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CenCal Health Board of Directors Meeting Packet

June 21, 2023
6:00 pm

Santa Maria Inn

801 South Broadway
Santa Maria
Santa Maria Room

Heritage Ranch Owners Association

2130 Heritage Loop Rd
Paso Robles

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

June 21, 2023 at 6:00 p.m.

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

In San Luis Obispo County
Heritage Ranch Owners Association
2130 Heritage Loop Rd
Paso Robles, CA 93446

Members of the public wishing to provide public comment on items within the jurisdiction of the Board of Directors may do so during the public comment period or by emailing comments before 10:00 am, June 21, 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.

Members of the public wishing to join the meeting remotely via teleconference, may do so as follows:
Call in by telephone at: United States +1 (773) 352-2016 Phone Conference ID: 802 264 463#.

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 (*Dr. Bravo*)
2. **Consent Agenda** (*Action to accept reports*) (*Dr. Bravo*) Action
 - 2.1 Approve Minutes of May 17, 2023 Board of Directors Meeting
 - 2.2 Approve Minutes of June 5, 2023 Board CEO Evaluation and Compensation Committee Meeting
 - 2.3 Accept Administrative Reports
 - 2.3.1 Executive Summary
 - 2.3.2 Quality Report
 - 2.3.3 Health Services Report
 - 2.3.4 Performance Report
 - 2.3.5 Government and Administrative Report
 - 2.3.6 Customer Experience and Communications Report
 - 2.3.7 Compliance Report
 - 2.3.8 Information Technology Report
 - 2.4 Accept Program Reports
 - 2.4.1 Community Benefit Program Report
 - 2.4.2 CalAIM Program Implementation Report
 - 2.5 Accept Advisory Committee Reports
 - 2.5.1 Family Advisory Committee (FAC) Report and Minutes of February 16, 2023

Action/Information

3. **Closed Session** Pursuant to California Govt. Code section 54957: Public Employee Performance Evaluation (Annual CEO Evaluation) (*Dr. Bravo*) Action
4. **Regular Agenda**
 1. Report from Chief Executive Officer (*Marina Owen, CEO*) Information
 2. Report from Treasurer and Chief Financial Officer and Accept Financial Report and Financial Statements for five (5) months Ending May 31, 2023 (*Ms. Bishop, Chief Financial Officer/Treasurer*) Action
 3. Accept Quality Improvement and Health Equity Committee (QIHEC) Report, QIHETP and Population Health Policies, QIC Minutes of March 2, 2023, and QIHEC Agenda of May 25, 2023 (*Dr. Fonda, MD and Mr. Hernandez*) Action
 4. Present Nursing Home Infectious Disease Pilot Update (*Dr. Fonda, MD*) Information
 5. Present Incentive Payment Program Update (*Ms. Turetsky, MPH*) Information
 6. Present Operational Readiness for 2024 DHCS Contract Update (*Ms. Kim. JD*) Information
 7. Present National Committee for Quality Assurance (NCQA) Accreditation Update (*Mr. Hernandez*) Information
 8. Present 2023-2025 Strategic Plan Update: Strategic Execution and Progress on 2023 Priorities (*Ms. Owen, CEO and Mr. Morris, MSOD*) 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)

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



DRAFT

**CenCal Health
Board of Directors Regular Meeting
Minutes
May 17, 2023**

The regular meeting of the Board of Directors of CenCal Health was called to order by Mark Lisa, Vice Chair, on May 17, 2023, at 6:05 PM at the Santa Maria Inn, Santa Maria, CA.

MEMBERS PRESENT: Antonette “Toni” Navarro, Daniel Herlinger, Supervisor Dawn Ortiz-Legg, Edward “Ned” Bentley, MD, Supervisor Joan Hartmann, Kieran Shah, Mark Lisa, Mouhanad Hammami, Nicolas Drews, Sara Macdonald, and Sue Andersen

MEMBERS EXCUSED: René Bravo, MD

STAFF PRESENT: Andrew Hansen, Bill Cioffi, Cathy Slaughter, Chris Hill, Chris Morris, David Ambrose, Ed Tran, Hon Chan, Jordan Turetsky, Karen Kim, Kashina Bishop, Lauren Geeb, Marina Owen, Michael Harris, Nicole Wilson, Nicolette Worley Marselian, Sean Kirkpatrick, Stuart Warren, Tommy Curran, Van Do-Reynoso, and Paula M. Bottiani (Clerk)

GUESTS PRESENT: Brooke Buchanan (Edelman), Michael Engelhard (Health Management Associates), Natalie Rochman (Edelman), Winston Chan (Gibson Dunn), Jeffrey Kaplan, MD (Jeffrey Kaplan, MD, Inc.), Ashley Kaplan (Jeffrey Kaplan, MD, Inc.), Carmen Garcia (Jeffrey Kaplan, MD, Inc.), Cynthia Mendoza (Jeffrey Kaplan, MD, Inc.), and Brittany Lupe (Jeffrey Kaplan, MD, Inc.)

Mr. Lisa welcomed and introduced two new board members: Antonette “Toni” Navarro (SB County Behavioral Wellness Director) and Mouhanad Hammami (SB County Public Director). They each gave brief introductions.

1. Public Comment: There was no public comment.

2. **Consent Agenda** (*Action to accept reports*) (*Mr. Lisa*) 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: On motion of Ms. Macdonald the Board Accepted the Consent Agenda Reports with no objection.

3. Regular Agenda

1. Report from Chief Executive Officer

Ms. Owen reported the following:

- Recognized Dr. Kaplan, Pediatrician, and his staff who are receiving an Excellence in Quality Award tonight
 - CenCal Health hosted the Department of Health Care Services (DHCS) Listening Tour on April 27, 2023 at the CenCal Health Santa Barbara office with representatives from over 60 Community-Based Organizations (CBOs)
 - CenCal Health completed the D-SNP Program Financial feasibility study and are working closely with Health Management Associates (HMA) and Milliman (actuaries) to provide us an assessment of the various pathways towards program development
 - Introduced Cathy Slaughter, who was previously our Provider Relations Manager and has now received a well-deserved promotion to Director of Provider Relations.
2. Present Quality Award for Excellence in Care to Jeffrey Kaplan, MD and Share Pay-For-Performance Program Update

Ms. Geeb was joined at the board table by Dr. Kaplan and gave a detailed PowerPoint presentation of the Quality Care Incentive Program & Award. Highlights of this program are:

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:

- 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

Above and 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

Award Presentation:

Dr. Kaplan introduced his staff and commended them for their amazing support in assisting him and their practice to achieve this level of success. He also commended CenCal Health for restructuring the program based upon quality measures and thanked the board for having him and his staff at the meeting to accept the award.

Mr. Lisa commended **Ms. Geeb** for their work on this program in support of our providers. He also recognized **Ms. Slaughter** for her support of their practice.

3. Report from Treasurer and Chief Financial Officer and Accept Financial Report

Ms. Bishop gave a detailed PowerPoint presentation of priorities as new CFO.

First 90 Days:

- Financial Statement Review and Balance Sheet Audit
- Evaluation of internal controls
- Assessment of the Finance organizational structure
- Held Finance Committee meeting on April 5th

Next Steps:

- Finance Committee Meeting scheduled for June 21, 2023. At this meeting the following items will be discussed in depth and then brought before the full board at a future meeting:
 - Review financial statement adjustments and other findings
 - Present adjusted March and April financial statements
 - Review internal control assessment
 - Provide revised 2024 Financial Forecast
 - Discuss Board Reserve Policy

ACTION: On motion of Ms. Andersen and seconded by Dr. Bentley, the Board Accepted the Finance Report without objection.

4. Present Dual Special Needs Program Feasibility Assessment

Mr. Ambrose, Ms. Bishop, and Mr. Engelhard (HMA) gave a detailed PowerPoint Presentation.

Mr. Ambrose introduced the program followed by **Mr. Engelhard's** overview of why CenCal Health is implementing the program, and then **Ms. Bishop** explained the financial implementation and risks of implementation.

Discussion:

Mr. Lisa asked if CenCal Health has exclusivity in our service area.

Mr. Engelhard explained that only the Medi-Cal Managed Care Plans can offer the D-SNP in their service area in 2026.

Mr. Lisa asked for an explanation of how the program would work.

Mr. Engelhard explained that CenCal Health maintains exclusivity by State policy, except for Kaiser who has a special arrangement with the State of California where they can operate in any of the fifty counties.

Dr. Bentley recommended that the plan develop marketing strategies that would assist in long-term member enrollment and retention.

Mr. Shah stated that CenCal Health already offers supplemental benefits, and this will enhance the quality of care overall. He asked if health plans can narrow the provider network and Mr. Engelhard answered that the provider network would need to be approved by CMS for adequacy; however, a narrow network may be allowed.

Mr. Lisa requested that the Board receive regular updates on the D-SNP program implementation. **Ms. Owen** responded that CenCal Health would provide regular updates to the Board of Directors.

5. Member Redetermination Update

Ms. Worley Marselian gave a detailed PowerPoint presentation.

Highlights include:

- Redetermination efforts were halted during the Public Health Emergency
- DHCS provided "Renewal Toolkits" to plans
- DHCS and local DSS offices need help in getting the word out to members.
- Redetermination documents come in "yellow" envelopes directly from the state
- CenCal Health has a two-phased approach
 - **Phase One includes:**
 - Promote "Keep your Coverage" to Members through various methods; social media, website, publicity, and US mail
 - Partner closely with DSS for data
 - Communicate with providers and community based organizations
 - Launched Member Portal
 - **Phase Two Includes:**
 - Custom messaging and texts
 - Specific Outreach to:
 - Unsheltered/homeless
 - Limited English proficiency
 - Disabled

- Postcards to non-responders
- Engage CBOs
- Evaluate effectiveness of collateral materials

Discussion:

Mr. Drews asked when disenrollments begin. **Ms. Worley Marselian** responded July. **Ms. Macdonald** asked that communication to members be empathic and non frightening.

Mr. Lisa indicated that member input is critical.

Ms. Owen agreed and thanked Ms. Macdonald for her input.

Director Hammami asked if we have engaged CBOs.

Ms. Worley Marselian responded, "yes," and elaborated on these partnerships.

6. Present 2023 Operational Performance Dashboard and Consider Adopting as Enhancement for Board Oversight

Mr. Morris and **Mr. Hanson** gave a detailed PowerPoint presentation.

Highlights:

- **Objectives:**
 - Review the **purpose, framework, and structure** of our Organizational Dashboard
 - Orient to **current state and process** for the Dashboard development
 - Orient to the Organizational Dashboard **prototype** and **next steps**
 - 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:** Utilize seventeen (17) sources of input information
- **Process:** Compile all sources of input into concise, visually appealing, and understandable tables and graphs
- **Framework:** Measure what matters and setting goalposts
- **Create Dashboard** that includes all measures being tracked; single page to see the "health" of the plan
- **RECOMMENDATION:**
 - Staff recommend the Board adopt the Executive View Dashboard prototype for implementation and ongoing quarterly reporting
- **NEXT STEPS:**
 - Produce Q123 Organizational Dashboard
 - Expand metric coverage to 90%

ACTION: On motion of Dr. Bentley and seconded by Supervisor Ortiz-Legg, the Board Adopted the

Executive View Dashboard prototype for implementation and ongoing quarterly reporting.

Discussion:

Mr. Drews would like to see a detailed report to accompany the one-page dashboard.

Mr. Herlinger would like to see graphs incorporated.

Mr. Shah thanked staff for the one page and suggested adding threshold numbers.

Mr. Lisa suggested a portal for access by board members and he commended staff for the work that went into developing the dashboard.

Mr. Morris and **Ms. Owen** thanked the Board for their input and agreed to incorporate these suggestions.

7. Consider Recommendation from CalAIM Community Steering Committee on 2024 Community Support Services

Ms. Owen and **Ms. Do-Reynoso** gave a detailed PowerPoint presentation.

Highlights:

- Inaugural CalAIM Steering Committee meetings held in both Santa Barbara and San Luis Obispo counties
- Hosted DHCS CalAIM Listening Tour-over 60 community partners attended
 - DHCS representative informed us that all fourteen (14) community supports will become permanent benefits for Medical recipients. **Supervisor Ortiz-Legg** was present and stated that she was very impressed with the leadership of the state representatives and their level of engagement. They seemed very open, honest, and truly showed a commitment to get things done.
- Implementation
 - We have implemented six (6) community Support programs thus far
 - Four (4) will be implemented in 2024. This is based upon the CSC priorities, the community survey, and the internal staff survey, the following are highest priority:
 - Short Term Post-Hospitalization Housing
 - Personal Care and Homemaker Services
 - Day Habilitation Services
 - Respite Services
- 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
- Next Steps
 - 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

ACTION: *On motion of Ms. Macdonald and seconded by Ms. Andersen, the Board Approved the expansion of four additional Community Supports effective January 2024, including: Short Term Post-Hospitalization Housing, Personal Care and Homemaker Services, Day Habilitation Services, and Respite Services.*

Discussion:

Supervisor Hartmann stated there was quite a bit of excitement within the steering committee meeting.

Mr. Shah stated that there are many facilities that are available to help but many need waivers and roadblocks to partnership lifted.

Ms. Navarro stated it was a helpful exercise and networking event.

Ms. Andersen is concerned that the state will come back in five years and criticize the way we have utilized the funding.

Ms. Owen stated that all of these community supports enhance supports through CBO partnerships.

8. Present Housing and Homelessness Incentive Program

Ms. Do-Reynoso gave a detailed PowerPoint presentation.

Highlights:

Overview:

- DHCS voluntary incentive program
- Aims to improve health outcomes and access to whole person care
- Addresses housing insecurity and instability as social determinants of health for the Medi-Cal population
- Incentive funds that supports CalAIM initiatives through strengthening infrastructure and capacity

Goals:

- Reduce and prevent homelessness
- Ensure health plans develop the necessary capacity and partnerships to connect their members to needed housing services

Funding:

- 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

Outcomes:

- Increase the number of CenCal Health members becoming and staying housed
- Strengthen relationships and referrals between CenCal Health and community partners
- Enhance Data sharing between partners, providers, and CenCal Health

- Strengthen street medicine services
- Strengthen partners' capacity to serve community members experiencing homelessness

Next Steps:

- Prepare round 2 application and funding
- Work with partners on reporting metrics
- Prepare and submit DHCS report

9. 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)

Mr. Lisa asked to add Sutter Health/Sansum Clinic Partnership to the agenda for discussion.

ACTION: *On motion of Mr. Shah and seconded by Dr. Bentley, the Board Approved placing the Sutter Health/Sansum Clinic Partnership on the agenda for discussion without objection.*

Discussion:

Mr. Lisa opened the discussion with a request that staff conduct a study in order to determine the impact of this proposed partnership on CenCal Health and access in the service area. A discussion regarding the partnership took place amongst the board members.

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)

Mr. Lisa closed the open session at 8:10 pm and went into closed session at 8:20 pm.

Mr. Lisa closed the closed session at 9:20 pm and opened the open session at 9:21 pm.

Report from the closed session:

- Item number One: Board of Directors received a briefing by legal and communications consultants.
- Item number Two: Board approved legal settlement.

As there was no further business to come before the Board, Dr. Bravo adjourned the meeting at 9:25 pm.

Respectfully submitted,

Paula M. Michal

Paula Marie Bottiani, Clerk of the Board

**CenCal Health
CEO Evaluation and Compensation Committee
Meeting Minutes
June 5, 2023**

The CEO Evaluation and Compensation Committee Meeting of the Board of Directors of CenCal Health was called to order at 5:50 pm by Dr. Bravo on June 5, 2023, via Teams Meeting, Santa Barbara, CA

MEMBERS PRESENT: René Bravo, MD, Chair, Mark Lisa, Vice Chair, and Sue Andersen, Member

MEMBERS EXCUSED: Daniel Herlinger

STAFF PRESENT: None

1. Discussion of Public Employee (CEO) Performance

A detailed summary of the CEO Performance Report was provided and discussed by the committee. A compensation recommendation was discussed and agreed upon and will be presented to the CenCal Health Board of Directors in Closed Session at their Regular Meeting of the Board of Directors on June 21, 2023.

2. 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, Dr. Bravo adjourned the meeting at 6:30 pm.

Respectfully submitted,

Paula Marie Bottiani, Clerk of the Board

CEO Executive Summary

Date: June 21, 2023

To: CenCal Health Board of Directors

From: Marina Owen, Chief Executive Officer

State Budget Update: May Revision

Last month, Governor Newsom released his May Revision of the 2023-24 State Budget. The proposal includes provisions to close the estimated \$31.5 billion shortfall and preserve \$37.2 billion in total reserves. The May Revision maintains the recent increased expenditures in the health and human service sector and includes a total amount of \$245.7 billion, with \$73.3 billion coming from the General Fund to support these programs. A major element of discontent by legislative leaders and healthcare stakeholders revolves around details of the Governor's proposed tax on health plans.

The Managed Care Organization (MCO) tax is a major feature of the Governor's health care budget plan and would raise approximately \$20 billion over an 8 to 10 year period by taxing health insurance plans. The Governor's plan would use some of the taxes to increase Medi-Cal rates for physicians and provide funding for distressed hospitals. However, many legislators are concerned about the Governor's proposal to use some of the monies to help close the state's budget deficit, over \$3 billion with an additional \$10 billion going into reserve, rather than more robustly funding on an expedited schedule provider reimbursement rates and hospital rates. Another potential competing interest is labor's desire to increase minimum wage to \$25 for health care workers, [SB 525 \(Durazo\)](#). Overall, California's interest in advancing the MCO tax and work with the federal government remains top of mind for policymakers, making the implementation of the MCO tax critical to finalizing this year's State Budget. Additional details can be found in the [Government Affairs Report](#) provided by Michael Harris, Government Affairs and Administrative Officer, and State Legislative Report.

National Recognition: Making a Difference Award

Recently, CenCal Health's Associate Director of Utilization Management received national recognition for her contributions and received the annual *Making a Difference Award* from the Association for Community Affiliated Plans' (ACAP). Any of the 80 community plans in ACAP's membership may submit a single nomination each year. Ana Stenersen, RN, was announced as the recipient of the 14th annual *Making a Difference Award* for going above in her service of children in the California Children's Services Program, or the Whole Child Model. We congratulate and celebrate Mrs. Stenersen for her compassionate service to CenCal Health's members. Shortly after, Doctors Without Walls – Santa Barbara Street Medicine (DWW) was nationally recognized by ACAP with an

honorable mention as part of the 18th annual *Supporting the Safety Net Award* for DWW's healthcare and advocacy efforts benefiting homeless individuals in Santa Barbara County. CenCal Health similarly celebrates their contributions, as an enhanced care management provider serving this vulnerable population. Additional details can be found in the [Communications Report](#) provided by Nicolette Worley Marselian, MBA.

Provider Network Engagement

In May, CenCal Health participated in Santa Barbara Foundation's "Supporting Our Community Health Worker/Promotores" Collaborative to provide guidance and feedback to our local CHW partner organizations around DHCS requirements for the new CHW benefit. Staff also presented to local Doula collaboratives and are excited to onboard the first Doula to become contracted with CenCal Health. With the support of the CenCal Health Information Technology team, Provider Relations hosted its first Health Information Exchange (HIE) Provider Engagement Session. The event was well attended by providers and community partners, and focused on CenCal Health's plan to establish an HIE platform which will allow providers to access and share vital patient information, leading to improved care coordination and better patient outcomes.

CenCal Health was also notified on June 5, 2023, that the Alternate Access Standard requests submitted as the primary component of the most recent Annual Network Certification (ANC) filing were fully accepted by DHCS with no changes required. This filing is an annual effort to demonstrate the adequacy of CenCal Health's provider network in meeting the access requirements of the Medi-Cal Program. This initial approval is a notable achievement of CenCal Health staff. Additional details can be found in the [Customer Experience Report](#) provided by Van Do-Reynoso, PHD, and Jordan Turetsky, MPH, Provider Network Officer.

NCQA Quality of Care Reporting

CenCal Health's quality of care reporting (HEDIS Audit) is near completion, pending certification by the Department of Health Care Services (DHCS) contracted External Quality Review Organization. The nationwide due date for HEDIS reporting to the National Committee for Quality Assurance (NCQA) is June 15th. Based on the minimum performance thresholds that must be met across all reporting units for 15 quality measures, staff will report the following results to DHCS and NCQA. Exceptional performance was achieved for 6 aspects of care: breast cancer screening, a low rate of diabetes blood glucose poor control, pediatric preventive health exams (15 months – 30 months), adolescent immunizations, postpartum care timeliness, and timely follow-up after emergency department visit for substance use. Improvement is required for 3 aspects of care: pediatric lead screening, hypertension control, and timely follow-up after emergency department (ED) visit for mental illness. 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.

Quality Report

Date: June 21, 2023

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

Through: Marina Owen, Chief Executive Officer

Contributors: Lauren Geeb, MBA, Quality Director
Carlos Hernandez, Quality & Population Health 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 to assure CenCal Health's operational readiness. CenCal Health's NCQA HEDIS® Compliance Audit results of the Department of Health Care Services Managed Care Accountability Set are highlighted this month:

NCQA HEDIS Compliance Audit: CenCal Health's quality of care reporting (HEDIS Audit) is near completion, pending certification by the Department of Health Care Services (DHCS) contracted External Quality Review Organization. The nationwide due date for HEDIS reporting to the National Committee for Quality Assurance (NCQA) is June 15th. Based on the minimum performance thresholds that must be met across all reporting units for 15 quality measures, staff will report the following results to DHCS and NCQA:

- Exceptional performance was achieved for 6 aspects of care: breast cancer screening, a low rate of diabetes blood glucose poor control, pediatric preventive health exams (15 months – 30 months), adolescent immunizations, postpartum care timeliness, and timely follow-up after emergency department visit for substance use.
- Improvement is required for 3 aspects of care: pediatric lead screening, hypertension control, and timely follow-up after emergency department (ED) visit for mental illness.

Through monthly monitoring of CenCal Health's pay-for-performance program and population health dashboards, the Quality Department has existing initiatives in place to address measures that did not surpass the DHCS required thresholds, including provider incentives, gaps in care reports, focused provider trainings, and member health education campaigns. Additionally, staff are developing a nonclinical performance improvement project to improve the percentage of provider notifications

of member ED visits to encourage appropriate follow-up within 7 days. This effort will support building an infrastructure that links members to needed follow-up and/or care management services.

Background

The following recent program developments and progress are outlined in recognition of their significance to CenCal Health’s Quality Program and its operational readiness:

NCQA HEDIS® Compliance Audit:

CenCal Health’s 24th year of regulatory quality of care reporting is near completion, pending certification by Health Services Advisory Group (HSAG), the DHCS contracted External Quality Review Organization. Staff are fully confident of a successful audit conclusion that includes certification with no restrictions on CenCal Health’s public reporting of the DHCS Managed Care Accountability Set (MCAS).

This record of achievement is a testament to the reliability of CenCal Health’s data management systems, including staff that manage CenCal Health’s data collection, integration, and reporting. The nationwide due date for HEDIS reporting to the NCQA is June 15, 2023. Based on the thresholds used by DHCS to recognize or sanction Medi-Cal Managed Care Plans, staff will report the following results for the period ending December 31, 2022, to DHCS and NCQA.

Managed Care Accountability Set for MY 2022	Santa Barbara County	San Luis Obispo County
Performance will surpass the Medicaid 90th Percentile for 6 measurements.		
<ul style="list-style-type: none"> Breast Cancer Screening 	✓	
<ul style="list-style-type: none"> Low Rate of Poorly Controlled Diabetes Blood Glucose (HbA1c) 	✓	✓
<ul style="list-style-type: none"> Timeliness of Postpartum Care 	✓	✓
<ul style="list-style-type: none"> Well Child Visits for Children Ages 15-30 Months 	✓	
<ul style="list-style-type: none"> Immunizations for Adolescents – Complete Series (DTAP, MCV, HPV) 	✓	
<ul style="list-style-type: none"> 30-day Follow-Up After Emergency Department Visit for Substance Use 	✓	✓

Managed Care Accountability Set for MY 2022	Santa Barbara County	San Luis Obispo County
Performance will miss the DHCS Minimum Performance Level required for 3 measurements.		
<ul style="list-style-type: none"> • Pediatric Lead Screening 	x	x
<ul style="list-style-type: none"> • Controlling High Blood Pressure 	x	x
<ul style="list-style-type: none"> • 30-day Follow-Up After Emergency Department Visit for Mental Illness 	x	NA

Through monthly monitoring of CenCal Health's pay-for-performance program and population health dashboards, the Quality Department has existing initiatives in place to address measures that will not surpass DHCS Minimum Performance Levels (MPLs) including provider incentives, gaps in care reports, focused provider trainings, and member health education campaigns. Additionally, staff are developing a nonclinical performance improvement project to improve the percentage of provider notifications of member ED visits to encourage appropriate follow-up within 7 days. This effort will support building an infrastructure that links members to needed follow-up and/or care management services.

Next Steps

Staff will complete detailed performance reporting to the Quality Improvement and Health Equity Committee (QIHEC), as your Board's appointed entity to oversee the effectiveness of CenCal Health's Quality Improvement and Health Equity Transformation Program (QIHETP). Subsequently, further detail will be reported to your Board, including specific aspects of care prioritized for improvement to advance health equity, and aspects of care for which excellence was achieved.

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

Recommendation

This Quality Report is presented for the CenCal Health Board of Director's acceptance and is informational with no action being requested at this time.

Health Services Report

Date: June 21, 2023

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

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

Subject: Health Services Report

Medical Management

The Utilization and Case Management departments focused on the submissions for the Wave III deliverables for the 2024 contract requirements. Having completed all deliverables through May, these submissions are now pending approval by the Department of Healthcare Services (DHCS). Health Services teams have completed the finalization of the scoring for finalists in the Request for Proposal (RFP) process for medical management software that will enhance operations and will now begin interviewing each vendor's current customers to evaluate satisfaction with the technology platform, experience with the implementation process and ongoing support. Following this, the team will be making a formal recommendation to select the vendor that possesses the best system capabilities to meet the new regulatory and subsequent Dual Special Needs Program (D-SNP) product requirements.

The prior authorization turnaround time has been improving; however, it did not achieve its monthly turnaround time goal of 95% in one area. Health Services continues to offer overtime and is backfilling open positions to address. The team is also collaborating with Provider Services and implemented a process to streamline the completion of out-of-network requests.

Enhanced Care Management and Community Supports

The Enhanced Care Management (ECM) program continues to enroll members in the program and work continues to implement the following populations of focus on 7/1/23:

- Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM with Additional Needs Beyond the CCS Condition)
- Children and Youth involved in Child Welfare
- Children and Youth with Intellectual/Developmental Disability

- Pregnant or Postpartum Individuals

The Community Supports (CS) team continues to see an increase in utilization requests with the most utilized service being for the Sobering Centers. The team has begun work to develop four new community supports that were recently approved by CenCal Health's Board of Directors. These expanded services include:

- Respite Services
- Personnel Care and Homemaker services
- Day Habitation
- Short Term Hospitalization

Behavioral Health

Behavioral Health is also working to implement 2024 contract operational requirements and working on ongoing submissions to DHCS for 2024 contract policies. Operationally, prior authorization turnaround time is at 100% as is post service and concurrent.

The Behavioral Health Call Center monthly call volume has increased. The call center is compliant with performance of average speed to answer and implement their action plan of answering all calls within regulatory times. The team is working closely with both counties to support care coordination and CenCal Health hosted an interdisciplinary team meeting with each county and their internal teams to ensure collaboration and that members' medical needs are coordinated.

Behavioral Health is working closely to resolve all mock audit recommendations in support of readiness for this year's DHCS audit. The Director is working with Human Resources to recruit for open positions and a new manager is being onboarded.

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 Q2 2022. Over half the volume continues to come from the oncology space as a combination of chemo-therapeutic and chemo-supportive and the Pharmacy team continues 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. CenCal Health's annual CMS DUR survey was completed by the pharmacy team's Adam Horn and submitted by Compliance to DHCS prior to the June 1st requirement. The Pharmacy & Therapeutics Committee convened the Q2 meeting on May 25th.

Performance Report

Date: June 21, 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.

Human Resources

Talent Acquisition and Retention Update

As a result of Board approval of new FTE through in the CY23 budget, total vacancy currently sits at 18.3%, down from 21.2% in March 2023. To ensure the organization is appropriately enabled in 2023, recruiting capacity has significantly increased in the last quarter with greater than 50 active recruitments at this time, a roughly 75% increase. Highlights surrounding key senior leadership team recruitments include:

- Kaleb Madrid, joining as our new Administrative Services Director in June 2023
- Maury Manliguis, DO, MPH, joining as a Medical Director in June 2023
- Recruitment for the following senior leadership positions is underway: Chief Operations Officer and Strategic Engagement Director.

Voluntary turnover remains healthy at a 12-month rolling average of 10.5% through May 2023, down 1.3 points from the most recent four quarter period concluding in Q123, down 1.0 point over the CY22 average, and greater than 20 points below the industry average (Bureau of Labor Statistics). 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 collaboration and needs of our team members.

Compensation and Benefits

Human Resources is initiating the annual compensation study process to ensure our positions remain appropriately benchmarked to market to ensure CenCal Health's compensation structure is competitive and equitable. This process includes review and validation of job descriptions for every CenCal Health position (approximately 210),

third party assessment of every job description relative to market, and review and revision to the CenCal Health compensation structure as indicated. Results from this assessment will be shared with your Board in Q4 2023 to support adoption of the 2024 salary structure CalPERS Resolution.

Operational Excellence Update

Organizational Dashboard Update

Following the adoption of the Executive View Dashboard prototype at the May 2023 Board of Directors meeting, work is underway to produce a Q123 Organizational Dashboard in July 2023.

2023 Operating Plan Update

The *2023 Operating Plan* is comprised of forty-one (41) tactics. To date, thirty (30) are active, one (1) tactic has completed, nine (9) have not yet started and one (1) has been deferred for reassessment at a later date. Of the active tactics, progress is as follows: 12 (40.0%) are between 0-25% complete, 7 (23.3%) are between 25-50% complete, 7 (23.3%) are between 50-75% complete, and 4 (13.3%) are between 75-100%. Additionally, 97% (approximately 29) of active tactics are in good health, and one (1) is at-risk of becoming off-track and has planned mitigations as follow:

- 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 given a focus on multiple priorities and deadlines. Compliance is working to accelerate next steps through collaboration with business leaders to orient to identified gaps and align on mitigation activities. Additional information can be found in the Compliance Report.

Recommendation

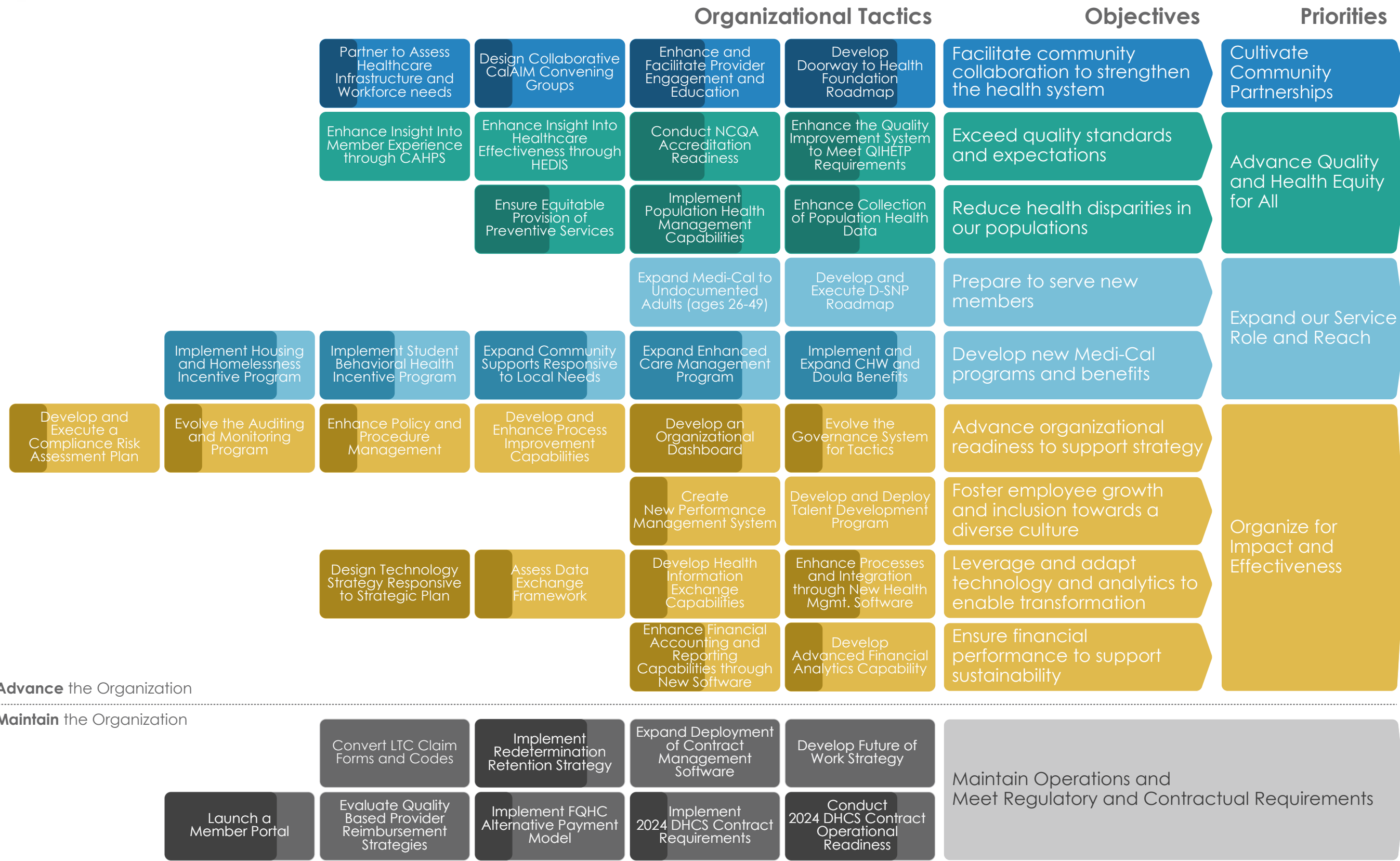
This Performance Memo is informational with no action from CenCal Health's Board of Directors being requested at this time.

Next Steps

- Return with 2024 Salary Structure CalPERS Resolution in Q4 2023

Enclosure

1. May 2023 CenCal Health Operating Plan



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

VALUES

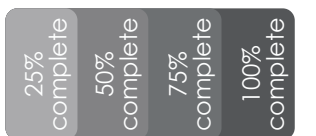
Compassionate Service
Serving and advocating for all customers with excellence

Collaboration
Coming together to achieve exceptional results

Integrity
Doing the right thing, even and especially when it is hard

Improvement
Continually improving to ensure our growth, success & sustainability

Progress Legend



Government Affairs and Administrative Report

Date: June 21, 2023

From: Michael Harris, Government Affairs and Administrative Officer

Through: Marina Owen, Chief Executive Officer

Executive Summary

At the federal level, the significant legislative news is regarding the debt ceiling legislation quickly passed and signed by the president. Initial Republican proposals contained Medicaid work requirements and those requirements were not ultimately contained in the final legislation. Speaker McCarthy is now aligning Republican legislators behind the unified agenda following the final debt ceiling legislation.

In Sacramento, the legislature continues to have significant differences between the two houses and particularly funding priorities around health care with the governor.

The Administrative Services Department (ASD) has a new director. Kaleb Madrid comes to CenCal Health from Dignity Health with several years of strong administrative experience. Staff are eager to strengthen administrative practices within the organization.

Background

Federal Report

Attached to this report is the Board report from Paul Beddoe, CenCal Health's legislative advocate in Washington, DC. In addition to his written report, Mr. Beddoe also reports that the Centers for Medicare and Medicaid Services (CMS) has established a new, "Managed Care Group". One of the stated functions for this new group at CMS is, "...the development and management of Medicaid program policy and operations regarding State managed care programs..." This new group at CMS is a reflection of the increased presence that managed care has in the national Medicaid system.

In addition, this new group, "Leads review of state contracts and amendments with managed care organizations, prepaid inpatient health plans, prepaid ambulatory health plans, primary care case management entities..."

With the debt ceiling continued through 2025 (timed to avoid presidential and congressional elections), conversations about federal spending will continue. While members of the House and Administration's negotiation teams reached agreement, several conservative Republican members of Congress have specifically stated that costs associated with Medicare, Social Security, Medicaid and other large spending programs require further discussions around cost containment.

State Report

In Sacramento, legislative bills were required to clear their house of origin and move into the second house. CenCal Health heard concerns from local providers regarding Senate Bill 525 introduced by State Senator Durazo (sponsored by SEIU California). SB 525 cleared the Senate-side and has moved into the Assembly. It should be noted, clearing the house of origin is often not as rigorous as getting through the other house.

Michael Harris called both Assemblymember Hart and Assemblymember Addis' office to share the local concerns raised regarding the bill's requirement of health facilities to pay all staff no less than \$21 to \$25 per hour and raising awareness about the implications of this requirement. While CenCal Health supports a livable wage, imposing such a requirement of clinics, providers and hospitals, regardless of their financial status, and at a time the State is dealing with hospital closures, raises questions and local concerns.

As PPA notes in their report, the Managed Care Organization (MCO) tax has been of significant discussion between the legislature, the governor and advocates. A significant point of discussion surrounds the governor's current proposal to reserve some funds to offset the State's general fund due to current deficits. Another part of the MCO tax revenues, in the governor's proposal, would also be withheld in order to have discussions amongst various parties regarding future funding of Medi-Cal. Some members of the legislature and various advocacy groups are frustrated by this, given what is viewed as the current low Medi-Cal rate of reimbursement. Many parties believe that Medi-Cal rates should be augmented now to assist with gaining members access to needed healthcare.

CenCal Health has partnered with a coalition through CenCal Health's State association, the Local Health Plans of California (LHPC). This safety-net coalition that includes the California Medical Association (CMA), the California Hospital Association (CHA), and the California Primary Care Association (CPCA) seeks to increase Medi-Cal rates of reimbursement across a broad spectrum of services, including, but not limited to primary care, hospitals, specialty services and others.

CenCal Health is engaged as part of our strategic priorities of ensuring member access, stabilizing local health systems and ensuring a strong provider network. Even after the

statutory requirement of passing a State budget by June 15, 2023, is achieved, staff believes many of the budgetary actions will need to be accomplished through budget trailer bills that will be occurring for the next several weeks or months.

On legislation and the MCO tax issues, staff will remain fully engaged to represent CenCal Health and its local health systems' best interests.

Recommendation

This Government Relations and Administrative report is informational and no action from the Board of Directors is being requested at this time.

Enclosures

1. Federal Legislative Report (Paul Beddoe)
2. State Legislative Report (Public Policy Advocates)
3. Required DHCS State Amendment A55 Report

Paul V. Beddoe Government Affairs, LLC

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

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

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

Subject: Federal Report, June 2023

Overview

The House and Senate are in session until the last week of June, when both will recess for the Independence Day holiday until the second week of July. Ms. Owen and Mr. Harris will be in Washington, DC during the week of June 12th. A “meet and greet” meeting has been set-up with Congressman Panetta's office. Other meetings with federal health officials are taking place at their national association meetings.

Debt Limit Debate

On June 3, 2023, President Joe Biden signed the Fiscal Responsibility Act (H.R. 3746) into law. The bill passed the House on May 31 and the Senate on June 1. It raises the debt limit until 2025 and sets stringent top-line budget caps for the next two fiscal years. While the initial House bill would have imposed work requirements on Medicaid beneficiaries, the final agreement between House Speaker Kevin McCarthy (R-CA-20) and the White House does not include any Medicaid provisions, including the proposed work requirements.

Biden Administration

As planned, the U.S. Department of Health and Human Services allowed the COVID-19 Public Health Emergency to officially expire on May 11, as states continue to implement their redetermination processes under terms of the Consolidated Appropriations Act.

With a number of significant proposed rules out for comment, as well as having issued new sub-regulatory guidance and informational bulletins, it is increasingly clear that the Centers for Medicare and Medicaid Services (CMS) intends to continue to scrutinize how states administer and finance the Medicaid program. This scrutiny, and resultant state responses, will inevitably shape the way Medicaid Managed Care Plans operate.

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.



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

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

Subject: California Legislative Update –June 2023

State Budget Update

May is when the California Legislature begins working on multiple levels to finalize the State Budget in time to satisfy the constitutional deadline of June 15 for enactment in time for the fiscal year that commences on July 1 and processes hundreds of bills needing to move out of their first house prior to the June 2 deadline.

On May 12, Governor Newsom released his May Revision of the 2023-24 State Budget. The proposal includes provisions to close the estimated \$31.5 billion shortfall and preserve \$37.2 billion in total reserves. The May Revision maintains the recent increased expenditures in the health and human service sector and includes a total amount of \$245.7 billion, with \$73.3 billion coming from the General Fund to support these programs. Since both the Senate and Assembly have budget plans that differ in some areas from the Governor's revised plan, the negotiations between legislative leaders and the Governor have begun in earnest to reconcile the provisions to prepare a cohesive budget. The details of the package are expected to be released early in the week of June 12 with a final vote occurring by June 15.

A major element of discontent by legislative leaders and healthcare stakeholders revolves around the details of the Governor's proposed tax on health plans. The Managed Care Organization (MCO) tax is a major feature of the Governor's health care budget plan and would raise approximately \$20 billion over an 8 to 10 year period by taxing health insurance plans. The Governor's plan would use some of the taxes to increase Medi-Cal rates for doctors and to provide funding for distressed hospitals albeit on a stretched-out timeframe. However, many legislators are concerned about the Governor's proposal to use some of the monies to help close the state's budget deficit, over \$3 billion with an additional \$10 billion going into reserve, rather than more robustly funding on an expedited schedule provider reimbursement rates and hospital rates. Another potential competing interest is labor's desire to increase minimum wage to \$25 for health care workers, [SB 525 \(Durazo\)](#). Overall, California's interest in advancing the MCO tax and work with the federal government remains top of mind for policymakers as June 15 approaches, making the implementation of the MCO tax a critical ingredient of putting the final touches on this year's State Budget.

Legislative Update

With only a few exceptions, nearly every bill that reached the respective floors for vote during the last week of May passed and was then transmitted over to the opposite house for further action this year. Some measures of note include:

[Senate Bill 525 \(Durazo\)](#) would enact a \$25 minimum wage for health care workers and provide for an annual minimum wage cost of living adjustment. The heavily lobbied bill engendered heated debate on the Senate Floor and passed on a 21 to 11 vote. It now moves to the Assembly Labor Committee for further action.

[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 medical transportation and nonemergency medical transportation trips provided by a public transit operator.

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

[Senate Bill 770 \(Wiener\)](#) is viewed as a step toward establishing a single-payor health care system in California by requiring the state to seek a waiver from the federal government.

[Senate Bill 873 \(Bradford\)](#) would require at point of sale, the cost-sharing of an enrollee of a health plan to be reduced based on rebates received in connection with the dispensing of the pharmaceutical.

[Assembly Bill 716 \(Boerner\)](#) would delete the direct reimbursement requirement that allows medical transportation service providers to bill enrollees for sums not paid by health plans.

[Senate Bill 421 \(Limon\)](#) would eliminate the sunset date on the limitation on copayment for an individual prescription of up to a 30-day supply of an orally administered anticancer medication covered under the contract or policy.

[Assembly Bill 931 \(Irwin\)](#) would prevent a health plan or health insurer from imposing prior authorization for the initial 12 treatments for physical therapy.

[Assembly Bill 1241 \(Weber\)](#) would rephrase the telehealth provider requirement under the Medi-Cal program to offer in-person care as a requirement that telehealth providers maintain and follow protocols to offer in-person care.

These bills will be set for their next committee hearings prior to the annual month-long Legislative Summer Recess that begins on July 14.

Required Contract Amendment from Department of Healthcare Services Contract 08-85212; Amendment A55

Date: June 21, 2023

From: Michael Harris, Government Affairs and Administrative Officer

Through: Marina Owen, Chief Executive Officer

Contributors: Kashina Bishop, Chief Financial Officer

Background

As you are aware, California provides Medicaid (Medi-Cal) services to individuals who qualify because of their financial status, age and/or medical condition. California has chosen to expand Medi-Cal coverage to individuals who would otherwise qualify for Medi-Cal except they are in the country as an undocumented resident.

Over the last several months, the Department of Care Services (DHCS) has been working with the federal government regarding the identification of Medi-Cal members who have "satisfactory immigration status" (SIS) or who have "unsatisfactory immigration status" (UIS). The former refers to persons who are legal residents of the United States. The latter refers to individuals who are residing in California who qualify for Medi-Cal services but are undocumented. This is important because individuals who receive Medi-Cal services, who are identified as UIS, receive those services at state-only costs. The federal government does not provide any revenues to offset UIS services except in some limited circumstances.

Outside the CenCal Health's Board meeting schedule, amendment approval and execution by the Chief Executive Officer (CEO) with Board Consult as necessary, should terms and conditions be material. Previously, your Board has requested that you briefed as a consent or informational item, when DHCS requests and the CEO executes amendments without substantive impacts on CenCal Health.

Scope of Amendment

Amendment A55 provides a rate table to CenCal Health that segregates the SIS and UIS rates and DHCS had advised the plans previously that the segregation of these two categories was necessary due to the federal limitations on using federal funds for undocumented individuals.

The rate tables were updated by DHCS to reflect the SIS and UIS capitation amounts for the period of 1 January 2021 through 31 December 2021.

Assessment of Impact

The CFO and her staff reviewed the DHCS updates and found that Amendment, A55, makes revisions to CenCal Health's DHCS contract that are consistent with previous DHCS agreements, were as expected and aligned with conversations and that are fiscally sound and will not have any unanticipated fiscal impacts to CenCal Health.

As such, staff recommended to the CEO, that the DHCS contract Amendment A55 be executed as required by DHCS on June 13, 2023.

Customer Experience Report

Date: June 21, 2023

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

Through: Marina Owen, Chief Executive Officer

Contributors: Eric Buben, Member Services Director
Jordan Turetsky, MPH, Provider Network Officer
Ed Tran, RN, PHN, MSN, Program Development Director
Nicolette Worley Marselian, MBA, Communications Director

The June 2023 report from the Customer Experience Division provides operational trends and initiatives in the Member Services, Claims, Provider Services, Provider Relations, Program Development, and Communications and Community Relations Departments. In addition, this report highlights three noteworthy achievements: approval of the Alternate Access Standard requests submitted in the recent Annual Network Certification filing, the Housing and Homeless Incentive Program receiving higher earnings than anticipated; and the Incentive Provider Payment (IPP) receiving 100% allowable earnings. Details for the IPP achievement will be detailed separately under the Regular Agenda.

Member Services

Enrollment

Membership continues steady growth, but the rate is slowing. As of June 5, CenCal Health has 236,071 members. Redeterminations in CA began April 20, with the first set of Renewal Packets mailed for members with redetermination dates of June 30. Going forward on the 20th of each month for the next 13 months, renewal packets will be mailed to members 60 days prior to their renewal date.

Member Services received 82 calls from members with questions about the renewal process in May. Communications and Member Services Departments are using the scripts provided by DHCS 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. CenCal Health is working closely with the Department of Social Services in both counties to ensure messaging is timed with renewal dates for each member. During the first week of June, CenCal Health began a text message campaign to those members with bad addresses or changed addresses to encourage updating of their address in

order to receive their renewal packets. This will continue every month for members when CenCal Health receives new address data files.

Operational Performance

May's call volume of 8,967 was above 2022's monthly average of 7,939. Our Average Speed to Answer (ASA) goal to answer 85% of calls within 30 seconds was not met at 84% in May. This is the result of the increased call volume in May combined with the call center still being under-staffed by 2 Member Services Representatives. The abandon rate exceeded the goal of 3% with a score of 2%. Of all calls, 95% answered were coded, meeting the goal of 95%. Grievance & appeal volume in control with usual volume and all turnaround times for G&A were all met.

Member Portal

The Member Portal went live April 9, 2023. As of June 5, CenCal Health has 2,179 member accounts that have been created. This is a 112% increase in new accounts since early May. 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. Members are providing very positive feedback and CenCal Health is dedicated to continuing to improve participation by presenting the portal to our provider partners for awareness to help encourage members to create accounts and utilize new functionality.

Provider Services and Relations

New Department

The Provider Relations Department was created in May of 2023 and is a partner to the Provider Services Department, collaborating across functions to ensure excellence in customer service to CenCal Health providers. This transition continues with staff engaged in the design of the future structure of both departments, and the Board will now see combined reports from both departments.

Provider Collaboration and Training

In May, Provider Services participated in Santa Barbara Foundation's "Supporting Our Community Health Worker/Promotores" Collaborative to provide guidance and feedback to our local CHW partner organizations around DHCS requirements for the new CHW benefit. Staff also presented to local Doula collaboratives and are excited to onboard the first Doula to become contracted with CenCal Health.

With the support of the CenCal Health Information Technology team, Provider Relations hosted its first Health Information Exchange (HIE) Provider Engagement Session. The event was well attended by providers and community partners, and focused on CenCal Health's plan to establish an HIE platform which will allow providers to access and share vital patient information, leading to improved care coordination and better patient outcomes.

Annual Network Certification

CenCal Health was notified on June 5, 2023, that the Alternate Access Standard requests submitted as the primary component of the most recent Annual Network Certification (ANC) filing were accepted by DHCS with no changes required. The ANC filing is an annual effort to demonstrate the adequacy of CenCal Health's provider network in meeting the access requirements of the Medi-Cal Program. This initial approval is a notable achievement and represents a substantial amount of work from a cross-functional team of CenCal Health staff.

Operational Performance

Lastly, this June update contains updated metrics for the month of May. Noted improvements in processing of re-credentialing files is shown in month-over-month trending, with all files due for recredentialing in May 2023 completed timely. Providers approved within 90 days of initial credentialing met goal, with few outliers due to unique circumstances that will continue to be monitored for any future trends. Call performance remains below standard with mitigations underway to ensure appropriate coverage.

Claims Operations

The Claims Department monitors core service metrics across all operational and customer service functions. The attached Claims Dashboard includes key operational metrics ranging from Claims Volume to Provider Call Center performance. All metrics are meeting goal and/or are within normal range.

In May, Claims worked in partnership with several other departments throughout CenCal Health to complete an annual effort to verify encounter data through the research and validation of 411 randomly selected medical records. This process occurs annually as required by the Department of Health Care Services (DHCS) and is accomplished through partnership with CenCal Health providers. CenCal Health completed an on-time filing with nearly all medical records received, reviewed, and validated.

Program Development

Student Behavioral Health Incentive Program (SBHIP)

CenCal Health has executed five of nine Memorandums of Understanding (MOU) with the Local Education Agencies (LEAs) for phase 2 of the implementation. Three additional MOUs are under final review. Allocation of funds to LEAs will follow later this month. CenCal Health and Flux Coaching and Consulting are preparing to submit the first reporting update on SBHIP to DHCS at the end of June. LEAs are actively planning their scope of work for the 2023-2024 calendar school year and are developing a closed-loop referral process and have selected universal screening tools through the SBHIP workgroups. CenCal Health recently issued a request for quote and has selected Carsel Consulting Group as the program evaluator to assist with evaluating SBHIP's short, intermediate, and long-term outcomes as well as program efficacy and impact.

Housing and Homelessness Incentive Program (HHIP)

CenCal Health received notification from DHCS based upon Submission 1 (S1) data. CenCal earned a total of \$6,095,652 with 60% of the allowable allocation for San Luis Obispo and 67% for Santa Barbara County. The awards are significantly higher than the anticipated earnings at 43% for SLO, and 55% for SB, respectively. Staff are actively preparing to release round two funding application based upon the earnings we have recently received. We continue to collaborate with partners to monitor and understand progress made towards metrics and measurements outlined in the first funding agreement, as this data will be used to report to DHCS for S2, resulting in the final round of funding for HHIP from DHCS.

Communications & Community Relations

The Communications & Community Relations Department submitted nominations for two national awards: The Association for Community Affiliated Plans' (ACAP) annual Making a Difference Award, and the Supporting the Safety Net Award. As a result, CenCal Health Associate Director of Utilization Management Ana Stenersen was announced as the recipient of the 14th annual Making a Difference Award and Doctors Without Walls – Santa Barbara Street Medicine (DWW) was recognized with an honorable mention in 18th annual Supporting the Safety Net. Please see the attachment for additional communications and community relations efforts in May.

Enclosures

1. Communications Report
2. Member Services Reports (Enrollment, Call Center Performance, Grievances)
3. Provider Services and Claims Operational Dashboard

Communications May 2023 Look Back



To: CenCal Health's Board of Directors
 From: Nicolette Worley Marselian, Director, Communications & Community Relations
 Date: June 9, 2023

NATIONAL RECOGNITION

Associate Director, Community Partner Earn National Recognition for Their Service

The Communications & Community Relations department prepared and submitted nominations for two national awards: The Association for Community Affiliated Plans' (ACAP) annual *Making a Difference Award*, and *Supporting the Safety Net Award*. Any of the 79 community plans in ACAP's membership may submit only one nomination for each award every year.

In May, CenCal Health Associate Director of Utilization Management Ana Stenersen was announced as the recipient of the 14th annual *Making a Difference Award*. Shortly after, Doctors Without Walls – Santa Barbara Street Medicine (DWW) was recognized by ACAP with an honorable mention as part of the 18th annual *Supporting the Safety Net Award* for DWW's healthcare and advocacy efforts benefiting homeless individuals in Santa Barbara County.



PUBLIC RELATIONS

The Communications & Community Relations department distributed two press releases in May. To read the press releases, go to our website cencalhealth.org/news

- **CenCal Health, State Officials Discuss Medi-Cal Transformation on the Central Coast**
Plan hosts CalAIM-focused listening session for DHCS, community partners
- **School Districts Partner with Local Health Plan to Address Student Behavioral Health**
CenCal Health collaborates with area public schools to improve youth mental health access

Media Coverage Report

May 2023		
Date	Publication	Headline
5/30/23	Local Health Plan of California (LHPC)	SLO, Santa Barbara County school districts partner with local Medi-Cal plan ...
5/26/23	Pacific Coast Business Times	CenCal Health Executives, Board members and guests...
5/26/23	Pacific Coast Business Times	Central Coast Best Places to Work The List
5/25/23	Noozhawk	Benefit Raises Record Amount of Funds for Family Service Agency
5/25/23	New Times San Luis Obispo	SLO, Santa Barbara county school districts partner with local Medi-Cal plan...
5/25/23	Santa Barbara Independent	Family Service Agency Fundraiser Raises Record Funds
5/23/23	Central Coast Physicians Magazine	Medi-Cal Recipients on Central Coast Urged to Reconfirm Eligibility
5/22/23	LHPC	Santa Barbara and SLO County school districts partner with local Medi-Cal...
5/18/23	The Pulse	CenCal Health, State Officials Discuss Medi-Cal Transformation...
5/18/23	Santa Maria Sun	Santa Barbara and SLO County school districts partner with local Medi-Cal...
5/11/23	LHPC	CenCal Health to partner with Santa Barbara and SLO counties' offices...
5/10/23	Santa Barbara News-Press	CenCal Health to partner with Santa Barbara and SLO counties' offices...
5/2/23	Nonprofit Resource Network	CenCal Health, State Officials Discuss Medi-Cal Transformation...
5/1/23	LHPC	Collaborative Street Medicine Program Brings Health Care...

Communications May 2023 Look Back

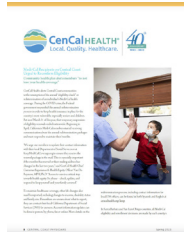


**CenCal
HEALTH**
Local. Quality. Healthcare.

To: CenCal Health's Board of Directors
From: Nicolette Worley Marselian, Director, Communications & Community Relations
Date: June 9, 2023

PUBLIC RELATIONS (cont.)

Clippings Samples

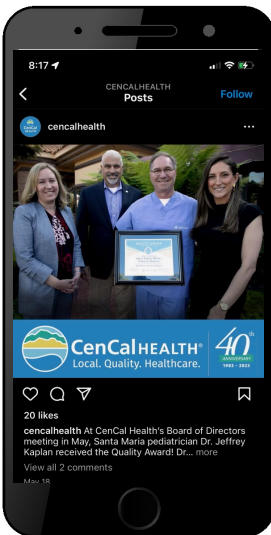


1
5/23/23
Central Coast Physicians Magazine,
Medi-Cal Recipients on Central Coast Urged to Reconfirm Eligibility

2
5/18/23
The Pulse,
CenCal Health, State Officials Discuss Medi-Cal Transformation on the Central Coast

3
5/18/23
Santa Maria Sun,
Santa Barbara and SLO County school districts partner with local Medi-Cal insurance plan to increase behavioral wellness programs at school

Social Media



Provider Partner Dr. Jeffrey Kaplan Recognized for Top Quality Scores

Dr. Jeffrey Kaplan, a network pediatrician of Santa Maria, was recognized with the *Quality Award* for his top performance scores among all primary care providers (PCP) in our network. Last year, CenCal Health's Quality department implemented the Quality Care Incentive Program (QCIP) to recognize and reward PCPs for delivering excellence in the clinical care of health plan members. Dr. Kaplan earned the top 5-star rating for all four QCIP rating measures.



CenCal Health Ranks Among Best Places to Work

CenCal Health was recognized as one of the top Best Places to Work on the Central Coast by *Pacific Coast Business Times* for the fifth consecutive year. The business journal conducts an annual survey that employees can take to highlight their organizations. Informed by the survey's feedback, the top employers in the tri-counties region make the list.

Communications May 2023 Look Back



To: CenCal Health's Board of Directors
From: Nicolette Worley Marselian, Director, Communications & Community Relations
Date: June 9, 2023

OWNED MEDIA

Collateral Materials


All collateral materials displayed below are bilingual in English and Spanish.

Getting after-hours urgent care

How to see a doctor after 5:00 p.m. and on weekends:


First, call your doctor's office to see if they offer evening or weekend hours.

If your doctor **DOES NOT** offer evening or weekend hours, scan the QR code for a list of after-hours doctors.



You can go to an after-hours doctor for care even if you are not their assigned patient. You do not need a referral from your doctor.

When to call 911 or go to the nearest emergency room:
A broken bone, trouble breathing, loss of consciousness, or other conditions that feel like an emergency.



After Hours Info Card

A card was created to inform members about after hours care available for urgent needs. The card displays a QR code that sends members to an online listing of after hours providers.

We want to hear your opinion!

It is our goal to ensure that our members have quality care.

Please fill out this survey based on mental health services you received over the past six months.



Complete the survey by scanning the QR code or use the link below:
<https://qrco.de/EnglishMentalHealthSurvey>

Complete the survey by: **July 10, 2023**
We will not share your answers.



Mental Health Services Satisfaction Survey Info Card

An information card with a QR code directing to an online survey was created for our members. Through the satisfaction survey, beneficiaries can share their experiences receiving mental health services.

¡Hable con una enfermera registrada las 24 horas, los 7 días de la semana para obtener ayuda!

¿Necesita ayuda médica y su doctor no está disponible?

Una enfermera puede responder a sus preguntas de salud, ayudarle a tratar los síntomas en casa o decirle si necesita ver a un doctor.



1-800-524-5222
o al 711 para personas con discapacidades auditivas.

La enfermera también puede encontrar un doctor que le atienda de lunes a viernes después de las 5:00 p.m. o los fines de semana.

Este servicio es gratuito para los miembros de CenCal Health.



Nurse Advice Line Info Card

The card publicizes CenCal Health's Nurse Advice line, which members can utilize for free to speak with a registered nurse and obtain reliable health information, 24 hours a day, 7 days a week.

Nicotine Replacement Therapy Self-Mailer

A self-mailer was created educating our members on how they or their loved ones can quit smoking.



An important message from CenCal Health.
Un mensaje importante de CenCal Health.

If you are thinking about quitting or trying to quit now, we know the cravings for nicotine can be intense for the first few days. But it will get better with time!

Here are some tips on how to cope:

- Use nicotine gum, lozenges, or an inhaler.
- Distract yourself.
- Try to stay away from other smokers, at least in the beginning.
- Stay away from cigarettes, or better yet, get rid of them.
- Remember that most cravings go away after 20 minutes.
- Get active. Call a friend. Go for a walk, a bike ride, or a swim.
- Chew on a toothpick or a piece of gum.
- Relax! Try deep-breathing exercises, yoga, or a bath.



Communications May 2023 Look Back



To: CenCal Health's Board of Directors
From: Nicolette Worley Marselian, Director, Communications & Community Relations
Date: June 9, 2023

COMMUNITY OUTREACH

Sponsorship & Donation Program Report

In May, CenCal Health committed sponsorship funds to the following organization and event:

Organization Name	Event Name	Event Date
SLO Food Bank	Hunger Awareness Day	5/2/23

Community Engagement Spotlight

The following images highlight some of the community events and activities supported by CenCal Health and attended by our leaders and staff Ambassadors in May.



CenCal Health CXO Dr. Van Do-Reynoso, CEO Marina Owen, Communications & Community Relations Director Nicolette Worley Marselian, and Creative Lead Kendall Klein represented CenCal Health at the "Mad Hatter" luncheon hosted by Transition House. Ms. Klein created all the hats worn by CenCal Health attendees, with her hat winning the category "Most Creative."

CenCal Health was recognized by *Pacific Coast Business Times* as a legacy organization at the annual *Business Hall of Fame/Legacy Awards* celebration on May 18th. Representing our organization at the event were long-time employees and two board members.



CenCal Health's Sponsorship & Donation program supported Family Services Agency of Santa Barbara County's annual *Dreams In Bloom* event, which took place on May 13th.

CENCAL HEALTH - CALENDAR 2023
CENCAL HEALTH MONTHLY ENROLLMENT BY PROGRAM

MEMBER ENROLLMENT BY MONTH: MAY 2023 – SBHI & SLOHI

Reporting period:

May 2023 – Calendar 2023

SBHI Monthly Enrollment 2023

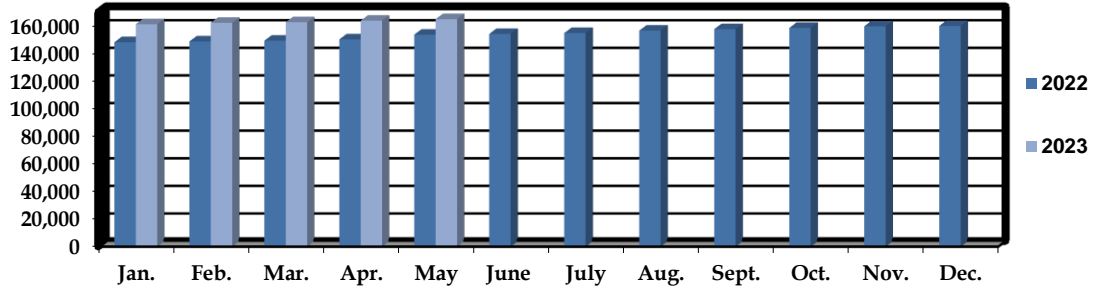
May 2023 = 164,805

Membership increased by a net **1,099** members when compared to last month.

New members for May = **1,491**

Medi-Cal Annual Redeterminations for all Medi-Cal beneficiaries began again with the ending of the PHE. April 20, 2023, the first redetermination packets in CA were mailed for those members with redetermination dates for June 30, 2023. 60 days prior to the member's redetermination date, DHCS is mailing renewal packets or auto-approval letters to beneficiaries.

SBHI Member Enrollment by Month



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022 Members	148,119	148,657	149,203	150,143	153,555	154,077	154,717	156,487	157,558	158,413	159,679	159,913
2023 Members	161,132	162,167	162,579	163,706	164,805							

SLOHI Monthly Enrollment 2023

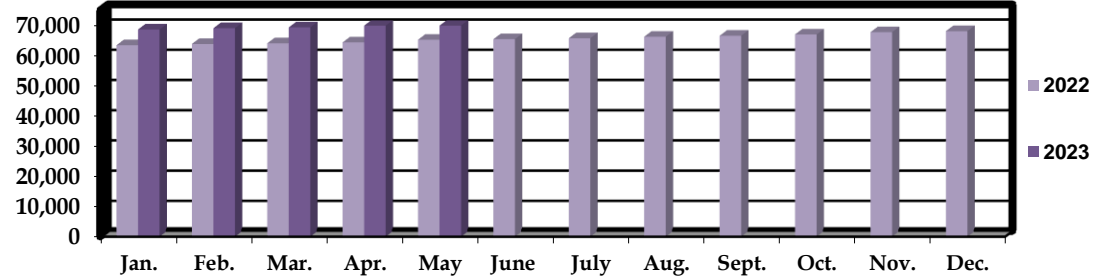
May 2023 = 70,304

Membership increased by a net **478** members when compared to last month.

New members for May = **734**

Medi-Cal Annual Redeterminations for all Medi-Cal beneficiaries began again with the ending of the PHE. April 20, 2023, the first redetermination packets in CA were mailed for those members with redetermination dates for June 30, 2023. 60 days prior to the member's redetermination date, DHCS is mailing renewal packets or auto-approval letters to beneficiaries.

SLOHI Member Enrollment by Month



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022 Members	63,347	63,753	63,990	64,291	65,157	65,348	65,653	66,150	66,480	66,897	67,663	68,002
2023 Members	68,547	68,987	69,253	69,826	69,826							

CENCAL HEALTH

CALENDAR 2022 - 2023

MEMBER SERVICE TELEPHONE STATISTICS

AGGREGATE CALL VOLUME FOR HEALTH PLAN (CHART #1)

AGGREGATE AVERAGE SPEED TO ANSWER (CHART#2)

Reporting period:

May 2023 - Calendar 2023 Chart #1

Monthly Call Volume

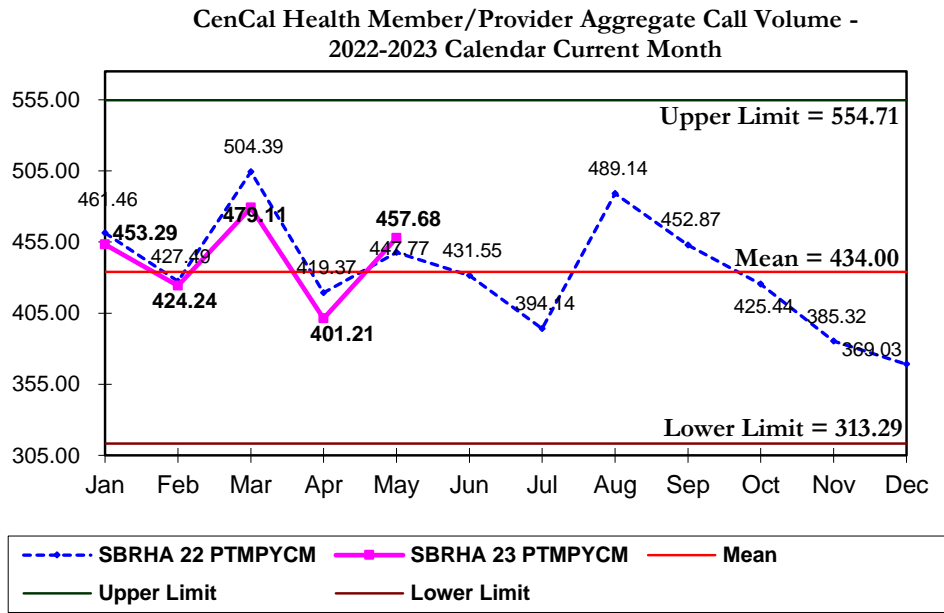
- In Control
- Not In Control

May 2023:

Member Queue = **7,571**
 Provider Queue = **1,119**
 Non ACD = **277**
 Aggregate Call Volume = **8,967**

Calls per 1,000/month (PTMPM) = **38.14**
 Calls per 1,000/year (PTMPY) = **457.68**

Analysis:
 May's call volume PTMPY is slightly above 2022's mean and in control. The call center averaged 406 daily calls in May 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	235,109							
Call Volume	8,676	8,172	9,256	7,808	8,967							
PTMPYCM	453.29	424.24	479.11	401.21	8,734							

May 2023 - Chart #2

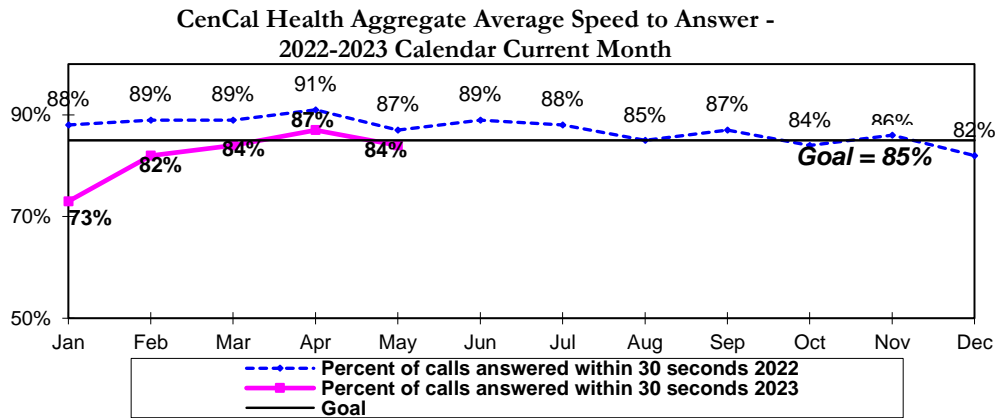
Monthly Average Speed to Answer

- Exceeding Goal
- Meets Goal
- Not Meeting Goal

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

May's score = **84%**

Aggregate calls answered: **8,734**
 Aggregate calls answered within 30 seconds: **7,304**



	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%	84%							

May Analysis: The call center was short-staffed by two MSR as recruitment continues to backfill the two positions. Combined with scheduled and unscheduled PTO, the average speed to answer goal of 85% was not met with an average speed to answer of 84% in May 2023. There were 5 calls in the queue over 10 minutes before being answered in May. These calls occurred during a company-wide network connectivity issue in which all remote MSR were unable to log in to answer calls backloging the call queue for 2 available MSR on site until connectivity was restored.

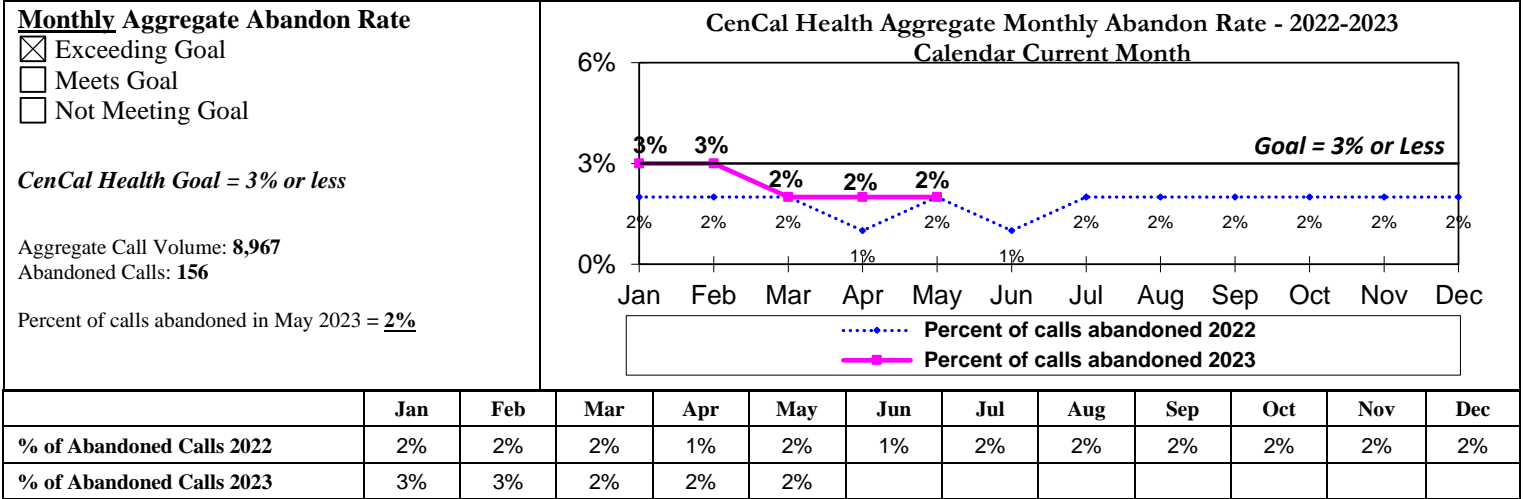
CALENDAR 2022 - 2023

MEMBER SERVICE TELEPHONE STATISTICS

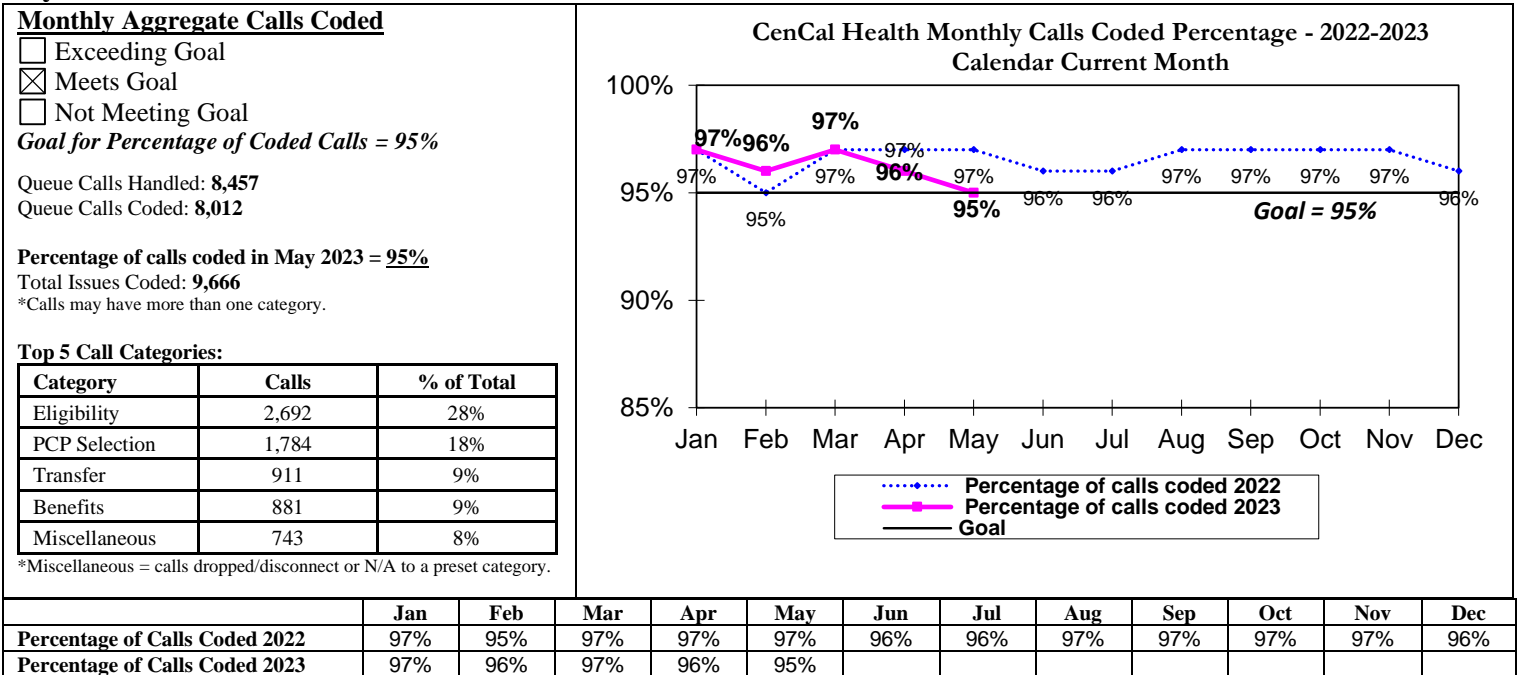
AGGREGATE MONTHLY ABANDON RATE (CHART #3)

AGGREGATE MONTHLY CALL CODING PERCENTAGE (CHART#4)

May 2023 - Chart #3



May 2023 - Chart #4



May Analysis:

*Eligibility Calls – 57% Eligibility verification, 30% Referred to DSS/SSA, 9% Coordination of Benefits (OHC) Verification.

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

*Transferred Calls – 25% to the Medical Management Department, 19% Ventura Transit (Transportation), 15% to the Behavioral Health Department.

*Benefits – 37% Dental, 15% Specialists (Mostly asking for list of/contact information for Dermatologists & OBGYNs), 11% Vision.

*Miscellaneous – 53% Disconnect/Dropped call, 32% Unable to validate HIPAA.

*Member Portal – There were 71 calls requesting general information or password resets.

*Provider Calls Coded (1,376) = 14% of all calls coded. 64% were for Eligibility, 17% were transferred out of Member Services (Mostly to Claims & Medical Management) and 8% for PCP selections.

CENCAL HEALTH CALENDAR 2023 MEMBER GRIEVANCE SYSTEM GRIEVANCE & APPEAL RECEIPTS

MEMBER GRIEVANCES & APPEALS

Reporting period:

May 2023 - Calendar 2023

In Control

Not in Control

May's PTMPY for grievance and appeals was **2.65**, slightly below 2022's Mean of 2.23 and in control.

May Grievance/Appeals = 52

Quality of Care – 16

Appeals – 15 (including 1 expedited)

Administrative – 10

Benefits – 6

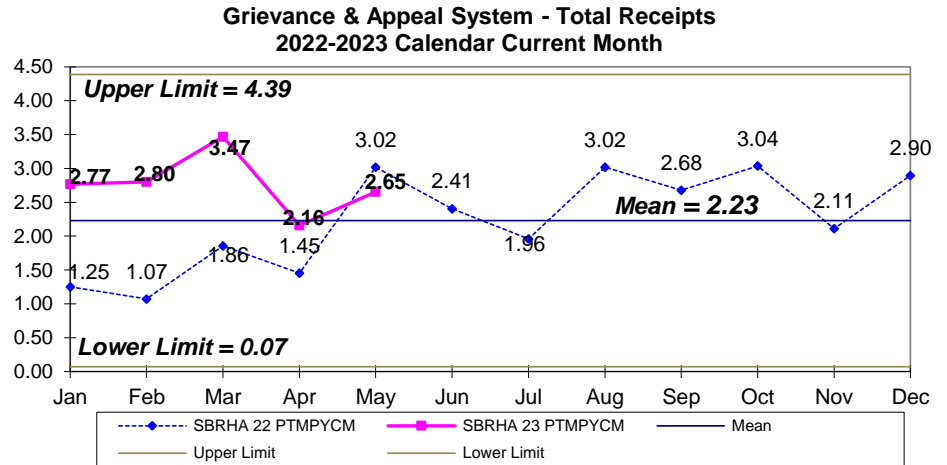
Access – 4

Interpersonal – 1

Of the **52** grievances/appeals filed:

37 = SB County (12 Behavioral Health = 32% of SB Vol.)

15 = SLO County (2 Behavioral Health = 13% 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	235,109							
CenCal G&A Issues	53	54	67	42	52							
CenCal PTMPYCM	2.77	2.80	3.47	2.16	2.65							

May Analysis and Trends:

* **QOC Grievances:** 7 Behavioral Health, 4 PCP, 2 Specialist, 2 Hospital, 1 ECM. Various perceived quality of care concerns/reasons with most issues stemming from member concerns that the provider inadequately addressed their concerns/conditions. No provider had more than one QOC grievance filed against them, no trends.

* **Appeals:** 9 TAR appeals: 5 various outpatient services including 3 for Speech Therapy, 2 DME, 1 SNF, and 1 RBM with no trends. 6 RAF appeals: 5 to out of area/network providers including one for Speech Therapy.

* **Administrative:** Mostly centered around the member's dissatisfaction with scheduling, timely communication, etc. There were 3 Administrative grievances against CenCal Health for not having enough of member's preferred specialists in network.

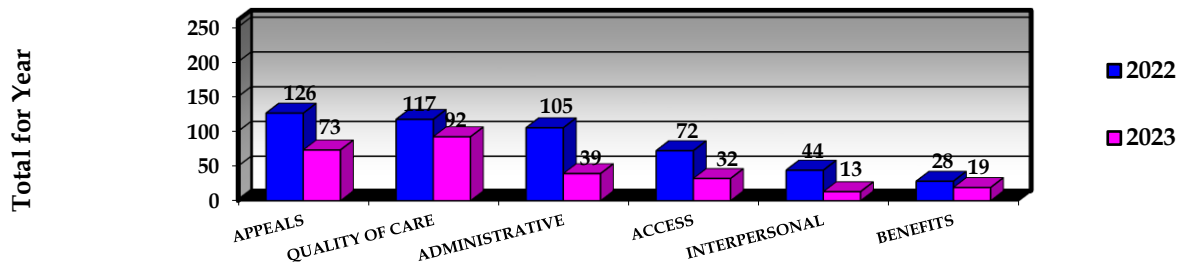
* **Benefits:** 3 against Ventura Transit for scheduling errors and late pickups. 3 others for billing disputes.

* **Access:** 2 PCP, 1 Behavioral Health and 1 Transportation with no trends.

* **Transportation:** There were 5 grievances filed against transportation vendor resulting in zero missed appointments. 3 in SBHI (60%), 2 in SLOHI (40%).

* **Total Mental Health/BHT Services:** 14 (7 QOC, 4 Admin, 2 Benefit, 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. 3 Filed against one provider as only trend.

Member Grievance & Appeal System Receipts by Reasons



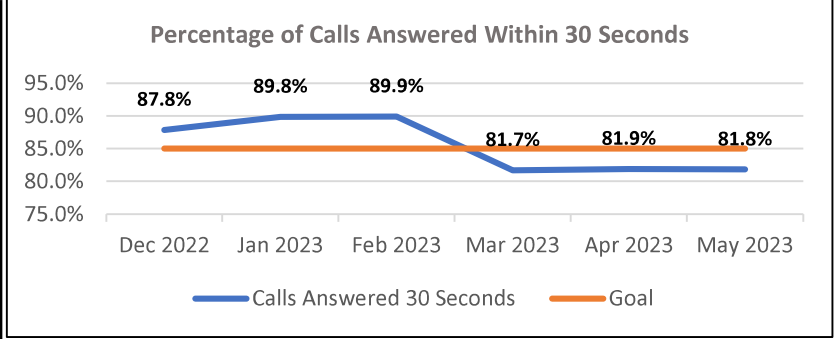
Type	Calendar 2022	Calendar 2023
Appeals	126	73
Quality of Care	117	92
Administrative	105	39
Access	72	32
Interpersonal	44	13
Benefit	28	19

Analysis: Grievances and appeal volume are above the 2022 averages of 41/month at 54/month in 2023, directly related to an increase in Behavioral Health grievances and appeals and in appeals for various outpatient services and DME.

CENCAL HEALTH PROVIDER SERVICES STATISTICS

Analysis
 Goal: 85%
 Result: 81.8%

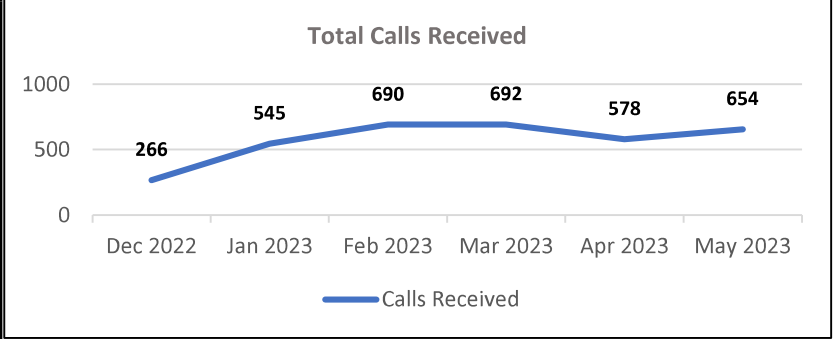
81.8% of calls were answered within 30 seconds, representing no significant change over the month prior and remaining below goal by 3.2%. Provider Relations identified technology enhancements to support timely call answering, and is prioritizing recruitment of open positions.



Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023
87.8%	89.8%	89.9%	81.7%	81.9%	81.8%

Analysis
 Calls Received: 654
 Trend to compare volume per month.

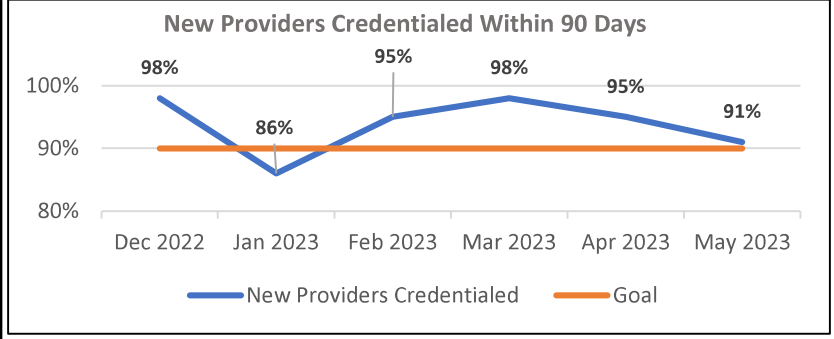
Calls received during the month of May increased by 13% over the month prior, with total call volume remaining on an upward trend since 2022.



Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023
266	545	690	692	578	654

Analysis
 Goal: 90%
 Result: 91%

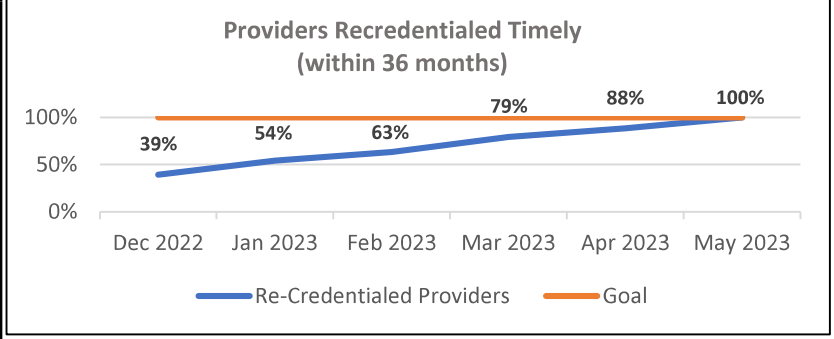
91% (20 of 22) providers were made effective within 90 days of receipt of credentialing materials. There were two exceptions for which staff are making process changes to alleviate future delays.



Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023
98%	86%	95%	98%	95%	91%

Analysis
 Goal: 100%
 Result: 100%

100% of providers due for recredentialing in May 2023 were approved prior to their due date.



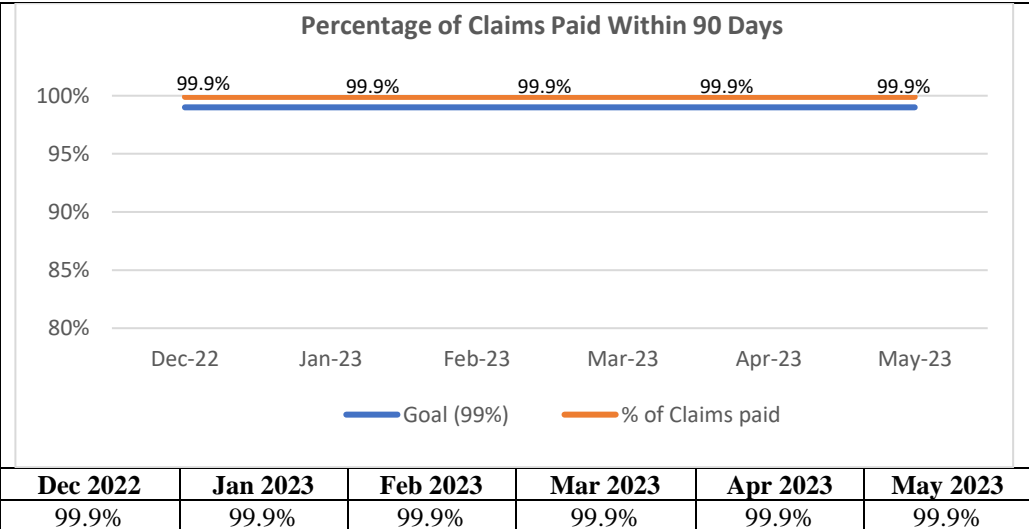
Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023
39%	54%	63%	79%	88%	100%

CENCAL HEALTH CLAIMS OPERATIONS STATISTICS

Analysis:
 Goal: 99%
 Result : 99.9%

The Turn-around-Time (Percentage of Claims Paid) is a regulatory requirement with a standard of 99%.

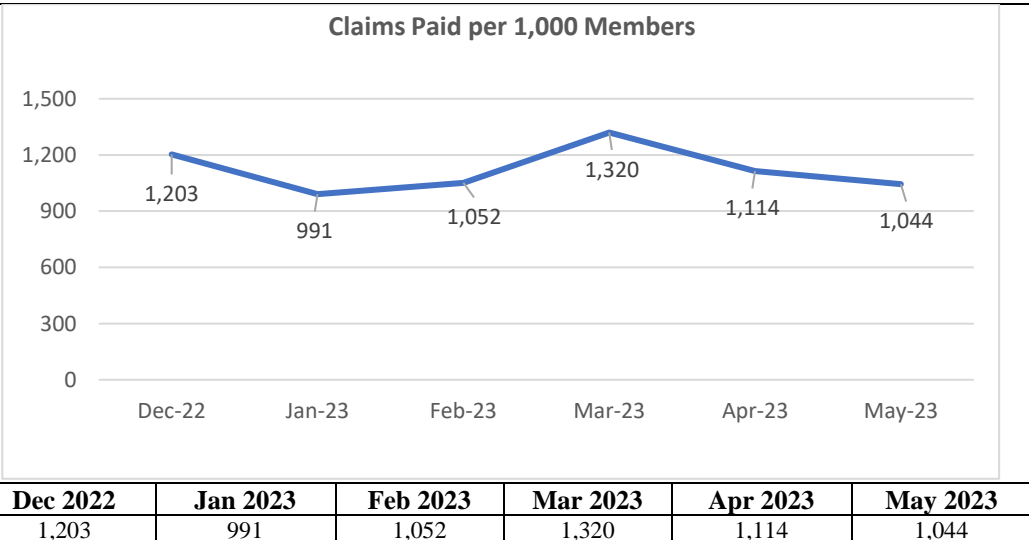
Results are consistently above this level at 99.9%.



Analysis:
 Trend to compare payments per month normalized with the total membership to account for membership fluctuations.

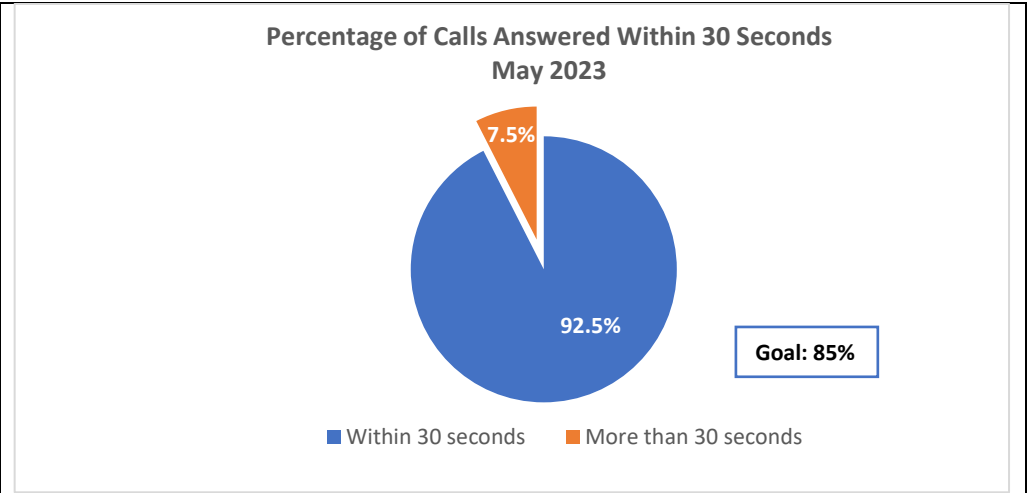
Result: 1,044 claims paid per 1,000 members

Claims Paid per 1,000 members varies and is within a normal range.



Analysis:
 Goal: 85%
 Results: 92.5%

The percentage of calls answered within 30 seconds is 92.5% vs. goal of 85%. The current performance is significantly above goal. The calls not answered in 30 seconds were isolated during peak call times. These calls were answered since Abandonment Rates remain under 1%.

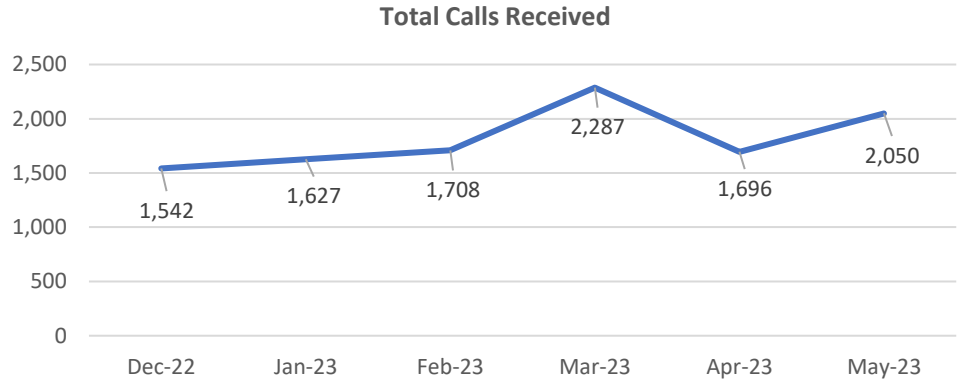


CENCAL HEALTH CLAIMS OPERATIONS STATISTICS

Analysis:
Calls Received: 2,050
Trend to compare call volume per month

Total Calls received has steadily increased over in the last 6 months, and remains elevated. The increase in calls may be due to increased customer service hours, but is also likely due to more claims. Despite the increased volume metrics remain above standards.

Claim status remains the top reason for calls. New self-service options on the website have been deployed and the provider portal are being offered as alternatives to callers to obtain this information .

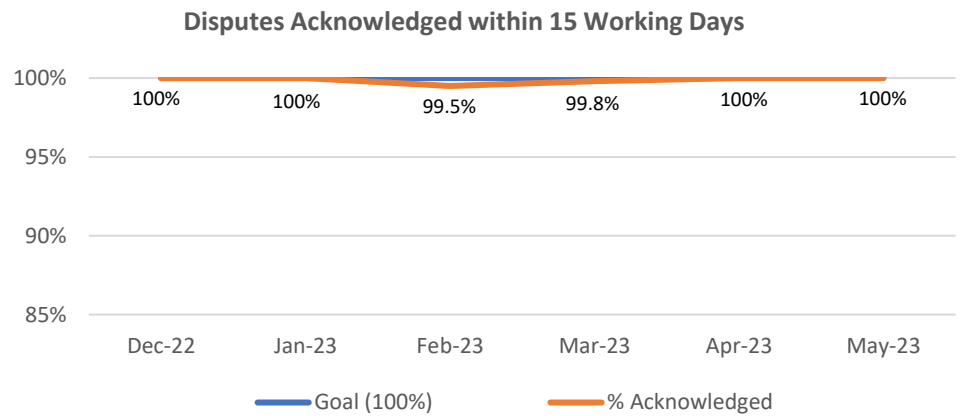


Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023
1,542	1,627	1,708	2,287	1,696	2,050

Analysis:
Goal: 100%
Results: 100%

The Disputes Acknowledged in 15 Working Days is a regulatory requirement with a standard of 100%.

The percentage of disputes acknowledged in 15 days is meeting the goal.

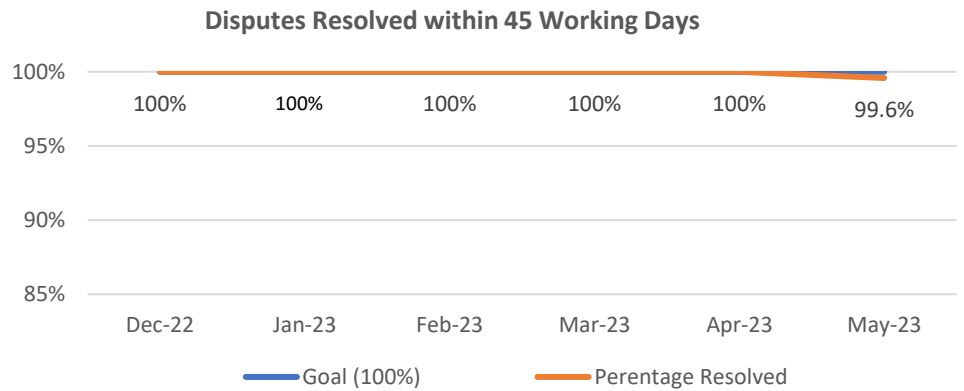


Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023
100%	100%	99.5%	99.8%	100%	100%

Analysis:
Goal: 100%
Result: 99.6%

The Disputes Resolved in 45 Working Days is a regulatory requirement with a standard of 100%.

The disputes resolved in 45 days remains dipped to 99.6% due to 1 dispute not meeting the standard.



Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023
100%	100%	100%	100%	100%	99.6%

Compliance Report

Date: June 21, 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 Barteo, 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.

CenCal Health has completed submissions for Wave 1 and 2, and is currently completing deliverables for Wave 3, which includes due dates through September 2023. CenCal Health's AIR rate (Additional Information Requested by DHCS) for Wave 1 is 13.1%. The AIR rate for Wave 2 is 9.4%. The current AIR rate for Wave 3 is 0%. A more detailed update will be provided to the Board of Directors during the June Board meeting.

As part of the 2024 Contractual requirements, a Board Compliance Oversight Subcommittee is required and outlined in the enclosed Charter as we consider readiness for next year.

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.

CenCal Health received the Final Audit Report for the 2022 DHCS Medical Audit on May 23, 2023, and Corrective Action Plan (CAP) Request on May 31, 2023. CenCal Health received nine (9) final audit findings. A summary of the findings includes: two (2) findings in Access and Availability of Care (e.g., Transportation); one (1) finding in Fraud and Abuse; one (1) finding in Continuity of Care; one (1) finding in Utilization Management; and four (4) findings in Grievances and Appeals.

CenCal Health's CAP response is due within 30 days of receiving the CAP request on June 30, 2023. The Compliance Department's Audit Unit has been leading the CAP response and remediation plans with internal stakeholders ensuring that all areas cited in the final report are thoroughly addressed by evaluating both short-term and long-term sustainable solutions and to establish an oversight and monitoring process. Policies and procedures will be updated to reflect improvements to processes and to ensure compliance with regulatory and contractual requirements. Lastly, the Compliance Audit Team is preparing for the upcoming 2023 DHCS Medical Audit, that is expected to occur in Q4 of 2023. CenCal Health anticipates receiving its Entrance Letter for the 2023 DHCS Medical Audit in July 2023.

Department of Health Care Services: All Plan Letters

For the month of May, there were five (5) released and one (1) revised DHCS APLs.

Released All Plan Letters (APLs):

23-009 Authorizations for Post-Stabilization Care Services

- Released 05/03/2023

23-010 Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21

- Released 05/04/2023 and supersedes APL 19-014

23-011 Treatment of Recoveries Made by the Managed Care Health Plan of Overpayments to Providers

- Released 05/08/2023 and supersedes APL 17-003

23-12 Enforcement Actions: Administrative and Monetary Sanctions

- Released 05/12/2023 and supersedes APL 22-015

23-013 Mandatory Signatories to the California Health and Human Services Agency Data Exchange Framework

- Released 05/18/2023

Revised APLs:

21-004 Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services

- Revised 05/24/2023 and supersedes APL 17-011, Policy Letters 99-003 and 99-004

Delegation Oversight

The 2023-2024 audit cycle began in June 2023 with the 2023 Audit of Ventura Transit Systems, Inc. (VTS), CenCal Health's Transportation Broker. The VTS audit is currently underway with final audit findings expected to be shared with VTS in late-July. Audits this year are largely being conducted remotely as in prior years. However, in early July 2023, the annual audit of Care to Care, the Plan's delegate for Radiological services will be conducted in-person and on-site. ChildNet, CHLA Medical Group and UCLA Medical Group audits were recently closed in April 2023. These three (3) groups are delegated credentialing and re-credentialing.

Recommendation

Compliance recommends acceptance of the Compliance Report and adoption of the Board Compliance Oversight Subcommittee, in advance of 2024 state requirements.

Enclosure

1. Board Compliance Oversight Committee Charter

CenCal Health Compliance and Oversight Committee Charter

The CenCal Health Compliance and Oversight Committee is responsible for overseeing CenCal Health's compliance program and compliance with regulatory and contractual requirements. The Compliance and Oversight Committee is a subcommittee of the CenCal Health Board of Directors.

The Compliance and Oversight Committee shall be comprised of five (5) members, including three (3) Board of Directors members, the Chief Executive Officer, and the Chief Compliance Officer. Two (2) of the members shall be from Santa Barbara County and one (1) member shall be from San Luis Obispo County.

The Board of Directors shall designate one of the members of the Compliance and Oversight Committee as its chairperson. The Chair shall preside at all meetings of the Compliance and Oversight Committee. The Chief Compliance Officer shall serve as the committee coordinator. Both the Chief Executive Officer and Chief Compliance Officer will serve as voting members and be counted toward determining whether a quorum is present. Three (3) members shall constitute a quorum. The Compliance and Oversight Committee shall meet at least quarterly.

The Compliance and Oversight Committee's responsibilities and duties include the following:

- Monitor the effectiveness of CenCal Health's compliance program and recommend improvements as necessary or appropriate.
- Annually review the CenCal Health compliance plan.
- Review, not less than biennially, Network Provider trainings to ensure consistency and accuracy with current requirements and CenCal Health policies and procedures.
- Oversee areas of non-compliance that have detected through audit and monitoring activities that pose a significant risk to the organization.
- Oversee implementation and monitoring of corrective actions.
- Ensure proper communication of significant compliance issues to the Board of Directors.

Any recommendations by the Compliance and Oversight Committee shall be presented to the CenCal Health Board of Directors for approval.

Information Technology Report

Date: June 21, 2023

From: Bill Cioffi, Chief Information Officer

Contributors: Jai Raisinghani, Deputy Chief Information Officer

Executive Summary

The following information is provided as an update to the Board as ongoing operational and project-oriented priorities of the IT functions within the organization.

Operational Statistics

Claims

During the month of May 2023, the Health Plan received approximately 304,000 claims in total. This represents an increase of approximately 11% from the month prior. HIPAA Compliant 837I/837P was the source of 92% 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-adjudications rates for the month were 95%.

Authorizations

During the month of May 2023, the Health Plan received approximately 11,000 authorization requests in total. 81% of total authorizations were entered using CenCal Health's Provider Portal and 5% of total requests were part of data transmission from that Plan's Radiology Benefit Manager (RBM). 13% of total authorization requests were received via fax.

IT Help Desk and Network Monitoring

The Help Desk received total of 1,116 requests during month of May 2023 via IT Service Desk system related to various systems and services supported by the IT department. During the month of May, 1,099 total requests were closed at the time of reporting. For month of April* 2023, IT Network uptime and connectivity recorded average availability of 99% or higher. *Most recent data available at time of this memo

Recommendation

The IT Report is informational and no action by the Board of Directors is requested.

Community Benefit Proposal: Camp Mariposas

Date: June 21, 2023

From: Nicolette Worley Marselian
Communications & Community Relations Director

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

Executive Summary

Camp Mariposas is an annual summer program that provides therapeutic interventions to underserved school-aged children in Santa Barbara and San Luis Obispo counties, most of whom are CenCal Health members. The camp is run by MP Health, a health services provider contracted by CenCal Health.

Since 2017, CenCal Health has been Camp Mariposas' sole funder. Each year we have funded the MP Health for their camps in Santa Barbara and Atascadero at \$70,000. This year, the program is requesting a grant of \$87,00 to expand locations to much-needed Santa Maria, as well as cover increased operational costs this year. This request represents a \$17,000 increase from the annual \$70,000 grant that CenCal Health has provided Camp Mariposas during the last six years.

Staff recommends that the CenCal Health Board of Directors approve the community benefit proposal for \$87,000 for the 2023 Camp Mariposas summer program to provide therapeutic interventions to CenCal Health members, utilizing monies budgeted for this purpose within the CY2023 CenCal Health Budget.

Background

Camp Mariposas aims to prevent regression and lapses in learning for children during the summer break when students are away from school-provided therapies. Camp attendees' diagnoses include autism spectrum disorder (ASD) and other developmental conditions that benefit from early and continuous interventions. The targeted therapies include speech, occupational, socialization, and more. Additionally, parents receive training in English and Spanish and can join support groups held virtually and in person.

Camp Mariposas is the only summer camp of its kind in our service area. It provides special needs children with a summer camp experience while providing much-needed continuous therapies.

Program Overview

In 2023, Camp Mariposas will be adding a third location at a community church in Santa Maria to address the transportation challenges faced by children living in northern Santa Barbara County and surrounding areas, like Lompoc, who cannot travel the significant distance to the already-established Santa Barbara and Atascadero campsites. All three locations will be served by 17 therapists and support staff.

Camp Mariposas will have resources to accommodate a projected 120 children, of which approximately 50 are expected to attend the Atascadero and Santa Maria Camp locations. Of the children who attend the camp, 98% are CenCal Health members, and the remaining 2% are privately insured. MP Health does not bill CenCal Health for services rendered to members that attend the camp.

The requested funds will also cover:

- Increased rates for professional therapists, internship supervision hours, and camp coordinator rates. The average rate for therapists increased from \$65 to \$95.
- Mileage reimbursement for the speech-language pathologist (SLP) intern and occupational therapist.
- Material boxes for each child attending the new Santa Maria Camp.

Services

Each child will participate in 5 - 6 hours of weekly in-person (or virtual) services based on their Individualized Education Program (IEP) or camp goals. The therapies focus on speech/communication, oral movement, sensory integration, physical activity, vestibular and proprioceptive movement (music and movement), and socialization – an essential therapy sparked by the effects of COVID-related physical distancing requirements. In addition, MP Health's clinical team will also determine which children will participate in occupational therapy based on their needs.

Reporting

MP Health works closely with CenCal Health to provide annual documentation of the camp's impact summary. Documentation for previous years is available upon request.

Recommendation

Staff recommends that the CenCal Health Board of Directors approve the community benefit proposal for \$87,000 for the 2023 Camp Mariposas summer program to provide therapeutic interventions to CenCal Health members, utilizing monies budgeted for this purpose within the CY2023 CenCal Health Budget.

CalAIM Program Implementation Update

Date: June 21, 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 in both counties. Staff is anticipating the release of draft policy documentation from DHCS this month regarding the Justice Involved initiative to support the Individuals Transitioning from Incarceration Population of Focus (POF) effective January 1, 2024, under the Enhanced Care Management (ECM) Program and the provision of Pre-Release Services in incarcerated settings beginning April 1, 2024. Active identification and engagement with community partners is underway to understand the unique needs of this population to inform network development and implementation strategies.

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 live, and the eleven (11) providers that are contracted to provide ECM services. Approximately 2,200 members have been

assigned to these providers for outreach, and 632 members are enrolled and receiving ECM services. CenCal Health recently received approval from DHCS for its Phase 3 Model of Care (MOC) Addendum II on the implementation strategy for the various Children & Youth POFs as well as current efforts for engaging individuals who are Pregnant/Post-Partum. Staff continue to engage and onboard providers as well as enhance the plan's systems to support the approximately 7,200 members identified as presumptively eligible for the Children & Youth populations effective July 1, 2023.

- **Community Supports** – Staff continue to support the Community Supports services that are currently live by expanding the provider network as well as increasing utilization by educating the provider network and the community on the availability and eligibility requirements to increase the uptake for these supportive services which is a specific focus for DHCS. Staff is actively developing the Phase 4 Model of Care (MOC) due to DHCS on July 1st for the approved services being offered on January 1, 2024: Short Term Post-Hospitalization Housing, Personal Care and Homemaker Services, Day Habilitation Services, and Respite Services. Once data sharing capabilities are developed internally, staff will be implementing a training strategy to support contracted CS providers in meeting the new program reporting requirements.
- **Social Determinants of Health (SDOH)** - CenCal Health staff continues to execute a communication plan to increase awareness to providers of the importance of reporting SDOH diagnosis codes in the form of provider communications via the website, print materials and in person interactions. The impact of staff efforts can be demonstrated by a recent refresh of the utilization data wherein a 19% increase in the reporting of these codes in the last three (3) months was realized thereby bringing the total utilization increase to 49% over an eight (8) month period.
- **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 are currently conducting file reviews in preparation for the mock audit process later this year to assess the plan's readiness for the actual survey with NCQA in 2024. For PHM, internal dashboards have been developed and are in the final stages of testing before being released for staff's use in identifying health equities for all CenCal Health members. Quarterly reporting to DHCS of PHM Program metrics will begin in late summer.
- **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. Recently, CenCal Health received funding notifications for HHIP's Submission 1 in the amount of approximately \$6M as well as IPP's Payment Year 1 earnings in the amount of approximately \$12M.

- **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. Engagement with Health Management Associates (HMA) focused on building the health plan’s operational readiness for long term program sustainability has been initiated.
- **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 is making great progress in establishing provider networks for both benefits, obtaining DHCS policy approvals, and implementing internal system updates to provide these preventive services to our membership and support CenCal Health’s Population Health Management strategy.

Recommendation

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

Enclosure(s)

1. CalAIM Reference
 - a) Table 1: CalAIM Goals
 - b) Table 2: CenCal Health Objectives
 - c) Table 3: ECM Populations of Focus (POFs)
 - d) Table 4: Implementation of Community Support (CS) Services
 - e) Table 5: ECM and Community Supports Model of Care (MOC) Submission Status
 - f) Table 6: Incentive Programs

CalAIM Enclosures for Reference

Table 1 – CalAIM Goals

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

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

Table 2 – CenCal Health Objectives

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

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

Table 3 – 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 Live

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 Live
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 4 – Implementation of Community Supports (CS) Services

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

Community Supports	Effective Date
<ul style="list-style-type: none"> Medically Tailored Meals (MTM) 	7/1/2022 Live
<ul style="list-style-type: none"> Recuperative Care (RC) 	10/1/2022 Live
<ul style="list-style-type: none"> Housing Transition Navigation Services Housing Deposits Housing Tenancy & Sustaining Services Sobering Centers 	1/1/2023 Live
<ul style="list-style-type: none"> No Community Supports Offerings 	7/1/2023

<ul style="list-style-type: none"> • Short Term Post-Hospitalization Housing • Personal Care and Homemaker Services • Day Habilitation Services • Respite Services 	1/1/2024
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Table 5 – 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> 7/1/22	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> 1/1/23	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> 7/1/23	POF 7, 8, 9, 10	<u>Subsequent Offerings</u> <ul style="list-style-type: none"> • None 	Parts 1 & 2	2/15/23	Approved
			Part 3	4/15/23	Approved
<u>4</u> 1/1/24	<u>CS Subsequent Offerings</u> <ul style="list-style-type: none"> • Short Term Post-Hospitalization Housing • Personal Care and Homemaker Services • Day Habilitation Services • Respite Services 		Parts 1, 2, 3	7/1/23	<i>In Progress</i>
	• ECM POF 4		Addendum III	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	Approved
	Submission 2B	3/15/23	Approved
	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	Approved
	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)

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

Date: June 21, 2023

From: Ana Stenersen, RN, BSN
Associate Director, Utilization Management

Through: Christopher Hill, RN, MBA
Health Services Officer

Executive Summary

The purpose of this memo is to summarize the highlights of the CCS FAC meeting that was held on February 16, 2023. This memo contains the topics discussed at the last FAC meeting namely updates on Medi-Cal Rx relevant to the CCS population, Cal-Aim information on children and youth as populations of focus, the Whole Child Model (WCM) evaluation by UCSF, updates from CCS counties and Medical Therapy Programs (MTP) and updates from CenCal Health's Member Services Department. This memo is informational and presented for Board of Director acceptance.

Background

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

Meeting Highlights

Medi-Cal Rx Update

Adam Horn, PharmD, Clinical Pharmacist at CenCal Health's Pharmacy Department provided the updates to the committee. Dr. Horn shared that Phase 2 of the Prior Authorization (PA) reinstatement is in process. There are two phases within the reinstatement which were completed on January 20, 2023. The reinstatement of PA requirements for thirty-nine drug classes are only for members 22 years of age and older. The next phase is on February 24th, which will include an additional forty-seven drugs that will have the PA requirement. Currently, members that are undergoing medical therapy do not require a PA. There are no anticipated PA requirements for CCS members at the moment.

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

Ms. Ana Stenersen, Associate Director of CenCal Health's Utilization Management provided information to the committee. CalAIM and Enhanced Case Management for children and youth will be implemented in July 2023. Ms. Stenersen stated that CenCal Health is working on getting an accurate list of Pediatric members who are in the population of focus categories for Enhanced Care Management (ECM).

- Main focus is to accurately identify children and youth who will be eligible for Enhanced Care Management.
- Health Plans are meeting with DHCS to arrive at an agreement on the definition of "Care Management" and how it fits the ECM requirements and case management expectation.
- Health Plans are clarifying with DHCS the definition of ECM being "community based" and if the expectation is an in-person contact with children and youth.
- Ideally, ECM providers should provide services to the parent and the child/youth that belong to the population of focus.
- CCS members are eligible to receive ECM services for problems outside of their CCS condition.

WCM Evaluation by UCSF

Ms. Ana Stenersen, Associate Director of CenCal Health's Utilization Management provided the information regarding the WCM evaluation that was conducted by UCSF. The evaluation is part of the Senate Bill 586 requirement. UCSF is the organization chosen by DHCS to conduct the efficacy of the WCM.

The overall conclusions are:

- The CCS WCM maintained services and provided CCS level quality of care for the majority of CCS clients in the WCM while decreasing costs to patients and the state.
- There were little differences between WCM and Classic CCS on outcomes and satisfaction on most measures.
- The WCM had either no difference as compared to Classic CCS or had positive impact to the majority of CCS client participants across all research question domains measured as compared to Classic CCS client response and outcomes.

CCS Counties and CCS Medical Therapy Program (MTP) Updates

CCS Santa Barbara's Medical Therapy Unit in Santa Maria continues to have staffing shortages. They are in need of one full time Physical Therapist and one Supervising Therapist. Despite their challenges, therapy services are continuously being provided and there is no waitlist for therapy at this time.

Member Services Update

Diana Robles, Lead Health Navigator in CenCal Health's Member Services Department provided the Members Services update to the committee. Ms. Robles stated that CenCal Health is awaiting response and approval for the launch of the Member Portal from DHCS. The anticipated response is in March 2023. The Member Portal will give members electronic access to their CenCal Health related information.

Next Steps

The next CCS FAC meeting is on May 25, 2023. The anticipated topics for discussion in the next meeting include Medi-Cal Rx update on PA requirement for CCS members, the Public Health Emergency unwinding and potential impacts of Medi-Cal redeterminations to the CCS population and further discussions on ECM for children and youth.

Recommendation

The Family Advisory Committee Report is informational and presented for Board of Director acceptance. No action is requested at this time.

Whole Child Model Program Family Advisory Committee Meeting Minutes

Date: Thursday, February 16, 2023

Time: 11:00 am-12:30 a.m.

Chairperson: Ana Stenersen, RN, BSN, PHN, Manager, PEDS Program

Attendees: Daisy Ramirez, Tanesha Castaneda, Jane Harpster, Dena Davis, Arlene Hernandez-Tapia, Jennifer Griffin, Patty Moore, Felisa Strickland, Mariana Murillo, Tamika Harris, Natalie Angelo, Patty Moore, Sarah Sullivan, Ashley Smeester, Edith Diaz, Sharleen Agrusa, Dorothy Blasing, Francesca Peterson, Keilah Smith, Jennifer Monge, Jane Harpster, Gina Stabile, Marcy Jochim

Recorder: Maria Pantoja, Administrative Assistant

Topic	Discussion	Action Item
Welcome & Introductions Ana Stenersen, RN, BSN, PHN	Ms. Stenersen began the meeting at 11:00 a.m. Self- introductions were made.	No
Approval of November 17, 2022 Meeting Minutes Ana Stenersen, RN, BSN, PHN	Ms. Castaneda made a motion to approve the minutes of the November 17, 2022, meeting. Ms. Moore seconded. Motion passed to approve the minutes.	No
CCS Advisory Group Meeting Highlights	Ms. Davis provided the following updates pertaining to the CCS Advisory Group: <ul style="list-style-type: none"> • Transition focusing on different disciplines to offer members, • Dr. Mary Giammona is on the Transition to Adulthood Workgroup which aims at helping CCS patients, parents and physicians assist in the transition 	Informational

	to adulthood.	
<p>CalAIM/ECM for Pediatric</p> <p>Ana Stenersen, RN, BSN, PHN</p>	<p>Ms. Stenersen stated that CenCal Health is working on getting an accurate list of Pediatric members who are in the population of focus categories for Enhanced Care Management (ECM).</p> <ul style="list-style-type: none"> • Main goal is to accurately identify children and youth who will be eligible for Enhanced Care Management's population of focus. • Health Plans are meeting with DHCS to arrive at an agreement on the definition of "Care Management" and how it fits the ECM requirements and case management expectation. • Clarifying with DHCS the definition of ECM being "community based" and if the expectation is an in-person contact with children and youth. • Ideally ECM providers should provide services to both the parent and the child/youth that belong to the populations of focus. 	Informational
<p>UCSF Whole Child Model Evaluation</p> <p>Ana Stenersen, RN, BSN, PHN</p>	<p>Ms. Stenersen stated that DHCS contracted with UCSF to conduct the Whole Child Model (WCM) evaluation as a requirement of Senate Bill 586 which is a bill that supported the WCM implementation.</p> <p>The overall conclusions are:</p> <ul style="list-style-type: none"> • The CCS WCM maintained services and provided CCS level quality of care for the majority of CCS clients in the WCM while decreasing costs to patients and the state. • There were little differences between WCM and Classic CCS on outcomes and satisfaction on most measures. • The WCM had either no difference as compared to Classic CCS, or had positive impact to the majority of CCS client participants across all research question domains measured as compared to Classic CCS client response and outcomes. <p>Next step is DHCS will meet with Health Plans and CCS Counties to present the evaluation.</p>	Informational

<p>Medi-Cal Rx Update</p> <p>Stephanie Lem, Clinical Manager of Pharmacy Services Adam Horn, Pharmacist</p>	<p>Dr. Lem was unable to attend and Dr. Horn, PharmD, Clinical Pharmacist at CenCal Health, presented on behalf of the Pharmacy department.</p> <ul style="list-style-type: none"> • Currently on phase 2 of the Prior Authorization (PA) reinstatement. There are two phases within the reinstatement which was completed on January 20, 2023. • The reinstatement of PA requirements for thirty-nine drug classes are only for members 22 years of age and older. The next phase is on February 24th, which will include an additional forty-seven drugs that will have the PA requirement. • Currently, members that are established on medical therapy and receiving medications do not require a PA. • Medi-Cal Rx will provide a 90-day-notice to members before reinstating PAs for beneficiaries less than 21 years of age. • There are no anticipated PA requirements for CCS members. Mr. Horn will forward Ms. Stenersen links to resources to share with the committee. 	<p>Informational</p>
<p>CCS & Medical Therapy program (MTP) Updates</p>	<p>There are no updates from San Luis Obispo County CCS and MTP.</p> <p>Ms. Castaneda from CCS Santa Barbara stated that they continue to have staffing shortages. Santa Maria Medical Therapy Unit is in need of one full time Physical Therapist and one Supervising Therapist. Services are continuously being provided and there is no waitlist at this time.</p>	<p>Informational</p>
<p><i>CenCal Health Member Services (MS) Updates:</i></p>	<p>Ms. Robles stated that CenCal Health is awaiting response and approval from DHCS for the launch of the Member Portal. The anticipated response is in March 2023. The Member Portal will give members electronic access to their CenCal Health related information.</p>	<p>Informational</p>
<p><i>Roundtable Discussion</i></p>	<p>Ms. Moore shared that the website for Help Me Grow (HMG) will be tested in English and Spanish and will have a soft launch in Guadalupe in March. The focus of HMG includes:</p> <ul style="list-style-type: none"> • Early identification for developmental screenings of children • Parent education and support <p>Ms. Stabile shared that Alpha Resource has Resource Coordinators that assist families and several team members who help with Medi-Cal and Cal-Fresh</p>	<p>Informational</p>

	<p>applications.</p> <p>There was a discussion among the committee members regarding the Public Health Emergency (PHE) ending and the reinstatement of Medi-Cal redeterminations. The exact date of the PHE unwinding is unknown at this time. The topic will be carried over to future FAC meetings.</p> <p>Ms. Stenersen shared she will be transitioning out of WCM and CCS in the coming months as she moves to her new role as the Utilization Management Associate Director but will still have indirect oversight on the WCM. CenCal Health is currently in the process of hiring a Clinical Manager for CCS and Whole Child Model.</p>	
<p>Next Scheduled Meeting: May 25th, 2023, 11am-12:30pm</p>		

Respectfully submitted,

Maria Pantoja
Administrative Assistant

Approved by,

Ana Stenersen
Chair of the Committee

Date: 5/30/23

Financial Report for the five (5) Month Period Ending May 31, 2023

Date: June 21, 2023

From: Kashina Bishop, Chief Financial Officer/Treasurer

Contributors: Amy Sim, CSAF, General Accounting Manager

Executive Summary

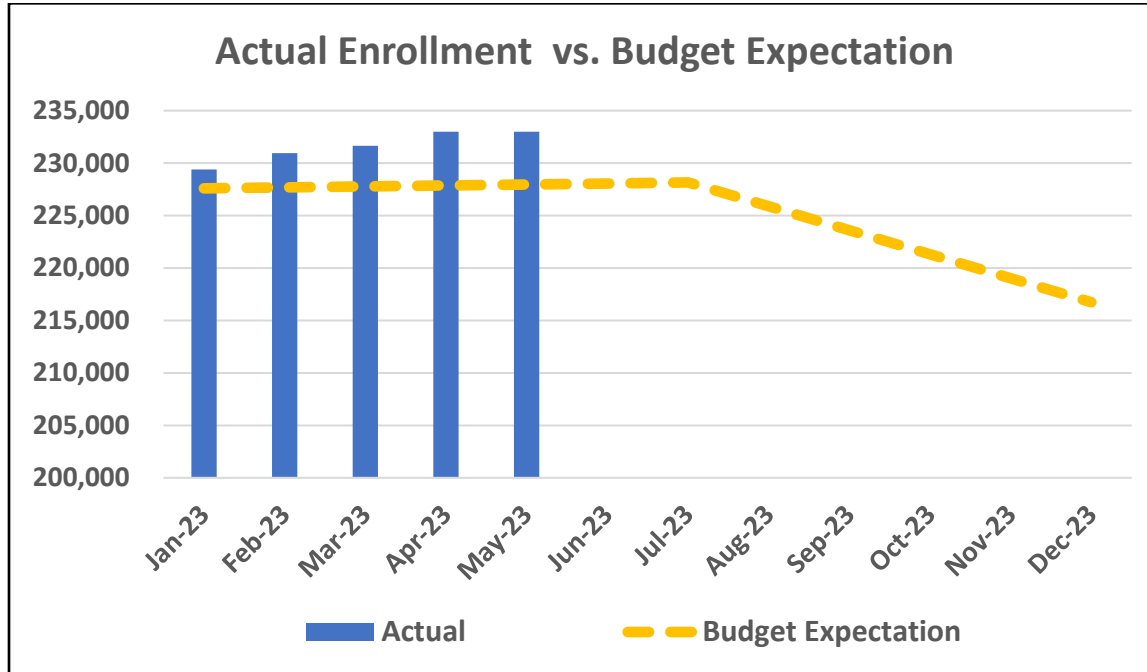
This memo summarizes the health plan's financial performance calendar year-to-date through May 31, 2023, and provides insight on how the health plan is operating against budget forecast expectations. The reported results encompass adjustments to the March and May 2023 statements as a result of an internal review of the financial statements and for a legal settlement.

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 providers.

Financial Highlights (calendar year-to-date: Jan-May 2023)

- **Operation Gain (Loss):** Through five (5) months of the calendar year we are reporting an operating gain of \$47.5 million.
- **Capitation Revenue** is at \$538.4 million; over budget by \$54.8 million and 11.3%.
- **Medical Expenses** are at \$444.8 million; over budget by \$3.5 million and .8%.
- **Administrative Expenses** are at \$28.6 million; under budget by \$2.7 million and 8.6%.
- **Tangible Net Equity (TNE)** is at \$260.3 million; representing 839% of the minimum regulatory requirement and 95.9% of the minimum Board of Directors desired TNE target.
- **Total Cash and Short-Term Investments** are at \$338.2 million. Cash and Short-Term Investments available for operating the health plan is at \$300.2 million, representing 117 Days Cash on Hand.
- **Member Enrollment** is at 232,981 for the month of May 2023.

Enrollment Trend YTD



The health plan's enrollment count as of May 2023 is at 232,981 compared to a budget forecast of 227,968. January 1st – May 31st total member months are at 1,157,959 compared to budget expectations of 1,138,890; over budget 1.6%.

Capitation Revenue

Revenue Type	YTD Actual Dollars	FYTD Budget	YTD Variance	% Variance
Base Capitation Revenue	\$509,107,955	\$476,850,000	\$32,257,955	6.8%
Supplemental Revenue	\$18,773,955	\$6,735,000	\$12,038,955	178.8%
Budgeted Revenue Items	\$527,881,910	\$483,585,000	\$44,296,910	9.2%
Prior Year Revenue Adjustments: Prior Year Retroactive Items Recorded in Current Fiscal Year	\$10,522,972	-	\$10,522,972	
TOTAL CAPITATION REVENUE	\$538,404,882	\$483,585,000	\$54,819,882	11.3%

Base Capitation Revenue is over budget with a variance of 6.8% 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 178.8% 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 11.3%.

Interest Income

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

Medical Expenses

Medical Expense Type	YTD Actual Dollars	FYTD Budget	YTD Variance	% Variance
Medical Costs + Incentives	\$443,842,525	\$440,230,000	\$3,612,525	0.8%
Reinsurance – net	\$1,215,335	\$1,100,000	\$115,335	10.5%
Budgeted Medical Items	\$445,057,860	\$441,330,000	\$3,727,860	0.8%
Prior Year Expense Adjustments: Prior Year Retroactive Items Recorded in Current Year	(\$269,215)	-	(\$269,215)	
TOTAL MEDICAL COSTS	\$444,788,645	\$441,330,000	\$3,458,645	0.8%

Medical Costs & Incentives are trending over budget with a variance of 0.8%. The primary contributing factors to this budget variance are as follows:

1. Hospital Inpatient – out of area primarily due to a 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 intended to be budget-neutral net of revenue. There are some timing differences between when the incentive dollars can be recognized into revenue and distribution to providers.

Overall, actual budgeted medical costs are over budget by 0.8%.

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	FYTD Projected Util per 1,000	Budget Forecasted Average	Budget Forecasted
	Actual Average Claim Cost		Claim Cost	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 \$28.6 million and under budget by \$2.7 million and 8.6% primarily driven by:

- Staffing Vacancies: 68 budgeted positions are currently vacant representing a 17.4% budgeted position 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 slightly higher than expected, primarily due to Legal and Outside Processing costs being higher 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 begin

phasing into the office more frequently 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 and seminars.
- 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 under budget or postponed.

Strategic Investments

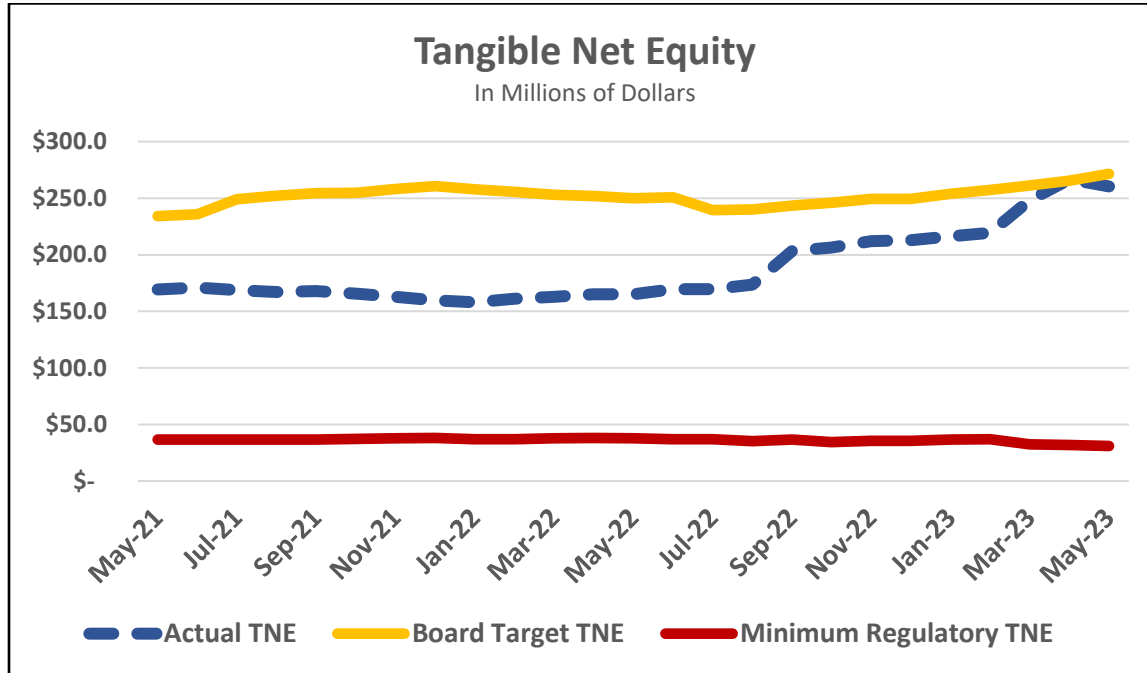
Calendar year-to-date Strategic Investments, which include expenditures associated with start-up costs for launching a Medicare Dual Special Needs Program (D-SNP) and investments in technology infrastructure solutions, as of May 31, 2023 YTD actual is at \$198,066 compared to the budget forecast of \$3,796,000.

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, due to the contracting process, compared to a budget expectation of an earlier start date.

Tangible Net Equity (TNE)

As of May 2023, actual TNE is at \$260.3 million. This level represents 839% of the Regulatory Minimum TNE level (\$31.0 million) and 95.9% of the Board of Director's minimum TNE target currently at \$271.5 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 May 2023

Total Cash Received is at \$87.3 million.
 Total Cash Disbursements is at \$68.3 million.
 Accrued and Earned Interest Income is at \$573,164.

CenCal Health

Finance Statements and Other Information

For the five (5) month period ending May 31, 2023

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CenCal Health

Balance Sheet

As of May 31, 2023

Assets

Cash and cash equivalents	\$	338,203,120
Accounts receivable:		
DHCS capitation and other		427,428,157
Reinsurance and other recoveries		3,344,403
Interest and other		247,330
Total accounts receivable		431,019,890
Prepaid expenses		2,659,893
Capital assets-net		28,482,723
Certificate of deposit - DMHC assigned		300,000
Corporate owned life insurance (COLI)		10,744,591
Deposits and other assets		8,037,119
Total Assets	\$	819,447,336

Liabilities and Net Assets

Medical claims payable and incentives	\$	117,060,964
Accounts payable, accrued salaries and expense		65,897,515
Accrued DHCS revenue recoups-MLRs		29,992,578
Accrued DHCS directed payments		342,661,450
Unfunded pension liability - CalPERS		(1,346,155)
Other accrued liabilities		4,916,129
Net Assets - Tangible Net Equity		260,264,855
Total Liabilities and Net Assets	\$	819,447,336

CenCal Health

Income Statement

For the five (5) month period ending May 31, 2023

	Actual \$	Budget \$	Variance \$	%
Operating Revenues:				
Capitation	\$ 538,404,882	\$ 483,585,000	\$ 54,819,882	11.3%
Medical Expenses:				
PCP capitation	\$ 12,955,657	\$ 17,045,000	\$ (4,089,343)	-24.0%
Physician services	77,122,126	86,661,000	(9,538,874)	-11.0%
Hospital inpatient	99,868,681	92,726,000	7,142,681	7.7%
Hospital outpatient	33,416,965	35,130,000	(1,713,035)	-4.9%
LTC facilities	68,131,671	60,011,000	8,120,671	13.5%
All other services	153,562,760	149,757,000	3,805,760	2.5%
PY estimate change	(269,215)	0	(269,215)	0.0%
	<u>\$ 444,788,645</u>	<u>\$ 441,330,000</u>	<u>\$ 3,458,645</u>	<u>0.8%</u>
Operating Expenses:				
Administrative expense:	\$ 28,632,958	\$ 31,313,175	\$ (2,680,217)	-8.6%
Strategic investments	198,066	3,796,000	(3,597,934)	-94.8%
	<u>\$ 28,831,024</u>	<u>\$ 35,109,175</u>	<u>\$ (6,278,151)</u>	<u>-17.9%</u>
MCO Tax Expense	(3,195,452)	-	(3,195,452)	0.0%
Interest income	2,806,747	250,000	2,556,747	1022.7%
Non-Operating expense	(23,448,116)	-	(23,448,116)	0.0%
Unrealized gain (loss)	118,843	-	118,843	0.0%
Operating Gain (Loss)	\$ 47,458,139	\$ 7,395,825	\$ 40,062,314	541.7%

CenCal Health

Income Statement

For the month of March 2023

	<u>Actual \$</u>
Operating Revenues:	
Capitation	\$ 99,100,128
Medical Expenses:	
PCP capitation	\$ 3,688,695
Physician services	14,868,980
Hospital inpatient	19,308,169
Hospital outpatient	7,431,584
LTC facilities	15,132,427
All other services	29,668,408
PY estimate change	(127,001)
	<u>\$ 89,971,262</u>
Operating Expenses:	
Administrative expenses	\$ 5,629,881
Strategic investments	93,755
	<u>\$ 5,723,636</u>
Interest income	587,239
Non-Operating Income (expense)	(26,704,865)
Unrealized gain (loss)	446,912
Operating Gain (Loss)	\$ (22,265,484)

CenCal Health

Income Statement

For the month of May 2023

	<u>Actual \$</u>
Operating Revenues:	
Capitation	\$ 130,691,281
Medical Expenses:	
PCP capitation	\$ (753,691)
Physician services	15,906,357
Hospital inpatient	14,242,648
Hospital outpatient	6,598,062
LTC facilities	11,760,040
All other services	33,245,554
PY estimate change	1,047,841
	<u>\$ 82,046,811</u>
Operating Expenses:	
Administrative expenses	\$ 7,507,055
Strategic investments	38,470
	<u>\$ 7,545,525</u>
MCO Tax Expense	(3,195,452)
Interest income	713,852
Non-Operating Income (expense)	517
Unrealized gain (loss)	(362,250)
Operating Gain (Loss)	\$ 44,646,516

CenCal Health

Medical Expense by Category

For the five (5) month period ending May 31, 2023

	Actual \$	Budget \$	Variance \$	%
PCP capitation	\$ 12,955,657	\$ 17,045,000	\$ (4,089,343)	-24.0%
Physician services	77,122,126	86,661,000	(9,538,874)	-11.0%
Hospital inpatient in-area	34,725,559	42,277,000	(7,551,441)	-17.9%
Hospital inpatient out-of-area	41,487,956	27,052,000	14,435,956	53.4%
Hospital capitation inpatient	23,655,166	23,397,000	258,166	1.1%
Hospital outpatient in-area	9,072,559	10,201,000	(1,128,441)	-11.1%
Hospital outpatient out-of-area	5,986,470	7,777,000	(1,790,530)	-23.0%
Hospital capitation outpatient	18,357,936	17,152,000	1,205,936	7.0%
Long term care facilities	68,131,671	60,011,000	8,120,671	13.5%
Mental health services	11,586,307	13,669,000	(2,082,693)	-15.2%
Behavioral health therapy	7,137,488	7,963,000	(825,512)	-10.4%
Transportation	4,771,513	5,940,000	(1,168,487)	-19.7%
Durable medical equip.	3,591,215	4,352,000	(760,785)	-17.5%
Laboratory	5,766,685	7,392,000	(1,625,315)	-22.0%
Dialysis	2,726,861	3,369,000	(642,139)	-19.1%
Hospice	2,664,111	3,389,000	(724,889)	-21.4%
Home health	1,569,084	1,545,000	24,084	1.6%
Enhanced care mgmt.	1,003,713	4,948,000	(3,944,287)	-79.7%
Prop 56	2,454,444	-	2,454,444	
Community supports	526,760	552,000	(25,240)	-4.6%
DHCS directed payments	101,125,260	83,696,000	17,429,260	20.8%
All other medical services	7,423,984	11,842,000	(4,418,016)	-37.3%
Reinsurance & recoveries	1,215,335	1,100,000	115,335	10.5%
Prior year change in estimate	(269,215)	-	(269,215)	0.0%
Total Medical Expenses	\$ 444,788,645	\$ 441,330,000	\$ 3,458,645	0.8%

CenCal Health

Administrative Expenses by Category

For the five (5) month period ending May 31, 2023

	Actual \$	Budget \$	Variance \$	%
Salaries & wages	\$ 12,920,601	\$ 14,753,295	\$ (1,832,694)	-12.4%
Fringe benefits	5,482,526	6,698,852	(1,216,326)	-18.2%
Contract services	4,732,311	4,728,275	4,036	0.1%
Travel expenses	55,122	224,605	(169,483)	-75.5%
Rent & occupancy	348,938	384,125	(35,187)	-9.2%
Supplies & equipment	812,558	753,961	58,597	7.8%
Insurance	707,899	854,300	(146,401)	-17.1%
Depreciation expense	609,728	714,900	(105,172)	-14.7%
Software maintenance	14,967	41,225	(26,258)	-63.7%
Software licensing	1,448,713	1,309,525	139,188	10.6%
Communications	216,701	229,800	(13,099)	-5.7%
Professional dues	169,671	130,860	38,811	29.7%
Marketing	19,422	30,600	(11,178)	-36.5%
Member/Provider materials	-	36,250	(36,250)	-100.0%
Credentialing fees	21,870	11,250	10,620	94.4%
Provider relations	3,728	26,500	(22,772)	-85.9%
Board committee fees	10,625	15,150	(4,525)	-29.9%
Meeting room expenses	39,144	88,540	(49,396)	-55.8%
All other expenses	1,018,435	281,162	737,273	262.2%
Total Admin Expenses	\$ 28,632,959	\$ 31,313,175	\$ (2,680,216)	-8.6%

CenCal Health

Santa Barbara County Operating Statement

For the five (5) month period ending May 31, 2023

YTD:	<u>Actual \$</u>	<u>Budget \$</u>	<u>Variance \$</u>	<u>%</u>
Capitation Revenue	\$ 365,176,750	\$ 330,426,000	\$ 34,750,750	10.5%
Medical Expenses	317,697,155	311,253,000	6,444,155	2.1%
Administrative Expenses	38,820,888	21,955,341	16,865,547	76.8%
MCO Tax	(2,236,816)	-	(2,236,816)	
Operating Gain (Loss)	\$ 10,895,523	\$ (2,782,341)	\$ 13,677,864	-491.6%

Medical Loss Ratio (MLR)	87%
Admin Loss Ratio (ALR)	5.5%
YTD Member Months	811,775
Avg. Member Count	162,355

CenCal Health

San Luis Obispo County Operating Statement

For the five (5) month period ending May 31, 2023

YTD:	<u>Actual \$</u>	<u>Budget \$</u>	<u>Variance \$</u>	<u>%</u>
Capitation Revenue	\$ 169,172,494	\$ 153,159,000	\$ 16,013,494	10.5%
Medical Expenses	124,743,623	130,077,000	(5,333,377)	-4.1%
Administrative Expenses	16,517,390	9,359,000	7,158,390	76.5%
MCO Tax	(958,635)	-	(958,635)	
Operating Gain (Loss)	\$ 28,870,116	\$ 13,723,000	\$ 15,147,116	110.4%

Medical Loss Ratio (MLR)	74%
Admin Loss Ratio (ALR)	5.0%
YTD Member Months	346,184
Avg. Member Count	69,237

CenCal Health

Tangible Net Equity (TNE)

As of May 31, 2023

Actual TNE (from the Balance Sheet)	\$ 260,264,855
Tangible Net Equity - DMHC minimum regulatory	31,016,732
TNE - excess (deficiency)	\$ 229,248,123
Pct. Actual TNE of the Regulatory Minimum	839.1%

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

CenCal Health

Notes to the Financials Statements

As of May 31, 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 reported 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 as of \$1,412,359 as of June 30, 2021:

CalPERS Misc. Plan for employees hired prior to Jan 1, 2013	\$	1,818,411
CalPERS PEPRM 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 eleven (11) month period ending May 31, 2023

Capitation Revenue	\$ 1,097,454,679
Medical Expenses	919,032,545
Administrative Expenses	58,178,873
Strategic Investments	198,066
MCO Tax	37,897,740
Interest Income	4,645,579
Unrealized gain (loss)	(668,274)
Non-Operating Income (expense)	(21,125,030)
Operating Gain (Loss)	\$ 64,999,730

Medical Loss Ratio (MLR)	83%
Admin Loss Ratio (ALR)	5.3%
YTD Member Months	2,505,257
Avg. Member Count	227,751

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.



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Finance Report

As of May 31, 2023

Kashina Bishop
Chief Financial Officer
June 21, 2023

Agenda

1. Overview of Finance Objectives
2. Resourcing in Finance to meet Objectives
3. Financial Statements as of May 31, 2023
4. Tangible Net Equity Comparison
5. CY 2024 Forecast and Considerations



Finance Objectives

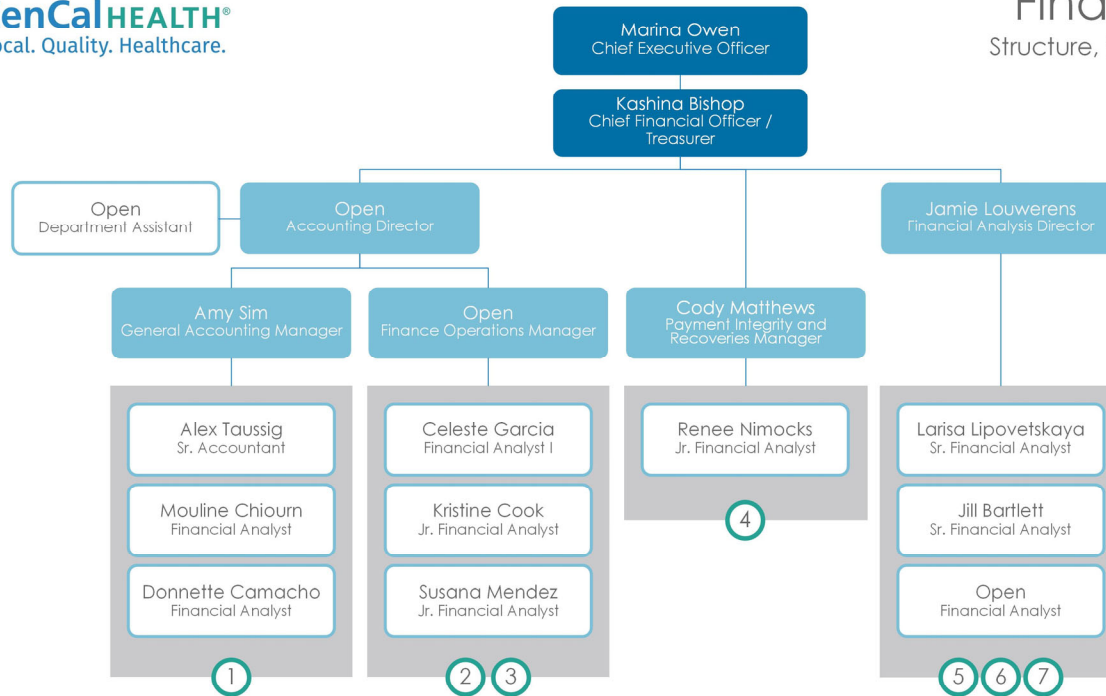
1. **Comprehensive and accurate DHCS financial submissions**
2. **Accurate and timely financial statements and forecasts (audit ready every month)**
3. **Apply best practices to streamline processes and utilize resources efficiently**
4. **Develop and promote strong internal controls, internal and external to the Finance department**
5. **Develop and communicate in depth understanding of cost drivers, both medical and administrative**
6. **Collaborate cross-functionally to maximize revenue opportunities and implement risk/cost mitigation strategies**
7. **Develop and maintain a departmental culture that demonstrates commitment to CenCal and departmental specific values**



Finance Reorganization

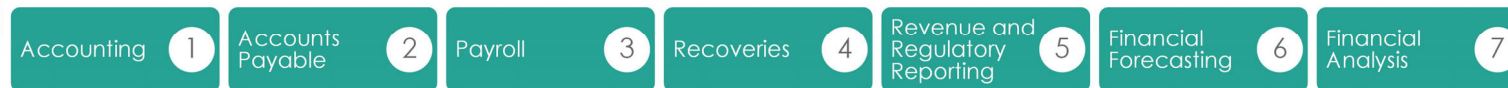


Finance Division Structure, Functions, Roles, People June 2023 | Version 2



Structure, Roles and People

Functions

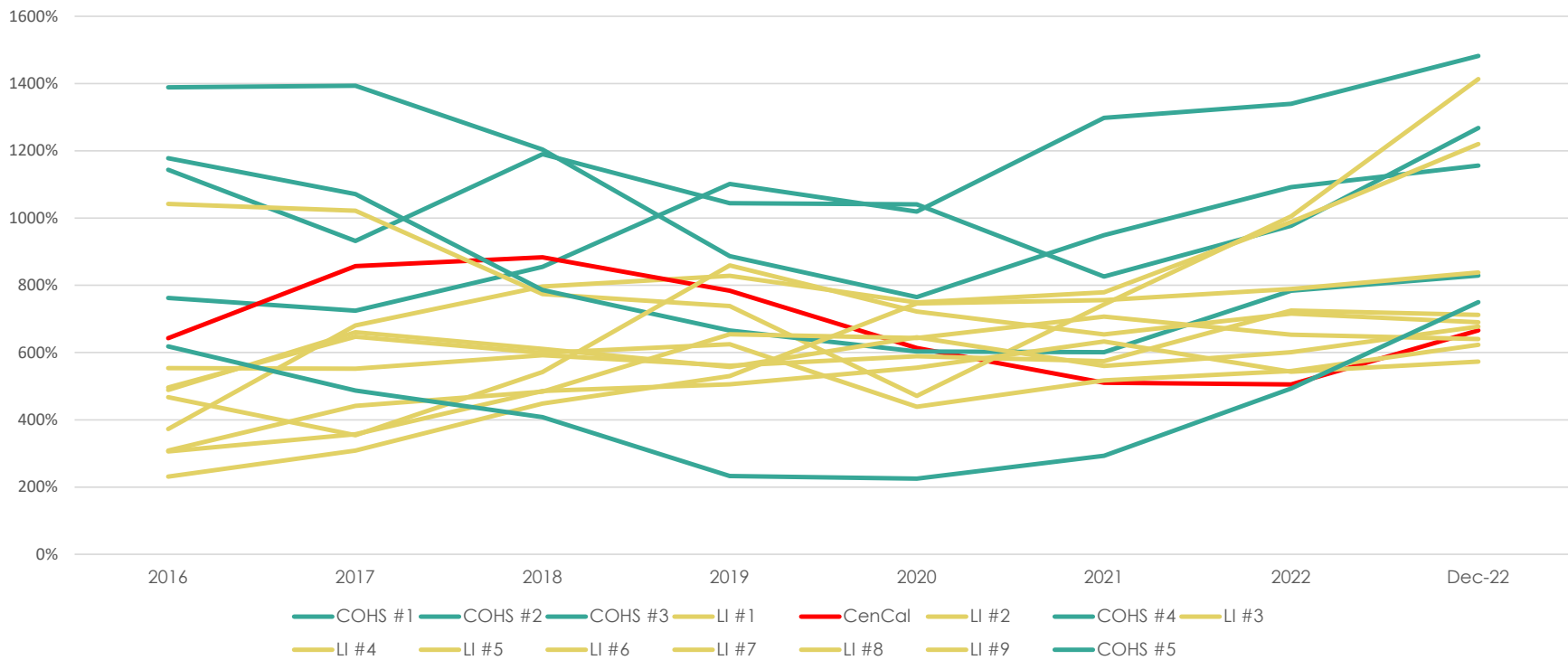


Financial Statements as of May 31, 2023

Presented in Millions	March	April	May	YTD thru May	YTD Budget
Capitation Revenue	\$99.1	\$111.3	\$130.7	\$538.4	\$483.6
Medical Costs	\$90.0	\$91.0	\$82.1	\$444.8	\$441.3
Medical Loss Ratio (MLR)	90%	82%	62%	83%	91%
Administrative Costs	\$5.7	\$5.0	\$7.5	\$28.8	\$35.1
Non-Operating Income (Expense)	\$(25.7)	\$3.2	\$3.5	\$(17.3)	\$.2
Operating Gain (Loss)	\$(22.3)	\$18.5	\$44.6	\$47.5	\$7.4
Cash + Investments				\$338.2	
Receivables				\$431.0	
Accrued IBNP Claims				\$117.1	
Tangible Net Equity				\$260.3	
Pct. of Board TNE Target				95.9%	
Pct. of Required				839%	

Tangible Net Equity Comparison

**Tangible Net Equity (as a % of required)
Comparison as of June 30**



CY 2024 Forecast Considerations

1. Increased financial uncertainty with membership decline due to redeterminations; expected to be a large group of low/non-utilizers
2. Projecting rate decrease for CY 2024
3. Increased pressure for provider rate increases
4. Uncertainty around potential impact of California budget deficit in the coming years





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Quality Improvement Health Equity Committee (QIHEC) Report

Date: June 21, 2023

From: Emily Fonda, MD, MMM, CHCQM, Chief Medical Officer, Quality Improvement & Health Equity Committee (QIHEC) Chairperson

Through: Marina Owen, Chief Executive Officer

Contributors: Carlos Hernandez, Quality Officer
Van Do-Reynoso, PhD, Chief Customer Experience Officer & Chief Health Equity Officer

Executive Summary

This is CenCal Health's QIHEC report to your Board, including information about the committee's proceedings for its 2nd quarterly meeting of 2023, completed on May 25th, 2023.

This report summarizes key topics reviewed by the QIHEC as your Board's appointed entity accountable to oversee the effectiveness of CenCal Health's Quality Improvement & Health Equity Transformation Program (QIHETP).

The May 25th inaugural convening of the QIHEC included expanded membership to include Ms. Sara Macdonald, Community member and CenCal Health member; and hospital representatives including Dr. Joseph Freeman, Emergency Medicine, Cottage Health System; and Ms. Elizabeth Snyder, MHA, Senior Director of Administrative Services, Dignity Health Central Coast Division. This QIHEC membership expansion fulfills an important CalAIM QIHETP requirement.

The QIHEC's recent proceedings included the following actions:

- Approval of March 2, 2023, Quality Improvement Committee (QIC) minutes;
- Acceptance of the Pharmacy & Therapeutics Report;
- Approval of reports from the Pediatric Clinical Advisory Committee, Customer Experience Committee, Utilization Management Committee, and Provider Credentialing Committee;
- Approval of Preventive Health Guidelines, QIHETP Work Plan Updates, and a report on Quality Dashboard of key performance indicator results;
- Approval of 13 QIHETP & Population Health Management Program Policies (Attachment 1: provided for your Board's review and recommended approval);

- Approval of a recommendation for coverage of expanded benefits for transportation for eligible members to and from Community Supports Services. This proposal will be further evaluated for financial feasibility and member need as a prerequisite to expand the scope of transportation benefits.

The QIHEC's approval of the action items listed above included consideration by contracted network physician and other required representatives that are members of the QIHEC.

An informational update was also provided on recruitment of providers for the *Infection Prevention Nursing Home Pilot Program* to decrease hospitalizations for infection. Positive news of high provider engagement and preliminary commitment to participate was highlighted.

Background

As an especially relevant policy highlight, one of the attached policies, "Quality Improvement Health Equity Transformation Program Governing Board Responsibilities", defines your Board's responsibility for oversight of CenCal Health's QIHETP.

A fundamental element of your Board's oversight is appointment of the QIHEC responsible for the oversight of the QIHETP and accountable to your Board. Your Board's March 2023 approval of the quality program structure reaffirmed your Board's delegation of quality program oversight to CenCal Health's QIHEC. Additionally, the highlighted policy defines your Board's responsibilities, receipt of periodic written progress reports from the QIHEC, and providing direction related to QIHETP policies and procedures.

The highlighted policy requires your Board, as CenCal Health's governing body, to participate in CenCal Health's Quality Improvement System as follows:

1. *Appointment of an accountable entity within CenCal Health to oversee the effectiveness of the Quality Improvement and Health Equity Transformation Program (QIHETP).*

This responsibility was affirmed by your Board's March 2023 approval of CenCal Health's QIHETP Program Description. Your approval affirmed your Board's appointment of the QIHEC as its accountable entity to oversee quality improvement and health equity activities. The QIHEC, chaired by the Chief Medical Officer in collaboration with the Chief Health Equity Officer, is accountable for overseeing the QIHETP's effectiveness and organization-wide quality improvement.

2. *Annual approval of the overall QIHETP, annual Work Plan, and Work Plan Evaluation.*

This responsibility was completed by your Board's approval of CenCal Health's QIHETP Program Description, Quality Program Work Plan Evaluation of performance for the prior year, and the current year's QIHETP Work Plan. These documents detail CenCal Health's achievements and goals for continued improvement during the coming year. They define the structure of CenCal Health's QIHETP and responsibilities of entities and individuals within CenCal Health that support improvement in quality of care, patient experience and safety. They also demonstrate CenCal Health's investment of resources to assure continuous improvement. The QIHEC will oversee quarterly updates on the effectiveness of the current QIHETP Work Plan.

3. *Review of written progress reports from the QIHEC describing actions taken, progress in meeting QIHETP objectives, improvements made, and directing necessary modifications to QIHETP policies and procedures to ensure compliance with quality improvement and health equity standards.*

This memorandum represents your Board's report on the quality committee's recent proceedings for its 2nd quarterly meeting of 2023, which fulfills this responsibility.

After each quarterly meeting of the QIHEC, staff present your Board with approved minutes of the QIHEC's proceedings to assure the full scope of QIHEC activities is available for your Board's awareness. Additionally, each quarterly report will include policies reviewed and approved by the QIHEC, for your Board's further consideration, direction, and approval.

In total, this report includes the summary of recent QIC proceedings detailed above, and the following three references:

1. QIHETP & Population Health Management Program policies reviewed and approved by the QIHEC, as your Board's appointed entity accountable to oversee the effectiveness of the QIHETP.
2. The meeting agenda for the recent QIC meeting.
3. The meeting minutes of the former QIC, which were approved at the recent meeting of the QIHEC.

The policies reviewed by the QIHEC provided detail about CenCal Health's QIHETP and Population Health Management (PHM) program structure and processes to ensure the effectiveness of the QIHETP and PHM programs.

The QIHEC's engagement in this policy review enabled valuable feedback and direction from the QIHEC to meaningfully direct the effective administration of CenCal Health's QIHETP and PHM programs.

The QIHEC's approval of the attached policies serves as the QIHEC's recommendation for your Board's approval, as the entity appointed by and accountable to your Board.

Next Steps

Future QIHEC quarterly proceedings will be reported to your Board after each meeting of the QIHEC, to fulfill the progress reporting responsibilities described above.

Subject to your Board's approval, staff will complete implementation of the attached QIHETP and PHM policies in advance of the DHCS required effective date, January 2024.

Recommendation

Staff recommends your Board accept this progress report, and provide additional direction if warranted, based on the attached policies and other content that was evaluated and approved by the QIHEC on May 25th, 2023.

Acceptance of this report includes approval of the QIHETP and PHM policies provided for reference as Attachment 1.

Attachments:

- Attachment 1 – QIHEC Approved QIHETP & Population Health Management Program Policies (qty. 13)
- Attachment 2 - QIHEC Meeting Agenda, May 25, 2023
- Attachment 3 - QIC Approved Minutes, March 2, 2023



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Quality Improvement & Health Equity Committee Report

Emily Fonda, MD, MMM, CHCQM, Chief Medical Officer
Carlos Hernandez, Quality & Population Health Officer

June 21, 2023



Board of Directors Role

QIHETP governance to optimize effectiveness

- Approval of the overall QIHETP & the QIHETP annual plan
- Appointing the QIHEC as an accountable entity responsible for oversight of the QIHETP
- Receiving written QIHEC progress reports that describe actions taken, progress in meeting QIHETP objectives, & improvements made
- Directing necessary modifications to QIHETP policies & procedures to ensure DHCS compliance with Quality Improvement & Health Equity standards



QIHEC: Quality Improvement & Health Equity Committee

QIHETP: Quality Improvement & Health Equity Transformation Program

Primary QIHETP Policy Responsibility

“Provide direction, including but not limited to necessary modifications to QIHETP policies & procedures, to ensure compliance with QI & Health Equity standards of the DHCS Contract & the DHCS Comprehensive Quality Strategy”

- Policies provided have been confirmed compliant with DHCS standards
- The risk stratification, segmentation & risk tiering policy is pending DHCS approval



Quality Improvement & Health Equity Committee Role

QIHETP oversight to optimize effectiveness

- Expanded QIHETP oversight of quality improvement functions
- Overarching commitment to health equity
- Approval of quality-related policies
- The QIHEC is accountable to your Board



QIHEC: Quality Improvement & Health Equity Committee

QIHETP: Quality Improvement & Health Equity Transformation Program

Policy & Procedures Approved by QIHEC

Operational Requirement	Effective Date
• Quality Improvement Health Equity Transformation Program Governing Board Responsibilities	January 2023
• Identifying, Evaluating & Reducing Health Disparities	January 2023
• Adoption, Dissemination, Monitoring Use of Clinical Practice Guidelines	January 2023
• Integration of Utilization Management into QIHETP Systems	August 2023
• Detecting Over & Under Utilization of Services	January 2023
• Ensuring EPSDT Screening, AAP Bright Futures Preventive Services, & Medically Necessary Diagnostic & Treatment Services for Members < 21	January 2023
• Ensuring Members < 21 are Fully Addressed in the Population Health Management Strategy, including Basic PHM, EPSDT, Case Management Services, Early Intervention & a Wellness & Prevention Program	January 2023
• Population Risk Stratification, Segmentation & Risk Tiering	January 2023
• Care Management Services for Children with Special Health Care Needs	January 2023
• Quality Improvement Health Equity Committee Role, Structure & Function	January 2024
• Development & Submission of Quality Improvement Health Equity Annual Plan	January 2024
• Disease Surveillance & Reporting to Public Health Authorities (as required by CA law)	January 2024
• Engagement of Local Entities to Develop Interventions & Strategies to Address Performance Deficiencies	January 2024



Next Steps

- Subject to Board's approval, staff will complete implementation of the approved policies
- QIHETP policies & those for NCQA accreditation, will be presented to your Board at least annually, on a quarterly schedule subsequent to the QIHEC meetings



Recommendation

- The written QIHEC report to your Board & its attached policies are presented for your feedback, acceptance & approval



Infection Prevention Nursing Home Pilot (IPNHP) Report

Date: June 21, 2023

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

Contributors: Lauren Geeb, MBA, Quality Director
Amber Sabiron, MSN, RN, Population Health Manager

Executive Summary

CenCal Health's vision is to be a trusted leader in advancing health equity so that our communities thrive and achieve optimal health together. In alignment with that vision, an infection prevention pilot program has been launched that concentrates on our vulnerable members in nursing homes. This program will focus on implementing successful infection prevention protocols that will aid in protecting this population from infections leading to hospitalization.

It has been identified that in 2022 the annual inpatient cost of hospital admissions due to infection for CenCal Health members admitted from Skilled Nursing Facilities (SNFs) was **\$1,696,401**. The plan is to implement an Infection Prevention Nursing Home Pilot (IPNHP), approved by the Quality Improvement and Health Equity Committee (QIHEC) with the aim to decrease these hospitalizations using proven infection control prevention methods, including improved bathing techniques switching from regular liquid soap to Chlorhexidine soap.

Background

Infection prevention is a priority because the CDC reported that approximately 2 million cases of Multi-Drug Resistant Organisms (MDROs), such as Methicillin Resistant Staphylococcus aureus (MRSA), infections led to about 23,000 deaths per year (2013). Subsequently, a report from 2019 demonstrated that MDRO sepsis could cause 70,837 inpatient deaths each year (Infect Control Hosp Epidemiol. 2019 Jan; 40(1): 112–113). Therefore, increasing mortality rates have proven MDRO infections are a worsening population health and public health issue.

This pilot was established based on best practices developed during Project SHIELD, which was conducted from 4/17-7/19 by a UC Irvine Epidemiology team led by Susan Huang, MD, MPH – Chancellor's Professor of Infectious Diseases/ Director of Epidemiology and Infection Prevention for UCI Health.

The results from Project SHIELD showed that a simple change in bathing protocol from regular liquid soap to chlorhexidine among SNFs patients can decrease the presence of MDROs ranging from 31-73%, with MRSA decreasing by 31% (McKinnell IDWeek 2019). In

addition, infection-related hospital stays could be expected to decrease by 32%. This is certainly worthwhile to aim at protecting our vulnerable members from infection while residing in nursing homes.

Methodology

The objective is to identify six (6) skilled nursing home facilities in Santa Barbara (SB) and San Luis Obispo (SLO) counties with the highest numbers of CenCal Health members requiring hospital transfer due to infection. CenCal Health's team, in partnership with the University of Irvine (UCI) Epidemiology group, will then replace ordinary liquid soap with Chlorhexidine (CHG) soap for bathing, implement the use of nasal Iodophor swabs, provide training on bathing techniques, and supply continuous support along with ongoing assessments.

A recent CenCal Health data analysis used 1768 CPT codes, reflecting all types of infections, to identify the six (6) facilities with the highest rates of infection requiring transfer to an inpatient setting across both counties. The data showed infection rates ranging from 46.93% to 26.92% among these top six facilities, with CenCal Health membership per facility ranging from 62 to 212.

To measure the success of the pilot, an analysis of inpatient admissions due to infection in the identified six (6) nursing homes will be conducted for two quarters prior to the use of CHG, in comparison to the two quarters after initiating CHG for bathing.

The other measurable outcomes will include Healthcare-Acquired Infection (HAI) rates and the presence of *C. difficile* colitis, which would be expected to decrease due to the lowered need for antibiotics.

Pilot Activities

- Identified six partnering facilities
- Conduct an informational session with partnering facilities
- Training sessions to teach CNAs on CHG bathing technique (UCI offered their trainer/CDC to cover 20%)
- Train nurses on application of Iodophor swabs (UCI offered their trainer/CDC to cover 20%)
- Purchase/subsidize CHG and nasal iodophor swabs.
- Six partnering facilities switch from chlorine to peroxide bleach for laundry
- Utilize assessment forms to gauge adherence to bathing procedure skills
- Continue evaluations of inpatient expenditures for infection and HAI rates among SNF population to measure outcomes
- Consider measurement of *C. difficile* infections since fewer infections should lower the use of antibiotics

Pilot Cost

The program cost estimates are \$1,658 per month for a 100-bed skilled facility, which includes CHG soap, nasal Iodophor and peroxide bleach. With that in mind, the

proposed cost for a six-month pilot across six facilities in SB and SLO counties would be approximately \$59,688. The potential cost savings for hospitalizations are estimated to be at 32% or higher of total inpatient expenditures.

Next Steps

CenCal Health will partner with Dr. Susan Huang of UCI and her epidemiology team to implement this pilot. The project includes the following three phases:

Phase 1: Preparation

- Informational session with partnering facilities
- Two SNF training sessions by webinar, including support from Project SHIELD led by Susan Huang, MD, MPH – Chancellor's Professor, Division of Infectious Diseases

Phase 2: Products & Purchasing

Phase 3: Process & Practice with onsite team visits

Recommendation

The Quality Improvement and Health Equity Committee (QIHEC) approved and continues to receive updates and monitor the progress of the Infection Prevention Nursing Home Pilot and this information is provided as informational to CenCal Health's Board of Directors with no action requested at this time.

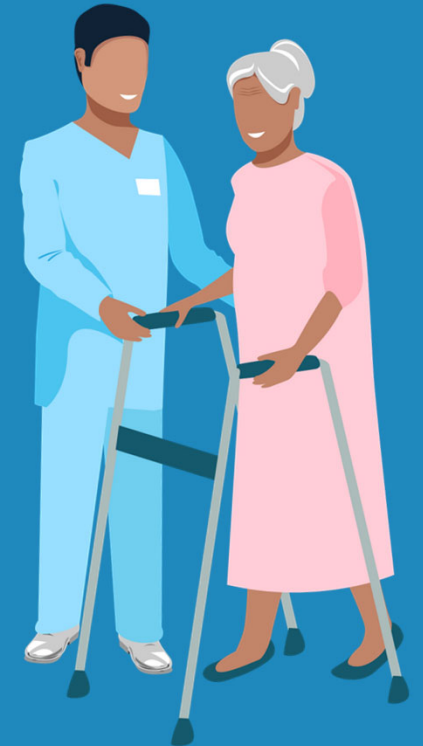


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Infection Prevention Nursing Home Pilot

Emily Fonda, MD, MMM, CHCQM
Chief Medical Officer
June 21st, 2023



Goal

Reduction of skilled nursing facility infections and hospitalizations

Method

Implementation of an **Infection Prevention Nursing Home Pilot (IPNHP) Project** at 6 facilities in SB and SLO counties by changing from regular soap to Chlorhexidine soap (CHG)



Multi-Drug Resistant Organisms



Worsening public health problem & worsening population health issue among marginalized members within nursing homes



67% of patients in skilled nursing homes in Southern California harbor MDROs –
Clinical Infectious Diseases,
Volume 69, Issue 9, 1
November 2019, Pages
1566–1573



Will utilize successful protocols to protect an underserved, disadvantaged population to equitably improve their quality of care

Data Analysis

Identified the top SNFs with highest rate of infections requiring transfer of care to an inpatient setting.

Location	2022		
	SNF Members	SNF Members with Infections	Infection Rate
Site 1	179	84	46.93%
Site 2	83	38	45.78%
Site 3	80	29	36.25%
Site 4	212	69	32.55%
Site 5	62	19	30.65%
Site 6	130	35	26.92%



Costs for inpatient hospitalization due to infection
in 2022: \$1,696,401

Benefits

Based on **Project SHIELD** by UCI Epidemiology team led by Susan Huang, MD, MPH – Chancellor’s Professor, Division of Infectious Diseases.

Residents less colonized by MDROs		Residents less likely to be hospitalized
Any MDRO	35% reduction	Infection-related hospitalization: 32% reduction Decolonization with CHG also significantly reduced staff and resident COVID cases in the high-risk nursing home setting – (IDWeek 2021)
MRSA	31% reduction	
VRE	73% reduction	
ESBL	45% reduction	
Decolonization results in fewer MDROs, less MDRO colonization, and fewer residents on contact precautions		

Partnership with Skilled Nursing Facilities



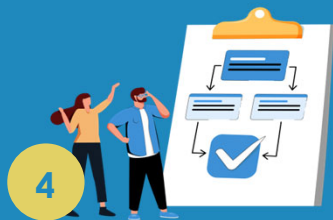
CenCal Health to subsidize purchase of CHG and Iodophor swabs.



Facilities to switch to Peroxide bleach for laundry



CenCal Health Population Health and UCI Epidemiology **teams are partnered for trainings.**



Ongoing assessment checks for protocol alignment



Outcome measurement of inpatient admissions for infection



Continuous support/instruction and onsite training of clinical staff as needed w/UCI team

Financial Impact

Total Estimated Costs:
\$1,658/month per 100 bed facility



32% Estimated
potential cost savings
for inpatient stays

Six-month pilot across 6 facilities: **\$59,688**

Next Steps: Implementation

Phase 1: Preparation

- Informational session with partnering facilities
- Two SNF training sessions by webinar, including support from Project SHIELD led by Susan Huang, MD, MPH – Chancellor's Professor, Division of Infectious Diseases

Phase 2: Products & Purchasing

Phase 3: Process & Practice with onsite team visits



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Incentive Payment Program Report

Date: June 21, 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 capacity building of Enhanced Care Management (ECM) and Community Supports (CS). In a May 2023 report to your Board, staff shared details regarding the status of CenCal Health's IPP deployment, including the initial funding allocation received from DHCS and awards issued to date. This memo will provide additional information as to those ECM and CS services which were funded through the initial allocation, as well as an update on the second funding allocation and anticipated areas of focus.

Background

IPP is an application-based incentive program offered to health plans 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 \$6.4M¹ in 2022; \$1.9M of which was allocated to San Luis Obispo County and \$4.5M 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 issued nine (9) IPP awards to Date.

Funding Details

CenCal Health submitted the most recent report to DHCS in April of 2023 which DHCS reviewed and used to determine whether additional IPP funding would be issued. In June of 2023, CenCal Health was notified by DHCS that a second installment of IPP funding was earned, representing 100% of possible funds which could be awarded and

¹ The IPP funding allocation by County has been updated to reflect \$1.9M for San Luis Obispo and \$4.5M for Santa Barbara, consistent with updated documentation received from DHCS in June of 2023.

totaling another allocation of \$6.4M across Santa Barbara and San Luis Obispo Counties. Funds are expected by the end of June 2023, after which CenCal Health will reopen the IPP application process for providers in both counties.

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 June 2023, CenCal Health has issued nine (9) IPP funding awards to provider partners and has committed to funding an additional two bodies of work which have been evaluated based on community need and impact. The funding awarded to date has been utilized to support critical staffing and infrastructure needs, a summary of which is provided in *Table 1: IPP-Funded Activities for Provider Partners*.

Table 1: IPP-Funded Activities for Provider Partners

Category of Funding	Funding Detail
Staffing	34 positions (total FTE)
Data/IT	11 system upgrade and/or data improvement projects
Capital	2 capital projects to expand brick and mortar capacity
Training	8 organizations trained on system workflows, Medi-Cal billing, cultural competency, and onboarding
Operations	9 organizations using IPP to support start-up and ongoing operations

CenCal Health has finalized and is in the process of distributing 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. The data collected from these reports will help to inform DHCS-required IPP reporting, as well as future areas of focus for IPP funding.

Round 2 Focus Areas for IPP Funding

CenCal Health will reopen the IPP application acceptance and review process once funds have been received from DHCS in late June 2023. IPP applications submitted but not yet reviewed, including those applications which were unable to be fully funded from the initial IPP allocation, total over \$4M in requests. The Committee will review those pending applications in the order received and will utilize the established funding methodology to consider awards, with a focus on those organizations or initiatives which have not yet been funded and where the member need is the greatest.

Recognizing that IPP funding is intended to build for future services and capacity, the Committee will also consider new focus areas to which IPP funding should be directed, including but not limited to:

- support for organizations serving upcoming ECM populations of focus;
- establishment of the infrastructure necessary to support the January 2024 launch of planned CS services; and
- advancement of data-sharing capabilities to support effective care coordination among providers serving Medi-Cal beneficiaries.

Next Steps

Next steps are as follows:

1. IPP application review will resume once CenCal Health receives the additional funding allocation from DHCS.
2. CenCal Health will utilize the Committee to intake and review additional IPP applications, to award funding to ECM and CS partners, and to establish new areas of funding focus in preparation for the 2024 expansion of ECM and CS.
3. The next phase of DHCS reporting for IPP is due in September 2023, and staff are beginning to prepare for that submission.

Recommendation

This Incentive Payment Program report is presented for information and acceptance and no action from CenCal Health's Board of Directors is requested at this time.



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Incentive Payment Program Funding and Award Update

Jordan Turetsky, MPH
Provider Network Officer
June 21, 2023

Incentive Payment Programs

Opportunity for health plans to apply for and be awarded funds to support the uptake and expansion of Enhanced Care Management and Community Supports.

Application-based process with CenCal Health. Requires rigorous reporting by CenCal Health to DHCS to retain and continue to earn IPP funds.



Focus Areas

- Provider Capacity and Infrastructure
- Bridging Siloes Between Services
- Reducing Health Disparities
- Promoting Health Equity
- Improving Quality
- Encouraging Up-Take of Services

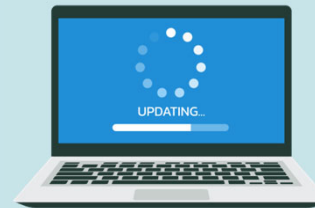
Incentive Payment Program (IPP) Overview

Intent: Optional funds made available by DHCS to support the implementation and expansion of ECM and Community Supports.



Funds can be used for:

- Infrastructure development
- Staffing
- Operations
- Training
- Other identified community or health plan needs



CenCal Health IPP Application Focus:

- Data sharing and case management
- Member identification and engagement (e.g. homeless members)
- Annual training
- Expansion of ECM and CS capacity

CenCal Health Funding Allocation

- \$19M awarded to CenCal, with payments dependent on progress against stated goals
- \$12.8M received to date

Eligible provider types include:

- Current ECM or CS providers
- Potential ECM or CS providers
- County entities
- CBOs
- Medical and Behavioral Health providers
- Correctional facilities



CenCal Health Incentive Assessment Process

ASSESS

Determine stakeholder needs, including:

- Internal staff
- Providers
- Members
- Community organizations
- Local coalitions

DESIGN

Evaluate assessed needs against incentive parameters, including:

- Funding intent
- Desired outcomes
- Required timeframe
- Limitations or restrictions

IMPLEMENT*

Develop and execute a transparent incentive administration program, including:

- Funding application
- Assessment process
- Funding agreement
- Defined goals and objectives

MONITOR

Monitor incentive program outcomes and effectiveness, including:

- Progress against identified goals
- Member and community impact
- State reporting

**CenCal Health will implement an incentive funding program which is transparent in its goals, funding criteria, and issued awards, and for which regular updates are provided to the CenCal Health Board.*

Provider Feedback

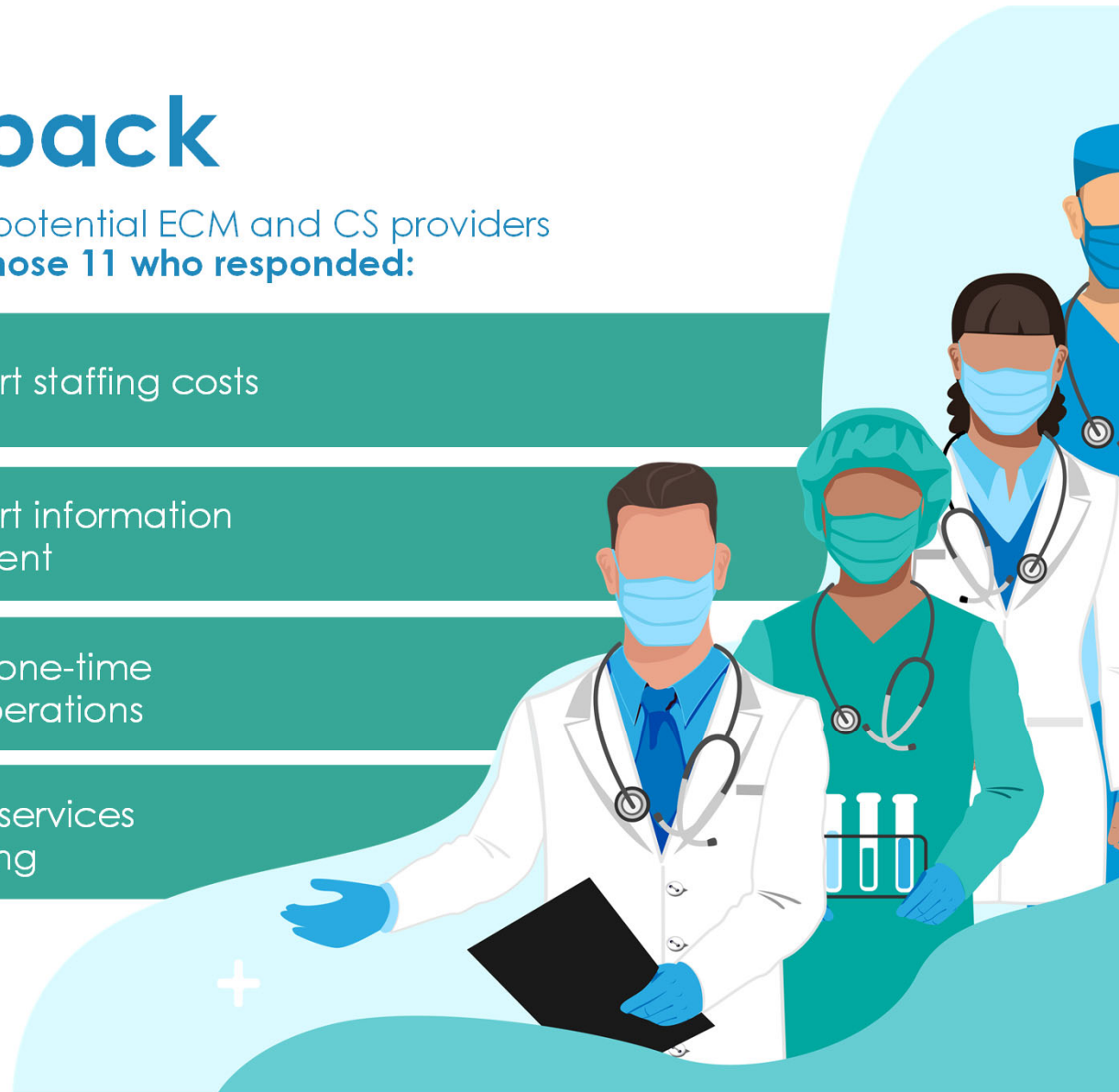
CenCal Health surveyed current and potential ECM and CS providers to understand IPP funding needs. **Of those 11 who responded:**

100% Said funding would support staffing costs

72% Said funding would support information technology or enhancement

64% Said funds would support one-time expenses and ongoing operations

36% Said providing ECM or CS services is dependent on IPP funding



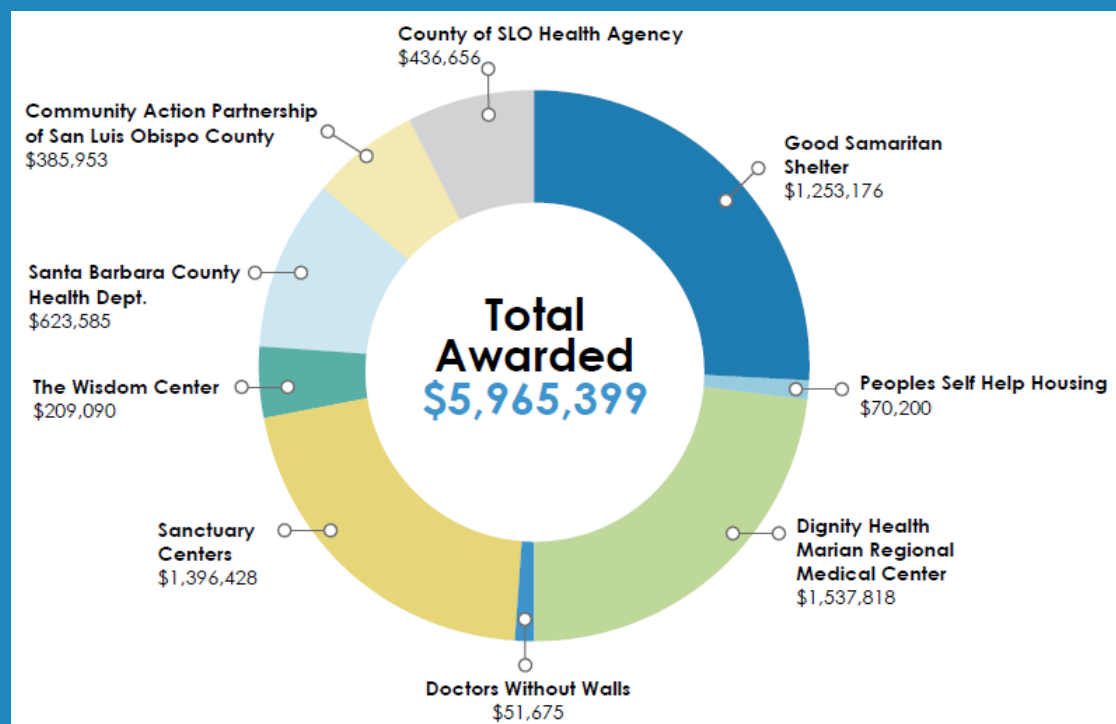
Allocation Process



The Incentive Payment Program aligns with CenCal Health's values of Collaboration and Compassionate Service as we work with our providers to enhance the health of our communities.

CenCal Health Funding Allocation

- \$6.4M awarded to CenCal Health in 2022
- 9 IPP Awards Issued to Support:
 - 34 FTE
 - 11 data infrastructure projects
 - 2 capital improvements
 - Training needs for 8 organizations
 - Start-up and operational costs for 9 organizations



Upcoming Focus Areas

- Applicants with pending requests
- Known needs to build and expand ECM and CS capacity
- Preparation for 2024 expansion of ECM and CS services
- Data sharing and exchange



Second Installment

Notice of second IPP award issued to CenCal Health in June 2023

\$6.4M representing **100%** of possible funds were earned.



Next Steps

- Receive second IPP allocation from DHCS
- Re-open IPP application review process
- Intake, assess, and issue IPP funding awards
- Issue interim reporting template to IPP awardees
- Prepare for next phase of DHCS reporting (*anticipated September 2023*)





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2024 Contract Operational Readiness

Karen Kim
Chief Compliance Officer

June 21, 2023



Project Background



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

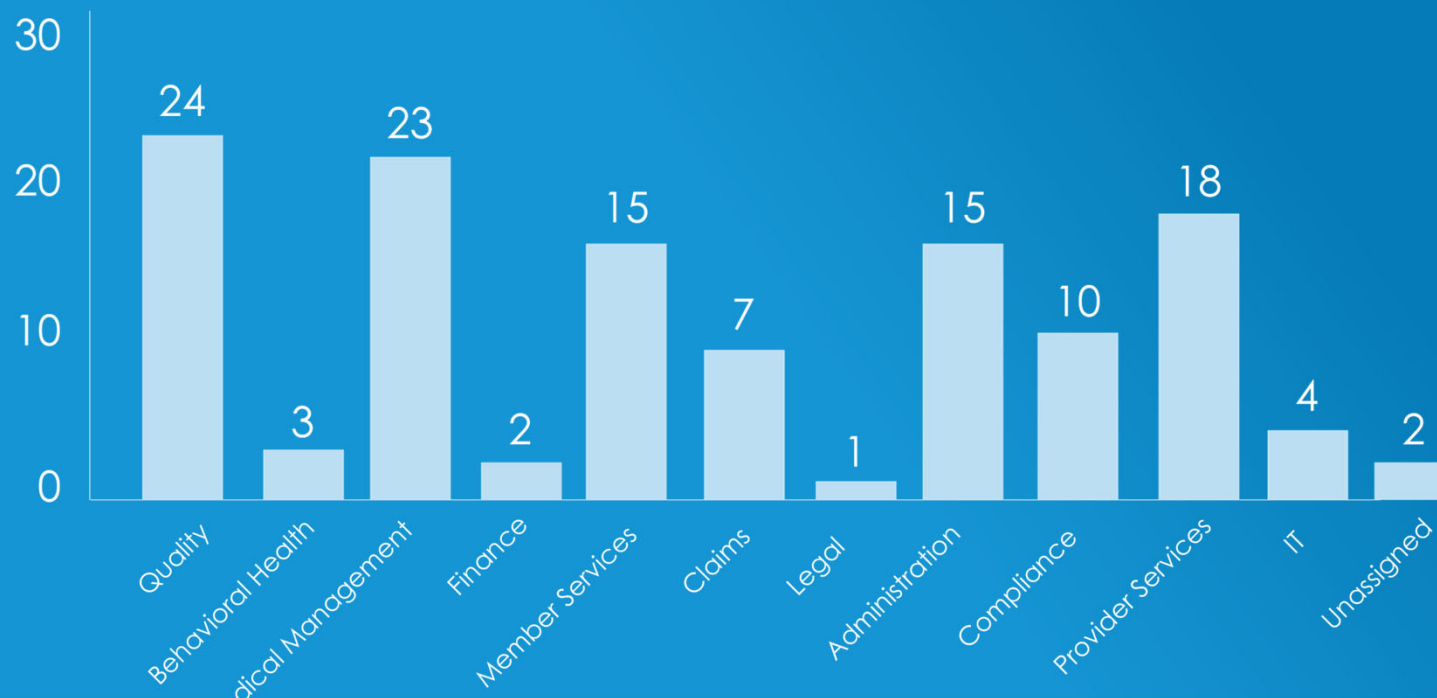


The 2024 Contract Operational Readiness process includes both the Implementation Period and Operations Period

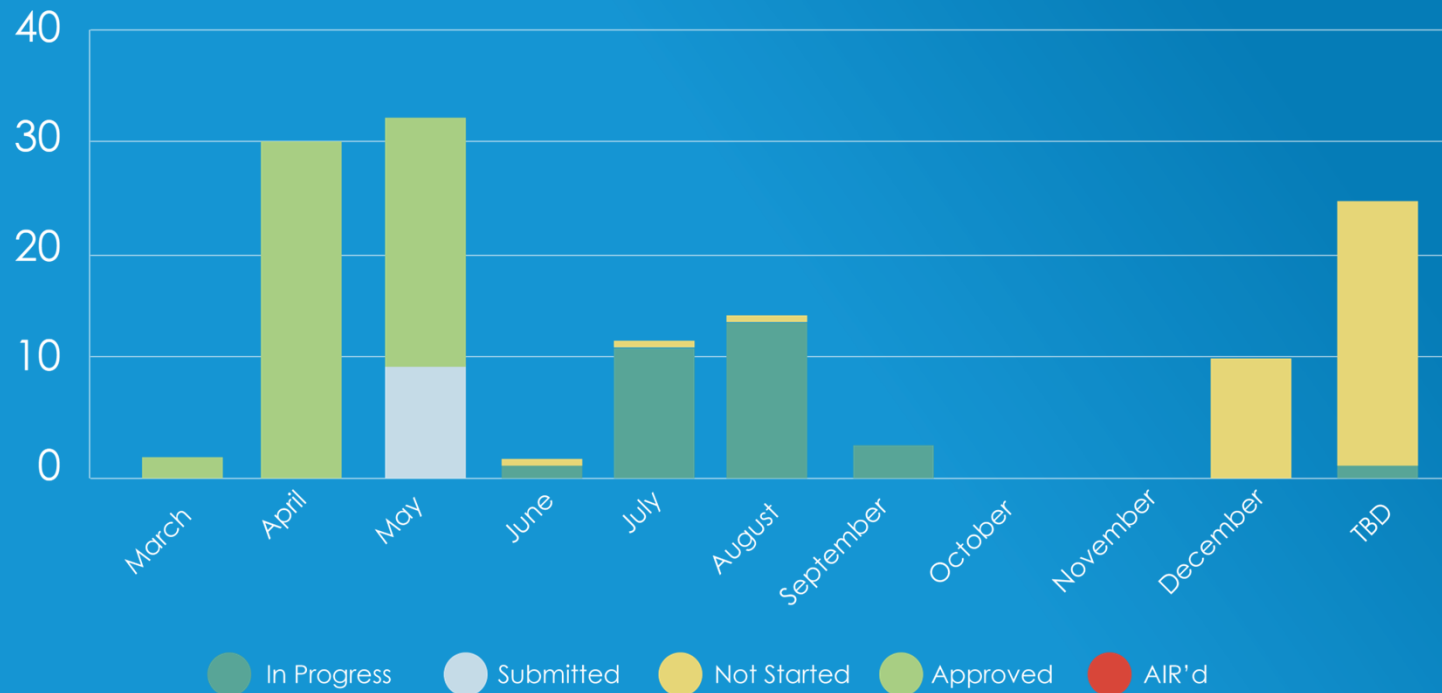


New contract effective January 1, 2024

Artifacts by Department



Artifacts by DHCS Due Date



Project Waves

Wave	Dates	Total Artifacts	Submitted	Approvals	AIRs	AIR Rate
Wave 1	August 2022 – October 2022	61	61	61	8/61	13.1%
Wave 2	November 2022 – March 2023	64	64	64	6/64	9.4%
Wave 3	March 2023 – September 2023	104	65	57	0/65	0%
To Be Determined	N/A	25	0	0	N/A	N/A

Project Refinements



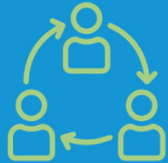
Centralized P&P development and writing with legal team



Dedicated EPMO resources



Improvements in document submissions



Collaboration and communication improvements



New tools for workflow, document development and communication



Leadership engagement

Project Success

- Positive submission feedback from DHCS
- CenCal Health leading the way for other plans



Looking Forward

- DHCS onsite readiness audit
- Go/No-go: September 1, 2023



Questions?



NCQA Accreditation Readiness | Health Equity & Health Plan Accreditation Report

Date: June 21, 2023

From: Carlos Hernandez, Quality & Population Health Officer

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

Contributors: Sheila Hill, MSPH, MBA, CPHQ, Accreditation Project Leader
Christine Dougherty, M. Sc, Project Manager II

Executive Summary

In October 2022, CenCal Health initiated work toward NCQA Accreditation Readiness to achieve NCQA Health Plan & Health Equity Accreditation by January 1, 2026, a requirement under CalAIM for all Medi-Cal Managed Care plans (MCPs).

Background

The successful completion of NCQA Accreditation Readiness to attain NCQA Health Plan & Health Equity Accreditation will have profound organizational benefits:

- CenCal Health's operations will attain a higher level of effectiveness in service to members.
- Accreditation will favorably impact the operational processes of nearly all CenCal Health's departments, so the readiness effort has planwide operational benefit.
- Accreditation will significantly advance CenCal Health's objective to "Advance Quality and Health Equity for All".

The work to attain NCQA Accreditation Readiness has been divided into Workgroups based on the following NCQA Standard Domains:

- Credentialing/Re-Credentialing (CR)
- Health Equity (HE)
- Information Technology (IT) & Data Analytics
- Member Experience (ME)
- Network Management (NET)
- Population Health Management (PHM)

- Quality Improvement (QI)
- Utilization Management (UM)

Key milestones completed to date include:

- NCQA Accreditation Project Leader onboarded (10/31/22)
- RFP completed for External Surveyor (11/30/22)
- Met with NCQA to ascertain logistics & contact (12/5/22)
- Convened Work Groups for all NCQA Standard Domains (12/15/22)
- Contract Execution with External Surveyor, The Mihalik Group (4/6/23)
- Member Portal implementation of functionality compliant with select NCQA Standards (4/10/23)
- Initiated File Reviews to ensure operational compliance (5/1/23)

Next Steps

Continue bi-weekly NCQA workgroup meetings to facilitate tasking to meet all standard requirements.

Upcoming key milestones include:

- Quality Improvement and Health Equity Committee (QIHEC), Q3 '23 Mtg
- Mock Survey, Q4 '23
- Quality Improvement and Health Equity Committee (QIHEC), Q4 '23 Mtg
- Remediation of Mock Survey gaps, Q1 '24
- Apply to NCQA, Q1 '24
- NCQA Health Plan & Health Equity Accreditation Surveys, October '24
- NCQA File Review, November '24
- NCQA Health Plan & Health Equity Accreditation Survey results, December '24
- NCQA remediation (if necessary), Q1 '25
- Meet CalAIM Requirement for NCQA Accreditation, Q4 '25 (or sooner)

Recommendation

The NCQA Accreditation Report is presented to CenCal Health's Board of Directors as an informational update and no action is requested at this time.



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NCQA Accreditation Readiness Health Equity & Health Plan Accreditation

Sheila Hill, MSPH, MBA, CPHQ
Accreditation Project Leader

Carlos Hernandez
Quality & Population Health Officer

Christine Dougherty, M.Sc
EPMO Project Manager

June 21, 2023



NCQA Accreditation Readiness

Purpose

- CalAIM requires Medi-Cal Managed Care plans to achieve NCQA Health Plan & Health Equity Accreditation by January 1, 2026
- Successful NCQA Health Plan & Health Equity Accreditation will have significant organizational benefits:
 - CenCal Health's operations will attain a higher level of effectiveness in service to members
 - Favorably impact nearly all the operational processes of CenCal Health's departments



NCQA Accreditation Project Structure

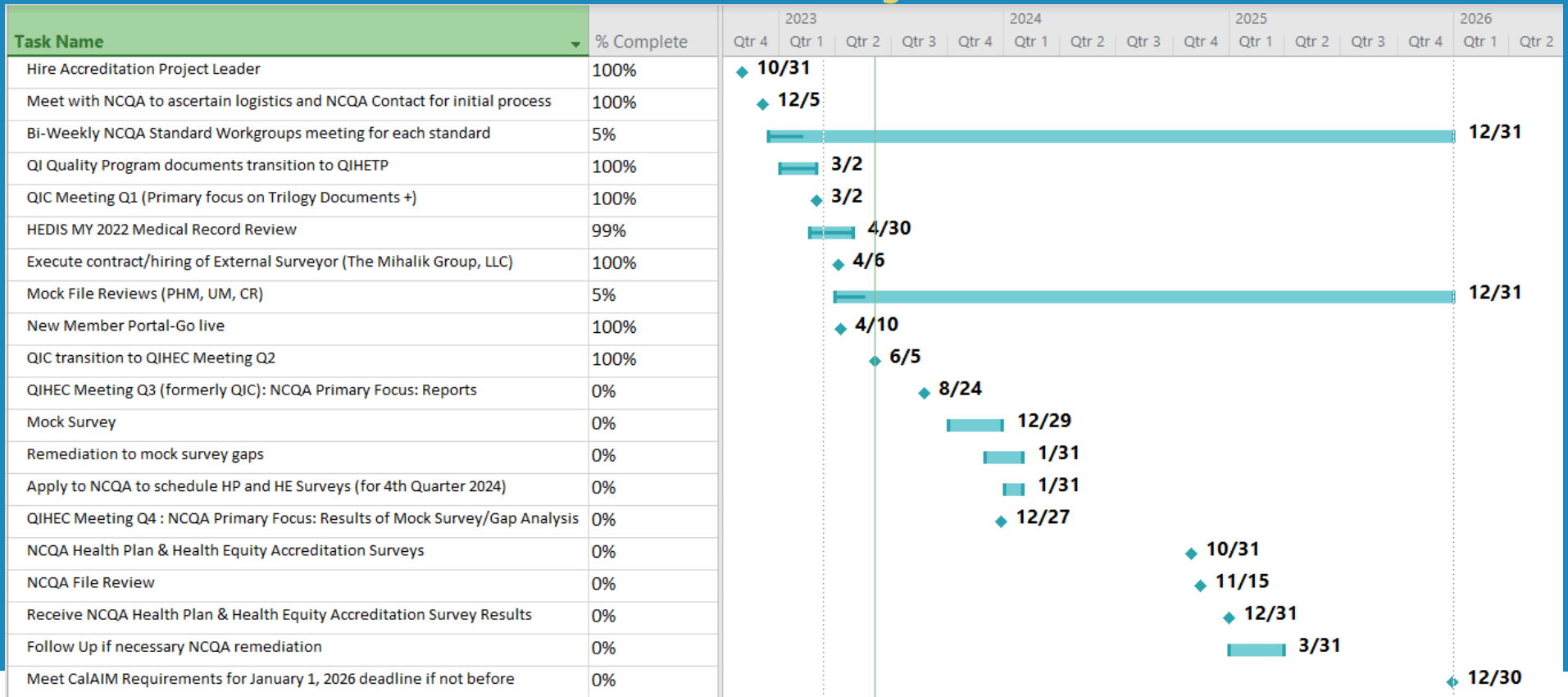
- Tasking focus based on the NCQA Standard Areas:
 - Credentialing/Re-Credentialing (CR)
 - Health Equity (HE)
 - Information Technology (IT) & Data Analytics
 - Member Experience (ME)
 - Network Management (NET)
 - Population Health Management (PHM)
 - Quality Improvement (QI)
 - Utilization Management (UM)



Key Accomplishments & Milestones

- ✓ NCQA Accreditation Project Leader onboarded (10/31/22)
- ✓ RFP Completed for External Surveyor (11/30/22)
- ✓ Meet with NCQA to ascertain logistics & contact (12/5/22)
- ✓ Convened Work Groups for all NCQA Standards (12/15/22)
- ✓ Contract Execution with External Surveyor, The Mihalik Group (4/6/23)
- ✓ Implementation of Member Portal with NCQA-compliant functionality (4/10/23)
- ✓ Initiated File Reviews (5/1/23)
- ☐ Mock Survey Q4 '23
- ☐ Remediation of Mock Survey Gaps Q1 '24
- ☐ Apply to NCQA Q1 '24
- ☐ NCQA Health Plan & Health Equity Accreditation Surveys October '24
- ☐ NCQA File Review November '24
- ☐ NCQA Health Plan & Health Equity Accreditation Survey Results December '24
- ☐ NCQA Remediation (if necessary) Q1 '25
- ☐ Meet CalAIM Requirement for NCQA Accreditation Q4 '25 (or sooner)

NCQA Accreditation Project Timeline





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2023-2025 Strategic Plan Update

Strategy Execution Process and Progress Towards 2023 Priorities

Marina Owen, Chief Executive Officer
Chris Morris, Chief Performance Officer

June 21, 2023

OBJECTIVES

1. Review 2023 strategic priorities
2. Share strategy execution process and progress



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

Strategic Plan Framework

2023 – 2025

Objectives

Priorities

Vision

Facilitate community collaboration to strengthen the health system

Engage locally on health equity

Exceed quality standards and expectations

Reduce health disparities in our populations

Prepare to serve new members

Develop new Medi-Cal programs and benefits

Advance organizational readiness to support strategy

Foster employee growth and inclusion towards a diverse culture

Leverage and adapt technology and analytics to enable transformation

Ensure financial performance to support sustainability

Cultivate
Community
Partnerships

Advance
Quality
and Health
Equity for All

Expand our
Service Role
and Reach

Organize for
Impact and
Effectiveness

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

From Strategic Planning to **Strategy Execution**

	Step	Owner	Description
Strategic Planning	 Vision	Board, CEO	What success looks like in 10 years
	 Priorities and Objectives		Where we will explore and what we aim to achieve over the next 3 years
	 Strategies	Executive Leadership Team	How we will pursue our strategic objectives over the next 3 years
Strategy Execution	 Annual Objectives	Directors	Strategic priorities and objectives broken down into what we aim to achieve this year
	 Operating Plan		What tactics will help us achieve our annual objectives this year
	 Department Goals		What department actions will help us achieve our annual objectives this year

Strategic Plan Framework

2023 – 2025

Working Strategies

Advocate for Medi-Cal and safety-net health care priorities	Align the CenCal Health Doorway to Health Foundation	Collaborate with Providers on Medi-Cal reforms
Solicit customer voice to improve the experience	Collect, analyze and share health data	Embrace the role of convener, facilitator, and humble partner
Expand quality strategies to be a top performer	Partner with providers on targeted quality improvements	Achieve NCQA accreditation
Develop a health equity commitment and strategies	Expand collection of health data to inform strategies	Implement population health capabilities
Explore local needs for Covered CA and Medicare	Facilitate Medi-Cal expansions for newly eligible residents	Prepare and develop a sustainable D-SNP
Preserve and support local voice and decision-making	Support expansion of ECM and Community Supports	Invest in capacity through State incentive programs
Develop planning and execution capabilities	Enhance insight into organizational performance	Strengthen compliance capabilities
Develop comprehensive DEI-B program	Enhance employee training and development	Develop a strategic HR function and capabilities
Develop advanced analytics capabilities	Champion data exchange and interoperability solutions	Evolve technology strategy
Evolve cost containment focus to manage risk	Deploy targeted investment and incentive strategies	Develop strategic financial function

Objectives

Facilitate community collaboration to strengthen the health system
Engage locally on health equity
Exceed quality standards and expectations
Reduce health disparities in our populations
Prepare to serve new members
Develop new Medi-Cal programs and benefits
Advance organizational readiness to support strategy
Foster employee growth and inclusion towards a diverse culture
Leverage and adapt technology and analytics to enable transformation
Ensure financial performance to support sustainability

Priorities

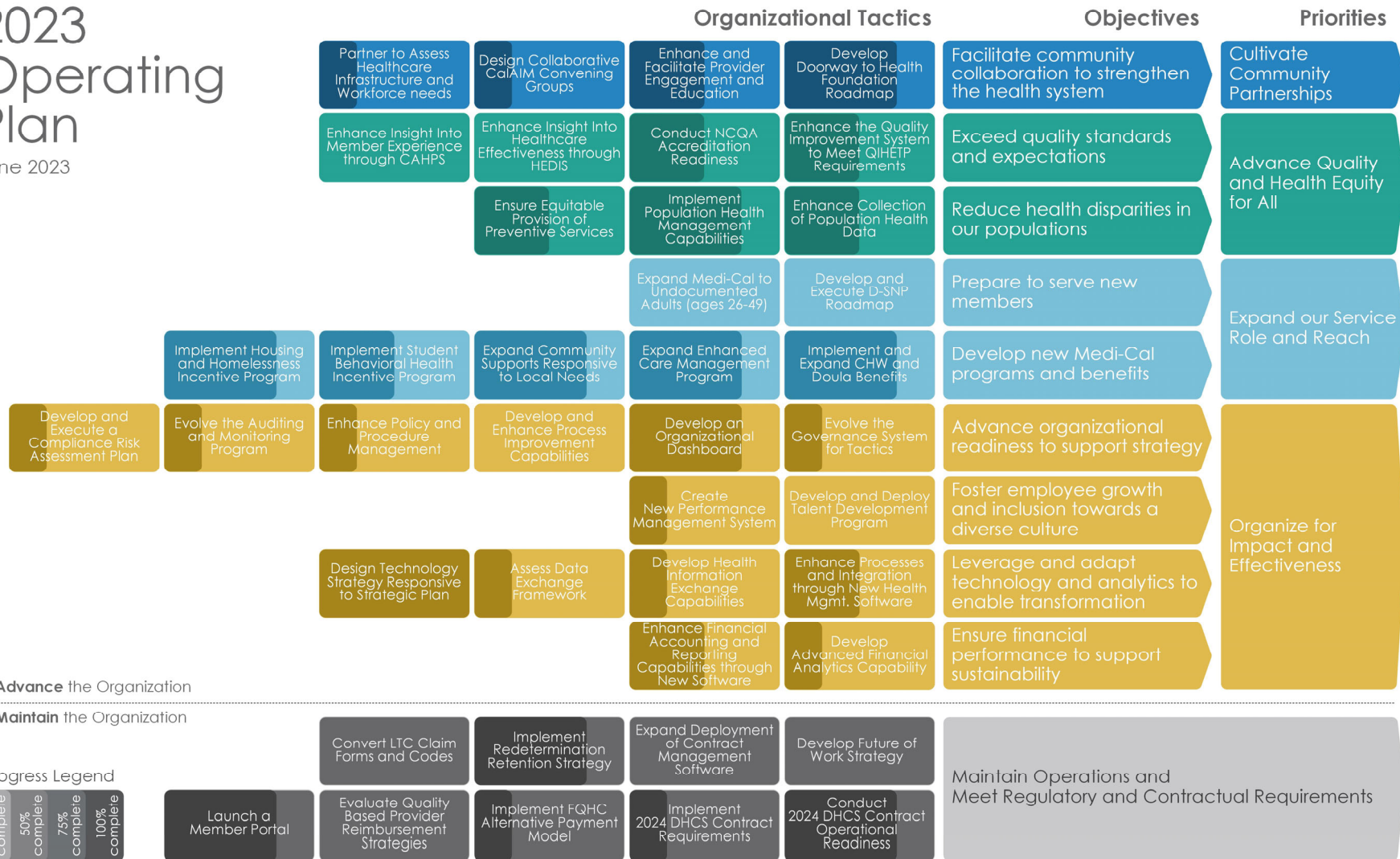


Vision



2023 Operating Plan

June 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

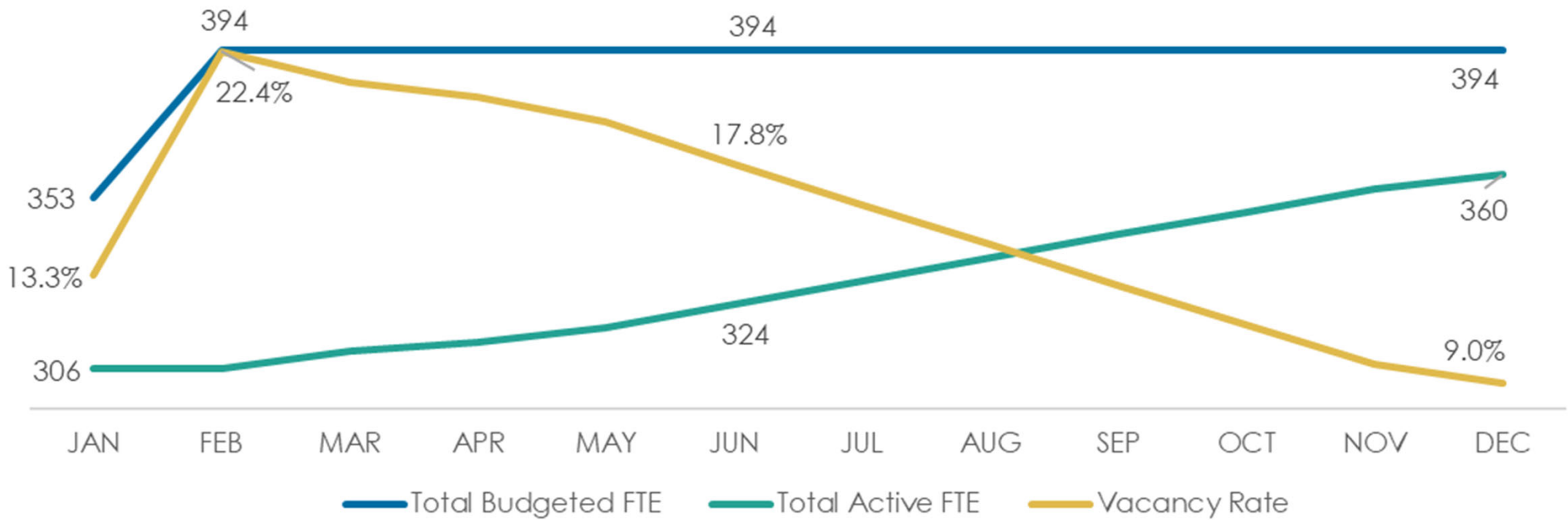
To be a trusted leader in advancing health equity so that our communities thrive and achieve optimal health together

Progress Legend



From Strategy Execution to **Strategy Enablers**

Growing our Team to Advance the Organization



From Strategy Execution to **Strategy Enablers**

New Employee Orientation comments in 2023:

- “Health Equity is incredibly motivating to me. It’s the reason I joined CenCal Health and was interested in Population Health!”
- “Improving the health of our community takes a village. I’m motivated by cultivating community partnerships in Member Services.”
- “I read your Strategic Plan and Community Report. I want to be a part of it and especially interested in how CenCal Health is innovating to expand benefits and supports in Health Services.”
- “I believe in CenCal Health’s vision. It’s also unique to live by your values and appreciate the focus on organizing for impact and effectiveness. It is a great place to be in Human Resources.”

Board Retreat: Friday July 7th, 2023

8:30am Facilitator: Rafael Gomez, El Cambio Consulting

9:30am Medi-Cal Roadmap and Priorities: Michelle Baass, Director, California Department of Healthcare Services

11:00am CenCal Health Strategic Plan Reflection and Discussion

1:15pm 2023-2024 Priorities of Focus: CenCal Health Foundation Strategy, Health Plan Quality Accreditation, Dual Special Needs Program Investment

4:00pm Reflections and Adjourn



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PROVIDER BULLETIN

A QUARTERLY PUBLICATION
FOR PROVIDERS

VOL. 33 NO. 2 • JUNE 2023

A MESSAGE FROM OUR CEO

- Remaining Focused on Advancing Quality and Health Equity

PROVIDER NEWS

- Medi-Cal Redetermination has restarted
- COVID-19 reminders
- NEW 2023 Provider Manual released!
- Reminder: Appeals on behalf of Members Require Written Consent
- New private Member Accounts available to adult members
- New Doula benefit
- New Community Health Worker benefit
- Why CenCal Health is focusing on Social Determinants of Health

CLINICAL CORNER

- New Provider Portal report for Improving Well-Baby Visits

CaAIM CORNER

- Enhanced Care Management Spotlight: Children and Youth and Adults at Risk of Long-Term Care Institutionalization
- Helping members live healthy at home!
- How do I know if my assigned member is receiving care coordination services?
- CenCal Health CaAIM Whole-Person Care July Webinar
- Street Medicine: A New Medi-Cal Benefit

CLAIMS CORNER

- New itemized report available for Prop 56 payments!

INSERT

- Medi-Cal Renewal FAQs

A MESSAGE FROM OUR CEO

Remaining Focused on Advancing Quality and Health Equity

In 2023, CenCal Health's Board of Directors adopted a bold vision to be a trusted partner in advancing health equity so that our communities thrive and achieve optimal health together.

As we celebrate our 40th year in Santa Barbara County and 15th in San Luis Obispo County, we are reminded of the importance of cultivating community partnerships and supporting the providers who serve our members. Together, we have seen great improvement each year in quality outcomes because of your commitment and dedication. Last year, the Department of Healthcare Services recognized CenCal Health and our provider partners as those in the highest tier for quality of care in the Medi-Cal Program.



As we look ahead, exceeding quality standards and advancing health equity will be key priorities. Through innovative local programs, like the Quality Care Incentive Program and Enhanced Care Management, local providers are supporting this vision of optimal health. With the expansion of community supports, including medically-tailored meals, recuperative care, and housing navigation for those experiencing homelessness, local providers are advancing health equity for all. Despite the growth and continued expansion of these important programs, CenCal Health remains focused on our customer service and improving our provider's experience working with our health plan. We are always open to hearing from you, should you be interested in joining one of our committees or have suggestions for improvement. We look forward to our continued partnership.

Marina A. Owen

Thank you, Marina Owen
Chief Executive Officer of CenCal Health

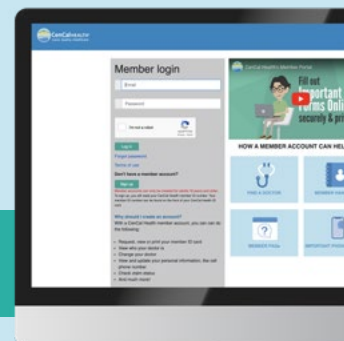


PROVIDER NEWS

New private Member Accounts available to adult members

CenCal Health now offers all members (18+) a secure, Member Portal Account upon registration at www.cencalhealth.org. The Member Portal allows members to update their mailing address, phone number, and demographic information.

It also allows them to view important health appointment reminders, view their assigned PCP information or change their PCP, see authorization and billing history, complete important forms online, like annual Health Risk Assessment Surveys, and more!



Help members register today!

<https://memberportal.cencalhealth.org>

Medi-Cal Redetermination has restarted

States were required to restart their Medi-Cal eligibility redetermination process beginning April 1, 2023. Sometime over the next 12 months, most of your patients will need to renew their coverage, to prove they still qualify. For those who joined Medi-Cal in the last three years, they will be unfamiliar with this process.



Medi-Cal beneficiaries began receiving Renewal Packets at the end of April 2023, with the first discontinuances beginning as early as July 2023 for those who do not provide the requested information to verify eligibility requirements. Completion of renewal packets is crucial to ensuring that Medi-Cal members maintain coverage. Below are resources which you can share with your patients.

Important information to share with your Medi-Cal patients:

- We've put together an FAQ for providers to educate themselves and their members about the process. cencalhealth.org/providers/redeterminationFAQ .
- Department of Health Care Services (DHCS) created a new Medi-Cal Renewal Website www.KeepMediCalCoverage.org for members to create an online account to verify their contact information is correct in order to receive their Renewal Packet. Please share this website as much as possible with your Medi-Cal members.
- Some beneficiaries will be auto-renewed and will receive a Letter of Approval however, the majority will receive a Renewal Packet by mail sometime over the next 12 months, which must be completed and returned to their local DSS office or on-line following the instructions at their client portals at: www.mybenefitscalwin.org (SLOC) or <https://benefitscal.com> (SBC). It's important to note that if a member's address and phone number information is not up to date, this packet will not be able to be delivered, and members risk discontinuance for lack of returned information.
- DHCS also created a Renewal Toolkit for health plans to share with our providers and community partners. DHCS wants these to be used in their current formats so that standard messaging is out to beneficiaries across California. Providers may access these posters, text scripts, flyers, call scripts and social media/website content for use in your offices and correspondence with Medi-Cal members at: www.dhcs.ca.gov/toolkits/Pages/Medi-Cal-Continuous-Coverage-Unwinding.aspx



Members can find DSS' phone numbers & addresses at cencalhealth.org/keep or cencalhealth.org/mantenga

NEW 2023 Provider Manual released!

Find answers for most questions here

CenCal Health has revised our Provider Manual, which includes information on provider responsibilities, claims information, member eligibility, guidelines for medical authorizations, and more! Please view our electronic guide online at cencalhealth.org/providers/forms-manuals-policies/provider-manual/ today!

If you have any questions about this publication, please contact the Provider Relations Department at psrgroup@cencalhealth.org.

Reminder:

Appeals on Behalf of Members Require Written Consent

CenCal Health supports a “no wrong door” process for submission of grievances and appeals.

Providers may submit appeals on behalf of a member, however regulations require that the written consent of the member be obtained by the Provider prior to submission of an appeal on the member's behalf. CenCal Health wishes to remind all providers that such written consent must accompany an appeal on behalf of a member in order for the appeal to be accepted.

You can print a CenCal Health member Consent Form for your office at cencalhealth.org/providers/file-grievance/. Please contact CenCal Health Provider Relations Department at (805) 562-1676 with any questions.



COVID-19 reminders: No member cost for testing, treatment

CenCal Health is dedicated to keeping our providers up to date with the most current information for the screening, testing, and treatment of COVID-19.

As a reminder, there is no cost to a CenCal Health member for medically needed screening, testing, and treatment for COVID-19. The following National Institutes of Health (NIH) COVID-19 Treatment Guidelines provide clinicians with evidence-based recommendations on the management of COVID-19 treatment options. You can locate the NIH COVID-19 Treatment Guidelines online at www.covid19treatmentguidelines.nih.gov/management/clinical-management-of-adults/

NIH COVID-19 Treatment Guidelines

Medication	Pharmacy Benefit (Billed by a pharmacy)	Medical Benefit (Billed on a medical claim)	
	Medi-Cal Rx	Medi-Cal FFS	CenCal Health Benefit
Paxlovid (nirmatrelvir/ritonavir)	Yes	No	No
Lagevrio (molnupiravir)	Yes	No	No
Veklury (remdesivir)	Yes	Yes	Yes

For more information, including Medi-Cal RX Treatment Resources and test to treat sites, please visit cencalhealth.org/providers/covid-19-resources/ or contact our Provider Services department at (805) 562-1676.

CenCal Health CalAIM Whole-Person Care July Webinar

CalAIM is a long-term initiative created by the California Department of Health Care Services (DHCS) to transform and strengthen Medi-Cal. The mission of CalAIM is to offer Californians a more equitable, coordinated, and person-centered approach to maximize their health and life trajectory.

With CalAIM, the holistic health needs of members are prioritized through prevention and whole-person care. Whole-person care means members with complex needs have access to novel services that extend beyond traditional healthcare settings. These services aim to provide comprehensive care and achieve better health outcomes for members whose wellness is impacted by complex social factors, including homelessness, behavioral health, care needs for older adults, transitioning from incarceration, and more.

Join CenCal Health on July 26th as we share CalAIM's primary goals, learn how to identify members who might benefit from Enhanced Care Management (ECM) with our populations of focus now and in the future, as well as how to refer eligible members for Community Support (CS) housing services, medically tailored meals services, and more!

To RSVP for this virtual learning experience go to Provider Training & Resources online at cencalhealth.org/providers/provider-training-resources/



Do you have patients that could benefit from Community Health Worker services?

CenCal Health covers Community Health Worker (CHW) services as preventive services, on the written recommendation of a physician or other licensed practitioner of the healing arts within their scope of practice.

CHW services are preventive health services delivered by a CHW to prevent disease, disability, and other health conditions or their progression; to prolong life; and to promote physical and mental health. CHWs may include individuals known by a variety of job titles, such as promotores, community health representatives, navigators, and other non-licensed public health workers, including violence prevention professionals.

Importantly, CHW services provide a mechanism for the delivery of equitable and culturally competent care for CenCal Health members which align with CenCal Health's Population Health Management program.

Services may be provided to a parent or legal guardian of a CenCal Health member under the age of 21 for the direct benefit of the member, in accordance with a recommendation from a licensed provider.

To learn more about this service please reference Section 17 of the Provider Manual online at cencalhealth.org/providers/forms-manuals-policies/provider-manual/. For more information on becoming a CHW contracted provider, please contact the Provider Relations department at psrgroup@cencalhealth.org.



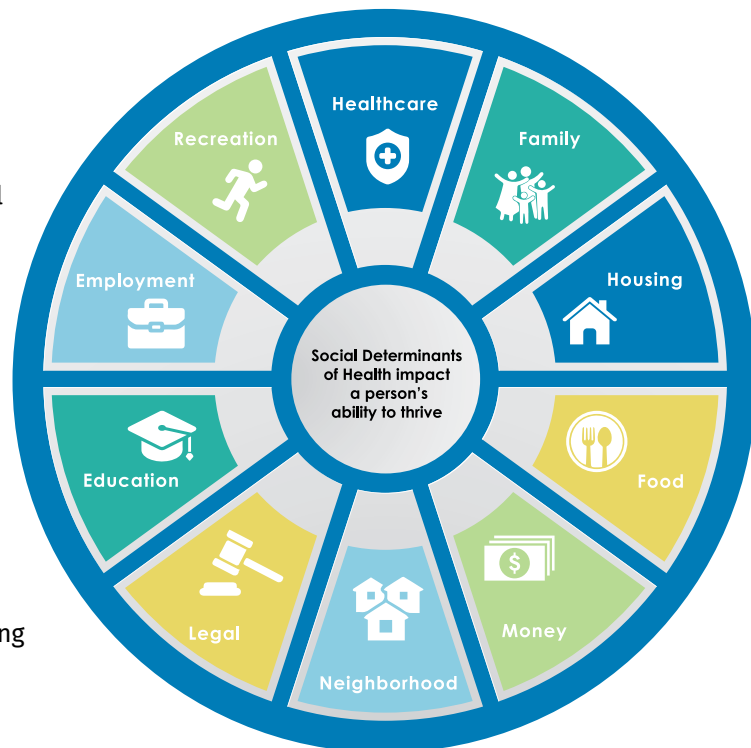
Why CenCal Health is focusing on Social Determinants of Health

The Centers for Disease Control and Prevention (CDC) defines Social Determinants of Health (SDOH) as the nonmedical factors that influence health outcomes. The conditions into which people are born and in which they live their lives have a profound effect on their health.

To support health equity for all, CenCal Health is focused on addressing Social Determinants of Health to ensure we best address the health needs of the community we serve. CenCal Health is asking our provider partners to help us identify our members' SDOH by submitting procedure codes within authorizations and claims to allow us to appropriately assess the needs of our community. Thank you for your partnership in collecting and submitting these data.

For more information on coding for SDOH, please visit: cencalhealth.org/providers/social-determinants-of-health/

Please visit the CDC website for additional information on Social Determinants of Health: www.cdc.gov/about/sdoh/index.html



New Doula benefit for pregnancy, miscarriage, abortion, and post delivery

Any CenCal Health member who is pregnant or was pregnant within the past year and meets eligibility criteria may receive Doula services. Doula services require a recommendation from a provider.

A recommendation for services authorizes the following:

- One initial visit;
- Up to eight additional visits that may be provided in any combination of prenatal and postpartum visits;
- Support during labor and delivery (including labor and delivery resulting in a stillbirth), abortion or miscarriage; and
- Up to two extended three-hour postpartum visits after the end of a pregnancy

Doulas serving CenCal Health members provide person-centered, culturally competent care that supports the racial, ethnic, linguistic, and cultural diversity of beneficiaries, while adhering to evidence-based best practices. Doula services are aimed at preventing perinatal complications and improving health outcomes for birthing parents and infants.

If your organization would like to become a Doula provider or if you would like assistance locating a Doula provider, please contact the Provider Relations department at psrgroup@cencalhealth.org.



CLINICAL CORNER

New Provider Portal report for Improving Well-Baby Visits

CenCal Health has added a new “Well Baby Report” to the Provider Portal to support the provision of at least 6 well-care exams by a child’s 15th month of age.

This new report aligns with the American Academy of Pediatrics (AAP) periodicity schedule to help prevent children from falling behind in their recommended and subsequent appointments. According to AAP, by the time a child is 15 months of age, they should have received approximately eight well-care exams. In addition, this new report will support providers in improving Quality Care Incentive Program (QCIP) performance in childhood immunizations, lead testing, and developmental screenings.

Primary Care Providers will be able to access and download the well-baby report by following these simple steps

1. Sign into CenCal Health’s Provider Portal
2. Select Quality Care Incentive Program then Well Baby Report
3. On the Well Baby Report home screen, providers can enter a specific date to generate a report
4. Select ‘View Report’ to auto-populate detailed information for all members due for their Well Baby Exam for member outreach

For more information, please email us at QCIP@cencalhealth.org.



Street Medicine: A new Medi-Cal benefit

Among the many new benefits offered under California Advancing and Innovating Medi-Cal (CaAIM) is Street Medicine.

Street Medicine refers to health and social services developed to address the unique needs of individuals experiencing unsheltered homelessness. Under Medi-Cal, this means those visits provided directly to members in their unsheltered lived environment, outside the clinic walls. Street Medicine can be provided via mobile units (such as RVs) that go directly to unsheltered Members; however, services provided in fixed locations or in shelter settings, are not considered Street Medicine. Providers who may render

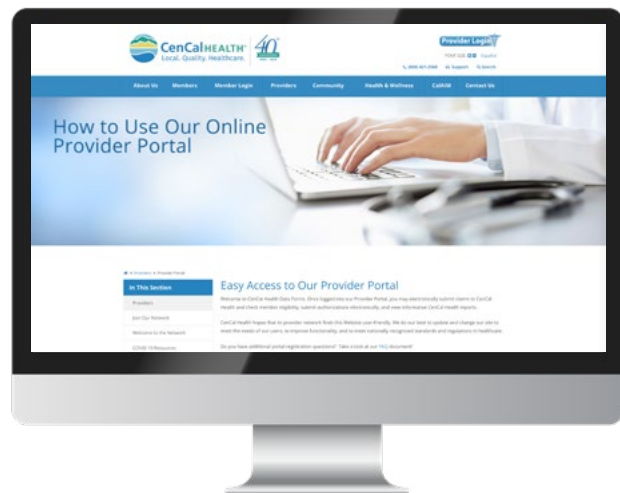
Street Medicine include a licensed Doctor of Medicine (MD)/Doctor of Osteopathic Medicine (DO), Physician Assistant (PA), Nurse Practitioner (NP), and Certified Nurse Midwife (CNM) who have knowledge and experience in street medicine clinical guidelines and protocols. These providers should ensure linkages to needed medical, behavioral, and social services including referrals to Enhanced Care Management (ECM) and Community Supports (CS).

There are several ways a Street Medicine provider may perform services and participate in the CenCal Health network, as either a:

- **Primary Care Provider (PCP)** – where Members elect to have a Street Medicine provider as their PCP, providing all primary care and components of the medical home including case management, care coordination, and referrals to specialists and other supportive services.
- **Referral Provider** – where Street Medicine providers coordinate with the Member’s assigned PCP and ECM Care Managers to ensure provision of direct services and ensure coordination and referrals to primary care and other needed services.
- **Enhanced Care Management Provider** – providing those comprehensive care coordination and case management functions directly to Members in their lived environment.

CenCal Health is proud to partner with organizations to provide our members with expanded benefits and whole person care approaches under CaAIM to serve our most vulnerable community members. To learn more about the Street Medicine benefit, including becoming a contracted Street Medicine provider with CenCal Health, please contact our Provider Relations department at psrgroup@cencalhealth.org or at (805) 562-1676.

How do I know if my assigned member is receiving care coordination services?



The Provider Portal Eligibility module has been enhanced to identify members receiving Care Management ECM and Community Supports services.

Providers are encouraged to check this new report to determine if assigned members are engaged in care coordination and to outreach to the respective provider to collaborate on care coordination efforts and engagement with CenCal Health members.

Enhanced Care Management spotlight: Children and youth and adults at risk of long-term care institutionalization

With CaAIM, the holistic health needs of members are prioritized through Enhanced Care Management (ECM), a whole-person care approach to address clinical and non-clinical needs of high risk members.

These services aim to provide comprehensive care and achieve better health outcomes for members whose wellness is impacted by complex social factors, including homelessness, behavioral health, care needs for older adults, transitioning from incarceration, and our children and youth population.

Members who are enrolled in ECM are assigned a Lead Care Manager who conducts a comprehensive assessment, develops a member-centric care plan, and coordinates with those involved in the members care such as PCP, Specialists, and community based organizations. The Lead Care Manager ensures that the member is receiving all necessary services including durable medical equipment, caregiver support and nursing care.

CenCal Health would like to highlight two Populations of Focus eligible for ECM.

Effective 7/1/2023 CenCal Health will be offering the ECM benefit for qualifying Children and Youth, allowing for the systematic coordination of services across other children/youth care management programs, specialty mental health services, Child Welfare Services, and foster care systems.

Children and Youth who meet the following ECM eligibility criteria will be eligible:

- Experiencing homelessness
- At Risk for Avoidable Hospital or E.D. Utilization
- With Serious Mental Health and/or SUD Needs
- Enrolled in CCS or CCS WCM with additional needs beyond the CCS condition
- Are involved in Child Welfare Services
- With an Intellectual/Development Disability
- Pregnant or Postpartum



Helping members live healthy at home!

In addition, effective 7/1/2023 CenCal Health will be offering another ECM benefit which is designed to meet the specific needs of Adults Living in the Community and At-Risk for Long Term Care Institutionalization.

Intensive coordination through ECM can help adults continue to reside in the community, who would otherwise have entered an institutional setting for care.

Adult members eligible for this Population of Focus are:

- living in the community who meet the SNF Level of Care (LOC) criteria

OR who require lower-acuity skilled nursing, such as time-limited and/or intermittent medical and nursing services, support, and/or equipment for prevention, diagnosis, or treatment of acute illness or injury;

- Actively experiencing at least one complex social or environmental factor influencing their health
- Are able to reside continuously in the community with wraparound supports

To refer eligible members for ECM benefits please submit the CenCal Health Case Management Referral Form located online under the ECM section of our website cencalhealth.org/providers/calaim. If you are interested in becoming an ECM provider for these populations of focus, please contact the Provider Relations Department at (805) 562-1676 or email ecmandcs@cencalhealth.org

Provider Bulletin update

CenCal Health is now publishing quarterly Provider Bulletins in March, June, September, and December, in addition to monthly digital Bulletins!

CenCal Health will continue providing time-sensitive information to our provider network through other means of communication, including emails, the CenCal Health website, and in person during provider visits.

To ensure that you receive important updates, sign up today by scanning the QR code or with your email address online at cencalhealth.org/providers/provider-bulletin-newsletter/



CenCal Health Holiday Closures

- Monday, June 19, 2023 (JuneTeenth National Independence Day observed)
- Tuesday, July 4, 2023 (Independence Day observed)
- Monday, September 4, 2023 (Labor Day observed)

Provider Services (805) 562-1676
 Claims Services (805) 562-1083
 Pharmacy Services (805) 562-1080
 Health Services (805) 562-1082
 Member Services (877) 814-1861
 Behavioral Health (805) 562-1600



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CLAIMS CORNER

New itemized report available for Prop 56 payments!

Beginning in April 2023, claims received and paid where Prop 56 Supplemental Add-On payments are due are no longer reflected on individual claims, but instead are reimbursed monthly by separate check from CenCal Health.

These payments will be made by the 15th of the following month that the claim appeared as “Payable” on an Explanation of Payment (EOP).

For **payment details** you can find the New Prop 56 Report on the Provider Portal located under the Claims & Billing module. The report will contain the claim information that the Prop 56 payment is related to, including the member’s information, internal patient account number, and the claim Explanation of Payment (EOP) date. This report will be a great tool to assist in provider billing reconciliation.

HELPFUL TIPS:

- If you are experiencing difficulties with viewing the “View Report” icon at the top of the report, zoom out by pressing and holding the CTRL & Minus button on your keyboard.
- For best practice and legibility, you can download the Prop 56 Report to an excel file or PDF file.

Please contact the Claims department at (805) 562-1083 if you have any additional questions related to claims and billing and your Prop 56 payments.

P-PS-PB-0623 E

Medi-Cal Renewal FAQs



- 1. 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 kept 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.
- 2. 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 numbers in the last three years, they need to make sure Medi-Cal has their current information.**
- 3. How can members update their information online?**
 - San Luis Obispo County residents: www.MyBenefitsCalWIN.org
 - Santa Barbara County residents: www.BenefitsCal.com
 - www.KeepMediCalCoverage.org
- 4. Can a member call, mail, fax, or visit their nearest DSS office to report changes?**
Yes. A member can find their local office's address and phone number at www.cencalhealth.org/keep
- 5. How does a Medi-Cal member report a change if they have SSI?**
If they get SSI, do not have a U.S. mailing address, and are unable to change their address online, they can report a change by:
 - Calling (800) 772-1213 [TTY (800) 325-0778], Monday through Friday, 8 a.m. – 7 p.m.
 - Contacting their local Social Security office by going to www.ssa.gov/locatorMedi-Cal members who get SSI will have Social Security process their Medi-Cal renewal. Members with questions should call (800) 772-1213, or contact their local Social Security office.
- 6. When will renewal forms be sent to Medi-Cal members?**
Starting April 2023, **every Medi-Cal member will receive information two months before their renewal month.** Some members will receive a letter saying they were renewed automatically. Others will receive a renewal form in a yellow envelope. **If a member gets a renewal form, they must submit information online, by phone, in person, or by mail right away to keep from losing their CenCal Health Medi-Cal coverage.**
- 7. Can a community-based organization report an address or phone number change on a member's behalf?**
The member or someone acting as an authorized representative on their behalf must report address or phone number changes to DSS. A community-based organization must be an authorized representative for that member to report the change. In instances when the community-based organization is not the authorized representative, the member should be redirected to report the address change to DSS.
- 8. What is most important for Medi-Cal members to do right now to avoid disenrollment?**
Medi-Cal members should make sure that their local DSS has their correct address and phone number. They can update their information in several ways, listed above. **If a member household receives a yellow envelope asking for information about their Medi-Cal eligibility, they need to respond right away.**

For local DSS office locations and phone numbers, go to www.cencalhealth.org/keep

For more information please contact CenCal Health Member Services at (877) 814-1861.

Preguntas y respuestas frecuentes sobre la renovación de Medi-Cal



- 1. ¿Por qué los miembros de CenCal Health necesitan actualizar su información con el condado?**
Se necesita la información de contacto actual para que los miembros puedan recibir avisos del Departamento de Servicios Sociales (DSS, por sus siglas en inglés). Durante la emergencia de salud pública de COVID-19, los miembros mantuvieron su cobertura independientemente de los cambios en sus circunstancias. Sin embargo, a partir del 1º de abril de 2023, las agencias del DSS en los condados de Santa Bárbara y San Luis Obispo verificarán si los miembros de Medi-Cal aún califican para la cobertura.
- 2. ¿Qué información necesitan actualizar los miembros?**
Lo más importante, es que miembros deben reportar los cambios en su domicilio donde recibe su correspondencia o número de teléfono. **Si un miembro se mudó, cambió su dirección o su número de teléfono en los últimos tres años, debe asegurarse de que Medi-Cal tenga su información actualizada.**
- 3. ¿Cómo pueden los miembros actualizar su información en línea?**
 - Residentes del condado de San Luis Obispo: www.MyBenefitsCalWIN.org
 - Residentes del condado de Santa Bárbara: www.BenefitsCal.com
 - www.KeepMediCalCoverage.org
- 4. ¿Puede un miembro llamar, enviar una postal, fax o visitar su oficina local del DSS más cercana para informar cambios?**
Sí. Un miembro puede encontrar la dirección y el número de teléfono de su oficina local en www.cencalhealth.org/mantenga
- 5. ¿Cómo puede un miembro de Medi-Cal reportar un cambio si tiene Medi-Cal por que recibe ingresos de seguro social (SSI, por sus siglas en inglés)?**
Si reciben SSI, no tienen un domicilio postal en los EE. UU., y no pueden cambiar su domicilio en línea, pueden reportar un cambio de la siguiente manera:
 - Llamando al (800) 772-1213 [TTY (800) 325-0778)], de lunes a viernes, de 8 a.m. a 7 p.m.
 - Poniéndose en contacto con su oficina local del Seguro Social en línea en www.ssa.gov/locator/Las oficinas del Seguro Social procesarán la renovación de Medi-Cal para los miembros de Medi-Cal que reciben SSI. Los miembros que tengan preguntas deben llamar al (800) 772-1213 o se pueden comunicar con su oficina local del Seguro Social.
- 6. ¿Cuándo se enviarán los formularios de renovación a todos los miembros de Medi-Cal?**
A partir de abril de 2023, **todos los miembros de Medi-Cal recibirán información dos meses antes de su mes de renovación.** Algunos miembros recibirán una carta diciendo que fueron renovados automáticamente. Otros recibirán un formulario de renovación en un sobre amarillo. **Si un miembro recibe un formulario de renovación, debe enviar la información en línea, por teléfono, en persona o por correo de inmediato para evitar perder la cobertura de CenCal Health.**
- 7. ¿Puede una organización comunitaria reportar un cambio de domicilio en nombre de un miembro?**
El miembro o alguien que actúe como representante autorizado en su nombre debe reportar el cambio de domicilio o cambio del número de teléfono a DSS. Una organización comunitaria debe ser un representante autorizado de ese miembro para reportar el cambio. En los casos en que la organización comunitaria no sea el representante autorizado, se debe dirigir al miembro para que pueda reportar el cambio de domicilio al DSS.
- 8. ¿Qué es lo más importante que deben hacer los miembros de Medi-Cal en este momento para evitar la cancelación de su cobertura?**
Los miembros de Medi-Cal deben asegurarse de que su oficina local del DSS tenga su domicilio y número de teléfono correctos. Pueden actualizar su información de varias maneras como se anotó anteriormente. **Si un hogar de miembros recibe un sobre amarillo solicitando información sobre su elegibilidad para Medi-Cal, debe responder de inmediato.**

Para obtener información sobre los números de teléfono y donde se encuentran las oficinas del DSS, visite la página web www.cencalhealth.org/mantenga

Para obtener más información, por favor comuníquese con Servicios para Miembros al (877) 814-1861.