Santa Cruz – Monterey – Merced Managed Medical Care Commission

Meeting Agenda

Wednesday, September 27, 2023

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

Alliance offices are open to attend Board meetings in each county.

1. Members of the public wishing to observe the meeting remotely via online livestreaming may do so as follows. Note: Livestreaming for the public is listening/viewing only.
   a. Computer, tablet or smartphone via Microsoft Teams: Click here to join the meeting
   b. Or by telephone at:
      United States: +1 (323) 705-3950
      Phone Conference ID: 591 253 805#

2. Members of the public wishing to provide public comment on items not listed on the agenda that are within jurisdiction of the commission or to address an item that is listed on the agenda may do so in one of the following ways.
   a. Email comments by 5:00 p.m. on Tuesday, September 26, 2023 to the Clerk of the Board at clerkoftheboard@ccah-alliance.org.
      i. Indicate in the subject line "Public Comment". Include your name, organization, agenda item number, and title of the item in the body of the e-mail along with your comments.
      ii. Comments will be read during the meeting and are limited to five minutes.
   b. In person, from an Alliance County office, during the meeting when that item is announced.
      i. State your name and organization prior to providing comment.
      ii. Comments are limited to five minutes.

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

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

A. Roll call; establish quorum.
B. Supplements and deletions to the agenda.
C. Acknowledge Board members for their service on the three-County Commission.

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 five 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 five 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. – 9D.): 3:10 p.m.

5. Accept Executive Summary from the Chief Executive Officer (CEO).

- Reference materials: Executive Summary from the CEO.

Pages 5-01 to 5-11

6. Accept Alliance Financial Highlights, Balance Sheet, Income Statement and Statement of Cash Flow for the seventh month ending July 31, 2023.

- Reference materials: Financial Statements as above.

Pages 6-01 to 6-09

Appointments: (7A. – 7B.)

7A. Approve appointment of Mr. John Beleutz to the Member Services Advisory Group.

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

Page 7A-01

7B. Approve appointment of Mai-Khah Bui-Day, MD to the Physicians Advisory Group.

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

Page 7B-01

Minutes: (8A. – 8E.)

8A. Approve Commission meeting minutes of August 23, 2023.

- Reference materials: Minutes as above.

Pages 8A-01 to 8A-06

8B. Accept Finance Committee meeting minutes of June 28, 2023.

- Reference materials: Minutes as above.

Pages 8B-01 to 8B-04

8C. Accept Physicians Advisory Group meeting minutes of June 1, 2023.

- Reference materials: Minutes as above.

Pages 8C-01 to 8C-07

8D. Accept Whole Child Model Clinical Advisory Committee meeting minutes of June 15, 2023.

- Reference materials: Minutes as above.

Pages 8D-01 to 8D-05

8E. Accept Whole Child Model Family Advisory Committee meeting minutes of July 10, 2023.

- Reference materials: Minutes as above.

Pages 8E-01 to 8E-04

Reports: (9A. – 9D.)

9A. Authorize the Chairperson and the Chief Executive Officer (CEO) to sign the necessary implementing amendments to facilitate the Voluntary Rate Range program for rating period CY 2022.

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

Pages 9A-01 to 9A-02

9B. Authorize the Chairperson to sign the 2023-B amendment to the Alliance's primary Medi-Cal contract number 08-85216 to incorporate technical updates as well as additional programmatic changes.

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

Page 9B-01

9C. Authorize the Chairperson to sign the 2023 Post Expiration and 2024 Operational Readiness Data Use Agreement provided by the Department of Health Care Services.

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

Page 9C-01

9D. Authorize the Chairperson to sign amendments to the Alliance's primary Medi-Cal contract number 08-85216 and to the Alliance's secondary Medi-Cal contract number 08-85223 which incorporate capitation rates for CY 2022 to reflect necessary adjustments to account for the impact of the Public Health Emergency.

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

Page 9D-01

Regular Agenda Items: (10. – 11.): 3:15 p.m.

10. Consider approving: A) Medi-Cal Capacity Grant Program Governance: Revised Foundation Recommendation; B) Medi-Cal Capacity Grant Program Funding Recommendations; and C) Funding Recommendations for Transportation Capacity Expansion. (3:15 – 4:15 p.m.)

A. Ms. Jessica Finney, Grants Director, will review and Board will consider approving Medi-Cal Capacity Grant Program Governance: Revised Foundation Recommendation.

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

Pages 10-01 to 10-03

B. Ms. Finney will review and Board will consider approving Medi-Cal Capacity Grant Program Funding Recommendations.

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

Pages 10-04 to 10-08

C. Ms. Finney will review and Board will consider approving funding recommendations for Transportation Capacity Expansion.

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

Pages 10-9 to 10-11

11. **Consider approving proposed 2024 Hospital Quality Incentive Program. (4:15 – 4:45 p.m.)**

A. Ms. Kay Lor, Payment Strategy Director and Dennis Hsieh, MD, JD, Chief Medical Officer, will review and Board will consider approving 2024 Hospital Quality Incentive Program.

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

Pages 11-01 to 11-02

Adjourn to Closed Session

12. **Closed Session pursuant to Government Code Section 54956.9, subdivision (d)(1) – Conference with Legal Counsel – Pending Litigation (Doe v. Santa Cruz-Monterey-Merced Managed Medical Care Commission, dba Central California Alliance for Health). (4:45 – 5:00 p.m.)**

A. Closed session agenda item.

B. Discussion item only; no action will be taken or reported by the Board.

Information Items: (13A. – 13E.)

A. Alliance in the News Page 13A-01

B. Membership Enrollment Report Page 13B-01

C. Member Newsletter (English) – September 2023
https://thealliance.health/wp-content/uploads/MSNewsletter_202309-E.pdf

D. Member Newsletter (Spanish) – September 2023
https://thealliance.health/wp-content/uploads/MSNewsletter_202309-S.pdf

E. Provider Bulletin – September 2023
https://thealliance.health/wp-content/uploads/CCAH-Provider-September2023-high-res.pdf

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, September 27, 2023; 1:30 – 2:45 p.m.

- Member Services Advisory Group *(pending Commission approval)*
  Thursday, November 9, 2023; 10:00 – 11:30 a.m.

- Physicians Advisory Group *(pending Commission approval)*
  Thursday, December 7, 2023; 12:00 – 1:30 p.m.

- Whole Child Model Clinical Advisory Committee *(pending Commission approval)*
  Thursday, December 13, 2023; 12:00 – 1:00 p.m. [Remote teleconference]

- Whole Child Model Family Advisory Committee *(pending Commission approval)*
  Monday, November 6, 2023; 1:30 – 3:00 p.m. [Remote teleconference]

The above meetings will be held in person unless otherwise noticed. Audio livestreaming will be available to listen/view the meeting. Note: Livestreaming for the public is listening/viewing only.

The next regular meeting of the Commission, after this September 27, 2023 meeting, unless otherwise noticed:

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

  Date: Wednesday, October 25, 2023

  Time: 10:30 a.m. – 2:00 p.m.

  Location: Seacliff Inn
  Seacliff Room
  7500 Old Dominion Court
  Aptos, CA 95003

Members of the public interested in attending should call the Alliance at (831) 430-5523 to verify meeting dates and locations prior to the meetings.

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

DATE: September 27, 2023

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

FROM: Michael Schrader, Chief Executive Officer

SUBJECT: Executive Summary from the Chief Executive Officer

Executive

Implementation of the New Five-County Commission. On October 25, 2023 the new five-county Board: The Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission will hold its inaugural meeting. Santa Cruz, Monterey, Merced and Mariposa counties have each appointed their respective representatives to the new Board and on September 26, 2023, San Benito County Board of Supervisors is expected to appoint two individuals to fill its allotted seats. As set forth in County Ordinances, this first meeting of the new Commission will effectively terminate the current tri-county Commission. Thus, the September 27, 2023 Board meeting marks the final meeting of the current tri-county Commission which was established on April 22, 2009 prior to the Alliance's expansion of its services to Merced County. The Board will take a moment at the September 27, 2023 meeting to acknowledge this milestone and recognize outgoing Board members.

County Expansion Updates and Approvals. Progress continues in preparation for the January 1, 2024, "go-live" in San Benito and Mariposa counties. Provider and Member Services and Community Engagement teams are active in the communities meeting with providers, community organizations, and county staff. In addition, Alliance staff have engaged the outgoing Medi-Cal plans towards ensuring a seamless transition of services. Staff have secured office locations in each county's Social Services Department and have secured locations for Board meetings and other public meetings currently held in each of the Alliance's service area counties. Two significant milestones were recently achieved including approval of the Commission's "name change" to reflect the new five-county Commission by the Department of Managed Health Care and "Go-live approval" by the Department of Health Care Services (DHCS). The DHCS approval is contingent on the Alliance's completion of all operational readiness deliverables and demonstration of an adequate network through executed contracts. Furthermore, the Alliance must receive final revenue rates and contract language that reflect agreements made with DHCS to ensure a financially viable expansion, which will culminate with contract approval by the new board prior to January 1, 2024.

Redetermination Update. A report on the effect of redetermination on Alliance enrollment is included in the Operations section of the Executive Summary and notes a lower number of disenrollments than expected as a result of the redetermination process. However, a recent communication from DHCS indicates an identified error in the month of September eligibility files which, when corrected, will remove an additional 4,625 members (Merced – 1,300, Monterey – 2,018, Santa Cruz – 1,307) from the Alliance's eligibility files. Staff will continue to monitor and provide the board reports of enrollment numbers and the impact of redetermination.

Departure of State Medicaid Director and Chief Deputy Director for Health Care Programs. Jacey Cooper, DHCS Chief Deputy Director and State Medicaid Director, has announced her departure

from DHCS effective October 20, 2023. Jacey was instrumental in leading the transformation of the Medi-Cal program through the development and implementation of the CalAIM program. Jacey is leaving DHCS to join the federal Centers for Medicare and Medicaid Services.

<u>2023 Legislative Session</u>. The 2023 legislative session came to an end at midnight on September 14, 2023 with a legislative deadline to adopt bills to send to the Governor. The Governor has 30 days to sign or veto legislation sent to his desk. Staff continues to monitor legislation identified as meeting the board's policy priorities adopted in February. Staff will review final legislation signed by the Governor and provide a report at a future meeting.

<u>Community Involvement</u>. On September 14, 2023 I attended the Health Improvement Partnership of Santa Cruz County (HIPSCC) Council meeting and attended the Department of Health Care Services September All Plan CEO meeting in Sacramento on September 20, 2023. I attended the virtual HIPSCC Executive Committee meeting on September 21, 2023.

<u>**Health Services**</u>

The Health Services (HS) Division has been focusing on a few priorities that are cross departmental in HS and across the Alliance. First, there has been a lot of work across HS to better understand and review our Enhanced Care Management (ECM) and Community Supports (CS) processes. HS is working on fast-tracking the onboarding processes for qualified providers. At the same time, HS is focusing on bringing on board additional Community Based Organizations and healthcare providers, such as substance use disorder providers, who are already providing services that are very similar to ECM. This work leverages the pharmacy department's work in drug utilization review, especially around concurrent opiate prescriptions and medication assisted treatment. Second, final preparation is occurring for county expansion, with significant thought and focus areas such as continuity of care and extension of programs such as ECM and CS to the expansion counties. Third, HS continues to focus on transitions of care, both through continuing to learn and refine its processes of using residential care facilities for the elderly as well as deepening the partnership between utilization management, complex care management, and community supports. On the outpatient side, the quality team is focused on how we can close care gaps, especially in Merced County, prior to the end of the year through innovative partnerships with our primary care providers. At the same time, HS is focused on significant issues that continue to come up around access to both non-specialty mental health and behavioral health treatment and examining how to work with Carelon to resolve these challenges. Finally, with the release of the Equity and Practice Transformation program application earlier in September, the HS team is reaching out to and engaging with small and medium size practices to provide encouragement and assistance in completing the application ahead of DHCS's October 23, 2023 deadline.

Quality Improvement and Population Health

<u>Performance Improvement Projects (PIP)</u>. The first annual submission for the 2023-2026 required statewide PIPs have been submitted, capturing initial PIP Design. The clinical PIP topic focuses on a race/ethnicity health disparity, which the Alliance will seek to increase six or more well-child visits by the time the child turns 15-months for Hispanic members in Merced County. The non-clinical topic selected is to improve the percentage of provider notifications for members with substance use disorder/serious mental health diagnosis or within seven days of an emergency

department (ED) visit. Feedback is anticipated by DHCS by the end of October. In September 2024, submission information will include baseline data and quality improvement activities to date.

Utilization Management

The Utilization Management team continues work with the Essette system platform replacement, with a go-live planned for March 2024. Work in the Jiva platform is in full swing across all teams with the current discovery, and gap analysis phase. Optimization for both authorization and other key health services functions is under full exploration as the new platform is developed.

County expansion work in preparation for transitioning new members from San Benito and Mariposa County is well underway, with processes mapped out to support continuity of care and further oversight of transitioning special populations. System configurations and report development continues in preparation for the additional and updated data sets expected in November and prior to the January County expansions.

Inpatient and Emergency Department. The Alliance continues to build upon Transitional Care Services (TCS), increasing interdisciplinary team (IDT) meetings with internal and external stakeholders across the counties. Q2 2023 saw an increase in UM specific transitions of care for inpatient members, with concentrated focus on over 1,100 members needing additional TCS support. Total 30-day readmission rates decreased in all three counties, with a 4% drop in Santa Cruz, 2% drop in Monterey and a 1% decrease in Merced County. Overall inpatient activity for Q2 reflects a decrease in average LOS (n=4.5) as well as overall reduction in readmissions (n= 9%). Current inpatient activity reflects low COVID-19 hospitalizations in all three counties.

Skilled nursing care saw an 8% decrease in short term rehab bed days over Q1, a metric with noted favorable decreases, potentially a result of increased IDT collaborations across the skilled nursing facilities and 300 case reviews held in Q2 alone. Long term care admissions in Q2 remained stable, though higher than noted in 2022 and a reflection of low acceptance rates during prior pandemic years.

Overall, ED utilization reflects increases in avoidable ED in Santa Cruz County, with decreases noted in both Monterey and Merced counties. Total ED visits have increased in all three counties over Q1. Avoidable ED visits for the seniors and persons with disabilities population decreased a percentage point (n=11.6), and potentially an early reflection of the plan's growing transitional care services program.

Prior Authorization. The Alliance continues to work on authorization reduction initiatives and is in the process of comprehensive updates to the Plan's authorization matrix. Authorization volumes in Q2 increased over activity noted in Q1, with continued low denial rates (n=1.4%) and a 3% decrease in appeal activity. Genetics testing continues to make up the larger volume of denials. Staff continue to improve upon efficiencies to exceed regulatory timelines, with current processing ahead of schedule.

Pharmacy

Site of Care Program. The Alliance initiated the Site of Care Program in December 2022. The goal of the program is to transition members from hospital-based outpatient infusion to home-based

infusion. The member and prescribing provider can opt in or out of the Site of Care Program depending on the member's clinical and social needs. Currently, we are focusing on members who are on infliximab (Remicade), its biosimilars, vedolizumab (Entyvio), intravenous immune globulin (IVIG), and ocrelizumab (Ocrevus).

So far, we have identified 67 members who are candidates for this program.

- Eleven members have accepted the program:
    - Five members received provider approval and have started receiving their infusion medication at home.
    - Five members did not transition to home-based infusion because their provider did not respond after multiple attempts.
    - One member could not transition to home-based infusion because they no longer had Alliance coverage after the member and provider opted into the program.
- The members who have declined the program have done so for multiple reasons, including not wanting anyone in their home or they would like to continue at their current site of care because they receive other services from that site at the same time.

A barrier to the program has been that many members do not answer their phones and do not respond to voicemails left by the infusion pharmacy. Another barrier to this program has been the time it takes for prescribers to send clinical information and medication orders to the infusion pharmacy. The infusion pharmacy must follow up with the provider multiple times to obtain all the necessary information from the prescriber and sometime the provider simply does not respond at all.

We have completed training for all the Alliance Pharmacy department staff on the Site of Care program. In the future, we will begin targeting members on other infusion medications.

Drug Utilization Review (DUR) Program. Concurrent Opioid and Buprenorphine Medication Assisted Treatment (MAT): Per Centers for Disease Control and Prevention Clinical Practice Guideline for Prescribing Opioids for Pain, 2022, clinicians should offer or arrange treatment with evidence-based medications, such as buprenorphine, to treat patients with opioid use disorder. Although overdose is less likely with buprenorphine than with full agonist opioids, overdose is still possible, particularly if buprenorphine is taken concurrently with other respiratory depressants (e.g., full agonist opioids, benzodiazepines, or alcohol).

To identify members at increased risk due to receiving buprenorphine MAT and full opioid agonist concurrently, the Pharmacy department conducted a retrospective review of pharmacy claims from April 2022 through March 2023.

- 467 clinicians prescribed buprenorphine to 1714 members.
- Out of the 1714 members on buprenorphine, 198 members were co-prescribed a full opioid agonist.

Further analysis was broken into two parts:

1. The first focused on identifying clinicians who co-prescribed buprenorphine and opioid prescriptions to their members.
    - We discovered that 33 clinicians issued an opioid prescription to a total of 66 members during the same month they prescribed buprenorphine. Opioid prescriptions seven days' supply or less were excluded.

   - Out of the 66 members, only 14 were co-prescribed Naloxone.
   - While it is difficult to assess whether there were any concerning prescribing patterns, it is important to raise awareness of potential risks when full opioid agonists are co-prescribed to members on buprenorphine MAT. Targeted educational outreach will be made via fax to the 33 clinicians encouraging to reassess full opioid agonist therapy in members on buprenorphine MAT. Additionally, when such therapy is appropriate and medically necessary, to encourage co-prescribing naloxone and ensure members have access to additional monitoring and support.

2. The second part of the analysis focused on identifying members on buprenorphine MAT who received a full opioid agonist prescription from prescriber different than the one who issued buprenorphine.
   - 63 members were identified, and only 19 of these were co-prescribed naloxone.
   - Targeted outreach will be made via fax to 36 buprenorphine and 50 opioid prescribers to ensure coordination of care and additional support for these members at potentially higher risk. Additionally, outreach will focus on recommendation to monitor Controlled Substance Utilization Review and Evaluation System and co-prescribe naloxone. Lastly, to ensure members have access to naloxone, outreach will include a flyer listing free naloxone distribution centers and encourage providers to share it with their members.

Antianxiety/Sedatives in Children: Drug utilization review was performed on Alliance members who were less than or equal to 18 years of age and had a prescription for a controlled substance in the drug classes sedative or antianxiety in 2022. The medications within these drug classes that were included in the review were zolpidem, zaleplon, eszopiclone, suvorexant, lemborexant, daridorexant, meprobamate and all benzodiazepines. 540 pediatric members (or 0.34% of all pediatrics at the Alliance) were on one of these medications during 2022. We compared the prevalence of antianxiety/sedatives between males and females, which was unremarkable. We also compared the prevalence of antianxiety/sedatives between the counties, which was unremarkable. A focused review for fraud waste and abuse was done for both providers and members. For the focused review we excluded members with a diagnosis of epilepsy, and we excluded providers with a neurology specialty. When focusing on potential provider fraud waste and abuse we looked at providers seeing more than five members. There were five providers who fit the criteria and the investigation concluded that there were no prescribing concerns. When focusing on potential member fraud waste and abuse, we looked at members who were going to at least three different providers. There were eleven members who fit the criteria and the investigation concluded that there were no concerns for member fraud waste and abuse. We will continue to monitor this DUR topic annually for inappropriate prescribing and trends.

Pharmacist-Led Academic Detailing (PLAD). Currently, there are eight providers from three clinics that are participating in the PLAD Diabetes program. Providers are divided into four groups to ensure a small group environment. There are two providers that have completed three out of the 10 sessions, and others have attended one session in September.

Community Care Coordination

Enhanced Care Management/Community Supports. The Alliance is currently working towards expanding the ECM and CS provider network capacity in our service area. The focus has been on

engaging hospital and medical providers, County partners, as well as local Community Based Organizations that have experience serving the existing populations of focus.

In addition, work is underway to identify and engage new providers who have experience serving the two new populations of focus that will go-live in January: individuals transitioning from incarceration and those providers that serve the birth equity population of focus. Ongoing meetings are occurring with the justice involved County departments, as well as those medical and behavioral providers that serve members in the incarcerated settings.

Complex Care Management. Ongoing efforts continue in the implementation of the second phase of the CalAIM Population Health Management Program project work started in Q2. The focus of this project is to strengthen the delivery of Complex Care Management (CCM) services in alignment with National Committee for Quality Assurance standards, as well as collaborating across departments in the enhancement of Transitional Care Services. CCM is provided to pediatric as well as adult members who have been identified as having medium/rising health and social risks utilizing the Alliance's risk stratification system.

Whole Child Model/Pediatric Complex Care Management. Pediatric Complex Case Management team continues to meet with County California Children's Services (CCS) staff and other providers to support the care needs of the Whole Child Model (WCM) members. In meetings with Santa Cruz County CCS, the Alliance is discussing the implementation of Kaiser WCM to support any member transitions that could occur with this new plan delivering services within the County, starting in January 2024. The focus of that collaboration is to support any WCM children and families that may transition from one Medi-Cal Managed Care Plan to another.

The Alliance is preparing for the implementation of the two new counties that will be added to the service area with the County expansion in January 2024. Unlike the existing WCM counties, the new counties will be continuing the provision of dependent county CCS service provision, in alignment with County CCS programs, as well as DHCS. Meetings are ongoing for this implementation with both County CCS teams, as well as the Regional Centers.

Behavioral Health

The Behavioral Health (BH) Department has been deeply engaged in feedback and support for our Managed Behavioral Healthcare Organization, Carelon. Activities in this month include continuing to provide hands-on support to new and existing providers, such as partnering to remove barriers for credentialing for telehealth providers like Clarity Pediatrics and discussing new projects with interested parties like Ohana.

BH facilitated two key leadership meetings with invitations extended to other key Alliance parties. The first, our Carelon/Alliance quarterly leadership meeting, focused on addressing pain points in the historical relationship and checking in on progress towards improvement. This included dialogue about responsiveness, collaboration with partners, and implementation of various trackers. The second, Carelon/Alliance Joint Oversight Committee, featured a presentation from Carelon and a discussion about the content. Both Carelon and the Alliance agreed that Carelon was unable to answer key questions about data they presented in the conversation and identified this as an area requiring improvement. In addition to these areas of focus, we are engaged in

negotiations for a contract amendment with Carelon which may impact rates and would fold in language about county expansion and 2024 contracting requirements.

BH further completed the annual department assessment with equal emphasis on present and future states. The department mission statement was reviewed, SWOT analysis conducted, and work for the 2024 year assessed.

Program Development

CalAIM Incentive Payment Program (IPP). Submission 3 Progress Report (based on activities conducted January 1 through June 30), was submitted to DHCS on August 29, 2023. The Alliance can earn up to $10,754,513 for Submission 3; decision and payment is expected December 2023. Staff continues to execute LOAs for the newly contracted ECM/CS providers serving Populations of Focus that went live July 1. Additionally, staff continue to have discussions with Anthem Blue Cross (exiting Medi-Cal plan in Mariposa and San Benito Counties) and California Health and Wellness (exiting Medi-Cal plan in Mariposa County) to prepare and submit Needs Assessments and Gap Filling Plans to DHCS and assume responsibility for IPP in Mariposa and San Benito Counties beginning in 2024.

Housing and Homelessness Incentive Program (HHIP). On September 8, 2023, DHCS announced that some MCP HHIP submissions are now accessible on their HHIP website, which includes a link to MCP HHIP Submissions under Submission Materials. Of the HHIP submissions to date, the MCP/county HHIP Investment Plans are now available on the DHCS HHIP website. The final HHIP Submission 2 measure period ends on October 31, 2023, with the final submission due from MCPs to DHCS on December 29, 2023. With Submission 2, MCPs will have an opportunity to earn up to the final 50% of the overall HHIP funding allocation, which in the Alliance service area equates to a total of $23,375,518 ($5,475,894 in Merced County, $10,581,788 in Monterey County and $7,317,837 in Santa Cruz County). Staff are working with each county's continuum of care to identify priorities in built infrastructure needs to fill gaps in the housing continuum, utilizing HHIP funds.

Student Behavioral Health Incentive Program (SBHIP). Progress report #1 was submitted June 30, 2023, for period January 1, 2023 through June 30, 2023. This period is associated with an additional $1.4m possible total funding allocation. The Alliance is still awaiting decision and payment as of September 12, 2023. Phase 1 transition acknowledgment documents were submitted to DHCS with Anthem Blue Cross (exiting Medi-Cal plan in Mariposa and San Benito Counties), California Health and Wellness (exiting Medi-Cal plan in Mariposa County) and Kaiser Permanente (entering plan in Mariposa County and Santa Cruz County). DHCS has requested Transition plan "Part II" documents for SBHIP as an entering plan in San Benito and Mariposa Counties, to be submitted by the end of September 2023.

Equity and Practice Transformation. The goal of this program is practice transformation to address health equity, population health, and movement towards value-based care. The program specifically targets primary care practices that provide primary care pediatrics, family medicine, internal medicine, primary care OB/GYN services, or behavioral health services that are integrated in a primary care setting who serve Medi-Cal members. Primary care practices must apply through the web-based application by October 23, 2023 at 11:59 pm. Providers can only apply through one managed care plan, even if contracted with multiple. Staff will review applications submitted through the Alliance and make recommendations for funding to DHCS. DHCS will then review

applications and announce selected practices on December 11, 2023. The first cohort of the program will start on January 1, 2024 and continue through December 31, 2028. More information about the program, and how to apply, is available here: https://www.dhcs.ca.gov/qphm/pages/eptprogram.aspx

Employee Services and Communications

Alliance Workforce. As of August 28, 2023, the Alliance has 571.4 budgeted positions of which our active workforce number is 540.3 (active FTE and temporary workers). There are 47 regular and temporary positions in active recruitment, and we are 94.6% staffed. The organization continues to review and monitor all position requests to ensure we are meeting FTE targets. Human Resources (HR) partners with Finance to ensure alignment in this area and provides a bi-weekly workforce dashboard to all Directors and Chiefs for transparency regarding our workforce statistics.

Competencies and Career Development. HR provided an update at the May Operations Committee meeting, announcing the new core, leadership and director level competencies. HR is actively working with each department to validate competencies by classification and populating the new platform. Work is nearing completion, and both Talent Acquisition and Training & Development have commenced work on the navigation and career development module, with education and training sessions scheduled to start in Q4 2023.

Department Assessments. HR and Operational Excellence both support the annual Department Assessment process. This process provides directors an opportunity to review and assess department core work, function, process improvement and structure, to ensure that their department is prepared for business operations going forward. Department Assessments were completed as of September 1, 2023. HR will begin review of any recommended department changes.

Annual FTE Request Process. HR facilitates the annual FTE Request Process as required for inclusion in the Alliance's budget cycle. This work provides a process and methodology for request, review and approval of new staff for the next fiscal/calendar year. This process is underway.

Workforce Strategy Updates. HR has commenced work as we update policies and process documents related to our workforce strategy. As we adapt to the post-pandemic work environment, policies and procedures have been communicated to staff as it relates to our new work environment and HR is actively working on implementation and updates for a January 1, 2024 effective date.

Facilities and Administrative Services

Service Area Expansion. Facilities is actively working with the County of Mariposa and San Benito to coordinate sub-leasing space with a targeted occupancy of October 1, 2023, in both service areas. Lease negotiations are in process.

Scotts Valley Campus Turf Removal. The Scotts Valley turf removal project was completed in August. The Alliance was able to take advantage of a rebate from the City of Scotts Valley that incentivizes removal of our irrigated lawns and replace them with water-efficient landscaping.

Alliance Footprint Reduction. The Facilities Department has cleared out employee workstations/offices in the areas targeted for footprint reduction. The team is proceeding with an 80,000 square foot reduction of Alliance occupied square footage and an increase of potential space for leasing which was included in the Annual Facilities Management report. Several tenants are currently interested in the available space in Salinas and Merced.

Communications

Permanent Texting Program. We are submitting a formal project to stand up a permanent texting program at the Alliance. We have secured proposal quotes from the vendor and if approved through the project prioritization process, will look to establish a cross-departmental committee to launch a program in 2024.

Merced Media Campaign. To support the need to increase well checks and vaccine rates among elementary and middle school children in Merced, we executed a paid media campaign targeting the Merced community. The campaign encouraged families to make a well check appointment with their primary care physician to start the school year. The bi-lingual campaign consisted of mobile ads, Facebook ads, Merced clinic signage at Golden Valley Health Centers lobbies and a school flyer. The campaign launched in early July and ran through mid-August. The campaign delivered 689,000 impressions on mobile platforms, reached 91,000 Facebook users and brought in 4,000 website visits.

Unique Value Proposition and Brand Value Statements. A cross-departmental committee met over the past few months to draft a Unique Value Proposition Statement and Brand Value Statements for the Alliance. A Unique Value Proposition is a statement that clearly and succinctly expresses our distinct offerings to members and potential members. It speaks from the main customer's (member) perspective. It clearly explains what differentiates the Alliance or makes our offering "unique." Brand Value Statements are umbrella messages that identify and define the main pillars of who we are and what we promise to deliver in a clear, compelling, and concise way. These statements are used as key messages to be incorporated into integrated communications strategies.

After several brainstorming sessions, the team decided on a Unique Value Proposition and several Brand Value Statements. These were presented to the Chiefs and ultimately approved for integration in future messaging in various communications channels.

The *Unique Value Proposition* is as follows:

- At every life stage. For any health condition. Get trusted, no cost Medi-Cal health care from a local team that understands you.
  The Alliance – your ally in being your healthiest self.
- The *Brand Value Statements* are as follows:

The Alliance:

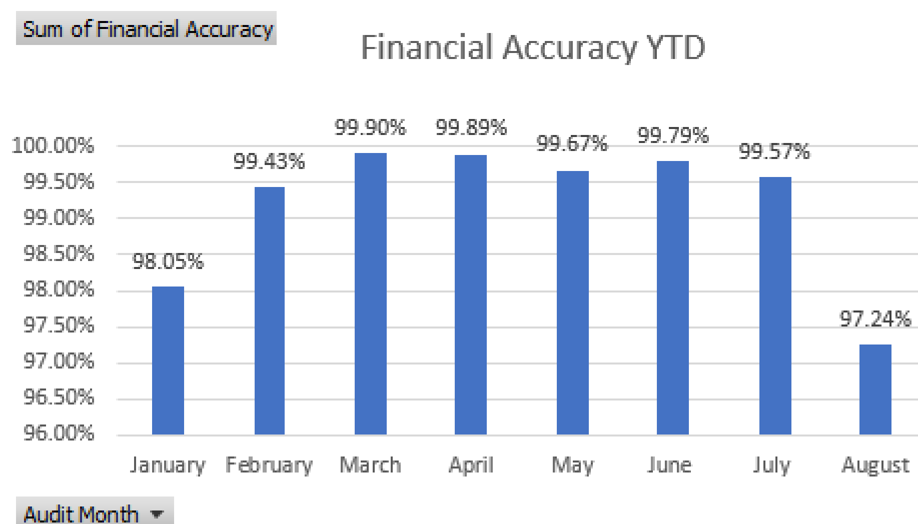
- Has a local presence in the communities we serve, so we understand the unique needs of our communities and our members.
- Is committed to ensuring our members receive care guided by cultural humility, and we reflect that promise through a culturally diverse workforce and provider network.
- Maintains a vast network of local doctors and specialists to ensure members receive timely access to the right care, at the right time.

- Ensures quality care for all ages and stages of life and for all health conditions.
- Is a local ally for compassionate and trusted health care.
- Recognizes that our members' needs go beyond health care, so we commit to connecting our members to community resources they need for daily life.

Operations

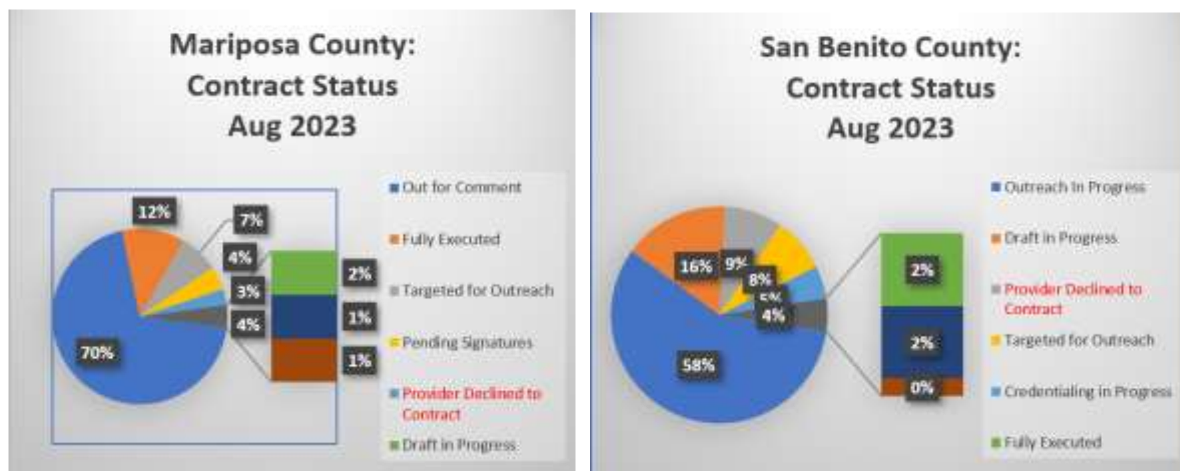
Claims. While inventory levels continue to trend upward of our 7-10 days on hand target, we continue to meet our cycle time requirements for claims processed within 30 and 45 days. Specifically, YTD claims processed within 30 days sits at 94.58% against a target of 90% and the within 45 days sits at 98.38% against a target of 95%. For our aging process metric in claims, which is the percent of our claims inventory that is 26+ days old, our target is 5% or below, and while the August 26+ metric is sitting at 5.7%, when compared to June's 15.3% and July's 10.1%, we have reduced our 26+ aging by over 50% compared to June and July.

Regarding our HSP Platform audit results, performance remains strong overall, despite a dip in July, with financial accuracy coming in at 97.24% compared to the target of 99%. This dip in accuracy was related to one specific audit.



Member Services. Staff have been working closely with our county partners to identify redetermination-related reporting issues and trends in disenrollments. As of July 1, 2023 roughly 10,000 members have been disenrolled as a result of the redetermination process. Overall, the Alliance has experienced a net loss of 7,000 members over the same period due in part from offset by those newly eligible for Medi-Cal. The Alliance has estimated that roughly 7,000 members a month will be disenrolled based on California Department of Health Care Services disenrollment estimates. This lower number of actual disenrollments is due to county backlogs, county staff shortages, and county system issues preventing members from appropriately being disenrolled. Our county partners have communicated that they are addressing these issues, and we anticipate that once these concerns are resolved, our disenrollment numbers will align with DHCS estimates. Further, staff continue to conduct targeted text and live outreach to targeted members to ensure members complete their redetermination packets.

Provider Services. Staff continue to recruit and work with San Benito and Mariposa providers towards the January 1, 2024 expansion date. The graphs below reflect recruitment efforts to date.



Additionally, the team is working on building the Community Health Worker (CHW) network and the Doula network. The CHW workforce recruitment grant has been a great tool in building out the network. We are exploring potential grant opportunities to support the doula network development.

Community Engagement Santa Cruz/Monterey/Merced. Community Engagement has begun attending outreach events in our expansion counties. Staff attended the Aromas Day event where many community members from San Benito County were in attendance. General Alliance information was shared along with services and benefits that current and future members will receive. We continue to attend the Adult Long-Term Care Committee in San Benito County to support the efforts in serving the aging population there. Staff engaged with San Benito County residents to learn more about the community needs around access to care.
In Mariposa County, staff plan on attending the Mariposa Farmer's Market in early October and begin sharing health plan materials with the community. A plan has also been developed in partnership with the exiting managed care plan to transition CalAIM meetings to the Alliance.

Medicare Administration. Implementation of the Alliance's Dual Special Needs Plan has begun in earnest. The Medicare Administration department is starting to take shape with Executive Director, Scott Crawford, and Program Manager, Sherri Katz, on board. The organization has also chosen our implementation partner, Change Healthcare (CHC). Medicare 101 training sessions will be offered for all staff in October.

The next order of business will be for CHC to work with Alliance staff to do a systems assessment, as well as a staffing assessment. Implementation activities are focused on internal operations and procuring a Medicare contract with the Centers for Medicare and Medicaid Services in time for the Alliance to serve dual eligible beneficiaries in all five of our counties by January 1, 2026, per the state's mandate under CalAIM.

DATE: September 27, 2023

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

FROM: Lisa Ba, Chief Financial Officer

SUBJECT: Financial Highlights for the Seventh Month Ending July 31, 2023

For the month ending July 31, 2023, the Alliance reported an Operating Income of $10.8M. The Year-to-Date (YTD) Operating Income is $75.7M, with a Medical Loss Ratio (MLR) of 87.3% and an Administrative Loss Ratio (ALR) of 5.2%. The Net Income is $87.9M after accounting for Non-Operating Income/Expenses.

The budget expected a $61.0M Operating Income for YTD July. The actual result is favorable to budget by $14.7M or 24.2%, driven primarily by membership favorability.

Jul-23 ($ In 000's)				
Key Indicators	Current Actual	Current Budget	Current Variance	% Variance to Budget
Membership	*427,275*	*403,892*	*23,383*	*5.8%*
Revenue	137,799	128,058	9,741	7.6%
Medical Expenses	120,218	121,230	1,012	0.8%
Administrative Expenses	6,801	7,806	1,005	12.9%
Operating Income	10,780	(977)	11,758	100.0%
Net Income	13,933	1,016	12,917	100.0%
MLR %	*87.2%*	*94.7%*	*7.4%*	
ALR %	*4.9%*	*6.1%*	*1.2%*	
Operating Income %	*7.8%*	*-0.8%*	*8.6%*	
Net Income %	*10.1%*	*0.8%*	*9.3%*	

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Jul-23 YTD (In $000s)

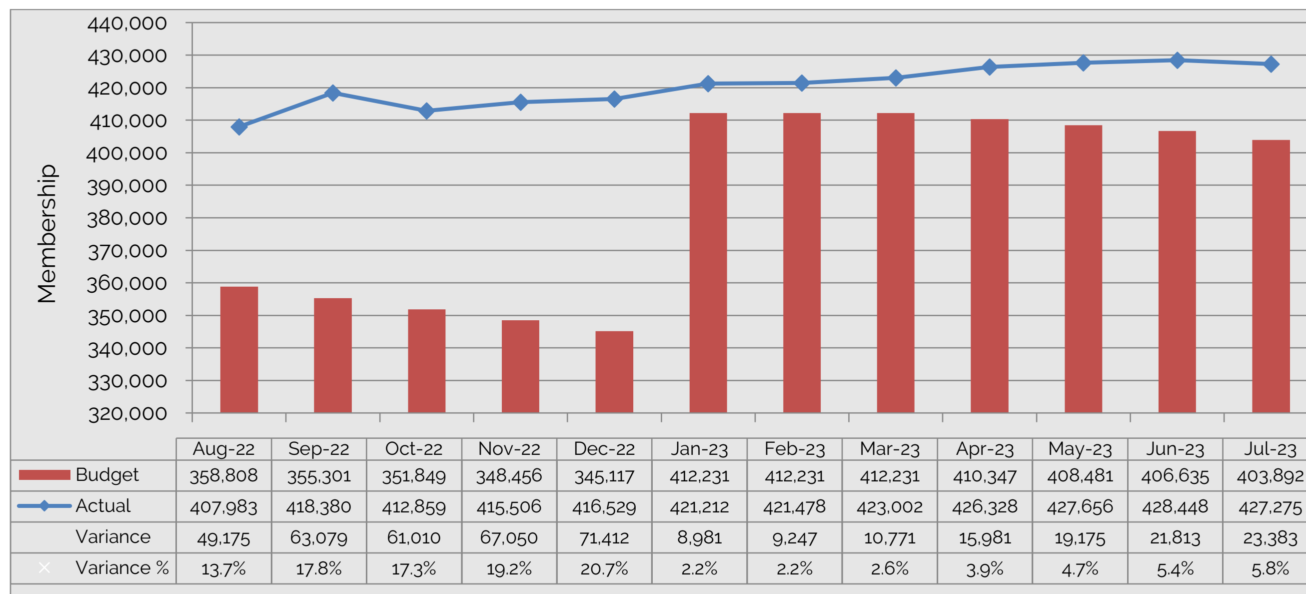
Key Indicators	YTD Actual	YTD Budget	YTD Variance	% Variance to Budget
Member Months	*2,975,399*	*2,866,048*	*109,351*	*3.8%*
Revenue	1,008,595	910,421	98,174	10.8%
Medical Expenses	880,702	793,832	(86,870)	-10.9%
Administrative Expenses	52,153	55,590	3,437	6.2%
Operating Income/(Loss)	75,740	60,999	14,741	24.2%
Net Income/(Loss)	87,899	50,393	37,505	74.4%
PMPM				
Revenue	338.98	317.66	21.32	6.7%
Medical Expenses	295.99	276.98	(19.02)	-6.9%
Administrative Expenses	17.53	19.40	1.87	9.6%
Operating Income/(Loss)	25.46	21.28	4.17	19.6%
MLR %	87.3%	*87.2%*	*-0.1%*	
ALR %	*5.2%*	*6.1%*	*0.9%*	
Operating Income %	*7.5%*	*6.7%*	*0.8%*	
Net Income %	*8.7%*	*5.5%*	*3.2%*	

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

At a PMPM level, YTD revenue is $338.98, which is favorable to budget by $21.32 or 6.7%. Medical cost PMPM is $295.99, which is unfavorable by $19.02 or 6.9%. Overall, this results in a favorable gross margin of $2.30 or 5.7% compared to budget. The resulting operating income PMPM is $25.46, which is favorable by $4.17 or 19.6% compared to the budget which is comprised of $2.30 gross margin and $1.87 favorable admin spend.

Membership. July 2023 membership is favorable to budget by 5.8%. Please note that the 2023 budget assumed the Public Health Emergency (PHE) would end in January 2023, with membership beginning to decline in April 2023. The Health and Human Services Department announced that the PHE ended on May 11, 2023. The Department of Health Care Services (DHCS) began the redetermination process in April 2023 for the June 2023 renewal month, with the actual enrollment loss beginning in July 2023.

Membership. Actual vs. Budget (based on actual enrollment trend for Jul-23 rolling 12 months)



	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Budget	358,808	355,301	351,849	348,456	345,117	412,231	412,231	412,231	410,347	408,481	406,635	403,892
Actual	407,983	418,380	412,859	415,506	416,529	421,212	421,478	423,002	426,328	427,656	428,448	427,275
Variance	49,175	63,079	61,010	67,050	71,412	8,981	9,247	10,771	15,981	19,175	21,813	23,383
Variance %	13.7%	17.8%	17.3%	19.2%	20.7%	2.2%	2.2%	2.6%	3.9%	4.7%	5.4%	5.8%

Revenue. The 2023 revenue budget was based on the current (DHCS) 2022 draft rate package and included a 1.2% rate increase. Furthermore, the budget assumed breakeven for Enhanced Care Management (ECM) and Community Supports (CS), both were new programs in 2022. The prospective CY 2023 draft rates from DHCS (dated 12/8/2022, including Maternity) are favorable to the rates assumed in the CY 2023 budget by 0.7%.

July 2023 capitation revenue of $137.4M is favorable to budget by $9.7M or 7.6%, mainly attributed to higher enrollment of $7.4M and rate variances of $2.3M.

July 2023 YTD capitation revenue of $977.3M is favorable to budget by $69.3M or 7.6%. Of this amount, $31.4M is from boosted enrollment and $37.9M is due to rate variance. Rate variances include prior year revenue of $12.0M for the DHCS 2013-2016 MCO Tax Reconciliation and $2.2M for the July 2019-December 2020 Prop 56 adjustment.

July 2023 YTD, State Incentive Programs of $28.7M consist of $6.2M for the SBHIP, $11.7M for the HHIP, and $10.9M for CalAim IPP. These are also included under Medical Expenses and assumed to be budget neutral.

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

County	Actual	Budget	Variance	Variance Due to Enrollment	Variance Due to Rate
Santa Cruz	200,902	193,893	7,009	4,321	2,688
Monterey	419,281	389,591	29,691	15,879	13,811
Merced	357,105	324,528	32,577	11,218	21,358
Total	**977,289**	**908,012**	**69,276**	**31,419**	**37,857**

Note: Excludes Jul-23 YTD In-Home Supportive Services (IHSS) premiums revenue of $2.6M and State Incentive Programs revenue of $28.7M.

Medical Expenses. The 2023 budget assumed a 5% increase in utilization from 2019 and a 3% unit cost increase that included case mix and changes in fee schedules. 2023 incentives

include a $15M Care-Based Incentive, $10M for the Hospital Quality Incentive Program (HQIP), and $5M for the Specialist Care Incentive.

July 2023 Medical Expenses of $120.2M are $1.0M or 0.8% favorable to budget. July 2023 YTD Medical Expenses of $880.7M are above budget by $86.9M or 10.9%. Of this amount, $56.6M is due to rate, and $30.3M is due to higher enrollment. YTD Inpatient Services (Hospital) is unfavorable to budget by $28.3M or 9.5%. $11.3M is attributed to enrollment and $17.0M to increased spending primarily due to higher utilization. We are seeing similar increases in spending occurring in Physician Services and Other Medical. Other Medical includes Allied Health, Lab, DME, Behavioral Health, and Transportation.

The State Incentive Programs of $28.7M consist of $6.2M for the SBHIP, $11.7M for the HHIP, and $10.9M for CalAim IPP. These are also included under Revenue and assumed to be budget neutral.

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

Category	Actual	Budget	Variance	Variance Due to Enrollment	Variance Due to Rate
Inpatient Services (Hospital)	325,187	296,890	(28,298)	(11,327)	(16,970)
Inpatient Services (LTC)	98,784	106,333	7,548	(4,057)	11,605
Physician Services	185,171	165,962	(19,208)	(6,332)	(12,876)
Outpatient Facility	108,934	109,928	993	(4,194)	5,187
Other Medical	133,918	114,720	(19,199)	(4,377)	(14,822)
State Incentive Programs	28,707	0	(28,707)	0	(28,707)
Total	**880,702**	**793,832**	**(86,870)**	**(30,288)**	**(56,583)**

Note: Other Medical Actual includes Allied Health, Non-Claims HC Cost, Transportation, Behavioral Health, and Lab.

At a PMPM level, YTD Medical Expenses are $295.99, unfavorable by $19.02 or 6.9% compared to the budget. Unfavorable trends in Inpatient Services (Hospitals) are driven by increased incurred but not reported levels, which are primarily due to prior year high dollar claims in the first few months of the year. Allied Health, Behavioral Health, Transportation, and Lab drive the Other Medical cost unfavourability of 12.4%.

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

Category	Actual	Budget	Variance	Variance %
Inpatient Services (Hospital)	109.29	103.59	(5.70)	-5.5%
Inpatient Services (LTC)	33.20	37.10	3.90	10.5%
Physician Services	62.23	57.91	(4.33)	-7.5%
Outpatient Facility	36.61	38.36	1.74	4.5%
Other Medical	45.01	40.03	(4.98)	-12.4%
State Incentive Programs	9.65	0.00	(9.65)	0.0%
Total	**295.99**	**276.98**	**(19.02)**	**-6.9%**

Administrative Expenses. July YTD Administrative Expenses are favorable to budget by $3.4M or 6.2% with a 5.2% ALR. Salaries are slightly favorable by $0.7M driven by savings from vacant positions and benefits which offsets PTO, temporary services, and the staff bonus accrual. Non-Salary Administrative Expenses are favorable by $2.7M or 15.7% due to the timing of expenses versus the budget.

Non-Operating Revenue/Expenses. July YTD Total Non-Operating Revenue is favorable to budget by $19.4M, attributed to $7.2M in unrealized gain on investments and $12.2M in interest income. Non-Operating Expenses are favorable by $3.4M due to the timing of grant expenses, resulting in a favorable Net Non-Operating income of $22.8M compared to the budget.

Summary of Results. Overall, the Alliance generated a YTD Net Income of $87.9M, with an MLR of 87.3% and an ALR of 5.2%.

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Balance Sheet
For The Seventh Month Ending July 31, 2023
(In $000s)

Assets	
Cash	$191,424
Restricted Cash	302
Short Term Investments	746,934
Receivables	146,725
Prepaid Expenses	4,209
Other Current Assets	4,520
Total Current Assets	**$1,094,115**
Building, Land, Furniture & Equipment	
Capital Assets	$82,343
Accumulated Depreciation	(46,354)
CIP	169
Lease Receivable	2,539
Total Non-Current Assets	**38,697**
Total Assets	**$1,132,812**
Liabilities	
Accounts Payable	$25,321
IBNR/Claims Payable	317,191
Provider Incentives Payable	14,120
Other Current Liabilities	8,995
Due to State	10,122
Total Current Liabilities	**$375,749**
Deferred Inflow of Resources	$2,437
Total Long-Term Liabilities	**$2,437**
Fund Balance	
Fund Balance - Prior	$666,727
Retained Earnings - CY	87,899
Total Fund Balance	**754,626**
Total Liabilities & Fund Balance	**$1,132,812**
Additional Information	
Total Fund Balance	**$754,626**
Board Designated Reserves Target	413,077
Strategic Reserve (DSNP)	56,700
Medi-Cal Capacity Grant Program (MCGP)*	172,507
Value Based Payments	46,100
Total Reserves	**688,384**
Total Operating Reserve	**$66,242**

* MCGP includes Additional Contribution of $48.6M

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Income Statement - Actual vs. Budget
For The Seventh Month Ending July 31, 2023
(In $000s)

	MTD Actual	MTD Budget	Variance	%	YTD Actual	YTD Budget	Variance	%
Member Months	*427,275*	*403,892*	*23,383*	*5.8%*	*2,975,399*	*2,866,048*	*109,351*	*3.8%*
Capitation Revenue								
Capitation Revenue Medi-Cal	$137,418	$127,714	$9,704	7.6%	$977,289	$908,012	$69,276	7.6%
State Incentive Programs	-	-	$0	0.0%	28,707	-	$28,707	0.0%
Premiums Commercial	381	344	37	10.8%	2,600	2,409	191	7.9%
Total Operating Revenue	**$137,799**	**$128,058**	**$9,741**	**7.6%**	**$1,008,595**	**$910,421**	**$98,174**	**10.8%**
Medical Expenses								
Inpatient Services (Hospital)	$43,085	$45,342	$2,257	5.0%	$325,187	$296,890	($28,298)	-9.5%
Inpatient Services (LTC)	14,680	16,240	1,560	9.6%	98,784	106,333	7,548	7.1%
Physician Services	26,028	25,344	(684)	-2.7%	185,171	165,962	(19,208)	-11.6%
Outpatient Facility	17,441	16,788	(653)	-3.9%	108,934	109,928	993	0.9%
Other Medical*	18,985	17,516	(1,469)	-8.4%	133,918	114,720	(19,199)	-16.7%
State Incentive Programs	-	-	-	0.0%	28,707	-	(28,707)	0.0%
Total Medical Expenses	**$120,218**	**$121,230**	**$1,012**	**0.8%**	**$880,702**	**$793,832**	**($86,870)**	**-10.9%**
Gross Margin	**$17,581**	**$6,828**	**$10,753**	**100.0%**	**$127,893**	**$116,589**	**$11,304**	**9.7%**
Administrative Expenses								
Salaries	$4,735	$5,427	$692	12.7%	$37,624	$38,345	$721	1.9%
Professional Fees	126	273	147	54.0%	1,170	1,904	734	38.6%
Purchased Services	842	855	13	1.5%	6,009	6,316	307	4.9%
Supplies & Other	758	856	98	11.4%	4,851	6,328	1,477	23.3%
Occupancy	82	113	31	27.2%	689	758	68	9.0%
Depreciation/Amortization	258	282	24	8.4%	1,810	1,939	129	6.6%
Total Administrative Expenses	**$6,801**	**$7,806**	**$1,005**	**12.9%**	**$52,153**	**$55,590**	**$3,437**	**6.2%**
Operating Income	**$10,780**	**($977)**	**$11,758**	**100.0%**	**$75,740**	**$60,999**	**$14,741**	**24.2%**
Non-Op Income/(Expense)								
Interest	$3,083	$1,025	$2,058	100.0%	$19,334	$7,173	$12,161	100.0%
Gain/(Loss) on Investments	731	2,312	(1,581)	-68.4%	(1,147)	(8,367)	7,220	86.3%
Other Revenues	191	156	35	22.6%	1,088	1,085	2	0.2%
Grants	(852)	(1,500)	648	43.2%	(7,116)	(10,497)	3,381	32.2%
Total Non-Op Income/(Expense)	**$3,153**	**$1,993**	**$1,160**	**58.2%**	**$12,159**	**($10,606)**	**$22,765**	**100.0%**
Net Income/(Loss)	**$13,933**	**$1,016**	**$12,917**	**100.0%**	**$87,899**	**$50,393**	**$37,505**	**74.4%**
MLR	*87.2%*	*94.7%*			*87.3%*	*87.2%*		
ALR	*4.9%*	*6.1%*			*5.2%*	*6.1%*		
Operating Income	*7.8%*	*-0.8%*			*7.5%*	*6.7%*		
Net Income %	*10.1%*	*0.8%*			*8.7%*	*5.5%*		

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Income Statement - Actual vs. Budget
For The Seventh Month Ending July 31, 2023
(In PMPM)

	MTD Actual	MTD Budget	Variance	%	YTD Actual	YTD Budget	Variance	%
Member Months	*427,275*	*403,892*	*23,383*	*5.8%*	*2,975,399*	*2,866,048*	*109,351*	*3.8%*
Capitation Revenue								
Capitation Revenue Medi-Cal	$321.61	$316.21	$5.41	1.7%	$328.46	$316.82	$11.64	3.7%
State Incentive Programs	-	-	-	0.0%	9.65	-	9.65	0.0%
Premiums Commercial	0.89	0.85	0.04	4.7%	0.87	0.84	0.03	4.0%
Total Operating Revenue	**$322.51**	**$317.06**	**$5.45**	**1.7%**	**$338.98**	**$317.66**	**$21.32**	**6.7%**
Medical Expenses								
Inpatient Services (Hospital)	$100.84	$112.26	$11.43	10.2%	$109.29	$103.59	($5.70)	-5.5%
Inpatient Services (LTC)	34.36	40.21	5.85	14.6%	33.20	37.10	3.90	10.5%
Physician Services	60.92	62.75	1.83	2.9%	62.23	57.91	(4.33)	-7.5%
Outpatient Facility	40.82	41.57	0.75	1.8%	36.61	38.36	1.74	4.5%
Other Medical*	44.43	43.37	(1.06)	-2.5%	45.01	40.03	(4.98)	-12.4%
State Incentive Programs	-	-	-	0.0%	9.65	-	(9.65)	0.0%
Total Medical Expenses	**$281.36**	**$300.15**	**$18.80**	**6.3%**	**$295.99**	**$276.98**	**($19.02)**	**-6.9%**
Gross Margin	**$41.15**	**$16.91**	**$24.24**	**100.0%**	**$42.98**	**$40.68**	**$2.30**	**5.7%**
Administrative Expenses								
Salaries	$11.08	$13.44	$2.35	17.5%	$12.64	$13.38	$0.73	5.5%
Professional Fees	0.29	0.68	0.38	56.5%	0.39	0.66	0.27	40.8%
Purchased Services	1.97	2.12	0.15	6.9%	2.02	2.20	0.18	8.4%
Supplies & Other	1.77	2.12	0.35	16.3%	1.63	2.21	0.58	26.2%
Occupancy	0.19	0.28	0.09	31.2%	0.23	0.26	0.03	12.4%
Depreciation/Amortization	0.60	0.70	0.09	13.4%	0.61	0.68	0.07	10.1%
Total Administrative Expenses	**$15.92**	**$19.33**	**$3.41**	**17.6%**	**$17.53**	**$19.40**	**$1.87**	**9.6%**
Operating Income	**$25.23**	**($2.42)**	**$27.65**	**100.0%**	**$25.46**	**$21.28**	**$4.17**	**19.6%**

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Statement of Cash Flow
For The Seventh Month Ending July 31, 2023
(In $000s)

	MTD	YTD
Net Income	$13,933	$87,899
Items not requiring the use of cash: Depreciation	258	1,772
Adjustments to reconcile Net Income to Net Cash provided by operating activities:		
Changes to Assets:		
Restricted Cash	(0)	(2)
Receivables	18,309	24,055
Prepaid Expenses	(191)	(159)
Current Assets	(1,151)	8,895
Net Changes to Assets	**$16,967**	**$32,790**
Changes to Payables:		
Accounts Payable	(191)	(45,353)
Accrued Expenses	-	-
Other Current Liabilities	260	1,286
Incurred But Not Reported Claims/Claims Payable	8,575	34,823
Provider Incentives Payable	(880)	4,120
Due to State	559	5,076
Net Changes to Payables	**$8,323**	**($49)**
Net Cash Provided by (Used in) Operating Activities	**$39,481**	**$122,412**
Change in Investments	(3,389)	(70,938)
Other Equipment Acquisitions	(150)	1,614
Net Cash Provided by (Used in) Investing Activities	**($3,539)**	**($69,324)**
Lease Interest Income	-	-
Net Cash Provided by (Used in) Financing Activities	**$0**	**$0**
Net Increase (Decrease) in Cash & Cash Equivalents	**$35,942**	**$53,088**
Cash & Cash Equivalents at Beginning of Period	**$155,483**	**$138,338**
Cash & Cash Equivalents at July 31, 2023	**$191,424**	**$191,424**

DATE: September 27, 2023

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

FROM: Ronita Margain, Community Engagement Director

SUBJECT: Member Services Advisory Group: Member Appointment

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

Background. The Board established the MSAG authorized in the Bylaws of the Santa Cruz-Monterey-Merced Managed Medical Care Commission.

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

Name	Affiliation	County
John Beleutz	Community Partner	Santa Cruz

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

Attachments. N/A

DATE: September 27, 2023

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

FROM: Dr. Dennis Hsieh, Chief Medical Officer

SUBJECT: Physicians Advisory Group: Member Appointment

Recommendation. Staff recommend the Board approve the appointment of the individual listed below to the Physicians Advisory Group (PAG).

Background. The Board established PAG as required by Statute.

Discussion. The following individual has indicated interest in participating on the PAG and is recommended.

Name	Affiliation	County
Mai-Khah Bui-Day, MD	Provider Representative	Santa Cruz

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

Attachments. N/A

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

SANTA CRUZ – MONTEREY – MERCED
MANAGED MEDICAL CARE COMMISSION

Meeting Minutes

Wednesday, August 23, 2023

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

Commissioners Present:

Supervisor Wendy Root Askew	County Board of Supervisors
Ms. Dorothy Bizzini	Public Representative
Ms. Leslie Conner	Provider Representative
Dr. Maximiliano Cuevas	Provider Representative
Ms. Julie Edgcomb	Public Representative
Dr. Charles Harris	Hospital Representative
Dr. Donaldo Hernandez	Provider Representative
Ms. Elsa Jimenez	County Health Director
Ms. Shebreh Kalantari-Johnson	Public Representative
Mr. Michael Molesky	Public Representative
Ms. Mónica Morales	County Health Services Agency Director
Ms. Rebecca Nanyonjo	Director of Public Health
Supervisor Josh Pedrozo	County Board of Supervisors
Ms. Julie Peterson	Hospital Representative
Dr. James Rabago	Provider Representative
Dr. Allen Radner	Provider Representative

Commissioners Absent:

Ms. Leslie Abasta-Cummings	Provider Representative
Ms. Janna Espinoza	Public Representative
Supervisor Zach Friend	County Board of Supervisors
Dr. Joerg Schuller	Hospital Representative

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Mr. Rob Smith	Public Representative

Staff Present:

Mr. Michael Schrader	Chief Executive Officer
Ms. Lisa Ba	Chief Financial Officer
Dr. Dennis Hsieh	Deputy Chief Medical Officer
Ms. Jenifer Mandella	Chief Compliance Officer
Mr. Cecil Newton	Chief Information Officer
Ms. Van Wong	Chief Operating Officer
Ms. Jennifer Mockus	Community Care Coordination Director
Ms. Kristynn Sullivan, PhD	Program Development Director
Ms. Kathy Stagnaro	Clerk of the Board

1. Call to Order by Chair Jimenez.

Commission Chairperson Jimenez called the meeting to order at 3:02 p.m.

Roll call was taken and a quorum was present.

There were no supplements or deletions to the agenda.

2. Oral Communications.

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

No members of the public addressed the Commission.

3. Comments and announcements by Commission members.

Chair Jimenez opened the floor for Commissioners to make comments.

Commissioner Nanyonjo inquired about the convening of the new five-County Commission. Mr. Michael Schrader, CEO, responded that the Board members currently on the three-County Commission will continue to serve through September 2023. The convening of the new five-County Commission will occur at the meeting scheduled for October 25, 2023.

Commissioner Kalantari-Johnson informed the Board that the City of Santa Cruz is exploring the implementation of a sugary beverage tax.

4. Comments and announcements by Chief Executive Officer.

Chair Jimenez opened the floor for Mr. Michael Schrader, Chief Executive Officer (CEO).

Mr. Schrader provided an update to the Board on redeterminations, the Managed Care Organization (MCO) tax, the County expansion and Kaiser.

[Commissioner Askew arrived at this time: 3:07 p.m.]

In the first two months of redeterminations, approximately 5,000 of the 429,000 Alliance members have been disenrolled: approximately 1,300 in Santa Cruz County, 1,700 in Monterey County and 2,000 in Merced County. On a statewide basis 90% of disenrollments have been for procedural reasons such as incomplete applications. Medi-Cal beneficiaries have 90 days after disenrollment to provide the necessary outstanding information to the local Medi-Cal office in order for their eligibility to be reinstated. The Alliance is sending text messages to all members who were disenrolled for procedural reasons.

[Commissioner Conner arrived at this time: 3:10 p.m.]

The Department of Health Care Services (DHCS) plans to implement provider increases based on the MCO tax through Medi-Cal fee-for-service and managed care plans in two phases. Phase 1 will become effective January 1, 2024 and will apply to primary care services, obstetric services and non-specialty mental health services. The Phase 2 increases will become effective January 1, 2025.

Efforts remain on track for the January 1, 2024 expansion into San Benito and Mariposa Counties. Alliance staff have been in both counties meeting with providers, county staff and community organizations. Staff are working to secure office space and Board meeting rooms in county buildings. The five Boards of Supervisors have made appointments to the five-county Alliance Commission or are in the process of doing so. Contract discussions are in process with providers including John C. Freemont and Hazel Hawkins Memorial Hospital. Staff are also considering options for non-emergency medical transportation and non-medical transportation for which staff may bring a proposal to the Board at a future meeting.

DHCS indicated that at this time the contract implementation date for Kaiser including the Whole Child Model remains January 1, 2024 for Santa Cruz County. The contract implementation date for Mariposa County remains January 1, 2024 and the Whole Child Model date will be January 1, 2025. DHCS indicated that operational readiness reviews of plans remain underway.

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

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

MOTION: Commissioner Molesky moved to approve the Consent Agenda, seconded by Commissioner Cuevas.

ACTION: The motion passed with the following vote:

Ayes: Commissioners Askew, Bizzini, Conner, Cuevas, Edgcomb, Harris, Hernandez, Jimenez, Kalantari-Johnson, Molesky, Morales, Nanyonjo, Pedrozo, Peterson, Rabago and Radner.

Noes: None.

Absent: Commissioners Abasta-Cummings, Espinoza, Friend, Schuller and Smith.

Abstain: None.

Regular Agenda Item: (11. - 13.): 3:26 p.m.

11. Discuss Department of Health Care Services (DHCS) Initiatives Addressing Homelessness. (3:26 – 4:03 p.m.)

Ms. Kristynn Sullivan, Program Development Director, provided a review of the Alliance's housing grants, an overview of DHCS incentive programs addressing housing and homelessness and an overview of Street Medicine Pilot.

Prior to the DHCS incentive programs, the Alliance supported unhoused members through the Alliance's Medi-Cal Capacity Grant Program (MCGP). Five Capital Program grants totaling $10.6M were awarded by the MCGP. The grant-funded projects yielded 433 housing units for permanent supportive housing with onsite case management services.

In 2022, DHCS launched the Homelessness Incentive Program (HHIP) to address homelessness and housing through collaborative planning and implementation of services and supports. HHIP was designed by DHCS to build on and coordinate with homeless housing assistance and prevention grants.

The Street Medicine Pilot is an additional activity funded through DHCS incentive programs. In 2022 the Alliance allocated HHIP funds to one provider in each county to pilot the program. The pilot will run for 15 months from May 2023 to December 2024.

The Alliance has earned 100% of the funding allocations for Incentive Payment Program (IPP) to date. Staff have used IPP funds to invest in clinical and administrative personnel, equipment program development, software and IT systems, hardware, vehicles and training. Alliance staff will develop a process and funding criteria for assessing requests to fund permanent supportive housing in the three county services areas.

Information and discussion item only; no action requested by staff from the Board.

12. Discuss status of CalAIM implementation: Enhanced Care Management for Children and Youth and for Justice Involved Population of Focus. (4:03 – 4:35 p.m.)

Ms. Jennifer Mockus. Community Care Coordination Director, discussed the activities that are taking place to expand Enhanced Care Management (ECM) and informed the Board of additional Community Supports (CS) that have been implemented in 2023.

In 2022 the Alliance implemented three populations of focus: 1) members experiencing homelessness; 2) members at risk for avoidable hospital or Emergency Department utilization; and 3) members with serious mental health and/or substance use diagnosis needs. The Alliance began the provision of ECM to two new populations of focus in January 2023: 1) adults living in the community and at risk for long term care institutionalization; and 2) adult nursing facility residents transitioning to the community. In July 2023, the Alliance added two additional ECM populations of focus, in alignment with DHCS requirements: 1) children and youth enrolled in California Children's Services (CCS) or CCS Whole Child Model with additional needs beyond the CCS condition; and 2) children and youth involved in child welfare. In January 2024 the last two populations of focus to be implemented in ECM are: 1) birth equity; and 2) members transitioning from incarceration. The Alliance has opted to provide 10 CS services over the timeframe of January (July for Merced County) 2022 and January 2024. Efforts are underway for implementation of ECM and CS in the Mariposa and San Benito expansion counties.

Information and discussion item only; no action requested by staff from the Board.

13. Discuss Alliance State of Technology, Data and Security. (4:35 – 5:07 p.m.)

Mr. Cecil Newton, Chief Information Officer and Information Security Officer, provided key updates about the Alliance's technology, security and data.

[Commissioner Rabago departed at this time: 4:37 p.m.]

The Alliance has developed a data management strategy which outlines how data is to be created, acquired, stored, shared and managed with the intent that data sharing to/from the Alliance be facilitated by the use of a health information exchange centric strategy. The data management strategy describes plans for the development of a provider data sharing incentive plan, enabling providers and the Alliance to actively share data, satisfy the CalAIM initiative sharing requirements and satisfy state and federal data sharing compliance requirements.

The Alliance continues to improve the overall security posture to reduce the possibility of attacks. Significant progress has been made towards the Alliance's ransomware readiness initiative.

[Vice Chair Pedrozo and Commissioner Bizzini departed at this time: 4:56 p.m.]

The current care management system, Essette, will be at end of life as of December 31, 2023. The Alliance engaged multiple technology vendors and selected ZeOmega. The implementation of their Jiva platform is underway.

[Commissioner Radner departed at this time: 5:01 p.m.]

[Commissioner Molesky departed at this time: 5:03 p.m.]

The Board recognized the need for real time data sharing and acknowledged the challenges and complexity for health plans and providers. Staff plan to return to the Board at future meetings for further discussion and updates.

Information and discussion item only; no action requested by staff from the Board.

Adjourn to Closed Session

14. Closed Session pursuant to Government Code Section 54956.9, subdivision (d)(1) – Conference with Legal Counsel – Pending Litigation (Doe. v. Santa Cruz-Monterey-Merced Managed Medical Care Commission, dba Central California Alliance for Health).

Due to time constraints this closed session item was deferred to a future meeting.

The Commission adjourned its regular meeting of August 23, 2023 at 5:07 p.m. to the regular meeting of September 27, 2023 at 3:00 p.m. via videoconference from Alliance offices in Scotts Valley, Salinas and Merced unless otherwise noticed.

Respectfully submitted,

Ms. Kathy Stagnaro
Clerk of the Board

FINANCE COMMITTEE
SANTA CRUZ – MONTEREY – MERCED
MANAGED MEDICAL CARE COMMISSION

Meeting Minutes

Wednesday, June 28, 2023

Members Present:

Ms. Elsa Jiménez	County Health Director
Mr. Michael Molesky	Public Representative
Allen Radner, MD	Provider Representative
Supervisor Josh Pedrozo	County Board of Supervisors

Members Absent:

Ms. Shebreh Kalantari-Johnson	Public 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. (1:30 p.m.)

The meeting was called to order at 1:30 p.m. Roll call was taken. A quorum was present.

2. Oral Communications. (1:32 – 1:33 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.

Consent Agenda Items:

3. Approve minutes of the March 22, 2023 meeting of the Finance Committee. (1:33–1:34 p.m.)

FINANCE COMMITTEE ACTION: Chairperson Molesky opened the floor for approval of the minutes of the March 22, 2023 meeting.

MOTION:	Commissioner Jiménez moved to approve the minutes, seconded by Commissioner Radner.
ACTION:	The motion passed with the following vote:
Ayes:	Commissioners Jiménez, Molesky, Radner
Noes:	None
Absent:	Commissioners Kalantari-Johnson, Pedrozo
Abstain:	None

Regular Agenda Items:

4. Propose revising the Finance Committee meeting schedule to include a meeting in September 2023. (1:34 – 1:36 p.m.)

Ms. Lisa Ba, Chief Financial Officer (CFO), recommended amending the 2023 Finance Committee meeting schedule to include an additional meeting on September 27, 2023. She explained that, due to the Board Retreat being rescheduled to October, time would not allow for a Finance Committee meeting to take place during that month as originally scheduled. Therefore, adding a meeting in September will allow this committee to review agenda items previously slated for review at the October Finance Committee meeting. As the commissioners voiced no objections regarding this recommendation, a proposal to amend the 2023 Finance Committee meeting schedule to include a meeting in September will go before the Board for approval at the August 2023 Board meeting.

5. April YTD financial results. (1:36 – 1:38 p.m.)

Ms. Ba updated the commissioners on the Alliance's most recent financial performance for the four months ending on April 30, 2023. Year-to-Date (YTD) Operating Income was $28.7M, with a Medical Loss Ratio (MLR) of 89.3% and an Administrative Loss Ratio (ALR) of 5.4%.

6. Forecast #1 based on May YTD preliminary results. (1:38 – 2:15 p.m.)

Ms. Ba oriented the commissioners to the forecast based on May YTD preliminary results.

First, the CFO presented a summarized view of the medical forecast as it compares to actual financial results for 2020 through 2022 and the 2023 budget.

Next, Ms. Ba showed a more detailed view of the assumptions related to enrollment, revenue, and medical cost. She noted that enrollment is higher than was accounted for in the original budget due to the redetermination impact being shifted to begin in July 2023 rather than April 2023. Membership is anticipated to decrease gradually and reach the March 2020 levels by June 2024.

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

As compared to the budget, revenue assumptions are favorable and include a 10% Long-Term Care (LTC) Add-On and a 2% earned Enhanced Care Management (ECM) revenue that was not included in the budget.

Regarding medical cost assumptions, Ms. Ba explained that medical expenses increased by $55M due to higher-than-budgeted enrollment and costs from January 2023 to May 2023, combined with an anticipated 5% increase in utilization compared to 2019.

In summary, higher-than-expected enrollment and favorable rates resulted in a $57M favorable revenue compared to the budget. The 2023 forecast expects the MLR at 89.8%, compared to 89.5% in the budget. Gross margin is expected to increase by $2M compared to budget.

In a review of the administrative forecast, Ms. Ba reminded the commissioners that in December 2022, the Board approved an administrative budget of $94.2M, or 6.1% ALR for existing Medi-Cal operations only. It was understood that staff would return to the Board with an additional proposed Dual Eligible Special Needs Plan (D-SNP) budget upon completing an operational gap analysis (OGA). She noted that staff will ask for Board approval of an additional $1.5M D-SNP budget to begin execution of the multi-year work plan between July and December 2023. This added to the $840,000 approved earlier this year, will bring the total D-SNP budget to $2.3M in 2023. Therefore, with a $2.3M D-SNP budget combined with the $94.2M approved Medi-Cal budget, the resulting total administrative budget will be $96.5M.

Ms. Ba opened the floor for questions.

The commissioners inquired about the breakdown of medical expenses. It was suggested that a more detailed view of categories of service be included in future forecasts to provide increased visibility into Emergency Department utilization as well as other medical cost trends.

Commissioner Radner asked for further clarification related to the enrollment assumptions. Mr. Michael Schrader, Chief Executive Officer, explained that the enrollment assumptions consider an expected 22% decrease in enrollment, with an additional 1% anticipated to be lost to Kaiser in Santa Cruz County only. Additionally, a gain of 5.4% is expected with the expansion into San Benito and Mariposa counties, and an additional increase of 6.6% is expected for the expanded coverage population of adults aged 26 through 49, regardless of immigration status. The CEO advised that these factors combined result in a 10% decrease in enrollment, as shown in the forecast.

The commissioners expressed an interest in seeing a breakdown of enrollment information by county and asked for that to be made available for future meetings.

Commissioner Jiménez inquired about ECM and whether the full allotment is being spent or if there are savings. Ms. Ba clarified that DHCS has a 98% risk corridor requirement where the plan can only reimburse providers at a reasonable amount and return any revenue that is not spent. The Alliance can keep a marginal 2% of the revenue earned.

The Commission adjourned its meeting on June 28, 2023, at 2:15 p.m.

Respectfully submitted,

Ms. Dulcie San Paolo
Finance Administrative Specialist

Physicians Advisory Group

Meeting Minutes

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

Santa Cruz County:
Central California Alliance for Health – Monterey 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 – Los Banos Room
530 West 16th Street, Suite B, Merced, CA

Group Members Present:

Dr. Patrick Clyne	Provider Representative
Dr. Shirley Dickinson	Provider Representative
Dr. Casey KirkHart	Provider Representative
Dr. Scott Prysi	Provider Representative
Dr. Caroline Kennedy	Provider Representative
Dr. Cristina Mercado	Provider Representative
Dr. Salvador Sandoval	Provider Representative
Dr. James Rabago	Provider Representative

Group Members Absent:

Dr. Misty Navarro	Provider Representative
Dr. Amy McEntee	Provider Representative
Dr. Devon Francis	Provider Representative
Dr. Anjani Thakur	Provider Representative
Dr. Jennifer Hastings	Provider Representative

Staff Present:

Dr. Dianna Diallo	Medical Director
Mr. Cecil Newton	Chief Information Officer
Ms. Jessie Dybdahl	Provider Services Director
Ms. Tammy Brass	Utilization Management Director
Ms. Kristynn Sullivan	Program Development Director
Ms. Andrea Swan	QI & Population Health Director
Ms. Tracy Neves	Clerk of the Advisory Group

Public Representatives Present:

Ms. Becky Shaw	Public Representative
Mr. Mike Molesky	Board Member
Mr. Daryl Green, RN	Provider Representative

1. Call to Order by Chairperson Dr. Dianna Diallo.

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

No supplements or deletions were made to the agenda.

2. Oral Communications.

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

No members of the public addressed the Group.

Consent Agenda

A. The group reviewed the March 2, 2023 Physicians Advisory Group (PAG) minutes.

Action: Minutes approved with changes.

3. **New Business**

A. Care Based Quality Improvement Program Update.

Dr. Diallo presented on Care Based Quality Improvement Program. The Alliance is prioritizing the following measures:

- Well-Child Visits in the first 15 months
- Immunizations for Children (Combo 10)
- Child and Adolescent Well Care Visits (3-21 years)
- Immunizations for Adolescents
- Diabetic HbA1c Poor Control (>9%)
- Cervical Cancer Screening
- Breast Cancer Screening
- Chlamydia Screening for Women

Payments will consider total linkage, size of gap to achieve MPL, and overall difficulty to achieve gap correction by weighting the measures on a scale of 1-5. Once QIPH staff review applications and confirm each practice's 2022 CBI performance after validating Q4 data, payments will be provided to participating practices based on an 80/20 model – 80% upfront and 20% contingent on performance and program participation at the end of the 2023 year. The application outlines best practices for individual metrics and offers provider opportunity to indicate what interventions they are planning.

Current Status:

- 44 of 45 eligible providers are participating.
- 30 submitted by 5/12. 14 by 5/19.
- 21 have requested provider coaching.
- Quality Improvement team is processing applications.
- Early submitters receiving feedback and memorandum of understandings (MOUs).
- Payments are being distributed.

B. Care Based Incentives (CBI) 2024

Dr. Diallo presented on CBI 2024. The changes recommended included addition of Lead Screening in Children and retirement of Body Mass Index (BMI) Assessment for Children and Adolescents. Practices are doing well in BMI and data was a challenge.

Measure for Depression Screening and Follow-Up for Adolescents and Adults will be added. The percentage of members 12 years of age and older who were screened for

clinical depression using a standardized instrument and, if screened positive, received follow-up care.
Depression screening will include the percentage of members who were screened for clinical depression using a standardized instrument. Follow-up on positive screen will include the percentage of members who received follow-up care within 30 days of a positive depression screen finding. The data for this measure will need to be collected from Provider Portal DST and HIE.

The Board approved the following fee-for-activity measures changes:

- Add $200 Diagnostic Accuracy and Completeness Training
- Add $200 Cognitive Health Assessment Training and Attestation
- Add $1000 Social Determinants of Health (SDOH) ICD-10 Z-Code Submission
- Add $1000 Quality Performance Improvement Projects including the Pharmacist-Led Academic Detailing Diabetes Program Participation

Health Equity Measure Description: This is a health plan performance measure using the Child and Adolescent Well-Care Visit measure to determine whether different ethnic groups had or did not have equal access to primary care.
Rates stratified by race and ethnicity include White, Black, Latinx, Asian, and Other. Goal is a 50% gap closure to either the NCQA benchmark of the 50th Percentile or the NCQA benchmark of the 75th Percentile, based on where each ethnicity group's baseline percentage falls. A point will be awarded for each ethnicity group that reaches its gap closure goal.
Patient Centered Medical Home Description: PCP Sites who receive NCQA or The Joint Commission (TJC) documentation validating achievement of Patient Centered Medical Home (PCMH) recognition or certificate will receive incentive payment. PCMH payment is made per NCQA/TJC application that results in PCMH status, regardless of the number of sites included on the application.
Behavioral Health Integration Description: CBI Groups who have achieved the NCQA Distinction in Behavioral Health, after completion of the NCQA Patient Centered Medical Home (PCMH) recognition.

Add to Exploratory Measures: Well-Child Visits for Age 15–30 Months. Well-Child Visits for Age 15 –30 Months measure is currently part of the MCAS (Managed Care Accountability Set) reporting for health plans and would look for two or more well-child visits between 15 and 30 months. This measure addition could be new or added to the exploratory measure set. data collected from Claims, Data. For CBI payment adjustment for Quality of Care measures below the 50th percentile less than 10 percent increase from prior year, payments will be adjusted.

Provider noted regarding diagnostic accuracy & completeness training, providers are paid $200 per hour so make the measure equal to the salary, consider $400.

C. Alliance Data Management Strategy
Cecil Newton, Chief Information Officer, presented on Data Management Strategy. Cecil reviewed the Executive Summary

- The Data Management Strategy proposed is that of a Health Information Exchange (HIE) centric model where most of the healthcare data (administrative and clinical) in and out of the Alliance is via the HIEs.

- The strategy also calls for a provider incentive program to increase provider willingness and capability to share data. The Alliance must also actively partner with the HIEs to facilitate and encourage provider participation.
- The HIEs must also be given specific provider participation objectives which outline the number of providers connected to the HIEs, the amount and type of data to be obtained and the quality of the data that is provided to the Alliance.
- The HIEs will need to provide real-time bi-directional data to and from the Alliance and to and from the providers.
- The Alliance should also partner with providers to acquire infrastructure funding so that their systems are capable of providing real-time healthcare data and effectively participate in data sharing.
- The development and implementation of a comprehensive Data Management Strategy is a multi-year effort that will take time to implement.

The strategy is a health information exchange centric model where the majority of the data that comes in and out of the Alliance is done via a HIE. This strategy also calls for a provider incentive program, and we believe this will provide willingness and capability to be able to share data. The Alliance will partner with HIE and providers to ensure provider participation. HIEs will be given specific objectives regarding the number and types of providers to connect with to obtain data. HIEs will be asked to provide real-time bi-directional data to and from the Alliance and to and from providers. The Alliance will partner with providers to acquire infrastructure funding, so their systems are capable of effectively providing data sharing. The Development team at the Alliance is willing to work with providers to obtain the funding to upgrade HIEs. The development and implementation of the Data Management Strategy is a multi- year effort that will take time to implement.

The benefits of Data Sharing were shared and noted as follows:

- Multiple data sharing financial incentives sources.
  - ✓ IPP, PATH, BHQIP, HHIP, Alliance MCG, etc.
- Shared Insights Access
  - ✓ Expert Data Science Team: ML, Predictive Analytics and Program Analysis
- Social Determinants of Health
  - ✓ CalAIM "Hospital interactions can be indicative of a whole host of other social issues."
- Improved Care Coordination.
- Patient History: CMS Payer to Payer Interoperability Rules.
- Improved Decision Making for Members, Providers and MCP
- Better communication between systems => more efficient workflows
- Risk and liability avoidance
  - ✓ e.g. Diagnostic test results not shared on a timely basis could result in an adverse event
- Compliance with State and Federal Regulations
  - ✓ Information Blocking can result in potential substantial fines.
- Better Member Outcomes and Improved Overall Quality of Care

Data Sharing is a Health Equity Requirement – Alliance Equity Provisions

- ✓ Chief Health Equity Officer
- ✓ Continuous Quality Improvement Committee => Quality Improvement & Health Equity Committee

- ✓ Quality Improvement Program =>Quality Improvement Health Equity Transformation Program

The Alliance has plans to hire a Chief Health Equity Officer and has goals and strategies around health equity.

Kristynn noted that around capacity building and infrastructure costs, there is a current funding opportunity through the state for all data exchange signatories, the funds can be used for electronic health records (HER) upgrades as well as HIE connection fees. This information was sent out to providers two weeks ago. **Action:** Tracy will send the funding information to the Group.

A provider noted there should be a specific look at the needs of adolescents 12-18 years of age and expressed issues regarding exchange of patient information. Sensitive information should be tagged and protected (i.e., patient taking birth control).. Another provider asked how this will interact with the Santa Cruz HIE. It was noted, Santa Cruz Health Information Organization (SCHIO) is part of the integration plan and is on board and in full support of the Alliance's efforts. The Alliance is working with SCHIO regarding guidelines. It was noted that part of the plan is to have designated HIEs in each of the Alliance counties, and those counties will be interconnected.

Some of the HIEs work parallel and diverts around County HIEs. It is also challenging and time consuming to get information into the patient record when received from admission, discharge, and transfer (ADT). The EPIC system will transfer the information, but others do not. One of the requirements of the new system, is that it will connect with EPIC and the other EHRs in the counties.

Short term recommendations:

- Require all incoming and outgoing data to and from the Alliance's provider network be done via Health Information Exchanges.
- Develop a Data Sharing Incentive (DSI) program that will encourage "active" data sharing to and from the Alliance's Provider Network.
- Designate specific HIEs be used on a per county basis.
- Require the HIEs support connectivity to the most common EHRs and other systems that house member data.
- Require HIEs adherence to Data and Operational Standards
- Develop a program to Assist Providers with Infrastructure
- Empower Data Governance
    - ✓ Adopt a Data Governance Framework
    - ✓ HIE and Provider Participation in Data Governance

A provider asked if this would include laboratory and x-ray data, currently it does not and there have been issues.. It was noted, there are many data sources, and this work will be done in stages.

Log term recommendations (12 – 24 months):

- Require the HIEs to Interconnect to each other.
- Develop tools and enforce Data Quality Standards at the HIEs and Providers.
- Provide HIE incentives to increase provider signups.

- Establish a Data Quality Function within the Alliance.
- Develop Business Data Glossary.

Data Management Strategy Overview and Data Governance Structure was shared with the Group.
Deliverables:

- HIE Assessments
- Merced and Monterey HIEs
- Identification and onboarding of priority providers to the HIEs
- Establish Provider Data Sharing Incentive Program
- Establish HIE Guidelines
- Data Governance Committee Empowerment
    - Data Governance Framework
    - Incorporate Providers/HIEs into DCG
- Implement a Data Quality Program/Function
- Data Services
- Data Inventory
- Data Architecture
- Data Management Projects and Services
- Develop a Communication Strategy

Cecil asked the Group if they had any questions. Dr. Diallo noted if there could be a roadmap for practices to support the steps. **Action:** Cecil noted that is a great idea and agreed to create a developmental roadmap. A provider noted she has had Santa Cruz HIE for several years but is now being billed for the first time. Another provider noted their cost was under a grant system Provider asked, when will practices have to absorb the cost. Other providers noted they have been paying for HIE for years. Cecil agreed to have further discussion on this issue in the future.. A provider suggested the HIE needs to be more user friendly. Concerns were expressed that HIE systems should work to communicate in the same language regarding outcomes. It was noted there is a federal HIE available and the local HIE will be required to interchange with that system. Another provider requested more support for portal use and access, in addition, to a patient facing side as well. Some of the requested elements are already incorporated at the Alliance. A provider again noted the importance of patient privacy. Dr. Diallo asked Cecil to return and present further on this topic in future meetings.

D. New Grant Options & Provider Access Needs
Jessie Dybdahl, Provider Services Director, presented on Grants Options & Provider Access Needs. A high level overview of provider grant funding was presented to the Group. There have been 205 provider grants distributed with 71 in Merced, 76 in Monterey and 58 in Santa Cruz. Recently, there have been new grant program enhancements. Grants include Workforce Recruitment and Additional Medi-Cal Capacity Grants, Community Health Workers, and Medical Assistants. For Workforce Recruitment, there is a $65,000 grant available. New grants for 2023 include Equity Learning for Health Professionals, Healthcare Technology Program, Home Visiting Program, Parent Education & Support, and Partners for Active Living.

Important dates regarding grant due dates are July 18, 2023 with the next due date in January 2024. There will be question/answer and information sessions available for providers. Jessie will send the information after the meeting. There are also opportunities for healthcare technology outside of the Alliance..

Jessie asked the providers for feedback regarding access, physician shortages, low immunization rates and how the Alliance can support access needs. A provider noted to improve low immunization rates, it is important to provide immunizations when the patient is in the office. Provider noted she has office hours from 8:00 AM-8:00 PM and accepts walk-ins. Another provider noted she has a separate list for patients under the age of 8 months as patients cannot receive Rota vaccine after 8 months. Incentives don't always work in motivating some patients. It is important to administer/offer immunizations when patients are in office or schedule next appointment. Capturing patients while they are in the office seems to be a good practice. Another suggestion was to have orders signed in EPIC or at time of encounter.

Provider noted in regard to hiring physicians, making work more diversified and creative seems to help. It was noted that a limiting factor is the shortage of Medical Assistants (MAs) in Santa Cruz County. Several providers noted they are obtaining MAs and Physician Assistants (PAs) from CSUMB. It was suggested, maybe the Alliance can assist with tuition support,? It was noted, physician attrition is higher, and it is more difficult to compete, and immunization rates are low. Feedback from providers is important and appreciated as the Alliance wants to be made aware of what is and is not working..

4. Open Discussion

No further discussion.

The meeting adjourned at 1:30 p.m.

Respectfully submitted,

Ms. Tracy Neves
Clerk of the Advisory Group

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

Whole Child Model Clinical Advisory Committee

Meeting Minutes

Thursday, June 15, 2023
12:00 p.m. - 1:00 p.m.

Teleconference Meeting

Committee Members Present:

Cal Gordon, MD	Provider Representative
Lena Malik, MD	Provider Representative
Patrick Clyne, MD	Provider Representative
Devon Francis, MD	Provider Representative

Committee Members Absent:

Camille Guzel, MD	Provider Representative
Ibraheem Al Shareef, MD	Provider Representative
John Mark, MD	Provider Representative
Salvador Sandoval, MD	Provider Representative
Sarah Smith, MD	Provider Representative
Jennifer Yu, MD	Provider Representative
James Rabago, MD	Board Representative

Staff Present:

Dianna Diallo, MD	Medical Director
Dale Bishop, MD	Chief Medical Officer
Shaina Zurlin, LCSW, PsyD.	Behavioral Health Director
Andrea Swan	QI & Population Health Director
Jennifer Mockus, RN	Community Care Coordination Director
Tammy Brass, RN	Utilization Management Director
Kristynn Sullivan	Program Development Director
Kelsey Riggs, RN	Pediatric Complex Case Mgmt. Manager
Jasmin Galindo-Romero	Member Services Supervisor
Cynthia Balli	Provider Relations Supervisor
Jenna Stromsoe, RN	Complex Case Management Supervisor
Jacqueline Morales	Provider Relations Representative
Jessica Hampton	ECM/CS Manager
Sarah Sanders	Grievance & Quality Manager
Ashley McEowen, RN	Pediatric CCM Supervisor
Desiree Herrera	Quality & Health Programs Manager
Veronica Lozano	Quality Improvement Program Advisor
Gisela Taboada	Member Services Call Center Manager
Azura Sanchez	Administrative Assistant

Other Representatives Present:

Allyson Garcia, MD	Provider Representative
Becky Shaw	Provider Representative
Laurie Soman	Provider Representative

Kenny Ha	Aveanna Healthcare
Marc Mar-Yohana	OtisHealth

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

Roll call was taken.

2. Oral Communications.
Chairperson Dr. Diallo opened the floor for any members of the public to address the Committee on items not listed on the agenda.

No members of the public addressed the Committee.

3. Consent Agenda Items.

A. Approval of WCMCAC Minutes
Minutes from the April 6, 2023 meeting were reviewed.

B. Grievance Update
Grievance data was provided to the Committee.

M/S/A Consent agenda items approved.

4. Regular Business.

A Whole Child Model California Children's Services (CCS) Referral Updates
Ashley McEowen, RN shared CCS referral data from Q1, Total referral approval rates by county for Q1 includes Merced – 72.8%, Monterey – 74.8% and Santa Cruz – 71.4%. Average approval rate is 73.4%.

CCS Referral Approval Counts by County:
Merced: 162
Monterey: 206
Santa Cruz: 91
Total Referrals: 459

B. Transportation Update
Gisela Taboada provided a Transportation Update. The Alliance continues to work closely with Call the Car to ensure that members are getting to appointments timely. For CCS Members, Call the Car is at a 98% pick up rate. Regarding the other 2%, Members Services (MS) has a transportation specialist working on the root cause and working with Call the Car. If there are any outstanding transportation issues, please contact Gisela. There was a question regarding whether families have a direct number to contact Call to Car or the Alliance in the event there are issues. Member calls go through normal MS queues and would be escalated if there are issues. Also noted, members can reach out to their care coordinator regarding issues. The phone number for transportation was shared with the Committee, and Call to Car is open 24 hours.

C. Health Rewards Program
Veronica Lozano presented on Health Rewards Program, Healthy Start.. The Health Rewards member incentives went live on April 1st. The first incentive is for children ages birth-2 years. If the Combo 10 immunizations are complete by the 2nd birthday, the member qualifies for a $100 Target gift card. For Adolescent Immunizations, for ages 9-13, if IMA immunizations are

complete by 13th birthday, and a well care visit, the member is eligible for $50 Target gift card. For Well Child Visits for birth-15 months, if 6 or more child visits are complete by 15 months, the member qualifies for a $50 Target gift card; and for 15-30 months, if 2 well visits are complete by 30 months of age, the member qualifies for a $25 Target gift card. Well Care Visits for members 18-21 years of ages, will qualify for a $25 Target gift card if 1 well care visit is completed between April 1 – December 31, 2023. This age group is a bit more challenging to get in for well care visits.

Member Rewards Eligibility:

- Meet each member incentive criteria..
- Must be an Alliance member at the time of service and/or when becoming eligible for the incentive.
- Members with health insurance other than Medi-Cal, are not eligible for these rewards.
- Vendor will mail out certificate with instructions on how to redeem their gift cards.

The Healthy Start Flyer was shared with the Committee that outlines the member incentives. There are bus advertisements, Facebook posts, and outreach in all 3 counties in English and Spanish. The information was also shared with the Provider Network and in the June Member Newsletter.

Member Reward Resources:

- Members can call:

The Alliance Health Education Line @ 800-700-3874, ext. 5580

- https://thealliance.health/for-members/health-and-wellness-rewards/
- Flyers are available in: (English) (Spanish) (Hmong)
- Health Rewards Brochure available in all 3 Threshold languages.
- Flyers & Brochure are available by request, please contact Veronica.

There was a question whether this includes COVID vaccines, it was noted this does not include COVID vaccinees and measures are in alignment with MCAS measures. Members can earn multiple rewards. The Health Rewards Program Brochure was shared with the Committee which outlines all the incentives and is available in all 3 threshold languages. A provider noted it would be important to know how many members were awarded and the trends. Performance regarding the measures for these populations would be useful. Veronica noted the Alliance is tracking and monitoring these measures, and annual state evaluation. **Action:** The Alliance will track measures and present at future meetings.

D. California Children's Services (CCS) Age Out Process

Ashley McEowen presented on CCS Age Out Process. The Pediatric Complex Case Management team consists of registered nurses, care coordinators, social workers and there is close collaboration with externals providers and other Alliance staff. The pediatric team supports all pediatric Alliance members in need of case management which includes 8,000 CCS members. The pediatric team works to identify needs, provide support, and connects members to resources as well as ensuring members are connected with their PCP and specialty providers. The team also reviews for CCS eligibility and refers to County CCS and community partners. CCS Members are assigned to Alliance team members based on their last name and county, so they have one point of contact. The goal of the CCS Age Out Process is to educate and prepare members on what to expect and this includes parents or the designated representative. Outreach begins as early as 16-17 years of age.

- CM RN is assigned to case and outreaches member.
- CCS Age Out Letter is mailed.

- Age Out Assessment and current PHRA
- Member is followed until 21 years old.
- Referred to Adult CM Team

Some examples of support include:

- Medication assistance
- Linkage to community resources
- Linkage to Therapies: PT/OT/ST
- MTP Coordination
- Assist with DME needs.
- Mental Health Resources
- PCP and/or Specialty Coordination
- Transportation

Adult Case Management (CM) Team Process: The Adult Case CM RN will attempt contact with high risk members and offer the voluntary program to the member. The RN can assist the member with setting up provider appointments, medication, referrals to specialists and advocacy with general healthcare concerns. The CM team will follow the member for 3 years. Once all needs are addressed, the case is deescalated. to the care coordinator for continued follow-up.

- Will attempt contact with low-risk members.
- When CC is able to contact, CM is offered to member, this is a voluntary program for the member.
- CC can assist member with setting up provider appointments, DME concerns, contacting providers and more.
- The member will be followed for a minimum of 1 year with 2-3 month follow up calls.

Members are followed until age 24 years. A prodder asked about With CalAIM and ECM, will there be a focus on this particular population around the difficulties with obtaining PCPC and specialists. Dr. Diallo noted many of these members will be eligible for ECM. Is there consideration for pediatric provider to be included in the documentation provided to the families so providers are aware of what is happening between ages of 16-21 years of age. **Action**: The Alliance to look at adding PCP to communication. The team will continue outreach to PCPs. Also, the pediatric team is working on sending care plans to providers thar are involved with these members. A provider noted it would be helpful if they were aware of the members receiving outreach and case management services. The Alliance teams work closely to serve these members.

5. Open Discussion.

Chairperson Diallo opened the floor for the Committee to have an open discussion.

In Santa Cruz County, there is a new Health Officer in addition to a new occupational and physical therapist. CCS levels remain stable. At Salud Para La Gente, the biggest challenging is staffing, and working on recruiting pediatricians.

A provider noted in Monterey County, mental health care remains challenging, and more support is needed. It is difficult to coordinate care and proper levels of care. Ohana is attempting to expand in Monterey but there is no contract with the Alliance. Provider also noted, she has not had success with Carelon. Provider will reach out to Shaina Zurlin, Behavioral Health Director. Another provider noted, he is having issues with staffing and getting kids in for check-ups. Another provider in Monterey County noted she is also experiencing issues with mental health access.

The meeting adjourned at 1:00 p.m.

Respectfully submitted.

Ms. Tracy Neves
Clerk of the Advisory Committee

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

Meeting Minutes

Monday, July 10, 2023

Teleconference Meeting

Members Present:

Cindy Guzman	Merced County – CCS WCM Family Member
Heloisa Junqueira, MD	Monterey County Provider
Janna Espinoza	WCM Family Member, WCMFAC Chair
Kim Pierce	Monterey County Local Consumer Advocate
Manuel López Mejia	Monterey County – CCS WCM Family Member

Members Absent:

Ashley Gregory	Santa Cruz County – CCS WCM Family Member
Cristal Vera	Merced County – CCS WCM Family Member
Cynthia Rico	Merced County – CCS WCM Family Member
Deardra Cline	Santa Cruz County – CCS WCMF Family Member
Frances Wong	Monterey County – CCS WCM Family Member
Irma Espinoza	Merced County - CCS WCM Family Member
Susan Skotzke	Santa Cruz – CCS WCM Family Member
Viki Gomez	Merced County – CCS WCM Family Member

Staff Present:

Bri Ruiz, RN	Interim Complex Case Management Supervisor – Pediatric
Dianna Diallo, MD	Medical Director
Gabina Villanueva	Member Services Supervisor
Jennifer Mockus, RN	Community Care Coordination Director
Kayla Zoliniak	Community Engagement Administrative Specialist – Merced County
Kelsey Riggs, RN	Complex Case Management Supervisor
Kevin Lopez	Member Services Supervisor
Lee Xiong	Grievance Supervisor
Lilia Chagolla	Community Engagement Director
Maura Middleton	Administrative Assistant
Ronita Margain	Community Engagement Director-Merced County
Sarah Sanders	Grievance and Quality Manager

Guest:

Anna Rubalcava	Santa Cruz County
Christine Betts	Monterey County – Local Consumer Advocate
Paloma Barraza	Prospective New Committee Member

Susan Paradise	Santa Cruz County CCS Administrator, Director if Children and Family Health

1. **Call to Order by Chairperson Espinoza.**
Lilia Chagolla welcomed the group.

Janna Espinoza called the meeting to order.

WCMFAC Mission read in English/Spanish.

Committee introductions and roll call was taken.

2. **Oral Communications.**
Janna Espinoza opened the floor for any members of the public to address the Committee on items not listed on the agenda.

No oral communications from the public.

Consent Agenda Items:

3. **Accept WCMFAC Meeting Minutes from Previous Meeting**
Janna Espinoza opened the floor for approval of the meeting minutes of the previous meeting on May 8, 2023.

All committee members were given the meeting minutes prior to the meeting via USPS mail.

Minutes were approved with no further edits.

Regular Agenda Items:

4. **CCS Advisory Group Representative Report**
No report was given.

Next Advisory Board meeting is being held July 12, 2023.

5. **Community Partner Feedback New Issues | Impact on Members – Open Forum**
Member/Community Voice
Community Based Organizations
Alliance Updates

Susan Paradise, CCS Administrator for Santa Cruz County, informed the committee that they are putting together a resource guide which will also include after school activities. They are also about to start a 5 year Needs Assessment which will start in August.

Kim Pierce from San Andreas informed the committee about an annual summer festival happening on August 5th.

Janna Espinoza suggested that local pediatricians be contacted and provided information about CCS that they can share with their CCS members. It was suggested that members of the committee attend the Clinical Advisory Committee which is made up many pediatricians. A suggestion was to also visit

pediatrician offices. Lilia and Janna will work on a plan to develop a schedule of field visits to local pediatricians as well as connecting with the local SELPA groups.

Lilia updated the committee on the Redetermination process and the continuous coverage unwinding. The Alliance and County partners are participating in an awareness program to remind Medi-Cal recipients to submit their redetermination paperwork.

Lilia and Janna will work on a plan to develop a schedule of field visits to local pediatricians. And SELPA groups.

6. Enhanced Care Management

Jennifer Mockus presented the Enhanced Care Management and Community Supports program.

The ECM benefit will provide intensive whole-person care management and coordination to help address the clinical and nonclinical needs of Medi-Cal MCP's highest risk members.

MCPs will and oversee ECM benefits, identify target populations and assign them to ECM Providers who will be responsible for conducting outreach and coordinating and managing care across physical, behavioral and social service providers.

ECM services will be community-based with high-touch, on-the ground, face-to-face, and frequent interactions between members and ECM Providers.

Community Supports are cost-effective, health-supporting and typically non-medical activities that may substitute for State Plan-covered services.

DHCS plans to authorize 14 Community Supports categories, including housing transition and navigation services, respite care, day habilitation programs, and nursing facility transition support to Assisted Living Facilities or a home. Optional to MCPs - Highly encouraged by DHCS.

7. Grievance Reporting

Sarah Sanders presented on the Alliance Grievance and Appeal Report specific to Whole Child Model grievances and appeals.

The definition of a Grievance/Appeal was defined.

There were 28 cases in Monterey, 16 in Merced and 8 in Santa Cruz.

Genetic Testing Appeals made up some of the Appeals in each county.

Grievances were related to Transportation, Quality of Care and Provider Billing.

8. Review Action Items

Maura Middleton reviewed the actions items as listed on the meeting minutes.

9. Future Agenda Items

Present a proposal for reaching out to SELPA and Pediatricians

CCS Advisory Group Report from recent CCS Advisory Group Meeting, July 12th

Legislation that affects the CCS population

Adjourn:
The meeting adjourned at 3:00p.m.

The meeting minutes are respectfully submitted by Maura Middleton, Administrative Assistant
Next Meeting: Monday, September 11, 2023, at 1:30p.m.

DATE: September 27, 2023

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

FROM: Michael Schrader, Chief Executive Officer

SUBJECT: Voluntary Rate Range Program: Rating Period CY 2022

Recommendation. Staff recommend the Board authorize the Chairperson and the Chief Executive Officer (CEO) to sign the necessary implementing amendments to facilitate the Voluntary Rate Range program for rating period CY 2022 with interested qualified local governmental entities, as approved by the Department of Health Care Services (DHCS), assuming that staff determines the contract language is appropriate, revenue is sufficient to meet the Alliance's Rate Range program payment obligations and sufficient funds remain available within the Alliance's actuarial rate range to ensure adequate capitation revenue.

Summary. The Voluntary Rate Range Program provides an opportunity for interested qualified local governmental entities to use local funds to draw down federal matching funds for Medi-Cal and health care services in the Alliance's service area through increased capitation rates paid to the Alliance. Qualified entities include local government entities with taxing authority. DHCS has issued a Request for Medi-Cal Managed Care Plan's (MCP) Proposal for the Voluntary Rate Range Program for the upcoming CY 2021 Rating Period.

Background. With the Board's approval, the Alliance has been facilitating supplemental payments for interested qualified local governmental entities through the Voluntary Intergovernmental Transfer (IGT) Rate Range program since FY 2009-10. Provisions in the federal Medicaid Managed Care regulations restricting DHCS' directing of managed care payments required DHCS to make changes to the IGT program. DHCS implemented these changes with the program in 2017-18 and renamed this payment program the Voluntary Rate Range Program.

Discussion. The Rate Range program includes qualified governmental funding entities voluntarily transferring funds to the State via IGT which, combined with federal financial participation (FFP), are used to fund capitation payment increases to MCPs. DHCS estimates the available Rate Range funds within each county in the Alliance's service area. The interested qualified local entities decide their requested level of financial participation up to the maximum available as estimated by DHCS.

Implementing the Voluntary Rate Range Program for Rating Period CY 2022. The Alliance will develop the necessary documents to implement the Rate Range program for rating period CY 2022 including an amendment to the Alliance – Rate Range entity's current provider agreement.

The Alliance – Rate Range entity provider agreement is intended to achieve the objectives of the Rate Range program (i.e., provide increased funding to local entities for health care) and includes protections for the Alliance to ensure the Alliance is held harmless for its participation in this payment program. The provider agreement facilitates Alliance payments to the Rate Range provider in an amount equal to the Rate Range funded

capitation revenue increase. The Alliance does not retain any of the Rate Range funds. However, the Alliance may assess an administrative fee. Given the amount of staff resource required to implement the Rate Range program, the Alliance will apply a 2% administrative fee on the governmental entities' contribution for the 2022 rating period.

To implement the Rate Range program, DHCS calculates new capitation rates for the Alliance to equal the amount of the Rate Range entity's contribution plus the FFP. DHCS develops an amendment to the Alliance Medi-Cal contract to implement these capitation rate increases. Alliance staff review the proposed rates to ensure they are sufficient to meet the Alliance's payment obligation under the Rate Range agreement.

The Alliance has received letters of interest from the following qualified local governmental entities to determine participation interest in the Rate Range Program for rating period CY 2022:

- The County of Santa Cruz on behalf of the County Health Services Agency;
- the County of Monterey on behalf of Natividad Medical Center;
- Salinas Valley Memorial Healthcare System on behalf of Salinas Valley Memorial Hospital; and
- the County of Merced on behalf of Merced County Department of Public Health.

In Monterey County, the available rate range funds are allocated based on previous agreements and historical funding between the two qualified local governmental entities: Monterey County on behalf of Natividad Medical Center and Salinas Valley Memorial Healthcare System on behalf of Salinas Valley Memorial Hospital.

Action Required. It is necessary for the Board to authorize the Chairperson and the CEO to sign the necessary agreements, including amendment(s) to the Alliance-DHCS Medi-Cal contract containing Voluntary Rate Range program capitation rates for the CY 2022 rating period and amendments to the Plan – Rate Range provider agreements to enable the supplemental Voluntary Rate Range payments.

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

Attachments. N/A

DATE:	September 27, 2023
TO:	Santa Cruz-Monterey-Merced Managed Medical Care Commission
FROM:	Michael Schrader, Chief Executive Officer
SUBJECT:	Department of Health Care Services Medi-Cal Contract Amendment 2023-B

Recommendation. Staff recommend the Board authorize the Chairperson to sign the 2023-B amendment to the Alliance's primary Medi-Cal contract number 08-85216 to incorporate technical updates as well as additional programmatic changes, assuming the final contract language and rates are consistent with staff's current expectations and understandings.

Background. The Alliance contracts with the Department of Health Care Services (DHCS) to provide Covered Services to eligible and enrolled Medi-Cal beneficiaries in Santa Cruz, Monterey, and Merced Counties. The Alliance entered into the primary Agreement 08-85216 with DHCS on January 1, 2009. The agreement has subsequently been amended via written amendments (A-1 through A-56).

Discussion. DHCS has provided a draft of the 2023-B Amendment to the Alliance's State Medi-Cal contract, to incorporate technical updates as well as programmatic updates in the following contract areas:

- Electronic Visit Verification
- Doula Services
- Specialty Mental Health Services
- Appeal Process
- State Hearings and Independent Medical Reviews
- Member Services
- Whole Child Model
- Capitation Rates
- Financial Performance Guarantee
- Special Contract Provisions Related to Payment

Staff have reviewed the language and are assessing for operational impact and any necessary implementation steps to ensure compliance. DHCS has indicated that contract execution is needed by the end of September. Therefore, Board approval is needed prior to the Board's October meeting.

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

Attachments. N/A

DATE: September 27, 2023

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

FROM: Michael Schrader, Chief Executive Officer

SUBJECT: Department of Health Care Services Agreement for Disclosure and Use of Department of Health Care Services Data

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Recommendation. Staff recommend the Board authorize the Chairperson to sign the 2023 Post Expiration and 2024 Operational Readiness Data Use Agreements (DUAs) provided by the Department of Health Care Services (DHCS) to enable exchange of data upon expiration of the Alliance/DHCS 2023 contract and during the Operational Readiness period prior to the effective date of the Alliance/DHCS 2024 contract.

Background. The Alliance contracts with DHCS to provide Covered Services to eligible and enrolled Medi-Cal beneficiaries in Santa Cruz, Monterey, and Merced Counties. The Alliance entered into Agreement 08-85216 with DHCS on January 1, 2009. Agreement 08-85216 terminates on December 31, 2023 and will be replaced with the new 2024 Medi-Cal contract to be executed by the Alliance prior to the January 1, 2024 effective date. Responsibilities under the agreements include the requirement to exchange data to meet contractual obligations. To ensure all necessary reporting to support DHCS monitoring and enable continued payment and rate development, the Alliance must continue to send and receive data to and from DHCS following the expiration of the current agreement. In addition, to ensure a seamless transition of services for members transitioning to the Alliance from the outgoing Medi-Cal plans in San Benito and Mariposa counties, the Alliance must receive data from DHCS prior to the effective date of the new contract.

Discussion. To facilitate all contract obligations and requirements, DHCS has provided Agreements for the Disclosure and Use of DHCS data to enable data exchange both post expiration of the 2023 agreement and during the operational readiness period prior to the effective date of the 2024 agreement.

Staff have reviewed the language and are assessing for any compliance and/or legal concerns related to both the 2023 Post Expiration DUA and the 2024 Operational Readiness DUA. DHCS has indicated that contract execution is needed for both DUAs by the end of September. Therefore, the Board is being asked to authorize the Chair to execute the DUAs following staff's review and final determination that the language is acceptable.

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

Attachments. N/A

HEALTHY PEOPLE. **HEALTHY** COMMUNITIES.

DATE: September 27, 2023

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

FROM: Michael Schrader, Chief Executive Officer

SUBJECT: Department of Health Care Services Medi-Cal Contract Amendment CY 2022 Public Health Emergency Rates

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Recommendation. Staff recommend the Board authorize the Chairperson to sign amendments to the Alliance's primary Medi-Cal contract number 08-85216 and to the Alliance's secondary Medi-Cal contract number 08-85223 which incorporate capitation rates for CY 2022 to reflect necessary adjustments to account for the impact of the Public Health Emergency (PHE) pending staff's final review of rates.

Background. The Alliance contracts with the Department of Health Care Services (DHCS) to provide Covered Services to eligible and enrolled Medi-Cal beneficiaries in Santa Cruz, Monterey, and Merced Counties. The Alliance entered into the primary Agreement 08-85216 with DHCS on January 1, 2009. The agreement has subsequently been amended via written amendments (A-1 through A-56). In addition, the Alliance entered into the secondary Agreement 08-85223 for the provision of State Supported Services with DHCS on January 1, 2009. This agreement has subsequently been amended via written amendments (A-1 through A-1 through A-9, A-11 and A-13).

Discussion. DHCS has provided amendments to both the Alliance's primary and secondary agreement with DHCS to incorporate adjusted capitation rates for CY 2022 which are adjusted to account for the impact of the PHE. The termination of the PHE was delayed subsequent to the development of CY 2022 rates and, therefore, adjustments were necessary to reflect this change.

Fiscal Impact. There is positive impact of $5.6M due to the PHE add-ons extended to the full calendar year of 2022.

Attachments. N/A

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

DATE: September 27, 2023

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

FROM: Jessica Finney, Grants Director

SUBJECT: Medi-Cal Capacity Grant Program Governance: Revised Foundation Recommendation

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Recommendation. Staff recommend the Board not move forward with establishing a 501(c)(3) non-profit foundation to administer the Alliance's grantmaking function and instead continue to operate the Medi-Cal Capacity Grant Program (MCGP) within the health plan. Staff also recommend that the Board direct staff to return with proposed MCGP governance policy changes and an annual MCGP spending plan.

Summary. This report includes background on a previous planning effort to establish a 501(c)(3) non-profit foundation to administer the Alliance's grantmaking function, including new information regarding an initial donation amount and other drivers that inform the recommendation to not establish a foundation and to continue MCGP operations within the health plan.

Background. The Alliance established the MCGP in 2015 in response to the rapid expansion of the Medi-Cal population due to the Affordable Care Act. Since 2015, the Alliance has awarded 648 grants totaling $142M to increase the availability, quality and access of health care and supportive resources for Medi-Cal members in Merced, Monterey, and Santa Cruz counties.

Throughout 2022, the Alliance Board acted to evolve the MCGP to be responsive to the current health care landscape, address the existing and emerging needs of Alliance members, and align with organizational and State priorities. The Board approved a revised Health Care Reserve policy, which includes the process for future allocations to the MCGP. The Board also approved a revised and expanded MCGP Framework that clarifies the financial strategy, investment criteria, and guiding principles for the MCGP. Lastly, the Board approved new grantmaking focus areas and funding priorities in August 2022 which guided development and implementation of new funding opportunities in 2023.

During this process, the Board also discussed key factors that indicated a need for changes to the administration and governance structure of the MCGP. Key factors included: 1) competing health plan operational priorities requiring the attention of the Alliance Board; 2) transparency of strategic allocation of reserves and tangible net equity (TNE) outlier status among other local Medi-Cal plans; 3) Board member conflicts of interest; and 4) sustainability of MCGP investments.

In October 2022, the Board approved the establishment of a 501(c)(3) non-profit public charity foundation for the Alliance's future grantmaking as the most effective means to achieve the Board's objectives. Establishing a public charity foundation would enable the Alliance Board to focus on health plan operations and limit conflict of interests by establishing a separate governance structure for grantmaking. It would also provide transparency in the Alliance's strategic allocation of reserves for grantmaking and immediately normalize the Alliance's TNE

with that of other local Medi-Cal plans. The Board directed staff to return with recommendations on 1) initial donation amount to the foundation to establish the endowment, grantmaking budget, and administrative budget; and 2) timeline and next steps to establish the public charity, including final details regarding the operating model and implementation plan.

Staff returned to the Board in January 2023 to provide a status update on development efforts. Staff advised the Board on two key dependencies that would delay finalizing the operating model and implementation plan. First, staff informed the Board that a recommendation regarding the initial donation amount to establish the foundation would not be available until later in 2023. The final operating model and administrative budget are critically dependent on the donation amount and thus would not be finalized until after the donation amount was identified. Staff also informed the Board that legal and accounting experts had been engaged to ensure that the operating model of the proposed foundation would demonstrate separation between the two entities. Without such separation, it would be required that the Alliance and the foundation's financial statements be consolidated and the Board's objective of transparency in the funds allocated for grantmaking would not be achieved.

Discussion. Since January 2023, the annual financial audit has been completed and the Chief Financial Officer has reforecasted the Alliance's financial performance through 2027. Based on the new financial projections, staff determined that a donation amount to establish the foundation would be significantly lower than originally anticipated due to anticipated impacts on future financial performance, including implementation of Dual Eligible Special Needs Plans in 2026 and the Department of Health Care Services (DHCS) planned shift to regional rates for Medi-Cal health plans. The initial proposal to the Board in October 2022 assumed a donation amount of roughly $200M. A donation of this size would allow the foundation to invest the principal amount and largely use investment earnings to continue grantmaking at a level similar to historical MCGP spending, and to support the foundation's start-up costs and ongoing administrative costs. A lower initial donation from the Alliance to establish the foundation would result in a significantly lower annual grantmaking budget and a higher percentage of the foundation's budget spent on operating costs, which are not aligned with the Board's original intent.

In addition, staff originally proposed an operating model in which the health plan would not have direct control over the foundation and the entities would not be considered related parties to achieve the Board's objective of transparency of strategic reserves. With a lower donation amount to establish the foundation, the originally intended effect on the Alliance's TNE is reduced. The benefit of establishing a separate foundation to increase the transparency of strategic reserves and normalize TNE no longer outweighs the benefit of the health plan having direct control over Alliance's grantmaking.

Based on these developments, staff recommend the Board not move forward with establishing a non-profit foundation to administer the Alliance's grantmaking function. Staff recommend continuing MCGP operations within the health plan. By continuing grantmaking within the health plan, the Alliance Board will retain oversight of grantmaking priorities and staff will continue advancing Board approved MCGP goals and strategies under the proven administrative structure established over the past eight years. Continuing to operate the MCGP within the health plan will also ensure a more strategic and coordinated approach to the Alliance's strategic use of reserves and community investments (i.e., grants, DHCS incentive programs, Alliance provider incentive programs, and the Community Reinvestment requirement in the 2024 Medi-Cal contract).

Conclusion. If the recommendation to not move forward with establishing a foundation for the Alliance's future grantmaking is approved, staff will return to the Board in December 2023 with recommendations regarding MCGP governance policy changes. The new recommended changes will be designed to address several of the key factors that would still need to be solved: Board time spent on grantmaking activities, Board conflict of interest, and a spending plan that provides a balance between normalizing TNE status and sustaining the MCGP for future grantmaking. Staff will also return in December 2023 with a proposed 2024 annual MCGP spending plan.

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

Attachments. N/A

DATE: September 27, 2023

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

FROM: Jessica Finney, Grants Director

SUBJECT: Medi-Cal Capacity Grant Program Funding Recommendations

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Recommendation. Staff recommend the Board approve changes and budget allocations for Medi-Cal Capacity Grant Program (MCGP) funding opportunities, including retirement of the Partners for Healthy Food Access program and a new funding opportunity to support workforce recruitment for the Medi-Cal Doula Benefit.

Summary. This report provides a brief background on current MCGP funding opportunities. outlines a forthcoming change to Community Supports Medically Tailored Meals/ Medically-Supportive Food services that impacts the Food Access grant program and highlights the critical need to support doula provider network development. The report includes staff recommendations related to grant funding in each of these three areas.

Background. The Alliance established the MCGP in July 2015 in response to the rapid expansion of the Medi-Cal population as a result of the Affordable Care Act. Through investment of a portion of the Alliance's reserves, the MCGP provides grants to local health care and community organizations in Merced, Monterey and Santa Cruz counties to increase the availability, quality and access of health care and supportive services for Medi-Cal members and address social drivers that influence health and wellness in our communities. The MCGP serves as a vehicle for the Alliance to invest in areas outside of core health plan responsibility and where other funds are not available. It also serves as a tool to build capacity for the provider network to provide timely access to high quality care and implement new Medi-Cal benefits. Since 2015, the Alliance has awarded 648 grants totaling $142M to 157 organizations in the Alliance's service area.

There are ten funding opportunities approved by the Alliance Board in early 2023 which are currently accepting applications (see table below). These programs align with the MCGP Framework and funding goals under three focus areas to advance the Alliance's vision of *Healthy People, Healthy Communities.*

MCGP Focus Areas	Funding Opportunities
Access to Care	Workforce Recruitment: 1) Provider; 2) Community Health Worker and 3) Medical Assistant 4) Equity Learning for Health Professionals 5) Healthcare Technology
Healthy Beginnings	6) Home Visiting 7) Parent Education and Support
Healthy Communities	8) Partners for Healthy Food Access 9) Partners for Active Living 10) Community Health Champions

Discussion. Interest has been very high from providers and community-based organizations in the new MCGP funding opportunities launched in 2023. In the three application rounds in 2023, there was a total of 165 applications submitted by 92 entities across the 10 programs.
In 2023, $6.3M has been awarded to Workforce Recruitment programs, in part to support 15 Community Health Workers (CHWs) joining the Alliance network to deliver the new Medi-Cal CHW Benefit. The total awarded to date in 2023 for all other programs (non-Workforce Recruitment) is $8M, and up to $5.4M is pending recommendation for October 25, 2023 Board approval.

After Board approval of the recommendation to maintain MCGP grantmaking under the health plan and to not establish a 501(c)(3) foundation as previously proposed, staff recommend replenishing the current program budgets to continue funding qualified applications responsive to the funding priorities set forth by the Board and to spend down MCGP allocated reserves to normalize the health plan's Tangible Net Equity status. The original budgets proposed for the new programs in early 2023 had been conservative due to uncertainty at that time about the future of MCGP governance. The additional allocation amounts recommended below are based on an estimation of 2024 application volume and aligned with current development of a 2024 spending plan for Board consideration in December 2024.

Allocations for Current Funding Opportunities. The proposed amounts below for each of the funding opportunities are recommended to be allocated from each county's MCGP unallocated budget. Total program allocations are proportional to Medi-Cal membership volume in each county as of August 2023.

Recommended additional allocations to Access to Care programs:

County	Provider Recruitment	CHW Recruitment	MA Recruitment	Equity Learning	Healthcare Technology
Merced	$1,080,000	$360,000	$360,000	$43,200	$540,000
Monterey	$1,350,000	$450,000	$450,000	$54,000	$675,000
Santa Cruz	$570,000	$190,000	$190,000	$22,800	$285,000
Total Additional Allocations	**$3,000,000**	**$1,000,000**	**$1,000,000**	**$120,000**	**$1,500,000**
Remaining after pending 10/2023 Awards	**$12,192,843** (49 providers)	**$1,830,644** (24 CHWs)	**$1,712,234** (23 MAs)	**$761,250** (19 grants)	**$1,408,660** (28 grants)

Recommended additional Allocations to Healthy Beginnings programs:

County	Home Visiting	Parenting Education & Support
Merced	$540,000	$216,000
Monterey	$675,000	$270,000
Santa Cruz	$285,000	$114,000
Total Additional Allocations	**$1,500,000**	**$600,000**
Remaining after pending 10/2023 Awards	**$1,750,301** (7 grants)	**$1,620,800** (16 grants)

Recommended additional allocations to Healthy Communities programs:

County	Partners for Active Living	Community Health Champions
Merced	$720,000	$180,000
Monterey	$900,000	$225,000
Santa Cruz	$380,000	$95,000
Total Additional Allocations	**$2,000,000**	**$500,000**
Remaining after pending 10/2023 Awards	**$2,130,939** (8 grants)	**$1,386,100** (14 grants)

Changes to Provider Recruitment Program. The above recommendation for additional allocation to the Provider Recruitment Program budget accounts for recommended changes to the maximum grant award amount and eligible expenses. The Provider Recruitment grants offer support to contracted Medi-Cal providers to be competitive in the job market. Since the Provider Recruitment Program started in 2015, the cost of living and workforce recruitment costs have risen dramatically in the Alliance's service area. Staff recommend increasing the maximum award amount from $150K to $250K effective January 2024. Staff also recommend allowing a housing stipend/bonus as an eligible recruitment expense under the grant. Eligible expenses are documented by the grantee as paid or incurred when the recruit is hired.

Retirement of Food Access Program. Staff recommend retiring the Food Access Program after the October 25, 2023 awards and returning the unspent funds in the Food Access budget to the MCGP unallocated budget for future program development. In July 2023, the Department of Health Care Services (DHCS) updated the Community Supports (CS) policy guidance, instructing Medi-Cal managed care plans (MCPs) that by January 1, 2024 MCPs must adhere to the full DHCS-established CS service definitions without modifications or limitations. Since January 1, 2022, the Alliance had been limiting the CS services under Medically Tailored Meals/Medically-Supportive Food to solely home-delivered medically tailored meals for eligible members. The other components under this CS have not yet been operationalized: 1) medically-supportive food and nutrition services, including medically tailored groceries, healthy food vouchers, and food pharmacies; and 2) behavioral, cooking, and/or nutrition education when paired with direct food assistance under the CS service. Staff will identify best practices from the past five years of Food Access program experience to inform the service model and effective operationalization for the two additional components. Staff will also identify Food Access grantee partners who have the capacity and interest to become CS providers and will support bridging their efforts from a grant-funded project to the reimbursable Medi-Cal service model. Staff will assess where gaps remain after CS is implemented to support those community partners who would not contract as CS providers and who fill the gap through other food access programing.

New Funding Allocation for Doula Recruitment. The Alliance is actively recruiting doulas to contract with the Alliance and provide doula services as a Medi-Cal benefit to our members. Effective January 1, 2023, MCPs are required to provide doula services for prenatal, perinatal and postpartum Medi-Cal members. Doulas are birth workers who provide health education and advocacy - as well as physical, emotional and non-medical support – to pregnant and postpartum persons before, during and after childbirth. Doulas also offer support in the form of

health navigation, lactation support, birth plan development and connection to community-based resources.

While the Alliance has begun to build its contracted network of doulas to provide the new Medi-Cal covered service, it is critical to provide recruitment support for this group of providers who are new to the Medi-Cal delivery system. Staff recommend the Board approve an allocation of $2.8M from the MCGP unallocated budget to support doula workforce development in two ways: 1) direct technical assistance grants to support operationalizing doulas in the Alliance's network; and 2) doula recruitment grants to subsidize first year expenses for newly contracted providers.

1. Doula Network Technical Assistance Grants. If approved, this funding would support direct grants to qualified community-based organizations or consultants who can support doulas in becoming Medi-Cal providers for compensable covered services. The scope of work funded by the grant could include:
   - Outreach and education to doulas to recruit into the network;
   - Doula training per DHCS requirements (All Plan Letter 23-024);
   - Support for doulas in Medi-Cal program enrollment process; and
   - Support for setting up billing infrastructure.

   Applications for funding must meet the MCGP eligibility criteria. Staff are currently in dialogue with potential applicants to support doula network development in the Alliance's current three counties and are identifying other entities who may be interested in applying. Applicants would be provided a detailed funding description with requirements and invited to submit proposals in October 2023. Applications would be reviewed by internal subject matter experts and funding recommendations would be made to the MCGP Internal Review Committee. Staff recommend that the Board approve Chief Executive Officer (CEO) authority to approve Doula Network Technical Assistance grant awards to rapidly deploy these resources.

2. Doula Recruitment Grants. If approved, this grant program would provide grants of up to $65,000 to support the recruitment and first year costs of doulas who become credentialed to provide compensable covered services to the Medi-Cal population in Merced, Monterey and Santa Cruz counties. The applications would open in November 2023 with the first round of applications due January 16, 2024. Applications would be accepted thereafter on the same quarterly application cycle as other MCGP Workforce Recruitment Programs. Workforce Recruitment funding recommendations are made to the Internal Review Committee and awards approved by the CEO. Doula recruitment grantees would be eligible for the Linguistic Competence Provider Incentive available for other MCGP Workforce Recruitment Programs.

   Stakeholder input has provided insight that the typical recruitment grant model used by the MCGP for recruitment costs for a full-time equivalent may not be applicable for doulas who often are single practitioners and sole proprietors of a small practice. Current Workforce Recruitment Programs cover recruitment-related expenses such as first year salary/benefit costs, sign-on bonuses, relocation expenses, costs of maintaining professional liability insurance, fees for professional recruitment agency services, immigration legal fees, and costs associated with advertising. Doula Recruitment grants would cover expenses beyond these eligible expenses to also support the needs of sole proprietors. Additional eligible

expenses for individual practitioners would include the following to meet DHCS service delivery requirements: Health Insurance Portability and Accountability Act training, insurance, business/billing software, and doula training. To be eligible for funding, applicants must be able to meet the business documentation requirements for Provider Application for Validation and Enrollment (PAVE) application for Medi-Cal program enrollment.

County	Total Proposed Additional Allocations to Current Programs	Total Funds Remaining in Current Program Budgets for Future Awards (if proposed additional allocations approved)	Total Proposed Allocation for Doula Funding	Remaining MCGP Unallocated Budget* (for future program development)
Merced	$4,039,200	$11,223,332	$1,008,000	$46,862,485
Monterey	$5,049,000	$9,063,078	$1,260,000	$44,296,570
Santa Cruz	$2,131,800	$4,507,361	$532,000	$17,953,356
Total	**$11,220,000**	**$24,793,771**	**$2,800,000**	**$109,112,411**

* Total Remaining MCGP Unallocated Budget after approval of September 27, 2023 Transportation Infrastructure Program recommendation: $106,112,411.

Next Steps. If approved, staff will take immediate steps to implement the approved changes, including updating public information about current funding opportunities on the Alliance's website. Staff would notify Food Access grantees of forthcoming operationalization of new Community Supports service components and support transitioning from active grant-funded project to reimbursement for Medi-Cal service delivery where feasible. Lastly, staff would develop detailed funding description and online application materials to implement doula funding opportunities.

Fiscal Impact. This recommendation would: 1) return $1,838,595 of unused funds from the Food Access budget to the MCGP unallocated budget; 2) allocate $11,220,000 from the MCGP unallocated budget to current program budgets; and 3) allocate $2,800,000 from the MCGP unallocated budget to the Doula Recruitment program. Amounts remaining in the MCGP unallocated budget per county after recommended allocations (and assuming approval of Agenda Item 10C) are as follows: Merced County $$46.8M; Monterey County $44.2M; and Santa Cruz County $17.9M.

Attachments. N/A

DATE: September 27, 2023

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

FROM: Jessica Finney, Grants Director

SUBJECT: Funding Recommendation for Transportation Capacity Expansion

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Recommendation. Staff recommend the Board approve a $3M allocation from the Medi-Cal Capacity Grant Program (MCGP) unallocated budget for a Transportation Infrastructure program to expand Non-Medical Transportation (NMT) and Non-Emergency Medical Transportation (NEMT) services in the Alliance service area. Staff also recommend the Board approve Chief Executive Officer (CEO) authority for individual Transportation Infrastructure grant award approvals.

Summary. This report includes background on the need to expand capacity for NMT and NEMT in the Alliance's current three counties and two expansion counties (effective January 1, 2024). The report outlines staff's recommendation for how MCGP funds would be used to expand transportation capacity.

Background. The Alliance provides NMT and NEMT transportation services to members to meet their healthcare access needs and to comply with our Medi-Cal contract with the Department of Health Care Services (DHCS). The current transportation network is challenged to meet member demand. Findings from the Alliance's 2022 Population Need Assessment showed that 29% of respondents needed support with transportation to get to doctor visits, pharmacies, and other services, which was an increase of 6% from 2021. Members report lack of driver availability for transport to medical appointments and difficulty setting up appointments. New partners in the Alliance's expansion counties, San Benito and Mariposa, identified transportation as a top capacity building need for member access to care. Many of the members who use the services are enrolled in California's Children's Services and need transport to out of area hospitals.

Expanding NMT and NEMT transportation capacity is a critical need to ensure timely access to care for Alliance members. The benefit covers transportation to or from a Medi-Cal covered service, including medical, mental health, substance use disorders and dental appointments. NMT is available for members who do not need special medical equipment while traveling and are able to get in and out of a vehicle without help. NEMT is for members who need transportation by a wheelchair-accessible van, gurney, ambulance or air transport, and have a prescription from their provider to use this service.

For NMT, the Alliance currently uses a single vendor to either directly provide or arrange transportation for members who reside within the Alliance's three counties of coverage. This single vendor maintains its own fleet of vehicles and in some cases, employs credentialed drivers to directly provide NMT transportation. Alternatively, they also coordinate and schedule "ride-share" services such as Lyft to provide the NMT transportation, especially for simple "curb-to-curb" drop-off services.

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For NEMT, the Alliance currently utilizes a large network of local, contracted transportation providers which are located throughout our three counties of coverage. Currently, the Alliance manages the NEMT process for members, including scheduling, coordinating, and authorizing the trips requested by our members, or by their medical providers.

Transportation capacity building is needed to have an adequate network in the two expansion counties at go-live in January 2024, however, increased capacity is needed throughout the entire Alliance service area. The Alliance's MCGP, under the Access to Care focus areas, can financially support the capacity building with our transportation partners to scale capacity within the entire service area.

Discussion. Members' medical appointments often require transportation to service providers across county borders. The Alliance's transportation network is stretched to serve members within and across Merced, Monterey and Santa Cruz counties. The network available in the two expansion counties is very limited. Mariposa County currently offers their residents curb-to-curb NMT services through their MediTrans program, which does not currently meet all NMT benefit requirements. There are no NEMT providers in Mariposa County. In San Benito County, staff are not aware of any NMT or NEMT providers currently available to serve Alliance members. The Alliance's current NMT vendor is willing to expand its services into the two new counties to support NMT operations in all five counties, including subcontracting with Mariposa County MediTrans. One current NEMT provider is willing to expand into San Benito County.

Reported barriers to expansion include start-up costs associated with providing transportation services in a new area and meeting transportation-related requirements due to the rural terrain of the expansion counties. To support the capacity expansion effort, transportation partners have asked for financial support to assist with infrastructure costs. Staff have been working with the current NMT vendor and individual NEMT providers to identify infrastructure needs and estimated costs, as well as to identify other NEMT network providers interested in expanding capacity if financial support is made available.

Funding Allocation and Use of Funds. The types of infrastructure necessary to expand capacity and meet the requirements for NMT and NEMT service delivery as outlined in DHCS All Plan Letter 22-008 include ADA-compliant vehicles, staffing, training, and billing and scheduling technology. Funding made available through the proposed Transportation Infrastructure grant program would support the following:

- New vehicles (including all terrain ambulances, wheelchair accessible vans, litter vans, and replacement of older vehicles with electric vehicles);
- Vehicle equipment required for service delivery (e.g., evacuation chairs, gurneys);
- Driver and/or administrative staff salary and benefits (in first year of expansion);
- Staff recruitment costs;
- Vehicle parking/car storage (in first year of expansion);
- Scheduling and/or billing software;
- Hardware to support administrative functions of service delivery; and
- Driver training on customer service and community resource navigation (in first year of expansion).

Funding for the Transportation Infrastructure program would be allocated from the MCGP unallocated budgets of the current three counties based on member volume assumption, including Mariposa estimated 5K member with Merced, and San Benito's estimated 20K

members with Monterey and Santa Cruz, split evenly. Staff recommend that $3M be allocated from the MCGP unallocated budget for the Transportation Infrastructure program per the table below. Cost estimations for the eligible expenses listed above and the potential number of eligible providers were used to prepare the allocation recommendation.

Counties	Transportation Infrastructure Program Allocation	Total Current/ Expansion Membership Percentage	Remaining MCGP Unallocated Budget*
Merced	$1,052,545	35% (including 5K Mariposa)	$45,809,940
Monterey	$1,339,859	45% (including 10K San Benito)	$42,956,711
Santa Cruz	$607,596	20% (including 10K San Benito)	$17,345,760
Total	**$3,000,000**	**100%**	**$106,112,411**

*Total Remaining MCGP Unallocated Budget after approval of September 27, 2023 MCGP Funding Recommendations also.

Applications for funding must meet the MCGP eligibility criteria. Applications would be reviewed by internal subject matter experts and funding recommendations would be made to the MCGP Internal Review Committee. Staff recommend that the Board approve CEO authority to approve individual Transportation Infrastructure grants not to exceed the total allocated amount for this program. The maximum individual grant award amounts would depend on the scale of the individual provider's expansion and expected member capacity, which would be included in the Grant Agreement terms.

The current MCGP Healthcare Technology grant program allows for NEMT-related infrastructure; however, eligible costs are limited. If this recommendation for Transportation Infrastructure funding is approved, NEMT related requests would be removed from the Healthcare Technology program. Related to other funding, the Alliance Board approved $5M in June 2023 for capacity building grants in San Benito and Mariposa counties. Given the immediate need for transportation across the entire Alliance service area and high cost of infrastructure, the $5M allocated for the two-county expansion will be focused on other capacity needs specific to those counties. A grantmaking plan for the two-county expansion is under development for Board approval in December 2023.

Next Steps. If approved, the Alliance would solicit first round of grant applications from eligible providers in early October 2023. Application review and awards could be concluded by end of November 2023.

Fiscal Impact. The recommended allocation of $3M would be funded by the MCGP unallocated budget from Santa Cruz, Monterey, and Merced counties' budgets. If approved, there would be $106,112,411 in remaining unallocated funds in the MCGP unallocated budget (assuming approval of Agenda Item 10B).

Attachments. N/A

DATE: September 27, 2023

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

FROM: Kay Lor, Payment Strategy Director and
Dennis Hsieh, MD, JD, Chief Medical Officer

SUBJECT: Proposed 2024 Hospital Quality Incentive Program

Recommendation. Staff recommend the Board approve the proposed 2024 Hospital Quality Incentive Program (HQIP) for contracted hospitals.

Summary. The hospital incentive program is a value-based payment strategy intended to deliver high-quality care and improve the member care experience.

Background. Staff shared the Alliance Payment Strategy with the Board at the May and June 2023 Board meetings. Staff assessed the current Alliance provider payment and determined that the Alliance payment is above Medi-Cal and Medicare fee schedules and higher than our sister plans in the nearby geographic areas. The current level of payment will negatively impact the Alliance's financial performance when the Department of Health Care Services (DHCS) implements the regional rates, where DHCS will compare the cost of services and improve efficiency across all managed care plans. In addition, the higher-than-Medicare payment level will make it challenging for the Alliance to break even in the Dual Eligible Special Needs Plans line of business in 2026. Due to the above constraints, staff have little room to improve the base fee-for-service reimbursement model as the costs will not be recognized in the revenue rate-setting process.

However, many opportunities exist to improve provider revenue through Value-Based Payment (VBP) models. VBP is a broad set of performance-based payment strategies linking financial incentives to providers' quality and resource use efficiency performance. VBP can align the provider's financial interests with the Alliance's strategic priorities to advance health equity and ensure a person-centered delivery system. To ensure the continuity of the existing incentive programs and expand VBP models, the Board allocated $46.1M of the operating reserve to guarantee the incentive payment even when the Alliance experiences financial losses. The HQIP was first implemented in 2023.

Program Overview: The HQIP offers financial incentives for hospitals and encourages partnership with Managed Care Plans by meeting operational efficiencies which will further improve transitional care services, facilitate reduction of unnecessary healthcare costs, and improve service delivery. with a focus on improving members' access to comprehensive care based on member needs.

Participation Requirements: All contracted hospitals with 50 admissions or 50 emergency visits in calendar year 2022 are eligible to participate.

Measurements: Both measurements focus on hospital inpatient and outpatient Emergency Room (ER) discharges through enablement of data sharing to ensure continuity of care is achieved with a shared goal to improve outcomes, ensure health equity, and reduce unnecessary healthcare costs.

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Two measurements below:

- Transitional Care Services: Inpatient Discharges
- Emergency Visit Follow-up: High Risk Outpatient ER Discharges
    - Mental Health
    - Substance Use Disorder
    - Higher Risk Emergency Department Utilizers

Hospital Payment Methodology: Participating hospitals can earn the maximum available funds for each measurement. The maximum available fund is dependent on the total inpatient and/or emergency discharges for calendar year 2024, and paid quarterly, 15 days after the end of the quarter.

Fiscal Impact. There is no fiscal impact on the 2023 financials. If the Board approves the 2024 HQIP, staff will include $18M in the 2024 medical cost budget.

Attachments. N/A

Information Items: (13A. – 13E.)

A. Alliance in the News Page 13A-01
B. Membership Enrollment Report Page 13B-01
C. Member Newsletter (English) – September 2023
https://thealliance.health/wp-content/uploads/MSNewsletter_202309-E.pdf
D. Member Newsletter (Spanish) – September 2023
https://thealliance.health/wp-content/uploads/MSNewsletter_202309-S.pdf
E. Provider Bulletin – September 2023
https://thealliance.health/wp-content/uploads/CCAH-Provider-September2023-high-res.pdf

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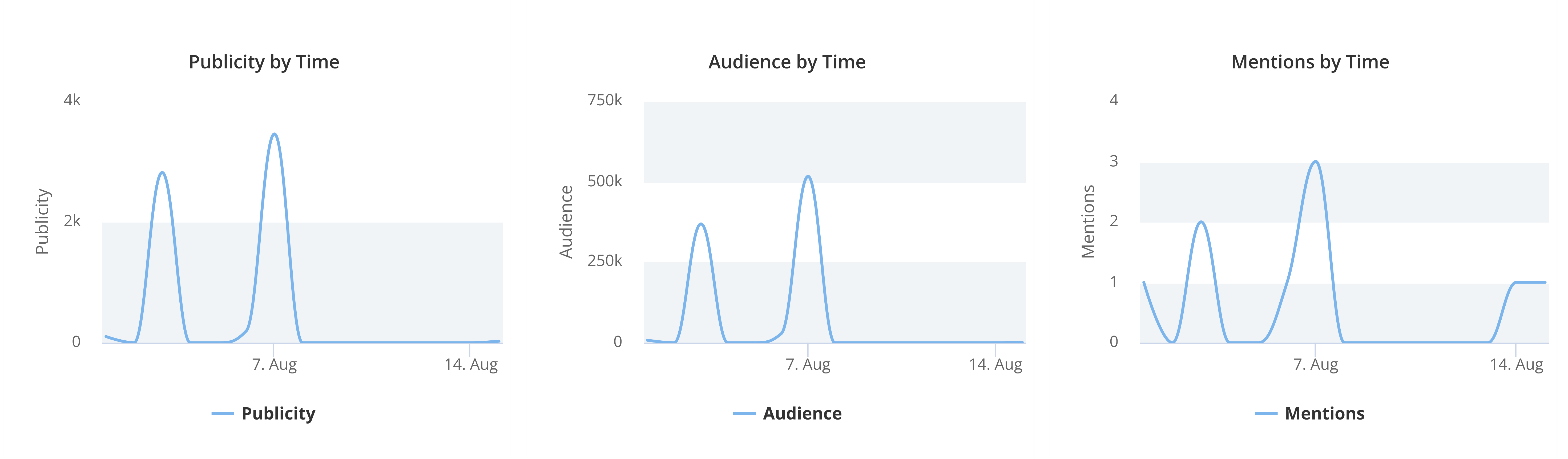
September 2023 Board Report

Mention Analytics



Total Online + Print Audience
921,780

Total Online + Print Publicity
USD $6,596

Total Number of Clips 9

Back-to-School Health Fair gets kids ready to go

1

Date Collected Aug 15, 2023 5:41 PM EDT
Category Digital News
Source MercedCountyTimes.com
Author Andrew Hardy

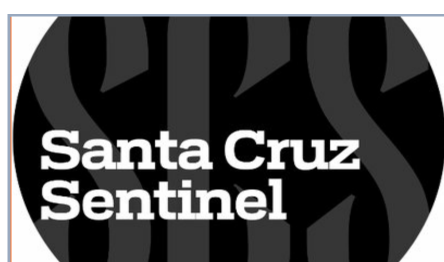
Est. Audience 1,087
Est. Publicity Value USD $25
Market Merced, CA
Language English

One of the many happy families that attended the event.

A mother and her boys show off the backpacks they received.

Hundreds of locals line up outside Mercy Hospital's Family Care Clinic in south Merced for free physicals, shots, and school supplies.

As a way to help Merced families prepare for the upcoming school year, and combat the ever-increasing cost of living, Dignity Health partnered the Merced County Office of Education (MCOE) and the Central California Alliance for Health (CCAH), to create a massive school supply giveaway and health fair last Saturday at Mercy's Family Care Clinic ...



Name Dropping: Alliance names Crawford to Medicare post

2

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Date Collected Aug 14, 2023 7:32 AM EDT
Category Print
Source Santa Cruz Sentinel (California)
Author Santa Cruz Sentinel

Market Santa Cruz, CA
Language English

Central California Alliance for Health on July 27 announced that Scott Crawford is the organization's first Medicare executive director, according to a release from the organization. Crawford will be responsible for steering the launch of the alliance's Dual Eligible Special Needs Plan in 2026, which will provide more integrated and coordinated care for vulnerable populations served by the Alliance.

Crawford brings a wealth of experience in Medicare to the role, from product development and sales and marketing to benefit development and

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administration specific to Medicare strategy ...

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Medi-Cal covers gender-transition treatment, but getting it isn't easy

3

Date Collected Aug 6, 2023 5:16 PM EDT
Category Digital News
Source Santa Cruz Sentinel
Author California Healthline

Est. Audience 28,259
Est. Publicity Value USD $197
Market Santa Cruz, CA
Language English

SANTA CRUZ — From an early age, Pasha Wrangell felt different. Societal expectations of boys, and many characteristics of masculinity, did not match how Wrangell felt inside.

Bullied and ostracized, Wrangell started repressing those feelings in middle school and kept them bottled up for a long time. That led to decades of sadness, isolation, and even a couple of suicide attempts. What gnawed at Wrangell was gender dysphoria, a condition widely acknowledged in the medical community, which causes severe distress to people whose sexual identity does not match their sex assigned at birth.

"It's ...

Medi-Cal covers gender-transition treatment, but getting it isn't easy

4

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Date Collected Aug 7, 2023 9:58 AM EDT
Category Print
Source Contra Costa Times
Author California Healthline

Est. Audience 168,362
Est. Publicity Value USD $1,105
Market Oakland, CA
Language English

SANTA CRUZ - From an early age, Pasha Wrangell felt different. Societal expectations of boys, and many characteristics of masculinity, did not match how Wrangell felt inside.

Bullied and ostracized, Wrangell started repressing those feelings in middle school and kept them bottled up for a long time. That led to decades of sadness, isolation, and even a couple of suicide attempts. What gnawed at Wrangell was gender dysphoria, a condition widely acknowledged in the medical community, which causes severe distress to people whose sexual identity does not match their sex assigned at birth.

"It's ...

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Medi-Cal covers gender-transition treatment, but getting it isn't easy

5

Date Collected Aug 7, 2023 8:29 AM EDT
Category Digital News
Source The Mercury News
Author California Healthline

Est. Audience 266,283
Est. Publicity Value USD $1,782
Market San Jose, CA
Language English

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6

Date Collected Aug 7, 2023 8:28 AM EDT
Category Digital News
Source East Bay Times
Author California Healthline

Est. Audience 81,515
Est. Publicity Value USD $568
Market Walnut Creek, CA
Language English

SANTA CRUZ — From an early age, Pasha Wrangell felt different. Societal expectations of boys, and many characteristics of masculinity, did not match how Wrangell felt inside.

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[Medi-Cal covers gender-transition treatment — but getting it isn't easy]

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Date Collected Aug 3, 2023 8:38 AM EDT
Category Local
Source San Francisco Chronicle Online
Author Bernard J. Wolfson

Est. Audience 364,101
Est. Publicity Value USD $2,787
Market San Francisco, CA
Language English

... -Cal, California's version of the federal Medicaid insurance program for people with low incomes. California law requires Medi-Cal and all other state-regulated health plans to cover gender-affirming care that is deemed medically necessary. But therein lies the rub.

Wrangell, an enrollee of the **Central California Alliance for Health**, the only Medi-Cal health plan in Santa Cruz, said it has been laborious to get the care they need. They contend with seemingly endless paperwork and phone calls to prove what they've already established — that their need for treatments is real and ongoing.

"There is a joke among the trans ... easily reach tens of thousands of dollars. That doesn't include the cost of facial, bottom and body-shaping surgeries.

Wrangell said their health plan has limited the number of sessions it authorizes at a time, requiring constant reauthorization.

Dennis Hsieh, deputy chief medical officer of the **Central California Alliance for Health**, said the health plan recently updated its policy to allow 50% more electrolysis in a three-month period and eliminate a rule requiring patients to submit photos of relevant body parts.

Hsieh acknowledged a shortage of providers and said the alliance contracts with clinicians across several ...

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Medi-Cal Covers Gender-Transition Treatment, but Getting It Isn't Easy

Date Collected Aug 3, 2023 5:22 AM EDT
Category Digital News
Source California Healthline
Author Bernard J. Wolfson:

Est. Audience 4,565
Est. Publicity Value USD $30
Market United States
Language English

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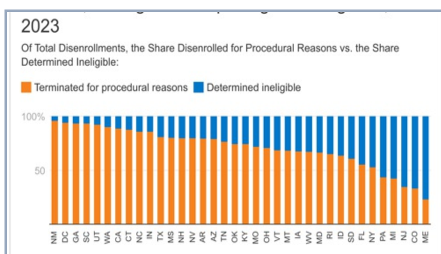

Changes to Medi-Cal means thousands of people are losing health insurance.

Date Collected Aug 1, 2023 9:54 PM EDT
Category Digital News
Source Monterey County Weekly
Author Pam Marino

Est. Audience 7,608
Est. Publicity Value USD $102
Market Seaside, CA
Language English

Pam Marino here, developing a story about "the unwinding"—which kind of sounds like a good title for a horror movie. It's not, but it is potentially going to bring a fright to Monterey County residents who depend on Medi-Cal to help pay for their medical bills.

"Unwinding" is the term for the process state governments are currently undergoing to disenroll people from Medicaid, known as Medi-Cal here in California. During the pandemic, the federal government prohibited states from removing anyone from the Medicaid rolls, out of concern that people would lose access to health care during a ...

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Enrollment Report

Year: *2022 & 2023* **County:** *All* **Program:** *AIM, IHSS, Medi-Cal*
Aid Cat Roll Up: *All* **Data Refresh Date:** *9/5/2023*

StaticDate
9/1/2022 12:00:00 AM to 9/30/2023 11:59:59 PM

Membership Totals by County and Program, % Change Month-over-Month and % Change Year-over-Year

of Members

200K
150K
100K
50K
0K

184,294
148,110
78,751

188,906
-1.3%
2.5%

152,057
-0.4%
2.7%

80,613
-0.5%
2.4%

Program County
SANTA CRUZ
MONTEREY
MERCED

Members-->
Monthly -->
Yearly -->

September 2022 November 2022 January 2023 March 2023 May 2023 July 2023 September 2023

Program..	ProgramCo..	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023
Medi-Cal	SANTA CRUZ	78,751	79,273	79,981	80,229	80,838	81,062	81,221	81,642	81,868	81,922	81,345	80,987	80,613
	MONTEREY	183,636	184,423	185,221	185,945	187,572	188,521	189,478	190,981	191,789	192,285	191,401	190,667	188,206
	MERCED	148,110	148,857	149,678	150,110	151,086	151,427	151,721	152,766	153,387	153,949	153,468	152,631	152,057
IHSS	MONTEREY	658	654	656	654	652	651	646	648	656	670	679	691	700
Total Members		**411,155**	**413,207**	**415,536**	**416,938**	**420,148**	**421,661**	**423,066**	**426,037**	**427,700**	**428,826**	**426,893**	**424,976**	**421,576**