CenCal HEALTH®
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40th ANNIVERSARY
1983 - 2023

CenCal Health Board of Directors Meeting Packet

January 18, 2023
6:00 pm

Santa Maria Inn
801 South Broadway
Santa Maria
Santa Maria Room

Notice of Regular Meeting
CenCal Health Board of Directors

January 18, 2023 at 6:00 p.m.
Santa Maria Inn
801 South Broadway, Santa Maria
Santa Maria Room

Members of the public will be allowed to provide public comment in real time during the public comment portion of the Board meeting (Item 1 below) or you may do so by emailing comments before 10:00 am, January 16, 2023 to the Clerk of the Board at pbottiani@cencalhealth.org with "Public Comment" in the subject line. Comments received will be read during the meeting.

If you require any special disability-related accommodations, please contact the CenCal Health Board Clerk's Office at (805) 562-1020 or via email at pbottiani@cencalhealth.org at least twenty-four (24) hours prior to the scheduled board meeting to request disability related accommodations.

Agenda

Action/Information

1. Public Comment
2. **Consent Agenda** (*Action to accept reports*) (*Dr. Bravo*) Action
   - 2.1 Approve Minutes of October 19, 2022 Board Meeting (pg. 3)
   - 2.2 Approve Minutes of November 7, 2022 Nominating Committee Meeting (pg. 10)
   - 2.3 2023 In-Person Meeting Covid-19 Protocols (pg. 13)
   - 2.4 Administrative Reports
     - 2.4.1 Executive Summary (pg. 14)
     - 2.4.2 Quality Report (pg. 16)
     - 2.4.3 Performance Report and 2023 Operating Plan(pg. 18)
     - 2.4.4 Health Services Report (pg. 22)
     - 2.4.5 Customer Experience Report (pg. 25)
     - 2.4.6 Government Affairs and Administrative Report (pg. 34)
     - 2.4.7 Communications Report (pg. 41)
     - 2.4.8 Information Technology Report (pg. 56)
   - 2.5 Program Reports
     - 2.5.1 Compliance Assessment, 2023 Work Plan and Committee Charter (pg. 57)
     - 2.5.2 Population Health Management Report (pg. 66)
     - 2.5.3 CalAIM Steering Committee Report (pg.69)
   - 2.6 Committee Reports
     - 2.6.1 Community Advisory Board (CAB) Meeting Minutes of July 14, 2022 (pg. 76)
     - 2.6.2 Family Advisory Committee (FAC) Memo and Minutes of August 18, 2022(pg. 84)
     - 2.6.3 Provider Advisory Board (PAB) Meeting Minutes of October 10, 2022 (pg. 91)

Action/Information

3. **Regular Agenda**
   1. Consider Approving Nominating Committee Recommendations for 2023 Board Officers and participation on Committees or Advisory Boards (*Dr. Bravo*) (pg. 95) — Action
   2. Consider Approving 2023 Board Meeting Schedule (*Ms. Owen) (pg. 97)* — Action
   3. Report from Chief Executive Officer (*Ms. Owen*) — Information
   4. Consider Accepting the Quality Improvement Committee (QIC) Report *(Dr. Fonda and Mr. Hernandez)* (pg. 99) — Action
   5. Consider Approving Dual Special Needs Program (D-SNP) Consulting Vendor Agreement *(Mr. Ambrose and Ms. Turetsky)* (pg.140) — Action
   6. Report from the Chief Financial Officer *(Mr. Ambrose)* (pg. 153) — Action

      6.1 Consider Accepting Financial Statements ending Dec. 31, 2022 (pg.159) — Action
      6.2 Consider Approving 2023 CenCal Health Budget (pg. 176) — Action
   7. Items for Immediate Action — Action

Items for which the need to take immediate action arose subsequent to the posting of the agenda (requires determination of this fact by vote of two-thirds of the Directors present or, if fewer than nine Directors are present, unanimous vote)

4. **Closed Session**
   Potential Litigation CONFERENCE WITH LEGAL COUNSEL: PURSUANT TO CALIFORNIA GOVERNMENT CODE SECTION 54956.9

Note: The meeting room is accessible to the handicapped. Additional information can be found at the CenCal Health website: www.cencalhealth.org

DRAFT

MINUTES
CenCal Health
BOARD OF DIRECTORS REGULAR MEETING
October 19, 2022

The regular meeting of the Board of Directors of CenCal Health was called to order by Mark Lisa, Vice Chair, on October 19, 2022, at 6:04 PM at CenCal Health, Santa Barbara, CA.

MEMBERS PRESENT: Daniel Herlinger, Daniel Nielson, Edward "Ned" Bentley, MD, Lynda Tanner, Mark Lisa, Mohammad Zafar Iqbal, Ph.D., Nicolas Drews, Supervisor Debbie Arnold Supervisor Joan Hartmann, and Sue Andersen

MEMBERS ABSENT: Daniel Nielson, Supervisor Debbie Arnold, Lynda Tanner, and René Bravo, M.D.

STAFF PRESENT: Amanda Flaum, Andrew Hansen, Bill Cioffi, Carlos Hernandez, Chris Morris, David Ambrose, Dina Miranda, Jai Raisinghani, Jeffrey Januska, Karen Kim, Krisza Vitocruz, Marina Owen, Michael Harris, Nicole Wilson, Tommy Curran, Van Do-Reynoso, and Paula M. Bottiani (Clerk)

GUESTS PRESENT: Patrice Iqbal (Dr. Iqbal's spouse); Kieran Shah, (CEO-VNA Health and prospective board member), Sara Macdonald, (prospective board member), John Britton and Rose Schmoller (Bartlett, Pringle & Wolf-Auditors)

1. Public Comment: There was no public comment.
2. **Mr. Lisa** adjourned the open session at 6:05 pm and opened the closed session at 6:06 pm.

   Closed Session
   Pending Litigation CONFERENCE WITH LEGAL COUNSEL: PURSUANT TO CALIFORNIA GOVERNMENT CODE SECTION 54956.9

   Mr. Lisa adjourned the closed session 6:32 pm and opened the open session at 6:35 pm.

   Report from the Closed Session:

   Mr. Lisa reported: After discussion in closed session, the board directed staff to act on legal counsel's recommendation.

3. **Consent Agenda** (*Action to accept reports*)
   - 3.1 Approve Minutes of September 21, 2022, Regular Meeting
   - 3.2 2022 In-Person Meeting Covid-19 Protocols
   - 3.3 Administrative Reports
     - 3.3.1 Executive Summary
     - 3.3.2 Government Affairs and Administrative Report
     - 3.3.3 Quality Report
     - 3.3.4 Health Services Report
     - 3.3.5 Customer Experience Report
     - 3.3.6 Performance Report
     - 3.3.7 Compliance Report
     - 3.3.8 Information Technology Report
     - 3.3.9 Communications Report
   - 3.4 Program Reports
     - 3.4.1 CalAIM Implementation Report
   - 3.5 Committee Reports
     - 3.5.1 Appointment to Provider Advisory Board (PAB) and Meeting Minutes of April 11, 2022

<u>ACTION</u>: On motion of Supervisor Hartmann the Board Accepted the Consent Agenda Reports with no objection.

Regular Agenda

Executive Report
Ms. Owen reported:

- Welcomed everyone to the first in-person meeting of the board at the CenCal Health Santa Barbara Office since 2019.
- Introduced our guests, John Britton and Rose Schmoller of Bartlett, Pringle, and Wolf (independent auditors), and Sara Macdonald (potential board member). Sara will be recommended to our Nominating Committee to serve as our SB County Medi-Cal representative.
- Highlighted items on the regular agenda: Vision Statement, Financial Audit, Performance Dashboard Update, and Medicare D-SNP Program Report.
- Highlighted that today is 3rd day of our Department of Healthcare Services (DHCS) audit. Staff has been very busy with providing DHCS with comprehensive materials as requested; along with answering questions via virtual meetings. We have received positive comments thus far for behavioral health and quality measures, in addition to positive feedback from our behavioral health providers.
- Attended the California Association of Health Plans (CAHP) Conference and the Local Health Plans of California (LHPC) Board of Directors meeting this week. Ms. Owen has been elected as Vice Chair of the LHPC Board for a two-year term.
- Shared that Dr. Steven Barkley will be retiring at the end of this year from Cottage Hospital. He was instrumental in the Whole Child Model program implementation and growth. CenCal Health staff will deliver a recognition plaque to Dr. Barkley for his service.

Adopt CenCal Health Vision Statement
Ms. Owen provided an overview of the new CenCal Health Vision Statement.

<u>ACTION</u>: On motion of Dr. Iqbal and seconded by Mr. Drews, the Board Adopted the CenCal Health Vision Statement without opposition.

Discussion:
Mr. Lisa stated that advocacy will be crucial in the coming years; especially with outside entities wanting to come into our service areas and work against all the work we are doing. Mr. Lisa said that many organizations have vision and mission statements that just sit on the shelf, but he believes that Marina and her team will be able to implement and follow this vision statement and keep it a viable purpose moving forward.

Review and Accept Independent Financial Audit Report

Mr. Britton gave a detailed PowerPoint presentation of the audited financial statements.

Highlights of this presentation were:

- General Information
- Comments
- Reporting and Compliance
- Significant Estimates
- Financial Statements/Review of the Numbers
- New and Future Standards
- Recommendations for Internal Controls

Discussion:
Mr. Lisa asked if we have a controller on staff.
Mr. Ambrose stated we have a Director of Finance. He further explained in more detail, internal control improvements and the use of audits for improving internal processes. Mr. Ambrose thanked Mr. Britton and Ms. Schmoller for their assistance in identifying areas in which CenCal Health staff may improve the quality of our reports and processes. In the past nine years, the plan has appreciated an audit record with only minor errors that did not meet the material threshold for an audit adjustment. This year there were several areas that did meet this threshold and therefore were adjusted. This being the case, the department investigated the root causes for these errors and have put action plans in place.
Professor Iqbal asked if the oversight team is giving feedback to line staff to correct any mistakes.
Mr. Ambrose stated that there will be increased training for staff.
Mr. Lisa commended staff for taking the attitude of recognizing areas for improvement and making the necessary adjustments to mitigate errors in the future. He thanked **Mr. Britton** for a thorough presentation and clarifications.

<u>ACTION</u>: On motion of Ms. Andersen and seconded by Mr. Drews, the Board Accepted the Independent Financial Audit Report with no objection.

Report from Chief Financial Officer/Treasurer

Mr. Ambrose gave a detailed Power Point presentation of the financial position of the agency to date.

Review and Accept Financial Statements

Financial Highlights (fiscal year-to-date: July - September)

- Operation Gain (Loss): Through three (3) months of the fiscal year we are reporting an operating gain of $8.0 million.
- Capitation Revenue is at $273.4 million; over budget by $2.0 million and 0.7%.
- Medical Expenses are at $230.7 million; under budget by $3.6 million and 1.5%.
- Administrative Expenses are at $15.0 million; under budget by $2.4 million and 14.0%.
- MCO Tax Expense is at $20.1 million, essentially at budget.
- Tangible Net Equity (TNE) is at $203.3 million, representing 553% of the minimum regulatory requirement and 84% of the minimum Board of Directors desired TNE target.
- Total Cash and Short-Term Investments are at $291.2 million. Cash and Short-Term Investments available for operating the health plan is at $166.6 million, representing 65 Days Cash on Hand.
- Member Enrollment is at 222,683 for the month of September 2022

Discussion:

Professor Iqbal asked for clarification of Assets on the Balance Sheet; primarily the difference between Santa Barbara and San Luis Obispo Santa Barbara counties. Why is Santa Barbara positive and San Luis Obispo negative?
Mr. Ambrose stated that the membership in each county is very different.
Professor Iqbal about the large budget variance in the travel category.
Mr. Ambrose explained that there was no travel during the Covid-19 health emergency when travel was restricted.
Ms. Owen added that most travel is for training purposes and that many courses are now offered on-line.
Professor Iqbal asked why the mental health services and behavioral health expenses were so low?
Mr. Ambrose stated the current budget was based upon our former vendor who provided these services prior to us bringing this in-house.
Ms. Owen shared that the Finance Committee will convene on an ad hoc basis to a regular meeting prior to the board meetings; at a minimum of two times per year. Important financial matters and questions can also be discussed by the Finance committee and then brought before the board in a comprehensive and succinct manner.
Mr. Lisa agreed that the use of the Finance committee in this way would be extremely helpful; especially with the CalAIM initiative and other new programs on the horizon.

Professor Iqbal said he would be pleased to serve on the Finance Committee.

<u>ACTION</u>: On motion of Professor Iqbal and seconded by Dr. Bentley, the Board Approved the Financial Statements for the period ended September 30,2022 with no objection.

Adopt 2023 Investment Policy

Mr. Ambrose gave a detailed Power Point presentation of the 2023 Investment Policy

Background
California Government Code requires the Board of Directors annually adopt an annual Investment Policy for the health plan.

Three (3) Primary Objectives of the Investment Policy:
1. Safety of Principal
2. Liquidity
3. Total Return (earnings)

Investment Policy Guidelines:
- Prohibits Conflicts of Interest
- Investments directly into Equity Securities (i.e. shares of a company stock) require separate approval by the Board of Directors

There are no changes within the current proposed Investment Policy. It is identical to the policy the Board of Directors adopted in October 2021.

<u>ACTION</u>: On motion of Mr. Herlinger and seconded by Professor Iqbal, the Board Adopted the 2023 Investment Policy with no objection.

Report on Dual Special Needs Program (DSNP) Assessment
Mr. Ambrose and Ms. Flaum gave a detailed PowerPoint presentation. The plan has engaged the services of Belong Health consultants to develop and execute this new offering with a "go-Live" date of January 1, 2026. A DSNP plan is no longer optional and is now required by the Department of Healthcare Services (DHCS). The plan will require the assistance of outside consultants to launch this new, complex program.

Recommended Next Steps to continue planning & readiness activities
- **Establish a Strategic Investment Plan cost center** within the forthcoming 2023 budget, which includes known and estimated startup costs, to be funded by Plan reserves (e.g., tangible net equity). Known costs at this time include the following:

    - Staffing: Director Medicare, Senior Business Advisor - Product Line Development, Program Manager
    - Milliman, Actuary consultant
    - Medicare D-SNP planning and implementation consultant partner
    - Information Technology planning

- **Engage Milliman, Actuary consultant, to perform a Plan specific financial feasibility study**, and present at the March 2023 Board of Directors meeting.
- **Create and issue an RFP for a Medicare D-SNP planning and implementation consultant partner**, following the Plan's Procurement Policy (FIN-15). This consultant partner will provide subject matter expertise support to the Plan over the next 3 years and through initial launch.

ACTION: On motion of Ms. Andersen and seconded by Mr. Drews, the Board Approved Next Steps to Continue Planning and Readiness Activities for a Dual Special Needs Program (DSNP) with no objection.

Adopt CalPERS Resolution on 2023 Salary Structure

Ms. Miranda reported:
CenCal Health participates in the state of California's CalPERS retirement program. CalPERS requires all agencies that participle in the CalPERS pension plan to have a salary Structure approved by their board of directors. On an annual basis, CenCal Health's Board Of Directors adopts a resolution adopting the most up to date salary structure prior to the next fiscal and/or budget year.

Staff recommend adopting CBIZ Talent and Compensation Solutions recommendation and salary ranges effective January 1, 2023. Adjusting the salary structure annually will ensure the salary range minimums remain competitive to the market and that salary ranges remain appropriate. Lastly, an annual resolution ensures compliance with CalPERS requirements as a public agency.

Discussion:
Mr. Herlinger asked if the salary survey would be included in the board packet in the future.
Ms. Owen stated yes, as we move into the required full transparency in 2023.
Ms. Andersen asked if we would be moving staff up to the new benchmarked amounts at this time.
Ms. Owen stated that CenCal Health will adopt the CalPERS resolution for the salary structure 2023 and bring forward the approach and cost for salary adjustments in the CY2023 budget.
Dr. Bentley asked for a regional survey rather than a national survey be done in the future.

ACTION: On motion of Mr. Herlinger and seconded by Dr. Bentley, the Board Adopted the CalPERS Resolution on 2023 Salary Structure with no objections.

Report on 2023 Performance Dashboard Development

Mr. Morris gave a detailed PowerPoint presentation of the 2023 Performance Dashboard Development activities.
Objective: Share the development process for CenCal Health's organizational performance measurement system.
Background: The Board unanimously identified "health plan performance" as the most valuable elective Board topic. CenCal Health Performance Model identifies an enterprise

dashboard as a key capability relevant to organizational performance. Staff committed to building an executive level dashboard, to measure what matters, enhance focus on results, and guide improvement over time.
Building the Dashboard: Design the Dashboard around organizational processes provides advantages toward simplifying organizational performance measurement.
Next Steps: Staff will establish a Monthly Huddle Board and begin centrally monitoring operational performance through the Executive and Senior Leadership Teams, by January 2023. Staff will finalize the Executive Level Dashboard prototype for Board consideration in March 2023.

Discussion:
Mr. Lisa asked that staff make the dashboard understandable to all board members.
Mr. Morris supported Mr. Lisa's comment and will finalize the dashboard prototype for Board consideration in March 2023.

Announcements:
Ms. Owen shared that Mr. Ambrose will be retiring within two years' time. She commended him for his fine work within the organization. Ms. Owen shared that Mr. Ambrose will serve as a Sr. Business Advisor of new program development; particularly the development and feasibility of the Medicare D-SNP program. He will work with the executive staff in recruiting for his replacement as CFO.
Mr. Ambrose informed the board that having a two-year transition plan will ensure the financial consistency and viability of the plan. He looks forward his new role in program development.
Mr. Lisa thanked David for his service and commended him for his forward thinking and professionalism in developing a transition plan that takes into consideration his staff, CEO, and the population we serve.

ITEMS FOR WHICH THE NEED TO TAKE ACTION AROSE SUBSEQUENT TO THE POSTING OF THE AGENDA (REQUIRES DETERMINATION OF THIS FACT BY VOTE OF FOUR DIRECTORS OR, IF LESS THAN FOUR DIRECTORS ARE PRESENT, UNANIMOUS VOTE).

As there was no further business to come before the Board, Mr. Lisa adjourned the meeting at 8:35 pm.

Respectfully submitted,
Paula M. Bottiani
Paula Marie Bottiani, Clerk of the Board

MINUTES

Nominating Committee
of the Board of Directors Meeting

November 7, 2022

5:00 pm

MEMBERS PRESENT: Daniel Nielson, René Bravo, MD, Supervisor Debbie Arnold, and Supervisor Joan Hartmann

MEMBERS ABSENT:

STAFF PRESENT: Marina Owen and Paula Michal (Clerk)

GUESTS PRESENT: None

Dr. Bravo called the meeting to order at 5:04 p.m.

1. Public Comment: There was none.

2. Discussion and Recommendations for Annual Appointment of the Board Chair, Vice Chair, Treasurer, Clerk of the Board, Assistant Clerk of the Board, Finance Committee, Nominating Committee, CEO Evaluation and Compensation Committee, Board Development Committee, Board Liaisons to Advisory Boards/Delegated Committees: Community Advisory Board (CAB), Provider Advisory Board (PAB), Quality Improvement Committee (QIC), and Family Advisory Committee (FAC)

Discussion:
Upon discussion of the candidates, the members of the Nominating Committee of the Board

Directors took the following action:

ACTION: ***On motion of Supervisor Arnold seconded by Mr. Nielson and carried unanimously, the Nominating Committee approved the following slate without opposition:***

Board Officers for CY 2023:

Chair:	René Bravo (One year only)
Vice Chair:	Mark Lisa
Treasurer:	David Ambrose
Clerk:	Paula Bottiani
Assistant Clerk:	Nicole Wilson

Members of the Finance Committee for CY 2023:

Sue Andersen (Chair)
Mark Lisa
Dan Herlinger
Kieran Shah

Members to the Nominating Committee for CY 2023:

Supervisor Joan Hartmann
Daniel Nielsen
René Bravo, MD
Supervisor Debbie Arnold

Members to the CEO Evaluation and Compensation Committee for CY 2023:

René Bravo, MD-SLO (Chair)
Dan Herlinger-SB
Mark Lisa-SLO
Sue Andersen-SB

Members to the Board Development Committee for CY 2023:

The Nominating Committee and/or Staff recommends the following appointments to the Board Development Committee for CY 2023:

Daniel Nielson (SB)(Chair)
René Bravo, MD (SLO)
Dan Herlinger (SB)
Nicholas Drews (SLO)

Board Liaisons to Advisory Boards and Delegated Committees for CY 2023:

Community Advisory Board:	Sarah Macdonald
Provider Advisory Board:	Kieran Shah
Quality Improvement Committee:	Ed Bentley, MD
Family Advisory Committee	René Bravo, MD

Roll Call:
Daniel Nielson: Aye
René Bravo: Aye
Supervisor Arnold: Aye
Supervisor Hartmann: Aye

3. Discussion and Recommendations for Appointments by the SB County Board of Supervisors of two Prospective Board Members:

Sara Macdonald (Classification: Medi-Cal Recipient SB County)
Kieran Shah (Classification: Provider Classification-Other SB County)

Discussion:
Upon discussion of the candidates, the members of the Nominating Committee of the Board Directors took the following action:

ACTION: On motion of Supervisor Hartmann seconded by Mr. Nielson and carried unanimously, the Nominating Committee recommends that Sara Macdonald and Kieran Shah be appointed to the CenCal Health Board of Directors for a two-year term, commencing January 1, 2023.

Roll Call:
Daniel Nielson: Aye
René Bravo: Aye
Supervisor Arnold: Aye
Supervisor Hartmann: Aye

4. Items for which the need to take action arose subsequent to the posting of the agenda (requires determination of this fact by vote of three Directors or, if less than three Directors are present, unanimous vote).

As there was no further business, Dr. Bravo adjourned the meeting at 5:14 p.m.

Respectfully submitted,

Paula M. Bottiani

Paula Marie Bottiani, Clerk of the Board

Group Meeting COVID Safety Protocols

CenCal Health is committed to the safety and well-being of our customers, partners, board members and staff and has adopted the following S.A.F.E.R. principles to guide our decision-making as we continue to navigate COVID-19:

- SAFE: We prioritize the safety of our employees, board members, members and providers and align with best practices and guidelines.
- ALIGNED: We prioritize collaboration to support a cohesive organization and strong culture.
- FLEXIBLE: We value work/life balance for employees and embrace a hybrid work model.
- EMPATHETIC: We communicate proactively and empathetically.
- RESPONSIVE: We respond to the needs of our customers and partners as a local health plan committed to our community by retaining a local presence.

As these principles apply to public indoor meetings, the following COVID safety protocols have been modeled off public health guidance and available best practices. Please review these protocols before traveling to/arriving at a CenCal Health meeting, to ensure you have taken safety precautions.

1. **Vaccination** plus a booster is recommended or testing is required.
2. **Testing**[1]. COVID-19 test with a negative result within 48 hours prior to the meeting is recommended, regardless of vaccination status. Pre-entry testing on-site can be arranged as needed.
3. **Self-Screening** for potential COVID-19 symptoms is required the day of the respective meeting.
4. **Illness**. Should you test positive prior to the meeting, please follow updated CDC guidelines for isolation and quarantine and do not attend the meeting.
5. **Face Coverings**[2] are optional at this time and recommended when in close proximity to others. Masks will be available on-site as needed.
6. **Focused Attendance**. Staff attendees will be limited to those with a business need to attend.
7. **Ventilation**[3]. Meeting rooms will be ventilated naturally (windows and doors) when possible.

Attendance at meetings open to the public, pursuant to the Brown Act, is welcomed and precautions will be taken to ensure the safety of members of the public, board members and staff.

CenCal health will continue to assess and adapt protocols based on public health and best practice information to promote the safety and well-being of our customers, board members, partners and staff.

I, hereby, understand, acknowledge, and attest that I have reviewed the Group Meeting COVID Safety Protocols and agree to abide by the principles and COVID safety protocols included herein.

_____ _____

Print Name Date

_____

Signature

[1] California Department of Public Health Safe and SMART Events Playbook, April 1 2022
[2] California Department of Public Health, *Masking and COVID-19 in California*, April 2022
[3] California Department of Public Health, *COVID-19 & Indoor Air Quality Ventilation Tips*, July 2021

CEO Executive Summary

Date: January 18, 2023

To: CenCal Health Board of Directors

From: Marina Owen, Chief Executive Officer

Quality of Care

CenCal Health and its providers achieved the highest quality rating of Local Health Plans of California, as a DHCS-designated Green Tier health plan. Only one other health plan, Kaiser Permanente, earned an equal rating. This was a significant community and CenCal Health accomplishment. The newly introduced rating system is DHCS' enforcement mechanism to increase accountability across Medi-Cal. Significant monetary sanctions and other corrective actions, and public reporting, are foundational elements DHCS implemented in 2022 to assure plans and their providers deliver quality care. The severity of enforcement actions and magnitude of financial sanctions is proportional to the number of performance measurements that fail to meet minimum performance levels, the number of Medi-Cal members impacted, the degree to which a plan fell below each minimum performance level, and the degree of improvement or decline from the previous year. Twenty-two plans were sanctioned for quality performance, which totaled $2,294,000, with fines that ranged from $25,000 to $437,000 per plan.

Additional details can be found in the *Quality Report* provided by Dr. Emily Fonda, MD, MMM, CHCQM Chief Medical Officer, and Carlos Hernandez, Quality Officer.

Expanded Community Supports Services

As your Board is aware, CenCal Health began offering Medically Tailored Meals as a Community Support on July 1, 2022. Recuperative Care services launched under the CalAIM Framework last month and this program provides members with stable housing and care as they transition from an acute hospitalization and current enrollment stands at 25. Effective January 1, 2023, CenCal Health is now offering four (4) new Community Supports; *Housing Transition Navigation*, *Housing Tenancy and Sustaining Services*, *Housing Deposits*, and *Sobering Centers*, and have five (5) new Community Support Providers joining the provider network to support these services, including: People's Self-Help Housing, 5 Cities Homeless Coalition, Good Samaritan among other local organizations.

Additional detail can be found in the *Health Services Report* provided by Chris Hill, RN, MBA, Health Services Officer.

Population Health Management

The statewide initiative to transform Medi-Cal, CalAIM, aims to assure access to a more equitable, coordinated, and person-centered approach to population health. Effective January 2023, the Department of Health Care Services (DHCS) required statewide standardization and implementation of significant Population Health Management operational enhancements. The most significant processes that CenCal Health implemented, in accordance with DHCS requirements, include functionality to administer health risk appraisals for all new members, quantitatively risk score and stratify all members and expand complex case management individual assessments among other enhancements.

Additional details can be found in the *Population Health Management* Report provided by Carlos Hernandez, Quality Officer.

Organizational Development and Human Resources

After significant process improvement and enhanced resourcing in the recruiting function, recruiting performance improved in December 2022 with the onboarding of 11 new team members, doubling the 12-month average of 5.5 new employees onboarded per month, in line with the CY22 Budget. Highlights surrounding key leadership team recruitments include:

- Recruitment for the Chief Financial Officer and Treasurer concluded in December with the selection of Kashina Bishop, CPA, who will be rejoining CenCal Health on February 21, 2023.
- Recruitment for CenCal Health's inaugural Program Development Director concluded in December with the selection of Ed Tran, RN, PHN, MSN, who joined CenCal Health on December 21, 2022.

Additional detail can be found in the *Performance Division Report* provided by Chris Morris, MSOD, Chief Performance Officer.

Quality Report

Date: January 18, 2023

From: Emily Fonda, MD, MMM, CHCQM, Chief Medical Officer

Through: Marina Owen, Chief Executive Officer

Contributors: Carlos Hernandez, Quality Officer

This report provides an overview of recent developments in managed care quality program operations, implications of significance for CenCal Health, and next steps to assure CenCal Health's operational readiness. Two topics are highlighted this month that are of significance to CenCal Health's Quality Program:

DHCS Medi-Cal Managed Care Quality Ratings:

CenCal Health and its providers achieved the highest quality rating of any *Local Health Plan of California,* as a DHCS-designated Green Tier health plan. Only one other health plan, Kaiser Permanente, earned an equal rating. This was a significant community and CenCal Health accomplishment. The newly introduced rating system is DHCS' enforcement mechanism to increase accountability across Medi-Cal. Significant monetary sanctions and other corrective actions, and public reporting, are foundational elements DHCS implemented in 2022 to assure plans and their providers deliver quality care. The severity of enforcement actions and magnitude of financial sanctions is proportional to the number of performance measurements that fail to meet minimum performance levels, the number of Medi-Cal members impacted, the degree to which a plan fell below each minimum performance level, and the degree of improvement or decline from the previous year. Twenty-two plans were sanctioned for quality performance, which totaled $2,294,000, with fines that ranged from $25,000 to $437,000 per plan.

Population Health Management (PHM) Program Readiness:

CalAIM required all Medi-Cal Managed Care plans to implement PHM programs, effective January 2023. The Department of Health Care Services (DHCS), through the PHM Program, required standardization of care management to improve health outcomes and health equity for all members. DHCS required submission of a comprehensive attestation from each plan, to precisely demonstrate the operational capacity and expertise in place to successfully execute timely PHM operations. The attestation thoroughly illustrated CenCal Health's capability to effectively implement its PHM Program. CenCal Health's submission was the work product of subject matter experts representing many of CenCal Health's core operations. CenCal Health received DHCS approval of its PHM attestation in December. A detailed description of

CenCal Health's PHM Program implementation is provided as a separate Population Health Management Report agenda item for your Board.

Next Steps

To assure organizational accountability, updates on the topics above will be reported to your Board when appropriate to highlight progress toward CenCal Health's Quality Program goals and to celebrate related achievements on a quarterly basis.

Recommendation

This Quality Division Report is presented for the CenCal Health Board's acceptance and is an informational item. No action is being requested at this time.

Performance Division Report

Date: January 18, 2023

From: Chris Morris, MSOD, Chief Performance Officer

Contributors: Andrew Hansen, MBA, Operational Excellence Director
Kim Andrade, MS, SPHR, Interim Human Resources Director

Executive Summary

The following report provides updates surrounding the development and execution of Performance Division functions, where applicable, including human resources, organizational development, strategic development, and operational excellence.

Human Resources

Responsive to the 2023 – 2025 CenCal Health Strategic Plan, and 2022 organizational design assessment, the Human Resources Department is in the process of significant evolution towards becoming a *strategic human resources function to meet future requirements*. Accordingly, this report provides information on various Human Resources activities and identifies key initiatives on the horizon for 2023.

Recruitment Progress

After significant process improvement and enhanced resourcing in the recruiting function, recruiting performance improved in December 2022 with the onboarding of 11 new team members, doubling the 12-month average of 5.5 onboards per month. Ongoing process improvement will occur to enhance recruiting throughput in support of organizational resourcing needs. Highlights surrounding key leadership team recruitments include:

- Recruitment for the Chief Financial Officer and Treasurer concluded in December with the selection of Kashina Bishop, CPA, who will be rejoining CenCal Health on February 21, 2023.
- Recruitment for CenCal Health's inaugural Program Development Director concluded in December with the selection of Ed Tran, RN, PHN, MSN, who joined CenCal Health on December 21, 2022.
- Recruitment for the vacant Chief Operating Officer and Human Resources Director roles will commence in Q1 2023.

Compensation Update

The five percent (5%) salary range increase approved by your Board in November 2022 is reflected in the compensation adjustment estimate in the CY23 administrative budget recommendation. Pending Board approval, this compensation adjustment will be applied in a way that promotes market competitiveness and compensation equity among CenCal Health staff.

In preparation for the impact of the new pay transparency law (CA SB1162), Human Resources developed and deployed an on-demand *Compensation Basics* training and will facilitate Q&A sessions during Q1 2023 to equip the leadership team.

Performance Management

In 2022 and responsive to the 2022 Organizational Objective, *prepare for strategic advancement*, staff identified opportunities to integrate annual organizational planning processes to enhance planning and execution across the organization. The primary integration opportunity surrounded aligning planning processes on a calendar year. As a result, staff are in the process of shifting the annual performance review process from fiscal to calendar year, with vision for a new quarterly check-in process to be implemented in Q3 2023 followed by a new annual review process and tools in Q4 2023. This effort is reflected on the *2023 Operating Plan* to highlight its organizational scope and centrality toward "fostering employee growth and inclusion towards a diverse culture."

Organizational Development

CenCal Health views assessment and investment in organizational capacity as a critical predecessor to our ability to effectively execute our strategic plan, achieve the ambitions of CalAIM, and meet and exceed the requirements of the 2024 DHCS Contract. CenCal Health is committed to necessary resource investment to assure full performance and has attested to DHCS, as required.

Accordingly, in CY 2022 CenCal Health adopted an organizational objective to *Enhance Organizational Readiness* and executed multiple tactics responsive to that objective, including a tactic to design an organizational structure aligned with business needs. The result of that effort is an organizational design that aims to equitably distribute functions across the organization, scale resourcing aligned with peers, and prioritize new resources for new requirements of the 2024 DHCS Contract, with highlights including:

1. Increase in organizational functions, including for example: Health Equity, Health Plan Accreditation, Population Health, Enhanced Care Management, Community Supports, Fraud Prevention and Internal Auditing and Monitoring,

Provider Network Development, Program Development, Strategic Planning and Strategy Execution, Process Management and Process Improvement, and Organizational Development.

2. Increase in full-time equivalent (FTE) employees, equating to approximately 99% of the membership-adjusted peer health plan average. Notably, 73% of newly approved FTE were individual contributor positions and 27% were leadership positions, with changes to the leadership structure as follows:

    - Development of a Chief Customer Experience and Chief Health Equity Officer role, to champion customer experience and health equity across the organization through engagement and support of our members, providers, and community partners.
    - The redesign of the Chief Operating Officer as the operational leader, partnering with the Chief Medical Officer, to manage and improve care.
    - The addition of a Chief Performance Officer to support organizational effectiveness through the implementation of Strategic Development, Operational Excellence and Organizational Development capabilities.
    - The creation of an Officer/Deputy level between Executives and Directors to support equitable division of work across the Leadership Team and enhance support for our departmental leaders, resulting in the addition of a Deputy Chief Information Officer, Government Affairs and Administrative Officer, Health Services Officer, Provider Network Officer, and Quality Officer.

Finally, in CY 2023 CenCal Health adopted an annual organizational objective to *Organize for Impact and Effectiveness*, which extends and expands the commitment in CY 2022 into the future.

Strategic Development

Strategy Execution

Annual tactical planning has produced a *2023 Operating Plan* (Attachment A) comprised of *strategic* organizational tactics responsive to our Strategic Priorities and Objectives in 2023, as well as *required* organizational tactics necessary to maintain operations and/or meet external requirements. Staff is currently engaged in achievability assessment to align resource needs and execution timing. The *2023 Operating Plan* currently includes thirty-nine (39) tactics, with select highlights as follows:

- 32 tactics (82%) are responsive to the Strategic Plan and 7 tactics are necessary to maintain the organization
- 9 of 14 (64%) Strategic Plan Objectives have organizational tactical work in 2023
- 25 tactics (64%) are new in 2023 and 14 are carrying over from 2022

The *2023 Operating Plan* will be updated and shared with the Board routinely in 2023 to provide visibility into the progress of execution.

Operational Excellence Update

Organizational Dashboard Development

Key performance metrics have been identified and efforts are on-track towards the production of a Monthly Huddle Board, with reporting anticipated to begin in February 2023 for January 2023 performance. The Monthly Huddle Board will provide staff with an aligned, transparent and single source of truth for significant areas of cross functional metric performance. Additional efforts continue towards the development of a comprehensive Executive Level Dashboard prototype, which is on-track for Board consideration in March 2023. The Executive Level Dashboard will provide staff, the Board and external stakeholders with consolidated visibility into all primary areas of organizational performance.

2022 Operating Plan Update

The Enterprise Project Management Office (EPMO) will begin overseeing the entirety of the *2023 Operating Plan* in Q1 2023. Currently, the EPMO provides project management support or oversight for 13 of the 23 active tactics on the *2022 Operating Plan*, 92% (12) of which are on-track and one of which is delayed:

> Member Portal – This project is intended to *adapt operations to meet customer needs* by providing members with a secure, customizable portal to perform self-service requests and support two-way communication. Internal build, testing, and readiness for go-live completed by 12/28 as planned. However, external approval through DHCS is in process. The new go-live date will be determined once DHCS approval is received and will likely occur in early February 2023.

Next Steps

- Maintain and share the *2023 Operating Plan* with the Board routinely in 2023 to provide visibility execution progress.
- Produce an Executive Level Dashboard for Board consideration in March 2023.

Recommendation

This material is informational with no action being requested at this time.

Enclosure

1. 2023 Operating Plan

Health Services Report

Date: January 18, 2023

From: Christopher Hill, MBA, RN, Health Services Officer

Contributors: Jeff Januska, PharmD, Director of Pharmacy Services
Seleste Bowers, LCSW, DBH, Director of Behavioral Health
Blanca Zuniga, Associate Director, Care Management
Rita Washington, Health Services Program Manager

Executive Summary

The following report provides updates surrounding the development and execution of Health Services Division functions, where applicable, including medical management, behavioral health, and pharmacy departmental and programmatic updates.

Medical Management

Enhanced Care Management (ECM) Expansion

Effective 1/1/2023, CenCal Health went live with Phase 2 of Enhanced Care Management Populations of Focus (POF); Adults Living in the Community and *At Risk* for Long Term Care (LTC) Institutionalization (POF 5) and Adult Nursing Facility Residents *Transitioning* to the Community (POF 6). As part of implementation, we are conducting trainings and information meetings with our Skilled Nursing Facilities providers to ensure they understand how to identify and refer Members to ECM. In addition, we have contracted with five new ECM providers who have in-depth experience serving older adults and those residing in SNFs, including Independent Living Systems.

Community Supports (CS) Expansion

Effective 1/1/2023, CenCal Health is now offering four (4) new Community Supports; *Housing Transition Navigation*, *Housing Tenancy and Sustaining Services*, *Housing Deposits*, and *Sobering Centers*, and have five (5) new Community Support Providers join our network to support these services, including: People's Self-Help Housing, 5 Cities Homeless Coalition, Good Samaritan among other local organizations.

CenCal Health's Radiology Benefit Manager, Care to Care, continues to provide quality utilization management services, reviewing over 1,000 radiology authorization requests a month, averaging a 3% denial rate. Quarterly Joint Operating Committee meetings will begin with internal stakeholders in January 2023.

CenCal Health's nurse-advice-line vendor, CareNet Health, continues to provide 24/7-member support for physical and behavioral health concerns. In December 2022, CareNet provided 268 nurse-triage calls. CenCal Health continues to track triage calls by Physical (PH) vs. Behavioral Health (BH) clinical guideline. Quarterly Business Reviews have been scheduled with CareNet for 2023.

Behavioral Health

Operational Performance

The Behavioral Health Call Center continues to meet operational and department metrics in the following key areas; average speed to answer, service level, abandonment rate, first call resolution, and call handle times. The call volume has decreased month over month, and the call center received 791 calls in December. The current call volume has been decreasing month-over-month, indicating that members continue to access care directly at the provider's level, supporting the unrestricted access benefit.

Behavioral Health continues to actively support ABA providers through regular meetings. In January 2023, staff will be standing up a technical training online seminar to provide support and education to providers on DHCS's minimum standards for treatment plans. Recently, the team published additional resources for ABA Providers that outlines the authorization process to support clean and timely submissions.

County Collaboration

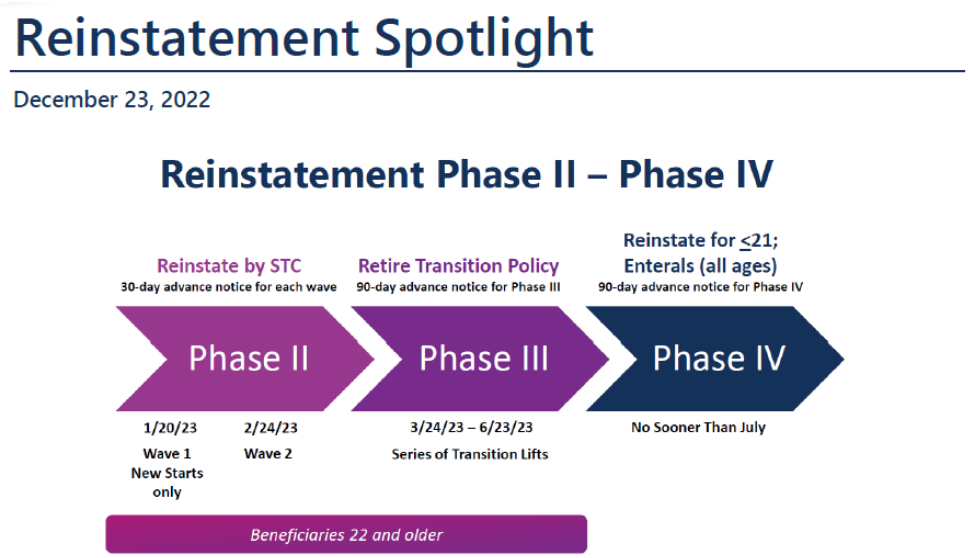
The Behavioral Health Care Coordination teams continue to meet operational requirements of coordinating care with county partners, and there has been a decrease in referrals from both counties in the third quarter. The Behavioral Health Integration Specialist and Behavioral Health Director continue to meet weekly and monthly with the County Managers, Access Line, and leadership to collaborate on the referral process and improve the member experience. Starting in Quarter 1 of 2023, the County and Behavioral Health Department will be coordinating Interdisciplinary Team meetings to support members' care coordination between systems of care.

Behavioral Health is working closely with both counties to develop Data Sharing Agreements as part of the 2024 Contract amendments and both County's Behavioral Health Quality Improvement Project (BHQIP). Staff is working collaboratively internally to strategically align strategies to finalize both Data Sharing Agreements as part of a larger initiative focused on data sharing and member care. The project is on target to obtain signatures from both parties in early to mid-January of 2023. SLO County has accepted the MOU revisions for eating disorder and BeWell is in process. The Eating Disorder workgroup has successfully completed all action items by December 2022.

Pharmacy

State Medi-Cal RX Update

In late December 2022, the State Medi-Cal Rx program released the next update regarding benefit design reinstatement with Wave 1 of Phase II occurring January 20th.



Physician Administered Drugs

The physician administered drugs (PADs) authorization volume at year end continued the upward trend and more than doubled from the previous period in 2021 which is well above the National trend. Over half the activity volume comes from the oncology space, a combination of chemo-therapeutic and chemo-supportive followed by immunology with about 13% of the volume. All cases were processed within regulatory time standards. In July of 2022, the pharmacy team with consent from the Pharmacy & Therapeutics Committee, added a fourth biosimilar preferred benefit design product in infliximab. Current biosimilar market share across the four products is 63%.

Customer Experience Report

Date: January 18, 2023

From: Van Do-Reynoso, MPH, PhD, Chief Customer Experience Officer

Contributors: Jordan Turetsky, Provider Network Officer
Eric Buben, Member Services Director
Ed Tran, Program Development Director

This report from the Customer Experience Division provides operational trends and updates in Member Services, Provider Services, Claims Departments, and CalAIM incentive programs. Enrollment and Member Call Center Performance reports accompany this summary.

Member Services

Call volume fell below the average call volume for the second month in comparison to our 2021 monthly average. Average Speed to Answer was slightly below the goal of 85% at 82% of calls answered within 30 seconds, due to staff on leave and PTO during the holiday season. However, abandon rate was only 2%, which exceeds our goal of 3% and 96% of all calls answered exceeds the goal of 95%. The volume of Grievance & Appeals is similar to 2021 timeframe, with turnaround times requirements met.

The Member Portal Project Phase I build was completed and is pending DHCS review prior to go-live. This tool gives members a new platform that supports their customer service needs 24/7, as well as a new source of important health information. Member feedback was solicited for the design and as it is incorporated can be a mechanism to enhance customer experience with CenCal Health. DHCS will review the design and member outreach documents. Staff anticipate receiving feedback from DHCS in February 2023 with an ability to deploy within 24 hours.

Provider Services

In anticipation of the expanded Populations of Focus eligible for Enhanced Care Management (ECM) and the new Community Supports services effective January 2023, the Provider Services Department spent the month of December engaged in network expansion activities. As of January 1, 2023, CenCal Health contracted with five new ECM providers and four new housing and sobering services supports providers, greatly expanding capacity for Medi-Cal members to access these services throughout the Central Coast.

Effective July 1, 2022, Community Health Workers (CHWs) became a Medi-Cal benefit. CenCal Health staff are completing implementation activities, including engagement with local providers interested in launching CHW services. CenCal Health is excited to begin contracting with interested organizations who employ or partner with CHWs to promote health education, equity, and culturally informed member engagement activities.

Claims Operations

Claims receipts for the month of December were 281,374 which is a 27% increase over the pre-pandemic baseline and an increase over November 2022 receipts. Claims receipts for the fourth quarter of 2022 represented the highest ever average daily receipts in CenCal Health history. The auto adjudication rate, or the rate at which claims are automatically processed, continues to be high at 94%. High auto adjudication rates translate to increases in timeliness and accuracy of claims payment to CenCal Health providers.

The Claims customer service team received 1,542 provider calls in the month of December, with an average speed to answer of 13 seconds and a call abandonment rate of 0.8%. Consistent with expanded Claims customer service call center hours, Claims has begun tracking the percent of calls answered within 30 seconds to ensure appropriate phone staffing levels. In the month of December, 98.1% of all calls were answered in 30 seconds or less.

Incentive Programs

Incentive Payment Program (IPP)

At the end of October 2022, CenCal Health launched an application process for IPP, a funding opportunity made available by DHCS to support the development and expansion of ECM and CS capacity. IPP applications are accepted on a rolling basis and are evaluated for funding by a cross-functional IPP Application Review Committee (Committee) comprised of CenCal Health leadership. To ensure that IPP funding remains available for all eligible applicants, the Committee has developed a funding allocation methodology which recognizes the volume of members served, sustainability of services beyond IPP funding, leveraging of other available funding sources, and an overall assessment of application. As of January 3, 2023, CenCal Health received eight (8) applications for IPP funding totaling $9.60M. Pursuant to the IPP application review cycle, four applications have been reviewed to date with awards totaling $2.91M. The remaining four applications will be reviewed in January.

Health & Homeless Incentive Program (HHIP)

CenCal Health received the first two (2) HHIP payments totaling $4.06M and is working with the Continuum of Care (CoCs) in San Luis Obispo and Santa Barbara Counties to identify organizations and agencies suitable to receive funding to deliver services as prescribed by HHIP metrics. CenCal Health has signed MOUs with each county for access to their Homeless Management Information Systems (HMIS), which is a priority metric associated with data sharing and future funding. Recruitment efforts with Community Based Organizations (CBOs) to fulfil the HHIP scope of work continues. The Program Development team began discussions with several local government and community partners in December and anticipate competing funding agreements with these partners by the end of January 2023.

Enclosures

1. Aggregate Member Enrollment Metrics
2. Aggregate Member Call Volume Metrics
3. Member Grievances and Appeals Metrics

CENCAL HEALTH - CALENDAR 2022
CENCAL HEALTH MONTHLY ENROLLMENT BY PROGRAM

MEMBER ENROLLMENT BY MONTH: DECEMBER 2022 – SBHI & SLOHI

Reporting period:
December 2022 – Calendar 2022

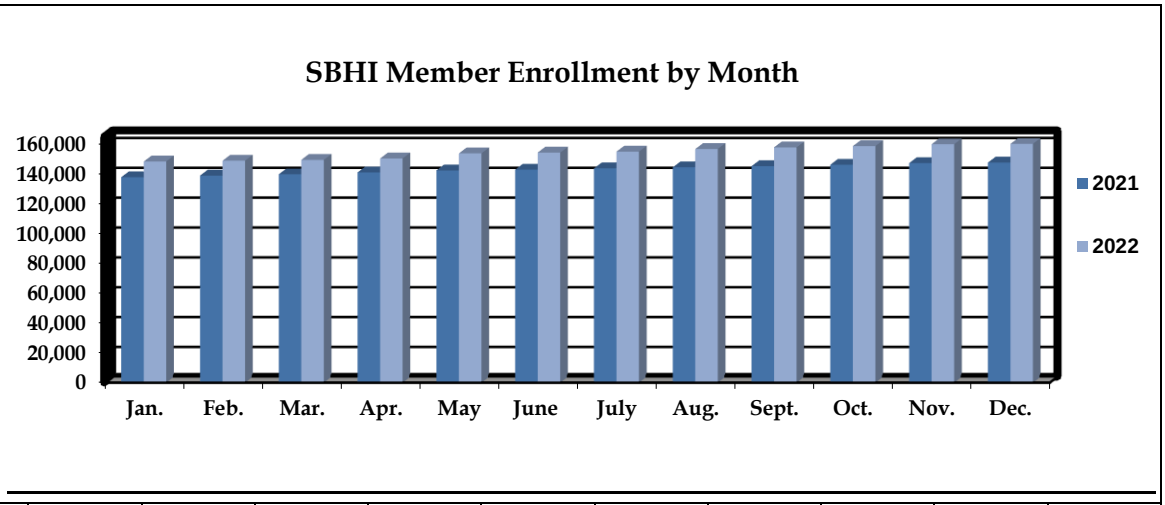
SBHI Monthly Enrollment 2022

December 2022 = 159,919

Membership increased by a net **234** members when compared to last month.

New members for December = **1,271**

DHCS has suspended negative re-determinations for Medi-Cal Eligibility through the end of the public health emergency. Expected continued membership increases due to lack of negative redeterminations.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021 Members	137,567	138,654	139,589	140,795	142,111	142,618	143,540	144,225	144,983	145,940	147,038	147,397
2022 Members	148,119	148,657	149,203	150,143	153,555	154,077	154,717	156,487	157,558	158,413	159,679	159,913

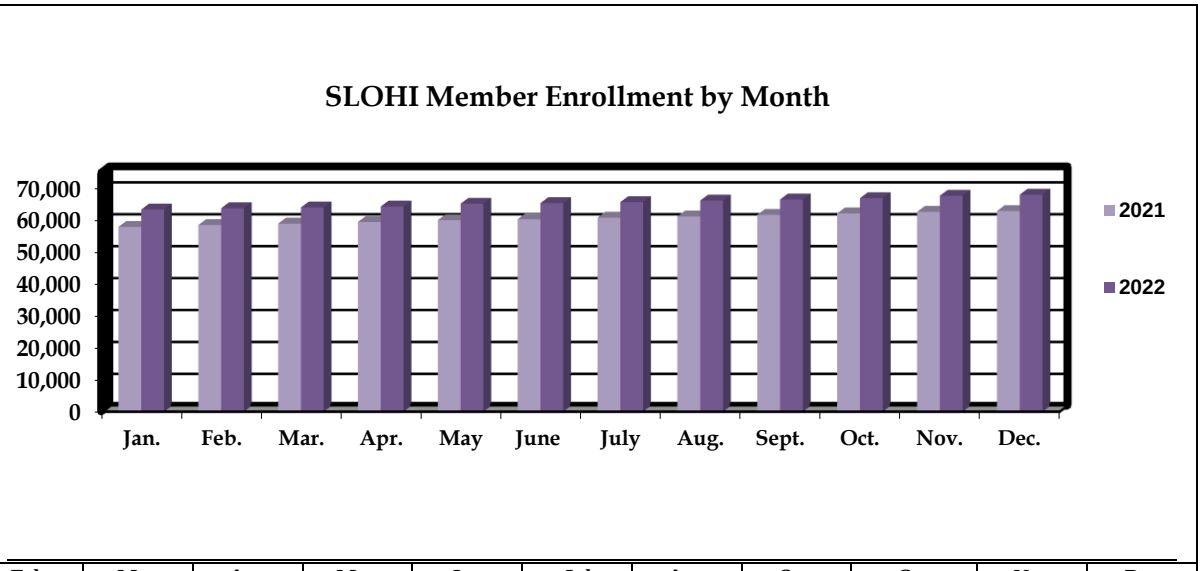
SLOHI Monthly Enrollment 2022

December 2022 = 68,002

Membership increased by a net **339** members when compared to last month.

New members for December = **796**

DHCS has suspended negative re-determinations for Medi-Cal Eligibility through the end of the public health emergency. Expected continued membership increases due to lack of negative redeterminations.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021 Members	57,894	58,479	58,919	59,431	60,011	60,304	60,788	61,153	61,664	62,129	62,617	62,851
2022 Members	63,347	63,753	63,990	64,291	65,157	65,348	65,653	66,150	66,480	66,897	67,663	68,002

CENCAL HEALTH - CALENDAR 2022
CENCAL HEALTH MONTHLY ENROLLMENT BY PROGRAM

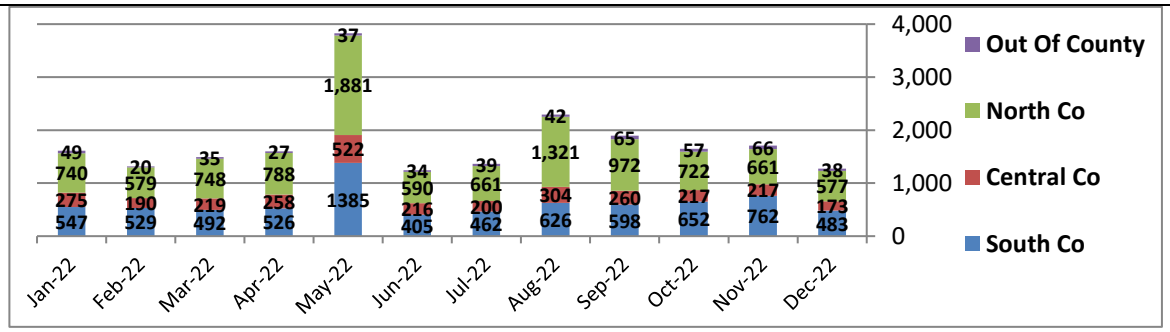
SANTA BARBARA NEW MEMBER ENROLLMENT BY MONTH: DECEMBER 2022

Reporting period:

December 2022 – Calendar 2022

Santa Barbara County New Member Enrollment by Area

December 2022 = 1,271

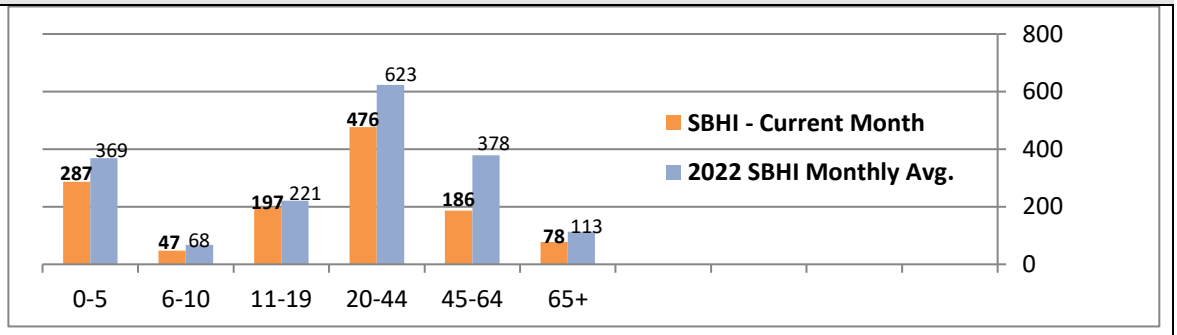


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021 Members	1,602	1,598	1,698	1,825	1,702	1,345	1,506	1,488	1,567	1,712	1,789	1,365
2022 Members	1,611	1,318	1,494	1,599	3,825	1,245	1,362	2,293	1,895	1,648	1,706	1,271

SANTA BARBARA NEW MEMBER ENROLLMENT BY AGE: DECEMBER 2022

Santa Barbara County New Members by Age

December 2022 = 1,271

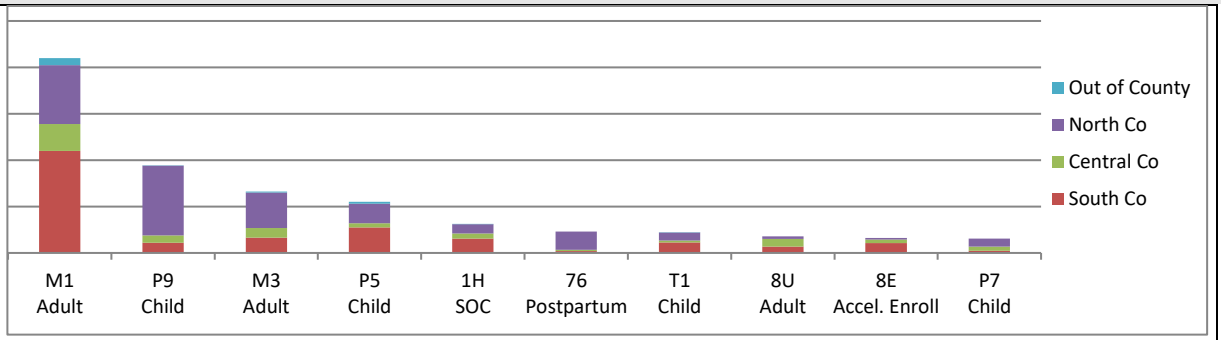


New Members by Age	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
0-5	388	290	373	418	425	361	378	446	397	324	341	287
6-10	95	57	71	82	70	56	60	71	64	60	78	47
11-19	213	202	197	224	233	142	142	207	212	315	371	197
20-44	595	520	596	596	520	422	464	1,208	900	572	606	476
45-64	241	195	188	209	2,145	206	219	249	225	260	217	186
65+	79	54	69	70	432	58	99	112	97	117	93	78

SANTA BARBARA NEW MEMBER ENROLLMENT BY TOP 10 AID CODES: DECEMBER 2022

Santa Barbara County New Members by Top 10 Aid Codes

December 2022



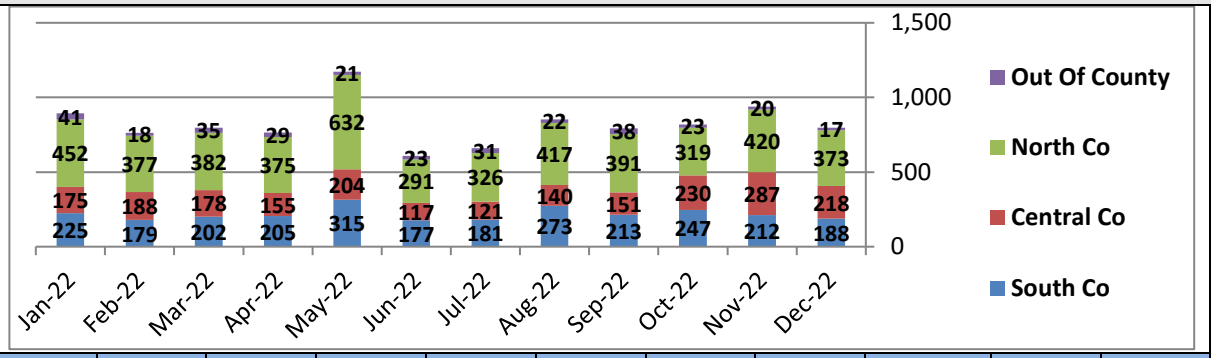
Aid Code	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
M1	579	503	545	535	1,210	424	442	528	548	603	575	420
P9	209	198	241	268	273	224	248	294	245	216	202	189
M3	136	119	179	183	627	123	147	163	151	133	137	132
P5	118	121	126	153	127	83	83	113	126	164	215	110
1H	53	40	57	52	300	37	78	94	85	96	74	63
76	0	0	0	0	0	0	0	675	4	21	24	46
T1	56	40	44	51	46	27	36	53	42	62	80	45
8U	35	30	32	32	42	38	32	38	46	19	43	36
8E	123	57	33	29	19	30	27	33	40	16	29	32
P7	44	22	42	59	49	41	38	58	43	44	43	31

CENCAL HEALTH - CALENDAR 2022
CENCAL HEALTH MONTHLY ENROLLMENT BY PROGRAM

SAN LUIS OBISPO NEW MEMBER ENROLLMENT BY MONTH: DECEMBER 2022

San Luis Obispo County New Member Enrollment by Area

December 2022 = 796

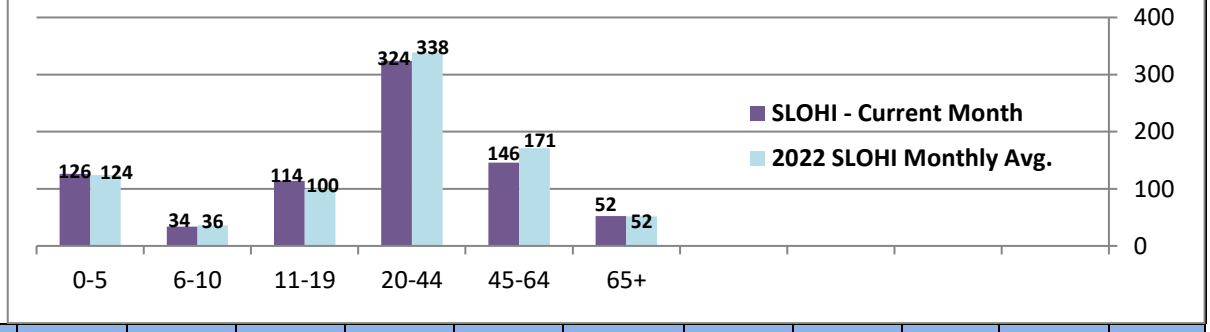


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021 Members	1,004	861	765	867	823	741	800	795	815	821	875	736
2021 Members	893	762	797	764	1,172	608	659	852	793	819	939	796

SAN LUIS OBISPO NEW MEMBER ENROLLMENT BY MONTH: DECEMBER 2022

San Luis Obispo County New Members by Age

December 2022 = 796

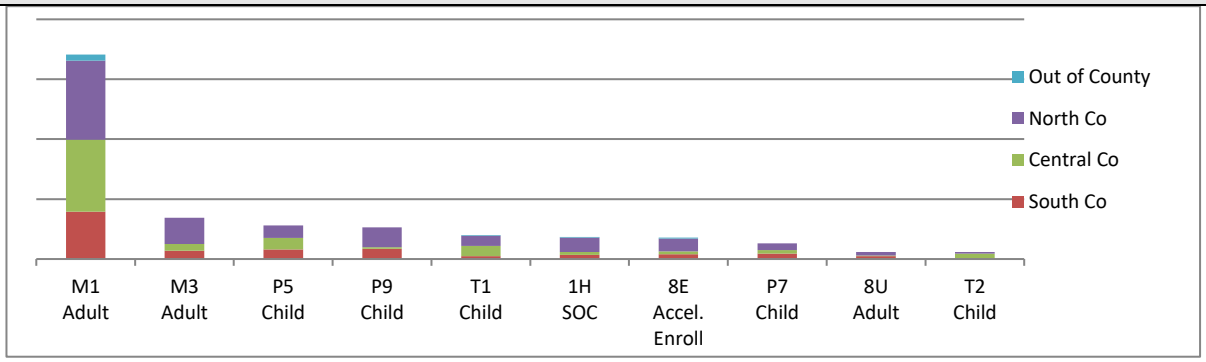


New Members by Age	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
0-5	121	123	125	139	113	112	116	137	129	124	125	126
6-10	35	36	38	40	31	27	31	32	43	41	41	34
11-19	87	89	110	82	67	58	76	94	83	156	183	114
20-44	415	351	356	328	321	250	263	393	350	312	397	324
45-64	188	140	138	128	540	130	119	136	129	123	136	146
65+	47	23	30	47	100	31	54	60	59	63	57	52

SAN LUIS OBISPO NEW MEMBER ENROLLMENT BY TOP 10 AID CODES: DECEMBER 2022

San Luis Obispo County New Members by Top 10 Aid Codes

December 2022



Aid Code	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
M1	435	371	377	331	468	274	276	305	308	318	419	341
M3	83	66	59	69	140	68	62	71	78	67	87	69
P5	50	60	61	45	42	38	38	64	54	75	85	56
P9	60	61	59	69	61	56	58	70	58	54	59	53
T1	22	29	29	18	20	14	19	21	13	44	46	40
1H	38	15	22	38	72	21	35	44	44	49	46	37
8E	46	28	26	11	20	13	14	25	11	26	20	36
P7	34	18	10	26	21	17	18	25	28	19	16	26
8U	6	15	18	16	8	11	9	9	11	7	6	12
T2	12	11	13	14	7	10	9	4	5	22	22	12

CENCAL HEALTH
CALENDAR 2021 - 2022
MEMBER SERVICE TELEPHONE STATISTICS

AGGREGATE CALL VOLUME FOR HEALTH PLAN (CHART #1)
AGGREGATE AVERAGE SPEED TO ANSWER (CHART#2)

Reporting period:

December 2022 - Calendar 2022 **Chart #1**

Monthly Call Volume

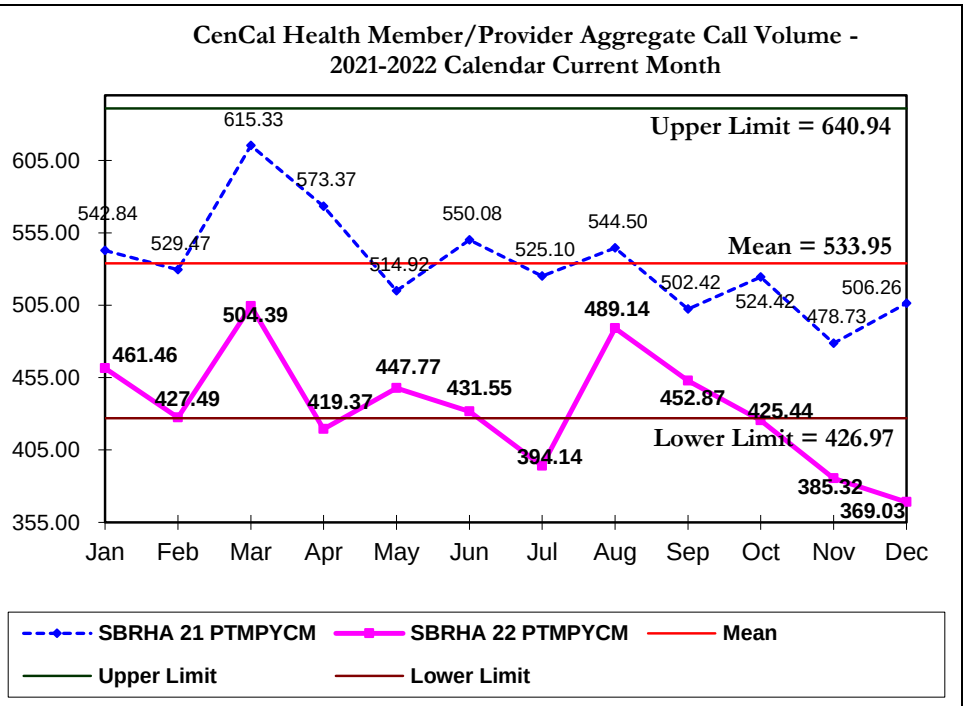
☐ In Control
☒ Not In Control

December 2022:
Member Queue = **5,796**
Provider Queue = **874**
Non ACD = **339**
Aggregate Call Volume = **7,009**

Calls per 1,000/month (PTMPM) = **30.75**
Calls per 1,000/year (PTMPY) = **369.03**

Analysis:
December's call volume PTMPY is below 2021's mean and slightly below the lower control limit. The drop in PTMPY is the result of the continued membership increases due to suspended DHCS disenrollment during the PHE for Covid-19, without associated increased in call volume. Phone Menu/IVR re-design in 2022 also allows members to select direct options outside of Member Services to avoid transfer, removing more volume to the Member Services queue.

Additionally, call volume historically trends downward in December due to the holidays and limited provider hours. The MS Phone Queue was closed 1 full day and 3.5 additional hours for holiday PTO and holiday luncheon/celebrations, with no call volume during these times (approx. 465 calls).



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
21 Members	195,461	197,133	198,508	200,226	202,122	202,922	204,328	205,378	206,647	208,069	209,655	210,248
Call Volume	8,842	8,698	10,179	9,567	8,673	9,302	8,941	9,319	8,652	9,093	8,364	8,870
PTMPYCM	542.84	529.47	615.33	573.37	514.92	550.08	525.10	544.50	502.42	524.42	478.73	506.26
22 Members	211,466	212,410	213,193	214,434	218,712	219,425	220,370	222,637	224,038	225,310	227,342	227,9915
Call Volume	8,132	7,567	8,961	7,494	8,161	7,891	7,238	9,075	8,455	7,988	7,300	7,009
PTMPYCM	461.46	427.49	504.39	419.37	447.77	431.55	394.14	489.14	452.87	425.44	385.32	6,722

December 2022 - Chart #2

Monthly Average Speed to Answer

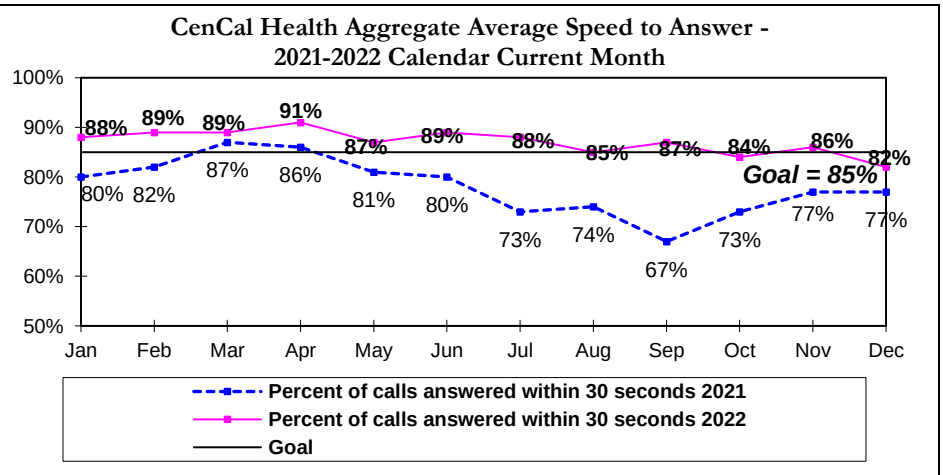
☐ Exceeding Goal
☐ Meets Goal
☒ Not Meeting Goal

Average Speed to Answer Goal = 85% of Calls Answered Within 30 Seconds

December's score = **82%**

Aggregate calls answered: **6,722**
Aggregate calls answered within 30 seconds: **5,505**

Analysis:
Due to holiday PTO, unscheduled time off and 2 MSRs on maternity leave, the call center did not meet the ASA goal in December. There were 13 calls in the queue over 10 minutes before being answered in December due to short staffing.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Answered in 30 seconds or less 2021	80%	82%	87%	86%	81%	80%	73%	74%	67%	73%	77%	77%
Answered in 30 seconds or less 2022	88%	89%	89%	91%	87%	89%	88%	85%	87%	84%	86%	82

CENCAL HEALTH
CALENDAR 2021 - 2022
MEMBER SERVICE TELEPHONE STATISTICS

AGGREGATE MONTHLY ABANDON RATE (CHART #3)
AGGREGATE MONTHLY CALL CODING PERCENTAGE (CHART#4)

December 2022 - Chart #3

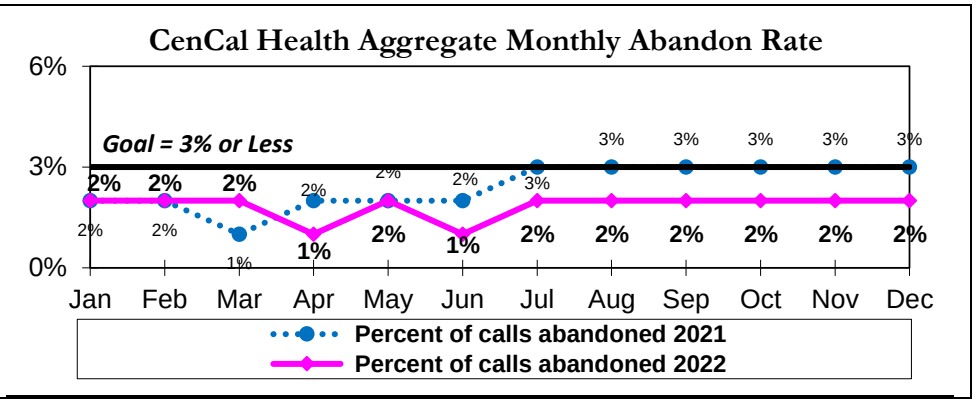
Monthly Aggregate Abandon Rate

☒ Exceeding Goal
☐ Meets Goal
☐ Not Meeting Goal

CenCal Health Goal = 3% or less

Aggregate Call Volume: **7,009**
Abandoned Calls: **161**

Percent of calls abandoned in December 2022 = **2%**



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
% of Abandoned Calls 2021	2%	2%	1%	2%	2%	2%	3%	3%	3%	3%	3%	3%
% of Abandoned Calls 2022	2%	2%	2%	1%	2%	1%	2%	2%	2%	2%	2%	2%

December 2022 - Chart #4

Monthly Aggregate Calls Coded

☒ Exceeding Goal
☐ Meets Goal
☐ Not Meeting Goal

Goal for Percentage of Coded Calls = 95%

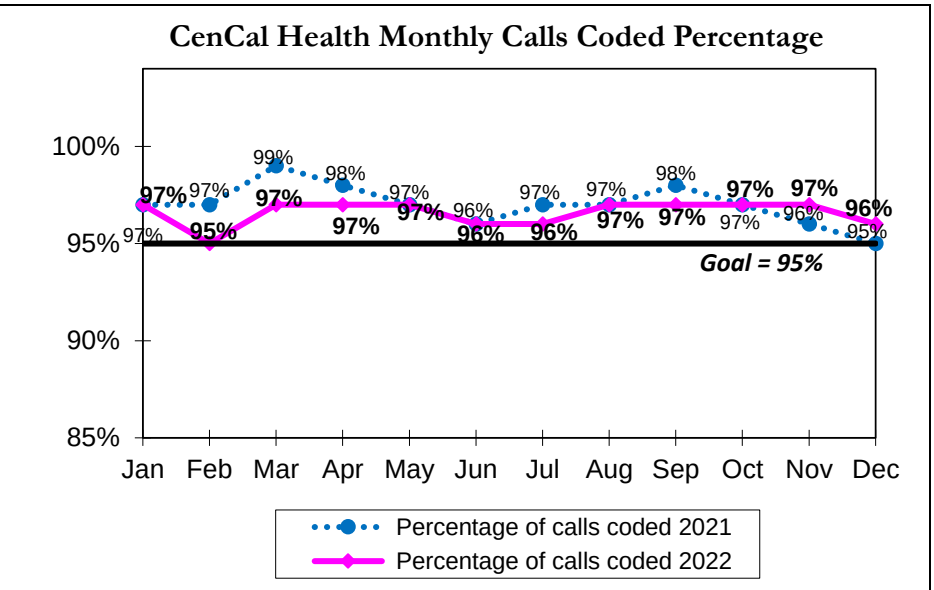
Queue Calls Handled: **6,383**
Queue Calls Coded: **6,141**

Percentage of calls coded in December 2022 = 96%
Total Issues Coded: **7,390**
*Calls may have more than one category.

Top 5 Call Codes:

Category	Calls	% of Total
Eligibility	1,994	28%
PCP Selection	1,471	20%
Transfer	727	10%
Benefits	710	10%
Miscellaneous	544	8%

*Miscellaneous = calls dropped/disconnect or N/A to a preset category.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Percentage of Calls Coded 2021	97%	97%	99%	98%	97%	96%	97%	97%	98%	97%	96%	95%
Percentage of Calls Coded 2022	97%	95%	97%	97%	97%	96%	96%	97%	97%	97%	97%	96%

December Analysis:

*Eligibility Calls – 49% Eligibility verification, 35% Referred to DSS/SSA, 11% Coordination of Benefits (OHC) Verification.

*Transferred Calls – 23% to Ventura Transit, 20% to Med. Management, 11% to Behavioral Health.

*Benefits – 36% Dental, 12% Specialists-mostly asking for list of/contact information for various provider types, 12% Vision.

*Pharmacy – 63 Total pharmacy related calls, 4 resulted in a transfer to Magellan RX.

*COVID specific calls – 12 total calls regarding testing sites, vaccinations, new at-home testing coverage and general questions.

*Provider Call Volume (1,069) = 14% of all calls coded. 55% were for Eligibility, 19% were transferred out of Member Services (51% to Medical Management), and 12% for PCP selection calls to Member Services.

CENCAL HEALTH
CALENDAR 2022
MEMBER GRIEVANCE SYSTEM GRIEVANCE & APPEAL RECEIPTS

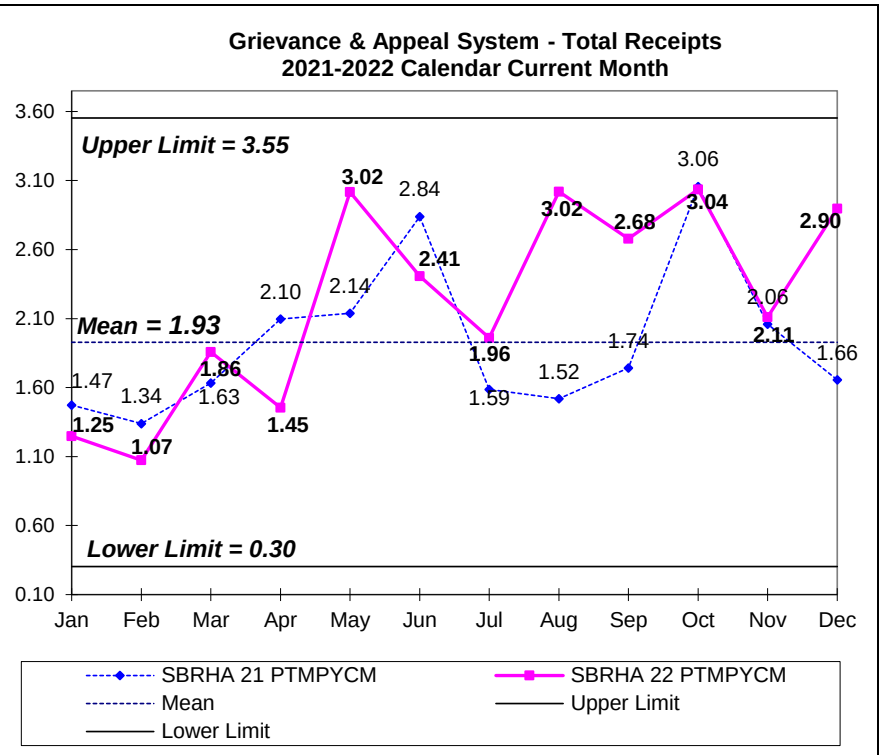
MEMBER GRIEVANCES & APPEALS

Reporting period:
December 2022 - Calendar 2022

☒ **In Control**
☐ **Not in Control**
December's PTMPY for grievance and appeals was **2.90**, slightly above 2021's Mean of 1.93 and in control.

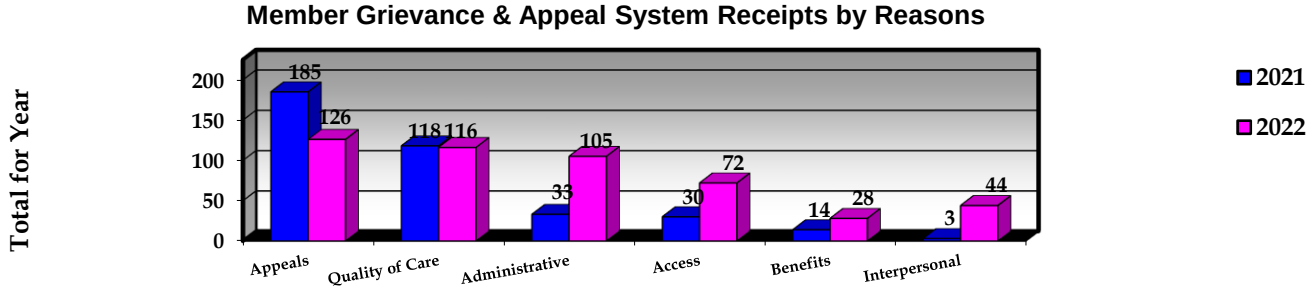
December Grievance/Appeals = 55
Appeals = **14** (3 Expedited Appeals)
Access = **13**
Quality of Care = **10**
Administrative = **9**
Benefit = **5**
Interpersonal = **4**

Analysis and Trends
* **Transportation:** 16 total grievances. 7 Access for no show/late arrivals causing missed appointments, 5 Benefit centered around scheduling, 4 Interpersonal perceived rude interactions by VTS staff.
* **Appeals**: 11 TAR appeals including 7 Outpatient no trends. 5 RAF appeals mostly to out of network providers for various services with no trends.
* **Access** 7 Transportation noted above, 2 Behavioral health, 2 delays in submitting auths with no trends.
* **QOC Grievances** 6 PCP, 4 Specialist: Various perceived quality of care concerns/reasons. No providers with more than one grievance and no trends.
* **Administrative:** Mostly centered around the member's dissatisfaction with scheduling or with timely communication with no trends.
* **Total Mental Health/BHT Services= 5** (2 Access, 2 Appeals, 1 Admin). Commonly dissatisfied with appointment availability, being dismissed by provider, delays in call back/poor communication or not being prescribed medications.



Of the **55** grievances/appeals filed:
38 = SB County (10 Transportation = 26% of SB Vol.)
17 = SLO County (6 Transportation = 35% of SLO Vol.)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
CenCal 21 Mbrshp	195,461	197,133	198,508	200,226	202,122	202,922	204,328	205,378	206,647	208,069	209,655	210,248
CenCal G&A Issues	24	22	26	35	35	47	27	26	29	47	36	28
CenCal PTMPYCM	1.47	1.34	1.63	2.10	2.14	2.84	1.59	1.52	1.74	3.06	2.06	1.66
CenCal 22 Mbrshp	211,466	212,410	213,193	214,434	218,712	219,425	220,370	222,637	224,038	225,310	227,342	227,915
CenCal G&A Issues	22	19	33	26	55	44	36	56	50	57	40	55
CenCal PTMPYCM	1.25	1.07	1.86	1.45	3.02	2.41	1.96	3.02	2.68	3.04	2.11	2.90



Type	Calendar 2021	Calendar 2022
Appeals	**185**	**126**
Quality of Care	**118**	**116**
Administrative	**33**	**105**
Access	**30**	**72**
Benefits	**14**	**28**
Interpersonal	**3**	**44**

Analysis: The transition of pharmacy benefits to Medi-Cal Rx has significantly lowered overall appeals averaging 10.5 Appeals/month in 2022 compared to 15/month in 2021. MRF appeals accounted for 55% of all appeals in 2021. Additionally, with the addition of Mental Health/BHT grievance management transitioned to CCH in 2022, we expected an increase in all grievance types, having BHT/Mental Health grievance counts now being included within those types vs. as "Holman aggregated" previously. These were the direct cause for access, interpersonal and administrative increases in 2022.

Government Affairs and Administrative Services Report

Date: January 18, 2023

From: Michael Harris, Government & Administrative Officer

Through: Marina Owen, Chief Executive Officer

Executive Summary

The following report provides updates surrounding the development and execution of Government Affairs and Administrative Services functions, including state and federal advocacy, legislative affairs, administrative services and facilities.

Government Affairs

At the end of calendar year 2022, the Department of Health Care Services (DHCS) published final policy letters on a wide variety of new requirements and initiatives. As part of its continuing efforts around strategic external communications, CenCal Health staff made a number of comments on the draft policies directly and through our association, Local Health Plans of California (LHPC). These new policies are discussed and highlight a continuing workload at CenCal Health to ensure compliance with new requirements and program implementations.

At the State-level, the legislature reconvened and is earnestly pursuing new business, committee assignments and, with the Governor's budget release on January 10th, a processing of the budget proposal. Initially, the legislature started off quiet which may be a reflection of concerns about a potential recession. The Legislative Analyst Office (LAO) already projected a potential $25 billion reduction in revenues from last fiscal year. To better support CenCal Health's increased legislative presence and advocacy, CenCal Health's legislative advocate, Public Policy Advocates, has added a new staff member with a strong health plan background.

Finally, at the federal level, the US Senate conducted its required business and then recesses until January 23rd. The House has been attempting to select a Speaker to lead the legislative body. Ms. Owen and Mr. Harris will be traveling to Washington, DC, during the week of February 6th.

Before the 118th Congress got underway, the 117th Congress agreed with the Senate and adopted the FY 2023 Omnibus spending bill. The attached report from CenCal Health's federal advocate, Paul Beddoe, highlights secured funding from Representative Carbajal, among other federal actions. Additional detail follows.

State Policy Guidance

At the end of calendar year 2022, DHCS issued several new obligations, contractual updates and policy guidance in a multitude of areas. On the surface, new service requirements may seem straightforward. However, behind-the-scenes, CenCal Health staff must ensure program requirements are being met, communication with members and providers is being completed and various status reports are filed with DHCS.

DHCS provided guidance around health plan IT services, clarified their policy as a result of changes in statute, provided direction on initial health appointments standards, initiated various behavioral health service requirements and new direction around health plan coordinated efforts with County departments, school districts and other community entities as those entities emerge as new partners in Medi-Cal services. DHCS also provided clarification regarding rates paid to health plans for documented members versus those members who are undocumented.

Regarding new benefits, DHCS issued five major policy letters in the last two weeks of December 2022 that covered various benefits such as Doula Services, Dyadic Care, Family Therapy and health screening for mental health services. CenCal Health staff, through Government Affairs and CenCal Health's state association, issued comments to DHCS regarding impacts and requested clarifications. CenCal Health will now take all these various requirements and standards and operationalize them through the coordination of the Compliance Department.

State Advocacy

CenCal Health continues to partner with Public Policy Advocates, LLC, (PPA) in Sacramento to represent the interests of CenCal Health and the communities we serve. With an increased recognition of the complexities involved in Medi-Cal, and CenCal Health's potential move into D-SNP services, CenCal Health has a strategic need to increase its presence in Sacramento with legislators, regulators, and other advocates.

To strengthen its advocacy in the area of health, PPA has brought on board Armand Feliciano. Mr. Feliciano is Partner and General Council at PPA. Mr. Feliciano has a very strong background in State government having served as a Deputy Legislative Secretary for Governor Davis, Deputy Attorney General for Attorney General Bill Locker and has served in the Assembly and Senate Budget Committees. Mr. Feliciano will work with CenCal Health's principal representative Russ Noack on health issues. Experience from Mr. Feliciano includes his previous work at Anthem Blue Cross (now Elevance Health) and the California Medical Association.

With the state legislature now convening, it is difficult to anticipate what the exact priorities will be. California continues to deal with a soaring homeless population while the legislature is also cognizant that the world's fifth-largest economy may have a

recession heading its way. Governor Newsom will be submitting his proposed budget on January 10th, 2023. With the LAO cautioning about some reductions in revenues, it is anticipated that the Governor will also seek some slowdown in spending. The bill introduction deadline is February 17th, so most hearings and votes for proposals are still months away.

Federal Advocacy

Similar to CenCal Health's State advocacy, CenCal Health is increasing its visibility and proactive posture at the federal level. Ms. Owen and Mr. Harris will be meeting with Association and federal officials in Washington, DC during the week of February 6th. At the federal level, there is little hope of any bipartisan cooperation. CenCal Health will work with health experts at the federal level and through CenCal Health's national association, Association for Community Affiliated Plans (ACAP), to stay involved. Right now, it is anticipated that any substantiative movement in the area of Medicare or Medicaid is more likely to come through regulatory guidance. Mr. Beddoe's report is attached.

With a Republican House, there will be considerable focus on the federal 340B program and costs of pharmacy benefit management companies. The Administration is working with states on the end of the public health emergency and the process of redetermination of Medicaid recipients. The new redetermination processes, just coming out as a result of the Omnibus spending bill, will now be clarified and regulated by CMS.

Administrative Services

Insurance Coverage

CenCal Health maintains a wide variety of insurance coverages to protect the organization, the individuals that serve CenCal Health and its financial assets. Insurance services cover everything from earthquake damage (location cost coverage), Automobile Insurance, Directors & Officers, Umbrella, Property, Errors & Omissions, Employment, Crime, Fiduciary, Workers' Compensation, Cyber, General Liability coverage, amongst others.

Cyber Insurance has been increasingly costly over the last couple years. Unrelated to CenCal Health, the California market for cyber coverage has proven to be very difficult for carriers. When data breaches occur that impact personal information or protected health information, the costs of mitigating those breaches are often significant. In addition, health entities that carry that confidential information are often also holders of personal financial information. While CenCal Health does not possess the financial information, Internet hackers specifically are targeting health plans out of the assumption that all three information areas are contained in the health plan files.

In 2022, cyber insurance that once cost CenCal Health $180,000 increased to almost $800,000 with the policy renewal. While cost increases have stabilized, the concern of dramatic price increases will continue to be a factor. The CenCal Health IT Department has been aggressive in its protection systems and staff training in an attempt to further reduce risks.

Working with the CenCal Health insurance brokers, HUB International, the parties conducted an in-depth analysis of its various insurance policies. In the evaluation, the analysis for Directors & Officers insurance coverage demonstrated that an insurance coverage increase was warranted to keep pace with industry standard and based on CenCal Health's financial size and increase in staffing. CenCal Health has increased its insurance coverage in its D&O policy to the upper bounds of coverage limits advised. The D & O policy contains separate "sides" that ensure coverage for all directors, officers and Board members. Other increases were made in the area of Employment Practices Liability and Fiduciary.

Incentive Programs

Student Behavioral Health Incentive Program (SBHIP)

SBHIP is a cooperative program between CenCal Health and school districts in Santa Barbara and San Luis Obispo Counties. This three-year program is designed to improve access to Medi-Cal children's behavioral health services. SBHIP Identifies four (4) objectives:

1. Break down silos and improve coordination of BH services with schools, school programs, MCPs, counties and MH providers.
2. Increase the number students in Medi-Cal receiving BH services through schools, school providers, county behavioral health departments and COEs.
3. Increase non-specialty services on or near school campuses.
4. Address health equity gaps, inequalities, and disparities in access to BH services.

CenCal Health has worked with a program-funded consultant, Flux Coaching and Consulting, to perform a year-one assessment and gain the participation of nine different school districts in initiating various behavioral health programs that are sustainable through Medi-Cal funding.

A behavioral health needs assessment for Santa Barbara and San Luis Obispo County was completed and successfully submitted to DHCS on December 30, 2022. The respective behavioral health interventions and Project Plans (Milestone One) along with their metrics have also been completed and submitted to DHCS. MOUs with participating Local Education Agency (LEAs) are in progress. With the year-one assessment completed, SBHIP is moving to the CenCal Health Program Development

Department under Mr. Tran and Dr. Do-Reynoso for the implementation phase. As this program progresses, your Board will be provided a status report and update in the Customer Experience Report.

Behavioral Health Integration Incentive Program (BHIIP)

The BHIIP is in its final reporting phase after completing a little more than two years of behavioral health integration into local practices. The program involved providers such as *Marion Regional Medical Center* and its behavioral health service expansion, the *County of Santa Barbara County Public Health Department* addressing maternal depression other providers that included *American Indian Health Services*, *Community Health Centers of the Central Coast*, *Lompoc Valley Medical Center* and the *Santa Barbara Neighborhood Clinics* providing a variety of integrated behavioral health services.

During the past two years, these providers have implemented various activities. Again, a significant focus of DHCS is the integration of behavioral health services into primary care and the overall expansion of behavioral health to Medi-Cal members. A final report is anticipated after March 2023.

Recommendation

This report is informational in nature and no board action is being requested at this time.

Enclosure

1. Federal Advocacy: *Report from Paul Beddoe Government Affairs*

Paul V. Beddoe Government Affairs, LLC

811 4TH ST NW UNIT 911
WASHINGTON DC 20001-4925

To: Marina Owen, Chief Executive Officer
Michael Harris, Government Affairs and Administrative Officer
CenCal Health

From: Paul V. Beddoe, Principal
Paul V. Beddoe Government Affairs, LLC

Subject: Federal Report, January 2023

Overview

The 118th Congress convened on January 3, 2023, as required by the Constitution, with the Senate conducting required organizational business and promptly recessing until January 23. The House, as everyone knows by now, is a different story. Until a Speaker is elected, Members are sworn in and rules are adopted, the chamber is unable to conduct legislative, oversight or other official business. The narrow and fractious majority in the House will probably make advancing major legislation very challenging, and even ordinary business, such as raising the debt ceiling and passing annual appropriations, may be difficult.

FY 2023 Appropriations Year-End Omnibus

On December 23, 2022, the House agreed to the Senate-amended version of the Consolidated Appropriations Act, 2023, also known as the FY 2023 "Omnibus." President Biden signed the bill into law on December 29 (Pub. L. 117-328). The bill funds the agencies of the federal government through the end of the fiscal year, September 30.

For the second fiscal year in a row, Congress included Community Project Funding/Congressionally Directed Spending, also known as "earmarks," in the bill. Rep. Carbajal secured $1 million from HRSA for facilities and equipment for the Marian Regional Medical Center's OB/GYN Residency Program Clinic in Santa Maria.

Congress could not reach agreement on additional emergency supplemental funds requested by the Administration to address the ongoing COVID-19 pandemic. Additional legislative provisions, including a number of new health provisions of interest to CenCal Health, were included in Division FF of the bill.

Unwinding Continuous Coverage Requirement: The new law will phase out the 6.2 percent enhanced federal Medicaid assistance percentage (FMAP) from April 1 to December 31, 2023. The Families First Coronavirus Response Act (FFCRA) gave states the enhanced Medicaid funding for the duration of the COVID-19 public health emergency, in exchange for maintaining continuous coverage for everyone on their Medicaid rolls. This provision will allow states to begin the redetermination process on a date certain, with new rules to ensure that beneficiaries are protected.

Maternal and Child Coverage: The bill makes significant steps toward improving maternal and child health and reducing health disparities. It makes the American Rescue Plan Act's temporary state option to provide 12 months of continuous Medicaid/CHIP coverage during the postpartum period a permanent state option. Additionally, the legislation requires states to provide children with 12 months of continuous Medicaid and CHIP coverage, effective January 1, 2024.

Medicaid Inmate Exclusion Amendments for Juveniles: Beginning January 1, 2025, federal Medicaid and CHIP reimbursement will be allowed for services provided to eligible youth in custody, pending disposition of charges. Additionally, states will be required to provide Medicaid- or CHIP-eligible youth with screening, diagnostic, and case management services in the 30-day period prior to release from custody. It will also require such youth to be provided with targeted case management services, including referrals to appropriate care and services for 30 days after their release. Reforming the Medicaid inmate exclusion has been a priority for organizations such as ACAP and NACo for some time.

Biden Administration

On January 4, 2023, CMS released guidance for states to be granted 1115 social determinants of health waivers, including provisions to ensure the policies are cost effective, medically appropriate, protect beneficiaries, and meet the goals of Medicaid. CMS has already approved social determinants of health 1115 waivers for Arizona, Arkansas, Massachusetts, and Oregon. The guidance does not announce a new waiver option but aims to clarify how states can use the "*in lieu of services and settings*" option in Medicaid managed care.

Advocacy Activities

We continue to monitor the California Department of Health Care Services pending State Plan Amendments (SPAs) submitted to CMS, and CMS approved SPAs for California, and will continue to monitor for, and report to CenCal Health on any legislation introduced and or proposed CMS regulations which would impact the County Organized Health System (COHS) model.

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40th ANNIVERSARY 1983 - 2023

December 2022 Look Back

To:
CenCal Health's Board of Directors

From:
Nicolette Worley Marselian
Director, Communications & Community Relations

Date:
January 6, 2023

What's Inside

CONGRATULATIONS!

Board Member Dan Herlinger Appointed to Police Commissioner

CenCal Health congratulates Board Member Dan Herlinger for being appointed as a member of the Santa Barbara Police Commission. Selected from a pool of more than 20 applicants, Mr. Herlinger is one of five new commissioners who began serving at the beginning of the new year. Mr. Herlinger and his fellow appointees constitute a new form of civilian oversight for the City of Santa Barbara Police Department and replace the former Fire and Police Commission.

In December, the *Santa Barbara Independent* reported on the newly appointed commissioners.

Public Safety

Santa Barbara City Council Appoints Five Members of Police Commission

Appointees Will Replace Existing Fire and Police Commission as New Form of Civilian Oversight

Selected from a pool of more than 20 applicants, the new commissioners will be Linda Esparza Dozer, Lizzie Rodriguez, Ana Zepeda, Dan Herlinger, and Gary Jon Hill.

Dozer is a former FBI agent who has served as Santa Barbara City College's Title IX Coordinator since 2019. She is one of three Latina women appointed to the board.

Rodriguez has extensive experience working with incarcerated youth and has served on several related commissions both at the city and at Santa Barbara City College, where she teaches and was selected to serve on the Diversity, Inclusion, Equity Resolution Committee. She previously served on the Fire and Police Commission and was selected as the board's vice chair in 2020.

"This is a really great group, and I'm really proud the council appointed three Latinas," Rodriguez said. "I look forward to getting down to it and looking at what the data tells us and figuring out what we do with that info."

Rodriguez added that there was already a comprehensive audit being conducted in the S.B. Police Department that will serve as a baseline to find out how well the department is currently doing with following its own policies and state law enforcement protocol, as well as exactly how many positions — and which ones — are vacant.

Zepeda is a newcomer to the scene but has worked extensively in community advocacy, primarily focused on youth and young adults who are currently or formerly incarcerated. She was part of the precursor to the commission — the Community Formation Commission — and is looking to build on her sociology

RECOGNITION - DIGITAL COMMUNICATIONS

CalAIM Web Pages

The CalAIM member and provider web pages on CenCal Health's website were recognized at the December CalAIM (California Advancing and Innovating Medi-Cal) technical assistance meeting hosted by the Department of Health Care Services (DHCS).

December 2022 Look Back

To: CenCal Health's Board of Directors
From: Nicolette Worley Marselian, Director, Communications & Community Relations
Date: January 6, 2023

RECOGNITION - DIGITAL COMMUNICATIONS

CalAIM web pages (cont.)

The content was identified as one of only five Medi-Cal Managed Care Plans, out of 27 total plans, whose Enhanced Care Management (ECM) and Community Supports (CS) web content was fully compliant with all DHCS regulations.

Congratulations to all CenCal Health staff members involved in the creation, design, and upkeep of the pages.

To view CenCal Health's CalAIM web content, visit:

- For members
  www.cencalhealth.org/members/calaim
- For providers
  www.cencalhealth.org/providers/calaim

Spotlight: CenCal Health

CenCal Health meets all requirements and has a searchable provider directory.

» There is a PDF overview for Members to learn more about ECM & Community Supports, in both English and Spanish.

» Providers have access to ECM & Community Supports information and are provided a link to join CenCal Health.

» The provider directory is a PDF (searchable with the "ctrl+F" function) which enables Members to find all providers of ECM services in San Luis Obispo and Santa Barbara counties.

CenCal Health's Website: CalAIM | CenCal Health Insurance Santa Barbara and San Luis Obispo Counties

December 2022 Look Back

To: CenCal Health's Board of Directors
From: Nicolette Worley Marselian, Director, Communications & Community Relations
Date: January 6, 2023

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EXTERNAL COMMUNICATIONS

Owned Media

Communications created a variety of collateral materials supporting CalAIM, focused both on members and providers. Samples are included below.

December 2022 Look Back

To: CenCal Health's Board of Directors
From: Nicolette Worley Marselian, Director, Communications & Community Relations
Date: January 6, 2023

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EXTERNAL COMMUNICATIONS

Earned Media

In December, positive publicity continued for the following two CalAIM-focused press releases, which were distributed by the Communications and Community Relations department in September and November 2022:

- CalAIM Arrives in Santa Barbara and San Luis Obispo Counties
  CenCal Health to manage State's transformation of Medi-Cal on the Central Coast
- CenCal Health Announces Incentive Program to Support CalAIM Initiatives
  Providers offered funding to address social determinants of health on the Central Coast

(Note: To read the press releases, go to page 9.)

The first news release above, introducing CalAIM on the Central Coast, elicited a December 1 cover story in the *Santa Maria Sun*, and included an interview with Chief Customer Experience Officer/ Chief Health Equity Officer Dr. Van Do-Reynoso. As a result of the article, a mention was earned in the Local Health Plans of California (LHPC) media monitoring email *Member Mentions*.

The second CalAIM press release, publicizing CenCal Health's Incentive Payment Program (IPP) for providers, appeared in the Central Coast Medical Association's (CCMA) e-newsletter *The Pulse*. A blurb and link to the press release on CenCal Health's website were included in the newsletter's coverage.

In addition, CenCal Health was mentioned in the Central Coast Best Places to Work listing distributed by *Pacific Coast Business Times* (PCBT). The listing – originally released in May 2022 and reprinted in December – recognized CenCal Health among the top 20 best places to work in the tri-county region (large employer category). For four consecutive years, the organization has participated in and been selected among the top employers of this contest.

Patricia Keelean, CEO of community-based organization (CBO) CommUnify – a CenCal Health CBO partner – included CenCal Health in her opinion piece, *Poverty Among Seniors a Growing Concern in Santa Barbara County*, in the online news outlet *Noozhawk*.

Eight articles related to matters concerning network providers mentioned CenCal Health.

December 2022 Look Back

To: CenCal Health's Board of Directors
From: Nicolette Worley Marselian, Director, Communications & Community Relations
Date: January 6, 2023

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EXTERNAL COMMUNICATIONS

Media Coverage Report

CenCal Health received 15 media mentions, including press release coverage, in December 2022. Of those, six notable mentions are listed below.

CenCal Health Media Coverage Report - December 2022						
Date	**Name**	**Type**	**Page**	**Section**	**Subject**	**Headline**
*12/30/2022	Pacific Coast Business Times	Print & digital	30 & 35	News	Best Places to Work listing	**The List - Best Places To Work**
*12/20/2022	CCMA's e-newsletter The Pulse	Email	8	News	Incentive Payment Program announcement	**CenCal Health Announces Incentive Program to Support CalAIM Initiatives**
12/14/2022	Santa Barbara Independent	Print & digital		Public Safety News	Board Member Dan Herlinger in the news	**Santa Barbara City Council Appoints Five Members of Police Commission**
*12/7/2022	Noozhawk	Digital & email		Opinions	Editorial by CommUnify CEO (CBO partner)	**Patricia Keelean: Poverty Among Seniors a Growing Concern in Santa Barbara County**
*12/5/2022	LHPC's media monitoring email Member Mentions	Email		Member Mentions	Introduction of CalAIM to local communities	**New state program to fund housing navigation, medical services raises vacancy and start-up concerns**
*12/1/2022	Santa Maria Sun	Print & digital	6	Cover Story	Introduction of CalAIM to local communities	**Safety net: New state program to fund housing navigation, medical services raises vacancy and start-up concerns**

*Clippings of online and/or print articles included below.

December 2022 Look Back

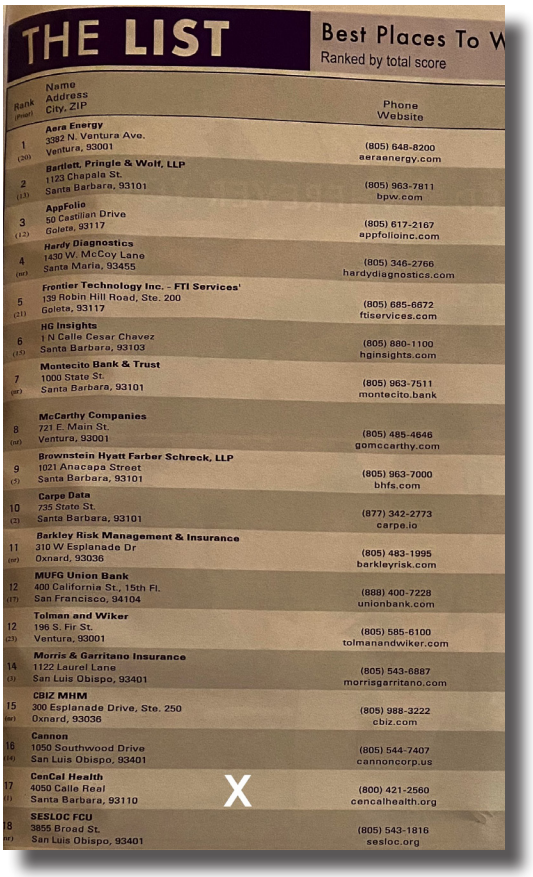
To: CenCal Health's Board of Directors
From: Nicolette Worley Marselian, Director, Communications & Community Relations
Date: January 6, 2023

Clippings Samples

Below are samples of five mentions included in the above Media Coverage Report.

1

12/30/2022
Pacific Coast Business Times,
The List - Best Places To Work



THE LIST

Best Places To W

Ranked by total score

Rank (Prior)	Name, Address, City, ZIP	Phone, Website
1 (20)	**Aera Energy** 3382 N. Ventura Ave. Ventura, 93001	(805) 648-8200 aeraenergy.com
2 (13)	**Bartlett, Pringle & Wolf, LLP** 1123 Chapala St. Santa Barbara, 93101	(805) 963-7811 bpw.com
3 (12)	**AppFolio** 50 Castilian Drive Goleta, 93117	(805) 617-2167 appfolioinc.com
4 (nr)	**Hardy Diagnostics** 1430 W. McCoy Lane Santa Maria, 93455	(805) 346-2766 hardydiagnostics.com
5 (21)	**Frontier Technology Inc. - FTI Services'** 139 Robin Hill Road, Ste. 200 Goleta, 93117	(805) 685-6672 ftiservices.com
6 (15)	**HG Insights** 1 N Calle Cesar Chavez Santa Barbara, 93103	(805) 880-1100 hginsights.com
7 (nr)	**Montecito Bank & Trust** 1000 State St. Santa Barbara, 93101	(805) 963-7511 montecito.bank
8 (nr)	**McCarthy Companies** 721 E. Main St. Ventura, 93001	(805) 485-4646 gomccarthy.com
9 (5)	**Brownstein Hyatt Farber Schreck, LLP** 1021 Anacapa Street Santa Barbara, 93101	(805) 963-7000 bhfs.com
10 (2)	**Carpe Data** 735 State St. Santa Barbara, 93101	(877) 342-2773 carpe.io
11 (nr)	**Barkley Risk Management & Insurance** 310 W Esplanade Dr Oxnard, 93036	(805) 483-1995 barkleyrisk.com
12 (17)	**MUFG Union Bank** 400 California St., 15th Fl. San Francisco, 94104	(888) 400-7228 unionbank.com
12 (23)	**Tolman and Wiker** 196 S. Fir St. Ventura, 93001	(805) 585-6100 tolmanandwiker.com
14 (3)	**Morris & Garritano Insurance** 1122 Laurel Lane San Luis Obispo, 93401	(805) 543-6887 morrisgarritano.com
15 (nr)	**CBIZ MHM** 300 Esplanade Drive, Ste. 250 Oxnard, 93036	(805) 988-3222 cbiz.com
16 (14)	**Cannon** 1050 Southwood Drive San Luis Obispo, 93401	(805) 544-7407 cannoncorp.us
17 (1)	**CenCal Health** 4050 Calle Real Santa Barbara, 93110	(800) 421-2560 cencalhealth.org
18 (nr)	**SESLOC FCU** 3855 Broad St. San Luis Obispo, 93401	(805) 543-1816 sesloc.org

X

2

12/20/2022
The Pulse e-newsletter,
CenCal Health Announces Incentive Program to Support CalAIM Initiatives

CenCal Health Announces Incentive Program to Support CalAIM Initiatives

CenCal Health Announces Incentive Program to Support CalAIM Initiatives. Under the Department of Health Care Services CalAIM Initiative (California Advancing and Innovating Medi-Cal), health plans are poised to work closely with health care partners to ensure that Medi-Cal members have the tools and support needed to achieve optimal health outcomes. To support the expansion of novel services under the Medi-Cal Program, CenCal Health announces the launch of the Incentive Payment Program (IPP).

December 2022 Look Back

To: CenCal Health's Board of Directors
From: Nicolette Worley Marselian, Director, Communications & Community Relations
Date: January 6, 2023

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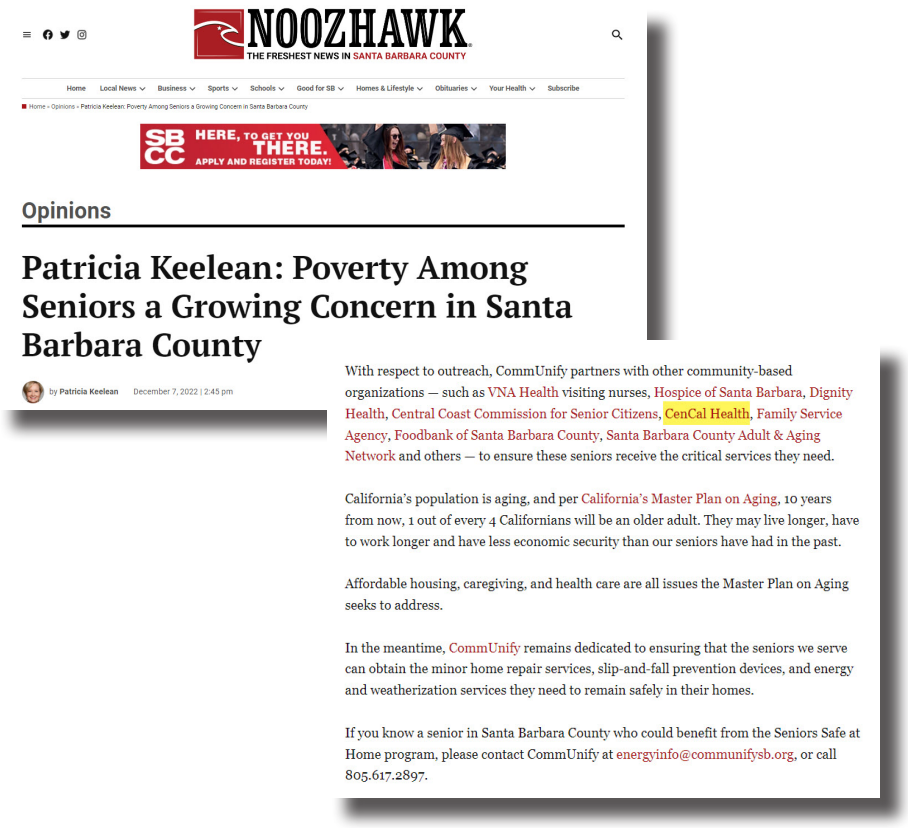
Clippings Samples (cont.)

3

12/7/2022
***Noozhawk*,**
Patricia Keelean: Poverty Among Seniors a Growing Concern in Santa Barbara County



NOOZHAWK
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Home › Opinions › Patricia Keelean: Poverty Among Seniors a Growing Concern in Santa Barbara County

Opinions

Patricia Keelean: Poverty Among Seniors a Growing Concern in Santa Barbara County

by Patricia Keelean December 7, 2022 | 2:45 pm

With respect to outreach, CommUnify partners with other community-based organizations — such as VNA Health visiting nurses, Hospice of Santa Barbara, Dignity Health, Central Coast Commission for Senior Citizens, CenCal Health, Family Service Agency, Foodbank of Santa Barbara County, Santa Barbara County Adult & Aging Network and others — to ensure these seniors receive the critical services they need.

California's population is aging, and per California's Master Plan on Aging, 10 years from now, 1 out of every 4 Californians will be an older adult. They may live longer, have to work longer and have less economic security than our seniors have had in the past.

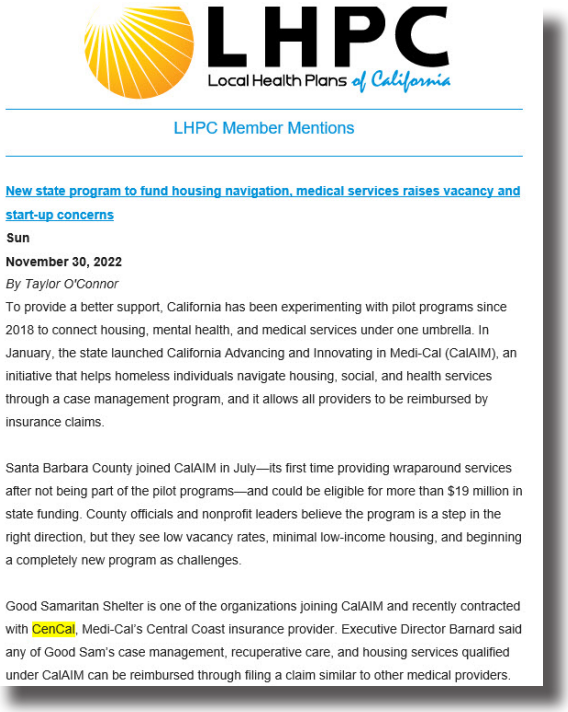
Affordable housing, caregiving, and health care are all issues the Master Plan on Aging seeks to address.

In the meantime, CommUnify remains dedicated to ensuring that the seniors we serve can obtain the minor home repair services, slip-and-fall prevention devices, and energy and weatherization services they need to remain safely in their homes.

If you know a senior in Santa Barbara County who could benefit from the Seniors Safe at Home program, please contact CommUnify at energyinfo@communifysb.org, or call 805.617.2897.

4

12/5/2022
***Member Mentions* media monitoring email,**
New state program to fund housing navigation, medical services raises vacancy and start-up concerns



LHPC Local Health Plans of California

LHPC Member Mentions

New state program to fund housing navigation, medical services raises vacancy and start-up concerns

Sun

November 30, 2022

By Taylor O'Connor

To provide a better support, California has been experimenting with pilot programs since 2018 to connect housing, mental health, and medical services under one umbrella. In January, the state launched California Advancing and Innovating in Medi-Cal (CalAIM), an initiative that helps homeless individuals navigate housing, social, and health services through a case management program, and it allows all providers to be reimbursed by insurance claims.

Santa Barbara County joined CalAIM in July—its first time providing wraparound services after not being part of the pilot programs—and could be eligible for more than $19 million in state funding. County officials and nonprofit leaders believe the program is a step in the right direction, but they see low vacancy rates, minimal low-income housing, and beginning a completely new program as challenges.

Good Samaritan Shelter is one of the organizations joining CalAIM and recently contracted with CenCal, Medi-Cal's Central Coast insurance provider. Executive Director Barnard said any of Good Sam's case management, recuperative care, and housing services qualified under CalAIM can be reimbursed through filing a claim similar to other medical providers.

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From: Nicolette Worley Marselian, Director, Communications & Community Relations
Date: January 6, 2023

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Clippings Samples (cont.)

5

2/1/2022
Santa Maria Sun,
Safety net: New state program to fund housing navigation, medical services raises vacancy and start-up concerns

NEWS NEWS@SANTAMARIASUN.COM

PHOTO COURTESY OF CENCAL HEALT

Safety net

New state program to fund housing navigation, medical services raises vacancy and start-up concerns

BY TAYLOR O'CONNOR

Less than 2 percent of the homes in Santa Barbara County are vacant.

This makes it extremely challenging to find rentals for anyone, especially those experiencing homelessness, said Sylvia Barnard with Good Samaritan Shelter.

"We find that for anyone experiencing homelessness, it's over 120 days to get into housing," Barnard said. "Having the resources available for housing retention once they get there is huge because they can prevent an individual from falling back into homelessness."

To provide a better support, California has been experimenting with pilot programs since 2018 to connect housing, mental health, and medical services under one umbrella. In January, the state launched California Advancing and Innovating in Medi-Cal (CalAIM), an initiative that helps homeless individuals navigate housing, social, and health services through a case management program, and it allows all providers to be reimbursed by insurance claims.

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Good Samaritan Shelter is one of the organizations joining CalAIM and recently contracted with CenCal, Medi-Cal's Central

A NETWORK: Through a new state program, Medi-Cal holders will be able to receive medical care, mental health care, and social and housing services under one umbrella, and providers will be able to get reimbursement through the state insurance provider.

its continuation. Right now, the state budget has it set to continue through 2024.

"I think CalAIM is revolutionary. It's intended to transform the way that we as a society are caring for our Medi-Cal members," she said.

State funding will provide resources to current and prospective case management and community support providers to deliver a "person-centered, community-based" approach to people with complex health needs and unmet social needs, Do-Reynoso said.

"These individuals are at high risk of hospitalization, institutionalization, and

"What the data showed is that 30 percent of the referrals were individuals that had a history of homelessness but never touched the homeless system. What that told us is there's a lot of people the health care system is interacting with that the homeless system is not," he said. "I think in many communities, with what we've seen, there needs to be a pathway from hospitals to interim housing sites."

Having a team of people from multiple service points who interacted with one another allowed the client to transition smoothly from the medical sector to homeless services, Castillo

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Press Release #1

CalAIM Arrives in Santa Barbara and San Luis Obispo Counties

CenCal Health to manage State's transformation of Medi-Cal on the Central Coast

SANTA BARBARA, Calif. – Sept 6, 2022 – The California Advancing and Innovating Medi-Cal program – known as CalAIM – is the far-reaching, multi-year plan to transform Medi-Cal. The long-term mission of CalAIM is to offer 14+ million Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory. The comprehensive program was developed by the State of California's Department of Health Care Services (DHCS). In Santa Barbara and San Luis Obispo counties, the local health plan CenCal Health is responsible for managing the implementation of CalAIM with its community partners.

CalAIM will provide expanded services that go beyond traditional medical care, addressing social factors that affect human health from birth to end of life, including homelessness, behavioral health, care of older adults, services for individuals transitioning from incarceration, and beyond. CalAIM is the State's largest overhaul of how Medi-Cal services are delivered and paid since the implementation of managed care in the late 1970's.

"Our community partners have continuously been at the forefront of innovation, providing person-centered care to our members and underserved neighbors," said CenCal Health CEO Marina Owen. "With the opportunities afforded by CalAIM, we are pleased to support our providers' efforts to enhance, expand, and strengthen local services."

CenCal Health has implemented two new initiatives under the CalAIM framework. They are:

- Enhanced Care Management (ECM) is a benefit for members with complex needs requiring seamless coordination between multiple doctors and other care providers. With ECM, enrolled members are assigned a lead care manager who helps coordinate doctors, specialists, pharmacists, case managers, and social service providers, among others, in order to comprehensively manage the member's primary care, acute care, behavioral health, developmental health, oral health, and community services and supports.
- Community Supports provides medically appropriate and cost-effective alternatives to traditional medical services. Community Supports comprehensively addresses the needs of members — including those with the most complex challenges affecting health such as homelessness, unstable and unsafe housing, food insecurity, and/or other social needs.

CenCal Health currently offers two Community Supports: Medically-Tailored Meals and Recuperative Care. Medically Tailored Meals provides meals to members with diabetes, congestive heart failure, or chronic kidney disease, and who have had a skilled nursing facility stay, inpatient hospital visit, or two emergency room visits within 12 months.

Press Release #1 (cont.)

Recuperative Care is medically-supervised respite care for patients who have just been released from the hospital due to serious illness or injury, and are experiencing homelessness or at risk of homelessness. Community partners, shelters and local hospital providers Dignity Health, Cottage Health and Tenet Health have been offering recuperative care since 2019. Through CalAIM, CenCal Health will continue to support these critical services.

"Working together we can disrupt the cycle of preventable re-hospitalizations for those in our community experiencing homelessness," said Marian Regional Medical Center President and CEO Sue Andersen. "It is great news that CalAIM and CenCal Health have made Recuperative Care an immediate priority in our county."

Good Samaritan Shelter, PATH Santa Barbara, and Community Action Partnership of San Luis Obispo partner with the area hospitals to ensure an integrated referral and care coordination structure for members moving in and out of respite services. "Our shelter is committed to providing emergency, transitional and affordable housing with support services to the homeless and those in recovery throughout the Central Coast," said Sylvia Barnard, Good Samaritan Shelter Executive Director.

More information about CalAIM on the Central Coast is available at cencalhealth.org/members/calaim/. Additional information about CalAIM can be found on the DHCS site at dhcs.ca.gov/calaim. To learn more about CenCal Health go to cencalhealth.org.

About CenCal Health

CenCal Health is a community-accountable health plan that partners with over 1,500 local physicians, hospitals and other providers in delivering patient care to nearly 220,000 members – about one in four residents of Santa Barbara County and one in five residents of San Luis Obispo County. A public agency, the health plan contributes approximately $50 million a month into the local economy, primarily through payments to healthcare providers who serve its membership. Established in 1983, it is the oldest Medicaid managed care plan of its kind in the nation. View its annual Community Report at cencal2021.org.

December 2022 Look Back

To: CenCal Health's Board of Directors
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Date: January 6, 2023

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Press Release #2

CenCal Health Announces Incentive Program to Support CalAIM Initiatives

Providers offered funding to address social determinants of health on the Central Coast

SANTA BARBARA, Calif. – Nov 14, 2022 – Under the Department of Health Care Services (DHCS) CalAIM Initiative (California Advancing and Innovating Medi-Cal), health plans are poised to work closely with health care partners to ensure that Medi-Cal members have the tools and support needed to achieve optimal health outcomes. To support the expansion of novel services under the Medi-Cal Program, CenCal Health announces the launch of the Incentive Payment Program (IPP). IPP was created by DHCS to support CalAIM, the far-reaching, multi-year plan developed by the State to transform Medi-Cal by breaking down the traditional walls of health care – extending beyond hospitals and health care settings into communities. In Santa Barbara and San Luis Obispo counties, the local health plan CenCal Health is responsible for managing the implementation of many CalAIM programs with its community partners, and may earn approximately $19.2M in IPP funding from the State.

CenCal Health will make available IPP funds to build and increase capacity for two CalAIM initiatives: Enhanced Care Management is a new benefit made available to vulnerable members with the intent of supporting intensive wrap-around health and social service navigation. CenCal Health went live with the Enhanced Care Management benefit in July of 2022, and looks forward to working with its provider and community partners to build and expand capacity for Enhanced Care Management services.

Community Supports services are optional for health plans to provide and make available medically appropriate, cost effective alternatives to traditional health care services. CenCal Health currently offers two Community Supports: *Medically Tailored Meals* and *Recuperative Care*. Beginning in January 2023, CenCal Health plans to make available sobering center services, as well as housing transition and navigation, housing tenancy and sustaining supports, and housing deposits.

Through the CalAIM framework, CenCal Health will support the expansion of services beyond traditional medical care, addressing social factors that affect people's health in partnership with its counties, community, and provider partners.

"CenCal Health recognizes the deep commitment of our local communities in ensuring that we are collectively meeting the needs of Medi-Cal members on the Central Coast. Enhanced Care Management and Community Supports services provide an opportunity for providers to address the social determinants of health," said CenCal Health CEO Marina Owen.

CenCal Health is currently in receipt of $6.4M in IPP funds. Up to an additional $12.8M may be earned for IPP in the coming year, based on State approval. IPP funding may be used by Enhanced Care Management and Community Supports providers, including community-based organizations, county organizations, and traditional healthcare providers, toward one-time or ongoing activities, including

Press Release #2 (cont.)

staffing support; infrastructure or capital investment; data/information technology development or enhancement; staff training and education, and operations.

"Using the IPP funds made available by DHCS, we are poised to support our partners in building and expanding Enhanced Care Management and Community Supports capacity," said CenCal Health Provider Network Officer Jordan Turetsky. Interested organizations who are currently providing or plan to provide Enhanced Care Management or Community Supports services are encouraged to apply online at cencalhealth.org/providers/calaim/incentive-payment-program.

More information about CalAIM on the Central Coast is available at cencalhealth.org/calaim. Additional information about CalAIM can be found on the DHCS site at dhcs.ca.gov/calaim. To learn more about CenCal Health, go to cencalhealth.org.

About CenCal Health

CenCal Health is the local Medi-Cal health plan that partners with over 1,500 local physicians, hospitals, and other providers in delivering health care services to over 225,000 members in its two-county service area – one in four residents of Santa Barbara County and one in five residents of San Luis Obispo County. Founded in 1983, CenCal Health prioritizes cultivating community partnerships; advancing quality and health equity; expanding its service role and reach in the community; and organizing for impact and effectiveness. With a vision to be a trusted leader in advancing health equity so that the communities we serve thrive and achieve optimal health, CenCal Health invites the public to review its 2023-2025 Strategic Plan at www.cencalhealth.org/strategicplan.

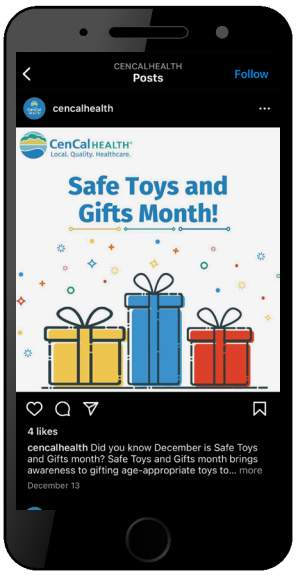
December 2022 Look Back

To: CenCal Health's Board of Directors
From: Nicolette Worley Marselian, Director, Communications & Community Relations
Date: January 6, 2023

SHARED MEDIA

CenCal Health uses social media platforms to communicate with our members, providers, staff, and communities.

December Campaigns (samples)



Safe Toys and Gifts Month!

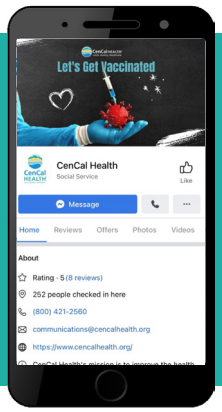
Holiday Decoration Safety Tips

Let's Get Vaccinated

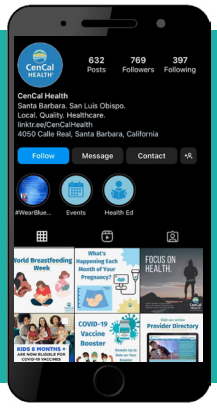
Sue Andersen, PCBT annual Who's Who in Healthcare, Insurance & Life Sciences

As a reminder, we encourage members of the Board to:

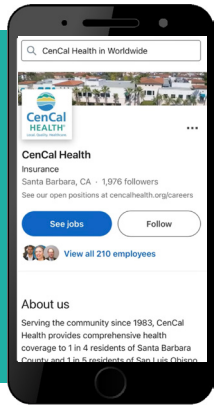
- **Follow** CenCal Health on Facebook, Instagram, and LinkedIn.
- **"Like"** posts.
- **Post comments** as appropriate.
- **Share posts** you think others may find interesting or informative.



Facebook



Instagram



LinkedIn

On social media, you will see that our Facebook and Instagram content provides targeted information for our members and providers. On LinkedIn, our posts recruit, inform, and repost content from our network providers and community-based organizations we work with closely. We also communicate to teleworking CenCal Health staff.

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COMMUNITY RELATIONS

Sponsorships & Donations Quarterly Report

Starting in May 2022, staff began attending various sponsored engagements in person. From October 1 through December 31, 2022, 13 CenCal Health Ambassadors represented the organization at ten events.

From October 1 to December 31, 2022, CenCal Health sponsored and/or attended events hosted by 18 community-based charitable organizations, totaling $17,204.75. The organizations supported predominantly serve underserved communities, children and families, the elderly, or Latino-focused, and fall under complementary service or demonstrable benefit.

Community Meetings

CenCal Health staff are active on community boards, councils, and committees representing issues on access to healthcare, children and senior issues, behavioral health, Latine/x outreach, individuals with developmental disabilities, and homelessness. Our objective is to improve access to high-quality healthcare, reduce health inequities, provide education and promote a healthy lifestyle.

Community Engagement Report

CenCal Health participated in 11 community-focused meetings and activities in December 2022. Due to the COVID-19 pandemic, most meetings were attended through virtual platforms. When in-person activities occur, staff is encouraged to follow recommended preventive safety measures, like wearing a mask and social distancing.

Date	Activity/Event/Meeting	Audience Reached
December 16	SLO County Homeless Services Division	County
December 14	Homeless Services Oversight Council Executive Committee (SLO)	Public/CBOs/Business Community/County/ Provider/Legislators
December 13	Homeless Services Oversight Council Finance and Data Committee (SLO)	Public/CBOs/Business Community/County/ Provider/Legislators
December 13	Farm Worker Outreach Task Force (SLO)	CBOs/Business Community/ County/Provider
December 12	40 Prado & Sun Street overview (SLO)	CBOs
December 9	San Luis Obispo Community Partners Focused on Homelessness Overview (SLO)	County/Provider

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COMMUNITY RELATIONS

Community Engagement Report (cont.)

Date	Activity/Event/Meeting	Audience Reached
December 9	Community Conversations (SB)	Public/CBOs/Business Community/County/ Provider/Legislators
December 7	CalAIM and Rent Stabilization (SB)	CBO
December 6	Homeless Services Oversight Council Housing Committee (SLO)	Public/CBOs/Business Community/County/ Provider/Legislators
December 5	Homeless Services Oversight Council Homeless Services Committee (SLO)	Public/CBOs/Business Community/County/ Provider/Legislators
December 2	American Cancer Society overview (SB)	CBO

Information Technology Report

Date: January 18, 2023

From: Bill Cioffi, Chief Information Officer

Contributors: Jai Raisinghani, Deputy Chief Information Officer

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The following information is provided as an update on ongoing operational and project-oriented priorities led by Information Technology.

CalAIM Enhancements

IT Systems were enhanced to provide automation of different components for Enhanced Care Management (ECM) and Community Support (CS). IT systems, including Authorization requests from our CCH Provider Portal, were upgraded to receive requests for Housing Deposits and support the expansion of ECM and CS services.

Help Desk Enhancements

After the new Help Desk system went live successfully, IT personnel received a total of 524 new service requests from various departments. Starting January 2023, the IT Team will transition out of the previous Help Desk system and start developing reporting for the new system to measure KPI (Key Performance Indicators) to meet SLA (Service Level Agreements) based on severity of the incoming request.

Operational Statistics

During the month of December, the Health Plan received approximately 280,000 claims. HIPAA Compliant 837I/837P was the source of 93% of total claims and CenCal Health's Provider Portal was used for 4% of claim submissions. In total 98% of total claims were received via electronic method (HIPAA 837I/ 837P/ Proprietary files). Auto-adjudications rates for the month was at 96%. During the month of December, the Health Plan received approximately 10,000 authorization requests and 84% were entered using CenCal Health's Provider Portal. Additionally, 6% of total requests were part of data transmission from the Plan's Radiology Benefit Manager (RBM).

Compliance Program Annual Assessment and Strategic Work Plan

2023

Introduction

CenCal Health's (CenCal or Plan) Compliance Department is responsible for a variety of functions as governed by the Plan's contract with the Department of Health Care Services (DHCS), 42 CFR § 438.608, and HIPAA. The Compliance Department has several areas of responsibility it oversees in order for the Plan to meet its contractual obligations and Federal and State regulatory requirements.

Further details regarding staffing and structure may be found in the Compliance Departmental Assessment. For the purposes of the annual strategic plan, a high-level outline of the Compliance Department and areas of responsibility within the department is provided.

The following sections provide details regarding the activities that fall under the Compliance Department's areas of responsibility, current state including current established processes, gap analysis, priorities for calendar year 2022, priorities for future years, and progress on completing current priorities.

Compliance Program

According to 42 CFR§ 438.608 and the Plan's contract with DHCS, CenCal's Compliance Program, at a minimum, shall include the following:

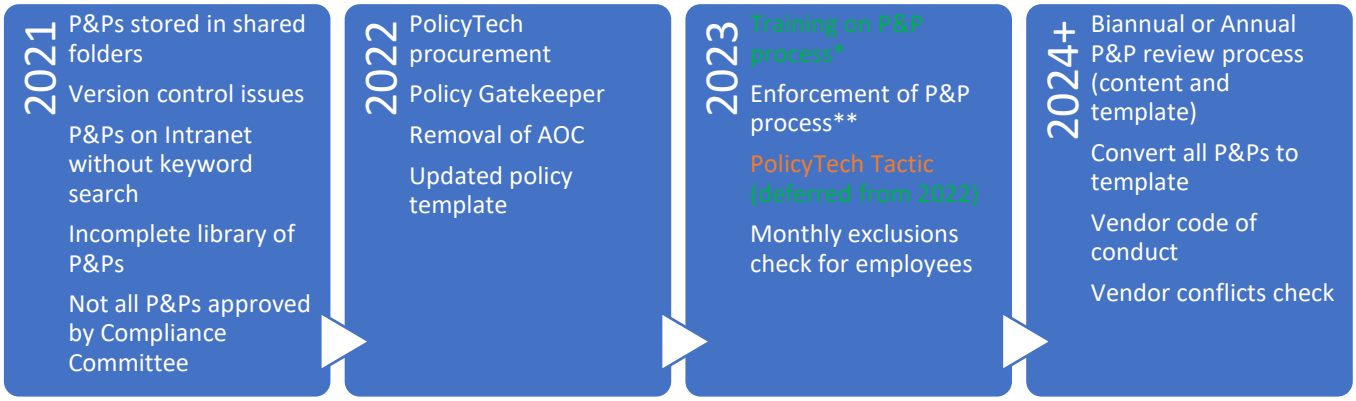
1. Written policies, procedures, and standards of conduct that articulate the organization's commitment to comply with all applicable requirements and standards under the contract, and all applicable Federal and State requirements.
2. The designation of a Compliance Officer who is responsible for developing and implementing policies, procedures, and practices designed to ensure compliance with the requirements of the contract and who reports directly to the Chief Executive Officer and the board of directors.
3. The establishment of a Regulatory Compliance Committee on the Board of Directors and at the senior management level charged with overseeing the organization's compliance program and its compliance with the requirements under the contract.
4. A system for training and education for the Compliance Officer, the organization's senior management, and the organization's employees for the Federal and State standards and requirements under the contract.
5. Effective lines of communication between the compliance officer and the organization's employees.
6. Enforcement of standards through well-publicized disciplinary guidelines.
7. Establishment and implementation of procedures and a system with dedicated staff for routine internal monitoring and auditing of compliance risks, prompt response to compliance issues as they are raised, investigation of potential compliance problems as identified in the course of self-evaluation and audits, correction of such problems promptly and thoroughly (or coordination of suspected criminal acts with law enforcement agencies) to reduce the potential for recurrence, and ongoing compliance with the requirements under the contract.

Annual Compliance Program Assessment and Strategic Work Plan

Below is a summary of the work completed in 2022 and work planned for 2023.

Items in Green were deferred from 2022
Items in Orange are on the 2023 Operating Plan

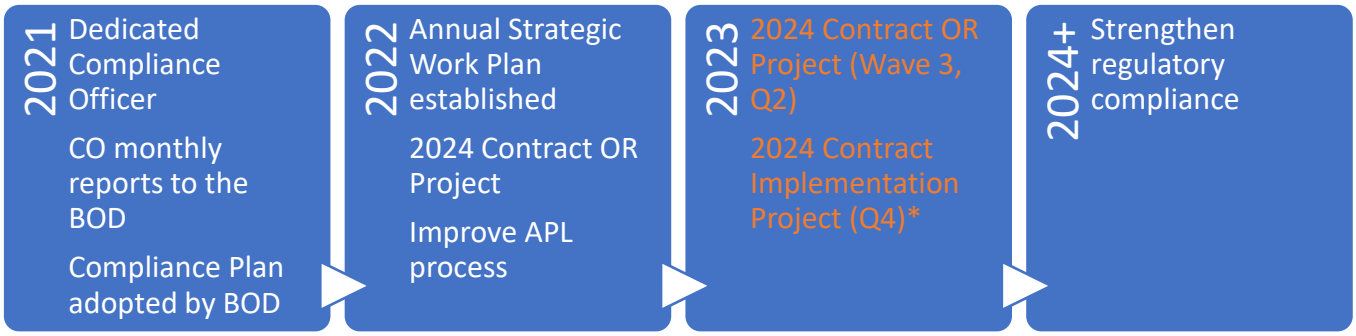
Policies and Procedures and Code of Conduct



*Training on committee review, SME review, signatory authority, regulatory submissions
**Enforcement of P&Ps will consist of ensuring use of template, version control, and Compliance Committee approval of all P&Ps.

Compliance Officer

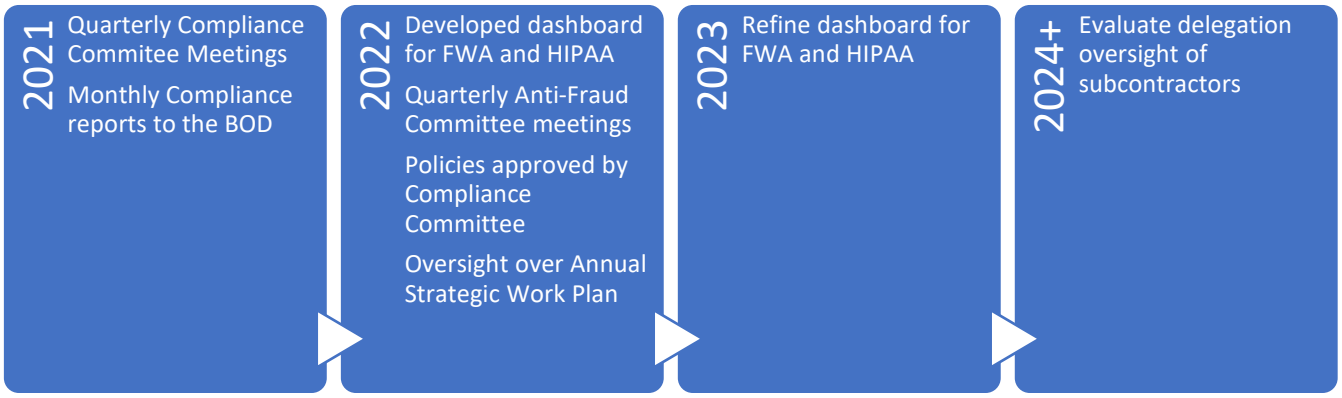
CenCal Health's Compliance Officer is responsible for developing and implementing policies, procedures, and practices designed to ensure compliance with the requirements of the contract and who reports directly to the Chief Executive Officer and the Board of Directors



* 2024 Contract Requirements: 110 reports to DHCS, Delegation Agreements, public posting of internal CAPs, oversight over subcontractors and delegate, FWA, HIPAA

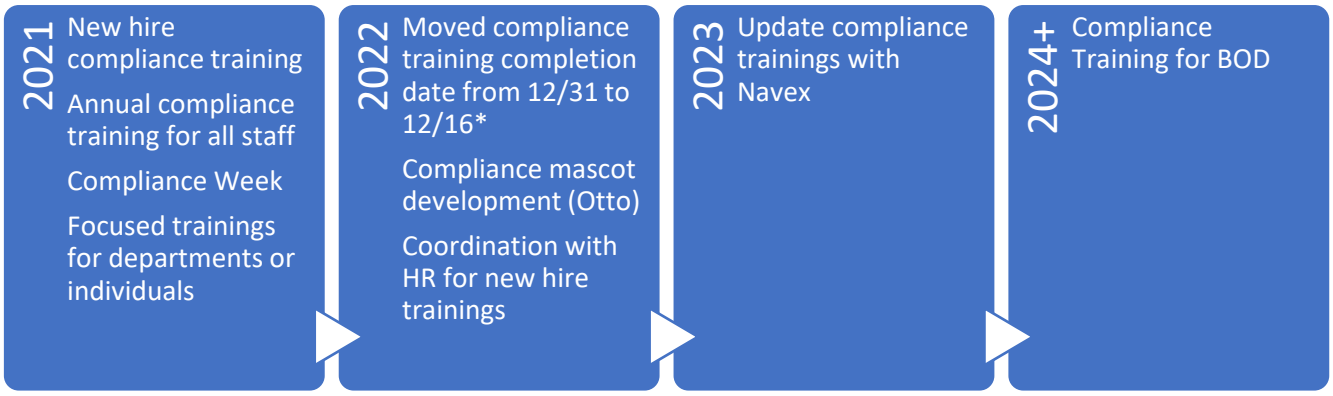
Compliance Committee

CenCal Health's Compliance Committee reports to the Board of Directors and includes senior management level charged with overseeing the organization's compliance program and its compliance with the requirements under the contract



Training and Education

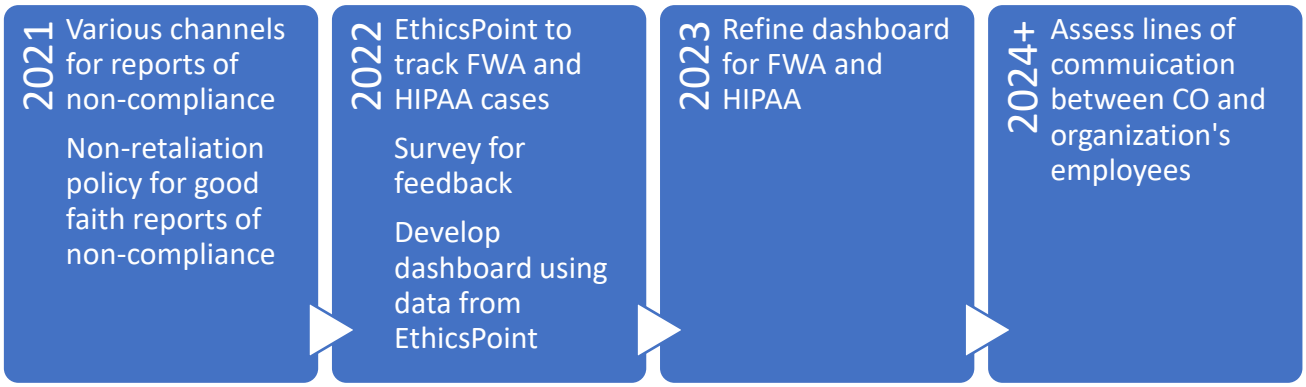
CenCal Health has a system for training and education for the organization's senior management, and the organization's employees for Federal and State standards and contract requirements.



*Able to achieve 100% compliance by new deadline.

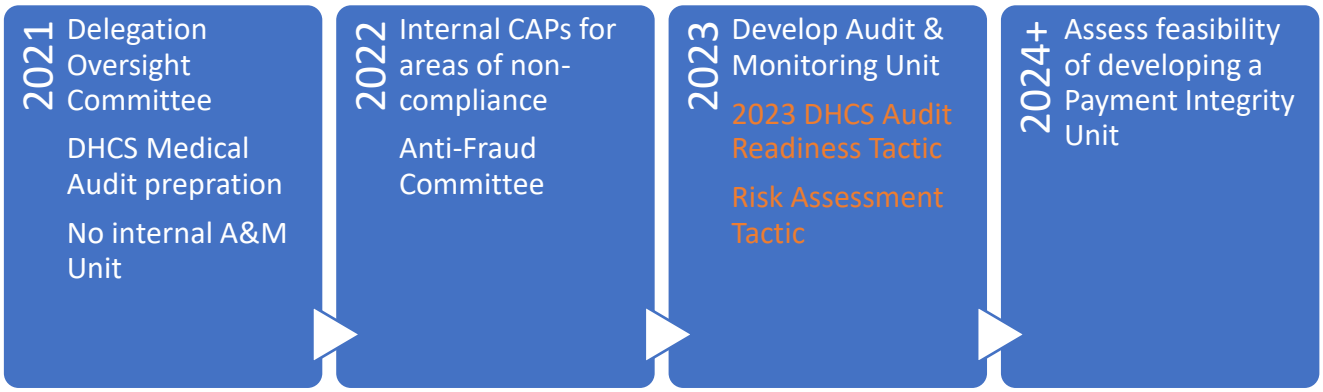
Effective Lines of communication

CenCal Health shall have effective lines of communication between the compliance officer and the organization's employees for reports of non-compliance.



Audit and Monitoring

CenCal Health shall have an Auditing and Monitoring system with dedicated staff for routine internal monitoring and auditing of compliance risks, prompt response to compliance issues as they are raised, investigation of potential compliance problems as identified in the course of self-evaluation and audits, correction of such problems promptly and thoroughly (or coordination of suspected criminal acts with law enforcement agencies) to reduce the potential for recurrence, and ongoing compliance with the requirements under the contract.



Established Compliance Activities

Compliance Activity	Frequency	OIG Element
Strategic Work Plan (alignment with Operating Plan)	Annual	2 & 3
Departmental Assessment	Annual	2
Committee Charter Review	Annual	3
Compliance Plan Review and Update	Annual	2 & 3
DHCS Medical Audit	Annual	7
DMHC Financial Audit	Annual	7
Compliance Week	Annual	4
Code of Conduct Review and Update	Annual	1
Code of Conduct attestation by employees	Annual At hire	1
Conflict of Interest (Board of Directors, Executives, Directors)	Annual At hire	1
Compliance Training (FWA and HIPAA)	Annual At hire	4
Compliance Committee Meetings	Quarterly	3
Anti-Fraud Committee Meetings	Quarterly	3 and 5
Delegation Oversight Committee Meetings	Quarterly	7
Compliance reports to Board of Directors	Monthly	2
APL Dissemination Process	Ad Hoc	2
Content development for member and provider newsletters	Ad Hoc	4
Trainings and conferences for Compliance staff	Ad Hoc	4

2023 Annual Work Plan Timeline

Below is an overview of the timeline for the 2023 Annual Compliance Strategic Work Plan, by quarter.

Q1	Q2	Q3	Q4
•PolicyTech Tactic •2024 Contract Implementation •2024 Contract OR •A&M Unit •2023 DHCS Audit Readiness	•PolicyTech Tactic •2024 Contract Implementation •2024 Contract OR •A&M Unit •Risk Assessment	•PolicyTech Tactic •2024 Contract Implementation •2024 Contract OR •A&M Unit •Update Compliance Trainings	•PolicyTech Tactic •2024 Contract Implementation •2024 Contract OR •A&M Unit •Refine FWA and HIPAA Dashboard

CenCal Health
Compliance Committee Charter

This Compliance Committee is established to maintain CenCal Health's commitment to the highest levels of ethical standards and integrity. The Chief Legal and Compliance Officer, who acts as chair of the Compliance Committee, shall have a direct reporting relationship to the Board of Directors regarding compliance-related matters and updates.

The Compliance Committee is responsible for the development and oversight of a comprehensive Compliance Program that includes organizational policies and procedures. The Compliance Committee is also responsible for the development, monitoring, and revision of the Code of Conduct. The Code of Conduct governs the manner in which employees conduct business activities on behalf of CenCal Health.

Compliance Committee Responsibilities

- Oversee the development and implementation of CenCal Health's Compliance Program.
- Review and approve written policies and procedures that define organizational expectations, including the Code of Conduct.
- Establish organizational training and education processes and publishes expectations for all employees and governing body members.
- Establish communication lines for reporting concerns to the Compliance Officer, including anonymous and confidential reporting.
- Establish a non-retaliation policy to encourage good faith participation and outlines disciplinary actions for violations of policy or the Code of Conduct.
- Establish a system for routine risk assessment and evaluation, internal audit, and regulatory reporting.
- Establish a system for immediate response to compliance related matters when escalated; development of corrective action plans; and reporting compliance matters to appropriate regulatory bodies, when necessary.

Compliance Committee Membership (Voting Members)

- Chief Legal and Compliance Officer (Chair)
- Board Liaison
- Chief Executive Officer
- Chief Customer Experience Officer/ Chief Health Equity Officer
- Chief Financial Officer
- Chief Information Officer
- Chief Medical Officer
- Chief Operating Officer
- Chief Performance Officer
- Deputy Chief Information Officer / HIPAA Security Officer
- Government Affairs & Administrative Officer
- Health Services Officer
- Provider Network Officer
- Quality Officer
- Director of Compliance and Privacy Officer
- Director of Behavioral Health
- Director of Claims
- Director of Finance
- Director of Human Resources
- Director of Medical Management
- Director of Member Services
- Director of Pharmacy
- Director of Provider Services

Compliance Committee Staff (Non-Voting Members)

- Compliance Manager
- Compliance Coordinator
- Compliance Investigator
- Compliance Specialist
- Privacy Investigator
- Sr. Compliance Specialist
- Sr. Delegation Specialist

Population Health Management Report

Date: January 18, 2023

From: Carlos Hernandez, Quality Officer

Through: Emily Fonda, MD, MMM, CHCQM, Chief Medical Officer

Executive Summary

The statewide initiative to transform Medi-Cal, known as California Advancing and Innovating Medi-Cal (CalAIM), assures access to a more equitable, coordinated, and person-centered approach to population health. Effective January 1, 2023, the Department of Health Care Services (DHCS) required standardization and implementation of several significant Population Health Management (PHM) operational enhancements statewide.

This report highlights the most significant processes that CenCal Health implemented for 2023, in accordance with DHCS requirements.

CenCal Health's most operationally significant system enhancements include functionality to:

- Administer health risk appraisals for all new members, upon enrollment and annually
- Quantitatively risk score and stratify all members
- Administer value-based Primary Care Provider payments to improve quality of care and health equity
- Securely collect important member characteristics, including but not limited to gender identity, sexual orientation, and supplemental demographic data
- Expand complex case management individual assessments

This report on CenCal Health's PHM Program development activities is presented for your Board's acceptance.

Background

CalAIM utilizes a PHM Program framework to prioritize prevention and whole-person care. The CalAIM goal is to standardize PHM managed care operations statewide to ensure all members have access to a comprehensive program that achieves improved health equity and outcomes.

The DHCS PHM requirements achieve standardization by adopting National Committee for Quality Assurance (NCQA) accreditation standards, and uniform population identification methods and technology.

PHM program functionality encompasses a broad range of managed care operations, including:

- Health appraisal, wellness, & prevention;
- Identification & risk scoring of members;
- Complex case management;
- Provider delivery system supports;
- Continuous surveillance & improvement.

CenCal Health PHM Program Implementation

In May 2022, CenCal Health convened six multi-disciplinary teams to complete a readiness assessment for each required managed care function. The six teams were comprised of subject matter experts in their respective operational functions, plus other team members that offered a perspective independent from the processes under review. Teams completed a baseline readiness assessment to achieve compliance with NCQA standards. Teams designed and implemented needed changes that at times required policy revisions, and often implementation of new workflows and systems. Identified needs were coordinated with leadership to assure appropriate resourcing.

Key Developments Completed

The following foundational PHM Program elements required operational enhancement, ranging from moderate refinement to significant development:

PROCESS CHANGE	FORMER STATE	SIGNIFICANCE	FREQUENCY	COMPLETED
Administer health risk appraisals for all new members, upon enrollment & annually	Surveyed new members only	Significant	Monthly	Yes
Quantitatively risk score & stratify all members	Scored Health Risk Appraisal survey respondents only	Significant	Weekly	Yes
Administer value-based Primary Care Provider payments to improve quality of care & health equity	5 legacy programs retired	Significant	Monthly	Yes

PROCESS CHANGE	FORMER STATE	SIGNIFICANCE	FREQUENCY	COMPLETED
Securely collect important member characteristics, including but not limited to gender identity, sexual orientation, and supplemental demographic data	No prior functionality	Significant	Daily	Yes *(pending DHCS Approval to go live)*
Expand complex case management individual assessments	Formerly included fewer assessment elements	Moderate	Daily	Yes

Next Steps

Next steps include:

1) Automation of operational processes to increase PHM Program efficiency and process reliability in Quarter 1 2023.
2) Continued collection of evidence to demonstrate CenCal Health's PHM Program compliance in Quarter 1 2023.
3) Transition to use a DHCS-provided risk scoring and stratification technology or "PHM Service". The DHCS PHM Service technology will complement or replace each Medi-Cal plan's quantitative system to risk stratify its membership in Q3 2023.

Recommendation

This report on CenCal Health's PHM Program development activities is presented for the CenCal Health Board's acceptance.

CalAIM Implementation Update

Date: January 18, 2023

From: Jennifer Fraser, PMP, EPMO Program Manager
Lead, CalAIM Program

Through: Marina Owen, Chief Executive Officer
Chair, Executive CalAIM Steering Committee

Executive Summary

This report provides information regarding CenCal Health's efforts to achieve the goals of California Advancing and Innovating Medi-Cal (CalAIM) as defined by the Department of Healthcare Services (DHCS). To achieve these goals over the next several years, CalAIM initiatives are managed collectively with oversight through an Executive Steering Committee comprised of Executive and Senior Leaders to support aligning CalAIM goals with CenCal Health's strategic objectives. The purpose of this memo is to provide information and highlights on CalAIM implementation activities

CalAIM Program Overview

The Executive CalAIM Steering Committee meets regularly to set the strategy for and guide the work required to implement CalAIM to include oversight and monitoring to support the work in progress. This includes regular inputs on current and evolving regulatory guidance as well as updates on local and community advocacy to meet needs and address gaps in our communities. Additionally, staff has formed a workgroup to support the participation in the California Health and Human Services (CalHHS) Data Exchange Framework which seeks to promote health equity and expand access to whole-person care by accelerating and expanding the exchange of health information among health care entities, government agencies, and social service programs beginning in 2024.

CalAIM Initiatives Update

Below is a list of updates for CalAIM initiatives in progress:

- **Enhanced Care Management (ECM)** – On January 1, 2023, two (2) additional Populations of Focus (POFs) were eligible for services, including *Adults Living in the Community at Risk for Institutionalization* and *Adults who are Nursing Facility Residents Transitioning to the Community* with approximately thirty (30) presumptively eligible members identified. Staff expect volume to increase for these new populations through outside referrals from the provider network and our

community partners. To date, six (6) providers are contracted to provide ECM, and 123 members are enrolled and receiving ECM services. With the upcoming addition of children and youth populations, DHCS has recently expanded the list of POFs to clarify and bring awareness to individuals who are Pregnant/Post-Partum as well as individuals with an Intellectual or Developmental Disability (I/DD) that qualify for an existing POF. The POF related to Individuals Transitioning from Incarceration has been delayed to January 2024 *(see Table 4)*. All prior Model of Care submissions have been approved by DHCS for Phase 1 and Phase 2. Staff are in development of the first Phase 3 submission due in February *(see Table 6)*.

- **Community Supports** – On January 1, 2023, Housing Transition Navigation Services, Housing Deposits, and Housing Tenancy & Sustaining Services launched with four (4) contracted providers, and Sobering Centers launched with two (2) locations in Santa Barbara County. No new services are being offered for July 1, 2023, to allow the opportunity to focus on operationalizing and increasing utilization rates for the existing Phase 1 and 2 services *(see Table 5)*. All prior Model of Care submissions have been approved by DHCS for Phase 1 and Phase 2 *(see Table 6)*.

- **Social Determinants of Health (SDOH)** - CenCal Health staff continues to execute a communication plan to increase awareness to providers of the importance of reporting SDOH diagnosis codes with an emphasis on the priority codes established by DHCS to include provider communications via the website, print materials and in person interactions. Next steps are developing a dashboard to identify and target additional outreach needs.

- **NCQA Accreditation & Population Health Management (PHM)** - To streamline plan oversight and to increase standardization across plans, DHCS is requiring all plans to be NCQA accredited by 2026. Workgroups for six (6) Plan Standards and one (1) Health Equity Standard have been formed and are actively engaging in an enterprise-wide gap analysis effort. In advance of full accreditation, a PHM Program Readiness deliverable was submitted to DHCS in October 2022 to document and attest to CenCal Health's readiness to meet specific PHM Program requirements. Staff are actively working to address any gaps to those requirements.

- **Capacity-Building Incentives** – DHCS has established a variety of incentive programs to support health plans and providers in achieving the goals of CalAIM. CenCal Health staff is currently participating in and/or implementing these different incentive programs, (i.e., Incentive Payment Program (IPP), Providing Access and Transforming Health (PATH) Incentives, Student Behavioral Health Incentive Program (SBHIP), and Homeless Housing Incentive Program (HHIP).

- **Mandatory Managed Care Enrollment (MMCE)** - To standardize enrollment processes, DHCS is eliminating variances in benefits according to aid code,

population, and geographic location. The plan is still pending reporting from DHCS on the number of impacted members for the second transition related to dual populations added on January 1, 2023.

- **Transition to Statewide Managed LTSS & D-SNP** – DHCS is requiring beneficiaries to enroll in a Medi-Cal managed care plan and D-SNP operated by the same organization to allow for greater integration and coordination of their care. The procurement efforts for selecting a consultant implementation vendor continue with a recommendation on the preferred vendor choice to this Board in January. Review and discussion of the preliminary Milliman Financial Feasibility Study with key functional leaders is scheduled for late January 2023.

- **Benefits Standardization** – In line with the purpose of the MMCE above, DHCS is standardizing benefits so that Medi-Cal beneficiaries will have access to a consistent set of services no matter where they live. Long-Term Care (LTC) is currently a CenCal Health benefit, and thus its carve in on January 1, 2023, represents little impact to the plan as the plan's network certification had already been approved by DHCS in 2022.

Recommendation

Staff recommends acceptance of this informational report describing current CalAIM implementation activities and no action is requested at this time.

Enclosure(s)

1. CalAIM Reference
    a. Table 1: CalAIM Goals
    b. Table 2: CenCal Health Objectives
    c. Table 3: CalAIM Initiatives
    d. Table 4: Enhanced Care Management (ECM) Population of Focus
    e. Table 5: Community Support (CS) Services
    f. Table 6: CenCal Health Model of Care State Submissions

CalAIM Reference

Table 1 – CalAIM Goals

CalAIM has three (3) primary goals as defined by DHCS in the table below:

DHCS CalAIM Goals	
1	Identify and manage comprehensive needs through whole person care approaches and social drivers of health
2	Improve quality outcomes, reduce health disparities, and transform the delivery system through value-based initiatives, modernization, and payment reform
3	Make Medi-Cal a more consistent and seamless system for enrollees to navigate by reducing complexity and increasing flexibility

Table 2 – CenCal Health Objectives

CenCal Health's related objectives are noted in the table below:

CCH Objective	Objective Description
Adapt Operations to Meet Customer Needs	Anticipate and respond to the existing and emerging needs of our members, providers, community, and regulatory partners
Enhance Organizational Readiness	Enable organizational advancement by pursuing targeted improvements in operational excellence, compliance strength, technology readiness and financial position
Prepare for Strategic Advancement	Execute a collaborative planning process that positions CenCal Health to strategically focus in the coming years on efforts that advance our mission and emerging vision

Table 3 – CalAIM Initiatives Mapped to CalAIM Goals and CenCal Health Objectives:

CalAIM initiatives mapped to both DHCS goals and CenCal Health's strategic objectives are noted in the table below:

CalAIM Initiative	CalAIM Goal	CenCal Health Objective
Enhanced Care Management (ECM)	1	Adapt Operations to Meet Customer Needs
Community Supports (formerly ILOS)	1	Adapt Operations to Meet Customer Needs
Collecting Social Determinants of Health (SDOH)	1	Adapt Operations to Meet Customer Needs
NCQA Accreditation for MCPs	2	Enhance Organizational Readiness

Population Health Management (PHM)	2	Adapt Operations to Meet Customer Needs
Incentive Payment Program (IPP)	2	Adapt Operations to Meet Customer Needs
Providing Access and Transforming Health (PATH) Incentives	2	Prepare for Strategic Advancement
Student Behavioral Health Incentive Program	2	Adapt Operations to Meet Customer Needs
Homeless Housing Incentive Program	2	Adapt Operations to Meet Customer Needs
Mandatory Managed Care Enrollment (MMCE)	2	Prepare for Strategic Advancement
Transition to Statewide Managed LTSS & D-SNP	2	Adapt Operations to Meet Customer Needs
Benefit Standardization	3	Adapt Operations to Meet Customer Needs

Table 4 – ECM Populations of Focus (POFs)

DHCS is implementing the ECM benefit over four (4) phases with each phase targeted for specific Populations of Focus as noted in the table below. **Bolded POFs** indicate changes as well as incorporation of population specificity by DHCS.

Phase	Populations of Focus (POFs)	Effective Dates
1	• Individuals & Families Experiencing Homelessness (POF 1) • Adults At Risk for Avoidable Hospital and Emergency Department (ED) Utilization (POF 2) • Adults with SMI/SUD Needs (POF 3) • **Adults with Intellectual/Developmental Disability (I/DD) (POF 9)** • **Pregnant or Postpartum Adults (POF 10)**	7/1/2022 *Live*
2	• Adults Living in the Community At Risk for Institutionalization (POF 5) • Adults who are Nursing Facility Residents Transitioning to the Community (POF 6)	1/1/2023 *Live*

3	• **Adults without Dependent Children/Youth Living with Them Experiencing Homelessness (POF 1)**
	• **<u>Children & Youth Populations of Focus</u>:**
	  • Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness (POF 1)
	  • Children and Youth At Risk for Avoidable Hospital or ED Utilization (POF 2)
	  • Children and Youth with Serious Mental Health and/or SUD Needs (POF 3)
	  • Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition (POF 7)
	  • Children and Youth Involved in Child Welfare (POF 8)
	  • Children and Youth with Intellectual/Developmental Disability (I/DD) (POF 9)
	  • Pregnant or Postpartum Youth (POF 10)
		7/1/2023

4	• **Individuals Transitioning from Incarceration (POF 4)** • **Birth Equity - Adults and Youth (POF 10)**	1/1/2024

Table 5 – Implementation of Community Supports Services

CenCal Health's implementation of the pre-approved Community Supports services is noted in the table below.

Community Supports	Effective Date
• Medically Tailored Meals (MTM)	7/1/2022 *Live*
• Recuperative Care (RC)	10/1/2022 *Live*
• Housing Transition Navigation Services • Housing Deposits • Housing Tenancy & Sustaining Services • Sobering Centers	1/1/2023 *Live*
• No Community Supports Offerings	7/1/2023
• *Service Offerings To Be Determined*	1/1/2024

Table 6 – ECM and Community Supports Model of Care (MOC) Submission Status

The Model of Care (MOC) contains documentation to be submitted to DHCS to determine the plan's readiness to meet the regulatory requirements for ECM and Community Supports. The timeframes and status for submissions are noted in the table below.

Phase	ECM	Community Supports	MOC Parts	Deadline	Status
1 **7/1/2022**	POFs 1, 2, 3	Initial Offerings • Medically Tailored Meals • Recuperative Care	Parts 1 & 2	2/15/22	**Approved**
			Part 3	4/15/22	**Approved**
2 **1/1/2023**	POFs 5, 6	Subsequent Offerings • Housing Transition Services • Housing Deposits • Housing Tenancy & Sustaining Services • Sobering Centers	Parts 1 & 2	7/1/22	**Approved**
			Part 3	9/1/22	**Approved**
3 **7/1/2023**	POF 7, 10	Subsequent Offerings • None	Parts 1 & 2	2/15/23	Development
			Part 3	5/1/23	Not Started

Community Advisory Board
Meeting Minutes
July 14, 2022

ATTENDEES: Christine Nichols, Dan Herlinger, Dana Gamble, Diana Robles, Elia Rodriguez, Gaby Labrana, Jennifer Nitzel, Mary Ellen Rehse; Petra Lowen, Santiago Sangovia, Susan Liles, Teri Amador, Zena Chafi-Aldwaik

EXCUSED: Barbara Clayton, Jonathan Nibbio, Jose Clemente, Julie Posada, Maria Garcia, Michelle Balter, Nicolette Worley Marselian, Shon Clayton

GUESTS: Nicole Bennett (Community Supports Program Manager), Blanca Zuniga (Associate Director of Care Management)

FACILITATOR/CHAIR: Eric Buben

RECORDER: Teri Amador

Topic	Discussion	Action Item	Target Due Date	Responsible Team Member
1. Introductions and comment on any non-agenda item of interest to the public that is within the subject matter jurisdiction of the Community Advisory Board (CAB).	Mr. Buben sought the opinions of the CAB voting members and staff present on holding the meeting in person or remote while still under the Public Health Emergency due to COVID-19. Advised we need to take a vote as a committee to decide if we want to meet in person or meet one more time virtually or as long as the PHE is in effect. Because we are under the Brown Act requirements as a Board, we are going to need to follow the requirements of in person meetings moving forward once the PHE is lifted. We will take a vote at the end of this meeting.	*Information Only*		
2. Acceptance of Minutes for April 14, 2022 CAB Meeting	Motion to approve Minutes from April 14, 2022 meeting was made by Mary Ellen Rehse, seconded by Jennifer Nitzel, and unanimously approved by the CAB.	*Action*		*CAB Voting Members*
3. Introduction of New CenCal Health Staff to CAB • Santiago Sangovia, Population Health Specialist	Mr. Buben introduced the new staff to the CAB Committee. Santiago Sangovia is replacing Rachal Ponce from our Population Health Team.	*Informational*		*E. Buben*

Topic	Discussion	Action Item	Target Due Date	Responsible Team Member
• Christine Nichols, Community Relations Specialist • Zena Chafi-Aldwaik, MPH, CHES, Health Promotions Educator	Christine Nichols is replacing Nicole Bennett from our Communications and Community Relations Team. Zena Chafi-Aldwaik is replacing Gaby Labrana who is going out on Leave soon and will present the Health Education Report and Population Needs Assessment needs from CAB during Gaby's absence.			
4. Enhanced Care Management (ECM) & Community Support Services (CSS)	Ms. Zuniga gave a detailed presentation on CenCal Health's Enhanced Care Management (ECM) Program offerings to date and plans moving forward. See slide deck for more information. **The presentation covered the following:** 1. Description of covered ECM services and requirements 2. Populations of Focus (POFs) 3. Timelines for implementation for the POFs 4. How ECM referral work and who to contact 5. ECM Contracted Providers Ms. Bennett gave a detailed presentation on CenCal Health's Community Support Services (CSS). **The presentation covered the following:** 1. Description of covered Community Support Services 2. Overview of the DHCS pre-approved Community Support Services 3. Overview of CenCal Health's first 2 Community Supports offered – Recuperative Care and Medically Tailored Meals 4. How the CSS Authorization Requests work and who to contact 5. Review of the CSS Request Form Mr. Buben asked what the criteria would be used to determine eligibility for ECM and CSS. Also, with the expansion of these programs, will we have more vendors to deliver services? Ms. Bennett said that the criteria would	*Information*		*B. Zuniga/ N. Bennett*

Topic	Discussion	Action Item	Target Due Date	Responsible Team Member
	most definitely be revisited and that right now they were looking at members with chronic conditions. She said that we do plan to bring in more providers into the network. We would like CAB's input as to the specific chronic conditions that they are seeing out in the community and we'll gather feedback over time. Ms. Rehse asked about Phase Three category for ECM (All Other Children) and what that meant. Ms. Bennett said that Phase 3 (7/1/2023) of the ECM Services would address children and youth. Ms. Rehse asked if there was going to be any kind of community forum or community assessment to take a look at what other supports might be needed. Ms. Bennett said that we are having conversations about roundtables and at this point in time, we were working on the housing and supportive services. As of January 1, 2023, she said that our first population of focus would be on individuals experiencing homelessness. Ms. Zuniga and Ms. Bennett would like the CAB's input for additional needs in the community for both of these services. Mr. Buben will e-mail both of these presentations to CAB committee members.			
5. Health Education Report • Health Ed Report • Population Needs Assessment Update	Ms. Labrana gave an update on Population Needs Assessment and the Health Promotion Report. **Population Needs Assessment (PNA) 2022 - Key Points of Interest:** CenCal Health's Membership is now around 210,000. CenCal Health's 2022 PNA was submitted to DHCS on June 27, 2022 and was given full approval by DHCS on July 5, 2022.	*Action*		*G. Labrana*

Topic	Discussion	Action Item	Target Due Date	Responsible Team Member
	Next steps include implementation of the PNA Action Plan Objectives for this year, which include both member and provider. • Pediatric Developmental Screening (rates are higher in SLO) • Breast Cancer Screening • Cervical Cancer Screening (Both Counties) • Hypertension ➢ Implement Action Plan Strategies ➢ Report Quarterly Progress **<u>Health Promotion</u> - Key Points of Interest:** <u>Member July Newsletter</u> went out to 83,000 households. Topics included: • Valley Fever – Created an educational handout to target farm workers and other community populations • Preparing for Back to School – Immunization Messaging • Mental Health Benefits • Transportation Services • Organ Donation • Fraud Waste and Abuse • Pediatric and Adult Preventive Health Guidelines - Valley Fever Awareness Campaign in coordination with CHC - Preventive Health Guidelines recommended by the American Academy of Pediatrics by the US Preventive Services Task Force and CDC – Member Friendly Handouts			

Topic	Discussion	Action Item	Target Due Date	Responsible Team Member
	- Immunization Messaging – Provider Bulletin, Community Newsletter, CenCal Health's Website and Social Media. - Introduction of CenCal Health's New Health Promotion Educator – Zena Chafi-Aldwaik The Fall Member Newsletter is in Production now. Planned topics: • Yoga (complementary and alternative care) • Monkeypox • Flu Shot Reminder • Member Privacy Notice • Physical Activity • COVID Vaccine Guidelines • Tobacco Cessation • Unintended Pregnancy • Mental and Behavioral Health Benefits Mr. Buben complimented Ms. Labrana on what a great job she has done on both of these reports. Motion to approve Health Education Report was made by Santiago Sangovia, seconded by Susan Liles, and unanimously approved by the CAB.			
6. Population Health Report	Mr. Segovia gave an update on the Population Health Report. Updates included: • Rachael Ponce departure from CenCal Health as of July 8, 2022 • DHCS COVID-19 Vaccine Response Plan Incentives – Members and Providers were offered an incentive plan for receiving and giving their first COVID -19 vaccination.	*Information*		*S. Sangovia*

Topic	Discussion	Action Item	Target Due Date	Responsible Team Member
	• DHCS Population Health Management Strategy Development – The Population Health Team has begun development of CenCal Health's comprehensive Population Health Management Strategy in preparation of the launch of CalAIM – Start Date 1/1/2023 No questions from CAB members for the Population Health Report.			
7. Communications and Community Relations Update	Ms. Nichols gave an update from the Communications and Community Relations Department. Ms. Nichols has been at CenCal Health for about a month**.** There are new staff members in Communication and Community Relations, which include herself (Community Relations Specialist), Andrea Montez Alvarado (Community Outreach Coordinator) and Naomi Magana (Marketing Project Coordinator). Ms. Worley Marselian said her team is finally back to fully staffed. Nothing additional to report and no questions from CAB members.	*Information*		*C. Nichols*
8. Vote on Live Community Advisory Board Meeting(s)	Our next meeting will be in October and Mr. Buben took a vote from the committee members to see if they wanted to have a virtual meeting versus an in-person meeting. Background: Both CenCal Health buildings are open in Santa Barbara and in San Luis Obispo. Mr. Buben stated that we were to follow the Brown Act, just like our Board of Directors are currently doing for their meetings. In the Brown Act, the public access needs to be made at any building that has virtual access. Right now, we are under the Public Health Emergency, and it the Brown Act requirements for in-person meetings can be impacted by public health emergencies, allowing to meet virtually. The Public Health Emergency may be extended in the next day or two (expected), all the way out through October 15, 2022.	*Action - Vote*		*E. Buben* *CAB Voting Members*

Topic	Discussion	Action Item	Target Due Date	Responsible Team Member
	Our next meeting is October 13, 2022 and our Legal Team has advised me that we could meet in person. I will need to take a live vote from the committee to see who would like to meet virtually or in person, at either of our two building locations, for the October meeting. As in the past, prior to COVID, we would join the two rooms through video conferencing, and our agenda would be posted on both building locations. I would eliminate virtual access and provide lunch at both building locations. In person meeting, would of course depend on low to medium COVID threat levels. Committee members would have to provide a negative COVID test, if they had any symptoms before arriving to the meeting. Naturally, we would defer back to virtual, in the event COVID was a high threat rate within our community. Mr. Buben took a vote from the committee for our next meeting in October 2022 via Chat Box voting for the following options: 1. Continue virtually for October, as we are still under the Public Health Emergency 2. In person meeting at both locations in October, with the stipulations of whatever the Public Health Emergency is recommending, as far as threat rates for COVID-19. Mr. Buben addressed that as soon as Public Health Emergency was removed, we would no longer be able to meet virtually. We will revert back to in-person between our two locations. **The vote was taken by the committee and the unanimously choice was to continue to meet virtual for October's meeting under Public Health Emergency.**			

Next Meeting October 13, 2022 – <u>Location TBD</u>

Respectfully submitted,

Chair Signature: Eric Buben _____ Date: October 13, 2022 _____
Chair Name: Eric Buben, Chair, Director of Member Services

California Children's Services (CCS) Family Advisory Committee (FAC)

Date: January 18, 2023

From: Ana Stenersen, RN
Manager Pediatric/Whole Child Model (WCM)

Through: Chris Hill, RN
Health Services Officer

Executive Summary

The purpose of this memo is to summarize the highlights of the CCS FAC meeting on November 17, 2022. This memo contains the topics discussed at the last FAC meeting namely the introduction of a new committee member, updates on Medi-Cal Rx relevant to the CCS population, Cal-Aim information on children and youth as a population of focus, WCM evaluation by UCSF, updates from CCS counties and Medical Therapy Program (MTP) and updates from CenCal Health's Member Services Department. It serves an informational purpose and therefore would not need any action from the Board.

Background

The CCS FAC was formed as part of the WCM implementation in July 2018. It provides a forum for CenCal Health California Children's Services (CCS) Whole Child Model stakeholders including family members, their representatives, and community agencies to discuss common issues of interest and importance. In addition, the FAC provides various member, parent, advocate and agency input into the health plan's compliance with the provisions relating to CCS conditions. The committee meets on a quarterly basis.

Meeting Highlights

New Committee Member

The committee welcomed a new member, Ana Cabrera from Parents Helping Parents (PHP), San Luis Obispo.

Medi-Cal Rx Update

Stephanie Lem, PharmD, Clinical Manager of CenCal Health's Pharmacy Department provided the updates to the committee. Dr. Lem shared that there are minimal disruptions during the Phase I of the reinstatement of the Prior Authorization (PA) requirements for the eleven drug classes. Phase II is not anticipated during the remainder of 2022. There will be a 30-day notice given to members prior to

implementation of Phase II. The exemption of PA requirements for CCS members is still in effect, indefinitely. Magellan (Pharmacy Benefits Manager) has CCS liaisons that handle calls for CCS members. Dr. Lem shared that Synagis for RSV (Respiratory Syncytial Virus) is a Medi-Cal Rx benefit and authorizations for Synagis are addressed by Magellan. Synagis is a CCS and Medi-Cal benefit and is exempt from the PA requirement. It has a quantity limit of 6 months. The committee reported that they have not heard of problems related to medication authorizations and refills from parents of CCS children.

CalAIM and Enhanced Case Management (ECM) for Children and Youth

Ms. Ana Stenersen, CenCal Health Clinical Manager of Pediatric and Whole Child Model (WCM) provided information to the committee. CalAIM and Enhanced Case Management for children and youth will be implemented in July 2023. Ms. Stenersen shared the population of focus for children and youth per the most recent DHCS CalAIM webinar:

- Homeless families or unaccompanied children and youth experiencing homelessness
- Children and youth at risk for avoidable hospital or ED utilization
- Children and youth with serious mental health and/or substance use disorder needs
- Children and youth transitioning from incarceration
- Children and youth enrolled in CCS or CCS WCM with additional needs beyond the CCS condition

WCM Evaluation by UCSF

Ms. Ana Stenersen, CenCal Health Clinical Manager of Pediatric and WCM and Ms. Dena Davis, parent representative of CenCal Health in the CCS Advisory Group (AG) shared the information regarding the WCM evaluation that was conducted by UCSF. The evaluation is part of the Senate Bill 586 requirement. UCSF is the organization chosen by DHCS to conduct the efficacy of the WCM. It is anticipated that the evaluation will be released in January 2023.

CCS Counties and CCS Medical Therapy Program (MTP) Updates

CCS Santa Barbara (SB) and San Luis Obispo (SLO) provided updates to the committee. The Santa Maria Medical Therapy Unit (MTU) is unable to fill a couple of physical therapy positions due to lack of applicants. As a result, CCS members will be placed on a waiting list for therapy services. CCS San Luis Obispo announced that SLO County secured a contract with Herencia Indegena for Mixteco interpretation services. The Counties announced that the Child Health Disability and Prevention program (CHDP) will be sun setting in July 2024. A new program called "Children's Presumptive Eligibility" will replace the current Medi-Cal Gateway program.

Member Services Update
Diana Robles, Lead Health Navigator in CenCal Health's Member Services Department provided the Members Services update to the committee. Ms. Robles shared the current CenCal Health Membership count, which is 225,310. There is a projection that this number will decrease as the Public Health Emergency (Covid) is nearing its end. The Member Portal Project is expected to go live within the first quarter of 2023. Ms. Robles also shared that CenCal Health recently obtained a contract with Mixteco Indegena Community Organizing Project (MICOP) for Mixteco interpretation services. Certified Language International (CLI) continues to be the primary provider for interpretation and MICOP is secondary.

Next Steps

The next CCS FAC meeting is on February 16, 2023. The anticipated topics for discussion in the next meeting include highlights from the Jan 11, 2023 CCS Advisory Group (AG) meeting, WCM evaluation by UCSF and more information on CalAIM and ECM for children and youth.

Recommendation

As previously mentioned, this memo is for informational purpose only and would not need any action from the Board.

Health Services Department

Whole Child Model Program
Family Advisory Committee Meeting Minutes

Date:	Thursday, August 18, 2022
Time:	11:00 am-12:30 p.m.
Location:	Via Microsoft Teams
Chairperson:	Ana Stenersen, RN, BSN, PHN, Manager, PEDS Program
Committee Members:	Daisy Ramirez, Tanesha Castaneda, Jennifer Monge, Jane Harpster, Dena Davis, Arlene Hernandez-Tapia, Jennifer Griffin, Patty Moore, Gina Stabile, Felisa Strickland, Mariana Murillo, Tamika Harris, Natalie Angelo, Patty Moore, Sarah Sullivan, Ashley Smeester, Marcy Jochim
Staff Attendees:	Diana Robles, Elia Rodriguez, Rea Goumas, MD; Rose Vazquez, LCS, Stephanie Lem, PharmD
Recorder:	Emily Murguia, Sr. Administrative Assistant
Excused:	Sharleen Agrusa, Dorothy Blasing, Francesca Peterson, Keilah Smith

Agenda Item	Discussion
Welcome & Introductions Ana Stenersen, RN, BSN, PHN	Ms. Stenersen began the meeting at 11:00 a.m. Self- introductions were made.
Approval of May 19, 2022, Meeting Minutes Ana Stenersen, RN, BSN, PHN	Ms. Strickland made a motion to approve the minutes of the May 19, 2022, meeting. Ms. Moore seconded. Motion passed to approve the minutes.
Present Sarah Sullivan (parent) and Ashley Smee (parent) Review of current membership Ana Stenersen, RN, BSN, PHN	Ms. Stenersen introduced two new members, Ms. Sullivan, and Ms. Smeester, representing San Luis Obispo County. Ms. Stenersen asked the committee if there were any objections to Ms. Sullivan and Ms. Smeester joining the committee to which there were none.
CCS Advisory Group Meeting Highlights	Ms. Davis shared updates from the CCS Advisory Group meeting on July 13th, 2020. - Statewide Medi-Cal child core set measures, the state started sharing data regarding immunizations for different groups. The medical population in general have lower rates in 2020. - At the October meeting, the UCSF evaluation will be shared which is to include Emergency Department visits data and analysis - DHCS discussed the CCS county monitoring and oversight

	workgroup. The Memorandum of Understanding (MOU) templates For CCS Counties and DHCS are to be finalized in April of 2023; however, components of the templates may be shared sooner. - Dr. Pamela Riley discussed the CalAIM Enhanced Care Management (ECM). Every Medi-Cal managed care member will have a care manager to ensure coordination of services. In addition, it was also shared that the state has contracted with an outside agency to help with a list of criteria to determine which CCS children would qualify for ECM. - An update was shared regarding the electronic visit verification update. In January of 2023, electronic visit verification will be required for home health care visits. IHSS was in phase one and now Private Duty Nursing is in phase two, nurse providers can enroll on the DHCS website as of September.
Medi-Cal Rx Update Stephanie Lem, PharmD Clinical Manager of Pharmacy Services	Dr. Lem provided a reminder that in January of 2022, the Department Health Care Services (DHCS) migrated all pharmacy benefits for fee-for- service and managed care plans to the pharmacy benefit administrator, Magellan for all Medi-Cal beneficiaries. Dr. Lem shared effective July of 2022, DHCS released a phased approach to restore claim edits and prior authorization requirements that were turned off during the 180-day transition. On July 15th, 2022, phase 1 was implemented and this information was posted on the CenCal Health (CCH) website and bulletins from the state were sent out. Phase 1, reimplementation of Code 1 restrictions has been postponed until further notice. Phase 1, wave 2 is to promote advocacy within the provider network to ensure providers are submitting electronic prior authorizations to the Medi-Cal RX team in a timely manner. Phase 1, wave 3 involves reinstating prior authorizations for eleven drug classes for new start prescriptions only, which will go into effect in September 2022. This does not include children and youth under the age of twenty-one. Ms. Stenersen inquired to Dr. Lem about an anticipated date of when the pediatric population will be affected by the lifting of the PA exemption to which Dr. Lem shared that there is not a date because as of now, for the eleven drug classes, those under the age of twenty-one will not be affected. Ms. Stenersen asked Dr. Lem to share which website parents or members may go to for information regarding these updates. Dr. Lem shared that parents or members can go to the Medi-Cal RX website and also on the CenCal Health website. Dr. Lem shared that there are Magellan representatives assigned to CCS. A member can dial the 1-800 number on Medi-Cal RX and ask to speak with a CCS liaison.
CCS & MTP Updates	Ms. Angelo shared that a new senior therapist in CCS SLO, Erica Gold, has onboarded. Ms. Gold is a physical therapist and will mainly serve in the Paso Robles and Atascadero areas. Additionally, CCS SLO is

	looking to hire an Occupation Therapist. Ms. Monge shared that CCS San Luis Obispo is in the process of gaining access to the Mixteco interpretation call center with Herencia Indigena. The program has submitted informational materials and brochures of various programs within Children's Medical Services, therefore the Herencia Indigena team can be familiar with the services and create a training manual for their interpreters. Ms. Monge will share this information with Ms. Stenersen via email. Ms. Castaneda shared that they are currently short staffed in Santa Maria in terms of physical therapy and are potentially looking into vendor solutions, however, will continue to do their best in meeting member needs.
Member Services Update Diana Robles, Lead Health Navigator	Ms. Robles stated that the member portal has been pushed to a tentative date of March 2023. Ms. Robles shared that CenCal Health's contract with MICOP (Mixteco indegena Community Organizing Project) for Mixteco interpreting services has been finalized and they will be used as a secondary provider to CLI (Certified Language International). The same criteria for Spanish face-to-face and American Sign Language will be used for this service: 1. Completing a form 2. Sending the form to MICOP 3. MICOP will identify the variant for the language 4. MICOP will then provide an option of either having a face-to-face interpreter or telephonic. Ms. Robles advised that if a member is needing interpreter services, the member can call Member Services (MS) and (MS) will assist them in completing the form. MS will then connect the member via the phone to MICOP for assistance.
Presentation on Help Me Grow (HMG)	Ms. Moore presented on - There is an overall system model for Help Me Grow (HMG) and there are four key components: o Family and Community Outreach – promotes HMG through networking among families and community-based services. o Child health provider outreach – HMG supports child health providers by enhancing developmental promotion and early detection activities. o Centralized access point – Connect children and families to the services they need. o Data collection and analysis – Ensure ongoing capacity for continuous system improvement. - There have been discussions with HMG child health care providers regarding surveillance and screening and conducting focus groups with parents. - HMG is looking at utilizing the SWYC (Survey of Well-being of Young Children). It is a parent conducted screening tool that has ten questions. - The child health care provider outreach is completed and ongoing. HMG is working with Cottage Hospital, who identified the findhelp.org platform, for not only a resource directory, but also as a means of making referrals - Norma Puga is the HMG Santa Barbara County Call Center

	Coordinator. - The first pilot will take place in Guadalupe, CA and the second pilot project will take place in Lompoc, CA. HMG will work with different clinics and pediatricians as well as community-based organizations. - HMG is also available in San Luis Obispo County.
Roundtable Discussion	*No items were discussed* *The meeting was adjourned by Ms. Stenersen at 12:30 pm.*
Next Meeting: November 17th, 2022, 11am-12:30pm	

Provider Advisory Board

Meeting Minutes – October 10th, 2022

ATTENDEES: **PAB Members:** Barbara Brown-Ramirez; Dana Goba; Dusty Keegan (Excused); George Bifano, DO (Excused); Kathleen Sullivan (Excused); Marie Moya; Michael Bordofsky, MD; Rahul Vinchhi; Suzanne Jacobson; Yolanda Robles.
CCH Staff: Adam Butler; Cathy Slaughter; Chelsee Elliott; Christy Nichols; Jordan Turetsky; Karen Kin; Karina Orozco; Lauren Geeb (Excused); Nancy Vasquez; Nicolette Worley Marselian; Robert Janeway; Sheila Thompson RN, CPHQ; Carmen Obregon.

BOARD LIAISON: N/A

GUESTS: Steven Clarke, MD

LOCATIONS: MS Teams # 212 170 548 769

CC: Board of Directors

Topic & Discussion
1. **Meeting Start Time.** The meeting started at 11:35 AM
2. AB 361 Findings in Support of Virtual Meetings – Karen Kim. **Karen Kim** read the memo to support PAB meetings to be held virtually this month according to AB361. The memo, which was sent to attendees before the meeting, states that the meeting can be held virtually by majority vote if the board determines that meeting in person would present imminent risks to the health or safety of the attendees. **Robert Janeway** asked attendees to vote for the motion to approve or not. All members approved, and no members opposed. The motion to conduct the October PAB meeting virtually was approved.
3. Introductions and comments on any non-agenda item of interest to the public that is within the subject matter jurisdiction of the Provider Advisory Board – Robert Janeway **Robert Janeway** welcomed all to the virtual meeting. There was a round of introductions, starting with CenCal Health staff followed by PAB members and guests. **Robert Janeway** inquired: a) Whether there were any other members of the public on the line. There was none. b) If anyone has an agenda item of interest not included on the agenda. There was no other agenda item to include.
4. Acceptance of Minutes: July 11, 2022, Meeting – Robert Janeway. **Robert Janeway** inquired whether there were any suggestions or comments for the 07/11/22 minutes, and asked for a motion for approval. **Barbara Brown-Ramirez** moved to approve the 07/11/22 minutes; **Marie Moya** seconded; attendees voted and the minutes were approved, with no abstentions and no oppositions.

Topic & Discussion
5. Announcements from Provider Services Director – Robert Janeway No announcements were provided at this point.

6. Presentation of Updated CenCal Health Strategic Plan – Jordan Turetsky
Jordan Turetsky showed a PowerPoint presentation on the "Updated CenCal Health Strategic Plan". The presentation covered:
• CenCal Health Strategic Planning.
  o Strategic Planning Process
  o Key Themes
  o Considering the Environmental Factors
  o Community Stakeholders Feedback
• Strategic Priorities.
  o Strategic Plan Priorities 2023-2025
  o Strategic Plan Framework 2023-2025
• Strategic Execution.
  o From Strategic Planning to Strategy Execution
• Key Takeaways.
 	
The slides for this presentation can be seen **here**.
There was an opportunity for Q&A after Jordan's presentation.
 	
Jordan mentioned that the Communication Department has developed brochures and one-page materials related to this strategic plan. This material is available to everyone who would like to share this information with colleagues and clinic partners.

7. Enhanced Care Management & Community Supports – Cathy Slaughter **Cathy Slaughter** Gave a brief introduction about the new CalAIM program being implemented in CenCal Health to set the bases to invite members for feedback. As part of her introduction, Cathy mentioned that on the ECM program, on July 1st, the plan started to work with the first 3 POFs. On January 1st, 2023, the plan will add 2 other POFs. While on the CS side, as of July 1st, the plan started with the Medically Tailored Meals and the Recuperative Care programs. **Cathy** invited members to give their feedback, about (a) Referring members for care; (b) Navigating the programs; (c) Helping us how to spread the word on these services; (d) Suggesting any other ways for improvement that they might see. • **Marie Moya.** Requested confirmation that the program for the population of focus she works with will start January 1st, 2023. Cathy confirmed. • **Rahul Vinchhi.** Mentioned he hasn't heard anything in his scope of work and would like to hear and have this information to share with his primary care clinic. • **Dr. Steven Clarke.** Mentioned that it would be good to know when these programs are not optional and become mandatory, so his organization could align with the plan.

Topic & Discussion
• **Barbara Brown-Ramirez.** Asked how CCH integrates with SBC Behavioral Wellness. Cathy explained and will be in touch with Barbara on this.

8. Behavioral Health Network. Updates – Nancy Vasquez & Cathy Slaughter
Nancy Vasquez. Gave background on network development efforts related to the Behavioral Health carve-in.
• On January 1st, 2022, CenCal assumed direct responsibility for the administration of BH benefits previously administered by the Holman Group.
• During the first 6 months, from January to July the team was focused on contracting, bringing providers to the network, educating them, and resolving issues due to the transition.
• Among the issues to solve were related to BH Therapy providers (ABA) which operate in a different way than the other providers.
• The team conducted a network gap analysis to identify if and where were gaps in this network. As a result, 3 areas were identified as a priority to work on:
  o Psychiatrists that see children,
  o ABA providers, and
  o Providers who can perform Psychological Testing
• A network recruitment plan to address these gaps was shared.
 	
Cathy Slaughter talked about the recruitment efforts the team has been conducting (**Handout**) and asked members to provide input on:
• What BH provider needs have you heard within your practices?
• What is your experience with assisting members in navigating and receiving BH care?
 	
Input from Providers.
• **Barbara Brown-Ramirez.** Commented on her experience managing BH with her patients.
• **Rahul Vinchhi.** Requested one-page flyers or materials to share with residents and doctors at the Family Medicine Center and any of the PHC primary care offices.
• **Dr. Steven Clarke.** Commented he has heard that handling BH now is easier than before.

9. Quality Measurement Update – Chelsee Elliott **Chelsee Elliott** showed a PowerPoint presentation on the "Quality of Care Results - Measurement Year 2021". The presentation covered: • Background • Measurement Updates. • MY2021 CMS Core Set Highlights • Santa Barbara Achievements • San Luis Obispo Achievements • Opportunities for Improvement • QI Accountability Requirements • Next Steps • New Measures for MY2022 • EMR/CCD Data Files

Topic & Discussion
The slides for this presentation can be seen **here**. There was an opportunity for Q&A after Chelsee's presentation.
10. Population Health Project Update – Karina Orozco **Karina Orozco** gave updates on the projects of Population Health. • The Population Health team has been assigned to collaborate on 2 PDSAs, which are in the planning stages. More information will be provided at the next PAB meeting. • PCP Quality Care Incentive Program. (Details of this update can be seen **here**) • DHCS Population Health Management Strategy Development. (Details of this update can be seen **here**) There was an opportunity for Q&A after Karina's update.
11. **Communications and Community Relations Update – Christy Nichols** **Christy Nichols** gave brief information and showed on screen the digital Community Newsletter for Community partners. This newsletter is issued quarterly. The Fall issue will be released this month. **Christy** invited members who would like to subscribe to this publication can do it through the CenCal Health website. https://www.cencalhealth.org/community/
12. Items from the Floor. None.
13. Meeting Adjournment. Meeting adjourned at 12:52 PM

Next Meeting: January 9th, 2023

Respectfully submitted,

Name: Robert Janeway Date: **12/20/22**

CENCAL HEALTH BOARD OF DIRECTOR APPOINTMENTS FOR 2023

Date: January 18, 2023

From: Marina Owen, Chief Executive Officer

Appointment of Board Officers:

The Nominating Committee recommends the following appointments of Board Officers for CY 2023:

Chair:	René Bravo, MD -SLO (One year only)
Vice Chair:	Mark Lisa -SLO
Treasurer:	David Ambrose
Clerk:	Paula Bottiani
Assistant Clerk:	Nicole Wilson

Appointment of Members to the Finance Committee:

The Nominating Committee recommends the following appointments to the Finance Committee for CY 2023:

Sue Andersen -SB (Chair)
Mark Lisa -SLO
Dan Herlinger -SB
Kieran Shah -SB

Appointment of Members to the Nominating Committee:

The Nominating Committee and/or Staff recommends the following appointments to the Nominating Committee for CY 2023:

Supervisor Joan Hartmann -SB
Daniel Nielsen -SB
René Bravo, MD -SLO (Chair)
Supervisor Debbie Arnold -SLO

Appointment of members to the CEO Evaluation and Compensation Committee

The Nominating Committee recommends the following appointments to the CEO Evaluation and Compensation Committee for CY 2023:

René Bravo, MD-SLO (Chair)
Dan Herlinger-SB
Mark Lisa-SLO
Sue Andersen-SB

Appointment of members to the Board Development Committee

The Nominating Committee and/or Staff recommends the following appointments to the Board Development Committee for CY 2023:

Dan Herlinger -SB (Chair)
Daniel Nielson -SB
René Bravo, MD -SLO
Nicholas Drews -SLO

Board Liaison appointments to Advisory Boards and Delegated Committees

The Nominating Committee recommends the following Board Liaison appointments to Advisory Boards and Delegated Committees for CY 2023:

Community Advisory Board:	Sarah Macdonald -SB
Provider Advisory Board:	Kieran Shah -SB
Quality Improvement Committee:	Ed Bentley, MD -SB
Family Advisory Committee	René Bravo, MD -SLO

CenCal Health 2023 Board of Directors Meeting Schedule

Date: January 18, 2023

From: Marina Owen, Chief Executive Officer
Paula Bottiani, Sr. Executive Assistant of Administration, Clerk of the Board

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The following schedule represents the CenCal Health Board of Director's meeting schedule from January 2023 through January 2024.

CenCal Health will hold six (6) regular meetings of the Board of Directors and two (2) special meetings including one annual strategic retreat on Friday, July 7th and one on November 15th, as needed, to approve planned Department of Healthcare Services contractual agreement(s).

For your convenience, the first meeting of the *next calendar year* is also included and will take place on January 17th, 2024. in Santa Maria.

Board of Directors Meeting Schedule

Date	Location
January 18th, 2023	Santa Maria
March 15th, 2023	San Luis Obispo
May 17th, 2023	Santa Maria
June 21st, 2023	Santa Maria
July 7th, 2023 *[Special Meeting]*	Retreat, Location to be Determined
September 20th, 2023	Santa Maria
October 18th, 2023	Santa Barbara
November 15th, 2023 *[Special Meeting]*	As Needed, Location to be Determined
January 17th, 2024	Santa Maria

All Regular Board Meetings will begin at **6:00pm** with dinner being served at **5:30pm** prior to each meeting. For your convenience, the 2023 Board Committee schedule follows on Page 2.

Recommendation

Staff recommends the Board of Directors approve the CenCal Health 2023 Board of Directors Meeting Schedule through January 2024.

Board of Directors Committee Schedule

For your convenience and planning purposes, following is the 2023 standing and ad hoc subcommittee schedule for the Board of Directors. Advisory committees, including those with *Board Liaisons*, will provide separate meeting information and invitations.

Finance Committee

Board Committee Date	Location
January 18th, 2023, at 4:00pm	Santa Maria
October 18th, 2023, at 4:00pm	Santa Barbara

All Finance Committees can convene at **4:00pm** prior to Regular Board of Director Meetings for one hour.

Board Development Committee

Board Committee Date	Location
March 15th, 2023, at 4:00pm	San Luis Obispo
May 17th, 2023, at 4:00pm	Santa Barbara

All Board Development Committees can convene at **4:00pm** prior to Regular Board of Director Meetings for one hour.

Nominating Committee

Board Committee Date	Location
November 1st, 2023, at 5:30pm	Virtual Meeting

One (1) Nominating Committee will be scheduled and convene at **5:30pm** to review and approve the 2024 Slate of CenCal Health Board Officers and Committee Appointments.

This standing committee convenes additionally on an *ad hoc* and *as needed* basis should new Board Members be identified and/or to support County Board of Supervisor nominations including appointments to the CenCal Health Board of Directors.

Quality Improvement Committee (QIC) Report

Date: January 18, 2023

From: Carlos Hernandez, Quality Officer

Through: Emily Fonda, MD, MMM, CHCQM, Chief Medical Officer

Executive Summary

This is CenCal Health's QIC report to your Board, including information about the committee's proceedings for its 4th quarterly meeting of 2022, completed on December 8, 2022. This report summarizes key topics reviewed by the QIC as your Board's appointed entity accountable to oversee the effectiveness of CenCal Health's Quality Program.

A quorum was not present for the recent meeting of the QIC; therefore, the QIC reviewed but did not take action to approve work products presented at the recent meeting.

The QIC's evaluation included:

- Quality dashboard results,
- The Population Needs Assessment Action Plan and actions implemented,
- Quality Care Incentive Program achievements,
- Statewide quality of care ratings,
- The DHCS 2022 Managed Care Accountability Set,
- Performance Improvement Plan & Plan, Do, Study, Act (PDSA) achievements,
- Behavioral Health Department update, and
- Reports from subcommittees of the QIC.

Subsequent to the QIC meeting, a debrief was completed to reassess steps to maximize the likelihood of network provider QIC member attendance, to assure a quorum is attained for future meetings of the QIC. As a result, future meetings will be rescheduled if QIC members do not commit to attendance at least one week prior to the scheduled QIC meeting.

The next QIC meeting is scheduled for March 2, 2023, at which Dr. Fonda will propose a Pilot Project to Reduce Infection in Santa Barbara County and/or San Luis Obispo County nursing homes to decrease hospitalizations due to infection. Dr. Fonda invited a guest speaker to share details with the QIC about this potential initiative, Susan Huang, MD, MPH – Professor of Infectious Diseases/ Director of Epidemiology and Infection Prevention for UC Irvine Health. The next QIC Report to your Board will include detail about the QIC's impressions and any next steps.

Background

Recent Proceedings of the QIC

The following content that was presented for action was reviewed by the QIC:

- The Quarterly Quality Dashboard: Out of the 15 DHCS priority measures, for San Luis Obispo seven performance measures rate among the top 10% of Medicaid plans nationally, and for Santa Barbara three measures rate among the top 10% of Medicaid plans. Well child visits utilization for infants, did not meet expectations for Santa Barbara County. CenCal Health is leveraging its new pay-for-performance program, as a primary mechanism to motivate PCPs to provide services in accordance with established clinical guidelines. Additionally, CenCal Health partnered with a high-volume low-performing pediatric provider to test a DHCS required system-wide improvement project. Performance is monitored and reported monthly.
- The 2022 PNA Action Plan: The PNA provides a comprehensive overview of CenCal Health's membership, including quality of care inequities that may relate to race, ethnicity, language, age, or geography, among other determinants. To mitigate identified inequities an action plan was developed and implemented. Aspects of care prioritized for improvement in the action plan include: breast cancer screening for English speakers, and cervical cancer screening, across both counties; pediatric developmental screening in San Luis Obispo for children age 1; and hypertension control for members in Santa Barbara.
- Quality of Care Incentive Program (QCIP) Achievements: This innovative program encompasses 5 clinical categories of care, including Women's Health, Pediatric Care, Behavioral Health, Respiratory Care, and Diabetes Care. Incentives are earned based on how often the standard of care is met for selected measures. Since the program launched in March 2022, the average rate of performance for priority measures increased from 59.35% to 60.63%. Categories of care that achieved the greatest improvements were Respiratory Care (74.49% to 78.10%) and Women's Health (56.68% to 58.88%). Measures that achieved the greatest improvement were: Chlamydia Screening in Women (56.64% to 61.48%), Asthma Medication Ratio (74.49% to 78.10%), and Diabetes Care – Eye Exam (48.83% to 51.91%). QCIP measures that decreased were: Immunizations for Adolescents – Combination 2 (49.54% to 47.71%) and Lead Screening in Children (59.14% to 57.15%).
- Postpartum Performance Improvement Plan (PIP): Although Santa Barbara and San Luis Obispo counties rate among the top 10% of Medicaid plans for

postpartum maternity care, a 16-percentage point disparity between counties existed for 2021. This PIP aims to increase the percentage of members in San Luis Obispo County who received at least one postpartum visit within 7-84 days after a live birth. To date a 10.87% improvement was achieved for San Luis Obispo. During the same period Santa Barbara's performance improved by 3.06%.

- Well Infant Visit PIP: This PIP was initiated in October 2021 with the goal to improve Well Child Visits in the First 15 Months of Life in San Luis Obispo County. To date no improvement has been realized. Therefore, a new system of reporting was implemented to identify infants falling behind the American Academy of Pediatrics (AAP) Pediatric Preventive Services Periodicity Schedule. The reports are being tested to supplement other PCP performance feedback to improve this aspect of care.
- Chlamydia Screening in Women PDSA: A PDSA is a four-stage problem-solving model used for improving a process or carrying out change. For the first cycle of this PDSA, CHCCC–San Luis Obispo Casa is provided monthly automated Gaps in Care reports to identify members assigned to their practice and due for chlamydia screening. The QCIP also provides significant financial incentives that are dependent upon chlamydia screening and other select priorities for improvement.
- Routine reports from entities overseen by the QIC, including the Pharmacy & Therapeutics Committee, Pediatric Clinical Advisory Committee, Healthcare Operations Committee, Utilization Management Committee, and Credentials Committee.
- Minutes of the August 25, 2022, QIC meeting.

Role of the Board

CenCal Health's contract with DHCS requires your Board, as CenCal Health's governing body, to participate in CenCal Health's Quality Improvement System. Your Board's related responsibilities include:

1. *Appointment of an entity within CenCal Health to oversee the effectiveness of the Quality Improvement System.*

   This responsibility was completed with your Board's March 2022 approval of CenCal Health's 2022 Quality Program Description. Your approval reaffirmed your Board's delegation of oversight of quality improvement activities to CenCal Health's Chief Executive Officer and the QIC. The QIC is responsible for

monitoring the effectiveness of organization-wide quality improvement. The QIC's membership includes CenCal Health's Chief Executive Officer, Chief Medical Officer, and Quality Officer. The QIC also includes a Doctor of Optometry, and clinician representatives of the Community Health Centers of the Central Coast, the Santa Barbara Public Health Department, and Lompoc Valley Medical Center. Dr. Rene Bravo serves as a committee member and CenCal Health's Board of Directors liaison to the QIC.

2. *Annual approval of the overall Quality Improvement System and annual report.*

   This responsibility was completed in March 2022 when your Board approved this year's Quality Program Description, CenCal Health's Quality Program Annual Assessment of performance for the prior year, and the current year's Quality Program Work Plan. These documents detail CenCal Health's achievements and goals for continued improvement during the coming year. They define the structure of CenCal Health's Quality Improvement System, and responsibilities of entities and individuals within CenCal Health that support improvement in quality of care, patient experience and safety. They also demonstrate CenCal Health's investment of resources to assure continuous improvement.

3. *Review of written progress reports from the QIC describing actions taken, progress in meeting quality improvement objectives, and improvements made.*

   This memorandum represents your Board's report on the QIC's proceedings for its 4th quarterly meeting of 2022, which fulfills this responsibility.

   After each quarterly meeting of the QIC, staff presents your Board with approved minutes of the QIC's proceedings to assure the full scope of QIC activities is available for your Board's consideration. In total, this report includes the summary of recent QIC proceedings detailed above, and the following three references:

   1. The QIC meeting agenda for its recent meeting.
   2. The QIC meeting minutes presented for approval at the recent meeting of the QIC. These minutes are presented for your Board's reference, but note that they were not approved since a quorum of QIC members for the recent QIC meeting was not achieved.
   3. The current QIC Dashboard of Quality Indicators, which includes the most recent quarter's evaluation of performance.

Next Steps

The QIC's quarterly proceedings will be reported to your Board after each meeting of the QIC, to fulfill the progress reporting responsibility described above.

Recommendation

Staff recommends your Board accept this progress report, and provide additional direction if warranted, based on the attached content that was evaluated and approved by the QIC on December 8, 2022.

References: 3

Quality of Care Achievements Measurement Year 2021

Carlos Hernandez
January 18, 2023

1

Statewide Plan Ratings - Measurement Year 2021

CenCal Health achieved a **4th place** overall quality of care rating for **San Luis Obispo**

And **6th place** rating for **Santa Barbara**

Out of 56 Medi-Cal Managed Care contracted entities

2

San Luis Obispo - Statewide Achievements

2

- **Well Care Visits for Children & Adolescents** (ages 3 – 21): **57.44%**

3

- **Weight Assessment (BMI %) for Children & Adolescents** (ages 3 – 17): **93.24%**
- **Screening for Depression & Follow-Up Plan*** (18 years – 64 years): **36.21%**
- **Screening for Depression & Follow-Up Plan*** (65 years & older): **37.34%**

= Performance exceeded state average by 25+ points

= Performance also exceeded **national** Medicaid 90th percentile

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**Quality measure not subject to minimum performance level & not included in overall composite score.*

3

Santa Barbara - Statewide Achievements

1

- **Timely Postpartum Care**: **93.33%**
- **Well Care Visits for Children** (ages 15 months – 30 months): **80.05%**
- **Well Care Visits for Children & Adolescents** (ages 3 – 21): **57.85%**

2

- **Follow-Up Care for Children Prescribed ADHD Medication – Continuation & Maintenance Phase***: **71.74%**

3

- **Breast Cancer Screening**: **59.85%**

= Performance also exceeded **national** 90th percentile

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**Quality measure not subject to minimum performance level & not included in overall composite score.*

4

Current Quarterly Snapshot
Through October 2022

Met or surpassed national 90th Percentile for Medicaid Plans

Santa Barbara - 3 of 15 measurements

- Childhood Immunization Status (all 10 antigen series)
- Diabetes: Low rate of Poor Hemoglobin A1c Control (A1c >9%)
- Timeliness of Post-partum Care

San Luis Obispo - 7 of 15 measurements

- Weight Assessment & Counseling for Nutrition & Physical Activity for Children (BMI %, Nutrition & Physical Activity Counseling)
- Diabetes: Low rate of Poor Hemoglobin A1c Control (A1c >9%)
- Timeliness of Prenatal & Post-partum Care
- Controlling High Blood Pressure

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5

Current Quarterly Snapshot
Through October 2022

Below national 50th percentile of Medicaid Plans

Santa Barbara

- Well Child Visits in 1st 30 months of Life (6+ visits)
  - *Significant new interventions have been implemented, including financial incentives & supportive collaboration with high-volume PCPs*

San Luis Obispo

- None

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6


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7

Quality Improvement Committee (QIC) Meeting Agenda

Date: December 8, 2022

Time: 4:00 to 5:30 p.m.

Chairperson: Emily Fonda, MD, Chief Medical Officer

QIC Members:

Polly Baldwin, MD	Bethany Blacketer, MD	René Bravo, MD
Emily Fonda, MD	Carlos Hernandez	Douglas Major, OD
Marina Owen, CEO	Mazharullah Shaik, MD	Clarissa Van Cura, RN

Staff:

Seleste Bowers, DHA	Eric Buben	Michael Collins, MD
Zena Chafi-Aldwaik, MPH, CHES	Chelsee Elliott	Lauren Geeb, MBA
Chris Hill, RN, HSO	Stephanie Lem, PharmD	Charlie Mohrle, RN
Karina Orozco	José Sahagún	Santiago Segovia
Sheila Thompson, RN, CPHQ		

Secretary: Mimi Hall, Executive Assistant

Location: Via Virtual Teams

Introductions and Announcements	**Minutes**	**Vote Required**
Dr. Emily Fonda, Chief Medical Officer a. Welcome b. DHCS Medical Audit Preliminary Update	5	No
1. Consent Agenda These items are considered routine and are normally approved by a single vote of the Committee without separate discussion to conserve time and permit focus on other matters on this agenda. Individual consent items may be removed and considered separately at the request of a committee member.	5	Yes
a. Approval of Minutes of August 25, 2022, QIC Meeting		
b. Acceptance of Pharmacy & Therapeutics Report for Q3 2022 Stephanie Lem, PharmD, Clinical Manager of Pharmacy		
c. Approval of Pediatric Clinical Advisory Committee Report Dr. Rea Goumas, Medical Director, Whole Child Model		
d. Approval of Healthcare Operations Committee Report Eric Buben, Director of Member Services		
e. Approval of Utilization Management Committee Report Dr. Emily Fonda, MMM, CHCQM, Chief Medical Officer Chris Hill, RN, Health Services Officer		
f. Approval of Credentialing Committee Report Sheila Thompson, RN, Provider Quality & Credentialing Manager		

2. Old Business Items for review or discussion from previous meetings		
None to review.		
3. Quality Program Updates		
a. Quarterly Quality Dashboard Charlie Mohrle, RN, Quality Measurement Analyst	10	Yes
b. 2022 Population Needs Assessment Action Plan Update Zena Chafi-Aldwaik, MPH, CHES, Quality Health Promotions Educator	10	Yes
c. Quality Care Incentive Program Lauren Geeb, MBA, Manager, Quality Measurement	15	Yes
d. All-Plan Quality of Care Ratings Chelsee Elliott, Senior Quality Measurement Specialist	10	No
e. Measurement Year 2022 Managed Care Accountability Set José Sahagún, Quality Measurement Specialist	10	No
f. Performance Improvement Plan, and *Plan, Do, Study, Act* (PDSA) Update Karina Orozco, Population Health Specialist Santiago Segovia, Population Health Specialist	15	Yes
g. Behavioral Health Department Update Seleste Bowers, DHA, Director of Behavioral Health	10	No
4. Open Forum		
5. Adjournment		

DRAFT

Quality Improvement Committee (QIC) Meeting Minutes

Date: August 25, 2022

Time: 4:00 to 5:30 p.m.

Chairperson: Dr. Emily Fonda, CHCQM, MMM, Chief Medical Officer

QIC Members:

Polly Baldwin, MD	Bethany Blacketer, MD	Seleste Bowers, DHA
René Bravo, MD	Emily Fonda, MD, CHCQM, MMM	Carlos Hernandez
Douglas Major, OD	Marina Owen, CEO	Mazharullah Shaik, MD
Clarissa Van Cura, RN		

Staff:

Amanda Flaum, COO	Lauren Geeb, MBA	Gabriela Labraña, MPH
Stephanie Lem, PharmD	Charlie Mohrle, RN	Karina Orozco
José Sahagún	Santiago Segovia	Sheila Thompson, RN
Chelsee Elliott		

Absent: Polly Baldwin, MD; Mazharullah Shaik, MD

Secretary: Mimi M. Hall, Executive Assistant

Location: Via Teams

Topic	*Discussion*
Introductions and Announcements *Dr. Emily Fonda, CHCQM, MMM, Chief Medical Officer*	Dr. Fonda called the meeting to order at 4:03 p.m. A quorum had been met, and the Committee proceeded with business. Dr. Fonda introduced herself to the Committee and asked the Committee members to briefly introduce themselves. Next, Dr. Fonda announced that the upcoming DHCS Medical Audit would commence the weeks of October 17th – 28th, and that this particular audit is not a full-scope audit. That concluded Introductions and Announcements.
1. Consent Agenda	Dr. Fonda asked for a motion to approve the Consent Agenda, as presented. **Motion made** by Dr. Bravo; seconded by Dr. Blacketer. Motion passed.
2. Old Business	There was no old business to discuss.

3. Quality Program Updates	

a. Annual Adoption of Clinical Practice Guidelines *Liz Figueroa, RN, HPNC for Population Health*	Ms. Figueroa spoke about the Annual Adoption of Clinical Practice Guidelines. **Background** Clinical practice guidelines supported by CenCal Health are selected based on contractual requirements and identified membership needs using data compiled from reliable sources (e.g., claims, utilization, pharmacy, epidemiological, HEDIS, or demographic data). CenCal Health's clinical guidelines address the provision of acute or chronic medical and behavioral health conditions. A subset of the clinical guidelines is used as the basis for CenCal Health's Disease Management programs and Quality Improvement Projects approved by the Department of Health Care Service (DHCS). For those aspects of care which DHCS has not specified approved practice guidelines, CenCal Health adopts nationally recognized standards, best practices guidelines and/or recommendations from appropriate professional organizations for proven methods that are evidence based, or time-tested, research supported and accepted by peer professionals as reasonable practice. The following guidelines submitted for approval by the Quality Improvement Committee include recommendations for best practices from the following professional organizations: • American Academy of Pediatrics • American Academy of Family Physicians • American College of OB/GYN • American College of Physicians • American Heart Association • American Diabetes Association • American College of Cardiology • Specialty organization guidelines • U.S. Preventive Services Task Force • NIH National Heart, Lung, and Blood Institute • UpToDate • Milliman Care Guidelines (MCG) Research concerning presentation, screening, diagnosis, and treatment of COVID-19 virus is ongoing, and CenCal Health Medical Directors will continue to provide the latest updates from CDC, WHO, NIH, and local or governmental mandates related to infectious disease specialty recommendations. **Next Steps** Adopted practice guidelines will be distributed to appropriate practitioners; and to members and potential members, upon request. CenCal Health will assure decisions related to member education, and corresponding materials, are consistent with the adopted practice guidelines listed above. Discussion ensued. ***Motion made*** by Dr. Major to accept the Annual Adoption of Clinical Practice Guidelines, as presented; motion seconded by Dr. Bravo. Motion passed. **# # #**
b. COVID-19 Treatment Guidelines *Stephanie Lem, PharmD, Clinical Manager of Pharmacy Services*	Ms. Lem spoke to the Committee about APL 22-009 Covid-19 Guidance for Medi-Cal Managed Care Health Plans. **Summary** In accordance with APL 22-009 *Covid-19 Guidance for Medi-Cal Managed Care Health Plans*, CenCal Health is committed to provide our members and providers the latest COVID-19 Therapeutic Treatment information. CenCal Health's Covid Therapeutic Plan is to provide our provider network resources to identify members eligible for outpatient COVID-19 treatment options and education on benefit coverage.

	One of the most effective ways to provide the most updated information is to adopt clinical practice guidelines that align with national best practices and that are supported by the Department of Health Care Services (DHCS). The following National Institutes of Health (NIH) COVID-19 Treatment Guidelines provide clinicians with evidence-based recommendations on the management of COVID-19 and are revised with the emerging, rapidly evolving COVID-19 treatment options: **NIH COVID-19 Treatment Guidelines** The benefit coverage for COVID-19 outpatient therapeutics aligns with the treatment guidelines listed above. The coverage of both the outpatient oral and infused monoclonal antibodies therapeutic options are dependent on the billing provider. A pharmacy provider can bill for both oral and infused therapeutic options on the pharmacy benefit through Medi-Cal's pharmacy benefit, Medi-Cal Rx. In addition, infused therapeutics with appropriate procedure codes can be billed to CenCal Health on a medical claim once FDA-approved (i.e., remdesivir). Infused monoclonal antibodies are currently supplied free to providers by the federal government, CenCal Health will only reimburse the administration fees with the appropriate administration procedure code in accordance with FDA Emergency Use Agents (EUA). As infused therapeutic options become FDA-approved and supported by DHCS, NIH Treatment Guidelines, CenCal Health will be responsible for coverage if billed on a medical claim. As the treatment options continue to evolve, CenCal Health is committed to provide our members and providers the latest information. **Next Steps** Member and Provider Notification of COVID-19 Treatment Guideline Updates, COVID-19 Therapeutics access on both pharmacy and medical benefits. Quarterly publications on both website and bulletins. Discussion ensued. ***Motion made*** by Dr. Bravo to accept the Covid-19 Guidance for Medi-Cal Managed Care Health Plans as presented; motion seconded by Ms. Van Cura. Motion passed. **# # #**
c. 2022 Population Health Needs Assessment *Gabriela Labraña, MPH, Supervisor of Health Promotion*	Next, Ms. Labraña spoke about the 2022 Population Health Needs Assessment. **Overview** Each year, CenCal Health is required to conduct a Health Education and Cultural and Linguistic (C&L) Population Needs Assessment (PNA). The purpose of the PNA is to improve health outcomes for members and ensure that CenCal Health is meeting their needs by: • Identifying member health needs and health disparities. • Evaluating health education, C&L, and quality improvement (QI) activities and available resources to address identified concerns. • Implementing targeted strategies for health education, C&L, and QI programs and services. CenCal Health's 2022 PNA was submitted to the Department of Health Care Services (DHCS) on June 27, 2022 and was given full approval on July 5, 2022. **Key Findings** Membership/Demographics • There was an 8.5% increase in total membership in 2021, as well as a 15.06% increase in enrollment in CenCal Health's California Children's Services program. • Seventy percent of members reside in Santa Barbara County, while 30% live in San Luis Obispo County. • In Santa Barbara County, 59% of members speak English, and 40% speak Spanish. In San Luis Obispo County, 81% of members speak English, and 18% of members speak Spanish.

Health Status and Disease Prevalence

- The percentage of adult members that reported their overall health in 2021 as being good, very good, or great was 75.71%.
- The percentage of children whose overall health was reported as good by their parent/guardian was 100% in 2021.
- Diabetes prevalence in the population decreased from previous years. Diabetes amongst ages 18—44 is 4.37%; ages 45—64 is 20.70%; ages 65+ is 34.23%. These rates exclude dual-eligible members.
- Please note rates in the Disease Prevalence section are subject to revision due to a recently identified potential for inaccurate calculations.

Access to Care

- The Plan met network standard requirements in 2021, such as provider-to-patient ratios, and member distance from primary care.
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) data indicates that for both adult and pediatric patients, a majority of members report the ability to access primary and urgent care timely and when necessary.
- There were no cultural and linguistic access issues identified in 2021, with all interpreter services requested by members being appropriately coordinated by the Plan's C&L staff.

Health Disparities

Several health disparities were identified using the DHCS Health Disparities data set. Each topic was assessed for disparities in regard to age, sex, region, language spoken, and race/ethnicity. Disparities were identified related to breast cancer screening, cervical cancer screening, pediatric developmental screening, and controlling high blood pressure.

Action Plan

Based on the findings, CenCal Health has developed an Action Plan that will address the identified gaps in services and education. Some of these strategies involve provider education or partnership. Action Plan objectives include the following:

- By January 1, 2024, increase the rate of childhood developmental screening for children aged 1 year in San Luis Obispo County from a baseline of 9.32% to 24.91%, which is the 2022 Statewide Aggregate Average for this measure.

- By January 1, 2024, increase the rate of breast cancer screening for English speaking members in both Counties from a baseline of 54.39% to 63.77%, which is the HEDIS 90th percentile for this measure.

- By January 1, 2024, increase the percentage of members who have completed clinically recommended cervical cancer screening from a baseline of 54.47% to 67.99%, which is the HEDIS 90th percentile for this measure.

- By January 1, 2024, increase the percentage of hypertensive members in Santa Barbara County that have a recorded blood pressure measurement, from 58.29% to 66.79%, which is the HEDIS 90th percentile for this measure.

Discussion ensued. ***Motion made*** by Dr. Major to adopt the 2022 Population Health Needs Assessment, as presented; seconded by Dr. Blacketer. Motion passed.

# # #

d. 2021 Quality of Care Results *Chelsee Elliott, Senior Quality Measurement Specialist*	Ms. Elliott spoke to the Committee about the 2021 Quality of Care Results. **Executive Summary** In June 2022, CenCal Health reported forty quality indicators for each county to the Department of Health Care Services (DHCS) for the performance period ending December 31st, 2021. CenCal Health recognized that the COVID-19 pandemic may have continued to have an impact on the outcomes of patient care. Therefore, it was expected that performance rates may not have returned to their pre-pandemic standings. For each county, fifteen aspects (15) of care were evaluated against Medicaid benchmarks. CenCal Health's provider network rated among the best 5% of Medicaid plans nationally for five aspects of care (1 in Santa Barbara and four in San Luis Obispo), and in the top 10% for an additional 3 (2 in Santa Barbara and one in San Luis Obispo). Exceptional performance was achieved for postpartum care, pediatric preventive care, and diabetes blood glucose control. There were three quality of care indicators (1 in Santa Barbara and two in San Luis Obispo) that failed to meet the DHCS minimum performance thresholds. Improvement is needed in chlamydia screening and well-child visits for infants**.** Despite the pandemic, this year's results mark another great performance by providers to assure members received vitally important preventive and clinical services. CenCal Health rated significantly higher than the Medi-Cal Average for depression screening and follow-up plan, and childhood developmental screening. **Background** CenCal Health has publicly reported on quality of care for select DHCS priorities since 2000. These DHCS priorities, referred to as the Managed Care Accountability Set (MCAS), encompass measures from the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data & Information Set (HEDIS) and the Centers for Medicare and Medicaid Services (CMS) Core Measure Set. DHCS adopts the NCQA 50th and 90th Medicaid percentiles as its Minimum Performance Level (MPL) and High-Performance Level (HPL) to sanction and reward Medi-Cal plans for performance. Alternatively, DHCS adopts the Medi-Cal Average as its MPL for the CMS Core Measure Set, however for these measures Medi-Cal plans are not sanctioned or rewarded for performance. Likewise, CenCal Health adopts these thresholds for each aspect of care. The results were subject to a compliance audit by Health Services Advisory Group to independently certify the accuracy of measurements, which successfully passed another year of public reporting. CenCal Health's 2022 evaluation of performance for the Santa Barbara and San Luis Obispo Medi-Cal programs was completed and reported on time to NCQA and DHCS in June 2022. **Findings** CenCal Health's high standing among Medicaid plans nationally was re-affirmed, with ratings for several aspects of care that surpassed the nation's highest Medicaid benchmarks. Below are highlights for CenCal Health's Santa Barbara and San Luis Obispo Medi-Cal products. For each county, fifteen aspects (15) of care were evaluated against Medicaid benchmarks. Discussion ensued. ***Motion made*** by Dr. Blacketer to adopt the 2021 Quality of Care Results, as presented; seconded by Dr. Bravo. Motion passed. **# # #**
e. 2021 Quality of Care Performance for CCS & TCRC Members *Teri Lee, Senior Quality Measurement Specialist*	Ms. Lee spoke about the 2021 Quality of Care Performance for CCS & TCRC Members. **Executive Summary** An annual evaluation was completed to compare performance between the California Children's Services (CCS) and Tri-Counties Regional Center (TCRC) memberships to the Non-CCS/TCRC populations using HEDIS and CMS methodology for measurement year 2021.

Santa Barbara Findings for CCS/TCRC members:

- Overall, outperformed general population in six out of eleven quality indicators
- Rate of well-care exams was higher for all five age cohorts assessed (ages 0-21). Most notable is the almost 11-point difference for the 18–21-year-old age cohort. Well-care exams for children 15 months old was also significantly higher.
- Rate of developmental screenings for 3-year-olds was slightly higher than the general population but about five points lower for screenings for 1 year old and 2-year-old children.

San Luis Obispo Findings for CCS/TCRC members:

- Overall, outperformed general population in nine out of twelve quality indicators.
- Rate of well-care exams was higher for age cohorts between 30 months – 21 years old. The well-care exam rate for members 12-17 years old and 18-21 years was significantly higher than the general membership (between 5-10 points). Well-care exams for children 30 months old was eight points higher than the general population.
- Rate of Well-Care Visits in the first 15 months of Life was eight points lower.
- While the rate of Childhood Immunizations was eight points lower, this rate may not represent true CCS/TCRC performance due to the low sample size of 31 CCS/TCRC members.
- Rate of developmental screenings was higher for all ages assessed (1, 2, and 3).
- Screening for Depression and Follow-Up Plan for Adolescents was eight points lower.

Emergency Department (ED) utilization was higher for the CCS/TCRC population in both counties. However, higher ED utilization is historically customary for this population due to the greater prevalence of serious medical conditions and/or disability among members.

Background

A performance evaluation was completed for California Children's Services (CCS) and Tri-Counties Regional Center (TCRC) programs using a subset of quality indicators from the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data & Information Set (HEDIS) and the Centers for Medicare & Medicaid Services (CMS) Core Measure Set. CCS provides coverage of some services for physically challenged or disabled children, and TCRC offers case management and support services for the developmentally disabled.

Because the total number of members in these programs is only a small subset of the entire Santa Barbara (SB) and San Luis Obispo (SLO) Medi-Cal populations, the CCS/TCRC eligible population or sample size for many of the quality indicators is statistically insufficient to report a performance rate. This report only includes results that had an eligible population or sample size equal to or greater than thirty for the measurement period that ended December 31, 2021.

FINDINGS – Santa Barbara

<u>HEDIS Measures</u>

CCS/TCRC population was more adherent with completing well-care exams (5 out of five indicators) than the general SB Medi-Cal population. This includes:

- Child and Adolescent Well-Care Annual Visits – all three age cohorts (3-11, 12-17, 18-21). Most notable is the almost 11-point difference for the 18–21-year-old age cohort.
- Well-Child Visits for members who turned 15 months old and had six or more well-child visits; and Well-Child Visits for members 15 months to 30 months old and had two or more well-child visits.

<u>CMS Measures</u>

CCS/TCRC performance is favorable for one out of six indicators assessed.

- Rate of Developmental Screenings (including behavioral, and social delays using a standardized screening tool) for 3-year-olds was slightly higher than the general population but about five points lower for screenings for 1 year old and 2-year-old children.
- Rate of Depression Screening and Follow-Up Plan for Adolescents was slightly lower than the general population.

- Performance for contraceptive care for women 15-20 years of age for both long-acting reversible contraceptives and most or moderately effective contraception was relatively equal.

FINDINGS – San Luis Obispo

HEDIS Measures

CCS/TCRC performance is favorable for the majority (4 out of 6) of indicators assessed. This segment of CenCal Health's membership completed more of the following preventive services than the general population:

- Child and Adolescent Annual Well-Care Visits – all age cohorts (3-11, 12-17, 18-21). The well-care exam rate for members 12-17 years old and 18-21 years was significantly higher (between 5-10 points).
- Well-Child Visits for children who turned 30 months and completed two or more well-child visits. The rate for CCS/TCRC members was over eight points higher.

The rate of Well-Care Visits in the first 15 months of Life was eight points lower. While the rate of Childhood Immunizations was also eight points lower than the general population, this may not represent true CCS/TCRC performance due to the low sample size of thirty-one members compared to 361 members sampled in the general population.

CMS Measures

San Luis Obispo CCS/TCRC performance is favorable for the majority (5 out of 6) of the CMS indicators. The percentage of members who received developmental screenings was higher for ages 1, 2, and 3 than the general population. While screenings for 1- and 2-year-old children was over seven points higher than the general population, the CCS/TCRC population was relatively few in comparison to the general population so may not represent true performance for the total CCS/TCRC membership.

CCS/TCRC women between 15-20 years of age had a slightly higher rate of receiving a long-acting reversible method of contraception or were provided a most effective or moderately effective method of contraception compared to the general population with the same risk.

CCS/TCRC performance was lower for Screening for Depression and Follow-Up Plan for Adolescents by about eight points.

Emergency Department (ED) Utilization Findings:

Both Santa Barbara and San Luis Obispo CCS/TCRC populations had higher ED visit utilization than the general Medi-Cal population for most age cohorts between ages 0-74. Higher ED utilization is expected due to the greater prevalence of serious medical conditions and/or disability among members that are CCS/TCRC eligible and in light of the ongoing COVID-19 pandemic.

The significantly greater outpatient visit utilization indicates greater accessibility and use of services for this subgroup.

Next Steps

CCS/TCRC eligible members will continue to be included by responsible committees or departments in interventions that are applicable to the CCS/TCRC membership in CenCal Health's ongoing quality improvement activities for all aspects of care where improvement is needed in the plan's general membership. Special attention must be taken to ensure provider interventions include residential facilities that specialize in care for disabled youth, when applicable.

Subsequent to this meeting, CenCal Health's Population Health team will:

- Systematically evaluate the significance of potential concerns and possible priorities for improvement as listed below;
- Confirm priorities for improvement and identify relevant barriers to improved performance;
- Lead the design and implementation of timely interventions to resolve the identified barriers.

	Discussion ensued. ***Motion made*** by Dr. Bravo to adopt 2021 Quality of Care Performance for CCS & TCRC Members; seconded by Dr Major. Motion passed. **# # #**
f. Annual Over & Under Utilization Monitoring Report *Charlie Mohrle, RN, Quality Measurement Analyst*	Next, Ms. Mohrle spoke to the Committee about the Annual Over and Under Utilization Monitoring Report. *Highlights include:* **Executive Summary** This report analyzes the Santa Barbara and San Luis Obispo Medi-Cal program utilization metrics for measurement year 2021. CenCal Health staff recommends continued monitoring of over and under-utilization using established benchmarks and frequency in accordance with the health plan's monitoring policy. This policy reviews services and procedures deemed at risk for extreme utilization in Medicaid populations, according to the National Committee for Quality Assurance (NCQA). To assess over and under-utilization, CenCal Health uses the NCQA Medicaid 10th and 90th percentiles as its benchmarks. **Background** As a part of CenCal Health's Quality Program, CenCal Health conducts an annual analysis of program indicators that are designed to detect possible over and under-utilization of health care services. CenCal Health's utilization for a standard set of measures is evaluated against Medicaid benchmarks or historical trends when benchmarks are unavailable. CenCal Health adopts the NCQA Medicaid 10th and 90th percentiles as its benchmarks. CenCal Health monitors three domains of care according to the utilization policy for each of its Medi-Cal lines of business: 1) *Inpatient Acute Care:* Bed Days, Discharges, and Average Length of Stay 2) *Ambulatory Care:* Emergency Department and Outpatient visits *3) Frequency of Selected Procedures* Utilization trends are evaluated monthly by CenCal Health's Chief Executive Officer and Health Services Department leadership including the Chief Medical Officer, Quality Officer, and Director of Medical Management. Staff annually reviews and presents the above metrics to detect possible over and under-utilization and discuss significant trends to the Quality Improvement Committee. Staff research areas of concern, provides data for the implementation of interventions that address concerns, and monitors improvement.

Behavioral Health Over & Under Utilization Monitoring Report
Chelsee Elliott, Senior Quality Measurement Specialist
	Ms. Elliott spoke to the Committee about Behavioral Health Over & Under Utilization Monitoring Report.
	Highlights include:
	
	Executive Summary
	This report analyzes the Santa Barbara and San Luis Obispo Medi-Cal program utilization metrics for calendar year 2021 for behavioral health.
	
	<u>Santa Barbara</u>
	• Follow-Up Care for Children Prescribed ADHD Medications – Continuation Phase, identified appropriate utilization and rated above the Medicaid 95th percentile
	• Three indicators identified appropriate utilization and rated above the Medicaid 75th percentile
	  ○ Follow-Up Care for Children Prescribed ADHD Medications – Initiation Phase
	  ○ Diabetes Monitoring for People with Diabetes and Schizophrenia
	  ○ Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using

Antipsychotic Medications

- Two indicators identified appropriate utilization and rated better than the Medi-Cal average.
  - Use of Opioids at High Dosage or from Multiple Providers in Persons without Cancer
  - Screening for Depression and Follow-Up Plan
- Two indicators rated below the Medicaid 10th percentile.
  - Follow-Up After ED Visit for Mental Illness – (7-Day Follow-Up and 30-Day Follow-Up)
- One indicator, *Concurrent Use of Opioids and Benzodiazepines*, identified over-utilization as it rated worse than the Medi-Cal average.

San Luis Obispo

- Two indicators identified appropriate utilization and rated better than the Medi-Cal average.
  - Use of Opioids at High Dosage or from Multiple Providers in Persons without Cancer
  - Screening for Depression and Follow-Up Plan
- Four indicators rated below the Medicaid 10th percentile.
  - Follow-Up After ED Visit for Alcohol & Other Drug Abuse or Dependance (7-Day Follow-Up and 30-Day Follow-Up)
  - Follow-Up After ED Visit for Mental Illness – (7-Day Follow-Up and 30-Day Follow-Up)
- One indicator, *Concurrent Use of Opioids and Benzodiazepines*, identified over-utilization as it rated worse than the Medi-Cal average.

CenCal Health staff recommends continued monitoring of over and under-utilization using established benchmarks and frequency in accordance with the health plan's monitoring policy. This policy reviews services and procedures deemed at risk for extreme utilization in Medicaid populations, according to the National Committee for Quality Assurance (NCQA). To assess over and under-utilization, CenCal Health uses the NCQA Medicaid 10th and 90th percentiles as its benchmarks.

Background

CenCal Health is responsible for providing specified services to adults diagnosed with a mental health disorder as defined by the current Diagnostic and Statistical Manual of Mental Disorders (DSM) that results in mild to moderate impairment of mental, emotional, or behavioral functioning. As a part of CenCal Health's Quality Program, CenCal Health conducts an annual analysis of program indicators that are designed to detect possible over and under-utilization of health care services.

In June 2022, CenCal Health reported twelve behavioral health quality indicators to the Department of Health Care Services (DHCS) and monitored one additional indicator for the period ending December 31st, 2021, using the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data & Information Set (HEDIS) and the Centers for Medicare & Medicaid Services (CMS) Core Measure Set.

CenCal Health's utilization for a standard set of measures is evaluated against Medicaid benchmarks or historical trends when benchmarks are unavailable. CenCal Health adopts the NCQA Medicaid 10th and 90th percentiles as its benchmarks (or Medi-Cal average rates if unavailable) to monitor performance for DHCS required measures and internally monitored measures.

Data Limitations

The division of mental health coverage of services between the Managed Care Plan and Specialty Mental Health, is a barrier to the completeness of data necessary for some measurements. CenCal Health does not receive some of the County's Mental Health data, which reflects in measures that require a specific mental health diagnosis. If a PCP does not include this diagnosis in encounter documentation, it will result in a given member not being included in the measure's eligible population.

Next Steps

Subsequent to this meeting, CenCal Health's Population Health team will:

- Systematically evaluate the potential concerns and possible priorities for improvement as listed below,
- Confirm priorities for improvement and identify relevant barriers to improved performance,
- Lead the design and implementation of timely interventions to resolve the identified barriers.

Potential areas of concern and possible priorities for improvement are:

	• Concurrent Use of Opioids and Benzodiazepines (over-utilization) • Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (under-utilization) • Follow-Up After Emergency Department Visit for Mental Illness (under-utilization) **# # #**
g. Priorities for Improvement *Lauren Geeb, MBA, Director of Quality*	Ms. Geeb spoke to the Committee about Priorities for Improvement. **Executive Summary** Annually, the Department of Health Care Services (DHCS) adopts the NCQA 50th and 90th Medicaid percentiles as its Minimum Performance Level (MPL) and High-Performance Level (HPL) to sanction and reward Medi-Cal plans for performance. Likewise, CenCal Health adopts these percentiles to identify priorities for improvement. DHCS will be implementing a new Quality Factor in managed care rate-setting beginning in calendar year 2023, which is the first time a Medi-Cal plan's quality scores will be factored into rate development. To identify CenCal Health's priorities for improvement, staff evaluated CenCal Health's most recent quality of care performance results against the following immediate and long-term organizational priorities. Factor considered include DHCS' proposed rate-setting Quality Factor measures (Level 1 – high due to financial risk and sanctions), DHCS' Managed Care Accountability Set priorities (Level 2 – moderate due to sanctions), and aspects of care required for NCQA Accreditation (Level 3 – on the horizon). The proposed immediate priorities for improvement are: • Well-Child Visits in the First 30 Months of Life • Immunizations for Children and Adolescents • Weight Assessment (BMI %) for Children/Adolescents • Hypertension Control • Prenatal Care Timeliness • Chlamydia Screening in Women • Cervical Cancer Screening Staff recommends the QIC's approval of the proposed priorities for improvement into CenCal Health's 2022/2023 Annual Work Plan. Most of the measures identified as priorities for improvement are already the focus of targeted interventions and/or quality improvement efforts. Quality improvement interventions are designed to address the plan's entire membership unless program or region-specific barriers to achieve health equity are identified. **Background** CenCal Health has publicly reported on quality of care for select Department of Health Care Services (DHCS) priorities since 2000. CenCal Health's 2022 evaluation of performance (for the period ending December 31, 2021) for the Santa Barbara and San Luis Obispo Medi-Cal programs was completed and reported on time to the National Committee for Quality Assurance (NCQA) and DHCS in June 2022. DHCS adopts the NCQA 50th and 90th Medicaid percentiles as its Minimum Performance Level (MPL) and High-Performance Level (HPL) to sanction and reward Medi-Cal plans for DHCS-required priority measures. For calendar year 2024, DHCS will be implementing a new Quality Factor rate-setting process which is the first time a Medi-Cal plan's quality scores will be factored into rate development. Plans within the rating region will be compared against each other rather than statewide. As such, CenCal Health's goal is to achieve the HPL. To identify CenCal Health's priorities for improvement, staff completed a systematic process to evaluate CenCal Health's most recent quality of care performance, against DHCS' proposed Quality Factor rate-setting measure set, DHCS' Managed Care Accountability Set priority measures, and quality measures required for NCQA Accreditation.

	Goals for improvement are to at least meet the MPL. Significant improvement is defined as meeting or exceeding the goal by achieving a 10% reduction in the proportion of cases that had a negative result in the prior year for a given measure. For measures already above the HPL, CenCal Health's goal is to maintain its rating among the nation's best Medicaid plans. **Proposed Priorities for Improvement** CenCal Health staff compared plan's performance against the nine proposed measures in DHCS' Quality Factor rate-setting, the NCQA 50th percentile (MPL), and 90th percentile (HPL). This was prioritized as Level 1 due to the financial risk and sanctions it would present if CenCal Health does not perform better than the other plans within the region setting (Central California Alliance for Health, and Gold Coast Health Plan). A significant HPL gap is equal to or greater than five points. For Level 2 prioritization, performance was compared against for DHCS' Managed Care Accountability Set priority measures, the NCQA 50th percentile (MPL), and 90th percentile (HPL). While there is a risk of sanctions due to low performance and plans will have to submit improvement plans, there are no financial revenue implications. A significant HPL gap is equal to or greater than five points. Lastly, for Level 3 prioritization (on the horizon), an analysis of plan performance for quality measures required for NCQA Accreditation was completed. While CenCal Health will not seek out NCQA Accreditation until 2024, there is a need to prioritize resources because improvement takes time. The committee ensued in discussion. **Motion made** by Dr. Blacketer to approve the Quality Program Updates, as presented; seconded by Ms. Van Cura. Motion passed.

***If needed*, return to any Consent items designated for discussion**	There were none to discuss.
7. Open Forum	Dr. Major mentioned that SB 1089 recently passed unopposed. Dr. Bravo mentioned that thanks to Dr. Fonda's efforts, Pediatric Hospice Care services are coming to fruition in Santa Barbara and San Luis Obispo Counties through a couple of possible providers. More to come on that at future meetings.
8. Adjournment	There being no further business, Dr. Fonda thanked the Committee for their time and participation, and adjourned the meeting at 5:22 p.m.

Respectfully submitted,
Mimi M. Hall
Executive Assistant

Approved,

_____
Emily Fonda, MD, CHCQM, MMM
Chief Medical Officer
Chair, Quality Improvement Committee

DRAFT

Date: December 8, 2022

Memo to: Quality Improvement Committee (QIC)

From: Charlie Mohrle, RN, Quality Measurement Analyst

Through: Lauren Geeb, MBA, Director of Quality
Carlos Hernandez, Quality Officer
Emily Fonda, MD, MMM, CHCQM

RE: **ACTION ITEM: Quality Dashboard – Through Oct 31. 2022 Performance**

EXECUTIVE SUMMARY

For the period ending October 31, 2022, the following report includes a quality performance review for Santa Barbara and San Luis Obispo counties. Medi-Cal plans must meet the NCQA 50th Percentile, DHCS' minimum performance level (MPL) for 15 quality measures (NCQA HEDIS measures from the Managed Care Accountability Set).

Because a subset of DHCS priority measures are supplemented with medical record reviews (an activity that only occurs once per year for Hybrid designated measures), an estimated rate lift is used to project this period's performance. Thus, rates presented are CenCal Health's *best* estimation of current performance based on available information. Out of the 15 DHCS priority measures:

- 7 rate among the top 10% of Medicaid plans in San Luis Obispo
    - *BMI Percentile Documentation for* Children/Adolescents
    - *Nutrition Counseling for Children/Adolescents*
    - *Physical Activity Counseling for Children/Adolescents*
    - *Diabetes: Low rate of Poor Hemoglobin A1c Control (A1c >9%)*
    - *Timeliness of Prenatal Care*
    - *Timeliness of Postpartum Care*
    - *Controlling High Blood Pressure*
- 3 rate among the top 10% of Medicaid plans in Santa Barbara.
    - *Childhood Immunization Status (Combo 10)*
    - *Diabetes: Low rate of Poor Hemoglobin A1c Control (A1c >9%)*
    - *Timeliness of Post-partum Care*
- Priority for Improvement: Only one, *Well Child Visits (6+) in the First 15 months of Life*, did not meet the MPL in Santa Barbara. CenCal Health is leveraging its new pay-for-performance program, the Quality Care Incentive Program (QCIP), as the primary mechanism to financially incentivize PCPs to provide these services in accordance with established clinical guidelines. Additionally, CenCal Health partnered with a high-volume low-performing pediatric provider to test a DHCS required system-wide improvement project. CenCal Health received approval in November for its proposal. Performance will be monitored and reported monthly.

BACKGROUND

The Quality Dashboard is a consolidation of indicators used for tracking and reporting as part of CenCal Health's Quality Improvement Program. The purpose is threefold:

- Provide a comprehensive overview of the Quality program.
- Present detail at which the program is administered.

- Provide a quick reference for identification of areas where benchmarks and standards are not met.

CenCal Health monitors performance using the Department of Health Care Services' Managed Care Accountability Set which encompasses measures from the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data & Information Set (HEDIS) and the Centers for Medicare & Medicaid Services (CMS) Core Measure Set. In preparation for NCQA Accreditation, CenCal Health staff also monitor performance for measures needed to achieve this distinction.

DHCS adopts NCQA's 50th and 90th Medicaid percentiles as the Minimum Performance Level (MPL) and High Performance Level (HPL) for Medi-Cal plans and likewise, CenCal Health adopts these percentiles (or the Medi-Cal average if the MPL/HPL is unavailable) as its thresholds. Rates highlighted in green are equal to or greater than the HPL, while rates highlighted in yellow are less than the established MPL or Medi-Cal average for measures not held to the MPL or highlighted in red for ones that are held to the MPL (*see Attachments: QIC SB Dashboard Q4_2022 & QIC SLO Dashboard Q4_2022*).

DETAIL

For the period ending October 31, 2022, performance rates were generated based on a rolling look back period, which for most measures is a 12-month period. Some look back periods can extend 2-5 years (i.e. breast cancer or cervical cancer screenings). Because rates for the NCQA HEDIS Hybrid measures are supplemented with medical record reviews, an activity performed annually, an estimated rate lift was used to project this period's performance. Thus, for NCQA HEDIS Hybrid measures(*), *the rates presented are CenCal Health's best estimation of current performance based on available information*.

Medi-Cal plans must meet the DHCS MPL for 15 quality measures from the Managed Care Accountability Set. Below are highlights as it relates to these priority measures.

- 7 (out of 15) rate among the top 10% of Medicaid plans in San Luis Obispo
  - *BMI Percentile Documentation for* Children/Adolescents*
  - *Nutrition Counseling for Children/Adolescents**
  - *Physical Activity Counseling for Children/Adolescents**
  - *Diabetes: Low rate of Poor Hemoglobin A1c Control (A1c >9%)**
  - *Timeliness of Prenatal Care**
  - *Timeliness of Postpartum Care**
  - *Controlling High Blood Pressure**
- 3 (out of 15) rate among the top 10% of Medicaid plans in Santa Barbara.
  - *Childhood Immunization Status (Combo 10)**
  - *Diabetes: Low rate of Poor Hemoglobin A1c Control (A1c >9%)**
  - *Timeliness of Post-partum Care**
- <u>Priority for Improvement:</u>
  Only one, *Well Child Visits (6+) in the First 15 months of Life*, did not meet the MPL (54.92%) in Santa Barbara (50.17%). CenCal Health is leveraging its new pay-for-performance program, the Quality Care Incentive Program (QCIP), as the primary mechanism to financially incentivize PCPs to provide these services in accordance with established clinical guidelines. Additionally, CenCal Health partnered with a high-volume low-performing pediatric provider to test a DHCS required system-wide improvement project. CenCal Health received approval in November for its proposal. Performance will be monitored and reported monthly.

NEXT STEPS

The Quality Care Incentive Program (QCIP), in place since March 2022, was implemented to increase quality of care through provider incentivization. Quality Measurement and Population Health staff also use the program's monthly reporting of indicators for targeted quality improvement interventions and for assistance in provider engagement and community outreach. Staff will continue to monitor and provide updates to the QIC at the Q1 2023 meeting.

RECOMMENDATION
Staff recommends approval of this quarterly dashboard report.

Attachments:
QIC SB Dashboard Q4_2022
QIC SLO Dashboard Q4_2022

DHCS Managed Care Accountability Set

Santa Barbara

NCQA HEDIS Administrative Rates

NCQA HEDIS Hybrid Measure Rates

CMS Core Set Measure Rates

Managed Care Accountability Set - NCQA HEDIS Administrative Measures
Santa Barbara

Green = performance ≥ top 10% of Medicaid plans nationally

Yellow = performance ≤ bottom 50% of Medicaid plans (not held to DHCS MPL)

Red = performance ≤ bottom 50% of Medicaid plans

Arrows: rate improved (green), unchanged (yellow), declined (red) from previous qtr

Flags: rate improved (green), unchanged (yellow), declined (red) from previous qtr

		Held to NCQA 50th Percentile	NCQA 50th Percentile	MY 2021	Period ending 3/31/22	Period ending 6/30/22	Period ending 10/31/22	Variance to Prior Performance	Quarterly Trendline
(ADD) Follow-Up Care for Children Prescribed ADHD Medication									
ADD - Initiation Phase	Percentage of children 6-12 years of age and newly prescribed ADHD medication who had at least 3 follow-up care visits within a 10-month period, with 1 follow-up visit occurring within 30 days of being dispensed first ADHD medication.		44.51	51.87	53.88	**56.48**	**56.54**	↑	
ADD - Continuation and Maintenance Phase			55.96	71.74	**74.47**	66.67	56.82	↓	
(AMB - ED) Ambulatory Care: ED Visits									
AMB - ED	Utilization of ambulatory care in ED visits [All ages]		NA	30.65	32.08	33.41	34.15	⚑	
(AMM) Antidepressant Medication Management									
AMM - Acute Treatment	Percentage of members 18+ years of age who were treated with antidepressants, had a diagnosis of major depression and remained on an antidepressant medication. Acute: members who remained on an antidepressant for at least 84-days. Continuation: members who remained on an antidepressant for at least 180-days.		56.66	56.62	**54.45**	**54.37**	**56.24**	↑	
AMM - Continuation Treatment			40.28	42.86	**39.84**	**40.26**	40.44	↑	
(AMR) Asthma Medication Ratio									
AMR	Percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater in the past year.		64.78	69.67	74.48	**76.74**	**75.88**	↓	
(APM) Metabolic Monitoring for Children and Adolescents on Antipsychotics									
APM - B	Percentage of children/adolescents 1-17 years of age who had 2 or more antipsychotic prescriptions and had metabolic testing. 3 reported rates: Blood Glucose Testing (B), Cholesterol Testing (C), Blood Glucose & Cholesterol Testing (BC)		48.49	NA	54.13	54.55	51.77	↓	
APM - C			31.99	NA	34.86	34.71	**31.21**	↓	
APM - BC			30.58	NA	**29.36**	**29.75**	**24.82**	↓	
(BCS) Breast Cancer Screening									
BCS	Percentage of women 50–74 years of age who had at least one mammogram to screen for breast cancer during the past 2 years.	✓	53.93	59.85	60.25	60.81	61.89	↑	
(CHL) Chlamydia Screening In Women									
CHL	Percentage of women 16-24 years of age who were identified as sexually active and had at least one test for chlamydia in past year	✓	54.91	58.04	57.21	59.76	61.62	↑	
(PCR) Plan All-Cause Readmission									
PCR - Observed Readmission* **Lower is better**	For members 18-64 years of age, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.		9.34	9.22	9.04	9.40	9.13	⚑	
(SSD) Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications									
SSD	Percentage of members 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.		76.64	79.80	**75.80**	**75.59**	**76.13**	↑	
(WCV) Child and Adolescent Well-Care Visits									
WCV	Percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	✓	45.31	57.85	55.67	56.01	56.45	↑	
(W30) Well Child Visits in the 1st 30 Months of Life									
W30 - 6+ Visits	Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.	✓	54.92	49.21	**49.30**	**50.56**	**50.17**	↓	
W30 - 2+ Visits	Well-Child Visits for Age 15–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits	✓	70.67	80.05	79.06	79.25	79.52	↑	
(LSC) Lead Screening for Children									
LSC	Percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.		71.53	60.55	**61.35**	**61.30**	**59.94**	↓	
(FUA) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence									
FUA-7	Percentage of ED visits for members 13+ years of age with a principal diagnosis of alcohol or other drug abuse or dependence, who had a follow-up visit for alcohol or other drug abuse or dependence.		13.36	7.80	NA	**9.71**	**9.54**	↓	
FUA-30			21.31	12.07	NA	**12.95**	**13.65**	↑	
(FUM) Follow-Up After Emergency Department Visit for Mental Illness									
FUM-7	Percentage of ED visits for members 6+ years of age with principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.		38.55	19.14	NA	**19.62**	**16.12**	↓	
FUM-30			53.54	31.48	NA	**31.50**	**28.99**	↓	

Managed Care Accountability Set - NCQA HEDIS Hybrid Measures
Santa Barbara County

Green = performance ≥ top 10% of Medicaid plans nationally

Yellow = performance ≤ bottom 50% of Medicaid plans (not held to DHCS MPL)

Red = performance ≤ bottom 50% of Medicaid plans

Arrows: rate improved (green), unchanged (yellow), declined (red) from previous qtr

Flags: rate improved (green), unchanged (yellow), declined (red) from previous qtr

For the time frames below, measurements include an estimated medical record rate lift.
Other than what is reported for Measurement Year (MY) 2021, measurements are projected rates and subject to change.

Hybrid Measures (claims + medical record review)	Description	Held to NCQA 50th Percentile	NCQA 50th Percentile	MY 2021	Period ending 3/31/22	Period ending 6/30/22	Period ending 10/31/22	Variance to Prior Performance	Quarterly Trendline
(CCS) Cervical Cancer Screening									
CCS	Percentage of women 21-64 years of age who were screened for cervical cancer using following criteria: - 21-64 years of age who had cervical cytology performed within the last 3 years. - 30-64 years of age who had cervical high-risk human papillmavirus (hrHPV) testing performed within the last 5 years. - 30-64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.	✓	59.12	59.54	60.74	60.81	61.36	↑	
(CDC) Comprehensive Diabetes Care									
CDC: Poor A1c control (> 9.0%) ***lower rate is better***	Percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c in the past year was >9.0%, or is missing, or was not done.	✓	43.19	32.35	**25.23**	**26.11**	**27.07**	⚑	
(CBP) Controlling High Blood Pressure									
CBP	Percentage of members 18–85 years of age with a hypertension (HTN) diagnosis and whose BP was adequately controlled (<140/90 mm Hg) in the past year. If no BP is recorded within the past year, it is assumed they are "not controlled".	✓	55.35	58.29	58.91	58.83	59.48	↑	
(CIS) Childhood Immunization Status									
CIS (Combo 10)	Percentage of children 2 years of age that had: - 4 DtaP/DT, - 3 IPV, - 1 MMR, - 3 HIB, - 3 HepB, - 1 VZV, - 4 Pneumococcal (PCV), - 1 HepA, - 2 or 3 Rotavirus, and - 2 Influenza vaccines by their 2nd birthday. (Combo 10).	✓	38.20	52.19	50.58	52.43	**55.53**	↑	
Dtap/DT (4 doses)			74.45	83.33	**83.48**	**83.59**	**84.42**	↑	
IPV - Polio (3 doses)			88.32	94.26	**94.40**	**94.40**	**94.95**	↑	
MMR (1 dose)			88.08	93.44	**93.46**	**93.73**	**93.88**	↑	
HIB (3 doses)			87.06	90.71	91.11	91.77	**92.33**	↑	
Hep B (3 doses)			88.56	93.99	92.15	**94.96**	**93.99**	↓	
VZV (1 dose)			87.35	93.72	**93.98**	**94.19**	**94.34**	↑	
Pneumococcal (4 doses)			76.16	79.23	79.71	80.62	81.95	↑	
Hep A (1 dose)			84.67	89.89	89.99	**90.70**	**90.60**	↓	
Rotavirus (2 or 3 doses)			72.08	80.87	80.41	79.16	78.60	↓	
Influenza (2 doses)			50.61	63.66	63.21	63.51	63.90	↑	
(IMA) Immunizations for Adolescents									
IMA: Combo 2	Percentage of adolescents 13 years of age who received: -1 Tdap, -1 MCV, and -2 or 3 HPV vaccines by their thirteenth birthday.	✓	36.74	51.32	**51.50**	50.53	49.78	↓	
Meningococcal (1 dose)			84.18	87.89	88.52	87.74	87.50	↓	
Tdap (1 dose)			87.46	90.53	91.51	91.67	**92.44**	↑	
HPV (2 or 3 doses)			38.44	54.47	**54.24**	**52.91**	52.13	↓	
(PPC) Prenatal and Postpartum Care									
PPC 1: Timeliness of Prenatal Care	Percentage of live birth deliveries with a prenatal care visit in first trimester on or before enrollment start date or within 42 days of enrollment.	✓	85.89	90.83	88.43	90.30	89.32	↓	
PPC 2: Timeliness of Postpartum Care	Percentage of live birth deliveries with a postpartum visit on or between 7 and 84 days post delivery.	✓	76.40	93.33	**90.86**	**93.35**	**93.85**	↑	
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children									
WCC: BMI %	Percentage of children/adolescents 3 -17 years of age having an outpatient visit with PCP or OB/GYN and had evidence of BMI % documentation, and counseling for nutrition and physical activity.	✓	76.64	81.76	82.09	82.55	83.29	↑	
WCC: Nutrition Counseling		✓	70.11	79.39	78.29	77.99	79.04	↑	
WCC: Physical Activitiy Counseling		✓	66.18	79.05	78.87	79.17	79.17	→	

Managed Care Accountability Set - CMS Core Set Measures

Santa Barbara County

Green = performance ≥ State Average Rate

Arrows: rate improved (green), unchanged (yellow), declined (red) from previous qtr

Flags: rate improved (green), unchanged (yellow), declined (red) from previous qtr

Claims only based measures	Description	State Average Rate	MY 2021	Period ending 3/31/22	Period ending 6/30/22	Period ending 10/31/22	Variance to Prior Performance	Quarterly Trendline
(CCW) Contraceptive Care - All Women								
	Percentage of Women **15 - 20** at risk of unintended pregnancy that received:							
CCW - MMEC	Most or Moderately Effective Contraception	15.88	15.64	14.79	14.67	14.53	↓	
CCW - LARC	Long Acting Reversible Contraception	2.34	2.84	**2.57**	**2.67**	**2.68**	↑	
	Percentage of Women **21 - 44** at risk of unintended pregnancy that received:							
CCW - MMEC	Most or Moderately Effective Contraception	24.02	28.29	**26.47**	**26.53**	**26.29**	↓	
CCW - LARC	Long Acting Reversible Contraception	4.52	6.35	**5.95**	**5.75**	**5.42**	↓	
(CCP) Contraceptive Care - Postpartum Women								
	Percentage of Women **15 - 20** who had a live birth that received:							
CCP - MMEC3	Most or Moderately Effective Contraception provided within 3 days of delivery	4.90	0.00	0.43	0.00	0.00	→	
CCP - MMEC60	Most or Moderately Effective Contraception provided within 60 days of delivery	38.12	30.13	32.05	**39.39**	35.38	↓	
CCP - LARC3	Long Acting Reversible Contraception provided within 3 days of delivery	3.16	0.00	0.43	0.00	0.00	→	
CCP - LARC60	Long Acting Reversible Contraception provided within 60 days of delivery	15.71	10.46	10.68	13.85	13.85	→	
	Percentage of Women **21 - 44** who had a live birth that received:							
CCP - MMEC3	Most or Moderately Effective Contraception provided within 3 days of delivery	10.55	6.87	6.26	5.77	5.16	↓	
CCP - MMEC60	Most or Moderately Effective Contraception provided within 60 days of delivery	36.24	35.39	32.78	35.05	35.21	↑	
CCP - LARC3	Long Acting Reversible Contraception provided within 3 days of delivery	2.64	0.21	0.20	0.14	0.00	↓	
CCP - LARC60	Long Acting Reversible Contraception provided within 60 days of delivery	12.07	10.79	9.33	9.44	8.95	↓	
(CDF) Screening for Depression and Follow-Up Plan								
CDF	Percentage of members 18+ years of age screened for depression with follow-up if necessary	8.44	22.70	**18.29**	**20.69**	**20.87**	↑	
(DEV) Developmental Screening in the First Three Years of Life								
DEV	Developmental Screening in the First Three Years of Life	27.95	45.65	**44.25**	**42.61**	**40.94**	↓	
(COB) Concurrent Use of Opioids and Benzodiazepines								
COB - Age 18 - 64 **Lower rate better**	Percentage of members 18 - 64 years of age with prescriptions of opioids and benzodiazepines	10.59	12.95	12.35	11.46	10.94	⚑	
COB - Age 65+ **Lower rate better**	Percentage of members 65 years of age and older with prescriptions of opioids and benzodiazepines	7.08	11.43	8.82	12.50	13.33	⚑	
(OHD) Use of Opioids at High Dosage in Persons without Cancer								
OHD - Age 18 - 64 **Lower rate is better**	Percentage of members 18 - 64 who received prescriptions for opioids ≥ 90mg over 90-days	4.90	3.10	**2.27**	**2.56**	**1.89**	⚑	
OHD - Age 65+ **Lower rate is better**	Percentage of members 65 year of age and older who received prescriptions for opioids ≥ 90mg over 90-days	4.43	0.00	NA	NA	NA		

NCQA Accreditation Quality Measures

Santa Barbara

NCQA Accreditation Quality Measures
Santa Barbara

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Measure Name	Measure ID (Submeasure name, if applicable)	Description	Held to MPL for MY 2021	MCAS Measure	NCQA Admin Only 50th Percentile	MY 2021	Period ending 10/31/22
BEHAVIORIAL HEALTH - Access, Monitoring and Safety							
Follow-Up Care for Children Prescribed ADHD Medication	**ADD (Continuation and Maintenance Phase)**	Percentage of members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for ≥ 210 days and who, in addition to the visit follow-up visit during the initial 30 days after newly prescribed ADHD medication (Initiation Phase), had ≥ 2 follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.	no	✓	55.96	71.74	56.82
Metabolic Monitoring for Children and Adolescents on Antipsychotics	**APM (Blood Glucose and Cholesterol Testing)**	Percentage of children/adolescents 1-17 years of age who had 2 or more antipsychotic prescriptions and received blood glucose and cholesterol testing (BC).	no	✓	30.58	NA	**24.82**
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications	**SSD**	Percentage of members 18–64 years of age with Schizophrenia, Schizoaffective disorder or Bipolar Disorder, who were dispensed antipsychotic medication and had a diabetes screening test.	no	✓	76.64	79.80	**76.13**
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	**APP**	Percentage of children/adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.	no		63.03	NA	51.30
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	**IET (Engagement of AOD Treatment)**	Percentage of adolescent/adult members with a new episode of Alcohol or Other Drug Abuse or Dependence (AOD) who initiated treatment and engaged in ongoing AOD treatment within 34 days of the initiation visit.	no		13.98	NA	3.90
BEHAVIORIAL HEALTH - Care Coordination							
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	**FUA (7 day follow-up)**	Percentage of ED visits among members 13+ years of age with a principal diagnosis of Alcohol or Other Drug Abuse or Dependence (AOD), who had a follow-up visit for Alcohol or Other Drug Abuse or Dependence within 7 days of the ED visit (total 8 days).	no	✓	13.36	7.80	**9.54**
Follow-Up After Emergency Department Visit for Mental Illness	**FUM (7 day follow-up)**	Percentage of ED visits among members 6+ years of age with a principal diagnosis of Mental Illness or Intentional Self-Harm, who had a follow-up visit for Mental Illness within 7 days of the ED visit (total 8 days).	no	✓	38.55	19.14	**16.12**
Follow-Up After Hospitalization for Mental Illness	**FUH (7 day follow-up)**	Percentage of discharges among members 6+ years of age who were hospitalized for treatment of selected Mental Illness or Intentional Self-Harm diagnoses and who had a follow-up visit with a mental health provider within 7 days after discharge.	no		38.95	NA	13.51
Follow-Up After High-Intensity Care for Substance Use Disorder	**FUI (7 day follow-up)**	Percentage of acute inpatient hospitalizations, residential treatment or detoxification visits among members 13+ years of age having a diagnosis of Substance Use Disorder that resulted in a follow-up visit or service for Substance Use Disorder within 7 days after the visit or discharge.	no		32.45	NA	18.42
BEHAVIORIAL HEALTH - Medication Adherence							
Antidepressant Medication Management	**AMM (Effective Continuation Phase Treatment)**	Percentage of members 18+ years of age who were treated with antidepressants, had a diagnosis of major depression and remained on an antidepressant medication for ≥180 days (6 months).	no	✓	40.28	42.86	40.44
Pharmacotherapy for Opioid Use Disorder	**POD**	Percentage of members 16+ years of age with a diagnosis of Opioid Use Disorder and new Opioid Use Disorder pharmacotherapy events and Opioid Use Disorder pharmacotherapy for 180+ days (6 months).	no		30.52	NA	32.81
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	**SAA**	Percentage of members 18+ years of age with Schizophrenia or Schizoaffective disorder who were dispensed and remained on an antipsychotic medication for ≥ 80% of treatment period.	no		63.46	70.00	82.61
PREVENTION							
Chlamydia Screening In Women	**CHL**	Percentage of women 16-24 years of age who were identified as sexually active and had at least one test for chlamydia within past year.	**yes**	✓	54.91	58.04	61.62

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Santa Barbara

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Measure Name	Measure ID (Submeasure name, if applicable)	Description	Held to MPL for MY 2021	MCAS Measure	NCQA Admin Only 50th Percentile	MY 2021	Period ending 10/31/22
Cervical Cancer Screening	**CCS**	Percentage of women 21-64 years of age who were screened for cervical cancer using following age criteria: - 21-64 years of age who had cervical cytology performed within the last 3 years. - 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. - 30-64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.	**yes**	✓	49.30	59.54	61.36
Childhood Immunization Status	**CIS (Combo 10)**	Percentage of children 2 years of age who had 4 DTaP, 3 IPV-Polio, 1 MMR, 3 HiB, 3 HepB, 1 VZV, 4 PCV, 1 HepA, 2 (or 3) RV-rotavirus, and 2 flu vaccines by their 2nd birthday.	**yes**	✓	42.19	52.19	55.53
Immunizations for Adolescents	**IMA (Combo 2)**	Percentage of adolescents 13 years of age who had 1 Tdap, 1 MCV, and 2 or 3 HPV by their thirteenth birthday.	**yes**	✓	38.30	51.32	49.78
Weight Assessment and Counseling for Nutrition and Physical Activity for Children	**WCC (BMI Percentile)**	Percentage of children/adolescents 3 -17 years of age having an outpatient visit with a PCP or OB/GYN and had evidence of BMI percentile documentation within past year.	**yes**	✓	46.70	81.76	83.29
Breast Cancer Screening	**BCS**	Percentage of women 50–74 years of age with at least one mammogram screening for breast cancer during past 2 years.	**yes**	✓	53.93	59.85	61.89
WOMEN'S REPRODUCTIVE HEALTH							
Prenatal and Postpartum Care	**PPC (Timeliness of Prenatal Care)**	Percentage of live birth deliveries with a prenatal care visit in first trimester on or before enrollment start date or within 42 days of enrollment.	**yes**	✓	67.70	90.83	89.32
	PPC (Postpartum Care)	Percentage of live birth deliveries with a postpartum visit on or between 7 and 84 days post delivery.	**yes**	✓	57.50	93.33	**93.85**
Prenatal Immunization Status	**PRS-E (Combination)**	Percentage of deliveries meeting both criteria (combination): - Deliveries where members received an adult flu vaccine on or between July 1 of year prior to measurement year and delivery date **or** deliveries where members had a flu vaccine adverse reaction any time during or before measurement year. - Deliveries where members received at least 1 Tdap vaccine during pregnancy (including on delivery date) or deliveries where members had an anaphylactic reaction to Tdap or Td vaccine any time during or before measurement year.	no		NA	46.26	37.40
RESPIRATORY							
Asthma Medication Ratio	**AMR**	Percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of ≥ 0.50 within past year.	no	✓	64.78	69.67	**75.88**
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	**AAB**	Percentage of episodes for members 3 months of age and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event.	no		54.06	63.37	68.08
Appropriate Testing for Pharyngitis	**CWP**	Percentage of episodes for members 3+ years of age where member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.	no		76.44	69.39	69.98
Pharmacotherapy Management of COPD Exacerbation	**PCE (Bronchodilator)**	Percentage of COPD exacerbations for members 40+ years of age who had an acute inpatient discharge or ED visit on or between Jan 1–Nov 30 of measurement year and was dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of COPD exacerbation event.	no		85.08	63.93	70.31
	PCE (Systemic Corticosteroid)	Percentage of COPD exacerbations for members 40+ years of age who had an acute inpatient discharge or ED visit on or between Jan 1–Nov 30 of measurement year and was dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of COPD exacerbation event.	no		70.33	52.46	68.75

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Measure Name	Measure ID (Submeasure name, if applicable)	Description	Held to MPL for MY 2021	MCAS Measure	NCQA Admin Only 50th Percentile	MY 2021	Period ending 10/31/22
Appropriate Treatment for Upper Respiratory Infection	**URI**	Percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.	no		88.86	95.19	95.27
DIABETES							
Comprehensive Diabetes Care	**CDC (Poor A1c control >9.0%)** ***lower rate is better***	Percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c within past year was > 9.0%, or was missing, or was not done.	**yes**	✓	41.10	32.35	27.07
	CDC (BP Control)	Percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose most recent BP within past year was <140/90 mm Hg.	no		14.40	11.05	11.17
	CDC (Eye Exam)	Percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had a retinal or dilated eye exam within past year, or had a negative retinal or dilated eye exam in year prior to measurement year, or has a history of bilateral eye enucleation any time through Dec 31 of measurement year.	no		50.20	48.52	52.51
Statin Therapy for Patients With Diabetes	**SPD (Received Statin Therapy)**	Percentage of members 40–75 years of age during measurement year with diabetes and *not* having clinical atherosclerotic cardiovascular disease (ASCVD) who were dispensed at least one statin medication of any intensity during past year.	no		66.47	67.30	65.37
	SPD (Statin Adherence 80%)	Percentage of members 40–75 years of age during measurement year with diabetes and *not* having clinical atherosclerotic cardiovascular disease (ASCVD) who remained on a statin medication of any intensity for ≥ 80% of treatment period.	no		68.75	58.71	67.82
HEART DISEASE							
Controlling High Blood Pressure	**CBP**	Percentage of members 18–85 years of age with a hypertension (HTN) diagnosis and whose BP was adequately controlled (<140/90 mm Hg) within past year. If no BP is recorded in past year, it is assumed they are "not controlled".	**yes**	✓	18.50	58.29	**59.48**
Statin Therapy for Patients With Cardiovascular Disease	**SPC (Received Statin Therapy)**	Percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, having clinical atherosclerotic cardiovascular disease (ASCVD) and who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.	no		80.34	81.52	83.13
	SPC (Statin Adherence 80%)	Percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, having clinical atherosclerotic cardiovascular disease (ASCVD) and who remained on a high-intensity or moderate-intensity statin medication for ≥ 80% of treatment period.	no		72.21	68.02	78.26
OVERUSE OF OPIOIDS							
Risk of Continued Opioid Use	**COU (31 day rate)** ***lower is better***	Percentage of members 18+ years of age with a new opioid use episode receiving ≥ 31 days of prescription opioids within a 62-day period.	no		3.65	3.89	5.07
Use of Opioids at High Dosage	**HDO** ***lower rate is better***	Percentage of members 18+ years of age who received opioid prescriptions at a high dosage (average morphine milligram equivalent dose [MME] ≥ 90) for ≥ 15 days during measurement year.	no		5.12	2.49	1.73
Use of Opioids from Multiple Providers	**UOP (Multiple Prescribers and Multiple Pharmacies)** ***lower rate is better***	Percentage of members 18+ years of age who received opioid prescriptions for ≥15 days from 4+ prescribers ***and*** 4+ different pharmacies during measurement year.	no		1.75	0.45	0.52
RISK-ADJUSTED UTILIZATION							
Plan All-Cause Readmission	**PCR (Observed Readmission)** ***lower rate is better***	For members 18-64 years of age, the number of acute inpatient and observation stays during measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.	no	✓	9.83	9.70	**9.34**
OTHER TREATMENT MEASURES							
Use of Imaging Studies for Low Back Pain	**LBP**	Percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis.	no		75.61	79.96	81.58

DHCS Managed Care Accountability Set

San Luis Obispo

NCQA HEDIS Administrative Rates

NCQA HEDIS Hybrid Measure Rates

CMS Core Set Measure Rates

Managed Care Accountability Set - NCQA HEDIS Administrative Measures
San Luis Obispo County

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Administrative Measures (Claims-only)	Description	Held to NCQA 50th Percentile	NCQA 50th Percentile	MY 2021	Period ending 3/31/22	Period ending 6/30/22	Period ending 10/31/22	Variance to Prior Performance	Quarterly Trendline
(ADD) Follow-Up Care for Children Prescribed ADHD Medication									
ADD - Initiation Phase	Percentage of children 6-12 years of age and newly prescribed ADHD medication who had at least 3 follow-up care visits within a 10-month period, with 1 follow-up visit occurring within 30 days of being dispensed first ADHD medication.		44.51	46.61	**43.41**	**42.74**	51.96	↑	
ADD - Continuation and Maintenance Phase			55.96	60.61	61.29	**50.00**	**54.17**	↑	
(AMB - ED) Ambulatory Care: ED Visits									
AMB - ED	Utilization of ambulatory care in ED visits [All ages]		NA	37.17	38.04	39.41	40.02	⚑	
(AMM) Antidepressant Medication Management									
AMM - Acute Treatment	Percentage of members 18+ years of age who were treated with antidepressants, had a diagnosis of major depression and remained on an antidepressant medication. Acute: members who remained on an antidepressant for at least 84-days. Continuation: members who remained on an antidepressant for at least 180-days.		56.66	59.1	61.50	61.72	62.13	↑	
AMM - Continuation Treatment			40.28	45.72	46.92	48.37	50.33	↑	
(AMR) Asthma Medication Ratio									
AMR	Percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater in the past year.		64.78	68.88	74.58	**81.75**	**82.98**	↑	
(APM) Metabolic Monitoring for Children and Adolescents on Antipsychotics									
APM - B	Percentage of children/adolescents 1-17 years of age who had 2 or more antipsychotic prescriptions and had metabolic testing. 3 reported rates: Blood Glucose Testing (B), Cholesterol Testing (C), Blood Glucose & Cholesterol Testing (BC)		48.49	NA	**65.79**	56.38	**65.29**	↑	
APM - C			31.99	NA	39.47	36.17	40.50	↑	
APM - BC			30.58	NA	39.47	35.11	39.67	↑	
(BCS) Breast Cancer Screening									
BCS	Percentage of women 50–74 years of age who had at least one mammogram to screen for breast cancer during the past 2 years.	✓	53.93	59.01	57.76	57.60	58.52	↑	
(CHL) Chlamydia Screening In Women									
CHL	Percentage of women 16-24 years of age who were identified as sexually active and had at least one test for chlamydia in past year	✓	54.91	53.85	55.13	57.41	60.99	↑	
(PCR) Plan All-Cause Readmission									
PCR - Observed Readmission* **Lower is better**	For members 18-64 years of age, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.		9.43	9.08	9.16	9.85	8.19	⚑	
(SSD) Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications									
SSD	Percentage of members 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.		76.64	77.10	**74.70**	**75.63**	**71.52**	↓	
(WCV) Child and Adolescent Well-Care Visits									
WCV	Percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	✓	45.31	57.44	55.41	54.57	55.40	↑	
(W30) Well Child Visits in the 1st 30 Months of Life									
W30 - 6+ Visits	Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.	✓	54.92	54.84	56.73	57.70	56.25	↓	
W30 - 2+ Visits	Well-Child Visits for Age 15–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits	✓	70.67	72.86	74.92	75.73	76.60	↑	
(LSC) Lead Screening for Children									
LSC	Percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.		71.53	49.54	**51.53**	**51.90**	**48.02**	↓	
(FUA) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence									
FUA-7	Percentage of ED visits for members 13+ years of age with a principal diagnosis of alcohol or other drug abuse or dependence, who had a follow-up visit for alcohol or other drug abuse or dependence.		13.36	1.89	NA	**1.29**	**2.38**	↑	
FUA-30			21.31	4.31	NA	**3.86**	**5.71**	↑	
(FUM) Follow-Up After Emergency Department Visit for Mental Illness									
FUM-7	Percentage of ED visits for members 6+ years of age with principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.		38.55	17.25	NA	**18.15**	**17.21**	↓	
FUM-30			53.54	28.17	NA	**31.05**	**25.41**	↓	

Managed Care Accountability Set - NCQA HEDIS Hybrid Measures
San Luis Obispo County

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For the time frames below, measurements include an estimated medical record rate lift.
Other than what is reported for Measurement Year (MY) 2021, measurements are projected rates and subject to change.

Hybrid Measures (claims + medical record review)	Description	Held to NCQA 50th Percentile	NCQA 50th Percentile	MY 2021	Period ending 3/31/22	Period ending 6/30/22	Period ending 10/31/22	Variance to Prior Performance	Quarterly Trendline
(CCS) Cervical Cancer Screening									
CCS	Percentage of women 21-64 years of age who were screened for cervical cancer using following age criteria: - 21-64 years of age who had cervical cytology performed within the last 3 years. - 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. - 30-64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.	✓	59.12	66.58	67.05	66.98	67.17	↑	
(CDC) Comprehensive Diabetes Care									
CDC: Poor A1c control (> 9.0%) ***lower rate is better***	Percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c in the past year was >9.0%, or is missing, or was not done.	✓	43.19	32.98	**29.19**	**32.47**	**31.29**	⚑	
(CBP) Controlling High Blood Pressure									
CBP	Percentage of members 18–85 years of age with a hypertension (HTN) diagnosis and whose BP was adequately controlled (<140/90 mm Hg) in the past year. If no BP is recorded within the past year, it is assumed they are "not controlled".	✓	55.35	62.89	62.93	62.95	**66.84**	↑	
(CIS) Childhood Immunization Status									
CIS (Combo 10)	Percentage of children 2 years of age that had: - 4 DtaP/DT, - 3 IPV, - 1 MMR, - 3 HIB, - 3 HepB, - 1 VZV, - 4 Pneumococcal (PCV), - 1 HepA, - 2 or 3 Rotavirus, and - 2 Influenza vaccines by their 2nd birthday. (Combo 10).	✓	38.20	46.43	44.28	44.65	42.91	↓	
Dtap/DT (4 doses)			74.45	78.06	76.67	75.53	**74.02**	↓	
IPV - Polio (3 doses)			88.32	89.29	89.85	89.38	88.37	↓	
MMR (1 dose)			88.08	87.5	**87.05**	**86.37**	**86.94**	↑	
HIB (3 doses)			87.06	86.73	**86.13**	**86.06**	**85.67**	↓	
Hep B (3 doses)			88.56	88.27	**87.88**	**87.90**	**87.80**	↓	
VZV (1 dose)			87.35	87.24	**86.99**	**86.51**	87.39	↑	
Pneumococcal (4 doses)			76.16	77.81	76.31	76.80	**74.21**	↓	
Hep A (1 dose)			84.67	84.44	**84.06**	**83.78**	**84.15**	↑	
Rotavirus (2 or 3 doses)			72.08	74.23	74.42	75.63	75.77	↑	
Influenza (2 doses)			50.61	56.12	54.11	52.68	50.98	↓	
(IMA) Immunizations for Adolescents									
IMA: Combo 2	Percentage of adolescents 13 years of age who received: -1 Tdap, -1 MCV, and -2 or 3 HPV vaccines by their thirteenth birthday.	✓	36.74	44.88	44.66	43.95	42.58	↓	
Meningococcal (1 dose)			84.18	82.93	**83.66**	**83.47**	**81.57**	↓	
Tdap (1 dose)			87.46	85.85	**86.52**	87.82	88.61	↑	
HPV (2 or 3 doses)			38.44	50.98	51.00	49.45	47.33	↓	
(PPC) Prenatal and Postpartum Care									
PPC 1: Timeliness of Prenatal Care	Percentage of live birth deliveries with a prenatal care visit in first trimester on or before enrollment start date or within 42 days of enrollment.	✓	85.89	91.84	**92.85**	**97.32**	**95.84**	↓	
PPC 2: Timeliness of Postpartum Care	Percentage of live birth deliveries with a postpartum visit on or between 7 and 84 days post delivery.	✓	76.40	89.8	**88.63**	**90.84**	**93.03**	↑	
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children									
WCC: BMI %	Percentage of children/adolescents 3 -17 years of age having an outpatient visit with PCP or OB/GYN and had evidence of BMI % documentation, and counseling for nutrition and physical activity.	✓	76.64	93.24	**93.20**	**93.84**	**94.63**	↑	
WCC: Nutrition Counseling		✓	70.11	85.99	**85.79**	**86.13**	**86.40**	↑	
WCC: Physical Activitiy Counseling		✓	66.18	85.02	**85.55**	**85.53**	**86.44**	↑	

Managed Care Accountability Set - CMS Core Set Measures

San Luis Obispo County

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Administrative Measures (Claims-only)	Description	State Average Rate	MY 2021	Period ending 3/31/22	Period ending 6/30/22	Period ending 10/31/22	Variance to Prior Performance	Quarterly Trendline
(CCW) Contraceptive Care - All Women								
	Percentage of Women **15 - 20** at risk of unintended pregnancy that received:							
CCW - MMEC	Most or Moderately Effective Contraception	15.88	23.52	**22.74**	**22.84**	**22.43**	↓	
CCW - LARC	Long Acting Reversible Contraception	2.34	3.05	**2.97**	**3.21**	**3.18**	↓	
	Percentage of Women **21 - 44** at risk of unintended pregnancy that received:							
CCW - MMEC	Most or Moderately Effective Contraception	24.02	27.14	**26.20**	**26.69**	**26.07**	↓	
CCW - LARC	Long Acting Reversible Contraception	4.52	5.08	**4.69**	**5.04**	4.39	↓	
(CCP) Contraceptive Care - Postpartum Women								
	Percentage of Women **15 - 20** who had a live birth that received:							
CCP - MMEC3	Most or Moderately Effective Contraception provided within 3 days of delivery	4.90	0.00	0.00	0.00	0.00	→	
CCP - MMEC60	Most or Moderately Effective Contraception provided within 60 days of delivery	38.12	33.33	35.42	32.61	27.50	↓	
CCP - LARC3	Long Acting Reversible Contraception provided within 3 days of delivery	3.16	0.00	0.00	0.00	0.00	→	
CCP - LARC60	Long Acting Reversible Contraception provided within 60 days of delivery	15.71	12.50	12.50	15.22	7.50	↓	
	Percentage of Women **21 - 44** who had a live birth that received:							
CCP - MMEC3	Most or Moderately Effective Contraception provided within 3 days of delivery	10.55	5.45	5.60	5.25	5.47	↑	
CCP - MMEC60	Most or Moderately Effective Contraception provided within 60 days of delivery	36.24	30.54	27.62	27.58	28.91	↑	
CCP - LARC3	Long Acting Reversible Contraception provided within 3 days of delivery	2.64	0.19	0.18	0.00	0.20	↑	
CCP - LARC60	Long Acting Reversible Contraception provided within 60 days of delivery	12.07	6.03	5.60	5.44	5.66	↑	
(CDF) Screening for Depression and Follow-Up Plan								
CDF	Percentage of members 18+ screened for depression with follow-up if necessary	8.44	36.23	**34.23**	**32.91**	**33.91**	↑	
(DEV) Developmental Screening in the First Three Years of Life								
DEV	Developmental Screening in the First Three Years of Life	27.95	26.65	27.13	24.94	20.48	↓	
(COB) Concurrent Use of Opioids and Benzodiazepines								
COB - Age 18 - 64 **Lower rate better**	Percentage of members 18 - 64 years of age with prescriptions of opioids and benzodiazepines	10.59	11.52	**10.20**	**10.40**	**10.40**	⚑	
COB - Age 65+ **Lower rate better**	Percentage of members 65 years of age and older with prescriptions of opioids and benzodiazepines	7.08	NA	0.00	NA	NA	⚑	
(OHD) Use of Opioids at High Dosage in Persons without Cancer								
OHD - Age 18 - 64 **Lower rate is better**	Percentage of members 18 - 64 who received prescriptions for opioids ≥ 90mg over 90-days	4.90	3.18	**2.08**	**2.08**	**2.28**	↑	
OHD - Age 65+ **Lower rate is better**	Percentage of members 65 year of age and older who received prescriptions for opioids ≥ 90mg over 90-days	4.43	NA	NA	NA	NA		

NCQA Accreditation Quality Measures

San Luis Obispo

NCQA Accreditation Quality Measures

San Luis Obispo County

Green = performance ≥ top 10% of Medicaid plans nationally
Yellow = performance ≤ bottom 50% of Medicaid plans (not held to DHCS MPL)
Red = performance ≤ bottom 50% of Medicaid plans

Measure Name	Measure ID (Submeasure name, if applicable)	Description	Held to MPL for MY 2021	MCAS Measure	NCQA Admin Only 50th Percentile	MY 2021	Period ending 10/31/22
BEHAVIORIAL HEALTH - Access, Monitoring and Safety							
Follow-Up Care for Children Prescribed ADHD Medication	**ADD (Continuation and Maintenance Phase)**	Percentage of members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for ≥ 210 days and who, in addition to the visit follow-up visit during the initial 30 days after newly prescribed ADHD medication (Initiation Phase), had ≥ 2 follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.	no	✓	55.96	60.61	**54.17**
Metabolic Monitoring for Children and Adolescents on Antipsychotics	**APM (Blood Glucose and Cholesterol Testing)**	Percentage of children/adolescents 1-17 years of age who had 2 or more antipsychotic prescriptions and received blood glucose and cholesterol testing (BC).	no	✓	30.58	NA	39.67
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications	**SSD**	Percentage of members 18–64 years of age with Schizophrenia, Schizoaffective disorder or Bipolar Disorder, who were dispensed antipsychotic medication and had a diabetes screening test.	no	✓	76.64	77.10	**71.52**
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	**APP**	Percentage of children/adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.	no		63.03	NA	62.73
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	**IET (Engagement of AOD Treatment)**	Percentage of adolescent/adult members with a new episode of Alcohol or Other Drug Abuse or Dependence (AOD) who initiated treatment and engaged in ongoing AOD treatment within 34 days of the initiation visit.	no		13.98	NA	2.55
BEHAVIORIAL HEALTH - Care Coordination							
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	**FUA (7 day follow-up)**	Percentage of ED visits among members 13+ years of age with a principal diagnosis of Alcohol or Other Drug Abuse or Dependence (AOD), who had a follow-up visit for Alcohol or Other Drug Abuse or Dependence within 7 days of the ED visit (total 8 days).	no	✓	13.36	1.89	**2.38**
Follow-Up After Emergency Department Visit for Mental Illness	**FUM (7 day follow-up)**	Percentage of ED visits among members 6+ years of age with a principal diagnosis of Mental Illness or Intentional Self-Harm, who had a follow-up visit for Mental Illness within 7 days of the ED visit (total 8 days).	no	✓	38.55	17.25	**17.21**
Follow-Up After Hospitalization for Mental Illness	**FUH (7 day follow-up)**	Percentage of discharges among members 6+ years of age who were hospitalized for treatment of selected Mental Illness or Intentional Self-Harm diagnoses and who had a follow-up visit with a mental health provider within 7 days after discharge.	no		38.95	NA	27.27
Follow-Up After High-Intensity Care for Substance Use Disorder	**FUI (7 day follow-up)**	Percentage of acute inpatient hospitalizations, residential treatment or detoxification visits among members 13+ years of age having a diagnosis of Substance Use Disorder that resulted in a follow-up visit or service for Substance Use Disorder within 7 days after the visit or discharge.	no		32.45	NA	8.16
BEHAVIORIAL HEALTH - Medication Adherence							
Antidepressant Medication Management	**AMM (Effective Continuation Phase Treatment)**	Percentage of members 18+ years of age who were treated with antidepressants, had a diagnosis of major depression and remained on an antidepressant medication for ≥180 days (6 months).	no	✓	40.28	45.72	50.33
Pharmacotherapy for Opioid Use Disorder	**POD**	Percentage of members 16+ years of age with a diagnosis of Opioid Use Disorder and new Opioid Use Disorder pharmacotherapy events and Opioid Use Disorder pharmacotherapy for 180+ days (6 months).	no		30.52	21.05	39.02
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	**SAA**	Percentage of members 18+ years of age with Schizophrenia or Schizoaffective disorder who were dispensed and remained on an antipsychotic medication for ≥ 80% of treatment period.	no		63.46	74.47	75.28
PREVENTION							
Chlamydia Screening In Women	**CHL**	Percentage of women 16-24 years of age who were identified as sexually active and had at least one test for chlamydia within past year.	**yes**	✓	54.91	53.85	60.99
Cervical Cancer Screening	**CCS**	Percentage of women 21-64 years of age who were screened for cervical cancer using following age criteria: - 21-64 years of age who had cervical cytology performed within the last 3 years. - 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. - 30-64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.	**yes**	✓	49.30	66.58	67.17
Childhood Immunization Status	**CIS (Combo 10)**	Percentage of children 2 years of age who had 4 DTaP, 3 IPV-Polio, 1 MMR, 3 HiB, 3 HepB, 1 VZV, 4 PCV, 1 HepA, 2 (or 3) RV-rotavirus, and 2 flu vaccines by their 2nd birthday.	**yes**	✓	42.20	46.43	42.91
Immunizations for Adolescents	**IMA (Combo 2)**	Percentage of adolescents 13 years of age who had 1 Tdap, 1 MCV, and 2 or 3 HPV by their thirteenth birthday.	**yes**	✓	38.30	44.88	42.58

NCQA Accreditation Quality Measures

San Luis Obispo County

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Red = performance ≤ bottom 50% of Medicaid plans

Measure Name	Measure ID (Submeasure name, if applicable)	Description	Held to MPL for MY 2021	MCAS Measure	NCQA Admin Only 50th Percentile	MY 2021	Period ending 10/31/22
Weight Assessment and Counseling for Nutrition and Physical Activity for Children	**WCC (BMI Percentile)**	Percentage of children/adolescents 3 -17 years of age having an outpatient visit with a PCP or OB/GYN and had evidence of BMI percentile documentation within past year.	**yes**	✓	46.70	93.24	**94.63**
Breast Cancer Screening	**BCS**	Percentage of women 50–74 years of age with at least one mammogram screening for breast cancer during past 2 years.	**yes**	✓	53.93	59.01	58.52
WOMEN'S REPRODUCTIVE HEALTH							
Prenatal and Postpartum Care	**PPC (Timeliness of Prenatal Care)**	Percentage of live birth deliveries with a prenatal care visit in first trimester on or before enrollment start date or within 42 days of enrollment.	**yes**	✓	67.70	91.84	**95.84**
	PPC (Postpartum Care)	Percentage of live birth deliveries with a postpartum visit on or between 7 and 84 days post delivery.	**yes**	✓	57.50	89.80	**93.03**
Prenatal Immunization Status	**PRS-E (Combination)**	Percentage of deliveries meeting both criteria (combination): - Deliveries where members received an adult flu vaccine on or between July 1 of year prior to measurement year and delivery date **or** deliveries where members had a flu vaccine adverse reaction any time during or before measurement year. - Deliveries where members received at least 1 Tdap vaccine during pregnancy (including on delivery date) or deliveries where members had an anaphylactic reaction to Tdap or Td vaccine any time during or before measurement year.	no		NA	42.80	41.14
RESPIRATORY							
Asthma Medication Ratio	**AMR**	Percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of ≥ 0.50 within past year.	no	✓	64.78	68.88	**82.98**
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	**AAB**	Percentage of episodes for members 3 months of age and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event.	no		54.06	50.91	73.63
Appropriate Testing for Pharyngitis	**CWP**	Percentage of episodes for members 3+ years of age where member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.	no		76.44	75.56	78.29
Pharmacotherapy Management of COPD Exacerbation	**PCE (Bronchodilator)**	Percentage of COPD exacerbations for members 40+ years of age who had an acute inpatient discharge or ED visit on or between Jan 1–Nov 30 of measurement year and was dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of COPD exacerbation event.	no		85.08	78.33	81.82
	PCE (Systemic Corticosteroid)	Percentage of COPD exacerbations for members 40+ years of age who had an acute inpatient discharge or ED visit on or between Jan 1–Nov 30 of measurement year and was dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of COPD exacerbation event.	no		70.33	75.00	66.67
Appropriate Treatment for Upper Respiratory Infection	**URI**	Percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.	no		88.86	95.91	96.21
DIABETES							
Comprehensive Diabetes Care	**CDC (Poor A1c control >9.0%)** ***lower rate is better***	Percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c within past year was > 9.0%, or was missing, or was not done.	**yes**	✓	41.10	32.98	31.29
	CDC (BP Control)	Percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose most recent BP within past year was <140/90 mm Hg.	no		14.40	1.06	6.59
	CDC (Eye Exam)	Percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had a retinal or dilated eye exam within past year, or had a negative retinal or dilated eye exam in year prior to measurement year, or has a history of bilateral eye enucleation any time through Dec 31 of measurement year.	no		50.20	46.28	50.31
Statin Therapy for Patients With Diabetes	**SPD (Received Statin Therapy)**	Percentage of members 40–75 years of age during measurement year with diabetes and *not* having clinical atherosclerotic cardiovascular disease (ASCVD) who were dispensed at least one statin medication of any intensity during past year.	no		66.47	58.29	56.64
	SPD (Statin Adherence 80%)	Percentage of members 40–75 years of age during measurement year with diabetes and *not* having clinical atherosclerotic cardiovascular disease (ASCVD) who remained on a statin medication of any intensity for ≥ 80% of treatment period.	no		68.75	64.66	69.00
HEART DISEASE							

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Measure Name	Measure ID (Submeasure name, if applicable)	Description	Held to MPL for MY 2021	MCAS Measure	NCQA Admin Only 50th Percentile	MY 2021	Period ending 10/31/22
Controlling High Blood Pressure	**CBP**	Percentage of members 18–85 years of age with a hypertension (HTN) diagnosis and whose BP was adequately controlled (<140/90 mm Hg) within past year. If no BP is recorded in past year, it is assumed they are "not controlled".	**yes**	✓	18.50	62.89	**66.84**
Statin Therapy for Patients With Cardiovascular Disease	**SPC (Received Statin Therapy)**	Percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, having clinical atherosclerotic cardiovascular disease (ASCVD) and who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.	no		80.34	85.04	78.81
	SPC (Statin Adherence 80%)	Percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, having clinical atherosclerotic cardiovascular disease (ASCVD) and who remained on a high-intensity or moderate-intensity statin medication for ≥ 80% of treatment period.	no		72.21	70.37	72.27
OVERUSE OF OPIOIDS							
Risk of Continued Opioid Use	**COU (31 day rate)** ***lower is better***	Percentage of members 18+ years of age with a new opioid use episode receiving ≥ 31 days of prescription opioids within a 62-day period.	no		3.65	4.32	5.52
Use of Opioids at High Dosage	**HDO** ***lower rate is better***	Percentage of members 18+ years of age who received opioid prescriptions at a high dosage (average morphine milligram equivalent dose [MME] ≥ 90) for ≥ 15 days during measurement year.	no		5.12	2.44	1.99
Use of Opioids from Multiple Providers	**UOP (Multiple Prescribers and Multiple Pharmacies)** ***lower rate is better***	Percentage of members 18+ years of age who received opioid prescriptions for ≥15 days from 4+ prescribers ***and*** 4+ different pharmacies during measurement year.	no		1.75	0.40	0.56
RISK-ADJUSTED UTILIZATION							
Plan All-Cause Readmission	**PCR (Observed Readmission)** ***lower rate is better***	For members 18-64 years of age, the number of acute inpatient and observation stays during measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.	no	✓	9.83	8.91	**9.43**
OTHER TREATMENT MEASURES							
Use of Imaging Studies for Low Back Pain	**LBP**	Percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis.	no		75.61	73.70	82.72

Medicare Dual Special Needs Program (D-SNP) Planning and Implementation Vendor

Date: January 18, 2023

From: David Ambrose, Chief Financial Officer / Treasurer
Jordan Turetsky, MPH, Provider Network Officer

Through: Marina Owen, Chief Executive Officer

Contributors: Emily Fonda, MD, MMM, CHCQM, Chief Medical Officer
Bill Cioffi, Chief Information Officer
Jeff Januska, PharmD, Director of Pharmacy

Executive Summary

The Department of Healthcare Services (DHCS) comprehensive CalAIM initiative includes the requirement that Medi-Cal managed care health plans develop and launch a Medicare Dual Special Needs Plan (D-SNP) on or before January 1, 2026.

This memo highlights key functional performance critical to achieving a high performing D-SNP and concludes with a staff recommendation on selection of a vendor partner for CenCal Health over the next three (3) years as a result of a comprehensive Request for Proposal (RFP) process. The vendor will offer subject matter expertise and consulting services toward building the operational readiness necessary for launching the new product line as well as for support organizational readiness to operate a high-quality Medicare D-SNP.

Background

During the October 2022 Board of Directors Meeting, staff shared a D-SNP presentation with your Board, which highlighted the results of a Medicare gap analysis and included informing of our January 1, 2026 targeted go-live date for launching a D-SNP. During this meeting, CenCal Health identified key operational activities and next steps adopted by the Board of Directors including issuing a Request for Proposal (RFP) for a planning and implementation vendor partner with Medicare expertise.

As discussed, there are five (5) key functional areas, each with their own set of measures or performance requirements, necessary to operate a high-performing D-SNP product at the level necessary in order to achieve long-term financial sustainability, and CenCal Health recognizes that doing so will require engaging a vendor with extensive and applicable expertise and significant investment in time and resources within the organization over the next three years. Staff's vendor selection process and its resulting

recommendation were guided by CenCal Health's desire to be successful within these five key functional areas, support achievement of CalAIM's ambitious goals and support the mission and vision of the organization.

Medicare D-SNP Functional Areas and Required Vendor Expertise

In 2023, CenCal Health's Medicare D-SNP consulting partner and chosen vendor will develop an *operational readiness roadmap* to address each functional area and assist in building best practices within each. The activities noted below are not all-inclusive; however, represent a sample of related activities.

Member Enrollment activities within a Medicare product include monthly member reconciliation with the Center for Medicare/Medicaid Services (CMS), calculating and assessing health plan revenue at each individual D-SNP member level, mitigating members from opting out of a managed care D-SNP, and encouraging our existing Medi-Cal dual-eligible members to join our D-SNP through sales and marketing strategies.

For launching a D-SNP, a minimum enrollment level in Year 1 will be necessary to achieve good economies-of-scale associated with the administrative load necessary to operate a successful D-SNP. Accordingly, CenCal Health will need to develop a member outreach and marketing plan and capabilities to educate, support and encourage enrollment into a D-SNP.

Risk Adjustment activities within a Medicare product include timely encounter submissions to CMS, assessing and partnering with providers towards achieving high quality medical care and appropriate reporting or coding, which has a direct and meaningful role in the level of Medicare revenue a health plan earns and the care plans that are developed to improve member health outcomes and developing outreach programs for members/providers to encourage appropriate medical visits.

For launching a D-SNP, CenCal Health must evaluate current health plan dual-eligible member risk adjustment implications, engage, educate and partner with existing providers around high accuracy and appropriate medical coding, and assess opportunities to develop value-based provider contracting strategies so that interventions address member risks and needs.

Medical Management activities within a Medicare product include operating robust utilization management (UM) and care management (CM) programs which align with CenCal Health's D-SNP Model of Care (MOC), which is a detailed program giving structure to care management processes. Other required elements consist of developing a risk stratification algorithm, a health risk assessment (HRA), workflows for interdisciplinary care teams (ICTs), and developing individualized care plans (ICPs) in accordance with exact formats and turn-around times per CMS.

For launching a D-SNP, development, and submission of the MOC to CMS for approval and developing strategies to align and coordinate with Medi-Cal benefits, such as enhanced care management (ECM), will be crucial.

Provider Contracting activities within a Medicare product include ensuring a comprehensive network of providers which serve the unique needs of a D-SNP member population, continuous engagement and partnering with providers around achieving high quality of care and high accuracy of medical coding, tracking, and monitoring referral patterns, and measuring the performance of provider contracts to align with other key functional area.

To successfully launch a D-SNP, CenCal Health must develop a contracting strategy and implementation plan, inclusive of successfully contracting with all necessary providers at sustainable reimbursement rates in preparation for the February 2025 network filing submission requirement of CMS. Beyond contracting, robust and ongoing training and education to providers to support medical claims and encounter accuracy and continued achievement of high-quality care is necessary. Engaging a D-SNP consulting vendor with expertise across these network development and management areas is important

Quality of Care and Medicare STARs activities include continuous tracking and monitoring of STAR quality performance measures, continuous development of strategy and tactics to improve the health plan's performance within the STARs measures, including but not limited to the consumer assessment of health plan providers and systems (CAHPS) and health outcome surveys (HOS).

For launching a D-SNP, developing STARs strategy, tactical initiatives, workplans, dashboards, and creation of a STARs continuous quality improvement (CQI) program will be required. Ultimately, high quality of care, coordination and integration for members enrolled in a D-SNP program supports CenCal Health's mission and vision.

Additional Key Success Factors for Product Line Development

While the five mentioned functional areas are well recognized within the Medicare Managed Care Program nationally as being key drivers to success, additional success factors for our Medicare D-SNP include:

- Designing sustainable operating model
- Leveraging best practices for operational performance
- Ensuring compliance with all CMS requirements
- Hiring qualified staff
- Achieving or exceeding the key benchmarks identified within Milliman Feasibility Studies to ensure financial sustainability

- Continuous stakeholder engagement

Vendor Selection Process for DSNP Planning and Implementation Partner

Within the framework around the five key functional area and other success factors, staff commenced its RFP process following your Board's October 2022 meeting in early November 2022. A comprehensive Request for Proposal (RFP) was developed considering the success criteria noted above and six (6) vendor candidates were directly contacted and provided the RFP and an outline of CenCal Health's structured process, along with public notification on our website to allow any and all applicable vendors to respond to our RFP.

Vendor candidates provided their RFP responses to CenCal Health in early December 2022. Of the six (6) vendors contacted, five (5) returned RFP submissions. After review of these five RFP submissions by a multi-disciplinary team of CenCal Health leaders against structured selection criteria, staff selected and offered four (4) candidates an opportunity for a best and final offer (BAFO) presentation. BAFO presentations occurred during the middle of December 2022 and into the first week of January 2023.

CenCal Health's internal RFP review and selection team (DSNP Team) consisted of executives representing Member Services, Provider Services, Medical Management, Pharmacy, Quality, Claims, Finance, Information Technology, and Operational Excellence. Following the last BAFO presentation, the DSNP Team members each selected their top first and second choice vendor, and collectively discussed which candidate met the selection criteria to best support CenCal Health and partner and lead the consulting, planning and implementation activities.

In addition to experience, selected expertise and vendor capabilities (value), CenCal Health's DSNP Team also considered each RFP submission's pricing (cost) of a three-year engagement. All of these considerations combined, along with the thoughtful deliberations among the DSNP Team, lead to the recommendation to select **Health Management Associates (HMA)** as CenCal Health's D-SNP planning and implementation partner over the next three years.

D-SNP Vendor Projected Cost

The engagement cost of HMA as CenCal Health's D-SNP planning and implementation partner will be based upon billable hours. A billable hourly rate varies depending on the skill and experience level of each vendor staff person working on our D-SNP project. The magnitude of billable hours from the vendor is very dependent on the level, participation capability, and bandwidth of health plan staff to be engaged within the D-SNP operational readiness activities over the next three years.

In reviewing all four of our BAFO candidates, estimated total D-SNP project hours were within a general range, with a few even offering an estimated range of project hours depending on the capability and bandwidth availability of health plan staff. Using these data points, Finance and CenCal Health's D-SNP Team derived a reasonable estimate on the cost of a three-year engagement (through first quarter of 2026), dependent on the reasonable total billable project hours projections.

Estimated Project Billable Hours	Estimated Three (3) Year Project Cost
10,000	$4.2 million
11,000	$4.6 million
12,000	$5.0 million
13,000	$5.4 million
14,000	$5.8 million
15,000	$6.3 million

Based on three-year project costs, an **approximate annual estimate is $1.4M - $2.1M**.

Next Steps

1. CenCal Health's D-SNP project team and legal team will perform a comprehensive review of the vendor contract template, negotiate and formalize contract terms and service level agreements (SLAs) towards a desired start date of the vendor engagement to commence February 1, 2023 or as soon as possible thereafter.
2. Staff will regularly appraise your Board throughout 2023 of planning and implementation activities through written progress reports.

Recommendation

Staff recommends the Board of Directors approve the selection of Health Management Associates to perform planning and implementation activities associated with the development of a Medicare D-SNP and grant the Chief Executive Officer (CEO) authority to enter into a contractual agreement with Health Management Associates, contingent upon review and acceptance by legal counsel, in an amount not to exceed $6.3 million for a three-year engagement period through March 31, 2026.

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Medicare Dual Special Needs (D-SNP) Planning & Implementation Vendor

David Ambrose, Chief Financial Officer, Treasurer
Jordan Turetsky, MPH, Provider Network Officer

January 18, 2023

1

Our selection of a Medicare D-SNP vendor partner.

A three-year engagement towards launching a dual special needs plan on January 1, 2026.

Background
RFP Process
5 Key Functional Areas for Success
Vendor Selection
Staff Recommendation

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Background

- CalAIM includes a Medicare D-SNP requirement.
- Initiating a RFP process for a vendor partner adopted by the Board during the October meeting.
- Informing the results of this RFP process and a staff selected vendor partner recommendation to the Board of Directors is the purpose of this presentation.

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RFP Process

- Six vendors directedly contacted + website.
- Five vendor RFP submissions.
- Four invited for BAFO presentations.
- RFP Team representation from: Medical Management, Claims, Provider Services, Member Services, Quality, Pharmacy, Finance, Information Technology, and Operational Excellence.

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5 Key Functional Areas

- Enrollment
- Risk Adjustment
- Medical Management
- Provider Contracting
- Medicare STARs

Financial Feasibility Study will establish targets/goals for each of these five.

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Our Vendor Partner Choice: Health Management Associates (HMA)

Three (3) Year Engagement through March 2026

- $4.2 million [10,000 billable hours] ----- $6.3 million [15,000 billable hours]
- Approximately $1.4 million - $2.1 million per year

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Recommendation

Staff recommends the Board of Directors approve the selection of Health Management Associates (HMA) to perform planning and implementation activities associated with the development of a Medicare D-SNP and grant the Chief Executive Officer (CEO) authority to enter into a contractual agreement with HMA contingent upon review and acceptance by legal counsel, in an amount not to exceed $6.3 million for a three-year engagement period through March 31, 2026.

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Financial Report
As of December 31, 2022

David Ambrose
Chief Financial Officer
January 18, 2023

1

Financial Position
for the period covering July 1, 2022
through December 31, 2022.

Discussion Topic
Dec 2022 Financial Statements

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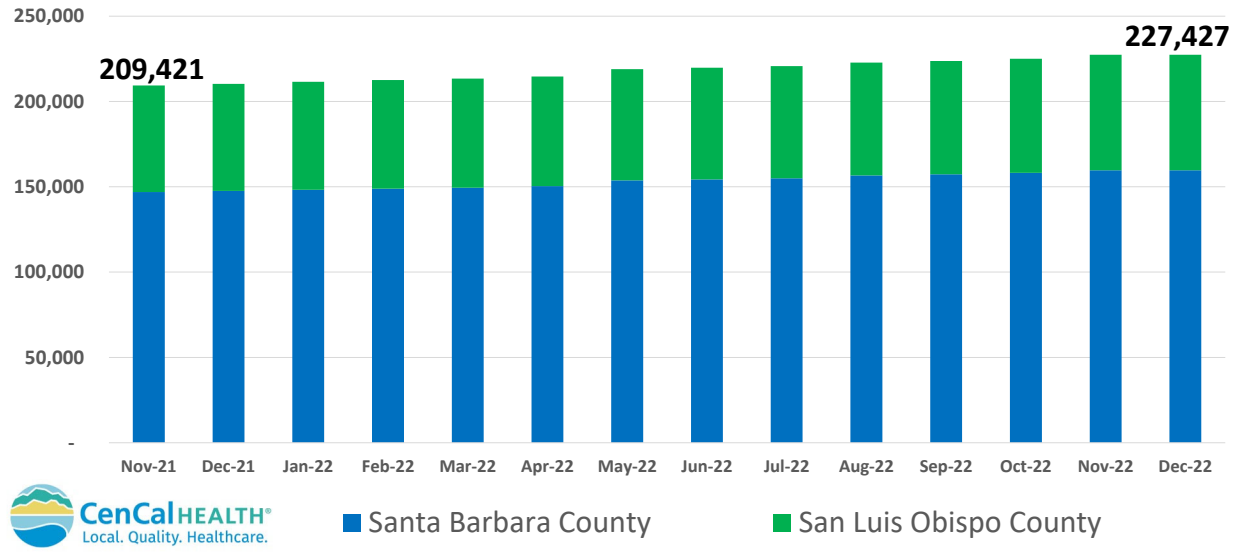
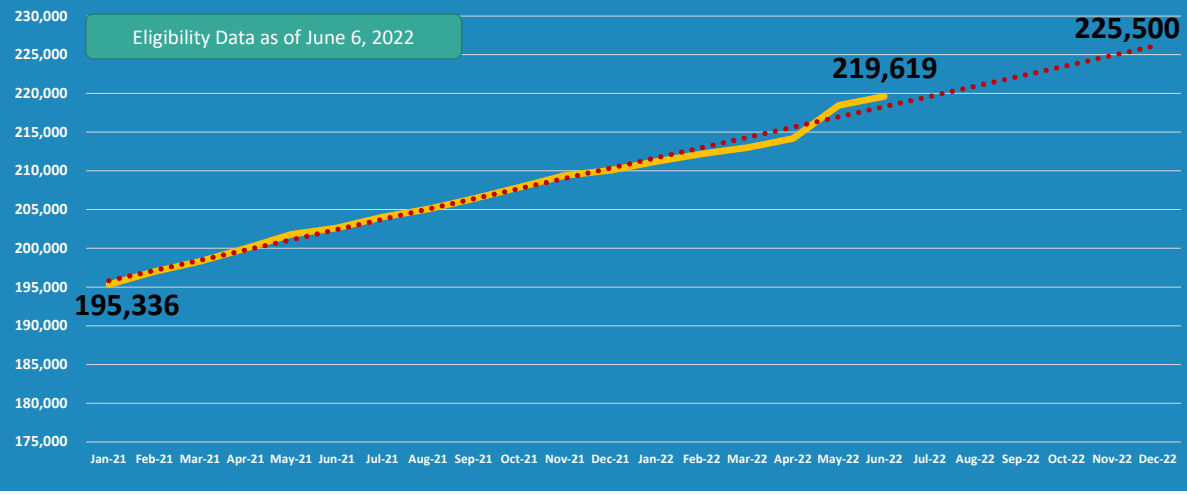
Membership Trend: Enrollment Numbers



3

CenCal Health Enrollment --- Actual and Forecast



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Slide from the June 2022 Board Meeting Budget Presentation

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December 2022 Financial Statements

	Month of Dec	FYTD thru Dec	FYTD Budget
Capitation Revenue	$96.1 million	$559.0 million $415 pmpm	$550.7 million $409 pmpm
Medical Costs	$84.1 million	$474.2 million $352 pmpm	$475.7 million $353 pmpm
Medical Loss Ratio (MLR)	88%	85%	86%
Administrative Costs	$4.7 million	$29.5 million $22 pmpm	$34.1 million $25 pmpm
MCO Tax Expense	$7.5 million	$41.1 million	$40.3 million
Operating Gain (Loss)	$784,531	$17,541,589	
Cash + Investments		$311.1 million	
Receivables		$406.2 million	
Accrued IBNP Claims		$99.2 million	
Tangible Net Equity Pct. of Board TNE Target		$212.8 million 84%	

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Questions?

Staff recommends the Board of Directors approve the unaudited financial statements as of December 31, 2022

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Financial Report for the Six (6) Months Ending December 31, 2022

Date: January 18, 2023

From: Leanne Bauer, Director of Finance

Through: David Ambrose, Chief Financial Officer / Treasurer

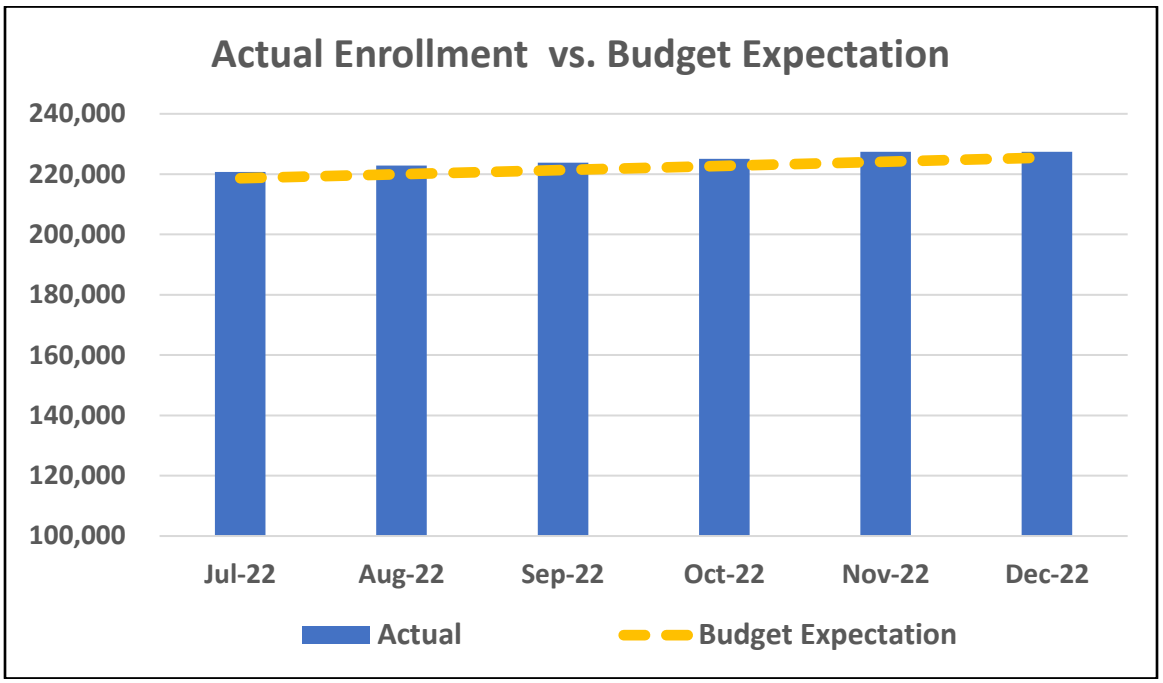
Executive Summary

This memo summarizes the health plan's financial performance fiscal year-to-date through December 31, 2022 and provides insight on how the health plan is operating against budget forecast expectations.

Financial Highlights (fiscal year-to-date: July – December)

- **Operation Gain (Loss):** Through six (6) months of the fiscal year we are reporting an operating gain of $17.5 million.
- **Capitation Revenue** is at $559.0 million; over budget by $8.3 million and 1.5%.
- **Medical Expenses** are at $474.2 million; under budget by $1.4 million and 0.3%.
- **Administrative Expenses** are at $29.5 million; under budget by $4.6 million and 13.4%.
- **MCO Tax Expense** is at $41.1 million; over budget by 2.0% .
- **Tangible Net Equity (TNE)** is at $212.8 million; representing 599% of the minimum regulatory requirement and 84% of the minimum Board of Directors desired TNE target.
- **Total Cash and Short-Term Investments** are at $311.1 million. Cash and Short-Term Investments available for operating the health plan is at $210.1 million, representing 82 Days Cash on Hand.
- **Member Enrollment** is at 227,427 for the month of December 2022.

Enrollment Trend FYTD



The health plan's enrollment count as of December 2022 is forecasted at 227,427 compared to a budget expectation of 225,500. July through December, total member months are over budget expectations by 1.1%.

Capitation Revenue

Revenue Type	FYTD Actual Dollars	FYTD Budget	FYTD Variance	% Variance
Base Capitation Revenue	$532,379,533	$533,951,000	($1,571,467)	-0.3%
Supplemental Revenue	$19,259,681	$16,752,000	$2,507,681	15.0%
Budgeted Revenue Items	**$551,639,214**	**$550,703,000**	**$936,214**	**0.2%**
Prior Year Revenue Adjustments: Prior Year Retroactive Items Recorded in Current Fiscal Year	$7,410,582	-	$7,410,582	
TOTAL CAPITATION REVENUE	**$559,049,796**	**$550,703,000**	**$8,346,796**	**1.5%**

Base Capitation Revenue is under budget with a variance of 0.3% due to several factors, including actual enrollment by member case mix (e.g., by aid category grouping) being different than the member case mix assumed within the budget. In addition, a component of base capitation ---- hospital directed payment (HDP) PMPM$ ---- is exceeding budget expectations due to revised rates from DHCS. DHCS revised the CY2022 HDP PMPM$ components subsequently to the development of the budget. FYTD revenue is also reduced by $5.7 million as a result of accruing for medical loss ratio (MLR) DHCS contractual requirements.

Supplemental Revenue [Behavioral Health Therapy Services, Maternity Deliveries, and visits to American Indian Health Clinics] is over budget by 15.0% due to recent utilization data trending higher than budget expectations. Supplemental revenue is directly impacted by the volume of services incurred.

YTD Other Income is increased over budget due to payment received for Behavior Health Incentive program, Student Behavior Health Incentives and COVID19 Vaccinate incentive (members gift cards).

YTD Interest Income is increased over budget due to interest from CalTrust investments, COLI and LAIF.

Overall, actual budgeted revenue is close to budget expectations by 1.5%.

The following retroactive revenue adjustments are also impacting the current total capitation revenue:

- Retroactive enrollment changes applicable to months on or before June 2022.
- Hospital Directed Payment revenue PMPM$ components applicable to CY2020 were received by DHCS in August which were lower than internal estimates. This reduces current fiscal year revenue while simultaneously reducing prior year estimates for the corresponding expense of hospital directed payments, resulting in a net-zero impact to the actual bottom line operating gain for August.
- The health plan earned additional supplemental revenue applicable to prior year periods greater than internal estimates recorded as of June 30, 2022 resulting in a pick up of revenue within the current fiscal year.

Medical Expenses

Medical Expense Type	FYTD Actual Dollars	FYTD Budget	FYTD Variance	% Variance
Medical Costs + Incentives	$481,316,923	$473,746,000	$7,570,923	1.6%
Reinsurance – net	$1,425,229	$1,926,000	($500,771)	-26.0%
Budgeted Medical Items	**$482,742,152**	**$475,672,000**	**$7,070,152**	**1.5%**
Prior Year Expense Adjustments: Prior Year Retroactive Items Recorded in Current Year	($8,498,252)	-	($8,498,252)	
TOTAL MEDICAL COSTS	**$474,243,900**	**$475,672,000**	**($1,428,100)**	**-0.3%**

Medical Costs & Incentives are trending over budget with a variance of 1.6%. Three (3) medical expense categories are primarily currently contributing to this budget variance: Long term care/skilled nursing, Hospital Outpatient – out of area and Mental Health, Prior year change in IBNR estimate offset by Hospital Directed Payments (HDP). [note --- HDP expense is correlated to the HDP revenue].

Overall, actual budgeted medical costs are under budget by 0.3%.

The following retroactive medical expense adjustments are also impacting total medical costs:

- $8.5 million of reduced cost is recorded primarily as a result of a change in estimate within a recent (month of August) Incurred But Not Paid (IBNP) Model forecasting a change in the total projected medical costs for dates of service occurring on or before June 30, 2022 and the reduction in hospital directed payments associated to CY2020 [refer to correlated comments with prior year revenue].

The following table summarizes major medical costs by expense category against budget forecast expectations associated with fee-for-service medical claims. Cells colored Orange indicate where actual trend is exceeding the budget forecast.

Expense	FYTD Actual Average Claim Cost	FYTD Projected Util per 1,000	Budget Forecasted Average Claim Cost	Budget Forecasted Util per 1,000
Physician Services	136.07	5,239	$136.35	5,361
FQHC Services	36.05	2,173	$31.40	2,611
Hospital IP In-Area	8,688.04	44	$9,563	67.7
Hospital IP Out-of-Area	29,017.07	10.0	$37,180	8.7
Hospital OP In-Area	265.20	380	$246.53	1,100
Hospital OP Out-of-Area	688.80	115	$638.68	96
LTC Facilities	309.30	1,922	$279.43	2,072
Home Health	243.97	70	$229.92	74
Hospice	2,760.16	12	$2,677.89	15
Laboratory	47.97	1,317	$55.48	1,576
Transportation	126.36	212	$154.95	153
Physical Therapy	56.14	230	$51.38	262
Durable Medical Equip.	147.09	302	$134.32	316
Dialysis	867.07	40	$830.95	41
Behavioral Health Therapy	377.24	201	$327.97	225
Mental Health	131.17	1,068	$151.52	702

Note: FYTD Actual Average Claim Cost is based on paid medical claims as of Dec 31 with dates of service from July 1, 2022 through December 31, 2022. FYTD Projected Util/1,000 is backed into using the IBNP Model's estimate of total expense, the actual average unit cost to date, and actual member enrollment.

MCO Tax Expense

MCO Tax expense is at $41.1 million and is over budget by 2.0%.

Administrative Expenses

Administrative Expenses are at $29.5 million and under by $4.6 million and 13.4% primarily driven by:

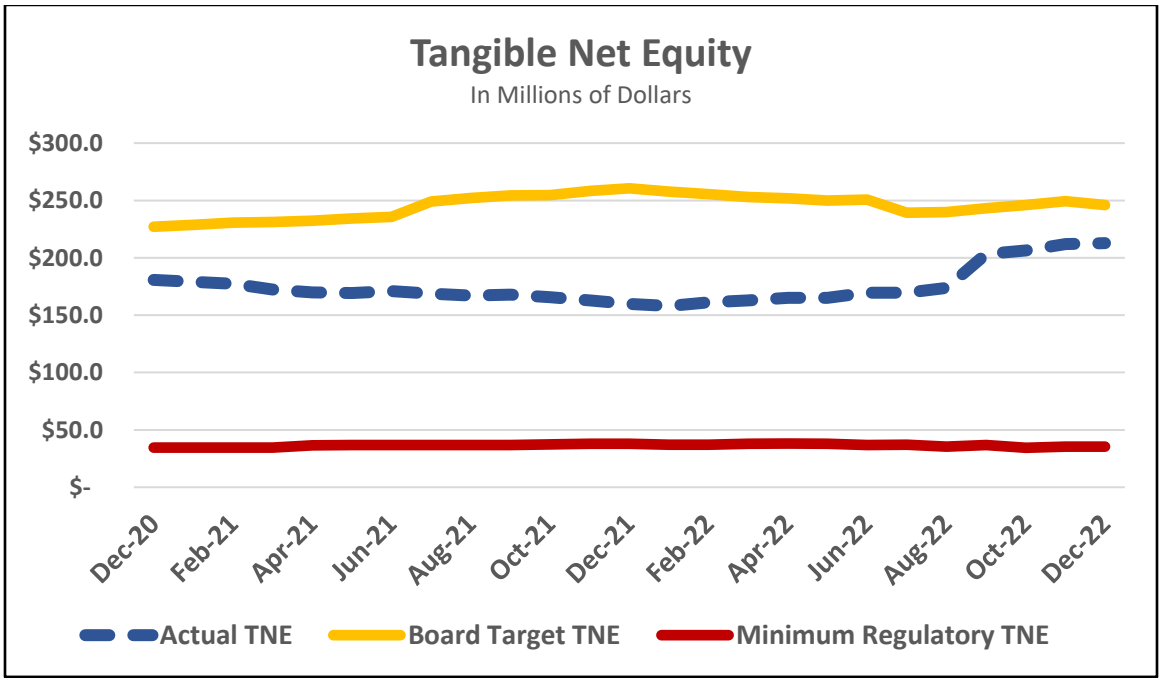
- Staffing Vacancies: 37 budgeted positions are currently vacant representing a 10.9% vacancy rate. The Administrative budget incorporated an 8% assumed vacancy rate.
- Salaries and Fringes are under budget primarily due to open positions.
- Contract Services are lower than expected, primarily due to Legal and Outside Processing costs being lower than budget expectations.

- Rent and Occupancy is lower than budget expectations mainly due to janitorial costs and other occupancy costs. Janitorial costs should increase as staff are reintroduced into the CenCal offices over the duration of the fiscal year. Utilities also vary from month to month.
- Travel Costs are under budget due to the timing of actual conferences and seminars.
- Office Supplies & Equipment are under budget primarily due to the timing of needs for printing and supplies.
- Other Expenses are under budget due to items being under budget or postponed.

Tangible Net Equity (TNE)

As of December 2022, actual TNE is at $212.8 million. This level represents 599% of the Regulatory Minimum TNE level ($35.5 million) and 84% of the Board of Director's minimum TNE target currently at $245.9 million.

The following chart provides a visual representation of the health plan's TNE trend over the past two (2) years.



Treasury Activities for the Month of December 2022

Total Cash Received is at $85.7 million.
Total Cash Disbursements is at $71.2 million.
Accrued and Earned Interest Income is at $330,637

CenCal Health

Financial Statements and Other Information

For the six (6) month period ending December 31, 2022

CenCal Health

Balance Sheet

As of December 31, 2022

Assets	
Cash and cash equivalents	$311,123,699.15
Accounts receivable:	
DHCS capitation and other	403,008,513.97
Reinsurance and other recoveries	3,008,188.69
Interest and other	151,236.23
Total accounts receivable	406,167,938.89
Prepaid expenses	1,866,728.26
Capital assets - net	28,919,572.77
Certificate of deposit – DMHC assigned	300,000.00
Corporate owned life insurance (COLI)	10,641,150.33
Deposits and other assets	8,214,560.31
Total Assets	$767,233,649.71
Liabilities and Net Assets	
Medical claims payable and incentives	$111,618,449.85
Accounts payable, accrued salaries and expenses	14,244,348.14
Accrued DHCS revenue recoups – MLRs	63,299,153.96
Accrued DHCS directed payments	331,205,548.03
Accrued MCO Tax	25,946,596.26
Unfunded pension liability – CalPERS	(1,346,155.07)
Other accrued liabilities	9,458,993.62
Net Assets – Tangible Net Equity	$212,806,714.92
Total Liabilities and Net Assets	$767,233,649.71

CenCal Health

Income Statement

For the six (6) month period ending December 31, 2022

	Actual $	Budget $	Variance $	%
Operating Revenues:				
Capitation	$559,049,797	$550,703,000	$8,346,797	1.5%
Other	2,323,086	20,000	2,303,086	
	561,372,883	550,723,000	10,649,883	1.9%
Medical Expenses:				
PCP capitation	20,634,674	22,601,000	(1,966,326)	-8.7%
Physician services	91,873,328	95,061,000	(3,187,671)	-3.4%
Hospital inpatient	102,568,514	110,039,000	(7,470,486)	-6.8%
Hospital outpatient	39,901,803	37,579,000	2,322,803	6.2%
LTC facilities	66,731,384	64,707,000	2,322,803	3.6%
All other services	161,032,449	145,685,000	15,347,449	10.5%
PY estimate change	(8,498,252)	-----	(8,498,252)	----
	474,243,900	475,672,000	(1,428,100)	-0.3%
Operating Expenses:				
Administrative expenses	29,545,915	34,100,000	(4,554,085)	-13.4%
MCO tax expense	41,093,192	40,293,000	800,192	2.0%
	70,639,107	74,393,000	(3,753,893)	-5.0%
Interest income	1,838,830	300,000	1,538,830	513%
Realized gain (loss)	----	----	----	----
Unrealized gain (loss)	(787,117)	----	(787,117)	----
Operating Gain (Loss)	**$17,541,589**	**$958,000**	**$16,583,589**	

CenCal Health

Income Statement

For the month of December 2022

Operating Revenues:	
Capitation	$96,147,823
Other	443,551
	96,591,374
Medical Expenses:	
PCP capitation & incentives	3,491,717
Physician services	14,606,490
Hospital inpatient	20,095,260
Hospital outpatient	7,338,948
LTC facilities	10,338,402
All other services	27,580,564
Prior year change in estimate	643,649
	84,095,030
Operating Expenses:	
Administrative expenses	4,667,822
MCO tax expense	7,515,532
	12,183,354
Interest income	400,583
Realized gain (loss)	----
Unrealized gain (loss)	70,958
Operating Gain (Loss)	**$784,531**

CenCal Health

Medical Expenses by Category

For the six (6) month period ending December 31, 2022

	Actual $	Budget $	Variance $	%
PCP capitation	$20,634,674	$22,601,000	$(1,966,326)	-8.7%
Physician services	91,873,328	95,061,000	(3,187,672)	-3.4%
Hospital inpatient in-area	43,201,250	47,481,000	(4,279,750)	-9.0%
Hospital inpatient out-of-area	32,582,480	36,772,000	(4,189,520)	-11.4%
Hospital capitation inpatient	26,784,784	25,786,000	998,784	3.9%
Hospital outpatient in-area	11,310,302	11,405,000	(94,698)	-0.8%
Hospital outpatient out-of-area	8,909,491	6,961,000	1,948,491	28.0%
Hospital capitation outpatient	19,682,010	19,213,000	469,010	2.4%
Long term care facilities	66,731,384	64,707,000	2,034,384	3.1%
Mental health services	15,729,513	12,011,000	3,718,513	31.0%
Behavioral health therapy	6,045,620	8,197,000	(2,151,380)	-26.2%
Transportation	6,294,073	5,782,000	512,073	8.8%
Durable medical equip.	4,981,075	4,792,000	189,075	3.9%
Laboratory	7,090,994	9,924,000	(2,833,006)	-28.5%
Dialysis	3,852,749	3,890,000	(37,251)	-0.9%
Hospice	3,780,781	4,438,000	(657,219)	-14.8%
Home health	1,929,624	1,921,000	8,634	0.4%
Enhanced care mgmt.	48,347	736,000	(687,653)	-93.4%
Community supports	194,905	1,752,000	(1,557,095)	-88.9%
DHCS directed payments	100,580,891	82,399,000	18,181,891	22.1%
All other medical services	9,078,648	11,917,000	2,838,352	23.8%
Reinsurance & recoveries	1,425,229	1,926,000	(500,771)	-26.0%
Prior year change in estimate	(8,498,252)	----	(8,498,252)	----
Total Medical Expenses	**$474,243,900**	**$475,672,000**	**(1,428,100)**	**-0.3%**

CenCal Health

Administrative Expenses by Category

For the six (6) month period ending December 31, 2022

	Actual $	Budget $	Variance $	%
Salaries & wages	$ 14,235,560	$ 15,547,000	$ (1,311,440)	-8.4%
Fringe benefits	7,124,643	7,436,000	(311,357)	-4.2%
Contract services	3,484,006	5,152,000	(1,667,994)	-32.4%
Travel expenses	43,818	264,000	(220,182)	-83.4%
Rent & occupancy	380,585	669,000	(288,415)	-43.1%
Supplies & equipment	433,966	701,000	(267,034)	-38.1%
Insurance	582,019	835,000	(252,981)	-30.3%
Depreciation expense	862,405	793,000	69,405	8.8%
Software maintenance	14,214	52,000	(37,786)	-72.7%
Software licensing	1,672,081	1,474,000	198,081	13.4%
Communications	247,236	315,000	(67,764)	-21.5%
Professional dues	132,383	152,000	(19,617)	-12.9%
Marketing & relations	126,406	260,000	(133,594)	-51.4%
Member/Provider materials	51,868	55,000	(3,132)	-5.7%
Credentialing fees	14,792	14,000	792	5.7%
Provider relations	972	32,000	(31,028)	----
Board committee fees	7,800	18,000	(10,200)	-56.7%
Meeting room expenses	20,521	107,000	(86,479)	-80.8%
All other expenses	110,640	224,000	(113,360)	-50.6%
Total Admin Expenses	**$29,545,915**	**$34,100,000**	**$ (4,554,085)**	**-13.4%**

CenCal Health

Santa Barbara County Operating Statement

For the six (6) months ending December 31, 2022

	Actual $	Budget $	Variance $	%
Capitation revenue	$ 393,350,116	$ 373,945,000	$19,405,116	5.2%
Medical expenses	334,115,926	332,231,000	(1,884,926)	-0.6%
Administrative expenses	20,759,479	23,958,659	(3,199,180)	-13.4%
MCO tax expense	28,870,690	28,205,000	665,690	2.4%
Operating Gain (Loss)	**$ 9,604,021**	**$ (10,449,659)**	**20,053,680**	

Medical Loss Ratio (MLR)	85%
Admin Loss Ratio (ALR)	5.3%
FYTD Member Months	946,607
Avg. Member Count	157,768

CenCal Health

San Luis Obispo County Operating Statement

For the six (6) months ending December 31, 2022

	Actual $	Budget $	Variance $	%
Capitation revenue	$ 165,699,681	$ 176,758,000	$ (11,058,319)	-6.3%
Medical expenses	140,188,722	143,441,000	(3,252,278)	-2.3%
Administrative expenses	8,786,116	10,140,000	(1,353,884)	-13.4%
MCO tax expense	12,222,502	12,088,000	134,502	1.1%
Operating Gain (Loss)	**$ 4,502,341**	**$ 11,089,000**	**(6,586,659)**	

Medical Loss Ratio (MLR)	85%
Admin Loss Ratio (ALR)	5.3%
FYTD Member Months	400,630
Avg. Member Count	66,772

CenCal Health

Tangible Net Equity (TNE)

As of December 31, 2022

Actual TNE (from the Balance Sheet)	$ 212,806,715
Tangible Net Equity – DMHC minimum regulatory requirement	35,510,124
TNE – excess (deficiency)	**$ 177,296,591**
Pct. Actual TNE of the Regulatory Minimum	**599%**

Tangible Net Equity calculation is based upon:
Title 10, CCR, Section 1300.76

CenCal Health

Notes to the Financial Statements

As of December 31, 2022

USE OF ESTIMATES The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. CenCal Health's principal areas of estimates include reinsurance, third-party recoveries, retroactive capitation receivables, and claims incurred but not yet reported. Actual results could differ from these estimates.

REVENUE RECOGNITION Under contracts with the State of California, Medi-Cal is based on the estimated number of eligible enrollees per month, times the contracted monthly capitation rate. Revenue is recorded in the month in which eligible enrollees are entitled to health care services. Revenue projections for Medi-Cal are based on draft capitation rates issued by the DHCS effective as of January 1, 2022, as well as prior year any retroactive rate adjustments issued by the DHCS.

GASB 68 requires the health plan to record the magnitude of the unfunded pension liability. Accrued CalPERS Pension Liability is reserved on the balance sheet in the amount of ($1,346,155) based on current estimates.

The CalPERS Annual Valuation Report dated June 2022 reports the health plan's actual unfunded pension liability at $1,412,359 as of June 30, 2021:

CalPERS Misc Plan for employees hired prior to Jan 1, 2013	$1,818,411
CalPERS PEPRA Misc Plan for employees hired on or after Jan 1, 2013	(406,052)
	$1,412,359

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2023 Operating Budget

David Ambrose
Chief Financial Officer, Treasurer
January 18, 2023

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A roadmap on the major components which comprise the financial forecast for the period covering calendar year 2023.

Topics

- Enrollment
- Revenue
- Medical Expenses
- Administrative Expenses
- Strategic Investments
- 2023 Forecast

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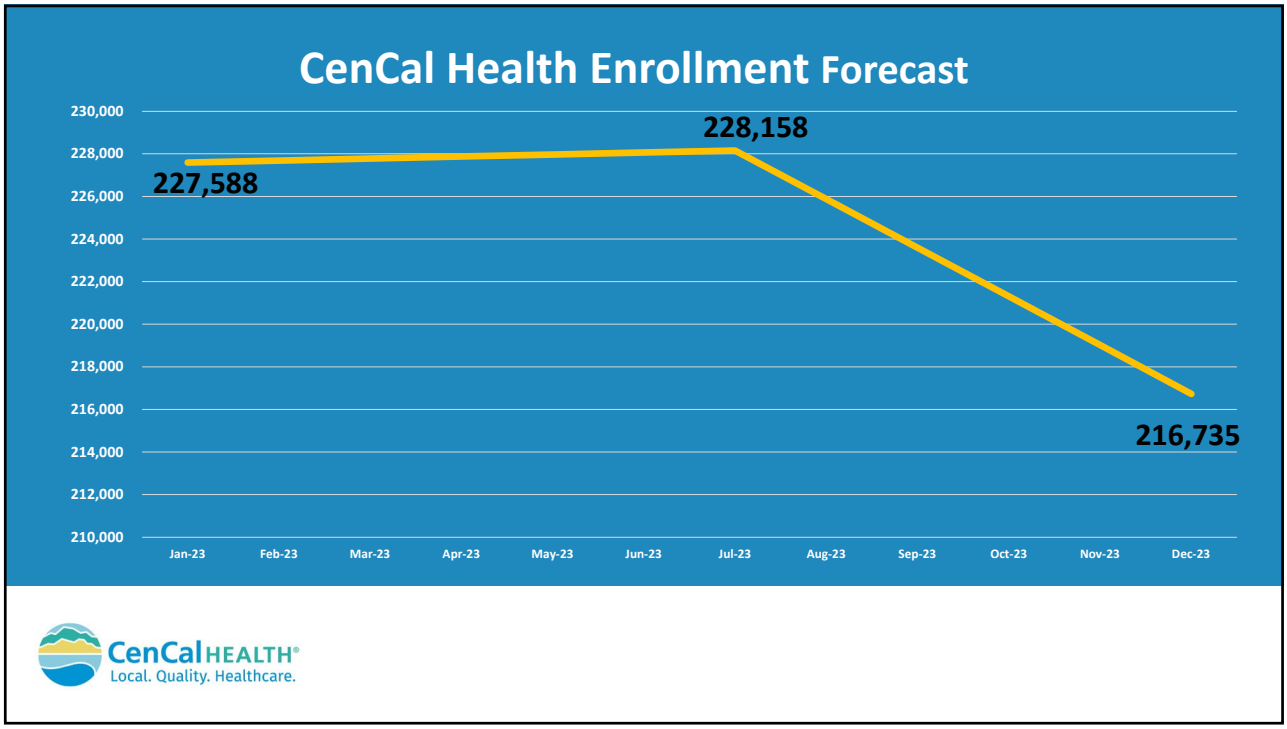

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Revenue Forecast

- Capitation Revenue $1,123,056,000
- Interest Income and Other Misc $625,000

$1,123,681,000

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Medical Expense Forecast

- Jan-Sep 2022 Actual Experience Base Period
- Base trended forward to mid-point 2023

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Medical Expense Forecast

Base Medical Costs	$821.5 million
Hospital Directed Pmts	110.7
HQAF Directed Pmts	35.8
IGT Pmts	46.3
	$1,014,298,000

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Administrative Expense Forecast

- Zero Based ---- built from the ground up.
- Mission and Vision focused.
- Investments in staff and infrastructure to support CalAIM and to execute our strategic plan.
- Stays within the DHCS funding level for admin.

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Administrative Expense Forecast

Expense Category	CY 2023
Wages and Benefits	$52,143,000
Vendor Services / Consultants	$11,356,000
Software Licensing & IT Support	$3,951,000
Insurance (e.g. cyber security)	$2,051,000
Office Supplies & Equip.	$1,807,000
Depreciation & Amortization	$1,715,000
Rent and Occupancy	$923,000
Other	$1,901,000
TOTAL	**$75,847,000**

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Administrative Expense Forecast

	CY 2023
Admin Budget	$75,847,000
Avg. Member Count	225,137
Pct. Admin to Revenue	6.7%
Admin Budget PMPM$	$28.07

DHCS 2023 Admin Funding Level **$80,021,000**

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Strategic Investments Forecast

Item	CY 2023
Medicare DSNP Vendor Cost	$2,200,000
DSNP Staffing (e.g. Medicare Director)	$1,500,000
DSNP Actuary Feasibility Study	$25,000
DSNP Travel / Medicare Conferences	$20,000
CM/UM Software Platform	$3,000,000
Cloud Based Infrastructure Services	$1,500,000
Cloud Based Analytics	$500,000
Data Infrastructure Consulting	$365,000
TOTAL	**$9,110,000**

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2023 Operating Budget Forecast

		Calendar Year 2023
Avg. Member Count		225,137
REVENUE		$1,123,681,000
MEDICAL EXPENSES	[MLR = 90%]	$1,014,298,000
ADMINISTRATIVE EXPENSES	[ALR = 6.7%]	$75,847,000
STRATEGIC INVESTMENTS		$9,110,000
OPERATING GAIN	**[Operating Margin = 2.2%]**	**$24,426,000**

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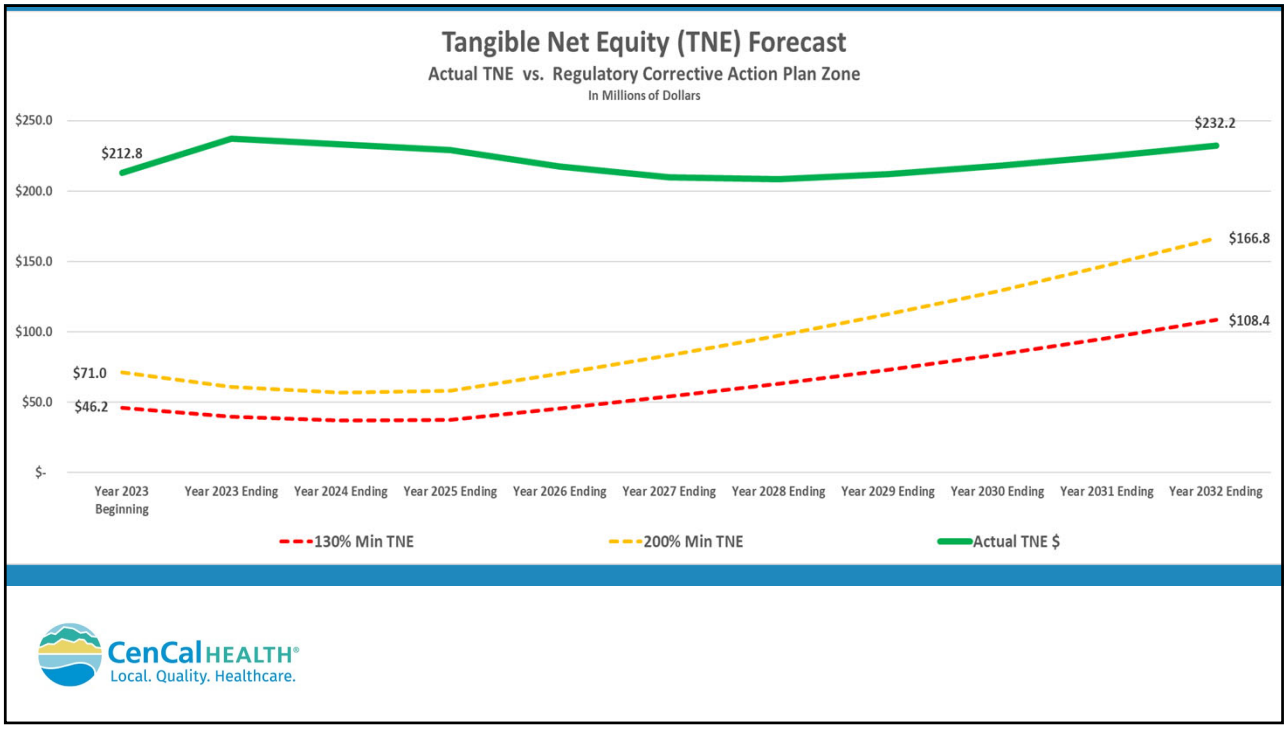

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Questions / Comments

Staff recommends the approval and adoption of the calendar year 2023 budget.

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Operating Budget Document
Calendar Year 2023

January 2023

Acknowledgments

Document prepared by:

David Ambrose – Chief Financial Officer
Leanne Bauer – Director of Finance
Amy Sim – Accounting Manager

CenCal Health

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Table of Contents

Introduction

This document sets forth the calendar year 2023 operating for CenCal Health, and presents the utilization rate and unit cost assumptions used in developing the medical expense budget. The operating budget consists of individual budgets by program and county, which consolidate into an overall operating budget.

This budget period is a transitional period as the health plan transitions towards a calendar year budget cycle in the future. The next budget cycle will be for calendar year 2024.

CenCal Health will solely administer and operate its core health care program Medi-Cal during the calendar year 2023.

Medi-Cal

Through a contract with the State of California Department of Health Care Services (DHCS), CenCal Health administers a Medi-Cal program in both Santa Barbara and San Luis Obispo counties, and the programs are named the Santa Barbara Health Initiative (SBHI) and the San Luis Obispo Health Initiative (SLOHI), respectively.

Medi-Cal Capitation, reinsurance and related recoveries, and the medical expense budgets are presented on a per member per month (PMPM) basis and are considered flexible budgets whose aggregate dollar amounts vary with changes in the program's actual member enrollment. Administrative costs, interest income and other revenues are primarily considered fixed budgets, though certain administrative items (e.g., certain vendor costs) are priced on a per member per month basis and do fluctuate with actual membership levels.

CenCal Health

Consolidated Operating Budget

The 2023 consolidated operating budget is summarized in **Figure 1**.

	Medi-Cal	Other	TOTAL
Capitation Revenue	$1,123,056,000		**$1,123,056,000**
Medical Expenses	$1,014,298,000		**$1,014,298,000**
Medical Loss Ratio (MLR)	90%		90%
Gross Margin	$108,758,000		$108,758,000
Administrative Expenses	$75,847,000		**$75,847,000**
Admin Loss Ratio (ALR)	6.7%		6.7%
Interest Income		$600,000	**$600,000**
Other Revenue		$25,000	**$25,000**
Operating Gain (Loss) before Strategic Investments			**$33,536,000**
Operating Margin			3.0%
Strategic Investments		$9,110,000	**$9,110,000**
Operating Gain (Loss) after Strategic Investments			**$24,426,000**
Operating Margin			2.2%
Member Months	2,701,649		2,701,649
Average Number of Covered Lives	225,137		225,137

Figure 1

Member Information

The projected member months are shown in **Figure 2**, including a comparison to member months for the past few calendar years.

Member Months	CY 2021	CY 2022	**Budget**
Santa Barbara County	1,713,691	1,851,594	1,896,622
San Luis Obispo County	725,295	786,540	805,027
	2,438,986	2,638,134	2,701,649
Avg. # Covered Lives	203,249	219,845	225,137
Annual Growth Rate		8.2%	2.4%

Figure 2

- CY 2022 is an estimate pending final DHCS eligibility.

Overall, CenCal Health's covered lives are projected to average 225,137 resulting in 2,701,649 member months for 2023. The budget period forecast assumes Medi-Cal eligibility redetermination activity will commence beginning in August 2023 due to the assumed expiration of the federal Public Health Emergency (PHE) declaration in April 2023.

Refer to **Appendix A** for further discussion on program enrollment projections.

Revenue

Capitation Revenue

CenCal Health will receive capitation revenue for administering the Medi-Cal program in Santa Barbara County and San Luis Obispo County.

***Medi-Cal**:*

Capitation payments are received from the DHCS for qualifying residents in Santa Barbara and San Luis Obispo counties primarily on a monthly PMPM basis. The DHCS also has capitation revenue streams to the health plan based on the volume of medical care services incurred. Medi-Cal capitation revenue is budgeted at $1.1 billion based on projected member months of 2,701,649 resulting in a weighted average capitation rate of $416 per member per month.

More detailed capitation revenue information is located in **Appendix B**.

Other Revenue

CenCal Health performs certain administrative functions for the Public Health Department of Santa Barbara County. Administrative fees are projected at $25,000.

Interest Income

$600,000 of interest income is anticipated to be earned during the budget period.

Summary of Revenue:

Gross Capitation	$1,123,056,000	
Interest Income	600,000	
Other	25,000	
	$1,123,681,000	**$415.92 PMPM**

Medical Care Expenses

Budget Development Methodology

The 2023 medical expense budget is developed using CenCal Health's internal medical claim database which consists of unit cost and utilization experience within each of its health care programs. The development of the budget includes incorporating anticipated growth in unit costs as a result of market trends and changes in provider reimbursement rates forecasted to occur during the budget year.

CenCal Health's health information system segregates, tracks, and reports medical claim expenditures into classifications based on the type of provider and in some certain instances based on the type of medical specialty. For non-physician medical providers, the classification is segregated by the type of provider based on nationally-uniform provider type codes, for example laboratory and home health.

The medical expense budget presented in this report is the consolidation of developing a medical expense projection separately for each category of medical expenditure. The result is a budget year assumption regarding the (i) utilization rate of medical care (identified as the percentage of utilizing members to total membership) and (ii) unit cost rate of the medical care (identified as the average cost per utilizing member per year). The medical budget development begins by utilizing a base year of actual expenditures and utilization of medical care services.

The base period for this medical expense budget is January 2022 – September 2022. Adjustments to the base year are applied to account for known, assumed, and projected changes between the base year and the budget year for differences in unit costs and utilization rates of medical care. The budget year's forecasted utilization rates and unit costs are then applied to anticipated membership to derive a projection of medical expense dollars applicable for calendar year 2023.

In alignment with CenCal Health's financial statements, the major medical expense categories (the consolidation of medical provider types) presented in this budget report are:

- PCP capitation and incentives
- Physician specialty and FQHC specialty services
- Hospital inpatient
- Hospital outpatient
- Skilled nursing and Long term care facilities
- Other medical services
- Community support services and enhanced care management
- Reinsurance - net

Primary Care Provider Capitation & Incentives

Capitation costs represent expenditures paid on a PMPM basis to primary care providers (PCPs) in return for the PCP providing basic preventive health care medical services and case management functions to their respective assigned CenCal Health members.

The capitation rates paid to SBHI and SLOHI PCPs vary depending on a member's Medi-Cal aid category, sex, and age. Approximately 85 percent of our total Medi-Cal members are projected to be assigned to a PCP for any given month. The remaining members not assigned to a capitated PCP are primarily those residing in long term care facilities, members who obtained eligibility retroactively for a specific month, or who are dual-eligibles (also known as Medi-Medi's).

PCP capitation is paid monthly to PCPs either at 60 and 80 percent of the full capitation rate, dependent on a choice selected by the PCP. The remaining 20 and 40 percent is withheld and is applied towards the PCP incentive pools. Incentives are earned by PCPs through the PCP Incentive Program which provides financial incentives to providers who meet minimum quality and utilization parameters. The total incentive dollars to be paid out fluctuate with any change in the number of members assigned to PCPs and the amount consists of both the withhold and a contribution from CenCal Health into the incentive pools.

Capitation and incentive payments combined are budgeted at $29.5 million and at $10.92 PMPM.

CenCal Health's contribution to the PCP incentive pools is based on actual membership and is budgeted at $4.29 per member per month. With enrollment projected at 2,701,649 member months, the health plan's contribution equates to $11.6 million.

The CenCal Health consolidated PCP capitation and incentive budget is summarized in **Figure 3**.

PCP Capitation	Gross Capitation	CenCal's Incentive Contribution	Total Dollars	PMPM $
SBHI	$12,479,000	$7,829,000	$20,308,000	$10.71
SLOHI	$5,436,000	$3,765,000	$9,201,000	$11.43
Total Medi-Cal	$17,915,000	$11,594,000	$29,509,000	$10.92
CenCal Health	**$17,915,000**	**$11,594,000**	**$29,509,000**	**$10.92**

Figure 3

Physician Specialty

Physician Specialty cost represents expenditures paid primarily on a fee-for-service basis for medical care provided to members usually by referral from a member's primary care physician to a specialist at negotiated reimbursement rates. The majority of physician cost results from the adjudication of medical claims, while a small portion represents fixed dollar contractual arrangements (e.g., capitation and other non fee-for-service).

A good portion of the health plan's physician network is reimbursed at a percentage of the Medicare Fee Schedule, which incurs annual rate changes effective as of each January 1st.

The CenCal Health consolidated physician specialty expense budget is $181.8 million and is summarized in **Figure 4**.

	Claims per 1,000	Avg. Cost per Claim	Total Dollars	PMPM $
SBHI	5,545	$150.66	$132,031,000	$69.61
SLOHI	4,970	$141.50	$47,175,000	$58.60
Sub-Total	5,373	$148.04	$179,206,000	$66.33
Other contractual arrangements			$2,585,000	$0.96
CenCal Health	**5,373**	**$148.14**	**$181,791,000**	**$67.29**

Figure 4

Claims per 1,000 = Paid Claims per 1,000 Members per Year.
Other contractual arrangements = capitation and other non medical claim adjudication reimbursement.

FQHC Specialty Services

FQHC Specialty cost represents expenditures paid primarily on a fee-for-service basis to FQHCs for non primary care services.

The CenCal Health consolidated FQHC specialty expense budget is $18.8 million and is summarized in **Figure 5**.

FQHCs	Claims per 1,000	Avg. Cost per Claim	Total Dollars	PMPM$
SBHI	1,995	$38.11	$12,015,000	$6.33
SLOHI	2,821	$27.00	$5,110,000	$6.35
Sub-Total	2,241	$33.94	$17,125,000	$6.34
Other contractual arrangements			$1,711,000	$0.63
CenCal Health	**2,241**	**$33.94**	**$18,836,000**	**$6.97**

Figure 5

Hospital Inpatient [in service area]

In-area hospitals are generally contracted at negotiated reimbursement rates unique to each facility. The health plan has transitioned most in-area hospitals to the APR-DRG reimbursement methodology, which is a reimbursement amount per discharge (or admission) which varies based on the diagnosis of the patient. One hospital entity is under a capitated arrangement.

The CenCal Health consolidated hospital inpatient in-area expense budget is $145.3 million and is summarized in **Figure 6**.

In-Area	Admits per 1,000	Avg. Cost per Admit	Total Dollars	PMPM$
SBHI	71.8	$9,349	$106,139,000	$55.96
SLOHI	72.7	$7,485	$36,491,000	$45.33
Incentives			$2,701,000	$1.00
CenCal Health	**72.1**	**$8,789**	**$145,331,000**	**$53.79**

Figure 6

Hospital Inpatient [out-of-area]

Out-of-area hospitals, such as tertiary facilities, are reimbursed at negotiated reimbursement rates, which dependent on the facility, will consist of per diem reimbursement, a payment based on a percentage of billed charges, or a case rate covering the entire duration of the admission.

The CenCal Health consolidated hospital inpatient out-of-area expense budget is $62.2 million and is summarized in **Figure 7**.

Out-of-Area	Admits per 1,000	Avg. Cost Per Admit	Total Dollars	PMPM $
SBHI	8.2	$32,519	$41,975,000	$22.13
SLOHI	13.4	$28,541	$20,212,000	$25.11
CenCal Health	**9.7**	**$28,420**	**$62,187,000**	**$23.02**

Figure 7

The three most frequently utilized out-of-area facilities are UCLA Medical Center, Stanford University Medical Center, and Children's Hospital of Los Angeles.

Hospital Outpatient [in service area]

Hospitals are reimbursed at negotiated rates unique to each facility, generally paid on a fee-for-service basis by medical procedure, a case rate per visit, a percentage of allowable billed charges, or on a capitated arrangement. One hospital entity is under a capitated arrangement.

The CenCal Health consolidated hospital outpatient in-area expense budget is $58.5 million and is summarized in **Figure 8**.

In-Area	Claims per 1,000	Avg. Cost per Claim	Total Dollars	PMPM $
SBHI	1,150	$280.94	$51,077,000	$26.93
SLOHI	1,081	$102.25	$7,416,000	$9.21
CenCal Health	**1,130**	**$229.98**	**$58,493,000**	**$21.65**

Figure 8

Hospital Outpatient [out-of-area]

Hospitals are reimbursed at negotiated rates unique to each facility, generally paid on a fee-for-service basis by medical procedure, a case rate per visit, or a percentage of allowable billed charges.

The CenCal Health consolidated hospital outpatient out-of-area expense budget is $17.9 million and is summarized in **Figure 9**.

Out-of-Area	Claims per 1,000	Avg. Cost per Claim	Total Dollars	PMPM $
SBHI	100	$790.46	$12,525,000	$6.60
SLOHI	169	$476.07	$5,386,000	$6.69
CenCal Health	**121**	**$659.49**	**$17,911,000**	**$6.63**

Figure 9

Non-PBM Pharmacy

CenCal Health adjudicates a small percentage of claims comprising of pharmaceuticals which are not processed through the PBM and are excluded from the Medi-Cal Rx carve-out, such as infusion drugs and certain medical supplies. The non-PBM pharmacy budget at $2.1 million is summarized in **Figure 11.**

Non-PBM Rx	Claims per 1,000	Avg. Cost per Claim	Total Dollars	PMPM $
SBHI	81	$94.51	$1,207,000	$0.64
SLOHI	65	$195.50	$852,000	$1.06
CenCal Health	**76**	**$120.20**	**$2,059,000**	**$0.76**

Figure 11

Skilled Nursing and Long Term Care Facilities

The long term care (LTC) expense category includes intermediate care facilities and skilled nursing facilities.

The budget projects $145.5 million in LTC expenditures and is summarized in **Figure 12**.

	Bed Days per 1,000	Avg. Cost per Bed Day	Total Dollars	PMPM $
SBHI	1,705	$357.44	$96,314,000	$50.78
SLOHI	2,608	$281.08	$49,175,000	$61.08
CenCal Health	**1,974**	**$327.38**	**$145,489,000**	**$53.85**

Figure 12

Acupuncture

The budget projects $51,000 in acupuncture costs and is summarized in **Figure 13**.

	Claims per 1,000	Avg. Cost per Claim	Total Dollars	PMPM $
SBHI	7.5	$32.44	$38,000	$0.02
SLOHI	5.8	$32.33	$13,000	$0.02
CenCal Health	**6.9**	**$32.41**	**$51,000**	**$0.02**

Figure 13

Adult Day Care Center

The budget projects $1.3 million in adult day care center costs and is summarized in **Figure 14**.

	Claims per 1,000	Avg. Cost per Claim	Total Dollars	PMPM $
SBHI	6.8	$1,131.32	$1,208,000	$0.64
SLOHI	1.7	$1,111.37	$128,000	$0.16
CenCal Health	**5.3**	**$1,129.38**	**$1,336,000**	**$0.49**

Figure 14

Audiology

The budget projects $1.3 million in audiology costs and is summarized in **Figure 15**.

	Claims per 1,000	Avg. Cost per Claim	Total Dollars	PMPM $
SBHI	11.5	$523.78	$951,000	$0.50
SLOHI	9.2	$565.30	$350,000	$0.43
CenCal Health	**10.8**	**$534.33**	**$1,301,000**	**$0.48**

Figure 15

Chiropractic

The budget projects $28,000 in chiropractic costs and is summarized in **Figure 16**.

	Claims per 1,000	Avg. Cost Per Claim	Total Dollars	PMPM $
SBHI	18.9	$6.22	$19,000	$0.01
SLOHI	27.6	$4.70	$9,000	$0.01
CenCal Health	**21.5**	**$5.64**	**$28,000**	**$0.01**

Figure 16

Dialysis

The budget projects $7.9 million in dialysis costs and is summarized in **Figure 17**.

	Claims per 1,000	Avg. Cost per Claim	Total Dollars	PMPM $
SBHI	44	$927.87	$6,417,000	$3.38
SLOHI	30	$709.42	$1,435,000	$1.78
CenCal Health	**40**	**$878.44**	**$7,852,000**	**$2.91**

Figure 17

Durable Medical Equipment (DME)

The budget projects $10.2 million in DME costs and is summarized in **Figure 18**.

	Claims per 1,000	Avg. Cost per Claim	Total Dollars	PMPM $
SBHI	287	$153.95	$6,983,000	$3.68
SLOHI	343	$138.14	$3,178,000	$3.95
CenCal Health	**304**	**$148.63**	**$10,161,000**	**$3.76**

Figure 18

Home Health Care

The budget projects $3.6 million in home health care costs and is summarized in **Figure 19**.

	Claims per 1,000	Avg. Cost per Claim	Total Dollars	PMPM $
SBHI	62	$205.71	$2,209,000	$1.07
SLOHI	98	$235.07	$1,539,000	$1.91
CenCal Health	**73**	**$217.43**	**$3,568,000**	**$1.32**

Figure 19

Hospice

The budget projects $8.1 million in home health care costs and is summarized in **Figure 20**.

	Claims per 1,000	Avg. Cost per Claim	Total Dollars	PMPM $
SBHI	13.4	$2,706.61	$5,713,000	$3.01
SLOHI	10.2	$3,508.31	$2,394,000	$2.97
CenCal Health	**12.4**	**$2,902.44**	**$8,107,000**	**$3.00**

Figure 20

Laboratory

The budget projects $18.4 million in laboratory costs and is summarized in **Figure 21**.

	Claims per 1,000	Avg. Cost per Claim	Total Dollars	PMPM $
SBHI	1,681	$49.82	$13,241,000	$6.98
SLOHI	1,525	$50.47	$5,163,000	$6.41
CenCal Health	**1,635**	**$50.00**	**$18,404,000**	**$6.81**

Figure 21

Transportation

The budget projects $13.8 million in transportation costs and is summarized in **Figure 22**.

	Claims per 1,000	Avg. Cost per Claim	Total Dollars	PMPM $
SBHI	262	$152.73	$6,329,000	$3.34
SLOHI	424	$94.37	$2,684,000	$3.33
Capitation			4,817,000	$1.78
CenCal Health	**310**	**$128.98**	**$13,830,000**	**$5.12**

Figure 22

Optician

The budget projects $102,000 in optician costs and is summarized in **Figure 23**.

	Claims per 1,000	Avg. Cost per Claim	Total Dollars	PMPM $
SBHI	6.5	$70.68	$73,000	$0.04
SLOHI	10.4	$41.85	$29,000	$0.04
CenCal Health	**7.7**	**$59.01**	**$102,000**	**$0.04**

Figure 23

Optometry

The budget projects $2.1 million in optometry costs and is summarized in **Figure 24**.

	Claims per 1,000	Avg. Cost per Claim	Total Dollars	PMPM $
SBHI	200	$51.97	$1,640,000	$0.86
SLOHI	136	$48.76	$445,000	$0.55
CenCal Health	**181**	**$51.25**	**$2,085,000**	**$0.77**

Figure 24

Physical Therapy

The budget projects $3.1 million in physical therapy costs and is summarized in **Figure 25**.

	Claims per 1,000	Avg. Cost per Claim	Total Dollars	PMPM $
SBHI	168	$56.68	$1,505,000	$0.79
SLOHI	418	$57.42	$1,609,000	$2.00
CenCal Health	**242**	**$57.06**	**$3,114,000**	**$1.15**

Figure 25

Podiatry

The budget projects $1.6 million in podiatry costs and is summarized in **Figure 26**.

	Claims per 1,000	Avg. Cost per Claim	Total Dollars	PMPM $
SBHI	76	$90.25	$1,087,000	$0.57
SLOHI	96	$76.24	$489,000	$0.61
CenCal Health	**82**	**$85.38**	**$1,576,000**	**$0.58**

Figure 26

Prosthetic / Orthotics

The budget projects $2.1 million in prosthetics & orthotics cost and is summarized in **Figure 27**.

	Claims per 1,000	Avg. Cost per Claim	Total Dollars	PMPM $
SBHI	15.6	$637.30	$1,573,000	$0.83
SLOHI	12.2	$639.22	$522,000	$0.65
CenCal Health	**14.6**	**$637.78**	**$2,095,000**	**$0.78**

Figure 27

Mental Health Services

The budget projects $31.7 million in mental health services and is summarized in **Figure 28**.

	Claims per 1,000	Avg. Cost per Claim	Total Dollars	PMPM $
SBHI	905	$146.47	$20,944,000	$11.04
SLOHI	1,230	$129.92	$10,721,000	$13.32
CenCal Health	**1,002**	**$140.41**	**$31,665,000**	**$11.72**

Figure 28

Behavioral Health Therapy Services

The budget projects $19.0 million in behavioral health services and is summarized in **Figure 28**.

	Claims per 1,000	Avg. Cost per Claim	Total Dollars	PMPM $
SBHI	239	$341.17	$12,906,000	$6.80
SLOHI	207	$436.13	$6,045,000	$7.51
CenCal Health	**230**	**$366.64**	**$18,951,000**	**$7.01**

Figure 28

Speech Therapy

The budget projects $44,000 in speech therapy and is summarized in **Figure 29**.

	Claims per 1,000	Avg. Cost per Claim	Total Dollars	PMPM $
SBHI	0.5	$364.62	$28,000	$0.01
SLOHI	0.6	$408.38	$16,000	$0.02
CenCal Health	**0.5**	**$378.51**	**$44,000**	**$0.02**

Figure 29

Other Medical Care Services

The budget projects $13.0 million in other medical care services and is summarized in **Figure 30**.

	Claims per 1,000	Avg. Cost per Claim	Total Dollars	PMPM $
SBHI	379	$128.96	$7,728,000	$4.07
SLOHI	449	$125.24	$3,776,000	$4.69
WCM Family Travel			$62,000	$0.02
Provider Rate Change Pool			$1,421,000	$0.50
CenCal Health	**400**	**$127.71**	**$12,987,000**	**$4.81**

Figure 30

Other medical care services also include DHCS Program Changes (e.g., new Medi-Cal program benefits for 2023) as identified within the DHCS capitation rate sheets for 2023. For our budget development, the estimated medical cost of a new benefit is assumed to equal the associated DHCS revenue PMPM component within our capitation rates.

Enhanced Care Management (ECM)

ECM is a new covered benefit to be administered by CenCal Health beginning on July 1, 2022. The DHCS developed an ECM capitation rate component specific to ECM services and the health plan is utilizing the assumptions within the DHCS ECM capitation rate component to estimate the cost of ECM services. This methodology essentially assumes a budget-neutral position ------ ECM revenue equals ECM expenses.

ECM costs are estimated as follows at:

- SBHI $4.07 PMPM $7,716,000
- SLOHI $4.69 PMPM $3,774,000

Community Program Support

$800,000 or $0.30 PMPM is set aside for community program support grants to assist funding pilot programs and initiatives administered by community partner entities around endeavors and other social-medical type assistance that may be beneficial to our members.

Community Support Services (CS)

CS is a new covered benefit effective July 1, 2022, administered by CenCal Health. These services are also known as in-lieu-of-services (ILOS) and are designed to offer care in alternative type settings, such a recuperative care in-lieu-of an admission or visit to a hospital facility.

CSS costs are estimated as follows at:

- SBHI $3.07 PMPM $5,832,000
- SLOHI $3.07 PMPM $2,471,000

Reinsurance Cost – net

CenCal Health has reinsurance (stop-loss) through a commercial vendor for high-cost hospital admissions and high-cost drugs incurred by members. The reinsurance premium in effect during the first half of 2023 is $1.45 PMPM. The reinsurance deductible per beneficiary claimed as reinsurance and premium costs are summarized below:

Program	Deductible	Premium PMPM
SBHI	$2,750,000	$1.45
SLOHI	$1,167,000	$1.45

The budget assumes reinsurance recoveries will equate to 40% of premiums, resulting in a net cost of reinsurance coverage at $0.87 PMPM and at $2.4 million.

3rd Party and Other Recoveries

The health plan also receives medical cost recoveries from Medicare and other third party payers through the work performed by primarily by an outside vendor, estimated at $0.10 PMPM and at $270,000. This primarily occurs when we identify members who have other health insurance coverage or share of cost.

Rate Range Intergovernmental Transfers

Qualifying entities (e.g., those which have local taxing authority) may enter into a contractual arrangement with the DHCS to draw down federal matching funds known as an Intergovernmental Transfer (IGT). These IGT dollars must be utilized for pay for medical care services provided to Medi-Cal beneficiaries. For the last two years two entities within Santa Barbara County and one entity within San Luis Obispo County initiated an IGT through the DHCS. The IGT funds, inclusive of the federal match, are incorporated into the health plan's capitation rates. Upon receipt of the IGT dollars from DHCS, the health plan makes a payment to the IGT entity towards the cost of care of services provided to health plan members (i.e., Medi-Cal beneficiaries). For calendar year 2023 the budget assumes an IGT within Santa Barbara County and San Luis Obispo County will occur and estimates the IGT payment at the PMPM dollar value of the IGT associated with calendar year 2021 as a placeholder value, the most recent IGT processed by DHCS and the health plan. The budget amount is established at $46.3 million and mirrors the associated capitation revenue component, also established at $46.3 million, resulting in a budget-neutral position for budget purposes.

HQAF Directed Payments

DHCS along with the California Hospital Associated (CHA) devised an IGT funding mechanism for California hospitals. Hospitals pay a fee which DHCS uses to obtain federal matching funds. These IGT dollars are incorporated into health plan capitation rates and the IGT dollars, once received by the health plan, are paid out to several hospitals based on a schedule generated by the CHA. The budget amount is established at $35.8 million based upon the HQAF PMPM components within the health plan's 2023 capitation rate, resulting in a budget-neutral position for budget purposes.

Hospital Directed Payments

DHCS created a hospital quality pool whose mechanism flows through the Medi-Cal managed care health plans similar to HQAF Directed Payments. The health plan estimates the value of the payments at the Pooled Directed Payments PMPM dollar value associated with calendar year 2021 as a placeholder value. The budget amount is established at $110.7 million and mirrors the associated capitation revenue components, also established at $110.7 million, resulting in a budget-neutral position for budget purposes.

Summary of Medical Expenditures by County

Figure 31 shows the budgeted medical expenditures by county.

	Santa Barbara	San Luis Obispo	Total
Primary care capitation + incentives	$20,308,000	$9,201,000	$29,509,000
Physician specialty	$134,602,000	$47,190,000	$181,792,000
FQHC specialty	$13,717,000	$5,119,000	$18,836,000
Hospital inpatient services	$150,011,000	$57,507,000	$207,518,000
Hospital outpatient services	$63,602,000	$12,802,000	$$76,404,000
Non-PBM pharmacy	$1,207,000	$852,000	$2.059,000
SNF / LTC	$96,314,000	$49,175,000	$145,489,000
Acupuncture	$38,000	$13,000	$51,000
Adult day care center	$1,208,000	$128,000	$1,336,000
Audiology	$951,000	$350,000	$1,301,000
Chiropractic	$19,000	$8,000	$27,000
Dialysis	$6,417,000	$1,435,000	$7,852,000
DME	$6,983,000	$3,178,000	$10,161,000
Home health care	$2,029,000	$1,539,000	$3,568,000
Hospice	$5,713,000	$2,394,000	$8,107,000
Laboratory	$13,241,000	$5,163,000	$18,404,000
Transportation	$9,709,000	$4,121,000	$13,830,000
Optician	$73,000	$29,000	$102,000
Optometry	$1,640,000	$445,000	$2,085,000
Physical therapy	$1,505,000	$1,609,000	$3,114,000
Podiatry	$1,087,000	$489,000	$1,576,000
Prosthetic / orthotics	$1,574,000	$521,000	$2,095,000
Speech therapy	$28,000	$16,000	$44,000
Mental health services	$20,944,000	$10,721,000	$31,665,000
Behavioral health therapy (BHT)	$12,906,000	$6,045,000	$18,951,000
Other medical services	$8,701,000	$4,286,000	$12,987,000
Enhanced care management (ECM)	$7,716,000	$3,774,000	$11,490,000
Community support services (CS)	$5,832,000	$2,471,000	$8,303,000
Community program support	$562,000	$238,000	$800,000
Reinsurance/recoveries – net	$1,460,000	$620,000	$2,080,0000
Rate range IGTs	$31,512,000	$14,770,000	$46,282,000
HQAF directed payments	$24,426,000	$11,364,000	$35,790,000
Hospital directed payments	$77,978,000	$32,712,000	$110,690,000
Total Medical Costs	**$724,012,000**	**$290,286,000**	**$1,014,298,000**
PMPM$	$381.74	$360.59	$375.44

Figure 31

Total medical care expenditures of $1.0 billion at $375.44 PMPM is projected based on an average member caseload of 225,137 covered lives. Medical expense by per member per month is located in **Appendix C**.

Administrative Expenses

Budget Development Methodology

The administrative budget starts with the base of actual expenditures incurred for the current fiscal year, with additions and deletions as appropriate. This includes a review of the continued appropriateness of all previous and current expense items.

Each department Director is required to submit departmental budgets which reflect the resources they believe are necessary to adequately carry out their responsibilities to support CenCal Health's strategic plan.

Administrative costs are allocated to each county using the common statistical basis of member months. Total administrative costs will be converted into a PMPM figure based on total CenCal Health member months. This PMPM figure will then be multiplied by the member months applicable to each county health care program to derive the administrative expense allocated to each county.

The administrative budget development discipline utilizes the administrative funding level within the health plan's capitation rates from the DHCS as a key guardrail.

Administrative Budget

Figure 32 shows the condensed administrative budget and includes a comparison to the budget (adopted in June 2022) for July 2022-December 2022.

Expense Type	**2023 Budget**	Jul 22-Dec 22 Budget
Salaries & benefits	$52,143,000	$22,989,000
Contract services	$11,356,000	$5,152,000
Travel expenses	$543,000	$264,000
Rent & occupancy	$923,000	$669,000
Office supplies & equipment	$1,807,000	$701,000
Insurance	$2,051,000	$835,000
Depreciation expense	$1,715,000	$793,000
Equip/Software maintenance	$99,000	$52,000
Communications	$708,000	$380,000
Publications	$91,000	$47,000
Software licensing fees	$3,144,000	$1,474,000
Professional association dues	$316,000	$152,000
Community Sponsorships	-	$171,000
Marketing	$74,000	$33,000
Community health promotion	$90,000	$56,000
Member/Provider materials	$120,000	$61,000
Provider relations/recruitment	$64,000	$32,000
Credentialing fees	$27,000	$14,000
Admin for QI/Clinical Interventions	$220,000	$36,000
Director/Advisory board fees	$37,000	$18,000
Business meeting costs	$215,000	$108,000
Other expenses	$104,000	$69,000
Total	**$75,847,000**	**$34,100,000**
PMPM$	$28.07	$25.59

Figure 32

The administrative budget is $75.8 million and at $28.07 PMPM. The administrative budget of $75.8 million correlates to an Admin Ratio of 6.9%, where the denominator is total capitation of $1.1 billion.

The calendar year 2023 administrative budget of $75.8 million is below the level of administrative funding the DHCS incorporated into the health plan's capitation rates. **Appendix D** presents explanations for material budget increases and decreases.

The administrative budget is comprised of two components: (i) Administrative and (ii) Medical & Care Management. The administrative component represents expenditures towards the general overhead costs associated with operating CenCal Health, while the medical and care management component represents expenditures which are clinical in nature and are directly or indirectly associated with medical care to members.

The Medical and Care Management costs are within the health plan's overall administrative budget. However, many components and the associated costs of medical and care management are considered 'medical related costs' for purposes of our capitation rate development with the DHCS. As a result, the majority of these expenditures are included in our annual calendar year rate base period for the development of our Medi-Cal capitation rates.

Strategic Investments

For 2023 the health plan is creating a new cost center titled Strategic Investments. Its purpose is to capture expenditures associated with start-up costs related to launching a Medicare Dual Special Needs Plan (D-SNP) on January 1, 2026, as well as investments into best-practice healthcare industry technology solutions.

Item	2023 Forecast
Medicare D-SNP Planning & Implementation Vendor	$2,200,000
D-SNP Staffing [Medicare Director and Others]	$1,500,000
D-SNP Actuary Feasibility Study	$25,000
D-SNP Travel / Medicare Conferences	$20,000
IT Dept. Strategic Roadmap Projects:	
CM/UM Software Platform	$3,000,000
Cloud Based Infrastructure Services	$1,500,000
Cloud Based Analytics	$500,000
Data Infrastructure Consulting	$365,000
	$9,110,000

These expenditures fall outside of the umbrella of the administrative load (i.e., admin funding) built into the health plan's 2023 capitation rates from the DHCS. We believe for greater transparency, monitoring, tracking, and for apple-to-apple year-to-year comparison of administrative expenses the use of this cost center is warranted.

Capital Budget

Capital assets (office furniture and fixtures, computer equipment, software, and leasehold improvements) whose acquisition costs exceed $5,000 are accounted for in the capital budget. The table below presents the planned capital acquisitions for the budget period.

Description	Dollars	Type Of Asset
4050 Calle Real Improvements	$364,000	B
Computer Equip-various	$321,000	C
Remote Infrastructure Enhancement	$200,000	C
TOTAL	**$885,000**	

Capital assets acquired during the budget period will be recorded at acquisition cost and depreciated on a straight-line basis over their estimated useful lives as follows:

Office furniture and fixtures (O)	5 years
Computer equipment and software (C)	3 years
Leasehold improvements (L)	5 years or lease term, if less
Building and Building Capital Improvements (B)	40 years

APPENDICES

Appendix A	Member Months
Appendix B	Capitation Revenue
Appendix C	Medical Care Expenses
Appendix D	Administrative Expenses
Appendix E	Medi-Cal Operating Budgets
Appendix F	Glossary of Terms

Appendix A - Member Months

Medi-Cal

Our membership with the Medi-Cal program is segregated into six major aid categories consistent with the methodology the DHCS uses to establish and reimburse CenCal Health on a per member per month basis in the form of capitation rates.

The major aid categories are: (1) Seniors and Persons with Disabilities (SPD) (2) Long Term Care (LTC), (3) Child less than 19 yrs, (4) Adult over 18 yrs , (5) Medicaid Expansion Adult (MCE Adult), and (6) Whole Child Model (WCM).

The Medi-Cal member months are summarized below by aid category.

Aid Category	Santa Barbara	San Luis Obispo	Pct. to Total
SPD	69,772	33,442	3.8%
LTC	217	120	0.01%
Child	791,662	273,435	39.4%
Adult	296,577	125,261	15.6%
MCE Adult	548,740	270,626	30.3%
WCM	30,819	16,378	1.7%
SPD - dual	154,045	81,842	8.7%
LTC-dual	4,789	3,923	0.3%
Total	**1,896,622**	**805,027**	**100%**

Dual = members with Medicare as primary coverage and Medi-Cal as secondary coverage.

Medi-Cal membership is projected to average 158,052 and 67,085 covered lives, respectively for Santa Barbara County and San Luis Obispo County.

Dual-eligibles are forecasted to represent 9.0% of our total member population.

Appendix B - Capitation Revenue

Medi-Cal

To derive the Medi-Cal capitation revenue, the member months by aid category (refer to **Appendix A**) were multiplied by the applicable capitation rate associated with the aid category. There are differences in the capitation rate dependent on whether a member has dual coverage (covered by both Medicare and Medi-Cal in which Medicare is the primary payer). There also exists supplemental revenue based on volume of services performed rather than on a per member per month capitation rate.

The 2023 components of revenue are as follows:

1. Base Capitation revenue is derived utilizing calendar year 2023 Medi-Cal capitation rates applied to the projected member months yielding $872.3 million.

2. This budget incorporates the possibility of a reportable Medical Loss Ratio (MLR) below 85% and reduces overall capitation revenue by $3.2 million.

3. Enhanced Care Management (ECM) revenue is derived utilizing calendar year 2023 ECM PMPM rate components applied to the projected member months yielding $11.5 million.

4. Prop 56 Program revenue is derived utilizing calendar year 2023 Prop 56 PMPM rate components applied to the projected member months yielding $32.7 million.

5. American Indian Health (AIH) supplemental revenue is estimated using the current AIH federal OMB per visit rates applied to an estimated number of visits to AIH clinics, yielding $2.1 million.

6. Maternity supplemental revenue is estimated using the calendar year 2023 maternity case rate revenue component applied to an estimated number of deliveries, yielding $14.0 million.

7. Rate Range Intergovernmental Transfer (Rate Range IGT) revenue is estimated using the current Rate Range IGT capitation revenue component applied to the projected member months yielding $46.3 million.

8. Hospital Quality Assurance Fee (HQAF) Directed Payment revenue is estimated using calendar year HQAF capitation revenue components applied to the projected member months yielding $35.8 million.

9. Hospital Directed Payment revenue is estimated using the current capitation rate revenue component applied to the projected member months yielding $110.7 million.

10. Hyde Amendment revenue is derived using calendar year 2023 capitation rates applied to the projected member months yielding $0.8 million.

The following table summarizes the Medi-Cal capitation revenue components:

Components of Revenue *In Millions of Dollars*	SBHI	SLOHI	Combined
Base Capitation	$592.6	$279.7	$872.3
MLR 85% DHCS Recoup	($1.8)	($1.3)	($3.2)
Enhanced Care Management (ECM)	$7.7	$3.8	$11.5
Prop 56 Programs	$23.1	$9.6	$32.7
American Indian Health (AIH) Visits	$2.1	---	$2.1
Maternity Deliveries	$8.8	$5.2	$14.0
Rate Range IGT	$31.5	$14.8	$46.3
HQAF Directed Payments	$24.4	$11.4	$35.8
Hospital Directed Payments	$78.0	$32.7	$110.7
Hyde Amendment	$0.5	$0.3	$0.8
Total	**$767.0**	**$356.1**	**$1,123.1**

Total CenCal Health Medi-Cal capitation revenue is projected at $1.1 billion and $415.69 PMPM.

SBHI	Santa Barbara County	$766,976,000 ; $404.39 PMPM
SLOHI	San Luis Obispo County	$356,079,000 ; $442.32 PMPM
	CenCal Health	$1,123,055,000 ; $415.69 PMPM

Appendix C - Medical Care Expenses

The CenCal Health consolidated medical care expense budget is comprised of medical expenditures applicable to each county health care program. The budgeted medical expenses are summarized in per member per month figures below. These PMPM figures represent the basis of the budget figures which will be reported within the financial statements during calendar year 2023.

Expense Category	Santa Barbara	San Luis Obispo	CenCal Health
Primary care capitation + Incentives	$10.71	$11.43	$10.92
Physician specialty	$70.97	$58.62	$67.29
FQHC specialty	$7.23	$6.36	$6.97
Hospital inpatient services	$79.09	$71.44	$76.81
Hospital outpatient services	$33.53	$15.90	$28.28
Non-PBM pharmacy	$0.64	$1.06	$0.76
SNF / LTC	$50.78	$61.08	$53.85
Acupuncture	$0.02	$0.02	$0.02
Adult day care center	$0.64	$0.16	$0.49
Audiology	$0.50	$0.43	$0.48
Chiropractic	$0.01	$0.01	$0.01
Dialysis	$3.38	$1.78	$2.91
DME	$3.68	$3.95	$3.76
Home health care	$1.07	$1.91	$1.32
Hospice	$3.01	$2.97	$3.00
Laboratory	$6.98	$6.41	$6.81
Transportation	$5.12	$5.12	$5.12
Optician	$0.04	$0.04	$0.04
Optometry	$0.86	$0.55	$0.77
Physical therapy	$0.79	$2.00	$1.15
Podiatry	$0.57	$0.61	$0.58
Prosthetic /orthotics	$0.83	$0.65	$0.78
Speech therapy	$0.01	$0.02	$0.02
Mental health services	$11.04	$13.32	$11.72
Behavioral health therapy (BHT)	$6.80	$7.51	$7.01
Other medical services	$4.58	$5.33	$4.81
Enhanced care management (ECM)	$4.07	$4.69	$4.25
Community support services (CS)	$3.07	$3.07	$3.07
Community program support	$0.30	$0.30	$0.30
Reinsurance/recoveries – net	$0.77	$0.77	$0.77
Rate range IGTs	$16.61	$18.35	$17.13
HQAF directed payments	$12.88	$14.12	$13.25
Hospital directed payments	$41.11	$40.63	$40.97
Total	**$381.74**	**$360.59**	**$375.44**

Appendix D – Administrative Expenses

This appendix reports and provides information on the changes and differences between calendar year 2023 and July 2022 - December 2022 staffing changes.

Staffing Level:

- Staffing level for calendar year 2023 is at 391.5 FTEs compared to 339.4 FTEs for the adopted July 2022 -December 2022 budget.

FTEs by Department:

Department or Unit	July 2022-Dec 2022 FTE's	Budget Period FTE's CY 2023
Administration	11.6	7.0
Finance	15.0	15.0
Communications/Marketing	7.0	7.0
Human Resources	9.0	8.0
Administrative Services	7.0	8.0
Provider Services	38.8	38.8
Health Services	7.0	8.0
Medical Management	72.0	72.1
Pharmacy	6.0	6.0
Member Services	31.5	31.5
Claims	42.0	42.0
Information Technology	35.0	35.0
Quality Mgmt. & Improv/Population Health	17.5	17.5
Compliance	7.0	8.0
Behavioral Health/Mental Health	22.0	23.0
Performance Administration		2.0
Government Relations		1.6
Customer Experience		2.0
Program Development		3.0
Operational Excellence/EPMO	11.0	16.0
New Positions; to be determined which dept/unit		40.0
Total	**339.4**	**391.5**

Appendix D – Administrative Expenses

Employee Benefits and Other Fringes:

Account	Budget Jul 2022-Dec 2022	Budget Period CY 2023
CalPERS Defined Benefit Pension Plan	$2,379,000	$4,405,000
457F	$99,000	$186,000
Paid Time Off (PTO)	$1,799,000	$3,810,000
FICA/SSI/SUI	$300,000	$627,000
Worker's Compensation Insurance	$96,000	$214,000
Health Insurance	$2,014,000	$4,987,000
Dental Insurance	$158,000	$331,000
Vision Insurance	$19,000	$40,000
Life Insurance	$15,000	$34,000
Long Term Disability Insurance	$34,000	$75,000
Personnel Recruitment	$163,000	$325,000
Inservice Training	$24,000	$47,000
Educational Reimbursement	$15,000	$30,000
Carpool/Commuter Incentives	$5,000	$9,000
Employee Wellness Program	$30,000	$65,000
Company Functions	$39,000	$86,000
Lunchroom Supplies	$5,000	$5,000
WageWorks 125 Plan	$5,000	$10,000
Referral Bonuses	$3,000	$2,000
Employee Assistance	$3,000	$10,000
Flu Shots/COVID Vaccinations	$3,000	$6,000
Anniversary Awards	$4,000	$8,000
Other Post-Employment Benefit (OPEB)	$81,000	$161,000
Recruitment & Retention Program	$40,000	$73,000
Other Misc.	$39,000	$89,000
Assumed Vacancy Rate	($261,000)	($1,438,000)
New Positions Benefit Cost		$1,134,000
Salary Adjustment	$161,000	$414,000
Total	**$7,272,000**	**$15,745,000**

Appendix D – Administrative Expenses

CalPERS Defined Benefit Pension Plan

CenCal Health contributes to the Miscellaneous 2% at 60 Risk Pool, a cost-sharing multiple-employer defined benefit pension plan administered by the California Public Employees Retirement System (CalPERS).

For Budget Period:

The minimum employer contribution rate is 10.1% of qualifying wages for those hired before 1/1/2013. For those hired on or after 1/1/2013, the minimum rate is 7.68%. The health plan will also contribute an additional $100,000 per month towards the employer contribution amount in order mitigate the growth of or to actually begin to reduce the health plan's unfunded pension liability.

The most recent CalPERS Actuarial Valuation Report, dated June 2022, covering through the period ending June 30, 2021, reports the health plan's unfunded pension liability at $1.4 million.

For July 2022-December 2022:

The minimum employer contribution rate was 8.63% for those hired before 1/1/2013 and 7.47% for those hired on or after 1/1/2013.

Paid Time Off

Paid time off (PTO) encompasses vacation and sick leave. Employees earn PTO under a formula which takes into account both years of service and job position level. The budget assumes employees on average will take 19 days of PTO per year. The maximum accrual ceiling allowed is 320 hours, upon which time no further PTO is earned.

FICA/SSI/SUI

Payroll taxes for FICA (Federal Insurance Contributions Act), Medicare, and SUI (State Unemployment Insurance) are budgeted at the most current Federal and State rates which may fluctuate from year to year.

Worker's Compensation Insurance

The rates for worker's compensation insurance are based on the classification of the health plan's staff positions. Rates may increase or decrease based on staff utilizing worker's compensation benefits throughout the year.

Health Insurance

The health plan offers employees and their dependents health insurance coverage through a nationally known commercial payer offering both HMO and PPO products. Employees are generally financially responsible for approximately 35% of health

insurance premiums with the health plan contributing the difference.

Dental Insurance

The health plan offers employees and their dependents dental insurance coverage through a nationally known commercial payer offering both HMO and PPO products. Employees are generally financially responsible for approximately 40% of the dental insurance premiums with the health plan contributing the difference.

Vision Insurance

The health plan offers employees and their dependents vision insurance coverage through a nationally known commercial payer. Employees are generally financially responsible for approximately 40% of the vision insurance premiums with the health plan contributing the difference.

Life Insurance

The health plan provides employee life insurance coverage through a nationally known commercial payer. The health plan provides 1 x salary of coverage at no cost to the employee.

Long Term Disability Insurance

The health plan provides employees with long term disability insurance coverage through a nationally known commercial payer. The health plan provides a monthly benefit maximum up to $10,000 of coverage at no cost to the employee.

Personnel Recruitment

Personnel recruitment costs consists of normal recruitment costs, such as media advertisement and employment brokers and recruiters. It also includes other related costs such as reimbursing travel expenses to prospective candidates for onsite interviews. The budget accounts for the number of new positions anticipated to be hired as well as factoring for employee turnover.

Staff Development

The health plan encourages the professional development of staff to enhance the required skills of their position. The budget amount is for conference or training registration fees.

Appendix D – Administrative Expenses

Inservice Training

Human Resources regularly accesses the health plan's training needs and will at times bring training in house to allow for increased participation.

Educational Reimbursement

The health plan offers employees a $1,500 maximum annual educational assistance benefit which may be applied towards tuition, books, and fees for classes that enhances the employee's job performance and knowledge. Employees may also apply a portion of this benefit towards nutrition counseling, as part of the employee wellness program. The budget assumes 6% of employees will utilize this benefit.

Carpool / Commuter Incentives

The health plan incentivizes employees to utilize alternative transportation rather than driving a vehicle solo to/from home and office. The benefit is $2.50 per day for a confirmed use of alternative transportation. The budget assumes 9% of employees will utilize this benefit.

Employee Wellness Program

The wellness program is focused on promoting the benefits of fitness and good nutrition with a goal of improving the health status of our employees. The program covers participation in fitness activities as well as certain nutritional educational opportunities. The benefit is a maximum of $500 per employee per year. The budget assumes 34% of employees will utilize this benefit.

Company Functions

The health plan provides several company-wide functions to promote camaraderie among staff and to reward and acknowledge staff for their service and commitment to the health plan's mission statement. These functions consist of quarterly all-staff lunches/BBQs, and a seasonal holiday luncheon.

Lunchroom Supplies

The health plan provides for employee the use of general lunchroom supplies, such as napkins, paper cups, and similar items.

WageWorks 125 Plan

The health plan offers employees an Internal Revenue Service approved Section 125 plan whereby employees may contribute pre-tax dollars from their paychecks towards future qualifying medical-related and childcare expenses. The health plan utilizes a vendor to administer the plan. The cost to the health plan is $3.90 per employee per month.

Appendix D – Administrative Expenses

Referral Bonuses

The health plan provides referral bonuses in recognition that employee referral of job candidates is a proven cost-effective method of obtaining new employees. The benefit pays either $500 or $1,000 for a non-exempt and exempt position, respectively. The benefit is payable only upon a referral being hired and after they successfully complete their introduction period of 90 days.

Employee Assistance

The health plan offers employees and their immediate family access to free counseling services, up to a maximum of five counseling visits per year. The health plan utilizes a third-party vendor as administrator. The cost to the health plan during 2023 is $1.88 per employee per month.

Flu Shots/COVID-19 Vaccinations

To encourage employees to obtain annual influenza and COVID-19 vaccinations, the health plan offers reimbursement for influenza and COVID-19 vaccinations purchased.

Anniversary Awards

The health plan acknowledges employees with plaques and gift cards in recognition for those who obtain milestone length of service with the organization.

Other Misc.

The budget allows for some other benefits designed to increase staff morale. Some examples include fruit, retirement celebrations and spot awards to staff.

Assumed Vacancy Rate

Due to employee turnover anticipated in the normal course of business, and the time it takes to recruit and hire, the health plan assumes 9% of job positions will be open (unfilled) at any given time. For budget purposes, the dollars associated with an assumed vacancy rate are segregated between the actual wages and the corresponding impact on fringe benefits.

Appendix D – Administrative Expenses

Salary Adjustments

The health plan incorporates salary adjustments into the budget to align with the Board of Director's adopted salary ranges for the health plan.

For budget purposes, the dollars associated with the wage adjustments are segregated between the actual wages and the corresponding impact on fringe benefits.

Contract Services by Department or Unit

Department	Budget Jul 2022-Dec 2022	Budget Period CY 2023
Administration	$883,000	$1,177,000
Finance	$117,000	$619,000
Human Resources	$222,000	$387,000
Administrative Services	$35,000	$30,000
Provider Services	$529,000	$1,132,000
Health Services	$259,000	$418,000
Performance Administration	-	$100,000
Pharmacy	$405,000	$815,000
Medical Management	$385,000	$1,019,000
Claims	$202,000	$919,000
Member Services	$154,000	$308,000
Quality/Population Health	$82,000	$215,000
Information Technology	$1,406,000	$3,497,000
Communications	$103,000	$225,000
Compliance	-	$365,000
Operational Excellence	$330,000	$80,000
Mental Health/Behavioral Health	$40,000	$50,000
Total	**$5,152,000**	**$11,356,000**

Appendix D – Administrative Expenses

Travel Expenses:

Travel Expenses by Category

Category	Budget Jul 2022-Dec 2022	Budget Period CY 2023
Mileage Reimbursement	$40,000	$102,000
Meals and Lodging	$120,000	$236,000
Airline Fares	$66,000	$135,000
Automobile Rentals	$16,000	$26,000
Other Travel Costs	$12,000	$26,000
Gasoline, Oil, Other	$4,000	$8,000
Auto Repair/Maintenance	$5,000	$10,000
Automobile Licenses	$1,000	$2,000
Staff Development	$165,000	$372,000
Total	**$429,000**	**$917,000**

Rent / Utilities / Occupancy:

Rent / Occupancy by Category

Category	Budget Jul 2022-Dec 2022	Budget Period CY 2023
Building Rent/Lease	$214,000	$0
Building Repairs & Maintenance	$118,000	$224,000
Utilities	$146,000	$379,000
Janitorial Services	$46,000	$42,000
Housekeeping Supplies	$18,000	$20,000
Offsite Storage	$3,000	$6,000
Other Occupancy Costs	$124,000	$252,000
Total	**$669,000**	**$923,000**

Appendix D – Administrative Expenses

Building Rent-Lease/Amortization

Ekwill Street, Santa Barbara Office – +/-20,000 sq. ft. assumed
CY 2023 $1.55 per sq. ft. = $31,044/mo; $373,000
Jul 2022 – Dec 2022 $1.53 per sq. ft. = $30,600/mo; $184,000

1035 Peach Street, San Luis Obispo Office-2,690 sq. ft
CY 2023 $1.89 per sq. ft. = $5,086/mo; $61,000
Jul 2022 – Dec 2022 $1.87 per sq. ft. = $5,042/mo; $30,000

Building Repairs & Maintenance
Represents direct expenditures incurred by the health plan as well as our prorated share of common area maintenance costs associated with the two buildings.

Utilities
Represents costs for electricity, natural gas, water, and trash disposal.

Janitorial Services
Represents costs for janitorial services for the San Luis Obispo office and to fill in for staff vacations that occurred with Santa Barbara office.

Housekeeping Supplies
Represents costs to maintain staff areas such as break rooms and restrooms.

Offsite Storage
The budget includes costs for offsite storage.

Other Occupancy Costs
The budget includes costs for security for the SB office, floor mat cleaning, HVAC maintenance, and landscaping services.

Appendix D – Administrative Expenses

Office Supplies & Equipment:

Office Supplies and Equipment by Category

Category	Budget Jul 2022-Dec 2022	Budget Period CY 2023
Office Equip < $5,000	$123,000	$222,000
Copy Machine Leases	$36,000	$62,000
Other Equip Leases	$4,000	$8,000
Computer Supplies	$30,000	$60,000
Office Supplies	$29,000	$45,000
Postage	$150,000	$400,000
Printing	$329,000	$1,010,000
Total	**$701,000**	**$1,807,000**

Office Equipment less than $5,000

Represents items such as chairs, monitors, ergonomic equipment, etc.

Copy Machine Leases

The health plan leases office copy machines. The budget amount reflects actual cost of leasing plus anticipated costs for usage exceeding a tiered level of copies.

Other Equipment Leases

The health plan leases a postage machine. The budget amount reflects the actual cost of leasing.

Computer Supplies

Represents items such as printer toner, server tapes, keyboards, etc.

Office Supplies

Represents standard supplies such as envelopes, paper, pens, staples, etc.

Postage

Postage costs are primarily associated with bi-monthly medical claim adjudication payment cycles, new member packet mailings, and member and provider newsletter mailings.

Appendix D – Administrative Expenses

Printing
Printing costs are incurred for the new member packets, newsletters, and other health plan publications.

Insurance:
Represents the cost associated with professional liability insurance, cyber insurance, auto insurance, earthquake insurance, etc.

Depreciation:
Depreciation expense is computed on a straight-line method over the estimated useful life of an asset.

Equipment/ Software Maintenance:
Represents costs associated with the health plan's health information system, its computer servers, and software programs utilized by the organization.

Communications:
The budget amount reflects costs associated with MiFi cards, various telephone/cable fees, and a connection to the Health & Human Services Data Center.

Publications:
Represents costs membership to various newspaper & media outlets, medical data books, and human resource tools.

Software Licensing Fees:
Represents costs to license various software (e.g., Microsoft) used within the organization.

Professional Association Dues:
Represents costs for membership to various organizations to maintain staff certifications/license fees and local community memberships.

Marketing:
The budget includes costs to promote the health plan's mission and objectives. Costs include promotional items, banners and advertising.

Appendix D – Administrative Expenses

Community Sponsorships:

The health plan is actively involved in supporting community programs which are aligned with our mission statement.

Category	Budget Jul 2022-Dec 2022	Budget Period CY 2023
SLO Sponsorship (Meals that Connect)	$0	$0
SB Sponsorship (Senior Meals)	$0	$0
Sponsorship Program - various	$35,000	$0
Community Meeting Lunches	$1,000	$0
Sponsorship (Speech Therapy Camp)	$35,000	$0
Non-ABA Services: Peer Buddies	$100,000	$0
Member Engagement Events	$0	$0
Total	**$171,000**	**$0**

For the 2023 budget period, all sponsorships have been moved to the medical section of the budget for Community Program Support.

The healthcare improvement projects are preliminary concept ideas associated with: (a) wrap-around services for the Housing First collaborative effort around the homeless population, (b) using non-traditional partners to conduct post-hospital home visits, (c) cloud messaging software to mitigate patient no-shows to scheduled appointments, and (d) other to be determined concepts that may warrant exploration.

Community Health Promotion:

Represents costs associated with materials and members incentives to participate in focus groups & disease management programs, and to increase our completion rate of initial health assessments. This also includes participation in health fairs and similar health-related events.

Member / Provider Materials:

Represents costs for materials created including the member newsletter and the provider bulletin.

Provider Relations & Recruitment:

The budget includes costs for the health plan to provide training sessions for providers with various workshops relating to current changes in healthcare.

Appendix D – Administrative Expenses

Credentialing Fees:
Represents costs for researching credentials of the health plan's provider network.

Admin for Quality Initiative (QI) & Clinical Interventions:
Represents administrative costs associated various health plan initiatives targeted to occur during the budget period. Each campaign is selected based on demonstrated clinical needs of CenCal Health's membership. Those needs are quantified by measurement of industry-standard measures of clinical quality, access, or utilization.

Director / Advisory Board Stipends:
The budget includes costs for attendance to members of the health plan's committees including QIC, MAC, PAB, P&T and board meetings.

Meeting Expenses:
Represents costs for organizational and department meetings and food/room rentals for board committees and the board of directors' meetings.

Other Expenses:
Represents costs such as property/rental taxes on the health plan's copiers, chart copying and board clerk payments.

Appendix E - Medi-Cal Operating Budgets

	Santa Barbara		San Luis Obispo	
	Dollars	PMPM$	Dollars	PMPM$
Capitation Revenue	**$766,976,000**	**$404.39**	**$356,079,000**	**$442.32**
Medical Expenses:				
PCP capitation + incentives	$20,308,000	$10.71	$9,201,000	$11.43
Physician specialty	$134,602,000	$70.97	$47,190,000	$58.62
FQHC specialty	$13,717,000	$7.23	$5,119,000	$6.36
Hospital inpatient services	$150,011,000	$79.09	$57,508,000	$71.44
Hospital outpatient services	$63,602,000	$33.53	$12,802,000	$15.90
Non-PBM pharmacy	$1,207,000	$0.64	$852,000	$1.06
SNF / LTC	$96,314,000	$50.78	$49,175,000	$61.08
Acupuncture	$38,000	$0.02	$13,000	$0.02
Adult day care center	$1,208,000	$0.64	$128,000	$0.16
Audiology	$951,000	$0.50	$350,000	$0.43
Chiropractic	$19,000	$0.01	$9,000	$0.01
Dialysis	$6,417,000	$3.38	$1,435,000	$1.78
Durable medical equip	$6,983,000	$3.68	$3,178,000	$3.95
Home health care	$2,029,000	$1.07	$1,539,000	$1.91
Hospice	$5,713,000	$3.01	$2,394,000	$2.97
Laboratory	$13,241,000	$6.98	$5,163,000	$6.41
Transportation	$9,709,000	$5.12	$4,121,000	$5.12
Optician	$73,000	$0.04	$29,000	$0.04
Optometry	$1,640,000	$0.86	$445,000	$0.55
Physical therapy	$1,505,000	$0.79	$1,609,000	$2.00
Podiatry	$1,087,000	$0.57	$489,000	$0.61
Prosthetic/orthotics	$1,574,000	$0.83	$522,000	$0.65
Speech therapy	$28,000	$0.01	$16,000	$0.02
Other medical services	$8,701,000	$4.59	$4,287,000	$5.33
Mental health services	$20,944,000	$11.04	$10,721,000	$13.32
Behavioral health therapy	$12,906,000	$6.80	$6,045,000	$7.51
Enhanced care management	$7,716,000	$4.07	$3,774,000	$4.69
Community support services	$5,832,000	$3.07	$2,471,000	$3.07
Community program support	$562,000	$0.30	$238,000	$0.30
Reinsurance/recoveries – net	$1,460,000	$0.77	$620,000	$0.77
Rate range IGTs	$31,512,000	$16.61	$14,770,000	$18.35
HQAF directed payments	$24,426,000	$12.88	$11,364,000	$14.12
Hospital directed payments	$77,978,000	$41.11	$32,712,000	$40.63
Total Medical Expenses	**$724,011,000**	**$381.74**	**$290,286,000**	**$360.59**
MLR	94%		82%	
Gross Margin [before Admin]	**$42,965,000**	**$22.65**	**$65,796,000**	**$81.73**

Appendix F - Glossary of Terms

- AIH – American Indian Health
- BHT – Behavioral Health Therapy
- CCS – California Children Services
- CSS – Community Support Services
- DHCS – California Department of HealthCare Services
- DMHC – California Department of Managed Health Care
- ECM – Enhanced Care Management
- EOP – Explanation of Payment
- FFS – Fee for Service
- FQHC – Federally Qualified Health Clinic
- G&A – General and Administrative
- GEMT – Ground Emergency Medical Transportation
- HQAF – Hospital Quality Assurance Fee
- IGT – Intergovernmental Transfer
- LTC – Long Term Care
- MCO – Managed Care Organization
- MLR – Medical Loss Ratio ; medical costs divided by program revenue stated as a percentage value.
- NEMT – Non Emergency Medical Transportation
- NMT – Non Medical Transportation
- PBM – Pharmacy Benefit Manager
- PCP – Primary Care Provider
- PHE – Public Health Emergency
- PMPM – Per Member Per Month
- PMPY – Per Unique Member Per Year
- P4P – Pay for Performance
- QI – Quality Initiative
- SBHI – Santa Barbara County's Medi-Cal Program
- SLOHI – San Luis Obispo County's Medi-Cal Program
- SPD – Seniors and Persons with Disabilities
- SNF – Skilled Nursing Facility
- Utilization/1,000 – A statistics measuring utilization of services per 1,000 members per year.
- WCM – Whole Child Model
- TBD – To Be Determined

CenCal HEALTH
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PROVIDER BULLETIN

A PUBLICATION FOR OUR PROVIDERS FROM CENCAL HEALTH

VOL. 32 NO. 12 • DECEMBER 2022

INSERT

Survey for our providers

How is CenCal Health doing?

We want to hear from you!

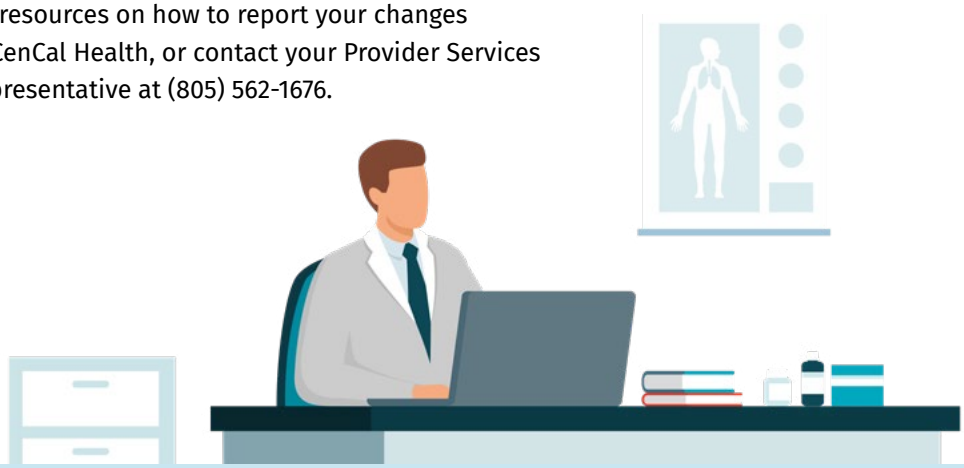
PROVIDER NEWS

Report your practice changes

This is a friendly reminder to submit any changes to your availability when taking on new CenCal Health members so we can keep our Provider Directory updated with the most current information about your practice.

This includes address and phone number updates and changes to physicians who may be joining or leaving your practice. Having an accurate Provider Directory is more efficient for our provider partners and our members and is a regulatory requirement.

Please reference cencalhealth.org/providers/provider-profile-and-practice-changes/ for resources on how to report your changes to CenCal Health, or contact your Provider Services Representative at (805) 562-1676.



Sign up to receive email notifications

CenCal Health shares news regularly to keep contracted providers informed about upcoming trainings, Medi-Cal updates, CenCal Health campaigns and resources, regulatory requirements, and more!

If you're not already receiving our email publications, you can sign up for our digital news updates at cencalhealth.org/providers/provider-bulletin-newsletter/

CenCal Health Holiday Closures:

Monday, December 26, 2022
Day After Christmas

&

Monday, January 2, 2023
Day After New Year's Day

PROVIDER NEWS

Doula Services to be added as a covered benefit

Effective January 1, 2023, the Department of Health Care Services (DHCS) is adding doula services to the list of preventive services covered under the Medi-Cal program.

Doula services include personal support to women and families throughout a woman's pregnancy, childbirth, and postpartum experience, including emotional and physical support provided during pregnancy, labor, birth, and the postpartum period. Doula services must be recommended by a physician or other licensed practitioner.

Doula services will be available in fee-for-service Medi-Cal and through Medi-Cal managed care plans, including CenCal Health.

As DHCS continues to refine the specifics of this new benefit, CenCal Health will communicate and share relevant information including credentialing, contracting, and billing specifics. CenCal Health intends to form an ad-hoc workgroup with community stakeholders in order to implement a program that will best meet local needs.

PROVIDER TRAINING

Member eligibility overview webinar Dec. 15

During this webinar, you will learn about the many different resources available through the CenCal Health Provider Portal that you can utilize to check a CenCal Health's member eligibility.

Join us on December 15th at 1 – 2p.m. for our LIVE webinar!

Claims billing webinar Dec. 13

CenCal Health Provider Claims Representatives will provide details on how to submit timely and accurate claims, ways to avoid common claim denials, and the best way to bill CenCal Health. Staff that bill using the CMS-1500 claim form will especially benefit from this training course.

Join us on December 13th, 2022, from 11 am – 12 pm for this refresher course.

Register for these trainings online: cencalhealth.org/providers/provider-training-resources/

RSVP

IMPORTANT

BEHAVIORAL HEALTH

ABA, psychological testing referral guide available

Please see our Quick Guide for Behavioral Health Referrals and Treatment Requests for support with authorizations for ABA and psychological testing. cencalhealth.org/providers/behavioral-health-treatment-and-mental-health-services/

Mental health specialists: Looking for a patient referral?

Available to see patients and looking for referral for CenCal Health members? Please email BHProviderUpdates@cencalhealth.org or contact our Behavioral Health Call Center (805) 562-1600.

Pkt. Pg. No. 228

Engaging your patients on cardiovascular disease

Heart disease is the leading cause of death in the United States. Additionally, the mortality rate has proven to be higher during the colder winter months, which is why now is a perfect time to talk to your patients about their cardiovascular health.

According to the Centers for Disease Control and Prevention:

- Only about one in four adults (24%) with hypertension have their condition under control.
- One in four patients with Medicare Part D prescription insurance are not taking their blood pressure medication as prescribed.

Simple steps your patients can take to help lower their risk of cardiovascular disease include:

- Knowing their risk factors
- Eating a heart healthy diet
- Increasing physical activity
- Getting vaccinated (and boosted) for protection against COVID-19 infection

A challenge you may face when providing education about cardiovascular disease is convincing patients of the importance of maintaining a healthy blood pressure.

Tips for talking with patients:

- Educate patients on the importance of blood pressure control.
- Encourage and educate patients on how to properly measure blood pressure at home.
- Educate patients on utilizing their local pharmacy for a blood pressure reading.
- Prescribe single-pill combination medications whenever possible.
- Discuss the importance of medication adherence at every visit.

Talk to your patients today about their cardiovascular health.

Related coding:

- Cardiovascular Screening Blood Tests: 80061, 82465,84478
- Cardiovascular Stress Testing: 93015, 93016, 93017, 93018, 93350, 93351 93352 and J0153

For more information on a heart-healthy lifestyle, you can go to:

- cencalhealth.org/health-and-wellness/
- https://www.cdc.gov/heartdisease/prevention.htm
- https://thephysicianalliance.org/images/FilesDocuments/ClinicalQualityCorner_2021_STARS_Tip_Sheets.pdf

December 2022 Provider Bulletin

Congratulations!

Congratulations to Dr. Mareeni Stanislaus and Dr. Lynn Fitzgibbons on being named 2022 Physicians of the Year for San Luis Obispo and Santa Barbara counties, respectively, by the Central Coast Medical Association.

Proud to have you serving our members.

Provider Services (805) 562-1676
Claims Services (805) 562-1083
Pharmacy Services (805) 562-1080
Health Services (805) 562-1082
Member Services (877) 814-1861
Behavorial Health (805) 562-1600

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HEALTH PROMOTION

Tools for patients in the New Year

With the new year comes new resolutions! Patients may have a health or wellness goal they would like to achieve and may come to you for information. As an active partner in their health care, creating a judgement-free environment that encourages questions is an important way to engage patients.

The following techniques will help promote a good health outcomes and patient satisfaction:

Inviting questions.

- Encouraging patients to ask questions can be as simple as saying, “What questions do you have?” This wording creates an opportunity for your patients to ask questions.
- Do not ask patients, “Do you have any questions?” because most patients will respond to this wording by saying “no,” even if they do have questions.

Using body language to build rapport.

- Look and listen: Look at patients when talking and listening, as opposed to looking at the chart or computer.
- Show that you have the time: Be conscious about presenting yourself as having time and wanting to listen to their questions.

Encouraging all staff to make sure questions are asked and answered.

- Check-in staff can encourage patients to ask their clinicians any questions they have during the visit.
- Check-out staff can ask patients whether all their questions were answered.

If your patients would like more information about their health and wellness, they can visit **cencalhealth.org/health-and-wellness/** or request health education materials to be mailed by calling 1-800-421-2560 ext. 3126.

WINTER 2023

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HEALTH matters

Helpful information from CenCal Health

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La versión en español, Temas de salud, está adentro.

New Benefits, Services for CenCal Health Members!

Enhanced Care Management

CenCal Health now offers **Enhanced Care Management (ECM) services** for members with complex needs. It gives you extra services to help you get the care you need to stay healthy. If you qualify, you will have your own Lead Care Manager.

This person will talk to you and your doctors, pharmacists, case managers, and social services providers. They will even help you apply for other services in your community.

Medically Tailored Meals

Another new service is our **Medically Tailored Meals program.** This program delivers healthy, medically-appropriate meals designed by registered dieticians to members who qualify. 14 meals are delivered to the home weekly for 12 weeks.

Members with diabetes, congestive health failure, or chronic kidney disease, **and** have been in the hospital or ER twice within six months **or** have been released from a skilled nursing facility recently may qualify for home meal delivery.

Recuperative Care

Recuperative Care services are also available for members experiencing homelessness, or who are at risk of homelessness, and need medical services.

Services include housing, medical care, and more so you heal in a safe environment for up to 90 days after a hospital stay.

Continue on page 2

continued

New Benefits, Services for CenCal Health Members!

Housing Transition Navigation Services

CenCal Health can also help members experiencing homelessness with getting and keeping housing. Our **new Housing Transition Navigation Services** can help you find housing, fund a security deposit, cover the first month of utilities, and get needed documents, such as a Social Security card.

Our Housing Tenancy and Sustaining Services helps members maintain safe and stable tenancy once housing is secured.

Finally, we are partnering with providers and the community to offer those members experiencing homelessness or unstable living situations with a safe, supportive environment to become sober, rather than going to an emergency room or to jail.

There is no cost to you for any of these services!

If you need help or would like to find out more about any of these services, which are free to members who qualify, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711) or ask your primary care provider.

Payment for Covered Benefits & Third-Party Liability

Third-Party Liability (TPL) is the legal requirement of third parties (for example, certain insurers or programs) to pay all or part of the medical services you receive.

CenCal Health provides timely and equal access to care for all CenCal Health members. Our provider network understands it is CenCal Health's responsibility to pay for covered Medi-Cal Services they provide to you. We ask that providers do not bill, charge, or seek payment from you as a CenCal Health member for Covered Medi-Cal Services.

If a contracted CenCal Health provider is made aware of potential TPL for you, they are required to inform CenCal Health.

We kindly ask that if you are aware of TPL related to services you received, that you also report the TPL to CenCal Health.

This will help identify payment responsibility as quickly as possible. Rest assured, the reporting of any possible TPL will not delay our payment or delivery of services for you.

Please do not pay for a bill you receive for Covered Medi-Cal Services before contacting Member Services to review the bill first. We can review billing statements and can help determine why you received a bill.

If you have any questions, or need to report TPL, please contact Member Services at (877) 814-1861, Monday-Friday, 8:00 a.m. to 5:00 p.m.

CenCal Health is pleased to share our 2023-2025 Strategic Plan and vision.

A new journey for us, new benefits and services for members!

Why is this necessary?
The state recently created the CalAIM program, which includes a set of requirements and initiatives to make Medi-Cal even more helpful to members. It allows health plans like CenCal Health to serve you better, such as providing medically-tailored meals and caring for the whole person, rather than only a person's specific health conditions.

To do this, CenCal Health had to look at our priorities: Where should we focus? Who should we partner with to achieve the results we want? First, we revised our vision:

> "To be a trusted leader in advancing health equity so that our communities thrive and achieve optimal health together."

What is health equity?
Health equity is when everyone has fair opportunities to thrive, both physically and mentally. Reaching health equity happens when no one is limited in achieving health and wellness because of their race, ethnicity, nationality, gender, ability, sexual orientation, age, income, or zip code.

How do we get there?
We can't get there alone, so our priorities are to work with community partners and members to reach health equity. Our new strategic plan requires that we build for change starting now! The guidance this new plan offers has been thoughtfully considered through community leaders, local stakeholders, our provider partners, and the members we serve.

Scan the QR code below to view

Learn more at www.cencalhealth.org/strategicplan.

Your Health: Care, Screenings, & Testing

Prenatal Care

It is important to start prenatal care early. Make an appointment for your first prenatal visit as soon as your pregnancy has been confirmed. Your doctor will likely schedule the appointment around 6 to 8 weeks into your pregnancy.

As your pregnancy moves along, your prenatal visits will happen more often.

It's common to see your doctor or midwife:

- Every 4 weeks until week 28.
- Every 2 to 3 weeks from weeks 28 to 36.
- Every week from week 36 to birth.

In some cases, your age or a medical problem may mean you'll need to see your doctor or midwife more often.

Cervical Cancer Screening

Cervical cancer screening tests check the cells on the cervix for changes that could lead to cancer. Two tests can be used to screen for cervical cancer. They may be used alone or together.

- **A Pap test**
  This test looks for changes in the cells of the cervix. Some of these cell changes could lead to cancer.
- **A human papillomavirus (HPV) test**
  This test looks for the HPV virus. Some high-risk types of HPV can cause cell changes that could lead to cerival cancer.

Ages 21 to 29 - Screening options include:

- **A Pap test**
  If your results are normal, you can wait 3 years to have another test.

Ages 30 to 65 - Screening options include:

- **A Pap test:** If your results are normal, you can wait 3 years to have another test.
- **An HPV test:** If your results are negative, you can wait 5 years to have another test.
- **A Pap test AND an HPV test**: If your results are normal, you can wait 5 years to have another test.

Pkt. Pg. No. 234

Chlamydia Screening

Chlamydia is a bacterial infection spread through sexual contact.

What are the symptoms?
Many people don't have symptoms. When symptoms do occur, they usually appear 1 to 3 weeks after sexual contact with an infected person.

Symptoms may include:

- Abnormal discharge from the vagina, penis, or anus.
- Pain when you urinate.
- Pain during sexual intercourse.
- Bleeding between periods or after intercourse.

Get tested
All sexually active women should get tested for chlamydia every year if you are:

- 24 years or younger
- 25+ and at an increased risk of infection. You are at an increased risk of infection if you have:
  - » A previous or current sexually transmitted infection (STI)
  - » A new or more than 1 sex partner
  - » A sex partner having sex with other partners at the same time
  - » A sex partner with an STI
  - » Inconsistent condom use with more than one person
  - » A history of exchanging sex for money or drugs
  - » A history of imprisonment
- Your doctor will ask you questions about your symptoms and your sexual history. A sample of urine or swab from the cervix, vagina, or rectum will be taken to test for the bacteria.

How is chlamydia treated?
Chlamydia is treated with antibiotics. Early treatment can heal the infection and help prevent long-term problems. After you start taking the medicine, you'll need to avoid sex for a week. As soon as you find out that you have chlamydia, be sure to let your sex partner(s) know.

How can you prevent sexually transmitted infections (STIs)?
Here are some ways to help prevent STIs.

- Limit your sex partners.
- Talk with your partner or partners about STIs before you have sex.
- Wait to have sex with new partners until you've each been tested.
- Use a condom every time you have sex. Condoms are the only form of birth control that also helps prevent STIs.

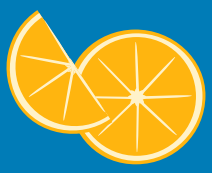
Nutrition

Food gives you energy for physical activity. To have energy, you need to get the right amount of:

- Protein
- Carbohydrates
- Fat
- Water

Eating a diet that is balanced, varied, and moderate can give you all the nutrients your body needs.

- Balance means eating the recommended number of servings from each food group most days.
- Variety within each food group, such as fruits or vegetables, ensures that you will get all the nutrients you need.
- Moderation means eating a little of everything but not too much of any one thing.



Learn more by watching CenCal Health's Know More: STIs videos

Scan the QR code to view

bit.ly/CenCalSTIs

Parenting

Parenting a teenager can be both challenging and rewarding.

Many teens are not yet able to easily manage their emotions. They can be inconsistent with their affection, argumentative, and at times even hurtful. As your teen is becoming older, it is natural for them to detach from you at times.

Remember that your teen still needs you.

- Give your teen responsibilities.
- Stay connected.
- Set clear rules.
- Accept that your way isn't the only way.
- Be flexible.
- Believe in your teen.
- Help your teen set goals.
- Listen.
- Set an example.

Your 2023 Member Handbook

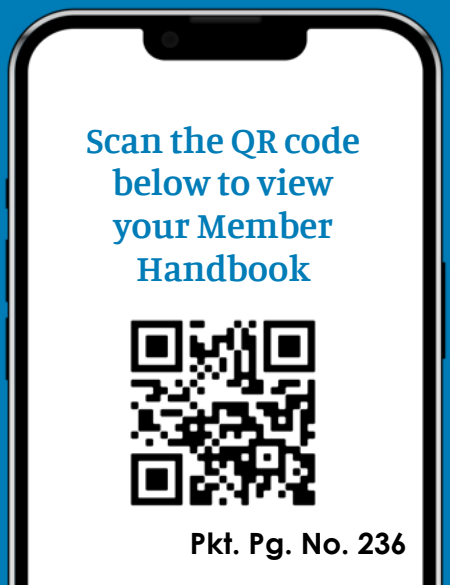
CenCal Health has a new Member Handbook known as the Evidence of Coverage (EOC) for 2023.

What's included:

- A complete listing of your covered benefits and how to access care
- Your rights & responsibilities
- Important phone numbers to know
- What is covered by Medi-Cal but not CenCal Health
- And more!

Your new 2023 Member Handbook can be viewed or downloaded at the following link:
www.cencalhealth.org/members/member-handbook/

You may also request a print copy of the Member Handbook by calling Member Services toll-free at 1-877-814-1861.



INVIERNO 2023

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TEMAS de salud

Información útil de CenCal Health

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• All photos are stock photos. Professional models shown.

An English version, Health Matters, is on the other side.

¡Beneficios y servicios nuevos para los miembros de CenCal Health!

Administración de la Atención Mejorada

CenCal Health ahora ofrece servicios de **Administración de la Atención Mejorada (ECM por sus siglas en ingles)** para los miembros que tengan necesidades serias/complicadas. ECM proporciona servicios adicionales para ayudarle a obtener la atención que necesita para mantenerse saludable.

Si reúne los requisitos, tendrá su propio Administrador Principal de Atención. Esta persona hablará con usted, sus médicos, farmacéuticos, administrador de casos, y proveedores de servicios sociales. Incluso le ayudará a encontrar y aplicar/solicitar otros servicios en su comunidad.

Comidas/Alimentos Médicamente Adaptados

Otro servicio nuevo es nuestro programa de **Comidas/Alimentos Médicamente Adaptados**. Este programa entrega, a los miembros que califican, comidas saludables que son medicamente adecuadas y diseñadas por dietistas registrados. Por 12 semanas, se le entregará a su domicilio (hogar)14 comidas cada semana.

Los miembros con diabetes, insuficiencia cardiaca congestiva, o enfermedad renal crónica, y que hayan estado en el hospital, o en la sala de emergencias (dos veces dentro de un periodo de seis meses), o fueron dados de alta recientemente de un centro de enfermería especializada, pueden calificar para la entrega de comidas a domicilio.

Atención Recuperativa

Los servicios de Atención Recuperativa también están disponibles para los miembros que no tienen donde vivir o están en riesgo de quedarse sin hogar y necesitan servicios médicos; esto es Atención Recuperativa.

Los servicios, entre otros, incluyen alojamiento/vivienda y atención médica después de haber sido hospitalizados para que puedan recuperarse en un ambiente seguro, hasta los 90 días.

Continuar en la página 2

continuación

¡Beneficios y servicios nuevos para los miembros de CenCal Health!

Navegación de Transición de Vivienda

CenCal Health también puede ayudar a los miembros sin hogar a obtener y mantener una vivienda. Nuestros nuevos servicios de Navegación de Transición de Vivienda pueden ayudarle a encontrar alojamiento, financiar un depósito de seguridad, cubrir el primer mes de servicios públicos, y obtener documentos necesarios tal como una tarjeta de Seguro Social.

Nuestros Servicios de Tenencia y Sostenimiento de Vivienda ayudan a los miembros a mantener una tenencia(estancia) segura y estable una vez que la vivienda esté asegurada.

Finalmente, nos asociamos con los proveedores y la comunidad para ofrecer a los miembros que se encuentran sin hogar o se encuentran en una vivienda inestable, con un ambiente seguro para apoyarles a ponerse sobrios; en lugar de ir a la sala de emergencias o ir a la cárcel.

¡No se le cobrará por ninguno de estos servicios!

Si necesita ayuda o desea obtener más información sobre cualquiera de estos servicios, los cuales son gratuitos para los miembros que califican, llame a Servicios para Miembros al 1-877-814-1861 (Para personas con problemas auditivas pueden llamar a la línea TTY/TDD 1-833-556-2560 o 711) o comuníquese con su proveedor de cuidado primario.

Pago para beneficios que están cubiertos y responsabilidad de tercer partido/tercer parte

La responsabilidad de tercer partido (TPL por sus siglas en inglés) es el requisito legal de terceros partidos (por ejemplo, ciertas aseguranzas, seguros médicos o programas) de pagar parte o todos los servicios médicos que recibe.

CenCal Health brinda acceso de atención a tiempo e imparcial para todos los miembros de CenCal Health. Nuestra red de proveedores entiende que es la responsabilidad de CenCal Health pagar por los servicios que le proporcionan y están cubiertos por Medi-Cal. Como miembros de CenCal Health, le pedimos a los proveedores que no le facturen, cobren, ni le pidan que pague por los servicios de Medi-Cal que están cubiertos.

Si un proveedor contratado (que tiene contrato) con CenCal Health se entera de la responsabilidad de tercer partido para usted, debe informarle a CenCal Health.

También le pedimos amablemente que si usted se entera que posiblemente ciertos servicios que recibió se relacionan con la responsabilidad de tercer partido también debe informarle a CenCal Health.

Esto ayudará a identificar la responsabilidad del pago lo más rápido posible. Tenga la seguridad de que el informe de cualquier posible TPL no retrasará nuestro pago o la entrega de servicios para usted.

Si recibe una factura, por un servicio que cubre Medi-Cal, por favor no la pague antes de comunicarse con Servicios para Miembros para revisar la factura primero. Podemos revisar los estados de cuenta y ayudar a determinar por qué recibió una factura.

Si tiene alguna pregunta o necesita informarnos de la TPL, comuníquese con Servicios para Miembros al 1-877-814-1861, de lunes a viernes, de 8:00 a. m. a 5:00 p. m.

CenCal Health se complace en compartir nuestro Plan Estratégico y visión 2023-2025.

¡Un nuevo camino para nosotros, nuevos beneficios y servicios para los miembros!

¿Por qué es necesario esto?
El estado originó recientemente el programa CalAIM, que incluye una serie de requisitos e iniciativas para que Medi-Cal sea aún más útil para los miembros. Permite que los planes de salud, como CenCal Health, le brindan un mejor servicio tal como proporcionar alimentos médicamente adaptados y cuidar a la persona en su totalidad, en lugar de solo tratar las condiciones de salud específicas de una persona.

Para llevar acabo esto, CenCal Health tuvo que establecer prioridades: ¿Dónde debemos enfocarnos? ¿Con quién debemos asociarnos para lograr los resultados que queremos? Primero, modificamos nuestra visión:

> **"Ser un líder de confianza en la igualdad y el progreso de cuidado de salud para que nuestras comunidades prosperen y juntos lograr el cuidado optimo".**

¿Qué es la igualdad en salud?
La igualdad en salud es cuando todos tienen oportunidades justas para prosperar, tanto físicamente como mentalmente. Se logra la igualdad de salud cuando nadie se ve limitado en lograr salud y bienestar debido a su raza, etnicidad, nacionalidad, género, habilidad, orientación sexual, edad, ingreso, o código postal.

¿Cómo lo podemos lograr?
No podemos lograrlo solo, por lo tanto, nuestras prioridades son trabajar con miembros y socios de la comunidad para ampliar nuestro alcance y promover la igualdad en la salud. ¡Nuestro nuevo plan estratégico requiere generar un cambio a partir de ahora! El apoyo que ofrece este nuevo plan ha sido cuidadosamente considerado por los líderes de la comunidad, los interesados locales, nuestros proveedores socios, y los miembros a los que servimos.

Obtenga más información en
www.cencalhealth.org/strategicplan.

Su salud: atención, exámenes y pruebas

Cuidado prenatal

Es importante comenzar el cuidado prenatal a tiempo/temprano. Haga una cita para su primera consulta/visita prenatal tan pronto como se confirme su embarazo. Probablemente su médico programará una cita alrededor de 6 a 8 semanas de su embarazo.

A medida que avanza su embarazo, sus visitas prenatales serán más frecuentes.

Es común ver a su médico o partera:

- Cada 4 semanas hasta la semana 28.
- Cada 2 a 3 semanas desde la semana 28 a la 36.
- Cada semana desde la semana 36 hasta el nacimiento

En algunos casos, tal vez será necesario ver a su médico o partera con más frecuencia según su edad o si tiene algún problema médico.

Detección/Examen de Cáncer de Cuello Cervical

Las pruebas de cáncer del cuello cervical ayudan a detectar cambios en las células de cuello uterino/cérvix que puedan causar cáncer. Hay dos pruebas que se pueden usar para detectar el cáncer del cuello uterino. Las pruebas se pueden usar solas o juntas.

- **Una prueba de Papanicolaou**
  Esta prueba busca cambios en las células del cuello uterino. Algunos de estos cambios en las células podrían causar cáncer.
- **Una prueba del virus del papiloma humano (VPH)**
  Esta prueba busca el virus VPH. Algunos tipos de VPH de alto riesgo pueden causar cambios en las células que podrían causar cáncer de cuello uterino.

De 21 a 29 años - Las opciones de detección incluyen:

- **Una prueba de Papanicolaou.**
  Si sus resultados son normales, puede esperar 3 años para hacerse otra prueba.

De 30 a 65 años - Las opciones de detección incluyen:

- **Una prueba de Papanicolaou:**
  Si sus resultados son normales, puede esperar 3 años para hacerse otra prueba.
- **Una prueba de VPH:** Si sus resultados son negativos, puede esperar 5 años para hacerse otra prueba.
- **Una prueba de Papanicolaou Y una prueba de VPH:**
  Si sus resultados son normales, puede esperar 5 años para hacerse otra prueba.

Detección/Examen de Clamidia

La clamidia es una infección causada por bacteria que se trasmite a través del contacto sexual.

¿Cuáles son los síntomas?
Muchas personas no tienen síntomas. Cuando se presentan síntomas, por lo general aparecen de 1 a 3 semanas después del contacto sexual con una persona infectada.

Los síntomas pueden incluir:

- Abnormal discharge from the vagina, penis, or anus.
- Secreción/flujo anormal de la vagina, el pene, o el ano.
- Dolor al orinar.
- Dolor durante las relaciones sexuales.
- Sangrado entre períodos o después de tener relaciones sexuales.

Hágase la prueba
Todas las mujeres sexualmente activas deben hacerse la prueba de clamidia todos los años si:

- Tiene 24 años o menos
- 25+ y con mayor riesgo de infección. Tiene un mayor riesgo de infección si tiene:
  A previous or current sexually transmitted infection (STI)
  - » Una infección actual o anterior de infección de transmisión sexual (ITS)
  - » Una pareja sexual nueva o más de una (1) pareja
  - » Una pareja sexual que tiene relaciones sexuales con otras parejas al mismo tiempo
  - » Una pareja sexual con una ITS
  - » Uso inconsistente de condón con más de una persona
  - » Un historial (eventos pasados) de intercambio de sexo por dinero o drogas
  - » Un historial de encarcelamiento
- Su médico le hará preguntas sobre sus síntomas y su historial sexual. Se tomará un espécimen de orina o un hisopo/muestra del cuello uterino, la vagina, o el recto para detectar la bacteria.

¿Cuáles son los tratamientos para la clamidia?
La infección de clamidia se trata con antibióticos. El tratamiento a tiempo puede curar la infección y ayudar a prevenir problemas a largo plazo. Después de que empieza a tomar el medicamento, deberá evitar las relaciones sexuales durante una semana. Tan pronto como descubra que tiene clamidia, asegúrese de hacerle saber a su(s) pareja(s) sexual(es).

¿Cómo se pueden prevenir infecciones de transmisión sexual (ITS)?
A continuación, hay algunas maneras que pueden ayudar a prevenir las ITS.

- Limite sus parejas sexuales.
- Hable con su pareja o parejas sobre ITS antes de tener relaciones sexuales.
- Espere a tener relaciones sexuales con nuevas parejas hasta que cada uno se haya hecho la prueba.
- Use un condón cada vez que tenga relaciones sexuales. Los condones es el único método anticonceptivo que también ayuda a prevenir ITS.

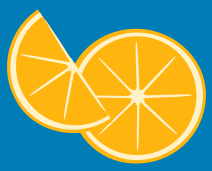
Nutrición

La comida da energía para la actividad física. Para tener energía, se necesita obtener la cantidad correcta de:

- Proteína
- Carbohidratos
- Grasa
- Agua

Llevar una dieta balanceada, variada y moderada puede darle todos los nutrientes que su organismo necesita.

- Llevar un balance significa comer la cantidad recomendada de porciones de cada grupo de alimentos la mayoría de los días.
- La variedad de cada grupo de alimentos, tal como frutas o verduras, asegura que tendrá todos los nutrientes que necesita.
- La moderación significa comer un poco de todo, pero no comer demasiado de una sola cosa.



Obtenga más información viendo los videos de CenCal Health tocante ITS "Know More" (Aprenda Más).

Escanea el código QR para ver

bit.ly/CenCal-ITS

Crianza de los hijos

Ser padre de un adolescente puede ser tanto difícil como gratificante.

Muchos adolescentes aún no pueden controlar fácilmente sus emociones. Pueden ser inconsistentes con su afecto, argumentativos, y en ocasiones incluso ofensivos. A medida que su adolescente crece, es natural que a veces se separe de usted.

Recuerde que su adolescente todavía lo necesita.

- Dele responsabilidades a su adolescente.
- Manténgase conectado.
- Establezca reglas claras.
- Acepte que las maneras suyas no es el único camino.
- Sea flexible.
- Crea en su adolescente.
- Ayude a su adolescente a establecer metas.
- Escuche.
- Sea un ejemplo.

Su manual para miembros de 2023

CenCal Health tiene un nuevo Manual para Miembros conocido como Comprobante de Cobertura Combinada (EOC por sus siglas en inglés) para el año 2023.

Que incluye:

- Una lista completa de sus beneficios que están cubiertos y cómo puede obtener acceso a cuidado de salud
- Sus derechos y responsabilidades
- Números de teléfono importantes que debe saber
- Lo que cubre Medi-Cal pero no CenCal Health
- ¡Y más!

Puede ver o descargar su nuevo Manual para Miembros de 2023 en el siguiente enlace:
www.cencalhealth.org/members/member-handbook/

También puede pedir una copia imprimida del Manual para Miembros llamando al número gratuito de Servicios para Miembros al 1-877-814-1861.