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

Meeting Agenda

Wednesday, February 28, 2024

3:00 p.m. – 5:00 p.m.

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

1. Members of the public wishing to observe the meeting remotely via online livestreaming may do so as follows. Note: Livestreaming for the public is listening/viewing only.
    a. Computer, tablet or smartphone via Microsoft Teams:
    Click here to join the meeting
    b. Or by telephone at:
    United States: +1 (323) 705-3950
    Phone Conference ID: 767 156 881#

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, February 27, 2024 to the Clerk of the Board at clerkoftheboard@ccah-alliance.org.
        i. Indicate in the subject line "Public Comment". Include your name, organization, agenda item number, and title of the item in the body of the e-mail along with your comments.
        ii. Comments will be read during the meeting and are limited to three minutes.
    b. In person, from an Alliance County office, during the meeting when that item is announced.
        i. State your name and organization prior to providing comment.
        ii. Comments are limited to three minutes.

1. **Call to Order by Chairperson Jimenez. 3:00 p.m.**
A. Roll call; establish quorum.
B. Supplements and deletions to the agenda.

2. **Oral Communications. 3:05 p.m.**
A. Members of the public may address the Commission on items not listed on today's agenda that are within the jurisdiction of the Commission. Presentations must not exceed three minutes in length, and any individuals may speak only once during Oral Communications.
B. If any member of the public wishes to address the Commission on any item that is listed on today's agenda, they may do so when that item is called. Speakers are limited to three minutes per item.

3. **Comments and announcements by Commission members.**
A. Board members may provide comments and announcements.

4. **Comments and announcements by Chief Executive Officer.**
A. The Chief Executive Officer (CEO) may provide comments and announcements.

Consent Agenda Items: (5. – 10K.): 3:25 p.m.

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

Pages 5-01 to 5-11

6. **Accept Alliance Dashboard for Q4 2023.**
- Reference materials: Alliance Dashboard – Q4 2023.

Pages 6-01 to 6-02

7. **Accept Alliance Financial Highlights, Balance Sheet, Income Statement and Statement of Cash Flow for the eleventh month ending November 30, 2023.**
- Reference materials: Financial Statements as above.

Pages 7-01 to 7-09

Appointments: (8A. – 8C.)

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

Page 8A-01

8B. **Approve appointment of Hue Nguyen, MD and Nicole Shelton, PA to the Whole Child Model Clinical Advisory Committee.**
- Reference materials: Staff report and recommendation on above topic.

Page 8B-01

8C. **Approve appointment of Mr. Kevin Smith to the Whole Child Model Family Advisory Committee.**
- Reference materials: Staff report and recommendation on above topic.

Page 8C-01

Minutes: (9A. – 9E.)

9A. **Approve Commission meeting minutes of January 24, 2024.**
- Reference materials: Minutes as above.

Pages 9A-01 to 9A-06

9B. **Accept Member Services Advisory Group meeting minutes of August 12, 2021; November 4, 2021; May 12, 2022; August 11, 2022; November 10, 2022; February 9, 2023; May 11, 2023; August 10, 2023 and November 9, 2023.**

- Reference materials: Minutes as above.

Pages 9B-01 to 9B-31

9C. **Accept Physicians Advisory Group meeting minutes of December 7, 2023.**

- Reference materials: Minutes as above.

Pages 9C-01 to 9C-05

9D. **Accept Quality Improvement Health Equity Committee meeting minutes of September 28, 2023.**

- Reference materials: Minutes as above.

Pages 9D-01 to 9D-09

9E. **Accept Whole Child Model Clinical Advisory Committee meeting minutes of December 13, 2023.**

- Reference materials: Minutes as above.

Pages 9E-01 to 9E-04

Reports: (10A. – 10K.)

10A. **Authorize the Chairperson to sign Amendment 01 to the primary Medi-Cal Contract 23-30241 and Amendment 01 to the secondary State-Only Medi-Cal Contract 23-30273 to incorporate updated Capitation Payment rates for Calendar Year 2024.**

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

Page 10A-10

10B. **Approve the Alliance's 2024 Policy Priorities and authorize staff to undertake necessary legislative, budgetary, policy and regulatory advocacy aligned with these policy priorities.**

- Reference materials: Staff report and recommendation on above topic; and 2024 Policy Priorities – redline draft.

Pages 10B-01 to 10B-04

10C. **Approve revisions to Alliance Compliance Plan.**

- Reference materials: Staff report and recommendation on above topic; and Alliance Compliance Plan.

Pages 10C-01 to 10C-14

10D. **Approve revisions to Alliance Policy 800-0013 – Expenditure Authority.**

- Reference materials: Staff report and recommendation on above topic; and Alliance Policy 800-0013 – Expenditure Authority.

Pages 10D-01 to 10D-05

10E. **Approve revisions to Alliance Policy 401-1101 – Quality Improvement and Health Equity Transformation Program.**

- Reference materials: Staff report and recommendation on above topic; and Alliance Policy 401-1101 – Quality Improvement and Health Equity Transformation Program.

Pages 10E-01 to 10E-29

11F. **Accept Alliance Business Continuity and Disaster Recovery Program 2023 Annual Report.**

- Reference materials: Staff report on above topic.

Pages 10F-01 to 10F-02

10G. **Accept Alliance Owned Facilities 2023 Annual Report.**

- Reference materials: Staff report on above topic.

Pages 10G-01 to 10G-02

10H. **Accept Quality Improvement Health Equity (QIHET) Transformation Workplan – Q3 2023.**

- Reference materials: Staff report and recommendation on above topic; and Q3 2023 QIHET Workplan.

Pages 10H-01 to 10H-21

10I. **Accept Annual Community Impact Report.**

- Reference materials: Annual Community Impact Report (publication).

Pages 10I-01 to 10I-12

10J. **Accept report on Medi-Cal Capacity Grant Program (MCGP) Annual Impact Report.**

- Reference materials: Staff report and recommendation on above topic; MCGP Theory of Change; and MCGP Performance Dashboard – October 2015 through October 2023.

Pages 10J-01 to 10J-11

10K. **Approve an advance on Payment 4 and 5 for the Department of Health Care Services CalAIM Incentive Payment Program in order to fund Enhanced Care Management providers in 2024.**

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

Pages 10K-01 to 10K-02

Regular Agenda Items: (11. – 12.): 3:30 p.m.

11. **Discuss Alliance state of Technology, Data and Security Report and consider ratifying to January 1, 2024, a Data Sharing Incentive Program. (3:30 – 4:00 p.m.)**

A. Mr. Cecil Newton, Chief Information Officer & Information Security Officer, will review and Board will discuss Alliance state of Technology, Data and Security and consider ratifying to January 1, 2024, a Data Sharing Incentive Program.

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

Pages 11-01 to 11-02

12. **Consider approving Medi-Cal Capacity Grant Program governance policy recommendations; consider approving Medi-Cal Capacity Grant Program County Allocation Methodology and Redistribution recommendations; and discuss 2024 Medi-Cal Capacity Grant Program Investment Plan. (4:00 – 5:00 p.m.)**

A. Ms. Jessica Finney, Community Grants Director, will review and Board will consider approving Medi-Cal Capacity Grant Program (MCGP) governance policy recommendations.

- Staff report and recommendation on above topic; MCGP Framework; and MCGP Funding Goals and Priorities.

Pages 12-01 to 12-08

B. Ms. Finney will review and Board will consider approving MCGP County Allocation Methodology and Redistribution recommendations.

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

Pages 12-09 to 12-11

C. Ms. Finney will review and Board will discuss 2024 MCGP Investment Plan.

- Reference materials: Staff report on above topic; and MCGP Current Funding Opportunities.

Pages 12-12 to 12-17

Information Items: (13A. – 13I.)

Announcements:

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

- Finance Committee
  Wednesday, March 27, 2024; 1:30 – 2:45 p.m.
- Member Services Advisory Group
  Thursday, May 9, 2024; 10:00 – 11:30 a.m.
- Physicians Advisory Group
  Thursday, March 7, 2024; 12:00 – 1:30 p.m.
- Whole Child Model Clinical Advisory Committee [R*emote teleconference only*]
  Thursday, March 21, 2024; 12:00 – 1:00 p.m.
- Whole Child Model Family Advisory Committee [R*emote teleconference only*]
  Monday, March 11, 2024; 1:30 – 3:00 p.m.

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

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

- Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission
  Wednesday, March 27, 2024; 3:00 – 5:00 p.m.

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

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

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

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

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

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

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

DATE: February 28, 2024

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

FROM: Michael Schrader, Chief Executive Officer

SUBJECT: Executive Summary from the Chief Executive Officer

Executive

CommonSpirit Update. Negotiations with CommonSpirit continue with the mutual goal of resolution prior to the contract termination date which has been extended to February 29, 2024. The Alliance continues its dual-track efforts related to the CommonSpirit contract. At this writing, the Alliance awaits response from CommonSpirit to its proposal of February 9, 2024. On the other track, the Alliance team has developed a workplan for continuity of care and member transition in the event of a termination. Staff will update your Board on this issue at the February meeting.

2024 Legislative Session. Legislators returned to the Capitol following the Winter Recess in early January to begin the second year of this 2-year legislative session. The deadline to introduce new legislation is February 16, 2024 and staff will review newly introduced bills to identify those which are consistent with policy priorities adopted by the Board. Staff will work closely with the Local Health Plans of California (LHPC) and our representatives in Sacramento to monitor legislative activity and will provide reports to your Board throughout 2024 as issues of Board interest, importance, or action arise.

Local Health Plans of California Legislative Briefing. On February 27, 2024, the Alliance will be participating in the annual LHPC legislative briefing held in Sacramento. This is the first in-person briefing since 2019, where local plan Chief Executive Officers (CEOs) and Government Affairs staff convene and invite key legislators, their staff and staff from the Administration to attend a briefing on the work of the local health plans. I will join CEOs from Partnership HealthPlan and CalOptima on a panel to discuss local plans' investments in their respective communities.

Legislative Office Visits. On February 26 and 27, 2024, Danita Carlson, Government Relations Director and I will be meeting with available Alliance legislators and their staff to discuss the work of the Alliance within their respective districts. Currently, meetings are scheduled with Assemblymembers Esmeralda Soria and Gail Pellerin, Senators Anna Caballero and John Laird as well as the Health Advisor to Assembly Speaker Robert Rivas, Rosielyn Pulman with additional meeting requests pending.

Chief Health Equity Officer, Omar Guzmán, MD. On February 26, 2024, the Alliance welcomes Dr. Omar Guzmán as our first Chief Health Equity Officer. Dr. Guzmán is a native of the Central Valley and comes to the Alliance from Kaweah Health Medical Center in Visalia, CA, where he serves as Medical Director of the Street Medicine Program. Dr. Guzmán is a board certified Emergency Medicine physician. We are pleased to have Dr. Guzmán join the Alliance in this important position.

Community Involvement. On January 11, 2024 I attended the virtual Health Improvement Partnership of Santa Cruz County (HIPSCC) Council meeting and the Local Health Plans of

California (LHPC) Strategic Planning Retreat in Huntington Beach on January 18, 2024. I attended and spoke at the Grand Re-opening of the Santa Cruz County Sheriff's Office Sobering Center on February 1, 2024. I attended the HIPSCC Council in-person meeting on February 8, 2024 and the virtual HIPSCC Executive Committee meeting on February 22, 2024.

Health Services

Overall, the Health Services Division has been busy continuing our work with a focus on equity though addressing disparities in quality metrics for all members. These efforts are coupled with ongoing focus on high risk members. On the inpatient side, the team continues to focus on improving transitions of care for high-risk members as well as enrollment into either enhanced care management (ECM) or complex case management (CCM). On the outpatient side, this is done through ongoing case management through ECM or CCM as well as through focused Drug Utilization Reviews for high-risk members. To support these efforts, the team continues to work through the Incentive Payment Program and community supports to address key social determinants of health, including housing. Additionally, the program development team is moving ahead with partnering with our recipients of the Equity Practice Transformation (EPT) grants to implement the program. Finally, the Behavioral Health team continues to partner with Carelon to improve access to behavioral healthcare, including follow-up after emergency department visits. Further details are provided below.

Quality Improvement and Population Health (QIPH)

Healthcare Effectiveness Data and Information Set (HEDIS) Report 2024. The annual HEDIS audit of measurement year 2023 is underway and the final report will be provided to Health Services Advisory Group and DHCS in June.

Our new Provider Partnership program and corresponding Workforce Support for Care Gap Closures program have launched, and educational sessions are being held for Merced providers to share the benefits and resources available with these programs. These programs aim to improve health equity and Managed Care Accountability Sets measures for pediatric and women's health domains in Merced County. The Performance Improvement team is also planning several network wide lunch and learns, best practice learning sessions, and roundtable discussions to support our entire provider network.

Utilization Management (UM)

Inpatient and Emergency Department (ED). The Alliance continues to build upon Transitional Care Services (TCS) with Interdisciplinary Team meetings held across the counties, now expanding into San Benito and Mariposa Counties as of January 1, 2024. Collaborative hospital case conferences and dedicated efforts to enhance Residential Care for the Elderly (RCFE) discharge processes continue to expand across all counties, with increasing Enhanced Care Management (ECM) and Community Supports (CS) an integral part of this work. Though claims lag has some impact, the Alliance's comprehensive and collaborative TCS efforts are reflecting sustained gains in average length of stay (ALOS) reductions, with Q4 reflecting an ALOS of four days, a continued and progressive decline over prior quarters (n=4 days vs 4.6 days). Total bed days were also decreased from highs seen in Q1 2023 (n= 319 vs 375). Sepsis, diabetes, hypertensive heart and chronic kidney disease were among the top diagnoses contributing to bed days, with acute kidney failure and alcohol related disorders also noted across all facilities as primary admitting diagnoses. Total all

cause 30-day readmissions measures in at 7.75% (Q1 2023 to present) with highest 30-day readmission rates among members over age 55 (n=8%).

Total ED visits also declined in Q4, though overall percentage of avoidable visits increased slightly to 15%, on par with data seen in Q4 2022, and likely a seasonal variation due to increases in RSV and flu activity noted across the state. ED high utilizers remain consistent with prior quarters with Child and Family (n= 13%) and Affordable Care Act Expansion groups (n= 9%) comprising the highest percentages of ED utilization. The top four diagnoses for ED utilization included upper respiratory infections, abdominal and pelvic pain, COVID-19, and other unspecified viral infections.

Prior Authorization. Prior authorization turnaround times remain near goal of 100% (n=99.8), with a continued decrease in authorization volumes noted in Q4, in part due to the Alliance's continued authorization framework development and automation of low denial, in network specialty referrals. Overall utilization remains on par with prior quarters. Denial activity remains low, coming in at 1% with most appeals upheld in favor of the plan (77%) and only 12% of total denials resulting in appeal (n=48).

County expansion authorizations with added oversight for continuity of care continues for the Alliance's Mariposa and San Benito County members following the January expansion date. Processes were well developed in advance of the enrollment for the new counties, supported through focused collaboration with exiting plans and across Alliance teams to prevent gaps in care and provide additional support for special populations.

Jiva/ZeOmega work continues with the Essette system platform replacement. Configurations have proven to be quite complex, requiring additional testing and development, with user end testing scheduled for late February and early March. Temporary staff are in recruitment and training to support the next steps of wide scale sandbox testing of new workflows and full-scale training in the Jiva system. As the teams prepare for integration of the new platform, authorization framework enhancements continue, with exploration underway for further streamlining of ECM and CS authorizations to both widen member access and reduce provider administrative burden. The PA team is additionally engaged in redirecting members where possible at the authorization level to in-network specialty providers. This process enhancement better supports timely access and member connection to local care.

Pharmacy

Drug Utilization Review (DUR) Program.

Antipsychotic Medications in Children: Drug utilization review was performed on Alliance members who were less than 18 years of age and had a claim for an antipsychotic medication in 2022. This resulted in 550 children who were on an antipsychotic in 2022. Staff looked at the top antipsychotics prescribed to children which were determined to be appropriate. Staff also looked at the top providers who were also determined to be appropriate based on board certification status. Overall, no concerns were found in this drug utilization review.

Asthma Medication Ratio (AMR): Drug utilization review was performed to evaluate the percentage of members 5–64 years of age during the measurement year with persistent asthma who had a ratio of controller medication to total asthma medications of 50% or greater during the year 2022. The goal is ensuring appropriate medication management for patients with asthma as it could reduce the need for rescue medication as well as the costs associated with Emergency Room

visits, inpatient admissions and missed days of work or school. For this utilization, Merced, Monterey, and Santa Cruz counties were evaluated for asthma medication ratio (AMR). The average Alliance AMR for year 2022 for all counties was 79% which is appropriate. A subgroup of adolescents across all three counties were identified with lower-than-normal AMR ratio. Claims were reviewed for this subclass. 130 members were identified with persistent asthma who had an AMR less than 0.5 (shows suboptimal use of controller therapy and high use of rescue therapy). Forty-two of those members had filled four or more rescue inhalers and no controller medication. These members were referred to care management to contact and counsel as needed. A targeted email was sent to the provider to offer them Pharmacist-Led Academic Detailing regarding new asthma guidelines and updates in the field. Member news is expected to be posted on the Alliance website.

Opioid and Benzodiazepine: A drug utilization review was performed to evaluate all members on ≥ 30 days of overlapping opioid and benzodiazepine therapy between July 2023 through September 2023. The goal was to identify high-risk members to avoid and mitigate serious risks associated with using these medications concurrently. As a result, 113 members met the criteria of ≥30 days of overlapping opioid and benzodiazepine therapy. Of the 113 members, staff identified two high-risk members who had ≥90MME/day and did not have naloxone co-prescribed. Targeted outreach was performed to the prescribers of both opioid and benzodiazepine to encourage therapy re-evaluation, tapering, and/or discontinuation of medications if appropriate and recommend co-prescribing naloxone. A Provider Flash was also published to all providers about risks of opioid and CNS depressant concurrent therapy and tools for tapering and motivational interviewing.

Opioid and Sedative: A drug utilization review was performed to evaluate all members on ≥ 30 days of overlapping opioid and sedative hypnotics therapy between August 2023 through October 2023. The goal was to identify high-risk members to avoid and mitigate serious risks associated with using these medications concurrently. As a result, 127 members met the criteria of ≥30 days of overlapping opioid therapy with sedatives. Of the 127 members, staff identified four high-risk members who had ≥90MME/day and did not have naloxone co-prescribed. Targeted outreach was performed to the prescribers of both opioid and sedative to encourage therapy re-evaluation, tapering, and/or discontinuation of medications if appropriate and recommend co-prescribing naloxone. A Provider Flash was also published to all providers about risks of opioid and CNS depressants and tools for tapering and motivational interviewing.

Pharmacist-Led Academic Detailing (PLAD).

Asthma: In Q4 2023, seven providers from four offices signed up for asthma PLAD. Six of the providers completed the required two sessions and one provider only attended one session. To assess knowledge gain, post-training assessments were performed for each clinic and compared to pre-test. Average accuracy rate by the four clinics were 26% pre-session and 88% after the session. For all four clinics, the post-test results were significantly improved compared to the pre-test. Additionally, providers completed a post-program survey in which they strongly agreed that the educational program was useful to them, enhanced their knowledge and that they are likely to recommend the program to their colleagues. Requests were made for additional PLADs covering different conditions such as dyslipidemia.

Diabetes: Diabetes PLAD program was launched in May 2023 and by the end of Q4 a total of four clinics (seven clinicians) completed the program. In order to assess whether the diabetes PLAD program was successful, the following metrics were evaluated:

- Average provider knowledge gain was assessed via pre-program test score (39%) compared to post-program test score (84%).
- To evaluate whether the material presented at each meeting was relevant, educational, and easy to understand clinicians were presented with variety of patient cases at each of the 10 meetings. Clinicians were able to come up with an appropriate treatment plan 65% pre-explanation compared to 97% post-explanation.

Provider satisfaction was assessed via post-program survey. All seven providers stated that they were highly satisfied with program content and presentation and that as a result of their participation they will implement material they learned into their practice. Moreover, because of the value they found in diabetes PLAD program, they agreed to participate in other PLAD programs that the Alliance offers.

Community Care Coordination

Complex Care Management (CCM). As work continues for CalAIM Population Health Management Program project work we continue to improve in our TCS process, working closely with the Utilization Management (UM) team. Staff have also been doing a lot of work with getting hard-to-place members that have had long hospital stays placed in RCFE. These members require close monitoring and collaboration between our CCM team and our UM Department.

With our county expansion that started in January 2024 into Mariposa and San Benito Counties, staff have been very busy assisting with Continuity of Care for our new members. Staff are also focusing on our Seniors and Persons with Disabilities members to meet regulatory requirements towards a seamless transition of services.

Lastly, training and preparation continues for our Essette system replacement. This will go live in March 2024. Staff have been doing a lot of testing and reviewing of all workflows to ensure that we are able to meet our members' needs in a more streamlined approach as well as meeting National Committee for Quality Assurance (NCQA) standards.

Whole Child Model/Pediatric Complex Care Management. The Pediatric CCM team continues work with the Essette system platform replacement (Jiva/ZeOmega), with a go-live planned for March 2024. Work in the Jiva platform is in full swing across all teams. Optimization for both CCS and case management and other key health services functions is under design as the new platform is developed to best align with NCQA standards as well as other requirements. We recently transitioned from the EAD (elaboration and design) phase of planning to beginning the UAT (User Acceptance and Testing) phase. This current phase includes full engagement of Peds team members to explore and validate system functionality as well as test critical business workflows.

The Alliance successfully completed the implementation of the county expansion in January 2024. Unlike the existing Whole Child Model (WCM) counties, the new counties are a classic dependent county CCS service model, in alignment with County CCS programs, as well as DHCS.

Staff have quickly developed strong relationships with our County CCS partners, and new CCS families and are concurrently working towards the transition of the two new counties into WCM no sooner than January 2025. This project spans multiple departments and divisions and will build off the work that has been initiated for county expansion this past month.

Enhanced Care Management (ECM)/Community Supports (CS). There is an overall ongoing programmatic focus to increase enrollment in ECM services. Progress has been made towards expanding the ECM and CS provider network capacity across all service areas, including the on-boarding of 20 new providers as of January 1, 2024. Engagement efforts through Joint Operation Committee meetings with hospitals, Federally Qualified Health Centers, and county partners, have been utilized to encourage awareness of the benefits, in addition to contracting and better understanding how to support sustained engagement for improvement in enrollment. The ECM team is focused on collaborative working relationships across multiple sectors to support increased awareness and referral volume into the program. Provider network support remains a priority to encourage capacity expansion as well as quality provision of services for members.

Additional office hours and supplemental trainings for providers have been added to the calendar to support the existing contracted network. A Provider Academy was developed at the beginning of January for the onboarding of newly contracted providers in a streamline manner with the intent to establish faster readiness for services for increased enrollment. In light of the Justice-Involved Population go-live for ECM on January 1, 2024, meetings occurring with Correctional Facilities, Probation, as well as those medical and behavioral providers that serve members in the incarcerated settings have focused and emphasized post-release workflows to highlight the process and encourage proactive referrals and encourage early collaboration due to the difference in pre-release and post-release service timelines. This focus is intended to support with helping members have a congruent transition from incarceration into the community.

Behavioral Health

The Behavioral Health (BH) Department remains committed to working intensively with our Managed BH Organization, Carelon, to improve in a range of areas. We maintain regular written trackers regarding member experience, provider experience, legislation, and compliance. Negotiations on the Carelon contract amendment have continued, with emphasis on the scope related to 2024 DHCS requirements and county expansion activities. The team also added a monthly BH Treatment meeting to specifically discuss care being delivered to members who have been diagnosed on the autism spectrum, with an emphasis on timely access.

Carelon has added a new executive to the team, welcoming Mr. Erik Riera to support the Alliance. Given the significant turnover in leadership at Carelon, the BH Director requested that Ms. Sherry Copeland also remain engaged while adding Mr. Riera to the team rather than switching primary contacts to ensure continuity. Carelon agreed to honor this request. Staff continue to meet weekly at the executive level to discuss pending issues and identify solutions. Further, the BH Director joined the Chief Medical Officer, Chief Compliance Officer, and Chief Executive Officer in an in-person meeting with Carelon executives in Scotts Valley to discuss ongoing contract concerns.

Specific projects of particular emphasis with Carelon collaboration include the improvement of the HEDIS metric of follow up after emergency department visit for alcohol-related issues as well as follow up for mental health related issues. Staff also recently identified a concern with the rate of connection to care on the closed-loop referral tracker, indicating that members are not successfully connecting from the county mental health plan screening activity to engagement with Carelon providers at a high frequency. Staff will continue to partner with Carelon closely to remedy the concerns. In support of these efforts and the many exiting things ahead in BH, the department was pleased to welcome two new staff analysts to the team in mid-January, both bringing rich experience and expertise to the Alliance.

While supporting Carelon, the BH Director has partnered with project management to kick off the BH Integration Program, which will prepare the Alliance to insource the benefit effective July 1, 2025. A formal structure has been built with accountability identified across project areas and subject matter experts. Project plans are in development with specific milestones to ensure timely completion of all required planning activities, and workgroups have begun meeting with regular cadence to accomplish the work. The BH Director continued facilitating BH Learning Series with this month's session on equity, as well as led the team through the BH portion of the annual DHCS medical audit.

In partnership with the Santa Cruz Children's Behavioral Health Continuum group, the BH Director provided a presentation to stakeholders and community members outlining initiatives aimed at supporting youth BH in 2024. These include a targeted utilization improvement project for dyadic services, efforts to enroll new Enhanced Care Management providers, and the insourcing efforts underway.

Program Development

CalAIM Incentive Payment Program (IPP). The Alliance has successfully earned $8.8M (81.4% of possible allocation) with the IPP Submission 3. The Alliance has the potential to earn $10.8M with Submission 4, which is due to DHCS on March 1, 2024 for the measurement period of July 1, 2023 through December 31, 2023. The Alliance is eligible to participate in Submission 5 in both Mariposa and San Benito Counties if staff complete the Managed Care Plan transition requirements, including a Needs Assessment and Gap-Filling Plan, due to DHCS by May 1, 2024. Staff continue to have discussions with Anthem Blue Cross (exiting Medi-Cal plan in Mariposa and San Benito Counties) and California Health and Wellness (exiting Medi-Cal plan in Mariposa County) to prepare and submit Needs Assessments and Gap Filling Plans. Staff continue to execute LOAs for the newly contracted ECM/CS providers serving Populations of Focus that went live January 2024 (Justice Involved and Birth Equity).

Housing and Homelessness Incentive Program (HHIP). Alliance staff submitted the final HHIP Submission to DHCS on December 29, 2023. The Alliance has the opportunity to earn up to 50% of the total HHIP funding allocation by performing and reporting on both qualitative and quantitative measures related to: a) partnerships and capacity to support referrals for services, b) infrastructure to coordinate and meet member housing needs, and c) delivery of services and member engagement. No further information on the opportunity earn back additional funds withheld from Submission 1 was provided by DHCS; no earn back program or procedure was formally released. Alliance staff continue to spend down HHIP funds earned in accordance with HHIP Investment Plans, with investments made towards activities such as Street Medicine and outreach programs, Homeless Management Information Sharing data integration, and expansion of Recuperative Care and Short-Term Post-Hospitalization Housing capacity, among others.

Student Behavioral Health Incentive Program (SBHIP). On December 29, 2023 Alliance staff submitted progress reports for Monterey, Santa Cruz, and Merced County LEA partners to DHCS for the second period (July 1, 2023 through December 31, 2023). This submission has the potential to earn 12.5% of the total SBHIP allocation ($1.4M). As of January 1, 2024, the Alliance is the lead MCP partner in Mariposa and San Benito counties, each working on one Targeted Intervention Project: Expansion of the Behavioral Health Workforce. These new Alliance projects directly impact 5,370 additional students, including approximately 2,327 Alliance members. Combined, the five counties are implementing 13 SBHIP Targeted Intervention Projects. SBHIP projects directly

impact approximately 30% of all student-aged Alliance Members in the five counties, equivalent to approximately 42k children and youth.

Equity and Practice Transformation (EPT). Twenty-five providers applied for EPT funds through the Alliance as their MCP partner. 15/25 (60%) of Alliance supported practices were awarded – statewide the acceptance rate was much lower – 211/719 (29%), meaning that the Alliance supported applications had double the statewide acceptance rate. The Alliance is supporting the 4ht most projects out of all health plans in the state. DHCS is hosting EPT kickoff webinars throughout the month of February. More details about the Alliance's role in continuing to support these practices are forthcoming.

Employee Services and Communications

Human Resources

Alliance Workforce. As of January 29, 2024, the Alliance has 582.9 budgeted positions of which our active workforce number is 552.4 (active FTE and temporary workers covering leave of absences and vacancies). There are 63 regular and temporary positions in active recruitment, and we are 93.3% staffed. Additionally, the Alliance employs temporary workers for short term needs, currently at 23 FTEs. The organization continues to review and monitor all position requests to ensure we are meeting FTE targets. Human Resources partners with Finance to ensure alignment in this area and provides a bi-weekly workforce dashboard to all Directors and Chiefs for transparency regarding our workforce statistics.

Competencies and Career Development. The Alliance is officially live with our new Competencies software platform outlining our new philosophy and framework of how we will use competencies both in performance management, and career and professional development. Information sessions and training through various approaches kick-off this month and will include continued education and engagement under this new framework throughout 2024.

Workforce Strategy Updates. Human Resources has commenced work as we update policies and process documents related to our workforce strategy. As we adapt to the post-pandemic work environment, policies and procedures have been communicated to staff as it relates to our new work environment.

Q4 Check-in and Annual Compensation Review (ACR). Human Resources is leading the work for the Q4 check-in process and ACR. This annual process includes review of staff performance for 2023, merit assignment and review of staff compensation. Through ACR, department leadership may request promotions for identified staff and will follow the request for submission and justification, internal review, and approval process. Additionally, Human Resources works with Directors to review all staff compensation and will recommend adjustments to compensation, if needed and only within budget.

Facilities and Administrative Services

Printing/Mailing Increase. The Administrative Services team has installed four new mailing/folding machines and are now processing and sending additional member notification letters because of National Committee for Quality Assurance requirements. We have additional staff onsite to support the increase and are training this month.

Scotts Valley Water Mitigation. Drainage modifications and new door thresholds have been installed behind the 1600 building in Scotts Valley to mitigate any future water intrusion.

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

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

Communications

Fall Flu Media Campaign. Our annual flu campaign wrapped up at the end of January. Below are a few reporting highlights:

- Tactics drove nearly 10,000 users to the flu website landing page, with the most users coming from Merced.
- Families from 71 schools in our service area received the flyers, resulting in nearly 7,000 views of the flyer.
- Nearly 37,000 users viewed our ads on Facebook.
- Mobile ads resulted in 1.4 million impressions and nearly 6,000 visits to the landing page.

County Expansion. The county expansion targeted media campaign continues to run in various channels. We distributed a press release on January 2, 2024 reminding county residents that we are their new Medi-Cal health plan. In addition, through the end of January, staff updated corporate materials and channels to reflect the new counties and membership figures.

Medi-Cal for All. We have launched a communications plan to support Medi-Cal for All, which expands full-scope Medi-Cal to 26 through 49-year-olds beginning January 1, 2024. The communication campaign includes flyers, website copy, member and provider bulletin articles, The Beat (community newsletter) content and social media posts.

Community Impact Report. Staff finalized the Community Impact Report. The report will be posted on our website and promoted in social media and community channels as well as via a press release distributed to media in our five counties. A limited number of printed reports are available for dissemination to various stakeholders.

Member Texting and Engagement Project. The member texting and engagement project kicked off in January, with preliminary planning work underway. The vendor, Ushur, has been contracted and will begin working with us as we kick off the project. More details on scope, timeline and priorities will be available next month once the full project team meets.

Spring Media Campaign. Staff is working on a spring media campaign targeting Merced members and the community who have school aged children. The campaign intends to raise awareness of the importance of well-checks and creates a sense of urgency to schedule these appointments early, versus waiting until school is out for the summer. In February, Communications and Community Engagement staff will be meeting with Public Information Officers from Merced to determine if there is interest in a co-branded campaign. Tactics will be developed based on the

discussion, with the campaign expected to be launched in April. More details will be shared next month.

Operations

County Expansion. The Alliance continues to support expansion counties through outreach events. In Mariposa County, the Alliance will participate in the SnACkTIVITY Event at the Creekside Community Center. In San Benito County, staff have a reoccurring presence at the Youth Alliance Food Pantry. We were also invited to participate in the Safe Kids Coalition.

Our offices in Mariposa and San Benito counties have been busy servicing our new members, answering their questions around primary care provider linkage, benefits, and fulfilling ID card requests. We served 55 members in Mariposa County and 59 in San Benito County during the month of January.

The Provider Services team continues to focus on recruitment for the expansion counties. This month's focus is on recruiting providers for continuity of care based on utilization data received from exiting health plans.

Dual Eligible Special Needs Plans (D-SNPs) Implementation. The D-SNP implementation has completed the planning and discovery phase and is transitioning to the execution phase, which will run through go-live in 2026. The focus in Q1 of this year will be on development of a Medicare-compliant network of providers, including the provider payment strategy. Another critical piece of work will be the development of the D-SNP Model of Care. Also, the implementation workstreams kickoff meetings will begin, and that work must be sequenced with other organizational priorities.

Enhanced Care Management (ECM) and Community Supports (CS) Network Development. Effective January 1, 2024, two new Populations of Focus were added for Justice Involved Members and Birth Equity. In preparation for these new populations of focus, there were 19 new active ECM and CS providers added to the network. Seven of those providers support the new membership in Mariposa and San Benito counties. Nine existing ECM providers expanded ECM services to the Justice Involved/Birth Equity Populations of Focus. The ECM and CS team continue to partner with providers to ensure community-based organizations are supported as they begin to provide ECM services to Alliance members.

Q4 2023 Organizational Dashboard Results. The Q4 2023 Alliance Dashboard is comprised of 149 metrics monitoring 65 health plan core, support, and managerial processes. These 65 health plan processes are rolled-up to 13 top-level (Level 1) processes for Board monitoring using a composite methodology.

Results for 11 of 13 Level 1 processes met or exceeded 95% of the target. Key exceptions to the 95% standard and other notable performance are as follows:

Level 1 Process	Q4 Results	Qtr over Qtr Change	Key Drivers
Engage and Support Members	93.4%	-2.8 percentage points	Lower performance can be attributed to having only a few face-to-face outreach events where member outreach occurs. Less outreach might also have had an impact on lower child immunization rates,

			which are covered under this process, especially for Merced County. Additionally, performance is lower due to members' rating of health care and health plan than in the previous year, which can be attributed to lingering effects of the pandemic as the measurement year of the CAHPS survey is 2022.
Manage Data	97.3%	+11.0 percentage points	Even though resource constraints are persisting during high-volume times, staff was able to manage data better overall. Encounter data quality measures that failed the previous quarter were passed in Q4 2023 for all three counties.
Manage Organizational Communications and Branding	95.9%	+18.0 percentage points	Community engagement on social media (engagement with Facebook posts) went up in Q4 2023, which was the main contributor for low performance in the previous quarter.
Manage Alliance Compliance Commitments	100.0%	+8.8 percentage points	The performance of all Compliance indicators on the Alliance Dashboard went up to 100% in Q4 2023. No cases of suspected fraud and/or abuse, or HIPAA incidents, were reported late to Compliance and/or DHCS.

Alliance Dashboard

Quarter 4, 2023

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

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

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

Core Processes

Deliver value to our members, providers and community

Engage & Support Members

93.4% Of Target

SUBPROCESSES
- 90.1 Help Members Engage
- 100 Help Members Navigate
- 90.2 Member Experience

Manage & Improve Care

97.9% Of Target

SUBPROCESSES
- 95.8 Manage Care Use
- 100 Improve Care

Develop & Maintain the Provider Network

99.1% Of Target

SUBPROCESSES
- 99.6 Develop the Network
- 98.7 Maintain the Network

Pay Providers

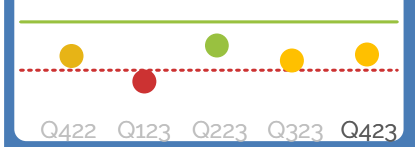
99.7% Of Target

SUBPROCESSES
- 100 Payment Models and Rates
- 100 Provider Payments
- 99.1 Payment Integrity

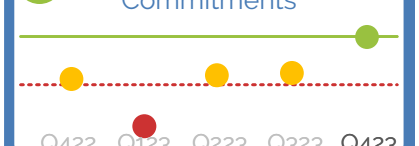
Managerial Processes

Guide the organization

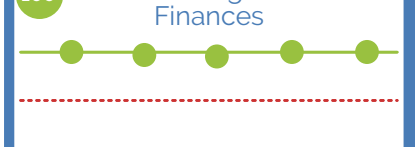
94.8 Enhance Operational Effectiveness



100 Manage Compliance Commitments



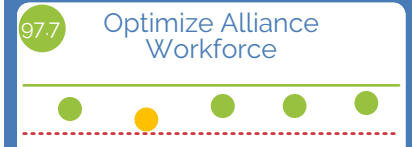
100 Manage Finances



100 Manage Governmental & Community Relations

Support Processes *Enable organizational operations*

97.7 Optimize Alliance Workforce



97.3 Manage Data

95.5 Manage Technology

100 Provide Administrative Services

95.9 Communications & Organizational Branding

Back to Agenda

Alliance Dashboard – Board Metrics

Quarter 4, 2023

No.	Metric	Period	Target	Performance
1	Calls to Member Services answered within 30 seconds	Q423	80.0%	86.0%
2	New Member Welcome Call Completion Rate	Q423	30.0%	32.0%
3	Timely Resolution of Member Complaints	Q423	100.0%	99.0%
4	Members' Favorable Rating of Health Plan (CAHPS) (Medi-Cal)	2023	Child: 86.0% | Adult: 73.0%	Child: 72.5% | Adult: 59.3%
5	Members' Favorable Rating of Health Care (CAHPS) (Medi-Cal)	2023	Child: 84.5% | Adult: 70.5%	Child: 58.5% | Adult: 48.7%
6	Routine PCP Facility Site Reviews Completed Timely	Q423	100.0%	86.7%
7	Facility Sites Reviewed in Good Health	Q423	100.0%	100.0%
8	In Area PCP Market Share (all counties)	Q423	80.0%	87.3%
9	In Area Specialist Market Share (all counties)	Q423	80.0%	85.0%
10	Contracted PCP Open % (all counties)	Q423		60.0%
11	Overall Provider Satisfaction Rate	2023	88.0%	88.0%
12	Inpatient Bed Days/ 1,000 members/Year (Medi-Cal)	Q323	292.0	290.0
13	Admissions/1,000 Members/Year (Medi-Cal)	Q323	63.0	68.0
14	Total 30 Day All-Cause Readmissions %	Q323	11.0%	7.0%
15	Ambulatory Care Sensitive Admissions (Medi-Cal)	Q323	8.0%	4.9%
16	Average Length of Stay (Medi-Cal)	Q323	4.5	4.2
17	Emergency Department visits/1,000 members/year (all LOBs)	Q323	590.0	525.0
18	Avoidable Emergency Department visits (all LOBs)	Q323	18.0%	14.0%
19	Behavioral Health Utilization Rate by County (All Ages)	Q323	3.6%	SC: 8.5% | Mont: 3.9% | Merced: 3.8%
20	Routine Medical/Surgical Prior Authorizations Adjudicated Timely	Q423	100.0%	99.8%
21	Clean Claims Processed and Paid Within 30 Calendar Days	Q423	90.0%	88.5%
22	Employee Turnover Rate	Q123-Q423	10.0%	6.5%
23	Total Staffed Workforce	Q423	90.0%	97.1%
24	Board Designated Reserves Percentage	Q423	100.0%	140.1%
25	Net Income Percentage	Q423	1.0%	18.3%
26	Medical Loss Ratio	Q423	92.0%	80.5%
27	Administrative Loss Ratio	Q423	6.0%	5.3%

DATE: February 28, 2024

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

FROM: Lisa Ba, Chief Financial Officer

SUBJECT: Financial Highlights for the Eleventh Month Ending November 30, 2023

For the month ending November 30, 2023, the Alliance reported an Operating Income of $19.6M. The Year-to-Date (YTD) Operating Income is $126.4M, with a Medical Loss Ratio (MLR) of 86.6% and an Administrative Loss Ratio (ALR) of 5.3%. The Net Income is $152.0M after accounting for Non-Operating Income/Expenses.

The budget expected a $65.5M Operating Income for YTD November. The actual result is favorable to budget by $60.8M or 92.8%, driven primarily by rate variance and membership favorability.

Nov-23 MTD ($ In 000s)				
Key Indicators	Current Actual	Current Budget	Current Variance	% Variance to Budget
Membership	*411,670*	*391,611*	*20,059*	*5.1%*
Revenue	147,142	123,623	23,519	19.0%
Medical Expenses	119,487	115,527	(3,961)	-3.4%
Administrative Expenses	8,057	8,138	80	1.0%
Operating Income	19,598	(41)	19,639	100.0%
Net Income	27,010	1,933	25,077	100.0%
MLR %	81.2%	93.5%	12.2%	
ALR %	5.5%	6.6%	1.1%	
Operating Income %	13.3%	0.0%	13.4%	
Net Income %	18.4%	1.6%	16.8%	

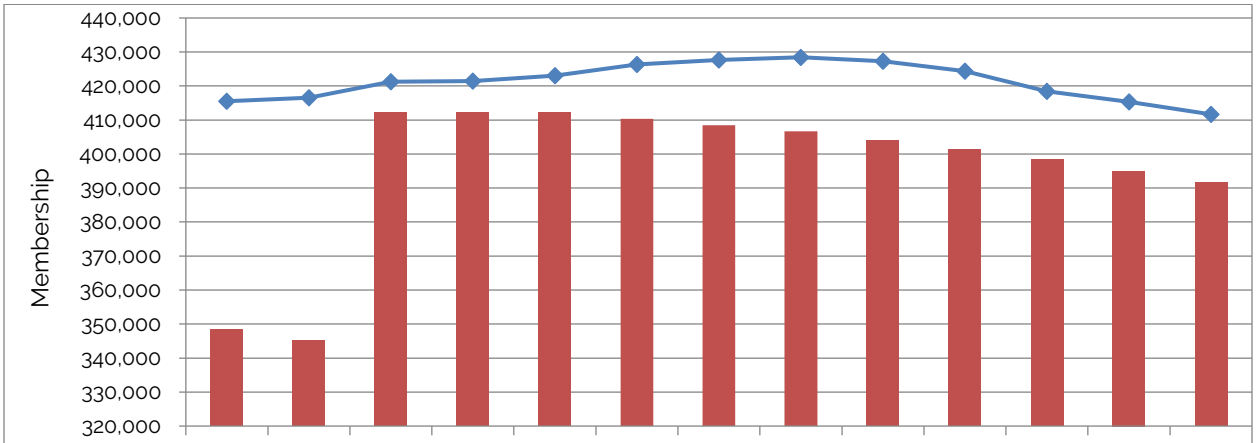
Nov-23 YTD (In $000s)				
Key Indicators	YTD Actual	YTD Budget	YTD Variance	% Variance to Budget
Member Months	*4,645,214*	*4,452,417*	*192,797*	*4.3%*
Revenue	1,563,966	1,412,109	151,857	10.8%
Medical Expenses	1,354,117	1,258,149	(95,968)	-7.6%
Administrative Expenses	83,483	88,420	4,937	5.6%
Operating Income/(Loss)	126,366	65,540	60,826	92.8%
Net Income/(Loss)	151,996	62,868	89,129	100.0%
PMPM				
Revenue	336.68	317.16	19.53	6.2%
Medical Expenses	291.51	282.58	(8.93)	-3.2%
Administrative Expenses	17.97	19.86	1.89	9.5%
Operating Income/(Loss)	27.20	14.72	12.48	84.8%
MLR %	*86.6%*	*89.1%*	*2.5%*	
ALR %	*5.3%*	*6.3%*	*0.9%*	
Operating Income %	*8.1%*	*4.6%*	*3.4%*	
Net Income %	*9.7%*	*4.5%*	*5.3%*	

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 $336.68, which is favorable to budget by $19.53 or 6.2%. Medical cost PMPM is $291.51, which is unfavorable by $8.93 or 3.2%. Overall, this results in a favorable gross margin of $10.60 or 30.6% compared to the budget. The operating income PMPM is $27.20, which is favorable to the budget by $12.48 or 84.8%.

Membership. November 2023 membership is favorable to budget by 5.1%. Please note that the 2023 budget assumed the Public Health Emergency (PHE) would end in January 2023, with membership beginning to decline in April 2023. The Health and Human Services Department announced that the PHE ended on May 11, 2023. The Department of Health Care Services (DHCS) began the redetermination process in April 2023 for the June 2023 renewal month, with the actual enrollment loss starting in July 2023.

Membership. Actual vs. Budget (based on actual enrollment trend for Nov-23 rolling 13 months)



	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Budget	348,456	345,117	412,231	412,231	412,231	410,347	408,481	406,635	403,892	401,191	398,530	395,036	391,611
Actual	415,506	416,529	421,212	421,478	423,002	426,328	427,656	428,448	427,275	424,399	418,442	415,304	411,670
Variance	67,050	71,412	8,981	9,247	10,771	15,981	19,175	21,813	23,383	23,208	19,912	20,268	20,059
Variance %	19.2%	20.7%	2.2%	2.2%	2.6%	3.9%	4.7%	5.4%	5.8%	5.8%	5.0%	5.1%	5.1%

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

November 2023 capitation revenue of $147.1M is favorable to budget by $23.5M or 19.0%. Out of this total, $6.3M can be attributed to enrollment changes, while $2.8M results from rate adjustments. The variance due to enrollment is expected to be minimized in the coming months as membership decreases going forward from redetermination. In addition, $14.3M of the variance is due to retroactivity of the reclassification of Satisfactory Immigration Status (SIS) to Unsatisfactory Immigration Status (UIS) members for eligibility months January through June of 2023 as well as 1% downward revenue adjustment for 2023.

November 2023 YTD capitation revenue of $1,563.9M is favorable to budget by $151.9M or 10.8%. Of this amount, $60.8M is from boosted enrollment, and $30.3M is due to rate variance. In addition, $60.4M of the favorability is due to prior period revenue and current incentives where the incentives are not accounted for in budget development as they are budget-neutral.

The $60.4M is a culmination of SIS to UIS Reclassification for January through June. 2023 of $28.7M, a 1% downward revenue adjustment of -$14.3M, prior year revenue of $12.0M for the DHCS 2013-2016 Managed Care Organization (MCO) Tax Reconciliation and $2.2M for the July 2019 through December 2020 Prop 56 adjustment. In addition, the variance is attributed to State Incentive Programs, which consist of $7.6M for the Student Behavioral Health Incentive Program (SBHIP), $11.6M for the Housing and Homelessness Incentive

Program (HHIP), and $10.9M for CalAIM Incentive Payment Program (IPP). These are also included under Medical Expenses and are assumed to be budget-neutral.

Nov-23 YTD Capitation Revenue Summary (In $000s)

County	Actual	Budget	Variance	Variance Due to Enrollment	Variance Due to Rate
Santa Cruz	304,773	300,728	4,046	6,510	(2,464)
Monterey	678,011	604,254	73,757	23,756	50,002
Merced	546,895	503,342	43,553	19,463	24,090
Total*	**1,529,680**	**1,408,324**	**121,356**	**49,728**	**71,627**

*Excludes Nov-23 YTD In-Home Supportive Services (IHSS) premiums revenue of $4.2M and State Incentive Programs revenue of $30.1M.

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

November 2023 Medical Expenses of $119.5M are $4.0M or 3.4% unfavorable to budget. November 2023 YTD Medical Expenses of $1,354.1M are above budget by $96.0M or 7.6%. Of this amount, $54.5M is due to higher enrollment, and $41.5M is due to rate variances, which include $30.1M for State Incentive Programs. YTD Inpatient Services (Hospital) is unfavorable to budget by $6.7M or 1.4%. $20.4M is attributed to enrollment, offset by a decrease of $13.7M in utilization. We are seeing similar increases in spending on Physician Services and Other Medical Services. Other Medical expenses include Allied Health, Lab, DME, Behavioral Health, and Transportation.

The State Incentive Programs of $30.1M consist of $7.6M for the SBHIP, $11.6M for the HHIP, and $10.9M for CalAIM IPP. These are also included under revenue and assumed to be budget-neutral.

Nov-23 YTD Medical Expense Summary ($ In 000s)

Category	Actual	Budget	Variance	Variance Due to Enrollment	Variance Due to Rate
Inpatient Services - Hospital	477,246	470,540	(6,706)	(20,375)	13,669
Inpatient Services - LTC	165,364	168,526	3,162	(7,297)	10,460
Physician Services	293,622	263,036	(30,586)	(11,390)	(19,196)
Outpatient Facility	176,863	174,225	(2,638)	(7,544)	4,906
Other Medical*	210,888	181,823	(29,065)	(7,873)	(21,192)
State Incentive Programs	30,136	-	(30,136)	-	(30,136)
TOTAL COST	**1,354,117**	**1,258,149**	**(95,968)**	**(54,480)**	**(41,488)**

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

At a PMPM level, YTD Medical Expenses are $291.51, unfavorable by $8.93 or 3.2% compared to the budget. More than half of this negative variance is due to budget-neutral State Incentive Programs. The main variances are from Specialty Care utilization, mix service increases, and Other Medical. Allied Health, Behavioral Health, Transportation, and Lab drive the Other Medical cost unfavorability of 11.2%.

Nov-23 YTD Medical Expense by Category of Service (In PMPM)

Category	Actual	Budget	Variance	Variance %
Inpatient Services - Hospital	102.74	105.68	2.94	2.8%
Inpatient Services - LTC	35.60	37.85	2.25	5.9%
Physician Services	63.21	59.08	(4.13)	-7.0%
Outpatient Facility	38.07	39.13	1.06	2.7%
Other Medical	45.40	40.84	(4.56)	-11.2%
State Incentive Programs	6.49	-	(6.49)	-100.0%
TOTAL MEDICAL COST	**291.51**	**282.58**	**(8.93)**	**-3.2%**

Administrative Expenses. November YTD Administrative Expenses are favorable to budget by $4.9M or 5.6% with a 5.3% ALR. Salaries are slightly favorable by $2.7M, driven by savings from vacant positions, benefits, and PTO, which offsets temporary services and the staff bonus accrual. Non-Salary Administrative Expenses are favorable by $2.3M or 8.3% due to savings and unspent budgets.

Non-Operating Revenue/Expenses. November YTD Net Non-Operating income is $25.6M, which is favorable to the budget. Total Non-Operating Revenue is favorable to budget by $22.0M, attributed to $21.0M interest income and $1.0M in unrealized investment gain. Non-Operating Expenses are favorable by $6.3M due to the timing of grant expenses.

Summary of Results. Overall, the Alliance generated a YTD Net Income of $152.0M, with an MLR of 86.6% and an ALR of 5.3%.

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Balance Sheet
For The Eleventh Month Ending November 30, 2023
(In $000s)

Assets	
Cash	$162,052
Restricted Cash	300
Short Term Investments	837,653
Receivables	127,840
Prepaid Expenses	4,151
Other Current Assets	4,392
Total Current Assets	**$1,136,388**
Building, Land, Furniture & Equipment	
Capital Assets	$79,036
Accumulated Depreciation	(43,949)
CIP	1,050
Lease Receivable	2,539
Total Non-Current Assets	**38,676**
Total Assets	**$1,175,064**
Liabilities	
Accounts Payable	$25,904
IBNR/Claims Payable	285,252
Provider Incentives Payable	22,497
Other Current Liabilities	9,284
Due to State	10,967
Total Current Liabilities	**$353,904**
Deferred Inflow of Resources	2,437
Total Long-Term Liabilities	**$2,437**
Fund Balance	
Fund Balance - Prior	$666,727
Retained Earnings - CY	151,996
Total Fund Balance	**818,723**
Total Liabilities & Fund Balance	**$1,175,064**
Additional Information	
Total Fund Balance	**$818,723**
Board Designated Reserves Target	413,913
Strategic Reserve (DSNP)	56,700
Medi-Cal Capacity Grant Program (MCGP)*	169,411
Value Based Payments	46,100
Total Reserves	**686,124**
Total Operating Reserve	**$132,600**

* MCGP includes Additional Contribution of $48.6M

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

	MTD Actual	MTD Budget	Variance	%	YTD Actual	YTD Budget	Variance	%
Member Months	*411,670*	*391,611*	*20,059*	*5.1%*	*4,645,214*	*4,452,417*	*192,797*	*4.3%*
Capitation Revenue								
Capitation Revenue Medi-Cal	$146,742	$123,279	$23,462	19.0%	$1,529,680	$1,408,324	$121,356	8.6%
State Incentive Programs	-	-	$0	0.0%	30,136	-	$30,136	100.0%
Premiums Commercial	401	344	57	16.4%	4,151	3,785	366	9.7%
Total Operating Revenue	**$147,142**	**$123,623**	**$23,519**	**19.0%**	**$1,563,966**	**$1,412,109**	**$151,857**	**10.8%**
Medical Expenses								
Inpatient Services (Hospital)	$36,956	$43,205	$6,250	14.5%	$477,246	$470,540	($6,706)	-1.4%
Inpatient Services (LTC)	16,495	15,474	(1,021)	-6.6%	165,364	168,526	3,162	1.9%
Physician Services	29,018	24,153	(4,864)	-20.1%	293,622	263,036	(30,586)	-11.6%
Outpatient Facility	18,036	15,998	(2,038)	-12.7%	176,863	174,225	(2,638)	-1.5%
Other Medical*	18,983	16,697	(2,286)	-13.7%	210,888	181,823	(29,065)	-16.0%
State Incentive Programs	-	-	-	0.0%	30,136	-	(30,136)	-100.0%
Total Medical Expenses	**$119,487**	**$115,527**	**($3,961)**	**-3.4%**	**$1,354,117**	**$1,258,149**	**($95,968)**	**-7.6%**
Gross Margin	**$27,655**	**$8,097**	**$19,558**	**100.0%**	**$209,849**	**$153,960**	**$55,889**	**36.3%**
Administrative Expenses								
Salaries	$5,173	$5,689	$515	9.1%	$58,399	$61,063	$2,664	4.4%
Professional Fees	528	337	(191)	-56.8%	2,866	3,375	510	15.1%
Purchased Services	974	786	(188)	-23.9%	9,894	9,630	(264)	-2.7%
Supplies & Other	1,007	889	(118)	-13.3%	8,341	9,986	1,644	16.5%
Occupancy	125	127	2	1.7%	1,155	1,259	103	8.2%
Depreciation/Amortization	250	310	60	19.3%	2,828	3,108	280	9.0%
Total Administrative Expenses	**$8,057**	**$8,138**	**$80**	**1.0%**	**$83,483**	**$88,420**	**$4,937**	**5.6%**
Operating Income	**$19,598**	**($41)**	**$19,639**	**100.0%**	**$126,366**	**$65,540**	**$60,826**	**92.8%**
Non-Op Income/(Expense)								
Interest	$2,927	$1,025	$1,902	100.0%	$32,247	$11,272	$20,975	100.0%
Gain/(Loss) on Investments	6,277	2,312	3,965	100.0%	1,880	882	998	100.0%
Other Revenues	170	137	33	24.4%	1,717	1,670	47	2.8%
Grants	(1,961)	(1,500)	(461)	-30.8%	(10,213)	(16,495)	6,282	38.1%
Total Non-Op Income/(Expense)	**$7,413**	**$1,974**	**$5,438**	**100.0%**	**$25,630**	**($2,672)**	**$28,302**	**100.0%**
Net Income/(Loss)	**$27,010**	**$1,933**	**$25,077**	**100.0%**	**$151,996**	**$62,868**	**$89,129**	**100.0%**
MLR	*81.2%*	*93.5%*			*86.6%*	*89.1%*		
ALR	*5.5%*	*6.6%*			*5.3%*	*6.3%*		
Operating Income	*13.3%*	*0.0%*			*8.1%*	*4.6%*		
Net Income %	*18.4%*	*1.6%*			*9.7%*	*4.5%*		

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

	MTD Actual	MTD Budget	Variance	%	YTD Actual	YTD Budget	Variance	%
Member Months	*411,670*	*391,611*	*20,059*	*5.1%*	*4,645,214*	*4,452,417*	*192,797*	*4.3%*
Capitation Revenue								
Capitation Revenue Medi-Cal	$356.45	$314.80	$41.65	13.2%	$329.30	$316.31	$13.00	4.1%
State Incentive Programs	-	-	-	0.0%	6.49	-	6.49	100.0%
Premiums Commercial	0.97	0.88	0.09	10.8%	0.89	0.85	0.04	5.1%
Total Operating Revenue	**$357.43**	**$315.68**	**$41.75**	**13.2%**	**$336.68**	**$317.16**	**$19.53**	**6.2%**
Medical Expenses								
Inpatient Services (Hospital)	$89.77	$110.33	$20.56	18.6%	$102.74	$105.68	$2.94	2.8%
Inpatient Services (LTC)	40.07	39.51	(0.55)	-1.4%	35.60	37.85	2.25	5.9%
Physician Services	70.49	61.68	(8.81)	-14.3%	63.21	59.08	(4.13)	-7.0%
Outpatient Facility	43.81	40.85	(2.96)	-7.2%	38.07	39.13	1.06	2.7%
Other Medical*	46.11	42.64	(3.48)	-8.2%	45.40	40.84	(4.56)	-11.2%
State Incentive Programs	-	-	-	0.0%	6.49	-	(6.49)	-100.0%
Total Medical Expenses	**$290.25**	**$295.00**	**$4.75**	**1.6%**	**$291.51**	**$282.58**	**($8.93)**	**-3.2%**
Gross Margin	**$67.18**	**$20.67**	**$46.50**	**100.0%**	**$45.18**	**$34.58**	**$10.60**	**30.6%**
Administrative Expenses								
Salaries	$12.57	$14.53	$1.96	13.5%	$12.57	$13.71	$1.14	8.3%
Professional Fees	1.28	0.86	(0.42)	-49.2%	0.62	0.76	0.14	18.6%
Purchased Services	2.37	2.01	(0.36)	-17.8%	2.13	2.16	0.03	1.5%
Supplies & Other	2.45	2.27	(0.18)	-7.7%	1.80	2.24	0.45	19.9%
Occupancy	0.30	0.32	0.02	6.5%	0.25	0.28	0.03	12.0%
Depreciation/Amortization	0.61	0.79	0.18	23.2%	0.61	0.70	0.09	12.8%
Total Administrative Expenses	**$19.57**	**$20.78**	**$1.21**	**5.8%**	**$17.97**	**$19.86**	**$1.89**	**9.5%**
Operating Income	**$47.61**	**($0.11)**	**$47.71**	**100.0%**	**$27.20**	**$14.72**	**$12.48**	**84.8%**

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Statement of Cash Flow
For The Eleventh Month Ending November 30, 2023
(In $000s)

	MTD	YTD
Net Income	$27,010	$151,996
Items not requiring the use of cash: Depreciation	(3,172)	(633)
Adjustments to reconcile Net Income to Net Cash provided by operating activities:		
Changes to Assets:		
Restricted Cash	0	0
Receivables	(18,937)	42,940
Prepaid Expenses	66	(102)
Current Assets	1,239	9,023
Net Changes to Assets	**(17,632)**	**51,861**
Changes to Payables:		
Accounts Payable	666	(44,770)
Other Current Liabilities	597	1,575
Incurred But Not Reported Claims/Claims Payable	(20,714)	2,884
Provider Incentives Payable	2,005	12,497
Due to State	(8)	5,921
Net Changes to Payables	**(17,455)**	**(21,893)**
Net Cash Provided by (Used in) Operating Activities	**(11,249)**	**181,331**
Change in Investments	(8,446)	(161,658)
Other Equipment Acquisitions	3,083	4,040
Net Cash Provided by (Used in) Investing Activities	**(5,363)**	**(157,618)**
Lease Interest Income	0	0
Net Cash Provided by (Used in) Financing Activities	**0**	**0**
Net Increase (Decrease) in Cash & Cash Equivalents	**(16,612)**	**23,713**
Cash & Cash Equivalents at Beginning of Period	**178,663**	**138,338**
Cash & Cash Equivalents at November 30, 2023	**$162,052**	**$162,052**

DATE: February 28, 2024

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

FROM: Ronita Margain, Community Engagement Director

SUBJECT: Member Services Advisory Group: Member Appointment

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

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

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

Name	Affiliation	County
Frances Wong	Consumer	Monterey

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

Attachments. N/A

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

DATE: February 28, 2024

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

FROM: Dr. Dennis Hsieh, Chief Medical Officer

SUBJECT: Whole Child Model Clinical Advisory Committee: Member Appointment

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Recommendation. Staff recommend the Board approve the appointments of the individuals listed below to the Whole Child Model Clinical Advisory Committee (WCMCAC).

Background. The Board established the WCMCAC pursuant to Welfare and Institutions Code §14094.17(a) (SB 586 – Statutes 2015).

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

Name	Affiliation	County
Hue Nguyen, MD	Provider Representative	San Benito
Nicole Shelton, PA	Provider Representative	San Benito

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

Attachments. N/A

DATE: February 28, 2024

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

FROM: Ronita Margain, 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 individual listed below to the Whole Child Model Family Advisory Committee (WCMFAC).

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

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

Name	Affiliation	County
Kevin Smith	Community Advocate	Merced

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

Attachments. N/A

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

Meeting Minutes

Wednesday, January 24, 2024
3:00 p.m. – 5:00 p.m.

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

Commissioners Present:

Ms. Leslie Abasta-Cummings	At Large Health Care Provider Representative
Dr. Ralph Armstrong	At Large Health Care Provider Representative
Supervisor Wendy Root Askew	County Board of Supervisors
Ms. Tracey Belton	County Health and Human Services Agency Director
Ms. Dorothy Bizzini	Public Representative
Ms. Leslie Conner	At Large Health Care Provider Representative
Dr. Maximiliano Cuevas	Health Care Provider Representative
Ms. Janna Espinoza	Public Representative
Supervisor Zach Friend	County Board of Supervisors
Dr. Donaldo Hernandez	Health Care Provider Representative
Ms. Elsa Jimenez	County Director of Health Services
Mr. Michael Molesky	Public Representative
Ms. Mónica Morales	County Health Services Agency Director
Ms. Rebecca Nanyonjo	County Public Health Director

Supervisor Josh Pedrozo	County Board of Supervisors
Dr. James Rabago	Health Care Provider Representative
Dr. Allen Radner	At Large Health Care Provider Representative
Dr. Eric Sergienko	County Public Health Officer

Commissioners Absent:

Staff Present:

Mr. Michael Schrader	Chief Executive Officer
Ms. Lisa Ba	Chief Financial Officer
Mr. Scott Fortner	Chief Administrative Officer
Dr. Dennis Hsieh	Chief Medical Officer
Mr. Cecil Newton	Chief Information Officer
Ms. Van Wong	Chief Operating Officer
Ms. Kathy Stagnaro	Clerk of the Board

1. Call to Order by Chair Jimenez.

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

Roll call was taken and a quorum was present.

There were no supplements or deletions to the agenda.

Chair Jimenez acknowledge that today's meeting was the final meeting for Commissioner Conner and recognized her service on the Board and in the community.

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.

[Commissioner Hernandez arrived at this time: 3:04 p.m.]

No members of the public addressed the Commission.

3. Comments and announcements by Commission members.

Chair Jimenez opened the floor for Commissioners to make comments.

[Commissioner Abasta-Cummings and Commissioner Rabago arrived at this time: 3:05 p.m.]

Commissioner Nanyonjo provided an update on the Merced County Community Health Assessment and acknowledged the individuals whose efforts and contributions made the completion of the assessment possible. This has been under development since receiving partnerships and community health federal funding in 2016.

[Vice Chair Pedrozo arrived at this time: 3:06 p.m.]

Commissioner Molesky remarked on the Board's interest in being informed on the process staff uses to determine when legislation is appropriate to present to or be reported to the Board either via presentation or material in the Board packet.

4. Comments and announcements by Chief Executive Officer.
Chair Jimenez opened the floor for Mr. Michael Schrader, Chief Executive Officer (CEO).

Mr. Schrader provided an update to the Board on the expansion into Mariposa and San Benito counties, the State's Adult Expansion, the Department of Health Care Services (DHCS) quality sanctions, CommonSpirit negotiations, the state budget and the Managed Care Organization (MCO) tax.

He began by thanking Commissioner Conner for her long-standing service on the Alliance Board and congratulated her on her retirement.

On January 1, 2024 the Alliance successfully transitioned nearly 21,000 San Benito and nearly 6,000 Mariposa County Medi-Cal beneficiaries and thanked the Board, staff, providers, members and community stakeholders for their support.

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

The Alliance also added 28,000 members on January 1, 2024 through the State's Adult Expansion that gives full-scope Medi-Cal eligibility for income-eligible individuals aged 26 through 49 regardless of immigration status. Total enrollment across five counites is now 456,000 members.

For the second year DHCS issued plan sanctions on quality scores below minimum performance levels. In determining sanction amounts, DHCS considers the number of metrics that fell below minimum performance levels, how far below minimum performance level the plan is, whether plan performance is trending positively or negatively, the number of impacted enrollees and whether the plan is operating in a healthcare shortage area.

[Commissioner Morales arrived at this time: 3:13 p.m.]

Staff continue to work in Merced County to improve Healthcare Effectiveness Data and Information Set quality scores which largely involves getting more members in to see their doctors for preventative care visits. On today's agenda, Ms. Van Wong, Chief Operating Officer and Dr. Dennis Hsieh, Chief Medical Officer, will present on Alliance annual strategic objectives including those related to quality.

Negotiations with CommonSpirit continue. The negotiations cover Dominican Hospital in Santa Cruz County, Mercy Medical Center in Merced County, Dignity Health Medical Groups in Santa Cruz and Merced Counties, Mercy Home Care and University Surgical Center. The termination date for the contracts is February 15, 2024 unless they are extended to allow more time for negotiation or unless an agreement or a three-year renewal is reached. As required by DHCS, in mid-January the Alliance notified members in Santa Cruz and Merced County of a possible termination within 30 days on February 15, 2024. The Alliance submitted a third proposal to CommonSpirit two weeks ago and received a counter proposal. There is a significant difference between the two proposals and the Alliance cannot pay more than what the plan receives from the state. Staff are working earnestly to avoid a contract termination. Focus remains on working directly, responsibly and factually with CommonSpirit negotiators towards a resolution. Staff are also undertaking contingency planning for a possible termination and will continue to keep the Board apprised in the event of a termination,

The Governor released his proposed state budget for 2024-25. The proposed budget addresses the $38B shortfall through states reserves, targeted cuts and spending delays. Health care programs were largely spared.

The Governor also proposes to increase the Managed Care Organization (MCO) tax on managed care organizations including the Alliance from $19.4B to $20.9B. The tax increase would have no financial impact on the Alliance since DHCS makes MCPs whole for the Medi-Cal line of business through the rate setting process. The state will use revenue from the MCO tax in two different ways to help close the $38B deficit and for provider increases or the Medi-Cal program. The provider increases will become effective in two phases. Phase I increases were effective on January 1, 2024. The Phase II increases that are yet to be defined, will become effective on January 1, 2025.

Item 7 on today's consent agenda was carried over from the December 6, 2023 meeting. This item returns for ratification due to insufficient non-conflicted commissioners in attendance and eligible to vote at the December meeting.

Item 10 on today's regular agenda is a recommendation to consider adopting a resolution in support of the Pajaro Valley Health Care District's Bond Improvement: Measure N on the March 5, 2024 ballot. Mr. Steve Gray from Watsonville Community Hospital and Mr. Marcus Pimentel of the Pajaro Valley Health Care District will present on this item.

Consent Agenda Items: (5. – 7.): 3:37 p.m.

Chair Jimenez reminded the Board that in order to manage any risk of conflict, consent will be taken in two separate motions due to potential conflicts of interest on item 7 authorizing the Board to ratify the proposed Incentive Payments for Provider Performance in Calendar Year 2023. Items 5 and 6, which all Board members may discuss and vote on; and Item 7 that is affiliated with Board members which may have a conflict.

Chair Jimenez opened the floor for approval of Consent Agenda items 5 and 6.

MOTION: Commissioner Molesky moved to approve Consent Agenda items 5 and 6, seconded by Commissioner Bizzini.

ACTION: The motion passed with the following vote:

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

Noes: None.

Absent: None.

Abstain: None.

Chair Jimenez opened the floor for approval of Consent Agenda item 7.

MOTION: Commissioner Molesky moved to approve Consent Agenda item 7, seconded by Commissioner Bizzini.

ACTION: The motion passed with the following vote:

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

Noes: None.

Absent: None.

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

Regular Agenda Item: (8. - 10.): 3:40 p.m.

8. Discuss Alliance 2022-2026 Strategic Plan Update. (3:40 – 4:27 p.m.)

Ms. Van Wong, Chief Operating Officer, shared the 2023 strategic objective performance to date. Pediatric Health Disparities, Cultural Humility, Behavioral Health and High Risk Members are trending in the right direction on key measures across these four strategic objectives. Well Child Visits are expected to meet Managed Care Accountability Sets 50th percentile for measurement year 2023 in Merced.

[Commissioner Belton departed at this time: 3:52 p.m.]

Dr. Dennis Hsieh, Chief Medical Officer, discussed the 2024 Strategic Objectives and Targets.

He reviewed pediatric health disparities with a focus on areas below the 50th percentile. San Benito and Mariposa counties will be incorporated in this coming year.

The Alliance has examined options to improve the provision of behavioral health services. Throughout the planning process, the Alliance identified the need to center on the people it serves rather than just the health care services it delivers. Staff are now pursuing a dual tract of Carelon accountability and behavioral health insourcing in order to ensure the delivery of member-centered behavioral healthcare.

[Commissioner Nanyonjo departed at this time: 4:25 p.m.

Staff plan to return to the Board in January 2025 to report on 2024 performance objectives and share updated objectives for 2025.

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

9. Discuss Alliance state of Technology, Data and Security Report and consider approving a Data Sharing Incentive Program.

Due to time constraints, this presentation and recommendation will be brought back to the Board for ratification at the February 28, 2024 meeting.

10. Presentation on Watsonville Community Hospital and consider adopting Resolution in support of Pajaro Valley Health Care District Bond Improvement: Measure N. (4:27 – 4:54 p.m.)

Mr. Steve Gray, Chief Executive Officer, Watsonville Community Hospital, presented on the hospital's strategic plan, provided an operational update and discussed planning for the future. In February 2022 the governor signed legislation creating the Pajaro Valley Health Care District to establish public oversight of the hospital. A fundraising campaign took place which allowed

for the purchase of the hospital, and the hospital doors remained open. In September 2022 the Health District officially began operating the hospital and in January 2023 the hospital foundation (its fundraising arm) was established. Throughout 2023, planning has been in place to help ensure the hospital remains open for many years to come.

Mr. Marcus Pimentel, Principal, the Committee for the Improvement and Expansion of Local Healthcare Yes on N, spoke to the Board in support of Pajaro Valley Health Care District Bond Improvement Measure on the March 5, 2024 ballot. Measure N would be used to expand the Emergency Department; upgrade equipment such as MRI and CT scanners, x-ray, ultrasounds and more; upgrade HVAC, replace poor plumbing, upgrade elevators and extend roof life cycle. In addition, if the measure passes, the hospital would save $3 million a year it currently pays in rent.

MOTION: Commissioner Conner moved to adopt a Resolution in support of Pajaro Valley Health Care District Bond Improvement: Measure N, seconded by Vice Chair Pedrozo.

ACTION: The motion passed with the following vote:

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

Noes: None.

Absent: Commissioners Belton, Nanyonjo and Radner

Abstain: None.

The Commission adjourned its regular meeting of January 24, 2024 at 4:54 p.m. to the regular meeting of February 28, 2024 at 3:00 p.m. via videoconference from county offices in Scotts Valley, Salinas, Merced, Hollister and Mariposa unless otherwise noticed.

Respectfully submitted,

Ms. Kathy Stagnaro
Clerk of the Board

Meeting Minutes

Thursday, August 12, 2021

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

Members Present:	
Alene Smith	Consumer
Humberto Carrillo	Consumer
John Beleutz	Health Projects Center
Margaret O'Shea	Consumer
Michael Molesky	Commissioner

Members Absent:	
Alexandra Heidelbach	Consumer
Ashley Lynne Gregory	Consumer
Candi Walker	Consumer
Celeste Armijo	Monterey Department Social Services
Debby Perez	Consumer
Doris Drost	Consumer
Elsa Quezada	Commissioner
Enid Donato	Natividad Medical Center
Ericka Peterson	Merced County Head Start
Leo Demushkane	Consumer
Linda Jenkins	Consumer
Lupe Chavez	Consumer
Martha Rubbo	Consumer
Myisha Reed	First 5 Merced County
Rebekah Capron	Merced HSA
Rex Resa	Consumer
Shebreh Kalantari-Johnson	Commissioner
Sylvia Wilson	Monterey County – CalHeers
Tamara McKee	HICAP – Alliance on Aging
Vivian Pittman	Consumer

Staff Present:

Jennifer Mockus	Community Care Coordination Director
Kayla Zoliniak	Administrative Specialist
Lee Xiong	Grievance Supervisor
Maureen Wolff	Communications Content Specialist
Ronita Margain	Regional Operations Director
Sky Collins	Web and Digital Media Developer
Yomayra Gomez	Member Services Project Specialist

1. Call to Order by Chairperson Beleutz.

Chair Beleutz called the meeting to order at 10:04 a.m.

No changes to the agenda were made.

Self-introductions were made.

2. Oral Communications.

Chair Beleutz opened the floor for any members of the public to address the Committee on items listed in the agenda.

M. O'Shea inquired about the CommonSpirit contract renewal. R. Margain stated an agreement was reached and Provider Services will follow-up for additional questions.

3. Comments and Announcements by Member Services Advisory Group Members.

Chair Beleutz opened the floor for Advisory Group members and Plan Staff to make comments.

M. Molesky proposed mandates for dual eligible members and the SWOT survey presented at the Board meeting as topics for the next Member Services Advisory Group meeting.

R. Margain announced Luis Somoza is the new Alliance Member Services Director.

Consent Agenda Items:

4. Chair Beleutz opened the floor for approval of the Consent Agenda.

Action: All consent items approved.

Regular Agenda Items:

5. New Website User Feedback

Sky Collins, Web and Digital Media Developer, shared the Alliance's new website address,

design, and features.

Advisory Group members expressed the new website address and design are more user friendly than before.

6. Enhanced Care Management and In Lieu of Services Overview

Jennifer Mockus, Community Care Coordination Director, provided an overview of Enhanced Care Management.

- Collaboration with local providers and organizations will begin soon and will expand to include more community-based organizations and hospitals by the end of the year.
- The state provided strict eligibility criteria and the Alliance will identify the members.

Jennifer Mockus provided an overview of In Lieu of Services.

- The initial ILOS services to be implemented will be based on services currently being provided through the Whole Person Care pilot: housing transition and navigation services, housing deposits, and housing tenancy and sustaining services. Sobering centers will be available in Monterey County.
- Medically tailored meals will continue to be available for members.
- The Alliance Board approved a recuperative care pilot which will be available to members, although not as an in lieu of services program.

An Advisory Group member inquired about dental coverage for Medi-Cal/Medi-Care members. J. Mockus stated the State of California recognizes this as an issue and is evaluating potential changes.

Adjourn:

Chair Beleutz adjourned the meeting of August 12, 2021 at 10:56 a.m. to November 4, 2021 at 10 a.m. via teleconference unless otherwise noticed.

Respectfully submitted,
Kayla Zoliniak
Administrative Specialist

Meeting Minutes

Thursday, November 4, 2021

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

Members Present:	
Humberto Carrillo	Consumer
John Beleutz	Health Projects Center
Margaret O'Shea	Consumer
Rebekah Capron	Merced HSA
Celeste Armijo	Monterey Department Social Services
Enid Donato	Natividad Medical Center
Tamara McKee	HICAP – Alliance on Aging

Members Absent:	
Alene Smith	Consumer
Alexandra Heidelbach	Consumer
Ashley Lynne Gregory	Consumer
Candi Walker	Consumer
Debby Perez	Consumer
Doris Drost	Consumer
Elsa Quezada	Commissioner
Ericka Peterson	Merced County Head Start
Leo Demushkane	Consumer
Linda Jenkins	Consumer
Lupe Chavez	Consumer
Martha Rubbo	Consumer
Michael Molesky	Commissioner
Myisha Reed	First 5 Merced County
Rex Resa	Consumer
Sylvia Wilson	Monterey County – CalHeers
Vivian Pittman	Consumer

Staff Present:

Deborah Pineda	Quality and Health Programs Manager
Kayla Zoliniak	Administrative Specialist
Jessie Newton	Care Coordination Manager
Luis Somoza	Member Services Director
Maureen Wolff	Communications Content Specialist
Oscar Sanchez	Quality Improvement Project Specialist
Ronita Margain	Regional Operations Director
Yomayra Gomez	Member Services Project Specialist

1. Call to Order by Chairperson Beleutz.

Chair Beleutz called the meeting to order at 10:05 a.m.

No changes to the agenda were made.

Self-introductions were made.

2. Oral Communications.

Chair Beleutz opened the floor for any members of the public to address the Committee on items listed in the agenda.

Chari Beleutz announced Health Projects Center is relaunching California Community Transitions Program to assist individuals in Santa Cruz, Monterey, and San Benito counties transition from skilled nursing facilities to home.

3. Comments and Announcements by Member Services Advisory Group Members.

Chair Beleutz opened the floor for Advisory Group members and Plan Staff to make comments.

R. Margain announced Van Wong will be the new Alliance Chief Operating Officer.

Consent Agenda Items:

4. Chair Beleutz opened the floor for approval of the Consent Agenda.

Action: Quorum was not met and no was action taken.

Advisory Group member inquired about a further breakdown of the "Other" category in the Member Appeals and Grievance Report. L. Somoza will look into a further breakdown of the category.

Advisory Group member inquired about Member Appeals and Grievance Report and Call Statistics Report trends and corrective actions taken by the Alliance. L. Somoza will look into this information.

Regular Agenda Items:

5. VIP COVID-19 Vaccine Member Incentive

O. Sanchez, Quality Improvement Project Specialist, shared information about the Alliance's COVID-19 vaccine member incentive.

Advisory Group members recommended publishing list of participating providers, mailers to members, and partnering with community-based organizations to disseminate flyers.

6. Office Reopening

R. Margain, Regional Operations Director, shared the Alliance offices are scheduled to reopen February 1, 2022. The next Member Services Advisory Group meeting is scheduled to be held in person. Details will be announced when available.

7. Member Engagement Efforts Discussion

L. Somoza, Member Services Director and R. Margain, Regional Operations Director, shared the Alliance is returning to in-person member engagement and inquired what member engagement meant to Advisory Group members.

Advisory Group members recommended the Alliance continue attending in-person outreach events and to meet members where they are such as schools, faith-based organizations, and sport events

8. Proposed Dates for 2022

The proposed dates for 2022 will be submitted to the Santa Cruz-Monterey-Merced Managed Medical Care Commission for approval.

- Thursday, February 10, 2022
- Thursday, May 12, 2022
- Thursday, August 11, 2022
- Thursday, November 10, 2022

Adjourn:

Chair Beleutz adjourned the meeting of November 4, 2021 at 10:47 a.m. to February 10, 2022 at 10 a.m. via videoconference from Alliance Offices in Scotts Valley, Salinas, and Merced unless otherwise noticed.

Respectfully submitted,
Kayla Zoliniak
Administrative Specialist

Meeting Minutes

Thursday, May 12, 2022

Members Present:

John Beleutz	Health Projects Center

Members Absent:

Alene Smith	Consumer
Alexandra Heidelbach	Consumer
Ashley Lynne Gregory	Consumer
Candi Walker	Consumer
Debby Perez	Consumer
Doris Drost	Consumer
Ericka Peterson	Merced County Head Start
Humberto Carrillo	Consumer
Leo Demushkane	Consumer
Linda Jenkins	Consumer
Lupe Chavez	Consumer
Margaret O'Shea	Consumer
Martha Rubbo	Consumer
Michael Molesky	Commissioner
Rebekah Capron	Merced HSA
Sylvia Wilson	Monterey County – CalHeers
Tamara McKee	HICAP – Alliance on Aging
Vivian Pittman	Consumer

Staff Present:

Gisela Taboada	Member Services Call Center Manager
Hilary Gillette-Walch, RN	Quality and Population Health Manage
Jessie Newton, RN	Continuum of Health Manager - Adult (RN)
Kayla Zoliniak	Administrative Specialist
Luis Somoza	Member Services Director
Maureen Wolff	Communications Content Specialist
Sarah Sanders	Grievance and Quality Manager
Veronica Martinez	Member Services Operations Supervisor

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

   Chair Beleutz called the meeting to order at 10 a.m.

   No changes to the agenda were made.

   Self-introductions were made.

2. **Oral Communications.**

   Chair Beleutz opened the floor for any members of the public to address the Committee on items listed in the agenda.

3. **Comments and Announcements by Member Services Advisory Group Members.**

   Chair Beleutz opened the floor for Advisory Group members to make comments.

4. **Comments and Announcements by Plan Staff.**

   Chair Beleutz opened the floor for Plan Staff to make comments.

   H. Gillette-Walch announced the Alliance is preparing the 2022 Population Health Needs Assessment. Preliminary findings will be presented at the August 2022 MSAG meeting. The 2020 and 2021 reports are available on the Alliance website under community resources. The Alliance will be working with a wide range of stakeholders to develop the next report which will be published in 2025.

Consent Agenda Items:

5. **Chair Beleutz opened the floor for approval of the Consent Agenda.**
   Action: Quorum was not met and no was action taken.

Regular Agenda Items:

6. **Annual Election of Officers of the Advisory Group**
   Action: Quorum was not met and no was action taken.

7. **Member Support Updates**
   Gisela Taboada, Member Services Call Center Manager, provided an overview of and solicited feedback on the types of support provided by Member Services.

   Call center staff are sharing benefit information with members who call, regardless of the original purpose of calling the Alliance.

   Members receive the call center phone number in their new member packet, on their Alliance ID card, and through materials provided at outreach events.

   The Alliance is developing a post-call satisfaction survey. There will be a numerical response

question and a voice memo option. Advisory Group chairperson enquired about how the information will be analyzed and shared. Reports will be developed based on the numerical response question.

Commissioner Edgcomb enquired about the ability to send text messages to members. The Alliance has considered text messaging, however there are limitations including federal laws and detail of information received from the state.

8. **Member Grievance Overview**
Sarah Sanders, Grievance and Quality Manager, provided an overview of the member grievance system, trends, and issues.

An estimated 20% of appeals and 80% of grievances are overturned in favor of members.

Commissioner Edgcomb enquired about the actions the Alliance takes to address the high number of grievances overturned in favor of members. Many of the grievances are not substantiated. The Alliance provides education to members as needed, for example, a member may be dissatisfied with Call the Car arriving 15 minutes before the appointment time and the Alliance would educate the member that Call the Car may arrive up to 15 minutes early.

The Alliance provides an estimated 12,000 rides per month and fewer than 1% result in a grievance.

9. **Redetermination Tactics**
Luis Somoza, Member Services Director, provided an overview of and solicited feedback on redetermination tactics. The Alliance is exploring potential agreements with the county to implement a text messaging campaign that would be allowed under federal law to inform members of the redetermination process.

Adjourn:

Chair Beleutz adjourned the meeting of May 12, 2022 at 10:55 a.m. to August 11, 2022 at 10 a.m. via videoconference from all three Alliance offices.

Respectfully submitted,
Kayla Zoliniak
Administrative Specialist

Meeting Minutes

Thursday, August 11, 2022

Members Present:

Alene Smith	Consumer
Candi Walker	Consumer
Ericka Peterson	Merced County Head Start
Humberto Carrillo	Consumer
John Beleutz	Health Projects Center
Julie Edgcomb	Commissioner
Michael Molesky	Commissioner
Rebekah Capron	Merced HSA
Yaneth Venegas Virgen	Monterey County Department of Social Services

Members Absent:

Alexandra Heidelbach	Consumer
Ashley Lynne Gregory	Consumer
Debby Perez	Consumer
Doris Drost	Consumer
Leo Demushkane	Consumer
Linda Jenkins	Consumer
Lupe Chavez	Consumer
Margaret O'Shea	Consumer
Martha Rubbo	Consumer
Sylvia Wilson	Monterey County – CalHeers
Tamara McKee	HICAP – Alliance on Aging
Vivian Pittman	Consumer

Staff Present:

Gisela Taboada	Member Services Call Center Manager
Hilary Gillette-Walch, RN	Quality and Population Health Manage
Jennifer Mockus, RN	Community Care Coordination Director
Jessica Finney	Grant Program Manager
Jessie Newton, RN	Continuum of Health Manager - Adult
Kathleen McCarthy	Strategic Development Director
Kayla Zoliniak	Administrative Specialist
Luis Somoza	Member Services Director

Mao Moua	Quality and Health Programs Supervisor
Maureen Wolff	Communications Content Specialist
Ronita Margain	Community Engagement Director
Yomayra Gomez	Member Services Project Specialist

Public Representatives Present:

Enid Donato	Public Representative

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

   Chair Beleutz called the meeting to order at 10:10 a.m.

   Roll call was taken.

   No supplements or deletions were made to the agenda.

   Self-introductions were made.

2. **Oral Communications.**

   Chair Beleutz opened the floor for any members of the public to address the Committee on items listed in the agenda.

   Commissioner Edgcomb reported hearing about challenges accessing specialty and primary care in Santa Cruz County.

3. **Comments and Announcements by Member Services Advisory Group Members.**

   Chair Beleutz opened the floor for Advisory Group members to make comments.

   Commissioner Molesky announced PEP will be holding an event on August 23rd from 3 - 5 p.m. at 21340 East Cliff Drive, Santa Cruz, CA to provide power and manual wheelchair tune-ups and minor repairs, skin assessments, and a scale for people in a wheelchair to weigh themselves. Please call 831-457-7099 for more information.

4. **Comments and Announcements by Plan Staff.**

   Chair Beleutz opened the floor for Plan Staff to make comments.

Consent Agenda Items:

5. **Chair Beleutz opened the floor for approval of the Consent Agenda.**
   Action: Quorum was not met and no was action taken.

Regular Agenda Items:

6. **Annual Election of Officers of the Advisory Group**
   Action: Quorum was not met and no was action taken.

7. **Medi-Cal Capacity Grant Program**
8. Jessica Finney, Grant Program Manager, provided an overview of the Medi-Cal Capacity Grant Program's new funding goals and priorities. The new focus areas are access to care, healthy beginnings, and healthy communities.

   MSAG member shared they heard of a shortage of psychiatrists and therapists in California and enquired if the program will assist. The Medi-Cal Capacity Grant Program will address

provider network, provider capacity, and access to care.

MSAG member enquired if the funding will be sustained, and if so, how long funding would be sustained for grants. The Medi-Cal Capacity Grant Program is looking to be sustained through Board allocation with one-time grants with consideration for long-term programs.

9. **Population Needs Assessment Findings**
Hilary Gillette-Walch, Quality and Population Health Manager, and Mao Moua, Quality and Health Programs Supervisor, provided an overview of the 2022 Population Needs Assessment (PNA) Findings.

The survey will be conducted every three years with the next survey being in 2025.

The Alliance population has shifted to be a higher percentage of adults than children.

The data is from 2020 and shows the increase of COVID-19 and the decrease in preventative care.

Departments across the Alliance are making efforts to improve the child and adolescent (3-21 years) well-care visit rates.

New Alliance members receive a call to share information about benefits and services. The new member call answer rate is 30%. Members also receive information in the mail and when they call member services.

MSAG member enquired about the trend data for births to adolescent mothers, 15-19 year old and expressed interest in learning more about the education around family planning, the services to prevent or delay pregnancy. The Alliance can connect with providers to ensure the providers have the tools to engage in family planning conversations with patients.

MSAG member enquired about access to abortion in California. At this time, there are no changes to Medi-Cal benefits.

Adjourn:

Chair Beleutz adjourned the meeting of August 11, 2022 at 11:23 a.m. to Thursday, November 10, 2022 at 10 a.m.

Respectfully submitted,
Kayla Zoliniak
Administrative Specialist

Meeting Minutes

Thursday, November 10, 2022

Members Present:

John Beleutz	Health Projects Center
Margaret O'Shea	Consumer
Melissa Raya	Natividad Medical Center
Michael Molesky	Commissioner
Rebekah Capron	Merced HSA
Rob Smith	Commissioner
Yaneth Venegas Virgen	Monterey County Department of Social Services

Members Absent:

Alexandra Heidelbach	Consumer
Ashley Lynne Gregory	Consumer
Candi Walker	Consumer
Debby Perez	Consumer
Doris Drost	Consumer
Ericka Peterson	Merced County Head Start
Humberto Carrillo	Consumer
Leo Demushkane	Consumer
Linda Jenkins	Consumer
Lupe Chavez	Consumer
Martha Rubbo	Consumer
Sylvia Wilson	Monterey County – CalHeers
Tamara McKee	HICAP – Alliance on Aging
Vivian Pittman	Consumer

Staff Present:

Gisela Taboada	Member Services Call Center Manager
Jennifer Mockus, RN	Community Care Coordination Director
Jessie Newton, RN	Continuum of Health Manager - Adult
Kayla Zoliniak	Administrative Specialist
Lilia Chagolla	Community Engagement Director
Luis Somoza	Member Services Director
Stacie Simmons	Community Engagement Program Manager

Call to Order by Chairperson Beleutz.

Chairperson Beleutz called the meeting to order at 10:05 a.m.

Roll call was taken.

No supplements or deletions were made to the agenda.

1. **Oral Communications.**

   Chairperson Beleutz opened the floor for any members of the public to address the Committee on items listed in the agenda.

2. **Comments and Announcements by Member Services Advisory Group Members.**

   Chairperson Beleutz opened the floor for Advisory Group members to make comments.

3. **Comments and Announcements by Plan Staff.**

   Chairperson Beleutz opened the floor for Plan Staff to make comments.

   Lilia Chagolla, Community Engagement Director, announced the Alliance is offering a no-cost clinic for people ages 2 and older to get vaccines for COVID-19 and the flu at the Salinas office on December 1, 2022.

   Jennifer Mockus, Community Care Coordination Director, announced Enhanced Care Management (ECM) and Community Supports (CS) services will be expanding in January 2023. ECM eligibility will be expanded to members at risk for institutionalization and eligible for long term care and nursing facility residents transitioning to the community. CS services will be expanded to include Environmental Accessibility Adaptations (Home Modifications). The Alliance is building a provider network of community-based organizations with experience serving the populations of focus for ECM. Commissioner Molesky provided Family Resource Center in Santa Cruz as a potential partner for home modification.

   Gisela Taboada, Member Services Call Center Manager, shared that the Alliance offices in Merced, Monterey and Santa Cruz counties are open to help members who want to speak to an Alliance representative in person. No appointment is necessary.

Consent Agenda Items:

4. **Chairperson Beleutz opened the floor for approval of the Consent Agenda.**
   Action: Quorum was not met and no was action taken.

Regular Agenda Items:

5. **Annual Election of Officers of the Advisory Group**

Action: Quorum was not met and no was action taken.

6. Member Support and Engagement Committee

Lilia Chagolla, Community Engagement Director, provided an overview of the Alliance's Member Support and Engagement Committee (MSEC).

MSEC aims to transform member engagement to increase member satisfaction, increase level of health literacy, improve access to care, and improve health outcomes.

The Alliance is committed to incorporating member voice to inform programs, practices, and policies.

MSAG member announced the IHSS Advisory Commission has an open seat and enquired about an Alliance staff member being available to participate in the commission.

MSAG member enquired about the Alliance contact for a potential partnership with Dignity's PEP Program in Santa Cruz. Gisela Taboada, Member Services Call Center Manager, will facilitate follow up with the MSAG member.

Adjourn:

Chairperson Beleutz adjourned the meeting of November 10, 2022 at 10:45 a.m. to Thursday, February 9, 2023 at 10 a.m.

Respectfully submitted,
Kayla Zoliniak
Administrative Specialist

Meeting Minutes

Thursday, February 9, 2023

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

Members Present:

Ericka Peterson, DrPH	Merced County Head Start
John Beleutz	Health Projects Center
Margaret O'Shea	Consumer
Michael Molesky	Consumer, Commissioner
Rebekah Capron	Merced HSA
Yaneth Venegas Virgen	Monterey County Department of Social Services
Janna Espinoza	Commissioner

Members Absent:

Alexandra Heidelbach	Consumer
Ashley Lynne Gregory	Consumer
Candi Walker	Consumer
Debby Perez	Consumer
Doris Drost	Consumer
Humberto Carrillo	Consumer
Leo Demushkane	Consumer
Linda Jenkins	Consumer
Lupe Chavez	Consumer
Martha Rubbo	Consumer
Melissa Raya	Natividad Medical Center
Sylvia Wilson	Monterey County – CalHeers
Tamara McKee	HICAP – Alliance on Aging
Vivian Pittman	Consumer

Staff Present:

Gisela Taboada	Member Services Call Center Manager
Jennifer Mockus, RN	Community Care Coordination Director
Jessie Newton, RN	Continuum of Health Manager - Adult
Kayla Zoliniak	Administrative Specialist
Lilia Chagolla	Community Engagement Director
Maureen Wolff	Communications Content Specialist
Michelle Stott, RN, MSN	Quality Improvement and Population Health Director
Ronita Margain	Community Engagement Director
Yomayra Gomez	Member Services Project Specialist

Call to Order by Chairperson Beleutz.

Chairperson Beleutz called the meeting to order at 10:03 a.m.

Roll call was taken.

No supplements or deletions were made to the agenda.

1. **Oral Communications.**

   Chairperson Beleutz opened the floor for any members of the public to address the Committee on items listed in the agenda.

2. **Comments and Announcements by Member Services Advisory Group Members.**

   Chairperson Beleutz opened the floor for Advisory Group members to make comments.

3. **Comments and Announcements by Plan Staff.**

   Chairperson Beleutz opened the floor for Plan Staff to make comments.

   Ronita Margain, Community Engagement Director, requested MSAG members submit the MSAG application/renewal form included with the agenda packet and encouraged participants to share MSAG with others who may be interested in participating in MSAG.

Consent Agenda Items:

4. **Chairperson Beleutz opened the floor for approval of the Consent Agenda.**
   Action: Quorum was not met and no was action taken.

Regular Agenda Items:

5. **Annual Election of Officers of the Advisory Group**
   Action: Quorum was not met and no was action taken.

6. **2023 Pediatric Equity Roadmap**

   Michelle Stott, RN, MSN, Quality Improvement and Population Health Director, provided an overview of the Alliance's 2023 Pediatric Equity Roadmap and solicited feedback.

   The Pediatric Equity Roadmap is a multi-pronged strategy to address root causes and health disparities. The Alliance has identified providers, members, community, communication, and health plan as areas for engagement. Examples of engagement include school-based interventions in Merced, telephonic member outreach by care teams, and member incentives for well-visits and immunizations.

MSAG members enquired about partnerships with schools and school programs for education around general health, exercise, and nutrition. The Alliance is working with school districts in Merced County to share information through Peachjar, a platform that connects K-12 families to life-changing school and community resources. Michelle Stott, RN and Dr. Peterson will connect to discuss potential partnership opportunities between the Alliance and Merced County Head Start.

MSAG member enquired about vaccine barriers. Michelle Stott shared flu vaccine hesitancy is a primary barrier. The Alliance is working with providers on strategies to engage members.

MSAG members enquired about access, transportation to care, and mobile services. Michelle Stott shared some providers have mobile clinics and the Alliance partners with organizations to help reduce transportation barriers.

MSAG member enquired about the Doula Services benefit and how the benefit will be financially sustained. The Alliance will present Doula Services benefit and Community Health Worker (CHW) Services benefit at a subsequent MSAG meeting.

7. **Member Services Call Center Satisfaction Survey**
Gisela Taboada, Member Services Call Center Manager, provided an overview of the post-call satisfaction survey announced at the May 2022 MSAG meeting.

The Alliance received more than 1,300 complete surveys in January 2023.

MSAG member shared appreciation for the member services representatives and the helpful and prompt follow-up on next steps.

MSAG member enquired about impact on call volume of recent floods and power outages and how the Alliance helped members. Gisella Taboada stated the Alliance received an influx of calls about a week after the flooding with questions around next steps including how to order a new member ID card and how to receive mail. Member Services Representatives provided information around community resources. Jessie Newton, RN, Continuum of Health Manager, shared both adult and pediatric care coordination teams reached out to the most vulnerable members including members with durable medical equipment needs.

Adjourn:

Chairperson Beleutz adjourned the meeting of February 9, 2023 at 10:52 a.m. to Thursday, May 11, 2023 at 10 a.m.

Respectfully submitted,
Kayla Zoliniak
Administrative Specialist

Meeting Minutes

Thursday, May 11, 2023

Members Present:

Ericka Peterson, DrPH	Merced County Head Start
John Beleutz	Health Projects Center
Yaneth Venegas Virgen	Monterey County Department of Social Services
Janna Espinoza	Commissioner
Doris Drost	Consumer
Humberto Carrillo	Consumer
Candi Walker	Consumer
Lupe Bajaras-Iniguez	Consumer Advocate

Members Absent:

Margaret O'Shea	Consumer
Michael Molesky	Consumer, Commissioner
Rebekah Capron	Merced HSA
Alexandra Heidelbach	Consumer
Ashley Lynne Gregory	Consumer
Debby Perez	Consumer
Leo Demushkane	Consumer
Linda Jenkins	Consumer
Lupe Chavez	Consumer
Martha Rubbo	Consumer
Melissa Raya	Natividad Medical Center
Sylvia Wilson	Monterey County – CalHeers
Tamara McKee	HICAP – Alliance on Aging
Vivian Pittman	Consumer

Staff Present:

Gisela Taboada	Member Services Call Center Manager
Jessie Newton, RN	Continuum of Health Manager - Adult
Kayla Zoliniak	Administrative Specialist
Ronita Margain	Community Engagement Director
Yomayra Gomez	Member Services Project Specialist
Van Wong	Chief Operating Officer
Jim Lyons	Provider Relations Manager
Veronica Lozano	Quality Improvement Program Advisor II
Veronica Olivarria	Member Services Supervisor
Stacie Simmons	Community Engagement Program Manager
Milagros Galindo	Lead Member Services Representative

Call to Order by Chairperson Beleutz.

Chairperson Beleutz called the meeting to order at 10:01 a.m.

Roll call was taken.

No supplements or deletions were made to the agenda.

1. **Oral Communications.**

   Chairperson Beleutz opened the floor for any members of the public to address the Committee on items listed in the agenda.

2. **Comments and Announcements by Member Services Advisory Group Members.**

   Chairperson Beleutz opened the floor for Advisory Group members to make comments.

3. **Comments and Announcements by Plan Staff.**

   Chairperson Beleutz opened the floor for Plan Staff to make comments.

   Ronita Margain, Community Engagement Director, announced Michael Schrader joined the Alliance in April as the Chief Executive Officer (CEO).

   Van Wong, Chief Operating Officer, announced three routine medical and financial audits resulted in zero findings.

Consent Agenda Items:

4. **Chairperson Beleutz opened the floor for approval of the Consent Agenda.**
   Action: Quorum was not met and no was action taken.

Regular Agenda Items:

5. **Annual Election of Officers of the Advisory Group**
   Action: Quorum was not met and no was action taken.

6. **Healthy Start**

   Veronica Lozano, MBA, CHES, Quality Improvement Program Advisor II, provided an overview of the Alliance's 2023 Healthy Start rewards and solicited feedback.

   Members ages 0-21 can get a healthy start on life and get rewarded with gift cards totaling up to $250 by being up to date with vaccines and checkups.

   The Alliance will be promoting the Healthy Start rewards through a variety of methods

including the Alliance website, flyers, mailings to members, and community events.

MSAG member enquired about incentives for members ages 14 – 17. Members ages 14 – 17 are not eligible for Healthy Start rewards as the incentives target age groups with gaps in vaccinations and care. Members ages 14 – 17 are eligible for other Health Rewards Programs such as Healthy Weight for Life.

MSAG member enquired about past incentive results and impact. Previous incentives were raffles and the new Healthy Start incentives are direct incentives. Members who meet the eligibility criteria and the health reward requirements will receive a gift card. Target gift cards have been used for more than 8 years and from surveys, seem to work best.

MSAG member proposed incentives for attending gyms.

7. Medi-Cal Redetermination

Veronica Olivarria, Member Services Supervisor, provided an overview of the Medi-Cal redeterminations and continuous coverage unwinding.

Continuous coverage is no longer linked to the COVID-19 Public Health Emergency (PHE) as of April 1, 2023. Starting in April, members with a June renewal date will start receiving paperwork in the mail. Members have about 90 days to submit paperwork.

The Alliance is promoting awareness through the Alliance website, call center waiting message, member outreach materials, texting campaign, and partnerships with the counties.

MSAG members proposed reaching out to Offices of Education and to kid advocacy organizations.

MSAG member proposed utilizing a member spokesperson.

8. Community Health Workers, Doulas, and Urgent Care Services

Jim Lyons, Provider Relations Manager, provided an overview of community health workers, doulas, and urgent care services.

Community health workers (CHW) promote and protect the health of communities.

MSAG member shared potential concerns community partners may have including risk, billing challenges, and financial challenges. Alliance grants provide some help offsetting risk of expenses before reimbursement.

Doulas provide prenatal, labor and delivery, and postpartum support.

MSAG member enquired about the demand for doula services and enquired about the ratio of the additional costs associated with billing versus the additional revenue earned.

MSAG member proposed exploring the option of a third party to assist with administration and billing.

MSAG member enquired if the training pathway included training for parents who have substance use disorder and children who are born with substance use disorder. The Alliance's Adult Care Coordination team routinely reaches out to women who have substance use disorder and are pregnant or had a child in the past year to offer connecting the member with resources and will consider how to incorporate the doula service.

There was discussion around the supply, demand, training costs, and financial sustainability of doulas in Merced County.

Urgent Care services are available in all three counties for non-emergency or life-threatening care within forty-eight hours. Members can visit locations that are not their primary care providers without a referral.

MSAG members proposed postcards or magnets for refrigerators with when urgent care is appropriate and locations for each county, text message reminders, and standing call outs in member communication materials such as Member Bulletin. Jim Lyons, Provider Relations Manager, will share the ideas with the Alliance's Communication Team in a meeting dedicated to discussing the promotion of urgent care services.

MSAG members proposed reaching out to the provider network so they can share the information too.

MSAG members shared their experiences with receiving, or attempting to receive, care at an urgent care.

Adjourn:

Chairperson Beleutz adjourned the meeting of May 11, 2023 at 11:29 a.m. to Thursday, August 10, 2023 at 10 a.m.

Respectfully submitted,
Kayla Zoliniak
Administrative Specialist

Meeting Minutes

Thursday, August 10, 2023

Members Present:

John Beleutz	Health Projects Center
Yaneth Venegas Virgen	Monterey County Department of Social Services
Janna Espinoza	Commissioner
Doris Drost	Consumer
Candi Walker	Consumer
Michael Molesky	Consumer, Commissioner
Rebekah Capron	Merced HSA

Members Absent:

Alexandra Heidelbach	Consumer
Ashley Lynne Gregory	Consumer
Debby Perez	Consumer
Ericka Peterson, DrPH	Merced County Head Start
Humberto Carrillo	Consumer
Leo Demushkane	Consumer
Linda Jenkins	Consumer
Lupe Bajaras-Iniguez	Consumer Advocate
Lupe Chavez	Consumer
Margaret O'Shea	Consumer
Martha Rubbo	Consumer
Melissa Raya	Natividad Medical Center
Sylvia Wilson	Monterey County – CalHeers
Tamara McKee	HICAP – Alliance on Aging
Vivian Pittman	Consumer

Staff Present:

Gisela Taboada	Member Services Call Center Manager
Jessie Newton, RN	Continuum of Health Manager - Adult
Kayla Zoliniak	Administrative Specialist
Ronita Margain	Community Engagement Director
Veronica Olivarria	Member Services Supervisor
Gabina Villanueva	Member Services Supervisor
Sarah Sanders	Grievance and Quality Manager

Call to Order by Chairperson Beleutz.

Chairperson Beleutz called the meeting to order at 10:01 a.m.

Roll call was taken.

No supplements or deletions were made to the agenda.

1. **Oral Communications.**

   Chairperson Beleutz opened the floor for any members of the public to address the Committee on items listed in the agenda.

2. **Comments and Announcements by Member Services Advisory Group Members.**

   Chairperson Beleutz opened the floor for Advisory Group members to make comments.

3. **Comments and Announcements by Plan Staff.**

Chairperson Beleutz opened the floor for Plan Staff to make comments.

Consent Agenda Items:

4. **Chairperson Beleutz opened the floor for approval of the Consent Agenda.**

   Action: Quorum was not met and no was action taken.

Regular Agenda Items:

5. **Annual Election of Officers of the Advisory Group**

   Action: Quorum was not met and no was action taken.

6. **Grievance Report**

   Sarah Sanders, Grievance and Quality Manager, provided a grievance and appeal overview, provided grievance data for the first 6 months of 2023, and solicited feedback.

   MSAG member reported hearing from Alliance members they were provided a phone number for a mental health provider and upon calling, learned the provider is not taking new patients. Several individuals were then discouraged and did not take further action. The Alliance will communicate with Carelon, the Alliance's behavioral services provider, regarding Alliance members receiving stale provider information.

   Carelon grievances are not captured in the Alliance's grievance report. The Alliance receives and reviews Carelon grievances on a quarterly basis. MSAG member proposed inviting Carelon to a future MSAG meeting. The Alliance's Care Management team meets with

Carelon and the meeting can be used to address challenges for a member trying to access care.

MSAG member expressed concern around Alliance members fearing retaliation from provider due to filing a grievance. The Alliance is able to assist members trying to find a new provider.

Alliance members who file a grievance or feedback directly to a provider is encouraged to file with the Alliance as well.

MSAG member enquired about the accessibility of filing a grievance. The Call Center is available during business hours and the form on the Alliance website is available 24/7. The Alliance website has accessibility features and the link to the grievance form is capitalized and available in multiple places. Website feedback is welcomed.

MSAG member enquired about hearing feedback from more Alliance members, especially members who may not be proactive in sharing their feedback. The Alliance engages members at community outreach events and through a post call survey for calls to the call center.

MSAG member voiced concern around members not having the language or education around diagnoses, especially new life-changing diagnoses. Commissioner Espinoza added life-changing diagnoses mean a new reality and often being lost and enquired about access to information while being sensitive to timing and without breaching privacy. MSAG member proposed having outside resources available and including 800 numbers in Member Newsletter. The Alliance's Call Center connects members to the Care Management team and provides resources as appropriate the information the member provides during the call. The Care Management team helps members walk through new diagnoses and can help in provider offices. The Alliance will brainstorm ideas for having detailed information about life-changing diagnoses available.

Care Management team is utilizing population health risk factors to try to capture members who may benefit from additional assistance from health education to Enhanced Care Management who may not call in to the Alliance.

MSAG member enquired about providers thinking about health education. MSAG members proposed education to the provider network, education to all staff including office staff, and physical flyers in provider waiting areas.

Care Management will present at next MSAG meeting per MSAG member interest.

7. Member Services Advisory Group in 2024

Ronita Margain, Community Engagement Director, provided an overview of Member Services Advisory Group in 2024 and solicited feedback regarding MSAG meeting dates and times.

MSAG members stated the current meeting date and time is suitable.

The November 9, 2023 MSAG meeting will include a location in Mariposa County and in San

Benito County in accordance with the service delivery area expansion that will begin January 1, 2024. The Alliance will begin recruiting MSAG members from Mariposa County and San Benito County in early 2024.

MSAG members requested receiving Alliance brand assets.

Adjourn:

Chairperson Beleutz adjourned the meeting of August 10, 2023 at 11:13 a.m. to Thursday, November 9, 2023 at 10 a.m.

Respectfully submitted,
Kayla Zoliniak
Administrative Specialist

Meeting Minutes

Thursday, November 9, 2023

Members Present:

Candi Walker	Consumer
Carolina Meraz	Consumer, Community Advocate
Doris Drost	Consumer
Humberto Carrillo	Consumer
Janna Espinoza	Consumer, Commissioner
John Beleutz	Community Advocate
Lupe Bajaras-Iniguez	Consumer Advocate
Mimi Park	Consumer
Rebekah Capron	Community Advocate
Yaneth Venegas Virgen	Community Advocate

Members Absent:

Alexandra Heidelbach	Consumer
Ashley Lynne Gregory	Consumer
Debby Perez	Consumer
Leo Demushkane	Consumer
Linda Jenkins	Consumer
Lupe Chavez	Consumer
Margaret O'Shea	Consumer
Martha Rubbo	Consumer
Melissa Raya	Provider Representative
Michael Molesky	Consumer, Commissioner
Vivian Pittman	Consumer

Staff Present:

Ashley McEowen, RN	Complex Case Management Supervisor - Pediatric
Jessie Newton, RN	Continuum of Health Manager - Adult
Kayla Zoliniak	Administrative Specialist
Ronita Margain	Community Engagement Director
Desirre Herrera	Quality and Health Programs Manager
Lilia Chagolla	Community Engagement Director
Veronica Olivarria	Member Services Supervisor
Travis Moody	Administrative Services Manager

Call to Order by Chairperson Beleutz.

Chairperson Beleutz called the meeting to order at 10:01 a.m.

Roll call was taken.

No supplements or deletions were made to the agenda.

1. **Oral Communications.**

Chairperson Beleutz opened the floor for any members of the public to address the Advisory Group on items listed in the agenda.

2. **Comments and Announcements by Member Services Advisory Group Members.**

Chairperson Beleutz opened the floor for Advisory Group members to make comments.

Chairperson Beleutz announced Caregiver University Conference 2023 by Del Mar Caregiver Resource Center will be held in Santa Cruz on Saturday, November 18, 2023 and limited seats are still available.

D. Drost commented the materials the Alliance provided for her to distribute in the community has been beneficial and is appreciated.

3. **Comments and Announcements by Plan Staff.**

Chairperson Beleutz opened the floor for Plan Staff to make comments.

R. Margain announced L. Chagolla will be transitioning from her current role as Community Engagement Director to her new role as Member Services Director on Monday, November 13, 2023.

R. Margain announced beginning January 1, 2024, the Alliance will be available to people in Mariposa and San Benito counties who are eligible for Medi-Cal. Member Services Advisory Group will be recruiting new advisory group members from Mariposa and San Benito counties.

Consent Agenda Items:

4. **Chairperson Beleutz opened the floor for approval of the Consent Agenda.**

Action: Quorum was not met and no was action taken.

Regular Agenda Items:

5. **Annual Election of Officers of the Advisory Group**

Action: Quorum was not met and no was action taken.

6. 2024 Member Services Advisory Group Charter

Kayla Zoliniak, Administrative Specialist, reviewed the draft 2024 Member Services Advisory Group (MSAG) Charter and solicited feedback. No comments, questions, or feedback were shared and the MSAG Charter will be submitted to the Alliance Board of Commissioners for acceptance.

7. Adult Care Management, Pediatric Complex Case Management and Enhanced Case Management/Community Support Program Overview

Jessie Newton, RN, Continuum of Health Manager – Adult, and Ashley McEowen, BSN, RN, Pediatric Complex Case Management Supervisor, provided an overview of care management and solicited feedback.

If an Alliance member is experiencing a challenge navigating Alliance processes or their health care, they may call Care Management.

Whole Child Model is scheduled to roll out to San Benito and Mariposa counties in 2025. The CCS benefit will continue to be managed by the County CCS Offices. During 2024, the Alliance will provide case management to all.

Commissioner Espinoza expressed concern of Durable Medical Equipment (DME) vendors not serving San Benito County and encouraged the Alliance to investigate DME vendors in San Benito and Mariposa counties.

Commissioner Espinoza inquired about how the Alliance approaches families with a newborn in the NICU while the families are in the hospital. Currently, the Alliance primarily conducts outreach after discharged based on referrals to Care Management during the authorization review process. The Alliance is taking steps to improve the timeliness of outreach through the Transitional Care Services Program, raising provider awareness of services and how to contact the Alliance, and Enhanced Care Management (ECM) providers who can meet members where they are at. The Alliance follows up on high-risk infants through in-progress health programs for pregnancy and post-partum mothers.

MSAG member encouraged interagency collaboration and community education, including outside case managers who have the trust of Alliance members. The MSAG member recommended education to providers around trauma training and training on the referral process at clinics. The Alliance provides education to clinics. The Alliance acknowledged the trauma training as an idea to consider.

MSAG member stated people, especially people with no experience with insurance, need help with understanding and navigating the healthcare system and available benefits and services.

MSAG member inquired if individuals who do not have stable housing, who have a serious mental health condition, or are incarcerated are eligible for Enhanced Care Management (ECM) services. The Alliance confirmed the populations of focus are, or will be, eligible for ECM services. The Alliance stated housing availability is limited but the Alliance is working

on identifying more providers.

MSAG member shared experience and concern with autism diagnosis process and education for children.

MSAG member shared experience and concern with PCP not conducting dental screening nor making referrals to dentists.

MSAG members stated the delivery of how care is provided needs to be efficient and not create barriers.

Grievances can be filed with the Alliance by phone, including through the Care Management team, or online form. The Alliance uses grievances to track trends with specific clinics and conducts quality reviews. MSAG member reported long call wait time for grievance and dropped calls. J. Newton will deliver the feedback to the grievance team. MSAG member reported members may not know they are able to file a grievance or may fear retaliation from their provider. MSAG member stated the goal should be to not need the grievance process as negative experiences damage the experience and relationship. MSAG member shared experience and concern with provider making the experience difficult for members who file a grievance including not having appointments available for them while appointments are available for their peers. J. Newton said the Alliance engages clinics and there is potential to invite the Alliance's Provider Services to MSAG to bring information to the clinics.

MSAG member inquired about the use of technology to supplement quantity of doctors.

MSAG member shared UC Merced is developing a medical education building that will enable UC Merced to train physicians in the Central Valley.

MSAG members requested the following agenda topics at future meetings regarding providers, including behavioral health providers: provider network, wait times, updated provider information in directory, shortages.

Adjourn:

Chairperson Beleutz adjourned the meeting of August 10, 2023 at 11:13 a.m. to Thursday, November 9, 2023 at 10 a.m.

Respectfully submitted,
Kayla Zoliniak
Administrative Specialist

Physicians Advisory Group

Meeting Minutes

Thursday, December 7, 2023
12:00 - 1:30 p.m.

Santa Cruz County:
Central California Alliance for Health – Board Room
1600 Green Hills Road, Suite 101, Scotts Valley, CA
Monterey County:
Central California Alliance for Health - Board Room
950 East Blanco Road, Suite 101, Salinas, CA
Merced County:
Central California Alliance for Health – Board Room
530 West 16th Street, Suite B, Merced, CA
Mariposa County:
Mariposa County Health & Human Services - Cathey's Valley Room
5362 Lemee Lane, Mariposa, CA
San Benito County:
Community Services & Workforce Development Building - Conference Room
1161 Felipe Road, Bldg. B, Hollister, CA

Group Members Present:

Dr. Patrick Clyne	Provider Representative
Dr. Casey KirkHart	Provider Representative
Dr. Jennifer Hastings	Provider Representative
Dr. Scott Prysi	Provider Representative
Dr. Caroline Kennedy	Provider Representative
Dr. Cristina Mercado	Provider Representative
Dr. James Rabago	Provider Representative
Dr. Amy McEntee	Provider Representative
Dr. Shirley Dickinson	Provider Representative
Dr. Ralph Armstrong	Board Member
Dr. Eric Sergienko	Board Member
Dr, Donaldo Hernandez	Board Member

Group Members Absent:

Dr. Mai-Khanh Bui-Duy	Provider Representative
Dr, Mimi Carter	Provider Representative
Dr. Cheryl Scott	Provider Representative
Dr. Charles Harris	Provider Representative
Dr. Salvador Sandoval	Provider Representative
Dr. Devon Francis	Provider Representative
Dr. Misty Navarro	Provider Representative

Staff Present:

Dr. Dennis Hsieh	Chief Medical Officer
Dr. Dianna Diallo	Medical Director
Ms. Kristynn Sullivan	Program Development Director
Ms. Andrea Swan	QI & Population Health Director
Ms. Jessie Dybdahl	Provider Services Director
Ms. Tammy Brass	Utilization Management Director

Back to Agenda

Ms. Kristen Rohlf	Quality & Population Health Manager
Ms. Tracy Neves	Clerk of the Advisory Group

Public Representatives Present:

Dr. Rosa Fernandez	San Benito Health Foundation

1. Call to Order by Dr. Dianna Diallo.

   Group Chairperson Diallo called the meeting to order at 12:00 p.m.
   Roll call was taken.

   Welcome Mariposa & San Benito Counties.
   No supplements or deletions were made to the agenda.

2. Oral Communications.

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

   No members of the public addressed the Group.

   Consent Agenda

   A. The group reviewed the September 7, 2023 Physicians Advisory Group (PAG) minutes.

      Action: Minutes approved with changes.

3. **New Business**

   A. Specialty Incentives

      Dr. Diallo asked the group their thoughts and pain points regarding specialty access and incentives the Alliance could provide i.e., home health upon discharge, OB/GYN rates, etc.. Dr. Diallo solicited the group's ideas for incentive to support change. A provider noted she has a patient with testicular cancer due to lack of urologists, but not certain how to incentivize where there are gaps in care. The whole system does not have urology, It was noted that rapid responses are needed as patients are being told there is no one available for several months. Some patients are waiting 6 months. A provider asked about criteria for specialist incentives right now or those in the past. In the past, there were incentives for volume of patients. It was noted there is a need for practical incentives that would help specialists to see patients. Provider noted his clinic has been working on eConsult use and decompressing specialists by seeing patients and building this into the referral process. In addition, they are working with Arista to assist the clinic and specialists; this is working in Santa Cruz County. Arista can go through referrals and send those which are appropriate for eConsult. The goal is to increase specialist access.

      Another provider noted the is no support for eConsult, and if primary care is seeing patients they will need relief as well, Primary care would benefit from incentives to support specialists. Provider attempted to use Arista but does not have funds to link Epic and Arista, Technology support would be use and an incentive for specialist to see patients within a certain amount of time. Salud partners with a pediatric psychiatrist but this is expensive.

      Highlights of discussion reviewed:

- Network lacking
- Access related issues
- Possible incentives for Medi-Cal volume, decompressing specialists, technology, and timeliness.

The group was asked about telehealth. Dr Hsieh noted this was offered before with little utilization. It was noted Salud Para La Gente participated in the in pilot and it was successful, It was noted this requires a dedicated medical assistant (MA). It was suggested to offer reimbursements for room use, MA etc. Stanford does lots of telehealth. It was suggested to have an initial telehealth visit to determine if the patient needs to be seen. Telehealth would be helpful to provide specialist care throughout the state. The Alliance has Arista MD, and TeleMed2U. The Alliance has current specialty incentives for access and increasing specialty access..

B. Primary Care Communication Challenges
Dr. Diallo asked the group if there are areas where they need more information.
A provider noted there is no behavioral health (BH) communication. Another provider noted recently they asked the county if they could have access to Epic, but they refused to provide stating HIPPA compliance. Information sharing is not two-way, and data sharing is an issue. Provider noted she has challenges getting BH in Santa Cruz County.
Action: Shaina Zurlin, BH Director to connect with the provider. Dr. Hsieh can connect with Santa Cruz County BH and the top responsibility for the Alliance is Carelon accountability The Alliance BH department is conducting monthly reporting regarding Carelon. Jessie noted she can help providers as well. In Mariposa, there is a community information exchange, and this has helped with obtaining information such as SUD. Provider will share information with the Alliance.

C. Transitions of Care
Dr Diallo asked the group what is the best way for the Alliance to get discharge information back to the primary care provider (PCP). A provider requested that the Alliance update their portal, so the PCP is aware the patient has been discharged as the PCP needs to see the patient within 1-2 weeks. Another provider noted discharge information is popping-up in the portal 7 days later which decreases turnaround time to see the patient. The goal for the Alliance is to put the ADT information into the provider portal as the Alliance currently utilizes eCensus. The Alliance will incentivize hospitals to send the patient information which includes the discharge summary. A provider noted discharge summaries are not always complete. A provider in Santa Cruz noted when patients are seen at either Watsonville or Dominican Hospitals they receive a flag in the system. Monterey County receives discharge messages through their QI department. The providers noted just being notified of discharge would be very helpful.

D. Prior Authorization Simplification
Tammy Brass discussed prior authorization simplification and noted the team is always looking to optimize the program and framework. Tammy asked the group about pain points and where authorizations could be removed. A provider noted ophthalmology always needs authorizations and each year there are diabetic exams. It was suggested to remove authorizations for chronic conditions that require follow-up. Sometimes the authorizations are for specialists or a mix of both. Also providing outreach to those providers that believe they need prior authorizations although one is not needed. When the Alliance moves to a new platform, in the provider portal, when an authorization is entered, there will be messaging stating no authorization needed with immediate

feedback. It was noted children going to the emergency department (ED) with orthopedic follow-up, are directed to go back to the PCP. Some education to the orthopedist would be helpful. Also, education to EDs so they know referrals are not needed. There is lots of back and forth between patient, ED, and PCP. A suggestion was to have a top 10 list of auto approvals to give the providers. A provider noted the process is easy but can be repetitive. Making the provider aware of authorizations that are necessary and costly would help. The prior authorizations department monitors utilization, and in-network is the preference. Also suggested was to have internal determination of those 95% of authorizations that are regularly approved by having them auto approved or exempt from a prior authorization.

E. Care Based Incentives (CBI) 2024
Dr. Diallo discussed CBI changes for 2024 that were approved by the Board. Dr. Diallo provided background regarding CBI. The goal is to simplify the increasingly complex program, promote improvement through achievable goals, and provide equal opportunity to earn incentives through award based on member months. It was noted, payment adjustment has been seen as punitive and impacting our least resourced providers.

Programmatic changes and calculation of quality of care and care coordination measures were shared with the group Summary of changes include:

- Remove programmatic payment based on comparison group pools.
- Assign a maximum practice programmatic payment based on member months.
- Remove the Quality of Care Performance payment adjustment.
- Remove the risk stratification score.
- Update point calculation for Quality of Care and Care Coordination measures.

A provider noted changes are great. It was suggested the Alliance publish potential points or dollars that are possible. This would be a good way to incentivize practices. It was noted, this will require some work with Alliance analytics. Kristen noted the estimate would be from quarter 3 and usually quarter 4 sees an increase. Provider noted assignment of members and Q3 data estimate is helpful. Also noted, the data will be easier to obtain when the Alliance moves to an updated payment methodology.

Action: The Alliance will work with analytics on reporting. A provider asked if a representative could work with practices regarding quarterly measures. It was noted, information is available on the provider portal. The Alliance is looking at potentially adding additional reporting on the provider portal (HEDIS and MCAS data). A provider suggested incentivizing population health by funding an employee.

4. Open Discussion

Provider asked if there is a contact person regarding formularies, as he has had problems with inhaled corticoid steroids for children. Provider is not clear on what is covered and available. It was noted medications are now managed through Medi-Cal Rx, but the Alliance can provide feedback to DHCS.

The meeting adjourned at 1:30 p.m.

Respectfully submitted,

Ms. Tracy Neves
Clerk of the Advisory Group

The Physicians Advisory Group is a public meeting governed by the provisions of the Ralph M. Brown Act. As such, items for discussion and/or action must be placed on the agenda prior to the meeting.

Quality Improvement Health Equity Committee

Date: September 28, 2023
Time: 12pm – 1:30pm
Location: MS Team Meeting

MINUTES

Chair: **Dennis Hsieh, MD, CMO**			**Minutes by:** **Jacqueline Van Voerkens**
Members Present:	Dr. Caroline Kennedy, Family Med., Dr. Casey Kirkhart, Family Med., Dr. Eric Sanford, Family Med., Dr. Stephanie Graziani, Pediatrician, Ms. Cheri Collette, and Ms. Stacey Kuzak.		
Members Absent:	Dr. Madhu Raghavan, Pediatrician, Dr. Minoo Sarkarati, Pediatrician, Dr. Oguchi Nkwocha, Family Med., and Ms. Susan Harris.		
Central California Alliance for Health staff:	Ms. Andrea Swan Ms. Desirre Herrera Ms. Jessie Dybdahl Ms. Kristen Rohlf Dr. Kristynn Sullivan, PhD Ms. Lilia Chagolla Ms. Linda Gorman Mr. Luis Somoza Dr. Maya Heinert Ms. Navneet Sachdeva Ms. Sarina King Dr. Shaina Zurlin Ms. Tammy Brass Ms. Van Wong Ms. Viki Doolittle	QI/ Population Health Director Quality and Health Programs Manager Provider Services Director Quality Improvement Manager Program Development Director Community Engagement Dir., Monterrey Communications Director Member Services Director Medical Director Pharmacy Director Quality and Performance Improvement Manager Behavioral Health Director Utilization Management Director Chief Operating Officer Utilization Management Manager - Concurrent Review (RN)	
Item No.	**Agenda Item**		
I.	**Call to Order**	Dr. Dennis Hsieh called the meeting to order at 12:05 PM and welcomed the members. Dr. Hsieh opened the floor for any announcements. No announcements were received from the Committee.	

Quality Improvement Health Equity Committee

Date: September 28, 2023
Time: 12pm – 1:30pm
Location: MS Team Meeting

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Items for Approval		Discussion	Action/Recommendation
II.	**Review & Approve Minutes**	The Minutes from the July 29, 2023 Meeting were reviewed. * Dr. Casey Kirkhart *motioned to approve the minutes from the QIHEC meeting.* * Ms. Cheri Collette *2nd the motion for approval.* **Committee approved (date of the last meeting minutes QIHEC as presented.*	*The QIHEC approved the July 29, 2023 QIHEC meeting minutes.*
Action Item Follow Up			
		All Action items complete	
Items for Review/Approval		**Consent Agenda Items**	**Action/Recommendation**
IV.	**Review**	Subcommittee/Workgroup Meeting Minutes	
		• Quality Improvement Health Equity Workgroup (QIHEW) Minutes	*Approved at QIHEW*
		• Pharmacy and Therapeutic (P&T) Committee - Minutes	*Approved at P&T*
		• Utilization Management Workgroup (UMWG) Minutes	*Approved at UMWG*
		Delegate Oversight Report: The VSP Q2 2023 and the Carelon Q2 2023 quarterly delegate oversite summary included in consent agenda meeting packet.	
	Approve	Workplans:	
		• Q2 2023 Utilization Management Work Plan	*Approved*
		• Q2 2023 Utilization Management Work Plan Executive Summary	*Approved*
		• Q2 2023 Quality Improvement Health Equity Transformation (QIHET) Program Work plan	*Approved*
		• Q2 2023 QIHET Workplan Executive Summary	*Approved*

Quality Improvement Health Equity Committee

Date: September 28, 2023
Time: 12pm – 1:30pm
Location: MS Team Meeting

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Policies: Require QIHEC Approval			
Number	**Title**	**Significant Changes**	**Action/Recommendation**
		N/A	*N/A*
Policies: Informational			
Number / Title		**Significant Changes**	**Action/Recommendation**
401-1305 Provider Preventable Conditions		Added: • Contract language • Definitions • Procedures	*Approved at QIHEW*
401-1518 Medical Assistants Scope of Practice and Supervision		• Updated definition of Medical Assistant • Updated training requirements for MA's in procedures section Updated references section	*Approved at QIHEW*
		Regular Agenda	**Action/Recommendation**
IV.	Respiratory Syncytial Virus (RSV) Prevention	Navneet Sachdeva, Pharm D. provided an update on RSV agents. Two new vaccines available are Arexvy Vaccine, GSK and Abrysvo Vaccine, Pfizer. Both vaccines covered without PA starting October 1, 2023 via Medical Rx. The RSV Monoclonal Antibody, Beyfortus (Nirsevimab) - Sanofi and AstraZeneca and Synagis (Palivizumab) was also discussed. Navneet Sachdeva, Pharm D, informed the group that Doctor Kennedy reached out to inform the Alliance that members were not getting this vaccine in the pharmacy. Navneet Sachdeva, Pharm D. was able to connect with DHCS to have this be added to the formulary without the peer requirement. Dr. Kennedy inquired if there is a list of codes to approve this second dosage for high-risk children, that justifies the 2nd year dose, Dr. Sachdeva responded that she will research the codes and provide them to Dr. Kennedy	**Action:** Dr. Sachdeva *will research the codes and provide them to Dr. Kennedy.* **Action Complete.** **Action:** Dr. Sachdeva *will provide authorization requirements, supply and distribution and insight onto non-Medi-Cal members.* **Action Complete.**

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		Dr. Hsieh inquired if Alliance should educate the broader provider community on this topic, or is this it well known? Dr. Kennedy mentioned clarification on Prior Authorization requirements would be helpful. Dr. Sanford mentioned that Fax Blasts are preferred. Dr. Sachdeva responded that she will provide authorization requirements, supply and distribution and insight onto non-Medi-Cal members. Dr. Kirkhart inquired if the vaccine will be available in clinics, or only in the hospital setting. Dr. Sachdeva responded that presently infants are provided the vaccine prior to discharge from the hospital. For 60 year olds and above it can be provided in pharmacies, doctors offices, etc.	
V.	Residential Care For Elderly (RCFE) Project	Dr. Kristynn Sullivan, PhD and Viki Doolittle, RN, presented on the RCFE project. Dr. Sullivan presented on two key issues the project is focusing on: • Administrative days are driven by a small number of members • Members that are hard to place in SNF/LTC environments The proposed solution, project objectives and barriers were discussed. An update on the project was provided, including discussion on the members presently in the program. Dr. Sanford complimented the project, that it can really help the members health and not rebound in and out of the hospitals but is concerned about how the housing is going to get funded since it is not covered. Viki Doolittle responded that the hope is that many of these members will have SSI, or will apply for SSI, to fund the housing cost. SSI could also lead them to permanent housing. Dr. Hsieh mentioned the Assisted Living Waver many members are eligible for. It takes about a year to be approved. These members can apply early to help cover costs. After the community supports post hospitalization housing run out, the services can continue to get covered under the community support for diversion from a nursing home to RCFE. Dr. Sanford inquired if there are any issues with these facilities being out of county and in turn our members having to switch to another provider? Dr. Hsieh responded that the Medi-Cal rule states	*N/A*

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		that what the members permanent address is the county that the member has to switch to, which has happened in the past for members in skilled nursing facilities. The Alliance wants to focus on setting the member up for success. The goal is to provide the member with all the tools they need to succeed by connecting them with the resources to be stable and healthy.	
VI.	Pre-Admission Screening and Resident Review (PASSR) Requirement for SNFs	Viki Doolittle, RN, presented on the PASSR. The Nursing Home Reform Act was passed as part of the Omnibus Budget Reconciliation Act of 1987, which allowed for the creation of the Preadmission Screening and Resident Review (PASRR), which determines if individuals with serious mental illness and/or intellectual/developmental disability require Nursing facility services, considering the least restrictive setting, specialized services, or a least restrictive setting. Go live date was May 1, 2023. Dr. Hsieh inquired if the hospitals successfully screening our members. Ms. Doolittle responded that there is presently a 90% success rate. Current focus is the level 2 screenings, which is 5% population that goes into a SNF. Dr. Sanford emphasized communication of the diagnoses with the patients PCP. Dr. Sanford also inquired about incentives, to be encouraged versus punitive. Ms. Doolittle responded that since this has been launched the Alliance has not declined any payments to providers, but in the future if one facility shows to not produce any PASSR's, unfortunately not paying that facility may be the result. The consequence is coming from the state. Dr. Hsieh mentioned that starting January 1st the Alliance should be able to retrieve timely discharge information from all hospital partners that have a large number of admissions, including new medical information, reconciled medication lists, and follow up appointments that are needed. This information will be provided to the case managers, enhanced care managers, as well as the PCP offices. Viki Doolittle, RN, indicated that in the state trainings provided to the health plans, it was indicated that a health plan's role would be to make sure that the facilities are following up. The Alliance's Concurrent Review SNF Nurses are making sure those recommendations are followed up on.	*N/A*

Quality Improvement Health Equity Committee

Date: September 28, 2023
Time: 12pm – 1:30pm
Location: MS Team Meeting

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VII.	Utilization Management Criteria	Tammy Brass presented the New 2023 Codes and Member Benefit Updates. The Alliance Benefit Updates Q3 2023 included the addition of two Wound Vacs codes, increased frequency limits of Acupuncture Codes, Increase Member Access of some EPSDT Codes: to reduce delays, Also presented was the authorization removal of codes 94640, 94729, 95886, and an update on the Doula and Transportation benefit. A review of additional codes made to the Skin Substitutes, Proprietary Lab analysis, Radiology, and Covid Vaccine Benefit also shared. Lastly Ms. Brass shared the discontinued EPSDT codes and the deleted Proprietary Lab Analysis codes that were previously non-benefits. Ms. Brass announced that the Alliance has been working on in network specialty referrals that were previously configured within the system to require authorizations. The first step is automating them so that they automatically approve. Next step in November will be to remove the consultation requirement for authorizations so that those can go directly to claims. Utilization Management team is also working on the overall authorization framework so that the tool is more user friendly. The provider code lookup tool is available, which requires a provider to go into the system and look code by code, but the creation of a single sheet that is accessible and updated with more of the authorizations that we do not deny ae removed from our system as requiring authorization. Dr. Eric Sanford MD applauded the efforts the plan is implementing, but asked why the changes need to be recognized and mentioned by the providers. Ms. Brass responded that when the load of codes are received from the state, every line is reviewed, and the Alliance tries to remove as much as possible, as quickly as possible, to reduce that provider burden. Provider outreach, either via a phone call or an email, is helpful and valuable in molding of processes to what serves the providers and Members from that perspective.	
VIII.	Emerging Issues	Kristynn Sullivan and Dr. Maya Heinert updated the workgroup on EPT. In March 2023, DHCS shared with all MCPs in California an opportunity to participate in a new incentive program - Equity and Practice Transformation (EPT) Payments Program. In July 2023, DHCS provided MCPs with updated guidance on the EPT Payments Program, including details of the payment process and procedures. EPT Program goals are to advance equity, reduce gaps in care that were	**Action:** Kristynn Sullivan will share the EPT information packet with Jacqueline to distribute to the committee. **Action Complete.**

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		worsened by the COVID-19 PHE, align with Comprehensive Quality Strategy and DHCS Bold Goals, and provide resources to primary care practices to support practice transformation efforts. Plans will work with providers to implement actions to draw down funds. Targeted providers in the MCP networks include Primary Care (Primary Care Pediatrics, Family Medicine, or Internal Medicine), Primary Care OB/GYN, or Behavioral Health providers providing integrated behavioral health services in a primary care setting, which are small independent practices (25 or fewer providers), or medium independent (26-50 providers) practices that are not affiliated with a health care system or Federally Qualified Health Center (FQHC). Initial Planning Incentive Payments partnerships are intended to support practices that have historically been under-resourced and may not have previously had enough resources to apply for practice transformation initiatives in partnership with their MCPs and/or contracted consultants. Due date for applications is October 23, 2023. **Action**: Kristynn Sullivan will share the information packet with Jacqueline to distribute to the committee. **Action Complete.** Dr. Sanford inquired if this funding opportunity would it fit for a training program? Dr. Heinert replied that many of the of activities have required categories so if a provider participates in the grant, there's a total of eight different categories, but three of them, if you're going to do it, you have to participate one way or another in the three. They include #1 empanelment and access #2 technology and data, and #3 patient centered population-based care. Dr. Hsieh asked the committee to provide feedback on Enhanced Care Management (ECM) and Community supports, A lot of efforts have been implemented on utilization, enrollments, and recruitment of providers. The next step is to simplify processes and to support counties in growing their ECM teams, as well as all the different community-based organizations. The goal is	

MINUTES

		to support members to receive the services that they're eligible for. Dr. Hsieh encouraged the committee to provide feedback on how they see the program working presently.	
IX.	Future Topics	1. Dr. Sanford requested a review of efforts on outreach to encourage vaccination around influenza, to reduce the burden on primary care doctors. Dr. Hsieh suggested Navneet Sachdeva and Luis Samosa to work with Linda Gorman from Communications to present on this topic at a future meeting. 2. Dr. Sanford is interested in Artificial Intelligence's (AI) effect on the Alliance. Dr. Hsieh mentioned that the Compliance team implemented an AI policy and will invite Compliance to present on this topic. 3. Enhanced Care Management (ECM) and Community Supports Program	1. Navneet Sachdeva and Luis Samosa to work with Linda Gorman from Communications to present on Vaccination Education/Outreach at a future meeting. **Action Complete** 2. Dr. Hsieh mentioned that the Compliance team implemented an AI policy and will invite Compliance to present on Artificial Intelligence's (AI) effect on the Alliance.

Action Items

Agenda Item	What is the action item	Due date	Responsible staff
9/28/23 Respiratory Syncytial Virus (RSV) Prevention	*Navneet will research the codes and provide them to Dr. Kennedy* • Codes were shared with Dr. Kennedy. Provider Newsletter was sent on Beyfortus. Provider News on RSV vaccines is in progress. DHCS still hasn't released rates on codes. Thus, the Alliance is pending the claims until further direction from DHCS.	11/30/23	Navneet Sachdeva **Action Complete**
9/28/23 Respiratory Syncytial Virus (RSV) Prevention	*Navneet will provide authorization requirements, supply and distribution and then potentially insight onto you know, children who are not necessarily medical patients, but if they're eligible or if they have to go somewhere else.*	11/30/23	Navneet Sachdeva **Action Complete**

Quality Improvement Health Equity Committee

Date: September 28, 2023
Time: 12pm – 1:30pm
Location: MS Team Meeting

MINUTES

	• Information about authorization requirements, supply and distribution of Beyfortus has been shared in the Provider News on October 23, 2023.		
9/28/23 Discussion	Will work on sending out the meeting packet a week prior to the scheduled meeting date.	11/22/23	Jacqueline Van Voerkens **Action Complete**
Meeting adjourned at 1:08 pm			
Next Meeting (date)			
Approved by Committee Date: 11/30/2023	***Signature:*** *Andrea Swan, RN, Quality Improvement Population Health Director*		Date: 11/30/2023

Whole Child Model Clinical Advisory Committee

Meeting Minutes

Thursday, December 13, 2023
12:00 p.m. - 1:00 p.m.

Teleconference Meeting

Committee Members Present:

Cal Gordon, MD	Provider Representative
Patrick Clyne, MD	Provider Representative
Devon Francis, MD	Provider Representative
Allyson Garcia, MD	Provider Representative
Salvador Sandoval, MD	Provider Representative
John Mark, MD	Provider Representative
Lena Malik, MD	Provider Representative
Allyson Garcia, MD	Provider Representative
Jennifer Yu, MD	Provider Representative
Sarah Smith, MD	Provider Representative
James Rabago, MD	Board Representative
Ibraheem Al Shareef, MD	Provider Representative

Committee Members Absent:

Camille Guzel, MD	Provider Representative

Staff Present:

Dennis Hsieh, MD	Chief Medical Officer
Mike Wang, MD	Medical Director
Dianna Diallo, MD	Medical Director
Yasuno Sato, Pharm. D.	Clinical Pharmacy Manager
Andrea Swan	QI & Population Health Director
Gisela Taboada	Member Services Call Center Manager
Jessie Newton, RN	Continuum of Health Manager
Kelsey Riggs, RN	Pediatric Complex Case Mgmt. Manager
Jenna Stromsoe, RN	Complex Case Management Supervisor
Ashley McEowen, RN	Complex Case Management Supervisor
Jacqueline Morales	Provider Relations Representative
Jessica Hampton	ECM/CS Manager
Sarah Sanders	Grievance & Quality Manager
Ronita Margain	Community Engagement Director
Lillia Chagolla	Member Services Director

Other Representatives Present:

Kenny Ha	Aveanna Healthcare

1. **Call to Order by Chairperson Diallo.**
   Chairperson Dr. Dianna Diallo called the meeting to order at 12:00 p.m.

Dr. Diallo welcomed new Alliance staff members Dr. Hsieh, Chief Medical Officer. and Dr. Wang, Medical Director.

Roll call was taken.

2. Oral Communications.
Chairperson Dr. Diallo 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.

3. Consent Agenda Items.
A. Approval of WCMCAC Minutes
Minutes from the September 21, 2023 meeting were reviewed.
B. Grievance Update
Grievance data was provided to the Committee.

M/S/A Consent agenda items approved.

4. Regular Business.
A Whole Child Model California Children's Services (CCS) Referral Updates
Jenna Stromsoe shared CCS referral data from Q3, Total referral approval rates by county for Q3 includes Merced – 65.1%, Monterey – 66.2% and Santa Cruz – 78%. Average approval rate is 67.9%.

CCS Referral Approval Counts by County:
Merced: 126
Monterey: 139
Santa Cruz: 59
Total Referrals: 324

Dr. Diallo noted the Alliance meets with the counties monthly to work through the referral process. As of December 2023, WCM enrollment totals were 7,860 and age out count was 64. Enrollment increased by 1,000 members from the prior year. Dr. Gordon would like to increase participants and identify primary care providers (PCPs) in each county to conduct outreach. Outreach to PCPs regarding recruitment and CCS process would be helpful.. A provider noted she learned about CCS from other providers and would appreciate an in-service. Provider noted she prefers one on one training or an in-person meeting. Another provider noted referrals are sent to a referral center, and it is redirected. CCS partnership with the countries would be helpful. It was noted, Monterey County used to reach out to providers when a member was seen in hospital. It was suggested, making the process as easy as possible is important. Collaboration and follow-up were also suggested. **Action:** Dr. Malik would like more information shared with her practice. Dr. Diallo noted the Alliance will partner regarding CCS in monthly meetings moving forward.

B. Medi-Cal Redetermination & Continuous Coverage
Gisela Taboada provided an update on Redetermination.
Medi-Cal redetermination is an annual review of the program were households or an individual reapply for Medi-Cal. Due to COVID-19 public health emergency (PHE), on December 29, 2022, the Consolidated Appropriations Act was enacted, which included provisions affecting the continuous coverage requirement. This meant members would not be required to reapply for Medi-Cal. On April 1, 2023, continuous coverage was no longer linked to the COVID 19 PHE.

Beginning in April, members with a June renewal date began receiving redetermination paperwork in the mail. The counties have 14 months to complete their backlog of redeterminations, and members have 30-90 days to submit paperwork to the county. The Alliance responded with a robust member outreach communication plan and noted completing the paperwork is urgent to maintain coverage. The Alliance's response included member outreach materials, Alliance website updates, call center phone tree, county collaboration, member texting campaign, live outreach, and monitoring.

Member Services shared impact monitoring data for September, October and November for Merced, Monterey and Santa Cruz counties which included redetermination and disenrollment totals. About 5,000 members have fallen off of coverage per month. A provider asked if coverage is retro-active? It was noted, this depends on the scenario of the member and the county.

C. Transportation Update

Gisela provided an update regarding non-medical transportation (NMT). The biggest change is the Alliance has a dedicated person working on NMT and serving as a liaison for call to car, members, and the provider network. This individual has the ability to act on grievances and can coordinate with all involved, this has been very helpful. Issues are being addressed timely, and Milagros Galindo is working on escalation pathways. Dr. Mark noted everything is going well. Gisela informed the committee any new CCS kids are designated VIPs and are picked up by call to car and not a ride share.

D. CalAIM Enhanced Care Management & Community Supports CCS (ECM/CS) Update

Jessica Hampton provided an update on Cal AIM Enhanced Care Management & Community Supports. Youth providers by county (Santa Cruz, Monterey, & Merced) was shared with the committee, youth is ages 20 years and under. In January, Mariposa and San Benito counties will be added. All the providers are effective and providing services as of November. ECM member count from July to November was shared with the committee, there has been much progress. Counts included eligible members, those that fell of eligibility, outreach, enrolled and disenrolled members. Outreach doubled over a brief period of time. ECM active members by population of focus were also shared. High utilizers were the focus in July, and in November the focus was high utilizers, homeless and SMI/SUD. It was noted it can take several attempts before members will enroll in services. Total ECM member count and populations of focus by county was shared with 15,703 eligible members in Merced, numbers could actually be higher, but this is the Alliance data. Eligible members in Monterey are about 15,702 with 59 enrolled. Santa Cruz County there are 5,560 members eligible with 56 enrolled.

Jessica also provided background on ECM and CCS Roles. Care Managers act as "air traffic control" and are responsible for whole-child care coordination between and among all participants in the child's care plan. An ECM provider is expected to leverage CCS' comprehensive assessment and the care plan developed by CCS in developing the Member's ECM care management plan. Provider is also expected to leverage CCS WCM's Individual Care Plan (ICP) when developing the Member's ECM care management plan. Consideration should be given to members' risk-levels and CCS eligibility determination when developing the Member's ECM care management plan.

Examples of Applicable ECM Services:

- Addressing other needs that are not already being met by CCS/CCS WCM
- Facilitating access to Community Support services
- Coordinating the transition from hospital to inpatient rehabilitation and to home after a traumatic injury

- Coordinating care across all applicable delivery systems and care coordinators.

5. **Open Discussion.**
   Chairperson Diallo opened the floor for the Committee to have an open discussion.

   It was noted, Golden Valley has received the first shipment of the RSV vaccine, this will require training of staff, and working with the women's department. Watsonville Community Hospital has Beyfortus and is depending on Salud para la Gente. Emergency departments are being impacted by RSV and are currently possibly at the peak. Some facilities have limited supply of the vaccine. Stanford is seeing 4-8 kids a day with RSV and other viruses, lots of RSV and earlier this year. Monterey County is having trouble getting doses and relying on hospitals.

The meeting adjourned at 1:00 p.m.

Respectfully submitted.

Ms. Tracy Neves
Clerk of the Advisory Committee

The Whole Child Model Clinical Advisory Committee is a public meeting.

DATE: February 28, 2024

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

FROM: Michael Schrader, Chief Executive Officer

SUBJECT: Department of Health Care Services Contracts 23-30241 and 23-30273 A01

Recommendation. Staff recommend the Board authorize the Chairperson to sign Amendment 01 to the primary Medi-Cal Contract 23-30241 and Amendment 01 to the secondary State-Only Medi-Cal Contract 23-30273 to incorporate updated Capitation Payment rates for Calendar Year 2024.

Background. The Alliance contracts with the Department of Health Care Services (DHCS) to provide Covered Services to eligible and enrolled Medi-Cal beneficiaries in Santa Cruz, Monterey, Merced, San Benito, and Mariposa counties. The Alliance entered into the primary Agreement 23-30241 and the secondary (State-Only) Agreement 23-30273 with DHCS on January 1, 2024.

Discussion. DHCS prepared amendments A01 to the Alliance's primary and secondary State Medi-Cal contracts to incorporate Capitation Payment rates for CY 2024. The amendments implement the CMS certified CY 2024 rates for the new 2024 Contracts.

Fiscal Impact. Staff have reviewed the rates and recommend approval as the updated rates are projected to result in a positive impact on the Alliance's CY 2024 fiscal performance.

Attachments. N/A

DATE: February 28, 2024

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

FROM: Michael Schrader, Chief Executive Officer

SUBJECT: 2024 Policy Priorities

Recommendation. Staff recommend the Board approve the Alliance's 2024 Policy Priorities and authorize staff to undertake necessary legislative, budgetary, policy and regulatory advocacy aligned with these policy priorities.

Background. In February 2023, your Board adopted Policy Priorities which reflect your Board's priorities and principles and serve to provide general direction for Alliance legislative, policy, and budgetary advocacy efforts in service of the Alliance's mission of accessible quality health care guided by local innovation. Thus, providing direction to staff to respond effectively and efficiently to proposals that could significantly impact Alliance strategic and operational interests.

The proposed Policy Priorities contemplate the Alliance's Board adopted 5-year Strategic Plan, the current health care policy environment and the Board's historical areas of legislative focus.

The Alliance Government Relations Director, under the direction and supervision of the Chief Executive Officer, is responsible to identify, monitor, track and report on policy, legislative and budget initiatives. Upon approval by the Board, the Government Relations Director coordinates and centralizes advocacy efforts within the parameters of the Board's Policy Priorities.

Discussion. Staff reviewed the Board's 2023 Policy Priorities within the context of today's legislative, policy and budget environment and determined that the 2023 Policy Priorities adopted by the Board remain appropriate, relevant and aligned with local needs and interests with some minor suggested edits for the Board's consideration and approval.

The Board's approval of the 2024 Policy Priorities will enable Alliance staff to engage in legislative, regulatory, and budget advocacy actions during the year in support of the Alliance's Strategic Plan and help advance its Mission, Vision and Values in support of the Alliance, its members, providers and partners. Staff will support policies and proposals which advance these priorities and principles and may take opposition to policies and proposals that impede these priorities.

Staff may employ various strategies, tactics and advocacy activities to advance the 2024 Policy Priorities including, but not limited to, educating legislators at the federal, state, and local level, collaborating with vested stakeholders, consensus building, message alignment; testifying at public hearings and forums and drafting letters of support or opposition for legislative, budgetary or policy proposals that are aligned with the Board-approved Policy Priorities. Staff will provide regular reports to the Board on these activities.

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Official Alliance legislative and regulatory positions not contemplated under the 2024 Policy Priorities will be brought to the Board for separate consideration and action as needed. Upon approval of the Board, staff will share a copy of the final 2024 Policy Priorities document with the Board for your information and reference.

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

Attachments.

1. 2024 Policy Priorities – redline draft

2024 Policy Priorities*

Access to Care

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

Local Innovation

1. Strengthen and improve the safety net healthcare delivery system.
2. Preserve and strengthen the local health plans and the public, not-for-profit managed care model
3. Support for local solutions that facilitate information and data exchange

Eligibility and Benefits

1. Increase or add to the benefits available to Medi-Cal and Medicare beneficiaries
2. Increase access to publicly-sponsored health care at no or low-cost coverage for uninsured and low-income populations

Financing and Rates

1. Demonstrate alignment between financial and programmatic policy and which ensure health plan revenue is adequate to enable effective, financially viable operations
2. Encourage and support provider participation in Medi-Cal and Medicare through adequate rates of payment
3. Address Support underfunding funding of Medicare to enable the development of the networks necessary to a Medicare Advantage D-SNP to provide services to dual eligible members through a D-SNP
4. Increase federal funding for Medi-Cal

Health Equity

1. Optimize health outcomes and eliminate health disparities for children
2. Improve outcomes and reduce disparities between the Medi-Cal and commercially insured populations
3. Increase member access to culturally and linguistically appropriate and culturally competent health care
4. Prioritize allocation of resources to address disparities and to remove barriers to equitable access to high-quality services.

Person-Centered Delivery System Transformation

1. Integrated delivery and whole person models that are designed to improve quality of care and empower patients to be a partner in their own care.
2. Improve the system of care for members with complex medical and social needs
3. Aid information exchange between systems and providers

2024 Policy Priorities*

**The Alliance supports policies and proposals which advance the above priorities and principles and may oppose those which may impede these priorities.*

DATE: February 28, 2024

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

FROM: Jenifer Mandella, Chief Compliance Officer

SUBJECT: Revisions to Alliance Compliance Plan

Recommendation. Staff recommend the Board approve revisions to the Alliance's Compliance Plan.

Summary. The Alliance's Compliance Plan was revised to reflect changes to the Internal Audit & Monitoring Workplan, including the frequency of review and updates.

Background. Historically, Compliance staff reviewed and updated the Internal Audit & Monitoring Workplan annually, and the Workplan was presented to Compliance Committee for review and approval in December of each year prior to implementation. However, Compliance staff have shifted to a quarterly review of the Workplan, which will allow staff to conduct a more frequent risk assessment to identify and/or prioritize new and existing risks to the organization. Updates to the Workplan will be presented to Compliance Committee for review and oversight on a quarterly basis.

Discussion. Compliance staff have revised the Alliance's Compliance Plan to reflect the change in review frequency of the Internal Audit & Monitoring Workplan from annual to quarterly, and Compliance Committee review and oversight of the Workplan on a quarterly basis. Staff are requesting Board approval of the revised Compliance Plan.

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

Attachments.

1. Alliance Compliance Plan

Alliance Compliance Plan

PURPOSE

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

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

WRITTEN POLICIES, PROCEDURES, AND STANDARDS OF CONDUCT

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

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

- Policies describing the obligations of plan Board members, employees, and contractors to maintain the confidentiality of protected health information (PHI) in accordance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and HIPAA Program Operations;
- Policies describing the Alliance's Program Integrity Program, including procedures in place to prevent, detect, investigate, and resolve fraud, waste, and abuse (FWA);
- Policies related to reporting, investigation, and resolution of non-compliance;
- Policies related to the oversight of delegated entities, including Subcontractors and Downstream Subcontractors, and the operations of the Delegate Oversight Program; and
- Policies regarding regulatory audits and the operations of the Internal Audit and Monitoring Program

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

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

STRUCTURE AND OVERSIGHT

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

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

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

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

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

Continuous Quality Improvement Committee

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

emergency department utilization projects, and the annual review of Alliance's preventive health guidelines. The CQIC reports its activities to the Board on a regular basis.

Staff Grievance Review Committee

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

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

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

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

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

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

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

Alliance's Human Resources Department, Provider Services Department, and Administrative Contracts Unit; and,
- Overseeing development and implementation of CAPs.

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

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

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

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

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

EDUCATION AND TRAINING

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

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

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

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

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

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

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

- For Member Services staff, training must cover Alliance policies and procedures; contractually required services for all members; how to utilize services in the Medi-Cal program; how to access carved out services; how to obtain referrals to

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

EFFECTIVE LINES OF COMMUNICATION

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

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

The Alliance expects that all Board members, employees, and contractors report compliance issues including noncompliant, unethical and/or illegal behavior. Reports of non-compliance with standards are investigated by supervisors, the GRD, and/or Compliance Department staff and leadership, as appropriate, and are referred to the Compliance Committee as needed. The Compliance Committee reviews these reports and ensures corrective actions are implemented and monitored for effectiveness.

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

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

TOLL FREE CONFIDENTIAL DISCLOSURE HOTLINE

844-910-4228

CONFIDENTIAL DISCLOSURE WEBSITE

https://ccah.ethicspoint.com

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

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

MONITORING AND AUDITING TO IDENTIFY COMPLIANCE RISK

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

Alliance Compliance Plan

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

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

DISCIPLINARY STANDARDS

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

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

RESPONSE TO COMPLIANCE ISSUES

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

Revision History:

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

APPENDIX A – COMPLIANCE POLICIES AND PROCEDURES

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

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

DATE: February 28, 2024

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

FROM: Jenifer Mandella, Chief Compliance Officer

SUBJECT: Policy Revision – Alliance Policy 800-0013 – Expenditure Authority

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Recommendation. Staff recommend the Board approve staff's recommended revisions to Alliance Policy 800-0013 – Expenditure Authority.

Summary. Alliance Policy 800-0013 – Expenditure Authority was revised to include expenditure authority for non-Chiefs with Directors as direct reports, resulting from the recent addition of a Health Services Officer position.

Background. Board bylaws state that the Chief Executive Officer (CEO) has the responsibility and authority to carry out policies, procedures and practices of Commission and act as representative for the Commission in matters on which the Commission has not authorized someone else to do so. (9.2.1 and 9.2.2). In accordance with the bylaws, the Alliance has published a number of policies that reflect the delegation of Board decision-making to Alliance staff, including the CEO or appropriate delegates.

Discussion. Alliance Policy 800-0013 – Expenditure Authority was revised to allow non-Chiefs with Directors as direct reports to approve budgeted expenditures up to $49,999.99.

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

Attachments.

1. Alliance Policy 800-0013 – Expenditure Authority

	POLICIES AND PROCEDURES
Policy #: 800-0013	**Lead Department:** Legal Services
Title: Expenditure Authority	
Original Date: 03/12/2018	**Policy Hub Approval Date:**
Approved by: Alliance Board	

Purpose:
To outline Central California Alliance for Health's (the Alliance's) policy on expenditure authority, as approved by the Board of Commissioners (Board).

Policy:
Alliance Bylaws of the Santa Cruz-Monterey-Merced-San Benito-Mariposa Managed Medical Care Commission (Bylaws) provide that the Alliance Board may authorize officers, agents or employees to authorize expenditures on behalf of the Commission.[i]

Expenditures authorized pursuant to the Board's authority, as identified in this policy, may only be authorized by the person expressly authorized to approve. An Alliance officer, agent, or employee may not expend funds unless the Board has authorized such expenditure or delegated its power to that office, agent, or employee, subject to express general or specific standards.

The Chief Executive Officer (CEO) has the authority to carry out the policies, procedures and practices of the Board, and acts as the representative of the Commission in all matters that the Commission has not authorized someone else to do.[ii]

Definitions:
Budgeted expenditures – All items that are included within the Administrative and Medical Budgets, as approved by the Board.

Non-operating budget expenditures – Budgeted expenditures for non-operating items, such as investments and Alliance Medi-Cal Capacity Grant Program.

Expenditure Authority – Authority, as given by the Board, to approve expenditures.

Expenditure – The act of spending money for goods or services to attain new assets, improve existing ones, or reduce a liability.

Non-budgeted expenditures – All items that are not approved by the Board within the Administrative or Medical Budgets.

Unavailable – Absent and unreachable due to vacation, illness, injury, or other circumstance inhibiting decision-making abilities essential to support business operations.

Procedures:
1. Budget:
    a. The Board maintains authority to approve the annual Alliance Medical budget, including, but not limited to, provider payment rates, incentives and new payment models, and conceptual design pilot programs.

i. The Chief Financial Officer (CFO) is responsible for managing medical spend within each category in the Medical budget. Any variances from the original categorization must be approved by the CFO or designee through submission of a Medical Budget Allocation Approval Form.

b. The Board maintains authority to approve the annual Alliance Administrative budget.
   i. The Board maintains authority to approve Non-budgeted expenditures of $150,000 and over.
   ii. For non-budgeted expenditures, Division Chiefs can approve up to $9,999.99, the Chief Financial Officer (CFO) can approve up to $49,999.99, and the CEO can approve up to $149,999.99, as outlined in the grid below.

c. Medi-Cal Capacity Grant Program budgets are approved by the Board and implemented via Alliance policy numbers 107-0001 through 107-0004.

d. DHCS incentives programs are approved by the Board and implemented via Alliance policy number 450-0001.

e. The CEO maintains authority to implement both the Administrative and Medical budgets.[iii]
   i. The CFO is responsible for appropriate internal controls, financial oversight and monitoring, identifying controls deficiencies, ensuring necessary corrections related to provider payments, and effective management of medical cost and budget.
   ii. The Chief Operating Officer (COO) is responsible for accuracy and timeliness of claims processing in compliance with the provider contracts and ensuring appropriate system and process controls over authorization of claims payment.
   iii. Managers and above approve staff reimbursement requests, as outlined in Alliance policy 701-1500 – Expense Reimbursement.
      1. The CFO has authority to approve the reimbursement of expenses incurred by the CEO.
   iv. Authority for approval of all other expenditures subject to Purchase Order or invoice requirements is outlined in the grid below.

	Expenditure Approval Authority							
Expenditure	Budget Status	Unit Managers	Department Directors	Non-Chiefs with Directors as direct reports[iv]	Division Chiefs	CFO	CEO	Alliance Board
$0 - $2,499.99	Budgeted expenditures	X						
	Non-budgeted expenditures				X			

$2,500 - $9,999.99	Budgeted expenditures		X					
	Non-budgeted expenditures				X			
$10,000 - $49,999.99	Budgeted expenditures			X	X			
	Non-budgeted expenditures					X		
$50,000 - $149,999.99	Budgeted expenditures					X		
	Non-budgeted expenditures						X	
> $150,000	Budgeted expenditures						X	
	Non-budgeted expenditures							X

Notes:
1) Grid reflects minimum approval level required
2) Grid excludes claims payments and PAFs

2. Executive Line of Succession:
   a. Expenditure authority may be delegated in accordance with this policy if the CEO is Unavailable as defined in this policy. Alliance Policy 105-0012 - Administrative Decision-Making Controls contains the Executive Line of Succession.

References:
Alliance Policies:
800-0012 – Administrative Decision-Making Controls
701-1500 – Expense Reimbursement
Impacted Departments:
Administration (CEO)
Finance Division
Regulatory:
Legislative:
Contractual:
DHCS All Plan Letter:
NCQA:
Supersedes:
105-0013 – Expenditure Authority
Policy 105-0003 - Contract Signature Authority, Expenditure Authority, and Decision-Making Administrative Controls
Other References:

	POLICIES AND PROCEDURES
Policy #: 800-0013	**Lead Department:** Legal Services
Title: Expenditure Authority	
Original Date: 03/12/2018	**Policy Hub Approval Date:**
Approved by: Alliance Board	

By-Laws of the Santa Cruz-Monterey-Merced Managed Medical Care Commission
Alliance Expenditure and Signature Authority Policy adopted by the Commission 6/28/2000 and revised 9/26/2012 and 3/28/2018.

Attachments:

Lines of Business This Policy Applies To	**LOB Effective Dates**
☒ Medi-Cal	(01/01/1996 – present)
☒ Alliance Care IHSS	(07/01/2005 – present)

Revision History:

Reviewed Date	Revised Date	Changes Made By	Approved By
04/20/2020	04/20/2020	Kat Reddell, Compliance Specialist	Luis Somoza, Interim Compliance Officer
06/27/2022	06/27/2022	Jenifer Mandella, Compliance Officer	Jenifer Mandella, Compliance Officer
08/23/2023	08/23/2023	Dave McDonough, Legal Services Director	Alliance Board
2/8/2024	2/8/2024	Jenifer Mandella, Chief Compliance Officer	

[i] SC-M-MMC Bylaws, Article X, Provision 10.1
[ii] SC-M-MMC Bylaws, Article IX, Provision 9.2.1
[iii] SC-M-MMC Bylaws, Article IX, Provision 9.2.1
[iv] An example is the Health Services Officer

DATE: February 28, 2024

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

FROM: Andrea Swan, RN, Quality Improvement and Population Health Director

SUBJECT: Policy Revision – Alliance Policy 401-1101 – Quality Improvement and Health Equity Transformation Program

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Recommendation. Staff recommend the Board approve revisions to Alliance Policy 401-1101 – Quality Improvement and Health Equity Transformation Program (QIHETP).

Background. The 2024 Medi-Cal contract requires establishment of a QIHETP to assure and improve the quality of care for Alliance members, in fulfillment of California Department of Health Care Services (DHCS) requirements, Title 28, California Code of Regulations, Section 1300.70, and Title 42, Code of Federal Regulations, Section 438.330 and 438.340.

Discussion. The Alliance Quality and Performance Improvement Program (QPIP) was modified to align with the 2024 Medi-Cal contract as described in Policy 401-1101 – Quality Improvement and Health Equity Transformation Program (QIHETP). Significant modifications were made to align with the DHCS Comprehensive Quality Strategy Guiding Principles and contractual requirements, which encompassed core continuous quality improvement activities, population health management interventions, and health equity. This includes the oversight and accountability by the Alliance Board of the QIHETP by the Quality Improvement Health Equity Committee (QIHEC), with the Chief Executive Officer and Alliance Quality Improvement and Population Health (QIPH) Department under the supervision of the Chief Medical Officer in collaboration with the Chief Health Equity Officer (or designee). Further, the policy outlined the Board's responsibility for on-going review, directing necessary modifications, and approval of the QIHETP policies and procedures, written reports (with specific requirements for the QIHE annual report), and activities as provided on a routine basis.

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

Attachments.

1. Alliance Policy 401-1101 – Quality Improvement and Health Equity Transformation Program

	POLICIES AND PROCEDURES
Policy #: 401-1101	**Lead Department:** Quality Improvement and Population Health
Title: Quality Improvement & Health Equity Transformation Program (QIHETP)	
Original Date: 02/01/1996	**Policy Hub Approval Date:**
Approved by: Quality Improvement Health Equity Committee (QIHEC)	

Purpose
To describe Central California Alliance for Health's (the Alliance) Quality Improvement & Health Equity Transformation Program (QIHETP[1]). The QIHETP is an organizational-wide, cross-divisional and comprehensive program that encompasses the Alliance's commitment to the delivery of quality and equitable health care services including the integration of quality, population health, and health equity principles[2]

Policy
The QIHETP[3] exists to assure and improve the quality of care for Alliance members, in fulfillment of California Department of Health Care Services (DHCS) requirements, Title 28, California Code of Regulations, Section 1300.70, and Title 42, Code of Federal Regulations, Section 438.330 and 438.340[4]. Additionally, QIHETP oversight entities may electively incorporate best practice standards (e.g., National Committee for Quality Assurance [NCQA] standards) into the QIHETP as they deem appropriate.

Vision: *"Quality for All" A Quality is everyone, every time, and everywhere*
The QIHETP strives to achieve high quality, safe and excellent care, delivered in an equitable and collaborative manner, to achieve optimal health outcomes for all members in the communities we serve. It is guided by the Alliance's vision of *Healthy People, Health Communities*, our mission of *accessible, quality health care guided by local innovation*, and Alliance values of *Improvement, Integrity, Collaboration and Equity.*

QIHETP Values
The QIHETP provides a comprehensive structure that meets the following requirements:

Continuous Quality Improvement (CQI)[5]
1. Develop and maintain structures and processes that support CQI methodologies by demonstrating organizational commitment to the delivery of quality health care services through jointly developed goals and objectives across Divisions, approved by the Alliance Board, and periodically evaluated and updated.
2. Apply CQI to all aspects of Alliance's service delivery system through analysis, evaluation, and systematic enhancements of the following: 1) quantitative and qualitative data collection and data-driven decision-making, 2) up-to-date evidence-based practice guidelines and explicit criteria developed by recognized sources or appropriately certified professionals (consensus of professionals if none exist); and
3. Feedback provided by members and network providers in the design, planning, and implementation of its CQI activities.

Equitable and Person-Centered
1. Ensure all medically necessary covered services are: available and accessible to all members in any setting, regardless of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, or identification with any other persons or groups defined in Penal Code 422.56[6], and provided in a culturally and linguistically appropriate manner[7].

2. Provide tailored, consistent, and whole-person care across all member-facing team that meet the needs and experience of our members.

Safe, Accessible, and Effective Quality of Care and Services

1. Ensure integration with all departments within the Alliance, current community health priorities, standards, and public health goals;
2. Continuously review, evaluate, and improve access to and availability of services, including obtaining appointments within established standards;
3. Ensure consistent patient safety processes through proactive surveillance, investigation, and appropriate actions to address quality issues related to care, service, or satisfaction; and
4. Ensure effectiveness of the quality of care and services delivered across the continuum of care by addressing preventive services for children and adults, perinatal care, primary care, specialty, emergency, inpatient, behavioral and ancillary care services, including complex health needs, emerging risk, and multiple chronic conditions for improved health outcomes

Population Health Management Interventions[8]

Designed to identify, evaluate, and address social drivers of health, reduce disparities in health outcomes experienced by different subpopulations of members, and work towards achieving health equity by:

1. Developing equity focused interventions intended to address disparities in the utilization and outcomes of physical and behavioral health care services; and
2. Engaging in a member and family-centric approach in the development of interventions and strategies, and in the delivery of health care services.

Comprehensive Quality Strategy Guiding Principles[9]

1. Eliminating health disparities through anti-racism and community-based partnerships
2. Data-driven improvements that address the whole person
3. Transparency, accountability, and member involvement
4. Meet disparity reduction targets for specific populations and/or measures identified by DHCS.

Scope

The Alliance ensures that its Network Providers, Fully Delegated Subcontractors, and Downstream Fully Delegated Subcontractors participates and are updated on activities, findings, and recommendations of the QIHEC's QIHETP and Population Needs Assessment (PNA)[10], and represent the providers who provide health care services to Members including, but not limited to Members affected by health disparities, limited english proficiency (LEP) Members, children with special health care needs, seniors and persons with disabilities, and persons with chronic conditions. The QIHETP encompasses quality of care, quality of services, patient safety, and member experience:[11]

1. Quality of care services including, but not limited to: clinical quality of physical health care, behavioral health care focused on recovery, resiliency, and rehabilitation, preventive care, chronic disease, perinatal care, family planning services, and reduction in health disparities.
2. Quality of services including, but not limited to: availability and regular engagement with Primary Care Providers, access to primary and specialty health care, grievance process, coordination and continuity of care across settings and at all levels of care (including transitions of care), and information standards.

3. Standards for patient safety including, but not limited to: facility site reviews, credentialing of practitioners, and quality of care/peer review.
4. Standards in member experience with respect to clinical quality, access, and availability, and culturally and linguistically competent health care and services, and continuity and coordination of care. This includes, but not limited to: satisfaction surveys and assessments, monitoring of member complaints, phone queue monitoring, access measurement and member grievance timeliness.

Goals and Objectives

The goal and objective of the QIHETP is to objectively and systematically monitor, evaluate, and take timely action to address necessary improvements in the quality of care delivered by all its Providers in any setting, and take appropriate action to improve upon Health Equity[12] :

1. Quality and safety of healthcare and services provided by the Alliance's provider network:
   - 1.a. Incorporate provider and other appropriate professional involvement in the QIHETP through review of findings, study outcomes, and on-going feedback for program activities
   - 1.b. Conduct facility site reviews/medical record reviews at provider sites and reviewing quality issues or trends referred for further investigation and follow-up actions
   - 1.c. Develop and maintain a high-quality provider network through credentialing, re-credentialing, and peer review processes[13]
   - 1.d. Maintain an ongoing oversight process by incorporating annual performance metrics of QIHETP-related functions performed by practitioners, providers, and delegated or independently contracted/sub-contracted delegates
   - 1.e. Ensure that care and resources are available, appropriate, accessible, and timely for all members according to standards of care and evidence-based practices
   - 1.f. Mechanisms to detect, review, and analyze results of both over/underutilization of services, but not limited to, outpatient prescription drugs[14]. Refer to Alliance Policy 404-1108 - – Monitoring of Over/Under Utilization of Services.

2. Quality of services provided by the Alliance to its members, providers, the community, and internal staff:
   - 2.a. Align quality improvement activities with activities that promote the continuous development of a provider network that meets member needs, such as the annual Access Plan
   - 2.b. Implement innovative practices, such as telephonic or virtual means, to ensure that members obtain care which is timely and meets their needs
   - 2.c. Utilize data-driven approaches and effective analysis, implementation, and evaluation towards improved clinical outcomes, services, and experiences
   - 2.d. Ensure care is provided regardless of race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sex, sexual orientation, gender identity, health status, or physical or mental disability, or identification with any other persons or groups defined in Penal Code 422.56, and linguistically appropriate manner[15]

2.e. Identify population-based strategies to identify, evaluate, and reduce healthcare disparities through analysis, equity-focused interventions, and meeting disparity reduction targets[16]
2.f. Provide access to services and communication in alternate formats to ensure non-discrimination of members as defined in Section 1557 of the Patient Protection and Affordable Care Act[73]
2.g. Education regarding accessing the health care system and support on obtaining care and services when needed
2.h. Concerns resolved quickly and effectively including the right to voice complaints or concerns without fear of discrimination
2.i. Engagement in the discussion about services, regardless of cost or benefit coverage
2.j. Confidence that they can reach the Alliance quickly and be satisfied with the information received.
2.k. Maintain Member confidentiality in quality Improvement discussions.

3. Members' experience of care and service provided by the Alliance and its contracted providers:
3.a. Monitor member satisfaction with quality of care and services received from network providers, practitioners and delegates and acting upon identified opportunities
3.b. Obtain information on member's values, needs, preferences, and health-related goals through feedback mechanisms and touch points, such as surveys, focus groups, member outreach, care management, and other means
3.c. Establish population health programs to empower and encourage members to actively participate in and take responsibility for their own health through the provision of health education, evidence-based tools, and shared goals for optimal health
3.d. Create a trusted health care system to assure feelings of safety, self-efficacy, and effective communication with all their care partners
3.e. Mechanisms to continuously monitor, review, evaluate, and improve coordination and continuity of care services to all members[17];Integrate with current community health priorities, standards, and public health goals

Definitions

1. California Children's Services (CCS) Program[18] (as part of the Whole Child Model Program): CCS is a state program for children with certain diseases or health problems. Through this program, children up to 21 years of age can get the health care and services they need for CCS-eligible conditions. CCS also provides medical therapy services that are delivered at public schools through their Medical Therapy Unit (MTU).
2. Community Supports: Services or settings offered by a Medi-Cal health plan that are offered in place of services or settings covered under the California Medicaid State Plan, and are medically appropriate, cost-effective substitutes for services or settings under the State Plan. Services are offered at the plan's option and an enrollee cannot be required to use them.
3. Consumer Assessment of Healthcare Providers and Systems (CAHPS): Standardized surveys of Agency for Healthcare Research and Quality (AHRQ), the CAHPS' surveys health plan members to measure their experiences with a variety of areas, including access to care and satisfaction with the health plan.

4. Corrective Action[19]: Specific identifiable activities or undertakings of the Alliance that address program deficiencies or problems.
5. Enhance Care Management (ECM): ECM is a whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of high-cost and/or high-need members through systematic coordination of services and comprehensive care management that is community-based, interdisciplinary, high-touch, and person centered.
6. External Accountability Set (EAS)[20]: Performance Measures: The EAS performance measures consist of a set of Healthcare Effectiveness Data Information Set (HEDIS®) measures developed by the National Committee for Quality Assurance (NCQA). The EAS performance measures may also include other standardized performance measures and/or DHCS developed performance measures selected by DHCS for evaluation of health plan performance.
7. Healthcare Effectiveness Data and Information Set (HEDIS)[21]: The set of standardized performance measures sponsored and maintained by the National Committee for Quality Assurance.
8. High Performance Level (HPL): DHCS establishes an HPL for each required HEDIS performance measure and publicly acknowledges Managed Care Plans (MCPs) that meet or exceed the HPLs. DHCS's HPL for each required measure is the 90th percentile of the national Medicaid results.
9. Long Term Care Services: Long-term care benefit standardization and transition of members to managed care, including managing the long-term care of members in skilled nursing facilities.
10. Managed Care Accountability Set (MCAS): A set of measures based on the Centers for Medicare and Medicaid Services (CMS) Adult and Child Core Sets, and NCQA are selected by DHCS for evaluation of health plan performance.
11. Minimum Performance Level (MPL): Medi-Cal managed care health plans must meet or exceed the DHCS established MPL for each required HEDIS performance measure. If MPL is not met, then an Improvement Plan must be completed. DHCS's MPL for each required measure is the 50th percentile of the national Medicaid results.
12. National Committee for Quality Assurance (NCQA)[22]: A non-profit organization that committed to evaluating and publicly reporting on the quality of managed care plans.
13. Performance Improvement Projects (PIPs)[23]: Studies selected by the Alliance, either independently or in collaboration with DHCS and other participating health plans, to be used for quality improvement purposes[24].
14. Plan, Do, Study, Act (PDSA): A cyclical, four-step management method used for continuous improvement and monitoring of processes. The methodology is a rapid cycle/continuous quality improvement process designed to perform small tests of change, which allows more flexibility to make adjustments throughout the improvement process[25].

Procedures

The QIHETP is structured to develop and maintain an integrated system to continually identify, assess, measure, and improve member health outcomes. Providers and members are an integral part of the QIHETP. QIHETP activities are overseen and approved in the following manner:

1. Maintain Accountability of Care Systems
Accountability for the QIHETP development and performance review includes the Santa Cruz-Monterey-Merced Managed Medical Care Commission (Alliance Board), the Quality Improvement Health Equity Committee (QIHEC), Chief Health Equity Officer or designee, the Peer Review and Credentialing Committee (PRCC), the Compliance Committee, the Chief Medical Officer (CMO), and Alliance network providers[26].

   1.a. Alliance Board[27]: The Alliance Board promotes, supports, and has ultimate accountability and authority for a comprehensive and integrated QIHETP. Alliance Board responsibilities include:
   - 1.a.1. Annual review and approval of the QIHETP and applicable QIHETP reports;
   - 1.a.2. Appointment of an accountable entity or entities to provide oversight of the QIHETP;
   - 1.a.3. Routine review of written progress reports from the QIHECo;
   - 1.a.4. Directing necessary modifications to QIHETP policies and procedures to ensure compliance with the QI and Health Equity standards and DHCS Comprehensive Quality Strategy;
   - 1.a.5. The Alliance Board has delegated direct supervision, coordination, and oversight of the QIHETP by the Quality Improvement Health Equity Committee (QIHEC), with the Chief Executive Officer (CEO) and Alliance Quality Improvement and Population Health (QIPH) Department under the supervision of the Chief Medical Officer (CMO) in collaboration with the Chief Health Equity Officer or designee. The CMO regularly provides QIHETP operational reports to the Alliance Board.

   1.b. Quality Improvement Health Equity Committee (QIHEC)[28]: The QIHEC has oversight and performance responsibility of the QIHETP – excluding credentialing and recredentialing[29] activities, which are directed by the PRCC – as described by Alliance Policy 401-1201 – *Quality Improvement Health Equity Committee.*

   1.c. Peer Review and Credentialing Committee (PRCC): The PRCC participates in the QIHETP under the authority of the Alliance Board. The PRCC maintains oversight and performance responsibility of the Alliance's credentialing and recredentialing activities, as described in Alliance Policy 300-4020 – *Peer Review and Credentialing Committee – Authority, Roles, and Responsibilities*.

   1.d. Compliance Committee: The Compliance Committee participates in the QIHETP under the authority of the Alliance Board. The Compliance Committee maintains oversight and performance responsibility of the Alliance's delegated oversight activities, as described in Alliance Policy 105-0004 – *Delegate Oversight*.

   1.e. Other Committees: In addition to the Alliance Board, QIHEC, PRCC, and Compliance Committee, the following committees and workgroups contribute to the Alliance's QIHETP:

1.e.1. Quality Improvement Health Equity Workgroup (QIHEW): The QIHEW, under the direction and guidance of the QIHEC, is responsible for ongoing QIHETP activities and addressing high-priority and emerging quality and health equity trends requiring organization-wide and/or cross-departmental response as described in Alliance Policy 401-1201 –*Quality Improvement Health Equity Committee*.

1.e.2. Care-Based Incentives Workgroup (CBIW): The CMO (or designee) chairs the CBIW. Core membership includes: QIPH Director, Quality and Health Programs Manager, QI Program Analysts, Quality Improvement Program Advisors, Quality and Population Health Manager, QI Project Specialist, Medical Directors, Pharmacy Director (or designee), PS Director (or designee), Contracts Manager, Analytics Director, and Analytics Manager.

1.e.3. Physicians Advisory Group (PAG): The PAG operates under the authority of the Alliance Board and participates in the QIHETP as described in Alliance Policy 400-1109 – *Physicians Advisory Group Responsibilities and Functions*.

1.e.4. Utilization Management Work Group (UMWG): The UMWG is a mechanism to review, monitor, evaluate, and address utilization-related concerns as well as recommend and implement interventions to improve appropriate utilization and resource allocation. The UMWG reports to the CQIC and is co-chaired by a Medical Director and Utilization Management/Complex Case Management (UM/CCM) Director. Core UMWG membership includes: CMO, Medical Directors, UM/CCM Director, UM/CCM Managers for Concurrent Review, UM/CCM Manager for Prior Authorization, Community Care Coordination (CCC) Director, QIPH Director, Pharmacy Director, and Health Services Authorization Supervisor.

1.e.5. Pharmacy and Therapeutics Committee (P&T): The P&T Committee operates under the authority of the CQIC and participates in the QIHETP as described in Alliance Policy 403-1104 – *Mission, Composition and Functions of the Pharmacy & Therapeutics Committee*.

1.e.6. Staff Grievance Review Committee (SGRC): The SGRC participates in the QIHETP as described in Alliance Policies 200-9004 – *Staff Grievance Review Committee* and 200-9001 – *Grievance Reporting, Quality Improvement and Audits*.

1.e.7. Whole Child Model Clinical Advisory Committee (WCMCAC): The WCMCAC operates under the authority of the Alliance Board and serves to advise on clinical issues relating to CCS conditions including treatment authorization guidelines as described in Alliance Policy 400-1112 – *Whole Child Model Clinical Advisory Committee Responsibilities and Functions.*

1.e.8. Whole Child Model Family Advisory Committee (WCMFAC): The WCMFAC operates under the authority of the Alliance Board and serves as a venue to discuss perspective on issues

relating to diagnosis and treatment of CCS conditions as well as to review and offer advice about policies, programs and initiatives relating to care of members in the WCM program as described in Alliance Policy 200-1007 – *Whole Child Model Family Advisory Committee.*

1.e.9. Network Development Steering Committee:
The Network Development Steering Committee's (NDSC) primary responsibility is to: 1. Monitor and evaluate member access to care through: · Comprehensive, coordinated, and regular review of access inputs, including but not limited to survey outcomes, regulatory compliance, and process-related information (e.g., grievances). 2. Support improved member access to care through oversight of the development and execution of an annual provider network Access Plan.

1.e.10. Member Support and Engagement Committee:
The Member Support and Engagement Committee (MSEC) is an interdepartmental collaborative intended to evaluate the Alliance processes that assist members in navigating the health care system. The Alliance's goal is to ensure members are supported and engaged, while being confident that they will receive appropriate care from providers and excellent service from the health plan. This committee facilitates the collaboration and integration of relevant service indicators as defined by the monitoring process, analysis, action, and measurement. Through monitoring of appropriate indicators, MSEC will identify areas of opportunity to improve processes and implement interventions. The committee also works on member outreach to provide guidance to the Your Health Matters Outreach Program as appropriate to this committee's charter and any Quality Improvement Activities within the scope of this committee.

1.e.11. Member Reassignment Committee: Reassignment requests are presented to the Reassignment Committee for review and discussion, and determination is made by the Medical Director (MD).

1.e.12. Communications Committee: On-going updates on the QIHETP are provided to the committee to support planning, promotion, and communication of QIHETP activities.

1.f. Task Force: For emerging issues or priorities, a Task Force may be convened to cross-collaborate on needed actions or follow up until resolution or goals are met (e.g., Public Health Response Task Force, Pediatric Equity Task Force).

1.g. Program Staff
Alliance staff participating in the QIHETP are described below. Specific qualifications and training for each role are available in the respective position description for each role.

1.g.1. Chief Executive Officer (CEO): The CEOs primary role in the QIHETP is fourfold: maintain a working knowledge of clinical and service issues targeted for improvement; provide organizational leadership and direction; participate in prioritization and organizational oversight of QIHETP activities; and ensure availability of resources necessary to implement the QIHETP.

1.g.2. Chief Medical Officer (CMO): The CMO is responsible for assuring the availability and quality of health care services for Alliance members. Responsibilities include leadership and direction of UM, Quality Management and CM programs, including medical management policies and effective operation of the Health Services (HS) Division. The CMO uses the health plan's systems and data to analyze HS Division issues and policies and is responsible for communicating findings and recommendations within the health plan, to the governing board, to physician committees and other providers, and to other stakeholders. This position is an advocate and liaison for the provider network and participates in strategic planning for new programs, lines of business, and special projects at the health plan. The CMO is also responsible for direction and supervision of the Medical Directors.

The CMO shall ensure that that the organization's medical personnel follow medical protocols and rules of conduct. The CMO shall participate directly in the implementation of Quality Improvement and Health Equity activities. The CMO shall participate directly in the design and implementation of the Population Health Management Strategy and initiatives. The CMO shall participate actively in the execution of Grievance and Appeal procedures. The CMO shall ensure that the that Contractor engages with local health department. The CMO or designee's information shall be posted in an easily accessible location in their provider portal website.

1.g.3. Chief Health Equity Officer (CHEO)[30] or designee: Provide leadership to ensure health equity is prioritized and health inequities are addressed within the QIHETP.

1.g.4. Medical Directors: The Medical Directors provide clinical leadership within one or more of the HS functional areas including but not limited to: UM/CCM, QIPH, Pharmacy, and CCC. The Medical Directors are responsible for guidance and direction of QIHETP activities.

1.g.5. Quality Improvement and Population Health (QIPH) Director: Under the direction of the CMO, the QIPH Director is responsible for strategic direction and management of the Alliance QIHETP. The QIPH Director manages the Alliance's preparations and response to regulatory and internal medical audits and manages implementation of selected NCQA standards. The QIPH Director is also responsible for engagement with internal and external stakeholders in the QIHETP.

1.g.6. Quality and Performance Improvement Manager (QPIM): Under the direction of the QIPH Director, and in collaboration with the Medical Directors, the QPIM: manages and leads quality and performance improvement initiatives; supports development, management and implementation of practice coaching program activities in the community clinics to improve clinical outcomes; accountable for collaborating with staff in the implementation of the QIHETP, and assists in coordinating member experience surveys, such as the annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

1.g.7. Quality and Population Health Manager (QPHM): Under the direction of the QIPH Director, and in collaboration with the Medical Directors, the QPHM provides technical leadership and expertise in clinical data for one or more of the following areas in implementation of the QIHETP: data management and retrieval, reporting standards and complex analysis, state policy and procedure implementation, and systems configuration and research for Alliance HS Division leadership. The QPHM also: provides statistical modeling methodologies in the development of health plan, provider, and member analysis; coordinates HEDIS/MCAS reporting activities; and prepares and participates in audits conducted by regulatory agencies.

1.g.8. Clinical Safety Quality Manager (CSQM): Under the direction of the QIPH Director, and in collaboration with the Medical Directors, the CSQM provides clinical leadership and expertise in clinical data for one or more of the following areas in implementation of the QIHETP: reporting standards, state policy and procedure implementation, Potential Quality Issue investigative process, Facility Site Review audit process, and prepares and participates in audits conducted by regulatory agencies regarding all clinical quality issues.

1.g.9. Quality and Health Programs Manager (QHPM): Under the direction of the QIPH Director and in collaboration with the Medical Directors, the QHPM maintains administrative oversight and is responsible for all aspects of planning and managing the Alliance Health Education and Disease Management programs and Cultural and Linguistic services as well as the Member Incentive and Health Education Materials approval process for the Alliance. The QHPM also coordinates the Health Education and Cultural and Linguistic Population Needs Assessments reporting activities and participates in audits conducted by regulatory agencies.

1.g.10. Quality and Health Programs Supervisor(s) (QHPS): Under the direction of the QHPM, the QHPS coordinates and implements the Alliance Health Education and Disease Management programs and Cultural and Linguistic services (oversees interpretation and translation services and vendors) and processes. The QHPS also leads preparing health and disease management program promotional materials, including newsletter articles, and

member/provider communications. The QHPS also supervises the Health Educators and Care Coordinator.

1.g.11. Health Educator(s): Under the direction of the QHPM and QHPS, the Health Educators primary responsibility is to provide outreach to members participating in health education and disease management programs and implement specific programs as assigned. Health education and disease management programs are provided by the Health Educators directly by telephonic and/or workshops. They co-facilitate health education and disease management member programs, such as trainings, workshops, and community presentations.

1.g.12. Care Coordinator I: Under the direction of the QHPS, the Care Coordinator I assists with coordination of Language Assistance services via the Alliance's internal care tracking system, and other duties as needed.

1.g.13. Quality Improvement Nurse (RN) Supervisor: Under the direction of the QPHM, the QI Nurse Supervisor coordinates and implements QIPH programs and processes, including Facility Site Review (FSR), Medical Record Review (MRR), Physical Accessibility Review (PAR), and Potential Quality Issues. The QI RN Supervisor also supervises, mentors, develops, coordinates, and conducts training for QIPH staff.

1.g.14. QI Program Advisor IV (QIPA IV): Under the direction of the QPHM, the QIPA IV leads the planning, implementation, and management of select QIPH programs, including but not limited to Care Based Incentive (CBI), HEDIS/MCAS, and Performance Improvement. The QIPA IV provides orientation, training, and mentorship to subordinate QIPH staff and acts as the subject matter expert in support of QIHETP objectives.

1.g.15. QI Program Advisor III (QIPA III): Under the direction of the QPIM, QIPA III's lead the planning, implementation, and management of select QIPH programs, including but not limited to CBI, HEDIS, and Performance Improvement; and provide training and expertise in support of QIHETP objectives.

1.g.16. QI Program Advisor II (QIPA II): Under the direction of the QPHM, or QPIM, the QIPA II supports QIPH Department leadership with program administration; conducts studies and analyzes data to evaluate the Alliance's performance; and analyzes, develops, and implements improvement activities to increase performance against national, state and/or regional benchmarks and definitions.

1.g.17. QI Program Advisor I (QIPA I): Under the direction of the QPH Manager, the QIPA I assists with monitoring data received from external partners. The QIPA I develops, writes, and

produces reports to monitor compliance with contractual and regulatory requirements. The QIPA I also supports the department with ad hoc reporting for internal and external stakeholders.

1.g.18. QI Nurse: Under the direction of the QI RN Supervisor, QPHM or the QPIM, the QI Nurse develops, manages, and measures a comprehensive preventive health care strategy in collaboration with internal stakeholders and network providers to promote best evidence-based practices and improve member health outcomes. The QI Nurse participates in local, regional, and state audits and improvement initiatives.

1.g.19. Senior QI Nurse: Under the direction of the QI RN Supervisor, QPHM or the QPIM, the Senior QI Nurse develops, manages, and measures a comprehensive preventive health care strategy in collaboration with internal stakeholders and network providers to promote best evidence-based practices and improve member health outcomes. The Senior QI Nurse participates in local, regional, and state audits and improvement initiatives. In addition, the Senior QI Nurse trains, and mentors other QIPH department nurses.

1.g.20. Coding Resource Specialist: Under the direction of the QPIM, the Coding Resource Specialist acts as the clinical coding expert across all departments for the Alliance and utilizes advanced knowledge of professional coding to review and recommend changes to systems, policies, and/or procedures to guarantee current and appropriate coding guidelines are maintained.

1.g.21. QI Project Specialist: Under the direction of either the QPIM or QI RN Supervisor, the QI Project Specialist acts as a key program assistant by coordinating efforts for QIPH programs such as CBI, C&L, FSR, Health Programs, Potential Quality Issue (PQI) and HEDIS. The QI Project Specialist supports in the planning of departmental projects and communication activities.

1.g.22. QIPH Administrative Specialist (QIPH Admin): Under the direction of the QIPH Director, the QIPH Admin performs multiple administrative functions in support of the QIHETP and QIPH department; and performs administrative staff support to QIHETP committees as needed.

1.g.23. Chief Compliance Officer: Under the direction of the CEO, the Chief Compliance Officer is responsible for overseeing and coordinating Compliance Program activities, including serving as Chair of the Compliance Committee and providing oversight of delegate oversight activities in accordance with Alliance policy 105-0004 – *Delegate Oversight*.

1.g.24. Utilization Management Staff: See Alliance policy 404-1101 – *Utilization Management Program* for a comprehensive listing of Utilization Management Program staff.

1.g.25. Community Care Coordination (CCC) Staff: See Alliance policy 404-1101 – *Utilization Management Program* for a comprehensive listing of CCC Program staff.

1.g.26. Pharmacy Staff: See Alliance policy 404-1101 – *Utilization Management Program* for a comprehensive listing of Pharmacy Program staff.

1.g.27. Grievance Staff: Alliance Grievance staff is responsible for routing grievances to QIPH for research and analysis, routing, and resolution of clinically related member or provider complaints.

1.g.28. Credentialing Staff: Alliance Credentialing staff is responsible for ensuring the accuracy and completion of provider credentialing files prior to PRCC review. Credentialing staff oversee the completion of credentialing application information in accordance with Alliance Policies 300-4020 – *Peer Review and Credentialing Committee – Authority, Roles, and Responsibilities* and 300-4040 – *Professional Provider Credentialing Guidelines*. The Credentialing staff monitors timeliness of review for re-credentialing[31]. The Credentialing staff also ensure the ongoing monitoring of provider credentials and issues in accordance with Alliance Policy 300-4090 – *Ongoing Monitoring of Provider Credentials and Issues*.

1.g.29. Other staff: The Alliance encourages active involvement of all Alliance staff in the design and implementation of the QIHETP.

1.g. QIHETP Alliance Board Reports

1.g.1. Quality Improvement Health Equity Work Plan (QIHE-WP): The QIHE-WP is developed and maintained by QIPH staff. The CMO, QIPH Director, and QIPH Managers review the QIHE -W and obtain approval from QIHEW and the QIHEC prior to sending it to the Alliance Board for final approval.

1.g.2. Committee Minutes: QIHEC, Compliance Committee minutes, and PRCC credentialing/re-credentialing related reports, are reviewed by the Alliance Board on a routine basis[32]. QIHEC minutes are submitted to DHCS upon Alliance Board review and approval. A written summary of the QIHEC activities publicly available on the Alliance website at least on a quarterly basis.[33]

1.g.3. QIHEP Annual Report: The QIHE Annual Report is submitted to the QIHEC for its review, approval, and submission to the Alliance Board[34], and subsequent submission to DHCS. The QIHE Annual Report includes a comprehensive assessment of QIHE activities, including an evaluation of areas of success and needed improvements. Effective in 2024, the evaluation includes but is not limited to: the QIHE-WP, analyses of fully delegated subcontractor's and

downstream fully delegated subcontractor's performance measure results and actions to address any deficiencies, actions taken to address the annual External Quality Review (EQR) technical report and evaluation reports, planned equity-focused interventions to address identified patterns of over- or under-utilization, description of member and/or family focused care such as Community Advisory Committee (CAC) findings, Population Health management activities and findings, and outcomes/findings from Performance Improvement Projects, member satisfaction surveys, and collaborative initiatives as appropriate.

1.g.30. The QIHE Annual Report also includes copies of all independent private accrediting agencies (e.g., NCQA) if relevant, including accreditation status, survey type, and level, as applicable; accreditation agency results, including recommended actions or improvements, corrective actions plans, summaries of findings; and expiration date of accreditation[35].

2. Maintain Continuous Quality Monitoring Utilizing Specific Quality and Performance Improvement Methods

The QIHETP uses a variety of mechanisms to identify potential quality of service issues, ensure patient safety, and ensure compliance with standards of care across the care continuum (i.e., preventative health services for children and adults, perinatal care, primary care, specialty, emergency, inpatient, and ancillary care services). These mechanisms include, but are not limited to:

2.a. External Quality Review[36]: The Alliance incorporates external quality review requirements into the QIHETP as described in Alliance Policy 401-1607 – *Healthcare Effectiveness Data and Information Set (HEDIS) Program Management and Oversight*. The Alliance is contractually required to annually track and report on a set of Quality Performance Measures and Health Equity measures. The Alliance works with the EQRO to undergo an external quality review using MCAS performance measures. MCAS performance measures consist of a set of CMS Adult and Child measures developed by NCQA, other standardized performance measures, and/or DHCS developed performance measures.

2.b. Site Review[37]: The Alliance incorporates site review requirements into the QIHETP as described in Alliance Policies 401-1508 – *Facility Site Review Process*, 401-1510 – *Medical Record Review and Requirements* and 401-1521 – *Physical Accessibility Review*. The Alliance conducts a Facility Site Review (FSR) for new primary care providers (PCPs) before initial credentialing and a minimum of every three (3) years thereafter as a requirement for participation in the California State Medi-Cal Managed Care Program. Physical Accessibility Reviews (PARs) are conducted during the initial FSR for new primary care provider sites, and at a minimum of every three (3) years upon re-credentialing[38]. Specialists and Ancillary sites that serve a high-volume of SPD members (providers whose monthly average of encounters for SPD members are above the monthly average of

encounters) receive a PAR at a minimum of every three (3) years[39]. The Alliance ensures that member medical records are maintained by health care providers in accordance with contractual obligations[40]. The Alliance submits site review data to DHCS up to quarterly, or in a manner or timeframe specified by DHCS[41].

2.c. Disease Surveillance[42]: The Alliance incorporates disease surveillance requirements into the QIHETP as described in Alliance Policy 401-1519 – *Infection Control Practices*. The Alliance requires providers report diseases or conditions that must be reported to public health authorities to applicable local, state, and federal agencies as required by law.

2.d. Credentialing and Recredentialing[43]: The Alliance incorporates credentialing and recredentialing requirements into the QIHETP as described in Alliance Policies 105-0004 – *Delegate Oversight*[44], 300-4020 – *Peer Review and Credentialing Committee - Authority, Roles and Responsibilities*, 300-4030 – *Credentialing Criteria and Identified Issues*, 300-4040 – *Professional Provider Credentialing Guidelines*, 300-4090 – *Ongoing Monitoring of Provider Credentials and Issues*, 300-4110 – *Organizational Providers Credentialing Guidelines*, and 401-1523 – *Non-Physician Medical Practitioner: Scope of Practice and Supervision*.

2.d.1. The Alliance delegates oversight of credentialing, re-credentialing, recertification, and physician reappointment activities to the PRCC. The Alliance credentialing standards, as approved by PRCC, are aligned with applicable DHCS and Department of Managed Health Care (DMHC) credentialing and certification requirements[45].

2.d.2. The Alliance maintains a system of reporting serious quality deficiencies that result in suspension or termination of a practitioner to the appropriate authorities. Disciplinary actions include: reducing, suspending, or terminating a practitioner's privileges. The Alliance maintains an appeal process[46].

2.e. Timely Access Monitoring[47]: The Alliance incorporates timely access monitoring requirements into the QIHETP as described in Alliance Policies 401-1509 – *Timely Access to Care* and 300-8030 – *Monitoring Network Compliance with Accessibility Standards*. The Alliance ensures the provision of covered services in a timely manner consistent with the DMHC Timely Access requirements and participation in the EQRO's network adequacy validation studies. The Alliance continuously reviews, evaluates, and seeks to improve access to and availability of services. This includes ensuring that members are able to obtain appointments from contracted providers according to established access standards.

2.f. Member Satisfaction Monitoring[48]: The Alliance incorporates member satisfaction monitoring requirements into the QIHETP as described in Alliance Policies 401-2001 – *Member Surveys*, 200-9001 – *Grievance Reporting, Quality Improvement and Audits*, and 200-9004 – *Staff Grievance Review*

Committee. Member satisfaction survey results are reviewed and monitored for variations. Grievance data is reviewed and analyzed regularly to identify trends as part of the Alliance's efforts to improve and optimize the delivery and management of health care services. Grievance staff refers individual cases for clinical review to QIPH staff as appropriate and the SGRC reports trends in quality issues to the QIHEW.

2.g. Provider Satisfaction Monitoring[49]: The Alliance incorporates provider satisfaction monitoring requirements into the QIHETP as described in Alliance Policy 300-3092 – *Annual Provider Satisfaction Survey*. The Alliance conducts annual surveys of contracted physicians to determine provider satisfaction with the Alliance's performance and to identify any provider concerns with compliance with various regulatory standards.

2.h. Claims Encounter Data Monitoring: The Alliance incorporates claims encounter data monitoring requirements into the QIHETP as described in Alliance Policy 105-3002 – *Program Integrity: Special Investigations Unit Operations*. Should claims review identify potential fraud, waste or abuse concerns appropriate referrals are made to the Alliance Special Investigations Unit (SIU). QIPH works with Compliance to address any PQIs, provider preventable conditions, or any other variations in practice. Appropriate actions are taken based upon these claim reviews and other fraud, waste, and abuse investigations.

2.i. Encounter Data Validation[50]: The Alliance participates in EQRO's validation of Encounter Data from the preceding 12 months to comply with requirements.

2.j. Potential Quality Issue (PQI) processes: The Alliance incorporates PQI monitoring requirements into the QIHETP as described in Alliance Policy 401-1301 – *Potential Quality Issue Review Process*. The Alliance maintains a systematic review process to identify, analyze and resolve potential quality of care issues to ensure that services provided to members meet established standards, and address any patient safety concerns.

2.k. Under/Over-Utilization Monitoring[51]: The Alliance incorporates under/over-utilization monitoring requirements into the QIHETP as described in Alliance Policies 404-1101 – *Utilization Management Program* and 404-1108 – *Monitoring of Over/Under Utilization of Services*. The UM Program serves to ensure appropriate, high quality, cost-effective utilization of health care resources and that these resources are available to all members. This is accomplished through the systematic and consistent application of utilization management processes based on evidence-based criteria, and expert clinical opinion when needed.

2.l. Population Needs Assessment (PNA)[52]: The PNA evaluates the health education and cultural and linguistic needs of members, and the findings are used to guide the development and

implementation of cultural and linguistic health education interventions. The Alliance prepares a PNA annually.[50]

2.m. Seniors and Persons with Disabilities (SPD) Activities[53]: The Alliance incorporates SPD activity requirements into the QIHETP as described in Alliance Policies 404-1114 – *Continuity of Care*, 405-1112 – *Care Management of Seniors and Persons with Disabilities for Medi-Cal*, and 401-3104 – *Disease Management Program*. The Alliance conducts studies for SPDs or persons with chronic conditions that are designed to assure the provision of case management, coordination, and continuity of care services, including ensuring availability, access to care, and clinical services.

2.n. Focused Studies: The Alliance participates in the external review of focused clinical and/or non-clinical topic(s) as part of DHCS' review of quality outcomes and timeliness of, and access to, services provided[54].

2.o. Technical assistance: The Alliance implements EQRO's technical guidance in conducting mandatory and optional activities described in 42 CFR 438.358[55]

2.p. Ad Hoc Data Studies: The Alliance also conducts other stratified data studies to evaluate the population as needed.

2.q. Quality Improvement Health Equity Work Plan (QIHE-WP) Development and Review: The QIHE-WP is an annually developed, dynamic document that reflects the progress of QIHETP activities throughout the year. It includes measurable yearly objectives to help the organization monitor for continuous performance improvement. These are achieved through active engagement and cross-collaboration with all departments within the Alliance.

2.r. Behavioral Health Services Monitoring: The Alliance incorporates behavioral health services monitoring requirements into the QIHETP as described in Alliance Policy 405-1305 – *Behavioral Health Services for Medi-Cal*. Oversight and monitoring of any delegated portions of mental health services are outlined in Policy 105-0004 – *Delegate Oversight*.

2.s. Quality Improvement Delegate Oversight Activities[56]: The Alliance incorporates QIPH delegate oversight activities into the QIHETP as described in Alliance Policies105-0004 – *Delegate Oversight* and 401-1201 –*Quality Improvement Health Equity Committee*. The Alliance may delegate QIPH functions to subcontracting entities, as outlined in Alliance Policy 105-0004 – *Delegate Oversight*. These delegated functions are set forth in the Alliance's contracts with subcontracting entities and include specific performance and reporting standards that must be met.

2.t. Enhance Care Management (ECM) Monitoring[57]: The Alliance monitors the utilization of and/or outcomes resulting in the provision of the ECM including any activities, reports, and analysis to

understand the impact of ECM delivery for Alliance members as described in Alliance Policy ECM Overview. In addition, the Alliance will work collaboratively across all departments to accomplish required audits and/or case reviews, supplemental reporting requirements, and monitor provider performance with ECM contractual terms and conditions.

2.u. Community Supports (CS)[58]: The Alliance monitors the utilization of and/or outcomes resulting in the provision of CS including any activities, reports, and analysis to understand the impact of CS delivery for Alliance members as described in Alliance Policy 405-1310 Community Supports Overview.

Long Term Care Services: The Alliance monitors quality monitoring, assurance, and improvement efforts for Long Term Care services in institutional settings to support and improve the access to and quality of long-term care provided by the Alliance's contracted facilities.

3. Analyze and Evaluate Annual Data, Incorporate Provider Feedback and Develop Interventions
Using the methods outlined above, QIPH analyzes data using current evidence-based standards as benchmarks. Significant quality, service, or utilization issues are analyzed for barriers, trends, or root causes. This process incorporates provider review and feedback into performance improvement activities and may include a multidisciplinary team, quantitative and qualitative analysis, and development of interventions that are implemented and/or planned for continuous monitoring.

3.a. Analyze and Evaluate Annual Data: Analysis is performed utilizing various current evidence-based standards as benchmarks:
- 3.a.1. Meet health disparity reduction targets for specific populations and measures as identified by DHCS[59];
- 3.a.2. CMS Child and Adult Core Set Standards
  - 3.a.2.a. Exceeding MCAS HPLs and MPLs for each quality Performance and health equity measures[60];
  - 3.a.2.b. Under-utilization of DHCS identified performance measures as part of the MCAS which will be measured as part of the EQRO compliance audit[61]; and
  - 3.a.2.c. CAHPS Survey results[62].

- 3.a.3. Preventive Care Guidelines: The preventive care guidelines address periodic health and behavioral risk screening and preventive services for asymptomatic adults and children. Individuals identified as being at high risk for a given condition may require more frequent or additional screening tests specific to the condition. These guidelines establish the minimum standard of preventive care.
  - 3.a.3.a. Adult preventive care guidelines include[63]:
    - a. The United States Preventive Services Task Force (USPSTF) guidelines;

b. Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (CDC ACIP); and
c. The State of California DHCS Medi-Cal Managed Care Division (MMCD) Policy Letter 14-004.

3.a.3.b. Pediatric preventive care guidelines include[64]:
a. The provision of the Early and Periodic Screening, Diagnostic, and Treatment Services for members under the age of 21 years old in accordance with the American Academy of Pediatrics (AAP) Bright Future guidelines (All Plan Letter 19-010);
b. CDC ACIP;
c. Child Health and Disability Prevention Program (CHDP); and
d. The DHCS MMCD Policy Letter 14-004.

3.a.4. Standards of Care: Standards of care criteria and guidelines are used to determine whether to authorize, modify or deny health care services and are based on nationally recognized guidelines, professionally recognized standards, review of applicable medical literature, and peer review. These criteria and guidelines are reviewed annually by the QIHEC (or sub-committee) as outlined in Alliance Policy 401-1501 – *Standards of Care*.

3.a.5. MCG (formerly Milliman Care Guidelines): MCG is utilized as outlined in Alliance Policy 404-1112 – *Medical Necessity - The Definition and Application of Medical Necessity Provision to Authorization Requests*.

3.b. Incorporate Provider Feedback[65]: The Alliance ensures participation of network providers, fully delegated subcontractors, and downstream fully delegated subcontractors in the QIHETP and PNA, including distribution of information regarding QIHETP programs, activities, reports and actively elicits provider feedback through one or more of the following:

3.b.1. Distribution of Provider Bulletins, memorandums, and email communication;
3.b.2. Regular updates to Member and Quality Reports in the Provider Portal;
3.b.3. Publication of Board Reports;
3.b.4. CBI workshops and performance reviews including:
3.b.4.a. Comparison of provider performance to average Alliance-wide performance;
3.b.4.b. Reports showing provider deviation from a benchmark or an established threshold; and
3.b.4.c. Recommended interventions to improve performance;
3.b.5. Inclusion of providers in PDSA activities and on PIP teams;
3.b.6. Medical Director and Provider Services' onsite and network communication; Coordination and facilitation of external committee meetings, including Safety Net Clinic Coalition, and hospital and clinic Joint Operation Committees (JOC);

3.b.7. Coordination and facilitation of Alliance physician committees, including QIHEC, PAG, PRCC, and WCMCAC. Outcomes from these committees requiring modifications to the operational QIHETP are incorporated by way of receipt of directives from the Alliance Board[66] and/or by receipt of reports from the CMO, and;

3.b.8. On-going provider, fully delegated subcontractors, and downstream fully delegated subcontractors meetings or outreach, such as technical assistance, practice coaching, or other means to provide updates on activities, findings, and recommendations of the QIHEC's QIHETP and PNA results.

Develop Interventions

Priority Setting: Use of personnel and other resources is prioritized by the QIHEC annually, taking into consideration contractual and regulatory requirements, high volume/high risk services, and quality of care issues that are relevant and meaningful to the member population. Another factor which may be considered when selecting improvement opportunities to pursue is the extent to which the issue affects care, or the likelihood of changing behavior of members or practitioners. To maximize the use of resources, QIPH activities may be selected based on their ability to satisfy multiple QIHETP requirements.

Performance Improvement Project (PIP)[67,68]: Under consultation and with guidance from the External Quality Review Organization (EQRO) and DHCS, the Alliance conducts a minimum of two (2) DHCS-approved PIPs. One PIP must be either an internal PIP or a small group collaborative. The second PIP must be a DHCS-facilitated state-wide collaborative.

PIPs are developed by identifying targeted areas for improvement (clinical or nonclinical) and are designed to achieve significant improvement, sustained over time, in health outcomes and enrollee satisfaction, and include the following elements:

- Measurement of performance using objective quality indicators;
- Implementation of equity-focused interventions to achieve improvement in the access to and quality of care;
- Evaluation of the effectiveness of the interventions; and
- Planning and initiation of activities for increasing or sustaining improvement.

The Alliance will ensure appropriate staff resources are available to complete PIP submissions in a timely manner and status of each PIP at least annually to DHCS[69].

3.c.3. Corrective Action Plans (CAPs):

3.c.3.a Provider CAPs resulting from FSR and Medical Record Review (MRR) must be addressed and documented, consistent with Alliance Policy 401-1508 – *Facility Site Review Process*. PCP sites that do not correct cited deficiencies are to be terminated from the network[70]; and

3.c.3.b. Provider CAPs may be an intervention for certain PQIs, as deemed appropriate by the CMO or a Medical Director[71]. Refer to Alliance Policy 401-1306 - *Corrective Action Plan for Quality Issues.*

3.c.4. Improvement Plan[72]:
The Alliance must submit a PDSA Cycle Worksheet to DHCS for each MCAS measure with a rate that does not meet the MPL or is given an audit result of "Not Reportable" (NR). DHCS will notify MCPs of the due date. Submission includes analysis of barriers, targeted interventions, relevant data to support analysis, targeted interventions, and a rapid cycle /continuous quality improvement process to guide PDSA outcomes. The Alliance will conduct at least a quarterly evaluation of ongoing rapid-cycle quality improvement efforts to determine whether progress is being made.

3.c.5. Quality and Health Programs:

3.c.5.a Disease Management: Consistent with Alliance Policy 401-3104 – *Disease Management Program*, the Alliance maintains an evidence-based disease management programs that incorporate health education interventions, target members for engagement and seek to close care gaps for members participating in these programs[73].

3.c.5.b Health Education and Promotion: Consistent with Alliance Policy 401-3101 – *Health Education and Promotion Program*, the Alliance offers important health education and promotion programs for its members. These programs are intended to assist members to improve their health, properly manage illness, and avoid preventable conditions. These programs have been implemented in all Alliance service areas, and are routinely reviewed for access, quality, and outcomes and reported as part of the QIHETP[74].
Health Programs services and information is shared with providers through the Provider Portal and special mailings for general performance reports, which may include:

a. Listings of members who need specific services;
b. Listings of members who need intervention based on pharmacy indicators; and
c. Alliance-sponsored training directed at improving performance.

3.c.5.c. Care-Based Incentive (CBI): The CBI Program provides incentive payments to providers and members for a variety of activities and serves as a mechanism to identify specific areas of a provider's care that are below the standard of care and may be amenable to improvement through various interventions. Details of the CBI Program are updated annually and available in the Alliance Provider Manual and on the Alliance website. Refer to Alliance Policy 401-1705 - *Care-Based Incentive Program*

3.c.5.d. Internal Improvement Projects: The Alliance implements internal improvement projects as necessary based upon monitoring activities that have identified opportunities for improvement.

References:

Alliance Policies:

105-0004 – Delegate Oversight
105-3002 – Program Integrity: Special Investigations Unit Operations
200-9001 – Grievance Reporting, Quality Improvement and Audits
200-9004 – Staff Grievance Review Committee
280-0003 – Whole Child Model Family Advisory Committee
300-3092 – Annual Provider Satisfaction Survey
300-4020 – Peer Review and Credentialing Committee – Authority, Roles, and Responsibilities
300-4030 – Credentialing Criteria and Identified Issues
300-4040 – Professional Provider Credentialing Guidelines
300-4090 – Ongoing Monitoring of Provider Credentials and Issues
300-4102 – Reporting to the Medical Board of California and the National Practitioner Data Bank
300-4103 – Fair Hearing Process for Adverse Decisions
300-4110 – Organizational Providers Credentialing Guidelines
300-8030 – Monitoring Network Compliance with Accessibility Standards
400-1109 – Physicians Advisory Group Responsibilities and Functions
400-1112 – Whole Child Model Clinical Advisory Committee Responsibilities and Functions
401-1201 – Continuous Quality Improvement Committee
401-1301 – Potential Quality Issue Review Process
401-1306 – Corrective Action Plan for Quality Issues
401-1501 – Standards of Care
401-1502 – Adult Preventive Care
401-1505 – Childhood Preventive Care
401-1508 – Facility Site Review Process
401-1509 – Timely Access to Care
401-1510 – Medical Record Review and Requirements
401-1519 – Infection Control Practices
401-1521 – Physical Accessibility Review
401-1523 – Non-Physician Medical Practitioner: Scope of Practice and Supervision
401-1607 – Healthcare Effectiveness Data and Information Set (HEDIS) Program Management and Oversight
401-1705 – Care-Based Incentive Program
401-2001 – Member Surveys
401-3101 – Health Education and Promotion Program
401-3104 – Disease Management Program

401-4101 - Cultural and Linguistic Services Program
403-1104 – Mission, Composition and Functions of the Pharmacy and Therapeutics Committee
404-1101 – Utilization Management Program
404-1108 – Monitoring of Over/Under Utilization of Services
404-1112 – Medical Necessity- The Definition and Application of Medical Necessity Provision to Authorization Requests
404-1114 – Continuity of Care
405-1112 – Care Management of Seniors and Persons with Disabilities for Medi-Cal
408-1107 – Behavioral Health Services

Impacted Departments:
Behavioral Health
Community Care Coordination
Community Engagement
Compliance
Member Services
Pharmacy Services
Provider Services
Utilization Management

Regulatory:
California Evidence Code Section 1157
California Code of Regulations, Title 28, Chapter 2, Article 7, Section 1300.67.2.2
California Code of Regulations, Title 28, Chapter 2, Article 7, Section 1300.67.2.2(d)(2)(C)
California Code of Regulations, Title 28, Chapter 2, Article 7, Section 1300.70
California Code of Regulations, Title 28, Chapter 2, Article 7, Section 1300.70(b)(c)
Code of Federal Regulations Title 42, Chapter 4, Subchapter C, Part 440, Subpart B, Section 440.262
Code of Federal Regulations Title 42, Chapter 4, Subchapter C, Part 438, Subpart E, Section 438.330
Code of Federal Regulations, Title 42, 438.330(d) incorporated via [MMC Final Rule] Medi-Cal Contract, Exhibit A, Attachment 4, Provision 1
DHCS communication dated 8/2016 related to Title 42, Code of Federal Regulations, Section 440.262;

Legislative:

Contractual (Previous Contract):
DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 2.2

Contractual (2024 Contract):

DHCS All Plan Letter:
MMCD PL 14-004 Site Reviews: Facility Site Review and Medical Record Review
DHCS APL 15-023 Facility Site Review Tools for Ancillary Services and Community-Based Adult Services Providers
DHCS APL 19-010 Requirements for Coverage of Early and Periodic Screening, Diagnostic, And Treatment Services for Medi-Cal Members Under the Age Of 21

	POLICIES AND PROCEDURES
Policy #: 401-1101	**Lead Department:** Quality Improvement and Population Health
Title: Quality Improvement & Health Equity Transformation Program (QIHETP)	
Original Date: 02/01/1996	**Policy Hub Approval Date:**
Approved by: Quality Improvement Health Equity Committee (QIHEC)	

DHCS APL 19-017 Quality and Performance Improvement Adjustments Due to Covid-19
DHCS APL 21-015 Benefit Standardization and Mandatory Managed Care Enrollment Provisions of The California Advancing and Innovating Medi-Cal Initiative

NCQA:

HEDIS Volume 2 Technical Specifications for Health Plans

Supersedes:

Other:

Alliance Provider Manual

Attachments:

Attachment A: Quality Improvement Health Equity Transformation Reporting Structure
Attachment B: Quality Improvement and Population Health Organizational Chart

Lines of Business This Policy Applies To
☒ Medi-Cal
☒ Alliance Care IHSS

LOB Effective Dates
(01/01/1996 – present)
(07/01/2005 – present)

Revision History:

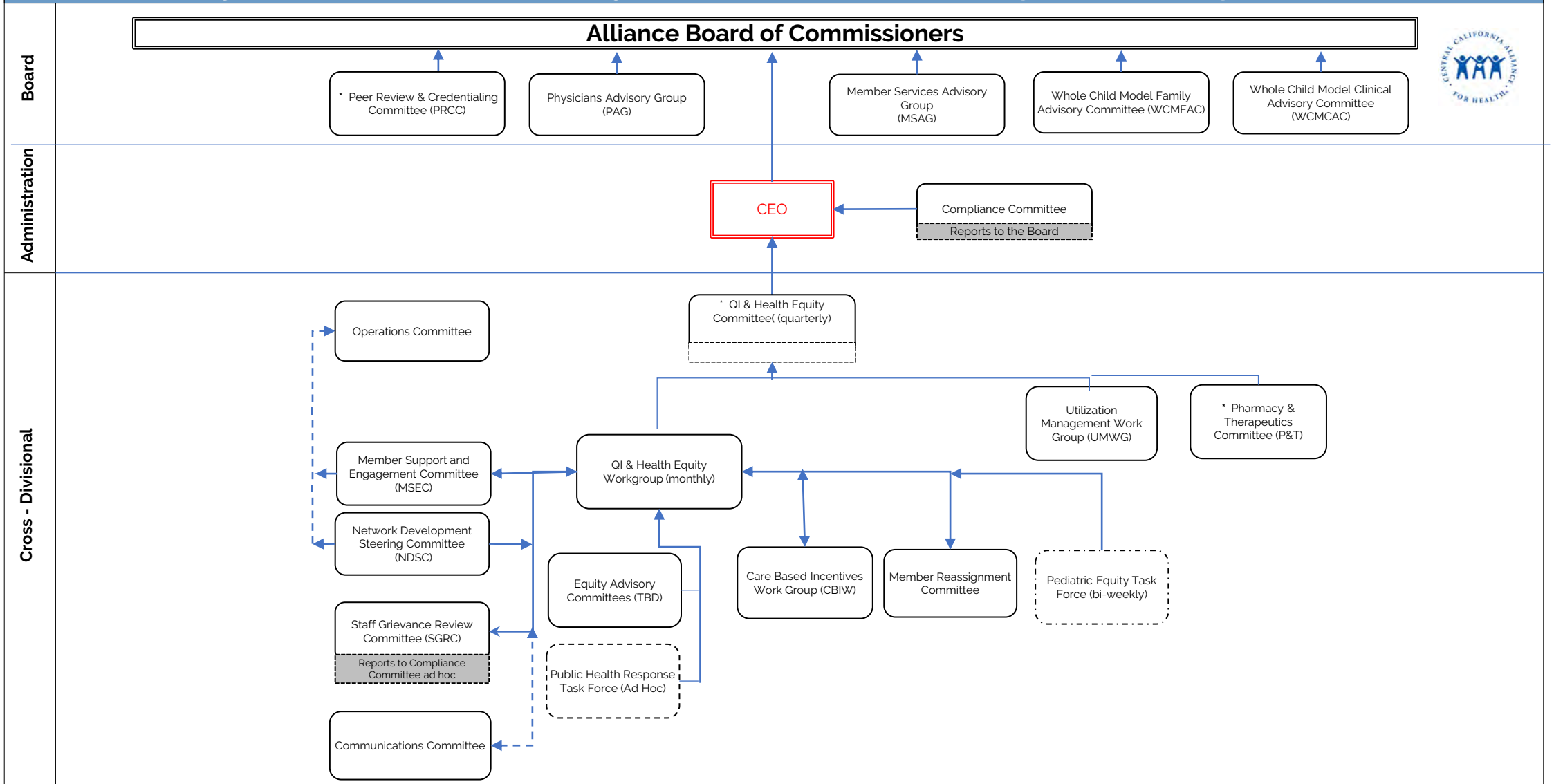
Reviewed Date	Revised Date	Changes Made By	Approved By
02/14/2020	02/14/2020	Amit Karkhanis, Quality and Performance Improvement Manager	Michelle Stott, RN, Quality Improvement Director
03/25/2021	03/25/2021	Amit Karkhanis, Quality and Performance Improvement Manager	CQIW-I
04/29/2021	04/29/2021	Amit Karkhanis, Quality and Performance Improvement Manager	CQIC
4/28/2022	4/28/2022	Amit Karkhanis, Quality and Performance Improvement Manager	CQIC
06/24/2022	06/24/2022	Michelle Stott, RN, Quality Improvement and Population Health Director	CQIC
2/2/2023	2/2/2023	Michelle Stott, RN, MSN, Quality Improvement and Population Health Director	QIHEW
11/14/2023	11/14/2023	Andrea Swan, RN, MSN, Quality Improvement and Population Health Director	QIHEW
11/30/2023		Andrea Swan, RN, MSN, Quality Improvement and Population Health Director	QIHEC

[1] DHCS Medi-Cal Contract Exhibit A, Attachment 3, Provision 2.2
[2] DHCS State Medi-Cal Contract, Exhibit A, Attachment 34, Provision 2.2.6
[3] DHCS State Medi-Cal Contract, Exhibit A, Attachment 34, Provision 2.2
[4] DHCS Medi-Cal Contract, Exhibit A, Attachment 3, Provision 2.2
[5] DHCS Medi-Cal Contract, Exhibit A, Attachment 3, Provision 2.2B
[6] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 2.2.6
[7] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 2.2.6
[8] DHCS Medi-Cal Contract Exhibit A, Attachment 3, Provision 2.2.C.
[9] DHCS Medi-Cal Contract Exhibit A, Attachment 3, Provision 2.2
[10] DHCS Medi-Cal Contract Exhibit A, Attachment 3, Provision 2.2.6.
[11] DHCS Medi-Cal Contract Exhibit A, Attachment 3, Provision 2.2.A.
[12] DHCS Medi-Cal Contract Exhibit A, Attachment 3, Provision 2.2
[13] DHCS Medi-Cal Contract Exhibit A, Attachment 3, Provision 2.2.12
[14] DHCS Medi-Cal Contract Exhibit A, Attachment 3, Provision 2.2.6M
[15] DHCS Medi-Cal Contract Exhibit A, Attachment 3, Provision 2.2.6F
[16] DHCS Medi-Cal Contract Exhibit A, Attachment 3, Provision 2.2.6G
[17] DHCS Medi-Cal Contract Exhibit A, Attachment 3, Provision 2.2.6P
[18] DHCS State Medi-Cal Contract, Exhibit E, Attachment 1, Definitions
[19] DHCS State Medi-Cal Contract, Exhibit E, Attachment 1, Definitions
[20] DHCS State Medi-Cal Contract, Exhibit E, Attachment 1, Definitions
[21] DHCS State Medi-Cal Contract, Exhibit E, Attachment 1, Definitions
[22] DHCS State Medi-Cal Contract, Exhibit E, Attachment 1, Definitions
[23] DHCS All Plan Letter 19-017
[24] DHCS State Medi-Cal Contract, Exhibit E, Attachment 1, Definitions
[25] DHCS All Plan Letter 19-017
[26] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 2.1
[27] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 2.2.2
[28] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3 Provision 2.2.3
[29] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 2.2.12
[30] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 1.1.7
[31] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provisions 2.2.12
[32] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3 Provision 2.2.12
[33] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3 Provision 2.2.3D
[34] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 2.2.7
[35] [MMC Final Rule] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 2.2.7.
[36] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 2.2.9
[37] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision5.2.14
[38] MMCD PL 14-004; DHCS APL 15-023; Policy 401-1521 – Physical Accessibility Review
[39] DHCS APL 15-023; Policy 401-1521 – Physical Accessibility Review
[40] DHCS State Medi-Cal Contract, Exhibit A, Attachment , Provision 5.2.14
[41] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 5.2.14
[42] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 2.2.11
[43] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 2.2.12
[44] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 2.2.12
[45] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 2.2.12

	POLICIES AND PROCEDURES
Policy #: 401-1101	**Lead Department:** Quality Improvement and Population Health
Title: Quality Improvement & Health Equity Transformation Program (QIHETP)	
Original Date: 02/01/1996	**Policy Hub Approval Date:**
Approved by: Quality Improvement Health Equity Committee (QIHEC)	

[46] Policy 300-4103 – Fair Hearing Process for Adverse Decisions; Policy 300-4102 – Reporting to the Medical Board of California and the National Practitioner Data Bank; 401-1306 – Corrective Action Plan for Quality Issues; 300-4090 – Ongoing Monitoring of Provider Credentials and Issues
[47] California Code of Regulations, Title 28, Chapter 2, Article 7, Section 1300.67.2.2, DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 5.2.5
[48] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision2.2.9.C,; DHCS All Plan Letter 19-017
[49] California Code of Regulations, Title 28, Chapter 2, Article 7, Section 1300.67.2.2(d)(2)(C)
[50] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision2.2.9E
[51] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 2.3.3
[52] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 4.3.2
[53] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 2.2.6
[54] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 2.2.9F
[55] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 2.2.9G
[56] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 2.2.5
[57] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 4.4.16A
[58] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 4.5.13C
[59] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 2.2.9.A4
[60] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 2.2.9
[61] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 2.2.9
[62] Policy 401-2001 – Member Surveys
[63] Policy 401-1502 – Adult Preventive Care
[64] Policy 401-1505 – Childhood Preventative Care
[65] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 2.2.4
[66] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 2.2.1
[67] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 2.2.9; DHCS All Plan Letter 19-017
[68] 42 CFR 438.330(d), Medi-Cal Contract, Exhibit A, Attachment 3, Provision 2.2.9B
[69] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 2.2.9B5
[70] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 5.2.14; MMCD PL 14-004
[71] Policy 401-1301 – Potential Quality Issue Review Process; Policy 401-1306 – Corrective Action Plan for Quality Issues
[72] DHCS All Plan Letter 19-017
[73] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 4.3.10
[74] DHCS State Medi-Cal Contract, Exhibit A, Attachment 3, Provision 5.3.7

Quality Improvement Health Equity Transformation (QIHET) Program Reporting Structure



* Includes attendees from outside the Alliance

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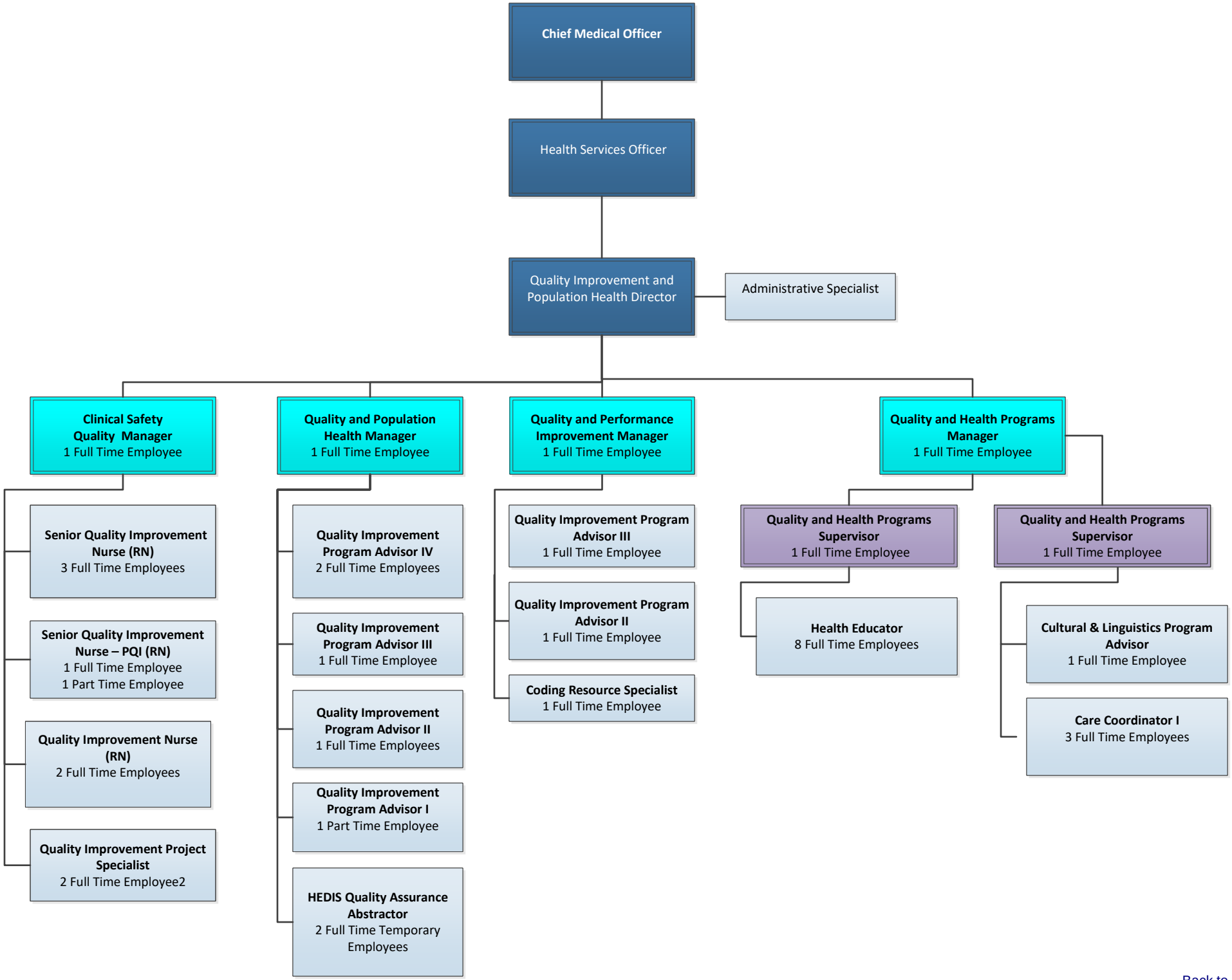
Updated Feb 3, 2023



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DATE: February 28, 2024

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

FROM: Scott Fortner, Chief Administrative Officer

SUBJECT: Business Continuity and Disaster Recovery Program 2023 Annual Report

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

Background. The purpose of the program is to prevent or mitigate the impacts of a business interruption on Alliance, members, providers, employees, partners, and communities. Should an incident occur, the Emergency Management Team (EMT) is responsible for managing response to the event and the subsequent recovery. The Business Continuity and Disaster Recovery Plan (BCDRP) is designed to be used to respond to the business impacting event to ensure the delivery of critical operational functions, minimize potential loss exposure, maintain compliance with regulatory and contractual requirements, and promote employee safety.

Summary of 2023 Activities

COVID-19 Pandemic. Throughout 2023, we continued to monitor COVID-19, following public health guidelines for our service area. Ongoing Alliance measures implemented in response to the pandemic included:

- Performance metrics monitoring critical services.
- Communications with staff to keep them informed.
- Online resources for staff, members, and providers with COVID-19 resources.
- Online tools for staff to stay engaged, healthy and connected while working remotely.

Atmospheric Rivers. In the first quarter of 2023, parts of the Alliance service area were impacted by significant winter storms bringing record levels of rain and flooding. The EMT met daily to monitor and respond to these events. Alliance offices in Scotts Valley experienced flooding. Small numbers of staff were impacted by power outages, evacuations, and flooding. Alliance staff provided outreach to high-risk members in impacted areas. The Alliance donated $150,000.00 to food banks in our service area to help ensure Alliance members and local residents impacted by evacuations and flooding had healthy meals during this crisis.

EMT Advisory Group. The EMT Advisory Group met monthly in 2023 to manage the oversight of the BCDRP. Upon hiring of the IT Risk and Business Resiliency Program Manager, an ISO 22301 – Security and Resiliency-Business Continuity Management Systems, Gap Analysis was conducted to evaluate the program against standards. A Maturity Assessment was conducted, measuring the extent to which the Alliance is making use of the standard practices. Based upon the findings, the plan for 2024 was made and approved by the EMT Advisory Team. The following initiatives are under consideration:

- Remediate gaps from ISO 22301 Gap Analysis
- Conduct annual Disaster Recovery exercise between May and December 2024
- Evaluate/acquire/implement business continuity software
- Conduct EMT Tabletop Exercise in May

- DHCS Contract Support (new 2025 initiatives like Member/Community plans)
- Execute Annual BIA update
- Execute Annual ISO Gap Assessment and Maturity Assessment Update
- Conduct Enterprise Risk Assessment (plus Assessments for San Benito and Mariposa counties)
- Execute Stakeholder Assessment

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

Attachments. N/A

DATE: February 28, 2024

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

FROM: Scott Fortner, Chief Administrative Officer

SUBJECT: Alliance Owned Facilities 2023 Annual Report

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

Summary of 2023 Leasing Activity. The Facilities team moved forward with plans to reduce Alliance owned and occupied office space, as outlined in the February 2023 Board report. This consisted of a reduction of 80,000 square feet across all offices. Worksites transitioned to an office/desk sharing model with a mix of staff working remotely and coming onsite. The Alliance has reduced occupancy costs by nearly 13% or $195,594.00 from pre-pandemic levels in 2019 vs. 2023 fiscal years. Overall, our net revenue from rental income increased by $108.7K or 16.3% from 2022 to 2023.

New and Renewed Lease Agreements. Scotts Valley: The Chief Executive Officer (CEO) signed five new agreements in 2023 to lease office space at 1700 and 1800 Green Hills Road in Scotts Valley, which included one new lease and four existing lease renewals. Eighty-six percent of the available office space in the 1800 building was leased as of December 2023, which is an increase of 7% over the prior year. The second floors of both the 1600 and 1700 Green Hills Road buildings were vacated by staff and listed on the market in 2023. Approximately 60,000 available square feet is now available for lease as a result.

Salinas: The CEO signed four new lease agreements in 2023 at 950 E. Blanco Road in Salinas which included three new leases and one existing lease renewal. The building is now fully rented after the Alliance vacated a sizable part of the building in 2023.

Merced: For the 530 West 16th Street office in Merced, the CEO signed one new long-term lease. The building is fully rented after the Alliance vacated a portion of the building in 2023.

Summary of Current Property Holdings and Status. The Alliance currently owns five buildings with a total of 280,859 square feet of office space.

Santa Cruz County

Scotts Valley

- 1600 Green Hills Road:
  - 57% Alliance Occupied
  - 43% Vacant/On Market
- 1700 Green Hills Road:
  - 45% Occupied Alliance Occupied
  - 3% Leased to Tenants
  - 52% Vacant/On Market

- 1800 Green Hills Road:
  - 83% Leased to Tenants
  - 17% Vacant/On Market

Monterey County

- 950 East Blanco Road, Salinas: 100% Occupied
  - 34% Alliance Occupied
  - 66% Leased to Tenants

Merced County

- 530 West 16th Street, Merced: 100% Occupied
  - 67% Alliance Occupied
  - 33% Leased to Tenants

Fiscal Performance and Impact.
2023 Financial Performance:

Annual Gross Rental Income:	$1,467,699.93
Annual Rental Expenses:	$691,010.18
Annual Net Revenue:	$776,689.75

*Expenses calculated based on average actuals from January 2023 to December 2023.

Attachments. N/A

DATE: February 28, 2024

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

FROM: Andrea Swan, Quality Improvement and Population Health Director

SUBJECT: Quality Improvement Health Equity Transformation Workplan – Q3 2023

Recommendation. Staff recommend the Board accept the Quality Improvement Health Equity Transformation (QIHET) Workplan report for Q3 2023.

Summary. This report provides pertinent highlights, trends, and activities from the Q3 2023 QIHET Workplan.

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

The 2023 QIHET Workplan was developed to align with the Alliance Strategic Plan of Member Wellness, Access to Care, and Promotion of Value. This is accomplished through the following initiatives:

Section I: Member Experience	**Status**
A. Member Experience	
1. Health Care Collaboratives	**Goal Not Met**
2. Health Services Division Member Outreach & Engagement Campaigns	**In Progress**
3. Member Support – Call Center	**Goal Met**
4. Cultural and Linguistics Services & Population Needs Assessment Education	**In Progress**
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	**Goal Met**
Section III: Quality of Clinical Care	
D. Utilization	

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

Discussion.

2023 QIHET Workplan Outcomes and Evaluation

Member Experience

- Health Care Collaboratives: The Health Care Collaboratives metric has been canceled and will not be measured moving forward.

- Health Services Division Member Outreach and Engagement Campaigns. The Health Services teams have focused staff efforts on preparation for Population Health Management implementation, new 2024 contract requirements and county expansion efforts.

- Member Support – Call Center: During Q3 the Alliance Member Services' Call Center focused on sharing redetermination information with members and ensuring that the Alliance has their correct mailing address. Member Services began receiving calls in Q3 from expansion members and have been responding to questions and providing them with information about the Alliance.

- Cultural and Linguistics Services and Population Needs Assessment Education: In Q3 2023 there was a 55.5% total increase, compared to Q3 2022, of providers utilizing face-to-face (in-person) interpreting services.

County specific data for face-to-face interpreting services was as follows:

- Merced County had a 193% increase in Q3 2023 compared to Q3 2022. Santa Cruz County had a 78.2% increase in Q3 2023 compared to Q3 2022. Monterey County had a 14.2% increase in Q3 2023 compared to Q3 2022.

- For telephonic interpreting services, the data is not broken down by county. In Q3 2023 there was a 22.9% increase of providers and staff utilizing telephonic interpreting services compared to Q3 2022.

- Consumer Assessment of Healthcare Provides and Systems (CAHPS) - How Well Doctors Communicate: Sample frames for the 2023 Adult and Child Clinical & Group (CG) CAHPS survey were submitted to the vendor in March. Field surveys are anticipated to begin in April. Results from the survey are expected in Q4 2023.

Quality of Service

Access and Availability

- Annual Access Plan: The Network Development Steering Committee continued work to develop additional criteria to prioritize recruitment, and in Q3 the metrics based on grievances and potential delays in care were discussed. These metrics will be finalized and thresholds defined.

- Provider Choice: In-Area Market Share: St. Michael Nephrology agreed to contract with the Alliance in the San Luis Obispo (SLO) area. Additionally, a new psychiatrist in SLO also agreed to contract. Both providers have historically declined to contract with the Alliance.

- CAHPS Survey: Access Measures: Sample Frames for the 2023 Adult and Child CG CAHPS survey were submitted in Q3. Field surveys anticipated to begin in the fourth quarter.

Provider Experience

- Provider Satisfaction: The results are final and were presented to the Network Development Steering Committee and continuous Quality Improvement Workgroup-Interdisciplinary in December 2022. Overall Provider Satisfaction for 2022 was 87%.

Quality of Clinical Care

Utilization

- Under/Overutilization: The report was finalized in the first quarter and metrics were updated for the Utilization Management Work Plan quarterly reporting. Continued development of depression screening metrics are underway for the second and third quarter. Increases noted across the QI metrics of under utilization focus with decreased utilization in area of monitoring for potential over-utilization (EMG). Staff continue to monitor for trends and opportunities for further intervention.
- Site of Care: The focus in Q3 was on completing the Site of Care transition for the members who were identified in the second quarter. There were two members from the second quarter who had accepted transition to Site of Care but were pending provider decision at the time of the last summary. Of those members, one will start home infusion in January 2024 and the other one will not transition to home infusion because the provider could not be reached. New target drugs were chosen based on the remaining medications that the local home-infusion provider has access to; ustekinumab (Stelara),

pegloticase (Krystexxa), alpha-1-proteinase Inhibitor (Glassia), and alpha-1-proteinase Inhibitor (Zemaira). Unfortunately, none of the members on these medications were eligible for the Site of Care program so no outreach was conducted in Q3. Trainings for this program were completed by all pharmacy technicians and pharmacists.

- Drug Utilization Review (DUR): DUR was performed to identify high risk members who received buprenorphine MAT and full opioid agonist concurrently during April 2022 through March 2023. The goal was to identify concerning prescribing patterns such as co-prescribing of buprenorphine and opioids for more than seven days. It was discovered that 33 clinicians co-prescribed opioid and buprenorphine to a total of 66 members (only 14 were co-prescribed Naloxone). An additional goal was to identify high risk members who received opioids from a prescriber different than the one issuing buprenorphine. Sixty-three members were identified that received a full opioid agonist prescription from prescriber different than the one who issued buprenorphine (only 19 of these were co-prescribed naloxone). Targeted outreach will be conducted to encourage providers reevaluate necessity of buprenorphine and opioid concurrent therapy, to monitor Controlled Substance Utilization Review and Evaluation System (CURES) and to encourage co-prescribing of naloxone.

  DUR was performed on Alliance members who were less than or equal to 18 years of age and had a prescription for a controlled substance in the drug classes sedative or antianxiety in 2022. The goal was to determine any inappropriate prescribing patterns and/or potential fraud, waste, and abuse (FWA). The conclusion was that there were no concerns for inappropriate prescribing patterns or for FWA. The Pharmacy Department will continue to monitor this DUR topic annually.

  DUR was performed to evaluate naloxone prescribing to high-risk members. The primary goal was to assess whether naloxone was co-prescribed to members who received Emergency Department or inpatient treatment for non-fatal opioid overdose during 2022. It was discovered that only 87 out of 405 members were co-prescribed naloxone after discharge. Results of the analysis were shared and discussed with Alliance Behavioral Health, Enhanced Care Management and Quality Improvement teams to increase awareness and collaboration.

  Over 100 member profiles were reviewed by the Pharmacy Department for those who received sedative/hypnotics during the year 2022 for potential FWA. The goal is to review prescribing patterns by the providers, early fills, multiple provider visits and multiple pharmacy fills by the members and early fills and overrides by the pharmacy providers. No concerns were found. A provider bulletin on "Managing Insomnia" will be published soon to educate providers on a recent update on managing insomnia in the primary care setting.

<u>Adult Preventive Care Services</u>

- Health Education and Disease Management: In Q3 the Quality and Health Programs team completed one Healthier Living Program workshop series. The workshop was offered in English in the telephonic modality.

- Controlling Blood Pressure (BP): The first goal of supporting the Pharmacy Team in initiating the Pharmacist-Led Academic Detailing (PLAD) Hypertension Program Project is placed on hold until June while continuing to track BP recheck rates monthly.

For the second goal of identifying a health care system willing to partner with the Alliance team in implementing an evidenced based practice for members with Hypertension, per check-in with a provider over the summer, they are not interested/able in a full PLAD project. Instead, the provider is requesting a one-time clinician focused training around the latest hypertension guidelines to be completed on November 15, 2023.

- Diabetes HbA1c >9% (poor control): During Q3 2023 the new clinics outreached to include Gettysburg Medical Clinic, Dr. Thao, Soledad Medical Clinic, and reconnected with Mee Memorial Clinics. Completed PLAD DM program with Clinica de Salud del Valle de Salinas on June 8, 2023, start date pending: DoD, Gettysburg, Dr. Thao. On-hold include Mee Memorial and Soledad Medical Clinic.

<u>Performance Improvement Projects (State Mandated)</u>

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

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

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

  For the second quarter QIPH provided best practices information and slide presentations for GVHC and Merced Faculty Associates to get leadership approval to participate in SWOTs. GVHC is working with their operations team to create a team to work on the Breast Cancer Screening SWOT. QIPH met with Apex to address questions on the project and provided best practice information.

  For Q3 2023, QIPH provided member recall rosters for Apex Medical Group and MFA North showing members due for chlamydia screening and well-visits. Staff worked with GVHC to identify barriers within the organization to implement member recall rosters in coordination with QI and Care Management teams. Staff worked with QI department to review the member recall roster for potential exclusions to upload to the Alliance's Data Submission Tool for compliance.

- Children's Domain SWOT: SWOT 1 Actions A-C: The Member Barrier outreach project was successful because insight was gained to:
  - What the top barriers to accessing care were for this member sample.
  - The type of education QI PH needs to provide to parents/guardians to increase their understanding of the importance of regular well-child visits and timely immunizations.
  - Best practices when contacting members and sharing information regarding a potential or actual healthcare deficiency.

  These lessons learned will be taken into consideration for future outreach efforts made by QI PH staff.

SWOT 2 Action A: Promoting the distribution and use of the Alliance's Infant Wellness Map (IWM) to Merced County community-based organizations, clinics, and members. This project was a success because QI PH staff successfully disseminated the tool in collaboration with the Merced County office of Education – Head Start Program and Merced County Public Health. Head Start received 200 copies of the IWM June 2023 (75 Spanish, 100 English and 25 Hmong) and are actively distributing the tool to their Alliance insured members. Alliance staff will check in with Head Start to offer support and more copies in Q4 2023. Additionally, staff have collaborated with Merced County Public Health, First Five of California, and GVHC to host a Health Fair for the Merced community. The Health Fair will occur on October 8, 2023 and will include:

- An Alliance informational booth to pass out IWM.
- Flu vaccinations, blood glucose checks, blood pressure checks, eye exams and more.
- 35+ exhibitors with informational booths.
- "Passport" cards completed by visiting and learning about each exhibitor.
- Completed cards can be entered into a raffle for prizes and a bonus raffle ticket is given to those that receive a flu vaccine at the fair.
- Live radio broadcasting from a local Merced Spanish radio station.

The flu vaccine has been a highlight for this Health Fair to raise awareness for the Merced community on the importance of flu vaccinations.

SWOT 2 Action B: Pediatric Best Practices Webinar: This project was a success because the goal of conducting a live-session Pediatric Best Practices Webinar was met in Q3 and exceeded the webinar attendance goal. Thirty-eight out of 69 (55%) external registrants attended from 35 different entities and clinics (including 19 from Merced County). The Pediatric Best Practices webinar was hosted by Dr. Carmela Sosa, a prominent and high-performing Merced County Pediatrician, with assistance from Alliance staff. The webinar recording will be posted on the provider webpage by Q4 as a resource for providers and office staff.

The webinar content included:

- AAP Periodicity Schedule
- Early Childhood & Adolescent Well Visits
- Immunizations
- Lead Screening
- Fluoride Application
- ACEs Screenings
- Alliance Resources

SWOT 3 Action A: Promote Healthcare Technology grants to Merced County physicians. This effort was a success because there were three entities from Merced County that applied for the Healthcare Technology Program grant; one application was approved, and two are pending. A grant in the amount of $50,000 was awarded to GVHC, who serves approximately 65,000 Alliance members within the county, to apply towards Epic Welcome & Tonic Health tablets for patient registration, scheduling, and health surveys and questionnaires. As of September 2023, there are two pending applications from Merced County providers that will be internally reviewed and, if recommended, go to the Board for approval in October.

SWOT 3 Action B: As of September 29, 2023, staff have conducted Care Based Incentive (CBI) Forensic visits with 9 clinics from Merced County and anticipate further visits this year. In these visits, Alliance staff share resources such as member incentives and provider portal reports to support clinics in accessing, understanding, and using their data for performance improvement. Additionally, QI PH will host a live-session 2024 CBI overview in October 2023.

- Childhood Immunizations: The Health Services Advisory Group's (HSAG's) final validation findings on the CIS Performance Improvement Project (PIP) were received on June 12, 2023 and no further submissions were required. The project is completed.

- Child and Adolescent Well Care Visits (WCV) in Merced County: The final rate for the WCV PIP was 62.61%; 14.05% above the goal rate for this project. Module 4 was submitted to the Department of Health Care Services (DHCS) on April 21, 2023. DHCS provided validation findings on June 2, 2023. All requirements were met and a high confidence level rating was received for this PIP. No further actions need to be taken; this PIP cycle is officially closed.

- Well-Child Visits in the First 30 Months of Life; Well-Child Visits in the first 15 Months – Six or More Well Child Visits W 30 – 6 Measure: The 2023-2026 DHCS W30-6 PIP submission was completed. Analysis was performed to identify Merced providers with highest potential for impact. No further requirements from HSAG.

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

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

<u>Behavioral Health</u>

- Eating Disorders: Project Charter was adopted by the Deputy Medical Director and the Process Improvement workflow group launched kick-off and is in the process of documenting current state mapping.

Clinical Safety

- Grievance and Prevention Quality Indicator (PQI) Management: The team successfully onboarded two Medical Directors to assist in processing member Grievances, PQIs, and Quality Studies. The additional support has reduced administrative burden between Medical Directors and increased QI RN access to clinical input for quality concerns.

  The team is in collaboration with Grievance and the Provider Relations teams regarding provider communication for Quality of Care member grievances and PQIs to better inform providers of the grievance and PQI review process. The goal is to decrease unnecessary contact with providers and to educate them on the difference between member grievance processing and PQI processing.

The team delivered an updated "Potential Quality Issue Overview" presentation to QI staff and plans to review the presentation with Alliance staff outside of QI to increase understanding of the program and promote internal referrals.

- Facility Site Review (FSR) Management: During Q3, 100% (17 of 17) of existing primary care provider sites that had an FSR due this quarter were completed within three years of their last FSR date, 100% (3 of 3) of practices where Critical Elements Corrective Action Plans (CE CAPs) arising from FSRs are resolved within 10 business days, 86% (12 of 14) of practices with a Corrective Action Plans (CAPs) arising from FSR submit a plan to address the CAP within 45 calendar days, and 79% (11 of 14) of practices with a CAP arising from FSR complete all planned actions within 90 calendar days as evidenced by verification by the FSR team.

Conclusion. The QIHET Workplan does not have any critical areas of concern that require further intervention or follow-up. There is continued progress toward goals for the initiatives and operational metrics, including addressing any barriers to achieve outcomes.

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

Attachments.
1. Q3 2023 QIHET Workplan

Q3 2023 QIHE y y plan y

pic y	Health Ca e C yllab yatives - y feedbac f ym c ymmunit y engagement y	pic y	C ynt ylling Bl yd P essu e y	PROGRE y UMMARY
Status y	G alyN yt Met y	Status y	In P yg ess y	66% y
pic y	Health Se vices Divisi n y Membe Out each & y Engagement Campaigns y	pic y	Diabetes HbA1c >9% (p y c ynt yl) y	Pe cent C ymplete y
Status y	In P yg ess y	Status y	G alyMet y	
pic y	Membe Supp yt - Call Cente y	pic y	men's Health D ymain y S y	C ymp ysite c ye y
Status y	G alyMet y	Status y	In P yg ess y	4 y
pic y	Cultu al and Linguistics (C&L) Se vices & P ypulati n Needs Assessment Educati n y	Status y	Childh y d Immunizati ns y	Secti ns ab ye ta get y
Status y	In P yg ess y	pic y	G alyMet y	
pic y	CAHPS: H yw ey ll D yct ys y C ymmunicate y	Status y	Child en's D ymain S y	
Status y	In P yg ess y	pic y	G alyMet y	
pic y	Annual Access Plan y	Status y	Child and Ad yescent ey ll- y Ca e Visits in Me ced C yunt y	
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Status y	In P yg ess y	pic y	G alyMet y	
pic y	CAHPS Su ve : Access y Measu es y	Status y	F yl w-Up Afte Eme genc Depa tment Visit f y Mental Illness—30-Da F yl w-Up—y tal and F yl w-Up Afte y Eme genc Depa tment Visit f y Substance Use—30-Da F yl w-Up—T yal y	
Status y	In P yg ess y	pic y	G alyMet y	
pic y	P yvide Satisfacti n y	Status y	Eating Dis yde s y	
Status y	G alyMet y	pic y	G alyPa tiall Met y	
pic y	Unde / Ove utilizati n y	Status y	G ievance and PQI y Management y	
Status y	G alyMet y	pic y	G alyPa tiall Met y	
pic y	Site f Ca e y	Status y	Facilit Site Review (FSR) y Management y	
Status y	In P yg ess y	pic y	G alyPa tiall Met y	
pic y	D ug Utilizati n Review (DUR) y	Status y		
Status y	In P yg ess y			
pic y	Health Educati n and Disease Management y			
Status y	In P yg ess y			

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Q3 2023 QIS Workplan

SECTION 1: MEMBER EXPERIENCE

A: MEMBER EXPERIENCE

Topic	**Health Care Collaboratives - feedback from community engagement**
Domain	**Member Experience**
Priority	**Alliance Operating Plan**
Committee	**MSEC**
Goals	**Determine baseline performance by calculating the number of ideas acted upon by the organization (as defined by: assessing feasibility of, starting or completing a project, taking direct action) against of ideas brought back to the organizations by Community Engagement Team from Health Care Collaborative meetings**
Opportunities for Improvement	**Staff input to the status report forms has not been consistent and my need leadership support.**
Results Q3	**0**
Summary of Quarterly Activities Narrative	**Metric has been canceled and will not be measured moving forward**
Known Barriers/Root Cause(s) (as applicable)	**Adequate staff to perform activities**
Next Steps	**this metric will be rolled up into Organizational actions taken by all member voice.**

Topic	**Health Services Division Member Outreach & Engagement Campaigns**
Domain	**Member Experience** **Quality of Care** **Quality of Service**
Priority	**Core**
Committee	**QIHET-W, MSEC**
Goals	**Member outreach is critical to inform, foster dialogue, and support at risk Alliance members. Member outreach will consist of calling members impacted by the emergent issues, impact on access to care, and member voice assessments. Mobilize an internal team to identify members, develop scripting and information of appropriate resources and health education, and conduct telephonic outreach to high-risk, vulnerable members.** **Activities:** **1. In 2023, 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**
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**
Results Q3	**0.00%**
Summary of Quarterly Activities Narrative	**There were no ad-hoc member outreach campaigns completed in Q3 2023. The Health Services teams have focused staff efforts on preparation for Population Health Management implementation, new 2024 contract requirements and county expansion efforts.**
Known Barriers/Root Cause(s) (as applicable)	**Not applicable this quarter.**
Next Steps	**Teams are preparing for 2024 contract requirements and county expansion. If new member outreach campaigns are identified they will be reported accordingly.**

Topic	**Member Support - Call Center**
Domain	**Member Experience**
Priority	**Regulatory (DHCS)**
Committee	**MSEC**
Goals	**1. 95% of Calls to Member Services Answered Before Being Abandoned** **2. 80% of Calls to Member Services Answered Within 30 Seconds**
Opportunities for Improvement	**Identify additional barriers to being able to continuously meet this requirement.**
Results Q3	**1. 95% 2. 80%**
Summary of Quarterly Activities Narrative	**During Q3 2023 the Alliance Member Services' Call Center focused on sharing redetermination information with members and ensuring that their mailing address is up updated. We have also started to receive calls from expansion members and have been providing them with basic Alliance information.**
Known Barriers/Root Cause(s) (as applicable)	
Next Steps	**Keep eye on member walk-in volume**

Topic	**Cultural and Linguistics (C&L) Services & Population Needs Assessment Education**
Domain	**Member Experience** **Quality of Care** **Quality of Service**
Priority	**Regulatory (DHCS)**
Committee	**QIHET-W**
Goals	**To measure the performance of the Alliance C&L Services program and to make improvements accordingly (measure utilization per County).** **1. Increase Provider Utilization of the Alliance Language Assistance Services program by 5% when compared to the previous year** **2. Increase the Alliance network provider's familiarity with the Alliance Language Assistance Services Program**
Opportunities for Improvement	**Effective communication is critical for our members to ensure understanding, empowerment and provide high-quality care. The Alliance Language Assistance Services program ensures that Alliance members receive high-quality and appropriate language services by reducing health disparities related to language/cultural barriers.** **1. Explore the effectiveness of cultural competency services provided by the Alliance in ensuring that members receive high-quality, person-centered care and identifying opportunities for improvement where necessary** **2. Monitor telephonic interpreting, face-to-face interpreting, translations, and readability requests** **3. Monitor member and provider complaints and PQIs** **4. Develop a Health Literacy Tool kit for the organization (PNA)** **5. Collaborate with PS in the development and launching of provider cultural competency training (PNA)** **6. Implement audio interpreting services for Telehealth visits** **7. Promote the Alliance Language Assistance Services with our external network providers (i.e., quarterly fax blasts, training videos to support providers on how to use the services) (PNA)**
Results Q3	**55.50%**
Summary of Quarterly Activities Narrative	**In Q3 2023 there was a 55.5% total increase compared to Q3 of 2022 of providers utilizing face-to-face (in-person) interpreting services.** **County specific data for face-to-face interpreting services was as follows:** **Merced County had 193% increase in Q3 2023 compared to Q3 2022** **Santa Cruz County had 78.2% increase in Q3 2023 compared to Q3 2022** **Monterey County had 14.2% increase in Q3 2023 compared to Q3 2022** **For telephonic interpreting services the data is not broken down by county.** **In Q3 2023 there was a 22.9% increase of providers and staff utilizing telephonic interpreting services compared to Q3 2022.**
Known Barriers/Root Cause(s) (as applicable)	**In Q3 there continued to be a high increase in provider utilization of face-to-face interpreting services in Merced County. There was also an increase in Santa Cruz County utilization. The C&L team will continue to monitor utilization rates to ensure member access**
Next Steps	**In Q3, the C&L team worked on county expansion efforts with vendors to ensure access to interpreting services in the new counties starting in 2024. Most vendors have confirmed capacity within the new expansion counties. In Q4, the C&L team will continue to work closely with our interpreting vendors to address any language access gaps that may arise.**

Topic	**CAHPS: How Well Doctors Communicate**
Domain	**Member Experience**
Priority	**Regulatory (DHCS)**
Committee	**QIHET-W, MSEC**
Goals	**1. Achieve xx% in How Well Doctors Communicate - Child** **2. Achieve x % in How Well Doctors Communicate - Adult**
Opportunities for Improvement	**Assess CAHPS surveys administered in 2022, determine thresholds and targets, and identify any improvements**
Results Q3	**Results anticipated in Q4 2023.**
Summary of Quarterly Activities Narrative	**Sample Frames for the 2023 Adult and Child CG CAHPS survey were submitted to the vendor in March. Field surveys anticipated to begin in April. Results from survey expected in Q4 2023.**
Known Barriers/Root Cause(s) (as applicable)	**TBD**
Next Steps	**Review the finalized analysis by the vendor for 2023 survey results in Q3 2023**

SECTION 2: QUALITY OF SERVICE

B: ACCESS & AVAILABILITY

Topic	**Annual Access Plan**
Domain	Member Experience · Quality of Care · Quality of Service
Priority	**Regulatory, Core**
Committee	**NDSC**
Goals	**The Annual Access Plan focus areas and improvement goals are established in January of each year and are solidified by the NDSC. The 2023 Access Plan goals will be finalized in January 2023.**
Opportunities for Improvement	**The Access Plan will articulate identified areas within the Alliance provider network where targeted activities can increase or enhance choice and/or access. The 2023 improvement opportunities will be identified in January 2023.**
Results Q3	**The committee continued work to develop additional criteria to prioritize recruitment, and in Q3 metrics based on grievances and potential delays in care were discussed. These metrics will be finalized and thresholds defined.**
Summary of Quarterly Activities Narrative	**Working w/ NDSC attendees to develop criteria to assist in ensuring appropriate prioritization of access plan focus areas.**
Known Barriers/Root Cause(s) (as applicable)	**TBD**
Next Steps	

Topic	**Provider Choice: In-Area Market Share**
Domain	Member Experience · Quality of Service
Priority	**Regulatory, Core**
Committee	**NDSC**
Goals	**1. 80% Market Share (PCP and Specialist) target with 75% lower threshold 2. Market Share stability with a no more than 5% decrease annually.**
Opportunities for Improvement	**1. Credential non-credentialed providers practicing at contracted locations. 2. Engage providers who have historically declined to contract.**
Results Q3	**Monterey County Access gaps for Nephrology (adult and pediatric) and Psychiatry (adult) were closed in Q3 further to successful contracting with providers identified in Q2. The Psychiatry (pediatric) gap is anticipated to be closed in Q423 due to Carelon data improvements as Abdellatif Aichouri, MD was added to the pediatric Psychiatry network.**
Summary of Quarterly Activities Narrative	**St. Michael Nephrology agreed to contract with the Alliance in the San Luis Obispo area. Additionally a new psychiatrist in SLO also agreed to contract. Both providers have historically declined to contract with the Alliance.**
Known Barriers/Root Cause(s) (as applicable)	**Difficulty obtaining timely credentialing applications for new or existing providers, priority to engage new entities in contracting over credentialing providers at existing contracted sites.**
Next Steps	

Topic	**CAHPS Survey: Access Measures**
Domain	Member Experience · Quality of Service
Priority	**DHCS**
Committee	**HDC, QIHET-W, QIHET-C**
Goals	**1. Achieve xx% in Getting Care Quickly for Child and Adult CAHPS 2. Achieve xx% in Getting Needed Care for Child and Adult CAHPS**
Opportunities for Improvement	**Assess CAHPS surveys administered in 2022, determine thresholds and targets, and identify any improvements**
Results Q3	**Results anticipated in Q4 2023/Q1 2024**
Summary of Quarterly Activities Narrative	**Sample Frames for the 2023 Adult and Child CG CAHPS survey will be submitted in Q3. Field surveys anticipated to begin in Q4**
Known Barriers/Root Cause(s) (as applicable)	**Sample frames for 2023 Adult and Child CG CAHPS submitted in September 2023.Surveys will begin in Q4.**
Next Steps	**Review the finalized analysis by the vendor for 2023 survey results in Q4 2023**

C: PROVIDER EXPERIENCE

Topic	**Provider Satisfaction**
Domain	Quality of Service
Priority	**Regulatory, Core**
Committee	**HDSC**
Goals	**Target of 88% of surveyed providers who are satisfied with the Alliance (annual measure based on Satisfaction Survey); lower threshold is 79.2%.**
Opportunities for Improvement	**Engage more providers in responding to the annual survey; continue to explore new or evolved questions to best inform the Alliance as to feedback in targeted areas**
Results Q3	**2022 results were 87% overall satisfaction with the Alliance**
Summary of Quarterly Activities Narrative	**Results final, presented to NDSC and CQIW-I in December. Overall Provider Satisfaction for 2022 was 87%.**
Known Barriers/Root Cause(s) (as applicable)	**None**
Next Steps	

SECTION 3: QUALITY OF CLINICAL CARE

D: UTILIZATION

Topic	**Under / Overutilization**
Domain	Clinical Safety · Quality of Care · Quality of Service
Priority	**Regulatory**
Committee	**UMWG, QIHET-W, QIHET-C, Program Integrity/Compliance Committee, Claims, Advanced Analytics, Health Services Finance Collaborative, PS/HS Collaborative**
Goals	**An interdepartmental over/underutilization report will be developed by December 31, 2023.**
Opportunities for Improvement	**1. Coordinated collaboration with all sources of monitoring for over and underutilization. 2. Linking reporting from multiple sources to ensure compliance with monitoring.**
Results Q3	**Assessment: Q3 UMWP data reflects the following Claims activity, with percentages measured against Claims activity in prior quarter (Q2 2023). ACE at 12,162 claims, a 9.5% increase over prior quarter (n=11,105). Breast Cancer Screening at 5,035 claims, a 4.7% decrease over prior quarter (n=5,273). Colorectal Cancer Screening at 4,882 claims, a 2.4% increase over prior quarter (n=4,768). EMG at 256 claims, a 32% increase over prior quarter (n=195). Initial Health Assessment at 64,692 claims, a 11% increase over prior quarter (n=58,191). Lead Screening in Children at 4,765 claims, a 2% decrease over prior quarter (n=4,856). Depression screening remains unchanged from prior quarter and likely reflects incomplete capture of screening activity with new metric, consistently noting fewer than 50 claims/quarter.**
Summary of Quarterly Activities Narrative	**Report finalized in Q1 and metrics updated for UMWP quarterly reporting. Continued development of depression screening metrics underway for Q2-3. Increases noted across the QI metrics of under utilization focus with decreased utilization in area of monitoring for potential over utilization (EMG). Continue to monitor for trends and opportunities for further intervention.**
Known Barriers/Root Cause(s) (as applicable)	**Lack of consolidation of all efforts toward oversight of over /utilization.**
Next Steps	**Dyadic codes, depression screening, doula benefits being added to report. Current report in place for Q1UMWG reporting.**

Topic	**Site of Care**
Domain	Clinical Safety · Member Experience · Quality of Care
Priority	**Organizational Tactic**
Committee	**P&T, CQIC**
Goals	**1. Perform Site of Care outreach to 50% of Site of Care eligible members on targeted drugs in a form of informational letter and infusion provider phone calls. 2. Determine any barriers for Site of Care transition from members, prescribing providers, and infusion providers perspective.**
Opportunities for Improvement	**1. Improve access to home infusions and outpatient infusion center infusions for members. 2. Develop infusion provider and member relationship, which can eventually improve medication adherence and health outcomes.**
Results Q3	**100%**
Summary of Quarterly Activities Narrative	**Q3: We focused on completing the Site of Care transition for the members who were identified in Q2. There were two members from Q2 who had accepted transition to Site of Care but were pending provider decision at the time of our last summary. Of those members one will be starting home infusion in January 2024 and the other one will not be transitioning to home infusion because the provider could not be reached. We also chose new target drugs based on the remaining medications that our local home-infusion provider has access to; ustekinumab (Stelara), pegloticase (Krystexxa), alpha-1-proteinase Inhibitor (Glassia), and alpha-1-proteinase Inhibitor (Zemaira). Unfortunately, none of the members on these medications were eligible for our Site of Care program so no outreach was conducted in Q3. We have completed training for this program for of all pharmacy technicians and all three pharmacists.**

Known Barriers/Root Cause(s) (as applicable)	**1. Pharmacy staffing** **2. Insufficient Home infusion and outpatient infusion contracted providers** **3. Hospital contract limiting transition of infusions out of Hospital based outpatient infusions center.** **4. Difficult to find the best contact information for providers.** **5. Administrative tasks such as setting up member/provider letters and referrals are time consuming.** **6. Tableau reports take time to create and modify.** **7. The members who have declined the program have done so for multiple reasons, including not wanting anyone in their home or they would like to continue at their current site of care because they receive other services from that site at the same time.** **8. It takes a long time for the prescribers to send clinical information and medication orders to the infusion pharmacy. The infusion pharmacy must follow up with the provider multiple times to obtain all the necessary information from the prescriber.**
Next Steps	**Finish training the last pharmacy team member. Identify one new target drug and conduct member outreach. Finish transition to home infusion for all pending members who were originally identified in Q2.**

Topic	**Drug Utilization Review (DUR)**
Domain	**Clinical Safety** **Member Experience** **Quality of Care**
Priority	**Regulatory**
Committee	**P&T, QIHET-W**
Goals	**1. Perform retrospective drug utilization review on a quarterly basis, to assure that drug utilization is appropriate, medically necessary, and not likely to result in adverse events.** **2. Based on DUR, provide active and ongoing outreach to educate providers on common drug therapy problems (e.g., new prescribing guidelines and advisories) with the goals of improving prescribing and dispensing practices, increasing medication compliance, and improvement of over-all member health.**
Opportunities for Improvement	**Improve awareness among members on providers on any drug utilization is not in line with current clinical guidelines.**
Results Q3	**78**
Summary of Quarterly Activities Narrative	**Q3:** **Drug utilization review was performed to identify high risk members who received buprenorphine MAT and full opioid agonist concurrently during April 2022 through March 2023. The goal was to identify concerning prescribing patterns such as co-prescribing of buprenorphine and opioids for more than 7 days. We discovered that 33 clinicians co-prescribed opioid and buprenorphine to a total of 66 members (only 14 were co-prescribed Naloxone). Additional goal was to identify high risk members who received opioids from a prescriber different than the one issuing buprenorphine. We identified 63 members that received a full opioid agonist prescription from prescriber different than the one who issued buprenorphine (only 19 of these were co-prescribed naloxone). Targeted outreach will be conducted to encourage providers reevaluate necessity of buprenorphine and opioid concurrent therapy, to monitor Controlled Substance Utilization Review and Evaluation System (CURES) and to encourage co-prescribing of naloxone.** **Drug utilization review was performed on Alliance members who were less than or equal to 18 years of age and had a prescription for a controlled substance in the drug classes sedative or antianxiety in 2022. The goal was to determine any inappropriate prescribing patterns and/or potential fraud, waste, and abuse (FWA). We concluded that there were no concerns for inappropriate prescribing patterns or for fraud waste and abuse. We will continue to monitor this DUR topic annually.** **Drug utilization review was performed to evaluate naloxone prescribing to high-risk members. Our primary goal was to assess whether naloxone was co-prescribed to members who received Emergency Department or inpatient treatment for nonfatal opioid overdose during 2022. We discovered that only 87 out of 405 members were co-prescribed naloxone after discharge. Results of the analysis were shared and discussed with Alliance Behavior Health, Enhanced Care Management and Quality improvement teams to increase awareness and collaboration.** **Over 100 member profiles were reviewed by the pharmacy department for those who received sedative/hypnotics during the year 2022 for potential fraud, waste, and abuse. The goal was reviewing prescribing patterns by the providers, early fills, multiple provider visits and multiple pharmacies fills by the members and early fills and overrides by the pharmacy providers. No concerns were found. A provider bulletin on 'Managing insomnia' will be published soon to educate providers on a recent update on managing insomnia in primary care setting.**
Known Barriers/Root Cause(s) (as applicable)	**1. Limitation in report generation, requiring manual analyses that are time-consuming.** **2.Competing priorities for pharmacists.**
Next Steps	**Q3: We will be connecting with Analytics team to improve process efficiency during data analysis. This will help in reducing the time spent by pharmacists on analyses and more time performing interventions.**

E: ADULT PREVENTIVE CARE SERVICES

Topic	**Health Education and Disease Management**
Domain	**Member Experience** **Quality of Care** **Quality of Service**
Priority	**Regulatory (DHCS)**
Committee	**QIHET-W**
Goals	**To increase member self-efficacy in performing self-management behaviors by having members participate in the Alliance Healthier Living Program. (Chronic Disease Self-Management Program)** **1. By December 31, 2023, at least 50% of participants in the Healthier Living Program will have scored "Good/Very Good/Excellent" for their ability to manage their chronic health conditions after the workshop** **2. Overall increasing improvements of the scores (i.e., poor to fair)**
Opportunities for Improvement	**1. Increase participation in the Healthier Living Program workshop by prompting the member incentive and offering different format options. (Telephonic, virtual, and in-person)** **2. Coordinated collaboration with multiple sources to ensure to expand the quality improvement system in the community by having a greater presence and promoting Alliance quality initiatives related to wellness and health promotion**
Results Q3	**100%**
Summary of Quarterly Activities Narrative	**In Q3 the Quality and Health Programs team completed 1 Healthier Living Program workshops series. The workshop was offered in English in the telephonic modality.**
Known Barriers/Root Cause(s) (as applicable)	**There were no barriers to delivering this workshop series.**
Next Steps	**The QHP team started a virtual and an in-person HLP series in late Q3 that will be completed in Q4. There will be an additional telephonic HLP series that will start and end in Q4.**

Topic	**Controlling Blood Pressure**
Domain	**Quality of Care**
Priority	**Regulatory (DHCS Health Equity Goals), HEDIS**
Committee	**QIHET-W**
Goals	**1. Support the Pharmacy Team in initiating the Pharmacist-Led Academic Detailing Hypertension Program which will decrease the percentage of members with uncontrolled blood pressures (or BP greater than or equal to 140/90).** **2. Identify a health care systems willing to partner with the Alliance team in implementing an evidenced based practice for members with Hypertension.** **3. By 12/31/2023, the Santa Cruz County Clinics proportion of patients with BP at goal (or less than 140/90) will increase from 52% to 57%.**
Opportunities for Improvement	**1. Improving accurate BP readings will allows clinical interventions such as the Pharmacists-Led Academic Detailing Hypertension Program to be more effective in improving BP control in members with uncontrolled hypertension.** **2. Increase members that are accurately identified as having hypertension.** **3. For those members with hypertension established accurate readings support the clinical management of the patient.** **4. Establish this best practice in a busy ambulatory care center.**
Results Q3	**1. Goal not met - pharmacy hypertension program has not yet been initiated.** **2. Goal not met - Santa Cruz County Clinics decided against participating in the new PLAD Hypertension program. Instead, requesting a one-time clinician focused training around the latest hypertension guidelines.** **3. Goal met - Santa Cruz County Clincs Q2 2023 CBI CBP measured in Q3 2023 = 66.527%**
Summary of Quarterly Activities Narrative	**1. Project placed on hold until June while continuing to track BP recheck rates monthly.** **2. Per check-in with provider over the summer, they are not interested/able in a full PLAD project. At this time, project identified as closed.** **3. Project identified as closed.**
Known Barriers/Root Cause(s) (as applicable)	**1. Clinician and staff turnover limits clinics from participating in improvement activities (i.e. Lost Emeline medical director and clinic manager in Mar 2023)** **2. New process may be slowly adopted, will need to focus on education and job aids.**
Next Steps	**1. Check back in with clinic to assess ability to continue working on improving CBP rates.**

Topic	**Diabetes HbA1c >9% (poor control)**
Domain	**Quality of Care**
Priority	**Regulatory (DHCS Health Equity Goals), HEDIS**
Committee	**QIHET-W**
Goals	**1. Identify a health care system willing to partner with the Alliance team in implementing clinical practice recommendations on the latest pharmacologic recommendations for managing members with Diabetes Type II (ADA 2023: Pharmacologic Approaches to Glycemic Treatment)** **2. Support the Pharmacy Team in initiating the Pharmacist-Led Academic Detailing Diabetes Program which will decrease the percentage of members with uncontrolled diabetes (or A1c > 9%).**

Opportunities for Improvement	1. Opportunities to engage with a practice with a cohort of members with DM and interest in improving and/or expanding services to these members. 2. For those clinics who do not have a member recall process for routine diabetes care follow-up, provide practice coaching to empower the clinic to develop a sustainable system. 3. Opportunity to connect members to Diabetes Self-Management Education (DSME) and grow our network of Certified Diabetes Educators.
Results Q3	1. Goal met - New clinics outreached to: Gettysburg Medical Clinic, Dr. Thao, Soledad Medical Clinic. Also, reconnected with Mee Memorial Clinics. 2. Goal me: Completed PLAD DM program: CSVS on 6/8/23; Start date pending: DoD, Gettysburg, Dr. Thao. On-hold: Mee Memorial, Soledad Medical Clinic.
Summary of Quarterly Activities Narrative	1. Conduct clinic outreach to identify clinics interested in program participation. 2. Develop/modify program content to meet clinic requests. 3. Meet with clinics to plan the sessions. 4. Generate registry list of members to track A1C and f/up visits throughout 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. (For some clinics (i.e. CSVS) have had to modify the intervention by limiting the number of sessions and allowing a larger group sizes to participate) 3. Limited network of accessible Certified Diabetes Educators. 4. Alliance members have few resources, may be limited to not having safe areas for physical activity or support to prepare healthy meals.
Next Steps	1. In planning phase with DoD to schedule sessions with pharmacist. 2. Awaiting list of CBI QIP clinics interested in the DM PLAD Program to outreach to.

F: PERFORMANCE IMPROVEMENT PROJECTS (STATE MANDATED)

Topic	Women's Health Domain SWOT
Domain	Quality of Care
Priority	Statewide DHCS Performance
Committee	QIHET-W
Goals	To increase Breast Cancer Screening and Chlamydia Screening rates by providing practice coaching and learning collaboratives to support provider implementation of QI Interventions, and supporting providers through Alliance member recall and health education. 1. By 11/11/2022 Submission 1 Technical Assistance PRN. 2. By 1/30/2023 Strategies, measurable action items and short-term objectives. 3. By 5/30/2023 Progress on strategies and action items. 4. By 9/30/2023 Progress on strategies and action items.
Opportunities for Improvement	I. The Alliance created a Care-Based Quality Improvement Program (CB QIP) with the aim to provide financial investment for practices to make quality improvement interventions. This program is designed to assist practices who are performing below minimum performance levels (MPL) on prioritized MCAS measures to make sustained improvements in staffing, processes, and technology. The application opened to eligible contracted network providers on March 14, 2023 and closed on May 19th, 2023 with a total of 44 applications. Only one eligible provider chose to not apply to the program. II. Three providers have been selected for targeted outreach. III. Black members had the lowest rate of screening of all racial/ethnic groups in 2021 for BCS. Facilitate targeted mailing for this population to educate and to notify member of screening recommendations.
Results Q3	I. All providers participating in the CB QIP have completed their Letter of Agreement and received their initial (80%) and second (10%) payment, with their final payment (10%) to be received after participation in the second cohort meeting completed on October 24, 2023. II. Performance Improvement Projects (PIP) have begun, and the following actions have taken place: - Chlamydia Screening, we identified a gap in care for members 16-17 years of age due female members receiving prescription for contraceptives to control their menses. Staff shared CDC's and American Academy of Pediatrics (AAP) best practice for screening all female members at well-visits for chlamydia, with the option to opt out with Merced Faculty Associate (MFA) North and Apex Medical Group. III. Completed delivery of Black member mailing to Merced providers of non-compliant members eligible for breast cancer screening.
Summary of Quarterly Activities Narrative	Golden Valley Health Center Merced has agreed to partner on improving breast cancer screenings in collaboration with their Care-Based Quality Improvement Project application. QIPH is continuing outreach for another clinic to partner on breast cancer screenings. QIPH will provide practice coaching, best practice information and a member recall list for clinics to outreach to members. Apex Medical Group has agreed to partner on chlamydia screenings. Merced Faculty Associates - North is requesting their leadership's approval to partner on chlamydia screenings. QIPH will provide practice coaching, best practice information and a member recall list for clinics to outreach to members. Member letters drafted and USPSTF flyer decided as outreach flyer for Black members for BCS mailer. For Q2 QIPH provided best practices information and slide presentations for Golden Valley Health Center and Merced Faculty Associates to get leadership approval to participate in SWOTs. Golden Valley Health Center is working with their operations team to create a team to work on the Breast Cancer Screening SWOT. QIPH met with Apex to address questions on the project, and provided best practice information.

	For Q3 QIPH provided member recall rosters for Apex Medical Group and MFA North showing members due for chlamydia screening and well-visits. Worked with GVHC to identify barriers within organization to implement member recall rosters in coordination with QI and Care Management teams. Worked with QI department to review member recall roster for potential exclusions to upload to the Alliance's Data Submission Tool for compliance.
Known Barriers/Root Cause(s) (as applicable)	Due to QIPH staff limitations it was decided to focus on increasing breast cancer screening and chlamydia screening rates. QIPH staff has competing priorities with the completion of CB QIP applications and being low staffed. Breast Cancer Screenings: having difficulty getting an additional clinic to partner on increasing breast cancer screenings. Looking at clinics who have chosen this measure as part of the CB QIP application and have low rates. Since chlamydia screenings population starts at age 16, it is a hard population to call in for screenings since outreach goes to the member, not the parent/guardian. QIPH will be focusing on members who have not had their well-visit for 2023, and educating partnering clinics to screen all members for Chlamydia screening with the option to opt out. For Q3 staffing heavily impacted all interventions due to staff on leave or loss of staff. MFA was assigned a CAP from FSR team and focused efforts on addressing CAP before working on intervention project. GVHC departments work in silo; QI comes up with interventions and then has challenges getting the necessary staff to implement intervention. GVHC has also taken on a lot of projects and is over stretched.
Next Steps	Reach out to additional clinics to partner on increasing breast cancer screening rates. Create PowerPoint presentation for MFA to take to leadership to get their approval to partner with QIPH. Generate member lists and provide best practice information. For Q2 QIPH will continue to meet with clinics to address barriers and provide updated member lists based on member enrollment. For Q3 QIPH will continue to meet with clinics and address barriers, and provide updated member recall lists as needed.

Topic	Childhood Immunizations
Domain	Quality of Care
Priority	Statewide DHCS PIP
Committee	QIHET-W
Goals	1. By April 21, 2023, complete final modules for DHCS PIP and summarize outcomes. 2. (2022 goal) CIS PIP SMART Goal: By December 31,2022, CFHC will increase CIS rates among the three targeted sites from a baseline of 12.22% to 19.51%
Opportunities for Improvement	1. For those providers who indicated that they do not have a member recall process for immunizations (Provider Access Survey), provide practice coaching to empower the clinic to develop a sustainable system. 2. Flu vaccinations are the limiting vaccine in CIS compliance; therefore, conducting focus groups to further understand the root causes of flu vaccine hesitancy in Merced County may help to develop more effective interventions.
Results Q3	N/A
Summary of Quarterly Activities Narrative	HSAG's final validation findings on the CIS PIP was received on 6/12/23 and no further submissions were required. Project completed.
Known Barriers/Root Cause(s) (as applicable)	Goal 1: No Barriers.
Next Steps	Project completed.

Topic	Children's Domain SWOT
Domain	Quality of Care
Priority	Statewide Department of Healthcare Services (DHCS) Performance
Committee	QIHEW
Goals	1) Outreach to high risk racial ethnic groups in Merced County who are deficient in CIS and/or W30 to address barriers to care and connect member with PCP. 2) Provide education on children's preventative services to Merced County clinics to support clinic staff in becoming subject matter experts (SME) for their clinic. 3) Support practices in maximizing data optimization through the Alliance Portal to prompt providers to order all recommended preventative services. 1. By 11/11/2022 Submission 1 Technical Assistance PRN. 2. By 1/30/2023 Strategies, measurable action items and short-term objectives. 3. By 5/30/2023 Progress on strategies and action items. 4. By 9/30/2023 Progress on strategies and action items.

Opportunities for Improvement	
Results Q3	**Goal 1 (1A-1C): Member Outreach project completed in Q2-2023. Goal 2, (2A): Infant Wellness Map (IWM) dissemination in progress in Merced County (see narrative). Goal 2, (2B): Pediatric Best Practices Webinar completed by Merced County pediatrician Dr. Carmela Sosa with support from QI PH staff September 2023. Goal 3, (3A): As of October 2023, Healthcare Technology grant applications are currently under review, and if approved will go to Board for approval in Q4-2023. Goal 3, (3B): Several CBI Forensic visits with Provider Portal training/edu. have been conducted by QI staff and more visits are scheduled for Q4-2023**
Summary of Quarterly Activities Narrative	**SWOT 1 Actions A-C: The Member Barrier outreach project was successful because we gained insight as to:** **- What the top barriers to accessing care were for this member sample.** **- The type of education QI PH needs to provide to parents/guardians to increase their understanding of the importance of regular well-child visits and timely immunizations.** **- Best practices when contacting members and sharing information regarding a potential or actual healthcare deficiency.** **These lessons learned will be taken into consideration for future outreach efforts made by QI PH staff.** **SWOT 2 Action A: Promoting the distribution and use of the Alliance's Infant Wellness Map (IWM) to Merced County CBOs, clinics, and members.** **This project was a success because QI PH staff successfully disseminated the tool in collaboration with the Merced County office of Education – Head Start Program and Merced County Public Health.** **Head Start received 200 copies of the IWM June 2023 (75 Spanish, 100 English and 25 Hmong) and are actively distributing the tool to their Alliance insured members. CCAH staff will check in with Head Start to offer support and more copies in Q4-23. Additionally, staff have collaborated with Merced County Public Health, First Five of California, and Golden Valley Health Centers to host a Health Fair for the Merced community.** **The Health Fair will occur on 10/8/2023 and will include:** **- An Alliance informational booth to pass out IWM.** **- Flu vaccinations, blood glucose checks, blood pressure checks, eye exams and more.1** **- 35+ exhibitors with informational booths.** **- 'Passport' cards completed by visiting and learning about each exhibitor.** **- Completed cards can be entered into a raffle for prizes and a bonus raffle ticket is given to those that receive a flu vaccine at the fair.** **- Live radio broadcasting from a local Merced Spanish radio station.** **The flu vaccine has been a highlight for this Health Fair to raise awareness for the Merced community on the importance of flu vaccinations.** **SWOT 2 Action B: Pediatric Best Practices Webinar:** **This project was a success because we met our goal of conducting a live-session Pediatric Best Practices Webinar in Q3 of 2023 and exceeded the webinar attendance goal. 38 out of 69 (55%) external registrants attended from 35 different entities and clinics (including 19 from Merced County).** **The Pediatric Best Practices webinar was hosted by Dr. Carmela Sosa, a prominent and high-performing Merced County Pediatrician, with assistance from CCAH staff. The webinar recording will be posted on our provider webpage by Q4-2023 as a resource for providers and office staff.** **The webinar content included:** **• AAP Periodicity Schedule** **• Early Childhood & Adolescent Well Visits** **• Immunizations** **• Lead Screening** **• Fluoride Application** **• ACEs Screenings** **• Alliance Resources** **SWOT 3 Action A: Promote Healthcare Technology grants to Merced County physicians.** **This effort was a success because there were 3 entities from Merced County that applied for the Healthcare Technology Program grant; one application was approved, and two are pending.** **A grant of $50,000 was awarded to Golden Valley Health Centers, who serves approximately 65,000 Alliance members within the county, to apply towards Epic Welcome & Tonic Health tablets for patient registration, scheduling, and health surveys and questionnaires.** **As of September 2023, there are 2 pending applications from Merced County providers that will be internally reviewed and, if recommended, go to the Board for approval in October.** **SWOT 3 Action B:** **As of 9/29/2023, staff has conducted Care Based Incentive (CBI) Forensic visits with 9 clinics from Merced Co. and anticipate further visits this year. In these visits, Alliance staff share our resources such as member incentives and provider portal reports to support clinics in accessing, understanding, and using their data for performance improvement. Additionally, QI PH will host a live-session 2024 CBI overview October 2023.**
Known Barriers/Root Cause(s) (as applicable)	**Staff turnover, provider availability, member education**
Next Steps	**- Continue to promote and distribute the Infant Wellness Map in Merced County.** **- Post virtual Pediatric Best Practices Webinar on Provider website.** **- Continue to promote internal and external tech grands/funding to Merced County providers.**

Topic	**Child and Adolescent Well-Care Visits in Merced County**
Domain	**Quality of Care**
Priority	**Statewide Department of Healthcare Services (DHCS) Performance Improvement Project (PIP)**
Committee	**QIHET-W**
Goals	**1. By April 21, 2023, complete final modules for DHCS PIP and summarize outcomes: 2. WCV PIP SMART Goal: By December 31, 2022, use key driver diagram interventions to increase the percentage of child and adolescent members who receive at least one child and adolescent well-care visit with a PCP or OB/GYN practitioner during the intervention period among MCO members ages 3-17 years old, linked to Golden Valley Health Centers - Los Banos, from 32.65% to 48.56% (rate of peer benchmark [Taylor Farms Family Health & Wellness Center – Gonzales, CA] in Monterey/reference county).**
Opportunities for Improvement	**1. Providers need to block out time for dedicated staff to do recall outreach and schedule members who are non-compliant for a well care visit. 2. Prioritize health equity strategies by increasing outreach to populations with lower rates.**
Results Q3	**N/A- Project Complete; Goal Met in Q2**
Summary of Quarterly Activities Narrative	**Our final rate for the WCV PIP was 62.61%; 14.05% above our goal rate for this project. Module 4 was submitted to DHCS on April 21, 2023. DHCS provided validation findings on June 2, 2023. We met all requirements and given a High confidence level rating for this PIP. No further actions need to be taken; this PIP cycle is officially closed.**
Known Barriers/Root Cause(s) (as applicable)	**No barriers identified**
Next Steps	**None.**

Topic	**Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6) measure**
Domain	**Quality of Care**
Priority	**Statewide Department of Healthcare Services (DHCS) Clinical Performance Improvement Project (PIP) 2023-2026**
Committee	**QIHET-W**
Goals	**Reduce disparity in well-child visits in the first 15 months among Hispanic Population living in Merced County. 1. By quarter 3 2023, complete first modules for DHCS PIP.**
Opportunities for Improvement	**1. Prioritize health equity strategies by increasing outreach to populations with lower rates.**
Results Q3	**On 9/7/23 the 2023-2026 DHCS W30-6 PIP form was submitted to HSAG and DHCS.**
Summary of Quarterly Activities Narrative	**2023-2026 DHCS W30-6 PIP submission was completed. Analysis performed to identify Merced providers with highest potential for impact. No further requirements from HSAG.**
Known Barriers/Root Cause(s) (as applicable)	**TBD**
Next Steps	**Pull baseline data for 2023 after year-end and allowing for claim lag (likely May 2024). Determine provider to work with on PIP.**

Topic	**Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—Total and Follow-Up After Emergency Department Visit for Substance Use—30-Day Follow-Up—Total**
Domain	**Quality of Care**
Priority	**Statewide Department of Healthcare Services (DHCS) Non-Clinical Performance Improvement Project (PIP) 2023-2026**
Committee	**QIHET-W**
Goals	**By quarter 3 2023, complete first modules for DHCS PIP.**
Opportunities for Improvement	**1. Improve the percentage of provider notifications for members with SUD/SMH diagnoses following or within 7 days of emergency department (ED) visit. 2. Increase data sharing to Behavioral Health Delegate.**
Results Q3	**On 9/8/23 the nonclinical PIP submission was sent to DHCS and HSAG.**
Summary of Quarterly Activities Narrative	**Discussions with delegated Behavioral Health provider Carelon have been initiated to develop a data transfer process to identify Alliance members in the emergency department. Cross departmental work is in progress to establish member identification through claims and eCensus data, as well as file layout for data transfers to Carelon. PIP topic selection occurred in Q2. No further requirements from HSAG.**
Known Barriers/Root Cause(s) (as applicable)	**Patient privacy concerns for protected health information created barriers for notifications.**
Next Steps	**First Module submission due in September 2023. Resubmission in Q4 for validation findings from HSAG.**

G: BEHAVIORAL HEALTH

Topic	**Eating Disorders**
Domain	Clinical Safety · Member Experience · Quality of Care · Quality of Service
Priority	**Operating Plan**
Committee	**UMWG, CQIC, Beacon Oversight Committee, Health Services Finance Committee**
Goals	**By December 21, 2023, improve workflow process for coordinating and expediting eating disorder referrals to Behavioral Health through pilot project and then scaling results to all counties.**
Opportunities for Improvement	
Results Q3	**PI Project Charter and Kickoff complete, including cross organizational group. Provider Payment Workgroup topic and sub-group EDO focused established.**
Summary of Quarterly Activities Narrative	**Project Charter was adopted by the Deputy Medical Director and the Process Improvement workflow group launched kick-off and is in the process of documenting current state mapping.**
Known Barriers/Root Cause(s) (as applicable)	**1. Eating disorders post pandemic have increased significantly. Unclear pathways have caused delays in treatment. 2. Gaps in handoffs between levels of care.**
Next Steps	**Complete next level of current state mapping. Conduct analysis of current state. Complete root cause analysis. Engage in partnership discussions with County Mental Health department staff.**

SECTION 4: CLINICAL SAFETY

H: CLINICAL SAFETY

Topic	**Grievance and PQI Management**
Domain	Clinical Safety
Priority	**Regulatory**
Committee	**QIHET-W**
Goals	**1. By December 31, 2023, 100% of Potential Quality Issues (PQI) are completed within 90 calendar days of receipt. 2. By December 31, 2023, 100% member grievances opened as PQIs are closed within 30-days or less per regulatory requirement. 3. By December 31, 2023, quarterly MD IRR of QoS grievances shall be in 100% agreement, indicating QI RNs are resolving cases with consistent methodology. Quarterly MD IRR shall be a 10% sample of QoS Grievances resolved by QI RN.**
Opportunities for Improvement	**Maintain adequate staffing of program; expedite training of new hires.**
Results Q3	**1.152/152 (100%) PQIs were closed within timeframe this quarter. 30/30 (100%) of internally referred PQIs were completed within 90 calendar days or less; and 122/122 (100%) of Member Grievance PQIs were completed within 30 calendar days or less; and 2. 30 QoS member grievances closed by QI RN will be audited by Medical Director for IRR (results pending).**
Summary of Quarterly Activities Narrative	**This quarter: - The team successfully onboarded two Medical Directors to assist in processing member Grievances, PQIs, and Quality Studies. The additional support has reduced administrative burden between Medical Directors and increased QI RN access to clinical input for Quality concerns; and - The team is in collaboration with Grievance and Provider Relations teams regarding Provider communication for QoC member grievances and PQIs to better inform providers of our grievance and PQI review process. The goal is to decrease unnecessary contact with Providers and to educate them on the difference between member grievance processing and PQI processing; and - The team delivered an updated "Potential Quality Issue Overview" presentation to QI staff and plans to review the presentation with Alliance staff outside of QI to increase understanding of the program and promote internal referrals.**
Known Barriers/Root Cause(s) (as applicable)	**1. Retaining qualified and well-trained staff.**
Next Steps	**- Continue to collaborate with Grievance and Provider Relations regarding Provider communications for QoC grievances and PQIs. - Present PQI Overview to Alliance staff and/or post PowerPoint to the intranet.**

Topic	**Facility Site Review (FSR) Management**
Domain	**Clinical Safety**
Priority	**Regulatory**
Committee	**QIHET-W**
Goals	**1. By December 31, 2023 100% of existing primary care provider sites that had an FSR due this quarter were completed within three years of their last FSR date. 2. By December 31, 2023 100% of practices where Critical Elements Corrective Action Plans (CE CAPs) arising from FSRs are resolved within 10 business days. 3. By December 31, 2023 100% of practices with a Corrective Action Plans (CAPs) arising from FSR submit a plan to address the CAP within 45 calendar days. 4. By December 31, 2023 100% of practices with a CAP arising from FSR complete all planned actions within 90 calendar days as evidenced by verification by the FSR team.**
Opportunities for Improvement	**1. Ensure to carve out the appropriate amount of time to complete the entire Medical Record Review according to the expanded tool guidelines; 2. Initiate request to gain Electronic Medical Record access for Medical Record Review (MRR) at time of scheduling to ensure timely MRR; and 3. Update resources in the current Corrective Action Plan template to ensure that providers are supported in implementing improvements;**
Results Q3	**1. 100% (17 of 17) 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% (3 of 3) of practices where Critical Elements Corrective Action Plans (CE CAPs) arising from FSRs are resolved within 10 business days. 3. 86% (12 of 14) of practices with a Corrective Action Plans (CAPs) arising from FSR submit a plan to address the CAP within 45 calendar days. 4. 79% (11 of 14) of practices with a CAP arising from FSR complete all planned actions within 90 calendar days as evidenced by verification by the FSR team.**
Summary of Quarterly Activities Narrative	**1. Attend collaborative meetings to plan the implementation of the DHCS mandated Manage Care Site Review Portal (MSRP) to continue education, align continued implementation of FSR tools and standards, and share resources.; 2. Collaborate with Alliance Application Services to create and test interface for MSRP to effectively meet DHCS reporting requirements; 3. Collaborate with Anthem DHCS Certified Master Trainer to ensure a smooth expansion to San Benito and Mariposa counties; 4. Attend Inter Rater Reliability IRR for Certified Master Trainer recertification.**
Known Barriers/Root Cause(s) (as applicable)	**1. Site review team is short staffed. 2. MSRP delays at the state level. Will have second round of testing soon. 3. 1 out of 2 FSR RNs were able to attend IRR.**
Next Steps	**1. Moved PQI RN to FSR for coverage for an FSR RN on LOA. 2. Continue to update resources in the current Corrective Action Plan template to ensure that providers are supported in implementing improvements. 3. Volunteered to beta test for next round of MSRP interface upload testing. 4. The FSR RN who was unable to attend IRR will need to recertify as CSR once she returns from LOA.**

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH®

2024 COMMUNITY IMPACT REPORT

Unity in Comm**unity**

A Message from our CEO

Collaboration is one of our core values at the Alliance. We understand that realizing our vision of Healthy People, Healthy Communities is only possible by collaborating with our co-workers, community peers and partners.

Not surprisingly, as we reflected on our efforts over this past year, a theme for our annual Community Impact Report became apparent: **Unity in Community**. When community-based organizations, provider partners and the Alliance all embrace a shared vision and join together to achieve optimal results, a stronger, healthier community emerges as a whole.

As you read through this year's report, you'll find the theme Unity in Community is reflected in our actions, engagements and investments in the communities we serve. By prioritizing community connections, we engaged with our members where they live and supported those organizations who directly serve and support our highest-need members. We also made significant investments in strengthening and growing our provider network to ensure access to culturally appropriate care, at the right place and the right time. Recognizing the importance of whole person care, we have invested in solutions aimed at improving access to behavioral health and housing, and other resources aimed at reducing health inequities where our members live and work.

Meeting our members' needs requires that we listen to understand and that we continue to join forces with those who also serve our Medi-Cal communities to find meaningful, member-centered solutions. We were grateful to collaborate with you in 2023 and look forward to your continued partnership.

Michael Schrader

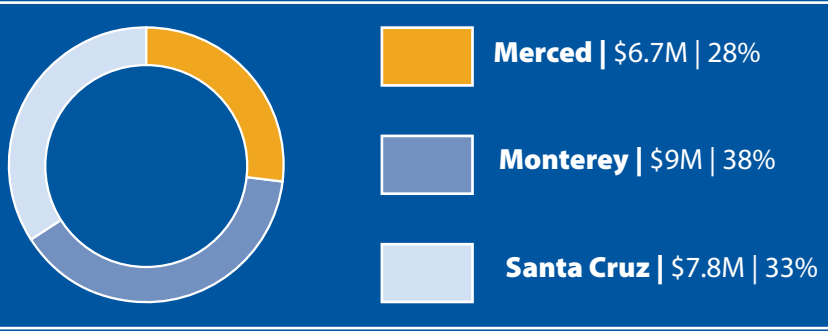
Michael Schrader, CEO

Grants by the numbers

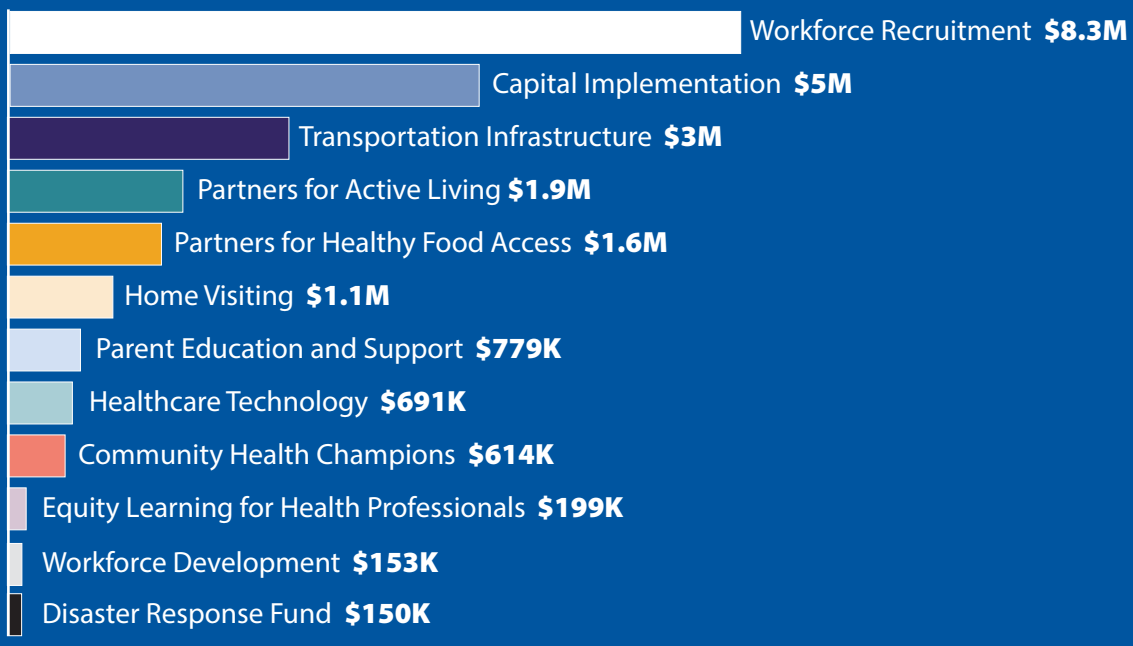
The Alliance makes investments to health care and community organizations through the Medi-Cal Capacity Grant Program to realize the Alliance's vision of Healthy People, Healthy Communities.

Since 2015, the Alliance has awarded **742 grants** totaling **$153M** to **178 organizations** in the Alliance service areas.

2023 Grant Awards by County



Total Awarded by Program in 2023



Impact

$23.5M awarded

153 grants awarded

Alliance Members Impacted in 2023*

12,238

*Grantee reported

Back to Agenda

Community presence and facetime with members

Community presence and facetime with members

Your Health Matters (YHM), the Alliance outreach team, attended 103 community events this year across Merced, Monterey and Santa Cruz counties! We reached over 14,500 members at these events.

Here are some 2023 highlights.

103
community events

14,500
members at these events

Community health and safety

We attended National Night Out in Monterey and Merced Counties and National Health Center Week in Merced and Santa Cruz counties.

These were great opportunities to work with local police departments and health centers to provide education for our members on community health and safety.

Families and mental health awareness

We attended the Out of the Darkness Community Walk for Santa Cruz County.

This event was hosted by the American Foundation for Suicide Prevention to raise awareness about suicide and prevention through community connection.

Breastfeeding and healthy babies

The Monterey County Women, Infants and Children (WIC) program hosted its annual Breastfeeding Awareness Walk & Health Fair. YHM staff also attended similar events in Merced and Santa Cruz counties.

Supporting local food banks

Every year, Alliance staff come together to raise money for local food banks through auctions, raffles and other events. This tradition is a fun way to bring staff together while supporting access to healthy, nutritious food for members and our larger service areas.

In 2023, we raised $9,871 to support Merced County Food Bank, the Food Bank for Monterey County and Second Harvest Food Bank Santa Cruz County.

2023 United Way campaign

Since 1997, the Alliance has partnered with United Way by sponsoring an annual employee giving campaign. In 2023, our staff raised over $24,000 to support United Way programming in Merced, Monterey and Santa Cruz counties. Donations support services that directly benefit many of our members, including financial education, after school programs, prenatal care and quality preschool.

Gisela Taboada (left), Member Services Call Center Manager, and **Ronita Margain** (right), Community Engagement Director, sit with member (middle) at a Mariposa meet and greet event.

COMMUNITY CONNECTIONS

Investing in services for older adults

Michael Schrader, Alliance CEO, joins Community Bridges leaders at Elderday Opening.

Elderday Adult Day Health Care, a program of Community Bridges, celebrated the **grand opening of its community-based adult services (CBAS) facility** in October. The program relocated to an expanded facility in south Santa Cruz County, supported by **$2.65 million in capital grant funding from the Alliance**.

Elderday provides services like physical therapy and recreation for older adults with complex health needs while giving their caregivers a much-needed respite during the day.

This crucial program gives senior participants social connection and autonomy, which improves their mental health.

Elderday coordinates with other Community Bridges programs co-located in downtown Watsonville.

STRENGTHENING OUR PROVIDER NETWORK

Building capacity for ECM/CS

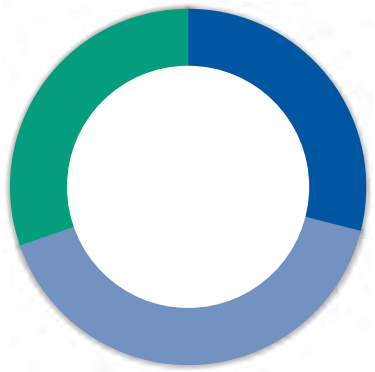
The Alliance has earned CalAIM Incentive Payment Program (IPP) dollars from the California Department of Health Care Services (DHCS) to build capacity in our service areas for Enhanced Care Management and Community Supports (ECM/CS). ECM/CS services provide extra support to members with the most complex health issues and social needs.

As of October 2023, $15.5 million in IPP funds have been invested in 39 organizations to launch ECM/CS services in Merced, Monterey and Santa Cruz counties.

Most of this funding (68%) has been used to fund clinical personnel, including nurses, social workers and Community Health Workers/promotores, to deliver ECM/CS services to Alliance members.

Other Alliance-funded start-up costs include administrative staff, office equipment, computers and software, vehicles, larger office spaces to increase capacity to serve more members, staff training and workflow development.

Alliance IPP Distribution
as of 10/19/2023



Merced	Monterey	Santa Cruz
$4,482,871	$6,292,047	$4,691,783
(10 orgs)	(14 orgs)	(15 orgs)

Workforce recruitment is filling network gaps

In 2023, two new workforce funding opportunities were added to the Medi-Cal Capacity Grant Program (MCGP) to support the recruitment of **medical assistants (MAs)** and **Community Health Workers (CHWs)**. These critical positions within the Medi-Cal system help alleviate current provider shortages and improve access to timely, high-quality and culturally competent health care services for Alliance members.

MAs provide support to primary care teams to **make member visits timely and efficient**, allowing practitioners to provide focused, patient-centered care. Informed by training and lived experience, **CHWs** provide the Medi-Cal CHW benefit by building trusting community relationships. They **facilitate equitable access to services and improve the quality and cultural competence of service delivery**. CHWs provide individual support for Medi-Cal members, including health education, health system navigation and health assessments to connect members to care.

Additionally, the MCGP funded the Monterey County Workforce Development Board's comprehensive CHW Training Program to grow the CHW network in the Alliance's service area.

HOUSING AND HOMELESSNESS

The Alliance has earned Housing and Homelessness Incentive Program (HHIP) dollars from DHCS to address housing initiatives, including permanent supportive housing and street medicine services.

Funding permanent supportive housing

Alliance leadership determined that HHIP dollars can be used to fund the development of permanent housing units in each Alliance county, which is the most urgent need across our service areas. In Q1-Q2 of 2024, these investments will add to the existing five MCGP Capital Program grants ($10.6M) supporting construction of low-income housing projects, which were awarded between 2016 and 2022.

Street medicine services

Street medicine services are for members experiencing unsheltered homelessness. These services are delivered in their own environment. The Alliance funded one provider in each of our service area counties to pilot these services:

- **Merced County:** Mercy Medical Center Merced.
- **Monterey County:** Clinica de Salud del Valle de Salinas.
- **Santa Cruz County:** Homeless Persons' Health Project.

Funding includes staffing and supplies, as well as a mobile clinic in Merced County.

Meeting students where they're at

The Alliance has earned Student Behavioral Health Incentive Program (SBHIP) dollars from DHCS to increase access to behavioral health services on school campuses for transitional kindergarten to 12th grade students. Local education agencies (LEAs) in Merced, Monterey and Santa Cruz counties serve as Alliance partners.

LEAs have utilized SBHIP dollars to make investments in physical wellness spaces by identifying on-campus areas for wellness and therapy rooms. In one county, LEAs used funding to purchase a van for mobile one-on-one therapy and assessment space when campus space is unavailable.

LEAs have also worked to create a culture that focuses on behavioral health by offering universal staff training on restorative justice and adverse childhood experiences. The goal of SBHIP investments is for students to have no wrong door to access behavioral health support and services, and to avoid barriers related to off-campus referral.

> *"The goal of SBHIP investments is for students to have no wrong door to access behavioral health support and services, and to avoid barriers related to off-campus referral."*

Health starts where people live and work

CalAIM IPP funding has increased innovative service delivery in Alliance service areas, underscoring the idea that health starts where people live and work, not in the doctor's office.

In **Santa Cruz County**, IPP dollars are being used to open a new sobering center after the last center closed due to a fire in December 2020. The new center will provide a safe place to detox and connect members to substance use resources.

In **Monterey County**, IPP dollars funded respite for caregivers, allowing full-time caregivers the much-needed space to recharge. These investments highlight the Alliance's commitment to support member health through social factors, in addition to traditional patient care.

In **Merced County**, IPP dollars are supporting a larger space for members to access ECM, housing supports, WIC, energy bill supports and other resources, all in one location.

Students await their vaccination.

Vaccines to start school on time

After learning that **Merced County** children were turned away from their first day of middle school for not having up-to-date vaccines, the Alliance collaborated with local partners to reduce barriers to receiving on-time vaccinations.

Collaboration was key to success. The Alliance worked closely with the Merced County Office of Education, Mercy Medical Center Merced and the Merced Fire Department to host school-based vaccine clinics during the summer.

Over 100 students received the Tdap vaccine they needed to enter middle school without delaying the start of their school year. Parents were delighted to have this option available for their families at a convenient time and location.

SUPPORTING OUR COMMUNITIES

Sponsored events and Disaster Response Fund grants

Each year, the Alliance works with community organizations across the service areas to sponsor events that support the health and well-being of our members.

The Alliance donates to non-profit 501c3 organizations/ events that:

- Further Medi-Cal initiatives.
- Support the Alliance's strategic priorities, mission, vision and values.
- Comply with the Alliance's Code of Conduct.
- Respond to immediate member needs in the event of a disaster.

Ronita Margain, Community Engagement Director, presenting Disaster Response Fund grant check.

Below are some of the events/organizations we sponsored in 2023.

Mariposa

Mariposa Butterfly Festival

Merced County

ACE Overcomers

Golden Valley Health Centers (National Health Center Week)

Merced County Food Bank

Merced Lao Family Community, Inc.

Monterey County

Bright Beginnings Monterey County

Coalition of Homeless Services Providers

Food Bank for Monterey County

The Parenting Connection of Monterey County

San Benito County

Community FoodBank of San Benito

Santa Cruz County

County Park Friends

Diversity Center of Santa Cruz

Health Projects Center

Raíces y Cariño

Second Harvest Santa Cruz County

All counties

Insured the Uninsured Project (ITUP)

LOOKING AHEAD

New MCGP funding opportunities

The MCGP launched **eight new funding opportunities** in early 2023. These funding opportunities support the Alliance's strategic grantmaking priorities under three focus areas: **Access to Care, Healthy Beginnings and Healthy Communities**.

New grant programs fund diverse and committed community partners to address the needs of the Medi-Cal population through investments in:

- Equity-based training for providers.
- New technology to improve patient experience.
- Opportunities to empower Medi-Cal members to be physically active and to reduce chronic disease and barriers to health and wellness in their communities.
- Support for families to thrive.

We accept applications on a rolling basis. Application deadlines and award dates are available at **www.thealliance.health/grants**.

From Partners for Healthy Food Access to Medically Supportive Food

Although the **Partners for Healthy Food Access** grant program will be retiring, the Alliance will implement **Medically Supportive Food as a CalAIM Community Supports service** starting in January 2024.

The MCGP team is proud to have worked with Partners for Healthy Food Access grant recipients since 2018, resulting in **31 grant awards totaling $4.6 million** in our service areas. The program established strong partnerships and capacity to improve food security and support chronic disease management among Alliance members.

We thank all our local grantees for their innovative and culturally responsive efforts to make healthy food accessible to all!

Partners for Healthy Food Access grantee

Community engagement in new counties, Mariposa and San Benito

You may have heard the news – As of January 1, 2024, the Alliance will provide trusted, no cost Medi-Cal health care to Mariposa and San Benito counties!

Our dedicated Community Engagement team has been meeting with local providers, community organizations and county staff to discuss how to best serve Medi-Cal recipients in these areas. Our staff has also hosted and attended outreach events in both counties, ensuring that community members are up to speed on Alliance services. The Alliance will make Medi-Cal Capacity Grant Program funding available in the two new counties in 2024.

About the Alliance

The Alliance is a Regional Medi-Cal managed care health plan established in 1996. The Alliance is dedicated to improving access to health care for members in Mariposa, Merced, Monterey, San Benito and Santa Cruz counties. Operating under the state's County Organized Health System (COHS) model, the Alliance connects members with providers to deliver timely services and care, emphasizing prevention, early detection and effective treatment. With a vision of "healthy people, healthy communities," the Alliance remains committed to enhancing access to quality health care for its members.

www.thealliance.health · 800-700-3874

DATE: February 28, 2024

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

FROM: Jessica Finney, Community Grants Director

SUBJECT: Medi-Cal Capacity Grant Program 2023 Impact Report

Recommendation. Staff recommend the Board accept this report on the Medi-Cal Capacity Grant Program's (MCGP) impact in 2023.

Summary. This report highlights MCGP's strategic investments made to improve the health and wellbeing of the members we serve. This report also includes an update on the Alliance's progress toward MCGP funding goals as illustrated in the attached *MCGP Performance Dashboard,* including metrics through December 31, 2023. Included in the February 2024 Board packet is the Alliance's annual *Community Impact Report* publication which includes highlights of the MCGP's impact and will be posted on the Alliance's website and shared in the community.

Background. The Alliance established the MCGP in July 2015 in response to the rapid expansion of the Medi-Cal population as a result of the Affordable Care Act. Through investment of a portion of the Alliance's reserves, the MCGP provides grants to local health care and community organizations in the Alliance service area to increase the availability, quality and access of health care and supportive services for Medi-Cal members, and to address social drivers that influence health and wellness in our communities. Since 2015, the Alliance has awarded 742 grants totaling $153M to 178 organizations in the Alliance's service area. Over the past eight years, the MCGP implemented 21 distinct funding opportunities designed to advance the Alliance's grantmaking goals,

Over the course of 2021 and 2022, the Alliance Board acted to evolve the MCGP to respond to the current health care landscape, address the current and emerging needs of Alliance members, and align with organizational and State priorities. In August 2022, the Board adopted three new investment focus areas for the MCGP: 1) Access to Care; 2) Healthy Beginnings; and 3) Healthy Communities. These new focus areas address unmet and emerging Medi-Cal needs and opportunities, align with organizational and State priorities, and increase investments upstream towards root causes and prevention.

Discussion. In 2023, the Alliance launched an array of new funding opportunities under the three new focus areas that support health care capacity and health equity in the Alliance's local service area. Criteria for each funding opportunity are available on the Alliance's website at www.thealliance.health/grants. A "rapid round" award cycle was added to integrate these new programs into the MCGP calendar. Additionally, to increase responsiveness to the provider network, the number of award cycles for the Workforce Recruitment programs increased from two to four cycles per year. As a result of these efforts, 153 grants were awarded in the three focus areas totaling $23.5M to 95 provider and community partners in Merced, Monterey and Santa Cruz counties.

New funding opportunities under the Access to Care focus area expanded workforce recruitment to include Community Health Workers and Medical Assistants. There is also new support for workforce training in equity-oriented health care as well as new technology to improve coordination and quality across the health care system. The Healthy Beginnings funding opportunities provide a new funding source for local organizations for home visiting and parenting programs to support child development and increase access to preventative services and supportive resources. Programs under the Healthy Communities focus area fund projects that expand access to opportunities for physical activity and supportive networks for Medi-Cal members to engage peers and community stakeholders to promote health and wellness where they live, go to school, work, and play. Future MCGP impact reports will highlight successes from provider and community partners' efforts with support from these new MCGP grant programs.

2023 Program Highlights

Workforce Recruitment grants awarded in previous years resulted in 21 new providers hired into the Alliance's provider network in 2023. The new grants awarded in 2023 will yield 81 additional primary and specialty care providers, community health workers and medical assistants joining the Alliance's provider network over the next year. Grantees who hire bilingual providers will also receive the Linguistic Competence Provider Incentive with their recruitment grant. Thirteen grantees received the Linguistic Competence Provider Incentive in 2023.

Doulas were added as an eligible provider type under Workforce Recruitment with awards starting 2024. A new funding opportunity for Doula Network Technical Assistance was made available at the end of 2023. It is currently open for application through the Alliance's online grant portal for independent consultants and community-based organizations who can support doulas in becoming contracted with the Alliance as Medi-Cal providers to provide Medi-Cal benefit services to Alliance members.

A Workforce Support for Care Gap Closure Pilot program was implemented in quarter four to support five Merced County primary care providers who have quality metrics below the the 50th percentile for Medicaid to close specific Managed Care Accountability Sets (MCAS) care gaps and to increase quality scores with the aim of improving members' overall health. The grant funding supports primary care practices to hire full-time locum tenens providers and/or allocate additional hours for existing providers to augment clinic hours to maximize the number of member visits to provide needed services.

Capital Implementation grants were awarded in 2023 for primary care clinic capacity expansion. A $2.5M grant was awarded to Mercy Medical Center Merced (Dignity Health) for the Family Care Clinic in Merced County. Salud Para La Gente was awarded $2.5M for the Clinica del Valle del Pajaro site in Santa Cruz County. The Capital Program retired in 2020, however, there were funds reserved for implementation support after previously awarded grantees completed their planning grant. This year's published *Alliance Community Impact Report* highlights the outcome of the capital grant to Elderday Adult Day Health Care, a program of Community Bridges, for their new community-based adult services (CBAS) facility which opened in south Santa Cruz County in October 2023 to serve senior members.

Transportation Infrastructure grants totaling $3M were awarded to four Alliance contracted providers to expand transportation services to medical appointments for Medi-Cal members in the Alliance's current counties, and San Benito and Mariposa counties starting January 1, 2024.

Partners for Health Food Access Program retired at the end of 2023 after five years of support for food prescription projects to increase Medi-Cal member access to nutritious, medically supportive food. The Alliance began implementing Medically Supportive Food as a Community Supports service starting January 1, 2024. Qualified Food Access grantees may become contracted Community Supports providers.

Measuring Impact of the MCGP. Grantmaking through the MCGP has proven to be a strategic tool to advance the Alliance's mission and vision of *Healthy People, Healthy Communities*.
The impact of the MCGP has been measured since 2016 using a theory of change model. The MCGP Theory of Change, attached to this report, serves as a guide for connecting and evaluating the impact of our strategies (i.e., funding opportunities) to the outcomes we seek to achieve through grantmaking and other Alliance strategies. Short-term outcomes are reported on the MCGP Performance Dashboard which highlights successes, such as number of providers recruited, and various types of projects completed. Staff also monitor medium-term outcomes through key indicators to show progress toward positive change. These are influenced by both short-term outcomes of the MCGP and other internal and external factors. The Theory of Change for the three new focus areas was approved by the Board in early 2023 and will be monitoring to report meaningful impact of the MCGP investments in 2024 and future years.

New MCGP Funding Opportunities. In June 2023, the Board approved an initial allocation of $5M to the MCGP specifically for grantmaking in San Benito and Mariposa counties in anticipation of these counties joining the Alliance's service area on January 1, 2024. Grant Program staff conducted stakeholder interviews and evaluated MCGP policies to inform recommendations for Alliance's grantmaking in the two counties. These new counties will be included in MCGP award considerations in 2024.

In early 2024, staff will propose an MCGP Investment Plan which, if approved by the Board, would allocate additional funding to develop new funding opportunities to continue to be responsive to the needs of Medi-Cal members and the Medi-Cal delivery system under the Board-approved focus areas and strategies. Capacity building in the areas of workforce and infrastructure have been identified as priority needs to increase access to health care services for Medi-Cal members.

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

Attachments.

1. Medi-Cal Capacity Grant Program Theory of Change
2. Medi-Cal Capacity Grant Program Performance Dashboard – October 2015 through October 2023

Medi-Cal Capacity Grant Program
THEORY OF CHANGE

Focus Areas & Funding Strategies

Access to Care

- Health Care Workforce
- Health Care System Infrastructure

Healthy Beginnings

- Parent/Child Health & Wellness
- Parent Education & Engagement

Healthy Communities

- Social Drivers of Health
- Community Resources, Engagement & Empowerment

Short-Term Outcomes

Increase in number of culturally responsive providers

Increase in number of trained health professionals

Increase in number of behavioral health access points

Increase in screening and referral to health and community resources

Increase in parent knowledge of infant and child development, parenting skills, child health needs, etc.

Increased access to services and resources that support young children and their parents & caregivers health and well-being

Increased access and availability of nutritious food and physical activity opportunities

Increase in number of community resource access points

Increase in member awareness and knowledge of Medi-Cal benefits, community resources and how to access care

Increased number of opportunities for members to develop self-efficacy

Medium-Term Outcomes

Timely and convenient access to health care services

Members receive culturally and linguistically appropriate care

Greater utilization of mental health and preventative care services

Reduction in preventable illness

Improved coordination and integration of health care, behavioral health and social support services

Strengthened parent/caregiver-child relationships and improved child and maternal socio-emotional well-being

Increased individual and family security (food, housing and medical needs are met)

Individuals and families engaged in community activities

Well informed members who are confident managing their health

Members engaged in advocacy that impacts health and reduces barriers and stigma

Long-Term Outcomes

Medi-Cal members able to access high-quality care when, where and how they need it

Children are healthy and thriving

Medi-Cal members have access to what is needed to live their healthiest lives

Improved member health and well-being

Reduction in:
- chronic disease
- health disparities
- health care costs

Impact

Healthy People, Health Communities
- Health Equity
- Person-Centered Delivery System Transformation

Medi-Cal Capacity Grant Program
PERFORMANCE DASHBOARD

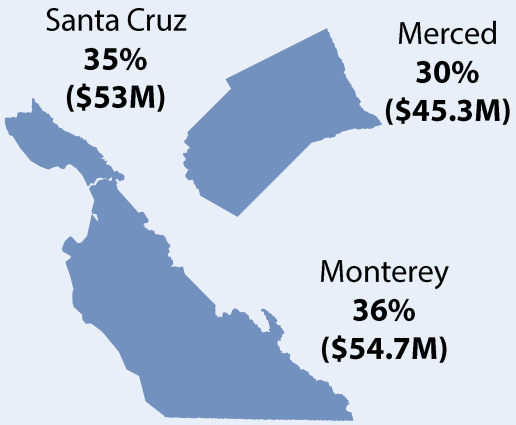
About the MCGP

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

New funding opportunities were launched in Spring 2023 under three new focus areas: *Access to Care, Healthy Beginnings* and *Healthy Communities.* Funding priorities are responsive to the current health care landscape, align with organizational and State priorities, and address current and emerging needs of Alliance members and the social drivers that influence health and wellness.

Total Awarded Since 2015:

$153M



Number of Organizations Awarded:

178

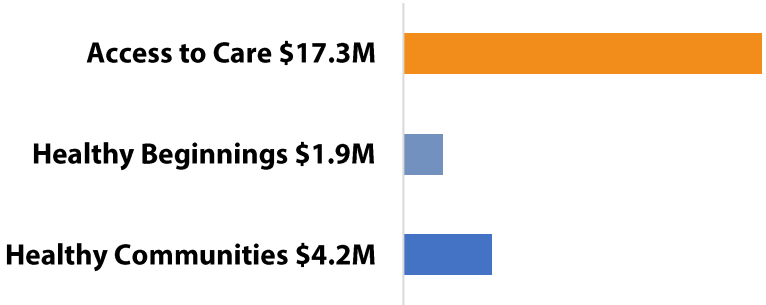
Number of Grants Awarded:

742

Award Rate:
Eligible Applications Received vs. Grants Awarded

75%

Awards by Focus Area Since 2023



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

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Focus Area: Access to Care

Workforce Recruitment Programs

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

Provider Recruitment Program

336 grants totaling $40.8M* awarded to subsidize recruitment expenses for new health care professionals to serve the Medi-Cal population.
*Awards since 2015

228 new providers hired to date.

84% retention of new recruits.

28 recruited primary care physicians specialize in Pediatrics.

Specialties Recruited

Community Health Worker (CHW) Recruitment

21 grants totaling $1.34M awarded to subsidize recruitment expenses for CHWs who become credentialed to provide the Medi-Cal CHW Benefit in the Alliance network.

Medical Assistant (MA) Recruitment

12 grants totaling $702.7K awarded to subsidize recruitment expenses for MAs to serve the Medi-Cal population in primary care practices in the Alliance network.

Focus Area: Access to Care

Equity Learning for Health Professionals

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

Total Awarded:

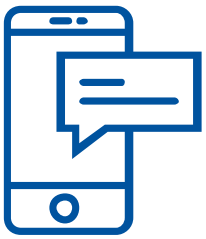
$198K

Learning opportunities for healthcare providers in:

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

Healthcare Technology

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



Total Awarded:

$691K

Healthcare Technology investments in:

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

Focus Area: Healthy Beginnings

Home Visiting

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

Total Awarded:

$1.1M

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

Parent Education and Support

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

Total Awarded:

$879K

Facilitated educational programs to increase knowledge in:

- **Parenting skills**
- **Infant and childhood development**
- **Children's health needs**
- **Community resources that support health and well-being**

Focus Area: Healthy Communities

Community Health Champions

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

Total Awarded:

$514K

Community Health Champions projects include:

Promotion of health care services, resources and health literacy

Education on specific health topics

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

Destigmatization of behavioral health and substance use disorder services.

Partners for Active Living

9 grants totaling $1.8M to support community-based projects that provide children, adults and families opportunities to engage in physical activity and recreation programs in the community. Projects engage health care providers in partnering on program coordination and referral of Medi-Cal members to these resources.

Active Living Projects Include:

Physical Activity Programming

Partnership with Health Care Provider

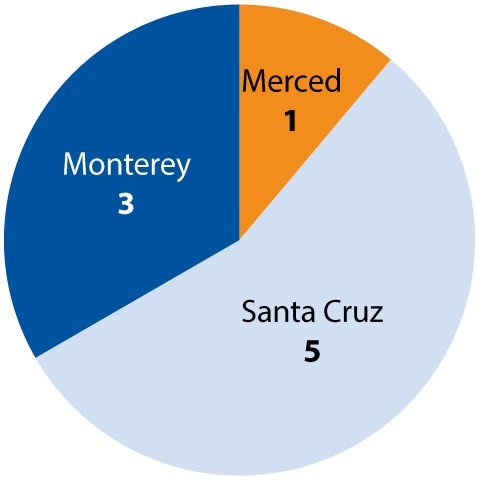
- Referral, coordination and promotion

Behavioral Education/Empowerment

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

Member Engagement

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



Total Number of Projects: 9

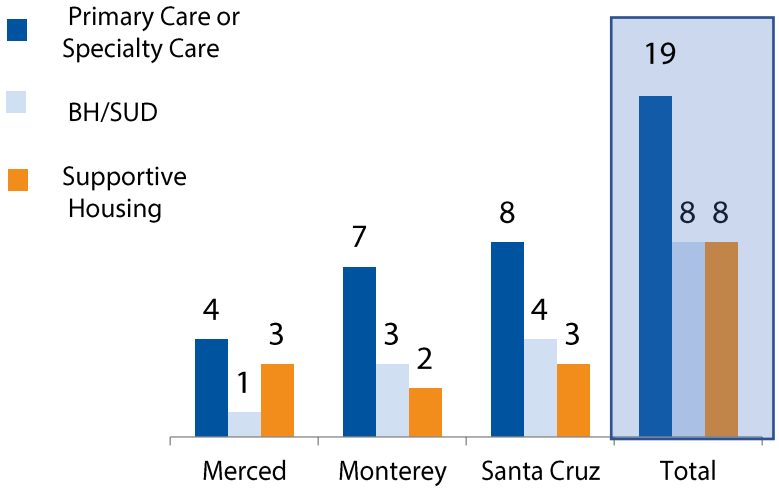
Not Accepting Applications

Capital Program

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

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

35 Capital Projects



28 Complete and open to the public
6 Under construction
1 In development

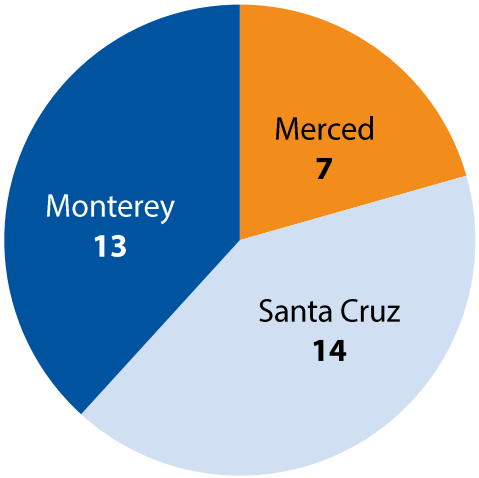
172K

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

Partners for Healthy Food Access

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

*Awards since 2018; one grant terminated.



Total Number of Projects: 34

Food Access Projects Focus On:

Food Insecurity Screening

Chronic Disease Screening

Healthy Food Prescription/Distribution

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

Referrals to Supportive Services

- Cal-Fresh Enrollment

Knowledge & Skill Building

- Nutrition/Health Classes
- Community Gardening
- Cooking Classes

Not Accepting Applications

Transportation Infrastructure

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

Project Components Include:

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

Workforce Development Investments

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

- **58** Physician Assistant graduates to date (starting 2020).
- Master of Science - Physician Assistant Program, CSU Monterey Bay.
- Serves Monterey and Santa Cruz counties.

- **55** Family Nurse Practitioner graduates to date (starting 2019).
- Master of Nursing - Family Nurse Practitioner Program, CSU Stanislaus.
- Serves Merced County.

- **21** Community Health Workers (CHW) graduates in 2023.
- **36** CHW graduates anticipated in 2024.
- Monterey County Workforce Development Board CHW Certificate Training Program.
- Serves Monterey County.

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

DATE: February 28, 2024

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

FROM: Kristynn Sullivan, PhD, Program Development Director

SUBJECT: Department of Health Care Services CalAIM Incentive Payment Program Advance of Payment 4 and 5

Recommendation. Staff recommend the Board approve an advance on Payment 4 and 5 for the Department of Health Care Services (DHCS) CalAIM Incentive Payment Program (IPP) in order to fund Enhanced Care Management (ECM) providers in 2024.

Summary. This report provides an update on the IPP funding, including investments made to date, status of dollars earned from DHCS, and remaining opportunity to earn IPP dollars in each of the Alliance service area counties. The Alliance has two remaining opportunities to earn CalAIM IPP funds, of which only one (Payment 5) is available to Mariposa and San Benito counties. Payment 4 will be distributed in June 2024 and Payment 5 will be distributed in December 2024. This report recommends advancing spend down of remaining payments in order to quickly expand ECM services.

Background. DHCS implemented the IPP program in January 2022. DHCS has four stated IPP goals: 1) member engagement and service delivery, including reaching new members; 2) building sustainable infrastructure and capacity, including health information technology, workforce, and provider networks; 3) promoting program quality, with measurable impacts on utilization; and 4) creating equitable access for ECM Populations of Focus. The Alliance Board approved participation in the program in October 2021.

For the duration of the CalAIM IPP program, there will be two chances to earn additional funding. The Alliance will submit workplans in March 2024 and September 2024 for allocation distribution in June 2024 (Payment 4) and December 2024 (Payment 5). See table below for future funding schedule.

	Measurement Period	**Alliance Workplan Submission Date**	**Expected Payment Distribution Date**
Payment 4 (Only available for Santa Cruz, Monterey, and Merced)	July-December 2023	March 2024	June 2024
Payment 5 (Available for all five counties)	January-June 2024	September 2024	December 2024

In June 2023, the Alliance Board approved staff to continue to provide IPP investments to Enhance Care Management (ECM)/Community Supports (CS) providers of up to 100% of the

December 2023 anticipated DHCS payment (Payment 3) for Santa Cruz, Monterey, and Merced counties, assuming financial risk for costs associated with these investments prior to receiving the earned IPP revenue from DHCS, in order to continue to build capacity in those counties.

Discussion. To date, $1.4M of the projected $10.7M Payment 3 IPP funds have been invested in the community (assumed financial risk), well below the $10.7M approved by the Alliance Board in June. On 11/21/2023, Alliance staff were notified that they had received 82% of the Payment 3 allocation.

	Santa Cruz	Monterey	Merced	Mariposa	San Benito	Total
IPP Payments 1, 2, and 3 (Received) As of 12/29/2023	$6,083,62	$12,511,312	$11,918,54	N/A	N/A	$30,513,484
Alliance Distribution of IPP Dollars As of 12/29/2023	$5,671,409 (93.2%)	$6,892,047 (55.1%)	$5,862,157 (49.2%)	N/A	N/A	$18,425,614 (60.4%)
IPP Payment 4 Maximum Allocation Date Expected: June 2024	$2,031,415	$4,392,66	$4,330,433	N/A	N/A	$10,754,513
IPP Payment 5 Maximum Allocation Date Expected: Dec 2024	$1,673,978	$3,907,70	$3,856,318	$138,809	$287,347	$9,864,158

MCPs operating in a county with changes to the Medi-Cal Managed Care market on January 1, 2024 (for the Alliance: Mariposa and San Benito counties) are eligible to participate in IPP for the measurement periods in which they are operating in the county. The Alliance will be eligible to participate in Submission 5.

To date, the Alliance has earned the full possible allocation from DHCS for Payments 1, 2A, and 2B. The Alliance earned 82% for Payment 3. $10.8M is the maximum potential allocation across all three counties for Payment 4 and $9.9M is the maximum potential allocation across all five counties for Payment 5 (see possible maximum allocation by county in table above). To encourage maximum capacity building and increase assess to ECM and CS services for members, staff recommend continuing to award incentive dollars to providers able to expand capacity, either in existing caseload or in onboarding of a new Population of Focus (e.g., to newly launched Populations of Focus such as Individuals Transitioning from Incarceration, Birth Equity, etc.), up to 100% of the expected Payment 4 and 5 allocations in each county.

Fiscal Impact. The Alliance has successfully obtained 100% of funds for Program Year 1 (Payments 1, 2A, and 2B) and approximately 82% of Payment 3. Staff are on track to secure the majority of future funding. However, the receipt of IPP funding is not guaranteed. There is a risk that the Alliance may not obtain the full amount of expected Payments 4 and 5 funding.

Attachments. N/A

DATE: February 28, 2024

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

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

SUBJECT: Alliance State of Technology, Data and Security Report and Data Sharing Incentive Program

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Recommendation. Staff recommend the Board ratify to January 1, 2024, a Data Sharing Incentive Program to begin on April 1, 2024. Funding for this program was included as a component of the Medical Budget approved by your Board at the December 6, 2023 meeting.

Summary. This item returns to your Board for ratification after having been on the agenda for recommendation and discussion at the January 24, 2024 meeting. However, it was moved to the February meeting of your Board due to time constraints.

Background. The Alliance State of Technology, Data and Security Report is provided as part of regular Board updates, including key updates about the Alliance's technology, security and data and includes the request for Board approval of a new Data Sharing Incentive Program. The Alliance relies on cost-effective, uninterrupted, secure, smoothly operating technology systems.

Discussion.

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

The Alliance has developed a Data Sharing Incentive Program targeting all providers (except for hospitals, which are part of the Hospital Quality Incentive Program (HQIP)).

The Data Sharing Incentive (DSI) Program will pay providers, on a per EHR basis up to $40,000 annually in four quarterly payments. Incentives will be paid based on multiple milestones including providers signing the applicable data sharing agreements, connecting to the local HIE, and sending complete longitudinal member data to the Alliance via the HIE on a quarterly basis.

In the case of the Skilled Nursing Facilities (SNFs), they will be required to send discharge data similar to the data required of the hospitals in the HQIP. However, the SNFs are subject to the same $40,000 annual maximum paid to other providers in the DSI.

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

The Information Technology Services (ITS) team conducted a security assessment led by Moss Adams, LLP in Q3 2023. The findings will be delivered in Q1 2024. Any findings will be remediated by the Alliance ITS team once the final report has been delivered.
The ITS team conducted a penetration test with a leading security firm, Praetorian. Penetration testing is the practice of cyberattack simulation launched on computer systems in order to discover points of exploitation and test IT breach security.

The results of the penetration tests were provided on December 18, 2023. A limited number of high and medium priority findings were identified in the penetration test. All items are currently in the process of being addressed and remediated.

The Alliance continues to improve its security posture and has not experienced any significant security breaches this past year.

Care Management System Replacement. The Alliance is the process of replacing its end of life care management system, Essette. In December of 2023 the Alliance completed its selection process and selected ZeOmega's JIVA Care Management System. The implementation is underway and currently scheduled to go live March 31, 2024.

Fiscal Impact. There is no fiscal impact associated with approval of this Incentive Program as the funding for the DSI Program was previously approved at the December 6, 2023 Board meeting.

Attachments. N/A

DATE: February 28, 2024

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

FROM: Jessica Finney, Community Grants Director

SUBJECT: Medi-Cal Capacity Grant Program: Governance Policy Recommendations

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Recommendation. Staff recommend the Board approve two governance policy changes for the Medi-Cal Capacity Grant Program (MCGP): 1) Board approval of an annual MCGP investment plan for funding allocations to Board-approved focus areas and strategies; and 2) Board direction to staff to implement grantmaking activities and award decisions per the Board-approved MCGP framework, funding goals, and annual investment plan.

Summary. This report includes background on the key factors that prompted the need for changes to the administration and governance structure of the MCGP and proposes governance policy changes to address them.

Background. Throughout 2022, the Alliance Board acted to evolve the MCGP, approving a revised Health Care Reserve policy, a revised and expanded MCGP Framework, and new grantmaking focus areas and funding priorities. During this process, the Board identified a need for changes to the administration and governance structure of the MCGP. Key factors prompting this discussion included: 1) competing health plan operational priorities requiring the attention of the Alliance Board; 2) transparency of strategic allocation of reserves and tangible net equity (TNE) outlier status among other local Medi-Cal plans; and 3) minimizing potential Board member conflicts of interest.

Between October 2022 and September 2023, the Board considered the establishment of a 501(c)(3) non-profit public charity foundation for the Alliance's future grantmaking as a means to solve for the key factors above. Upon thorough evaluation, staff recommended, and the Board approved not establishing a foundation. The donation amount that would have been required to establish a foundation may have put the health plan at potential financial risk for future financial performance as the foundation would necessitate an operating model in which the health plan would no longer have direct control over the funds once the foundation was established. A lower donation amount would not have supported a foundation operating model and would not have the originally intended effect of reducing the Alliance's TNE. The benefit of establishing a separate foundation to increase the transparency of strategic reserves and normalize TNE did not outweigh the benefit of the health plan having direct control in Alliance's grantmaking. In September 2023, the Board directed staff to continue to operate the MCGP within the health plan and to return with proposed MCGP governance policy changes to address the key factors that originally prompted the foundation recommendation.

Discussion. To effectively address the key factors outlined above, staff propose the governance policy changes described below.

Annual MCGP Investment Plan. Staff recommend the adoption of an annual investment plan for the MCGP. The Board-approved investment plan will serve as the roadmap for MCGP

investments, broadly defining the grantmaking priorities to address the Medi-Cal capacity needs of the Alliance's service area and funding to be allocated to advance the goals under each focus area and strategy. The annual MCGP investment plan will outline the most critical needs to address through grantmaking and proposed funding allocations by Board-approved focus areas and strategies for spend down. The annual investment is a guide for prioritizing and adjusting grantmaking activities year over year. Some years may include adjustments to previous Board-approved allocations by strategy based on community response to existing funding opportunities, award and spending rate, and/or emerging community needs. The annual investment plan will not include an annual spending target.

Establishing an annual MCGP investment plan will help address several of the key factors listed above that the Board is interested in resolving. The annual process will include an opportunity for the Board to provide high-level input on community needs and grantmaking priorities. The approval of an annual investment plan will allow the Board to provide strategic direction for the MCGP while shifting developmental and ongoing operational responsibilities to staff. Additional benefits are transparency for Alliance partners and grant applicants in terms of understanding the Alliance's strategy for how grant funds will be invested in the community. Lastly, the annual MCGP investment plan will be aligned with the Alliance's planning to meet the new 2024 Medi-Cal contract's Community Reinvestment requirement which will necessitate an annual plan and report to the Department of Health Care Services and would share some of the same inputs and outcomes as the annual MCGP Investment Plan.

Throughout the year, staff will conduct the following planning activities to inform the annual MCGP investment plan: 1) environmental scan of the current health care landscape; 2) a review of key internal strategic and performance metrics; 3) engaging key stakeholders through community advisory committees, surveys, interviews and/or listening sessions; and 4) alignment with organizational strategic planning. Staff will solicit strategic input from the Board at the annual retreat on the most critical needs and opportunities for MCGP investments in the next year. Staff will synthesize all input and engage internal subject matter experts to finalize the investment plan recommendations. The investment plan will be presented to the Board for approval in February this year, with subsequent presentations scheduled for January of each year going forward.

Staff Implementation of Grantmaking Activities. Since 2015, under the Board's direction, staff have implemented a robust and rigorous administrative structure for the MCGP and developed, implemented, and evaluated a diverse portfolio of over twenty funding opportunities. Given the Board's interest in changing the MCGP governance policy, staff propose evolving to a more streamlined approach to MCGP planning and grantmaking that provides for the Board's strategic input on the funding goals, priorities and allocations while allowing staff to implement the programmatic details of funding opportunities (grant programs) and grant awards.

Staff recommend shifting approval of specific grant program criteria, program budgets, and individual grant awards recommended by staff to the Alliance Chief Executive Officer (CEO) while keeping the strategic direction of the MCGP under the Board's purview. This policy change would minimize Board conflict of interest by keeping discussion to high-level input regarding funding goals, fund allocations, and community needs that may be addressed through grantmaking. Under this governance structure, the Board directs staff to implement grantmaking activities and the CEO to approve award decisions per the Board-approved MCGP framework, funding goals and annual investment plan. The Board delegated authority to the CEO for approval for Workforce Recruitment awards in March 2023. This recommended governance

policy change would extend CEO authority to approval of grant awards under all grant programs (Alliance Policy #800-0014 *Contract Signature Authority)*.

The Board will continue to maintain oversight over the MCGP framework (including focus areas, strategies, and the Theory of Change), the annual MCGP investment plan, additional funding allocations to the MCGP per the Health Care Reserve Policy, and the county allocation methodology. To ensure transparency and keep the Board informed, staff will provide biannual reporting in the Board packet of all grantmaking activities and grants awarded under funding opportunities.

Conclusion. The governance policy recommendations outlined in this report are intended to maintain board oversight of MCGP funding allocations, funding goals and strategies, and maximize the Board's strategic input on MCGP planning. The recommendations would further improve the efficiency and responsiveness of the Alliance's grantmaking to meet the needs of the community and the provider network to strengthen capacity in the Medi-Cal delivery system.

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

Attachments.

1. Medi-Cal Capacity Grant Program Framework
2. Medi-Cal Capacity Grant Program Funding Goals and Priorities

Medi-Cal Capacity Grant Program (MCGP) Framework

MCGP Investment Strategy. The MCGP is a part of the Alliance's financial plan, which creates prudent health plan reserves and enables the use of surplus funds to expand access and improve Alliance member benefits. The Alliance allocates funding to the MCGP from its earned net income, after meeting regulatory and Board designated reserve requirements and ensuring adequate funding for augmented provider reimbursements and successful implementation of Medi-Cal program requirements. The MCGP's financial strategy is founded on the following elements:

1. Funding Allocations. MCGP funding is allocated by county and funding opportunity. Funding allocations also consider equity in impact of programs, and not just equity in allocation.
2. Annual Spending Plan. The MCGP develops and adheres to an annual spending plan to ensure transparency to potential grantees about the level of funding to be made available in the community for activities within the focus areas.
3. Member Benefit. The MCGP makes strategic use of Alliance reserves to strengthen the delivery system to meet Medi-Cal member needs.
4. Local Innovation. The MCGP ensures strategic use of reserves to enable local innovation rather than supplanting state resources for ongoing program administration. Covered Service benefit expansions, provider payment augmentation and other services managed by the health plan are addressed via the health plan's operating budget, not through the MCGP.
5. Funding Decisions Free from Conflicts of Interest. The MCGP relies on an administrative decision-making structure which avoids conflicts of interest in the approval of programs and specific grants.

MCGP Investment Criteria. These key criteria are used to evaluate funding requests and will be used to guide planning for future MCGP investments:

1. Medi-Cal Purpose: All grants must benefit Medi-Cal beneficiaries.
2. Sustainability: The Alliance makes investments with the goal of creating lasting change in the Medi-Cal delivery system or in member and community health that is sustainable past the grant funding period. Grants are generally one-time investments to build capacity or ensure adequate local infrastructure to meet Alliance member needs.
3. Service Area: Grantees must maintain ongoing operations, including staffing and programs, in the Alliance service area.
4. Alignment with Vision, Mission and Priorities: The Alliance invests in organizations and efforts that advance the Alliance's vision, mission and strategic priorities.
5. Focus Areas: Funding awards must be associated with at least one of the MCGP focus areas and support the identified goals for that focus area.
6. Supplanting: MCGP funding should not be used to supplant or duplicate other funding in order to focus investments on areas where limited funding is available or where other funding sources can be leveraged to have a greater impact.

MCGP Guiding Principles. The following principles guide MCGP grantmaking.

1. Equity in impact.
   - The MCGP will ensure grantmaking is tailored to local needs and prioritizes resources and attention to communities and populations who experience inequities.
   - The MCGP will engage the community to understand the diversity of health-related needs and opportunities to advance the Alliance's vision of *Healthy People. Healthy Communities.*
   - The MCGP will create opportunities for members to play a central role in crafting solutions through grantmaking to improve health and well-being for themselves, their families and their communities.
2. Trusting relationships with partners.
   - The MCGP is committed to building trusting, collaborative relationships with community partners based on mutual respect, collaborative learning and aligned priorities.
3. Transparent, accessible and responsive grantmaking.
   - The MCGP seeks to minimizes administrative burden on grantees and ensure the level of effort is commensurate with the grantee organization's scale and administrative ability.
   - The MCGP ensures accountability for grant funds and transparency about funding decisions and requirements.
   - The scale and impact of MCGP investments on the Medi-Cal system, infrastructure and members is measured and communicated.
4. Grantmaking informed by Medi-Cal delivery system expertise and experience.
   - Grantmaking is responsive to funding gaps and infrastructure needs to meet the challenges of Medi-Cal transformation.
   - Investments support systems change and innovations in the safety net health care delivery system to address root causes that impact health.
   - Grantmaking is developed in close coordination with Alliance staff, Board and community stakeholders.
5. Holistic view of health.
   - Grantmaking promotes a holistic view of health that includes supporting Medi-Cal members in achieving and maintaining optimum physical, mental and social well-being.
   - Investments to address disease prevention and disease management are made upstream from the medical model to address root causes and prevention.

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

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

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

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

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

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

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

Funding Goals

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

Funding Priorities

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

Focus Area 3. Healthy Communities

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

Funding Need

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

Funding Goals

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

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

Funding Priorities

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

DATE: February 28, 2024

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

FROM: Jessica Finney, Community Grants Director

SUBJECT: Medi-Cal Capacity Grant Program County Allocation Methodology and Redistribution Recommendations

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Recommendation. Staff recommend the Board approve: 1) the adoption of a revised methodology for allocating reserves to the Medi-Cal Capacity Grant Program (MCGP) based on member volume by county; and 2) the redistribution of the MCGP unallocated budget to facilitate grantmaking in all five Alliance counties.

Summary. This report includes background on the MCGP county allocation methodology and proposes adapting the methodology to incorporate San Benito and Mariposa counties. It also includes a recommendation to redistribute the existing MCGP unallocated budget based on member volume in each of the five counties in the Alliance's service area and adjusting the allocations for health equity.

Background. In December 2014, the Alliance Board approved the initial policy framework for the MCGP. This included the methodology that would be used to allocate funds from the Alliance's fund balance (reserves) to the MCGP by county. Each county's allocation is designated for grantmaking in that specific county. Funding opportunities are made available in each county and grants are awarded based on each county's available funding. The unallocated budget is funding that has not yet been awarded or allocated to an existing funding opportunity.

The Board approved the following allocation methodology: 50% of funds evenly divided among counties and 50% of funds allocated pro rata based on member volume in each county. This methodology, which has been in place since 2014, recognized that partner organizations in each county would have fixed costs for capacity building, and recognized the membership volume differences in each county.

The MCGP is funded through the strategic use of the Alliance's reserves. The above methodology was applied to each allocation to the MCGP from the Alliance's fund balance. The Board approved three allocations to the MCGP in 2014, 2016 and 2022 totaling $266.6M. Since the Alliance began awarding grants in 2015, a total of $153M has been awarded through the MCGP in three counties as follows: Merced County $45.34M; Monterey County $54.65M; and Santa Cruz County $52.96M. Some awarded funds have been returned to the MCGP budget due to unspent grants funds and grant withdrawals/terminations. The average total annual award amount to date is $18M. The remaining amount of $105.5M in the MCGP unallocated budget has not yet been allocated to a specific strategy or funding opportunity.

In June 2023, the Board approved an initial allocation of $5M to the MCGP specifically for grantmaking in San Benito and Mariposa counties in anticipation of these counties joining the Alliance's service area in January 2024. Stakeholder interviews were conducted in the two new counties in Q4 2023 and identified that significant capacity investments are needed in both

counties. Capacity building in the areas of workforce and infrastructure were identified as priority needs to increase access to health care services for Medi-Cal members. Since the MCGP is a key tool for the Alliance to advance its strategic and quality goals, Grant Program staff have been revisiting MCGP policies to determine what changes are necessary to incorporate the new counties into the Alliance's grantmaking to meet capacity needs.

Discussion. Given the expansion of the Alliance service area to include San Benito and Mariposa counties, it is recommended that the Board revisit the original allocation methodology to fully incorporate the new counties into the MCGP framework and make the same funding opportunities available in each county. Since member volume in each county varies so widely, the current allocation methodology applied across five counties does not provide the same opportunity to meet fixed costs for capacity building nor the needs of the Alliance service areas where the greatest needs exist.

Staff recommend shifting to an allocation methodology based solely on member volume. Using this methodology and Alliance membership data as of January 2024, the allocation percentage by county would be:

County	Merced	Monterey	Santa Cruz	San Benito	Mariposa
Member Count	151,441	197,682	80,109	20,523	5,724
Membership Percentage	33.25%	43.40%	17.59%	4.51%	1.26%

Staff recommend redistributing the available funds in the MCGP unallocated budget ($105.5M) based on member volume and health equity. Staff recommend redistributing the $105.5M in all five counties using the new member volume methodology and making a one-time equity adjustment. The equity adjustment recognizes the need for more significant capacity investment to improve access to quality health care in Merced, San Benito and Mariposa counties and serves as an initial shift toward an equity-based grantmaking model.

One key indicator of the need for a more equitable distribution of funds across the service area is each county's performance on the Medi-Cal Managed Care Accountability Set (MCAS) quality metrics. The Alliance received sanctions for eight MCAS quality metrics below the minimum performance level (MPL) in Merced County for measurement year 2022 (MY22). For Santa Cruz and Monterey counties, there were no metrics below the MPL in MY22. While under other managed care plans in MY22, San Benito County had two metrics below the MPL and Region 2, which includes Mariposa County, had ten metrics below the MPL. Additionally, there is limited funding available from Department of Health Care Services incentive programs for San Benito and Mariposa counties and those programs are winding down in 2024-2025,

The recommended redistribution of the MCGP unallocated budget ($105.5M) is based on the following elements outlined in the key and table below.

A. Unallocated Budget Remaining Balance: Funds allocated based on existing methodology that have not yet been awarded or allocated to a specific use and are available to develop new funding opportunities.
B. Currently Allocated: Funds that have already been Board-approved for specific use and would not be included in the redistribution calculation. These funds would remain in the county where they are currently allocated.

C. Distribution of Unallocated Budget Based on Member Volume: County allocations using the new member volume methodology in all five counties.
D. Equity Adjustment: Reallocation of $12.87M combined from Monterey and Santa Cruz counties (20% of each county's allocation based on membership) to Merced, San Benito, and Mariposa counties based on member volume across these three counties.
E. Total County Allocations: Total allocation per county including Currently Allocated plus Distribution per Member Volume plus Equity Adjustment.

Key	County	Merced	Monterey	Santa Cruz	San Benito	Mariposa
A	Unallocated Budget Remaining Balance (existing methodology) ($105.5M)	$45.20M	$42.95M	$17.34M	-	-
B	Currently Allocated ($32.12M)	$12.99M	$9.38M	$4.75M	$3.9M	$1.09M
C	Distribution of Unallocated Budget based on Member Volume ($105.5M)	$35.08M	$45.79M	$18.55M	$4.75M	$1.32M
D	Proposed Equity Adjustment ($12.87M)	$10.96M	-9.15M	-$3.71M	$1.48M	$414K
E	Total County Allocations (B+C+D)	**$59.04M**	**$46.02M**	**$19.59M**	**$10.15M**	**$2.83M**

Conclusion. If the recommendations for redistribution of the MCGP unallocated budget are approved, staff would apply this framework to make funds immediately available for funding opportunities in each county. Staff would also develop a new model for an equity-based allocation methodology in the Alliance service area based on quality and access metrics for future Board consideration.

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

Attachments. N/A

DATE: February 28, 2024

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

FROM: Jessica Finney, Community Grants Director

SUBJECT: 2024 Medi-Cal Capacity Grant Program (MCGP) Investment Plan

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Recommendation. The proposed 2024 Medi-Cal Capacity Grant Program (MCGP) Investment Plan in this report is presented for Board consideration and discussion. Staff would return with a Board action recommendation on the 2024 MCGP Investment Plan on March 27, 2024.

Summary. This report includes background on Board-approved MCGP funding goals and strategies and a proposed plan for new allocations from the MCGP unallocated budget to address these goals and strategies through new and existing funding opportunities. The proposed plan assumes Board approval of the action item *MCGP Governance Policy Recommendations* in this Board packet.

Background. The Alliance established the MCGP in July 2015 in response to the rapid expansion of the Medi-Cal population as a result of the Affordable Care Act. Through investment of a portion of the Alliance's reserves, the MCGP provides grants to local health care and community organizations in the Alliance service area to increase the availability, quality and access of health care and supportive services for Medi-Cal members and to address social drivers that influence health and wellness in our communities. The Board approved three allocations to the MCGP in 2014, 2016 and 2022 totaling $266.6M. Since 2015, the Alliance has awarded 742 grants totaling $153M to 178 organizations in the Alliance's service area.

In August 2022, the Board adopted three new investment focus areas for the MCGP: 1) Access to Care; 2) Healthy Beginnings; and 3) Healthy Communities. These new focus areas were the result of significant Board and community input and consideration of the Alliance's strategic planning elements, including an assessment of the current health care landscape, community needs and organizational priorities. These new focus areas address unmet and emerging Medi-Cal needs and opportunities, align with organizational and State priorities and increase investments upstream towards root causes and prevention. The focus areas direct resources in areas outside of core health plan responsibility where other funds are not available. In spring 2023, the Board approved several new funding opportunities and funding allocations to advance the goals of each MCGP focus area. As illustrated in the *Community Impact Report* included in this Board packet, the Alliance awarded $23.5M in Merced, Monterey and Santa Cruz counties in 2023 under the new focus areas across 12 funding opportunities.

Discussion. As described in the report *MCGP County Allocation Methodology and Redistribution Recommendations* in this Board packet, the MCGP has $105.5M remaining of the total $266.6M allocated since 2014 that has not yet been Board-directed to a specific strategy or funding opportunity. There have been many drivers that impacted the spend down of the available MCGP funds in the past few years. The Board's MCGP evolution work to reassess funding goals was delayed due to the COVID-19 pandemic in 2020 and subsequent alignment with Alliance strategic planning in 2021. New funding opportunities were limited until the new focus areas

were established at the end of 2022. New funding opportunities and allocations were implemented in 2023 under these new focus areas, however, available funds were restrained until it was decided after an assessment period between October 2022 and September 2023 that the Alliance would not establish a foundation model for the Alliance's grantmaking.

Other drivers of MCGP spend down are related to program administration. Staff are intentional about maintaining the integrity of the MCGP and taking the time necessary to ensure funding opportunities are designed and grants are awarded according to the Board-approved framework. Also, in the past few years, multiple State incentive programs for the Medi-Cal delivery system became available and required coordination and pacing so that the MCGP did not supplant or duplicate these funding sources, much of which will wind down in 2025. The work ahead in 2024 and 2025 will include aligning MCGP planning with the new Medi-Cal Community Reinvestment requirement.

There is now a clear path forward to advance the MCGP funding goals through new funding opportunities in the Alliance's service area to strengthen the Medi-Cal delivery system with a strategic focus on health equity. As proposed in *MCGP Governance Policy Recommendations* in this Board packet, the approach to an annual MCGP investment plan is for the Board to direct new funding allocations to focus areas and strategies and revisit previous allocations on annual basis. The approval of an annual MCGP investment plan will allow the Board to provide high-level strategic direction for the MCGP year over year and direct staff to manage program-level implementation and county budgets based on allocated funding to meet identified community needs.

Proposed Funding Allocations. The proposed total funding allocation of $91.38M from the MCGP unallocated budget would be used to fund grant awards under new and expanded funding opportunities starting in 2024 and continuing over the next several years. Based on the available funding, the variety of funding opportunities, and the anticipated community response, staff expect to increase the annual spending amount to at least twice the historical average of $18M per year over the next four to six years. The proposed allocation amount for each strategy is a composite of program-level estimates for funding opportunities described in this report. The proposed allocations reflect the prioritized need for new investments in healthcare workforce and infrastructure under Access to Care. There is $27M remaining in previous Board-approved allocations to continue awards for existing funding opportunities (see attached) currently accepting grant applications under the three focus areas.

Focus Area	**Strategy**	**Proposed Allocation**	**Percent of Total Proposed Allocation**
Access to Care	Healthcare Workforce	$51.38M	56%
	Healthcare Infrastructure	$27.75M	30%
Healthy Beginnings	Parent/Child Health & Wellness	$0	0%
	Parent Education & Engagement	$0	0%
Healthy Communities	Community Resources/Engagement	$750K	1%
	Social Drivers of Health	$10M	11%
Any Focus Area	Any Strategy	$1.5M	2%
	Total	**$91.38M**	**100%**

Proposed Funding Opportunities. The proposed expanded and new funding opportunities are presented for the Board to provide high-level input on community needs and grantmaking priorities in the Alliance service area prior to approving the 2024 MCGP Investment Plan. The table below outlines existing programs and proposed new funding opportunities under each Board-approved strategy. After the Board approves the final 2024 MCGP Investment Plan, staff will develop the specific funding opportunities to make funding available in the community.

Strategy	Existing Programs	Proposed New in 2024
Healthcare Workforce	Workforce Recruitment Equity Learning	Workforce Retention Workforce Development Workforce Support for Care Gap Closure
Healthcare Infrastructure	Healthcare Technology (expand)	Data Sharing Support Capital ECM/CS Capacity - San Benito/Mariposa
Parent/Child Health & Wellness	Home Visiting	-
Parent Education & Engagement	Parent Education and Support	-
Community Resources & Engagement	Community Health Champions Partners for Active Living	Population Needs Assessment Support
Social Drivers of Health	-	Permanent Supportive Housing
Any Strategy	-	Innovation Fund

The section below provides brief descriptions of proposed expanded programs and new funding opportunities to meet the prioritized needs to build Medi-Cal delivery system capacity in the Alliance's service areas. These high-level descriptions are intended to provide the Board with an understanding of the approach that would be developed and implemented by staff to achieve each strategy.

Healthcare Workforce

1. *Workforce Retention*: Support to retain direct service employees within the Alliance's provider network.
2. *Workforce Development*: Support opportunities for training and higher education to grow the healthcare workforce in the Alliance service area.
3. *Workforce Support for Care Gap Closure*: Support for a targeted workforce intervention to close specific Managed Care Accountability Sets (MCAS) care gaps, increase quality scores and improve members' overall health.

Healthcare Infrastructure

4. *Healthcare Technology Program:* Expand existing program to also fund clinical equipment to improve performance of specific quality measures.
5. *Data Sharing Support*: Support capacity building to meet Medi-Cal data sharing requirements and connect to a heath information exchange.
6. *Capital*: Clinical capacity building, community and school-based resource/wellness centers and large equipment projects.

7. *ECM/CS Capacity in San Benito/Mariposa:* Support to develop provider capacity to deliver Enhanced Care Management and Community Supports services. (CalAIM Incentive Payment Program funds are extremely limited in these two counties.)

Community Resources/Engagement

8. *Population Needs Assessment Support*: Initial support for county planning and coordination efforts to enable the Alliance's meaningful participation in the Community Health Assessment and the Community Health Improvement Plan in each county.

Social Drivers of Health

9. *Permanent Supportive Housing (PSH)*: Blend additional funding with Housing and Homelessness Incentive Program (HHIP) funds to support PSH projects identified by local Continuum of Care partners through HHIP planning efforts.

Any Strategy

10, *Innovation Fund*: Emerging opportunities to expand Medi-Cal capacity that do not fit under an existing funding opportunity.

Conclusion. Depending on the outcomes of the two MCGP recommendations for action in this Board packet (*MCGP Governance Policy Recommendations* and *MCGP County Allocation Methodology and Redistribution Recommendations*) and the strategic input provided by the Board on the proposed 2024 MCGP Investment Plan, staff would return to the Board with a final 2024 MCGP Investment Plan for Board action in March 2024 that includes county level allocations per focus area and strategy. New funding opportunities would be developed in 2024. The allocations are intended to fund awards starting in 2024 and continue over several years based on remaining funding.

Fiscal Impact. This recommendation would allocate a total of $91,380,000 from the MCGP unallocated budget to fund grant programs in each county developed under the Board-approved focus areas and strategies.

Attachments.

1. MCGP Current Funding Opportunities

Medi-Cal Capacity Grant Program

CURRENT FUNDING OPPORTUNITIES

PURPOSE

The Alliance makes investments to health care and community organizations in Merced, Monterey and Santa Cruz counties through the Medi-Cal Capacity Grant Program to realize the Alliance's vision of heathy people, healthy communities.

These investments focus on increasing the availability, quality and access of health care and supportive resources for Medi-Cal members and address social drivers that influence health and wellness in our communities.

FUNDING PRIORITIES

The Alliance invests in developing Medi-Cal capacity in three priority funding focus areas:

1) Access to Care
2) Healthy Beginnings
3) Healthy Communities

CURRENT FUNDING OPPORTUNITIES

Focus Area: *Access to Care*

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

Community Health Worker (CHW) Recruitment
Grants for CHWs who become credentialed to provide the Medi-Cal CHW Benefit.

Doula Recruitment
Grants for doulas who become qualified to provide the Medi-Cal Doula Service Benefit.

Medical Assistant (MA) Recruitment
Grants for MAs in primary care practices.

Provider Recruitment
Grants for high need priority provider types including allied, behavioral health, primary care and specialty care.

The Alliance offers an additional Linguistic Competence Provider Incentive for grantees who hire bilingual providers.

Equity Learning for Health Professionals
Grants to support training or consulting engagements that directly support Medi-Cal members in receiving equity-oriented care.

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

Focus Area: *Healthy Beginnings*

Home Visiting
Grants to support the implementation or expansion of home visiting programs that use evidence-based models with trained professionals for pregnant women and parents of children up to age 5.

Parent Education and Support
Grants to increase access to childhood development education, parenting skills and supportive resources for parents of children up to age 5.

Focus Area: *Healthy Communities*

Community Health Champions
Grants for organizing, training and supporting youth and adults to promote individual and community health and wellness and to advocate for equity in health care access.

Partners for Active Living
Grants to support community-based projects that provide children, adults and families opportunities to engage in physical activity and recreation programs in the community and engage health care providers in partnering on program coordination and referral of Medi-Cal members to these resources.

APPLICATION PROCESS

- Visit our website for program descriptions, eligibility criteria and link to the online application process.
- Grant applications for Workforce Recruitment grants will be considered four times per year.
- Grant applications for all other funding opportunities will be considered by the Alliance Board two times per year.
- Applications will be accepted on a rolling basis if funds are still available. Visit the website for upcoming application deadlines and award dates.

FOR MORE INFORMATION

For questions, email **grants@ccah-alliance.org** or contact staff at **(831) 430-5784**.

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

Information Items: (13A. – 13I.)

February 2024 Board Report

Mention Analytics

Mentions by Media Type

Audience by Media Type

Publicity by Media Type

Total Online + Print Audience
5,510,333

Total Online + Print Publicity
USD $83,178

Total Number of Clips 8

(Requires Critical Mention login)

Dignity Health leaders call on state officials to negotiate a fair Medi-Cal contract | Opinion

1

Powered by LexisNexis

Date Collected Jan 28, 2024 12:20 PM EST
Category Print
Source The Merced Sun-Star (California)
Author Dale Johns and Dr. Robert Quinn; The Merced Sun-Star

Est. Audience 15,952
Est. Publicity Value USD $185
Market Merced, CA
Language English

... t happen without strong health plan partnerships. As the largest Medi-Cal provider in California, three out of every four patients who come to a Dignity Health hospital are covered by either Medi-Cal or Medicare.

Since September we have been in contract negotiations with the local Medi-Cal payer, **Central California Alliance for Health**; to date, we have been unable to negotiate an agreeable equitable contract. If **CCAH** does not agree to a new contract with Dignity Health, **CCAH** will no longer consider Dignity Health Medical Group physicians and Mercy Medical Center Merced as "in-network" ... beginning Feb. 16.

It is anticipated that **CCAH** will begin to reassign our Dignity Health Medical Group Primary Care patients to a new physician prior to this date. **CCAH** may direct their members to use providers in other cities.

It is important for the community to understand why we are in contract negotiations with **CCAH**. Contrary to popular belief, hospitals do not set their own prices for services. We contract with health plans like ... **CCAH** so we can be "in-network" for you. The details of the contract govern the amount we are reimbursed for the care we provide, the way claims get processed, and how referrals and authorizations are handled.

It is unfair for an insurer to pay us less than the cost of care; we lose money for every ... Medi-Cal patient we treat. Our Dignity Health network has faced a considerable financial impact with this contract, and we have not received a rate increase from **CCAH** in several years.

Opinion label

In Merced County, one of every two residents is covered by **CCAH**, and Mercy Medical Center Merced provides the highest volume of care to **CCAH** members with approximately 3,900 admissions annually. Mercy Medical Center Merced provides more than 30,000 emergency room visits per year to **CCAH** patients -- about 90 patients per day. ... Based on this information and the complexity of **CCAH** patients, our current reimbursement is not sustainable.

Back to Agenda

Our physicians are relied upon heavily in Merced County. There are an insufficient number of local primary or specialty care physicians to care for our population. Dignity Health has provided approximately 15,000 primary care, specialty care ...

Dignity Health leaders call on state officials to negotiate a fair Medi-Cal contract | Opinion

2

Date Collected Jan 28, 2024 10:07 AM EST
Category Digital News
Source AOL.com

Est. Audience 5,428,903
Est. Publicity Value USD $82,256
Market United States
Language English

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Dignity Health leaders call on state officials to negotiate a fair Medi-Cal contract | Opinion

3

Date Collected Jan 28, 2024 9:22 AM EST
Category Digital News
Source Merced Sun-Star
Author Dale Johns and Dr. Robert Quinn

Est. Audience 12,053
Est. Publicity Value USD $150
Market Merced, CA
Language English

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Online News

Time Is Ticking On Significant Health Plan Contract Negotiations

4

Date Collected Jan 18, 2024 7:41 PM EST
Category Digital News
Source MercedCountyTimes.com

Est. Audience 1,087
Est. Publicity Value USD $12
Market Merced, CA
Language English

... 't happen without strong health plan partnerships. As the largest Medi-Cal provider in California, three out of every four patients who come to a Dignity Health hospital are covered by either Medi-Cal or Medicare.

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Santa Cruz Sentinel

(Requires Critical Mention login)

Guest Commentary; Time ticking on negotiations for contract

5

Powered by LexisNexis

Date Collected Jan 17, 2024 7:47 AM EST
Category Print
Source Santa Cruz Sentinel (California)
Author Nan Mickiewicz and Robert Quinn

Market Santa Cruz, CA
Language English

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Online News

Guest Commentary | Time is ticking on health plan contract negotiations

6

Date Collected Jan 16, 2024 5:51 PM EST
Category Digital News
Source Santa Cruz Sentinel
Author Santa Cruz Sentinel

Est. Audience 28,259
Est. Publicity Value USD $336
Market Santa Cruz, CA
Language English

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2023 Year In Review | Clinic earns award of excellence

7

Date Collected Jan 3, 2024 12:33 PM EST
Category Digital News
Source King City Rustler

Est. Audience 217
Est. Publicity Value USD $2
Market King City, CA
Language English

SEPTEMBER 2023
Clinic earns award of excellence

Central California Alliance for Health honored Mee Memorial Healthcare System's King City Clinic with the prestigious HEDIS Award of Excellence. This award was made in recognition of the extraordinary commitment of the clinic team in providing excellent health care delivery in alignment with quality performance standards established by the National Committee for Quality Assurance and the Department of Health Care Services.

(Requires Critical Mention login)

November

8

Powered by LexisNexis

Date Collected Dec 31, 2023 11:26 AM EST
Category Print
Source Monterey County Herald (CA)

Est. Audience 23,862
Est. Publicity Value USD $237
Market Monterey, CA
Language English

More sexual harassment lawsuits against CSUD

• Two separate complainants filed lawsuits against Carmel Unified School District and its lead custodians for alleged sexual harassment. The custodians involved are former lead custodian at the high school, Roel Martinez and the lead custodian at the middle school, Gustavo Alvarado. Martinez retired from the district at the end of June and was paid $100,000 for an “agreement” according to the district’s June warrants board report. Martinez came under fire earlier this year after documents revealing a sexual harassment investigation into his ...

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

2023
ANNUAL REPORT
TO THE SANTA CRUZ, MONTEREY, MERCED, SAN BENITO, AND MARIPOSA COUNTY BOARDS OF SUPERVISORS
FROM
THE SANTA CRUZ-MONTEREY-MERCED-SAN BENITO-MARIPOSA MANAGED MEDICAL CARE COMMISSION

Central California Alliance for Health (the Alliance) is a locally governed and operated public agency established by Ordinances adopted by the counties of Santa Cruz, Monterey, Merced, San Benito, and Mariposa. The Alliance is governed by the Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission (the Commission), whose members are appointed by the Boards of Supervisors in each county.

- The Alliance's Vision: Healthy people. Healthy communities.
- The Alliance's Mission: Accessible, quality health care guided by local innovation.
- The Alliance's Values: Improvement, Integrity, Collaboration, Equity

The Commission seeks to achieve the Alliance's mission through operation of a County Organized Health System (COHS) health plan, currently serving over 455,000 members in Santa Cruz, Monterey, Merced, San Benito, and Mariposa counties.

Commission Structure

The Alliance is governed by the Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission, whose members are appointed by the counties' Boards of Supervisors including individuals representing interests of the public, providers, and government. Additionally, the Commission has established advisory groups consisting of member and physician representatives, which provide input to the Commission and staff on policy matters.

The Commission meets regularly in public meetings governed by open meeting laws. In 2023, the Commission held 11 regular board meetings. All such meetings are accessible to all members of the public in compliance with Brown Act requirements for public meetings. During these meetings, the Commission discusses and decides upon policy issues and receives reports regarding on-going operations from Alliance staff.

In Quarter 2 of 2023, the Boards of Supervisors of Santa Cruz, Monterey, Merced, San Benito and Mariposa counties each appointed representatives to form a new five-county commission.

Subsequently, in October 2023, in recognition of the impending expansion of the Alliance service area to include San Benito and Mariposa county Medi-Cal beneficiaries, the board held an in-person all day inaugural meeting of the Alliance's five-county Commission.

At the October 2023 meeting, Elsa Jimenez, Director of Health for the Monterey County Health Department, was elected to serve as the Commission Chairperson and Supervisor Josh Pedrozo, Merced County Board of Supervisor, was elected to serve as the Vice Chairperson.

See Attachment A for a list of Commissioners who served during 2023, including each Commissioner's category of representation, and Attachment B for a report of Commissioner meeting attendance during 2023.

Commission Activities and Accomplishments in 2023

The 2023 calendar year brought forth another year of challenges as well as opportunities for the Alliance. The Alliance, along with county partners began to navigate the unwinding of the Federal and State Public Health Emergencies in response to the COVID-19 pandemic, which included the beginning of a 14-month Medi-Cal redetermination process implemented by the Department of Health Care Services (DHCS). At the same time, the Alliance was focused on expansion of its membership through both the service area expansion adding San Benito and Mariposa counties as well as preparing for the expansion of eligibility to all income eligible adults regardless of immigration status.

Throughout 2023, the Alliance also continued its focus on supporting Alliance members, providers, and community organizations to address healthcare needs within the community. Activities and accomplishments of the Commission and the Alliance during 2023 included:

1. **Chief Executive Officer Transition.** With the planned departure of the Alliance's Chief Executive Officer, Stephanie Sonnenshine and the announcement of the selection of a successor in December 2022, the first quarter of 2023 was spent developing a transition and onboarding plan for the new Chief Executive Officer. And, on April 17, 2023, Mr. Michael Schrader joined the Alliance as its new Chief Executive Officer. Mr. Schrader brings a wealth of knowledge and experience in Medi-Cal managed care with past Chief Executive Officer positions at CalOptima, the COHS plan operating in Orange County as well as Health Plan of San Joaquin immediately preceding the Alliance.

2. **Medi-Cal Capacity Grants.** In 2023, the Alliance awarded 153 grants totaling $23.5M to community partners to increase the availability, quality and access of health care and supportive resources for Medi-Cal members,

   In 2023, the Alliance launched an array of new programs under three new focus areas: Access to Care, Healthy Beginnings and Healthy Communities.

   Access to Care:

   Workforce Recruitment grants awarded in 2023 will result in a combined 80 new primary and specialty care providers, community health workers and medical assistants joining the provider network in the Alliance's service areas, many of whom are bilingual. Other grant programs support workforce training in equity-oriented health care and new technology to improve coordination and quality across the health care system.

   Healthy Beginnings:

   The Healthy Beginnings grant programs award grants to local organizations for home visiting and parenting programs to support child development and increase access to health care services and supportive resources.

   Healthy Communities:

   Programs under the Healthy Communities focus area fund projects that expand access for Alliance members to healthy food, physical activity, and opportunities to create supportive networks and environments by engaging peers and community stakeholders to lead changes where they live, go to school, work and play.

   In addition to the above, the Alliance also awarded $3M in infrastructure grants to expand transportation services to medical appointments for Medi-Cal members in the Alliance' current counties and San Benito and Mariposa counties starting January 1, 2024

3. **Service Area Expansion.** Throughout 2023, the Alliance focused on preparations and operational readiness planning for expansion of the COHS model of Medi-Cal managed care to San Benito and Mariposa Counties. This work included: member and community outreach, education and relationship building, Provider network development and contract execution, convening of a new five-county board with representation from all counties, securing office space in San Benito and Mariposa counties, ensuring sufficient revenue to support the addition of two new counties and configuring systems in preparation of county expansion.

4. **CalAIM Implementation.** The Alliance continued work to implement the State's ambitious CalAIM program which included addition of new populations of focus eligible to receive the Enhanced Case Management benefit which provides a whole-person care approach to address clinical and non-clinical circumstances in high need Medi-Cal, as well as the offering of Community Supports Services which are flexible wrap around services designed as a substitute for, or to avoid the need for, other covered benefits. The Alliance continues to implement these benefits and services in all five counties on a phased approach as set forth by DHCS' CalAIM initiative timeline.

5. **Public Health Emergency Unwinding and Member Outreach Campaign**. Staff created a communications campaign to support redetermination efforts. Tactics included messaging in all owned communications channels, as well as a paid campaign reminding members about the need to contact the county eligibility departments to participate in the eligibility redetermination process in order to remain enrolled in Medi-Cal. In addition, staff launched a text messaging effort to more than 110,000 member households, texting them about their upcoming redetermination date and a reminder for those who recently lost coverage of the steps needed to retain Medi-Cal eligibility.

6. **Member Messaging: Vaccines and Well-Checks**. Vaccine and well-check related messaging were developed monthly across multiple communications channels. Topics included catching up on missed vaccines, the importance of well-check appointments, back-to-school checkups, and flu vaccines, to name a few. Communication methods included member and provider bulletin articles, website content, social media posts, flyers for outreach events, mobile and radio advertisements, bus/transit ad and targeted print advertisements and included targeted bi-lingual paid media campaigns.

7. **2024 Medi-Cal Managed Care Plan Contract Implementation.** The Alliance's Compliance Department provided oversight of an Operational Readiness Deliverables process to implement a new DHCS 2024 Medi-Cal Managed Care contract which includes submission of approximately 250 contract deliverables to DHCS for review and approval.

   DHCS developed the new model contract with the stated goal of to advance health equity, quality, access, accountability, and transparency to improve the Medi-Cal health care delivery system. The contract includes requirements and standards of care for towards the provision of quality, equitable and comprehensive coverage for Medi-Cal managed care members. The

contracts require partnerships with local health departments, local educational and governmental agencies, and other local programs and services, including social services, child welfare departments, and justice departments, to ensure member care is coordinated and members have access to community-based resources, including Community Supports. Further, the contracts focus on increased transparency and oversight, including reporting on access, quality, health equity and community investments.

8. **Data Exchange and Data Sharing.** In 2023 the Alliance made significant strides in complying with both Federal and California data sharing mandates. including compliance with the CMS Interoperability Patient Access Rule. The Alliance also developed a Data Management Strategy. The Alliance Data Management Strategy includes a Data Sharing Incentive Program which will incentivize providers to implement their own data sharing initiatives. The Alliance also develop a Hospital Quality Incentive Plan to incentivize hospitals to share Admit, Discharge and Transfer data back to the Alliance, thereby facilitating Transitional Care Services. The Alliance also signed on the state of California's Data Exchange Framework by signing the Cal HHS Data Sharing Agreement.

9. **Adult Expansion.** During the second half of 2023, the Alliance prepared for the enrollment of newly eligible Medi-Cal beneficiaries in all counties who would become eligible for full-scope, no-cost, Medi-Cal coverage effective January 1, 2024. This included approximately 28,000 adult ages 26-49 across all five counties who are income eligible for Medi-Cal but were previously excluded due to unsatisfactory immigration status. Preparations included developing readiness deliverables to submit to DHCS, outreach to local community stakeholders and network development to ensure sufficient capacity and access to care for this new populations.

10. **Chief Medical Officer Onboarding.** With the announced retirement of the Alliance's long-serving Chief Medical Officer, Dale Bishop, MD, the Alliance underwent a recruitment for a successor and in September 2023, Dennis Hsieh, MD, JD, assumed the role of Chief Medical Officer overseeing the Alliance Health Services Division. Dr. Hsieh brings the experience of a practicing clinician as well as of a seasoned administrator having most recently served as Chief Medical Officer for Contra Costa Health Plan a sister local Medi-Cal managed care plan.

11. **Voluntary Rate Range Program.** With approval of the federal Centers for Medicare and Medicaid Services and DHCS, using the Alliance's Medi-Cal

managed care contract as a funding mechanism, the Alliance facilitated the receipt and distribution of over $44.7M in federal funds to county public health departments and public hospitals by leveraging local funds contributed by interested, qualified governmental agencies through intergovernmental transfers

Alliance Members

As of December 31, 2023, the Alliance served approximately 405,000 Medi-Cal beneficiaries and 737 Alliance Care IHSS members with membership by county as follows.

- In Santa Cruz County, 76,769 Medi-Cal members.
- In Monterey County, 181,723 Medi-Cal members and 737 Alliance Care IHSS members.
- In Merced County, 146,775 Medi-Cal members.

With the January 1, 2024 addition of San Benito and Mariposa county membership as well as the expansion of Medi-Cal eligibility to all income eligible adults regardless of immigration status, the Alliance begins 2024 with over 455,000 members with membership by county as follows.

- In Santa Cruz County, 80,096 Medi-Cal members.
- In Monterey County, 197,594 Medi-Cal members and 700 Alliance Care IHSS members.
- In Merced County, 151,377 Medi-Cal members.
- In San Benito County, 20,545 Medi-Cal members.
- In Mariposa County, 5,726 Medi-Cal members.

Alliance Medi-Cal Members

Alliance Medi-Cal members are lower income persons in eligible aid categories (e.g. aged, disabled, single-parent, childless adult), and include nearly all Medi-Cal beneficiaries in the region. The Alliance's current member demographic composition is as follows:

- 68.50% are Latino, 13.98% Caucasian, 10.69% Filipino, 2.07% African American, 0.77% Asian or Pacific Islander, 0.68% Asian Indian, 0.26% Vietnamese, 0.22% Chinese, 0.17% Alaskan Native or American Indian, 0.16% Laotian, 0.11% Korean, 0.07% Samoan, 0.06% Japanese, 0.05% Cambodian, 0.03% Hawaiian, 0.03% Guamanian, and 2.15% Other, and 0.00% not provided.
- 55.52% report primary language as English, 43.08% as Spanish, 0.39% as Hmong and 1.00% as other or not reported.

- 53.47% are female and 46.53% are male.
- 41.03% are 19 years old and younger, while 7.82% are 65 years or older.

Alliance Care IHSS members
Alliance Care IHSS members are in-home caregivers that provide home care services for the recipients of IHSS program services in Monterey County.

Alliance Member Services

The Alliance Member Services Department engages and supports members through the operation of a call center to respond to member requests, a Grievance System to resolve member issues, and an Operations Unit to maintain member data and execute member informing materials. Member Services staff reside in the counties served by the Alliance and many staff are bilingual in English/Spanish or English/Hmong. Staff provide high quality service and support to Alliance members, providers, and community-based partners. Staff educate Alliance members regarding how to access Alliance health care benefits within the managed care environment. This includes providing new member orientations, helping members understand their benefits, answering questions, and resolving member concerns. Member Services develops and distributes member identification cards and member handbooks.

The Member Services Department assists in the facilitation of two public committees which seek feedback from members to inform programs and procedures, including the quarterly Member Services Advisory Group (MSAG) and the bi-monthly Whole Child Model Family Advisory Committee (WCMFAC). Member Services staff are also responsible for reviewing and resolving plan enrollment data issues through collaboration with the local county Medi-Cal offices, the Social Security Administration, and the Department of Health Care Services (DHCS).

Alliance Health Services Division

The Alliance's Health Services (HS) Division is responsible for ensuring that members receive the right care in the right place at the right time and assures that the care provided is evidence-based. The Alliance works closely with its network of providers including physicians, hospitals, pharmacies, and ancillary providers, to ensure that members receive appropriate and timely access to care. Dennis Hsieh, MD, JD, assumed the role of the Alliance's Chief Medical Office in September 2023. Marwan Kanafani assumed the role of Health Services Officer in March 2023. Drs. Maya Heinert and Dianna Diallo continued to serve as the Alliance's Medical Directors. In December 2023, Dr. Michael Wang joined the Alliance as an additional Medical Director. In addition, Dr. Robert Dimand continued work with the Alliance as a consultant and will continue to serve as a consultant into 2024. Physician clinical oversight

responsibilities include Quality Improvement & Population Health (QI/PH), Utilization Management, Care Management, Pharmacy, and Behavioral Health.

The Alliance maintains a Quality Improvement (QI) System to monitor, evaluate, and take effective action to address any necessary improvements in the quality of care delivered by all providers rendering services on its behalf, in any setting. The QI/PH Department monitors the quality of health care services provided and reviews quality of care at the individual member level, as well as for the Alliance's member population as a whole. The QI/PH department leads the Alliance's population health strategy and effectiveness efforts as well as efforts to increase the provision of preventive care services for members. Performance in these areas is measured through the National Committee for Quality Assurance (NCQA) HEDIS/MCAS measures and the Alliance rewards provider performance through its Care Based Incentives (CBI) program value-based payments. Health equity is a top priority that is woven into all of QI/PH's work as our service area communities continue to struggle gaining access to basic, preventive healthcare.

In addition, the QI/PH Department manages the Alliance's clinical safety program, including review of Potential Quality Issues, Facility Site Review audits, and on-going quality monitoring activities. To support providers with clinical improvement efforts, QI/PH provides technical assistance through practice coaching, learning collaboratives, and continuously accessible durable webinars. Further, QI/PH offers health education and cultural and linguistic programs to support members with preventive care and chronic care management interventions.

The Utilization Management department governs the clinical appropriateness of a defined set of services to ensure quality. This team has also taken on the bulk of the work in the Transitional Care Service space to ensure members are receiving needed care as they move between care settings.

The Care Management department ensures that members are connected to needed services when they are in the community setting. Care Coordination is focused on non-clinical services while Care Management, for both adults and children, often includes more clinically oriented, longitudinal member support. Within this department is the California Children's Services team that manages children with particularly acute and high-risk conditions. Enhanced Care Management and Community Supports teams are nested within this department and are responsible for strengthening the provider ecosystem to trigger referrals, enroll members, and connect high risk populations of focus to needed services.

The Behavioral Health department ensures that members are receiving high quality and timely behavioral and mental healthcare services. This team works with both

internal and external stakeholders to achieve high operational performance, such that medical and behavioral/mental healthcare is member-centered, coordinated, and holistic.

The Pharmacy department conducts all medical necessity reviews of physician administered drugs offered through the Medi-Cal medical benefit while conducting all reviews for all drugs on behalf of the Alliance's IHSS membership. The department works closely to ensure medication adherence, monitor for possible high-risk contraindications through Medication Therapy Management, and collaborates with Care Management and Utilization Management to support a holistic approach to member engagement. The Pharmacy Department oversees the Pharmacy and Therapeutics Committee (P&T).

The Program Development Department's primary function is to promote health equity and person-centered delivery system transformation through strategic problem solving, research, development, analysis, and evaluation of new and emerging programs. This department takes lead on Department of Health Care Services' incentive programs, such as Student Behavioral Health Incentive Program, Housing and Homelessness Incentive Program, Street Medicine Pilot, and Data Sharing incentive Program. Internally, this department leads efforts to improve data workflows and governance through cross-functional collaboration and engagement.

Alliance Providers

The Alliance recognizes the critical importance of its providers in furthering its mission to ensure access to quality health care for members. The Alliance's contracted network of providers includes Primary Care Providers (PCPs), federally qualified health centers and community clinics, specialists, hospitals, ancillary health services providers, pharmacies, and long-term care facilities. The Alliance continues its efforts to strengthen its provider capacity to provide services, providing a robust network across all five counties in its service area. To that end, in 2023, in preparation for service area and membership expansions, the Alliance added 767 new providers to its provider networks including: 53 PCPs, 134 specialists, 147 non-physician medical practitioners, 33 allied providers, 29 provider organizations, and 371 facility-based providers.

In 2023, the Alliance once again conducted its annual provider satisfaction survey to learn more about its providers' experience with the Plan. The 2023 survey indicated that 88% of physicians surveyed rated the Alliance as completely or somewhat satisfactory, and 95% indicated that they would recommend the Alliance to other physicians' practices.

Alliance Financial Performance

The Alliance's 2023 operating revenue was $1.6B YTD through November 30, 2023.

The Alliance operated with a Medical Loss Ratio (MLR) of 86.6% and an Administrative Loss Ratio (ALR) of 5.3% of revenue for this period. The Public Health Emergency (PHE) was extended to April 2023, and disenrollment due to the resumption of Medi-Cal eligibility redeterminations began in July 2023, resulting in higher enrollment and revenue than anticipated Meanwhile, utilization of routine and elective health care services improved in 2023 compared to 2022 and above the 2019 pre-pandemic level. With these factors combined, the Alliance reported a net income of $152.0M for the eleven-month period through November 30, 2023.

The Alliance must maintain adequate financial reserves to ensure the health plan has sufficient funds to cover incurred claims liabilities. The Commission has established a target reserve fund balance for this purpose. As of November 30, 2023, the Alliance was operating at 132% of its targeted reserve fund balance.

Alliance Staff

As of December 31, 2023, the Alliance employees numbered 544 in the following divisions: Administration, Compliance, Employee Services and Communications, Finance, Health Services, Information Technology Services, and Operations. In 2023, the Alliance resumed all business operations, including fully servicing our members, providers, and communities in person throughout our service areas, as per pre-pandemic operations. Like many other employers, the Alliance embraced a hybrid workforce strategy, offering the opportunity for telecommuting while also ensuring delivery of services and support to our members.

Alliance in the Community

The Alliance outreach team were present at 103 community events in 2023 and over 14,500 members were reached at these events. Events were also held in San Benito and Mariposa counties in anticipation of the impending expansion of Alliance services effective January 1, 2024.

Community efforts involved regular calls and continued collaborative work with county leaders and local organizations. The Alliance remains dedicated to keeping our community-based organizations and community partners up to date through our bi-monthly community newsletter, *The Beat*.

Additionally, throughout 2023, the Alliance and its staff continued involvement in a number of regional and community coalitions and collaboratives that address public health issues, health care access, community networking and eligibility outreach in

the Alliance service area. This includes Alliance involvement and participation in the following groups:

In Santa Cruz County

- Go for Health Collaborative
- Health Improvement Partnership of Santa Cruz County (HIPSC)
- Health Work Council
- Oral Health Access Steering Committee
- Park RX Santa Cruz County
- PATH Collaborative
- Santa Cruz County Breastfeeding Coalition
- Whole Child Model Family Advisory Network Committee (Tri-County)

County Highlight: Out of the Darkness Community Walk for Santa Cruz County.
This event was hosted by the American Foundation for Suicide Prevention to raise awareness about suicide and prevention through community connection. The Alliance partnered with Santa Cruz County Behavioral Health Services, and the local 211 in providing resources to over 150 families.

In Monterey County

- Active Referral Network
- Aging & Disability Resource Connection
- Blue Zones Project – Wellness Champion Committee
- Community Alliance for Safety and Peace (CASP)
- Community Wellness Collaborative Convening
- First 5 Monterey County
- Leadership Council Meeting
- Monterey County Collaborates Meeting
- Monterey County Commission on Disabilities
- Monterey County ECM/CS Stakeholder
- Monterey County Nutrition & Fitness Collaborative
- Preventing Alcohol Related Trauma – South County & Monterey Peninsula
- South County Outreach Efforts (SCORE)
- Whole Child Model Family Advisory Network Committee (Tri-County)

County Highlight: National Night Out Monterey County
Our community engagement team attended the annual National Night Out at Closter Park in Salinas. The event focuses on community-building and promoting public safety, and opportunities for community partnership in an effort to make our

neighborhoods safer. National Night Out enhances the relationship between neighbors and public agencies such as law enforcement and health centers providing education for our members on community health and safety.

In Merced County

- Camden Coalition
- All in for Health – Growing Equity Coalition
- Merced County Office of Education
- Merced County Department of Public Health
- Merced County Department of Public Health, Tobacco Prevention Program
- Whole Child Model Family Advisory Network Committee (Tri County)

County Highlight: School Based Clinics Merced County

After learning that Merced County children were turned away from their first day of middle school for not having up-to-date vaccines, the Alliance collaborated with local partners to reduce barriers to receiving on-time vaccinations. Collaboration was key to success. The Alliance worked closely with the Merced County Office of Education, Mercy Medical Center Merced and the Merced Fire Department to host school-based vaccine clinics during the summer. Over 100 students received the Tdap vaccine they needed to enter middle school without delaying the start of their school year. Parents were delighted to have this option available for their families at a convenient time and location.

In addition, Alliance staff began community outreach and relationship building in San Benito and Mariposa counties in preparation for the 2024 expansion of services. This included scheduling Meet and Greet meetings in each county in November as well as reaching out to other community stakeholders with information and education about the Alliance, its services and seeking opportunities for ongoing collaboration.

Local Campaigns for Community Benefit

Alliance staff continued involvement with community food banks and United Way campaigns within Santa Cruz, Monterey, and Merced counties in 2023. Alliance staff raised 242,871 pounds of food and donated $45,538 to the food banks in the three-county service area as part of its holiday food drive efforts and raised $24,137 in contributions to the United Way.

Looking Ahead

Throughout 2024, the Alliance will continue its focus on core health plan obligations described within this report, while also advancing the two strategic priorities set

forth in its five-year strategic plan: Health Equity and Person-Centered Delivery System Transformation.

The long-term goals to advance Health Equity include:

1) Eliminate health disparities and achieve optimal health outcomes for children and youth; and

2) increase member access to culturally and linguistically appropriate health care.

The long-term goals to advance Person-Centered Delivery System Transformation:

1) Improve behavioral health services and systems to be person-centered and equitable; and

2) improve the system of care for members with complex medical and social needs.

To that end, key priorities in 2024 include projects aligned to these strategic objectives including the following priority projects: preparing for the insourcing of the behavioral health benefit in July 2025, replacing the legacy care management system, implementing a Medicare Advantage Dual Eligible Special Needs Program (D-SNP) by 2026, and successfully obtaining health plan accreditation by the National Committee for Quality Assurance.

Successful completion of these projects will provide the foundation for the Alliance's continued and ongoing successes as it works in collaboration with the communities it serves towards its vision of Healthy People. Healthy Communities.

The Alliance appreciates the opportunity to provide this report to the county Boards of Supervisors and is appreciative of the Supervisors' continued support.

Attachment A

Santa Cruz – Monterey - Merced Managed Medical Care Commission
Roster for January 1, 2023 through October 24, 2023

The Alliance had twenty-one board members (seven from Santa Cruz County, seven from Monterey County and seven from Merced County), in categories of representation including County government and health services, physicians, clinics, hospitals and the public. Board members during January 1, 2023 through October 24, 2023 included:

<u>From Santa Cruz County</u>:	
Leslie Conner	Provider Representative
Larry deGhetaldi, MD (*through 4/1/23)*	Provider Representative
Zach Friend	Board of Supervisors
Donaldo Hernandez (*effective 4/11/23)*	Provider Representative
Monica Morales	Health Services Agency Director
Dori Rose Inda (*through 4/1/23)*	Hospital Representative
Shebreh Kalantari-Johnson	Public Representative
Michael Molesky	Public Representative
Julie Peterson (*effective 4/11/23)*	Hospital Representative
<u>From Monterey County</u>:	
Wendy Root Askew	Board of Supervisors
Maximiliano Cuevas, MD	Provider Representative
Julie Edgcomb	Public Representative
Janna Espinoza	Public Representative
Charles Harris, MD	Hospital Representative
Elsa Jimenez, Chair	Director of Health Services
Allen Radner, MD	Provider Representative
<u>From Merced County</u>:	
Leslie Abasta-Cummings (*effective 4/23/23*)	Provider Representative
Dorothy Bizzini	Public Representative
Josh Pedrozo, Vice Chair	Board of Supervisors
Rebecca Nanyonjo	Public Health Director
James Rabago, MD	Provider Representative
Joerg Schuller, MD	Hospital Representative
Rob Smith	Public Representative
Tony Weber (*through 4/22/23)*	Provider Representative

Attachment A

Santa Cruz-Monterey-Merced-San Benito-Mariposa Managed Medical Care Commission
Roster for October 25, 2023 – December 31, 2023

The Alliance has eighteen board members (five from Santa Cruz County, five from Monterey County, five from Merced County, two from San Benito County and one from Mariposa County), in categories of representation including County government and health services, public representatives and health care provider representatives. Board members during October 25, 2023 through December 31, 2023 included:

<u>From Santa Cruz County</u>:	
Leslie Conner	At Large Health Care Provider Representative
Zach Friend	Board of Supervisors
Donaldo Hernandez, MD	Health Care Provider Representative
Monica Morales	Health Services Agency Director
Michael Molesky	Public Representative
<u>From Monterey County</u>:	
Wendy Root Askew	Board of Supervisors
Maximiliano Cuevas, MD	Health Care Provider Representative
Janna Espinoza	Public Representative
Elsa Jimenez, Chair	Director of Health Services
Allen Radner, MD	At Large Health Care Provider Representative
<u>From Merced County</u>:	
Leslie Abasta-Cummings	At Large Health Care Provider Representative
Dorothy Bizzini	Public Representative
Josh Pedrozo, Vice Chair	Board of Supervisors
Rebecca Nanyonjo	Public Health Director
James Rabago, MD	Health Care Provider Representative
<u>From Mariposa County</u>:	
Dr Eric Sergienko	Public Health Officer
<u>From San Benito County</u>:	
Tracey Belton	Health and Human Services Agency Director
Ralph Armstrong, DO	At Large Health Care Provider Representative

Santa Cruz-Monterey-Merced Managed Medical Care Commission - 2023 Meeting Attendance Log (January 1, 2023 through October 24, 2023) **Attachment B**

Commissioner	Total Absences	Attendance Rate	01-06-23 [Regular]	01-25-23 [Regular]	CANCELLED 02.06.23 [Regular]	02.22.23 [Regular]	03.22.23 [Regular]	CANCELLED 04.25.23 [Regular]	04.26.23 [Regular]	05.24.23 [Regular]	06.28.23 [Regular]	08.23.23 [Regular]	09.27.23 [Regular]
Abasta-Cummings, Leslie	3	25%	N/A	N/A		N/A	N/A		EX	Present	EX	EX	EX
Askew, Wendy Root	1	89%	Present	Present		Present	Present		Present	EX	Present	Present	Present
Bizzini, Dorothy	0	100%	Present	Present		Present	Present		Present	Present	Present	Present	Present
Conner, Leslie	3	67%	EX	EX		Present	EX		Present	Present	Present	Present	Present
Cuevas, Maximiliano	3	67%	X	Present		Present	EX		EX	Present	Present	Present	Present
deGhetaldi, Larry	2	50%	X	Present		Present	EX		N/A	N/A	N/A	N/A	N/A
Edgcomb, Julie	2	78%	Present	Present		Present	Present		Present	Present	EX	Present	EX
Espinoza, Janna	1	89%	Present	Present		Present	Present		Present	Present	Present	EX	Present
Friend, Zach	3	67%	Present	Present		X	Present		Present	Present	Present	EX	EX
Harris, Charles	2	78%	EX	Present		Present	Present		Present	Present	EX	Present	Present
Hernandez, Donaldo	0	100%	N/A	N/A		N/A	N/A		N/A	N/A	Present	Present	Present
Inda, Dori Rose	1	75%	EX	Present		Present	Present		N/A	N/A	N/A	N/A	N/A
Jimenez, Elsa	0	100%	Present	Present		Present	Present		Present	Present	Present	Present	Present
Kalantari-Johnson, Shebreh	2	78%	Present	Present		Present	Present		Present	EX	EX	Present	Present
Molesky, Michael	1	89%	X	Present		Present	Present		Present	Present	Present	Present	Present
Morales, Monica	4	55%	Present	Present		EX	EX		Present	EX	EX	Present	Present
Nanyonjo, Rebecca	2	78%	Present	Present		Present	EX		Present	EX	Present	Present	Present
Pedrozo, Josh	1	89%	Present	Present		Present	Present		Present	Present	Present	Present	EX
Peterson, Julie	0	100%	N/A	N/A		N/A	N/A		Present	Present	Present	Present	Present
Rabago, James	3	67%	X	Present		Present	Present		EX	Present	Present	Present	EX
Radner, Allen	1	89%	X	Present		Present	Present		Present	Present	Present	Present	Present
Schuller, Joerg	3	67%	Present	Present		Present	Present		Present	Present	EX	EX	EX
Smith, Rob	5	44%	Present	Present		Present	X		Present	X	X	X	X
Weber, Tony	3	25%	EX	X		X	Present		N/A	N/A	N/A	N/A	N/A

X = Unexcused
EX = Excused
"N/A" indicates person was not a Commissioner at this time.

Santa Cruz-Monterey-Merced-San Benito-Mariposa Managed Medical Care Commission
2023 Meeting Attendance Log (October 25, 2023 through December 31, 2023)

Commissioner	Total Absences	Attendance Rate	10.25.23 [Regular]	12.06.23 [Regular]
Abasta-Cummings, Leslie	1	50%	Present	EX
Armstrong, Ralph	0	100%	Present	Present
Askew, Wendy Root	0	100%	Present	Present
Belton, Tracey	2	0%	EX	EX
Bizzini, Dorothy	0	100%	Present	Present
Conner, Leslie	0	100%	Present	Present
Cuevas, Maximiliano	0	100%	Present	Present
Espinoza, Janna	0	100%	Present	Present
Friend, Zach	1	50%	Present	EX
Hernandez, Donaldo	1	50%	Present	EX
Jimenez, Elsa	0	100%	Present	Present
Molesky, Michael	0	100%	Present	Present
Morales, Monica	1	50%	Present	EX
Nanyonjo, Rebecca	1	50%	EX	Present
Pedrozo, Josh	0	100%	Present	Present
Rabago, James	1	50%	EX	Present
Radner, Allen	0	100%	Present	Present
Sergienko, Eric	0	100%	Present	Present

X = Unexcused
EX = Excused
"N/A" indicates person was not a Commissioner at this time.

Alliance Fact Sheet
January 2024

ABOUT THE ALLIANCE

The Alliance is an award-winning regional non-profit health plan, established in 1996, with **over 28 years** of successful operation. Using the State's County Organized Health System (COHS) model, we currently serve **456,017 members** in Mariposa, Merced, Monterey, San Benito 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

544
Number of Employees

$1.72B
YTD Revenue

5.3%
Spent on Administration

Service Area:
Mariposa, Merced, Monterey, San Benito and Santa Cruz counties.

Membership by Program

Total Membership: **456,017**[3]

455,271
Medi-Cal

746
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

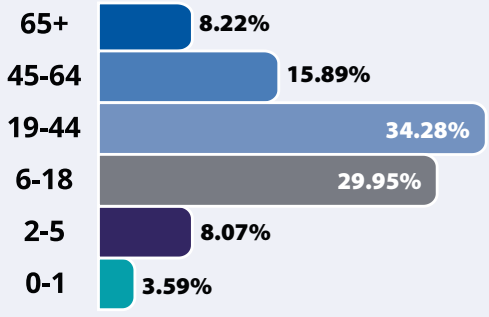
Our members represent 42 percent[1] of the population in Mariposa, Merced, Monterey, San Benito and Santa Cruz counties. We serve seniors, persons and children with disabilities, low-income mothers and their children, children who were previously uninsured, pregnant women, home care workers who are caring for the elderly and disabled, and low-income, childless adults ages 19–64.

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

PROVIDER PARTNERSHIPS

The Alliance partners with more than 12,448 providers to form our provider network, with 87 percent of primary care physicians and 85 percent of specialists within our service area contracted to provide services to our members. The Alliance also partners with more than **3,617** providers to deliver behavioral health and vision services.

Membership by Age Group



HEALTHY PEOPLE. HEALTHY COMMUNITIES.

EXECUTIVE LEADERSHIP

Michael Schrader
Chief Executive Officer

Lisa Ba
Chief Financial Officer

Scott Fortner
Chief Administrative Officer

Dennis Hsieh, MD
Chief Medical Officer

Jenifer Mandella,
Chief Compliance Officer

Cecil Newton
Chief Information Officer

Van Wong
Chief Operating Officer

GOVERNING BOARD

The Alliance's 18-member governing board, the Santa Cruz-Monterey-Merced-San Benito-Mariposa Managed Medical Care Commission (Alliance Board), sets policy and strategic priorities for the organization and oversees health plan service effectiveness. The Alliance Board has fiscal and operational responsibility for the health plan.
In alphabetical order, current Board members are:

- **Leslie Abasta-Cummings,** Chief Executive Officer, Livingston Community Health
- **Ralph Armstrong, DO FACOG,** Hollister Women's Health
- **Supervisor Wendy Root Askew,** County of Monterey
- **Tracey Belton,** Health and Human Services Agency Director, San Benito County
- **Dorothy Bizzini,** Public Representative
- **Maximiliano Cuevas, MD,** Executive Director, Clinica de Salud del Valle de Salinas
- **Janna Espinoza,** Public Representative
- **Supervisor Zach Friend,** County of Santa Cruz
- **Donaldo Hernandez, MD,** Provider Representative
- **Elsa Jimenez,** Director of Health, Monterey County Health Department - Alliance Board Chairperson
- **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
- **Eric Sergienko, MD,** Public Health Officer, Mariposa County Health Services Division
- **Vacant,** At Large Health Care Provider Representative

AWARDS

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

State Quality Awards:

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

DHCS 2021

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

2019

- Outstanding Performance for Medium-sized Plan

2018

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

Customer Service Honors:

- DHCS 2011 Gold Quality Award for Outstanding Service and Support

Employer Workplace Distinctions:

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

[1]County population data source: U.S. Census Bureau 2021 population estimate (as of Jul. 1, 2021).
Membership percentage by county: Mariposa (33 percent); Merced (51 percent); Monterey (41 percent); San Benito (31 percent); Santa Cruz (29 percent).
[2]Fact sheet data as of January 1, 2024. [3]Fact sheet data as of January 1, 2024..

Community Health Centers of America
5200 Pirrone Ct.
Salida, CA 95358

December 20, 2023

To Whom it May Concern:

Central California Alliance for Health (the Alliance) is pleased to write this Letter of Support for Community Health Centers of America (CHCA) in its pursuit to establish a Federally Qualified Health Center Look-Alike (FQHC LAL) designation in Merced, California at 850 W. Olive Avenue. The Alliance contracts with the Department of Health Care Services to provide Covered Services to nearly 150,000 Medi-Cal beneficiaries in Merced County and looks forward to working with CHCA in this capacity in Merced.

Merced County is lacking in primary care services offered to individuals, regardless of their ability to pay. CHCA includes access to comprehensive, culturally competent, quality primary healthcare services, including oral health, mental health, and substance abuse services, for the at-risk population of the Service Area, specifically those individuals at or below 200 percent Federal Poverty Level (FPL).

The success of CHCA in providing access to care for the underserved in the Central Valley is well known and highly respected within the community, including Mariposa, Stanislaus, and Merced Counties. The Alliance looks forward to the opportunity to collaborate with CHCA to provide services, avoid duplication, and maximize access to services.

The Alliance supports CHCA's ongoing efforts to pursue available grant funds to provide the financial stability needed to continue to support and expand their efforts. The continued support those individuals receive from CHCA is crucial and removes the barriers to care that the at-risk population face on an ongoing basis. Please accept this letter as our support for these efforts.

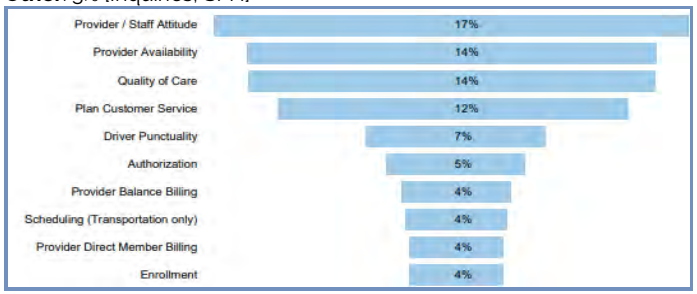
Sincerely,

Michael Schrader
Chief Executive Officer

Member Appeals and Grievance Report
Q4, 2023

Q4 2023 Appeals and Grievances: 1,193* including Carelon.

Appeals: 5% [75% in favor of Plan; 25% in favor of Member]
Exempt: 48%
Grievances: 44%
Other: 3% [Inquiries, SFH]



Analysis and Trends

- Access issues regarding provider availability in MRY improved.

Highest Grievances Filed by County

1. **Monterey**: 40%
2. Merced: 35%
3. Santa Cruz: 25%

Behavioral Health Carelon Grievances: #32

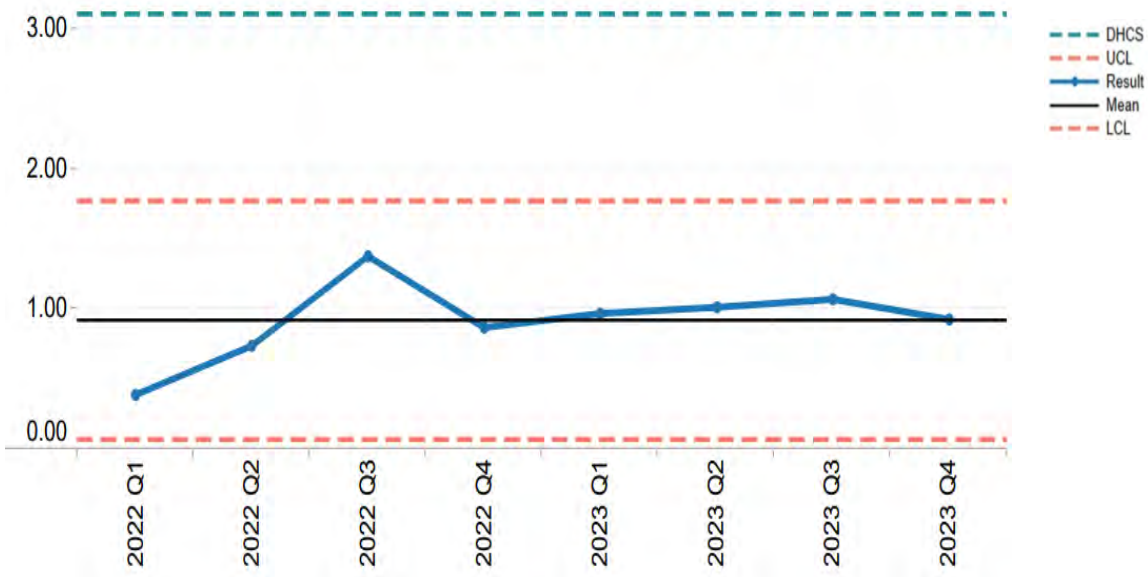
- **Monterey**: 16
- Santa Cruz: 7
- Merced: 9

IHSS Summary: #14

- Member Grievances: 6
- Exempt Complaints: 8

☒ **In Control**
☐ **Not in Control**

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



		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022	MemberMonths	390,340	391,463	393,335	395,724	403,179	404,951	407,170	408,778	411,155	413,236	415,584	417,075
	Case Count	150	132	174	301	302	286	318	824	549	441	359	282
	Case Count Per 1000 MM ..	0.38	0.34	0.44	0.76	0.75	0.71	0.78	2.02	1.34	1.07	0.86	0.68
2023	MemberMonths	420,221	421,738	423,179	426,094	427,724	428,812	427,080	425,532	419,543	415,445	410,917	406,765
	Case Count	321	425	480	376	488	436	448	459	455	479	369	295
	Case Count Per 1000 MM ..	0.76	1.01	1.13	0.88	1.14	1.02	1.05	1.08	1.08	1.15	0.90	0.73

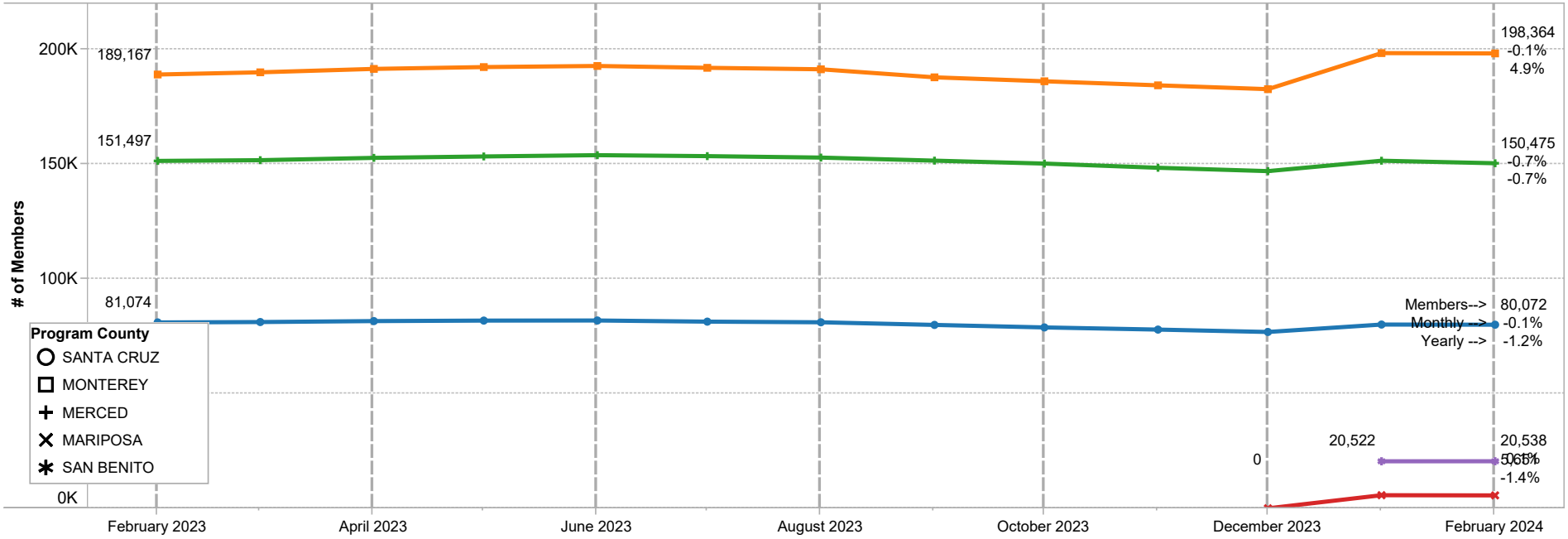
*Grievances Per 1,000 Member Month

Enrollment Report

Year: *2023 & 2024* **County:** *All* **Program:** *AIM, IHSS, Medi-Cal*
Aid Cat Roll Up: *All* **Data Refresh Date:** *2/6/2024*

StaticDate
2/1/2023 12:00:00 AM to 2/29/2024 11:59:59 PM

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



Program..	ProgramCo..	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024
Medi-Cal	SANTA CRUZ	81,074	81,240	81,653	81,869	81,913	81,412	81,134	79,984	78,888	77,946	76,908	80,145	80,072
	MONTEREY	188,516	189,480	190,968	191,757	192,228	191,415	190,768	187,261	185,535	183,764	182,080	197,802	197,664
	MERCED	151,497	151,813	152,825	153,441	153,999	153,579	152,949	151,613	150,334	148,502	147,045	151,581	150,475
	MARIPOSA											0	5,729	5,651
	SAN BENITO												20,522	20,538
IHSS	MONTEREY	651	646	648	656	670	674	681	682	683	691	697	700	700
Total Members		**421,738**	**423,179**	**426,094**	**427,723**	**428,810**	**427,080**	**425,532**	**419,540**	**415,440**	**410,903**	**406,730**	**456,479**	**455,100**