtaining scheduled services, and the early increases noted in RSV and flu activity. Inpatient readmission totals remain consistent with activity noted in prior months. Avoidable ED visits increased from 15% to 17% in September, though this is a pattern seen in the year prior, with September 2021 avoidable ED visits slightly higher (18.3%). When reviewing by county, Merced and Santa Cruz had minimal increased avoidable visits in the 14-15% ranges. The Monterey area continues with higher rates of ED utilization with September reflecting a 19.7% avoidable ED visit rate and October data currently reflecting further increase in the 24% range for avoidable visits. Increased RSV and flu activity are likely contributors to these current increases, with acute URI infections noted as the top presenting diagnosis, followed closely by COVID-19 and viral infections. Affordable Care Act expansion members and the child/family population groups make up the highest utilizing population groups.

Prior Authorization. Prior authorization numbers continue to climb with a 14% increase noted in the first two weeks of November (n=3535 vs 3098). Increases in membership during the pandemic as well as normalizing post-pandemic access patterns, member engagement in care, recovery from delayed care, and improvements in provider access are likely reflected in authorization activity. Though November is seeing sharp increases in total volumes, October saw similar spikes in authorization activity and was ultimately lower overall when compared to authorization activity seen in September (n=13,438 vs 14,341). Distribution patterns continue to reflect those seen in prior quarters, with slight increases in Durable Medical Equipment authorizations as well as elective surgeries. Non-Emergency Medical Transportation (NEMT) authorizations for October remain consistent with activity seen in prior months (n= 1200). The NEMT team continues to work on process improvements, with call abandon rates hovering around 40% and physician certification statement compliance rate currently at 87%, having added additional temporary staff in support of this effort. Additional work continues in further developing the NEMT network to prevent gaps in member service.

Whole Child Model Program. Overall, the California Children's Services (CCS) total member count continues to hold over 8,100 total members, a 20% increase over 2021. Specific county member counts vary and have recently fluctuated. Counties have reinstated activities for annual redeterminations that were previously paused due to the public health emergency order, which could impact the variances in member volumes with unfavorable annual redeterminations for CCS eligibility. The Pediatric Complex Case Management (CCM) team

continues engagement in Alliance proactive outreach initiatives for population health, vaccines, and well child visit rates, incorporating these methods into routine member outreach activities. Targeted efforts and specific outreach continue to engage members in securing appointments and assessing for barriers to accessing care. Early data is demonstrating slight improvements in metrics around well child visits as a result of the work happening across teams. Pediatric CCM continues to provide consistent onsite support for Member Services and Community Care Coordination teams for member walk ins as needed. The Pediatric Team continues to manage high caseloads with an average of 120 members per team member, while maintaining strong compliance with regulatory requirements related to CCS. Annual average compliance rates for 2022 are as follows: PHRA (97%), Interdisciplinary Care Plans (98%) and SPD compliance 99%.

Pharmacy

Drug Utilization Review (DUR). In 2018, the United States Congress passed "*The Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act*" or the "*SUPPORT for Patients and Communities Act*" to promote opioid use disorder prevention, recovery, and treatment. The SUPPORT Act requires each state to develop a DUR program that is targeted, in part, at reducing clinical abuse and misuse of prescription drugs. It requires monitoring patients concurrently prescribed opioids, benzodiazepines and/or antipsychotics, and other CNS depressants to increase patient safety. The Alliance Pharmacy has recently performed the following DUR programs to comply with the requirement and closely monitor our members on these medications.

1. Opioids and Antipsychotics DUR
   Inclusion criterion: Members with at least one prescription for 30 days' supply or more of an opioid *and* an antipsychotic during January 1, 2022, through August 31, 2022 = 244 members.
   a. Age breakdown
      i. Majority (40%) concurrent users are ages 50-59
      ii. Zero members <20 years old
      iii. 2% members ages 65+
      iv. 19% members are ages 60-64
      v. 59 members (24%) received Naloxone within last 12 months
   b. Provider analysis: 34% members prescribed opioids by one pain clinic (different prescribers).
   c. Drug analysis: Quetiapine and Aripiprazole were the top two drugs co-prescribed with opioids.
   d. Interventions: Targeted provider and member education on safety of opioids and naloxone use.

2. Antipsychotics Use in Children and Foster Care Children
   Inclusion criterion: Members <18 years old with one or more antipsychotic for at least 90 days-supply during January 1, 2022 – July 31, 2022 = 302 members.
   a. Regular Population
      i. A total of 2,033 prescriptions for antipsychotics were filled by our pediatric members during January 1, 2022 – July 31, 2022.
      ii. A total of 154 providers prescribed antipsychotics to children during this time.
      iii. There were 36 out of 302 members identified as being on polypharmacy (the concomitant use of ≥ 2 antipsychotics).

b. Foster Care
    i. There are 1,794 members in foster care and 22 of them filled an antipsychotic during this time frame. Only 1.2% of the Alliance's pediatric population is taking an antipsychotic as compared to 3% statewide in 2020 (Journal of Child and Adolescent Psychopharmacology).
    ii. Similar population to the providers in the general population.
    iii. Zero are on polypharmacy (compared to 12% in the general children on antipsychotic population).
c. Interventions: Provider and member education.

Site of Care Program. The Alliance is initiating the Site of Care Program to improve access for our members, quality of care and patient convenience. The goal of the program is to ask members if they would like to transition from hospital-based outpatient infusion to a more convenient site of care such as home-based infusion, pharmacy infusion site, provider office infusion, or ambulatory infusion site. The Pharmacy and Therapeutics Committee approved to start the program for members on Infliximab (Remicade), its biosimilars, Vedolizumab (Entyvio) and Immune globulin (IVIG) for members 18 years and older. The member and prescribing provider can opt in or out of the Site of Care Program depending on the member's clinical and social needs.

Community Care Coordination

In collaboration with other Health Services departments, Community Care Coordination staff are restructuring workflows and policies to align with the implementation of DHCS' Population Health Management Program that will begin January 2023. Key components of the PHMP include risk stratifying all members to identify those who have medium rising health and social needs and providing Complex Care Management that aligns with the NCQA standards of care delivery for this population. Staff continue to pilot these components of Complex Care Management with members who have high needs regarding their diabetes, as well as psychosocial factors. Opportunities exist for process improvement for these members. Staff are working towards modifying existing dashboard metrics to align with this work. Additionally, the Alliance will be moving forward with an interdisciplinary project team to support these important System Transformation efforts for the Alliance's most complex members.

Enhanced Care Management and Community Support Services (ECM/CS). Operational efforts continue in preparation for implementing the two new Populations of Focus and a new CS service, beginning January 2023. The Alliance will also be expanding CS services to include Environmental Accessibility Adaptations, or Home Modifications for members at the beginning of the year. The Alliance is awaiting information from DHCS around any changes to ECM/CS rates. This information is expected to be received at the end of November and will help to inform if changes will be needed to existing ECM/CS contracts. The Alliance has also developed an ECM Capitation Monitoring Policy to promote robust reporting from providers for DHCS submission. Providers will receive notice of this prior to implementation. Lastly, additional ECM and CS providers have expressed interest in providing ECM for the existing populations of focus and CS services within the Alliance's service area. Staff are reviewing and vetting these provider's ECM/CS readiness tools with an eye towards expanding the ECM/CS network with community based organizations with culturally relevant experience serving the existing populations of focus.

Behavioral Health. The Behavioral Health team has been partnering with Managed Behavioral Healthcare Organization (MBHO) Beacon to examine and resolve provider enrollment and claiming issues, both regarding individual cases and in the development of more efficient processes to eliminate future struggles. The annual utilization review of Beacon was conducted and yielded no major findings, though continued effort is warranted to achieve performance in line with expected clinical standards.

To ensure maximization of resources to achieve short and long-term goals, the Behavioral Health Director has conducted an analysis of meeting structures and agendas related to county and MBHO partnership and has begun the process of making targeted improvements. This effort will ensure appropriate prioritization of time, sharpen focus on collaborative dialogue on dynamic issues during meeting times, and better leverage communication tools such as reports and written communications when these can yield higher efficiency.

Clinical improvements in this period include the completion of the Eating Disorder Workbook, a comprehensive tool which will guide partners in meeting the needs of members seeking care. The tool will be utilized in a pilot project with PDSA cycles to make improvements beginning in 2023.

Policy work has been initiated in collaboration with other departments for dyadic care as well as screening and transition tools, both of which commence in January 2023. These efforts will require a high degree of partnership across internal divisions as well as with counties and providers.

Employee Services and Communications

Alliance Workforce. As of November 7, 2022, the Alliance has 534.3 budgeted positions of which our active workforce number is 522.3 (active FTE and temporary workers). There are 28.5 positions in active recruitment, and 16.5 positions are vacant. The organization continues to review and monitor all position requests to ensure we are meeting FTE targets. Human Resources continues to partner with Finance to ensure alignment in this area.

2022 Employee Engagement Survey. Following the high-level organization results at the Q3 All Staff assembly on September 8, 2022, Directors and Chiefs were trained on accessing division or department specific results with the Culture Amp platform. This access provides immediate and detailed information to leadership, allowing for discussion, review, and evaluation at the division/department level. Directors will share department level results with their teams and determine focus areas for improvement over the next year. This focus area will be included in their 2023 goal plan.

Competencies and Career Development. In response to feedback from the 2021 Employee Engagement Survey results, Human Resources is developing a competency and career development/pathway system designed to focus on position competency and career navigation and growth. Human Resources surveyed the leadership team on core competencies for positions at the Alliance, as is finalizing the results. In addition, work has commenced on the review and determination of leadership competencies.

2023 FTE Request Process. Human Resources has completed the 2023 FTE Request Process. The Human Resources Director has communicated the approved positions to the Director

team, including the list of all requests. This process commenced in mid-September, with the final and approved list of approved FTEs contingent upon Board approval on December 7, 2022.

2023 Open Enrollment. Staff elections for the 2023 benefits options are currently in process, ending on November 18, 2023. We will hold two Open Enrollment meetings to ensure staff education and communication about the 2023 options, which include a new medical carrier and a new, stand-alone mental health benefit.

Communications. The annual flu media campaign will wrap up in November. Bi-lingual paid tactics included mobile display ads, digital news publication ads, ads in buses in all counties (with a QR code), and Facebook paid posts. Owned tactics included a website landing page, home page website banner ad, articles in our member bulletin, provider bulletin and our community e-newsletter (The Beat), a member flyer (with a QR code) and a press release to local media. Through October 31, 2022 the landing page received nearly 5,000 pageviews, with visitors spending nearly three minutes on the page. The most popular traffic source was direct (either seeing the URL on a bus ad or coming from a QR code), followed by the mobile ads. Staff are currently researching options for a winter flu media campaign with revised messaging, given it is an active flu season so far.

Website traffic has significantly increased year-over-year. Overall, third quarter showed a 44% increase in the number of users and a 34% increase in new users versus third quarter last year. In addition, we saw a 99% increase in Google search referrals over last year and a 58% jump in referrals from Bing. With the help of some mobile campaigns, we saw an increase in mobile traffic from 22% to 28% from the previous year. As a result, we are improving our Google domain authority. As an example, our news post on vaccine incentives ending was ranked on page one for the term 'California vaccine incentives'.

Staff are working on a texting feasibility project for members, in conjunction with Government Relations, Compliance and Member Services. The project will scope the feasibility of starting up a member texting campaign at the Alliance, adhering to all regulatory requirements. This project is expected to wrap up at the end of January with a formal recommendation.

Staff are finalizing the redesign of the Member Bulletin, effective for the March 2023 issue. The redesign incorporates feedback from members seeking more digestible, visually engaging content. In addition, the content approach will provide greater alignment with strategic priorities and messaging across other communications platforms. Staff are also working on a redesign of the Provider Bulletin and The Beat newsletter to create a content and style that maximizes reader engagement. Staff are incorporating newsletter data, feedback from staff and industry best practices in the redesigns. The team expects to launch both in March.

Facilities and Administrative Services. Future Use of Office Space: The Facilities Department has created a list of options for future use of Alliance owned facilities related to workplace design. The team is recommending a reduction of Alliance occupied square footage and an increase of potential space for leasing.

1098 38th Avenue. Facilities is working with Mid-Pen Housing and legal to finalize the sale agreement for the property.

Operations

Claims. The Claims Department continues to track well towards producing our first HSP Platform audit for claims processed during the month of December. HSP is the Alliance's core claims management system. Our audit will consist of 11 Financial Strata, with a statistically valid sample size. The results of the December audit will be ready by the third week of January 2023. In addition, we recently rolled out a Pro-Active Provider Dashboard. This new tool allows us to pinpoint providers by claim adjustment rate, as well as the reason code for the adjustment. This gives us the capability to spot and quantify claim payment issues very quickly. The intent is to be able to intervene and correct issues quickly, thus reducing what would normally be numerous provider phone calls and disputes.

Member Services. The Member Services Department continues to prepare for the potential end of the COVID-19 Public Health Emergency (PHE), which would require California counties to resume the full Medi-Cal redetermination process. The Alliance is actively working with our partner counties on a member demographics data sharing process to maximize member engagement and limit the number of members falling off Medi-Cal. In addition, the Alliance is finalizing our member communication plan and will initiate the plan once DHCS confirms the PHE end date. Communication activities include a member text and call campaign.

Provider Services. The Provider Services team has completed the annual Provider Access and Availability Survey. This survey is part of the DMHC requirement to ensure members have access to care timely. The calls are completed internally and take significant staff time to complete within the regulatory timeframes. The results of the 2022 Provider Satisfaction survey are in and the Alliance continuously scores well above other Medicaid plans. Overall provider satisfaction is in the 90th percentile. Results from the survey helps identify access opportunities and areas for continuous improvement.

Recruitment continues for January 1, 2023 new populations of focus for ECM providers in all three counties. These new ECM providers have dedicated trainings for claims/invoice submissions and care plan development. Additional recruitment efforts continue for NEMT providers in all three counties. NEMT transportation providers are an access need within all three counties and throughout the state of California. The team has been working cross-departmentally to identify creative solutions to improve access to NEMT.

Regional Operations Santa Cruz/Monterey/Merced. As part of the County Expansion Project, the Operations Division leaders including the Chief Operating Officer, Member Services Director, Provider Services Director and Community Engagement Director traveled to Mariposa County for an in-person community meet and greet in October. Alliance staff were able to tour John C. Fremont hospital and local clinics in addition to meeting with healthcare leaders to better understand the current landscape and patient needs. Staff also spent time developing relationships with Mariposa County leaders and staff. Additional meetings will be held with local community-based organizations in December.

The Community Engagement Director met with organizations that serve tri-county areas that include San Benito County. The discussion was around identifying key organizations that serve the Medi-Cal populations in San Benito County. Staff were given names and contact information of key leaders. Outreach to governmental leaders to assist in identifying key partners in this county was completed. A community contact list was developed with input from these partners to facilitate outreach and collaboration activities. A community

engagement strategy is being finalized to allow for a phased approach to collaborative work that will begin in 2023.

Q3 2022 Organizational Dashboard Results. The Q3 2022 Alliance Dashboard is comprised of 138 metrics monitoring 63 health plan core, support and managerial processes. These 63-health plan processes are rolled-up to 13 top-level (Level 1) processes for Board monitoring using a composite methodology.

The Q3 2022 Alliance Dashboard indicates healthy performance with a composite organizational result of 96.5%. Results for seven of 13 Level 1 processes met or exceeded 95% of target. Key exceptions to the 95% standard and other notable performance are as follows:

Level 1 Process	Q3 Results	Qtr over Qtr Change	Key Drivers
Engage and Support Members	94.0%	+0.8 percentage points	Level 2 process *Help Members Navigate* (85.4%) is performing below threshold mainly driven by the metrics *% of calls to Member Services answered before being abandoned* (73.9%) and *Calls to Member Services answered within 30 seconds* (42.8%). Member Services has implemented a new staffing model, hired staff accordingly, and has put new training programs in place to address the continued high call volume.
Manage and Improve Care	94.2%	-4.8 percentage points	The key metric below target and impacting L1 performance is *PCP 90-day Referral Completion Rate (53.6%)* – Performance is due to providers across the network being short-staffed.
Optimize Alliance Workforce	94.1%	-1.9 percentage points	The two metrics below target and impacting L1 performance are below. *Days to offer (average hiring speed per candidate)* (79.4%) – Performance is impacted by organizational calendar and interview panel availability. *Early turnover rate (less than 12 months)* (82.5%) – Feedback has been provided to relevant departmental leadership.

Level 1 Process	Q3 Results	Qtr over Qtr Change	Key Drivers
Manage Alliance Compliance Commitments	90.8%	+7.5 percentage points	The two metrics impacting below target L1 performance are below. *Unauthorized Protected Health Information disclosures immediately reported to DHCS* (73.3%) – Incidents were reported late to Compliance resulting in late reporting to DHCS. Relevant staff have been reminded of timely reporting policies. *Timely management response to failed internal audit and/or monitoring review* (78.9%) – This is up from 0.0% in Q222. Compliance will continue to monitor the timeliness of future audit responsiveness.
Manage Alliance Finances	92.4%	-7.5 percentage points	The main metric impacting performance is: *Investment Portfolio Performance* result of 39.1%, down from 100% in Q222. The losses are not expected to be realized.

Attachment.

1. Department of Health Care Services Quality Sanction Bulletin

Quality Sanction Bulletin

November 14, 2022

The Department of Health Care Services (DHCS) will be issuing monetary sanctions to Medi-Cal Managed Care Plans (MCPs) that fail to meet required minimum performance levels (MPLs) for measurement Year (MY) 2021 Medi-Cal Managed Care Accountability Set (MCAS) performance measures.[1] Under their contract with DHCS, MCPs are required to meet or exceed the DHCS established MPLs for each Health Effectiveness Data and Information Set (HEDIS) measure, and all other required MCAS performance measures. (Exhibit A, Attachment 4, Quality Improvement System, section A, 3).[2]

The monetary sanctions will be determined for each measure by various factors contemplated under the California Welfare & Institutions Code (WIC) section 14197.7 and outlined in APL 22-015.[3,4] Given the vital importance of meeting MPLs, all MCPs that fail to meet the required MPLs will be sanctioned a base amount of $25,000. However, the sanction amount may be increased or decreased based upon the factors set forth in WIC section 14197.7(g). These factors include the following:

- Scope of the violations, which are determined by the number of eligible members impacted by the quality-of-care violation (i.e., the number of eligible members who did not receive the recommended preventive service.) If an MCP's failure to meet an MPL impacts more than 25,000 eligible members, then each impacted beneficiary will constitute a separate violation and the MCP may be sanctioned more than $25,000 total, as provided by WIC sections 14197.7(f)(1) and (g)(1).
- In determining the nature, scope, and gravity of the violation under WIC section 14197.7(g)(1), DHCS will consider the degree to which the MCP is below the MPL for the measure at issue, and will increase sanction amounts per violation based upon the severity of the violation.

[1] MCAS: https://www.dhcs.ca.gov/Documents/MCQMD/RY2022-MCAS.pdf
[2] Medi-Cal Managed Care Boilerplate Contracts: https://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx
[3] WIC 14197.7: https://law.justia.com/codes/california/2019/code-wic/division-9/part-3/chapter-7/article-6-3/section-14197-7/
[4] APL 22-015: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-015.pdf

- DHCS will consider whether the MCP's performance on the MPL at issue has improved or worsened over the previous MY under WIC section 14197.7(g)(6). If performance has gotten worse over the previous MY, the sanction amount will increase; if performance has improved, the sanction amount will decrease.

Other factors may be considered such as the MCP's history of violations (i.e., existing corrective action plans or persistent failure to meet required minimum performance levels) and other factors outlined in WIC section 14197.7(g), as applicable.

Sanction Notice Letters will be issued shortly to each affected MCP detailing the sanction amount.

Alliance Dashboard

Quarter 3, 2022

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

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

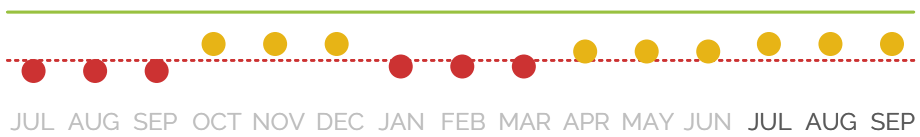
Legend | Target = desirable performance | Threshold = lowest acceptable performance | ≥ to 95% of *Target* | <95% of *Target* and >*Threshold* | <*Threshold*

Core Processes

Deliver value to our members, providers and community

Engage & Support Members

94.0% Of Target



SUBPROCESSES
- 96.8 Help Members Engage
- 85.4 Help Members Navigate
- 99.8 Member Experience

Manage & Improve Care

94.2% Of Target

SUBPROCESSES
- 96.7 Manage Care Use
- 91.7 Improve Care

Develop & Maintain the Provider Network

99.5% Of Target

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SUBPROCESSES
- 98.9 Develop the Network
- 100 Maintain the Network

Pay Providers

98.8% Of Target

SUBPROCESSES
- 100 Payment Models and Rates
- 98.0 Provider Payments
- 98.3 Payment Integrity

Managerial Processes

Guide the organization

100 Enhance Operational Effectiveness

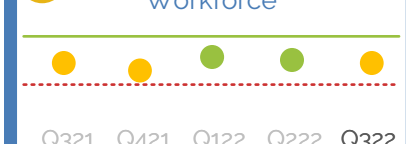
90.8 Manage Compliance Commitments

92.4 Manage Finances

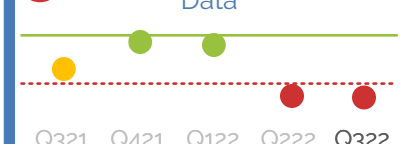
99.1 Manage Governmental & Community Relations

Support Processes *Enable organizational operations*

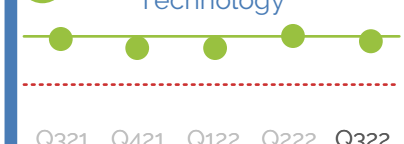
94.1 Optimize Alliance Workforce



92.5 Manage Data

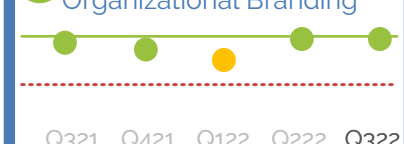


99.1 Manage Technology



99.8 Provide Administrative Services

99.7 Communications & Organizational Branding



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Alliance Dashboard – Board Metrics

Quarter 3, 2022

No.	Metric	Period	Target	Performance
1	Calls to Member Services answered within 30 seconds	Q322	80.0%	34.3%
2	New Member Welcome Call Completion Rate	Q222	30.0%	32.9%
3	Timely Resolution of Member Complaints	Q322	100.0%	99.0%
4	Members' Favorable Rating of Health Plan (CAHPS) (Medi-Cal)	2020	Child: 86.0% | Adult: 73.0%	Child: 88.8% | Adult: 79.8%
5	Members' Favorable Rating of Health Care (CAHPS) (Medi-Cal)	2020	Child: 84.5% | Adult: 70.5%	Child: 87.1% | Adult: 79.1%
6	Routine PCP Facility Site Reviews Completed Timely	Q322	100.0%	100.0%
7	Facility Sites Reviewed in Good Health	Q322	100.0%	100.0%
8	In Area PCP Market Share (all counties)	Q322	80.0%	86.0%
9	In Area Specialist Market Share (all counties)	Q322	80.0%	86.0%
10	Contracted PCP Open % (all counties)	Q322		57.4%
11	Overall Provider Satisfaction Rate	2021	88.0%	89.0%
12	Inpatient Bed Days/ 1,000 members/Year (Medi-Cal)	Q222	292.0	284.0
13	Admissions/1,000 Members/Year (Medi-Cal)	Q222	63.0	62.0
14	Total 30 Day All-Cause Readmissions %	Q222	11.0%	12.0%
15	Ambulatory Care Sensitive Admissions (Medi-Cal)	Q222	8.0%	5.9%
16	Average Length of Stay (Medi-Cal)	Q222	4.5	4.6
17	Emergency Department visits/1,000 members/year (all LOBs)	Q222	590.0	483.0
18	Avoidable Emergency Department visits (all LOBs)	Q222	18.0%	14.6%
19	Behavioral Health Utilization Rate by County (All Ages)	Q222	3.6%	SC: 11.4% | Mont: 4.4% | Merced: 4.2%
20	Routine Medical/Surgical Prior Authorizations Adjudicated Timely	Q322	100.0%	99.9%
21	Clean Claims Processed and Paid Within 30 Calendar Days	Q322	90.0%	88.5%
22	Employee Turnover Rate	Q421-Q322	10.0%	9.8%
23	Total Staffed Workforce	Q322	90.0%	96.7%
24	Board Designated Reserves Percentage	Q322	100.0%	109.5%
25	Net Income Percentage	Q322	1.0%	3.2%
26	Medical Loss Ratio	Q322	92.0%	88.4%
27	Administrative Loss Ratio	Q322	6.0%	5.3%

DATE: December 7, 2022

TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission

FROM: Lisa Ba, Chief Financial Officer

SUBJECT: Financial Highlights for the Ninth Month Ending September 30, 2022

For the month ending September 30, 2022, the Alliance reported an Operating Income of $13.6M. The Year-to-Date (YTD) Operating Income is at $95.4M, with a Medical Loss Ratio (MLR) of 86.5% and an Administrative Loss Ratio (ALR) of 5.2%. The net income is $66.9M after accounting for non-operating losses.

The budget expected a $42.1M Operating Income for YTD September. The actual result is favorable to budget by $53.3M or 100.0%, driven primarily by the boosted enrollment from the Public Health Emergency (PHE).

	Sep-22 MTD (In $000s)			
Key Indicators	Current Actual	Current Budget	Current Variance	% Variance to Budget
Membership	*418,380*	*355,301*	*63,079*	*17.8%*
Revenue	133,801	110,701	23,100	20.9%
Medical Expenses	113,514	99,873	(13,641)	-13.7%
Administrative Expenses	6,732	7,559	827	10.9%
Operating Income/(Loss)	13,555	3,269	10,286	100.0%
Net Income/(Loss)	6,776	2,020	4,756	100.0%
MLR %	*84.8%*	*90.2%*	*5.4%*	
ALR %	*5.0%*	*6.8%*	*1.8%*	
Operating Income %	*10.1%*	*3.0%*	*7.2%*	
Net Income %	*5.1%*	*1.8%*	*3.2%*	

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

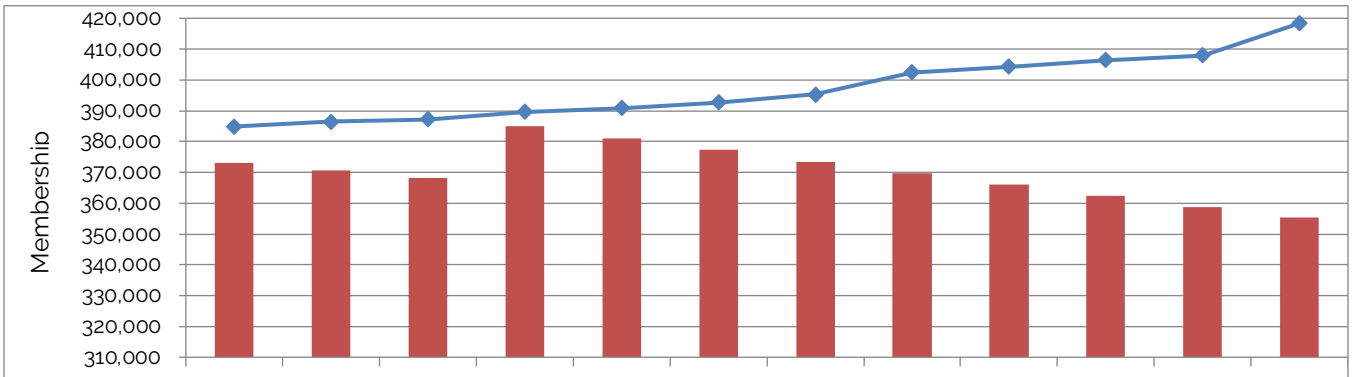
Sep-22 YTD (In $000s)				
Key Indicators	YTD Actual	YTD Budget	YTD Variance	% Variance to Budget
Member Months	*3,608,028*	*3,329,186*	*278,842*	*8.4%*
Revenue	1,145,493	1,036,993	108,500	10.5%
Medical Expenses	990,625	930,108	(60,517)	-6.5%
Administrative Expenses	59,468	64,767	5,300	8.2%
Operating Income/(Loss)	95,400	42,118	53,282	100.0%
Net Income/(Loss)	66,862	30,967	35,895	100.0%
PMPM				
Revenue	317.48	311.49	6.00	1.9%
Medical Expenses	274.56	279.38	4.82	1.7%
Administrative Expenses	16.48	19.45	2.97	15.3%
Operating Income/(Loss)	26.44	12.65	13.79	100.0%
MLR %	86.5%	*89.7%*	*3.2%*	
ALR %	*5.2%*	*6.2%*	*1.0%*	
Operating Income %	*8.3%*	*4.1%*	*4.3%*	
Net Income %	*5.8%*	*3.0%*	*2.9%*	

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 $317.48, which is favorable to budget by $6.00 or 1.9%. Medical cost PMPM is $274.56, which is favorable by $4.82 or 1.7%. The resulting operating income PMPM is $26.44, which is favorable by $13.79 compared to the budget.

Membership. September 2022 membership is favorable to budget by 17.8%. Please note that the 2022 budget assumed the PHE would end in January 2022 and enrollment would decrease gradually to the pre-pandemic level by December 2022. The State anticipates the PHE will expire by January 2023. Additionally, effective May 1, 2022, the State extended eligibility to adults ages 50 and above, regardless of immigration status. The Alliance has approximately 5,000 members in this category. Overall, the membership will remain favorable in 2022.

Membership. Actual vs. Budget (based on actual enrollment trend for Sep-22 rolling 12 months)



	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Budget	372,929	370,611	368,326	385,108	381,158	377,272	373,452	369,700	366,008	362,379	358,808	355,301
Actual	384,876	386,374	387,235	389,667	390,866	392,688	395,252	402,517	404,261	406,414	407,983	418,380
Variance	11,947	15,763	18,909	4,559	9,708	15,416	21,800	32,817	38,253	44,035	49,175	63,079
Variance %	3.2%	4.3%	5.1%	1.2%	2.5%	4.1%	5.8%	8.9%	10.5%	12.2%	13.7%	17.8%

Revenue. September 2022 capitation revenue of $133.4M is favorable to budget by $23.0M or 20.8%, mainly attributed to higher enrollment of $19.6M and favorable rate variances of $3.4M. September 2022 YTD capitation revenue of $1,142.4M is favorable to budget by $107.8M or 10.4%. Of this amount, $83.6M is from boosted enrollment, and $24.2M is due to rate variance. The favorable rate variance includes funding for various programs not yet finalized when preparing the 2022 budget, including CalAIM Incentive Payment Programs, rapid genome sequencing, and the expansion of Medi-Cal benefits to undocumented Californians aged 50 and older. Please note that the Department of Health Care Services plans to finalize the 2022 rates in March 2023.

Sep-22 YTD Capitation Revenue Summary (In $000s)

County	Actual	Budget	Variance	Variance Due to Enrollment	Variance Due to Rate
Santa Cruz	246,643	233,594	13,049	17,464	(4,415)
Monterey	489,977	441,721	48,256	35,434	12,822
Merced	405,761	359,269	46,493	30,673	15,819
Total	**1,142,381**	**1,034,584**	**107,798**	**83,572**	**24,226**

Note: Excludes Sep-22 YTD In-Home Supportive Services (IHSS) premiums revenue of $3.1M.

Medical Expenses. September 2022 Medical Expenses of $113.5M are $13.6M or 13.7% unfavorable to budget. September 2022 YTD Medical Expenses of $990.6M are above budget by $60.5M or 6.5%. Of this amount, $77.9M is due to higher enrollment, which offsets $17.4M from favorable PMPM cost variance. Other Medical expense is unfavorable to budget by $42.3M or 31.5% due to higher utilization in the lab, behavioral health services, and increases in unit cost driven by a mix of services from the lab, DME, non-medical transportation, and behavioral health. This category also includes CalAIM Incentive Payment Program expenses as the Alliance aims for budget-neutral and to distribute the payment to providers or cover its own cost of expanding capacity and building infrastructure.

Sep-22 YTD Medical Expense Summary (In $000s)

Category	Actual	Budget	Variance	Variance Due to Enrollment	Variance Due to Rate
Inpatient Services (Hospital)	376,575	352,742	(23,833)	(29,545)	5,712
Inpatient Services (LTC)	121,008	119,043	(1,964)	(9,971)	8,006
Physician Services	193,460	196,006	2,546	(16,417)	18,963
Outpatient Facility	123,020	127,441	4,422	(10,674)	15,096
Pharmacy	44	636	592	(53)	645
Other Medical	176,518	134,239	(42,279)	(11,243)	(31,036)
Total	**990,625**	**930,108**	**(60,517)**	**(77,903)**	**17,386**

Note: Other Medical includes Allied Health, Non-Claims HC Cost, transportation, ECM, ILOS, BHT, Lab, and other medical costs.

At a PMPM level, YTD Medical Expenses are $274.56, which is favorable by $4.82 or 1.7% compared to the budget. Please note that the rate (PMPM) is the unit cost for a service multiplied by the utilization.

The 2022 budget assumed utilization would return to the 2019 level during Q1 2022 and increase 5% over 2019 by year-end. Actual YTD utilization has yet to achieve the 2019 level but indicates upward movement. Authorizations suggest that Inpatient, Outpatient, and Long-term Care (LTC) utilization continued to be below the 2019 level through early 2022, representing approximately 50% of medical expenses. However, there have been $8.9M in inpatient payments for prior years, resulting in higher Inpatient PMPM cost and a higher Incurred but Not Reported (IBNR) estimate.

Sep-22 YTD Medical Expense by Category of Service (In PMPM)

Category	Actual	Budget	Variance	Variance %
Inpatient Services (Hospital)	104.37	105.95	1.58	1.5%
Inpatient Services (LTC)	33.54	35.76	2.22	6.2%
Physician Services	53.62	58.88	5.26	8.9%
Outpatient Facility	34.10	38.28	4.18	10.9%
Pharmacy	0.01	0.19	0.18	93.6%
Other Medical	48.92	40.32	(8.60)	-21.3%
Total	**274.56**	**279.38**	**4.82**	**1.7%**

Administrative Expenses. September YTD Administrative Expenses are favorable to budget by $5.3M or 8.2% with a 5.2% ALR. Salaries, Wages, & Benefits (SWB) are favorable by $3.0M or 6.7% due to employee benefits running lower than budget and savings from vacant positions. Non-Salary Administrative Expenses are favorable by $2.3M or 11.6% due to actual spending versus budget timing.

Non-Operating Revenue/Expenses. September YTD Total Non-Operating Revenue is unfavorable to budget by $20.1M. There is a $24.9M unrealized loss on investments, reduced by $7.5M favorability in grants and interests, for a net Non-Operating loss of $17.4M.

Summary of Results. Overall, the Alliance generated a YTD Net Income of $66.9M, with an MLR of 86.5% and an ALR of 5.2%.

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Balance Sheet
For The Ninth Month Ending September 30, 2022
(In $000s)

Assets	
Cash	$240,127
Restricted Cash	300
Short Term Investments	597,416
Receivables	168,793
Prepaid Expenses	4,643
Other Current Assets	13,630
Total Current Assets	**$1,024,909**
Building, Land, Furniture & Equipment	
Capital Assets	$83,614
Accumulated Depreciation	(43,753)
CIP	262
Total Non-Current Assets	**40,123**
Total Assets	**$1,065,032**
Liabilities	
Accounts Payable	$66,287
IBNR/Claims Payable	334,911
Accrued Expenses	-
Estimated Risk Share Payable	7,500
Other Current Liabilities	6,680
Due to State	-
Total Current Liabilities	**$415,377**
Fund Balance	
Fund Balance - Prior	$582,793
Retained Earnings - CY	66,862
Total Fund Balance	**649,655**
Total Liabilities & Fund Balance	**$1,065,032**
Additional Information	
Total Fund Balance	**$649,655**
Board Designated Reserves Target	381,218
Strategic Reserve (DSNP)	56,700
Medi-Cal Capacity Grant Program (MCGP)	131,988
Additional Contribution to MCGP	43,578
Total Reserves	**613,484**
Total Operating Reserve	**$36,171**

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Income Statement - Actual vs. Budget
For The Ninth Month Ending September 30, 2022
(In $000s)

	MTD Actual	MTD Budget	Variance	%	YTD Actual	YTD Budget	Variance	%
Member Months	*418,380*	*355,301*	*63,079*	*17.8%*	*3,608,028*	*3,329,186*	*278,842*	*8.4%*
Capitation Revenue								
Capitation Revenue Medi-Cal	$133,428	$110,434	$22,994	20.8%	$1,142,381	$1,034,584	$107,798	10.4%
Premiums Commercial	373	268	105	39.4%	3,111	2,409	702	29.1%
Total Operating Revenue	**$133,801**	**$110,701**	**$23,100**	**20.9%**	**$1,145,493**	**$1,036,993**	**$108,500**	**10.5%**
Medical Expenses								
Inpatient Services (Hospital)	$37,946	$37,684	($262)	-0.7%	$376,575	$352,742	($23,833)	-6.8%
Inpatient Services (LTC)	14,333	13,288	(1,044)	-7.9%	121,008	119,043	(1,964)	-1.7%
Physician Services	23,406	21,092	(2,314)	-11.0%	193,460	196,006	2,546	1.3%
Outpatient Facility	16,585	14,045	(2,540)	-18.1%	123,020	127,441	4,422	3.5%
Pharmacy	21	87	66	75.6%	44	636	592	93.1%
Other Medical	21,223	13,676	(7,547)	-55.2%	176,518	134,239	(42,279)	-31.5%
Total Medical Expenses	**$113,514**	**$99,873**	**($13,641)**	**-13.7%**	**$990,625**	**$930,108**	**($60,517)**	**-6.5%**
Gross Margin	**$20,287**	**$10,828**	**$9,459**	**87.4%**	**$154,868**	**$106,885**	**$47,983**	**44.9%**
Administrative Expenses								
Salaries	$4,875	$5,076	$201	4.0%	$41,984	$44,998	$3,014	6.7%
Professional Fees	180	311	130	42.0%	1,349	1,689	340	20.1%
Purchased Services	645	778	132	17.0%	6,372	6,432	60	0.9%
Supplies & Other	683	983	300	30.6%	6,470	8,086	1,617	20.0%
Occupancy	71	112	41	36.7%	789	952	164	17.2%
Depreciation/Amortization	277	299	22	7.3%	2,504	2,610	106	4.1%
Total Administrative Expenses	**$6,732**	**$7,559**	**$827**	**10.9%**	**$59,468**	**$64,767**	**$5,300**	**8.2%**
Operating Income	**$13,555**	**$3,269**	**$10,286**	**100.0%**	**$95,400**	**$42,118**	**$53,282**	**100.0%**
Non-Op Income/(Expense)								
Interest	$1,505	$319	$1,187	100.0%	$7,136	$2,852	$4,283	100.0%
Gain/(Loss) on Investments	(7,787)	(241)	(7,546)	-100.0%	(27,035)	(2,154)	(24,881)	-100.0%
Other Revenues	150	69	81	100.0%	1,188	722	465	64.4%
Grants	(648)	(1,397)	749	53.6%	(9,827)	(12,571)	2,745	21.8%
Total Non-Op Income/(Expense)	**($6,779)**	**($1,249)**	**($5,530)**	**-100.0%**	**($28,538)**	**($11,150)**	**($17,388)**	**-100.0%**
Net Income/(Loss)	**$6,776**	**$2,020**	**$4,756**	**100.0%**	**$66,862**	**$30,967**	**$35,895**	**100.0%**
MLR	*84.8%*	*90.2%*			*86.5%*	*89.7%*		
ALR	*5.0%*	*6.8%*			*5.2%*	*6.2%*		
Operating Income	*10.1%*	*3.0%*			*8.3%*	*4.1%*		
Net Income %	*5.1%*	*1.8%*			*5.8%*	*3.0%*		

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Income Statement - Actual vs. Budget
For The Ninth Month Ending September 30, 2022
(In PMPM)

	MTD Actual	MTD Budget	Variance	%	YTD Actual	YTD Budget	Variance	%
Member Months	*418,380*	*355,301*	*63,079*	*17.8%*	*3,608,028*	*3,329,186*	*278,842*	*8.4%*
Capitation Revenue								
Capitation Revenue Medi-Cal	$318.92	$310.82	$8.10	2.6%	$316.62	$310.76	$5.86	1.9%
Premiums Commercial	0.89	0.75	0.14	18.4%	0.86	0.72	0.14	19.1%
Total Operating Revenue	**$319.81**	**$311.57**	**$8.24**	**2.6%**	**$317.48**	**$311.49**	**$6.00**	**1.9%**
Medical Expenses								
Inpatient Services (Hospital)	$90.70	$106.06	$15.36	14.5%	$104.37	$105.95	$1.58	1.5%
Inpatient Services (LTC)	34.26	37.40	3.14	8.4%	33.54	35.76	2.22	6.2%
Physician Services	55.94	59.36	3.42	5.8%	53.62	58.88	5.26	8.9%
Outpatient Facility	39.64	39.53	(0.11)	-0.3%	34.10	38.28	4.18	10.9%
Pharmacy	0.05	0.25	0.19	79.3%	0.01	0.19	0.18	93.6%
Other Medical	50.73	38.49	(12.23)	-31.8%	48.92	40.32	(8.60)	-21.3%
Total Medical Expenses	**$271.32**	**$281.09**	**$9.78**	**3.5%**	**$274.56**	**$279.38**	**$4.82**	**1.7%**
Gross Margin	**$48.49**	**$30.48**	**$18.01**	**59.1%**	**$42.92**	**$32.11**	**$10.82**	**33.7%**
Administrative Expenses								
Salaries	$11.65	$14.29	$2.63	18.4%	$11.64	$13.52	$1.88	13.9%
Professional Fees	0.43	0.87	0.44	50.7%	0.37	0.51	0.13	26.3%
Purchased Services	1.54	2.19	0.65	29.5%	1.77	1.93	0.17	8.6%
Supplies & Other	1.63	2.77	1.14	41.0%	1.79	2.43	0.64	26.2%
Occupancy	0.17	0.32	0.15	46.3%	0.22	0.29	0.07	23.6%
Depreciation/Amortization	0.66	0.84	0.18	21.3%	0.69	0.78	0.09	11.5%
Total Administrative Expenses	**$16.09**	**$21.28**	**$5.19**	**24.4%**	**$16.48**	**$19.45**	**$2.97**	**15.3%**
Operating Income	**$32.40**	**$9.20**	**$23.20**	**100.0%**	**$26.44**	**$12.65**	**$13.79**	**100.0%**

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Statement of Cash Flow
For The Ninth Month Ending September 30, 2022
(In $000s)

	MTD	YTD
Net Income	$6,776	$66,862
Items not requiring the use of cash: Depreciation	277	2,504
Adjustments to reconcile Net Income to Net Cash provided by operating activities:		
Changes to Assets:		
Receivables	(4,652)	76,756
Prepaid Expenses	319	(2,446)
Current Assets	3,326	2,474
Net Changes to Assets	**($1,006)**	**$76,785**
Changes to Payables:		
Accounts Payable	15,739	9,346
Accrued Expenses	-	(1)
Other Current Liabilities	(1,659)	(635)
Incurred But Not Reported Claims/Claims Payable	68,181	10,161
Estimated Risk Share Payable	833	(2,500)
Due to State	-	-
Net Changes to Payables	**$83,095**	**$16,371**
Net Cash Provided by (Used in) Operating Activities	**$89,141**	**$162,523**
Change in Investments	6,809	(59,532)
Other Equipment Acquisitions	(30)	(391)
Net Cash Provided by (Used in) Investing Activities	**$6,779**	**($59,923)**
Net Increase (Decrease) in Cash & Cash Equivalents	**$95,920**	**$102,599**
Cash & Cash Equivalents at Beginning of Period	**$144,207**	**$137,528**
Cash & Cash Equivalents at September 30, 2022	**$240,127**	**$240,127**

DATE: December 7, 2022

TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission

FROM: Lilia Chagolla, Community Engagement Director

SUBJECT: Whole Child Model Family Advisory Committee: Member Appointment

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

Background. At the February 28, 2018, Board meeting, the Board established the WCMFAC as required by SB 586 (Statutes 2015).

Discussion. The following individuals have indicated interest in participating on the WCMFAC.

Name	Affiliation	County
Heloisa Junqueira, MD	Provider	Monterey

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

Attachments. N/A

SANTA CRUZ – MONTEREY – MERCED
MANAGED MEDICAL CARE COMMISSION

Meeting Minutes

Wednesday, October 26, 2022

Teleconference Meeting
(Pursuant to Assembly Bill 361 signed by Governor Newsom, September 16, 2021)

Commissioners Present:	
Supervisor Wendy Root Askew	County Board of Supervisors
Ms. Dorothy Bizzini	Public Representative
Ms. Leslie Conner	Provider Representative
Dr. Maximiliano Cuevas	Provider Representative
Dr. Larry deGhetaldi	Provider Representative
Ms. Julie Edgcomb	Public Representative
Supervisor Zach Friend	County Board of Supervisors
Dr. Charles Harris	Hospital Representative
Ms. Dori Rose Inda	Hospital Representative
Ms. Elsa Jimenez	County Health Director
Ms. Shebreh Kalantari-Johnson	Public Representative
Ms. Mónica Morales	County Health Services Agency Director
Mr. Michael Molesky	Public Representative
Ms. Rebecca Nanyonjo	Director of Public Health
Supervisor Josh Pedrozo	County Board of Supervisors
Dr. James Rabago	Provider Representative
Dr. Allen Radner	Provider Representative
Mr. Rob Smith	Public Representative
Mr. Tony Weber	Provider Representative

Commissioners Absent:	
Dr. Joerg Schuller	Hospital Representative

Staff Present:	
Ms. Stephanie Sonnenshine	Chief Executive Officer
Ms. Lisa Ba	Chief Financial Officer
Mr. Scott Fortner	Chief Administrative Officer
Mr. Cecil Newton	Chief Information Officer
Ms. Van Wong	Chief Operating Officer

Ms. Jessie Dybdahl	Provider Services Director
Ms. Jessica Finney	Grant Program Manager
Ms. Kay Lor	Financial Planning and Analysis Director
Ms. Kathy Stagnaro	Clerk of the Board

1. Call to Order by Chair Jimenez.

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

Roll call was taken and a quorum was present.

There were no supplements or deletions to the agenda.

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.

[Commissioner Harris arrived at this time: 3:05 p.m.]

3. Comments and announcements by Commission members.

Chair Jimenez opened the floor for Commissioners to make comments.

No comments or announcements from Commissioners at this time.

4. Comments and announcements by Chief Executive Officer.

Chair Jimenez opened the floor for Ms. Stephanie Sonnenshine, Chief Executive Officer (CEO).

Ms. Sonnenshine announced that the Board will next meet on November 18, 2022 to make the necessary findings under AB 361 to enable ongoing virtual meetings during the Public Health Emergency (PHE). Given recent discussions around the PHE duration and the 2023 regulations around teleconferencing capabilities, the Board should plan to return to in person meetings in 2023.

The CEO selection process is underway and a communication will be sent in the coming weeks to Commissioners to secure time on calendars for the interview process.

Consent Agenda Items: (5. – 9C.): 3:07 p.m.

Chair Jimenez opened the floor for approval of the Consent Agenda.

MOTION: Commissioner deGhetaldi moved to approve the Consent Agenda seconded by Commissioner Askew.

ACTION: The motion passed with the following vote:

Ayes: Commissioners Askew, Conner, Cuevas, deGhetaldi, Friend, Harris, Jimenez, Molesky, Morales, Nanyonjo, Rabago, Smith and Weber.

Noes: None.

Absent: Commissioners Bizzini, Kalantari-Johnson, Pedrozo and Schuller.

Abstain: Commissioners Edgcomb, Inda and Radner.

Regular Agenda Item: (10. - 13.): 3:12 p.m.

10. Consider approving Specialty Care Incentive (SCI) Provider Payment Program for 2023. (3:12 – 3:23 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. Jessie Dybdahl, Provider Services Director, discussed an SCI Provider Payment Program for 2023. SCI offers contracted referral providers financial incentives for providing Alliance members access to specialty services. SCI has historically been a component of the Alliance's financial plan to augment provider reimbursement and improve access to care. The SCI program was retired in 2019 to prioritize up-front payment through the current Medicare fee schedule.

The intent behind SCI reimplementation is to improve Alliance member access to specialty medical services, augment provider reimbursement through use of Alliance operating income, and reengage specialty providers towards value based payment in future years.

The incentive is for specialty services rendered between January 1, 2023, through December 31, 2023, with distribution of payment in the first half of 2024.

MOTION: Commissioner Askew moved to approve a Specialty Care Incentive Provider Payment Program for specialty services for 2023, seconded by Commissioner Friend.

ACTION: The motion passed with the following vote:

Ayes: Commissioners Askew, Edgcomb, Friend, Molesky and Smith.

Noes: None.

Absent: Commissioners Bizzini, Kalantari-Johnson, Pedrozo and Schuller.

Abstain: Commissioners Conner, Cuevas, deGhetaldi, Harris, Inda, Jimenez, Morales, Nanyonjo, Rabago, Radner and Weber.

11. Consider approving proposed 2023 Hospital Quality Incentive Program. (3:23 – 3:53 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, Financial Planning and Analysis Director, discussed a proposed Hospital Quality Incentive Program for in-area contracted hospitals.

[Vice Chair Pedrozo arrived at this time: 3:28 p.m.]

The objectives of the program are designed to improve health outcomes for members, advance value-based payment, promote the quality of care, reduce avoidable use of services, improve coordination of care, ability for hospitals to earn additional revenue by collaborating with physicians, and lower total cost of care.

To participate in the incentive program, a hospital must be located in a service area county and must hold a contract with the Alliance for hospital services. Nine in-area contracted hospitals are eligible to participate. Payment methodology and actual payout scenarios were reviewed and discussed.

MOTION: Commissioner Friend moved to approve the proposed Hospital Quality Incentive Program for in-area contracted hospitals, seconded by Commissioner Bizzini.

ACTION: The motion passed with the following vote:

Ayes: Commissioners Askew, Bizzini, Conner, Cuevas, Friend, Jimenez, Kalantari-Johnson, Molesky, Morales, Nanyonjo, Pedrozo and Weber.

Noes: Commissioners Edgcomb and Smith.

Absent: Commissioner Schuller.

Abstain: Commissioners deGhetaldi, Harris, Inda, Rabago and Radner.

[Commissioner Friend departed at this time: 3:53 p.m.]

12. Consider approving funding recommendation for Children's Savings Account Pilot. (3:53 – 4:14 p.m.)

Ms. Jessica Finney, Grant Program Manager, reviewed a Medi-Cal Capacity Grant Program funding recommendation for a Children's Savings Account (CSA) Pilot project.

[Commissioner Morales departed at this time: 3:58 p.m.]

CSAs are long-term savings accounts set up by cities, states and non-profit organizations to encourage low-income families to save for and enroll in postsecondary education. Some CSAs may be used to pay for primary or secondary school education expenses, the purchase of a home or business or saving for retirement. CSAs offer incentives such as seed deposits and/or matching funds made by the sponsoring organization to encourage participation.

The purpose of the pilot would advance priorities of Healthy Beginnings focus area; pilot an innovative, equity-focused intervention to advance the Alliance's quality goals for children's preventative care; and partner with Semillitas to test a model for scalability and long=term investment in the Alliance service area. The Alliance would partner with Ventures on coordination and oversight, collaboration on data sharing, input on evaluation design, and support program promotion to Alliance members.

The Alliance would partner with Ventures on coordination and oversight, collaboration on data sharing, input on evaluation design and support program promotion to Alliance members.

Next steps would include the execution of a grant agreement, develop a work plan for planning phase activities, implement data sharing and milestone contributions, and a midpoint report and an end of pilot evaluation report to the Board with recommendations.

MOTION: Commissioner Kalantari-Johnson moved to approve $230,000 of unallocated Medi-Cal Capacity Grant Program (MCGP) funds from the Santa Cruz County budget to fund Ventures for a Children's Savings Account pilot project in Santa Cruz County, seconded by Commissioner Conner.

ACTION: The motion passed with the following vote:

Ayes: Commissioners Askew, Bizzini, Conner, Cuevas, deGhetaldi, Edgcomb, Harris, Inda, Jimenez, Kalantari-Johnson, Molesky, Nanyonjo, Pedrozo, Rabago, Radner and Weber.

Noes: None.

Absent: Commissioners Friend, Morales, Schuller and Smith.

Abstain: None.

13. Consider approving Medi-Cal Capacity Grant Program (MCGP) Evolution: Foundation Recommendation. (4:14 – 5:06 p.m.)

Ms. Sonnenshine, CEO, discussed a recommendation to establish a 501(c)(3) non-profit foundation as the structure for the Alliance's future grantmaking and to direct staff to return with a staff report on the operating model and implementation plan.

Key issued address by a foundation would include the transparency of strategic allocation of reserves and TNE status, sustainability of MCGP investments, Board conflict of interest and competing operational priorities.

The foundation would ensure the long term sustainability of grant program investments by making use of investment earnings for an annual grantmaking budget. Implementing a foundation with a separate governing board, who do not have conflicts of interest with the foundation would address the issues presented thus far in MCGP governance. Implementing a foundation with a separate governing board would allow the Alliance Board to focus on the health plan.

[Commissioner Pedrozo departed at this time: 5:03 p.m.]

MOTION: Commissioner Bizzini moved to establish a 501(c)(3) non-profit foundation as the structure for the Alliance's future grantmaking; and directed staff to return with a staff report on the operating model and implementation plan, seconded by Commissioner deGhetaldi.

ACTION: The motion passed with the following vote:

Ayes: Commissioners Askew, Bizzini, Cuevas, deGhetaldi, Edgcomb, Harris, Jimenez, Kalantari-Johnson, Nanyonjo, Radner and Smith.

Noes: Commissioners Conner, Molesky, Rabago and Weber.

Absent: Commissioners Friend, Inda, Morales, Pedrozo and Schuller.

Abstain: None.

The Commission adjourned its regular meeting of October 26, 2022 at 5:06 p.m. to the regular meeting of November 18, 2022 at 7:30 a.m. via teleconference unless otherwise noticed.

Respectfully submitted,

Ms. Kathy Stagnaro
Clerk of the Board

SANTA CRUZ – MONTEREY – MERCED MANAGED MEDICAL CARE COMMISSION MEETING

Meeting Minutes
Meeting of the Board

Friday, November 18, 2022

Teleconference Meeting
(Pursuant to Assembly Bill 361 signed by Governor Newsom, September 16, 2021)

Commissioners Present:

Supervisor Wendy Root Askew	County Board of Supervisors
Ms. Dorothy Bizzini	Public Representative
Ms. Leslie Conner	Provider Representative
Dr. Larry deGhetaldi	Provider Representative
Ms. Dori Rose Inda	Hospital Representative
Ms. Elsa Jimenez	County Health Director
Ms. Shebreh Kalantari-Johnson	Public Representative
Mr. Michael Molesky	Public Representative
Ms. Mónica Morales	County Health Services Agency Director
Ms. Rebecca Nanyonjo	Director of Public Health
Supervisor Josh Pedrozo	County Board of Supervisors
Dr. Allen Radner	Provider Representative
Dr. Joerg Schuller	Hospital Representative

Commissioners Absent:

Dr. Maximiliano Cuevas	Provider Representative
Ms. Julie Edgcomb	Public Representative
Ms. Janna Espinoza	Public Representative
Supervisor Zach Friend	County Board of Supervisors
Dr. Charles Harris	Hospital Representative
Dr. James Rabago	Provider Representative
Mr. Rob Smith	Public Representative
Mr. Tony Weber	Provider Representative

Staff Present:

Ms. Stephanie Sonnenshine	Chief Executive Officer
Mr. Scott Fortner	Chief Administrative Officer
Ms. Kathy Stagnaro	Clerk of the Board

Call to Order by Chair Jimenez.

Commission Chairperson Jimenez called the meeting to order at 7:34 a.m.

Roll call was taken and a quorum was present.

Chair Jimenez announced the appointment of Ms. Janna Espinoza, Public Representative, Monterey County to the Board. Ms. Espinoza was unable to attend today's meeting.

1. 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.

2. Approve findings that the state of emergency continues to impact the ability of members to meet safely in person and/or State or local officials continue to impose or recommend measures to promote social distancing. (7:36 – 7:41 a.m.)

Ms. Stephanie Sonnenshine, Chief Executive Officer, informed the Board that AB 361 permits the Board to meet by teleconference where state or local officials impose measures to promote social distancing and the Board determines that meeting in person would present imminent risk to the health and safety of attendees. To continue meeting via teleconference during the public health emergency, the Board must consider and make these findings every 30 days. The Board met to consider and make finding that will enable holding the regularly scheduled December 7, 2022 meeting by teleconference. The Federal Public Health Emergency is expected to continue past January 2023, considered thereafter in three month increments. Governor Gavin Newsom has announced that the COVID-19 State of Emergency in California will end on February 28, 2023.

MOTION: Commissioner Conner moved to approve to continue to meet via teleconferencing as permitted by the Brown Act, as amended in AB 361, during a proclaimed state of emergency and made the requisite findings supporting teleconferencing, seconded by Commissioner Bizzini.

ACTION: The motion passed with the following vote:

Ayes: Commissioners Askew, Bizzini, Conner, deGhetaldi, Inda, Jimenez, Kalantari-Johnson, Molesky, Morales, Nanyonjo, Pedrozo, Radner and Schuller.

Noes: None.

Absent: Commissioners Cuevas, Edgcomb, Espinoza, Friend, Harris, Rabago, Smith and Weber.

Abstain: None.

4. Consider staff report on Chief Executive Officer (CEO) Succession Plan and Recruitment Process and consider approval of Board meeting for CEO selection. (7:41 - 7:56 a.m.)

Mr. Scott Fortner, Chief Administrative Officer, provided an update on the status of the CEO recruitment. The selection process is one month ahead of schedule and there are two strong candidates for Board consideration. The recruiter's recommendation is to proceed with selection interviews in December. The candidates have indicated availability and staff recommend proceeding with in-person interviews on December 11, 2022 provided a quorum of the Board is available. Commissioners discussed the opportunity of conducting a hybrid meeting. A follow up communication will be sent to Commissioners after this meeting with logistics and a recommendation that the Chairperson call a Special Meeting if necessary.

The Board did not take action on this item.

5. Discuss network related matter relevant to Medi-Cal Managed Care Model Change. (7:56 – 7:59 a.m.)

Ms. Sonnenshine, CEO, provided an informational update on the recent developments relating to key providers in San Benito County. Hazel Hawkins Hospital, the district hospital serving San Benito County was authorized by its Board to pursue a bankruptcy filing which would enable them to reorganize finances in order to remain in operation.

[Commissioner Schuller departed at this time: 7:51 a.m.]

Ms. Sonnenshine has been in and will remain in communication with the hospital as they contemplate their financial planning. A follow up meeting with San Benito County is being planned and staff will continue to provide updates to the Board.

Information and discussion item only; no action was taken by the Board.

The Commission adjourned its meeting of November 18, 2022 at 7:59 a.m. to the regular meeting of December 7, 2022 at 3:00 p.m. via teleconference unless otherwise noticed.

Respectfully submitted,

Ms. Kathy Stagnaro
Clerk of the Board

COMPLIANCE COMMITTEE

Meeting Minutes
Wednesday, September 21, 2022
9:00 – 10:00 a.m.

Via Videoconference

Committee Members Present:

Adam Sharma	Operational Excellence Director
Bob Trinh	Technology Services Director
Bryan Smith	Claims Director
Cecil Newton	Chief Information Officer
Dale Bishop	Medical Director
Danita Carlson	Government Relations Director
Gordon Arakawa	Medical Director
Jenifer Mandella	Compliance Officer (Chair)
Jennifer Mockus	Community Care Coordination Director
Kate Knutson	Compliance Manager
Kay Lor	Financial Planning and Analysis Director
Linda Gorman	Communications Director
Lisa Artana	Human Resources Director
Lisa Ba	Chief Financial Officer
Luis Somoza	Member Services Director
Maurice Herbelin	Chief Medical Officer
Michelle Stott	Quality Improvement and Population Health Director
Navneet Sachdeva	Pharmacy Director
Ronita Margain	Community Engagement Director, Merced County
Scott Fortner	Chief Administrative Officer
Shaina Zurlin	Behavioral Health Director
Stephanie Sonnenshine	Chief Executive Officer
Sunny Lakhmani	Data Analytics Services Director
Van Wong	Chief Operating Officer

Committee Members Absent:

Committee Members Excused:

Dianna Diallo	Medical Director
Jessie Dybdahl	Provider Services Director
Lilia Chagolla	Community Engagement Director, Monterey County
Ryan Inlow	Facilities & Administrative Services Director
Tammy Brass	UM/CCM Director

Ad-Hoc Attendees:

Rebecca Seligman	Compliance Supervisor
Sara Halward	Compliance Specialist III

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

   Chairperson Jenifer Mandella called the meeting to order at 9:02 a.m.

2. **Review and Approval of August 17, 2022 Minutes.**

   COMMITTEE ACTION: Committee reviewed and approved minutes of August 17, 2022 meeting.

3. **Consent Agenda.**
   1. **Policy Hub Approvals**
   2. **Regulatory and All Plan Letter Updates**
   3. **Changes to Code of Conduct**
   4. **Changes to Compliance Plan**

   COMMITTEE ACTION: Committee reviewed and approved Consent Agenda.

4. **Regular Agenda**

   1. **Program Integrity Quarterly Report**

   Seligman, Compliance Supervisor, presented the Q2 2022 Program Integrity Activity Report and reviewed select Matters Under Investigation (MUIs). Seligman reported that 9 concerns were referred to Program Integrity in Q2 2022, 5 of which resulted in the opening of a MUI. There were 54 active MUIs in Q2 2022.

   Seligman reviewed referral trends for the period noting that 5 were provider specific, 2 were member specific and 2 were State Requests.

   Seligman reviewed performance of the Program Integrity metrics from the Q2 Alliance Dashboard noting that both the efficiency and quality metrics met target performance.

   Seligman reviewed 4 exemplar cases, highlighting investigative measures taken and next steps for completion of MUI investigation. This included resolution of an MUI reported in Q1 2021 for a provider billing for allergy immunotherapy vial preparations with no

corresponding injection codes and resulted in identification of $30k in overpayments, provider education, secondary medical record review and rescindment of overpayments.

Seligman reviewed Q122 Program Integrity Financial Reporting noting the total requested recoupment was $0.00 and completed recoupment was $97,055.06, which included both Alliance-initiated and delegate-initiated recoveries.

COMMITTEE ACTION: Committee reviewed and approved the Q2 2022 Program Integrity Report.

2. Internal Audit & Monitoring Quarterly Report

Halward, Compliance Specialist III, presented the Q2 2022 Internal Audit and Monitoring (Internal A&M) Activity Report noting that 6 internal audits were conducted. 3 internal audits received a passing score, 2 received failing scores and 1 was unable to be audited. Halward reviewed one exemplar internal audit to highlight Compliance staff's review activities and departmental corrective actions.

Halward reviewed outcomes of the monitoring of 31 Alliance Dashboard metrics related to regulatory requirements, noting that 30 metrics met their established thresholds in Q2 2022.

Halward reviewed external audit activities, reporting on final findings of the 2022 DHCS Medical Audit, status of the DMHC Routine Financial Audit and progress towards production of pre-audit deliverables for the 2022 DMHC Follow Up Survey.

Halward reported a new Compliance Scoring Initiative with methodology developed by DHCS using federal standards required by Centers for Medical and Medicaid Services (CMS), which includes the comparison of plan performance on regulatory audits.

COMMITTEE ACTION: Committee reviewed and approved the Q2 2022 Internal Audit & Monitoring Report.

3. Call the Car Delegation Approval

Knutson, Compliance Manager, reviewed the pre-delegation assessment of Call the Car, the Alliance's Non-Medical Transportation (NMT) vendor, and staff recommendation to approve Call the Car for performance of Member Connection activities as they relate to NMT services for Medi-Cal members.

COMMITTEE ACTION: Committee reviewed and approved delegation of Member Connections to Call the Car as it relates to coordination of NMT services for Medi-Cal members.

4. Record Retention & IM Report Back from Directors

Mandella, Compliance Officer, reviewed previous Committee discussion about Instant Messaging and the presentation of guidelines at the Q2 2022 All Staff meeting. There were no additional comments from Committee members.

5. Policy Template Revisions

Knutson, Compliance Manager, reviewed changes to the Alliance Policy Template noting how to operationalize changes with an effective date of January 1, 2024 or sooner, which ensures accurate and appropriate policies written for Operational Readiness deliverables associated with the 2024 Revised Medi-Cal model agreement.

The meeting adjourned at 9:43 a.m.

Respectfully submitted,

Robin Sihler
Compliance Administrative and Data Reporting Assistant

Continuous Quality Improvement Committee (CQIC)

Meeting Minutes
Thursday, July 28, 2022
12:00 – 1:30 p.m.

Virtual Meeting / Web Conference

Committee Members Present

Dr. Caroline Kennedy	Physician Representative
Dr. Casey KirkHart	Physician Representative
Dr. Eric Sanford	Physician Representative
Dr. Madhu Raghavan	Physician Representative
Dr. Minoo Sarkarati	Physician Representative
Dr. Oguchi Nkwocha	Physician Representative
Ms. Cheri Collette	Provider Representative
Ms. Stacey Kuzak	Provider Representative
Ms. Susan Harris	Provider Representative

Committee Members Absent:

Dr. Amy McEntee	Physician Representative
Dr. Stephanie Graziani	Physician Representative

Guests Present:

Dr. Eduardo Villarama	Physician Representative
Ms. Joana Castaneda	Quality Improvement Project Specialist

Staff Present:

Dr. Maurice Herbelin	Chair and Chief Medical Officer
Dr. Dale Bishop	Medical Director
Dr. Dianna Diallo	Medical Director
Dr. Gordon Arakawa	Medical Director
Mr. Amit Karkhanis	Quality and Performance Improvement Mgr.
Ms. DeAnna Leamon	Quality Improvement Nurse Supervisor
Ms. Desirre Herrera	Quality and Health Programs Supervisor
Ms. Hilary Gillette-Walch	Clinical Decision Quality Manager
Ms. Jacqueline Van Voerkens	Administrative Specialist
Ms. Jennifer Mockus	Community Care Coordination Director
Ms. Linda Gorman	Communications Director
Mr. Luis Somoza	Member Services Director
Ms. Michelle Stott	QI/ Population Health Director
Ms. Mao Moua	Quality and Health Programs Supervisor
Ms. Navneet Sachdeva	Pharmacy Director
Ms. Ronita Margain	Regional Operations Director, Merced
Ms. Shaina Zurlin	Behavioral Health Director

Ms. Tammy Brass	UM/Prior Authorizations Manager
Ms. Viki Doolittle	UM/Complex Case Management Manager

1. Call to Order by Dr. Maurice Herbelin, Chief Medical Officer

Dr. Maurice Herbelin called the meeting to order at 12:05 PM, and welcomed all members present.

Dr. Herbelin welcomed and introduced the following new committee members:

- Cheri Collette, Director of Quality Improvement at Golden Valley Health Centers
- Stacey Kuzak, Director of Nursing at Golden Valley Health Centers
- Shaina Zurlin, new CCAH Behavioral Health Director
- Tammy Brass, promoted to the UM/CCM Director position

Announcements presented:

- Desirre Herrera provided an overview of the Alliance Pediatric and Adult Weight Management Health Education Programs.

- Mao Moua provided an overview of the Indigenous Interpreter Vendor services.

  Action: Mao will connect with Dr. Sanford regarding key cards and 8/10 cards available with interpreter services information. (Action Complete)

2. Consent Agenda

Dr. Maurice Herbelin introduced the consent agenda.

April 28, 2022 CQIC Meeting Minutes

Dr. Maurice Herbelin presented the April 28, 2022 CQIC Minutes. There were no edits requested at this time.

Committee Decision: Minutes were approved as written

Subcommittee/Workgroup Meeting Minutes

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

Workplans:

- Q1 2022 Quality Improvement System (QIS) Work plan

- Q1 2022 QIS Workplan Executive Summary
- Q1 2022 Utilization Management Work Plan
- Q1 2022 Utilization Management Work Plan Executive Summary

Policies Requiring CQIC Approval:

Policy Number	Title	Significant Changes
401-1101	Quality and Performance Improvement Program	Updates made in response for a model of care (MOC) deliverable for Community Supports.
401-1501	Standards of Care	• Removed EBSCO (no longer available) • Recommend adding Pharmacy and CCC as impacted departments
401-2001	Member Surveys	Major changes include removing the CG-CAHPS content since we are currently not administering this survey and adding content for the annual Alliance Medi-Cal CAHPS survey.
Informational		
Policy Number	**Title**	**Significant Changes**
401-4101	Cultural and Linguistic Services Program	***Per APL 22-002***, updated language on alternative format selection to include: • unencrypted/encrypted electronic format options • alternative format selection data being shared with subcontractors who distribute written member information materials **Note**: Policy approved by QPIH Director in May 2022 and policy submitted to Policy Hub due to urgent APL.
401-3102	Health Education Materials	***Per APL 22-002***, updated language on alternative format selection to redirect readers to the 401-4101 Cultural and Linguistic Service Program policy. **Note:** Policy approved by QPIH Director in May 2022 and policy submitted to Policy Hub due to urgent APL.

Delegate Oversight Report (BEACON): Q1 20202 VSP and Q2 2022 Beacon delegate oversite summary included in consent agenda meeting packet.

Equitable Distribution of Community Supports: Presentation with information on how to assess equitable distribution in ECM, with a member vignette.

Committee Decision: Consent agenda was approved as written.
Action:

a. UM/CCM Administrative Assistant will submit the UM Workplan and Executive Summary to the Executive Assistant for the August Board meeting packet for approval.
b. QIPH Administrative Specialist will submit the April 28, 2022 CQIC minutes, Q1 2022 QIS Workplan, Q1 2022 QIS WP Executive Summary, and policy 401-1101

Quality and Performance Improvement Program to the Executive Assistant for the August Board meeting packet for approval.

c. QIPH Administrative Assistant will submit the policies to Policy Hub for approval.

Actions Complete.

3. Regular Agenda

a. **Emerging Issues**

i. Pediatric Care Assessment

One of the Alliance's goals for 2023 to obtain Pediatric Care to a "green" status. Leadership is revisiting current strategies within each county; first county of focus is Merced. Incorporation of member voice in the design of the work to best impact the infrastructure is imperative. Capacity is a barrier the Alliance will brainstorm on resolving and are open to suggestions.

Committee member suggested the possibility of implementing a school site clinic in Merced.

b. **Managed Care Accountability Set (MCAS) Results**

Hilary Gillette-Walch, RN, MPH, Quality and Population Health Manager, presented a preliminary review of MCAS performance for Measurement Year (MY) 2021, discussed the impacts felt from the pandemic, and next steps. Measures in which the Plan will be held to the Minimum Performance Level determined by the State was presented. These performance measures and trends are for the Maternal Child Health Measures and Preventive Health and Chronic Condition Measures. MCAS measures not held to a minimum performance level were reviewed.

Improved and declining performances were discussed. The pandemic has had an ongoing impact on primary care operations resulting in decreased well-child care and immunization services.

Action: Mao will connect with Dr. Raghavan offline language assistance resources, reference guides, and books like "What to do if My Child is Sick". (Action Complete)

c. **Population Needs Assessment (PNA)**

Hilary Gillette-Walch, RN, MPH, Quality and Population Health Manager, and Mao Moua, MPA, Quality and Health Programs Supervisor, shared key PNA report findings, discussed health priorities identified in analysis, reviewed, and discussed next steps for interventions.

HEDIS 2021 results for Preventive Care for pediatrics and adults were reviewed, along with Chronic conditions. Data on Child and Adolescent Well-Care Visit rates by ethnicity for 2021 were presented. Prevalent Chronic Conditions was shared with the committee.

Key findings for Cultural and Linguistic Services, Health Education & Quality Improvement, and the 2022 initial steps to advance goals were reviewed with the committee

Next steps include sharing findings with Member Services Advisory Group and Stakeholder groups, evaluating and revamp the current member messaging about available services and benefits, initiate work on Pediatric Health Disparities Initiative, continue population analysis, and distribute Population Health Needs assessment report to stakeholders.

d. **Potential Quality Issues (PQI) Annual Report**
DeAnna Leamon, FNP, Clinical Safety Supervisor, presented on the 2021 PQI Year End Report. The PQI Definition and Severity Rating, 2021 PQI Stats, PQI Track & Trend Methodology, 2021 Track & Trend Outliers and Outcomes, and next steps 2022 were reviewed.

Examples of Quality of Care, Medication Administration, Access and Availability, and Quality of Service PQI indicators was shared.

PQI Track and Trend methodology, outliers, and outcomes were reviewed. Track and trend next steps include Continue to monitor clinics and providers on a quarterly basis and report to PRCC and CQIC annually, or as needed; and, developing interdepartmental workflow for significant Quality of Care/ Quality of Service trends when identified and, Investigating Hospital and SNF track & trend methodology and benchmarking.

4. Future Topics / Feedback for CQIC Focus:

a. Topic: Program evaluation for High End Utilizers
b. Dr. Sanford is interested in hearing about the outcome of innovative programs / pilots the Alliance has worked on that focused on decreasing overutilization, and hearing about what worked/did not work.
c. Dr. Kennedy would like clarification of the follow up expectations of the external members, their assignments, and more sharing.

Committee members are encouraged to submit items for discussion, at any time, to Michelle Stott.

Next Meeting: Thursday, October 27, 2022 12:00 p.m. – 1:30 p.m.

The meeting adjourned at 1:30 p.m.

Minutes respectfully submitted by,

Jacqueline Van Voerkens
Administrative Specialist

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

Meeting Minutes

Wednesday, August 24, 2022

Teleconference Meeting
(Pursuant to Assembly Bill 361 signed by Governor Newsom, September 16, 2021)

Members Present:	
Ms. Elsa Jiménez	County Health Director
Ms. Shebreh Kalantari-Johnson	Public Representative
Mr. Michael Molesky	Public Representative
Allen Radner, MD	Provider Representative
Members Absent:	
Mr. Tony Weber	Provider Representative
Staff Present:	
Ms. Lisa Ba	Chief Financial Officer
Ms. Stephanie Sonnenshine	Chief Executive Officer
Maurice Herbelin, MD	Chief Medical Officer
Ms. Kay Lor	Financial Planning and Analysis Director
Ms. Dulcie San Paolo	Finance Administrative Specialist

1. Call to Order. (1:33 p.m.)

The meeting was called to order at 1:33 p.m. Roll call was taken. A quorum was present.

Regular Agenda Items:

2. June YTD Financial Results. (1:35 – 1:38 p.m.)

[Commissioner Allen Radner, MD arrived at this time: 1:35 p.m.]

Ms. Lisa Ba, Chief Financial Officer (CFO), updated the commissioners on the Alliance's most recent financial performance for the six months ending on June 30, 2022,

3. Q2-2022 Forecast. (1:38 – 1:51 p.m.)

Ms. Ba oriented the commissioners to the forecast which is based on the actual results from the past six months.

The CFO first gave the commissioners a view of the Alliance's trended financial performance for the past three years. Losses were incurred in 2019, prior to the pandemic. In 2020, a break-even performance was achieved due to the suppressed utilization brought on by the pandemic, and in 2021 the plan was able to generate a profit as the Public Health Emergency (PHE) continued.

Next, Ms. Ba went on to provide a more detailed view of the assumptions related to enrollment, revenue, and medical cost. She explained that when the budget was developed, the assumption was that the PHE would end in January 2022. However, the PHE has been extended several times and is currently slated to end in October 2022. The forecast assumes that redetermination will begin in 2023 with enrollment continuing to grow until October and then staying flat through December 2022. As a result, enrollment is expected to increase by 6.6% from 2021 and nearly 20% since pre-pandemic levels.

Revenue assumptions as compared to the budget include a 1% negative acuity adjustment. The current rate was developed based on the 2019 data. Since then, enrollment has grown significantly, resulting in lower acuity. Of additional note, related to revenue, are the CalAIM incentives payments. The first of these payments was received in May 2022, and the second is expected in September 2022. Ms. Ba explained that these incentive payments were not included in the budget. The potential payment is approximately $22M. However, we must meet the milestone to earn the incentive. Overall, the revenue rate at a PMPM level is forecast to be 3% favorable to the budget.

Regarding medical cost assumptions, Ms. Ba noted that as utilization increases, so does the medical cost. However, the rising enrollment has diluted the utilization and medical cost resulting in a favorable PMPM medical cost.

In summary, due to the suspension of the redetermination process, enrollment has increased by approximately 20% since 2019. Higher enrollment as well as CalAIM incentive payments have helped to stabilize revenue even after the pharmacy carve-out. Medical cost is forecast to be favorable even with increased utilization, as the higher enrollment lessens the PMPM `medical cost. Administrative expense is expected to end at or below budget. Medical Loss Ratio (MLR) is projected to be 87.6% compared to the budgeted 90.6% and Administrative Loss Ratio (ALR) is expected to be 5.4% compared to the budgeted 6.4%. Staff forecast an operating income of $109M for 2022, compared to the budget of $41M.

4. Hospital Incentive Program. (1:51 – 2:12 p.m.)

Ms. Ba began by providing some background information on the topic. She noted that, in June 2020, the Alliance's Board approved a Cost Containment Plan to bring hospital cost in line with revenue rate, utilization trends and industry benchmarks. In December 2020, the Board approved a shared savings program to provide an additional revenue source for

hospitals. During rate negotiations with hospitals in 2021, hospital partners expressed interest in the Alliance creating a hospital incentive program. Therefore, staff have been working on developing such a program this year. Ms. Ba announced that the program was presented last week at a Hospital Council meeting where representatives from contracted hospitals from Monterey and Santa Cruz counties were in attendance. The intent today is to share a high-level overview of the program with this committee to solicit feedback.

The CFO introduced Kay Lor, Financial Planning and Analysis Director, to share an overview of the Hospital Incentive Program for the commissioners. Ms. Lor outlined the objectives of the program, one of which is to move towards paying providers based on quality with a goal for better health outcomes for members. Additional objectives are to reduce the unnecessary use of expensive services, achieve alignment between the payer and delivery systems, provide hospitals with the ability to earn additional revenue. and to lower medical costs.

Ms. Lor went on to explain that the program would be available to the Alliance's nine in-area contracted hospitals. It would be a two-tiered approach, with Phase I of the program proposed for implementation in 2023 and Phase II to be developed in 2023.

Ms. Lor reviewed the proposed measures for Phase 1 of the program including: 30-day readmission rates, Cesarean delivery rates, post-discharge follow-up within seven days, and avoidable emergency room visits.

Staff suggest that the payment would be based on a percentage improvement from prior year's baseline. The performance period would be 2023 with payout in 2024. Staff plan to budget $10M in 2023. Next steps will be to present the program for the Board's consideration and approval in October.

Ms. Ba opened the floor for questions.

Commissioners Radner and Kalantari-Johnson inquired about tactics that may support hospitals in achieving the proposed metrics, and how the Alliance could help to facilitate those tactics.

Ms. Ba noted that currently there are regular Joint Operational Committees (JOCs) held with our contracted hospitals and that these could be utilized as a forum to explore how the Alliance can partner with hospitals to help them achieve the metrics. In addition, staff would incorporate commissioners' feedback in the future program design.

5. Q2-2022 Investment Update. (2:12 - 2:18 p.m.)

Ms. Ba provided the commissioners with an update on the Alliance's investment portfolio as of June 30, 2022. She explained that staff manage the investments per the Board-approved Investment Policy. Through a view of the portfolio by institution and holdings, Ms. Ba noted that staff have utilized the Pooled Money Investment Account (PMIA), which includes CalTRUST and Local Agency Fund (LAIF), to manage the majority of the funds. These accounts are designed for public agencies, and their investment objectives align with the Alliance's.

Ms. Ba indicated that most of the Alliance's investments are in bonds. Recent interest hikes implemented by the Federal Reserve to lower consumer demand and fight inflation have negatively impacted the bond market. As a result, the Alliance has experienced losses within its portfolio. However, Ms. Ba confirmed that the intention is to hold the investments to maturity and not to recognize the losses.

Overall, the Alliance's investment performance is aligned with the bond market benchmark.

6. Oral Communications. (2:18 – 2:19 p.m.)

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

No members of the public addressed the Committee.

Consent Agenda Items:

7. Approve minutes of the March 23, 2022 meeting of the Finance Committee. (2:19–2:20 p.m.)

FINANCE COMMITTEE ACTION: Chairperson Molesky opened the floor for approval of the minutes of the March 23, 2022 meeting.

MOTION:	Commissioner Kalantari-Johnson moved to approve the minutes, seconded by Commissioner Radner.
ACTION:	The motion passed with the following vote:
Ayes:	Commissioners Jimenez, Kalantari-Johnson, Molesky, Radner
Noes:	None
Absent:	Commissioner Weber
Abstain:	None

The Commission adjourned its meeting of August 24, 2022 at 2:20 p.m. to October 26, 2022 at 1:30p.m. via teleconference unless otherwise noted.

Respectfully submitted,

Ms. Dulcie San Paolo
Finance Administrative Specialist

Whole Child Model Family Advisory Committee Meeting

Meeting Minutes

Monday, September 12, 2022

1:30p.m. – 3:00p.m.

Teleconference Meeting
(Pursuant to Governor Newsom's Executive Order N-29-20)

Chairperson: Janna Espinoza, WCM Family Member, WCMFAC Chair

CCAH Support Staff Present: Lilia Chagolla, Community Engagement Director**;** Maria Marquez, Administrative Specialist

WCMFAC Committee Present: Kim Pierce, Monterey County Local Consumer Advocate; Irma Espinoza, Merced County - CCS WCM Family Member; Manuel López Mejia, Monterey County – CCS WCM Family Member; Susan Skotzke, Santa Cruz – CCS WCM Family Member

WCMFAC Committee Absent: Ashley Gregory, Santa Cruz County – CCS WCM Family Member; Cristal Vera, Merced County – CCS WCM Family Member; Cynthia Rico, Merced County – CCS WCM Family Member; Cindy Guzman, Merced County – CCS WCM Family Member; Deadra Cline; Santa Cruz County – CCS WCMF Family Member; Frances Wong, Monterey County – CCS WCM Family Member; Viki Gomez, Merced County – CCS WCM Family Member

CCAH Staff Present: Ashley McEowen, Complex Case Management Supervisor – Pediatric, RN; Dianna Diallo, MD, Medical Director; Gisela Taboada, Member Services Call Center Manager; Kelsey Riggs, RN, Complex Case Management Supervisor; Linda Gorman, Communications Director; Ronita Margain, Merced County Community Engagement Director

Guest: Christine Betts, Monterey County – Local Consumer Advocate; Fanta Nelson, County of Merced; Jennifer Netniss, Special Kids Connect; Jose Francisco Hernandez Rivera, Special Kids Connect; Susan Paradise, Manager, Family Health Programs at County of Santa Cruz; Steward Chang, member of the public

Agenda Topic	Minutes	Action Items
Meeting Administration Lilia Chagolla	• Lilia Chagolla, Community Engagement Director (CED) welcomed the group.	
Call to Order Janna Espinoza	• Janna Espinoza, WCMFAC Chair called the meeting to order. Followed by reading the WCMFAC mission statement.	
Roll Call Lilia Chagolla	• Committee introductions and roll call was taken.	
Oral Communications Janna Espinoza	• Janna Espinoza, WCMFAC Chair opened the floor for any members of the public to address the Committee on items not listed on the agenda. • Steward Chang member of the public in attendance. • Follow-up o the discussion to have a community doctor to be part of the WCMFAC to advocate for members.	Dr. Dianna Diallo to connect with community providers for representation at the WCMFAC meetings.

Whole Child Model Family Advisory Committee Meeting

Meeting Minutes

Monday, September 12, 2022

1:30p.m. – 3:00p.m.

Agenda Topic	Minutes	Action Items
Consent Agenda Items: Accept WCMFAC Meeting Minutes from Previous Meeting Janna Espinoza	• Janna Espinoza, WCMFAC Chair opened the floor for approval of the meeting minutes of the previous meeting on July 11, 2022. Motion to approve the consent agenda by Susan Skotzke, seconded by Kim Pierce.	
Review WCMFAC Roadmap Lilia Chagolla	• Lilia Chagolla reviewed the roadmap and elaborated on the progress. • Shared that in quarter four the Alliance will focus in informing and educating community partners on the Family Advisory Committee (FAC). The fact sheet will continue to be shared with partners and members of the community. The Alliance Your Health Matters outreach program has been sharing the FAC factsheet at attended outreach events in hopes that we get more participation from families across the Alliance service area. • Expanded on the accomplishments and the work planned as we wrap 2022. • Next steps will be to brainstorm on the things we would like to accomplish in 2023. Lilia proposed adding a recruitment campaign and having the Alliance Communications team support the efforts. In addition, it was suggested that the state mandates included as appropriate. • S. Skotzke asked that equity and member voice be inclusive of the road map. Log and act on items raised.	
Review WCMFAC Fact Sheet Lilia Chagolla	• The WCMFAC fact sheet has been completed and is being shared in the community for awareness and to engage as families as much as possible. • The Alliance will be sharing the fact sheet at every outreach event to engage and have a dialogue with families with special needs. The fact sheet will be shared in the community during community networking meetings specially with those that serve kids with special needs, school districts and at the	

Whole Child Model Family Advisory Committee Meeting

Meeting Minutes

Monday, September 12, 2022

1:30p.m. – 3:00p.m.

Agenda Topic	Minutes	Action Items
	Joint Operations Committee meetings the Alliance holds with hospitals and clinics within the Alliance service area. • Janna Espinoza suggested for the fact sheet to be shared with local board of supervisors. • Susan Skotzke suggested for the fact sheet to be shared with local providers and asked if it can be displayed on their monitors in their waiting areas. It was asked that the WCMFAC continues to assist in sharing the FAC fact sheet. • Maria Marquez is available to mail out hard copies or email to the WCMFAC as requested or to identified community-based organizations.	Lilia Chagolla to follow-up with county clinics and see if they have monitors on their waiting areas for the FAC to be displayed.
Medi-Cal Redetermination Gisela Taboada	• Gisela Taboada, Member Services Call Center Manager expanded on the COVID-19 Public Health Emergency (PHE) which requires counties to restart the process of redetermining the Medi-Cal eligibility for all beneficiaries. There are roughly 14million in the state of California. Due to the potential millions of beneficiaries losing their Medi-Cal eligibility, the state has implemented a communications campaign to reach beneficiaries through several entities such as the state, local Medi-Cal plans, providers, and other community stakeholders. • The focus is for the Alliance to get the word out to its members to update their contact information with their local Medi-Cal office. Some members have been auto renewed for two years and their contact information may not be up to date. The Alliance is communicating the importance of having up-to-date information for any upcoming redetermination paperwork. • Gisela Taboada mentioned that the Alliance will be integrating a virtual voice messaging for when members dial the member services line a message will be prompt to ensure they are updating their	

Whole Child Model Family Advisory Committee Meeting

Meeting Minutes

Monday, September 12, 2022

1:30p.m. – 3:00p.m.

Agenda Topic	Minutes	Action Items
	address when speaking to a member services representative. • Additionally, to maintain continuity of coverage for individuals who turn twenty-six until the Medi-Cal expansion of people ages 26 to 49, which takes place on January 1, 2024, DHCS will continue existing state funded full scope Medi-Cal coverage even after COVID PHE. This will be done by instructing each county to deprioritize their annual redetermination after the end of PHE and before the 26 to 49 expansion policy begins in 2024.	
Community Partner Feedback | COVID-19 Impact on Members	• Open forum for Committee members to share COVID-19 impact. **Organization Updates:** - Kim Pierce, San Andreas Regional Center – No major updates. Office remains close to the public, except for appointments. - Christine Betts, Monterey County – No major updates. Continue to be fully open and as far as vaccines clinics, they are waiting to hear more about the new booster. - Jose Francisco Hernandez, Special Kids Connect (SKC) – Elaborated on the Lend a toy library available for children. SKC centers are open in Monterey and in Greenfield. Available to assist with anything related to Denti-Cal, Medi-Cal renewals, forums, and other needs. Open on Saturdays at the Greenfield Community Center from 9am-12pm and by appointment at later times. Additionally, they are doing a collaboration with Milestones in different areas of the county promoting family's mommy and daddy classes. Other recreational programs are available and mentioned that there will be a Halloween coming up soon, details to follow once finalized.	

Whole Child Model Family Advisory Committee Meeting

Meeting Minutes

Monday, September 12, 2022

1:30p.m. – 3:00p.m.

Agenda Topic	Minutes	Action Items
	Alliance Updates: - Lilia Chagolla shared that her title transition from Community Engagement Director to Community Engagement Director. This means having the opportunity to focus more on being out in the community and really capture that member voice, engage, and collaborate with community partners and focus on partnering with the community to respond to the needs and input. Elaborated on the focus of member voice and the action aimed for equitable access to Alliance members. - Shared the Alliance will be hosting two community clinics for COVID-19 and flu vaccines in collaboration with the VIDA project in Monterey County, United Way, and VNA. The first vaccine is scheduled to be on November 3, at -6p.m. and the second is for December 1, 3-6p.m. The clinic will offer COVID-19 vaccines and flu shots for children 2-years old and older. There will be fun children's activities and giveaways. The flyer to this event will be shared with this group once finalized. - Lilia shared on the Check in Check up campaign. Promoting regular visits to the doctor and to catch up to any missing vaccines. **Member/Community Feedback** - Janna Espinoza mentioned on the lost of significant amount of nursing staff at the schools and how this affected students on starting the school year due to no nurse to process their paperwork.	
CCS Advisory Group Representative Report Susan Skotzke	• Susan Skotzke shared on the following California Children's Services (CCS) Advisory Group Meeting topics: - CCS program updates	

Whole Child Model Family Advisory Committee Meeting

Meeting Minutes

Monday, September 12, 2022

1:30p.m. – 3:00p.m.

Agenda Topic	Minutes	Action Items

	- 2022 Priorities updates: Areas to focus on to drive improvements in the CCS Program over the 2022 period.
	  o Access to Care
	  o Equity and Quality of Care
	  o Beneficiary (and Caregiver) Experience and Satisfaction
	  o Program Administration
	- Data exchange: Percentage up to date on recommended immunizations by their second birthday. Data was presented for Whole Child Model and non-CCS Consumers. Data was presented by race, ethnicity, and population.
	- COVID-19 vaccinations data for Medi-Cal beneficiaries for ages 5-20 years. This information can be found at the Department of Health Care Services (DHCS) website.
	- CalAIM: County monitoring and oversight workgroup update
	- CalAIM Enhanced Care Management (ECM): Children/Youth populations of focus update.
	- Electronic Visit Verification (EVV) update.
	- Personnel updates Harry Hendriks and Mike Wolford will retire December 30, 2022.
	- Next meeting is scheduled for October 12, 2022, from 1 to 4p.m.	

Member Voice	• Irma Espinoza, WCMFAC member asked if the Alliance could consider increasing the gas mileage reimbursement for out of area medical transportation. • Gisela Taboada shared that the mileage reimbursement for out of area services is provided by state and that the state did do an adjustment a couple of months ago, going from $0.17 to $0.22. Added that they are currently working on transportation optimization, and it is important to hear this feedback. Agreed that the rate is low and stated this will be brought back to leadership for discussion.	Lilia to discuss the mileage reimbursement with the organization and report back to this committee.

Whole Child Model Family Advisory Committee Meeting

Meeting Minutes

Monday, September 12, 2022

1:30p.m. – 3:00p.m.

Agenda Topic	Minutes	Action Items
Other Business	• Lilia Chagolla, Community Engagement Director shared on the upcoming Family Voices family leadership conference. Asked if anyone in the committee is interested in participating to connect with Maria Marquez to coordinate attendance. • The conference is for October 18, 19, and 20th. The conference will be virtually. • Reschedule WCMFAC meeting from November 14, 2022, to December 5, 2022. Newly proposed date/time approved by the committee. M. Marquez will update the meeting invitation.	M. Marquez to reschedule the WCMFAC to 12/5/22.
Future Agenda Items Lilia Chagolla	• The following items will be included as future agenda items in addition to the standing agenda topics. • 2023 Road Map – Lilia Chagolla, Community Engagement Director • CCS Advisory Group Summary – Lilia Chagolla, Community Engagement Director/Susan Skotzke, WCMFAC Family Member	
Review Action Items Maria Marquez	• Maria Marquez reviewed the action items.	
Adjourn (end) Meeting Janna Espinoza	The meeting adjourned at 3:04p.m.	
Minutes Submission	The meeting minutes are respectfully submitted by Maria Marquez, Administrative Specialist	

Next Meeting: Monday, December 5, 2022, at 1:30p.m.

DATE: December 7, 2022

TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission

FROM: Stephanie Sonnenshine, Chief Executive Officer

SUBJECT: Department of Health Care Services Medi-Cal Contract Amendments

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Recommendation. Staff recommend the Board authorize the Chairperson to sign Amendments described below to the Alliance's primary Medi-Cal contract number 08-85216 to incorporate technical updates as well as programmatic and regulatory required language if final amendments and any associated revenue rates are consistent with staff understandings and expectations.

Background. The Alliance contracts with the Department of Health Care Services (DHCS) to provide Covered Services to eligible and enrolled Medi-Cal beneficiaries in Santa Cruz, Monterey, and Merced counties. The Alliance entered into the primary Agreement 08-85216 with DHCS on January 1, 2009. The agreement has subsequently been amended via written amendments (A-1 through A-47, A-49, A-50, and A-54).

As the end of calendar year (CY) 2022 is approaching, DHCS has informed plans that it is finalizing contract amendments which require signature by the Alliance prior to the end of the year as required by the federal Centers for Medicare and Medicaid Services.

Discussion. DHCS has prepared amendments to the Alliance's State Medi-Cal contract to incorporate language as described below.

CY 2022-B Amendment – contains technical changes throughout the contract as well as revisions in the following contract areas:

- Management Information System (MIS) Updates
- Organ Transplant Carve-in
- Multipurpose Senior Services Program (MSSP) Carve-out
- Telehealth Updates
- Vision Updates
- Mandatory Managed Care Enrollment (MMCE) Phase I
- No Primary Care Provider (PCP) for Members with No Other Health Coverage (OHC)
- Enhanced Care Management (ECM) and Community Supports + Standards Terms and Conditions (STCs)
- Health Homes Program (HHP) Carve-out
- Indemnification Updates
- State Hearings Updates
- Medi-Cal Rx Carve-out
- Program Data Updates
- Medi-Cal Postpartum Care Extension (PCE) under the Provisions of the American Rescue Plan Act (ARPA)

- New and Updated Definitions
- Business Associate Agreement (BAA) replaces previous HIPAA Exhibit G

CY 2022-C Amendment – contains revisions in the following contract areas:

- Alternative Format Selection
- CBAS Updates from the CalAIM Waiver STCs
- Cognitive Health Assessment
- HCBS Program Updates
- Interoperability Rule API
- No Wrong Door

CY 2023-A Amendment – contains technical changes throughout the contract as well as revisions in the following contract areas:

- Dyadic Care Services
- Long-Term Care (LTC) Carve-in Services
- Risk Sharing Mechanisms
- Updated Aid Codes for Mandatory Managed Care Enrollment (MMCE) Phase II
- New and Updated Definitions

Staff have reviewed draft contract language for implementation issues and concerns.

Board authorization for the Chair to sign the Amendments is required.

Fiscal Impact. There is no fiscal impact associated with this agenda item. Contract revenue rates are reflected in the budget already presented to the Board.

Attachments. N/A

DATE: December 7, 2022

TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission

FROM: Danita Carlson, Government Relations Director

SUBJECT: Conflict of Interest Code: Biennial Review

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

Background. As a multi-county governmental agency, the Santa Cruz-Monterey-Merced Managed Medical Care Commission is required to have an approved Conflict of Interest Code on file with the California Fair Political Practices Commission (FPPC). In addition, 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. The Board most recently approved its Conflict of Interest Code on September 22, 2021.

Discussion. Staff reviewed the Board's current Conflict of Interest Code, in accordance with the FPPC requirements for biennial review and determined that changes were necessary to update the list of designated positions required to file the annual Statement of Economic Interests – Form 700. Staff submitted the Conflict of Interest Code to the FPPC to review for assurance that updates and revisions meet regulatory requirements.

Pursuant to FPPC regulations, the Alliance opened a 45-day public comment period on October 21, 2022. 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 Conflict of Interest Code remains under review by the FPPC and is subject to final approval by the FPPC. If material changes are required by the FPPC, the Conflict of Interest Code will be returned to the Board for further approval.

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 MANAGED MEDICAL CARE COMMISSION

dba 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 Managed Medical Care Commission dba 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 Director	2, 3
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
Chief Administrative Officer	1, 2, 3, 4
Chief Compliance Officer	2, 3, 4
Chief Information Officer	2, 3
Chief Medical Officer	2, 3, 4
Chief Operating Officer	1, 2, 3, 4
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	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 & 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
Grievance and Quality Manager	2, 4
Health Analytics Manager	2
Health Services Officer	2, 3, 4
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 & Content Manager	2
Medical Director	2, 3
Member Services Call Center Manager	2
Member Services Operations Manager	2
Member Services Director	2, 3
Operational Excellence Director	2,3
Payroll Manager	2
Pharmacy Director	2, 3
Process Excellence Manager	2
Program Development Manager	2
Project Management Office Portfolio Manager	2
Provider Quality & Network Development Manager	2
Provider Reimbursement Manager	2

Provider Relations Manager	2
Provider Services Contracts Manager	2
Provider Services Director	2, 3, 4
Purchasing Manager	2, 3
Quality & Health Programs Manager	2
Quality & Population Health Manager	2,3
Quality & Performance Improvement Manager	2, 3
Quality Improvement & 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 (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 income, including gifts, loans and travel payments, and real property.

Governing Board Members
Chief Executive Officer
Chief Financial Officer

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.

DATE: December 7, 2022

TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission

FROM: Jessica Finney, Grant Program Manager

SUBJECT: Medi-Cal Capacity Grant Program: Change to October 26, 2022 Funding Award

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Recommendation. Staff recommend the Board approve a change to a Partners for Healthy Food Access grant award to change the awarded grantee organization from United Way of Merced County to Community Initiatives for Collective Impact (Ci4Ci).

Background. The Board approves all Medi-Cal Capacity Grant Program (MCGP) grant awards in two cycles each year. On occasion, staff return to the Board if a change is requested that alters the Board-approved grant. Staff is requesting a change to the Partners for Healthy Food Access grant award approved by the Board on October 26, 2022 to United Way of Merced County. The requested change does not impact the grant award amount. A grant agreement has not yet been executed.

Discussion. The Partners for Healthy Food Access grant was awarded to United Way Merced County on October 26, 2022 as the fiscal sponsor for the grant-funded project. As described in the grant application submitted July 19, 2022, the food access project will be implemented by staff of Ci4Ci. In September 2022, Ci4Ci received their formal IRS 501(c)3 determination letter for nonprofit organization status, making the organization eligible for MCGP funding. Ci4Ci is currently moving grant-funded projects from United Way Merced County fiscal sponsorship to Ci4Ci operations. The Ci4Ci board of directors has requested that the grant agreement for the approved grant be executed with Ci4Ci rather than under fiscal sponsorship of United Way Merced County. Ci4Ci submitted required financial documents to the Alliance and has passed the financial review for grant eligibility.

Next Steps. If requested change is approved, staff will issue the grant agreement to Ci4Ci and project implementation will begin in January 2023.

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

Attachments. N/A

DATE: December 7, 2022

TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission

FROM: Lisa Ba, Chief Financial Officer

SUBJECT: Department of Health Care Services CalAIM Incentive Payment Program

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Recommendation. Staff recommend the Board authorize staff to continue funding providers through the CalAIM Incentive Payment Program (IPP) and take risk for such payments until receipt of IPP payment from the Department of Health Care Services (DHCS).

Summary. This report provides background on IPP which supports managed care plans (MCPs) and providers in implementing the Enhanced Care Management (ECM) benefit and Community Supports (CS) programs as part of the CalAIM initiative. This report outlines a change made by DHCS to the IPP payment schedule and a recommendation to continue provider incentives payments prior to receiving DHCS payments.

Background. DHCS implemented the IPP program January 1, 2022. IPP is intended to support the building of sustainable capacity through significant new investments in ECM and CS infrastructure, care management capabilities, information technology and data exchange, and workforce capacity across MCPs and their networks of ECM and CS providers. The Alliance Board approved the Plan's participation in IPP on December 1, 2021 to support implementation of ECM and CS with the understanding that costs associated with the incentive program will be covered through incentive revenue made available by DHCS. A detailed report on IPP was included in that Board packet and a detailed report of ECM and CS programs was included in the October 27, 2021 Board packet.

DHCS issued an All Plan Letter (APL) on October 27, 2021 with requirements for MCPs to participate in the incentive program. DHCS will make incentive payments associated with the implementation of ECM and CS over three program years from January 2022 through June 2024. The APL included requirements for Program Year 1 (PY1) only. Requirements for PYs 2 and 3 will be incorporated in a future revision. For PY 1 (2022), DHCS allocated the maximum incentive amount of $21.66M total for the Alliance's three counties. DHCS issued PY1 Payment 1 ($10.8M) to the Alliance in April 2022 upon DHCS acceptance of the required Needs Assessment and Gap-Filling Plan submissions. PY1 Payment 2 was anticipated to be made by DHCS in December 2022 upon acceptance by DHCS of the Alliance's September 1, 2022 progress report submission on overall progress and performance against targets linked to achievement of the Gap-Filling Plan.

Discussion. On October 25, 2022, DHCS announced a change to the PY1 payment schedule and requirements to earn the second half of the PY1 allocation. Payment 2 is now anticipated to be made by DHCS in June 2023. The progress report associated with Payment 2 is now divided into two distinct submissions:

- Submission 2-A (S2-A) measuring performance from January –June 2022 (already submitted in September 2022 and currently under review by DHCS); and
- Submission 2-B (S2-B) measuring performance from July –December 2022 (due March 1, 2023).

Since April 2022, the Alliance has awarded $9.5M (of $10.8M earned through Payment 1) to 20 ECM and CS provider organizations in the three counties served by the Alliance. Funds have been awarded to providers to support information technology, workforce, equipment, training and other infrastructure needs to ensure service delivery and build capacity to increase the number of Alliance members served. IPP funding serves as an effective network development tool to engage providers in contracting for services and as a capacity building tool for successful program implementation. Community-based organizations are especially in need of upfront incentive investments to be able to contract for ECM and CS services and meet all requirements, which in turn allows the Alliance to meet IPP performance measures and earn IPP funding.

The Alliance is on track to meet all IPP requirements and earn Payment 2 in June 2023, however, the exact amount earned will not be known until then. To avoid a disruption in the use of IPP as a network engagement tool and support for our ECM and CS network, staff recommend continuing to award incentives to newly contracting ECM and CS providers to serve current ECM and CS eligible members and new populations of focus planned for 2023. In doing so, the Alliance would take the risk for these incentive payments up to 75% ($8.1M) of the total allocated for Payment 2 until receipt of Payment 2 by DHCS.

Fiscal Impact. The Alliance will be at risk for costs associated with the incentive program that are paid out prior the Alliance receiving earned IPP revenue from DHCS,

Attachments. N/A

DATE: December 7, 2022

TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission

FROM: Danita Carlson, Government Relations Director

SUBJECT: 2022 Legislative Session Wrap Up

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

Summary. Staff provides a summary of the 2022 legislative session including the outcomes of bills of interest and their potential impact, as well as a final list of bills that staff has tracked throughout the legislative session.

Background. The official end of the 2022 legislative session came at midnight on September 30, 2022 with the deadline for Governor Newsom to sign or veto bills passed by the legislature prior to recessing for the year.

Throughout the legislative session, staff, in conjunction with the Local Health Plans of California and our Sacramento representatives, Edelstein, Gilbert, Robson and Smith, identified, tracked, and monitored bills in the following areas of legislative focus as approved by the Board:

- Health Care Coverage/Delivery System Reform
- Medi-Cal Eligibility
- Medi-Cal Benefits
- Medi-Cal Provider Payments
- Medi-Cal Health Plan Revenue
- Medi-Cal and/or Managed Care Policies and Initiatives

Discussion. The Alliance was tracking fifty (50) bills in these areas of focus, including nine (9) Tier 1 priority bills, of which six (6) bills received a Board approved official position of support. Of the fifty (50) bills tracked, twenty-six (26) were signed into law.

The Board approved a Support position on six bills and an Oppose position on one bill. The following provides a report on the outcome of each of these bills:

AB 1900 (Arambula) – Medi-Cal Income Level for Maintenance. Increases the income level for maintenance for seniors and persons with disabilities to 138% of the federal poverty level.

Final Disposition. Budget Trailer Bill (AB 184) signed by the Governor, increases the income levels for maintenance for seniors and persons with disabilities to 138% of the federal poverty level effective no sooner than January 1, 2025 pending federal approval and budget allocation.

AB 1995 (Arambula) Medi-Cal: Premiums or Contributions. Eliminates premiums and subscriber contributions for low-income children, pregnant and post-partum women.

Final Disposition. Budget Trailer Bill (SB 184) signed by the Governor allows the Department of Health Care Services to elect not to impose a premium for specified individuals to the extent allowable under federal law.

AB 2402 (Blanca Rubio) Medi-Cal: Continuous Eligibility. Establishes continuous eligibility for any eligible child under 5 years of age including without regard to income and without an annual review of eligibility. This bill would also apply this continuous eligibility to children who are without satisfactory immigration status but who are eligible for Medi-Cal, as specified

Final Disposition. Budget Trailer Bill (SB 184) signed by the Governor, included continuous coverage for children age 0 to up to 5 years of age effective 2024-25 fiscal year to the extent federal funding is available and upon sufficient future state resources and appropriations.

AB 2449 (Blanca Rubio) Open Meetings: local agencies: teleconferences. Authorizes a local agency to use teleconferencing, effective January 1, 2023, without complying with the teleconferencing requirements that each teleconference location be identified in the notice and agenda and that each teleconference location be accessible to the public if at least a quorum of the members of the legislative body participates in person from a singular physical location clearly identified on the agenda that is open to the public and situated within the local agency's jurisdiction. The bill also authorizes a member to participate remotely under specified circumstances, specifically for just cause or emergency circumstances. Beginning January 1, 2024, the Public Health Emergency teleconferencing flexibility will no longer be available, as it is repealed as of that date. However, the Public Health Emergency flexibility may no longer be available as early as February 2023 as the Governor has announced his intent to end the public health emergency on February 28, 2023.

Final Disposition. Signed by the Governor

SB 418 (Laird). Pajaro Valley Health Care District. Creates the Pajaro Valley Health Care District, contingent on the authority of the relevant county board of supervisors choosing to appoint an initial board of directors.

Final Disposition. Signed by the Governor

SB 966 (Limon) Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC): Visits. Includes, within the definition of a visit, a face-to-face encounter between an FQHC or RHC patient and an associate clinical social worker or associate marriage and family therapist when supervised by a licensed behavioral health practitioner as required by the Board of Behavioral Sciences, as specified.

Final Disposition. Signed by the Governor

AB 2724 (Arambula) Medi-Cal: Alternate Health Care Service Plan. Authorizes the department to enter into one or more comprehensive risk contracts with an alternate health care service plan (AHCSP), as defined, to serve as a primary Medi-Cal managed care plan for specified eligible beneficiaries in geographic regions designated by the department

Final Disposition. Signed by the Governor

Staff continue to review all applicable bills that were signed into law by the Governor to identify implementation issues and potential impact on the plan, providers or members and will report to the Board on any significant concerns that may arise from this review that warrant Board attention.

Attached is the final bill list indicating those bills that staff were tracking based on the Board's established areas of focus. The status of each bill is indicated. Those bills that were not signed into law (indicated as "Chaptered") are now officially "dead" and must be re-introduced in the next legislative session in order to be reconsidered.

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

Attachments.

1. 2022 Legislation – Final

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

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

530 West 16th Street, Ste. B
Merced, CA 95240-4710
209-381-5300

Central California Alliance for Health
2022 Legislation - Final

Tier 1	
AB 1900 **Arambula** **Status:** In committee: Held under submission. 08/11/22	**Medi-Cal: income level for maintenance** **Summary:** Current law requires the department to establish income levels for maintenance at the lowest levels that reasonably permit a medically needy person to meet their basic needs for food, clothing, and shelter, and for which federal financial participation will still be provided under applicable federal law. To the extent that any necessary federal authorization is obtained, and effective no sooner than January 1, 2024, this bill would increase the above-described income level for maintenance per month to be equal to the income limit for Medi-Cal without a share of cost for individuals who are 65 years of age or older or are disabled, generally totaling 138% of the federal poverty level. The bill would require the department to seek any necessary federal authorization for maintaining that income level for maintenance and would make conforming changes to related provisions. The bill would authorize the department to implement those provisions by various means, including all-county letters, and would require the department to implement those changes by regulatory action within 2 years of the operation of the above-described increase.
AB 1944 **Lee** **Status:** In committee: Hearing postponed by committee. 06/22/22	**Local government: open and public meetings** **Summary:** Existing law, until January 1, 2024, authorizes a local agency to use teleconferencing without complying with those specified teleconferencing requirements in specified circumstances when a declared state of emergency is in effect, or in other situations related to public health. This bill would require the agenda to identify any member of the legislative body that will participate in the meeting remotely. The bill would also require an updated agenda reflecting all of the members participating in the meeting remotely to be posted, if a member of the legislative body elects to participate in the meeting remotely after the agenda is posted. This bill would authorize, upon a determination by a majority vote of the legislative body, a member to be exempt from identifying the address of the member's teleconference location in the notice and agenda or having the location be accessible to the public, if the member elects to teleconference from a location that is not a public-place, including, beginning January 1, 2024, that at least a quorum of members of the legislative body participates from a single physical location that is clearly identified on the agenda, open to the public, and situated within the boundaries of the territory over which the local agency has jurisdiction. This bill would require all open and public meetings of a legislative body that elects to use teleconferencing to provide a video stream accessible to members of the public and an option for members of the public to address the body remotely during the public comment period through an audio-visual or call-in option. This bill would repeal these provisions on January 1, 2030. Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest. This bill would make legislative findings to that effect. The California Constitution requires local agencies, for the purpose of ensuring public access to the meetings of public bodies and the writings of public officials and agencies, to

	comply with a statutory enactment that amends or enacts laws relating to public records or open meetings and contains findings demonstrating that the enactment furthers the constitutional requirements relating to this purpose. This bill would make legislative findings to that effect.
AB 1995 **Arambula** **Status:** In committee: Held under submission. 08/11/22	**Medi-Cal: premiums, contributions, and copayments** **Summary:** Existing law requires that Medi-Cal benefits be provided to optional targeted low-income children, as defined, based on a certain income eligibility threshold. Existing law also establishes the Medi-Cal Access Program, which provides health care services to a woman who is pregnant or in her postpartum period and whose household income is between certain thresholds, and to a child under 2 years of age who is delivered by a mother enrolled in the program, as specified. Existing law also establishes a program under which certain employed persons with disabilities are eligible for Medi-Cal benefits based on income and other criteria. Existing law requires the department to exercise the option, available to the state under federal law, to impose specified monthly premiums, based on income level, for the above-described children and employed persons with disabilities. Existing law requires the department to determine schedules for subscriber contribution amounts for persons enrolled in the Medi-Cal Access Program. This bill would eliminate the premiums and subscriber contributions for the above-described populations. The bill would make conforming changes to related provisions. Existing law creates the County Health Initiative Matching Fund in the State Treasury, administered by the department for the purpose of providing matching state funds and local funds received by the fund through intergovernmental transfers to a county agency, a local initiative, or a county organized health system in order to provide health insurance coverage to certain children and adults in low-income households who do not qualify for health care benefits through the Healthy Families Program or Medi-Cal. This bill would prohibit the department from imposing subscriber contributions for that program, to the extent allowable by federal law, as specified. Existing law requires Medi-Cal beneficiaries to make set copayments for specified services, including for nonemergency services received in an emergency department or emergency room. This bill would prohibit the department from imposing copayments on recipients of specified services, to the extent allowable by federal law.
AB 2402 **Blanca Rubio** **Status:** Ordered to inactive file at the request of Senator Eggman. 08/30/22	**Medi-Cal: continuous eligibility** **Summary:** Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, beginning no earlier than January 1, 2025, a child under 5 years of age is continuously eligible for Medi-Cal, including without regard to income, until the child reaches 5 years of age, subject to specified circumstances. Existing law makes this provision contingent on obtaining all necessary federal approvals, an appropriation, and a determination by the department that systems have been programmed to implement certain provisions. Existing law establishes the County Health Initiative Matching Fund, administered by the department, through which an applicant county, county agency, a local initiative, or a county organized health system that provides an intergovernmental transfer, as specified, is authorized to submit a proposal to the department for funding for the purpose of providing comprehensive health insurance coverage to certain children. For purposes of eligibility, existing law requires the child to meet specified citizenship and immigration

	status requirements, that their family income be at or below 317% of the federal poverty level or, at the option of the applicant, at or below 411% of the federal poverty level, and that the child not qualify for Medi-Cal with no share of cost or for other certain Medi-Cal programs. This bill would require, beginning no earlier than January 1, 2025, that the application also specify that the applicant will provide continuous eligibility for a child under the program until the child is 5 years of age if the child is not determined to be eligible for Medi-Cal during that time, except as specified. The bill would condition implementation of this provision on receipt of any necessary federal approvals, an appropriation, and a determination by the department, as described above. The bill would also remove the above-described reference to citizenship and immigration status requirements. Because counties are required to make Medi-Cal eligibility determinations, and to the extent that this bill would expand Medi-Cal eligibility, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.
AB 2449 **Blanca Rubio** **Status:** Chaptered 09/13/22	**Open Meetings - Local agencies, teleconferences** **Summary:** This bill revises and recasts the teleconferencing provisions under the Existing Ralph M. Brown Act and, until January 1, 2026, authorizes a local agency to use teleconferencing without complying with the teleconferencing requirements that each teleconference location be identified in the notice and agenda and that each teleconference location be accessible to the public if at least a quorum of the members of the legislative body participates in person from a singular physical location clearly identified on the agenda that is open to the public and situated within the local agency's jurisdiction. Under this exception, the bill authorizes a member to participate remotely under specified circumstances, including participating remotely for just cause or due to emergency circumstances. The emergency circumstances basis for remote participation is contingent on a request to, and action by, the legislative body, as prescribed. The bill, until January 1, 2026, authorizes a legislative body to consider and take action on a request from a member to participate in a meeting remotely due to emergency circumstances if the request does not allow sufficient time to place the proposed action on the posted agenda for the meeting for which the request is made. The bill additionally defines terms for purposes of these teleconferencing provisions.
AB 2724 **Arambula** **Status:** Chaptered 06/30/22	**Medi-Cal: alternate health care service plan** **Summary:** This bill authorizes the department to enter into one or more comprehensive risk contracts with an alternate health care service plan (AHCSP), as defined, to serve as a primary Medi-Cal managed care plan for specified eligible beneficiaries in geographic regions designated by the department. The bill authorizes the department to contract with an AHCSP as a Medi-Cal managed care plan in any geographic region of the state for which federal approval is available and for which the AHCSP maintains appropriate licensure or an approved exemption from the Department of Managed Health Care. The bill, among other things, prohibits the AHCSP from denying enrollment to any of those eligible beneficiaries, unless the department or the Department of Managed Health Care has ordered the AHCSP to cease enrollment in an applicable service area. The bill requires the contract with the AHCSP to include the same standards and requirements, except with respect to enrollment, as for other Medi-Cal managed care plans, as specified. The bill requires the Health Care Options Program, which is an entity overseen

	by the department for Medi-Cal managed care education and enrollment, to disenroll any member of an AHCSP if the member meets any one of the reasons for disenrollment enumerated in specified regulations. The bill also requires the AHCSP to enter into a memorandum of understanding (MOU) with the department, which would include specified standards or requirements and the AHCSP's commitment to increase enrollment of new Medi-Cal members and any requirements related to the AHCSP's collaboration with and support of applicable safety net providers. The department is required to post the MOU and a specified implementation report on its internet website. The AHCSP is additionally required to work with federally qualified health centers (FQHCs) in AHCSP service areas selected by the AHCSP and the department, at the request of the FQHC, to provide assistance with population health management and clinical transformation. Both the department and the AHCSP are obligated to identify the highest need specialties and geographic areas where the AHCSP would provide outpatient specialty care and services to address related needs, as specified. Under the bill, except when an AHCSP was already contracted with the department as a Medi-Cal managed care plan as of January 1, 2022, contracts entered into pursuant to these provisions are effective no sooner than January 1, 2024, as specified. The bill authorizes the department to implement these provisions through plan letters or other similar instructions. The bill also conditions implementation of these provisions on receipt of any necessary federal approvals and the availability of federal financial participation. Existing law authorizes the department to establish a Whole Child Model program, under which managed care plans served by a county organized health system or Regional Health Authority in designated counties provide California Children's Services (CCS) to Medi-Cal eligible CCS children and youth. This bill, commencing no sooner than January 1, 2024, expands managed care plans under the Whole Child Model program to also include the above-described AHCSPs.
SB 418 **Laird** **Status:** Chaptered 02/04/2022	**Pajaro Valley Health Care District** **Summary:** This bill creates the Pajaro Valley Health Care District, contingent on the authority of the relevant county board of supervisors choosing to appoint an initial board of directors. The bill requires that, within 5 years of the date of the first meeting of the Board of Directors of the Pajaro Valley Health Care District, that the board of directors divide the district into zones and number them consecutively. Once completed, the bill requires that the Cortese-Knox-Hertzberg Local Government Reorganization Act of 2000 govern any organizational changes for the district. The Pajaro Valley Health Care District is required to notify the County of Santa Cruz local agency formation commission (LAFCO) when the district or any other entity acquires the Watsonville Community Hospital. If the hospital has not been acquired by January 1, 2024, the bill requires the dissolution of the district.
SB 966 **Limon** **Status:** Chaptered 09/27/22	**Federally qualified health centers (FQHC) and rural health clinics (RHC): visits** **Summary:** This bill requires the department to seek any necessary federal approvals and issue appropriate guidance to allow an FQHC or RHC to bill, under a supervising licensed behavioral health practitioner, for an encounter between an FQHC or RHC patient and an associate clinical social worker or associate marriage and family therapist when certain requirements are met, including that the visit is billed under the supervising licensed behavioral health practitioner of the FQHC or RHC.

	This bill incorporates additional changes to Section 14132.100 of the Welfare and Institutions Code proposed by AB 32 to be operative only if this bill and AB 32 are enacted and this bill is enacted last.
SB 969 **Laird** **Status:** Chaptered 07/01/22	**Pajaro Valley Health Care District** **Summary:** Existing law creates the Pajaro Valley Health Care District, as specified, and authorizes the Pajaro Valley Health Care District to be organized, incorporated, and managed, only if the relevant county board of supervisors chooses to appoint an initial board of directors. Existing law additionally requires, within 5 years of the date of the first meeting of the Board of Directors of the Pajaro Valley Health Care District, the board of directors to divide the district into zones and number the zones consecutively. From then on, this bill requires the Cortese-Knox-Hertzberg Local Government Reorganization Act of 2000 to govern any organizational changes for the district after formation and requires the district to notify the County of Santa Cruz local agency formation commission (LAFCO) when the district, or any other entity, acquires the Watsonville Community Hospital. Existing law requires the LAFCO to dissolve the district under certain circumstances. This bill requires the LAFCO to develop and determine a sphere of influence for the district within one year of the district's date of formation, and to conduct a municipal service review regarding health care provision in the district by December 31, 2025, and by December 31 every 5 years thereafter. This bill also requires the district to annually report to the commission regarding health care provision in the district in 2023 and 2024, as specified.

Tier 2

AB 32 **Aguiar-Curry** **Status:** Chaptered 09/25/22	**Telehealth** **Summary**: This bill authorizes the department to authorize an FQHC or RHC to establish a new patient relationship using an audio-only synchronous interaction when the visit is related to sensitive services, as defined, and authorizes an FQHC or RHC to establish a new patient relationship using an audio-only synchronous interaction when the patient requests an audio-only modality or attests they do not have access to video. This bill additionally authorizes the department to take into consideration the availability of broadband access when providing those specific exceptions.
AB 1355 **Levine** **Status:** Chaptered 09/30/22	**Medi-Cal Independent Medical Review System (IMRS)** **Summary:** Existing law establishes hearing procedures for an applicant for, or recipient of, public social services who is dissatisfied with certain actions regarding those services to request a hearing from the State Department of Social Services or the State Department of Health Care Services, as applicable, under specified circumstances. After an administrative law judge has held a hearing and issued a proposed decision, within 30 days after the department has received a copy of the administrative law judge's proposed decision, or within the 3 business days for an expedited resolution of an appeal of an adverse benefit determination for a Medi-Cal managed care plan beneficiary, as specified, existing law authorizes the director to take specified action under prescribed timeframes. These actions include adopting the decision in its entirety, deciding the matter themselves on the record, including the transcript, with or without taking additional evidence, or ordering a further hearing to be conducted by the director or another administrative law judge on their behalf. Under existing law, failure of the director to take certain actions is deemed an affirmation of the proposed decision.

	This bill instead authorizes the director to adopt the decision in its entirety, decide the matter on the record after reviewing the transcript or recording of the hearing without taking additional evidence, or order a further hearing to be conducted by the director or another administrative law judge on their behalf that affords the parties the opportunity to present and respond to additional evidence. The bill further clarifies that a proposed decision be deemed affirmed and adopted if the director fails to take prescribed action, and requires the director's alternated decision to contain a statement of the facts and evidence, including references to the applicable provisions of law and regulations, and the analysis that supports their decision.
AB 1400 **Kalra** **Status:** Died on third reading file. 02/01/22	**Guaranteed Health Care for All** **Summary:** This bill, the California Guaranteed Health Care for All Act, would create the California Guaranteed Health Care for All program, or CalCare, to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state. The bill, among other things, would provide that CalCare cover a wide range of medical benefits and other services and would incorporate the health care benefits and standards of other existing federal and state provisions, including the federal Children's Health Insurance Program, Medi-Cal, ancillary health care or social services covered by regional centers for persons with developmental disabilities, Knox-Keene, and the federal Medicare program. The bill would require the board to seek all necessary waivers, approvals, and agreements to allow various existing federal health care payments to be paid to CalCare, which would then assume responsibility for all benefits and services previously paid for with those funds. This bill would create the CalCare Board to govern CalCare, made up of 9 voting members with demonstrated and acknowledged expertise in health care, and appointed as provided, plus the Secretary of California Health and Human Services or their designee as a nonvoting, ex officio member. The bill would require the board, on or before July 1, 2024, to conduct and deliver a fiscal analysis to determine whether or not CalCare may be implemented and whether revenue is more likely than not to pay for program costs, as specified. The bill would require the board to convene a CalCare Public Advisory Committee with specified members to advise the board on all matters of policy for CalCare. The bill would establish an 11-member Advisory Commission on Long-Term Services and Supports to advise the board on matters of policy related to long-term services and supports. This bill would provide for the participation of health care providers in CalCare, including the requirements of a participation agreement between a health care provider and the board, provide for payment for health care items and services, and specify program participation standards. The bill would create the CalCare Trust Fund in the State Treasury, as a continuously appropriated fund, consisting of any federal and state moneys received for the purposes of the act. This bill would prohibit specified provisions of this act from becoming operative until the Secretary of California Health and Human Services gives written notice to the Secretary of the Senate and the Chief Clerk of the Assembly that the CalCare Trust Fund has the revenues to fund the costs of implementing the act, the people of California have approved the necessary revenue mechanisms, and the Legislature has approved implementation of the CalCare by statute.
AB 1859 **Levine**	**Mental health and substance use disorder treatment**

Status: Enrolled 08/31/22 **Vetoed 09/29/22**	**Summary:** Current law requires an individual or small group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2017, to include coverage for essential health benefits, which include mental health services. This bill would require a health care service plan or a health insurance policy issued, amended, or renewed on or after January 1, 2023, that includes coverage for mental health services to, among other things, approve the provision of mental health services for persons who are detained for 72-hour treatment and evaluation under the Lanterman-Petris-Short Act and to schedule an initial outpatient appointment for that person with a licensed mental health professional on a date that is within 48 hours of the person's release from detention. This bill would prohibit a noncontracting provider of covered mental health services from billing the previously described enrollee or insured more than the cost-sharing amount the enrollee or insured would pay to a contracting provider for those services. Because a willful violation of this bill's requirement by a health care service plan would be a crime, this bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.
AB 1880 **Arambula** **Status:** Enrolled 08/29/22 **Vetoed 09/25/22**	**Prior authorization and step therapy** **Summary:** Current law indicates if a health care service plan or other related entity fails to notify a prescribing provider of its coverage determination within a prescribed time period after receiving a prior authorization or step therapy exception request, the prior authorization or step therapy exception request is deemed approved for the duration of the prescription. Current law excepts contracts entered into under specified medical assistance programs from these time limit requirements. This bill would delete that exception. Current law permits a health care provider or prescribing provider to appeal a denial of a step therapy exception request for coverage of a nonformulary drug, a prior authorization request, or a step therapy exception request, consistent with the current utilization management processes of the health care service plan or health insurer. Current law also permits an enrollee or insured, or the enrollee's or insured's designee or guardian, to appeal a denial of a step therapy exception request for coverage of a nonformulary drug, prior authorization request, or step therapy exception request by filing a grievance under a specified provision. This bill would require health care service plan's or health insurer's utilization management process to ensure that an appeal of an exception request denial is reviewed by a clinical peer of the health care provider or prescribing provider, as specified. This bill would require the appropriate department to consult a clinical peer as an independent expert in reviews of an enrollee's or insured's grievance, as specified. This bill would define the term "clinical peer" for these purposes. This bill would require health care service plans and health insurers that require step therapy or prior authorization to maintain specified information, including, but not limited to, the number of step therapy exception requests and prior authorization requests received by the plan or insurer, and, upon request, to provide the information in a deidentified format to the department or commissioner, as appropriate.
AB 1892 **Flora** **Status:** Last Amended in the	**Medi-Cal: orthotic and prosthetic appliances** **Summary:** Current law requires the department to establish a list of covered services and maximum allowable reimbursement rates for prosthetic and orthotic appliances and durable medical equipment and publish the list in provider manuals. Current law prohibits reimbursement for prosthetic and orthotic appliances from exceeding 80% of

Assembly 04/07/22	the lowest maximum allowance for California established by the federal Medicare program. This bill would instead require reimbursement for these appliances to be set at least at 80% of the lowest maximum allowance for California established by the federal Medicare program and would require that reimbursement to be adjusted annually.
AB 1917 **Levine** **Status:** In committee: Held under submission. 08/11/22	**Personal information: contact tracing** **Summary:** Current law, through the Information Practices Act of 1977, outlines requirements, prohibitions, and remedies available to public agencies with regard to the collection, storage, and disclosure of personal information. Furthermore, the California Consumer Privacy Act of 2018 (CCPA), grants consumers various rights with respect to their personal information which is collected or sold by businesses, and consumers hold the right to direct a business that sells personal information about the consumer to third parties, to not sell the consumer's personal information. This bill would, with certain exceptions, prohibit a correctional officer or an officer, deputy, employee, or agent of a law enforcement agency, as defined, from conducting contract tracing, as defined. The bill would authorization a person to bring civil action to obtain injunctive relief for a violation of these provisions.
AB 1929 **Gabriel** **Status: Chaptered 08/22/22**	**Medi-Cal benefits: violence preventative services** **Summary:** This bill adds violence prevention services, as defined, as a covered benefit under Medi-Cal, subject to both medical necessity and utilization controls. The bill authorizes the department to implement, interpret, or make specific this provision by means of all-county letters, plan letters, or plan or provider bulletins, or similar instructions until regulations are adopted. The bill limits its implementation only to the extent that any necessary federal approvals are obtained and federal financial participation is not otherwise jeopardized, and requires the department to post on its internet website the date upon which violence prevention services may be provided and billed.
AB 1930 **Arambula** **Status:** Enrolled 08/31/22 **Vetoed 09/27/22**	**Medi-Cal: Comprehensive Perinatal Services** **Summary:** This bill, during the one-year postpregnancy eligibility period, and as part of comprehensive perinatal services under Medi-Cal, would require the department to cover additional comprehensive perinatal assessments and individualized care plans and to provide additional visits and units of services in an amount, duration, and scope that are at least proportional to those available on July 27, 2021, during pregnancy and the initial 60-day postpregnancy period in effect on that date. The bill would require the department to collaborate with the State Department of Public Health and a broad stakeholder group to determine the specific number of additional comprehensive perinatal assessments, individualized care plans, visits, and units of services to be covered. The bill would require the department to seek any necessary federal approvals to cover preventive services that are recommended by a physician or other licensed practitioner and that are rendered by a nonlicensed perinatal health worker in a beneficiary's home or other community setting away from a medical site, as specified. The bill would also require the department to seek any necessary federal approvals to allow a nonlicensed perinatal health worker rendering those preventive services to be supervised by (1) an enrolled Medi-Cal provider that is a clinic, hospital, community-based organization (CBO), or licensed practitioner, or (2) a CBO that is not an enrolled Medi-Cal provider, so long as an enrolled Medi-Cal provider is available for Medi-Cal

	billing purposes. The bill would condition implementation of the provisions above on an appropriation by the Legislature and on receipt of any necessary federal approvals and the availability of federal financial participation.
AB 1937 **Patterson** **Status:** In committee: Set, first hearing. Hearing canceled at the request of the author. 04/06/22	**Medi-Cal: out-of-pocket pregnancy costs** **Summary:** Current law establishes the Medi-Cal Access Program, which provides health care services to a person who is pregnant or in their postpartum period and whose household income is between specific thresholds and to a child under 2 years of age who is delivered by a mother enrolled in the program, as specified. This bill would require the department, on or before July 1, 2023, to establish a health expense account program for pregnant Medi-Cal beneficiaries and pregnant subscribers of the Medi-Cal Access Program. This bill would make a Medi-Cal beneficiary who is pregnant or a pregnant subscriber of the Medi-Cal Access Program eligible for reimbursement for "out-of-pocket pregnancy-related costs," as defined, in an amount not to exceed $1,250. This bill would require the person to submit the request for reimbursement within 3 months of the end of the pregnancy in order to be reimbursed. This bill would require the department to seek to maximize federal financial participation in implementing the program. This bill would require the department, to the extent federal financial participation is unavailable, to implement the program only with state funds. The bill would require the department to contract out for purposes of implementing the health expense account program, as specified. The bill would authorize the department to implement the above-described provisions through all-county or plan letters, or similar instructions, and would require regulatory action no later than January 1, 2026.
AB 1994 **Nazarian** **Status:** From printer. May be heard in committee March 13. 02/11/22	**Long-term supports and services** **Summary:** Current law establishes an Aging and Disability Resource Connection (ADRC) program, administered by the California Department of Aging in collaboration with the Department of Rehabilitation and the State Department of Health Care Services. Current law requires the program to provide information to consumers and their families on available LTSS programs and to assist older adults, caregivers, and persons with disabilities in accessing LTSS programs at the local level through ADRC programs operated jointly by area agencies on aging and independent living centers. This bill would state the intent of the Legislature to enact legislation relating to LTSS.
AB 2024 **Friedman** **Status:** In committee: Held under submission. 08/11/22	**Health care coverage: diagnostic imaging** **Summary:** Current law requires a health care service plan contract issued, amended, delivered, or renewed on or after January 1, 2000, or an individual or group policy of disability insurance or self-insured employee welfare benefit plan to provide coverage for mammography for screening or diagnostic purposes upon referral by specified professionals. The bill would cover supplemental breast examinations and tests for screening or diagnostic purposes to the extent consistent with nationally recognized, evidence-based guidelines. The bill would prohibit a health care service plan contract, health insurance policy, or self-insured employee welfare benefit plan issued, amended, or renewed on or after January 1, 2023, from imposing cost sharing for screening mammography, medically necessary or supplemental breast examinations, or testing, unless the contract or policy is a high deductible health plan and the deductible has not been satisfied for the year. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.
AB 2029	**Health care coverage: treatment for infertility**

Wicks **Status:** In committee: Held under submission. 05/19/22	**Summary:** Current law imposes various requirements and restrictions on health care service plans and disability insurers, including, among other things, a requirement that every group health care service plan contract or health insurance policy that is issued, amended, or renewed on or after January 1, 1990, offer coverage for the treatment of infertility, except in vitro fertilization. Current law provides that any employer that is a religious organization, or a health care service plan or disability insurer that is a subsidiary of an entity whose owner or corporate member is a religious organization, is not required to offer coverage for forms of treatment of infertility in a manner inconsistent with the religious organization's religious and ethical principles, as specified. This bill would require a health care service plan contract or disability insurance policy that is issued, amended, or renewed on or after January 1, 2023, to provide coverage for the diagnosis and treatment of infertility and fertility services, as specified, up to a lifetime maximum benefit of $75,000. The bill would except specialty health care service plan contracts and disability insurance policies from that requirement. The bill also would require a small group health care service plan contract or disability insurance policy, except a specialized contract or policy, that is issued, amended, or renewed on or after January 1, 2023, to offer coverage for the treatment of infertility, as specified. The bill would revise the definition of infertility, and would remove the exclusion of in vitro fertilization from coverage The bill would also delete a requirement that a health care service plan contract and health insurance policy provide infertility treatment under agreed-upon terms that are communicated to all group contractholders and policyholders and prospective group contractholders and policyholders. With respect to a health care service plan, the bill would not apply to Medi-Cal managed care health care service plan contracts or any entity that enters into a contract with the State Department of Health Care Services for the delivery of health care services pursuant to specified provisions. The bill would prohibit a health care service plan or health insurer from placing different conditions or coverage limitations on fertility medications or services, or the diagnosis and treatment of infertility and fertility services, than would apply to other conditions, as specified.
AB 2077 **Calderon** **Status:** Enrolled 08/31/22 **Vetoed 09/27/22**	**Medi-Cal: monthly maintenance amount: personal and incidental needs** **Summary:** Current law requires the department to establish income levels for maintenance need at the lowest levels that reasonably permit a medically needy person to meet their basic needs for food, clothing, and shelter, and for which federal financial participation will still be provided under applicable federal law. In calculating the income of a medically needy person in a medical institution or nursing facility, or a person receiving institutional or noninstitutional services from a Program of All-Inclusive Care for the Elderly organization, the required monthly maintenance amount includes an amount providing for personal and incidental needs in the amount of not less than $35 per month while a patient. Current law authorizes the department to increase, by regulation, this amount as necessitated by increasing costs of personal and incidental needs. This bill would increase the monthly maintenance amount for personal and incidental needs from $35 to $80, commencing on July 1, 2024, or on the date that any necessary federal approvals are obtained, whichever is later. The bill would also condition

	implementation of this amount increase on an express appropriation in the annual Budget Act or another statute for the purposes of the bill and federal financial participation being available and not otherwise jeopardized.
AB 2123 **Villapudua** **Status:** In committee: Set, first hearing. Hearing canceled at the request of the author. 04/20/22	**Bringing Health Care into Communities Act of 2023** **Summary:** Current law establishes various programs, including the Family Homelessness Challenge Grants and Technical Assistance Program, with the goal of providing housing and charges various agencies with the administration of these programs, including the Department of Housing and Community Development and the California Housing Finance Agency. Current law also establishes various programs to facilitate the expansion of the health care workforce in rural and underserved communities, including, but not limited to, the Health Professions Career Opportunity Program and the California Registered Nurse Education Program. This bill, the Bringing Health Care into Communities Act of 2023, would establish the Bringing Health Care into Communities Program to be administered by the agency to provide housing grants to specified health professionals to be used for mortgage payments for a permanent residence in a health professional shortage area, as specified. Under the bill, a health professional would be eligible for a grant for up to 5 years. The bill would make its provisions operative upon appropriation by the Legislature.
AB 2352 **Nazarian** **Status: Chaptered 09/27/22**	**Prescription drug coverage** **Summary:** This bill requires health care service plan contracts or health insurance policies issued, amended, delivered, or renewed on or after July 1, 2023, that provide prescription drug benefits and maintain one or more drug formularies, to furnish specified information about a prescription drug upon request by an enrollee or insured, or their prescribing provider. The bill further requires that the plan or insurer respond in real time to the request and ensure that provided information is current no later than one business day after a change is made. The bill prohibits health care service plans and health insurers from, among other things, restricting prescribing providers from sharing the information furnished about the prescription drug or penalizing providers for prescribing, administering, or ordering lower cost or clinically appropriate alternative drugs.
AB 2458 **Akilah Weber** **Status:** In committee: Held under submission. 05/19/22	**California Children's Services: reimbursement rates** **Summary:** This bill would make legislative findings relating to the need for an increase in the reimbursement rates for physician services provided under the California Children's Services (CCS) Program. Under this bill, subject to an appropriation, and commencing January 1, 2023, those reimbursement rates would be increased by adding at least 25% to the above-described augmentation percentage relative to the applicable Medi-Cal rates. This bill would make the rate increase applicable only if the services are provided by a physician in a practice in which at least 30% of the practice's pediatric patients are Medi-Cal beneficiaries. Additional requirements for the Department of Health Care Services related to the review of reimbursement rates, beginning no later than January 1, 2026, and every 3 years thereafter, are stipulated by this bill.
AB 2516 **Aguiar-Curry** **Status:**	**Health care coverage: human papillomavirus** **Summary:** Current law requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2002, to provide coverage for an annual cervical cancer screening test, including a human papillomavirus (HPV)

Enrolled 09/09/22 **Vetoed 09/25/22**	screening test that is approved by the federal Food and Drug Administration (FDA). Current law also establishes the Family Planning, Access, Care, and Treatment (Family PACT) Program, administered by the Office of Family Planning within the department, under which comprehensive clinical family planning services are provided to a person who has a family income at or below 200% of the federal poverty level, and who is eligible to receive these services. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2023, to provide coverage without cost sharing for the HPV vaccine for persons for whom the vaccine is FDA approved. This bill would also expand comprehensive clinical family planning services under the Family PACT Program to include the HPV vaccine for persons for whom it is FDA approved.
AB 2585 **McCarty** **Status: Chaptered 08/22/22**	**Nonpharmacological pain management treatment** **Summary:** Finds and declares that the health care system, including health care providers, health care service plans, and health insurers, should encourage the use of evidence-based nonpharmacological therapies for pain management.
AB 2659 **Patterson** **Status:** Re-referred to Com. on HEALTH. 03/22/22	**Medi-Cal managed care: midwifery services** **Summary:** Current law establishes certain time and distance and appointment time standards for specified Medi-Cal managed care covered services, including obstetrics and gynecology primary care, consistent with federal regulations relating to network adequacy standards, to ensure that those services are available and accessible to enrollees of Medi-Cal managed care plans in a timely manner, as specified. Current law also sets forth other network adequacy requirements for a Medi-Cal managed care plan with respect to its service area and authorizes the holder of a midwifery license or nurse-midwifery certificate to provide prenatal, intrapartum, and postpartum care, as specified. Under current law, midwifery services and nurse-midwifery services are covered under the Medi-Cal program, subject to utilization controls and other conditions. This bill would require a Medi-Cal managed care plan to have within its provider network at least one licensed midwife (LM) and one certified-nurse midwife (CNM) within each county where the Medi-Cal managed care plan provides services to Medi-Cal beneficiaries. This bill would exempt a Medi-Cal managed care plan from that requirement for purposes of a given county if no LM or CNM is available in that county or if no LM or CNM in that county accepts Medi-Cal payments. If a Medi-Cal managed care plan is exempt from that requirement, the bill would require the Medi-Cal managed care plan to reevaluate its network adequacy for midwifery care in the county on an annual basis and to make a good faith effort to work with the appropriate professional midwifery organizations for LMs and CNMs, and their respective licensing and regulatory agencies, to assist in determining the availability of midwives in the county who accept Medi-Cal payments. The bill would also require a Medi-Cal managed care plan to have within its provider network at least one licensed alternative birth center specialty clinic within each county where the Medi-Cal managed care plan provides services to Medi-Cal beneficiaries provided that at least one qualified licensed alternative birth center specialty clinic is available in that county and is willing to contract with the Medi-Cal managed care plan. This bill would condition

	implementation of these provisions on receipt of any necessary federal approvals and the availability of federal financial participation.
AB 2680 **Arambula** **Status:** Ordered to inactive file at the request of Senator Limón. 08/23/22	**Medi-Cal: Community Health Navigator Program** **Summary:** Current law requires that counties administer public social services, including Medi-Cal. Current law also authorizes a county to collaborate with a community-based organization to maintain up-to-date contact information in order to assist with timely submission of annual reaffirmation forms, among others. This bill would require the department to create the Community Health Navigator Program to make direct grants to qualified community-based organizations, as defined, to conduct targeted outreach, enrollment, retention, and access activities for Medi-Cal-eligible individuals and families. This bill would specify the basis for issuing a grant, including specified factors in the applicant's service area. This bill would require the department to contract with a private foundation to administer the grant application and allocation process. This bill would require the department to contract with specified providers to furnish training and technical assistance to grant recipients. This bill would also require the department to coordinate and partner with Covered California and counties that elect to participate, on an approach for outreach, enrollment, retention, and access activities for marketing to eligible individuals, including development of a joint application tracker system to allow specified persons and entities to track application and referrals between commercial and Medi-Cal enrollment progress and facilitation of quarterly meetings on enrollment and access barriers and solutions, among other requirements. This bill would become operative only upon an express appropriation in the annual Budget Act or another statute for the purposes of the bill.
AB 2697 **Aguiar-Curry** **Status: Chaptered 09/23/22**	**Medi-Cal: community health worker services** **Summary:** This bill codifies the community health worker services as a covered Medi-Cal benefit. This bill thus requires Medi-Cal managed care plans to engage in outreach and education efforts to enrollees, as determined by the department, including at a minimum, specified information on the description of the community health worker services benefit alongside a list of providers that are authorized to refer enrollees to community health worker services. The bill further requires the department to inform stakeholders about, and accept input from stakeholders on, the implementation of the community health worker services benefit. The bill will be implemented only to the extent that federal financial participation is available and not otherwise jeopardized.
AB 2942 **Daly** **Status:** Referred to Com. on HEALTH. 03/17/22	**Prescription drug cost sharing** **Summary:** This bill would require an enrollee's or insured's defined cost sharing for each prescription drug to be calculated at the point of sale based on a price that is reduced by an amount equal to 90% of all rebates received, or to be received, in connection with the dispensing or administration of the drug. The bill would require a health care service plan or health insurer to, among other things, pass through to each enrollee or insured at the point of sale a good faith estimate of their decrease in cost sharing. The bill would require a health care service plan or health insurer to calculate an enrollee's or insured's defined cost sharing and provide that information to the dispensing pharmacy, as specified. The bill would require a health care service plan or health insurer to disclose information, as specified, sufficient to show compliance with these provisions to the director or commissioner. The bill would prohibit a health care

	service plan, health insurer, or a plan's or insurer's agents from publishing or otherwise revealing information regarding the actual amount of rebates the health care service plan or health insurer receives on a product-specific, manufacturer-specific, or pharmacy-specific basis. The bill would make a violation of its provisions not a crime under the act. The bill would authorize the director or commissioner to assess a civil penalty for each violation of these provisions, as specified. The bill would make those provisions inoperative on January 1, 2025. The bill would require the department and the commissioner, on or before March 1 each year, to provide a report on the impact of those provisions on drug prices and health care premium rates, as specified. The bill would repeal those provisions January 1, 2026. Furthermore, this bill, until January 1, 2025, would require a health care service plan or health insurer to report additional information on the point of sale provision described by existing law.
SB 107 **Wiener** **Status:** **Chaptered** **09/29/22**	**Gender-affirming health care** **Summary:** Prohibits a provider of health care, a health care service plan, or a contractor from releasing medical information related to a person or entity allowing a child to receive gender-affirming health care or gender-affirming mental health care in response to a criminal or civil action, including a foreign subpoena, based on another state's law that authorizes a person to bring a civil or criminal action against a person or entity that allows a child to receive gender-affirming health care or gender-affirming mental health care.
SB 225 **Wiener** **Status:** **Chaptered** **09/27/22**	**Health care coverage: timely access to care** **Summary:** This bill requires a health care service plan or a health insurer to incorporate timely access to care standards into its quality assurance systems and incorporate specified processes. The bill further authorizes the Department of Managed Health Care to develop methodologies to demonstrate appointment wait time compliance and averages. Additionally, the Department of Managed Health Care and the Department of Insurance are authorized to take compliance or disciplinary action, to review and adopt standards concerning the availability of health care to ensure enrollees and insureds have timely access to care, and to make recommendations to the Legislature if it is found that health care service plans or health insurers and providers are having difficulty meeting the developed standards. The bill requires the director to consider, as an aggravating factor when assessing administrative penalties, if harm to an enrollee has occurred as a result of plan noncompliance. The bill clarifies that the timely access to care provisions do not alter requirements or standards for Medi-Cal managed care plans, except as specified. Technical and conforming changes are also made by this bill.
SB 245 **Gonzalez** **Status:** **Chaptered** **03/22/22**	**Health Care Coverage: abortion services: cost sharing** **Summary:** This bill prohibits health care service plans or individual or group policies or certificates of health insurance or student blanket disability insure from imposing any form of cost-sharing requirement on the coverage of all abortion and abortion-related services, including deductibles, coinsurance, and/or copayment, effective for insurance issued, amended, renewed, or delivered on or after January 1, 2023. Furthermore, utilization management or utilization review is prohibited on the coverage for outpatient abortion services. For high deductible health plans, cost-sharing

	prohibitions apply once the enrollee's or insured's deductible has been satisfied for the benefit year. Experimental or investigational treatment is not required to be covered. Regulations are to be adopted by the Department of Managed Health Care and the Department of Insurance on or before January 1, 2026. These provisions apply to Medi-Cal managed care plans and their providers, independent practice associations, preferred provider groups, and all delegated entities that provide physician services, utilization management, or utilization review.
SB 250 **Pan** **Status:** August 11 hearing: Held in committee and under submission. 08/11/22	**Health care coverage** **Summary:** Current law further provides for the regulation of health insurers by the Department of Insurance. Current law generally authorizes a health care service plan or health insurer to use prior authorization and other utilization review or utilization management functions, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Current law requires a health care service plan or health insurer, including those plans or insurers that delegate utilization review or utilization management functions to medical groups, independent practice associations, or to other contracting providers, to comply with specified requirements and limitations on their utilization review or utilization management functions. Current law requires the criteria or guidelines used to determine whether or not to authorize, modify, or deny health care services to be developed with involvement from actively practicing health care providers. This bill would specify that the health care providers involved with developing the above-described criteria or guidelines include contracted physicians and surgeons and other health professionals acting within their scopes of practice that have experienced, or are currently subject to, utilization review or utilization management. The bill would grant a physician and surgeon the right to have an appeal of a prior authorization decision conducted by a physician and surgeon of the same or similar specialty, and would prohibit a plan or insurer from requiring an appeal of an adverse prior authorization request result to be filed before filing an independent medical review. On or after January 1, 2024, this bill would prohibit a health care service plan or health insurer from requiring a contracted health professional to complete or obtain a prior authorization for any health care services if the plan or insurer approved or would have approved not less than 90% of the prior authorization requests they submitted in the most recent one-year contracted period. The bill would set standards for this exemption and its denial and appeal. The bill would authorize a plan or insurer to evaluate the continuation of an exemption not more than once every 12 months, and would prohibit a plan or insurer from rescinding an exemption outside of the end of the 12-month period unless a contracted health professional has committed fraud or a pattern of abuse. Under the bill, a "health care service" for prior authorization exemption purposes would include brand name prescription drugs until January 1, 2027. The bill would require the Department of Managed Health Care and the Department of Insurance to each conduct an analysis of the inclusion of brand name prescription drugs as a health care service and report its findings to the Legislature by July 1, 2026.

SB 473 **Bates** **Status:** August 11 hearing: Held in committee and under submission.	**Health care coverage: insulin cost sharing** **Summary:** Current law requires a health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after January 1, 2000, to include coverage for equipment, supplies, and, if the contract or policy covers prescription benefits, prescriptive medications for the management and treatment of insulin-using diabetes, non-insulin-using diabetes, and gestational diabetes, as medically necessary. This bill would require a health care service plan contract or a health insurance policy that is issued, amended, delivered, or renewed on or after January 1, 2023, to cover all available dosage forms and concentrations of at least one insulin product of each insulin type for a copayment not to exceed $35 for a monthly supply, or a multiple of $35 for a multimonth supply, and would prohibit a policy or contract from imposing other cost-sharing requirements. The bill would also prohibit a health care service plan contract or health insurance policy that is issued, amended, delivered, or renewed on or after January 1, 2023, from imposing a deductible requirement on benefits related to managing and treating diabetes, as specified.
SB 853 **Wiener** **Status:** August 11 hearing: Held in committee and under submission. 08/11/22	**Prescription drug coverage** **Summary:** Current law generally authorizes a health care service plan or health insurer to use utilization review, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity, prohibits a health care service plan contract that covers prescription drug benefits or a specified health insurance policy from limiting or excluding coverage for a drug on the basis that the drug is prescribed for a use that is different from the use for which it was approved by the federal Food and Drug Administration if specified conditions are met, and also prohibits a health care service plan that covers prescription drug benefits from limiting or excluding coverage for a drug that was previously approved for coverage if an enrollee continues to be prescribed that drug, as specified. This bill would expand the above-described prohibitions to prohibit limiting or excluding coverage of drug, dose, or dosage form, and would apply the prohibition to blanket disability insurance policies and certificates. The bill would prohibit a health care service plan or disability insurer that provides coverage for prescription drugs from limiting or declining to cover a drug or dose of a drug as prescribed, or imposing additional cost sharing for covering a drug as prescribed, if specified criteria apply. The bill would provide that a reduction or termination of an ongoing and approved course of treatment before the end of the treatment or the end or amendment of the policy is an adverse benefit determination, and would require a health care service plan or disability insurer to notify an enrollee or insured, or their representative, and the enrollee's or insured's provider in writing of the adverse benefit determination no fewer than 7 calendar days before the effective date. The bill would require a plan or insurer that has approved an ongoing course of treatment to provide continuing coverage pending appeal or review.
SB 858 **Wiener** **Status: Chaptered 09/30/22**	**Health care service plans: discipline: civil penalties** **Summary:** This bill modernizes the fee schedule for the Department of Managed Health Care's (DMHC) sanctioning authority for health care service plans. The minimum and maximum amounts of various violation penalties have been adjusted. Furthermore, beginning on January 1, 2028, the DMHC will annually adjust the civil penalty rate, and every five (5) years thereafter, as specified.

	This bill allows the DMHC's director to issue corrective action plans and requires the DMHC to monitor health care service plans through medical surveys, financial examinations, or via other methods, to ensure timely compliance. Failing to timely comply with a corrective action plan is grounds for discipline. The bill would require the director, when assessing administrative and civil penalties against a health care service plan, to determine the appropriate amount of the penalty for each violation, based upon consideration of specified factors, such as the nature, scope, and gravity of the violation, whether the violation is an isolated incident, and the amount of the penalty necessary to deter similar violations in the future.
SB 866 **Wiener** **Status:** Ordered to inactive file on request of Assembly Member Santiago. 08/31/22	**Minors: Vaccine Consent** **Summary:** Current law prescribes various circumstances under which a minor may consent to their medical care and treatment without the consent of a parent or guardian. This bill would additionally authorize a minor 15 years of age or older to consent to vaccines that meet specified federal agency criteria. This bill would authorize a vaccine provider, as defined, to administer a vaccine pursuant to this bill, but would not authorize the vaccine provider to provide any service that is otherwise outside the vaccine provider's scope of practice.
SB 871 **Pan** **Status:** Referral to Com. on JUD. Rescinded because of the limitations placed on committee hearings due to the ongoing health and safety risks of the COVID-19 virus. 02/24/22	**Public Health: Immunizations** **Summary:** Under existing law, the governing authorities of schools or other institutions are prohibiting from unconditionally admitting any persons or pupils of any public or private elementary or secondary school, childcare center, day nursery, nursery school, family day care home, or development center, unless prior to admission to that institution the individual has been fully immunized against various diseases, including measles, mumps, pertussis, hepatitis B, and any other diseases deemed appropriate by the State Department of Public Health. Existing law provides medical exemptions as necessary. Furthermore, full immunization against hepatitis B is not currently a condition under which the governing authority weighs when admitting or advancing a student to the 7th grade level of public or private elementary or secondary schools. This bill would remove the above exemption relating to hepatitis B, and would further require that full immunization against COVID-19 be added to the list above. This bill would also repeal the provision allowing for a personal belief exemption from any additional immunization requirements deemed appropriate by the State Department of Public Health.
SB 912 **Limon** **Status:** Enrolled 09/01/22 **In Senate. Consideration of Governor's veto**	**Biomarker testing** **Summary:** Existing law requires health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after July 1, 2000, to provide coverage for all generally medically accepted cancer screening tests, and prohibits that contract or policy issued, amended, delivered, or renewed on or after July 1, 2022, from requiring prior authorization for biomarker testing for certain enrollees or insureds and applies the provisions relating to biomarker testing to Medi-Cal managed care plans, as prescribed.

pending, as of 09/29/22.	This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2023, to provide coverage for biomarker testing, including whole genome sequencing, for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's or insured's disease or condition if the test is supported by medical and scientific evidence, as prescribed. The bill would specify that it does not require a health care service plan or health insurer to cover biomarker testing for screening purposes unless otherwise required by law. The bill would subject restricted use of biomarker testing for the purpose of diagnosis, treatment, or ongoing monitoring of a medical condition to state and federal grievance and appeal processes. This bill would apply these provisions relating to biomarker testing to the Medi-Cal program, including Medi-Cal managed care plans. Existing law additionally includes Rapid Whole Genome Sequencing as a covered benefit for any Medi-Cal beneficiary who is one year of age or younger and is receiving inpatient hospital services in an intensive care unit. Subject to federal financial participation and necessary federal approvals, this bill would also expand the Medi-Cal schedule of benefits to include biomarker testing for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of a Medi-Cal beneficiary's disease or condition if the test is supported by medical and scientific evidence, as prescribed. The bill would authorize the department to implement this provision by various means without taking regulatory action.
SB 923 **Wiener** **Status: Chaptered 09/29/22**	**Gender-affirming care** **Summary:** Existing law establishes the Transgender Wellness and Equity Fund, administered by the Office of Health Equity within the State Department of Public Health, for the purpose of grant funding focused on coordinating trans-inclusive health care for individuals who identify as transgender, gender nonconforming, or intersex (TGI). This bill requires a Medi-Cal managed care plan, a PACE organization, a health care service plan, or a health insurer, as specified, to require its staff and contracted providers to complete evidence-based cultural humility training for the purpose of providing trans-inclusive health care, as defined, for individuals who identify as TGI. The will would specify the required components of the training and would make use of any training curricula subject to approval by the respective departments. The bill would require an individual to complete a refresher course if a complaint has been filed against that individual for not providing trans-inclusive health care, or on a more frequent basis if deemed necessary. Furthermore, full service health care service plans, insurers, and Medi-Cal managed care plans, no later than March 1, 2025, must include information, within or accessible from the plan's or insurer's provider directory, that identifies which of the plan's or insurer's in-network providers have affirmed that they offer and have provided gender-affirming services, as specified. No later than March 1, 2023, the California Health and Human Services Agency must also convene a working group that includes representatives from various departments, TGI-serving organizations, residents identifying as TGI, and health care providers to develop a quality standard for patient experience in order to measure cultural

	competency related to the TGI community and recommend training curriculum to provide trans-inclusive health care, as specified.
SB 958 **Limón** **Status:** June 28 set for first hearing canceled at the request of author. 06/28/22	**Medication and Patient Safety Act** **Summary:** This bill would prohibit a health care service plan or health insurer, or its designee, from requiring a vendor to dispense an infused or injected medication directly to a patient with the intent that the patient will transport the medication to a health care provider for administration. The bill would authorize a plan or insurer, or its designee, to arrange for an infused or injected medication to be administered in an enrollee's or insured's home when the treating health care provider and patient determine home administration is in the best interest of the patient. The bill would prohibit a plan or insurer, or its designee, from requiring an infused or injected medication to be supplied by a vendor specified by the plan or insurer, or its designee, as a condition of coverage, unless specified criteria are met.
SB 974 **Portantino** **Status:** Enrolled 09/13/22 **Vetoed 09/27/22** In Senate. Consideration of Governor's veto pending, as of 09/27/22.	**Health care coverage: diagnostic imaging** **Summary:** Current law requires a health care service plan contract issued, amended, delivered, or renewed on or after January 1, 2000, or an individual or group policy of disability insurance or self-insured employee welfare benefit plan to provide coverage for mammography for screening or diagnostic purposes upon referral by specified professionals. Under current law, mammography performed pursuant to those requirements or that meets the current recommendations of the United States Preventive Services Task Force is provided to an enrollee or an insured without cost sharing. This bill would require a health care service plan contract, a policy of disability insurance that provides hospital, medical, or surgical coverage, or a self-insured employee welfare benefit plan issued, amended, or renewed on or after January 1, 2024, to provide coverage without imposing cost sharing for, among other things, screening mammography and medically necessary diagnostic breast imaging, including diagnostic breast imaging following an abnormal mammography result and for an enrollee or insured indicated to have a risk factor associated with breast cancer, except as specified.
SB 987 **Portantino** **Status: Chaptered 09/27/22**	**California Cancer Care Equity Act** **Summary:** This bill, for covered benefits under its contract, requires Medi-Cal managed care plans to, among other things, make a good faith effort to contract with at least one National Cancer Institute (NCI)-designated comprehensive cancer center, site affiliated with the NCI Community Oncology Research Group (NCORP), or qualifying academic cancer center, as specified within each county in which the Medi-Cal managed care plan operates, and authorize any eligible enrollee diagnosed with a complex cancer diagnosis to request a referral to any of those centers to receive medically necessary services unless the enrollee chooses a different cancer treatment provider. The bill further requires that Medi-Cal managed care plans notify all enrollees of their right to request a referral to access care through any of these centers.
SB 1019 **Gonzalez** **Status: Chaptered 09/30/22**	**Medi-Cal managed care plans: mental health benefits** **Summary:** This bill requires Medi-Cal managed care plans to develop and submit to the Department of Health Care Services (DHCS) a plan for annual outreach and education regarding mental health benefits for their enrollees. Medi-Cal managed care plans are obligated to conduct annual outreach and education to their enrollees no later than January 1, 2025, utilizing the DHCS approved plan. Medi-Cal managed care

	plans are additionally required to conduct annual outreach and education to inform primary care providers regarding offered mental health benefits. The Medi-Cal managed care plan's outreach and education plan must be created with stakeholder engagement, as well as with a utilization assessment and the plan's Population Needs Assessment in mind, as specified. The plan must meet cultural and linguistic appropriateness standards, and other requirements for the plan are prescribed. Once every three (3) years, the Department of Health Care Services will assess enrollee experience with mental health benefits covered by Medi-Cal managed care plans, and the department will adopt survey tools and methodologies relating to the assessment of consumer experience, including best practice methods for data and reporting, no later than January 1, 2025. Beginning in April 2026 and once every three (3) years thereafter, the department is required to post on its website its findings on consumer experience relating to mental health benefits covered by Medi-Cal managed care plans. These reports shall include plan-by-plan data and should provide granularity for subpopulations, in addition to addressing inequalities based on key demographic factors via recommendations.
SB 1033 **Pan** **Status:** August 11 hearing: Held in committee and under submission. 08/11/22	**Health care coverage** **Summary:** Existing law requires that the Department of Managed Health Care and the Insurance Commissioner develop and adopt regulations establishing standards and requirements to provide enrollees and insureds with appropriate access to language assistance in obtaining health care services and covered benefits. The Department of Managed Health Care and commissioner additionally need to develop regulations which require health care service plans and health insurers to assess the linguistic needs of the enrollee and insured population and to provide for translation and interpretation for medical services. Existing law requires the regulations to include, among other things, requirements for conducting assessments of the enrollees and insured groups. This bill would require the Department of Managed Health Care and the commissioner to revise these regulations, and develop and adopt regulations establishing demographic data collection standards, no later than July 1, 2024. The bill would require health care service plans and health insurers to assess the individual cultural, linguistic, and health-related social needs of enrollees and insureds for the purpose of identifying and addressing health disparities, improving health care quality and outcomes, and addressing population health. The bill would also require the department and commissioner to require plans and insurers to obtain accreditation, as described, establish standardized categories for the collection and reporting of self-reported demographic and health-related social needs, as outlined, and establish a program to provide technical assistance and other support to plans and providers.
SB 1184 **Cortese** **Status: Chaptered 09/30/22**	**Confidentiality of Medical Information Act: school-linked services coordinators** **Summary:** This bill, in addition to the pre-existing stipulations of the Confidentiality of Medical Information Act, authorizes a provider of health care or a health care service plan to disclose medical information to a school-linked services coordinator, as prescribed.

	The bill defines the term "school-linked services coordinator" as an individual located on a school campus or under contract by a county behavioral health provider agency for the treatment and health care operations and referrals of students and their families that holds any of certain credentials, including a services credential with a specialization in pupil personnel services, as specified.
SB 1298 **Ochoa Bogh** **Status:** May 19 hearing: Held in committee and under submission. 05/19/22	**Behavioral Health Continuum Infrastructure Program** **Summary:** Existing law authorizes the department, pursuant to this program, to award competitive grants to qualified entities to construct, acquire, and rehabilitate real estate assets or to invest in needed mobile crisis infrastructure to expand the community continuum of behavioral health treatment resources to build or expand the capacity of various treatment and rehabilitation options for persons with behavioral health disorders, as specified. This bill would authorize the department, in awarding the above-described grants, to give preference to qualified entities that are intending to place their projects in specified facilities or properties. This bill would continuously appropriate, without regard to fiscal year, $1,000,000,000 to the department for purposes of implementing the Behavioral Health Continuum Infrastructure Program.

DATE: December 7, 2022

TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission

FROM: Stephanie Sonnenshine, Chief Executive Officer

SUBJECT: Alliance Donations and Sponsorship of Events and Organizations: 2022 Annual Report

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Recommendation. Staff recommend the Board accept the Alliance Donations and Sponsorship of Events and Organizations Annual Report for 2022.

Summary. On an annual basis all donation and sponsorship activities are reported to the Board to assure compliance and consistency with the criteria set forth in the Alliance Donations and Sponsorship of Events and Organizations Policy.

Background. On September 22, 2021 the Board approved the Alliance Donations and Sponsorship of Event and Organizations Policy to provide guidelines to promote and implement opportunities for donations to non-profit 501(c)(3) community organizations and sponsorship of such organizations' events within the Alliance's service area.

Listed below are donation and sponsorship activities for 2022.

Organization	Request Type		Santa Cruz	Merced	Monterey
Insure the Unsured Project	Event Sponsorship	Annual Conference	$1,666.66	$1,666.66	$1,666.66
Housing Santa Cruz County (*Fiscally sponsored by New Way Homes*)	Donation	Series of events during Affordable Housing Month	$1,000.00		
Second Harvest Food Bank	Event Sponsorship	50 year anniversary celebration	$1,000.00		
Community Information Exchange	Event Sponsorship	CIE California Forum 2022	$1,000.00	$ 1,000.00	$1,000.00
Merced Lao Family	Event Sponsorship	Outreach, engagement and advertisement in Hmong New Year Program Booklet		$2,000.00	
County Park Friends	Event Sponsorship	Support County parks	$2,000.00		
Merced County Binational Health Week Committee	Donation	Provides dental, medical and health services to the community free of charge		$3,000.00	
Family Voices of California	Sponsorship	Sponsorship for two family members to attend the Spring 2023 Summit	$800.00		$800.00

Fiscal Impact. The Chief Executive Officer proposes a budget to be included in the annual Alliance administrative budget proposal acted on by the Alliance's Board. The budget is adequate to provide sponsorships and/or donations aligned with the policy in each of the counties in which the Alliance operates. Sponsorships and donations may only be awarded to the extent funds budgeted for such donations/sponsorships are available and there is no guarantee of Alliance sponsorships or donations.

Attachments. N/A

DATE: December 7, 2022

TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission

FROM: Michelle N. Stott, Quality Improvement and Population Health Director

SUBJECT: Quality Improvement System – Q2 2022

Recommendation. Staff recommend the Board accept the Q2 2022 Quality Improvement Systems (QIS) Workplan report.

Summary. This report provides pertinent highlights, trends, and activities from the Q2 2022 QIS Workplan.

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

The 2022 QIS Workplan was developed to align with the Alliance Strategic Plan of Member Wellness, Access to Care, and Promotion of Value. This is accomplished through the following initiatives:

Section I: Member Experience	**Status**
A. Member Experience	
1. Member engagement rate of Member Outreach Campaigns	In Progress
2. Health Services Division Member Outreach & Engagement Campaigns	In Progress
3. Member Support	**Goal Not Met**
4. Cultural and Linguistics (C&L) Services & Population Needs Assessment Education	**Goal Partially Met**
5. CAHPS: How Well Doctors Communicate	In Progress
Section II: Quality of Service	
B. Access and Availability	
1. Annual Access Plan	In Progress
2. Provider Choice: In-Area Market Share	In Progress
3. CAHPS Survey: Access Measures	In Progress
C. Provider Experience	
1.Provider Satisfaction	In Progress
Section III: Quality of Clinical Care	

D. Utilization	
1. Under / Overutilization	In Progress
2. Physician Administered Drugs (PAD) utilization review	In Progress
3. Medication Reconciliation	In Progress
E. Adult Preventive Care Services	
1. Health Education and Disease Management	Goal Met
2. Controlling Blood Pressure	Not Started
3. Diabetes HbA1c >9% (poor control)	In Progress
4. Preventive Care Measure: Colorectal Cancer Screening (HEDIS)	In Progress
F. Maternal and Children's Preventive Care	
1. Maternal and children's preventive care (HEDIS)	In Progress
G. Performance Improvement Projects (State Mandated)	
1. Breast Cancer Screening PDSA	Goal Met
2. COVID-19 QIP	Goal Met
3. Childhood Immunizations	In Progress
4. Child and Adolescent Well Care Visits	In Progress
H. Behavioral Health	
1. Adverse Childhood Experiences (ACE)	In Progress
2. Eating Disorders	In Progress
Section IV: Clinical Safety	
I. Clinical Safety	
1. Grievance and PQI Management	Goal Partially Met
2. Facility Site Review (FSR) Management	Goal Partially Met

Discussion.

2022 QIS Workplan Outcomes and Evaluation

Member Experience

- Member engagement rate of Member Outreach Campaigns: Staff attended ~36 face to face events in the community including outreach events, farmers markets and citywide events
- Health Services Division Member Outreach and Engagement Campaigns: In response to APL 22-009 COVID-19, staff coordinated internally to conduct outreach for moderately to severely immunocompromised members eligible for Evushield. QIPH and Pharmacy partnered to develop the query that reflected the risk groups as defined by Centers for Disease Control. The planned outreach will be completed in Q3.
- Member Support: Call volume increases noted: April 2022 - 20,974, May 2022 - 21,512, and June 2022 - 26,124. The call center currently does not have staffing levels to support current call volume and complexity of the calls has increased. Members with complex Behavioral Health issues are calling to obtain resources. Temporary staff are in place to meet the call center volume.

- Cultural and Linguistics Services and Population Needs Assessment Education:
  The overall utilization of telephonic interpreting services has decreased among providers, Alliance staff, and contracted Alliance vendors. A total of 6,740 telephonic interpreting services calls were reported across the Alliance's service areas (Merced, Monterey, and Santa Cruz counties). This is a 14% decrease when compared to Q2 2021 (7,881). For face-to-face interpreter services, there was a total of 876 provider requests that were coordinated in Q2 2022 across the Alliance's service areas. This is a 197% increase compared to Q2 2021 (295). In addition, there was an increase in American Sign Language requests this quarter. The Provider Bulletin and Member Newsletter promoted the Alliance Language Assistance Services, importance of the use of qualified interpreters at doctor's visits and included the snippet for all member materials/letters. The provider network was informed of the new indigenous interpreting vendor as well as the newly updated Interpreter Services Provider Quick Reference Guide and Face-to-Face Interpreter Services Request Form via the Provider Flash (formerly Provider Fax Blast).
- CAHPS (Member Experience Survey): How Well Doctors Communicate; Global Rating of Health Care, Global Rating of Health Plan, Access Metrics
  Completed fielding of the 2022 CAHPS survey and awaiting results (anticipated in October 2022).

Quality of Service

<u>Access and Availability</u>

- Annual Access Plan: The focus areas were finalized, dashboard was created and circulated, and the action items and assignments are in progress.
- Provider Choice: In-Area Market Share
  Provider Relations completed a review of non-contracted specialist providers in Santa Cruz County to confirm accuracy of data, which may result in a slight increase in specialist Market Share in Q3 2022.
- CAHPS Survey: Access Measures. Completed fielding of the 2022 CAHPS survey and awaiting results (anticipated in October 2022).

<u>Provider Experience</u>

- Provider Satisfaction: MY 2021 results presented to NDSC and CQIW-I. The 2022 survey was launched in June, scheduled to be completed in August 2022.

Quality of Clinical Care

<u>Utilization</u>

- Under/Overutilization: Utilization Management (UM) Workgroup continues to closely monitor under and over utilization and continues to investigate identified cases, develop interventions, and work closely with other departments such as Program Integrity, QIPH, and Provider Services. As authorization codes are waived as part of the Authorization Reduction Project, there will be monitoring to assure there is no resulting inappropriate over utilization. Auto approved or no TAR required utilization will be monitored when an increase/decrease of 30% from the previous reporting quarter is identified. All monitored categories are reported out in the quarterly UM Work Plan.

- Physician Administered Drugs Utilization Review: There were 104 HCPCS codes reviewed against Medi-Cal manual of non-capitated drugs. Discrepancies will be reviewed in Benefits Hub. A proposal to remove PA requirement for selected drugs will be presented to P&T Committee in Q3.
- Medication Reconciliation: A draft workflow and template for provider correspondence and documentation were created. Four mock cycles have been completed with 19 cases total. There were two pharmacists and three technicians that completed their training.

Adult Preventive Care Services

- Health Education and Disease Management: The QHP team completed three telephonic Healthier Living Program workshop series. Alliance members continue to provide positive feedback via program surveys that the program helps them to feel connected with others experiencing similar challenges and improves skills and abilities to self-manage their chronic condition(s).
- Controlling Blood Pressure: The Project Charter was finalized, analysis of current data/blood pressure rechecks were completed, and a kick-off visual reminder for use was started in Q3.
- Diabetes HbA1c >9% (poor control): Due to limited staffing in Q2, the team has pivoted to focus on the Population Health pilot on adult high-risk members with the highest HbA1c values. QIPH will partner with CCC and the Pediatric CM teams to test risk levels of members as scored by the business intelligence tool and other methods. This will allow clinical staff to focus on this target population while testing the proposed methodology and workflows of the Population Health program.
- Preventive Care Measure: Colorectal Cancer Screening (HEDIS): Initial base line data was analyzed. Training material will be available in the Q3 CBI workshop because colorectal screening will be an exploratory measure in 2023 (unpaid). A tip sheet for the measure is also under development.

Maternal and Children's Preventive Care

- Maternal and Children's Preventive Care (HEDIS): There are two Performance Improvement Projects in progress: CIS and well-child visit (WCV) both in Merced. Planning for a study of pediatric disparities has begun, with initial activities planned for Q3 2022 in Merced County. The WCV disparities are being addressed by the CBI program 2023 to start. Child and adolescent immunizations remain in the CBI program but need additional analysis and planning. Improve maternal and adolescent depression screening by 50% and close maternity care disparity for Black and Native American persons by 50% has not started yet.

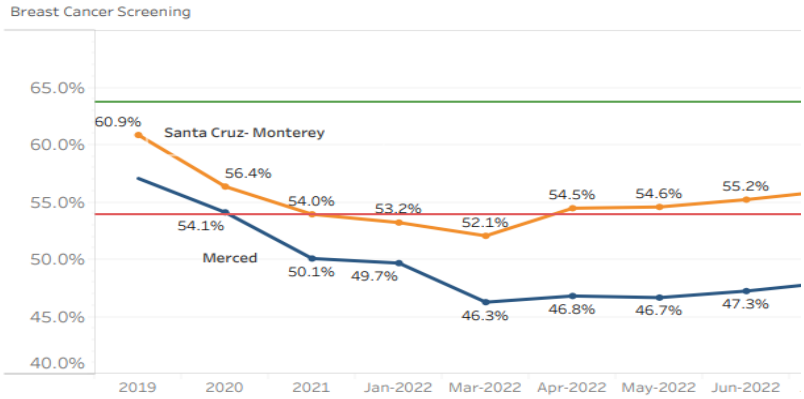
Performance Improvement Projects (State Mandated)

- Breast Cancer Screening (BCS) PSDA: QIPH provided Dignity Health Medical Group in Merced with a list of members 50-74 years of age who were due for their breast cancer screening. The project results surpassed the predictive 10% goal to achieve a rate of 20%. It is expected this already high performing provider's overall compliance rate to shift from 69% to 75% as a direct result of this active intervention.

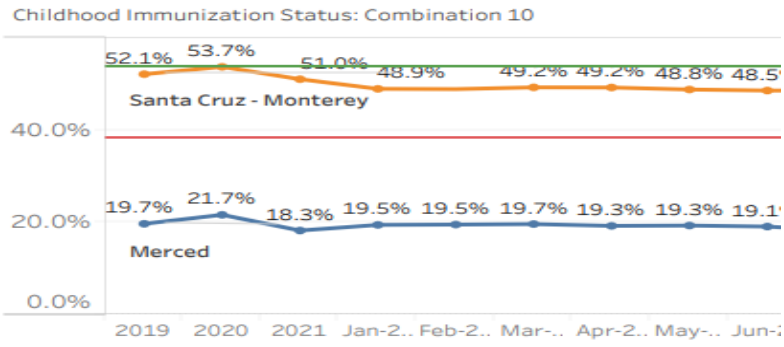
  For cycle 5 BCS intervention project, the intervention focused on the linked Hmong members after identifying a large disparity in this population in completing their breast cancer screenings. A referral workflow was developed between the clinic and imaging center to schedule the mammogram. The Alliance Health Educators contacted the members to schedule screenings using interpreting services. El Portal

Imaging was responsible for placing the reminder calls and offered Alliance transportation services at that time. The result of this intervention resulted in 11 out 68 members receiving their screenings (16.18%).

Overall BCS Rates (2022 rates steadily increasing)



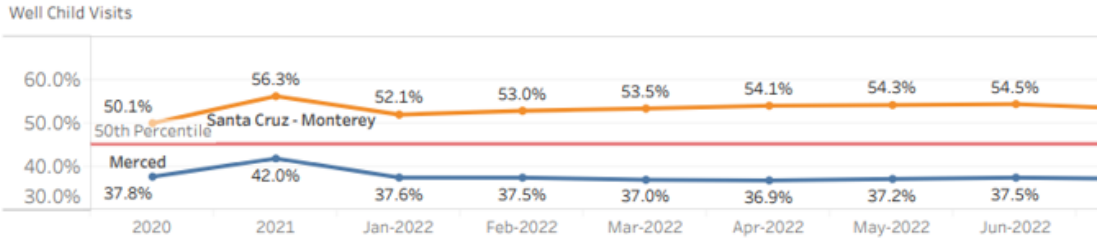
- COVID-19 QIP
  Three strategies were utilized:
  1) Outreach to prenatal and postpartum members as part of the Healthy Mom and Health Babies program. 100% of members who completed the Postpartum Follow-up Assessment in the HMHB were provided with contact information to Beacon for behavioral health support. Further, 9.9% of members who completed the Postpartum Follow-up Assessment (N=81) in the HMHB program engaged with Beacon for behavioral health support.
  2) Adolescent well care letters for members 11-13 years of age. Letters continue to be sent through January of 2023. Data will be analyzed in the beginning of September 2022 to measure the impact of these letters.
  3) Member incentive for those 7-24 months of age who receive their second flu shot. The raffle flu incentive was implemented September 2021. The rate of second flu doses increased from 13.6% in September of 2019 to 40.0% in January of 2022, but the number of doses decreased by 228 from January of 2021.
- Childhood Immunizations



A point-of-service (POS) member incentive will be piloted with Castle Family Health Center in Merced, which is a $25 gift card given to eligible members after receiving

the first or second flu dose at during their clinic visit. Flu rates will be monitored to determine if the intervention was effective.

- Child and Adolescent Well Care Visits



The Department of Health Care Services approved Module 3 for Access Intervention which included piloting a POS member incentive. Alliance members linked to Golden Valley Los Banos clinic ages 3-17 who complete their well care visit during September 1. 2022 through December 31, 2022 will earn a $25.00 Target gift card that will be handed to them at the clinic site after their visit. The anticipated go live date is scheduled for September 1, 2022. A member recall intervention began on June 1, 2022. Well-visit rates will be monitored to determine if the intervention was effective.

Behavioral Health

- Adverse Childhood Experiences (ACEs): Information was provided to providers and members: 1) Member Newsletter informing members about ACE screenings with sample questions that their doctor may ask them at their next visit; and 2) Provider Bulletin with education on how to implement screenings in their clinic and coding information. A tableau report was developed to monitor the completion of ACE screenings in all three counties. Two new provider incentives were added for inclusion in the 2023 Care-Based Incentive Program for staff training and screening completion (programmatic incentive).
- Eating Disorders: The Alliance established external collaborative bi-weekly behavioral health case review processes with the mental health behavioral health organization to support and address members with eating disorders, substance use disorders, biopsychosocial barriers in care, and co-occurring disorders. Proactive collaboration with County Mental Health Plans to coordinate appropriate levels of care for eating disorder treatment, provide TAR authorizations, and arrange reimbursement for the cost of treatments are on-going. The Alliance has provided internal educational presentations to the social services department, utilization review director, and community care coordination director to address the increasing need and acuity levels of eating disorders.

Clinical Safety

- Grievance and PQI Management
  The following summary of activities took place:
  - The quarterly MD IRR of member grievances resolved by RNs resulted in 100% approval, indicating that cases are being appropriately routed to MD for oversight.
  - MD peer to peer IRR of PQIs resulted in 100% agreement, indicating Medical Directors are resolving cases with consistent methodology.
  - Successfully onboarded one FTE QI RN to PQI team.
  - QoC QI CAP workflow was finalized and approved.

  - QI hired a QI Project Specialist to assist with medical record requests and follow-up, Independent Medical Review coordination, as well as provide cross coverage for PQI QIPA. A new hire will onboard to QI in early Q3 2022.
  - All member grievances opened as PQIs in Q2 2022 were closed within Grievance's timeframes (30 days or less). N=117.
- Facility Site Review (FSR) Management
  The following summary of activities took place:
  - Preparing for the July 1, 2022 implementation of the updated DHCS FSR MRR Tools and Standards.
  - Working with DHCS to prepare for the testing phase of the new DHCS FSR data base MSRP.
  - Collaborating with Practice Coaching to prepare for an uptick in Corrective Action Plans as a result of the new tool rollout.
  - Collaborating with the Provider Relations team to provide talking points to providers to discuss upcoming changes in the FSR and MRR tools.
  - Continuing to meet with DHCS in the biweekly statewide MCP workgroup meetings to ensure we are continuing to follow recommendations around leniency for CAP due dates and site review scheduling according to each sites' impact of COVID-19 related barriers.

Conclusion. The QIS Workplan activities continue to be impacted by the pandemic, such as provider staffing issues resulting in inconsistent active engagement and a back log of services in demand as also noted by increases in utilization (i.e., call volumes, language assistance services). Although there is continued activity toward goals for the initiatives and operational metrics, there are challenges in gaining any significant improvement and teams are addressing barriers to return to pre-pandemic levels both in operational workflows and preventive care for members. In addition, work is being prioritized to ensure that access, care, and coordination of care for members continue to be met.

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

Attachments.
1. Quality Improvement System Workplan - Q2 2022

Q2 2022 QIS Workplan

SECTION 1: MEMBER EXPERIENCE

A: MEMBER EXPERIENCE

CAHPS: How Well Doctors Communicate

Domain	Member Experience; Quality of Care; Quality of Service
Priority	Regulatory
Committee	MSEC, CQIW
Goals	1. Achieve x% in How Well Doctors Communicate - Child 2. Achieve x% in How Well Doctors Communicate - Adult
Results Q2	Adult: 89.3%;Child: 93.5%
Opportunities for Improvement	Assess CAHPS surveys administered in 2022 and identify any improvements if the threshold/targets are not met

Summary of Quarterly Activities Narrative	Completed fielding of the 2022 CAHPS survey.
Known Barriers/Root Cause(s) (as applicable)	Low response rate from members to the survey.
Next Steps	Awaiting final report for the 2022 CAHPS survey.

CAHPS: Global Rating of Health Care

Domain	**Member Experience**
Priority	**Regulatory**
Committee	**MSEC, CQIW**
Goals	**1. Achieve 84.5% in Members Global Rating of Health Care (CAHPS)- Child**
Results Q2	**87.10%**
Opportunities for Improvement	**1) Assess CAHPS surveys administered in 2022 and identify any improvements if the threshold/targets are not met**

Summary of Quarterly Activities Narrative	**Completed fielding of the 2022 CAHPS survey.**
Known Barriers/Root Cause(s) (as applicable)	**Target met in 2021, no known barriers at this time**
Next Steps	**Awaiting final report for the 2022 CAHPS survey.**

CAHPS: Global Rating of Health Plan

Domain	**Member Experience**
Priority	**Regulatory**
Committee	**MSEC, CQIW**
Goals	**1. Achieve 86% in Members Global Rating of Health Plan (CAHPS)- Child**
Results Q2	**88.80%**
Opportunities for Improvement	**1) Assess CAHPS surveys administered in 2022 and identify any improvements if the threshold/targets are not met**

Summary of Quarterly Activities Narrative	**Completed fielding of the 2022 CAHPS survey.**
Known Barriers/Root Cause(s) (as applicable)	**Target met in 2021, no known barriers at this time**
Next Steps	**Awaiting final report for the 2022 CAHPS survey.**

HS Member Outreach & Engagement Campaigns

Domain	Member Experience; Quality of Care; Quality of Service
Priority	Alliance Operating Plan
Committee	Continuous Quality Improvement Workgroup (CQIW), MSEC
Goals	1) In 2022, track and monitor all ad hoc member outreach and engagement campaigns 2) Track each campaigns intervention, percentage of successful calls (information provided/LVM) vs unsuccessful calls, and member counts
Results Q2	1) Received Final APL for 22-009. 2) Began to work with Pharmacy to build query to identify members for outreach. 3) Not started 4) Initiated work with Essette team to update Emergency Outreach task and report. 5) Not started.
Opportunities for Improvement	1) Coordinated collaboration with multiple sources in the development of member written materials and staff talking points 2) Development of member roster lists with the verification if there is more than one member in the same household on the list 3) Identification of the right level of staff to support these outreach campaigns (i.e., clinical vs. non-clinical) 4) Coordinated approach for documenting, tracking, and reporting the outcome of each outreach call 5) Develop enough time to train staff on talking points and new outreach campaigns

Summary of Quarterly Activities Narrative	In Q2 started working on developing query to identify members who are moderately to severely immunocompromised. QIPH and Pharmacy partnered to develop the query that reflected the risk groups as defined by CDC. QIPH revised the Essette task to reflect the planned Q3 outreach.
Known Barriers/Root Cause(s) (as applicable)	1.) There is not enough staff to support outreach activities. 2.) Core work is also impacted when deploying other teams to support outreach campaigns. 3.)There is not enough planning time
Next Steps	Develop staff training materials. Update roster based upon August 2022 membership.

Member Support

Domain	**Member Experience**
Priority	Regulatory
Committee	MSEC
Goals	1) 95% of Calls to Member Services Answered Before Being Abandoned; 2) 80% of Calls to Member Services Answered Within 30 Seconds
Results Q2	1) 73% 2) 27%
Opportunities for Improvement	2) Identify additional barriers to being able to continuously meet this requirement.

Summary of Quarterly Activities Narrative	1. Excessive absenteeism 2. Staff LOAs 3. The call center currently does not have staffing levels to support current call volume. 4. Complexity of calls has increased. We are seeing member with complex BH issues are calling needing resources. Call Volume: April 2022- 20,974 May 2022- 21,512 June 2022- 26,124
Known Barriers/Root Cause(s) (as applicable)	1) Lack of sufficient staffing levels to meet the goals. 2) Increase in call volume from Q1 to Q2
Next Steps	The call center was approved to hire 4 additional temps to assist with the increase in call volume and call complexity. We are also working on the transportation optimization project that will reduce transportation call volumes and ensure that members can schedule their upcoming transportation appointments in a timely manner. Transitioning the transportation intake process will reduce call volume and also ensure that we are working with members on their health and Alliance benefits. Additionally, we will be working with a vendor that specializes in Customer Service to: •Improve service to every member whether the interaction occurs in the call center, office, or community event. •Increase staff's confidence in their ability to handle difficult situations. •Increase staff's knowledge in finding ways to balance task and relationship. •Reduce time spent on unproductive detours in member conversation. •Create a member-focused culture where staff embraces a service mindset and model it in every touchpoint. •Consistently deliver exceptional service experiences and achieve measurable results.

Member Engagement Rate of Member Outreach Campaign

Domain	**Member Experience**
Priority	Alliance Operating Plan
Committee	Member Support and Engagement Committee (MSEC)
Goals	Composite metric that rolls up normalized engagement rates from the outreach methods: Drive-through, Phone calls, Virtual, and Face to face to calculate an average member engagement rate across all outreach methods and attempts
Results Q2	35.8
Opportunities for Improvement	Equally weights the four methods of engagement and averages the normalized performance of each method.

Summary of Quarterly Activities Narrative	Staff attended face to face events in the community including outreach events, farmers markets and citywide events
Known Barriers/Root Cause(s) (as applicable)	less outreach events are being planned in the due to the continued fear of COVID-19 infection as well as efforts and staff resources within CBOs and healthcare providers are below average.
Next Steps	continue to search for new outreach opportunities with non traditional CBOs.

C&L Services & Pop. Needs Assessment Education

Domain	**Member Experience** **Quality of Care** **Quality of Service**
Priority	Regulatory
Committee	CQIW
Goals	**To measure the performance of the Alliance C&L Services program and to make improvements accordingly (measure utilization per County).** **1) Increase Provider Utilization of the Alliance Language Assistance Services program by 5% when compared to the previous year** **2) Increase the Alliance network provider's familiarity with the Alliance Language Assistance Services Program (annual provider satisfaction survey)**
Results Q2	6740
Opportunities for Improvement	Increase promotion of the Alliance Language Assistance Services with: 1.) Our external network providers through provider communication modalities, such as the Provider Flash (as needed), Provider Bulletin, and providing updated information to the Provider Services Network Team. 2.) Our members through member communication modalities, such as the Member Newsletter and providing updated information to member facing teams.
Summary of Quarterly Activities Narrative	Q2: The overall utilization of telephonic interpreting services has decreased among providers, Alliance staff, and contracted Alliance vendors. A total of 6,740 telephonic interpreting services calls were reported for measuring Q2 2022 across the Alliance's service areas (Merced, Monterey, and Santa Cruz counties). This is a 14% decrease when compared to Q2 2021 (7,881). As for face-to-face interpreting services, we had a total of 876 provider requests that were coordinated in Q2 2022 across the Alliance's service areas. This is an 197% increase when compared to Q2 2021 (295). In addition, we saw an increase in American Sign Language (ASL) requests this quarter. The Alliance continues to promote our language assistance services through various member communication/promotion modalities, Provider Bulletin promoting the Alliance language assistance services as well as informing members the importance of using qualified interpreters at doctor's visits and ensuring Alliance language assistance snippet is included in all member materials/letters, including the quarterly Member Newsletter. In Q2, the C&L team shared with our provider network information on the new indigenous interpreting vendor as well as our newly updated Interpreter Services Provider Quick Reference Guide and Face-to-Face Interpreter Services Request Form via the Provider Flash (formerly Provider Fax Blast). In addition, we informed the Alliance member facing teams and provider facing team on this update via email.
Known Barriers/Root Cause(s) (as applicable)	Q2: Barriers to decrease in telephonic interpreting utilization is due to our provider network and members not being familiar with our Language Assistance Services that are available.
Next Steps	Q2: The C&L team will present updates to our Language Assistance Services (telephonic and face-to-face interpreting services) to the provider facing team. We will also include callout boxes to include information on our Language Assistance Services via the Provider Bulletin and Member Newsletter.

SECTION 2: QUALITY OF SERVICE

B: ACCESS & AVAILABILITY

CAHPS Survey: Access Measures

Domain	**Member Experience** **Quality of Service**
Priority	Regulatory
Committee	NDSC, CQIW, CQIW-I
Goals	1. Achieve xx% in Getting Care Quickly for Child and Adult CAHPS 2. Achieve xx% in Getting Needed Care for Child and Adult CAHPS
Results Q2	Getting Care Quickly: Adult - 84.5%; Child - 83.1% Getting Needed Care: Adult - 85.3%; Child - 83.4%
Opportunities for Improvement	Assess CAHPS surveys administered in 2022 and identify any improvements if the threshold/targets are not met
Summary of Quarterly Activities Narrative	Completed fielding of the 2022 CAHPS survey.
Known Barriers/Root Cause(s) (as applicable)	Low response rate from members to the survey.
Next Steps	Awaiting final report for the 2022 CAHPS survey.

Annual Access Plan

Domain	**Member Experience** **Quality of Service**
Priority	Regulatory
Committee	NDSC
Goals	The Annual Access Plan focus areas and improvement goals are established in January of each year and are solidified by the NDSC. The 2022 Access Plan goals will be finalized in January 2022.
Results Q2	Access Plan 2022 focus areas finalized at April NDSC. 1. Improve member access to care through ensuring that the Alliance network adequately meets regulatory requirements. a. Recruitment to meet all Annual Network Certification specialty care requirements within time and distance standards. b. Recruitment to secure network of new Medi-Cal provider types, specifically doulas and community health workers, c. Ensure sufficient capacity for contracted Enhanced Care Management (ECM) and Community Support (CS) services. 2. Expand access to contracted Non-Emergency Medical Transportation (NEMT) services. a. Support successful recruitment of NEMT service providers through rate enhancements. b. Recruit additional NEMT providers to serve each county of the Service Area. c. Enhance Provider Relations support of contracted NEMT providers.
Opportunities for Improvement	The Access Plan will articulate identified areas within the Alliance provider network where targeted activities can increase or enhance choice and/or access. The 2022 improvement opportunities will be identified in January 2022.

Summary of Quarterly Activities Narrative	Q1: Access Plan results from 2021 shared with the committee, discussion regarding focus areas for 2022 at January NDSC. Q2: Focus areas finalized, Dashboard created and circulated, action items being assigned and in progress.
Known Barriers/Root Cause(s) (as applicable)	Barriers to achieving Access Plan goals usually include faulty/inaccurate data, staff resource constraints, and provider's unwillingness to expand or contract for services.
Next Steps	Continue tracking metrics and success throughout Q3-Q4.

Provider Choice: In-Area Market Share

Domain	**Quality of Service**
Priority	Regulatory
Committee	NDSC
Goals	In Area PCP Market Share (all counties) In Area Specialist Market Share (all counties)
Results Q2	Q222 Market Share: PCP 86% Specialist 87%
Opportunities for Improvement	Credential non-credentialed providers practicing at contracted locations. Engage providers who have historically declined to contract.

Summary of Quarterly Activities Narrative	Provider Relations completed a review of non-contracted specialist providers in Santa Cruz County to confirm accuracy of data, which may result in a slight increase in specialist Market Share in Q322.
Known Barriers/Root Cause(s) (as applicable)	Difficulty obtaining timely credentialing applications for new or existing providers, priority to engage new entities in contracting over credentialing providers at existing contracted sites
Next Steps	Credentialing prioritizing outreach to non-credentialed providers working at contracted sites. by end of year.

C: PROVIDER EXPERIENCE

Provider Satisfaction Survey

Domain	**Quality of Service**
Priority	Regulatory
Committee	NDSC
Goals	Target of 88% of surveyed providers who are satisfied with the Alliance (annual measure based on Satisfaction Survey); lower threshold is 79.2%.
Results Q2	Survey launched in June 2022, scheduled to be complete in August.
Opportunities for Improvement	In MY 2021, 89% of surveyed providers reported that they were satisfied with the Alliance.

Summary of Quarterly Activities Narrative	**MY 2021 results presented to NDSC, CQIW-I.**
Known Barriers/Root Cause(s) (as applicable)	Provider satisfaction with the Alliance may be influenced by satisfaction with the health care system as a whole; difficult to specifically target action items to increase satisfaction for each respondent.
Next Steps	Vendor has contact lists and all required collateral. Survey scheduled to begin in June 2022.

SECTION 3: QUALITY OF CLINICAL CARE

D: UTILIZATION

PAD Utilization Review

Domain	Quality of Service
Priority	Operating Plan
Committee	Pharmacy and Therapeutics Committee
Goals	Perform PAD utilization review on a quarterly basis and present to P&T Committee PA criteria and formulary inclusion input
Results Q2	100%
Opportunities for Improvement	Remove PA requirement for PAD with high approval rate. Educate providers on more cost-effective products. Prelude to Site of Care program.

Summary of Quarterly Activities Narrative	Q1: 181 drugs were reviewed against Medi-Cal guidelines. We continue to review more Physician Administered drugs against Medi-Cal guidelines, with a focus on removing PA requirement for a few PADs. Q2: 104 HCPCS codes were reviewed against Medi-Cal manual of noncapitated drugs. Discrepancies will be reviewed in Benefits Hub.
Known Barriers/Root Cause(s) (as applicable)	Some pharmacy staff resource constraints due to staff changes. Tableau reports need to be updated to account for additional HCPCS codes.
Next Steps	Proposal to remove PA requirement for selected drugs will be presented to P&T Committee for approval in Q3.

Medication Reconciliation

Domain	Clinical Safety, Member Experience, Quality of Care
Priority	Regulatory
Committee	Pharmacy and Therapeutics Committee, CQIW
Goals	Perform Medication Reconciliation for 50% of high-risk members within 30 days of discharge from acute setting.
Results Q2	20%
Opportunities for Improvement	(Not being done at the Alliance, and not being done at Transition of Care at all sites)

Summary of Quarterly Activities Narrative	Q1: Project was not started due to focus on Medi-Cal Rx transition. We will start researching on the project framework and criterion for high risk members. Q2: Draft workflow and templates for provider correspondence and documentation were created. 4 mock cycles have been completed with 19 cases total. 2 pharmacists and 3 technicians completed their training.
Known Barriers/Root Cause(s) (as applicable)	Some pharmacy staff resource constraints due to LOA and staff changes. Currently, the pharmacy staff does not have a member-facing role. Interventions would need to be performed by providers or case management teams. Pharmacists have EMR access to some hospitals only. Access to additional key hospitals will improve the comprehensiveness of the medication reconciliation.
Next Steps	For Q3, next steps would be to consolidate initial results from mock cycles and request feedback from P&T Committee. Feedback will also be requested from care management teams for areas of cross collaboration. Criterion for high risk will be defined further, and 2 additional staff will need to be trained.

Under / Overutilization

Domain	Clinical Safety, Quality of Care, Quality of Service
Priority	Regulatory
Committee	UMWG, CQIW, CQIC, Program Integrity/Compliance Committee
Goals	An interdepartmental over/underutilization report will be developed by December 31, 2022.
Results Q2	N/A
Opportunities for Improvement	Coordinated collaboration with all sources of monitoring for over and underutilization. Linking reporting from multiple sources to ensure compliance with monitoring.

Summary of Quarterly Activities Narrative	Under and over utilization is closely monitored and UM investigates identified cases, develops interventions and works closely with other departments such as Program Integrity, QI and Provider Services. As authorization codes are waived as part of the Auth Reduction Project, there will be monitoring to assure there is no resulting inappropriate over utilization. Auto approved or no TAR required (NTR) utilization will be monitored when an increase/decrease of 30% from the previous reporting quarter is identified. All monitored categories are reported out in the quarterly UM Work Plan and the following was approved in the April CQIC meeting: Categories to be monitored for possible over utilization: Electromyography (EMG) Emergency Room Visits Any Auth Redesign/NTR code identified from emerging utilization analysis results Categories to be monitored for possible under utilization: Initial Health Assessment (IHA) Breast Cancer Screening Colon Cancer Screening Lead Screening Adverse Childhood Experience (ACE) Screening Mental Health Visits Q2 Currently monitored in UMWG
Known Barriers/Root Cause(s) (as applicable)	Lack of consolidation of all efforts toward oversight of over /utilization.
Next Steps	The UM Director position has been filled as of 8/1/22. Additional work is underway linking the reporting from multiple sources.

E: ADULT PREVENTIVE CARE SERVICES

Health Education and Disease Management

Domain	Member Experience Quality of Care Quality of Service
Priority	Regulatory
Committee	CQIW
Goals	To increase member self-efficacy in performing self-management behaviors by having members participate in the Alliance Healthier Living Program. (Chronic Disease Self-Management Program) 1) By December 31, 2022, at least 50% of participants in the Healthier Living Program will have scored "Good/Very Good/Excellent" for their ability to manage their chronic health conditions after the workshop 2) Overall increasing improvements of the scores (i.e., poor to fair)
Results Q2	88%
Opportunities for Improvement	1) Increase member awareness of the Healthier Living Program workshop by collaborating with internal departments. 2) Continue to offer multiple options for participation including telephonic, virtual, and in-person workshops.

Summary of Quarterly Activities Narrative	In Q2 2022 the QHP team completed three telephonic Healthier Living Program (HLP) workshop series. Alliance members continue to provide positive feedback via program surveys that the program helps them to feel connected with others experiencing similar challenges and improves skills and abilities to self-manage their chronic condition(s).
Known Barriers/Root Cause(s) (as applicable)	Barriers for members participating in HLP are challenges with technology. The population of members participating in HLP can have little to no experience in participating in a conference call or virtual meeting. The QHP team has incorporated pre-workshop calls to walk the member through calling into the workshop (if telephonic) or logging into the workshops (if virtual).
Next Steps	Next steps for Q3 the QHP team will offer the HLP workshops in the virtual modality and prepare to implement in-person workshops for members.

Diabetes HbA1c >9% (poor control)

Domain	Quality of Care
Priority	Regulatory
Committee	CQIW
Goals	1). Identify a health care system willing to partner with the Alliance team in implementing an evidenced based practice for members with Diabetes Type II (Community Guide) 2. Establish a team of clinic staff and technical support staff from the Alliance to champion the program and support selection of an intervention. 3. Set an objective that identifies a target number of members that are able to decrease HbA1c values to below 7.5.
Results Q2	N/A
Opportunities for Improvement	1) Few services available to members to support self management of diabetes. Members with diabetes need ongoing support to maintain A1c values that indicate good control. 2) Once new staff are on board, will explore opportunities to engage with a practice with a cohort of members with DM and interest in improving and/or expanding services to these members. 3) There are opportunities to not just manage blood glucose, but support adoption of healthy choices, tobacco use, increase physical activity and monitoring of blood pressure. 4) Until January 2023, continuous blood glucose monitoring was not available, this is a valuable tool that needs to be more widely implemented, including use of newer medications that can support members in managing their blood glucose levels.

Summary of Quarterly Activities Narrative	Due to limited staffing, the team has pivoted to focus the Population Health pilot on adult high risk members with the highest HbA1c values. QIPH will partner with CCC and Pediatric CM teams to test risk levels of members as scored by the BI tool and other methods. This will allow clinical staff to focus on this target population while testing the proposed methodology and work flows of the Population Health program.
Known Barriers/Root Cause(s) (as applicable)	1) Clinics are currently struggling to maintain staff and continue to care for members with COVID. 2) Limited capacity at many primary care offices to adopt a new initiative. 3) Alliance members have few resources, may be limited to not having safe areas for physical activity or support to prepare healthy meals. 4) Vacant QIPA positions need to be filled in QIPH to have resources to start new initiative.
Next Steps	Continued focus on hiring. Will complete risk scoring of members and segmentation into risk levels next quarter. Confirm work flows with CCC and Pediatric CM staff before pilot start. Develop evaluation metrics and determine how Pharmacy team can support this pilot work with members with DM.

Preventive Care Measure: Colorectal Cancer

Domain	Quality of Care
Priority	Regulatory
Committee	CQIW
Goals	Assess baseline rates for colorectal cancer screening and determine future interventions
Results Q2	25.6% for all counties, Q1 2022
Opportunities for Improvement	Data has not been analyzed at this time. Preliminary conversations with providers reveal that recommendations for routine colorectal screening are not well known, specifically acceptable methods and frequency. This is a new measure for Medicaid, we will be learning in 2023 about our baseline performance. In the meantime, we are collecting available data.

Summary of Quarterly Activities Narrative	Initial base line data is being analyzed now. Training material will be in the 3rd Quarter CBI workshop because colorectal screening will be an exploratory measure in 2023 (unpaid). A tip sheet for the measure is also under development.
Known Barriers/Root Cause(s) (as applicable)	1) New measure to Medicaid in 2022. Measure has a long look back period for data. Will need to build out ability to accept provider data for this measure. 2) Limited capacity at many primary care offices due to high rates of COVID through Q2. 3) Vacant QIPA positions need to be filled in QIPH to have resources to start new initiative.
Next Steps	Staff to present disaggregated data on screening to team to support development of plan for next steps. CBI workshop in September will cover this measure and best practices for screening.

Controlling Blood Pressure

Domain	**Quality of Care**
Priority	Regulatory
Committee	CQIW
Goals	AIM: Improve hypertension control by improving the accuracy of blood pressure measurement by reducing potential false positives of elevated blood pressure readings. 1) y 1/31/2023 date, BP rechecks will improve from 50% to 55% after implementing the new BP rechecking protocol, where a second BP reading is taken when the first BP reading is greater than 140/90. 2) Implement visual reminders to alert staff and patient when a Bp recheck should be considered. 3) By January 31, 2023, BP rechecks will improve from 27.8% to 37.8% after implementing the new BP rechecking protocol, where a second BP reading is taken when the first BP reading is greater than 140/90.
Results Q2	Planning 90% complete; finish in July and plan kick-off of using visual reminders starting August 1, 2022
Opportunities for Improvement	1) Increase members that are accurately identified as having hypertension. 2) For those members with hypertension established accurate readings support the clinical management of the patient. 3) Establish this best practice in a busy ambulatory care center.

Summary of Quarterly Activities Narrative	Project Charter finalized in Q2, analysis of current data/bp rechecks complete; kick-off visual reminder use in Q3 (August 1, 2022)
Known Barriers/Root Cause(s) (as applicable)	1) Staff turn over may dilute results without consistently providing appropriate training. 2) New process may be slowly adopted, will need to focus on education and job aids. 3) Volume of members may continue to lag as the pandemic continues. 4) Ensuring use of whiteboard visual reminders is happening. This is a difficult action item to monitor.
Next Steps	Visual reminder kick-off at WHC on Monday, 8/1/22; at HPHP and Emeline on 9/6/22 Naomi and Jo to perform bp re-check analysis using July report from WHC.

F: MATERNAL AND CHILDREN'S PREVENTIVE CARE

Maternal and children's preventive care (HEDIS)

Domain	**Quality of Care**
Priority	Department of Health Care Services (Bold goals 50 x 2025)
Committee	Continuous Quality Improvement Workgoup (CQIW)
Goals	1) Ensure all health plans exceed the 50th percentile for all children's preventive care measures; 2) Close racial/ethnic disparities in well-child visits and immunizations by 50%: • *Child and adolescent WCV • Childhood immunizations • Adolescent immunizations 3) Improve maternal and adolescent depression screening by 50%; 4) Close maternity care disparity for Black and Native American persons by 50%: • *Prenatal and postpartum care • Perinatal and postpartum depression screening
Results Q2	In progress
Opportunities for Improvement	1) We continue to struggle to get children's preventive measures above the 50th percentile in Merced County: members with well-child visits at 15 months, 30 months, 3-21 years, and Well Child Care (Nutrition & Physical Activity) and Childhood Immunizations. Santa Cruz-Monterey has just one measure that remains below the 50th percentile (WCV 15 months 6+ visits). 2) Close racial/ethnic disparities in well-child visits and immunizations by 50%. Child and adolescent WCV, Childhood immunizations, and Adolescent immunizations all have racial/ethnic disparities in all three counties. WCV disparities are being addressed by the CBI program to start, Child and adolescent immunizations remain in the CBI program but need additional analysis and planning. 3) We have completed chart reviews in the past that review maternal and adolescent depression screenings in the past and we know that reporting of screening is underreported by claims. 4) Disparities for Prenatal and Postpartum care have been reviewed but requires planning, perinatal and postpartum depression screening needs further analysis and planning.

Summary of Quarterly Activities Narrative	1) We have two Performance Improvement Projects in progress, one for CIS and the other for WCV both in Merced. Planning for a study of pediatric disparities has begun, with initial activities planned for Q3 2022 in Merced County. 2) WCV disparities are being addressed by the CBI program 2023 to start, Child and adolescent immunizations remain in the CBI program but need additional analysis and planning. 3) Not started. 4) Not started
Known Barriers/Root Cause(s) (as applicable)	1) Clinics are currently struggling to maintain staff and continue to care for members with COVID. Incidence of COVID has increased since last report and is high in 2/3 counties. 2) Limited capacity at many primary care offices to adopt a new initiative. Many staff absences attributed to COVID infection. 3) Will develop plan to transition from the CDF measure using CPT codes to the DSF measure which only uses LOINC codes. This will require a new strategy for data collection from all available EMRs and HIEs. 4) Limited capacity at many primary care offices to review charts or reports to recall members that are missing preventive services as described in 1-2.
Next Steps	Continued focus on hiring, post-HEDIS season initiate analysis of available data. Strategize with Communications on actively implementing evidence-based depression screening tools in their practice for adolescents, adults and pregnant people. Add prenatal and postpartum depression screening to monthly build to initiate monitoring of rates. Plan for disaggregation of data to understand opportunities for reporting.

G: PERFORMANCE IMPROVEMENT PROJECTS (STATE MANDATED)

Well Child Visits

Domain	**Quality of Care**
Priority	Statewide Department of Healthcare Services (DHCS) Performance Improvement Project (PIP)
Committee	CQIW
Goals	By December 31, 2022, increase the percentage of child and adolescent members 3-17 years of age, linked to Golden Valley Health Center - Los Banos clinic, who receive at least one comprehensive well-care visit with a PCP or OB/GYN practitioner during the intervention period, from 32.65% to 48.56%.
Results Q2	Q2 2022 Rate is not available yet due to data validation in process. Rate for the month of May was 40.69%, a slight increase of 0.33% from Q1 2022.
Opportunities for Improvement	• Improve access by increasing the number of in-person well care visit appointment slots per week. • Prioritize health equity strategies by increasing outreach to populations with lower rates. • Promote member incentives to encourage members to complete their well-care visits.

Summary of Quarterly Activities Narrative	In Q2, our Module 3 for Access Intervention was approved by DHCS. This quarter we were also able to get both internal and DHCS approval to offer a pilot point of service member incentive for this PIP. Alliance members linked to GVHC Los Banos clinic ages 3-17 who complete their well care visit during September 1. 2022 - December 31, 2022 will earn a $25.00 Target gift card that will be handed to them at the clinic site after their visit. Tentatively our go live date is scheduled for September 1, 2022. The internal PIP team is working on logistics for implementation. The PIP team also submitted an additional Module 3 for a Recall intervention that began on June 1, 2022. We continue to meet with the GVHC Los Banos clinic team 1-2 times a month for progress check-ins and updates.
Known Barriers/Root Cause(s) (as applicable)	Staffing challenges due to COVID-19 variants, and member hesitancy to resume preventative care.
Next Steps	Continue with recall intervention in Q3, and implement the Point of Service member incentive in September. .

Breast Cancer Screening PDSA

Domain	**Quality of Care**
Priority	Statewide Department of Healthcare Services (DHCS) Performance Improvement Project (PIP)
Committee	CQIW
Goals	1) By January 30, 2022, complete PDSA cycle 4 intervention to improve the breast cancer screening rate at Dignity Health Medical Group in Merced. 2) By May 30, 2022, complete PDSA cycle 5 intervention to improve the breast cancer screening rate at Dr. Thao's clinic.
Results Q2	1) 10% 2) 16.18%
Opportunities for Improvement	1) Application of standing orders for mammogram screening at provider offices. 2) Retrospective referral process of eligible members and member outreach by the imaging center.

Summary of Quarterly Activities Narrative	The QIPH provided Dignity Health Medical Group (DHMG) in Merced with a list of members 50-74 years of age who were due for their breast cancer screening. DHMG reviewed the member list for contraindications that would require a member to be removed from the project, and submitted referrals to the DHMG imaging center. QIPH and DHMG met bi-weekly to discuss obstacles and address any barriers. The project concluded by surpassing the predictive 10% goal to achieve a rate of 20%. We expect this already high performing provider's overall compliance rate to shift from 69% to 75% as a direct result of this active intervention. For our cycle 5 BCS intervention project, QIPH worked with Dr. Long Thao's office. The intervention focused on the linked Hmong members after identifying a large disparity in this population in completing their breast cancer screenings. The QIPH team identified 68 members who were due for their screenings and provided this list to Dr. Thao's office to review for any contraindications. Upon Dr. Thao's clinic review, they delivered the referrals to El Portal Imaging to ensure all were received. El Portal Imaging confirmed receipt of the referrals and provided the Alliance with time blocks on their schedule. The Alliance Health Educators contacted the members to schedule screenings using interpreting services. El Portal Imaging was responsible for placing the reminder calls and offered Alliance transportation services at that time. QIPH corresponded internally at least once a week, as well as reaching out to El Portal Imaging for weekly updates. As a result of this outreach, 7 of the 68 members scheduled with QIPH and completed their breast cancer screening. QIPH submitted the final information to Dr. Long Thao's office, noting the success of the intervention and that a few members felt more comfortable scheduling with their PCP. Dr. Thao's office completed another round of outreach to the members, and an additional 4 members scheduled and completed their screenings. The final result of this interventi… resulted in 11 out 68 members receiving their screenings (16.18%).
Known Barriers/Root Cause(s) (as applicable)	1) This is a high performing clinic and they have been actively working on increasing their breast cancer screening rates through the pandemic. As a result, the list of members that QIPH provided to DHMG were the patients that had already no-showed, not scheduled or canceled. This added a complexity to the project, but the project proceeded to be fruitful in the end. 2) The intervention with Dr. Long Thao's office identified that the majority of the Hmong population linked to Dr. Thao's office relies heavily on family members to assist in scheduling and taking this population to their appointments. The team also found that a portion of the members were not comfortable in scheduling with the Alliance and preferred to talk with the PCP office.
Next Steps	Next steps include continuing to monitor both underperforming and high performing breast cancer screening rate trends and target eligible, non-compliant members where opportunities for intervention activities are present. This 5th cycle concluded the breast cancer screening intervention series, and will be replaced by the Care-Based Incentive (CBI) Breast Cancer Screening measure. The CBI team will continue to promote best practices from this intervention series.

COVID-19 QIP

Domain	**Quality of Care**
Priority	Statewide Department of Healthcare Services (DHCS) Performance Improvement Project (PIP)
Committee	CQIW
Goals	1) By March 31, 2022, complete the follow up COVID-19 QIP submission
Results Q2	The final submission to DHCS for the COVID-19 QIP was successfully completed by the due date of March 31, 2022.
Opportunities for Improvement	• Member incentive for those 7-24 months of age who receive their second flu shot. • Adolescent well care letters for members 11-13 years of age. • Outreach to prenatal and postpartum members as part of the Healthy Mom and Healthy Babies program.

Summary of Quarterly Activities Narrative	Strategy 1: Outreach to prenatal and postpartum members as part of the Healthy Mom and Health Babies program. Results: 100% of members who completed the Postpartum Follow-up Assessment in the HMHB were provided with contact information to Beacon for behavioral health support. 9.9% of members who completed the Postpartum Follow-up Assessment (N=81) in the HMHB program engaged with Beacon for behavioral health support. Strategy 2: Adolescent well care letters for members 11-13 years of age. Results: Due to ongoing COVID related delays, including the Omircon surge, our providers were experiencing staff shortages which impacted appointment availability. In an effort to avoid further impact to these providers schedules we postponed our well care letter initiative by four months. The first round of adolescent letters went out on 02/18/22 reaching members who had upcoming birthdays falling in March and April. Since the initial letter rollout in February we are moving toward success with the rest of letters scheduled to be sent through January of 2023. We would be able to start pulling data beginning in September of 2022 to measure the impact of these letters. Strategy 3: Member incentive for those 7-24 months of age who receive their second flu shot. Results: The data for February 2022 will be available in April due to a two month claims lag. May 2022 (Flu Season's last month) will be available July 2022. Our raffle incentive was implemented September 2021. The rate of 2nd flu doses increased from 13.6% in September of 2019 to 40.0% in January of 2022, but the number of doses decreased by 228 from January of 2021. •
Known Barriers/Root Cause(s) (as applicable)	
Next Steps	

Childhood Immunizations

Topic	**Childhood Immunizations**
Domain	**Quality of Care**
Priority	Statewide Department of Healthcare Services (DHCS) Performance Improvement Project (PIP)
Committee	CQIW
Goals	By December 31, 2022, Castle Family Health Center will increase Childhood Immunization Status (CIS) Combo 10 rates among the three targeted sites from a baseline of 12.22% to 19.51%
Results Q2	14.78%
Opportunities for Improvement	• For those providers who indicated that they do not have a member recall process for immunizations (Provider Access Survey), provide practice coaching to empower the clinic to develop a sustainable system. • Prioritize health equity strategies by increasing outreach to populations with lower rates. • Promote member incentives to encourage members to complete their immunizations.

Summary of Quarterly Activities Narrative	01/26/22 - First outreach attempt to CIS PIP team to inquire about any new interventions started on the clinic side because CIS rates had increased to 17.4% - no response until 3/2, no new interventions mentioned with reports of being short staffed. 02/01/22 - Second outreach attempt to Front desk supervisor to inquire about possible interventions started by the front desk team to improve CIS rates - no response received. 03/01/22 - Submitted direct member incentive proposal to QI Director 03/10/22 - Received approval from DHCS to submit a member incentive request for review, even for a specific provider/site. Started work on completing CCAH and DHCS Member Incentive Approval forms. 03/22/22 - Updated Castle Leadership team on DHCS CIS PIP status. Introduced the possibility of a direct member incentive that CFHC CEO expressed interest and support for. 04/05/22 - POS Member Incentive (MI) biweekly recurring meetings were initiated to plan for new MI. 05/27/22 - Completed internal and DHCS Member Incentive request forms. 06/14/22 - CBIWG approved POS MI. $25 gift cards given to eligible members after receiving the first or second flu dose at CFHC. 06/29/22 - DHCS approved POS MI. 07/12/22 - Met with Comms to review Member Flyer request. Veronica has also been in contact with Finance to review GC handling operations. She has ordered a safe for the Merced office to store the GCs. She has also been working with PS Contracts Team to finalize MI Program Agreement for participating providers to sign.
Known Barriers/Root Cause(s) (as applicable)	Limited provider engagement due to conflicting priorities with the COVID-19 vaccine, staffing challenges due to COVID-19 variants, possible member hesitancy to resume preventative care, and limited engagement by clinic PIP team.
Next Steps	Q1 - 1. Get CFHC CIS PIP Team approval and support to test direct member incentive. Q1 - 2. Complete CCAH & DHCS member incentive approval forms. Q1 - 3. Present member incentive idea to CBI workgroup in May. Q2 - 1. Finalize & sign Provider MI Program Agreement Q2 - 2. Finalize work plan with Alliance team to implement POS MI gift cards. Q2 - 3. Finalize work plan with clinic to implement POS MI gift cards. Q2 - 4. Communication Plan: Share Comms Flyer with clinic, mail flyer to eligible clinic members, engage clinic in sending text message to eligible members. Q2 - 4. Order GC, populate GC tracker with GC IDs. Q2 - 4. Deliver GC to clinic.

H: BEHAVIORAL HEALTH

Adverse Childhood Experiences (ACE)

Domain	**Quality of Care**
Priority	Divisional Goal, Diversity Leadership Program (DLP)
Committee	CQIW, CQIC
Goals	1) By 12/31/22, assess the current landscape in Merced County to address any barriers or factors to complete ACE screening. 2) By 12/31/22, promote education and best practices among providers and clinic staff to conduct the screening. 3) By 12/31/22, support a network of care with experts in the community (providers, community-based organizations, other experts).
Results Q2	Conducted promotion and education on ACE screenings.
Opportunities for Improvement	1) Minimal ACE screenings in Merced County

Summary of Quarterly Activities Narrative	Health Improvement Partnership (HIP) completed the assessment of the current landscape of Merced providers completing Adverse Childhood Experiences (ACEs) screenings. HIP was able to conduct interviews with community stakeholders, such as ACEsINC and ACEs Overcomers. HIP was able to interview Dignity Health Medical Group and Golden Valley Health Centers. Through discussions with ACEs Overcomers Livingston Community Health Centers is beginning to pilot screenings. During the interviews HIP also identified that there is a disconnect between those who screen for ACEs and those who provide the referral resources; those conducting screenings are not aware of options for referrals. ACEsINC is currently working on a referral directory, which they hope to have available in 2022. During Q2 we focused on provider and member education by including an article in the Member Newsletter informing members about ACE screenings, and provided them with sample questions that their doctor may be asking them at their next visit. We also included an article in the Provider Bulletin with education on how to implement screenings in their clinic and coding information. The QIPH team also worked with analytics to develop a tableau report to monitor the completion of ACE screenings in all three counties. QIPH also drafted two new provider incentives for inclusion in the 2023 Care-Based Incentive Program to assist in encouraging providers to have their staff trained and attested, as well as implement screenings into their clinics.
Known Barriers/Root Cause(s) (as applicable)	The COVID-19 surge and lack of staff contributed to PCPs not having enough time to complete the 2 hour training and attestation due to busy clinic schedules. PCPs and community stakeholders are not clear on referral pathways for their patients, as a result have not been completing screenings. PCPs have also expressed confusion on how to bill for screenings once they have completed the training and attestation.
Next Steps	The QIPH team is implementing an CBI Incentive for PCPs who complete the 2 hour screening and attestation to encourage providers to begin screening. QIPH is also planning to host a learning Collaborative in the Summer/Fall to bring Merced providers and community stakeholders together to assist in encouraging/promoting ACEs screening best practices.

Eating Disorders

Domain	**Clinical Safety** **Member Experience** **Quality of Care** **Quality of Service**
Priority	Alliance Operating Plan
Committee	**UMWG, CQIC, Beacon Oversight Committee, Health Services Finance Committee**
Goals	By 12/31/22 develop a pathway process for referrals and escalation. Develop a processes for mild to moderate and severe mental illness care coordination. Establish clear contact information for all levels of behavioral health interventions to increase timely access to care
Results Q2	Behavioral Health workflow established.
Opportunities for Improvement	1) Establish a clear collaborative referral process with County Mental Health Plans 2) Establish a clinical referral outline biopsychosocial background for review of cases for authorization 3) Establish contact information for all levels of behavioral health interventions to increase timely access to care.

Summary of Quarterly Activities Narrative	The Alliance has an established external collaborative bi-weekly behavioral health case review process with our MBHO to support and address members with eating disorders, substance use disorders, biopsychosocial barriers in care, and co-occurring disorders. The Alliance is proactively collaborating with County Mental Health Plans to coordinate appropriate levels of care for eating disorder treatment, provide TAR authorizations, and arrange reimbursement for the cost of treatments. In Q2, the Alliance has provided internal educational presentations to the social services department, utilization review director, and community care coordination director to address the increasing need and acuity levels of eating disorders.
Known Barriers/Root Cause(s) (as applicable)	1) Staffing changes 2) Continued education on the prevalence, impact, cost, and levels of treatment are needed to support care for eating disorders. 3) Gaps in appropriate levels of care needed and treatment.
Next Steps	In Q3-22, the Alliance is proactively working with County Mental Health Plans to establish monthly meetings for a case review to address eating disorders, levels of care needs, and treatment. The Alliance will also review the eating disorder workflow and modify to address the increasing needs tor eating disorders. Provided continued education on the prevalence and impact of eating disorders. Establish a psychosocial clinical form for case review for authorizations.

SECTION 4: CLINICAL SAFETY

I: CLINICAL SAFETY

Grievance and PQI Management

Domain	**Clinical Safety**
Priority	Regulatory
Committee	CQIW
Goals	1) By December 31, 2022 100% of Potential Quality Issues (PQI) completed within 90 calendar days of receipt. 2) By December 31, 2022 Quality Improvement (QI) nurse to route 100% of grievances related to medical quality of care issues to the Medical Director. Conduct an inter-rater reliability audit on a quarterly basis.
Results Q2	Data as of 8/1/2022 1. 148/180 (82%) of PQIs were completed within 90 calendar days; and 2. 120/120 (100%) of member grievances received by QI related to potential medical quality of care issues shall be referred to the Medical Director
Opportunities for Improvement	1) Maintain adequate staffing of program; expedite training of new hires. 2) Continue work with OpEx regarding Corrective Action Plan workflow and methods.
Summary of Quarterly Activities Narrative	1. The quarterly MD IRR of member grievances resolved by RNs resulted in 100% approval, indicating that cases are being appropriately routed to MD for oversight; and 2. MD peer to peer IRR of PQIs resulted in 100% agreement, indicating Medical Directors are resolving cases with consistent methodology; and 3. Successfully onboarded 1 FTE QI RN to PQI team; and 4. QoC QI CAP workflow was finalized and approved; and 5. QI hired a QI Project Specialist to assist with medical record requests and follow-up, Independent Medical Review (IMR) coordination, as well as provide cross coverage for PQI QIPA. New hire will onboard to QI in early Q3-22; and 6. All member grievances opened as PQIs in Q2-2022 were closed within Grievance's timeframes (30 days or less). N=117
Known Barriers/Root Cause(s) (as applicable)	1. Retaining qualified and well-trained staff remains an ongoing issue. The full time QI RN hired in Q1-22 unexpectedly left the Organization this quarter. 2. Managing coverage of the member grievance queue and ensuring that the turnaround in 25 days or less is met. An increase in member grievances routed to QI this quarter due to APL 21-011 process adjustments has led to increased need for QI RN and MD oversight; and 3. Limited capacity in Medical Affairs during Q2.
Next Steps	1. Onboard QI Project Specialist in Q3-22; and 2. Begin hiring process for 1 FTE QI RN; and 3. Collaborate with Grievance to streamline member grievances and address the influx of cases as a result of APL 21-011 member grievance process adjustments; and 4. Test the new CAP process with providers meeting threshold to receive a CAP.

Facility Site Review Management

Domain	**Clinical Safety**
Priority	Regulatory
Committee	CQIW
Goals	1) By December 31, 2022 100% of existing primary care provider sites that had an FSR due this quarter were completed within three years of their last FSR date. 2) By December 31, 2022 100% of practices where Critical Elements Corrective Action Plans (CE CAPs) arising from FSRs are resolved within 10 business days. 3) By December 31, 2022 100% of practices with a Corrective Action Plans (CAPs) arising from FSR submit a plan to address the CAP within 45 calendar days. 4) By December 31, 2022 100% of practices with a CAP arising from FSR complete all planned actions within 90 calendar days as evidenced by verification by the FSR team.
Results Q2	1) 100% (14 of 14) of existing primary care provider sites that had an FSR due this quarter were completed within three years of their last FSR date. 2) 100% (1 of 1) of practices where Critical Elements Corrective Action Plans (CE CAPs) arising from FSRs are resolved within 10 business days. 3) 100% (12 of 12) of practices with a Corrective Action Plans (CAPs) arising from FSR submit a plan to address the CAP within 45 calendar days. 4) 100% (12 of 12) of practices with a CAP arising from FSR complete all planned actions within 90 calendar days as evidenced by verification by the FSR team.
Opportunities for Improvement	1) Update the plan to ensure the smooth transition from Policy Letter 14-004 to All Plan Letter 20-006; 2) In a pilot of the new FSR/MRR tools, it was found that 90% of surveys prompted a Corrective Action Plan (CAP). This is a significant impact, since 2021, where only 33% of audits prompted a CAP. This is a concern considering implementation occurred on July 1, 2022. 3) Collaborate with Practice Coaching and Provider Services to prepare for an influx in Corrective Action Plans (CAPs) due to the new FSR requirements.
Summary of Quarterly Activities Narrative	1) Preparing for the July 1, 2022 implementation of the updated DHCS FSR MRR Tools and Standards 2) Work with DHCS to prepare for the testing phase of the new DHCS FSR data base MSRP 3) Collaborating with Practice Coaching to prepare for an uptick in Corrective Action Plans as a result of the new tool rollout. 4) Collaborating with Provider Relations team to provide talking points to providers to discuss upcoming changes in the FSR and MRR tools. 5) Continue to meet with DHCS in the biweekly state wide MCP workgroup meetings to ensure we are continuing to follow recommendations around leniency for CAP due dates and site review scheduling according to each sites' impact of COVID related barriers.
Known Barriers/Root Cause(s) (as applicable)	Staff shortages in response to COVID, such as sick leave, staff turnover, and absence for childcare. In a pilot of the new FSR/MRR tools, it was found that 90% of surveys prompted a Corrective Action Plan (CAP). This is a significant impact, since 2021, where only 33% of audits prompted a CAP. This is a concern considering as implementation occurred July 1, 2022.
Next Steps	Implement the new DHCS FSR MRR Tools and Standards for all upcoming site reviews as of July 1, 2022. Continue to work with Provider Services and Practice Coaching to prepare for uptick in CAPs. Continue to meet with DHCS in the biweekly state wide MCP workgroup meetings to ensure we are following the most up to date recommendations around leniency for CAP due dates and site review scheduling according to each sites impact of COVID related barriers. Attend the annual Managed Care Quality and Monitoring Division Site Review Work Group meeting to get a DHCS update.

DATE: December 7, 2022

TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission

FROM: Stephanie Sonnenshine, Chief Executive Officer

SUBJECT: Schedule of Alliance Board Meetings 2023

Recommendation. Staff recommend the Board approve the 2023 schedule of Alliance Board Meetings. Further, staff recommend returning to in person Brown Act compliant meetings no sooner than February 2023 assuming that Governor Newsom terminates the current COVID-19 State of Emergency.

Discussion. Meetings are held from 3:00 to 5:00 p.m. (fourth Wednesdays) at the following locations via videoconference unless otherwise noted and are open to the public.

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 East Blanco Road, Suite 101, Salinas, CA
In Merced County:	Central California Alliance for Health 530 West 16th Street, Suite B, Merced, CA

On September 13, 2022, Governor Newsom signed into law Assembly Bill (AB) 2449 (Rubio) amending certain portions of the Brown Act relating to teleconference participation by legislative bodies for and during public meetings. With complex and restrictive alternative teleconference procedures afforded by AB 2449 and the complexity of AB 2449 to administer, staff recommend returning to pre-COVID-19 Brown Act compliant in person meetings from each county office beginning no sooner than February 2023.

In preparation for returning to in-person meetings, and to ensure compliance with Brown Act provisions governing public meeting, staff propose the following.

- Board meetings will be held via videoconferencing at each of the Alliance's three offices in Scotts Valley, Salinas and Merced.
- Board members will be required to attend the meetings in person at one of the three locations.
- Members of the public will be allowed access to each meeting location and to provide public comment from each location.
- On-site staff will be kept to a minimum to include only Executive staff and meeting support staff.

In the interest of public health and safety and to minimize the potential spread of COVID-19 staff are exploring technology options for the following which will be available pending identification of an appropriate technology solution.

- Staff required to present will do so via video/audio.
- Members of the public wishing to observe the meeting via video/audio livestream may do so. However, to provide comment during the meeting the public must be at one of the on-site locations.

Staff continue to explore options to ensure compliance with Brown Act requirements and maximize opportunities for public attendance and participation while following appropriate public health and safety protocol.

Schedule of Alliance Board Meetings for 2023.

January 6, 2023	AB 361 (To consider remote January and February meetings)
January 25, 2022	In-person Alliance Offices *or* Remote Videoconference
February 6, 2023	AB 361 (To consider remote February meeting)
February 22, 2023	In-person Alliance Offices *or* Remote Videoconference
March 22, 2023	In-person Alliance Offices
April 25, 2023	Merced County – Board Dinner meeting
April 26, 2023	Merced County; 10:00 a.m. – 2:30 p.m.
May 24, 2023	In-person Alliance Offices
June 28, 2023	In-person Alliance Offices
July 2023	No meeting scheduled
August 23, 2023	In-person Alliance Offices
September 27, 2023	Retreat; 9:00 a.m. – 4:00 p.m.; Location: TBD
October 25, 2023	In-person Alliance Offices
November 2023	No meeting scheduled
December 6, 2023	In-person Alliance Offices

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

Attachments. N/A

DATE: December 7, 2022

TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission

FROM: Stephanie Sonnenshine, Chief Executive Officer

SUBJECT: Schedule of Board Member Participation 2023

Recommendation. Staff recommend the Board approve the 2023 schedule of Board member participation.

Background. Advisory Group and Committee members serve a one-year term at the end of which Commissioners vote on membership. Meetings are held at the following locations via videoconference unless otherwise noticed and are open to the public.

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 East Blanco Road, Suite 101, Salinas, CA
In Merced County:	Central California Alliance for Health 530 West 16th Street, Suite B, Merced, CA

Finance Committee

Meetings will be held in person in Alliance Scotts Valley, Salinas and Merced offices or by remote videoconference from 1:30 – 2:45 p.m. unless otherwise noticed with a 2023 meeting schedule as follows.

Finance Committee members include:

1. Michael Molesky (Committee Chair)
2. Elsa Jimenez
3. Shebreh Kalantari-Johnson
4. Alan Radner, MD
5. Tony Weber
6. *Rob Smith*

Wednesday, March 22, 2023, 1:30 – 2:45 p.m.
Wednesday, June 28, 2023, 1:30 – 2:45 p.m.
Wednesday, October 25, 2023, 1:30 – 2:45 p.m.
Wednesday, December 6, 2023, 1:30 – 2:45 p.m.

Member Services Advisory Group (MSAG)

MSAG meets quarterly in February, May, August and November. Meetings will be held in person in Alliance Scotts Valley, Salinas and Merced offices or by remote videoconference from 10:00 – 11:30 a.m. unless otherwise noticed.

1. Thursday, February 9, 2023: Michael Molesky
2. Thursday, May 11, 2023: *Janna Espinoza*
3. Thursday August 10, 2023: Rob Smith
4. Thursday, November 9, 2023: Julie Edgcomb

Physicians Advisory Group (PAG)

PAG meets quarterly in March, June, September and December. Meetings will be held in person in Alliance Scotts Valley, Salinas and Merced offices or by remote videoconference from 12:00 – 1:30 p.m. unless otherwise noticed so that physicians from all three Alliance counties can interact.

1. Thursday, March 2, 2023: Maximiliano Cuevas, MD
2. Thursday, June 1, 2023: James Rabago, MD
3. Thursday, September 7, 2023: Joerg Schuller, MD
4. Thursday, December 7, 2023: Larry deGhetaldi, MD

Whole Child Model Clinical Advisory Committee (WCMCAC)

WCMCAC meets quarterly in March, June, September, and December. Meetings will be held in person in Alliance Scotts Valley, Salinas and Merced offices or by remote videoconference from 12:00 – 1:00 p.m. unless otherwise noticed with a 2023 meeting schedule as follows.

WCMCAC members include James Rabago, MD

1. Thursday, March 16, 2023, 12:00 – 1:00 p.m.
2. Thursday, June 15, 2023, 12:00 – 1:00 p.m.
3. Thursday, September 21, 2023, 12:00 – 1:00 p.m.
4. Thursday, December 21, 2023, 12:00 – 1:00 p.m.

Whole Child Model Family Advisory Committee (WCMFAC)

WCMFAC meets every other month. Meetings will be held in person in Scotts Valley, Salinas and Merced or by remote videoconference from 1:30 – 3:00 p.m. unless otherwise noticed with a 2023 meeting schedule as follows.

WCMFAC members include Janna Espinoza

1. Monday, January 23, 2023; 1:30 – 3:00 p.m.
2. Monday, March 13, 2023; 1:30 – 3:00 p.m.
3. Monday, May 8, 2023; 1:30 – 3:00 p.m.
4. Monday, July 10, 2023; 1:30 – 3:00 p.m.
5. Monday, September 11, 2023; 1:30 – 3:00 p.m.
6. Monday, November 13, 2023; 1:30 – 3:00 p.m.

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

Attachments. N/A

DATE: December 7, 2022

TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission

FROM: Lisa Ba, Chief Financial Officer

SUBJECT: Proposed Medical and Administrative Budget for Calendar Year (CY) 2023

Recommendation. Staff recommend the Board approve the following:

1. CY 2023 Medical Budget of $1,373,689,925
2. CY 2023 Administrative Budget of $94,188,416

Summary. The Alliance is committed to putting forward a budget that ensures adequate funds for efficient and effective operations and demonstrates fiscal responsibility for long-term sustainability. This shall be achieved through:

- Maintaining access to and quality of care for members.
- Sustaining operational efficiency while adequately funding administrative resources to execute regulatory requirements,
- Aligning medical costs with revenue rate, utilization trends, and industry benchmarks,

Background. The Public Health Emergency (PHE) has suspended the Medi-Cal eligibility redetermination since March 2020. As a result, the Alliance enrollment has grown more than 20%. The higher enrollment, paired with the suppressed utilization, drove down the per-capita medical cost in recent years. Staff forecasted a net income of $84.8M in 2022.

For the 2023 budget, Staff assume the PHE ends in January, and redetermination begins in April 2023. and that it will take 18 months to wind down the enrollment. Overall, the member months are flat in 2023 compared to 2022. The Alliance will experience the full impact of the disenrollment in 2024.

Staff expect members to be comfortable seeking medical care throughout 2023, and the overall annual utilization will be 5% above the 2019 cost experience. As enrollment reduces, the acuity and the per-member medical cost will increase.

The budget does not include any Dual Eligible Special Needs Plans (D-SNP) related activities in 2023. Staff will submit a separate D-SNP budget once the Operation Gap Assessment has been completed.

Discussion. Staff developed the 2023 Medical Budget based on claims data from 2019 through June 30, 2022, paid through September 30, 2022. In addition, the budget considers changes in provider contracts, fee schedules, and known new benefits. If any yet unknown program or funding changes may materially impact the 2023 budget, such differences will be addressed in the 2023 financial forecast.

Enrollment: The 2023 budget enrollment uses the base period from January 2022 through September 2022, trending through January when the PHE ends. Then, the redetermination

will begin in April. The average Medi-Cal enrollment for 2023 is 402,789, a 0.1% annual increase from 2022.

Revenue: The revenue budget is based on the CY 2023 Rate Development Template (RDT) crosswalk provided by the Department of Healthcare Services (DHCS) in September 2022. The crosswalk was developed using the Alliance State Fiscal Year (SFY) 20-21 cost experience reported in the RDT and indicated what cost would be recognized in the rates.

The crosswalk suggested a 1.2% potential rate increase from the current 2022 rates. Staff applied this percentage to estimate the 2023 revenue. In addition, staff excluded the temporary PHE rate enhancement and incorporated the negative managed care efficiency adjustments: Potentially Preventable Hospital Admission, Low Acuity Non-Emergent visits, the HCPCS efficiency adjustment for Physician Administered Drugs, and acuity adjustment. Furthermore, the budget assumes breakeven for Enhanced Care Management (ECM) and Community Supports (CS), both were new programs in 2022. Overall, the budget revenue totals $1,534.5M.

A big driver impacting revenue is the DHCS redetermination policy targeted to begin in April 2023. If this is further delayed, we may not fully experience our enrollment reduction assumption.

Additionally, most enrollment growth is in the Adult and Medi-Cal Expansion aid categories. The two populations represent **25.1%** of total enrollment, and **30.9%** of total revenue, whereas the Child population is 45.5% of enrollment and 12.4% of revenue. The Whole Child Model population accounts for 1.8% of the enrollment and 8.8% of the revenue.

Medical Expense: The medical expense budget totals $1,373.7M and was developed based on trended historical utilization and unit cost experience between January 2019 and June 2022, processed through September 2022. The budget factors a 5% utilization increase from CY 2019 and a 3% unit cost increase that included case mix and changes in fee schedules.

The COVID-19 pandemic started in 2020 and interrupted the utilization level. Ongoing observation of authorization data and additional insight from our providers indicates upward service trends. The 5% utilization increase is representative of historical utilization patterns before the pandemic.

The budget also considered ECM and CS costs, changes in acuity due to disenrollment, removal of the COVID-19 LTC add-on, a continuation of the Board approved Cost Containment Plan, and investment in quality to further improve member health outcomes.

The largest categories of service for the 2023 budget are Inpatient/Outpatient Services (Hospital) at 51.3%, Physician Services at 20.9%, Other Medical at 14.4%, and Long-Term Care at 13.4%.

The 2023 budget invests in various quality programs to advance member health outcomes. In addition to the $10M Care-based Incentive (CBI), the Alliance has budgeted $10M for the Hospital Quality Incentive Program and $5M for the Specialist Care Incentive.

Administrative Expense: The administrative budget totals $94.2M, or 6.1% of revenue. Staff strive to adequately fund administrative resources while maintaining organizational efficiency through department assessment, technology, and process improvement. To meet the CalAIM initiatives and other DHCS regulatory requirements, the administrative budget increased $7.5M or 8.7% from the 2022 budget, including a net of 26 new FTEs, bringing the total FTE count to 560.

Non-Operating Income/(Expense): Non-operating income budget is at $17.3M, including income earned from investments such as interest income, gain on investment, and rental income from the real estate. The non-operating expense has an $18.0M scheduled grant distribution. The net is an expense of $0.7M.

Fiscal Impact. Overall, the budget has an operating income of $66.6M, with a MLR of 89.5% and an ALR of 6.1%.

Attachments.

1. Proposed Medical and Administrative Budget for CY 2023
2. Capital Budget and Depreciation Expense for CY 2023

Central California Alliance For Health

Proposed Medical and Administrative Budget for Calendar Year 2023 (In $000's)

	2020 Actual	2021 Actual	2022 Budget	2022 Q2 Forecast	2023 Budget
Total Member Months	4,201,753	4,537,806	4,374,608	4,842,708	4,840,672
Total Operating Revenue	**$1,326,247**	**$1,575,194**	**$1,362,802**	**$1,565,071**	**$1,534,521**
Total Medical Expenses	1,222,016	1,360,894	1,235,455	1,370,706	1,373,690
Gross Margin	**$104,230**	**$214,300**	**$127,347**	**$194,365**	**$160,831**
Total Administrative Expenses	83,113	85,612	86,680	85,300	94,188
Operating Income/ (Loss)	**$21,118**	**$128,687**	**$40,667**	**$109,065**	**$66,642**
Total Non-Op Income/(Expenses)	($7,303)	($10,484)	($14,897)	($24,306)	($697)
Net Income/(Loss)	**$13,815**	**$118,203**	**$25,770**	**$84,759**	**$65,945**
MLR	*92.1%*	*86.4%*	*90.7%*	*87.6%*	*89.5%*
ALR	*6.3%*	*5.4%*	*6.4%*	*5.5%*	*6.1%*
Operating Income	*1.6%*	*8.2%*	*3.0%*	*7.0%*	*4.3%*
Net Income %	*1.0%*	*7.5%*	*1.9%*	*5.4%*	*4.3%*

Central California Alliance for Health

Proposed Medical and Administrative Budget for Calendar Year 2023 (In $000's)

	2020 Actual	2021 Actual	2022 Budget	2022 Q2 Forecast	2023 Budget
Average Monthly Enrollment	*350,146*	*378,151*	*364,551*	*403,559*	*403,389*
Total Member Months	*4,201,753*	*4,537,806*	*4,374,608*	*4,842,708*	*4,840,672*
Revenues					
Capitation Revenue: Medi-Cal	$1,323,020	$1,571,906	$1,359,590	$1,560,982	$1,530,391
Capitation Revenue: IHSS	3,227	3,288	3,212	4,089	4,129
Total Revenues	**$1,326,247**	**$1,575,194**	**$1,362,802**	**$1,565,071**	**$1,534,521**
Medical Costs					
Inpatient Services (Hospital)	$392,250	$423,729	$468,013	$521,058	$513,750
Inpatient Services (LTC)	157,314	146,571	159,690	167,436	184,002
Physician Services	193,644	238,145	260,531	267,687	287,192
Outpatient Facility	61,198	108,510	170,405	170,220	190,224
Pharmacy Expense	191,726	209,320	913	61	1,220
Other Medical	225,885	234,618	175,904	244,245	197,301
Total Medical Costs	**$1,222,016**	**$1,360,894**	**$1,235,455**	**$1,370,706**	**$1,373,690**
Administration					
Salaries, Wages and Benefits	$56,531	$51,664	$60,004	$60,599	$65,343
Professional Fees	1,788	2,047	2,069	1,941	2,515
Purchased Services	9,820	10,661	8,832	8,839	10,454
Supplies, Occupancy and Other	8,473	15,482	12,149	10,309	12,330
Depreciation and Amortization	6,499	5,759	3,627	3,613	3,546
Total Administrative Costs	**$83,113**	**$85,612**	**$86,680**	**$85,300**	**$94,188**
Total Costs	**$1,305,129**	**$1,446,506**	**$1,322,135**	**$1,456,006**	**$1,467,878**
Operating Income (Loss)	**$21,118**	**$128,687**	**$40,667**	**$109,065**	**$66,642**
Non-Op Income/(Expense)					
Interest & Gains/(Losses) On Inv.	$5,826	($1,802)	$933	($8,197)	$15,491
Other Revenues	1,116	1,384	932	948	1,807
Grants	(14,245)	(10,066)	(16,762)	(17,057)	(17,995)
Total Non-Op Income/Expenses	**($7,303)**	**($10,484)**	**($14,897)**	**($24,306)**	**($697)**
Net Income (Loss)	**$13,815**	**$118,203**	**$25,770**	**$84,759**	**$65,945**
Medical Loss Ratio	*92.1%*	*86.4%*	*90.7%*	*87.6%*	*89.5%*
Administration Cost Ratio	*6.3%*	*5.4%*	*6.4%*	*5.5%*	*6.1%*
Operating Income %	*1.6%*	*8.2%*	*3.0%*	*7.0%*	*4.3%*

Central California Alliance for Health

Proposed Medical and Administrative Budget for Calendar Year 2023

PMPM	2020 Actual	2021 Actual	2022 Budget	2022 Q2 Forecast	2023 Budget
Average Monthly Enrollment	*350,146*	*378,151*	*364,551*	*403,559*	*403,389*
Total Member Months	*4,201,753*	*4,537,806*	*4,374,608*	*4,842,708*	*4,840,672*
Revenues					
Capitation Revenue: Medi-Cal	$314.87	$346.40	$310.79	$322.34	$316.15
Premiums: Commercial (IHSS)	0.77	0.72	0.73	0.84	0.85
Total Revenues	**$315.64**	**$347.13**	**$311.53**	**$323.18**	**$317.01**
Medical Costs					
Inpatient Services (Hospital)	$93.35	$93.38	$106.98	$107.60	$106.13
Inpatient Services (LTC)	37.44	32.30	36.50	34.57	38.01
Physician Services	46.09	52.48	59.56	55.28	59.33
Outpatient Facility	14.56	23.91	38.95	35.15	39.30
Pharmacy Expense	45.63	46.13	0.21	0.01	0.25
Other Medical	53.76	51.70	40.21	50.44	40.76
Total Medical Costs	**$290.83**	**$299.90**	**$282.42**	**$283.05**	**$283.78**
Administrative					
Salaries, Wages and Benefits	$13.45	$11.39	$13.72	$12.51	$13.50
Professional Fees	0.43	0.45	0.47	0.40	0.52
Purchased Services	2.34	2.35	2.02	1.83	2.16
Supplies, Occupancy and Other	2.02	3.41	2.78	2.13	2.55
Depreciation and Amortization	1.55	1.27	0.83	0.75	0.73
Total Administrative Costs	**$19.78**	**$18.87**	**$19.81**	**$17.61**	**$19.46**
Total Costs	$310.62	$318.77	$302.23	$300.66	$303.24
Operating Income (Loss)	**$5.03**	**$28.36**	**$9.30**	**$22.52**	**$13.77**
Non-Op Income/(Expense)					
Interest & Gains/(Losses) On Inv.	$1.39	($0.40)	$0.21	($1.69)	$3.20
Other Revenues	0.27	0.30	0.21	0.20	0.37
Grants	(3.39)	(2.22)	(3.83)	(3.52)	(3.72)
Total Non-Op Income/Expenses	**($1.74)**	**($2.31)**	**($3.41)**	**($5.02)**	**($0.14)**
Net Income (Loss)	**$3.29**	**$26.05**	**$5.89**	**$17.50**	**$13.62**
Medical Loss Ratio	92.1%	86.4%	90.7%	87.6%	89.5%
Administration Cost Ratio	6.3%	5.4%	6.4%	5.5%	6.1%
Operating Income %	1.6%	8.2%	3.0%	7.0%	4.3%

Central California Alliance for Health

Capital Budget & Depreciation Expense for Calendar Year 2023

Capital Item	Description	Capital Request	2023 Depreciation
Office Building Improvement (1600 & 1700 Green Hills, Salinas and Merced)			
	Office Space Redesign for Leasing (4 Buildings)	600,000	10,000
	Generator	400,000	6,667
	Repair & Replace Roof	60,000	6,000
	Replacement of 7 HVAC units	135,000	6,750
	Alliance Sign for Exterior of Building	30,000	2,000
	Subtotal	**$1,225,000**	**$31,417**
Hardware (1600 & 1700 Green Hills, Salinas and Merced)			
	Access Control Systems (4 Buildings)	275,000	13,750
	Subtotal	**$275,000**	**$13,750**
Technology Improvement			
	SAN Storage Increase	300,000	5,000
	WiFi Upgrade	250,000	20,833
	Care Management System Replacement	7,300,000	121,667
	HSP Upgrade	100,000	1,667
	Rightfax Channels	50,000	7,500
	EDW Modernization	922,000	153,667
	Workforce Mangement	51,000	8,500
	Subtotal	**$8,973,000**	**$318,833**
2023 New Capital Request		**$10,473,000**	**$364,000**
Existing Depreciation Assets			
	Current Depreciating Assets		$2,865,607
	Projects In Process - 2023 Forecast		$316,517
	Total Existing		$3,182,124
Total 2023 Depreciation Expenses			**$3,546,124**

DATE: December 7, 2022

TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission

FROM: Lisa Ba, Chief Financial Officer

SUBJECT: Proposed Care-Based Incentive Funding for Calendar Year 2022

Recommendation. Staff recommend the Board approve the Calendar Year 2022 Care-Based Incentive (CBI) (Program Year 2022) funding at $10M.

Summary. The Alliance offers the CBI program for contracted primary care providers (PCPs). Each December, the Board approves the budget for the following year's provider incentive programs, with actual payment amounts decided upon in December of next year.

Background. CBI is designed to encourage contracted PCPs to promote and implement the Patient-Centered Medical Home model, improve access to care, and promote the delivery of high-quality care. CBI offers contracted PCPs financial incentives for improved care coordination, quality of care, preventive care, and practice management. CBI is calculated based on outcomes of performance measures.

Historically, the Alliance has considered financial performance when approving the incentive programs' funding at the year's end.

Discussion. The Alliance was recognized by the Department of Health Care Services (DHCS) in 2018 and 2019 with quality awards focusing on member wellness and outstanding Healthcare and Effectiveness Data and Information Set performance. In 2019, the Alliance performed above the Minimum Performance Level (MPL) on all measures in all three counties. This represented the first time Merced County performed above the MPL on all measures. This performance is attributable to the PCP's efforts to deliver high-quality care and ensure preventive services to their patients.

In 2020, DHCS raised the MPL from the 25th percentile to the 50th percentile for all measures and implemented financial sanctions on plans for non-performance. DHCS released a supplemental All Plan Letter, removing the sanctions and Correction Action Plans (CAPs) in 2020 due to the COVID-19 public health emergency. Recently, DHCS has indicated that sanctions and CAPs will be in place for 2021 performance.

With the continued public health emergency, it is evident that most practices are not able to achieve performance above the 50th percentile for CBI metrics. Furthermore, even our historically highest CBI-performing practices have been significantly affected in many cases. As a result, the Alliance needs to continue partnering with our PCPs to achieve these new performance levels. Consequently, staff understand the importance of providing incentives to reward performance and recommend that the Board fully fund CBI for PCPs.

Fiscal Impact. There is no financial impact as the $10M is budgeted in the 2022 medical budget and the amount has been accrued in our monthly financial statement.

Attachments. N/A

DATE: December 7, 2022

TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission

FROM: Lisa Ba, Chief Financial Officer

SUBJECT: Proposed Quality Improvement Program and Funding for Calendar Year 2023

Recommendation. Staff recommend the Board approve a Calendar Year (CY) 2023 Care Based Quality Improvement Program (CBQIP) and payment for the 2023 program of $5M.

Background. The Alliance has offered the Care Based Incentive (CBI) program for contracted primary care providers (PCPs) since 2010. CBI is designed to encourage contracted PCPs to promote and implement the Patient Centered Medical Home model, improve access to care and promote the delivery of high-quality care. CBI offers contracted PCPs financial incentives for improvements made in care coordination, quality of care, preventive care and practice management. CBI payments are calculated based on provider performance in a defined set of measures.

The Board reviews and approves the CBI program annually and estimated costs are included in the medical budget for the following calendar year. Each year in December, the Board approves the actual payment amounts to be awarded for CBI performance for that program year.

In 2020, the Alliance Board approved the inclusion of an adjustment factor for CY 2021 CBI to be applied to CBI earnings where a practice is performing below the 50th percentile in Quality measures. The Board waived application of the adjustment factor for CY 2021. The Board approved the inclusion of the adjustment factor for CY 2022 and the factor is being applied for the CY 2022 payments made in early 2023. Staff are monitoring CBI performance by quarter and have been having initial conversations with primary care practices whose CBI earnings will be reduced or eliminated due to lower than 50th percentile performance in 2022.

In 2021, the Alliance's Board approved its 2022-2026 Strategic Plan, prioritizing Health Equity and Person Centered Delivery System Transformation. In pursuit of Health Equity, the Board established a goal to *Eliminate health disparities and achieve optimal health outcomes for children and youth* and approved the measure of performance of achieving the National Committee for Quality Assurance 90th percentile with contributing measures of gap closure in racial and ethnic disparity gap in well child visits and immunizations. In 2023, success is measured by achieving the 50th percentile in relevant metrics or a minimum of 10% improvement

In 2023, the Department of Managed Health Care is implementing equity and quality standards including annual reporting of performance against benchmarks. The benchmarks are pending from the Dept. Director. In addition, in 2022 the Department of Health Care Services will begin levying sanctions against health plans for each measurement year 2021 MCAS metric(s) which falls below the minimum performance level, currently set at the 25th percentile.

Discussion. The Alliance remains committed to supporting its contracted providers to ensure we have a strong network capable of meeting Alliance member needs. To achieve the Alliance's Health Equity goal of eliminating pediatric disparities and optimizing health outcomes, staff recognize the need to both incentivize provider's high performance **and** to work with providers to address barriers to achieving equitable health outcomes for our members.

The purpose of the CBI payment adjustment is not to penalize providers. Pay for performance programs rely on incentives to reward achievement of goals. Paying for performance below the 50th percentile communicates an acceptance that Alliance members receive care at lower levels than the Medicaid national average and far below their commercially insured peers. This result is contrary to the Alliance member's best interests, the Board's priority on Health Equity, the Alliance's quality goals, as well as to the State's expectations of its Medi-Cal managed care plans.

Staff also recognize that improvement to achieve equitable results will require investment. Removing access to financial resources from practices who are not meeting performance expectations is not likely to result in higher performance from those practices.

Staff propose that the Alliance's Board authorize staff to implement Care Based Quality Improvement Program. The proposed improvement program will offer providers with metrics below the 50th percentile, whose CBI earnings were adjusted downward, the opportunity to put forward an improvement plan to address areas of underperformance, which will include requests for funding to support implementation of that plan (ex. consulting, staffing, process and/or technology that will address barriers to performance). Staff will review proposed plans and reach agreement with the providers as to the plan, monitoring of milestone achievement per the plan and payment to support the plan implementation. Alliance staff will support providers with best-practice information, regular reports, and coaching through a rapid Plan Do Study Act (PDSA) cycle process.

Through recent discussions with providers that are anticipating CBI adjustment, the Alliance is confident that strong collaboration between the Alliance team and providers as facilitated by the improvement program will help overcome barriers to achieving results that our members deserve.

Staff will report to the Board in 2024 outcomes from the 2023 CBIQIP.

Fiscal Impact. The financial impact was included in the proposed 2023 medical budget.

Attachments. N/A

DATE: December 7, 2022

TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission

FROM: Cecil Newton, Chief Information Officer & Information Security Officer

SUBJECT: State of Technology and Security at the Alliance

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

Summary. The Alliance State of Technology and Security Report will be provided in the Executive Summary on a monthly basis, including key updates about the Alliance's technology, security and data.

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

Discussion.

Security Improvements

The Alliance continues to improve its overall security posture and to reduce the possibility of a successful attack. Significant progress has been made regarding Alliance's Ransomware Readiness Initiative.

- We selected and implemented a Managed Security Services Provider, Arctic Wolf to provide 24 x 7 coverage to actively monitor our environment for suspected malicious activity.
- CrowdStrike was selected as our Endpoint Detection and Response (AKA Next Generation Anti-Virus) vendor to improve endpoint visibility and protection. The implementation is currently underway and should be complete by the end of the calendar year.
- The Information Technology Services team is conducting a Security Assessment which is being led by Moss Adams, LLP. Findings are expected on December 19, 2022,
- Finally, the ITS team is conducting a penetration test with a leading security firm, Praetorian. Penetration testing is the practice of cyberattack simulation launched on computer systems in order to discover points of exploitation and test IT breach security. Findings are expected in the coming weeks.

Information Technology Improvements

The Alliance recently implemented a new Service Management platform, called Team Dynamix. The new platform will improve operational efficiency and streamline delivery of IT and business services to our internal customers.

Care Management System Replacement

The Alliance is in the process of selecting a new Care Management system. The current system, Essette, is end of life as of December 31, 2023. As a result, the Alliance is engaging technology vendors and working collaboratively with other Local Health Plans of California, who are also replacing their Essette systems, to select an alternative solution.

Alliance Data Strategy

The Alliance has developed a Data Strategy. The Alliance Data Strategy outlines how data is to be created, acquired, stored, managed, distributed as well as processed by the Alliance. It includes recommendations to develop the required data management infrastructure, including data governance and associated policies. It also outlines the need for a data sharing incentive plan which will enable providers to actively share data and satisfy the data sharing requirements of the CalAIM Initiative.

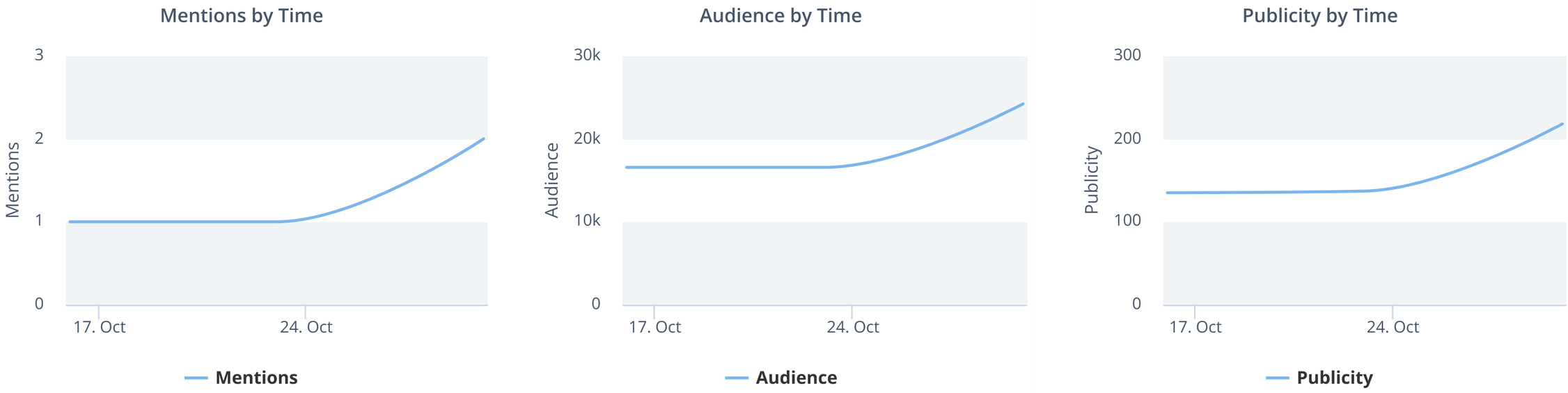
Fiscal Impact. There is no fiscal impact associated with this agenda item.

Attachments. N/A

Information Items: (19A. – 19E.)

December 2022 Board Report

Mention Analytics



Total Online + Print Audience
57,334

Total Online + Print Publicity
USD $490

Total Number of Clips 4

Monterey County; Officials say it ’s time to get vaccinations

1

Powered by LexisNexis

Date Collected Nov 3, 2022 11:33 AM EDT
Category Local
Source Monterey County Herald (CA)
Author James Herrera ; jherrera@montereyherald.com

Est. Audience 9,000
Est. Publicity Value USD $75
Market United States
Language English

... , hospitalization, or death.

Vaccines reduce the risk of severe illness, hospitalization and death from COVID-19. People who are up to date on vaccines, including booster doses are likely to have stronger protection against COVID-19 variants, including omicron.

Vaccination opportunity

The **Central California Alliance for Health** is offering a no-cost clinic for people ages 2 and older to get vaccines for COVID-19 and the flu. The event will take place at the Alliance's Monterey County office, 950 East Blanco Road in Salinas. Anyone in the community can come on Thursday and Dec. 1, from 3-6 p.m. Children getting vaccinated ...

Online News

Monterey County Public Health: It’s time to get flu, COVID-19 vaccinations

2

Date Collected Nov 2, 2022 6:06 PM EDT
Category Local
Source Monterey Herald
Author James Herrera

Est. Audience 15,216
Est. Publicity Value USD $143
Market Monterey, CA
Language English

... , hospitalization, or death.

Vaccines reduce the risk of severe illness, hospitalization and death from COVID-19. People who are up to date on vaccines, including booster doses are likely to have stronger protection against COVID-19 variants, including omicron.

Back to Agenda

Vaccination opportunity
The **Central California Alliance for Health** is offering a no-cost clinic for people ages 2 and older to get vaccines for COVID-19 and the flu. The event will take place at the Alliance's Monterey County office, 950 East Blanco Road in Salinas. Anyone in the community can come on Thursday and Dec. 1, from 3-6 p.m. Children getting vaccinated ...

Online News

Monterey County residents urged to prepare for COVID-19, flu, RSV season

3

Date Collected Oct 26, 2022 5:37 PM EDT
Category Local
Source Monterey Herald
Author James Herrera

Est. Audience 16,559
Est. Publicity Value USD $137
Market Monterey, CA
Language English

SALINAS — Monterey County will likely be faced with the same triple threat this year that other parts of the country are already experiencing from COVID-19, flu and respiratory syncytial virus — or RSV — a major cause of respiratory illness in young children.

“Now is the time to take the opportunity to prepare for potential increases in winter respiratory viruses like flu and COVID,” said Assistant Director of Monterey County Public Health Kristy Michie at Wednesday’s media briefing. “There is no vaccine for RSV, but we have very effective vaccines against COVID-19 and influenza and now is ...

Online News

Monterey County COVID-19 rates low, stable as state of emergency set to end

4

Date Collected Oct 19, 2022 5:58 PM EDT
Category Local
Source Monterey Herald
Author James Herrera

Est. Audience 16,559
Est. Publicity Value USD $135
Market Monterey, CA
Language English

... October offering the COVID-19 vaccine, flu shots and new booster. Saturday from 11 a.m.-2 p.m., Taylor Farms Family Health & Wellness Center, 850 5th Street, Gonzales, and October 26, 4-7 p.m., at Palma High School, 919 Iverson Street, Salinas. Masking required at this indoor location site.

The **Central California Alliance for Health** is offering a no-cost clinic for people ages 2 and older to get vaccines for COVID-19 and the flu. The event will take place at the Alliance's Monterey County office, 950 East Blanco Road in Salinas. Anyone in the community can come on Nov. 3 and Dec. 1, from 3-6 p.m. Children getting vaccinated ...

Alliance Fact Sheet
October 2022

ABOUT THE ALLIANCE

The Alliance is an award-winning regional non-profit health plan, established in 1996, with **over 26 years** of successful operation. Using the State's County Organized Health System (COHS) model, we currently serve **410,943 members** in Merced, Monterey and Santa Cruz counties. We work in partnership with our contracted providers to promote prevention, early detection and effective treatment, and improve access to quality health care for those we serve. This results in the delivery of innovative community-based health care services, better medical outcomes and cost savings. The Alliance is governed with local representation from each county on our Board of Commissioners.

Quick Facts[2]

1996
Year Established

492
Number of Employees

$1.15B
YTD Revenue

5.2%
Spent on Administration

Service Area:
Merced, Monterey and Santa Cruz counties.

Membership by Program

Total Membership: **410,943**[3]

410,285	658
Medi-Cal	Alliance Care IHSS

OUR VISION

Healthy People,
Healthy Communities.

OUR MISSION

Accessible, quality health care guided by local innovation.

WHAT WE DO

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

WHO WE SERVE

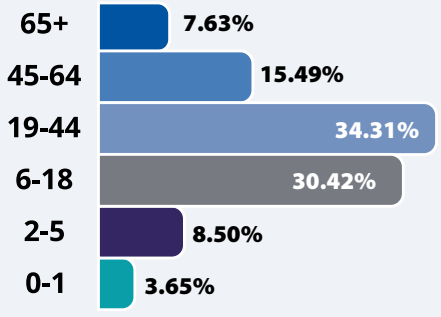
Our members represent 41 percent[1] of the population in Merced, Monterey and Santa Cruz counties. We serve seniors, persons and children with disabilities, low-income mothers and their children, children who were previously uninsured, pregnant women, home care workers who are caring for the elderly and disabled, and low-income, childless adults ages 19–64.

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

PROVIDER PARTNERSHIPS

The Alliance partners with more than 11,194 providers to form our provider network, with 86 percent of primary care physicians and 86 percent of specialists within our service area contracted to provide services to our members. The Alliance also partners with more than **3,248** providers to deliver behavioral health and vision services.

Membership by Age Group



EXECUTIVE LEADERSHIP

Stephanie Sonnenshine
Chief Executive Officer

Lisa Ba
Chief Financial Officer

Dale Bishop, MD
Chief Medical Officer

Scott Fortner
Chief Administrative Officer

Cecil Newton
Chief Information Officer

Jenifer Mandella,
Chief Compliance Officer

Van Wong
Chief Operating Officer

GOVERNING BOARD

The Alliance's 21-member governing board, the Santa Cruz-Monterey-Merced Managed Medical Care Commission (Alliance Board), sets policy and strategic priorities for the organization and oversees health plan service effectiveness. The Alliance Board has fiscal and operational responsibility for the health plan. In alphabetical order, current Board members are:

- **Supervisor Wendy Root Askew,** County of Monterey
- **Dorothy Bizzini,** Public Representative
- **Leslie Conner,** Executive Director, Santa Cruz Community Health Centers
- **Maximiliano Cuevas, MD,** Executive Director, Clinica de Salud del Valle de Salinas
- **Larry deGhetaldi, MD,** President, Santa Cruz Division, Palo Alto Medical Foundation (Sutter Health)
- **Julie Edgcomb,** Public Representative
- **Janna Espinoza,** Public Representative
- **Supervisor Zach Friend,** County of Santa Cruz
- **Charles Harris,** MD, Chief Executive Officer, Natividad Medical Center
- **Dori Rose Inda,** Chief Executive Officer, Salud Para La Gente
- **Elsa Jimenez,** Director of Health, Monterey County Health Department - Alliance Board Chairperson
- **Shebreh Kalantari-Johnson,** Public Representative
- **Michael Molesky,** Public Representative
- **Monica Morales,** Health Services Agency Director, County of Santa Cruz Health Services Agency
- **Rebecca Nanyonjo,** Director of Public Health, Merced County, Department of Public Health
- **Supervisor Josh Pedrozo,** County of Merced – Alliance Board Vice Chairperson
- **James Rabago,** MD, Merced Faculty Associates Medical Group
- **Allen Radner,** MD, Salinas Valley Memorial Healthcare System
- **Joerg Schuller,** MD, Vice President Medical Affairs, Mercy Medical Center
- **Rob Smith,** Public Representative
- **Tony Weber,** Chief Executive Officer, Golden Valley Health Centers

AWARDS

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

State Quality Awards:

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

DHCS 2021

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

2019

- Outstanding Performance for Medium-sized Plan

2018

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

Customer Service Honors:

- DHCS 2011 Gold Quality Award for Outstanding Service and Support

Employer Workplace Distinctions:

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

[1]County population data source: U.S. Census Bureau 2021 population estimate (as of Jul. 1, 2021). Membership percentage by county: Merced (52 percent); Monterey (42 percent); Santa Cruz (29 percent). [2]Fact sheet data as of October 1, 2022. [3]Fact sheet data as of October 1, 2022.

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

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

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

November 3, 2022

Michelle Baass, Director
State of California – Health and Human Services
Department of Health Care Services
Mail Stop 4100
P.O. Box 997413
Sacramento, CA 95899-7413

RE: Recommendation for TA Vendor in the PATH TA Marketplace

Dear Ms. Baass:

The Central California Alliance for Health (the Alliance) is writing this letter of support to recommend United Way Monterey County's Smart Referral Network as a vendor for the Department of Health Care Service's initiative to develop a Technical Assistance Marketplace. The "Providing Access and Transforming Health" (PATH) Technical Assistance (TA) Marketplace will benefit from the inclusion of the Smart Referral Network. United Way Monterey County (UWMC) aims to develop and make available off the shelf software, training and technical assistance that supports Enhanced Care Management and Community Support providers to support closed loop referral systems that are responsive to the needs and circumstances of individuals from traditionally underrepresented or marginalized groups.

The Alliance has contracted with UWMC to implement our custom digital survey that compares demographic data with program eligibility requirements and supports the Alliance's closed loop referral system in Monterey County for ECM and CS, as well as other Alliance services and benefits. The survey is now fully integrated into the Smart Referral Network capabilities which prioritizes search results for an individual, only making eligible, closed-loop referrals. The system then measures the outcomes of social determinants of health (SDOH) after the individual receives services. What's more, the Alliance has the added benefit to generate reports in real-time. In an effort to expand utilization of the Smart Referral Network within community based organizations, UWMC staff have provided training and technical assistance to the Alliance's ECM/CS contracted providers. Technical Assistance includes training on how to use its bi-directional referral software, the Smart Referral Network. In addition, they document, use, and share social determinants of health (SDOH) outcomes. Provider teams are better able to make care decisions for individuals, and our community leaders are better able to design broader population health strategies. UWMC has also developed digital ECM and CS surveys that allow providers and local community benefit organizations to screen and refer residents eligible for ECM and CS directly to the Alliance. Finally, they developed of a public facing chatbot so that community members will be able to refer themselves to services. This tool uses non-stigmatizing language and incorporates keywords and/or phrases to connect someone with crisis information if needed. It also suggests and provides links to services recommended by the Alliance: vaccinations and boosters; healthy moms and babies (breastfeeding, prenatal and postpartum care); mental health crisis support; Medi-Cal enrollment; and the Nurse Advice Line (available to Alliance members). These advancements are

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critical to ensuring the tool is able to best connect residents to the services they need while routing them to crisis support and emergency services if needed.

The results of our collaborative efforts mean we have increased capacity within workflows to navigate referrals and coordinate care as well as to document, use, and share social determinants of health (SDOH) outcomes. Provider teams are better able to make care decisions for individuals, and our community leaders are better able to design broader population health strategies using aggregate data.

Individuals in our community with the most significant complexities are benefitting from this partnership through:

- Improved care management and coordination
- Recognition of social determinants of health
- Awareness of community and social support services
- Referrals to community and social support services
- Decrease of inappropriate utilization and duplication of services

Thank you for considering the TA Vendor application submitted to you by the United Way Monterey County for their Smart Referral Network.

Sincerely,

Stephanie Sonnenshine
Chief Executive Officer

Member Appeals and Grievance Report
Q3, 2022

Q3 2022 Appeals and Grievances: 1,361* including Beacon

Appeals: 3% [77% in favor of Plan; 23% in favor of Member]
Exempt: 18%
Grievances: 71%
Other: 8% [Inquiries, Duplicates, Withdrawn]

Category Figures
Transportation: 45%
Quality of Care: 19%
Billing: 6%
Provider/Staff Attitude: 1%
Provider Availability: 5%
Other: 24%

Analysis and Trends
- A high percentage of grievances involved transportation issues for late, missed rides and quality of service issues.
- Access issues regarding provider availability in MRY

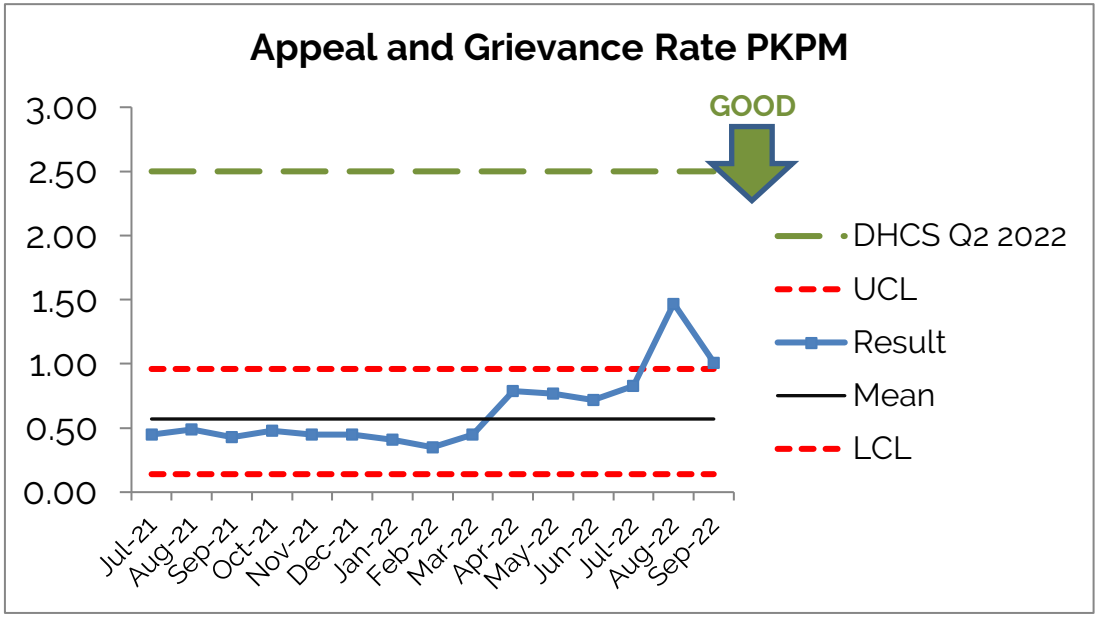
Highest Grievances Filed by County
1. Merced: 43%
2. Monterey: 34%
3. Santa Cruz: 23%

Behavioral Health Beacon Grievances:
- Member Grievances: 42
- Monterey: 26
- Santa Cruz: 12
- Merced: 4

IHSS Summary:
- Member Grievances: 3

☒ **In Control**
☐ **Not in Control**

A lower rate demonstrates a good or positive result when compared to Upper Control Limits (UCL) and Lower Control Limits (LCL). Control limits represent three (3) standard deviations from mean or average performance.



	Jan	Feb	Mar	Apr	May	Jun	**July**	**Aug**	**Sep**	Oct	Nov	Dec
2021 Enrollment	367,138	369,438	371,533	373,656	376,321	377,793	**379,441**	**380,961**	**383,084**	384,861	386,526	387,632
A&G Issues	145	170	269	222	195	206	**173**	**197**	**167**	184	172	173
Rate PKPM*	0.39	0.46	0.72	0.59	0.52	0.55	**0.46**	**0.52**	**0.44**	0.48	0.45	0.44
2022 Enrollment	390,305	391,456	393,319	395,719	403,155	404,906	**407,045**	**408,621**	**410,954**			
A&G Issues	161	137	198	314	309	289	**335**	**600**	**416**			
Rate PKPM*	0.41	0.35	0.51	0.79	0.77	0.72	**0.82**	**1.47**	**1.01**			

*Grievances Per 1,000 Member Month

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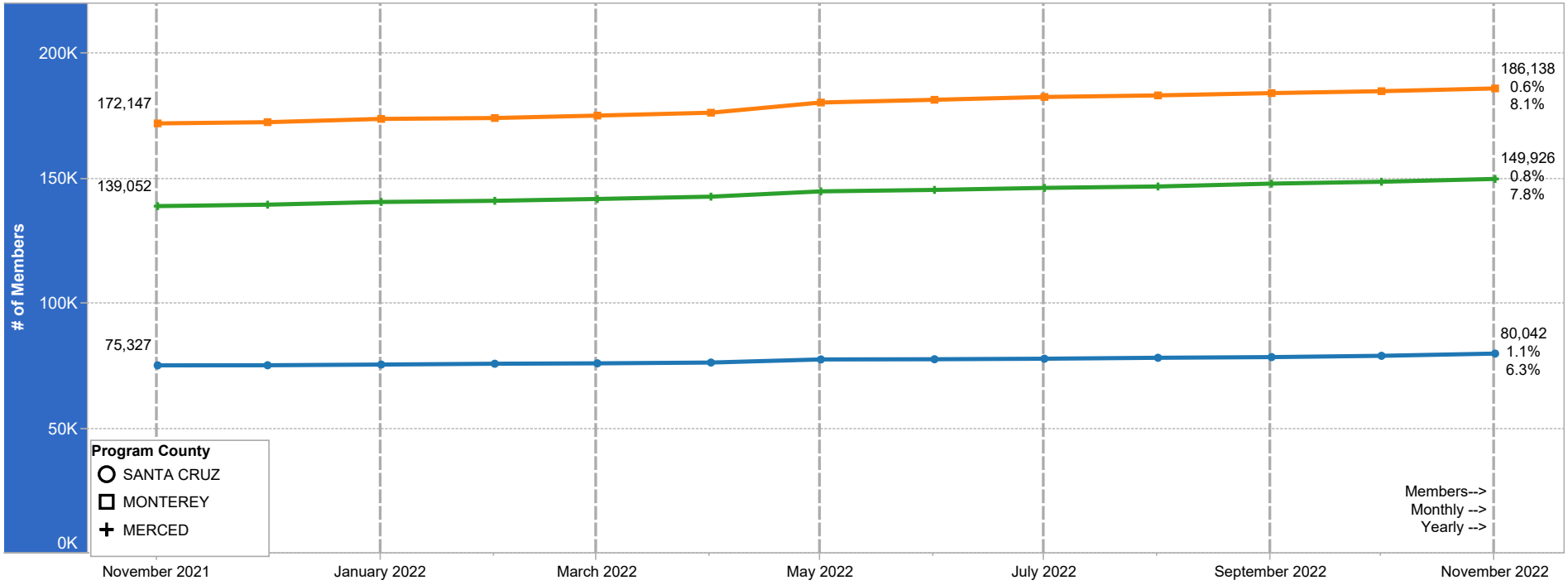
Enrollment Report

Year: *2022* **County:** *All* **Program:** *AIM, IHSS, Medi-Cal*
Aid Cat Roll Up: *All* **Data Refresh Date:** *11/7/2022*

StaticDate
11/1/2021 12:00:00 AM to 11/30/2022 11:59:59 PM

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



Program..	ProgramCo..	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022
Medi-Cal	SANTA CRUZ	75,327	75,369	75,651	75,982	76,139	76,455	77,703	77,778	77,988	78,368	78,635	79,150	80,042
	MONTEREY	171,632	172,116	173,434	173,788	174,682	175,805	179,853	180,933	182,064	182,687	183,607	184,381	185,482
	MERCED	139,052	139,630	140,709	141,175	141,909	142,835	144,949	145,538	146,339	146,906	148,054	148,801	149,926
IHSS	MONTEREY	515	517	511	511	589	624	650	657	654	660	658	654	656
Total Members		**386,526**	**387,632**	**390,305**	**391,456**	**393,319**	**395,719**	**403,155**	**404,906**	**407,045**	**408,621**	**410,954**	**412,986**	**416,106**

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