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1983 - 2023



**CenCal Health
Board of Directors
Meeting Packet**

**May 17, 2023
6:00 pm**

Historic Santa Maria Inn
801 South Broadway
Santa Maria, CA
Santa Maria Room

**Notice of Regular Meeting
CenCal Health Board of Directors**

May 17, 2023 at 6:00 p.m.

The Historic Santa Maria Inn
801 South Broadway
Santa Maria, CA
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, May 15, 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 (<i>Mr. Lisa</i>) | |
| 2. Consent Agenda (<i>Action to accept reports</i>) (<i>Mr. Lisa</i>) | Action |
| 2.1 Approve Minutes of March 15, 2023 Board of Directors Meeting | |
| 2.2 Approve Minutes of April 5, 2023 Board Finance Committee Meeting | |
| 2.3 Accept Administrative Reports | |
| 2.3.1 Executive Summary | |
| 2.3.2 Quality Report | |
| 2.3.3 Performance Report | |
| 2.3.4 Health Services Report | |
| 2.3.5 Government and Administrative Report | |
| 2.3.6 Customer Experience Report | |
| 2.3.7 Communications Report | |
| 2.3.8 Compliance Report | |
| 2.3.9 Information Technology Report | |
| 2.4 Accept Program Reports | |
| 2.4.1 Community Benefit Program Report | |
| 2.4.2 CalAIM Program Implementation Report | |
| 2.4.3 Incentive Payment Program Report | |
| 2.4.4 Workforce Strategy Report | |
| 2.5 Approve Financial Reports | |
| 2.5.1 Finance Report and Financial Statements for four (4) Months ending April 30, 2023 | |
| 2.6 Accept Advisory Committee Reports | |
| 2.6.1 Pediatric Clinical Advisory Committee Memo and Minutes of November 30, 2022 | |
| 2.6.2 Provider Advisory Board Appointment Memo | |
| 2.6.3 Community Advisory Board Memo and Meeting Minutes of January 12, 2023 | |

Action/Information

3. Regular Agenda

- | | |
|--|-------------|
| 1. Report from Chief Executive Officer (Ms. Owen, CEO) | Information |
| 2. Present Quality Award for Excellence in Care to Jeffrey Kaplan, MD and Share Pay-For-Performance Program Update (Ms. Owen, CEO and Ms. Geeb, Director, Quality Improvement) | Action |
| 3. Report from Treasurer and Chief Financial Officer and Accept Financial Report (Ms. Bishop, Chief Financial Officer/Treasurer) | Action |
| 4. Present Dual Special Needs Program Feasibility Assessment (Mr. Ambrose, Sr. Business Advisor, Ms. Bishop, Chief Financial Officer/Treasurer and Mr. Engelhard, Health Management Associates) | Information |
| 5. Member Redetermination Update (Ms. Worley-Marselian, MBA, Director of Communications and Community Relations) | Information |
| 6. Present 2023 Operational Performance Dashboard and Consider Adopting as Enhancement for Board Oversight (Mr. Morris, Chief Performance Officer and Mr. Hansen, MBA, Operational Excellence Director) | Action |
| 7. Consider Recommendation from CalAIM Community Steering Committee on 2024 Community Support Services (Ms. Owen, CEO, Van Do-Reynoso, PhD, Chief Customer Experience Officer, Chief Health Equity Officer, Chris Hill, Health Services Officer) | Action |
| 8. Present Housing and Homelessness Incentive Program (Van Do-Reynoso, PhD, Chief Customer Experience Officer, Chief Health Equity Officer, and Ed Tran, RN, PHN, Director, Program Development) | Information |
| 9. 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)

10. Closed Session

- Existing Litigation CONFERENCE WITH LEGAL COUNSEL: PURSUANT TO CALIFORNIA GOVERNMENT CODE SECTION 54956.9(d)(1) Stillwell v. Santa Barbara San Luis Obispo Health Authority, dba CenCal Health; et al



- Potential Litigation CONFERENCE WITH LEGAL COUNSEL: PURSUANT TO CALIFORNIA GOVERNMENT CODE SECTION 54956.9(d)(2)

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
March 15, 2023

The regular meeting of the Board of Directors of CenCal Health was called to order by Mark Lisa, Vice Chair, on March 15, 2023, at 6:00 PM at the Santa Maria Inn, Santa Maria, CA.

MEMBERS PRESENT: Daniel Herlinger, Supervisor Dawn Ortiz-Legg, Edward "Ned" Bentley, MD, Supervisor Joan Hartmann, Kieran Shah, Mark Lisa, Nicolas Drews, Sara Macdonald, and Sue Andersen

MEMBERS EXCUSED: René Bravo, MD

STAFF PRESENT: Andrew Hansen, Bill Cioffi, Carlos Hernandez, Chris Morris, Citlaly Santos, David Ambrose, Ed Tran, Emily Fonda, MD, Eric Buben, Jai Raisinghani, Jordan Turetsky, Karen Kim, Kashina Bishop, Kendall Klein, Krisza Vitocruz, Lauren Geeb, Marina Owen, Michael Harris, Naomi Magaña, Nicole Wilson, Nicolette Worley Marselian, Tommy Curran, Van Do-Reynoso, and Paula M. Bottiani (Clerk)

GUESTS PRESENT: Antonette (Toni) Navarro, Prospective Board Member, Mouhanad Hammami, Prospective Board Member, Kathy Mossburg, Mosaic Solutions & Advocacy, Paul Beddoe, Paul V. Beddoe Government Affairs, LLC, and Russ Novak, Public Policy Advocates

1. Public Comment: There was no public comment.
2. **Consent Agenda** (*Action to accept reports*)
 - 2.1 Approve Minutes of January 18, 2023, Board Meeting
 - 2.2 Approve Minutes of February 15, 2023, Nominating Committee Meeting
 - 2.3 Approve Report of March 6, 2023, Board Development Committee Meeting
 - 2.4 Accept 2023 Board Officers and Committee Participation
 - 2.5 Accept 2023 Board of Directors Survey Results
 - 2.6 Accept Administrative Reports
 - 2.6.1 Executive Summary
 - 2.6.2 Quality Report
 - 2.6.3 Health Services Report
 - 2.6.4 Customer Experience Report
 - 2.6.5 Compliance Report
 - 2.6.6 Information Technology Report

2.7 Accept Program Reports

2.7.1 Housing and Homelessness Incentive Program Report

2.7.2 CalAIM Steering Committee Report

2.7.3 Medicare Dual Special Needs Program (DSNP) Report

2.8 Approve Financial Reports

2.8.1 Finance Report and Financial Statements for two (2) Months ending February 28, 2023

2.9 Accept Advisory Committee Reports

2.9.1 Community Advisory Board (CAB) Meeting Minutes of October 13, 2022

2.9.2 Family Advisory Committee (FAC) Minutes of November 17, 2022

ACTION: On motion of Mr. Shah the Board Accepted the Consent Agenda Reports with no objection.

3. **Regular Agenda**

1. Report from Chief Executive Officer

Ms. Owen reported the following:

Introduction

- **New Board Members:** This evening, we welcome three (3) new Board Members, 1) Supervisor Ortiz-Legg, newly appointed by the San Luis Obispo Board of Supervisors; 2) Ms. Antionette (Toni) Navarro, Santa Barbara County Director of Behavioral Wellness; and 3) Mr. Mouhanad Hammami, Director of Public Health Department of Santa Barbara County. Ms. Navarro and Mr. Hammami will be appointed as voting members by the Santa Barbara County Board of Supervisors at their meeting next week.
- **Outgoing Board Member,** Supervisor Arnold, will be thanked over lunch on behalf of our organization. We appreciated her service recently, at a presentation on CalAIM to the San Luis Obispo County Supervisors. Nicholas Drews provided us an opportunity to co-present as a team with both Public Health and Behavioral Health Directors and our team, Van Do-Reynoso, and Jordan Turetsky. Ms. Owen thanked Mr. Drews, for that opportunity, as the transformation that CalAIM affords our local communities is important to understand and receive input on.
- **CalAIM Steering Committee:** We are launching a CalAIM Community Steering Committee in Santa Barbara and San Luis Obispo in April. We have invited Rafael Gomez, our strategic planning consultant, to facilitate these convenings. In two days, we received over a 50% response rate with community partners expressing enthusiasm to attend. Our most important partners in this endeavor are our counties. We are pleased that Mona Miyasato, our SB County CEO, will join us and support and steer these joint efforts. Our goals are to convene and educate, design together, and solicit for feedback to ensure that CalAIM and its promise works for us here locally. Ms. Owen thanked Supervisors Hartmann and Ortiz-Legg for serving as your Board's liaisons to guide these efforts.
- **Employee Appreciation Day:** We celebrated Employee Appreciation Day at CenCal Health and initiated activities surrounding our 40th Anniversary in Santa Barbara and 15th in SLO. CenCal Health has kicked-off a variety of internal and external activities highlighting the collective impact of the local Medi-Cal Program in service to our members, celebrating accomplishments achieved together with our providers, and highlighting the people and

organizations, including the Board of Directors and employees who helped us reach this important milestone.

- **ACAP Award Nomination:** Ms. Owen acknowledged Ana Stenersen, a nurse leader who supports our Whole Child Model or CCS Program at CenCal Health. Ms. Stenersen was recently nominated for a “Making the Difference” Award through our national association for her tireless service to Medi-Cal children. She was also recently promoted to Associate Director of UM at CenCal Health, which was well deserved.
- **Provider Quality Award:** In May, we are recommending that your Board consider providing a quality award to our top-performing physician in our Quality Based Incentive Program. This physician is a Pediatrician, Dr. Jefferey Kaplan, of Santa Maria, who is pleased to receive this top award. Dr. Bravo and Dr. Emily Fonda, our CMO, will co-present this honor.
- **Board Survey:** Ms. Owen commended the Board for their timely survey responses. For a second year in a row, over 70% of Board members responded to our Board of Directors survey within 5 days, with no reminders necessary, to provide valuable input on how we can best serve the Board.
- **Administrative Professionals Day:** Ms. Owen announced that we will be acknowledging our Administrative team members on Administrative Professionals Day next month. She thanked Ms. Bottiani for her support of staff and the Board.

New Chief Financial Officer at CenCal Health

- Ms. Owen announced that Ms. Kashina Bishop joined CenCal Health on February 21st as our next Chief Financial Officer (CFO), succeeding David Ambrose.
- Ms. Bishop served as Gold Coast Health Plan's CFO for the past five years, prior to serving as CenCal Health's Controller and Director of Finance for the prior ten.
- Before that time, Ms. Bishop served as a financial auditor for Bartlett, Pringle and Wolf, LLC, CenCal Health's independent auditing firm.
- She is a values-driven leader who brings expertise to the role. Ms. Owen extended appreciation to Board Members, Dan Herlinger, and Sue Andersen, for supporting the interview process.
- Mr. Ambrose has been integral to CenCal Health's successful transition and assumed a Sr. Business Development Analyst role to support the financial feasibility of CenCal Health's Medicare Dual Special Needs Program (DSNP) over the next two years.
- Ms. Bishop is now actively engaged to support the Finance Department and we are pleased to welcome her back to CenCal Health.
- **Tonight, your Board will consider appointing Ms. Bishop as Treasurer.** For additional details, you may reference the *CFO Transition Memo and Board Resolution*, prepared by Hon Chan, Sr. Associate Counsel.

2023-2025 Strategic Plan and Advocacy Priorities

- The 2023 - 2025 Strategic Plan was adopted by your Board in September 2022, which articulates CenCal Health's Mission Statement, Vision Statement, Strategic Priorities, and Objectives.
- CenCal Health has begun work in an aligned and coordinated manner to further these Strategic Priorities.
- As one of these objectives is Strategic Engagement, previously known as “Government Affairs”, seeking to engage local, state, and federal partners. The direction we were given was to play a *leading policy role as liaison, educator and advocate for local Medi-Cal and safety-net health care priorities locally and statewide.*
- With an unprecedented level of change in the state legislature, staff has begun increasing engagement with, and education of, new legislative advocacy partners.

- Ms. Owen introduced Russ Noack, Public Policy Advocates, a lobbying firm in Sacramento, and Paul Beddoe Government Affairs, in Washington D.C. Both individuals partner with CenCal Health for advocacy services
- Through membership with Local Health Plans of California (LHPC), whose 16 member plans provide services for over 70% of Medi-Cal beneficiaries in California, CenCal Health also engages with Kathy Mossburg to assist with legislative advocacy in Sacramento.
- These advocates will provide an update tonight on the state and federal landscape with a focus on priorities for the Medi-Cal program at the State and Federal level. This serves as the first update since setting this advocacy objective last year and will include the opportunity to introduce your advocacy partners and hear input from you, on what matters to this Board.

2022/2023 Community Report

- This 2022-2023 e-Community Report will be launched shortly.
- Ms. Owen acknowledged our Board Members and community partners, who participated in the filming of 5 CalAIM Videos, including Good Samaritan, Doctors without Walls, the SLO Health Agency and local physicians, including your Chair, Dr. Bravo, who spoke meaningfully about the impact we make.

FORM 700 & Board Ethics Training:

- Ms. Bottiani announced to the Board that she would be sending out the required FORM 700 materials and a link to the Board Ethics Training site. Form 700 forms are due back to Ms. Bottiani on May 12th and the Board Ethics Training deadline is Dec. 31st, 2023.

2. Appoint Kashina Bishop, CPA, as CenCal Health Treasurer and grant authorities through Board Resolution No. 2023-02

ACTION: On motion of Supervisor Ortiz-Legg and seconded by Ms. Andersen, the Board Appointed Kashina Bishop, CPA as CenCal Health Treasurer and granted authorities through Board Resolution No. 2023-02 with no objections.

3. Present Human Resources Update on CY 23 Compensation

Ms. Owen introduced the presentation by informing the Board that a *compensation philosophy* is CenCal Health's formal statement documenting the position and policy on employee compensation.

- Provides organizational framework for consistency.
- Leverage compensation philosophy to *attract, retain and motivate employees*.
- Support the organization's strategic plan and initiatives, business goals, competitive outlook, operating objectives, and compensation and total reward strategies.

"CenCal Health's compensation philosophy is aligned with CenCal Health's values, including *integrity*, and supportive of our strategic objective to foster employee *growth* and *inclusion* towards a diverse culture."

Mr. Morris gave a detailed PowerPoint presentation. These are the highlights:

Compensation Principles:

- *Compensation structure* is independently assessed to be *competitive* and adopted by board and leadership as a public agency
- *Compensation budget* is developed to enable *strategic objectives* and increases are based on *financial position*
- *Compensation process* is *fair*, communication *transparent* and decisions appropriate guided by philosophy and policies
- *Compensation Increase* is *equitable* to encourage and reward employees while recognizing contribution (i.e., tenure), qualifications and role (i.e., ranges), and employee performance.
- *Pay Transparency* ensures current and prospective team members are provided compensation information by the organization to demonstrate that pay is competitive and equitable

2023 Compensation Increase Results:

Team members eligible for a compensation increase include:

- Regular classification (i.e., not temporary or a contractor)
 - Hired or promoted before July 1, 2022
 - Compensation is below the top of 2023 range
 - No Performance Improvement Plan after June 30, 2022
- 86% of team members are eligible for a compensation increase:
 - 93% will receive a 4.0% or greater increase
 - 14% will receive a promotional increase
 - 86% will receive an equity Increase
 - 76% of the 2023 increase dollars are for non-leadership positions

Next Steps:

1. Leaders will meet with team members the week of March 20 to provide
 - Compensation letters, outlining the compensation increase amount and %
 - Promotional letters, including associated compensation increases
2. Compensation increases will be applied to paychecks on March 24

Discussion:

Mr. Shah asked if this is a merit increase.

Mr. Morris stated that this is a compensation adjustment. We gave a merit increase last year and are revising our merit criteria and will be ready to introduce it in December 2023.

Ms. Andersen asked what the financial impact of the compensation adjustment is to the plan.

Mr. Morris explained that the total is \$1.47 million of the \$1.8 million approved by the board in the annual budget.

4. Present Government Affairs and Advocacy Priorities

Ms. Owen introduced this agenda item by reminding the board that they had set the advocacy priorities and objectives for the plan.

Mr. Harris introduced our legislative advocates, Kathy Mossburg (Mosaic Solutions & Advocates), Russ Noack (Public Policy Advocates), and Paul Beddoe (Paul V. Beddoe Government Affairs, LLC). **Mr. Harris, Ms. Mossburg, Mr. Noack, and Mr. Beddoe** gave a detailed PowerPoint presentation. These are the highlights:

2023 California Legislative Landscape/New Legislative Session

1. First year of a Two-Year Legislative Session
 - Bill introductions ended mid-February
 - Nearly 2,750 bills introduced by deadline
2. Budget committees have begun to hold Budget Overview hearings
3. Budget Subcommittees hearings began in February
4. Many newly elected members... educating, educating, educating...
 - Senate – 10 new members (25%)
 - Assembly – 24 new members (30%)

2023 Budget Priorities-Health Focus

- **Expansion of Medi-Cal**
 - Reinforce Medi-Cal for All, regardless of immigration status
 - Continuous coverage for Children
 - Reduced seniors share of cost
- **Protect Health & Human Service Expansions**
 - Maintain \$200M annual Public Health investments
 - Fully implement Developmental Service rates expected in 2023/2024
 - Assist counties impacted by lost federal funds for child welfare and foster care
- **Protect Investments**
 - Protect and support for abortion and reproductive health
 - Support for Youth Behavioral Health
 - Behavioral Health Infrastructure Investments
 - Investment in Health Care Workforce
- **Develop Options for once Economy Rebounds**
 - Reduce deduct/copays in Covered California
 - Improve Health Equity and Racial Justice in Public Health
 - End the Epidemics of HIV, HepC, and STIs
 - Complete efforts to expand CalWorks
 - Expand CA Food Assistance to all

2023 Federal Landscape/Outlook

- **A Divided Government**
 - Democratic President
 - Republican House
 - Democratic Senate
 - Gridlock? Or Let's Make a Deal?
- **Debt Limit Debate**
 - Extraordinary Measures to August-ish
 - Clean Debt-Limit or Spending Cuts?
 - Threats to Medicaid
- **Outlook for Health Legislation**
 - House Focus on Oversight
 - SUPPORT Act Reauthorization/Behavioral Health

- PAHPA Reauthorization
- Medicaid DSH/FQHC Grants
- HHS Appropriations
- **CMS Regulatory Outlook**
 - Equity, Access, Program Integrity
 - Provider Tax Guidance
 - Medicaid Managed Care Rule
 - MA Regulations

Key Takeaways

1. State legislature experiencing unprecedented turnover, requiring education and engagement
2. Budget pressures exist at the state and federal levels, with Medicaid at the federal level requiring close monitoring
3. CalAIM has Governor and Legislature support
4. State Medicaid Funding through mechanisms like an MCO Tax are opportunities to support reimbursement for providers
5. CenCal Health advocates are positioned to engage strategically and collaborative with partners and associations

Discussion:

Mr. Shah asked for clarification of how Kaiser could go into a county.

Mr. Harris explained that Kaiser would need to already have a business license in the county they intended to expand into its Medi-Cal market where they already have a commercial plan established.

Mr. Lisa asked if Governor Newsom set his sights on the White House and run against Biden, would there be a risk to the Medi-Cal program.

Mr. Beddoe said he didn't think so and he didn't think that Newsom would run against Biden if Biden chooses to run.

Mr. Drews asked about the state of the CalAIM program.

Mr. Noack stated that the CalAIM program is visible in Sacramento and is front and center.

Ms. Andersen asked if the unions have influence.

Ms. Mossburg stated that the unions have a lot of asks and each year they prioritize what they will put forth.

Ms. Owen stated that LHPC is working with CMA to keep MCO tax dollars in healthcare.

5. Present Consumer Assessment of Healthcare Providers & Systems (CAHP) Member Results

Mr. Buben gave a detailed PowerPoint Presentation. These are the highlights:

- DHCS administers and reports on a bi-annual basis a member survey with adult Medi-Cal beneficiaries and parents or caretakers of child beneficiaries. For the 2021 CAHPS Survey, respondents completed surveys in early 2021 and were continuously enrolled from July 2020 to December 2020. Results were shared with CenCal Health through an all-plan comparison report.

- CenCal Health ranked **#1** in "Customer Service", **#2** for Rating of Health Plan and **#3** for Rating of Personal Doctor on the Child Survey.
- CenCal ranked **5th** or better in 5 of 7 all-plan comparisons on the Child Survey with over 100 respondents (8 comparisons – "Specialist Seen Most Often" was N/A).
- Rating of Health Plan on the Child Survey **increased by 6.5%** from the 2019 Results.
- "Getting Needed Care" and "Getting Care Quickly" ranked **in the Top 5** on both Adult and Child Surveys – in the height of member experience with COVID access issues/concerns.
- CenCal ranked **11th** in Rating of Health Plan and Rating of Health Care on the Adult Survey.
- Getting Care Quickly on the Adult Survey **increased by 9.9%** from the 2019 Results, moving our ranking from 17th to **3rd**.

Improving Adult respondents' overall satisfaction with the Plan and Providers.

- Adult respondents rated their satisfaction significantly lower than Child respondents in the following comparisons:
 - Health Plan Rating – 13.8% lower. (The "Medi-Cal Avg." was 11.4% lower)
 - Health Care Rating – 13.0% lower. (The "Medi-Cal Avg." was 14.5% lower)
 - Personal Doctor Rating – 14.7% lower. (The "Medi-Cal Avg." was 10.0% lower)
- **Overall Ratings of Personal Doctor and Specialist Seen Most Often dropped by 5% each from our 2019 scores for Adults.**

Next Steps:

- Presented results through quality committees and incorporated into our QIHETP to ensure monitoring of performance and to generate discussion for improvement opportunities.
- Moving towards an every-year CAHPS survey for more timely performance improvement opportunities to be identified. CenCal would pay for off year surveys.
- Shared results with CenCal Health's Community Advisory Board for improvement suggestions/general feedback. Will also be posting our results to our website as required for NCQA accreditation.
- NCQA National Benchmark comparison to be included moving forward to meeting NCQA readiness requirements for accreditation.

Discussion:

Ms. Andersen asked if the survey results were shared with individual providers.

Mr. Buben responded by saying that the results are "high level" and that individual providers are not identified.

Mr. Herlinger wanted to know if Kaiser plans were surveyed.

Mr. Buben said, "yes".

Mr. Shah commended staff for being in the top five.

6. Accept Progress Report of Quality Improvement Committee (QIC) and Consider Approval of 2022 Quality Work Plan Evaluation, 2023 QIHETP Program Description, and 2023 QIHETP Work Plan

Ms. Geeb and Mr. Hernandez gave a detailed PowerPoint presentation. These are the highlights:

Quality Program Evaluation 2022

- **State Auditor Report** – SB County rated best in pediatric preventive care
- **Quality of Care Audit** – Rated top 10% of Medicaid plans for 8 aspects of care
 - Postpartum care, pediatric preventive care, and diabetes A1c control
- Member Services customer satisfaction survey scores of 99% & 98%
- Consumer Assessment of Healthcare Providers & Systems Customer service score received from CenCal Health's pediatric population rated best of all qualifying plans
- Insourcing of BH provider network from Holman Group & contracting with additional providers
- DHCS Medi-Cal Rx transition to the new Medi-Cal Pharmacy Benefit
- Rate of providers recredentialed timely improved from 81% to 97%
- Launch of Quality Care Incentive Program, Enhanced Care Management Program, & Community Supports Program
- DHCS approval of CenCal Health's attestation detailing CenCal Health's Population Health Management (PHM) Program Framework

Opportunities for Improvement

- **Surpass benchmarks** for Well-Child Visits (6 by 15 months) & Chlamydia Screening in Women
- **Automate** PHM program & integrate it cross functionally
- **Identify & resolve** barriers impacting UM turn-around time compliance
- **Integrate** member feedback to enhance new Member Portal & Member Portal experience
- **Build & expand** network to ensure adequate & appropriate access to benefits
- **Enhance** operational compliance to remediate 2022 DHCS Medical Audit Findings

2023 Quality Improvement & Health Equity Transformation Program Description

Background & Purpose

- The QIHETP Description describes:
 - QIHEC: Quality Improvement & Health Equity Committee
 - QIHETP: Quality Improvement & Health Equity Transformation Program
- **Program structure & reporting** relationships, oversight by the QIHEC, supervision by CMO in collaboration with the Chief Health Equity Officer, & behavioral health practitioner involvement.
- **Board of Directors** maintains ultimate responsibility.
- **Approach** to proactively monitor & continually improve quality & reduce inequities.
- **Roles & Membership** of the QIHEC & subcommittees made up of staff & network practitioners

Key Updates

To evolve to ensure equitable whole person, integrated care, the following was updated:

- Quality Program & Committee name change, as well as Charter revisions.
- Committee membership expansion to include Chief Health Equity Officer, Behavioral Health Practitioner, Hospital Representative, Health Plan Member
- Overarching commitment to health equity incorporates member experience, provider perspectives, and community-based organizations into planning & decision-making.

2023 QIHETP Work Plan

Background and Purpose

- **Note:** Refinements will be made to assure QI & health equity priorities reflect evolving needs.
- Establish objectives & activities planned for the coming year
- Identify responsible staff leading activities
- CenCal Health's commitment & action plan of accountability to:
 - Advance quality & health equity for all
 - Cultivate community partnerships
 - Expand our role & reach

2023 QIHETP Work Plan

Key Updates

- Structural changes to monitor & assure NCQA Accreditation Survey readiness
- Serves to outline improvement in health equity & quality of care provided by CenCal Health & its provider network
 - NCQA Health Plan Accreditation & NCQA Health Equity Accreditation
- Programs to implement include but are not limited to:
 - Building a Community Health Worker & Doula medical benefit, &
 - Expansion of ECM & Community Support provider network
- Emphasis on whole-person care through partnerships with members, providers & community-based organizations

Recommendation

Staff recommends your Board accept this QIC progress report and provide additional direction if warranted. Acceptance of this report includes approval of the following documents that were evaluated and approved by the QIC on March 2nd, 2023.

- 2022 Quality Work Plan Evaluation
- 2023 QIHETP Program Description
- 2023 QIHETP Work Plan

Discussion:

Mr. Shah asked if QIHETP replaces QIC.

Mr. Hernandez responded, "yes."

Mr. Drews asked if there were any changes to the committees.

Mr. Hernandez stated the HOC (Healthcare Operations Committee) has been changed to the CEC (Customer Experience Committee), due to CalAIM requirements.

Ms. Andersen shared that they have experienced challenges around equity with some populations; primarily with the Mixteco population and have worked to eliminate barriers through education outreach.

Dr. Bentley commended staff for the depth of work, program design, and materials provided.

ACTION: On motion of Ms. Macdonald and seconded by Mr. Herlinger, the Board Accepted the Progress Report of Quality Improvement Committee (QIC) and Approved the 2022 Quality Work Plan Evaluation, 2023 QIHETP Program Description, and 2023 QIHETP Work Plan without objection.

7. Present Student Behavioral Health Incentive Program (SBHIP)

Mr. Tran gave a detailed PowerPoint presentation. These are the highlights:

Objectives:

- Improve coordination of child and adolescent behavioral health services
- Increase the number of students enrolled in Medi-Cal who are receiving behavioral health services
- Increase non specialty services on or near school campuses
- Address health equity gaps, inequalities, and disparities

Available Funding:

TOTAL POTENTIAL INCENTIVE FOR CENCAL HEALTH \$6,777,671*

*Amounts are not final and are subject to change based on the 5% cap restriction and county and/or plan participation

Participating Local Educational Agencies (LEAs)

- **Santa Barbara County:** SB County Education Office, Carpinteria Unified School District, Cuyama Unified School District, Guadalupe Unified School District, Lompoc Unified School district, and Santa Maria Bonita School District
- **San Luis County:** SLO County Office of Education, Lucia Mar Unified School District, and San

Anticipated Outcomes:

- Reports of emotional distress, including anxiety, depression, and suicidality will decline
- Suspension and expulsion rates will decline
- Increase number of Medi-Cal eligible students will receive school and community-based behavioral health services
- School attendance will improve
- Students will report increased ability to proactively address challenging emotions

Next Steps:

- Planning sessions with LEAs
- Project kick-off (CCH and LEAs) (April 2023)
- Project Implementation

Discussion:

Mr. Tran and **Dr. Do-Reynoso** thanked Mr. Harris for his work in securing the funding for the CalAIM program.

Mr. Drews commended staff for launching this important program. He asked why some agencies did not sign up for the program.

Mr. Tran explained that it was a matter of capacity and prior commitments.

Mr. Lisa asked that staff address the stigmatization of mental health; especially within the youth and suggested the use of PSAs to assist in this effort.

Mr. Drews stated that SLO county Health is here to assist CenCal Health in any way to ensure the success of the program.

Ms. Andersen is concerned with those who did not choose to participate.

Ms. Owen responded by stating that there will be follow-up to make sure these entities fully understand how the program works and how they can partner with us.

Mr. Lisa said he would help with getting the word out in Paso Robles. He wishes that the commercial plans would get behind this issue and apply resources to their members.

7. Accept Communications Report and Preview 2022/2023 e-Community Report

Ms. Worley Marselian presented the 2022/2023 e-Community Report.

Highlights:

- 5th year that the report is in a digital format
- The digital report is cost effective
- The report is fully produced in-house
- Able to reach more people
- Cards available with a scannable address to take you directly to the website
- Report is "Forward Leading" and "Looking Back" in format with highlights from the new CenCal Health Strategic Plan
- 80% of all photographs were taken by, and are, of staff members
- Starts with Message from the CEO followed by Mission, Vision, and Values
- Includes statistics on membership and financial information
- There are videos imbedded within each section to provide additional information
- Centered around the four Strategic Plan Goals:
 - Cultivate Community Partnerships
 - Advance Quality and Health Equity for All
 - Expand our Service Role and Reach
 - Organize for Impact and Effectiveness
- Brief description of CalAIM included, along with recently produced educational videos
- Includes articles, press releases, photos, and videos to enhance the message of the strategic plan
- Provider accomplishments are highlighted
- Quality accomplishments are shared
- Member surveys are included
- Comment from the Board Chair included
- Voice of the Member section (always the favorite part of the report)-Nicolette then played several recorded member testimonials
- CEO Advisory Committee section
- Entire report translates to Spanish

Discussion:

Ms. Worley Marselian thanked the board members and staff who assisted in the production of the CalAIM videos.

Mr. Lisa said, "This is fantastic." "This brings substance to CenCal Health." He stated that he will push this out to his staff and leadership team. He asked how we are pushing this out to the greater community.

Ms. Worley Marselian stated that we have a 13-point distribution plan that includes news articles and articles in our trade magazines, etc.

Mr. Shah commended staff on the e-Community Report. He loved the "Voice of the Member" section.

Mr. Herlinger asked about the national award we won years ago for our e-community report.

Ms. Worley Marselian explained that we won the award the 2nd year out of 5 when we produced it in-house. She recognized her staff, Kendall Klein (photographer), Citlaly Santos (Communications Lead), and Naomi Magaña (Projects Coordinator).

ACTION: On motion of Mr. Drews and seconded by Ms. Macdonald, the Board Accepted the Communications Report.

8. Items for Immediate 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)

As there was no further business to come before the Board, Dr. Bravo adjourned the meeting at 8:10 pm.

Respectfully submitted,

Paula Marie Bottiani

Paula Marie Bottiani, Clerk of the Board

DRAFT



CenCal Health Finance Committee Meeting April 5th, 2023

The Finance Committee Meeting of the Board of Directors of CenCal Health was called to order by Mr. Lisa, (proxy for Ms. Andersen), on April 5th, 2023, via Teams Meeting, Santa Barbara, CA

MEMBERS PRESENT: Daniel Herlinger and Mark Lisa

MEMBERS EXCUSED: Sue Andersen and Kieran Shah

STAFF PRESENT: Marina Owen, Karen Kim, Kashina Bishop, and Paula Bottiani (Board Clerk)

1. Public Comment-There was no public comment.
2. Discussion of Closed Session Memo to the Board
Ms. Owen introduced the content and then **Ms. Bishop** gave a detailed summary of the Confidential and Privileged Finance Memo, contents of which will be presented to the CenCal Health Board of Directors in Closed Session at their regular board meeting on May 17th, 2023.
3. 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 three Directors are present, unanimous vote)

As there was no further business to come before the committee, Mr. Lisa adjourned the meeting at 5:30 pm.

Respectfully submitted,

Paula Marie Bottiani

Paula Marie Bottiani, Clerk of the Board

Quality Report

Date: May 17th, 2023

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

Through: Marina Owen, Chief Executive Officer

Contributors: Carlos Hernandez, Quality Officer

Executive Summary

This report provides an overview of recent developments in managed care quality program operations, implications of significance for CenCal Health, and next steps and best practices to assure CenCal Health's compliance with regulatory requirements.

Pay-for-performance systems are necessary to satisfy National Committee of Quality Assurance (NCQA) standards for accreditation, and therefore also fulfill Department of Health Care Services (DHCS) requirements. CenCal Health's *Quality Care Incentive Program (QCIP)* fulfills a strategically important CalAIM requirement within its Population Health Management initiative. QCIP meets these demands and is CenCal Health's primary operational system to ensure the provision of clinically recommended services in accordance with well-established, evidence-based, clinical guidelines.

In April 2023, CenCal Health distributed \$3.84 million in QCIP payments to eighty-nine eligible Primary Care Providers (PCPs). Since the QCIP inception one year ago, \$14.92 million has been earned by PCPs for their achievements. The QCIP pay-for-performance program encompasses five clinical categories of care -- *Behavioral Health, Diabetes Care, Pediatric Care, Respiratory Care, and Women's Health*. Compliance with established clinical guidelines has improved as follows:

QCIP Categories of Care	Baseline: Mar-22	Jun-22	Sep-22	Dec-22	Mar-23
Behavioral Health	50.0%	50.6%	50.9%	52.4%	56.3%
Diabetes Care	66.5%	66.7%	67.2%	69.0%	68.6%
Pediatric Care	57.2%	57.1%	57.2%	57.2%	57.2%
Respiratory Care	73.9%	78.2%	78.8%	78.3%	73.6%
Women's Health	55.7%	56.1%	56.4%	56.9%	56.4%
Total	57.4%	57.6%	57.8%	58.1%	58.0%

Note: Includes all QCIP-eligible PCPs and all aspects of care evaluated for incentive payment calculations.

Background

Quality Care Incentive Program: In April 2023, CenCal Health distributed \$3.84 million in QCIP payments to eighty-nine eligible PCPs. This marks the fourth quarterly payment for the QCIP pay-for-performance program launched in March 2022.

PCPs eligible for QCIP participation earn payment based on their delivery of care that aligns with well-established, evidence-based, standards of care. Incentives are earned according to a 5-star methodology for all capitated PCPs with QCIP-qualifying members ≥ 30 . The program encompasses five clinical care domains -- *Behavioral Health, Diabetes Care, Pediatric Care, Respiratory Care, and Women's Health.*

Individual aspects of care have improved significantly since the QCIP program launched. The most noteworthy achievements include well-child visits for infants 15 months of age, chlamydia screening for women, and antidepressant medication management. Each of these aspects of care significantly improved by approximately five percentage points. Well-child visits for infants and chlamydia screening for women have been longstanding challenges for CenCal Health. Therefore, these improvements are highly valuable, not only to ensure members receive quality care, but also to surpass regulatory expectations.

To motivate continuous improvement, CenCal Health provides monthly QCIP performance reports and member-level gaps in care detail to PCPs via CenCal Health's secure Provider Portal. QCIP engagement is encouraged through recurring meetings with CenCal Health's largest PCPs to explore strategies to maximize QCIP clinical performance, and consequently earn incentives. Assistance is also available to any PCP upon request to orient them to QCIP, and how to best utilize its analytical tools and informative data to maximize performance. Detailed QCIP program information and resources are available on CenCal Health's website or may be requested via email at QCIP@cencalhealth.org.

Next Steps

As described this month in a separate report to your Board, the QCIP program was recently refined to incorporate two new clinically important aspects of care that warrant significant improvement. The refinements add measurements for seasonal flu vaccination for two-year-olds and human papilloma virus (HPV) vaccination for adolescents. For these aspects of care, PCPs will not be accountable for QCIP performance for the initial 12 months of reporting on these priorities.

The 12-month reporting period provides sufficient time for PCPs to maximize their member outreach and care delivery effectiveness and efficiency. Thereafter, effective April 2024, these important aspects of care will transition to the existing measure set used for incentive calculation purposes. The addition will strengthen CenCal Health's

incentive to complete each multi-dose influenza and HPV vaccination series in accordance with guidelines of the CDC Advisory Committee on Immunization Practices.

Recommendation

This Quality Report is informational, and no action is required by CenCal Health Board of Directors at this time.

Performance Report

Date: May 17th, 2023

From: Chris Morris, MSOD, Chief Performance Officer

Contributors: Andrew Hansen, Operational Excellence 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. See separate *CenCal Health Dashboard Prototype* and *CenCal Health Workforce Strategy* exhibits as an extension of this report.

Human Resources

Talent Acquisition Update

As a result of Board approval of new Full Time Equivalent (FTE) employees in the CY23 budget, total vacancy currently sits at 20.5%, decreasing from 21.2% in March 2023. Action planning is in process to enhance recruiting capacity to ensure the organization is appropriately enabled in 2023. Highlights surrounding key leadership team recruitments include:

- Jamie Louwerens, MBA, joined CenCal Health as our new Director of Financial Analysis in May 2023, previously the Senior Director of Finance at Gold Coast Health Plan.
- Joanna Hayes, SPHR-CA, will join CenCal Health as our new Human Resources Director in June 2023.
- Recruitment for the following senior leadership positions were recently filled, with announcements in next month's report: Administrative Services Director and Strategic Engagement Director.
- Recruitment is in process for the Chief Operations Officer and Medical Director.

Operational Excellence Update

2023 Operating Plan Update

The 2023 *Operating Plan* is comprised of forty (40) tactics. To date, one (1) tactic has completed, twenty-nine (29) are active and ten (10) have not yet started. For active tactics, progress is as follows: 12 (41%) are between 0-25% complete, 8 (28%) are between 25-50% complete, 7 (24%) are between 50-75% complete, and 2 (7%) are between 75-100%. Additionally, 90% (n=26) of active tactics are in good health, and three (3) are at-risk of becoming off-track and have planned mitigations as follow:

- Implement and Expand Community Health Worker (CHW) and Doula Benefits - This tactic is intended to *develop new Medi-Cal programs and benefits* by ensuring that CenCal Health members have access to new CHW and Doula services. CHW and Doula provider network development is foundational to member access. CenCal Health is working to ensure the accessibility of services in San Luis Obispo County. Work is in-process towards the execution of additional CHW contracts, as well as the assessment and development of capacity.
- Develop and Execute a Compliance Risk Assessment Plan – This tactic is intended to *advance organizational readiness to support strategy* by enhancing audit readiness and mitigating the chance of repeat medical audit findings. The timeline to produce analysis surrounding necessary policy, procedure, and process revisions was delayed due to competing priorities. Compliance will accelerate next steps through collaboration with business leaders to orient to identified gaps and align on mitigation activities.
- Conduct 2024 DHCS Contract Operational Readiness – This tactic is intended to *meet regulatory and contractual requirements* through the complete and timely submission of high quality 2024 Operational Readiness deliverables to DHCS. Timeliness and quality of final submissions remain high on this tactic, however recurring delays in tasks have occurred in certain business units. Additional resources in these areas as well as the use of group work meetings are being deployed to mitigate ongoing risk.

Recommendation

This Performance Report is informational and no action by the Board of Directors is required at this time.

Enclosure

1. May 2023 CenCal Health Operating Plan

Health Services Report

Date: May 17th, 2023

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

Contributors: Jeff Januska, PharmD, Director of Pharmacy Services
Seleste Bowers, DHA, LCSW, Director of Behavioral Health
Blanca Zuniga, Associate Director, Care Management

Enhanced Care Management and Community Supports

The Community Supports (CS) and Enhanced Care Management (ECM) management team are participating in a Tri-Counties Collaborative Planning and Implementation Group led by BluePath Health, the State's technical assistance consultant. The Tri-Counties PATH Collaborative comprises San Luis Obispo, Santa Barbara, and Ventura Counties. The collaborative meets monthly to discuss CalAIM implementation and support the rollout of Enhanced Care Management (ECM) and Community Supports. The workgroup is composed of CenCal Health participants, county leaders, community-based organizations, hospitals, clinics, and other CalAIM stakeholders. During the workgroup meetings, current ECM/CS workflows are reviewed related to referrals, authorizations and coordination to ensure the Tri-Counties collectively develop a process that meets the needs of our Providers and Members. The Enhanced Care Management team conducted a clinical training to our ECM providers on best practices in completing comprehensive assessment, care plans and auth submissions. Training was well received.

Pharmacy

The physician administered drugs (PADs) authorization volume in the second quarter of 2023 continues the upward trend experienced throughout 2022 and has experienced a greater than 50% growth since Q1 2022. Over half the activity volume continues to come from the oncology space as a combination of chemo-therapeutic and chemo-supportive and we continue to follow this closely and support our determination through like-specialty match review and contracting for preferred biosimilar products in several spaces. All cases were processed within regulatory time standards. In preparation for the annual submission of the CMS DUR survey, the pharmacy team continues to participate in DHCS office hours and compile our responses. The survey is due to DHCS June 1st and then from DHCS to CMS June 30th.

Behavioral Health

The Behavioral Health Call Center monthly call volume has decreased. The call center is in compliance with average speed to answer and will continue to focus on their action

plan of addressing the abandonment rate of 3.8% to under 3%. The department continues to actively support ABA providers through regular meetings, technical assistance webinars, technical assistance meetings and developing tools.

Behavioral Health is working closely with both counties to evaluate current referral procedures and to identify opportunities for improvement. This past month, collaborative meetings occurred to support the joint implementation of DHCS-required *Screening Tools and Transition of Care Tools* as well as implementing joint interdisciplinary team meetings between systems of care that focus on ensuring collaboration and that member's medical needs are coordinated.

The Behavioral Health Operations Manager position was recently filled with an internal candidate, Kristin Jones, R.N., who will begin in mid-May in this new role. Behavioral Health is still working with Human Resources to recruit for the Behavioral Health Navigator role, Regulatory Liaison role, Health Plan Nurse Coordinator, Behavioral Health Community Integration Specialist, and Data Analyst.

Recommendation

This Health Services Report is informational, and no action is required by CenCal Health Board of Directors at this time.

Government and Administrative Services Report

Date: May 17th, 2023

From: Michael Harris, Government Affairs and Administrative Officer

Through: Marina Owen, Chief Executive Officer

Executive Summary

Local Health Plans have considerable interest regarding two areas of budget: the Federal budget and the debt ceiling; and Governor Newsom's May revise. Both areas carry the potential of having significant finance impacts on health. With several bills moving through the California legislature, CenCal Health staff have been working with our Sacramento advocates and associations to ensure that proposed legislation supports our providers, our members and the health plan.

The Administrative Services Department (ASD) is continuing its alignment with CenCal Health's internal best business and support strategies by hiring a full-time director. The director will report to Mr. Harris and will begin to focus on streamlining administrative or non-medical contracting and CenCal Health's procurement processes. In addition, to this and many other areas, efforts to continue strengthening CenCal Health's risk management efforts will be undertaken.

Aligning the efforts of the ASD above and to ensure continued executive-level support in other areas, Mr. Harris will now work directly with attorney Hon Chan and Sonja Nelson, Legal Affairs Specialist. Mr. Chan will manage internal legal needs and engage external legal resources as need for specialized legal services. Lastly, DHCS issued required amendment ("A54") and the terms are summarized and enclosed.

Background

Government Affairs – State

Governor Newsom will be presenting his revised budget in mid-May. This update, commonly referred to as the, "May Revise", will update the governor's January 2023-24 budget based on latest financial estimates from various State funding sources and State expenditures. According to the California Budget & Policy Center, "In January, the governor projected a \$22.5 billion shortfall that the administration would solve through a series of trigger cuts, delays, and withdrawals or reductions of planned one-time spending."

Since then, revenue collections have been lagging behind projections, so the May Revision is expected to report a larger deficit. Adding to the budget challenge, a large share of state income tax revenue is expected to arrive as late as October due to an extension by the IRS and Franchise Tax Board. This means the revenue forecast underlying the budget will be uncertain. If revenues ultimately come in significantly below the estimates, mid-fiscal year corrections to the budget may be necessary in early 2024. Some estimates place the California budget deficit at more than \$30 billion. March's tax receipts were \$4.7 billion less than anticipated.

Unlike previous deficits, the governor will have some ability to address the deficit through reserves, delaying some implementations and cost shifting and borrowing. Previously the governor and many state legislators have made it clear that they do not intend on reducing or changing course on the current health reforms, particularly CalAIM.

For additional information, please reference the enclosed report from CenCal Health's Sacramento advocate Public Policy Advocates (PPA).

Government Affairs – Federal

At the federal level, associations and advocates are following the debt ceiling and whether President Biden and speaker Kevin McCarthy 's team can reach agreement. Mr. McCarthy has been proposing spending cuts in combination with raising the debt ceiling. In the area of Medicaid, one uncertainty is how the states would reimburse providers in the event that they would not receive all federal Medicaid matching funds. Given California's budget concerns discussed above whether the State can cover any funding for the short term is uncertain.

In June 2023, Marina Owen and Michael Harris will be in Washington DC where they will be attending meetings with CenCal Health's National Association, ACAP, Association for Community Affiliated Plans. During this meeting, an in-person meeting will take place with the director of the Center for Medicare, Meena Seshamani, MD, PhD, and Ms. Owen will be presenting at the ACAP Membership Council with the Center for Healthcare Strategies (CHS). As CenCal Health anticipates its journey into a Medicare line of business with a DSNP product, developing strong relationships with federal representatives is important. In addition to meeting with Dr. Seshamani, Daniel Tsai, Deputy CMS Administrator & Director of Center for Medicaid and CHIP services, will also be attending.

For additional information, please reference the enclosed report from Paul Beddoe.

Administrative Services Department (ASD)

As discussed above, the ASD is taking a leadership position in supporting CenCal Health departments with their business practices. Ensuring that non-medical contracts are executed in line with legal, financial and policy guidelines is a concerted effort from the CenCal Health team. Several other opportunities exist to ensure best practices. Amongst those are, developing a more robust ergonomic program with a workforce that works remotely; continuing to strengthen CenCal Health risk management efforts. In addition, CenCal Health's main offices in Santa Barbara are designed for an in-office workforce. A reexamination of that workspace to facilitate employees meeting and collaborating should be undertaken.

Finally, Legal services at CenCal Health have had a close working relationship with Mr. Harris given the shared interests in business responsibilities. With attorney Hon Chan reporting to Mr. Harris, they will now have an alignment to ensure the best interests of the organization continue and CenCal Health is protected to the fullest extent possible.

Mr. Chan will continue to work on a multitude of various contracting issues and will have the ability to continue to engage external legal resources for specific expertise.

Recommendation

The Government and Administrative Affairs Report is information for the Board of Directors and no action is requested at this time.



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

From: Russ Noack, Public Policy Advocates, Partner
Armand Feliciano, Public Policy Advocates, Partner

Subject: Legislative Update –May 2023

Sacramento Legislative Meetings

In mid-April, CEO, Marina Owen and Government Affairs and Administrative Officer, Michael Harris visited Sacramento to meet personally with area legislators. Armand Feliciano and I joined them in extremely productive meetings with Senator John Laird, Senator Monique Limon and Assembly Member Dawn Addis. The sessions allowed Ms. Owen to share both short term and longer-term goals of CenCal Health and to discuss issues and activities of mutual interest with the policymakers. All three legislators expressed appreciation for the CenCal team reaching out to brief them on state and local matters and committed to maintaining an open channel of communication. The meetings solidified and extended already strong relationships with these crucial legislators.

Legislature

The annual deadline for legislation moving out of their committees of origin occurred in May. Accordingly, bills that remain in committee are designated as “two-year bills” meaning they will not officially proceed this year. Some noteworthy measures of interest to CenCal Health *that have stalled* this year include:

[Assembly Bill 1230 \(Valencia\)](#) is a bill sponsored by Alignment Health which would have required DHCS to offer contracts to plans for HIDE/FIDE SNPs by 2025. As written the bill would have undermined the existing policy to provide integrated care to dual eligible beneficiaries under CalAIM, will create a confusing process for these beneficiaries and hinder the ability for local plans with years of experience in Medi-Cal to provide integrated care for the state’s most vulnerable population.

[Assembly Bill 874 \(Weber\)](#) would have eliminated incentives for drug companies to hold down prices by requiring health plans and insurers to count all third-party payments towards an enrollee’s cost sharing obligations. The California Association of Health Plans indicated that the bill would have increased premiums on Californians by nearly \$213 million.

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May 2023
Page 2

[Assembly Bill 914 \(Petrie-Norris\)](#) would have authorized the Board of Pharmacy to license and regulate PBMs despite the conflict of interest of having pharmacists oversee PBMs.

Bills of interest that did move out of committee include:

[Senate Bill 770 \(Wiener\)](#) would require the state to seek a waiver from the federal government to establish a single-payer health care system. The California Nurses Association joined the private health plans and business community in opposing the bill arguing it would delay the ultimate goal of eliminating private health insurance. The bill passed the committee on the barest margin and now moves to the Senate Appropriations Committee where it will face scrutiny for fiscal impacts.

[Senate Bill 870 \(Caballero\)](#) is the Managed Care Organization (MCO) tax measure to use tax revenues to increase funding for Medi-Cal reimbursements and to prevent closures of rural hospitals.

[Senate Bill 873 \(Bradford\)](#) is the pharmaceutical companies most recent attempt to implement a point-of-sale rebate bill.

[Assembly Bill 719 \(Boerner\)](#) would require DHCS to require Medi-Cal managed care plans to contract with public transit operators to establish reimbursement rates for nonmedical transportation (NMT) and nonemergency medical transportation trips (NEMT) provided by such operators. The bill further requires rates reimbursed by the managed care plan to the public transit operator to be based on fee-for-service Medi-Cal rates for NMT and NEMT.

[Assembly Bill 815 \(Wood\)](#) would require the California Health and Human Services Agency to create and maintain a provider credentialing board to certify private and public entities for credentialing physicians and surgeons and other health care providers.

Budget

Budget Committees in both Houses of the Legislature have continued to conduct State Budget hearings throughout the month. Efforts to improve the delivery of behavioral health care has been a special focus in the health and human service subcommittees. All eyes are now on Governor Newsom who will release his May Revise plan next week setting the stage for negotiations with Legislative leaders prior to the enactment of a State Budget to meet the deadline of the beginning of the fiscal year on July 1, 2023.

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, May 2023

Overview

The Senate is in session and the House is in recess until May 9th.

Debt Limit Debate

On April 25th, House Leadership introduced HR 2811, the Limit, Save, Grow Act, which would suspend the debt ceiling through March 2024 or until the debt increased by \$1.5 trillion, whichever comes first and decreases federal spending. It would set discretionary spending limits for FY 2024-FY 2033 that would decrease discretionary spending. It would also, as Republican leaders had signaled earlier, establish new work requirements for Medicaid and expand the work requirements for Supplemental Nutrition Assistance Program (SNAP) and the Temporary Assistance for Needy Families (TANF) program.

The Congressional Budget Office (CBO) estimates that, if enacted, the Medicaid work requirements in HR 2811 would decrease federal spending by about \$109 billion over ten years. And that about \$1.5 million adults, on average, would lose federal funding for their Medicaid coverage. CBO reports that they would project that many states would cover the cost of maintaining insurance coverage for the affected beneficiaries. Nationwide, CBO would expect that 60 percent (approximately 900,000 people) would maintain coverage with state-only funding, while 40 percent (approximately 600,000 people) would become uninsured.

The House passed the bill April 30th 217-215, with all Democrats and four Republicans voting against the bill. The bill will not pass the Senate in its current form but conversations around the debt limit and the budget are ongoing, with new urgency since the U.S. Secretary of the Treasury, Janet Yellen, announced that Treasury may be unable to meet its financial obligations after June 1, if Congress does not act to address the debt ceiling.

Biden Administration

On April 27th, the Centers for Medicare & Medicaid Services (CMS) rolled out two new notices of proposed rulemaking (NPRMs), the Ensuring Access to Medicaid Services (Access NPRM) and Managed Care Access, Finance, and Quality (Managed Care

NPRM). According to CMS, the two rules are intended to strengthen access to and quality of care across Medicaid and the Children's Health Insurance Program (CHIP).

The proposed rules would establish new national standards for access to care, whether provided through managed care plans, or through fee-for-service (FFS). They would establish access standards through Medicaid managed care (MMC) plans as well as transparency standards for provider payment rates. Specifically, the rules would:

- Establish national maximum standards for appointment wait times for MMC plan members, and stronger state monitoring and reporting requirements related to access and network adequacy;
- Require states to conduct secret shopper surveys of MMC plans to ensure compliance with appointment wait time standards and to identify inaccuracies in provider directories;
- Require disclosure of provider payment rates in both fee-for-service and MMC, in order to assess how Medicaid payment levels impact access;
- Require states to conduct annual MMC enrollee experience surveys for each MMC plan;
- Establish a framework for states to implement a Medicaid quality rating system to enable enrollees to compare MMC plans based on quality, access, covered benefits and drugs, cost, and other performance indicators.

The rules also address how states can use in-lieu-of services to address social risk factors and aims to address concerns about the sustainability of state directed payments. Public comments are due to CMS by July 3rd, 2023.

Activities

I 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 and report to CenCal Health on legislation and/or proposed CMS regulations which would impact County Organized Health Systems (COHS), MCOs or D-SNPs.

On April 20th, I met with the health policy staff member for Rep. Jimmy Panetta (D-CA-19) who now represents parts of northern San Luis Obispo County, including the towns of Paso Robles, Atascadero, Templeton area, and Cambria. I introduced CenCal Health, sharing the link to the resources in the latest Community Report, and offered CenCal Health as a resource to his office on Medicaid and health care issues. Rep. Panetta is a senior member of the House Committee on Ways and Means, which has jurisdiction over the Medicare program, including Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs).

I continue to stay in touch with colleagues at ACAP to keep abreast of their legislative and policy activities that may support CenCal Health.

**Required Contract Amendment from Department of Health Care Services
Contract 08-85212; Amendment A54 (2023-A)**

Date: May 17th, 2023

From: Michael Harris, Government Affairs & Administrative Officer

Through: Marina Owen, Chief Executive Officer

Background

Over a period of months, the Department of Care Services (DHCS) distributes policy letters and guidance based on changing State laws or changes to Federal laws or regulations. DHCS then combines these various policy changes and updates into contract amendment and issues these amendments on state-required timeframes; usually with a short timeframe for the health plan to review, sign and return the document. The Board of Directors or Board Chair provides authority to the CEO to execute contractual amendments and granted authority for the execution of amendment "A54". The purpose of this memorandum is to outline the relevant terms and recommendation.

Relevant Terms

As occurs with DHCS contract amendments, this contract amendment covers a wide variety of issues and topics. The amendment was distributed internally by the Administrative Officer to executive staff who then consulted with individual departments for their input. In this amendment, one area of correction was requested by the Quality Officer, Carlos Hernandez, and DHCS concurred.

Amendment A54 covers previously issued guidance from DHCS in the areas of member screenings (childhood mental health, enhanced case management), CenCal Health's Population Health strategies, working with local mental health departments, existing data requirements and different agreements with government local government agencies. There was no financial impact identified.

Recommendation

Internal staff review indicated that this amendment, A54, revises CenCal Health's DHCS contract that are consistent with previous policy directions from DHCS. As such, as directed by the Board of Directors, staff recommended to the CEO, that the DHCS contract amendment be executed as required by DHCS. The execution of amendment A54 places no unanticipated costs on CenCal Health as previous DHCS guidance was already in place.

Customer Experience Report

Date: May 17th, 2023

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

Through: Marina Owen, Chief Executive Officer

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

The May 2023 report from the Customer Experience Division provides operational trends and initiatives in the Member Services, Claims, Provider Services, and Program Departments. In addition to the updates below, the Customer Experience Division supported the Chief Executive Officer in launching the CalAIM Community Steering Committee in April. This effort will be detailed separately under the Regular Agenda.

Enrollment

CenCal Health's aggregate membership continues to grow with the Department of Healthcare Services (DHCS) suspension of negative re-determinations for Medi-Cal Eligibility with the public health emergency (PHE) unwinding, but the growth is slowing. As of May 5, 2023, CenCal Health has 235,403 members. For additional information, please reference the Enrollment Report.

Redetermination Efforts

The full redetermination process for Medi-Cal enrollment began in April 2023. DHCS published the official unwinding Toolkit to Health Plans that provided scripting for call centers, texting, social media and website use, FAQs and flyers, posters, and other materials to use for outreach to ensure common messaging across the state. Member Services staff have been provided the toolkit scripts and new call tracking coding was developed to capture the redetermination call volume. Member Services received 110 calls from members with questions in April 2023.

Communications and Member Services are using the scripts provided by DHCS for use in member discussions, social media posts and website materials. CenCal Health is also developing a Phase II Outreach Strategy to target members when they need it, based on when their redetermination is set to occur. Staff is working closely with the Department of Social Services in both counties to ensure messaging is timed with renewal dates for each member.

CenCal Health gained approximately 60,000 new members during the pause in negative redeterminations, who have never been through a redetermination process before. CenCal Health's Director of Member Services provided our Renewal Outreach Strategy Presentation to the Community Advisory Board and the Provider Advisory Board in April and will continue to present at the second quarter Joint Operation Committees for our larger provider and hospital partners to share strategies and provide resources to assist across our communities.

Member Services Performance

April's call volume of 7,808 was slightly below 2022's monthly average of 7,939.

Average Speed to Answer exceeded the goal of 85% at 87% of calls answered within 30 seconds. The abandon rate exceeded the goal of 3% with a score of 2%. Of all calls answered, 96% were coded, also exceeding the goal of 95%. These achievements are noteworthy as Member Services has two open MSR positions and another MSR on Leave currently. Grievance & appeal volume in control with usual volume and all turnaround times for G&A were all met.

Member Portal

The Member Portal successfully went live April 9, 2023. As of May 4th, CenCal Health has 1,029 member accounts created. An all-household mailing was sent to our membership with a QR code that takes member directly to our Member Portal account landing page. Member Services are receiving daily interactions from members electronically now through their accounts, mostly to provide demographic updates, request ID cards, change PCPs, and complete Health Risk Assessments on-line.

Provider Services

The Provider Services Department recognizes that the volume and breadth of work now and in the future across all Provider Services functions – provider relations, contracting, credentialing, provider data, and provider regulatory compliance – is significant. The opportunity and necessity exist to evolve the structure of Provider Services to best support CenCal Health's providers and to best meet the evolving needs of our network. In support of these next steps, CenCal Health is pleased to share that Cathy Slaughter has been promoted to the role of Provider Relations Director, effective May 1st. In this new role, Ms. Slaughter will lead the Provider Relations function towards excellence in customer service for the CenCal Health provider network. Department leadership and staff will work over the coming weeks to finalize the new structure to best position all staff for success moving forward, and we welcome Cathy to her new role.

During the month of April, the Provider Services Director and Chief Customer Experience and Health Equity Officer presented on the new Medi-Cal Street Medicine benefit as

keynote speakers to a group of local healthcare providers. We look forward to continuing to share information about this new benefit and support Street Medicine Providers in San Luis Obispo and Santa Barbara Counties.

As was reported to the Board previously, Provider Services is deploying a new monthly reporting dashboard to provide insight into key areas of operational performance. The dashboard is now included herein with performance against the following metrics:

- Calls Answered within 30 Seconds
- Total Call Volume
- Providers Credentialed within 90 Days
- Providers Recredentialed within 36 Months

Of note, Provider Services is closely monitoring calls answered within 30 seconds, as performance remains below target. This has been attributed to lower staffing levels available on the phone queue with staff on leave in April and a position vacancy, paired with increased demand for in-person visits and collection of medical records pursuant to regulatory reviews over the last month. The Provider Relations team will continue to monitor queue coverage through the month of May and seek adjustments to schedules in support of improved Provider access to our team. For additional detail, please reference the Provider Services Dashboard.

Claims

The Claims Department monitors core service metrics across all operational and customer service functions. Staff recently developed Claims Dashboard includes a suite of metrics ranging from claims volume to call center performance.

For the April 2023 reporting period and as demonstrated in the included dashboard, all metrics were at or above goal. Claims paid per 1,000 members shows a decrease which is due to fewer workdays and one less check payment cycle. Daily call volume remains elevated, but decreased in April which may be due to the expansion of self-service tools introduced recently. The percentage of calls answered in 30 seconds increased to 94.5%.

Program Development

Housing & Homelessness Incentive Program (HHIP)

CenCal Health has executed eleven HHIP funding agreements with community partners. Two additional funding agreements are under final review. To date, CenCal Health has allocated \$2.8 million in funding and will allocate an additional \$373,000 within the next few weeks. The Program Development team is preparing for Round 2 HHIP funding, which is anticipated to be announced by DHCS in May. Round 2 funding

will expand and strengthen the capacity of community partners to deliver housing and homelessness services to CenCal Health members as well as increase low-income and affordable housing stock.

Student Behavioral Health Incentive Plan (SBHIP)

CenCal Health and Flux Coaching and Consulting have actively worked with the Local Education Agencies (LEAs) to finalize their respective SBHIP budgets and project implementation plans. A Memorandum of Understanding, which will include the budget and implementation plan, has been shared with the respective LEA's and allocation of funds will follow once fully executed. Workgroups are being established and will focus on the development of a closed-loop referral process and the selection and use of a universal screening tool. Workgroups will include members from CenCal Health, participating LEAs, Community Based Organizations, and partner agencies providing mental and/or behavioral health services. CenCal Health has issued a request for quote and is seeking a program evaluator to assist with evaluating SBHIP's short, intermediate, and long-term outcomes as well as program efficacy and impact.

For additional detail on the Incentive Payment Program (IPP), please reference a separate Program Report from Jordan Turetsky, MPH, Provider Network Officer.

Enclosures

- 1) Member Enrollment Report
- 2) Member Call Statistics
- 3) Member Appeals and Grievances
- 4) Provider Services Dashboard

CENCAL HEALTH CALENDAR 2022 - 2023 MEMBER SERVICE TELEPHONE STATISTICS

AGGREGATE CALL VOLUME FOR HEALTH PLAN AND AGGREGATE AVERAGE SPEED TO ANSWER

Reporting period:

April 2023 - Calendar 2023

Monthly Call Volume

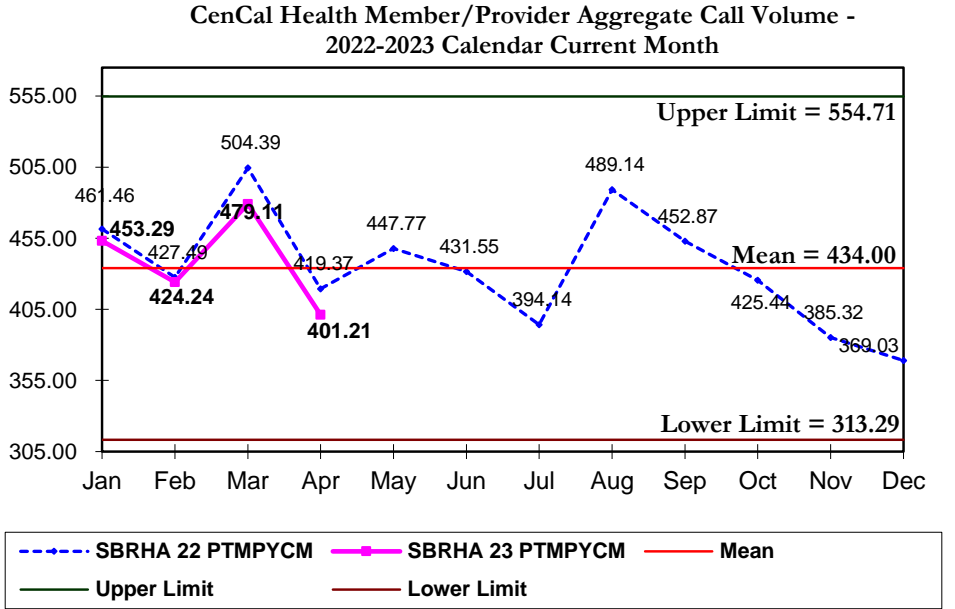
- In Control
- Not In Control

April 2023:

Member Queue = **6,569**
 Provider Queue = **919**
 Non ACD = **320**
 Aggregate Call Volume = **7,808**

Calls per 1,000/month (PTMPM) = **33.43**
 Calls per 1,000/year (PTMPY) = **401.21**

Analysis:
 April's call volume PTMPY is slightly below 2022's mean and in control. The call center averaged 390 daily calls in April 2023.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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
23 Members	229,679	231,154	231,832	233,532								
Call Volume	8,676	8,172	9,256	7,808								
PTMPYCM	453.29	424.24	479.11	401.21								

April 2023

Monthly Average Speed to Answer

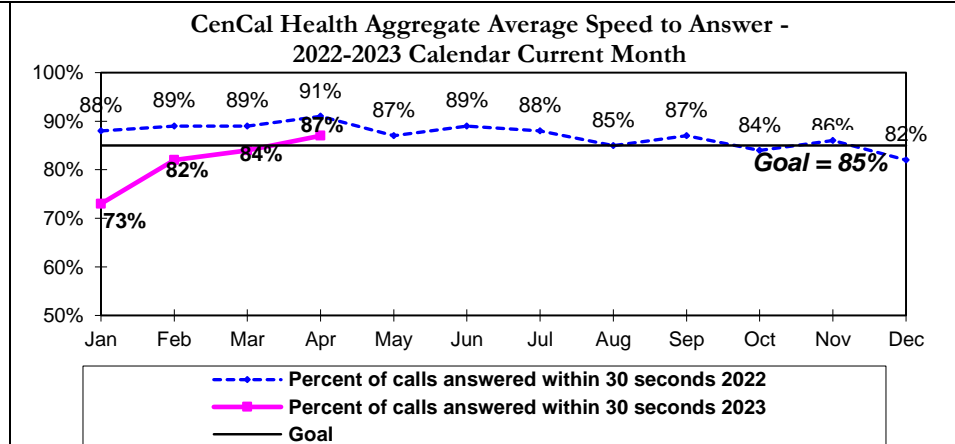
- Exceeding Goal
- Meets Goal
- Not Meeting Goal

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

April's score = **87%**

Aggregate calls answered: **7,568**
 Aggregate calls answered within 30 seconds: **6,603**

Analysis:
 There was 1 call in the queue over 10 minutes before being answered in April. Member Services has two vacant MSR positions and one staff on Leave currently.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Answered in 30 seconds or less 2022	88%	89%	89%	91%	87%	89%	88%	85%	87%	84%	86%	82%
Answered in 30 seconds or less 2023	73%	82%	84%	87%								

AGGREGATE MONTHLY ABANDON RATE AND AGGREGATE MONTHLY CALL CODING PERCENTAGE

April 2023

<p>Monthly Aggregate Abandon Rate</p> <p><input checked="" type="checkbox"/> Exceeding Goal <input type="checkbox"/> Meets Goal <input type="checkbox"/> Not Meeting Goal</p> <p><i>CenCal Health Goal = 3% or less</i></p> <p>Aggregate Call Volume: 7,808 Abandoned Calls: 165</p> <p>Percent of calls abandoned in April 2023 = 2%</p>	<p>CenCal Health Aggregate Monthly Abandon Rate - 2022-2023 Calendar Current Month</p> <table border="1" style="margin: 10px auto; border-collapse: collapse; font-size: small;"> <caption>Monthly Abandon Rate Data</caption> <thead> <tr> <th>Month</th> <th>2022 (%)</th> <th>2023 (%)</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>2%</td><td>3%</td></tr> <tr><td>Feb</td><td>2%</td><td>3%</td></tr> <tr><td>Mar</td><td>2%</td><td>2%</td></tr> <tr><td>Apr</td><td>1%</td><td>2%</td></tr> <tr><td>May</td><td>2%</td><td></td></tr> <tr><td>Jun</td><td>1%</td><td></td></tr> <tr><td>Jul</td><td>2%</td><td></td></tr> <tr><td>Aug</td><td>2%</td><td></td></tr> <tr><td>Sep</td><td>2%</td><td></td></tr> <tr><td>Oct</td><td>2%</td><td></td></tr> <tr><td>Nov</td><td>2%</td><td></td></tr> <tr><td>Dec</td><td>2%</td><td></td></tr> </tbody> </table> <p>Legend: Percent of calls abandoned 2022 —●— Percent of calls abandoned 2023 ——— Goal = 3% or Less</p>	Month	2022 (%)	2023 (%)	Jan	2%	3%	Feb	2%	3%	Mar	2%	2%	Apr	1%	2%	May	2%		Jun	1%		Jul	2%		Aug	2%		Sep	2%		Oct	2%		Nov	2%		Dec	2%	
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	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
% of Abandoned Calls 2022	2%	2%	2%	1%	2%	1%	2%	2%	2%	2%	2%	2%
% of Abandoned Calls 2023	3%	3%	2%	2%								

April 2023

<p>Monthly Aggregate Calls Coded</p> <p><input checked="" type="checkbox"/> Exceeding Goal <input type="checkbox"/> Meets Goal <input type="checkbox"/> Not Meeting Goal</p> <p><i>Goal for Percentage of Coded Calls = 95%</i></p> <p>Queue Calls Handled: 7,248 Queue Calls Coded: 6,926</p> <p>Percentage of calls coded in April 2023 = 96%</p> <p>Total Issues Coded: 8,327 *Calls may have more than one category.</p> <p>Top 5 Call Categories:</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Category</th> <th>Calls</th> <th>% of Total</th> </tr> </thead> <tbody> <tr><td>Eligibility</td><td>2,319</td><td>28%</td></tr> <tr><td>PCP Selection</td><td>1,627</td><td>20%</td></tr> <tr><td>Benefits</td><td>833</td><td>10%</td></tr> <tr><td>Transfer</td><td>779</td><td>9%</td></tr> <tr><td>Member Request</td><td>614</td><td>7%</td></tr> </tbody> </table> <p><small>*Miscellaneous = calls dropped/disconnect or N/A to a preset category.</small></p>	Category	Calls	% of Total	Eligibility	2,319	28%	PCP Selection	1,627	20%	Benefits	833	10%	Transfer	779	9%	Member Request	614	7%	<p>CenCal Health Monthly Calls Coded Percentage - 2022-2023 Calendar Current Month</p> <table border="1" style="margin: 10px auto; border-collapse: collapse; font-size: small;"> <caption>Monthly Call Coding Percentage Data</caption> <thead> <tr> <th>Month</th> <th>2022 (%)</th> <th>2023 (%)</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>97%</td><td>97%</td></tr> <tr><td>Feb</td><td>95%</td><td>96%</td></tr> <tr><td>Mar</td><td>97%</td><td>97%</td></tr> <tr><td>Apr</td><td>97%</td><td>96%</td></tr> <tr><td>May</td><td>97%</td><td></td></tr> <tr><td>Jun</td><td>96%</td><td></td></tr> <tr><td>Jul</td><td>96%</td><td></td></tr> <tr><td>Aug</td><td>97%</td><td></td></tr> <tr><td>Sep</td><td>97%</td><td></td></tr> <tr><td>Oct</td><td>97%</td><td></td></tr> <tr><td>Nov</td><td>97%</td><td></td></tr> <tr><td>Dec</td><td>96%</td><td></td></tr> </tbody> </table> <p>Legend: Percentage of calls coded 2022 —●— Percentage of calls coded 2023 ——— Goal = 95%</p>	Month	2022 (%)	2023 (%)	Jan	97%	97%	Feb	95%	96%	Mar	97%	97%	Apr	97%	96%	May	97%		Jun	96%		Jul	96%		Aug	97%		Sep	97%		Oct	97%		Nov	97%		Dec	96%	
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	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Percentage of Calls Coded 2022	97%	95%	97%	97%	97%	96%	96%	97%	97%	97%	97%	96%
Percentage of Calls Coded 2023	97%	96%	97%	96%								

April Analysis:

*Eligibility Calls – 55% Eligibility verification, 29% Referred to DSS/SSA, 10% Coordination of Benefits (OHC) Verification.

- **110 Calls from members with questions about the DHCS Re-Determination process.**

*Benefits – 36% Dental, 13% Specialists (Mostly asking for list of/contact information for Dermatologists, Neurologists, & OBGYNs), 10% Vision

*Transferred Calls – 23% Ventura Transit (Transportation), 16% to the Behavioral Health Department, 15% to the Medical Management Department.

*Member Request – 55% Demographic update, 16% Member Material/Info.

*Member Portal – There were 38 calls requesting general information or password resets.

*Provider Calls Coded (1,133) = 14% of all calls coded. 63% were for Eligibility, 20% were transferred out of Member Services (40% to Claims, 33% to Medical Management) and 11% for PCP selections.

CENCAL HEALTH CALENDAR 2023

MEMBER GRIEVANCE SYSTEM GRIEVANCE & APPEAL RECEIPTS

MEMBER GRIEVANCES & APPEALS

Reporting period:

April 2023 - Calendar 2023

- In Control
- Not in Control

April's PTMPY for grievance and appeals was **2.16**, slightly below 2022's Mean of 2.23 and in control.

April Grievance/Appeals = 42

Appeals – 13 (including 1 expedited)

Quality of Care – 12

Administrative – 8

Access – 4

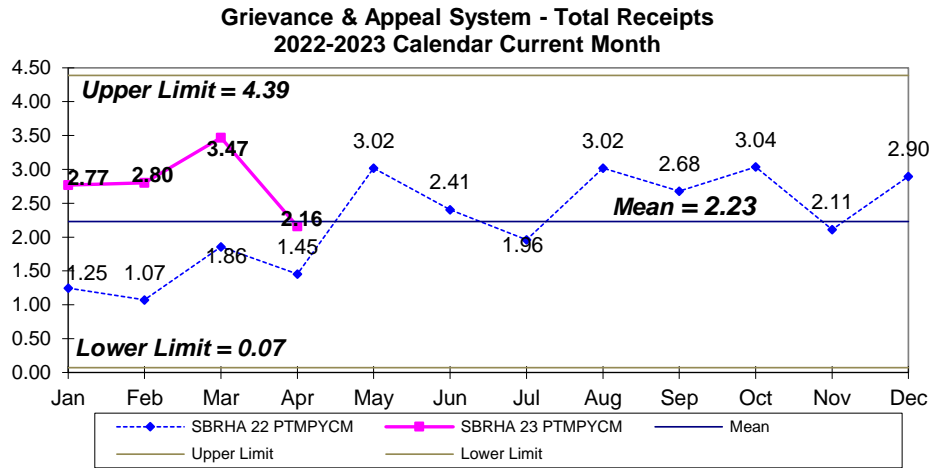
Interpersonal – 3

Benefits – 2

Of the **42** grievances/appeals filed:

30 = SB County (8 Appeals = 27% of SB Vol.)

12 = SLO County (5 Appeals = 42% of SLO Vol.)

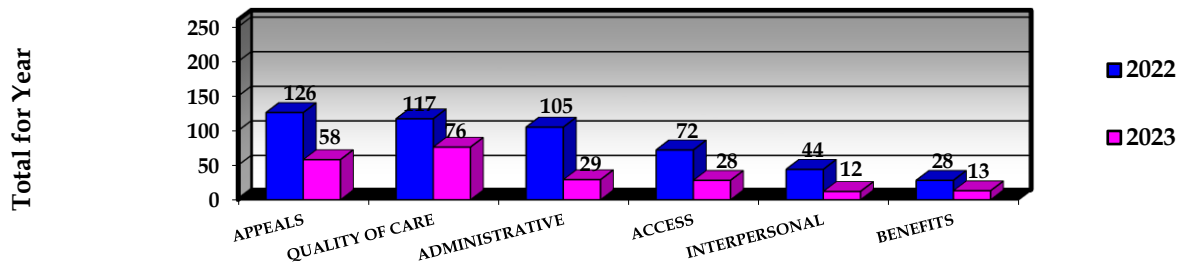


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
CenCal 22 Mbrshp	211,466	212,410	213,193	214,434	218,712	219,425	220,370	222,637	224,038	225,310	227,342	227,915
CenCal G&A Issues	22	19	33	26	55	44	36	56	50	57	40	55
CenCal PTMPYCM	1.25	1.07	1.86	1.45	3.02	2.41	1.96	3.02	2.68	3.04	2.11	2.90
CenCal 23 Mbrshp	229,679	231,154	231,832	233,532								
CenCal G&A Issues	53	54	67	42								
CenCal PTMPYCM	2.77	2.80	3.47	2.16								

April Analysis and Trends:

- * **Appeals:** 11 TAR appeals: 3 DME, 3 Behavioral Health, 2 Various Outpatient services, 3 Others with no trends. 2 RAF appeals: Both to out of area providers, no trend.
- * **QOC Grievances:** 6 PCP, 2 Behavioral Health, 2 Specialist, 2 Hospital. Various perceived quality of care concerns/reasons with most issues stemming from members belief that the provider inadequately addressed their concerns/conditions. No provider had more than one QOC grievance filed against, no trends.
- * **Administrative:** Mostly centered around the member's dissatisfaction with scheduling, timely communication or the authorization process. There were 2 Administrative grievances against CenCal Health.
- * **Access:** 2 PCP-related with no trends. 2 Behavioral Health including one against CenCal Health for lack of behavioral health providers.
- * **Interpersonal:** Main cause of overall interpersonal issues was the member's perception of rude demeanor/comments by provider made during visits or by office staff interactions. 2 of the 3 Interpersonal grievances were against the transportation vendor.
- * **Benefits:** 1 Against Ventura Transit, 1 requesting reimbursement for OTC purchases, no trends.
- * **Transportation:** There were 3 grievances filed against transportation vendor in April as noted above. 2 in SBHI (67%), 1 in SLOHI (33%).
- * **Total Mental Health/BHT Services:** 8 (3 Appeals, 2 QOC, 2 Admin, 1 Access). Commonly dissatisfied with appointment availability, being dismissed by provider, delays in call back/poor communication or not being prescribed medications of choice/preference. For the appeals - 2 Psychological testing, 1 Neuropsychological testing.

Member Grievance & Appeal System Receipts by Reasons



Type	Calendar 2022	Calendar 2023
Appeals	126	58
Quality of Care	117	76
Administrative	105	29
Access	72	28
Interpersonal	44	12
Benefit	28	13

Analysis: Quality of Care grievances (19/month) are above the 2022 average of 10/month, directly related to CenCal Health processing grievances for Behavioral Health at CenCal Health vs. delegation prior to 1/1/22 to the Holman Group. CenCal Health intakes expressions of dissatisfaction as a member grievance.

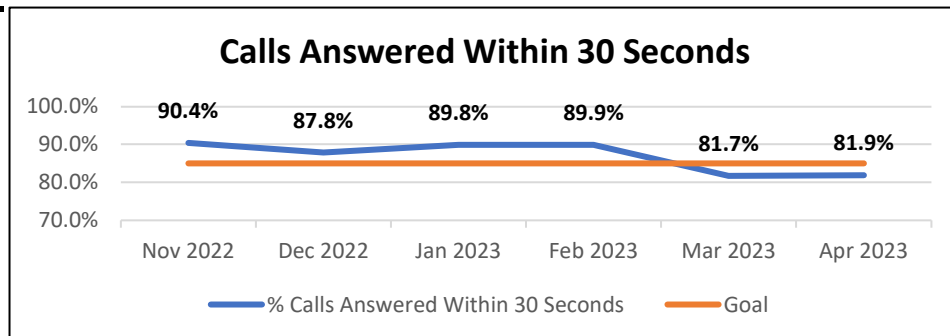
**CENCAL HEALTH
PROVIDER SERVICES STATISTICS APRIL 2023**

Analysis:

Goal: 85%

April 2023 Performance: 81.9%

Provider Relations continues to monitor and seek adjustments to its call center queue staffing to improve its speed to answer results. April 2023 experienced staff members out of the office, in addition to an existing vacant relations position. This paired with increased demand for in-person provider visits, and to support regulatory requests for medical records collection. Queue coverage in May is expected to improve timely provider ASA.

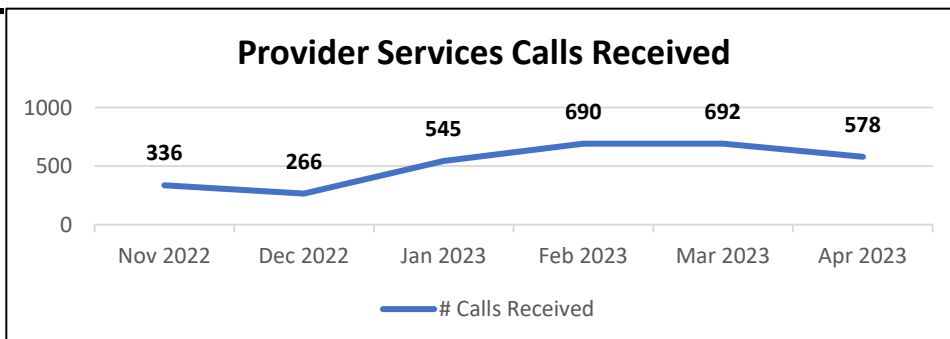


Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023
90.4%	87.8%	89.8%	89.9%	81.7%	81.9%

Analysis:

April 2023 Calls Received: 578

Provider Relations experienced a decrease in April portal incident reports by more than half compared to March (4 separate incidents in April compared to 10 in March), and noted decrease in calls related to portal access in April.



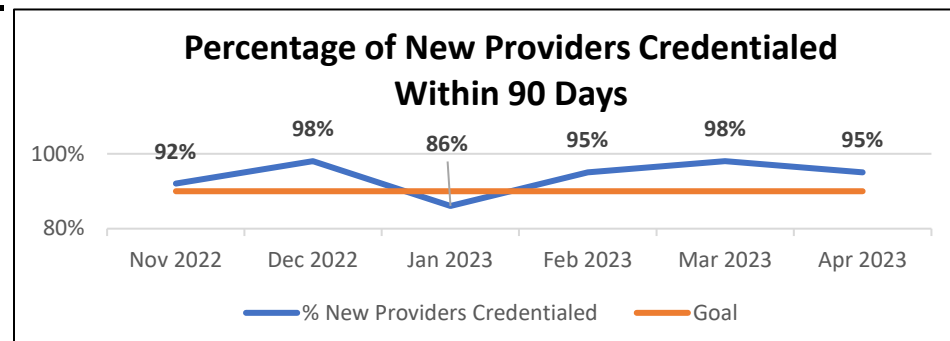
Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023
336	266	545	690	692	578

Analysis:

Goal: 90%

April 2023 Performance: 95%

The credentialing goal was exceeded in April at 95% (35 of 37 files) being approved within 90 days. The two that did not meet goal appear to be isolated delays, and will be monitored for any recurrence.



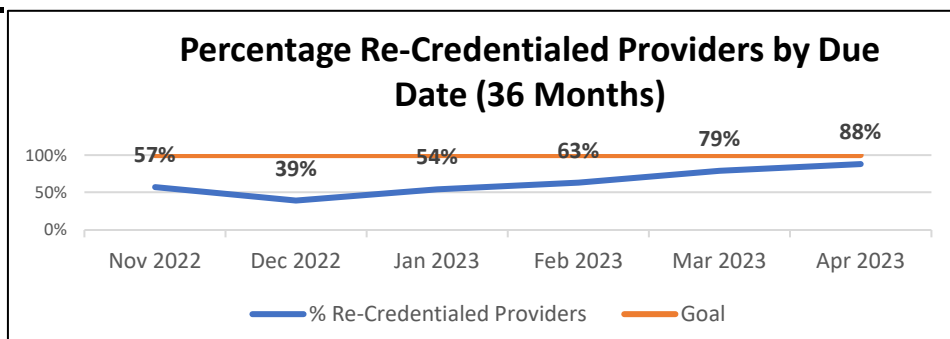
Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023
92%	98%	86%	95%	98%	95%

Analysis:

Goal: 100%

April 2023 Performance: 88%

The credentialing team continues catch up on past due re-credentialing files identified in 2022, as well as current files as they become due. The percentage re-credentialled by their due date has been trending steadily upwards throughout Q4 2022 and Q1 2023. The team has now nearly completed all providers due in Q3 and is working on Q4, aligning with target to begin outreach to providers 3 to 6 months prior to their due date.



Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023
57%	39%	54%	63%	79%	88%

April 2023 Look Back

To:
CenCal Health Board of Directors

From:
Nicolette Worley Marselian
Director, Communications &
Community Relations

Date:
May 17th, 2023

UPCOMING REDETERMINATION SUPPORT PLANS.....pg.1

EXTERNAL COMMUNICATIONS....pg.2

- Earned Media

COMMUNITY RELATIONS.....pg. 3

- Sponsorships & Events
- Community Engagement
Spotlight

UPCOMING REDETERMINATION SUPPORT PLANS

CenCal Health recently initiated a redetermination campaign to support continued member enrollment. Due to the COVID-19 Public Health Emergency, Medi-Cal redetermination – the annual process that members must complete to prove continued eligibility – was halted. In those three years, CenCal Health saw historically high enrollment in Medi-Cal, as the federal government suspended the yearly eligibility process to keep health care available to as many people as possible.

Now, with the pandemic largely in the rearview mirror, County Social Services Departments have begun rolling out the annual packages that redetermine member eligibility. For members who joined in the last three years, this is their first time going through the redetermination process.



A multi-pronged redetermination outreach campaign to support Santa Barbara and San Luis Obispo counties' Medi-Cal members in maintaining their enrollment has begun. The campaign will utilize multiple distribution channels and tactics, like a recently published press release, text messaging, voice messaging, social media posts, collateral materials, and more.

Working in partnership with our local Departments of Social Services, the campaign aims to maximize member retention by:

- Raising awareness about Medi-Cal redetermination.
- Urging beneficiaries to ensure Medi-Cal has their correct address.
- Instructing beneficiaries to watch for the “big yellow envelope.”
- Ensuring the highest rate of redetermination packet response.

April 2023 Look Back

To: CenCal Health Board of Directors

From: Nicolette Worley Marselian, Director, Communications & Community Relations

Date: May 17th, 2023



EXTERNAL COMMUNICATIONS

Earned Media

In April, the Communications & Community Relations department distributed the following press release in English and Spanish:

- **40 Years in the Making, CenCal Health Presents its 2022-2023 Community Report**
Health plan references innovation, four-decade history with forward leading, looking back theme

40 años en desarrollo, CenCal Health presenta su reporte comunitario 2022-2023
Plan de salud hace referencia a la innovación, y su historia de cuatro décadas con un tema que mira hacia el futuro y mira hacia atrás

In addition, positive publicity continued for the following bilingual press release, which was distributed by the department in late March:

- **Medi-Cal Recipients on Central Coast Urged to Reconfirm Eligibility**
Community health plan alerts members "to not lose your health coverage"

Se solicita a los beneficiarios de Medi-Cal en la costa central que reconfirmen su elegibilidad
Plan de salud comunitario alerta a los afiliados "para que no pierdan su cobertura de salud"

(Note: To read the press releases, go to page 10.)

The announcement of CenCal Health's 2022-2023 Community Report garnered four mentions, including **Payers & Providers** and the Central Coast Medical Association's (CCMA) e-newsletter, **The Pulse**, among other digital media. With this year's theme of "Forward leading, looking back," the annual overview – available in English and Spanish – emphasizes both the organization's 40-year history and opportunities for the future in delivering access to health services for Central Coast residents.

CenCal Health's 40th anniversary was also recognized in the April 21 issue of **Pacific Coast Business Times**. The regional journal produces an annual **Business Hall of Fame/Legacy** special report and event recognizing leaders, decision-makers, and local companies. Noting CenCal Health's four-decade history in Santa Barbara County (and 15 years in San Luis Obispo County), the legacy portion of this report recognized the health plan with an **Editor's Choice Award**, along with other organizations celebrating extraordinary milestones in 2023. A celebratory event honoring awardees is scheduled in Santa Barbara on May 18th.

April 2023 Look Back

To: CenCal Health Board of Directors
From: Nicolette Worley Marselian, Director, Communications & Community Relations
Date: May 17th, 2023



COMMUNITY OUTREACH

Sponsorships & Events

Sponsorship & Donation Program Report

CenCal Health's Sponsorship and Donation program aims to foster long-term collaborative partnerships with local nonprofits and other community partners whose mission is to serve vulnerable and low-income populations in our communities. These organizations provide a service that complements or enhances CenCal Health's services or provide a secondary benefit to our membership.

Below is a list of organizations and their events to which CenCal Health committed funds in April 2023.

Organization Name	Event Name	Event Date
5Cities Homeless Coalition	Training - Navigating Difficult Conversations Training with Beth Wonson	5/8 - 11/2023

Event Participation

Through event participation, the Communications & Community Relations department seeks to:

- Outreach to members and prospective Medi-Cal beneficiaries within our service area.
- Promote health education.
- Increase the health plan's reputation as a partner within the business and healthcare communities.
- Fulfill CenCal Health's dedication to being a trusted partner in advancing health equity.

Events are supported by staff volunteers, known as Ambassadors, who represent CenCal Health. Below is a list of the community events attended by CenCal Health Ambassadors in April 2023.

Organization Name	Event Name	Event Date
Planned Parenthood California Central Coast	Birds and Bees Bash	4/29/2023
El Camino Homeless Organization (ECHO)	Empty Bowls	4/27/2023
Pacific Coast Business Times	Top 50 Women in Business	4/20/2023

April 2023 Look Back

To: CenCal Health Board of Directors
From: Nicolette Worley Marselian, Director, Communications & Community Relations
Date: May 17th, 2023



COMMUNITY RELATIONS

Community Engagement Spotlight

The following images highlight some of the community events and activities supported by CenCal Health and attended by our leaders and Ambassadors in April, including sponsored and non-sponsored events.



CenCal Health CEO Marina Owen and CenCal Health Board Member Sue Andersen cheerfully display their awards at *Pacific Coast Business Times'* Top Women in Business celebration event.

CenCal Health Ambassador Andrea Montes Alvarado presenting El Camino Homeless Organization (ECHO) with their Empty Bowls sponsorship check.

Photo credit: ECHO



CenCal Health's Sponsorship & Donation program supported Angels Foster Care's annual Al Fresco Luncheon, which took place on April 28.

Compliance Report

Date: May 17th, 2023

From: Karen S. Kim, JD, MPH, Chief Legal and Compliance Officer

Contributors: Krisza Vitocruz, Compliance Director and Privacy Officer
Kimberly Wallem, Senior Delegation Oversight Specialist
Allison Bartee, Senior Compliance Specialist

Executive Summary

The purpose of this memo is to provide the CenCal Health Board of Directors with an overview of current compliance activities for the organization. The memo highlights certain compliance activities and includes the Department of Health Care Services (DHCS) Medical Audits, DHCS APLs, and other Compliance Department updates.

2024 Contract Operational Readiness

As part of the California Department of Health Care Services (DHCS) efforts to redefine how Medi-Cal managed care is delivered to the 12 million Californians receiving health care benefits, DHCS has restructured the managed care contract to hold plan partners and subcontractors more accountable for high-quality, accessible, and comprehensive care, to reduce health disparities, and to improve health outcomes. The new contract (2024 Contract or Contract) is effective January 1, 2024.

DHCS has structured the 2024 Contract Operational Readiness process into two (2) distinct periods: (1) Implementation Period; and (2) Operations Period. The Implementation Period is from August 1, 2022, through December 31, 2023. The Operations Period Commences on January 1, 2024. The Implementation Period includes a total of approximately 227 deliverables due to DHCS. The deliverables are spread across 3 waves and 10 due dates.

Update since last Board Report:

CenCal Health has completed submissions for Wave 1 and 2. Wave 1 included 63 deliverables, all of which have been approved. Wave 2 included 63 deliverables, all but one has been approved. CenCal Health has submitted its April deliverables as part of Wave 3, all but 2 have been approved. CenCal Health is currently preparing 34 May deliverables and timely, high-quality submissions for the remaining deliverables due in June, July, August, and September.

CenCal Health's AIR rate (Additional Information Requested by DHCS) for Wave 1 was 13%. The current AIR rate for Wave 2 is 6%. The current AIR rate for Wave 3 is 0%.

Department of Health Care Services (DHCS) Medical Audits

2022 DHCS Medical Audit

The 2022 Department of Health Care Services (DHCS) Medical Audit was conducted virtually, from October 17, 2022, through October 24, 2022. The 2022 audit was a limited scope audit and evaluated the Plan's compliance with contract requirements and regulations in the areas of Utilization Management, Case Management and Care Coordination, Access and Availability, Member Rights, Quality Improvement, Administrative and Organizational Capacity and State Supported Services Contract. The scope of the audit period ran from October 1, 2021, through September 30, 2022. Each year the auditors identify a delegate to evaluate and interview, the 2022 delegate was Care to Care.

CenCal Health participated in a preliminary exit conference with DHCS in mid-November 2022, where the Department provided initial feedback of Plan performance during the 2022 Routine Medical Audit. CenCal Health was given an opportunity to provide supporting documents and evidence, for DHCS to review and consider as they prepare a draft report of findings. Following receipt of the draft report CenCal Health will be afforded another opportunity to provide additional evidence, a written response, and to formally agree, partially agree, or disagree with audit findings as part of the public record.

Update since last Board Report:

CenCal Health received ten (10) *preliminary* audit findings as part of its 2022 DHCS Medical Audit Draft Report. CenCal Health held its Exit Conference with DHCS on April 20, 2023, which provided the Plan with an opportunity to ask the Department questions about its preliminary findings. CenCal Health submitted its formal response to the Audit Draft Report on May 5, 2023, and agreed with two (2) of the preliminary findings, disagreed with (2) of the preliminary findings, and partially disagreed with the remaining preliminary findings. The preliminary findings were in the areas of Utilization Management (1), Case Management (1), Grievances and Appeals (5), Transportation (2), and Fraud Waste Abuse (1).

CenCal Health Compliance Officer and Audit Manager is collaborating with business leaders to immediately implement remediation measures for its preliminary findings, establish oversight and monitoring of processes, update policies and procedures, and evaluate long-term sustainable solutions. In addition, cases and files during the current audit period will be reviewed to avoid any repeat findings. Lastly, a root-cause analysis will be conducted to recommend remediation measures to leadership for adoption. Remediation measures will be prioritized according to risk category.

Department of Health Care Services: All Plan Letters

The Department of Health Care Services (DHCS) released the following All Plan Letters (APLs) in April:

New April DHCS APLs:

1. [APL 23-007](#) **Telehealth Services Policy**
 - a. Released 4/10/2023
 - b. Supersedes APL 19-009

2. [APL 23-008](#) **Proposition 56 Directed Payments for Family Planning Services**
 - a. Released 4/28/2023
 - b. Supersedes APL 22-011

Revised April DHCS APLs:

1. [APL 22-004](#) **Strategic Approaches for Use By Managed Care Plans to Maximize Continuity of Coverage as Normal Eligibility and Enrollment Operations Resume**
 - a. Revised 4/18/2023

2. [APL 20-004](#) **Emergency Guidance for Medi-Cal Managed Care Health Plans in Response to COVID-19**
 - a. Revised 4/4/2023

3. [APL 20-021](#) **Acute Hospital Care at Home**
 - a. Revised 4/19/2023

Compliance Department Update

Effective May 1, 2023, Karen S. Kim, JD, MPH will be dedicated to Compliance work at CenCal Health, and her title changed to Chief Compliance Officer. This change in title reflects leadership's commitment and dedication to strengthening the organization's Compliance Program and its ability to prevent and detect areas of non-compliance, as well as a reflection of best business practices for reporting lines of Compliance and Legal within an organization. Legal Services will be supported by Administration, which is further described in the Government Affairs and Administrative Report by Mr. Harris.

Recommendation

This memo is intended to be informational only and no action by the Board of Directors is being requested.

Information Technology Report

Date: May 17th, 2023

From: Bill Cioffi, Chief Information Officer

Contributors: Jai Raisinghani, Deputy Chief Information Officer

Executive Summary

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

Operational Statistics

Claims: During the month of April, CenCal Health received approximately 267,000 provider claims representing a drop of approximately 10% from the month prior. HIPAA Compliant 837I/837P was the source of 93% of total claims and CenCal Health's Provider Portal was used for 5% of claim submissions. In total, 98% of total claims were received via electronic method (HIPAA 837I/ 837P/ Proprietary files). Auto-adjudication rates for the month was at 95%.

Authorizations: During the month of April, the Health Plan received approximately 10,450 authorization requests and 83% of total authorizations were entered using CenCal Health's Provider Portal while 6% of total requests were part of data transmission from the Plan's Radiology Benefit Manager (RBM). Additionally, 11% of total authorization requests were received via Fax.

IT Help Desk: IT received a total of 1,029 requests during month of April via the IT Service Desk system related to various systems and services supported by the IT department. During the month, 1,004 total requests were closed and at the time of reporting, there are a total of approximately 268 open requests in the department queue.

IT Network Monitoring: In March 2023, the IT Network uptime and connectivity recorded an average availability of 99% or higher.

CenCal Health's Member Portal

IT is pleased to report that the launch of our first Health Plan Member Portal, live since April 10th. This new online platform will enable our members to manage their healthcare services with increased efficiency and convenience.

Through the portal, our members will have access to a range of features, including the ability to:

- View member benefits and coverage information
- Track claims and service authorization requests
- Locate healthcare providers in the network
- Receive important health and wellness notifications

The portal has undergone extensive testing and was designed to be user-friendly and accessible to all members to enhance the overall experience for our members. IT will closely monitor the portal's performance and continue to make improvements based on user feedback. Our goal is to provide the best possible service to members using technology, and the launch of CenCal Health's Member Portal is a significant step towards achieving that goal.

Data Exchange Framework (DxF):

The CalAIM Data Exchange Framework (DxF) aims to implement a comprehensive Health Information Exchange (HIE) and data sharing solution for CenCal as part of Data Sharing Agreement between the plan and California Health and Human Services. To date, we have issued an RFP (request for proposal) seeking to identify a vendor or vendors who can provide such a solution for our region. CenCal Health has launched education, outreach, and communication efforts with a notice in the May Provider Services Bulletin and are planning a broader kickoff via a virtual lunch-n-learn session on May 31st. The selected vendor will collaborate with our organization to ensure the HIE's successful deployment, integration, and efficient operation, meeting stakeholders' needs and enhancing the quality of patient care.

Recommendation

The Information Technology Report is informational and no action from the Board of Directors is requested at this time.

Community Benefit Program Report

Date: May 17th, 2023

From: Nicolette Worley Marselian, MBA
Director of Communications and Community Relations

Through: Van Do-Reynoso, MPH, PhD
Chief Customer Experience Officer & Chief Health Equity Officer

Executive Summary

Last April 2022, your Board approved \$200,000 to CommUnify, the Community Action Commission of Santa Barbara, to expand the Adolescent Family Life Planning (AFLP) program, which provides case management for expectant and young parents aged 12 to 21. Services offered include social and emotional support to build resiliency, skills to achieve a healthy pregnancy, and positive parenting skills.

CommUnify has not been able to expend the allocated grant in full, due to staffing shortages, recruitment challenges, and high cancellation rates. CommUnify is addressing these challenges and therefore, with Board of Director consent, staff will extend the grant period through October 31, 2023.

Background

CommUnify's Adolescent Family Life Planning (AFLP) program provides case management for expectant and young parents aged 12 to 21. The program seeks to increase social and emotional support and build resiliency while helping these adolescent parents achieve a healthy pregnancy and learn positive parenting skills.

Due to an ongoing waitlist for services, this project was funded to (1) expand the number of adolescent mothers being served annually; (2) expand the service area from Santa Maria to mid and south county regions; and (3) provide behavioral wellness services to identify and address young mothers experiencing depression and other emotional issues.

Efforts to expand the number of mothers currently being served in their AFLP services program have been delayed by recruitment challenges. To date, they have expended a total of \$69,074 in funding, with a balance of \$130,925 remaining. CommUnify is addressing recruitment challenges to fulfill all expectations.

Recommendation



Staff requests the Board of Directors consent to extend the CommUnify AFLP grant period through October 31, 2023.

CalAIM Program Implementation Update

Date: May 17th, 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 internal 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 to include DHCS policy updates and plan decisions.

CalAIM Program Update

The internal 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 through the efforts of the Community Steering Committees comprised of representatives from senior leadership from across the Medi-Cal and safety-net provider spectrum in Santa Barbara County and San Luis Obispo County. Based on increased information being shared by DHCS on the Justice Involved initiative going live in April 2024, staff will be conducting a landscape analysis to better understand the unique needs of this population and who is currently serving those needs to make appropriate introductions in the community. These activities will then allow staff to develop a network development and implementation strategy in alignment with the go-live of the Individuals Transitioning from Incarceration Population of Focus (POF) effective January 1, 2024, under the Enhanced Care Management (ECM) Program.

CalAIM Initiatives Update

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

- **Enhanced Care Management (ECM)** – Staff continue to support the Populations of Focus (POFs) that are currently eligible for ECM ([see Table 3](#)). Eleven (11) providers

are contracted to provide ECM with almost 2,000 members assigned to these providers for outreach, and 526 members enrolled and receiving ECM services. The program continues to grow based on expanded provider capacity as evidenced by our conversion rates: members identified as potentially eligible and assigned for outreach increased from 32% to 52% and members assigned for outreach being enrolled in ECM services increased from 16% to 21%. Staff is actively involved with network development and internal system enhancement activities to prepare for the children and youth populations on July 1, 2023. The Phase 3 Model of Care (MOC) submission submitted to DHCS on February 15th and April 15th to document the plan's approach for implementing the various Children & Youth POFs as well as current efforts for engaging individuals who are Pregnant/Post-Partum is pending DHCS approval ([see Table 5](#)).

- **Community Supports** – Staff continue to support the Community Supports services that are currently live ([see Table 4](#)) by expanding the provider network as well as increasing utilization by educating the provider network and the community on the availability and eligibility requirements for these supportive services. A recommendation on future services for January 1, 2024, is under development using the information obtained by surveying the Community Steering Committees as well as a survey to community partners and internal staff. Once those services are identified and approved by the Board, staff will submit an updated Model of Care (MOC) to DHCS on July 1st ([see Table 5](#)). Additional DHCS requirements for data sharing guidance have been issued for program reporting between the plan and contracted providers similar to the data sharing required for the ECM Program.
- **Social Determinants of Health (SDOH)** - CenCal Health continues to execute a communication plan to increase awareness to providers of the importance of reporting SDOH diagnosis codes in the form of provider communications via the website, print materials and in person interactions. Staff will be refreshing the utilization data this month to note improved utilization rates as well as identify additional areas for provider outreach efforts.
- **NCQA Accreditation & Population Health Management (PHM)** - Workgroups for six (6) Plan Standards and one (1) Health Equity Standard continue to assess and analyze the work needed to meet the requirement that all managed care plans need to be NCQA accredited by 2026. Staff will be conducting a mock audit process later this year to assess the plan's readiness for the actual survey with NCQA in 2024. For PHM, a risk stratification and segmentation (RSS) algorithm has been implemented to categorize members according to their care and risk needs on a monthly basis. With the launch of the Member Provider Portal, the standardization and collection of Health Risk Assessments (HRAs) is being finalized. Internal dashboards to identify health equities are also under development.
- **Incentives** – DHCS has established a variety of funding streams to support plans and providers in achieving the goals of CalAIM, 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). CenCal Health staff is currently participating in and/or implementing these different

incentive programs to include timely submissions to DHCS as applicable (*see Table 6*). The next round of funding for HHIP is expected in May with the next round of funding for IPP expected in June.

- **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. Once the onboarding of tactic sponsorship has been completed, the engagement with Health Management Associates (HMA) focused on building the health plan's operational readiness for long term program sustainability will begin.
- **Community Health Worker (CHW) / Doula Benefits** – CHW services, defined as preventive health services delivered by a CHW to prevent disease, disability, and other health conditions or their progression, became a Medi-Cal benefit effective July 1, 2022. Doula services, defined as personal support to women and families throughout a woman's pregnancy, childbirth, and postpartum experience, became a Medi-Cal benefit effective January 1, 2023. Staff has developed and is currently executing a network development strategy to provide a roadmap for a comprehensive current and future development of CHW and Doula provider networks which considers member needs, regulatory requirements, and the local provider landscape as well as integrating with CenCal Health's approach to Population Health.

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: ECM Populations of Focus (POFs)
 - c) Table 3: ECM and Community Supports Model of Care (MOC) Submission Status
 - d) Table 4: Incentive Programs

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 – 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.

Phase	Populations of Focus (POFs)	Effective Dates
1	<ul style="list-style-type: none"> 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 <i>Live</i>
2	<ul style="list-style-type: none"> 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 <i>Live</i>

3	<ul style="list-style-type: none"> Adults without Dependent Children/Youth Living with Them Experiencing Homelessness (POF 1) <u>Children & Youth Populations of Focus:</u> <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Individuals Transitioning from Incarceration (POF 4) Birth Equity - Adults and Youth (POF 10) 	1/1/2024

Table 3 – 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
<u>1</u> 7/1/2022	POFs 1, 2, 3	<u>Initial Offerings</u> <ul style="list-style-type: none"> Medically Tailored Meals Recuperative Care 	Parts 1 & 2	2/15/22	Approved
			Part 3	4/15/22	Approved
<u>2</u> 1/1/2023	POFs 5, 6	<u>Subsequent Offerings</u> <ul style="list-style-type: none"> Housing Transition Services Housing Deposits Housing Tenancy & Sustaining Services Sobering Centers 	Parts 1 & 2	7/1/22	Approved
			Part 3	9/1/22	Approved
<u>3</u> 7/1/2023	POF 7, 8, 9, 10	<u>Subsequent Offerings</u> <ul style="list-style-type: none"> None 	Parts 1 & 2	2/15/23	Submitted
			Part 3	4/15/23	Submitted
<u>4</u>	POFs 4, 10		Addendum III	9/1/2023	Not Started

1/1/2024	<u>Subsequent Offerings</u> • TBD	Parts 1 & 2	7/1/23	Not Started
		Part 3	9/1/23	Not Started

Table 6 – Incentive Programs

The timeframes and status of submissions to DHCS for each Incentive Program are noted in the table below.

Incentive Program	Submission	Deadline	Status
Incentive Payment Program (IPP) <i>Program Years 1, 2 & 3</i>	Submission 1	3/1/22	Approved
	Submission 2A	9/1/22	Submitted
	Submission 2B	3/15/22	Submitted
	Submission 3	9/2023	<i>Planning</i>
	Submission 4	3/2024	Not Started
	Submission 5	9/2024	Not Started
Homelessness & Housing Incentive Program (HHIP) <i>Program Years 1 & 2</i>	LHP* Submission	6/2022	Approved
	Investment Plan	9/2022	Approved
	PY 2 1st Submission	3/10/23	Submitted
	PY 2 2 nd Submission	2/2024	Not Started
School Based Behavioral Health Incentive Program <i>Program Years 1, 2 & 3</i>	Assessment Submission	12/2022	Approved
	Submission 1	6/2023	<i>In Progress</i>
	Submission 2	12/2023	Not Started
	Submission 3	6/2024	Not Started
	Submission 4	12/2024	Not Started

*Local Homelessness Plan (LHP)

Incentive Payment Program Report

Date: May 17th, 2023

From: Jordan Turetsky, Provider Network Officer

Through: Van Do-Reynoso, Chief Customer Experience and Health Equity Officer

Executive Summary

The Incentive Payment Program (IPP) is an opportunity offered by the Department of Health Care Services (DHCS) to health plans to support the initiation and uptake of Enhanced Care Management (ECM) and Community Supports (CS). This report details the status of CenCal Health's IPP deployment and is accompanied by a funding award graphic which contains summary information of IPP awards issued to date.

Background

IPP is an application-based incentive program offered to health plan by DHCS with the intent of advancing progress in five key areas related to ECM and CS: driving health plan delivery system investment in provider capacity and infrastructure; bridging current silos across physical and behavioral health care service delivery; reducing health disparities and promoting health equity; achieving improvements in quality performance; and encouraging take-up of services.

CenCal Health applied to DHCS for IPP funding and was awarded an initial allocation of \$6.4M in 2022; \$1.8M of which was allocated to San Luis Obispo County and \$4.6M of which was allocated to Santa Barbara County (funding awards by County were prescribed by DHCS and were based on membership volume). CenCal Health developed and launched an IPP application process in October 2022 and has issued 9 IPP awards to date.

Funding Details

CenCal Health has a cross-functional IPP Application Review Committee (Committee) comprised of leaders from across the organization who independently review and score each submitted application and who consider and render final decisions on all awards. The level of funding awarded as a percentage of what was requested is based on an assessment of members served, sustainability, leveraging of other funding, and review of the project scope.

As of May 2023, CenCal Health has issued nine (9) IPP funding awards (*Table 1: IPP Awards as of May 2023*) and has committed to funding an additional two bodies of work which have been evaluated based on community need and impact. Once those

remaining projects are funded, the initial IPP allocation of \$6.4M will be fully spent. The IPP review process is currently paused, pending receipt of additional funds from DHCS.

Table 1: IPP Awards as of May 2023

Organization	IPP Funding Awarded
Doctors Without Walls	\$51,675
The Wisdom Center	\$209,909
Sanctuary Centers	\$1,396,428
Good Samaritan Shelter	\$1,253,176
Dignity Health, Marian Regional Medical Center	\$1,537,818
Community Action Partnership of San Luis Obispo	\$385,953
People's Self-Help Housing	\$70,200
Santa Barbara County Public Health	\$623,585
County of San Luis Obispo Health Agency	\$436,656

IPP funding is being utilized to support staffing costs, capital investments, system infrastructure development, staffing training, and general operations. Of those organizations who have been awarded IPP funding, four (4) are providing ECM, one (1) is providing CS services, and four (4) are providing both ECM and CS services.

DHCS and Provider Reporting Requirements

DHCS requires regular and detailed reports from health plans regarding the impact of IPP funds on the launch, uptake, and expansion of ECM and CS services. CenCal Health submitted our most recent report to DHCS in April of 2023 which DHCS will review and use to determine whether additional IPP funding will be awarded to CenCal Health. Should additional funding be awarded, CenCal Health expects the next installment in June of 2023. CenCal Health is finalizing an interim reporting template for IPP awardees to complete which will detail how funds have been utilized to date and specific progress against stated goals and milestones.

Next Steps

IPP application review will resume should CenCal Health receive an additional IPP funding award from DHCS. CenCal Health will continue to work with DHCS to ensure that all required reporting is completed and will partner with IPP awardees in the launch and expansion of ECM and CS services with the support of IPP funding.

Recommendation

The Incentive Payment Program Report is informational, and no action is required.

Incentive Payment Program Funding Awards

\$5.9M
Awarded

9
Funded Organizations

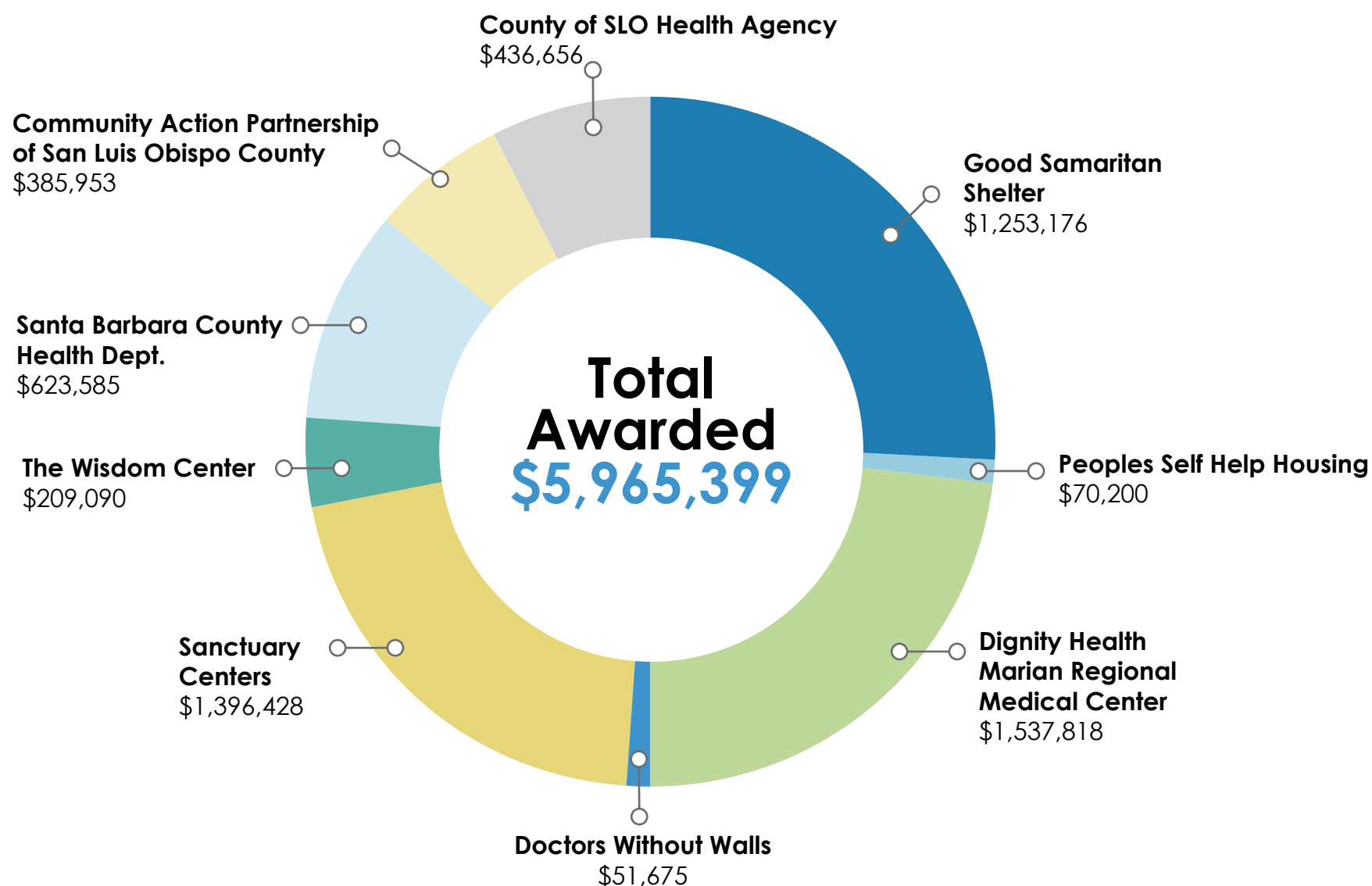
4730*
CenCal Health Members Impacted

*per year

Under the Department of Health Care Services (DHCS) CalAIM Initiative (California Advancing and Innovating in 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.

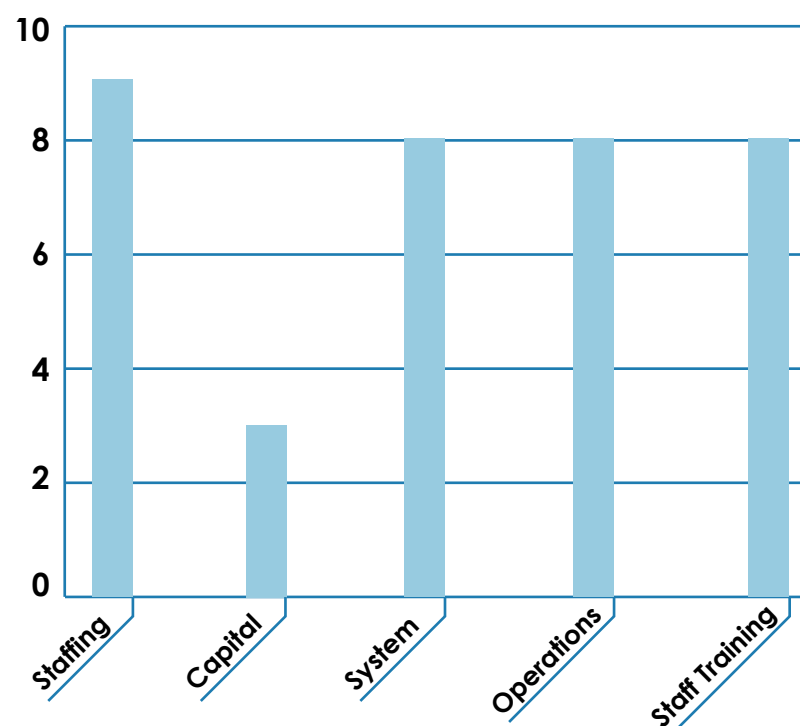
To support providers and community partners in building, launching, and expanding ECM and Community Supports services, DHCS has made available a provider incentive program, called the Incentive Payment Program (IPP). IPP funds are issued from DHCS to health plans, and from health plans to providers.

CenCal Health has IPP incentive funds available for distribution to current and potential ECM and CS providers to support the development and expansion of ECM and CS services.



Activities for which IPP funds will be utilized

of applications

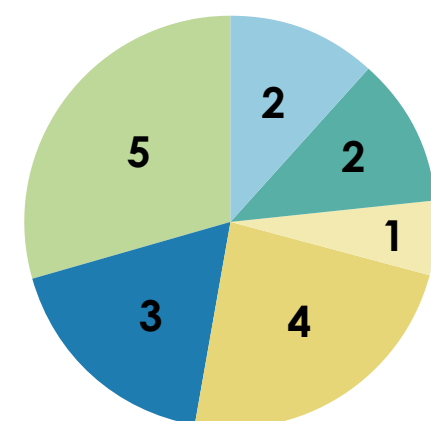
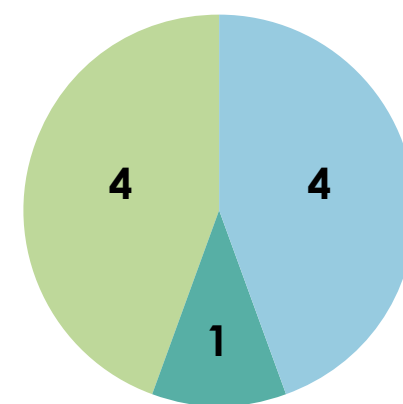


Number of organizations providing services

- Enhanced Care Management (ECM)
- ECM & CS
- Community Supports (CS)

Community Supports (CS) include:

- Medically Tailored Meals
- Recuperative Care
- Sobering Centers
- Housing Transition Services
- Housing Deposits
- Housing Tenancy & Sustaining Services



Workforce Strategy Report

Date: May 17th, 2023

From: Chris Morris, MSOD, Chief Performance Officer

Contributors: Jai Raisinghani, Deputy Chief Information Officer
Michael Harris, Government and Administrative Officer
Dina Miranda, Human Resources Manager

Executive Summary

With the onset of the COVID-19 pandemic, CenCal Health successfully deployed our workforce home and adapted operations to a virtual environment. In early 2022 Staff assessed on-site, community presence required to meet business needs and adopted a hybrid work model, where 85% of all roles were identified as having in-person requirements.

In March 2022, CenCal Health adopted principles to guide our practices as we began to increase on-site and community presence. Aligned under these principles, various departments began returning to the office in Q2 2022. In support of this transition, employees were required to sign a safety attestation prior to return, and various technological enhancements were made to support continuity, access and experience for employees, including migration to cloud-based solutions and implementation of a Virtual Desktop Infrastructure.

CenCal Health is steadfast in our commitment to our mission and vision and recognize the criticality of our workforce towards those ends. CenCal Health voluntary employee turnover is significantly below benchmark for our sector and staff is assessing a longer term workforce strategy that will meet business needs moving forward. Included in CenCal Health's 2023 Operating Plan is a commitment to *Develop a Future of Work Strategy* to evaluate best practices for a geographically disbursed and hybrid workforce, including technology, process and cultural practices that support a collaborative and high performing organization. The result of this work is an adopted strategy for subsequent execution and is scheduled to commence in Q3 2023.

Background

With the onset of the COVID-19 pandemic in Q1 2020, CenCal Health successfully deployed our workforce home, notwithstanding those whose roles required on-site presence (e.g., Facilities). For those maintaining an on-site presence during this period, CenCal Health implemented public health mandates and guidance, including

enhanced cleaning protocols, ventilation system enhancements, physical distancing, face coverings and vaccination.

Like many organizations across the country and world, CenCal Health adapted operations to a virtual environment, including implementing virtual meeting platforms, trainings and engagement activities. The evolution of our technology to support this new way of working was paramount, and the following actions were taken in the ensuing months to enable effective virtual collaboration and enhance security:

- New **collaboration tools** (e.g., Microsoft Teams) which allow employees to stay connected and collaborate effectively, from anywhere, where deployed.
- New **communication channels** (e.g., IT Broadcast, Informacast) were implemented to enable sharing of information with employees promptly and effectively in the event of technology outage, downtimes, or other service disruptions.
- New **endpoint cybersecurity measures** (e.g., multi-factor authentication, security audits) were implemented to protect our network and data from cyber threats.
- Upgraded **hardware** (e.g., laptops) were provided to employees to support virtual work.

In Q1 2022, following two years of virtual operations, Staff engaged in a preliminary assessment to consider business needs surrounding community and/or on-site presence, and the evolution of the workforce's telecommuting capabilities and preferences. As part of this assessment, each CenCal Health role was evaluated to determine if community and/or on-site presence was required to successfully perform the duties of the role. At that time, departmental leadership identified 9% of roles as requiring full-time on-site and/or community presence (in-person), 15% of roles as requiring no on-site and/or community presence (telework), and the remaining 76% of roles as requiring some on-site and/or community presence (hybrid). In contrast, employee assessment and preference identified only 6% of roles as full-time in-person, and 29% of roles as full time telework.

In March 2022, following the above assessment and consistent with evolving public health guidance, CenCal Health adopted the S.A.F.E.R. principles to guide our practices as we began to increase on-site and community presence, as follows:

- **Safe.** We prioritize the safety of our employees, members and providers and align with best practices and guidance.
- **Aligned.** We prioritize collaboration to support a cohesive organization and strong culture.
- **Flexible.** We value work/life balance for employee and embrace a hybrid work model for the future.
- **Empathetic.** We communicate proactively and empathetically, recognizing that we all have a voice and a choice.

- **Responsive.** We respond to the needs of our customers and partners as a local health plan committed to our community by retaining our local presence.

Current State

Aligned under our S.A.F.E.R. principles and with clarity surrounding in-person presence needs, CenCal Health identified roles for which a team could be located outside of CenCal Health service areas (or contiguous counties). This insight supported the retention of various team members who might otherwise have needed to transition away from CenCal Health, and the acquisition of some team members who might not have otherwise been eligible for employment at CenCal Health. At present, the CenCal Health workforce is distributed as follows:

- 80.2% of employees are located in CenCal Health services areas or contiguous counties (e.g., Ventura County)
- 15.3% of employees are located elsewhere in California
- 4.5% of employees are located outside of California

For those 80.2% of local team members, in Q2 2022, various departments began phasing in on-site and/or community presence requirements, beginning with Administration and our Member Services Department, who was the first to implement the hybrid schedule.

Employees returning to the office were required to sign an *Employee RTW Agreement Attestation* prior to return. This attestation requires employees to certify “[U]nderstanding and agreement that I will not come to work, nor enter any CenCal Health facility if I am not feeling well or exhibit any symptoms of COVID-19, come in contact with anyone feeling ill – including family members...”

In recognition of the new hybrid work standard, additional technology enhancements were made to support continuity, access and experience for employees, including:

- Staff have begun migrating to **cloud-based solutions** (e.g., Office 365) for some core applications. This enables employees to access tools and systems from any other location.
- Implementation of a **Virtual Desktop Infrastructure**, a technology that allows employees to access their desktop from any device, at any location, using a secure connection. This eliminates the need to transfer files or access applications on personal devices, which also reduces security risks.

As a next step, Administrative Services and Information Technology Staff will be launching a new reservable office program (i.e., “hoteling” software) that will allow our employees to book a private office space for a specified amount of time and

considering our real estate and workplace needs longer-term to accommodate future growth and expansion and a hybrid scheduling model.

Assessment and Future State

The COVID-19 pandemic accelerated the development of capabilities to enable and enhance the telework experience, challenged our assumptions of productivity and culture in a telework environment, transformed work/life balance norms, and revolutionized the scope of opportunities for current and prospective employees. Coupled with significant cost of labor increases in 2023 and historically low unemployment rates, the competition for talent is exceptional.

Between 2013 – 2020, the Bureau of Labor Statistics (BLS) industry standard reports an annual voluntary turnover rate in California based health care and social assistance organizations of 23.6%, increasing 4.5% annually on average during that same period. These same rates jumped to 33.1% and 33.7% in 2021 and 2022, respectively, increasing 25% over the prior seven years. One-third of all employees choose to leave organizations every year.

CenCal Health's mission is to *improve the health and wellbeing of the communities we serve by providing access to high-quality health services, along with education and outreach, for our members and has a vision to be a trusted leader in advancing health equity so that our communities thrive and achieve optimal health together.* The stability of our workforce is central to those pursuits, and the alignment of our workforce strategy to customer and employee needs and expectations is central to that stability.

Between 2020 – 2022, CenCal Health experienced an average voluntary turnover rate of 9.2%, which is 29.5% of and significantly lower than the BLS industry standard average during that same period. The most recent four quarter trend (Q222 – Q123) reveals a modest increase in voluntary turnover of 11.8%, which is 35.0% of the BLS industry standard average during the same period. While voluntary turnover remains low relative to industry, these rates warrant ongoing care and consideration as CenCal Health contemplates the workforce strategy that will meet business needs moving forward and with growth and expansion on the horizon through the California Advancing and Innovating Medi-Cal (CalAIM) programs.

Moreover, CenCal Health is committed to remaining an employer of choice for mission-driven professionals, through a thoughtful and competitive hybrid workforce strategy that meets the needs of our members, providers and community partners, and supports the collaboration and belonging needs of our team members.

Next Steps

Included in CenCal Health's 2023 Operating Plan is a commitment to *Develop a Future of Work Strategy*. The purpose of this tactic is to engage in a budgeted consultant-facilitated evaluation of best practices for a mission-driven, geographically disbursed and hybrid workforce, including technology, process and cultural practices that support a collaborative and high performing organization. The result of this work is an adopted strategy for subsequent execution and is scheduled to commence in Q3 2023.

Recommendation

This memo is informational with no action being requested from the CenCal Health Board of Directors at this time.

CenCal Health

Financial Statements and Other Information

For the four (4) month period ending Apr 30, 2023

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CenCal Health

Balance Sheet

As of April 30, 2023

Assets

Cash and cash equivalents	\$	323,502,367
Accounts receivable:		
DHCS capitation and other		385,775,274
Reinsurance and other recoveries		3,444,426
Interest and other		126,742
Total accounts receivable		389,346,442
Prepaid expenses		2,895,518
Capital assets - net		28,488,411
Certificate of deposit – DMHC assigned		300,000
Corporate owned life insurance (COLI)		10,724,589
Deposits and other assets		8,079,218
Total Assets	\$	763,336,544

Liabilities and Net Assets

Medical claims payable and incentives	\$	123,375,522
Accounts payable, accrued salaries and expenses		19,325,545
Accrued DHCS revenue recoups – MLRs		23,690,884
Accrued DHCS directed payments		313,784,210
Accrued MCO Tax		5,800,000
Unfunded pension liability – CalPERS		(1,346,155)
Other accrued liabilities		12,023,824
Net Assets – Tangible Net Equity		266,682,715
Total Liabilities and Net Assets	\$	763,336,544

CenCal Health

Income Statement

For the four (4) month period ending April 30, 2023

	<u>Actual \$</u>	<u>Budget \$</u>	<u>Variance \$</u>	<u>%</u>
Operating Revenues:				
Capitation	\$ 430,508,601	\$386,033,000	\$44,475,601	11.5%
Other	-	-	-	0.0%
Medical Expenses:				
PCP capitation	13,709,348	13,596,000	113,348	0.8%
Physician services	61,215,770	69,177,000	-7,961,230	-11.5%
Hospital inpatient	85,626,033	74,068,000	11,558,033	15.6%
Hospital outpatient	26,818,902	28,042,000	-1,223,098	-4.4%
LTC facilities	56,371,630	47,942,000	8,429,630	17.6%
All other services	120,317,207	119,572,000	745,207	0.6%
PY estimate change	<u>-1,317,056</u>	<u>0</u>	<u>-1,317,056</u>	<u>0.0%</u>
	362,741,834	352,397,000	10,344,834	2.9%
Operating Expenses:				
Administrative expenses	19,561,527	24,960,948	-5,399,421	-21.6%
Strategic investments	<u>159,596</u>	<u>3,036,800</u>	<u>-2,877,204</u>	<u>-94.7%</u>
	19,721,123	27,997,748	-8,276,625	-29.6%
Interest income	5,349,263	200,000	5,149,263	2574.6%
Realized gain (loss)	-	-	0	0.0%
Unrealized gain (loss)	481,093	0	481,093	0.0%
Operating Gain (Loss)	\$ 53,876,000	\$5,838,252	\$48,037,748	822.8%

CenCal Health

Income Statement

For the month of March 2023

Actual \$

Operating Revenues:

Capitation	\$121,895,128
Other	-

Medical Expenses:

PCP Capitation	3,688,695
Physician Services	14,868,980
Hospital inpatient	19,308,169
Hospital outpatient	7,431,583
LTC facilities	15,132,427
All other services	29,668,408
PY estimate change	<u>-127,001</u>
	89,971,262

Operating Expenses:

Administrative expenses	4,065,506
Strategic Investments	<u>93,755</u>
	4,159,261

Interest Income	587,374
Realized gain (loss)	-
Unrealized gain (loss)	446,912

Operating Gain (Loss) \$ 28,798,890

CenCal Health

Income Statement

For the month of April 2023

	<u>Actual \$</u>
Operating Revenues:	
Capitation	\$ 111,341,255
Other	-
Medical Expenses:	
PCP capitation	3,225,419
Physician services	13,111,250
Hospital inpatient	19,295,254
Hospital outpatient	7,537,210
LTC facilities	15,777,449
All other services	21,284,473
PY estimate change	<u>10,793,345</u>
	91,024,400
Operating Expenses:	
Administrative expenses	4,951,957
Strategic investments 45,183	
	4,997,139
Interest income	3,090,409
Realized gain (loss)	-
Unrealized gain (loss)	112,178
Operating Gain (Loss)	\$ 18,522,303

CenCal Health

Medical Expenses by Category

For the four (4) month period ending April 30, 2023

	<u>Actual \$</u>	<u>Budget \$</u>	<u>Variance \$</u>	<u>%</u>
PCP capitation	\$ 13,709,348	\$ 13,596,000	\$ 113,348	0.8%
Physician services	61,215,770	69,177,000	(7,961,230)	-11.5%
Hospital inpatient in-area	30,188,669	33,757,000	(3,568,331)	-10.6%
Hospital inpatient out-of-area	36,583,196	21,646,000	14,937,196	69.0%
Hospital capitation inpatient	18,854,167	18,665,000	189,167	1.0%
Hospital outpatient in-area	7,598,601	8,142,000	(543,399)	-6.7%
Hospital outpatient out-of-area	4,733,709	1,537,000	3,196,709	208.0%
Hospital capitation outpatient	14,486,593	13,685,000	801,593	5.9%
Long term care facilities	56,371,630	47,942,000	8,429,630	17.6%
Mental health services	9,275,864	10,903,000	(1,627,136)	-14.9%
Behavioral health therapy	5,563,901	6,368,000	(804,099)	-12.6%
Transportation	3,976,541	4,741,000	(764,459)	-16.1%
Durable medical equip.	2,927,328	3,479,000	(551,672)	-15.9%
Laboratory	4,638,126	5,898,000	(1,259,874)	-21.4%
Dialysis	2,378,637	2,688,000	(309,363)	-11.5%
Hospice	2,331,147	2,708,000	(376,853)	-13.9%
Home health	1,296,360	1,237,000	59,360	4.8%
Enhanced care mgmt.	821,923	3,950,000	(3,128,077)	-79.2%
Community supports	340,980	441,000	(100,020)	-22.7%
DHCS directed payments	72,834,061	66,835,000	5,999,061	9.0%
All other medical services	12,979,121	14,129,000	(1,149,879)	-8.1%
Reinsurance & recoveries	953,217	873,000	80,217	9.2%
Prior year change in estimate	(1,317,056)	-	(1,317,056)	0.0%
Total Medical Expenses	362,741,834	352,397,000	10,344,834	2.9%

CenCal Health

Administrative Expenses by Category

For the four (4) month period ending April 30, 2023

	<u>Actual \$</u>	<u>Budget \$</u>	<u>Variance \$</u>	<u>%</u>
Salaries & wages	\$ 9,904,481	\$ 11,727,310	\$ (1,822,829)	-15.5%
Fringe benefits	4,483,547	5,340,269	(856,722)	-16.0%
Contract services	1,471,724	3,782,100	(2,310,376)	-61.1%
Travel expenses	40,053	179,018	(138,965)	-77.6%
Rent & occupancy	285,916	307,200	(21,284)	-6.9%
Supplies & equipment	665,780	603,746	62,034	10.3%
Insurance	580,864	683,400	(102,536)	-15.0%
Depreciation expense	569,464	572,000	(2,536)	-0.4%
Software maintenance	11,254	32,980	(21,726)	-65.9%
Software licensing	1,043,658	1,047,500	(3,842)	-0.4%
Communications	171,764	183,800	(12,036)	-6.5%
Professional dues	148,840	104,620	44,220	42.3%
Marketing	48,332	54,400	(6,068)	-11.2%
Member/Provider materials	-	35,000	(35,000)	-100.0%
Credentialing fees	19,395	9,000	10,395	115.5%
Provider relations	3,728	21,200	(17,472)	-82.4%
Board committee fees	8,300	12,080	(3,780)	-31.3%
Meeting room expenses	20,728	70,740	(50,012)	-70.7%
All other expenses	83,701	194,585	(110,884)	-57.0%
Total Admin Expenses	19,561,527	24,960,948	(5,399,421)	-21.6%

CenCal Health

Santa Barbara County Operating Statement

For the four (4) month period ending April 30, 2023

YTD:	<u>Actual \$</u>	<u>Budget \$</u>	<u>Variance \$</u>	<u>%</u>
Capitation Revenue	\$ 292,757,099	\$ 263,963,000	\$ 28,794,099	10.9%
Medical Expenses	262,750,384	248,668,000	14,082,384	5.7%
Administrative Expenses	13,721,085	17,510,341	(3,789,256)	-21.6%
Operating Gain (Loss)	16,285,631	(2,215,341)	18,500,972	-835.1%

Medical Loss Ratio (MLR)	90%
Admin Loss Ratio (ALR)	4.7%
YTD Member Months	647,906
Avg. Member Count	159,449

CenCal Health

San Luis Obispo County Operating Statement

For the four (4) month period ending April 30, 2023

YTD:	<u>Actual \$</u>	<u>Budget \$</u>	<u>Variance \$</u>	<u>%</u>
Capitation Revenue	\$ 137,751,502	\$ 122,070,000	\$ 15,681,502	12.8%
Medical Expenses	100,082,484	103,729,000	(3,646,516)	-3.5%
Administrative Expenses	5,840,763	7,452,000	(1,611,237)	-21.6%
Operating Gain (Loss)	31,828,254	10,889,000	20,939,254	192.3%

Medical Loss Ratio (MLR)	73%
Admin Loss Ratio (ALR)	4.2%
YTD Member Months	275,793
Avg. Member Count	67,639

CenCal Health

Tangible Net Equity (TNE)

As of April, 2023

Actual TNE (from the Balance Sheet)	\$ 266,682,715
Tangible Net Equity – DMHC minimum regulatory	31,818,001
TNE – excess (deficiency)	234,864,714
Pct. Actual TNE of the Regulatory Minimum	838%

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

CenCal Health

Notes to the Financial Statements

As of April 30, 2023

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, 2023, 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	<u>(406,052)</u>
	\$1,412,359

CenCal Health

FYTD Operating Statement

For the ten (10) month period ending April 30, 2023

Capitation Revenue	\$ 989,558,398
Medical Expenses	836,985,734
Administrative Expenses	49,107,442
Strategic Investments	159,596
MCO Tax	41,093,192
Interest income	3,931,727
Realized gain (loss)	-
Unrealized gain (loss)	(306,024)
Operating Gain (Loss)	\$ 71,417,589

Medical Loss Ratio (MLR)	85%
Admin Loss Ratio (ALR)	5%
YTD Member Months	2,270,883
Avg. Member Count	227,088

Note: This Operating Statement corresponds to the health plan's accounting cycle which is on a fiscal year cycle (July 1 – June 30). The health plan's budget cycle is on a calendar year cycle and is reflected in the prior operating statements within this financial statement packet.

Whole Child Model Pediatric Clinical Advisory Committee

Title: Whole Child Model Pediatric Clinical Advisory Committee (PCAC)

Date: May 17th, 2023

From: Dr. Rea Goumas, Medical Director -Whole Child

Through: Dr. Emily Fonda, Chief Medical Officer

Executive Summary

This memo is intended to introduce the Board of Directors to the CenCal Health Whole Child Model (WCM) Program Pediatric Clinical Advisory Committee (PCAC).

Discussion at the most recent meeting on March 8, 2023, focused on presentations from CenCal Staff on Medi-Cal Rx, preliminary findings from the UCSF Evaluation of the WCM, the upcoming implementation of Enhanced Case Management (ECM) for Children and Youth, and the recently implemented Population Health Risk Stratification. The Population Health Risk Stratification algorithm enables CenCal Health to more timely identify and outreach to high-risk youth that likely need case management support.

Though not CCS related, the need for more ABA providers was also raised. Robert Janeway of Provider Services planned to share this issue with his team.

Background

This committee is a requirement of SB 586 which established the Whole Child Model (SB 586, Section 14094.17(a)). The purpose of PCAC is to advise on clinical issues relating to CCS conditions.

PCAC reports to the Quality Improvement Committee and ultimately to the Board of Directors.

PCAC Committee Composition

CenCal Chief Medical Officer or designee
CenCal Senior Medical Director
Clinical Manager, CenCal Pediatrics
Director of CenCal Provider Services or designee
Director of CenCal Quality Improvement Department or designee
Santa Barbara County CCS Medical Director
San Luis Obispo County CCS Medical Director
At least four (4) CCS paneled providers (PCAC currently has 8 paneled providers)

PCAC Meeting Frequency

Quarterly

PCAC Responsibilities

PCAC serves as a forum for discussion of CCS issues raised at the State, County and HP level, and their impact on CCS providers and patients. Topics typically discussed include new initiatives and policies from DHCS (e.g., Medi-Cal Rx, new CCS Numbered Letters), significant topics raised at State and Regional CCS meetings (e.g., CCS Whole Child Model Advisory Group) and emerging trends in the care of children with CCS-eligible conditions (e.g., feedback from the Medical Eligibility Determination workgroup).

Committee members also provide advice and consultation to CenCal Health staff regarding administration of the Whole Child Model Program, make recommendations on process improvements and promote collaboration among community providers regarding execution of WCM requirements.

Recommendation

Staff recommends your Board's acceptance of this report from PCAC.

Attachments:

March 8, 2023 Meeting Agenda

November 30, 2022 Draft Meeting Minutes



Health Services Department

Whole Child Model Program Pediatric Clinical Advisory Committee (PCAC) Meeting Agenda

Date: March 8, 2023

Time: 6:00 – 8:00 p.m.

Location: Microsoft Teams Virtual Meeting

Chairperson: Rea Goumas, MD, Whole Child Model Director

Committee Members: Carl Owada, MD, FACC, FSCAI; Andria Ruth, MD; Cindy Blifeld, MD; Jillian Davenport, MD; Miriam Parsa, MD; Tami Taketani, MD; Kristen Hughes, MD; Rea Goumas, MD; Ana Stenersen, RN; Kathleen Long, MD; Gowthamy Balakumaran, MD; Rhonda Gordon, MD; Emily Fonda, MD, CHCQM, MMM; Robert Janeway

Staff Attendees: Stephanie Lem, PharmD, Clinical Manager of Pharmacy Services

Excused: Gowthamy Balakumaran, MD

Secretary: Mimi Hall, Executive Assistant

Agenda Item	Facilitator	Time
1. Welcome, Announcements, and Introductions <ul style="list-style-type: none">• Dr. Paul Parker's resignation from PCAC• New PCAC member, Dr. Carl Owada, Medical Director, and Pediatric Cardiologist at Valley Children's Hospital• Chris Hill, MBA, RN, Health Services Officer for CenCal Health• Ana Stenersen – new position at CenCal Health's Medical Management Department	Dr. Rea Goumas	10
2. Approval of Minutes of November 30, 2022, Meeting	Committee	5
3. Medi-Cal Rx Update Stephanie Lem, PharmD	Stephanie Lem, PharmD	10

4. Updates: <ul style="list-style-type: none"> DHCS update on University of California at San Francisco's Whole Child Model Evaluation 	Ana Stenersen, RN	15
5. Cal-AIM Update	Ana Stenersen, RN	10
6. Population Health Risk Stratification	Ana Stenersen, RN	10
7. CCS Medical Consultant Update	Dr. Rhonda Gordon Dr. Kathleen Long	10
8. Provider Services Update	Robert Janeway	10
9. Future Meeting Date/Time	Committee	5
10. Adjournment	Dr. Rea Goumas	5

*CCS Advisory Group -

<https://www.dhcs.ca.gov/services/ccs/Pages/AdvisoryGroup.aspx>



Pediatric Clinical Advisory Committee (PCAC) Meeting Minutes

Date: November 30, 2022

Time: 6:00 – 8:00 p.m.

Location: Teams Virtual Meeting

Chairperson: Rea Goumas, MD, Whole Child Model Director

Members: Andria Ruth, MD; Cindy Blifeld, MD; Miriam Parsa, MD; Tami Taketani, MD; Kristen Hughes, MD; Paul Parker, MD; Rea Goumas, MD; Emily Fonda, MD, MMM, CHCQM, Ana Stenersen, RN; Kathleen Long, MD; Gowthamy Balakumaran, MD; Rhonda Gordon, MD; Robert Janeway

Absent: Paul Parker, MD (excused) Kathleen Long, MD (excused), Gowthamy Balakumaran, MD

Staff Attendees: Michael Harris, Blanca Zuniga, Diana Meier

Secretary: Mimi Hall, Executive Assistant

Topic	Discussion	Action
<p>1. Welcome and Introductions</p> <p><i>Rea Goumas, MD</i></p>	<p>Dr. Goumas began the meeting at 6:09 p.m. A quorum was confirmed, and the Committee continued with business at hand.</p> <p>Next, Dr. Goumas announced that PCAC member, Dr. Steven Barkley, has retired from Cottage Hospital, and therefore, has tendered his resignation from PCAC. Dr. Goumas expressed her appreciation of Dr. Barkley's contributions to and participation in PCAC over the past four years. Dr. Parsa offered that she has taken Dr. Barkley's role at Cottage Hospital, on a half-time basis.</p> <p>Lastly, Dr. Goumas introduced CenCal Health's new Director of Provider Services, Robert Janeway, who incidentally, has returned to CenCal Health after three years with another Medi-Cal health plan. Mr. Janeway greeted the Committee and gave a brief introduction of his professional experience.</p>	<p>No</p>

<p>2. Approval of Minutes of July 13, 2022, meeting</p> <p><i>Dr. Rea Goumas</i></p>	<p>Motion made by Dr. Davenport to approve the July 13, 2022, minutes; seconded by Dr. Gordon. Motion passed.</p>	<p>Yes</p>
<p>3. CCS Advisory Group Update</p> <p><i>Michael Harris, Government Affairs & Administrative Officer</i></p>	<p>Mr. Harris gave an update of the last CCS Advisory Group meeting.</p> <p>Noteworthy highlights include:</p> <ul style="list-style-type: none"> ➤ University of San Francisco recently held the Whole Child Model evaluation; its first. Currently, there is no insight regarding the evaluation, however, CenCal Health is confident the results will be positive. The final report will go to the legislature by December 31, 2022. ➤ As CenCal Health is already aware, the Children's Health and Disability Department will be sunsetting its program by the July 2024 and will be folded into health plans. Currently, Santa Barbara County has 75 children to be enrolled in Medi-Cal, regardless of immigration status. The Santa Barbara County CHDP children will be enrolled in Medi-Cal. ➤ CCS/WCM Enhanced Care Management ➤ Annual Medical Review – health plans to get information for the counties. The State is trying to understand the limitations at the health plan level. Expect sharing of information and integration of healthcare data. ➤ DHCS is looking to have the Health Plan's pay for and take on children that the schools have been billing the State for numerous services that the Health Plans are able to offer. ➤ Regarding Student Behavioral Health Incentive Program (SBHIP), CenCal Health has procured the services of Dr. Frann Wageneck to assist CenCal Health in this endeavor with Santa Barbara County and San Luis Obispo County schools. Year One, will be an assessment with 14 possible interventions. ➤ Years Two and Three will be the implementation period. <p>Dr. Blifeld commented that there currently is a push for behavioral health integration. There is currently a grant for this purpose in Lompoc schools. Dr. Blifeld added that the schools are dealing with mental health issues with students, and it is an exceedingly difficult problem for the schools. All of this will create much more work for providers.</p> <p>Lastly, Mr. Harris commented that Dr. Barkley's participation in the CCS Advisory Groups was commendable and appreciated.</p>	

<p>4. Cal-AIM Update</p> <p><i>Blanca Zuniga, Associate Director, Care Management</i></p> <p><i>Diana Meier, Program Manager, Enhanced Care Management</i></p>	<p>Ms. Zuniga spoke to the Committee about Cal-AIM and gave an update.</p> <p>Enhanced Care Management (ECM) is a new state-wide Medi-Cal benefit available to selected "Populations of Focus," as part of CalAIM's multiyear initiatives. ECM is designed to address the clinical and non-clinical needs of the highest-need members through intensive whole-person care coordination of care. Lead Care Manager is to meet the member where the member is located, whether that is home, care facility, street, etc., and who will coordinate care and services among the physical, behavioral, dental, developmental, and social services delivery system, making it easier for members to receive the appropriate care at the right place, at the right time. ECM has a phased implementation approach based on the Department of Health Care Service defined Populations of Focus.</p> <p>There are four phases of implantation with Enhanced Care Management:</p> <ul style="list-style-type: none"> • Phase 1: (July 1, 2022) Individuals and families experiencing homelessness, adults at risk for avoidable hospital and Emergency Department utilization. Adults with SMI/SUD needs. • Phase 2: (January 1, 2023) Adults living in the Community at risk for institutionalization. Adults who are Nursing Facility residents transitioning to the community. • Phase 3: (July 2023) Individuals transitioning from incarceration. Children and youth populations of focus. • Phase 4: (January 1, 2024) Pregnant and Postpartum individuals at risk for adverse perinatal outcomes. <p>Enhanced Care Management Program Update:</p> <ul style="list-style-type: none"> ➤ Over 3,600 members have been identified as eligible since the beginning of the program. ➤ Individuals and families experiencing homelessness is at 1,140 (30%). ➤ Adults at risk for avoidable hospital and Emergency Department Utilization is at 1,625 (45%). ➤ Adults with SMI/SUD is at 899 (25%). ➤ Currently, five providers supporting our members. <p>Populations of Focus:</p> <ul style="list-style-type: none"> ➤ Youth – Homeless families or unaccompanied children and youth experiencing homelessness. ➤ Children and youth at risk for avoidable hospital or Emergency Department utilization. ➤ Children and youth with serious mental health and/pr substance use disorder needs. ➤ Children and Youth Transitioning from incarceration. 	<p>No</p>
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	<ul style="list-style-type: none"> ➤ Children and Youth enrolled in CCS or CCS WCM with additional needs beyond the CCS conditions. ➤ Referrals and how to make them were reviewed with the Committee. <p>Dr. Parsa asked if there are any caps on these services. Ms. Zuniga responded that there are no caps on the services. She added that DHCS realizes that it will take time to build the network for all of CCS children who have these needs. CenCal Health is always looking for providers with experience working with these children. Mr. Janeway added that Provider Services is currently targeting providers who can serve the Populations of Focus (POF). There are several PCP groups and community organizations that could be of assistance. Ms. Stenersen added that there is discussion underway with the State regarding duplication of services as being a CCS child the child can access ECM program benefits, as well. Parents of CCS children can begin enrollment of ECM.</p>	
<p>5. CCS Medical Consultant Update</p> <p><i>Dr. Rhonda Gordon Dr. Kathleen Long</i></p>	<p>Dr. Gordon and Dr. Long gave an update to the Committee.</p> <p>Highlights include:</p> <ul style="list-style-type: none"> • Recently, the Medical Advisory Committee and the Southern Region Pediatric Action Coalition meetings occurred in September. The most consistent discussion topic at each of these is Cal-AIM, and which children qualify. • There appears to be a funding concern surrounding staffing of Enhanced Care Management. The State has lower estimate of how many members would qualify. • There will be various Numbered Letters coming out in the months ahead. • Revising of MTP criteria with specific ICD 10 codes. 	<p>No</p>
<p>6. Provider Services Update</p> <p><i>Robert Janeway, Director of Provider Services</i></p>	<p>Mr. Janeway gave an update to the Committee.</p> <p>Highlights include:</p> <ul style="list-style-type: none"> • Currently, Provider Services is searching for a new Contracts Manager. • Potential contracts are in process with USC, Cedars Sinai, and UC Irvine. For UC Irvine, MOC transplants, only. • In partnership with the Enhanced Care Management team in Medical Management Provider Services is working to procure Community Health Workers benefits and housing assistance. <p>Discussion:</p> <p>Ms. Stenersen indicated that San Luis Obispo County needs a Pediatric Neurologist. Dr. Parsa echoed the same need for Santa Barbara County, as well.</p> <p>Mr. Janeway appreciated the information.</p>	<p>No</p>

7. Open Forum	<p>Dr. Goumas stated that regarding the current wave of pediatric RSV, local hospitals are at capacity. Also, Synagis dosing has begun early this season.</p> <p>Next, Ms. Stenersen spoke about the language interpretation challenges. CenCal Health currently has a contract with <i>Certified Languages International (CLI)</i>, however, that organization is not familiar with medical terms, although, they offer over 200 languages, including Hmong. Currently secured a contract with MICOP for language interpretation services.</p> <p>Next, Ms. Stenersen indicated that current CCS membership is 3,9511. PHE is to end soon, and members will lose MC coverage when pause on redeterminations ends.</p> <p>Dr. Parsa commended CenCal Health for its ongoing efforts towards Whole Child Model, and that there is not a decrease in enrollment; our work is evident.</p> <p>Lastly, new gene therapy is available; Hemgenix for HemB at a cost of \$3.5M.</p>	
8. Questions & Comments Rea Goumas, MD	<p>Dr. Fonda asked if we know how many kids aging out will become Medi-Medi. The number is not certain, currently.</p> <p>Next, Dr. Goumas asked the committee members if they have a change in email address or other contact information, to please let her or Ms. Hall know so that we can update our roster and be certain that information and calendar invitations get to the Committee members.</p>	No
9. Next Meeting Date	The next meeting will be in late February 2023.	No
10. Adjournment	Dr. Goumas adjourned the meeting at 7:30 p.m.	No

*CCS Advisory Group - <https://www.dhcs.ca.gov/services/ccs/Pages/PastMeetingMaterials.aspx>

Respectfully submitted,

Mimi M. Hall
Executive Assistant

Approved,

Rea Goumas, MD
Whole Child Model Director

Appointment to Provider Advisory Board in Santa Barbara and San Luis Obispo Counties

Date: May 17th, 2023

From: Robert Janeway, Provider Services Director

Through: Jordan Turetsky MPH, Provider Network Officer

Contributors: Sheila Thompson RN, CPHQ, Provider Quality and Credentialing Manager

Executive Summary

The membership term for the Provider Advisory Board is two years with unlimited reappointments possible. Staff asks the CenCal Health Board of Directors to review and approve the following changes:

- **Mahdi Ashrafian, MD, MBA:** *Chief Executive Officer, Santa Barbara Neighborhood Clinics*

Replacing:

- **Nancy A. Tillie, MBA:** *Chief Operating Officer/Chief Financial Officer, Santa Barbara Neighborhood Clinics*

Background

As a physician executive, Dr. Ashrafian is accomplished in the operations, growth, and management of non-profits and FQHCs. He is experienced in strategic planning, mission and vision development, fiscal management, and collaboration with other executive leaders. By supporting strong partnerships between Boards and local, state and federal entities, he is dedicated to advancing compliance, quality of care, patient safety and both patient and provider satisfaction, while addressing health disparities and advocating health equity. Dr. Ashrafian joined SBNC last fall after serving as CMO, Safety and Compliance Officer for Community Health Systems, Inc., an FQHC in Moreno Valley, since 2016. While there, he implemented programs such as CalAIM, ECM, HHP, APM, PCMH and other VBPs. During that time, he also served as Board of Directors' Treasurer for the Community Health Association of Inland Southern Region.

Recommendation

Staff recommends Board approval of this change in anticipation of the next meeting of the Provider Advisory Board in July 2023.

Community Advisory Board (CAB) Memo

Date: May 17th, 2023

From: Eric Buben
Director of Member Services

Through: Van Do-Reynoso, MPH, PhD
Chief Customer Experience Officer and Chief Health Equity Officer

Executive Summary

This memo serves to provide CenCal Health's Board of Directors with the Agenda for CenCal Health's Community Advisory Board (CAB) on April 12th, 2023. A CAB Information Packet is available for review upon request. This Memo also advises of CAB's approval of the CAB Minutes from the January 12th, 2023.

Submitted

1. CAB Agenda – April 13th, 2023.
2. CAB Minutes from the January 12th, 2023 regular meeting of the CAB (approved by the CAB at the April 13th, 2023 Meeting).

Recommendation

CenCal Health is requesting your Board of Directors to receive this CAB Memo and accept CAB Minutes from the January 12th, 2023 CAB Meeting.

Respectfully submitted,

Eric Buben

Eric Buben
Director of Member Services, Chair of the Community Advisory Board



**NOTICE OF
REGULAR MEETING OF THE
COMMUNITY ADVISORY BOARD OF CENCAL HEALTH**

**April 13, 2023
12:30 pm – 2:00 pm (Virtual)**

**Zoom Meeting
Join on your computer, mobile app or room device**

Join Zoom Meeting / Únete a la junta usando Zoom
<https://us06web.zoom.us/j/83826101749?pwd=RUM5dUdpdU9rTW5Wb2dhYlJpTGJQU09>

Meeting ID: 838 2610 1749

Passcode: 823748

One tap mobile

+17207072699,,83826101749#,,,,*823748# US (Denver)

+12532050468,,83826101749#,,,,*823748# US

Public Participation: This teleconference meeting is being held pursuant to AB 361 (Gov. Code 54953(e)). Members of the public are invited to participate and may join the meeting via the link above or via the teleconference phone number and access code set for the above. Members of the public will be allowed to provide public comment in real time during the public comment portion of the Community Advisory Board (CAB) meeting (Item #1 below). If you require any special disability-related accommodations, please contact the CenCal Health CAB Administrative Assistant at (805) 685-9525 x-1680 or via email at tamador@cencalhealth.org at least twenty-four (24) hours prior to the scheduled board meeting to request disability related accommodations.

AGENDA

1. Introduction to Rooted Language Justice – Spanish Interpretation for CAB Meetings
Informational
2. Public comment on any non-agenda item of interest to the public that is within the subject matter jurisdiction of the Community Advisory Board.
Informational
3. Acceptance of Minutes – January 12, 2023 CAB Meeting Action
4. Introduction of New CAB Applicants – E. Buben Information
 - Mr. Robert Gibson –IHSS Caregiver
 - Ms. Olga Mendoza De Bravo - IHSS Caregiver
 - Ms. Norma Alonso - IHSS Caregiver
 - Ms. Eustolia Garcia – Promotora, Promotores Collaborative of San Luis Obispo
 - Ms. Tamika Harris – Representing Tri-Counties Regional Center (TCRC)

- | | |
|--|------------|
| 5. Medi-Cal Renewal Process - CenCal Health's Outreach Campaign – E. Buben | Discussion |
| 6. CenCal Health's Community Report & CalAIM Video – C. Santos | Discussion |
| 7. Health Promotion/Education Report – Z. Chafi-Aldwaik, MPH, CHES | Action |
| • Health Promotion/Education updates | |
| • 2023 Population Needs Assessment "Plan/Process" | |

THIS MEETING IS VIRTUAL ONLY.

Next Meeting: July 13, 2023 – In person, CenCal Health offices, Santa Barbara and San Luis Obispo

Community Advisory Board

Meeting Minutes

January 12, 2023

ATTENDEES: Zena Chafi-Aldwaik, Jose Clemente, Van De-Reynoso, Dana Gamble, Dan Herlinger, Susan Liles, Jonathan Nibbio, Christine Nichols, Jennifer Nitzel, Mary Ellen Rehse, Elia Rodriguez, Santiago Sangovia, Michelle Shoresman, Nicolette Worley Marselian, Sara Macdonald-Board of Director Liaison

EXCUSED: Barbara Clayton, Shon Clayton, Maria Garcia, Karen Kim, Gaby Labrana, Petra Lowen, Julie Posada, Diana Robles

GUESTS: Alejandra Lind-Applicant, Krystle Kaden-Applicant, Ariel Watermann-CenCal Health Member; Susie Boxley

FACILITATOR/CHAIR: Eric Buben

RECORDER: Teri Amador

Topic	Discussion	Action Item	Target Due Date	Responsible Team Member
1. AB 361 Findings in Support of Virtual Meetings – CAB must approve meeting virtually	CAB members unanimously approved to meet virtually for today’s meeting. Depending on if the public health emergency is still in effect for our next meeting in April, it will determine if we will meet virtually or in person. Committee will be notified in advance of our next meeting as to if we will meet in person or virtually.	<i>Action</i>		<i>E. Buben</i>
2. Public comment on any <u>non-agenda item</u> of interest to the public that is within the subject matter jurisdiction of the Community Advisory Board (CAB).	Mr. Herlinger asked guest, Ms. Watermann, what the acronyms she supported stood for. She replied that UCW stands for United Care Workers and IHSS stands for In-Home Support Services.	<i>Information Only</i>		<i>E. Buben</i>
3. Acceptance of Minutes - October 13, 2022 CAB Meeting	<u>Motion to approve Minutes from October 2022 meeting was made by Jon Nibbio and seconded by Jose Clemente, and unanimously approved by the CAB.</u>	<i>Action</i>		<i>CAB Voting Members</i>
4. Introduction of New Applicants to CAB	Mr. Buben introduced the new applicant(s) to the CAB Committee.	<i>Action</i>		<i>E. Buben</i>

Community Advisory Board
Meeting Minutes
January 12, 2023

Topic	Discussion	Action Item	Target Due Date	Responsible Team Member
<ul style="list-style-type: none"> • Ms. Alejandra Lind – See application in CAB Materials • Ms. Krystle Kaden – See application in the CAB Materials • Ms. Sara Macdonald – Introduction to the CAB 	<p>Ms. Alejandra Lind and Ms. Krystle Kaden were introduced to the committee. Their applications had been forwarded to the committee prior to the meeting for voting purposes. Ms. Sara Macdonald was recently appointed to CenCal Health’s Board of Directors, and voted by the BOD as CenCal Health’s new CAB Liaison, replacing Karen Johnson’s position on CAB.</p> <p><i>Motion to approve Ms. Lind and Ms. Kaden as a Community Advisory Board (CAB) member and they both were <u>unanimously approved by the CAB.</u></i></p> <p>Mr. Buben expressed to the CAB that we are actively recruiting additional members to join the CAB. Mr. Buben asked the CAB to please send any recommendations for recruitment to him to discuss further. We will be forming a CAB Selection Committee to approve nominations moving forward under the direction of CenCal Health’s new 2024 DHCS Contract requirements for community advisory committees, which we’ll hear more about in our presentation today.</p>			
<p>5. 2024 DHCS Contract Highlights for CAB</p> <ul style="list-style-type: none"> • New DHCS goals for CAB 	<p>Mr. Buben gave a high-level presentation to the CAB: Community Advisory Board Changes based on New 2024 Contract with DHCS</p> <p>Goals of the new 2024 DHCS Contract:</p> <ul style="list-style-type: none"> • To provide quality, equitable and comprehensive coverage for Medi-Cal managed care members • Focused efforts to address social drivers of health – Requires CenCal Health to maintain partnerships with local health departments, local educational and governmental agencies, and other local programs and services, including social services, child welfare departments, and justice departments, to ensure member care is coordinated, and members have access to community-based resources, including Community Supports. 			<i>E. Buben</i>

Community Advisory Board
Meeting Minutes
January 12, 2023

Topic	Discussion	Action Item	Target Due Date	Responsible Team Member
<ul style="list-style-type: none"> New roles, responsibilities, representation 	<ul style="list-style-type: none"> Elevates CAB – DHCS seeks to elevate the CAB by clarifying its role and member composition and prescribing the plan’s role in providing support for CAB members in order to maximize participation and involvement. In addition, CAB members will have the opportunity to serve on a DHCS Member Stakeholder Committee. <p>New CAB Positions to Identify:</p> <ul style="list-style-type: none"> CAB Membership and Selection Committee CAB Coordinator DHCS Statewide Consumer Advisory Committee Representative <p>CAB Meetings & Facility Requirements:</p> <ul style="list-style-type: none"> Presentation provided slide on the meeting requirements accessibility standards, posting of Minutes and Agendas and stated the meetings need to occur quarterly. <p>CAB Input/Advice Opportunities:</p> <ul style="list-style-type: none"> A list of the 2024 Contract duties for CAB were outlined to show the types of input and feedback will be asked of CAB moving forward. Many are things already covered and new topics will be brought into CAB for input/feedback for example C&L policies and procedural recommendations. <p>Recruitment needs for CAB inclusion as part of the 2024 Contract:</p> <ul style="list-style-type: none"> Seniors and Persons with Disabilities (SPDs) Persons with chronic conditions (asthma, diabetes, congestive heart failure) Limited English Proficient (LEP) 			

Community Advisory Board
Meeting Minutes
January 12, 2023

Topic	Discussion	Action Item	Target Due Date	Responsible Team Member
	<ul style="list-style-type: none"> • Diverse Cultural and ethnic backgrounds, genders, gender identity, and sexual orientation • Adolescents and/or Parents/Caretakers of children, including foster youth • Safety Net Providers (including FQHCs) • County Eligibility Determination – DSS Representation • Behavioral Health • Regional Centers • Local Education Authorities • Dental providers • Indian Health Services (IHS) • Home & community-based organizations <p>Next Steps:</p> <ul style="list-style-type: none"> • Form the Membership and Selection Committee • Assign a CAB Coordinator • Assign CenCal’s CAB Representative to the Statewide Consumer Advisory Committee • CAB Charter updates & future agenda design <p><i>Ms. Macdonald asked Mr. Buben if CAB was going to be doing recruitment from Independent Living Resource Center. Mr. Buben replied that we had representation from Ms. Petra Lowen who was not present at the meeting, but we can consider recruitment of more than one representative depending on needs.</i></p> <p><i>Ms. Rehse added that she was very excited to hear about the new changes. She recommended that we get representation from some of the local promotoras groups that could sit in on a couple of meetings. She said we may need to arrange to have Spanish translation available. Mr.</i></p>			

Community Advisory Board
Meeting Minutes
January 12, 2023

Topic	Discussion	Action Item	Target Due Date	Responsible Team Member
	<i>Buben said he would have to know in advance to arrange to set up a face-to-face interpreter network prior to our meetings.</i>			
6. Member Portal Demonstration	<p>Mr. Buben gave a detailed demonstration presentation of CenCal Health's New Member Portal. He walked the committee through the portal features.</p> <p>The presentation included review of the many electronic features members will now be able to access in their secure accounts.</p> <p>These features include:</p> <ul style="list-style-type: none"> • Fillable Health Risk Assessments • Change PCPs • Order new ID Card or view and print copies on-demand • Learn of appointments needed now • Learn about incentives and eligibility for incentives • View and update Other Health Care Coverage • View billing history and authorization history • Learn how to obtain medical records through 3rd Party Health Applications working with CenCal Health • Email feature • Upload documents <p>The CAB did not provide additional suggestions, as they already provided considerations in the initial build process, however they provided great feedback and comments to the CenCal Health design and expressed appreciation for us making a Member Portal available to CenCal Health members.</p>	<i>Discussion</i>		<i>E. Buben/ N. Worley Marselian</i>

Community Advisory Board
Meeting Minutes
January 12, 2023

Topic	Discussion	Action Item	Target Due Date	Responsible Team Member
7. Health Promotion Update	<p>2022 Population Needs Assessment Update and 2023 Discussion</p> <p>2022 PNA Action Plan</p> <ul style="list-style-type: none"> • Breast Cancer Screening • Cervical Cancer Screening • Developmental Screenings • Blood Pressure in Control <p style="margin-left: 40px;"> ✓ Purpose ✓ Data Sources ✓ 2022 PNA Action Plan </p> <p>See report in the CAB Packet for further details and explanation of discussion.</p> <p>Next, Ms. Chafi-Aldwaik covered the CenCal Health PNA – Action Plan for 2022 for the areas of focus below:</p> <ul style="list-style-type: none"> • Pediatric Development Screening - by 1/1/2024 increase rate in SLO County for children before they turn 1 to exceed the Statewide Average • Breast Cancer Screening – by 1/1/2024 increase the rate of English-speaking members in both counties from 54.39% to 63.77% • Cervical Cancer Screening – by 1/1/2024 increase rate of members who have completed clinically recommended cervical cancer screening from 54.47% to a HEDIS goal rate of 67.99% • Hypertension – by 1/1/2024 increase the percentage of hypertensive member in Santa Barbara County that have a recorded blood pressure measurement that is adequately controlled from 58.29% to a HEDIS goal rate of 66.79% 	-		<p><i>Z. Chafi-Aldwaik, MPH, CHES</i></p>

Community Advisory Board

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Topic	Discussion	Action Item	Target Due Date	Responsible Team Member
	<p><i>Ms. Shoresman asked why we were only screening English speaking members for breast cancer screenings. Ms. Chafi-Aldwaik replied that the disparity between the statewide goal rate and our baseline or our current rate for Spanish members is better. She was not sure about the specific breakdowns for each language, but the areas of focus that they did for interventions came from the data on this measure. Mr. Segovia added that in our service area, we have an interesting pool of members and in our health measures, we encounter those that are underperforming are our English-speaking members, instead of our Hispanic or Spanish speaking members as other health plans see. Ms. Chafi-Aldwaik said she would look further into specific breakdowns for each language and get back with more specifics regarding the rates.</i></p> <p><i>Ms. Macdonald asked Ms. Chafi-Aldwaik if she would be getting any data on colon cancer screenings in the future. Mr. Segovia replied that was not added to the PNA this year because of the disparities we were seeing. He said that it would be brought into the discussion when designing the topics for our next PNA. We currently have a QCIP dashboard which allows providers in-network to see which members are non-compliant for different health measures. There are 15 DHCS priority measure requirements on the dashboard: Breast cancer screening, cervical cancer screening, etc. Providers will be able to go into the dashboard and see who is non-compliant and make sure that they do outreach directly to those members, and we are planning to expand in the last quarter of the QCIP.</i></p> <p><i>Ms. Rehse asked about what the 90th percentile meant. Mr. Segonia replied that the 90th percentile is calculated annually. So, when we make projections, we use a quality compass to determine what we are expecting to be held accountable to, which is the 90th percentile at the end of 2023. That number as a rate or as a percentage is compared to all the</i></p>			

Community Advisory Board

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January 12, 2023

Topic	Discussion	Action Item	Target Due Date	Responsible Team Member
	<p><i>health plans and in comparison, you can see where we are within the State and in within the Federal level as well.</i></p> <p><i>Mr. Buben asked Ms. Chafi-Aldwaik if the PNA data is public or posted on CenCal Health’s Website. Ms. Chafi-Aldwaik replied that our PNA would be posted on our website very soon in English and Spanish.</i></p> <p>2023 PNA Report:</p> <p>Data Sources</p> <p>Incorporate NCQA Accreditation and DHCS 2024 Contract requirements with internal sources</p> <ul style="list-style-type: none"> • Most recently available Consumer Assessment Healthcare Providers and Systems (CAHPS) DATA • DHCS Health Disparities data • DHCS Managed Care Accountability Set data • CenCal Health “Language Access Program” data • CenCal Health “Quality Care Incentive Program” data • CenCal Health Survey Tool” data <p>2023 PNA: Community Engagement</p> <ul style="list-style-type: none"> ▪ Local Health Department ▪ Local Educational Agencies ▪ Local Government Agencies ▪ Safety Net Providers ▪ Community Based Organizations ▪ County Mental Health Plans 			

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Topic	Discussion	Action Item	Target Due Date	Responsible Team Member																										
	<ul style="list-style-type: none"> ▪ Drugs Medi-Cal Organized Delivery System Plans ▪ Community Mental Health Programs ▪ Primary Care Providers ▪ Social Service Providers ▪ Regional Center ▪ California Department of Corrections and Rehabilitation ▪ County Jails ▪ Child Welfare Agencies ▪ Members with Limited English Proficiency ▪ Member subgroups diverse cultural and ethnic backgrounds <p><i>Ms. Chafi-Aldwaik asked the CAB Committee if they are within any of these agencies or know somebody that is, to help us reach out to a representative to let her know.</i></p> <p>2023 PNA: Timeline</p> <table border="1" data-bbox="550 899 1360 1354"> <thead> <tr> <th>Item</th> <th>Due Date</th> </tr> </thead> <tbody> <tr> <td>Kickoff planning meeting</td> <td>12/14/2022</td> </tr> <tr> <td>Obtain CAB Input (i.e., data sources, measures, health topics, or process enhancements) to include in report (at January CAB meeting)</td> <td>1/12/2023</td> </tr> <tr> <td>Data collection and analysis</td> <td>3/31/2023</td> </tr> <tr> <td>Complete report based on data analyses</td> <td>4/28/2023</td> </tr> <tr> <td>Develop and finalize objectives and strategies</td> <td>5/9/2023</td> </tr> <tr> <td>Send e-mail to CAB members for input</td> <td>5/10/2023</td> </tr> <tr> <td>Collect input from CAB members and incorporate into draft</td> <td>5/17/2023</td> </tr> <tr> <td>Send complete PNA report for internal review and edits</td> <td>5/22/2023</td> </tr> <tr> <td>Complete internal review</td> <td>6/2/2023</td> </tr> <tr> <td>Incorporate internal review feedback/requests</td> <td>6/14/2023</td> </tr> <tr> <td>Submit PNA to DHCS</td> <td>6/28/2023</td> </tr> <tr> <td>DHCS PNA Due Date</td> <td>6/30/2023</td> </tr> </tbody> </table>	Item	Due Date	Kickoff planning meeting	12/14/2022	Obtain CAB Input (i.e., data sources, measures, health topics, or process enhancements) to include in report (at January CAB meeting)	1/12/2023	Data collection and analysis	3/31/2023	Complete report based on data analyses	4/28/2023	Develop and finalize objectives and strategies	5/9/2023	Send e-mail to CAB members for input	5/10/2023	Collect input from CAB members and incorporate into draft	5/17/2023	Send complete PNA report for internal review and edits	5/22/2023	Complete internal review	6/2/2023	Incorporate internal review feedback/requests	6/14/2023	Submit PNA to DHCS	6/28/2023	DHCS PNA Due Date	6/30/2023			
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January 12, 2023

Topic	Discussion	Action Item	Target Due Date	Responsible Team Member
	<p>Important Highlights from Timeline Discussed:</p> <ul style="list-style-type: none"> • We recently had a kickoff planning meeting on December 14, 2022 • Obtaining input from CAB in today’s meeting • Obtained input from CAB and incorporate it into the draft of our PNA by May 17, 2023 • Goal is to have all data collected and analysis complete by end of March. • By end of April, complete report based on data analysis. • An e-mail will be sent out to CAB members by May 9th to get input on final objectives and strategies and community engagement list. We want to complete our report by the end of April. • Once we collect our input and we enter and incorporate it into the draft of our PNA, we will send the complete PNA report for internal review and edits by May 22, 2023. • Complete internal review by June 2, 2023. Incorporate our final feedbacks and requests from our leadership by mid-June. • Goal is to submit the PNA to DHCS June 30, 2023. • Final due date to DHCS is June 30, 2023. <p><i>Mr. Buben asked Ms. Chafi-Aldwaik if the feedback she will be taking, is that input going to come to the CAB members through e-mail notification between meetings? Are we going to wait till the next agenda? How would she like to proceed? Ms. Chafi-Aldwaik replied that she would be sending input out through e-mail notification to the CAB members.</i></p> <p><i>Ms. Macdonald asked Ms. Chafi-Aldwaik if faith-based organizations were included in the PNA for Community Engagement. Ms. Chafi-Aldwaik believed that faith-based organization were included but she was going to double check for Ms. Macdonald. Ms. Macdonald is part of the NWACP</i></p>			

Community Advisory Board

Meeting Minutes

January 12, 2023

Topic	Discussion	Action Item	Target Due Date	Responsible Team Member
	<p><i>Health Community for the poor people’s campaign and she is very interested in the Community Engagement. Ms. Chafi-Aldwaik asked Ms. Macdonald to e-mail her regarding questions. Ms. Chafi-Aldwaik made her e-mail address available online in Team chat zchafialdwaik@cencalhealth.org.</i></p> <p><i>Motion to approve Health Education Report was made by Dana Gamble seconded by Mary Ellen Rehse, <u>and unanimously approved by the CAB.</u></i></p>			
<p>8. Population Health Report</p> <ul style="list-style-type: none"> • Performance Improvement Projects (PIP) • Postpartum Care • Well Child Visits 	<p>Mr. Segovia gave an update from the Population Health Team. CenCal Health is required to submit two performance improvement projects every 18 months to the Department of Health Care Services. The current Performance Improvement Projects (PIP’s) which concluded in December 31, 2022:</p> <ul style="list-style-type: none"> • Postpartum Care in San Luis Obispo County – A required HealthEquity focused topic. <ul style="list-style-type: none"> ➢ Submission to HCS in April of 2023 to allow us time to receive claims and complete our results ➢ Goal was to address the help equity gap between Santa Barbara and San Luis Obispo counties by increasing the number of members in San Luis Obispo County that receive at least one postpartum visit within 7 to 84 days after a live birth. The project included an internally developed comprehensive member program that consisted of three different aspects: <ul style="list-style-type: none"> - Health Services’ Case Management outreach phone calls - Health promotion education materials - Member incentive gift basket ➢ To date, the intervention has positively impacted performance in San Luis Obispo County by increasing the rate of timely postpartum care visits (as measured through administrative claims data only) from 70.21% to 77.84% 	<i>Information</i>		<i>S. Sangovia</i>

Community Advisory Board

Meeting Minutes

January 12, 2023

Topic	Discussion	Action Item	Target Due Date	Responsible Team Member
	<ul style="list-style-type: none"> • Well Child Visits in the first thirty months of life – A child and adolescent health focused topic <ul style="list-style-type: none"> ➤ Submission to HCS in April of 2023 ➤ Goal is to increase the number of CenCal Health members residing in San Luis Obispo County who receive six or more of the recommended well child visits in their first fifteen months of life in order to surpass the minimum performance level of 55.72%. The minimum performance level was calculated using the NCQA quality compass for 2022 based on the medical 50th percentile. The project included an internally developed comprehensive member program that consisted of three different aspects: <ul style="list-style-type: none"> - Population Health Nurse outreach phone calls - Health promotion educational materials - Assistance with scheduling appointments ➤ Our current administrative claims data revealed that a 2.5 percentage points decrease in performance compared to the rates in December 2021. These are not final numbers, and we will continue to measure. We also continue to measure Santa Barbara County as well and will continue to update the CAB committee. <p>No questions were asked by the CAB. See the full Population Health Report included in the CAB Packet materials.</p>			

Community Advisory Board
Meeting Minutes
January 12, 2023

Topic	Discussion	Action Item	Target Due Date	Responsible Team Member
9. Communications/Community Relations Report	<p>Ms. Nichols made a community announcement to the CAB committee that Medi-Cal and CenCal Health expanded in 2022 that every eligible person can apply for Medi-Cal regardless of immigration status.</p> <p><i>Ms. Shoresman replied that the expansion was open to members 26 and under and 50 years and older. In 2024, that gap would be closed.</i></p>	<i>Informational</i>		<i>N. Worley Marselian/ C. Nichols</i>

Next Meeting April 13, 2023 – Location TBD

Respectfully submitted,

Chair Signature: Eric Buben

Date: April 13, 2023

Chair Name: Eric Buben, Chair, Director of Member Services

CEO Executive Summary

Date: May 17th, 2023
To: CenCal Health Board of Directors
From: Marina Owen, Chief Executive Officer

Excellence in Quality Award

In April 2023, CenCal Health distributed \$3.84M in Quality Care Incentive Program payments to eighty-nine eligible Primary Care Providers (PCPs). QCIP is CenCal Health's primary operational system to ensure the provision of clinically recommended services in alignment with well-established, evidence-based, clinical guidelines. Since the program's inception one year ago, \$14.92M has been earned by PCPs for their achievements that encompass five clinical categories of care including *Behavioral Health, Diabetes Care, Pediatric Care, Respiratory Care, and Women's Health*.

At the May Board of Directors Meeting, CenCal Health will recognize our top performing physician with an Excellence in Quality Award, Dr. Jeffrey Kaplan, Pediatrician-Santa Maria, for his achievements in preventive care and primary care quality. Pay-for-performance systems are necessary to satisfy National Committee of Quality Assurance (NCQA) standards for accreditation. CenCal Health's program is strategically important to support Population Health Management as well.

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.

Department of Healthcare Services (DHCS) Visits CenCal Health for Listening Tour

On April 27th, CenCal Health hosted a Listening Tour with the Department of Healthcare Services (DHCS) at our offices in Santa Barbara. In attendance were Jacey Cooper, State Medicaid Director and Chief Deputy Director, Tracy Arnold, Assistant Director, and Brian Hansen, Health Program Specialist. DHCS selected 10-12 communities to visit during this state-wide tour, identifying CenCal Health as one of these locations. Over 65 community leaders attended from a cross-sector of organizations including: *county, enhanced case management providers, community-based organizations serving children and seniors, sheriff, fire, physicians, hospitals, schools, homeless services providers and promotores organizations*. The conversation focused on the California Advancing and Innovating Medi-Cal (CalAIM) initiative, allowing the community to ask questions, raise challenges, exchange stories, and celebrate successes. CenCal Health received a favorable response from attendees and state leaders.

Expanding Community Support Services

Staff recognizes the importance of engaging external partners in making recommendations to expand Community Supports services toward the achievement of optimal health for our members. On April 3rd and 4th, CenCal Health hosted inaugural CalAIM Community Steering Committees in Santa Barbara and San Luis Obispo Counties, including your Board Liaisons, Supervisor Hartmann and Ortiz-Legg. Members of the CSC represented county and education leaders, healthcare providers, and leaders from community-based organizations. At the inaugural convening, members had the opportunity to discuss and recommend new Community Supports in 2024. Based upon extensive deliberation, staff recommends your Board consider the addition of four (4) services for CenCal Health members effective January 1st, 2024, including *Short Term Post-Hospitalization Housing, Personal Care and Homemaker Services, Day Habilitation Services and Respite Services*. Upon approval of these four Community Supports, CenCal Health will begin to develop Models of Care, begin outreach and engagement of prospective providers and prioritize staffing resources are needed for the implementation of these new services.

Additional information can be found in the [Community Supports Report](#) and a presentation will be provided to the Board of Directors in May 2023.

Dual Special Needs Program Feasibility

The 2023 - 2025 Strategic Plan was adopted by your Board in September 2022, which articulates CenCal Health's Mission Statement, Vision Statement, Strategic Priorities and Objectives to: *cultivate community partnerships, advance quality and health equity for all, expand our service role and reach and organize for impact and effectiveness*. Since this time, an annual Operating Plan was developed to guide efforts in 2023 and was accepted by your Board in January 2023. Progress made against this annual roadmap is included in the Performance Division Report. Each department within CenCal Health has begun work in an aligned and coordinated manner to further our priorities.

To expand our role and reach, a key initiative is to develop a Dual Special Needs Plan (DSNP) for Medicare members who also qualify for Medi-Cal. Your Board approved a multi-year implementation and consulting partner, Health Management Associates, and staff engaged Milliman to conduct a financial feasibility analysis. This assessment is complete and an update will be provided to your Board in May, including key assumptions and variables supporting sustainability of a DSNP program, and additional discussion will take place at the Finance Committee in June. Michael Engelhard, Principal, HMA, will join our meeting to provide additional strategic context.

Additional information can be found in the [Dual Special Needs Plan Feasibility Report](#) provided by David Ambrose, Senior Business Development Advisor.

Pay-for-Performance Program Update and Quality Award for Excellence in Care

Date: May 17th, 2023

From: Carlos Hernandez, Quality & Population Health Officer

Through: Emily Fonda, MD, MMM, CHCQM, Chief Medical Officer
Marina Owen, Chief Executive Officer

Executive Summary

In March 2022, CenCal Health launched an innovative pay-for-performance program, the Quality Care Incentive Program (QCIP). The program's purpose is to achieve the following goals:

- Maximize compliance with evidence-based clinical guidelines,
- Maximize health equity for all members,
- Continuously promote clinical quality improvement,
- Promote durable health care delivery system improvement,
- Minimize quality variability networkwide,
- Recognize Primary Care Provider (PCP) achievement.

Noteworthy achievements have been realized by PCPs networkwide, including:

- Improved many CenCal Health and the Department of Health Care Services clinical priorities,
- Increased networkwide standard of care compliance from 57.4% to 58.0%,
- 92 PCPs earned \$14.92 million in 1st year,
- QCIP engagement has been strong, especially among CenCal Health's largest PCPs.

Significant improvement was achieved for the following aspects of care:

- Well-child Visits, 15 Months of Age improved from 50.4% to 55.0%
- Chlamydia Screening in Women improved from 58.6% to 63.6%
- Antidepressant Medication Management improved from 50.7% to 56.3%

Quality Award for Excellence in Care

Dr. Jeffrey Kaplan's practice and his team earned the top 5-Star rating for all four QCIP rating periods. His practice earned the top performance score among all PCPs, for each of the four quarters of the QCIP inaugural year. For the first QCIP year, Dr. Kaplan's practice achieved an extraordinary 88.3% average quarterly performance rating – the best among PCPs networkwide. These achievements distinguish Dr. Kaplan's practice as the standout performer for the QCIP inaugural year, and an award will be presented at your Board's May 17 meeting to formally recognize his practice.

Background

For the inaugural QCIP year, for all PCPs the networkwide standard of care compliance improved from 57.4% to 58.0%.

For comparison, for the most recent performance measurement period ended March 2023, of 2,192 members assigned to Dr. Kaplan's practice that qualified for measurement, 1,884 (86%) met the performance expectations for measures applicable to his members. Additionally, nearly 94% of Dr. Kaplan's members received well child visits in accordance with well-established clinical guidelines for members 30 months of age. Dr. Kaplan also achieved a 90% level of performance for lead testing, which is a federally mandated requirement for members supported by Medicaid and a statewide priority for DHCS.

For the full inaugural QCIP year, Dr. Kaplan's practice achieved an extraordinary 88.3% average quarterly performance rating. This achievement was the highest rating among PCPs networkwide. The achievements described above distinguish Dr. Kaplan's practice as the standout performer for the QCIP inaugural year.

Next Steps

CenCal Health recently notified PCPs of two clinically important measure introductions to QCIP – seasonal flu vaccination for two-year-olds, and human papilloma virus (HPV) vaccination for adolescents.

These newly introduced QCIP measures will be reported as “Informational” for the coming 12 months, and then will transition to “Priority” effective April 2024. As Priority measures, HPV and influenza vaccination compliance will be added to the existing measure set for payment calculation purposes, to focus CenCal Health's incentive more strongly and specifically to include these challenging aspects of care that warrant significant improvement.

A brief QCIP overview and an award to Dr. Kaplan will be presented at your Board's May 17th, 2023 meeting.

Recommendation

This QCIP pay-for-performance program update is presented for your approval.

The *Quality Award for Excellence in Care* is presented for your Board to formally recognize and commend Dr. Kaplan and his practice team for their excellence in quality of care.



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Quality Care Incentive Program Year 1 Performance Overview & Award

Lauren Geeb, MBA
Director, Quality
May 17, 2023

Carlos Hernandez
Quality Officer



Quality Care Incentive Program Overview

Purpose

- Maximize compliance with evidence-based clinical guidelines
- Maximize health equity for all members
- Continuously promote clinical quality improvement
- Promote durable health care delivery system improvement
- Minimize quality variability networkwide
- Recognize PCP achievement



Achievements

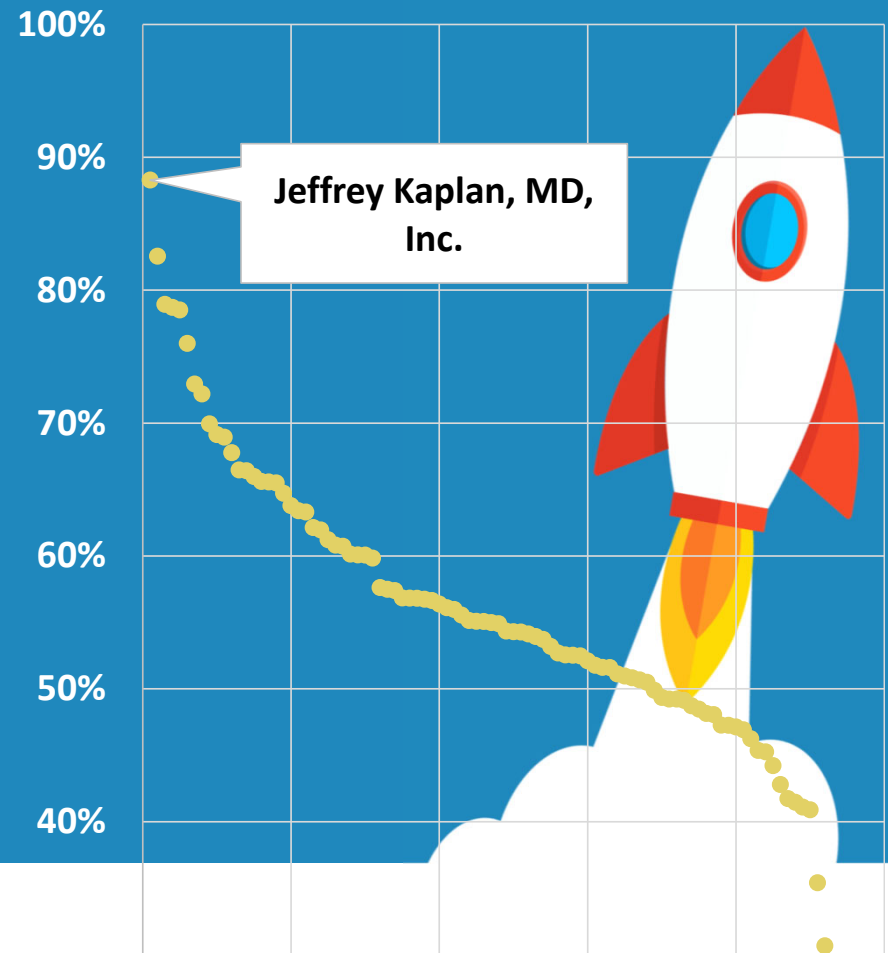
- Improved many clinical priorities
 - ✓ Well-child Visits, 15 Months of Age improved from 50.4% to 55.0%
 - ✓ Chlamydia Screening in Women improved from 58.6% to 63.6%
 - ✓ Antidepressant Medication Management improved from 50.7% to 56.3%
- Increased networkwide standard of care compliance from 57.4% to 58.0% to date
- 92 PCPs earned \$14.92 million in 1st year
- Strong PCP engagement, especially among PCPs with larger panels



Above & Beyond

- Jeffrey Kaplan, MD, and his team earned the top 5-Star rating for all four QCIP rating periods
- Top performance score among all PCPs, every quarter
- 88.3% of members received clinically recommended services & received them timely

Received Recommended Services Timely



CenCal Health Network PCPs



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Financial Report for the four (4) Month Period Ending April 30, 2023

Date: May 17th, 2023

From: Kashina Bishop, Chief Financial Officer/Treasurer

Contributors: Amy Sim, General Accounting Manager

Executive Summary

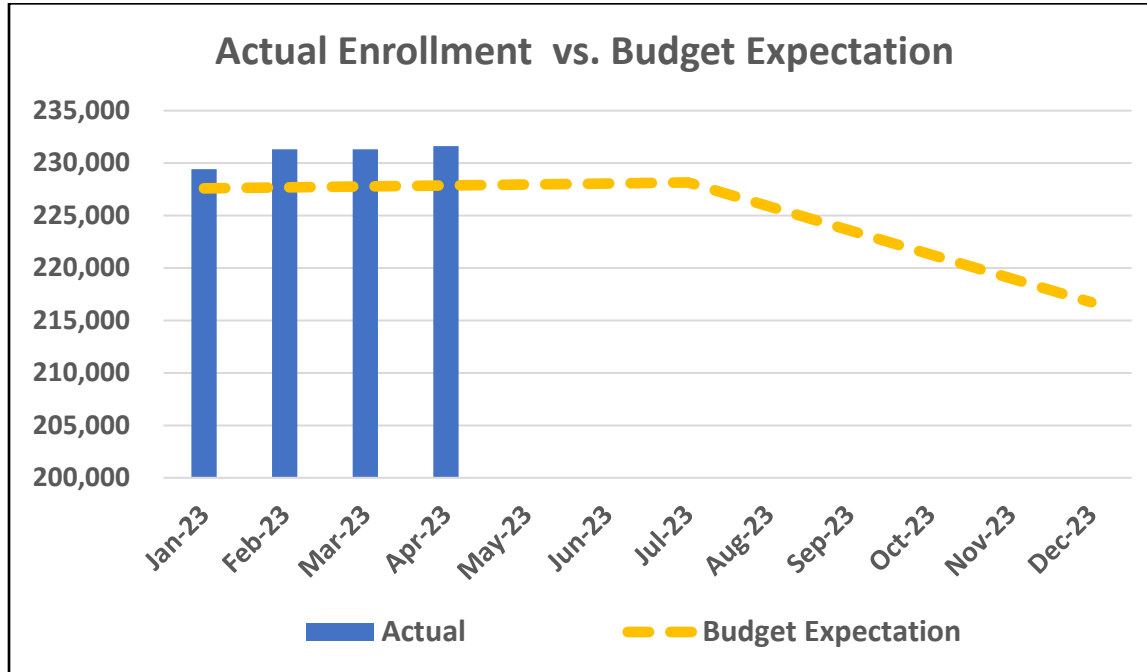
This memo summarizes the health plan's financial performance calendar year-to-date through April 30, 2023, and provides insight on how the health plan is operating against budget forecast expectations. The reported results are preliminary as we anticipate material adjustments to the March and April 2023 financial statements as Finance works through estimates that are anticipated to increase the overall liabilities. Revised statements will be presented to the Finance Committee prior to the June Board meeting.

In addition to monitoring current performance, management is revising the financial forecast beyond 2023 to reflect more current information. This will involve an assessment of the potential financial risk associated with the resumption of redeterminations, D-SNP start-up costs and increasing financial pressures from the provider network.

Financial Highlights (calendar year-to-date: Jan-April)

- **Operation Gain (Loss):** Through four (4) months of the calendar year we are reporting an operating gain of 48.0 million.
- **Capitation Revenue** is at \$430.5 million; over budget by \$44.5 million and 11.5%.
- **Medical Expenses** are at \$362.7 million; over budget by \$10.3 million and 2.9%.
- **Administrative Expenses** are at \$19.6 million; under budget by \$5.4 million and 21.6%.
- **Tangible Net Equity (TNE)** is at \$266.7 million; representing 838% of the minimum regulatory requirement and 100% of the minimum Board of Directors desired TNE target.
- **Total Cash and Short-Term Investments** are at \$323.5 million. Cash and Short-Term Investments available for operating the health plan is at \$279.6 million, representing 109 Days Cash on Hand.
- **Member Enrollment** is at 231,611 for the month of April 2023.

Enrollment Trend YTD



The health plan's enrollment count as of April 2023 is at 231,611 compared to a budget forecast of 227,873. January 1st – April 30th total member months are at 923,699 compared to budget expectations of 910,921; over budget 1.4%.

Capitation Revenue

Revenue Type	YTD Actual Dollars	FYTD Budget	YTD Variance	% Variance
Base Capitation Revenue	\$396,518,833	\$380,645,000	\$15,873,833	4.2%
Supplemental Revenue	\$16,034,335	\$5,388,000	\$10,646,335	197.6%
Budgeted Revenue Items	\$412,553,167	\$386,033,000	\$26,520,167	6.9%
Prior Year Revenue Adjustments: Prior Year Retroactive Items Recorded in Current Fiscal Year	\$17,955,434	-	\$17,955,434	
TOTAL CAPITATION REVENUE	\$430,508,601	\$386,033,000	\$44,475,601	11.5%

Base Capitation Revenue is over budget with a variance of 4.2% due to revised capitation rates from DHCS for Hospital Directed Payments (HDP) and Proposition 56, subsequent to the budget development.

Supplemental Revenue [Behavioral Health Therapy Services, Maternity Deliveries, and visits to American Indian Health Clinics] is over budget by 197.6% mainly due to maternity submission and updated rates for CY2023. Recent additional submission for maternity included claims from the prior 12 months based on technical data review. Maternity rates were also updated effective January 2023 with adjustments from Jan 23-Mar 23.

Overall, actual budgeted revenue is exceeding budget expectations by 11.5%.

Interest Income

Calendar YTD Interest Income is exceeding budget expectations primarily due to current market interest rates being earned are greater than budget assumption.

Medical Expenses

Medical Expense Type	YTD Actual Dollars	FYTD Budget	YTD Variance	% Variance
Medical Costs + Incentives	\$363,105,673	\$351,524,000	\$11,581,673	3.3%
Reinsurance – net	\$953,217	\$873,000	\$80,217	9.2%
Budgeted Medical Items	\$364,058,890	\$352,397,000	\$11,661,890	3.3%
Prior Year Expense Adjustments: Prior Year Retroactive Items Recorded in Current Year	(\$1,317,056)	-	(\$1,317,056)	
TOTAL MEDICAL COSTS	\$362,741,834	\$352,397,000	\$10,344,834	2.9%

Medical Costs & Incentives are trending over budget with a variance of 3.3%. The primary contributing factors to this budget variance are as follows:

1. Hospital Inpatient – out of area (due to a few high dollar cases)
2. LTC & SNF expenses – more internal research needed to determine root cause of variance
3. HDP expense which is budget neutral as it is correlated to the HDP revenue.
4. CalAim incentive programs to providers in the amount of \$4.8 million. These programs were not included in the budget as they are budget-neutral net of revenue. Revenue earned mirrors dollars paid out (expenses) to applicable providers/community supports).

Overall, actual budgeted medical costs are over budget by 2.9%.

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	YTD Actual Average Claim Cost	FYTD Projected Util per 1,000	Budget Forecasted Average Claim Cost	Budget Forecasted Util per 1,000
Physician Services	141.60	4,990	\$148.14	5,373
FQHC Services	37.19	2,051	\$33.94	2,241
Hospital IP In-Area	9,431	40	\$8,789	72.1
Hospital IP Out-of-Area	30,189	11.8	\$28,420	9.7
Hospital OP In-Area	228.43	419	\$229.98	1,130
Hospital OP Out-of-Area	688.37	104	\$659.49	121
LTC Facilities	363.89	1,696	\$327.38	1,974
Home Health	231.49	74.5	\$217.43	73
Hospice	3,168.18	9.9	\$2,902.44	12.4
Laboratory	47.79	1,257	\$50.00	1,635
Transportation	110.65	235	\$128.98	310
Physical Therapy	59.34	222	\$57.06	242
Durable Medical Equip.	153.89	266	\$148.63	304
Dialysis	901.66	36	\$878.44	40
Behavioral Health Therapy	397.18	183	\$366.64	230
Mental Health	133.34	990	\$140.41	1,002

Note: YTD Actual Average Claim Cost is based on paid medical claims as of March 31st with dates of service from January 1, 2023 through April 30, 2023. 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.

Administrative Expenses

Administrative Expenses are at \$19.6 million and under budget by \$5.4 million and 21.6% primarily driven by:

- Staffing Vacancies: 76 budgeted positions are currently vacant representing a 19.4% vacancy rate. The Administrative budget incorporated a 9% 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 calendar year. Utilities also vary from month to month.
- Travel Costs are under budget due to the timing of actual conferences.

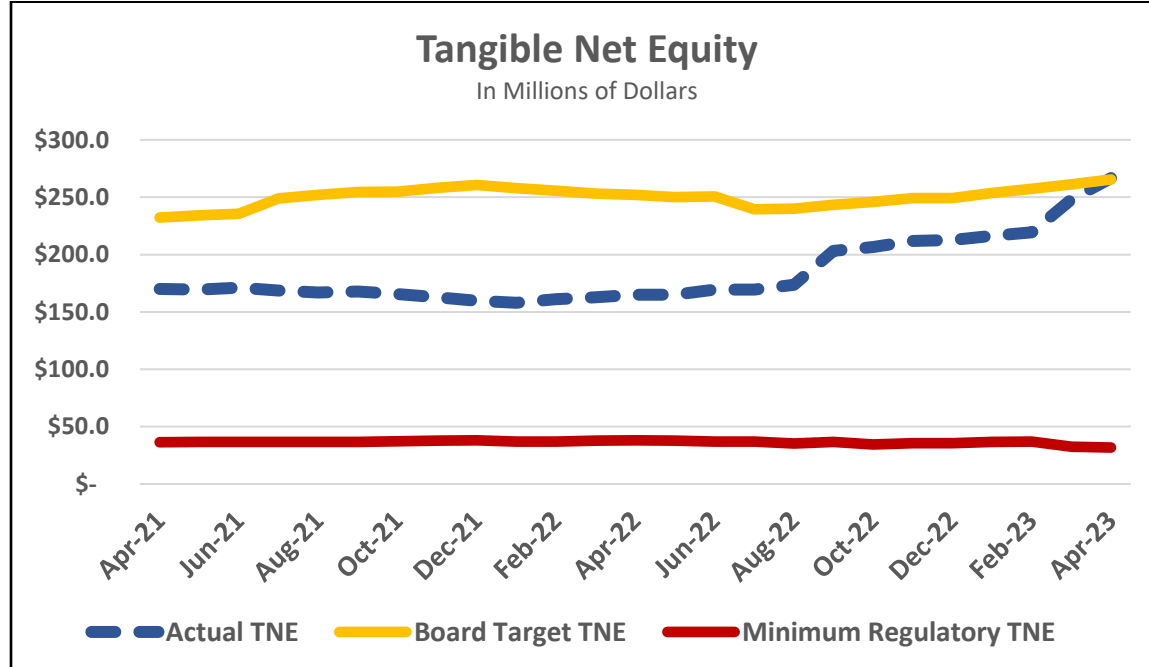
- Office Supplies & Equipment are over budget primarily due to postage and printing costs for additional State requirements of member materials.
- Other Expenses are under budget due to items being postponed.

Strategic Investments

Calendar year-to-date Strategic Investments, which include expenditures associated with start-up costs for launching a Medicare Dual Special Needs Program (D-SNP) and investments in technology infrastructure solutions, as of April 30, 2023 YTD actual is at \$159,596 compared to the budget forecast of \$3,036,800. The budget variance is primary due to the commencement date of the actual engagement with our Medicare D-SNP vendor partner is anticipated not to occur until the second half of March compared to a budget expectation of an earlier start date.

Tangible Net Equity (TNE)

As of April 2023, actual TNE is at \$266.7 million. This level represents 838% of the Regulatory Minimum TNE level (\$31.8 million) and 100% of the Board of Director's minimum TNE target currently at \$265.5 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 April 2023

Total Cash Received is at \$84.9 million. Total Cash Disbursements is at \$72.4 million. Accrued and Earned Interest Income is at \$656,361.



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Finance Report

As of April 30, 2023

Kashina Bishop
Chief Financial Officer
May 17, 2023

CFO – First 90 Days

1. Financial Statement Review and Balance Sheet Audit
2. Evaluation of internal controls
3. Assessment of the Finance organizational structure
4. Held Finance Committee meeting on April 5th



CFO – Next Steps

Finance Committee Meeting – June 21st

1. Review financial statement adjustments and other findings
2. Present adjusted March and April financial statements
3. Review internal control assessment
4. Provide revised 2024 Financial Forecast
5. Discuss Board Reserve Policy





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Medicare Dual Special Needs Program (D-SNP) Report

Date: May 17th, 2023

From: David Ambrose, Sr. Business Advisor Product Line Development
Kashina Bishop, Chief Financial Officer

Executive Summary

The following report provides updates surrounding activities associated with preparing CenCal Health to develop and launch a Medicare Dual Special Needs Program (D-SNP) on January 1, 2026. The initiative of this program will entail substantial financial and operational risk, however, if executed with a strategic approach and the complete commitment of organization at all levels, it provides members with well-coordinated care that is aligned with CenCal Health's mission and vision.

Background

CalAIM requires Medi-Cal managed care health plans to launch and operate a Medicare D-SNP on or before January 1, 2026. The January 2023 Board of Directors Meeting included adoption of staff recommendation to partner with a planning and implementation vendor ---- Health Management Associates (HMA).

Consulting Engagement

Health Management Associates

During CenCal Health's leadership retreat in April the HMA team participated in an afternoon session presentation to provide further context on the D-SNP and kick-off implementation. This included introducing the health plan's leadership team to the fundamentals of Medicare financing and compliance requirements with health plans. In early May 2023, HMA, in collaboration with CenCal Health's internal D-SNP Project Manager, initiated specific D-SNP project meetings and the corresponding creation of associated workgroups. Several workgroups are being created: each one focusing on a key performance or operational build activity, such as network strategy and reimbursement.

Financial Feasibility Assessment



Milliman Actuaries

The actuary firm Milliman completed a Medicare D-SNP feasibility study for our health plan. The feasibility study provides CenCal Health guidance to follow around five (5)

key performance measures which lead to long term financial sustainability within a Medicare D-SNP line of business. The feasibility study established key performance targets for the health plan to achieve or exceed in the following area:

The Key Performance Measures

- Enrollment
- Medical Management Savings from Medicare FFS Benchmark
- Provider Network Reimbursement Level
- Risk Adjustment (*medical claim diagnosis coding*)
- Star Rating (*Medicare's quality program*)

The Five (5) Key Performance Measures

Enrollment

As with any health insurance product, there exists a point of “economies-of-scale” in terms of having a large enough enrollment base to spread the financial risk inherent within any insurance product and to be able to cover the administrative operating costs. Within the Medicare space typically about 40% of administrative operating costs are fixed costs with the remaining 60% considered variable costs which fluctuate with the level of enrollment.

Fortunately, the Milliman feasibility study provides a reasonable increase in enrollment over time and mitigates the necessity of CenCal Health capturing a large percentage of our Medi-Cal dual-eligible population in Year 1.

The Milliman feasibility study's enrollment targets are as follows:

Year 1 2026	Year 2 2027	Year 3 2028	Year 4 2029	Year 5 2030	Year 6 2031	Year 7 2032
1,700	4,500	6,200	7,900	9,600	10,800	10,800

The Year 1 target represents initially capturing 8% of our existing Medi-Cal dual-eligible population with enrollment growth each year thereafter resulting in capturing roughly 40% of our dual-eligible population by year 2031.

Medical Management Savings

Long term sustainability within Medicare is only possible with achieving medical management savings above the regional Medicare fee-for-service benchmark for medical costs. For CenCal Health, benchmark regions are Santa Barbara County and San Luis Obispo County, respectively. Medical management savings are achieved by reducing unnecessary utilization, promoting better health outcomes, and shifting care to cost-effective sites of service.

For the annual Centers for Medicare and Medicaid Services (CMS) D-SNP bid submission requirement, CenCal Health must demonstrate it can manage and operate its D-SNP cost of medical care services at a cost-savings from Medicare fee-for-service. These savings are necessary for a health plan to cover its administrative expenses associated with a Medicare insurance product and to assist subsidizing the cost of any supplemental benefits (e.g., dental) a health plan may offer.

The Milliman feasibility study's medical management savings targets are as follows:

Year 1 2026	Year 2 2027	Year 3 2028	Year 4 2029	Year 5 2030	Year 6 2031	Year 7 2032
15%	17%	18%	18%	18%	18%	18%

Provider Network Reimbursement

The level of provider network reimbursement plays a significant role in the success of achieving long term sustainability. The regional Medicare fee-for-service benchmark is based upon fee-for-service providers reimbursed at 100% of the applicable Medicare Fee Schedule, less any member deductibles or coinsurance.

The Milliman feasibility study assumes CenCal Health will contract its D-SNP provider network at **100% of Medicare**, less any applicable member deductible and coinsurance. Connected to this is the assumption that normal Coordination of Benefit (COB) adjudication rules are applied between CenCal Health's D-SNP line of business and its Medi-Cal line of business.

Risk Adjustment

CMS defines risk adjustment as predicting (or explaining) the future healthcare expenditures of individuals based on demographics and diagnosis. Risk adjustment plays a large role in the overall level of Medicare revenue a health plan will earn. In simple terms, an individual's health status, as determined by the medical diagnosis

codes associated with the individual determines most of the annual Medicare revenue a health plan will earn on the individual member. More documented health conditions (e.g., diagnosis codes) result in a greater level of Medicare revenue.

Currently, CenCal Health's existing Medi-Cal dual-eligible population is primarily enrolled within the Medicare fee-for-service program, as opposed to a Medicare Advantage (MA) plan. This suggests the current level of diagnosis code specificity from the provider network may not be optimal and there is room for improvement. Optimal diagnosis code specificity is not required from providers within the Medicare fee-for-service program in order to be reimbursed for the medical care services they provide to Medicare beneficiaries. As a result, Milliman in their feasibility study assumes marginal coding improvements over time as the provider network is engaged and educated on the necessity for a greater level of coding specificity within a Medicare D-SNP product.

The Milliman feasibility study's improvements in diagnosis coding specificity is as follows:

Year 1 2026	Year 2 2027	Year 3 2028	Year 4 2029	Year 5 2030	Year 6 2031	Year 7 2032
4%	4%	2.5%	2.5%	1%	1%	1%

Star Rating

CMS uses a five-star quality rating system to measure the experiences Medicare beneficiaries have with their health plan and health care system --- the Star Rating Program. Health plans are rated on a scale of 1 to 5 stars, with 5 being the highest. For 2023 Medicare Advantage with prescription drug coverage (a D-SNP falls under this umbrella) health plans are rated on up to 38 unique quality and performance measures. These measures are a combination of clinical and customer experience measures.

A health plan's star rating plays a large role in the level of Medicare revenue a health plan may earn, dependent of the star rating the health plan achieves.

The star rating a health plan achieves impacts the level of additional revenue (bonus revenue) which may be earned and to the magnitude of the shared-savings arrangement (named the Rebate %) between CMA and a health plan associated to the Medicare fee-for-service benchmark.

Medicare Star Rating Impact on Health Plan Revenue

Star Rating	Bonus %	Rebate %
New Plan Years 1 - 3	3.5%	65%
3.0 or less	0.0%	50%
3.5	0.0%	65%
4.0	5.0%	65%
4.5 or greater	5.0%	70%

CenCal Health's Medicare D-SNP will be considered a "new plan" offering during its first three years of operation ---- 2026, 2027, and 2028, respectively and as a result will earn a 3.5% revenue bonus during these years. In addition, CenCal Health will keep 65% of the savings off the Medicare fee-for-service benchmark.

Milliman's feasibility study assumes in year 4 (2029) CenCal Health will achieve a **4-star rating** based upon its performance in the prior years and maintains a 4-star rating for each year thereafter. This assumption results in the health plan earning a 5.0% revenue bonus beginning in 2029.

Financial Considerations

The start up of a Medicare D-SNP requires a significant multi-year investment, both during the implementation phase and in the early years of operations, as membership increases, and performance improves and stabilizes. This will require a full commitment to the necessary investments as CenCal Health enters a period of financial uncertainty. If executed strategically, it offers benefits to our members and could improve CenCal Health's long term financial viability by diversifying revenue streams.

Key considerations for discussion include:

1. Tangible net equity (i.e., financial reserves) are below the Board target and, as a percent of regulatory minimum requirement, is one of the lower in the State compared to other County Organized Health Systems (COHS) and Local Initiatives.

2. The pre-go live investment is estimated to be approximately \$17 million.
3. The base financial feasibility study forecasts a multi-year loss of approximately \$20 million. This is a significant estimate, actual losses could be less than or in excess of the estimate.
4. The full commitment to the pre and post go-live investments will occur during a time in which the full financial impact of the ending of the COVID public health emergency is unknown currently.
5. Success within the D-SNP could improve CenCal Health's long term financial sustainability.
6. Initial financial forecasts which include D-SNP start-up costs, and the early years of D-SNP losses indicate CenCal Health's tangible net equity, will remain above regulatory requirements.

Financial Feasibility Pathway and Next Steps

There exists a ramp up period among all five (5) key performance measures which results in initial years of operating losses and ultimately a "turning-the-corner" reflection point financially in year 2029 where CenCal Health is forecasted to begin achieving long term sustainability within its Medicare D-SNP line of business.

Financial feasibility pathways have been presented by Milliman towards achieving long term sustainability with a Medicare D-SNP line of business specific to CenCal Health's service area and will be presented to the Board of Directors in May 2023 and further discussed in detail at the Finance Committee.

Medi-Cal Redetermination Report

Date: May 17th, 2023

From: Nicolette Worley Marselian, MBA
Director, Communications & Community Relations

Through: Van Do-Reynoso, MPH, PhD
Chief Customer Experience & Chief Health Equity Officer

Executive Summary

Most Medi-Cal beneficiaries must prove annually that they still qualify for coverage through a process called redetermination. During the Public Health Emergency, this renewal process was suspended in order to maximize health coverage during the pandemic. In compliance with federal and state regulations, redetermination will restart in June 2023. The Department of Health Care Services (DHCS) is concerned that as many as 3 million beneficiaries could lose coverage due to an inability to reach members who have moved and those who enrolled during the pandemic and therefore, have never gone through the renewal process.

DHCS is requesting health plans assist in outreaching to members. CenCal Health has developed and has begun executing a Redetermination Outreach Plan.

Background

During the Public Health Emergency, similar to other health plans, CenCal Health's membership increased significantly. In addition to new members meeting eligibility, no beneficiaries were disenrolled due to ineligibility. Staff anticipated loss of membership due to inability to reach members to renew, as well by a high rate of non-response, due to a lack of familiarity with the process or lack of awareness that the process has restarted. Local Department of Social Services offices are also concerned about being overwhelmed with demand for their assistance.

In the past, health plans were not a part of the redetermination process, including inability to communicate with members regarding renewals. Health Plans do not receive data on renewal dates, and the date a member becomes effective in CenCal Health is not necessarily their renewal date.

CenCal Health's Engagement with Redetermination Outreach and Retention

For the current redetermination process, Medi-Cal Managed Care Plans can now participate in outreach and education in partnership with their local Department of Social Services. CenCal Health's outreach plan has three goals:

- Increase membership awareness of redetermination restarting.
- Urge members to take action by updating contact information to Medi-Cal.
- Urge members to take action by returning redetermination package.

Next Steps

CenCal Health has developed a two-phased plan that uses multiple outreach tactics, focuses on both our general members and specific groups of members, targeted messaging, an array of modalities, and timeline. A presentation on this Redetermination Outreach Plan will be presented to the Board of Directors in May 2023.

Recommendation

The information and materials included are informational and no action is requested at this time.



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Redetermination Outreach Strategy

Reinstatement of Eligibility Renewals

Nicolette Worley Marselian, MBA
Director of Communications & Community Relations

Board of Directors
May 17, 2023

Background

During the Public Health Emergency, Medi-Cal Redetermination efforts were halted.

Redetermination
efforts restarted
April 2023

DHCS provided
a "Renewal Toolkit"
for Plans.

DHCS & local DSS
need help getting
the word out.

CCH will have a
two-phased
approach.

Our Redetermination Outreach Goals

1

Increase membership awareness of redetermination restarting.

2

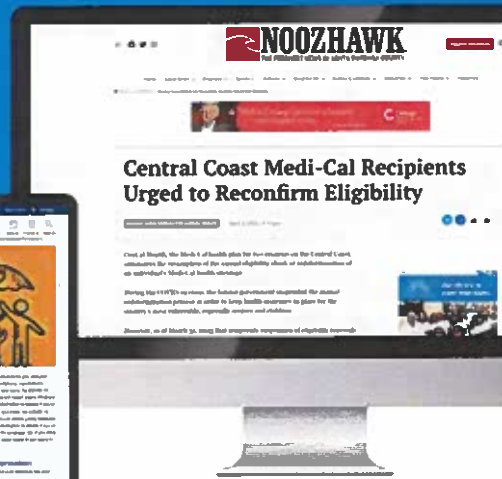
Call to action:
Convey contact information changes to Medi-Cal.

3

Call to action:
Return redetermination package.

Phase One: Quick Wins

- Submit file-and-use Outreach Plan to state, using pre-approved text and robocall messaging
- Promote **KeepMediCalCoverage.org** & subsites like **mybenefitscalwin.org** & **benefitscal.com**
- Website, including **cencalhealth.org/keep(/mantenga)**
- Partnering closely with DSS in both counties for data
- Provider, community-based organizations communication
- Member Portal launched
- Social Media
- Publicity
- Continuing Post Office change of address focus



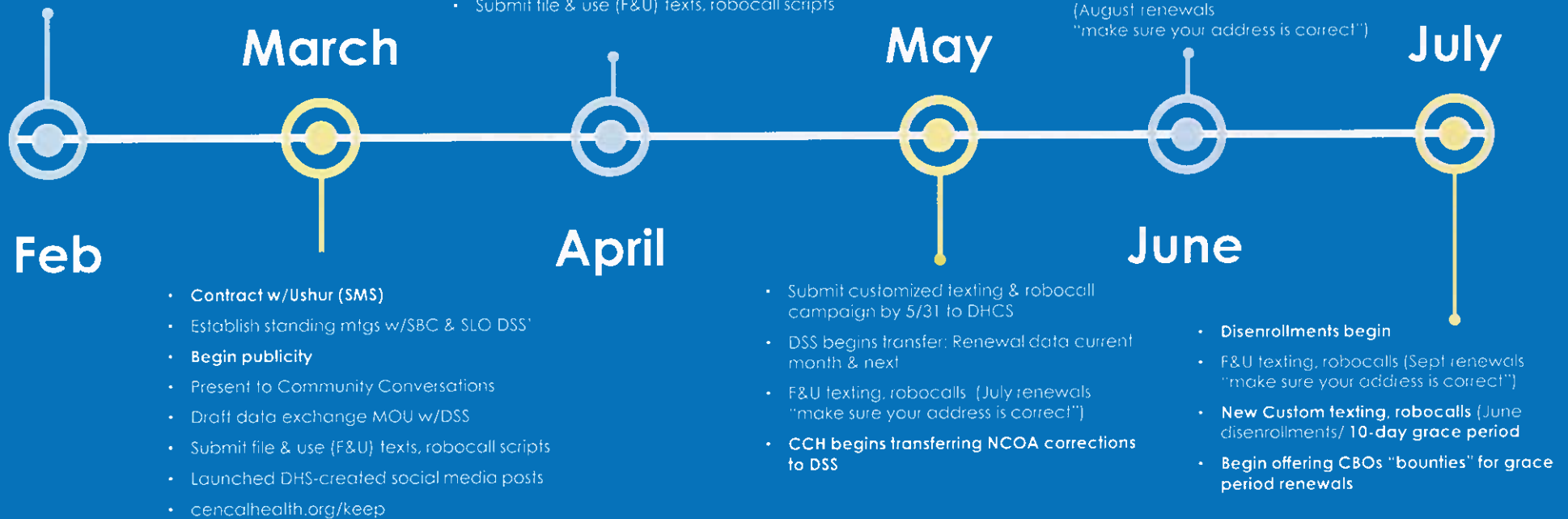
Redetermination Timeline: Feb – July 2023

← **2021** NCOA

- Cencalhealth.org – Message at top; link to keepmedicalcoverage.org

- DSS mails June renewal letters 4/20
- MOU negotiations begin w/each County DSS
- Provider-, CBO-focused efforts begin
- Submit file & use (F&U) texts, robocall scripts
- Launch Member Portal
- Ad hoc Redetermination Committee begins
- Submit file & use (F&U) texts, robocall scripts

- Renewals begin
- Customized texting/IVR begins:
- Customized texting, robocalls (June renewals "return your packet now")
- Customized texting, robocalls (July renewals "Watch out for a yellow envelope!")
- F&U texting, robocalls (August renewals "make sure your address is correct")



Phase Two: Focused Outreach

- Custom "right message; right time."
- Custom texts, IVR messaging to bad addresses.
- Specific outreach to:
 - Unsheltered/homeless
 - Limited English Proficiency
 - Disabled
- Postcards to non-responders.
- Engage CBOs.
- Evaluate effectiveness of pieces.

"Medi-Cal doesn't have your current mailing address."

Make sure you don't lose your CenCal Health coverage through Medi-Cal!

Contact them with your new address today! Find out all the ways to do that at cencalhealth.org/keep

Medi-Cal Renewal FAQs

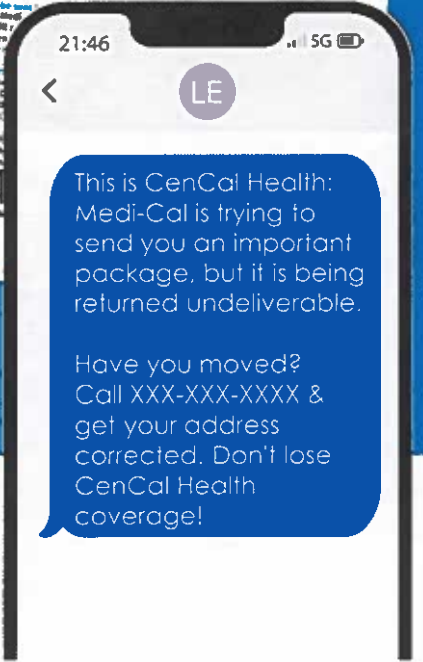


Why may some CenCal Health members need to update their information with the county?
Current contact information is needed so members can receive notices from their county's Department of Social Services (DSS). During the COVID-19 public health emergency, members lost their coverage regardless of changes in their circumstances. However, starting April 1, 2023, the counties of Santa Barbara and San Luis Obispo DSS will check if Medi-Cal members still qualify for coverage.

What information do members need to update?
Most importantly, members should report changes in their mailing address or phone number. If a member has moved, changed their mailing address, or phone members in the last three years, they need to make sure Medi-Cal has their current information.

How can members update their information online?
Link: Orange County residents: www.mylifeinocalifornia.org
Santa Barbara County residents: www.sbmedcal.com

How can members report a change if they have SSN?
Members can report a change if they have SSN by going to www.ssa.gov/locator or by calling 1-800-772-1213. Monday through Friday, 8 a.m. - 5 p.m. All 800-772-1213 calls will have Social Security process their Medi-Cal renewal. Members who do not have a SSN should contact their local Social Security office for more information.



Keep your CenCal Health Medi-Cal coverage!
Make sure they can reach you!

If you have moved in the last 3 years report your new address to Medi-Cal.

You can update your contact information online:
 • Santa Barbara County residents: www.sbmedcal.com
 • San Luis Obispo County residents: www.mylifeinocalifornia.org

You can call, mail, or visit your local Medi-Cal DSS office near you. Find a list of offices near you at www.cencalhealth.org/keep

Then, watch your mail for a big yellow envelope from Medi-Cal!

Scan this code with your camera to go to our website.



Final Thoughts

- CenCal Health supports the DHCS outreach strategy and shares the same goal: **Keep Medi-Cal coverage for ALL beneficiaries!**
- We want to ensure no one loses coverage because of lack of returning their eligibility renewal packet.
- Estimated 30,000 to 60,000 CCH members may be at risk of losing coverage.
- CenCal Health is partnering with our local DSS offices, providers, and other community-based organizations to assist our members in the renewal process through outreach and innovative efforts.





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CenCal Health Performance Dashboard Prototype

Date: May 17th, 2023

From: Chris Morris, MSOD, Chief Performance Officer

Contributors: Andrew Hansen, Operational Excellence Director

Executive Summary

Enhancing performance measurement around organizational processes provides advantages toward simplifying and increasing clarity of organizational performance. The shared vision is to build on the strength of CenCal Health's Quality Program and create a performance measurement system spanning all health plan processes, to monitor the health of the entire organization in a concise and centralized manner. Responsive to Board guidance, staff prepared an Organizational Dashboard prototype reflective of 74% of core process performance, with the ultimate aim of achieving metric coverage above 90% across all organizational processes. The objective of this effort is threefold: to create focus surrounding performance, measure what matters most and identify areas to improve effectiveness over time. After adoption, the Organizational Dashboard will be produced on a quarterly basis beginning in Q2 2023.

Background

In April 2022, the Board of Directors was invited to identify valuable elective topics for Board meetings, and unanimously selected "health plan performance" as the most valuable. Informed by that feedback, in May 2022, Staff oriented the Board to the CenCal Health Performance Model. This model identifies an organizational dashboard as a key capability relevant to organizational performance. Staff made a commitment to enhance performance measurement through an executive level dashboard, to equip the organization to measure what matters, focus on results, and improve over time. Initial development in 2022 identified that at baseline metric coverage approximated 30% of processes across the organization, with core operational areas approaching 50%. Additional metric development has been prioritized towards producing a comprehensive executive level dashboard prototype for Board consideration in May 2023.

Performance Measurement Assessment

Presently, various mechanisms provide mixed insight into CenCal Health performance. At the departmental level, some Directors utilize automated reporting supported by CenCal Health's Analytics team, some use manual tools and others have yet to establish routine performance measurement. At the programmatic level, the Quality

Improvement Workplan collates dozens of metrics. Reporting directly to the Board, the Quality Improvement Committee provides visibility into the Quality Dashboard. Board visibility into other areas of cross-functional performance is largely accomplished through routine and ad-hoc narrative reports and presentations, including for example, Administrative Reports, Program Reports and Committee Reports.

The shared vision is to build on the strength of CenCal Health's Quality Program and create a performance measurement system spanning all health plan processes, to monitor the health of the entire organization in a concise and centralized manner. Responsive to that vision, Staff engaged in the process of stepping back and asking, "How can we *simplify and expand our measurement system?*" The process to answer this question and create a comprehensive measurement system includes evaluation of evidence-based practices in organizational performance measurement, review of peer health plan organizational performance measurement systems, and engagement of a CenCal Health leadership coalition to inform development. This evaluation reinforced the opportunity to define and emphasize the performance of cross-functional processes that achieve and support the CenCal Health mission and vision. As processes were inventoried, staff categorized those that deliver value to members, providers and the community as *core*, and those that enable and guide the organization as *support and managerial*.

Process Measurement Advantages

The objective of this effort is threefold: to create focus surrounding performance, measure what matters most and identify areas to improve effectiveness over time. Designing the organizational performance measurement system around organizational processes provides five key advantages toward simplifying and increasing the clarity of performance measurement efforts by:

1. Organizing processes by scope and scale, known as process level:

Level	Description	Management	Examples
1	Highest Level	Officers	Engage and Support Members
2	Medium Level	Directors	Help Members Engage
3	Lower Level	Managers,	Onboard new Members
Metric	Metric Level	Supervisors	Members reached with a welcome call

2. Formalizing roles and responsibilities for activities that span functional or departmental boundaries;
3. Creating focus by developing composite metrics, meaning the performance of multiple subprocesses can be combined to create *aggregate* performance scores;

4. Understanding the organization from a process perspective, including categorizing processes:

Category	Description	Examples
Core	Deliver value to our members, providers and community partners	<ul style="list-style-type: none"> Engage and Support Members Support and Develop the Provider Network Manage Member Care Improve Member Health
Support	Enable the organization	<ul style="list-style-type: none"> Provide Data and Technology Services
Managerial	Guide the organization	<ul style="list-style-type: none"> Manage Compliance Commitments Manage Organizational Finances

5. Creating audience specific views according to relevant process level and type:

View	Processes	Measurement Type	Metric Count
Executive View	All Level 1 Core Level 2	Composite	<30
Metric View	All Level 3	Individual metrics and composites	150 – 200

New Organizational Dashboard

In partnership with departmental leadership, and in consultation with the Executive Leadership team, four (4) Level 1 core processes have been defined and seven (7) Level 1 *managerial* and *support* processes. A total of 106 metrics, each connected to their respective process, have been identified and included in the Executive View Dashboard prototype, enclosed. These metrics represent 74% coverage within core processes, up from 50% at baseline. Metric coverage is defined as the percent of processes with at least one associated metric. Managerial and support process metric coverage is currently at 32%, with three (3) of seven (7) Level 1 processes having adequate metric coverage for inclusion in the Executive View Dashboard prototype. Staff will be working towards an overall metric coverage above 90% across all organizational processes.

The Executive View Dashboard prototype contains performance targets and thresholds for all included processes. Target performance refers to the level of desirable performance and is typically informed by contractual requirements and best practice standards, where available. Threshold performance refers to the minimum level of acceptable performance. Threshold levels occasionally exist in best practice standards but can also be determined mathematically as a fixed percentage away from target performance.

The Executive View Dashboard utilizes a composite methodology to aggregate the performance of processes at different levels, where:

- Metrics are averaged to create Level 3 process performance;
- Level 3 processes are averaged to create Level 2 process performance; and
- Level 2 processes are averaged to create Level 1 process performance.

Q4 2022 Organizational Performance

The Q4 2022 Organizational Dashboard indicates a top-level performance of 94.6% of target. Results for four (4) of the seven (7) Level 1 processes met or exceeded 95% of target, with three (3) of the four (4) core processes achieving that standard. Exceptions to the 95% standard and other notable performance are as follows:

- Support and Develop the Provider Network. This Level 1 core process contains three subordinate Level 2 process, visible on the Executive View Dashboard adjacent to the Level 1 graph as: *Support the Provider Network*, *Develop the Provider Network*, and *Pay Providers*. Performance of *Support the Provider Network* is below threshold. Results were impacted by timely re-credentialing and call abandonment metrics. Provider Services has adjusted processes and is evaluating staffing and structure to improve re-credentialing and call service levels.
- Manage Compliance Commitments. Performance is impacted by the results of the 2022 DHCS Audit in which one repeat finding was identified. Significant cross-functional work has ensued to assess cause, evaluate policy, procedure, and process and ensure an effective and responsive corrective action plan is in place to remediate findings. Concurrently, efforts are also underway to prepare and advance readiness for the 2023 DHCS Audit.
- Manage Health Plan Finances. Performance is impacted by the results of the 2022 independent financial audit in which there were four (4) significant findings (defined by significant deficiencies and material weaknesses), as previously reviewed with your Board. Finance is enhancing internal controls, adjusting processes and evaluating staffing and structure to improve results.

Next Steps

1. Produce Q1 2023 Organizational Dashboard
2. Expand metric coverage on the Organizational Dashboard to 90%

Recommendation

Staff recommend the Board of Directors adopt the Executive View Dashboard prototype for implementation and ongoing quarterly reporting.

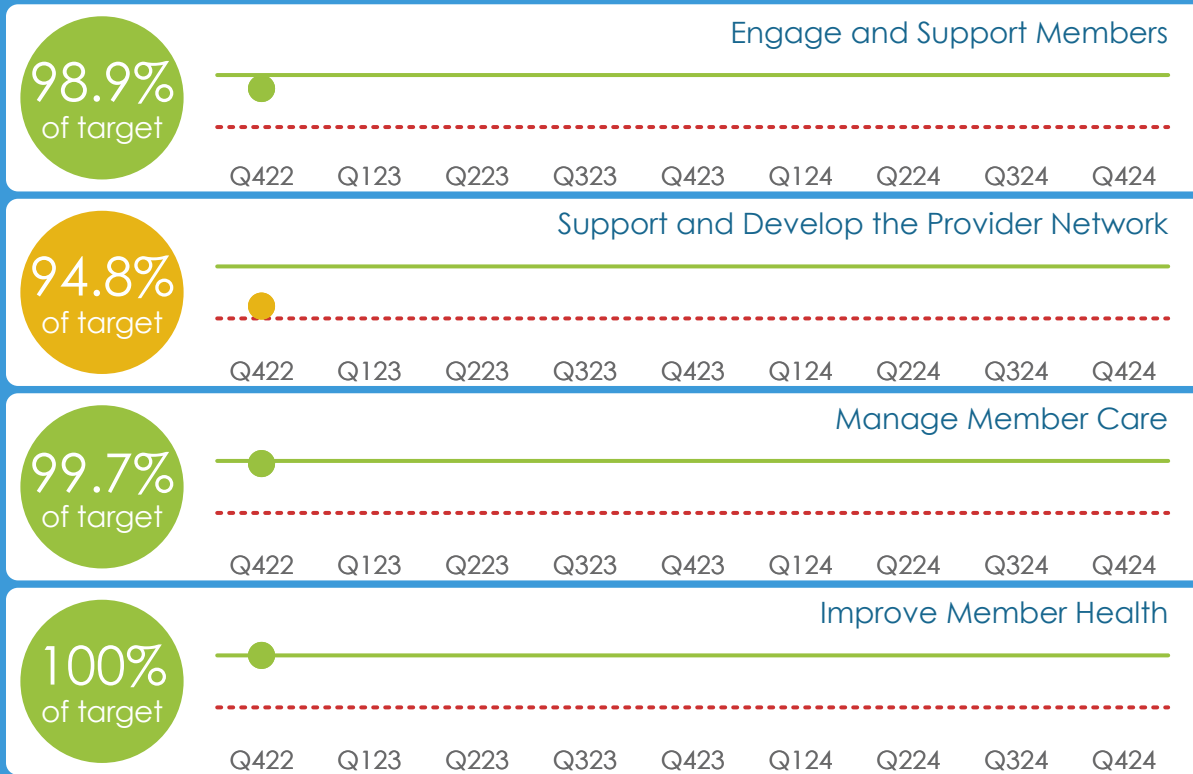
Enclosure

1. Executive View Dashboard – Q422
2. Organizational Dashboard Metric View – Q422

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

Context and Limitations: Target and Threshold values are informed by contractual requirements and best practices, where available. This dashboard is structured by core processes (which deliver values directly to members, providers and the community) and managerial and support processes (which guide and support the organization). Results are produced using composites, meaning the performance of subprocesses is combined for aggregate performance scores. All metrics are normalized to a 100 point scale, so Target performance is always 100%.

Core Processes



Most Recent Five Quarters



Support and Managerial Processes



performance threshold

performance target

● ≥ to 95% of target and > threshold

● < 95% of target and ≥ threshold

● < threshold

Legend

Level	Metrics by Process	Data Period	Threshold	Target	Result	Threshold (Normalized)	Result (Normalized)	Perf.
1	Engage and Support Members					90.4%	98.9%	●
2	Help Members Engage					75.7%	100.0%	●
3	Onboard New Members					91.5%	100.0%	
M	Timely distribution of new member welcome materials	2022	95.0%	100.0%	100.0%	95.0%	100.0%	●
M	New members reached with a welcome call	Q422	55.0%	65.0%	69.2%	84.6%	100.0%	●
M	PCP auto-assignment rate	Q422	10.0%	5.0%	5.0%	94.7%	100.0%	●
3	Connect Members to Programs					60.0%	100.0%	
M	% of high-risk members referred to CCM enrolled in CCM	2022	30.0%	50.0%	57.0%	60.0%	100.0%	●
2	Help Members Navigate					96.8%	97.5%	●
3	Communicate with Members					93.6%	98.2%	
M	% of calls to Member Services abandoned	Q422	7.0%	5.0%	3.2%	97.9%	100.0%	●
M	% of calls to Member Services answered within 30 seconds	Q422	75.0%	85.0%	80.3%	88.2%	94.5%	●
M	Member Services Customer Call Satisfaction	Q422	agg.	agg.	agg.	94.7%	100.0%	●
S	1) Was the MSR helpful and friendly?	Q422	90.0%	95.0%	99.0%	94.7%	100.0%	●
S	2) Do you feel the MSR helped you as much as they could at this time?	Q422	90.0%	95.0%	98.0%	94.7%	100.0%	●
3	Provide Cultural and Linguistic Services					100.0%	96.9%	
M	% of PCP office staff aware of and able to access interpretation services	2019	agg.	agg.	agg.	100.0%	96.9%	●
S	% of PCP office staff aware of and able to access - Santa Barbara	2019	98.0%	98.0%	94.0%	100.0%	95.9%	●
S	% of PCP office staff aware of and able to access - San Luis Obispo	2019	98.0%	98.0%	96.0%	100.0%	98.0%	●
2	Improve Member Experience					98.8%	99.1%	●
3	Solicit Member Voice					100.0%	98.3%	
M	Rating of Health Plan (CAHPS) - Adult	2021	78.5%	78.5%	76.8%	100.0%	97.8%	●
M	Rating of Health Plan (CAHPS) - Child	2021	86.6%	86.6%	90.6%	100.0%	100.0%	●
M	Rating of Health Care (CAHPS) - Adult	2021	75.9%	75.9%	75.1%	100.0%	99.0%	●
M	Rating of Health Care (CAHPS) - Child	2021	87.6%	87.6%	88.1%	100.0%	100.0%	●
M	Getting Needed Care (CAHPS) - Adult	2021	82.7%	82.7%	83.1%	100.0%	100.0%	●
M	Getting Needed Care (CAHPS) - Child	2021	85.2%	85.2%	84.6%	100.0%	99.3%	●
M	Getting Care Quickly (CAHPS) - Adult	2021	80.5%	80.5%	80.9%	100.0%	100.0%	●
M	Getting Care Quickly (CAHPS) - Child	2021	87.4%	87.4%	85.0%	100.0%	97.2%	●
M	Rating of Personal Doctor (CAHPS) - Adult	2021	82.6%	82.6%	77.7%	100.0%	94.1%	●
M	Rating of Personal Doctor (CAHPS) - Child	2021	90.5%	90.5%	92.4%	100.0%	100.0%	●
M	Rating of Specialist Seen Most Often (CAHPS) - Adult	2021	83.6%	83.6%	78.2%	100.0%	93.6%	●
3	Resolve Member Issues					97.5%	100.0%	
M	Standard Grievance and Appeal cases resolved within 30 calendar days	Q422	95.0%	100.0%	100.0%	95.0%	100.0%	●
M	Expedited Grievance and Appeal cases resolved within 72 hours	Q422	95.0%	100.0%	100.0%	95.0%	100.0%	●
M	Grievance and Appeals per 1,000 Members	2022	2.8	2.8	2.3	100.0%	100.0%	●

Level	Metrics by Process	Data Period	Threshold	Target	Result	Threshold (Normalized)	Result (Normalized)	Perf.
M	State Fair Hearings per 10,000 Member Months	2022	0.10	0.10	0.09	100.0%	100.0%	●
1	Support and Develop the Provider Network					93.1%	94.8%	●
2	Support the Provider Network					94.0%	87.9%	●
3	Ensure Provider Network Quality					94.9%	81.7%	
M	% of new providers credentialed within 90 days	Q422	85.5%	90.0%	98.0%	95.0%	100.0%	●
M	Providers due for re-credentialing approved by due date (every 36 months)	Q422	95.0%	100.0%	26.8%	95.0%	26.8%	●
M	% of Facility Sites and Medical Records Reviewed in Good Health	Q422	90.0%	95.0%	100.0%	94.7%	100.0%	●
M	% of Facility Site and Medical Record Reviews Completed Timely	Q422	95.0%	100.0%	100.0%	95.0%	100.0%	●
3	Resolve Provider Issues					93.1%	94.0%	
M	% of calls to Provider Services abandoned	Q422	7.0%	5.0%	7.2%	97.9%	97.7%	●
M	% of calls to Provider Services answered within 30 seconds	Q422	75.0%	85.0%	76.8%	88.2%	90.4%	●
3	Improve Provider Experience					95.0%	98.9%	
M	% of surveyed providers who are satisfied with CenCal*	2021	85.5%	90.0%	89.0%	95.0%	98.9%	●
2	Develop the Provider Network					95.5%	96.7%	●
3	Evaluate Provider Network Adequacy					96.1%	94.7%	
M	PCPs per 2,000 Members	Q422	1:2000	1:2000	1:739	100.0%	100.0%	●
M	Physicians per 1,200 Members	Q422	1:1200	1:1200	1:48	100.0%	100.0%	●
M	% of in-area zip codes that meet DHCS time or distance standards for PCPs	2022	90.3%	95.0%	97.4%	95.0%	100.0%	●
M	% of in-area zip codes that meet DHCS time or distance standards for Core Specialties	2022	90.3%	95.0%	99.4%	95.0%	100.0%	●
M	Access to non-urgent PCP appointments within 10 business days	Q322	71.8%	75.4%	52.0%	95.2%	69.0%	●
M	Access to urgent PCP appointments within 48 hours	Q322	49.1%	51.6%	38.0%	95.2%	73.7%	●
M	Access to non-urgent specialist appointment within 15 business days	Q322	59.0%	62.0%	61.5%	95.2%	99.3%	●
M	Access to urgent specialist appointments appointment within 96 hours	Q322	36.3%	38.1%	51.9%	95.2%	100.0%	●
M	Access to non-urgent mental health appointment within 10 business days	Q322	76.3%	80.1%	93.3%	95.2%	100.0%	●
M	Access to urgent mental health appointment within 96 hours	Q322	54.7%	57.4%	73.3%	95.2%	100.0%	●
M	Access to non-urgent ancillary service appointments within 15 business days	Q322	83.3%	87.5%	100.0%	95.2%	100.0%	●
3	Onboard Providers					95.0%	98.6%	
M	Orientations for all newly contracted providers initiated within 10 business days	Q422	95.0%	100.0%	100.0%	95.0%	100.0%	●
M	Orientations for all newly contracted providers completed within 30 business days	Q422	95.0%	100.0%	97.2%	95.0%	97.2%	●
3	Manage Provider Payment Models					95.0%	100.0%	
M	Timely Pay-for-Performance reports*	Q422	95.0%	100.0%	100.0%	95.0%	100.0%	●
M	Timely Pay-for-Performance payments*	Q422	95.0%	100.0%	100.0%	95.0%	100.0%	●
2	Pay Providers					89.7%	99.9%	●
3	Pay Medical Claims					95.0%	100.0%	
M	Timely claims payments		agg.	agg.	agg.	95.0%	100.0%	●

Level	Metrics by Process	Data Period	Threshold	Target	Result	Threshold (Normalized)	Result (Normalized)	Perf.
S	% of claims paid in 30 calendar days	JAN-'23	85.5%	90.0%	98.0%	95.0%	100.0%	●
S	% of claims paid in 45 working days	Q422	90.3%	95.0%	99.5%	95.0%	100.0%	●
S	% of claims paid in 90 calendar days	JAN-FEB'23	94.1%	99.0%	99.9%	95.0%	100.0%	●
M	Claims financial accuracy rate	Q422	93.1%	98.0%	99.9%	95.0%	100.0%	●
3	Recover Overpayments					80.0%	100.0%	
M	% of OHC overpayments recovered	2022	8.0%	10.0%	10.7%	80.0%	100.0%	●
3	Resolve Payment Issues					94.2%	99.7%	
M	% of calls to Claims Services abandoned	Q422	7.0%	5.0%	2.5%	97.9%	100.0%	●
M	% of calls to Claims Services answered within 30 seconds	Q422	75.0%	85.0%	92.0%	88.2%	100.0%	●
M	% of disputes acknowledged within 15 working days	JAN-'23	95.0%	100.0%	100.0%	95.0%	100.0%	●
M	% of disputes resolved within 45 working days	JAN-'23	95.0%	100.0%	100.0%	95.0%	100.0%	●
M	% of disputes overturned	Q422	11.7%	7.0%	8.2%	95.0%	98.7%	●
1	Manage Member Care					95.4%	99.7%	●
2	Manage Member Benefits					TBD	TBD	
2	Manage Utilization					96.4%	99.6%	●
3	Manage Inpatient Utilization					98.6%	100.0%	
M	MCG SM Inpatient and Surgical Care Inter-Rater Reliability	2022	85.0%	90.0%	99.5%	94.4%	100.0%	●
M	Inpatient Admissions per 1,000 Members	SEP-NOV'22	5.5	5.5	5.2	100.0%	100.0%	●
M	Inpatient Bed Days per 1,000 Members	SEP-NOV'22	26.3	26.3	17.9	100.0%	100.0%	●
M	Plan All-Cause Readmissions	Q322	agg.	agg.	agg.	100.0%	100.0%	●
S	Plan All-Cause Readmissions - Santa Barbara	Q322	9.3%	9.3%	9.1%	100.0%	100.0%	●
S	Plan All-Cause Readmissions - San Luis Obispo	Q322	9.4%	9.4%	8.2%	100.0%	100.0%	●
3	Manage Outpatient Utilization					96.3%	99.0%	
M	Routine pre-service authorization decisions within 5 business days	Q422	agg.	agg.	agg.	95.0%	98.0%	●
S	Routine pre-service adult routine authorization decisions within 5 business days	Q422	95.0%	100.0%	96.9%	95.0%	96.9%	●
S	Routine pre-service pediatric routine authorization decisions within 5 business days	Q422	95.0%	100.0%	99.1%	95.0%	99.1%	●
M	Urgent pre-service authorization decisions within 72 hours	Q422	agg.	agg.	agg.	95.0%	95.8%	●
S	Urgent pre-service adult urgent authorization decisions within 72 hours	Q422	95.0%	100.0%	92.7%	95.0%	92.7%	●
S	Urgent pre-service pediatric urgent authorization decisions within 72 hours	Q422	95.0%	100.0%	98.8%	95.0%	98.8%	●
M	Routine post service authorization decisions within 30 calendar days	Q422	agg.	agg.	agg.	95.0%	99.7%	●
S	Routine post service adult authorization decisions within 30 calendar days	Q422	95.0%	100.0%	99.3%	95.0%	99.3%	●
S	Routine post service pediatric authorization decisions within 30 calendar days	Q422	95.0%	100.0%	100.0%	95.0%	100.0%	●
M	Physician Administered Drugs (PAD) authorization decision timeliness	Q422	agg.	agg.	agg.	95.0%	100.0%	●
S	PAD routine pre-service authorization decisions within 5 business days	Q422	95.0%	100.0%	100.0%	95.0%	100.0%	●
S	PAD urgent pre-service authorization decisions within 72 hours	Q422	95.0%	100.0%	100.0%	95.0%	100.0%	●

Level	Metrics by Process	Data Period	Threshold	Target	Result	Threshold (Normalized)	Result (Normalized)	Perf.
S	PAD post service authorization decisions within 30 calendar days	Q422	95.0%	100.0%	100.0%	95.0%	100.0%	●
M	MCG SM Ambulatory Care Inter-Rater Reliability	2022	85.0%	90.0%	99.1%	94.4%	100.0%	●
M	Outpatient Visits per 1,000 Members	2021	agg.	agg.	agg.	100.0%	99.3%	●
S	Outpatient Visits per 1,000 Members - Santa Barbara	2021	325.5	325.5	321.1	100.0%	98.6%	●
S	Outpatient Visits per 1,000 Members - San Luis Obispo	2021	325.5	325.5	333.6	100.0%	100.0%	●
M	Emergency Department visits per 1,000 Members	Q322	agg.	agg.	agg.	100.0%	100.0%	●
S	Emergency Department visits per 1,000 Members - Santa Barbara	Q322	42.1	42.1	34.2	100.0%	100.0%	●
S	Emergency Department visits per 1,000 Members - San Luis Obispo	Q322	42.1	42.1	40.0	100.0%	100.0%	●
3	Manage Behavioral Health Utilization					94.1%	99.8%	
M	Behavioral Health routine pre-service authorization decisions within 5 business days	Q422	95.0%	100.0%	99.0%	95.0%	99.0%	●
M	Behavioral Health post service authorization decisions within 30 calendar days	JAN-'23	95.0%	100.0%	100.0%	95.0%	100.0%	●
M	% of calls to Behavioral Health abandoned	Q422	7.0%	5.0%	1.3%	97.9%	100.0%	●
M	% of calls to Behavioral Health answered within 30 seconds	Q422	75.0%	85.0%	95.2%	88.2%	100.0%	●
M	MCG SM Behavioral Health Care Inter-Rater Reliability	2022	85.0%	90.0%	96.7%	94.4%	100.0%	●
M	Mild-to-Moderate Mental Health Visits per 1,000 Members	Q322	35.6	35.6	53.1	100%	100%	●
2	Coordinate Member Care					94.4%	99.7%	●
3	Provide Complex Care Management					88.9%	100.0%	
M	Member satisfaction rate with CCM	2022	80.0%	90.0%	96.0%	88.9%	100.0%	●
3	Administer the Whole Child Model Program					100.0%	99.4%	
M	% of WCM High-Risk Members who Received an Assessment	JUN'21	65.0%	65.0%	100.0%	100.0%	100.0%	●
M	% of WCM Low-Risk Members who Received an Assessment	JUN'21	57.0%	57.0%	69.0%	100.0%	100.0%	●
M	WCM Appeals per 1,000 Members	JUL'20-JUN'21	10.0	10.0	5.0	100.0%	100.0%	●
M	WCM Inpatient Admissions per 1,000 Members	Q221	25.3	25.3	23.5	100.0%	100.0%	●
M	WCM Emergency Department visits per 1,000 Members	Q221	55.6	55.6	52.3	100.0%	100.0%	●
M	WCM Outpatient Visits per 1,000 Members	Q221	2824.3	2824.3	2711.0	100.0%	96.0%	●
M	WCM Non-specialty Mental Health Visits per 1,000 Members	Q221	52.1	52.1	76.7	100.0%	100.0%	●
1	Improve Member Health					86.9%	100.0%	●
2	Improve Effectiveness of Care Delivery					86.9%	100.0%	●
3	Improve Child and Adolescent Preventive Health					85.7%	100.0%	
M	% of Measures meeting MPL - Santa Barbara County	Q322	75.0%	87.5%	87.5%	85.7%	100.0%	●
S	Child and Adolescent Well-Care Visits - Santa Barbara County	Q322	45.3%	45.3%	56.5%	100.0%	100.0%	●
S	Childhood Immunization Status: Combination 10 - Santa Barbara County	Q322	38.2%	38.2%	55.3%	100.0%	100.0%	●
S	Immunizations for Adolescents: Combination 2 - Santa Barbara County	Q322	36.7%	36.7%	49.8%	100.0%	100.0%	●
S	BMI Assessment for Children/Adolescents - Santa Barbara County	Q322	76.6%	76.6%	83.3%	100.0%	100.0%	●
S	Counseling for Nutrition for Children/Adolescents - Santa Barbara County	Q322	70.1%	70.1%	79.0%	100.0%	100.0%	●

Level	Metrics by Process	Data Period	Threshold	Target	Result	Threshold (Normalized)	Result (Normalized)	Perf.
S	Counseling for Physical Activity for Children/Adolescents - Santa Barbara County	Q322	66.2%	66.2%	79.2%	100.0%	100.0%	●
S	Well-Child Visits in the First 15 Months - Santa Barbara County	Q322	54.9%	54.9%	50.2%	100.0%	91.4%	●
S	Well-Child Visits for Age 15 Months to 30 Months - Santa Barbara County	Q322	70.7%	70.7%	79.5%	100.0%	100.0%	●
M	% of Measures meeting MPL - San Luis Obispo County	Q322	75.0%	87.5%	100.0%	85.7%	100.0%	●
S	Child and Adolescent Well-Care Visits - San Luis Obispo County	Q322	45.3%	45.3%	55.4%	100.0%	100.0%	●
S	Childhood Immunization Status: Combination 10 - San Luis Obispo County	Q322	38.2%	38.2%	42.9%	100.0%	100.0%	●
S	Immunizations for Adolescents: Combination 2 - San Luis Obispo County	Q322	36.7%	36.7%	42.6%	100.0%	100.0%	●
S	BMI Assessment for Children/Adolescents - San Luis Obispo County	Q322	76.6%	76.6%	94.6%	100.0%	100.0%	●
S	Counseling for Nutrition for Children/Adolescents - San Luis Obispo County	Q322	70.1%	70.1%	86.4%	100.0%	100.0%	●
S	Counseling for Physical Activity for Children/Adolescents - San Luis Obispo County	Q322	66.2%	66.2%	86.4%	100.0%	100.0%	●
S	Well-Child Visits in the First 15 Months - San Luis Obispo County	Q322	54.9%	54.9%	56.3%	100.0%	100.0%	●
S	Well-Child Visits for Age 15 Months to 30 Months - San Luis Obispo County	Q322	70.7%	70.7%	76.6%	100.0%	100.0%	●
3	Improve Women's and Maternity Health					75.0%	100.0%	
M	% of Measures meeting MPL - Santa Barbara County	Q322	60.0%	80.0%	100.0%	75.0%	100.0%	●
S	Breast Cancer Screening - Santa Barbara County	Q322	53.9%	53.9%	61.9%	100.0%	100.0%	●
S	Cervical Cancer Screening - Santa Barbara County	Q322	59.1%	59.1%	61.4%	100.0%	100.0%	●
S	Chlamydia Screening in Women - Santa Barbara County	Q322	54.9%	54.9%	61.6%	100.0%	100.0%	●
S	Timeliness of Prenatal Care - Santa Barbara County	Q322	85.9%	85.9%	89.3%	100.0%	100.0%	●
S	Timeliness of Postpartum Care - Santa Barbara County	Q322	76.4%	76.4%	93.9%	100.0%	100.0%	●
M	% of Measures meeting MPL - San Luis Obispo County	Q322	60.0%	80.0%	100.0%	75.0%	100.0%	●
S	Breast Cancer Screening - San Luis Obispo County	Q322	53.9%	53.9%	58.5%	100.0%	100.0%	●
S	Cervical Cancer Screening - San Luis Obispo County	Q322	59.1%	59.1%	67.2%	100.0%	100.0%	●
S	Chlamydia Screening in Women - San Luis Obispo County	Q322	54.9%	54.9%	61.0%	100.0%	100.0%	●
S	Timeliness of Prenatal Care - San Luis Obispo County	Q322	85.9%	85.9%	95.8%	100.0%	100.0%	●
S	Timeliness of Postpartum Care - San Luis Obispo County	Q322	76.4%	76.4%	93.0%	100.0%	100.0%	●
3	Improve Chronic Disease Management					100.0%	100.0%	
M	% of Measures meeting MPL - Santa Barbara County	Q322	50.0%	50.0%	100.0%	100.0%	100.0%	●
S	Poor A1c Control (>9.0%) - Santa Barbara County	Q322	43.2%	43.2%	27.1%	100.0%	100.0%	●
S	Adequate High Blood Pressure Control - Santa Barbara County	Q322	55.4%	55.4%	59.5%	100.0%	100.0%	●
M	% of Measures meeting MPL - San Luis Obispo County	Q322	50.0%	50.0%	100.0%	100.0%	100.0%	●
S	Poor A1c Control (>9.0%) - San Luis Obispo County	Q322	43.2%	43.2%	31.3%	100.0%	100.0%	●
S	Adequate High Blood Pressure Control - San Luis Obispo County	Q322	55.4%	55.4%	66.8%	100.0%	100.0%	●
2	Manage Population Health					TBD	TBD	
3	Manage Member Risk					TBD	TBD	
M	New Member Health Risk Assessment Completion Rate*	2022	10.0%	20.0%	13.0%	50.0%	65.0%	●

Level	Metrics by Process	Data Period	Threshold	Target	Result	Threshold (Normalized)	Result (Normalized)	Perf.
M	Severity 2 and 3 quality issues per 10,000 Members*	Q422	60.0%	54.0%	15.0%	90.0%	100.0%	●
3	Ensure Provision of Primary Care Services					TBD	TBD	
M	Initial Health Assessment completeness*	2022	95.0%	100.0%	60.0%	95.0%	60.0%	●
M	Lead Screening for Children*	Q422	agg.	agg.	agg.	100.0%	75.5%	●
S	Lead Screening for Children - Santa Barbara County*	Q322	71.5%	71.5%	59.9%	100.0%	83.8%	●
S	Lead Screening for Children - San Luis Obispo County*	Q322	71.5%	71.5%	48.0%	100.0%	67.1%	●
M	Developmental screening*	Q422	agg.	agg.	agg.	100.0%	86.6%	●
S	Developmental screening - Santa Barbara County*	Q322	28.0%	28.0%	40.9%	100.0%	100.0%	●
S	Developmental screening - San Luis Obispo County*	Q322	28.0%	28.0%	20.5%	100.0%	73.3%	●
2	Manage Health Plan Accreditation					TBD	TBD	
1	Provide Data and Technology Services					87.4%	100.0%	●
2	Manage and Leverage Data					78.9%	100.0%	●
3	Manage Outbound Data					78.9%	100.0%	
M	Inpatient Encounter Data completeness	2021	71.0%	90.0%	101.2%	78.9%	100.0%	●
M	Outpatient and Emergency Room Encounter Data completeness	2021	71.0%	90.0%	98.7%	78.9%	100.0%	●
M	Prescription Encounter Data completeness	2021	71.0%	90.0%	98.9%	78.9%	100.0%	●
M	Professional Encounter Data completeness	2021	71.0%	90.0%	106.2%	78.9%	100.0%	●
2	Manage and Adapt Technology					95.9%	100.0%	●
3	Manage Technology Infrastructure					96.9%	100.0%	
M	Network and infrastructure uptime	JAN-'23	98.0%	99.0%	99.0%	99.0%	100.0%	●
M	Positive feedback on Service Desk issue and request resolution	DEC-'22	90.0%	95.0%	96.3%	94.7%	100.0%	●
3	Manage Technology Security					95.0%	100.0%	
M	Technology Security Training Completion	DEC-'22	95.0%	100.0%	100.0%	95.0%	100.0%	●
1	Manage Compliance Commitments					97.5%	83.3%	●
2	Oversee Compliance Programs					95.0%	100.0%	●
3	Facilitate Program Integrity (anti-FWA)					95.0%	100.0%	
M	All cases of suspected fraud and/or abuse reported to DHCS within 10 business days	Q422	95.0%	100.0%	100.0%	95.0%	100.0%	●
3	Facilitate HIPAA Program					95.0%	100.0%	
M	Unauthorized HIPAA disclosures reported to DHCS timely	Q422	95.0%	100.0%	100.0%	95.0%	100.0%	●
2	Oversee Audit and Monitoring					100.0%	66.7%	●
3	Support External Audit					100.0%	66.7%	
M	Repeat DHCS Audit Findings	2022	0.0	0.0	1.0	100.0%	66.7%	●
1	Manage Organizational Finances					82.5%	85.5%	●
2	Manage Revenue					69.4%	93.2%	●
3	Manage Capitation Revenue					81.1%	100.0%	

Level	Metrics by Process	Data Period	Threshold	Target	Result	Threshold (Normalized)	Result (Normalized)	Perf.
M	Operating Margin	JUL'22-DEC'22	0.5%	2.0%	3.1%	81.1%	100.0%	●
3	Manage Reserves					57.7%	86.5%	
M	Tangible Net Equity (TNE) % of Minimum Requirement	JUL'22-DEC'22	400.0%	692.7%	599.0%	57.7%	86.5%	●
2	Manage Expenses					95.5%	77.8%	●
3	Manage Medical Expense Budget					96.0%	100.0%	
M	Medical Loss Ratio YTD	JUL'22-DEC'22	93.0%	90.0%	85.0%	96.8%	100.0%	●
M	Actual to Budget Medical Expenses YTD	JUL'22-DEC'22	105.0%	100.0%	99.7%	95.2%	100.0%	●
3	Manage Administrative Expense Budget					90.5%	100.0%	
M	Administrative Loss Ratio YTD	JUL'22-DEC'22	7.0%	6.0%	5.3%	85.7%	100.0%	●
M	Actual to Budget Administrative Expenses YTD	JUL'22-DEC'22	105.0%	100.0%	86.6%	95.2%	100.0%	●
3	Account for Financial Transactions					100.0%	33.3%	
M	Significant Financial Audit Findings	JUL'21-JUN'22	0.0	0.0	4.0	100.0%	33.3%	●

* Omitted from Composite



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CenCal Health Organizational Dashboard

Enhancing Insight into Organizational Performance

Chris Morris, Chief Performance Officer
Andrew Hansen, Operational Excellence Director
May 17, 2023

Objectives

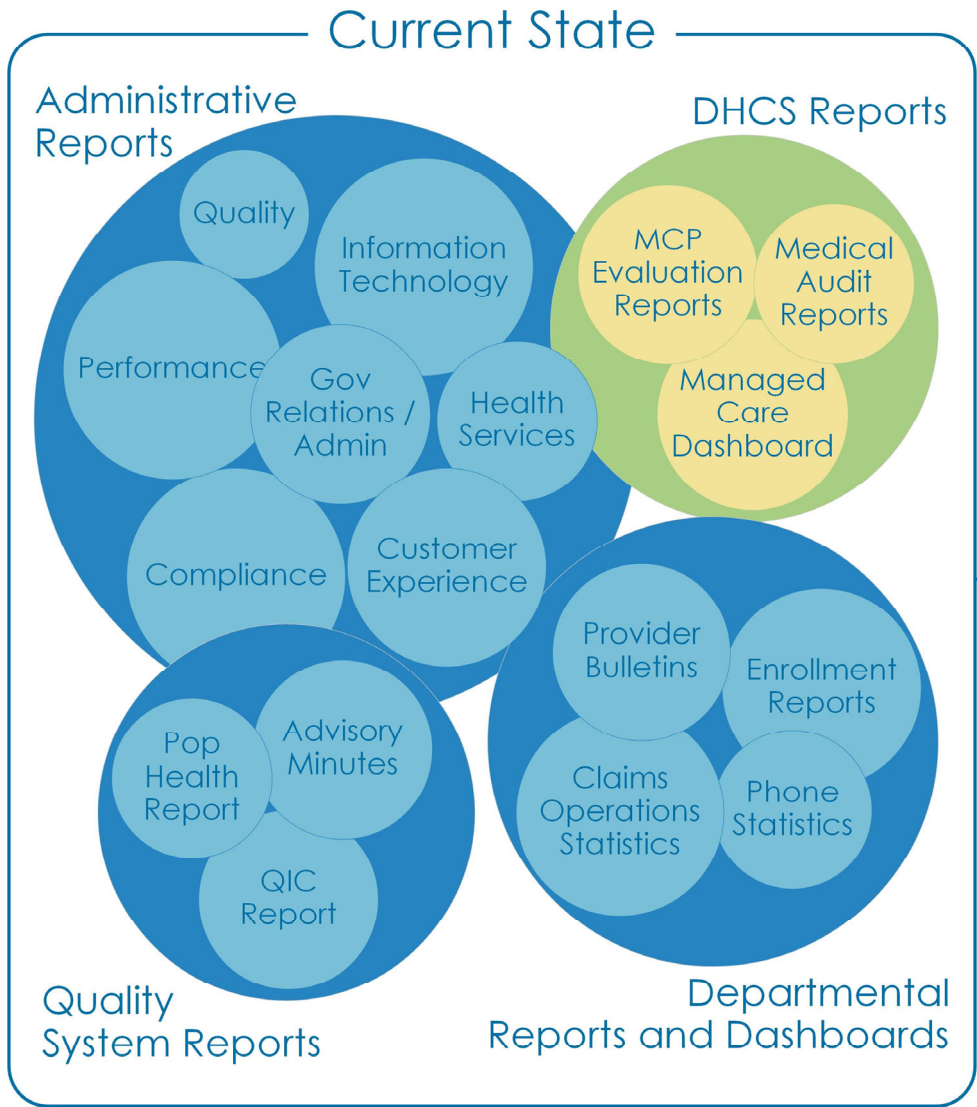
1. Review the **purpose, framework, and structure** of our Organizational Dashboard
2. Orient to **current state and process** for the Dashboard development
3. Orient to the Organizational Dashboard **prototype** and **next steps**
4. Seek Board **adoption** of the Dashboard prototype and next steps



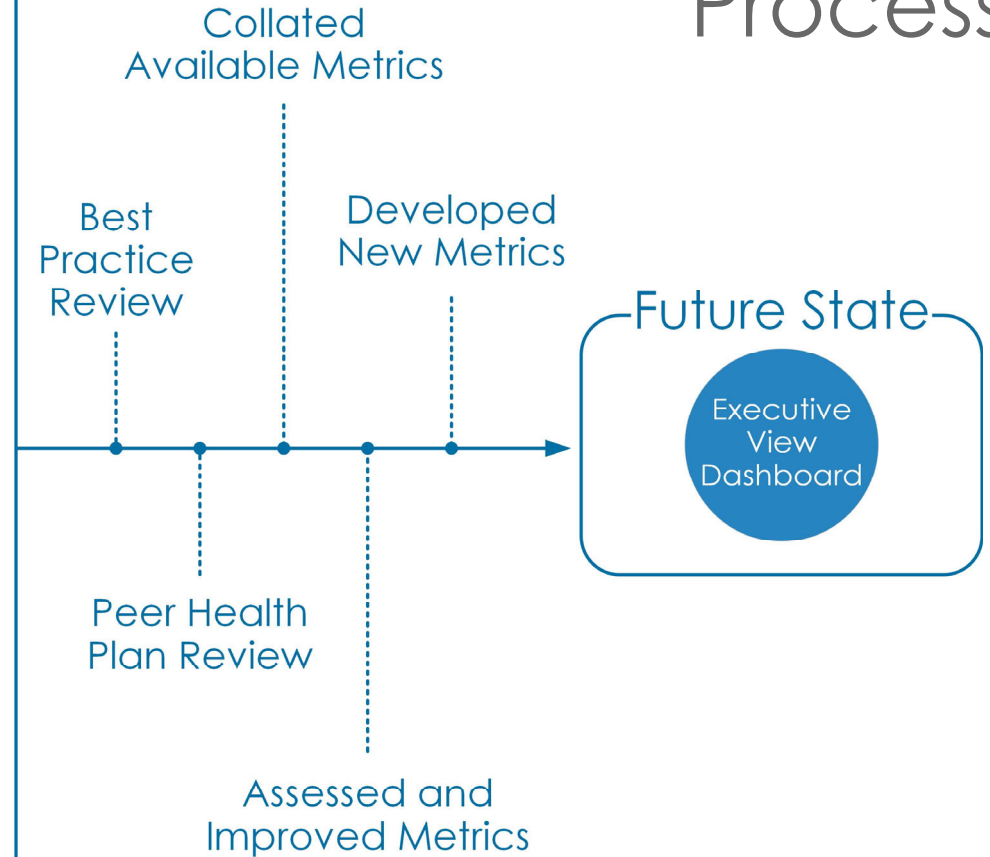
Purpose

- 2022 Board Survey identified the most valuable elective topic: *health plan performance*.
- CenCal Health Organizational Performance Model identifies an Organizational Dashboard as a key capability.
- Staff committed to building an Executive Level Dashboard, to:
 - measure what matters
 - enhance focus on results
 - guide improvement over time





Development Process



Framework

Measure what matters...

Organizational	Departmental
<ul style="list-style-type: none">• measures key indicators of process performance• measures are directly responsive and reflective of customer expectations	<ul style="list-style-type: none">• measures performance of tasks, activities, a subset of a process, or provides surveillance insights (e.g., volume)• measures help inform functional coordination towards meeting customer expectations

Setting the goal posts...

Threshold 	  Target	Stretch
<ul style="list-style-type: none">• where concern arises• level of lowest acceptable performance	<ul style="list-style-type: none">• what good looks like• level of performance that meets expectations or requirements	<ul style="list-style-type: none">• what exceptional looks like OR• where our improvement ambitions are

bounds of the Organizational Dashboard

Structure

CORE Processes...serve our members, providers and community partners

Engage and Support Members

Support and Develop the Provider Network

Manage Member Care

Improve Member Health

SUPPORT Processes...enable the organization AND **MANAGERIAL** Processes...guide the organization

Provide Data and Technology Services

Manage Administrative Support

Support and Develop Team Members

Enhance Health Plan Effectiveness

Manage Compliance Commitments

Manage External Relations

Manage Health Plan Finances



Structure and Method

Level 1 (L1)

Engage and Support Members

=Avg. Performance of subordinate L2s

L2

Help Members Engage

Help Members Navigate

Improve Member Experience

=Avg. Performance of subordinate L3s

L3

Communicate with Members

Provide Coordination Support

Provide Cultural and Linguistic Services

=Avg. Performance of subordinate metrics

Metrics

% of Calls Abandoned

% of Calls Answered w/in 30s

Customer Call Satisfaction

=Results normalized to a 100pt scale (i.e., % of Target)

Core Processes



Subprocesses



Support and Managerial Processes



performance threshold

performance target

● \geq to 95% of target and $>$ threshold

● $<$ 95% of target and \geq threshold

● $<$ threshold

Legend

Q4 2022 Performance Results



- Performance is impacted by the results of the 2022 DHCS Audit in which one repeat finding was identified.
- Significant cross-functional work has ensued to assess cause and ensure an effective corrective action plan is in place to remediate findings.
- Concurrently, efforts are also underway to prepare and advance readiness for the 2023 DHCS Audit.

Q4 2022 Performance Results



- Performance is impacted by the results of the 2022 independent financial audit in which there were four (4) significant findings (defined by significant deficiencies and material weaknesses), as previously reviewed with your Board.
- Finance has is evaluating process controls and structure to improve to mitigate recurrence.

Recommendation and Next Steps

RECOMMENDATION

Staff recommend the Board adopt the Executive View Dashboard prototype for implementation and ongoing quarterly reporting

NEXT STEPS

1. Produce Q123 Organizational Dashboard
2. Expand metric coverage to 90%





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Expansion of Community Supports Services

Date: May 17th, 2023

From: Marina Owen, Chief Executive Officer

Contributor: Van Do-Reynoso, MPH, PhD
Chief Customer Experience Officer & Chief Health Equity Officer

Through: CalAIM Community Steering Committee

Executive Summary

CenCal Health recognizes the importance of engaging external partners in making recommendations to expand Community Supports services toward the achievement of optimal health for our members. As CenCal Health continues its journey in implementing the California Advancing and Innovative Medi-Cal (CalAIM) initiative, staff formed and convened the CalAIM Community Steering Committee (CSC) within each county to engage external partners in making key recommendations. Members of the CSC represented county and education leaders, healthcare providers, and leaders from community-based organizations. At the inaugural convening, CSC members received information about major Medi-Cal reforms, including detailed information about Community Supports, and had the opportunity to prioritize and recommend new Community Supports for 2024 as CenCal Health expands these important services. Based upon extensive deliberation, staff recommends expansion and addition of the following services for CenCal Health members effective January 1st, 2024:

1. Short Term Post-Hospitalization Housing
2. Personal Care and Homemaker Services
3. Day Habilitation Services and
4. Respite Services

Upon approval of these four Community Supports by your Board, CenCal Health will begin to develop Models of Care, begin outreach and engagement of prospective providers, analyze operational implications related to implementation of the aforementioned Community Supports and prioritize staffing resources that are needed for the implementation of these new services.

Background

Within the Medi-Cal environment, there has been a focus on broadening the role of the Managed Care Plan, instituting new and different non-medical benefits, and increasing accountability for quality and equity. Within the safety net environment, health disparities, member complexities and demographic changes continue to grow and

change. The implications of these changes for CenCal Health include the need to build new skillsets and capabilities, ensuring quality and health outcomes are priority, integrating and partnering with the community-based organizations and partners, and prioritizing community collaboration to meet the Plan's goals. Recognizing the implications and the need, CenCal Health formed the CalAIM Community Steering Committee (CSC) in Santa Barbara and in San Luis Obispo County. Members of the CSC include leaders from County departments, County School Superintendents, healthcare providers, and leaders from community-based organizations. The vision of the CSC is to establish a forum to collaboratively plan and coordinate Medi-Cal programs and response, as well as understand the major Medi-Cal reforms and directions. One aspect of the Medi-Cal reform effort, through CalAIM, is to offer Community Supports services for CenCal members.

Community Support services are a range of services and resources designed to help Medi-Cal members live healthy and independent lives in their communities. These services are intended to address social determinants of health, such as housing instability, food insecurity, and transportation challenges, which can have a significant impact on health outcomes. CenCal Health currently offers six (6) out of fourteen (14) Community Supports. These include Recuperative Care, Medically Tailored Meals, Housing Deposits, Housing Transition Navigation, Housing Tenancy & Sustaining Services, and Sobering Centers. The Department of Healthcare Services intends to make Community Supports services benefits for Medi-Cal members once state-wide capacity for these services has been developed.

Current Efforts

CenCal health formed and convened the first CalAIM CSC for Santa Barbara and San Luis Obispo County on April 3, 2023, and April 4, 2023, respectively, and the committees will continue to meet on a quarterly basis. During the first meeting, the CSC reviewed the current Community Supports offered to CenCal Health members. The committee then went on to identify, prioritize, and recommend four additional Community Supports for 2024. The four Community Supports are:

1. Short Term Post-Hospitalization Housing
2. Personal Care and Homemaker Services
3. Day Habilitation Services
4. Respite Services

In addition, a Community Survey was conducted with a broad reach of stakeholders, which validated the emphasis identified by the Steering Committee and further identified the need for services to support the senior community in July 2024 and beyond. Based upon the decisions of your Board regarding the recommended Community Supports, CenCal Health will begin to develop Models of Care, begin

outreach and engagement of prospective providers, and analyze financial implications related to implementation of the aforementioned Community Supports.

Recommendation

Based on input from the community, staff recommends that your Board consider and approve implementation of four new Community Support Services, including *Short Term Post-Hospitalization Housing, Personal Care and Homemaker Services, Day Habilitation Services and Respite Services* effective January 2024 and the development of required submissions to the Department of Healthcare Services.



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Expansion of Community Support Services: *Recommendations from the CalAIM Community Steering Committees in Santa Barbara and San Luis Obispo County*

Marina Owen, CEO

Van Do-Reynoso, CXO- CHEO

May 17, 2023

Community Partnership Priority

A shifting Medi-Cal Managed Care and Safety Net Context:

In Medi-Cal

- Broadening plan responsibility and scope... and more to come
- New and different non-medical benefits
- Increasing accountability for quality and equity

In Our Communities

- Health disparities, member complexity and demographic changes
- Long-term challenges to secure sufficient capacity to meet community needs



Implications for CenCal Health

- Shifting community role from administrator to partner, facilitator, and integrator
- A need to build new skillsets and capabilities
- Quality and health outcomes front and center
- Opportunity to prioritize community collaboration to meet our goals

Strategic Plan Priorities 2023-2025

Cultivate Community
Partnerships

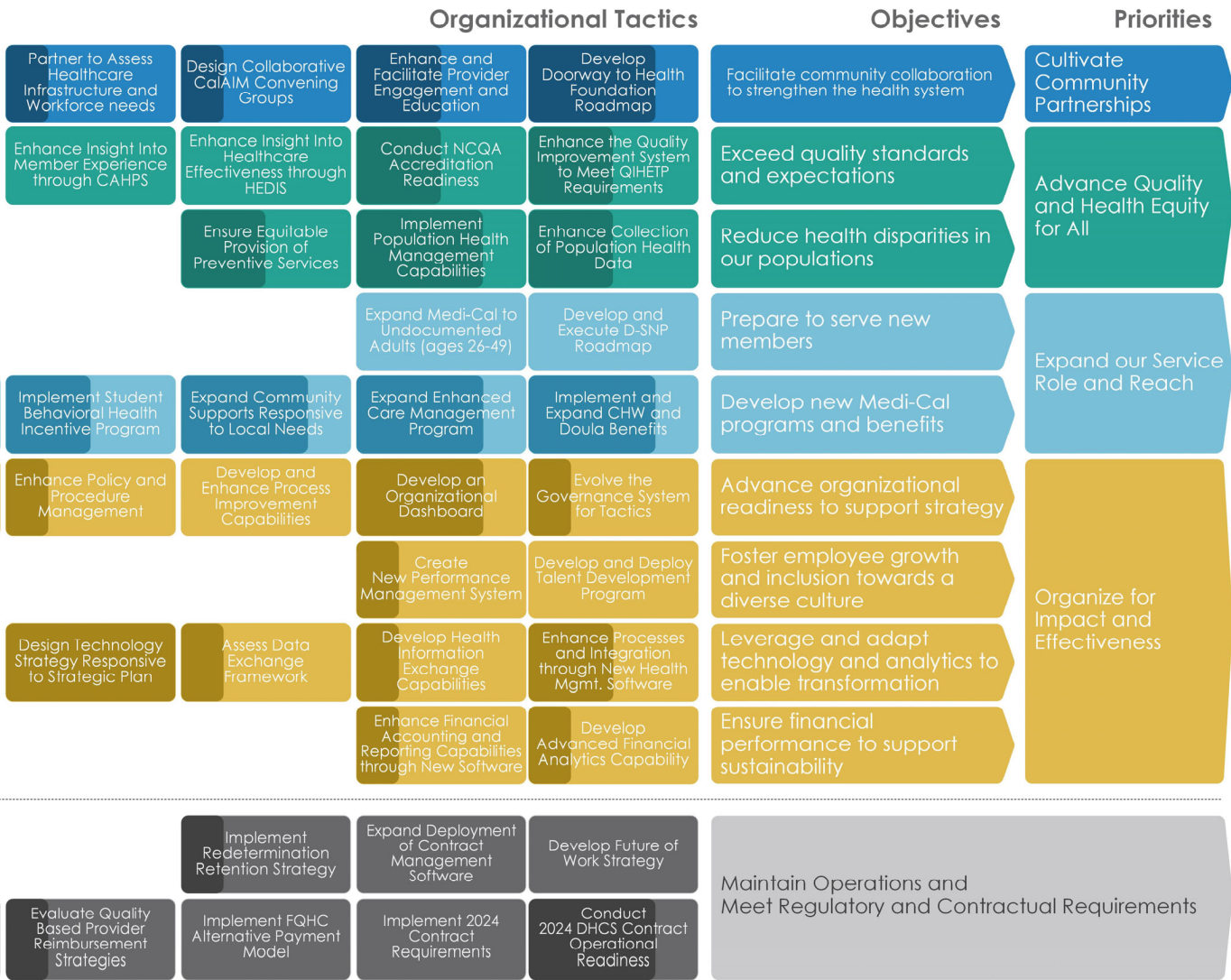
Advance Quality
and Health Equity for All

Expand our Service
Role and Reach

Organize for Impact and Effectiveness

2023 Operating Plan

May 2023



Mission
To improve the health and well-being of the communities we serve by providing access to high quality health services, along with education and outreach, for our membership

Vision
To be a trusted leader in advancing health equity so that our communities thrive and achieve optimal health together

Vision for the Community Steering Committee (CSC)

Representation from senior leadership from across the Medi-Cal and safety-net provider spectrum

Space to collaboratively plan and coordinate Medi-Cal programs and responses

A forum to introduce, understand and educate about major Medi-Cal reforms and directions

Areas of initial emphasis:

- Community Supports expansion
- CalAIM Enhanced Care Management implementation
- Health equity / disparities awareness and response

CenCal Health Community Supports Implementation



Effective July 1, 2022

- Recuperative Care
- Medically Tailored Meals

Effective January 1, 2023

- Housing Deposits
- Housing Transition Navigation
- Housing Tenancy & Sustaining Services
- Sobering Center Services

State Community Supports Offering

Homeless & Housing Services

- Housing Deposits*
- Housing Transition Navigation*
- Housing Tenancy & Sustaining Services*

Recuperative Services

- Recuperative Care*
- Respite Services
- Short-Term Post Hospitalization Housing
- Sobering Centers*

Services for Long-term Well-Being in Home-Like Settings

- Asthma Remediation
- Day Habilitation Programs
- Environmental Accessibility Adaptation
- Medically Tailored Meals*
- Nursing Facility Transition/Diversion to Assisted Living Facilities
- Community Transition/Nursing Facility Transition to Home
- Personal Care & Homemaker Services

DHCS CalAIM Listening Tour

On April 27th, CenCal Health hosted the State on-site in Santa Barbara:

- 60+ community partners
- CalAIM focused
- Cross-section of leaders



Input from Stakeholders

Criteria for Prioritization:

1. Member needs/community gaps
2. Provider readiness/capacity to provide services
3. Internal capacity to implement services

Resulting Priorities:

1. Short Term Post-Hospitalization Housing
2. Personal Care and Homemaker Services
3. Day Habilitation Services
4. Respite Services

Proposed New Community Supports 2024

- **Short-term Post Hospitalization Housing** provides Members who do not have a residence and who have high medical or behavioral health needs with the opportunity to continue their recovery immediately after exiting the following settings: inpatient hospital; residential facilities for substance use disorder treatment, recovery, mental health treatment; correctional or nursing facilities; and recuperative care, etc.
- **Personal Care Services and Homemaker Services** are provided to individuals who need assistance with Activities of Daily Living (ADLs) such as bathing, dressing, toileting, ambulation, or feeding as well including assistance with Instrumental ADLs such as meal preparation, grocery shopping and money management.

Proposed New Community Supports 2024

- **Day Habilitation Programs** are designed to assist the Member in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to reside successfully in the person's natural environment; it is often considered peer mentoring.
- **Respite Services** are provided to caregivers of Members who require intermittent temporary supervision. The services are provided on a short-term basis for relief of those persons who normally care for and/or supervise them and are non-medical in nature.

Next Steps

- Submit Models of Care for DHCS approval
- Develop provider training and Member educational materials
- Implement system enhancements, create reporting and initiate data sharing
- Prioritize recruitment of additional staff needed for implementation
- Contract, onboard, and train prospective providers



Recommendation

CenCal Health's Board of Directors consider approving the expansion of four additional Community Supports effective January 2024, including:

- Short Term Post-Hospitalization Housing
- Personal Care and Homemaker Services
- Day Habilitation Services
- Respite Services





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Housing and Homelessness Incentive Program Report

Date: May 17th, 2023

From: Ed Tran, RN, PHN, MSN
Program Development Director

Through: Van Do-Reynoso, MPH, PhD
Chief Customer Experience Officer and Chief Health Equity Officer

Contributor: Christy Nichols, Community Relations Specialist

Executive Summary

The Housing and Homelessness Incentive Program is a CalAIM incentive program to build local capacity to address homelessness and housing insecurity. This incentive program provides access to safe, secure, and affordable housing while also offering comprehensive support services that can help individuals and families to maintain housing stability. Through this program, the Department of Health Care Services provides incentive payments to Medi-Cal Managed Care Plans to invest in permanent housing or supportive housing for homeless individuals and families.

CenCal Health received initial fundings as a result of successful submissions of the Local Homelessness Plans and Investment Plans. Collaboration with Santa Barbara County and San Luis Obispo Continuum of Care have facilitated collaboration with additional community-based partners. A majority of the incentive funds have been allocated to community partners, with the exception of two outstanding - which are anticipated to be finalized by the end of May 2023.

Background

The Housing & Homeless Incentive Program (HHIP) is a CalAIM incentive program that allocates funds to build community capacity to address issues of housing and homelessness. CenCal Health is expected to collaborate with county Continuums of Care (CoC) to identify organizations that can use the funds to address homelessness and keep people housed. The HHIP program runs from January 2022 to March 2024. In November and December 2022, CenCal Health earned its first two payment allocations, totaling \$4.06M. Of this amount, Santa Barbara County received \$2.5M and San Luis Obispo County received \$1.5M. DHCS requires that a set of metrics must be met to earn additional funding. Based on successful achievement of stated metrics, CenCal Health can potentially earn up to an additional \$8.8M for San Luis Obispo County, and \$14.2M for Santa Barbara County, for a total of \$23M.

CenCal Health has finalized funding agreements with the following partners to increase housing stock, address disparities and equity related to homelessness identified by each county, increase homeless case management and outreach efforts, and support enhancements to data collection.

Santa Barbara County:

- Santa Barbara County Continuum of Care (CoC)
- MICOP
- Doctors Without Walls (Santa Barbara Street Medicine)
- United Way
- St. Vincent's
- People Self-Help Housing

San Luis Obispo County:

- San Luis Obispo County Homeless Services Oversight Council (HSOC)
- Lumina Alliance
- UndocuSupport
- San Luis Obispo Health Department (Street Medicine)
- People Self-Help Housing
- 5-Cities Homeless Coalition

On March 10th, 2023, CenCal Health submitted the metric report for the next earned allocation. DHCS will disburse the next payment amount based on their review.

Current Efforts

CenCal health is currently working on the following efforts to further the HHIP initiative:

- Finalize two outstanding funding agreements based on first round of funding allocation;
- Finalize and distribute reporting tool for partners to provide status and progress made towards deliverables and metrics outlined in the funding agreement;
- Collaborate with the CoCs from both counties to strategize on funding allocations for the next round.
- Develop methodology and tools in preparation for the next round of funding allocations based on what is earned from DHCS.

Recommendation

This HHIP memo is informational and no action is requested by the Board of Directors.



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HOUSING and HOMELESSNESS INCENTIVE PROGRAM (HHIP)

Van Do-Reynoso, PHD, MPH, Chief Customer Experience and Health Equity Officer

Ed Tran, RN, PHN, MSN, Director of Program Development

Board of Directors Meeting
May 17, 2023

BACKGROUND & OVERVIEW



DHCS voluntary incentive program



Aims to improve health outcomes and access to whole person care services



Addresses housing insecurity and instability as social determinants of health for the MediCal population



Incentive funds that supports CalAIM initiatives through strengthening infrastructure and capacity

GOALS

1

Reduce and prevent homelessness

2

Ensure Health Plans develop the necessary capacity and partnerships to connect their members to needed housing services



FUNDING METHODOLOGY



County Continuum of Care

- Identify issues
- Match issues with metrics
- Identify partners



CenCal Health Funding Committee

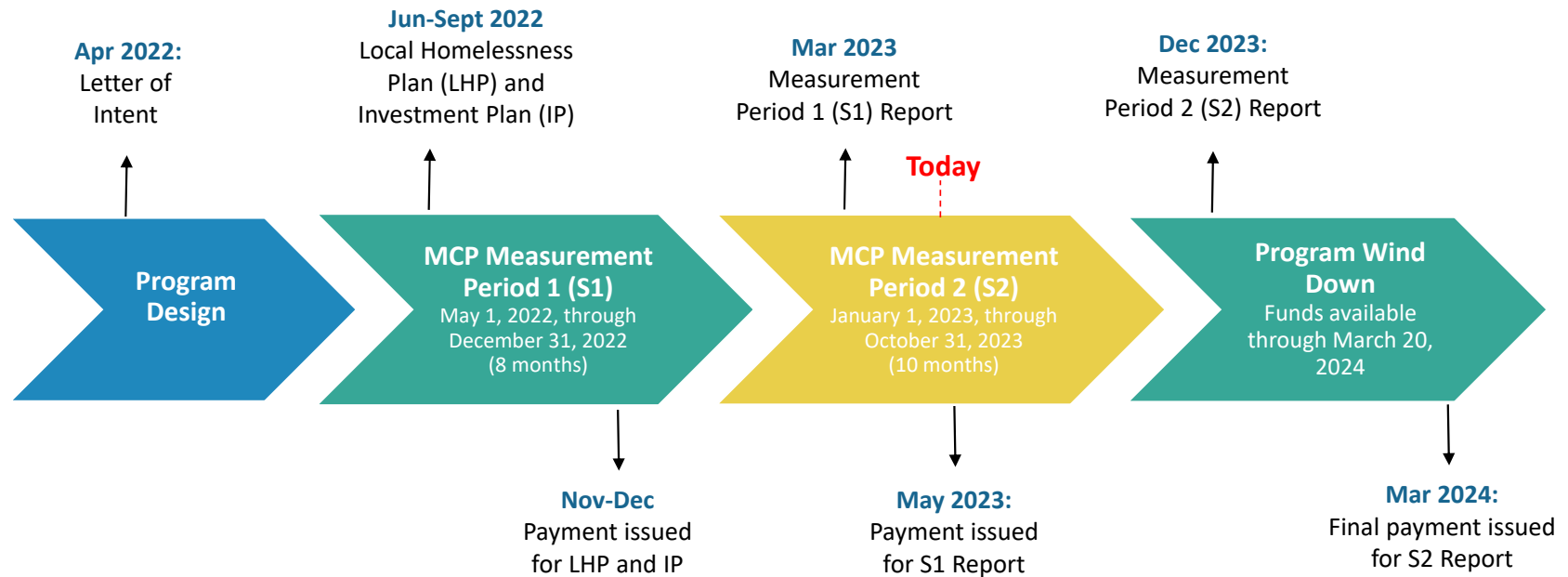
- Ensure no duplication of funds
- Review, provide feedback, and approve allocation



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TIMELINE



ALLOCATIONS

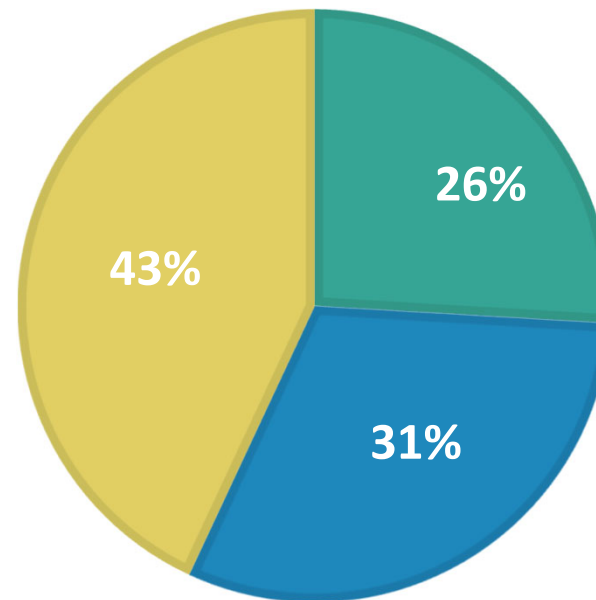
Santa Barbara County

Partner total
\$2,005,242



SBC PRIORITY AREAS

- 1. Partnerships and capacity to support referrals for services
- 2. Infrastructure to coordinate and meet member housing needs
- 3. Delivery of services and member engagement



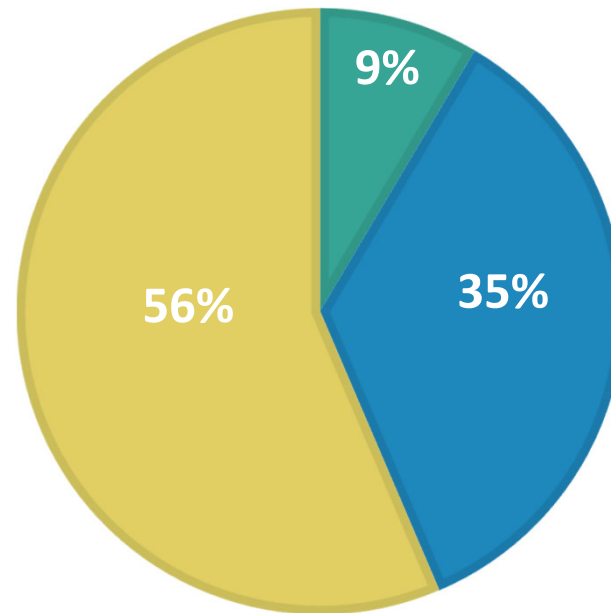
ALLOCATIONS

SLOC PRIORITY AREAS

San Luis Obispo County

Partner total
\$1,239,268

- 1. Partnerships and capacity to support referrals for services
- 2. Infrastructure to coordinate and meet member housing needs
- 3. Delivery of services and member engagement



OUTCOMES



Increase the number of CenCal Health members becoming and staying housed



Strengthen relationships and referrals between CenCal Health and community partners



Expand street medicine services



Enhance data sharing between partners, providers, and CenCal Health



Strengthen partners' capacity to serve community members experiencing homelessness

NEXT STEPS

Prepare
round 2
application
& funding

Work with
partners on
reporting metrics

Prepare and
submit DHCS
report





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