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

CALIFORNIA PETANOS OR HEALTH®

Meeting Agenda

Wednesday, September 24, 2025

3:00 p.m. - 5:00 p.m.

Location: In Santa Cruz County:

Central California Alliance for Health, Board Room 1600 Green Hills Road, Suite 101, Scotts Valley, CA

In Monterey County:

Central California Alliance for Health, Board Room 950 East Blanco Road, Suite 101, Salinas, CA

In Merced County:

Central California Alliance for Health, Board Room 530 West 16th Street, Suite B, Merced, CA

In San Benito County:

Community Services & Workforce Development (CSWD)

CSWD Conference Room

1161 San Felipe Road, Building B, Hollister, CA

In Mariposa County

Mariposa County Health and Human Services Agency

Catheys Valley Conference Room 5362 Lemee Lane, Mariposa, CA

- 1. Members of the public wishing to observe the meeting remotely via online livestreaming may do so as follows. Note: Livestreaming for the public is listening/viewing only.
 - a. Computer, tablet or smartphone via Microsoft Teams: Click here to join the meeting
 - b. Or by telephone at:

United States: +1 872-242-9041

Phone Conference ID: 215 630 588 741 3

- 2. Members of the public wishing to provide public comment on items not listed on the agenda that are within jurisdiction of the commission or to address an item that is listed on the agenda may do so in one of the following ways.
 - a. Email comments by 5:00 p.m. on Monday, September 22, 2025, to the Clerk of the Board at clerkoftheboard@ccah-alliance.org.
 - 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.
 - Comments will be read during the meeting and are limited to three. minutes.
 - b. In person, from an Alliance County office, during the meeting when that item is announced.
 - i. State your name and organization prior to providing comment.
 - ii. Comments are limited to three minutes.

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

- A. Roll call; establish quorum.
- B. Supplements and deletions to the agenda.

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

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

3. Comments and announcements by Commission members.

A. Board members may provide comments and announcements.

4. Comments and announcements by Chief Executive Officer.

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

Consent Agenda Items: (5. - 12): 3:20 p.m.

- 5. Accept Chief Executive Officer (CEO) Report.
 - Reference materials: Chief Executive Officer (CEO) Report.

Pages 5-1 to 5-3

- Accept Alliance Financial Highlights, Balance Sheet, Income Statement and Statement of Cash Flow for the seventh month ending July 31, 2025.
 - Reference materials: Financial Statements as above.

Pages 6-1 to 6-11

- 7. Authorize the Chair to sign an amendment to the Alliance's contract with the Department of Health Care Services (DHCS) to extend the term of the agreement through December 31, 2026,
 - Reference materials: Department of Health Care Services Contract Amendment: Term Extension (DHCS).

Pages 7-1

- 8. Approve the proposed 2026 schedule of Alliance Board, Board Committee and Advisory Group Meetings.
 - Reference materials: Schedule of Alliance Public Meetings: CY 2026.

Pages 8-1 to 8-3

- Approve an annual Senior Leadership Incentive Plan (SLIP) using a short-term incentive plan model for Alliance executives and directors as a form of recruitment and retention.
 - Reference materials: Senior Leadership Team Incentive Plan Proposal, in Response to Board Directive.

Page 9-1 to 9-4

- 10. Approve the Quality Improvement Health Equity Transformation Program Description.
 - Reference Materials: Quality Improvement Health Equity (QIHW) Program Description 2020

Pages 10-1 to 10-70

11. Ratify Execution of Program Year 2026 CMS D-SNP Contract.

- Reference material: Program Year 2026 CMS D-SNP Contract.

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12. Approve removal of ECM Referral Incentive from 2026 Care-Based Incentive Program.

- Reference material: Provider Supplemental Payment and Care-Based Incentive Program 2026 Update

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Minutes: (13A. - 13C.):

13A. Approve Commission regular meeting minutes of August 27, 2025.

- Reference materials: Minutes as above.

Pages 13A-1 to 13A-6

13B. Accept Finance Committee Meeting Minutes of June 25, 2025.

Reference materials: Finance Meeting Minutes as above.

Pages 13B-1 to 13B-3

13C. Accept Physician Advisory Group Meeting Minutes of September 4, 2025.

- Reference materials: Minutes as above.

Pages 13C-1 to 13C-15

Appointments: (14A.)

14A. Approve the renewal of Stephanie Auld to the Member Services Advisory Group.

- Reference materials: Staff report and reappointment letter on above topic.

Page 14A-1

Reports: (15A.)

15A. Accept the Medi-Cal Capacity Grant Program Mid-Year Report.

Reference materials: Staff report on above topic; MCGP Awards January-August 2025;
 and Grants at Work.

Page 15A-1 to 15A-19

Regular Agenda Items: (16. - 17.): 3:30 p.m. - 5:00 p.m.

16. State and Federal Budget Update and Impact on the Medi-Cal program. (3:30 p.m. - 4:30 p.m.)

A. Ms. Michelle Baass, Director, California State Department of Health Care Services will provide an update on State Budget and Federal budget and impacts on the Medi-Cal program.

17. Consider and approve the Alliance's legal and regulatory Compliance Program Report for Q1-2 2025. (4:30 p.m. – 5:00 p.m.)

- A. Ms. Jenifer Mandella, Chief Compliance Officer, will review and Board will consider and approve the Compliance Program Report for Q1-2 2025 and Revisions to the Alliance Compliance Plan and Code of Conduct.
 - Reference materials: Compliance Program report, Alliance Compliance Plan, and Alliance Code of Conduct.

Page 17-1 to 17-48

Information Items: (18A. - 18G.)

A. Alliance in the News
 B. Membership Enrollment Report
 C. Member Appeals and Grievance Report
 D. Letter of Support
 Pages 18A-1 to 18A-3
 Page 18B-1
 Page 18C-1
 Pages 18D-1

D. Letter of Support**E.** Provider Bulletin -September 2025

E. Provider Bulletin -September 2025
 F. Member Newsletter - September 2025 (English)
 G. Member Newsletter - September 2025 (Spanish)
 Pages 18F-1 to 18F-12
 Pages 18G-1 to 18G-12

Announcements:

Meetings of Advisory Groups and Committees of the Commission

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

Finance Committee
 Wednesday, October 22, 2025; 1:30-2:45 p.m.

- Member Services Advisory Group November 6, 2025; 10:00 – 11:30 a.m.
- Physicians Advisory Group
 Thursday, December 4, 2025; 12:00 1:30 p.m.
- Whole Child Model Clinical Advisory Committee [Remote teleconference only] Tuesday, December 16, 2025; 12:00 1:00 p.m.
- Whole Child Model Family Advisory Committee [Remote teleconference only] Monday, November 3, 2025; 1:30 3:00 p.m.

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

The next regular meeting of the Commission, after this September 24 meeting, unless otherwise notified.

Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission Wednesday, October 22, 3:00 – 5:00p.m.

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

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

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

In Merced County: Central California Alliance for Health 530 West 16th Street, Suite B, Merced, CA

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

In Mariposa County:

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

Members of the public interested in attending should call the Alliance at (831) 430-2568 to verify meeting date and location prior to the meeting.

The complete agenda packet is available for review on the Alliance website at https://thealliance.health/about-the-alliance/public-meetings/. The Commission complies with the Americans with Disabilities Act (ADA). Individuals who need special assistance or a disability-related accommodation to participate in this meeting should contact the Clerk of the Board at least 72 hours prior to the meeting at (831) 430-2568. Board meeting locations in Salinas and Merced are directly accessible by bus. As a courtesy to persons affected, please attend the meeting smoke and scent free.







DATE September 24, 2025

TO Governing Commission of the Central California Alliance for Health

FROM Michael Schrader, Chief Executive Officer

SUBJECT CEO Report

<u>Changing Landscape Drives Decline in Alliance Enrollment</u> We are entering a new era for the Medi-Cal program, driven by the convergence of three major factors: the expiration of federal unwinding flexibilities, changes to the state budget, and the implications of the federal HR1 law. Collectively, these developments are expected to result in a sustained decline in Alliance membership over the remainder of this year and the next three (2026-2028).

<u>Projected Decline in Membership</u>: The Alliance projects a 27% decline in enrollment over this period.

<u>Actual Decline in Membership</u>: This downward trend is already underway. Membership declined by 0.9% in August and by an additional 0.6% in September. We anticipate this decline will continue.

These early reductions are primarily linked to the expiration of federal COVID-19 unwinding provisions on June 30, 2025. Since then, our county partners, who oversee Medi-Cal eligibility verification, have reported a significant decrease in the percentage of members renewed through the ex parte process, falling from an average of 66% to approximately 25–33% within our service area.

As a result, nearly two-thirds of members due for redetermination must now actively complete the process themselves, compared to just one-third prior to the policy change. This shift has led to a rise in members losing eligibility, contributing to the decline in Alliance membership.

Before the expiration, DHCS utilized electronic data sources, including SNAP, TANF, tax records, SSA, unemployment, and wage reporting systems, to automatically verify Medicaid eligibility for nearly two-thirds of Medi-Cal enrollees, eliminating the need for their active involvement.

<u>Government Relations</u>. The Alliance as a public entity that administers a public benefit program, is impacted by Federal and State legislation, policy, and funding. As such, we closely monitor, inform, and advocate at the local, state, and federal levels.

<u>2025 Legislative Session</u>. Having returned from Summer Recess in late August, the Legislature is now closing out the 2025 session which adjourns on September 12th. While

much of the Legislature's focus was on the Legislature's approval of Assembly Constitutional Amendment 8 (ACA 8), the Governor's "Election Rigging Response Act", staff continue to monitor and track bills within the board's 2025 policy priorities. Staff will provide a final 2025 bill list and report in the December board packet.

Rural Health Transformation Plan (RHTP). The RHTP is spearheaded by the California Department of Health Care Access and Information's State Office of Rural Health (CalSORH). Under the newly established federal authority granted by HR 1, which created the \$50 billion, five-year Rural Health Transformation Fund, CalSORH will lead the development and submission of California's strategic blueprint for transforming rural healthcare delivery and ensuring long-term sustainability.

Applications for the RHTP are anticipated to open in September 2025, with funding decisions expected by December 31, 2025. In preparation, CalSORH will initiate rapid stakeholder engagement through surveys, webinars, and other outreach efforts to gather input from rural providers, health systems, and community members. This feedback will be instrumental in shaping the state's submission.

The RHTP is designed to improve access to care, accelerate the adoption of technology, strengthen workforce development, and stabilize rural provider networks. It will also align with CalAIM initiatives and upcoming waiver renewal strategies to promote better health outcomes and sustainable care models across California's rural regions.

Staff will collaborate closely with the Local Health Plan of California (LHPC) to ensure meaningful contributions are provided to HCAI throughout the planning process.

<u>Community Engagement, Health Education, and Marketing</u>. The Alliance is a local plan that is invested in the communities we serve across our five counties.

<u>Community Events</u>: During June and August, Alliance staff actively participated in 80 community events, engaging more than 10,500 community members across our service areas.

In Mariposa County, we partnered with the Health and Human Services Agency to host a California Children's Services (CCS) Open House, supporting families newly transitioned into the Whole Child Model program.

Our outreach efforts also included traveling with our mobile mammography vendor in Merced and Santa Cruz counties to promote Alliance benefits and share member incentives.

Additionally, we maintained a strong presence at school-based events in Monterey and San Benito counties through pop-up tabling, continuing to connect with members where they live, learn, and gather.

Alliance Two-Year Marathon (2024-2025) to Implement Six Priority Initiatives. Our two-year marathon has involved a heavy organizational workload, competing priorities, regulatory submissions, and strict deadlines. Despite these challenges, the Alliance team has been motivated by the chance to more fully and better serve our members.

The team has made tremendous progress, successfully completing five-of-the-six initiatives to date.

- 1. <u>ECM Enrollment</u>: In 2024, we increased ECM enrollment sixfold, with continued growth into 2025. The percentage of our Medi-Cal members enrolled in ECM now surpasses that of nearly all other Medi-Cal managed care plans.
- 2. <u>Quality & Health Equity</u>: In 2024, in collaboration with 15 clinics across Merced County, the Alliance improved quality scores, reflecting higher percentages of children receiving preventative care, including immunizations, lead screenings, and well-child visits.
- 3. <u>Jiva Care Management System</u>: In the summer of 2024, the team successfully completed a major systems conversion to the Jiva Care Management System, enhancing our operational capabilities
- 4. <u>NCQA Accreditations</u>: In the summer of 2025, the Alliance achieved two NCQA accreditations: Health Plan Accreditation and Health Equity Accreditation.
- 5. <u>BH Insourcing:</u> On July 1, 2025, the Alliance team successfully brought the behavioral health benefit in-house, granting us direct control and a better opportunity to improve access for members, support providers, and collaborate with counties and schools

One initiative remains active.

- 6. TotalCare HMO D-SNP: The Alliance is actively preparing to launch its Medicare Dual Special Needs Plan (D-SNP), TotalCare HMO, by January 1, 2026. This new offering will allow the Alliance to serve as a single, integrated health plan for individuals eligible for both Medi-Cal and Medicare, primarily low-income seniors and people with disabilities. Key milestones since the last CEO Report include:
 - Approval of the CMS contract and bid submission
 - Completion of Medicare 101 and TotalCare benefits training for staff
 - Strategic planning for the Annual Enrollment Period (AEP), which begins October 7

In parallel, the team is configuring existing core systems and deploying new technologies to support the administration and delivery of the D-SNP product.

<u>Alliance Workforce</u>. Our robust culture is built on the premise that the Alliance exists to serve Members. Most of our employees live in the communities we serve across our five counties. To enrich our culture there are All-Staff meetings, interactive town halls, coffee talks with executives, annual employee engagement surveys, and biannual performance reviews.

Appointment of Chief Medical Officer (CMO). We are thrilled to announce the appointment of Dr. Mike Wang, MD, as Chief Medical Officer of the Alliance. Following a rigorous sevenmenth recruitment process that included screenings of 29 candidates and interviews with seven finalists, Dr. Wang emerged as the clear choice. His selection reflects the outstanding leadership he has demonstrated as Interim CMO, particularly in advancing the work of the Health Services Division.

Dr. Wang joined the Alliance in December 2023 and brings an impressive academic and clinical background. He holds a BA from Harvard University and earned his MD from Loyola University in Illinois. He completed his Internal Medicine residency at Alameda Health System in Oakland, California, and pursued a Clinical Informatics fellowship at UCSF.

Please join us in congratulating Dr. Wang on this well-deserved appointment!

All Staff Meeting. On September 11, the Alliance brought together team members from all five counties and beyond for a vibrant All Staff Meeting at the historic Grove Ballroom on the Santa Cruz Boardwalk. The day's program included a grounding mindfulness activity, an insightful State of the Alliance presentation, a spotlight on Santa Cruz County United Way, an inspiring Mission in Motion showcase, a group staff photo, a delicious buffet lunch, a lively raffle in benefit of our local food banks, and heartfelt recognition of staff receiving service awards. For the first time, we have staff who have been with the Alliance for 30 years. The ballroom was filled with energy, connection, and a shared sense of purpose. Looking ahead: our next All-Staff Assembly will be held virtually on December 11.

<u>Coffee Talk.</u> CIO Cecil Newton and CFO Lisa Ba hosted a virtual Coffee Talk, drawing more than 325 employees. The casual and unscripted hour-long conversation covered topics such as artificial intelligence, impact of HR1 on providers, trusted vaccine resources such as from the American Academy of Pediatrics, and the Alliance's Administrative Loss Ratio (ALR).

Regulatory Audits and Compliance. The Alliance has structured processes to ensure that we operate in an ethical and compliant manner, so that we protect our members' rights. Like all Managed Care Plans, the Alliance is in a continuous state of preparing routine audits, experiencing them, or following up on regulators' requests. Following is a summary of regulatory audit activity that occurred since my last report.

2025 DHCS Medi-Cal Audit. DHCS conducted a limited scope annual audit in January of 2025, with preliminary results shared in May 2025. The Preliminary Findings Report included only two findings, one related to resolution of quality grievance, the other related to oversight of grievance and appeals, neither of which the plan disputed. DHCS issued its Final Findings Report in June 2025, responsive to which our corrective action plan (CAP) is on track for timely completion by September 2025.

<u>2025 DMHC Financial Examination</u>. DMHC auditors initiated their virtual audit in January of 2025, reviewing the Alliance's fiscal and administrative affairs, including claims payment practices. We received our Preliminary Findings Report in June 2025, in which there were three findings related to Claims, Provider Disputes, and our Anti-FWA Plan filing. In July 2025, we submitted our preliminary response addressing the DMHC's findings. In August 2025, we

received the DMHC's Final Report stating our corrective actions were sufficient, requiring no further action.

2025 DMHC Medical Survey. DMHC conducted its 2024 Medical Survey of the Alliance in March 2024, with preliminary findings in the areas of Grievances, Utilization Management, Pharmacy, and Behavioral Health. As is standard process, we accepted certain findings as opportunities to improve and clarified or contested others, submitting our response in May 2025. In August 2025, DMHC issued its Final Report, noting seven deficiencies as uncorrected, five as corrected, and one removed. We submitted an Append Letter, which will be published with the DMHC's Final Report, summarizing corrective actions under way to resolve the uncorrected deficiencies. A follow-up Survey will be conducted by the DMHC later to assess closure of these items.

<u>Operational Outliers</u>. The Alliance has experienced a significant increase in provider disputes over the past quarter, with volumes remaining steady throughout the last month. This trend may signal a need for enhanced outreach and education regarding recent payment adjustments, including DHCS Targeted Rate Increases (TRI) and Alliance Provider Supplemental Payments.

Due to the unexpected volume, some providers are experiencing delays in receiving resolution notifications within the standard timeframe. In response, staff have been actively reallocating internal resources to manage the influx, analyze patterns, and confirm upstream root causes.

Alliance Medi-Cal Capacity Grant Program (MCGP). The Alliance makes investments to strengthen health care and community organizations across the five counties we serve. The purpose is to pursue the Alliance's vision of heathy people and healthy communities. These investments focus on increasing the availability, quality and access of health care and supportive resources for Medi-Cal members. They also address social drivers that influence health and wellness.

Trends in the Number of Awards and Total Spend. The MCGP has paid out \$23M year to date. New MCGP awards year-to-date in the five-county service area total \$21M, which is 60% of the 2025 total award amount target of \$35M. The application deadline for the third and final funding round in 2025 was August 19, 2025. There are 77 eligible grant applications currently under review. Award decisions will be distributed on October 31, 2025. Details of 2025 awards to date are included in the mid-year report in the September 2025 Board packet.







DATE: September 24, 2025

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

Care Commission

FROM: Lisa Ba, Chief Financial Officer

SUBJECT: Financial Highlights for the Seventh Month Ending July 31, 2025

For the month ending July 31, 2025, the Alliance reported an Operating Loss of \$6.7M. The Year-to-Date (YTD) Operating Loss is \$21.4M with a Medical Loss Ratio (MLR) of 96.5% and an Administrative Loss Ratio (ALR) of 5.1%. The Net Income is \$21k after accounting for Non-Operating Income/Expenses.

The budget expected an Operating Loss of \$19.9M for July YTD. The actual result is unfavorable to the budget by \$1.5M or 7.6%, driven by enrollment and rate variances.

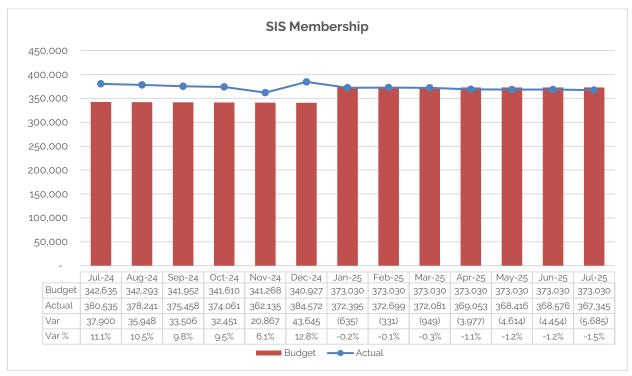
Jul-25 MTD (\$ In 000s)							
Key Indicators	Current Actual	Current Budget	Current Variance	% Variance to Budget			
Membership	443,381	438,798	4,583	1.0%			
Revenue	\$189,974	\$173,831	\$16,143	9.3%			
Medical Expenses	186,879	167,045	(19,834)	-11.9%			
Administrative Expenses	9,763	10,080	317	3.1%			
Operating Income	(6,668)	(3,295)	(3,373)	-100.0%			
Net Income	(\$7,562)	(\$2,410)	\$5,152	-100.0%			
MLR %	98.4%	96.1%	-2.3%				
ALR %	5.1%	5.8%	0.7%				
Operating Income %	-3.5%	-1.9%	-1.6%				
Net Income %	-4.0%	-1.4%	-2.6%				

Jul-25 YTD (In \$000s)							
Key Indicators	YTD Actual	YTD Budget	YTD Variance	% Variance to Budget			
Member Months	3,115,651	3,071,706	43,945	1.4%			
Revenue Medical Expenses	\$1,327,342 1,280,544	\$1,216,816 1,168,621	\$110,526 (111,923)	9.1% -9.6%			
Administrative Expenses Operating Income/(Loss)	68,164 (21,366)	68,046 (19,851)	(118) (1,515)	-0.2% -7.6%			
Net Income/(Loss)	\$21	(\$7,618)	\$7,639	100.0%			
РМРМ							
Revenue	\$426.02	\$396.14	\$29.89	7.5%			
Medical Expenses	411.00	380.45	(30.56)	-8.0%			
Administrative Expenses	21.88	22.15	0.27	1.2%			
Operating Income/(Loss)	(\$6.86)	(\$6.46)	(\$0.40)	-6.1%			
MLR %	96.5%	96.0%	-0.5%				
ALR %	5.1%	5.6%	0.5%				
Operating Income %	-1.6%	-1.6%	0.0%				
Net Income %	0.0%	-0.6%	0.6%				

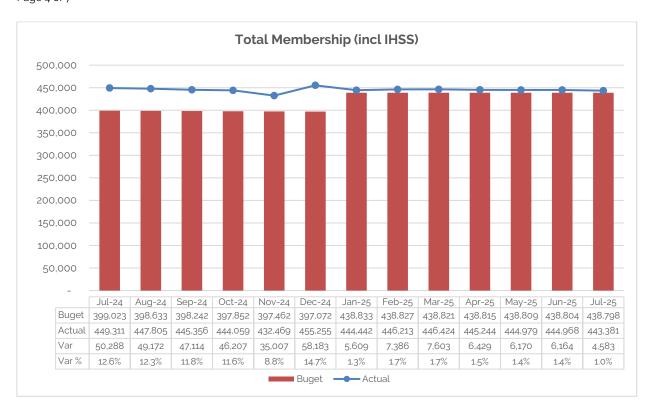
<u>Per Member Per Month</u>: Capitation revenue and medical expenses are variables based on enrollment fluctuations; therefore, the PMPM view offers more clarity than the total dollar amount. Conversely, administrative expenses do not usually correspond with enrollment and should be evaluated at the dollar amount.

At a PMPM level, revenue is \$426.02, which is favorable to the budget by \$29.89 or 7.5%. Medical cost PMPM is \$411.00, which is unfavorable by \$30.56 or 8.0%. This results in an unfavorable gross margin of \$0.67 or 4.3% compared to the budget. The operating loss PMPM is (\$6.86), compared to the budget of (\$6.46).

Membership: July 2025 membership is favorable to the budget by 1.0%. The 2025 budget assumed a flat budget with 438k members per month for all of 2025. Please note that SIS membership continues to decline through the redetermination process, while UIS enrollment has shown consistent growth but began to soften in June, with a slight decline in July.







Revenue: The 2025 revenue budget was based on the Department of Health Care Services (DHCS) 2025 draft rate package (dated 10/21/24), which reflected a -0.1% rate decrease over the CY 24 Final Amended rates (dated 12/30/24), not including the Targeted Rate Increase (TRI) and Enhanced Care Management (ECM). Furthermore, the budget assumed breakeven performances for the San Benito Region and for our Unsatisfactory Immigrant Status (UIS) population. The CY 2025 Prospective rates from DHCS (dated 1/27/2025, including Maternity) represented a 5.0.% increase over CY 2024 Final Amended Rates, excluding TRI and ECM.

Jul-25 YTD Capitation Revenue Summary (In \$000s)						
Region	Actual	Budget	Variance	Variance Due to Enrollment	Variance Due to Rate	
CEC SIS	\$976,386	\$917,666	\$58,720	13,635	45,085	
CEC UIS	278,956	244,457	34,499	4,180	30,319	
SBN SIS	55,524	40,187	15,338	930	14,407	
SBN UIS	10,962	11,600	(638)	(1,520)	882	
Total*	\$1,321,828	\$1,213,909	\$107,919	\$17,226	\$90,693	

^{*}Excludes Jul-25 In-Home Supportive Services (IHSS) premiums revenue of \$3.2M and State Incentive Revenue of \$2.3M.

As of July, actuals exceeded the budget by \$16.1M, representing a 9.3% positive variance. This is driven by favorable enrollment, which contributes \$1.9M, and rate variances totaling \$14.2M resulting from increases in prospective rates compared to the budget. Additionally, a portion of the favorable rate variance is due to the ECM Risk Corridor, which was already budgeted at \$7.0M, and contributed \$0.8M in favorable impact this month, with a total ECM Risk Corridor of

Central California Alliance for Health Financial Highlights for the Seventh Month Ending July 31, 2025 September 24, 2025 Page 5 of 7

\$7.8M for July. Please note that the ECM expenses are higher than the budget, and the net loss is limited to 5% of the ECM revenue.

As of July 2025 YTD, operating revenue stands at \$1,327.3M, surpassing the budget by \$110.5M or 9.1%. This favorable variance includes \$17.1M from increased enrollment and \$93.4M from favorable rate variances.

Medical Expenses: The 2025 budget assumed a 3.3% increase in utilization over the 2024 forecast, based on data from 2022 through September 2024, and a 4.2% increase in unit cost driven by changes in case mix and fee schedule adjustments. The 2025 incentives include a \$20M for the Hospital Quality Incentive Program (HQIP), \$15M Care-Based Incentive (CBI), \$12.5M for the Specialist Care Incentive (SCI), \$4M Data Sharing Incentives, \$3.7M Behavioral Health Value-Based Program (BH VBP), and \$1M Risk Adjustment Incentives.

Jul-25 YTD Medical Expense Summary (\$ In 000s)						
				Variance	Variance	
Category	Actual	Budget	Variance	Due to	Due to	
				Enrollment	Rate	
Inpatient Hospital	\$350,572	\$332,375	(\$18,197)	(\$4,747)	(\$13,450)	
Inpatient Services - LTC	125,507	119,798	(5,708)	(1,681)	(4,027)	
Physician Services	279,445	298,428	18,983	(4,293)	23,276	
Outpatient Facility	147,871	128,707	(19,164)	(1,836)	(17,328)	
ECM	97,178	63,950	(33,228)	(920)	(32,308)	
Community Supports	46,425	23,602	(22,823)	(339)	(22,484)	
Behavioral Health	50,915	50,977	62	(733)	795	
Other Medical*	180,320	150,783	(29,537)	(2,118)	(27,419)	
State Incentives	2,310	-	(2,310)	-	(2,310)	
TOTAL COST	\$1,280,544	\$1,168,621	(\$111,923)	(\$16,666)	(\$95,256)	

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

July 2025 Medical Expenses of \$186.9M are \$19.8M or 11.9% unfavorable to the budget. July 2025 YTD Medical Expenses of \$1,280.5M are above budget by \$111.9M or 9.6%. Of this amount, \$16.7M is due to higher enrollment, and \$95.3M is due to rate variances. The unfavorability is primarily driven by ECM, and Community Supports (CS) from the higher-than-budget enrollment, followed by the Other Medical category, specifically from transportation and Hospice.

Central California Alliance for Health Financial Highlights for the Seventh Month Ending July 31, 2025 September 24, 2025 Page 6 of 7

At a PMPM level, YTD Medical Expenses are \$411.00, unfavorable by \$30.56 or 8.0% compared to the budget.

Jul-25 YTD Medical Expense by Category of Service (In PMPM)						
Category	Actual	Budget	Variance	Variance %		
Inpatient Services - Hospital	\$112.52	\$108.21	(\$4.31)	-4.0%		
Inpatient Services - LTC	40.28	39.00	(1.28)	-3.3%		
Physician Services	89.69	97.15	7.46	7.7%		
Outpatient Facility	47.46	41.90	(5.56)	-13.3%		
ECM	31.19	20.82	(10.37)	-49.8%		
Community Supports	14.90	7.68	(7.22)	-93.9%		
Behavioral Health	16.34	16.60	0.25	1.5%		
Other Medical	57.88	49.09	(8.79)	-17.9%		
State Incentives	0.74	-	(0.74)	-100.0%		
TOTAL MEDICAL COST	\$411.00	\$380.45	(\$30.56)	-8.0%		

<u>Inpatient Services</u>: Inpatient Services remain slightly unfavorable to the budget due to the prior period adjustments, which include high-dollar claims. However, in July, there was a release of \$4.3M in reserves set aside for earlier 2025 claims, which helped lower the month-to-date Inpatient PMPM. On an incurred basis, the 2025 YTD PMPM is now \$108.91, which is slightly above the budgeted amount of \$108.21.

<u>Inpatient Services—Long Term Care (LTC):</u> LTC utilization is consistent with the budget; this is offset by increases in 2025 rates, which came in slightly higher than budgeted.

<u>Physician Services</u>: Favorability is influenced by lower utilization of the Targeted Rate Increase (TRI) and Provider Supplemental Payment (PSP) budgets. DHCS will add new provider types to TRI eligibility in 2025, which is expected to improve budget alignment as more TRI-eligible payments are processed. Currently, just over half of the TRI budget is utilized for Primary Care. Please note that the Specialty Physicians category includes a \$52M supplemental payment in 2025, funded by Board-approved reserves, with an estimated \$16.3M to be utilized as of July YTD.

Outpatient Facility: The Outpatient Facility category consists of both Outpatient and Emergency Room (ER) services. ER continues to show an upward trend in both utilization per 1k and unit cost, as expected. Outpatient continues to come in above budget due to higher utilization for all of 2025, including significantly higher utilization in January. Combined on an incurred basis, YTD PMPM actuals are \$44.52 vs budgeted at \$41.90, with outpatient being underbudgeted so far in 2025.

<u>ECM</u>: The ECM budget for 2025 was based on a cautious enrollment growth projection with an anticipated 15.4k enrollments by year-end, as the program is on its path toward stabilization. However, ECM enrollments started the year at 16k and have increased to 21k by July. Before adjusting for the risk corridor, ECM's YTD loss through July is \$62.5M. It is projected to total

Central California Alliance for Health Financial Highlights for the Seventh Month Ending July 31, 2025 September 24, 2025 Page 7 of 7

approximately \$117M for the whole year based on our revised enrollment growth assumptions. The risk corridor will mitigate \$109.9M, resulting in a net loss of \$7.4M.

Community Supports: Enrollments for the Community Support (CS) program were modestly budgeted due to its newness and limited history. Since the budget preparation, there has been a significant increase in CS enrollments. The YTD 2025 PMPM expense is trending at \$18.97, 142% higher than the budget and 123% higher than the revenue PMPM of \$8.51. CS enrollment in July declined, continuing the downward trend observed in the previous month. Despite the decline in July enrollment, PMPM costs increased due to rising member costs, particularly in housing deposits, recuperative care, and short-term post-hospitalization housing. As a result, our monthly losses increased from \$1.9M in January to \$4.6M in July, resulting in a YTD loss of \$18.5M. Based on current trends, full-year losses may surpass the initially projected \$26M to \$34M. We expect the unfavorable variance in ECM and CS to continue throughout the year.

<u>Behavioral Health:</u> Behavioral Health is tracking closely to budget, as the Targeted Rate Increase (TRI) dollars have been appropriately incorporated starting in March and for all subsequent months. The budget also accounts for anticipated growth in utilization and unit cost in the second half of the year, in preparation for the planned transition to bring Behavioral Health services in-house.

Other Medical: The Other Medical category is over budget primarily due to increased utilization and higher unit costs. Transportation is the largest contributor, which accounts for a \$15.3M unfavorable variance. This is driven by higher utilization in Non-Medical Transportation from ECM/CS members and increased unit costs in both Air Transportation and Non-Emergency Medical Transportation (NEMT). The higher NEMT costs reflect add-on payments associated with bariatric transport, which require specialized equipment and support. Hospice services contributed a \$4.7M variance driven by higher-than-expected utilization due to the increase in palliative care within Monterey and hospice services within San Benito, as well as under-budgeted unit costs. Additionally, Allied Health accounted for a \$5.8M variance, primarily due to increased utilization of physical therapy services. These factors account for the majority of unfavorable variance in the Other Medical category.

<u>Administrative Expenses</u>: July YTD Administrative Expenses are slightly unfavorable to the budget by \$0.1M or 0.2% with 5.1% ALR. Salaries are favorable by \$70k driven by savings from vacant positions, benefits, employment taxes, and PTO. Non-salary administrative expenses are unfavorable by \$0.2M, or 0.9%, due to the timing of actuals versus budget under Professional Fees and Supplies & Other.

Non-Operating Revenue/Expenses: July YTD Net Non-Operating Income is \$21.4M, which is favorable to budget by \$9.2M. The favorability is from the YTD Investment Income of \$35.6M, which is favorable to the budget by \$6.0M due to the higher interest rates. The YTD Other Revenue is \$1.6M and is above budget by \$0.3M. The YTD Non-Operating Expense is \$15.8M, mainly from the grant distribution. This is favorable to the budget by \$2.9M.

<u>Summary of Results:</u> Overall, the Alliance generated a YTD Net Income of \$21k, with an MLR of 96.5% and an ALR of 5.1%.



CENTRAL CALIFORNIA ALLIANCE FOR HEALTH

Balance Sheet For The Seventh Month Ending July 31, 2025 (In \$000s)

Assets	
Cash	\$116,769
Restricted Cash	300
Short Term Investments	897,148
Receivables	262,582
Prepaid Expenses	3,561
Other Current Assets	4,406
Total Current Assets	\$1,284,767
Building, Land, Furniture & Equipment	
Capital Assets	\$81,991
Accumulated Depreciation	(47,504)
CIP	2,240
Lease Receivable	4,133
Subscription Asset net Accum Depr	13,214
Total Non-Current Assets	54,074
Total Assets	\$1,338,841
Liabilities	
Accounts Payable	\$77,909
IBNR/Claims Payable	349,769
Provider Incentives Payable	31,363
Other Current Liabilities	8,032
Due to State	(33,921)
Total Current Liabilities	\$433,153
Subscription Liabilities	10,590
Deferred Inflow of Resources	3,899
Total Long-Term Liabilities	\$14,489
Fund Balance	
Fund Balance - Prior	\$891,178
Retained Earnings - CY	21
Total Fund Balance	891,199
Total Liabilities & Fund Balance	\$1,338,841
Additional Information	
Total Fund Balance	\$891,199
Board Designated Reserves Target	533,970
Strategic Reserve (DSNP)	56,700
Medi-Cal Capacity Grant Program (MCGP)*	136,923
Value Based Payments	46,100
Provider Supplemental Payments	137,356
Total Reserves	911,050
Total Operating Reserve	(\$19,851)



CENTRAL CALIFORNIA ALLIANCE FOR HEALTH

Income Statement - Actual vs. Budget For The Seventh Month Ending July 31, 2025 (In \$000s)

	MTD Actual	MTD Budget	Variance	%	YTD Actual	YTD Budget	Variance	%
Member Months	443,381	438,798	4,583	1.0%	3,115,651	3,071,706	43,945	1.4%
Capitation Revenue								
Capitation Revenue Medi-Cal	\$189,527	\$173,425	\$16,102	9.3%	\$1,321,828	\$1,213,909	\$107,919	8.9%
State Incentive Programs	(0)	-	(0)	0.0%	2,310	-	\$2,310	100.0%
Prior Year Revenue*	- ` ′	-	- ` ´	0.0%	-	=	\$0	0.0%
Premiums Commercial	446	405	41	10.1%	3,203	2,907	297	10.2%
Total Operating Revenue	\$189,974	\$173,831	\$16,143	9.3%	\$1,327,342	\$1,216,816	\$110,526	9.1%
Medical Expenses								
Inpatient Services (Hospital)	\$46,124	\$47,511	\$1,387	2.9%	\$350,572	\$332,375	(\$18,197)	-5.5%
Inpatient Services (LTC)	19,391	17,122	(2,269)	-13.3%	125,507	119,798	(5,708)	-4.8%
Physician Services	36,452	42,498	6,046	14.2%	279,445	298,428	18,983	6.4%
Outpatient Facility	20,803	18,398	(2,405)	-13.1%	147,871	128,707	(19,164)	-14.9%
ECM	15,603	9,142	(6,461)	-70.7%	97,178	63,950	(33,228)	-52.0%
Community Supports	7,793	3,374	(4,419)	-100.0%	46,425	23,602	(22,823)	-96.7%
Behavioral Health	7,046	7,450	404	5.4%	50,915	50,977	62	0.1%
Other Medical**	33,667	21,551	(12,116)	-56.2%	180,320	150,783	(29,537)	-19.6%
State Incentive Programs	(0)	=	0	0.0%	2,310	=	(2,310)	-100.0%
Total Medical Expenses	\$186,879	\$167,045	(\$19,834)	-11.9%	\$1,280,544	\$1,168,621	(\$111,923)	-9.6%
Gross Margin	\$3,095	\$6,785	(\$3,691)	-54.4%	\$46,798	\$48,195	(\$1,397)	-2.9%
Administrative Expenses								
Salaries	\$6,790	\$6,997	\$208	3.0%	\$46,133	\$46,202	\$70	0.2%
Professional Fees	244	376	132	35.2%	3,201	3,050	(151)	-5.0%
Purchased Services	1,224	1,053	(171)	-16.2%	7,733	7,779	46	0.6%
Supplies & Other	685	718	33	4.6%	5,805	5,395	(409)	-7.6%
Occupancy	107	132	25	19.0%	780	880	100	11.4%
Depreciation/Amortization	714	804	90	11.2%	4,512	4,739	227	4.8%
Total Administrative Expenses	\$9,763	\$10,080	\$317	3.1%	\$68,164	\$68,046	(\$118)	-0.2%
Operating Income	(\$6,668)	(\$3,295)	(\$3,373)	-100.0%	(\$21,366)	(\$19,851)	(\$1,515)	-7.6%
Non-Op Income/(Expense)								
Interest	\$3,681	\$3,176	\$505	15.9%	\$28,206	\$26,066	\$2,140	8.2%
Gain/(Loss) on Investments	(2,950)	250	(3,200)	-100.0%	7,670	4,000	3,670	91.7%
Bank & Investment Fees	(44)	(62)	18	28.8%	(269)	(431)	163	37.8%
Other Revenues	286	187	98	52.5%	1,557	1,266	292	23.1%
Grants	(2,252)	(2,667)	414	15.5%	(15,777)	(18,667)	2,890	15.5%
Community Reinvestment	386	-	386	100.0%	(1)		(1)	-100.0%
Total Non-Op Income/(Expense)	(894)	885	(1,778)	-100.0%	21,387	12,233	\$9,154	74.8%
Net Income/(Loss)	(\$7,562)	(\$2,410)	(\$5,152)	-100.0%	\$21	(\$7,618)	\$7,639	100.0%
MLR	98.4%	96.1%			96.5%	96.0%		
ALR	5.1%	5.8%			5.1%	5.6%		
Operating Income	-3.5%	-1.9%			-1.6%	-1.6%		
Net Income %	-4.0%	-1.4%			0.0%	-0.6%		

^{**}Other Medical includes Pharmacy and IHSS.



CENTRAL CALIFORNIA ALLIANCE FOR HEALTH

Income Statement - Actual vs. Budget For The Seventh Month Ending July 31, 2025 (In PMPM)

	MTD Actual	MTD Budget	Variance	%	YTD Actual	YTD Budget	Variance	%
Member Months	443,381	438,798	4,583	1.0%	3,115,651	3,071,706	43,945	1.4%
Capitation Revenue								
Capitation Revenue Medi-Cal	\$427.46	\$395.23	\$32.23	8.2%	\$424.25	\$395.19	\$29.06	7.4%
State Incentive Programs	(0.00)	-	(0.00)	0.0%	0.74	-	0.74	100.0%
Prior Year Revenue*	-	-	-	0.0%	-	-	-	0.0%
Premiums Commercial	1.01	0.92	0.08	9.0%	1.03	0.95	0.08	8.6%
Total Operating Revenue	\$428.47	\$396.15	\$32.31	8.2%	\$426.02	\$396.14	\$29.89	7.5%
Medical Expenses								
Inpatient Services (Hospital)	\$104.03	\$108.28	\$4.25	3.9%	\$112.52	\$108.21	(\$4.31)	-4.0%
Inpatient Services (LTC)	43.73	39.02	(4.71)	-12.1%	40.28	39.00	(1.28)	-3.3%
Physician Services	82.21	96.85	14.64	15.1%	89.69	97.15	7.46	7.7%
Outpatient Facility	46.92	41.93	(4.99)	-11.9%	47.46	41.90	(5.56)	-13.3%
ECM	35.19	20.83	(14.36)	-68.9%	31.19	20.82	(10.37)	-49.8%
Community Supports	17.58	7.69	(9.89)	-100.0%	14.90	7.68	(7.22)	-93.9%
Behavioral Health	15.89	16.98	1.09	6.4%	16.34	16.60	0.25	1.5%
Other Medical**	75.93	49.11	(26.82)	-54.6%	57.88	49.09	(8.79)	-17.9%
State Incentive Programs	(0.00)	-	0.00	0.0%	0.74	-	(0.74)	-100.0%
Total Medical Expenses	\$421.49	\$380.69	(\$40.80)	-10.7%	\$411.00	\$380.45	(\$30.56)	-8.0%
Gross Margin	\$6.98	\$15.46	(\$8.48)	-54.9%	\$15.02	\$15.69	(\$0.67)	-4.3%
Administrative Expenses								
Salaries	\$15.31	\$15.95	\$0.63	4.0%	\$14.81	\$15.04	\$0.23	1.6%
Professional Fees	0.55	0.86	0.31	35.9%	1.03	0.99	(0.03)	-3.5%
Purchased Services	2.76	2.40	(0.36)	-15.0%	2.48	2.53	0.05	2.0%
Supplies & Other	1.54	1.64	0.09	5.6%	1.86	1.76	(0.11)	-6.1%
Occupancy	0.24	0.30	0.06	19.9%	0.25	0.29	0.04	12.6%
Depreciation/Amortization	1.61	1.83	0.22	12.1%	1.45	1.54	0.09	6.1%
Total Administrative Expenses	\$22.02	\$22.97	\$0.95	4.1%	\$21.88	\$22.15	\$0.27	1.2%
Operating Income	(\$15.04)	(\$7.51)	(\$7.53)	-100.0%	(\$6.86)	(\$6.46)	(\$0.40)	-6.1%
Non-Op Income/(Expense)								
Interest	\$8.30	\$7.24	\$1.06	14.7%	\$9.05	\$8.49	\$0.57	6.7%
Gain/(Loss) on Investments	(6.65)	\$0.57	(7.22)	-100.0%	2.46	1.30	1.16	89.0%
Bank & Investment Fees	(0.10)	(0.14)	0.04	29.6%	(0.09)	(0.14)	0.05	38.6%
Other Revenues	0.64	0.43	0.22	50.9%	0.50	0.41	0.09	21.3%
Grants	(5.08)	(6.08)	1.00	16.4%	(5.06)	(6.08)	1.01	16.7%
Community Reinvestment	0.87	\$0.00	0.87	100.0%	(0.00)	-	(0.00)	-100.0%
Total Non-Op Income/(Expense)	-\$2.02	\$2.02	(\$4.03)	-100.0%	\$6.86	\$3.98	\$2.88	72.4%
Net Income/(Loss)	(\$17.05)	(\$5.49)	(\$11.56)	-100.0%	\$0.01	(\$2.48)	\$2.49	100.0%
MLR	98.4%	96.1%			96.5%	96.0%		
ALR	5.1%	5.8%			5.1%	5.6%		
Operating Income	-3.5%	-1.9%			-1.6%	-1.6%		
Net Income %	-4.0%	-1.4%			0.0%	-0.6%		

^{*}Prior Year Revenue consist of revenue booked in the current calendar year for services rendered in prior years.

^{**}Other Medical includes Pharmacy and IHSS.



CENTRAL CALIFORNIA ALLIANCE FOR HEALTH Statement of Cash Flow

For The Seventh Month Ending July 31, 2025 (In \$000s)

	MTD	YTD
Net Income	(\$7,562)	\$21
Items not requiring the use of cash: Depreciation	(1,050)	11
Adjustments to reconcile Net Income to Net Cash		
provided by operating activities:		
Changes to Assets: Restricted Cash	0	4
Receivables	130,055	161,661
Prepaid Expenses	(54)	(2,726)
Current Assets	(110)	(547)
Subscription Asset net Accum Depr	0	0
Net Changes to Assets	129,891	158,389
Changes to Payables:		
Accounts Payable	(126,542)	(305,525)
Other Current Liabilities	(3,692)	(3,488)
Incurred But Not Reported Claims/Claims Payable	(5,997)	(127,423)
Provider Incentives Payable	92	(12,097)
Due to State	(7,763)	(50,591)
Subscription Liabilities	0	0
Net Changes to Payables	(143,902)	(499,125)
Net Cash Provided by (Used in) Operating Activities	(22,623)	(340,703)
Change in Investments	46,087	141,527
Other Equipment Acquisitions	1,134	(297)
Net Cash Provided by (Used in) Investing Activities	47,220	141,230
Deferred Inflow of Resources	0	0
Net Cash Provided by (Used in) Financing Activities	0	0
Net Increase (Decrease) in Cash & Cash Equivalents	24,597	(199,473)
Cash & Cash Equivalents at Beginning of Period	92,172	316,238
Cash & Cash Equivalents at July 31, 2025	\$116,769	\$116,769
SCMMSBMMMCC Meeting Packet September 24, 2025 Page 6-11		







DATE: September 24, 2025

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

Care Commission

FROM: Michael Schrader, Chief Executive Officer

SUBJECT: Department of Health Care Services Contract Amendment: Term Extension

<u>Recommendation</u>. Staff recommends the board authorize the Chair to sign an amendment to the Alliance's contract with the Department of Health Care Services (DHCS) to extend the term of the agreement through December 31, 2026.

<u>Background.</u> The Alliance contracts with DHCS to provide Covered Services to eligible and enrolled Medi-Cal beneficiaries in Santa Cruz, Monterey, Merced, San Benito and Mariposa counties. The Alliance entered into the primary Agreement 23-03421 with DHCS on January 1, 2024. The agreement has subsequently been amended via written amendments A 01 through A 05.

<u>Discussion</u>. At the Board's August 27, 2025, meeting the Board authorized the Chair to sign Contract Amendment CY 2025-A which will include new language, updates and edits in specified areas. DHCS has subsequently notified staff that the amendment will also include language extending the team of the Agreement through CY 2026 requiring Board approval for signature.

Fiscal Impact. There is no financial impact.

Attachments. N/A







DATE: September 24, 2025

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

Commission

FROM: Michael Schrader, Chief Executive Officer

SUBJECT: Schedule of Alliance Public Meetings CY 2026

<u>Recommendation</u>. Staff recommend the Board approve the proposed 2026 schedule of Alliance Board Meetings, Board Committee and Advisory Group meetings.

<u>Discussion</u>. The schedules for meetings of the Alliance Board, Board Committees and Advisory Group are set by the Board. Meetings are held at the following locations via videoconference unless otherwise noticed and are open to the public.

In Santa Cruz County: Central California Alliance for Health

1600 Green Hills Road, Suite 101, Scotts Valley, CA

In Monterey County: Central California Alliance for Health

950 East Blanco Road, Suite 101, Salinas, CA

In Merced County: Central California Alliance for Health

530 West 16th Street, Suite B, Merced, CA

In Mariposa County: Mariposa County Health and Human Services

5362 Lemee Lane, Mariposa, California

In San Benito County: Community Services & Workforce Development (CSWD)

Building

1161 San Felipe Road, Building B, Hollister, California

Board Meetings

Alliance Board Meetings are held from 3:00 to 5:00 p.m. (fourth Wednesday) via videoconferencing at each of the Alliance's three offices in Scotts Valley, Salinas and Merced and in public meeting rooms in San Benito and Mariposa counties. Board members are required to attend the meetings in person at one of the five locations. Members of the public will be allowed access to each meeting location and to provide public comment from each location or via e-mail.

Schedule of Alliance Board Meetings for 2026

January 28, 2026 In-person Alliance Offices and Meeting Rooms
February 25, 2026 In-person Alliance Offices and Meeting Rooms
March 25, 2026 In-person Alliance Offices and Meeting Rooms
April 22, 2026 In person Merced County; 10:00 a.m. – 3:00 p.m.
May 27, 2026 In-person Alliance Offices and Meeting Rooms
June 24, 2026 In-person Alliance Offices and Meeting Rooms

Central California Alliance for Health Schedule of Alliance Board Meetings and Board Committee Participation 2026 September 24, 2025 Page 2 of 3

July 2026 No meeting scheduled

August 26, 2026 In-person Alliance Offices and Meeting Rooms
September 23, 2026 In-person Alliance Offices and Meeting Rooms
October 28, 2026 In-person Alliance Offices and Meeting Rooms

November 2026 No meeting scheduled

December 2, 2026 In-person Alliance Offices and Meeting Rooms

Finance Committee

Finance Committee meets quarterly in March, June, August and October immediately preceding the Board meeting.

Wednesday, March 25, 2026, 1:30 – 2:45 p.m. Wednesday, June 24, 2026, 1:30 – 2:45 p.m. Wednesday, August 26, 2026, 1:30-2:45 p.m. Wednesday, October 28, 2026, 1:30 – 2:45 p.m.

Member Services Advisory Group (MSAG)

MSAG meets quarterly in February, May, August and November. Meetings will be held in person in Alliance Scotts Valley, Salinas and Merced offices and in public meeting rooms in San Benito and Mariposa counties 10:00 – 11:30 a.m. unless otherwise noticed.

Thursday, February 12, 2026, 10:00 – 11:30 a.m. Thursday, May 14, 2026. 10:00 – 11:30 a.m. Thursday August 13, 2026, 10:00 – 11:30 a.m. Thursday, November 5, 2026, 10:00 – 11:30 a.m.

Member Services Advisory Group Selection Committee (MSAGSC)

MSAGSC meets quarterly in February, May, August and November. Meetings will be held in person in Alliance Scotts Valley, Salinas and Merced offices and in public meeting rooms in San Benito and Mariposa counties 9:30 – 9:45 a.m. unless otherwise noticed.

Thursday, February 12, 2026, 9:30 – 9:45 a.m. Thursday, May 14, 2026, 9:30 – 9:45 a.m. Thursday, August 13, 2026, 9:30 – 9:45 a.m. Thursday, November 5, 2026, 9:30 – 9:45 a.m. Central California Alliance for Health Schedule of Alliance Board Meetings and Board Committee Participation 2026 September 24, 2025 Page 3 of 3

Physicians Advisory Group (PAG)

PAG meets quarterly in March, June, September and December. Meetings will be held in person in Alliance Scotts Valley, Salinas and Merced offices and in public meeting rooms in San Benito and Mariposa counties from 12:00 – 1:30 p.m. unless otherwise noticed

Thursday, March 5, 2026 Thursday, June 4, 2026 Thursday, September 3, 2026 Thursday, December 3, 2026

Whole Child Model Clinical Advisory Committee (WCMCAC)

WCMCAC meetings will be held by remote videoconference from 12:00 – 1:00 p.m. unless otherwise noticed with a 2026 proposed meeting schedule as follows.

Thursday, April 16, 2026, 12:00 – 1:00 p.m. Thursday, July 16, 2026, 12:00 – 1:00 p.m. Thursday, October 15, 2026, 12:00 – 1:00 p.m. Thursday, December 18, 2025, 12:00 – 1:00 p.m.

Whole Child Model Family Advisory Committee (WCMFAC)

WCMFAC meets quarterly. Meetings will be held by remote videoconference from 1:30 – 3:00 p.m. unless otherwise noticed with a proposed 2026 meeting schedule as follows.

Monday, January 26, 2026; 1:30 – 3:00 p.m. Monday, April 27, 2026; 1:30 – 3:00 p.m. Monday, July 27, 2026; 1:30 – 3:00 p.m. Monday, October 26, 2026; 1:30 – 3:00 p.m.

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

Attachments. N/A







DATE: September 24, 2025

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

Care Commission

FROM: Scott Fortner, Chief Administrative Officer

SUBJECT: Senior Leadership Team Incentive Plan Proposal, in Response to Board Directive

<u>Recommendation</u>. Staff recommend the board approve an annual Senior Leadership Incentive Plan (SLIP) using a short-term incentive (STI) plan model for Alliance executives and directors as a form of recruitment and retention.

<u>Summary</u>. At the April 2025 meeting, the Board approved a SLIP for one year (2026) using a STI plan model and directed staff to return with a proposal for a long-term incentive (LTI) plan model for consideration going forward.

<u>Background</u>. In 2024, at the April meeting, the board requested that staff return with a proposal to implement an incentive plan for the senior leadership team as a form of recruitment and retention. Staff returned to the board in April 2025, with a proposed incentive plan using an STI plan model. The board approved the proposed plan for the 2026 performance year and asked that staff consider and return with a concept for a long-term incentive (LTI) plan, which is a multi-year performance plan, as compared to the approved STI plan (a one-year performance plan). The request for an LTI plan originated from Dr. Hernandez and was supported by Commissioner Molesky.

Per the board's request, extensive research and analysis was conducted as to the applicability and necessity of an LTI plan as compared to an STI plan, specific to the needs of the Alliance.

<u>Discussion</u>. Short- and long-term incentive plans are both performance-based compensation programs designed to reward leaders for achieving goals. An STI plan drives performance for shorter-term, immediate success (usually in one-year increments), whereas an LTI plan is more specific to sustained value and achieving longer-term goals over several years. For organizations experiencing high turnover at the senior leadership level, an LTI plan provides financial incentives and rewards for leaders to stay in their role at their company and not transition to a different leadership position at another organization.

The original intent of the board in implementing a SLIP was to assist in ensuring recruitment and retention of qualified executives and directors. In assessing the pros and cons of STI and LTI bonus plans, and in evaluating our business needs and environment, staff recommend not transitioning from the approved STI plan to an LTI plan for the following reasons:

1. **Recruitment:** The primary talent pool for recruitment of qualified applicants for leadership roles is other health plans across the state of California. In reviewing bonus

Central California Alliance for Health Senior Leadership Team Incentive Plan Proposal, in Response to Board Directive September 24, 2025 Page 2 of 2

plan offerings of peer health plans via a survey, the following was determined from responding plans:

- No other health plan offers an LTI plan for senior leaders. All other health plans offering a bonus plan for senior leaders have implemented an STI model.
- Were the Alliance transitioned to an LTI incentive plan model, we would be an outlier in comparison to other health plans, and therefore less competitive in our efforts to recruit qualified talent.
- 2. **Retention:** As mentioned previously, organizations experiencing high turnover of senior leaders benefit from LTI plans as leaders are incentivized to stay with the company to achieve the bonus. The Alliance is not experiencing challenges with losing senior leaders to other employers. A point of note: The average tenure of LHPC health plan executive teams is 7.83 years, as compared to the average tenure of the Alliance executive team, which is 9.67 years.

In discussing the option of an LTI plan with our compensation consultant (Pearl Meyer), we were advised that:

- Very few non-profits have long-term incentive plans, yet the vast majority of public companies offer the LTI plan model.
- LTI plans most often center around equity. The Alliance, as a public agency, does not offer equity options.
- In general, LTI plans are not a majority practice among non-profits or public agencies.

In general, research validates that a short-term (annual) senior leadership incentive plan will better meet the needs of the Alliance in reference to recruitment and retention of qualified senior leaders. Further, a long-term incentive plan is not generally used by non-profits or public agencies. Staff followed up with a board member who previously requested that an LTI be considered, shared our rationale for a STI plan, and gained alignment.

Fiscal Impact. N/A

Attachments.

1. Senior Leadership Team Incentive Plan Proposal in Response to Board Directive (April 23, 2025, Board Report)



DATE: April 23, 2025

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

Care Commission

FROM: Scott Fortner, Chief Administrative Officer

SUBJECT: Senior Leadership Team Incentive Plan Proposal, in Response to Board Directive

<u>Recommendation</u>. In follow-up to the direction of the Alliance Board, staff recommend the Board consider and approve the proposed senior leadership team incentive program, effective for the 2026 performance year.

<u>Summary</u>. At the April 2024 meeting, the Board directed staff to return with a proposal for consideration for an Executive Team incentive plan as a form of recruitment and retention.

<u>Background</u>. In 2018, the Alliance's Board adopted a formal compensation philosophy which established competitive pay practices for human capital recruitment and retention. This philosophy was adopted to create communication and transparency regarding compensation strategy which is market-driven, performance-oriented, flexible and adaptable, and consistent and fair, along with ensuring marketplace alignment. In that same year, the Board adopted a strategic plan which set forth the organizational priorities and goals to guide organizational performance.

In 2022, the Board adopted the current 5-year strategic plan centered around health equity and person-centered system transformation. Organizational objectives are established annually to advance the Alliance's operational as well as strategic priorities and goals. Staff goals are established in line with the Alliance's operational and strategic objectives and merit compensation adjustments are available based on staff performance.

In 2023, the Board adopted an employee bonus plan to advance achievement of organizational objectives through incentivizing staff engagement through a bonus program. The goals of the Alliance employee bonus plan are to:

- Incent staff toward supporting and completing operational and strategic objectives,
- Enhance engagement, collaboration and further strengthen work relationships across the organization, and
- Further motivate staff performance and productivity.

This is a result driven bonus plan that prioritizes contributions to key operational priorities and strategic objectives. The bonus plan is based on annual organizational goals with success evaluated via a points accrual system focused on the following areas:

- Defined breakthrough objectives specific to improving the delivery of Alliance services connected to our strategic plan,
- Adapting health plan operations, and
- Achieving regulatory compliance.

Central California Alliance for Health Senior Leadership Bonus Plan Proposal, in Response to Board Directive April 23, 2025 Page 2 of 3

Employees at all levels (staff and management) are eligible for participation in the bonus plan. Most importantly, the Alliance must achieve its annual financial performance metrics for the 3%-5% bonus to be paid. All regular employees at the Alliance are included in the bonus plan.

In 2024, at the April meeting, the board requested that staff return with a proposal to implement an incentive plan for the Alliance executive team as a form of recruitment and retention.

<u>Discussion</u>. Per the direction of the board, staff are returning with a senior leadership incentive plan (SLIP) proposal for the Board's consideration, for the purpose of recruitment and retention of Alliance executive and director roles. The proposed senior leadership incentive plan would be based on a set of performance criteria and outcomes separate from existing employee bonus plan measures. Incentive plan criteria will be developed each year. These measures will stem from annual Operational Readiness Assessment findings, organizational projects, and/or senior leadership team operational goals, (often set around member experience, customer service, provider satisfaction, community engagement, quality, etc.).

Per the Board's request, this would be a separate plan to recognize and reward Alliance senior leaders. Opportunities for this incentive would be in addition to the employee bonus plan. The proposed payout structure is outlined in the table below. Directors are currently eligible for a 3-5% reward through the existing employee bonus plan, as are all employees. Additionally, they would qualify for an extra 3% through the SLIP, resulting in total bonus eligibility of 6-8%. Executives, including the CEO, are currently eligible for a 3-5% reward through the employee bonus plan and would qualify for up to 5% through the SLIP, bringing total bonus eligibility to 8-10%.

Alliance Plan Type	Eligibility	Reward	Total Bonus Eligibility
Employee Bonus Plan (EBP)	All Regular Alliance Staff	3% to 5%	3 to 5%
Senior Leadership Incentive	Directors	Up to 3%	6-8%
Plan (SLIP)	Executives	Up to 5%	8-10%

By way of comparison, a recent survey of LHPC health plans showed a wide range of incentive opportunities for senior leaders. Of 17 health plans, nine reported that they offer incentive plans.

Potential Incentives by level	Low Range	High Range
LHPC Health Plan Directors	Up to 5%	Up to 20%
Alliance Directors (proposed)	Up to 5%	Up to 8%
LHPC Health Plan Executives	Up to 5%	Up to 25%
Alliance Executives (proposed)	Up to 5%	Up to 10%

Staff feel that the recommended percentages, while moderate in comparison to other health plans, is appropriate. In looking through the lens of equity, payout for the current employee bonus plan will be prioritized. Senior leadership team incentive payout would be paid secondarily in the event prioritization was needed. Said another way, the employee bonus will be paid first, then the senior leadership team incentive plan in the event of budgetary constraints.

<u>Fiscal Impact</u>. Because this is a new program, the payout is dependent upon the metrics achievement.







DATE: September 24, 2025

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

Care Commission

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

SUBJECT: Quality Improvement Health Equity (QIHE) Program Description 2025

Recommendation. Staff recommend the Board approve the QIHETP Program Description.

CCAH's Quality Improvement and Health Equity (QIHE) Program Description is designed to meet the contract requirements set by the State of California and the Health Plan Standards established by the National Committee for Quality Assurance (NCQA).

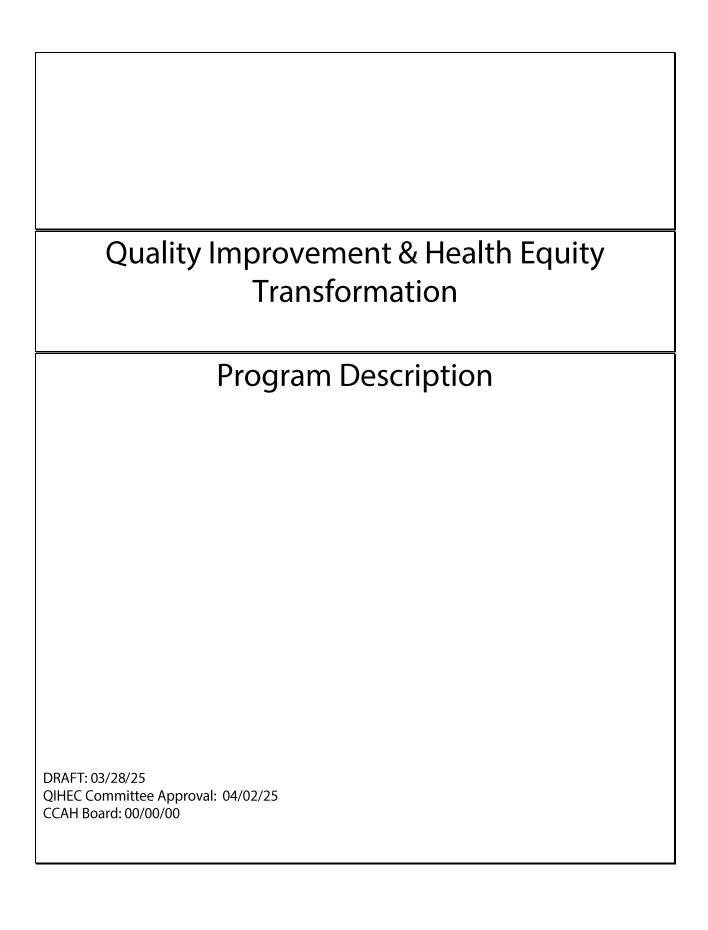
Summary. The purpose of the Quality Improvement and Health Equity (QIHE) Program Description is to describe the structure and framework of the organization and ensures continuous assessment, planning, implementation, evaluation, and improvements in the quality of care and services rendered by our network providers and received by our members and participants. When the Program identifies opportunities for clinical, patient safety and service improvements, CCAH works to ensure resolution of identified problems and measures intervention results over time to assess any needs for new improvement strategies. The QIHETP is an organizational-wide, cross-divisional, and comprehensive program that encompasses the Alliance's commitment to the delivery of quality and equitable health care services including the integration of quality, population health, and health equity principles.

The QIHE Program Description supports CCAH's mission and vision through the development and maintenance of a quality driven network of care for all lines of business. The QIHE Program Description provides its clear definition of authority, its relationship to other components and departments within the organization, and its accountability to the governing body of the organization. This document describes the program's mission, philosophy, goals, objectives, and staff and committee hierarchy. The Program Description, along with the Work Plan, outlines the major initiatives the QIHE Program will undertake in the coming year.

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

Attachments.

1. QIHE Program Description 2025



Quality Improvement and Health Equity (QIHE) Program Description

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Introduction

Central California Alliance for Health is a Knox-Keene state licensed health care service plan operating under the regulatory oversight of the California Department of Managed Health Care (DMHC). CCAH is contracted with the State of California Department of Health Care Services (DHCS) to serve as the local initiative in Santa Cruz, Monterey, Merced, San Benito, and Mariposa Counties for the Medi-Cal beneficiaries and the Medi-Cal Access Program (MCAP). The MCAP offers full scope health benefits for pregnant women who qualify for the program in the Alliance service areas.

CCAH's Quality Improvement and Health Equity (QIHE) Program Description is designed to meet the contract requirements set by the State of California and the Health Plan Standards established by the National Committee for Quality Assurance (NCQA).

Statement of Purpose

The purpose of the Quality Improvement and Health Equity (QIHE) Program Description is to describe the structure and framework of the organization and ensures continuous assessment, planning, implementation, evaluation, and improvements in the quality of care and services rendered by our network providers and received by our members and participants. When the Program identifies opportunities for clinical, patient safety and service improvements, CCAH works to ensure resolution of identified problems and measures intervention results over time to assess any needs for new improvement strategies. The QIHETP is an organizational-wide, cross-divisional, and comprehensive program that encompasses the Alliance's commitment to the delivery of quality and equitable health care services including the integration of quality, population health, and health equity principles.

The QIHE Program Description supports CCAH's mission and vision through the development and maintenance of a quality driven network of care for all lines of business. The QIHE Program Description provides its clear definition of authority, its relationship to other components and departments within the organization, and its accountability to the governing body of the organization. This document describes the program's mission, philosophy, goals, objectives, and staff and committee hierarchy. The Program Description, along with the Work Plan, outlines the major initiatives the QIHE Program will undertake in the coming year.

Mission, Vision, and Values

The Mission of Central California Alliance is to provide accessible, quality health care guided by local innovation. Our vision is to have healthy and healthy communities. Our values:

Collaboration Working together toward solutions and results.

Equity Eliminating disparity through inclusion and justice.

Improvement Continuous pursuit of quality through learning and growth.

Integrity Telling the truth and doing what we say we will do.

Anti-Discrimination Statement

Discrimination is against the law. Central California Alliance for Health (the Alliance) follows State and Federal civil rights laws. The Alliance does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation. The Alliance provides: Free aids and services to people

with disabilities to help them communicate better, such as: Qualified sign language interpreters. Written information in other formats (large print, audio, accessible electronic formats, other formats) Free language services to people whose primary language is not English, such as: Qualified interpreters Information written in other languages.

Scope of QIHE Program

The scope of the QIHE Program is designed to monitor, evaluate, and take timely action to address necessary improvements in the quality of care delivered by all providers in any setting, and take appropriate action to improve upon Health Equity to improve all aspects of care to all CCAH members. It is comprehensive and addresses both the quality and safety of medical and behavioral health care provided to our members and participants for all lines of business and health equity activities.

- Behavioral Health care is a benefit for the Medi-Cal and MCAP members and is administered by CCAH. For Medi-Cal members, CCAH delegates the behavioral health services for members with behavioral health conditions that screen at non specialty level. Behavioral health services for members that screen at specialty level serviced are "carved out" of the contract by the state to the County Behavioral Health System. Coordination of medical and behavioral health care is an integral part of CCAH's Care Management Program.
- Population Health Management (PHM) program is a comprehensive service delivery
 framework that connects the member with the service they need, at the time they need, in the
 location they need. Most health service services fit within this paradigm; QIPH department is
 responsible for basic population health, including oversight of connecting un-served
 members to care, health education, and overall monitoring of service quality.
- Continuous quality management and improvement is accomplished through the
 collaboration of the various QIPH teams. These teams provide qualitative and quantitative
 data collection and data-driven decision making through technical and statistical QIPH data
 support to the QIHEC, subcommittees, and taskforces to ensure that QIPH activities are well
 designed and methodologically sound.
- To provide direction and guidance on clinical and service QIPH initiatives, including project identification and prioritizing, barrier analysis, project design, implementation of interventions, identification of indicators, as well as data collection and analysis.
- To conduct clinical investigations of potential quality issues, prepare and present cases for peer review, manage the administration of corrective actions, as well as to track, trend, and analyze quality management data related to grievances and appeals.
- To develop QIPH-related policies and procedures and ensure compliance with NCQA Standards and other quality-related regulatory requirements.
- To coordinate with HEDIS software vendors and HEDIS auditors in the preparation for annual HEDIS reporting.
- To oversee HEDIS hybrid medical record abstraction, to educate CCAH staff on the principles of quality management and serve as a subject matter resource for quality improvement.

Quality Indicators

The Quality Improvement and Population Health Program includes an array of indicators to measure critical clinical processes and outcomes. The QIHEC Work Plan delineates the critical performance measures that define the scope and range of the Quality Management Program. Components addressed include:

- Accessibility of services.
- Availability of services.
- Grievances and Appeals.

- Clinical quality improvement.
- Service quality improvement.
- Adverse outcomes/sentinel events.
- Member satisfaction/experience (CAHPS).
- Practitioner satisfaction/experience.
- Clinical practice guidelines.
- Continuity and coordination of care.
- Effectiveness of the quality improvement program.
- Patient safety.
- Delegation Oversight

Other areas that have an impact on the QIPH Program includes:

- Practitioner/Provider credentialing and recredentialing.
- Utilization management processes and outcomes.
- Inter-rater reliability testing.
- Practitioner performance.
- Pharmacy management.
- Facility site reviews.
- Data governance

Quality Improvement and Population Health Process Methodology

The QIPH Program includes a comprehensive array of clinical and service indicators that provide information about the systems, processes and outcomes of clinical care and service delivery. Explicit well-defined quality indicators are developed using sound methodological principles. The performance data that are a result of measurement are reliable so that decisions can be made with confidence.

In developing quality indicators, emphasis is placed on areas representing high risk, high volume, specific populations, and specific conditions. Most indicators are rate-based outcome measures. Indicators are measurable and have a goal against which to measure performance. Indicators are developed with input from the Chief Medical Officer (CMO), Chief Health Equity Officer, and the QIHEC Committee.

To understand and properly implement QIPH-related practices and projects, there are approaches being utilized. Such models help collect and analyze data for test change, provide guidance for effort and improvement in efficiency, member safety or quality outcomes. These models include:

- Plan-Do-Study-Act (PDSA)
- SWOT Analysis
- Performance Improvement Projects (PIPs)

Plan-Do-Study- -Act (PDSA)

The PDSA methodology is a rapid cycle/continuous QIPH process designed to perform small tests of change, which allows more flexibility to adjust throughout the improvement process. As part of this approach, CCAH performs real-time tracking and evaluation of its interventions. PDSAs which are the most common continuous quality improvement model utilized by CCAH has four major elements or stages:

- A. **Plan** The first step involves identifying preliminary opportunities for improvement. The focus is to analyze data to identify concerns and ideas for improving process and to determine anticipated outcomes. Key stakeholders and/or people served are identified, data compiled, and solutions proposed.
- B. **Do** The second step involves using the proposed solution, and if it proves successful, as determined through measuring and assessing, implementing the solution usually on a trial basis as a new part of the process.
- C. **Study** At the study stage, data is again collected to compare the results of the new process with those of the previous one.
- D. **Act** This final stage involves making the change a routine part of the targeted activity. It also means "Acting" to involve others (other staff, program components or consumers) those who will be affected by the changes, those whose cooperation is needed to implement the changes on a larger scale, and those who may benefit from what has been learned. Finally, it means documenting and reporting findings and follow-up.

The process flow below illustrates the progression in which CCAH applies the PDSA methodology.

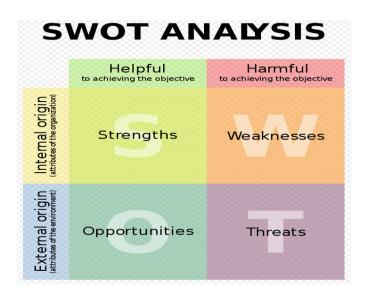


SWOT Analysis

A SWOT analysis is a <u>strategic-planning</u> technique used by CCAH to help identify strengths, weaknesses, opportunities, and threats related to project planning for improvement. It is intended to specify the objectives of the project and identify the internal and external factors that are favorable and unfavorable to achieving those objectives. The SWOT analysis investigates four parameters which are:

- A. S Strengths characteristics of the project that give it an advantage.
- B. W Weaknesses characteristics of the project that place it at a disadvantage
- C. O Opportunities elements in the environment that the project could exploit to its advantage.
- D. T-Threats: elements in the environment that could cause trouble for the project.

The process model below illustrates the framework in which CCAH will consider all factors applicable in a SWOT methodology.



Performance Improvement Projects (PIPs)

A Performance Improvement Project (PIP) is an approach being utilized by CCAH to the continuous study and improvement of the processes of delivering healthcare services to meet the needs of its members. A PIP's main purpose is to impact healthcare delivery and outcomes of care. It involves a concentrated effort on a particular area of concern affecting our members. The goal of this methodology can be to enhance and improve the outcomes of care, to ensure member safety, to increase efficiency of member care and related processes, to reduce costs and to reduce risks and liability. For such projects to achieve real improvements in care, and to ensure confidence in reported improvements, CCAH PIPs are designed, conducted, and reported in a methodologically sound manner that meets all state and federal requirements. CCAH works with Health Services Advisory Group (HSAG) in the validation of its PIPs, according to CMS' EQR protocol. PIPs are also made in accordance with 42 CFR §438.330, that requires Managed Care Plans (MCPs) to have a quality program that includes at a minimum, two ongoing PIPs designed to have a favorable effect on health outcomes and beneficiary satisfaction, focuses on clinical and/or nonclinical areas that involve the following:

- Measuring performance using objective quality indicators
- Implementation of equity-focused interventions to achieve improvement in the access to and quality of care.
- Evaluating effectiveness of the interventions based on performance measures; and
- Planning and initiating activities for increasing and sustaining improvement.

A PIP's quality improvement framework is detailed in the following steps:

- PIP Design: Steps 1-6
 - 1. Selected PIP Topic
 - 2. Defined Aim Statement
 - 3. Identified Population
 - 4. Sound Sampling Method (if used)
 - 5. Selected Performance Indicator(s)
 - 6. Data Collection Procedures
- PIP Implementation Steps 7-8
 - 7. Data Analysis & Interpretation of Indicator Results
 - 8. Improvement Strategies

The status of the PIPs are reported at least annually to DHCS. The submission process below illustrates the progression in which CCAH will submit and HSAG will validate the modules throughout the PIP process

- PIP Design (Steps 1-6)
- Baseline: CY2023. Update Steps 1-6, complete Step 7 with baseline data and Step 8 with QI activities
- Remeasurement 1: CY2024. Update Steps 7-8
- Remeasurement 2: CY 2025. Update Steps 7-8

CCAH's non-clinical PIP is focused on improving the percentage of provider notifications for members with SUD/SMH diagnosis or within 7 days of emergency department (ED) visit, and the clinical PIP is focused on increasing well-child visits (W30-6) in the first 15-months of life for Hispanic members in Merced County.

Performance Goal Methodology

A sound, rigorous measurement methodology is developed and followed for each performance measure. Performance goals for each measure are discussed with and approved by the QIHEC Committee. Performance goals may be based on historical performance, normative data, or industry benchmarks. The initial performance goal for an indicator is often to "obtain baseline data." Performance goals specify the type of change considered an improvement.

A. Data Collection

Performance data for measures are collected, aggregated, and presented to the QIHEW and QIHEC Committees for review and recommendations at least four (4) times a year. Multiple data points are displayed together on graphs to show historical performance and facilitate data analysis and trending. Every qualitative and quantitative analysis includes evaluating the effectiveness of previous interventions. This part of the analysis influences the next step in planning. The entire process is conducted as close in time as possible to the events being measured. Interventions are planned and implemented based on the data analysis.

The Quality Improvement projects themselves consist of four (4) cycles:

- Development (pre-initiation)
- Baseline measurement (initiation)
- Intervention to improve performance and outcomes.
- Follow-up/Re-measurement to ensure that the interventions continue to be effective.

B. Data Resources

CCAH uses multiple data sources to monitor, analyze and evaluate the QIHE Program and QI activities. These sources include, but are not limited to the following:

- Enrollment
- Claims Data
- Encounter Data
- Supplemental (Ex. laboratory, immunization registry, lead registry, HIE)
- Pharmacy
- Health Risk Assessments

Quality Improvement and Health Equity Program Goals

The goals of the QIHE Program are:

- Promote an organization-wide commitment to quality of care and service through strong leadership involvement in improving quality.
- Link Strategic DHCS Quality Goals to CCAH's Strategic QI Objectives and performance improvement activities via quality improvement initiatives.
- Collaborate with CCAH health services departments to enhance continuity and coordination of care among behavioral healthcare and primary health care providers.
- Respond actively to customer expectations and patient feedback concerning the quality of patient care delivered and services provided.
- Improve the care and service delivered by our staff, network providers, and delegated entities.
 - Promoting member/patient safety as a high-level priority by minimizing patient and organizational risk of adverse occurrences.
 - o Improving and enhancing the quality of patient care provided through ongoing, objective, and systematic measurement, analysis, and implementation of initiatives.
 - o Promoting processes to ensure the availability of "safe, timely, effective, efficient, equitable, patient-centered care" and provide oversight within the network.
- Comply with legislative regulations, accreditation standards, and professional liability requirements.
- Ensure that medically necessary covered services are:
 - Available and accessible.
 - o Provided in a culturally and linguistically appropriate manner.
 - Provided by qualified, competent practitioners and providers who are committed to CCAH's mission and vision.
- Promote collaborative relationships between CCAH, providers, delegates, and community partners.
- Promote and create condition specific health education and disease prevention materials that
 are age, culturally, and linguistically appropriate that encourages optimal health behaviors for
 members, participants, and staff.
- Ensure that members' protected health information (PHI) is protected, utilized, and released in accordance with state and federal law and regulation.
- Continue implementation of adequate computerized information management systems to support complete data entry, aggregation, display, analysis, and reporting needs for all quality management activities.
- Incorporate responsibilities for quality improvement into management performance standards.

Quality Improvement and Health Equity Program Objectives

The objectives of QIHE Program are:

- Align all organizational-wide performance improvement activities with strategic goals.
- Review the authority, responsibility, and information flow for the measurement, analysis, and improvement process and redefine as necessary.
- Ensure continued leadership and staff understanding of the tenets of quality/ performance management and improvement to be utilized by all teams.
- Charter and retain cross functional teams for each approved Strategic Quality Initiative, organization function, and/or prioritized improvement activity.
- Manage and improve the quality and safety of care provided to members, confirming compliance with the QI Program and applicable standards.

- Foster a supportive environment to ensure our practitioners and providers improve the safety of their professional practice through provider education.
- Identify actual or potential opportunities to decrease medical errors and /or improve patient safety through quality review, data collection, and risk factor analysis.
- Identify opportunities for patient care and service improvement, then implement and monitor interventions as appropriate.
- Establish priorities and outcomes for conducting focused review studies, emphasizing preventive services, high-volume low-performing practitioners/providers, and high-risk services.
- Promote outcome-driven and cost-effective care/health management programs, including preventive screening and health awareness, education, patient safety, and cultural and linguistic programs complementing QI interventions.
- Establish, maintain, and enforce policies, procedures, criteria, standards for:
 - o Monitoring plan practitioner credentialing and recredentialing.
 - o Confidentiality regarding member and practitioner/provider information.
 - o Addressing conflict of interest staff and practitioner.
 - o Resolution of actual or perceived member access or grievances and appeal.
- Establish quality standards and educate practitioners regarding performance expectations and provide compliance feedback.
- Communicate the QI process to both practitioners and members.
- Ensure availability, accessibility, delivery, coordination, support, and review as appropriate of:
- Continuity of care within the network, including effectiveness.
- Health education services.
- Cultural and linguistic services.
- Members with complex needs.
- Members with behavioral health needs.
- Establish medical and behavioral health standards reflecting current literature and benchmarks, design and implement strategies to improve compliance, and evaluate and monitor performance and adherence to guidelines.
- Identify, monitor, and address quality of care issues and trends affecting the healthcare and safety of members.
- Implement and monitor results of corrective actions and interventions; document practitioner/provider performance.
- Respond timely to address and resolve patient-specific issues.
- Assess the patient safety culture and develop the Patient Safety Program accordingly.
- Review and revise the organization wide Compliance Program as necessary.
- Demonstrate meaningful improvement in clinical and non-clinical care and services including behavioral health care.
- Reinforce Continuous Quality Improvement (CQI) principles through systematic monitoring of processes, data collection, qualitative and quantitative analysis of data, design of interventions for process improvement and determination of actual effectiveness of interventions.
- Evaluate current case management systems, identify care coordination issues for the organization, and design a patient-focused system that integrates care, case, quality, and utilization management.
- Demonstrate compliance with the quality improvement standards of regulators and accrediting organizations.

- Evaluate the Quality Improvement Program annually, modifying as necessary to achieve organizational effectiveness.
- Collaborate organizationally with the QIPH team to increase the DHCS's Managed Care
 Accountability Set (MCAS) measures compliance rates. The above goals and objectives are
 tied to the QIHEC Work plan. Performance against these goals and objectives are continuously
 monitored to help determine if stakeholder expectations are met. The MCAS goals set forth by
 DHCS. Focus planning and interventions on measures included on the DHCS' four MCAS
 domains for the measurement year.

	1	1	<u> </u>					
MEASURE REQUIRED OF MCP	MEASURE ACRONYM	MEASURE STEWARD	MEASURE TYPE METHODOLOGY	HELD TO MPL ⁱ				
Behavioral Health Domain Measures								
Follow-Up After ED Visit for Mental Illness – 30 days*, iv	<u>FUM</u>	<u>NCQA</u>	<u>Administrative</u>	<u>Yes</u>				
Follow-Up After ED Visit for Substance Abuse – 30 days*	<u>FUA</u>	<u>NCQA</u>	<u>Administrative</u>	<u>Yes</u>				
Chil	Children's Health Domain Measures							
Child and Adolescent Well – Care Visits*	WCV NCQA	<u>NCQA</u>	<u>Administrative</u>	<u>Yes</u>				
<u>Childhood Immunization Status – Combination 10*</u>	<u>CIS-10</u>	<u>NCQA</u>	Hybrid/Admin**	<u>Yes</u>				
Developmental Screening in the First Three Years of Life	DEV	<u>CMS</u>	<u>Administrative</u>	<u>Yesⁱⁱⁱ</u>				
Immunizations for Adolescents – Combination 2*	IMA-2	<u>NCQA</u>	Hybrid/Admin**	<u>Yes</u>				
Lead Screening in Children	<u>LSC</u>	<u>NCQA</u>	Hybrid/Admin**	<u>Yes</u>				
Topical Fluoride for Children	TFL-CH	DQA	<u>Administrative</u>	<u>Yesⁱⁱⁱ</u>				
Well-Child Visits in the First 30 Months of Life – 0 to 15 Months – Six or More Well-Child Visits*	<u>W30-6+</u>	NCQA	Administrative	Yes				
Well-Child Visits in the First 30 Months of Life – 15 to 30 Months – Two or More Well-Child Visits*	W30-2+	NCQA	Administrative	Yes				
Chronic Disease Management Domain Measures								
Asthma Medication Ratio*	AMR	<u>NCQA</u>	<u>Administrative</u>	<u>Yes</u>				
Controlling High Blood Pressure*, iv	<u>CBP</u>	<u>NCQA</u>	Hybrid/Admin**	<u>Yes</u>				
Glycemic Status Assessment for Patients with Diabetes (>9%)*, iv	GSD	<u>NCQA</u>	Hybrid/Admin**	<u>Yes</u>				

Reproductive Health Domain Measures									
Chlamydia Screening in Women	<u>CHL</u>	<u>NCQA</u>	<u>Administrative</u>	<u>Yes</u>					
Prenatal and Postpartum Care: Postpartum Care*	PPC-Pst	NCQA	Hybrid/Admin**	<u>Yes</u>					
Prenatal and Postpartum Care: Timeliness of Prenatal Care*	PPC-Pre	<u>NCQA</u>	Hybrid/Admin**	<u>Ye</u>					
<u>Can</u>	Cancer Prevention Domain Measures								
Breast Cancer Screening*	BCS-E	<u>NCQA</u>	<u>ECDS</u>	Yes					
Cervical Cancer Screening	CCS	<u>NCQA</u>	Hybrid/Admin**	Yes					
<u>R</u>	eport Only Me	asures to DHCS							
Adults' Access to Preventive/Ambulatory Health Servicesiv	AAP	NCQA	Administrative	No					
Colorectal Cancer Screening*	COL-E	<u>NCQA</u>	<u>ECDS</u>	No^^					
Contraceptive Care – All Women: Most or Moderately Effective Contraception	CCW-MMEC	<u>CMS</u>	<u>Administrative</u>	No					
Contraceptive Care – Postpartum Women: Most or Moderately Effective Contraception – 60 Days	CCP- MMEC60	<u>CMS</u>	<u>Administrative</u>	<u>No</u>					
Depression Remission or Response for Adolescents and Adults	DRR-E	NCQA	ECDS	No^^					
Depression Screening and Follow- Up for Adolescents and Adults*	DSF-E	NCQA	ECDS	No^^					
<u>Diabetes Screening for People</u> <u>w/Schizophrenia Bipolar Disorder</u> <u>Using Antipsychotic Medications</u>	SSD	NCQA	<u>Administrative</u>	No					
Follow-Up After ED Visit for Mental Illness – 7 days*	<u>FUM</u>	<u>NCQA</u>	Administrative	No					
Follow-Up After ED Visit for Substance Use – 7 days*	<u>FUA</u>	<u>NCQA</u>	Administrative	No					
Follow-Up Care for Children Prescribed ADHD Medication: Continuation and Maintenance Phase	ADD-E-C&M	NCQA	ECDS	<u>No</u>					
Follow-Up Care for Children Prescribed ADHD Medication: Initiation Phase	ADD-E-Init	<u>NCQA</u>	ECDS	<u>No</u>					

Metabolic Monitoring for Children and Adolescents on Antipsychotics	APM-E	<u>NCQA</u>	<u>ECDS</u>	<u>No</u>
Low-Risk Cesarean Delivery*	<u>LRCD</u>	<u>CMS</u>	Administrative	<u>Noⁱⁱⁱ</u>
Pharmacotherapy for Opioid Use Disorder*	POD	<u>NCQA</u>	<u>Administrative</u>	No^^
Plan All-Cause Readmissions*, iv	<u>PCR''</u>	<u>NCQA</u>	<u>Administrative</u>	<u>No</u>
Postpartum Depression Screening and Follow Up	PDS-E	<u>NCQA</u>	<u>ECDS</u>	No^^
Prenatal Depression Screening and Follow Up	PND-E	<u>NCQA</u>	<u>ECDS</u>	No^^
Prenatal Immunization Status	PRS-E	<u>NCQA</u>	<u>ECDS</u>	<u>No^^</u>
Antidepressant Medication Management: Acute Phase Treatment	AMM-Acute	NCQA	Administrative	<u>No</u>
Antidepressant Medication Management: Continuation Phase Treatment	AMM-Cont	<u>NCQA</u>	Administrative	<u>No</u>
	LTC Report O	nly to DHCS		
Number of Out-patient ED Visits per 1,000 Long Stay Resident Days*, iv	HFS	CMS***	Administrative [^]	<u>No</u>
Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization*, i ✓	SNF HAI	<u>CMS***</u>	Administrative [^]	<u>No</u>
Potentially Preventable 30-day Post-Discharge Readmission*, iv	<u>PPR</u>	<u>CMS***</u>	Administrative [^]	<u>No</u>

MCPs held to the MPL for the HEDIS© total rates only; the NCQA Quality Compass© Medicaid HMO 50th and 90th percentiles represent the MPLs and high-performance levels (HPLs), respectively. MCPs will only be held to the MPL for historically established benchmarks.

Cultural and Linguistic (C&L) Program

The Cultural and Linguistic (C&L) program is managed by the Quality Improvement & Population Health department and falls under the Quality Health Programs (QHP) unit. The C&L department is responsible for assessing the cultural and linguistic needs of our members and enhancing the effectiveness of the program based on the results of the assessment. The C&L program activities are developed based on the NCLAS standards, reviewed, and approved by the Compliance Department.

[&]quot;Stratified by Seniors and Persons with Disabilities (SPDs)

[&]quot;CMS calculated national median is considered the MPL.

The C&L team collaborates with other CCAH departments and community partners to promote cultural competence appropriateness, and linguistic services awareness to our members and providers. The C&L supervisor, along with the QHP manager, develops and revises policies and procedures to foster the language assistance and cultural competence needs of the organization.

The C&L needs of our members are identified through membership data reporting; this report identifies ethnicity, gender, age, and language preference. CCAH relies on membership characteristic data distributed by the Department of Health Care Services (DHCS) to aid in the assessment of characteristics and needs of our member population. The threshold language as determined by DHCS is based on reported members' demographics. English and Spanish are threshold languages for the counties of Mariposa, Merced, Monterey, San Benito, and Santa Cruz. Additionally, Merced County has a concentration language of Hmong.

- CCAH provides interpretation and translation services to our members at no cost. The
 objectives are to sensitize our providers and staff on how we can integrate cultural and
 linguistic appropriate services into daily activities and continuously provide quality care to our
 members.
- Provide staff and providers with information through training to support culturally competent communication and services.
- Ensure the Alliance Community Advisory Committee (CAC) includes participation from members of diverse cultural and ethnic backgrounds, Seniors, and Persons with Disabilities (SPDs), Limited English Proficient (LEP) members and members with chronic health conditions to better understand the needs of the community we serve. The Alliance CAC is the Member Services Advisory Group (MSAG).
- Identify and analyze health disparities in our membership population.
- Provide adequate interpretation services to meet member's needs and ensure that outreach
 materials that focus on access to community preventive health care services are culturally
 competent.

The information is evaluated and used to inform the C&L program and ensure that the diverse needs of the member population are prioritized. On an annual basis the C&L department ensures an annual workplan is developed highlighting measurable goals, activities, and interventions aimed at increasing service delivery, and helping to reduce inequities. The annual workplan is reviewed on a quarterly by the Quality Improvement Health Equity Committee (QIHEC) which is the governing board. Goals for this year include evaluating utilization of services to determine if members are adequately served. Conducting member surveys and focus groups to determine if members feel program offerings are beneficial and working with the Quality Improvement Health Equity teams to identify health inequities and develop interventions based on race, ethnicity, and language disparities.

Members with Complex Health Needs

The Alliance Complex Care Management (CCM) team partners with the PCP and specialists to support members with medium/rising risk stratification in managing their acute or chronic condition(s). This may include intense coordination of resources from the multidisciplinary team to ensure the member regains optimal health or improved functionality. After comprehensive assessments, individualized person-centered care plans are created with the involvement of the care team, member, and member support system. The support may include services that address emotional, physical, and social support

needs. The Complex Care Management Team collaborates with you as the PCP to provide the following services:

- Comprehensive assessments
- Promotion of the PCMH by fostering the member-PCP relationship
- Care coordination
- Promotion of self-management through engagement
- Linkage to community and social support resources
- Creation of mutually agreed upon care plans, including targeted interventions.
- Engagement of members telephonically and in-person
- Support across the health care continuum
- Management of a member's CCS eligible condition and care

Objectives for serving members with complex health needs are to:

- Identify gaps in preventative care and promote the benefits of addressing gaps in care.
- Provide case management services as a mechanism to optimize the use of the member's
 health care benefits while providing high quality integrated health care to members with
 ongoing or complex health care needs and help coordinate care with multiple providers for
 multiple conditions.
- Provide case management which focuses on care coordination and transition of care to community based behavioral health services for members with behavioral and mental health care needs, as well as substance abuse treatment needs.
- Enhance continuity and coordination among and between physical and behavioral health care providers in a timely manner.
- Ensure that members receive coordinated, appropriate, and timely access to primary and specialty care services.
- Identify and reduce barriers to services for members, such as, lack of transportation, shelter, and/or the need for cultural and linguistic outreach education.

Health Education

CCAH's Health Education Program is an interdepartmental initiative set in place to ensure that members have the knowledge and tools required to achieve optimal health outcomes. In doing so, these objectives ensure that CCAH is compliant with the California Department of Health Care Services (DHCS) Health Education standards. Health Education services encompass multiple initiatives which include provision of health education materials and content, policies and procedures, and programs aimed at completing annual objectives set to improve the health of the community at large.

Health Education services are a covered benefit under CCAH and are available to members at no cost. All services are designed to complement the work of providers in promoting patient self-management and disease prevention through healthy behaviors. Initiatives are dedicated to the promotion and empowerment of healthy lifestyles.

The health education program serves the following purposes:

- Program Development
- Plan, develop, and implement CCAH health education programs.
- These programs are required to comply with state and departmental objectives and regulations.
- These programs will be developed or expanded upon as needs arise and shift within our membership and their communities.

Care Management Support

- Support Social Work, Case Management, and Disease Management programs by way of educational materials, CCAH Health Education programs, and outreach connection to community resources.
- Providing support to other departments in creating, writing, and reviewing health education messages and materials.

Member Communications and Health Messages

- Member Newsletter
- Provider Bulletin
- Health Promotion on the Alliance's social media pages
- Provider Digest
- SMS Member Text messages

Behavioral Health

CCAH works with Carelon Behavioral Health of California, Inc. (Carelon) our MBHO, to provide all of the Non-Specialty Mental Health Services (NSMHS) for Medi-Cal members and full array of behavioral health services, including substance use disorder (SUD) services and specialty services for the IHSS line of business. Carelon is also delegated to support members needing Behavioral Health Treatment or Applied Behavioral Analysis services, such as, but not limited to those with a diagnosis of autism or pervasive developmental disorder. Carelon has a large network of providers to manage these members. In addition, Carelon maintains a robust telehealth network to assist and ensure adequate members' access to necessary services.

CCAH provides behavioral health services for members with mild and moderate functional impairment. The services for members with severe impairment are carved out to the County Behavioral Health Services Agencies. also works with Carelon to manage its members with Autism. Carelon has a large network of providers to manage these members. In addition, Carelon maintains a robust telehealth network to assist and ensure adequate members' access to necessary services.

Background

Carelon partners with College Health IPA to provide the full suite of clinical and administrative services necessary to manage the new Medi-Cal managed care mental health benefits on behalf of our Medi-Cal health plan clients. Previously CCAH partnered with Carelon to provide Behavioral Health Services for those members with Mild-Moderate Behavioral Health Needs from 2013-2016. In January of 2017 this partnership was amended and CCAH brought those services with the exception of autism, and BHT telehealth back into the plan. CCAH ensures that all delegated activities are conducted in compliance with California laws. These delegated services include the delivery of telehealth, autism services, and the credentialing of providers related to the delivery of those services. Case Management for members with mild to moderate behavioral health conditions are still managed by Carelon.

Current Delegated activities include:

- Claims Processing
- Provider Disputes
- Member Connections
- Member Grievances
- Credentialing & Recredentialing

- Network Management
- Quality Improvement
- Utilization Management

The scope of Carelon QIPH program encompasses the ongoing assessment, monitoring, and improvement of all aspects of care and services delivered to members, including member safety. The diverse populations served represent multiple cultural and linguistic groups, and includes pediatric, adult, and geriatric individuals with mental health and substance use disorders, as well as individuals with developmental disabilities and other special needs across the United States. A designated Behavioral health practitioner who is a licensed Medical Doctor participates in the Alliance Quality Improvement Health Equity Committee helping to review behavioral health initiatives and activities.

As of July 1, 2025, the Alliance plans to insource the above benefit administration, currently delegated to Carelon, and cease to have delegated services. The services available will not change.

Behavioral Health Initiative

CCAH QIPH department continuously works on increasing HEDIS compliance rates which also includes meeting the Medi-Cal Managed Care Accountability Set (MCAS) goals set forth by DHCS. The Behavioral Health Workgroup conducts monthly meetings to collaborate with the plan's internal departments to help develop any areas that can help the network providers improve the compliance for these measures.

The following behavioral health measures are being focused on:

- AMM (Antidepressant Medication Management) Acute and Continuation phase
- ADD (Follow up Care for Children prescribed ADHD medication) Initiation and Continuation Phase
- APM (Metabolic Monitoring for Children and Adolescents on Antipsychotics)
- SSD (Diabetes screening for people with Schizophrenia or Bipolar disorder who are using Antipsychotic medications).
- FUA/FUM (Follow-Up After ED Visit for Substance Use -30 days/ Follow-Up After ED Visit for Mental Illness -30 days)

Evaluation of Effectiveness of Interventions

Continuous quality improvement is realized when data are collected and analyzed; interventions are planned and implemented; measurement is repeated; and performance continually improved. The cycle is continuous and maintained on a schedule that is not limited by the end of the fiscal or calendar year. Effectiveness is evaluated with each re-measurement cycle. It includes quantitative and qualitative analysis, including an analysis of statistical significance and meaningful improvement and allows for comparison with the baseline or previous measurement. Findings from these measurements are reported to the QIHEW and the QIHEC Committee, the Physician Advisory Council as appropriate and to the governing board which is the CCAH Board.

Quality Improvement and Heath Equity Resources

The QIPH Program has staff and analytical resources available to achieve program objectives. The Quality Improvement and Populations Health Department has overall responsibility for all QIPH activities. The Department has adequate staff to fulfill its role. Departments within CCAH provide significant amounts of time for QIPH activities and responsibilities. Leadership ensures adequate resources to implement and maintain all QIPH Program activities. Additional external resources such

as, HEDIS auditors for medical record review and data abstraction and analysis, and accreditation readiness are available as needed.

The following CCAH FTE positions are 100% dedicated to QIPH.

Position/Title

Quality Improvement & Population Health Director (

Quality Performance Improvement Manager (1)

Quality & Populations Health Manager (1)

Quality & Health Programs Manager (1)

Clinical Safety Quality Manager (1)

Clinical Safety Supervisor (2)

Quality Improvement and Health Equity

Supervisor (2)

Quality and Health Programs Supervisor (2)

Quality Improvement Program Advisors IV (3)

Quality Improvement Program Advisors III (5)

Quality Improvement Program Advisors II (10)

Quality Improvement Program Advisors I (1)

Senior Quality Improvement Nurses (6)

Quality Improvement Nurse (4)

Health Educators (8)

Care Coordinators (5)

Quality and Health Programs Program Advisor (2)

Quality Improvement Project Specialist (1)

Coding Resource Specialist (1)

Administrative Specialist (1)

The following CCAH FTE positions have a portion of their time allocated to the QIPH Program:

- Chief Medical Officer
- Chief Health Equity Officer
- Medical Directors
- UM Director
- Pharmacy Director
- Behavioral Health Director
- Community Grants Director
- Community Engagement Director
- Health Equity Program Manager

All CCAH departments collaborate with the QIPH department for QIPH improvement activities:

- Member Services
- Provider Services
- Provider Services Contracts/Provider Quality and Network Development
- Compliance/Privacy and Security
- Community Engagement
- Claims

- Finance
- Application Services
- Pharmacy
- Utilization Management
- Community Care Coordination
- Community Grants
- Communications
- Data Analytics Services

Functional Areas and Their Responsibilities

The Quality Improvement and Population Health department leads the improvement activities for CCAH in collaboration with other departments to integrate quality improvement activities at all levels of the Alliance. Many other functional areas are involved in aspects of, and provide support to, the QIPH Program.

Member Services

The QIPH Program provides interaction with Member Services to assure maintenance and adequacy of practitioner/provider availability and access to care, and evaluation of satisfaction feedback that is used to develop and improve quality management processes, program effectiveness, and health care delivery processes. The Member Services Department is responsible for:

- Serving as first responders to member inquiries and first call resolution when possible or if not possible, forwarding issues to designated staff to follow-up.
- Processing, to the extent possible, member complaints and appeals using established procedures.
- Documenting all member complaint and appeal data including: the nature of the complaint or appeal; appropriate complaint and appeal categories; the actions taken; and the resolution.
- Immediately referring potential quality of care, clinically urgent, and member safety issue complaints and appeals to designated clinical staff.
- Measuring average speed of telephone answer and abandonment rate; analyzing results; taking action when performance does not meet standard; and reporting results to the Quality Improvement Health Equity Workgroup Committee.

Provider Services

The QIPH Program is a foundation for planning and structuring provider/practitioner education and support efforts. Provider Services staff communicate physician, allied and ancillary health practitioner/provider satisfaction feedback that is used to develop and improve quality management processes, program effectiveness, medical review, and clinical guideline criteria. Provider Services is responsible for:

- Assisting QIPH with developing and managing communication with practitioners/providers.
- Proposing ways to improve practitioner/provider satisfaction with CCAH.
- Assisting with the coordination of practitioner/provider office staff QIPH educational trainings.
- Collaboration and facilitation of the Physician Partnership Program for the enhancement of Quality initiatives.

Provider Contracting and Network Development

The QIPH Program ensures collaboration with Provider Contracting in evaluation of potential and contracted practitioners/providers for appropriateness to meet the care and service needs of our member population. Provider Contracting and Network Development are responsible for:

- Contracting with sufficient practitioners and providers to meet access and availability standards.
- Maintaining provider contracts in full compliance with all accreditation and regulatory entities.
- Collaboration with Provider programs to improve quality standards.

Compliance / Privacy and Safety

The QIPH program reports to Compliance with information or results of any findings of non-compliance by contracted providers, facilities, and internal departments. The Compliance Department is responsible for:

- Promotes the guidelines to conduct business in compliance with both Federal and State laws, policies, contractual requirements, and accreditation standards.
- Identifies, develops, plans, and executes strategies to track organization-wide compliance to develop actions plans to address.
- Provides training and manages the plan's policies and procedures, monitors, or conducts internal audits to detect any violation of compliance procedures.
- Conducts fraud and abuse detection and prevention activities and reports credible allegation findings to the appropriate State/Federal agencies.

Community Engagement

The Community Engagement Department is dedicated to building strong relationships between the health plan and the communities it serves. Through strategic outreach, education, and partnerships, the department works to improve health equity, increase access to care, and enhance member engagement.

Key Responsibilities:

- Developing and executing community outreach programs to promote health and wellness.
- Partnering with local organizations, healthcare providers, and stakeholders to address social determinants of health.
- Participating in health fairs, educational workshops, and enrollment events to connect individuals with healthcare resources.
- Advocating for underserved populations by identifying and addressing barriers to care.
- Enhancing brand awareness and trust through culturally competent engagement strategies.
- Collecting and analyzing community feedback to inform policy and program development.

The Community Engagement Department plays a vital role in fostering a healthier, more informed, and connected community by ensuring individuals have the support and resources needed to navigate their healthcare journey.

Claims

The QIHE Program provides ongoing claims support services for evaluation of appropriate billing practices and identification of suspected fraud and abuse. The Claims Department is responsible for:

 Providing data regarding timeliness of claims for care and services according to the member Evidence of Coverage criteria.

- Providing data regarding accuracy and timeliness of claim submission.
- Identifying and communicating suspected fraudulent billing practices.
- Identifying over utilization of services.

Finance

The QIHE Program coordinates with the Finance Department who manages the financial activities and assists with the development of reports for quality reviews. The Finance Department is responsible for:

- Identifying, developing, planning and executing short, medium and long-range organization and division strategies; ensures the development and implementation of associated business plans, tactics and policies.
- Overseeing and directing the timely and accurate analysis of budgets, financial reports, medical loss analysis and financial trends.
- Developing and coordinating the budget for provider incentive programs for PCPs, hospitals, and specialists.
- Overseeing the internal and external audit function to ensure the timely and accurate completion of annual fiscal audits and other financial information.

Information Technology Services

The QIHE Program provides interaction with Information Technology Services (ITS) to access and collect standardize, timely, and accurate data to monitor, track and trend, and develop and improve quality management processes and program effectiveness. Within ITS, the Application Services Department is responsible for:

- Preparing reports to measure quality using data sources such as, but not limited to, claims, encounters, immunization and lead registry, provider submitted information and utilization.
- Technical support for MCAS reporting.
- Maintaining the systems, collecting, and reporting encounter data.
- Maintaining supplemental data sources from immunization and lead registries, laboratories, and health information exchanges (HIE).
- Maintaining and building provider supported portal reports.
- Technical support for the provider incentive programs.
- Ongoing reporting for Improvement Projects.

Pharmacy

The QIHE Program collaborates with the Pharmacy Department to continuously improve the delivery and quality or:

- Promotes clinically appropriate prescribing practices in line with national practice guidelines.
 The Pharmacy department educates providers and members by sharing best practices via
 newsletters, mailing and website updates. The Pharmacist Led Academic Detailing focus on
 improving health outcomes of our members with working directly with providers in
 medication management.
- Analyzes provider prescribing habits to develop and implement targeted education programs based on results. The Pharmacist department have elaborative Drug Utilization Review Program to analyze prescribing patterns of providers and performs subsequent inventions based on the findings of the review. Examples of topics for DUR program Opioids, behavioral health medication use in children.
- Analyzes pharmacy data for potential fraud and abuse cases and reports cases as required. The Pharmacy department reports any potential quality issues to Quality department and partners

- with them in implementing any interventions. The Pharmacy department acts as subject matter expert on any medication related PQIs referred to QI.
- Develops, implements, and maintains policies and procedures specific to pharmacy management in compliance with Federal and State requirements and regulations.
- The Pharmacy Department provides clinical and quality oversight of Med Impact and Medi-Cal Rx to ensure medication access and appropriateness.

Utilization Management and Care Management

The QIHE Program provides data to profile practitioners/providers; identifies opportunities for improving authorization and referral processes, including guideline/criteria development, modification of existing guidelines, benefit interpretations, and the development of disease management programs.

Utilization Management is responsible for:

- Conducting pre-certification, concurrent and retrospective analysis of appropriateness of care and services.
- Tracking and trending utilization data.
- Completing an annual evaluation of utilization management activities
- Tracking and analyzing data regarding over and under-utilization of services.

Case Management is responsible for:

- Overseeing case management activities including those for high-risk members and members with complex health needs.
- Tracking and analyzing data regarding clinical outcomes.
- Ensuing outreach and care coordination activities for identified members.
- Fostering continuity and coordination of care.

Community Grants

The Alliance makes investments to health care and community organizations in Mariposa, Merced, Monterey, San Benito and Santa Cruz counties through the Medi-Cal Capacity Grant Program (MCGP) to realize the Alliance's vision of heathy people, healthy communities. These investments focus on:

- Increasing the availability, quality and access of health care and supportive resources for Medi-Cal members.
- Addressing social drivers that influence health and wellness in our communities.

The MCGP furthers the strategic priority of health equity through a variety of investments:

- Healthcare Workforce: Strengthen and expand the provider workforce to address provider shortages. Increase the number of providers who reflect the diversity of the Alliance's membership and provide culturally and linguistically competent care. Close care gaps, increase quality scores and improve members' overall health.
- Healthcare Delivery System Infrastructure: Invest in new and expanded health care facilities
 and technology to improve access to high quality care, care coordination and data sharing.
- Parent/Child Health & Wellness: Empower parents and caregivers through education and support, ensuring access to timely prenatal and postnatal care, preventative health services, and community resources.

- Community Education and Engagement: Invest in trusted, community-based organizations serving historically marginalized communities to educate and engage members about Medi-Cal services, improve access to health care and supportive resources, promote the importance of preventative care and regular screenings and create supportive networks and environments.
- Social Drivers of Health: Invest in strategies that reduce health disparities, support healthy and active lifestyles and reduce risk of chronic disease, including access to nutritious food, safe spaces for recreation, and permanent supportive housing.

Communications

The QIHE Program provides aggregate data to the Communications Department regarding the effectiveness of practitioner/provider outreach strategies and processes as part of customer engagement. Communications is responsible for:

- Communicating the Alliance's value proposition as it relates to local access, diverse provider network and other services and programs available to members.
- Engaging members and potential members at outreach events to answer questions on member benefits and advising on how to contact their state agency for enrollment information.
- Engaging with new members to provide an understanding and overview of benefits and services and provide information on how to choose a doctor and how to use their Alliance card. Reaching and engaging members through omnichannel messaging on digital, print and other communications channels.
- Messages include information they need to be as healthy as possible, including messaging on the Nurse Advice Line, transportation benefits, the importance of well-checks and vaccines, information on important health screenings, behavioral health services, language assistance services, information on upcoming vaccine clinics and more.
- Maintaining content strategy across all communications channels, ensuring an aligned communications approach across member, provider, and community audiences.
- Overseeing the publication and delivery of print and digital newsletters and bulletins for members, providers, and communities. These include the Member Bulletin, The Provider Bulletin, Provider Digest, Provider Flash and The Beat.
- Overseeing the text messaging (SMS) program to communicate and engage with members directly on a variety of topics related to their overall health and wellness and the benefits and services available to them.
- Executing paid media campaigns targeted to members and the public, promoting various messaging on well checks and vaccines.

Data Analytics

The QIHE Program works with the Data Analytics Services Department under ITS to understand the data and statistics to assist in developing the standard methodologies to achieve targeted and accurate results. The Data Analytics Department are responsible for:

- Provides quantitative and qualitative analyses or evaluation on a variety of complex and diverse strategic and operation issues.
- Collaborates with Business Intelligence, Finance and Contracting for data compilation.
- Measures rates and analyzes patterns of utilization to aid in quality improvement projects.
 Providing technical support for the provider incentive programs, ad hoc data requests, and report generation. Produces dashboards that are used to measure quality improvement projects, effectives of care, utilization and to provide data for comparison.

Analytical Resources

CCAH dedicates staff and information systems to analyzing and reporting clinical and service quality data. Employed and contracted staff include Bachelors and Master's level prepared personnel with statistical analysis training and experience conducting quantitative and qualitative analysis of health care data.

Software resources include but are not limited to the claims systems, HEDIS software, Provider Network Management Systems, Microsoft products, Business Intelligence Tools, SQL server reporting software (SSRS), Toad database management toolset, statistical analysis software, care management software, and other systems to support the QIHE Program.

Clinical Quality Improvement

CCAH's Quality Improvement Department adheres to all DHCS standards in accordance with Title 22, CCR, Section 53860 (d) and Title 42, USC, Section 1396a(30)(C) for quality performance reporting. In addition to the CCAH works with the External Quality Review Organization (EQRO) in the annual MCAS review process for quality performance measures and health equity measures identified by DHCS. CCAH uses standard data collection and analysis to track clinical issues that are relevant to our population. This is primarily based on the audited MCAS results that are reported to NCQA and the State. CCAH sets the goal to exceed the DHCS established minimum performance level (MPL) and meet health disparity reduction targets for specific populations and measures as identified by DHCS. Alliance staff evaluates the Plan's performance against these goals at the end of the fiscal year. Based on the findings, CCAH identifies and prioritizes areas for improvement by developing quality improvement projects and supporting providers through the CBI program resources and Alliance Provider Portal reports. CCAH also developed a Quality Outreach Program for practitioners and their office staff, Provider Partnership Program. This includes provider reports and site visits to build collaborative relationships with the providers and clinics. The QM program will also monitor areas of over and underutilization of services to improve appropriate utilization of services. The over and underutilization measures will be based on HEDIS and other internally developed utilization measures.

The QIPH Department implements opportunities to improve quality of care by developing and implementing quality improvement activities/interventions. These interventions align patient and provider engagement programs and may include but are not limited to:

• Developing and adopting clinical standards, practice guidelines or administrative standards, with subsequent dissemination of the standards to physicians, members, or staff as appropriate.

Additional Quality Improvement Program Structure

The Quality Improvement and Population Health Department is a multi-faceted department with multiple functional areas, and programs.

Accountability

<u>Alliance Board</u>: The **Santa Cruz-Monterey-Merced-San Benito-Mariposa Managed Medical Care Commission** (Alliance Board) promotes, supports, and has ultimate accountability and authority for a comprehensive and integrated QIHETP. Alliance Board responsibilities include:

- 1. Annual review and approval of the QIHETP and applicable QIHETP reports
 - Appointment of an accountable entity or entities to provide oversight of the QIHETP.
 - Routine review of written progress reports from the QIHEC

- Directing necessary modifications to QIHETP policies and procedures to ensure compliance with the QI and Health Equity standards and DHCS Comprehensive Quality Strategy.
- The Alliance Board has delegated direct supervision, coordination, and oversight of the QIHETP by the Quality Improvement Health Equity Committee (QIHEC), with the Chief Executive Officer (CEO) and Alliance Quality Improvement and Population Health (QIPH) Department under the supervision of the Chief Medical Officer (CMO) in collaboration with the Chief Health Equity Officer or designee. The CMO regularly provides QIHETP operational reports to the Alliance Board.

The Board assigns the authority and responsibility to implement the Quality Improvement Health Equity Transformation Program to the Chief Medical Officer who chairs the QIHEC Committee. The QIHEC is charged with overseeing implementation of the Quality Improvement Health Equity Transformation Program.

The Board Meeting agendas include presentations of CCAH committees and sub-committee reports for review, recommendations, and approval. The Commission meetings are widely publicized, open to the public, and meet the conditions of the Ralph M. Brown Act.

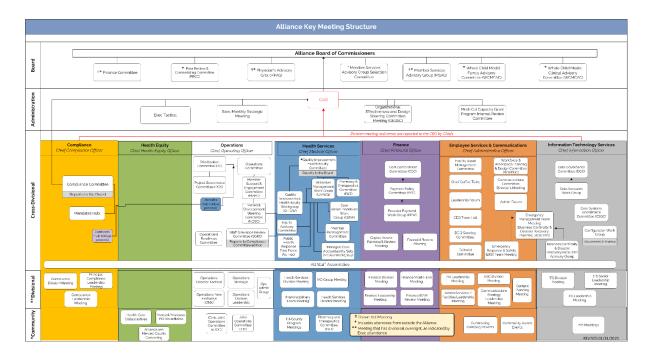
- The Board (Commission) shall consist of a maximum of 25 voting members whom, except for the director or designee of the Health Department (or Health Services Agency) who shall work in the respective county and be appointed by the respective Board of Supervisors,
- shall be legal residents of the County of Santa Cruz appointed by the Board of Supervisors of
- Santa Cruz County, legal residents of Monterey County appointed by the Board of Supervisors
- of Monterey County, legal residents of Merced County appointed by the Board of Supervisors of Merced County, legal residents of San Benito County appointed by the Board of Supervisors of San Benito County, and legal residents of Mariposa County appointed by the Board of Supervisors of Mariposa County. The Commission shall be generally representative of the diverse skills, backgrounds, interests, and demography of persons residing in each county.

The key to CCAH's quality management success is integration of information. CCAH's committees may function separately, but it is an expectation that data and information be readily available to and from all who are actively involved in CCAH's performance improvement processes. Committee information and data are validated, coordinated, aggregated, communicated, reported, and acted upon in a timely, expedient manner to ensure success with all performance improvement and quality initiatives. Regular meetings are held by each respective committee during the year. Written minutes are maintained by each Committee for each meeting. Primary responsibilities of the committee members include the following:

- Committee members are required to sign a conflict-of-interest statement.
- Committee members cannot vote on matters where they have an interest and must abstain until the issue has been resolved.
- Committee members are expected to provide expertise and assistance in directing the QI Program activities.

Organizational Structure

CCAH's organizational structure is the framework for QIHETP activities. The organizational structure is described in the following section.



Chief Medical Officer (MD)

- CCAH provides executive management and leadership of the Alliance Health Services Division, which includes the Quality Improvement and Health Equity, Pharmacy, Utilization Management, and Community Care Coordination Departments, with duties including but not limited to: Approving subordinate budget recommendations and working with executive administration to create an annual budget, including providing clinical insight and guidance on medical budget.
- Monitoring legislative and legal changes related to Alliance functions and ensuring appropriate.
- communication of same
- Provides executive management and leadership of the Alliance Health Services Division, which includes the Quality Improvement and Health Equity, Pharmacy, Utilization Management and Complex Case Management, and Community Care Coordination Departments
- Serves as Chair of the Quality Management and Utilization Management (QIHEC), Peer Review
 & Credentialing (PR&C) and Physician Advisory Committees.
- Developing and evaluating the Quality Improvement Program and plan to ensure the provision of and the continuous improvement towards high quality services for Alliance members.
- Ensures that effective collaborative work and problem solving is maintained between assigned departments, and other internal and external stakeholders.
- Oversees accreditation and compliance activities to ensure agreed upon and mandated standards are met.
- Identifies medical delivery system quality issues; develops and oversees implementation of corrective action plans.
- Serving as main staff liaison regarding medical issues to physician and provider committees and advisory groups

- Developing and evaluating the Utilization Management Plan and program, and reporting outcomes
- Oversees the provision of medical management for safe and effective health care services, including behavioral healthcare services in conjunction with the Medical Director, and the Pharmacy Director.
- Serving as main staff liaison regarding medical issues to physician and provider committees and advisory groups
- Establishes prioritization of QM issues and improvement activities based on effect customer impact, safety, and available resources.
- Reviews and approves Quality Management policies and procedures.

Chief Health Equity Officer (MD)

CCAH provides Provide leadership to ensure health equity is prioritized and health inequities are addressed within the QIHETP. This role acts as part of the Regional Quality and Health Equity team but not limited to:

- Consulting on and facilitating the development and implementation of strategies and targeted interventions designed to identify, address and eliminate health inequities, such as systemic racism, social drivers of health, and infrastructure barriers through understanding root causes and utilizing relevant quantifiable metrics to track and evaluate the results of targeted interventions
- Establishing the Alliance's health equity and population health framework
- Developing initiatives, policies, and practices to prevent structural health disparities and social injustices in health and social services
- Monitoring and reporting on DEIB strategic plan initiatives aimed at improving health equity and reducing health disparities
- Ensuring all policies and procedures for promotion of health equity where possible, such as
 marketing strategy, medical and other health services policies, member and provider outreach,
 community advisory committees, quality improvement activities including delivery system
 reforms, grievance and appeals, and utilization management
- Assisting and advising on National Committee for Quality Assurance (NCQA) accreditation regarding health equity standards
- Ensuring procedures and practices are in alignment with the Alliance's vision and mission and are designed to promote health equity
- Accessing, evaluating, and reporting on confidential data which may include members' protected health information and personally identifying information
- Developing, monitoring, and maintaining analytic reports and performance metrics related to strategic goals and projects
- Responsible for overseeing employee performance appraisal, hiring, salary administration, training and development, performance management. and discipline
- Working with executive administration to create annual budget and approving subordinate budget recommendations as appropriate and necessary
- Interacting with external entities, such as health networks, legal counsel, and state and federal regulatory agencies

Medical Director(s) (MD)

CCAH Provides clinical leadership within one or more of the Health Services functional areas including, but not limited to: Utilization Management, Quality Improvement, Pharmacy, and Care Management Develops and improves relationships with internal and external stakeholders, including the

- professional medical community and maintains and enhances communications with similar Health Plan organizations. Providing clinical leadership for medical decisions regarding hospital Concurrent Review on
- Alliance inpatient members.
- Coordinating and consulting with department Directors regarding the clinical direction of programs, studies, activities, processes.
- Taking a leadership role in strategic planning, Clinical Effectiveness and Quality Initiatives and other operational programs.
- Evaluating physician requests for member reassignment
 Reviewing Authorization Requests as referred by Utilization Management staff for approval or
 denial of requested services.
 CCAH Directing and interpreting data based on utilization analysis, including overutilization,
 underutilization, and cost trending in key areas (inpatient, pharmacy, Emergency Department
 (ED) use, etc.)
- Assessing requirements and needs for mandatory, and optional, health promotion programs.
 Recommending study design, oversight, and feedback mechanisms for quality improvement projects.
- Identifying fraud, waste, and abuse and working with the Alliance Compliance Program to address those issues.
- CCAH Participating in the development, implementation, and monitoring of the Alliance drug formulary · Providing clinical support and leadership to the Pharmacy Department drug utilization management process including practitioner interface as appropriate and overseeing appropriate denials · Assisting in the Pharmacy Benefit Manager (PBM) and pharmacy consulting services relationships including the PBM Request for Proposal (RFP) process.
- Participating in the Alliance's internal committees, Hubs, and workgroups, such as: Clinical
 Quality Improvement Committee (CQIC), Quality Improvement Work Group (CQIW), Utilization
 Management Work Group (UMWG), Reassignment Committee, Staff Grievance Review
 (Appeals and Grievances) Committee, Compliance Committee, etc.
- Attending and/or chairing local medical meetings and committees, such as Hospital Joint Operating Committee, Physicians Advisory Group (PAG), Peer Review and Credentialing Committee (PRCC)
- Participating in information sharing, discussions, and problem-solving meetings with other Health Care organizations and community agencies ·
- Evaluating disputes regarding Primary Care Physician performance.
- Informing and educating the professional community about the Alliance and its programs ·
- Participating in academic detailing outreach to providers regarding Care-Based Incentives (CBI), Quality Improvement Programs, Utilization Management best practice and Care Management Programs
- Serving as a liaison for network physicians who have questions, suggestions, feedback and/or complaints.

Health Equity Program Manager

Develops and manages the operationalization of health equity strategies and performs program planning and design and operational program management, with duties including but not limited to:

- Supporting and collaborating with the Chief Health Equity Officer in the planning, design, development, and implementation of programs that support health equity and DEIB initiatives across the organization
- Operationalizing concepts and developing tactics to achieve strategic program objectives
- Monitoring program activities, including performance metrics, for continuous improvement
- Tracking and analyzing trends in healthcare disparities, recognizing the implications of diverse cultural, language, economic, education, and health status needs of members, and supporting efforts to address inequities
- Evaluating data related to identified disparities and making recommendations related to prioritization
- Ensuring that the Health Equity Program and related processes adhere to regulatory and contractual requirements, laws, accreditation standards, and regulations, including Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC)
- Assisting with research, preparation, and revision of policies, procedures, and program materials
- Participating in the evaluation of program goals to ensure alignment with departmental and organization-wide goals
- Preparing narrative and statistical reports, correspondence, communications content, and other program materials
- Providing updates to Alliance leadership and staff, making presentations, and developing related materials
- Working with the Chief Health Equity Officer to prepare and deliver reports for executive leadership and the Board
- Working with the Compliance Department to monitor compliance with regulations and contract provisions
- Cultivating partnerships with a broad range of professional and community partners and leading the development of engagement opportunities that incorporate community voices and solutions into health equity programs and projects
- Networking, establishing affiliations, and maintaining relationships with community-based organizations (CBOs) to gather information about health disparities to inform the Alliance's health equity work
- Working collaboratively with external stakeholders and CBOs to address identified priority disparities

Community Engagement Director

Acts as the health plan's regional community liaison, representing the Alliance and its programs, services and operations in assigned counties and regions, with duties including but not limited to:

- Planning, implementing, and evaluating new programs, services and lines of business
- Ensuring existing programs, services and lines of business for the assigned geographical area align with community needs
- Planning, developing, implementing, and evaluating the community relations program

- Identifying and analyzing quality and customer service issues and overseeing the implementation of recommended improvements to programs, services, and lines of business
- Acting as the primary liaison between community partners and the Alliance, including Clinic Joint Operational Committees and Hospital Joint Operational Committees, while maintaining a strong presence in the local community
- Representing the Alliance with local, state, and federal government entities and community agencies
- Participating in various community meetings, forums, events, and providing leadership within the health care community
- Serving as liaison to community advisory committees, collaboratives, and commissions
- Promoting the health plan's services within the counties of responsibility
- Identifying, planning, and leading community engagement activities to develop and promote Alliance community presence, improve social determinants of health, and promote health equity and brand awareness
- Recommending, planning, developing, implementing, and evaluating goals and objectives for the community engagement program within the framework of overall organizational goals and objectives, in collaboration with the Chief Operating Officer
- Recommending, planning, developing, implementing, and evaluating member and community engagement and community partnership goals and objectives, including overseeing member outreach initiatives and community committee planning and projects, in collaboration with department leadership across the organization
- Participating in organizational strategic planning and overseeing implementation of community engagement related projects
- Advising Alliance leadership and other appropriate staff of community collaboration opportunities within the service area.

Community Grants Director

Directs the planning, development, implementation, and ongoing operation of the Alliance's Medi-Cal Capacity Grant Program in collaboration with the governing board and Alliance executive team, with duties including but not limited to:

- Developing, maintaining, and refining the policy framework, goals and selection criteria for grant program investments in collaboration with the Chief Executive Officer (CEO) and Alliance Board
- Developing and monitoring a multi-year plan for grant program investments and adjusting the plan to address emerging needs and priorities
- Researching, analyzing and reporting on potential investments in relation to the plan's strategic goals, expected outcomes, estimated costs, feasibility issues, legal issues, and regional and county-specific business factors
- Designing new grant programs and working with key Alliance staff and external partners to implement
- Evaluating merits of grant proposals, conducting due diligence, and recommending proposals that meet selection criteria and align with program goals
- Ensuring grantee compliance with multi-year grant requirements
- Managing ongoing vendor and grantee relations
- Receiving, analyzing and reporting grant program performance data and comparing to goals
- Making recommendations for program improvements or changes based on program evaluations and grantee feedback

- Working with the CEO and CFO to budget funds for the Community Grants Department and the Medi-Cal Capacity Grant Program, and managing and monitoring various grant program budgets on an ongoing basis
- Preparing and presenting reports to Alliance management and Board
- Developing contracts or other legal documents in collaboration with staff and attorneys
- Overseeing the development of communications materials to promote the grant program and Alliance investments in the community
- Staying informed about current research, policy activities, and trends related to Alliance priorities in order to identify new opportunities for grant program development
- Developing and evaluating new programs and projects and presenting to staff and the Board of Commissioners, as directed by the Chief Executive Officer (CEO)
- Preparing reports for the Board of Commissioners package for review by the CEO
- Providing support to the CEO on strategic projects and operational initiatives related to grant funding in the community

Quality Improvement and Population Health Director

Provides strategic management oversight in implementing, directing, and monitoring the Alliance's Quality Improvement and Population Health Department functions, with duties including but not limited to:

The QIPHD reports to the CMO.

- Designing, developing, and managing Quality Improvement and Population Health Department services and deliverables, including clinical programs related to quality improvement, population health, clinical safety, and other Health Services initiatives.
- Overseeing the development and implementation of the population health program, in collaboration with other Alliance Departments and with assistance from the Quality and Population Health Manager, including initiatives for targeted interventions in alignment with the Alliance's vision and mission.
- Overseeing the Quality Improvement Health Equity Transformation Program for Managed Care, including the Medi-Cal Managed Care Accountability Set (MCAS)/Health Effectiveness Data and Information Set (HEDIS), Health Programs, and Care-Based Incentive (CBI) programs, and ensuring compliance with regulatory reporting requirements.
- Providing organizational-wide leadership for the Alliance's QIHETP through monitoring, evaluating, and taking effective action on any needed improvements in the quality of care delivered.
- Overseeing delegated oversight for quality improvement activities, including overseeing predelegation evaluations and ongoing evaluations of delegate or subcontractors to ensure compliance with Alliance standards, and implementation of corrective action plans.
- Overseeing the investigation of suspected clinical quality of care issues and trends and
 ensuring that identified issues are promptly corrected through monitoring and corrective
 action plans in collaboration with the Compliance Department, Provider Services Department,
 and Chief Medical Officer (CMO) or designee.
- Developing, implementing, and maintaining programs, policies, and procedures to meet Alliance goals and ensure regulatory and contractual compliance.
- Coordinating relationships with clinical and social service agencies and documenting protocols for agency communications and referrals pertaining to quality improvement activities including Memorandums of Understanding.
- Attending and providing support to clinical committee meetings.

- Assisting the Medical Director in managing QIHETP, including MCAS/HEDIS and quality study research, and ensuring compliance with related regulatory reporting requirements.
- Participating in the Alliance's Grievance system by incorporating a continuous quality improvement process related to grievance resolution.
- Advising executive leadership on strategic issues involving the QIHETP.
- Participating in the general administration of the Alliance as a member of the executive management team by providing input into the problem-solving and decision-making process.
- Participating in strategic planning and implementation of the Quality Improvement and Population Health Department operational goals related to the growth and development of Alliance business operations.
- Ensuring that Quality Improvement and Population Health Department goals and activities are in alignment with the Alliance strategic plan.
- Preparing narrative and statistical reports and making presentations.
- Developing performance measures related to strategic goals and new projects and presenting to staff and the Board of Commissioners, as directed by the CMO.
- Preparing reports for the Board of Commissioners package for review by the CMO.
- Overseeing the preparation and maintenance of records, reports, and related documents.
- Overseeing, coordinating, and participating in a variety of committees, including the Quality Improvement Health Equity Committee (QIHEC), both Quality Improvement Health Equity Workgroups (QIHEW), Peer Review and Credentialing Committee (PRCC), and other committees relevant to the QIHETP.
- Developing and managing the Quality Improvement and Population Health Department operations and budget.
- Providing support to the CMO, including leading or supporting activities within the Health Services Division as directed, such as monitoring and tracking of Health Services analytics, clinical analytics and reporting, and performance improvement.

Quality and Performance Improvement Manager(s) (QPIM)

The QPIM reports to the QIPH Director and leads quality improvement initiatives to improve quality measures performance with the network providers and local communities, with duties including but not limited to:

- Supporting the development, management, and implementation of performance improvement program activities to achieve established benchmarks for quality measures performance, such as HEDIS/MCAS), Consumer Assessment of Healthcare Providers and Systems (CAHPS), Department of Managed Health Care (DMHC) health equity measures, and Centers for Medicaid and Medicare (CMS) quality measures.
- Managing a data-driven strategy for quality measures performance through dashboards, data stratification, analysis, and action plans.
- Developing and implementing provider education strategies and tools, monitoring provider performance, and facilitating technical assistance for providers that perform below quality Benchmark.
- Participating in the development of risk adjustment or value-based payment programs that deliver measurable, actionable solutions and outcomes across the health care system.
- Planning, implementing, and evaluating quality initiatives based on key performance metrics, return on investment analysis, and other outcomes to determine effectiveness of interventions.

- Monitoring, tracking, and ensuring completion of administrative QIPH Department activities in an organized, systematic, and on-going basis and developing plans for improvement.
- Overseeing the accurate execution of the QIPH work plan, dashboard, quarterly and annual QIPH summary, and operational trackers maintained by the QIPH Department.
- Developing and recommending plans to utilize internal resources and techniques to improve clinical outcomes, such as practice coaching, process improvement tools or academic detailing.
- Leading clinical initiatives designed to build a culture of high performance through learning sessions, webinars and on-going collaboratives with multiple network providers and community-based organizations
- Remaining current and knowledgeable of applicable mandates from oversight agencies, such as DHCS, CMS, DMHC, NCQA and other regulatory/accrediting bodies as applicable.
- Manages quality improvement projects, initiatives and activities including NCQA Accreditation.
- Is responsible for compliance with NCQA and regulatory standards.
- Managing and supervising staff, setting goals and objectives, delegating, and assigning work.
- Identifying, overseeing, and assisting with objectives, priorities, assignments, and work-related tasks and reviewing work products as needed

Quality and Population Health Manager (QPHM)

The QPHM reports to the QIPHD and manages, leads, acts as a subject matter expert, and provides guidance on unit functions and department operations, including regarding clinical health outcomes related to population health management, clinical data management and retrieval, reporting standards, and State policy and procedure implementation, with duties including but not limited to:

- Leading, planning, and improving clinical health outcomes through coordination of data from Alliance information systems, qualitative and quantitative information, clinical assessments, business intelligence tools, and other relevant sources.
- Overseeing and conducting research and complex analysis for clinical programs, including MCAS/ HEDIS and Care-Based Incentive (CBI) programs, developing recommendations for improvements, and presenting recommendations to Health Services leadership
- Manages the coordination, planning and implementation of the annual MCAS project; participates in HEDIS activities and interventions as required.
- Developing and assisting with implementation of population health initiatives consistent with the Alliance strategic plan, utilizing data-driven approaches to study the health status and determinants of specific populations.
- Monitoring and managing operational changes mandated by the DHCS, DMHC, and other governmental entities.
- Participating in the design, development, testing and implementation of new projects and changes to existing projects or other strategic programs in collaboration with Alliance Departments
- Evaluating options for clinical data retrieval specifically addressing reporting tools, functionality, and criteria to meet the needs for reporting of the MCAS/HEDIS
- Directing the technical specifications that enable population health measurement and the implementation and evaluation of clinical outcomes and programs
- Conducting analysis and interpretation of complex clinical data, issues, trends, and relationships and translating into effective strategies and action plans ·

- Communicating recommendations and providing guidance on alternatives to stakeholders -Identifying, investigating, and working with Information and Technology Services to implement solutions for data analytics and technology
- Providing updates to Alliance leadership, making presentations, supporting, and training end users on Quality Improvement and Health Equity policies and procedures, and developing related materials.
- Maintaining knowledge of applicable State and Federal laws and regulations, monitoring legislative and legal changes related to Alliance functions, and ensuring compliance with same.
- Providing support to the Quality Improvement and Population Health Director and may act for the Director in the Director's absence.
- Overseeing or conducting staff training, including the development and maintenance of training materials, in conjunction with the Training and Development team
- Identifying training gaps and opportunities for improved performance

Clinical Safety Quality Manager (CSQM)

The CSQM reports to the QIPHD and CCAH manages and leads clinical quality safety initiatives to enhance the Quality Improvement and Health Equity Transformation (QIHET) and improve performance for the provider network, with duties including but not limited to:

- Supporting improved performance management and implementation of clinical safety program requirements, such as Facility Site Reviews/Medical Record Reviews and Potential Quality Issues, in the community clinics.
- Performing and participating in delegation oversight activities as contractually required for the QIHET program, such as on-going review of policies and procedures, workplans, and related performance reports with reporting to relevant QIHET committees.
- Participating in the Corrective Action Plan (CAP) process for quality issues by reviewing CAPs for appropriateness, monitoring CAP progress, completion, and closure within defined timelines
- Developing and recommending plans to utilize internal resources and techniques to improve clinical safety outcomes, such as practice coaching, process improvement tools or academic detailing.
- Monitoring, tracking, and ensuring completion of administrative QIPH Department activities in relation to clinical safety in an organized, systematic, and on-going basis and developing plans for improvement.
- Contributing to the accurate execution of the QIHE work plan, dashboard, annual QIHE reports.
- Acting as a resource on regulatory, contractual and accreditation activities within the scope of clinical safety for the QIHET Program.
- Remaining current and knowledgeable of applicable mandates from oversight agencies, such as California Department of Health Care Services (DHCS), Centers for Medicare and Medicaid Services (CMS), Department of Managed Health Care (DMHC), NNCQA and other regulatory/accrediting bodies as applicable.
- Researching, interpreting, and assessing the impact of applicable regulatory, contractual and accreditation requirements within the scope of clinical safety for the QIHET Program
- Managing and supervising staff, setting goals and objectives, delegating and assigning work
- Collaborating with department Director in developing staff training plans, career pathways and routine individual staff performance reviews.

- Overseeing or conducting staff training, including the development and maintenance of training materials, in conjunction with the Training and Development team.
- Identifying training gaps and opportunities for improved performance.

Clinical Safety Supervisor

The Clinical Safety Supervisor unit, acts as a subject matter expert, and provides guidance on clinical safety functions, with duties including but not limited to:

- Conducting research and analysis related to clinical safety strategies
- Preparing narrative reports and making presentations
- Interpreting and analyzing statistical reports to ensure accuracy of data and make recommendations
- Drafting, recommending, and implementing administrative policies and procedures related to Quality Improvement and Population Health Department operations
- Developing, recommending, implementing, and ensuring compliance with department policies and procedures
- Attending and participating in internal and external meetings related to Quality Improvement and Population Health Department activities
- Overseeing the preparation and maintenance of records, reports, and related documents
- Providing support to the Clinical Safety Quality Manager and may act for the Manager in the Manager's absence
- Providing mentoring, coaching, and development and growth opportunities to assigned staff
- In conjunction with Clinical Safety Quality Manager, interviewing and participating in the selection of staff
- Evaluating employee performance, providing feedback to staff, and coaching and counseling or disciplining staff when performance issues arise
- Orienting new staff to the Quality Improvement and Population Health Department functions
- Conducting training related to Quality Improvement and Population Health functions for all Alliance staff, including the development and maintenance of training materials, in conjunction with the Learning and Development team
- Assisting with program planning, development, implementation, and evaluation
- Reviewing medical records, investigating, and making recommendations for PQIs
- Ensuring strong and timely communication regarding PQIs to Grievance, Provider Services, and other departments, as appropriate
- Leading PQI case review, investigation and resolution with Quality Improvement and Population Health nurses assigned to PQI
- Collaborating with Medical Directors on FSR/MRR/PAR/PQI Corrective Action Plans (CAPs)
- Monitoring and reporting Provider Preventable Conditions (PPC) as mandated by statute
- Working with department leadership to conduct process and outcome evaluation of the Department's programs
- Ensuring that policies, procedures, and workflows are current and reflect Alliance practice and industry standards, including Department of Health Care Services requirements
- Accurately documenting audit information using Medi-Cal Managed Care Division (MMCD) tools and guidelines and maintaining an organized FSR/MRR/PAR file system
- Issuing CAPs for any deficiencies found in audits and following up with providers to ensure timely correction of deficiencies
- Managing workflows for all CAPs related to FSR/MRR/PAR/PQI

• Attending and participating in the monthly Staff Grievance Review Committee and updating nurse colleagues on meeting outcomes and actions

Facility Site Review Supervisor

The Facility Site Review Supervisor supervises the FSR clinical safety team, acts as a subject matter expert, and provides guidance on clinical safety functions, with duties including but not limited to:

- Interpreting and analyzing statistical reports to ensure accuracy of data and make recommendations
- Drafting, recommending, and implementing administrative policies and procedures related to Quality Improvement and Population Health Department operations
- Developing, recommending, implementing, and ensuring compliance with department policies and procedures
- Attending and participating in internal and external meetings related to Quality Improvement and Population Health Department activities
- Providing input related to budget development and assisting with budget monitoring and purchasing functions
- Supporting and training end users, and developing related materials
- Staying informed of current and new developments in the field and sharing updates with staff
- Overseeing the preparation and maintenance of records, reports, and related documents
- Providing support to the Clinical Safety Quality Manager and may act for the Manager in the Manager's absence
- Supervising and participating in the development, management, and measurement of a comprehensive healthcare strategy in alignment with Department of Health Care Services (DHCS) standards of care and in collaboration with internal stakeholders and network providers to promote evidence-based practices and improve member health outcomes
- Acting as the primary liaison with DHCS regarding FSR/MRR/PAR issues and implementation of related regulations
- Supervising, conducting, and completing full scope Facility Site Review (FSR), Medical Record
 Review (MRR) and Physical Accessibility Review (PAR) audits, based on standards set by DHCS,
 to ensure patient safety
- Overseeing and participating in education sessions with network providers to prepare them for the FSR/MRR audit process
- Encouraging providers to optimize participation in the Care Based Incentive Program to enhance quality healthcare to members and reward evidence-based practice
- Supervising and participating in local, regional, and state audits and initiatives to measure, analyze and improve member health outcomes
- Collaborating with the Quality Improvement and Population Health Department Team and other departments to evaluate and report observed and/or measured trends in individual and group provider performance

Quality and Health Equity Supervisors

The Quality Improvement and Health Equity Supervisors supervises a team within the Quality Improvement and Health Equity Department, acts as a subject matter expert, and provides guidance on Quality Improvement and Health Equity programs, with duties including but not limited to:

- Overseeing the daily operations performed by a team within the Quality Improvement and Health Equity Department
- Monitoring the day-to-day work of staff to ensure compliance with program guidelines

- Conducting regular staff meetings and ensuring staff is informed of program updates in a timely manner
- Creating, running, and analyzing a variety of statistical and activity reports and providing these to the Quality Improvement and Health Equity Managers within specified timeframes
- Conducting regular in-service training for staff to ensure that accurate information is provided to members, providers, and the community
- Participating in continuous quality improvement activities, including sitting in on Quality Improvement Program Advisors' meetings with providers to enhance and improve the quality of the work and customer service provided by staff
- Drafting, recommending, and implementing administrative policies and procedures related to Quality Improvement and Health Equity operations
- Developing, recommending, implementing, and ensuring compliance with department policies and procedures
- Preparing narrative and statistical reports and overseeing the preparation and maintenance of records and related documents
- Providing input related to budget development and assisting with budget monitoring and purchasing functions
- Making presentations, supporting and training staff, and developing related materials
- Providing support to the Quality Improvement and Population Health Managers and acting for the Manager in the Manager's absence
- Overseeing Healthcare Effectiveness Data and Information Set (HEDIS) or the Alliance's payfor-performance (Care-Based Incentive) program
- May be assigned to oversee other improvement or regulatory activities
- Overseeing Provider performance improvement plans, Provider Partnership, Equity Practice Transformation (EPT), member satisfaction and programs that support provider performance improvement and ensure alignment with regulatory requirements
- Overseeing and participating in regular on-site provider visits and education
- Overseeing staff responsible for QI projects that include population health, and/or quality performance, and/or health equity
- Overseeing staff responsible for acquiring, analyzing and synthesizing programmatic information in order to make recommendations to leadership regarding program modifications
- Ensuring timely and accurate communication with program stakeholders
- Ensuring that staff accurately complete documentation, reports, and technical and statistical assessments in a timely manner

Quality Improvement Nurses (QIN)

The Quality Management Nurse is a Registered nurse licensed by the State of California. The QMN reports to the Clinical Safety Manager and performs QIPH activities related to HEDIS, FSR, and complaint/grievance resolution.

- Develops and measures a comprehensive preventive healthcare strategy in collaboration with the internal stakeholders and network providers to promote best evidence-based practices and improve member health outcomes.
- Collaborates with Quality Improvement and Population Health Department Team and other departments to evaluate and report observed and/or measured trends in individual and group provider performance. CCAH Evaluates patient safety and quality issues by promoting an environment of transparency with internal stakeholders, network providers and community partners.

- Coordinating communication regarding PQI to Grievance, Provider Services and other departments as indicated.
- Developing and delivering presentations on the PQI process and providing data, analysis, and trends to various internal and external audiences
- Identifies opportunities for improvement through monitoring and analysis of clinical and satisfaction data.
- Ensuring patient safety through Facility Site Review (FSR), Medical Record Review (MRR) and Physical Accessibility Review (PAR) audits and documenting all potential safety or quality issues at the time of audit.
- Closely collaborating with Provider Services in coordinating communication with providers and in timely reporting of FSR/MRR /PAR completion
- Educating and preparing network providers for the FSR/MRR audit by conducting interim educational visits ·
- Developing and delivering presentations on the FSR/MRR/PAR process and providing data, analysis, and trends to various internal and external audiences
- Oversees and monitors assigned administrative functions including annual program descriptions, work plans, evaluations, as well as maintenance of up-to-date definitions and organization charts related to:
 - o Potential Quality Issue (PQI).
 - o Facility Site Review
 - o Quality Improvement.
 - o Medical Record Review.
 - Physical Accessibility Review.
- Issuing Corrective Action Plan (CAP) for any deficiencies found in audits and following up with providers on timely correction of deficiencies.
- Participates in maintaining compliance with NCQA and regulatory standards.
- Leading PQI weekly meetings with Quality Improvement and Population Health Department staff and Medical Director

Quality and Health Programs Manager (QHPM)

The QHPM reports to the QIPHD manages all aspects of the Health Programs unit, including Health Education/Disease Management programs and Cultural and Linguistic services, with duties including but not limited to:

- Managing and coordinating health promotion and chronic disease management programs within the health plan
- Developing and implementing health promotion and disease management programs to meet the needs of members in multiple lines of business.
- Identifying the health education and cultural and linguistic needs within the member population
- Investigating potential project areas and recommending appropriate intervention
- Collaborating with internal staff, including Quality Improvement and Population Health Director,
 - Medical Directors, and Chief Medical Officer to identify members that may qualify for Health Programs services.
- Collaborating with providers and other external customers to develop interventions for highrisk members.

- Preparing health and disease management program promotional materials, including newsletter articles, pamphlets, and brochures in collaboration with the Communications Department
- Preparing promotional materials for the Alliance's Cultural and Linguistic services
- Coordinating Health Education/Disease Management and Cultural and Linguistic activities
 with Utilization Management and Complex Case Management, Quality Improvement and
 Population Health, and Community Care Coordination staff to improve health outcomes and
 promote appropriate use of resources.
- Directing Health Programs staff activities and mentoring staff in Health Programs
- Maintaining Health Programs policies and procedures to meet Alliance goals and ensure regulatory/contractual compliance.
- Performing ongoing monitoring of Health Programs and activities to evaluate plan's effectiveness and determine follow-up needed.
- Maintaining current knowledge of regulatory requirements pertinent to health education/disease management and cultural and linguistic services (DHCS, CMS, DMHC)
- Tracking, analyzing, and developing strategies to address outlier performance of Health Programs metrics.
- Maintaining and coordinating relationships with clinical and social service agencies as needed (County Health Departments, community health organizations, etc.)
- Assisting in Quality Improvement activities, including annual HEDIS studies and CBI
- Participating in preparation of DHS/DMHC Audit and Investigation audits for all aspects of health education/disease management and cultural and linguistic services

Quality and Health Programs Supervisors

Supervises a team within the Quality and Health Programs Unit, acts as a subject matter expert, and provides guidance on Quality and Health Programs functions, including Health Education and Disease Management Programs or Cultural and Linguistic Services, with duties including but not limited to:

- Overseeing the daily operations performed by a team within the Quality and Health Programs
- Monitoring the day-to-day work of staff to ensure compliance with program guidelines.
- Conducting regular staff meetings and ensuring staff is informed of program updates in a timely manner.
- Creating, running, and analyzing a variety of statistical and activity reports and providing these to the Quality and Health Programs Manager within specified timeframes
- Conducting regular in-service training for staff to ensure that accurate information is provided to members and the community.
- Coordinating assignment and distribution of Alliance provider and Alliance staff referrals to staff
- Participating in continuous quality improvement activities, including call monitoring, to enhance and improve the quality of the work and customer service provided by staff.
- Drafting, recommending, and implementing administrative policies and procedures related to Quality and Health Programs Unit operations.
- Developing, recommending, implementing, and ensuring compliance with department policies and procedures
- Overseeing Cultural and Linguistic (C&L) program activities, including supervising initiatives and projects designed to advance the Alliance's health equity strategies and ensure alignment with C&L regulatory requirements.

- Overseeing health education and disease management program activities, including supervising initiatives and projects designed to advance the Alliance's health equity strategies and ensure alignment with health education regulatory requirements.
- Working with the Quality and Health Programs Manager and assigned staff to conduct process and outcome evaluation of the Quality Improvement and Population Health Department's programs.
- Developing partnerships with community agencies and programs to allocate additional resources that support member's efforts to improve their overall health status.
- Ensuring that policies, procedures, and workflows are current and reflect Alliance practice and industry standards.
- Working with the Quality and Health Programs Manager and assigned staff to identify training
 opportunities for the department on topics such as chronic diseases, cultural competency,
 outreach strategies, program evaluation, software, customer service, and team building.
- Working with the Training and Development team to develop and implement training opportunities, coordinating, and participating in staff training activities, and tracking staff participation.
- Supervising the C&L staff in the delivery of the Alliance Cultural and Linguistic Services in specified health services areas, such as telephonic, face-to-face, and audio interpreting, and translations services, such as readability, suitability, and translation
- Supervising the Health Education staff in the delivery of the Alliance health education and disease management programs in specified health services areas, such as chronic health conditions, adult and pediatric weight management, pediatric preventative health care, and parental and postpartum care

Health Educators

The HE reports to the Quality and Health Programs Supervisor and conducts telephonic and in-person outreach and education to members identified as eligible for the Alliance's Quality and Health Program activities, with duties including but not limited to:

- Working in partnership with the Quality and Health Programs Supervisor, and Quality Improvement and Population Health (QIPH) team to develop, implement and maintain health education and disease management initiatives and programs.
- Providing health education information and referrals over the telephone or in-person to health plan members identified and referred with high-risk conditions on health education topics such as diabetes, asthma, adolescent/adult weight management, and prenatal and postpartum care.
- Assisting with the evaluation of health education and disease management initiatives and programs
- Preparing and developing training materials using a variety of formats
- Maintaining appropriate record keeping in internal care tracking systems, including a caseload of referred members, required documentation, and referrals.
- Assisting members with questions or issues that arise related to health program benefits.
- Ensuring that assigned health education and outreach activities meet QIPH goals and objectives.
- Answering general health information questions for members calling the Alliance Health Education Line or referring members to the appropriate Alliance department
- Assisting the Quality and Health Programs Supervisor with special projects, as assigned
- Conducting outreach and education to parents and members referred to the Alliance's adolescent weight management, prenatal, and postpartum programs.

- Conducting outreach and education to members referred to the Alliance's chronic disease management programs.
- Conducting community workshops based upon evidence-based and evidence-informed curricula for eligible Alliance members.
- Ensuring adherence to evidence-based and evidence-informed curricula when conducting workshops with members
- Collaborating with the Quality and Health Programs Manager, Quality and Health Programs Supervisor, and the QIPH team to develop and implement evidence-based health promotion interventions and ensuring that such interventions are culturally and linguistically appropriate for the Alliance's diverse membership.
- Identifying and promoting low cost, low health-literacy, culturally and linguistically appropriate health education materials
- Coordinating telephonic member referrals to external programs such as Women, Infants and Children (WIC), and other social and community services.

Care Coordinators I

The Care Coordinators reports to the Quality and Health Programs Supervisors and assists with the coordination of health education activities and/or health education activities linguistic services for Alliance members, with duties including but not limited to:

- Conducting telephone interviews with members, significant others, and family members to determine if care needs are being met or if additional services are needed.
- Intake and processing of provider requests for C&L or Health Education services with follow up to ensure coordination of services.
- Creating new cases, thoroughly documenting, and monitoring clear case notes in the Alliance computer system, in alignment with National Committee for Quality Assurance (NCQA) standards.
- Answering phone calls through the department's Automatic Call Distributor line
- Gathering information from providers, internal stakeholders, and members to assign cases appropriately to the team.
- Responding to internal and external providers' referrals and determining eligibility for C&L or Health Education services in a timely manner.
- Performing administrative duties to track, organize, monitor and follow-up on case work
 Tracking receipt, assignment, enrollment, and disenrollment of cases.
- Establishes and maintains effective working relationships with provider offices, County departments and other community agencies related to care coordination for members, disease management, and/or health education
- Recommends and implements program improvements that strengthen member access and health outcomes

Quality and Health Programs Program Advisors

The Quality and Health Programs team Program Advisors report to the Quality and Health Programs Manager and lead projects and activities with duties including but not limited to:

- Coordinating programmatic support to advance the Alliance's health equity strategies related to C&L, Health Education and Member Incentive programs.
- Serving as a consultant in internal and external stakeholder meetings.
- Responding to operational issues and questions from Alliance staff and Alliance network providers related to C&L, Health Education and Member Incentive programs.

- Reaching out to primary care providers, specialists, community agencies, and Alliance staff in order to maximize C&L and Health Education program participation.
- Establishing relationships with internal and external stakeholders to gain a clear understanding of provider and member needs.
- Providing subject matter expertise and knowledge of regulatory requirements related to C&L, Health Education and Member Incentive programs, including monitoring contractual, legal, and regulatory requirements.
- Coordinating the implementation of new C&L, Health Education and Member Incentive program regulatory requirements, including interventions in response to member needs
- Providing operational guidance to ensure alignment with Medi-Cal, Knox-Keene, and other regulatory and accreditation standards.
- Preparing, reviewing, and updating policies and procedures, program descriptions, evaluation reports, ongoing monitoring reports, and other administrative documents
- Collaborating with the Quality and Health Programs leadership team on C&L, Health Education and Member Incentive programs improvement, planning, implementation, and evaluation to ensure alignment with departmental work plans, organizational goals, regulatory requirements, and state policies.
- Overseeing services performed by vendors for C&L, Health Education and Member Incentive programs.
- Reviewing reports from vendors and providing an aggregate summary of vendor performance and compliance to Quality and Health Programs leadership, monitoring vendor performance, providing feedback to vendors, and facilitating on-going vendor relationships
- Supporting investigations into alleged violations of federal or state non-discrimination laws, and quality assurance concerns related to C&L and Health Education services.
- Conducting research related to a variety of C&L, Health Education and Member Incentive program issues, analyzing information and data, and preparing summaries and reports.
- Collaborating with internal and external stakeholders to identify and address health disparities and gaps in care to support health equity measures and improve health outcomes.
- Coordinating member outreach efforts to gather member feedback, evaluating feedback, and providing results and recommendations to the Quality and Health Programs leadership team.
- Preparing narrative and statistical reports, including developing reports and dashboards to perform on-going monitoring of C&L, Health Education and Member Incentive programs.
- Supporting Alliance reports related to Health Equity and Population Health, including coordinating member surveys, analyzing data, and preparing summaries and reports.
- Managing large datasets, such as quality health indicators and analyzing data for health disparities
- Implementing structure, process, and governance related to reviewing member communications to ensure that materials meet DHCS readability, suitability, and translations requirements and to ensure compliance with Health Education and C&L standards.

Quality Improvement Program Advisor IV

Manages and leads the planning, implementation, and management of select Quality Improvement (QI) programs, such as HEDIS, Performance Improvement, and the Alliance's pay-for-performance (CBI) program, with duties including but not limited to:

• Acting as the QI key knowledge holder on process changes as they relate to the National Committee for Quality Assurance's (NCQA) HEDIS process HEDIS teams.

- Ensuring necessary steps are taken to achieve a successful year over year improvement of HEDIS measures, including working with internal and vendor resources on process improvement initiatives.
- Identifying preventative care areas with declining or plateauing compliance rates over time, including conducting statistical and root cause analysis of contributing factors
- Taking proactive and strategic actions to plan, design and oversee research and analytical projects that support HEDIS, CBI, and QI projects.
- Conducting analysis and providing strategic recommendations to executives and professional clients related to improving health care quality, provider satisfaction and member health outcomes.
- Developing new algorithms and modifying existing algorithms related to QI projects to address complicated business problems, such as stratification, provider benchmarking, and program evaluations.
- Transforming business goals into hypotheses and tangible QI data mining goals
- Pulling and integrating data from disparate sources, such as claims and clinical data.
- Utilizing data visualization tools to produce data that is easily interpreted by non-technical audiences.
- Using data to demonstrate program performance and opportunities for improvement.
- Maintaining audit readiness through ongoing training, competency assessment, auditing, monitoring of metrics, and development of corrective action plans, as needed
- Setting expectations and goals for program inputs, processes, and outputs
- Developing, implementing, monitoring, and improving programmatic process and outcome metrics to ensure continuous quality improvement.
- Acquiring, analyzing, and synthesizing programmatic information to make recommendations to leadership regarding program modifications.
- Taking the lead in assigning and coordinating work and monitoring work assignments
- Acting as a technical resource to staff
- Providing mentoring and coaching to staff
- Conducting staff training, including the development and maintenance of training materials
- Acting as a subject matter expert in healthcare quality, efficiency, and value-based payment models · Maintaining and updating work process, policy, and reference documents

Quality Improvement Program Advisor III

Leads the planning, implementation, and management of select Quality Improvement (QI) programs, such as HEDIS, Performance Improvement, and the Alliance's pay-for-performance (Care-Based Incentive) program, with duties including but not limited to:

- Leading or participating in the development of expectations and goals for QI program inputs, processes, and outputs
- Developing, implementing, monitoring, and improving programmatic process and outcome metrics to ensure continuous quality improvement.
- Ensuring timely and accurate communication with program stakeholders
- Identifying preventative care areas with declining or plateauing compliance rates over time, including conducting root cause analysis of contributing factors
- Monitoring and ensuring the validity of data and accuracy of data analyses.
- Analyzing large claim data sets to develop conclusions about data integrity, accuracy, and general relationships, and making related recommendations.

- Analyzing large claim data sets to develop conclusions about data integrity, accuracy, and general relationships, and making related recommendations.
- Investigating and analyzing database and data processing issues in relation to HEDIS and CBI in order to identify causes and recommend solutions.
- Identifying QI business issues and challenges, forming hypotheses, planning, and conducting interviews and whiteboard sessions, and performing reporting and analysis to synthesize conclusions, develop solutions and make recommendations.
- Identifying reporting and quality improvement opportunities
- Providing day-to-day consultation to business users and participating in and contributing to cross-functional project teams
- Managing assigned workflows and ensuring reliability, integrity, and timeliness of end products
- Developing project plans and strategies and executing assigned project plans to deliver solutions.
- Gathering information regarding customer expectations to develop goals and meet expectations.
- Collaborating with Lead QI Program Advisors and supervisor and requesting review as needed to ensure reliability, integrity, and timeliness of end products.
- Summarizing findings to develop and propose appropriate solutions to QI program and project challenges.
- Preparing and delivering formal presentations of work to customers

Quality Improvement Program Advisor II

Supports Quality Improvement (QI) and Population Health Department leadership and higher-level Quality Improvement Program Advisors with program administration, with duties including but not limited to:

- Coordinating and submitting convenience and over read samples to the External Quality Review Organization (EQRO) to ensure quality data.
- Submitting Interactive Data Submission System (IDSS) data to National Committee for Quality Assurance (NCQA)
- Acting as a resource on HEDIS technical specifications and training staff in the use of HEDIS certified software
- Collaborating with other County Organized Health Systems (COHS) regarding joint HEDIS activities and reporting
- Serving as point person for HEDIS staff regarding correct Health Insurance Portability and Accountability Act (HIPAA) protocols related to transporting Protected Health Information (PHI)
- Maintaining HEDIS member exclusion data
- Maintaining a problem log of certified HEDIS software issues
- Reviewing and validating accurate location and contacts for medical record requests
- Participating in on-site visits for Physical Accessibility Reviews (PAR) with providers, in collaboration with QI nurse
- May assist FSR Team engagement with providers, including scheduling reviews and monitoring visits related to Medical Record Review (MRR), FSR and PAR
- Performing outreach to providers for corrective action plan (CAP) follow-up
- Preparing documentation and provider-specific reports to assist QI nurses with providing educational information and assistance with CAP completion to providers.

- Act as practice coach to providers to improve effectiveness of health care delivery through various modalities such as on-site support, trainings, analysis, and one-on-one coaching.
- Develop, participate in, and lead provider collaboratives across counties including but not limited to, in-person events and virtual meetings.
- Develop and support provider improvement plans and programs.
- Responding to inquiries from internal stakeholders regarding regulatory and accreditation activities by researching, summarizing, and presenting findings and recommendations
- Coordinating Health Services (HS) Division continuous audit readiness program efforts
- Coordinating production of pre-audit deliverables and conducting review and analysis of various data sources to determine potential audit focal points.

Quality Improvement Program Advisor I

Supports Quality Improvement (QI) and Population Health Department leadership and higher-level Quality Improvement Program Advisors with program administration, with duties including but not limited to:

- Maintaining Health Effectiveness Data and Information Set (HEDIS) member exclusion data
- Maintaining a problem log of certified HEDIS software issues
- Reviewing and validating accurate location and contacts for medical record requests
- Working with supplemental data sources such as immunization registries and lab vendors
- Collaborating with practices to integrate their electronic medical record data into vendor software.
- Compiling and analyzing Facility Site Review (FSR) and Potential Quality Issue (PQI) data to assist with evaluation of quality of clinical care and member safety.
- Participating in the coordination of Health Services (HS) Division continuous audit readiness program efforts
- Assisting with or coordinating production of pre-audit deliverables and conducting review and analysis of various data sources to determine potential audit focal points.
- Assisting with or conducting the more routine gap analyses between operational activities and contractual requirements and collaborating with stakeholders on contract requirements and related operational modifications
- Acting as liaison to Compliance Department audit leads to coordinate and execute on-site
 audit logistics, coordinate document requests with relevant subject matter experts and
 stakeholders and may assist with the coordination of required CAP (Corrective Action Plan)
 activities, development of narrative CAP rebuttals, and supporting implementation of
 operational modifications to correct deficiencies.
- Assisting with researching and coordinating health plan accreditation standards, such as NCQA
- Performing routine review and interpretation of accreditation standards and guidelines, regulatory and contractual requirements, policies and procedures, and trends and best practices, and making recommendations based on findings
- Participating in HS Division quality improvement efforts to promote operational alignment with accreditation, regulatory and contractual standards, guidelines and/or requirements.
- Participating in the coordination of annual facilitation, analysis, and dissemination of the Alliance member experience surveys, such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys, including coordinating with the Alliance's third-party survey administrator and internal stakeholders

Quality Improvement Project Specialist

Coordinates, leads, supports, and participates in Quality Improvement and Population Health Department projects and serves as a liaison for interdepartmental and company-wide initiatives, with duties including but not limited to:

- Documenting and communicating action items to staff assigned to QI-related projects.
- Coordinating between the Care-Based Incentive (CBI) and HEDIS programs, acting as a liaison between HEDIS vendors and provider offices, and coordinating and scheduling HEDIS audit activities.
- Assisting leadership with planning and implementing training, education, and awareness activities for internal and external audiences
- Representing the department in various interdepartmental committees and workgroups and acting as a liaison
- Assisting with the development of policies and procedures specific to area of expertise and educating/training others on new processes and procedures
- Developing and creating a variety of materials in collaboration with department leadership and other staff
- Assisting with the development of communications materials in collaboration with department leadership and other staff
- Composing basic content, copy editing, proofreading, and auditing communications to ensure compliance with Alliance marketing, communication, and information strategies for all media formats.
- Assigning Provider Bulletin articles to internal subject matter experts, working with the
- Communications Department to finalize content and ensuring that publication deadlines are met.
- Acting as the Quality Improvement and Populations Health Department liaison to the Communications Department, attending Communication Committee meetings, and reporting back to Quality Improvement and Population Health Department leadership and staff regarding communications activities
- Creating clear and concise materials for internal and external presentations and training programs
- Assisting with the development and execution of the department's Communication Plan and coordinating related activities
- Applying accepted project management methodologies and ensuring compliance with the organization's project, policy, and procedural standards
- Developing, revising, and executing project work plans to ensure timely and efficient completion of assigned projects.
- Overseeing and tracking tasks, timelines, and resources needed to meet project objectives.
- Monitoring project status, identifying and resolving or escalating issues, delivering progress reports on projects, and communicating updates to project stakeholder.

Coding Resource Specialist

Acts as the clinical coding expert across all departments with duties including but not limited to:

- Researching all relevant regulations, and representing the Quality Improvement and Population Health Department in the internal committees
- Reviewing new and updated OILs (Operating Instruction Letter) to determine the potential impact upon the Health Effectiveness Data Information Set (HEDIS), CBI and other Quality Improvement and Population Health initiatives.

- Working directly with stakeholders in analyzing current and future systems configuration to ensure coding methodology and modifier rules are appropriately applied for proper reimbursement while adhering to applicable regulations.
- Preparing quality assurance and performance improvement reports to verify program and data integrity.
- Maintaining and managing a procedure code listing for all lines of business.
- Serving as the primary consultant for HEDIS and CBI programs and annually updating code sets using state and national code sets
- Utilizing consultative skills by maintaining excellent interpersonal relationships in various departments and with network providers
- Serving as a resource to internal departments including Claims, Contracts, Analytics and Technology Services (ATS), Provider Services and other units within Health Services Division
- Presenting at provider workshops or assisting with provider training in regard to regulations for coding of medical bills and documentation required to support claims submission and prompt accurate payment to providers.
- Advising stakeholders regarding system configuration and contractual billing requirements based on coding standards.
- Collaborating with departments in identifying coding interface enhancements, development
 of changes, and implementation of these functions throughout the Alliance
- Performing medical chart review to validate codes for quality monitoring, reporting, and analysis of internal databases.
- Working across departments regarding conflicting, ambiguous, or non-specific medical documentation

Administrative Specialist

The administrative specialist reports to the QIPH Director and Performs multiple, high-level administrative functions in support of a Chief Officer or Department Director, with duties including but not limited to:

- Performing duties and tasks related to specific departmental business needs and activities.
- Providing administrative assistance to management staff on program activities and special projects.
- Supporting, coordinating and/or completing departmental and organizational projects, such as those related to reports, presentations, newsletters, departmental metrics, staff communications, and special event administration.
- Gathering, coordinating, and preparing materials in support of responses to internal and external audits and the preparation of regulatory reports
- Assisting with the development, documentation, implementation and maintenance of administrative support procedures and processes.
- Composing correspondence, performing general research, creating, and updating spreadsheets, building, and maintaining files and databases, and preparing written reports.
- Coordinating and scheduling training, conferences, retreats, and travel for department staff.
- Creating, preparing, and producing presentation materials for internal and external presentations Providing administrative support to department leadership in the development and maintenance of the department budget.
- Ordering office supplies and preparing and submitting purchase orders and expense request forms for department purchases.

- Processing vendor contracts and invoices and communicating with vendors.
- Tracking petty cash expenditures, reconciling balances, and submitting a monthly final detailed accounting report.
- Assisting with the development and maintenance of department pages and information on the intranet.
- Developing and maintaining filing systems, maintaining accurate records, and coordinating records retention/destruction projects in consultation with department leadership.
- Answering, directing, and placing telephone calls and scheduling telephone and video conference calls.
- Representing the department at internal and external meetings.
- Assisting with the development of departmental training and resource materials and assisting with training staff, as assigned.
- Coordinating departmental facilities maintenance requests.
- May coordinate the work of other departmental clerical/support staff and assist with training and developing procedures and guidelines for clerical/support staff.
- May assist with processing personnel and payroll records and resolving related issues.

Utilization Management Director

The UM Director reports to the Health Services Officer and leads and shapes the Utilization Management (UM) Strategy for the Alliance, while providing management oversight in implementing, directing, and monitoring the Alliance's Utilization. Management Department functions, including prior authorizations, concurrent review, medical claims review, appeals and grievances, with duties including but not limited to:

- Leading development of UM strategy by leveraging the use of data/analytics to inform and technology solutions to streamline operational efficiencies while also building a cost-benefit methodology to rationalize decisions on UM reviews to be performed based upon staffing costs, productivity, and projected medical cost savings.
- Identifying opportunities to create efficiencies in the UM program and activities, incorporating innovative approaches and solutions, and leading process redesign work necessary to implement improvements.
- Directing the utilization management, concurrent review, prior authorizations medical claims review, appeals and grievances functions.
- Providing leadership in the design and implementation of UM policies, processes and procedures needed to meet National Commission on Quality Assurance (NCQA) and Utilization
- Review Accreditation Commission (URAC) accreditation requirements for both a Medi-Cal and Medicare line of business (D-SNP)
- Establishing and measuring productivity metrics in order to support workforce planning methodology and rationalization of services to perform UM reviews.
- Developing approach to auto-approvals where appropriate and partnering with the Provider Services team to implement strategies to reduce unnecessary administrative burden for Alliance care delivery partners related to UM processes.
- Developing and maintaining protocols for Treatment Authorization Request (TAR) authorization criteria
- Designing, developing, implementing, and maintaining programs, policies and procedures in order to meet regulatory, contractual, accreditation, and performance standards.
- Evaluating and overseeing the implementation recommendations on program changes relative to covered services.

- Maintaining knowledge of the UM software program functionality and leading the clinical team responsible for advising on replacement, upgrades, and user testing
- Advising and collaborating with the Chief Medical Officer (CMO) and Medical Directors on strategic issues involving Utilization Management Department programs
- Developing and maintaining collaborative working relationships with clinical and social service agencies in the community
- Collaborating with Community Care Coordination, Quality Improvement/Population Health, Pharmacy, and Health Programs to improve health outcomes and promote appropriate use of resources.
- Maintaining knowledge of regulatory and accreditation agencies and related requirements
 pertinent to case management and integrated behavioral health, such as Department of
 Health Care Services (DHCS), Centers for Medicare and Medicaid Services (CMS), Department
 of Managed Health Care (DMHC), and Knox Keene
- Ensuring that staff advocates for members within the scope of the role of the health plan by arranging for, or directly reaching out to, Primary Care Providers (PCPs), specialists, hospitals, local mental health services, the managed care behavioral health organization (MCBHO), local care management programs, and community agencies in order to maximize program participation and outcomes.
- Assisting with quality improvement activities, including annual HEDIS studies
- Drafting, recommending, and implementing administrative policies and processes and procedures related to Utilization Management Department operations.
- Maintaining current knowledge of relevant Federal and State laws, policies and directives, and
 organizational policies and procedures, including regulatory requirements pertinent to
 population health, case management and disease management (DHCS, CMS, DMHC, and
 Major Risk Medical Insurance Board), communicating changes to staff, and ensuring that all
 requirements are met.
- Monitoring legislative and legal changes related to Alliance functions and ensuring appropriate communication of same
- Reviewing and assessing overall department functions, core work, goals, and structure, developing and implementing short- and long-term planning to achieve strategic objectives, and completing an annual department assessment.

Case Management Director

The CMD provides strategic management oversight in implementing, directing, and monitoring the Alliance's Care Management functions, including Behavioral Health, Care Coordination, Care Management (Adult Complex Case Management and Pediatric Case Management inclusive of California Children's Services), in alignment with Medi-Cal, Knox-Keene and other regulatory and accreditation standards, with duties including but not limited to:

- Designing, developing, implementing, and maintaining programs, policies, and procedures in order to meet regulatory, contractual, accreditation, and performance standards
- Designing, developing, and maintaining Behavioral Health (BH) policies and procedures that relate to Care Management
- Leading the development and oversight of Alliance Care Management efforts including those required by the Medi-Cal CalAIM initiative and the Alliance's Strategic Plan
- Advising and collaborating with the Health Services Officer (HSO), Chief Medical Officer (CMO), and Medical Directors on strategic issues involving Care Coordination and Care Management programs

- Participating in development and implementation of electronic systems and modules that support case management and best practice and accreditation standards
- Collaborating with all departments, within Health Services and across the organization, to improve health outcomes and promote appropriate use of resources
- Tracking, analyzing, and developing strategies to address outlier performance of care management metrics and reporting on metrics at a regular cadence
- Preparing reports for the Board of Commissioners package for review by the HSO and/or CMO
- Developing performance measures related to strategic goals and new projects and presenting to staff and the Board of Commissioners, as directed by the HSO and/or CMO
- Drafting, recommending, and implementing administrative policies, processes and procedures related to Care Management Department operations
- Maintaining current knowledge of relevant federal and state laws, policies and directives, and
 organizational policies and procedures, including regulatory requirements pertinent to case
 management and disease management issued by Department of Health Care Services,
 Centers for Medicare and Medicaid Services, Major Risk Medical Insurance Program, or
 Department of Managed Health Care, communicating changes to staff, and ensuring that all
 requirements are met

Pharmacy Director

The Pharmacy Director is a pharmacist with an unrestricted license issued by the State of California. The PD reports to the Health Services Officer and is responsible for overseeing the strategic management oversight in implementing, directing, and monitoring the Alliance's Pharmacy functions, with duties including but not limited to:

- Developing and maintaining protocols for Treatment Authorization Request (TAR) authorization criteria
- Ensuring contractual turnaround times are met by staff, and performing duties associated with
- Prior Authorization, as needed, which includes reviewing and making determinations of pharmacy authorization requests.
- Performing complex pharmacy utilization and authorization review using applicable policies and guidelines
- Interfacing with the Pharmacy Benefits Manager (PBM) including ensuring that formulary changes are processed appropriately by the PBM.
- Advising in the resolution of disputed or questionable claims relative to medications
- Reviewing and overseeing the implementation of appropriate pricing of drug and supplies claims
- Reviewing and reporting out on Utilization Review (UR) trending
- Ensuring quality of pharmacy services through UR, review of medical records and provider education, identifying training opportunities and trends
- Evaluating and overseeing the implementation of cost-effective delivery of pharmacy services (e.g., generic drug contract, rebate, Code I drug, provider education, etc.)
- Evaluating and overseeing the implementation recommendations on program changes relative to covered pharmacy services.
- Participating in strategic planning and implementation of the Pharmacy Department operational goals related to the growth and development of Alliance business operations.
- Ensuring that Pharmacy Department goals and activities are in alignment with the Alliance strategic plan · Conducting complex research and analysis related to Pharmacy strategies.
- Assisting in formulating strategic plans and goal setting in support of Alliance programs

- Modeling and promoting effective interdepartmental communication · Preparing narrative and statistical reports and making presentations.
- Preparing reports for the Board of Commissioners package for review by the Health Services Officer and the Chief Medical Officer (CMO)
- Developing performance measures related to strategic goals and new projects and presenting to staff and the Board of Commissioners, as directed by the Health Services Officer and the CMO
- Drafting, recommending, and implementing administrative policies, processes and procedures related to Pharmacy Department operations.
- Maintaining current knowledge of relevant federal and state laws, policies and directives, and organizational policies and procedures
- Monitoring legislative and legal changes related to Alliance functions and ensuring appropriate communication of same
- Reviewing and assessing overall department functions, core work, goals, and structure, developing and implementing short- and long-term planning to achieve strategic objectives, and completing an annual department assessment.
- Overseeing the preparation and maintenance of records, reports, and related documents
- Developing and managing the Pharmacy Department operations, work plans, and budget
- Attending and participating in internal and external meetings related to Alliance business operations.
- Providing support to the Health Services Officer and CMO

Behavioral Health Medical Director

The BH Medical Director reports to the Health Services Officer and Provides strategic management oversight in planning, implementing, directing, and monitoring the Alliance's Behavioral Health functions, with duties including but not limited to:

- Oversees MBHO delegated utilization management, quality improvement and care management activities.
- Directing and organizing planning of the Behavioral Health program with the MBHO and the Care Management team.
- Leading and participating in meetings about proposed mental health administrative models through Department of Health Care Services (DHCS), tracking developments, and keeping organization informed.
- Designing, developing, implementing, and managing behavioral health program performance to align with existing and future needs of Alliance members.
- Planning for and directing the service delivery components for members' behavioral health needs, considering current and future integration needs, not limited to mental health and/or substance use disorder.
- Developing and maintaining policy and procedures in order to meet regulatory, contractual, and accreditation standards.
- Overseeing the development of new Medi-Cal behavioral health benefits within the Alliance and providing executive level oversight of Alliance behavioral health projects.
- Collaborating with other Alliance departments on behavioral health initiatives/activities to improve health outcomes and appropriate use of resources Oversee the development of programming to support the education of the health services division, providers, members and their families on behavioral health issues including symptoms, relapse prevention, stress reduction, lab work, and healthy lifestyle choices.

- Tracking, analyzing, and developing strategies to address outlier performance in behavioral health metrics.
- Tracking, analyzing, developing, and reporting on Administrative Quality Indicators (AQI's) pertaining to behavioral health initiatives.
- Participating in strategic planning and implementation of the Behavioral Health Department's operational goals related to the growth and development of Alliance business operations.
- Ensuring that Behavioral Health Department's goals and activities are in alignment with the Alliance strategic plan.
- Conducting complex research and analysis related to behavioral health strategies.
- Assisting in formulating strategic plans and goal setting in support of Alliance programs.
- Modeling and promoting effective interdepartmental communication.
- Preparing narrative and statistical reports and making presentations Developing performance measures related to strategic goals and new projects and presenting to staff and the Board of Commissioners, as directed by the Chief Medical Officer (CMO).
- Preparing reports for the Board of Commissioners package for review by the CMO.
- Drafting, recommending, and implementing administrative policies, and processes and procedures related to Behavioral Health Department operations.
- Maintaining current knowledge of relevant Federal and State laws, policies and directives, and organizational policies and procedures.
- Monitoring legislative and legal changes related to Alliance functions and ensuring appropriate communication of same.
- Overseeing the preparation and maintenance of records, reports, and related documents.
- Overseeing and coordinating meetings to promote effective communication between the Alliance, MBHO, County Behavioral Health Departments, Regional Centers, and Community Partners.

Chief Compliance Officer

The CO reports to the CEO and is responsible for establishing and implementing an effective Compliance Program, including Fraud, Waste and Abuse, to prevent illegal, unethical, or improper conduct consistent with applicable laws, regulatory and accreditation standards, and the plan's policies.

- Directing and controlling activities of a broad functional division through Department Directors
- Making decisions on operational matters and ensuring effective achievement of objectives
- Responsible for overseeing employee performance appraisal, hiring, salary administration, training and development, performance management, and discipline.
- Ensuring Department Directors set goals, objectives and standards and monitor and evaluate department performance.
- Reviewing and assessing overall division function, including the core work, goals and structure
 of each department, and overseeing directors' development and implementation of shortand long-term planning to achieve strategic objectives and completion of annual department
 strategic planning related activities.
- Approving subordinate budget recommendations and working with executive administration to create the annual budget.
- Maintaining current knowledge of relevant federal and state laws, policies and directives, and organizational policies and procedures

- Developing, recommending, and implementing plans, policies, programs, and projects
- Ensuring development of clear scope and work plans for new efforts
- Ensuring the establishment of clear and measurable objectives for plans, policies, programs, and projects
- Ensuring the development of training programs to ensure staff are aware of statutory and regulatory requirements and ensuring that Compliance Program training of all Alliance staff, board members and contractors is conducted as required.
- Ensuring effective processes are in place to allow two-way communication between the Compliance Division and other Alliance staff such that staff are aware of new and changing requirements and are knowledgeable about how to report noncompliance, suspected fraud, waste or abuse, or other misconduct without fear of retaliation.
- Ensuring suspected non-compliance is promptly investigated and that identified issues are fully corrected in a timely manner.
- Ensuring organizational projects support contractual, regulatory, statutory, or other compliance related requirements.
- Ensuring appropriate disciplinary measures and corrective actions are taken when staff violate Alliance policies and procedures.
- Maintaining a direct reporting relationship with the Alliance Board of Commissioners, based upon the Chief Compliance Officer's ultimate responsibility to the Board, and routinely reporting Compliance Program metrics and updates to the Board.

Quality Improvement and Health Equity Committee and Subcommittees

Quality Improvement Health Equity (QIHEC) Committee

The Alliance maintains a Quality Improvement and Health Equity Transformation Program (QIHETP), as described in Alliance Policy 401-1101 – Quality Improvement and Health Equity Transformation Program (QIHETP). The Santa Cruz-Monterey-Merced –San Benito-Mariposa Managed Medical Care Commission (Alliance Board) delegates oversight and performance responsibility of the QIHETP to the QIHEC, excluding credentialing/recredentialing activities, which are directed by the Peer Review and Credentialing Committee.

The QIHEC is designated by, and accountable to, the Alliance Board, supervised by the Chief Medical Officer or designee, in collaboration with the Chief Health Equity Officer. The activities, findings, recommendations, and actions of the QIHEC are reported to the Alliance Board on a scheduled basis.

The QIHEC oversees the QI activities of the organization, Pharmacy and Therapeutics (P&T) Committee, Utilization Management Workgroup (UMWG), and Quality Improvement Health Equity Workgroup (QIHEW). The QIHEC partners with the Compliance Committee to meet delegate oversight requirements. Primary duties of the QIHEC include the following:

- Annually reviewing and approving the draft Quality Improvement and Health Equity and Utilization Management Work Plans (QIHEWP and UMWP).
- Quarterly reviewing progress against active QIHEWP and UMWP goals.
- A written summary of QIHEC activities, as well as QIHEC activities of its fully delegated subcontractors and downstream fully delegated subcontractors, findings, recommendations, and actions are prepared after each meeting.
- Analyze and evaluate the results of QI and Health Equity activities including annual review of the results of performance measures, utilization data, consumer satisfaction surveys, and the

findings of the activities of other committees such as the Community Advisory Committee (CAC)

- Institute actions to address performance deficiencies, including policy recommendations.
- Ensure appropriate follow-up of identified performance deficiencies.
- Providing leadership and oversight in the implementation of quality improvement principles and activities in the daily operations of the Alliance.
- Facilitating communication on the status and progress of Alliance QIHETP activities to the Alliance Board on a scheduled basis.
- Participating in the development and/or adoption of specific utilization management criteria and benefit parameters.
- Monitoring the activities of, and providing direction to, all QIHEC subcommittees/ workgroups.
- Stimulating the highest degree of commitment to quality health care and to the goal of continuous improvement.
- Recommending and approving changes to select QIHETP related Alliance policies, practice guidelines, and subcommittees' proposed action plans.
- Overseeing the QIHETP and UM Program policies (Alliance Policies 401-1101 and 404-1101 respectively), and the QIHEWP and UMWP for annual submission to the Alliance Board.
- Reviewing, approving, and submitting the Quality Improvement and Health Equity (QIHE) Annual Report to the Alliance Board.
- Reviewing and advising on QIHETP related Corrective Action plans (CAP), not including
 credentialing/recredentialing oversight related CAPs. Individual provider issues may be
 referred to the PRCC and/or Program Integrity Unit depending on the nature of the issue.
- Reviewing standards of care guidelines, as described in Alliance Policy 401-1501 Standards of Care.
- Oversight of language assistance and interpreter services as described in Alliance Policy 401-4101 – Cultural and Linguistic Services Program
- Directing necessary modifications to QIHETP policies and procedures to ensure compliance with the QI and Health Equity standards and the DHCS Comprehensive Quality Strategy
- For fully delegated subcontractors and downstream fully delegated subcontractors, ensure maintenance of a QIHEC and reporting to the Alliance on a quarterly basis, at a minimum; and
- Partnering with the Compliance Committee to meet QIHETP delegate oversight requirements.

Core membership consists of Alliance network providers, including but not limited to hospitals, clinics, county partners, fully delegated subcontractors ensuring representation of all required specialties as outlined below and downstream subcontractors. They are representative composition of the provider network and provide health care services to members affected by health disparities, limited English proficiency (LEP), children with special health care needs (CSHCN), seniors and persons with disabilities (SPDs) and persons with chronic conditions (e.g., diabetes, asthma, and congestive heart failure). QIHEC core members actively participate on the QIHEC or medical subcommittee that reports to the QIHEC. A network behavioral health practitioner also attends QIHEC and or other subcommittees to discuss transitions of care. Committee members must be in good standing with the Alliance.

Core Committee Members (voting) External to CCAH

- Medical Director, Santa Cruz Community Health Centers, Santa Cruz County
- Family Medicine Physician, Watsonville County Health, Santa Cruz County
- Pediatrician, Salud Para la Gente, Santa Cruz County

- Clinical Director of Quality, County of Santa Cruz Health Services Agency, Santa Cruz County
- Doctor of Osteopathic Medicine, Dignity Health–Dominican, Santa Cruz County
- Medical Director, Monterey County Department of Health, Monterey County
- Chief Medical Officer, Clinica De Salud Del Valle, Monterey County
- Director of Nursing, Golden Valley Health Centers, Merced County
- Chief Operating Officer, Merced Faculty Associates, Merced County
- Medical Director, Carelon Behavioral Health

Core CCAH Staff:

Chief Medical Officer (Chair), Chief Executive Officer, Chief Administrative Officer, Chief Health Equity Officer, Health Services Officer, Medical Director(s), QIPH Director, QIPH Managers, Quality and Health Programs (QHP) Manager, QIPH Nurse Supervisor, Care Management Director (CM), Communications Director, Enhanced Health Services Director, Member Services (MS) Director or designees, Pharmacy Director, Program Services Director, Provider Services (PS) Director, Regional Operations Director Utilization Management (UM) Director, Behavioral Health Director (BH), Administrative Specialist, and Ad-hoc (non-core) membership varies as topics mandate.

There are three subcommittees that report to the QIHEC committee. They are:

- Pharmacy and Therapeutics (P&T) Committee
- Utilization Management Work Group (UMWG)
- Quality Improvement Health Equity Workgroup (QIHEW)

Pharmacy and Therapeutics (P&T) Committee

The P&T Committee is chaired by the Alliance Medical Director and is comprised of in-house and network pharmacists, primary care physicians and specialists. The P&T Committee meets quarterly and reports to the QIHEC Committee

The P&T Committee:

- Examine and update the utilization management of Physician-Administered Drugs (PADs) to reflect the evolving standard of practice of medicine relative to drug therapy.
- Evaluate PADs on their therapeutic merits, avoiding duplication of therapeutically equivalent drugs.
- Evaluate PADs with new Healthcare Common Procedure Coding System (HCPCS) billing codes.
- Review and update policies and procedures of pharmaceutical management annually to promote the clinically appropriate use of pharmaceutic ng codes.
- Evaluate new drugs, drugs with new or changing indications, and changing economic factors involving drug therapy in a systematic manner.
- Review policies and procedures that guide the use of cost-effective drug therapy.
- Conduct focused reviews of high-cost therapy classes or drugs as indicated by utilization trend reports.
- Implement drug utilization review projects and offer strategies for improving the quality of practitioner prescribing.
- Utilize newsletters and the Alliance website to distribute drug information to prescribers and communicate drug policy decisions made by the P&T Committee.
- Participate in quality assurance activities related to drug prescribing, adverse drug reactions, and drug interactions.

Utilization Management Work Group (UMWG)

The UMWG operates under the authority of the QIHEC. UMWG is co-chaired by an Alliance Medical Director and the UM Director. UMWG membership includes representatives from all major areas of Health Services (HS), including the CMO, Medical Directors, UM Managers, and Supervisors, QIHE Director, Pharmacy Director, and CM Director, and other staff or delegates as needed. The UMWG meets, at a minimum, 12 times a year and once a quarter, and as needed. UMWG activities and recommendations are reported to the QIHEC quarterly. The UMWG provides guidance and direction to the Program. UMWG activities include, but are not limited to:

- Reviewing and making recommendations to the Program policy annually.
- Reviewing and approving the UM Work Plan and Evaluation guarterly.
- Approving and ensuring implementation of utilization management criteria and UM policies.
- Analyzing summary data and making recommendations for action.
- Recommending medical policy, protocol, and clinical practice guidelines.
- Monitoring delegated utilization management activities through regular reports as described in Alliance policy 105-0004 Delegate Oversight.

Quality Improvement Health Equity Workgroup

The QIHEW, under the direction and guidance of the QIHEC, is responsible for addressing high-priority and emerging quality and health equity trends requiring organization-wide and/or cross-departmental response, including, but not limited to, topics related to provider capacity, grievances, member access and satisfaction, and QIHET program activities. The QIPH Director, or designee, chairs the QIHEW. Ad-hoc membership varies as topics mandate.

Core membership includes: CMO, Medical Director(s), QIPH Director (chair), Chief Compliance Officer, Chief Health Equity Officer, Chief Operating Officer, Health Services Officer, Care Management Director, Claims Director, Community Engagement Director, Community Grants Director, Compliance Director or designees from the departments, Data Analytics Director, Enhanced Health Services Director, Grievance and Quality Manager, Marketing and Communications Director, Medicare Executive Director, MS Director, Pharmacy Director, Program Development Director, PS Director, Provider Quality and Network Development Manager, UM Director, Behavioral Health Manager, QIPH Managers, QHP Manager, and UM Managers.

The workgroup meets quarterly. Ongoing review and approval of the QIHEWP, including refining interventions to address barriers and incorporate feedback from the QIHEC, and the QIHE Annual Report

- Annual review and approval of various QIPH policies and related processes and functions.
- Analysis of HEDIS/Managed Care Accountability Set (MCAS) measures and the development of strategies to improve performance.
- Development of QIHETP related provider and member communications.
- Development of disease management initiatives.
- Ongoing oversight of delegated QIHE activities of subcontractors.
- Review of language assistance and interpreter services as described in Alliance Policy 401-4101 Cultural and Linguistic Services Program

- Review and analysis of provider and member survey results; and
- Review and approval of QIHETP-related standing reports, and state mandated PIPs.

Subcommittees that report to the Quality Improvement Health Equity Workgroup (QIHEW)

- Care-Based Incentives Work Group (CBIWG)
- Member Reassignment Committee
- Network Development Steering Committee
- Staff Grievance Review Committee

Care-Based Incentives Work Group (CBIWG)

The Care-Based Incentives Workgroup (CBIWG) purpose is to provide oversight of CBI program to meet timelines for incentive evaluation, contractual requirements, payment/build schedules, and address issues that may impact the program. A Medical Director chairs the CBIWG.

Core membership includes: QIPH Director, Medical Directors, Quality and Health Programs Manager, Cultural and Linguistics Program Advisor, Quality Improvement Program Advisors, Quality and Population Health Manager, Quality and Performance Improvement Manager, Coding Resource Specialist, QI Project Specialist, Provider Relations Supervisor, Senior Provider Services Contract Analyst, Provider Payment Analyst, Health Informatics Analyst, Health Equity Program Manager, Data Scientist IV, Senior Provider Relations Representative.

Member Reassignment Committee

The Member Reassignment Committee is chaired by a Medical Director. Reassignment requests are not automatically approved. They are presented to the Reassignment Committee for review and discussion, and determination is made by the Medical Director (MD) during regularly scheduled Reassignment Meetings. A PCP may request that the Alliance reassign a member linked to their practice to another PCP based on the following criteria:

- Alleged/Actual Member Fraud or Theft The PCP alleges that the member fraudulently sought or received covered services for him or herself or another party. The PCP alleges that the member has committed theft from the practice.
- Request for Non-Medically Necessary Medication A member repeatedly requests medication that the PCP determines is not medically necessary.
- Alleged Abusive/Disruptive Behavior by Member The PCP alleges that the member behaves in a threatening, abusive, or disruptive manner to provider or office personnel.
- Violation of Medication Management Agreement A member violates the Medication Management Agreement s/he has agreed to with the PCP and which the PCP has submitted to the Alliance.
- Non-Compliance with Treatment Plan The member refuses to comply with the PCP's case management or recommended treatment and the PCP believes the refusal endangers the health of the member or significantly aggravates a medical condition.
- Ineffective Relationship There has been an irremediable breakdown of the physician/patient relationship such that ongoing effective communication and patient care is impossible.
- Failure to Keep Appointment The member fails to keep three or more scheduled appointments with the PCP within a 12-month period.
- Other Other circumstances, supported by documentation, not identified herein which the PCP believes justify the reassignment of the member from their practice to a different PCP.

Network Development Steering Committee

The Network Development Steering Committee (NDSC) is comprised of a cross-functional team of Alliance leaders whose insights and areas of focus serve as inputs to assessing the strength of the Alliance provider network in meeting member needs and informing potential network development opportunities. The NDSC monitors and evaluates member access to care through comprehensive, coordinated, and regular review of access inputs, including but not limited to survey outcomes, regulatory compliance, and process-related information; and supports improved member access to care through oversight of the development and execution of an annual provider network Access Plan. The Provider Services Director and/or the Provider Quality and Network Development staff will prepare a quarterly regular agenda item for the QIHEW, a report which will reflect trends, access plans, and other relevant information discussed at the NDSC in the preceding quarter.

The Alliance SGRC meets regularly to review and monitor compliance with the Alliance Grievance Process. The SGRC monitors the processing of all Grievance and Appeal cases for statutory, regulatory, and contractual compliance to monitor quality of care and to provide a mechanism for continuous operational process and quality improvement.

Management and supervisory staff responsible for operational areas which may be the subject of Grievance cases participate in the SGRC to investigate and ensure appropriate resolution of cases, communicate actions and results of grievance review, and to inform operational improvements when required.

The SGRC monitors the Grievance and Appeal cases to identify emergent or systemic issues with grievance and/or patterns of improper service denials. The committee also monitors potential issues and barriers to care and formulates policy changes and procedural improvements in Plan administration, where indicated.

The SGRC meets regularly and reviews:

- A Member Grievance and Appeal log which includes exempt, 24 hour and 30-day Grievances, Appeals and State Fair Hearing requests.
- Any patterns and trending identified through the resolution of Grievance cases, quarterly.

The Chief Operations Officer (COO) is the Officer of the plan with primary responsibility of the grievance system. Grievance reports and selected SGRC content are submitted to the Quality Improvement Health Equity Workgroup (QIHEW). The COO continuously reviews the operation of the Grievance and Appeal system to identify any emergent or systemic issues with grievance and appeals and/or patterns of improper service denials through participation in the QIHEW.

Patient Safety

CCAH is committed to a culture of "patient safety" as a high-level priority. On an ongoing basis, CCAH fosters a Patient Safety culture that is communicated throughout the organization. CCAH is committed to developing and implementing activities to improve patient safety and clinical practice. CCAH aims to engage with both members and provider to promote and implement safety practices.

The first goal of our patient safety initiative is to: avoid injuries to our members from the care that is intended to help them. CCAH defines Patient Safety as "freedom from accidental injury caused by

errors in medical care". Medical errors refer to unintentional, preventable mistakes in the provision of care that have actual or potential adverse impact on our members.

The second goal of our patient safety initiative is to: establish and maintain a blame-free environment where members, their families, practitioners, providers, and CCAH staff, are able to report errors or close calls without fear of reprisal and where errors can be viewed as opportunities for improvement.

CCAH'S commitment to patient safety is demonstrated though the identification and planning of appropriate patient safety initiatives. The patient safety initiatives promote safe health practices through education and dissemination of information for decision-making and collaboration between our practitioners and members and through:

- Evaluation of pharmacy data for provider alerts about drug interactions, recall, and pharmacy over and under-utilization.
- Education of members regarding their role in receiving safe, error free health care services through the member newsletter and the CCAH web site.
- Education of members and providers regarding the availability and use of clinical practice guidelines.
- Education of providers regarding improved safety practices in their practice through the provider newsletter, member profiles and the CCAH web site.
- Evaluation for safe clinic environments during Facility Site Reviews (FSR) and dissemination of information regarding FSR findings and important safety concerns to members and providers.
- Education to members regarding safe practices at home through health education and incentive programs.
- Intervention for safety issues identified through case management, social worker management, care management and the grievance and clinical case review processes.
- Evaluation and analysis of data collected regarding hospital activities relating to member safety, including but not limited to the rate of hospital-acquired infections and all cause readmissions within 30 days of discharge.
- Collaboration and exchanges of admission notes and discharge summary between hospital and Primary Care Provider (PCP) when members are admitted to the acute care facility.
- Dissemination of information to providers and members regarding activities in the network related to safety and quality improvement.
- Monitor Hospital Safety Scores using publicly reported Leapfrog data: http://www.leapfroggroup.org/cp
- COVID-19 pandemic -related services

CCAH receives information about actual and potential safety issues from multiple sources including, member and practitioner grievances, potential quality issues, and pharmacy data such as, poly pharmacy occurrences, as well as, through FSR Corrective Action Plans.

Facility Site Reviews

Facility Site Reviews (FSR) audits is to ensure that all primary care provider sites utilized by CCAH for delivery of services to members have sufficient capacity to:

- Provide appropriate primary healthcare services.
- Carry out processes that support continuity and coordination of care.
- Maintain patient safety standards and practices; and
- Operate in compliance with all applicable federal, state, and local laws and regulations.

In compliance with the California statute (Title 22, section 56230) that requires all primary are provider sites contracted with the CCAH Medi-Cal Managed Care Program to have both initial and periodic site inspections regardless of the status of other accreditation and/or certifications, the FSR serves as the standard for conducting the initial and subsequent periodic reviews of PCP sites. A full scope FSR consists of:

- Facility Site Review (FSR)
- Medical record Review (MRR)
- Physical Accessibility Review Survey (PARS)

CCAH, per DHCS All Plan Letter 22-017, ensures that FSRs are conducted by a Certified Site Reviewer (CSR), trained, and certified by the health plan's Master Trainer (MT) provides necessary education and support to primary care providers and their office staff to facilitate successfully passing the initial and periodic FSR. Technical assistance is provided to PCPs and their staff on identified deficiencies needing improvement or corrections. CCAH also performs various monitoring reviews to ensure that standards are maintained on areas of care. These are also done to keep PCPs abreast with latest updates or changes in the guidelines. These monitoring platforms consist of:

- All primary care provider (PCP) sites are monitored between required three-year Facility Site Reviews (FSRs) to maintain patient safety standards and practices and operate in compliance with applicable federal, state, and local laws and regulations.
- An Interim Review form are sent to all PCP sites mid-way between the periodic full scope reviews (at 18 months). The Interim Review form is faxed to the provider office. It contains a checklist of the nine critical elements and requires the provider verify that all nine are either in place or are not applicable. Onsite verification is done depending on a PCP's compliance and history of previous audit standing.
- Focused reviews for critical element or repetitive deficiencies identified during Facility Site Review (FSR) impact patient health and safety.
- Corrective Action Plans for sites that receive a Conditional Pass (80-89%, or 90% and above
 with critical element deficiencies and/or deficiencies in pharmacy, infection control. A CAP is
 required to be established, that addresses each of the noted deficiencies. CAP documentation
 shall identify the following:
 - the specific deficiency
 - o corrective action(s) needed.
 - re-evaluation timelines/dates,
 - o responsible person(s),
 - o problems in completing corrective actions,
 - o education and/or technical assistance provided by the Health Plan,
 - evidence of the correction(s), completion/closure dates and name/title of reviewer

All CAPS are placed and followed up based on strict timelines determined by MMCD standards and CCAH's internal policy.

Collaborative CCAH Quality Initiatives

The Provider Partnership Program

The Provider Partnership Program was launched in 2024 by CCAH with the main purpose of increasing the delivery of preventive services and disease management services to its members through close collaboration with providers. The program will begin as a pilot, with five sites identified for participation, and will focus on Merced County. Additional purposes include:

- To build a partnership aimed at improving low performing measures, and to build a strong collaborative relationship between CCAH and our providers.
- The sharing and application of NCQA and Health Plan identified MCAS best practices for improvement within domains of care detailed below.
- Review of provider performance to initiate focus areas of performance to help reduce gaps in care.
- Support an interdisciplinary team approach by engaging all key staff in the quality improvement process.

Goals of this program include:

- Improve targeted MCAS measure compliance rates for low performing CBI practices to reach Minimum Performance Level (MPL) by the end of 2024.
- Improve the delivery of preventive and treatment services to members.
- Improve the administrative communication between CCAH and the physician's office.

The core of this program revolves on performance measurement of the following areas, with a focus placed on women and children's measures:

- HEDIS measures
- Access/Availability of Care
- Effectiveness of Care
- Utilization
- MCAS measures
- Children's Health Measures
- Women's health measures
- Acute and Chronic Disease Management Measures
- Behavioral Health Measures

The Provider Partnership Program has a multidisciplinary team for provider support that includes:

- Provider Services Representatives
- Quality Improvement Program Advisors
- Coding Specialist
- Quality Improvement and Population Health Director
- Quality and Performance Improvement Manager
- Medical Director Health Services
- Clinical Safety Quality Manager and Quality Improvement Nursing staff (FSR Nurses)

Additional elements of the Provider Partnership program will include participation in two secondary processes:

- Clinical Joint Operations Committee (cJOC): Quarterly meetings between CCAH leadership and practice leadership
- Practice Coaching Monthly brainstorming sessions with practice staff and CCAH Quality Improvement Program Advisors to review any short-term projects focused on process change and improvement.

As the program continues to evolve, the long-term aim is to expand efforts and welcome new providers, big or small, who are open to working hand-in hand with CCAH under the program's purpose and goals.

Practice Coaching

In 2024, CCAH began to offer educational opportunities set-up under the "Practice Coaching" umbrella in collaboration with work implemented through Provider Partnerships.

• Lunch & Learns: One-hour sessions open to all CCAH providers that will focus on one theme identified by looking at the lowest performing, or most challenging, MCAS measures in Merced County. The sessions will be a structured presentation and include guest presenters.

Clinical Quality Improvement

CCAH's Quality Improvement Department adheres to all DHCS standards in accordance with Title 22, CCR, Section 53860 (d) and Title 42, USC, Section 1396a(30)(C) for quality performance reporting. In addition to the CCAH works with the External Quality Review Organization (EQRO) in the annual MCAS review process. CCAH uses standard data collection and analysis to track clinical issues that are relevant to our population. This is primarily based on the audited MCAS results that are reported to NCQA and the State. CCAH establishes goals and benchmarks for these measures and evaluates the Plan's performance against these goals at the end of the fiscal year. Based on the findings, CCAH identifies and prioritizes areas for improvement by developing quality improvement projects, and supports data driven information sharing through the Alliance Provider Portal reports, and the CBI program for PCPs. CCAH also developed a Quality Outreach Program for practitioners and their office staff, Provider Partnership Program. This includes provider reports and site visits to build collaborative relationships with the providers and clinics. The UM program will also monitor areas of over and underutilization of services to improve appropriate utilization of services. The over and underutilization measures will be based on HEDIS and other internally developed utilization measures.

The QIPH Department implements opportunities to improve quality of care by developing and implementing quality improvement activities/interventions. These interventions align patient and provider engagement programs and may include but are not limited to:

- Developing and adopting clinical standards, practice guidelines or administrative standards, with subsequent dissemination of the standards to physicians, members, or staff as appropriate.
- Educating physicians and clinic staff about clinical standards and practice guidelines.
- Providing feedback reports to physicians and clinic staff on their current performance.
- Providing health promotion and health education programs to members and educate them on how to improve their health.
- Improving internal functions to improve quality of care, accessibility, and service. This is a key issue for the Plan for the coming year.

Access to Care

CCAH has established standards and mechanisms to assure the accessibility of primary care, specialty care, and behavioral health. The Plan will continue to work with providers and clinics to develop interventions to improve access. The Plan will also monitor access to care, based on the following standards, as outlined by DMHC:

- Availability of Practitioners (PCP, Specialists and Behavioral Health providers)
- Appointment access (routine and urgent appointments)
- Availability of PCPs by Language

- Language Assistance Services (In-Person Interpreter, Language Line and Hearing Impaired)
- Telephone access
- After-hours access to care
- Health Reach 24/7 Nurse Advice Line
- Transportation services
- Availability of Practitioners via Telehealth

Continuity and Coordination of Care

The Alliance ensures medical and mental health Continuity of Care (C.O.C) and continued access to care for specified newly eligible members, who make a request for C.O.C. for up to 12 months with an out-of-network Medi-Cal provider. The Alliance also ensures C.O.C. for existing members with a terminating provider. The Alliance is exempt from authorizing C.O.C. if the provider was terminated for exclusionary reasons related to a medical disciplinary action, fraud, abuse, or other conduct that prohibits the provider from participating in the Medi-Cal program. At the member's request, the Alliance is required to approve completion of covered services for the following conditions: acute, serious chronic, pregnancy, terminal illness, the care of a newborn child between birth and age 36 months, and performance of a surgery or other procedure that is authorized by the Alliance as a part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days of the contract's termination date or within 180 days of the effective date of coverage for a newly covered member

Delegation Oversight

CCAH delegates responsibility of the utilization management, credentialing, rights and responsibilities, member engagement, and grievance and appeals and quality to selected organizations. CCAH maintains accountability and ultimate responsibility for the associated activities by overseeing performance for the delegated functions. CCAH retains the right to revoke any delegated function if compliance with standards is not met. CCAH has a process in place to assess and ensure delegated entities have the ability to perform the delegated functions. All delegates, which are not NCQA accredited are required to pass an initial pre-delegation audit, and an annual delegation oversight audit are required to pass an initial pre-delegation audit and an annual delegation oversight audit. An initial assessment is conducted pre-contractually to determine the organization's ability to provide delegated services and at least annually thereafter. CCAH attains all these through its DOC's:

- Review and approve the CCAH Delegation Oversight program charter, policies, and procedures
 at least annually, or more frequently depending upon business needs or changes to the
 Delegation Oversight Program requirements.
- Designate the staff that will participate in Delegates' audits.
- Review and approve the results of Delegates' annual audits.
- Review and approved pre-delegation audit results of prospective Delegates and make delegation recommendations.
- Review and approve scope of annual oversight audits.
- Make recommendations for conducting ad hoc audits.
- Review and approve sources of industry standard and guidelines use to evaluate Delegates' compliance with the Delegation Agreement.
- Review recommendations for monitoring activities.
- Participate in the review of corrective action plans, monitor, and evaluate their implementation.
- Escalate recurrent cases of non-compliance to the Compliance Committee.
- Make penalty recommendations when delegates do not consistently meet requirements.

- Report oversight activities to Compliance Committee and QIHE Committee.
- Provide annual audit report to QIHE Committee

The QIHEC continuously monitors delegated entities and reviews their performance on a quarterly basis. The Committee has the authority to place any delegated entity on a corrective action plan for deficiencies in performance. CCAH has a collaborative, supportive, relationship with its contracted delegates and meets with them at least quarterly to review reports and performance.

Member Satisfaction

In addition to HEDIS clinical measures, the QIHE program supports company-wide efforts to improve the member's experience with the plan's services and the provider network. CCAH uses Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores to evaluate member experience.

The plan contracts with NCQA certified vendors to conduct an annual CAHPS to monitor members' satisfaction with health care services, accessibility of care, continuity of care, quality of care and service, cultural and linguistic issues, and to identify and pursue opportunities to improve member satisfaction and the processes, which impact satisfaction. CCAH will conduct CAHPS surveys at least annually and the results will be presented to the QIHEC committees. CCAH will evaluate the survey results to develop an improvement plan to address areas identified. The report will include a drill down analysis of the CAHPS survey results at the clinic level to identify high and low performing clinics. This analysis will help CCAH to learn best practices form high performing groups and work with low performing groups to improve performance.

In addition to the CAHPS survey, CCAH also has a robust grievance process that monitors patient satisfaction with the Plan's services and providers on an ongoing basis. The plan will be working will be working with the internal departments involved to collaborate on methods to improve member satisfaction and to focus on any findings from grievances for resolution.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

The QI program supported companywide efforts to improve the member's experience with our service and our provider network. CCAH uses Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores to evaluate member experience. Providers are evaluated against the following CAHPS measures:

- Rating of the health Plan
- Customer Service
- Getting Care Needed
- Getting Care Quickly

Providers are evaluated against the following CAHPS measures:

- Rating of Personal Doctor
- Rating of Health care quality
- Grievance and Appeals
- Access and availability

Provider Performance Results

In line with CCAH's mission of continuously improving the health of the community, the health plan's QIHE program aims to:

- Improve the quality and efficiency of health care provided to CCAH members.
- Improve members' experiences with services and care received.

- Improve members' health outcomes.
- Provide culturally sensitive and linguistically appropriate services.
- Promote the safety of all members in all treatment settings.
- Ensure timely access and availability of services for all members, including those with complex or special needs, including physical or developmental disabilities, multiple chronic conditions, and severe mental illness.
- Promote processes to ensure the availability of "safe, timely, effective, efficient, equitable, patient centered care" and provide oversight within the network.

The following strategies are being adapted to achieve above goals:

- Focus on managing chronic conditions by adhering to and providing best practices in the care of their condition(s)
- Focus on improving patient safety by ensuring that evidenced-based clinical practice guidelines are followed in providing care and best practices are implemented at inpatient care settings.
- Focus on preventive health for the members by ensuring that they get access to preventive services in a timely manner and by adopting evidence-based medicine in prevention and health promotion.
- Focus on improving performance of different quality measures during the measurement year including, but not limited to:
- NCQA HEDIS Measures CCAH utilizes select HEDIS measures to monitor and implement quality improvement projects for NCQA health plan and health equity accreditation
- Managed Care Accountability Set (MCAS) CCAH's goal is to calculate the rates required for MCAS, stratify DHCS-selected MCAS measures, and exceed the minimum performance level (MPL) as determined by DHCS.

Initial Health Appointment

CCAH recognizes the importance of improving Initial Health Appointments (IHA) rate as a key initiative to providing better care to members. CCAH has developed training for providers on IHA requirements that are conducted during the new provider in-service. To effectively monitor the accuracy of completed IHAs, CCAH has also identified the appropriate claims and encounter codes used to identify initial health appointments. In addition, the Coding Resource Specialist conducts a medical record audit twice yearly to ensure that providers are accurately completing and documenting all the elements required as part of the IHA in the medical records. The QIPH department will track and trend the IHA rates and findings from the medical record audit and develop interventions as necessary to improve quality of care. IHA's are also tracked and addressed during the Facility Site Review (FSR) and Medical Records Review (MRR) onsite visit of the Providers office by our QM nurses.

Member Engagement Standards

CCAH has established Health and Wellness Programs to provide the members with a variety of opportunities to improve health. The purpose of the health and wellness programs is to provide opportunities for members to improve their health by participating in wellness activities available to them. The Health and Wellness Programs are available to all members that are enrolled with CCAH. Members have access to all the tools, activities, programs, and incentives that are part of the Health and Wellness Programs. All members are informed about the Health and Wellness Programs at the time of enrollment and at least annually thereafter. CCAH also promotes the Health and Wellness Programs on the website. The program is evaluated annually for effectiveness.

CCAH rewards its members for taking steps to be healthier with the Health Rewards program – an incentive program that rewards members for getting routine care, managing chronic conditions, adopting healthy lifestyle habits through raffles and direct incentives. Through this program, members that complete the requirements for the incentive will earn a Target Gift Card, the values vary. CCAH identifies eligible winners two ways: 1. Monthly list of eligible winners for each incentive is created using claims and supplemental data. 2. Attendance records for completion of workshops. CCAH will work with its internal finance team to mail out gift cards to raffle winners and workshop attendees. Our direct incentives are managed by a vendor, CCAH sends a list of eligible members, and the vendor mails out the gift cards. CCAH Health Rewards program incentivizes the following services:

- o Well Visits for 0-15 months of age, 30 months of age, and 18-21 years of age.
- o Immunizations: Childhood Immunizations (CIS-10), Flu Second Dose, and Adolescent Immunizations (IMA-2)
- Prenatal & Postpartum visits
- Use of Nurse Advice Line
- Healthier Living Program workshop series.
- Live Better with Diabetes Program workshop series.
- Healthy Weight for Life workshop series

Comprehensive Member Portal

CCAH has worked in driving its members more to use the health plan's portal through developing a comprehensive website where member related information and updates can be seen. CCAH Member Portal offers the following:

- Member Tools
- Customer Service
- Creating an Account
- Provider Directory
- Medical EOC
- Formulary

• Member Information

- Benefits and Services
- Grievance and Appeals
- Medi-Cal Redetermination
- Medi-Cal Eligibility
- Rights and Responsibilities
- Case Management
- Member Portal information are being constantly updated to deliver the latest, most valuable information that may serve its members. For better CCAH experience, there is also the MyCCAH App that members can download from the APP store or Android Market.

• Social Media Platform

- CCAH also facilitates the sharing of ideas, thoughts, and information via Facebook, where its members can follow for identity, conversations, sharing, relationships, presence, and support.
- Diversity, Equity, Inclusion and Belonging Committee

- In view of the current national awareness on racial equality, CCAH is working with a consultant to form a permanent working group for this committee to achieve inclusion and belonging through implementing and maintaining DEIB best practices. Our goal is to develop a framework by partnering with consultants with expertise in Diversity, Equity Inclusion, and Belonging to influence and sustain DEIB practices within the organization. A comprehensive and clear framework is needed to address DEIB comprehension and review our policies and practices to support an inclusive culture. In addition to promoting equity, this framework will help our workforce develop the skills needed to support health equity in our diverse membership. Additionally, this committee will work toward providing ongoing: Provider education and Training.
- Member support and programs
- o Employee training and activities.

Provider Engagement

- CCAH's QIHE program works hand in hand with the plan's Provider Services
 Department for provider involvement/engagement. This department has
 representatives for providers. This team helps ensure that network providers are
 engaged through:
- Soliciting provider input to the health plan for the development and implementation of health plan's policies and standards,
- o Identification of provider needs and gaps.
- o Assistance on other areas in which provider input and engagement are critical.
- Coordination of provider feedback on matters relevant to health plan and quality improvement activities that impact providers.
- Educate providers on member benefits and available programs.
- QIHE program's Strategies for Provider Engagement includes:
 - o Provider Partnership and Coaching opportunities
 - Provider Incentives
 - Care-Based Incentive (CBI) for PCPs
 - Hospital Incentive
 - Data Sharing Incentive
 - Specialty Care Incentive (SCI)
 - Clinic JOC (clinic and hospital)
 - Provider Satisfaction Survey
 - HEDIS Provider Awards
 - Provider Portal
- CCAH has worked on driving its network providers more to use the health plan's portal through developing a CCAH Provider Portal offers the following:
 - Home Page
 - Important Information for Providers
 - Portal News
 - Provider News
 - Ouick Links
 - o Provider Events Calendar

- Main
 - o Claims Search
 - Overpayment Letters Search
 - Eligibility Search
 - Provider Directory
 - o Prescription History
 - Data Submissions
- Auths and Referrals
 - Jiva (Care Management Software)
 - Procedure Code Lookup
 - o Authorization/Referral Search Prior to 7/15/2024
- Reports
 - Linked Member List
 - Quality Reports
 - Care Based Incentives (CBI)
 - o HEDIS (MCAS) Reports
- The Alliance Website offers provider related information, updates, and resources:
 - o Manage Care
 - o Behavioral Health
 - o California Children's Services
 - o Clinical Resources
 - Cultural and Linguistics Services
 - Enhanced Care Management and Community Supports
 - o Health Education and Disease Management
 - Pharmacv
 - Quality of Care
 - o Provider Incentives
 - Health Assessments
 - o HEDIS
 - o Immunization Resources
 - Member Incentives
 - Site Reviews
- Resources
 - o COVID-19
 - o Claims
 - o Forms
 - Provider Credentialing Applications and Policies
 - News
 - o Provider Directory
 - o Provider Manual
 - Timely Access to Care
 - Webinars and Training
 - Emergency Preparedness
 - o Provider Portal

Annual Quality Improvement and Health Equity Evaluation

An evaluation of the QIHET Program is completed at the end of each calendar year. The annual evaluation is conducted by the QIPH staff in conjunction with designated department leaders. The evaluation includes:

- A description of completed and ongoing QIHE activities.
- Trending of measures to assess performance in quality and safety of clinical care and quality and safety of service.
- Assessment of barriers and/or limitations when performance does not meet goals.
- Changes in staffing, reorganization, structure, or scope of the program during the year.
- Analyses of demonstrated improvements, including assessing whether there was meaningful improvement in a measure.
- An analysis of the overall effectiveness of the program, including progress toward influencing network-wide safe clinical practices.
- An evaluation of delegated activities, if any.
- Recommendations for changes to be incorporated into the subsequent QIHE Program
 Description and annual QIHE work plan.

Quality Improvement and Health Equity Workplan

The QIHE work plan is the schedule of activities for the QIHEC Programs. The QIHEC work plan includes the main tasks that cover the scope of the QIHE Program including quality of clinical care, quality of service, and safety of clinical care; yearly objectives; yearly planned activities; time frames for completion of each task; the person responsible for the task; monitoring of previously identified issues; and scheduled evaluation of the quality improvement program. It is prepared as a calendar with a rolling schedule. At any point in time a full year of activities is visible. QIHE activities and indicators are ongoing and continuous. They are not discontinuous at the end of the year.

The QIHEC work plan is not a static document. It is approved annually by the QIHEC Committee but is revised and developed more fully in response to the analysis of performance data, interventions, remeasurement timeframes and the addition and deletion of indicators on an ongoing basis.







DATE: September 24, 2025

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

Care Commission

FROM: Michael Schrader, Chief Executive Officer

SUBJECT: Ratify Execution of Program Year 2026 CMS D-SNP Contract

<u>Recommendation</u>. Staff recommend the Board ratify execution, by the Chief Executive Officer (CEO) of the following contracts with the Centers for Medicare and Medicaid Services (CMS) to operate the Alliance's Medicare a Dual Eligible Special Needs Plans (D-SNP) in program year (PY) 2026:

- Contract with Eligible Medicare Advantage Organizations Pursuant to Sections 1851 through 1859 of the Social Security Act for the Operation of a MA Coordinated Care Plan(s) (CCP Contract)
- CCP Contract Addendum for the Operation of a Voluntary Medicare Prescription Drug Plan
- Medicare Mark License Agreement

<u>Background</u>. The Department of Health Care Services' (DHCS) CalAIM initiative includes a requirement that local health plans implement a D-SNP by January 1, 2026. DSNP program requirements are memorialized in contracts with our regulators, including a State Medicaid Agency Contract (SMAC), which outlines the roles and responsibilities of a D-SNP, and direct contracts with CMS which reiterate requirements in relevant federal regulations and statute. Staff have reviewed the language and are ensuring any necessary implementation steps to ensure compliance are incorporated in the DSNP implementation project work plan.

Alliance and Board policies require payor agreements to be executed by the Board Chairperson, unless the board has expressly delegated that authority to staff. The Board authorized the Chairperson to sign the SMAC in May of this year, and the signed agreement has been submitted to both DHCS and CMS as required. The Alliance received an urgent request to submit signed direct contracts with CMS. To meet regulatory deadlines, those agreements were signed by the CEO on August 25,2025.

<u>Discussion.</u> As above.

<u>Fiscal Impact.</u> There is no fiscal impact associated with this agenda item.

Attachments. N/A

HEALTHY PEOPLE. HEALTHY COMMUNITIES.







DATE: September 24, 2025

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

Care Commission

FROM: Dr. Dianna Myers, Medical Director, Interim Chief Health Equity Officer

SUBJECT: Approve removal of ECM Referral Incentive from 2026 Care-Based Incentive

Program

<u>Recommendation.</u> Staff recommend that the Board approve the removal of the Enhanced Case Management (ECM) referral incentive from the 2026 Care-Based Incentive (CBI) Program.

<u>Summary</u>. This report makes a recommendation for the removal of the ECM provider supplemental payment from the 2026 CBI program.

<u>Background</u>. In August 2024, a Provider Supplemental Payment Methodology was introduced and approved by the Board as part of the Strategic Allocation of Reserve to advance health equity and address realized network access. One of the approved measures is a supplemental payment for successfully connecting members to a community-based organization (CBO) or community health worker (CHW) through ECM. The Alliance teams determined that this incentive would be more easily administered through the CBI program. The Board approved these revisions in July 2025 as part of the 2026 CBI Program Presentation.

<u>Discussion</u>. In implementing the ECM referral incentive, legal and operational barriers were identified. Many Alliance-contracted PCPs also contract with the Alliance as ECM providers. The proposed referral payment introduces a risk of Anti-Kickback Statute violation for those providers. Eliminating PCPs who offer ECM through the medical home from the incentive is both operationally challenging for the Alliance and does not incentivize or promote an integrated care approach. Therefore, staff recommend that the Alliance remove the ECM referral incentive under the provider supplemental payment, and CBI 2026 program.

Unused dollars will remain in Board-approved supplemental provider payment funds.

<u>Fiscal Impact</u>. There is no negative fiscal impact associated with this agenda item.

Attachments: N/A

HEALTHY PEOPLE. HEALTHY COMMUNITIES.







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

Meeting Minutes

Wednesday, August 27, 2025 3:00 p.m. – 5:00 p.m.

In Santa Cruz County:

Central California Alliance for Health 1600 Green Hills Road, Suite 101, Scotts Valley, California

In Monterey County:

Central California Alliance for Health 950 East Blanco Road, Suite 101, Salinas, California

In Merced County:

Central California Alliance for Health 530 West 16th Street, Suite B, Merced, California

In San Benito County:

San Benito County Health and Human Services Agency 1111 San Felipe Road, Building B, Hollister, CA

In Mariposa County:

Mariposa County Health and Human Services 5362 Lemee Lane, Mariposa, California

Commissioners Present:

Ms. Anita Aguirre, Dr. Ralph Armstrong

Supervisor. Wendy Root Askew

Ms. Dorothy Bizzini,

Ms. Tracey. Belton

Ms. Kim De Serpa

Dr. Maximiliano Cuevas,

Ms. Janna Espinoza,

Dr. Donaldo Hernandez.

Ms. Elsa Jimenez,

At Large Health Care Provider Representative At Large Health Care Provider Representative

County Board of Supervisors

Public Representative

County Health and Human Services Agency

County Board of Supervisors

Health Care Provider Representative

Public Representative

Health Care Provider Representative County Director of Health Services

HEALTHY PEOPLE. **HEALTHY** COMMUNITIES.

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MINUTES - MANAGED MEDICAL CARE COMMISSION MINUTES - August 27, 2025

Dr. Kristina Keheley Interim Health and Human Services Agency

Director

Mr. Michael Molesky, Public Representative

Supervisor Josh Pedrozo, County Board of Supervisors

Dr. Allen Radner, At Large Health Care Provider Representative Ms. Kristynn Sullivan County Health Department Representative

Commissioners Absent:

Ms. Leslie Abasta-Cummings, At Large Health Care Provider Representative

Dr. James Rabago, Health Care Provider Representative

Staff Present:

Mr. Michael Schrader,
Ms. Jenifer Mandella,
Ms. Lisa Ba,
Chief Financial Officer
Mr. Cecil Newton
Chief Information Officer
Chief Operating Officer
Chief Operating Officer

Dr. Dianna Myers Medical Director

Ms. Jessica Finney

Ms. Jessie Dybdahl

Ms. Danita Carlson

Community Grants Director

Provider Services Director

Government Relations Director

Mr. Jimmy Ho Accounting Director

Ms. Anne Brereton, Deputy County Counsel, Monterey County

Ms. Hayley Tut, Interim Clerk of the Board

Ms. Lisa Demmert Executive Assistant

1. Call to Order by Chair Jimenez.

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

Roll call was taken and a quorum was present.

Mr. Michael Schrader introduced Executive Assistant, Lisa Demmert who is being trained as backup Clerk of the Board.

There were no supplements or deletions to the agenda.

Chair Jimenez and Commissioner Pedrozo recognized Commissioner Dorothy Bizzini for her long-standing service since 2009 to the Alliance Board and Merced County. They announced that the Merced County Board of Supervisors will appoint a new representative to replace Dorothy Bizzini as she concludes her service on the Alliance Board.

[Commissioner Pedrozo arrived at this time: 3:03 p.m.] [Commissioner Pedrozo left at this time: 3:05 p.m.]

2. Oral Communications. 3:05 - 3:10pm

Chair Jimenez opened the floor for any members of the public to address the Commission on items not listed on the agenda.

There was no public comment.

3. Comments and announcements by Commission members.

Chair Jimenez opened the floor for Commissioners to make comments.

Commissioner Cuevas reported that Clinica de Salud Valle Salinas maintained Joint Commission accreditation since 2001, is expanding clinical research and is growing its 'Doctors from Mexico' program to 155 physicians.

Commissioner Molesky thanked Commissioner Bizzini for her service and acknowledged the recent passing of former Board member, Dr. Larry de Ghetaldi recognizing his contributions to healthcare and the community.

Commissioner Armstrong announced that a Michigan-based company withdrew from a lease-to-purchase agreement for Hazel Hawkins Hospital due to reimbursement uncertainties, but noted the hospital is currently financially stable.

4. Comments and announcements by Chief Executive Officer.

Mr. Michael Schrader acknowledged the passing of Dr. Larry de Ghetaldi, a long-serving and impactful Alliance Board member, highlighting his leadership roles and advocacy for physician access and excellence.

Mr. Schrader addressed issues related to Planned Parenthood, specifically the impact of federal law HR1, which prohibits Medicaid reimbursements to organizations matching Planned Parenthood's profile for one year. He described that Planned Parenthood closed its Santa Cruz clinic and will be ending primary care at its Watsonville clinic, affecting approximately 2,100 Alliance members. Related to specialty care, he explained that the Planned Parenthood clinics in Watsonville, Seaside, and Salinas will continue to offer reproductive health and abortion services.

Mr. Schrader highlighted key consent calendar items, including the Alliance's response to the Santa Cruz County Grand Jury report The report is titled "Challenges Facing the Management of High-Cost Beneficiaries in the Santa Cruz County Health Services Agency." The report presents findings and recommendations to improve care coordination for individuals accessing both county specialty mental health and Medi-Cal managed care, particularly high-cost beneficiaries. He highlighted that written responses to the Grand Jury report are required within 90 days by September 24, 2025 from the Santa Cruz County Board of Supervisors and the Alliance Board.

Lastly, he shared that the September meeting will feature a presentation by the Director of DHCS, Michelle Baass, on state budget and HR1 changes.

[Commissioner Hernandez arrived at this time: 3:13 p.m.] [Commissioner Bizzini left at this time: 3:16 p.m.]

Consent Agenda Items: (5.- 8. and 10. - 16C.): 3:18 p.m.

MOTION: Commissioner Cuevas moved to approve Consent Agenda items 5-8 and

10 through 16C, seconded by Commissioner Molosky.

ACTION: The motion passed with the following vote:

Ayes: Commissioners Aguirre, Armstrong, Belton, Cuevas, De Serpa, Espinoza,

Hernandez, Jimenez, Keheley, Molesky, Radner and Sullivan

Noes: None.

Absent: Commissioners, Abasta-Cummings, Askew, Bizzini, Pedrozo and Rabago.

Abstain: None.

Consent Agenda Items: (9):

MOTION: Commissioner Molesky moved to approve Consent Agenda item 9

seconded by Commissioner Espinosa

ACTION: The motion passed with the following vote:

Ayes: Commissioners Armstrong, Belton, Espinoza, Keheley, Molesky and

Sullivan

Noes: None.

Absent: Commissioners, Abasta-Cummings, Askew, Bizzini, Pedrozo and Rabago

Abstain: Commissioners Aguirre, Cuevas, De Serpa, Hernandez, Jimenez, and

Radner

Regular Agenda Items: (17. - 19.): 3:23 p.m.

17. Data Sharing (3:23 - 3:48 p.m.)

Mr. Cecil Newton, Chief Information Officer, presented a comprehensive update on the Alliance's Data Sharing Incentive Program,

Cecil Newton outlined federal and state mandates for real-time ADT notifications, electronic prior authorization, and compliance with Cal AIM and the Data Exchange Framework, emphasizing the legal necessity for healthcare entities to participate in data sharing. The Alliance offers financial incentives to hospitals and non-hospital entities for data sharing, including \$400 per discharge, \$50 per ED follow-up, \$200,000 for hospital HIE connectivity, and \$40,000 in quarterly increments for non-hospital HIE connections, with \$9.1 million paid out in HQIP and \$610,000 in DSI since inception. Six hospitals are fully connected to the HIE, with seven more in progress; 80% of inpatient data is now received, up from 20% at the start

of 2024, and all contracted skilled nursing facilities are providing data through Point Click Care.

Mr. Newton described financial instability among HIEs, limited onboarding bandwidth, technical barriers with EMR systems, and difficulties in data sharing among qualified health information organizations, noting ongoing efforts to address these issues. Members can access their complete medical history through the CMS interoperability platform by downloading an app and connecting to the Alliance infrastructure, fulfilling federal requirements for data accessibility.

A discussion ensued among Commissioners.

[Commissioner Askew arrived at this time: 3:35 p.m.]

18. Employee Engagement Survey and Trends (3:48 - 4:08pm)

Each year the Alliance has a third party conduct a confidential employee engagement survey. Ms. Lisa Artana, Human Resources Director, presented the 2025 employee engagement survey results.

The 2025 survey achieved a 78% participation rate, deemed representative of our workforce. Results showed that 84% of employees are engaged, an increase of four percentage points from the previous year and the highest overall engagement score the Alliance has recorded in five years. Engagement has trended up from 75% in 2021 to 84% in 2025. The survey covers 18 categories with all but one improving by one-to-seven points. The remaining category remained unchanged.

Ms. Artana highlighted that these results came at a time when the Alliance was in the middle of its two-year marathon to implement six priority initiatives, and that the workload was heavy.

A discussion followed among the Commissioners. Ms. Artana acknowledged that the survey surfaced staff concerns about the Alliance's future success, particularly in light of the evolving landscape surrounding the state budget and federal legislation H.R.1.

19. Update on State Budget and Federal H.R.1 (4:09 p.m. - 5:05 p.m.)

Mr. Michael Schrader, CEO, delivered a presentation on the combined impact to the Alliance of the expiration of federal unwinding flexibilities, changes in the state budget, and the implications of the federal HR1 law.

Monthly membership declines have already begun, starting in August. These declines are linked to the expiration of federal COVID-19 unwinding flexibilities, which now require more Medi-Cal recipients to complete redeterminations themselves, rather than having them processed automatically by counties through ex parte reviews.

MINUTES - MANAGED MEDICAL CARE COMMISSION MINUTES - August 27, 2025

Changes in the state budget and the federal HR1 are expected to drive further membership declines. These measures are scheduled to take effect over the next three years, from 2026 to 2028.

The Alliance projects a substantial decline in enrollment over the next three years.

The Alliance is implementing a long-term staffing strategy to align with projected membership declines. The goal is to reduce overall positions without affecting regular staff. To achieve this, the Alliance is beginning to eliminate vacant roles and will backfill many essential vacancies using temporary staff, contractors, and defined-term employees to maintain future flexibility. The Alliance is committed to maintaining a low Administrative Loss Ratio (ALR) so that the majority of funding goes to providers, so that members have access to quality care. Mr. Schrader held a recent Townhall for all staff, at which he shared this information.

Following the presentation, the Commissioners engaged in a discussion and encouraged staff to position the Alliance as a community convener and coordinator of local efforts focused on member outreach and retention.

The Commission adjourned its regular meeting of August 27, 2025, at 5:05 p.m. to the regular meeting of September 24, 2025, at 3:00 p.m. via videoconference from county offices in Scotts Valley, Salinas, Merced, Hollister and Mariposa unless otherwise noticed.

Respectfully submitted,

Ms. Hayley Tut Interim Clerk of the Board

Minutes were supported by AI-generated content.

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



Meeting Minutes

Wednesday, June 25, 2025

Commissioners Present:

Ms. Anita Aguirre, At Large Health Care Provider Representative

Ms. Elsa Jiménez, County Health Director Mr. Michael Molesky, Public Representative

Supervisor Josh Pedrozo, County Board of Supervisors

Allen Radner, MD, At Large Health Care Provider Representative

Commissioners Absent:

Ralph Armstrong, DO, At Large Health Care Provider Representative

Staff Present:

Ms. Lisa Ba, Chief Financial Officer Mr. Michael Schrader, Chief Executive Officer

Ms. Dulcie San Paolo, Finance Administrative Specialist

1. Call to Order. (1:37 - 1:38 p.m.)

Chairperson Molesky called the meeting to order at 1:40 p.m. Roll call was taken. A quorum was present.

2. Oral Communications. (1:38 - 1:39 p.m.)

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

No members of the public addressed the Committee.

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<u>www.ccah-alliance.org</u>

Consent Agenda Items:

3. Approve minutes of the March 26, 2025, meeting of the Finance Committee. (1:39 – 1:41 p.m.)

FINANCE COMMITTEE ACTION: Chairperson Molesky opened the floor for approval of the minutes of the March 26, 2025 meeting.

MOTION: Commissioner Jiménez moved to approve the minutes, seconded by

Commissioner Pedrozo

ACTION: The motion passed with the following vote:

Ayes: Commissioners Jiménez, Molesky, Pedrozo, Radner

Noes: None

Absent: Commissioner Aguirre

Abstain: None

Regular Agenda Items:

4. 2025 YTD April Financial Results. (1:41 - 1:58 p.m.)

[Commissioner Aguirre arrived at this time: 1:41 p.m.]

Ms. Lisa Ba, Chief Financial Officer (CFO), presented the Alliance's latest financial results for the four months ending April 30, 2025. She reported a Year-to-Date (YTD) Operating Loss of \$538K, which is better than the budgeted loss of \$9.6M. The YTD Medical Loss Ratio (MLR) was 94.9%, while the Administrative Loss Ratio (ALR) stood at 5.2%.

Ms. Ba reported that medical expenses exceeded the budget, primarily due to Enhanced Care Management (ECM) enrollment and Community Supports (CS), resulting in a projected loss of \$11.2M for the year. She explained that ECM enrollment rose from 16,000 to 21,000 members, which increased expenses and contributed to the projected loss. A rise in "Other Medical" costs is primarily attributed to increased utilization and higher spending on Transportation and Hospice services. Inpatient and Outpatient expenses also surpassed the budget due to high-dollar claims from previous years.

Commissioner Radner requested additional information regarding non-operating income. Ms. Ba explained that in 2024, non-operating income was \$27M, which was mainly from investment income due to higher interest rates. It was suggested to add a non-operating income line in future reports for clarity.

5. 2025 Forecast Based on YTD April Performance. (1:58 - 2:32 p.m.)

Ms. Ba presented the 2025 forecast based on the Year-to-Date April Financial results. The forecast is based on observed enrollment trends and revenue assumptions.

Ms. Ba noted that enrollment is expected to increase by less than 1% in 2025, mainly due to continued growth in Unsatisfactory Immigrant Status (UIS) membership, despite a decline in Satisfactory Immigration Status (SIS) membership. The average enrollment is projected to reach 444,000, up from the budgeted 439,000.

Revenue exceeds budget projections, primarily due to increased enrollment and a 5.2% rate adjustment from the Draft rates used in the budget to the Prospective rates, resulting in a \$96.7M increase. However, this rate increase is partially offset by \$52.5M in core medical service categories, such as Inpatient and Outpatient services, attributable to higher enrollment and increased utilization.

An additional offset results from elevated costs in Community Supports, totaling \$29.6M, with insufficient corresponding revenue and leading to a projected \$26M loss. ECM enrollment increased from 16,000 to 21,000 members, driving a YTD loss of \$36M and a projected year-end loss of \$143.9M prior to risk corridor reconciliation. The risk corridor is anticipated to mitigate \$135M of this amount, resulting in a net loss of \$9M.

The forecast also incorporates \$52.4M in Board-approved provider supplemental payments. Overall, staff project a \$77.6M operating loss with a Medical Loss Ratio (MLR) of 98.1%, which is slightly below budget expectations.

Ms. Ba concluded by reporting that current administrative expenses are higher than the budgeted target. She noted that staff have implemented cost-reduction measures and expect to meet the budgetary target by year-end.

In further discussion, Commissioner Radner commented that hospitals with strong financial reserves are likely better equipped to handle upcoming budget cuts, emphasizing the importance of maintaining substantial reserves to manage financial pressures, particularly in light of anticipated federal policy changes. He recommended that the Alliance assess alternative investment strategies that can provide direct support to healthcare providers. He proposed that, rather than depending solely on traditional investments such as municipal bonds, the Alliance might allocate resources toward developing provider infrastructure, including hospital properties, which have historically yielded returns between 8–10%.Ms. Ba noted that staff will undertake a legal review to determine the permissibility of such investments, with the findings to be addressed at the August Finance Committee meeting.

The Finance Committee adjourned its meeting of June 25, 2025, at 2:32 p.m.

Respectfully submitted,

Ms. Dulcie San Paolo Finance Administrative Specialist



Physicians Advisory Group

Date: March 6, 2025

Time: 12:00 – 1:30 p.m.

Location: Santa Cruz County:

Central California Alliance for Health – Board Room 1600 Green Hills Road, Suite 101, Scotts Valley, CA

Monterey County:

Central California Alliance for Health - Board Room 950 East Blanco Road, Suite 101, Salinas, CA

Merced County:

Central California Alliance for Health - Board Room

530 West 16th Street, Suite B, Merced, CA

Mariposa County:

Mariposa County Health & Human Services - Cathey's Valley Room

5362 Lemee Lane, Mariposa, CA

San Benito County:

Community Foundation Epicenter- San Benito Board Room

440 San Benito Street, Hollister, CA

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	
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.	



Physicians Advisory Group

Date: March 6, 2025

Time: 12:00 – 1:30 p.m.

Location: Santa Cruz County:

Central California Alliance for Health – Board Room 1600 Green Hills Road, Suite 101, Scotts Valley, CA

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530 West 16th Street, Suite B, Merced, CA

Mariposa County:

Mariposa County Health & Human Services - Cathey's Valley Room

5362 Lemee Lane, Mariposa, CA

San Benito County:

Community Foundation Epicenter- San Benito Board Room

440 San Benito Street, Hollister, CA

		No members of the public addressed the Group.	
Items for Approval		Discussion	Action/Recommendation
Minutes *Oma *Case		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 2 nd the motion for approval. *Group approved 12/05/24 meeting minutes as presented.	The Physicians Advisory Group approved the December 5, 2024, meeting minutes.
Action	Item Follow-Up		
		N/A	
Regula	ar 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	



Physicians Advisory Group

Date: March 6, 2025

Time: 12:00 – 1:30 p.m.

Location: Santa Cruz County:

Central California Alliance for Health – Board Room 1600 Green Hills Road, Suite 101, Scotts Valley, CA

Monterey County:

Central California Alliance for Health - Board Room 950 East Blanco Road, Suite 101, Salinas, CA

Merced County:

Central California Alliance for Health - Board Room

530 West 16th Street, Suite B, Merced, CA

Mariposa County:

Mariposa County Health & Human Services - Cathey's Valley Room

5362 Lemee Lane, Mariposa, CA

San Benito County:

Community Foundation Epicenter- San Benito Board Room

440 San Benito Street, Hollister, CA

be conducted later this year, with a focus on obtaining provider feedback to shape the curriculum. 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 training. The Alliance has funds available to provide supplemental payments to providers that complete the training. IV. Dianna Myers, Medical Director presented the Care-Based Incentives (CBI) Care-Based Incentives 2026 program for 2026.

03/06/2025_PAG_TN



Physicians Advisory Group

Date: March 6, 2025

Time: 12:00 – 1:30 p.m.

Location: Santa Cruz County:

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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.

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.



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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 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.



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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.	
٧.	Continuity &	Sarina King, Quality & Performance Improvement Manager and Gray Clarke,	
	Coordination of	Medical Director presented on Continuity and Coordination of Care for	
	Care, Behavioral	Behavioral Health and Primary Care.	
	Health & 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 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	



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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, 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.



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		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 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	Mike Wang, Medical Director presented on the Utilization Management (UM)	
	Development,	Program Review 2024	,
	Adoption and		,
	Review:	Dr. Wang noted the MTM discussion would be deferred due to limited time, The	,
	Community	Inpatient Data for 2023 and 2024 was reviewed with the group. Inpatient admissions	,
	Supports -	increased by 6.41% from the previous year of 2023. The bed days increased by 1.36%	



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Medically Tailored Meals (MTM) and Housing, UM Program Review 2024 with a decrease in length of stay (LOS) at 4.55%. It was noted, there was also an increase in Alliance membership.

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 reviewed. The results of the UM Program Review highlight the effectiveness of ongoing care coordination and transitions of



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	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		
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:9/4/2025	Signature: Mike Wang, MD, Interim CMO		Date : 9/4/2025		



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Chair: Omar Guzman, MD

Minutes by: Tracy Neves







DATE: September 24, 2025

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

Care Commission

FROM: Ronita Margain, Community Engagement Director

SUBJECT: Member Services Advisory Group: Member Reappointment

<u>Recommendation</u>. Staff recommend the Board approve the reappointment of the individual listed below to the Member Services Advisory Group (MSAG).

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

Discussion. The following individual has indicated interest in continuing participation on MSAG.

Name	Affiliation	County
Stephanie Auld	Consumer	Santa Cruz

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

Attachments. N/A

HEALTHY PEOPLE. HEALTHY COMMUNITIES.







DATE: September 24, 2025

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

Care Commission

FROM: Jessica Finney, Community Grants Director

SUBJECT: Medi-Cal Capacity Grant Program Mid-Year Report

<u>Summary</u>. This report is informational only. To ensure transparency and keep the Board informed, staff provide biannual Medi-Cal Capacity Grant Program (MCGP) reporting in the Board packet of all grantmaking activities per the Board approved annual investment plan. This mid-year report provides a summary of MCGP activities in the first half of 2025, including a list of all MCGP awards to date and *Grants At Work*, which highlights grantee activities in the community.

<u>Background</u>. The Alliance established the MCGP in July 2015 in response to the rapid expansion of the Medi-Cal population as a result of the Affordable Care Act. Through investment of a portion of the Alliance's reserves, the MCGP provides grants to local health care and community organizations in the Alliance's service areas to increase the availability, quality and access of health care and supportive services for Medi-Cal members and to address social drivers that influence health and wellness in our communities. Since 2015, the Alliance has awarded over one thousand grants totaling over \$222M to 264 organizations in the Alliance's service area.

MCGP Governance and Funding Allocations. Through an annual planning process, the Board provides input on community needs and grantmaking priorities in the Alliance's service area and makes funding allocations for Board-directed strategies. The Board directs staff to manage program-level implementation and budgets based on allocated funding. In January 2025, the Board approved the 2025 MCGP annual investment plan with a \$35M total annual award target. In June 2025, the Board approved a \$12.9M strategic allocation from the Alliance's excess fund balance (i.e., reserves) to the MCGP budget. Also in June 2025, the Board approved a new methodology for MCGP funding allocation effective January 2026, shifting from county-specific budgets to one service area budget for the grant program. The new methodology supports investing more significantly where the highest indicated need exists, supports cross-county partnerships and investments, improves overall responsiveness and flexibility, and ensures a minimum amount invested in each county.

<u>Grant Awards Year to Date</u>. Between January and August 2025 there were 107 grants awarded totaling \$20,878,884. Grants were awarded in two funding cycles in the first half of 2025 under the three MCGP focus areas – Access to Care, Healthy Beginnings and Healthy Communities – and the strategies below approved in 2025 MCGP Investment Plan:

- Healthcare Workforce
- Healthcare Infrastructure
- Parent/Child Health & Wellness
- Parent Support & Engagement
- Community Resources, Engagement & Empowerment
- Social Drivers of Health

HEALTHY PEOPLE. **HEALTHY** COMMUNITIES.

Central California Alliance for Health MCGP Mid-Year Report September 24, 2025 Page 2 of 2

<u>Current Funding Cycle</u>. The application deadline for the third and final funding round in 2025 was August 19, 2025. There are 77 eligible grant applications across nine funding opportunities (i.e., grant programs) currently under review. Award decisions will be distributed on October 31, 2025. These awards will be shared with the Board in January 2026 as part of the end of year 2025 MCGP Impact Report, which will also include a report of remaining funds available in the MCGP budget.

Annual Planning Activities. Staff have completed initial steps in implementing the new Community Reinvestment requirement per the published Department of Health Care Services (DHCS) All Plan Letter (APL), including submission of a draft policy to DHCS in May. The first Community Reinvestment plan under the new requirement is due to DHCS in Q3 2026 for the Alliance's funding obligation based on 2024 net income and 2024 quality performance. The Alliance will be allowed to claim those 2024 MCGP investments that align with the required Community Reinvestment categories outlined in the APL toward the Alliance's 2024 funding obligation. Community Reinvestment implementation is being aligned with the Medi-Cal Capacity Grant Program annual investment planning process. This topic will be included in the staff recommendation to the Board on the 2026 MCGP Annual Investment Plan in January 2026.

<u>Fiscal Impact</u>. There is no fiscal impact associated with this agenda item.

Attachments.

- 1. MCGP Awards January-August 2025
- 2. MCGP Grants At Work



Medi-Cal Capacity Grant Program Summary of 2025 Grant Awards To Date January - August 2025

County	Funding Opportunity	Total
Mariposa	Community Health Champions	\$250,000
	Doula Recruitment	\$65,000
	Healthcare Technology	\$50,000
	Parent Education and Support	\$248,000
Mariposa Tota		\$613,000
Merced	Capital	\$2,500,000
	CHW Recruitment	\$65,000
	Community Health Champions	\$964,521
	Doula Recruitment	\$130,000
	Healthcare Technology	\$174,500
	MA Recruitment	\$124,374
	Parent Education and Support	\$818,845
	Provider Recruitment	\$2,028,167
	Care Gap Closure	\$1,098,135
Merced Tota	l	\$7,903,542
Merced/Mariposa	Doula Network Technical Assistance	\$84,000
	Workforce Development	\$192,000
Merced/Mariposa Tota	L	\$276,000
Monterey	CHW Recruitment	\$130,000
	Community Health Champions	\$120,000
	Healthcare Technology	\$100,000
	Parent Education and Support	\$59,000
	Provider Recruitment	\$3,516,484
	Care Gap Closure	\$2,200,000
	Innovation Fund	\$161,390
Monterey Tota	l	\$6,286,874
San Benito	Community Health Champions	\$100,000
	Care Gap Closure	\$220,000
San Benito Tota	l	\$320,000
Santa Cruz	Capital	\$2,100,000
	CHW Recruitment	\$195,000
	Community Health Champions	\$173,807
	Doula Recruitment	\$195,000
	Equity Learning	\$80,000
	Healthcare Technology	\$85,831
	MA Recruitment	\$65,000
	Provider Recruitment	\$1,160,644
	Care Gap Closure	\$1,424,186
Santa Cruz Tota	·	\$5,479,468
Award Total To Date		\$20,878,884

SCMMSBMMMCC Meeting Packet | September 24, 2025 | Page 15A-3

County	Organization Name	Funding Opportunity	Grant Description	Award Amount	Date Awarded
Mariposa	Alliance for Community Transformations	Community Health Champions	The Bridges to Wellness project will be implemented at the Mariposa Heritage House (MHH); a drop-in center that offers peer-led wellness and recovery services for individuals experiencing mental health challenges, homelessness, and/or substance use disorders. Bridges to Wellness will (1) expand SUD services through weekly one-on-one counseling sessions and groups for relapse prevention and step study; (2) provide >1,200 meals monthly, emergency food boxes weekly, and additional food boxes to five school sites monthly; (3) host health-focused classes on topics like nutritious food preparation and budget-friendly shopping strategies; (4) in partnership with Mother Lode Job Training (MLJT), to implement a structured pathway for participants to become certified Community Health Workers.	\$250,000	7/18/2025
Mariposa	Doula Jules	Doula Recruitment	Recruitment of one Doula.	\$65,000	7/18/2025
Mariposa	Mariposa Safe Families, Inc.	Parent Education and Support	Mariposa Safe Families (MSF) will launch "Little Steps, Big Dreams" to strengthen families, prevent child abuse, and promote healthy early childhood development in Mariposa County. The project will offer parent support courses using the evidence-based Nurturing Parenting curriculum, along with family enrichment activities that build social support and emotional resilience. The program aims to connect families to preventive health care and behavioral health services, foster nurturing parenting practices, reduce caregiver isolation, and improve children's emotional and behavioral well-being.	\$248,000	7/18/2025
Mariposa	Yosemite Medical Clinic	Healthcare Technology	Yosemite Medical Clinic will upgrade medical equipment to enhance diagnostic capabilities, improve patient outcomes, and increase care capacity. Grant funds will be used to purchase essential equipment, including blood analyzers, ultrasound machines, EKG machines, transport ventilators, and portable otoscopes, to ensure timely and comprehensive patient care.	\$50,000	4/4/2025
Merced	Advanced Radiology and Interventional Associates, Inc	Provider Recruitment	Recruitment of one Interventional Radiologist	\$250,000	7/18/2025
Merced	Apex Medical Group	Workforce Support for Care Gap Closures	Grant awarded with the aim to improve quality metrics performance to reach at least the 50th percentile and potentially reach the 90th percentile.	\$107,136	3/28/2025
Merced	Bryant Orthopedic and Sports Physical Therapy	Provider Recruitment	Recruitment of one Physical Therapist.	\$62,500	7/18/2025
Merced	Bryant Orthopedic and Sports Physical Therapy	Provider Recruitment	Recruitment of one Physical Therapist.	\$62,500	7/18/2025
Merced	California Health Collaborative	Parent Education and Support	California Health Collaborative (CHC) proposes the Circle of Care project: a 24-month, community-based initiative to improve health outcomes and family stability for Medi-Cal-enrolled pregnant women and children ages 0–5 in Merced County. The project will focus on offering comprehensive, trauma-informed, culturally relevant, and family-centered parent education, expanding access to preventive care and screenings, and facilitating high-quality referrals across medical, behavioral, and social systems. The project will serve both as a family resource group and a referral and navigation hub, anchored by trained Community Health Workers (CHWs), and will build CHC's capacity to become a contracted Medi-Cal provider for CHW services.	\$250,000	7/18/2025
Merced	Castle Family Health Centers	Workforce Support for Care Gap Closures	Grant awarded with the aim to improve quality metrics performance to reach at least the 50th percentile and potentially reach the 90th percentile.	\$220,000	3/28/2025

County	Organization Name	Funding Opportunity	Grant Description	Award Amount	Date Awarded
Merced	Chenn Yow Fuh, MD, Inc.	Provider Recruitment	Recruitment of one Non-Physician Medical Practitioner (NPMP).	\$92,000	7/18/2025
Merced	Family Health Medical Center	Provider Recruitment	Recruitment of one Non-Physician Medical Practitioner (NPMP).	\$80,000	7/18/2025
Merced	Gettysburg Medical Clinic	Workforce Support for Care Gap Closures	Grant awarded with the aim to improve quality metrics performance to reach at least the 50th percentile and potentially reach the 90th percentile.	\$50,591	3/28/2025
Merced	Golden Valley Health Centers	Capital	GVHC will demolish and rebuild the Planada Health Center at 9235 E. Broadway St. in Planada, enhancing its sustainability against climate events and ensuring continued access to high-quality care for 3,000 patients annually, 64% of whom are Medi-Cal members. The project includes raising the facility above the floodplain and expanding the number of exam rooms and dental operatories, resulting in improved service efficiency, patient care and workflow efficiency.	\$2,500,000	4/4/2025
Merced	Golden Valley Health Centers	Healthcare Technology	GVHC will purchase and implement non-invasive jaundice meters (i.e., bilirubinometers) at pediatric clinics in Merced County to provide quick, accurate bilirubin readings on-site, improving convenience and reducing the need for external lab referrals. The project aims to enhance the accuracy, efficiency, and patient experience of bilirubin screening for approximately 1,100 Medi-Cal enrolled or eligible newborns annually.	\$25,000	4/4/2025
Merced	Golden Valley Health Centers	Workforce Support for Care Gap Closures	To support the hiring of locum tenens providers and/or to allocate additional hours for existing staff to augment clinic hours and/or days to assist with closing the remaining Managed Care Accountability Sets (MCAS) care gaps through the end of 2025. Grant funds may also be used for indirect costs per the approved project budget.	\$170,416	5/30/2025
Merced	Harold L Schick MD, Inc.	Healthcare Technology	Harold L Schick MD's ophthalmology practice will utilize an advanced optical biometry machine to improve cataract surgery outcomes for Medi-Cal patients. The equipment will automate key measurements, leading to more precise intraocular lens selection, reduced dependence on glasses, and fewer referrals to outside specialists.	\$50,000	7/18/2025
Merced	Harold L Schick MD, Inc.	Provider Recruitment	Recruitment of one Neuro-Ophthalmologist	\$250,000	4/4/2025
Merced	Kenneth R Grossman MD INC	Provider Recruitment	Recruitment of one Non-Physician Medical Practitioner (NPMP)	\$225,000	4/4/2025
Merced	LifeLine CDC (Community Development Corporation)	Community Health Champions	The Wellness For All project aims to connect Medi-Cal members to the services, support, and information they need to keep themselves and their families healthy by training interns as Community Health Champions to connect residents in under-resourced neighborhoods with health and social services. Key activities include expanding LLCDC's emergency food pantries with healthier options, offering healthy cooking education (especially for seniors), providing nutritious meals and emotional support for children, completing a garden walkway for seniors, and engaging in community events to strengthen outreach and collaboration.	\$240,000	7/18/2025
Merced	Livingston Community Health	Healthcare Technology	Livingston Community Health will expand its use of Artera's digital platform to improve patient communication, streamline intake processes, and enhance community outreach across its clinics. Implementation of new platforms will increase access, efficiency, engagement and satisfaction for Medi-Cal members through automated, multilingual, and integrated workflow and communication systems.	\$25,000	7/18/2025
Merced	Livingston Community Health	Workforce Support for Care Gap Closures	Grant awarded with the aim to improve quality metrics performance to reach at least the 50th percentile and potentially reach the 90th percentile.	\$110,000	3/28/2025

County	Organization Name	Funding Opportunity	Grant Description	Award Amount	Date Awarded
Merced	Memorial Hospital Los Banos (Family Birthing Center)	Doula Recruitment	Recruitment of one Doula.	\$65,000	7/18/2025
Merced	Memorial Hospital Los Banos Rural Health Clinic	MA Recruitment	Recruitment of one Medical Assistant.	\$65,000	7/18/2025
Merced	Memorial Hospital Los Banos Rural Health Clinic	Workforce Support for Care Gap Closures	Grant awarded with the aim to improve quality metrics performance to reach at least the 50th percentile and potentially reach the 90th percentile.	\$110,000	3/28/2025
Merced	Merced Doula Services	Doula Recruitment	Recruitment of one Doula.	\$65,000	7/18/2025
Merced	Merced Faculty Associates Medical Group	MA Recruitment	Recruitment of one Medical Assistant.	\$59,374	4/4/2025
Merced	Merced Faculty Associates Medical Group	Provider Recruitment	Recruitment of one Primary Care Provider	\$250,000	4/4/2025
Merced	Merced Faculty Associates Medical Group	Workforce Support for Care Gap Closures	Grant awarded with the aim to improve quality metrics performance to reach at least the 50th percentile and potentially reach the 90th percentile.	\$110,000	3/28/2025
Merced	Merced Lung & Sleep Specialists	Healthcare Technology	MLSS will implement new technology, Somnoware and Pulm-One, to enhance patient care efficiency via purchase of equipment/software, implementation of protocols, training of staff, and education of patients. Somnoware system will improve accountability, scoring capabilities, and documentation access. Pulm-One will enhance patient access and documentation with upgraded network functions for quick test result access.	\$50,000	4/4/2025
Merced	Mercy Medical Center Merced	Provider Recruitment	Recruitment of one Gastroenterologist.	\$250,000	7/18/2025
Merced	Mercy Medical Center Merced (Dignity Health)	Workforce Support for Care Gap Closures	Grant awarded with the aim to improve quality metrics performance to reach at least the 50th percentile and potentially reach the 90th percentile.	\$110,000	3/28/2025
Merced	Peaceful Passages Birthing Support Center	CHW Recruitment	Recruitment of one Community Health Worker (CHW).	\$65,000	4/4/2025
Merced	Radio Bilingüe	Parent Education and Support	Radio Bilingüe (RB), a leading Latino and multilingual public media network, will launch a two-year educational radio campaign, Growing With Support, to improve health and well-being for Medi-Cal-eligible parents, infants, and children ages 0–5 in Monterey, San Benito, and Santa Cruz Counties. Broadcast from Radio Bilingüe's KHDC studios in Salinas, the project will deliver culturally and linguistically tailored programs in Spanish, Mixteco, and Triqui, addressing topics such as prenatal and postpartum care, childhood development, mental health, and navigating Medi-Cal services. The radio programming will feature live talk shows, PSAs, and expert interviews with local health care and social support providers to engage and inform underserved Latino and Indigenous families, while combating health misinformation and promoting access to vital community resources.	\$250,000	7/18/2025
Merced	Radiologica	Provider Recruitment	Recruitment of one Radiologist.	\$250,000	7/18/2025

County	Organization Name	Funding Opportunity	Grant Description	Award Amount	Date Awarded
Merced	Sierra Vista Child & Family Services	Community Health Champions	Sierra Vista Child & Family Services' Community Health Outreach program in Merced County aims to improve health equity for Medi-Cal members in underserved rural areas through the use Community Health Navigators to provide culturally relevant outreach, health education, and resource referrals. Program activities are designed to increase awareness of services, promote preventive care, and reduce avoidable emergency visits. Activities include community events, one-on-one engagement, and distributing outreach materials, with a goal of connecting at least 75% of participants to needed resources and developing capacity for Sierra Vista Child & Family Services to become a contracted Community Health Worker Benefit provider.	\$225,670	7/18/2025
Merced	Sierra Vista Child & Family Services	Healthcare Technology	Sierra Vista Child & Family Services (SVCFS) will enhance its SmartCare electronic health record (EHR) system to improve client-centered care and streamline documentation for field-based teams in Merced County. The project includes redesigning the treatment plan template, EHR customization to meet real-time data sharing standards, and purchasing digital signature pads for use during home and community visits. These upgrades will support real-time data sharing, improve care coordination, and reduce staff documentation time.	\$24,500	7/18/2025
Merced	Sport & Rehab Physical Therapy	Provider Recruitment	Recruitment of one Physical Therapist.	\$85,000	7/18/2025
Merced	Sport & Rehab Physical Therapy	Provider Recruitment	Recruitment of one Physical Therapist.	\$85,000	7/18/2025
Merced	Timothy S. Johnston, MD	Provider Recruitment	Recruitment of one Non-Physician Medical Practitioner (NPMP).	\$86,167	7/18/2025
Merced	Timothy S. Johnston, MD	Workforce Support for Care Gap Closures	Grant awarded with the aim to improve quality metrics performance to reach at least the 50th percentile and potentially reach the 90th percentile.	\$109,992	3/28/2025
Merced	TrueHealthCare Corp	Parent Education and Support	TrueHealthCare Corp will implement the WellStart program in collaboration with Memorial Hospital Los Banos, Rural Health Clinic to enhance parental education and support for pregnant women and children ages 0 to 5 in Merced County. The culturally and linguistically competent program aims to improve child development outcomes, strengthen family health, reduce health disparities, and promote nutritional well-being and active living via educational workshops, cooking classes, physical activity programs, lactation support, support groups, individual consultations, and resource navigation.	\$100,000	4/4/2025
Merced	UC Merced	Community Health Champions	UC Merced PACE's SkillRISE-CH program will engage up to 30 Medi-Cal youth in Merced County through team-based, work-based learning projects aligned with local Community Health Improvement Plan (CHIP) priorities. Youth will earn project management certification, receive mentorship from UC Merced undergraduates, and collaborate with community health organizations on real-world projects focused on mental health, preventive care, substance use, and chronic disease. The program aims to build youth career pathways in public health and health care careers, increase awareness of Medi-Cal benefits, and strengthen community organizations' capacity to serve underserved populations.	\$248,851	7/18/2025

County	Organization Name	Funding Opportunity	Grant Description	Award Amount	Date Awarded
Merced	United Way of Merced County	Parent Education and Support	United Way of Merced County (UWMC) will launch the Nurturing Family Strength Program in partnership with Cultiva Greatness LLC to enhance mental wellness and strengthen parent-child relationships for Medi-Cal families. Using the evidence-based Nurtured Heart Approach® curriculum, the program offers training sessions with special adaptations for cultural/language needs, weekly support groups, and health care and social support resource navigation. The program aims to increase parental confidence and improving socio-emotional well-being of parents and children ages 0-5.	\$218,845	7/18/2025
Merced	Youth Leadership Institute	Community Health Champions	Youth Leadership Institute will expand its Merced Healing Generation Center to continue serving low-income youth with mental health, housing, and support services, while launching the Youth Voices Alliance —a youth-led Community Health Worker cohort. The project will engage 10 youth as peer educators to promote Medi-Cal benefits, health education, and advocacy through trainings, webinars, health fairs, and school partnerships. Activities aim to build trust, increase access to Medi-Cal benefits and social resources, and strengthen community resilience through youth-driven outreach and wellness initiatives like a community garden and fitness workshops.	\$250,000	7/18/2025
Merced/Mariposa	Health Career Connection	Workforce Development	To support Health Career Connection in enrolling a total of 20 undergraduate students and recent graduates through a comprehensive, 10-week, full-time paid internship program with placement at Alliance-contracted and/or Alliance-approved organizations during the summers of 2025 and 2026.	\$192,000	5/1/2025
Merced/Mariposa	Turlock Doula Services	Doula Network Technical Assistance	To support the outreach, support, and education for doulas in the Alliance's five-county service area (with an emphasis on Merced and Mariposa counties) on the Medi-Cal Doula Services Benefit and the provider enrollment process through the Department of Health Care Services and the Alliance in order recruit doulas into the Alliance's network of doula providers, as described in approved Grant Application and Scope of Work.	\$42,000	6/1/2025
Merced/Mariposa	Wave's Embrace Doula Services	Doula Network Technical Assistance	To support the outreach, support, and education for doulas in the Alliance's five-county service area (with an emphasis on Merced and Mariposa counties) on the Medi-Cal Doula Services Benefit and the provider enrollment process through the Department of Health Care Services and the Alliance in order recruit doulas into the Alliance's network of doula providers, as described in approved Grant Application and Scope of Work.	\$42,000	6/1/2025
Monterey	Acacia Family Medical Group	Provider Recruitment	Recruitment of one Primary Care Provider.	\$250,000	7/18/2025
Monterey	Big Sur Health Center	Provider Recruitment	Recruitment of one Non-Physician Medical Practitioner (NPMP).	\$135,100	7/18/2025
Monterey	Center for Community Advocacy	Community Health Champions	The Promotores Comunitarios program aims to increase access to health care and mental health services for underserved populations in southern Monterey County by expanding on their model where trained Promotores (Community Peer Educators) partner with local healthcare providers to bridge gaps in access due to linguistic, cultural, and economic barriers. Organization will train and certify at least ten Promotores de Salud to serve as community health advocates for supporting low-income, agricultural workers, and Indigenous populations.	\$100,000	4/4/2025

Monterey Community Homeless Solutions CHW Recruitment Recruitment of medical equipment or supplies that directly relate to the quality measures large for improvement. Additionally, grant funds may be used for indirect costs per the approved project budget.	County	Organization Name	Funding Opportunity	Grant Description	Award Amount	Date Awarded
Monterey Community Human Services will expand its evidence-based Nutruring Parent Education and Support Community Human Services will bilingual facilitators to help Med-Cal families build positive parenting affailtators to help Med-Cal families build positive parenting affailtators to help Med-Cal families build positive parenting affailtance to help Med-Cal families build positive parenting skills and prevent child abuse and neglect. The program promotes healthy child development, strengthers family dynamics, and connects participants to community resources through partnerships with local health, social service, and educational organizations. Monterey County Monterey Health Department - Clinic Services Bureau County of Monterey Health Department - Clinic Services Bureau Provider Recruitment - Provider Recruitment - Clinic Services Bureau Provider Recruitment - Recruitment One Primary Care Provider Monterey County of Monterey Health Department - Clinic Services Bureau Provider Recruitment Recruitment One Primary Care Provider Monterey County of Monterey Health Department - Clinic Services Bureau Provider Recruitment Recruitment One Primary Care Provider Monterey County of Monterey Health Department - Clinic Services Bureau Provider Recruitment Recruitment One Primary Care Provider Monterey County of Monterey Health Department - Clinic Services Bureau Monterey County of Monterey Health Department - Clinic Services Bureau Monterey County of Monterey Health Department - Clinic Services Bureau Monterey Doctors on Duty Medical Group, Inc. Provider Recruitment Recruitment Gene Non-Physician Medical Practitione (NPMP). \$13,6,876 Monterey Doctors on Duty Medical Group, Inc. Provider Recruitment Recruitment Gene Non-Physician Medica	terey C	Clinica De Salud Del Valle De Salinas	Workforce Support for Care Gap Closures	hours for existing staff to augment clinic hours and/or days to assist with closing the remaining Managed Care Accountability Sets (MCAS) care gaps through the end of 2025. Grant funds also support the purchase and implementation of medical equipment or supplies that directly relate to the quality measures targeted for improvement. Additionally, grant funds may	\$330,000	5/30/2025
Monterey Community Human Services Parent Education and Support Parent Education and Parent Parent Education and Parent Parent Education and Parent Parent Education and Parent Pa	terey C	Community Homeless Solutions	CHW Recruitment	Recruitment of one Community Health Worker (CHW).	\$65,000	4/4/2025
Monterey County of Monterey Health Department - Clinic Services Bureau Monterey County of Monterey Health Department - Clinic Services Bureau Monterey County of Monterey Health Department - Clinic Services Bureau Monterey County of Monterey Health Department - Clinic Services Bureau Monterey County of Monterey Health Department - Clinic Services Bureau Monterey County of Monterey Health Department - Clinic Services Bureau Monterey County of Monterey Health Department - Clinic Services Bureau Monterey County of Monterey Health Department - Clinic Services Bureau Monterey County of Monterey Health Department - Clinic Services Bureau Monterey County of Monterey Health Department - Clinic Services Bureau Monterey County of Monterey Health Department - Clinic Services Bureau Monterey County of Monterey Health Department - Clinic Services Bureau Monterey County of Monterey Health Department - Clinic Services Bureau Monterey County of Monterey Health Department - Clinic Services Bureau Monterey County of Monterey Health Department - Clinic Services Bureau Monterey County of Monterey Health Department - Clinic Services Bureau Monterey Doctors on Duty Medical Group, Inc. Workforce Support for Care Gap Closures Monterey Doctors on Duty Medical Group, Inc. Monterey Doctors on Duty Medical Grou	terey C	Community Human Services	Parent Education and Support	Parenting class series with bilingual facilitators to help Medi-Cal families build positive parenting skills and prevent child abuse and neglect. The program promotes healthy child development, strengthens family dynamics, and connects participants to community resources through partnerships with local health, social service, and educational	\$59,000	7/18/2025
Monterey Clinic Services Bureau Provider Recruitment Recruitment of one Primary Care Provider S250,000 County of Monterey Health Department Clinic Services Bureau Provider Recruitment Recruitment of one Primary Care Provider Care Gap Closures Clinic Services Bureau Provider Recruitment Provider Recruitment Clinic Services Bureau Provider Recruitment Provider Recruitment Recruitment Provider Recruitment Provider Recruitment Provider Recruitment Provider Recruitment Provider Recruitment Provider Recruitm	tarav		Healthcare Technology	funding to implement an Al Scribe, an Al transcription tool that streamlines clinical documentation in the electronic health record (EHR) during patient visits. By reducing administrative burden, the tool will enhance provider efficiency, expand telehealth capacity, and improve access and care coordination for Medi-Cal members. The project includes EHR integration, staff training, and patient education. Outcomes include more time for direct patient care, reduced provider burnout, improved documentation accuracy,	\$50,000	7/18/2025
Monterey Clinic Services Bureau Provider Recruitment Recruitment of one Primary Care Provider \$250,000 County of Monterey Health Department Clinic Services Bureau Provider Recruitment Recruitment of one Primary Care Provider \$250,000 County of Monterey Health Department Clinic Services Bureau Provider Recruitment Clinic Services Bureau Workforce Support for Care Gap Closures Clinic Services Bureau Workforce Support for Care Gap Closures Clinic Services Bureau Workforce Support for Care Gap Closures Clinic Services Bureau Workforce Support for Care Gap Closures Clinic Services Bureau Workforce Support for Care Gap Closures Clinic Services Bureau Workforce Support for Care Gap Closures Clinic Services Bureau Workforce Support for Care Gap Closures Clinic Services Bureau Workforce Support for Care Gap Closures Clinic Services Countability Sets (MCAS) care Gaps through the end of 2025. Workforce Support for Care Gap Closures Clinic Services Closures Clinic Services Clinic Services Support Services	Terev		Provider Recruitment	Recruitment of one Primary Care Provider	\$189,908	4/4/2025
Monterey County of Monterey Health Department - Clinic Services Bureau Workforce Support for Care Gap Closures County of Monterey Health Department - Clinic Services Bureau Workforce Support for Care Gap Closures Workforce Support for Care Gap Closures To support the hiring of locum tenens providers and/or to allocate additional hours for existing staff to augment clinic hours and/or days to assist with closing the remaining Managed Care Accountability Sets (MCAS) care gaps through the end of 2025. To support the hiring of locum tenens providers and/or to allocate additional hours for existing staff to augment clinic hours and/or days to assist with closing the remaining Managed Care Accountability Sets (MCAS) care gaps through the end of 2025. Grant funds may also be used for indirect costs per the approved project budget. Monterey Doctors on Duty Medical Group, Inc. Provider Recruitment Recruitment of one Non-Physician Medical Practitioner (NPMP). \$136,878 Monterey Gonzales Primary Care Provider Recruitment Recruitment of one Non-Physician Medical Practitioner (NPMP) \$208,166 Monterey Montage Medical Group Provider Recruitment Recruitment of one Primary Care Provider Recruitment of one Primary Care Provider Monterey Montage Medical Group Provider Recruitment Recruitment of one Neurologist. Monterey Bay Speech Therapy Provider Recruitment Recruitment of one Speech Pathologist Recruitment of one Pain Medicine Provider. S250,000 Monterey Monterey Monterey Spay Speech Therapy Provider Recruitment Recruitment of one Pain Medicine Provider. Recruitment of one Pain Medicine Provider. \$250,000 Monterey Pacific Rehabilitation & Pain Provider Recruitment Recruitment of one Pain Medicine Provider.	terey	Clinic Services Bureau	Provider Recruitment	Recruitment of one Primary Care Provider	\$250,000	4/4/2025
County of Monterey Health Department - Clinic Services Bureau Workforce Support for Care Gap Closures Workforce Support for Care Gap Closures Workforce Support for Care Gap Closures Doctors on Duty Medical Group, Inc. Workforce Support for Care Gap Closures Workforce Support for Care Gap Closures Workforce Support for Care Gap Closures Doctors on Duty Medical Group, Inc. Workforce Support for Care Gap Closures To support the hiring of locum tenens providers and/or days to assist with closing the remaining Managed Care Accountability Sets (MCAS) care gaps through the end of 2025. Grant funds may also be used for indirect costs per the approved project budget. Monterey Doctors on Duty Medical Group, Inc. Provider Recruitment Recruitment of one Non-Physician Medical Practitioner (NPMP). \$136,878 7. Recruitment of one Non-Physician Medical Practitioner (NPMP). \$208,166 Monterey Montage Medical Group Provider Recruitment Recruitment of one Primary Care Provider Recruitment of one Primary Care Provider Recruitment of one Neurologist. \$250,000 7. Monterey Monterey Bay Speech Therapy Provider Recruitment Recruitment of one Speech Pathologist Recruitment of one Speech Therapist and Occupational Therapist \$59,093 Monterey Pacific Rehabilitation & Pain Provider Recruitment Recruitment of one Pain Medicine Provider.			Provider Recruitment	Recruitment of one Primary Care Provider	\$250,000	4/4/2025
hours for existing staff to augment clinic hours and/or days to assist with closing the remaining Managed Care Accountability Sets (MCAS) care gaps through the end of 2025. Grant funds may also be used for indirect costs per the approved project budget. Monterey Doctors on Duty Medical Group, Inc. Provider Recruitment Recruitment of one Non-Physician Medical Practitioner (NPMP). \$136,878 7/4. Monterey Gonzales Primary Care Provider Recruitment Recruitment of one Non-Physician Medical Practitioner (NPMP) \$208,166 4/4. Monterey Montage Medical Group Provider Recruitment Recruitment of one Primary Care Provider Recruitment Recruitment of one Neurologist \$250,000 7/4. Monterey Montage Medical Group Provider Recruitment Recruitment of one Neurologist \$250,000 7/4. Monterey Monterey Bay Speech Therapy Provider Recruitment Recruitment of one Speech Pathologist \$65,806 4/4. Monterey Monterey Bay Speech Therapy Provider Recruitment Recruitment of one Speech Therapist and Occupational Therapist \$59,093 4/4. Monterey Pacific Rehabilitation & Pain Provider Recruitment Recruitment of one Pain Medicine Provider.	Terev/		Workforce Support for Care Gap Closures	hours for existing staff to augment clinic hours and/or days to assist with closing the remaining Managed Care Accountability Sets (MCAS) care	\$1,375,000	5/30/2025
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Monterey Pacific Rehabilitation & Pain Provider Recruitment Recruitment of one Pain Medicine Provider. \$250,000 7/					, ,	4/4/2025
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County	Organization Name	Funding Opportunity	Grant Description	Award Amount	Date Awarded
Monterey	Salinas Valley Medical Clinic	Provider Recruitment	Recruitment of one OB/GYN	\$250,000	4/4/2025
Monterey	Salinas Valley Medical Clinic	Provider Recruitment	Recruitment of one Urgent Care Internal Medicine Physician.	\$232,690	7/18/2025
Monterey	Salinas Valley Medical Clinic	Workforce Support for Care Gap Closures	To support the hiring of locum tenens providers and/or to allocate additional hours for existing staff to augment clinic hours and/or days to assist with closing the remaining Managed Care Accountability Sets (MCAS) care gaps through the end of 2025. Grant funds also support the purchase and implementation of medical equipment or supplies that directly relate to the quality measures targeted for improvement. Additionally, grant funds may be used for indirect costs per the approved project budget.	\$55,000	5/30/2025
Monterey	Seneca Family of Agencies	Healthcare Technology	Seneca Family of Agencies (SFA) is equipping the new Children's Crisis Continuum Program (CCP) facility, in collaboration with Monterey County Behavioral Health Services Division, with technology that enhances care for youth in mental health crisis. The facility will serve children and youth experiencing acute mental health crises and includes a Children's Crisis Residential Program and Crisis Stabilization Unit. The project includes medication dispensing tools, telehealth equipment, digital communication boards, and laptops to support real-time documentation and coordination. These upgrades will improve safety, streamline treatment planning, and reduce the need for hospitalizations or out-of-county placements for Medi-Cal youth in crisis.	\$50,000	7/18/2025
Monterey	Taylor Farms Family Health & Wellness Center	Provider Recruitment	Recruitment of one Non-Physician Medical Practitioner (NPMP)	\$101,886	4/4/2025
Monterey	Taylor Farms Family Health & Wellness Center	Workforce Support for Care Gap Closures	To support the hiring of locum tenens providers and/or to allocate additional hours for existing staff to augment clinic hours and/or days to assist with closing the remaining Managed Care Accountability Sets (MCAS) care gaps through the end of 2025. Grant funds also support the purchase and implementation of medical equipment or supplies that directly relate to the quality measures targeted for improvement. Additionally, grant funds may be used for indirect costs per the approved project budget.	\$110,000	5/30/2025
Monterey	Therasens Inc.	Provider Recruitment	Recruitment of one Pediatric Occupational Therapist.	\$90,000	7/18/2025
Monterey	United Way of Monterey County	Innovation Fund	To support United Way of Monterey County's Hope and Help Network (HHN) to drive higher impact results amongst mental health (MH) and substance use disorder (SUD) service providers in the ecosystem of prevention, intervention, treatment and recovery for Medi-Cal members in Monterey County. Through collective action, HHN members will develop collaborative strategies to optimize MH and SUD service delivery in Monterey County.	\$161,390	5/30/2025
Monterey	Valley Health Associates	Provider Recruitment	Recruitment of one Substance Use Disorder Outpatient Program Director (and Counselor)	\$46,958	4/4/2025

San Benito Omatochi Community Health Champions San Benito Omatochi Community Health Champions Omatochi Community Health Champions Omatochi Community Health Champions San Benito Omatochi San Benito Community Health Champions Omatochi Community Health Champions San Benito San Benito San Benito San Benito Community Health Champions San Benito San Benito San Benito San Benito Community Health Champions San Benito San Be	County	Organization Name	Funding Opportunity	Grant Description	Award Amount	Date Awarded
Benito County who can empower senior Latinx residents to improve their health interacy, access Medi-Cal services and preventive care, and destigmatize behavioral health and substance use disorder services. To achieve these goals, the organization will employ a community-based health model, where trusted individuals from within San Benito provide culturally and linguistically competent outreach, education and referrals to local providers of health care and supportive services. San Benito San Benito Health Foundation Workforce Support for Care Gap Closures Santa Cruz Coastal Health Partners Provider Recruitment Recruitment on the Urologist The County of Santa Cruz, Health Services Agency, Clinic Services Division Agency, Clinic Services Division County of Santa Cruz, Health Services Agency, Clinic Services Division Workforce Support for Care Gap Closures Agency, Clinic Services Division County of Santa Cruz, Health Services Agency, Clinic Services Division County of Santa Cruz, Health Services Agency, Clinic Services Division County of Santa Cruz, Health Services Agency, Clinic Services Division County of Santa Cruz, Health Services Agency, Clinic Services Division County of Santa Cruz, Health Services Agency, Clinic Services Division County of Santa Cruz, Health Services Agency, Clinic Services Division County of Santa Cruz, Health Services Agency, Clinic Services Division County of Santa Cruz, Health Services Agency, Clinic Services Division County of Santa Cruz, Health Services Agency, Clinic Services Division County of Santa Cruz, Health Services Agency, Clinic Services Division County of Santa Cruz, Health Services Agency, Clinic Services Division County of Santa Cruz, Health Services Agency, Clinic Services Division County of Santa Cruz, Health Services Agency, Clinic Services Division County of Santa Cruz, Health Services Agency, Clinic Services Division County of Santa Cruz Health Services Division County of Santa Cruz Health Services Division County of Santa Cruz Health Services Division County of Sant	Monterey	Wonder Wood Ranch	Community Health Champions	provides trauma- and culturally-informed therapy through animal-assisted play and therapy, life skills development, and career preparation for underserved youth in Monterey County, with a focus on Greenfield. Youth Interns experienced in T.A.I.L.S. will lead activities with peer youth participants to promote health and wellness and take on leadership roles during community events and school trips. A Youth Coordinator will serve as a liaison between the program, community, and health providers to identify and refer Medi-Cal-eligible youth to healthcare and social supports	\$20,000	4/4/2025
San Benito San Benito Health Foundation Workforce Support for Care Gap Closures reach at least the 50th percentile and potentially reach the 90th percentile. Santa Cruz Coastal Health Partners Provider Recruitment Recruitment of one Urologist The County of Santa Cruz Health Services Agency, Clinic Services Division Health Care Technology Page 1. The County of Santa Cruz Health Services Agency, Clinic Services Division Health Care Technology Page 2. The Workforce Support for Care Gap Closures Agency, Clinic Services Division Provider Recruitment Recruitment of one Urologist Provider Recruitment Provider Recruit	San Benito	Omatochi	Community Health Champions	Benito County who can empower senior Latinx residents to improve their health literacy, access Medi-Cal services and preventive care, and destigmatize behavioral health and substance use disorder services. To achieve these goals, the organization will employ a community-based health model, where trusted individuals from within San Benito neighborhoods will be trained as Community Health Champions to provide culturally and linguistically competent outreach, education and referrals to	\$100,000	4/4/2025
Santa Cruz County of Santa Cruz, Health Services Agency, Clinic Services Division Healthcare Technology House Increase accesses to learned ance sevential along lange and pretable diagnostic tools—Healthc	San Benito	San Benito Health Foundation	Workforce Support for Care Gap Closures	· · · · · ·	\$220,000	3/28/2025
Santa Cruz County of Santa Cruz, Health Services Agency, Clinic Services Division Healthcare Technology House Indicate additional hours for existing staff to augment clinic hours and/or to allocate additional hours for existing staff to augment clinic hours and/or to allocate additional hours for existing staff to augment clinic hours and/or to allocate additional hours for existing staff to augment clinic hours and/or to allocate additional hours for existing staff to augment clinic hours and/or to allocate additional hours for existing staff to augment clinic hours and/or to allocate additional hours for existing staff to augment clinic hours and/or to allocate additional hours for existing staff to augment clinic hours and/or to allocate additional hours for existing staff to augment clinic hours and/or to allocate additional hours	Santa Cruz	Coastal Health Partners	Provider Recruitment	Recruitment of one Urologist	\$250,000	4/4/2025
Santa Cruz County of Santa Cruz, Health Services Agency, Clinic Services Division Santa Cruz Crystal Lyons Doula Recruitment Recruitment of one Doula. Santa Cruz Dientes Dominican Hospital (Dignity Health) Equity Learning To support the hiring of locum tenens providers and/or to allocate additional hours for existing staff to augment clinic hours and/or days to assist with closing the remaining Managed Care Accountability Sets (MCAS) care gaps through the end of 2025. Recruitment of one Doula. Recruitment of one General Dentist. The Healing Connections Program will equip healthcare professionals with tools to address health disparities and create an inclusive environment. The program will train residents, doctors, and faculty to work through an equitable lens, recognize personal biases, and foster systemic change. It includes intensive training, belonging events, and leadership workshops to embed equity, cultural humility, and trauma-informed care into hospital practices. The program seeks to improve healthcare outcomes, enhance provider-patient relationships, and cultivate a culture of belonging and respect.	Santa Cruz		Healthcare Technology	purchase essential clinical equipment that supports quality improvement efforts and increases access to preventive care for Medi-Cal members. New equipment—such as exam tables, vaccine refrigerators, and portable diagnostic tools—will enable more cervical cancer screenings, reduce	\$50,000	7/18/2025
Santa Cruz Dientes Provider Recruitment Recruitment of one General Dentist. The Healing Connections Program will equip healthcare professionals with tools to address health disparities and create an inclusive environment. The program will train residents, doctors, and faculty to work through an equitable lens, recognize personal biases, and foster systemic change. It includes intensive training, belonging events, and leadership workshops to embed equity, cultural humility, and trauma-informed care into hospital practices. The program seeks to improve healthcare outcomes, enhance provider-patient relationships, and cultivate a culture of belonging and respect.	Santa Cruz		Workforce Support for Care Gap Closures	To support the hiring of locum tenens providers and/or to allocate additional hours for existing staff to augment clinic hours and/or days to assist with closing the remaining Managed Care Accountability Sets (MCAS) care		5/30/2025
The Healing Connections Program will equip healthcare professionals with tools to address health disparities and create an inclusive environment. The program will train residents, doctors, and faculty to work through an equitable lens, recognize personal biases, and foster systemic change. It includes intensive training, belonging events, and leadership workshops to embed equity, cultural humility, and trauma-informed care into hospital practices. The program seeks to improve healthcare outcomes, enhance provider-patient relationships, and cultivate a culture of belonging and respect.	Santa Cruz	Crystal Lyons	Doula Recruitment	Recruitment of one Doula.	\$65,000	7/18/2025
tools to address health disparities and create an inclusive environment. The program will train residents, doctors, and faculty to work through an equitable lens, recognize personal biases, and foster systemic change. It includes intensive training, belonging events, and leadership workshops to embed equity, cultural humility, and trauma-informed care into hospital practices. The program seeks to improve healthcare outcomes, enhance provider-patient relationships, and cultivate a culture of belonging and respect.	Santa Cruz		Provider Recruitment	Recruitment of one General Dentist.	\$119,850	7/18/2025
	Santa Cruz	Dominican Hospital (Dignity Health)	Equity Learning	tools to address health disparities and create an inclusive environment. The program will train residents, doctors, and faculty to work through an equitable lens, recognize personal biases, and foster systemic change. It includes intensive training, belonging events, and leadership workshops to embed equity, cultural humility, and trauma-informed care into hospital practices. The program seeks to improve healthcare outcomes, enhance provider-patient relationships, and cultivate a culture of belonging and		4/4/2025
ISANTA Cruz Imingtui Iransitions Douia IDouia Recruitment IRecruitment of one Douia. I \$65 0001 4/4	Santa Cruz	Mindful Transitions Doula	Doula Recruitment	Recruitment of one Doula.	\$65,000	4/4/2025

County	Organization Name	Funding Opportunity	Grant Description	Award Amount	Date Awarded
Santa Cruz	Palo Alto Medical Foundation	Capital	Palo Alto Medical Foundation proposes the Watsonville Primary Care Center Expansion project at 160 South Green Valley Road, Freedom, CA to enhance access to primary care for Medi-Cal members in the South Santa Cruz County area. Grant funds will support the renovation of 4,969 square feet of currently leased space at the 160 South Green Valley Road clinic to accommodate the addition of five new fully equipped patient examination rooms and offices to expand primary care, obstetric services, pediatric care and behavioral health services. The site will add five full-time primary care physicians (two new providers and three who will be relocated from Sutter Health's 550 Green Valley Road clinic) to serve patients at the clinic.	\$2,100,000	7/18/2025
Santa Cruz	Pediatric Medical Group of Watsonville	CHW Recruitment	Recruitment of one Community Health Worker (CHW).	\$65,000	7/18/2025
Santa Cruz	Planned Parenthood Mar Monte	Workforce Support for Care Gap Closures	To support the hiring of locum tenens providers and/or to allocate additional hours for existing staff to augment clinic hours and/or days to assist with closing the remaining Managed Care Accountability Sets (MCAS) care gaps through the end of 2025.		5/30/2025
Santa Cruz	Plazita Medical Clinic	Healthcare Technology	Plazita Medical Clinic (PMC) proposes the implementation of the AMBI Ambient AI Solution, an AI transcription tool that streamlines clinical documentation in the electronic health record during patient visits. By reducing administrative burden, the tool will enhance provider efficiency, expand telehealth capacity, and improve access and care coordination for Medi-Cal members. Grant funds will also be used for a SPOT Vision Screener to improve pediatric and adult vision screenings.	\$35,831	7/18/2025
Santa Cruz Plazita Medical Clinic		Workforce Support for Care Gap Closures	To support the hiring of locum tenens providers and/or to allocate additional hours for existing staff to augment clinic hours and/or days to assist with closing the remaining Managed Care Accountability Sets (MCAS) care gaps through the end of 2025.	\$110,000	5/30/2025
Santa Cruz	Rheum Without Walls	Provider Recruitment	Recruitment of one Non-Physician Medical Practitioner (NPMP).	\$97,006	7/18/2025
Santa Cruz	Salud Para La Gente	Equity Learning	The Patient-Provider Language Concordance Initiative aims to enhance equity learning among Salud Para La Gente's health care providers by aligning provider language skills with patient preferences, improving patient experiences, and fostering equitable care. The initiative will provide tailored medical Spanish and cultural competency training for 65 providers. The expected outcomes include enhanced communication, improved health outcomes, and reduced disparities for Spanish-speaking patients.	\$40,000	4/4/2025
Santa Cruz	Salud Para La Gente	Provider Recruitment	Recruitment of one Pediatrician	\$172,174	4/4/2025
Santa Cruz	Salud Para La Gente	Workforce Support for Care Gap Closures	To support the hiring of locum tenens providers and/or to allocate additional hours for existing staff to augment clinic hours and/or days to assist with closing the remaining Managed Care Accountability Sets (MCAS) care gaps through the end of 2025. Grant funds also support the purchase and implementation of medical equipment or supplies that directly relate to the quality measures targeted for improvement. Additionally, grant funds may be used for indirect costs per the approved project budget.	\$491,144	5/30/2025
Santa Cruz	Santa Cruz Community Health Centers	MA Recruitment	Recruitment of one Medical Assistant.	\$65,000	4/4/2025
Santa Cruz	Santa Cruz Community Health Centers	Provider Recruitment	Recruitment of one Primary Care Provider	\$217,867	4/4/2025

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County	Organization Name	Funding Opportunity	Grant Description	Award Amount	Date Awarded
Santa Cruz	To support the hiring of locum tenens providers and/or to allocate additional hours for existing staff to augment clinic hours and/or days to assist with closing the remaining Managed Care Accountability Sets (MCAS) care gaps through the end of 2025. Grant funds also support the purchase and implementation of medical equipment or supplies that directly relate to the quality measures targeted for improvement. Additionally, grant funds may be used for indirect costs per the approved project budget.		\$493,042	5/30/2025	
Santa Cruz	Second Harvest Food Bank Santa Cruz County	CHW Recruitment	Recruitment of one Community Health Worker (CHW).	\$65,000	7/18/2025
Santa Cruz	Second Harvest Food Bank Santa Cruz County	CHW Recruitment	Recruitment of one Community Health Worker (CHW).	\$65,000	7/18/2025
Santa Cruz	Sleep Health MD	Provider Recruitment	Recruitment of one Sleep Medicine Provider.	\$250,000	7/18/2025
Santa Cruz	Sobriety Works	Provider Recruitment	Recruitment of one Substance Use Disorder (SUD) Counselor.	\$53,747	7/18/2025
Santa Cruz	Teen Kitchen Project	Community Health Champions	The Teen Chef Community Health Champions Program will engage 200 Medi-Cal-eligible youth (ages 14–18) in Santa Cruz County to become peer health leaders through hands-on cooking, nutrition education, and community service. Teens will prepare over 300,000 medically tailored meals for people with serious illness, gain healthy cooking skills, and promote wellness in their families and communities. The project includes a Teen Chef Advisory Committee, after-school kitchen cohorts, and shared meals to build connection and health literacy, aiming to reduce food insecurity, improve nutrition, and foster youth leadership.	\$173,807	7/18/2025
Santa Cruz	Womb Tribe	Doula Recruitment	Recruitment of one Doula.	\$65,000	4/4/2025



Expanding Transportation Capacity for Rural Medi-Cal Members

Reliable transportation is a critical link between Medi-Cal members and their health care. For members in rural counties like Mariposa and San Benito, distance and limited public transit make reaching medical, dental, and mental health services especially difficult. To address this barrier and in anticipation of Alliance service area expansion in Mariposa and San Benito counties in January 2024, the MCGP awarded one-time **Transportation Infrastructure grants** at the end of 2023 to four contracted transportation providers: **Call the Car, TLC Non-Emergency Medical Transportation, Guardian Mobility, and Angel Transportation Service.**



Photo courtesy of TLC Non-Emergency Medical Transportation.

With grant support over 15 months, providers purchased 29 ADA-compliant vehicles, hired and trained drivers, and expanded scheduling technology. By May 2025, providers reported significant, measurable gains. Across all four organizations, average monthly capacity increased by 58% for members served and 60% for rides delivered. Standout results included Call the Car, which more than doubled expectations by achieving a 98% increase in members served and a 71% increase in rides, and TLC, which exceeded projections with 108% growth in both members and rides. Together, these investments translated into thousands more completed medical appointments and reduced missed or delayed care.

Impact went beyond numbers. Providers reported improved on-time performance, stronger patient navigation, and expanded bilingual support for families. By reducing a major social driver of health, the Alliance's investment in transportation improves health equity and access to care in vulnerable communities, helping rural Medi-Cal members better manage chronic conditions, access preventive care, and achieve healthier outcomes.



MEDI-CAL CAPACITY GRANT PROGRAM



Strengthening Youth Wellness in Mariposa: Ethos Youth Center Leads the Way

The Alliance for Community Transformations (ACT) is a responsive and preventive services organization that houses six unique programs serving Mariposa and Merced counties. In 2024 and 2025, ACT was awarded three impactful grants: the Community Health Champions grant to support its Bridges to Wellness program, the Parent Education and Support grant for its Family Resource Center, and the Partners for Active Living grant for its Ethos Youth Center.

The Ethos Youth Center is a volunteer-based non-profit that functions as a center of empowerment through several projects for young people in the Mariposa Community. Many of the Mariposa youth community experience food insecurities and a lack of resources to participate in beneficial health opportunities.

To tackle the challenge of serving at-risk and vulnerable youth, the grant has empowered Ethos Youth Center to enhance its capacity to promote physical, mental, and nutritional health within this population. The Ethos Youth Center is focused on expanding their program to include nutrition support, sustainability, behavioral health, and substance use support. Early results are promising with 12 participants in the program funded by the grant completing a six-week course incentivized by a paid 12-month gym-membership.

"Youth can be hard to engage, especially those who have experienced trauma in the home and lack trust of adults. This type of program is an important way to engage them in positive mentorship and learning more about wellness for their bodies and minds".

- Kaitlyn Wagoner, Program Director, Ethos Youth Center







MEDI-CAL CAPACITY GRANT PROGRAM



Closing the Gap: GVHC Expands Well-Child Care Through Workforce Grants

Well-Child Visits in Merced County Rise through Workforce Support for Care Gap Grants **Golden Valley Health Centers (GVHC)** has used **Workforce Support for Care Gap Closure (WFCG) grants** in 2023 through 2025 to expand preventive care, with a strong focus on well-child visits. In 2024, GVHC hosted 73 care gap clinics, and are continuing to build on this momentum in 2025, giving Alliance members and their families easier access to essential services.

GVHC staff across the organization reinforce the importance of closing care gaps and take pride in contributing to this work. A major success has been the addition of a dedicated locum provider, whose consistency and commitment led to 687 well-child visits in 2024 alone. GVHC found that one reliable provider proved far more effective than rotating clinicians, and they plan to continue this approach.

GVHC expects lasting improvements in children's health outcomes and stronger adherence to preventive milestones—clear evidence of the Care Gap Closure grants' impact.







Building Capacity, Expanding Care: Hollister Pediatrics Meets the Challenge

Hollister Pediatrics is a family-centered pediatric clinic in San Benito County. The practice has experienced a significant influx of Medi-Cal patients amid staff shortages, challenging them to keep up with demand and provide timely, high-quality care. With support from the Alliance, the clinic is turning the tide. They applied for and were awarded two **Provider** Recruitment grants to hire two staff who joined their practice in August 2025: a bilingual Medical Assistant (MA), Isabel Tafolla, and a Physician Assistant (PA), Avery Caraccioli.

In her short time so far with Hollister Pediatrics, Isabel has made a tremendous impact — expanding well-child checkups, completing lab work, conducting screenings, and administering vaccines. And bridging communication for Spanish-speaking families. Her presence has eased strain on staff and enhanced families' experience at the clinic while ensuring children receive timely, comprehensive care. Through Avery's addition to the practice, Hollister Pediatrics anticipates they will be able to see 30% more patients to meet the demand in the rise in number of patient appointments.



Photo courtesy of Hollister Pediatrics.

Looking ahead, Hollister Pediatrics envisions continued growth, including a larger office, more providers, and added services like behavioral health and nutrition support, ensuring Medi-Cal families have access to the care they need close to home.



MEDI-CAL CAPACITY GRANT PROGRAM



Champions of Health: Building Trust and Knowledge in Pajaro Valley

In October 2023, the **Community Health Trust of Pajaro Valley (CHT)** received a **Community Health Champions grant** to launch **Los Triunfadores de la Salud**—a two-year initiative designed to strengthen connections between community members and local health resources.

The program reached 20 participants—10 adults and 10 youth—through culturally responsive classes on preventive care, chronic disease management, mental health, and Medi-Cal navigation. The impact quickly extended beyond the classroom. Adults helped loved ones apply for coverage and schedule checkups, while youth emerged as health advocates in their schools, families, and on social media. One participant shared that learning about the link between diet and chronic illness inspired her family to make lasting lifestyle changes.

"Being part of the Health Champions program taught me different ways to live a healthier lifestyle. The program also showed us how to navigate resources available to us, which will be helpful later in life."

- Ana Martinez. youth participant

The grant also enabled CHT to build a replicable curriculum, strengthen staff capacity, and deepen trust with Medi-Cal—eligible families. These relationships are laying the foundation for sustainable outreach, enrollment support, and peer-led education.

Looking ahead, CHT is expanding efforts through partnerships and public events, continuing to serve as a trusted community resource. Los Triunfadores de la Salud has shown how knowledge, empowerment, and cultural connection can spark ripple effects of healthier habits and stronger community engagement.



MEDI-CAL CAPACITY GRANT PROGRAM



Breaking Barriers, Building Bonds: Family Circles Strengthen Mental Health in Monterey County

With support from a **Parent Education & Support grant**, **The Parenting Connection of Monterey County** has expanded its *Family Circles* program into all three Alisal Unified School District Family Resource Centers and into the city of Pajaro, in partnership with **Raíces y Cariño Family Center**.

These culturally responsive circles provide mental health support in Mixteco and connect families to trusted spaces such as parks and churches. Facilitators—many of them community health workers and respected leaders—are breaking down stigma in communities where mental health has long been taboo.

One such leader is **Guillermina Rivera**, a Pajaro Valley resident, interpreter, and Mixtecospeaking facilitator. Deeply trusted in her community, she creates safe spaces for families to share experiences, and her influence extends far beyond facilitation. "When she says, 'Come to the circle,' people really listen," one participant shared. Guillermina is now moving into a mentorship role, preparing the next generation of facilitators.

The circles' impact is deeply personal. One new mother, once hesitant to discuss her struggles, invited her own mother to join. Over time, three generations began processing their experiences together—transforming communication and creating a shared language for mental health.

Since expansion, attendance has grown from 1,300 to 2,500 participants, entirely through word of mouth. The circles are normalizing conversations about postpartum depression, strengthening family bonds, and reshaping what it means to support mothers and families across Monterey County.













DATE: September 24, 2025

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

Care Commission

FROM: Jenifer Mandella, Chief Compliance Officer

SUBJECT: Q1 – 2 2025 Compliance Program Reporting

Recommendation. Staff recommend the Board approve the Compliance Program Report for Q1 – 2 2025, and revisions to the Alliance Compliance Plan and Code of Conduct.

<u>Summary</u>. This report summarizes the Alliance's Compliance Program activities for Q1 – 2 2025 and includes a recommendation to approve the Compliance Program Report as well as Compliance guiding documents, which have been revised to reflect additional Medicare standards.

<u>Background</u>. The Alliance is required to implement an effective Compliance Program that meets the requirements set forth in 42 C.F.R. § 438.608. Modeled off the United States Federal Sentencing Guidelines' (FSG's) seven elements of an effective compliance program, and articulated in the Compliance Plan, the Alliance's Compliance Program takes a systematic and strategic approach to decreasing risk posed by non-compliance.

The FSG states "The organization's governing authority shall be knowledgeable about the content and operation of the compliance and ethics program and shall exercise reasonable oversight with respect to the implementation and effectiveness of the compliance and ethics program." The Board has delegated authority for overseeing the Compliance Program to the Compliance Committee and receives updates on the efficacy of the Compliance Program through the routine submission of Compliance Committee minutes, the inclusion of key Compliance Program metrics in the Alliance Dashboard, and the receipt of bi-annual reporting from the Chief Compliance Officer.

<u>Discussion</u>. This report serves to inform the Board of the Alliance's Compliance Program activities for Q1 – 2 2025.

Legal and Regulatory Updates

Compliance staff track and analyze new requirements and manage a process to ensure the implementation of legislation, contract changes, and sub-regulatory guidance. A brief description of significant regulatory developments is included below for Board awareness.

 H.R. 1 signed into law July 4th, 2025, is being monitored and reviewed by staff to determine Plan impact. The immediate impacts of H.R. 1 relate to the prohibition of federal payments to prohibited entities (i.e. Planned Parenthood). Staff continue to review and monitor the more significant impacts on the delivery system related to provider tax and state directed payments and eligibility and enrollment policy shifts.

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

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- DHCS released its updated Community Supports Policy Guides in April 2025, which provides more granular detail on eligibility criteria, care coordination, and emphasis on ensuring supports are medically appropriate. This release also introduced Transitional Rent as a new Community Support, which the Alliance intends to implement effective January 1, 2026. This change represents a significant new financial and operational responsibility for health plans, requiring budget planning, housing partner engagement, and development of tracking and reporting structures to ensure compliance with DHCS requirements.
- Regulators have issued implementation guidelines for requirements issued in previous years including:
 - o Implementation specifications for community reinvestments which requires the Plan to reinvest a portion of their net income into community initiatives, with additional investments mandated for plans that do not meet quality metrics.
 - o Implementation specifications for AB 3275 Health Care Coverage: Claims Reimbursement requiring Plans to reimburse, contest or deny complete claims in writing within 30 calendars of receipt as well as pay interest on those claims not paid within 30 days effective January 1, 2026.

Regulatory Audits

The Alliance undergoes routine audits and examinations of its finances and operations by its regulatory oversight agencies, as well as by independent auditing firms. Following is a list of audits and examinations that the Alliance was involved in during Q1-2 2025, including the auditing entity and a description of the audit status.

- DHCS Targeted Behavioral Health and Transportation Audit which is a statewide review
 conducted in 2022 to ensure that members are receiving support in coordinating care
 between the various systems responsible for providing mental health and substance use
 disorder services as well as a review of plan processes for ensuring transportation is
 provided to enable members to access covered services. DHCS issued plan findings in
 2024. To date, DHCS has confirmed closure of seven out of eight deficiencies. For the
 remaining deficiency, DHCS requested additional supporting documentation, and a
 summary of all corrective actions implemented, indicating DHCS is preparing to close the
 CAP.
- 2024 DMHC Medical Audit which is a routine review of the Alliance's performance in providing health care benefits and meeting the health care needs of enrollees for the Alliance's Alliance Care In-Home Supportive Services (IHSS) line of business in the areas of: grievances and appeals, prescription drugs, utilization management (UM), quality management, language assistance, continuity of care, access and availability, and access to emergency services and payment. The Preliminary Report contained 12 findings related to quality assurance, grievance and appeals, utilization management, prescription drug coverage, and behavioral health. Preliminary Report responses were submitted in May, and the Final Report was received in August, reflecting five findings as corrected, with seven remaining uncorrected. DMHC is expected to contact the Plan in approximately nine months to conduct a Follow-Up Survey.
- 2025 DMHC Financial Audit which is a routine review of the Alliance's fiscal and administrative affairs, including an examination of the financial report and claims practices. The Preliminary Report, received in June, identified three findings related to inaccurate claim denials, provider dispute determinations, and the anti-fraud plan filing.

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The Plan submitted responses in July, and in August DMHC confirmed that corrective actions were sufficient, with no further action required.

2025 DHCS Medical Audit – the 2025 audit was limited in scope, covering UM, case
management, coordination of care, access and availability of care, member rights, quality
management, and administrative and organizational capacity. The Preliminary Report,
received in May, identified two findings related to Grievance & Appeals. The Final Report,
issued in June, upheld both findings. CAP responses were submitted in July, and monthly
updates will continue to be provided on open action items until completion, not to
exceed six months. An additional update submitted in August confirmed that action
items remain on track for completion by the end of September.

Regulatory Notices of Non-Compliance

The Alliance's regulators routinely monitor plan activities to confirm compliance with requirements. Where regulators have found the Alliance to be non-compliant, they may issue warning letters or notices of non-compliance, may implement corrective action plans (CAPs), and may impose sanctions (collectively referred to in this report as "notices of non-compliance"). Following is a list of active concerns addressed during Q1-2 2025.

- DMHC audit sanctions as previously reported, DMHC imposed an Enforcement Action regarding four findings from the 2020 DMHC Medical Survey which remained uncorrected during the 2022 Follow-Up Survey. The results uncorrected deficiencies related to processing appeals and grievances, pharmacy denial notices, and communications to members regarding grievance resolution and utilization management denials. The latter two findings were administrative errors, and the Alliance successfully negotiated the removal of those two findings and an 80% reduction in the administrative penalty. This matter is now closed.
- DMHC timely access sanctions The Alliance continues to negotiate with DMHC to reduce or remove the \$15,000 administrative penalty related to an administrative error which resulted in the Alliance's failure to submit two required documents with the measurement year (MY) 2019 timely access report, which was submitted in 2020.
- DHCS primary care provider (PCP) ratio CAP In mid-2024, DHCS issued a CAP indicating that the Alliance had failed to meet the requirement to ensure the full-time equivalent ratio of one PCP to every 2,000 members in Monterey and Merced counties. Ultimately, the concern did not reflect the Alliance's compliance with the requirement; but rather was a result of discrepancies in how the Alliance and DHCS configured reporting. In May of 2025, DHCS completed their assessment and closed the CAP.

HIPAA

The Alliance maintains a comprehensive process to investigate suspected disclosures of protected health information (PHI) and report disclosures to relevant oversight bodies. The table below summarizes HIPAA Program activity for Q1 – Q2 2025.

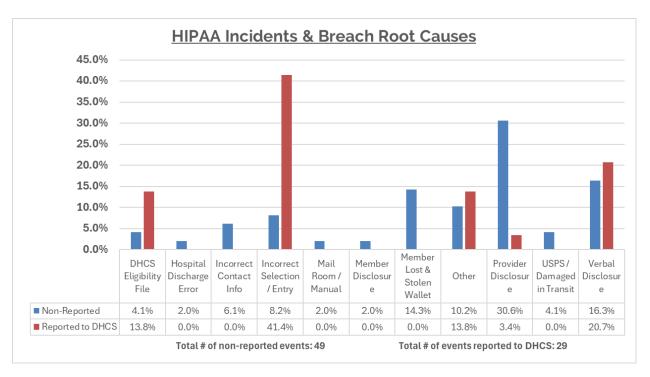
		Q1 2025	Q2 2025	Trend
Referrals Received		31	47	32% increase
Investigation	Breach	0	1	100% increase
Outcome	Incident	10	13	35% increase
	Non-reportable	20	33	32% increase

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Pending	1	0	100% decrease
Members Impacted	10	13	95% decrease

In the first half of 2025, referral volume increased, with 31 referrals in Q1 and 47 referrals in Q2 and is reflective of an overall slow increase in reports over the previous year. 37% of referrals required DHCS notification pursuant to the DHCS Medi-Cal contract, a slight increase from the second half of last year. One referral was deemed a breach, up from 0 in Q3-4 2024. 23 members were impacted by incidents and/or breaches, usually meaning that their PHI was disclosed to a covered entity that they did not have a treating relationship with or an external party. This is a significant decrease from 2024, as all reportable events impacted only one member each. As a routine practice, corrective action is put in place to prevent recurrence.

Compliance staff conduct root cause analysis on all referrals, whether a disclosure occurred or not. Incorrect selection/entry, lost/stolen wallets, and verbal disclosures are typically the main drivers of HIPAA referrals, with all of those root causes reflected in Q1-2 data. However, for this reporting period, "other" and provider disclosures surpassed lost/stolen wallets as a top root cause. Examples of disclosures with a root cause of "other" this quarter include disclosures to internal Alliance staff. Similar to the end of 2024, Compliance continues to see disclosures resulting from errors in the DHCS eligibility file. The chart below shows the root causes of suspected disclosures of PHI during Q1-2 2025.



During the report period, Compliance staff and Information Technology Services (ITS) staff continued close collaboration via an informal privacy and security collaborative meeting. Areas of collaboration included assessing changing offshoring guidance released by DHCS, discussing artificial intelligence (AI) and developing an organizational strategy to responsibly leverage AI, enhancing controls around contracted resources, overseeing and improving the efficacy of

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phishing education, and ongoing work to address findings from the 2024 HIPAA/NIST gap analysis and plan towards the 2025 assessment, including vendor selection.

FWA Prevention, Detection, Investigation and Reporting

The Alliance Program Integrity function is responsible for ensuring the Plan has controls in place to prevent and detect fraud, waste and abuse (FWA), and to investigate, report, and resolve suspected and/or actual FWA. In limited instances, Alliance delegates may conduct some FWA-related activities at the Plan's direction. These activities are represented in this report. The table below summarizes Program Integrity activity for Q1 – 2 2025.

	Q1 2025	Q2 2025	Trend
Referred	38	128	113% increase
Opened	20	85	84% increase
Reported	13	80	151% increase

Referral volume increased significantly, with a 113% increase in referrals received and an 84% increase in cases opened for investigation. The total number of cases worked during the period also increased, with 197 active cases during the first half of the year. The percentage of referrals that met the threshold for DHCS reporting pursuant to the DHCS Medi-Cal contract remained relatively stable, at 56% (up slightly from 55%). In addition to the required reporting to DHCS, Compliance reports potential provider FWA to the CA Department of Justice (DOJ), and to Monterey County where the provider is contracted for the IHSS line of business. In Q1 and Q2 2025, Compliance submitted 5 reports of suspected provider FWA to the CA DOJ, and 14 reports to Monterey County.

This steep increase in FWA referrals and activity is due to high volumes of member and provider-related referrals linked to the Enhanced Care Management and Community Supports benefits, as well as an increase in reports of inappropriate member utilization of the non-medical transportation (NMT) benefit. Notably, increases in NMT referrals are believed to be related to appropriate reporting of suspected FWA, rather than a true increase in incidence. This is the result of Program Integrity's close work with the Alliance's NMT vendor and internal business units to ensure FWA is reported appropriately, and to implement additional internal controls to prevent ongoing inappropriate transport.

The Alliance is contractually obligated to investigate State, federal, and other Medi-Cal managed care plans' Referrals of FWA. Referrals from state agencies such as DHCS and DOJ have also increased slightly as credible allegations of fraud are communicated to the Plan. In Q1 and Q2 2025, the SIU opened 10 investigations as a result of referrals or requests from state agencies, 8 from DHCS, and 2 from the CA DOJ, primarily related to COVID laboratories and Hospice providers.

Where FWA is suspected, Plan staff resolves the suspected concern and prevents recurrence of the identified behavior by providing education, issuing CAPs, and/or implementing internal controls. Compliance reporting indicates these corrective actions are effective as there were minimal repeat concerns during the reporting period.

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Where the Alliance identifies overpayments, those recoupments are pursued in accordance with DHCS and CMS requirements. The table below includes the Program Integrity-related claim recoveries for Q1 – Q2 2025.

Recoupment	Alliance-initiated	Delegate-initiated
Requested Recoupment	\$842,295.49	N/A
Completed Recoupment	\$2,710.64	\$91,959.79

Program Integrity staff attended 2 of the DOJ quarterly and statewide Managed Care Anti-Fraud Trainings. The meetings enhance collaboration and data sharing with Program Integrity staff from other health plans, as well as investigators from DHCS and the DOJ. Discussion at the 2025 meetings so far have largely focused on COVID 19 testing providers, with information shared in these forums contributing to multiple internal investigations where Alliance impact is identified.

Delegate Oversight

Where plan functions are carried out by a subcontractor, the Alliance is obligated to ensure those operations are compliant. Prior to delegating any functions, the Alliance conducts a predelegation audit to ensure adequate procedures are in place and oversees the performance of those core functions through annual desk audits and review of quarterly reporting. Where delegate documentation does not demonstrate full compliance, staff request clarification and/or implement CAPs, as indicated,

The Alliance contracts with 12 entities considered delegates for administrative functions like credentialing and claims processing and clinical functions such as UM. During the reporting period, 52 delegate reviews were initiated, and 75 were closed. In addition to managing ongoing oversight of delegates, Compliance staff oversaw delegate CAP completion, with 1 CAP closed, one newly opened, and one ongoing. Details are in the table below.

Status	Entity	Concern
Closed	Carelon	Timely access to Behavioral Health Therapy (BHT) services
Ongoing	MedImpact	Extends clear, concise requirement to all member communications

Much of 2025 has been focused on building out the Delegate Oversight process to meet CMS requirements. This includes the development of criteria and a process to identify first tier, downstream, and related entities (FDRs), amend contracts as needed, obtain attestations, risk rate, and select FDRs for audit. Additional program changes include expanding audit tools to include Medicare-specific requirements and developing reporting to track and trend delegate performance to quickly identify risk areas.

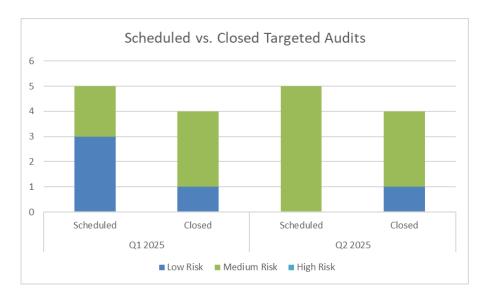
In addition, staff are conducting pre-delegation assessments of new delegates who will be supporting the DSNP program. Those reviews are listed below, and delegation of D-SNP functions to these FDRs is pending acceptance of delegate materials and approval from Compliance Committee.

Status	Entity	Concern
In Progress	MedImpact	Pre-Delegation Assessment of PBM for Part D benefits administration. A total of 11 functions will be delegated, including call center, drug utilization review, and appeals. The delegate has been responsive to our requests and is on track to resolve all deficiencies before 12/31/2025.
Closed	PAMF, SCVMC, Dignity Health	Pre-delegation evaluation of 3 providers to whom the Alliance delegates credentialing. Document review is complete and shows that the delegates meet requirements. Delegation can be finalized after Compliance Committee approval.

Internal A&M Program

The Alliance's Internal Audit & Monitoring (IA&M) Program proactively assesses compliance with regulatory and contractual obligations, ensures internal controls are in place to prevent and detect non-compliance, and implements corrective action when non-compliance is identified. The IA&M program includes conducting targeted audits of risk areas and routine monitoring of compliance-related metrics on the Alliance Dashboard.

As shown in the table below, staff are conducting audits as planned, although closure may lag due to the time needed to finalize results with the business units. Q1-2 audit activity focused on similar operational areas as the previous report, including grievance and UM as these are areas of high focus for our regulators; these areas were classified as medium risk.



Risk levels and passing results for closed audits are provided in the table below.

		Q1 2025	Q2 2025
Total			
Risk Level	High	n/a	n/a
	Medium	3	2
	Low	2	1

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	Ad-Hoc	0	1
Result	Pass	4	1
	Fail	1	3
	Unable to Audit	n/a	n/a

4 audits received a failed result during the report period, with details as follows.

- Timeliness of Response to Continuity of Care (COC) Requests (low risk) which assessed the timeliness of COC processing, timeliness of member notification, and completeness of content for member notifications. Staff found that that COC requests are processed timely, however, member notification requirements are inconsistently applied, and system documentation to demonstrate compliance is variable.
- UM Authorizations Regulatory Notices (medium risk) which reviewed UM notices to members and providers to ensure timeliness and required content. The review found that some provider notices did not contain the required content, and some member notices were not sent as required.
- Claims Audits (medium risk) which assessed claims auditing processes, documentation and results. The review found that audit results are not consistently documented and tracked, and actions are not taken to address deficiencies. Compliance staff will continue to work with Claims to determine how best to add value to Claims processes through the Internal Audit & Monitoring Program.
- RCFE and Assisted Living (ad-hoc) which assessed maturity of process development around assisted living stays for authorization, payment accuracy, and consistency of process. A formal CAP was not issued; findings will be addressed through separate UM workgroups.

For all aforementioned areas, Compliance staff ensured the implementation of corrective action – either through documented action plans or formal CAPs – and will assess the need to re-audit to confirm full remediation.

Routine monitoring of compliance-related metrics on the Alliance Dashboard revealed that five regulatory metrics did not meet threshold – timely reporting of FWA, timeliness of UM notifications, timely completion of facility site reviews for contracted PCP offices, and timeliness of resolution letters for contracted and non-contracted provider disputes. Three CAPs were initiated for the FWA, NOA, and Disputes metrics; the FWA CAP has since been closed. A CAP was not issued for the FSR metric as after discussion with the business, the threshold was lowered to accommodate for outside factors affecting FSR timeliness.

		Q1 2025 monitoring	Q2 2025 monitoring
Total Metrics Monitored		34	34
Result	Pass	33	33
	Fail	1	4

Confidential Reporting

In support of the requirement to ensure effective lines of communication from staff to the Compliance Officer, the Alliance maintains a confidential hotline, which Alliance staff may use to

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report compliance issues anonymously. During Q1-2 2025 four reports were received rough the hotline, all of which were employee-related concerns managed by Human Resources.

The Alliance also maintains a reporting mechanism on its public website that enables members, providers, contractors, or any other person or entity to submit reports of non-compliance, including anonymously if desired. During the reporting period, Compliance received a total of 5 submissions through this channel. Each report was reviewed by Compliance staff to determine appropriate follow-up actions.

- 1 report was submitted by an Alliance member aggrieving interactions with their community supports providers. This submission was re-routed to our Member Services department for intake as a Grievance to be investigated and resolved therein.
- 2 reports were submitted by Alliance staff members identifying suspected FWA involving contracted providers: 1 report was related to a Community Supports housing provider, and 1 report noted concerns around a member's incorrect coverage causing appointment access issues. Both submissions were investigated and processed by our Program Integrity Special Investigations Unit and have since been resolved.
- 2 reports were submitted by employees of two different Community Supports housing providers related to fraudulent use of our housing deposit benefit. Both submissions were investigated and processed by our Program Integrity Special Investigations Unit and have since been resolved.

Training and Education

All Alliance staff receive web-based compliance training, which reviews FWA prevention, HIPAA policies and procedures, the Alliance's Compliance Plan and Code of Conduct, the Alliance's DHCS Medi-Cal contract, and mechanisms for reporting non-compliance. New hires must complete training within two weeks for staff-level positions, or four weeks for supervisory-level positions. Existing staff are enrolled in the web-based module annually as a refresher. New hires also receive supplemental training which provides a high-level overview of the content and structure of the Alliance's Medi-Cal Contract, regulatory audits, the Internal A&M Program, and HIPAA and FWA processes and reporting mechanisms. In Q1-2 2025, 164 of 165 (99%) of staff enrolled in training completed it timely.

During the reporting period, Compliance staff revised its new hire and annual training content to incorporate Medicare requirements. While we already have a strong and comprehensive training program addressing the core elements of Compliance, FWA, and HIPAA programs, enhancements were made to further strengthen clarity and effectiveness, to align with CMS' expectations for Medicare-focused compliance training. Improvements included adding more visual tools to help staff understand their roles in our organizational culture of compliance, expanding the use of real-world scenarios to reinforce learning, and shifting from a primarily state-focused orientation with some federal elements to a include Medicare's federally focused framework that now directly incorporates Social Security Act and CMS requirements alongside state law. This work is ongoing in partnership with our Learning & Development department to ensure employees receive training that is compliant, engaging, and impactful, equipping staff with the confidence to apply compliance knowledge in on-the-job situations and strengthening our preparedness and accountability across all lines of Alliance business.

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The training module will be rolled out in November, and all Alliance staff will be required to complete the training prior to DSNP's planned go-live in January. In light of the significant detail and content required by CMS, staff intend to offer the afore-mentioned online training to Board members later this year, in lieu of live compliance training during the Board meeting.

<u>Fiscal Impact</u>. There is no fiscal impact associated with this agenda item.

Attachments.

- 1. Alliance Compliance Plan
- 2. Alliance Code of Conduct
- 3. Q1-2 2025 Internal A&M Dashboard
- 4. Q1-2 2025 HIPAA Dashboard
- 5. Q1-2 2025 Program Integrity Dashboard



PURPOSE

The Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission's, operating as Central California Alliance for Health's (the Alliance's), Compliance Program ensures that the organization and its staff operate in compliance with contractual, all applicable State and Federal regulatory and statutory requirements and standards. Through its Compliance Program, the Alliance maintains its business operations to ensure alignment with these requirements. The Alliance exercises due diligence to prevent and detect criminal conduct, and when necessary, takes corrective action to ensure that its business operations are compliant with governing requirements.

The Alliance promotes an organizational culture that encourages ethical conduct and a commitment to compliance with the law. The Alliance takes appropriate steps to ensure that its staff members are knowledgeable of requirements and that they consistently work towards meeting them. To maintain its independence, the Alliance's Compliance Program acts independently of operational and program areas without fear of repercussions for identifying non-compliance.

Following is a description of how the Alliance aligns with the Effective Compliance and Ethics Program guidance published by the United States Sentencing Commission. The Alliance's Compliance Program contained herein and through incorporated documents applies to its Medi-Cal Program, Medicare Part-C and Part-D lines of business, and to its Alliance Care In-Home Supportive Services (IHSS) line of business.

WRITTEN POLICIES, PROCEDURES, AND STANDARDS OF CONDUCT

Written Policies & Procedures

Board members, employees, and contractors, including Network Providers, Subcontractors and Downstream Subcontractors, First Tier Entities, Downstream Entities, Related Entities, and Alliance Delegates (collectively referred to as, "Alliance Delegates") are required to comply with Alliance policies. Policies are in place to help Board members, employees, and Alliance Delegates understand and perform their responsibilities in compliance with regulatory and contractual obligations and law, to the extent applicable. The Alliance maintains policies and procedures that demonstrate compliance with relevant requirements and updates are made as needed to reflect alignment with changing operations and requirements. Compliance Department staff regularly reviews proposed changes to policies





and procedures. Policies and procedures are developed within the applicable departments and are reviewed and approved through the Policy Intake process. Compliance staff leverage compliance's management software to ensure that all Alliance policies are reviewed and/or revised at least annually. Policies and Procedures are available to all staff through the Alliance's Policy Library located on its Intranet.

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

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

A full list of Compliance Department policies can be found in Appendix A of this Compliance Plan.

Code of Conduct

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

STRUCTURE AND OVERSIGHT

Organizational Structure & Compliance Oversight

Alliance Governing Board – The Alliance Governing Board (Board) is responsible for oversight of the Compliance Program. The Board receives and approves a verbal report from the Compliance Program no less frequently than annually and receives, at minimum,





quarterly written reports on compliance activities. These reports include a review of activities of the Compliance Program, results of internal and external audits, and reporting of other compliance-related issues. To ensure that the Board is aware of the content and operation of the Alliance's Compliance Program, the Board receives compliance training, including FWA prevention training, on appointment and annually thereafter. The Board is also responsible for review and approval of revisions to the Alliance's Compliance Plan and Code of Conduct, which are reviewed annually, or more frequently if necessary.

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

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

- Reviewing information regarding new requirements or changes to existing requirements and reviewing necessary steps for implementation, operations, and compliance with requirements;
- Reviewing and approving an annual Compliance Risk Assessment developed by Compliance staff; overseeing the outcomes of auditing and monitoring activities identified in the Internal Audit and Monitoring (A&M) Workplan; and reviewing areas of non-compliance and developing and discussing corrective and preventive action to prevent or mitigate compliance concerns. This includes oversight of Corrective Action Plans (CAPs) imposed by regulators;
- Reviewing monitoring and evaluation reports based upon ongoing review of existing policies and procedures and operations;
- Annually reviewing and, as necessary, updating the Code of Conduct and Compliance Plan;
- Ensuring that Compliance training and education are effective and appropriately completed;
- Reviewing Alliance Delegates to ensure their performance on delegated functions meets contractual, legal, and regulatory obligations, and Alliance standards;
- Overseeing the Alliance's Program Integrity activity to ensure that the organization deters, identifies, investigates and resolves potential and/or actual FWA, both internally and externally; and,
- Ensuring the Alliance implements appropriate safeguards, including administrative policies and procedures, to protect the confidentiality of PHI and ensure compliance with data privacy and security requirements.





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

Quality Improvement and Health Equity Committee

The Quality Improvement and Health Equity Committee (QIHEC) monitors progress on the Quality Improvement work plan, oversees Utilization Management activities, and receives reports from the Pharmacy and Therapeutics Committee. In addition, the Committee oversees various plan activities including: care-based incentives, HEDIS results, analysis and suggested interventions, disease management and educational programs, cultural and linguistic initiatives, grievances and potential quality issues, emergency department utilization projects, and the annual review of Alliance's preventive health guidelines. The QIHEC reports its activities to the Board on a regular basis.

Staff Grievance Review Committee

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

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





- Ensuring that updates from the Compliance Program are presented to the CEO and the Board on a periodic basis;
- Ensuring that the Alliance's Compliance Programs, including the Delegate Oversight Program, HIPAA Program, Risk Assessment and Internal Audits and Monitoring Program, and Program Integrity Program adhere to relevant state and federal requirements, are responsive to the Alliance's needs, and are effective in identifying and mitigating compliance risk;
- Ensuring processes and reporting mechanisms are in place that encourage staff to report noncompliance, suspected FWA, or other misconduct without fear of retaliation;
- Ensuring that effective compliance training is in place and that staff are aware of the Alliance's Compliance Program, Code of Conduct, and all applicable statutory and regulatory requirements;
- Ensuring effective processes are in place to allow two-way communication between the Compliance Division and Alliance staff such that staff are aware of new and changing requirements and are knowledgeable about how to report noncompliance, suspected FWA, or other misconduct without fear of retaliation; and
- Ensuring CAPs are implemented when non-compliance is identified and that the CAPs effectively address the identified root cause.

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

- Directing and overseeing the Alliance's Compliance Programs, including the Delegate Oversight Program, HIPAA Program, Risk Assessment and Internal Audits and Monitoring Program, and Program Integrity Program to ensure alignment with the CCO's stated objectives;
- Interacting with the operational units of the company and being involved in and aware of the daily business activities;
- Maintaining processes that encourage staff to report potential compliance concerns without fear of retaliation;
- Ensuring reports of potential instances of FWA, disclosures of PHI, and noncompliance are resolved, including overseeing internal investigations and developing corrective or disciplinary actions, if necessary;





- Maintaining documentation for each report of potential noncompliance or FWA received;
- In partnership with the Alliance's Human Resources Department, developing training programs to ensure that staff are aware of the Alliance's Compliance Program, Code of Conduct, and all applicable statutory and regulatory requirements;
- Maintaining the compliance reporting mechanism and initiating audits through the Internal Audit and Monitoring Program, operational departments, and the Program Integrity function, where applicable;
- Ensuring that the Alliance does not employ or contract with individuals excluded from participation in federal programs. This function has been delegated to the Alliance's Human Resources Department, Provider Services Department, and Legal Services Department; and,
- Overseeing development and implementation of CAPs.

Compliance Manager – The Compliance Manager reports to the Compliance Director and is responsible for managing the day-to-day activities of the core Compliance Program functions across all lines of Alliance business, including the Risk Assessment and Internal Audits and Monitoring Program, coordinating regulatory audits, and administering the Alliance's Delegate Oversight Program. Additionally in support of these core Compliance Program functions, the Compliance Manager facilitates ongoing Compliance training and education to Alliance staff, and provides routine reporting to the Alliance's Compliance Committee

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

Regulatory Affairs Manager – The Regulatory Affairs Manager reports to the Compliance Director and is responsible for managing the day-to-day activities of the Alliance's regulatory affairs function across all lines of Alliance business, which includes analyzing and monitoring state and federal policy, legislation and regulations affecting the Alliance; identifies new or changing, policies, standards, laws and regulations that may impact Alliance operations and ensures that these are brought to the relevant departments for review and implementation through Mandates Hub; maintaining systems and procedures to intake, assessing and implementing regulatory policies and legislative information;





administering the Alliance's organizational Policy & Procedure Library; and, ensuring the submission of timely and accurate program reporting to regulators.

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

Program Integrity / Investigations Manager - The Program Integrity / Investigations Manager reports to the Compliance Director and is responsible for managing the day-to-day activities of the Alliance's Program Integrity / Investigations function, which includes, the HIPAA Program, the FWA Program, and overseeing receipt, investigating, tracking, and responding to Compliance Concerns, and responding to complaints received through the Complaints Tracking Module (CTM). Additionally in support of these core Program Integrity functions, the Program Integrity / Investigations Manager facilitates ongoing FWA prevention training and education to Alliance staff, and provides routine reporting to the Alliance's Compliance Committee.

Program Integrity Specialists - Program Integrity Specialists are responsible for conducting daily work within Program Integrity including receiving, investigating, tracking, monitoring, reporting on, addressing, and/or making recommendations for corrective action on the following:

- Reports of suspected FWA,
- Reports of potential HIPAA violations,
- Reports of Compliance Concerns; and
- Response to CTM complaints

EDUCATION AND TRAINING

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

General compliance trainings are conducted via the Alliance Learning Center (ALC), a webbased training module, for all employees upon initial hiring. The Learning & Development Unit ensures that all employees, including executive and senior level leaders, are trained on





the Alliance's Code of Conduct and Compliance Plan within 90 days of the date of hire and annually thereafter.

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

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

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

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

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

- For Member Services staff, training must cover Alliance policies and procedures; contractually required services for all members; how to utilize services in the Medi-Cal program; how to access carved out services; how to obtain referrals to community resources; how to assist members with disabilities and chronic conditions; and diversity, equity and inclusion (DEI) training.
- For staff carrying out obligations under MOUs, training must cover how complaints can be raised and how to resolve disputes between the parties in the MOU.
- For Network Providers, training includes an overview of the Medi-Cal Managed Care program; covered services, policies and procedures for clinical protocols governing prior authorization and utilization management; how to refer to and coordinate care for carved out services; preventive healthcare services including Early Periodic





Screening, Diagnosis and Testing (EPSDT); medical record and coding requirements; Population Health Management program requirements; member access, including appointment wait time standards, telephone access, translation and language access services; secure data sharing methods; member rights; DEI training; and advanced health care directives.

EFFECTIVE LINES OF COMMUNICATION

Routine Compliance Communications

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

Policies and procedures ensure that staff members understand and perform their responsibilities in compliance with their positions and applicable law. Staff members are responsible for complying with the policies and procedures relevant to job descriptions and contractors are responsible for complying with their contractual obligations. Compliance staff maintain an open door to support the organization in understanding requirements and implementing compliant operations.

Reporting Compliance Concerns

Through ongoing training, education, and Compliance Department engagement and collaboration throughout Alliance operations, the Alliance expects that all Board members, employees, and contractors report compliance issues including noncompliant, unethical and/or illegal behavior. All compliance issues regarding potential FWA or HIPAA concerns are required to be reported immediately to the Compliance Department for investigation. Reports of non-compliance with standards are investigated by supervisors and/or Compliance Department staff and leadership, and with the support of the reporting party, as appropriate, and are referred to the Compliance Committee as needed for purposes of reporting and/or assistance in their resolution. The Compliance Committee reviews these reports and ensures corrective actions are implemented and monitored for effectiveness.





The Alliance routinely encourages staff to discuss issues directly with their supervisor or manager, Compliance Department staff, the Human Resources Director, or the Chief Administrative Officer. Routine reminders encouraging staff to discuss potential compliance issues with Alliance management occur through the various channels for Routine Compliance Communications, as described in the preceding section above. Should staff not feel comfortable reporting concerns directly, they may do so anonymously through the Confidential Disclosure Hotline. Staff are assured that they may report compliance issues or concerns without risk of retaliation. The Alliance has a zero-tolerance policy for retaliation or retribution against any employee who in good faith reports suspected misconduct. The Alliance's commitments to non-retaliation and retribution are additionally documented in Alliance Policy (see Appendix B, #105_4030_Internal Reporting), and the Alliance Code of Conduct.

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

TOLL FREE CONFIDENTIAL DISCLOSURE HOTLINE

844-910-4228

CONFIDENTIAL DISCLOSURE WEBSITE

https://ccah.ethicspoint.com

Additional reporting information is located on the Compliance Intranet page. The Compliance Department-administered Intranet page includes instructions for reporting the following types of compliance issues, (collectively, "Compliance Concerns"):

- Suspected / actual violations of the Alliance's Code of Conduct
- Event of Privacy or Security
- Questions on whether an action is a violation of Alliance Policy or the law
- Suspected / actual violation of an Alliance Policy
- Workplace violence or safety concern
- Suspected / actual FWA
- Suspected / actual HIPAA concerns and/or events
- Questions about any of the above reporting types and general Compliance





matters

Information for self-reporting suspected or actual Medicare fraud and abuse to the Alliance and/or directly to CMS is located publicly on the Alliance's website. Alliance employees, Alliance Delegates, network providers, members, and the public may access Medicare fraud and abuse self-reporting information. Reporting individuals may access information for submitting reports and submit reports in accordance with the following:

If you suspect fraud call 1-800-MEDICARE (1-800-633-4227)

Submit a Hotline Compliant online: https://oig.hhs.gov/fraud/report-fraud/

Receiving Reports of Compliance Concerns

The Alliance takes all reports of violations, or suspected violations, seriously and is committed to investigating all reported concerns promptly and confidentially to the extent possible. Should Alliance personnel choose to submit reports of Compliance Concerns outside of their direct Supervisor of Manager, all reports of Compliance Concerns are received by appropriate Compliance and/or Human Resources staff instantaneously upon submission in accordance with the following:

- HIPAA and FWA reports are received by the Compliance Director and Program Integrity / Investigations Unit staff within the Compliance Department.
- Workplace violence or safety concerns are received by the Human Resources Director.
- The Alliance's Confidential Disclosure Hotline is managed by the Chief Compliance Officer, Compliance Director, and Human Resources Director.
- General Compliance Concerns, including those related to payment or delivery of items or services, and/or questions about Alliance Policy are received either by the Compliance Department staff generally per its email distribution list, or directly by any Compliance Department staff person to whom the Compliance Concern was specifically directed.

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





Investigating Compliance Concerns

Once a good faith Compliance Concern is received by Compliance Department staff – regardless of the reporting channel from which it was received – the following investigation protocol are followed to ensure a timely and consistent investigatory and resolution process expressly free from intimidation and retaliation:

- 1. <u>Initial Assessment</u>: Upon receiving the Compliance Concern, the designated Compliance Department staff person will conduct a preliminary review to triage the report. Triage of the report includes an initial determination of the validity of the report, its potential impact, assignment of a preliminary risk score, and whether regulatory disclosure or external reporting may be necessary. Each Compliance Concern is assigned a unique case number for tracking purposes and to maintain confidentiality, to the extent warranted or possible.
- 2. <u>Investigation Planning</u>: On a case-by-case basis, the Compliance staff-person assigned to conduct the investigation develops an investigation plan outlining the scope, objectives, involved parties and/or subject matter experts, estimated timeline, and communication parameters for keeping key stakeholders informed throughout the investigation process, as necessary.
- 3. <u>Conducting the Investigation:</u> On a case-by-case basis, investigations may include but are not limited to, data analysis to identify issues and/or confirm compliance anomalies, live and/or written interviews with involved parties, and engagement of internal or external subject matter experts. Investigation progress, decisions, and milestones are documented in the Investigation Log.
- 4. <u>Documenting Findings</u>: Investigation documentation is collected and saved securely within the Compliance Department's private electronic file structure accessible only to Compliance Department staff in compliance with minimum-necessary standards. The investigating Compliance Department staff-person compiles a written executive summary of their investigation including findings of any confirmed compliance violation(s), and recommendations for remediation and/or corrective action, as applicable. Findings are presented to the Compliance Director and/or Chief Compliance Officer, along with individual(s) involved and their leadership.
- 5. Resolution and Corrective Action: On a case-by-case basis and commensurate with confirmed findings of the investigation, a CAP may be created. Corrective actions include, but are not limited to, immediate remedial measures to stop and correct noncompliance or unacceptable risk, revisions to Alliance Policy & Procedures and Work





Instructions, and targeted training and education to address knowledge gaps or misconduct. CAPs contain key performance indicators (KPIs) to measure the effectiveness of implemented corrective actions over time. All CAPs must be signed twice by the Chief Compliance Officer and the Executive Officer overseeing the impacted Division of Alliance operations – initial signatures upon issuance of the CAP, and final signature upon closure of the CAP once noncompliance has been remediated.

- 6. Communication of Outcomes: As necessary and appropriate, outcomes of the investigation are communicated to key personnel involved with the investigation, notice to broader organizational personnel for education and awareness, reporting for regulatory bodies, and notice to the original reporter on the general outcome. Further, CAPs are reported by the Compliance Manager to the Compliance Committee during the Alliance's standing Compliance Committee meetings for discussion, as Compliance Committee members maintain responsibility for ensuring that issues identified within their respective business areas are corrected. All communication of outcomes adheres to appropriate and any required principles of confidentiality.
- 7. Monitoring: As necessary or appropriate based on the confirmed compliance violation or risk, Compliance Department staff may develop specific monitoring protocol to track and ensure sustained compliance. Monitoring oversight may be conducted by Compliance Department staff or assigned to cross-functional stakeholders who are responsible for reporting on the CAP's KPIs.
- 8. Continuous Improvement: As part of the investigations' resolution process, via the Risk Assessment and Internal Audits & Monitoring Program, confirmed compliance issues stemming from investigations are assessed on a quarterly basis to identify trends and systemic risks. Improvement activities to mitigate recurrence of noncompliance and/or further risk include but are not limited to, revising Compliance training and education curriculum, benchmarking compliance activities against industry standards and/or regulatory requirements, and revising and/or establishing Alliance Dashboard metrics for measuring compliance activities and improvements.

IDENTIFYING, PREVENTING, DETECTING, AND MONITORING COMPLIANCE RISK

Internal Audit and Monitoring Program

Separate from individually identified Compliance Concerns outlined above, the Alliance conducts organizational monitoring and auditing activities to test and confirm the





effectiveness of the Compliance Program, to ensure that plan operations align with contractual, legal, and Federal and State regulatory requirements and standards, including CMS' program requirements, and to identify the Alliance's organizational risk areas. This includes the evaluation of Alliance Delegates for compliance with standards, in alignment with the Delegation Reporting and Compliance Plan.

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

Annually, Compliance Department staff conducts a Compliance Risk Assessment and develops an Internal Audit and Monitoring Work Plan outlining identified risk areas selected for internal audit. The Compliance Manager oversees the Internal Audit and Monitoring Work Plan, ensuring that internal audits are conducted, deficiencies are identified, reports are developed, and corrective action is taken, as needed. Activities and outcomes from the Risk Assessment and Internal Audits and Monitoring Program are reported to the Compliance Committee and to the Alliance's Board of Directors.

Measures that Prevent, Detect, and Correct FWA

In addition to the organizational training, education, and self-reporting measures in support FWA prevention, detection, and correction, the Alliance deploys supplementally targeted measures to ensure compliant and ethical operations. The Alliance does not delegate FWA prevention activities, and maintains direct oversight of such initiatives via measures including but not limited to:

- Ongoing review of the Office of Foreign Assets Control Sanctions List, the Office of Inspector General (OIG) List of Excluded Individuals, and the Entities (LEIE) and the Medi-Cal Suspended and Ineligible List to ensure the Alliance does not employ or contract with individuals debarred, proposed for debarment, suspended, declared ineligible or voluntarily excluded by any Federal department or agency;
- 2. The Alliance's Program Integrity Unit's:
 - a. administration of its weekly Special Investigations Unit Workgroup (SIUW) meetings to collaborate on FWA investigations, internal and external FWA-related audits and inspections, issues' resolution, and development of audits, CAPs, and ongoing monitoring;
 - b. utilization of data analytics to identify suspicious and anomalous patterns in claims data;





- routine audits of providers' billing, coding practices, and patients' medical records;
- d. response to identified non-compliance, including issuing a CAP or recouping overpayments;
- e. receipt and analysis of CMS Fraud Alerts issued by CMS through Health Plan Management (HPMS) Memos or other communications;
- f. Monitoring CMS ongoing development of its Fraud Prevention Toolkit for application to Alliance operations;
- g. receipt and analysis of DHCS Credible Allegation of Fraud alerts issued by direct email; and
- h. participation in the Department of Justice's (DOJ's) quarterly FWA prevention and training collaborative programs

DISCIPLINARY STANDARDS

The Alliance does not condone any conduct that negatively affects the operation, mission, or image of the Alliance. The Alliance ensures that standards and policies and procedures are consistently enforced through disciplinary mechanisms. In the event of discovery of such activity, the Alliance will implement prompt and direct action to correct the violation and may institute appropriate disciplinary action given the facts and circumstances. Any employee, contractor, Alliance Delegate engaging in a violation of laws or regulations (depending on the magnitude of the violation) will be disciplined up to, and including, termination from employment or their contract, and reporting to relevant regulators and/or law enforcement.

Revision History:

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





effective 1/1/2024		
8/14/2024	Jenifer Mandella, Chief Compliance Officer	Alliance Board
01/27/2025; 2/3/2025; 4/24/2025	Jenifer Mandella, Chief Compliance Officer	Pending Alliance Board Approval





APPENDIX A - COMPLIANCE POLICIES AND PROCEDURES

Policy No.	Policy Title
105-0001	Policy Development, Maintenance, Review and Submission
105-0004	Delegate Oversight
105-0005	Federal Funding Suspension and Debarment
105-0006	Physician and Pharmacist Stipends for Participation in Advisory Group and
	Committee Meetings
105-0009	Identifying and Reporting Suspected Abuse and Neglect of Members
105-0011	Internal Audit and Monitoring
105-0014	Sanctions
105-0015	Conflict of Interest Policy
105-0500	External Audits
105-3001	Program Integrity: Fraud, Waste and Abuse Prevention Program
105-3002	Program Integrity: Special Investigations Unit Operations
105-3003	Suspended or Ineligible Providers
105-3004	Verification of Billed Services by Network Providers
105-4000	HIPAA HITECH Privacy and Security Glossary
105-4001	Notice of Privacy Practices
105-4002	Accounting of Disclosures
105-4003	No Retaliation or Waiver
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105-4024	Uses and Disclosures for Treatment, Payment, and Health Care Operations
105-4025	Uses and Disclosures for Health Oversight Activities
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105-4027	Disclosures of Protected Health Information of Members with Mental
	Incapacities
105-4028	Uses and Disclosures for Marketing
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105-4039	Access to and Confidentiality of ePHI
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105-4044	Disclosing Sensitive Protected Health Information
105-4045	Confidential Communications and Restrictions on Uses and Disclosures
105-4046	Enforcement Sanctions: Administrative & Monetary Sanctions

ADDITIONAL EXHIBITS:

- Appendix B Non-retaliation Policy
- Appendix C Code of Conduct





POLICIES AND PROCEDURES

Policy #: 105-4030 Lead Department: Compliance

Title: Internal Reporting

Original Date: 04/14/2003 **Date Published**: 06/18/2024

Approved by: Jenifer Mandella, Chief Compliance Officer

Purpose:

To outline the formal process for reporting known or suspected violations of applicable laws and regulations; Central California Alliance for Health's (the Alliance's) Code of Conduct; breach of privacy or security; fraud, waste and abuse (FWA); and/or any Alliance policies and procedures.

Policy:

Alliance staff are required to report suspected or actual violations of applicable laws and regulations; Code of Conduct; breach of privacy or security; FWA; or violation of the Alliance's policies and procedures. Failure to report any of the aforementioned violations may result in sanctions, disciplinary action up to and including termination.

All reported concerns will be investigated in alignment with applicable laws and regulations, contractual requirements, and Alliance policies and procedures.

The Alliance will not retaliate against or intimidate any individual for reporting a known or suspected violation of applicable laws and regulations, Code of Conduct, breach of privacy or security, FWA; or the Alliance's policies and procedures. Reporting a concern will not insulate staff from disciplinary action when staff has contributed to or is responsible for committing the reported wrongdoing, but reporting the issue may mitigate the level of disciplinary action staff receives.

Definitions:

<u>Abuse</u>: Activity that is inconsistent with sound fiscal, business, or medical practice standards and results in unnecessary cost or reimbursement. It also includes any act that constitutes abuse under applicable federal law (as defined in Title 42, Code of Federal Regulations Section 455.2.) or state law.

<u>Compliance Concern:</u> an incident involving noncompliant, unethical or illegal behavior conducted individuals or entities affiliated with the Alliance. For the purposes of this policy, "compliance issue" includes issues regarding privacy, security, FWA, or noncompliance with Alliance policy.

<u>Staff</u>: For purpose of this policy, "staff" is defined as any Alliance regular staff, Alliance temporary staff, employment agency staff, or independent contractor (includes consultants).

<u>Fraud</u>: An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person, as defined in Title 42, Code of Federal Regulations Section 455.2. It includes any act that constitutes fraud under applicable federal or state law.

HEALTH PEOPLE.	POLICIES AND PROCEDURES	
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<u>Waste</u>: The consumption of resources (products or services) due to mismanagement, inappropriate actions or inadequate oversight. Waste is not typically the result of criminal actions.

<u>HIPAA Event</u> - The suspected acquisition, access, use or disclosure of Protected Health Information (PHI) which has the possibility of compromising the security or privacy of the PHI.

Procedure:

1. Reporting Procedures

- a. Alliance staff are required to promptly report suspected or actual violations of applicable laws and regulations, Code of Conduct violations, breach of privacy or security, FWA; or non-compliance with the Alliance's policies and procedures. Failure to report a suspected or actual violation may result in disciplinary action up to and including termination.
- b. Alliance staff may report concerns through one of the following mechanisms:

Туре	Method	Description
All Concerns	Directly by phone email, chat technology, or in-person.	Staff is always welcome to report a concern directly to their supervisor or departmental leadership, Compliance staff, the Human Resources Director or the Chief Administrative Officer.
All Concerns	Employee Hotline* 844-910-4228 Confidential Disclosure Website https://ccah.ethicspoint.com	The Employee Hotline and the Confidential Disclosure website allow staff to report any concerns about violations of law, policy, or other workplace misconduct. The hotline is managed by a third-party company and allows staff to remain anonymous if they choose. The Alliance's confidential hotline also has an update function that allows the reporter to provide additional information and/or receive a follow-up from investigators.
FWA Concerns	Suspected Fraud Waste & Abuse Referral Form	This form allows staff to report a concern of potential or actual FWA. Step 1: Click the Referral Form link. Step 2: Complete the form. Step 3: Click the save and close button to email

HEALTHY PEOPLE.	POLICIES AND PROCEDURES	
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	the completed form to the Compliance Manager, Compliance Supervisor, and Program Integrity Specialists.	
HIPAA HIPAA Event Notice Form Concerns	This form is to be completed in the event there is a belief that Alliance Member PHI may have been improperly acquired, accessed, used, or disclosed. This form should be used to notify appropriate Alliance staff of the situation and specifics surrounding the event.	
* For staff use only. Members may report concerns through Member Services, the Grievance process, Case Manager, or any other Alliance staff person. Providers, vendors, or business associates may report concerns directly to Alliance staff for resolution, by faxing Compliance at 831-430-5680, or by emailing their concern to ListComplianceConcerns@ccah-alliance.org. Alliance staff that receive concerns from members, providers, or other entities should then report these concerns through the appropriate method of reporting described by this policy.		

c. The Alliance encourages all staff to report directly via phone, email, chat technology, or in person; or the applicable forms to permit follow-up from investigators.

2. Investigation

- a. The Alliance takes all reports of violations, or suspected violations seriously and investigates reported concerns promptly, thoroughly, and confidentially to the extent possible. Investigative steps may vary based on the nature and severity of the reported concern. The following are illustrative examples of how compliance concerns may be investigated.
 - Investigations of suspected HIPAA Events will be conducted in accordance with Alliance policy 105-4029 – Breach Risk Assessment and Response.
 - ii. Investigations of Suspected FWA will be conducted in accordance with Alliance policy 105-3002 – Program Integrity: Special Investigation Unit Operations.
- b. Investigative steps may include, but are not limited to:
 - i. Review of reported concerns to determine the scope and
 - ii. Review of relevant Alliance policies or documentation to understand acceptable practices;
 - iii. Review of plan documentation and/or interviews with relevant individuals; and
 - iv. Analysis of compliance concerns.



POLICIES AND PROCEDURES

Policy #: 105-4030 Lead Department: Compliance

Title: Internal Reporting

Original Date: 04/14/2003 **Date Published:** 06/18/2024

Approved by: Jenifer Mandella, Chief Compliance Officer

- c. Investigations will be conducted by staff members with appropriate knowledge in the subject matter. Investigating staff will be selected in a manner that ensures the independence and objectivity of the review.
 - i. Investigations related to suspected HIPAA events or other breaches of privacy and/or security, suspected FWA, or other violations of Alliance policies and procedures will be conducted by Compliance Department staff.
 - ii. Investigations related to staff grievances, sexual harassment complaints, or violence complaints will be conducted by Human Resources.
 - iii. Investigators for other matters will be selected on a case by case basis.
- d. Investigations will be timely and reasonable, with the investigation identifying the root causes of non-compliance.
- 3. Resolution, Corrective Action, and Response to Compliance Concerns
 - a. Where non-compliance is identified, the Alliance promptly takes appropriate corrective action to correct the underlying problem and prevent recurrence of non-compliance. Corrective action may vary depending on factors such as the severity of the violation, whether the violation was intentional or unintentional, and whether the violation indicated a pattern or practice of improper use or disclosure of protected health information.
 - b. Where non-compliance of Alliance staff is identified, the Alliance promptly implements corrective action. Corrective action may include but is not limited to training and education, sanctions, and/or disciplinary action up to and including termination in accordance with the Alliance's Oath of Confidentiality, Human Resources policies and the Alliance Employee Handbook.
 - c. In addition to implementing corrective action, where non-compliance is identified, the Alliance assesses existing processes and internal controls and makes changes needed to prevent recurrence of the non-compliant behavior. Such matters may be brought to the Compliance Committee for determination of appropriate response and implementation.
- 4. Reporting and Oversight
 - a. All compliance concerns are reviewed by the Compliance Director, who keeps the Chief Compliance Officer appraised of trends and high-risk issues
 - b. Compliance Committee receives quarterly reports of compliance issues, including HIPAA and FWA reporting. Other compliance-related concerns may be reviewed by Compliance Committee on an ad-hoc basis.
 - c. Board Reporting:
 - i. Compliance concern statistics are presented to the Alliance



POLICIES AND PROCEDURES

Policy #: 105-4030 Lead Department: Compliance

Title: Internal Reporting

Approved by: Jenifer Mandella, Chief Compliance Officer

Governing Board quarterly and annually.

- ii. Specific compliance issues, such as notices of non-compliance or other formal regulatory action against the Alliance, privacy breaches, or concerns posing significant risk to the plan, may be presented to the Governing Board at the request of the Chief Compliance Officer, Chief Executive Officer, or Compliance Committee.
- d. Suspected criminal activity will be reported to law enforcement.
- e. Significant incidents of non-compliance will be reported to appropriate regulatory agencies within a reasonable time period.
- 5. Non-Retaliation
 - a. The Alliance has a zero-tolerance policy for retaliation or retribution against any employee who in good faith reports suspected misconduct.

References:

Alliance Policy:

105-4029 – Breach Risk Assessment and Response

105-3002 - Program Integrity: Special Investigations Unit Operations

101-1013 - Employee Grievance

101-1062 - Unlawful Harassment, Discrimination, and Retaliation

101-1065 - Violence Prevention

105-3001 - Fraud, Waste, and Abuse Prevention Program

Impacted Departments:

All

Regulatory:

45 CFR 164.530 (b)(1), (d)(1), and (g)

31 U.S.C. § 3730(h)

42 USC 2000e-3 Civil Rights Act of 1964

42 CFR 455.2.

42 CFR 438.608

Contractual (Previous Contract):

Medi-Cal Contract, Exhibit A, Attachment 3.5

Medi-Cal Contract, Exhibit A, Attachment 18, Provision 17

Medi-Cal Contract, Exhibit A, Attachment 18, Provision 18

Medi-Cal Contract, Exhibit E, Attachment 2.27.B

Medi-Cal Contract Exhibit G. 9.2

Contractual (2024 Contract):

Medi-Cal Contract, Exhibit A, Attachment III, Section 1.3

Medi-Cal Contract Exhibit D(f), Section 14

Medi-Cal Contract. Exhibit G

Legislative:

DHCS All Plan Letter:



POLICIES AND PROCEDURES

Policy #: 105-4030 Lead Department: Compliance
Title: Internal Reporting

Approved by: Jenifer Mandella, Chief Compliance Officer

NCQA: Supersedes: Other References:

> Alliance Code of Conduct Alliance Compliance Plan Alliance Employee Handbook

Attachments:

<u>Lines of Business This Policy Applies To</u>	LOB Effective Dates
DSNP	(01/01/2026 - present)
⊠ Medi-Cal	(01/01/1996 – present)
	(07/01/2005 - present

Revision History:

Reviewed Date	Revised Date	Changes Made By	Approved By
09/13/2018	09/13/2018	Paige Harris, Compliance Specialist	Jenifer Mandella, Compliance Officer
05/13/2019	05/13/2019	Paige Harris, Compliance Specialist	Jenifer Mandella, Compliance Officer
04/16/2021	04/16/2021	Paige Harris, Compliance Specialist	Jenifer Mandella, Compliance Officer
08/16/2021	08/16/2021	Jenifer Mandella, Compliance Officer	Jenifer Mandella, Compliance Officer
02/01/2023	02/01/2023	Rebecca Seligman, Compliance Supervisor	Jenifer Mandella, Chief Compliance Officer
02/22/2024	02/22/2024	Ka Vang, Compliance Specialist II	Jenifer Mandella, Chief Compliance Officer

Alliance Code of Conduct



The Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission's, operating as Central California Alliance for Health's (the Alliance's) values are standards that guide our conduct. These values are represented in the Alliance's Code of Conduct.

Collaboration: Working together toward solutions and results. **Equity:** Eliminating disparity through inclusion and justice.

Improvement: Continuous pursuit of quality through learning and growth.

Integrity: Telling the truth and doing what we say we will do.

The Alliance's Code of Conduct contained herein applies to its Medi-Cal Program, Medicare Part-C and Part-D lines of business, and to its In-Home Supportive Services (IHSS) line of business. The Code of Conduct provides guidelines to Board members, employees, and Contractors, including sub-Contractors, downstream sub-Contractors, First Tier Entities, Downstream Entities, Related Entities, and network providers (all collectively referred to as "Contractors" in this document), on appropriate ethical and legal standards. The Code of Conduct is an important component of the Compliance Program and reflects the Alliance's commitment to comply with all applicable Federal and State laws, regulations, and contractual obligations. Compliance is everyone's responsibility; thus, it is the Alliance's expectation that all Board members, employees, and Contractors be familiar and comply with all requirements of the Code of Conduct, avoid actions and relationships that may violate these standards, and seek guidance from appropriate staff when necessary.

The information contained in the Alliance Code of Conduct is not all inclusive or encompassing. The Alliance reserves the right to evaluate any and all situations pertaining to an actual or perceived ethical or legal conflict or misconduct, and then make a determination as to appropriate disciplinary action, policy and procedures, etc., given the facts and circumstances.

This Code of Conduct must be approved by the Alliance Board annually, is made available to Alliance staff and Board members, and is publicly posted on the Alliance's website.

COMPLIANCE WITH LAW



Alliance Code of Conduct



The Alliance is committed to conducting all activities and operations in compliance with applicable laws.

Fraud Waste & Abuse

With oversight from the Compliance Committee, the Alliance's Program Integrity function prevents, detects, evaluates, investigates, reports and resolves all potential/actual fraud, waste and abuse issues. Board members, employees, and Contractors shall obey laws that prohibit direct or indirect payments in exchange for the referral of patients or services, which are paid by Federal and/or State health care programs.

Political Activities

The Alliance's political participation is limited by the Political Reform Act. Alliance funds, property, and resources are not to be used to contribute to political campaigns, political parties, or organizations. Board members, employees, and Contractors may participate in the political process on their own time and at their own expense but are not to give the impression that they are speaking on behalf of or representing the Alliance during these activities.

Anti-Trust

All Board members, employees, and Contractors must comply with applicable antitrust, unfair competition, and similar laws which regulate competition. The types of activities that involve antitrust laws include agreements to fix prices, bid rigging, and related activities; boycotts, exclusive dealings, and price discrimination agreements; unfair trade practices; sales or purchases conditioned on reciprocal purchases or sales; and discussion of factors that determine prices at trade association meetings.

MEMBER RIGHTS

The Alliance is committed to meeting the health care needs of its members by providing access to high quality, equitable health care services.

Access

Alliance policies and procedures have been developed to be consistent with applicable laws governing member choice and access to health care services. Employees and Contractors shall comply with all requirements for coordination of medical and support services for Alliance members. Employees and Contractors shall provide culturally and



Alliance Code of Conduct



linguistically appropriate services to plan members to ensure effective communication regarding diagnosis, medical history and treatment, and health education.

Health Equity

In alignment with its value of equity, the Alliance strives to reduce health inequities and provide all its members a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Complaint Process

Alliance employees and Contractors shall inform members of their grievance and appeal rights through member handbooks and other communications in accordance with Alliance procedures and applicable laws. Alliance member grievances and appeals shall be investigated in a prompt and nondiscriminatory manner in accordance with Alliance policies and applicable laws.

BUSINESS ETHICS

The Alliance is committed to the highest standards of business ethics. Employees and Contractors shall accurately and honestly represent the Alliance and not engage in any activity or scheme intended to defraud anyone of money, property, or honest services.

Candor and Honesty

Board members, employees, and Contractors shall be candid and honest in the performance of their responsibilities and in all communications.

Financial Reporting

All financial reports, accounting records, research reports, expense accounts, timesheets and other documents are to accurately and clearly represent the relevant facts or the true nature of a transaction. The Alliance maintains a system of internal controls to ensure that all transactions are executed in accordance with management's authorization and recorded in a proper manner to maintain accountability of the agency's assets.

Regulatory Agencies and Accrediting Bodies



Alliance Code of Conduct



Alliance employees and Contractors shall deal with all regulatory agencies and accrediting bodies in a direct, open, and honest manner.

PUBLIC INTEGRITY

The Alliance and its Board members and employees shall comply with laws and regulations governing public agencies.

Public Records

The Alliance shall provide access to records to any person, corporation, partnership, firm or association requesting to inspect and copy them in accordance with the California Public Records Act, California Government Code Sections 6250 et seq., the Health Insurance Portability and Accountability Act (HIPAA), and Alliance policies.

Public Funds

The Alliance, its Board members, and employees shall not make gifts of public funds or assets or lend credit to private persons without adequate consideration that they serve a purpose within the authority of the Alliance.

Public Meetings

The Alliance, and its Board members and employees, shall comply with requirements relating to the notice and operation of public meetings in accordance with the Ralph M. Brown Act.

CONFIDENTIALITY

Board members, employees, and Contractors shall maintain the confidentiality of all confidential information in accordance with applicable laws and shall not disclose confidential information except as specifically authorized by Alliance policies, procedures, and applicable law.

No Personal Benefit

Board members, employees, and Contractors shall not use confidential or proprietary Alliance information for their own personal benefit or for the benefit of any other person or entity, while employed at or engaged by the Alliance, or at any time thereafter.



Alliance Code of Conduct



Duty to Safeguard Member and Medical Confidential Information

Board members, employees, and Contractors shall safeguard Alliance member protected health information, identity, eligibility, and medical information, peer review, and other confidential information in accordance with HIPAA regulations, California law, and the Alliance's policies and procedures.

Personnel Files

Personal information contained in employee personnel files shall be maintained in a manner designed to ensure confidentiality in accordance with applicable law.

Proprietary Information

Alliance Board members, employees, and Contractors shall safeguard confidential proprietary information including, without limitation, contractor information and proprietary computer software, in accordance with, and to the extent required by, contract or law. The Alliance shall safeguard confidential provider information including social security numbers.

CONFLICTS OF INTEREST

Board members and employees have a duty to be loyal to the Alliance.

Conflict of Interest Code

Designated employees as identified in the Conflict of Interest Code, including Board members, shall comply with the requirements of Alliance Conflict of Interest Code and associated policies to avoid impropriety or the perception of impropriety, which might arise from their influence on business decisions or disclosure of Alliance business operations.

Outside Services and Interests

Employees shall not perform work or render services for any contractor, association of Contractors, or other organizations with which the Alliance does business or which seek to do business with the Alliance without prior approval (See Outside Employment section in Employee Handbook). Employees shall not permit their names to be used in any fashion that would indicate a business connection with any contractor or association of Contractors, including vendors. All employees shall report all Board-level volunteer activities to the Alliance's Human Resources Department upon consideration and on an annual basis thereafter.



Alliance Code of Conduct



BUSINESS RELATIONSHIPS

Business transactions with vendors, Contractors, and other third parties shall be conducted at arm's length in fact and in appearance, transacted free from improper inducements, and in accordance with applicable law and ethical standards.

Business Inducements

Board members, employees, Contractors, and providers shall not use their positions to personally profit or assist others in profiting in any way at the expense of Federal and/or State health care programs, the Alliance, or Alliance members.

Gifts to the Alliance

Board members and employees shall not solicit or accept personal gratuities, gifts, favors, services, entertainment or any other things of value from any person or entity that furnishes items or services to the Alliance unless specifically permitted under Alliance Policies. Please see Alliance Policy 105-0015 – Conflict of Interest for specific guidance on acceptance of gifts by Alliance staff members.

Provision of Gifts by the Alliance

Employees may provide gifts, entertainment or meals of nominal value to the Alliance's current and prospective business partners and other persons when these activities have a legitimate business purpose, are reasonable, and are consistent with applicable law and Alliance policy. In addition to complying with statutory and regulatory requirements, it is important to avoid the appearance of impropriety when giving gifts to persons and entities that do business or are seeking to do business with the Alliance.

Third-Party Sponsored Events

The Alliance will not participate in any joint contractor, vendor, or third party sponsored event where the intent of the other participant is to improperly influence, or gain unfair advantage from, the Alliance or its operations. Employees' attendance at contractor, vendor or other third- party sponsored events, educational programs and workshops is generally permitted where there is a legitimate business purpose subject to prior approval by the Department Manager or Director. To align with California Fair Political Practices Commission requirements, third party sponsorship of events or travel is not permitted, unless the meeting attendee is a speaker or honoree at the event. Additionally, employees will not participate in raffles at third party sponsored events.



Alliance Code of Conduct



Provision of Gifts to Government Agencies

Board members, employees, and Contractors shall not offer or provide money, gifts or other things of value to any government entity or its representatives, except campaign contributions to elected officials in accordance with applicable campaign contribution laws.

PROTECTION OF ALLIANCE ASSETS

Board members, employees, and Contractors shall strive to preserve and protect Alliance assets by making prudent and effective use of Alliance resources and properly and accurately reporting its financial condition.

Personal Use of Alliance Assets

The assets of the Alliance are not for personal use. Board members, employees, and Contractors are prohibited from the unauthorized use or taking of Alliance equipment, supplies, materials or services.

Communications

All communication systems, electronic mail, internet access, or voicemail are the property of the Alliance. Employees should assume that the communications are not private. Board members, employees, and Contractors shall adhere to the highest standards of professional conduct and personal courtesy in the type, tone, and content of all written, verbal and electronic communications and messages.

Electronic Mail and Social Media

Employees may not use internal communication channels or access to the internet at work to post, store, transmit, download, or distribute any information or material which is threatening, knowingly, recklessly, or maliciously false, obscene, or which constitutes or encourages criminal offenses, gives rise to civil liability or otherwise violates any laws or Alliance policies. The internal communication channels or access to the internet may not be used to send spam mail, or copyrighted documents that are not authorized for reproduction. Board members, employees, and Contractors must adhere to the Alliance's Code-of-Conduct and policy 640-0005 – Social Media Policy when using social media in reference to the Alliance.

Generative Artificial Intelligence (AI)



Alliance Code of Conduct



To mitigate risk of generating outputs that are factually untrue, biased, potentially harmful or illegal, and to ensure Alliance's protected data remains secure at all times, Board members, employees, and Contractors may only use AI in accordance with applicable laws and regulations, principles and requirements contained in the Alliance's Code of Conduct, and the Alliance's Generative AI policy 500-2002 – Generative AI Use, Sourcing, and Adoption.

DISCRIMINATION

The Alliance acknowledges that fair and equitable treatment of employees, members, providers, and other persons is fundamental to fulfilling its mission and goals.

No Discrimination

Board members, employees, and Contractors shall not unlawfully discriminate on the basis of race, color, national origin, creed, ancestry, religion, language, age or perceived age, marital status, sex, sexual orientation, gender identity, health status, physical or mental disability, family care leave status, veteran status, marital status, genetic information, pregnancy, political affiliation, or any other legally protected status. The Alliance is committed to providing a work environment free from discrimination and harassment based on any classification noted above.

PARTICIPATION STATUS

The Alliance requires that network providers have valid and current licenses, certificates, and/or registration, as applicable, and that employees, Contractors, and members of the Alliance Board of Commissioners are able to participate in Federal and State-funded programs.

Participation Status

The Alliance has policies that ensure network providers, employees, Contractors, and members of the Alliance Board of Commissioners are not currently suspended, terminated, debarred, or otherwise ineligible to participate in any Federal or State health care program.

Disclosure of Participation Status

Contractors shall disclose to the Alliance whether they are currently suspended, terminated, debarred, or otherwise ineligible to participate in any Federal and/or State



Alliance Code of Conduct



health care program; if they have ever been excluded from participation in Federal and/or State health care programs based on a Mandatory Exclusion; and/or have met the Alliance's Felony Conviction status requirements as set forth in Alliance policy, as applicable.

Delegated Third Party Administrator Review

The Alliance requires that its Contractors review participating providers and suppliers for licensure and participation status as part of the delegated credentialing and recredentialing processes.

Licensure

The Alliance requires that all employees and Contractors who are required to be licensed, credentialed, certified or registered in order to furnish items or services to the Alliance and its Members have valid and current licensure, credentials, certification or registration as applicable.

GOVERNMENT INQUIRIES

Employees shall notify the Alliance upon receipt of government inquiries and shall not destroy or alter documents in response to a government request for documents or information.

Notification of Government Inquiry

Employees are to notify the Government Relations and Compliance Directors immediately upon the receipt of a formal government inquiry for information regarding Alliance business practices.

No Destruction of Documents

Employees shall not conceal, destroy or alter Alliance information or documents in anticipation of, or in response to, a request for documents by any governmental agency or court.

COMPLIANCE PROGRAM REPORTING



Alliance Code of Conduct



Board members, employees, and Contractors have a duty to comply with the Alliance Compliance Program. Compliance is a condition of appointment, employment, and/or engagement.

Seeking Guidance

Board members, employees, and Contractors may seek additional guidance and clarity on any requirements outlined in this Code of Conduct by contacting the Alliance's Chief Compliance Officer, Compliance Director, or any Compliance Department staff.

Reporting Requirements

All Board members, employees, and Contractors must report suspected violations of any statute, regulation, or guideline applicable to Federal and/or State health care programs or Alliance policies. Staff can be assured that they may report suspected and actual compliance or fraud issues or concerns without retaliation or retribution. Such reports may be made to a supervisor or manager, the Chief Compliance Officer, the Chief Administrative Officer, Human Resources Director, Compliance staff, or anonymously to the Confidential Disclosure Hotline.

Employees can call the Alliance's toll-free Confidential Disclosure Hotline at **1-844-910-4228**, or use the Alliance Confidential Disclosure website: **https://ccah.ethicspoint.com**. Additional reporting information is located on the Compliance Intranet page.

Contractors, network providers Contractors, and members may report compliance concerns by contacting their designated Alliance contact person, contacting Compliance Department staff directly, or through the Compliance Concern Report form on the Alliance's website.

Revision History:

Reviewed Date	Revised Date	Changes Made By	Approved By			
	3/20/2018	Jenifer Mandella, Compliance Officer	Alliance Board			
	12/18/2019		Alliance Board			



Alliance Code of Conduct



1/13/2021	Jenifer Mandella, Compliance Officer	Alliance Board
3/23/2022	Jenifer Mandella, Compliance Officer	Alliance Board
9/20/2023	Jenifer Mandella, Compliance Officer	Alliance Board
8/31/2023, with changes effective 1/1/2024	Jenifer Mandella, Chief Compliance Officer	Alliance Board
8/14/2024	Jenifer Mandella, Chief Compliance Officer	Alliance Board
02/03/2025	Jenifer Mandella, Chief Compliance Officer	Pending Alliance Board approval



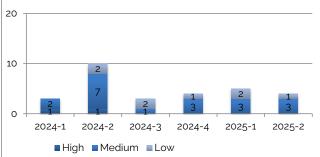


Compliance Internal Audit Dashboard - Q1 - 2-2025

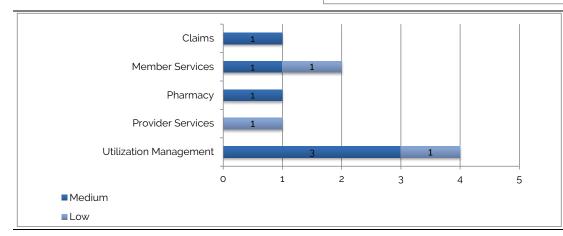
Prepared for the Alliance Board

Reviews Closed by Risk Level

Compliance closed a total of 8 risk-based internal reviews during Q1 -2 2025. The internal audit program assesses and mitigates risk to ensure Plan readiness for regulatory audits and forthcoming accreditations. Items were selected for the work plan based on recent audit findings, new requirements, and regulatory sanctions.



8 Total Reviews Closed in Q1-2 2025

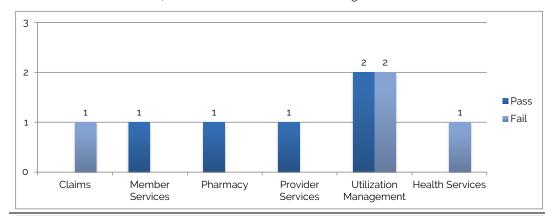


Reviews by Operational Area & Risk Level

Each review is assigned to a SME department with oversight responsibility of the requirement. The reviews are assigned a risk level based on objective risk criteria such as impact and complexity. The chart shows the number of reviews conducted, separated by department within each risk level.

Q1-2 2025 Review Results by Operational Area

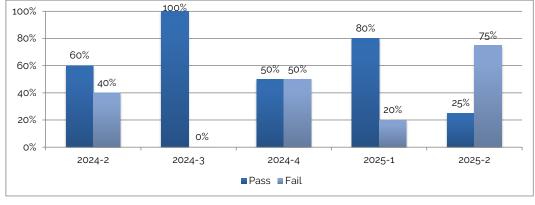
4 of 8 closed reviews received a passing score 4 of 8 closed reviews received a failing score



Mitigation for Failed Reviews

In response to failed reviews, Compliance partners with SME departments to ensure deficiencies are corrected through the following:

- Recommending process improvements
- Requesting action plans from departments to cure deficiencies
- Re-auditing to ensure correction



Trending and Quarterly Review Results by Risk Level

Information presented here depicts trending of audit results over the past 5 quarters.



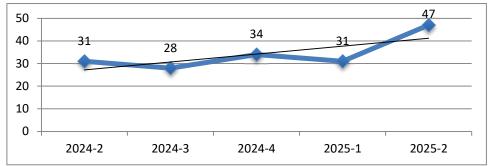
Compliance HIPAA Dashboard - Q1-Q3 2025

Prepared for the Alliance Board

Reports of Suspected Disclosures

Compliance received a total of 78 reports of suspected unauthorized disclosures of Protected Health Information (PHI) during Q1-Q2 2025.

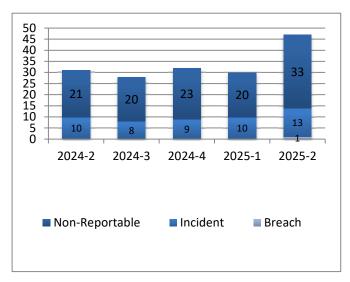
(This is all suspected events, whether or not they were deemed reportable upon investigation)

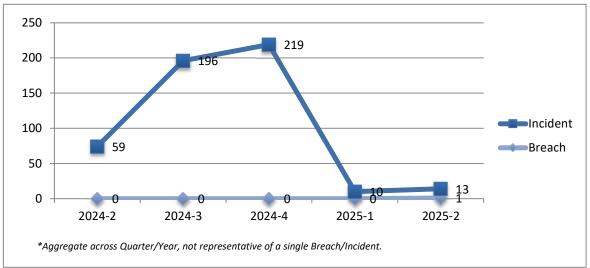


Final Classification and Member Impact

Breaches are unauthorized disclosures of PHI to a non-covered entity; Incidents are unauthorized disclosures to covered entities; Non-reportable are when the investigation reveals that no unauthorized disclosure of PHI occured by the Alliance.

24 members were impacted by HIPAA events in Q1-2 2025; 23 of which were classified as incidents; 1 was classified as a breach.





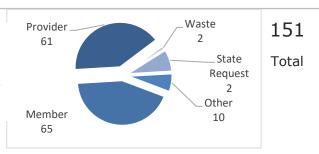


Program Integrity Special Investigations Unit Dashboard - Q1-Q2 2025

Prepared for the Alliance Board

Active Matters Under Investigation (MUIs)

MUIs are classified by the target of the allegation/concern. ("Other" example: If a member alleges a non-Alliance member may be using his/her Alliance ID card to fraudulently obtain services.)

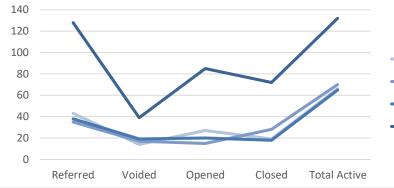


Q3-Q4 24

Q424

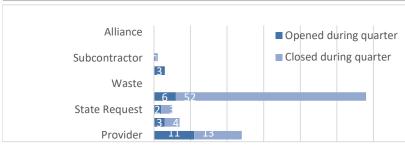
Q125

Q225



Referral Trends

Referrals come from various sources (internal, delegate, etc.) These referrals are either opened or voided depending on the scope of the referral. MUIs are closed when an investigation is complete.

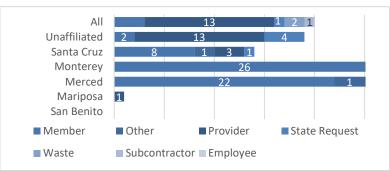


MUIs by Status

If MUIs undergo a status change in a single quarter, they are reported once under current status at end of quarter. MUIs by status does not account for MUIs not in an Opened or Closed status

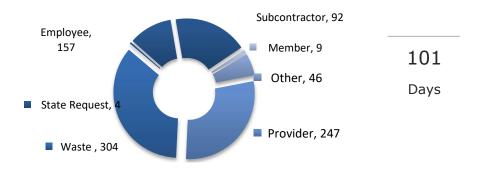
MUIs by County

Most MUIs are assigned a county affiliation. Where a provider serves multiple Alliance counties, or a member receives services in multiple Alliance counties, the county affiliation is identified by the billing address or mailing address, respectively.



Investigation Duration Average

 Statistics are in business days, excluding Alliance holidays.





Information Items: (18A. - 18G.)

(Spanish)

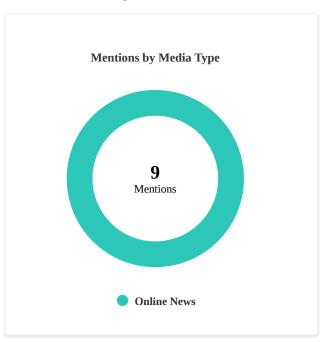
A. Alliance in the News	Page 18A-1 to 18A-3
B. Membership Enrollment Report	Page 18B-1
C. Member Appeals and Grievance Report	Page 18C-1
D. Letter of Support	Page 18D
E. Provider Bulletin – September 2025	Page 18E-1 to 18E-12
F. Member Newsletter – September 2025	Page 18F-1 to 18F-12
(English)	_
G. Member Newsletter – September 2025	Page 18G-1 to 18G-8

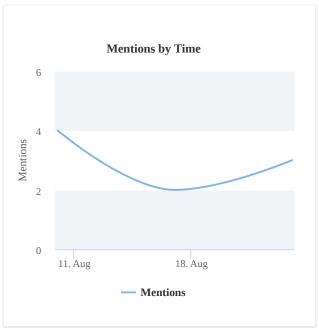
HEALTHY PEOPLE. HEALTHY COMMUNITIES.



September 2025 Board Report

Mention Analytics





9 Total Mentions

Mentions 9 Audience 138,236 Publicity USD \$1,365

Aug 26, 2025 4:11 PM EDT

Homeward Bound

Source Monterey County Weekly Market Seaside, CA Type Print Category Local

... fell through after developer Shangri-La defaulted on its loans, King City officials stepped up to finish it. The city purchased the hotel on April 22 for \$4.4 million, immediately signing it over to the Housing Authority of the County of Monterey. A coalition of the city, HACM, county, state and Central California Alliance for

⊕ How Enhanced Care Management transforms lives—and could change yours

Source Lookout Santa Cruz | Market United States | Type Digital News



... and walks alongside them through their journey Enhanced Care Management serves nine populations of focus among Medi-Cal members, including pregnant and postpartum individuals. Credit: Community Bridges In Santa Cruz, Monterey, San Benito, Mariposa, and Merced Counties, ECM is provided through the Central

Aug 25, 2025 2:44 PM EDT

Neu

⊕ How Enhanced Care Management transforms lives—and could change yours

Source Lookout Santa Cruz Market Santa Cruz, CA Type Digital News Category Local



... walks alongside them through their journey Enhanced Care Management serves nine populations of focus among Medi-Cal members, including pregnant and postpartum individuals. Credit: Community Bridges In Santa Cruz, Monterey, San Benito, Mariposa, and Merced Counties, ECM is provided through the Central

Aug 19, 2025 1:24 AM EDT

Pns

簓 Regional leaders share solutions to Central Coast's housing crisis

Source BenitoLink (CA) Market Hollister, CA Type Digital News Category Local



Lea este artículo en español aquí. Public officials, school leaders, health administrators and housing advocates met at the Oldemeyer Center in Seaside on Aug. 14 as part of an ongoing effort to address the Central Coast's housing crisis. Dubbed the Workforce Housing Solutions Summit, the event was organized by the

Aug 18, 2025 8:53 AM EDT

Pos.



Regional leaders share solutions to Central Coast's housing crisis

Source Benito Link Market Hollister, CA Type Digital News Category Local



Lea este artículo en español aquí. Public officials, school leaders, health administrators and housing advocates met at the Oldemeyer Center in Seaside on Aug. 14 as part of an ongoing effort to address the Central Coast's housing crisis. Dubbed the Workforce Housing Solutions Summit, the event was organized by the

Aug 14, 2025 11:02 AM EDT



Merced County government taking proactive stance before anticipated federal, state cuts to...

Source MercedCountyTimes.com

Market Merced, CA Type Digital News Category Local



Facing a final 2025-26 fiscal budget hearing on Sept. 23, members of the Merced County Board of Supervisors were presented this week with a sobering picture of known, anticipated, and potential future impacts to public assistance programs due to decisions being made in Washington, D.C., and Sacramento. More than 50

The county makes progress on transitioning people from three encampments to housing.

Source Monterey County Weekly | Market United States | Type Digital News



The tiny homes, looking like slatted cubes, started arriving behind a church in Watsonville on Aug. 5, the fruition of over two years of work to give people living in tents along the Pajaro River a warm, dry place to sleep and a stepping stone to future permanent housing. It's just one of three success stories for the County of

Aug 13, 2025 2:24 PM

Know Your Rights: Prepare for Federal Immigration Interactions

Type Online News



... California Department of Social Services Lists of organizations that can provide free legal services to immigrants who live in California. Immigrant Legal Resource Center Make a Child Care Plan Central California Alliance for Health Obtenga ayuda con la inmagracion y el cuidado de salud. Schools San Diego County Office

Aug 11, 2025 4:07 PM

Pos.

Watsonville Celebrates Opening of 72 Affordable Apartments



State, county, and city leaders joined a host of partners and new residents today to celebrate the grand opening of Sparrow Terrace, a development by nonprofit MidPen Housing. Located at 141 Miles Lane, Sparrow Terrace offers 72 affordable apartment homes for people with incomes of 30%-60% Area Median Income

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Visit us at

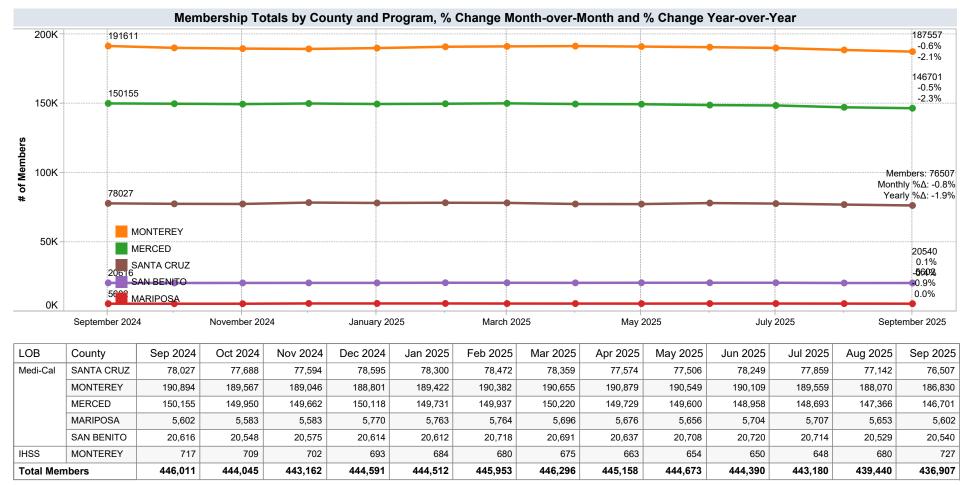
www.CriticalMention.com



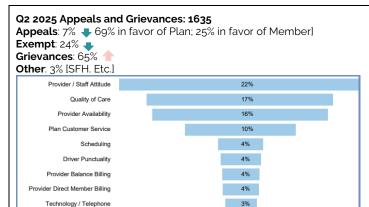
Enrollment Report

County: None Program: None Aid Cat Roll Up: None Data Refresh Date: 9/8/2025 6:33:48 AM

Enrollment Month 9/1/2024 to 9/30/2025







Analysis and Trends

 Increases for Provider Availability, Quality of Care and Driver Scheduling and Technology/Telephone issues from Q125

3%

 Authorization Trends involve Community Support benefits, Medically Tailored Meal (MTM) & Housing Supports (HTSS)

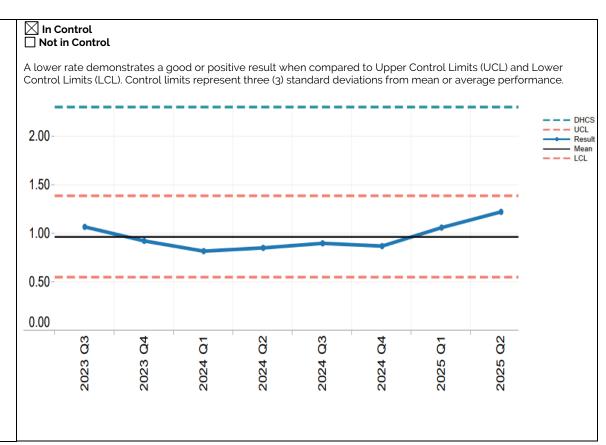
Highest Grievances Filed by County

Enrollment

- Monterey: 38%
- 2. Merced: 35%
- 3. Santa Cruz: 19%
- 4. San Benito: 6%
- 5. Mariposa: 2%

IHSS Summary: 4

- Member Grievances: 4
- Exempt Complaints: 0



		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2024	MemberMonths	458,092	456,831	456,656	455,037	452,105	450,230	448,718	447,326	446,011	444,045	443,162	444,591
	Case Count	394	386	345	399	427	333	416	409	384	421	385	356
	Case Count Per 1000 MM	0.86	0.84	0.76	0.88	0.94	0.74	0.93	0.91	0.86	0.95	0.87	0.80
2025	MemberMonths	444,512	445,953	446,296	445,158	444,673	444,390						
	Case Count	404	438	579	626	501	508						
	Case Count Per 1000 MM	0.91	0.98	1.30	1.41	1.13	1.14						







August 15, 2025

UPCEA One Dupont Circle, Suite 450 Washington, DC 20036

Dear UPCEA Awards Committee:

Please accept this letter of support for the UPCEA Engagement Award Nomination put forth by the University of California, Merced Division of Professional and Continuing Education (PACE) for the Community Health Worker (CHW) Specialized Training Certificate. The program was established in partnership with the Merced County Department of Public Health and Central California Alliance for Health (the Alliance).

Receipt of the UPCEA Engagement Award would officially recognize the outstanding mutually-beneficial exchange of knowledge and resources that has occurred between UC Merced and its local community, health care providers, public health government organizations, and non-profit community-based organizations. The award would also recognize the measurable shared impact in community development, workforce training, and capacity building.

With nearly 170 certificate completers in its first year, this program and UC Merced PACE's partnership-driven model have bolstered capacity for serving the region's high-need population and increased their access to healthcare resources.

The Alliance is a regional Medi-Cal managed care health plan dedicated to improving access to health care for nearly 450,000 members in Merced, Monterey, Santa Cruz, Mariposa and San Benito counties. The Alliance makes investments in health care and community organizations in these counties to strengthen the health care workforce and improve access to quality health care for our members.

The Alliance is proud to collaborate with UC Merced PACE to grow the local CHW workforce. The CHW Certificate program provides entry-level training for anyone interested in beginning a career in the health care field. The combination of CHW's lived experience, diversity of racial, ethnic, cultural and linguistic representation, and training allows them to serve as trusted allies for Medi-Cal members as they navigate a complex health care landscape. Participants in this program are well trained to connect Medi-Cal members to clinical and social support services and to provide essential health education to enhance health and wellness of individuals and families.

Thank you for your consideration of the UC Merced PACE Community Health Worker Specialized Training Certificate program for the UPCEA Engagement Award. I highly endorse UC Merced PACE to be recognized for this program's outstanding knowledge partnership and engagement.

Sincerely.

Michael Schrader Chief Executive Officer

Serving Mariposa, Merced, Monterey, San Benito and Santa Cruz counties www.thealliance.health ● 800-700-3874