

# Santa Cruz – Monterey – Merced Managed Medical Care Commission



## Meeting Agenda

**Wednesday, February 22, 2023**

**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: 317 263 282#
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, February 21, 2023 to the Clerk of the Board at [clerkoftheboard@ccah-alliance.org](mailto: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. – 10H.): 3:10 p.m.**

- 5. Accept Executive Summary from the Chief Executive Officer (CEO).**
  - Reference materials: Executive Summary from the CEO.

Pages 5-01 to 5-09
- 6. Accept Alliance Dashboard for Q4 2022.**
  - Reference materials: Alliance Dashboard – Q4 2022.

Pages 6-01 to 6-02
- 7. Accept Alliance Financial Highlights, Balance Sheet, Income Statement and Statement of Cash Flow for the twelve months ending December 31, 2022.**
  - Reference materials: Financial Statements as above.

Pages 7-01 to 7-09

**Appointments: (8A. – 8B.)**

- 8A. Approve appointment of Moncerat Politron and Rebekah Capron to the Member Services Advisory Group.**
  - Reference materials: Staff report and recommendation on above topic.

Page 8A-01
- 8B. Approve appointment of Camille Guzell, MD and Jennifer Yu, MD to the Whole Child Model Clinical Advisory Committee.**
  - Reference materials: Staff report and recommendation on above topic.

Page 8B-01

**Minutes: (9A. – 9D.)**

- 9A. Approve Commission regular meeting minutes of December 7, 2022; special meeting minutes of December 11, 2022; regular meeting minutes of January 6, 2023 and regular meeting minutes of January 25, 2023.**
  - Reference materials: Minutes as above.

Pages 9A-01 to 9A-15



- 9B. Accept Compliance Committee meeting minutes of December 21, 2022.**  
- Reference materials: Minutes as above.  
Pages 9B-01 to 9B-03

- 9C. Accept Continuous Quality Improvement Committee meeting minutes of October 27, 2022.**  
- Reference materials: Minutes as above.  
Pages 9C-01 to 9C-08

- 9D. Accept Whole Child Model Family Advisory Committee meeting minutes of December 5, 2022.**  
- Reference materials: Minutes as above.  
Pages 9D-01 to 9D-06

**Reports: (10A. – 10H.)**

- 10A. Approve 2023 budget variance not to exceed \$840,000 for continuation of Dual Eligible Special Needs Plan planning and implementation initiation to ensure readiness for a compliant program launch by January 1, 2026.**  
- Reference materials: Staff report and recommendation on above topic.  
Page 10A-01 to 10A-02

- 10B. Approve \$152,960 of unallocated Medi-Cal Capacity Grant Program (MCGP) funds from the Monterey County budget to fund the Monterey County Workforce Development Board's Community Health Worker (CHW) Training Program in 2023-2024.**  
- Reference materials: Staff report and recommendation on above topic; and MCWDB CHW Training Promotional Material.  
Pages 10B-01 to 10B-04

- 10C. Accept report on Medi-Cal Capacity Grant Program (MCGP) 2022 Impact Report.**  
- Reference materials: Staff report and recommendation on above topic; MCGP Theory of Change and Medium-Term Outcomes; and MCGP Performance Dashboard – October 2015 through December 2022.  
Pages 10C-01 to 10C-10

- 10D. Accept 2022 Community Impact Report.**  
- Reference materials: 2022 Community Impact Report (publication).  
Pages 10D-01 to 10D-12

- 10E. Accept decisions from the December 14, 2022 meeting of the Peer Review and Credentialing Committee.**  
- Reference materials: Staff report and recommendation on above topic.  
Page 10E-01

- 10F. Accept Quality Improvement Systems Workplan Report for Q3 2022.**  
- Reference materials: Staff report and recommendation on above topic; Q3 2022 Quality Improvement System Workplan; and HEDIS/MCAS Alliance Quality Strategy for Sanctioned Measures.  
Pages 10F-01 to 10F-29

- 10G. Accept Alliance Business Continuity and Disaster Recovery Program 2022 Annual Report.**  
- Reference materials: Staff report and recommendation on above topic.  
Pages 10G-01 to 10G-02



**10H. Accept Alliance Owned Properties and Planned Leasing Strategy 2022 Annual Report.**

- Reference materials: Staff report on above topic.

Pages 10H-01 to 10H-02

**Regular Agenda Items: (11. – 13.): 3:15 p.m.**

**11. Discuss agenda and arrangements for the Board's Merced County in-person dinner meeting on April 25, 2023 and regular meeting on April 26, 2023. (3:15 – 3:40 p.m.)**

- A. Ms. Stephanie Sonnenshine, CEO, will review and Board will discuss the agenda and arrangements for the Board's Merced County in-person meeting in April 2023.
- Reference materials: Draft meeting agenda.

Pages 11-01 to 11-02

**12. Consider approving Alliance Policy Priorities for 2023. (3:40 – 4:05 p.m.)**

- A. Ms. Danita Carlson, Government Relations Director, will review and Board will consider approving Alliance 2023 Policy Priorities and authorize staff to undertake necessary legislative, budgetary, policy and regulatory advocacy aligned with these policy priorities.
- Reference materials: Staff report and recommendation on above topic; and 2023 Policy Priorities.

Pages 12-01 to 12-03

**13. Discuss Alliance Communications Plan for 2023. (4:05 – 4:30 p.m.)**

- A. Ms. Linda Gorman, Communications Director, will review and Board will discuss the Alliance's 2023 Communications Plan.

**Information Items: (14A. – 14I.)**

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|---|-------------|
| A. Alliance in the News   | Page 14A-01 |
| B. Alliance Annual Report to Board of Supervisors – 2022  | Page 14B-01 |
| C. Alliance Fact Sheet – January 2023   | Page 14C-01 |
| D. Letters of Support   | Page 14D-01 |
| E. Member Appeals and Grievance Report – Q4 2022  | Page 14E-01 |
| F. Membership Enrollment Report   | Page 14F-01 |
| G. Member Newsletter (English) – December 2022<br><a href="https://thealliance.health/wp-content/uploads/MSNewsletter_202212-E.pdf">https://thealliance.health/wp-content/uploads/MSNewsletter_202212-E.pdf</a>             |             |
| H. Member Newsletter (Spanish) – December 2022<br><a href="https://thealliance.health/wp-content/uploads/MSNewsletter_202212-S.pdf">https://thealliance.health/wp-content/uploads/MSNewsletter_202212-S.pdf</a>             |             |
| I. Provider Bulletin – December 2022<br><a href="https://thealliance.health/wp-content/uploads/CAAH-Provider-December2022-HiRes.pdf">https://thealliance.health/wp-content/uploads/CAAH-Provider-December2022-HiRes.pdf</a> |             |



## 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, March 22, 2023; 1:30 – 2:45 p.m.
- Member Services Advisory Group  
Thursday, May 11, 2023; 10:00 – 11:30 a.m.
- Physicians Advisory Group  
Thursday, March 2, 2023; 12:00 – 1:30 p.m.
- Whole Child Model Clinical Advisory Committee *[In-person and remote teleconference]*  
Thursday, March 16, 2023; 12:00 – 1:00 p.m.
- Whole Child Model Family Advisory Committee *[In-person and remote teleconference]*  
Monday, March 13, 2023; 1:30 – 3:00 p.m.

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

### The next regular meeting of the Commission, after this February 22, 2023 meeting, unless otherwise noticed:

- Santa Cruz – Monterey – Merced Managed Medical Care Commission  
Wednesday, March 22, 2023; 3:00 – 5:00 p.m.  
Locations: Videoconference from Alliance offices in Scotts Valley, Salinas and Merced

Locations for the meeting:

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

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

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

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. Audio livestreaming will be available to listen to the meeting. Note: Livestreaming for the public is listening only.

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





**DATE:** February 22, 2023  
**TO:** Santa Cruz-Monterey-Merced Managed Medical Care Commission  
**FROM:** Stephanie Sonnenshine, Chief Executive Officer  
**SUBJECT:** Executive Summary from the Chief Executive Officer

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## **Executive**

2023 Legislative Session. Legislators returned to the Capitol following the Winter Recess in early January to begin the first year of the new 2-year legislative session. At the February 22, 2023 Board meeting staff will provide an overview of the new legislature which is comprised of a significant number of newly elected representatives. The new legislature offers opportunities for local plans, including the Alliance, to orient and educate new members to the work done within their districts. Additionally, staff will present a policy platform including 2023 Policy Priorities for the Board's consideration which will inform staff's legislative, policy, and budget advocacy in the coming year.

The deadline to introduce new legislation is February 17, 2023 and staff will review newly introduced bills to identify those which are consistent with policy priorities adopted by the Board at the February meeting. Staff will work closely with the Local Health Plans of California and our representatives in Sacramento to monitor legislative activity and will provide reports to your Board throughout 2023 as issues of Board interest, importance, or action arise.

San Benito and Mariposa County Expansion. Planning and implementation continue towards a January 1, 2024 go-live date for the Alliance's expansion of services to San Benito and Mariposa counties. The county expansion project is comprised of internal workgroups to address Finance/Governance, Provider Network Development, Member and Community Engagement, and Systems, with the entire Project Team meeting regularly to receive updates and discuss cross-functional issues.

Staff met with the Department of Health Care Services (DHCS) leadership on February 2, 2023 to discuss issues and actionable items necessary to support the planned expansion. Topics included: data exchange to aid in planning and rate development, Whole Child Model implementation, network development, and financial viability. Staff shared information with DHCS regarding the impact of a possible closure of Hazel Hawkins Hospital and the associated impacts on financial viability and revenue needs. Staff will provide your Board with an update on the expansion at the March 22, 2023 meeting.

Chief Executive Officer (CEO) Transition Planning. A transition and onboarding plan has been developed to ensure Mr. Schrader's orientation to organizational priorities, strategies, goals, and key tactics, governance, systems to monitor and communicate performance, delegation of authorities, community engagement and operational performance. The orientation plan includes communication activities, a community engagement plan and includes the input from staff reporting to the CEO. The plan is intended to ensure a successful and well executed transition in the CEO role as of April 17, 2023.

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Community Involvement. On January 12, 2023 I attended the virtual Health Improvement Partnership of Santa Cruz County (HIPSCC) Council meeting and the virtual HIPSCC Executive meeting on January 19, 2023. I attended the Local Health Plans of California January Strategic Planning Retreat in Berkeley on January 23, 2023. On February 7, 2023 I attended the virtual HIPSCC Executive Committee meeting and I attended the virtual Housing for Health Partnership Board meeting on February 15, 2023. On February 16, 2023 I attended the Department of Health Care Services Behavioral Health Stakeholder Advisory Committee meeting in Sacramento and the virtual HIPSCC Executive Committee meeting on the same date.

## **Health Services**

The Health Services Division is currently focused on setting up the Care Based Performance Improvement Program for providers to receive funding directed to improving performance on Managed Care Accountability Sets (MCAS) metrics falling below the 50<sup>th</sup> percentile. Funding will be available for primary care physician (PCP) practices with metrics falling below the 50<sup>th</sup> percentile and will be based on member linkage gap to the 50<sup>th</sup> percentile and difficulty of correcting the metric. This effort is part of the Health Services process of driving significant year-over-year improvements that would align with the 2026 vision for Health Equity. In late January, efforts included outreach to members in flood-evacuated areas to ensure they had needed resources.

### *COVID-19 Report*

As of February 2, 2023, COVID-19 cases continue in all three Alliance counties but have been trending downward. Most hospitalizations where COVID-19 has been noted have not been primarily due to COVID-19 but COVID-19 was noted incidentally.

### **COVID Disease Activity (Collected on February 2, 2023)**

| County            | Cases per 100K<br>(7-day<br>average) | 14-Day<br>Average of<br>Hospitalized<br>Patients | Rate of Positive<br>Tests (7-day<br>rate) | Confirmed<br>Deaths (total) |
|-------------------|--------------------------------------|--|---|-----------------------------|
| <b>Merced</b>     | 5.2                                  | 12.6   | 7.5%                                      | 903                         |
| <b>Monterey</b>   | 2.7                                  | 18.1   | 5.6%                                      | 790                         |
| <b>Santa Cruz</b> | 5.1                                  | 17.4   | 3.6%                                      | 277                         |
| California        | 2,434                                | 2,776.9  | 5.0%                                      | 99,401                      |

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

### **Current COVID Vaccination Status (February 7, 2023):**

| Age 6<br>months+       | Fully (N) | Fully<br>(%) | Partially<br>(N) | Partially<br>(%) | Partially +<br>Fully (N) | Partially +<br>Fully (%) | Boosted<br>(N) | Boosted<br>(%) |
|------------------------|-----------|--------------|------------------|------------------|--------------------------|--------------------------|----------------|----------------|
| <b>Merced</b>          | 63,964    | 42.06%       | 7,193            | 4.73%            | 71,157                   | 46.79%                   | 26,900         | 42.05%         |
| <b>Monterey</b>        | 103,929   | 54.97%       | 8,324            | 4.40%            | 112,253                  | 59.38%                   | 51,676         | 49.72%         |
| <b>Santa Cruz</b>      | 51,248    | 63.02%       | 3,290            | 4.05%            | 54,538                   | 67.07%                   | 31,001         | 60.49%         |
| <b>IHSS</b>            | 519       | 79.72%       | 24               | 3.69%            | 543                      | 83.41%                   | 406            | 78.23%         |
| <b>GRAND<br/>TOTAL</b> | 219,660   | 51.92%       | 18,831           | 4.45%            | 238,491                  | 56.37%                   | 109,983        | 50.07%         |



Vaccination rates have generally plateaued since Q4 2022 although special effort continues to promote vaccination in high-risk members and populations with low vaccine uptake including working Latinx populations and children.

### *Quality Improvement and Population Health*

Member Outreach Calls. The Alliance assisted with the recent storm and floods that impacted all counties by conducting three rounds of telephonic member outreach calls: 1) flood evacuation, 2) PCP closures outreach, and 3) post-evacuation outreach. A population health approach was taken with members stratified from high to low-risk members. For the low-risk members, the Quality Health Programs team made close to 300 calls and provided information on safety and local resources.

Member Incentives. New member incentives were approved by the Department of Health Care Services (DHCS) which included well-child visits and immunizations for services completed as noted below. Planning is underway and the expected launch of the incentives will be in April 2023.

### SUMMARY OF REWARDS

| Reward            | Reward Amount | Requirement                       |
|-------------------|---------------|-----------------------------------|
| WC ≥ 15 Months    | \$50 direct   | 6 visits                          |
| WC 15 - 30 months | \$25 direct   | 2 visits                          |
| WC 18-21 years    | \$25 direct   | 1 visit in 2023                   |
| IZ 2 years        | \$100 direct  | Complete all IZ                   |
| IZ 13 years       | \$50 direct   | 1 WC w/in 12 mo.; complete all IZ |

### *Utilization Management*

Inpatient and Emergency Department. The Health Services teams continue with the build of internal transitions of care processes to further support readmission reductions and overall population health initiatives. Q4 total inpatient utilization for all categories reflected a reduced average length of stay (ALOS), with averages noted at 4.4 days, versus 4.7 days noted in the prior quarter. The year's ALOS was 9.8% lower than the ALOS of 2021 (n=5.1), a reflection of pandemic activity resolving in long term care/sub-acute placements opening up, as well as utilization of alternate placement solutions, such as congregate living facilities. Direct case conferencing between facility and Alliance care management to more effectively manage transitions of care is underway. An increased need for sub-acute services continues as a trend into the new year, with fewer facilities with open beds and a need for increased reliance on alternate solutions such as congregate living facilities.

Prior Authorization. Prior authorization activity is increasing and reflects a consistent distribution across authorization types, with overall volumes in 2022 having surpassed pre-pandemic 2019 authorization activity by over 3% (n=420,261 vs 406,848). The sharp increases in authorization activity noted in November evened out through the remainder of the year, with Q4 seeing slightly fewer authorizations than noted in Q3. While configuration updates and removal of



authorization requirements has reduced total authorization volumes in some categories (e.g., durable medical equipment), continued utilization and code analysis is in progress to further optimize authorization processes, particularly as increases in membership and member engagement positively impact overall authorization volumes.

Non-Emergency Medical Transportation (NEMT) Optimization. NEMT process optimization continues into the new year, with Physician Certification Statement (PCS) form submissions achieving a greater than 90% success rate, exceeding initial target threshold goals. Additional work is underway to further address NEMT call abandon rates, with further cross training within the team to provide additional phone support.

Member Benefits. Work continued throughout the second half of the year on implementation of the Community Health Workers (CHW) benefits (APL 22-016), with policy developed and systems configured to automate approvals for CHW requests submitted after the first 12 units of care. Though CHW authorization activity was not seen in Q4, February was notable for added CHW network development which will likely increase access and utilization for this service into the new year. Additional work is underway on implementation of the Doula benefits (APL 22-031), anticipating increased utilization in the year ahead. Both the CHW and Doula benefits will provide further support for organizational population health initiatives.

### *Pharmacy*

Alliance Pharmacy has initiated a Site of Care Program wherein medication infusion administration and associated ancillary services are directly provided to members. Site of Care settings include, but are not limited to, hospital outpatient, community provider office, ambulatory infusion site, pharmacy infusion suite and home-based infusion. Goals for the program include transitioning members to sites that offer most member convenience, quality, and ensuring safety while reducing costs when possible. Letters are sent to providers and members seeking their agreement with alternative sites of care for their infusions. The program is now underway with on vedolizumab (Entyvio) and infliximab (Remicade and biosimilars).

The Pharmacy Department has piloted a Medication Reconciliation Program in order to help reduce hospital readmissions among the high-risk and very high-risk members. Medication Reconciliation is a formal process for creating the most complete and accurate list of patient's current medications by comparing discharge medications to inpatient records or medication orders. Alliance Pharmacists reviewed member's lists of discharge medications for appropriateness and looked for opportunities for possible intervention. From August through November 2022, 122 members were evaluated and 97 interventions on 78 members were completed. Interventions included addressing medication non-adherence, duplication of therapy, medications requiring prior authorization, and other barriers to medication access. Pharmacy team's partners and different points of contact included providers, pharmacists in the community, Medi-Cal Rx, Case Management and Enhanced Care Management (ECM)/Community Services (CS). It was concluded that medication-related issues are common in the Alliance high-risk population and that medication reconciliation can help reduce hospital readmissions and should become a part of the Alliance population health program.

### *Community Care Coordination*

Complex Care Management (CCM). As part of the new Alliance population health program that began in January, staff are providing CCM to those members who have been identified as having medium to rising risk, utilizing an internal risk stratification system. High risk members



who are transitioning from one level of care to another are also being contacted and offered services from the Alliance's multidisciplinary team.

Enhanced Care Management/Community Supports. The Alliance brought on two new populations of focus for ECM at the beginning of the year, Adults Living in the Community and At Risk for Long Term Care Institutionalization and Adult Nursing Facility Residents Transitioning to the Community. The Alliance was able to identify and contract with community-based organizations that have experience serving these member populations. In addition to the new ECM populations of focus, the Alliance also initiated a new Community Support at the beginning of this year. Environmental Accessibility Adaptations, or Home Modifications, was added to the suite of CS that the Alliance provides members, to support physical adaptations to a home that is necessary to ensure the health, welfare, and safety of the member, or enable them to function with greater independence in the home, without which the member may require institutionalization.

Behavioral Health (BH). Effective 2023, two major CalAIM initiatives which impact BH went live, namely screening and transition tools and dyadic care. The screening and transition tools APL requires all plans and county mental health programs to utilize universal tools at first service request to determine whether a member would be best served in the specialty or non-specialty system, as well as a single form to use when transitioning between the two care systems. Success of implementation is highly dependent on having strong bidirectional communication between county systems and our managed behavioral health organization, Beacon. As such, January held several meetings to plan for this initiative, for which counties are at varying states of ramp up. Dyadic care brings prevention to the forefront in well-child visits, requiring a series of screenings and connection to mental health services for the child and the caregiver. Implementation of this benefit requires new access to system codes as well as strong communication between primary care settings and behavioral health entities. Policies that accompany both initiatives are in process with a March 2023 deadline to DHCS.

BH landscape assessment and gap analysis continued in January with the drafting of a narrative report and complimentary presentation on findings. These will be leveraged to lead discussions about the Alliance's future state of BH, beginning with a presentation to the executive leadership team in early February.

### **Employee Services and Communications**

Alliance Workforce. As of January 30, 2023, the Alliance has 542.9 budgeted positions of which our active workforce number is 522.9 (active FTE and temporary workers). There are 28 positions in active recruitment, with 36.8 vacancies. 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.

Q4 Check-in and Annual Compensation Review (ACR). January kicks off the Alliance's performance review annual cycle. This process includes staff self-evaluations, 2022 annual performance evaluation (Q4 check-in) and ACR. Human Resources works closely with department leadership to assist and guide in merit allocation and promotional reviews.

Competencies and Career Development. In response to feedback from the 2021 Employee Engagement Survey results, Human Resources is developing a competency and career development/pathway system designed to focus on position competency and career



navigation and growth. Human Resources is currently finalizing the core and leadership competencies and will begin department classifications review and assignment over the next several months.

### Facilities and Administrative Services.

Alliance Footprint Reduction: The Facilities Department is working to clear out employee workstations/office in the areas targeted for footprint reduction. The team is recommending a reduction of Alliance occupied square footage and an increase of potential space for leasing which is included in the Annual Facilities Management report.

1098 38<sup>th</sup> Avenue (Capitola Manor): This property is currently under contract for sale to MidPen Housing with an estimated close of escrow date of March 1, 2023.

Winter Storm Clean Up: Facilities is continuing efforts to clean up, repair, and mitigate areas impacted by flooding in the Scotts Valley location due the unprecedented rainfall in January 2023.

Communications. Due to heavy flu and virus activity, staff developed a winter flu campaign to follow the heels of the fall campaign. The campaign includes revised messaging, switching from the fall slogan of "You don't have time for the flu" to "It's not too late to get your flu vaccine", with messages reminding people that peak flu season is upon us and that the flu vaccine is safe, convenient and no cost. Tactics include website banners and a landing page, social media ads, flyers for outreach events, messages in The Beat newsletter, and 30 second radio ads in English and Spanish. The flyers and website copy were developed in English, Spanish and Hmong. The paid campaign runs from January 16 through February 28, 2023.

We are testing a few new ways to reach members, beginning with the flu campaign, with signage at Golden Valley Health Center and Salinas Valley Medical Center clinic locations. In addition, to reach young families, we are also testing a new flyer delivery system to area schools and their families, using a platform called PeachJar. The flyers will be delivered in Spanish and English to all students in the Pajaro Valley Unified School District and Monterey Peninsula Unified School District, and the flyer will be delivered in all languages to Merced City School District. This represents 75 schools in all. If this is effective, we will continue using these communication methods in future campaigns, when possible.

Staff is working on a texting feasibility project for members, in conjunction with Government Relations, Compliance and Member Services. The project will scope the feasibility of standing up a member texting campaign at the Alliance, adhering to all regulatory requirements. We have received approval from the Department of Health Care Services (DHCS) to text members about redetermination and are working to deploy approved text scripts to members in February to determine how the feasibility campaign performs.

A paid campaign promoting redetermination messaging will launch this spring. The revised messaging and media tactics received approval from DHCS. Tactics include website copy, social media ads, Member Bulletin articles, The Beat articles, mobile ads, and bus ads. The paid campaign will launch at the end of March and run for eight weeks.



## **Operations**

Member Calls. On January 1, 2023, the Alliance transitioned the intake and scheduling of member requests for transportation services to our current Non-Medical Transportation (NMT) vendor. As our NMT vendor has supported this work for many large health plans in California, they had the capacity to provide high quality service to our members while meeting established call center service levels. We continue to monitor the impact of this transition on our members, and as of today, the transition has been smooth with minimal impact to our members.

Continuous Coverage Requirement Unwinding. The Member Services Department continues to prepare for the end of the continuous coverage requirement, which requires California counties to resume the full Medi-Cal redetermination process. The federal Consolidated Appropriations Act (enacted December 29, 2022) uncouples the continuous coverage requirement from the COVID-19 Public Health Emergency. The Alliance is actively working with our partner counties to develop a process to freely share member information to ensure we collectively engage with members to minimize the number of members falling off Medi-Cal. Further, we are partnering with a text messaging organization to launch a robust member communication campaign to increase member awareness of eligibility redetermination resumption as well as a reminder to keep their contact information up to date.

Provider Services. The Provider Services team has recently partnered with Monterey County Clinics to submit confirmation of good standing with the Alliance for the DHCS Alternative Payment Model Program. The Alliance looks forward to partnering with the Monterey County Clinics to support and engage in value base payment.

The Provider Services team is focusing on recruitment efforts for Community Health Workers (CHW), a new non-traditional provider type that is a recently added Medi-Cal benefit under CalAIM. Recent engagements for information awareness and recruitment efforts include discussions and presentations with local Monterey, Santa Cruz, and Merced Community Based Organizations and at existing Joint Operating Commission meetings with local hospitals and clinics in each county. The team is looking forward to building out the CHW network.

Additionally, staff spent the first portion of the new year contacting provider offices impacted by the floods and evacuations. Provider Services staff kept internal care management staff in the loop when any high-risk members needed to be contacted.

Effective January 1, 2023, seven new ECM/CS providers were brought into the provider network to assist in the recent additional populations of focus

Community Engagement Santa Cruz/Monterey/Merced. With the recent storms and flooding in each county in the Alliance service area, Community Engagement staff deployed several activities to support the local communities. Several Disaster Recovery Resource Centers were opened to serve residents affected by the rain and floods that resulted in the storms. The Your Health Matters (YHM) outreach team coordinated with local County Emergency Response Departments to attend these Resource Centers. YHM staff provided resources and information to Alliance members at these centers to enable access to medical care and prescription refills that may have been lost during these events.



In Santa Cruz County, we attended the Resource Centers in Felton and Watsonville. In Merced County, Alliance staff were present at the Merced Fairgrounds and the Planada Community Center to engage with our members. Resources that were provided to members included information regarding accessing the Alliance Nurse Advice Line, coordinating transportation, obtaining behavioral health services and information on how to apply for benefits. The Alliance directly connected with more than 1,000 members through these efforts.

Claims. Claims inventory levels have recovered nicely following the holiday season. Current inventory levels are just over 34,000, or 7.5 days on hand (DOH), compared to DOH threshold of 7-10 days. December cycle time results were very good, exceeding targets in both claims processed within 30 days and claims processed within 45 days. We have also made great progress in reducing our PIF/Claims Dispute inventory, with current inventory levels just over 70 cases above target. Lastly, the Claims quality team is finalizing the results of the first HSP Platform audit. Those results will include the following areas of focus:

- Financial Accuracy
- Payment Accuracy
- Processing Accuracy
- Overall Accuracy

Q4 2022 Organizational Dashboard Results. The Q4 2022 Alliance Dashboard is comprised of 142 metrics monitoring 65 health plan core, support, and managerial processes. These 65 health plan processes are rolled-up to 13 top-level (Level 1) processes for Board monitoring using a composite methodology.

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                   | Q4 Results | Qtr over Qtr Change | Key Drivers  |
|-----------------------------------|------------|---------------------|--|
| <b>Engage and Support Members</b> | 96.0%      | +2.0%               | Level 3 process <i>Incentivize Members</i> (90.9%) is impacted by the two metrics: <i>CBI - Immunization Children</i> (70.1%) and <i>CBI - Well/Child Visits in the first 15 months of life</i> (71.5%) performing below their respective thresholds. Level 2 process <i>Help Members Navigate</i> (92.0%) is still performing below threshold, mainly driven by the metrics <i>% of calls to Member Services answered before being abandoned</i> (89.5%) and <i>Calls to Member Services answered within 30 seconds</i> (71.4%) but improved by 6.6 percentage points since last quarter. |
| <b>Manage and Improve Care</b>    | 99.0%      | +4.8%               | One metric within this process is performing below threshold: <i>PCP 90-Day referral completion rate</i> (60.8%) due to ongoing limited provider access to services including specialty care. High rates of respiratory illnesses added to the low result. The performance, though, is 7.2 percentage points higher than last quarter.   |



|  |       |       |   |
|--|-------|-------|---|
|  |       |       | Performance of <i>Moderate (P2)</i> and <i>significant (P3)</i> quality issues per 1,000 member months (100%) has increased from 83.3% and has stabilized.  |
| <b>Manage Data</b>                       | 88.6% | -3.9% | The two metrics below target and impacting L1 performance are represented below.<br><i>Complete, Accurate, and Timely Encounter Data (QMED)</i> (50.0%) – Performance is due to significant pharmacy data completeness issues that is a result of the Rx carve-out.<br><i>Timely service request response</i> (49.0%) – The rollout of a new ticketing system coupled with increased demand led to slower turnaround times.   |
| <b>Enhance Operational Effectiveness</b> | 93.6% | -6.4% | The two metrics below target and impacting L1 performance are:<br><i>% of Operating Plan projects in Good Health</i> (92.0%) – Project teams were given standardized criteria for assessing project health resulting in more projects in the yellow status (from green).<br><i>% of L3 Processes that have at least one metric</i> (85.5%) – This is a new metric and will be a focus area for the Process Excellence Unit in 2023. Currently, only 65 of 95 L3 processes are represented on the Alliance Dashboard with at least one metric. |
| <b>Manage Alliance Finances</b>          | 100%  | +7.6% | The main metric impacting this good performance is <i>Investment Portfolio Performance</i> with a result of 100%, up from 39.1% in Q322.  |



# Alliance Dashboard

Quarter 4, 2022



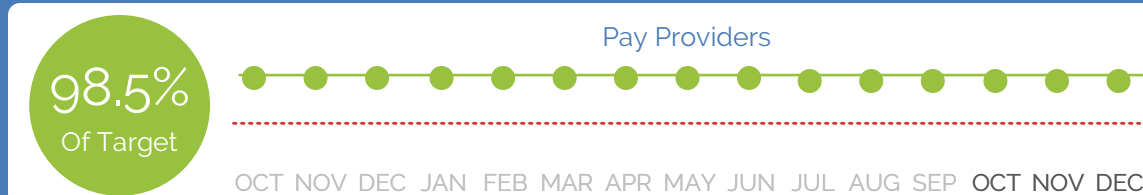
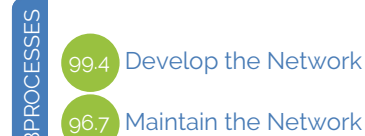
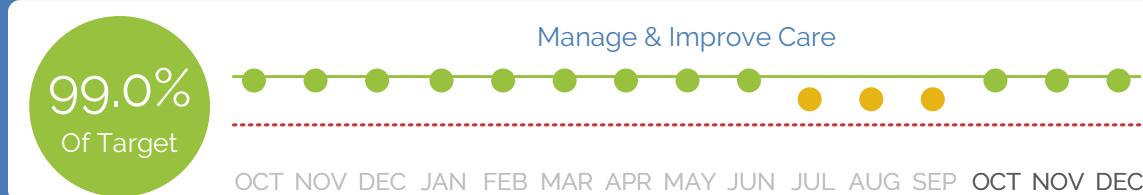
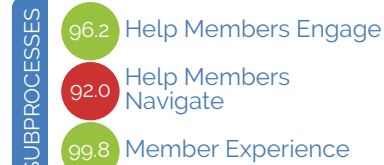
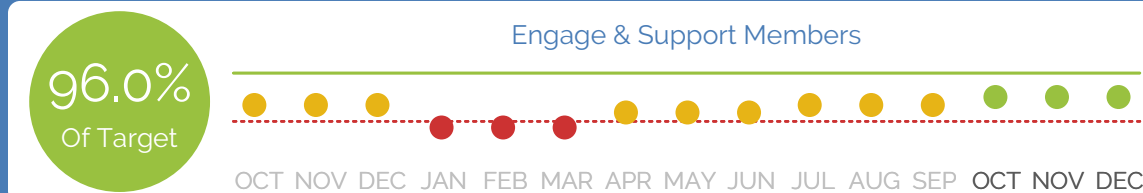
**Purpose:** To provide oversight of health plan performance across all organizational processes, to enable timely and targeted intervention as needed.

**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.

|               |                                |   |                      |                                 |              |
|---------------|--------------------------------|---|----------------------|---------------------------------|--------------|
| <b>Legend</b> | Target = desirable performance | Threshold = lowest acceptable performance | ● ≥ to 95% of Target | ● <95% of Target and >Threshold | ● <Threshold |
|---------------|--------------------------------|---|----------------------|---------------------------------|--------------|

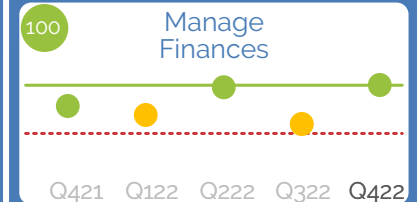
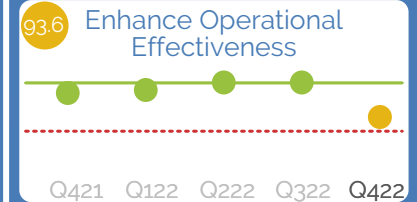
## Core Processes

*Deliver value to our members, providers and community*

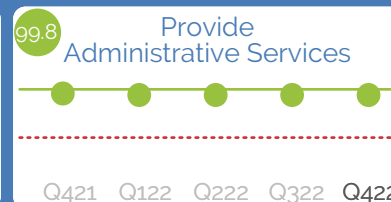
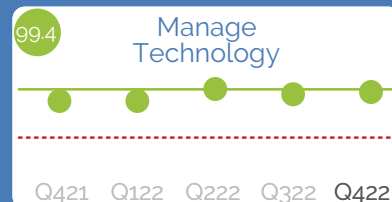
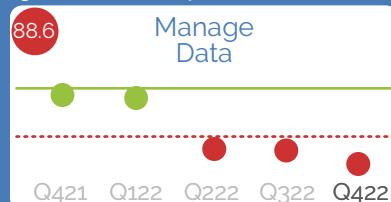


## Managerial Processes

*Guide the organization*



## Support Processes Enable organizational operations





# Alliance Dashboard – Board Metrics

Quarter 4, 2022



| No. | Metric   | Period    | Target                      | Performance                           |
|-----|--|-----------|-----------------------------|---------------------------------------|
| 1   | Calls to Member Services answered within 30 seconds              | Q422      | 80.0%                       | 57.2%                                 |
| 2   | New Member Welcome Call Completion Rate                          | Q322      | 30.0%                       | 33.4%                                 |
| 3   | Timely Resolution of Member Complaints                           | Q422      | 100.0%                      | 98.7%                                 |
| 4   | Members' Favorable Rating of Health Plan (CAHPS) (Medi-Cal)      | 2022      | Child: 86.0%   Adult: 73.0% | Child: 87.8%   Adult: 76.8%           |
| 5   | Members' Favorable Rating of Health Care (CAHPS) (Medi-Cal)      | 2022      | Child: 84.5%   Adult: 70.5% | Child: 88.6%   Adult: 75.6%           |
| 6   | Routine PCP Facility Site Reviews Completed Timely               | Q422      | 100.0%                      | 73.0%                                 |
| 7   | Facility Sites Reviewed in Good Health                           | Q422      | 100.0%                      | 100.0%                                |
| 8   | In Area PCP Market Share (all counties)                          | Q422      | 80.0%                       | 86.6%                                 |
| 9   | In Area Specialist Market Share (all counties)                   | Q422      | 80.0%                       | 85.6%                                 |
| 10  | Contracted PCP Open % (all counties)                             | Q422      |                             | 58.1%                                 |
| 11  | Overall Provider Satisfaction Rate                               | 2022      | 88.0%                       | 87.0%                                 |
| 12  | Inpatient Bed Days/ 1,000 members/Year (Medi-Cal)                | Q322      | 292.0                       | 282.0                                 |
| 13  | Admissions/1,000 Members/Year (Medi-Cal)                         | Q322      | 63.0                        | 63.0                                  |
| 14  | Total 30 Day All-Cause Readmissions %                            | Q322      | 11.0%                       | 9.0%                                  |
| 15  | Ambulatory Care Sensitive Admissions (Medi-Cal)                  | Q322      | 8.0%                        | 5.8%                                  |
| 16  | Average Length of Stay (Medi-Cal)                                | Q322      | 4.5                         | 4.4                                   |
| 17  | Emergency Department visits/1,000 members/year (all LOBs)        | Q322      | 590.0                       | 491.0                                 |
| 18  | Avoidable Emergency Department visits (all LOBs)                 | Q322      | 18.0%                       | 15.0%                                 |
| 19  | Behavioral Health Utilization Rate by County (All Ages)          | Q322      | 3.6%                        | SC: 13.3%   Mont: 6.8%   Merced: 6.4% |
| 20  | Routine Medical/Surgical Prior Authorizations Adjudicated Timely | Q422      | 100.0%                      | 99.7%                                 |
| 21  | Clean Claims Processed and Paid Within 30 Calendar Days          | Q422      | 90.0%                       | 97.1%                                 |
| 22  | Employee Turnover Rate   | Q122-Q422 | 10.0%                       | 6.8%                                  |
| 23  | Total Staffed Workforce  | Q422      | 90.0%                       | 99.3%                                 |
| 24  | Board Designated Reserves Percentage                             | Q422      | 100.0%                      | 115.3%                                |
| 25  | Net Income Percentage  | Q422      | 1.0%                        | 6.4%                                  |
| 26  | Medical Loss Ratio   | Q422      | 92.0%                       | 89.6%                                 |
| 27  | Administrative Loss Ratio  | Q422      | 6.0%                        | 5.5%                                  |





**DATE:** February 22, 2023  
**TO:** Santa Cruz-Monterey-Merced Managed Medical Care Commission  
**FROM:** Lisa Ba, Chief Financial Officer  
**SUBJECT:** Financial Highlights for the Twelve Months Ending December 31, 2022 – Unaudited as of January 25, 2023

For the month ending December 31, 2022, the Alliance reported an Operating Income of \$2.9M. The Year-to-Date (YTD) Operating Income is at \$115.1M, with a Medical Loss Ratio (MLR) of 87.3% and an Administrative Loss Ratio (ALR) of 5.3%. The net income is \$93.2M after accounting for non-operating losses.

The budget expected a \$40.7M Operating Income for YTD December. The actual result is favorable to budget by \$74.5M or 100.0%, driven primarily by the boosted enrollment from the Public Health Emergency (PHE).

| <u>Key Indicators</u>     | Dec-22 (\$ In 000's) |                |                  |                      |
|---------------------------|----------------------|----------------|------------------|----------------------|
|                           | Current Actual       | Current Budget | Current Variance | % Variance to Budget |
| <i>Membership</i>         | 416,529              | 345,117        | 71,412           | 20.7%                |
| Revenue                   | 137,880              | 107,576        | 30,304           | 28.2%                |
| Medical Expenses          | 127,145              | 101,707        | (25,439)         | -25.0%               |
| Administrative Expenses   | 7,812                | 7,450          | (362)            | -4.9%                |
| Operating Income          | 2,923                | (1,580)        | 4,503            | 100.0%               |
| Net Income                | 4,511                | (2,829)        | 7,339            | 100.0%               |
| <i>MLR %</i>              | 92.2%                | 94.5%          | 2.3%             |                      |
| <i>ALR %</i>              | 5.7%                 | 6.9%           | 1.3%             |                      |
| <i>Operating Income %</i> | 2.1%                 | -1.5%          | 3.6%             |                      |
| <i>Net Income %</i>       | 3.3%                 | -2.6%          | 5.9%             |                      |

**HEALTHY PEOPLE. HEALTHY COMMUNITIES.**



| <b>Dec-22 YTD (In \$000s)</b> |                  |                  |                |                      |
|-------------------------------|------------------|------------------|----------------|----------------------|
| <u>Key Indicators</u>         | YTD Actual       | YTD Budget       | YTD Variance   | % Variance to Budget |
| <i>Member Months</i>          | <i>4,852,922</i> | <i>4,374,608</i> | <i>478,314</i> | <i>10.9%</i>         |
| Revenue                       | 1,551,960        | 1,362,802        | 189,158        | 13.9%                |
| Medical Expenses              | 1,354,794        | 1,235,455        | (119,338)      | -9.7%                |
| Administrative Expenses       | 82,023           | 86,680           | 4,658          | 5.4%                 |
| Operating Income/(Loss)       | 115,144          | 40,667           | 74,477         | 100.0%               |
| Net Income/(Loss)             | 93,200           | 25,770           | 67,430         | 100.0%               |
| <b>PMPM</b>                   |                  |                  |                |                      |
| Revenue                       | 319.80           | 311.53           | 8.27           | 2.7%                 |
| Medical Expenses              | 279.17           | 282.42           | 3.24           | 1.1%                 |
| Administrative Expenses       | 16.90            | 19.81            | 2.91           | 14.7%                |
| Operating Income/(Loss)       | 23.73            | 9.30             | 14.43          | 100.0%               |
| <i>MLR %</i>                  | <i>87.3%</i>     | <i>90.7%</i>     | <i>3.4%</i>    |                      |
| <i>ALR %</i>                  | <i>5.3%</i>      | <i>6.4%</i>      | <i>1.1%</i>    |                      |
| <i>Operating Income %</i>     | <i>7.4%</i>      | <i>3.0%</i>      | <i>4.4%</i>    |                      |
| <i>Net Income %</i>           | <i>6.0%</i>      | <i>1.9%</i>      | <i>4.1%</i>    |                      |

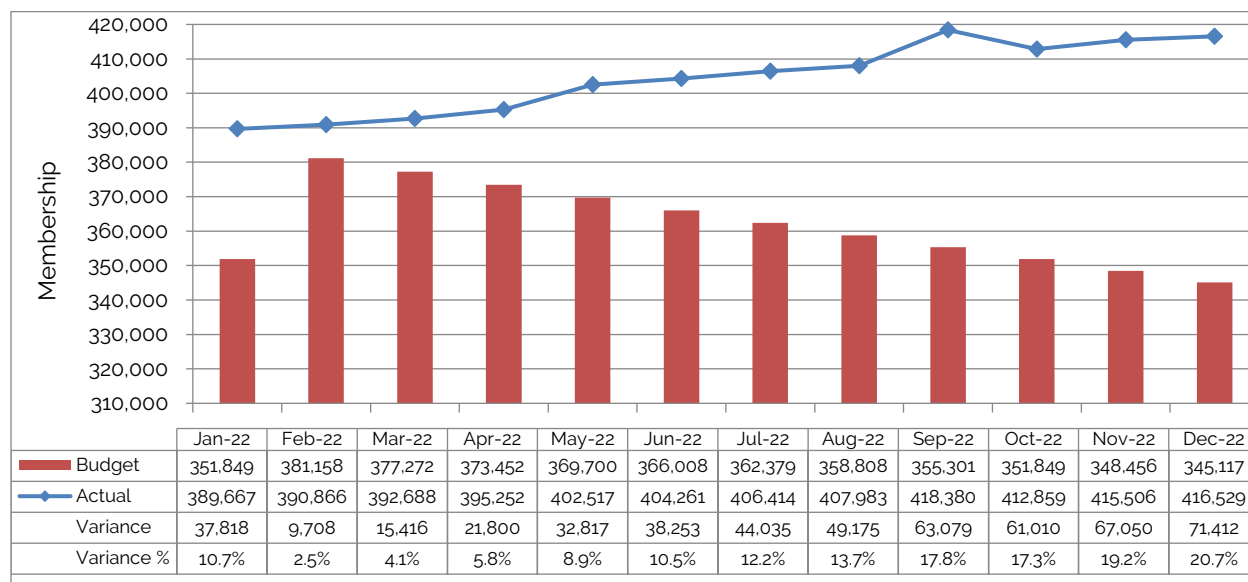
Per Member Per Month. Capitation revenue and medical expenses are variables based on enrollment fluctuations; therefore, the PMPM view offers more clarity than the total dollar amount. Conversely, administrative expenses do not usually correspond with enrollment and should be evaluated at the dollar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

At a PMPM level, YTD revenue is \$319.80, which is favorable to budget by \$8.27 or 2.7%. Medical cost PMPM is \$279.17, which is favorable by \$3.24 or 1.1%. The resulting operating income PMPM is \$23.73, which is favorable by \$14.43 compared to the budget.

Membership. December 2022 membership is favorable to budget by 20.7%. 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 Health and Human Services department announced that the PHE will end on May 11, 2023. However, redetermination is no longer tied to the PHE and will begin in April 2023 with the first disenrollment occurring in July 2023. Additionally, effective May 1, 2022, the State extended eligibility to adults ages 50 and above, regardless of immigration status. The Alliance has approximately 5,000 members in this category. Overall, the membership is favorable in 2022.



Membership. Actual vs. Budget (based on actual enrollment trend for Dec-22 rolling 12 months)



Revenue. December 2022 capitation revenue of \$137.5M is favorable to budget by \$30.2M or 28.1%, mainly attributed to higher enrollment of \$22.2M, and rate variances of \$8.0M. Rate variances include \$4.7M for Housing and Homeless Incentive Payment (HHIP) and \$2.3M for Covid High Performance Payment Incentive.

December 2022 YTD capitation revenue of \$1,547.7M is favorable to budget by \$188.1M or 13.8%. Of this amount, \$143.2M is from boosted enrollment, and \$44.9M is due to rate variance. The favorable rate variance includes funding for various programs not yet finalized when preparing the 2022 budget, including CalAIM Incentive Payment Programs, Housing & Homelessness Incentive Program, rapid genome sequencing, and the expansion of Medi-Cal benefits to undocumented Californians aged 50 and older. Please note that the Department of Health Care Services plans to finalize the 2022 rates in March 2023.

| Dec-22 YTD Capitation Revenue Summary (\$ In 000's) |                  |                  |                |                            |                      |
|---|------------------|------------------|----------------|----------------------------|----------------------|
| County  | Actual           | Budget           | Variance       | Variance Due to Enrollment | Variance Due to Rate |
| Santa Cruz  | 328,192          | 306,647          | 21,545         | 30,593                     | (9,049)              |
| Monterey  | 663,715          | 580,875          | 82,839         | 59,812                     | 23,028               |
| Merced  | 555,832          | 472,067          | 83,764         | 52,821                     | 30,943               |
| <b>Total</b>  | <b>1,547,739</b> | <b>1,359,590</b> | <b>188,149</b> | <b>143,226</b>             | <b>44,922</b>        |

Note: Excludes Dec-22 YTD In-Home Supportive Services (IHSS) premiums revenue of \$4.2M.

Medical Expenses. December 2022 Medical Expenses of \$127.1M are \$25.4M or 25.0% unfavorable to budget. December 2022 YTD Medical Expenses of \$1,354.8M are above budget by \$119.3M or 9.7%. Of this amount, \$135.1M is due to higher enrollment, which offsets \$15.7M from favorable PMPM cost variance. Other Medical expense is unfavorable to budget by \$66.2M or 37.6% due to higher utilization in the lab, behavioral 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 and Housing & Homelessness 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.

| <b>Dec-22 YTD Medical Expense Summary (In \$000s)</b> |                  |                  |                  |                                   |                             |
|---|------------------|------------------|------------------|-----------------------------------|-----------------------------|
| <b>Category</b>                                       | <b>Actual</b>    | <b>Budget</b>    | <b>Variance</b>  | <b>Variance Due to Enrollment</b> | <b>Variance Due to Rate</b> |
| Inpatient Services (Hospital)                         | 518,017          | 468,013          | (50,004)         | (51,172)                          | 1,168                       |
| Inpatient Services (LTC)                              | 160,918          | 159,690          | (1,228)          | (17,460)                          | 16,232                      |
| Physician Services                                    | 264,003          | 260,531          | (3,472)          | (28,486)                          | 25,014                      |
| Outpatient Facility                                   | 168,663          | 170,405          | 1,741            | (18,632)                          | 20,373                      |
| Pharmacy  | 1,069            | 913              | (157)            | (100)                             | (57)                        |
| Other Medical   | 242,122          | 175,904          | (66,219)         | (19,233)                          | (46,986)                    |
| <b>Total</b>  | <b>1,354,794</b> | <b>1,235,455</b> | <b>(119,338)</b> | <b>(135,083)</b>                  | <b>15,745</b>               |

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

At a PMPM level, YTD Medical Expenses are \$279.17, which is favorable by \$3.24 or 1.1% 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 yet to achieve the 2019 level but indicates upward movement. Authorizations suggest that Inpatient, Outpatient, and Long-term Care (LTC) utilization continued to be below the 2019 level through early 2022, representing approximately 50% of medical expenses. However, there have been \$8.9M in inpatient payments for prior years, resulting in higher Inpatient PMPM cost and a higher Incurred but Not Reported (IBNR) estimate.

| <b>Dec-22 YTD Medical Expense by Category of Service (In PMPM)</b> |               |               |                 |                   |
|--|---------------|---------------|-----------------|-------------------|
| <b>Category</b>  | <b>Actual</b> | <b>Budget</b> | <b>Variance</b> | <b>Variance %</b> |
| Inpatient Services (Hospital)                                      | 106.74        | 106.98        | 0.24            | 0.2%              |
| Inpatient Services (LTC)   | 33.16         | 36.50         | 3.34            | 9.2%              |
| Physician Services   | 54.40         | 59.56         | 5.15            | 8.7%              |
| Outpatient Facility  | 34.76         | 38.95         | 4.20            | 10.8%             |
| Pharmacy   | 0.22          | 0.21          | (0.01)          | -5.6%             |
| Other Medical  | 49.89         | 40.21         | (9.68)          | -24.1%            |
| <b>Total</b>   | <b>279.17</b> | <b>282.42</b> | <b>3.24</b>     | <b>1.1%</b>       |

Administrative Expenses. December YTD Administrative Expenses are favorable to budget by \$4.7M or 5.4% with a 5.3% ALR. Salaries, Wages, & Benefits (SWB) are favorable by \$3.7M or 6.1% due to employee benefits running lower than budget and savings from vacant



positions. Non-Salary Administrative Expenses are favorable by \$1.0M or 3.7% due to savings and unspent budgets.

Non-Operating Revenue/Expenses. December YTD Total Non-Operating Revenue is unfavorable to budget by \$13.0M. There is a \$22.4M unrealized loss on investments, reduced by \$15.4M favorability in grants and interests, for a net Non-Operating loss of \$7.0M compared to budget.

Summary of Results. Overall, the Alliance generated a YTD Net Income of \$93.2M, with an MLR of 87.3% and an ALR of 5.3%.





**CENTRAL CALIFORNIA ALLIANCE FOR HEALTH**  
**Balance Sheet**  
**For The Twelfth Month Ending December 31, 2022**  
**Unaudited as of 01/25/2023**  
**(In \$000s)**

|   |                    |
|---|--------------------|
| <b>Assets</b>                               |                    |
| Cash  | \$138,338          |
| Restricted Cash                             | 300                |
| Short Term Investments                      | 675,995            |
| Receivables                                 | 170,780            |
| Prepaid Expenses                            | 4,050              |
| Other Current Assets                        | 13,415             |
| <b>Total Current Assets</b>                 | <b>\$1,002,879</b> |
|   |                    |
| Building, Land, Furniture & Equipment       |                    |
| Capital Assets                              | \$83,614           |
| Accumulated Depreciation                    | (44,582)           |
| CIP   | 512                |
| <b>Total Non-Current Assets</b>             | <b>39,544</b>      |
| <b>Total Assets</b>                         | <b>\$1,042,422</b> |
|   |                    |
| <b>Liabilities</b>                          |                    |
| Accounts Payable                            | \$70,674           |
| IBNR/Claims Payable                         | 278,046            |
| Accrued Expenses                            | -                  |
| Estimated Risk Share Payable                | 10,000             |
| Other Current Liabilities                   | 7,709              |
| Due to State                                | -                  |
| <b>Total Current Liabilities</b>            | <b>\$366,429</b>   |
|   |                    |
| <b>Fund Balance</b>                         |                    |
| Fund Balance - Prior                        | \$582,793          |
| Retained Earnings - CY                      | 93,200             |
| <b>Total Fund Balance</b>                   | <b>675,993</b>     |
| <b>Total Liabilities &amp; Fund Balance</b> | <b>\$1,042,422</b> |
|   |                    |
| <b>Additional Information</b>               |                    |
| <b>Total Fund Balance</b>                   | <b>\$675,993</b>   |
| Board Designated Reserves Target            | 385,623            |
| Strategic Reserve (DSNP)                    | 56,700             |
| Medi-Cal Capacity Grant Program (MCGP)*     | 174,558            |
| <b>Total Reserves</b>                       | <b>616,882</b>     |
| <b>Total Operating Reserve</b>              | <b>\$59,112</b>    |

\* MCGP includes Additional Contribution of \$43.6M





**CENTRAL CALIFORNIA ALLIANCE FOR HEALTH**  
**Income Statement - Actual vs. Budget**  
**For The Twelfth Month Ending December 31, 2022**  
**Unaudited as of 01/25/2023**  
**(In \$000s)**

|                                      | MTD Actual       | MTD Budget       | Variance          | %             | YTD Actual         | YTD Budget         | Variance           | %             |
|--------------------------------------|------------------|------------------|-------------------|---------------|--------------------|--------------------|--------------------|---------------|
| <b>Member Months</b>                 | 416,529          | 345,117          | 71,412            | 20.7%         | 4,852,922          | 4,374,608          | 478,314            | 10.9%         |
| <b>Capitation Revenue</b>            |                  |                  |                   |               |                    |                    |                    |               |
| Capitation Revenue Medi-Cal          | \$137,510        | \$107,309        | \$30,201          | 28.1%         | \$1,547,739        | \$1,359,590        | \$188,149          | 13.8%         |
| Premiums Commercial                  | 371              | 268              | 103               | 38.5%         | 4,221              | 3,212              | 1,009              | 31.4%         |
| <b>Total Operating Revenue</b>       | <b>\$137,880</b> | <b>\$107,576</b> | <b>\$30,304</b>   | <b>28.2%</b>  | <b>\$1,551,960</b> | <b>\$1,362,802</b> | <b>\$189,158</b>   | <b>13.9%</b>  |
| <b>Medical Expenses</b>              |                  |                  |                   |               |                    |                    |                    |               |
| Inpatient Services (Hospital)        | \$51,309         | \$38,392         | (\$12,917)        | -33.6%        | \$518,017          | \$468,013          | (\$50,004)         | -10.7%        |
| Inpatient Services (LTC)             | 13,776           | 13,537           | (239)             | -1.8%         | 160,918            | 159,690            | (1,228)            | -0.8%         |
| Physician Services                   | 23,021           | 21,493           | (1,529)           | -7.1%         | 264,003            | 260,531            | (3,472)            | -1.3%         |
| Outpatient Facility                  | 15,555           | 14,309           | (1,246)           | -8.7%         | 168,663            | 170,405            | 1,741              | 1.0%          |
| Pharmacy                             | 267              | 96               | (171)             | -100.0%       | 1,069              | 913                | (157)              | -17.2%        |
| Other Medical                        | 23,216           | 13,879           | (9,337)           | -67.3%        | 242,122            | 175,904            | (66,219)           | -37.6%        |
| <b>Total Medical Expenses</b>        | <b>\$127,145</b> | <b>\$101,707</b> | <b>(\$25,439)</b> | <b>-25.0%</b> | <b>\$1,354,794</b> | <b>\$1,235,455</b> | <b>(\$119,338)</b> | <b>-9.7%</b>  |
| <b>Gross Margin</b>                  | <b>\$10,735</b>  | <b>\$5,870</b>   | <b>\$4,865</b>    | <b>82.9%</b>  | <b>\$197,166</b>   | <b>\$127,347</b>   | <b>\$69,819</b>    | <b>54.8%</b>  |
| <b>Administrative Expenses</b>       |                  |                  |                   |               |                    |                    |                    |               |
| Salaries                             | \$4,865          | \$5,076          | \$211             | 4.2%          | \$56,342           | \$60,004           | \$3,661            | 6.1%          |
| Professional Fees                    | 485              | 128              | (357)             | -100.0%       | 3,491              | 2,069              | (1,422)            | -68.7%        |
| Purchased Services                   | 697              | 829              | 132               | 15.9%         | 8,492              | 8,832              | 340                | 3.9%          |
| Supplies & Other                     | 1,375            | 972              | (403)             | -41.4%        | 9,265              | 10,892             | 1,627              | 14.9%         |
| Occupancy                            | 115              | 102              | (13)              | -13.1%        | 1,099              | 1,257              | 158                | 12.6%         |
| Depreciation/Amortization            | 276              | 343              | 68                | 19.7%         | 3,333              | 3,627              | 293                | 8.1%          |
| <b>Total Administrative Expenses</b> | <b>\$7,812</b>   | <b>\$7,450</b>   | <b>(\$362)</b>    | <b>-4.9%</b>  | <b>\$82,023</b>    | <b>\$86,680</b>    | <b>\$4,658</b>     | <b>5.4%</b>   |
| <b>Operating Income</b>              | <b>\$2,923</b>   | <b>(\$1,580)</b> | <b>\$4,503</b>    | <b>100.0%</b> | <b>\$115,144</b>   | <b>\$40,667</b>    | <b>\$74,477</b>    | <b>100.0%</b> |
| <b>Non-Op Income/(Expense)</b>       |                  |                  |                   |               |                    |                    |                    |               |
| Interest                             | \$1,972          | \$320            | \$1,652           | 100.0%        | \$12,543           | \$3,811            | \$8,732            | 100.0%        |
| Gain/(Loss) on Investments           | (112)            | (242)            | 130               | 53.8%         | (25,291)           | (2,878)            | (22,413)           | -100.0%       |
| Other Revenues                       | 148              | 70               | 78                | 100.0%        | 1,639              | 932                | 708                | 76.0%         |
| Grants                               | (421)            | (1,397)          | 976               | 69.9%         | (10,834)           | (16,762)           | 5,927              | 35.4%         |
| <b>Total Non-Op Income/(Expense)</b> | <b>\$1,588</b>   | <b>(\$1,249)</b> | <b>\$2,836</b>    | <b>100.0%</b> | <b>(\$21,944)</b>  | <b>(\$14,897)</b>  | <b>(\$7,047)</b>   | <b>-47.3%</b> |
| <b>Net Income/(Loss)</b>             | <b>\$4,511</b>   | <b>(\$2,829)</b> | <b>\$7,339</b>    | <b>100.0%</b> | <b>\$93,200</b>    | <b>\$25,770</b>    | <b>\$67,430</b>    | <b>100.0%</b> |
| <i>MLR</i>                           | 92.2%            | 94.5%            |                   |               | 87.3%              | 90.7%              |                    |               |
| <i>ALR</i>                           | 5.7%             | 6.9%             |                   |               | 5.3%               | 6.4%               |                    |               |
| <i>Operating Income</i>              | 2.1%             | -1.5%            |                   |               | 7.4%               | 3.0%               |                    |               |
| <i>Net Income %</i>                  | 3.3%             | -2.6%            |                   |               | 6.0%               | 1.9%               |                    |               |





**CENTRAL CALIFORNIA ALLIANCE FOR HEALTH**  
**Income Statement - Actual vs. Budget**  
**For The Twelfth Month Ending December 31, 2022**  
**Unaudited as of 01/25/2023**  
**(In PMPM)**

|                                      | MTD Actual      | MTD Budget      | Variance         | %             | YTD Actual       | YTD Budget       | Variance       | %             |
|--------------------------------------|-----------------|-----------------|------------------|---------------|------------------|------------------|----------------|---------------|
| <i>Member Months</i>                 | <i>416,529</i>  | <i>345,117</i>  | <i>71,412</i>    | <i>20.7%</i>  | <i>4,852,922</i> | <i>4,374,608</i> | <i>478,314</i> | <i>10.9%</i>  |
| <b>Capitation Revenue</b>            |                 |                 |                  |               |                  |                  |                |               |
| Capitation Revenue Medi-Cal          | \$330.13        | \$310.93        | \$19.20          | 6.2%          | \$318.93         | \$310.79         | \$8.14         | 2.6%          |
| Premiums Commercial                  | 0.89            | 0.78            | 0.11             | 14.8%         | 0.87             | 0.73             | 0.14           | 18.4%         |
| <b>Total Operating Revenue</b>       | <b>\$331.02</b> | <b>\$311.71</b> | <b>\$19.31</b>   | <b>6.2%</b>   | <b>\$319.80</b>  | <b>\$311.53</b>  | <b>\$8.27</b>  | <b>2.7%</b>   |
| <b>Medical Expenses</b>              |                 |                 |                  |               |                  |                  |                |               |
| Inpatient Services (Hospital)        | \$123.18        | \$111.24        | (\$11.94)        | -10.7%        | \$106.74         | \$106.98         | \$0.24         | 0.2%          |
| Inpatient Services (LTC)             | 33.07           | 39.22           | 6.15             | 15.7%         | 33.16            | 36.50            | 3.34           | 9.2%          |
| Physician Services                   | 55.27           | 62.28           | 7.01             | 11.3%         | 54.40            | 59.56            | 5.15           | 8.7%          |
| Outpatient Facility                  | 37.34           | 41.46           | 4.12             | 9.9%          | 34.76            | 38.95            | 4.20           | 10.8%         |
| Pharmacy                             | 0.64            | 0.28            | (0.36)           | -100.0%       | 0.22             | 0.21             | (0.01)         | -5.6%         |
| Other Medical                        | 55.74           | 40.22           | (15.52)          | -38.6%        | 49.89            | 40.21            | (9.68)         | -24.1%        |
| <b>Total Medical Expenses</b>        | <b>\$305.25</b> | <b>\$294.70</b> | <b>(\$10.55)</b> | <b>-3.6%</b>  | <b>\$279.17</b>  | <b>\$282.42</b>  | <b>\$3.24</b>  | <b>1.1%</b>   |
| <b>Gross Margin</b>                  | <b>\$25.77</b>  | <b>\$17.01</b>  | <b>\$8.76</b>    | <b>51.5%</b>  | <b>\$40.63</b>   | <b>\$29.11</b>   | <b>\$11.52</b> | <b>39.6%</b>  |
| <b>Administrative Expenses</b>       |                 |                 |                  |               |                  |                  |                |               |
| Salaries                             | \$11.68         | \$14.71         | \$3.03           | 20.6%         | \$11.61          | \$13.72          | \$2.11         | 15.4%         |
| Professional Fees                    | 1.16            | 0.37            | (0.79)           | -100.0%       | 0.72             | 0.47             | (0.25)         | -52.1%        |
| Purchased Services                   | 1.67            | 2.40            | 0.73             | 30.3%         | 1.75             | 2.02             | 0.27           | 13.3%         |
| Supplies & Other                     | 3.30            | 2.82            | (0.48)           | -17.2%        | 1.91             | 2.49             | 0.58           | 23.3%         |
| Occupancy                            | 0.28            | 0.29            | 0.02             | 6.3%          | 0.23             | 0.29             | 0.06           | 21.2%         |
| Depreciation/Amortization            | 0.66            | 0.99            | 0.33             | 33.5%         | 0.69             | 0.83             | 0.14           | 17.1%         |
| <b>Total Administrative Expenses</b> | <b>\$18.75</b>  | <b>\$21.59</b>  | <b>\$2.83</b>    | <b>13.1%</b>  | <b>\$16.90</b>   | <b>\$19.81</b>   | <b>\$2.91</b>  | <b>14.7%</b>  |
| <b>Operating Income</b>              | <b>\$7.02</b>   | <b>(\$4.58)</b> | <b>\$11.60</b>   | <b>100.0%</b> | <b>\$23.73</b>   | <b>\$9.30</b>    | <b>\$14.43</b> | <b>100.0%</b> |





**CENTRAL CALIFORNIA ALLIANCE FOR HEALTH**  
**Statement of Cash Flow**  
**For The Twelfth Month Ending December 31, 2022**  
**Unaudited as of 01/25/2023**  
**(In \$000s)**

|   | <u>MTD</u>               | <u>YTD</u>                |
|---|--------------------------|---------------------------|
| Net Income  | \$4,511                  | \$93,200                  |
| Items not requiring the use of cash: Depreciation                                 | 276                      | 3,333                     |
| Adjustments to reconcile Net Income to Net Cash provided by operating activities: |                          |                           |
| Changes to Assets:  |                          |                           |
| Receivables   | (139)                    | 74,769                    |
| Prepaid Expenses  | 706                      | (1,852)                   |
| Current Assets  | 1,655                    | 2,690                     |
| <b>Net Changes to Assets</b>  | <u><b>\$2,222</b></u>    | <u><b>\$75,607</b></u>    |
| Changes to Payables:  |                          |                           |
| Accounts Payable  | 14,755                   | 13,734                    |
| Accrued Expenses  | -                        | (1)                       |
| Other Current Liabilities   | 168                      | 394                       |
| Incurred But Not Reported Claims/Claims Payable                                   | 4,162                    | (46,703)                  |
| Estimated Risk Share Payable  | 833                      | -                         |
| Due to State  | -                        | -                         |
| <b>Net Changes to Payables</b>  | <u><b>\$19,919</b></u>   | <u><b>(\$32,577)</b></u>  |
| <b>Net Cash Provided by (Used in) Operating Activities</b>                        | <u><b>\$26,927</b></u>   | <u><b>\$139,563</b></u>   |
| Change in Investments   | (74,395)                 | (138,111)                 |
| Other Equipment Acquisitions  | (94)                     | (641)                     |
| <b>Net Cash Provided by (Used in) Investing Activities</b>                        | <u><b>(\$74,489)</b></u> | <u><b>(\$138,752)</b></u> |
| <b>Net Increase (Decrease) in Cash &amp; Cash Equivalents</b>                     | <u><b>(\$47,562)</b></u> | <u><b>\$811</b></u>       |
| <b>Cash &amp; Cash Equivalents at Beginning of Period</b>                         | <u><b>\$185,900</b></u>  | <u><b>\$137,528</b></u>   |
| <b>Cash &amp; Cash Equivalents at December 31, 2022</b>                           | <u><b>\$138,338</b></u>  | <u><b>\$138,338</b></u>   |





**DATE:** February 22, 2023  
**TO:** Santa Cruz-Monterey-Merced Managed Medical Care Commission  
**FROM:** Ronita Margain, Community Engagement Director  
**SUBJECT:** Member Services Advisory Group: Member Appointment

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

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

Discussion. The following individuals have indicated interest in participating on the MSAG.

| Name              | Affiliation       | County   |
|-------------------|-------------------|----------|
| Moncerat Politron | Community Partner | Monterey |
| Rebekah Capron    | Community Partner | Merced   |

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

Attachments. N/A





**DATE:** February 22, 2023  
**TO:** Santa Cruz-Monterey-Merced Managed Medical Care Commission  
**FROM:** Dr. Dale Bishop, Chief Medical Officer  
**SUBJECT:** Whole Child Model Clinical Advisory Committee: Member Appointment

---

Recommendation. Staff recommend the Board approve the appointment of the individuals 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 individuals have indicated interest in participating on the WCMCAC and are recommended.

| Name               | Affiliation             | County     |
|--------------------|-------------------------|------------|
| Camille Guzell, MD | Provider Representative | Santa Cruz |
| Jennifer Yu, MD    | Provider Representative | Santa Cruz |

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

Attachments. N/A

**HEALTHY PEOPLE. HEALTHY COMMUNITIES.**



# SANTA CRUZ – MONTEREY – MERCED MANAGED MEDICAL CARE COMMISSION



## Meeting Minutes

Wednesday, December 7, 2022

### Teleconference Meeting

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

#### **Commissioners Present:**

Ms. Dorothy Bizzini  
Ms. Leslie Conner  
Dr. Maximiliano Cuevas  
Ms. Julie Edgcomb  
Ms. Janna Espinoza  
Supervisor Zach Friend  
Ms. Dori Rose Inda  
Ms. Elsa Jimenez  
Ms. Shebreh Kalantari-Johnson  
Ms. Mónica Morales  
Mr. Michael Molesky  
Supervisor Josh Pedrozo  
Dr. James Rabago  
Dr. Allen Radner  
Mr. Tony Weber

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

#### **Commissioners Absent:**

Supervisor Wendy Root Askew  
Dr. Larry deGhetaldi  
Dr. Charles Harris  
Ms. Rebecca Nanyonjo  
Dr. Joerg Schuller  
Mr. Rob Smith

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

#### **Staff Present:**

Ms. Stephanie Sonnenshine  
Ms. Lisa Ba  
Dr. Dale Bishop  
Mr. Scott Fortner

Chief Executive Officer  
Chief Financial Officer  
Chief Medical Officer  
Chief Administrative Officer

**HEALTHY PEOPLE. HEALTHY COMMUNITIES.**



Ms. Jenifer Mandella  
Mr. Cecil Newton  
Ms. Van Wong  
Ms. Kathy Stagnaro

Chief Compliance Officer  
Chief Information Officer  
Chief Operating Officer  
Clerk of the Board

**1. Call to Order by Chair Jimenez.**

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

Roll call was taken and a quorum was present.

Vice Chair Pedrozo welcomed Ms. Janna Espinoza, Public Representative, Monterey County to the Board.

There were no supplements or deletions to the agenda.

**2. Oral Communications.**

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

No members of the public addressed the Commission.

**3. Comments and announcements by Commission members.**

Vice Chair Pedrozo opened the floor for Commissioners to make comments.

Commissioner Conner announced the Live Oak Health Center in partnership with Dientes held its ribbon cutting ceremony on November 19, 2022. She thanked the Alliance for their grant contribution and support. December 6, 2022 was the first day of services at the new facility.

**4. Comments and announcements by Chief Executive Officer.**

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

Ms. Sonnenshine noted that today's meeting had a full agenda with a lot of action items requiring roll call votes. She advised Commissioners to be efficient with muting and unmuting.

She indicated that there was a closed session following the regular agenda and Commissioners should have the Teams links available when the Board moves to closed session.

She informed the Board that this was the last regular meeting of 2022. She extended her appreciation for the Board's commitment, leadership and engagement throughout the year.

[Chair Jimenez arrived at this time: 3:08 p.m.]

Chair Jimenez presided over the remainder of the meeting.



**Consent Agenda Items: (5. – 11G.): 3:10 p.m.**

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

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

**ACTION:** The motion passed with the following vote:

Ayes: Commissioners Bizzini, Conner, Cuevas, Edgcomb, Espinoza, Friend, Inda, Jimenez, Kalantari-Johnson, Molesky, Morales, Pedrozo, Rabago, Radner and Weber.

Noes: None.

Absent: Commissioners Askew, deGhetaldi, Harris, Nanyonjo, Schuller and Smith.

Abstain: None.

**Regular Agenda Item: (12. - 16.): 3:12 p.m.****12. Consider approving Board meeting schedule and schedule of Board member participation in Committees and Advisory Groups for 2023. (3:12 – 3:18 p.m.)**

Ms. Sonnenshine, CEO, reviewed the 2023 Board meeting schedule. Staff recommended returning to in person meetings from each county office in March 2023 and to continue with AB 361 remote meetings through February 2023 at this present time. Governor Newsom announced that the COVID-19 State of Emergency will end on February 28, 2023. The flexibilities provided by AB 2449 are not administratively feasible for the Alliance as this bill requires a quorum in a single location in order for other Commissioners to participate remotely.

Ms. Sonnenshine next reviewed the schedule of Board member participation in Committees and Advisory Groups for 2023. Commissioner Espinoza has been added to the Whole Child Model Family Advisory Committee meetings and the Member Services Advisory Group meeting on May 11, 2023. Staff included Commissioner Smith's participation on the Finance Committee and are awaiting his confirmation.

**MOTION:** Commissioner Conner moved to approve the Santa Cruz – Monterey- Merced Managed Medical Care Commission meeting schedule for 2023 and the schedule of Board member participation in Committee and Advisory Groups for 2023, seconded by Commissioner Edgcomb.

**ACTION:** The motion passed with the following vote:

Ayes: Commissioners Bizzini, Conner, Cuevas, Edgcomb, Espinoza, Friend, Inda, Jimenez, Kalantari-Johnson, Molesky, Morales, Pedrozo, Rabago, Radner and Weber.

Noes: None.

Absent: Commissioners Askew, deGhetaldi, Harris, Nanyonjo, Schuller and Smith.

Abstain: None.



**13. Consider approving: 1) Medical Budget and 2) Administrative Budget for Alliance Calendar Year (CY) 2023. (3:18 – 3:47 p.m.)**

Ms. Lisa Ba, Chief Financial Officer (CFO), reviewed the overall budget results and the Medical and Administrative budgets. The priorities for budget development included ensuring sustainable financial performance by maintaining access to and quality of care for members; sustaining operational efficiency while adequately funding administrative resources to execute regulatory requirements; and aligning medical costs with revenue rate, utilization trends, and industry benchmarks.

Ms. Ba provided a future financial outlook and projections for 2023 to 2026. The State communicated a preliminary budget deficit of \$25B for SFY 2023-2024 and anticipated deficits for the next three fiscal years. There is uncertainty in the 2024 financial performance, as the State will adjust the plan revenue based on the plan performance on quality. In addition, the State will implement regional rates no earlier than 2024, which poses a significant threat to the Alliance's finances. Under the regional rate, the Alliance revenue will be risk-adjusted, competing for funding with other local and commercial Medi-Cal managed care plans. Due to the uncertainties, the Alliance projects that it may experience operating losses starting in 2024, and the loss may last three years. The Board instructed staff to implement a reserve policy that includes three months of premium capitation and adequate strategic reserves. Staff will bring recommendations to the Board for additional reserve needs for the two expansion counties and Dual Eligible Special Needs Plans in 2023.

**MOTION:** Commissioner Friend moved to approve the calendar year 2023 Medical budget at \$1,373,689,925 and the calendar year 2023 Administrative budget at \$94,188,416, seconded by Commissioner Weber.

**ACTION:** The motion passed with the following vote:

Ayes: Commissioners Bizzini, Conner, Cuevas, Edgcomb, Espinoza, Friend, Inda, Jimenez, Kalantari-Johnson, Molesky, Morales, Rabago, Radner and Weber.

Noes: None.

Absent: Commissioner Askew, deGhetaldi, Harris, Nanyonjo, Pedrozo, Schuller and Smith.

Abstain: None.

**14. Consider approving Care Based Incentive (CBI) Funding for Calendar Year (CY) 2022. (3:47 – 3:58 p.m.)**

Chair Jimenez advised the Board that this item carried potential conflict of interest. Board members who perceived that they were at risk for conflict of interest were advised to abstain from discussion and voting on this item.

Ms. Ba, CFO, provided background on Care-Based Incentive (CBI) funding. The Board reviews and approves CBI annually and the estimated costs are included in the medical budget for the following calendar year. Each December, the Board approves the actual payment amounts to be awarded for CBI performance for that program year. Historically, the Alliance has considered financial performance when approving the funding for incentive programs. CBI is designed to encourage the promotion and implementation of the patient-centered medical home model, improve access to care and promote the delivery of high quality care.



Primary care physicians (PCPs) earn CBI payments by improving care coordination and achieving quality measures. PCPs are provided with quarterly updates as to their performance to guide continuous improvement.

**MOTION:** Commissioner Kalantari-Johnson moved to approve the Care-Based Incentive program funding at \$10M for calendar year 2022, seconded by Commissioner Edgcomb.

**ACTION:** The motion passed with the following vote:

Ayes: Commissioners Bizzini, Edgcomb, Espinoza, Friend, Kalantari-Johnson, Molesky and Pedrozo.

Noes: None.

Absent: Commissioners Askew, deGhetaldi, Harris, Nanyonjo, Schuller and Smith.

Abstain: Commissioners Conner, Cuevas, Inda, Jimenez, Morales, Rabago, Radner and Weber.

**15. Consider approving proposed Quality Improvement Program and funding for Calendar Year (CY) 2023. (3:58 – 4:13 p.m.)**

Chair Jimenez advised the Board that this item carried potential conflict of interest. Board members who perceived that they were at risk for conflict of interest were advised to abstain from discussion and voting on this item.

Ms. Ba, CFO, discussed the purpose of the Care-Based Incentive which includes promotion of the Patient-Centered Medical Home; primary care physicians are encouraged to move from illness treatment to a population-based treatment paradigm; payment reform that promotes practice reform; and high-performing practices have reinvested CBI payments into improvement. A CBI payment adjustment was recommended by staff and approved by the Board to reduce earnings for performance below the National Committee for Quality Assurance Medicaid 50<sup>th</sup> percentile for quality measures.

The purpose of the adjustment is to reward the achievement of goals. There is a need to incentivize providers' high performance and to work with providers to address barriers to achieving equitable health outcomes for members. Achieving equitable results will require investment. Removing access to financial resources from practices that do not meet performance expectations is not likely to result in higher performance from those practices.

Providers with metrics below the 50<sup>th</sup> percentile will have the opportunity to implement a performance improvement plan. The plan will include funding requests to support the implementation of the program, such as consulting, staffing, process and technology. Staff will review and approve project applications using select criteria and provide ongoing support, including best practice information, regular reporting, and coaching through a rapid plan to study act cycle process.

**MOTION:** Commissioner Bizzini moved to approve a calendar year 2023 Care-Based Quality Improvement Program and payment for the 2023 program of \$5M, seconded by Commissioner Pedrozo.



|                       |   |
|-----------------------|---|
| <b><u>ACTION:</u></b> | The motion passed with the following vote:  |
| Ayes:                 | Commissioners Bizzini, Edgcomb, Espinoza, Friend, Kalantari-Johnson, Molesky and Pedrozo. |
| Noes:                 | None.   |
| Absent:               | Commissioners Askew, deGhetaldi, Harris, Nanyonjo, Schuller and Smith.                    |
| Abstain:              | Commissioners Conner, Cuevas, Inda, Jimenez, Morales, Rabago, Radner and Weber.           |

[Commissioner Friend departed at this time: 4:13 p.m.]

**16. Discuss State of Technology and Security at the Alliance. (4:13 – 4:21 p.m.)**

Mr. Cecil Newton, Chief Information Officer (CIO) and Information Security Officer, provided an update on technology and security at the Alliance. A significant effort is underway to improve the Alliance's overall security posture. Specifically, the Alliance is implementing security controls, technology and processes with the goal to further protect the organization against ransomware and other attacks. Staff continue to make important technology improvements, intend to implement a new care management system and have developed a Data Management Strategy. The CIO plans to provide a report in the Executive Summary from the CEO in the areas of technology, security and data on a monthly basis.

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

[Commissioner Morales departed at this time: 4:20 p.m.]

**Adjourn to Closed Session**

Chair Jimenez moved the Commission into Closed Session at 4:21 p.m.

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

**Return to Open Session**

Chair Jimenez reconvened the meeting to Open Session at 5:09 p.m.

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

Chair Jimenez reported from Closed Session that the Board met with legal counsel to discuss the status of the Doe v. Alliance litigation and to discuss whether to proceed with voluntary mediation in an effort to resolve the litigation. The case concerns allegations of a security breach incident in May 2020 from a phishing attack and includes class action allegations. The Board voted to proceed with mediation which has been tentatively scheduled for January 18, 2023. Commissioner votes were reported as follows: 11 ayes, 0 nays, 1 abstention and 9 absent.



**The Commission adjourned its regular meeting of December 7, 2022 at 5:10 p.m. to the special meeting of December 11, 2022 at 12:00 p.m. in-person and via teleconference unless otherwise noticed.**

Respectfully submitted,

Ms. Kathy Stagnaro  
Clerk of the Board



# SANTA CRUZ – MONTEREY – MERCED MANAGED MEDICAL CARE COMMISSION



## Meeting Minutes Special Meeting at the call of the Chairperson

**Sunday, December 11, 2022**

12:00 p.m. – 5:00 p.m.  
Chaminade Resort & Spa  
One Chaminade Lane  
Santa Cruz, CA 95065  
and

Via Teleconference

(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. Larry deGhetaldi  
Ms. Julie Edgcomb  
Ms. Janna Espinoza  
Supervisor Zach Friend  
Dr. Charles Harris  
Ms. Dori Rose Inda  
Ms. Elsa Jimenez  
Mr. Michael Molesky  
Ms. Rebecca Nanyonjo  
Supervisor Josh Pedrozo  
Dr. Allen Radner

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

### **Commissioners Absent:**

Dr. Maximiliano Cuevas  
Ms. Shebreh Kalantari-Johnson  
Ms. Mónica Morales  
Dr. James Rabago  
Dr. Joerg Schuller  
Mr. Rob Smith  
Mr. Tony Weber

Provider Representative  
Public Representative  
County Health Services Agency Director  
Provider Representative  
Hospital Representative  
Public Representative  
Provider Representative

### **Staff Present:**

Ms. Stephanie Sonnenshine

Chief Executive Officer

**HEALTHY PEOPLE. HEALTHY COMMUNITIES.**



Mr. Scott Fortner  
Ms. Kathy Stagnaro

Chief Administrative Officer  
Clerk of the Board

**1. Call to Order by Chair Jimenez.**

Commission Chairperson Jimenez called the meeting to order at 12:05 p.m.

Roll call was taken and a quorum was present.

There were no supplements or deletions to the agenda.

**2. Oral Communications.**

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

No members of the public addressed the Commission.

**Adjourn to Closed Session**

Chair Jimenez moved the Commission into Closed Session at 12:08 p.m.

**3. Closed Session pursuant to Government Code Section 54957 (b) (1)  
PUBLIC EMPLOYMENT  
Title: Chief Executive Officer**

[Commissioner Inda arrived at this time: 12:14 p.m.]

[Commissioner Bizzini departed at this time: 4:28 p.m.]

[Commissioner Friend departed at this time: 4:36 pm.]

**Return to Open Session**

Vice Chair Jimenez reconvened the meeting to Open Session at 4:39 p.m.

**4. Open Session pursuant to Government Code Section 54957.1 (a) (5)  
PUBLIC EMPLOYMENT  
Title: Chief Executive Officer**

Vice Chair Jimenez reported from Closed Session that the Board selected the Chief Executive Officer and directed staff to negotiate salary and start date. Commissioner votes were reported as follows: 12 ayes, 0 nays, 0 abstentions and 9 absent.

**The Commission adjourned its special meeting of December 11, 2022 at 4:41 p.m. to the regular meeting of January 6, 2023 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  
Meeting of the Board**

**Friday, January 6, 2023**

**Teleconference Meeting**

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

**Commissioners Present:**

Supervisor Wendy Root Askew  
Ms. Dorothy Bizzini  
Ms. Julie Edgcomb  
Ms. Janna Espinoza  
Supervisor Zach Friend  
Ms. Elsa Jimenez  
Ms. Shebreh Kalantari-Johnson  
Ms. Mónica Morales  
Ms. Rebecca Nanyonjo  
Supervisor Josh Pedrozo  
Dr. Joerg Schuller  
Mr. Rob Smith

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

**Commissioners Absent:**

Ms. Leslie Conner  
Dr. Maximiliano Cuevas  
Dr. Larry deGhetaldi  
Ms. Dori Rose Inda  
Dr. Charles Harris  
Mr. Michael Molesky  
Dr. James Rabago  
Dr. Allen Radner  
Mr. Tony Weber

Provider Representative  
Provider Representative  
Provider Representative  
Hospital Representative  
Hospital Representative  
Public Representative  
Provider Representative  
Provider Representative  
Provider Representative

**Staff Present:**

Ms. Stephanie Sonnenshine  
Ms. Kathy Stagnaro

Chief Executive Officer  
Clerk of the Board

**HEALTHY PEOPLE. HEALTHY COMMUNITIES.**



**Call to Order by Chair Jimenez.**

Commission Chairperson Jimenez called the meeting to order at 7:34 a.m.

Roll call was taken and a quorum was present.

**1. Oral Communications.**

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

No members of the public addressed the Commission.

**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. (7:37 – 7:40 a.m.)**

[Commissioner Schuller arrived at this time: 7:37 a.m.]

Ms. Stephanie Sonnenshine, Chief Executive 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 met to consider and make finding that will enable holding the regularly scheduled January 25, 2023 meeting by teleconference. In addition, the Board considered 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 Askew 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 Vice Chair Pedrozo.

**ACTION:** The motion passed with the following vote:

Ayes: Commissioners Askew, Bizzini, Edgcomb, Espinoza, Friend, Jimenez, Kalantari-Johnson, Morales, Nanyonjo, Pedrozo, Schuller and Smith.

Noes: None.

Absent: Commissioners Conner, Cuevas, deGhetaldi, Harris, Inda, Molesky, Rabago, Radner and Weber

Abstain: None.

**The Commission adjourned its meeting of January 6, 2023 at 7:40 a.m. to the meeting of January 25, 2023 at 3:00 p.m. via teleconference unless otherwise noticed.**

Respectfully submitted,

Ms. Kathy Stagnaro  
Clerk of the Board



# SANTA CRUZ – MONTEREY – MERCED MANAGED MEDICAL CARE COMMISSION



## Meeting Minutes

Wednesday, January 25, 2023

### Teleconference Meeting

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

#### **Commissioners Present:**

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

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

#### **Commissioners Absent:**

Ms. Leslie Conner  
Mr. Tony Weber

Provider Representative  
Provider Representative

#### **Staff Present:**

Ms. Stephanie Sonnenshine  
Ms. Lisa Ba  
Dr. Dale Bishop  
Mr. Scott Fortner

Chief Executive Officer  
Chief Financial Officer  
Chief Medical Officer  
Chief Administrative Officer

**HEALTHY PEOPLE. HEALTHY COMMUNITIES.**



Ms. Jenifer Mandella  
Ms. Van Wong  
Ms. Kathy Stagnaro

Chief Compliance Officer  
Chief Operating Officer  
Clerk of the Board

**1. Call to Order by Chair Jimenez.**

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

Roll call was taken and a quorum was present.

There were no supplements or deletions to the agenda.

**2. Oral Communications.**

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

No members of the public addressed the Commission.

**3. Comments and announcements by Commission members.**

Chair Jimenez opened the floor for Commissioners to make comments.

No comments or announcements from Commissioners at this time.

**4. Comments and announcements by Chief Executive Officer.**

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

Ms. Sonnenshine welcomed the Board to the first meeting of 2023.

She acknowledged that our region was hit hard by the recent storms. The emergency response team engaged with the community and monitored the impacts of the storms.

She updated the Board on the CEO onboarding plan being prepared for Mr. Michael Schrader. He plans to attend the April Board meeting which will include a dinner meeting and regular meeting the following day. Staff intend to review and discuss the draft agenda at the February 22, 2023 meeting.

**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. (3:09 – 3:13 p.m.)**

Ms. Stephanie Sonnenshine, Chief Executive 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 considered and made findings that will enable holding the regularly scheduled February 22, 2023 meeting by teleconference.



In addition, the Board considered 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. The regular meeting of February 6, 2023 will be cancelled upon Board approval of these findings at this meeting. Commissioners can expect to return to in person attendance in the office of their home county in March 2023.

**MOTION:** Commissioner Askew 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 Askew, Bizzini, Cuevas, deGhetaldi, Edgcomb, Espinoza, Friend, Harris, Inda, Jimenez, Kalantari-Johnson, Molesky, Morales, Nanyonjo, Pedrozo, Rabago, Radner, Schuller and Smith.

Noes: None.

Absent: Commissioners Conner and Weber.

Abstain: None.

**Regular Agenda Item: (6. - 7.): 3:12 p.m.**

**6. Discuss Medi-Cal Capacity Grant Program (MCGP) Evolution: Foundation Progress Report. (3:13 – 3:34 p.m.)**

Ms. Sonnenshine, CEO, provided a progress report to ensure Board understanding of the status of the recommended donation, operating model and implementation plan for a new 501(c)(3) non-profit foundation to administer the Alliance's grant making function.

Staff plan to develop recommendations for grantmaking opportunities through the existing MCGP structure for March Board approval and awards in June 2023. Staff are in the process of obtaining accounting guidance to ensure that the operating model and implementation plan are properly developed to ensure that both the framework adopted by the Board guides the future grantmaking and the necessary separation between the two entities. Staff will work with the CEO to plan for next steps and future recommendations with the Board.

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

**7. Discuss 2023 Proposals and Priorities. (3:34 – 4:20 p.m.)**

Ms. Sonnenshine, CEO, provided the Board a high-level overview of the relevant priorities indicated by the Governor's January Budget proposal, and highlighted the Alliance's CalAIM activities and other Alliance priorities in 2023. The Governor's budget proposals are consistent with known/existing California priorities. The State priorities are aligned with Alliance priorities and activities however much could change between now and the May Revise. Staff will return to the Board in February with the legislative policy platform and an approach to advocacy.

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



**Adjourn to Closed Session**

Chair Jimenez moved the Commission into Closed Session at 4:22 p.m.

- 8. Closed Session pursuant to Government Code Section 54956.9, subdivision (d)(1) – Conference with Legal Counsel – Pending Litigation (Doe. v. Santa Cruz Monterey- Merced Managed Medical Care Commission, dba Central California Alliance for Health).**
- 9. Closed session pursuant to Government Code Section 54957.6 regarding the Agency's performance evaluation of the CEO.**

**Return to Open Session**

Chair Jimenez reconvened the meeting to Open Session at 4:56 p.m.

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

Chair Jimenez reported from Closed Session that the Board met with counsel to discuss developments in the Jane Doe v. Alliance litigation. There is nothing further to report at this time.

- 11. Closed session pursuant to Government Code Section 54957.6 regarding the Agency's performance evaluation of the CEO.**

Chair Jimenez reported from Closed Session that the Board reviewed, discussed and accepted the CY 2022 performance evaluation of the CEO.

**The Commission adjourned its regular meeting of January 25, 2023 at 4:58 p.m. to the meeting of February 22, 2023 via teleconference unless otherwise noticed.**

Respectfully submitted,

Ms. Kathy Stagnaro  
Clerk of the Board



# COMPLIANCE COMMITTEE



**Meeting Minutes**  
**Wednesday, December 21, 2022**  
9:00 – 10:00 a.m.

## **Via Videoconference**

### **Committee Members Present:**

|                              |  |
|------------------------------|--|
| <b>Adam Sharma</b>           | Operational Excellence Director                    |
| <b>Arti Sinha</b>            | Application Services Director                      |
| <b>Bob Trinh</b>             | Technology Services Director                       |
| <b>Bryan Smith</b>           | Claims Director                                    |
| <b>Cecil Newton</b>          | Chief Information Officer                          |
| <b>Dale Bishop</b>           | Chief Medical Officer                              |
| <b>Danita Carlson</b>        | Government Relations Director                      |
| <b>Dianna Diallo</b>         | Medical Director                                   |
| <b>Gordon Arakawa</b>        | Medical Director                                   |
| <b>Jenifer Mandella</b>      | Chief Compliance Officer (Chair)                   |
| <b>Jennifer Mockus</b>       | Community Care Coordination Director               |
| <b>Jessie Dybdahl</b>        | Provider Services Director                         |
| <b>Jimmy Ho</b>              | Accounting Director                                |
| <b>Lisa Ba</b>               | Chief Financial Officer                            |
| <b>Luis Somoza</b>           | Member Services Director                           |
| <b>Michelle Stott</b>        | Quality Improvement and Population Health Director |
| <b>Ryan Inlow</b>            | Facilities & Administrative Services Director      |
| <b>Scott Fortner</b>         | Chief Administrative Officer                       |
| <b>Shaina Zurlin</b>         | Behavioral Health Director                         |
| <b>Stephanie Sonnenshine</b> | Chief Executive Officer                            |
| <b>Tammy Brass</b>           | Utilization Management Director                    |
| <b>Van Wong</b>              | Chief Operating Officer                            |

### **Committee Members Absent:**

|                |  |
|----------------|--|
| <b>Kay Lor</b> | Financial Planning and Analysis Director |
|----------------|--|

### **Committee Members Excused:**

|                         |  |
|-------------------------|--|
| <b>Kate Knutson</b>     | Compliance Manager                           |
| <b>Lilia Chagolla</b>   | Community Engagement Director                |
| <b>Linda Gorman</b>     | Communications Director                      |
| <b>Lisa Artana</b>      | Human Resources Director                     |
| <b>Navneet Sachdeva</b> | Pharmacy Director                            |
| <b>Ronita Margain</b>   | Community Engagement Director, Merced County |



**Ad-Hoc Attendees:****Ka Vang**

Compliance Specialist II

**Sara Halward**

Compliance Specialist III

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

Chairperson Jenifer Mandella called the meeting to order at 9:02 a.m.

**2. Review and Approval of November 16, 2022 Minutes.**

COMMITTEE ACTION: Committee reviewed and approved minutes of November 16, 2022 meeting.

**3. Consent Agenda.****1. Policy Hub Approvals****2. Regulatory and All Plan Letter Updates****3. Open APLs**

COMMITTEE ACTION: Committee reviewed and approved Consent Agenda.

**4. Regular Agenda****1. Program Integrity Quarterly Report**

Presentation and review postponed to January 18, 2023.

**2. Internal A&M Quarterly Report and Workplan**

Halward, Compliance Specialist III, presented the Q3 2022 Internal Audit and Monitoring (Internal A&M) Activity Report noting that 8 internal audits were conducted. 3 internal audits received a passing score and 3 received failing scores. Halward reviewed one exemplar internal audit regarding Pediatric Health Risk Assessment to highlight Compliance staff's review activities and departmental activity.

Halward reviewed outcomes of the monitoring of 31 Alliance Dashboard metrics related to regulatory requirements, noting that 30 metrics met their established thresholds in Q3 2022.

Halward presented the 2023 Internal Audit & Monitoring workplan, which incorporates existing risks from the 2022 workplan and inclusion of potential new risks, including newly implemented requirements and audit findings by regulators during 2022. The 2023 Internal A&M workplan includes 34 planned focused reviews, of which 12 are high risk areas, 14 are medium risk areas and 3 are low risk areas, in addition to 5 planned one-time audits. The 2023 workplan also includes implementing a quarterly review of the risks on the workplan and reprioritization of audit work as needed



Halward reviewed external audit activities, reporting on final findings of the 2022 DHCS Medical Audit, status of the DMHC Routine Financial Audit, DMHC Follow Up Survey and progress towards production of pre-audit deliverables for the 2023 DHCS Medical Audit.

COMMITTEE ACTION: Committee reviewed and approved the Q2 2022 Internal Audit & Monitoring Report and 2023 Workplan.

The meeting adjourned at 9:39 a.m.

Respectfully submitted,

Robin Sihler  
Compliance Administrative and Data Reporting Assistant



# Continuous Quality Improvement Committee (CQIC)



**Meeting Minutes**  
**Thursday, October 27, 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 |
| Ms. Cheri Collette   | Provider Representative  |
| Ms. Susan Harris     | Provider Representative  |

### **Committee Members Absent:**

|                        |                          |
|------------------------|--------------------------|
| Dr. Amy McEntee        | Physician Representative |
| Dr. Casey Kirkhart     | Physician Representative |
| Dr. Madhu Raghavan     | Physician Representative |
| Dr. Stephanie Graziani | Physician Representative |
| Ms. Stacey Kuzak       | Provider Representative  |

### **Guests Present:**

|                     |  |
|---------------------|--|
| Ms. Azura Sanchez   | Administrative Assistant               |
| Ms. Joana Castaneda | Quality Improvement Project Specialist |

### **Staff Present:**

|                             |  |
|-----------------------------|--|
| Dr. Dale Bishop             | Chair and Chief Medical Officer          |
| Dr. Dianna Diallo           | Medical Director                         |
| Dr. Gordon Arakawa          | Medical Director                         |
| Ms. DeAnna Leamon           | Quality Improvement Nurse Supervisor     |
| Ms. Jacqueline Van Voerkens | Administrative Specialist                |
| Ms. Lilia Chagolla          | Community Engagement Dir., Monterey      |
| Mr. Luis Somoza             | Member Services Director                 |
| Ms. Navneet Sachdeva        | Pharmacy Director                        |
| Ms. Ronita Margain          | Community Engagement Dir., Merced        |
| Ms. Sarah Sanders           | Grievance and Quality Manager            |
| Ms. Shaina Zurlin           | Behavioral Health Director               |
| Ms. Tammy Brass             | Utilization Management Director          |
| Ms. Viki Doolittle          | UM/Complex Case Management Manager       |
| Ms. Van Wong                | Representing: Provider Services Director |



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

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

**2. Consent Agenda**

Dr. Dale Bishop introduced the consent agenda.

July 28, 2022 CQIC Meeting Minutes

Dr. Dale Bishop presented the July 28, 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:

- Q2 2022 Quality Improvement System (QIS) Work plan
- Q2 2022 QIS Workplan Executive Summary
- Q2 2022 Utilization Management Work Plan
- Q2 2022 Utilization Management Work Plan Executive Summary

Policies Requiring CQIC Approval:

| Policy Number | Title                     | Significant Changes  |
|---------------|---------------------------|--|
| 401-1505      | Childhood Preventive Care | <ul style="list-style-type: none"> <li>• Language added to policy to address 2024 contract items (and county expansion):               <ul style="list-style-type: none"> <li>◦ R.0186 (Access and provisions of sensitive services)</li> <li>◦ R.0060 (Plan to engage local entities when designing interventions for members less than 21 yrs.)</li> <li>◦ R.0054 (Members less than 21 yrs. addressed by Pop Health program/strategy)</li> </ul> </li> <li>• Modified language referring to CCS to update to CSHCN</li> </ul> |
| 401-1506      | Immunization Services     | <ul style="list-style-type: none"> <li>• Content changes made in response to DHCS APL 22-009 COVID-19 Guidance for Medi-Cal Managed Care Health Plans and from DMHC APL 21-012 – COVID-19 Vaccine Prioritization.</li> </ul>   |



| 401-1509             | Timely Access to Care  | <ul style="list-style-type: none"> <li>Removed effective date notations in Non-Urgent Care Appointment grid.</li> <li>Added notation of an on-call Alliance Medical Director can be contacted 24 hours a day, 7 days a week for any after-hours approvals needed which is addressed in Alliance Policy 404-1202 – After-Hours Availability of Plan or Contract Physician in the Procedures "Access to Care Standards" section.</li> <li>Added Reference to policy 404-1202 After Hours Availability of Plan or Contract Physician</li> </ul> |
|----------------------|--|--|
| 401-3108             | Asthma Education Benefits  | <ul style="list-style-type: none"> <li>No content changes. Only changes were layout and format</li> </ul>  |
| 404-4101             | Utilization Management Program                                       | <ul style="list-style-type: none"> <li>Addition of Behavioral Health Screenings by Primary Care Providers, clarification of coverage of initial mental health assessments, and NSMHS in the Behavioral Health Section.</li> </ul>  |
| <b>Informational</b> |  |  |
| Policy Number        | Title  | Significant Changes  |
| 401-1515             | Nurse Midwife: Scope of Practice and Supervision                     | <ul style="list-style-type: none"> <li>No content changes</li> </ul>   |
| 401-1523             | Non-Physician Medical Practitioner Scope of Practice and Supervision | <ul style="list-style-type: none"> <li>No content changes</li> </ul>   |
| 401-3103             | Health Promotion Incentives for Members                              | <ul style="list-style-type: none"> <li>Minor changes. Added additional information to clarify on incentive restrictions.</li> </ul>  |
| 401-3106             | Perinatal Health Program   | <ul style="list-style-type: none"> <li>No content changes</li> </ul>   |
| 401-3107             | Breastfeeding Promotion, Education and Counseling                    | <ul style="list-style-type: none"> <li>No content changes</li> </ul>   |
| 401-4102             | Translation of Alliance Documents                                    | <ul style="list-style-type: none"> <li>Made changes per APL 21-004 (revised).</li> <li>Added for small-sized informational notices, the Alliance may use an abbreviated nondiscrimination statement in lieu of the full-sized nondiscrimination notice. The abbreviated nondiscrimination statement must be accompanied by the full set of language taglines in 18 non-English languages required by APL 21-004 (Revised).</li> </ul>  |

Delegate Oversight Report (BEACON): Q2 20202 VSP and Q3 2022 Beacon delegate oversite summary included in consent agenda meeting packet.

Pharmacy and Therapeutic (P&T) Committee Charter: Annual submission of the P&T Committee Charter for approval included in consent agenda meeting packet.

**Committee Decision:** Consent agenda was approved as written.

**Action:**

- a. UM/CCM Administrative Assistant will submit the Q2 2022 UM Workplan and Executive Summary and policy 404-1101 Utilization Management Program to the Executive Assistant for the November Board meeting packet and Policy Hub for approval.



- b. QIPH Administrative Specialist will submit the July 28, 2022 CQIC minutes, Q2 2022 QIS Workplan, Q2 2022 QIS WP Executive Summary, to the Executive Assistant for the November Board meeting packet for approval.
- c. QIPH Administrative Specialist will submit the policies to Policy Hub for approval.

**(Actions Complete)**

**3. Regular Agenda**

- a. **Emerging Issues: Strategic Plan: Addressing Top Utilizers of Inpatient/Emergency Department (ED)**

Initially the goal of addressing Top Utilizers of Inpatient/ED was to reduce the top 20 utilizers of emergency room visits, inpatient stays, readmissions. The present goal is to focus on assisting high utilizer members, reduce utilization by 5%. Presently this project is being transferred to the care management team.

Dr. Bishop mentioned the Alliance received an APL and Population Health requirement to conduct some case management for all hospital discharges. Dr. Bishop inquired about the experiences the physicians are noticing. Dr. Sarkarati indicated that they have one staff person who provides this service, but sometimes the available information is limited. Assignment of PCP discrepancies are a consistent issue. Dr. Kennedy indicated their PCP's panels are full, and the required reporting of many metrics, makes it difficult to take on another patient. Specialists who are assigned to the members post hospitalization have difficulty accessing records. Dr. Nkwocha indicated that the Health Information Exchange does provide beneficial information, but is not as informative as a discharge summary. Committee discussed the over-interpretation of the HIPAA law which also causes difficulty of record retrieval.

The Alliance is considering utilizing the new Community Health Worker (CHW) Benefit to fill the gaps for this goal. The Committee inquired about payment of CHW workers. The Alliance usually pays 150% of Medi-Cal rates.

- b. **Emerging Issues: Strategic Plan Goals: Pediatric Improvements**

The objective of the Pediatric Improvements presentation was to gain high level support on the objectives and tactics for 2023 to achieve P50 or 10% closure of gap for all quality measures for children. The NCQA HEDIS Measures for Measurement year 2022 Risk Matrix, and Children's Health Domain Monthly Trend data (Alliance vs. COHs Sept. 2022) was shared. Root causes and barriers were reviewed. The objectives were presented, along with completed action items.

A payment process is in development for 2023 for providers with low scores who are willing to improve their scores.



Dr. Nkwocha inquired if we have any analytics to provide to the physicians to provide predictions – areas to improve on and the factors, to employ actionable results.

**Action:** Ms. Stott will explore this and get back to Dr. Nkwocha.

Action complete.

Dr. Kennedy is interested in what resources are available to Merced. Cheri Collette from Golden Valley in Merced, indicated that some pediatricians might not feel comfortable utilizing telehealth for the well child visits, utilize this service with modification. Utilizing this impacts the immunizations, but hubs are available through Merced County. Merced County started utilizing Epic but have an issue with a data gap. Opened "moonlight clinics" in all three counties for well child visits.

Committee member inquired if the Alliance could update the Provider Portal Member Rosters. When providers are reaching out to members/their patients, many are indicating that they are receiving care with other providers. There are many discrepancies.

**Action:** Ms. Stott will investigate Provider Portal Member Rosters accuracy and update.

Action Complete.

The Alliance will review the topic of assisting with trainings.

The committee emphasized the importance of training of new employees immediately, which will positively affect costs, quality of work, and workplace satisfaction. The committee discussed the difficulty of keeping residents due to the amount of required paperwork/computer burden. If there was a team to assist with this burden would be an asset.

c. **Emerging Issues: Strategic Plan Goals: Behavioral Health**

Improvement of Behavioral Health Systems to be person-centered and equitable. The three areas of focus will be Member Mental and Emotional Health, Timely Access to Routine Care, and Follow Up After Hospital Care. The goals, baseline and measurement were shared with the committee.

Mental and Emotional Health Per Member Report, the measure for very good or excellent is taken from the CAHPS Data with NCQA Thresholds. The goal: 90<sup>th</sup> percentile (Adults 37.3%, Children 68.3%) by 2023. The present baselines are (Adults 34.8%, Children 66.0%), which is remarkably close to the goal.

Members have timely access to Behavioral Health Services, the measure is taken from DMHC standard of 10 days from request of non-emergency, non-specialty care. The goal is 75% by 2023 and 95% by 2026. The present baseline



is 65% to 90%. The data fluctuates, so the goal is to determine why this is happening and to ensure we reach our goal.

Follow Up Rate After Hospital Visits for Mental Health Within 30 Days, the measure is taken from MCAS Data with NCQA Thresholds. The goal is 50<sup>th</sup> percentile (53.54%), 90<sup>th</sup> percentile by 2026. The present baseline: 30.20% in Merced, 26.52% in Monterey and Santa Cruz. This will likely improve once the full spectrum of behavioral health data exchange is integrated / shared between the Alliance and the counties/Beacon.

Follow Up Rate After Hospital Visit for Substance Use Disorder Within 30 Days, the measure is taken from MCAS Data with NCQA Thresholds. The goal is 50<sup>th</sup> percentile (21.31%), 90<sup>th</sup> percentile by 2026. The baseline is 5.54% in Merced, 9.67% in Monterey and Santa Cruz.

d. **Topic Utilization Management Criteria:**

(1) Under/Overutilization

An overall increase in authorization activity continues, due to members resuming care, mainly in diagnostics and PCP specialty referrals.

(2) Community Health Worker (CHW) Benefit

The CHW benefit is an essential addition to Medi-Cal benefits, part of CalAIM and DHCS Quality Strategy, and a preventive health services benefit. The benefit also promotes Population Health Management (PHM) standards with disease prevention and management, and Behavioral Health support. CHW services may address issues that include, but are not limited to, the control and prevention of chronic conditions or infectious diseases; mental health conditions and substance use disorders; need for preventive services, perinatal health conditions; sexual and reproductive health; environmental and climate-sensitive health issues; child health and development; oral health; aging; injury; domestic violence; and violence prevention. CHW services are preventive health services to prevent disease, disability, and other health conditions or their progression; to prolong life; and promote physical and mental health. The first 12 visits with a CHW do not require an authorization, but eligibility for the benefit requires written CHW recommendation per licensed provider and must meet eligibility criteria. After 12 visits an authorization is required. CHWs can also be part of the Enhanced Care Management (ECM) and Community Supports team.

Dr. Kennedy asked the following:

How do you know if a CHW is certified/contracted with the Alliance?  
CalAIM indicates to bill a CHW under provider/clinic NPI

**Action:** Tammy Brass will follow up with Dr. Kennedy  
(Action Complete)



Dr. Bishop noted there are 11 options of eligibility criteria for the first 12 visits noted in the Provider Manual. The state is requiring that the Alliance capture this data.

(3) Non-Emergency Medical Transportation (NEMT) Utilization

Two newly contracted NEMT providers in will begin services in Q3. Utilization increased by 7%. The internal CAP work on Physician Certification Statement forms continues, rates are currently near 90%.

**4. Open Discussion:**

a. Committee may discuss any urgent items.

(1) Dr. Sanford inquired about the prescribing of Suboxone with the committee. Navneet Sachdeva, Pharm D., Pharmacy Director followed up providing Medi-Cal RX contact information.

(a) To recommend a medication be added to the CDL, you can direct those requests to the following email: [MCRXDHCS@dhcs.ca.gov](mailto:MCRXDHCS@dhcs.ca.gov)

(b) For an urgent/ life threatening matter, you can escalate it to the following email: [Resolution@magellanhealth.com](mailto:Resolution@magellanhealth.com)

(c) Suboxone film is only covered when filled with Brand name. The definition of labeler is the manufacturer that is contracted with DHCS. The tablets are covered when filled as generics. Although it might say it requires prior authorization at point of sale, but it will go through if the right NDC/labeler used (with a caveat all other restrictions are accounted for- quantity limit, diagnosis restrictions). The pharmacies should be aware of this process with Medi-Cal RX. The Alliance is willing to reach out if pharmacies require further clarification

(d) Issues with Epic Pharmacy was discussed. The Alliance is unfamiliar with Epic Pharmacy's protocol for filling prescriptions. Magellan has a generic messaging of prior authorization required, even though the issue might be irrelevant. The Alliance addressed this issue with DHCS.

(2) Dr. Kennedy discussed Blood Glucose Monitor issues. Navneet Sachdeva, Pharm D., Pharmacy Director followed up providing Medi-Cal RX contact information.

(a) To recommend a medication be added to the CDL, you can direct those requests to the following email: [MCRXDHCS@dhcs.ca.gov](mailto:MCRXDHCS@dhcs.ca.gov)

(b) For an urgent/ life threatening matter, you can escalate it to the following email: [Resolution@magellanhealth.com](mailto:Resolution@magellanhealth.com)

**1. Future Topics / Feedback for CQIC Focus:**

a. Topic: Transitions of Care

b. Topic: Pediatric Improvement



- c. Topic: Improvement Funding in 2023
- d. Topic: Data collected on High Utilizers (Dr. Sanford)
- e. Topic: Provider Training (Dr. Sanford)
- f. Topic: Issues with incomplete referrals / communication gap with specialists (Dr. Nkwocha)

Committee members are encouraged to submit items for discussion, to Michelle Stott.

**Next Meeting: Thursday, January 26, 2023 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, December 5, 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, Community Engagement Director; Maria Marquez, Administrative Specialist

**WCMFAC Committee Present:** Kim Pierce, Monterey County Local Consumer Advocate; Irma Espinoza, Merced County - CCS WCM Family Member; 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; Cindy Guzman, Merced County - CCS WCM Family Member; Deadra Cline, Santa Cruz County - CCS WCMF Family Member; Frances Wong, Monterey County - CCS WCM Family Member; Viki Gomez, Merced County - CCS WCM Family Member

**CCAH Staff Present:** Ashley McEowen, Complex Case Management Supervisor - Pediatric, RN; Dianna Diallo, MD, Medical Director; Gisela Taboada, Member Services Call Center Manager; Kelsey Riggs, RN, Complex Case Management Supervisor; Linda Gorman, Communications Director; Ronita Margain, Merced County Community Engagement Director

**Guest:** Christine Betts, Monterey County - Local Consumer Advocate; Fanta Nelson, County of Merced; Jennifer Netniss, Special Kids Connect; Jose Francisco Hernandez Rivera, Special Kids Connect; Susan Paradise, Manager, Family Health Programs at County of Santa Cruz; Steward Chang, member of the public

| Agenda Topic                                    | Minutes  | Action Items |
|---|--|--------------|
| <b>Meeting Administration</b><br>Lilia Chagolla | <ul style="list-style-type: none"> <li>Lilia Chagolla, Community Engagement Director (CED) welcomed the group.</li> </ul>  |              |
| <b>Call to Order</b><br>Janna Espinoza          | <ul style="list-style-type: none"> <li>Janna Espinoza, WCMFAC Chair called the meeting to order. Followed by S. Skotzke reading the WCMFAC mission statement in English and L. Chagolla in read the mission statement in Spanish.</li> </ul> |              |
| <b>Roll Call</b><br>Lilia Chagolla              | <ul style="list-style-type: none"> <li>Committee introductions and roll call was taken.</li> </ul>   |              |
| <b>Oral Communications</b><br>Janna Espinoza    | <ul style="list-style-type: none"> <li>Janna Espinoza, WCMFAC Chair opened the floor for any members of the public to address the Committee on items not listed on the agenda.</li> </ul>  |              |





# Whole Child Model Family Advisory Committee Meeting

## Meeting Minutes

Monday, December 5, 2022

1:30p.m. – 3:00p.m.



| Agenda Topic   | Minutes   | Action Items |
|--|---|--------------|
| <b>Consent Agenda Items:<br/>Accept WCMFAC Meeting<br/>Minutes from Previous<br/>Meeting</b><br>Janna Espinoza | <ul style="list-style-type: none"> <li>Janna Espinoza, WCMFAC Chair opened the floor for approval of the meeting minutes of the previous meeting on September 12, 2022.</li> </ul> <p>All attendees were given the meeting minutes prior to the meeting via mail. Motion to approve the meeting minutes by Susan Skotzke, seconded by Kim Pierce.</p>   |              |
| <b>Appointment of Chair and Vice<br/>Chair of Committee</b>  | <ul style="list-style-type: none"> <li>Janna Espinoza shared that the WCMFAC is actively recruiting for a vice chair for the committee.</li> <li>Lilia Chagolla reminded the committee that the appointment of a chair and a vice chair should be elected or reelected in an annual basis. Lilia Chagolla Commended Janna Espinoza for her amazing role as the chair of the meeting.</li> <li>Lilia Chagolla asked the WCMFAC to nominate someone or themselves to be the chair and vice chair. Mentioned that the chair could be a community-based organization representative or a family member.</li> <li>Janna Espinoza announced that she will be having a chair at The Alliance Board meetings as she is joining the Alliance Board as a commissioner.</li> <li>Susan Skotzke nominated Janna Espinoza to be reelected as the WCMFAC Chair.</li> <li>A vote was counted and all those in attendance where in favor of reelecting Janna Espinoza as the WCMFAC Chair.</li> <li>Susan Skotzke nominated Manuel Lopez Mejia to be the vice chair of the committee.</li> <li>Manuel Lopez Mejia thank Susan for the nomination but voiced his concerns in needing an interpreter when attending the WCMFAC meetings. He believes he may not do his job fully do the language barrier but appreciated the nomination.</li> <li>L. Chagolla reaffirmed that if that is the only thing impeding Manuel to be the vice chair interpretation will continue to be available for his needs.</li> </ul> |              |





# Whole Child Model Family Advisory Committee Meeting

## Meeting Minutes

Monday, December 5, 2022

1:30p.m. – 3:00p.m.



| Agenda Topic  | Minutes  | Action Items   |
|---|--|--|
|   | <ul style="list-style-type: none"> <li>Janna Espinoza shared that a committee in San Mateo County, had their chair a person who spoke little English and the meetings were held entirely in Spanish and everyone else in attendance used the translation services. Stated that there are adjustments to be made to make sure that the committee is giving voices to all people that represent the WCMFAC.</li> <li>Lilia Chagolla defined the role of the Vice Chair.</li> <li>Manuel Lopez Mejia stated that if the meeting would be in Spanish, he would be more comfortable and asked for time to answer to his nomination.</li> <li>Christine Betts requested clarification and inquired on the guidelines to become part of the committee.</li> <li>Susan Skotzke asked that the committee be sensitive about the guidelines with those that would love to continue to serve in the committee, especially having limited participation. Shared that low participation is noted globally across California and added her concerns with the lack of participation.</li> <li>Susan Skotzke requested assessing the meeting recurrence as Mondays may be the challenge for members. Shared that it is hard to engage when the meetings are so many months apart. Lastly, added that the meeting in November is scheduled on a holiday.</li> <li>Lilia Chagolla added that The Alliance is happy to revisit the meeting cadence and move to a different day if it works for everyone's schedule.</li> <li>Lilia Chagolla stated that recruitment will continue to be addressed and the conversation will continue with the committee.</li> </ul> | <p>M. Marquez to share the WCMFAC charter with the committee</p> <p>M. Marquez to reschedule the meeting scheduled in November 2023.</p> |
| <b>2023 WCMFAC Road Map Review and Feedback</b><br>Lilia Chagolla | <ul style="list-style-type: none"> <li>Lilia Chagolla reviewed the 2023 roadmap and briefly elaborated in each of the topics per quarter.</li> <li>S. Skotzke shared her concerns with participation and reiterated the need to focus on recruitment and see what the barriers may be.</li> </ul>  |  |





# Whole Child Model Family Advisory Committee Meeting

## Meeting Minutes

Monday, December 5, 2022

1:30p.m. – 3:00p.m.



| Agenda Topic  | Minutes  | Action Items  |
|---|--|---|
| <b>Medi-Cal RX Experience and How to Appeal</b><br>Janna Espinoza   | <ul style="list-style-type: none"> <li>Janna Espinoza shared her personal experience with Medi-Cal RX. Shared that she had a positive experience when contacting Medi-Cal RX for assistance with her daughter's medication after being prescribed incorrectly. She shared the importance of getting the medication prescribed the way it is prescribed. Added that contacting the State Board of Pharmacy was also quite easy to do. Encouraged members to call Medi-Cal Rx when needed.</li> <li>Navneet Sachdeva, pharmacy director at The Alliance reiterated that The Alliance is here to support the members in any way possible. Shared the resources shared internally with Alliance staff to be ready and prepared to assist any calls and they look forward to helping the members navigate when needed. Welcomed ideas or suggestions for The Alliance if they can improve.</li> </ul>   |   |
| <b>Discussion   Issues or Opportunities for Alliance Members</b><br><br>Community Based Organizations<br><br>Alliance Updates<br><br>Member/Community Voice | <ul style="list-style-type: none"> <li>Christine Betts from Monterey County CCS shared that the Medical Therapy program has lift the restrictions and family members are now able to bring their siblings to the therapies. Added that due to COVID and other illnesses appointments have been cancelled ant that is an ongoing challenge. Added that they are back with in person MTC's, but it has taken a while to get caught up.</li> <li>Susan Paradise from Santa Cruz County shared information on the flyers they are sending out on how to stay safe due to RSV, flu and COVID. Asked that The Alliance shares the flyers with the committee.</li> <li>Lilia Chagolla shared on the Public Health Emergency. The state will start reassessing at the beginning of 2023 but that The Alliance has not received any kind of notification or 60-day notification. Waiting to hear more from the State and when information becomes available it will be shared.</li> </ul> | M. Marquez to share with the WCMFAC the flyers on how to stay safe that S. Paradise shared. |





# Whole Child Model Family Advisory Committee Meeting

## Meeting Minutes

Monday, December 5, 2022

1:30p.m. – 3:00p.m.



| Agenda Topic   | Minutes  | Action Items |
|--|--|--------------|
|  | <ul style="list-style-type: none"> <li>Added that there is a huge effort across the state, including with community-based organizations, partners, and The Alliance to inform our participants to update their contact information with either their eligibility workers or the alliance to be able to send them information.</li> <li>Lilia Chagolla reported back on sharing the WCMFAC fact sheet at clinics/hospitals wait time monitors. The Alliance is currently working with the clinics/hospital leadership to ensure there is a process in place. The hopes are that we share information around resources or opportunities, but also just, preventative information to include The Alliance nurse advice line, the public health emergency, and anything that is beneficial to Alliance Members.</li> <li>L. Chagolla announced that Dr. Heloisa Junqueira has been recommended to be part of the WCMFAC. Once The Alliance Board approves Dr. Junqueira can join the committee.</li> <li>L. Chagolla reported on the mileage reimbursement.</li> <li>L. Chagolla shared that the Family Voices of CA Health Summit is coming up in March 2023 and The Alliance has funding available for two family members to attend. Maria Marquez will share the summit information with the committee. If anyone is interested in participating, please connect with Maria Marquez.</li> <li>Janna Espinoza shared that she would like for emergency preparedness to be discussed with this group. Added that in an emergency not having power immunes children not getting life sustaining medical care. She would like for resources to be shared and for this topic to be further discussed.</li> </ul> |              |
| <b>CCS Advisory Group Representative Report</b><br>Susan Skotzke | <ul style="list-style-type: none"> <li>Susan Skotzke dismissed herself early from the meeting. No CCS Advisory Group report was provided.</li> </ul>   |              |





# Whole Child Model Family Advisory Committee Meeting

## Meeting Minutes

Monday, December 5, 2022

1:30p.m. – 3:00p.m.



| Agenda Topic                                   | Minutes   | Action Items   |
|--|---|--|
| <b>Member Voice</b>                            | <ul style="list-style-type: none"> <li>Irma Espinoza, WCMFAC member shared her personal experience with her doctor when managing urgent medical visits. Shared she was unable to get her children seen at her doctor's office to address an urgent issue and had to take her child to the Urgent Care.</li> </ul> | Kelsey Riggs, RN for the Alliance will have an Alliance staff connect with Irma. |
| <b>Review Action Items</b><br>Maria Marquez    | <ul style="list-style-type: none"> <li>Meeting adjourned and the action items were not reviewed during the meeting. Maria Marquez noted the action items.</li> </ul>  |  |
| <b>Adjourn (end) Meeting</b><br>Janna Espinoza | The meeting adjourned at 2:19p.m.   |  |
| <b>Minutes Submission</b>                      | The meeting minutes are respectfully submitted by Maria Marquez, Administrative Specialist  |  |

*Next Meeting: Monday, January 23, 2023, at 1:30p.m.*







**DATE:** February 22, 2023  
**TO:** Santa Cruz-Monterey-Merced Managed Medical Care Commission  
**FROM:** Van Wong, Chief Operating Officer  
**SUBJECT:** 2023 Budget Variance for Dual Eligible Special Needs Plan

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Recommendation. Staff recommend the Board approve an unbudgeted expense not to exceed \$840,000 for continuation of Dual Eligible Special Needs Plan (D-SNP) planning and implementation initiation to ensure readiness for a compliant program launch by January 1, 2026.

Summary. The Alliance initiated planning for the 2026 launch of a D-SNP, including a consultant led financial feasibility assessment and a consultant led operational gap assessment (OGA). Additional Medicare focused resources are needed to ensure the development of a well-prepared implementation plan, selection of an implementation consultant and an implementation budget proposal. This report provides background on staff's request to enable effective D-SNP planning.

Background. The Department of Health Care Services is implementing policies to promote integrated care for beneficiaries dually eligible for Medicare and Medi-Cal as a component of the CalAIM initiative. These policies include enrolling all dually enrolled beneficiaries in Medi-Cal Managed Care Plans in 2023, aligning Medi-Cal plan enrollment with the beneficiary's choice of Medicare Advantage plan (if the beneficiary enrolls), and requiring that all non-Coordinated Care Initiative County Medi-Cal Managed Care Plans, of which the Alliance is one, operate a D-SNP by January 1, 2026.

The Alliance has initiated planning for a D-SNP launch no earlier than January 2026. In addition to a Milliman study of financial feasibility of a D-SNP program, the Alliance retained Health Management Associates (HMA) to conduct an OGA to ascertain our readiness and identify an implementation roadmap to close any operational gaps timely for a successful D-SNP launch. The OGA began in October 2022, looking at current Alliance operations compared against requirements to operate a D-SNP program. Key functions in a Medicare Advantage Plan that are not necessary to a County Organized Health System model Medicaid Managed Care Plan are benefit design, sales and marketing, Star program management and enrollment. These functions will need to be developed and integrated into existing Alliance operations as part of D-SNP implementation. In addition, existing functions and systems will need to be enhanced to align with Centers for Medicare & Medicaid Services regulations.

Discussion. HMA is concluding its D-SNP OGA and has shared initial findings with staff. Staff and HMA plan to share findings from that OGA during the Board's April 2023 meeting, including key findings and next steps. The OGA deliverables comprised an operational gap narrative, a multi-year implementation workplan, and a high-level staffing model, including staffing for the ramp-up period starting in 2023. The Board's discussion in April will inform staff recommendations regarding the final implementation plan and a proposed D-SNP implementation budget. Staff expect to bring that proposed implementation budget to the Board in June 2023.



Staff have identified an immediate need for key staffing and consultative resources to support the ongoing assessment and readiness preparations towards the June report and recommendation. The requested additional budget will be used to hire dedicated Medicare staff and retain experienced Medicare consulting support to assist with key areas of developmental work that will inform the June Board proposals and final implementation plans, including but not limited to quality, risk adjustment and provider network strategies and organizational design. Additional staff resources and Medicare specific expertise is needed to ensure the development of a strong implementation plan and budget proposal.

Fiscal Impact. The requested \$840,000 is less than 1% of the approved 2023 budget. Staff will include this amount in the D-SNP budget for Board approval in June.

Attachments. N/A





**DATE:** February 22, 2023  
**TO:** Santa Cruz-Monterey-Merced Managed Medical Care Commission  
**FROM:** Jessica Finney, Grants Director  
**SUBJECT:** Funding Recommendation for Monterey County Workforce Development Board's Community Health Worker Training Program

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Recommendation. Staff recommend the Board approve \$152,960 of unallocated Medi-Cal Capacity Grant Program (MCGP) funds from the Monterey County budget to fund the Monterey County Workforce Development Board's Community Health Worker (CHW) Training Program in 2023-2024.

Summary. This report includes background on the CHW Training Program developed by the Monterey County Workforce Development Board and outlines the Medi-Cal service delivery system need for CHW training programs. This funding recommendation advances the workforce development goal under the MCGP *Access to Care* focus area. Due to the timing of this opportunity, this recommendation is being made in advance of the March 22, 2023 Board meeting where a larger slate of recommendations for new MCGP funding opportunities will be presented.

Background. Starting July 1, 2022, the Department of Health Care Services (DHCS) added the CHW Service Benefit as a compensable Medi-Cal benefit. CHWs facilitate equitable access to services and improve the quality and cultural competence of service delivery. The combination of their lived experience and training allows them to build trusting relationships and serve as a liaison between health and social services and Medi-Cal members and community at large. CHWs may be known by a variety of job titles, such as promotores, community service aides, and health navigators. The Medi-Cal covered services include Health Education, Health Navigation, Screening & Assessments, Individual Support or Advocacy, and Timely Management of Chronic Conditions. Additionally, CHWs perform some of these services as part of Enhanced Care Management (ECM) teams, reimbursed separately through the ECM benefit.

The Alliance has established the CHW Service Benefit with contracting, credentialing and reimbursement pathways for providers. The Provider Services Department is currently engaging with county health departments, network providers and community-based organizations interested in contracting for CHW services. CHWs credentialing requires individual CHWs to satisfy the requirement for a CHW certificate in one of three ways:

1. Certificate Pathway. State of California or a State Designee that attests to demonstrated skills/practical training in specific areas. Certificate Programs shall include field experience as a requirement;
2. Work Experience Pathway Options. 2,000 hours working as a CHW w/in last 3 years and has appropriate skills/training; 18 month allowance to obtain a certificate; or
3. Violence Prevention-Only Pathway. Violence Prevention Professional (VPP) Certification issued by health Alliance for Violence Intervention or a certification of completion in gang intervention training from Urban Peace Institute.



Discussion. The Monterey County Workforce Development Board (MCWDB) has developed a CHW certificate training program that is expected to meet the State's Certificate Pathway requirements, with the possibility of being "grandfathered" in as an approved program. California's Department of Health Care Access and Information (HCAI) is currently working with stakeholders to develop statewide requirements for CHW certificate programs and expects to release guidelines in July 2023. MCWDB's program was established as a local industry recognized credential that meets the minimum standards for foundational CHW training, endorsed by Monterey County Health Department, Doctors on Duty, Salinas Valley Memorial Healthcare System, and Clinica de Salud del Valle de Salinas.

The MCWDB CHW Certificate Training Program was successfully piloted as a hybrid online/in-person curriculum from October 2021 through March 2022 with funding from Blue Shield of California Foundation in partnership with UCSF. The curriculum was developed by national CHW thought leader Tim Berthold, founder of CHW Training Group and author of a highly acclaimed CHW textbook. CHW Training Group piloted a trainer/mentor model, ensuring students have engaging instructors active in the CHW field and a sense of community to support their academic and social needs. The students included incumbent workers (employed but not yet CHW certified) from Monterey County service providers, including six CHWs who were hired with support from the CalAIM Incentive Payment Program administered by the Alliance. The pilot program certified 27 CHWs.

Based on demand, MCWDB is hosting the CHW Certificated Training Program in 2023 for two new cohorts of 35 students each starting in March 2023 and October 2023. Training modules have been added responsive to new Medi-Cal initiatives, including Enhanced Care Management and the new CHW Services Benefit and includes local trainers/mentors from the Monterey Bay area. The program will also benefit CHWs from the VIDA Project, a coalition of eight community-based organizations throughout Monterey County organized early in the COVID-19 pandemic, who could expand to deliver the Medi-Cal CHW benefit.

*CHW Training Program Design.* A key aspect of the MCWDB's training is that it is accessible and rigorous but does not rely on a multi-semester community college program, which may be prohibitive for some individuals interested in becoming CHWs. Components include:

- Twenty-one modules on CHW core competencies, a five-week internship placement, a final performance-based exam (PBE) and certification ceremony (approximately 200 hours);
  - Fourteen training modules delivered via online learning platform with weekly quizzes/discussion forums and synchronous Zoom meetings 1-2 evenings per week;
  - Seven training modules facilitated in-person at local sites on Saturdays, featuring role-playing and case study practice of competencies such as motivational interviewing, case management and chronic conditions management skills;
- CHW trainers who are active CHW practitioners and CHW mentors who meet regularly with four to five students to help reinforce the lessons and provide support; and
- Support from MCWDB's Talent Development Specialists with job-seeking skills.

*CHW Training Program Funding.* The first 2023 cohort is supported by the Workforce Innovation Opportunity Act (WIOA), the primary funding stream for MCWDB trainings. WIOA is landmark federal legislation designed to strengthen and improve our nation's public workforce system and help get Americans, including youth and those with significant barriers to employment, into high-quality jobs and careers and help employers hire and retain skilled workers. The second 2023 cohort will be supported by the Regional Equity and Recovery Partnership (RERP), a partnership between the Labor and Workforce Development Agency (LWDA) and the California Workforce



Development Board (CWDB), which funds a consortium representing Monterey, Santa Cruz and San Benito counties.

While residents from all three counties would be eligible for the CHW training, it is expected that the majority in 2023 will be from Monterey County and would be employed by Monterey County organizations. WIOA/RERP funds will only support residents who are not already hired, however, MCWDB is allowing up to 24 training slots for incumbent workers if employers cover half of the tuition.

*Grant Funding Recommendation.* The Alliance's support of the MCWDB CHW Training Program would be an investment in a proven, sustainable model that has been well-received by students and employers, is positioned to align with forthcoming State requirements. Funding for this program in 2023 would enable certification of CHWs employed by Medi-Cal providers who could become credentialed to deliver the CHW Services Benefit and strengthen the network of ECM providers. MCGP funding would support tuition for incumbent workers currently employed by Alliance contracted health care provider organizations. The full cost of tuition is \$5440. Alliance funding could support 50% of tuition costs up for up to 24 incumbent workers in each of the two cohorts (up to 48 @ \$2,770 each). It would also support costs up to \$20,000 not covered by the RERP grant, including operational costs for in-person Saturday classes and a certification ceremony.

Support for the MCWDB CHW Training Program aligns with MCGP *Access to Care* focus area goals: 1) robust health care workforce that can deliver coordinated, person-centered care and the full array of Medi-Cal services; and 2) improved patient-provider communication and trusted relationships, resulting from an expanded network of Medi-Cal providers who are linguistically and culturally responsive. It also directly aligns with two intended short-term outcomes of the MCGP: 1) increase in number of culturally responsive providers; and 2) increase in number of trained health professionals.

Conclusion. Staff recommend a grant award of \$152,960 to Monterey County Workforce Development Board to fund tuition for incumbent workers employed by health care organizations and operational costs, as stated. If approved, staff would include outcomes of the grant in the MCGP Dashboard reported to the Board in February, April and October.

The MCGP is exploring other opportunities to support CHW training programs in the Alliance's service area, including a program currently being pilot tested by Merced County Public Health Department with CHWs at Golden Valley Health Center and potentially in partnership with UC Merced to establish a sustainable program. Staff would align future funding support for CHWs with State initiatives. The funding expected in this year's state budget (\$130M from 2023-24) to recruit, train, and certify new CHWs was delayed. In the Governor's 2023/24 proposed budget released in January this funding is proposed instead as \$65M in 2024-25 and 2025-26. The proposed budget maintains \$1B for HCAI to strengthen and expand the state's health and human services workforce including CHWs.

Fiscal Impact. The recommended grant award of \$152,960 would be funded by the MCGP's unallocated budget for Monterey County. If approved, there would be \$57,634,220 in remaining unallocated funds in the Monterey County unallocated budget for future program development.

Attachments.

1. MCWDB CHW Training Promotional Material



*Want to help your Monterey County neighbors lead healthier lives?*

# BECOME A COMMUNITY HEALTH WORKER!



***Register now for this NO-COST training program starting March 2023!***

## WHAT IS A CHW?

Community Health Workers help community members access critical resources and navigate the healthcare and social services systems, so they get the care they need.

CHWs work in various settings, such as health clinics, hospitals, and community health centers, to name a few.

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**QUESTIONS?** Orlando Elizondo  
831.245.3521

## CHW CLASS DETAILS

- Classes start Tuesday, March 7, 2023, and end Sunday, August 13, 2023
- Online classes are held 1-2 evenings per week from 5:30 - 7:30 pm and on select Saturdays from 10:00 am - 2:00 pm
- 5-week internship beginning in June 2023 and ending in early July 2023

Registration closes February 17, 2023.

### APPLY ONLINE AT:

[www.montereycountywdb.org/job-seekers/chw-2022/](http://www.montereycountywdb.org/job-seekers/chw-2022/)



### Or apply in person at:

America's Job Center of California  
344 Salinas St, Ste 203, Salinas, CA 93901  
Monday – Friday, 8:30 am – 5:00 pm



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This project is funded 90% by a Regional Equity and Recovery Partnership (RERP) grant and 10% with Workforce Innovation and Opportunity Act (WIOA) Federal Funds made available to the State of California Employment Development Department by the U.S. Department of Labor/Employment and Training Administration as the Grantor. This WIOA program or activity is an equal opportunity employer/program, and auxiliary aids and services are available upon request to individuals with disabilities. TTY/CRS: Dial 711.

SCMMMCC Meeting Packet | February 22, 2023 | 10B-04





**DATE:** February 22, 2023  
**TO:** Santa Cruz-Monterey-Merced Managed Medical Care Commission  
**FROM:** Jessica Finney, Grants Director  
**SUBJECT:** Medi-Cal Capacity Grant Program 2022 Impact Report

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Recommendation. Staff recommend the Board accept this report on the Medi-Cal Capacity Grant Program's (MCGP) impact in 2022.

Summary. This report focuses on the MCGP's impact in 2022 and highlights strategic investments made to improve the health and wellbeing of the members we serve. This report also includes an update on the Alliance's progress towards the MCGP outcomes, and the attached *MCGP Performance Dashboard* includes overall MCGP and program-specific metrics as of December 31, 2022. Included in the February 2023 Board packet is the abbreviated *2022 Community Impact Report* publication, which includes highlights of the MCGP's impact, that will be shared with the community and posted on the Alliance's website.

Background. The Alliance established the MCGP in July 2015 in response to the rapid expansion of the Medi-Cal population as a result of the Affordable Care Act. Through investment of a portion of the Alliance's reserves, the MCGP provides grants to local health care and community organizations in Merced, Monterey, and Santa Cruz counties to increase the availability, quality and access of health care and supportive services for Medi-Cal members and address social drivers that influence health and wellness in our communities. The MCGP plays an important role in realizing the Alliance's vision of healthy people, healthy communities. The MCGP serves as a vehicle for the Alliance to invest in areas outside of core health plan responsibility and where other funds are not available and as an incubator to test new concepts that could be integrated into health care system in the future.

Since 2015, the Alliance has awarded 588 grants totaling \$129,849,174 to 141 organizations in the Alliance's service area. Over the past seven years, the MCGP developed a portfolio of 13 funding opportunities designed to advance the goals in each focus area. Over the course of 2022, the Alliance Board acted to evolve the MCGP to respond to the current health care landscape, address the current and emerging needs of Alliance members, and align with organizational and State priorities. Through this process, the Board approved a revised and expanded MCGP Framework that clarifies the financial strategy, investment criteria and guiding principles. The Board also approved funding goals under three new focus areas: *Access to Care*, *Healthy Beginnings*, and *Healthy Communities*. New funding opportunities will be available under these focus areas to support better care and well-being for Alliance members and a strengthened local health care delivery system.

Discussion. In 2022, the Alliance awarded 25 grants totaling \$3.8M to local organizations. Grants awarded in 2022 alone are estimated to impact over 9,350 Alliance members. The total number of awards in 2022 was lower compared to previous years (2015-2020) due to retirement of several programs in 2020 and limited funding opportunities while

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development work to evolve the MCGP was underway in 2021 and 2022. Several projects funded in previous years reached completion in 2022 resulting in increased capacity and positive impact in the community. Grant awards in 2022 were made under the *Provider Recruitment* and *Partners for Healthy Food Access* programs, and for a pilot program under the new *Healthy Beginnings* focus area.

### *2022 Program Highlights*

Provider Recruitment Program. In 2022, the MCGP supported grant-supported recruitment of 14 new health providers, including high-need specialty care providers.

Partners for Health Food Access Program. Awards in 2022 support implementation of 10 food prescription projects to increase Medi-Cal member access to nutritious, medically supportive food. The *Partners for Healthy Food Access* grant program was refined in 2022 to focus on the evidence-based food prescription model based on the success of previously funded projects using this model. Five community-based organizations received a second *Food Access* grant in October to expand their food prescription projects in the Alliance service area.

Capital Program. In 2022, projects funded by the Capital grant program opened their doors to Alliance members. Santa Cruz Community Health, Dientes and MidPen Housing partnered on the health and housing campus at 1500 Capitola Road. The three organizations received support from the Capital grant program for construction of a 20,000-square-foot medical clinic and an 11-chair dental clinic (both of them became operational in December), and 57 units of affordable housing which will be completed in 2023. Merced's Central Valley Coalition for Affordable Housing completed construction of permanent supportive housing in the fall. Twenty Alliance members now call *The Retreat at Merced* their home and receive on-site case management services that include connecting members to their primary care and behavioral health providers. It is estimated that 75% of all residents at *The Retreat at Merced* will be Alliance members.

Children's Savings Account Pilot. The Alliance launched the Children's Savings Account (CSA) Pilot in 2022 to advance the Alliance's quality goals for children. The two-year pilot funded by the MCGP builds on the existing CSA program called Semillitas operated by Ventures in Santa Cruz County. The pilot supports the addition of two health-related milestone contributions for Alliance members two years old and younger in Santa Cruz County who achieve preventative care milestones related to well child visits and immunization. It is an approach rooted in equity that invests in the long-term wellbeing of Medi-Cal members while providing encouragement and motivation for parents to seek preventative care for their children. The pilot will evaluate sustainability and scalability of this approach in other counties the Alliance serves.

Recuperative Care Pilot. The Alliance successfully transitioned services offered under its Recuperative Care Pilot to Medi-Cal covered sustainable services. A two-year pilot launched in 2021 provided grant funding for recuperative care (also known as medical respite) and temporary housing for Alliance Medi-Cal members experiencing homelessness and recovering from an acute illness or injury. The pilot allowed the Alliance to assess and build service area capacity for these services, which are now officially called Recuperative



Care and Short-Term Post Hospitalization Housing under the Department of Health Care Services Community Supports menu of services that address health-related social needs.

Measuring Impact of the MCGP. The impact of the MCGP has been measured since 2016 using a theory of change model. The MCGP Theory of Change, attached to this report, serves as a guide for connecting and evaluating the impact of our strategies (i.e., funding opportunities) to the outcomes we seek to achieve through grantmaking and other Alliance strategies. Short-term outcomes are reported three times a year on the MCGP Performance Dashboard which highlights successes, such as number of providers recruited and various types of projects completed. Staff also monitor medium-term outcomes through key indicators to show progress toward positive change. These are influenced by both short-term outcomes of the MCGP and other internal and external factors.

The COVID-19 pandemic significantly impacted the 2020- 2021 results for several indicators, making it challenging to assess the impact of MCGP investments. Additionally, data collection methodology for some access-related measures changed in 2021, prohibiting a trend line through 2022 on the MCGP Medium-Term Outcomes dashboard (attached). Despite these challenges, it is evident that the MCGP has positively impacted access and quality of care for Alliance Medi-Cal members. New outcomes will be developed for the MCGP Theory of Change approved by the Board in August 2022 to measure impact of new focus area investments in 2023 and future years.

New MCGP Funding Opportunities. The MCGP has proven to be a strategic tool to advance the Alliance's vision and mission responsive to the needs of Medi-Cal members and the Medi-Cal delivery system. In 2023, staff will recommend new MCGP funding opportunities for Board approval that align with the MCGP Framework and funding goals under the three new focus areas that increase the impact of the Alliance's grantmaking and advance the Alliance's vision of *Healthy People, Healthy Communities*.

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

Attachments.

1. Medi-Cal Capacity Grant Program Theory of Change and Medium-Term Outcomes
2. Medi-Cal Capacity Grant Program Performance Dashboard





# MCGP THEORY OF CHANGE



## Focus Areas\*

Provider Capacity

Behavioral Health/  
Substance Use  
Disorder Services

High Utilizer  
Support Resources

Healthy Eating  
& Active Living

*\*New outcomes will be developed for the Theory of Change for new focus areas approved by the Board in August 2022.*

## Short-Term Outcomes

Increased number of providers

Increased number of health access points

Increased adoption of PCMH practices

Expanded provider capacity to serve members with unique needs

Increased integration of services

Engaged members who self-manage health

Increased food security

Increased awareness of benefits of healthy eating and physical activity

## Medium-Term Outcomes

Timely access to health care services

Members receive enhanced access to a care team

Greater number of patient-centered health care options

Members receive well-coordinated services

Reduction in preventable illness

Members increase consumption of nutritious food

## Long-Term Outcomes

Improved health outcomes

Full integration and coordination of health care system

Improved quality, efficiency, and patient and provider experience

Reduction in health system costs

## Impact

Accessible, quality health care guided by local innovation.





# MCGP Medium-Term Outcomes



| Medium-Term Indicators   | 2015   | 2016                | 2017   | 2018   | 2019   | 2020     | 2021                        | 2022                        | Progress |
|--|--------|---------------------|--------|--------|--------|----------|-----------------------------|-----------------------------|----------|
| Avoidable emergency department visits.   | 19.10% | 17.92%              | 17.86% | 16.19% | 15.45% | 11.00%** | 16.57%                      | Data not yet available      | ●        |
| Availability of a third next available appointment within 10 business days for primary care.             | 40%    | 45%                 | 32%    | 55%    | 11%**  | 33%**    | Survey methodology changed† | Survey methodology changed† | ●        |
| Availability of a third next available appointment within 15 business days for specialty care providers. | 38%    | 47%                 | 45%    | 48%    | 19%**  | 9%**     | Survey methodology changed† | Survey methodology changed† | ●        |
| Percentage of members (adults) that indicate they are usually or always able to get care quickly.        | 75.00% | No Survey Conducted | 76.70% | 73.70% | 76.30% | 80.30%   | 84.5%                       | 73.4%                       | ●        |
| Percentage of members (child) that indicate they are usually or always able to get care quickly.         | 76.40% | No Survey Conducted | 81.60% | 82.4%  | 80.90% | 86.80%   | 83.1%                       | 84.5%                       | ●        |
| Percentage of 30-day readmissions.   | 13.96% | 14.50%              | 13.49% | 14.56% | 14.53% | 14.6%**  | 15.38%                      | Data not yet available      | ●        |
| Percentage of ambulatory care sensitive admissions.  | 11.05% | 11.17%              | 10.09% | 8.89%  | 11.21% | 6.79%**  | 8.53%                       | Data not yet available      | ●        |
| Behavioral health utilization rate (mild to moderate).   | 3.11%  | 3.70%               | 4.37%  | 4.71%  | 5.43%  | 5.35%    | 8.46%                       | Data not yet available      | ●        |
| Provider satisfaction with number of specialists in the Alliance's network.                              | 28.4%  | 36.4%               | 36.90% | 37.70% | 41.80% | 41.8%    | 41.1%                       | 49.4%                       | ●        |

\*2019 data showed a marked decline in contrast to other health plan measurements of access to care, all of which improved in 2019 compared to previous years.

\*\*2020 data significantly impacted by COVID-19 pandemic.

†Secret Shopper Survey was discontinued. Provider Appointment Monitoring Survey was implemented in 2021 using new methodology, including targeting data by provider type.





# Medi-Cal Capacity Grant Program

PERFORMANCE DASHBOARD

October 2015 through December 2022



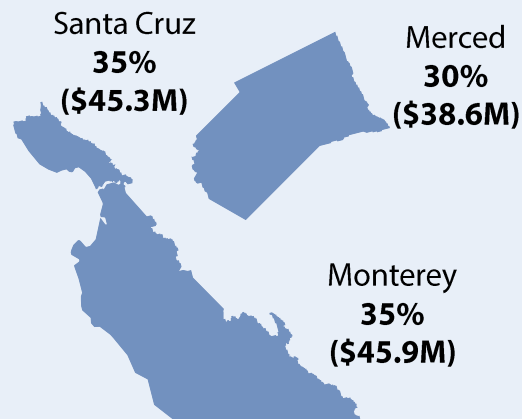
## About the MCGP

The Alliance invests in the communities it serves through the Medi-Cal Capacity Grant Program (MCGP) to realize the Alliance's vision of healthy people, healthy communities.

Since 2015, grants were awarded to local organizations under four focus areas to improve the availability, quality and access of health care and supportive resources for Medi-Cal members in Santa Cruz, Monterey and Merced counties.

In 2022, the MCGP established new funding goals under three focus areas to respond to the current health care landscape, align with organizational and State priorities, and address current and emerging needs of Alliance members and the social drivers that influence health and wellness. New funding opportunities will begin in 2023 under the new focus areas: *Access to Care, Healthy Beginnings and Healthy Communities*.

Total Awarded:  
**\$129.8M**

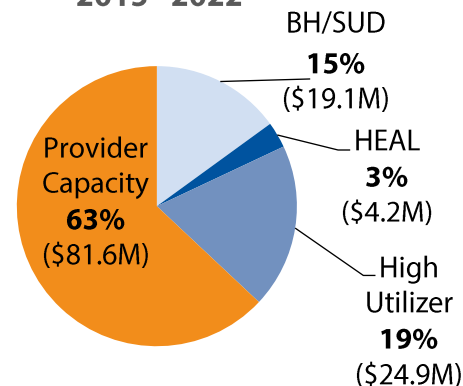


## Number of Organizations Awarded:

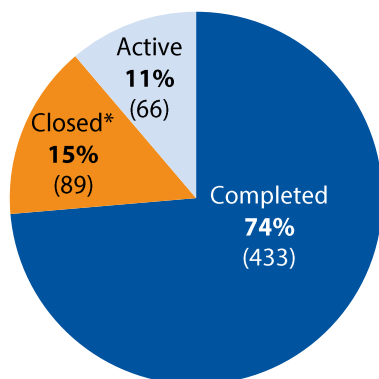
**141**



## Awards by Focus Area 2015 - 2022

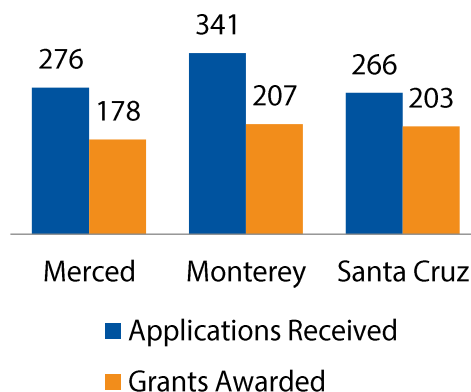


## Award Status



\* Withdrawn by grantee/terminated.

## Total Grants Awarded: 588



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Oct. 2015 through Dec. 2022 | Page 1

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## Provider Recruitment Program

**289 grants totaling \$35.2M** awarded to subsidize recruitment expenses for new health care professionals to serve the Medi-Cal population.

**202** new providers hired to date.

**82%** retention of new recruits.

**22** recruited primary care physicians specialize in Pediatrics.

**38%** increase in primary care sites open to accepting new members.

|                   | Merced       |               | Monterey     |               | Santa Cruz   |               | Total | % of Total |
|-------------------|--------------|---------------|--------------|---------------|--------------|---------------|-------|------------|
| Type Recruited    | Physician    | Non-Physician | Physician    | Non-Physician | Physician    | Non-Physician |       |            |
| Primary Care      | 28           | 18            | 20           | 18            | 12           | 6             | 102   | 51%        |
| Specialty Care    | 4            | 4             | 28           | 2             | 12           | 3             | 53    | 26%        |
| Allied            |              | 9             |              |               |              | 2             | 11    | 5%         |
| Behavioral Health | 2            | 2             | 3            |               | 8            | 8             | 23    | 11%        |
| Dental            | 3            |               |              |               | 4            |               | 7     | 4%         |
| Other             |              |               |              | 3             |              | 3             | 6     | 3%         |
| Total Recruited   | 37           | 33            | 51           | 23            | 36           | 22            | 202   | 100%       |
|                   | 34% of total |               | 37% of total |               | 29% of total |               |       |            |

### Specialties Recruited



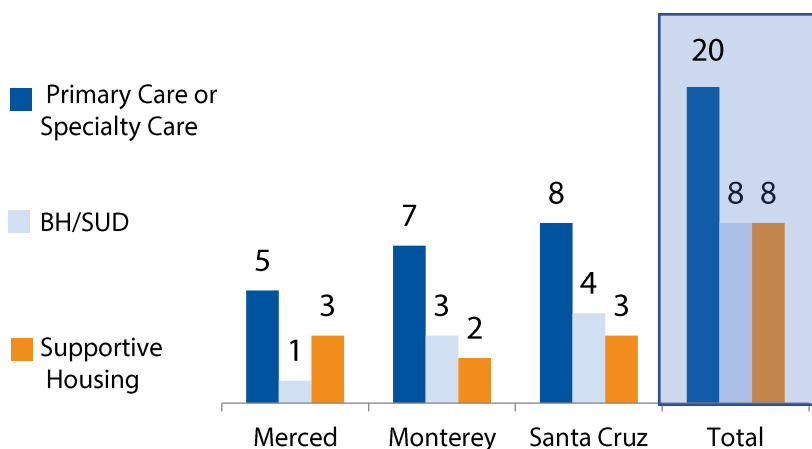


## Capital Program

**58 grants\* totaling \$73.8M** awarded for the expansion, construction, renovation, and/or acquisition of health care facilities that will serve the Medi-Cal population in the Alliance service area. Capital grants are also available for projects that expand access to Medi-Cal services through transitional or permanent supportive housing for the Alliance's most medically fragile Medi-Cal members.

\* Applicants may apply for both planning and implementation grants for one project.

### 36 Capital Projects



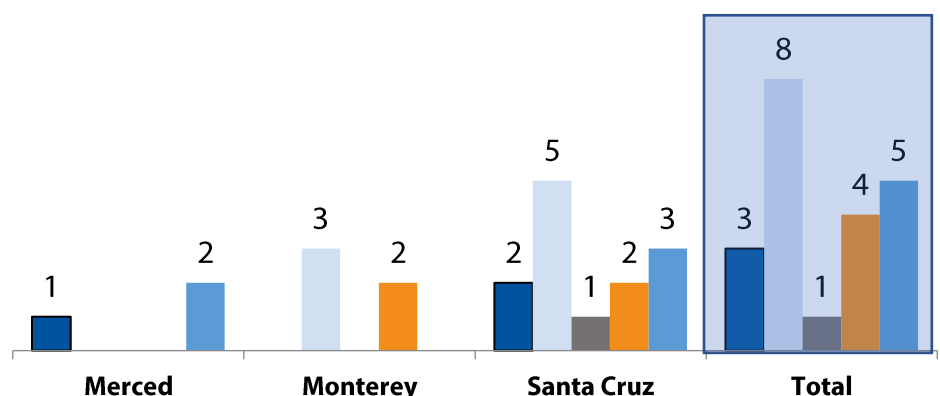
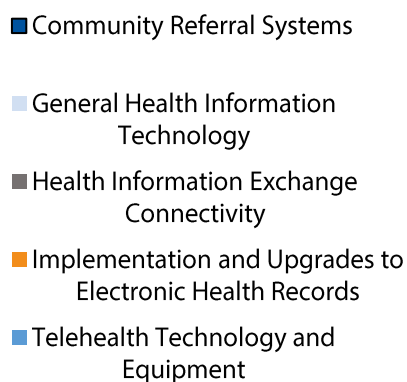
**165.7K** Medi-Cal members anticipated to be served by new and expanded facilities.

## Infrastructure Program

**29 grants\* totaling \$3.8M** awarded for information technology systems that expand Medi-Cal capacity in the Alliance service area.

\* Applicants may apply for both planning and implementation grants for one project.

### 21 Infrastructure Projects

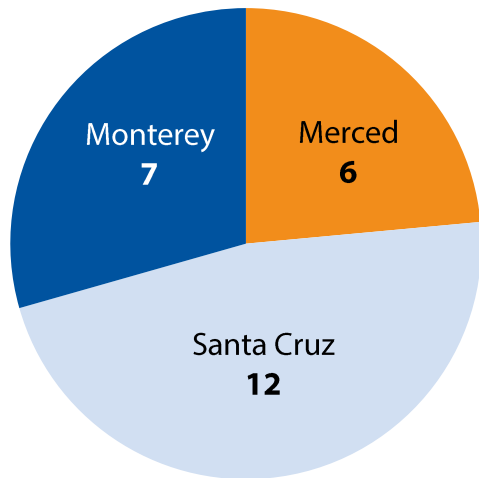




## Partners for Healthy Food Access Program

**25 grants\* totaling \$3.6M** awarded to support a variety of innovative partnerships between health care providers, community-based organizations and/or government agencies implementing community-based nutritious and medically supportive food projects to improve member health and food security in the Medi-Cal population.

\* One grant terminated.



**Total Number of Projects: 25**

### Food Access Projects Focus On:

#### Food Insecurity Screening

#### Chronic Disease Screening

#### Healthy Food Prescription/Distribution

- Food Bank Access Point
- Mobile Market/Farmers Market
- Produce Box Home Delivery

#### Referrals to Supportive Services

- Cal-Fresh Enrollment

#### Knowledge & Skill Building

- Nutrition/Health Classes
- Community Gardening
- Cooking Classes

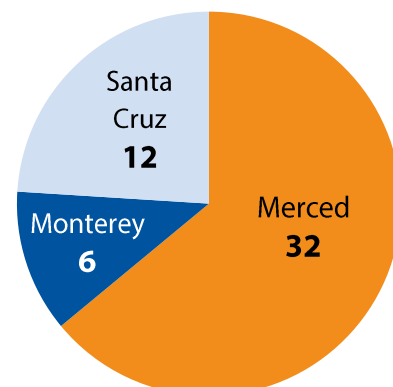
## Recuperative Care Pilot

**3 grants totaling \$3.6M** awarded to community-based organizations to support 30–60-day recuperative care stays for Medi-Cal members experiencing homelessness and recovering from an illness or injury. This short-term housing solution is an alternative to hospital care for individuals experiencing homelessness who no longer need hospital care but have medical needs that would worsen if living on the street or in a shelter.

Funding also supported **temporary bridge housing** for members who are exiting recuperative care temporary housing while awaiting a more permanent housing placement. **1 grant totaling \$26.6K** supported bridge housing renovations in Monterey County.

The pilot created the foundation for a successful transition to Community Support implementation under CalAIM. These services are now reimbursable through Medi-Cal as Recuperative Care and Short-Term Post-Hospitalization Housing.

### Total Number of Recuperative Care Beds: 50





## Workforce Development Investments

**2 grants totaling \$911K** awarded to support the development of new educational programs for licensed health care professionals that will serve the Medi-Cal population.



- **58** Physician Assistant graduates to date (starting 2020).
  - Master of Science - Physician Assistant Program, CSU Monterey Bay.
  - Serves Monterey and Santa Cruz counties.
- 
- **55** Family Nurse Practitioner graduates to date (starting 2019).
  - Master of Nursing - Family Nurse Practitioner Program, CSU Stanislaus.
  - Serves Merced County.

## Retired Programs

**Equipment Program: 103 grants totaling \$1.7M** awarded to subsidize equipment purchases that expand health care provider's capacity to serve the Medi-Cal population in the Alliance service area and impact direct patient care. Program was retired as of October 2017.

**Intensive Case Management Program: 11 grants totaling \$4.9M** awarded to high-volume primary care practices to add staff to provide intensive case management services for medically complex Medi-Cal patients within the patient centered medical home. Three-year pilot launched 01/01/18 and was retired on 12/31/20.

**COVID-19 Response Fund: 27 grants totaling \$1M** awarded to community-based organizations to meet the basic health-related needs of Medi-Cal members impacted by COVID-19, such as food, hygiene and sanitation supplies. Program was retired as of April 2021.

**Practice Coaching Program: 23 grants totaling \$619K** awarded to practices for consultant engagements to adopt the Patient Centered Medical Home (PCMH) model of care. Program was retired as of October 2017.

**Post-Discharge Meal Delivery Pilot: 3 grants totaling \$651K** awarded to fund the delivery of 12 weeks of ready-made, nutritious meals to Medi-Cal members recovering from an inpatient hospital stay. Two-year pilot launched 11/01/18. The Alliance Board approved the transition of the successful pilot to an Alliance-only Medi-Cal benefit, effective 01/01/21.

**Technical Assistance Program: 13 grants totaling \$470K** awarded to provide support for training or consulting engagements that directly result in increased access, coordination of care and integration of services. Program was retired as of April 2020.





# 2022 COMMUNITY



## IMPACT REPORT



**HEALTHY PEOPLE. HEALTHY COMMUNITIES.**

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# A Message from our CEO

I am pleased to share the Alliance's 2022 Community Impact Report, which illustrates our actions to advance our vision of Healthy People, Healthy Communities through engagement and investments in the communities we serve.

2022 was a transformational year for the Medi-Cal Capacity Grant Program (MCGP). The Alliance's Board approved a refined framework to guide the Alliance's grantmaking, and three new focus areas were created in response to Medi-Cal member needs, the Alliance's strategic priorities and the health care environment: Access to Care, Healthy Beginnings and Healthy Communities. New funding opportunities will be available under these focus areas for better care and well-being for Alliance members and a strengthened local health care delivery system.

Our connection to the people we serve and desire to be a trustworthy resource drive the Alliance's community efforts. Our Your Health Matters program continued in 2022 to meet our members in the community. Our presence at community events strengthens our understanding of member needs, builds our relationship with our members and ultimately supports member access to quality care throughout our region.

We are proud to live up to our values of collaboration, equity, improvement and integrity. Meeting our members' needs requires that we be present, that we listen and that we partner with the community at large to take action. We were grateful to continue this work with you in 2022.



*Stephanie  
Sonnenshine*

Stephanie Sonnenshine, CEO





The Alliance makes investments to health care and community organizations in Merced, Monterey and Santa Cruz counties through the **Medi-Cal Capacity Grant Program** to realize the Alliance's vision of Healthy People, Healthy Communities. These investments focus on increasing the availability, quality and access of health care and supportive resources for Medi-Cal members and address social drivers that influence health and wellness in our communities.

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**Your Health Matters** is the Alliance's member outreach program. Through outreach and education at community events in the counties the Alliance serves, the Your Health Matters program helps members understand their health care options and how to access the services and resources they need.



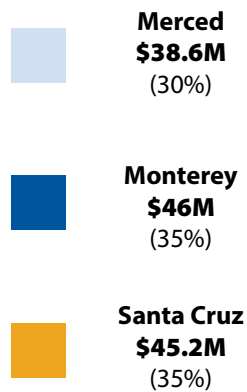




## Grant Awards

Since 2015, the Alliance has awarded **588** grants totaling **\$129,849,174** to **141** organizations in the Alliances service areas.

### Awards to Date



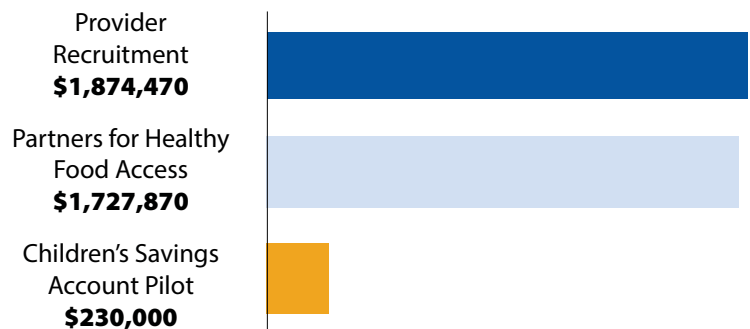
### 2022 Grant Awards

**\$3.8M**  
awarded

**9,383**  
Alliance members impacted

**25**  
grants awarded

### Total Awarded by Program in 2022



Please visit [www.thealliance.health/grants](http://www.thealliance.health/grants) for more information about grant programs.



# Healthy Food, Healthy People

The Alliance supports a “food is medicine” approach to increase members’ food security and their ability to prevent and manage chronic disease. Through the Partners for Healthy Food Access (Food Access) grant program, **Everyone’s Harvest** successfully expanded its *Fresh Rx* produce prescription program in Monterey County. Everyone’s Harvest partnered with Monterey County Health Department to screen Alliance members at Alisal Health Center in East Salinas for food insecurity and diet-related conditions, like pre-diabetes, and enroll them in *Fresh Rx*.

*FreshRx* participants receive a weekly produce prescription redeemable at Everyone’s Harvest farmers markets and culturally responsive nutrition education and cooking demonstrations available in Spanish. *Fresh Rx* participation more than doubled during the grant period. Participants reported improved confidence in preparing healthy dishes and consuming produce daily. *Fresh Rx* and other Food Access projects helped inform the Alliance’s refinement of the Food Access program in April 2022 to focus on the food prescription model. Eligibility guidelines were updated to allow additional grant awards for previously awarded projects that successfully used the model. Five grantees, including Everyone’s Harvest, were awarded a second Food Access grant in October 2022 to expand food prescription projects in Merced, Monterey and Santa Cruz counties.



Families enrolled in **Everyone’s Harvest’s** *Fresh Rx* produce prescription program select fresh fruit and vegetables at the Alisal Farmers Market. (Photo Credit: Everyone’s Harvest)





# Housing and Health

Housing is one of the most important social drivers of health. The Alliance invests in permanent supportive housing and capacity-building for supportive services for Alliance members experiencing homelessness. **Santa Cruz Community Health, Dientes and MidPen Housing** collectively received \$6,075,000 through the Capital grant program to support the construction of a 20,000-square-foot medical clinic, an 11-chair dental clinic and 57 units of affordable housing in Santa Cruz. This innovative, integrated health and housing campus at 1500 Capitola Road opened its clinic doors in December 2022 and will complete housing construction in 2023.

Merced's **Central Valley Coalition for Affordable Housing** completed construction of *The Retreat at Merced* apartments in the fall of 2022. The \$2.5M Capital grant provides housing for 20 Alliance members with on-site case management services such as connecting members to their primary care and behavioral health providers. All 270 apartments are for people with incomes between 30%-60% of the area median income. It is estimated that 75% of all residents at *The Retreat* will be Alliance members.

In 2022, the Alliance successfully transitioned services offered in its Recuperative Care Pilot to Medi-Cal covered services, now officially called Recuperative Care and Short-Term Post Hospitalization Housing under the Community Supports menu of services that address health-related social needs.



1500 Capitola Road, the innovative health and housing campus from **Santa Cruz Community Health, Dientes and MidPen Housing**. (Photo Credit: Kevin Painchaud)



# Prevention and Wellness



Provider Recruitment grants strengthen the Alliance's provider network's ability to provide culturally and linguistically competent care and to reflect the diversity of Alliance members. (Photo Credit: **Golden Valley Health Centers**, Merced County)

The MCGP supports initiatives to increase prevention and wellness services to members. Through a Capital grant, **Dominican Hospital (Dignity Health)** in Santa Cruz opened a Community Wellness Center for greater access to rehabilitation, wellness and prevention programming. In the fall, they joined the Connected Community Network through the Unite Us platform, a community referral system, which will allow other organizations to refer Alliance members to the center.

**Taylor Farms Family Health & Wellness Center** in Gonzales received a Capital grant to build a specialty care clinic. In addition to increased specialty care access, it created space for patient diabetes education. The specialty clinic has co-located services for coordinated patient

care with the Alliance on Aging and Visiting Nurse Association and broader involvement in community well-being in Monterey County with a Blue Zones Project office on-site.

**Merced Faculty Associates Medical Group** (MFA) and **Golden Valley Health Centers** (GVHC) increased capacity to serve members in their primary care practices by hiring new providers with support from the Provider Recruitment program. By adding Christine Viney, NP (MFA Atwater), Neha Mahajan, MD (MFA North) and Maher Gao, MD (GVHC Merced Suites), all clinics reduced next available appointment wait time and patient cycle time while increasing access to preventative screenings and chronic disease management.





# Your Health Matters

## Outreach Program



Your Health Matters (YHM) is the Alliance's community outreach program. The program is made up of Alliance employees who volunteer their time to make a difference in the lives of our members and the communities we serve. This program informs and educates our members, communities and the public about Alliance programs and services.

The YHM team resumed in-person outreach activities in 2022 in Merced, Monterey and Santa Cruz counties. During the year, YHM attended 119 community events where staff connected with more than 13,000 members. Our reach grew in 2022 as we attended 46 new community events. These face-to-face interactions provided members the chance to get to know the Alliance, learn about the services and resources that are available to them and have their questions answered in real time.

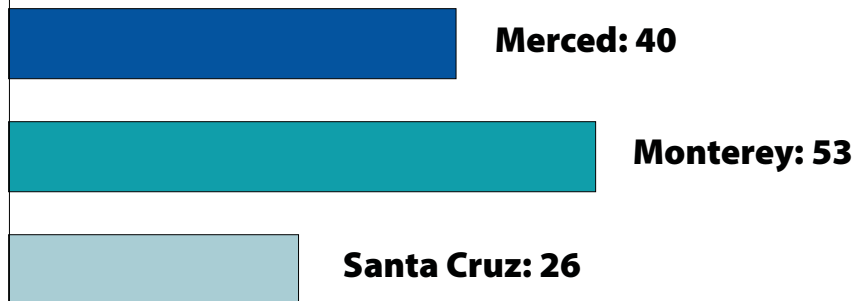
Community efforts continue with regular calls and collaborative work with county leaders and local organizations. We also continue to keep our community-based organizations and partners up to date through our bi-monthly community newsletter, *The Beat*.



The Alliance attended **119** outreach events.

Reached **13,169** members at in-person events.

Shows  
breakdown by  
county, for total  
of **119** events:







## **Efforts to increase COVID-19 immunizations in our service areas**

The Alliance participated in several COVID-19 pop-up clinics with community partners to incentivize members to get vaccinated through the state-funded Vaccine Incentive Program. The Alliance also co-hosted two community clinics at its Salinas location in Monterey County in partnership with VIDA Monterey County, Visiting Nurse Association, Monterey County Health Department and United Way Monterey County. These clinics provided no-cost COVID-19 and flu vaccines to anyone in the community.

## **Recognized as a Monterey County VIDA Champion**

The Alliance received the VIDA Champion Award for contributions in supporting the Monterey County community during the COVID-19 pandemic. The VIDA collaborative program gave the Alliance and community-based organizations a place to align efforts so that our members received consistent information and access to services when it mattered most.



## Championing our members through health literacy

We educated members and potential members about what services were available to them through the Alliance, such as:

- 24/7 Nurse Advice Line.
- Transportation services to get to doctor appointments.
- Urgent visit access to avoid going to the ER.
- Preventative care.
- Language assistance services.
- Medi-Cal eligibility information.

Because those we serve have many needs beyond health care coverage, we also made sure members knew what other resources were available to them through government assistance programs and in their local community.

Through our YHM outreach program, we aimed to not only provide members with the information they need, but also encouraged them to feel empowered to take care of themselves and their families.







## About the Alliance

Central California Alliance for Health (the Alliance) is a regional Medi-Cal managed care health plan, established in 1996 to improve access to health care for over 410,000 members in Merced, Monterey and Santa Cruz counties.

For more information, please visit [thealliance.health/for-communities](https://thealliance.health/for-communities)





**DATE:** February 22, 2023  
**TO:** Santa Cruz-Monterey-Merced Managed Medical Care Commission  
**FROM:** Dr. Dale Bishop, Medical Director  
**SUBJECT:** Peer Review and Credentialing Committee Report of December 14, 2022

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Recommendation. Staff recommend the Board accept the decisions from the December 14, 2022 meeting of the Peer Review and Credentialing Committee (PRCC).

Background. The Santa Cruz-Monterey-Merced Managed Medical Care Commission (Board) is accountable for all provider credentialing activities. The Board has delegated to the PRCC the authority to oversee the credentialing program for the Central California Alliance for Health (the Alliance).

Discussion. The PRCC is currently a six-member committee comprised of Alliance-contracted physicians who make recommendations to approve, defer, or deny network participation for new and existing providers based on established credentialing criteria. The committee meets quarterly. The PRCC also conducts peer review of network providers and offers advice and expertise when making credentialing decisions. Provider credential verification and review ensures that network providers possess the legal authority, relevant training and experience, and professional qualifications necessary to provide a level of care consistent with professionally recognized standards. The Alliance credentialing standards are aligned with applicable credentialing and certification requirements of the State of California, the Department of Health Care Services, the Department of Managed Health Care and, as appropriate, the National Committee for Quality Assurance.

December 14, 2022 Meeting.

- New Providers:
  - 21 Physician Providers (MD, DO, DPM)
  - 12 Non-Physician Medical Practitioners
  - 5 Allied Providers
  - 2 Organizations
  - 7 ECM/CS
- Recredentialed Providers:
  - 97 Physician Providers (MD, DO, DPM)
  - 32 Non-Physician Medical Practitioners
  - 17 Allied Providers
  - 17 Organizations

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

Attachments. N/A

**HEALTHY PEOPLE. HEALTHY COMMUNITIES.**





**DATE:** February 22, 2023  
**TO:** Santa Cruz-Monterey-Merced Managed Medical Care Commission  
**FROM:** Michelle N. Stott, Quality Improvement and Population Health Director  
**SUBJECT:** Quality Improvement System Workplan – Q3 2022

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Recommendation. Staff recommend the Board accept the Q3 2022 Quality Improvement Systems (QIS) Workplan report.

Summary. This report provides pertinent highlights, trends, and activities from the Q3 2022 QIS Workplan.

Background. The Alliance is contractually required to maintain a 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 (Board) is accountable for all QPIP activities. The Board has delegated to the Continuous Quality Improvement Committee (CQIC), the authority to oversee the performance outcomes of the QPIP. This is monitored through quarterly and annual review of the QIS Workplan, with review and input from CQIW-I.

The 2022 QIS Workplan was developed to align with the Alliance Strategic Plan of Member Wellness, Access to Care, and Promotion of Value. This is accomplished through the initiatives described below. The HEDIS/MCAS Quality Strategy for sanctioned measures are attached for review and reference.

| 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 | Goal Met     |
| 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  |

**HEALTHY PEOPLE. HEALTHY COMMUNITIES.**



|   |                    |
|---|--------------------|
| <b>Section III: Quality of Clinical Care</b>                    |                    |
| D. Utilization  |                    |
| 1. Under / Overutilization                                      | In Progress        |
| 2. Physician Administered Drugs (PAD) utilization review        | In Progress        |
| 3. Medication Reconciliation                                    | In Progress        |
| 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)                            | In Progress        |
| 4. Preventive Care Measure: Colorectal Cancer Screening (HEDIS) | 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 Cancer Screening PDSA                                 | Goal Met           |
| 2. COVID-19 QIP   | Goal Met           |
| 3. Childhood Immunizations                                      | In Progress        |
| 4. Child and Adolescent Well Care Visits                        | In Progress        |
| H. Behavioral Health  |                    |
| 1. Adverse Childhood Experiences (ACE)                          | Goal Met           |
| 2. Eating Disorders   | In Progress        |
| <b>Section IV: Clinical Safety</b>                              |                    |
| I. Clinical Safety  |                    |
| 1. Grievance and PQI Management                                 | Goal Partially Met |
| 2. Facility Site Review (FSR) Management                        | Goal Partially Met |

#### Discussion.

#### Q3 2022 QIS Workplan Outcomes and Evaluation

#### Member Experience

- Member engagement rate of Member Outreach Campaigns
  - Staff attended face to face events in the community. Due to a lack of volunteers, this inhibits full attention to the participants. Events have successfully gained the attention of over 1,000 attendees. Recruitment for volunteers to attend as many events as possible will continue.
- Health Services Division Member Outreach and Engagement Campaigns
  - Staff continue outreach on COVID-19. During Q3 the Health Programs team coordinated on outreach for a Primary Care Clinic in Merced County needing support in scheduling preventive services. Rosters from the Provider Portal were used to contact members to schedule visits using scripts, translation services and time blocks from the clinic. Visits scheduled for Well Child Visits ages 0-15 Months, Child and Adolescent Well-Care Visits (ages 3-21 years), and for infant/toddler vaccinations (Childhood immunizations (Combo 10)). Used non-clinical staff to schedule visits led by Health Programs Supervisor. Staff coordinated scheduling and documented outcomes of 341 calls with 22 appointments (7%) scheduled. Staff developed scripts, workflows, and tracking documentation to execute this project.



- Member Support
  - Call Volume: April 2022- 20,974, May 2022- 21,512, June 2022- 26,124  
The call center currently lacks staffing levels to support current call volume. Complexity of incoming calls have increased (i.e.: BH needing resources, etc.). Four temporary workers were approved, working on the transportation optimization project, and will be working with a vendor that specializes in customer service to educate staff.
- Cultural and Linguistics (C&L) Services & Population Needs Assessment Education
  - A total of 6,316 telephonic interpreting services calls were reported for measuring Q3 2022 across the Alliance's service areas. This is a 5% decrease when compared to Q3 2021 (6,669). A total of 791 face-to-face interpreting services requests were coordinated in Q3 2022 across the Alliance's service areas. This is a 165% increase when compared to Q3 2021 (299). This year we are seeing an increase in all of our face-to-face interpreter services, more so in our non-American Sign Language (ASL) for physical therapy and specialty appointments. In Q3, the C&L team presented at the Provider Services staff meeting on our language assistance services for both telephonic and face-to-face interpreter services. In addition, the C&L team conducted a training on effective member communication at a Care Based Incentive (CBI) workshop for Alliance providers, which included information on the importance of using qualified interpreters and our language assistance services. A callout box providing information about our language assistance services was also included in the September Member Newsletter.
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) (Member Experience Survey): How Well Doctors Communicate; Global Rating of Health Care, Global Rating of Health Plan, Access Metrics
  - Target met in 2021; no known barriers at this time. Staff awaiting final report for the 2022 CAHPS survey.

### Quality of Service

#### Access and Availability

- Annual Access Plan
  - Access Plan in progress; outreach is ongoing. Additional non-Emergency Medical Transportation providers being screened for potential recruitment. Continue tracking metrics and success throughout Q3 and Q4.
- Provider Choice: In-Area Market Share
  - Provider Relations completed a review of non-contracted specialist providers in Santa Cruz County to confirm accuracy of data, which may result in a slight increase in specialist Market Share in Q3 2022. Difficulty obtaining timely credentialing applications for new or existing providers, priority to engage new entities in contracting over credentialing providers at existing contracted sites. Next steps include credentialing prioritizing outreach to non-credentialed providers working at contracted sites by end of year.
- CAHPS Survey: Access Measures. Completed fielding of the 2022 CAHPS survey and awaiting results (anticipated in October 2022).



### Provider Experience

Provider Satisfaction: Results received in September 2022. Will be presented to NDSC in November. In MY 2021, 89% of surveyed providers reported that they were satisfied with the Alliance.

### Quality of Clinical Care

#### Utilization

- Under/Over Utilization
  - Utilization Management Workgroup continues to closely monitor under and over utilization and continues to investigate identified cases, develop interventions, and work closely with other departments such as Program Integrity, QIPH, 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 (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 Utilization Management Workplan.
- Physician Administered Drugs (PAD) Utilization Review
  - Fourteen new HCPCS codes, injectable iron products and RhoGAM were reviewed against Medi-Cal guidelines and presented in the Pharmacy and Therapeutics (P&T) committee. Prior authorization requirement was removed, and quantity limit was increased for drugs with a high PA approval rate. Provider newsletters were sent to all providers informing them of these recent changes. Targeted faxes were sent to providers who continue to submit unnecessary prior authorization requests.
- Medication Reconciliation
  - Project was launched. From August through September, 92 high risk members were identified and reviewed by pharmacy technicians. Pharmacists reconciled medications for 76 members within 30 days of discharge. Feedback was requested from the P&T Committee and care management teams for areas of cross collaboration among the providers, Alliance pharmacy department and care management teams. An additional technician was trained on medication reconciliation.

#### Adult Preventive Care Services

- Health Education and Disease Management
  - In Q3 2022 the QHP team completed one virtual Healthier Living Program workshop series. Alliance members continue to provide positive feedback via program surveys that the program helps them to feel connected with others experiencing similar challenges.
- Controlling Blood Pressure
  - Kick-off visual reminder use in the three clinics. Surveyed staff at WHC on the new process/protocol. Kick-off visual reminder use in the three clinics. Surveyed staff at providers office on the new process/protocol.
    - 1 and 2) WHC implemented using the whiteboard to notify clinician of BP recheck in progress on August 1 and Emeline on September 1. HPHP plans to rollout intervention on October 3. As of August 31, 2022 SCC BPs in control = 70.4% (based on clinic's EHR data).



- 3) WHC: Goal met: 75% (48/64). Provider successfully implemented using the whiteboard to notify clinician of BP recheck in progress on August 1 [goal met: 75% (48/64)] and another provider implemented on September 1. A third provider plans to rollout intervention on October 3. As of August 31, 2022 a fourth providers' BPs in control = 70.4% (based on clinic's EHR data).
- Diabetes HbA1c >9% (poor control)
  - Due to limited staffing, the team has pivoted to focus the Population Health pilot on adult high-risk members with the highest HbA1c values. QIPH will partner with CCC and Pediatric CM teams to test risk levels of members as scored by the BI tool and other methods. This will allow clinical staff to focus on this target population while testing the proposed methodology and workflows of the Population Health program.
- Preventive Care Measure: Colorectal Cancer Screening (HEDIS)
  - Initial base line data is being analyzed now. Training material will be in the Q3 CBI workshop because colorectal screening will be an exploratory measure in 2023 (unpaid). A tip sheet for the measure is also under development.
- Maternal and Children's Preventive Care (HEDIS)
  - The first goal has two performance improvement projects in progress, one for CIS and the other for WCV both in Merced. Planning for a study of pediatric disparities has begun, with initial activities planned for Q3 2022 in Merced County. During Q3 and early Q4, we were able to initiate point of service incentives at both sites. Initial response to the WCV project has been very good but are experiencing a slow uptake of influenza vaccine at the Castle Clinic despite offering a member incentive.
  - The second goal's WCV disparities are being addressed by the CBI program 2023 to start. Data will be shared with providers through their CBI profiles quarterly but will need to continue to monitor and in some cases address with clinics.

#### Performance Improvement Projects (State Mandated)

- Breast Cancer Screening (BCS) PSDA
  - 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. For our cycle 5 BCS intervention project, QIPH worked with Dr. Long Thao's office. The intervention focused on the linked Hmong members after identifying a large disparity in this population in completing their breast cancer screenings. The QIPH team identified 68 members who were due for their screenings and provided this list to Dr. Thao's office to review for any contraindications. Upon Dr. Thao's clinic review, they delivered the referrals to El Portal Imaging to ensure all were received. El Portal Imaging confirmed receipt of the referrals and provided the Alliance with time blocks on their schedule. The Alliance Health Educators contacted the members to schedule screenings using interpreting services. El Portal Imaging was responsible for placing the reminder calls and offered Alliance transportation services at that time. QIPH corresponded internally at least once a week, as well as reaching out to El Portal Imaging for weekly updates. As a result of this outreach, seven of the 68 members scheduled with QIPH and completed their breast cancer screening. QIPH



submitted the final information to Dr. Long Thao's office, noting the success of the intervention and that a few members felt more comfortable scheduling with their PCP. Dr. Thao's office completed another round of outreach to the members, and an additional four members scheduled and completed their screenings. The final result of this intervention resulted in 11 out of 68 members receiving their screenings (16.18%). After the completion of cycle 5 of the Breast Cancer PDSA and after seeing improvements in our efforts, DHCS has assigned QIPH to conduct a SWOT analysis on breast cancer screenings. This is an effort to increase breast cancer screening rates to encourage members to resume preventative screenings post the COVID-19 pandemic. After the completion of the analysis, it was determined to promote breast cancer screening through CBI.

- 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: Due to ongoing COVID-19 related delays, including the Omicron surge, providers were experiencing staff shortages which impacted appointment availability. In an effort to avoid further impact to these provider's schedules, we postponed our well care letter initiative by four months. 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 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.
  - 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 of 2019 to 40.0% in January of 2022, but the number of doses decreased by 228 from January of 2021.
- Childhood Immunizations
  - For member incentives, the Communications Department reviewed the member incentive flyer request and Finance handled the gift card process for payment. The Provider Services Contracts Team finalized the MI Program Agreement. The new flu vaccine point-of-service incentive intervention went live on September 6, 2022 for Castle Family Health Center along with text messages for members. Rates will be monitored for any improvements in immunization rates as part of the DHCS PIP.
- Child and Adolescent Well Care Visits
  - In Q3, the pilot test for the recall intervention continued. Golden Valley Los Banos Clinic was given a monthly list of members who did not have well-visits to be outreached and scheduled. The goal rate was met in the month of July, ending the month at 49.20% and continue to trend upward. This quarter, a pilot point of service member incentive for Alliance members linked to GVHC Los Banos clinic ages 3-17 was launched to complete their well care visit throughout the rest of the



year. The tentative go live date was scheduled for September 1, 2022, but due to contract delays it was pushed to go live on October 1, 2022. Meetings have continued with the GVHC Los Banos clinic team 1-2 times a month for progress check-ins and updates.

### Behavioral Health

- Adverse Childhood Experiences (ACEs)
  - In Q3, the Alliance partnered with Merced County and Santa Cruz County to apply for ACEs Aware PRACTICE grants to assist in continuing in establishing the network of care in each county. A QI Program Advisor is assigned to assist both counties in their efforts in providing data for measuring their success, as well as attend the ACEs Aware Medi-Cal health plan meetings to provide feedback on barriers and discuss successes of the grant project. QIPH is also working with providers to reconcile which of their providers have completed the required training and attestations. QIPH is continuing to promote the new CBI 2023 fee-for-service incentive for providers who have completed their training and attestation, as well as the upcoming paid measure for completing the screenings. ACEs is also a topic at clinic Joint Operations Committee meetings and QI is sharing how clinics are performing in the measure, providing support to implementing the screenings in preparation for the upcoming CBI 2023 incentives, as well as educating FQHCs to modify their workflows to have the PCP complete the screening and refer members to behavioral health as needed. QIPH continues to promote best practices on ACE screenings via Provider Bulletin articles, Provider Digests and Member Newsletters. The Diversity Leadership Program concluded, and a final presentation was done in October 2023 with results indicating an increase by 92% from 43 (October 2021) to 525 (September 2022) screenings completed for 0-20 years old. This will continue to be monitored to ensure improvement as this is public reported through ACEs Aware.
- Eating Disorders
  - The Alliance has an established external collaborative bi-weekly behavioral health case review process with our MBHO to support members and collaborating with County Mental Health Plans. In Q2, the Alliance provided internal educational presentations to the Social Services department, Utilization Review director, and Community Care Coordination director to address the increasing need and acuity levels of eating disorders. In Q3 the Alliance communicated a plan to create a workflow pilot with one county to improve processes and drafted an Eating Disorder Workbook for use by all partners in the treatment of members.

### Clinical Safety

- Grievance and PQI Management

The following summary of activities took place:

  - Q3 Accomplishments: 1) The quarterly MD IRR of member grievances resolved by RNs resulted in 100% approval, indicating that cases are being appropriately routed to MD for oversight; 2) MD peer to peer IRR of PQIs resulted in 100% agreement, indicating Medical Directors are resolving PQI cases with consistent methodology; and 3) successfully onboarded QIPH Project Specialist to assist with processing PQIs, member grievances, facility site review, as well as communications projects.
  - Q3 Summary: Member grievances routed to QI for clinical oversight continue to increase quarter-over-quarter placing more demand on staff to prioritize regulatory duties. With already reduced QI RN FTEs and difficulty finding qualified candidates



for hiring, the increase has been an adjustment for all staff aiding in processing member grievances and PQIs. Despite the reduced QI RN staff and increasing member grievance case volume, the team managed to meet all regulatory due dates/timeframes for member grievances and the associated PQIs. However, as a result, 90-day internally referred PQIs continued to extend beyond the QI AQI 90-day due date. The PQI team will collaborate with Grievance and Operational Excellence teams to evaluate current practices and prepare for potential influxes in 2023.

- Facility Site Review (FSR) Management  
The following summary of activities took place:
  - Implementation of all updated DHCS FSR MRR Tool requirements. Continue to adjust the FSR MRR Corrective Action Plan (CAP) template to include additional resources for common site deficiencies. Review of final draft Managed Care Quality and Monitoring Division MCQMD APL 22-017 and submission of response to DHCS with comments and concerns. Collaborating with Alliance Application Services to create an interface to upload FSR MRR data to DHCS' new database in development, MSRP. Continue to meet with DHCS in the biweekly statewide MCP workgroup meetings to ensure we are continuing to follow recommendations around new guidelines as well as leniency for CAP due dates and site review scheduling according to each sites' impact of COVID related barriers. Attended the annual MCQMD Site Review Work Group meeting to get a DHCS update.

Conclusion. There were active interventions in Q3 with some progress in meeting the project goals. In some cases, there were staff shortages to advance the work; however, barriers were addressed, or activities were prioritized. The Alliance will continue to monitor progress across the projects and report updates through the various quality improvement system committees.

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

Attachments.

1. Q3 2022 Quality Improvement System Workplan
2. HEDIS/MCAS Alliance Quality Strategy for Sanctioned Measures



## Q3 2022 QIS Workplan

|        |   |
|--------|---|
| Topic  | CAHPS: How Well Doctors Communicate   |
| Status | In Progress   |
| Topic  | CAHPS: Global rating of Health Care   |
| Status | Goal Met  |
| Topic  | CAHPS: Global rating of Health Plan   |
| Status | Goal Met  |
| Topic  | Health Services Member Outreach & Engagement Campaigns                                  |
| Status | In Progress   |
| Topic  | Member Support  |
| Status | Goal Not Met  |
| Topic  | Member engagement rate of Member Outreach Campaigns                                     |
| Status | In Progress   |
| Topic  | Cultural and Linguistics (C&L) Services & Population Needs Assessment Education         |
| Status | Goal Met  |
| Topic  | CAHPS Survey: Access Measures   |
| Status | In Progress   |
| Topic  | Annual Access Plan  |
| Status | In Progress   |
| Topic  | Provider Choice: In-Area Market Share   |
| Status | In Progress   |
| Topic  | Provider Satisfaction Survey  |
| Status | In Progress   |
| Topic  | Physician Administered Drugs (PAD) utilization review (Prelude to Site of Care Program) |
| Status | In Progress   |
| Topic  | Medication Reconciliation   |
| Status | In Progress   |
| Topic  | Under / Overutilization   |
| Status | In Progress   |

|        |  |
|--------|--|
| Topic  | Health Education and Disease Management                      |
| Status | Goal Met   |
| Topic  | Diabetes HbA1c >9% (poor control)                            |
| Status | In Progress  |
| Topic  | Preventive Care Measure: Colorectal Cancer Screening (HEDIS) |
| Status | In Progress  |
| Topic  | Controlling Blood Press...                                   |
| Status | Not Started  |
| Topic  | Maternal and children's preventive care (HEDIS)              |
| Status | In Progress  |
| Topic  | Well Child Visits  |
| Status | In Progress  |
| Topic  | COVID-19 QIP   |
| Status | Goal Met   |
| Topic  | Childhood Immunizations                                      |
| Status | In Progress  |
| Topic  | Breast Cancer Screening PDSA                                 |
| Status | Goal Met   |
| Topic  | Adverse Childhood Experiences (ACE)                          |
| Status | Goal Met   |
| Topic  | Eating Disorders   |
| Status | In Progress  |
| Topic  | Grievance and PQI Management                                 |
| Status | Goal Partially Met   |
| Topic  | Facility Site Review (FSR) Management                        |
| Status | Goal Partially Met   |

### PROGRESS SUMMARY

**59%**

Percent Complete

### Composite Score

**4**

Sections above target



## Q3 2022 QIS Workplan

### SECTION 1: MEMBER EXPERIENCE

#### A: MEMBER EXPERIENCE

##### CAHPS: Global Rating of Health Care

|                               |   |  |   |
|-------------------------------|---|--|---|
| Domain                        | Member Experience   | Summary of Quarterly Activities Narrative    | Q3: Awaiting final report for 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                                   | Awaiting final report for the 2022 CAHPS survey.    |
| Goals                         | 1. Achieve 84.5% in Members Global Rating of Health Care (CAHPS)- Child   |  |   |
| Results Q3                    | 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    | Q3: Awaiting final report for 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                                   | Awaiting final report for the 2022 CAHPS survey.    |
| Goals                         | 1. Achieve 86% in Members Global Rating of Health Plan (CAHPS)- Child   |  |   |
| Results Q3                    | 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   |
| Priority                      | Alliance Operating Plan   | Known Barriers/Root Cause(s) (as applicable) | When at events we are not able to speak to all attendees due to lack of volunteers. At times YHM staff attend events alone or with only one staff volunteer. These events sometimes have over 1000 attendees. |
| Committee                     | Member Support and Engagement Committee (MSEC)  | Next Steps                                   | Continue to recruit volunteers and attend as many events as possible  |
| 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 Q3                    | 39%   |  |   |
| 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<br>Quality of Service  | Quality of Care | Summary of Quarterly Activities Narrative | In Q2 started working on developing query to identify members who are moderately to severely immunocompromised. QIPH and Pharmacy partnered to develop the query that reflected the risk groups as defined by CDC. QIPH revised the Essette task to reflect the planned Q3 outreach.   |
| 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<br>2) Track each campaigns intervention, percentage of successful calls (information provided/LVM) vs unsuccessful calls, and member counts  |                 |   | Known Barriers/Root Cause(s) (as applicable)   |
| Results Q3                    | 1) Staff continue outreach on COVID. During Q3 the Health Programs team coordinated on outreach for a Primary Care Clinic in Merced County needing support in scheduling preventive services.<br>2) Rosters from the Provider Portal were used to contact members to schedule visits using scripts, translation services and time blocks from the clinic. Visits scheduled for Well Child Visits ages 0-15 Months, Child and Adolescent Well-Care Visits (ages 3-21 years), and for infant/toddler vaccinations (Childhood immunizations (Combo 10)).<br>3) Used non-clinical staff to schedule visits led by Health Programs Supervisor.<br>4) Staff coordinated scheduling and documented outcomes of 341 calls with 22 appointments (7%) scheduled.<br>5) Staff developed scripts, workflows, and tracking documentation to execute this project. |                 |   | Next Steps   |
| Opportunities for Improvement | 1) Coordinated collaboration with multiple sources in the development of member written materials and staff talking points<br>2) Development of member roster lists with the verification if there is more than one member in the same household on the list<br>3) Identification of the right level of staff to support these outreach campaigns (i.e., clinical vs. non-clinical)<br>4) Coordinated approach for documenting, tracking, and reporting the outcome of each outreach call<br>5) Develop enough time to train staff on talking points and new outreach campaigns  |                 |   | 1.) There is not enough staff to support outreach activities.<br>2.) Core work is also impacted when deploying other teams to support outreach campaigns.<br>3.) Staff were able to mobilize, but it did take about 3-4 business days to identify staff and complete training before initiating calls.<br><br>Discuss with multiple internal stakeholders the feasibility for outreach projects like the one completed in Q3. Success of outreach calls was impacted by lack of timely claims, no reconciliation with the clinic's appointment and electronic medical record systems against the Portal report which is primarily populated by claims and registry data [27 members contacted declined because they had a recent visit or have an appointment scheduled].<br><br>Also identified need to support parents with newborns with navigating to the linked PCP, confirming that they want to use that PCP and how to schedule well child visits. |

## Member Support

|  |   |
|--|---|
| Domain                                       | Member Experience   |
| Priority                                     | Regulatory  |
| Committee                                    | MSEC  |
| Goals  | 1) 95% of Calls to Member Services Answered Before Being Abandoned;<br>2) 80% of Calls to Member Services Answered Within 30 Seconds  |
| Results Q3                                   | 1)70.2% 2)34.3%   |
| Opportunities for Improvement                | 2) Identify additional barriers to being able to continuously meet this requirement.  |
| Summary of Quarterly Activities Narrative    | 1. Excessive absenteeism 2. Staff LOAs 3. The call center currently does not have staffing levels to support current call volume. 4. Complexity of calls has increased. We are seeing member with complex BH issues are calling needing resources. Call Volume: April 2022- 20,974 May 2022- 21,512 June 2022- 26,124   |
| Known Barriers/Root Cause(s) (as applicable) | 1) Lack of sufficient staffing levels to meet the goals.<br>2) Increase in call volume from Q1 to Q2  |
| Next Steps                                   | The call center was approved to hire 4 additional temps to assist with the increase in call volume and call complexity. We are also working on the transportation optimization project that will reduce transportation call volumes and ensure that members can schedule their upcoming transportation appointments in a timely manner. Transitioning the transportation intake process will reduce call volume and also ensure that we are working with members on their health and Alliance benefits. Additionally, we will be working with a vendor that specializes in Customer Service to: <ul style="list-style-type: none"> <li>•Improve service to every member whether the interaction occurs in the call center, office, or community event.</li> <li>•Increase staff's confidence in their ability to handle difficult situations.</li> <li>•Increase staff's knowledge in finding ways to balance task and relationship.</li> <li>•Reduce time spent on unproductive detours in member conversation.</li> <li>•Create a member-focused culture where staff embraces a service mindset and model it in every touchpoint.</li> <li>•Consistently deliver exceptional service experiences and achieve measurable results.</li> </ul> |



## C&L Services & Pop. Needs Assessment Education

|                               |   |                 |  |  |
|-------------------------------|---|-----------------|--|--|
| Domain                        | Member Experience<br>Quality of Service   | Quality of Care | Summary of Quarterly Activities Narrative    | Q3: A total of 6,316 telephonic interpreting services calls were reported for measuring Q3 2022 across the Alliance's service areas. This is a 5% decrease when compared to Q3 2021 (6,669).   |
| Priority                      | Regulatory  |                 |  |  |
| Committee                     | CQIW  |                 |  |  |
| Goals                         | <p>To measure the performance of the Alliance C&amp;L Services program and to make improvements accordingly (measure utilization per County).</p> <p>1) Increase Provider Utilization of the Alliance Language Assistance Services program by 5% when compared to the previous year</p> <p>2) Increase the Alliance network provider's familiarity with the Alliance Language Assistance Services Program (annual provider satisfaction survey)</p>           |                 |  | <p>A total of 791 face-to-face interpreting services requests were coordinated in Q3 2022 across the Alliance's service areas. This is a 165% increase when compared to Q3 2021 (299). This year we are seeing an increase in all of our face-to-face interpreter services, more so in our Non-American Sign Language (ASL) for physical therapy and specialty appointments.</p>   |
| Results Q3                    | 6316  |                 |  |  |
| Opportunities for Improvement | <p>Increase promotion of the Alliance Language Assistance Services with:</p> <p>1.) Our external network providers through provider communication modalities, such as the Provider Flash (as needed), Provider Bulletin, and providing updated information to the Provider Services Network Team.</p> <p>2.) Our members through member communication modalities, such as the Member Newsletter and providing updated information to member facing teams.</p> |                 | Known Barriers/Root Cause(s) (as applicable) | <p>In Q3, the C&amp;L team presented at the Provider Services Staff Meeting on our language assistance services for both telephonic and face-to-face interpreter services. In addition, the C&amp;L team conducted a training on effective member communication at a CBI workshop for Alliance providers, which included information on the importance of using qualified interpreters and our language assistance services. A callout box providing information about our language assistance services was also included in the September Member Newsletter.</p> <p>Q3: Barriers to decrease in telephonic interpreting utilization is due to the increase in utilization of our face-to-face interpreter services. In addition to our provider network and members not being familiar with our Language Assistance Services for both telephonic and face-to-face that are available.</p> |
|                               |   |                 | Next Steps                                   | <p>Q3: The C&amp;L team will include an article in the December Member Newsletter and Provider Bulletin to highlight the various Language Assistance Services provided through our Cultural and Linguistic Services Program.</p>   |

## CAHPS: How Well Doctors Communicate

|                               |   |                 |  |   |
|-------------------------------|---|-----------------|--|---|
| Domain                        | Member Experience<br>Quality of Service   | Quality of Care | Summary of Quarterly Activities Narrative    | Q3: Awaiting final report for the 2022 CAHPS survey |
| Priority                      | Regulatory  |                 | Known Barriers/Root Cause(s) (as applicable) | Low response rate from members to the survey.       |
| Committee                     | MSEC, CQIW  |                 | Next Steps                                   | Awaiting final report for the 2022 CAHPS survey.    |
| Goals                         | <p>1. Achieve x% in How Well Doctors Communicate - Child</p> <p>2. Achieve x% in How Well Doctors Communicate - Adult</p> |                 |  |   |
| Results Q3                    | 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    |  |
|-------------------------------|--|--------------------|--|--|
| Priority                      | Regulatory   |                    |  |  |
| Committee                     | NDSC   |                    |  |  |
| 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.                                       |                    |  | Q1: Access Plan results from 2021 shared with the committee, discussion regarding focus areas for 2022 at January NDSC.<br>Q2: Focus areas finalized, Dashboard created and circulated, action items being assigned and in progress. |
| Results Q3                    | Access Plan in progress, outreach is ongoing.<br>Additional NEMT providers being screened for potential recruitment.   |                    | 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.   |
| 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. |                    | Next Steps                                   | Continue tracking metrics and success throughout Q3-Q4.  |

#### Provider Choice: In-Area Market Share

| Domain                        | Quality of Service   | Summary of Quarterly Activities Narrative    |  |
|-------------------------------|--|--|--|
| Priority                      | Regulatory   |  |  |
| Committee                     | NDSC   |  |  |
| Goals                         | In Area PCP Market Share (all counties)<br>In Area Specialist Market Share (all counties)  |  | Provider Relations completed a review of non-contracted specialist providers in Santa Cruz County to confirm accuracy of data, which may result in a slight increase in specialist Market Share in Q322. |
| Results Q3                    | PCP 86%<br>Specialist 86%  | 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           |
| Opportunities for Improvement | Credential non-credentialed providers practicing at contracted locations. Engage providers who have historically declined to contract. | Next Steps                                   | Credentialing prioritizing outreach to non-credentialed providers working at contracted sites. by end of year.   |

#### CAHPS Survey: Access Measures

| Domain                        | Member Experience   | Quality of Service | Summary of Quarterly Activities Narrative    |   |
|-------------------------------|---|--------------------|--|---|
| Priority                      | Regulatory  |                    |  |   |
| Committee                     | NDSC, CQIW, CQIW-I  |                    | Known Barriers/Root Cause(s) (as applicable) | Q3: Awaiting final report for the 2022 CAHPS survey   |
| Goals                         | 1. Achieve xx% in Getting Care Quickly for Child and Adult CAHPS<br>2. Achieve xx% in Getting Needed Care for Child and Adult CAHPS |                    | Next Steps                                   | Low response rate from members to the survey.<br>Awaiting final report for the 2022 CAHPS survey. |
| Results Q3                    | Getting Care Quickly: Adult - 84.5%; Child - 83.1%<br>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 |   |
|-------------------------------|--|---|---|
| Priority                      | Regulatory   |   |   |
| 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%. |   | 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. |
| Results Q3                    | Results received in September 2022. Will be presented to NDSC in November.   | 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.   |   |   |



## D: UTILIZATION

Under / Overutilization

|                               |   |  |  |
|-------------------------------|---|--|--|
| Domain                        | Clinical Safety Quality of Care<br>Quality of Service   | 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  |  |  |
| 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 Q3                    | N/A   |  | All monitored categories are reported out in the quarterly UM Work Plan and the following was approved in the April CQIC meeting:  |
| Opportunities for Improvement | Coordinated collaboration with all sources of monitoring for over and underutilization. Linking reporting from multiple sources to ensure compliance with monitoring. |  | Categories to be monitored for possible over utilization:<br>Electromyography (EMG)<br>Emergency Room Visits<br>Any Auth Redesign/NTR code identified from emerging utilization analysis results<br>Categories to be monitored for possible under utilization:<br>Initial Health Assessment (IHA)<br>Breast Cancer Screening<br>Colon Cancer Screening<br>Lead Screening<br>Adverse Childhood Experience (ACE) Screening<br>Mental Health Visits |
|                               |   | Known Barriers/Root Cause(s) (as applicable) | Q3 Currently monitored in UMWG<br>Lack of consolidation of all efforts toward oversight of over /under utilization. Underutilization report developed but not yet tested; anticipate full annual review in Q4 2022.  |
|                               |   | Next Steps                                   | Additional work is underway linking reporting from multiple sources. Underutilization report developed late Q3 2022; consolidation and report development is underway for Overutilization reporting systems with plan to provide annual review in Q4 2022 and quarterly thereafter.  |

PAD Utilization Review

|                               |  |  |  |
|-------------------------------|--|--|--|
| Domain                        | Quality of Service   | Known Barriers/Root Cause(s) (as applicable) | Some pharmacy staff resource constraints due to staff changes. Tableau reports need to be updated to account for additional HCPCS codes.   |
| Priority                      | Operating Plan   |  |  |
| Committee                     | Pharmacy and Therapeutics Committee  | Summary of Quarterly Activities Narrative    | Q3: 14 new HCPCS codes, injectable iron products and RhoGAM were reviewed against Medi-Cal guidelines and presented in the Pharmacy and Therapeutics (P&T) committee. Prior authorization requirement was removed, and quantity limit was increased for drugs with high PA approval rate. Provider newsletters were sent to all providers informing them of these recent changes. Targeted faxes were sent to providers who continue to submit unnecessary prior authorization requests. |
| Goals                         | Perform PAD utilization review on a quarterly basis and present to P&T Committee PA criteria and formulary inclusion input                 |  |  |
| Results Q3                    | 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. | Next Steps                                   | Q4: Initiate the Site of Care Program for 3 drugs with one Infusion Pharmacy Provider. Member letters to be sent to members on targeted drugs followed by Infusion pharmacy member outreach to determine if the member would like to transition to home infusion for their own convenience.  |



## Medication Reconciliation

|                               |  |                   |  |  |
|-------------------------------|--|-------------------|--|--|
| Domain                        | Clinical Safety<br>Quality of Care   | Member Experience | Summary of Quarterly Activities Narrative    | Q3: Project was launched. From August-September, 92 high risk members were identified and reviewed by pharmacy technicians. Pharmacists reconciled medications for 76 members within 30 days of discharge. Feedback was requested from P&T Committee and care management teams for areas of cross collaboration among the providers, Alliance pharmacy department and care management teams. An additional technician was trained on medication reconciliation.  |
| 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 Q3                    | 82.60%   |                   |  |  |
| Opportunities for Improvement | (Not being done at the Alliance, and not being done at Transition of Care at all sites)                        |                   | Known Barriers/Root Cause(s) (as applicable) | Some pharmacy staff resource constraints due to LOA and staff changes. Currently, the pharmacy staff does not have a member-facing role. Interventions would need to be performed by providers or case management teams. However, case management teams also have resource constraints and competing priorities. Missing PCP and member contact information are significant barriers for effective outreaches and interventions. Pharmacists have EMR access to some hospitals only and have difficulty or delay in obtaining discharge notes. Access to additional key hospitals will improve the comprehensiveness of the medication reconciliation. There were technological constraints that reduced efficiency, such as delay in updates to Essette CM module and Tableau report modifications. |
|                               |  |                   | Next Steps                                   | For Q4, the project will be wrapped up, data will be collected and analyzed, and final results to be presented in 2023Q1.  |

## E: ADULT PREVENTIVE CARE SERVICES

### Health Education and Disease Management

|                               |   |                 |  |   |
|-------------------------------|---|-----------------|--|---|
| Domain                        | Member Experience<br>Quality of Service   | Quality of Care | Summary of Quarterly Activities Narrative    | In Q3 2022 the QHP team completed one virtual Healthier Living Program (HLP) workshop series. Alliance members continue to provide positive feedback via program surveys that the program helps them to feel connected with others experiencing similar challenges. |
| 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)  |                 | Known Barriers/Root Cause(s) (as applicable) | No barriers were reported during Q3 for HLP workshops.  |
|                               | 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<br>2) Overall increasing improvements of the scores (i.e., poor to fair) |                 | Next Steps                                   | Next steps for Q4 the QHP team will offer the HLP workshops in-person in the Merced and Salinas Alliance offices. This will be the first time offering in-person workshops since the COVID-19 pandemic started.   |
| Results Q3                    | 100%  |                 |  |   |
| Opportunities for Improvement | 1) Increase member awareness of the Healthier Living Program workshop by collaborating with internal departments.<br>2) Continue to offer multiple options for participation including telephonic, virtual, and in-person workshops.  |                 |  |   |



## Controlling Blood Pressure

|                               |  |  |  |
|-------------------------------|--|--|--|
| Domain                        | Quality of Care  | Summary of Quarterly Activities Narrative    | Q3: Kick-off visual reminder use in the 3 clinics. Surveyed staff at WHC on the new process/protocol.  |
| Priority                      | Regulatory   | Known Barriers/Root Cause(s) (as applicable) | 1) Staff turn over may dilute results without consistently providing appropriate training.<br>2) New process may be slowly adopted, will need to focus on education and job aids.<br>3) Volume of members may continue to lag as the pandemic continues.<br>4) Ensuring use of whiteboard visual reminders is happening. This is a difficult action item to monitor.<br>5) After surveying clinicians, it appears they may have not been aware of the intervention which also may dilute MA participation without care team alignment. |
| Committee                     | CQIW   | Next Steps                                   | Continue with regular meetings and monitor progress. Gemba walk at each clinic to observe the new process. Distribute MA and Clinician surveys to Emeline and HPH staff and analyze results.   |
| Goals                         | <p>AIM: Improve hypertension control by improving the accuracy of blood pressure measurement by reducing potential false positives of elevated blood pressure readings.</p> <p>1) By January 31, 2023, BPs in control will improve from 50% to 55% after implementing the new BP rechecking protocol, where a second BP reading is taken when the first BP reading is greater than 140/90.</p> <p>2) Implement visual reminders to alert staff and patient when a BP recheck should be considered.</p> <p>3) By January 31, 2023, BP rechecks will improve from 27.8% to 37.8% after implementing the new BP rechecking protocol, where a second BP reading is taken when the first BP reading is greater than 140/90.</p> |  | Also, continue to troubleshoot CBI CBP report and discrepancies in CBP rates.  |
| Results Q3                    | <p>1 &amp; 2) WHC implemented using the whiteboard to notify clinician of BP recheck in progress on Aug 1 and Emeline on Sep 1st. HPH plans to rollout intervention on Oct 3rd. As of 8/31/22 SCC BPs in control = 70.4% (based on clinic's EHR data).</p> <p>3) WHC: Goal met: 75% (48/64)</p>  |  |  |
| Opportunities for Improvement | <p>1) Increase members that are accurately identified as having hypertension.</p> <p>2) For those members with hypertension established accurate readings support the clinical management of the patient.</p> <p>3) Establish this best practice in a busy ambulatory care center.</p>   |  |  |

## Diabetes HbA1c >9% (poor control)

|                               |  |  |  |
|-------------------------------|--|--|--|
| Domain                        | Quality of Care  | Summary of Quarterly Activities Narrative    | Due to limited staffing, the team has pivoted to focus the Population Health pilot on adult high risk members with the highest HbA1c values. QIPH will partner with CCC and Pediatric CM teams to test risk levels of members as scored by the BI tool and other methods. This will allow clinical staff to focus on this target population while testing the proposed methodology and work flows of the Population Health program.  |
| 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. Members needing a new PCP or access to a their endocrinologists are challenged with getting appointments.<br>2) Alliance members have few resources, may be limited to not having safe areas for physical activity or support to prepare healthy meals.<br>4) Continue to assess population for root causes that challenge members to manage their diabetes well. Access to mental health care is a clear need and may take outreach to make that connection for members with diabetes.<br>5. Quest data has not been parsed correctly in the HL7 format. IT staff are working now to correct this issue so that we can ingest HbA1c files correctly. Ideally will clean out current data and replace with correct values for 2022. |
| Committee                     | CQIW   | Next Steps                                   | 1. Essette Population Health task to be implemented in Q4 to support evaluation and monitoring of low-high risk members introduced to services via the stratification process.<br>2. Ongoing monitoring and evaluation of the risk scoring process, ensure workflows are developed to support staff.<br>3. Ongoing work to ensure accurate HbA1c data is available to support CM staff.  |
| Goals                         | <p>1). Identify a health care system willing to partner with the Alliance team in implementing an evidenced based practice for members with Diabetes Type II (Community Guide)</p> <p>2. Establish a team of clinic staff and technical support staff from the Alliance to champion the program and support selection of an intervention.</p> <p>3. Set an objective that identifies a target number of members that are able to decrease HbA1c values to below 7.5.</p>   |  |  |
| Results Q3                    | <p>Pilot is in progress. 45 members, adults and pediatric members with diabetes flagged in our system were assessed systematically by our CM teams. 29 members were 5-20 years of age (peds team) and 16 members were adults. 10/45 or 22% have expressed access to care issues. Four expressed recent complications from Diabetes. 23/45 members enrolled in CM services or are continuing cases. 9 identified challenges with anxiety or depression, some are currently in care, 3 accepted referrals to Beacon.</p>   |  |  |
| Opportunities for Improvement | <p>1) Few services available to members to support self management of diabetes. Members with diabetes need ongoing support to maintain A1c values that indicate good control.</p> <p>2) Once new staff are on board, will explore opportunities to engage with a practice with a cohort of members with DM and interest in improving and/or expanding services to these members.</p> <p>3) There are opportunities to not just manage blood glucose, but support adoption of healthy choices, tobacco use, increase physical activity and monitoring of blood pressure.</p> <p>4) Until January 2023, continuous blood glucose monitoring was not available, this is a valuable tool that needs to be more widely implemented, including use of newer medications that can support members in managing their blood glucose levels.</p> |  |  |



## Preventive Care: Colorectal Cancer Screening-HEDIS

|                               |   |  |   |
|-------------------------------|---|--|---|
| Domain                        | Quality of Care   | Summary of Quarterly Activities Narrative    | Initial base line data is being analyzed now. Training material will be in the 3rd Quarter CBI workshop because colorectal screening will be an exploratory measure in 2023 (unpaid). A tip sheet for the measure is also under development.  |
| Priority                      | Regulatory  |  |   |
| Committee                     | CQIW  |  |   |
| Goals                         | Assess baseline rates for colorectal cancer screening and determine future interventions  |  |   |
| Results Q3                    | Completed analysis of July 2021-June 2022 data. Rates overall have remained stable at 25.8% overall as compared to Q1. Rates by county overall were 21.3% (Merced), 28.0% (Monterey) and 28.1% (Santa Cruz). Data were disaggregated by Race/Ethnicity with a range of 16.7% (Laotian) to 39.8% (Vietnamese), with our largest populations, Hispanic (27.5%), White (22.2%), Other (26.3%), Filipino (27.3%), and Black (19.7%). Rates by spoken language had a similar range Chinese (15.4%) to Vietnamese (42.3%), with English (22.7%) and Spanish (29.7%) including more than 25,000 members. | Known Barriers/Root Cause(s) (as applicable) | 1) New measure to Medicaid in 2022. Measure has a long look back period for data. Will need to build out ability to accept provider data for this measure.<br>2) Limited capacity at many primary care offices due to high rates of COVID and now added increasing respiratory disease including RSV and Influenza.<br>3) Need to prioritize resources to be dedicated to this measure against others for 2023. |
|                               | The introduction of the measure into the CBI Program was completed during the September CBI Annual Workshop.  | Next Steps                                   | Publish tip sheet that includes coding on our webpage for CBI in Q4 2022. Continue to promote best practices for colorectal cancer screening.   |
| Opportunities for Improvement | Data has not been analyzed at this time. Preliminary conversations with providers reveal that recommendations for routine colorectal screening are not well known, specifically acceptable methods and frequency. This is a new measure for Medicaid, we will be learning in 2023 about our baseline performance. In the meantime, we are collecting available data.  |  |   |

## Well Child Visits

|                               |   |  |  |
|-------------------------------|---|--|--|
| Domain                        | Quality of Care   | Summary of Quarterly Activities Narrative    | In Q3, we continued to test our recall intervention. We provided the Los Banos Clinic a monthly list of members who are non-compliant to be outreached and scheduled. The clinic has done an amazing job at doing outreach in Q3. We hit our goal rate in the month of July, ending the month at 49.20% and continue to trend upward. This quarter we also worked on implementing the pilot point of service member incentive for Alliance members linked to GVHC Los Banos clinic ages 3-17 who complete their well care visit throughout the rest of the year. Our tentative go live date was scheduled for September 1, 2022, but due to contract delays it pushed the go live date to October 1, 2022. We continue to meet with the GVHC Los Banos clinic team 1-2 times a month for progress check-ins and updates. |
| Priority                      | Statewide Department of Healthcare Services (DHCS) Performance Improvement Project (PIP)  |  |  |
| Committee                     | CQIW  |  |  |
| Goals                         | By December 31, 2022, increase the percentage of child and adolescent members 3-17 years of age, linked to Golden Valley Health Center - Los Banos clinic, who receive at least one comprehensive well-care visit with a PCP or OB/GYN practitioner during the intervention period, from 32.65% to 48.56%.  |  |  |
| Results Q3                    | Q3 2022 Rate is not available yet due to data validation in process. Rate for the month of August was 51.32%.   | Known Barriers/Root Cause(s) (as applicable) | Staffing challenges due to COVID-19 variants, and member no shows.   |
| Opportunities for Improvement | <ul style="list-style-type: none"> <li>Improve access by increasing the number of in-person well care visit appointment slots per week.</li> <li>Prioritize health equity strategies by increasing outreach to populations with lower rates.</li> <li>Promote member incentives to encourage members to complete their well-care visits.</li> </ul> | Next Steps                                   | Continue with recall intervention in Q4 and implement the Point of Service member incentive October - December 2022.   |



Maternal and children's preventive care (HEDIS)

|  |   |
|--|---|
| Domain                                       | Quality of Care   |
| Priority                                     | Department of Health Care Services (Bold goals 50 x 2025)   |
| Committee                                    | Continuous Quality Improvement Workgroup (CQIW)   |
| Goals  | <p>1) Ensure all health plans exceed the 50th percentile for all children's preventive care measures;</p> <p>2) Close racial/ethnic disparities in well-child visits and immunizations by 50%:</p> <ul style="list-style-type: none"> <li>• Child and adolescent WCV</li> <li>• Childhood immunizations</li> <li>• Adolescent immunizations</li> </ul> <p>3) Improve maternal and adolescent depression screening by 50%;</p> <p>4) Close maternity care disparity for Black and Native American persons by 50%:</p> <ul style="list-style-type: none"> <li>• Prenatal and postpartum care</li> <li>• Perinatal and postpartum depression screening</li> </ul>  |
| Results Q3                                   | <p>1. Children's measures in Merced:</p> <ul style="list-style-type: none"> <li>-W15</li> <li>-W30-2</li> <li>-WCV</li> <li>-CIS</li> </ul> <p>2. Racial/ethnic disparities - not assessed during the quarter</p> <p>3. Maternal and adolescent depression screening, in progress. Adolescent and Adult depression screening rates remain low as measured by CBI program. Maternal depression screening will be added to MY2022 MCAS measurement. Data forthcoming in January.</p> <p>4. a. Prenatal care rates in Merced were 81.49% for October 2022, below the 50th percentile of 85.40%, Santa Cruz-Monterey is just at the 50th percentile with a rate of 85.37%. Postpartum care rates for Merced are at 70.05%, and Santa Cruz-Monterey at 86.20%. Merced remains well below the 50th percentile benchmark of 77.37%, and Santa Cruz-Monterey exceeds the 90th percentile of 84.18%.</p> <p>b. The Racial/ethnic disparities - not assessed during the quarter</p>   |
| Opportunities for Improvement                | <p>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 &amp; Physical Activity) and Childhood Immunizations. Santa Cruz-Monterey has just one measure that remains below the 50th percentile (WCV 15 months 6+ visits).</p> <p>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.</p> <p>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.</p> <p>4) Disparities for Prenatal and Postpartum care have been reviewed but requires planning, perinatal and postpartum depression screening needs further analysis and planning.</p> |
| Summary of Quarterly Activities Narrative    | <p>1) We have two Performance Improvement Projects in progress, one for CIS and the other for WCV both in Merced. Planning for a study of pediatric disparities has begun, with initial activities planned for Q3 2022 in Merced County. During Q3 and early Q4, we were able to initiate Point of service incentives at both sites. Initial response to the WCV project has been very good but are experiencing a slow uptake of influenza vaccine at the Castle Clinic despite offering a member incentive.</p> <p>2) WCV disparities are being addressed by the CBI program 2023 to start. data will be shared with providers through their CBI profiles quarterly, but will need to continue to monitor and in some cases address with clinics.</p> <p>3) Not started.</p> <p>4) Not started</p>  |
| Known Barriers/Root Cause(s) (as applicable) | <p>1) Clinics are currently struggling to maintain staff and continue to care for members with COVID. Incidence of COVID has increased since last report and is high in 2/3 counties. Recent feedback from providers suggests that there is significant resistance to pediatric flu vaccine from many families, especially in the Merced area.</p> <p>2) Limited capacity at many primary care offices to adopt a new initiative. Many staff absences attributed to COVID infection.</p> <p>3) Will develop plan to transition from the CDF measure using CPT codes to the DSF measure which only uses LOINC codes. This will require a new strategy for data collection from all available EMRs and HIEs. Also have new NCQA measure to implement in 2023.</p> <p>4) Limited capacity at many primary care offices to review charts or reports to recall members that are missing preventive services as described in 1-2. The GVHC project has demonstrated that applying resources to recall has a positive impact on their WCV rates.</p>   |
| Next Steps                                   | <p>1. Continue to support and engage clinics in Merced, discuss and engage providers to collect lessons learned.</p> <p>2. Continue to explore potential health leadership in Merced County that could gather and lead conversations about health care systems, including ways to address vaccine hesitancy.</p> <p>3. Continue to collect member voice and experience as they experience the health care system and barriers experienced.</p> <p>4. Prepare to implement new measures that will provide insight into depression screening during the perinatal period.</p> <p>5. Ongoing education about coding of screenings, like depression and other measures to clinicians.</p>   |



**Breast Cancer Screening PDSA**

|  |   |
|--|---|
| Domain                                       | Quality of Care   |
| Priority                                     | Statewide Department of Healthcare Services (DHCS) Performance Improvement Project (PIP)  |
| Committee                                    | CQIW  |
| Goals  | <p>1) By January 30, 2022, complete PDSA cycle 4 intervention to improve the breast cancer screening rate at Dignity Health Medical Group in Merced.</p> <p>2) By May 30, 2022, complete PDSA cycle 5 intervention to improve the breast cancer screening rate at Dr. Thao's clinic.</p>  |
| Results Q3                                   | N/A   |
| Opportunities for Improvement                | <p>1) Application of standing orders for mammogram screening at provider offices.</p> <p>2) Retrospective referral process of eligible members and member outreach by the imaging center.</p>   |
| Summary of Quarterly Activities Narrative    | <p>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.</p> <p>For our cycle 5 BCS intervention project, QIPH worked with Dr. Long Thao's office. The intervention focused on the linked Hmong members after identifying a large disparity in this population in completing their breast cancer screenings. The QIPH team identified 68 members who were due for their screenings and provided this list to Dr. Thao's office to review for any contraindications. Upon Dr. Thao's clinic review, they delivered the referrals to El Portal Imaging to ensure all were received. El Portal Imaging confirmed receipt of the referrals and provided the Alliance with time blocks on their schedule. The Alliance Health Educators contacted the members to schedule screenings using interpreting services. El Portal Imaging was responsible for placing the reminder calls and offered Alliance transportation services at that time. QIPH corresponded internally at least once a week, as well as reaching out to El Portal Imaging for weekly updates. As a result of this outreach, 7 of the 68 members scheduled with QIPH and completed their breast cancer screening. QIPH submitted the final information to Dr. Long Thao's office, noting the success of the intervention and that a few members felt more comfortable scheduling with their PCP. Dr. Thao's office completed another round of outreach to the members, and an additional 4 members scheduled and completed their screenings. The final result of this intervention resulted in 11 out of 68 members receiving their screenings (16.18%).</p> <p>After the completion of cycle 5 of the Breast Cancer PDSA and after seeing significant improvements in our efforts, DHCS has assigned QIPH to conduct a SWOT analysis on breast cancer screenings. This is an effort to increase breast cancer screening rates to encourage members to resume preventative screenings post the COVID pandemic. After the completion of the analysis, it was determined to promote breast cancer screening through the Care-Based Incentive (CBI).</p> |
| Known Barriers/Root Cause(s) (as applicable) | <p>1) 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.</p> <p>2) The intervention with Dr. Long Thao's office identified that the majority of the Hmong population linked to Dr. Thao's office relies heavily on family members to assist in scheduling and taking this population to their appointments. The team also found that a portion of the members were not comfortable in scheduling with the Alliance and preferred to talk with the PCP office.</p>   |
| Next Steps                                   | <p>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.</p> <p>This 5th cycle concluded the breast cancer screening intervention series, and will continue to promote Breast Cancer Screenings through the Care-Based Incentive (CBI) Program. The CBI team will continue to promote best practices from this intervention series.</p>   |



## COVID-19 QIP

|                               |  |  |   |
|-------------------------------|--|--|---|
| Domain                        | Quality of Care  | Summary of Quarterly Activities Narrative    |   |
| Priority                      | Statewide Department of Healthcare Services (DHCS) Performance Improvement Project (PIP)   |  | 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.  |
| Committee                     | CQIW   |  |   |
| Goals                         | 1) By March 31, 2022, complete the follow up COVID-19 QIP submission   |  | 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. |
| Results Q3                    | N/A  |  |   |
| Opportunities for Improvement | <ul style="list-style-type: none"><li>• Member incentive for those 7-24 months of age who receive their second flu shot.</li><li>• Adolescent well care letters for members 11-13 years of age.</li><li>• Outreach to prenatal and postpartum members as part of the Healthy Mom and Healthy Babies program.</li></ul> |  | 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 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) | N/A   |
|                               |  | Next Steps                                   | N/A   |



## 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 Q3                                   | 13.18%  |
| Opportunities for Improvement                | <ul style="list-style-type: none"><li>• 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.</li><li>• Prioritize health equity strategies by increasing outreach to populations with lower rates.</li><li>• Promote member incentives to encourage members to complete their immunizations.</li></ul>  |
| Summary of Quarterly Activities Narrative    | <p>07/12/22 - Met with Comms to review Member Flyer request. Veronica has also been in contact with Finance to review GC handling operations. She has ordered a safe for the Merced office to store the GCs. She has also been working with PS Contracts Team to finalize MI Program Agreement for participating providers to sign.</p> <p>7/20 - 9/1/22 - LOA drafted. Worked on member flyer.</p> <p>9/6/22 - New flu vaccine incentive intervention Module 3 submission sent to HSAG for review and validation.</p> <p>9/8/22 - LOA fully executed by both parties.</p> <p>9/12/22 - Met with Clinic and dropped off gift cards. Clinic was oriented to usage of GC tracking spreadsheet and Outreach tracking spreadsheets. Plan to start giving out GCs as early as Wednesday 9/14/22.</p> <p>9/21/22 - Informed members about the incentive. Flyers to all Castle members 6-23mo due for a flu shot were mailed in English and threshold languages. Awaiting Castle to complete text messaging campaign as well.</p> <p>10/4/22 - Call scripts and flu vaccine resources were provided to Castle team.</p> <p>10/14/22 - Created MI gantt chart to document process flow and identify areas for improvement.</p> <p>10/24/22 - HSAG approved of new flu vaccine incentive intervention.</p> |
| Known Barriers/Root Cause(s) (as applicable) | <ol style="list-style-type: none"><li>1) Limited provider engagement due to conflicting priorities with the COVID-19 vaccine</li><li>2) Staffing challenges due to COVID-19 variants</li><li>3) Parent vaccine hesitancy for child to receive flu vaccine</li><li>4) Limited clinic PIP team engagement.</li><li>5) Data management challenges with using GC tracking and Outreach tracking spreadsheets</li></ol>  |
| Next Steps                                   | <ol style="list-style-type: none"><li>1) Monitor GC intervention progress.</li><li>2) Provide clinic with feedback on reasons parents are not scheduling the flu vaccine appointment.</li><li>3) Work with T&amp;D, Regional Ops, and Comms on creating a process to film clinic - alliance events. With the goal of better understanding the member voice, for clinics to share their support for the health of their community, and for the alliance to share with and inspire other network providers.</li></ol>   |



Adverse Childhood Experiences (ACE)

|  |   |
|--|---|
| Domain                                       | Quality of Care   |
| Priority                                     | Divisional Goal, Diversity Leadership Program (DLP)   |
| Committee                                    | CQIW, CQIC  |
| Goals  | <p>1) By 12/31/22, assess the current landscape in Merced County to address any barriers or factors to complete ACE screening.</p> <p>2) By 12/31/22, promote education and best practices among providers and clinic staff to conduct the screening.</p> <p>3) By 12/31/22, support a network of care with experts in the community (providers, community-based organizations, other experts).</p>   |
| Results Q3                                   | 1344  |
| Opportunities for Improvement                | 1) Minimal ACE screenings in Merced County  |
| Summary of Quarterly Activities Narrative    | <p>In Q3, the Alliance partnered with Merced County and Santa Cruz County to apply for ACEs Aware PRACTICE grants to assist in continuing in establishing the network of care in each county. A QI Program Advisor is assigned to assist both counties in their efforts in providing data for measuring their success, as well as attend the ACEs Aware Medi-Cal health plan meetings to provide feedback on barriers, and discuss successes of the grant project. QIPH is also working with providers to reconcile which of their providers have completed the required training and attestations. QIPH is continuing to promote the new CBI 2023 fee-for-service incentive for providers who have completed their training and attestation, as well as the upcoming paid measure for completing the screenings. ACEs is also a topic at cJOC meetings and QI is sharing how clinics are performing in the measure, providing support to implementing the screenings in preparation for the upcoming CBI 2023 incentives, as well as educating FQHCs to modify their workflows to have the PCP complete the screening and refer members to behavioral health as needed. QIPH continues to promote best practices on ACE screenings via Provider Bulletin articles, Provider Digests and Member Newsletters. The Diversity Leadership Program (DLP) concluded, and a final presentation was done in October 2023 with results indicating an increase by 92% from 43 (Oct 2021) to 525 (Sept. 2022) screenings completed for 0-20 years old.</p> |
| Known Barriers/Root Cause(s) (as applicable) | <p>In Q3 QIPH continues to see the same barriers as in Q1 and Q2, and have identified that providers are completing the required training, but not completing the attestations. Providers within FQHCs are referring members to behavioral health to complete their screenings, and missing opportunities for additional referrals if screenings were done by the PCP. It was identified that several providers are completing the training and not completing the attestation, and as a result are not getting paid. QIPH is also working with Alliance stakeholders to see if these providers can be paid retroactively if they are able to provide a certificate from completing the ACEs Aware Core Training.</p>   |
| Next Steps                                   | <p>The QIPH team is implementing a 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.</p> <p>QIPH will be closing out the Disparities Learning Project (DLP) and operationalizing the work via the CBI program. QIPH will continue to partner with Merced and Santa Cruz Counties to provide support with the PRACTICE grant. ACEs article will be included in the March 2023 Member Newsletter informing members on ACE screenings, as we anticipate an increase of screenings in 2023 with the new CBI incentives. QIPH is incorporating ACE referrals to the Alliance's referral form to Beacon. QIPH will incorporate information on ACE screenings in upcoming child well-care visit promotions.</p>  |



## Eating Disorders

| Domain                        | Clinical Safety   | Member Experience  | Summary of Quarterly Activities Narrative   |
|-------------------------------|---|--------------------|---|
|                               | Quality of Care   | Quality of Service |   |
| Priority                      | Alliance Operating Plan   |                    | <p>The Alliance has an established external collaborative bi-weekly behavioral health case review process with our MBHO to support and address members with eating disorders, substance use disorders, biopsychosocial barriers in care, and co-occurring disorders. The Alliance is proactively collaborating with County Mental Health Plans to coordinate appropriate levels of care for eating disorder treatment, provide TAR authorizations, and arrange reimbursement for the cost of treatments. In Q2, the Alliance has provided internal educational presentations to the social services department, utilization review director, and community care coordination director to address the increasing need and acuity levels of eating disorders. In Q3 the Alliance communicated a plan to create a workflow pilot with one county to improve processes and drafted an Eating Disorder Workbook for use by all partners in the treatment of members.</p> <p>1) Staffing changes 2) Continued education on the prevalence, impact, cost, and levels of treatment are needed to support care for eating disorders. 3) Gaps in appropriate levels of care needed and treatment.</p> |
| Committee                     | UMWG, CQIC, Beacon Oversight Committee, Health Services Finance Committee   |                    |   |
| Goals                         | By 12/31/22 develop a pathway process for referrals and escalation. Develop a processes for mild to moderate and severe mental illness care coordination. Establish clear contact information for all levels of behavioral health interventions to increase timely access to care   |                    |   |
| Results Q3                    | Eating Disorder Workbook drafted and approved by BH Director and CMO.   |                    |   |
| Opportunities for Improvement | 1) Establish a clear collaborative referral process with County Mental Health Plans<br>2) Establish a clinical referral outline biopsychosocial background for review of cases for authorization<br>3) Establish contact information for all levels of behavioral health interventions to increase timely access to care. |                    |   |
|                               | Known Barriers/Root Cause(s) (as applicable)  |                    | <p>In Q3-22, the Alliance is proactively working with County Mental Health Plans to establish monthly meetings for a case review to address eating disorders, levels of care needs, and treatment. The Alliance will also review the eating disorder workflow and modify to address the increasing needs for eating disorders. Provided continued education on the prevalence and impact of eating disorders. Establish a psychosocial clinical form for case review for authorizations.</p>  |
|                               | Next Steps  |                    |   |



## SECTION 4: CLINICAL SAFETY

### I: CLINICAL SAFETY

#### Grievance and PQI Management

|                               |  |  |  |
|-------------------------------|--|--|--|
| Domain                        | Clinical Safety  | Summary of Quarterly Activities Narrative    | Q3 Accomplishments:  |
| Priority                      | Regulatory   |  | 1. The quarterly MD IRR of member grievances resolved by RNs resulted in 100% approval, indicating that cases are being appropriately routed to MD for oversight; and  |
| Committee                     | CQIW   |  | 2. MD peer to peer IRR of PQIs resulted in 100% agreement, indicating Medical Directors are resolving PQI cases with consistent methodology; and   |
| Goals                         | 1) By December 31, 2022 100% of Potential Quality Issues (PQI) completed within 90 calendar days of receipt.<br>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.<br>Conduct an inter-rater reliability audit on a quarterly basis.  |  | 3. Successfully onboarded QIPH Project Specialist to assist with processing PQIs, member grievances, Facility Site Review, as well as Communications projects.   |
| Results Q3                    | Data as of 10/24/2022<br>1.) 124/144 (86%) PQIs were closed within timeframe this quarter:<br>1a. 101/101 (100%) of member grievances opened as PQIs were closed within 30-days or less.<br>1b. 23/43 (53%) of internally referred PQIs were closed within 90-days or less.<br><br>2.) 110/110 (100%) of member grievances received by QI related to potential medical quality of care issues shall be referred to the Medical Director. |  | Q3 Summary:<br>Member grievances routed to QI for clinical oversight continue to increase quarter-over-quarter placing more demand on staff to prioritize regulatory duties. With already reduced QI RN FTEs and difficulty finding qualified candidates for hiring, the increase has been an adjustment for all staff aiding in processing member grievances and PQIs.<br>Despite the reduced QI RN staff and increasing member grievance case volume, the team managed to meet all regulatory due dates/timeframes for member grievances and the associated PQIs, however as a result, 90-day internally referred PQIs continued to extend beyond the QI AQI 90-day due date.<br>PQI team will collaborate with Grievance and OpEx teams to evaluate current practices and prepare for potential influxes in 2023. |
| Opportunities for Improvement | 1) Maintain adequate staffing of program; expedite training of new hires.<br>2) Continue work with OpEx regarding Corrective Action Plan workflow and methods.   | Known Barriers/Root Cause(s) (as applicable) | 1. Hiring RN FTE to assist in processing member grievances and PQIs is in process, however finding qualified candidates has been challenging; and<br><br>2. Member grievances routed to QI for clinical oversight have steadily increased quarter over quarter with an increase of 35% from Q2 to Q3, requiring additional staff time to prioritize regulatory duties.   |
|                               |  | Next Steps                                   | 1. Proceed with hiring RN FTE; and<br><br>2. Evaluate non-regulatory processes within PQI and identify areas where we can be more effective in communicating with Providers and Facilities that receive PQIs (conduct SWOT); and<br><br>3. Continue collaborations with Grievance and OpEx to streamline member grievances referred for QI RN clinical review.   |



## Facility Site Review Management

|                               |   |  |   |
|-------------------------------|---|--|---|
| Domain                        | Clinical Safety   | Summary of Quarterly Activities Narrative    | 1. Implementation of all updated DHCS FSR MRR Tool requirements.<br>2. Continue to adjust the FSR MRR Corrective Action Plan (CAP) template to include additional resources for common site deficiencies.<br>3. Review of final draft Managed Care Quality and Monitoring Division MCQMD APL 22-017 and submission of response to DHCS with comments and concerns.<br>4. Collaborating with Alliance Application Services to create an interface to upload FSR MRR data to DHCS' new database in development, MSRP.<br>5. Continue to meet with DHCS in the biweekly state wide MCP workgroup meetings to ensure we are continuing to follow recommendations around new guidelines as well as leniency for CAP due dates and site review scheduling according to each sites' impact of COVID related barriers.<br>6. Attended the annual MCQMD Site Review Work Group meeting to get a DHCS update. |
| Priority                      | Regulatory  |  |   |
| Committee                     | CQIW  |  |   |
| Goals                         | <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> |  |   |
| Results Q3                    | <p>1) 100% (13 of 13) of existing primary care provider sites that had an FSR due this quarter were completed within three years of their last FSR date.</p> <p>2) 100% (1 of 1) of practices where Critical Elements Corrective Action Plans (CE CAPs) arising from FSRs are resolved within 10 business days.</p> <p>3) 89% (8 of 9) of practices with a Corrective Action Plans (CAPs) arising from FSR submit a plan to address the CAP within 45 calendar days.</p> <p>4) 100% (9 of 9) of practices with a CAP arising from FSR complete all planned actions within 90 calendar days as evidenced by verification by the FSR team.</p>  | Known Barriers/Root Cause(s) (as applicable) | <p>1. Staff shortages continue in response to the pandemic, such as sick leave, absence for childcare, high staff turnover, difficulty in hiring new staff, and managers shifting to patient care positions to cover shortages.</p> <p>2. The FSR timeline tacking tool word document became corrupted and obsolete. A new tracking tool was developed to ensure CAP reminders and CAP timelines meet DHCS established guidelines.</p>  |
| Opportunities for Improvement | <p>1) Update the plan to ensure the smooth transition from Policy Letter 14-004 to All Plan Letter 20-006;</p> <p>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 occurred on July 1, 2022.</p> <p>3) Collaborate with Practice Coaching and Provider Services to prepare for an influx in Corrective Action Plans (CAPs) due to the new FSR requirements.</p>  | Next Steps                                   | <p>1. Implement the new DHCS APL 22-017 on July 1, 2023.</p> <p>2. 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 new guidelines, leniency for CAP due dates and site review scheduling according to each site's impact of COVID related barriers.</p> <p>3. Continue to work with Alliance Application Services to create an interface to upload FSR MRR data to DHCS' new database in development, MSRP.</p> <p>4. Create new initiatives to proactively help sites meet new FSR MRR guidelines prior to site audit.</p>  |



## Central California Alliance for Health: HEDIS/MCAS Quality Strategy for sanctioned measures

Central California Alliance for Health ("Alliance") has developed a HEDIS/MCAS Quality Strategy to achieve performance above the minimum performance levels in the Children's and Women's Domain measures. The majority of the measures below the MPL are in Merced County (8 out of 9 measures); hence, the priority will be to primarily support improvements and targeted efforts in that particular county. This document outlines the strategies and activities for measurement year 2023.

**Background:** The Department of Healthcare Services (DHCS) imposed monetary sanctions for Central California Alliance for Health's failure to comply with its obligations set forth in the contract. Under WIC section 14197.7(f), DHCS is authorized to impose a \$25,000 sanction per violation of Central California Alliance for Health's contractual obligation to meet or exceed MPLs for each MCAS performance measure. The total sanction amount is \$88,000, because Central California Alliance for Health has the following 9 measures below the MPL for reporting year 2022.

| Reporting Unit               | Measures* | MPL    | MCP Rates | TRENDING<br>Difference from<br>HEDIS MY 2020 |
|------------------------------|-----------|--------|-----------|--|
| Monterey/Santa Cruz Counties | W30 -6    | 54.92% | 51.09%    | 6.88%  |
| Merced County                | BCS       | 53.93% | 50.10%    | -4.03%                                       |
|                              | CHL       | 54.91% | 50.79%    | -1.25%                                       |
|                              | CIS-10    | 38.20% | 18.25%    | -3.40%                                       |
|                              | W30 -6    | 54.92% | 31.06%    | -3.70%                                       |
|                              | W30-2     | 70.67% | 55.14%    | -7.25%                                       |
|                              | WCC-N     | 70.11% | 67.53%    | -4.49%                                       |
|                              | WCC-PA    | 66.18% | 64.37%    | -6.19%                                       |
|                              | WCV       | 45.31% | 41.19%    | 3.43%  |

Note: W30-6: Well-visits 6+ or more within 15 months, BCS: Breast Cancer Screening, CHL: chlamydia, CIS-10: Childhood Immunization Status Combo 10, W30-2: Well-visits 2+ or more within 30 months, \*WCC-N: Well-Child Checks Nutrition, WCC-PA: Well-Child Physical Activity, WCV: Well Child Visit (\*no longer reported as HEDIS/MCAS)

As part of the Alliance HEDIS/MCAS Quality Strategy, DHCS requires that a SWOT analysis be completed by January 30<sup>th</sup> along with technical assistance calls to track improvement.

### **Children's Domain**

The Alliance recognizes the importance of Health Equity, and the 2026 Strategic goal is to 1): Eliminate health disparities and achieve optimal health outcomes for children and youth with the 2023 Breakthrough Objective to achieve the 50<sup>th</sup> percentile or 10% of the delta to the minimum performance level. A Pediatric Equity Roadmap was developed, which is a multi-pronged strategy to address root causes and health disparities in children's preventive care. This is an organizational-wide effort with contributions across several departments at the Alliance.

### **Women's Domain**

The overall strategy to address the women's domain measures is to activate resuming care for women's preventive screenings and services. During the pandemic, utilization of women's services decreased as these preventive screenings were often deferred and providers prioritized acute visits for members. As the public health emergency ends, improvement will require efforts to "recover" from the pandemic and consider customary (and new) best practices to promote screenings and encourage members to come in for their visits. Key efforts include CBI performance improvement (provider investment to improve), practice coaching, member reminders and recall, promotional efforts, and health education on the importance of preventive screenings.



| Strategy  |   | Description<br>(Guiding Principles)  | Activities  |
|-----------|---|--|---|
| Providers | <b>Address Workforce Shortage:</b><br>Support efforts for provider recruitment, capacity, and retention to increase member access | Collaborate with providers to increase the provider workforce, such as locum tenants, residents, and mid-levels, and other types of staff to support access and availability.  | <b>Community Health Workers (benefit):</b> Implement benefit to assist members with navigating the healthcare system and completion of preventive care screenings   |
|           |   | Develop the skills, knowledge, and abilities of the workforce through on-going training.   | <b>Community Health Workers (Alliance):</b> Hire and train Alliance staff to expand available resources within member-facing departments  |
|           |   |  | <b>Physician Residents:</b> Partner with clinical academic programs to provide residency training (Mercy Medical residency program).  |
|           |   |  | <b>Medical Assistants:</b> Provide training for Medical Assistants to serve as immunization champions for their clinics through evidence-based practices (part of DHCS SWOT)  |
|           |   |  | <b>Training:</b> Host Immunization trainings for all 3 counties to address anti-vaccination sentiments  |
|           |   |  | <b>Doulas:</b> Implement Doula benefit to assist mothers with preventive screening expectations for infants.  |
|           | <b>Provider Enablement:</b> Support providers with resuming care activities to ease effect from the COVID pandemic                | Collaborate with providers as to how the Alliance can support operational workflows, reduce backlog for delayed/missing preventive care visits, and reduce administrative burden to achieve timely care for members as the public health emergency ends. | <b>Provider incentive:</b> CBI Performance Improvement Program: investment in provider improvement  |
|           |   |  | <b>DHCS Performance Improvement Project (Merced):</b> Well-child visits (Golden Valley)   |
|           |   |  | <b>DHCS Performance Improvement Project (Merced):</b> Childhood Immunizations (Castle Family Health Center)   |
|           |   |  | <b>SWOT interventions for Children's Domain:</b><br>-Medical Assistants (Immunization Champions)<br>-Community Health Workers   |
|           |   |  | <b>Member rosters with Provider Portal training:</b> Provide member rosters at set intervals for member recall and appointment schedule, coupled with provider portal training for sustained processes in the clinic.           |
| Members   | <b>Member and Family Activation</b><br>Working with each member and family to engage in their care                                | Decrease health disparities by tailoring interventions to meet ethnic and cultural needs.  | <b>Member incentives:</b> New member incentives for well-visits and IZs (mail & point-of-service)   |
|           |   | Monitor and close health disparity gaps by educating members on preventive screenings and creating trustful relationships with their PCP/team.   | <b>Member outreach (telephonic):</b> Care teams to engage members through population health approaches of stratification and targeted efforts.  |
|           |   | Utilize community health workers and peer-to-peer approaches (QHP workshops) to assist members in meeting their care needs.  | <b>Texting:</b> Pilot program for well-visit reminders (TBD DHCS approval)  |
|           |   | Utilize self-management tools, member information regarding visits (i.e. Bright Futures, Infant Wellness Map) that promotes self-efficacy and strengthens member-PCP relationships.  | <b>Healthy Mom Healthy Baby (HMHB) Program:</b> Enhance program for children 0-3 months by explaining Alliance benefits and ensuring that they connect with their linked PCP for well-visits.                                   |
|           |   |  | <b>Parent self-management tool:</b> Promote Infant Wellness Map at several external forums and in the community.  |
|           |   |  |   |
| Community | <b>Support for the Community</b><br>Working with communities to identify local solutions to promote and activate healthy living   | Engage the communities through on-going feedback, stakeholder input, and partnerships to co-design programs that support healthy living to improve HEDIS/MCAS measures for prevention, pediatric, and chronic care measures.                             | <b>School based interventions (Merced):</b> Promote preventive screenings through Peach Jar communication. Partner with the County to assess and plan for school-based clinics. School based clinics are also a DHCS incentive. |
|           |   |  | <b>Your Health Matters outreach and toolkit:</b> Toolkits will be developed that will include preventive screenings and other promotional items to distribute during community events   |
|           |   |  | <b>Quarterly Member and Family Town Halls to incorporate member voice</b>   |



|             |  |   |   |
|-------------|--|---|---|
|             |  | Partner with providers, schools, community, and where members frequently gather or visit (i.e. faith-based events, hair stylists, grocery stores, flea markets, Kiddie Land, etc.)  | <b>Partnering on community solutions (e.g. vaccine clinics, IZ training):</b> Based on input from the community, co-host or participate in events to support local efforts for health and wellness. |
|             | <b>Promote Children's Preventive Care</b><br>Ensure that members, providers, and community are well-informed of efforts to increase preventive care utilization and services                                   | In collaboration with the Communications Department and input from stakeholders, identify, develop, and implement efforts to promote preventive care screenings and care.   | <b>Multi-modal communication efforts:</b> Promote preventive care through call scripts, on hold messages, quarterly topics, media campaigns, digital signage, etc.                                  |
| Health Plan | <b>Data Procurement</b><br>Enhance data sources and consumption in Alliance systems for near real time data tracking for HEDIS/MCAS measures monitoring, care team interventions, and to advance health equity | Near real time data (i.e. EHR, labs, etc.) is necessary in order to effectively monitor HEDIS/MCAS performance internally and when shared externally for providers.<br><br>Enhance health data collection for race/ethnicity stratification and affirming member gender identity based on NCQA requirements<br><br>Additional discovery is required on Alliance systems to identify the ability to procure and consume new data into Alliance systems | <b>Data Procurement:</b> Health Information Exchange to obtain near real time data capture  |
|             | <b>Alliance Grant Program</b><br>Provide funding that supports achieving optimal health outcomes for children  | Align efforts for HEDIS/MCAS improvement opportunities with activities from the grant program   | <b>Grants related to children:</b> Efforts are underway to support grant goals of Healthy Beginnings, including the Children's Savings Account, and Access to Care.                                 |
|             | <b>Internal Resources: Community Health Workers as Alliance staff</b><br>Expand access and availability of community health workers to support the communities   | Assess and implement Community Health Workers to support the communities for peer-to-peer navigation.   | <b>Community Health Workers (Alliance):</b> Hire and train Alliance staff to expand available resources within member-facing departments (also part of Addressing Workforce Shortage strategy)      |



## WOMEN'S DOMAIN: Activate resuming care for women's preventive screenings and services

**Outcome: By 12/31/2023, achieve 50<sup>th</sup> percentile or 10% gap closure to MPL for women's domain measures: Breast Cancer Screening and Chlamydia Screening**

| Strategy    |  | Description<br>(Guiding Principles)   | Activities  | Lead   |
|-------------|--|---|---|--|
| Providers   | <b>Provider Enablement:</b> Support providers with resuming care activities to ease effect from the COVID pandemic   | Collaborate with providers as to how the Alliance can support operational workflows, reduce backlog for delayed/missing preventive care visits, and reduce administrative burden to achieve timely care for members as the public health emergency ends.  | <b>Provider incentive:</b> CBI Performance Improvement Program: investment in provider improvement  | Alex Sanchez (primary), Kristen Rolf   |
|             |  |   | <b>SWOT interventions for Women's Domain:</b> New 2022 CBI measure for Breast Cancer Screening and Chlamydia Screening (exploratory)  | Hilary Gillette-Walch  |
|             |  |   | <b>Member rosters with Provider Portal training:</b> Provide member rosters at set intervals for member recall and appointment schedule, coupled with provider portal training for sustained processes in the clinic.   | Charley Aebersold, Jim Lyons   |
|             |  |   | <b>Provider webinar for Chlamydia (TBD)</b>   | TBD  |
| Members     | <b>Member and Family Activation</b><br>Working with each member and family to engage in their care   | Decrease health disparities by tailoring interventions to meet ethnic and cultural needs.<br><br>Monitor and close health disparity gaps by educating members on preventive screenings and creating trustful relationships with their PCP/team.<br><br>Utilize self-management tools, member information regarding screenings that promotes self-efficacy and strengthens member-PCP relationships.   | <b>Member outreach (telephonic):</b> Population health approach (stratification): <ul style="list-style-type: none"> <li>Member outreach via reminder letters for screenings due</li> <li>Health education outreach for populations with lower rates by race/ethnicity</li> </ul>       | Desirre Herrera  |
| Community   | <b>Support for the Community</b><br>Working with communities to identify local solutions to promote and activate healthy living  | Engage the communities through on-going feedback, stakeholder input, and partnerships to co-design programs that support screening to improve HEDIS/MCAS measures for women's health<br><br>Partner with providers, community, and where members frequently gather or visit to promote screenings and awareness month   | <b>Your Health Matters outreach and toolkit:</b> Toolkits will be developed that will include preventive screenings and other promotional items to distribute during community events<br><br><b>Partnering on community promotion</b> (e.g. women's awareness month) to obtain services | Ronita Margain (primary), Linda Gorman<br><br>Ronita Margain, Lilia Chagolla |
|             | <b>Promote Women's Preventive Care Screenings</b> Ensure that members, providers, and community are well-informed of efforts to increase utilization and services  | In collaboration with the Communications Department and input from stakeholders, identify, develop, and implement efforts to promote preventive care screenings and care.   | <b>Multi-modal communication efforts:</b> Promote women's health through call scripts, on hold messages, quarterly topics, media campaigns, digital signage, etc.   | Linda Gorman   |
| Health Plan | <b>Data Procurement</b><br>Enhance data sources and consumption in Alliance systems for near real time data tracking for HEDIS/MCAS measures monitoring, care team interventions, and to advance health equity | Near real time data (i.e. EHR, labs, etc.) is necessary in order to effectively monitor HEDIS/MCAS performance internally and when shared externally for providers.<br><br>Enhance health data collection for race/ethnicity stratification and affirming member gender identity based on NCQA requirements<br><br>Additional discovery is required on Alliance systems to identify the ability to procure and consume new data into Alliance systems | <b>Data Procurement:</b> <ul style="list-style-type: none"> <li>Health Information Exchange to obtain near real time data capture</li> <li>Lab data capture (HL7 and Provider Portal data submission)</li> </ul>  | Cecil Newton   |





**DATE:** February 22, 2023  
**TO:** Santa Cruz-Monterey-Merced Managed Medical Care Commission  
**FROM:** Scott Fortner, Chief Administrative Officer  
**SUBJECT:** Business Continuity and Disaster Recovery Program 2022 Annual Report

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Recommendation. Staff recommends that the Board accept the 2022 Business Continuity and Disaster Recovery Program (BCDRP) report.

Background. The program's purpose is to manage emergency incidents potentially impacting services that may put the organization at risk. When an incident occurs, the Emergency Management Team convenes to engage, assess, and manage it to the best of their abilities. The BCDRP is designed to ensure ongoing operations and recovery of critical functions, minimize loss, maintain compliance with regulatory and contractual requirements, and support employee safety.

#### *Summary of 2022 Activities*

COVID-19 Pandemic. Throughout 2022, we continued to monitor COVID-19 following public health guidelines for our service areas. Alliance offices partially reopened in February for member walk-in services and fully reopened in May.

Ongoing Alliance measures implemented in response to the pandemic included:

- Performance metrics monitoring critical services.
- Communications with staff to keep them informed.
- Online resources for staff, members, and providers with COVID-19 resources.
- Online tools for staff to stay engaged, healthy and connected while working remotely.

Power Outages. On the evening of June 16, we experienced a temporary power outage in the Merced office. Staff within Information Technology and Facilities teams worked to resolve the issue. All servers in Merced were shut down until power was restored at 9:45 p.m. Systems were fully functional by 12:30 a.m.

Another power outage was experienced at around 8:00 p.m. on June 24 in the Merced office. All servers in Merced were shut down until PG&E restored power at 10:00 pm.

Alliance measures implemented in response to the outages.

- Review incidents, document steps are taken and outcomes, and update plans where/when needed.
- Train staff on changes to ongoing BCDRP procedures following the events.

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BCDRP Team Meetings and Exercises Conducted.

- BCDRP Advisory Group Teams meetings were held monthly in 2022.
- Emergency Management Team meetings were held quarterly in 2022.
- Assessment of the BCDRP program was conducted for alignment with the ISO 22301 Business Continuity Standard.

Focus Areas for 2022.

- Ensure alignment with the ISO 22301 Business Continuity Standard.
- Ensure implementation of the 2024 Revised Model Agreement regarding the Emergency Preparedness and Response requirements.

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

Attachments. N/A





**DATE:** February 22, 2023  
**TO:** Santa Cruz-Monterey-Merced Managed Medical Care Commission  
**FROM:** Scott Fortner, Chief Administrative Officer  
**SUBJECT:** Alliance Owned Properties and Planned Leasing Strategy 2022 Annual Report

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

Summary of 2022 Leasing Activity. The Chief Executive Officer (CEO) signed six new agreements in 2022 to lease office space at 1800 Green Hills Road which included one new lease, four lease renewals with three existing tenants, and one renewal and expansion of additional space with one existing tenant. Seventy six percent of the available office space in the 1800 building was leased as of December 2022, which is an increase of 13% over last year. In addition, the CEO signed one new long-term agreement to lease office space at 950 E. Blanco Road. For the 530 West 16<sup>th</sup> Street office in Merced, the CEO signed one long term renewal with an existing tenant. Lastly, the CEO signed one new lease agreement for the 1700 Green Hills Road cafeteria and kitchen. Net revenue increased year over year by \$108.2K or 19.4% for all Alliance owned properties.

Summary of Current Property Holdings and Status. The Alliance currently owns five buildings with a total of 280,859 square feet of office space.

#### **Santa Cruz County**

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##### Scotts Valley

- 1600 Green Hills Road: 100% Alliance Occupied
- 1700 Green Hills Road:
  - 97% Occupied Alliance Occupied
  - 3% Leased to Tenants
- 1800 Green Hills Road: 76% Leased to Tenants, 24% Available

##### Capitola

- 1098 38th Avenue (Capitola Manor): Under contract with MidPen Housing with an estimated close of escrow date of March 1, 2023.

#### **Monterey County**

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- 950 East Blanco Road, Salinas: 100% Occupied
  - 56% Alliance Occupied
  - 44% Leased to Tenants

#### **Merced County**

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- 530 West 16th Street, Merced: 100% Occupied
  - 91% Alliance Occupied
  - 9% Leased to Tenant

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Planned Leasing Strategy for 2023. Staff plan to make unused office space available for lease in 2024 due to the new post-pandemic telecommuting environment. Nearly 80% of Alliance staff are working from home fulltime, thus rendering Alliance office spaces underutilized and sitting vacant. Most staff members that are coming into the office regularly are attending just one or two days per week. The Alliance Facilities team and the Workforce and Workspace Planning and Development Committee regularly assessed and captured historical utilization of building occupancy via swipe badge data during 2022. In reviewing the data, a recommendation has been made to transition most staff to an office/desk sharing model, thus reducing the needed footprint for Alliance occupied office space. Office and desk sharing is an increasingly popular and flexible seating arrangement where employees will be able to “drop in” and utilize available offices or workstations. Staff will then make space available to prospective tenants as a revenue stream for the Alliance. This will allow for much more efficient use of Alliance owned space and resources. The plan is estimated to immediately save \$144,000 annually in occupancy savings once executed. The potential additional lease income is estimated to be approximately \$1.4M annually upon full occupancy. The plan consists of a reduction of nearly 80,000 square feet (sq. ft.) of Alliance occupied office space.

#### Summary of Alliance Office Footprint Reduction

##### **Santa Cruz County**

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###### Scotts Valley

- 1700 Green Hills Road: 45% reduction by leasing 2nd floor (29,889 sq. ft.)
- 1600 Green Hills Road: 43% reduction by leasing 2nd floor (29,336 sq. ft.)

##### **Monterey County**

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- 950 East Blanco Road, Salinas: 28% reduction by leasing 2<sup>nd</sup> floor (13,480 sq. ft.).

##### **Merced County**

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- 530 West 16<sup>th</sup> Street, Merced: 24% reduction by leasing west wing (6,747 sq. ft.)

#### Fiscal Performance and Impact

##### 2022 Financial Performance:

|                             |                      |
|-----------------------------|----------------------|
| Annual Gross Rental Income: | \$1,275,798.05       |
| Annual Rental Expenses:     | <u>\$607,803.09*</u> |
| Annual Net Revenue:         | \$667,994.96         |

\*Expenses calculated based on average actuals from January 2022 to December 2022.

Attachments. N/A



# Santa Cruz – Monterey – Merced Managed Medical Care Commission

## Meeting Agenda (Draft)



### Board Dinner Meeting

**Date:** Tuesday, April 25, 2023

**Time:** Welcome Reception.....5:30 p.m.  
Dinner with Guest Speaker.....6:00 – 7:00 p.m.

**Location:** El Capitan Hotel  
Sentinel Conference Room  
609 W Main Street  
Merced, CA 95340

### Regular Board Meeting

**Date:** Wednesday, April 26, 2023

**Time:** Call to Order.....10:00 a.m.  
Catered Lunch.....12:15 p.m. – 12:45 p.m.  
Adjourn.....2:30 p.m.

**Location:** El Capitan Hotel  
Sentinel Conference Room  
609 W Main Street  
Merced, CA 95340





Tuesday, April 25, 2023 Agenda

1. **Welcome and Call to Order by Chairperson.**
2. *Annual Election of Officers.*
3. *Dual Eligible Special Needs Plans (D-SNPs): Findings from the Operational Gap Assessment and Considerations for D-SNP Governance.*

Wednesday, April 26, 2023 Agenda

1. **Welcome and Call to Order by Chairperson.**
  - a. Roll call; establish quorum.
  - b. Oral communications and announcements.
  - c. Consent Agenda
2. *Quality Program.*
  - a. *CBI Program 2022 Report*
  - b. *CBI Improvement Update*
3. *State of the Alliance Network.*
4. *Data Sharing Strategy.*
5. *Behavioral Health Update.*





**DATE:** February 22, 2023  
**TO:** Santa Cruz-Monterey-Merced Managed Medical Care Commission  
**FROM:** Danita Carlson, Government Relations Director  
**SUBJECT:** 2023 Policy Priorities

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Recommendation. Staff recommend the Board approve the Alliance's 2023 Policy Priorities and authorize staff to undertake necessary legislative, budgetary, policy and regulatory advocacy aligned with these policy priorities.

Background. Historically, staff has provided reports to the Board each year on State budget proposals and legislation in the following Board identified areas of legislative focus: coverage, delivery system reform, eligibility, benefits, provider rates, health plan revenue, and managed care policies and initiatives.

Typically reports to the Board occur in February (State Budget), March or April (Legislation), June (Budget/Legislation) and December (Legislation). Current Board policy includes a requirement that the Board provide explicit approval to staff prior to staff taking any formal advocacy position on specific budgetary or legislative initiatives.

The Alliance Government Relations Director, under the direction and supervision of the Chief Executive Officer, is responsible to identify, monitor, track and report on policy, legislative and budget initiatives. Upon approval of the Board, the Government Relations Director coordinates and centralizes advocacy efforts on the Board's approved positions on legislative or budgetary initiatives.

This established process has provided the Board opportunities to express support and/or opposition to budget and legislative proposals on somewhat of a limited basis due to budget and legislative deadlines combined with Board meeting schedules as it requires staff to wait for Board approval to take official advocacy positions and the budget and legislative calendars often fall outside of Board meeting schedules.

At your Board's retreat in September, your Board expressed an interest in development of documented policy priorities to support the Board's engagement in policy discussions and development and to share relevant partner organizations and associations.

To that end, staff propose that the Board adopt 2023 Policy Priorities which contain priority principles that serve to provide general direction for Alliance legislative, policy, and budgetary advocacy efforts in service of the Alliance's mission of accessible quality health care guided by local innovation. This direction allows staff to respond effectively and efficiently to proposals that could significantly impact Alliance strategic and operational interests.

Discussion. Staff developed the attached Policy Priorities for the Board's consideration. The proposed Policy Priorities contemplates the Alliance's Board adopted 5-year Strategic Plan,

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the current health care policy environment and the Board's historical areas of legislative focus.

The authority granted through approval of the 2023 Policy Priorities allows Alliance staff to engage in legislative, regulatory, and budget advocacy actions during the year in support of the Alliance's Strategic Plan and helps advance its Mission, Vision and Values that support the Alliance, its Members, Providers and Partners. Staff will support policies and proposals which advance these priorities and principles and may take opposition to policies and proposals that impede these priorities. Official Alliance legislative and regulatory positions not contemplated under the 2023 Policy Priorities will be brought to the Board for separate consideration and action as needed.

Staff may employ various strategies, tactics and advocacy activities to advance the 2023 Policy Priorities including, but not limited to, educating legislators at the federal, state, and local level; collaborating with vested stakeholders; consensus building; message alignment; testifying at public hearings and forums and drafting letters of support or opposition for legislation or policy proposals that are aligned with the Board-approved Policy Priorities.

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

Attachments.

1. 2023 Policy Priorities



# 2023 Policy Priorities\*



## Access to Care

1. Increase provider pathways to increase the total number of culturally competent providers available to people with Medi-Cal and Medicare coverage.
2. Provide immediate solutions to shortages in, or which expand the capacity of, the Medi-Cal and Medicare healthcare workforce.

## Local Innovation

1. Strengthen and improve the safety net healthcare delivery system.
2. Preserve and strengthen the local health plans and the public, not-for-profit managed care model

## Eligibility and Benefits

1. Increase or add to the benefits available to Medi-Cal and Medicare beneficiaries
2. Increase access to publicly-sponsored health care at no or low-cost coverage for uninsured and low-income populations

## Financing and Rates

1. Demonstrate alignment between financial and programmatic policy and which ensure health plan revenue is adequate to enable effective, financially viable operations
2. Encourage and support provider participation in Medi-Cal and Medicare through adequate rates of payment
3. Address underfunding of Medicare to enable the development of the networks necessary to provide services to dual eligible members through a D-SNP
4. Increase federal funding for Medi-Cal

## Health Equity

1. Optimize health outcomes and eliminate health disparities for children
2. Improve outcomes and reduce disparities between the Medi-Cal and commercially insured populations
3. Increase member access to culturally and linguistically appropriate and culturally competent health care
4. Prioritize allocation of resources to address disparities and to remove barriers to equitable access to high-quality services.

## Person-Centered Delivery System Transformation

1. Integrated delivery and whole person models that are designed to improve quality of care and empower patients to be a partner in their own care.
2. Improve the system of care for members with complex medical and social needs
3. Aid information exchange between systems and providers

***\*The Alliance supports policies and proposals which advance the above priorities and principles and may oppose those which may impede these priorities.***



CENTRAL CALIFORNIA ALLIANCE FOR HEALTH





## Information Items: (14A. – 14I.)

|   |             |
|---|-------------|
| A. Alliance in the News   | Page 14A-01 |
| B. Alliance Annual Report to Board of Supervisors - 2022  | Page 14B-01 |
| C. Alliance Fact Sheet – January 2023   | Page 14C-01 |
| D. Letters of Support   | Page 14D-01 |
| E. Member Appeals and Grievance Report – Q4 2022  | Page 14E-01 |
| F. Membership Enrollment Report   | Page 14F-01 |
| G. Member Newsletter (English) – December 2022<br><a href="https://thealliance.health/wp-content/uploads/MSNewsletter_202212-E.pdf">https://thealliance.health/wp-content/uploads/MSNewsletter_202212-E.pdf</a>             |             |
| H. Member Newsletter (Spanish) – December 2022<br><a href="https://thealliance.health/wp-content/uploads/MSNewsletter_202212-S.pdf">https://thealliance.health/wp-content/uploads/MSNewsletter_202212-S.pdf</a>             |             |
| I. Provider Bulletin – December 2022<br><a href="https://thealliance.health/wp-content/uploads/CAAH-Provider-December2022-HiRes.pdf">https://thealliance.health/wp-content/uploads/CAAH-Provider-December2022-HiRes.pdf</a> |             |

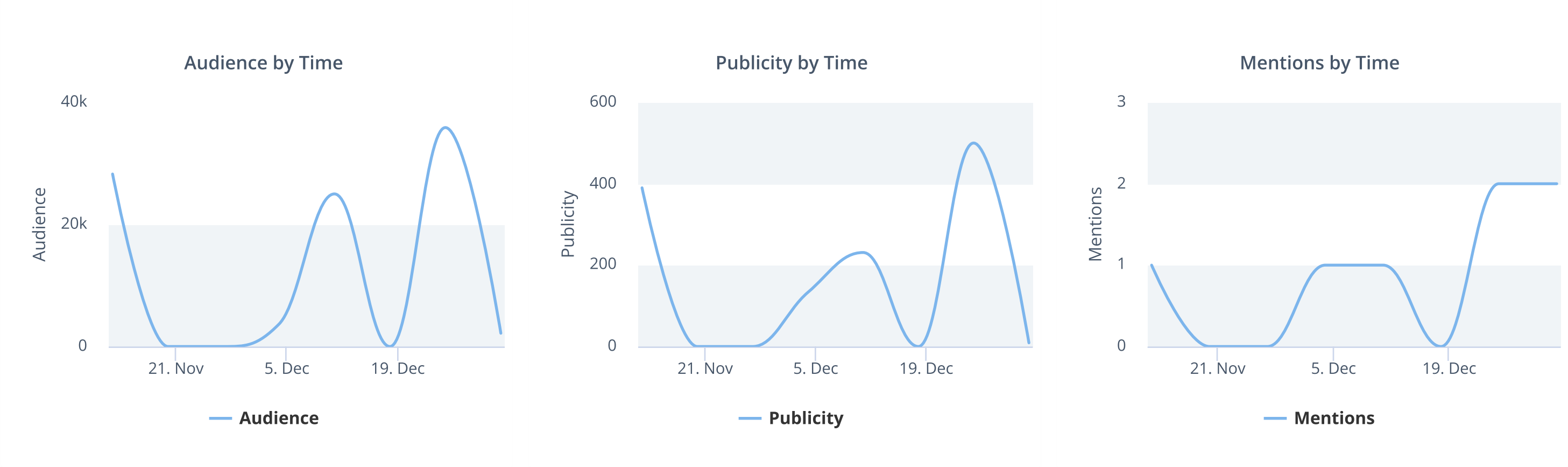
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# January 2023 Board Report



## Mention Analytics



|  |  |
|--|--|
|  <b>Total Online + Print Audience</b><br>94,965 | <b>Total Online + Print Publicity</b><br>USD \$1,263 |
|--|--|

Total Number of Clips 7



 **Could Watsonville hospital serve as a blueprint for saving Hazel Hawkins?**  1

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|   |                                     |
|---|-------------------------------------|
| <b>Date Collected</b> Jan 4, 2023 8:48 AM EST | <b>Est. Audience</b> 1,087          |
| <b>Category</b> Digital News                  | <b>Est. Publicity Value</b> USD \$4 |
| <b>Source</b> <a href="#">BenitoLink (CA)</a> | <b>Market</b> Hollister, CA         |
| <b>Author</b> John Chadwell                   | <b>Language</b> English             |

... the work our community did to ensure that one of the most important and impactful resources supporting the health and well-being of the Pajaro Valley remains open for business."

PVHDP received community commitments of support from key contributors including Santa Cruz County, Monterey County, the **Central California Alliance for Health**, the Community Health Trust of the Pajaro Valley, the city of Watsonville, Kaiser Foundation Health Plan and Dominican Hospital/CommonSpirit.


The hospital needed \$62 million, and Santa Cruz County supervisors requested a \$20 million loan from the state. Instead, the state wrote a check for \$25 ... the community came up with an additional \$40 million, including \$5 million from the Community Health Trust of Pajaro Valley. The funds went into a foundation with oversight from the Attorney General's office for 20 years.

Other contributors and donors included:

- \* Monterey County: \$3 million
- \* **Central California Alliance for Health**: \$3 million
- \* Kaiser Foundation Health Plan: \$3 million
- \* Driscoll's Inc.: \$1.75 million
- \* Stanford Children's Hospital: \$1.08 million
- \* Dominican Hospital and Common Spirit: \$300,000





 **Could Watsonville hospital serve as a blueprint for saving Hazel Hawkins?**

Date CollectedJan 3, 2023 4:09 PM EST

CategoryDigital News

Source[Benito Link](#)

AuthorJohn Chadwell

Est. Audience1,087

Est. Publicity ValueUSD \$5

MarketHollister, CA

LanguageEnglish

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Other contributors and donors included:

Monterey County: \$3 million

**Central California Alliance for Health:** \$3 million

Kaiser Foundation Health Plan: \$3 million

Driscoll's Inc.: \$1.75 million

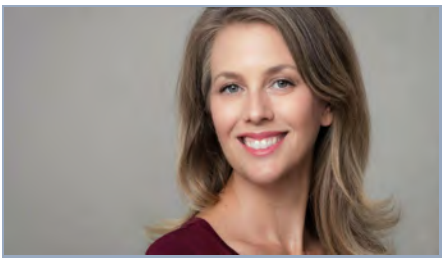
Stanford Children's Hospital: \$1.08 million

Dominican Hospital and Common Spirit: \$300,000

City of Watsonville: \$130,000

Hazel Hawkins' seeking funding

Caballero said she has had conversations with the San ...



 **The CEO of the region's Medi-Cal provider is stepping down in May; a new leader is already in the wings.**

Date CollectedDec 27, 2022 5:54 PM EST

CategoryDigital News

Source[Monterey County Weekly](#)

AuthorPam Marino

Est. Audience7,608

Est. Publicity ValueUSD \$100

MarketSeaside, CA

LanguageEnglish

The CEO of **Central California Alliance for Health**, the region's nonprofit Medi-Cal health care provider, is stepping down after 17 years of service, the Alliance announced on Dec. 21.

Stephanie Sonnenshine is resigning on May 1, 2023. Her replacement, Michael Schrader, currently CEO of the Health Plan of San Joaquin, has already been chosen by ...



 **Name dropping | Sara DeLeon named Santa Cruz new chief people officer**

Date CollectedDec 25, 2022 4:14 PM EST

CategoryDigital News

Source[Santa Cruz Sentinel](#)

AuthorSanta Cruz Sentinel

Est. Audience28,259

Est. Publicity ValueUSD \$400

MarketSanta Cruz, CA

LanguageEnglish

Santa Cruz City Manager Matt Huffaker announced on Thursday that Sara DeLeon will be the city's new chief people officer, a re-imagined title for human resources director.

In her position, DeLeon oversees the human resources department, which provides leadership and operational support to the city's 13 departments.

DeLeon has worked in various roles within public service over the last 15 years, including six years with the city of Santa Cruz as the principal management analyst for the planning and community development department, according to a release from the city.





🌐 **Price Transparency Compliance Is a Very Different Story for Hospitals Vs. Payers**

📌 5

**Date Collected** Dec 15, 2022 2:10 PM EST  
**Category** Blog  
**Source** [MedCity News](#)  
**Author** Katie Adams

**Est. Audience** 24,998  
**Est. Publicity Value** USD \$231  
**Market** United States  
**Language** English


When looking back at this year in terms of price transparency, one thing is very clear: payers and providers face different challenges when it comes to compliance. That was one of the main takeaways from a year-end report released Thursday by price transparency software startup Turquoise Health. The report showed that the volume of price transparency data that hospitals must disclose amounts to about 3 terabytes — compared to the whopping 630 terabytes of data that payers have been tasked with posting. To understand why this is, we first need to look at the recent history of price ...



🌐 **USPTO ISSUES TRADEMARK: CENTRAL CALIFORNIA ALLIANCE FOR HEALTH**

📌 6

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**Date Collected** Dec 8, 2022 6:36 AM EST  
**Category** Press Wire  
**Source** US Fed News

**Est. Audience** 3,667  
**Est. Publicity Value** USD \$133  
**Market** United States  
**Language** English

ALEXANDRIA, Va., Dec. 8 -- The trademark CENTRAL CALIFORNIA ALLIANCE FOR HEALTH (Reg. No. 6915498) was issued on Dec. 6 by the USPTO.

Owner: Santa Cruz-Monterey-Merced Managed Medical Care Commission Government Commission CALIFORNIA 1600 Green Hills Road Suite 101 Scotts Valley CALIFORNIA 950664981 The trademark application serial number 90725785 was filed on May 21, 2021 and was registered on Dec. 6. The description of the mark registered is "The mark consists of the words "CENTRAL CALIFORNIA ALLIANCE" and "FOR HEALTH" arranged in a circle, surrounding the stylized representation of three ...

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🌐 **Phase one health and housing campus opens in Live Oak**

📌 7

**Date Collected** Nov 18, 2022 6:02 PM EST  
**Category** Local  
**Source** [Santa Cruz Sentinel](#)  
**Author** PK Hattis

**Est. Audience** 28,259  
**Est. Publicity Value** USD \$390  
**Market** Santa Cruz, CA  
**Language** English

Will include dental clinic, health center. Affordable housing in 2023

LIVE OAK – After navigating development process lasting more than six years, a 3.7-acre health and housing campus will soon open in Live Oak.

Santa Cruz Community Health, Dientes Community Dental and MidPen Housing have partnered for the project and will celebrate its phase one opening with a ribbon cutting ceremony Saturday.

The first phase includes a new 11-chair dental clinic serving 6,000 low-income patients annually; a 20,000- square-foot primary care health center serving 10,000 patients annually; a family-friendly ...

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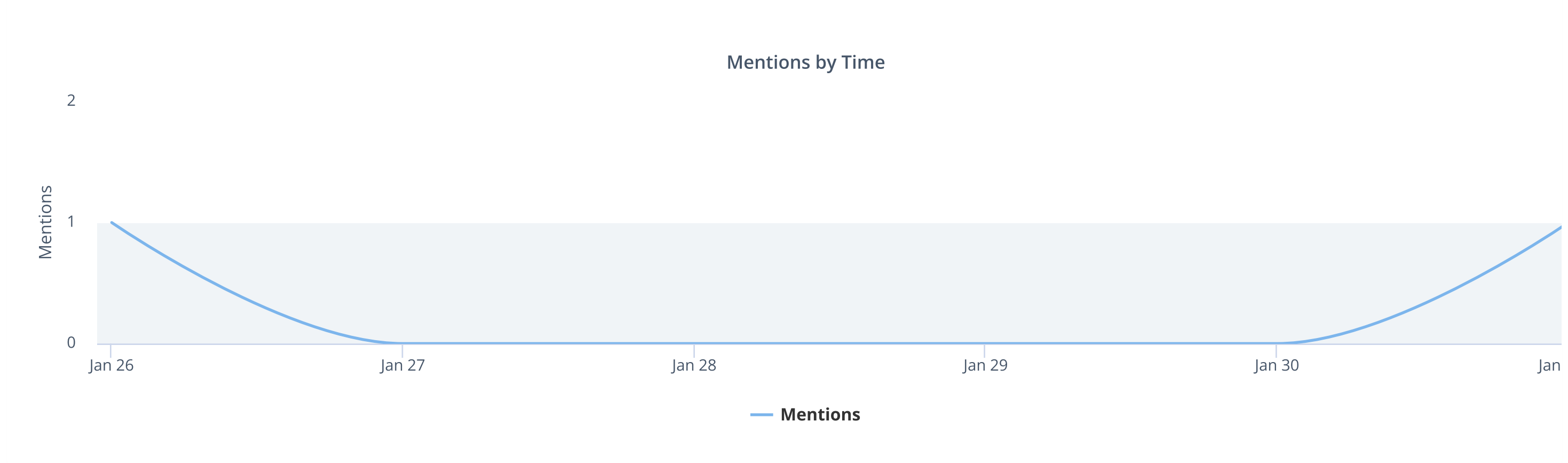
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# February 2023 Board Report





## Mention Analytics



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|  <b>Total Online + Print Audience</b><br>40,344 | <b>Total Online + Print Publicity</b><br>USD \$393 |
|--|--|


### Total Number of Clips 2



**Grow Up**

Copyright 2023 ProQuest Information and Learning All Rights Reserved Copyright 2023 Monterey County Coast Weekly Jan 26-Feb 1, 2023

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**Date Collected** Jan 31, 2023 5:53 AM EST

**Category** Print

**Source** [Monterey County Weekly](#)

**Author** Rey Mashayekhi

**Est. Audience** 32,736

**Est. Publicity Value** USD \$313

**Market** Seaside, CA

**Language** English


[FULL TEXT](#)


With \$700,000 in new grants, Everyone's Harvest looks to expand its approach.

Since launching its Fresh Rx program in 2014, the Monterey-based nonprofit Everyone's Harvest has been at the forefront of a popular trend in health and wellness: The belief that diet should play a larger role in health care.

In a society plagued by economic inequality, which begets food insecurity, which begets poor dietary choices that lead to obesity, diabetes and other chronic diseases, the thinking goes that better nutrition is the first step toward a healthier population-one that places greater ...

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**With \$700,000 in new grants, Everyone's Harvest looks to expand its approach.**

**Date Collected** Jan 26, 2023 3:16 AM EST

**Category** Digital News

**Source** [Monterey County Weekly](#)

**Author** Rey Mashayekhi

**Est. Audience** 7,608

**Est. Publicity Value** USD \$80

**Market** Seaside, CA

**Language** English

... prescriptions will become an allowable insurance expense," Parker says. "As we're able to show that it's cost-effective as far as the utilization of health care, maybe it becomes an allowable expense paid for through insurance."



The smaller grant is for \$200,000 over a two-year period from the **Central California Alliance for Health**. The award follows up on a previous two-year, \$156,000 grant that Everyone's Harvest received in 2019. It focuses on expanding the Fresh Rx program's reach to Medi-Cal recipients, in particular through Clinica de Salud del Valle de Salinas and Monterey County Health Department Clinic Services. ...

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**2022  
ANNUAL REPORT  
TO THE SANTA CRUZ, MONTEREY, AND MERCED COUNTY  
BOARD OF SUPERVISORS  
FROM  
THE SANTA CRUZ-MONTEREY-MERCED  
MANAGED MEDICAL CARE COMMISSION**

Central California Alliance for Health (the Alliance) is a locally governed and operated public agency established by Ordinances adopted by the counties of Santa Cruz, Monterey, and Merced. The Alliance is governed by the Santa Cruz – Monterey – Merced Managed Medical Care Commission (the Commission), whose members are appointed by the Boards of Supervisors in each county.

- The Alliance's Vision: Healthy people. Healthy communities.
- The Alliance's Mission: Accessible, quality health care guided by local innovation.
- The Alliance's Values: Improvement, Integrity, Collaboration, Equity

The Commission seeks to achieve the Alliance's mission through operation of a County Organized Health System (COHS) health plan, currently serving over 416,000 members in Santa Cruz, Monterey and Merced counties.

**Commission Structure**

The Alliance is governed by the Santa Cruz – Monterey – Merced Managed Medical Care Commission, a twenty-one member commission appointed by the counties' Boards of Supervisors, with seven members from each county representing interests of the public, providers, and government. Additionally, the Commission has established advisory groups consisting of member and physician representatives, which advise the Commission on policy matters.

The Commission meets regularly in public meetings governed by open meeting laws afforded through the Brown Act. In 2022, the Commission held 11 regular board meetings and 4 special board meetings which were conducted either in-person or via video and audio teleconferencing. All such meetings are made and accessible to all members of the public telephonically or otherwise electronically in compliance with the Governor's Executive Orders N-25-20 and N-29-20, as well as Assembly Bill 361 (Statutes 2021). During these meetings, the Commission discusses and decides upon policy issues and receives reports regarding on-going operations from Alliance staff. In September 2022, the board held an in-person all day retreat to discuss and analyze the state and federal healthcare policy landscape, to





examine the current strengths, weakness, opportunities, and threats facing the health plan, and to discuss the Alliance's approach to quality and equity.

At the April 2022 Commission meeting, Elsa Jimenez, Director of Health for the Monterey County Health Department, was elected to serve as the Commission Chairperson and Supervisor. Josh Pedrozo, Merced County Board of Supervisor, was elected to continue to serve as the Vice Chairperson.

See Attachment A for a list of Commissioners who served during 2022, including each Commissioner's category of representation, and Attachment B for a report of Commissioner meeting attendance during 2022.

### **Commission Activities and Accomplishments in 2022**

The 2022 calendar year brought forth another year of heightened challenges for the Alliance, as the Plan continued to navigate the ongoing COVID-19 pandemic and resulting impacts on the health care delivery system and the communities in which we serve. During this time, much of the Commission's focus shifted towards advocating for the protection of the local Medi-Cal delivery system available through the Alliance's County Organized Health System (COHS) model of Medi-Cal managed care.

Despite these challenges, and within the context of these environmental factors, the Alliance continued its focus on supporting Alliance members, providers, and community organizations to address healthcare needs within the community. Activities and accomplishments of the Commission and the Alliance during 2022 included:

1. **Medi-Cal Capacity Grants.** Awarded 25 grants totaling \$3.8M to community partners to increase the availability, quality, and access of health care and supportive resources for Medi-Cal members in the Alliance service area through investment of a portion of the Alliance fund balance. Grants awarded in 2022 are estimated to impact over 9,350 Alliance members through the recruitment of 14 new primary and specialty care providers and through the implementation of projects to increase Medi-Cal member access to nutritious, medically supportive food.

Additional projects funded by the Capital grant program opened their doors to Alliance members in 2022, including the construction of a medical clinic, a dental clinic, and affordable housing units providing permanent supportive housing for Alliance members with on-site case management services that





connect members to their primary care and behavioral health providers.

2. **Children's Savings Account Pilot.** Launched the Children's Savings Account (CSA) Pilot to advance the Alliance's quality goals for children. The two-year pilot funded by the Medi-Cal Capacity Grant Program builds on the existing CSA program, Semillitas, which is operated by Ventures in Santa Cruz County. This equity-focused approach invests in the long-term wellbeing of Medi-Cal members whilst providing encouragement and motivation for parents in seeking preventative care for their children.
3. **Recuperative Care Pilot Transition to Community Supports.** Successfully transitioned services offered under the Alliance's Recuperative Care Pilot to Medi-Cal covered sustainable services, renamed to Recuperative Care and Short-Term Post Hospitalization Housing, which is offered under the new DHCS Community Supports menu of services that address health-related social needs.
4. **CalAIM Incentive Payment Program (IPP).** Participated in IPP, a DHCS program to support capacity building through new investments in Enhanced Care Management (ECM) and Community Supports (CS) service delivery infrastructure across Medi-Cal managed care plans and their provider networks. For Program Year 1 (2022), DHCS allocated \$21.66M total for the Alliance's three counties. The Alliance has awarded \$9.5M to date to 20 ECM/CS provider organizations in the three counties served by the Alliance. Funds are awarded for information technology, workforce, equipment, training, and other infrastructure needs.
5. **CalAIM Implementation.** Continued work to implement the State's ambitious CalAIM program which includes the development of a new Enhanced Case Management benefit providing a whole person care approach to address clinical and non-clinical circumstances in high need Medi-Cal beneficiaries within defined populations of focus, as well as the offering of Community Supports Services which are flexible wrap around services designed as a substitute for, or to avoid the need for, other covered benefits. The Alliance implemented these benefits and services in all three counties on a phased approach as set forth by DHCS' CalAIM initiative timeline.
6. **Pajaro Valley Healthcare District Grant.** Awarded a \$3M grant to support the acquisition of Watsonville Community Hospital by the Pajaro Valley





Healthcare District to ensure future access to essential hospital services for Medi-Cal members in the Pajaro Valley.

7. **Housing and Homelessness Incentive Program (HHIP).** Submitted Local Homelessness Plans and Investment Plans to the Department of Health Care Services (DHCS) in support of the plan's participation in the HHIP, which is a two-year program that aims to improve health outcomes and access to whole person care services by addressing housing insecurity and instability as a social determinant of health for the Medi-Cal population. HHIP allocations are earned through the achievement of HHIP performance measures over the course of two years, on a county-by-county basis. The total allocation over the two-year period is \$47M across all three counties
8. **Student Behavioral Health Incentive Program (SBHIP).** Developed the SBHIP proposal for a three-year program to build infrastructure, partnerships, and capacity for school behavioral health services, and to improve coordination with Medi-Cal managed care plans. Pending approval and acceptance of the needs assessment and project plan submissions (as well as subsequent progress reports), the Alliance and its SBHIP partners stand to earn the maximum funding allocations for each county for the implementation period of January 2023 through December 2024. Award notices are expected in April 2023.
9. **Preventive Care.** The Alliance Care Based Incentives value-based pay for performance programs resulted in \$10M in payments to providers for the provision of timely preventive services to Alliance members.
10. **Population Health Management Program (PHMP).** As part of the CalAIM initiative, the Alliance prepared for the January 1, 2023 go-live of PHMP by adequately completing all NCQA requirements and by receiving DHCS approval of its readiness assessment
11. **Quality of Care.** Achieved 8 high performance levels for Healthcare Effectiveness Data and Information Set (HEDIS)/Managed Care Accountability Set (MCAS) when measuring provider service performance levels on reportable measures across all counties in the domains for prevention and screening, access and availability, and utilization.





In addition, and informed by its Health Equity related work, the Alliance developed a HEDIS/MCAS Quality Strategy to achieve performance above the minimum performance levels in the Children's and Women's Domain measures which were below the MPL in measurement year 2022. This includes the development of a pediatric equity roadmap and the implementation of a care based improvement program to provide funding to underperforming primary care practices to support actions to improve outcomes in relevant measures.

12. **Health Equity.** Engaged stakeholders in Merced County to address health disparities in their community and to identify root causes behind pediatric disparities. This engagement led to the development of objectives to guide health equity work, including addressing workforce shortages, enabling providers by supporting the resumption of care activities to ease the effect from the pandemic, providing member and family activation to engage and connect in trustful relationships, performing member outreach through multiple communication methods, supporting the community to identify local solutions that promote and activate healthy living, providing meaningful and aligned incentives, and enhancing data sources for near real time data information and tracking for timely interventions. A Pediatric Equity Roadmap was developed based on the above engagement, and a Pediatric Equity Taskforce was established to address and align on activities for the strategic priority of Health Equity and improvements in the HEDIS/MCAS children's domain measures.

13. **Medi-Cal Expansions.** During 2022, the Department of Health Care Services implemented two Medi-Cal expansions resulting in increased access to a consistent source of health care for our local communities.

First, the Medi-Cal Older Adult Expansion effective May 1, 2022. This expansion extended full scope Medi-Cal to all California residents who are 50 years of age or older if the person otherwise meets all Medi-Cal eligibility criteria, regardless of immigration status. Over 5,000 Medi-Cal beneficiaries previously enrolled in restricted scope Medi-Cal were automatically transitioned to full scope Medi-Cal through the Alliance.

Second, effective July 1, 2022, the Medi-Cal asset limit for seniors and persons with disabilities significantly increased from just \$2,000/\$3,000 for individuals and couples, to \$130,000 and \$195,000. This change has allowed





for expanded enrollment and increased access for seniors and persons with disabilities in our communities.

14. **Chief Executive Officer Recruitment.** In May 2022, the current Chief Executive Officer, Stephanie Sonnenshine, notified the Board of her intention to resign from the Alliance effective May 1, 2023. The Board initiated a national search for a new Chief Executive Officer to lead the Alliance. In December 2022, the Alliance board announced its selection of Michael Schrader who will join the Alliance as its next CEO on April 17, 2023.
15. **COVID-19 Vaccine Incentive Program.** Earned \$7.1M for achievement through the DHCS Vaccine Incentive Program which was used to distribute incentives to providers and members for the provision of COVID-19 vaccination to Alliance members. In addition, the Alliance provided both COVID-19 mail and direct point-of-service booster incentives to members. A COVID test-to-treat member outreach campaign was additionally performed in an effort to educate members on access and timely treatment.

### **Alliance Members**

As of December 31, 2022, the Alliance serves approximately 416,000 Medi-Cal beneficiaries and 654 Alliance Care IHSS members.

#### **Membership by County**

- In Santa Cruz County, the Alliance serves approximately 80,000 Medi-Cal members.
- In Monterey County, the Alliance serves approximately 186,000 Medi-Cal members and 654 Alliance Care IHSS members.
- In Merced County, the Alliance serves approximately 150,000 Medi-Cal members.

#### **Alliance Medi-Cal Members**

Alliance Medi-Cal members are lower income persons in eligible aid categories (e.g. aged, disabled, single-parent, childless adult), and include nearly all Medi-Cal beneficiaries in the region. The Alliance's Medi-Cal members represent the following demographic composition:

- 67.50% are Latino, 14.59% Caucasian, 7.68% Filipino, 2.12% African American, 0.83% Asian or Pacific Islander, 0.69% Asian Indian, 0.27% Vietnamese, 0.23% Chinese, 0.18% Alaskan Native or American Indian, 0.18% Laotian, 0.11% Korean, 0.07% Samoan, 0.06% Japanese, 0.05% Cambodian, 0.04% Hawaiian, 0.03% Guamanian, and 5.33% Other, and 0.04% not provided.
- 58.3% report primary language as English, 40.2% as Spanish, 0.5% as Hmong





- and 1.1% as other or not reported.
- 53.21% are female and 46.79% are male.
  - 44.2% are 19 years old and younger, while 7.74% are 65 years or older.

### Alliance Care IHSS members

Alliance Care IHSS members are in-home caregivers that provide home care services for the recipients of IHSS program services in Monterey County.

### Alliance Member Services

The Alliance Member Services Department engages and supports members through the operation of a call center to respond to member requests, a Grievance System to resolve member issues, and an Operations Unit to maintain member data and execute member informing materials. Member Services staff reside in all three counties served by the Alliance and many staff are bilingual in English/Spanish or English/Hmong. Staff provide high quality service and support to Alliance members, providers, and community-based partners. Staff educate Alliance members regarding how to access Alliance health care benefits within the managed care environment. This includes providing new member orientations, helping members understand their benefits, answering questions, and resolving member concerns. Member Services develops and distributes member identification cards and member handbooks.

The Member Services Department assists in the facilitation of two public committees which seek feedback from members to inform programs and procedures, including the quarterly Member Services Advisory Group (MSAG) and the bi-monthly Whole Child Model Family Advisory Committee (WCMFAC). Member Services staff are also responsible for reviewing and resolving plan enrollment data issues through collaboration with the local county Medi-Cal offices, the Social Security Administration, and the Department of Health Care Services (DHCS).

### Alliance Health Services Division

The Alliance's Health Services (HS) Division is responsible for ensuring that members receive the right care in the right place at the right time and assures that the care provided is evidence-based. The Alliance works closely with its network of providers including physicians, hospitals, pharmacies, and ancillary providers, to ensure that members receive appropriate and timely access to care. Dale Bishop, MD serves as the Alliance's Chief Medical Officer. Gordon Arakawa and Dianna Diallo continued to serve as the Alliance's Medical Directors. In addition, Dr. Robert Dimand continued work with the Alliance as a consultant and will continue to serve as a consultant into 2023. Physician clinical oversight responsibilities include Quality Improvement & Population Health (QI/PH), Utilization Management/Complex Case





Management, Community Care Coordination, and Behavioral Health. Under the supervision of Dr. Bishop, the Pharmacy Department oversees the Pharmacy and Therapeutics Committee (P&T).

The Alliance maintains a Quality Improvement (QI) System to monitor, evaluate, and take effective action to address any necessary improvements in the quality of care delivered by all providers rendering services on its behalf, in any setting. The QI/PH Department monitors the quality of health care services provided and reviews quality of care at the individual member level, as well as for the Alliance's member population as a whole. The QI/PH department leads the Alliance's population health strategy and effectiveness efforts as well as efforts to increase the provision of preventive care services for members. Performance in these areas is measured through the National Committee for Quality Assurance (NCQA) HEDIS/MCAS measures and the Alliance rewards provider performance through its Care Based Incentives (CBI) program value-based payments.

The QI/PH Department manages the Alliance's clinical safety program, including review of Potential Quality Issues, Facility Site Review audits, and on-going quality monitoring activities. To support providers with clinical improvement efforts, QI/PH provides technical assistance through practice coaching, learning collaboratives, and continuously accessible durable webinars. In addition, QI/PH offers health education and cultural and linguistic programs to support members with preventive care and chronic care management interventions.

### **Alliance Providers**

The Alliance recognizes the critical importance of its providers in furthering its mission to ensure access to quality health care for members. The Alliance's contracted network of providers includes Primary Care Providers (PCPs), federally qualified health centers and community clinics, specialists, hospitals, ancillary health services providers, pharmacies, and long-term care facilities. The Alliance continues its efforts to strengthen its provider capacity to provide services, providing a robust network across all three counties in its service area. In 2022, the Alliance added 606 new providers to its provider networks including: 27 PCPs, 76 specialists, 82 non-physician medical practitioners, 15 allied providers, 16 provider organizations, and 390 facility-based providers.

In 2022, the Alliance once again conducted its annual provider satisfaction survey to learn more about its providers' experience with the Plan. The 2022 survey indicated that 87% of physicians surveyed rated the Alliance as completely or somewhat satisfactory, and 85% indicated that they would recommend the Alliance to other physicians' practices.





### **Alliance Financial Performance**

The Alliance's 2022 operating revenue was \$1.4B through November 30, 2022.

The Alliance operated with a Medical Loss Ratio (MLR) of 86.8% and an Administrative Loss Ratio (ALR) of 5.2% of revenue for this period. The Public Health Emergency (PHE) was extended throughout 2022, resulting in higher enrollment and revenue. Meanwhile, utilization of routine and elective health care services improved in 2022 compared to 2021 but was slightly below the 2019 pre-pandemic level. As such, the Alliance has reported a net income of \$88.7M for the eleven-month period through November 30, 2022.

The Alliance must maintain adequate financial reserves to ensure the health plan has sufficient funds to cover incurred claims liabilities. The Commission has established a target reserve fund balance for this purpose. As of November 30, 2022, the Alliance was operating at 114% of its targeted reserve fund balance.

### **Alliance Staff**

The Alliance employs 516 individuals in the following divisions: Administration, Compliance, Employee Services and Communications, Finance, Health Services, Information Technology Services, and Operations. Throughout 2022, the Alliance continued to ensure the health and safety of staff via a hybrid work environment offering the opportunity for a remote work environment while ensuring delivery of services and support to our members and providers. A small number of essential employees work onsite performing duties that cannot be completed remotely.

### **Alliance in the Community**

Alliance staff resumed in-person outreach activities in Merced, Monterey, and Santa Cruz Counties in 2022, attending 119 community events and serving over 13,000 members. Of the 119 community events attended, 46 of those events were new in 2022.

Community efforts involved regular calls and continued collaborative work with county leaders and local organizations. The Alliance remains dedicated to keeping our community-based organizations and community partners up to date through our bi-monthly community newsletter, The Beat.

In responding to the ongoing COVID-19 pandemic, the Alliance participated in COVID-19 pop-up clinics alongside community partners to incentivize members to get vaccinated through the state-funded Vaccine Incentive Program, in which the Alliance has participated. Two community clinics were co-hosted by the Alliance at its Salinas office-location in Monterey County in partnership with VIDA Monterey County, VNA, Monterey County Health Department, and United Way Monterey



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950 East Blanco Road, Ste. 101  
Salinas, CA 93901-4487  
831-755-6000

530 West 16th Street, Ste. B  
Merced, CA 95240-4710  
209-381-5300



County. These clinics provided no-cost COVID-19 and flu vaccines to all individuals within the community.

Additionally, during 2022, the Alliance and its staff continued involvement in a number of regional and community coalitions and collaboratives that address public health issues, health care access, community networking and eligibility outreach in the Alliance service area. This includes Alliance involvement and participation in the following groups:

#### In Santa Cruz County

- Alliance & Santa Cruz County: COVID/Flu Collaboration
- DataShare Santa Cruz County
- Cabrillo College Community Health Workers – Program Advisory Committee
- OES Community Partner Update Meeting
- Oral Health Access Santa Cruz County
- Park Rx Advisory Meeting
- Health Improvement Partnership of Santa Cruz Co. (HIPSC)
- Santa Cruz County COVID-19 Clinician Resource Call
- Santa Cruz County Breastfeeding Coalition
- Santa Cruz Immunization Network
- Whole Child Model Family Advisory Network Committee (Tri-County)

#### In Monterey County

- Access and Functional Needs
- Aging & Disability Resource Connection
- Blue Zones Project – Wellness Champion Committee
- Community Alliance for Safety and Peace (CASP)
- Racial Learning to Action Equity Cohort
- First 5 Monterey County
- Health Workforce Council
- Monterey County Caring Partners (MCCP)
- Monterey County Commission on Disabilities
- Monterey County Operational Area Coordination Call
- Monterey Regional Health Development Group, Inc. (MoReHEALTH)
- Monterey County Nutrition & Fitness Collaborative
- Preventing Alcohol Related Trauma – South County & Monterey Peninsula
- The Coalition of Homeless Services Providers Commission
- Whole Child Model Family Advisory Network Committee (Tri-County)





### In Merced County

- Access to Care Subcommittee
- All in for Health – Growing Equity Coalition
- COVID-19 Updates for Health Care Providers
- Merced County Office of Education Health Services Advisory Committee
- Merced County Health Leadership Council
- Merced Breastfeeding Network
- Ongoing Planning Council
- Vaccination Implementation Hub Steering Committee
- Whole Child Model Family Advisory Network Committee (Tri-County)

### **Local Campaigns for Community Benefit**

Alliance staff continued involvement with community food banks and United Way campaigns within Santa Cruz, Monterey, and Merced counties in 2022. Alliance staff raised 250,106 pounds of food and donated \$46,895 to the food banks in the three-county service area as part of its holiday food drive efforts and raised \$13,887 in contributions to the United Way.

### **Looking Ahead**

Key priorities in 2023 include quality; access; readiness preparations for the January 1, 2024 expansions into San Benito and Mariposa Counties; the expansion of the ECM benefit for populations of focus including people from facilities to the community, or people at risk of institutionalization, children and youth, pre and post-natal women, and the justice involved population. In addition, the Alliance will be engaged in readiness planning for the implementation of the CalAIM Dual Special Needs Plan (D-SNP) and NCQA requirements.

Over the next 4-years, the Alliance seeks to advance two strategic priorities: Health Equity and Person-Centered Delivery System Transformation.

The long-term goals to advance Health Equity include:

- 1) Eliminate health disparities and achieve optimal health outcomes for children and youth; and
- 2) increase member access to culturally and linguistically appropriate health care.

The long-term goals to advance Person-Centered Delivery System Transformation:

- 1) Improve behavioral health services and systems to be person-centered and equitable; and



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2) improve the system of care for members with complex medical and social needs.

The Alliance appreciates the opportunity to provide this report to the county Boards of Supervisors and is grateful for the Supervisors' continued support as the Alliance works in collaboration with the communities it serves towards its vision of Healthy People. Healthy Communities.



## Santa Cruz-Monterey-Merced Managed Medical Care Commission Roster for Year 2022

The Alliance has twenty-one board members (seven from Santa Cruz County, seven from Monterey County and seven from Merced County), in categories of representation including County government and health services, physicians, clinics, hospitals and the public. Board members during 2022 included:

### From Santa Cruz County:

|   |                                 |
|---|---------------------------------|
| Leslie Conner                                       | Provider Representative         |
| Ryan Coonerty ( <i>effective through 01/25/22</i> ) | Board of Supervisors            |
| Larry deGhetaldi, MD                                | Provider Representative         |
| Zach Friend ( <i>effective 01/25/22</i> )           | Board of Supervisors            |
| Monica Morales ( <i>effective 03/08/22</i> )        | Health Services Agency Director |
| Dori Rose Inda                                      | Hospital Representative         |
| Shebreh Kalantari-Johnson                           | Public Representative           |
| Michael Molesky                                     | Public Representative           |

### From Monterey County:

|   |                         |
|---|-------------------------|
| Wendy Root Askew                                  | Board of Supervisors    |
| Maximiliano Cuevas, MD                            | Provider Representative |
| Julie Edgcomb                                     | Public Representative   |
| Janna Espinoza ( <i>effective 11/08/22</i> )      | Public Representative   |
| Charles Harris, MD                                | Hospital Representative |
| Elsa Jimenez, Chair                               | Director of Health      |
| Elsa Quezada ( <i>effective through 5/19/22</i> ) | Public Representative   |
| Allen Radner, MD                                  | Provider Representative |

### From Merced County:

|                          |                         |
|--------------------------|-------------------------|
| Dorothy Bizzini          | Public Representative   |
| Josh Pedrozo, Vice Chair | Board of Supervisors    |
| Rebecca Nanyonjo         | Public Health Director  |
| James Rabago, MD         | Provider Representative |
| Joerg Schuller, MD       | Hospital Representative |
| Rob Smith                | Public Representative   |
| Tony Weber               | Provider Representative |



Santa Cruz-Monterey-Merced Managed Medical Care Commission - 2022 Meeting Attendance Log

| Commissioner               | Total Absences | Attendance Rate | 01-18-22 [Special] | 01-25-22 [Regular] | 02.23.22 [Regular] | 03.23.22 [Regular] | 04.27.22 [Regular] | 05.25.22 [Regular] | 06.22.22 [Regular] | 07-22-22 [Special] | 08-19-22 [Special] | 08.24.22 [Regular] | 09.28.22 [Regular] | 10.26.22 [Regular] | 11-18-22 [Regular] | 12.07.22 [Regular] | 12.11.22 [Special] |
|----------------------------|----------------|-----------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| Askew, Wendy Root          | 5              | 66%             | Present            | X                  | Present            | Present            | Present            | EX                 | Present            | EX                 | EX                 | Present            | Present            | Present            | Present            | EX                 | Present            |
| Bizzini, Dorothy           | 1              | 93%             | Present            | Present            | Present            | Present            | Present            | Present            | Present            | Present            | Present            | Present            | EX                 | Present            | Present            | Present            | Present            |
| Conner, Leslie             | 1              | 93%             | Present            | Present            | Present            | Present            | Present            | Present            | Present            | Present            | Present            | EX                 | Present            | Present            | Present            | Present            | Present            |
| Coonerty, Ryan             | 0              | 100%            | Present            | Present            | N/A                | N/A                | N/A                | N/A                | N/A                | N/A                | N/A                | N/A                | N/A                | N/A                | N/A                | N/A                | N/A                |
| Cuevas, Maximilliano       | 9              | 40%             | X                  | X                  | Present            | Present            | EX                 | EX                 | Present            | X                  | X                  | Present            | EX                 | Present            | X                  | Present            | X                  |
| deGhetaldi, Larry          | 2              | 87%             | Present            | Present            | Present            | EX                 | Present            | Present            | Present            | Present            | Present            | Present            | Present            | Present            | Present            | EX                 | Present            |
| Edgcomb, Julie             | 2              | 87%             | Present            | Present            | Present            | Present            | Present            | Present            | Present            | Present            | EX                 | Present            | Present            | Present            | EX                 | Present            | Present            |
| Espinoza, Janna            | 1              | 67%             | N/A                | N/A                | N/A                | N/A                | N/A                | N/A                | N/A                | N/A                | N/A                | N/A                | N/A                | N/A                | EX                 | Present            | Present            |
| Friend, Zach               | 5              | 66%             | N/A                | N/A                | Present            | EX                 | EX                 | EX                 | Present            | Present            | Present            | Present            | X                  | Present            | X                  | Present            | Present            |
| Harris, Charles            | 4              | 73%             | Present            | Present            | EX                 | Present            | Present            | Present            | Present            | X                  | Present            | Present            | Present            | Present            | X                  | EX                 | Present            |
| Inda, Dori Rose            | 1              | 93%             | Present            | Present            | Present            | Present            | Present            | Present            | EX                 | Present            | Present            | Present            | Present            | Present            | Present            | Present            | Present            |
| Jimenez, Elsa              | 1              | 93%             | Present            | Present            | Present            | EX                 | Present            | Present            | Present            | Present            | Present            | Present            | Present            | Present            | Present            | Present            | Present            |
| Kalantari-Johnson, Shebreh | 4              | 73%             | Present            | Present            | Present            | Present            | Present            | EX                 | Present            | EX                 | EX                 | Present            | Present            | Present            | Present            | Present            | EX                 |
| Molesky, Michael           | 1              | 93%             | Present            | Present            | Present            | Present            | Present            | Present            | Present            | Present            | EX                 | Present            | Present            | Present            | Present            | Present            | Present            |
| Morales, Monica            | 2              | 83%             | N/A                | N/A                | N/A                | Present            | Present            | Present            | Present            | Present            | Present            | EX                 | Present            | Present            | Present            | Present            | EX                 |
| Nanyonjo, Rebecca          | 5              | 66%             | Present            | Present            | EX                 | Present            | EX                 | EX                 | Present            | X                  | Present            | Present            | Present            | Present            | Present            | EX                 | Present            |
| Pedrozo, Josh              | 1              | 93%             | Present            | Present            | EX                 | Present            | Present            | Present            | Present            | Present            | Present            | Present            | Present            | Present            | Present            | Present            | Present            |
| Quezada, Elsa              | 1              | 80%             | Present            | Present            | Present            | Present            | EX                 | N/A                | N/A                | N/A                | N/A                | N/A                | N/A                | N/A                | N/A                | N/A                | N/A                |
| Rabago, James              | 7              | 53%             | EX                 | EX                 | Present            | Present            | EX                 | Present            | Present            | Present            | EX                 | EX                 | Present            | Present            | EX                 | Present            | EX                 |
| Radner, Allen              | 4              | 73%             | EX                 | EX                 | Present            | Present            | EX                 | Present            | Present            | Present            | X                  | Present            | Present            | Present            | Present            | Present            | Present            |
| Schuller, Joerg            | 7              | 53%             | Present            | EX                 | Present            | Present            | Present            | EX                 | EX                 | Present            | Present            | EX                 | EX                 | Present            | Present            | EX                 | EX                 |
| Smith, Rob                 | 6              | 60%             | Present            | Present            | Present            | EX                 | X                  | Present            | Present            | Present            | Present            | Present            | X                  | Present            | X                  | X                  | X                  |
| Weber, Tony                | 8              | 47%             | EX                 | Present            | Present            | Present            | Present            | EX                 | EX                 | X                  | X                  | EX                 | Present            | Present            | X                  | Present            | EX                 |

X = Unexcused  
EX = Excused  
"N/A" indicates person was not a Commissioner at this time.



# Alliance Fact Sheet

## January 2023



### ABOUT THE ALLIANCE

The Alliance is an award-winning regional non-profit health plan, established in 1996, with **over 27 years** of successful operation. Using the State's County Organized Health System (COHS) model, we currently serve **416,575 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 Facts<sup>2</sup>

**1996**

Year Established

**506**

Number of Employees

**\$1.55 B**

YTD Revenue

**5.3%**

Spent on Administration

#### Service Area:

Merced, Monterey and Santa Cruz counties.

#### Membership by Program

Total Membership: **416,575<sup>3</sup>**

**415,921**

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

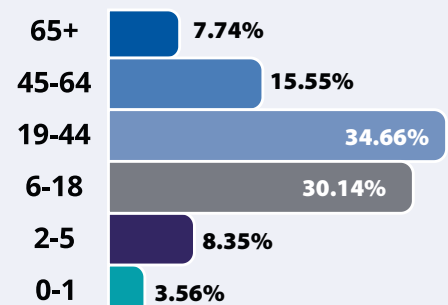
Our members represent 42 percent<sup>1</sup> of the population in Merced, Monterey and Santa Cruz counties. We serve seniors, persons and children with disabilities, low-income mothers and their children, children who were previously uninsured, pregnant women, home care workers who are caring for the 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 11,625 providers to form our provider network, with 87 percent of primary care physicians and 86 percent of specialists within our service area contracted to provide services to our members. The Alliance also partners with more than **3,039** providers to deliver behavioral health and vision services.

### Membership by Age Group



HEALTHY PEOPLE. HEALTHY COMMUNITIES.

[www.thealliance.health](http://www.thealliance.health)



## EXECUTIVE LEADERSHIP



**Stephanie Sonnenshine**  
Chief Executive Officer



**Lisa Ba**  
Chief Financial Officer



**Dale Bishop, MD**  
Chief Medical Officer



**Scott Fortner**  
Chief Administrative Officer



**Cecil Newton**  
Chief Information Officer



**Jenifer Mandella**  
Chief Compliance 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, Clínica de Salud del Valle de Salinas
- **Larry deGhetaldi, MD**, President, Santa Cruz Division, Palo Alto Medical Foundation (Sutter Health)
- **Julie Edgcomb**, Public Representative
- **Janna Espinoza**, 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



## 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

<sup>1</sup>County population data source: U.S. Census Bureau 2021 population estimate (as of Jul. 1, 2021).

Membership percentage by county: Merced (52 percent); Monterey (43 percent); Santa Cruz (30 percent).

<sup>2</sup>Fact sheet data as of January 1, 2023. <sup>3</sup>Fact sheet data as of January 1, 2023.



1600 Green Hills Road, Ste. 101  
Scotts Valley, CA 95066-4981  
831-430-5500

950 East Blanco Road, Ste. 101  
Salinas, CA 93901-4487  
831-755-6000

530 West 16th Street, Ste. E  
Merced, CA 95340-4710  
209-381-5300



February 7, 2023

To Whom It May Concern:

This letter is in support of First 5 Monterey County's (F5MC) grant proposal for DHCS CYBHI Round 1: Parent and Caregiver Support Programs and Practices to implement the HealthySteps model in pediatric primary care clinics that serve Medi-Cal populations in Monterey County. The HealthySteps model would enable a child development specialist to support implementation of prevention screening, and provide short-term social-emotional interventions, among other psychosocial services. The HS model also has the potential to leverage new Dyadic Care benefits, and could support an increase in engagement of preventative services (i.e., vaccinations, well-child visits, etc.) with the early childhood population. Further, having HealthySteps in Monterey County will help move us toward the goals of CalAIM, specifically to promote "more consistent and seamless system for enrollees to navigate by reducing complexity and increasing flexibility."

Our partnership with F5MC has gotten stronger over the last couple of years, and we are excited to continue as we support their efforts to pilot the first HealthySteps model in Monterey County. Currently, we are working to support F5MC's Care Coordination (CC) services by facilitating their ability to leverage Medi-Cal's Community Health Worker (CHW) benefit to grow and sustain services for Medi-Cal beneficiaries. We resonate with how F5MC's CC services meet families where they are, and provide opportunities for parents/caregivers of young children to receive culturally sensitive and relevant support to ensure they are connected and engaged in the health system. In addition the CC services connect families to other services and programs that bolster the client's social determinants of health. We know they will bring this same approach to the HealthySteps pilot.

The Central California Alliance for Health (the Alliance) is a regional non-profit health plan using the State's County Organized Health System model of Medi-Cal managed care. 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 looking forward to providing support to ensure F5MC and its partners are successful as they pilot the HealthySteps model. We are committed to helping knowledge-building related to ways to leverage Medi-Cal reimbursements to be able to potentially sustain and scale the program among our Medi-Cal providers.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephanie Sonnenshine".

Stephanie Sonnenshine  
Chief Executive Officer

**HEALTHY PEOPLE. HEALTHY COMMUNITIES.**

[www.thealliance.health](http://www.thealliance.health)



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831-755-6000

530 West 16th Street, Ste. E  
Merced, CA 95340-4710  
209-381-5300



January 20, 2023

Robert Wood Johnson Foundation  
50 College Road East  
Princeton, NJ 08540-6614

To Whom It May Concern:

I am writing this letter of partnership on behalf of Ventures to support its *Policies to Build and Sustain Economic Security and Wealth for Families and Communities of Color* proposal to the Robert Wood Johnson Foundation.

Central California Alliance for Health (the Alliance) is partnering with Ventures to support their mission to create compassionate and equitable local economies that contribute to the wellbeing of communities on the central coast of California (Santa Cruz, San Benito, and Monterey counties). The Alliance is an award-winning regional non-profit health plan that serves nearly 411,000 members in Merced, Monterey and Santa Cruz counties. The Alliance makes investments to health care and community organizations in these counties through the Medi-Cal Capacity Grant Program, which has awarded 588 grants totaling over \$129.8 million to 141 organizations in the Alliance's service area since 2015.

Our work together includes the Children's Savings Account (CSA) Pilot, which launched in November 2022 when the Alliance awarded a \$230,000 Medi-Cal Capacity Grant to Ventures. Through our partnership with Ventures on the CSA Pilot, the Alliance provides grant funding, collaborates on a data sharing agreement, supports evaluation design, and assists with program promotion to Alliance members. The two-year CSA Pilot builds on Venture's existing CSA program, Semillitas, and supports the addition of two health-related milestone contributions for Alliance members 2 years old and younger in Santa Cruz County.

We have discussed with Maria Cadenas, Ventures' Executive Director, the research proposal for Semillitas: *Leveraging Financial Investments in Early Life to Improve Economic Stability and Family Health*. We are in support of this proposal to evaluate the impact of incorporating health-related milestones in the Semillitas program. Medi-Cal members experience a myriad of negative social determinants of health and barriers to medical and behavioral health support. We support this project's goal to influence health policy by positioning College Savings Account cash deposits as a means to serve primarily Latina, under-resourced mothers and children to receive the healthcare they need. We believe that their increased participation in health services will better address maternal depression and ultimately strengthen maternal bonds to their children as well.

We are collaborating closely with Ventures to ensure the successful implementation and evaluation of this program, which is rooted in equity and invests in the long-term wellbeing of the Medi-Cal members we serve in Santa Cruz County. The CSA pilot will allow the Alliance to evaluate the sustainability and scalability of this approach in other counties we serve.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephanie Sonnenshine".

Stephanie Sonnenshine  
Chief Executive Officer

**HEALTHY PEOPLE. HEALTHY COMMUNITIES.**

[www.thealliance.health](http://www.thealliance.health)





## Member Appeals and Grievance Report

Q4, 2022

**Q4 2022 Appeals and Grievances: 1,108\*** including Beacon

**Appeals:** 3% [73% in favor of Plan; 27% in favor of Member]

**Exempt:** 45%

**Grievances:** 45%

**Other:** 7% [Inquiries, SFH]

### Category Figures

Driver Punctuality: 35%

Quality of Care: 14%

Access: 12%

Billing: 8%

Provider/Staff Attitude: 8%

Transportation Scheduling: 2%

Vehicle: 2%

Other: 19%

### 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 in MRY

### Highest Grievances Filed by County

1. Merced: 46%
2. Monterey: 33%
3. Santa Cruz: 21%

### Behavioral Health Beacon Grievances:

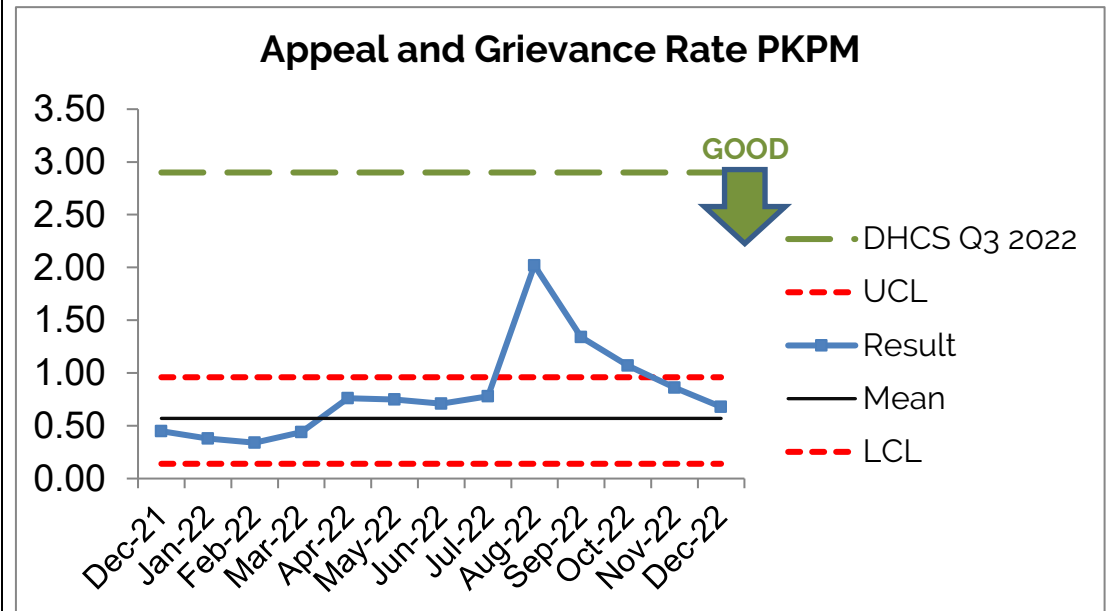
- ❖ Member Grievances: 26
- ❖ Monterey: 11
- ❖ Santa Cruz: 10
- ❖ Merced: 5

### IHSS Summary:

- ❖ Member Grievances: 4

☒ 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     |
|------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| <b>2021 Enrollment</b> | 367,138 | 369,438 | 371,533 | 373,656 | 376,321 | 377,793 | 379,441 | 380,961 | 383,084 | 384,861 | 386,526 | 387,632 |
| 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    |
| <b>2022 Enrollment</b> | 390,305 | 391,467 | 393,347 | 395,740 | 403,178 | 404,957 | 407,146 | 408,753 | 411,122 | 413,178 | 415,498 | 416,798 |
| A&G Issues             | 150     | 132     | 174     | 301     | 302     | 286     | 318     | 824     | 549     | 441     | 359     | 282     |
| Rate PKPM*             | 0.38    | 0.34    | 0.44    | 0.76    | 0.75    | 0.71    | 0.78    | 2.02    | 1.34    | 1.07    | 0.86    | 0.68    |

\*Grievances Per 1,000 Member Month



# Enrollment Report

Year: **2022 & 2023** County: **All** Program: **AIM, IHSS, Medi-Cal**  
Aid Cat Roll Up: **All** Data Refresh Date: **2/6/2023**



## StaticDate

2/1/2022 12:00:00 AM to 2/28/2023 11:59:59 PM

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

