Physicians Advisory Group

Meeting Agenda

Date: **Thursday, September 4, 2025**

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

Place: **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 – Coulterville
5362 Lemee Lane, Mariposa, CA
San Benito County:
Community Foundation Epicenter- San Benito Board Room
440 San Benito Street, Hollister, CA

1. 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, September 3rd to the Clerk of the Advisory Group at jvanvoerkens@thealliance.health
        i. Indicate in the subject line "Public Comment." Include your name, organization, agenda item number, and title of the item in the body of the e-mail along with your comments.
        ii. Comments will be read during the meeting and are limited to five minutes.
    b. In person, 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 five minutes.

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

HEALTHY PEOPLE. **HEALTHY** COMMUNITIES.

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 March 6, 2025
A. Reference materials: Minutes as above.
B. Approval 2026 PAG Meeting Schedule

Regular Agenda Items: **12:20 p.m.**
4.   New Business
A. Member Portal	L. Chagolla and A. Sinha
B. Criteria Development, Adoption and Review: Community Supports - Medically Tailored Meals and Housing	M. Wang, MD
C. Alliance Data Management Strategy Update/ Data Sharing Incentive	M. Wang, MD

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

6.   Adjourn: 1:30 p.m.

The next meeting of the Physicians Advisory Group, after this September 4, 2025, meeting:
Date/Time: Thursday, December 4, 12:00-1:30 p.m.
Location: All Alliance counties

The complete agenda packet is available for review on the Alliance website at [Central California Alliance for Health](#) 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) 430-2621.

CONFIDENTIAL

Not to be distributed

Physicians Advisory Group

MINUTES

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Chair: Omar Guzman, MD			**Minutes by:** Tracy Neves
	Members Present:	Dr. Casey KirkHart, Dr. Mimi Carter, Dr. Cheryl Scott, Dr. Devon Francis, Dr. Cristina Mercado, Dr. James Rabago, Dr. Jason Novick, Dr. Donaldo Hernandez	
	Members Absent:	Dr. Shirley Dickinson, Dr. Amy McEntee, Dr. Caroline Kennedy, Dr. Jennifer Hastings, Dr. Misty Navarro, Dr. Charles Harris, Dr. Salvador Sandoval, Dr. Ralph Armstrong	
	Central California Alliance for Health staff:	Dr. Omar Guzman, Dr. Mike Wang, Dr. Mai Bui-Duy, Dr. Dianna Myers, Dr. Gray Clarke Ms. Rebecca McMullen, Mr. Jim Lyons, Mr. Juan Velarde, Ms. Vanessa Paz, Ms. Tammy Hoeffel, Ms. Kristen Rohlf, Ms. Sarina King, Ms. Tracy Neves	

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Item No.	Agenda Item		
I.	**Call to Order**	Chairperson Dr. Omar Guzman called the meeting to order at 12:05 p.m. Roll call was taken.	
II.	**Oral Communications**	Chairperson Guzman 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.	
Items for Approval		**Discussion**	**Action/Recommendation**
III.	**Review & Approve Minutes**	**The Minutes from the December 5, 2024, Meeting were reviewed.** *Omar Guzman motioned to approve the minutes from the PAG 12/05/24 meeting. *Casey KirkHart 2ⁿᵈ the motion for approval.	*The **Physicians Advisory Group** approved the December 5, 2024, meeting minutes.*

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		Group approved 12/05/24 meeting minutes as presented.	
Action Item Follow-Up			
		N/A	
Regular Agenda			
	Agenda item		
III.	DEI Training	**Vanessa Paz, Health Equity Manager presented on the Diversity, Equity, and Inclusion (DEI) training.** The DEI training initiative includes mandatory training for all MCP staff, subcontractors, and network providers. The training covers cultural humility, health equity, structural racism, implicit bias, and gender-affirming care. The training will be conducted later this year, with a focus on obtaining provider feedback to shape the curriculum.	

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		Vanessa explained the concept of equity dilemmas, which are scenario-based examples to help learners think critically about situations they may encounter. The training will incorporate provider feedback to make it relevant to their regions and practices. Several providers noted the scenarios were difficult to decipher. Dr. Guzman explained the equity dilemmas are unique to the Alliance and encouraged providers to share their own experiences and scenarios to improve the training and foster discussion. Dr. Guzman noted the training vendor can attend a PAG meeting, or meetings can be set-up with providers to create case studies. The DEI training will be hosted on an LMS system and taken individually. There will be one to two live trainings provided in each county. The training is currently about an hour and a half long, but efforts are being made to reduce the duration and make it more impactful. A provider noted it may be logistically challenging to get all providers to complete the	

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MINUTES

		training. The Alliance has funds available to provide supplemental payments to providers that complete the training.	
IV.	**Care-Based Incentives 2026**	**Dianna Myers, Medical Director presented the Care-Based Incentives (CBI) program for 2026.** The CBI program began in 2010 and aims to encourage primary care providers (PCPs) to promote and implement patient centered medical home, access to care and promotion of quality, high-value care that aligns with state policies and other directives. The program includes measures for hospital-related metrics, access measures, and quality of care measures. The calculation for quality-of-care measures for 2024 was reviewed. The goal was to reward both improvement and achievement. For the hospital related measures, no changes proposed for 2026.	

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		The access measures were reviewed, and the group discussed the potential retirement of the Adverse Childhood Experiences (ACEs) screening in Children and Adolescents. The ACEs measure was established for several reasons including a California initiative and to address those experiencing trauma and to ensure access to care. The group discussed the ACEs measure, with providers finding it valuable for identifying trauma in children. A provider asked about ACEs data. It was noted, any data related to Alliance screenings, and other county organized health systems (COHS) would be beneficial. The measure will remain in the care-based incentives program and brought forward for Board approval. The dental fluoride varnish measure will be updated to align with state expectations, increasing to two applications per year for children ages 6 months to 5 years. The measure allows practices to submit dental claims through the data submission tool. A lunch and learn is scheduled for April 3rd to teach staff how to apply the varnish. No	

03/06/2025_PAG_TN

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MINUTES

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		changes proposed for quality of care measures for 2026. A provider asked about the Combo 10 measure, and the measure will remain for 2026. Dr. Myers noted there have been lunch and learns to help support the measure. A provider suggested extending the age for Combo 10 to 2.5 years. Kristen noted provider feedback will be sent to NCQA. There are no changes to the fee-for-service measures for 2026. The group discussed the controlling high blood pressure measure, which is currently exploratory. The measure only considers the last blood pressure of the year and requires CPT2 coding. A provider asked if the measure was included in the D-SNP model of care submission as a D-SNP quality measure, Dr. Guzman confirmed the measure was included in the D-SNP submission. There was an interest in moving it to a paid measure provided support is available for implementing CPT2 coding. Dr. Wang noted technology grants are available for providers.	

03/06/2025_PAG_TN

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		The CBI 2026 point allocation was shared with the group. More than half of the points go to a wide range of quality of care, with the others for care coordination for access and hospital and outpatient measures. Future discussion is needed to partner and support avoidable emergency department (ED) visits and to help support access.	
V.	**Continuity & Coordination of Care, Behavioral Health & Primary Care**	**Sarina King, Quality & Performance Improvement Manager and Gray Clarke, Medical Director presented on Continuity and Coordination of Care for Behavioral Health and Primary Care.** Sarina presented the Antidepressant Medication Management (AMM) rates previously presented at PAG in May 2024. The data is the percentage of members 18 years of age and older treated with an antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Feedback received from primary care providers for this measure and ADD, indicated a desire for more education as providers did not feel comfortable providing the follow-up care. A	

03/06/2025_PAG_TN

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		provider asked about the percentage of members who remained on an antidepressant medication for 84 days. Dr. Clarke noted this is closer to 90 days and there is a gap in adherence rates and continuation over that time. Reporting is required for NCQA accreditation, and data collection through channels such as pharmacy, laboratory, claims and feedback from providers. Sarina discussed Follow-Up for Children Prescribed ADHD Medication (ADD) updates. The measure is the percentage of children on ADHD medication who had at least three follow-up visits within 10 months, including one within 30 days of the first prescription. The Alliance is increasing awareness of services offered via Carelon and other referral processes. A provider noted they are not tracking the measures but can do so moving forward, and any background information would be helpful. Kristen noted the information is from outpatient visits, observation visits, behavioral and behavioral health assessments or interventions, intensive outpatient encounters,	

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MINUTES

		community mental health center visits, and telehealth visits. The group discussed the importance of follow-up care for antidepressant and ADHD medications and the need for better coordination between providers. The Alliance is working with the counties for more timely and automated data for a better representation of outpatient county visits with behavioral health. Dr. Myers noted there is the UCI Train New Trainers program to help providers become more comfortable prescribing primary care level psychiatric medications. Gray Clarke, Medical Director discussed the Measures 1 and 2 - Diabetes Screening for People with Schizophrenia or Bipolar Disorder on Antipsychotic Medications (SSD). Screening can consist of glucose or metabolic panel. The rates for measurement year 2022 was shared with the group, and the Alliance was close to the goal but did not reach the 81.6% goal for Merced and Santa Cruz/Monterey counties. Dr. Clarke asked the group for feedback on how to improve rates and barriers. Several providers noted	

03/06/2025_PAG_TN

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		they were unaware of the measure. A provider suggested improvement of care coordination between behavioral health and primary care providers. Dr. Langenhan inquired about the ordering of the labs, and whether done by the psychiatrist or primary care. The rates for children and adolescents 1-17 years of age on two or more antipsychotic medications who had metabolic testing was shared with the group. The Alliance exceeded the goal of 50% for Merced and Santa Cruz/Monterey counties.	
VI.	**Criteria Development, Adoption and Review: Community Supports – Medically Tailored Meals**	**Mike Wang, Medical Director presented on the Utilization Management (UM) Program Review 2024** Dr. Wang noted the MTM discussion would be deferred due to limited time, The Inpatient Data for 2023 and 2024 was reviewed with the group. Inpatient admissions increased by 6.41% from the previous year of 2023. The bed days increased by 1.36% with a decrease in length of stay (LOS) at 4.55%. It was noted, there was also an increase in Alliance membership.	

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	(MTM) and Housing, UM Program Review 2024	The data suggests positive shifts in patient care management, including continued reductions in average LOS, though there were slight increases in inpatient admissions and bed days in 2024. These changes indicate that while the Alliance's utilization management strategies have resulted in better care efficiency, there remains room for improvement in reducing overall admissions and bed days. Opportunities for improvement identified included enhanced transitional care, optimized utilization management, improved collaboration, and a patient-centered approach. A provider asked how the Alliance is aware if the patient is receiving quality care. Dr. Wang noted there is a potential quality issue (PQI) process, and during interdisciplinary team (IDT) meetings discharge plans are reviewed and PQIs can be initiated at that time as well. The any point in the patient's care, if a quality issue is raised, the issue is investigated. The Quality Improvement team also conducts facility site reviews (FSRs) and programmatic reviews. As part of the credentialing process, providers are also	

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		reviewed. The results of the UM Program Review highlight the effectiveness of ongoing care coordination and transitions of care initiatives, but they also underscore the need for ongoing strategic improvements.	
Action Items			
Agenda Item	**What is the action item**	**Due date**	**Responsible staff**
DEI Training	The DEIB Training Feedback Survey will be sent after the meeting. **Action Complete**: Survey distributed on March 9, 2025	03/06/25	Vanessa Paz
Care-Based Incentives 2026	Investigate CPT2 coding support for practices. **Action pending**	09/04/25	Mike Wang, MD
Medically Tailored Meals (MTM)	Topic deferred for a future PAG meeting. **Action complete:** Scheduled for the September PAG meeting.	9/04/25 or 12/04/25	Mike Wang, MD

03/06/2025_PAG_TN

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MINUTES

Continuity & Coordination of Care, Behavioral Health & Primary Care	Investigate the data regarding lab ordering whether from the PCP or psychiatrist. **Action Pending**	09/04/25	Sarina King
Meeting adjourned at 1:00 p.m.			
Next Meeting: Thursday, September 4, 2025			
Approved by Committee Date:	**Signature:**		**Date:**

Chair: Omar Guzman, MD	Minutes by: Tracy Neves

03/06/2025_PAG_TN

Physicians Advisory Group
Meeting Calendar 2026

Thursday, March 5	12:00 - 1:30 PM
Thursday, June 4	12:00 – 1:30 PM
Thursday, September 3	12:00 - 1:30 PM
Thursday, December 3	12:00 - 1:30 PM

❖ Lunch Provided

Member Portal Spotlight

Lilia Chagolla – Member Services Director
Arti Sinha – Application Services Director
Physician's Advisory Group
September 4, 2025

Member Portal: New System Spotlight

Overview

Intent: Empower our members with another avenue for self service.

- **Change PCP**

- **Update contact information**

- **Order ID Card**

- **Fill out an assessment**

Dashboard / Assessments / DSNP Health Risk Assessment (HRA)

My PCP Providers

P **PEDIATRIC MEDICAL GRP WATSONVILLE**
Pediatrics
PHYSICIANS GROUP

Current PCP

Change PCP

Address: 222 GREEN VALLEY RD STE 222
FREEDOM , CA - 95019-3136
USA

Phone: 8317282969

Progress

18/18 Completed

Question Groups

YOUR HEALTH   18/18

Switch to single question view

< 1 2 3 4 5 6 7

○ Not at all
○ A little bit
○ Moderately
○ Quite a bit
○ Extremely

📄 Add Note

7 . 7. A. Are you using any of these supplies or equipment right now?

☐ Cane/crutches
☐ Walker
☐ Wheelchair

Previous   Next   Save As Draft   Finish

Member Portal: New System Spotlight

Features

- **View Care Plans**

- **View Authorizations & Referrals**

Dashboard / Care Plan

Goal: Lose 10 pounds in 3 months

Strengths	Barriers	Priority
Financial, Transportation	Language	High

Walk for 30 minutes daily 5 times a week

Frequency	Start Date	Expected Completion Date
Daily	06/10/2025	06/29/2025

Eat fruits and vegetables daily 5 times a week

Frequency	Start Date	Expected Completion Date
Daily	06/15/2025	07/25/2025

Goal: Maintain blood sugar in recommended range per provider

Strengths	Barriers	Priority
Financial, Transportation	-	Medium

Monitor blood sugars as recommended by provider

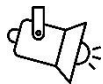| Frequency	Start Date	Expected Completion Date
Daily	09/06/2025	09/16/2025

Dashboard / Authorizations & Referrals

Authorizations | Referrals

Case Number	Admit Date	Diagnosis	Procedure	Provider	Status
123456	08/01/2020	J44.0	3040F	Lisi Brgydon	Approved
745634	11/08/2020	J878	3643W	A&A Medical Testery	Dismissed
653422	12/05/2022	F746	3040F	Lisi Brgydon	Voided
123453	08/01/2020	J44.0	3040F	LISI Brgydon	Partial Denial
745634	11/01/2020	J878	3643W	A&A Medical Testery	Partial Pending
653424	12/05/2022	F746	3040F	Lisi Brgydon	Pending

3

Member Portal: New System Spotlight

Features

My Health

- View Claims (Medical / Rx)

- File a Grievance or Appeal

- Links to Alliance website resources

Member Portal Pharmacy Claims Report

Claim ID	Drug Name	Rx Number	Copay Amount	Coinsurance Total Amount	Deductible Total Amount	Amount Paid	Rx Claim Paid Date
QA65121	Doxazosin	Rx135292	10.12	100.45	100877	200.12	2024-09-14
QA65881	Lovastatin	Rx135292	8.45	100.88	100894	199.78	2024-10-18

Don't see a claim?
If you do not see a claim, we may still be processing it or it hasn't been received. Processing can take 4 – 6 weeks. Once completed, your claim will appear on this page. If your claim does not appear within that timeframe, please contact your provider to make sure they have billed us or contact us at 800-700-3874.

Member Portal Medical Claims Report

Claim ID	Servicing Provider	Dt Of Svc Begin	Dt Of Svc End	Proc Code	Proc Desc	Paid Amt Line Item	Billed Amount	Allowed Amount	COB Paid Amount	Co-Insurance Amount	Deductible Amount	Not Covered Amount	Claim Paid Amount
QA65MEDADVCLAIM09	Supreme, Provider	03/01/2022	03/01/2022	16076	Bypass Cereb Vent to Periton Cav w Autol Sub, Open	123.45	123.45	123.45	123.45	123.45	123.45	123.45	123.45
QA65MEDADVCLAIM09	Supreme, Provider	03/01/2022	03/01/2022	16076	Bypass Cereb Vent to Periton Cav w Autol Sub, Open	234.89	234.89	234.89	234.89	234.89	234.89	234.89	234.89
QA65MEDADVCLAIM10	Supreme, Provider	03/01/2022	03/01/2022	16076	Bypass Cereb Vent to Periton Cav w Autol Sub, Open	123.45	123.45	123.45	123.45	123.45	123.45	123.45	123.45
QA65MEDADVCLAIM10	Supreme, Provider	03/01/2022	03/01/2022	16076	Bypass Cereb Vent to Periton Cav w Autol Sub, Open	234.89	234.89	234.89	234.89	234.89	234.89	234.89	234.89

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH

Member Portal: New System Spotlight

Website Access and Support

My Health

- **Account Login**
- **Create Member Portal account**
- **How to guides**

www.theAlliance.health

For Members section of the website. Available January 1, 2026.

Alliance Member Portal

The Alliance Member Portal is a secure online platform for Alliance members. As an Alliance member, you can use the portal to help manage your health care. The portal allows you to:

- View information about your health care and plan, like your current health care coverage and primary doctor.
- Update your information or submit requests any time online.

Please note: the portal is only available in English right now. We will let you know when you can use it in Spanish and Hmong.

To log in to the Member Portal, you will need to **create an account**. You can log in to the Member Portal on a computer or a phone.

[Log in to the Member Portal]

Using the Member Portal

Get step by step directions to perform common tasks in the Alliance Member Portal.

If you have other questions about the Member Portal, please call Alliance Member Services at 800-700-3874 (TTY: Dial 711), Monday through Friday, 8 a.m. to 5:30 p.m.

For language assistance, we have a special telephone line to get an interpreter who speaks your language. For the Hearing or Speech Assistance Line, call 800-735-2929 (TTY: Dial 711).

≫ EXPAND ALL

- ∨ How to create your Member Portal account
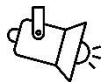- ∨ How to recover your account
- ∨ How to request an ID card
- ∨ How to change your doctor
- ∨ Update your address, phone number and/or email address
- ∨ How to check your health care coverage

Member Portal: New System Spotlight

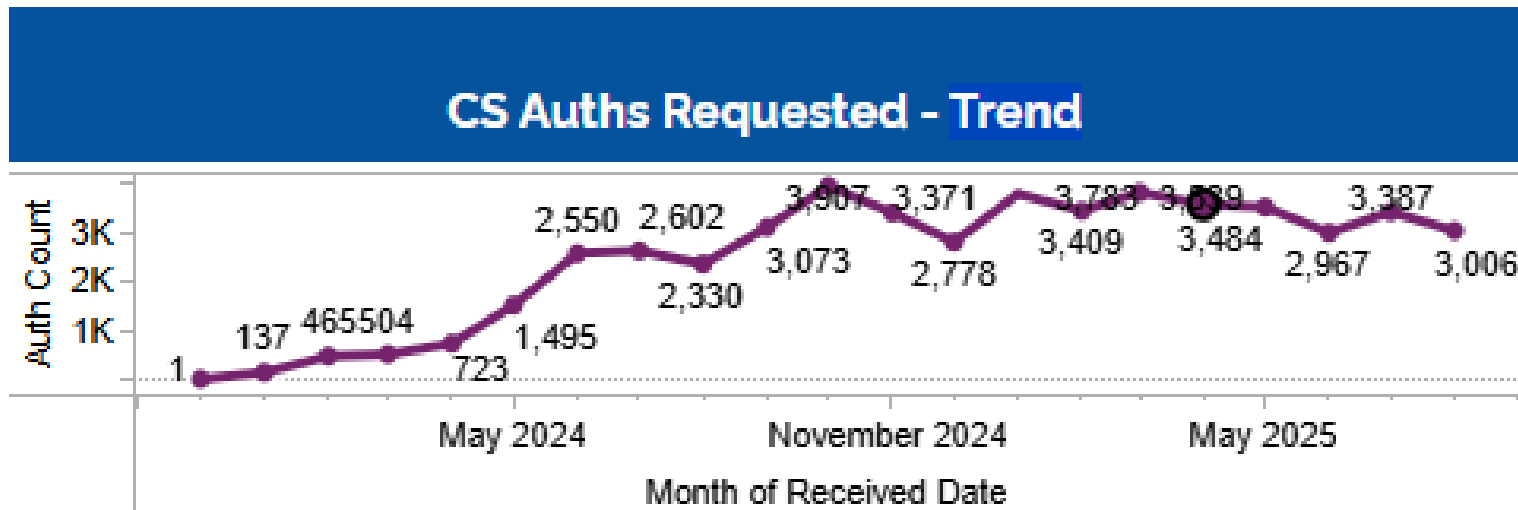| 2025 Development	2026 Development (in planning)
Features: • Change PCP • Update contact information • Order ID Card • Fill out an assessment • View Care Plans • View Authorizations & Referrals • View Claims (Medical / Rx) • File a Grievance or Appeal • Links to Alliance website resources	**Features:** • Interact with Care Plans • Communications within the member portal
Account access and support: • Single account login per member ID • Easy access via computer or smartphone • How to reference guides on website • Member Services provides support • Account access for adults only • Member Portal available in English only	**Account access and support:** • Role-based accounts (multiple logins per member ID) • Account access controls (members of all ages) • Member Portal available in Spanish

Medically Tailored Meals Policy Update

Mike Wang, MD, Interim CMO

Physicians Advisory Group

September 4, 2025

MTM IS A POPULAR BENEFIT

CS Auths Requested - Trend

POLICY CHANGE MOTIVATIONS

- Patient self report not always reliable
- Vendors not consistently doing validation beyond member self report

INTAKE REQUIREMENTS

- Referral Intake:
- Referrals for MTM/MSF may be submitted by the Member (self-referral), their ECM Provider, CS Provider, Primary Care Provider (PCP), Specialist Provider, Hospital Discharge Planner, or Community-Based Organizations.
  - Note: Self-referrals must be supported by documentation from the Member's treating provider (PCP or Specialist) indicating that MTM/MSF is part of their care plan.
- All referrals must include the following:
  - A completed CS Referral Form;
  - **Documentation of a qualifying diet-sensitive diagnosis per the DHCS' Policy Guide, including either:**
    - **A provider's written diagnosis statement, objective clinical evidence (i.e., labs, medication list, treatment history, etc. Self reporting alone will not be sufficient for documentation of objective clinical evidence.**
  - **Clinical documentation from a hospital or skilled nursing facility stay, discharge planning documentation, or discharge documentation if the Member is being discharged or is within thirty (30) days post-discharge;** and
  - CalFresh enrollment status or written rationale for non-participation in CalFresh.
- Reasons for a Member not being enrolled in CalFresh may include, but are not limited to, the Member is not eligible for CalFresh, the Member is intending to receive MTM/MSF as post-discharge nutrition support which is time-limited and not replacing food security services, or that MTM/MSF is addressing medical

EXAMPLE DISEASE REQUIREMENTS

As substantiated by the referral documentation listed above, to qualify for MTM/MSF, Members must have a poorly controlled, diet-sensitive chronic health condition, for which MTM/MSF has been ordered by a treating provider as part of the Member's care plan. Qualifying conditions include, but are not limited to the following:

- Diabetes or Prediabetes:
    - Documentation by a treating provider, or
    - A1C ≥ 5.7
- Hypertension:
    - Documentation by a treating provider, or
    - At least one hypertension-directed medication, or
    - BP > 140/90 on two outpatient visits within one year
- Hyperlipidemia:
    - Documentation by a treating provider, or
    - Statin prescription for hyperlipidemia, or
    - Adults (18+ years old):
        - LDL ≥ 100, or
        - Non-HDL ≥ 130, or
        - TG ≥ 150, or
        - TG/HLD ≥ 2
    - For children (0-18 years old):
        - LDL ≥ 130, or
        - Non-HDL ≥ 145, or
        - TG ≥ 100 in children <10 years old, or
        - TG ≥ 130 in children ≥ 10 years old
- Congestive Heart Failure
- HIV/AIDS
- Cancer (undergoing active treatment beyond surgical resection)

Authorization, Term, and Restrictions of MTM/MTG/MSF Programs

- MTM/MSF benefits may be approved for eligible Members following verification of medical necessity and written documentation from the Member's licensed, treating provider (i.e., primary care provider (MD, DO, NP, or PA or specialist (MD, DO, NP, or PA)), as defined in the sections above.
    - Authorizations Duration. The duration and renewal of the MTM/MFS benefits must strictly adhere to DHCS' CS Policy Guide and the Alliance's internal clinical review processes outlined herein.
    - Initial Authorization. **Services may be authorized for up to twelve (12) weeks per authorization period, based on clinical documentation supporting medical necessity.**
        - MTM/MSF services may include up to two (2) meals and/or meal packages per day, using any combination of MTM and MSF interventions.
    - Renewal Authorization. **Members may request renewals for up to twelve (12) weeks per renewal, so long as ongoing medical necessity is documented. Renewal requests must include:**
        - Updated medical documentation from the Member's treating provider confirming 1) continued diagnoses of the qualifying condition, 2) MTM remains part of the active care plan, and 3) clinical rationale for ongoing support;
        - Evidence of member adherence to the overall treatment plan including, but not limited to, medication adherence, provider visits, laboratory testing (if applicable), and any treatment milestones related to the nutritional intervention; and
        - Review of member outcomes, such as, reported benefit(s) of MTM (e.g., symptom improvement, weight stabilization, etc.), lack of hospital readmission (if used post-discharge), and continued ability to consume meals provided.
    - Renewal Authorization Denial. Renewals will not be approved if:
        - **there is no documentation of ongoing medical necessity;**
        - the Member is not engaging with care or consuming the meals; or
        - MTM is being requested as a long-term substitute for food insecurity.

EXAMPLE MD LETTER

To Whom It May Concern,

I am writing to provide a summary of the positive impact (vendor's) Health Food Box program is having on my patient. In particular, this program is helping him manage his diabetes and improve overall health.

Access to fresh fruits, vegetables, whole grains, and rich proteins has enabled him to better manage his diabetes.

Specifically, his A1C has improved from 11 to 8.

Sincerely,

Ordering MD

Questions?

The Alliance Data Management Strategy Update / Data Sharing Incentive

Mike Wang, MD, Interim CMO

Physicians Advisory Group

September 4, 2025

Data Management Strategy Overview

✓ Outlines how data is to be shared, acquired, managed, distributed and analyzed
✓ It is an HIE centric strategy
✓ Includes Specific Recommendations:
  – Infrastructure Enhancements, Policies, Procedures, and Expanded Data Governance (including external participation)
  – Development of Data Sharing Incentives for Providers
    • Defray the costs of data sharing
✓ The DMS is a multi-year strategy not a plan
  ✓ IEHP is in the 5th year of their data sharing effort
✓ Compliance with Regulatory Requirements
✓ Improve healthcare outcomes through data sharing

WHERE WE ARE

- Internal and External Socialization of the DMS
- Enterprise Data Warehouse Modernization & Migration
- CMS Interoperability Platform Implemented
- Alliance - Merced HIE Agreement (In Progress)
- Working with Monterey County on HIE Planning
- HIE Guidelines (In Development)
- Data Sharing Incentive Program (In Development)

DSI STRUCTURE DECISIONS (TO DATE)

Decision
☑ **Provider Target Types:**   Agreed to proposed targeted provider types listed below: 1) Hospitals/SNFs   2) Pediatrics   3) PCPs   4) ECM/CS Providers   5) BH   6) OB-GYN

☑ **Contracted vs non-contacted; In-county vs out-of-county:**
 1) Stated preference to **use data to drive decisions**:
   • Based on claims data, Alliance should **start with providers serving majority of members**, including larger high-volume hospitals willing to share data.
     o Program Development to work with Finance to generate targeted provider lists by provider type.

DSI STRUCTURE DECISIONS (TO DATE)

	Decision
☑	**Roll Out Strategy:** Target a new provider type **every six (6) months,** starting with Hospitals and SNFs in January 2024, Pediatric providers in July 2024, and so on.

☑	**Data Sources:**
	1) Data will need to be **provided to the Alliance via HIEs**, rather than continuing to collect provider data via Alliance's data submission tool*.
	Note Data Submission Tool would not be eliminated. DSI is linked to HIE data only.
	   a. Hospitals targeted data elements include:
	      i. Patient Administration (**ADT**)
	      ii. Results, Observations, Clinical labs, EKG, Notes, etc. (**ORU**)
	      iii. Pharmacy/Treatment Encoded Order (**RDE)**
	
	   Alliance should obtain SCHIO's data dictionary and create an Alliance-specific data dictionary.

Determine **Payment Frequency**

Hospitals & SNFs Example Payment Schedules			
#	**Milestone**	**Completion Documentation**	**Completion Date**
1	Sign data sharing agreement with local Health Information Exchange (HIE)	Fully executed data sharing agreement with local HIE	March 30, 2024
2	Provide timely and complete data submissions for 75% of member admissions to local HIE	HIE data submission report	June 30, 2024
3	Provide timely and complete data submissions for 90% of member admissions to local HIE	HIE data submission report	September 30, 2024
4	Provide timely and complete data submissions for 95% of member admissions to local HIE	HIE data submission report	December 31, 2024

Determine **Performance Measures**

Provider Type	Metric	Target Measure
Acute Care Facilities *(DGC Decision: First target larger-higher volume hospitals; per IPP measures: excluding ICF/DD and intermediate rehab facilities)*	Patient Administration (ADT)	% of total ADTs based on member admissions
	Results (ORU)	% of total ORUs based on member admissions
	RDE (Pharmacy/Treatment Encoded Order)	% of total RDEs based on member admissions
Skilled Nursing Facilities (SNFs)	Patient Administration (ADT)	% of total ADTs based on member admissions
	Results (ORU)	% of total ORUs based on member admissions
	RDE (Pharmacy/Treatment Encoded Order)	% of total RDEs based on member admissions

NEXT STEPS

- Continue development of the Data Sharing Incentive Program.
  - – Technical Assistance, EHR Assessments, Ongoing Connectivity Costs, Timing, HIE Costs, HIE Bandwidth.

- Data Governance Enhancements (including external input and participation)

- Obtain approval for the Data Sharing Incentive Program budget as part of Alliance CY2024 budget

- Defining payment amounts for the various milestones/metrics

Eligible Provider Type and Participation Deadlines

- https://thealliance.health/for-providers/manage-care/quality-of-care/provider-incentives/data-sharing-incentive/

Eligible Provider Type	Participation Open	Deadline to Sign Alliance Agreements	Complete Milestone 1	Data Sharing Starts
•Long-term care (LTC) facilities (not including long-term acute care hospitals, or LTACHs). •Skilled nursing facilities (SNFs).	January 2024	April 1, 2024	Sept. 30, 2024	Oct. 1, 2025
•Primary care providers (including pediatric PCPs).	July 2024	Oct. 1, 2024	Dec. 31, 2024	Jan. 1, 2025
•Specialists (including non-PCP pediatric providers, OB-GYNs, cardiologists, etc.).	April 1, 2025	July 1, 2025	Sept. 30, 2025	Oct. 1, 2025
•Behavioral health providers.	Oct. 2025	Jan. 1, 2026	March 31, 2026	April 1, 2026
•Enhanced Care Management and Community Supports providers.	April 2026	July 1, 2026	Sept. 30, 2026	Oct. 1, 2026

DSI Contract Structure: P2: PCPs (including Pediatric PCPs) (Go-Live 10/01/24)

		DSI Payment Frequency & Performance Evaluation Type			
#	Milestone	Completion Documentation	Milestone Completion Date	Payment Type	Funding Amount/Performance Measures
1	Sign **Participation Agreement** with local Health Information Exchange (HIE) & CalHHS DxF DSA	Fully executed PA with local HIE; Sign DSA. Membership file shared	Quarterly Peds/PCPs: December 31, 2024	Pay for Reporting (P4R)	$10,000 paid for a signed agreement.
2	Provide timely data submissions to local HIE	HIE data submission report	Quarterly Peds/PCPs: March 30, 2025	Pay for Performance (P4P)	$10,000.00 Provide quarterly data submissions for 75% of member data (Longitudinal Record) to local HIE
3	Provide timely data submissions to local HIE	HIE data submission report	Quarterly Peds/PCPs: June 30, 2025	Pay for Performance (P4P)	$10,000.00 Provide quarterly data submissions for 90% of member data (Longitudinal Record) to local HIE
4	Provide timely data submissions to local HIE	HIE data submission report	Quarterly Peds/PCPs: September 30, 2025	Pay for Performance (P4P)	$10,000.00 Provide quarterly data submissions for 95% of member data (Longitudinal Record) to local HIE

DATA SHARING SUPPORT

Need: Address infrastructure and data sharing capacity gaps for Alliance providers to meet Medi-Cal requirements.

Grants to support:

> Infrastructure, operational solutions and technical assistance to build capacity to share real-time health care data and connecting to a heath information exchange (HIE).

> Purchase and/or implementation of health information infrastructure, consulting engagement for gap analysis/planning and/or technical assistance to create specific reports and/or EHR templates.

> Partial cost of a new EHR system.

Eligibility: Contracted Alliance primary care providers, hospitals, long-term care facilities and skilled nursing facilities.

Maximum Award: $250,000

LINK TO DATA SHARING SUPPORT GRANT PAGE

- https://thealliance.health/for-communities/funding-opportunities/medi-cal-capacity-grant-program/access-to-care/data-sharing-support/

Questions?

Physicians Advisory Group
Meeting Calendar 2025

Thursday, March 6	12:00 - 1:30 PM
Thursday, September 4	12:00 - 1:30 PM
Thursday, December 4	12:00 - 1:30 PM

❖ Lunch Provided