

## **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

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### **Executive Summary**

This is CenCal Health's QIHEC report to your Board, including information about the committee's proceedings for its 2<sup>nd</sup> quarterly meeting of 2023, completed on May 25<sup>th</sup>, 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 25<sup>th</sup> inaugural convening of the QIHEC included expanded membership to include Ms. Sara Macdonald, Community member and CenCal Health member; and hospital representatives -- 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 2<sup>nd</sup> 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 25<sup>th</sup>, 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

## Quality Improvement & Health Equity Committee Approved QIHETP & PHM Policies

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

<b>CENCAL HEALTH POLICY AND PROCEDURE (P&amp;P)</b>	
<b>Title:</b> Quality Improvement Health Equity Transformation Program Governing Board Responsibilities	<b>Policy No.:</b>
<b>Department:</b> Quality	
<b>Cross Functional Departments:</b> Administration	
<b>Effective Date:</b> January 1, 2023	<b>Last Revised Date:</b> N/A
<b>P&amp;P Require DHCS Approval?</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	<b>Annual Review Date:</b> August 1, 2023
<b>Director Signature and Date:</b>  Lauren Geeb, MBA Director of Quality Improvement	<b>Officer Signature and Date:</b>  Carlos Hernandez Quality Officer

**I. Purpose:**

To specify the responsibilities of CenCal Health's Governing Board in the Quality Improvement Health Equity Transformation Program (QIHETP).

**II. Policy:**

CenCal Health's Governing Board (also referred to as CenCal Health's Board of Directors) is responsible for the following, which include, at a minimum:

- A. Approval of the overall QIHETP and the annual plan of the QIHETP;
- B. Appointing an accountable entity or entities responsible for the oversight of the QIHETP;
- C. Receiving written Quality Improvement Health Equity Committee (QIHEC) progress reports that describe actions taken, progress in meeting QIHETP objectives, and improvements made; and
- D. Directing necessary modifications to QIHETP policies and procedures to ensure compliance with the Quality Improvement and Health Equity standards of the California Department of Health Care Services (DHCS) Contract and the DHCS Comprehensive Quality Strategy.

**III. Procedure:**

- A. QIHETP Approval

1. Annually, to assure effective oversight and direction, the CenCal Health Quality Department presents the overall QIHETP and annual plan of the QIHETP to the QIHEC for approval.
  2. Subsequent to the QIHEC's approval, the overall QIHETP and annual plan of the QIHETP are presented to CenCal Health's Board of Directors for approval.
- B. Annually, CenCal Health's Board of Directors appoints the QIHEC as its designated entity responsible for the oversight of the QIHETP.
- C. Subsequent to each meeting of the QIHEC, CenCal Health's Chief Medical Officer or medical director designee provides written QIHEC progress reports to CenCal Health's Board of Directors.
1. The QIHEC reports to CenCal Health's Board of Directors comprehensively describe actions taken, progress in meeting QIHETP objectives, and improvements made.
  2. The QIHEC reports request direction from CenCal Health's Board of Directors, including but not limited to necessary modifications to QIHETP policies and procedures to ensure compliance with the QI and Health Equity standards of the DHCS Contract and the DHCS Comprehensive Quality Strategy.

#### IV. **Definitions:**

**DHCS Comprehensive Quality Strategy:** the federally-required written strategy produced by the State, pursuant to 42 CFR section 438.340, that assesses and improves the quality of health care and services furnished by Medi-Cal managed care health plans.

**Governing Board:** CenCal Health's Board of Directors, that has the authority to manage and direct CenCal Health's affairs and activities, including, but not limited to, approving initiatives and establishing policies and procedures.

**Quality Improvement and Health Equity Committee (QIHEC):** the committee facilitated by CenCal Health's Chief Medical Officer (CMO), or the CMO's designee, in collaboration with the Chief Health Equity Officer, to meet at least quarterly to direct all QIHETP findings and required actions.

**Quality Improvement and Health Equity Transformation Program (QIHETP):** the systematic and continuous activities to monitor, evaluate, and improve upon the Health Equity and health care delivered to Members in accordance with the standards set forth in applicable laws, regulations, and the DHCS Medi-Cal Managed Care Agreement.

#### V. **References:**

A. DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, 2.2.2 Governing Board

**VI. Cross Reference:**

A. Policy and Procedures (P&Ps):

1. QI-XX: Quality Improvement Health Equity Committee Role, Structure, & Function

**VII. Attachments:** N/A

**Revision History:**

P&P Revision Date	Leaders who Reviewed and Approved P&P Revisions	Reason for P&P Revisions	P&P Revision Effective Date (date P&P is operationalized)	DHCS P&P Approval Date



<b>CENCAL HEALTH POLICY AND PROCEDURE</b>	
<b>Title:</b> Quality Improvement Health Equity Committee Role, Structure & Function	<b>Policy No. :</b> TBD
<b>Department:</b> Quality	
<b>Cross Functional Departments:</b> Administration, Program Development	
<b>Effective Date:</b> January 1, 2024	<b>Revised Date:</b> N/A
<b>Policy Require DHCS Approval?</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	<b>Annual Review Date:</b> August 1
<b>Director Signature and Date:</b>     Lauren Geeb, MBA Director of Quality Improvement	<b>Officer Signature and Date:</b>     Carlos Hernandez Quality Officer

**I. Purpose:**

To specify the role, structure, and function of CenCal Health's Quality Improvement Health Equity Committee (QIHEC).

**II. Policy:**

- A. CenCal Health implements and maintains a QIHEC designated and overseen by its Board of Directors.
- B. CenCal Health's Board of Directors appoints the QIHEC as an accountable entity responsible for the oversight of the Quality Improvement and Health Equity Transformation Program (QIHETP). The QIHEC oversees the development and implementation of the QIHETP and Quality Improvement (QI) functions in the organization. Associated committees and subcommittees may also participate in these activities.
- C. CenCal Health's Board of Directors appoints a liaison to the QIHEC to ensure effective oversight of the QIHETP and facilitate communication between the Board of Directors and QIHEC.
- D. The QIHEC's activities are supervised by CenCal Health's Chief Medical Officer or the Chief Medical Officer's designee, in collaboration with CenCal Health's Chief Health Equity Officer.

### III. Procedure:

- A. CenCal Health's Chief Medical Officer or the Chief Medical Officer's designee chairs the QIHEC in collaboration with CenCal Health's Chief Health Equity Officer.
- B. CenCal Health ensures a broad range of Network Providers, including but not limited to hospitals, clinics, county partners, physicians, Subcontractors, Downstream Subcontractors, Network Providers, and members, actively participate in the QIHEC or in any sub-committee that reports to the QIHEC.
- C. Participating Subcontractors, Downstream Subcontractors, and Network Providers must be representative of the composition of CenCal Health's Provider Network and include, at a minimum, Network Providers who provide health care services to:
  1. Members affected by Health Disparities;
  2. Limited English Proficiency (LEP) members;
  3. Children with Special Health Care Needs (CSHCN);
  4. Seniors and Persons with Disabilities (SPDs); and
  5. Persons with chronic conditions.
- D. Participating practitioners are representative of the specialties in CenCal Health's network.
- E. The QIHEC's responsibilities include the following:
  1. Analyze and evaluate the results of QI and Health Equity activities including annual review of the results of performance measures, utilization data, consumer satisfaction surveys, and the findings and activities of other CenCal Health committees such as the Community Advisory Board (CAB).
    - i. The QIHEC recommends and revises, or oversees recommendations and revisions to, policies for effective operation of the QIHETP and achievement of QIHETP objectives.
    - ii. The QIHEC oversees the analysis and evaluation of the QIHETP and assesses the results. The committee is not required to be directly involved in quantitative and qualitative analysis, but in its oversight role, reviews the analysis and evaluation of QI activities of other committees or staff.
  2. Institute actions to address performance deficiencies, including policy recommendations.
    - i. The QIHEC identifies actions to improve quality, prioritizes them based on their significance, and chooses which to pursue, or oversees these functions if performed by an associated committee or subcommittee.
  3. Ensure appropriate follow-up of identified performance deficiencies.
    - i. The QIHEC reviews and evaluates chosen actions to determine their effectiveness.
  4. Ensure practitioner participation in the QIHETP through planning, design, implementation or review.
- F. CenCal Health ensures member confidentiality is maintained in QI discussions and ensures avoidance of conflict of interest among QIHEC members.

- G. The QIHEC meets at least quarterly, and more frequently if needed.
- H. A written summary of QIHEC activities, as well as QIHEC activities of its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors, findings, recommendations, and actions is prepared after each meeting of the QIHEC.
  - 1. CenCal Health's Chief Medical Officer or designee submits written QIHEC progress reports to CenCal Health's Board of Directors.
    - i. The QIHEC reports to the Board of Directors comprehensively describe actions taken, progress in meeting QIHETP objectives, and improvements made.
    - ii. The QIHEC reports request direction from CenCal Health's Board of Directors, including but not limited to necessary modifications to QIHETP policies and procedures to ensure compliance with the QI and Health Equity standards of the DHCS Contract and the DHCS Comprehensive Quality Strategy.
  - 2. CenCal Health makes the written summary of QIHEC activities publicly available on CenCal Health's website at least quarterly.
  - 3. Upon request, CenCal Health submits written summaries of QIHEC proceedings to DHCS.
- I. CenCal Health ensures that its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors maintain a QIHEC that meets the requirements set forth above.
- J. CenCal Health ensures its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors report to CenCal Health's QIHEC quarterly, at a minimum.

**IV. Definitions:**

**Downstream Fully Delegated Subcontractor:** a Downstream Subcontractor that contractually assumes all duties and obligations of CenCal Health under the DHCS Medi-Cal Managed Care Agreement, through the Subcontractor, except for those contractual duties and obligations where delegation is legally or contractually prohibited. A managed care plan can operate as a Downstream Fully Delegated Subcontractor.

**Downstream Subcontractor:** an individual or an entity that has a Downstream Subcontractor Agreement with a Subcontractor or a Downstream Subcontractor. A Network Provider is not a Downstream Subcontractor solely because it enters into a Network Provider Agreement.

**Fully Delegated Subcontractor:** a Subcontractor that contractually assumes all duties and obligations of CenCal Health under the DHCS Medi-Cal Managed Care Agreement, except for those contractual duties and obligations where delegation is legally or contractually prohibited. A managed care plan can operate as a Fully Delegated Subcontractor.

**Network Provider:** any provider or entity that has a Network Provider Agreement with CenCal Health, CenCal Health's Subcontractor, or CenCal Health's Downstream Subcontractor, and receives Medi-Cal funding directly or indirectly to order, refer, or render Covered Services. A Network Provider is not a Subcontractor or Downstream Subcontractor by virtue of the Network Provider Agreement.

**Quality Improvement and Health Equity Committee (QIHEC):** the committee facilitated by CenCal Health's Chief Medical Officer (CMO), or the CMO's designee, in collaboration with the Chief Health Equity Officer, to meet at least quarterly to direct all QIHETP findings and required actions.

**Quality Improvement and Health Equity Transformation Program (QIHETP):** the systematic and continuous activities to monitor, evaluate, and improve upon the Health Equity and health care delivered to Members in accordance with the standards set forth in applicable laws, regulations, and the DHCS Medi-Cal Managed Care Agreement.

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

**V. References:**

- A. DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, 2.2.3 QIHEC

B. NCQA Health Plan Accreditation Standard QI 1: Program Structure and Operations

**VI. Cross Reference:**

A. Policy and Procedures (P&Ps):

1. QI-XX: Quality Improvement Health Equity Transformation Program Governing Board Responsibilities

**VII. Attachments:** N/A

**Revision History:**

<b>P&amp;P Revision Date</b>	<b>Leaders who Reviewed and Approved P&amp;P Revisions</b>	<b>Reason for P&amp;P Revisions</b>	<b>P&amp;P Revision Effective Date</b> (date P&P is operationalized)	<b>DHCS P&amp;P Approval Date</b>

<b>CENCAL HEALTH POLICY AND PROCEDURE</b>	
<b>Title:</b> Development and Submission of Quality Improvement Health Equity Annual Plan	<b>Policy No. :</b> TBD
<b>Department:</b> Quality	
<b>Cross Functional Departments:</b> Administration, Program Development, Compliance	
<b>Effective Date:</b> January 1, 2024	<b>Revised Date:</b> TBD
<b>Policy Require DHCS Approval?</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	<b>Annual Review Date:</b> August 1
<b>Director Signature and Date:</b>  Lauren Geeb, MBA Director of Quality Improvement	<b>Officer Signature and Date:</b>  Carlos Hernandez Quality Officer

**I. Purpose:**

To specify the process for CenCal Health to develop and submit its annual Quality Improvement (QI) and Health Equity plan to the Department of Health Care Services (DHCS).

**II. Policy:**

CenCal Health develops an annual QI and Health Equity plan for submission to DHCS.

**III. Procedure:**

- A. CenCal Health’s Quality Department leads the annual development of a QI and Health Equity plan, in coordination with all Quality Improvement Health Equity Transformation Program (QIHETP) participants plan wide, including but not limited to CenCal Health’s Chief Medical Officer, Chief Health Equity Officer, and Quality Officer.
- B. The QI and Health Equity plan includes the following, at a minimum:
  1. An Annual QIHETP Description, that describes the following:
    - i. The QIHETP structure.
    - ii. The behavioral healthcare aspects of the QIHETP, including the organization’s efforts to monitor and improve behavioral healthcare.
    - iii. Involvement of a designated physician in the QIHETP, including the role of the designated physician in the QIHETP, which includes participating in or advising the QIHEC or a subcommittee that reports to the QIHEC.

- iv. Involvement of a behavioral healthcare practitioner in the behavioral aspects of the program, including the role of the behavioral healthcare practitioner participating in or advising the QIHEC or a behavioral healthcare subcommittee that reports to the QIHEC.
    - The behavioral healthcare practitioner must be a medical doctor or have a clinical PhD or PsyD.
    - The behavioral healthcare practitioner may be a medical director, clinical director, or a participating practitioner from CenCal Health or its behavioral healthcare delegate (if applicable).
  - v. Oversight of QIHETP functions of the organization by CenCal Health's Quality Improvement Health Equity Committee (QIHEC), including the role, function and reporting relationships of the QIHEC and subcommittees, including committees associated with oversight of delegated activities.
2. An Annual Work Plan, that includes the following, at a minimum:
    - i. Yearly planned QI activities and objectives, that address quality of clinical care, safety of clinical care, quality of service, and member's experience.
    - ii. Planned equity-focused interventions to address identified patterns of over- or under-utilization of physical and behavioral health care services.
    - iii. The specific time frame for each activity's completion, including date, or month, or quarter.
    - iv. Staff members responsible for each activity, listed by role or title of lead staff-person.
    - v. Monitoring of previously identified issues that require additional follow-up.
    - vi. Evaluation of the QI program, listed as a specific activity within the work plan, with a stated time frame and it must identify the role or title of lead staff person responsible for the evaluation.
  3. An Annual Evaluation, that includes the following, at a minimum:
    - i. A description of completed and ongoing QI activities that address quality and safety of clinical care and quality of service;
    - ii. Trending of measures of performance in the quality and safety of clinical care and quality of service;
    - iii. Evaluation of the overall effectiveness of the QI program and of its progress toward influencing network-wide safe clinical practices;
    - iv. A comprehensive assessment of the QI and Health Equity activities undertaken, including an evaluation of the effectiveness of QI interventions;
    - v. A written analysis of required quality performance measure results, and a plan of action to address performance deficiencies, including analyses of each Fully Delegated Subcontractor's and

- Downstream Fully Delegated Subcontractor's performance measure results and actions to address any deficiencies;
- vi. An analysis of actions taken to address any CenCal Health-specific recommendations in the annual External Quality Review (EQR) technical report and CenCal Health's specific evaluation reports;
  - vii. An analysis of the delivery of services and quality of care of CenCal Health and its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors, based on data from multiple sources, including quality performance results, Encounter Data, Grievances and Appeals, Utilization Review and the results of consumer satisfaction surveys;
  - viii. Equity-focused identified patterns of over- or under-utilization of physical and behavioral health care services, with corresponding planned interventions described in the Annual Work Plan (above) to address identified utilization patterns;
  - ix. A description of CenCal Health's commitment to member and/or family-focused care through member and community engagement such as review of Community Advisory Board findings, member listening sessions, focus groups or surveys, and collaboration with local community organizations; and how CenCal Health utilizes the information from this engagement to inform CenCal Health policies and decision-making;
  - x. PHM activities and findings as outlined in Exhibit A, Attachment III, Section 4.3 (Population Health Management and Coordination of Care); and
  - xi. Outcomes/findings from Performance Improvement Projects (PIPs), consumer satisfaction surveys and collaborative initiatives.
  - xii. To the extent that CenCal Health delegates its QI and Health Equity activities to its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors, CenCal Health's QI and Health Equity annual plan includes evaluation and findings specific to the Fully Delegated Subcontractor's and Downstream Fully Delegated Subcontractor's performance.
- C. CenCal Health's Compliance Department submits CenCal Health's QI and Health Equity plan to DHCS, subsequent to each annual approval by CenCal Health's Board of Directors.
- D. CenCal Health's Compliance Department provides to DHCS annual copies of all final reports of independent private accrediting agencies (e.g. NCQA) relevant to CenCal Health's, Fully Delegated Subcontractor's, and Downstream Fully Delegated Subcontractor's Medi-Cal line of business, including:
- 1. Accreditation status, survey type, and level, as applicable;
  - 2. Accreditation agency results, including recommended actions or improvements, Corrective Action plans, and summaries of findings; and
  - 3. Expiration date of the accreditation.



In addition, pursuant to 42 CFR section 438.332, CenCal Health authorizes independent private accrediting agencies to provide DHCS a copy of CenCal Health's most recent accreditation review annually.

- E. CenCal Health's business owner directly responsible for any delegated QIHETP activity produces, and CenCal Health's Compliance Department provides, an annual report to DHCS that includes an assessment of all Subcontractors' and Downstream Subcontractors' performance of its delegated QI or Health Equity activities.
- F. CenCal Health's Quality Department makes the QI and Health Equity plan publicly available on its website on an annual basis, subsequent to each annual approval by CenCal Health's Board of Directors.

**IV. Definitions:**

**Downstream Fully Delegated Subcontractor:** a Downstream Subcontractor that contractually assumes all duties and obligations of CenCal Health under the DHCS Medi-Cal Managed Care Agreement, through the Subcontractor, except for those contractual duties and obligations where delegation is legally or contractually prohibited. A managed care plan can operate as a Downstream Fully Delegated Subcontractor.

**Downstream Subcontractor:** an individual or an entity that has a Downstream Subcontractor Agreement with a Subcontractor or a Downstream Subcontractor. A Network Provider is not a Downstream Subcontractor solely because it enters into a Network Provider Agreement.

**Fully Delegated Subcontractor:** a Subcontractor that contractually assumes all duties and obligations of CenCal Health under the DHCS Medi-Cal Managed Care Agreement, except for those contractual duties and obligations where delegation is legally or contractually prohibited. A managed care plan can operate as a Fully Delegated Subcontractor.

**Health Disparity:** differences in health, including mental health, and outcomes closely linked with social, economic, and environmental disadvantage, which are often driven by the social conditions in which individuals live, learn, work, and play. Characteristics such as race, ethnicity, age, disability, sexual orientation or gender identity, socio-economic status, geographic location, and other factors historically linked to exclusion or discrimination are known to influence the health of individuals, families, and communities.

**Health Equity:** the reduction or elimination of Health Disparities, Health Inequities, or other disparities in health that adversely affect vulnerable populations.

**Health Inequity:** a systematic difference in the health status of different population groups arising from the social conditions in which members are born, grow, live, work, and/or age, resulting in significant social and economic costs both to individuals and societies.

**Network Provider:** any provider or entity that has a Network Provider Agreement with CenCal Health, CenCal Health's Subcontractor, or CenCal Health's Downstream Subcontractor, and receives Medi-Cal funding directly or indirectly to order, refer, or render Covered Services. A Network Provider is not a Subcontractor or Downstream Subcontractor by virtue of the Network Provider Agreement.

**Quality Improvement (QI):** systematic and continuous actions that lead to measurable improvements in the way health care is delivered and outcomes for members.

**Quality Improvement and Health Equity Transformation Program (QIHETP):** the systematic and continuous activities to monitor, evaluate, and improve upon the Health Equity and health care delivered to members in accordance with the standards set forth in applicable laws, regulations, and the DHCS Medi-Cal Managed Care Agreement.

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

**V. References:**

- A. DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, 2.2.7 – Quality Improvement and Health Equity Annual Plan
- B. NCQA Health Plan Accreditation Standard QI 1: Program Structure and Operations

**VI. Cross Reference:**

- A. Policy and Procedures (P&Ps):
  - 1. QI-XX: Quality Improvement Health Equity Transformation Program Governing Board Responsibilities

**VII. Attachments:** N/A

**Revision History:**

<b>P&amp;P Revision Date</b>	<b>Leaders who Reviewed and Approved P&amp;P Revisions</b>	<b>Reason for P&amp;P Revisions</b>	<b>P&amp;P Revision Effective Date</b> (date P&P is operationalized)	<b>DHCS P&amp;P Approval Date</b>
02/27/2023	Lauren Geeb, MBA	P&P Established	01/01/2024	

	Carlos Hernandez			
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<b>CENCAL HEALTH POLICY AND PROCEDURE (P&amp;P)</b>	
<b>Title:</b> Disease Surveillance	<b>Policy No. :</b> XX-XXX
<b>Department:</b> Medical Management	
<b>Cross Functional Departments:</b> Provider Services, Quality	
<b>Effective Date:</b> January 1, 2024	<b>Last Revised Date:</b> N/A
<b>P&amp;P Require DHCS Approval?</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	<b>Annual Review Date:</b> TBD
<b>Director/Officer Signature and Date:</b>  Christopher Hill, MBA, BS, RN Health Services Officer	<b>Officer Signature and Date:</b>  Emily Fonda, MD, MMM, CHCQM Chief Medical Officer

**I. Purpose:** To establish CenCal Health's procedures for: (i) reporting any serious diseases or conditions to both local and State public health authorities; and (ii) the implementation of directives from public health authorities as required by law, including but not limited to Title 17 California Code of Regulations (CCR) section 2500 *et seq.*

**II. Policy:**

- A. CenCal Health implements and maintains procedures for reporting any serious diseases or conditions to both local and State public health authorities and to implement directives from the public health authorities as required by law, including but not limited to 17 CCR section 2500 *et seq.*
- B. Health Care Providers are required by law to report contagious, infectious, or Communicable Diseases to local and State public health authorities, including without limitation, 17 CCR section 2500(b). Such reports are required for purposes of public health, surveillance/reporting, infectious disease investigations, and interventions.
- C. CenCal Health enforces the state law requirements by also requiring Network Providers to report Communicable Diseases to public health authorities in order to comply with requirements of the Department of Health Care Services (DHCS). In doing so, CenCal Health supports Network Providers in meeting their legal reporting obligations.
- D. CenCal Health shall comply, and shall require its Network Providers to comply, with any directives issued by the Local Health Officer or other public health authorities in order to prevent the spread of contagious, infectious, or Communicable Diseases (or a disease suspected of being contagious, infectious, or communicable).

### **III. Procedure:**

#### **A. CenCal Health Reporting Requirements**

1. When CenCal Health acquires knowledge of a person who is or is suspected to be suffering from one of the diseases or conditions listed in 17 CCR section 2500(j) and there is no health care provider attending to the Member with the suspected condition, CenCal Health's Medical Management team will report to the Local Health Officer for the jurisdiction where the Member resides.
2. All reports shall be in compliance with the requirements set forth in 17 CCR section 2500.
3. CenCal Health will complete its report(s) within the timeframes set forth in 17 CCR sections 2500(h)-(k).

#### **B. CenCal Health Network Provider Reporting Requirements**

1. To support Network Providers in meeting the Communicable Disease reporting requirements, CenCal Health expressly communicates the reporting requirement in the Provider Manual, and further requires Network Providers to comply with applicable law and the Provider Manual (which is incorporated by reference) in the Network Provider Agreement.
2. The information in the Provider Manual is provided to assist and support Network Providers to timely meet their legal obligations in reporting cases (or suspected cases) of serious diseases or conditions to local and State public health authorities, including the Local Health Officer for the jurisdiction where the patient resides.
3. The Provider Manual states that:
  - a. Network Providers must report serious diseases or conditions (or suspected cases of such diseases or conditions) when known, which include those set forth under 17 CCR Section 2500(j), to both local and State public health authorities.
  - b. The report must be in compliance with the requirements set forth in 17 CCR section 2500.

#### **C. Implementation of Directives from Public Health Authorities**

1. In the event the Local Health Officer or other public health authorities issue directives to prevent the spread of contagious, infectious, or Communicable Diseases (or a disease suspected of being contagious, infectious, or communicable), CenCal Health shall comply with and implement any such directives as required by law.
  - a. Such implementation shall occur within the timeframe(s) required to prevent the spread of contagious, infectious, or Communicable Diseases or conditions.

- b. In the event a Local Health Officer or Public Health authorities issue directives to prevent the spread of contagious, infectious or Communicable Diseases or conditions, CenCal Health will follow the directions and advise of County Public Health directives.
  - c. In addition, where applicable and to the extent possible, CenCal Health may take the following actions, including but not limited to:
    - i. Notification and education of Members and Providers as necessary
    - ii. Modification of authorization requirements as appropriate
    - iii. Help facilitate Members' care using alternative methods of delivery (i.e., utilize telehealth technology to deliver services)
2. Should cooperation with Network Providers be required in the implementation of such directives, CenCal Health shall complete the following actions:
- a. Identification of actions required by Network Providers for compliance with directives;
  - b. Communication of such requirements to Network Providers, and any necessary information, including without limitation, the time frame for compliance, any additional reporting requirements (i.e., reporting to DHCS and/or the California Department of Public Health), providing information to Members, and complying with any other requirements imposed by public health authorities; and
  - c. Oversight of Network Provider implementation of such directives issued by the Local Health Officer or other public health authorities, and ensure that Network Providers and CenCal Health work together to comply with and implement necessary actions within the time frame required to prevent the spread of contagious, infectious or Communicable Diseases or conditions.

#### IV. Definitions:

**Communicable Disease:** an illness due to a specific microbiological or parasitic agent or its toxic products which arises through transmission of that agent or its products from an infected person, animal, or inanimate reservoir to a susceptible host, either directly or indirectly through an intermediate plant or animal host, vector, or the inanimate environment.

**Health Care Provider:** a physician and surgeon, veterinarian, podiatrist, nurse practitioner, physician assistant, registered nurse, nurse midwife, school nurse, infection control practitioner, medical examiner, coroner, or a dentist.

**Health Officer or Local Health Officer:** county, city, and district health officers.

**Member:** a Medi-Cal recipient who resides in CenCal Health's Service Area and who has enrolled with CenCal Health.

**Network Provider:** any provider or entity that has a Network Provider Agreement with CenCal Health, CenCal Health's Subcontractor, or CenCal Health's Downstream Subcontractor, and receives Medi-Cal funding directly or indirectly to order, refer, or render covered services under the contract between CenCal Health and DHCS. A Network Provider is not a Subcontractor or downstream Subcontractor by virtue of the Network Provider Agreement.

**Network Provider Agreement:** a written agreement between a Network Provider and CenCal Health, Subcontractor, or Downstream Subcontractor.

**Subcontractor:** an individual or entity that has a Subcontractor Agreement with CenCal Health that relates directly or indirectly to the performance of CenCal Health's obligations under the contract between CenCal Health and DHCS. A Network Provider is not a Subcontractor solely because it enters into a Network Provider Agreement.

**Subcontractor Agreement:** a written agreement between CenCal Health and a Subcontractor. The Subcontractor Agreement must include a delegation of CenCal Health's duties and obligations under the contract between CenCal Health and DHCS.

#### V. References:

- A. 17 CCR section 2500 *et seq.*
- B. CenCal Health's Medi-Cal Managed Care Contract with DHCS, Exhibit A Attachment III Section 2.2.11 Disease Surveillance

**VI. Cross Reference:**

- A. Program Documents:
  - 1. CenCal Health's Provider Manual

**VII. Attachments:**

- A. N/A

**Revision History:**

<b>P&amp;P Revision Date</b>	<b>Leaders who Reviewed and Approved P&amp;P Revisions</b>	<b>Reason for P&amp;P Revisions</b>	<b>P&amp;P Revision Effective Date</b> (date P&P is operationalized)	<b>DHCS P&amp;P Approval Date</b>
February 2023	Jordan Turetsky, Robert Janeway	New P&P established to comply with 2024 DHCS Contract Amendment requirements for Checklist R.0044.	01/01/2024	
April 2023	Christopher Hill Sue Fischer Ana Stenersen	2024 Contract Dept reassigned to MM.		



<b>CENCAL HEALTH POLICY AND PROCEDURE (P&amp;P)</b>	
<b>Title:</b> Identifying, Evaluating and Reducing Health Disparities	<b>Policy No.:</b> TBD
<b>Department:</b> Quality	
<b>Cross Functional Departments:</b> Medical Management, Program Development	
<b>Effective Date:</b> January 1, 2023	<b>Last Revised Date:</b> N/A
<b>P&amp;P Require DHCS Approval?</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	<b>Annual Review Date:</b> August 1, 2023
<b>Director Signature and Date:</b>  Lauren Geeb, MBA Director of Quality Improvement	<b>Officer Signature and Date:</b>  Carlos Hernandez Quality Officer

**I. Purpose:**

To describe CenCal Health's processes to identify, evaluate, and reduce Health Disparities for all members.

**II. Policy:**

CenCal Health ensures that all covered services are available and accessible to all members regardless of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, or identification with any other persons or groups defined in Penal Code section 422.56.

**III. Procedure:**

A. To identify, evaluate, and reduce Health Disparities, CenCal Health's Quality Department performs the following.

1. Analyzes data to identify differences in quality of care and utilization, as well as the underlying reasons for variations in the provision of care to its members;
2. Leads the development of equity-focused interventions to address the underlying factors of identified Health Disparities, including Social Drivers of Health (SDOH); and
3. Leads CenCal Health's continuous improvement process to assure CenCal Health meets disparity reduction targets for specific populations and/or measures as identified by DHCS and as directed under DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A,

Attachment III, Subsection 2.2.9.A (External Quality Review (EQR) Requirements, Quality Performance Measures).

- B. In accordance with the provisions of CenCal Health policy and procedure Basic Population Health Management: Identifying & Addressing Members' Needs due to Social Drivers of Health, CenCal Health maintains a systematic process to identify and address members' health-related social needs due to SDOH.
- C. In accordance with the provisions of CenCal Health policies and procedures Basic Population Health Management: Identifying Members Needing Preventive Services & Increasing Appropriate Preventive Services Utilization, CenCal Health maintains a systematic process to provide Basic PHM, identify members in need of preventive services, and appropriately increase utilization.

**IV. Definitions:**

**Basic PHM:** an approach to care that ensures that needed programs and services are made available to each member, regardless of the member's risk tier, at the right time and in the right setting. Basic PHM includes federal requirements for Care Coordination.

**Health Disparity:** differences in health, including mental health, and outcomes closely linked with social, economic, and environmental disadvantage, which are often driven by the social conditions in which individuals live, learn, work, and play. Characteristics such as race, ethnicity, age, disability, sexual orientation or gender identity, socio-economic status, geographic location, and other factors historically linked to exclusion or discrimination are known to influence the health of individuals, families, and communities.

**Social Drivers of Health (SDOH):** the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health functioning, and quality-of-life outcomes and risk.

**V. References:**

- A. California Penal Code, Part 1. Of Crimes and Punishments, Title 11.6. Civil Rights, Chapter 1 Definitions, Section 422.56
- B. DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, 2.2.6 G. -- QIHETP Policies and Procedures
- C. DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, 2.2.9 A. -- External Quality Review Requirements, Quality Performance Measures

**VI. Cross Reference:**

- A. Policy and Procedure:
  - 1. Basic Population Health Management: Identifying & Addressing Members' Needs due to Social Drivers of Health
  - 2. Basic Population Health Management: Identifying Members Needing Preventive Services & Increasing Appropriate Preventive Services

Utilization

VII. **Attachments:** N/A

**Revision History:**

<b>P&amp;P Revision Date</b>	<b>Leaders who Reviewed and Approved P&amp;P Revisions</b>	<b>Reason for P&amp;P Revisions</b>	<b>P&amp;P Revision Effective Date</b> (date P&P is operationalized)	<b>DHCS P&amp;P Approval Date</b>
[insert]	Lauren Geeb, MBA  Carlos Hernandez	P&P Established	01/01/2023	

<b>CENCAL HEALTH POLICY AND PROCEDURE (P&amp;P)</b>	
<b>Title:</b> Adoption, Dissemination & Monitoring the Use of Clinical Practice Guidelines	<b>Policy No.:</b>
<b>Department:</b> Quality	
<b>Cross Functional Departments:</b> N/A	
<b>Effective Date:</b> January 1, 2023	<b>Last Revised Date:</b> N/A
<b>P&amp;P Require DHCS Approval?</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	<b>Annual Review Date:</b> August 1, 2023
<b>Director Signature and Date:</b>    Lauren Geeb, MBA Director of Quality Improvement	<b>Officer Signature and Date:</b>    Carlos Hernandez Quality Officer

**I. Purpose:**

To define the process to adopt, disseminate, and monitor the use of clinical practice guidelines.

**II. Policy:**

- A. CenCal Health adopts, disseminates, and monitors the use of clinical practice guidelines that are reviewed and updated at least every two years.
- B. CenCal Health uses clinical practice guidelines to help practitioners make decisions about appropriate health care for specific clinical circumstances and behavioral healthcare services.
- C. CenCal Health makes decisions for Member education that are consistent with its practice guidelines.

**III. Procedure:**

- A. Practice Guidelines Adoption
  - 1. CenCal Health's Quality Department presents reviewed and updated clinical practice guidelines to the Quality Improvement Health Equity Committee (QIHEC) for adoption at least every two years, or more frequently, if national guidelines change within the two-year period.
  - 2. The QIHEC-adopted clinical guidelines:

- a. Are based on valid and reliable clinical evidence or a consensus of health care professionals in the relevant field;
    - i. The organization adopts guidelines from recognized sources. CenCal Health uses one of the following in adopting its clinical practice guidelines:
      - Scientific evidence; or
      - Professional standards; or
      - Expert opinion.
  - b. Consider the needs of CenCal Health's Members;
    - i. Guidelines may be related to any applicable acute or chronic conditions, behavioral health-related issues and preventive or non-preventive guidelines.
  - c. Stem from recognized organizations that develop or promulgate evidence-based clinical practice guidelines, or are developed with involvement of board-certified Providers from appropriate specialties;
    - i. Evidence of appropriate specialty involvement may come through:
      - Participation on a committee; or
      - The organization's consideration of comments from contracted practitioners to whom guidelines were circulated.
  - d. Have been reviewed by CenCal Health's Chief Medical Officer, as well as Subcontractors, Downstream Subcontractors, and Network Providers, as appropriate.
  - e. Are adopted in consultation with contracted health care professionals.
- B. Practice Guidelines Dissemination**
1. Subsequent to the QIHEC adoption, the clinical practice guidelines are disseminated by CenCal Health's Quality Department to contracted Network Providers.
    - a. Guidelines are disseminated electronically via CenCal Health's provider portal, on CenCal Health's web site, and by notice in CenCal Health's provider bulletin.
    - b. Providers are mailed a hardcopy of the adopted guidelines upon request.
  2. CenCal Health distributes practice guidelines to Members and potential Members, upon request. Guidelines are mailed to Members and potential Members who do not have fax, email, or internet access.

### C. Auditing and Monitoring

1. Monitoring of compliance with adopted clinical practice guidelines is performed by CenCal Health's Quality Department at least annually.
  - a. Performance is evaluated by comparison of Managed Care Accountability Set (MCAS) quality of care measurement results to established NCQA benchmarks, when comparable.
  - b. Monitoring results are reported to the QIHEC. The QIHEC report requests direction from the QIHEC, including but not limited to input from contracted Network Providers about strategies to promote compliance with the adopted practice guidelines.

### IV. Definitions:

**Downstream Subcontractor:** an individual or an entity that has a Downstream Subcontractor Agreement with a Subcontractor or a Downstream Subcontractor. A Network Provider is not a Downstream Subcontractor solely because it enters into a Network Provider Agreement.

**Member:** a Medi-Cal recipient who resides in the Plan's Service Area and who has enrolled with the Plan.

**Network Provider:** any Provider or entity that has a Network Provider Agreement with CenCal Health, CenCal Health's Subcontractor, or CenCal Health's Downstream Subcontractor, and receives Medi-Cal funding directly or indirectly to order, refer, or render Covered Services. A Network Provider is not a Subcontractor or Downstream Subcontractor by virtue of the Network Provider Agreement.

**Provider:** any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is licensed or certified to do so.

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

**Quality Improvement and Health Equity Committee (QIHEC):** the committee facilitated by CenCal Health's Chief Medical Officer (CMO), or the CMO's designee, in collaboration with the Chief Health Equity Officer, to meet at least quarterly to direct all QIHETP findings and required actions.

### V. References:

- A. DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III Section 2.2.6.I -- QIHETP Policies and Procedures
- B. NCQA Health Plan Accreditation Standard MED 2: Practice Guidelines; MA 7 Practitioner and Provider Participation

**VI. Cross Reference:**

- A. Policy and Procedures (P&P):
  - 1. QI-XX: Quality Improvement Health Equity Committee Role, Structure, & Function

**VII. Attachments:** N/A

**Revision History:**

<b>P&amp;P Revision Date</b>	<b>Leaders who Reviewed and Approved P&amp;P Revisions</b>	<b>Reason for P&amp;P Revisions</b>	<b>P&amp;P Revision Effective Date</b> (date P&P is operationalized)	<b>DHCS P&amp;P Approval Date</b>

<b>CENCAL HEALTH POLICY AND PROCEDURE (P&amp;P)</b>	
<b>Title:</b> Integration of Utilization Management into QIHETP Systems	<b>Policy No.:</b> TBD
<b>Department:</b> Quality	
<b>Cross Functional Departments:</b> Medical Management, Member Services	
<b>Effective Date:</b> August 1, 2023	<b>Last Revised Date:</b> N/A
<b>P&amp;P Require DHCS Approval?</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	<b>Annual Review Date:</b> August 1, 2023
<b>Director Signature and Date:</b>  Lauren Geeb, MBA Director of Quality Improvement	<b>Officer Signature and Date:</b>  Carlos Hernandez Quality Officer

**I. Purpose:**

To describe CenCal Health's processes to integrate Utilization Management activities into its Quality Improvement System (QIS) and Quality Improvement Health Equity Transformation Program (QIHETP).

**II. Policy:**

CenCal Health integrates UM activities into the QIS and QIHETP through systematic reporting and monitoring of key performance indicators, including but not limited to the number and types of service requests, denials, deferrals, modifications, appeals, and grievances.

**III. Procedure:**

A. Utilization Management activities are integrated into CenCal Health's QIHETP through the execution of quarterly reporting and monitoring of Utilization Management Program performance indicators reported to and overseen by CenCal Health's Quality Improvement Health Equity Committee (QIHEC).

1. The Utilization Management Committee is a subcommittee of the QIHEC, which reports quarterly to the QIHEC and assures complete reporting and monitoring of Utilization Management Program performance indicators.
2. The integration of Utilization Management Program activities is structurally and procedurally described within CenCal Health's QIHETP Plan, comprised of the QIHETP Program Description, Workplan, and Annual Evaluation.



- B. Utilization Management Program performance indicators reported to the QIHEC include, but are not limited to:
  - 1. The number and types of service requests;
  - 2. The number, type, and percentage of denials, deferrals, and modifications;
  - 3. The number, type and percentage of appeals; and
  - 4. The number, type and percentage of grievances to the Medical Director or their designee.
- C. The QIHEC's oversight assures systematic integration of Utilization Management Program activities, cross-functionally and in coordination across the QIHETP and Utilization Management programs.
- D. The QIHEC's activities are ultimately supervised by CenCal Health's Chief Medical Officer, while the Chief Medical Officer also has ultimate responsibility for CenCal Health's Utilization Management process. These simultaneous Chief Medical Officer responsibilities assure coordinated QIHETP and UM Program integration.
- E. The QIHEC's oversight of the QIHETP's effectiveness assures effective integration of UM activities into the QIHETP, through execution of the following responsibilities:
  - 1. Analysis and evaluation of results of Quality Improvement (QI) and Health Equity activities, including but not limited to review of the findings and activities of the Utilization Management Committee, and the reported Utilization Management Program performance indicators enumerated above.
  - 2. Instituting actions to address performance deficiencies, including policy recommendations.
  - 3. Ensuring appropriate follow-up of identified performance deficiencies.
- F. The QIHEC oversight of the QIHETP is executed as defined by CenCal Health policy and procedure Quality Improvement Health Equity Committee Role, Structure & Function.

#### **IV. Definitions:**

**Member:** a potential Member who has enrolled with CenCal Health.

**Quality Improvement (QI):** systematic and continuous actions that lead to measurable improvements in the way health care is delivered and outcomes for Members.

**Quality Improvement and Health Equity Committee (QIHEC):** the committee facilitated by CenCal Health's Chief Medical Officer (CMO), or the CMO's designee, in collaboration with the Chief Health Equity Officer, to meet at least quarterly to direct all QIHETP findings and required actions.

**Quality Improvement and Health Equity Transformation Program (QIHETP):** the systematic and continuous activities to monitor, evaluate, and improve upon the Health Equity and health care delivered to Members in accordance with the standards set forth in applicable laws, regulations, and the DHCS Medi-Cal Managed Care Agreement.

**Utilization Management (UM) or Utilization Review:** the evaluation of the medical necessity, appropriateness, and efficiency of the use of health care services, procedures, and facilities.

**V. References:**

- A. DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, 2.2.6 H. -- QIHETP Policies and Procedures
- B. DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, 2.3 I. -- Utilization Management Program

**VI. Cross Reference:**

- A. Policies and Procedures
  - 1. TBD-- Quality Improvement Health Equity Committee Role, Structure & Function
  - 2. MS-20 -- Member Grievance and Appeals System

**VII. Attachments:** N/A

**Revision History:**

P&P Revision Date	Leaders who Reviewed and Approved P&P Revisions	Reason for P&P Revisions	P&P Revision Effective Date (date P&P is operationalized)	DHCS P&P Approval Date

<b>CENCAL HEALTH POLICY AND PROCEDURE (P&amp;P)</b>	
<b>Title:</b> Detecting Over and Under Utilization of Services	<b>Policy No.:</b>
<b>Department:</b> Quality	
<b>Cross Functional Departments:</b> Medical Management, Provider Services	
<b>Effective Date:</b> January 1, 2023	<b>Last Revised Date:</b> N/A
<b>P&amp;P Require DHCS Approval?</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	<b>Annual Review Date:</b> August 1
<b>Director Signature and Date:</b>  Lauren Geeb, MBA Director of Quality Improvement	<b>Officer Signature and Date:</b>  Carlos Hernandez Quality Officer

**I. Purpose:**

To specify CenCal Health's mechanisms to monitor and analyze relevant data to detect and correct inappropriate over- and under-utilization of services, including, but not limited to, outpatient prescription drugs.

**II. Policy:**

- A. As part of CenCal Health's Quality Improvement and Health Equity Transformation Program (QIHETP), CenCal Health conducts routine monitoring and analysis of program indicators for monitoring and detecting under-utilization and over-utilization of services, including, but not limited to, outpatient prescription drugs.
- B. CenCal Health acts to correct patterns of potential or actual inappropriate underutilization or overutilization.

**III. Procedure:**

- A. Annually, CenCal Health's Quality Improvement and Health Equity Committee (QIHEC) adopts external sources (or internal sources when applicable) that provide distribution of performance data to set performance thresholds to detect under- and over-utilization. This includes use of:
  - 1. The National Committee for Quality Assurance (NCQA) Medicaid 10<sup>th</sup> and 90<sup>th</sup> percentiles as thresholds to detect under and over-utilization.
  - 2. Internal sources, including but not limited to historical trends or relevant averages when comparable benchmarks are unavailable.

B. Quantitative Data Analysis

1. Annually, CenCal Health's Quality Department conducts quantitative data analysis against the established thresholds, and report findings to the Quality Improvement and Health Equity Committee (QIHEC).
2. At minimum, the primary data types to monitor over- and under-utilization include:
  - a. Inpatient utilization: general hospital/acute care
  - b. Ambulatory care
  - c. Frequency of selected procedures
  - d. Behavioral Health, including Non-specialty Mental Health Services for adult and pediatric members
  - e. Outpatient prescription drugs

Unless otherwise required by DHCS, by other purchasers of CenCal Health's managed care services, or by statute, CenCal Health may select additional aspects of care to monitor using industry standard methodology and thresholds.

3. To determine the meaning of the data, CenCal Health's Quality Department conducts a quantitative analysis against the established thresholds, including:
  - a. Comparison of the data for at least four data types to available sources of comparable data, which may be from internal or external sources.
  - b. An assessment of the possibility of under- and overutilization.
4. The analysis is performed at least annually and must include the following:
  - a. Thresholds that the organization uses to flag potential under- and overutilization.
  - b. At least annual reports of findings.
  - c. Evidence that the analysis results in appropriately identified areas or procedures in need of improvement.

C. Actions to Correct Patterns of Potential or Actual Inappropriate Underutilization or Overutilization

1. Input is sought from the QIHEC membership, including practitioners and other personnel who understand processes of care and potential barriers to improvement. The QIHEC input is to inform CenCal Health's analysis of monitored data and development of effective interventions.

2. When over- or under-utilization of resources is identified, the QIHEC will monitor the timely identification of barriers and implementation of quality improvement interventions and/or corrective actions to correct misuse of resources as justified by the urgency of the unique problem identified.
3. When deemed clinically appropriate by the Chief Medical Officer, practitioner-specific concerns will be addressed directly with subject practitioners; then forwarded within CenCal Health for intervention or for external review, which may include but is not limited to CenCal Health's Peer Review Committee.

#### D. Informing Members and Providers

1. Annually, CenCal Health distributes results of the data analysis on utilization to members and providers of services.
  - a. The Quality Department distributes results of the analysis to members. Results are mailed to members who do not have fax, email, or internet access.
  - b. The Provider Services Department distributes results of the analysis to providers. Providers are mailed a hardcopy of the adopted guidelines upon request.

#### IV. Definitions:

**Non-specialty Mental Health Services (NSMHS):** all of the following services that CenCal Health must provide when they are medically necessary, and are provided by PCPs or licensed mental health network providers within their scope of practice: mental health evaluation and treatment, including individual, group and family psychotherapy; psychological and neuropsychological testing, when clinically indicated to evaluate a mental health condition; outpatient services for the purposes of monitoring drug therapy; psychiatric consultation; and outpatient laboratory, drugs, supplies, and supplements, excluding separately billable psychiatric drugs claimed by outpatient pharmacy providers via Medi-Cal Rx.

**Over-utilization:** providing clinical services that are not indicated or are provided in higher-acuity settings than medically necessary.

**Quality Improvement and Health Equity Committee (QIHEC):** the committee facilitated by CenCal Health's Chief Medical Officer (CMO), or the CMO's designee, in collaboration with the Chief Health Equity Officer, to meet at least quarterly to direct all QIHETP findings and required actions.

**Quality Improvement and Health Equity Transformation Program (QIHETP):** the systematic and continuous activities to monitor, evaluate, and improve upon the Health Equity and health care delivered to Members in accordance with the

standards set forth in applicable laws, regulations, and the DHCS Medi-Cal Managed Care Agreement.

**Under-utilization:** failure to provide appropriate or indicated services, or provision of an inadequate quantity, or provided in a lower-acuity setting than medically necessary.

**V. References:**

- A. DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, 2.2.6.M QIHETP Policies and Procedures
- B. NCQA 2023 Accreditation Standard – MED 7: Quality Assessment and Performance Improvement Program
- C. NCQA 2023 Accreditation Standard – MA 18: Ensuring Appropriate Utilization

**VI. Cross Reference:**

- A. Policy and Procedures (P&Ps):
  - 1. MM-UMXXX - Coverage Determinations Based on Medical Necessity

**VII. Attachments:** N/A

**Revision History:**

<b>P&amp;P Revision Date</b>	<b>Leaders who Reviewed and Approved P&amp;P Revisions</b>	<b>Reason for P&amp;P Revisions</b>	<b>P&amp;P Revision Effective Date</b> (date P&P is operationalized)	<b>DHCS P&amp;P Approval Date</b>



<b>CENCAL HEALTH POLICY AND PROCEDURE (P&amp;P)</b>	
<b>Title:</b> Ensuring EPSDT Screening, AAP Bright Futures Preventive Services, and Medically Necessary Diagnostic and Treatment Services, for Members Under Age 21	<b>Policy No.:</b> TBD
<b>Department:</b> Quality	
<b>Cross Functional Departments:</b> Medical Management, Provider Services	
<b>Effective Date:</b> January 1, 2023	<b>Last Revised Date:</b> N/A
<b>P&amp;P Require DHCS Approval?</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	<b>Annual Review Date:</b> August 1, 2023
<b>Director Signature and Date:</b>     Lauren Geeb, MBA Director of Quality Improvement	<b>Officer Signature and Date:</b>     Carlos Hernandez Quality Officer

**I. Purpose:**

To describe CenCal Health's processes to maintain a robust Quality Improvement Health Equity Transformation Program (QIHETP) to ensure the provision of all physical, behavioral and oral health services to Members less than 21 years of age, and to actively promote EPSDT screening and AAP Bright Futures Preventive Services to Members and their families.

**II. Policy:**

- A. CenCal Health maintains a QIHETP and Basic PHM system to identify and address Members in need of all EPSDT screening, and AAP Bright Futures preventive and Medically Necessary diagnostic and treatment services for members less than 21 years of age.
- B. CenCal Health covers and ensures the provision of all screening, preventive and Medically Necessary diagnostic and treatment services for Members less than 21 years of age required under the EPSDT benefit described in 42 USC section 1396d(r) and W&I Code section 14132(v).
- C. The EPSDT benefit includes all Medically Necessary health care, diagnostic services, treatments, and other services listed in 42 USC section 1396d(a), whether or not covered under the State Plan.
- D. All EPSDT services are Covered Services unless expressly excluded under the DHCS 2024 Medi-Cal Managed Care Agreement.



### III. Procedure:

- A. CenCal Health promotes and ensures the provision of all EPSDT screening, preventive and Medically Necessary diagnostic and treatment services for Members less than 21 years of age, and requires Primary Care Providers (PCPs) to identify and address Member's Covered Services needs, including underutilization of preventive services, as follows:
  1. Initial Health Appointment for Members less than 21 Years of Age
    - i. For Members less than 18 months of age, CenCal Health promotes and ensures the provision of an initial health appointment within 120 calendar days following the date of Enrollment or within periodicity timelines established by the American Academy of Pediatrics (AAP) Bright Futures for ages two and younger, whichever is sooner.
    - ii. For Members ages 18 months and older, CenCal Health promotes and ensures an initial health appointment is performed within 120 calendar days of Enrollment.
    - iii. At the initial health appointment the PCP must provide, or arrange for provision of, all immunizations necessary to ensure that the Member is up-to-date for their age, Adverse Childhood Experiences (ACEs) screening, and any required age-specific screenings including developmental screenings.
    - iv. If the provisions of the initial health appointment are not met, then CenCal Health ensures case management and Care Coordination are working directly with the Member to receive appropriate services that include but are not limited to health screenings, immunizations, and risk assessments.
  - B. Children's Preventive Services
    1. For all Members less than 21 years of age, CenCal Health promotes and its PCPs are required to provide preventive health visits and anticipatory guidance at times specified and as outlined in the most recent AAP Bright Futures Periodicity Schedule. CenCal Health promotes and its PCPs provide, as part of the periodic preventive visit, all age-specific assessments and services required by AAP Bright Futures.
    2. When a request is made for children's preventive services by the Member, the Member's parent(s) or guardian, or through a referral from the local Child Health and Disability Prevention (CHDP) program, an appointment must be made for the Member to have a visit within ten Working Days of the request, unless Member declines a visit within ten Working Days of the request and another appointment date is chosen by the Member.





3. At each non-emergency Primary Care visit with a Member less than 21 years of age, the Member (if an emancipated minor), or the parent(s) or guardian of the Member, is advised of the Children's preventive services due and available from CenCal Health.
  - i. Documentation is entered in the Member's Medical Record which indicates the receipt of Children's preventive services in accordance with the AAP Bright Futures standards.
  - ii. If the services are refused, documentation is entered in the Member's Medical Record which indicates the services were advised, and the Member's (if an emancipated minor), or the parent(s) or guardian of the Member's voluntary refusal of those services.
4. CenCal Health promotes and ensures complete reporting and appropriate collection of all children's preventive services rendered and required as part of the DHCS Encounter Data submittal.

#### C. Immunizations

1. CenCal Health covers and promotes vaccinations, except for vaccinations expressly excluded in DHCS guidance to Medi-Cal Managed Care Health Plans, at the time of any health care visit and ensures the timely provision of vaccines in accordance with the most recent childhood immunization schedule and recommendations published by Advisory Committee on Immunization Practices (ACIP).
  - i. If vaccination services are refused, documentation is entered in the Member's Medical Record to indicate the services were advised, and the Member's (if an emancipated minor), or the parent(s) or guardian of the Member's voluntary refusal of those services.
  - ii. Providers documented attempts that demonstrate unsuccessful efforts to provide the vaccination are considered sufficient to meet vaccination requirements. Reasons for failed attempts to vaccinate must be medically coded.
2. At each non-emergency Primary Care visit with Members less than 21 years of age, the Member (if an emancipated minor), or the parent(s) or guardian of the Member, must be advised of the vaccinations due and available from CenCal Health immediately, if the Member has not received vaccinations in accordance with ACIP standards.
  - i. Documentation must be entered in the Member's Medical Record which indicates the receipt of vaccinations or proof of prior vaccination in accordance with ACIP standards.
  - ii. If vaccinations that could be given at the time of the visit are refused, documentation is entered in the Member's Medical Record which indicates the vaccinations were advised, and the



Member's (if an emancipated minor), or the parent(s) or guardian of the Member's voluntary refusal of these vaccinations.

- iii. If vaccinations cannot be given at the time of the visit, then documentation in the Medical Record must demonstrate that the Member was informed how to obtain necessary vaccinations or that the Member was scheduled for a future appointment for vaccinations.
3. CenCal Health requires and ensures that Member-specific vaccination information is reported to immunization registries established in CenCal Health's Service Area(s) as part of the Statewide Immunization Information System.
    - i. Reports must be made following the Member's initial health appointment and all other health care visits that result in an administered vaccine within 14 calendar days.
    - ii. Registry reporting must be in accordance with all applicable State and federal laws.
  4. Within 30 calendar days of Federal Food and Drug Administration (FDA) approval of any vaccine for childhood immunization purposes, CenCal Health covers and requires the provision and administration of the vaccine.
    - i. CenCal Health covers, requires and ensures the provision of the vaccine from the date of its approval regardless of whether the vaccine has been incorporated into the Vaccines for Children (VFC) Program.
    - ii. CenCal Health's coverage of the provision and administration of the FDA-approved vaccine is in accordance with Medi-Cal guidelines issued prior to final ACIP recommendations.
  5. CenCal Health provides information to all Network Providers regarding the VFC Program and promotes and supports enrollment of applicable Network Providers in the VFC program as appropriate.

#### D. Blood Lead Screens

1. CenCal Health covers, promotes and ensures the provision of a blood lead screening test to Members at ages one and two in accordance with 17 CCR sections 37000 - 37100, and in accordance with DHCS APL 20-016.
  - i. CenCal Health promotes and ensures its Network Providers follow the Childhood Lead Poisoning Prevention Branch (CLPPB) guidelines when interpreting blood lead levels and determining appropriate follow-up activities, including, without limitation, appropriate referrals to the local public health department.



- ii. CenCal Health identifies, at least quarterly, all Members less than six years of age with no record of receiving a required lead test, and reminds responsible Providers of the requirement to test Children.
2. If the Member refuses the blood lead screen test, CenCal Health requires Network Providers to ensure a signed statement of voluntary refusal by the Member (if an emancipated minor) or the parent(s) or guardian of the Member is documented in the Member's Medical Record.
  - i. If the Member (if an emancipated minor) or the parent(s) or guardian of the Member refuses to sign the statement, the refusal must be noted in the Member's Medical Record.
  - ii. Documented unsuccessful attempts to provide the lead screen test are considered sufficient evidence to meet the lead testing requirement.

#### E. EPSDT Services

1. CenCal Health promotes and its PCPs are required to provide EPSDT screenings and AAP Bright Futures preventive services to Members and their families;
2. CenCal Health's Quality Department identifies Members who have not utilized EPSDT screening services or AAP Bright Futures preventive services and ensures outreach to these Members in a culturally and linguistically appropriate manner;
  - i. For Members less than 21 years of age, CenCal Health complies with all requirements identified in APL 19-010.
    - a) CenCal Health's Network Providers provide, or CenCal Health arranges and pays for, all Medically Necessary EPSDT services, including all Medicaid services listed in 42 USC section 1396d(a), whether or not included in the State Plan, unless expressly excluded by the DHCS 2024 Medi-Cal Managed Care Agreement.
    - b) Covered Services includes, without limitation, in-home nursing provided by home health agencies or individual nurse Providers, as required by APL 20-012, Care Coordination, case management, and Targeted Case Management (TCM) services.
    - c) If Members less than 21 years of age are not eligible or accepted for Medically Necessary TCM services by a Regional Center or local government health program, per requirements in Exhibit A, Attachment III, Section 5.6 (MOUs with Third Parties), CenCal Health arranges for



comparable services for the Member under the EPSDT benefit in accordance with APL 19-010.

- ii. CenCal Health promotes and ensures its Network Providers arrange for all Medically Necessary services identified at a preventive screening or other visit identifying the need for treatment, either directly or through referral to appropriate agencies, organizations, or individuals, as required by 42 USC section 1396a(a)(43)(C).
  - a) CenCal Health ensures all Medically Necessary services are provided in a timely manner, as soon as possible but no later than 60 calendar days following the preventive screening or other visit identifying a need for treatment.
  - b) All Medically Necessary services are provided timely, whether or not the services are Covered Services under the DHCS 2024 Medi-Cal Managed Care Agreement.
- iii. Without limitation, CenCal Health identifies available Providers, including if necessary out-of-network providers and Providers eligible to enroll in the Medi-Cal program, to ensure the timely provision of Medically Necessary services.
  - a) CenCal Health provides appointment scheduling assistance and necessary transportation, including Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT), to and from medical appointments for Medically Necessary services, including all services available through the Medi-Cal program, whether or not they are Covered Services under the DHCS 2024 Medi-Cal Managed Care Agreement.
- iv. Covered Services do not include Specialty Mental Health Services (SMHS).
  - a) For these non-Covered Services, CenCal Health ensures that:
    - The case management for Medically Necessary services authorized by county mental health plans, Drug Medi-Cal or Drug Medi-Cal Organized Delivery System Plans is equivalent to that provided by CenCal Health for Covered Services for Members less than 21 years of age;
    - If indicated or upon the Member's request, CenCal Health provides additional Care Coordination and case management services as necessary to meet the Member's medical and behavioral health needs.



F. Local Education Agency (LEA) Services

1. CenCal Health reimburses LEAs, as appropriate, for the provision of school-linked EPSDT services including but not limited to BHT as specified in DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, Subsection 4.3.17 (School-Based Services).]

G. To ensure Members' EPSDT screenings and AAP Bright Futures Preventive Services are completed and addressed appropriately, CenCal Health's Basic PHM system supports Primary Care case management, through CenCal Health's integration of cross-functional processes. Policy and procedure \_\_\_\_\_ Basic Population Health Management: Identifying Members Needing Preventive Services & Increasing Appropriate Preventive Services Utilization, defines CenCal Health's system to assure appropriate utilization of services, including but not limited to EPSDT and AAP Bright Futures preventive services, for Members less than 21 years of age.

IV. **Definitions:**

**Basic PHM:** an approach to care that ensures that needed programs and services are made available to each Member, regardless of the Member's risk tier, at the right time and in the right setting. Basic PHM includes federal requirements for Care Coordination.

**Bright Futures Periodicity Schedule:** the Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care and guidelines published by the American Academy of Pediatrics and Bright Futures, in accordance with which all Members under 21 years of age must receive well child assessments, screenings, and services.

**Care Coordination:** CenCal Health's coordination of services for a Member between settings of care that includes: appropriate Discharge Planning for short term and long-term hospital and institutional stays, and appropriate follow up after an emergency room visit; services the Member receives from any other managed care health plan; services the Member receives in Fee-For-Service (FFS); services the Member receives from out-of-network providers; and services the Member receives from community and social support providers.

**Discharge Planning:** planning that begins at the time of admission to a hospital or facility to ensure that necessary care, services, and supports are in place in the community before a Member leaves the hospital or facility in order to reduce readmission rates, improve Member and family preparation, enhance Member satisfaction, assure post-discharge follow-up, increase medication safety, and support safe transitions.

**Downstream Subcontractor:** an individual or an entity that has a Downstream Subcontractor agreement with a Subcontractor or a Downstream Subcontractor. A Network Provider is not a Downstream Subcontractor solely because it enters into a Network Provider agreement.



**Early and Periodic Screening, Diagnostic and Treatment (EPSDT):** the provision of Medically Necessary comprehensive and preventive health care services provided to Members less than 21 years of age in accordance with requirements in 42 USC section 1396a(a)(43), section 1396d(a)(4)(B) and (r), and 42 CFR section 441.50 et seq., as required by W&I Code sections 14059.5(b) and 14132(v). Such services may also be Medically Necessary to correct or ameliorate defects and physical or behavioral health conditions.

**Fee-For-Service (FFS):** the Medi-Cal delivery system in which providers submit claims to and receive payments from DHCS for Medi-Cal covered services rendered to Medi-Cal recipients.

**Local Educational Agency (LEA):** a school district, county office of education, charter school, community college district, California State University or University of California campus.

**Medically Necessary or Medical Necessity:** reasonable and necessary services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under Cal. W&I Code § 14059.5(a) and 22 C.C.R. § 51303(a). Medically Necessary services must include services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity. For Members less than 21 years of age, a service is Medically Necessary if it meets the EPSDT standard of Medical Necessity set forth in 42 U.S.C. § 1396d(r)(5), as required by Cal. W&I Code §§ 14059.5(b) and 14132(v). Without limitation, Medically Necessary services for Members less than 21 years of age include all services necessary to achieve or maintain age-appropriate growth and development, attain, regain or maintain functional capacity, or improve, support, or maintain the Member's current health condition. The Plan must determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the child.

**Medical Records:** the record of a Member's medical information, including but not limited to medical history, care or treatments received, test results, diagnoses, and prescribed medications.

**Member:** a Medi-Cal recipient who resides in CenCal Health's Service Area and who has enrolled with CenCal Health.

**Network Provider:** any provider or entity that has a Network Provider agreement with CenCal Health, CenCal Health's Subcontractors, or CenCal Health's Downstream Subcontractors, and receives Medi-Cal funding directly or indirectly to order, refer, or render covered services. A Network Provider is not a Subcontractor or Downstream Subcontractor by virtue of the Network Provider agreement.

**Primary Care:** health care usually rendered in ambulatory settings by PCPs, and mid-level practitioners, and emphasizes the Member's general health needs as opposed to specialists focusing on specific needs.



**Primary Care Provider (PCP):** a Provider responsible for supervising, coordinating, and providing initial and primary care to Members, for initiating referrals, for maintaining the continuity of Member care, and for serving as the Medical Home for Members. The PCP is a general practitioner, internist, pediatrician, family practitioner, or non-physician medical practitioner. For SPD Members, a PCP may also be a Specialist or clinic.

**Quality Improvement and Health Equity Transformation Program (QIHETP):** the systematic and continuous activities to monitor, evaluate, and improve upon the Health Equity and health care delivered to members in accordance with the standards set forth in applicable laws, regulations, and the DHCS Medi-Cal Managed Care Agreement.

**Service Area:** the county or counties that CenCal Health is approved to operate in under the terms of the DHCS 2024 Medi-Cal Managed Care Agreement. A Service Area may be limited to designated zip Codes (under the U.S. Postal Service) within a county.

**Specialty Mental Health Service (SMHS):** a Medi-Cal covered mental health service provided or arranged by county mental health plans for Members in their counties that need Medically Necessary specialty mental health services.

**Subcontractor:** an individual or entity that has a Subcontractor agreement with CenCal Health that relates directly or indirectly to the performance of CenCal Health's obligations under the DHCS Medi-Cal Managed Care Agreement. A Network Provider is not a Subcontractor solely because it enters into a Network Provider agreement.

**Targeted Case Management (TCM):** services which assist Members within specified target groups to gain access to needed medical, social, educational and other services, as set forth in 42 USC section 1396n(g). In prescribed circumstances, TCM is available as a Medi-Cal benefit and a discrete service through State or local government entities and their contractors.

**Vaccines for Children (VFC) Program:** the federally funded program that provides free vaccines for eligible children age 18 or younger (including all Medi-Cal eligible children age 18 or younger) and distributes immunization updates and related information to participating Providers.

**Working Day(s):** Monday through Friday, except for state holidays as identified at the California Department of Human Resources State Holidays web page ([www.calhr.ca.gov/employees/pages/state-holidays.aspx](http://www.calhr.ca.gov/employees/pages/state-holidays.aspx)).

## V. References:

- A. DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III,
  - 2.2.10 – Quality Care for Children
  - 5.3.4 – Services for Children less than 21 Years of Age



**VI. Cross Reference:**

A. Policy document:

1. Basic Population Health Management: Identifying Members Needing Preventive Services & Increasing Appropriate Preventive Services Utilization

**VII. Attachments:** N/A

**Revision History:**

<b>P&amp;P Revision Date</b>	<b>Leaders who Reviewed and Approved P&amp;P Revisions</b>	<b>Reason for P&amp;P Revisions</b>	<b>P&amp;P Revision Effective Date</b> (date P&P is operationalized)	<b>DHCS P&amp;P Approval Date</b>



<b>CENCAL HEALTH POLICY AND PROCEDURE (P&amp;P)</b>	
<b>Title:</b> Ensuring Members Less Than 21 Years of Age are Fully Addressed in the Population Health Management Strategy, including Basic PHM, EPSDT, Case Management Services, Early Intervention and a Wellness and Prevention Program	<b>Policy No.:</b> QU-XXX
<b>Department:</b> Quality	
<b>Cross Functional Departments:</b> Medical Management, Provider Services	
<b>Effective Date:</b> January 1, 2023	<b>Last Revised Date:</b> N/A
<b>P&amp;P Require DHCS Approval?</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	<b>Annual Review Date:</b> August 1, 2023
<b>Director Signature and Date:</b>    Lauren Geeb, MBA Director of Quality Improvement	<b>Officer Signature and Date:</b>    Carlos Hernandez Quality Officer

**I. Purpose:**

To describe CenCal Health's processes to ensure Members less than 21 years of age are fully addressed in the Population Health Management (PHM) Strategy, including Basic PHM, EPSDT, Case Management Services, Early Intervention and a Wellness and Prevention Program.

**II. Policy:**

CenCal Health ensures Members less than 21 years of age are fully addressed in the PHM Strategy, including Basic PHM, EPSDT, Case Management Services, Early Intervention and a Wellness and Prevention Program. All requirements outlined in Exhibit A, Attachment III, Section 4.3 (Population Health Management and Coordination of Care), including the development of the annual PNA, apply to Members less than 21 years of age.

**III. Procedure:**

- A. CenCal Health's Quality Department ensures its Population Health Management Strategy (PHMS), as described in the DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, Subsection 4.3.1 -- Population Health Management (PHM) Program Requirements, contains a specific section focused on how the CenCal Health provides PHM services to Members less than 21 years of age, including but not limited to:
  - 1. Basic PHM;

2. EPSDT Services;
  3. Care Coordination Services;
  4. Early Intervention Services; and
  5. Wellness and Prevention Program.
- B. CenCal Health and its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors provide a comprehensive wellness and prevention program to all Members less than 21 years of age, which includes but is not limited to:
1. Initiatives, programs, and evidence-based approaches to improving access to preventive health visits, developmental screenings, and services for Members less than 21 years of age.
  2. Program content that complies with the requirements as described in Exhibit A, Attachment III, Subsections 4.3.10 (Wellness and Prevention Programs) and 5.3.4 (Services for Members less than 21 Years of Age).
- C. CenCal Health engages Local Health Departments (LHDs), Local Education Agencies (LEAs), Local Government Agencies (LGAs) and other stakeholders identified in Subsection 4.3.2 of the DHCS 2024 Medi-Cal Managed Care Agreement to develop its PNA and PHMS and when developing new initiatives.
- D. Upon request, CenCal Health submits its PHMS to DHCS for approval, which details all components of CenCal Health's PHM program activities in accordance with the requirements of the DHCS 2024 Medi-Cal Managed Care Agreement and the DHCS Comprehensive Quality Strategy.

#### IV. Definitions:

**Basic PHM:** an approach to care that ensures that needed programs and services are made available to each Member, regardless of the Member's risk tier, at the right time and in the right setting. Basic PHM includes federal requirements for Care Coordination.

**Care Coordination** means CenCal Health's coordination of services for a Member between settings of care that includes:

- A. Appropriate Discharge Planning for short term and long-term hospital and institutional stays, and appropriate follow up after an emergency room visit;
- B. Services the Member receives from any other managed care health plan;
- C. Services the Member receives in Fee-For-Service (FFS);
- D. Services the Member receives from Out-of-Network Providers; and
- E. Services the Member receives from community and social support Providers.

**Discharge Planning:** planning that begins at the time of admission to a hospital or facility to ensure that necessary care, services, and supports are in place in the community before a Member leaves the hospital or facility in order to reduce readmission rates, improve Member and family preparation, enhance Member satisfaction, assure post-discharge follow-up, increase medication safety, and support safe transitions.

**Downstream Fully Delegated Subcontractor:** a Downstream Subcontractor that contractually assumes all duties and obligations of CenCal Health under the DHCS Medi-Cal Managed Care Agreement, through the Subcontractor, except for those contractual duties and obligations where delegation is legally or contractually prohibited. A managed care plan can operate as a Downstream Fully Delegated Subcontractor.

**Downstream Subcontractor:** an individual or an entity that has a Downstream Subcontractor agreement with a Subcontractor or a Downstream Subcontractor. A Network Provider is not a Downstream Subcontractor solely because it enters into a Network Provider agreement.

**Early and Periodic Screening, Diagnostic and Treatment (EPSDT):** the provision of Medically Necessary comprehensive and preventive health care services provided to Members less than 21 years of age in accordance with requirements in 42 USC section 1396a(a)(43), section 1396d(a)(4)(B) and (r), and 42 CFR section 441.50 et seq., as required by W&I Code sections 14059.5(b) and 14132(v). Such services may also be Medically Necessary to correct or ameliorate defects and physical or behavioral health conditions.

**Fee-For-Service (FFS):** the Medi-Cal delivery system in which providers submit claims to and receive payments from DHCS for Medi-Cal Covered Services rendered to Medi-Cal recipients.

**Fully Delegated Subcontractor:** a Subcontractor that contractually assumes all duties and obligations of CenCal Health under the 2024 Medi-Cal Managed Care Agreement, except for those contractual duties and obligations where delegation is legally or contractually prohibited. A managed care plan can operate as a Fully Delegated Subcontractor.

**Local Educational Agency (LEA):** a school district, county office of education, charter school, community college district, California State University or University of California campus.

**Local Government Agency (LGA):** a local governmental entity including, but not limited to, a county child welfare agency, county probation department, county behavioral health department, county social services department, county public health department, school district, or county office of education.

**Medically Necessary or Medical Necessity:** reasonable and necessary services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code section 14059.5(a) and 22 CCR section 51303(a). Medically Necessary services must include services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional

capacity. For Members less than 21 years of age, a service is Medically Necessary if it meets the EPSDT standard of Medical Necessity set forth in 42 USC section 1396d(r)(5), as required by W&I Code sections 14059.5(b) and 14132(v). Without limitation, Medically Necessary services for Members less than 21 years of age include all services necessary to achieve or maintain age-appropriate growth and development, attain, regain or maintain functional capacity, or improve, support, or maintain the Member's current health condition. CenCal Health must determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the child.

**Member:** a Medi-Cal recipient who resides in CenCal Health's Service Area and who has enrolled with CenCal Health.

**Population Health Management Strategy (PHMS):** a comprehensive plan of action for addressing Member needs across the continuum of care, based on annual Population Needs Assessment (PNA) results, data driven risk stratification, predictive analysis, identified gaps in care, standardized assessment processes, and holistic care management interventions. CenCal Health is required to include, at a minimum, a description of how it will:

- A. Keep all Members healthy by focusing on wellness and prevention services;
- B. Identify and manage Members with high and rising-risk;
- C. Include a separate section on Members less than 21 years of age;
- D. Ensure effective transition planning across delivery systems or settings through Care Coordination and other means to minimize patient risk and ensure appropriate clinical outcomes for Member; and
- E. Identify and mitigate Member access, experience, and clinical outcome disparities by race, ethnicity, and language to advance Health Equity.

**Quality Improvement and Health Equity Transformation Program (QIHETP):** the systematic and continuous activities to monitor, evaluate, and improve upon the Health Equity and health care delivered to members in accordance with the standards set forth in applicable laws, regulations, and the DHCS Medi-Cal Managed Care Agreement.

**Service Area:** the county or counties that CenCal Health is approved to operate in under the terms of the DHCS 2024 Medi-Cal Managed Care Agreement. A Service Area may be limited to designated zip Codes (under the U.S. Postal Service) within a county.

**Specialty Mental Health Service (SMHS):** a Medi-Cal covered mental health service provided or arranged by county mental health plans for Members in their counties that need Medically Necessary specialty mental health services.

**Subcontractor:** an individual or entity that has a Subcontractor agreement with CenCal Health that relates directly or indirectly to the performance of CenCal Health's obligations under the DHCS Medi-Cal Managed Care Agreement. A

Network Provider is not a Subcontractor solely because it enters into a Network Provider agreement.

**V. References:**

- A. DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III
  - 1. 2.2.10.C. – Quality Care for Children, Population Health Management and Coordination of Care
  - 2. 4.3 – Population Health Management and Coordination of Care
  - 3. 4.3.10 – Wellness and Prevention Programs
  - 4. 5.3.4 – Services for Children less than 21 Years of Age

**VI. Cross Reference:**

- A. Program Document:
  - 1. Wellness and Prevention Program Description

**VII. Attachments:** N/A

**Revision History:**

P&P Revision Date	Leaders who Reviewed and Approved P&P Revisions	Reason for P&P Revisions	P&P Revision Effective Date (date P&P is operationalized)	DHCS P&P Approval Date

<b>CENCAL HEALTH POLICY AND PROCEDURE (P&amp;P)</b>	
<b>Title:</b> Engagement of Local Entities to Develop Interventions and Strategies to Address Performance Deficiencies	<b>Policy No.:</b> TBD
<b>Department:</b> Quality	
<b>Cross Functional Departments:</b> Member Services	
<b>Effective Date:</b> January 1, 2024	<b>Last Revised Date:</b> N/A
<b>P&amp;P Require DHCS Approval?</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	<b>Annual Review Date:</b> August 1, 2024
<b>Director Signature and Date:</b>  Lauren Geeb, MBA Director of Quality Improvement	<b>Officer Signature and Date:</b>  Carlos Hernandez Quality Officer

**I. Purpose:**

To describe CenCal Health's processes to maintain a robust Quality Improvement Health Equity Transformation Program (QIHETP) to ensure engagement with local entities when developing interventions and strategies to improve access and quality of care for Members less than 21 years of age.

**II. Policy:**

CenCal Health engages with local entities when developing interventions and strategies to address deficiencies in performance measures related to health care services for Members less than 21 years of age.

**III. Procedure:**

A. To engage local entities when developing interventions and strategies to address deficiencies in performance measures related to health care services for Members less than 21 years of age, CenCal Health's Quality Department leads the following process, including but not limited to local entity engagement:

1. Identification of underutilization of children's preventive services including but not limited to EPSDT services such as well child visits, developmental screenings and immunizations;
2. Underutilization is identified, at minimum, by CenCal Health's Quality Department's reporting on DHCS-identified Quality Performance Measures and Health Equity performance measures related to health care services for Members less than 21 years of age:

- i. DHCS-identified performance measure results must exceed any DHCS-specified Minimum Performance Level (MPL), in accordance with Exhibit A, Attachment III, Subsection 2.2.9.A (External Quality Review (EQR) Requirements, Quality Performance Measures).
  - ii. Health Disparity reduction targets must be met for specific populations and measures for Members less than 21 years of age, as identified by DHCS and in accordance with Exhibit A, Attachment III, Subsection 2.2.9.A.2 (External Quality Review (EQR) Requirements, Quality Performance Measures).
3. CenCal Health's Quality Department leads identification of barriers to appropriate utilization levels for all underutilization of children's preventive services and unmet Health Disparity reduction targets.
4. To address identified barriers to appropriate utilization and achievement of Health Disparity reduction targets, CenCal Health's Quality Department leads identification and engagement of stakeholders, including but not limited to local entities to develop interventions and strategies to address deficiencies in performance measure results.
5. Development of interventions and strategies by CenCal Health and engaged local entities includes, at minimum:
  - i. Engagement in planned equity-focused interventions to address identified gaps in the quality of and access to care for Members less 21 years of age, including preventive and screening services; and
  - ii. Engagement in a Member and family-oriented Quality Improvement (QI) and Health Equity engagement strategy, as outlined in Exhibit A, Attachment III, Subsection 5.2.11.D (Community Engagement), including:
    - a) Children and caregiver representation on the Community Advisory Board (CAB), and use of CAB findings and recommendations; and
    - b) The results of Member listening sessions, focus groups and surveys, to inform QI and Health Equity interventions.
6. Implementation of interventions, and ongoing monitoring of results, to evaluate whether to:
  - i. Maintain the intervention as developed;
  - ii. Refine the intervention; or
  - iii. Abandon and redesign the intervention with public entity engagement.
7. CenCal Health participates in any value-based payment programs for services provided to Members less than 21 years of age, as directed by DHCS.

**IV. Definitions:**

**Early and Periodic Screening, Diagnostic and Treatment (EPSDT):** the provision of Medically Necessary comprehensive and preventive health care services provided to Members less than 21 years of age in accordance with requirements in 42 USC section 1396a(a)(43), section 1396d(a)(4)(B) and (r), and 42 CFR section 441.50 et seq., as required by W&I Code sections 14059.5(b) and 14132(v). Such services may also be Medically Necessary to correct or ameliorate defects and physical or behavioral health conditions.

**Health Disparity:** differences in health, including mental health, and outcomes closely linked with social, economic, and environmental disadvantage, which are often driven by the social conditions in which individuals live, learn, work, and play. Characteristics such as race, ethnicity, age, disability, sexual orientation or gender identity, socio-economic status, geographic location, and other factors historically linked to exclusion or discrimination are known to influence the health of individuals, families, and communities.

**Medically Necessary or Medical Necessity:** reasonable and necessary services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under Cal. W&I Code § 14059.5(a) and 22 C.C.R. § 51303(a). Medically Necessary services must include services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity. For Members less than 21 years of age, a service is Medically Necessary if it meets the EPSDT standard of Medical Necessity set forth in 42 U.S.C. § 1396d(r)(5), as required by Cal. W&I Code §§ 14059.5(b) and 14132(v). Without limitation, Medically Necessary services for Members less than 21 years of age include all services necessary to achieve or maintain age-appropriate growth and development, attain, regain or maintain functional capacity, or improve, support, or maintain the Member's current health condition. The Plan must determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the child.

**Member:** a Medi-Cal recipient who resides in CenCal Health's Service Area and who has enrolled with CenCal Health.

**Quality Improvement (QI):** the systematic and continuous actions that lead to measurable improvements in the way health care is delivered and outcomes for Members.

**Quality Improvement and Health Equity Transformation Program (QIHETP):** the systematic and continuous activities to monitor, evaluate, and improve upon the Health Equity and health care delivered to members in accordance with the standards set forth in applicable laws, regulations, and the DHCS Medi-Cal Managed Care Agreement.

## **V. References:**

A. DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III,



1. 2.2.9 – External Quality Review (EQR) Requirements
2. 2.2.10 – Quality Care for Children
3. 5.2.11 – Cultural and Linguistic Programs and Committees
4. 5.3.4 – Services for Children less than 21 Years of Age

**VI. Cross Reference:**

A. Policy document:

1. Basic Population Health Management: Identifying Members Needing Preventive Services & Increasing Appropriate Preventive Services Utilization
2. Basic Population Health Management: Identifying & Addressing Member SDOH Needs

**VII. Attachments:** N/A

**Revision History:**

<b>P&amp;P Revision Date</b>	<b>Leaders who Reviewed and Approved P&amp;P Revisions</b>	<b>Reason for P&amp;P Revisions</b>	<b>P&amp;P Revision Effective Date</b> (date P&P is operationalized)	<b>DHCS P&amp;P Approval Date</b>
<b>03/2023</b>	Lauren Geeb, MBA. Director of Quality Improvement Carlos Hernandez, Quality Officer	P&P Established	1/1/2024	

<b>CENCAL HEALTH POLICY AND PROCEDURE (P&amp;P)</b>	
<b>Title:</b> Population Risk Stratification/Segmentation and Risk Tiering	<b>Policy No.:</b> TBD
<b>Department:</b> Quality	
<b>Cross Functional Departments:</b> Compliance, Information Technology, Medical Management	
<b>Effective Date:</b> January 1, 2023	<b>Last Revised Date:</b> N/A
<b>P&amp;P Require DHCS Approval?</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	<b>Annual Review Date:</b> August 1, 2023
<b>Director Signature and Date:</b>  Lauren Geeb, MBA Director of Quality Improvement	<b>Officer Signature and Date:</b>  Carlos Hernandez Quality Officer

**I. Purpose:**

To describe CenCal Health's population Risk Stratification/Segmentation (RSS) and Risk Tiering approach, the processes for how RSS and Risk Tiers are used to connect Members to appropriate services, and the requirements for the Department of Health Care Services (DHCS) RSS and Risk Tiering review and approval.

**II. Policy:**

- A. CenCal Health's uses the DHCS Population Health Management (PHM) Service in accordance with all applicable federal and State laws and regulations, and in a manner specified by DHCS, at a minimum to:
  - 1. Perform RSS activities and Risk Tiering functions;
  - 2. Identify and assess member-level risks and needs through use of the PHM Service's Risk Tiering functionality, which places Members into High/Medium-Rising/Low Risk Tiers;
  - 3. Inform and enable Member screening and assessment activities, including pre-populating screening and assessment tools; and
  - 4. Support Member engagement and education activities.
- B. Prior to the availability of the DHCS PHM Service RSS and Risk Tiering, CenCal Health uses its internally developed RSS algorithm ("RSS Algorithm") to meet the requirements defined by this policy and procedure and as defined by the DHCS 2024 Medi-Cal Managed Care Agreement and Population Health Policy Guide.

### III. Procedure:

#### A. Design

##### 1. CenCal Health's Quality Department assures the health plan's RSS Algorithm:

- a) Considers findings from the Population Needs Assessment (PNA) and all Members' behavioral, developmental, physical, oral health, and Long-Term Services and Supports (LTSS) needs, as well as health risks, rising-risks, and health-related social needs due to Social Drivers of Health (SDOH).
- b) Complies with the prevailing National Committee for Quality Assurance (NCQA) PHM accreditation standards.
- c) Uses integrated data that includes the following sources, at a minimum, to the greatest extent possible from available data sources in advance of the DHCS PHM Service launch:
  - i. Screening or assessment data, including but not limited to, health appraisal results;
  - ii. Medical, dental, and behavioral claims and encounter data, including Fee-For-Service data;
  - iii. Available social needs data (e.g., CalFresh; Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); California Work Opportunity and Responsibility to Kids (CalWORKs); In-Home Services and Supports (IHSS));
  - iv. Electronic health records;
  - v. Referral and authorization data;
  - vi. Behavioral Health data (including SABIRT, medications for addiction treatment (MTOUD, also known as Mediations for Opioid Use Disorder), other SUD data, and other non-specialty mental health services information);
  - vii. County behavioral health Drug Medi-Cal (DMC), Drug Medi-Cal Organized Delivery System (DMC-ODS), and Specialty Mental Health System (SMHS) information available through the Short-Doyle/Medi-Cal and California Medicaid Management Information Systems (CA-MMIS) claims system;
  - viii. Pharmacy claims data;
  - ix. Utilization data;
  - x. Disengaged Member reports (e.g., assigned Members who have not utilized any services);

- xi. Laboratory results data;
  - xii. Admissions, Discharge and Transfer (ADT) data;
  - xiii. Race/ethnicity, and language data;
  - xiv. Sexual orientation and gender identity data;
  - xv. Disability status;
  - xvi. Justice-involved data;
  - xvii. Housing reports (e.g., through the Homeless Data Integration System (HDIS), Homelessness Management Information System (HMIS), and/or Z-code claims or encounter data);
  - xviii. For members under 21, information on developmental and adverse childhood experiences (ACEs) screenings
  - xix. Advanced data sources, including but not limited to aggregate data from multiple entities such as all-payer claims systems, regional health information exchanges and other community collaboratives; and
  - xx. CenCal Health's health services programs, including but not limited to established utilization management, care management or wellness coaching programs.
- d) Avoids and reduces biases in its RSS approach, by not only using utilization data, but by using data from non-utilization-based sources, and by using evidence-based methods to prevent further exacerbation of Health Disparities.
- B. Frequency -- CenCal Health's Information Technology Department risk stratifies and/or segments all Members at least annually and during each of the following timeframes:
- 1. Upon each member's enrollment;
  - 2. Annually after each member's enrollment;
  - 3. Upon a significant change in the health status or level of care of the member; and
  - 4. Upon the occurrence of events or new information that CenCal Health determines as potentially changing a member's needs, including but not limited to, referrals for Complex Care Management (CCM), Enhanced Care Management (ECM), and Transitional Care Services.
- C. Application -- CenCal Health uses the RSS and the PHM Service Risk Tiers to:
- 1. Connect all Members, including those with rising risk, to an appropriate CenCal Health-identified level of service, including but not limited to, care management programs, Basic PHM, wellness and prevention services, and Transitional Care Services.

2. Assess all Members within a PHM Service High Risk Tier upon enrollment into CenCal Health care management, to identify Members' health and individual needs and preferences to meaningfully engage them in the most appropriate services and supports.
  - a) Assessments are performed for the following Members, at minimum:
    - i. Members with Long-Term Services & Supports (LTSS) needs
    - ii. Members entering CCM
    - iii. Members entering ECM
    - iv. Children with Special Health Care Needs (CSHCN)
    - v. Pregnant individuals
    - vi. Seniors and Persons with Disabilities (SPD) who meet the definition of "high risk"
  - b) Annual re-assessments are performed for CSHCN, and Members with LTSS needs.
  - c) Through the assessment/reassessment process, Medical Management staff work with network providers to exercise judgment and shared decision-making with the member about the services a member needs, including through use of real-time information that may be available.
  - d) For all pregnant Members, regardless of Risk Tier, prenatal, postpartum and trimester reassessments are performed that are comparable to the American College of Obstetricians and Gynecologists (ACOG) and Comprehensive Perinatal Services Program (CPSP) standards.
3. Monitor and improve the penetration rate of PHM programs and services, including but not limited to, the percentage of Members who require additional assessments who complete them as well as the connection of Members to the programs and services they are eligible for.

#### D. DHCS Review and Approval

1. CenCal Health's Compliance Department ensures its RSS and Risk Tiering approach is submitted to DHCS for review and approval in a form and method prescribed by DHCS, and includes the following elements, at a minimum:
  - a) Description of its RSS and Risk Tiering approach;
  - b) Description of how RSS and Risk Tiers are used to connect Members to appropriate services;
  - c) The number of Members in each Risk Tier and the programs or services for which they are eligible;
  - d) The penetration rate of PHM programs or services by Risk Tier:

- i. The number of Members, by Risk Tier, who needed further assessment and received it;
  - ii. The number of Members, by Risk Tier who were enrolled in programs they were eligible for; and
- e) Methods for discovering and reducing bias within the RSS and Risk Tiering approach.
- f) How CenCal Health identifies significant changes in Members' health status or level of care and how it is monitoring appropriate re-stratification.

#### IV. Definitions:

**Basic PHM:** an approach to care that ensures that needed programs and services are made available to each Member, regardless of the Member's Risk Tier, at the right time and in the right setting. Basic PHM includes federal requirements for Care Coordination.

**Health Disparity:** differences in health, including mental health, and outcomes closely linked with social, economic, and environmental disadvantage, which are often driven by the social conditions in which individuals live, learn, work, and play. Characteristics such as race, ethnicity, age, disability, sexual orientation or gender identity, socio-economic status, geographic location, and other factors historically linked to exclusion or discrimination are known to influence the health of individuals, families, and communities.

**Long-Term Services & Supports (LTSS):** services and supports designed to allow a Member with functional limitations and/or chronic illnesses the ability to live or work in the setting of the member's choice, which may include the member's home, a worksite, a Provider-owned or controlled residential setting, a nursing facility, or other institutional setting. LTSS includes both LTC and HCBS, and includes carved-in and carved-out services.

**Member:** a Medi-Cal recipient who resides in CenCal Health's Service Area and who has enrolled with CenCal Health.

**National Committee for Quality Assurance (NCQA):** an organization responsible for the accreditation of managed care plans and other health care entities and for developing and managing health care measures that assess the quality of care and services that Members receive.

**Population Needs Assessment (PNA):** a process for identifying Member health needs and Health Disparities; evaluating health education, Cultural & Linguistic (C&L), delivery system transformation and Quality Improvement (QI) activities and other available resources to address identified health concerns; and implementing targeted strategies for health education, C&L, and QI programs and services.

**Population Health Management (PHM) Service:** A service that collects and integrates Medi-Cal recipient information from disparate sources in order to perform Risk Stratification and Segmentation (RSS) and Risk Tiering functions, analytics and reporting, identify gaps in care, pre-populate Medi-Cal recipient assessments, perform other population health function, and allow for multi-party data access and use in accordance with State and federal laws, regulations, and policies.

**Risk Stratification and Segmentation (RSS):** the process of separating Member populations into different risk groups and/or meaningful subsets, using

information collected through population assessments and other data sources. RSS results in the categorization of Members with care needs at all levels and intensities.

**Risk Tiering:** the assigning of Members to standard Risk Tiers (Low, Medium-rising, or High), with the goal of determining eligibility for care management programs or other services.

**Social Drivers of Health (SDOH):** the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health functioning, and quality-of-life outcomes and risk.

**Transitional Care Service:** a service provided to all Members transferring from one institutional care setting, or level of care, to another institution or lower level of care, including home settings.

**V. References:**

- A. DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, 4.3.4 -- PHM Service
- B. DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, 4.3.5 -- Population Risk Stratification/Segmentation (RSS) and Risk Tiering
- C. DHCS CalAIM Population Health Management Policy Guide
- D. NCQA Standards and Guidelines for the Accreditation of Health Plans
  - 1. PHM 2 – Population Identification
  - 2. PHM 5 – Complex Case Management

**VI. Cross Reference:**

- A. Protocols document:
  - 1. Population Risk Stratification, Segmentation & Risk Tiering Protocols
- B. Policy document:
  - 1. MM-CM 114 -- Care Management Program, Planning and Coordination

**VII. Attachments:** N/A

**Revision History:**

<b>P&amp;P Revision Date</b>	<b>Leaders who Reviewed and Approved P&amp;P Revisions</b>	<b>Reason for P&amp;P Revisions</b>	<b>P&amp;P Revision Effective Date</b> (date P&P is operationalized)	<b>DHCS P&amp;P Approval Date</b>
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	Carlos Hernandez	P&P Established		
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<b>CENCAL HEALTH POLICY AND PROCEDURE (P&amp;P)</b>	
<b>Title:</b> Care Management Services for Children with Special Health Care Needs	<b>Policy No.:</b>
<b>Department:</b> Quality	
<b>Cross Functional Departments:</b> Information Technology, Medical Management, Provider Services	
<b>Effective Date:</b> January 1, 2023	<b>Last Revised Date:</b> N/A
<b>P&amp;P Require DHCS Approval?</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	<b>Annual Review Date:</b> August 1, 2024
<b>Director/Officer Signature and Date:</b>  Lauren Geeb, MBA Director of Quality Improvement	<b>Officer Signature and Date:</b>  Carlos Hernandez Quality Officer

**I. Purpose:**

CenCal Health identifies and provides care management services for Children with Special Health Care Needs (CSHCN).

**II. Policy:**

A. CenCal Health provides care management and Basic Population Health Management (Basic PHM) services to encourage member participation in care management, to ensure timely access to high-quality, equitable, coordinated, and appropriate care.

**III. Procedure:**

A. Standardized Process to Identify CSHCN

1. CenCal Health identifies CSHCN at enrollment and on a monthly basis after enrollment.
  - a. Member case data files from the California Department of Developmental Services (DDS) and local California Children's Services (CCS) Programs are queried monthly by CenCal Health's IT Department to identify members with special health care needs.
  - b. Identified CSHCN members are reported to CenCal Health's Medical Management Department for comprehensive care management assessment of health and related needs in accordance with CenCal Health P&P MM-CM114 – Case Management Program, Planning and Coordination.

2. Primary and supplemental claims data are queried weekly to identify pediatric members with suspected special health care needs.
  - a. Members with diagnoses indicative of a need for care management are reviewed by CenCal Health's Medical Management Department to verify their appropriateness for care management, including but not limited to CSHCN care management.
  - b. Verified CSHCN are inscribed into CenCal Health's pediatric care management program.
- B. Ensuring Timely Access
  1. CenCal Health's care management and Basic PHM processes include methods for ensuring and monitoring timely access to pediatric specialists, sub-specialists, ancillary therapists, transportation, and DME and supplies.
    - a. Methods to ensure timely access may include member assignment to a specialist as PCP, or standing referrals to other practitioners, or to access other benefits.
    - b. Monitoring timely access to specialists is performed by ongoing timely access survey of specialty Providers. Timely access monitoring is performed by CenCal Health's Provider Services Department in accordance with CenCal Health P&P PS-CR04 – Access to Care.
- C. Quality, Health Equity, and Appropriateness of Care
  1. CenCal Health's care management and Basic PHM processes include methods for monitoring and improving the quality, health equity, and appropriateness of care for CSHCN.
    - a. CenCal Health's Quality Department at least annually performs quantitative and qualitative analysis of quality and health equity, including measurements of compliance with evidence-based clinical guidelines.
      - i. Performance is assessed relative to comparable benchmarks, and to quality and health equity results for CenCal Health's non-CSHCN membership.
      - ii. Monitoring results are reported to the Quality Improvement and Health Equity Committee (QIHEC). The QIHEC report requests direction from the QIHEC, including but not limited to input from contracted Network Providers about strategies to continually improve quality, health equity and appropriateness of care.
      - iii. For any results of concern, interventions are implemented for corresponding barriers to quality and health equity, to improve quality, health equity and appropriateness of care for CSHCN.

- iv. For any interventions implemented, improvement is measured and verified to assure expectations are fulfilled, or interventions are revised if warranted. This iterative cycle is continued until expectations are met and sustained.

D. Care Coordination with California DDS and Local CCS Programs

1. CenCal Health Medical Management Department ensures care coordination with DDS and local CCS programs, as appropriate.
2. Coordination between CenCal Health and DDS and/or CCS programs is completed when deemed in the best interest of an individual member, and to effectively execute comprehensive care management in accordance with CenCal Health P&P MM-CM114 – Case Management Program, Planning and Coordination.
3. Closed Loop Referrals are completed for referral of CSHCN members to DDS or CCS programs, to assure timely access to services.

**IV. Definitions:**

**Basic Population Health Management (Basic PHM):** an approach to care that ensures that needed programs and services are made available to each member, regardless of the member's risk tier, at the right time and in the right setting. Basic PHM includes federal requirements for care coordination.

**Closed Loop Referral:** coordinating and referring the member to available community resources and following up to ensure services were rendered.

**Network Provider:** any provider or entity that has a network provider agreement with CenCal Health, CenCal Health's subcontractor, or CenCal Health's downstream subcontractor, and receives Medi-Cal funding directly or indirectly to order, refer, or render covered services. A Network Provider is not a subcontractor or downstream subcontractor by virtue of the network provider agreement.

**Quality Improvement and Health Equity Committee (QIHEC):** the committee facilitated by CenCal Health's Chief Medical Officer (CMO), or the CMO's designee, in collaboration with the Chief Health Equity Officer, to meet at least quarterly to direct all Quality Improvement and Health Equity Transformation Program (QIHETP) findings and required actions.

**V. References:**

- A. DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, 4.3.9 Other Population Health Requirements for Children, B. Children with Special Health Care Needs (CSHCN)

**VI. Cross Reference:**

- A. Policy and Procedures (P&Ps):

1. MM-CM114 – Case Management Program, Planning and Coordination
2. PS-CR04 – Access to Care

**VII. Attachments:** N/A

**Revision History:**

<b>P&amp;P Revision Date</b>	<b>Leaders who Reviewed and Approved P&amp;P Revisions</b>	<b>Reason for P&amp;P Revisions</b>	<b>P&amp;P Revision Effective Date</b> (date P&P is operationalized)	<b>DHCS P&amp;P Approval Date</b>



## Quality Improvement & Health Equity Committee (QIHEC) Meeting Agenda

**Meeting Date:** May 25, 2023

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

**Chairperson:** Emily Fonda, MD, MMM, CHCQM – Chief Medical Officer, Internal Medicine, CenCal Health

**Co-Chairperson:** Michael Collins, DO, MPH, MS – Sr. Medical Director, Preventive Medicine, CenCal Health

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### QIHEC Voting Members:

*\*Network Provider*

**Marina Owen** - Chief Executive Officer, CenCal Health

**Edward Bentley, MD\*** – Gastroenterologist – Santa Barbara, CA – *Board Liaison*

**Neal Adams, MD, MPH** – Medical Director, Psychiatrist, CenCal Health

**Polly Baldwin, MD\*** – Family Practitioner – Santa Barbara, CA

**Bethany Blacketer, MD\*** - Family Practitioner – Santa Maria, CA

**Jeffrey Kaplan, MD\*** - Pediatrician – Santa Maria, CA

**Van Do-Reynoso, MPH, PhD** – Chief Customer Experience Officer/Chief Health Equity Officer, CenCal Health

**Noemi Doohan, MD, PhD, MPH\*** – Medical Director, Family Medicine, Santa Barbara County Public Health - Santa Barbara, CA

**Joseph Freeman, MD, FACEP\*** - Emergency Medicine, Cottage Health System – Santa Barbara, CA

**Carlos Hernandez** - Quality & Population Health Officer, CenCal Health

**Sara Macdonald** – Community Member and CenCal Health Member – Santa Barbara County, CA

**Douglas Major, OD\*** - Optometrist – San Luis Obispo, CA

**Mazharullah Shaik, MD\*** – Director of Quality, Community Health Centers of the Central Coast, Santa Maria, CA

**Elizabeth Snyder, MHA\*** - Senior Director - Administrative Services, Dignity Health Central Coast Division, Santa Maria, CA

**Clarissa Van Cura, RN\*** – Admission/Discharge Nurse, Lompoc Valley Medical Center, Lompoc, CA

### Staff:

Eric Buben, Director, Member Services

Lauren Geeb, MBA, Director, Quality

Chris Hill, RN, MBA, Health Services Officer

Sheila Hill, MSPH, MBA, CPHQ; NCQA Project Leader

Stephanie Lem, PharmD, Clinical Manager, Pharmacy

Sheila Thompson, RN, CPHQ, Provider Quality & Credentialing Manager

**Secretary:** Mimi Hall, Executive Assistant

**Location:** Via Virtual Microsoft Teams

<b>Introductions and Announcements</b>	<b>Minutes</b>	<b>Vote Required</b>
<p><b>Emily Fonda, MD, MMM, CHCQM, Chief Medical Officer</b></p> <ol style="list-style-type: none"><li>1. Welcome new Committee members, Dr. Joseph Freeman, Emergency Medicine, Cottage Health System, and Ms. Sara Macdonald, Community member and CenCal Health member, and Elizabeth Snyder, HMA, Senior Director of Administrative Services, Dignity Health Central Coast Division in Santa Maria, CA.</li><li>2. Committee name change and openings to fulfill 2024 Department of Health Care Services Contract requirements.</li></ol>	10	No
<b>Approval of Minutes</b>		
<p><b>3. March 2, 2023, QIC Meeting</b> Dr. Emily Fonda, Chief Medical Officer</p>	5	Yes
<b>New Business</b>		
<p><b>Consent Agenda</b></p> <p>These items are considered routine and are normally approved by a single vote of the Committee without separate discussion to conserve time and permit focus on other matters on this agenda. Individual consent items may be removed and considered separately at the request of a committee member.</p> <p><b>Dr. Emily Fonda, Chief Medical Officer</b></p>	5	Yes
<p><b>4. Acceptance of Pharmacy &amp; Therapeutics Report for Q1 2023</b> Stephanie Lem, PharmD, Clinical Manager of Pharmacy</p>		
<p><b>5. Approval of Pediatric Clinical Advisory Committee Report</b> Dr. Rea Goumas, Medical Director, Whole Child Model</p>		
<p><b>6. Approval of Customer Experience Committee Report</b> Eric Buben, Director, Member Services</p>		

<b>7. Approval of Utilization Management Committee Report</b> Dr. Emily Fonda, MMM, CHCQM, Chief Medical Officer Chris Hill, RN, MBA, Health Services Officer		
<b>8. Approval of Credentialing Committee Report</b> Sheila Thompson, RN, CPHQ, Provider Quality & Credentialing Manager		
<b>Quality Improvement &amp; Health Equity Transformation Program (QIHETP) Reports</b>		
<b>9. Annual Adoption of Preventive Health Guidelines</b> Gabriela Labraña, MPH, Supervisor, Health Promotion	10	Yes
<b>10. QIHETP Work Plan Update</b> Lauren Geeb, MBA, Director, Quality	10	Yes
<b>11. Approval of Quality Dashboard</b> Lauren Geeb, MBA, Director, Quality	10	Yes
<b>Policy Review &amp; Feedback</b>		
<b>12. QIHETP &amp; Population Health Management Program Policies</b> Carlos Hernandez, Quality & Population Health Officer	10	Yes
<b>13. Approval of Transportation for Eligible Members to and From Community Supports Services</b> Eric Buben, Director, Member Services	5	Yes
<b>Informational Update</b>		
<b>14. Infection Prevention Nursing Home Pilot Program Update</b> Dr. Emily Fonda, Chief Medical Officer	5	No
<b>Open Forum &amp; Future Agenda Items</b>	5	No
<b>Adjournment</b>		





## Quality Improvement Committee (QIC) Meeting Minutes

**Date:** March 2, 2023  
**Time:** 4:00 to 5:30 p.m.  
**Chairperson:** Emily Fonda, MD, CHCQM, MMM, Chief Medical Officer  
**Co-Chairperson:** Michael Collins, DO, MPH, MS, Senior Medical Director

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**QIC Voting Members:**

**\*Network Provider**

**Marina Owen** - Chief Executive Officer, CenCal Health  
**Edward Bentley, MD\*** – Gastroenterologist – Santa Barbara, CA – **Board Liaison**  
**Neal Adams, MD, MPH** – Medical Director, Psychiatrist, CenCal Health  
**Polly Baldwin, MD\*** – Family Practitioner – Santa Barbara, CA  
**Bethany Blacketer, MD\*** - Family Practitioner – Santa Maria, CA  
**Jeffrey Kaplan, MD\*** - Pediatrician – Santa Maria, CA  
**Van Do-Reynoso, MPH, PhD** – Chief Customer Experience Officer, CenCal Health  
**Noemi Doohan, MD, PhD, MPH\*** – Medical Director, Family Medicine, SBCPH, Santa Barbara, CA  
**Carlos Hernandez** - Quality Officer, CenCal Health  
**Douglas Major, OD\*** - Optometrist – San Luis Obispo, CA  
**Mazharullah Shaik, MD\*** – Dir. of Quality, Community Health Centers of the Central Coast, Santa Maria, CA  
**Clarissa Van Cura, RN\*** – Admission/Discharge Nurse, Lompoc Valley Medical Center, Lompoc, CA

**Staff:**

Eric Buben, Director, Member Services  
Chris Hill, RN, MBA, Health Services Officer  
Stephanie Lem, PharmD, Clinical Manager, Pharmacy  
Sheila Thompson, RN, CPHQ, Provider Quality & Credentialing Manager  
Lauren Geeb, MBA, Director, Quality  
Sheila Hill, MSPH, MBA, CPHQ; NCQA Project Leader

**Guest:**

Susan S. Huang, MD MPH  
Chancellor's Professor  
Division of Infectious Diseases  
University of California Irvine School of Medicine  
Medical Director, Epidemiology, and Infection Prevention  
University of California at Irvine Health

**Secretary:** Mimi Hall, Executive Assistant

**Location:** Via Virtual Microsoft Teams

Topic	Discussion
<p><b>Introductions and Announcements</b> Emily Fonda, MD, CHCQM, MMM, Chief Medical Officer</p>	<p>Dr. Fonda called the meeting to order at 4:03 p.m. It was determined that a quorum had been met, and the Committee was ready to proceed with business at hand.</p> <p>Next, Dr. Fonda asked the Committee to kindly announce their name when making a motion and a second motion during meetings so that their votes are accurately captured in the meeting minutes.</p> <p>That concluded Introductions and Announcements.</p>
<p><b>1. Consent Agenda</b></p>	<p><b>Motion made</b> by Ms. Van Cura to approve the Consent Agenda; seconded by Dr. Doohan. Motion passed.</p>
<p><b>2. Old Business</b></p>	<p>Due to a lack of a quorum at the December 8, 2022 meeting, the Consent Agenda and Quality Updates Agenda for that meeting were brought back for review and approval. After review by the Committee, <b>motion made</b> by Ms. Owen to approve the December 8, 2022 Consent Agenda and the December 8, 2022 Quality Program Updates; seconded by Mr. Hernandez. Motion passed.</p>
<p><b>3. Health Services Division Presentation</b></p>	
<p><b>a. Infection Prevention Nursing Home Pilot Program</b> Dr. Emily Fonda, Chief Medical Officer Susan S. Huang, MD, MPH, University of California at Irvine (Guest presenter)</p>	<p>Dr. Fonda introduced Dr. Susan Huang from University of California, Irvine, who spoke to the committee about the Infection Prevention Nursing Home Pilot Program. Dr. Huang accompanied her discussion with a Power Point Presentation.</p> <p><b>Background:</b></p> <ul style="list-style-type: none"> <li>• The purpose is the reduction of Skilled Nursing Facilities Infection &amp; Hospitalizations</li> <li>• Multi-drug Resistant Organisms; over 2 million cases of MDRO infections per year leading to 23,000 deaths.</li> <li>• MDRO sepsis could cause 70,837 in-patient deaths each year.</li> <li>• MDRO's were the cause of 622,390 hospital infections.</li> <li>• Worsening public health problems and population health issues among marginalized members within nursing homes.</li> </ul> <p><b>Plan:</b></p> <ul style="list-style-type: none"> <li>• Propose an Infection Prevention Nursing Home Pilot Project (IPNHP) in six nursing homes in an effort to reduce infection/hospitalizations in Santa Barbara and San Luis Obispo counties.</li> <li>• Replace liquid soap with Chlorhexidine soap for bathing to remove MDROs from the skin and nose to prevent infection and decrease passing along organisms to others.</li> </ul> <p><b>Results:</b></p> <ul style="list-style-type: none"> <li>• Outcomes indicate a decrease in MDRO carriage with ranges from 24-40% (MSRA decreased by 31%).</li> <li>• Decolonization with CHG also significantly reduced staff and resident COVID cases in the high-risk nursing home setting.</li> </ul> <p><b>Costs:</b></p> <ul style="list-style-type: none"> <li>• Estimated costs: \$1,658 per month, per 100 bed facility.</li> <li>• Six-month pilot across six facilities in Santa Barbara and San Luis Obispo Counties: \$59,688.</li> <li>• Costs for inpatient hospitalization for infection for 2021: \$1,806,440</li> <li>• Estimated potential cost savings for in-patient stays: \$578,060.</li> </ul> <p>Ms. Van Cura asked how the facilities would be chosen, as she works at a SNF in Lompoc, and is curious to know. Dr. Huang responded that currently there is a list of 17 SNF providers, who are separate providers. Some of them have more than one facility. Quality</p>

Department will try to take a representative sample of the of the facilities with the highest numbers of CenCal Health members. Mr. Hernandez added that Quality is also looking at baseline utilization data to evaluate the number of in-patient hospital admissions from those facilities, so that there is that baseline to help to help make that determination.

Dr. Major commented that he loves the concept of decolonization. He further added that he was just wondering about the return on investment and commented that Dr. Huang did an excellent job describing that. Dr. Major asked if there is anything that can be done special for a new intake person? In other words, in particular, when you have to double down, keep somebody isolated for a few days to keep the colonization from rehabbing.

Dr. Huang responded that it was a great question. She went further to explain that it is known that 65% of people have something the nursing homes rarely know about as it is known that many people have a multi drug resistant organism. It is cumbersome, stigmatizing, and difficult. This is why we like this universal approach. Nobody gets stigmatized, and it protects from shedding. If you do not shed into the environment, then it cannot be picked up from the environment to then pass it on.

Additionally, it is recommended that nothing be done differently upon admission and recognize that a patient that is coming from a hospital mat not have been bathed well. Furthermore, we would really like to protect the nursing home by bathing patients upon admission and making sure that this idea of protected space for the nursing home is conducted. Therefore, admission bathing becomes important. Dr. Major commented that there is a problem with also keeping the comfort pets clean, as well. Dr. Huang responded that there are many people that say, well, you have to clean the pet cats. The great news is in these studies, these big regional studies in the trials, we just focused it on the residents, and we could see big gains. The good news is that pets tend to lose it quickly. Their carriage is very tied to their owner. So, if you can get the owners and the pets to stop carrying it, that is a good thing. These are not normal issues for dogs, cats, ponies, etc. Dr. Major responded that it appears like a lot of gain has been made with these comfort pets that are going through the whole facility. We just need to somehow motivate people. Great idea and great, great research.

Dr. Fonda asked Dr. Huang if she would speak about how the nursing staff who were bathing the patients actually had fewer COVID cases as well?

Dr. Huang responded that yes, that is true and that they did observe that with the staff. It was noticed that the nursing home staff being quite upset when they would transfer a patient to the hospital and the patient would come back with skin that was not looking as good as what they actually had had created for them. And those are exciting moments that they can see that the breaks in the skin and the quality of the skin is actually improving with Chlorhexidine.

Dr. Huang added that she has been invited to Hong Kong for quite some time over the years for their infection prevention program. She just recently learned that they have loaded Chlorhexidine in 300 of their nursing homes and it will be determined on what they what they find now that the pandemic is over. So exciting times and ideally easy to do.

Next, Dr. Collins stated that it seems like it is such a great intervention that it almost seems like it should be standard of care in a nursing home. Dr. Collins asked if there is a movement to make this mandatory or regulated?

Dr. Huang responded that the data that she just presented was presented at two national meetings. She stated that the paper; what they are waiting for, is that you cannot put anything into guidance until you have the main document published. I am pleased to say that we are in revision with the document. Dr. Huang indicated that is all she is allowed to

say, however, everything about whether or not something can be adopted needs to be in published form in the dominant evidence-based literature and be peer reviewed. Dr. Huang hopes that will stimulate a lot more discussion about how to demonstrate. Moreover, it will be examples just like CenCal Health to know if it can be done. What does it take for a region to be interested in this and to roll it out? Can we find that there is a real adoption efficiency and that it can be done without being part of a project where UCI is sending people to check in on them two or three times a week? That is not going to be usual care. Therefore, this will be an especially important thing to determine. A Quality Improvement group and insurer can actually encourage something like this and be successful.

Next, Dr. Bentley commented that the presentation was exceptionally good, and very, very exciting. Is our study going to encourage these entire skilled nursing facility to participate in this or just our CenCal Health patients?

Dr. Fonda responded that we have come up against this question before and since the nursing home is our contracted partner, we are expecting to provide them with Chlorhexidine for all the patients, not just CenCal Health members. And considering the fact that it is a contagious problem, and those patients are rather close in proximity to each other and have share surfaces, it makes sense to provide the Chlorhexidine for all patients. And again, that would be the reason to look at the SNFs with the highest volume of our members.

Dr. Bentley mentioned that the materials that were sent out also mentioned C-difficile. He then asked whether that has been measured that in your original study and is that something you are going to look at with this study also?

Dr. Huang responded that yes, Chlorhexidine really should not be active against C-difficile. However, if we can prevent the types of infections that produce antibiotics to be prescribed in the nursing home, as you can imagine, that is the major driver for C-difficile. Dr. Huang indicated that what we found is that in the participating nursing homes, their contact precaution use went down. They generally were using less antibiotics and that might be a secondary driver over time.

Next, Dr. Fonda asked if there were further questions. There being none, Dr. Fonda asked for a motion to approve.

**Motion made** by Dr. Baldwin to approve the *Infection Prevention Nursing Home Pilot Program*, as presented; seconded by Dr. Bentley. Motion passed.

Dr. Fonda thank Dr. Huang for her time with the Committee and for her presentation.

**4. Annual Quality Program Description Update**

**a. 2022 Quality Improvement & Health Equity Transformation Program Work Plan Evaluation**

Lauren Geeb, MBA  
Director, Quality

Ms. Geeb spoke to the Committee about the Quality Improvement & Health Equity Transformation Work Plan Evaluation and accompanied her oral update with a PowerPoint Presentation.

**Background**

Quality Improvement & Health Equity Transformation Work Plan Evaluation is a written evaluation of progress made toward previous year's Work Plan.

Its purpose is to identify achievements in 2022 and identify opportunities for improvement in 2023.

Achievement highlights include:

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

Ms. Owen spoke to the Committee and to Ms. Geeb commending and highlighting the work of our staff at this meeting and of our provider network. It is such a valuable partnership. She wanted to highlight that and pass on her appreciation to all.

Next, Ms. Geeb continued her presentation.

Opportunities for Improvement include:

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

Ms. Geeb opened the floor to questions from the committee.

Dr. Kaplan asked a question regarding the screening for women and whether the criteria that states who needs the screening can be distributed to all provider offices. Further, he indicated that he is unsure of the reasons for the need and is unclear of the

criteria being used. The next question from Dr. Kaplan was knowing that we want those six well-checks by the time the child is 15 months old. Many newborns do not even get to CenCal Health officially until they are about two months old. If a newborn check is done in that one-month check-up, is CenCal Health able to take data from Medicaid? And, adding that in and counting it as a visit, or how is that done?

Ms. Geeb responded that she appreciates the question. She went on to say that there is a logic set of codes so that we can certainly distribute and share how those members are identified. Additionally, it can also be obtained through pharmacy claims data. As an example, if they are getting prescriptions for birth control, that would indicate that they are sexually active. Dr. Kaplan responded that it also could indicate that they have dysmenorrhea or menorrhagia, not necessarily active. Ms. Geeb agreed and indicated that information can be shared to providers.

Next, Ms. Geeb returned to Dr. Kaplan's question about well-checks for infants in the first month, and the following months up to six months. Ms. Geeb indicated that as part information gathering through various sessions with different PCP's, what we will acknowledge is that there is alignment with the Quality-of-Care Incentive Program.

Ms. Geeb added that Providers can see which members did not meet that measure and if the member did not receive that clinically recommended service. But for that one, it is not actionable. And recognizing that what we identified in our PDSA is that we created what we call "Well Baby Report" and currently, it is actually close to being pushed out to the Provider Portal. The report identifies children up to 14 months that does not look at continuous enrollment criteria, so whoever is assigned to that PCP and that given month.

For example, at six months, how many visits should they have had? And for babies when they are first born, will we have logic that links the mother's member ID to the baby's ID? I think with that one-month visit, if any PCP were to use them, Mother's ID to bill it, then we would be able to capture that.

Dr. Kaplan responded that only if they had the mother's insurance because some do not have that either.

After discussion concluded, ***motion made*** by Dr. Kaplan to approve *the 2022 Quality Improvement & Health Equity Transformation Program Work Plan Evaluation*, as presented; seconded by Dr. Baldwin. Motion passed.

**b. 2023 Quality Improvement & Health Equity Transformation Program Description**

Carlos Hernandez,  
Quality Officer

Mr. Hernandez spoke to the Committee about the *2023 Quality Improvement & Health Equity Transformation Program Description*.

**Purpose:**

The QIHETP Description describes:

- Approach to proactively monitor and continually improve quality and reduce inequities.
- Structure and reporting relationships, oversight of CMO in collaboration with the Chief Health Equity Officer, BH aspects and BH practitioner involvement, as well as oversight of QI functions by the QIHEC.
  - ❖ Board of Directors maintains ultimate responsibility.
- Membership and functions of the QIHEC and different quality committees that are made up of staff and network practitioners, and each committee's reporting relationship.

**Key Updates:**

To ensure compliance with 2024 DHCS contract, the following updates were made:

- Quality Program and Committee name change, as well as Charter revisions
- Committee membership expansion to also include:
  - ❖ Chief Health Equity Officer, Behavioral Health Practitioner, Hospital Representative, and a Health Plan Member.
- Overarching *commitment to health equity*
  - ❖ CenCal Health will incorporate member experience, provider perspectives, and community-based organizations into its planning and decision-making.

Mr. Hernandez indicated that the Quality Improvement, HealthEquity transformation program description is the document that very generally describes essential health approach to proactively monitor and continually improve quality for membership.

This year, though, as a meaningful change to it is to incorporate HealthEquity. And one thing that we describe in terms of improvement as the elimination of inequities, which is really one of the final steps to maximize our quality as a health plan. And, to assure that all of our membership has access to and receives services in compliance with the standard of care.

The QIHETP description also describes the structure of the quality program within CenCal Health, and the resources that we dedicate to achieve quality on a continuous basis for all of our membership, the oversight responsibilities that include oversight of the Chief Medical officer in collaboration with the Chief HealthEquity officer, who we have with us in this meeting today, Dr. Van Do-Reynoso. And it also describes the behavioral health aspects of the program, and the involvement of a designated behavioral health practitioner, and today we do have that practitioner with us, Dr. Neal Adams, Medical Director at CenCal Health.

Mr. Hernandez then reviewed a CenCal Health organizational chart with the Committee that illustrated the overall reporting structure with ultimate oversight provided by the Board of Directors.

In the near term, the Quality Department will be looking to add a hospital representative and a CenCal Health member as Committee members of QIHEC as mandated by CalAIM provisions. Moreover, to have provider hospital input and member point of view so that we can consider that in our development of policies and interventions to improve quality on a continuous basis, will be valuable to the QIHEC, and to this Committee.

Dr. Majors asked Mr. Hernandez's opinion as to whether this is a tolerable change.


	<p>Mr. Hernandez responded that the implementation of changes that are required for the utilization management program and then the evolution of the Quality Improvement Committee to the Quality Improvement HealthEquity Committee. Certainly, it is all doable. There is much of this that is underway already and for the quality improvement HealthEquity committee. The change is going to mean more meaningful content that comes to this committee for your input and with member representation, I think that it will add an additional perspective that will help us address health inequities that we know exist within our population. And, that insight will help us develop good policies going forward to eliminate those inequities. Mr. Hernandez continued that it will be a continuous effort and that it is going to take time, however, the result is going to be something that is rewarding. Not just for this committee, but for the organization as a whole, and certainly for our membership.</p> <p>Dr. Major commented that the metrics certainly will provide more insight that have not had readily available before to identify inequities in our healthcare delivery. There is no vision care metrics in the entire system. He stated that he appreciates CenCal Health's support with the vision side. It is exciting that that it is moving forward.</p> <p>Concluding discussion, <b><i>motion made</i></b> by Dr. Shaik to approve <i>2023 Quality Improvement &amp; Health Equity Transformation Program Description</i>, as presented; seconded by Dr. Bentley. Motion passed.</p> <p>Ms. Owen added that she wanted to extend her appreciation for the work that it took to make this transition. This trilogy of documents is pretty incredible. And they are accompanied by state deliverables that were submitted on time and are coming back every day approved. Ms. Owen thanked Mr. Hernandez for his leadership.</p>
<p><b>c. 2023 Quality Improvement &amp; Health Equity Transformation Program Work Plan</b>  <i>Lauren Geeb, MBA  Director, Quality</i></p>	<p>Ms. Geeb spoke to the Committee about the Quality Improvement &amp; Health Equity Transformation Program Work Plan and accompanied her oral update with a PowerPoint Presentation.</p> <p><b>Purpose:</b></p> <ul style="list-style-type: none"> <li>• Establish <b>objectives and activities</b> planned for the coming year.</li> <li>• Identify <b>responsible staff</b> leading activities.</li> <li>• CenCal Health's <b>commitment</b> and action plan of <b>accountability</b> to: <ul style="list-style-type: none"> <li>❖ <i>Advance quality and health equity for all.</i></li> <li>❖ <i>Cultivate community partnerships.</i></li> <li>❖ <i>Expand our role and reach.</i></li> </ul> </li> </ul> <p><b>Key Updates:</b></p> <ul style="list-style-type: none"> <li>• Formatting changes and the addition of tasks to monitor and assure NCQA Accreditation Survey readiness.</li> <li>• Serves as an outline for improvement in health equity and quality of care provided by CenCal Health and its provider network. <ul style="list-style-type: none"> <li>❖ NCQA Health Plan Accreditation &amp; NCQA Health Equity Accreditation</li> </ul> </li> <li>• Programs to implement will focus on: <ul style="list-style-type: none"> <li>❖ Building a Community Health Worker and Doula medical benefit, and</li> <li>❖ Expansion of ECM and Community Support provider network.</li> </ul> </li> <li>• Emphasis on whole-person care through partnerships with members, providers, community-based organizations, and other healthcare delivery systems.</li> </ul> <p>Ms. Geeb paused for discussion and questions. Being no questions nor discussion, Ms. Geeb asked the Committee for a motion to approve.</p>



	<p><b>Motion made</b> by Dr. Bentley to approve the <i>2023 Quality Improvement &amp; Health Equity Transformation Program Work Plan</i>, as presented; seconded by Dr. Majors. Motion passed.</p> <p>A question was asked to who the internal committee member is representing Behavioral Health. Dr. Fonda answered that Dr. Neal Adams is our resident psychiatrist for our Behavioral Health Department, and we look forward to Dr. Adams being an active member of QIHEC. Dr. Adams thanked Dr. Fonda for her kind comments and added that it is nice to be able to participate in these meetings, and that he appreciates all the improvements and all the efforts across the organization. It has been an exciting and dynamic year bringing the Behavioral Health Department up to speed.</p> <p>Dr. Fonda thanked Dr. Adams. and opened up the floor to Open Forum and discussion of any future agenda items.</p>
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<p><b>If needed, return to any Consent items designated for discussion</b></p>	<p>There were none to discuss.</p>
<p><b>7. Open Forum</b></p>	<p>Dr. Fonda invited topics for future agenda items and any discussion topics that the Committee would like to pursue.</p> <p>There being none, this concluded the Open Forum discussion.</p>
<p><b>8. Adjournment</b></p>	<p>There being no further business, Dr. Fonda thanked the Committee for their time and participation, and adjourned the meeting at 5:26 p.m.</p>

Respectfully submitted,  
Mimi M. Hall  
 Executive Assistant

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