

Santa Cruz – Monterey – Merced Managed Medical Care Commission



Meeting Agenda

Wednesday, August 24, 2022

3:00 p.m. – 5:00 p.m.

Teleconference Meeting

(Pursuant to Assembly Bill 361 signed by Governor Newsom, September 16, 2021)

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

1. Members of the public wishing to observe the meeting remotely via online livestreaming may do so as follows:
 - 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: 139 970 28#
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, August 23, 2022 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. Public comment during the meeting when that item is announced.
 - i. State your name and organization prior to providing comment.
 - ii. Comments are limited to five minutes.
3. Mute your phone during presentations to eliminate background noise.
 - a. State your name prior to speaking during comment periods.
 - b. Limit background noise when unmuted (i.e., paper shuffling, cell phone calls, etc.).

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- 1. Call to Order by Chairperson Jimenez. 3:00 p.m.**
 - A. Roll call; establish quorum.
 - B. Supplements and deletions to the agenda.
- 2. Oral Communications. 3:05 p.m.**
 - A. Members of the public may address the Commission on items not listed on today's agenda that are within the jurisdiction of the Commission. Presentations must not exceed 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. – 11I.): 3:10 p.m.

- 5. Approve findings that the state of emergency continues to impact the ability of members to meet safely in person and/or State or local officials continue to impose or recommend measures to promote social distancing.**
 - Reference materials: Staff report and recommendation on above topic.
Pages 5-01 to 5-02
- 6. Accept Executive Summary from the Chief Executive Officer (CEO).**
 - Reference materials: Executive Summary from the CEO.
Pages 6-01 to 6-09
- 7. Accept Alliance Dashboard for Q2 2022.**
 - Reference materials: Alliance Dashboard – Q2 2022.
Pages 7-01 to 7-02
- 8. Accept Alliance Financial Highlights, Balance Sheet, Income Statement and Statement of Cash Flow for the sixth month ending June 30, 2022.**
 - Reference materials: Financial Statements as above.
Pages 8-01 to 8-09

Appointments: (9A.)

- 9A. Approve appointment of Ibraheem Al Shareef, MD to the Whole Child Model Clinical Advisory Committee.**
 - Reference materials: Staff report and recommendation on above topic.
Page 9A-01

Minutes: (10A. – 10D.)

- 10A. Approve Commission regular meeting minutes of June 22, 2022 and special meeting minutes of July 22, 2022.**
 - Reference materials: Minutes as above.
Pages 10A-01 to 10A-08

- 10B. Accept Compliance Committee meeting minutes of May 18, 2022 and June 25, 2022.**
- Reference materials: Minutes as above.
Pages 10B-01 to 10B-06
- 10C. Accept Continuous Quality Improvement Committee meeting minutes of April 28, 2022.**
- Reference materials: Minutes as above.
Pages 10C-01 to 10C-08
- 10D. Accept Whole Child Model Family Advisory Committee meeting minutes of May 9, 2022.**
- Reference materials: Minutes as above.
Pages 10D-01 to 10D-06
- Reports: (11A. – 11I.)**
- 11A. Authorize the Chairperson to sign Agreement #22-20193 with the Department of Health Care Services to initiate the Operational Readiness (OR) activities for the 2024 Medi-Cal Managed Care Plan (MCP) contract, assuming the Agreement meets with staff understandings and expectations.**
- Reference materials: Staff report and recommendation on above topic.
Page 11A-01
- 11B. Accept draft agenda for the Board's Annual Retreat on September 28, 2022.**
- Reference materials: Draft retreat agenda.
Pages 11B-01 to 11B-02
- 11C. Accept report on Chief Executive Officer Recruitment update.**
- Reference materials: Staff report on above topic.
Page 11C-01
- 11D. Approve recommendation on Dual Eligible Special Needs Plans (D-SNP) Operational Gap Assessment.**
- Reference materials: Staff report and recommendation on above topic.
Page 11D-01
- 11E. Approve new Alliance Policy 700-2000 Board – Designated Reserve ("Reserve").**
- Reference materials: Staff report and recommendation on above topic; Alliance Policy 700-2000 – Board-Designated Reserve ("Reserve").
Pages 11E-01 to 11E-05
- 11F. Approve revised Alliance Policy 105-0013 – Expenditure Authority and Alliance Policy 105-2502 – Contract Signature Authority.**
- Reference materials: Staff report and recommendation on above topic; Alliance Policy 105-0013 – Expenditure Authority and Alliance Policy 105-2502 – Contract Signature Authority.
Pages 11F-01 to 11F-09
- 11G. Approve revised Alliance Policy 401-1101 – Quality and Performance Improvement Program.**
- Reference materials: Staff report and recommendation on above topic; and Alliance Policy 401-1101 – Quality and Performance Improvement Program
Pages 11G-01 to 11G-28

11H. Accept Quality Improvement System (QIS) report for Q1 2022.

- Reference materials: Staff report and recommendation on above topic; and QIS Workplan – Q1 2022.

Pages 11H-01 to 11H-20

11I. Accept Utilization Management Work Plan report for Q1 2022.

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

Page 11I-01 to 11I-06

Regular Agenda Items: (12. – 16.): 3:15 p.m.

12. Consider approving Non-Emergency Medical Transportation (NEMT) Policy. (3:15 – 3:35 p.m.)

- A. Ms. Lisa Ba, Chief Financial Officer (CFO), will review and Board will consider approving provider payment recommendation for medical transportation.
- Reference materials: Staff report and recommendation on above topic.

Pages 12-01 to 12-02

13. Consider approving proposed Medi-Cal Capacity Grant Program (MCGP) Framework and Governance Evolution. (3:35 – 4:00 p.m.)

- A. Ms. Stephanie Sonnenshine, CEO, will review and Board will consider approving the proposed MCGP Framework and direct staff to return to the Board with a recommendation which addresses governance for the MCGP.
- Reference materials: Staff report and recommendation on above topic; and Proposed MCGP Framework.

Pages 13-01 to 13-04

14. Consider approving Medi-Cal Capacity Grant Program (MCGP): Focus Area Goals and Funding Priorities. (4:00 – 4:20 p.m.)

- A. Ms. Jessica Finney, Grant Program Manager, will review and Board will consider approving the new focus area goals, funding priorities and theory of change for the MCGP.
- Reference materials: Staff report and recommendation on above topic; and MCGP Theory of Change.

Pages 14-01 to 14-05

15. Consider approving Annual Allocation to Strategic Use of Reserves. (4:20 – 4:45 p.m.)

- A. Ms. Ba, CFO, will review and Board will consider approving strategic allocations to future programs and Medi-Cal Capacity Grant Program.
- Reference materials: Staff report and recommendation on above topic.

Pages 15-01 to 15-02

16. Consider approving entering into Purchase and Sale Agreement with MidPen Housing for the 38th Avenue property. (4:45 – 5:00 p.m.)

- A. Mr. Scott Fortner, Chief Administrative Officer, will review and Board will consider approving entering into a Purchase and Sale Agreement with MidPen Housing for the 38th Avenue property (formerly Capitola Manor).
- Reference materials: Staff report and recommendation on above topic.

Page 16-01

Information Items: (17A. – 17E.)

A. Alliance in the News	Page 17A-01
B. Alliance Fact Sheet – July 2022	Page 17B-01
C. Letters of Support	Page 17C-01
D. Member Appeals and Grievance Report – Q2 2022	Page 17D-01
E. Membership Enrollment Report	Page 17E-01

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, August 24, 2022; 1:30 – 2:45 p.m.
- Member Services Advisory Group
Thursday, November 10, 2022; 10:00 – 11:30 a.m.
- Physicians Advisory Group
Thursday, September 1, 2022; 12:00 – 1:30 p.m.
- Whole Child Model Clinical Advisory Committee
Thursday, September 15, 2022; 12:00 – 1:00 p.m.
- Whole Child Model Family Advisory Committee
Monday, September 12, 2022; 1:30 – 3:00 p.m.

The above meetings will be held via teleconference unless otherwise noticed.

The next regular meeting of the Commission, after this August 24, 2022 meeting, unless otherwise noticed:

- Santa Cruz – Monterey – Merced Managed Medical Care Commission

Date: Wednesday, September 28, 2022
Time: 9:00 a.m. – 5:00 p.m.
Location: Central California Alliance for Health
1700 Green Hills Road
Scotts Valley, CA 95066

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.

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The complete agenda packet is available for review on the Alliance website at www.ccah-alliance.org/boardmeeting.html. 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: August 24, 2022
TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission
FROM: Stephanie Sonnenshine, Chief Executive Officer
SUBJECT: AB 361 – Brown Act: Teleconferencing Meeting Procedures

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

(A) The Board has considered the circumstances of the current COVID-19 state of emergency; and,

(B) Any of the following exists:

- (i) The state of emergency continues to directly impact the ability of the members to meet safely in person.
- (ii) State or local officials continue to impose or recommend measures to promote social distancing.

Staff further recommend that the Board consider making these findings on behalf of its Committees and the Advisory Groups of the Board to allow for the conduct of business via teleconferencing compliant with Government Code § 54953.

Staff recommend the Board schedule a regular meeting on September 23, 2022 to reconsider the circumstances of the state of emergency and to determine if there are applicable conditions present to continue meeting under the provisions afforded through AB 361.

Further, staff recommend the Board adopt a meeting schedule as follows for the remainder of 2022 to meet in compliance with AB 361 to consider the present state of emergency and determine if the above circumstances continue to exist in order to enable continued meeting via teleconferencing.

- September 28, 2022 – Board Retreat
- October 26, 2022 – Regularly scheduled Board meeting
- November 18, 2022 – AB 361 meeting
- December 7, 2022 – Regularly scheduled Board meeting
- January 6, 2023 – AB 361 meeting

Summary. AB 361 (Statutes 2021) amended Government Code § 54953 to modify rules requiring the physical presence of members of a public agency for the purposes of conducting a public meeting during declared states of emergency and when state or local officials have imposed or recommended measures to promote social distancing. To meet while in compliance with the permissions provided by AB 361, the Board must make the

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above referenced findings by majority vote and must reconsider the circumstances every 30 days.

Background. On September 16, 2021 Governor Newsom signed AB 361 (Rivas) which allows a local agency to use teleconferencing without complying with certain Brown Act requirements as long as notice and accessibility requirements are met, public members are allowed to observe and address the local agency body at the meeting, and the local agency body has a procedure for receiving and swiftly resolving requests for reasonable accommodations.

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

Discussion. Since the Board's June 22, 2022 meeting, the COVID-19 surge has continued and the CDC Community Level ratings in Alliance service area counties are as follows: Monterey and Merced Counties remain high on the CDC county ratings and Santa Cruz County remains at medium.

In order to continue utilizing teleconferencing under the procedures outlined by AB 361, after this Regular Meeting of the Board, and if the state of emergency remains active or state or local officials continue to impose or recommend measures to promote social distancing, the Board must, no later than 30 days after this meeting and every 30 days thereafter, reconsider the circumstances of the state of emergency. Therefore, the Board will be asked to convene a Special meeting on September 23, 2022 to reconsider these circumstances as they relate to the next regular meeting of the Board on September 28, 2022.

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

Attachments. N/A



DATE: August 24, 2022
TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission
FROM: Stephanie Sonnenshine, Chief Executive Officer
SUBJECT: Executive Summary from the Chief Executive Officer

Executive

2022-23 State Budget. Governor Newsom signed into law the State Budget and related Trailer Bills prior to the July 1, 2022 deadline including \$135.5B in Medi-Cal spending.

Significant components impacting the Alliance include, but are not limited to:

- Expansion of eligibility to all income individuals ages 26-49 regardless of immigration status, not later than January 1, 2024.
- Elimination of most AB 97 rate cuts and continuation of most Proposition 56 payments.
- Implementation of an Alternative Payment Model for Federally Qualified Health Centers effective January 1, 2024.
- Permanent telehealth policy that includes payment parity for telephonic only telehealth encounters.
- Equity and Practice Transformation Payment grants.
- Implementation of a Doula Benefit effective January 1, 2023.

Staff continue to review budget trailer bill language and plan for implementation and will provide additional relevant information to the Board as appropriate.

Alternate Health Care Service Plan (AHCSPP): AB 2724 (Arambula). On June 30, 2022 Governor Newsom signed into law AB 2724 authorizing a direct, no-bid statewide Medi-Cal contract with Kaiser despite strong and vocal opposition of local health plans and counties. Staff will continue to consider any potential advocacy options and have also asked for discussions with the Department of Health Care Services (DHCS) as to its plan for implementation and the implications for the Alliance.

Federal Public Health Emergency (PHE). On July 15, 2022, the Biden Administration officially renewed the federal PHE extending it an additional 90 days – through October 13, 2022. The Administration has committed to providing 60 days' notice prior to allowing the PHE to terminate. Thus, should the decision be made to end the PHE, notice should be given by August 15, 2022. It is widely anticipated that this will not occur and an additional 90-day extension will be granted. Staff continue to monitor this closely, particularly as eligibility redetermination is on hold throughout the PHE.

2022 Legislative Session. The Legislature has returned from summer recess and is currently working through bills prior to adjourning on August 31, 2022, which is the final day for each house to pass bills. Staff continue to monitor those bills identified in the areas of focus established by the Board and those bills that may impact Alliance members, providers, and

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operations. Staff will provide a final report to the Board on bill outcomes at the December meeting.

Community Involvement. On August 11, 2022 I attended the virtual Health Improvement Partnership of Santa Cruz County (HIPSCC) Council meeting. I attended the Local Health Plans of California August Board meeting in Sacramento on August 15, 2022 and the virtual Housing for Health Partnership Policy Board meeting on August 17, 2022. On August 18, 2022 I attended the HIPSCC Executive meeting and I plan to participate in a CalAIM Town Hall on August 25, 2022.

Health Services

The Alliance welcomed its new Chief Medical Officer (CMO) to the organization in May. Dr Dale Bishop, who has faithfully served the Alliance as the CMO for the past nine years, will thankfully continue to serve in the role of Medical Director to support ongoing operations and strategic initiatives. The Alliance also welcomed Tammy Brass, RN as the new Utilization Management Director. Tammy has served the Alliance for the past four years leading the prior authorization and pediatric complex case management teams. In order to meet the demands of CalAIM, D-SNP and other strategic priorities, the team will look to expand to bring on the additional resources required to support these efforts moving forward.

Monkeypox Vaccination. On August 1, 2022, Governor Newsome declared a state of emergency around the ongoing outbreak of Monkeypox in California. The Alliance released a Provider news flash on August 3, 2022 to alert our provider network to available laboratory resources, recommendations for screening for infection, and how to bill for vaccine administration. The Alliance will continue to coordinate with local public health to ensure access to testing and vaccination.

COVID-19 Report

COVID-19 Disease Activity (Collected on August 3, 2022)

County	Cases per 100K (7-day average)	14-Day Average of Hospitalized Patients	Rate of Positive Tests (7-day rate)	Confirmed Deaths (total)
Merced	35.2	35.2	22.0%	838
Monterey	27.3	42.1	15.0%	754
Santa Cruz	42.1	23.6	13.3%	269
California	40.7	4,685.5	14.5%	92,889

Source: <https://covid19.ca.gov/state-dashboard/#location-california>

Current COVID-19 Vaccination Status:

COVID-19 Vaccination Rates for Eligible Alliance Members as of 8/1/2022	
	% Alliance members with at least one dose
Merced	49.9%
Monterey	63.9%
Santa Cruz	69.7%
CCAH	60.0%

Note: We are currently validating our data and recoding doses to ensure that we are accurately representing fully vaccinated members and identifying booster doses correctly. Thank you for your patience.

Quality Improvement and Population Health

Population Health Management. DHCS finalized the Population Health Management (PHM) Strategy and Roadmap in July 2022. The Alliance is working on several streams of work in preparation for the readiness assessment (due in October 2022) which requires plans to describe how they are meeting the National Committee for Quality Assurance (NCQA) PHM requirements. This includes assessing available data sources and integration, understanding a member's risk, working with the care teams on providing services and supports, including care models focused on outcomes, and completion of an Alliance PHM Program Description. DHCS plans to provide a risk score to the plans once they have implemented the PHM Service platform. Until that time, the Alliance developed a risk stratification methodology to identify a member's risk score in order to simulate an end-to-end process from risk score to interventions and outcomes. This will be piloted in August for a subset of diabetic members to assess effectiveness of the risk stratification methodology, assessing outcomes of planned interventions, and connecting members to resources.

Merced Visit. As part of the Pediatrics Disparity tactic and a member journey concept – “walk a mile in my shoes”, a sub-set of internal staff conducted an immersive learning experience by touring Merced community. This was to gain a deeper understanding of the member's lived experience through an equity lens. In addition, identify underlying root causes and barriers to accessing and engaging in preventive care services. Lessons learned included the loss community from COVID-19 isolation, provider capacity constraints, knowledge deficit and lack of awareness of Alliance resources, proximity of resources are spread out or far from each other, and sustained infrastructure greatly needed in vulnerable areas. These lessons will be considered as new initiatives or care delivery designs are developed and implemented.

Initial Health Assessment (IHA) Letters. In response to an All-Plan Letter from DHCS, the Alliance identified 24,749 members that were newly enrolled since December 1, 2019, that had not received an IHA, and had not engaged in primary care or perinatal services since enrollment. The Alliance mailed letters to these identified members to provide support in coordinating access to providers as needed, to facilitate primary care or perinatal engagement. This outreach is anticipated to improve member compliance with their IHA visit and help establish a relationship with their provider which can lead to positive health outcomes and improvement in their overall health status.

Utilization Management/Complex Case Management

Inpatient and Emergency Department (ED). From May through July, inpatient and ED utilization have both increased but remain below pre-pandemic baselines. Most inpatient admissions related to COVID-19 are co-occurring infections and not the reason for admission. Admissions of all types are on the increase as a result of care that was postponed during the pandemic. Few COVID-19 admissions require Intensive Care Unit care as a result of vaccination and apparent lower virulence of the Omicron variants.

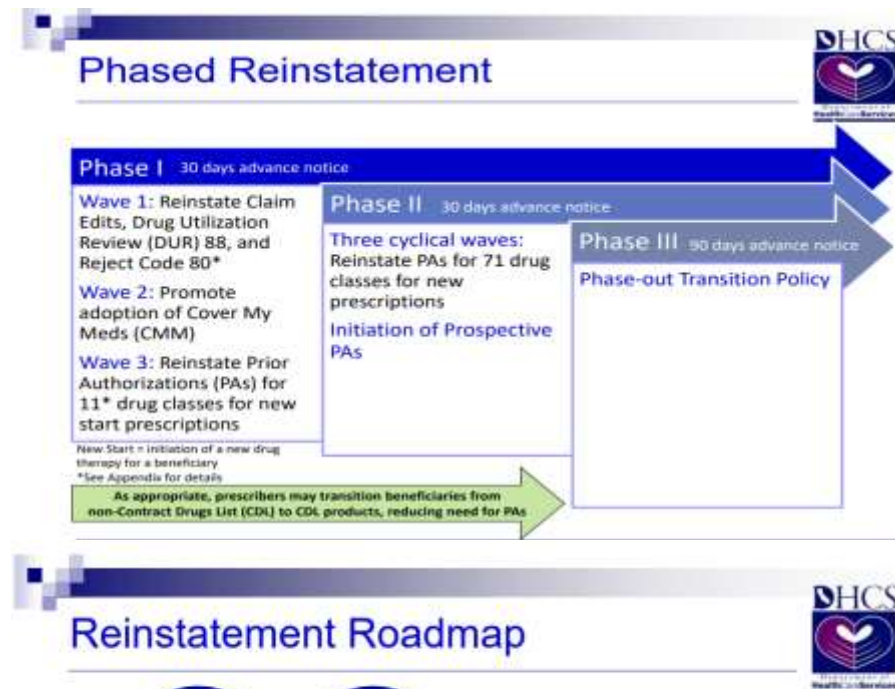
Post discharge follow-up grant supported pilot programs including meals and recuperative care are transitioning to the Community Supports program. Effort is being made to maintain the effectiveness of the programs as they transition.

Prior Authorization. As we are seeing with inpatient and ED utilization, as members return to care, prior authorization volume has increased since May, but also remain below 2019 baseline utilization rates. Emerging overutilization monitoring continues, and so far, has not identified new concerns.

Whole Child. Referrals to the Whole Child program continue to increase.

Pharmacy

Medi-Cal Rx. As previously shared, DHCS has planned a 3-phased approach to reinstate the suspended claims edits and PA requirements for the State's direct statewide management of the pharmacy benefit. These managed care controls were turned off to support the implementation challenges experienced by providers during the first months of the transition from managed care plans to DHCS's pharmacy services vendor.



1. DHCS will be delaying implementation of Phase I, Wave III until September 16, 2022. They indicated the original target was late August. They will send out a 30-day notice in mid-August.
2. Wave III will only apply to adult beneficiaries and will exclude children and youth under the age of 21. This is due to the ongoing concerns from children's providers. In the long-term DHCS will reinstate PAs for those drug classes for children/youth but there is no timeline yet.

Although the Alliance has not experienced any increase in call volume from our pharmacies or providers, staff will continue to monitor the impact of reinstatement on our members by monitoring the pharmacy claims data and initiating any beneficiary care coordination when indicated.

Community Care Coordination

Enhanced Case Management and Community Support Services (ECM/CS). On July 1, 2022 ECM/CS services went live in Merced County. The Alliance has contracted with community-based providers to deliver ECM, as well as the CS services currently being provided in Monterey and Santa Cruz Counties. The Alliance continues efforts to expand the network of contracted providers delivering this care in all three counties. In addition, the previous Alliance Medi-Cal Capacity Grant pilots for Recuperative Care and Bridge Housing transitioned to CS services across all three counties on July 1, 2022.

On July 28, 2022, the Alliance held an additional provider engagement session focused on informing the providers who have cultural competence in the new populations of focus for implementation in January 2023: Adults living in the community who are at risk for LTC institutionalization and nursing facility residents transitioning to the community. Providers who are interested in becoming ECM contracted providers will receive an assessment tool so that they can document their existing infrastructure to provide the benefit, as is utilized as a means to provide further Alliance assessment of readiness and engagement in next steps towards contracting.

DHCS recently announced that the implementation of the 2023 Population of Focus for adults and youth who are incarcerated and transitioning to the community will be implemented in July 2023. This Population of Focus was originally scheduled to be implemented in January, but additional follow-up with CMS and DCHS needs to occur regarding the CMS waiver before this population can be added for ECM.

Behavioral Health. The Alliance is happy to announce that the new Behavioral Health Director, Shaina Zurlin, LCSW, PsyD, has joined the organization as of July 18, 2022. Shaina comes to the Alliance with experience having worked for DHCS, County Behavioral Health Departments, and community-based organizations. Shaina spent the first few weeks of her employment completing onboarding and orientation activities, and now will focus efforts on oversight of Beacon, Alliance Strategic Planning priorities, and planning/executing the implementation of CalAIM efforts related to Behavioral Health.

Efforts continue to implement processes to align with state guidance regarding the implementation of No Wrong Door, Medi-Cal Managed Care Health Plan Responsibility to Provide Services to Members with Eating Disorders, and Medi-Cal Managed Care Health Plan Responsibilities for Non-Specialty Mental Health Services. Collaboration is ongoing to amend

the existing Memorandum of Understanding's between the Alliance and County Behavioral Health Departments. Lastly, staff training and revisions to policies to align with this guidance has been completed.

Employee Services and Communications

Alliance Workforce. As of August 1, 2022, the Alliance has 522.55 budgeted positions of which our active workforce number is 517.6 (active FTE and temporary workers). There are 27 positions in active recruitment, and 46 positions are vacant. The organization continues to review and monitor all position requests to ensure we are meeting FTE targets. Human Resources continues to partner with Finance to ensure alignment in this area.

- 2022 Employee Engagement Survey. Human Resources will conduct the 2022 Employee Engagement Survey in mid-August. Our goal is to provide high-level results in September, and then work with division and department leadership for respective results.
- Competencies and Career Development. In response to feedback from the 2021 Employee Engagement Survey results, Human Resources is commencing work on a competency and career development/pathway system designed to focus on position competency and career navigation and growth. This work is currently in the system implementation phase.
- Working Genius. The Working Genius model provides a framework for staff to identify the type of work that brings them joy and energy as well as what type of work might cause frustration and burnout. This model, developed by Patrick Lencioni, provides insight that can inform and assist individuals and teams to work better together. Human Resources has engaged a certified trainer to help build stronger teams across the organization. Working Genius sessions are currently underway for participating departments.

Communications. Staff are developing our annual flu media campaign. This year's theme, "You don't have time for the flu" aims to persuade busy members to get their annual flu vaccine to avoid becoming seriously ill or spreading illness to others. The campaign includes a mix of owned and paid media tactics. Bi-lingual paid tactics include mobile display ads, digital news publication ads, ads in buses in all counties, and Facebook paid posts. Owned tactics include a website landing page, home page website banner ad, articles in our member bulletin, provider bulletin and our community e-newsletter (The Beat), a member flyer and a press release to local media. The website messaging, flyer and member newsletter article are in all three languages. The campaign kicks off on September 8, 2022 and the paid campaign runs through mid-November.

Staff is working on an enhanced campaign to support eligibility redetermination for members. The campaign will likely consist of owned and paid media tactics, leveraging the materials created by DHCS. In addition, the paid campaign will likely align with the termination of the PHE, so a definitive launch date will be dependent on this timeline. It is likely that any paid campaign would begin no earlier than Q4 2022 and may even occur in early 2023. We will provide an update once we have more information.

In partnership with Provider Services, staff have revised provider-facing communication tools to better differentiate our publications and to provide stronger ties to the Alliance brand.

The *Provider E-Newsletter* is now called the *Provider Digest*. Additionally, our *Provider Fax Blast* is now called the *Provider Flash*. Here's a quick summary of all provider publications and their respective cadence.

- The *Provider Bulletin* is published digitally and in print every quarter. Providers receive a copy in the mail and via email. You can read [previous issues on our website](#).
- The *Provider Digest*, formerly known as the *Provider E-Newsletter*, is a biweekly digital publication sent to providers via email and posted [on our website](#).
- The *Provider Flash*, formerly the *Provider Fax Blast*, shares timely or urgent alerts via fax and email. These are also posted [on our website](#).

Facilities and Administrative Services.

- 1098 38th Avenue. The demolition of the previous structure has been completed.
- HVAC Replacement. The Facilities Department is working to replace several large heating and air conditioning units at 1600 and 1800 Green Hills Road, and 950 E Blanco Road as part of the capital project plan.

Operations

Member Services. The Member Services Department is currently reviewing Call Center processes in order to ensure Member Services is adequately staffed and has the capacity to assist our members thoroughly and timely. Over the past few months, the Call Center has been experiencing a surge of member calls with highest volume ever in June and July, while simultaneously experiencing an increase in staff absences due to burn out and COVID-related issues, leading to increased wait times for our members. Member Services is in the process of onboarding two new Member Services Representatives, which will help support the increase in member calls as well as lower the amount of time members wait to speak to a representative.

Member Services has been working with a vendor to deliver customer service training to call center staff. The first group to participate in the Customer Service Training found the training to be helpful and engaging. The training was tailored to the Alliance and is intended to improve service to our members, improve our staff confidence when handling difficult situations, improve our member-focused culture, reduce unproductive detours, and maintain our exceptional service experience.

Provider Services. The Provider Services team has been focused on expanding access to Non-Emergency Medical Transportation (NEMT) providers in all three counties. The August Board proposal report identifies key rate requests that will assist in continued development of the NEMT network. The team continues to support CalAIM focused efforts surrounding Enhanced Care Management (ECM) and Community Supports (CS) providers in all three counties. The team is preparing for expanded ECM/CS member populations in early 2023 which includes increasing existing ECM/CS provider capacity as well as additional recruitment of new ECM/CS providers. In Santa Cruz County, focused efforts are in progress to expand specialty access. This work includes partnering with existing specialty providers to expand access, increasing use of e-Consult where applicable and referring to Telehealth when appropriate.

Regional Operations Santa Cruz/Monterey/Merced. The Alliance has partnered with the Health Improvement Partnership of Santa Cruz County and the Insure the Uninsured Project to host "Seizing Opportunity, Bringing Community into CalAIM", a webinar for Community Based Organizations and community partners on August 25, 2022. The objectives of the webinar include:

1. Sharing information about California's Medi-Cal program and how the onset of CalAIM implementation is going for local health partners,
2. Expanding connections between community-based organizations and the health care delivery system.
3. Discussing actionable ways to address challenges and build successful partnerships to ensure the success of CalAIM goals and create a community and equity-centered health care delivery system.

Operational Excellence. The Alliance is making good progress on planning for 2023. The Alliance aligns a multi-stage planning process in order to inform the budget, operating plan, and annual goals. Without a doubt, the CalAIM initiatives are posing the largest impact to our planning efforts. Projects like NCQA accreditation, D-SNP, and Enhanced Care Management/Community Supports will require significant resources next year. As such, the Alliance is aligning CalAIM with the Strategic Plan, focusing on decreasing health disparities and delivery system transformation. These will largely represent the 2023 Operating Plan.

In August, the Alliance will finalize the Operational Readiness Assessment (ORA), which seeks to understand and improve the organization's ability to respond to the changing external environment. The recommendations from the ORA, combined with individual Department Assessments will inform next year's annual goals.

Q2 2022 Organizational Dashboard. The Q2 2022 Alliance Dashboard is comprised of 137 metrics monitoring 64 health plan core, support and managerial processes. These 64 health plan processes are rolled-up to 13 top-level (Level 1) processes for Board monitoring using a composite methodology.

The Q2 2022 Alliance Dashboard indicates healthy performance with a composite organizational result of 96.9%. Results for 10 of 13 Level 1 processes met or exceeded 95% of target. Key exceptions to the 95% standard and other notable performance are as follows:

Level 1 Process	Q2 Results	Qtr over Qtr Change	Key Drivers
Engage and Support Members	92.9%	-0.1%	Level 2 process <i>Help Members Navigate</i> (82.4%) is performing below threshold as the pandemic continues to impact staff shortages and supply chain issues which are affecting Member Services Call Center performance and the onboarding of new members.
Manage Data	92.6%	-5.2%	<i>Complete, Accurate, and Timely Encounter Data (QMED)</i> (50.0%) brought down overall performance due to significant pharmacy data completeness issue across all counties that has since been resolved. <i>Timely service request response</i> (86.0%) also contributed to below target performance due to inefficient workflows which will be resolved with the rollout of new software.

Level 1 Process	Q2 Results	Qtr over Qtr Change	Key Drivers
Manage Alliance Compliance Commitments	83.3%	-13.9%	The sole metric impacting a below target L1 performance is <i>Timely management response to failed internal audit and/or monitoring review</i> (0.0%). The only applicable audit of regulatory notices was received one day late resulting in a 0% result. This is not a repeat concern and Compliance will continue to monitor the timeliness of future audit responsiveness.
Manage Organizational Communications & Branding	99.2%	+4.9%	<i>Community Engagement on Social Media</i> result of 100.0%, improved from 88.6% in Q122. Communications shifted their focus to concentrating on fewer posts to ensure they maximized opportunities for engagement.
Manage Alliance Finances	99.9%	+5.1%	<i>Investment Portfolio Performance</i> result of 100.0%, improved from 58.6% in Q122. The improvement is contributed to leveraging cash to repurchase new bonds with higher yields, which increased our interest income. In addition, the bond market yields have come down a little in Q222, which helped reverse some of our unrealized losses.

Alliance Dashboard

Quarter 2, 2022



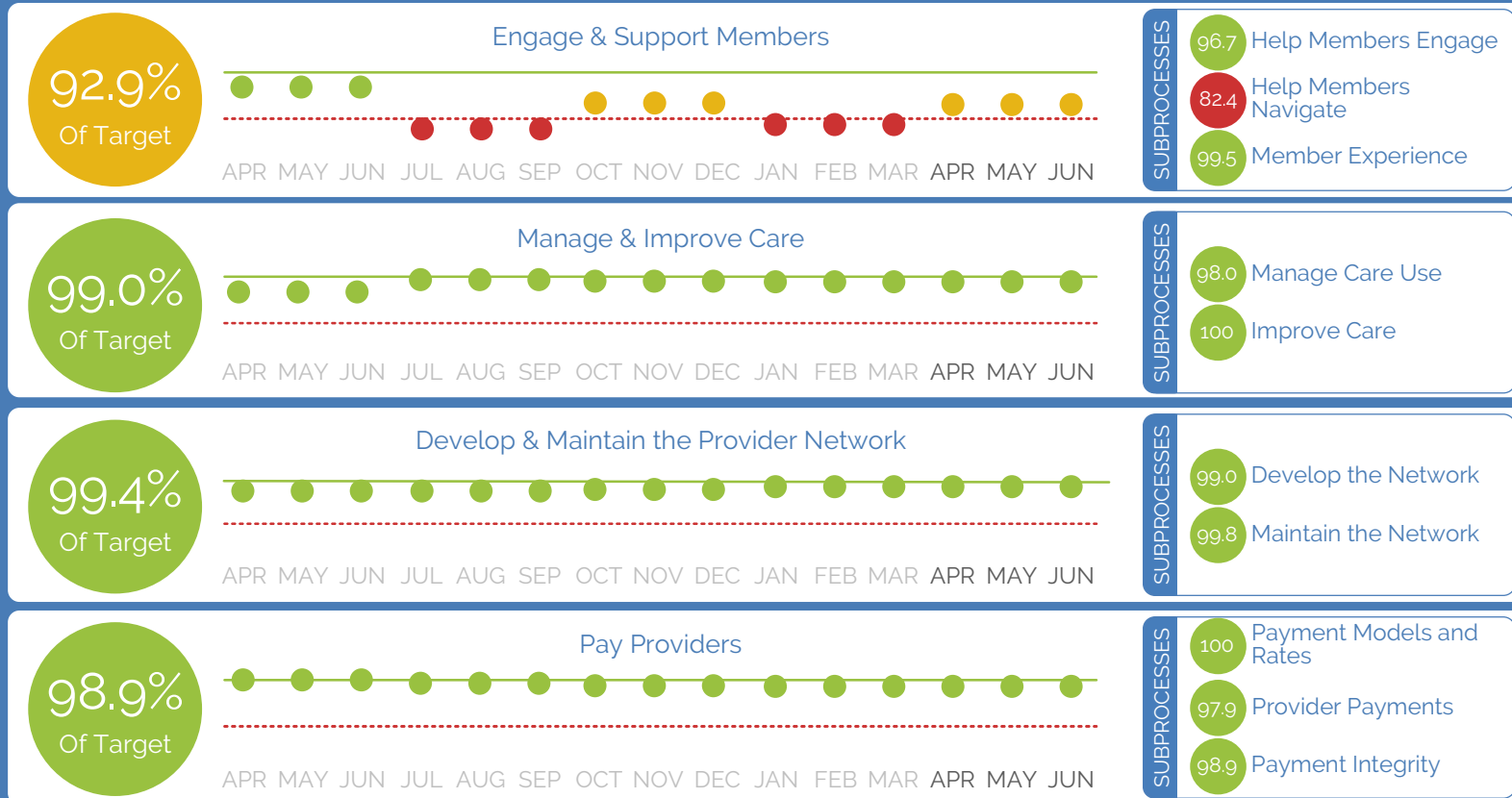
Purpose: To provide oversight of health plan performance across all organizational processes, to enable timely and targeted intervention as needed.

Context & Limitations: *Target* and *Threshold* levels are established by Alliance leadership and informed by contractual requirements and best practice standards (where available). This dashboard is produced using composites, meaning the performance of multiple sub-processes is combined for aggregate performance scores. All metrics are normalized to a 100 point scale to create the composites, so *Target* performance is always 100%. A subset of metrics are included on the following page, and additional context, analysis, and action plans surrounding performance trends (positive or negative) are included in the *Executive Summary from the CEO*, as applicable.

Legend	Target = desirable performance	Threshold = lowest acceptable performance	≥ to 95% of Target	<95% of Target and >Threshold	<Threshold
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Core Processes

Deliver value to our members, providers and community

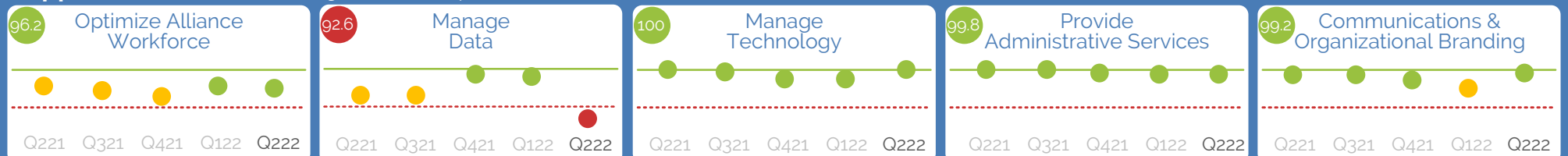


Managerial Processes

Guide the organization



Support Processes Enable organizational operations



Alliance Dashboard – Board Metrics

Quarter 2, 2022



No.	Metric	Period	Target	Performance
1	Calls to Member Services answered within 30 seconds	Q222	80.0%	28.2%
2	New Member Welcome Call Completion Rate	Q122	30.0%	26.5%
3	Timely Resolution of Member Complaints	Q222	100.0%	99.0%
4	Members' Favorable Rating of Health Plan (CAHPS) (Medi-Cal)	2020	Child: 86.0% Adult: 73.0%	Child: 88.8% Adult: 79.8%
5	Members' Favorable Rating of Health Care (CAHPS) (Medi-Cal)	2020	Child: 84.5% Adult: 70.5%	Child: 87.1% Adult: 79.1%
6	Routine PCP Facility Site Reviews Completed Timely	Q222	100.0%	100.0%
7	Facility Sites Reviewed in Good Health	Q222	100.0%	100.0%
8	In Area PCP Market Share (all counties)	Q222	80.0%	86.4%
9	In Area Specialist Market Share (all counties)	Q222	80.0%	86.7%
10	Contracted PCP Open % (all counties)	Q222		57.0%
11	Overall Provider Satisfaction Rate	2021	88.0%	89.0%
12	Inpatient Bed Days/ 1,000 members/Year (Medi-Cal)	Q122	292.0	274.0
13	Admissions/1,000 Members/Year (Medi-Cal)	Q122	63.0	59.0
14	Total 30 Day All-Cause Readmissions %	Q122	11.0%	12.0%
15	Ambulatory Care Sensitive Admissions (Medi-Cal)	Q122	8.0%	6.5%
16	Average Length of Stay (Medi-Cal)	Q122	4.5	4.7
17	Emergency Department visits/1,000 members/year (all LOBs)	Q122	590.0	427.0
18	Avoidable Emergency Department visits (all LOBs)	Q122	18.0%	12.4%
19	Behavioral Health Utilization Rate by County (All Ages)	Q122	3.6%	SC: 9.8% Mont: 4.1% Merced: 3.8%
20	Routine Medical/Surgical Prior Authorizations Adjudicated Timely	Q222	100.0%	99.9%
21	Clean Claims Processed and Paid Within 30 Calendar Days	Q222	90.0%	84.7%
22	Employee Turnover Rate	Q321-Q222	10.0%	8.3%
23	Total Staffed Workforce	Q222	90.0%	94.4%
24	Board Designated Reserves Percentage	Q222	100.0%	131.0%
25	Net Income Percentage	Q222	1.0%	7.1%
26	Medical Loss Ratio	Q222	92.0%	86.6%
27	Administrative Loss Ratio	Q222	6.0%	5.0%



DATE: August 24, 2022
TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission
FROM: Lisa Ba, Chief Financial Officer
SUBJECT: Financial Highlights for the Sixth Month Ending June 30, 2022

For the month ending June 30, 2022, the Alliance reported an Operating Income of \$7.1M. The Year-to-Date (YTD) Operating Income is at \$71.3M, with a Medical Loss Ratio (MLR) of 85.5% and an Administrative Loss Ratio (ALR) of 5.1%.

The budget expected \$41.3M Operating Income for YTD June. The actual result is favorable to budget by \$30.0M or 72.8%, driven primarily by \$37.1M in boosted enrollment variance and \$24.7M from positive revenue rate variance. The favorability is partially offset by the (\$33.6M) unfavorable medical expense variance from higher membership and (\$1.6M) from rate variance.

The 2022 budget assumed the Public Health Emergency (PHE) would end in January, and enrollment would decrease throughout the year. The PHE has since been extended and is expected to end in October. Therefore, the Alliance will have a favorable enrollment for 2022.

The 2022 budget assumed utilization levels would return to the 2019 level by Q1 2022, incrementally increasing each quarter and ending at a 5% increase from pre-pandemic levels. Staff expected utilization to rise as members resumed delayed elective procedures, surgeries, and specialist referrals in 2022. Actual utilization continues to rebound from the lowest observed levels in 2020 and is heading towards 2019 levels. The 2022 budget additionally assumed that the LTC rate increase, implemented in response to the PHE, would be discontinued, which has not been realized.

Jun-22 MTD (In \$000s)				
<u>Key Indicators</u>	Current Actual	Current Budget	Current Variance	% Variance to Budget
<i>Membership</i>	404,261	366,008	38,253	10.5%
Revenue	128,310	113,996	14,314	12.6%
Medical Expenses	114,790	100,456	(14,333)	-14.3%
Administrative Expenses	6,452	7,375	923	12.5%
Operating Income/(Loss)	7,068	6,164	904	14.7%
Net Income/(Loss)	4,655	4,932	(277)	-5.6%
<i>MLR %</i>	89.5%	88.1%	-1.3%	
<i>ALR %</i>	5.0%	6.5%	1.4%	
<i>Operating Income %</i>	5.5%	5.4%	0.1%	
<i>Net Income %</i>	3.6%	4.3%	-0.7%	

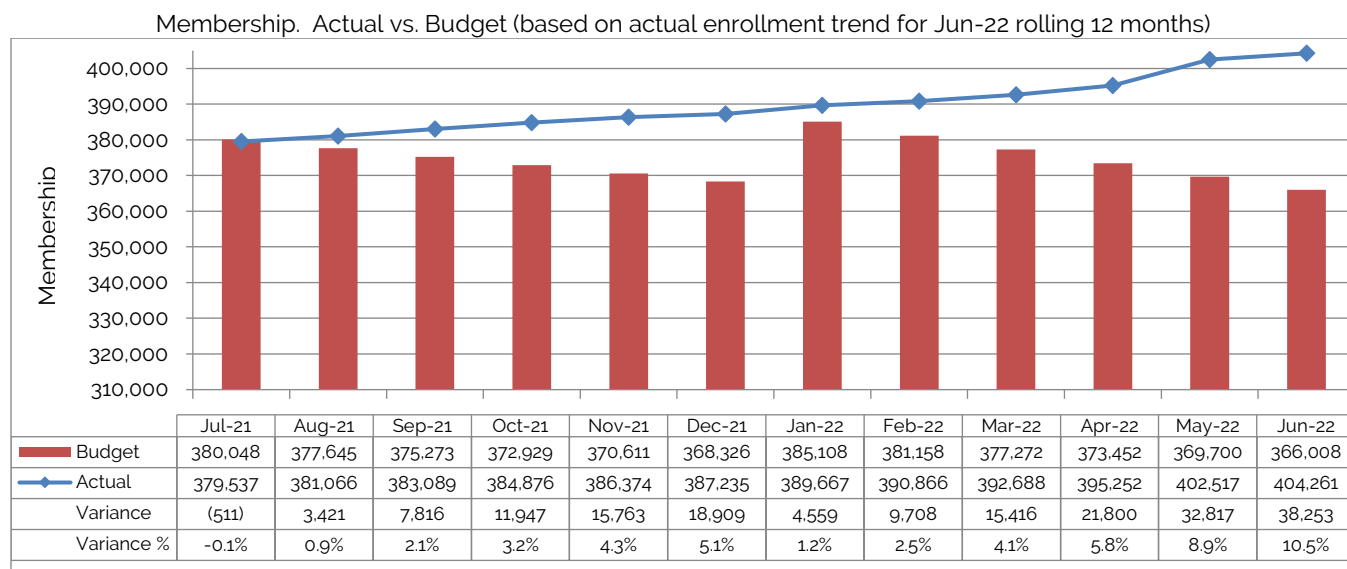
HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Jun-22 YTD (In \$000s)				
<u>Key Indicators</u>	YTD Actual	YTD Budget	YTD Variance	% Variance to Budget
<i>Member Months</i>	<i>2,375,251</i>	<i>2,252,698</i>	<i>122,553</i>	<i>5.4%</i>
Revenue	763,475	701,662	61,813	8.8%
Medical Expenses	653,050	617,845	(35,204)	-5.7%
Administrative Expenses	39,129	42,553	3,424	8.0%
Operating Income/(Loss)	71,297	41,263	30,033	72.8%
Net Income/(Loss)	54,610	33,856	20,754	61.3%
PMPM				
Revenue	321.43	311.48	9.95	3.2%
Medical Expenses	274.94	274.27	(0.67)	-0.2%
Administrative Expenses	16.47	18.89	2.42	12.8%
Operating Income/(Loss)	30.02	18.32	11.70	63.9%
<i>MLR %</i>	<i>85.5%</i>	<i>88.1%</i>	<i>2.5%</i>	
<i>ALR %</i>	<i>5.1%</i>	<i>6.1%</i>	<i>0.9%</i>	
<i>Operating Income %</i>	<i>9.3%</i>	<i>5.9%</i>	<i>3.5%</i>	
<i>Net Income %</i>	<i>7.2%</i>	<i>4.8%</i>	<i>2.3%</i>	

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 directly correspond with enrollment and should be evaluated at the dollar amount.

At a PMPM level, YTD revenue is \$321.43, which is favorable to budget by \$9.95 or 3.2%. Medical cost PMPM is \$274.94, which is unfavorable by \$0.67 or 0.2%. The resulting operating income PMPM is \$30.02, which is favorable by \$11.70 compared to the budget.

Membership. June 2022 membership is favorable to budget by 10.5%. Please note that the 2022 budget assumed the PHE would end in January 2022, and enrollment would decrease gradually to the pre-pandemic level by December 2022. The State anticipates the PHE will expire no sooner than October 13, 2022. Additionally, effective May 1, 2022, the State extended eligibility to Adults ages 50, regardless of immigration status. The Alliance has approximately 5,000 members in this category. Overall, the membership will remain favorable in 2022.



Revenue. June 2022 capitation revenue of \$127.9M is favorable to budget by \$14.2M or 12.5%, mainly attributed to higher enrollment of \$11.9M and other minor rate variances of \$2.4M.

June 2022 YTD capitation revenue of \$761.5M is favorable to budget by \$61.4M or 8.8%. Of this amount, \$36.8M is from boosted enrollment and \$24.6M due to rate variance. The favorable rate includes funding for various programs not yet finalized when preparing the 2022 budget, including CalAIM Incentive Payment Programs, rapid genome sequencing, and the expansion of Medi-Cal benefits to undocumented Californians age 50 and older.

Jun-22 YTD Capitation Revenue Summary (In \$000s)					
County	Actual	Budget	Variance	Variance Due to Enrollment	Variance Due to Rate
Santa Cruz	170,231	158,251	11,980	7,825	4,155
Monterey	326,495	298,694	27,801	15,188	12,612
Merced	264,755	243,111	21,644	13,813	7,831
Total	761,481	700,056	61,425	36,826	24,599

Note: Excludes Jun-22 YTD In-Home Supportive Services (IHSS) premiums revenue of \$2.0M.

Medical Expenses. June 2022 Medical Expenses of \$114.8M are \$14.3M or 14.3% unfavorable to budget. June 2022 YTD Medical Expenses of \$653.1M are above budget by \$35.2M or 5.7%. Of this amount, \$33.6M is due to higher enrollment and \$1.6M from increased PMPM cost variance. "Other Medical" expense is unfavorable to budget by \$25.4M or 27.7% due to higher utilization in lab, behavior health services, and increases in unit cost driven by a mix of services from the lab, DME, non-medical transportation, and behavioral health. This category also includes CalAIM Incentive Payment Program expenses as the Alliance aims for budget-neutral and to distribute the payment to providers or cover its own cost of expanding capacity and building infrastructure.

Jun-22 YTD Medical Expense Summary (In \$000s)					
Category	Actual	Budget	Variance	Variance Due to Enrollment	Variance Due to Rate
Inpatient Services (Hospital)	249,751	234,753	(14,998)	(12,771)	(2,226)
Inpatient Services (LTC)	81,766	77,426	(4,339)	(4,212)	(127)
Physician Services	126,499	129,992	3,493	(7,072)	10,565
Outpatient Facility	78,290	83,465	5,175	(4,541)	9,716
Pharmacy	(455)	410	865	(22)	887
Other Medical	117,200	91,800	(25,400)	(4,994)	(20,406)
Total	653,050	617,845	(35,204)	(33,612)	(1,592)

Note: Other Medical includes Allied Health, Non-Claims HC Cost, transportation, ECM, ILOS, BHT, Lab, and other medical cost.

At a PMPM level, YTD Medical Expenses are \$274.94, which is unfavorable by \$0.67 or 0.2% compared to the budget. Please note that the rate (PMPM) is the unit cost for a service multiplied by the utilization.

The 2022 budget assumed utilization would return to the 2019 level during Q1 2022 and increase 5% over 2019 by year-end. Actual YTD utilization has not achieved the 2019 level but indicates upward movement. Authorizations suggest that Inpatient (Hospital) utilization continued to be below the 2019 level through early 2022, representing approximately 50% of medical expenses. However, \$2M in retroactive claims payments from 2019 and 2020 and \$8.9M in Incurred but Not Reported (IBNR) increases due to recent October and November 2021 payments have driven Inpatient Services costs higher than budget both on a PMPM and dollar basis.

The budget assumed that the Long-term Care (LTC) COVID add-on would be discontinued in 2022. Due to the PHE extension, the COVID add-on is still in place. Therefore, the LTC cost will be higher than the budget.

Jun-22 YTD Medical Expense by Category of Service (In PMPM)				
Category	Actual	Budget	Variance	Variance %
Inpatient Services (Hospital)	105.15	104.21	(0.94)	-0.9%
Inpatient Services (LTC)	34.42	34.37	(0.05)	-0.2%
Physician Services	53.26	57.70	4.45	7.7%
Outpatient Facility	32.96	37.05	4.09	11.0%
Pharmacy	(0.19)	0.18	0.37	100.0%
Other Medical	49.34	40.75	(8.59)	-21.1%
Total	274.94	274.27	(0.67)	-0.2%

Administrative Expenses. June YTD Administrative Expenses are favorable to budget by \$3.4M or 8.0% with a 5.1% ALR. Salaries, Wages, & Benefits (SWB) are favorable by \$2.4M or 8.1% due to employee benefits running lower than budget and savings from vacant positions. Non-Salary Administrative Expenses are favorable by \$1.0M or 8.0% due to the actual spend versus budget timing.

Nationwide inflation has been steadily increasing over the past year. Most recently, it was reported that the rate of inflation is currently 9.1%. In our Town Hall meetings, department meetings, and other gatherings, staff have reported that high inflation, coupled with the already high cost of living throughout our service area, is having a significant negative impact on their ability to meet personal and family needs, and to remain in the local area. In order to address the issue of inflation and to retain our workforce to ensure the delivery of Medi-Cal services to qualifying residents within our three counties, staff will be implementing a 5% cost of living adjustment (COLA), with adjustments realized in September. The COLA will not be applied to executive compensation. Note that there is no negative financial impact resulting from the implementation of a COLA as it is predicted that the Alliance will end the 2022 fiscal year at or under budget.

Non-Operating Revenue/Expenses. June YTD Total Non-Operating Revenue is unfavorable to budget by \$13.3M. There is a \$15.1M unrealized loss on investments, reduced by \$5.5M favorability in grants and interests.

Summary of Results. Overall, the Alliance generated a YTD Net Income of \$54.6M, with an MLR of 85.5% and an ALR of 5.1%.



CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Balance Sheet
For The Sixth Month Ending June 30, 2022
(In \$000s)

Assets

Cash	\$110,794
Restricted Cash	300
Short Term Investments	605,197
Receivables	168,737
Prepaid Expenses	5,589
Other Current Assets	17,679
Total Current Assets	\$908,297

Building, Land, Furniture & Equipment	
Capital Assets	\$83,392
Accumulated Depreciation	(42,924)
CIP	247
Total Non-Current Assets	40,715
Total Assets	\$949,013

Liabilities

Accounts Payable	\$52,269
IBNR/Claims Payable	247,524
Accrued Expenses	-
Estimated Risk Share Payable	5,000
Other Current Liabilities	6,816
Due to State	-
Total Current Liabilities	\$311,609

Fund Balance

Fund Balance - Prior	\$582,793
Retained Earnings - CY	54,610
Total Fund Balance	637,403
Total Liabilities & Fund Balance	\$949,013



CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Income Statement - Actual vs. Budget
For The Sixth Month Ending June 30, 2022
(In \$000s)

	MTD Actual	MTD Budget	Variance	%	YTD Actual	YTD Budget	Variance	%
<i>Member Months</i>	404,261	366,008	38,253	10.5%	2,375,251	2,252,698	122,553	5.4%
Capitation Revenue								
Capitation Revenue Medi-Cal	\$127,940	\$113,728	\$14,212	12.5%	\$761,481	\$700,056	\$61,425	8.8%
Premiums Commercial	370	268	103	38.3%	1,995	1,606	388	24.2%
Total Operating Revenue	\$128,310	\$113,996	\$14,314	12.6%	\$763,475	\$701,662	\$61,813	8.8%
Medical Expenses								
Inpatient Services (Hospital)	\$45,381	\$37,927	(\$7,454)	-19.7%	\$249,751	\$234,753	(\$14,998)	-6.4%
Inpatient Services (LTC)	13,888	13,380	(508)	-3.8%	81,766	77,426	(4,339)	-5.6%
Physician Services	22,394	21,212	(1,182)	-5.6%	126,499	129,992	3,493	2.7%
Outpatient Facility	15,125	14,136	(989)	-7.0%	78,290	83,465	5,175	6.2%
Pharmacy	322	58	(264)	-100.0%	(455)	410	865	100.0%
Other Medical	17,680	13,743	(3,937)	-28.6%	117,200	91,800	(25,400)	-27.7%
Total Medical Expenses	\$114,790	\$100,456	(\$14,333)	-14.3%	\$653,050	\$617,845	(\$35,204)	-5.7%
Gross Margin	\$13,521	\$13,539	(\$19)	-0.1%	\$110,426	\$83,817	\$26,609	31.7%
Administrative Expenses								
Salaries	\$4,346	\$5,076	\$731	14.4%	\$27,362	\$29,769	\$2,407	8.1%
Professional Fees	118	187	69	37.0%	773	1,079	306	28.4%
Purchased Services	904	750	(154)	-20.6%	4,350	4,091	(260)	-6.3%
Supplies & Other	732	959	227	23.7%	4,420	5,265	844	16.0%
Occupancy	76	115	39	33.6%	548	626	78	12.5%
Depreciation/Amortization	276	288	12	4.0%	1,676	1,723	48	2.8%
Total Administrative Expenses	\$6,452	\$7,375	\$923	12.5%	\$39,129	\$42,553	\$3,424	8.0%
Operating Income	\$7,068	\$6,164	\$904	14.7%	\$71,297	\$41,263	\$30,033	72.8%
Non-Op Income/(Expense)								
Interest	\$821	\$317	\$504	100.0%	\$3,378	\$1,898	\$1,480	78.0%
Gain/(Loss) on Investments	(3,039)	(240)	(2,800)	-100.0%	(16,495)	(1,433)	(15,062)	-100.0%
Other Revenues	145	86	59	68.4%	747	509	238	46.7%
Grants	(341)	(1,397)	1,056	75.6%	(4,316)	(8,381)	4,065	48.5%
Total Non-Op Income/(Expense)	(\$2,414)	(\$1,233)	(\$1,181)	-95.8%	(\$16,687)	(\$7,407)	(\$9,279)	-100.0%
Net Income/(Loss)	\$4,655	\$4,932	(\$277)	-5.6%	\$54,610	\$33,856	\$20,754	61.3%
<i>MLR</i>	89.5%	88.1%			85.5%	88.1%		
<i>ALR</i>	5.0%	6.5%			5.1%	6.1%		
<i>Operating Income</i>	5.5%	5.4%			9.3%	5.9%		
<i>Net Income %</i>	3.6%	4.3%			7.2%	4.8%		



CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Income Statement - Actual vs. Budget
For The Sixth Month Ending June 30, 2022
(In PMPM)

	MTD Actual	MTD Budget	Variance	%	YTD Actual	YTD Budget	Variance	%
Member Months	404,261	366,008	38,253	10.5%	2,375,251	2,252,698	122,553	5.4%
Capitation Revenue								
Capitation Revenue Medi-Cal	\$316.48	\$310.73	\$5.75	1.9%	\$320.59	\$310.76	\$9.83	3.2%
Premiums Commercial	0.92	0.73	0.18	25.2%	0.84	0.71	0.13	17.8%
Total Operating Revenue	\$317.39	\$311.46	\$5.94	1.9%	\$321.43	\$311.48	\$9.95	3.2%
Medical Expenses								
Inpatient Services (Hospital)	\$112.26	\$103.62	(\$8.63)	-8.3%	\$105.15	\$104.21	(\$0.94)	-0.9%
Inpatient Services (LTC)	34.35	36.56	2.20	6.0%	34.42	34.37	(0.05)	-0.2%
Physician Services	55.40	57.96	2.56	4.4%	53.26	57.70	4.45	7.7%
Outpatient Facility	37.41	38.62	1.21	3.1%	32.96	37.05	4.09	11.0%
Pharmacy	0.80	0.16	(0.64)	-100.0%	(0.19)	0.18	0.37	100.0%
Other Medical	43.73	37.55	(6.19)	-16.5%	49.34	40.75	(8.59)	-21.1%
Total Medical Expenses	\$283.95	\$274.47	(\$9.48)	-3.5%	\$274.94	\$274.27	(\$0.67)	-0.2%
Gross Margin	\$33.45	\$36.99	(\$3.55)	-9.6%	\$46.49	\$37.21	\$9.28	24.9%
Administrative Expenses								
Salaries	\$10.75	\$13.87	\$3.12	22.5%	\$11.52	\$13.21	\$1.70	12.8%
Professional Fees	0.29	0.51	0.22	43.0%	0.33	0.48	0.15	32.1%
Purchased Services	2.24	2.05	(0.19)	-9.2%	1.83	1.82	(0.02)	-0.9%
Supplies & Other	1.81	2.62	0.81	30.9%	1.86	2.34	0.48	20.4%
Occupancy	0.19	0.31	0.13	39.9%	0.23	0.28	0.05	17.0%
Depreciation/Amortization	0.68	0.79	0.10	13.1%	0.71	0.76	0.06	7.8%
Total Administrative Expenses	\$15.96	\$20.15	\$4.19	20.8%	\$16.47	\$18.89	\$2.42	12.8%
Operating Income	\$17.48	\$16.84	\$0.64	3.8%	\$30.02	\$18.32	\$11.70	63.9%



CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Statement of Cash Flow
For The Sixth Month Ending June 30, 2022
(In \$000s)

	MTD	YTD
Net Income	\$4,655	\$54,610
Items not requiring the use of cash: Depreciation	276	1,676
Adjustments to reconcile Net Income to Net Cash provided by operating activities:		
Changes to Assets:		
Receivables	(4,770)	76,812
Prepaid Expenses	(82)	(3,392)
Current Assets	(195)	(1,575)
Net Changes to Assets	(\$5,047)	\$71,845
Changes to Payables:		
Accounts Payable	15,044	(4,671)
Accrued Expenses	(1)	(1)
Other Current Liabilities	(448)	(499)
Incurred But Not Reported Claims/Claims Payable	(8,836)	(77,225)
Estimated Risk Share Payable	833	(5,000)
Due to State	-	-
Net Changes to Payables	\$6,593	(\$87,397)
Net Cash Provided by (Used in) Operating Activities	\$6,477	\$40,734
Change in Investments	2,651	(67,313)
Other Equipment Acquisitions	(47)	(155)
Net Cash Provided by (Used in) Investing Activities	\$2,604	(\$67,468)
Net Increase (Decrease) in Cash & Cash Equivalents	\$9,081	(\$26,734)
Cash & Cash Equivalents at Beginning of Period	\$101,713	\$137,528
Cash & Cash Equivalents at June 30, 2022	\$110,794	\$110,794



DATE: August 24, 2022
TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission
FROM: Dr. Maurice Herbelin, Chief Medical Officer
SUBJECT: Whole Child Model Clinical Advisory Committee: Member Appointment

Recommendation. Staff recommend the Board approve the appointment of the individual listed below to the Whole Child Model Clinical Advisory Committee (WCMCAC).

Background. The Board established the WCMCAC 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 WCMCAC and is recommended.

Name	Affiliation	County
Ibraheem Al Shareef, MD	Provider Representative	Merced

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, June 22, 2022

Teleconference Meeting

(Pursuant to Assembly Bill 361 signed by Governor Newsom, September 16, 2021)

Commissioners Present:

Supervisor Wendy Root Askew
Ms. Dorothy Bizzini
Ms. Leslie Conner
Dr. Maximiliano Cuevas
Dr. Larry deGhetaldi
Ms. Julie Edgcomb
Supervisor Zach Friend
Dr. Charles Harris
Ms. Elsa Jimenez
Ms. Shebreh Kalantari-Johnson
Mr. Michael Molesky
Ms. Mónica Morales
Ms. Rebecca Nanyonjo
Supervisor Josh Pedrozo
Dr. James Rabago
Dr. Allen Radner
Mr. Rob Smith

County Board of Supervisors
Public Representative
Provider Representative
Provider Representative
Provider Representative
Public Representative
County Board of Supervisors
Hospital Representative
County Health Director
Public Representative
Public Representative
County Health Services Agency Director
Director of Public Health
County Board of Supervisors
Provider Representative
Provider Representative
Public Representative

Commissioners Absent:

Ms. Dori Rose Inda
Dr. Joerg Schuller
Mr. Tony Weber

Hospital Representative
Hospital Representative
Provider Representative

Staff Present:

Ms. Stephanie Sonnenshine
Ms. Lisa Ba
Mr. Scott Fortner
Mr. Cecil Newton
Ms. Kathy Stagnaro

Chief Executive Officer
Chief Financial Officer
Chief Administrative Officer
Chief Information Officer
Clerk of the Board

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

1. Call to Order by Chair Jimenez.

Commission Chairperson Jimenez called the meeting to order at 3:00 p.m.

Roll call was taken and a quorum was present.

There were no supplements or deletions to the agenda.

2. Consider approving findings that the state of emergency continues to impact the ability of members to meet safely in person and/or State or local officials continue to impose or recommend measures to promote social distancing. (3:03 – 3:10 p.m.)

Ms. Sonnenshine, Chief Executive Officer (CEO), informed the Board that AB 361 permits the Board to meet by teleconference where state or local officials impose measures to promote social distancing and the Board determines that meeting in person would present imminent risk to the health and safety of attendees.

[Commissioner Conner arrived at this time: 3:05 p.m.]

Staff recommended the Board convene Special Meetings on July 22, 2022 and August 19, 2022 to reconsider the circumstances of the state of emergency and to determine if there are applicable conditions present to continue meeting under the provisions afforded through AB 361.

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

Staff further recommended that the Board consider making these findings on behalf of its Committees and the Advisory Groups of the Board to allow for the conduct of business via teleconferencing compliant with Government Code § 54953.

MOTION: Commissioner Bizzini moved to approve to meet via teleconferencing as permitted by the Brown Act, as amended in AB 361, during a proclaimed state of emergency and made the requisite findings supporting teleconferencing for the June 22, 2022 meeting; to convene special meetings on July 22, 2022 and August 19, 2022 to reconsider the circumstances of the state of emergency; and to make these findings on behalf of its Committees and Advisory Groups of the Board, seconded by Commissioner Askew.

ACTION: The motion passed with the following vote:

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

Noes: None.

Absent: Commissioner Inda, Schuller and Weber.

Abstain: None.

3. Oral Communications.

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

One member from the public in Santa Cruz County spoke on pharmaceutical companies and vaccines.

4. Comments and announcements by Commission members.

Chair Jimenez opened the floor for Commissioners to make comments.

No comments or announcements from Commissioners at this time.

5. Comments and announcements by Chief Executive Officer.

Chair Jimenez opened the floor for Ms. Stephanie Sonnenshine, Chief Executive Officer (CEO).

Ms. Sonnenshine announced that the Senate Health Committee is hearing AB 2724 (Arambula) Medi-Cal: Alternate Health Care Service Plan today. Staff are monitoring the hearing.

She informed the Board that she will be out of the office the last three weeks in July. Ms. Van Wong, Chief Operating Officer, will execute any responsibilities requiring action on her behalf in accordance with Alliance policy: Administrative Decision-Making Controls. Ms. Wong will staff the July 22, 2022 special meeting that was just approved by the Board.

Consent Agenda Items: (6. – 9B.): 3:22 p.m.

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

Commissioner Askew indicated that she was absent from the in-person May 25, 2022 meeting, however she listened via remote livestream.

MOTION: Commissioner Askew moved to approve the Consent Agenda seconded by Commissioner Bizzini.

ACTION: The motion passed with the following vote:

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

Noes: None.

Absent: Commissioners Inda, Schuller and Weber.

Abstain: None.

Regular Agenda Item: (10. - 13.): 3:24 p.m.**10. Consider adopting Alliance Health Care Expense Reserve Policy. (3:24 – 3:49 p.m.)**

Ms. Lisa Ba, Chief Financial Officer, discussed documentation of a policy relating to the development and maintenance of the Health Care Expense Reserve and strategic use of Alliance reserves which exceed the Health Care Expense Reserve, otherwise to be known as the Health Care Expense Reserve Policy.

Staff recommended the Board adopt the following as its Health Care Expense Reserve Policy:

1. Establish a Health Care Expense Reserve target, or Board designated reserves target, at three times its monthly premium capitation.
2. Require [Develop/Implement] cost containment measures if its financial projection indicates that reserves would fall below 300% of the tangible net equity level.
3. Provider payments must be in line with revenue rate and utilization trends and industry benchmarks.
4. Annually, following the acceptance of the annual independent financial audit, the Alliance Board may strategically allocate net income to:
 - a. Enable implementation of future requirements, with such funds remaining in Alliance reserves until expended.
 - b. Medi-Cal Capacity Grant Program, with such funds not available for other purposes and which if otherwise held in reserves would result in reserves beyond the Health Care Expense Reserve.

MOTION: Commissioner Conner moved to adopt the Alliance Health Care Expense Reserve Policy, seconded by Commissioner Cuevas.

ACTION: The motion passed with the following vote:

Ayes: Commissioners Askew, Bizzini, Conner, Cuevas, deGhetaldi, Edgcomb, Friend, Harris, Jimenez, Kalantari-Johnson, Molesky, Morales, Nanyonjo, Pedrozo, Radner and Smith.

Noes: Commissioner Rabago.

Absent: Commissioners Inda, Schuller and Weber.

Abstain: None.

11. Consider approving Chief Executive Officer (CEO) Succession Plan and Recruitment Process. (3:49 – 4:05 p.m.)

Mr. Scott Fortner, Chief Administrative Officer, reviewed the status of the CEO recruitment and the detailed recruitment timeline.

[Commissioner Radner departed at this time: 3:53 p.m.]

An ad hoc selection committee was recommended in accordance with the bylaws and consistent with Brown Act requirements for the purpose of interviewing CEO candidates and bringing the top one to three finalists to proceed to full Board interviews. Staff recommended the committee consist of no more than five members, with at least one

Commissioner from each county. The following Commissioners committed in advance to serve on the ad hoc selection committee: Vice Chair Pedrozo (Merced), Commissioner Edgcomb (Monterey) and Commissioner Conner (Santa Cruz).

Vice Chair Pedrozo presided over the remainder of the meeting.

Commissioner Friend moved to amend the motion to include formalizing and approving the ad hoc selection committee and nominated Commissioner deGhetaldi (Santa Cruz) and Chair Jimenez (Monterey) to serve on the committee in addition to Vice Chair Pedrozo and Commissioners Edgcomb and Conner.

MOTION: Commissioner Conner moved to approve establishing an ad hoc committee of the Board, consistent with Brown Act requirements, to develop a Chief Executive Officer succession plan and carry out the Chief Executive Officer recruitment process; approve the friendly amendment formalizing the ad hoc selection committee; and approve a recruitment budget not to exceed \$215,000, seconded by Commissioner Edgcomb.

ACTION: The motion passed with the following vote:

Ayes: Commissioners Askew, Bizzini, Conner, Cuevas, deGhetaldi, Edgcomb, Friend, Harris, Jimenez, Kalantari-Johnson, Molesky, Morales, Pedrozo, Rabago and Smith.

Noes: None.

Absent: Commissioners Inda, Radner, Schuller and Weber.

Abstain: Commissioner Nanyonjo.

12. Discuss evolution of the Medi-Cal Capacity Grant Program (MCGP): Framework for Administration. (4:05 – 4:48 p.m.)

Ms. Sonnenshine, CEO, informed the Board that the purpose of this discussion was to obtain input from the Board to inform future staff recommendations on the MCGP administrative structure to develop and implement new grantmaking opportunities.

[Commissioner Friend departed at this time: 4:06 p.m.]

Commissioners discussed exploring alternate options for evolving the framework for administration of the MCGP.

Information and discussion item only; no action was taken by the Board.

13. Discuss agenda and arrangements for the Board's annual retreat on September 28, 2022. (4:48 – 4:58 p.m.)

Ms. Sonnenshine, CEO, reviewed proposed agenda topics and logistics for the Board retreat on September 28, 2022. She recommended meeting from 9:00 a.m. to no later than 5:00 p.m. with a catered lunch, in the Alliance Scotts Valley 1700 Auditorium. Alternative plans will be considered in the interest of public health and safety should circumstances regarding the state of emergency preclude an in-person meeting.

Information and discussion item only; no action was taken by the Board.

The Commission adjourned its regular meeting of June 22, 2022 at 4:59 p.m. to the special meeting of July 22, 2022 at 7:30 a.m. via teleconference unless otherwise noticed.

Respectfully submitted,

Ms. Kathy Stagnaro
Clerk of the Board

**SANTA CRUZ – MONTEREY – MERCED
MANAGED MEDICAL CARE COMMISSION
MEETING**



**Meeting Minutes
Special Meeting of the Board**

Friday, July 22, 2022

Teleconference Meeting

(Pursuant to Assembly Bill 361 signed by Governor Newsom, September 16, 2021)

Commissioners Present:

Ms. Dorothy Bizzini
Ms. Leslie Conner
Dr. Larry deGhetaldi
Ms. Julie Edgcomb
Supervisor Zach Friend
Ms. Dori Rose Inda
Ms. Elsa Jimenez
Mr. Michael Molesky
Ms. Mónica Morales
Supervisor Josh Pedrozo
Dr. James Rabago
Dr. Allen Radner
Dr. Joerg Schuller
Mr. Rob Smith

Public Representative
Provider Representative
Provider Representative
Public Representative
County Board of Supervisors
Hospital Representative
County Health Director
Public Representative
County Health Services Agency Director
County Board of Supervisors
Provider Representative
Provider Representative
Hospital Representative
Public Representative

Commissioners Absent:

Supervisor Wendy Root Askew
Dr. Maximiliano Cuevas
Dr. Charles Harris
Ms. Shebreh Kalantari-Johnson
Ms. Rebecca Nanyonjo
Mr. Tony Weber

County Board of Supervisors
Provider Representative
Hospital Representative
Public Representative
Director of Public Health
Provider Representative

Staff Present:

Ms. Van Wong
Ms. Kathy Stagnaro

Chief Operating Officer
Clerk of the Board

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

1. Call to Order by Chair Jimenez.

Commission Chairperson Jimenez called the meeting to order at 7:33 a.m.

Roll call was taken and a quorum was present.

2. Approve findings that the state of emergency continues to impact the ability of members to meet safely in person and/or State or local officials continue to impose or recommend measures to promote social distancing. (7:35 – 7:40 a.m.)

Ms. Van Wong, Chief Operating Officer, informed the Board that AB 361 permits the Board to meet by teleconference where state or local officials impose measures to promote social distancing and the Board determines that meeting in person would present imminent risk to the health and safety of attendees. To continue meeting via teleconference during the public health emergency, the Board must consider and make these findings every 30 days. The Board will need to meet again on August 19, 2022 to consider and make finding that will enable holding the regularly scheduled August 24, 2022 meeting by teleconference.

MOTION: Vice Chair Pedrozo moved to approve to continue to meet via teleconferencing as permitted by the Brown Act, as amended in AB 361, during a proclaimed state of emergency and made the requisite findings supporting teleconferencing, seconded by Commissioner Bizzini.

ACTION: The motion passed with the following vote:

Ayes: Commissioners Bizzini, Conner, deGhetaldi, Edgcomb, Friend, Inda, Jimenez, Molesky, Morales, Pedrozo, Rabago, Radner, Schuller and Smith.

Noes: None.

Absent: Commissioners Askew, Cuevas, Harris, Kalantari-Johnson, Nanyonjo and Weber.

Abstain: None.

Abstain: None.

The Commission adjourned its special meeting of July 22, 2022 at 7:40 a.m. to the special meeting of August 19, 2022 at 7:30 a.m. via teleconference unless otherwise noticed.

Respectfully submitted,

Ms. Kathy Stagnaro
Clerk of the Board

COMPLIANCE COMMITTEE



Meeting Minutes
Wednesday, May 18, 2022
9:00 – 10:00 a.m.

Via Videoconference

Committee Members Present:

Adam Sharma	Operational Excellence Director
Bob Trinh	Technology Services Director
Bonnie Liang	Controller
Cecil Newton	Chief Information Officer
Dale Bishop	Medical Director
Danita Carlson	Government Relations Director
Dianna Diallo	Medical Director
Gordon Arakawa	Medical Director
Jenifer Mandella	Compliance Officer (Chair)
Jennifer Mockus	Community Care Coordination Director
Kate Knutson	Compliance Manager
Kathleen McCarthy	Strategic Development Director
Lilia Chagolla	Regional Operations Director, Monterey County
Linda Gorman	Communications Director
Lisa Artana	Human Resources Director
Lisa Ba	Chief Financial Officer
Luis Somoza	Member Services Director
Maurice Herbelin	Chief Medical Officer
Michelle Stott	Quality Improvement and Population Health Director
Navneet Sachdeva	Pharmacy Director
Rick Dabir	Application Services Director
Ronita Margain	Regional Operations Director, Merced County
Ryan Inlow	Facilities & Administrative Services Director
Scott Fortner	Chief Administrative Officer
Stephanie Sonnenshine	Chief Executive Officer
Van Wong	Chief Operating Officer

Committee Members Absent:**Committee Members Excused:**

Bryan Smith	Claims Director
Jordan Turetsky	Provider Services Director
Kay Lor	Financial Planning and Analysis Director

Ad-Hoc Attendees:

Aaron McMurray	Information Security Analyst
Rebecca Seligman	Compliance Supervisor
Kat Reddell	Compliance Specialist II
Nicole Krupp	Senior Government Relations Specialist
Sara Halward	Compliance Specialist II

1. Call to Order by Chairperson Mandella.

Chairperson Jenifer Mandella called the meeting to order at 9:03 a.m.

2. Review and Approval of April 20, 2022 Minutes.

COMMITTEE ACTION: Committee reviewed and approved minutes of April 20, 2022 meeting.

3. Consent Agenda.

- 1. Policy Hub Approvals**
- 2. Regulatory and All Plan Letter Updates**

COMMITTEE ACTION: Committee reviewed and approved Consent Agenda.

4. Regular Agenda**1. HIPAA Quarterly Report**

Mandella and McMurray, Information Security Analyst, presented the Q1 2022 HIPAA Program Report. Mandella reported a potential preliminary DHCS audit finding regarding HIPAA reporting and advised the committee of a resulting change in the process used to report HIPAA events to DHCS.

Mandella reviewed HIPAA disclosure notifications received in Q1 2022, noting that of the 12 referrals received, 6 were determined to be incidents and 1 was determined to be a breach. Incorrect selection/entry remained the top root cause of HIPAA disclosures. Compliance staff plan to follow-up with departments with the highest rate of HIPAA

disclosures resulting from incorrect selection/entry to identify if additional training or process changes are needed.

Mandella reviewed HIPAA related metrics included on the Alliance Dashboard for Q1 22 reporting that both quality and efficiency metrics met the target performance.

McMurray reported the annual Security Assessment moved from project-based work to ongoing operational work. Vendor selection for the 2022 Security Assessment is expected to be completed in Q2 22.

McMurray reported that an agreement has been made with Arctic Wolf for Security Event and Incident Management (SEIM) and noted implementation of a Phishing Triage tool.

COMMITTEE ACTION: Committee reviewed and approved the Q1 2022 HIPAA Program Quarterly Report.

2. APL Discussion

The Committee reviewed the following APLs to identify a lead department, discuss status and challenges, and determine Project Management Office support requirements:

- DMHC 22-013 - SB 368 Deductible and Out-of-Pocket Accrual Balances Guidance
- DHCS 22-003 – Medi-Cal Managed Care Health Plan Responsibility to Provide Services to Members with Eating Disorders
- DHCS 22-004 – Strategic Approaches for Use by Managed Care Plans to Maximize Continuity of Coverage as Normal Eligibility and Enrollment Operations Resume
- DHCS 22-005 – No Wrong Door for Mental Health Services Policy
- DHCS 22-006 – Managed Care Health Plan Responsibilities for Non-Specialty Mental Health Services
- Fed 201 – Increasing Transparency by Removing Gag Clauses on Price and Quality Information
- Fed 113 – Ensuring Continuity of Care

The meeting adjourned at 10:00 a.m.

Respectfully submitted,

Robin Sihler
Compliance Administrative and Data Reporting Assistant

COMPLIANCE COMMITTEE



Meeting Minutes
Wednesday, June 25, 2022
9:00 – 10:00 a.m.

Via Videoconference

Committee Members Present:

Adam Sharma	Operational Excellence Director
Bob Trinh	Technology Services Director
Bonnie Liang	Controller
Bryan Smith	Claims Director
Cecil Newton	Chief Information Officer
Danita Carlson	Government Relations Director
Gordon Arakawa	Medical Director
Jenifer Mandella	Compliance Officer (Chair)
Jennifer Mockus	Community Care Coordination Director
Jessie Dybdahl	Credentialing and Provider Data Configuration Manager
Kate Knutson	Compliance Manager
Kay Lor	Financial Planning and Analysis Director
Linda Gorman	Communications Director
Lisa Artana	Human Resources Director
Lisa Ba	Chief Financial Officer
Luis Somoza	Member Services Director
Michelle Stott	Quality Improvement and Population Health Director
Ronita Margain	Regional Operations Director, Merced County
Ryan Inlow	Facilities & Administrative Services Director
Scott Fortner	Chief Administrative Officer

Van Wong	Chief Operating Officer
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Committee Members Absent:

Lilia Chagolla	Regional Operations Director, Monterey County
Navneet Sachdeva	Pharmacy Director
Rick Dabir	Application Services Director
Maurice Herbelin	Chief Medical Officer

Committee Members Excused:

Dale Bishop	Medical Director
Dianna Diallo	Medical Director

Kathleen McCarthy
Stephanie Sonnenshine

Strategic Development Director
Chief Executive Officer

Ad-Hoc Attendees:

Rebecca Seligman

Compliance Supervisor

Sara Halward

Compliance Specialist III

Kat Reddell

Compliance Specialist II

1. Call to Order by Chairperson Mandella.

Chairperson Jenifer Mandella called the meeting to order at 9:03 a.m.

2. Review and Approval of May 19, 2022 Minutes.

COMMITTEE ACTION: Committee reviewed and approved minutes of May 18, 2022 meeting.

3. Consent Agenda.

1. Policy Hub Approvals

2. Regulatory and All Plan Letter Updates

COMMITTEE ACTION: Committee reviewed and approved Consent Agenda.

4. Regular Agenda

1. Program Integrity Quarterly Report

Seligman, Compliance Supervisor, presented the Q1 2022 Program Integrity Activity Report and reviewed select Matters Under Investigation (MUIs). Seligman reported that 20 concerns were referred to Program Integrity in Q1 2022, 15 of which resulted in the opening of a MUI. There were 59 active MUIs in Q1 2022.

Seligman reviewed referral trends for the period noting that of the 15 referrals which resulted in a MUI: 10 were provider specific (6 of which were from delegates), 3 were member specific, 1 was a State Request and 1 was waste related.

Seligman reviewed performance of the Program Integrity metrics from the Q1 Alliance Dashboard noting that the efficiency metric did not meet threshold target as a result of late referrals to Compliance staff. Compliance staff implemented a corrective action plan, which included issuing a Warning Letter requiring response to the delegate who did not timely report suspected FWA to the Alliance, and reiterating the expectation and importance of timely reporting of suspected incidents to Alliance staff.

Seligman reviewed 2 exemplar cases, highlighting investigative measures taken and next steps for completion of MUI investigation. This included a member report that an external entity was contacting Alliance members and impersonating the Alliance, which was investigated and determined to be a legitimate outreach attempt by a Plan-contracted vendor.

Seligman reviewed Q122 Program Integrity Financial Reporting noting the total requested recoupment was \$141.55 and completed recoupment was \$9,040.02.

COMMITTEE ACTION: Committee reviewed and approved the Q1 2022 Program Integrity Report.

2. Internal Audit & Monitoring Quarterly Report

Halward, Compliance Specialist III, presented the Q1 2022 Internal Audit and Monitoring (Internal A&M) Activity Report noting that 11 internal audits were conducted, 9 of which received a passing score and reviewed one exemplar internal audit to highlight Compliance staff's review activities and departmental corrective actions.

Halward reviewed outcomes of the monitoring of 32 Alliance Dashboard metrics related to regulatory requirements, noting that 30 metrics met their established thresholds in Q1 2022.

Halward reviewed external audit activities, reporting on preliminary findings of the 2022 DHCS Medical Audit, and progress towards production of pre-audit deliverables for the 2022 DMHC Follow Up Survey and 2022 DMHC Routine Financial Examination.

COMMITTEE ACTION: Committee reviewed and approved the Q1 2022 Internal Audit & Monitoring Report.

3. APL Discussion

The Committee reviewed the following APLs to identify a lead department, discuss status and challenges, and determine Project Management Office support requirements:

- DMHC 22-013 - SB 368 Deductible and Out-of-Pocket Accrual Balances Guidance
- DHCS 22-005 – No Wrong Door for Mental Health Services Policy
- DHCS 22-006 – Managed Care Health Plan Responsibilities for Non-Specialty Mental Health Services
- DHCS 22-008 – Non-Emergency Medical and Non-Medical Transportation Services and Related Travel Expenses

The meeting adjourned at 10:00 a.m.

Respectfully submitted,

Robin Sihler
Compliance Administrative and Data Reporting Assistant

Continuous Quality Improvement Committee (CQIC)



Meeting Minutes
Thursday, April 28, 2022
12:00 – 1:30 p.m.

Virtual Meeting / Web Conference

Committee Members Present

Dr. Caroline Kennedy	Physician Representative
Dr. Eric Sanford	Physician Representative
Dr. Minoo Sarkarati	Physician Representative
Dr. Oguchi Nkwocha	Physician Representative
Dr. Edwardo Villarama	Physician Representative
Dr. Stephanie Graziani	Physician Representative

Committee Members Absent:

Dr. Amy McEntee	Physician Representative
Dr. Casey KirkHart	Physician Representative
Dr. Madhu Raghavan	Physician Representative
Ms. Susan Harris	Provider Representative

Staff Present:

Dr. Dale Bishop	Chair and Chief Medical Officer
Dr. Dianna Diallo	Medical Director
Dr. Gordon Arakawa	Medical Director
Mr. Amit Karkhanis	Quality and Performance Improvement Mgr.
Ms. Christina Rohrkemper	PMO Project Manager II
Ms. DeAnna Leamon	Quality Improvement Nurse Supervisor
Ms. Deborah Pineda	Quality and Health Programs Manager
Ms. Jacqueline Van Voerkens	Administrative Specialist
Ms. Jennifer Mockus	Community Care Coordination Director
Ms. Jessica Hampton	Enhanced Care Management Manager
Ms. Jordan Turetsky	Provider Services Director
Ms. Lilia Chagolla	Regional Operations Director, Monterrey
Ms. Linda Gorman	Communications Director
Mr. Luis Somoza	Member Services Director
Ms. Michelle Stott	QI/ Population Health Director
Ms. Ronita Margain	Regional Operations Director, Merced
Ms. Sarah Sanders	Grievance and Quality Manager
Ms. Tammy Brass	UM/Prior Authorizations Manager
Ms. Viki Doolittle	UM/Complex Case Management Manager

1. Call to Order by Dr. Dale Bishop, Chief Medical Officer

Dr. Dale Bishop called the meeting to order at 12:05 PM, and welcomed all members present. Quorum was established.

Announcements included:

- DHCS Audit Preliminary Findings: The DHCS Audit was conducted in February. Presently there are no preliminary findings for UM, QI, or Case management, with the exception of a notation regarding inconsistent NEMT PCS form completion and submission by providers.
- Medi-Cal RX Update: The State is working on the timing of the transition of 'grandfathering' approval of previously approved medications. Presently no patient safety issues have been presented to the Alliance. DHCS manages all member complaints/grievances regarding Medi-Cal Rx and provides a dashboard report to health plans. Member facing teams (CCC, Complex Care, Member Services, Concurrent Review) will report any issues to the Pharmacy Department.
- New CBI Measures: The 2023 CBI Measures will be presented at the May Board meeting for approval. Recommended removals include unhealthy alcohol use and asthma measures. Recommended additions include ACE screening, fee for service for ACE training, and an equity measure to increase pediatric visits. More information on ACE screenings can be found the HIP website and a CME is available.
<https://www.hipsc.org/aces-resources>
<https://www.acesaware.org/learn-about-screening/training/>

2. Consent Agenda

Dr. Dale Bishop introduced the consent agenda.

January 27, 2022 CQIC Meeting Minutes

Dr. Dale Bishop presented the January 27, 2022 CQIC Minutes. There were no edits requested at this time.

Committee Decision: Minutes were approved as written

Subcommittee/Workgroup Meeting Minutes

- Continuous Quality Improvement Workgroup – Interdisciplinary (CQIW - I) Minutes
- Continuous Quality Improvement Workgroup (CQIW) Minutes
- Pharmacy and Therapeutic (P&T) Committee - Minutes
- Utilization Management Workgroup (UMWG) Minutes

Workplans:

- Q4 2021 Utilization Management Work Plan
- Q4 2021 Utilization Management Work Plan Executive Summary
- Q4 2021 Quality and Performance Improvement Program (QPIP) Work plan

- Q4 2021 QPIP Workplan Executive Summary
- 2021 QPIP Annual Report
- 2022 Quality Improvement System Work Plan
- 2022 Utilization Management Work Plan
- CQIC Charter

Policies Requiring CQIC Approval:

Policy Number	Title	Significant Changes
401-1101	Utilization Management Program	<ul style="list-style-type: none"> • Aligned QPIP content with the QIS Program Description • Included QPIP Vision, Values and Scope • Revised QPIP Goals and Objectives • Included description for Enhanced Care Management (ECM) and Long-Term Care Services • Included the Network Development Steering Committee (NDSC), Member Support and Engagement Committee, and the Member Reassignment Committee • Included changes to staff titles
401-1201	Continuous Quality Improvement Committee	<ul style="list-style-type: none"> • Annual review of policy, minor edits.
401-1502	Adult Preventive Care	<ul style="list-style-type: none"> • Updated policy in response to an AIR from DHCS regarding APL 21-014.
401-1509	Timely Access to Care	<ul style="list-style-type: none"> • Added: the standard of 10 business days for non-urgent primary care appointments
401-1511	Initial Health Assessment	<ul style="list-style-type: none"> • Minor edits, annual review of policy.
404-1101	Utilization Management Program	<ul style="list-style-type: none"> • Definition of medically necessary treatment of MH or SUD added at page 4. • Updates also made throughout to reflect department and position changes. • Annual review of policy.

Delegate Oversight Report: The VSP Q4 2021 and Beacon Q1-2022 delegate oversight summaries were included in consent agenda meeting packet.

Vaccine Incentive Program (VIP) Executive Summary: The VIP Executive Summary was included in the consent agenda meeting packet. The COVID Vaccination Incentive Program was sponsored by DHCS.

Committee Decision: Consent Agenda was approved as written.

Action: 2022 QIS Workplan updated and distributed via mail for CQIC approval.
(Action completed 5/16/22)

3. Emerging Issues:

Dr. Bishop opened to floor for announcements and to discuss significant changes in public health mandates, state requirements, and provider concerns.

- a. COVID Therapeutics: <https://www.phcdocs.org/Programs/CalVaxGrant>
Merced, Monterey, and Santa Cruz counties are conducting “test to treat” in clinics. Committee discussed concern of Covid treatment drug interactions.

4. 2022 Quality Improvement System Workplan

An overview of the 2021 QI/PH workplan and related activities, along with the proposed 2022 QI/PH Workplan was shared with the group.

The Quality Improvement System (QIS) (aka Quality and Performance Improvement Program (QPIP)) monitors, evaluates, and takes effective action to address any needed improvements in the quality of care delivered.

The written description of the workplan includes goals and objectives, is approved by the governing body (CQIC and the Board), and is periodically evaluated and updated.

The annual quality improvement report provides and includes aggregate data on utilization, quality review of quality of services rendered, External Accountability Set measures (MCAS/HEDIS), outcomes/findings from Quality Performance Improvement Projects (QIPs)(PIPs), Consumer Satisfaction Surveys, and collaborative initiatives.

The 2021 goals which were met or exceeded include the Breast Cancer Screening (BCS) PDSA, Alliance Healthier Living Program, Grievances routed to MD, and Cultural and Linguistics Program Interpreter and Translation Services. Items not met were discussed. The Alliance received the 2021 DHCS CAHPS Award for Children.

Despite activities such as promotion of Flu 2nd dose member incentive, increased promotion of preventive care for children, and immunization training webinars, provider offices had staffing challenges due to COVID resulting in no/low engagement and parent hesitation. Cross-collaborative interventions through Resuming Care Task Force will be developed to address this issue.

Development of cross-collaborative interventions through Pandemic Care Task Force, and continuation of Resuming Care Task Force following the Public Health Emergency (PHE) will also be utilized to address timely submission of PIP modules and deliverables or the Plan phase.

Best practice for Timely submission of PDSAs and deliverables will include intensive practice coaching support by providing member rosters and step-by-step instructions for member recall

Positive member feedback was received from workshops, and a total of 9 workshops held: 8 were telephonic, 1 virtual (6 English, 3 Spanish). Total of 24 members completed all 6 weekly sessions.

Increased demand and volume for C&L services requiring shifts in tasks to Health Educators and support health equity promotion (ex: training, staff/provider tools, etc.)

The COVID-19 pandemic continued to strain the healthcare system, limited provider engagement was found due to COVID-19 priorities, short staffing, and member hesitancy.

There is significant opportunity to promote preventive care, and many providers required “hand-holding” and prescriptive approaches by the quality practice coach. Continued high performance core work was noted despite competing priorities/COVID activities

The 2022 Quality Improvement System work underway are aligned with the DHCS CALAIM goals, focusing on Health Equity and Person-Centered Transformation Alliance Strategic Priorities. The DHCS Comprehensive Quality Strategy was provided to the group, and highlights reviewed. DHCS will begin providing quarterly reports to MCHPs on MCAS measures.

The 2022 Quality Improvement System Workplan was reviewed, noting the activities aligned with the Alliance Strategic Goals, and organization of the new workplan. The California Health Care Foundation (CHCF) “Access to Care for Adults with Medi-Cal versus Employer Sponsored Insurance” (adjusted analysis) report was presented; analysis of Access to care for adults (Medi-Cal vs Commercial) indicated higher gaps in “no usual source of care, no doctor visits in the past year, and more than one emergency room visit”.

Consolidated gap in care report for providers was discussed. Some providers are able to utilize EPIC, but consolidation with CCA”H data was noted as something that would be beneficial.

Decision: The 2021 QPIP Workplan and the 2022 QIS WP were approved by the group.

5. Grievances and Discrimination

An overview of APL 21-004 Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services was reviewed with the committee for their awareness to Grievance Discrimination Categories.

- a. Provider shall not unlawfully discriminate against Members.
- b. July 2021: DHCS refined Discrimination and Disability Discrimination Categories for Grievance monthly Reporting.
- c. Members may file a grievance under either Discrimination or Disability Discrimination categories.
- d. Sept 2021: Updated Nondiscrimination and language taglines for member notifications.
- e. Enhanced Grievance oversight requirements are outlined in both APL 21-004 and Amendment 43.

CCAH will inform Providers of allegations of discrimination:

- a. The investigation will require a provider review and response.
- b. Typically request related nondiscrimination policies to support a provider response.
- c. Discrimination Packet is then submitted to DHCS Office of Civil Rights (OCR).

Discrimination grievances are handled a bit differently internally than other grievances, but the filing process for members remains the same.

6. Utilization Management Criteria:

Dr. Bishop provided a follow up regarding measuring lengths of stay and monitoring of early discharge complications. Review of the Alliance's readmission rate report indicates when the lengths of stay reduce occasionally an increase in readmissions rise. These readmission rates are discussed with the hospitals. Rates of death or severe complications are monitored through the potential quality issue (PQI) track and trend process.

a. Under/Over Utilization

Under and over utilization is closely monitored and UM investigates identified cases, develops interventions and works closely with other departments such as Program Integrity, QI and Provider Services.

As authorization codes are waived as part of the Authorization Reduction Project, we will monitor to assure there is no resulting inappropriate over utilization. Auto approved or no TAR required (NTR) utilization will be monitored when an increase/decrease of 30% from the previous reporting quarter is identified.

All monitored categories are reported out in the quarterly UM Work Plan.

Categories to be monitored for possible over utilization:

- Electromyography (EMG)

- Emergency Room Visits
- Any Authorization Redesign/NTR code identified from emerging utilization analysis results

Categories to be monitored for possible under-utilization:

- Initial Health Assessment (IHA)
- Breast Cancer Screening
- Colon Cancer Screening
- Lead Screening
- Adverse Childhood Experience (ACE) Screening
- Mental Health Visits

Committee discussed the possibility of prioritizing screenings.

- b. NEMT Utilization:** The Alliance's Provider Services Department is actively working on contracting with Non-Emergency Medical Transportation (NEMT) providers to increase accessibility for members.

7. Enhanced Case Management & Community Support Services (ECM & CS) Benefit Referral Update

ECM and CS Authorization Dashboard was shared with the committee. Total authorization count by current authorization status was reviewed. In the first quarter of 2022, 633 ECM authorizations were approved, and 478 CS authorizations were approved. Services and outreach data were presented. Merced County will go live with ECM and CS in July 2022.

Recruitment and onboarding of providers continues in Santa Cruz and Monterey counties, as well as targeted engagement with Community Based Organizations in Merced County.

Providers may follow up on their referrals by contacting Case Management at 831-430-5512.

8. Future Topics

- a.** How to assess Equitable Distribution in ECM and include a vignette from a member.
- b.** Obesity and Eating Disorders, tools for effective care

Committee members were encouraged to submit items for discussion, at any time, to Michelle Stott or Mary Brusuelas.

Next Meeting: Thursday, July 28, 2022 12:00 p.m. – 1:30 p.m.

The meeting adjourned at 1:30 p.m.

Minutes respectfully submitted by,

Jacqueline Van Voerkens
Administrative Specialist

Whole Child Model Family Advisory Committee Meeting

Meeting Minutes

Monday, May 9, 2022

1:30p.m. – 3:00p.m.



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

Chairperson: Janna Espinoza, WCM Family Member, WCMFAC Chair

CCAH Support Staff Present: Lilia Chagolla, Regional Operations Director; Maria Marquez, Administrative Specialist

WCMFAC Committee Present: Cindy Guzman, Merced County – CCS WCM Family Member; Frances Wong, Monterey County – CCS WCM Family Member; Irma Espinoza, Merced County – CCS WCM Family Member; Kim Pierce, Monterey County Local Consumer Advocate; Manuel López Mejia, Monterey County – CCS WCM Family Member; Susan Skotzke, Santa Cruz – CCS WCM Family Member

WCMFAC Committee 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; Deadra Cline, Santa Cruz County – CCS WCMF Family Member; Viki Gomez, Merced County – CCS WCM Family Member

CCAH Staff Present: Ashley McEowen, Complex Case Management Supervisor – Pediatric, RN; Gisela Taboada, Member Services Call Center Manager; Jennifer Mockus, Community Care Coordination Director; Jessie Newton, Care Coordination Manager, RN; Kelsey Riggs, RN, Complex Case Management Supervisor; Linda Gorman, Communications Director; Ronita Margain, Merced County Regional Operations Director; Tammy Brass, Utilization Management and Complex Case Management Manager – Authorizations, RN

Guest: Anna Rubalcava, Merced County Department of Public Health – CCS; Christine Betts, Monterey County – Local Consumer Advocate; Fanta Nelson, County of Merced; Susan Paradise, Manager, Family Health Programs at County of Santa Cruz

Agenda Topic	Minutes	Action Items
Meeting Administration Lilia Chagolla	<ul style="list-style-type: none"> Lilia Chagolla, Regional Operations Director (ROD) welcomed the group. 	
Call to Order Susan Skotzke	<ul style="list-style-type: none"> Susan Skotzke, WCMFAC Co-Chair called the meeting to order. Followed by reading the WCMFAC mission statement. M. Marquez read the mission statement in Spanish. 	
Roll Call Maria Marquez	<ul style="list-style-type: none"> Committee introductions and roll call was taken. 	
Oral Communications Janna Espinoza	<ul style="list-style-type: none"> Janna Espinoza, WCMFAC Chair opened the floor for any members of the public to address the Committee on items not listed on the agenda. Janna Espinoza praised The Alliance for the amazing kinds of things that she has seen out in the public. She 	



Whole Child Model Family Advisory Committee Meeting

Meeting Minutes

Monday, May 9, 2022

1:30p.m. – 3:00p.m.



Agenda Topic	Minutes	Action Items
	<p>shared that she gets to drive by Central California Alliance for Health billboard whenever she is driving highway 101 and this makes her happy. Added that she is happy to see that The Alliance has decided to different ways of reaching out in ways that she never expected.</p> <ul style="list-style-type: none"> Janna Espinoza shared that the new Alliance website is much more accessible, and it is easier to read amongst just so many other positives. 	
Consent Agenda Items: Accept WCMFAC Meeting Minutes from Previous Meeting Janna Espinoza	<ul style="list-style-type: none"> Janna Espinoza, WCMFAC Chair opened the floor for approval of the meeting minutes of the previous meeting on March 14, 2022. <p>Motion to approve the consent agenda by Janna Espinoza, seconded by Frances Wong.</p>	
Review WCMFAC Dashboard Lilia Chagolla	<ul style="list-style-type: none"> Lilia Chagolla presented on the WCMFAC Roadmap as part of commitment to review the roadmap on regularly at least once a quarter to assure that the committee stays on track to meet the goals and objectives for 2022. Touched on the progress of a WCMFAC Fact Sheet Shared that the Resource Flyer will also be brought back to the WCMFAC committee for review and updates. Focusing on member communications in quarter 2. 	
Review WCMFAC Fact Sheet Lilia Chagolla	<ul style="list-style-type: none"> Lilia Chagolla reviewed the 2nd draft of the WCMFAC fact sheet. The fact sheet was created to be widely share in the community for the purpose of informing the families with children with special needs of the existence of the FAC. The intent is to open the invitation to families to come and listen to the dialogue and be able to provide feedback around the information shared at these meetings and to recruit new members to be part of the FAC. Lilia Chagolla solicited feedback from the WCMFAC. Feedback was provided by the WCMFAC members. 	<p>Update the WCMFAC Fact Sheet images and include a brief and general verbiage about the stipend</p>



Whole Child Model Family Advisory Committee Meeting

Meeting Minutes

Monday, May 9, 2022

1:30p.m. – 3:00p.m.



Agenda Topic	Minutes	Action Items
	<ul style="list-style-type: none"> Next Steps: Update the WCMFAC Fact Sheet with the feedback provided by the committee members. Submit the fact sheet to the Alliance's Communications department for formatting and approval. Once developed by the Communications department, bring the updated draft to the committee for a final revision and approval. Once approved, the fact sheet will be submitted for translation and will be ready for distribution. WCMFAC members requesting printed copies of the fact sheet should connect with Maria Marquez to coordinate. 	
Bleeding Disorder Ashley Gregory	<ul style="list-style-type: none"> Topic postponed – Presenter not in attendance. 	
Community Partner Feedback COVID-19 Impact on Members	<ul style="list-style-type: none"> Open forum for Committee members to share COVID-19 impact. <p>Organization Updates:</p> <ul style="list-style-type: none"> Susan Paradise, Manager, Family Health Programs at County of Santa Cruz shared that they are hybrid offering telehealth to any families that are still not ready to meet in-person and scheduling those families that want to be seen in-person. They are being seen at both the north and south county offices. Susan Skotzke added that in Santa Cruz County, two household members can accompany each patient at this time. Anna Rubalcava, Merced County Department of Public Health, shared that the Merced County Public Health has reopened, and staff is back in the office. Shared staffing challenges that should have no impact to those that they serve. Christine Betts, Monterey County shared they have been fully open for in person services for about a year. Their offices are equipped with a waiting room, and they can post information about the Alliance and other activities happening in the 	



Whole Child Model Family Advisory Committee Meeting

Meeting Minutes

Monday, May 9, 2022

1:30p.m. – 3:00p.m.



Agenda Topic	Minutes	Action Items
	<p>community. They continue to do the health screening. They continue to offer telehealth when it is appropriate and works for the families. The only restriction they still have is restricting extra visitors, siblings are still not allowed to come. The restriction is currently being addressed as they are aware that this limitation may be a barrier for parents being able to make it to therapy.</p> <ul style="list-style-type: none"> - Kim Pierce, Monterey County shared that the San Andreas Regional Center remains closed to the public, but people can be seen by appointment only for in-person meetings. Restrictions are still in place; you must be either vaccinated or have a negative test for children that have not received the vaccine. The service coordinators are going some home meetings in the homes and virtually by parent request. Shared that they have seen an increase in the number of referrals for the early start program. <p>Alliance Updates:</p> <ul style="list-style-type: none"> - Lilia Chagolla, Regional Operations Director for The Alliance expanded on The Alliance COVID-19 vaccination rates for Merced, Monterey, and Santa Cruz Counties. Provided an update of the county's transmission level. Merced and Monterey are currently at low rate and Santa Cruz is at medium rate. - Briefly elaborated on the informational emails previously sent to the committee. The following information was shared: <ol style="list-style-type: none"> 1) Survey – Needs of Children, Youth & Families 2) Free At-Home COVID-19 Tests 3) San Andreas Regional Center 25th Annual Legislative Luncheon 4) Cabrillo College Student Mental Health Conference 	



Whole Child Model Family Advisory Committee Meeting

Meeting Minutes

Monday, May 9, 2022

1:30p.m. – 3:00p.m.



Agenda Topic	Minutes	Action Items
	<p>5) Medical Therapy Program and California Department of Education Webinar</p> <ul style="list-style-type: none"> - Lilia Chagolla shared on The Department of Healthcare Services (DHCS) Medi-Cal redetermination. Medi-Cal recipients need to make sure that their county offices have their current contact information to avoid losing their Medi-Cal benefits. The Alliance Member Services Department (MS Dept.) and the Your Health Matters Outreach team is making sure they inform and orient Alliance members when connecting to them via phone or at outreach events. The MS Dept. may return to this meeting to present on the DHCS redetermination process. Lilia Chagolla stated that this is a perfect opportunity for the WCMFAC members to be advocates in the community. A link to the DHCS Medi-Cal ambassador information was shared. 	
CCS Advisory Group Representative Report Susan Skotzke	<ul style="list-style-type: none"> • Susan Skotzke shared the following CCS Advisory Group updates: <ul style="list-style-type: none"> - The California Departments of Health Care Services (DHCS) and Education (CDE) invites you to learn about CCS Medical Therapy Program (MTP). May 10, 2022, at 10:00a.m. Registration link was shared. - CCS oversight and monitoring - Medi-Cal RX - Children and Youth Behavioral Health Initiative 	
Other Business WCMFAC Meetings Roundtable Discussion	<ul style="list-style-type: none"> • The WCMFAC will continue to be held virtually. If there's a need to get back to in-person meetings, the committee will address this in future meetings. 	
Future Agenda Items Lilia Chagolla	<ul style="list-style-type: none"> • The following items will be added as future agenda items in addition to the standing agenda topics. • Review the Roadmap – Lilia Chagolla, Regional Operations Director • WCMFAC Fact Sheet – Lilia Chagolla, Regional Operations Director 	



Whole Child Model Family Advisory Committee Meeting

Meeting Minutes

Monday, May 9, 2022

1:30p.m. – 3:00p.m.



Agenda Topic	Minutes	Action Items
	<ul style="list-style-type: none">Bleeding Disorders – Ashley Gregory, WCMFAC Member. To be confirmed with topic owner.Janna Espinoza proposed grievance updates.	
Review Action Items Maria Marquez	<ul style="list-style-type: none">Maria Marquez reviewed the action items.	
Adjourn (end) Meeting Janna Espinoza	The meeting adjourned at 3:04p.m.	
Minutes Submission	The meeting minutes are respectfully submitted by Maria Marquez, Administrative Specialist	

Next Meeting: Monday, July 11, 2022, at 1:30p.m.





DATE: August 24, 2022
TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission
FROM: Stephanie Sonnenshine, Chief Executive Officer
SUBJECT: Department of Health Care Services Operational Readiness Agreement #22-20193

Recommendation. Staff recommend the Board authorize the Chairperson to sign Agreement #22-20193 with the Department of Health Care Services (DHCS) to initiate the Operational Readiness (OR) activities for the 2024 Medi-Cal Managed Care Plan (MCP) contract, assuming the Agreement meets with staff understandings and expectations.

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 the primary Agreement 08-85216 with DHCS on January 1, 2009 which has subsequently been amended via written amendments #1 through #50.

Last year, DHCS informed plans that it would be replacing plans' current agreements with an entirely new contract effective January 1, 2024. The implementation of the new contract aligns with the timeline for the Medi-Cal Managed Care Commercial Plan Procurement Request for Proposal and the County Model Change process. In June 2021, DHCS shared a draft of the contract with plans and stakeholders requesting feedback. DHCS issued the final 2024 contract language in March 2022.

Discussion. DHCS will be conducting an OR review of all plans prior to the implementation of the 2024 contract and the County Model Change and has developed the OR Agreement to facilitate the readiness review which includes a required submission of OR Deliverables. The OR Deliverables include 250+ individual Deliverables wherein the Alliance must demonstrate its compliance with the provisions of the 2024 Medi-Cal MCP contract prior to implementation.

Staff are in the process of reviewing the OR Agreement for acceptability and will complete its review prior to the Board's August 24, 2022 meeting.

Board authorization for the Chair to sign the Amendments is required.

Fiscal Impact. The Operational Readiness contract is a \$0 contract.

Attachments. N/A

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Santa Cruz – Monterey – Merced Managed Medical Care Commission

Retreat Agenda (Draft)



Date: September 28, 2022

Time: Arrive and Refreshments: 8:30 a.m.
Call to Order: 9:00 a.m.
Catered Lunch: 12:15 – 12:45 p.m.
Adjourn: 5:00 p.m.

Location: Central California Alliance for Health – Scotts Valley Auditorium
1700 Green Hills Road, Scotts Valley, CA 95066

Facilitator: Ms. Bobbie Wunsch, Pacific Health Consulting Group



- 1. Welcome and Call to Order by Chairperson**
 - A. Roll call; establish quorum.
 - B. Oral communications and announcements.

- 2. Discuss California Administration's Vision and Priorities for Healthcare.**
 - A. Dr. Mark Ghaly, Secretary of the California Health & Human Services Agency, will review and Board will discuss the administration's priorities and vision for health care in California, as well as what role the administration sees for the County Organized Health System plans going forward.

3. **Discuss Federal Healthcare Policy Environment.**
 - A. Mr. Rodney Whitlock, McDermott + Consulting, will review and the Board will discuss events in Washington DC, emerging areas of emphasis for the federal health care policy landscape, and to address questions about implications of future elections.
4. **Discuss Federal and State Healthcare Policy Landscape.**
 - A. Ms. Bobbie Wunsch, Pacific Health Consulting Group, will facilitate discussion with the Board on federal and state healthcare policy landscape responsive to speakers.
5. **Discuss Alliance Strengths, Weaknesses, Opportunities, and Threats (SWOT).**
 - A. Alliance Executive Team will orient the Board to refreshed SWOT analysis and key opportunities and threats Alliance executives see as influencing the Alliance's future.
 - B. Ms. Wunsch will facilitate a panel discussion/presentation activity.
6. **Discuss Dual Special Needs Plan: Considerations Informed by Financial Feasibility Assumptions and Policy Proposal Details.**
 - A. Ms. Sonnenshine, CEO, Ms. Van Wong, Chief Operating Officer, and Ms. Lisa Ba, Chief Financial Officer, will introduce the Board to the Dual Special Needs Plan and key considerations for the Alliance in evaluating feasibility.
7. **Discuss Quality and Equity: Alliance's Approach to Equity Benchmarks and Implications.**
 - A. Ms. Sonnenshine, CEO, Dr. Maurice Herbelin, Chief Medical Officer, and Dr. Palav Babaria, Chief Quality Officer and Deputy Director of Quality and Population Health Management of the California Department of Health Care Services, will review and Board will discuss quality and equity benchmarks and implications.
 - B. Ms. Wunsch will facilitate small group discussions.
8. **Wrap Up and Next Steps.**
 - A. Ms. Wunsch will wrap up the day, identify key themes and next steps.
9. **Adjourn**



DATE: August 24, 2022
TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission
FROM: Scott Fortner, Chief Administrative Officer
SUBJECT: Chief Executive Officer Recruitment Update

Recommendation. There is no recommended action associated with this agenda item.

Background. This report summarizes prior and current activities toward the selection of a new Chief Executive Officer (CEO) to replace Stephanie Sonnenshine.

Discussion. At the May 2022 Commission meeting, Stephanie Sonnenshine informed the Alliance Board that it was her intention to leave the organization no later than May of 2023. Alliance staff, and boards in which Ms. Sonnenshine held a leadership role were advised of the forthcoming change following the Board meeting. Additional outreach regarding the transition will occur upon launch of the recruitment efforts by the search firm.

At the June 2022 Commission meeting, staff presented the recruitment plan and timeline to the Board. Staff also recommended that the Board establish an Ad-Hoc Selection Committee as part of the recruitment for the new CEO, along with approval of the unbudgeted, estimated expense for the recruitment. The budget for the recruitment was approved, and an Ad-Hoc Selection Committee was established, which includes Commission Chair Elsa Jimenez, Larry deGhetaldi, MD, Vice-Chair Supervisor Josh Pedrozo, Julie Edgcomb, and Leslie Conner.

In July, the Alliance initiated a formal Request for Proposal (RFP) to select the most qualified executive search firm to conduct the sourcing and recruitment of qualified applicants for the Alliance's CEO role. Five search firms submitted a proposal in response to the RFP. The Bid Review Committee, which consisted of Commission Chair Elsa Jimenez, Scott Fortner, CAO, and Lisa Artana, Human Resources Director, scored and ranked the five proposals, and conducted interviews with the top three finalists. Upon completion of the competitive purchasing process, Russell Reynolds, Inc. was selected as the firm the Alliance would partner with to conduct the CEO recruitment.

Currently, staff are in the process of finalizing the contract with Russell Reynolds, Inc, and plan to begin working directly with Russell Reynolds on the recruitment the week of August 15. We will soon reach out to members of the Ad-Hoc Selection Committee to start scheduling meetings to meet with our partners at Russell Reynolds as we launch this recruitment.

Staff will provide future updates on the CEO recruitment process as information becomes available.

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

Attachments. N/A

HEALTHY PEOPLE. HEALTHY COMMUNITIES.



DATE: August 24, 2022
TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission
FROM: Van Wong, Chief Operating Officer
SUBJECT: Dual Eligible Special Needs Plan Operational Gap Assessment

Recommendation. Staff recommend the Board approve an unbudgeted expense not to exceed \$250,000 for a Dual Eligible Special Needs Plan (D-SNP) operational gap assessment to be conducted by a third-party vendor.

Summary. Department of Health Care Services (DHCS) is requiring that all non-Coordinated Care Initiative (CCI) county Managed Care Plans (MCPs), of which the Alliance is one, be D-SNP compliant by January 1, 2026. In preparation, the Alliance will partner with an experienced vendor to conduct an operational gap assessment to ascertain our readiness and identify an implementation roadmap to close any operational gaps timely for a successful D-SNP launch.

Background. DHCS is collaborating with the Centers for Medicare & Medicaid Services (CMS) as well as MCPs to establish an Exclusively Aligned Enrollment (EAE) D-SNP model. Medicare Medi-Cal Plans (Medi-Medi Plans) is the California-specific program name for EAE D-SNPs. The Alliance will target a D-SNP launch no earlier than January 2026. When dual eligible beneficiaries choose a Medi-Medi Plan, they will be automatically enrolled in both the Medicare and Medicaid program for said plan, thus ensuring one health plan coordinating care across both program benefits. The aligned enrollment provides more integrated and coordinated care including integrated member materials.

Discussion. The Alliance currently operates two lines of business – Medicaid and In-Home Support Services (IHSS). The administration of D-SNP is different from these product lines in several key areas: marketing, enrollment, quality and data reporting and annual bid process to name a few. It will require changes in terms of the Alliance's people, process and technology. The assessment will assist the Alliance in ascertaining the extent to which changes are needed in these areas to successfully implement D-SNP.

The Alliance is currently undergoing a Request for Proposal process to identify an experienced partner to assist with the operational gap assessment. Staff will need the ability to execute the contract quickly upon identification of the best fit vendor, which is anticipated to be around September 2022. The Alliance intends to initiate the operational gap assessment in Q4 2022 with a target completion of Q1 2023. The assessment deliverables will include a prioritized list of operational gaps including remediation recommendations and a multi-year readiness work plan.

Fiscal Impact. There is no fiscal impact as the Alliance has favorable budget in 2022 to offset this item.

Attachments. N/A

HEALTHY PEOPLE. HEALTHY COMMUNITIES.



DATE: August 24, 2022
TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission
FROM: Lisa Ba, Chief Financial Officer
SUBJECT: Alliance Policy – 700-2000 – Board-Designated Reserve ("Reserve")

Recommendation. Staff recommend the Board approve the new Alliance Policy 700-2000 – Board-Designated Reserve ("Reserve").

Summary. Alliance Policy 700-2000 – Board-Designated Reserve ("Reserve") has been established relating to the development and maintenance of the Health Care Expense Reserve and strategic use of Alliance reserves.

Background. On December 3, 2014, in the approval of the Alliance investment framework, the Alliance's Board increased the Health Care Expense Reserve target from two times to three times the annual average of monthly premium capitation. The Board also approved the framework for strategic use of reserves, resulting in the MCGP. On February 25, 2015, the Board explicitly and separately approved the Health Care Expense Reserve, the Board designated reserve target, of three times the average monthly premium capitation. On June 24, 2020, the Alliance Board approved the execution of a cost containment plan, which recognized a policy that required that provider payments align with revenue rate, utilization trends, and industry standard payments to ensure financial performance as approved by the Board. These policy principles were not previously incorporated into a policy and procedure. On June 22, 2022, the Board approved staff's recommendation to adopt the following as its Reserve Policy.

1. Establish a Health Care Expense Reserve target, or Board designated reserves target, at three times its monthly premium capitation.
2. Require [Develop/Implement] cost containment measures if its financial projection indicates that reserves would fall below 300% of the tangible net equity (TNE) level.
3. Provider payments must align with revenue rate, utilization trends, and industry benchmarks.
4. Annually, following the acceptance of the annual independent financial audit, the Alliance Board may strategically allocate net income to:
 - a. Enable implementation of future requirements, with such funds remaining in Alliance reserves until expended.
 - b. Medi-Cal Capacity Grant Program (MCGP), with such funds not available for other purposes and which, if otherwise held in reserves, would result in reserves beyond the Health Care Expense Reserve.


Discussion. Staff has documented the final policy for the Board's approval. The policy is intended to make explicit the Board's policies relating to the observation, development, and maintenance of a Health Care Expense Reserve target and permissible allocations of surplus funds beyond the required Reserve Target.

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Fiscal Impact. There is no fiscal impact associated with this agenda item. The Alliance fund balance in internal or regulatory reporting remains the same as the current policy. There will be additional internal tracking on the MCGP and future program requirements.

Attachments.

1. Alliance Policy 700-2000 – Board-Designated Reserve (“Reserve”)

	<p style="text-align: center;">POLICIES AND PROCEDURES</p>
Policy #: 700-2000	Lead Department: Finance
Title: Board-Designated Reserve ("Reserve")	
Original Date: 8/1/2022	Policy Hub Approval Date:
Approved by:	

Purpose:

Central California Alliance for Health (the Alliance) implements a financial plan to ensure the long-term financial viability of the organization, including providing uninterrupted services to its members, timely and adequate reimbursement to its providers, compliance with regulatory requirements, and ensuring organizational capacity to respond to short and long-term capital needs and opportunities consistent with the Alliance's strategic plans. The financial plan ensures the creation of prudent reserves and provides for use of surplus funds to expand access, improve benefits, and augment provider reimbursement. This policy addresses requirements around the creation of a prudent Health Care Expense Reserve ("Reserve") and allocation of surplus funds beyond the required Reserve Target.

Maintaining appropriate levels of reserves is a fiscal responsibility of the Alliance and is a legal requirement pursuant to the Knox-Keene Health Care Services Plan Act of 1975 ("Act"). The minimum tangible net equity (TNE) required by the Act and the Title 28 California Code of Regulations ("Rule") is a minimum required amount and is not considered by the State of California Department of Managed Health Care ("DMHC") or by the Alliance Board as an appropriate or sufficient reserve amount. The Alliance observes this Reserve policy to ensure an appropriate or sufficient reserve.

Policy:

As required by the DMHC and the Alliance's Medi-Cal contract, the Alliance shall always maintain the minimum TNE required by Section 1376 of the Act, calculated in accordance with Rule Section 1300.76.


The Alliance shall observe a Reserve Target, or Board designated reserve target, at three times its monthly Premium Capitation.

The Alliance shall develop and implement cost containment measures if the Alliance's financial projection indicates that reserves would fall below 300% of the TNE level.

The Alliance's provider payments must be in line with revenue rate, utilization trends, and industry benchmarks.

Annually, following the acceptance of the annual independent financial audit, the Board may allocate net income which, if reserved would result in a fund balance that exceeds the Reserve Target, to:

- a. Enable implementation of future program requirements, with such funds remaining in Alliance reserves until expended.
- b. Make allocation to the Medi-Cal Capacity Grant Program, with such funds not available for other purposes.

	<p style="text-align: center;">POLICIES AND PROCEDURES</p>
Policy #: 700-2000	Lead Department: Finance
Title: Board-Designated Reserve ("Reserve")	
Original Date: 8/1/2022	Policy Hub Approval Date:
Approved by:	


Definitions:

1. **Reserve** is an organization's net assets, also called fund balance. It represents the surpluses or deficits it has accumulated over time.
2. **Tangible Net Equity ("TNE")**, as defined by the Rule, means a health plan's total assets minus total liabilities reduced by the value of intangible assets and unsecured obligations of officers, directors, owners, or affiliates outside of the normal course of business. The required TNE for a full-service plan is the greater of 1 million dollars or a percentage of premium revenues or a percentage of healthcare expenses.
3. **Reserve Target** is the **Health Care Expense Reserve Target** or **Board Designated Reserve Target**. It is an amount identified and maintained in the Alliance's financial records in order to meet expected future payments and other obligations designated by the Board.
4. **Premium Capitation** is the regularly scheduled payments made by the Department of Health Care Services to the Alliance to operate the Medi-Cal program. Monthly Premium Capitation is the monthly per member per month (PMPM) rate for health care services multiplied by the number of members assigned to the Alliance. The Premium Capitation excludes revenues from incentive programs, supplemental payments, special pass-through payments such as Hospital Quality Assurance Fees (HQA) payments, intergovernmental transfers (IGT), or MCO tax revenue.

Procedures:

The Accounting Department is responsible for ensuring that the TNE calculation is in accordance with regulatory requirements and that the presentation of TNE in the financial statements is accurate.

1. On a monthly basis, the Accounting Director or designee shall calculate the Reserve Target based on the average monthly Premium Capitation for the previous three months.
2. The Chief Financial Officer (CFO) shall develop and implement a cost containment plan when the reserve balance is below the 300% TNE level. The CFO shall report the status of the plan and the reserve balance to the Board on a semi-annual basis, or more frequently as directed by the Board.
3. When negotiating and setting the provider reimbursement rates, the CFO or designee must ensure the provider payment is in line with revenue rate, utilization trends, and industry benchmarks.
4. Annually, following the acceptance of the annual independent financial audit, the Accounting Director or designee shall calculate the amount above the Reserve Target. The CFO or designee may recommend that the Board allocate the excess amount above the Reserve Target to the Medi-Cal Capacity Grant Program. The recommendation shall consider any short-term or long-term capital needs for future program requirements.

	POLICIES AND PROCEDURES
Policy #: 700-2000	Lead Department: Finance
Title: Board-Designated Reserve ("Reserve")	
Original Date: 8/1/2022	Policy Hub Approval Date:
Approved by:	

References: Title 28, California Code of Regulations, Section 1300.76.

Alliance Policies:

Impacted Departments:

Regulatory:

Title 28 California Code of Regulations, Section 1300.76

Legislative:

Contractual:

DHCS Medi-Cal Contract Exhibit A, Attachment 2, Provision 1.A

DHCS All Plan or Policy Letter:

NCQA:

Supersedes:

Other References:

Attachments:

Lines of Business This Policy Applies To

- ☒ Medi-Cal
- ☒ Alliance Care IHSS

LOB Effective Dates

(01/01/1996 – present)

(07/01/2005 – present)

Revision History:

Reviewed Date	Revised Date	Changes Made By	Approved By



DATE: August 24, 2022
TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission
FROM: Jenifer Mandella, Compliance Officer
SUBJECT: Alliance Policy – 105-0013 – Expenditure Authority and Alliance Policy 105-2502 – Contract Signature Authority

Recommendation. Staff recommend the Board approve revisions to Alliance Policies 105-0013 – Expenditure Authority and 105-2502 – Contract Signature Authority.

Summary. Alliance Policy 105-0013 – Expenditure Authority was revised to reflect changes in expenditure approval authority for Division Chiefs and the Chief Financial Officer, as well as staff accountability for controls related to payment of medical claims. Alliance Policy 105-2502 – Contract Signature Authority was revised as part of the routine biennial policy review; changes are limited to clarifying that Provider Contracts are not routinely renewed, but rather are amended.

Background. Board bylaws state that the Chief Executive Officer (CEO) has the responsibility and authority to carry out policies, procedures and practices of the Commission and act as representative for the Commission in matters on which the Commission has not authorized someone else to do so. (9.2.1 and 9.2.2). In accordance with the bylaws, the Alliance has published a number of policies that reflect the delegation of Board decision-making to Alliance staff, including the CEO or appropriate delegate. To ensure that Alliance policies are up to date, staff review each policy every two years.


Discussion. Policies 105-0013 – Expenditure Authority and 105-2502 – Contract Signature Authority were reviewed as part of the routine policy review process. Staff identified desired process modifications and required edits to the policy to ensure the policies were accurate. These changes are described in the summary above.

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

Attachments.

1. Alliance Policy 105-0013 – Expenditure Authority
2. Alliance Policy 105-2502 – Contract Signature Authority

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

	<p style="text-align: center;">POLICIES AND PROCEDURES</p>
Policy #: 105-0013	Lead Department: Compliance
Title: Expenditure Authority	
Original Date: 03/12/2018	Policy Hub Approval Date:
Approved by: Jenifer Mandella, Compliance Officer	

Purpose:

To outline Central California Alliance for Health's (the Alliance's) policy on expenditure authority, as approved by the Board of Commissioners (Board).

Policy:

Alliance Bylaws of the Santa Cruz-Monterey-Merced Managed Medical Care Commission (Bylaws) provide that the Alliance Board may authorize officers, agents or employees to authorize expenditures on behalf of the Commission.ⁱ

Expenditures authorized pursuant to the Board's authority, as identified in this policy, may only be authorized by the person expressly authorized to approve. An Alliance officer, agent, or employee may not expend funds unless the Board has authorized such expenditure or delegated its power to that office, agent, or employee, subject to express general or specific standards.

The Chief Executive Officer (CEO) has the authority to carry out the policies, procedures and practices of the Board, and acts as the representative of the Commission in all matters that the Commission has not authorized someone else to do.ⁱⁱ

Definitions:

Budgeted expenditures – All items that are included within the Administrative and Medical Budgets, as approved by the Board.

Expenditure Authority – Authority, as given by the Board, to approve expenditures.


Expenditure – The act of spending money for goods or services to attain new assets, improve existing ones, or reduce a liability.

Non-budgeted expenditures – All items that are not approved by the Board within the Administrative or Medical Budgets.

Unavailable – Absent and unreachable due to vacation, illness, injury, or other circumstance inhibiting decision-making abilities essential to support business operations.


Procedures:

1. Budget:
 - a. The Board maintains authority to approve the annual Alliance Medical budget, including, but not limited to, provider payment rates, incentives and new payment models, and conceptual design pilot programs.
 - b. The Board maintains authority to approve the annual Alliance Administrative budget.

	POLICIES AND PROCEDURES
Policy #: 105-0013	Lead Department: Compliance
Title: Expenditure Authority	
Original Date: 03/12/2018	Policy Hub Approval Date:
Approved by: Jenifer Mandella, Compliance Officer	

- i. The Board maintains authority to approve Non-budgeted expenditures of \$150,000 and over.
- ii. For non-budgeted expenditures, Division Chiefs can approve up to \$9,999.99, the Chief Financial Officer (CFO) can approve up to \$49,999.99, and the CEO can approve up to \$149,999.99, as outlined in the grid below.
- c. The CEO maintains authority to implement both the Administrative and Medical budgets.ⁱⁱⁱ
 - i. The CFO is responsible for appropriate internal controls, financial oversight and monitoring, identifying controls deficiencies, ensuring necessary corrections related to provider payments, and effective management of medical cost and budget.
 - ii. The Chief Operating Officer (COO) is responsible for accuracy and timeliness of claims processing in compliance with the provider contracts and ensuring appropriate system and process controls over authorization of claims payment.
 - iii. Managers and above approve staff reimbursement requests, as outlined in Alliance policy 701-1500 – Expense Reimbursement.
 - 1. The CFO has authority to approve the reimbursement of expenses incurred by the CEO.
 - iv. Authority for approval of all other expenditures subject to Purchase Order or invoice requirements is outlined in the grid below.

Expenditure Approval Authority							
Expenditure	Budget Status	Department Managers	Department Directors	Division Chiefs	CFO	CEO	Alliance Board
\$0 - \$2,499.99	Budgeted expenditures	X					
	Non-budgeted expenditures			X			
\$2,500 - \$9,999.99	Budgeted expenditures		X				
	Non-budgeted expenditures			X			
\$10,000 - \$49,999.99	Budgeted expenditures			X			
	Non-budgeted expenditures				X		

	<p align="center">POLICIES AND PROCEDURES</p>
Policy #: 105-0013	Lead Department: Compliance
Title: Expenditure Authority	
Original Date: 03/12/2018	Policy Hub Approval Date:
Approved by: Jenifer Mandella, Compliance Officer	

\$50,000 - \$149,999.99	Budgeted expenditures				X	
	Non-budgeted expenditures					X
> \$150,000	Budgeted expenditures					X
	Non-budgeted expenditures					X
Notes: 1) Grid reflects minimum approval level required 2) Grid excludes claims payments and PAFs						

2. Executive Line of Succession:
 - a. Expenditure authority may be delegated in accordance with this policy if the CEO is Unavailable as defined in this policy. Alliance Policy 105-0012 - Administrative Decision-Making Controls contains the Executive Line of Succession.

References:

Alliance Policies:

105-0012 – Administrative Decision-Making Controls

701-1500 – Expense Reimbursement

Impacted Departments:

Administration (CEO)

Finance Division

Regulatory:

Legislative:

Contractual:

DHCS All Plan or Policy Letter:

NCQA:

Supersedes:

Policy 105-0003 - Contract Signature Authority, Expenditure Authority, and Decision-Making Administrative Controls

Other References:

By-Laws of the Santa Cruz-Monterey-Merced Managed Medical Care Commission


Alliance Expenditure and Signature Authority Policy adopted by the Commission

6/28/2000, and revised 9/26/2012 and 3/28/2018

Attachments:

Lines of Business This Policy Applies To

LOB Effective Dates

	POLICIES AND PROCEDURES
Policy #: 105-0013	Lead Department: Compliance
Title: Expenditure Authority	
Original Date: 03/12/2018	Policy Hub Approval Date:
Approved by: Jenifer Mandella, Compliance Officer	

☒ Medi-Cal

(01/01/1996 – present)

☒ Alliance Care IHSS

(07/01/2005 – present)


Revision History:

Reviewed Date	Revised Date	Changes Made By	Approved By
04/20/2020	04/20/2020	Kat Reddell, Compliance Specialist	Luis Somoza, Interim Compliance Officer
06/27/2022	06/27/2022	Jenifer Mandella, Compliance Officer	Jenifer Mandella, Compliance Officer

ⁱ SC-M-MMC Bylaws, Article X, Provision 10.1

ⁱⁱ SC-M-MMC Bylaws, Article IX, Provision 9.2.1

ⁱⁱⁱ SC-M-MMC Bylaws, Article IX, Provision 9.2.1

	<p style="text-align: center;">POLICIES AND PROCEDURES</p>
Policy #: 105-2502	Lead Department: Compliance
Title: Contract Signature Authority	
Original Date: 03/09/2018	Policy Hub Approval Date:
Approved by: Jenifer Mandella, Compliance Officer	

Purpose:

To outline Central California Alliance for Health's (the Alliance's) policy on contracts signature authority, as approved by the Board of Commissioners (the Board).

Policy:

Alliance Bylaws of the Santa Cruz-Monterey-Merced Managed Medical Care Commission (Bylaws) provide that the Board may authorize officers, agents or employees to enter into or execute contracts on behalf of the Commission.ⁱ

Documents executed pursuant to the Board's authority, as identified in this policy, may only be executed by the person expressly provided with Signature Authority. An Alliance officer, agent, or employee may not execute contracts on behalf of the Alliance, unless the Board has authorized such action, or delegated its power to that office, agent, or employee, subject to express general or specific standards.

Amendments or other changes to any document binding the Alliance must be executed in the same manner as the original document, except for minor deviations, as identified in this policy.

The Chief Executive Officer (CEO) has the authority to carry out the policies, procedures and practices of the Board, and acts as the representative of the Commission in all matters that the Commission has not authorized someone else to do.ⁱⁱ

Definitions:

Budgeted expenditures – All items that are included within the Administrative and Medical Budget, as approved by the Board. This includes the Alliance's Medical Budget and all Alliance Department Administrative Budgets and items.


Contract – A contract is a voluntary arrangement between two or more parties that is enforceable in contract law as a binding legal agreement. Formation of a contract generally requires an offer, acceptance, consideration, and a mutual intent to be bound. Each party to a contract must have capacity to enter the agreement.

Non-budgeted expenditures – All items that are neither accounted for within Department Administrative Budgets, nor approved by the Board within the Administrative/Medical Budget.

Signature Authority – Authority, as given by the Board, to sign provider contracts, payor contracts, and administrative contracts.


Unavailable – Absent and unreachable due to vacation, illness, injury, or other circumstance inhibiting decision-making abilities essential to support business operations.

Procedures:

	POLICIES AND PROCEDURES
Policy #: 105-2502	Lead Department: Compliance
Title: Contract Signature Authority	
Original Date: 03/09/2018	Policy Hub Approval Date:
Approved by: Jenifer Mandella, Compliance Officer	

1. Provider Contracts:
 - a. The CEO has the authority to sign provider contracts and amendments.
 - b. Any changes to provider payment policies require the Board's approval before being implemented into contracts.ⁱⁱⁱ
2. Payor (government) Contracts:
 - a. The Board approves and the Board Chair has authority to sign payor contracts and amendments, and other payor contracts as authorized by the Board.^{iv}
3. Grant Contracts
 - a. The CEO has the authority to sign grant contracts.^v
4. Administrative Contracts:
 - a. The CEO has authority to sign administrative contracts, renewals, and amendments for all Budgeted expenditures, and for all Non-budgeted expenditures under \$150,000. This includes, but is not limited to, Change Orders, Order Forms, Scopes of Work, Non-Disclosure Agreements, and any attachments or exhibits that require signature.
 - b. The Board maintains authority to approve and the Board Chair maintains authority to sign contracts for all Non-budgeted expenditures of \$150,000 and over. The Board may delegate signature authority to the CEO of a Board approved Non-budgeted expense of \$150,000 and over.^{vi}
5. Leases of property owned by the Alliance:
 - a. The CEO has the authority to execute any and all leases and related documents for the lease of real property owned by the Alliance to tenants.^{vii}

Contract Signature Authority				
Primary Authority – X Delegated Signature Authority - DSA		Board	Board Chair	CEO
Provider Contracts	Provider Contracts			X
	Provider Contract Amendments			X
Payor Contracts	Payor Contracts		X*	
	Payor Contract Amendments		X*	
Administrative Contracts	Budgeted, or Non-Budgeted <\$150,000			X
	Administrative Contracts			X
	Administrative Contracts Renewals			X

	POLICIES AND PROCEDURES
Policy #: 105-2502	Lead Department: Compliance
Title: Contract Signature Authority	
Original Date: 03/09/2018	Policy Hub Approval Date:
Approved by: Jenifer Mandella, Compliance Officer	

	Administrative Contracts Amendments			X
	Non-budgeted >\$150,000			
	Administrative Contracts		X*	DSA
	Administrative Contracts Renewals		X*	DSA
	Administrative Contracts Amendments		X*	DSA
Grants	Grants Contracts			X*
Leases	Leases of real property owned by the Alliance to tenants			X
* When prior Board approval has been obtained				

1. Executive Line of Succession
 - a. Signature authority may be delegated in accordance with this policy if the CEO is Unavailable as defined in this policy. Please refer to Alliance Policy 105-0012 - Administrative Decision-Making Controls, for the "Executive Line of Succession".

References:

Alliance Policies:

105-0012 – Administrative Decision-Making Controls

Impacted Departments:

Administration

Facilities and Administrative Services

Finance

Government Relations

Strategic Development

Regulatory:

Legislative:

Contractual:

MMCD Policy Letter:

NCQA:

Supersedes:

Policy 105-0003 - Contract Signature Authority, Expenditure Authority, and Decision-Making Administrative Controls

Other References:


By-Laws of the Santa Cruz-Monterey-Merced Managed Medical Care Commission

Alliance Expenditure and Signature Authority Policy adopted by the Commission

6/28/2000, and revised 9/26/2012 and 3/28/2018

Structure for Alliance Investments: Version 2.0 adopted by the Commission 12/3/2014

Alliance Lease Execution Authority Policy adopted by the Commission 6/27/2018

	<p>POLICIES AND PROCEDURES</p>
Policy #: 105-2502	Lead Department: Compliance
Title: Contract Signature Authority	
Original Date: 03/09/2018	Policy Hub Approval Date:
Approved by: Jenifer Mandella, Compliance Officer	

Attachments:

Lines of Business This Policy Applies To

- ☒ Medi-Cal
- ☒ Alliance Care IHSS

LOB Effective Dates

(01/01/1996 – present)
(07/01/2005 – present)

Revision History:

Reviewed Date	Revised Date	Changes Made By	Approved By
	6/28/2018	Jenifer Mandella	Jenifer Mandella
	09/02/2020	Luis Somoza, Compliance Manager	Jenifer Mandella, Compliance Officer
	07/25/2022	Jenifer Mandella, Compliance Officer	

ⁱ SC-M-MMC Bylaws, Article X, Provision 7.1

ⁱⁱ SC-M-MMC Bylaws, Article X, Provision 9.2.1

ⁱⁱⁱ Alliance Expenditure and Signature Authority Policy adopted by the Commission 6/28/2000, and revised 9/26/12

^{iv} Alliance Expenditure and Signature Authority Policy adopted by the Commission 6/28/2000, and revised 9/26/12

^v Structure for Alliance Investments: Version 2.0 adopted by the Commission 12/3/2014

^{vi} Alliance Expenditure and Signature Authority Policy adopted by the Commission 6/28/2000, and revised 9/26/2012 and 3/28/2018

^{vii} Alliance Lease Execution Authority Policy adopted by the Commission 6/27/2018



DATE: August 24, 2022
TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission
FROM: Michelle Stott, RN, Quality Improvement and Population Health Director
SUBJECT: Alliance Policy – 401-1101 – Quality and Performance Improvement Program

Recommendation. Staff recommend the Board approve revisions to Alliance Policy 401-1101 – Quality and Performance Improvement Program.

Background. The Quality and Performance Improvement Program (QPIP) is an organizational-wide, cross-divisional, and comprehensive program encompassing quality of care, patient safety, quality of service and member experience. The QPIP exists to assure and improve the quality of care for Alliance members, in fulfillment of California Department of Health Care Services (DHCS) requirements, Title 28, California Code of Regulations, Section 1300.70, and Title 42, Code of Federal Regulations, Section 438.330.

The Santa Cruz-Monterey-Merced Managed Medical Care Commission (the Board) delegates oversight and performance responsibility of the QPIP to the Continuous Quality Improvement Committee, excluding credentialing/recredentialingⁱ activities, which are directed by the Peer Review and Credentialing Committee.

Discussion. Alliance Policy 401-1101 – Quality and Performance Program was revised to align its content in response for a model of care deliverable for Community Supports.


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

Attachments.

1. Alliance Policy 401-1101 – Quality and Performance Improvement Program

ⁱ DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 12

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

	POLICIES AND PROCEDURES
Policy #: 401-1101	Lead Department: Quality Improvement and Population Health
Title: Quality and Performance Improvement Program	
Original Date: 02/01/1996	Policy Hub Approval Date:
Approved by: Continuous Quality Improvement Committee (CQIC)	

Purpose

To describe Central California Alliance for Health's (the Alliance) the Quality and Performance Improvement Program (QPIP) also referred to as the Quality Improvement System (QIS). The QPIP is an organizational-wide, cross-divisional and comprehensive program encompassing quality of care, patient safety, quality of service and member experience¹.

Policy

The QPIP exists to assure and improve the quality of care for Alliance members, in fulfillment of California Department of Health Care Services (DHCS) requirements, Title 28, California Code of Regulations, Section 1300.70, and Title 42, Code of Federal Regulations, Section 438.330². Additionally, QPIP oversight entities may electively incorporate best practice standards (e.g., National Committee for Quality Assurance [NCQA] standards) into the QPIP as they deem appropriate.

Vision: "Quality for All"

The QPIP is guided by the Alliance's vision of *Healthy People, Health Communities*, our mission of *accessible, quality health care guided by local innovation*, and Alliance values of *Improvement, Integrity, Collaboration and Equity*.

QPIP Values

The QPIP provides a comprehensive structure that meets the following requirements:

Continuous Quality Improvement (CQI)


1. Develop and maintain structures and processes that support CQI methodologies by demonstrating organizational commitment to the delivery of quality health care services through jointly developed goals and objectives across Divisions, approved by the Alliance Board, and periodically evaluated and updated⁶⁶.

Equitable and Person-Centered

1. Ensure all medically necessary covered services are: available and accessible to all members in any setting, regardless of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, or identification with any other persons or groups defined in Penal Code 422.56³, and provided in a culturally and linguistically appropriate manner⁴.
2. Provide tailored, consistent, and whole-person care across all member-facing team that meet the needs and experience of our members.

Safe, Accessible, and Effective Quality of Care and Services

1. Ensure integration with all departments within the Alliance, current community health priorities, standards, and public health goals;
2. Continuously review, evaluate, and improve access to and availability of services, including obtaining appointments within established standards⁶⁷;
3. Ensure consistent patient safety processes through proactive surveillance, investigation, and appropriate actions to address quality issues related to care, service, or satisfaction; and

	POLICIES AND PROCEDURES
Policy #: 401-1101	Lead Department: Quality Improvement and Population Health
Title: Quality and Performance Improvement Program	
Original Date: 02/01/1996	Policy Hub Approval Date:
Approved by: Continuous Quality Improvement Committee (CQIC)	

4. Ensure effectiveness of the quality of care and services delivered across the continuum of care by addressing preventive services for children and adults, perinatal care, primary care, specialty, emergency, inpatient, behavioral and ancillary care services, including complex health needs, emerging risk, and multiple chronic conditions for improved health outcomes⁶⁸


Scope

1. Quality and safety of clinical care services including, but not limited to: preventive care, chronic disease, perinatal care, family planning services, behavioral health services and reduction in health disparities.
2. Quality of non-clinical services including, but not limited to: availability, accessibility, grievance process, coordination and continuity of care, and information standards.
3. Standards for patient safety including, but not limited to: facility site reviews, credentialing of practitioners, and quality of care/peer review.
4. Standards in member experience including, but not limited to: satisfaction surveys and assessments, monitoring of member complaints, phone queue monitoring, access measurement and member grievance timeliness.

Goals and Objectives

The goal and objective of the QPIP is to objectively and systematically monitor and evaluate, pursue opportunities to improve, and resolve identified problems⁵ related to the:


1. Quality and safety of healthcare and services provided by the Alliance's provider network:
 - 1.a. Incorporate provider and other appropriate professional involvement in the QPIP through review of findings, study outcomes, and on-going feedback for program activities⁶⁹
 - 1.b. Conduct facility site reviews/medical record reviews at provider sites and reviewing quality issues or trends referred for further investigation and follow-up actions
 - 1.c. Develop and maintain a high-quality provider network through credentialing, re-credentialing, and peer review processes²⁷
 - 1.d. Maintain an ongoing oversight process by incorporating performance metrics of QPIP-related functions performed by practitioners, providers, and delegated or independently contracted/sub-contracted delegates⁷⁰
 - 1.e. Ensure that care and resources are available, appropriate, accessible, and timely for all members according to standards of care and evidence-based practices
 - 1.f. Monitor and act upon over/underutilization of services⁷¹
2. Quality of services provided by the Alliance to its members, providers, the community, and internal staff:
 - 2.a. Align quality improvement activities with activities that promote the continuous development of a provider network that meets member needs, such as the annual Access Plan
 - 2.b. Implement innovative practices, such as telephonic or virtual means, to ensure that members obtain care which is timely and meets their needs
 - 2.c. Utilize data-driven approaches and effective analysis, implementation, and evaluation towards improved clinical outcomes, services, and experiences

	POLICIES AND PROCEDURES
Policy #: 401-1101	Lead Department: Quality Improvement and Population Health
Title: Quality and Performance Improvement Program	
Original Date: 02/01/1996	Policy Hub Approval Date:
Approved by: Continuous Quality Improvement Committee (CQIC)	

- 2.d. Ensure care is provided regardless of race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sex, sexual orientation, gender identity, health status, or physical or mental disability, or identification with any other persons or groups defined in Penal Code 422.56, and linguistically appropriate manner⁴
- 2.e. Identify population-based strategies to address healthcare disparities in order to develop appropriate interventions and tools including cultural and linguistic (C&L) competency, communication, and education⁷²
- 2.f. Provide access to services and communication in alternate formats to ensure non-discrimination of members as defined in Section 1557 of the Patient Protection and Affordable Care Act⁷³
- 2.g. Education regarding accessing the health care system and support on obtaining care and services when needed
- 2.h. Concerns resolved quickly and effectively including the right to voice complaints or concerns without fear of discrimination
- 2.i. Engagement in the discussion about services, regardless of cost or benefit coverage
- 2.j. Confidence that they can reach the Alliance quickly and be satisfied with the information received.
3. Members' experience of care and service provided by the Alliance and its contracted providers:
 - 3.a. Monitor member satisfaction with quality of care and services received from network providers, practitioners and delegates and acting upon identified opportunities
 - 3.b. Obtain information on member's values, needs, preferences, and health-related goals through feedback mechanisms and touch points, such as surveys, focus groups, member outreach, care management, and other means
 - 3.c. Establish population health programs to empower and encourage members to actively participate in and take responsibility for their own health through the provision of health education, evidence-based tools, and shared goals for optimal health⁷⁴
 - 3.d. Create a trusted health care system to assure feelings of safety, self-efficacy, and effective communication with all their care partners
 - 3.e. Develop and implement activities for members that are Seniors and Persons with Disabilities or persons with chronic conditions, designed to assure the provision of case management, coordination and continuity of care services for availability, accessibility, clinical services, and care management⁵⁰
 - 3.f. Integrate with current community health priorities, standards, and public health goals
 - 3.g. Implement activities to monitor and act upon continuity and coordination of care improvements between medical and behavioral health specialties and within the medical care system⁷⁵


Definitions

1. California Children's Services (CCS) Program⁶ (as part of the Whole Child Model Program): CCS is a state program for children with certain diseases or health problems. Through this program, children up to 21 years of age can get the health care and services they need for CCS-eligible conditions. CCS also

	POLICIES AND PROCEDURES
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provides medical therapy services that are delivered at public schools through their Medical Therapy Unit (MTU).

2. Community Supports: Services or settings offered by a Medi-Cal health plan that are offered in place of services or settings covered under the California Medicaid State Plan, and are medically appropriate, cost-effective substitutes for services or settings under the State Plan. Services are offered at the plan's option and an enrollee cannot be required to use them.
3. Consumer Assessment of Healthcare Providers and Systems (CAHPS): Standardized surveys of Agency for Healthcare Research and Quality (AHRQ), the CAHPS' surveys health plan members to measure their experiences with a variety of areas, including access to care and satisfaction with the health plan.
4. Corrective Action⁷: Specific identifiable activities or undertakings of the Alliance that address program deficiencies or problems.
5. Enhance Care Management (ECM): ECM is a whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of high-cost and/or high-need members through systematic coordination of services and comprehensive care management that is community-based, interdisciplinary, high-touch, and person centered.
6. External Accountability Set (EAS)⁸: Performance Measures: The EAS performance measures consist of a set of Healthcare Effectiveness Data Information Set (HEDIS®) measures developed by the National Committee for Quality Assurance (NCQA). The EAS performance measures may also include other standardized performance measures and/or DHCS developed performance measures selected by DHCS for evaluation of health plan performance.
7. Healthcare Effectiveness Data and Information Set (HEDIS)⁹: The set of standardized performance measures sponsored and maintained by the National Committee for Quality Assurance.
8. High Performance Level (HPL): DHCS establishes an HPL for each required HEDIS performance measure and publicly acknowledges Managed Care Plans (MCPs) that meet or exceed the HPLs. DHCS's HPL for each required measure is the 90th percentile of the national Medicaid results.
9. Managed Care Accountability Set (MCAS): A set of measures based on the Centers for Medicare and Medicaid Services (CMS) Adult and Child Core Sets, and NCQA are selected by DHCS for evaluation of health plan performance.
10. Minimum Performance Level (MPL): Medi-Cal managed care health plans must meet or exceed the DHCS established MPL for each required HEDIS performance measure. If MPL is not met, then an Improvement Plan must be completed. DHCS's MPL for each required measure is the 50th percentile of the national Medicaid results.
11. National Committee for Quality Assurance (NCQA)¹⁰: A non-profit organization that committed to evaluating and publicly reporting on the quality of managed care plans.
12. Performance Improvement Projects (PIPs)¹¹: Studies selected by the Alliance, either independently or in collaboration with DHCS and other participating health plans, to be used for quality improvement purposes¹².
13. Plan, Do, Study, Act (PDSA): A cyclical, four-step management method used for continuous improvement and monitoring of processes. The methodology is a rapid cycle/continuous quality improvement

	POLICIES AND PROCEDURES
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Approved by: Continuous Quality Improvement Committee (CQIC)	

process designed to perform small tests of change, which allows more flexibility to make adjustments throughout the improvement process¹³.


Procedures

The QPIP is structured to develop and maintain an integrated system to continually identify, assess, measure, and improve member health outcomes. Providers and members are an integral part of the QPIP. QPIP activities are overseen and approved in the following manner:


1. Maintain Accountability of Care Systems

Accountability for the QPIP development and performance review includes the Santa Cruz-Monterey-Merced Managed Medical Care Commission (Alliance Board), the Continuous Quality Improvement Committee (CQIC), the Peer Review and Credentialing Committee (PRCC), the Compliance Committee, the Chief Medical Officer (CMO), and Alliance network physicians¹⁴.


- 1.a. Alliance Board¹⁵: The Alliance Board promotes, supports, and has ultimate accountability and authority for a comprehensive and integrated QPIP. Alliance Board responsibilities include:
 - 1.a.1. Annual review and approval of the QPIP and applicable QPIP reports¹⁶;
 - 1.a.2. Appointment of an accountable entity or entities to provide oversight of the QPIP¹⁷;
 - 1.a.3. Routine review of written progress reports from the CQIC¹⁸;
 - 1.a.4. Directing the operational QPIP to be modified on an ongoing basis and tracking and following up on all review findings¹⁹.
 - 1.a.5. The Alliance Board has delegated direct supervision, coordination, and oversight of the QPIP to the Chief Executive Officer (CEO) and Alliance Quality Improvement and Population Health (QIPH) Department under the supervision of the Chief Medical Officer (CMO). The CMO regularly provides QPIP operational reports to the Alliance Board.
- 1.b. Continuous Quality Improvement Committee (CQIC)²⁰: The CQIC is the contractually required quality improvement committee with oversight and performance responsibility²¹ of the QPIP – excluding credentialing and recredentialing²² activities, which are directed by the PRCC – as described by Alliance Policy 401-1201 – *Continuous Quality Improvement Committee*.
- 1.c. Peer Review and Credentialing Committee (PRCC): The PRCC participates in the QPIP under the authority of the Alliance Board. The PRCC maintains oversight and performance responsibility of the Alliance's credentialing and recredentialing activities, as described in Alliance Policy 300-4020 – *Peer Review and Credentialing Committee – Authority, Roles and Responsibilities*.
- 1.d. Compliance Committee: The Compliance Committee participates in the QPIP under the authority of the Alliance Board. The Compliance Committee maintains oversight and performance responsibility of the Alliance's delegated oversight activities, as described in Alliance Policy 105-0004 – *Delegate Oversight*.

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- 1.e. Other Committees: In addition to the Alliance Board, CQIC, PRCC, and Compliance Committee, the following committees and workgroups contribute to the Alliance's QPIP:
- 1.e.1. Continuous Quality Improvement Workgroup (CQIW): The CQIW (core and interdisciplinary), under the direction and guidance of the CQIC, is responsible for ongoing QPIP operations and supporting work activities, as described in Alliance Policy 401-1201 – *Continuous Quality Improvement Committee*.
 - 1.e.2. Care-Based Incentives Workgroup (CBIW): The CMO (or designee) chairs the CBIW. Core membership includes: QIPH Director, Quality and Health Programs Manager, QI Program Analysts, Quality Improvement Program Advisors, Quality and Population Health Manager, QI Project Specialist, Medical Directors, Pharmacy Director (or designee), PS Director (or designee), Contracts Manager, Analytics Director and Analytics Manager.
 - 1.e.3. Physicians Advisory Group (PAG): The PAG operates under the authority of the Alliance Board and participates in the QPIP as described in Alliance Policy 400-1109 – *Physicians Advisory Group Responsibilities and Functions*.
 - 1.e.4. Utilization Management Work Group (UMWG): The UMWG is a mechanism to review, monitor, evaluate, and address utilization-related concerns as well as recommend and implement interventions to improve appropriate utilization and resource allocation. The UMWG reports to the CQIC and is co-chaired by a Medical Director and Utilization Management/Complex Case Management (UM/CCM) Director. Core UMWG membership includes: CMO, Medical Directors, UM/CCM Director, UM/CCM Managers for Concurrent Review, UM/CCM Manager for Prior Authorization, Community Care Coordination (CCC) Director, QIPH Director, Pharmacy Director, and Health Services Authorization Supervisor.
 - 1.e.5. Pharmacy and Therapeutics Committee (P&T): The P&T Committee operates under the authority of the CQIC and participates in the QPIP as described in Alliance Policy 403-1104 – *Mission, Composition and Functions of the Pharmacy & Therapeutics Committee*.
 - 1.e.6. Staff Grievance Review Committee (SGRC): The SGRC participates in the QPIP as described in Alliance Policies 200-9004 – *Staff Grievance Review Committee* and 200-9001 – *Grievance Reporting, Quality Improvement and Audits*.
 - 1.e.7. Whole Child Model Clinical Advisory Committee (WCMCAC): The WCMCAC operates under the authority of the Alliance Board and serves to advise on clinical issues relating to CCS conditions including treatment authorization guidelines²³ as described in Alliance Policy 400-1112 – *Whole Child Model Clinical Advisory Committee Responsibilities and Functions*.


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- 1.e.8. Whole Child Model Family Advisory Committee (WCMFAC): The WCMFAC operates under the authority of the Alliance Board and serves as a venue to discuss perspective on issues relating to diagnosis and treatment of CCS conditions as well as to review and offer advice about policies, programs and initiatives relating to care of members in the WCM program as described in Alliance Policy 200-1007 – *Whole Child Model Family Advisory Committee*.
- 1.e.9. Network Development Steering Committee:
The Network Development Steering Committee's (NDSC) primary responsibility is to: 1. Monitor and evaluate member access to care through: · Comprehensive, coordinated, and regular review of access inputs, including but not limited to survey outcomes, regulatory compliance, and process-related information (e.g., grievances). 2. Support improved member access to care through oversight of the development and execution of an annual provider network Access Plan.
- 1.e.10. Member Support and Engagement Committee:
The Member Support and Engagement Committee (MSEC) is an interdepartmental collaborative intended to evaluate the Alliance processes that assist members in navigating the health care system. The Alliance's goal is to ensure members are supported and engaged, while being confident that they will receive appropriate care from providers and excellent service from the health plan. This committee facilitates the collaboration and integration of relevant service indicators as defined by the monitoring process, analysis, action, and measurement. Through monitoring of appropriate indicators, MSEC will identify areas of opportunity to improve processes and implement interventions. The committee also works on member outreach to provide guidance to the Your Health Matters Outreach Program as appropriate to this committee's charter and any Quality Improvement Activities within the scope of this committee.
- 1.e.11. Member Reassignment Committee:
Reassignment requests are presented to the Reassignment Committee for review and discussion, and determination is made by the Medical Director (MD).
- 1.f. Program Staff
Alliance staff participating in the QPIP are described below. Specific qualifications and training for each role are available in the respective position description for each role.
- 1.f.1. Chief Executive Officer (CEO): The CEOs primary role in the QPIP is fourfold: maintain a working knowledge of clinical and service issues targeted for improvement; provide organizational leadership and direction; participate in prioritization and organizational

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oversight of QPIP activities; and ensure availability of resources necessary to implement the QPIP.

- 1.f.2. Chief Medical Officer (CMO): The CMO is responsible for assuring the availability and quality of health care services for Alliance members. Responsibilities include leadership and direction of UM, Quality Management and CM programs, including medical management policies and effective operation of the Health Services (HS) Division. The CMO uses the health plan's systems and data to analyze HS Division issues and policies and is responsible for communicating findings and recommendations within the health plan, to the governing board, to physician committees and other providers, and to other stakeholders. This position is an advocate and liaison for the provider network and participates in strategic planning for new programs, lines of business, and special projects at the health plan. The CMO is also responsible for direction and supervision of the Medical Directors.
- 1.f.3. Medical Directors: The Medical Directors provide clinical leadership within one or more of the HS functional areas including but not limited to: UM/CCM, QIPH, Pharmacy, and CCC. The Medical Directors are responsible for day-to-day guidance and direction of QPIP activities.
- 1.f.4. Quality Improvement and Population Health (QIPH) Director: Under the direction of the CMO, the QIPH Director is responsible for strategic direction and management of the Alliance QPIP. The QIPH Director manages the Alliance's preparations and response to regulatory and internal medical audits and manages implementation of selected NCQA standards. The QIPH Director is also responsible for community outreach and education regarding QIPH activities.
- 1.f.5. Quality and Performance Improvement Manager (QPIM): Under the direction of the QIPH Director, and in collaboration with the Medical Directors, the QPIM: manages and leads quality and performance improvement initiatives; supports development, management and implementation of practice coaching program activities in the community clinics to improve clinical outcomes; accountable for collaborating with staff in the implementation of the QPIP, and assists in coordinating member experience surveys, such as the annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.
- 1.f.6. Quality and Population Health Manager (QPHM): Under the direction of the QIPH Director, and in collaboration with the Medical Directors, the QPHM provides technical leadership and expertise in clinical data for one or more of the following areas in implementation of the QPIP: data management and retrieval, reporting standards and complex analysis, state policy and procedure implementation, Potential Quality Issue investigative process, Facility Site Review audit process, and systems configuration and research for Alliance HS Division


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leadership. The QPHM also: provides statistical modeling methodologies in the development of health plan, provider, and member analysis; coordinates HEDIS reporting activities; and prepares and participates in audits conducted by regulatory agencies regarding all quality issues.

- 1.f.7. Quality and Health Programs Manager (QHPM): Under the direction of the QIPH Director and in collaboration with the Medical Directors, the QHPM maintains administrative oversight and is responsible for all aspects of planning and managing the Alliance Health Education and Disease Management programs and Cultural and Linguistic services. As well as the Member Incentive and Health Education Materials approval process for the Alliance. The QHPM also coordinates the Health Education and Cultural and Linguistic Population Needs Assessments reporting activities and participates in audits conducted by regulatory agencies.
- 1.f.8. Quality and Health Programs Supervisor(s) (QHPS): Under the direction of the QHPM, the QHPS coordinates and implements the Alliance Health Education and Disease Management programs and Cultural and Linguistic services (oversees interpretation and translation services and vendors) and processes. The QHPS also leads preparing health and disease management program promotional materials, including newsletter articles, and member/provider communications. The QHPS also supervises the Health Educators and Care Coordinator.
- 1.f.9. Health Educator(s): Under the direction of the QHPM and QHPS, the Health Educators primary responsibility is to provide outreach to members participating in health education and disease management programs and implement specific programs as assigned. Health education and disease management programs are provided by the Health Educators directly by telephonic and/or workshops. They co-facilitate health education and disease management member programs, such as trainings, workshops, and community presentations.
- 1.f.10. Care Coordinator I: Under the direction of the QHPS, the Care Coordinator I assists with coordination of Language Assistance services via the Alliance's internal care tracking system, and other duties as needed.
- 1.f.11. Quality Improvement Nurse (RN) Supervisor: Under the direction of the QPHM, the QI Nurse Supervisor coordinates and implements QIPH programs and processes, including Facility Site Review (FSR), Medical Record Review (MRR), Physical Accessibility Review (PAR), and Potential Quality Issues. The QI RN Supervisor also supervises, mentors, develops, coordinates, and conducts training for QIPH staff.


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- 1.f.12. QI Program Advisor IV (QIPA IV): Under the direction of the QPHM, the QIPA IV leads the planning, implementation, and management of select QIPH programs, including but not limited to Care Based Incentive (CBI), HEDIS, and Performance Improvement. The QIPA IV provides orientation, training, and mentorship to subordinate QIPH staff and acts as the subject matter expert in support of QPIP objectives.
- 1.f.13. QI Program Advisor III (QIPA III): Under the direction of the QPIM, QIPA III's lead the planning, implementation, and management of select QIPH programs, including but not limited to CBI, HEDIS, and Performance Improvement; and provide training and expertise in support of QPIP objectives.
- 1.f.14. QI Program Advisor II (QIPA II): Under the direction of the QPHM, or QPIM, the QIPA II supports QIPH Department leadership with program administration; conducts studies and analyzes data to evaluate the Alliance's performance; and analyzes, develops, and implements improvement activities to increase performance against national, state and/or regional benchmarks and definitions.
- 1.f.15. QI Program Advisor I (QIPA I): Under the direction of the QPH Manager, the QIPA I assists with monitoring data received from external partners. The QIPA I develops, writes, and produces reports to monitor compliance with contractual and regulatory requirements. The QIPA I also supports the department with ad hoc reporting for internal and external stakeholders.
- 1.f.16. QI Nurse: Under the direction of the QI RN Supervisor, QPHM or the QPIM, the QI Nurse develops, manages, and measures a comprehensive preventive health care strategy in collaboration with internal stakeholders and network providers to promote best evidence-based practices and improve member health outcomes. The QI Nurse participates in local, regional and state audits and improvement initiatives.
- 1.f.17. Senior QI Nurse: Under the direction of the QI RN Supervisor, QPHM or the QPIM, the Senior QI Nurse develops, manages, and measures a comprehensive preventive health care strategy in collaboration with internal stakeholders and network providers to promote best evidence-based practices and improve member health outcomes. The Senior QI Nurse participates in local, regional, and state audits and improvement initiatives. In addition, the Senior QI Nurse trains, and mentors other QIPH department nurses.
- 1.f.18. Coding Resource Specialist: Under the direction of the QPIM, the Coding Resource Specialist acts as the clinical coding expert across all departments for the Alliance and utilizes advanced knowledge of professional coding to review and recommend changes to

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systems, policies, and/or procedures to guarantee current and appropriate coding guidelines are maintained.

- 1.f.19. QI Project Specialist: Under the direction of either the QPIM or QI RN Supervisor, the QI Project Specialist acts as a key program assistant by coordinating efforts for QIPH programs such as CBI, C&L, FSR, Health Programs, Potential Quality Issue (PQI) and HEDIS. The QI Project Specialist supports in the planning of departmental projects and communication activities.
- 1.f.20. QIPH Administrative Specialist (QIPH Admin): Under the direction of the QIPH Director, the QIPH Admin performs multiple administrative functions in support of the QPIP and QIPH department; and performs administrative staff support to QPIP committees as needed.
- 1.f.21. Compliance Officer: Under the direction of the CEO, the Compliance Officer is responsible for overseeing and coordinating Compliance Committee activities, including serving as Chair of the Compliance Committee and providing oversight of delegate oversight activities in accordance with Alliance policy 105-0004 – *Delegate Oversight*.
- 1.f.22. Utilization Management Staff: See Alliance policy 404-1101 – *Utilization Management Program* for a comprehensive listing of Utilization Management Program staff.
- 1.f.23. Community Care Coordination (CCC) Staff: See Alliance policy 404-1101 – *Utilization Management Program* for a comprehensive listing of CCC Program staff.
- 1.f.24. Pharmacy Staff: See Alliance policy 404-1101 – *Utilization Management Program* for a comprehensive listing of Pharmacy Program staff.
- 1.f.25. Grievance Staff: Alliance Grievance staff is responsible for routing grievances to QIPH for research and analysis, routing, and resolution of clinically related member or provider complaints.
- 1.f.26. Credentialing Staff: Alliance Credentialing staff is responsible for ensuring the accuracy and completion of provider credentialing files prior to PRCC review. Credentialing staff oversee the completion of credentialing application information in accordance with Alliance Policies 300-4020 – *Peer Review and Credentialing Committee – Authority, Roles and Responsibilities* and 300-4040 – *Professional Provider Credentialing Guidelines*. The Credentialing staff monitors timeliness of review for re-credentialing²⁴. The Credentialing staff also ensure the ongoing monitoring of provider credentials and issues in accordance with Alliance Policy 300-4090 – *Ongoing Monitoring of Provider Credentials and Issues*.

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1.f.27. Other staff: The Alliance encourages active involvement of all Alliance staff in the design and implementation of the QPIP.

1.g. QPIP Alliance Board Reports

1.g.1. Quality Improvement System Work Plan (QISW): The QISW is developed and maintained by QIPH staff. The CMO, QIPH Director, and QIPH Managers review the QISW and obtain approval from CQIW and the CQIC prior to sending it to the Alliance Board for final approval.

1.g.2. Committee Minutes: CQIC and Compliance Committee minutes, and PRCC credentialing/re-credentialing related reports, are reviewed by the Alliance Board on a routine basis²⁵. CQIC minutes are submitted to DHCS upon Alliance Board review and approval.


1.g.3. QIS Annual Report: The QIS Annual Report is submitted to the CQIC for its review, approval, and submission to the Alliance Board²⁶, and subsequent submission to DHCS. The QIS Annual Report includes an evaluation of areas of success and needed improvements. The evaluation includes but is not limited to: the QISW; aggregate data on utilization; results of the EAS measures; outcomes of PIPs; member satisfaction surveys; and collaborative initiatives as appropriate.

1.f.28. The QIS Annual Report also includes copies of all independent private accrediting agencies (e.g., NCQA) if relevant, including accreditation status, survey type, and level, as applicable; accreditation agency results, including recommended actions or improvements, corrective actions plans, summaries of findings; and expiration date of accreditation²⁷.


2. Maintain Continuous Quality Monitoring Utilizing Specific Quality and Performance Improvement Methods

2.a. The QPIP uses a variety of mechanisms to identify potential quality of service issues, ensure patient safety, and ensure compliance with standards of care across the care continuum (i.e., preventative health services for children and adults, perinatal care, primary care, specialty, emergency, inpatient, and ancillary care services²⁸). These mechanisms include, but are not limited to:

2.b. External Quality Review²⁹: The Alliance incorporates external quality review requirements into the QPIP as described in Alliance Policy 401-1607 – *Healthcare Effectiveness Data and Information Set (HEDIS) Program Management and Oversight*. The Alliance is contractually required to annually undergo an external quality review using MCAS performance measures. MCAS performance measures consist of a set of CMS Adult and Child measures developed by NCQA, other standardized performance measures, and/or DHCS developed performance measures.


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- 2.c. Site Review³⁰: The Alliance incorporates site review requirements into the QPIP as described in Alliance Policies 401-1508 – *Facility Site Review Process*, 401-1510 – *Medical Record Review and Requirements* and 401-1521 – *Physical Accessibility Review*. The Alliance conducts a Facility Site Review (FSR) for new primary care providers (PCPs) before initial credentialing and a minimum of every three (3) years thereafter as a requirement for participation in the California State Medi-Cal Managed Care Program. Physical Accessibility Reviews (PARs) are conducted during the initial FSR for new primary care provider sites, and at a minimum of every three (3) years upon re-credentialing³¹. Specialists and Ancillary sites that serve a high-volume of SPD members (providers whose monthly average of encounters for SPD members are above the monthly average of encounters) receive a PAR at a minimum of every three (3) years³². The Alliance ensures that member medical records are maintained by health care providers in accordance with contractual obligations³³. The Alliance submits site review data to DHCS bi-annually³⁴.
- 2.d. Disease Surveillance³⁵: The Alliance incorporates disease surveillance requirements into the QPIP as described in Alliance Policy 401-1519 – *Infection Control Practices*. The Alliance requires providers report diseases or conditions that must be reported to public health authorities to applicable local, state and federal agencies as required by state law.
- 2.e. Credentialing and Recredentialing³⁶: The Alliance incorporates credentialing and recredentialing requirements into the QPIP as described in Alliance Policies 105-0004 – *Delegate Oversight*³⁷, 300-4020 – *Peer Review and Credentialing Committee - Authority, Roles and Responsibilities*, 300-4030 – *Credentialing Criteria and Identified Issues*, 300-4040 – *Professional Provider Credentialing Guidelines*, 300-4090 – *Ongoing Monitoring of Provider Credentials and Issues*, 300-4110 – *Organizational Providers Credentialing Guidelines*, and 401-1523 – *Non-Physician Medical Practitioner: Scope of Practice and Supervision*.
- 2.e.1. The Alliance delegates oversight of credentialing, re-credentialing, recertification, and physician reappointment activities to the PRCC. The Alliance credentialing standards, as approved by PRCC, are aligned with applicable DHCS and Department of Managed Health Care (DMHC) credentialing and certification requirements³⁸.
- 2.e.2. The Alliance maintains a system of reporting serious quality deficiencies that result in suspension or termination of a practitioner to the appropriate authorities. Disciplinary actions include: reducing, suspending or terminating a practitioner's privileges. The Alliance maintains an appeal process³⁹.
- 2.f. Timely Access Monitoring⁴⁰: The Alliance incorporates timely access monitoring requirements into the QPIP as described in Alliance Policies 401-1509 – *Timely Access to Care* and 300-8030 – *Monitoring Network Compliance with Accessibility Standards*. The Alliance ensures the provision of covered services in a timely manner consistent with the DMHC Timely Access requirements. The


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Alliance continuously reviews, evaluates, and seeks to improve access to and availability of services. This includes ensuring that members are able to obtain appointments from contracted providers according to established access standards.

- 2.g. Member Satisfaction Monitoring⁴¹: The Alliance incorporates member satisfaction monitoring requirements into the QPIP as described in Alliance Policies 401-2001 – *Member Surveys*, 200-9001 – *Grievance Reporting, Quality Improvement and Audits*, and 200-9004 – *Staff Grievance Review Committee*. Member satisfaction survey results are reviewed and monitored for variations. Grievance data is reviewed and analyzed regularly to identify trends as part of the Alliance's efforts to improve and optimize the delivery and management of health care services. Grievance staff refers individual cases for clinical review to QIPH staff as appropriate and the SGRC reports trends in quality issues to the Compliance Committee.
- 2.h. Provider Satisfaction Monitoring⁴²: The Alliance incorporates provider satisfaction monitoring requirements into the QPIP as described in Alliance Policy 300-3092 – *Annual Provider Satisfaction Survey*. The Alliance conducts annual surveys of contracted physicians to determine provider satisfaction with the Alliance's performance and to identify any provider concerns with compliance with various regulatory standards.
- 2.i. Claims Encounter Data Monitoring: The Alliance incorporates claims encounter data monitoring requirements into the QPIP as described in Alliance Policy 105-3002 – *Program Integrity: Special Investigations Unit Operations*. Should claims review identify potential fraud, waste or abuse concerns appropriate referrals are made to the Alliance Special Investigations Unit (SIU). QIPH works with Compliance to address any PQIs, provider preventable conditions, or any other variations in practice. Appropriate actions are taken based upon these claim reviews and other fraud, waste, and abuse investigations.
- 2.j. Potential Quality Issue (PQI) processes: The Alliance incorporates PQI monitoring requirements into the QPIP as described in Alliance Policy 401-1301 – *Potential Quality Issue Review Process*. The Alliance maintains a systematic review process to identify, analyze and resolve potential quality of care issues to ensure that services provided to members meet established standards, and address any patient safety concerns.
- 2.k. Under/Over-Utilization Monitoring⁴³: The Alliance incorporates under/over-utilization monitoring requirements into the QPIP as described in Alliance Policies 404-1101 – *Utilization Management Program* and 404-1108 – *Monitoring of Over/Under Utilization of Services*. The UM Program serves to ensure appropriate, high quality, cost-effective utilization of health care resources and that these resources are available to all members. This is accomplished through the systematic and consistent application of utilization management processes based on evidence-based criteria, and expert clinical opinion when needed.

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- 2.l. Population Needs Assessment (PNA)⁴⁴: The PNA evaluates the health education and cultural and linguistic needs of members and the findings are used to guide the development and implementation of cultural and linguistic health education interventions. The Alliance prepares a PNA annually.⁵⁰
- 2.m. Seniors and Persons with Disabilities (SPD) Activities⁴⁵: The Alliance incorporates SPD activity requirements into the QPIP as described in Alliance Policies 404-1114 – *Continuity of Care*, 405-1112 – *Care Management of Seniors and Persons with Disabilities for Medi-Cal*, and 401-3104 – *Disease Management Program*. The Alliance conducts studies for SPDs or persons with chronic conditions that are designed to assure the provision of case management, coordination and continuity of care services, including ensuring availability, access to care, and clinical services.
- 2.n. Ad Hoc Data Studies: The Alliance also conducts other stratified data studies to evaluate the population as needed.
- 2.o. Quality Improvement Work Plan (QIWP) Development and Review: The QISW is an annually developed, dynamic document that reflects the progress of QPIP activities throughout the year. It includes measurable yearly objectives to help the organization monitor for continuous performance improvement. These are achieved through active engagement and cross-collaboration with all departments within the Alliance.
- 2.p. Behavioral Health Services Monitoring: The Alliance incorporates behavioral health services monitoring requirements into the QPIP as described in Alliance Policy 405-1305 – *Behavioral Health Services for Medi-Cal*. Oversight and monitoring of any delegated portions of mental health services are outlined in Policy 105-0004 – *Delegate Oversight*.
- 2.q. Quality Improvement Delegate Oversight Activities⁴⁶: The Alliance incorporates QIPH delegate oversight activities into the QPIP as described in Alliance Policies 105-0004 – *Delegate Oversight* and 401-1201 – *Continuous Quality Improvement Committee*. The Alliance may delegate QIPH functions to subcontracting entities, as outlined in Alliance Policy 105-0004 – *Delegate Oversight*. These delegated functions are set forth in the Alliance's contracts with subcontracting entities and include specific performance and reporting standards that must be met.
- 2.r. Enhance Care Management (ECM) Monitoring: The Alliance monitors the utilization of and/or outcomes resulting in the provision of the ECM including any activities, reports, and analysis to understand the impact of ECM delivery for Alliance members as described in Alliance Policy ECM Overview. In addition, the Alliance will work collaboratively across all departments to accomplish required audits and/or case reviews, supplemental reporting requirements, and monitor provider performance with ECM contractual terms and conditions.

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2.s. **Community Supports (CS):** The Alliance monitors the utilization of and/or outcomes resulting in the provision of CS including any activities, reports, and analysis to understand the impact of CS delivery for Alliance members as described in Alliance Policy 405-1310 Community Supports Overview.

2.t. **Long Term Care Services:** The Alliance will implement quality monitoring, assurance, and improvement efforts for Long Term Care services at institutional settings once further guidance is received.

3. **Analyze Data, Incorporate Provider Feedback and Develop Interventions**

Using the methods outlined above, QIPH analyzes data using current evidence-based standards as benchmarks. Significant quality, service, or utilization issues are analyzed for barriers, trends, or root causes. This process incorporates provider review and feedback into performance improvement activities and may include a multidisciplinary team, quantitative and qualitative analysis, and development of interventions that are implemented and/or planned for continuous monitoring.

3.a. **Analyze Data:** Analysis is performed utilizing various current evidence-based standards as benchmarks:

3.a.1. **CMS Child and Adult Core Set Standards**

3.a.1.a. MCAS HPLs and MPLs;

3.a.1.b. Under-utilization of DHCS identified performance measures as part of the MCAS which will be measured as part of the HEDIS compliance audit⁴⁷; and

3.a.1.c. CAHPS Survey results⁴⁸.

3.a.2. **Preventive Care Guidelines:** The preventive care guidelines address periodic health and behavioral risk screening and preventive services for asymptomatic adults and children. Individuals identified as being at high risk for a given condition may require more frequent or additional screening tests specific to the condition. These guidelines establish the minimum standard of preventive care.

3.a.2.a. **Adult preventive care guidelines include⁴⁹:**


a. The United States Preventive Services Task Force (USPSTF) guidelines;

b. Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (CDC ACIP); and

c. The State of California DHCS Medi-Cal Managed Care Division (MMCD) Policy Letter 14-004.

3.a.2.b. **Pediatric preventive care guidelines include⁵⁰:**


a. The provision of the Early and Periodic Screening, Diagnostic, and Treatment Services for members under the age of 21 years old in accordance with the

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- American Academy of Pediatrics (AAP) Bright Future guidelines (All Plan Letter 19-010);
 - b. CDC ACIP;
 - c. Child Health and Disability Prevention Program (CHDP); and
 - d. The DHCS MMCD Policy Letter 14-004.
 - 3.a.3. Standards of Care: Standards of care criteria and guidelines are used to determine whether to authorize, modify or deny health care services and are based on nationally recognized guidelines, professionally recognized standards, review of applicable medical literature, and peer review. These criteria and guidelines are reviewed annually by the CQIC (or sub-committee) as outlined in Alliance Policy 401-1501 – *Standards of Care*.
 - 3.a.4. MCG (formerly Milliman Care Guidelines): MCG is utilized as outlined in Alliance Policy 404-1112 – *Medical Necessity - The Definition and Application of Medical Necessity Provision to Authorization Requests*.
 - 3.b. Incorporate Provider Feedback⁵¹: The Alliance distributes information regarding QPIP programs, activities, and reports and actively elicits provider feedback through the following:
 - 3.b.1. Distribution of Provider Bulletins, memorandums, and email communication;
 - 3.b.2. Regular updates to Member and Quality Reports in the Provider Portal;
 - 3.b.3. Publication of Board Reports;
 - 3.b.4. CBI workshops and performance reviews including:
 - 3.b.4.a. Comparison of provider performance to average Alliance-wide performance;
 - 3.b.4.b. Reports showing provider deviation from a benchmark or an established threshold; and
 - 3.b.4.c. Recommended interventions to improve performance;
 - 3.b.5. Inclusion of providers in PDSA activities and on PIP teams;
 - 3.b.6. Medical Director and Provider Services' onsite and network communication; Coordination and facilitation of external committee meetings, including Safety Net Clinic Coalition, and hospital and clinic Joint Operation Committees (JOC); and
 - 3.b.7. Coordination and facilitation of Alliance physician committees, including CQIC, PAG, PRCC, and WCMCAC. Outcomes from these committees requiring modifications to the operational QPIP are incorporated by way of receipt of directives from the Alliance Board⁵² and/or by receipt of reports from the CMO.

Develop Interventions

Priority Setting: Use of personnel and other resources is prioritized by the CQIC annually, taking into consideration contractual and regulatory requirements, high volume/high risk services, and quality of care issues that are relevant and meaningful to the member population. Another factor which may be considered when selecting improvement opportunities to pursue is the extent to which the issue affects care, or the likelihood of changing behavior of members or practitioners. To maximize

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the use of resources, QIPH activities may be selected based on their ability to satisfy multiple QPIP requirements.

Performance Improvement Project (PIP)^{53,54}: Under consultation and with guidance from the External Quality Review Organization (EQRO) and DHCS, the Alliance conducts a minimum of two (2) DHCS-approved PIPs. One PIP must be either an internal PIP or a small group collaborative. The second PIP must be a DHCS-facilitated state-wide collaborative.

PIPs are developed by identifying targeted areas for improvement (clinical or nonclinical) and are designed to achieve significant improvement, sustained over time, in health outcomes and enrollee satisfaction, and include the following elements:

- Measurement of performance using objective quality indicators;
- Implementation of interventions to achieve improvement in the access to and quality of care;
- Evaluation of the effectiveness of the interventions; and
- Planning and initiation of activities for increasing or sustaining improvement.

The Alliance will ensure appropriate staff resources are available to complete PIP submissions in a timely manner and in compliance with DHCS due dates.

3.c.3. Corrective Action Plans (CAPs):


- 3.c.3.a Provider CAPs resulting from FSR and Medical Record Review (MRR) must be addressed and documented, consistent with Alliance Policy 401-1508 – *Facility Site Review Process*. PCP sites that do not correct cited deficiencies are to be terminated from the network⁵⁵; and
- 3.c.3.b. Provider CAPs may be an intervention for certain PQIs, as deemed appropriate by the CMO or a Medical Director⁵⁶. Refer to Alliance Policy 401-1306 – *Corrective Action Plan for Quality Issues*.

3.c.4. Improvement Plan⁵⁷:

The Alliance must submit a PDSA Cycle Worksheet to DHCS for each MCAS measure with a rate that does not meet the MPL or is given an audit result of "Not Reportable" (NR). DHCS will notify MCPs of the due date. Submission includes analysis of barriers, targeted interventions, relevant data to support analysis, targeted interventions, and a rapid cycle /continuous quality improvement process to guide PDSA outcomes. The Alliance will conduct at least a quarterly evaluation of ongoing rapid-cycle quality improvement efforts to determine whether progress is being made.

3.c.5. Quality and Health Programs:

- 3.c.5.a Disease Management: Consistent with Alliance Policy 401-3104 – *Disease Management Program*, the Alliance maintains comprehensive health and disease

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management programs designed to improve current health status and health outcomes and avoid future complications from chronic disease for Alliance members⁵⁸.

- 3.c.5.b Health Education and Promotion: Consistent with Alliance Policy 401-3101 – *Health Education and Promotion Program*, the Alliance offers important health education and promotion programs for its members. These programs are intended to assist members to improve their health, properly manage illness, and avoid preventable conditions. These programs have been implemented in all Alliance service areas, and are routinely reviewed for access, quality, and outcomes and reported as part of the QPIP⁵⁹.


Health Programs services and information is shared with providers through the Provider Portal and special mailings for general performance reports⁶⁰, which may include:

- a. Listings of members who need specific services;
 - b. Listings of members who need intervention based on pharmacy indicators; and
 - c. Alliance-sponsored training directed at improving performance.
- 3.c.5.c. CBI: The CBI Program provides incentive payments to providers and members for a variety of activities and serves as a mechanism to identify specific areas of a provider's care that are below the standard of care and may be amenable to improvement through various interventions. Details of the CBI Program are updated annually and available in the Alliance Provider Manual and on the Alliance website. Refer to Alliance Policy 401-1705 - *Care-Based Incentive Program*
- 3.c.5.d. Internal Improvement Projects: The Alliance implements internal improvement projects as necessary based upon monitoring activities that have identified opportunities for improvement.

References:

Alliance Policies:

- 105-0004 – Delegate Oversight
- 105-3002 – Program Integrity: Special Investigations Unit Operations
- 200-9001 – Grievance Reporting, Quality Improvement and Audits
- 200-9004 – Staff Grievance Review Committee
- 280-0003 – Whole Child Model Family Advisory Committee
- 300-3092 – Annual Provider Satisfaction Survey
- 300-4020 – Peer Review and Credentialing Committee – Authority, Roles and Responsibilities
- 300-4030 – Credentialing Criteria and Identified Issues
- 300-4040 – Professional Provider Credentialing Guidelines
- 300-4090 – Ongoing Monitoring of Provider Credentials and Issues


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300-4102 – Reporting to the Medical Board of California and the National Practitioner Data Bank
 300-4103 – Fair Hearing Process for Adverse Decisions
 300-4110 – Organizational Providers Credentialing Guidelines
 300-8030 – Monitoring Network Compliance with Accessibility Standards
 400-1109 – Physicians Advisory Group Responsibilities and Functions
 400-1112 – Whole Child Model Clinical Advisory Committee Responsibilities and Functions
 401-1201 – Continuous Quality Improvement Committee
 401-1301 – Potential Quality Issue Review Process
 401-1306 – Corrective Action Plan for Quality Issues
 401-1501 – Standards of Care
 401-1502 – Adult Preventive Care
 401-1505 – Childhood Preventive Care
 401-1508 – Facility Site Review Process
 401-1509 – Timely Access to Care
 401-1510 – Medical Record Review and Requirements
 401-1519 – Infection Control Practices
 401-1521 – Physical Accessibility Review
 401-1523 – Non-Physician Medical Practitioner: Scope of Practice and Supervision
 401-1607 – Healthcare Effectiveness Data and Information Set (HEDIS) Program Management and Oversight
 401-1705 – Care-Based Incentive Program
 401-2001 – Member Surveys
 401-3101 – Health Education and Promotion Program
 401-3104 – Disease Management Program
 401-4101 – Cultural and Linguistic Services Program
 403-1104 – Mission, Composition and Functions of the Pharmacy and Therapeutics Committee
 404-1101 – Utilization Management Program
 404-1108 – Monitoring of Over/Under Utilization of Services
 404-1112 – Medical Necessity- The Definition and Application of Medical Necessity Provision to Authorization Requests
 404-1114 – Continuity of Care
 405-1112 – Care Management of Seniors and Persons with Disabilities for Medi-Cal
 405-1305 – Behavioral Health Services

Impacted Departments:

Community Care Coordination
 Compliance
 Provider Services
 Utilization Management /Complex Case Management

Regulatory:

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California Evidence Code Section 1157

California Code of Regulations, Title 28, Chapter 2, Article 7, Section 1300.67.2.2

California Code of Regulations, Title 28, Chapter 2, Article 7, Section 1300.67.2.2(d)(2)(C)

California Code of Regulations, Title 28, Chapter 2, Article 7, Section 1300.70

California Code of Regulations, Title 28, Chapter 2, Article 7, Section 1300.70(b)(c)

Code of Federal Regulations Title 42, Chapter 4, Subchapter C, Part 440, Subpart B, Section 440.262

Code of Federal Regulations Title 42, Chapter 4, Subchapter C, Part 438, Subpart E, Section 438.330

Code of Federal Regulations, Title 42, 438.330(d) incorporated via [MMC Final Rule] Medi-Cal

Contract, Exhibit A, Attachment 4, Provision 1

DHCS communication dated 8/2016 related to Title 42, Code of Federal Regulations, Section 440.262;

Legislative:

Contractual:

DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 1 - 13

DHCS State Medi-Cal Contract, Exhibit A, Attachment 9, Provision 12.C

DHCS State Medi-Cal Contract, Exhibit A, Attachment 10, Provision 8

DHCS State Medi-Cal Contract, Exhibit A, Attachment 23, Provision 2.A (Whole Child Model Amendment)

DHCS State Medi-Cal Contract (Amendment 43), Exhibit A, Attachment 4, Provision 7F - 7G

[MMC Final Rule] DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 1

[MMC Final Rule] DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 7.F

[MMC Final Rule] DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 8.B.

DHCS State Medi-Cal Contract, Exhibit E, Attachment 1, Definitions

DHCS All Plan or Policy Letter:

MMCD PL 14-004 Site Reviews: Facility Site Review and Medical Record Review

DHCS APL 15-023 Facility Site Review Tools for Ancillary Services and Community-Based Adult Services Providers

DHCS APL 19-010 Requirements for Coverage of Early and Periodic Screening, Diagnostic, And Treatment Services for Medi-Cal Members Under the Age Of 21

DHCS APL 19-017 Quality and Performance Improvement Adjustments Due to Covid-19

DHCS APL 21-015 Benefit Standardization and Mandatory Managed Care Enrollment Provisions of The California Advancing and Innovating Medi-Cal Initiative

NCQA:

HEDIS Volume 2 Technical Specifications for Health Plans

Supersedes:


Other:

Alliance Provider Manual

Attachments:

Attachment A: Quality Improvement System Reporting Structure

Attachment B: Quality Improvement and Population Health Organizational Chart

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Lines of Business This Policy Applies To


- ☒ Medi-Cal
- ☒ Alliance Care IHSS

LOB Effective Dates

(01/01/1996 – present)
(07/01/2005 – present)

Revision History:


Reviewed Date	Revised Date	Changes Made By	Approved By
12/01/1998	12/01/1998	Barbara Flynn, RN	Barbara Flynn, RN
02/01/2000	02/01/2000	Barbara Flynn, RN	Barbara Flynn, RN
02/01/2003	02/01/2003	Barbara Flynn, RN	Barbara Palla, MD
02/01/2004	02/01/2004	Barbara Flynn, RN	Barbara Palla, MD
03/01/2005	03/01/2005	Barbara Flynn, RN	Barbara Palla, MD
04/01/2006	04/01/2006	Barbara Flynn, RN	Barbara Palla, MD
04/01/2007	04/01/2007	Barbara Flynn, RN	Barbara Palla, MD
01/01/2008	01/01/2008	Richard Helmer, MD	CQIC
10/01/2008	10/01/2008	Andres Aguirre	Richard Helmer, MD
11/01/2008	11/01/2008	Andres Aguirre	Richard Helmer, MD
01/01/2010	01/01/2010	Barbara Flynn, RN	CQIC
07/01/2010	07/01/2010	Barbara Flynn, RN	CQIC
11/14/2011	11/14/2011	David Altman, MD	CQIC
09/21/2012	09/21/2012	David Altman, MD	David Altman, MD, AMDQI
02/08/2013	02/08/2013	Herschel Leland, Sr. Compliance Specialist	David Altman, MD, AMDQI
08/15/2013	08/15/2013	Peg Behan, RRT, QI Manager	CQIW
09/16/2014	09/16/2014	Kelly Salazar, RN, QI Nurse	CQIW
01/22/2015	01/22/2015	Peg Behan, RRT, QI Manager	CQIW
01/20/2016	01/20/2016	Julio Porro, MD, Medical Director for QI	CQIW
03/21/2017	03/21/2017	Chris Morris, Accreditation Manager	CQIW
08/15/2016	08/15/2016	Sitara Cavanagh, Accreditation Specialist	CQIW
01/26/2017	01/26/2017	Sitara Cavanagh, Accreditation Specialist	CQIC
05/17/2017	05/17/2017	Chris Morris, Quality & Performance Improvement Manager	CQIW
06/07/2017	06/07/2017	Chris Morris, Quality & Performance Improvement Manager	CQIC
01/2/2018	01/2/2018	Chris Morris,	CQIW

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Reviewed Date	Revised Date	Changes Made By	Approved By
		Quality & Performance Improvement Manager	
01/19/2018	01/19/2018	Chris Morris, Quality & Performance Improvement Manager	CQIC
01/16/2019	01/16/2019	Amit Karkhanis, Quality and Performance Improvement Manager	CQIW
01/24/2019	01/24/2019	Amit Karkhanis, Quality and Performance Improvement Manager	CQIC
07/17/2019	07/17/2019	Michelle Stott, RN, Quality Improvement Director	CQIW
07/25/2019	07/25/2019	Michelle Stott, RN, Quality Improvement Director	CQIC
09/18/2019	09/18/2019	Michelle Stott, RN, Quality Improvement Director	CQIW
10/24/2019	10/24/2019	Michelle Stott, RN, Quality Improvement Director	CQIC
01/15/2020	01/15/2020	Oscar Sanchez, Quality Improvement Administrative Assistant	CQIW
01/23/2020	01/23/2020	Michelle Stott, RN, Quality Improvement Director	CQIC
02/14/2020	02/14/2020	Amit Karkhanis, Quality and Performance Improvement Manager	Michelle Stott, RN, Quality Improvement Director
03/25/2021	03/25/2021	Amit Karkhanis, Quality and Performance Improvement Manager	CQIW-I
04/29/2021	04/29/2021	Amit Karkhanis, Quality and Performance Improvement Manager	CQIC
4/28/2022	4/28/2022	Amit Karkhanis, Quality and Performance Improvement Manager	CQIC
06/24/2022	06/24/2022	Michelle Stott, RN, Quality Improvement and Population Health Director	CQIC

¹ DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 1

² [MMC Final Rule] Medi-Cal Contract, Exhibit A, Attachment 4, Provision 1

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<p>Title: Quality and Performance Improvement Program</p>	
<p>Original Date: 02/01/1996</p>	<p>Policy Hub Approval Date:</p>
<p>Approved by: Continuous Quality Improvement Committee (CQIC)</p>	

³ DHCS State Medi-Cal Contract (Amendment 43), Exhibit A, Attachment 4, Provision 7F - 7G

⁴ DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 7.F; DHCS communication dated 8/2016 related to Title 42, Code of Federal Regulations, Section 440.262; [MMC Final Rule] Medi-Cal Contract, Exhibit A, Attachment 4, Provision 7.F

⁵ DHCS Medi-Cal Contract Exhibit A, Attachment 4

⁶ DHCS State Medi-Cal Contract, Exhibit E, Attachment 1, Definitions

⁷ DHCS State Medi-Cal Contract, Exhibit E, Attachment 1, Definitions

⁸ DHCS State Medi-Cal Contract, Exhibit E, Attachment 1, Definitions

⁹ DHCS State Medi-Cal Contract, Exhibit E, Attachment 1, Definitions

¹⁰ DHCS State Medi-Cal Contract, Exhibit E, Attachment 1, Definitions

¹¹ DHCS All Plan Letter 19-017

¹² DHCS State Medi-Cal Contract, Exhibit E, Attachment 1, Definitions

¹³ DHCS All Plan Letter 19-017

¹⁴ DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 2; 28 CCR Section 1300.70(b)(C)

¹⁵ DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 3

¹⁶ DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 3.A

¹⁷ DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 3.B

¹⁸ DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 3.C

¹⁹ DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 3.D

²⁰ DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 4

²¹ DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 2

²² DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 12

²³ DHCS State Medi-Cal Contract, Exhibit A, Attachment 23, Provision 2.A (Whole Child Model Amendment)

²⁴ DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provisions 10.C and 12

²⁵ DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 3.C

²⁶ DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 8

²⁷ [MMC Final Rule] DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 8.B.

²⁸ DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 7.H

²⁹ DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 9

³⁰ DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 10

³¹ MMCD PL 14-004; DHCS APL 15-023; Policy 401-1521 – Physical Accessibility Review

³² DHCS APL 15-023; Policy 401-1521 – Physical Accessibility Review

³³ DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 13

³⁴ DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 13.E

³⁵ DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 11

³⁶ DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 12

³⁷ DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 12.C

³⁸ DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 12.E

³⁹ Policy 300-4103 – Fair Hearing Process for Adverse Decisions; Policy 300-4102 – Reporting to the Medical Board of California and the National Practitioner Data Bank; 401-1306 – Corrective Action Plan for Quality Issues; 300-4090 – Ongoing Monitoring of Provider Credentials and Issues


⁴⁰ California Code of Regulations, Title 28, Chapter 2, Article 7, Section 1300.67.2.2

⁴¹ DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 9.D; DHCS All Plan Letter 19-017

⁴² California Code of Regulations, Title 28, Chapter 2, Article 7, Section 1300.67.2.2(d)(2)(C)

⁴³ DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 9.3.B

⁴⁴ DHCS State Medi-Cal Contract, Exhibit A, Attachment 9, Provision 12.C

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⁴⁵ DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 7.I

⁴⁶ DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 6

⁴⁷ DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 9.A

⁴⁸ Policy 401-2001 – Member Surveys

⁴⁹ Policy 401-1502 – Adult Preventive Care

⁵⁰ Policy 401-1505 – Childhood Preventative Care

⁵¹ DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 7.D

⁵² DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 3.D

⁵³ DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 9.C; DHCS All Plan Letter 19-017

⁵⁴ 42 CFR 438.330(d) incorporated via [MMC Final Rule] Medi-Cal Contract, Exhibit A, Attachment 4, Provision 1

⁵⁵ DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 10.D; MMCD PL 14-004

⁵⁶ Policy 401-1301 – Potential Quality Issue Review Process; Policy 401-1306 – Corrective Action Plan for Quality Issues

⁵⁷ DHCS All Plan Letter 19-017

⁵⁸ DHCS State Medi-Cal Contract, Exhibit A, Attachment 10, Provision 8

⁵⁹ DHCS State Medi-Cal Contract, Exhibit A, Attachment 10, Provision 8

⁶⁰ DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 5

⁶⁶ DHCS State Medi-Cal Contract, Exhibit A, Attachment 4, Provision 7A

⁶⁷ DHCS Medi-Cal Contract Exhibit A, Attachment 4, Provision 7G

⁶⁸ DHCS Medi-Cal Contract Exhibit A, Attachment 4, Provision 7H, NCQA 2020 QI 3

⁶⁹ DHCS Medi-Cal Contract Exhibit A, Attachment 4, Provision 5 and 7D, NCQA 2020 QI 1, Element A, Factor 3

⁷⁰ DHCS Medi-Cal Contract Exhibit A, Attachment 4, Provision 6, NCQA 2020 QI 5

⁷¹ DHCS Medi-Cal Contract Exhibit A, Attachment 4, Provision 9B

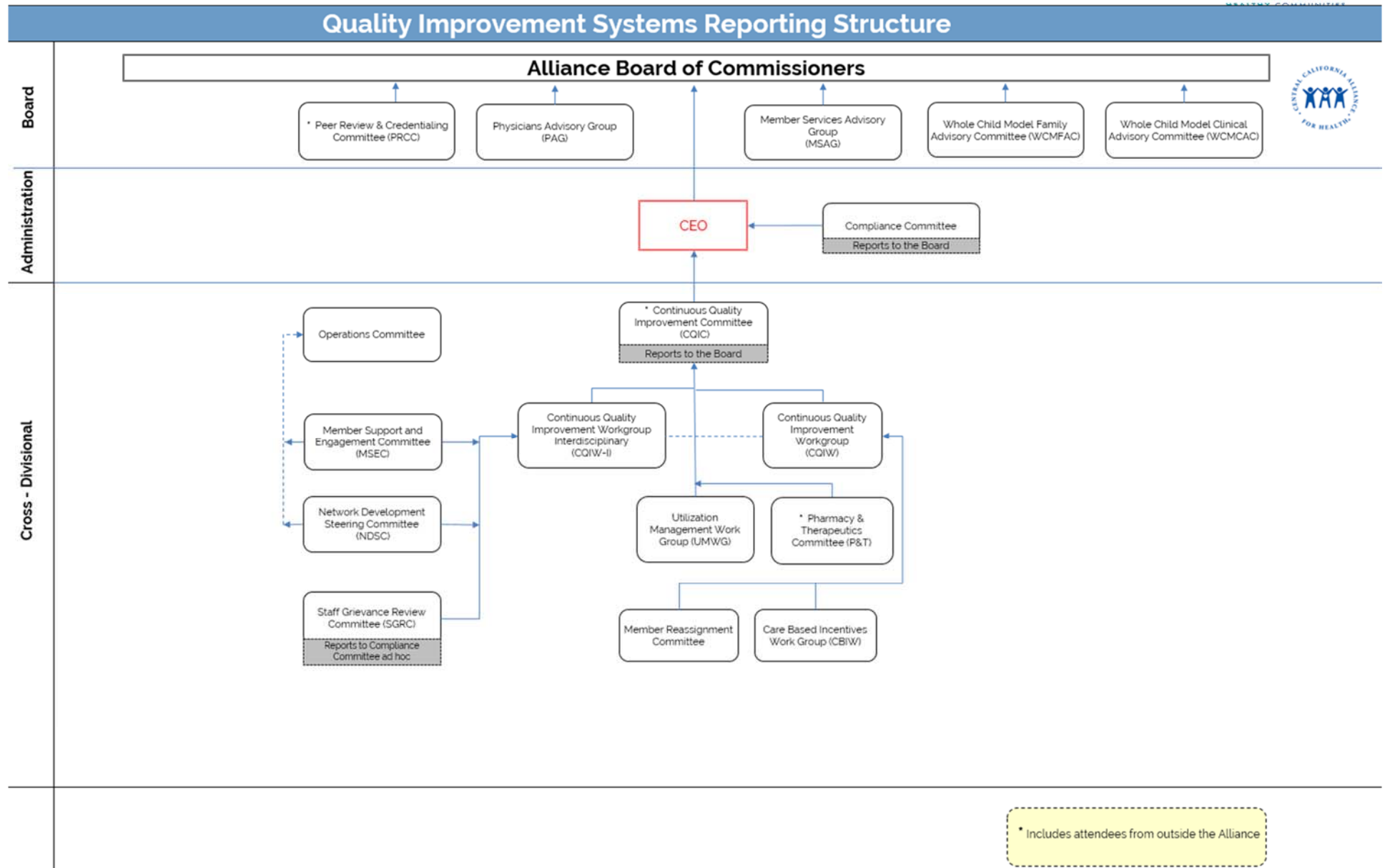
⁷² NCQA 2020 QI 1, Element A, Factor 1 and 6

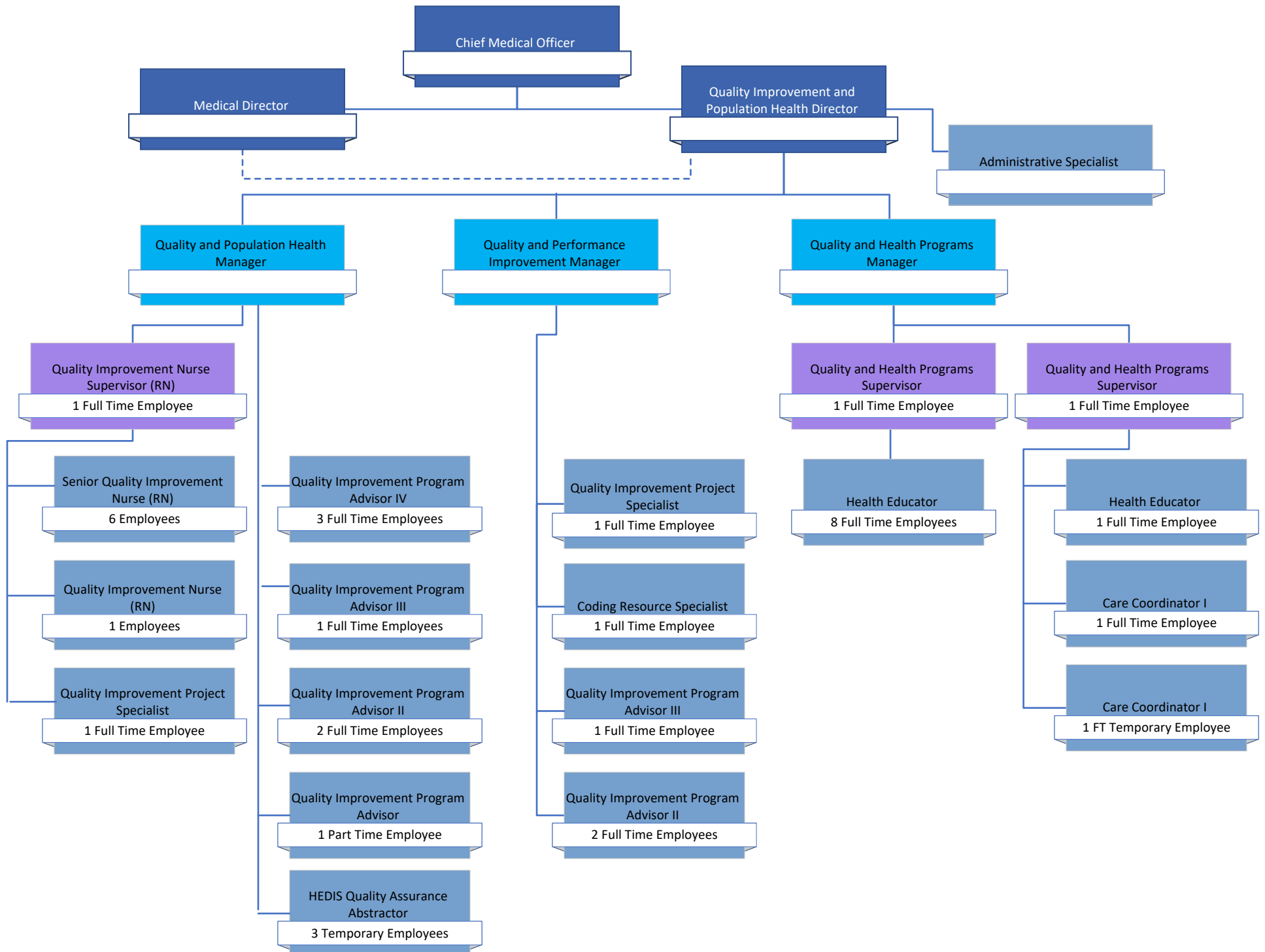
⁷³ Section 1157 Patient Protection and Affordable Care Act

⁷⁴ NCQA 2020 QI 1, Element A, Factor 1

⁷⁵ NCQA 2020 QI 3 and 4

Policy 401-1101: Quality and Performance Improvement Program (QPIP)
Attachment A: Central California Alliance for Health QPIP Committee Structure
 Last Updated: January 13, 2022







DATE: August 24, 2022
TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission
FROM: Michelle N. Stott, Quality Improvement and Population Health Director
SUBJECT: Quality Improvement System Report for Q1 2022

Recommendation. Staff recommend the Board accept the Quality Improvement System (QIS) report for Q1 2022.

Summary. This report provides pertinent highlights, trends, and activities from the Q1 2022 QIS.

Background. The Alliance is contractually required to maintain a QIS, as outlined in Policy 401-1101 Quality and Performance Improvement Program (QPIP), to monitor, evaluate, and take effective action on any needed improvements in the quality of care for Alliance members. The Santa Cruz-Monterey-Merced Managed Medical Care Commission (the Board) is accountable for all QIS activities. The Board has delegated to the Continuous Quality Improvement Committee (CQIC), the authority to oversee the performance outcomes of the QIS. This is monitored through quarterly and annual review of the QIS Workplan and related activities, with review and input from the Continuous Quality Improvement Workgroups (CQIW and CQIW-I).

The 2022 QIS Workplan (QISW) was developed to align with the Department of Healthcare Services (DHCS) Quality Strategy and Alliance Strategic Plan of Health Equity and Person-Centered Delivery Transformation. Additional details are provided in the QISW, and highlights as well as preliminary Managed Care Accountability Set (MCAS) results are noted below:

Section I: Member Experience	Status
A. Member Experience	
1. Member engagement rate of Member Outreach Campaigns	In Progress
2. Health Services Division Member Outreach & Engagement Campaigns	In Progress
3. Member Support	Goal not met
4. Cultural and Linguistics (C&L) Services & Population Needs Assessment Education	In Progress
5. CAHPS: How Well Doctors Communicate	In Progress
Section II: Quality of Service	
B. Access and Availability	
1. Annual Access Plan	In Progress
2. Provider Choice: In-Area Market Share	In Progress
3. CAHPS Survey: Access Measures	In Progress
C. Provider Experience	
1. Provider Satisfaction	In Progress

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Section III: Quality of Clinical Care	
D. Utilization	
1. Under / Overutilization	In Progress
2. Physician Administered Drugs (PAD) utilization review	In Progress
3. Medication Reconciliation	Not Started
E. Adult Preventive Care Services	
1. Health Education and Disease Management	Goal Met
2. Controlling Blood Pressure	Not Started
3. Diabetes HbA1c >9% (poor control)	Not Started
4. Preventive Care Measure: Colorectal Cancer Screening (HEDIS)	Not Started
5. Managed Care Accountability Sets (MCAS) Measurement Year 2021: Preliminary Results	In Progress
F. Maternal and Children's Preventive Care	
1. Maternal and children's preventive care (HEDIS)	In Progress
G. Performance Improvement Projects (State Mandated)	
1. Breast Screening PDSA	In Progress
2. COVID-19 QIP	Complete
3. Childhood Immunizations	In Progress
4. Child and Adolescent Well Care Visits	In Progress
H. Behavioral Health	
1. Adverse Childhood Experiences (ACE)	In Progress
2. Eating Disorders	In Progress
Section IV: Clinical Safety	
I. Clinical Safety	
1. Grievance and PQI Management	Goal Partially Met
2. Facility Site Review (FSR) Management	Goal Partially Met

Discussion.

Q1 2022 QIS Outcomes and Evaluation (Highlights)

Member Experience:

- Member engagement rate of Member Outreach Campaigns: Staff attended face to face events in the community including outreach events and COVID-19 pop up clinics. Staff provided resources and information to members and \$50 gift cards as an incentive when receiving COVID-19 booster vaccines.
- Health Services Division Member Outreach & Engagement Campaigns: The Health Services Division completed three outreach campaigns driven by DHCS in Q1 2022: 1) MAILING (QIPH): EPDST Adolescent Well-Care letters (members ages 11-13), 2) OUTREACH (QIPH): HMHB Maternal Health & COVID-19 & Behavioral Health (PIP), and 3) OUTREACH (QIPH Breast Cancer Screening Mammogram visits (PDSA).
- Member Support: 1) 95% of Calls to Member Services Answered Before Being Abandoned: 78%; 2) 80% of Calls to Member Services Answered Within 30 Seconds: 33%. Additional staff were hired to assist with the volume. The transportation optimization project is underway and a contracted vendor will provide customer service training and de-escalation skills.
- Cultural and Linguistics (C&L) Services & Population Needs Assessment Education: The volume of work for C&L services continues to increase over time significantly. Required timelines were met by shifting a few tasks to the temporary Health Educators and Care Coordinator to assist with the increased demand for interpreting/translation services to meet All Plan Letters for grievances and appeal requirements and notice of actions and additional work related to health equity.

Completed metrics are noted in the QIS Workplan for utilization of telephonic interpreter's services, face-to-face interpreters, and translations.

- Member experience (CAHPS): The CAHPS survey is being fielded in 2022 and the "How Well Doctors Communicate" and access measures will be reviewed once the results are finalized

Quality of Service

Access and Availability:

- The Annual Access Plan results from 2021 were shared with the committee, and discussion regarding focus areas for 2022 at the January Network Development Steering Committee. Launch access plan in Q2 2022 and begin tracking success of metrics.
- Provider Choice: In-Area Market Share: Q1 2022 Market Share: PCP 86%, Specialist 87%. Difficulty obtaining timely credentialing applications for new or existing providers, priority to engage new entities in contracting over credentialing providers at existing contracted sites. There was a PQ&ND and Credentialing staff meeting in May 2022 to prioritize outreach to non-credentialed providers working at contracted sites.

Quality of Clinical Care

Utilization:

- Under/Overutilization: Under and over utilization is closely monitored and utilization Management (UM) investigates identified cases, develops interventions and works closely with other departments such as Program Integrity, Quality Improvement and Provider Services. As authorization codes are waived as part of the Authorization Reduction Project, there will be monitoring to assure there is no resulting inappropriate over utilization. Auto approved or no TAR required utilization will be monitored when an increase/decrease of 30% from the previous reporting quarter is identified. All monitored categories are reported out in the quarterly UM Work Plan and approved at the April CQIC meeting.
- Physician Administered Drugs Utilization Review: 181 drugs were reviewed against Medi-Cal guidelines. The Pharmacy team will assess for cost, evidence-based practices, patient safety and fraud/waste/abuse in addition to Medi-Cal guidelines prior to removing prior authorization. The program is on track.

Adult Preventive Care Services:

- Health Education and Disease Management: In Q1 2022 the Quality and Health Programs team completed one virtual Healthier Living Program workshop series with members and positive feedback was received.

Maternal and Children's Preventive Care:

- Maternal and Children's Preventive Care (HEDIS)
 - 1) Two Performance Improvement Projects are in progress, one for CIS and the other for Well-Child Visits (WCV) both in Merced.

2) WCV disparities are being addressed by the CBI program 2023 to start. Child and adolescent immunizations remain in the CBI program with additional analysis and planning in progress.

Performance Improvement Projects (State Mandated):

- Breast Cancer Screening PSDA: QIPH provided Dignity Health Medical Group in Merced with a list of members 50-74 years of age who were due for their breast cancer screening. The project concluded by surpassing the predictive 10% goal to achieve a rate of 20%. This already high performing provider's overall compliance rate is expected to shift from 69% to 75% as a direct result of this active intervention.
- COVID-19 QIP:
 - Strategy 1: Outreach to prenatal and postpartum members as part of the Healthy Mom and Health Babies program. Results: 100% of members who completed the Postpartum Follow-up Assessment in the HMHB were provided with contact information to Beacon for behavioral health support. 9.9% of members who completed the Postpartum Follow-up Assessment (N=81) in the HMHB program engaged with Beacon for behavioral health support.
 - Strategy 2: Adolescent well care letters for members 11-13 years of age. Results: The first round of adolescent letters went out on February 18, 2022 reaching members who had upcoming birthdays falling in March and April. Since the initial letter rollout in February, we are moving toward success with the rest of the letters scheduled to be sent through January 2023. Data will be able to start being pulled beginning September 2022 to measure the impact of these letters.
 - Strategy 3: Member incentive for those 7-24 months of age who receive their second flu shot. Results: The data for February 2022 will be available in April due to a two-month claims lag. May 2022 (flu season's last month) will be available July 2022. Our raffle incentive was implemented September 2021. The rate of second flu doses increased from 13.6% in September 2019 to 40.0% in January 2022, but the number of doses decreased by 228 from January 2021.
- Childhood Immunizations PIP: At the end of Q1, the CIS rates increased to 17.4% from a baseline of 12.22% but still short of the goal of 19.61%. The Alliance submitted a point-of-service member incentive proposal which was approved by DHCS.
- Child and Adolescent Well Care Visits PIP: The Alliance continued to meet with Golden Valley Health Center Los Banos clinic staff on a bi-weekly basis. During Q1, Module 3 was submitted to DHCS for an intervention to open additional appointment slots for well care visits. At the end of this quarter, the well-care visit rate increased to 36.73% from the baseline of 32.65% but still short of the goal of 48.56%.

Behavioral Health:

- Adverse Childhood Experiences (ACEs): Health Improvement Partnership (HIP) completed the assessment of the current landscape of Merced providers completing ACEs screenings. During the interviews, HIP also identified that there is a disconnect between those who screen for ACEs and those who provide the referral resources. Those conducting screenings are not aware of options for referrals. ACEs INC is currently working on a referral directory, which they hope to have available in 2022.

- Eating Disorders: The Alliance has established an external collaborative BH/ED case review process, meeting bi-weekly with Beacon and reviewing BH and ED cases requiring further support and connection. Workflow development continues along with proactive outreach and direct county collaboration for coordination of ED services and authorization processes.

Clinical Safety:

- Grievance and PQI Management: The quarterly Medical Director (MD) Inter Rater Reliability (IRR) of member complaints resolved by Registered Nurses (RNs) resulted in 100% approval, indicating that cases are being appropriately routed to the MD for oversight. MD peer to peer IRR of member complaints resulted in 100% agreement, indicating MDs are resolving cases with consistent methodology. Successfully hired one FTE to start in Q2 2022 and all member grievances opened as PQIs in Q1 2022 were closed within Grievance's timeframes (30 days or less). N=102
- Facility Site Review (FSR) Management: The team has shared the new criteria for the upcoming tool by Alliance via email blast. Timely reviews within three years of their last FSR date continues and a goal of 100% was achieved. We continue to collaborate with Practice Coaching and Provider Services to prepare for an uptick in Corrective Action Plans as a result of the new tool rollout. Bi-weekly meetings with DHCS are occurring with the statewide MCP workgroup to ensure continuation to follow recommendations around leniency for CAP due dates and site review scheduling according to each site impact of COVID-19 related barriers.

Managed Care Accountability Sets (MCAS) Measurement Year 2021: Results for MCAS, previously known as the External Accountability Set, is a set of performance measures that DHCS selects for annual reporting by Medi-Cal managed care health plans (MCPs). Measures are selected from both the National Committee for Quality Assurance (NCQA) and from the Centers for Medicaid and Medicare Services (CMS) Core Measure sets. This annual audit is a requirement of our DHCS contract. Data for the measures are collected using claims, encounter files, Beacon files, laboratory, immunization and provider submitted files. In some cases, chart review is required for the measure, i.e. Controlling High Blood Pressure. While final certification for NCQA occurs in September 2022, 10 MCAS measures achieved a high-performance level (HPL). An HPL is a measure that exceeds the 90th percentile for NCQA Medicaid HMO plans nationally. Likewise, a minimum performance levels (MPL) defined as below the 50th percentile for National Medicaid HMO plans. DHCS will sanction plans where select measures fall below the MPL as reported below.

- The Santa Cruz-Monterey reporting unit had eight measures that achieved HPLs: CDC HbA1c poor control (>9), Immunizations for Adolescents, Postpartum care, and three measures in Well Child Care: BMI, nutrition counseling and physical activity counseling. There was a single measure in the Santa Cruz-Monterey unit that fell below MPL, "Well-Child Visits in the First 15 Months - Six or More Well-Child Visits".
- In the Merced reporting unit, two measures achieved HPLs - prenatal and postpartum care. This unit has eight MPLs; Childhood Immunization Status, and Well Child Care: Nutrition Counseling and Physical Activity Counseling (two measures), Breast Cancer Screening, Chlamydia Screening in Women, Well-Child Visits for Age 15 Months to 30 Months - Two or More Well-Child Visits, Well-Child Visits in the First 15 Months - Six or More Well-Child Visits and Child and Adolescent Well-Care Visits. The audit process was completed with HSAG and final rates locked as of June 15,

2022. Final measure rates cannot be released publicly until September per our contract with NCQA.

Conclusion. The QIS Workplan does not have any critical areas of concern that require further intervention or follow-up. There is continued progress toward goals for the initiatives and operational metrics, including addressing any barriers to achieve outcomes. The pandemic continues to impact provider staffing and active engagement; however, there are efforts in participation and the team is providing support as needed.

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

Attachments.

1. Quality Improvement System Workplan – Q1 2022

QIS Workplan

SECTION 1: MEMBER EXPERIENCE

A: MEMBER EXPERIENCE

CAHPS: Global Rating of Health Care

Domain	Member Experience	Summary of Quarterly Activities Narrative	Administered fielding of the 2022 CAHPS survey.
Priority	Regulatory	Known Barriers/Root Cause(s) (as applicable)	Target met in 2021, no known barriers at this time
Committee	MSEC, CQIW	Next Steps	Continue fielding of the 2022 CAHPS survey.
Goals	1. Achieve 84.5% in Members Global Rating of Health Care (CAHPS)- Child		
Results Q1	87.10%		
Opportunities for Improvement	1) Assess CAHPS surveys administered in 2022 and identify any improvements if the threshold/targets are not met		

CAHPS: Global Rating of Health Plan

Domain	Member Experience	Summary of Quarterly Activities Narrative	Administered fielding of the 2022 CAHPS survey.
Priority	Regulatory	Known Barriers/Root Cause(s) (as applicable)	Target met in 2021, no known barriers at this time
Committee	MSEC, CQIW	Next Steps	Continue fielding of the 2022 CAHPS survey.
Goals	1. Achieve 86% in Members Global Rating of Health Plan (CAHPS)- Child		
Results Q1	88.80%		
Opportunities for Improvement	1) Assess CAHPS surveys administered in 2022 and identify any improvements if the threshold/targets are not met		

Member Engagement Rate of Member Outreach Campaign

Domain	Member Experience	Summary of Quarterly Activities Narrative	Staff attended face to face events in the community including outreach events and COVID-19 pop up clinics. Staff provided resources and information to members and \$50 gift cards as an incentive when receiving COVID-19 booster vaccines.
Priority	Alliance Operating Plan	Known Barriers/Root Cause(s) (as applicable)	staff resources and organizational buy in
Committee	Member Support and Engagement Committee (MSEC)	Next Steps	
Goals	Composite metric that rolls up normalized engagement rates from the outreach methods: Drive-through, Phone calls, Virtual, and Face to face to calculate an average member engagement rate across all outreach methods and attempts		
Results Q1	1) 78% 2) 33%		
Opportunities for Improvement	Equally weights the four methods of engagement and averages the normalized performance of each method.		

HS Member Outreach & Engagement Campaigns

Domain	Member Experience	Quality of Care	Quality of Service	Summary of Quarterly Activities Narrative	The Health Services Division completed three (3) outreach campaigns driven by DHCS in Q1-2022.
Priority	Alliance Operating Plan				
Committee	Continuous Quality Improvement Workgroup (CQIW), MSEC				
Goals	1) In 2022, track and monitor all ad hoc member outreach and engagement campaigns 2) Track each campaigns intervention, percentage of successful calls (information provided/LVM) vs. unsuccessful calls, and member counts				1.) MAILING (QIPH): EPDST Adolescent Well-Care letters (members ages 11-13): EPDST letters were sent out for members two months prior to their birthday. These letters included information on how to safely have a well-care visit during the public health emergency (PHE) for COVID-19, screening reminders, and the importance of a well-child visit. Letters are a member preference for communication. These letters aim to reduce members' fear of going to the doctor's office to receive preventative care during the PHE. These letters encourage maintaining regular well-care visits to stay on track with the member's health goals, including
Results Q1	3				
Opportunities for Improvement	1) Coordinated collaboration with multiple sources in the development of member written materials and staff talking points 2) Development of member roster lists with the verification if there is more than one member in the same household on the list 3) Identification of the right level of staff to support these outreach campaigns (i.e., clinical vs. non-clinical)				

Known Barriers/Root Cause(s) (as applicable)

- 4) Coordinated approach for documenting, tracking, and reporting the outcome of each outreach call
- 5) Develop enough time to train staff on talking points and new outreach campaigns
- 1.) There is not enough staff to support outreach activities.
- 2.) Core work is also impacted when deploying other teams to support outreach campaigns.
- 3.) There is not enough planning time

immunizations. Additionally, the two-month advance notice will allow plenty of time for members to get on the providers' schedule without becoming behind on well-care checkups and without straining the providers' availability for acute and COVID-19 related appointments. These will be ongoing preventive health mailings.

2.) OUTREACH (QIPH): HMHB Maternal Health & COVID-19 & Behavioral Health (PIP): The Alliance will integrate its efforts into an existing stratified approach that focuses on at-risk women of all races for prenatal and postpartum support. Qualified Health Educators will use a script to reach out to prenatal and postpartum members through the Healthy Moms and Healthy Babies (HMHB) program. COVID-19 vaccination information and behavioral health support were provided during these outreach calls. In Q1-2022, 100% (N=81) of members who completed the Postpartum Follow-up Assessment in the HMHB program were provided with contact information to Beacon for behavioral health support. A total of 10% of members who completed the Postpartum Follow-up Assessment in the HMHB program actively engaged with Beacon for behavioral health support. This was confirmed with Beacon.

3.) OUTREACH (QIPH): Breast Cancer Screening Mammogram visits (PDSA): DHCS requires Medi-Cal Managed Health Care Plans to select provider-level quality improvement projects. The chosen measure looked at the percentage of women 50 – 74 years of age who had a mammogram to screen for breast cancer. The Alliance selected Long Thao, MD, based on their MY 2021 HEDIS breast cancer screening performance for Hmong members. A total of 71 Hmong members were identified linked to Long Thao, MD, and we're due for their mammogram. QIPH partnered with El Portal Imaging to receive reserved time blocks for scheduling Alliance members. El Portal Imaging was also trained on the Alliance Language Assistance (interpreting) and transportation services. They were not familiar with using either service. The Alliance Health Educators conducted outreach calls to support and guide members in coordinating these mammogram visits. The outreach script included talking points to address misinformation about mammogram visits, transportation access, and face-to-face interpreting services.

Results: N=71
A total of n=11 appointments have been scheduled, and six (6) of them have been kept. Of those that declined (n=16):
-Over half (56%) of the members that declined appointments stated that they preferred to speak with their children/family/caretakers before scheduling.
-Member expressed (25%) they were not ready to schedule the appointment and will follow up when they are ready.
-Members expressed (13%) wanting to follow-up and speak to their PCP about scheduling.
-The member's concern for their health (6%) and COVID-19 risk at medical offices.

Known Barriers/Root Cause(s) (as applicable)

1.) There is not enough staff to support outreach activities.
2.) Core work is also impacted when deploying other teams to support outreach campaigns.
3.) There is not enough planning time

Next Steps

Prepare for the PNA Member Outreach campaign in Q2-2022

Member Support

Domain	Member Experience
Priority	Regulatory
Committee	MSEC
Goals	1) 95% of Calls to Member Services Answered Before Being Abandoned; 2) 80% of Calls to Member Services Answered Within 30 Seconds
Results Q1	1) 78% 2) 33%
Opportunities for Improvement	2) Identify additional barriers to being able to continuously meet this requirement.

Summary of Quarterly Activities Narrative

1. Excessive absenteeism (this has slowed down in Q2) 2. Staff LOAs 3)RX carve out 4) ECM

Known Barriers/Root Cause(s) (as applicable)

1) Lack of sufficient staffing levels to meet the goals.
2) Not enough time and resources to provide necessary training and updates to staff.

Next Steps

The call center was just approved to hire 5 temps to assist with the increase in call volume. We are also working on transportation optimization that will help with the customer service portion of our work. This will assist with call volume and also ensure that we are working with members on their health and Alliance benefits. Additionally, we got approved to contract with a vendor to provide up to date Customer Service training and de-escalation skills.

C&L Services & Pop. Needs Assessment Education

Domain	Member Experience	Quality of Care
Priority	Regulatory	
Committee	CQIW	
Goals	To measure the performance of the Alliance C&L Services program and to make improvements accordingly (measure utilization per County).	
Results Q1	7015	
Opportunities for Improvement	Effective communication is critical for our members to ensure understanding, empowerment and provide high-quality care. The Alliance Language Assistance Services program ensures that Alliance members receive high-quality and appropriate language services by reducing health disparities related to language/cultural barriers.	
	1) Increase Provider Utilization of the Alliance Language Assistance Services program by 5% when compared to the previous year 2) Increase the Alliance network provider's familiarity with the Alliance Language Assistance Services Program (annual provider satisfaction survey)	
	1) Explore the effectiveness of cultural competency services provided by the Alliance in ensuring that members receive high-quality, person-centered care and identifying opportunities for improvement where necessary 2) Monitor telephonic interpreting, face-to-face interpreting, translations, and readability requests 3) Monitor member and provider complaints and PQIs 4) Develop a Health Literacy Tool kit for the organization (PNA) 5) Collaborate with PS in the development and launching of provider cultural competency training (PNA) 6) Implement audio interpreting services for Telehealth visits 7) Promote the Alliance Language Assistance Services with our external	

Summary of Quarterly Activities Narrative

The volume of work for C&L services continues to increase over time significantly. Required timelines were met by shifting a few tasks to the Health Educators and Care Coordinator temp to assist with the increased demand for interpreting/translation services to meet an All Plan Letter and additional work related to health equity. Completed metrics are noted below:

Telephonic Interpreter Services Utilization:
The overall utilization of telephonic interpreting services has slightly decreased among providers, Alliance staff, and contracted Alliance vendors. A total of 7,015 telephonic interpreting services calls were reported for measuring Q1 2022 across the Alliance's service areas (Merced, Monterey, and Santa Cruz counties). This is a 20% decrease when compared to the previous Q1 2021 (8,775). At a closer look, although there was a slight decrease in Q1 2022 when compared to previous Q1 2021, the utilization of telephonic interpreting services continued to increase month-over-month. This slight decrease could also be attributed to the increase in face-to-face interpreter services utilization, where we could see that members are going to their doctor's visits as COVID-19 cases decreases.

Face-to-Face Utilization:
As for face-to-face interpreting services, we had a total of 619 provider requests that were coordinated in Q1 2022 across the Alliance's service areas. This is an 84% increase when compared to the previous Q1 2021 (337). This could be

network providers (i.e., quarterly fax blasts, training videos to support providers on how to use the services) (PNA)

attributed to the decrease in COVID-19 cases as we go into 2022, and member's hesitancy to go to their doctor's visits decreases overtime due to this. In addition, the Alliance continues to promote our language assistance services through various member communication/promotion modalities, which include, but not limited to, articles written in the quarterly Member Newsletter and Provider Bulletin promoting the Alliance language assistance services as well as informing members the importance of using qualified interpreters at doctor's visits and ensuring Alliance language assistance snippet is included in all member materials/letters.

Translation Services Utilization: In Q1 2022 (174), utilization of translation services has increased by 32% when compared to the previous Q1 2021 (132). This was attributed to providing ongoing updated COVID-19 related information, ensuring Grievance letters were fully translated, and the implementation of the Department of Health Care Services' All Plan Letter (APL) 21-001 (regarding Grievance and Appeal Requirements, Notice and Your Rights Templates). Overall, with this increase, the C&L team was able to coordinate translation services and conduct quality control (QC) reviews, all while meeting delivery due dates.

Known Barriers/Root Cause(s) (as applicable)

Not enough C&L staffing to support core work and meet new APLs. Not enough time for Providers to receive training, currently impacted with COVID-19 and resuming care.

Q1 2022: Our Indigenous Interpreting vendor (Indigenous Interpreting+, a Natividad Foundation program) notified us that they would no longer be able to provide interpreting services as of May 1, 2022. The indigenous community is one of the most impacted and a large part of the workforce in one of our service areas (primarily residing in Monterey County). Overcoming language barriers is essential to ensure safety and that all members receive quality and equitable health care. The Indigenous Interpreting+ vendor

has served our community and has committed to bridging the language gap in our service areas for seven (7) years. It was a unique and local vendor that supported telephonic and in-person interpreting services and offered many indigenous languages. This specialized service is highly valued, ensuring effective communication with our indigenous-speaking members.

Interim Plan: For indigenous languages starting May 1, 2022, we are encouraging our providers/staff to utilize Pacific Interpreters (vendor) telephonic services while interacting with our members. To ensure timely access to interpreting services, telephonic interpretation is always available to members at all points of contact. This is a temporary solution as Pacific Interpreters does not offer a variety of indigenous languages and in-person indigenous language interpreting services.

Next Steps

The Alliance's Cultural and Linguistic (C&L) team has taken active steps to ensure this service is not interrupted. We've engaged in bringing on a new vendor to continue supporting these services (i.e., telephonic and on-site face-to-face interpreting services for indigenous languages).

We were also able to extend our Care Coordination Temp. position for another 90 days to help support the increased C&L core work.

CAHPS: How Well Doctors Communicate

Domain	Member Experience Quality of Service	Quality of Care		
Priority	Regulatory		Summary of Quarterly Activities Narrative	Administered fielding of the 2022 CAHPS survey.
Committee	MSEC, CQIW		Known Barriers/Root Cause(s) (as applicable)	Low response rate from members to the survey.
Goals	1. Achieve x% in How Well Doctors Communicate - Child 2. Achieve x% in How Well Doctors Communicate - Adult		Next Steps	Continue fielding of the 2022 CAHPS survey.
Results Q1	Adult: 89.3%;Child: 93.5%			
Opportunities for Improvement	Assess CAHPS surveys administered in 2022 and identify any improvements if the threshold/targets are not met			

SECTION 2: QUALITY OF SERVICE

B: ACCESS & AVAILABILITY

Annual Access Plan

Domain	Member Experience Quality of Service		Summary of Quarterly Activities Narrative	Access Plan results from 2021 shared with the committee, discussion regarding focus areas for 2022 at January NDSC.
Priority	Regulatory			
Committee	NDSC		Known Barriers/Root Cause(s) (as applicable)	Barriers to achieving Access Plan goals usually include faulty/inaccurate data, staff resource constraints, and provider's unwillingness to expand or contract for services.
Goals	The Annual Access Plan focus areas and improvement goals are established in January of each year and are solidified by the NDSC. The 2022 Access Plan goals will be finalized in January 2022.			
Results Q1	Access Plan results from 2021 shared with the committee, discussion regarding focus areas for 2022 at January NDSC.		Next Steps	Launch access plan in Q222, begin tracking success of metrics.
Opportunities for Improvement	The Access Plan will articulate identified areas within the Alliance provider network where targeted activities can increase or enhance choice and/or access. The 2022 improvement opportunities will be identified in January 2022.			

Provider Choice: In-Area Market Share

Domain	Quality of Service		Summary of Quarterly Activities Narrative	Q122 Market Share: PCP 86% Specialist 87%
Priority	Regulatory			
Committee	NDSC		Known Barriers/Root Cause(s) (as applicable)	Difficulty obtaining timely credentialing applications for new or existing providers, priority to engage new entities in contracting over credentialing providers at existing contracted sites
Goals	In Area PCP Market Share (all counties) In Area Specialist Market Share (all counties)			
Results Q1	Q122 Market Share: PCP 86% Specialist 87%		Next Steps	PQ&ND and Credentialing staff meeting in May 2022 to prioritize outreach to non-credentialed providers working at contracted sites.
Opportunities for Improvement	Credential non-credentialed providers practicing at contracted locations. Engage providers who have historically declined to contract.			
Known Barriers/Root Cause(s) (as applicable)	Difficulty obtaining timely credentialing applications for new or existing providers, priority to engage new entities in contracting over credentialing providers at existing contracted sites			

CAHPS Survey: Access Measures

Domain	Member Experience	Quality of Service	Summary of Quarterly Activities Narrative	Administered fielding of the 2022 CAHPS survey.
Priority	Regulatory		Known Barriers/Root Cause(s) (as applicable)	Low response rate from members to the survey.
Committee	NDSC, CQIW, CQIW-I		Next Steps	Continue fielding of the 2022 CAHPS survey.
Goals	1. Achieve xx% in Getting Care Quickly for Child and Adult CAHPS 2. Achieve xx% in Getting Needed Care for Child and Adult CAHPS			
Results Q1	Getting Care Quickly: Adult - 84.5%; Child - 83.1% Getting Needed Care: Adult - 85.3%; Child - 83.4%			
Opportunities for Improvement	Assess CAHPS surveys administered in 2022 and identify any improvements if the threshold/targets are not met			

C: PROVIDER EXPERIENCE

Provider Satisfaction Survey

Domain	Quality of Service	Summary of Quarterly Activities Narrative	MY 2021 results presented to NDSC, CQIW-I.
Priority	Regulatory	Known Barriers/Root Cause(s) (as applicable)	Provider satisfaction with the Alliance may be influenced by satisfaction with the health care system as a whole; difficult to specifically target action items to increase satisfaction for each respondent.
Committee	NDSC		
Goals	Target of 88% of surveyed providers who are satisfied with the Alliance (annual measure based on Satisfaction Survey); lower threshold is 79.2%.		
Results Q1	MY 2021 results presented to NDSC, CQIW-I.	Next Steps	Vendor has contact lists and all required collateral. Survey scheduled to begin in June 2022.
Opportunities for Improvement	In MY 2021, 89% of surveyed providers reported that they were satisfied with the Alliance.		

SECTION 3: QUALITY OF CLINICAL CARE

D: UTILIZATION

Under / Overutilization

Domain	Clinical Safety	Quality of Care	Summary of Quarterly Activities Narrative	Under and over utilization is closely monitored and UM investigates identified cases, develops interventions and works closely with other departments such as Program Integrity, QI and Provider Services.
Priority	Regulatory	Quality of Service		
Committee	UMWG, CQIW, CQIC, Program Integrity/Compliance Committee			
Goals	An interdepartmental over/underutilization report will be developed by December 31, 2022.			As authorization codes are waived as part of the Auth Reduction Project, there will be monitoring to assure there is no resulting inappropriate over utilization. Auto approved or no TAR required (NTR) utilization will be monitored when an increase/decrease of 30% from the previous reporting quarter is identified.
Results Q1	N/A			
Opportunities for Improvement	Coordinated collaboration with all sources of monitoring for over and underutilization. Linking reporting from multiple sources to ensure compliance with monitoring.			All monitored categories are reported out in the quarterly UM Work Plan and the following was approved in the April CQIC meeting: Categories to be monitored for possible over utilization: Electromyography (EMG) Emergency Room Visits Any Auth Redesign/NTR code identified from emerging utilization analysis results Categories to be monitored for possible under utilization: Initial Health Assessment (IHA) Breast Cancer Screening Colon Cancer Screening Lead Screening Adverse Childhood Experience (ACE) Screening Mental Health Visits
			Known Barriers/Root Cause(s) (as applicable)	Lack of consolidation of all efforts toward oversight of over /utilization.
			Next Steps	Once the UM Director position is

filled, additional work will be contemplated for linking the reporting from multiple sources.

PAD Utilization Review

Domain	Quality of Service
Priority	Operating Plan
Committee	Pharmacy and Therapeutics Committee
Goals	Perform PAD utilization review on a quarterly basis and present to P&T Committee PA criteria and formulary inclusion input
Results Q1	100%
Opportunities for Improvement	Remove PA requirement for PAD with high approval rate. Educate providers on more cost-effective products. Prelude to Site of Care program.

Known Barriers/Root Cause(s) (as applicable)

Summary of Quarterly Activities Narrative

Next Steps

181 drugs were reviewed against Medi-Cal guidelines. .

Continue reviewing more Physician Administered drugs against Medi-Cal guidelines, with a focus on removing PA requirement for a few PADs. The program is on track.

Medication Reconciliation

Domain	Clinical Safety	Member Experience	Quality of Care
Priority	Regulatory		
Committee	Pharmacy and Therapeutics Committee, CQIW		
Goals	Perform Medication Reconciliation for 50% of high-risk members within 30 days of discharge from acute setting.		
Results Q1	0%		
Opportunities for Improvement	(Not being done at the Alliance, and not being done at Transition of Care at all sites)		

Summary of Quarterly Activities Narrative

Known Barriers/Root Cause(s) (as applicable)

Next Steps

No update. Q1 focused on Medi-Cal Rx transition.

Pharmacy staffing
Pharmacy not having member facing role.

The program hasn't started. A clinical pharmacist will start researching the Med Rec framework and criterion for high risk members.

E: ADULT PREVENTIVE CARE SERVICES

Health Education and Disease Management

Domain	Member Experience	Quality of Care	Quality of Service
Priority	Regulatory		
Committee	CQIW		
Goals	To increase member self-efficacy in performing self-management behaviors by having members participate in the Alliance Healthier Living Program. (Chronic Disease Self-Management Program)		
	1) By December 31, 2022, at least 50% of participants in the Healthier Living Program will have scored "Good/Very Good/Excellent" for their ability to manage their chronic health conditions after the workshop		
	2) Overall increasing improvements of the scores (i.e., poor to fair)		
Results Q1	86%		
Opportunities for Improvement	1) The COVID-19 pandemic has driven an inevitable shift in the way these workshops are delivered from face-to-face to telephonic, and now the implementation of virtual sessions 2) Increase participation in the Healthier Living Program workshop by prompting the member incentive and offering different format options. (telephonic, virtual, and in-person) 3) Coordinated collaboration with multiple sources to ensure to expand the quality improvement system in the community by having a greater presence and promoting Alliance quality initiatives related to wellness and health promotion		

Summary of Quarterly Activities Narrative

In Q1 2022 the Quality and Health Programs (QHP) team completed one virtual Healthier Living Program (HLP) workshop series with members. During the HLP workshops, Alliance members create weekly action plans that include goal setting around managing their chronic condition(s) and healthier living. Each week, the Alliance Health Educators work with members to review the weekly action plans and discuss successes and challenges. The HLP allows members to also receive support and share ideas with other members who are experiencing similar life challenges living with a chronic condition. What members are saying about the Q1 HLP workshops:

- "The most helpful thing I liked learning about exercise and the action plans done weekly. I really liked the group inclusivity."
- "I learned something huge, I learned that I need to do self-care. I have never stopped to take care of my own needs. It was huge for me, it is me learning to love myself. I have been doing the bare minimum, I want to slow down and take care of myself."
- "I am looking forward to taking better care of myself. I also enjoyed the group atmosphere. that helped me feel less lonely, less alone. I am looking forward to taking better care of myself."
- "I really liked learning to speak more positively to myself. I have a tendency of talking negatively to myself, I want to learn to love myself and take care of my life. I also am looking forward to practicing better breathing to help

practice better breathing to help when I am anxious.”

- “What I enjoyed the most and found helpful was getting support from the entire group and listening to suggestions from the group.”
- “To be honest I was very happy to receive the materials we got in the mail. It was nice to review the book and notice that the book states facts that were mentioned in our workshop. I enjoyed the class and have learned tips about nutrition and how to manage my emotions.”
- “The group provided so many positive ideas to manage our conditions and providing feedback. It was so refreshing talking to everyone in the group and learning new tools. The communication topic was great, and everyone was so involved.”
- “I learned different ways to deal with stress and anxiety. It was also nice meeting other people in the class and getting advice from them.”

Known Barriers/Root Cause(s) (as applicable)

Technology resources constraints (i.e., phone/network systems not working, MS Teams connectivity issues).

Next Steps

In Q2 the QHP team will offer HLP workshops in the telephonic modality to allow members that do not have access to equipment to participate in the virtual option. There continues to be high interest from members to participate in the telephonic option for workshops due to lack of equipment such as laptops or tablets to allow members to participate in the virtual workshops. Additionally, in Q2 the QHP team will be planning for in-person workshop options with the goal of full implementation of in-person workshops by Q3.

Controlling Blood Pressure

Domain

Quality of Care

Priority

Regulatory

Committee

CQIW

Goals

1) Improve hypertension control by improving the accuracy of blood pressure measurement by reducing potential false positives of elevated blood pressure readings.
2) (Pending project start) By X date, BP rechecks will improve from X% to X% after implementing the new BP rechecking protocol, where a second BP reading is taken when the first BP reading is greater than 130/80.
3) Create EHR flags for BP recheck when the initial Bp is 130/80 or greater. Also consider visual reminders to alert staff and patient when a Bp recheck should be considered.

Results Q1

Not started in Q1; starting May/June 2022

Opportunities for Improvement

1) Increase members that are accurately identified as having hypertension.
2) For those members with hypertension established accurate readings support the clinical management of the patient.
3) Establish this best practice in a busy ambulatory care center.

Summary of Quarterly Activities Narrative

Project not started in Q1.

Known Barriers/Root Cause(s) (as applicable)

1) Staff turn over may dilute results without consistently providing appropriate training.
2) New process may be slowly adopted, will need to focus on education and job aids.
3) Volume of members may continue to lag as the pandemic continues.

Next Steps

Naomi and Jo to meet with Watsonville Health Center on 5/17 to present project, determine buy-in from clinic, and discuss next steps.

Diabetes HbA1c >9% (poor control)

Domain

Quality of Care

Priority

Regulatory

Committee

CQIW

Goals

1). Identify a health care system willing to partner with the Alliance team in implementing an evidenced based practice

Summary of Quarterly Activities Narrative

Project not started.

Known Barriers/Root Cause(s) (as applicable)

1) Clinics are currently struggling to maintain staff and continue to care for members with COVID.
2) Limited capacity at many primary care offices to adopt a new initiative.
3) Alliance members have few

	for members with Diabetes Type II (Community Guide) 2. Establish a team of clinic staff and technical support staff from the Alliance to champion the program and support selection of an intervention. 3. Set an objective that identifies a target number of members that are able to decrease HbA1c values to below 7.5.		
Results Q1	N/A	Next Steps	Continued focus on hiring.
Opportunities for Improvement	1) Opportunities to engage with a practice with a cohort of members with DM and interest in improving and/or expanding services to these members. 2) Opportunity to not just manage blood glucose, but support adoption of healthy choices, tobacco use, increase physical activity.		

Preventive Care: Colorectal Cancer Screening-HEDIS

Domain	Quality of Care	Summary of Quarterly Activities Narrative	Project not started.
Priority	Regulatory	Known Barriers/Root Cause(s) (as applicable)	1) Clinics are currently struggling to maintain staff and continue to care for members with COVID. 2) Limited capacity at many primary care offices to adopt a new initiative. 3) Vacant QIPA positions need to be filled in QIPH to have resources to start new initiative.
Committee	CQIW		
Goals	Assess baseline rates for colorectal cancer screening and determine future interventions		
Results Q1	N/A	Next Steps	Continued focus on hiring, post-HEDIS season initiate analysis of available data.
Opportunities for Improvement	Data has not been analyzed at this time.		

F: MATERNAL AND CHILDREN'S PREVENTIVE CARE

Maternal and children's preventive care (HEDIS)

Domain	Quality of Care	Summary of Quarterly Activities Narrative	1) We have two Performance Improvement Projects in progress, one for CIS and the other for WCV both in Merced. 2) WCV disparities are being addressed by the CBI program 2023 to start, Child and adolescent immunizations remain in the CBI program but need additional analysis and planning. 3) Not started 4) Not started
Priority	Department of Health Care Services (Bold goals 50 x 2025)		1) Clinics are currently struggling to maintain staff and continue to care for members with COVID. 2) Limited capacity at many primary care offices to adopt a new initiative. 3) Vacant QIPA positions need to be filled in QIPH to have resources to start new initiative. 4) Limited capacity at many primary care offices to review charts or reports to recall members that are missing preventive services.
Committee	Continuous Quality Improvement Workgroup (CQIW)	Known Barriers/Root Cause(s) (as applicable)	
Goals	1) Ensure all health plans exceed the 50th percentile for all children's preventive care measures; 2) Close racial/ethnic disparities in well-child visits and immunizations by 50%: • *Child and adolescent WCV • Childhood immunizations • Adolescent immunizations 3) Improve maternal and adolescent depression screening by 50%; 4) Close maternity care disparity for Black and Native American persons by 50%: • *Prenatal and postpartum care • Perinatal and postpartum depression screening		
Results Q1	Not started	Next Steps	Continued focus on hiring, post-HEDIS season initiate analysis of available data. Further work is also dependent on hiring of QIPA staff.
Opportunities for Improvement	1) We continue to struggle to get children's preventive measures above the 50th percentile in Merced County: members with well-child visits at 15 months, 30 months, 3-21 years, and Well Child Care (Nutrition & Physical Activity) and Childhood Immunizations. Santa Cruz-Monterey has just one measure that remains below the 50th percentile (WCV 15 months 6+ visits). 2) Close racial/ethnic disparities in well-child visits and immunizations by 50%. Child and adolescent WCV, Childhood immunizations, and Adolescent immunizations all have racial/ethnic disparities in all three counties. WCV disparities are being addressed by the CBI program to start, Child and adolescent immunizations remain in the CBI program but need additional analysis and planning. 3) We have completed chart reviews in the past that review maternal and adolescent depression screenings in the past and we know that reporting of screening is underreported by claims. 4) Disparities for Prenatal and Postpartum care have been reviewed but requires planning, perinatal and postpartum depression screening needs further analysis and planning.		

Breast Cancer Screening PDSA

Domain	Quality of Care	Summary of Quarterly Activities Narrative	
Priority	Statewide Department of Healthcare Services (DHCS) Performance Improvement Project (PIP)		
Committee	CQIW		
Goals	1) By January 30, 2022, complete PDSA cycle 4 intervention to improve the breast cancer screening rate at Dignity Health Medical Group in Merced. 2) By May 30, 2022, complete PDSA cycle 5 intervention to improve the breast cancer screening rate at Dr. Thao's clinic.		The QIPH provided Dignity Health Medical Group (DHMG) in Merced with a list of members 50-74 years of age who were due for their breast cancer screening. DHMG reviewed the member list for contraindications that would require a member to be removed from the project, and submitted referrals to the DHMG imaging center. QIPH and DHMG met bi-weekly to discuss obstacles and address any barriers. The project concluded by surpassing the predictive 10% goal to achieve a rate of 20%. We expect this already high performing provider's overall compliance rate to shift from 69% to 75% as a direct result of this active intervention.
Results Q1	1) 10% 2) TBD		
Opportunities for Improvement	1) Application of standing orders for mammogram screening at provider offices. 2) Retrospective referral process of eligible members and member outreach by the imaging center.	Known Barriers/Root Cause(s) (as applicable)	This is a high performing clinic and they have been actively working on increasing their breast cancer screening rates through the pandemic. As a result, the list of members that QIPH provided to DHMG were the patients that had already no-showed, not scheduled or canceled. This added a complexity to the project, but the project proceeded to be fruitful in the end.
		Next Steps	Next steps include continuing to monitor both underperforming and high performing breast cancer screening rate trends and target eligible, non-compliant members where opportunities for intervention activities are present.

COVID-19 QIP

Domain	Quality of Care	Summary of Quarterly Activities Narrative	
Priority	Statewide Department of Healthcare Services (DHCS) Performance Improvement Project (PIP)		
Committee	CQIW		
Goals	1) By March 31, 2022, complete the follow up COVID-19 QIP submission		Strategy 1: Outreach to prenatal and postpartum members as part of the Healthy Mom and Health Babies program. Results: 100% of members who completed the Postpartum Follow-up Assessment in the HMHB were provided with contact information to Beacon for behavioral health support. 9.9% of members who completed the Postpartum Follow-up Assessment (N=81) in the HMHB program engaged with Beacon for behavioral health support.
Results Q1	The final submission to DHCS for the COVID-19 QIP was successfully completed by the due date of March 31, 2022.		
Opportunities for Improvement	<ul style="list-style-type: none"> Member incentive for those 7-24 months of age who receive their second flu shot. Adolescent well care letters for members 11-13 years of age. Outreach to prenatal and postpartum members as part of the Healthy Mom and Health Babies program. 		<p>Strategy 2: Adolescent well care letters for members 11-13 years of age. Results: Due to ongoing COVID related delays, including the Omicron surge, our providers were experiencing staff shortages which impacted appointment availability. In an effort to avoid further impact to these providers schedules we postponed our well care letter initiative by four months. The first round of adolescent letters went out on 02/18/22 reaching members who had upcoming birthdays falling in March and April. Since the initial letter rollout in February we are moving toward success with the rest of letters scheduled to be sent through January of 2023. We would be able to start pulling data beginning in September of 2022 to measure the impact of these letters.</p> <p>Strategy 3: Member incentive for those 7-24 months of age who receive their second flu shot. Results: The data for February 2022 will be available in April due</p>

to a two month claims lag. May 2022 (Flu Season's last month) will be available July 2022. Our raffle incentive was implemented September 2021. The rate of 2nd flu doses increased from 13.6% in September of 2019 to 40.0% in January of 2022, but the number of doses decreased by 228 from January of 2021.

Known Barriers/Root Cause(s) (as applicable)
Next Steps

Childhood Immunizations

Topic	Childhood Immunizations
Domain	Quality of Care
Priority	Statewide Department of Healthcare Services (DHCS) Performance Improvement Project (PIP)
Committee	CQIW
Goals	By December 31, 2022, Castle Family Health Center will increase Childhood Immunization Status (CIS) Combo 10 rates among the three targeted sites from a baseline of 12.22% to 19.51%
Results Q1	16.78%
Opportunities for Improvement	<ul style="list-style-type: none"> For those providers who indicated that they do not have a member recall process for immunizations (Provider Access Survey), provide practice coaching to empower the clinic to develop a sustainable system. Prioritize health equity strategies by increasing outreach to populations with lower rates. Promote member incentives to encourage members to complete their immunizations.

Summary of Quarterly Activities Narrative

01/26/22 - First outreach attempt to CIS PIP team to inquire about any new interventions started on the clinic side because CIS rates had increased to 17.4% - no response until 3/2, no new interventions mentioned with reports of being short staffed. 02/01/22 - Second outreach attempt to Front desk supervisor to inquire about possible interventions started by the front desk team to improve CIS rates - no response received. 03/01/22 - Submitted direct member incentive proposal to QI Director 03/10/22 - Received approval from DHCS to submit a member incentive request for review, even for a specific provider/site. Started work on completing CCAH and DHCS Member Incentive Approval forms. 03/22/22 - Updated Castle Leadership team on DHCS CIS PIP status. Introduced the possibility of a direct member incentive that CFHC CEO expressed interest and support for.

Known Barriers/Root Cause(s) (as applicable)

Q1: Limited provider engagement due to conflicting priorities with the COVID-19 vaccine, staffing challenges due to COVID-19 variants, possible member hesitancy to resume preventative care, and limited engagement by clinic PIP team.

Next Steps

Q1 - 1. Get CFHC CIS PIP Team approval and support to test direct member incentive. Q1 - 2. Complete CCAH & DHCS member incentive approval forms. Q1 - 3. Present member incentive idea to CBI workgroup in May.

H: BEHAVIORAL HEALTH

Adverse Childhood Experiences (ACE)

Domain	Quality of Care
Priority	Divisional Goal, Diversity Leadership Program (DLP)
Committee	CQIW, CQIC
Goals	<ol style="list-style-type: none"> By 12/31/22, assess the current landscape in Merced County to address any barriers or factors to complete ACE screening. By 12/31/22, promote education and best practices among providers and clinic staff to conduct the screening. By 12/31/22, support a network of care with experts in the community (providers, community-based organizations, other experts).
Results Q1	The current state assessment in Merced county was completed during this quarter.
Opportunities for Improvement	1) Minimal ACE screenings in Merced County

Summary of Quarterly Activities Narrative

Health Improvement Partnership (HIP) completed the assessment of the current landscape of Merced providers completing Adverse Childhood Experiences (ACEs) screenings. HIP was able to conduct interviews with community stakeholders, such as ACEsINC and ACEs Overcomers. HIP was able to interview Dignity Health Medical Group and Golden Valley Health Centers. Through discussions with ACEs Overcomers Livingston Community Health Centers is beginning to pilot screenings. During the interviews HIP also identified that there is a disconnect between those who screen for ACEs and those who provide the referral resources; those conducting screenings are not aware of options for referrals. ACEsINC is currently working on

Known Barriers/Root Cause(s) (as applicable)

a referral directory, which they hope to have available in 2022.

The COVID-19 surge and lack of staff contributed to PCPs not having enough time to complete the 2 hour training and attestation due to busy clinic schedules. PCPs and community stakeholders are not clear on referral pathways for their patients, as a result have not been completing screenings. PCPs have also expressed confusion on how to bill for screenings once they have completed the training and attestation.

Next Steps

The QIPH team is implementing an CBI Incentive for PCPs who complete the 2 hour screening and attestation to encourage providers to begin screening. QIPH is also planning to host a learning Collaborative in the Summer/Fall to bring Merced providers and community stakeholders together to assist in encouraging/promoting ACEs screening best practices.

Eating Disorders

Domain	<div>Clinical Safety</div> <div>Member Experience</div> <div>Quality of Care</div> <div>Quality of Service</div>	Summary of Quarterly Activities Narrative
Priority	Alliance Operating Plan	
Committee	UMWG, CQIC, Beacon Oversight Committee, Health Services Finance Committee	
Goals	By June 31, 2022 develop workflow process for coordinating and expediting eating disorder referrals to Behavioral Health.	
Results Q1	N/A	
Opportunities for Improvement	1) Provide specific pathways for referrals and escalation processes. 2) Delineate processes for mild to moderate and severe mental illness care coordination. 3) Establish clear contact information for all levels of behavioral health interventions to increase timely access to care.	
	Known Barriers/Root Cause(s) (as applicable)	
	Next Steps	

The Alliance has established an external collaborative BH/ED case review process, meeting biweekly with Beacon and reviewing BH and ED cases requiring further support and connection. Workflow development continues along with proactive outreach and direct county collaboration for coordination of ED services and authorization processes. As we close out Q1, the Alliance has had the opportunity to review Monterey County's Eating Disorder Outpatient Treatment Team proposal in the FY22/23 MHSA Annual Update to address the increase in eating disorder presentation and acuity by establishing a dedicated clinical team within MCBH that will work closely with Managed Care plan Providers.

1) Eating disorders post pandemic have increased significantly. Unclear pathways have caused delays in treatment.
2) Gaps in handoffs between levels of care.

Moving into Q2, the Alliance is working to identify and contract with additional sites providing ED services across the three counties.

SECTION 4: CLINICAL SAFETY

I: CLINICAL SAFETY

Grievance and PQI Management

Domain	Clinical Safety	Summary of Quarterly Activities Narrative
Priority	Regulatory	
Committee	CQIW	
Goals	1) By December 31, 2022 100% of Potential Quality Issues (PQI) completed within 90 calendar days of receipt. 2) By December 31, 2022 Quality Improvement (QI) nurse to route 100% of grievances related to medical quality of care issues to the Medical Director. Conduct an inter-rater reliability audit on a quarterly basis.	
Results Q1	Data as of 4/13/2022 1.) 113/122 (93%) of PQIs were completed within 90 calendar days; and 2.) 106/106 (100%) of member grievances received by QI related to potential medical	

1.) The quarterly MD IRR of member complaints resolved by RNs resulted in 100% approval, indicating that cases are being appropriately routed to MD for oversight; and

2.) MD peer to peer IRR of member complaints resulted in 100% agreement, indicating Medical Directors are resolving cases with consistent methodology; and

3.) Successfully hired 1 FTE to start Q2-2022; and

4.) All member grievances opened as PQIs in Q1-2022 were closed within Grievance's timeframes (30

Opportunities for Improvement	received by an related to potential medical quality of care issues shall be referred to the Medical Director	Known Barriers/Root Cause(s) (as applicable)	days or less). N=102
	1) Maintain adequate staffing of program; expedite training of new hires. 2) Continue work with OpEx regarding Corrective Action Plan workflow and methods.	Next Steps	1) Retaining qualified and well-trained staff. 2) Managing coverage of the member grievance queue; ensuring that the turnaround in 25 days or less is met. 3) SPOL PQI go-live was a difficult transition that resulted in staff temporarily having to use work arounds to complete their PQI reviews and data reports. 1.) Onboard RN new hire to assist in processing PQIs and dissolve PQI Team backlog queue; and 2.) Complete collaborative CAP/QS interdepartmental work and implement use of process; and 3.) Consider creating a Quality Study Investigation (QSI) e-form in SPOL to track QSI referrals and cases.

Facility Site Review Management

Domain	Clinical Safety	Summary of Quarterly Activities Narrative	
Priority	Regulatory		
Committee	CQIW		
Goals	1) By December 31, 2022 100% of existing primary care provider sites that had an FSR due this quarter were completed within three years of their last FSR date. 2) By December 31, 2022 100% of practices where Critical Elements Corrective Action Plans (CE CAPs) arising from FSRs are resolved within 10 business days. 3) By December 31, 2022 100% of practices with a Corrective Action Plans (CAPs) arising from FSR submit a plan to address the CAP within 45 calendar days. 4) By December 31, 2022 100% of practices with a CAP arising from FSR complete all planned actions within 90 calendar days as evidenced by verification by the FSR team.		1) Share the new criteria for the upcoming tool by Alliance email blast. This includes creation of a crosswalk to highlight changes, creation of an attestation form, update of the Alliance website to include resources, a collaboration with other MCPs across California to create a training video of the new criteria and responding to provider concerns as the updates are reviewed. 2) Informing sites of DHCS Facility Site Review and Medical Record Review tools update and upcoming criteria additions encouraged sites to conduct timely reviews within three years of their last FSR date, helping FSR nurses to reach goal of 100%. 3) Collaborating with Practice Coaching to prepare for an uptick in Corrective Action Plans as a result of the new tool rollout. 4) Collaborating with Provider Relations team to provide talking points to providers to discuss upcoming changes in the FSR and MRR tools. 4) Continue to meet with DHCS in the biweekly state wide MCP workgroup meetings to ensure we are continuing to follow recommendations around leniency for CAP due dates and site review scheduling according to each sites impact of COVID related barriers.
Results Q1	1) 100% (4 of 4) of existing primary care provider sites that had an FSR due this quarter were completed within three years of their last FSR date. 2) 100% (1 of 1) of practices where Critical Elements Corrective Action Plans (CE CAPs) arising from FSRs are resolved within 10 business days. 3) 75% (6 of 8) of practices with a Corrective Action Plans (CAPs) arising from FSR submit a plan to address the CAP within 45 calendar days. 4) 86% (6 of 7) of practices with a CAP arising from FSR complete all planned actions within 90 calendar days as evidenced by verification by the FSR team.		1) Update the plan to ensure the smooth transition from Policy Letter 14-004 to All Plan Letter 20-006; 2) In a pilot of the new FSR/MRR tools, it was found that 90% of surveys prompted a Corrective Action Plan (CAP). This is a significant impact, since 2021, where only 33% of audits prompted a CAP. This is a concern considering implementation will occur on July 1, 2022. 3) Collaborate with Practice Coaching and Provider Services to prepare for an influx in Corrective Action Plans (CAPs) due to the new FSR requirements.
Opportunities for Improvement		Known Barriers/Root Cause(s) (as applicable)	Staff shortages in response to COVID, such as sick leave/hospitalization, staff turnover, and absence for childcare, delayed the provider's implementation of CAPs. In a pilot of the new FSR/MRR tools, it was found that 90% of surveys prompted a Corrective Action Plan (CAP). This is a significant impact, since 2021, where only 33% of audits prompted a CAP. This is a concern considering implementation will occur on July 1, 2022. Per DHCS, continue to provide flexibility for providers during the pandemic and offer assistance in CAP completion and quality improvement. Continue to work with Provider Services and Practice Coaching to prepare for uptick in CAPs. Continue to meet with DHCS in
		Next Steps	

Continue to meet with DHCS in the biweekly state wide MCP workgroup meetings to ensure we are following the most up to date recommendations around leniency for CAP due dates and site review scheduling according to each sites impact of COVID related barriers.



DATE: August 24, 2022
TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission
FROM: Dale Bishop MD, Medical Director and Tammy Brass RN, Utilization Management Director
SUBJECT: Utilization Management Work Plan Report for Q1 2022

Recommendation. Staff recommend the Board accept the Utilization Management Work Plan (UMWP) Report for Q1 2022,

Summary. This document provides an overall summary of the UMWP activities for Q1 2022 and end of year highlights and outcomes. Overall utilization of inpatient, emergency department (ED) visits, long-term care (LTC), and outpatient services as indicated by authorization volume remained below 2019 levels in Q1 2022 due to the COVID-19 Omicron surge and incomplete resumption of care to pre-pandemic levels. Increases in California Children's Services (CCS) eligibility were observed in Q1 2020 continuing the trends in 2021 wherein improvements have been made in identification and referrals of CCS eligible members. Care coordination services and pilot programs continued, and progress was made in development and utilization of Enhanced Case Management and Community Support (ECM and CS) services.

Background. The UM Workgroup (UMWG) provides guidance and direction to the UM Program and operates under the authority of the Continuous Quality Improvement Committee. This quarterly summary continues to reflect the outcomes of the changes to the UMWP established for Q1 2022. In addition, projects and Initiatives carried forward from 2021 continue to be monitored and updated for progress toward goals.

Variances in goal achievement are documented in the quarterly UMWP with evaluation of issues influencing outcomes. In areas where interventions are adjusted or changed, documentation is described in the quarterly recommendations.

Q4 2021 Workplan Outcomes and Evaluation

Project and Initiative Outcomes.

Pediatric Case Management. Following a 21% increase in total CCS eligible members reported in 2021 across all Alliance counties, newly eligible CCS member totals in Q1 2022 were higher than any prior 2021 quarter, with CCS eligibility for 388 new members noted in the single quarter (almost 35% increase). While Q1 2022 was notable for staffing challenges across external County CCS partners and impacts were anticipated with delays in referral determinations, overall numbers for Q1 CCS eligibility show continued forward progress with increases in CCS eligible members across all three counties and an overall 7% increase in CCS eligible members. The largest increase in CCS eligibility was noted in Merced County at 10%, with Monterey coming in lower at a 4% increase. The 14% increase in Individualized Care Plan activity is a continued reflection of the overall growth of the program.

System Transformation Development: Enhanced Case Management and Community Care Coordination. The transition of the Santa Cruz and Monterey County Whole Person care program was completed on January 1, 2022. Additional ECM and CS providers were onboarded for Santa Cruz and Monterey Counties to expand capacity to serve members. HMA was hired as a consultant and has begun providing practice coaching, learning sessions, and trainings to contracted providers to support the development of ECM core service understanding. The care coordination software platform Activate Care has been contracted and is functional for providers to document care management activities. To facilitate ECM and CS closed-loop referrals, the Unite Us platform is contracted and in place for Santa Cruz County and Monterey County. Updates to Essette were made to accommodate authorization processing and staff were identified and hired for program implementation. Contracting is underway for the care coordination software platform and closed loop referral systems. Information for the Alliance website and provider manual was completed. Work continued preparing for go-live implementation of ECM and CS in Merced County in July 2022.

Reducing Readmissions Initiative. Enrollment into the Post Discharge Meal Delivery Pilot continues in 2021. Of the 74 members enrolled in Q1 2022, 57% completed the 12-week program and 43% of the participants disenrolled for a variety of reasons (two deceased, eight declined to continue and 24 were readmitted to the hospital). Readmission after enrollment was 32% which is a 5% increase over Q4 2021.

Recuperative Care Program (RCP). In Q1 2022, 76% of the members referred where enrolled in the RCP. This represents a 33% increase in members enrolled in RCP over Q4 2021. Stays ranged from one to 60 days. Enrollment by county: Monterey, 35 members; Santa Cruz, 12 members; and Monterey County, four members. Enrollment continues to lag in Monterey County despite Alliance efforts to mentor and enhance enrollment with the provider in Monterey County. Consideration is being given to expand provider resources to increase enrollment going forward. The Alliance RCP support team will continue to meet with Monterey County to identify areas of improvement and to develop placement strategies to expediate the referral and acceptance process.

Operational Performance Outcomes

Operational Performance includes regulatory performance monitoring metrics that are reported on the organizational dashboard in addition to the UMWP. These include the following:

Authorization Turn Around Times (TAT). In Q1 2022, 33,394 of 33,572 authorizations were completed timely for a total TAT rate of 99.5%. Staff have continued assigning authorizations twice daily and use of productivity reporting as tools to improve authorization completion processes. Heading into Q2, day 4-5 authorization queues have been cleared and staff are progressing to "day 3 authorizations". Authorization reduction work continues with additional codes planned for configuration in Q2 to further support TATs and member access.

Goal: 100%

Results: 99.5%

Prior Authorization Request Determination Metrics. Authorization volumes in Q1 2022 showed a 5% increase over Q4 2021 (n=37,508) with a 15% void rate, which was slightly lower than the 16% average noted in prior quarters. Denial rate remains consistent from previous quarters at 1.3%. Appeal activity is also similar to prior quarters with 9% of denials going to appeal and 83% of appealed outcomes resolved in favor of the plan. Approved as modified rates remain consistent with fewer than 1% of authorizations modified (n=51).

While the authorization process redesign efforts should result in an increase in denial rates, the observed decrease in denial rates for 2021 are likely due to auto-approved authorizations that remain included in the total count of authorizations. In Q2, auto authorization requests are being converted into No TAR Required and will no longer be counted. With that change, the denial rate and void rates should improve.

Top 10 Prior Authorization Requests Resulting in Medical Necessity Denials. Genetic testing continues to make up the larger portion of plan denials with genetic codes making up three of the top 10 denial reasons, and both Whole Exome Sequence (WES) and fetal chromosomal aneuploidy denial rates emerging as in prior quarters. Of note the fetal chromosomal aneuploidy denials are significantly increased from prior quarters (Q421, n =26), while WES denial rates are similar to previous denial activity. While Q4 2021 had seven of the 10 top denial categories consisting of genetic testing, Q1 2022 has seen an overall decrease in this denial category. As in prior reporting periods, consultation requests continue to make up two of the top 10 denial categories, with rates lower than seen in prior quarters. WC accessories also continue to present in the top 10 denial categories, with fewer denials than prior quarters. Panniculectomy and biofeedback denials have been noted on the top 10 denial categories in prior quarters. Heading into Q2, staff will monitor hearing aid denial activity as this is a newly emerging denial pattern.

Inter-rater Reliability Review-Nurses. Annual measure reported in Q4.

Utilization Performance Outcomes

Inpatient Utilization. As throughout 2021, overall, our data for the Medi-Cal population including Seniors and Persons with Disability, Child and Family as well as Medi-Cal Expansion populations for Q1 were all below goal and below 2019 (pre-pandemic) levels. Starting in March, inpatient activity increased in all regions with apparent beginning of return-to-care following the pandemic but has not yet reached 2019 (pre-pandemic) levels.

Goal: Bedday per thousand/per year (PKPY) 292
Results: 257 PKPY

Ambulatory Care Sensitive Admission (ACSC). ACSC rates in Q1 met the goal in all three counties. Pneumonia remains the most common ACSC diagnosis.

Goal: Dashboard target goal is 8.0
Results: Santa Cruz, 8%; Monterey, 6%; and Merced 4%.

Readmissions. Overall readmission rates increased minimally from the 2021 average of 11% to 11.2% in Q1. Highest readmission rates were seen in members over 55 in Merced County (15.4%). Continued collaboration with hospitals with prioritization of post discharge care is in flight. Monitoring for early discharge with recent transition to DRG contracts will be evaluated as a possible factor.

Goal: Dashboard target 11%,
Results: 11.2%

Alternatives to Acute Inpatient Days – Skilled Nursing Facilities (SNF) and Short-Term Rehabilitation (STR). Q1 2022 SNF/STR bed days have increased 11% over Q4 2021 based on COVID-19 isolation needed after hospital discharge. Of the 293 members admitted to SNF/STR in Q1 2022, 24% of members were readmitted to the hospital within 30 days of discharge from the SNF/STR. UM/CR will research the reasons for the increased 30-day readmissions after DC from SNF/STR as well as watch for future trends. If review of members that were readmitted in Q1 2022 reveals causative factors that could benefit from UM/CR interventions, these will be implemented and the metrics resulting will be reviewed to determine the successfulness of the intervention over the remaining 2022 quarters.

Approval of SNF/STR bed days that resulted in the utilization of STR LOC 1 to cover the increased care associated with members in COVID-19 isolation was reinstituted in December 2021. New admissions to LTC dropped significantly in Q1 2022, most likely due to the COVID-19 surge that required less hospitalization but required a HLOC to manage members that were quarantined in the SNF where they resided in long term care (LTC).

Long Term Care. The number of Q1 2022 new admissions to LTC remained stable as compared to Q1 2021. LTC new admission Q1 2022 decreased 19% as compared to Q4 2021. Medi-Medi members comprise 83% of the members in LTC which is a consistent percentage in all quarters (83-87%).

Emergency Department Utilization Metric. A decrease in ED visits was identified in all three counties during the first quarter of 2022 relative to the 2021 average, likely reflecting decreased ED utilization and increased at-home COVID-19 testing during the COVID-19 Omicron surge.

Pharmacy Utilization. With the Medi-Cal pharmacy carve-out of outpatient medications to the Department of Health Care Services and Magellan, Pharmacy Utilization now includes Physician Administered Drugs (PAD).

Medical Necessity Pharmacy Denials Per Quarter. In Q1, 1,413 authorization requests for PAD were received, 86 (6%) were denied/redirected and four denials were overturned. Staff will monitor trends of PAD activity.

Top Five Physician Administered Drugs that Result in Medical Necessity Denial. There were three supplies with more than one denied authorization. Unique medications had a maximum of one denial.

Out of Network (OON) Specialist Utilization Metric. A quarter-over-quarter 64% increase in OON referrals was seen in Q1 2022, likely reflective of resuming care following a decrease in referrals during the pandemic. Orthopedics and ophthalmology in Merced account for 107 requests in Q1. OON denial rates remain consistent with prior quarters as members are redirected in-network. A plan is in place for continued work with Provider Services (PS) to support PCP education on in-network referrals as well as in network development for areas of challenge previously identified. The pediatric CCM team continues working proactively with PS to encourage onboarding of CCS paneled providers, especially in orthopedics, and this priority item remains on the agenda and has been discussed at multiple hospital and clinic Joint Operations Committee meetings.

Under/Over Utilization Tracking and Reporting. Utilization monitoring of EMG screening continues in Q1 2022 with no increase seen from Q4 2021. With removal of authorization requirements for codes related to low-cost DME and supplies as well as codes with very high approval rates, we are now monitoring utilization trends relative to 2019-2021 baseline from claims reports for overutilization (see emerging overutilization analysis below). Underutilization monitoring is now in place for initial health assessment, mammography, colon cancer screening, lead screening, ACE screening, mental health visits and ED utilization. No significant trends in over or underutilization have been identified in Q1.

Emerging Under/Over Utilization Analysis. In traditional utilization analysis, a particular service/benefit is first identified, and its utilization pattern is then monitored moving forward. The results here reflect a different analytical process that seeks to identify the ("emerging") services/benefits that are highly utilized or under-utilized over a given period of time. Using this method, services/benefits can be flagged for further monitoring and assessment. As the emerging analysis continues to be developed, we expect to see trends identified there to inform future utilization monitoring. Additionally, work is in progress to more collaboratively identify and track both over- and under-utilization.

The top five average claims for codes with authorization requirements were removed:

1. 94010-94799, Pulmonary Diagnostic Testing/Rehab/Therapies (363)
2. 95905-95913, Nerve Conduction Tests (306)
3. A6000-A6412, Dressings (258)
4. Z4300-Z5999, EPSDT (191)

Utilization for these codes has remained at baseline through Q1.

Delegate Oversight Outcomes

Delegated Oversight Quarterly Report Summary. Beacon oversight for overall utilization and claims denial of Behavioral Health was completed and found to be in 100% compliance.

Behavioral Health. The penetration rates lag by one quarter due to claims-based analysis. This information represents mild-moderate mental health services utilization rates for Q4 2021, roughly stable in comparison to Q1-Q3.

Age	S.C.	Monterey	Merced	Goal
0-12	11.84%	3.16%	2.53%	2.5% - 4%
13-18	9.52%	5.59%	4.72%	2.5% - 4%
19+	4.84%	4.54%	4.31%	4.5% - 6.5%

Beacon UM and MedImpact UM File Audits. Both 100% Compliance

2022 Utilization Management Workplan Template – Summary of Changes from 2021 (by section)

Projects and Initiatives. No changes

Operational Performance. No changes

Utilization Performance.

- Inpatient Utilization: Updates made to meet or exceed State admissions averages, and bed-day goals.
- Emergency Utilization: Updated State averages and goals.
- Pharmacy:
 - PMPM removed. Pharmacy claims as they are now administered by Magellan
 - Medical Necessity Pharmacy Denied will only reflect physician administered drugs (PADs).
 - Top 10 pharmacy drugs that result in medical necessity denial changed to top five PADs.
 - Narcotic Utilization Program removed. Medi-Cal has transitioned to Magellan and IHSS line-of-business delegated to MedImpact.
 - Prescription Emergency Access removed per confirmation with Compliance as Medi-Cal Pharmacy claims are not the responsibility of the Alliance.
- Under/Over Utilization Tracking and Reporting: Added language to description for Auto Authorization/No Tar Required (NTR) monitoring.
- Emerging Under/Over Utilization: Added field for Auto Auth/NTR reporting

Utilization Management Delegated Oversight.

- Added sections to report out on the MedImpact UM File Audit and MedImpact Medical Necessity Pharmacy Denials Per Quarter.

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

Attachments. N/A



DATE: August 24, 2022
TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission
FROM: Lisa Ba, Chief Financial Officer
SUBJECT: Provider Payment Recommendation for Medical Transportation

Recommendation. Staff recommend the Board approve a payment increase from 100% of Medi-Cal to 160% of Medi-Cal for Non-Emergency Medical Transportation (NEMT) providers retroactive to July 1, 2022, effective date.

Summary. Increased regulatory requirements, a significant volume of member grievances related to medical transportation, staffing costs and fluctuating gas prices have escalated the need for enhanced rates. These factors have contributed to failed efforts for additional recruitment and highlighted the need to enhance payment for the expansion of the network of medical transportation providers.

Background. There has been a focused effort to recruit additional medical transportation providers in network to handle hospital discharges for members needing higher level of transport that includes a gurney, wheelchair, or additional staffing for bariatric cases, specifically for NEMT due to the challenges described in the summary. Feedback from providers has consistently shown that they are unwilling to entertain a contract with the Alliance due to low Medi-Cal reimbursement rates and a higher support staff required to transfer the more complex type of cases.

Historically, the Alliance has paid contracted medical transportation providers 100% of Medi-Cal. Beginning in April 2021, due to an increased need for NEMT for COVID-19 patients and the increased complexity experienced by providers, the Alliance temporarily increased NEMT rates in particular situations to ensure member access to care. Staff envisioned this being a short in duration adjustment during the COVID-19 PHE. The strategy proved successful and has supported access for transportation of members with COVID-19. However, the NEMT provider network continues to be constrained in meeting the access needs of Alliance membership.

Discussion. In May of 2022, the California Department of Health Care Services (DHCS) released a revised All Plan Letter 22-008: NEMT and Non-Medical Transportation (NMT) Services and Related Expenses. Thereby, DHCS supplied enhanced requirements for health plan monitoring and oversight of both NEMT and NMT services, including additional prior-authorization requirements, timely scheduling requirements, and requirements for provider enrollment. The Alliance continues to see focused scrutiny from DHCS with reference to NEMT services as evidenced in findings after the 2021 DHCS audit. These enhanced requirements further challenge the administrative burden and operations of NEMT providers. Alliance member needs for NEMT services remain with insufficient network capacity to timely address those needs. There are providers who have indicated with increased reimbursement, they would be willing to join the Alliance network and provide these vital services.

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Fiscal Impact. The annual impact of the proposed rates is \$3.0M and aligns with our revenue, trends, and utilization. The Board approved medical cost budget will be able to cover this amount.

Attachments. N/A



DATE: August 24, 2022
TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission
FROM: Stephanie Sonnenshine, Chief Executive Officer
SUBJECT: Medi-Cal Capacity Grant Program: Framework and Governance Evolution

Recommendation. Staff recommend the Board approve the proposed Medi-Cal Capacity Grant Program (MCGP) Framework and direct staff to return to the Board with a recommendation which addresses governance for the MCGP.

Summary. This report includes background on the evolution of the MCGP and the development of a revised and expanded framework based on Board discussion and guidance on sustainable, effective management of the MCGP.

Background. Over the course of 2022, the Board has been engaged in the process of evolving the MCGP to be responsive to the current health care landscape, to address current and emerging needs of Alliance members, and align with organizational and State priorities. The proposed changes address three aspects of the Alliance's grantmaking.

First, staff have made *programmatic* proposals, including new MCGP focus areas, funding goals and priorities. In March 2022, the Board approved three new grantmaking focus areas to enable grant program development and funding opportunities to advance the Alliance's vision of *Healthy People. Healthy Communities.* including: 1) *Access to Care*; 2) *Healthy Beginnings*; and 3) *Healthy Communities*. The August 2022 Board meeting packet includes a recommendation for approval of funding goals and priorities for these new focus areas.

Second, the Board considered the *framework* through which grants are made, and third, the Board discussed *governance* of the MCGP. The focus of this report is the framework, building upon the initial grantmaking framework and clarifying financial strategy, investment criteria and guiding principles for the MCGP. The framework will guide staff's future recommendations regarding governance for the program, as well as ongoing operations of the MCGP.

At the June 2022 meeting, the Board provided staff with direction as to evolving the framework of the MCGP. Board input focused on the purpose of the MCGP, the underlying principles of Alliance grantmaking and the desired impact in the community. Further, the Board discussed key factors that indicate the need for changes to the MCGP administration and governance structure including: 1) New MCGP focus areas and competing operational priorities; 2) Tangible Net Equity (TNE) outlier status and future MCGP allocations; 3) Sustainability of MCGP investments; and 4) Board conflict of interest.

Discussion. In June, the Board discussed key factors prompting staff's exploration of potential adjustments to the MCGP administration and governance structure. Staff reviewed the principles on which the program was founded and asked the Board to consider what additional principles or criteria should be observed given the Alliance's seven years of experience in grantmaking, the newly approved focus areas, the need for Board

focus on core health plan operations in this current healthcare environment, the potential for additional MCGP allocations and the ongoing sustainability of the MCGP. Board input from the June 2022 meeting is summarized below.

- The Board voiced support for the implementation of an annual spending plan, which staff will prepare for approval for 2023.
- The Board discussed MCGP governance and affirmed a commitment to MCGP governance which avoids conflicts of interest (as is reflected in the Framework) and avoids competition with the Board's necessary focus on core health plan operations. The Board acknowledged that a separate body from the Board would serve to meet these objectives. This separate governance could be achieved either through a committee to the Board, comprised of community representatives without conflicts of interest, or could also be achieved through establishing a 501(c)(3) foundation, whose Board would similarly be made of community representatives without conflicts of interest.
- In addition, in considering the concepts of fund balance, grant program allocation, TNE outlier status and sustainability of grantmaking, the Board expressed interest in segregation of funds allocated to the MCGP from fund balance to ensure clarity and transparency, the opportunity to strategically invest reserves to bring TNE in line with local plan peers, and an interest in being able to also apply for grant funds and engage with community partners in collaborative grants as a lead entity. These objectives could not be met through a separate committee to the Board. The creation of a separate 501(c)(3) foundation could *both* adhere to the Framework and meet these additional considerations.

Staff have synthesized the input elicited during the June 2022 Board meeting and propose a revised and expanded MCGP Framework that reflects the Board's expressed interests and concerns regarding MCGP investments. The proposed new MCGP Framework clearly outlines key tenets of the MCGP, including the financial strategy, investment criteria and guiding principles for grantmaking. The Framework is included as Attachment A to this report.

Conclusion. Staff have developed a revised and expanded MCGP Framework responsive to Board feedback which clarifies financial strategy, investment criteria and guiding principles for the MCGP. Staff seek the Board's guidance as to whether to evaluate implementation of a 501(c)(3) foundation for the Alliance's grantmaking activities and return with a recommendation to implement a foundation, or whether to return with a recommendation to implement a committee of the Board for MCGP governance.

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

Attachments.

1. Proposed MCGP Framework

Attachment A:

Proposed Medi-Cal Capacity Grant Program (MCGP) Framework.

MCGP Investment Strategy. The MCGP is a part of the Alliance's financial plan, which creates prudent health plan reserves and enables the use of surplus funds to expand access and improve Alliance member benefits. The Alliance allocates funding to the MCGP from its earned net income, after meeting regulatory and Board designated reserve requirements and ensuring adequate funding for augmented provider reimbursements and successful implementation of Medi-Cal program requirements. The MCGP's financial strategy is founded on the following elements:

1. *Funding Allocations.* MCGP funding is allocated by county and funding opportunity. Funding allocations also consider equity in impact of programs, and not just equity in allocation.
2. *Annual Spending Plan.* The MCGP develops and adheres to an annual spending plan to ensure transparency to potential grantees about the level of funding to be made available in the community for activities within the focus areas.
3. *Member Benefit.* The MCGP makes strategic use of Alliance reserves to strengthen the delivery system to meet Medi-Cal member needs.
4. *Local Innovation.* The MCGP ensures strategic use of reserves to enable local innovation rather than supplanting state resources for ongoing program administration. Covered Service benefit expansions, provider payment augmentation and other services managed by the health plan are addressed via the health plan's operating budget, not through the MCGP.
5. *Funding Decisions Free from Conflicts of Interest.* The MCGP relies on an administrative decision-making structure which avoids conflicts of interest in the approval of programs and specific grants.

MCGP Investment Criteria. These key criteria are used to evaluate funding requests and will be used to guide planning for future MCGP investments:

1. *Medi-Cal Purpose:* All grants must benefit Medi-Cal beneficiaries.
2. *Sustainability:* The Alliance makes investments with the goal of creating lasting change in the Medi-Cal delivery system or in member and community health that is sustainable past the grant funding period. Grants are generally one-time investments to build capacity or ensure adequate local infrastructure to meet Alliance member needs.
3. *Service Area:* Grantees must maintain ongoing operations, including staffing and programs, in the Alliance service area.
4. *Alignment with Vision, Mission and Priorities:* The Alliance invests in organizations and efforts that advance the Alliance's vision, mission and strategic priorities.
5. *Focus Areas:* Funding awards must be associated with at least one of the MCGP focus areas and support the identified goals for that focus area.
6. *Supplanting:* MCGP funding should not be used to supplant or duplicate other funding in order to focus investments on areas where limited funding is available or where other funding sources can be leveraged to have a greater impact.

MCGP Guiding Principles. The following principles guide MCGP grantmaking.

1. *Equity in impact.*
 - The MCGP will ensure grantmaking is tailored to local needs and prioritizes resources and attention to communities and populations who experience inequities.

- The MCGP will engage the community to understand the diversity of health-related needs and opportunities to advance the Alliance's vision of *Healthy People. Healthy Communities*.
 - The MCGP will create opportunities for members to play a central role in crafting solutions through grantmaking to improve health and well-being for themselves, their families and their communities.
2. Trusting relationships with partners.
 - The MCGP is committed to building trusting, collaborative relationships with community partners based on mutual respect, collaborative learning and aligned priorities.
 3. Transparent, accessible and responsive grantmaking.
 - The MCGP seeks to minimize administrative burden on grantees and ensure the level of effort is commensurate with the grantee organization's scale and administrative ability.
 - The MCGP ensures accountability for grant funds and transparency about funding decisions and requirements.
 - The scale and impact of MCGP investments on the Medi-Cal system, infrastructure and members is measured and communicated.
 4. Grantmaking informed by Medi-Cal delivery system expertise and experience.
 - Grantmaking is responsive to funding gaps and infrastructure needs to meet the challenges of Medi-Cal transformation.
 - Investments support systems change and innovations in the safety net health care delivery system to address root causes that impact health.
 - Grantmaking is developed in close coordination with Alliance staff, Board and community stakeholders.
 5. Holistic view of health.
 - Grantmaking promotes a holistic view of health that includes supporting Medi-Cal members in achieving and maintaining optimum physical, mental and social well-being.
 - Investments to address disease prevention and disease management are made upstream from the medical model to address root causes and prevention.



DATE: August 24, 2022
TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission
FROM: Kathleen McCarthy, Strategic Development Director
SUBJECT: Medi-Cal Capacity Grant Program: Focus Area Goals and Funding Priorities

Recommendation. Staff recommend the Board approve the new focus area goals, funding priorities and theory of change for the Medi-Cal Capacity Grant Program (MCGP).

Summary. This report includes background on the evolution of the MCGP and focuses on proposed focus area goals and funding priorities to lay the groundwork for development of new grant programs and funding opportunities. The August Board meeting packet also includes a separate recommendation regarding a proposed new framework for the MCGP.

Background. The Alliance established the MCGP in 2015 in response to rapid expansion of the Medi-Cal population as a result of the Affordable Care Act. Through the MCGP, the Alliance provides grants to partner organizations to build Medi-Cal capacity in each county. Since 2015, the Alliance has awarded 565 grants totaling over \$128.6M to 138 organizations to increase the availability, quality and access of health care and supportive services for Medi-Cal members in Merced, Monterey and Santa Cruz counties.

At the March 23, 2022 meeting, the Board discussed the need to revisit the original MCGP grantmaking focus areas given the significant changes in the health care environment since the program first launched and the insights gained through the Alliance's recent strategic planning process. Responsive to the current health care landscape and organizational priorities, the Board approved three new focus areas to enable the evolution of the MCGP: 1) Access to Care; 2) Healthy Beginnings; and 3) Healthy Communities. These new focus areas address unmet and emerging Medi-Cal needs and opportunities, align with organizational and State priorities and increase investments upstream towards root causes and prevention. These focus areas will direct resources in areas outside of core health plan responsibility where other funds are not available.

Continuing the MCGP evolution development at the April 27, 2022 Board meeting, the Board provided input to inform the development of funding goals for each new focus area and a new theory of change that will connect MCGP strategies and anticipated outcomes. The Board discussed the impact they would like the MCGP to have, how we will know if the grants have made a difference, and how resources should be directed.

Discussion. Based on input received from the Board and internal and external stakeholders during the strategic planning process, staff developed new focus area goals, funding priorities and a theory of change. Alliance subject matter experts and key external stakeholders, including the Member Services Advisory Group, were engaged in reviewing and providing input on the proposed goals and funding priorities.

Proposed MCGP Focus Areas Goals and Priorities. The MCGP will provide grants to local organizations to advance the Alliance's vision of *Healthy People. Healthy Communities.*

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through investments in three focus areas: 1) Access to Care; 2) Healthy Beginnings; and 3) Healthy Communities. These grantmaking focus areas were adopted to contemplate upstream action emphasizing health and well-being, while also addressing immediate barriers to care for local people with Medi-Cal.

The funding need, proposed goals and funding priorities for each new focus area are described below. The funding need describes the problems or issues we are working to address. The goals speak to our desired impact, while the priorities focus on how the MCGP will invest in solutions. The focus area goals and priorities will guide strategy development for new funding opportunities.

Focus Area 1: Access to Care. The Alliance will focus on strengthening and expanding the provider workforce to address provider shortages and increase the number of providers who reflect the diversity of the Alliance's membership. The Alliance will also make investments to improve coordination across the health care system, and address infrastructure and capacity gaps to ensure that Medi-Cal members are able to access high-quality care when, where and how they need it.

Funding Need

- Health care workforce shortages in the Alliance service area impact Medi-Cal members' access to timely health care services.
- New provider types are being integrated in the Medi-Cal health care continuum to deliver a range of new non-medical services to address social drivers of health.
- The existing health care workforce is challenged to reflect the racial, ethnic, cultural and linguistic diversity of Alliance members.
- Organizations that serve the Medi-Cal population need expanded capacity and infrastructure to increase access to services.

Funding Goals

- A robust health care workforce that can deliver coordinated, person-centered care and the full array of Medi-Cal services.
- Improved patient-provider communication and trusted relationships, resulting from an expanded network of Medi-Cal providers who are linguistically and culturally responsive.
- Medi-Cal members are able to access high-quality care when, where and how they need it.

Funding Priorities

- Address workforce shortages, infrastructure and capacity gaps.
- Increase the racial, ethnic, cultural and linguistic diversity of the provider network to better reflect the Alliance's membership.
- Improve the coordination, integration and capacity of the behavioral health system, including coordination between the physical health system and behavioral health system.

Focus Area 2: Healthy Beginnings. By investing in early childhood development, the Alliance will positively impact the health and well-being of its youngest members and their families in the short and long term, as well as ensure they have the resources and support needed to thrive.

Funding Need

- The first five years of life are critical to health and brain development.

- Historical and persistent trauma (including systemic racism) and adverse childhood experiences can negatively impact physical, mental, emotional and behavioral development. These effects on health and well-being can last well into adulthood.
- Barriers to preventative services affect maternal, infant and child health.
- Investing in early childhood development has proven benefits for children, families and society.

Funding Goals

- Families with a new child receive timely prenatal and post-natal care to ensure optimal physical and mental health for mothers and to promote healthy birth outcomes.
- Children are healthy and thriving by age five.
- Children (prenatal through age five) and their parents/caregivers have access to preventative health care services and community resources to support their families' health and well-being.
- Parents and caregivers have the knowledge, resources and support they need to provide safe, nurturing environments for their children.

Funding Priorities

- Increase access and use of preventative health services, early identification and intervention services, behavioral health interventions and early childhood development interventions.
- Provide parents with social support and education about child development and parenting.
- Assist families in navigating the health care system and connecting to health and community resources that support child development and family well-being.
- Promote strategies for systems change that allow families to fulfill aspirations for children's long-term health and economic opportunities.

Focus Area 3: Healthy Communities. By investing in the non-medical factors that impact health, such as food and housing, the Alliance can ensure that Alliance members have access to what is needed to live their healthiest lives at every stage of life. Creating communities where healthy options are easy and available to all can reduce health disparities, support healthy and active lifestyles and reduce risk of chronic disease.

Funding Need

- Social, economic and environmental factors shape individual health and well-being. These factors influence risk for chronic conditions such as diabetes, asthma and cardiovascular disease.
- Lack of access to healthy food, safe and stable housing, quality schools and safe places to exercise and play create barriers to health.
- Geographic communities experience differences in environmental factors and distribution of resources, which contribute to disparities in health risks and quality-of-life outcomes.
- Medi-Cal members experience barriers such as: limited English proficiency, transportation, childcare, and health literacy; food insecurity; overcrowded housing; insecure employment; and low wages. These barriers impede their ability to access services and manage their health.

Funding Goals

- Medi-Cal members have access in their communities to what is needed to live their healthiest lives, support healthy options and reduce risk of chronic disease, including access to:
 - a. Fresh, affordable, healthy food.

- b. Safe places to play and be active.
- c. Permanent supportive housing for Medi-Cal members experiencing homelessness.
- Medi-Cal members have the knowledge and resources to effectively manage their health.
- Medi-Cal members are empowered to advocate for policy and system changes that promote good health for themselves and their communities.

Funding Priorities

- Focus on individuals, families and communities experiencing disparities in health.
- Invest in drivers of individual and community health and well-being, such as nutritious food, supportive housing and safe places to be active.
- Engage trusted community-based organizations to promote available health care services and resources to reduce disparities.
- Support community/youth leadership development and civic engagement efforts that transform infrastructure and promote wellness and health equity for individuals and the community.

Proposed MCGP Theory of Change. The Alliance measures the impact of the MCGP using a theory of change model. The new MCGP Theory of Change provides a high-level overview of the outcomes we seek to achieve through our grantmaking strategies across the three focus areas. It shows how funding strategies connect with our desired outcomes and the impact we seek to achieve. It also provides an evaluation framework that allows us to know what to evaluate and when. The MCGP Theory of Change is read from right to left, starting with impact and working back across the outcomes. Long and medium-term outcomes are not exclusively ours to own as they are, presumably, shared with other funders, grantees, and community partners along with other Alliance strategic efforts. The short-term outcomes, on the other hand, are the direct results of our grantmaking. The focus areas and funding strategies are the approach or course of action taken to achieve our goals.

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

Attachments.

1. MCGP Theory of Change



Medi-Cal Capacity Grant Program THEORY OF CHANGE

Focus Areas & Funding Strategies

Access to Care

- Health Care Workforce
- Health Care System Infrastructure

Healthy Beginnings

- Parent/Child Health & Wellness
- Parent Education & Engagement

Healthy Communities

- Social Drivers of Health
- Community Resources, Engagement & Empowerment

Short-Term Outcomes

Increase in number of culturally responsive providers

Increase in number of trained health professionals

Increase in number of behavioral health access points

Increase in screening and referral to health and community resources

Increase in parent knowledge of infant and child development, parenting skills, child health needs, etc.

Increased access to services and resources that support young children and their parents' & caregivers health and well-being

Increased access and availability of nutritious food and physical activity opportunities

Increase in number of community resource access points

Increase in member awareness and knowledge of Medi-Cal benefits, community resources and how to access care

Increased number of opportunities for members to develop self-efficacy

Medium-Term Outcomes

Timely and convenient access to health care services

Members receive culturally and linguistically appropriate care

Greater utilization of mental health and preventative care services

Reduction in preventable illness

Improved coordination and integration of health care, behavioral health and social support services

Strengthened parent/caregiver-child relationships and improved child and maternal socio-emotional well-being

Increased individual and family security (food, housing and medical needs are met)

Individuals and families engaged in community activities

Well informed members who are confident managing their health

Members engaged in advocacy that impacts health and reduces barriers and stigma

Long-Term Outcomes

Medi-Cal members able to access high-quality care when, where and how they need it

Children are healthy and thriving

Medi-Cal members have access to what is needed to live their healthiest lives

Improved member health and well-being

Reduction in:

- chronic disease
- health disparities
- health care costs

Impact

Healthy People,
Health Communities



- Health Equity
- Person-Centered Delivery System Transformation



DATE: August 24, 2022
TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission
FROM: Lisa Ba, Chief Financial Officer
SUBJECT: Annual Allocation to Strategic Use of Reserves

Recommendation. Staff recommend that the Board strategically allocate the following amount from the Reserve.

1. Dual Eligible Special Needs Plans (D-SNPs): \$56.7M
2. Medi-Cal Capacity Grant Program (MCGP): \$43.6M

Summary. In this action item, staff recommend strategic allocations to future programs and the Medi-Cal Capacity Grant (MCGP).

Background. On June 22, 2022, the Alliance's Board approved an updated Health Care Expense Reserve Policy recognizing the Board designated reserve target at three times the average monthly premium capitation. The Reserve is a component of the Alliance's financial plan which provides that surplus funds are used to expand access, improve benefits or augment provider reimbursement. The policy indicates that annually, following the acceptance of the annual independent financial audit, the Alliance Board may strategically allocate fund balance which exceeds the Reserve Target to enable implementation of future programs and/or to the MCGP to strengthen the local delivery system for the future.

Discussion. On May 25, 2022, the Board accepted the audited financials for CY 2021, recognizing \$118.2M in net income. Staff were unable to make recommendations regarding strategic allocation of fund balance at that time because analyses regarding the pending CalAIM D-SNP requirement were pending. The Alliance engaged Milliman to perform an independent financial feasibility study of a D-SNP implementation. At the end of June, the Alliance received the Milliman analysis which indicates a potential loss of \$56.7M before the D-SNP will achieve break-even performance. In July, the Department of Health Care Services (DHCS) released its own D-SNP feasibility study which indicates that D-SNP implementation by the local plans, including the Alliance, is feasible. Key to the DHCS analysis is their finding that health plans have sufficient reserves to cover the losses in the early years of D-SNP operation. The Alliance and DHCS studies, as well as operational gap readiness approach for D-SNP will be reviewed in greater depth with the Alliance Board during the September retreat.

The Alliance's Board adopted new focus areas for the MCGP in March of 2022, including Access to Care, Healthy Beginnings, and Healthy Communities. Goals for the program will be considered for adoption by the Board at the August meeting, with program development and funding opportunities to follow. Staff's analysis indicates that after ensuring adherence to the reserve target, and allocating funding for the D-SNP implementation, an allocation of \$43.6M is available to the MCGP. If approved, the additional funds to the MCGP will be allocated by county consistent with the previous allocation methodology of dividing half of the funds equally among counties and half allocated pro rata based on member volume in each county. Specific allocation of these grant funds across different strategies will be presented for approval when budgets for the newly developed programs are proposed at a future date. The following table depicts the additional allocation by counties.

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County	Allocate Equally	Allocate by Membership	Total Proposed Allocation
Santa Cruz	\$7.3M	\$4.2M	\$11.5M
Monterey	\$7.3M	\$9.7M	\$17.0M
Merced	\$7.3M	\$7.8M	\$15.1M
Total	\$21.8M	\$21.8M	\$43.6M

*Note: Membership is based on the December 2021 data.

Fiscal Impact. There is no financial impact. The Alliance fund balance remains the same. The internal reporting of fund balance will include reserve target, strategic allocation to future programs, and the MCGP.

Attachments. N/A



DATE: August 24, 2022
TO: Santa Cruz-Monterey-Merced Managed Medical Care Commission
FROM: Scott Fortner, Chief Administrative Officer
SUBJECT: Sale of 38th Avenue, Capitola Property

Recommendation. Staff recommend the Board approve entering into a Purchase and Sale Agreement with MidPen Housing, resulting in the sale of the 38th Avenue property.

Summary. In follow-up to the decision not to pursue further construction and development of the former Capitola Manor facility on 38th Avenue in Capitola due to higher than anticipated costs, in January 2022 staff informed the board of a Letter of Interest from MidPen Housing to explore a possible purchase of the property. At the January meeting, the Board approved staff's recommendation to authorize staff to engage with MidPen Housing toward a formal partnership agreement for the purpose of developing the 38th Avenue property and directed staff to return with a recommendation for the final disposition of the property.

Discussion. MidPen Housing has completed its assessment and research as to the purchase of the 38th Avenue property, and proposes the following facility will be developed on the existing land:

- 52-78 units of affordable housing
- 30-60% AMIs
- 3-story building
- 20-25% of units preferenced for Alliance clients
- Potential for Alliance office space
- Community amenities including community room, management and services office, and outdoor play areas

To that end, MidPen Housing requests that the Alliance enter into a Purchase and Sale Agreement for the purchase of the property with the following terms:

- \$3,000,000 purchase price (FMV as determined by 2021 appraisal)
- 90-day due diligence period
- \$25,000 deposit applicable to purchase price
- 30 days to close with a 90-day extension at MidPen Housing's election
- Title and Escrow Fees to be paid by MidPen Housing

At the conclusion of the escrow process (90 to 120 days), final sale and closing documents will be presented to the Alliance Board Chairperson to execute the sale of the property.

Fiscal Impact. The Alliance has a book value of \$2.6M for the land. A gain of \$0.4M will be recognized when the sale is completed.

Attachments. N/A

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Information Items: (17A. – 17E.)

A. Alliance in the News	Page 17A-01
B. Alliance Fact Sheet – July 2022	Page 17B-01
C. Letters of Support	Page 17C-01
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August Board Report



Total Online News Audience

981,156

Total Online News Publicity

USD \$4,688

Total Number of Clips 6

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[Senator Laird speaks at Watsonville Rotary](#)

Date Collected Jul 21, 2022 7:38 PM EDT

Category Local

Source [Register Pajaronian](#)

Author Johanna Miller

Est. Audience 3,143

Est. Publicity Value USD \$35

Market Watsonville, CA

Language English

... for studies would've delayed the bill by precious weeks. "We did everything we could to move this along as fast as possible."

PVHCD's deadline to raise \$61 million is looming. In his presentation, Laird praised donors such as Kaiser Permanente, Driscoll's, Pajaro Valley Community Health Trust, **Central Coast Alliance for Health** and others for their support of the project.

Along with Assemblymember Robert Rivas, Laird helped secure a \$25 million state budget allocation to help the PVHCD purchase the hospital in J

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[No-Bid Medi-Cal Contract for Kaiser Permanente Is Now Law, but Key Details Are Missing](#)

Date Collected Jul 18, 2022 5:22 AM EDT

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Source [California Healthline](#)

Author Bernard J. Wolfson:

Est. Audience 7,334

Est. Publicity Value USD \$43

Market United States

Language English

[Editor's note: KHN, which produces California Healthline, is not affiliated with Kaiser Permanente.]

California lawmakers have approved a controversial no-bid statewide Medi-Cal contract for HMO giant Kaiser Permanente over the objection of c governments and competing health plans. But key details — including how many new patients KP will enroll — are still unclear.

On June 30, with little fanfare, Gov. Gavin Newsom signed the bill that codifies the deal, despite concerns first reported by KHN that KP was gettin preferential treatment from the state that would allow it to continue ...



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[Watsonville Community Hospital Purchase Comes Closer to Reality](#)

Date Collected Jun 30, 2022 7:19 PM EDT

Category Local

Source [Good Times Santa Cruz](#)

Author Todd Guild

Est. Audience 11,001

Est. Publicity Value USD \$162

Market Santa Cruz, CA

Language English

The nonprofit, hoping to purchase Watsonville Community Hospital—and return its control to the community after years of out-of-state corporati ownership—has moved closer to making that a reality with an unexpected infusion of cash.

Sen. John Laird and Assemblymember Robert Rivas announced Thursday that they had secured \$25 million to help Pajaro Valley Health Care Dist (PVHCD) finalize the purchase. The total is \$10 million more than the organization expected, says County spokesperson Jason Hoppin, bringing it to its \$61.7 million goal.

[Read More](#)



[Full Article](#)

[Watsonville hospital still needs \\$12 million after state funding secured](#)

Date Collected Jun 30, 2022 6:21 PM EDT

Category Local

Source [Santa Cruz Sentinel](#)

Author PK Hattis

Est. Audience 22,001

Est. Publicity Value USD \$231

Market Santa Cruz, CA

Language English

Pajaro Valley Healthcare District faces Aug. 31 deadline

WATSONVILLE – The Pajaro Valley Healthcare District still needs \$12 million by Aug. 31 to purchase Watsonville Community Hospital after \$25 million state funding was secured earlier this week.

StateSen. John Laird on Thursday announced in a prepared release that he and 30th District Assemblymember Robert Rivas had successfully negotiated the inclusion of the \$25 million grant in the 2022-23 state budget.

▼ Read More



Full Article

Housing as healthcare: A prescription for change

Date Collected Jun 23, 2022 3:17 PM EDT

Category National

Source [NewsBreak](#)

Author Housing Matters

Est. Audience 937,677

Est. Publicity Value USD \$4,217

Market United States

Language English

... that buys properties that might otherwise be scooped up by developers looking to renovate older apartments and force out low-income residents. Kaiser's Thriving Communities Fund also invests in the development of permanent supportive housing, including Housing Matters' Harvey West Studios.

The **Central California Alliance for Health** and Sutter Health are two more Northern California healthcare insurers that have likewise made significant investments in building affordable housing in Santa Cruz County. Last year, the organizations donated \$6 million and \$1 million respectively to build 57 residential units alongside an on-site ...



Full Article

Housing as healthcare: A prescription for change

Date Collected Jun 23, 2022 2:59 PM EDT

Category

Source [Lookout Santa Cruz](#)

Author Housing Matters

Language English

A future in which doctors prescribe housing as a treatment for chronic homelessness may be difficult for some to imagine. But as more communities and healthcare providers — embrace a multifaceted approach to addressing homelessness, that scenario may not seem so far-fetched.

"There's a movement underway to combine housing and healthcare," says Tom Stagg, Chief Initiatives Officer for Housing Matters in Santa Cruz. The idea that has been talked about for years, Stagg said, as research continues to link poor health outcomes — and higher mortality rates — to housing instability. But now, ...

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Alliance Fact Sheet

July 2022



ABOUT THE ALLIANCE

The Alliance is an award-winning regional non-profit health plan, established in 1996, with **over 26 years** of successful operation. Using the State's County Organized Health System (COHS) model, we currently serve **407,653 members** in Merced, Monterey and Santa Cruz counties. We work in partnership with our contracted providers to promote prevention, early detection and effective treatment, and improve access to quality health care for those we serve. This results in the delivery of innovative community-based health care services, better medical outcomes and cost savings. The Alliance is governed with local representation from each county on our Board of Commissioners.



Quick Facts²

1996

Year Established

496

Number of Employees

\$763.5M

YTD Revenue

5.1%

Spent on Administration

Service Area:

Merced, Monterey and Santa Cruz counties.

Membership by Program

Total Membership: **407,653³**

406,999

Medi-Cal

654

Alliance
Care IHSS

OUR VISION

Healthy People,
Healthy Communities.

OUR MISSION

Accessible, quality health care
guided by local innovation.

WHAT WE DO

The Alliance is a health plan that was developed to improve access to health care for lower income residents who often lacked a primary care "medical home" and so relied on emergency rooms for basic services. The Alliance has pursued this mission by linking members to primary care physicians (PCPs) and clinics that deliver timely services and preventive care, and arrange referrals to specialty care.

WHO WE SERVE

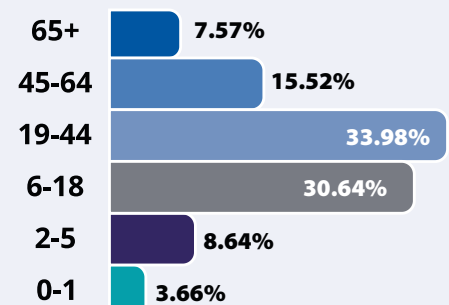
Our members represent 41 percent¹ of the population in Merced, Monterey and Santa Cruz counties. We serve seniors, persons and children with disabilities, low-income mothers and their children, children who were previously uninsured, pregnant women, home care workers who are caring for the elderly and disabled, and low-income, childless adults ages 19-64.

Our programs currently include Medi-Cal Managed Care serving Merced, Monterey and Santa Cruz counties and Alliance Care In-Home Supportive Services (IHSS) in Monterey County.

PROVIDER PARTNERSHIPS

The Alliance partners with more than 10,900 providers to form our provider network, with 86 percent of primary care physicians and 87 percent of specialists within our service area contracted to provide services to our members. The Alliance also partners with more than **2,930** providers to deliver behavioral health and vision services.

Membership by Age Group



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EXECUTIVE LEADERSHIP



Stephanie Sonnenshine
Chief Executive Officer



Lisa Ba
Chief Financial Officer



Scott Fortner
Chief Administrative Officer



Maurice Herbelin, MD, MBA
Chief Medical Officer



Cecil Newton
Chief Information Officer



Van Wong
Chief Operating Officer

GOVERNING BOARD

The Alliance's 21-member governing board, the Santa Cruz-Monterey-Merced Managed Medical Care Commission (Alliance Board), sets policy and strategic priorities for the organization and oversees health plan service effectiveness. The Alliance Board has fiscal and operational responsibility for the health plan. In alphabetical order, current Board members are:

- **Supervisor Wendy Root Askew**, County of Monterey
- **Dorothy Bizzini**, Public Representative
- **Leslie Conner**, Executive Director, Santa Cruz Community Health Centers
- **Maximiliano Cuevas, MD**, Executive Director, Clinica de Salud del Valle de Salinas
- **Larry deGhetaldi, MD**, President, Santa Cruz Division, Palo Alto Medical Foundation (Sutter Health)
- **Julie Edgcomb**, Public Representative
- **Supervisor Zach Friend**, County of Santa Cruz
- **Charles Harris, MD**, Chief Executive Officer, Natividad Medical Center
- **Dori Rose Inda**, Chief Executive Officer, Salud Para La Gente
- **Elsa Jimenez**, Director of Health, Monterey County Health Department - Alliance Board Chairperson
- **Shebreh Kalantari-Johnson**, Public Representative
- **Michael Molesky**, Public Representative
- **Monica Morales**, Health Services Agency Director, County of Santa Cruz Health Services Agency
- **Rebecca Nanyonjo**, Director of Public Health, Merced County, Department of Public Health
- **Supervisor Josh Pedrozo**, County of Merced - Alliance Board Vice Chairperson
- **James Rabago, MD**, Merced Faculty Associates Medical Group
- **Allen Radner, MD**, Salinas Valley Memorial Healthcare System
- **Joerg Schuller, MD**, Vice President Medical Affairs, Mercy Medical Center
- **Rob Smith**, Public Representative
- **Tony Weber**, Chief Executive Officer, Golden Valley Health Centers
- **Vacant**, Public Representative



AWARDS

The Alliance is a multi-award winning organization for outstanding health plan performance, quality and leadership in health care.

State Quality Awards:

Over the years, the Alliance has received numerous awards including the Department of Health Care Services (DHCS) Quality Awards for performance in the state's annual Healthcare Effectiveness Data Information Set (HEDIS®) measures for Medi-Cal managed care plans. The recent awards include:

DHCS 2021

- Consumer Satisfaction Award for going above and beyond in children's care for medium-sized health plans in 2021

2019

- Outstanding Performance for Medium-sized Plan

2018

- Most Improved Runner Up for Santa Cruz and Monterey Counties
- Innovation Award for Academic Detailing

Customer Service Honors:

- DHCS 2011 Gold Quality Award for Outstanding Service and Support

Employer Workplace Distinctions:

- American Heart Association 2016 Workplace Health Achievement Gold Level Award as a "Fit and Friendly Workplace"
- Second Harvest Food Bank, Santa Cruz County - CEO Cup 2018, 2017; Titanium Award 2015, 2014, 2013
- United Way of Santa Cruz County 2018, 2013 Corporate Campaign Gold Award
- 2020 Certified California Green Business - Program Participant since 2008
- 2020 Blue Zones Project Approved Worksite
- Recognized by the Santa Cruz County Breastfeeding Coalition and Community Bridges WIC for being a model for employee lactation accommodation, 2021

¹County population data source: U.S. Census Bureau 2021 population estimate (as of Jul. 1, 2021).

Membership percentage by county: Merced (51 percent); Monterey (42 percent); Santa Cruz (29 percent).

²Fact sheet data as of July 1, 2022., ³Fact sheet data as of July 1, 2022.

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Merced, CA 95340-4710
209-381-5300



July 6, 2022

California Department of Health Care Services
Mail Stop 4100
Sacramento, CA 95899-7413

RE Letter of Support for Santa Cruz County Behavioral Health's Behavioral Health Continuum Infrastructure Program Grant Application for Funding of Children's Crisis Programs

To Whom it May Concern:

This letter is in support of Santa Cruz County Behavioral Health's application for funding from the Department of Health Care Services Behavioral Health Continuum Infrastructure Program. We strongly support this grant application and the focus on improving crisis services to youth and families by building a Crisis Stabilization Program and Crisis Residential Program. The creation of these programs would provide much needed in-county services and fill a gap within our existing children's crisis continuum of care.

As the local Medi-Cal managed care plan in Santa Cruz County responsible for the mild to moderate mental health services for our members, the Alliance works in collaboration with Santa Cruz County Behavioral Health, partnering to meet the behavioral health needs of the youth and families in our community. We also meet, as needed, to coordinate services and benefits for an individual child/youth and their family, to ensure that the child/youth receive the needed service, and that any transitions in care are coordinated.

The pandemic has exacerbated the need for children/youth to have access to behavioral health services and adding additional services within our community would be of significant value to our members. Having more local services available for children/youth and their families would allow such families to engage more with their treatment while requiring less travel. By providing both a Crisis Stabilization and Crisis Residential Program locally, staff would have an opportunity to build stronger relationships with members between the inpatient and outpatient settings, thus promoting better coordination of care for the children/youth and their families in Santa Cruz County.

We ask that you support the children and families in Santa Cruz County by supporting Behavioral Health's application for funding. Please do not hesitate to contact me should you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephanie Sonnenshine", with a long, sweeping line extending to the right.

Stephanie Sonnenshine
Chief Executive Officer

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July 11, 2022

Ms. Dori Rose Inda
Chief Executive Officer
Salud Para La Gente
P.O. Box 1870
Watsonville, CA 95077-1870

RE: Letter of Support for Salud Para La Gente
HRSA Service Area Competition Application

Dear Ms. Rose Inda,

I am writing this letter on behalf of Central California Alliance for Health (the Alliance) in support of Salud Para La Gente's (Salud) application to the Health Resources & Services Administration (HRSA) Service Area Competition grant, Announcement Number HRSA-23-018.

Salud plays a critical role in ensuring a high-quality health home to more than 28,000 men, women, and children residing in the Central Coast of California. For over 40 years Salud has been providing essential health services to local medically underserved and vulnerable communities. Salud provides medical services, including family practice, pediatrics, OBGYN, dental, vision, chiropractic, and behavioral health services to the uninsured and underinsured and others who face barriers to access on the Central Coast. Many of these patients are seasonal and migrant farm workers. Salud ensures access to comprehensive, culturally competent and quality primary care services to these vulnerable populations.

Health facilities in the Central Coast area operate beyond capacity and Salud is a key partner in ensuring the growing health care needs are met of this largely agricultural and tourist region. Patients come from a mix of rural areas and low-income small urban communities and face high rates of diabetes, high blood pressure and heart disease. Having access to a high-quality health home ensures the best health outcomes for these community members.

Salud and the Alliance work together to improve and ensure access to quality health care for our linguistically and culturally diverse community, including the young and elderly. Together we strive to meet the needs of the Central Coast's underserved communities and the Alliance is pleased to be supporting Salud's efforts.

We support Salud's Service Area Competition Application because their clinics are a critical resource in the healthcare "safety net" of the Central Coast. The Alliance urges approval of Salud's application so they can continue to strengthen our region's capacity to provide essential services to vulnerable communities in the central coast.

Sincerely,

A handwritten signature in blue ink, appearing to read "Van Wong".

Van Wong
Chief Operating Officer

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July 15, 2022

California Department of Health Care Services
Behavioral Health Continuum Infrastructure Program (BHCIP) Application Review Committee

Dear members of the BHCIP Application Review Committee:

We are writing to urge BHCIP to move forward with funding Encompass Community Services' application for Round 3 funding to support the development of its new Si Se Puede Behavioral Health Center in Watsonville.

The Central California Alliance for Health (the Alliance) has long been a supporter of this project, as a new Si Se Puede Behavioral Health Center will significantly increase and preserve Santa Cruz County's behavioral health treatment capacity, especially in the south county region where access is limited. Recognizing the community benefit of an Encompass capacity expansion project, the Alliance granted this project a \$2.5M Capital Program grant from our Medi-Cal Capacity Grant Program to support the development of a new center. As you may know, the Medi-Cal Capacity Grant Program invests in local organizations in the Alliance's service area for the specific purpose of increasing availability, quality and access to health care and supportive services for Medi-Cal members in Merced, Monterey and Santa Cruz counties.

Given the State priorities outlined in the BHCIP funding, we were aligned with Encompass in anticipating a significant grant from Round 3, which would secure the remainder of the project funding needed for Encompass to break ground and complete the project within our approved timeline for disbursing funds. Encompass must reach a critical fundraising threshold in order to leverage the Alliance's grant award. The Alliance Board has allocated Capital Program funds specifically for this project. The Capital Program has since been retired. If the awarded funds are unused, they would not be repurposed for use by Encompass on another project.

With BHCIP support, Encompass will easily meet their funding threshold and could begin construction as early as January 2023. If Encompass is not awarded BHCIP funds, it will significantly delay the construction timeline and may result in the Alliance having to withdraw funding or reduce funding for a revised project with narrowed scope for capacity building.

We urge BHCIP to fund Encompass's Round 3 application to support its new behavioral health center in Watsonville. Doing so will leverage the Alliance's already significant investment in capacity expansion for healthcare and supportive services for Medi-Cal beneficiaries.

Sincerely,

A handwritten signature in blue ink, appearing to read "Van Wong".

Van Wong
Chief Operating Officer

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July 26, 2022

Ms. Jane Jones
National Coordinator for Health Information Technology
Department of Health and Human Services
330 C. Street, 7th Floor, Office 7009A, S.W.
Washington, DC 20201

Dear Ms. Jones:

As Chief Operating Officer for the Central California Alliance for Health (the Alliance), I am writing to express our commitment to and support for the proposal submitted by our coalition's lead applicant, United Way Monterey County, to the Leading-Edge Acceleration Projects (LEAP) in Health Information Technology funding opportunity. This effort will allow care providers to transcend county boundaries and better collaborate to provide care between Santa Cruz and Monterey Counties.

The Alliance is an award-winning regional non-profit health plan, established in 1996, with over 26 years of successful operation. Using the State's County Organized Health System (COHS) model, we currently serve over 400,000 Medi-Cal beneficiaries in Merced, Monterey and Santa Cruz counties. We work in partnership with our contracted providers to promote prevention, early detection and effective treatment, and improve access to quality health care for those we serve. This results in the delivery of innovative community-based health care services, better medical outcomes and cost savings. The Alliance is governed by a Board comprised of local representation appointed by each County's Board of Supervisors.

The Alliance is a health plan that was developed to improve access to health care for lower income residents who often lacked a primary care "medical home" and so relied on emergency rooms for basic services. The Alliance has pursued this mission by linking members to primary care physicians (PCPs), clinics and community-based organizations that deliver timely services and preventive care and arrange referrals to specialty care.

The Alliance is committed to addressing health equity and social determinants of health and are appreciative of this continued funding to address these significant issues. We believe if more resources were focused on the adoption and meaningful use of health IT, an array of health inequities could be identified and resolved.

As an extension of the Alliance's previous participation in the Whole Person Care Pilot (WPC) and the continuation of our CIE, "Together We Care" we are very excited to participate in this coalition lead by United Way Monterey County. The Alliance will be the health plan partner in this endeavor to ensure the important bi-directional, HIPAA compliant, information sharing in support of CalAIM and its many whole system, patient centered initiatives. The Alliance will work with the other members of the coalition to ensure high quality, timely data in support of mission critical operations and community information sharing. The Alliance believes that active health plan participation from inception will ensure adoption, utilization, and sustainability.

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Ms. Jane Jones
July 26, 2022
Page 2

There is tremendous leverage in the approach the coalition is taking to this very important LEAP grant. A single managed care organization is responsible for Medi-Cal patients in both participating counties that utilize the same 211 call center and information support system. Hospitals and clinics care for families in both counties. With the successful completion of this project a common suite of health information exchange and interoperability services will be shared by two counties spanning 4,375 square miles and 719,000 individuals.

The Alliance is confident in the coalition developed for this project that is made up of subject matter experts backed by some of our community's leading organizations and key government agencies. What's more, United Way Monterey County maintains a well-deserved reputation for development and effective maintenance of stakeholder groups as well as for leading efforts to bring additional resources to our region.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Van Wong", is written over a light blue horizontal line.

Van Wong
Chief Operating Officer

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August 2, 2022

To Whom It May Concern:

This letter is to confirm that Central California Alliance for Health (the Alliance) supports the Health Improvement Partnership of Santa Cruz County (HIP) in their Collaborative Planning Facilitator application as part of the Providing Access and Transforming Health (PATH) Collaborative Planning and Implementation Initiative. As a trusted, local neutral convener, HIP has the unique ability to:

- Convene and engage Santa Cruz County's diverse set of stakeholders with different backgrounds and points of view;
- Create a fair, open and transparent process and an impartial environment where constructive, disparate points of view can be expressed;
- Identify potential resolution strategies and tactics to overcome challenges and conflicts, including the identification and dissemination of successful practices to Santa Cruz County's diverse set of stakeholders;
- Facilitate comprehensive programming (e.g., webinars, in-person convenings, etc.) that allow for robust collaboration amongst participants; and
- Conduct outreach to organizations that serve historically marginalized populations and other entities to actively participate in collaborative planning groups.

We recognize that as the Medi-Cal Managed Care Plan for Santa Cruz County - a key member of our community's network of care - taking part in this collaborative planning initiative facilitated locally by HIP will afford us the ability to work toward effectively with other community partners in identifying, discussing, and resolving implementation issues and identifying how PATH and other CalAIM funding initiatives may be used to address gaps we identified in our Needs Assessments and Gap Filling Plan. As a product of this collective effort, we will be better equipped to achieve Santa Cruz County's collaborative goals to:

- Build up our capacity and infrastructure so we can successfully participate in the Medi-Cal delivery system;
- Address existing gaps and needs to advance health equity;
- Address social drivers of health; and
- Scale up access to services we provide our Medi-Cal beneficiaries.

The Alliance is committed to strengthening our community's path toward health equity - building a whole system, person-centered approach to care, in which clinical and social services are integrated to support people's health and wellbeing throughout their lives. It is our belief this opportunity supports our collective work.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephanie Sonnenshine", with a long, sweeping line extending to the right.

Stephanie Sonnenshine
Chief Executive Officer

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Member Appeals and Grievance Report Q2, 2022

Q2 2022 Appeals and Grievances: 951* including Beacon

Appeals: 6% [77% in favor of Plan; 23% in favor of Member]
Exempt: 13%

Grievances: 75%

Other: 6% [Inquiries, Duplicates, Withdrawn]

Category Figures

Transportation: 41%

Quality of Care: 20%

Billing: 6%

Provider/Staff Attitude: 2%

Provider Availability: 7%

Authorization: 6%

Other: 18%

Analysis and Trends

- ❖ A high percentage of grievances involved transportation issues for late, missed rides and quality of service issues.
- ❖ Access issues regarding provider availability

Highest Grievances Filed by County

1. Monterey: 41%
2. Merced: 36%
3. Santa Cruz: 23%

Behavioral Health Beacon Grievances:

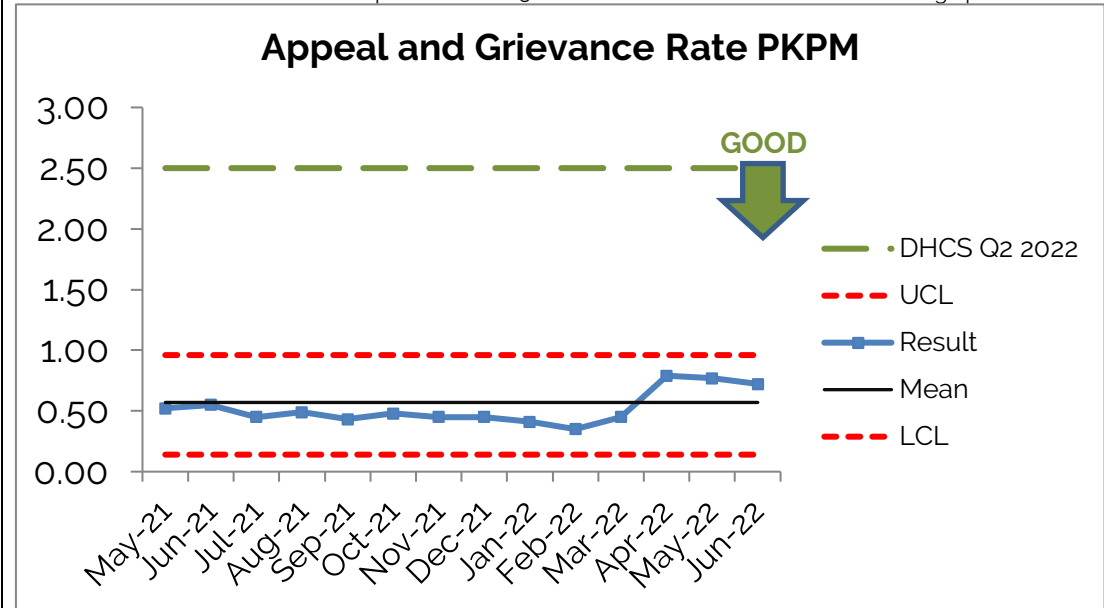
- ❖ Member Grievances: 39
- ❖ Monterey: 21
- ❖ Santa Cruz: 14
- ❖ Merced: 4

IHSS Summary:

- ❖ Member Grievances: 3

☒ In Control
☐ Not in Control

A lower rate demonstrates a good or positive result when compared to Upper Control Limits (UCL) and Lower Control Limits (LCL). Control limits represent three (3) standard deviations from mean or average performance.



	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
2021 Enrollment	367,138	369,438	371,533	373,656	376,321	377,793	379,441	380,961	383,084	384,861	386,057	387,114
A&G Issues	145	170	269	222	195	206	173	197	167	184	172	173
Rate PKPM*	0.39	0.46	0.72	0.59	0.52	0.55	0.46	0.52	0.44	0.48	0.45	0.44
2022 Enrollment	389,737	390,850	392,649	395,046	402,447	404,180						
A&G Issues	161	137	198	314	309	289						
Rate PKPM*	0.41	0.35	0.51	0.79	0.77	0.72						

*Grievances Per 1,000 Member Month

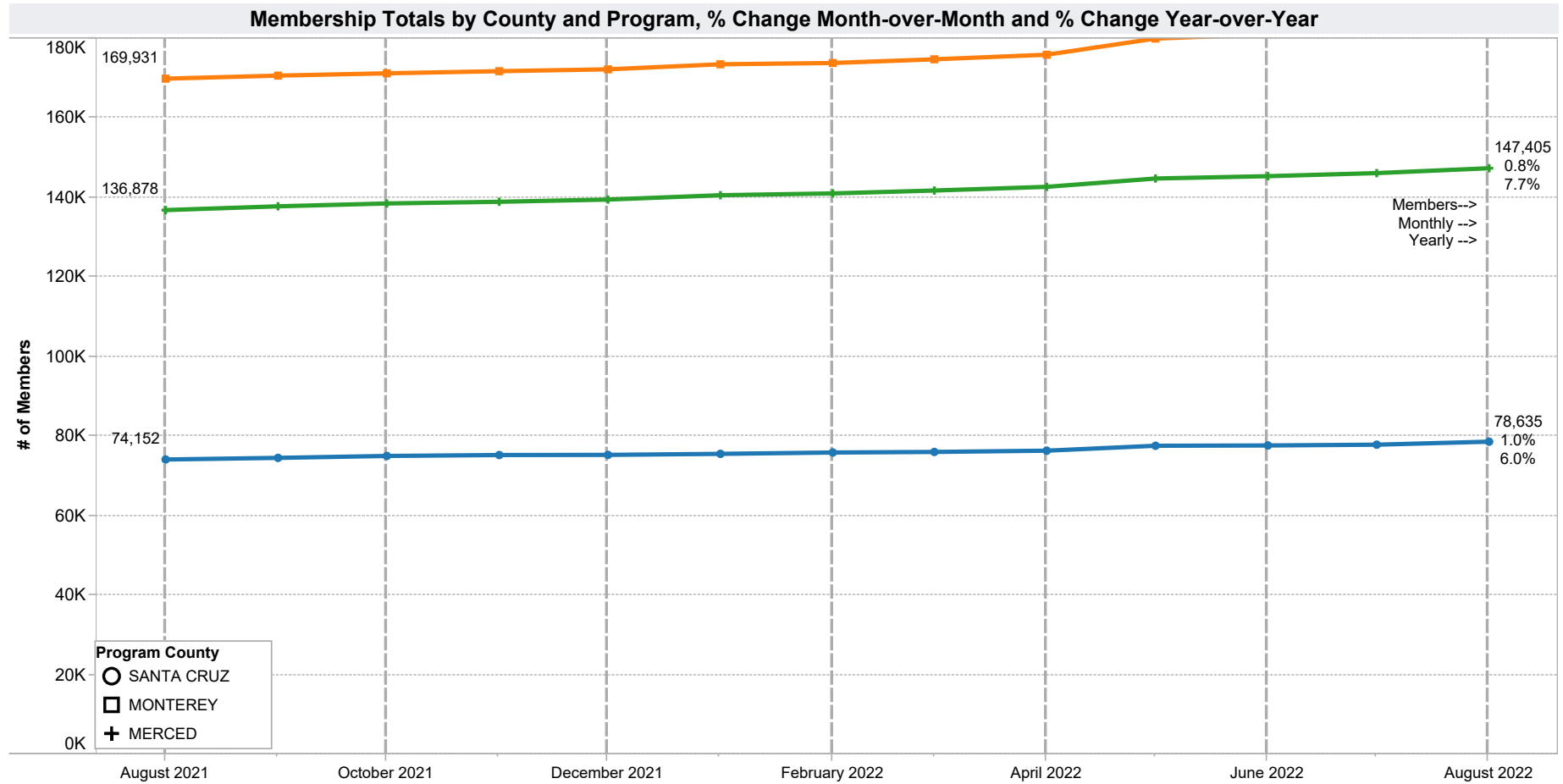
Enrollment Report

Year: 2017 & 2018 County: All Program: IHSS & Medi-Cal
Aid Cat Roll Up: All Data Refresh Date: 8/4/2022



StaticDate

8/1/2021 12:00:00 AM to 8/31/2022 11:59:59 PM



Program..	ProgramCo..	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022
Medi-Cal	SANTA CRUZ	74,152	74,562	75,045	75,275	75,313	75,572	75,908	76,054	76,370	77,609	77,683	77,877	78,635
	MONTEREY	169,422	170,180	170,762	171,298	171,760	173,037	173,360	174,210	175,326	179,368	180,434	181,548	182,631
	MERCED	136,878	137,826	138,541	138,969	139,524	140,617	141,071	141,796	142,726	144,820	145,406	146,182	147,405
IHSS	MONTEREY	509	516	513	515	517	511	511	589	624	650	657	654	661
Total Members		380,961	383,084	384,861	386,057	387,114	389,737	390,850	392,649	395,046	402,447	404,180	406,261	409,332