Physicians Advisory Group

Meeting Agenda

Thursday, December 1, 2022

12:00 p.m. - 1:30 p.m.

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

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

1. Members of the public wishing to join the meeting may do so as follows:
   Join on your computer or mobile app:
   Click here to join the meeting

   Or by telephone at:
   United States: +1 (323) 705-3950
   Phone Conference ID: 761 032 340#
2. Members of the public wishing to provide public comment on items not listed on the agenda that are within jurisdiction of the Advisory Group 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 Wednesday, November 30, 2022 to the Clerk of the Advisory Group at tneves@ccah-alliance.org
      i. Indicate in the subject line "Public Comment." Include your name, organization, agenda item number, and title of the item in the body of the e-mail along with your comments.
      ii. Comments will be read during the meeting and are limited to five minutes.
   b. Public comment during the meeting when that item is announced.
      i. State your name and organization prior to providing comment.
      ii. Comments are limited to five minutes.

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

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1. **Call to Order by Chairperson Bishop. 12:00 p.m.**
   A. Roll call.
   B. Supplements and deletions to the agenda.

2. **Oral Communications. 12:10 p.m.**
   A. Members of the public may address the Advisory Group on items not listed on today's agenda that are within the jurisdiction of the Advisory Group. Presentations must not exceed five minutes in length, and any individual may speak only once during Oral Communications.
   B. If any member of the public wishes to address the Advisory Group on any item that is listed on today's agenda, they may do so when that item is called. Speakers are limited to five minutes per item.

Consent Agenda Items: 12:15 p.m.

3. **Approve PAG Meeting minutes of September 1, 2022.**
   A. Reference materials: Minutes as above.

Regular Agenda Items: 12:20 p.m.

4. **Old Business**

A. Follow-up from September PAG Meeting	D. Bishop, MD

5. **New Business**

A. Care Based Incentives (CBI) Adjustment	D. Bishop, MD
B. Care Based Incentives 2024	D. Diallo, MD
C. Performance Improvement Plan	D. Diallo, MD, M. Stott, RN
D. Hospital Incentive Program 2023	D. Bishop, MD
E. Member Incentives to Promote Pediatric Preventive Services	H. Gillette-Walch, RN, MPH, V. Lozano, CHES

6. **Open Discussion: 1:20 p.m.**
   A. Group may discuss any urgent items.

7. **Adjourn: 1:30 p.m.**

The next meeting of the Physicians Advisory Group, after this December 1, 2022 meeting:

Thursday, March 2, 2023, 12:00-1:30 p.m.
Location: Teleconference

The complete agenda packet is available for review on the Alliance website at www.ccah-alliance.org/boardmeeting.html. The Alliance 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 Advisory Group at least 72 hours prior to the meeting at (831) 430-5556.

Physicians Advisory Group

Meeting Minutes

Thursday, September 1, 2022
12:00 - 1:30 p.m.

Held via Teleconference

Group Members Present:

Dr. Scott Prysi	Provider Representative
Dr. Shirley Dickinson	Provider Representative
Dr. Michael Yen	Provider Representative
Dr. James Rabago	Provider Representative
Dr. Caroline Kennedy	Provider Representative
Dr. Cristina Mercado	Provider Representative
Dr. Casey Kirkhart	Provider Representative
Dr. Misty Navarro	Provider Representative
Dr. Amy McEntee	Provider Representative
Dr. Devon Francis	Provider Representative

Group Members Absent:

Dr. Anjani Thakur	Provider Representative
Dr. Patrick Clyne	Provider Representative
Dr. Barry Norris	Provider Representative
Dr. Jennifer Hastings	Provider Representative
Dr. Salvador Sandoval	Provider Representative

Staff Present:

Dr. Maurice Herbelin	Chief Medical Officer
Dr. Dianna Diallo	Medical Director
Dr. Gordon Arakawa	Medical Director
Ms. Navneet Sachdeva	Pharmacy Director
Ms. Jennifer Mockus	Community Care Coordination Director
Ms. Shaina Zurlin	Behavioral Health Director
Ms. Hilary Gillette-Walch	Quality & Population Health Manager
Ms. Alex Sanchez	QI Program Advisor
Ms. Jessica Hampton	Enhanced Care Management Manager
Ms. Michelle Stott	QI & Population Health Director
Ms. Jessie Newton	Continuum of Health Manager
Ms. Kristen Rohlf	QI Program Advisor
Ms. Tammy Brass	Utilization Management Director
Ms. Jessie Dybdahl	Provider Services Director
Ms. Hilary Gillette-Walch, RN, MPH	Quality & Population Health Manager
Mr. Jim Lyons	Provider Relations Manager
Ms. Ronita Margain	Community Engagement Director
Ms. Tracy Neves	Clerk of the Advisory Group

Public Representatives Present:

Ms. Becky Shaw	Public Representative
Mr. Mike Molesky	Board Member

1. Call to Order by Chairperson Dr. Maurice Herbelin.

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

No supplements or deletions were made to the agenda.

2. Oral Communications.

Chairperson Herbelin 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 June 2, 2022 Physicians Advisory Group (PAG) minutes.

Action: Minutes approved as written.

3. **New Business**

A. Breakthrough Objectives 2023
Dr. Herbelin provided an overview of the Strategic Goals as part of health equity and person centered delivery system transformation:

- Eliminate health disparities and achieve optimal health outcomes for children and youth.
- Increase member access to culturally and linguistically appropriate health care.
- Improve behavioral health services and systems to be person centered and equitable.
- Improve the system of care for members with complex medical and social needs.

Also discussed with the Group was the draft 2023 Breakthrough Objective to achieve NCQA P50 for all pediatric measures for all counties or 10% of the delta to P50.

Hilary Gillette-Walch shared select data for measurement year 2021 for Maternal Child Health Measures, Santa Cruz and Monterey counties data was combined and data was shared for Merced. Based on performance data, the Alliance may need to complete additional quality work on these measures. There were no changes for prenatal care in Santa Cruz and Monterey and Merced did achieve the 90th percentile. A provider asked why Santa Cruz and Monterey Counties are not achieving the goal. It was noted it may be due to COVID and member's reluctance to seek care. Also, the benchmark has increased over the years which makes it a bit more challenging to close the gap. Postpartum visit 1-12 weeks after delivery and 90th percentile was achieved in all counties.

New measures that present opportunities are the Well Child visits in the first 15 months (6 visits). The largest drop was in obtaining 2 visits between 15 to 30 months of age. The Child and Adolescent Well-Care visit has changed between 3-21 years of age and to include an annual visit, there has been some improvement in Santa Cruz and Monterey but no change in Merced which remains below minimum performance level (MPL). The Weight Assessment and Counseling measures are being discontinued by the Department of Health Care Services (DHCS). Childhood

Immunization Status had high performance for Santa Cruz and Monterey in the past, but this has dropped, and Merced continues to make a slow decline. Immunizations for Adolescents in Santa Cruz and Monterey continued in the MPL, and Merced dropped between MPL.

Breast Cancer Screening, Cervical Cancer Screening and Chlamydia screenings for all counties were reviewed, these measures are struggling and there has been access issues with breast cancer screening imaging centers. There has been some success in Merced, but this continues to be a challenge. The Alliance met with DHCS and will initiate quality improvement projects for breast cancer and chlamydia screenings in Merced County. Comprehensive diabetes care met the MPL in Santa Cruz and Monterey and Merced. Controlling high blood pressure measures remain the same in all counties. It was noted, the Alliance provides practice coaching if clinics need assistance with achieving performance measures. A provider noted having practices that are doing well with these measures interact and collaborate with those that are struggling, would be helpful. Providers noted comprehensive reports regarding these measures would be helpful as well. It was noted, Care Based Incentive (CBI) information is available on the Provider Portal and information is posted on a monthly basis. The Alliance provides member lists to providers so they may contact members below MPL. Providers suggested having timely reporting, making information easier, and more accessible.

Feedback questions were provided to the Group prior to the meeting to solicit discussion regarding the Alliance's draft 2023 Strategic Goals and Objectives.

A provider noted it is much easier with P50, but there are barriers to access to care, and many appointment slots available for patients are limited. There is also a lack of access to providers, which limits scheduling. Barriers have included the pandemic and additional staff needed for outreach. At times, it is difficult to balance one metric against another. It was also noted, improving behavioral health would be great but provider noted she has not seen much change.

Another provider noted the biggest challenge is that well care interactions are more complex, and there are more questions and more screenings. This is necessary but it makes for a bulker well care visit. This requires a more robust care team, and there is difficulty hiring for these roles and integrating them. Additional services have been added with some non-licensed staff, but finding additional space, and training impacts productivity. Providers sometimes feel limited with the funds allocated.

Behavioral Health:
Shaina Zurlin discussed Behavioral Health (BH) services and noted that the continuum of BH services in California is bifurcated. The BH services in specialty mental health services are specialty and non-specialty. Specialty mental health services and substance use disorder (SUD) care falls within the purview of the counties. Non specialty care (mild to moderate) is covered by health plans, so the Alliance has contracted with Beacon to cover these services in all 3 of our counties. Also, a key part of these services is continuum of care. CalAIM and the Alliance's goal is for increased emphasis on BH and accountability for members accessing services, increased connection between parties, and "no wrong door." There is also the ability to provide services in both systems within specialty and non-specialty services.

It was noted, data sharing infrastructure can use improvement to assist the communication across various groups. CalAIM has incentives to support data work, and counties can obtain incentive dollars to support the data work. Network and timely access have some gaps statewide. School services also need improvement to improve spectrum of care and the state has launched the Children's and Youth Behavioral Health Incentive Program, and the Alliance has partnered with the 3 counties on this project.

Those in Monterey and Merced are accessing BH services at half the rate of those in Santa Cruz. Most members approximately 70% in Santa Cruz are accessing BH through specialty BH, 65% are going to primary care in Monterey, and 40% in Merced are going to primary care. Group was asked for their input regarding BH.

Provider noted since school started the number of referrals for BH has skyrocketed and there is a need for staff, and it is difficult to find therapists. With No Wrong Door, there is some difficulty getting patients access to care when they are already established with a provider and could benefit from a higher level of care. Moving someone from non-specialty to specialty can be challenging. It was noted that there is a possibility of members accessing specialty services while maintaining current non-specialty care. This depends on better communication throughout the systems.

Provider noted, maybe one out of 10 members makes a connection when given Beacon's phone number. Lack of staff and hiring therapists has been frustrating. Some barriers are difficulty connecting with Beacon, lack of Spanish speaking staff, and lack of providers that accept Medi-Cal in Santa Cruz. Some individuals are going to Watsonville Community Health Clinic, but psychiatrists keep changing. Provider noted that their clinic had an intern from Janus for a year and it was helpful. It was noted at least 80% of patients are still doing virtual visits. It would be best if patients could call one place and get connected with BH services but currently they must call multiple people to connect. Telehealth is preferred.

Coordinating with schools and students would be wonderful. Provider noted, students from CSUMB can assist and become interns to work in clinics. Can the Alliance provide funding for their supervision?

Managing High Risk Members:
Dr. Herbelin noted the Alliance is developing a program that is complimentary to the CBI program. The draft objectives related to managing the Alliance's most at risk members. This includes ensuring the top 3-5% of utilizers are effectively managed to achieve:

- Readmissions: 10% improvement over hospital specific baseline.
- Post-discharge follow-up within 7 days: 10% improvement over hospital specific baseline.
- Avoidable ED visits: 10% reduction in baseline rate.

Jessie Newton noted that working with the highest risk members and how best to approach their care with limited resources, can be challenging. The Alliance is working with an interdisciplinary team as soon as members are admitted and ensuring continuity of care. The focus currently is on diabetes, and behavioral health care and looking internally at resources to support these members.

Jessica Hampton noted CalAIM went live at the beginning of this year and work is being done on high utilizer populations. Enhanced Care Management (ECM) is the next step in case management and is designed to be in-person, high touch point, cultural relevant and meeting the member where they are - this is an optional benefit. The Alliance is working collaboratively to capture these high-risk members and provide them with the best resources, If a member declines ECM, the Alliance works to connect them with case management so they can receive the services that are needed.

Dr. Herbelin asked the Group what are the biggest challenges that our case management team can focus on? A provider noted her patients are being discharged from the hospital without the appropriate medications; the individual was homeless coming out of the hospital with issues and given inappropriate insulin medication. Hospitalists don't seem to be aware of the medications on the Medi-Cal formulary. Getting high-risk member's medication managed correctly is needed and many need behavioral health and substance use disorder (SUD) assistance. Many homeless individuals don't know how to access primary care. Much of the work that is done with this population is unpaid.

It was noted, there are ECM providers in all 3 counties that have organizations that have clinical and non-clinical staff to help members navigate the system. ECM does not replace primary care but is there to help members navigate care.

A provider noted, homeless patients are some of the most difficult to manage. It was suggested, it would be beneficial to work with social workers and hospitalists to learn their processes and provide education. Provider noted it is challenging to see patients within 7 days of hospital discharge. Other plans offer a transitional care management charge, and an incentive for providers was suggested.

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.

2022 Care-Based Incentive Adjustment and 2023 Improvement Plan

Physicians Advisory Group

December 1, 2022

Topics

- Background
- CBI Payment History
- Adjustment Factor
- Q4 Status and 2023 Improvement Funding

Background

- The purpose of CBI is to support the Patient Centered Medical Home and promote continuous improvement of care coordination, access and quality of care for Alliance members by rewarding high performance.
- It is assumed that providers will use a portion of CBI dollars to reinvest in QI improvement strategies.
- Reinvestment varies among providers. Lower performing practices generally do not reinvest.

- In response to more rigorous quality performance requirements from DHCS and sanctions for low performance, a performance adjustment factor to decrease CBI payment for low performance on quality of care metrics was recommended and approved by the Board in April 2020.
- Due to impacts from the pandemic on PCP practices, staff recommend, and the Board approved, not implementing the Quality of Care performance adjustment in 2021
- Discussions in PAG this year indicate that practices are recovering, and the adjustments are in place.

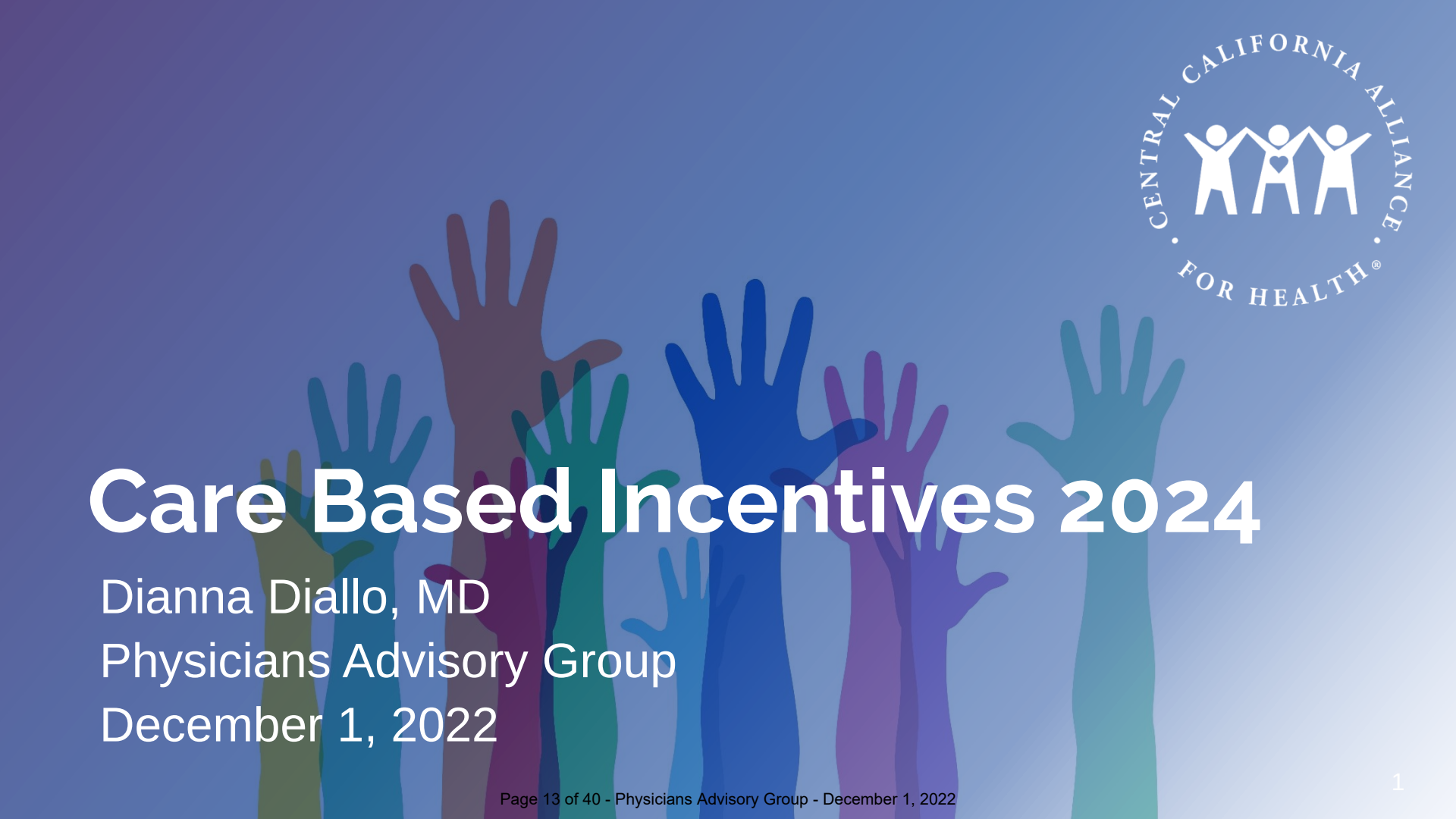
CBI Payment Adjustment

- For Quality of Care measures below the 50th percentile, payment would be adjusted as follows:

Tier	Performance <50th Percentile	CBI Programmatic Payment Adjustment
1	1-3 metrics >25th and <50th and no metrics <25th	Programmatic Total x .75
2	>4 metrics >25th and <50th and no metrics <25th	Programmatic Total x .50
3	1-3 metrics <25th	Programmatic Total x .25
4	4 or more metrics <25th	No CBI Payment

Current Status

- Adjustments are happening.
- Look at your gaps in care and close as many as possible by 12/31.
- Funding resources will be forthcoming in Q1-Q2 2023 (same schedule as CBI payments) for lower performing providers to improve.
- Begin thinking about what is needed (people, process, technology) and begin considering what you would propose to the Alliance to close the gaps in care.



Care Based Incentives 2024

Dianna Diallo, MD

Physicians Advisory Group

December 1, 2022

IDEAS FOR CARE BASED INCENTIVES (CBI) 2024

- Priorities to support pediatric measures
- Prepare for D-SNP 2026
- Create core measure sets, tailed to member populations. Allows for additional adult measures in the program in alignment for when D-SNP is active.
  - Pediatrics, Family Practice, Internal Medicine; or
  - Ped/FP, FP/IM
- Support for data
- Others?

CBI CARE COORDINATION MEASURES

Care Coordination - Hospital and Outpatient Measures

- Ambulatory Care Sensitive Admissions
- Plan All-Cause Readmissions
- Preventable Emergency Visits

Care Coordination – Access Measures

- Adverse Childhood Experiences (ACEs) screening in Children and Adolescents
- Application of Dental Fluoride Varnish
- Developmental Screening in the First 3 Years
- Initial Health Assessment
- Unhealthy Alcohol Use in Adolescents and Adults
- Post-Discharge Care

CBI QUALITY OF CARE & PERFORMANCE MEASURES

Quality of Care Measures

- Body Mass Index (BMI) Assessment: Children & Adolescent
- Breast Cancer Screening
- Cervical Cancer Screening
- Child and Adolescent Well-Care
- Diabetic HbA1c Poor Control >9%
- Immunizations: Adolescents
- Immunizations: Children (Combo 10)
- Screening for Depression and Follow-up Plan
- Well-Child Visits in the First 15 Months

Proposed additions:

- Colorectal Cancer Screening
- Well-Child Visits for Age 15 Months–30 Months
- Chlamydia Screening in Women
- Controlling High Blood Pressure

Performance Threshold

- Performance Improvement
- Member Reassignment Threshold

CBI FEE-FOR-SERVICE, HEALTH EQUITY AND EXPLORATORY MEASURES

Fee-For-Service Measures

- Adverse Childhood Experiences (ACEs) Training and Attestation
- Patient Centered Medical Home (PCMH)
- Behavioral Health Integration

Proposed additions:

- HIE enrollment

Health Equity Measures

- Health Plan Health Disparity

Exploratory Measures:

- Chlamydia Screening in Women
- Colorectal Cancer Screening
- Controlling High Blood Pressure
- Immunizations: Adults
- Lead Screening in Children

NEXT STEPS

- Review proposed changes shared during PAG, and discuss CBI 2024 proposal with clinic staff to provide additional feedback to the Alliance.
- Finalized CBI 2024 proposal will be shared with PAG in Q1 2023.
- CBI 2024 Board presentation in March-April 2023 for approval.

Suggestions?

Proposal: CBI Performance Improvement Project

Physicians Advisory Group
Dianna Diallo, MD
December 1, 2022

AGENDA:

1. Review 2022 CBI Payment Adjustment & Impact
2. CBI Performance Improvement Project Proposal Details
3. Proposed Timeline
4. Questions/Feedback

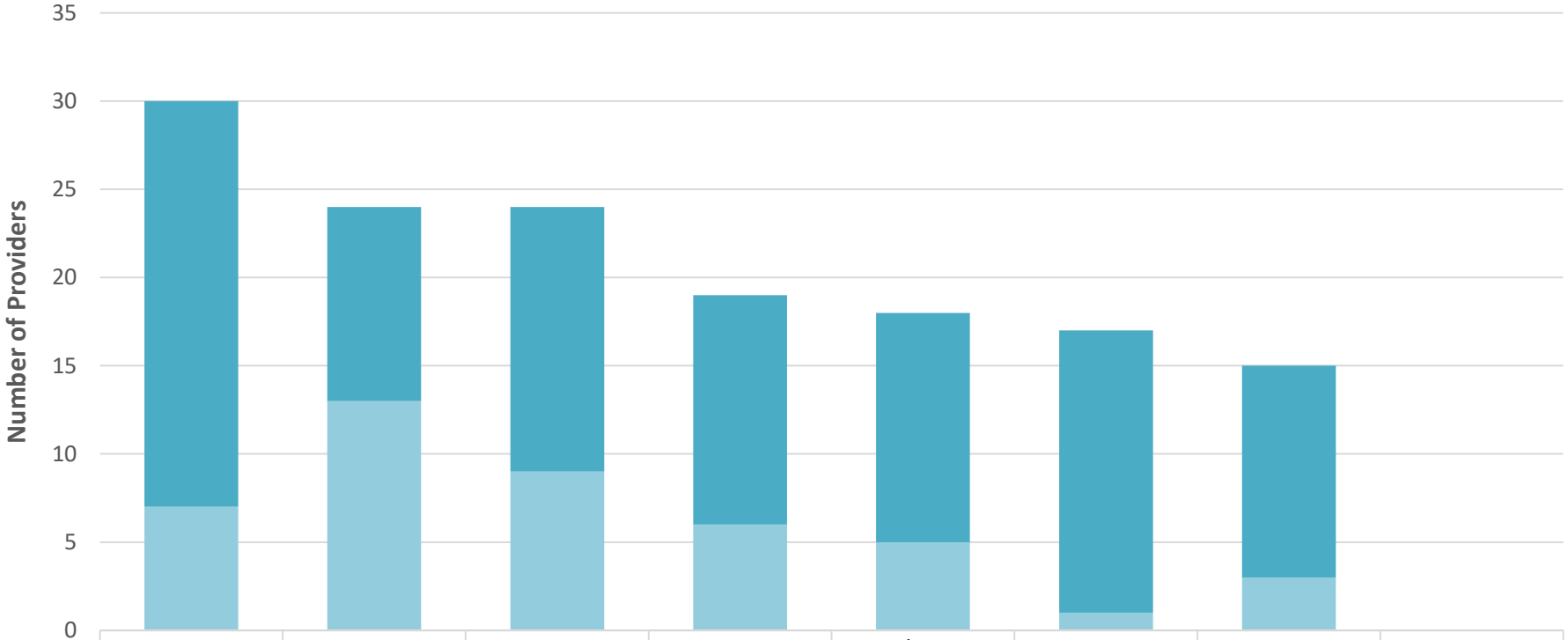
2022 CBI Payment Adjustment

Tier	Quality of Care Performance < 50th Percentile	CBI Programmatic Payment Adjustment
1	1-3 measures between 25th and 49th and on metrics < 25%	25% payment reduction
2	4 or more measures between 25th and 49th and no metrics <25th	50% payment reduction
3	1-3 measures ≤24th	75% payment reduction
4	4 or more measures ≤24th	No CBI payment

Q2 & Q3 2022 CBI Payment Adjustment **IMPACT**

Tiers	Q2 Provider Volume	Q3 Provider Volume
No Payment Adjustment	10	12
Tier 1 – 25% reduction	7	7
Tier 2 – 50% reduction	0	0
Tier 3 – 75% reduction	41	39
Tier 4 – no CBI payment	7	8

Number of Providers by Quality Measure <50th percentile – Q3 2022



	BMI	CCS	WCV	IMA	HbA1c	CIS	W15	AMR
Tier 4	23	11	15	13	13	16	12	0
Tier 3	7	13	9	6	5	1	3	0

Changes since Q2: **BMI**↑ by 2, **CCS**↓ by 1, **WCV**↓ by 1, **IMA**↑ by 3, **HbA1c**↓ by 8, **CIS**↑ by 3, **W15** no change, **AMR**↓ by 1

CBI Performance Improvement **Proposal**

PLAN: Reinvest funds back into practices losing funds through their CBI 2022 payments.

GOAL: Targeted process improvements for sustained improvements in quality-of-care measure performance to reach MPL in 2023.

Review of Proposed **Ideas**

Measure selection: Prioritizing pediatric measures. Points system weights importance of measure through funding allocation – thoughts?

- Well-Child visits in the First 15 Months
- Immunizations: Children
- Child and Adolescent Well-Care Visits
- Immunizations: Adolescents
- Diabetes HbA1c Poor Control
- Cervical Cancer Screening

Payment Streams:

- 75/10/15 **vs.** 75/25 **vs.** 50/25/25

Engagement Options:

- Practice coaching for practices with 5 thousand+ members
- Cohorting (Measure? Geography?)

Review of Proposed **Timeline**

December 2022: Present to Board

January 2023: Engage practices/Intent to apply

Quarter 1 2023: Application to practices

April 2023: Identify qualifying practices based on review of Q4 2022 data. Finalize metrics. Begin LOA process.

May 2023: Submit LOAs, award payments.

June-Nov. 2023: 6-month project timeframe begins

Dec. 2023-January 2024: Project wrap-up with practices

Questions?

Hospital Quality Incentive Program

Dale Bishop, MD

Physicians Advisory Group

December 1, 2022

Hospital Quality Incentive Program

PHASE I
CY2023

AGENDA:

1. Program Objective
2. Program Overview
3. Program Measures

Program Objective

- Better health outcomes for members
- Advance value-based payment
- Promote the quality of care
- Reduce avoidable use of services
- Improve coordination of care
- Hospital ability to earn additional revenue by collaborating with physicians
- Lower total cost of care

Program Overview

- In-area contracted hospitals qualified to participate (9)
- Four measurements
- Payment is based on achieving the target
  - ✓ Target: Measure of performance for each measure
  - ✓ Target Baseline: CY2021 Hospital's actual results for the Alliance.
  - ✓ Performance Year = Calendar Year 2023
  - ✓ Payout = Q2-2024 (90 days for claims to run out)
- Proposed funding: **$10M** for the calendar year 2023

Phase I Program Measures

Measurement	Objective	Goal and Target	Funding
30-day All-Cause Readmission Rate	Reduce patient readmissions	Encourage hospitals to improve communication, care coordination, and patient and caregiver engagement to maintain member's overall health status after transition from inpatient stay Target: 15.58%	40%
NTSV* Cesarean Delivery Rate	Lower C-Section rates	Encourage vaginal births whenever clinically appropriate rather than C-Sections Target: 27.75%	30%
Post Discharge follow-up within 14 days	Improve timely follow-up care after hospitalization	Encourage hospital to partner with ambulatory network to ensure scheduling and completion of timely follow-up care in order to improve care coordination and overall quality of care Target: 28.57%	25%
Avoidable ER	Reduce unnecessary use of Emergency Rooms	Encourage improvement in care coordination to prevent ER visits. Encourage improvement in access as alternative to ER (e.g. primary care after hours, urgent care). Target: 14.60%	5%

*The C-section rate among low-risk, first-time mothers (also called Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate), is the proportion of live babies born at or beyond 37.0 weeks gestation to women in their first pregnancy, that are singleton (no twins or beyond) and in the vertex presentation (no breech or transverse positions), via C-section birth. Narrowing variation and lowering the average C-section rate will lead to better quality care, improved health outcomes, and reduced costs.

In-Area Hospitals

#	In-Area Hospitals	County
1	MERCY MEDICAL CENTER MERCED	MERCED
2	MEMORIAL HOSPITAL OF LOS BANOS	MERCED
3	SALINAS VALLEY MEMORIAL HOSPITAL	MONTEREY
4	NATIVIDAD MEDICAL CENTER	MONTEREY
5	MEE MEMORIAL MEDICAL CENTER	MONTEREY
6	COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA	MONTEREY
7	WATSONVILLE COMMUNITY HOSPITAL	SANTA CRUZ
8	DOMINICAN HOSPITAL	SANTA CRUZ
9	SUTTER MATERNITY & SURGERY CTR SANTA CRUZ	SANTA CRUZ

End

2023 New IZ Member Incentives Proposal

Hilary Gillette-Walch, RN, MPH & Veronica Lozano, CHES

Physicians Advisory Group

December 1, 2022

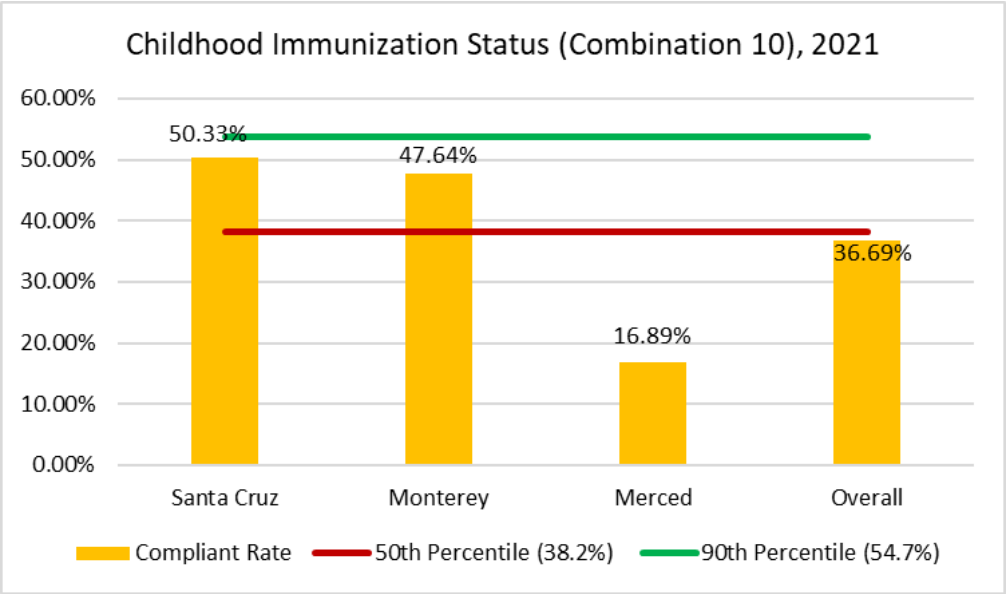
Proposal #1: Update CIS-10 Member Incentive

Current Incentive:

- If members complete the Combo-10 IZ series (consist of 24/25 doses) by 2nd birthday, member gets entered into a monthly raffle for a chance to win a $100 Target gift card.
- One winner per county per month.

Proposal:

- $100 Target gift card direct incentive for all members completing combo-10 by 2nd birthday.
- Use existing vendor Customer Motivators to mail out monthly.
- Start Date: January 1, 2023.
- Cost: **2,800 members x $100 = $238,000 (w/Vendor Discount).**



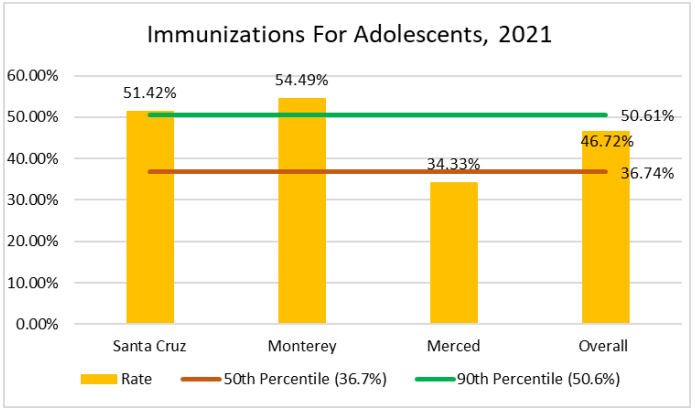
Proposal #2: Modify IMA member incentive

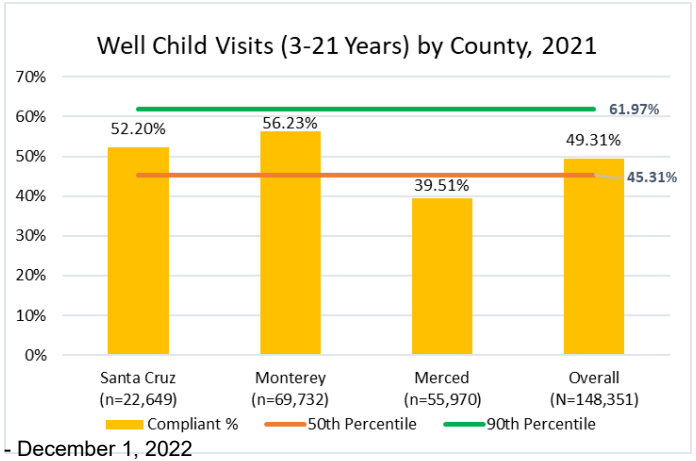
Current incentive:

- If members complete the IMA IZ series by 13th birthday, they get entered into a monthly raffle for a chance to win a $50 Target gift card.
- One winner per county per month/year.

Proposal:

- $50 Target gift card direct incentive for completing IMA series **AND** *completing at least 1 well care visit in the previous 12 months*.
- Use existing vendor Customer Motivators to mail out monthly.
- Start Date: January 1, 2023
- Cost: **5,700 members X $50 = $ 243,000 (w/vendor discount)**





Questions?

Physicians Advisory Group Meeting Calendar 2023

Thursday, March 2	12:00 - 1:30 PM
Thursday, June 1	12:00 - 1:30 PM
Thursday, September 7	12:00 - 1:30 PM
Thursday, December 7	12:00 - 1:30 PM