



Physicians Advisory Group

Meeting Agenda

Date: **Thursday, March 6, 2025**

Time: **12:00 p.m. - 1:30 p.m.**

Place: **Santa Cruz County:**

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

Monterey County:

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

Merced County:

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

Mariposa County:

Mariposa County Health & Human Services - Cathey's Valley Room
5362 Lemee Lane, Mariposa, CA

San Benito County (new location):

Community Foundation Epicenter- San Benito Board Room
440 San Benito Street, Hollister, CA

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

1. **Call to Order by Chairperson Guzman. 12:00 p.m.**

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

2. **Oral Communications. 12:10 p.m.**

- A. Members of the public may address the Advisory Group on items not listed on today's agenda that are within the jurisdiction of the Advisory Group. Presentations must not exceed five minutes in length, and any individual may speak only once during Oral Communications.

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

- B. If any member of the public wishes to address the Advisory Group on any item that is listed on today's agenda, they may do so when that item is called. Speakers are limited to five minutes per item.

Consent Agenda Items: 12:15 p.m.

3. Approve PAG Meeting minutes of December 5, 2024

- A. Reference materials: Minutes as above.

Regular Agenda Items: 12:20 p.m.

4. New Business

- | | |
|--|---|
| A. DEIB Training | M. Nguyen, PhD, V. Paz |
| B. Care Based Incentives 2026 | D. Myers, MD |
| C. Continuity & Coordination of Care, BH & Primary Care | S. King, G. Clarke, MD,
J. Langenhan, MD |
| D. Criteria Development, Adoption and Review: Community
Supports - Medically Tailored Meals and Housing | M. Wang, MD |

5. Open Discussion: 1:20 p.m.

- A. Group may discuss any urgent items.

6. Adjourn: 1:30 p.m.

The next meeting of the Physicians Advisory Group, after this March 6, 2025, meeting:

Date/Time: Thursday, September 4, 12:00-1:30 p.m.

Location: All Alliance counties

The complete agenda packet is available for review on the Alliance website at [Central California Alliance for Health](#). The Alliance 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 Advisory Group at least 72 hours prior to the meeting at (831) 430-5556.

Physicians Advisory Group



Meeting Minutes

Thursday, December 5, 2024

12:00 - 1:30 p.m.

Santa Cruz County:

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

Monterey County:

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

Merced County:

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

Mariposa County:

Mariposa County Health & Human Services – Alliance Suite
5362 Lemee Lane, Mariposa, CA

San Benito County:

Community Services & Workforce Development Building - Conference Room
1161 Felipe Road, Bldg. B, Hollister, CA

Group Members Present:

Dr. Shirley Dickinson	Provider Representative
Dr. Casey KirkHart	Provider Representative
Dr. Mimi Carter	Provider Representative
Dr. Cheryl Scott	Provider Representative
Dr. Salvador Sandoval	Provider Representative
Dr. Devon Francis	Provider Representative
Dr. Mai-Khanh Bui-Duy	Provider Representative
Dr. Caroline Kennedy	Provider Representative
Dr. James Rabago	Provider Representative
Dr. Amy McEntee	Provider Representative

Group Members Absent:

Dr. Jason Novick, DPM	Provider Representative
Dr. Jennifer Hastings	Provider Representative
Dr. Misty Navarro	Provider Representative
Dr. Cristina Mercado	Provider Representative
Dr. Charles Harris	Provider Representative
Dr. Ralph Armstrong	Board Member
Dr. Donaldo Hernandez	Board Member

Staff Present:

Dr. Dennis Hsieh	Chief Medical Officer
Dr. Mike Wang	Medical Director
Mr. Marwan Kanafani	Health Services Officer
Ms. Andrea Swan	QI & Population Health Director
Ms. Tammy Brass	Utilization Management Director
Ms. Kristynn Sullivan	Program Development Director

Ms. Jessica Finney
Ms. Jessie Dybdahl
Ms. Vanessa Paz
Ms. Navneet Sachdeva
Ms. Sarina King
Ms. Tracy Neves

Community Grants Director
Provider Services Director
Health Equity Manager
Pharmacy Director
Quality & Performance Improvement Mgr.
Clerk of the Advisory Group

Public Representatives Present:

Ms. Becky Shaw

Provider Representative

1. Call to Order by Dr. Dennis Hsieh.

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

2. Oral Communications.

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

No members of the public addressed the Group.

Consent Agenda Items:

- A. The Group reviewed the September 12, 2024 Physicians Advisory Group (PAG) minutes.

Action: Minutes approved.

3. **Regular Agenda Items:**

- A. Behavioral Health (BH) Insourcing Update

Kristynn Sullivan provided an update on the Behavioral Health integration program, including the objectives, benefits, and challenges of insourcing BH services. Kristynn explained that the Alliance will create an integrated model for providing insourced BH services effective July 1, 2025, and discussed the strategic goals and key program components. The Behavioral Health Integration Program (BHIP) aims to create an integrated model for providing insourced BH services. The objectives include developing an NCQA-compliant behavioral health model, integrating behavioral health services into core organizational functions, and preparing Alliance staff to meet behavioral health member and provider needs. The benefits of insourcing behavioral health services, include maximum flexibility and control over service delivery, simplification of care integration, and leveraging the Alliance's strengths in behavioral health. Insourcing will allow for better coordination of care and improved quality and equity of service delivery. It was acknowledged there are challenges with insourcing, including the significant lift across the organization, the lengthy planning process, and the competition with other large initiatives such as D-SNP and ECM. Despite these challenges, the insourcing effort aligns with the Alliance's vision and values.

A provider asked about North American Mental Health Services. Jessie noted they are partnered with the Alliance. Jessie also discussed the recruitment of behavioral health providers, emphasizing the importance of contracting with the existing network and addressing concerns about credentialing and referrals. Also noted was the need for providers to be enrolled in Medi-Cal before contracting with the Alliance. The goal is to maintain continuity of care for members by ensuring that they can continue seeing their

current providers. Jesse detailed the credentialing process which requires providers to be credentialed before the insourcing date. The Alliance has contracted with CAQH to expedite the credentialing process and offers a sign-on bonus to encourage timely submission of credentialing applications. Dr. Hsieh clarified that the Alliance will not require a prior authorization for initial non-specialty mental health services as long as the provider is in-network. This approach aims to streamline access to care and reduce barriers for members seeking behavioral health services. The strategic goals of the BHIP include eliminating health disparities, achieving optimal health outcomes for children and youth, and transforming the delivery system to be more person-centered. The program aims to integrate physical and behavioral health services to better meet the needs of members. Kristynn outlined the member centered care components of the BHIP. A provider asked about the school based clinics in Merced. Kristynn noted the clinics are run by FQHCs in the county that are contracted with the Alliance for both physical and behavioral health services. The BHIP key components were reviewed and are designed to ensure a seamless transition to insourced behavioral health services.

Behavioral Health Therapy Services

Kristynn Sullivan and Marwan Kanafani presented on Behavioral Health Therapy Services. Marwan detailed the Carelon corrective action plan, which involved holding Carelon accountable for resolving the waitlist problem and ensuring that families were connected to services. The plan addressed 11 deficiencies, which were resolved by October. Issues were addressed with accessing ABA services and the corrective action plan implemented to resolve the waitlist problem. Marwan sought feedback from the Group on their experiences with BHT services and any additional concerns. A provider emphasized the importance of timely access to services and the need for a robust provider network. Dr. Hsieh noted if there are still issues with the waitlist, please reach out to the Alliance. Dr. Hsieh also noted for Medi-Cal patients, treatment for behavioral health symptoms can begin even without a formal diagnosis. This approach aims to minimize delays in starting treatment and ensure that children receive the care they need promptly. A provider inquired about schools and learning services. It was noted the Alliance cannot provide duplicative services, but the CM team is available to assist with coordination of care. The Alliance will be hiring staff to work with schools and clinics to help bridge care gaps. Marwan noted there is underutilization of adult services with ABA the highest utilization of visits. There are fewer than five hundred adult utilizers per year. It would be of interest to explore where there is underutilization. **Action:** Dr. Hsieh noted adult non-specialty utilization will be added to future PAG topics.

B. Medi-Cal Capacity Grant Program Investment Priorities

Jessica Finney presented the Medical Capacity Grant Program (MCGP) and reviewed details of the MCGP annual plan governance and noted the 2025 investment plan will be presented for Board approval in January 2025. The Board provides strategic direction for the MCGP through an annual investment plan. Also highlighted were the focus areas of access to care, healthy beginnings, and healthy communities and related strategies.

Jessica shared insights from stakeholder interviews and community health assessments, emphasizing the need for workforce recruitment and support for social determinants of health. Background and priorities from the Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs) was shared with the Group. Stakeholder interviews were conducted with 11 community leaders to gather insights on critical needs and opportunities to inform development of the MCGP's Investment Plan. Critical needs identified by stakeholders was reviewed. Challenges/opportunities identified were

access to care, behavioral health, workforce development and cultural competence, housing and homelessness, social determinants of health and community outreach and education.

There are 235 organizations that have been funded in 9 years, and those with current grants were surveyed.

Emerging 2025 priorities include:

- Workforce Development
- Behavioral Health Access
- Parent Support and Engagement
- Community Education and Engagement
- Social Drivers of Health

A provider suggested the implementation of fellowship or residency programs for new graduates to provide them with the necessary support and training. These programs would help new graduates become productive and confident in their roles more quickly.

Also discussed were the difficulties in recruiting physicians and new graduates citing financial barriers and the inflated cost of living in the area. There is a need for competitive salaries to attract and retain providers. It was noted there is a need for workforce development initiatives, such as growing local talent and supporting educational institutions. These initiatives aim to increase the number of healthcare providers in the area and address the ongoing workforce shortage. The importance of retention strategies was highlighted, such as offering competitive salaries and providing support for existing providers. Retaining experienced providers is crucial for maintaining continuity of care and ensuring high-quality services for members.

A provider in San Benito raised concerns about the impact of the justice system on health outcomes and health equity for families. The provider emphasized the need to address racism and discrimination within the justice system and its effects on public health.

C. Oral Health

Sarina King sought input from the Group on the need for oral health resources and training. Also discussed was the availability of resources for fluoride varnish application, pregnant patients, and education for patients with diabetes, and how that affects oral health. A provider noted access is important for dental care, and the CBI program provides minimal support for fluoride varnish. The cost for fluoride varnish is not covered in the FQHC setting. A provider noted they have an oral health coach in their clinic, and it has been successful. The oral health consultation is included as part of the well visit. It was noted pediatrics, pregnant patients and seniors are prioritized and there is a need for adult oral care. Another provider noted that patients cannot receive their drug replacement until they have had their teeth fixed. **Action:** Dr Hsieh offered to share information for Denti-Cal.

D. Health Equity

Vanessa Paz noted Health Equity has contracted with a subcontractor to develop health equity inclusion training, this is a new training for providers. Community, provider, and member input is being requested to co-create the training. The curriculum is going to the state for approval and a pilot will be implemented. Any input provided will be considered for incorporation into the training. The training will be required for network providers and

subcontractors. Dr. Hsieh noted the Alliance has an existing diversity and inclusion training. More information will be shared at the next PAG meeting.

4. **Open Discussion**

There was no further discussion.

Adjourn:

The meeting adjourned at 1:30 p.m.

Respectfully submitted,

Ms. Tracy Neves
Clerk of the Advisory Group

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

DEI Training: Provider Scenario Training Input

Michael Nguyen, Ph.D., Cross-Cultural Psychologist & Organizational Transformation Strategist

Vanessa Paz, MHA, Health Equity Program Manager

Pronouns: She/Her/Hers

Physicians Advisory Group

March 6, 2025

DEI Training APL 23-025

“All MCP staff, as well as the MCP’s Subcontractors, Downstream Subcontractors, and Network Providers, receive the mandatory DEI trainings”

Must Include:

- Cultural Competency and Cultural Humility
- Health Equity
- Structural and Institutional Racism
- Culturally Sensitive Care
- Implicit Bias
- Region-Specific Relevance
- Gender-Affirming Care

* Subcontractor is an individual or entity that has a Subcontractor Agreement with the Alliance that relates directly or indirectly to the performance of the Alliance’s obligations under the Alliance’s Medi-Cal contract with DHCS. A Network Provider is not a Subcontractor solely because it enters into a Network Provider Agreement.

Equity Dilemmas: Development and Importance

- Evidence-Driven Design
- Tailored to the Alliance
- Core Competencies for Quality Care
 1. **Being Member Centric**
 2. **Cultural Responsiveness**
 3. **Effective Communication**

Learning Integration:

- Scenario-Based Assessment
- Focus on Application

Provider Feedback Questions

Relevance

- Does this scenario reflect situations you encounter in your work?

Impact

- Does this scenario highlight a significant issue in healthcare equity that should be addressed in provider training?

Applicability

- How applicable are the lessons or takeaways from this scenario to your healthcare practice?

Cultural Responsiveness: Example Equity Dilemma

Scenario:

Dr. Rivera is meeting with Sarah, a 34-year-old member with a congenital mobility impairment, for a follow-up on chronic pain management. Sarah shares that past providers treated her disability as something to 'fix' rather than recognizing it as part of her identity, making her feel misunderstood. She asks Dr. Rivera to approach her care in a way that acknowledges disability as a cultural identity and its impact on her health needs.

Dr. Rivera wants to provide clinically effective care but feels uncertain about how to integrate cultural sensitivity, given her limited experience with members who view disability this way.

Effective Communication & Collaboration: Example Equity Dilemma

Scenario:

Dr. Amin, a primary care physician in the CCAH network, is treating Luis, a 58-year-old farmworker with diabetes. Luis faces long specialist wait times, limited transportation, and a demanding work schedule that makes attending appointments difficult. Missing work could jeopardize his job, and the nearest endocrinologist is over an hour away.

At his latest visit, Luis reports fatigue and vision changes but hesitates to seek further care due to cost concerns. He also struggles with medical instructions because of language barriers and limited health literacy. A neighbor sometimes translates for him but isn't always available.

Dr. Amin knows specialist care and medication adherence are critical for Luis, but she must find ways to address his barriers while ensuring he gets the care he needs.

DEI Training Feedback Survey

[DEIB Training Feedback Survey](#)

The Alliance is developing training to help providers and staff better serve members. This training will be based on real experiences to ensure it reflects actual challenges and solutions.

We're looking for real situations you've experienced or witnessed—both positive examples and challenges. Your input will help make this training relevant and impactful.



Care-Based Incentives 2026

Dr. Diana Myers

Medical Director

Physicians Advisory Group

March 6, 2025

PROGRAM OVERVIEW

- Established: 2010
- Purpose:
 - Encourage PCPs to promote and implement the Patient-Centered Medical Home model.
 - Improve access to care.
 - Promote delivery of quality high-value care.



Calculation of Quality-of-Care measures

For measures already at or above the 50th percentile (Minimum Performance Level):

- Practices earn 70% of measure points by meeting the 50th percentile.
- Practices earn the rest of the available points (30%) by meeting the 75th percentile **or** showing a 2.5 percentage point improvement from the prior year's performance.

For measures below the 50th percentile (Minimum Performance Level):

- Practices earn 50% of measure points if they attain a 2.5 percentage point improvement from the prior year.
- Practices earn the rest of the available points (50%) if they attain a 5-percentage point improvement from the prior year.

Note: Points earned through improvement are based on measures where the Provider met the Eligible Member requirement in both 2024 and 2025 and made the requisite improvement over the Provider's prior year performance.



IDEAS FOR CBI 2026 **Care Coordination**

Hospital & Outpatient Measures

- Ambulatory Care Sensitive Conditions (ACSC)
- Preventable Emergency Visits
- Plan All-Cause Readmission



PROPOSAL FOR CBI 2026 **Care Coordination**

Access Measures

- Adverse Childhood Experiences (ACEs) screening in Children and Adolescents
 - Feedback from PAG
- Application of Dental Fluoride Varnish
 - Include Dental Office claims as acceptable data via DST
 - Increase dental fluoride to two (2) applications



IDEAS FOR CBI 2026 **Quality of Care Measures**

- Breast Cancer Screening
- Cervical Cancer Screening
- Child and Adolescent Well-Care
- Diabetic Poor Control >9%
- Depression Screening for Adolescents and Adults
- Immunizations: Adolescents
- Immunizations: Children (Combo 10)
- Lead Screening in Children
- Well-Child Visits in the First 15 Months
- Chlamydia Screening in Women
- Colorectal Cancer Screening
- Well-Child Visits for Age 15 Months–30 Months



IDEAS FOR CBI 2026 **Fee-For-Service**

- Adverse Childhood Experiences (ACEs) Training and Attestation
- Behavioral Health Integration
- Cognitive Assessment Training and Attestation
- Diagnostic Accuracy and Completeness Training
- Patient Centered Medical Home (PCMH)
- Quality Performance Improvement Project
- **Social Determinants of Health (SDOH) ICD-10 Z-Codes**

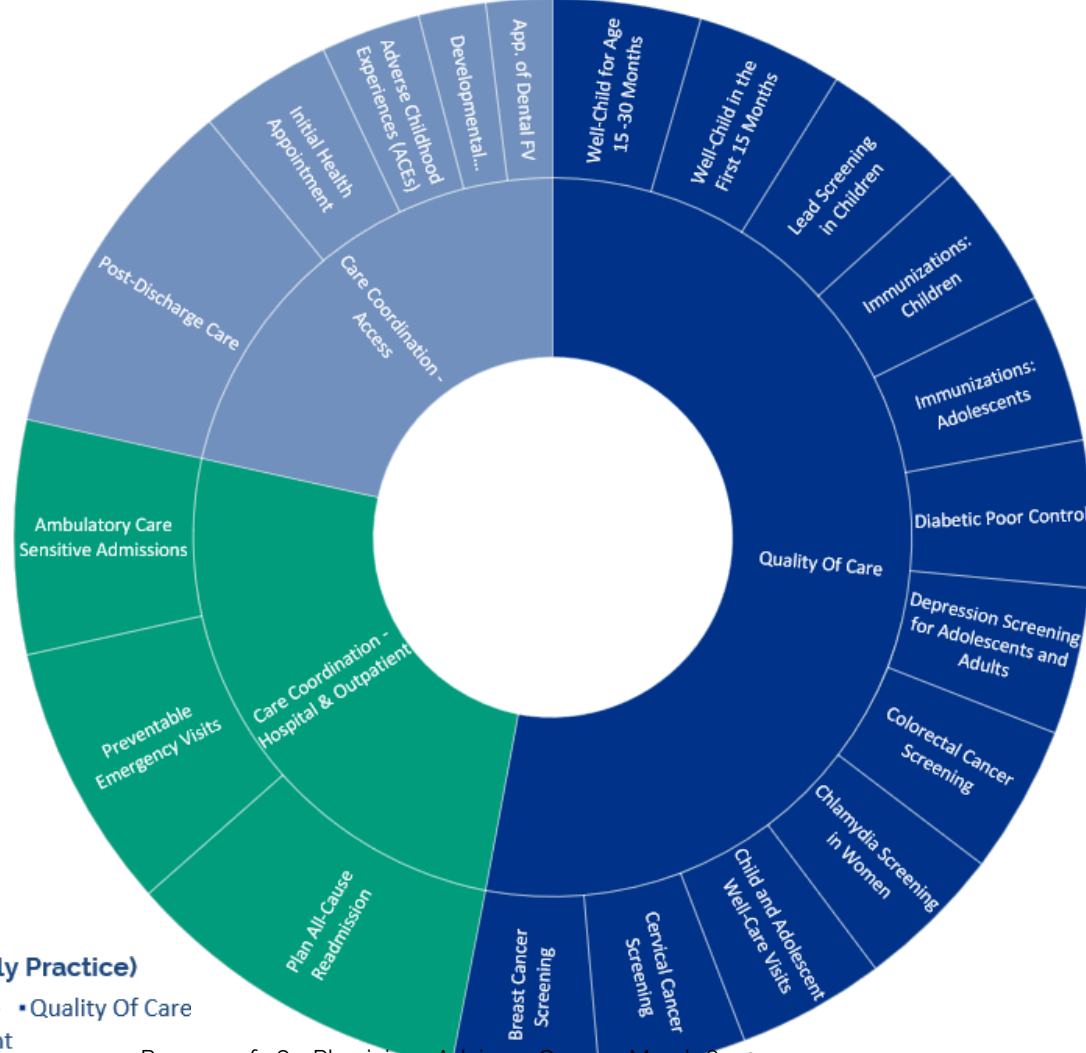


IDEAS FOR CBI 2026 **Exploratory Measures**

Exploratory Measures

- Controlling High Blood Pressure





CBI 2026 Point Allocation (Family Practice)

- Care Coordination - Access
- Care Coordination - Hospital & Outpatient
- Quality Of Care



Questions?





Continuity & Coordination of Care Behavioral Health + Primary Care

Dr. Gray Clarke, BH Medical Director CCAH

Sarina King, QI Manager CCAH

Dr. Jessica Langenhan, MD Carelon Behavioral Health

Physicians Advisory Group

March 6, 2025



CONTINUITY AND
COORDINATION OF CARE:
BEHAVIORAL HEALTH
+ PRIMARY CARE

AGENDA

1. Antidepressant Medication Management (AMM) and Follow-up Care for Children Prescribed ADHD Medication (ADD) updates since last PAG meeting
2. Review Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are using Antipsychotic Medications (SSD)
3. Review Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Overview

- Measures: High level of AMM and ADD
- SSD and APM
- Focus on coordination of care
- Identify barriers
- Review opportunities



Antidepressant Medication Management (AMM) Updates

The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.

2022 rates presented at PAG on 5/30/24

- Acute Phase: The percentage of members who remained on an antidepressant medication for at least 84 days.

2022 Goal 75% and did not meet
2023 Goal 75% and did not meet, slightly lower rates and reduced eligible population
- Continuation Phase: The percentage of members who remained on an antidepressant medication for at least 180 days.

2022 Goal 65% and did not meet
2023 Goal 65% and did not meet, slightly lower rates and reduced eligible population

Follow-Up Care for Children Prescribed ADHD Medication (ADD) Updates

The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.

2022 rates presented at PAG on 5/30/24

- Initiation Phase: children between 6 and 12 years of age who were diagnosed with ADHD and had one follow-up visit with a practitioner with prescribing authority within 30 days of their first prescription of ADHD medication.

2022 Goal 31.67%, and met goal
2023 Goal 31.67%, and met goal
- Continuation Phase: children between 6 and 12 years of age who had a prescription for ADHD medication and remained on the medication for at least 210 days and had at least two follow-up visits with a practitioner in the 9 months after the Initiation Phase.

2022 Goal 60.66%and did not meet goal
2023 Goal 60.66% and did not meet goal

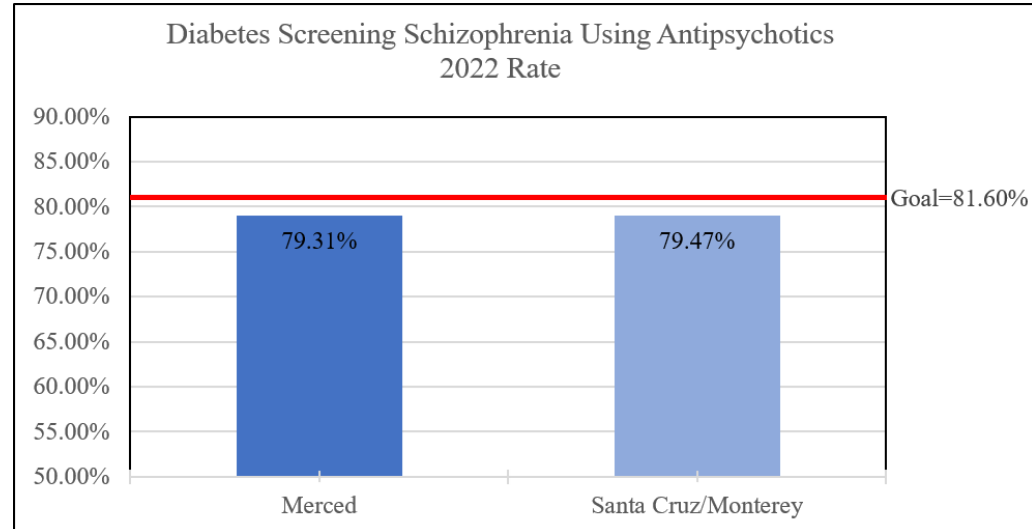
Measure 1 Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are using Antipsychotic Medications (SSD)

Assesses adults 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. (such as metabolic panel, renal function panel, glucose, HbA1C)



For this report, the measurement year was from January 1, 2022 – December 31, 2022.

County	SSD	MY 2022 Rate	Goal %	Goal Met(Y/N)
Merced	Reported rate	79.31%	81.6%	N
	Eligible Population	435		
Santa Cruz/Monterey	Reported rate	79.47%	81.6%	N
	Eligible Population	935		



DISCUSSION: Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are using Antipsychotic Medications (SSD)

- Barriers
 - Plan
 - Providers
 - Members
- Opportunities for Improvement



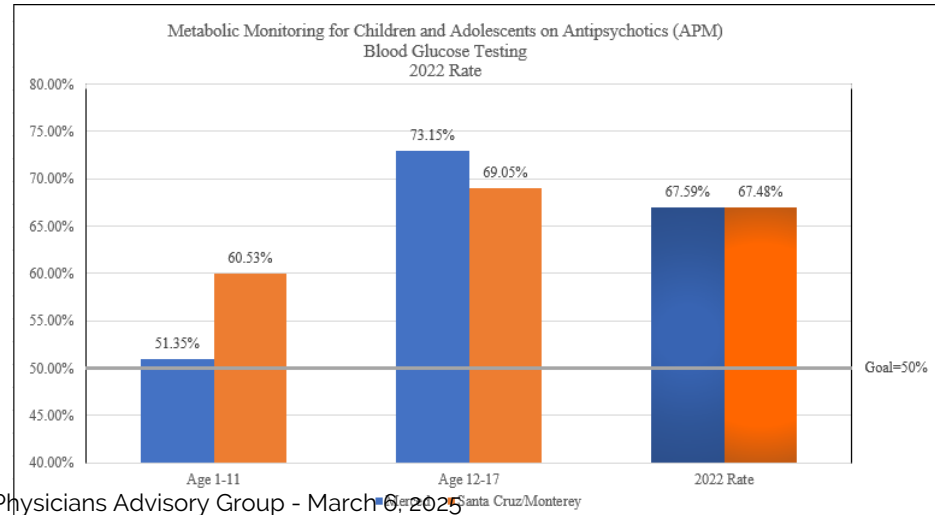
Measure 2 Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Assesses the percentage of children and adolescents 1-17 years with two or more antipsychotic medication use who had metabolic testing during the year.



For this report, the measurement year was from January 1, 2022 – December 31, 2022

County	APM Blood Glucose Testing	Age 1 11	Age 12 17	MY 2023 Rate	Goal %	Goal Met(Y /N)
Merced	Reported rate	51.35%	73.15%	67.59%	50%	Y
	Eligible Population	37	108	145		
Santa Cruz/Monterey	Reported rate	60.53%	69.05%	67.48%	50%	Y
	Eligible Population	38	168	206		



DISCUSSION: Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

- Overall results reveal the success of achieving the goal regarding blood glucose testing in children and adolescents aged 1-11 and 12-17 in Merced and Santa Cruz/Monterey counties. This indicates a proactive approach to pediatric diabetes screening and adherence to established guidelines.
- Barriers
 - Plan
 - Providers
 - Members
- Opportunities for Improvement



Discussion





Medically Tailored Meals Discussion

Mike Wang, MD
Physicians Advisory Group
March 6, 2025

CalAIM

California Advancing and Innovating Medi-Cal - more commonly known as CalAIM - is a far-reaching, multiyear plan to transform California's Medi-Cal program and enable it to work more seamlessly with other social services.

CalAIM has three primary goals:

- Identify and manage member risk and need through Whole Person Care approaches and addressing social determinants of health;
- Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and
- Improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems and payment reform.

CalAIM and Community Supports



CalAIM Community Supports are **optional services** that health plans can opt to provide in lieu of higher-cost services traditionally covered by Medicaid.



CalAIM includes **14** Community Supports.



MCPs selected Community Supports to offer when CalAIM went-live on January 1, 2022 and have the **option to add new Community Supports every six months.**

Community Supports Services Approved in California

- Housing transition navigation services
- Housing deposits
- Housing tenancy and sustaining services
- Caregiver respite services
- Day habilitation programs
- Nursing facility transition/diversion to assisted living facilities
- Community transition services/nursing facility transition to a home
- Personal care and homemaker services
- Environmental accessibility adaptations
- **Medically supportive food/meals/medically-tailored meals**
- Sobering centers
- Asthma remediation
- Short-term post-hospitalization housing
- Recuperative care (medical respite)

Current State

MTM is a popular program (~4,000 requests/month since Aug 2024)



Current State

- **Covered diagnoses (sample)**
 - Diabetes (Hgb A1c ≥ 7),
 - Hypertension (> 2 medications and blood pressure $> 140/90$),
 - Hyperlipidemia
 - Adults (>18 years): lipid panel with a low-density lipoprotein (LDL) - 190 mg/dl and/or above AND triglycerides (TG) - 500mg/dl),
 - Adults (>18 years): unable to take statins or on at least one statin and still with elevated LDL or triglycerides (TG)
 - Children (0-18 years): Any hyperlipidemia

Future State

Goals:

- Incentivize patients to seek care with PCPs
- MTM evidence generally in conjunction with coordination instead of meals alone

Risks:

- Access Issues
- Frustration from providers re: knowing policy

Proposed Direction:

- Require MD note for all requests
- Simplify diagnosis requirements

Discussion

Specific Policy Language Feedback:

- All submissions by community supports providers must reflect coordination with PCP or specialist as demonstrated by provider documenting indicating that medically tailored meals or medically supportive food are part of the care plan.



Discussion

Specific Policy Language Feedback:

- Hypertension defined by:
 - **documentation by a treating provider OR**
 - **documentation of at least one HTN directed medication OR**
 - documentation of blood pressure > 140/90 over two outpatient visits in a one year period
- Disabling mental/behavioral health disorders (Severe Mental Illness) defined by whether a member is being managed by County Behavioral Health or has an active referral to County Behavioral Health



Alliance UM 2024 Annual Program Review

Physicians Advisory Group
March 6, 2025

Alliance UM 2024 Annual Program Review

Mike Wang, MD Medical Director

- Inpatient Utilization Data (Quantitative Analysis)
- Qualitative Analysis

Physicians Advisory Group Meeting Calendar 2025



Thursday, March 6	12:00 - 1:30 PM	
Thursday, June 12	12:00 - 1:30 PM	Canceled
Thursday, September 4	12:00 - 1:30 PM	
Thursday, December 4	12:00 - 1:30 PM	

❖ Lunch Provided

