



Physicians Advisory Group

Meeting Agenda

Thursday, June 2, 2022

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

Location: In Santa Cruz County:

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

In Monterey County:

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

In Merced County:

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

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, members of the public are encouraged not to attend the meeting in person. In person attendees must wear a face covering regardless of vaccination status.

The following alternative is available to members of the public to observe this meeting remotely via livestream. Individuals wishing to provide comment to the Advisory Group, must attend the meeting in person or email comments to the Clerk of the Advisory Group prior to the meeting.

1. Members of the public wishing to observe the meeting remotely via livestream 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: 790 365 1#
2. 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, June 1, 2022 to the Clerk of the Advisory Group at tneves@ccah-alliance.org
 - i. Indicate in the subject line "Public Comment". Include your name, organization, agenda item number, and title of the item in the body of the e-mail along with your comments.
 - ii. Comments will be read during the meeting and are limited to five minutes.
 - b. In person, during the meeting, when that item is announced.
 - i. State your name and organization prior to providing comment.
 - ii. Comments are limited to five minutes.

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

1. Call to Order by Chairperson Bishop. 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.
- 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 March 3, 2022.

- A. Reference materials: Minutes as above.

Regular Agenda Items: 12:20 p.m.

4. Old Business

- | | |
|-------------------------------|---------------|
| A. Pharmacy Carve-Out Update | D. Bishop, MD |
| B. Care Based Incentives 2023 | D. Diallo, MD |

5. New Business

- | | |
|--------------------------------------|-----------------------------|
| A. MCAS/HEDIS Accountability Results | H. Gillette-Walch, RN, |
| B. CalAIM Updates: | |
| a. ECM/CS Populations of Focus | J. Hampton |
| b. Merced Expansion | J. Mockus, RN |
| c. Behavioral Health | D. Bishop, MD/J. Mockus, RN |
| d. Community Health Worker Addition | D. Bishop, MD |

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

- A. Group may discuss any urgent items.

7. Adjourn: 1:30 p.m.

The next meeting of the Physicians Advisory Group, after this June 2, 2022 meeting:

- Thursday September 1, 2022, 12:00-1:30 p.m.
Locations: Videoconference from Alliance Offices in Scotts Valley, Salinas and Merced.

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The complete agenda packet is available for review on the Alliance website at www.ccah-alliance.org/boardmeeting.html. 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, March 3, 2022
12:00 - 1:30 p.m.

In Santa Cruz County:
Central California Alliance for Health
1600 Green Hills Road, Suite 101, Scotts Valley, California
In Monterey County:
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In Merced County:
Central California Alliance for Health
530 West 16th Street, Suite B, Merced, California

Group Members Present:

Dr. Misty Navarro	Provider Representative
Dr. Scott Prysi	Provider Representative
Dr. Amy McEntee	Provider Representative
Dr. Devon Francis	Provider Representative
Dr. Shirley Dickinson	Provider Representative
Dr. Michael Yen	Provider Representative
Dr. Barry Norris	Provider Representative
Dr. Casey Kirkhart	Provider Representative
Dr. Jennifer Hastings	Provider Representative
Dr. Salvador Sandoval	Provider Representative
Dr. James Rabago	Provider Representative
Dr. Caroline Kennedy	Provider Representative

Group Members Absent:

Dr. Anjani Thakur	Provider Representative
Dr. Patrick Clyne	Provider Representative

Staff Present:

Dr. Dale Bishop	Chief Medical Officer
Dr. Dianna Diallo	Medical Director
Dr. Gordon Arakawa	Medical Director
Ms. Navneet Sachdeva	Pharmacy Director
Ms. Hilary Gillette-Walch	Quality & Population Health Manager
Ms. Deborah Pineada	Quality & Health Programs Manager
Ms. Tracy Neves	Clerk of the Advisory Group

Public Representatives Present:

Ms. Becky Shaw	Public Representative
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1. Call to Order by Chairperson Dr. Dale Bishop.

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

No supplements or deletions were made to the agenda.

2. Oral Communications.

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

No members of the public addressed the Group.

Consent Agenda

- A. The group reviewed the December 2, 2021 Physicians Advisory Group (PAG) minutes.

Action: Minutes approved as written.

3. **Old Business**

- A. Pharmacy Carve-Out Update

Navneet Sachdeva provided a pharmacy carve-out update and noted there have been many overrides and the Prior Authorization (PA) policy has been temporarily removed. Magellan has been meeting their 24-hour turnaround time and the call center has about a 15-minute wait, wait times are improving. There is a concern when the overrides return and how this will impact Magellan. Health plans are working with the Department of Health Care Services (DHCS) and Magellan and providing feedback. A provider noted things have improved and having the PA waiver has helped and the partnership with the Alliance Pharmacy team has been invaluable. Another provider noted she thought there would be a 6-month grace period before there was a need to submit PAs, and she was not prepared. Navneet noted it is the understanding if the member has a claim in last 180 days, the claim would be approved but there is a caveat in DHCS' formulary regarding billing and manufacturers and this resulted in issues. There was a requirement for PA specific manufacturers or NDC codes for approval. There will be prior authorization relief until April and DHCS will reassess the situation at that time.

Provider noted that ICD 10 codes for Alliance members are now needed for prescriptions upon discharge from the emergency department (ED). **Action:** Navneet will discuss this issue further with DHCS.

- B. COVID-19 Vaccine Incentive Program Update

Hilary Gillette-Walch shared DHCS metric data for the vaccine incentive program for January 2022, August, and October 2021 for population 12 years and

older. Ages 5-11 years was recently added, and metrics are for those with one vaccine dose. The two lowest vaccinated populations identified were American Indian and African American, and these populations showed improvement as of January 2022. The target for the Alliance for those 5+ years and older is 76.2% and as of January the Alliance had reached overall 52%. There will be another measurement on March 2 and that will wrap-up the DHCS program. It was noted, homebound members were targeted early on during the vaccine incentive program. A provider inquired about getting homebound members vaccinated. It was noted that the Alliance's case management team can assist, and information is also available on the My Turn website to connect members with services.

Deborah Pineda noted that the COVID-19 Member Incentive Program began on September 1, 2021 and ended on February 28, 2022. The program was created to promote vaccinations for Alliance members ages 5 years and older in receiving their first or second dose of the COVID-19 vaccine. Members were provided a \$50 Target gift card for receiving the vaccine. Over 60,000+ Alliance members ages 5 years and older received incentives and over 70% of gift cards have been claimed. The Alliance contracted with the vendor, Customer Motivators to mail out gift cards to eligible members. Alliance members were able to redeem their gift cards in three ways via phone, online, and mail. The Alliance percent rate of claimed gift cards is 5 points higher than any other health plan the vendor has worked with in California. Member feedback has been positive, and members have shared information with others. The Alliance continues to follow-up with members if a gift card mailing is not received. Members are also able to receive incentives at point-of-service and the Alliance's Your Health Matters team has led these initiatives. The Alliance has also partnered with Homeless Persons Health Project for point-of-service member incentives, which began on February 1, 2022. The goal is to reach members with the lowest vaccination rates and hardest to reach populations.

The Alliance is continuing to meet local needs and will implement an Alliance COVID-19 vaccine member incentive for members 12 years and older for a COVID-19 booster vaccine from March 1 – May 31, 2022. Members will receive a \$50 Target gift card. The Alliance will continue to offer these member incentives through the point-of-service efforts and Customer Motivators (mailing). It was noted, the Alliance continues to work with community-based organizations and public health departments. Provider noted he will touch base with Ronita regarding work with community-based organizations in Merced County. Providers can also contact their Provider Services Representative if you have questions.

The Provider Vaccine Incentive program began on February 1 and the Alliance is working to increase visibility with providers. There were some individuals out in the field that were uninsured, so providing incentives at the clinics made more sense. The Alliance is developing a letter of agreement to allow other providers and community organizations to participate in the program.

Provider incentive rates are still being developed, and providers are encouraged to return their provider amendment. It was suggested that getting homeless individuals enrolled in Medi-Cal and vaccinated is important work.

The Alliance will be exploring additional incentives for 2022. The Group suggested member incentives for participation in diabetes education, healthy eating, and or cooking programs and for initial appointment visits. Deborah shared information about the Alliance Healthier Living Program (HLP) workshops. The Alliance's HLP is an evidence-based self-management program originally developed at Stanford University. It is designed to help Alliance members diagnosed with chronic conditions gain self-confidence in their ability to control their symptoms and understand how their health problems affect their lives. It's six (6) weekly workshops for members with chronic conditions and members receive incentives for participating. Due to COVID-19, the workshops are held telephonically and virtually. We will soon start transiting back to in-person workshops. **Action:** Deborah will share an informational workshop flyer with the Group.

4. **New Business**

A. Strategic Plan 2022 - 2026

Dr. Bishop provided an overview of the Strategic Plan. The Strategic Plan helps the Alliance successfully navigate external challenges and opportunities such as pandemic response and recovery, constrained delivery system capacity and CalAIM transformation to maximize health. The Strategic Plan establishes a high-level plan to achieve priorities under conditions of uncertainty, provides a roadmap for future initiatives, provides staff, Board and the community with a common focus and perspective to achieve results. The Physician Advisory Group's input has been an important part of developing the Strategic Plan.

There were two priorities established: Health Equity and Person-Centered Delivery System Transformation. Health Equity will focus to address health inequities, the health care system will need to shift practices and policies that have traditionally benefitted some groups of people and left others out. The Health Equity goals will eliminate health disparities and achieve optimal health outcomes for children and youth and increase member access to culturally and linguistically appropriate health care. Person Centered Delivery System Transformation will focus to create a system that yields member health through shared decision making and action, rather than a system that simply delivers health care services. The Person Centered Delivery System goals will improve behavioral health services and systems to be person-centered and equitable and improve the system of care for members with complex medical and social needs. The initial steps to advance goals in 2022 include:

- Understand opportunities to resolve root cause disparities in pediatric health.

- Enhance member engagement to gain insights aimed at improving programs, policies, and practices.
- Understand gaps and opportunities to improve the behavioral health system.
- Improve the model of care for members experiencing homelessness, serious mental illness/substance use disorder and/or who are high utilizers.

B. Care Based Incentives (CBI) 2022

Dr. Bishop noted planning for CBI begins a year and half in advance and the current plan was developed in 2020 at the beginning of the pandemic. There were issues achieving the Quality of Care benchmarks due to the pandemic and adjustments of downward payment of CBI. Measurement payment adjustments for scores less than 50th percentile were excused for 2021 as the pandemic was making it impossible to achieve benchmarks. In 2022, there will be no elimination of adjustments since 2020 NCQA has dropped the requirements substantially and this has been captured in the Quality of Care measures.

Care Based Incentive 2022 benchmark changes for Quality of Care measures were shared with the Group. PAG members agreed that comparing 2022 to 2020 benchmarks should not present any additional challenges in achieving the measurements. If there are unforeseen challenges that effect the ability to achieve these benchmarks, they may be presented to the Board for further consideration.

C. Care Based Incentives 2023

Dr. Diallo reviewed the proposed changes for 2023 for Care Coordination Measures,

Care Coordination - Hospital and Outpatient Measures

- Ambulatory Care Sensitive Admissions
- Plan All-Cause Readmissions
- Preventable Emergency Visits

Care Coordination – Access Measures

- Application of Dental Fluoride Varnish
- Developmental Screening in the First 3 Years
- Initial Health Assessment
- Post-Discharge Care

Change Recommendation:

- Retire Unhealthy Alcohol Use in Adolescents and Adults
- Add Adverse Childhood Experiences (ACE) Screening in Children and Adolescents

The Alliance has not seen an impact with the Unhealthy Alcohol Use measure in addition to much impact to the recent change to add the adolescent population to the measure. If this measure is retired, it will open three points to be disbursed. The ACE screening would be changed from an exploratory to a paid

measure, and ACE screening numbers are low in Alliance service areas. A provider noted that ACE training would be important and could also be a barrier. Incentivizing providers for the ACE training would be helpful. Provider noted he set a 90-day limit to complete training and that it was part of the orientation to the provider group. **Action:** The Alliance will consider adding fee-for-service payment for the ACE training. Provider suggested addition of other SUD screening for clinics in place of the alcohol measure.

Provider inquired about post discharge measure. It was noted the post discharge care measure requires a primary care provider visit within 14 days of ED discharge (patient must be formally admitted).

Proposed changes for 2023 Quality of Care Measures include:

- Addition of Screening for Depression and follow-up plan.
- Addition of Lead Screening in Children.
- Retirement of Asthma Medication Ratio.

DHCS will retire the BMI measure from managed care measure, but this will remain a CBI measure. Provider noted that there is a state recall on the lead screening machine, and this is problematic. Dr. Bishop suggested this measure remain an exploratory measure for another year.

The Group discussed the Depression and Follow-up plan considerations.

- Current CMS measure uses Medi-Cal benefit codes.
- Two possible age stratifications: 12-17 or 18 and older.
- MCAS 2023 changes CMS measure to NCQA measures using LOINC codes:
 - Postpartum Depression Screening and Follow Up
 - Prenatal Depression Screening and Follow Up
 - Depression Remission or Response for Adolescents and Adults
 - Depression Screening and Follow-Up for Adolescents and Adults

Currently the Alliance has Medi-Cal billing codes. Provider noted given this would be cumbersome for providers, it would be essential to discuss with DHCS behavioral health as the goal is an integrated approach. Consulting as part of a team would be important in moving forward with this measure. **Action:** The Alliance will consult with DHCS regarding this measure.

Dr. Diallo reviewed the proposed Health Plan Disparity Measure:

- This is a health plan performance measure, using the Child and Adolescent Well-Care Visit measure to determine whether different ethnic groups had or did not have equal access to primary care.
- Offer payment for 50% gap closure for racial/ethnic subpopulations to the NCQA 50% percentile.
- Consider future payment for PCP proposal of plan to address disparities.

In the recent 2020 Population Needs Assessment (PNA), the report findings showed that there are disparities between ethnic groups for some HEDIS measures among our member populations. Caucasians have lower rates than Hispanics and Blacks for Prenatal Care. Blacks have lower rates than Hispanics and Caucasians for several measures, including Asthma Medication Ratio, Well-Child Visits in the first 15 Months, Well-Child Visits at 3-6 years, and Diabetes A1c Screening.

The goal of the measure is to bring each ethnic group to the 50th percentile and close gaps within populations. The Alliance is considering what is the highest-level percentile we would like to achieve, and whether to consider commercial plan or MCAS levels. There would be a gap closure payment and possible project-based payment in 2024. The Alliance will be developing this measure further and looking at initial well visits.

6. **Open Discussion**

Chairperson Bishop opened the floor for the Group to have an open discussion.

No further discussion.

The meeting adjourned at 1:30 p.m.

Respectfully submitted,

Ms. Tracy Neves
Clerk of the Advisory Group

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



Care-Based Incentive 2023

Dianna Diallo, MD
Medical Director
Physicians Advisory Group
June 2, 2022



CBI 2023

AGENDA

1. CBI 2023 Summary of Changes
2. Disparity Metric
3. CBI 2023 Workshop
4. Population Health Reports

CBI 2023 SUMMARY OF CHANGES

- Board approved the following changes:
 - Programmatic Measures
 - **Add:** Adverse Childhood Experiences (ACEs) Screening in Children and Adolescents, and Health Plan Health Disparity Metric
 - **Retire:** Unhealthy Alcohol Use in Adolescents and Adults, and Asthma Medication Ratio
 - Fee-For Service Measures
 - **Add:** \$200 FFS measure for completion of the ACEs training and attestation
 - Exploratory Measures
 - **Add:** Colorectal Cancer Screening
 - **Retire:** 90-Day Referral Completion, and Latent Tuberculosis Infection (LTBI) Screening



HEALTH PLAN DISPARITY MEASURE

Measure Description

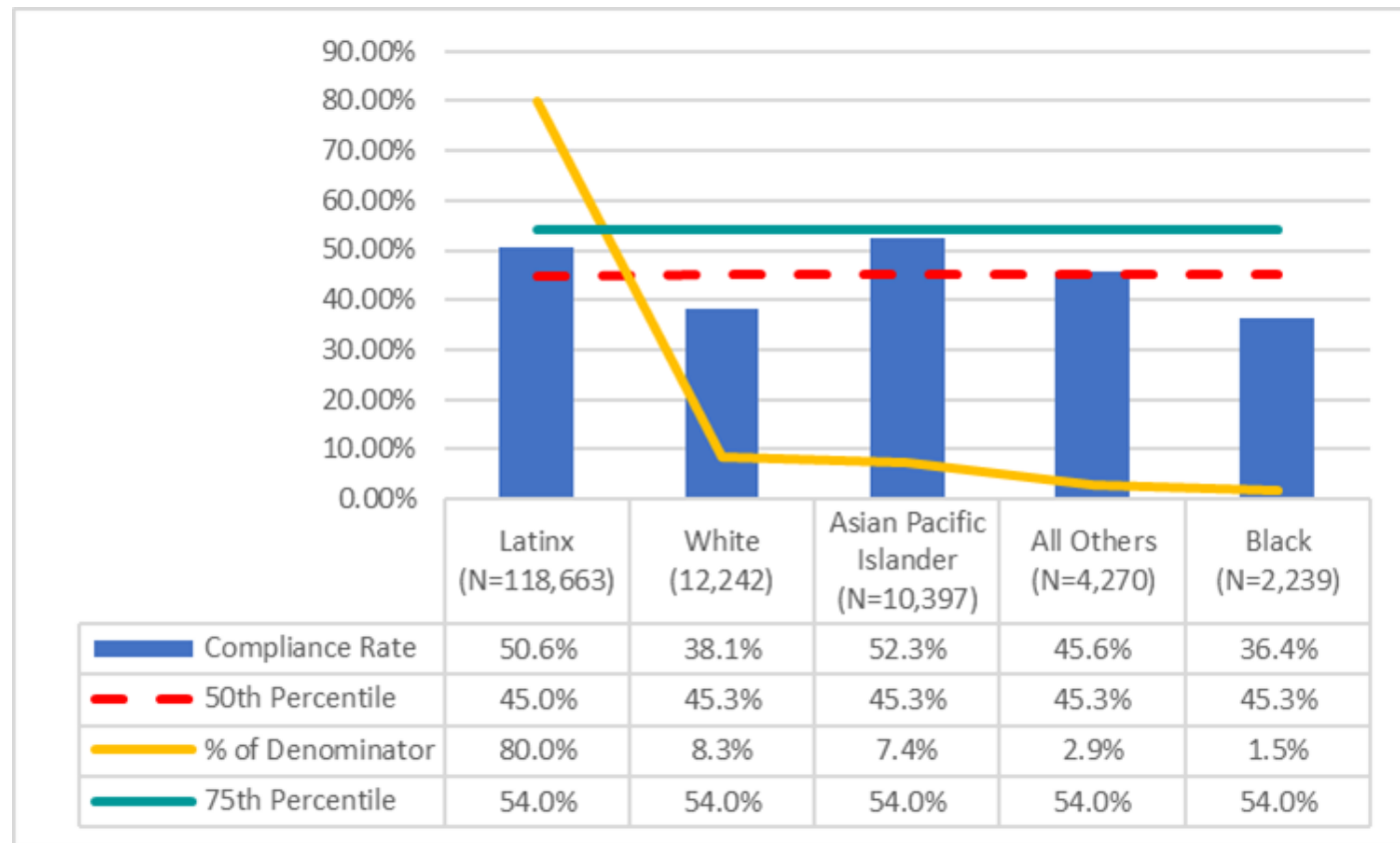
- This is a health plan wide performance measure, using the Child and Adolescent Well-Care Visit measure to determine whether different ethnic groups had accessed primary care.

Recommendation

- Plan-wide provider payment for meeting targets of 50% gap closure for racial/ethnic subpopulations bringing performance up to the 50th and 75th NCQA Medicaid percentile thresholds.



WELL-CHILD VISITS BY ETHNICITY (ALL COUNTIES)

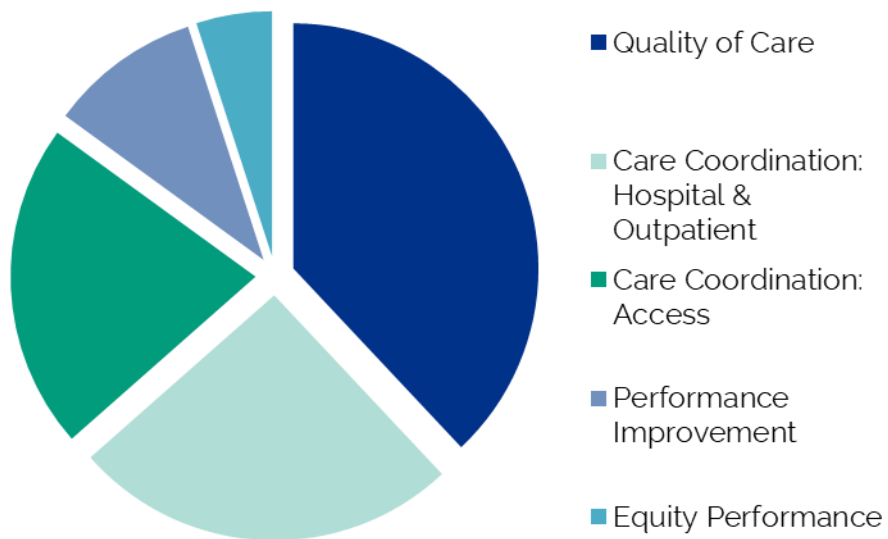


BASELINE AND TARGETS FOR GAP CLOSURE

RACE/ETHNICITY	2021 Rate	Gap between rate and 50 th Percentile	Target for 50% Closure to 50 th Percentile (45.3%)	Target for 50% Closure to 75 th Percentile (53.83%)
All Others (N=4,270)	45.6%	None		49.69%
Asian Pacific Islander (N=10,397)	52.3%	None		53.06%
Black (N=2,239)	36.4%	8.9%	40.9%	
Latinx (N=118,663)	50.6%	None		52.20%
White (12,242)	38.1%	7.2%	41.7%	

FAMILY PRACTICE POINT DISTRIBUTION 2023

Point Distribution



Relative importance of measures in CBI



CBI 2023 WORKSHOP

- Are there topics of interest or activities that you'd like discussed?
- Proposed discussion:
 - Population health
 - Payment adjustments
 - Activities for peer discussion of challenges, barriers, and opportunities for care.
 - Communicating effectively with members



POPULATION HEALTH PORTAL REPORT

- Goal is to create a consolidated gaps in care report.
- For report design, what would be most beneficial to your clinics?
 - Are there:
 - Specific measures you'd like grouped?
 - Enhancements you'd like to see?
 - What do you find most challenging?
 - What do you like most about current reports?



PROVIDER PORTAL QUALITY REPORTS

- Adult Immunizations
- Asthma Medication Ratio
- Body Mass Index Assessment: Children and Adolescents
- Breast Cancer Screenings
- Cervical Cancer Screenings
- Child and Adolescent Well-Care Visits (3-21 years)
- Childhood Immunizations (Combo 10)
- Chlamydia and Gonorrhea Screenings
- COVID-19 Immunizations
- Diabetes Care
- Immunizations for Adolescents
- Lead Screening in Children
- Prenatal Immunizations
- Well Child Visits (0-15 Months)



PROVIDER PORTAL LINKED MEMBER REPORTS

- Linked Member Roster
- Newly Linked Members and 120 IHA
- Linked Member Inpatient Admissions
- Linked Member ED Visits
- Linked Member High ED Utilizers



End





Preliminary Review of Managed Care Accountability Sets (MCAS) for Measurement Year 2021

Hilary Gillette-Walch, RN, MPH

Quality and Population Health Manager

Physicians Advisory Group

June 2, 2022













Preliminary Review of MCAS Performance for MY2021










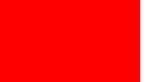
OBJECTIVES

OBJECTIVES:

1. Review of Preliminary MCAS Rates for MY2021
2. Discuss impacts of the Pandemic
3. Next Steps

(MCAS) for Measurement Year 2021: Maternal Child Health Measures

Measure Name	MPL (50 th) / HPL ** (90 th)	2020-2021 Trend	MPL (50 th) / HPL (90 th)	2020-2021 Trend
	Santa Cruz /Monterey		Merced	
Prenatal Care		↔		↔
Postpartum Visit		↑		↔
Well-Child Visits in the First 15 Months (6+ Visits)		↑		↔
Well-Child Visits for Age 15 Months to 30 Months (2+ Visits)		↓		↓
Child and Adolescent Well-Care Visits (3-21 yrs.)		↑		↔

Measure Name	MPL (50 th) / HPL (90 th)	2020-2021 Trend	MPL (50 th) / HPL (90 th)	2020-2021 Trend
	Santa Cruz /Monterey		Merced	
Weight Assessment and Counseling: <i>BMI Assessment</i>		↑		↔
Weight Assessment and Counseling: <i>Nutrition</i>		↑		↔
Weight Assessment and Counseling: <i>Physical Activity</i>		↑		↓
Childhood Immunization Status		↔		↔
Immunization for Adolescents		↔		↔

*MPL=Minimum Performance Level (Below the 50th percentile of National Medicaid HMO Plans)

**HPL= High Performance Level (Above the 90th percentile of National Medicaid HMO Plans)

Legend:  = Exceeds HPL,  = between MPL and HPL,  = Below the MPL ,
Note: >5% point change indicates a trend

(MCAS) for Measurement Year 2021: Preventive Health And Chronic Condition Measures

Measure	MPL* (50 th) / HPL** (90 th)	2020- 2021 Trend	MPL (50 th) /HPL (90 th)	2020- 2021 Trend
	Santa Cruz /Monterey		Merced	
Breast Cancer Screening		↔		↔
Cervical Cancer Screening		↔		↔
Chlamydia Screening in Women		↑		↔

Measure	MPL (50 th) / HPL (90 th)	2020- 2021 Trend	MPL (50 th) /HPL (90 th)	2020- 2021 Trend
	Santa Cruz /Monterey		Merced	
Comprehensive Diabetes Care— Hemoglobin A1c (HbA1c) Poor Control >9%†		↓		↔
Controlling High Blood Pressure		↔		↑

*MPL=Minimum Performance Level (Below the 50th percentile of National Medicaid HMO Plans)
 **HPL= High Performance Level (Above the 90th percentile of National Medicaid HMO Plans)

†Diabetic HbA1c Poor Control(>9%) is a reverse measure, improved performance is a decreasing rate.

Legend: ■ = Exceeds HPL, ■ = between MPL and HPL, ■ = Below the MPL ,
 N/A= not available (not measured in 2020). >5% point change indicates a trend

Additional MCAS Measures – Not Held to MPL

- Antidepressant Medication Management
- **Asthma Medication Ratio**
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
- Metabolic Monitoring for Children and Adolescents on Antipsychotics
- Ambulatory Care—Emergency Department (ED) Visits
- Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
- Contraceptive Care—All Women
- Contraceptive Care—Postpartum Women
- **Developmental Screening in the First Three Years of Life**
- Concurrent Use of Opioids and Benzodiazepines
- Use of Opioids at High Dosage in Persons Without Cancer
- **Screening for Depression and Follow-Up Plan**
- **Plan All-Cause Readmissions**
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence
- Follow-Up After Emergency Department Visit for Mental Illness

Bolded text indicates measures that are in the CBI 2022 Program.

SUMMARY OF MCAS 2021 RESULTS

- Improved performance observed for Santa Cruz-Monterey in the following measures:
 - **Hemoglobin A1c (HbA1c) Poor Control >9% (HPL)**
 - Chlamydia screening in women,
 - **Weight Assessment and Counseling (all three indicators, BMI, Nutrition and Physical Activity Counseling) (HPL)**
 - Child and Adolescent Well-Care Visits
 - Well-Child Visits in the First 15 Months (6+ Visits)
 - **Postpartum Visit (HPL)**
- Improved performance in Merced County was demonstrated in:
 - Controlling blood pressure
 - **Postpartum Visit (HPL)**



SUMMARY OF MCAS 2021 RESULTS

- Declining performance (>5% change) was observed in both Santa Cruz-Monterey and Merced for Well-Child Visits for Age 15 Months to 30 Months (2+ Visits).
 - Merced also had a drop in the rate of children Weight Assessment and Counseling: Physical Activity
- Decreased access to primary care continued into 2021, while the pandemic had ongoing impact on primary care operations resulting in decreased well child care and immunization services.
 - Santa Cruz-Monterey counties lost some ground in timely access to prenatal care, dropping below HPL
 - Immunization rates remained unchanged from 2020, below pre-pandemic levels
- Operations were effective, completed chart review of 3,500+ medical records
 - Passed both virtual and medical record audits by External Review Organization (Health Services Advisory Group)



Questions?





Enhanced Care Management (ECM) Populations of Focus

Jessica Hampton
Enhanced Care Management Manager
Physicians Advisory Group
June 2, 2022

ECM Populations of Focus

Phase I - Jan. 2022

- Individuals and Families Experiencing Homelessness
- High Utilizer Adults
- Adults who have SMI/SUD conditions

Phase II - Jan. 2023

- Adults & Children/Youth Transitioning from Incarceration
- Eligible for LTC and at risk for Institutionalization
- Nursing Facility Residents who want to transition back to community

Phase III - July 2023

- Children and Youth who are high utilizers, SED, California Children's Services members with additional needs beyond physical needs, child welfare





Behavioral Health Developments

Dale Bishop, MD and Jennifer Mockus, RN

Physicians Advisory Group

June 2, 2022

DHCS VISION and TACTICS

Vision: Transform the Behavioral Health System in Medi-Cal

2022 - 2023 Tactics:

1. Psych Collaborative Care - integrated behavioral health services are billed through the primary care provider, using the new collaborative care codes.
2. No Wrong Door - provides for case management and concurrent coverage across spectrum mild-moderate-severe mental health.
3. Dyadic Care - serving children and their parents together rather than on their own (CHW).
4. Student Behavioral Health - incentive payments paid through Medi-Cal managed care plans to build infrastructure, partnerships, and capacity for school behavioral health services.





Community Health Worker Benefit

Dale Bishop, MD
Physicians Advisory Group
June 2, 2022

OVERVIEW

- DHCS adding Community Health Worker (CHW) services effective July 1, 2022.
- CHW services are provided as preventive services and must be recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law.
- CHWs must be supervised by a community-based organization, local health jurisdiction, licensed provider, clinic, or hospital.
- Address issues that include but are not limited to:
 - control and prevention of chronic conditions or infectious diseases;
 - mental health conditions and substance use disorders;
 - 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
- Assist with creating care plans as a cultural liaison or assisting a licensed health care provider as part of a health care team
- Screening and assessment that does not require a license.
- Outreach and resource coordination.
- Provide individual support or advocacy that assists a beneficiary in preventing a health condition, injury, or violence.



QUALIFICATIONS

- CHWs must have experience that aligns with and provides a connection between the CHW and the community being served.
- CHWs must demonstrate minimum qualifications through one of the following pathways:
 - Certificate Pathway
 - Work Experience Pathway
 - Violence Prevention-Only Pathway



Physicians Advisory Group Meeting Calendar 2022



Thursday, March 3	12:00 - 1:30 PM
Thursday, June 2	12:00 - 1:30 PM
Thursday, September 1	12:00 - 1:30 PM
Thursday, December 1	12:00 - 1:30 PM

