

Physicians Advisory Group

Meeting Agenda

Thursday, December 2, 2021

12:00 p.m. – 1:30 p.m.



Held via Teleconference 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. The following alternatives are available to members of the public to view this meeting and to provide comments to the Advisory Group:

1. Members of the public wishing to join the meeting may do so as follows:
 - a. **Join on your computer, tablet or smartphone:**
[Click here to join the meeting](#)
 - b. **Or call in (audio only):**
United States: 1+ (323) 705-3950
Phone Conference ID: 653 787 327#

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, December 1, 2021 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 2, 2021.

- A. Reference materials: Minutes as above.

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

- A. Report: Staff report and recommendation on above topic.

Regular Agenda Items: 12:20 p.m.

5. Old Business

- A. Pharmacy Carve-Out Update N. Sachdeva, Pharm D.
- B. Care Based Incentives 2021 Update D. Bishop, MD

5. New Business

- A. Care Based Incentives 2022 & 2023 D. Bishop, MD, D. Diallo, MD
- B. Enhanced Case Management & Community Supports J. Mockus, J. Turetsky

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 2, 2021 meeting:

- Thursday March 3, 2022, 12:00-1:30 p.m.
Locations: Videoconference from Alliance Offices in Scotts Valley, Salinas and Merced.

Members of the public interested in attending should call the Alliance at (831) 430-5556 to verify meeting dates and locations prior to the meetings.

The complete agenda packet is available for review on the Alliance website at

www.ccah-alliance.org/boardmeeting.html The Physicians Advisory Group 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 Group at least 72 hours prior to the meeting at (831) 430-5556. Advisory Group meeting locations in Salinas and Merced are directly accessible by bus.



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Physicians Advisory Group



Meeting Minutes

Thursday, September 2, 2021
12:00 - 1:30 p.m.

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

Group Members Present:

Dr. Anjani Thakur	Provider Representative
Dr. Misty Navarro	Provider Representative
Dr. Scott Prys	Provider Representative
Dr. Barry Norris	Provider Representative
Dr. Amy McEntee	Provider Representative
Dr. Casey Kirkhart	Provider Representative
Dr. Devon Francis	Provider Representative
Dr. Shirley Dickinson	Provider Representative
Dr. Patrick Clyne	Provider Representative
Dr. Michael Yen	Provider Representative

Group Members Absent:

Dr. Chuyen Trieu	Provider Representative
Dr. Caroline Kennedy	Provider Representative
Dr. Jennifer Hastings	Provider Representative
Dr. Salvador Sandoval	Provider Representative
Dr. James Rabago	Board Representative

Staff Present:

Dr. Dale Bishop	Chief Medical Officer
Dr. Gordon Arakawa	Medical Director
Dr. Maya Heinert	Medical Director
Ms. Jennifer Mockus	Community Care Coordination Director
Ms. Jordan Turetsky	Provider Services Director
Ms. Michelle Stott	QI & Population Health Director
Ms. Kristen Rohlf	Quality Improvement Program Advisor
Ms. Lila Chagolla	Regional Operations Director
Mr. Jim Lyons	Provider Relations Manager
Ms. Ronita Margain	Regional Operations Director
Ms. Mary Brusuelas	Utilization Management/CCM Director
Ms. Jacqueline Van Voerkens	Administrative Specialist
Ms. Tracy Neves	Clerk of the Advisory Group

Public Representatives Present:

Ms. Becky Shaw	Public Representative
Dr. Joerg Schuller	Provider Representative

1. Call to Order by Chairperson Dr. Dale Bishop.

Group Chairperson Bishop called the meeting to order at 12:05 p.m.
Roll call was taken.

No supplements or deletions were made to the agenda.

2. Oral Communications.

Chairperson Bishop 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

3. The group reviewed the June 3, 2021 Physicians Advisory Group (PAG) minutes.

Minutes approved as written.

4. **Old Business**

A. Pharmacy Carve-Out Update

Navneet Sachdeva noted the pharmacy carve-out is scheduled for January 1, 2022 and the Alliance is working with Magellan. Providers will be contacted by Magellan regarding provider training so they may become acquainted with the portal. The Alliance will send a letter to providers regarding the pharmacy carve-out and information will be posted on the Alliance provider page. The Alliance will notify providers by the end of the month and the Department of Health Care Services (DHCS) will also send information. Providers can subscribe to DHCS' Monthly Newsletter for updates.

5. **New Business**

A. COVID Vaccine Promotion

Dr. Heinert presented on COVID Vaccines. The Alliance vaccine strategy was based on population health principals and risk stratification. The Alliance currently has a 53% overall vaccination rate for all 3 counties - Monterey 56%, Merced 43% and Santa Cruz 63%. Additional vaccination data was share with the Group regarding gender, race/ethnicity and by age group. The Alliance used claims data to identify members with CDC-defined health risk factors and established a relative risk score for each member. Alliance members were grouped by risk score and geography to create rosters for member outreach. Outreach transitioned from member education and resources sharing to vaccine promotion. The Alliance is using the Social Vulnerability Index (SVI) score with

zip code mapped along with current vaccination rate data. Vaccination rates and SVI by county was shared with the Group that denoted regions of high social vulnerability. Social vulnerability refers to the potential negative effects on communities caused by external stresses on human health, such as natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss.

Alliance provider engagement included early outreach to all partners to advocate for equitable distribution of vaccines, sharing of current DHCS and Centers for Disease Control & Prevention (CDC) guidance, assessing barriers and assisting with solutions and providing support and resources for member engagement. The Alliance community strategies included working closely with county health departments, community partners and providers. The Your Health Matters team conducted member outreach. Your Health Matters includes a volunteer program of 30+ trained staff with skillsets to deliver messages to members on health resources and with the ability to shift priorities. The team focused and updated real-time messaging based on feedback from local health departments. Internal resources available to Your Health Matters staff are updated daily (vaccination sites, pop-up clinics, CDC guidelines, county updates). **Action:** Provider requested data for Merced County, Ronita will reach-out to the provider.

Provider noted they are trying to reach patients in the emergency department (ED) and inquired whether the Alliance could assist. Provider noted that Doctors on Duty is administering vaccines. Another provider is requesting that the hospital try to vaccinate patients before they are discharged but is having some issues. **Action:** The Alliance will work on closing gaps in care. Lilla noted that Your Health Matters is going out into communities conducting outreach, and informed the Group to contact her if the Alliance can support vaccine pop-up clinics and events.

Dr. Bishop noted that the state has requested that plans administer a vaccination promotion plan, and the Alliance has submitted their plan for approval. Incentives include member and provider incentives that could be provided at sites of care,

B. Care Based Incentives (CBI) Update

Dr. Bishop shared that in 2021 there was a CBI payment adjustment put into place. The CBI metric was established to encourage providers above the 50th percentile for Medicare nationwide. The Alliance conducted an evaluation in

2019 and developed a CBI payment tier system approved by the Board in spring 2020. The CBI measure was established with the caveat if metrics were unachievable, the metrics would not be put into place. It appeared in 2019, approximately 25% of providers fell below the 50th percentile.

Adolescent Immunization data was shared with the Group from Q4 2019 to Q2 2021 for all 3 counties which indicted performance from 2020 through 2021 declined. Immunizations for Children experienced the same decline. Well Child Visits declined due to the pandemic as well with numbers increasing slightly in 2021.

Care challenges shared with Alliance staff were also shared with the Group and Dr. Bishop asked for the Group's input. Provider noted they started to see patients in March through May but due to COVID testing they are unable to see as many patients. Another provider noted he is seeing sick patients after 3:00 PM but the majority are coming in for COVID testing. In addition, there are staffing issues with employee's family members also becoming ill. Provider noted it is difficult to get children scheduled for well visits without disruption to the child's school day.

Staffing limitations are being experienced as well as availability of appointments and shifting of resources for testing. Some patients being seen for well visits need to be rescheduled if they are experiencing a cough which further delays care. Provider is also seeing patients that have not been seen since 2019 so there is a backlog of visits, and trying to catch-up patients on well visits. The Combo-10 requirement also makes it difficult to achieve measures. Provider is experiencing shortage of Medical Assistants (MAs) and referring patients to telehealth. One provider noted this is the single biggest problem they are experiencing along with onsite testing. The MA shortage was an issue before the pandemic but is now exacerbated by COVID. Another issue facing providers is the two negative test results required for students to return to school.

Dr. Bishop noted testing will likely continue to be an issue throughout the school season. Testing congestion will possibly see some relief when vaccines are available for school aged children and there is a lessen need. Provider noted testing sites have reached capacity, and inquired whether the Alliance could assist with testing site promotion. Also noted, was CBI performance will continue to be unachievable if providers are overwhelmed by the pandemic and staffing shortages.

It was concluded that due to the pandemic and resulting efforts and challenges facing PCPs that staff will recommend discontinuation of the adjustment for 2021 to the Alliance Board.

6. **Open Discussion**

Chairperson Bishop opened the floor for the Group to have an open discussion. There was no additional discussion.

The meeting adjourned at 1:20 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.



DATE: December 2, 2021
TO: Physicians Advisory Group
FROM: Dale Bishop, Chief Medical Officer
SUBJECT: AB 361 – Brown Act: Teleconferencing Meeting Procedures

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

- (A) The board has reconsidered the circumstances of the state of emergency.
- (B) Any of the following exists:
 - (i) The state of emergency continues to impact the ability of members to meet safely in person
 - (ii) State or local officials continue to impose or recommend measures to promote social distancing.

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

Background. On June 11, 2021, Governor Newsom issued Executive Order N-08-21 which rescinded flexibilities provided to the conduct of public meetings related to in-person participation effective September 30, 2021. Thus, absent legislative action, public meetings must be conducted in full compliance with the Brown Act effective October 1, 2021 including the requirement for full physical public access to all teleconference locations from which board members were participating.

On September 16, 2021, the Governor signed AB 361 (Rivas) which allows a local agency to continue to use teleconferencing under the same basic rules as provided in the original EOs when certain circumstances occur and certain findings have been made or adopted by the agency. AB 361 requires that, if the state of emergency remains active for more than 30 days, the agency must make findings by majority vote every 30 days to continue using the bill's exemption to the Brown Act teleconferencing rules.

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

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Discussion. Given current levels of community transmission, the risk of COVID-19 infection in public settings persists. State and local recommendations regarding masking and in promotion of social distancing also continue.

At its meeting on October 27, 2021, the Board considered the circumstances of the state of emergency and found that the state of emergency continues to impact the ability of members to meet safely in person and that State or local officials continue to impose or recommend measures to promote social distancing. In light of that finding, the meeting was conducted through teleconferencing

To continue to meet via teleconferencing as permitted by the Brown Act (as amended in AB 361) during a proclaimed state of emergency, the board must consider the circumstances of the state of emergency and, by majority vote, find that the state of emergency continues to impact the ability of members to meet safely in person and/or State or local officials continue to impose or recommend measures to promote social distancing.

Staff anticipates returning to pre-COVID Brown Act compliant meetings beginning with the first meeting of the Physicians Advisory Group on March 3, 2022 and for the remainder of 2022.

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

Attachments. N/A



Changes for Care-Based Incentive 2021 Payment

Dale Bishop MD, CMO
Physicians Advisory Group
December 2, 2021



CARE-BASED INCENTIVES (CBI) 2021 AND 2022

OBJECTIVES:

1. CBI 2021 Review
2. Board Decision

SUMMARY OF 2021 SITUATION

- As a result of unavoidable effects of the pandemic on member access and provider practice, the majority of Alliance providers will not achieve results consistently above the 50th percentile for most quality measures in 2021.
- Despite provider best efforts, pandemic related challenges have not been overcome through these modified visit methods.



BOARD Approval

- Board approved elimination of the Quality of Care performance adjustment from the Care-Based Incentives program for 2021,



Proposed Changes: 2020 Quality of Care Measures



Care-Based Incentive 2022



CBI 2021 AND 2022

OBJECTIVES:

1. CBI 2022 Adjustment
2. Resumption of Care Discussion
3. PAG Recommendations

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



RESUMPTION OF CARE (Discussion)

- Will preventive and effectiveness of care and quality metric achievability improve in 2022?



2022 Quality of Care Measures: Achievable in 2022?

Measures

- Asthma Medication Ratio
- Body Mass Index (BMI) Assessment: Children & Adolescent
- Cervical Cancer Screening
- Diabetic HbA1c Poor Control >9%
- Immunizations: Adolescents
- Immunizations: Children (Combo 10)
- Child and Adolescent Well-Care
- Well-Child Visit First 15 Months
- Depression Screening and Follow-Up Plan
- Breast Cancer Screening
- Controlling High Blood Pressure Screening

Achievable in 2022?
Why or why not





Care-Based Incentives 2023

Dianna Diallo, MD
Physicians Advisory Group
December 2, 2021

BRAINSTORMING CARE-BASED INCENTIVES (CBI) 2023



1. What has been working well in the CBI program?
2. What has not been working well in the CBI program?
3. What do you want to see changed?



BRAINSTORMING CBI 2023

What has been working well?

Services offered to providers

Resources and materials for providers

QI/CBI support to int./ext. staff

Improved health outcomes and lowered healthcare costs

Value-based funding

Adaptability

What has not been working well?

Measure selection

Member barriers

Staffing

Data

Payment penalty

Provider barriers

What do you want to see changed?

Member engagement

Additional provider support

Additional measures

Data

Provider training



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

- 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

- Asthma Medication Ratio
- 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

Performance Threshold

- Performance Improvement
- Member Reassignment Threshold



CBI FEE-FOR-SERVICE & EXPLORATORY MEASURES

Fee-For-Service Measures

- Patient Centered Medical Home (PCMH)
- Behavioral Health Integration

Exploratory Measures:

- 90-Day Referral Completion
- Adverse Childhood Events (ACEs) screening in Children and Adolescents
- Chlamydia Screening in Women
- Controlling High Blood Pressure
- Health Plan Health Disparity Measure
- Lead Screening in Children
- Latent Tuberculosis Infection (LTBI) Screening



Discussion





Enhanced Case Management & Community Support Services

Jennifer Mockus, Community Care Coordination Director

Jordan Turetsky, Provider Services Director

Physicians Advisory Group

December 2, 2021



ECM and Community Support Services

AGENDA:

1. Background CalAIM
2. Enhanced Case Management
3. Community Support Services
4. Milestones to Date
5. Timeline
6. Program Development
7. Summary

WHAT IS Cal-AIM?

A multi-year set of proposals to improve the quality of life and health outcomes for people with Medi-Cal, from birth to end of life, guided by key principles.

- *Improve member experience*
- *Deliver person-centered care*
- *Align funding, data reporting, quality and infrastructure*
- *Data-driven population health management strategy*
- *Identify and mitigate social determinants of health and reduce disparities or inequities*
- *Transform system: value and outcomes*
- *Eliminate or reduce variation and recognize local innovation*
- *Support community activation and engagement*
- *Reduce administrative burden to improve plan/provider experience*
- *Reduce per-capita cost through system transformation*



CalAIM: Enhanced Case Management and Community Supports

- Key feature is the introduction of Enhanced Case Management (ECM) in the Medi-Cal managed care delivery system.
- Proposes a menu of Community Support services (formerly In Lieu Of Services or ILOS) which can serve as cost-effective alternatives to covered Medi-Cal services.
- Medi-Cal Managed Care Plans (MCPs) will be responsible for administering both ECM and Community Support services (CS).
- Financial support for the programs including payments for ECM and incentives for infrastructure development are being developed by DHCS.



ECM IMPLEMENTATION

Enhanced Case Management is a Medi-Cal **benefit** as of January 1, 2022.

ECM is available to high need members in 7 defined populations of focus and addresses clinical and non-clinical needs through in-person, community based care management.

The Alliance will hold contracts with ECM providers who will deliver services to members.

Population of Focus	Implementation Date
Individual and Families Experiencing Homelessness	January 1, 2022 (SC/MTY)
Adult High Utilizers	July 1, 2022 (Merced)
Adults with SMI/SUD	
Incarcerated and Transitioning to Community	January 2023
At-Risk for Institutionalization and Eligible for LTC	
Nursing Facility Residents Transitioning to the Community	
Children and Youth	July 2023



ECM GOALS

- Improving care coordination
- Integrating services
- Facilitating community resources
- Improving health outcomes
- Addressing social determinants of health
- Decreasing inappropriate medical utilization



ECM CORE SERVICES

1. Outreach
2. Comprehensive Assessment and Care Management Plan
3. Enhanced Coordination of Care
4. Health Promotion
5. Comprehensive Transitional Care
6. Member and Family Supports
7. Coordination of and Referral to Community and Support Services



COMMUNITY SUPPORT SERVICES OVERVIEW

- According to Federal Medicaid program rules, Community Supports services (CS) are medically appropriate and cost-effective alternatives to services that can be covered if:
 - ✓ Services are focused on medical/social determinants of health as a substitute for, or to avoid, hospital/nursing facility admissions, discharge delays, and avoidable emergency department use.
 - ✓ Each service will have defined eligible populations, code sets, potential providers, restrictions, and limitations.
 - ✓ Services are optional for the managed care plan to provide.
 - ✓ Plans will not receive reimbursement for CS.



COMMUNITY SUPPORTS IMPLEMENTATION

Community Supports Available Services	Preliminary Go Live Target
Housing Transition and Navigation	Jan. 2022
Housing Deposits	Jan. 2022
Housing Tenancy and Sustaining Services	Jan. 2022
Sobering Centers (Monterey)	Jan. 2022
Medically Tailored Meals/Meals	Jan. 2022
Recuperative Care	July 2022
Short Term Post Hospitalization Housing	July 2022
Respite Services	TBD
Day Habilitation Services	TBD
Nursing Facility to RCFE/ARF	TBD
Community Transition Services/ Nursing Home to Home	TBD
Personal Care and Homemaker Services	TBD
Environmental Accessibility	TBD
Asthma Remediation	TBD

Previously called *In Lieu of Services* or *ILOS*, are not benefits, but are *services* plans *may* offer as of January 1, 2022 *in lieu* of a benefit and, if accepted by the member.

The Alliance will phase in CS based on populations of focus and, as is financially feasible.

The Alliance will contract with CS providers to provide relevant services, and may add additional CS on a periodic bases for the duration of the CaAIM initiative.



TIMELINE FOR ECM AND CS

ECM and Community Support Services - Go-Live Timeline			
ECM Population of Focus	Santa Cruz County	Monterey County	Merced County
1. Individuals and Families experiencing Homelessness	January 1, 2022	January 1, 2022	July 1, 2022
2. Adult High Utilizers	January 1, 2022	January 1, 2022	July 1, 2022
3. Adults with Serious Mental Illness SMI/Substance Use Disorder (SUD)	January 1, 2022	January 1, 2022	July 1, 2022
4. Incarcerated and Transitioning to the Community	January 1, 2023	January 1, 2023	January 1, 2023
5. At Risk for Institutionalization and Eligible for LTC	January 1, 2023	January 1, 2023	January 1, 2023
6. Nursing Facility Residents Transitioning to the Community	January 1, 2023	January 1, 2023	January 1, 2023
7. Children/Youth Populations of Focus	July 1, 2023	July 1, 2023	July 1, 2023
Community Supports	Santa Cruz County	Monterey County	Merced County
1. Housing Transition Navigation Services	January 1, 2022	January 1, 2022	
2. Housing Deposits	January 1, 2022	January 1, 2022	
3. Housing Tenancy and Sustaining Services	January 1, 2022	January 1, 2022	
4. Medically Tailored Meals	January 1, 2022	January 1, 2022	January 1, 2022
5. Sobering Centers		January 1, 2022	
6. Recuperative Care	July 1, 2022	July 1, 2022	July 1, 2022
7. Short-Term Post Hospitalization Housing (Note: Go-live change from 1/1/2023)	July 1, 2022	July 1, 2022	July 1, 2022



CURRENT ACTIVITIES

- Alliance Board approved ECM and CS rates on October 27.
- Organizations serving the Whole Person Care population received contracting materials on October 28.
- Staff are working with organizations to support training and questions in preparation for January.
- Pathways for member assignment, authorizations and care plan tracking/submission are developed and being refined.
- Information is being gathered for submission for DHCS for the ECM/CS incentive opportunities.



NEXT STEPS

- Enhanced Case Management/Community Support
 - Finalize recruitment of ECM/CS providers and continue training and support.
 - Receive and assess final guidance on incentives and finalize plan for incentives to support capacity.
 - Implement ECM benefit and CS as of January 1.
 - Continued development towards future populations eligible for ECM and CS.
- Remaining CalAIM Proposals
 - Continued assessment, planning and implementation through 2026.



End



Physicians Advisory Group Meeting Calendar 2022



Thursday, March 3	12:00 - 1:30 PM
Thursday, June 2	12:00 - 1:30 PM
Thursday, September 1	12:00 - 1:30 PM
Thursday, December 1	12:00 - 1:30 PM

