Quality Improvement Health Equity Committee (QIHEC) Report

Date: September 20, 2023

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

Contributors: Carlos Hernandez, Quality & Population Health Officer
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Executive Summary

This memo is CenCal Health's QIHEC report to your Board, including information about the committee's proceedings for its 3rd quarterly meeting of 2023, completed on August 24th, 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 QIHEC's recent proceedings included the following actions:

- Approval of May 25, 2023, QIHEC minutes.
- Approval of reports from the Pediatric Clinical Advisory Committee, Customer Experience Committee, and Utilization Management Committee.
- Approval of:
    - Clinical Practice Guidelines,
    - 2022 Population Needs Assessment,
    - 2023 Population Health Management (PHM) Program Strategy,
    - 2022 PHM Program Impact Analysis & Priorities for Improvement,
    - 2022 California Children's Services/Tri-counties Regional Center Quality Results,
    - Updates to the QIHETP Work Plan,
    - Key Performance Metrics that demonstrate cross-functional QIHETP integration of Utilization Management, Access and Availability, and Member Grievance operations,
    - Over & Under-Utilization Management Report; and
    - Quality Dashboard of key performance indicator results.

- Approval of five QIHETP & PHM Program Policies
  (Attachment 1: provided for your Board's consideration and recommended approval).

The QIHEC's approval of the action items listed above included consideration by contracted network physicians and other representatives that are required 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. Providers have been highly engaged and CenCal Health's leadership are optimistic that six invited facilities will participate in this pilot, despite slower than expected execution of individual agreements.

Background

Your Board, as CenCal Health's governing body, is required 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 completed with 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 with 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 ensure continuous improvement. The QIHEC oversees quarterly updates to ensure 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 3rd quarterly meeting of 2023, and includes QIHETP and PHM policies for your consideration, direction, and approval. This report fulfills your Board's responsibility to review written progress reports from the QIHEC.

   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 QIHEC proceedings detailed above, and the following three attachments:

   1. QIHETP & PHM Program policies reviewed and approved by the QIHEC.
   2. The meeting agenda for the recent QIHEC meeting.
   3. The meeting minutes of the former QIHEC, which were approved at the recent meeting of the QIHEC.

   The policies reviewed by the QIHEC provide details about CenCal Health's QIHETP and 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.

   CenCal Health staff and DHCS have confirmed that the policies reviewed by the QIHEC comply with all DHCS quality improvement and health equity standards. 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

The proceedings of future quarterly QIHEC meetings 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.

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

Quality Attachments:

- Attachment 1 – QIHEC Approved QIHETP & Population Health Management Program Policies (qty. 5)
- Attachment 2 - QIHEC Meeting Agenda, August 24, 2023
- Attachment 3 - QIHEC Approved Minutes, May 25, 2023

Attachment 1: QIHEC Approved QIHETP & Population Health Management Program Policies

QIHETP & Population Health Management Policies and Procedures for QIHEC Approval & Adoption	Effective Date	Contract Reference
1. Basic Population Health Management: Identifying & Addressing Members' Needs due to Social Drivers of Health	January 1, 2023	R.0120
2. Basic Population Health Management: Identifying Members Needing Preventive Services & Increasing Appropriate Preventive Services Utilization	January 1, 2023	R.0120
3. Comprehensive Wellness and Prevention Programs for All Members	January 1, 2023	R.0125
4. Oversight of Subcontractors and Downstream Subcontractors for Delegated Utilization Management (UM) and Quality Improvement and Health Equity Transformation Program (QIHETP) Activities	January 1, 2024	R.0041
5. Member & Family Engagement Strategy	January 1, 2024	R.0059

CENCAL HEALTH POLICY AND PROCEDURE (P&P)	
Title: Basic Population Health Management: Identifying & Addressing Members' Needs due to Social Drivers of Health	**Policy No.:** QU-13
Department: Quality	
Cross Functional Departments: Medical Management	
Effective Date: January 1, 2023	**Last Revised Date:** N/A
P&P Require DHCS Approval? Y ☒ N ☐	**Annual Review Date:** August 1, 2023
Director Signature and Date: Lauren Geeb, MBA Director of Quality Improvement	**Officer Signature and Date:** Carlos Hernandez Quality Officer

I. Purpose:

In accordance with the Department of Health Care Services (DHCS) Population Health Management Framework, and to ensure the provision of services and supports, this policy describes CenCal Health's Basic Population Health Management (PHM) processes to identify and address Member's health related social needs due to Social Drivers of Health (SDOH).

II. Policy:

CenCal Health maintains a Basic PHM system to identify and address Members' health-related social needs due to SDOH. CenCal Health's PHM delivery infrastructure ensures the Basic PHM needs of its entire member population are met at the right time and in the right setting, regardless of the Member's Risk Tier.

III. Procedure:

A. Identification of Members and their Health-Related Social Needs due to SDOH

1. To identify Members' health-related social needs due to SDOH, CenCal Health:

   i. Executes a systematic population Risk Stratification/Segmentation process to identify members with health-related social needs due to SDOH.

   ii. This process is executed monthly in accordance with CenCal Health policy and procedure on Population Risk Stratification/Segmentation and Risk Tiering.

iii. The output of the RSS process assigns Risk Tiers to Members, including but not limited to their reported health-related social needs due to SDOH.

B. Addressing Members' Health-Related Social Needs due to SDOH

1. To ensure Members' health-related social needs due to SDOH are addressed timely, responsive to the social needs identified by the population RSS process, CenCal Health's Basic PHM system integrates cross-functional processes that meet the following requirements:

i. Access, Utilization, and Engagement with Primary Care

a) Ensures that each Member has an ongoing source of care that is appropriate, ongoing, and timely to meet the Member's needs;

b) Ensures that each Member is engaged with their assigned PCP and that the Member's assigned PCP plays a key role in the Care Coordination functions described by this policy and procedure, in partnership with CenCal Health and other delivery systems to guarantee that Member's needs are addressed;

c) Includes review of Member utilization reports to identify Members not using Primary Care, with reports stratified, at minimum, by race and ethnicity to identify Health Disparities that result from differences in utilization of outpatient and preventive services, including development of strategies to address differences in utilization;

d) Facilitates access to care for Members by, at a minimum, helping to make appointments, arranging transportation, ensuring Member health education on the importance of Primary Care for Members who have not had any contact with their assigned medical home/PCP or have not been seen within the last 12 months, particularly Members less than 21 years of age;

e) Ensures each Member receives all needed preventive services in partnership with the Member's assigned PCP;

f) Maintains processes to ensure no duplication of services occurs.

g) Ensures all services are delivered in a culturally and linguistically competent manner that promotes Health Equity for all Members.

ii. Care Coordination, Navigation, and Referrals Across All Health and Social Services, Including Community Supports

a) Ensures Members have access to needed services that address all their health and health-related needs, including navigation and referrals to services that address Members' developmental, physical, mental health, SUD, dementia, LTSS, palliative care, oral health, vision, and pharmacy needs;

b) Ensures efficient Care Coordination and continuity of care for Members who may need or are receiving services and/or programs from out-of-network Providers;

c) Coordinates health and social services between settings of care, across other Medi-Cal managed care health plans, delivery systems, and programs (e.g., Targeted Case Management, Specialty Mental Health Services), with external entities outside of CenCal Health's provider network, and with Community Supports and other community-based resources, even if they are not covered services, to address Members' needs and to mitigate impacts of SDOH;

d) Establishing relationships and processes to meet future Closed Loop Referral requirements, and by January 2025 coordination of warm hand-offs to other public benefits programs, including but not limited to California Work Opportunity and Responsibility Kids (CalWORKs), CalFresh, Women, Infants and Children (WIC) Supplemental Nutrition Program, Early Intervention Services, Supplemental Security Income (SSI), and all other programs requiring Memorandums of Understanding (MOUs) per DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, Section 5.6 -- MOUs with Third Parties;

e) Assists Members, Members' parents, family members, legal guardians, authorized representatives, caregivers, or authorized support persons with navigating health delivery systems, including CenCal Health's Subcontractor and Downstream Subcontractor Networks, to access covered services as well as services not covered; and

f) Entering into MOUs with County Mental Health Plans and Drug Medi-Cal Organized Delivery Systems Plans by January 2024, to formalize roles to ensure core care coordination, care navigation, and referral needs of all Members are addressed.

iii. Information Sharing Processes and Referral Support Infrastructure to Ensure Appropriate Exchange of Information by Providers and CenCal Health

a) Ensures that Providers furnishing services to Members maintain and share, as appropriate, Members' Medical Records in accordance with professional standards and state and federal law;

b) Communicates to Members' parents, family members, legal guardians, authorized representatives, caregivers, or authorized support persons all Care Coordination provided to Members, as appropriate;

c) Facilitates exchange of necessary Member information in accordance with any and all state and federal privacy laws and regulations, specifically pursuant to 45 CFR parts 160 and 164 subparts A and E, to the extent applicable.

iv. Integration of Community Health Workers (CHWs) in PHM, including but not limited to CenCal Health's PHM Strategy

a) Provides Members with resources to address the progression of disease or disability, and improve behavioral, developmental, physical, and oral health outcomes.

b) Supports Member engagement with their PCP, identifying and connecting Members to services that address SDOH needs, promoting wellness and prevention, helping Members manage their chronic disease, and supporting efforts to improve maternal and child health.

v. Wellness and Prevention Programs

a) Provides comprehensive wellness and prevention programs that, at minimum, meet NCQA requirements, including offering evidence-based self-management tools that provide information on at least the following behavioral changes to address SDOH:

- Healthy weight (BMI) maintenance
- Smoking and tobacco use cessation
- Encouraging physical activity
- Healthy eating
- Managing stress
- Avoiding at-risk drinking
- Identifying depressive symptoms

b) CenCal Health ensures its Wellness and Prevention Program strategies align with community-specific information in the Population Needs Assessment and strategies to drive improvement in DHCS-identified Clinical Focus Areas and BOLD Goals.

vi. Programs Addressing Chronic Disease

a) Provides evidence-based disease management programs tailored to the specific needs of CenCal Health's Members, in line with NCQA requirements. These programs address the following conditions, at a minimum, and aim to close care gaps and address health-related social needs due to SDOH:

- Diabetes
- Cardiovascular disease
- Asthma
- Depression

vii. Programs to Address Maternal Health Outcomes

a) Ensures provision of all Medically Necessary services for pregnant women, including but not limited to comprehensive risk assessments and individualized care plans that include obstetrical, nutrition, psychosocial, and health education interventions, and appropriate follow-up including but not limited to that to address health-related social needs due to SDOH.

b) Risk assessments for pregnant Members are performed with a comprehensive risk assessment tool that is comparable to the ACOG and CPSP standards per Title 22 C.C.R. Section 51348.

viii. PHM for Children

a) Ensures all Members under age 21 receive an Initial Health Appointment within 120 days of enrollment.

b) Provides preventive health visits at the times specified by the most recent American Academy of Pediatrics (AAP) Bright Futures periodicity schedule. Providers must provide, as part of the periodic preventive visit, anticipatory guidance and all age-specific assessments and services required by AAP Bright Futures.

c) Ensures provision of all EPSDT benefits, including receipt of all screening, preventive, and medically necessary diagnostic and treatment services, regardless of whether the service is included in the Medicaid State Plan. Includes preventive health visits, including age-specific screenings, assessments, and services, at intervals consistent with the AAP Bright Futures periodicity schedule, and immunizations specified by the Advisory Committee on Immunization Practices (ACIP) childhood immunization schedule.

d) Coordinates health and social services for children between systems of care and across other MCPs and delivery systems. Specifically, MCPs must support children and their families in accessing Medically Necessary physical, behavioral, and dental health services, as well as social and educational services.

e) Review of children's preventive health visits and developmental screening utilization.

f) Before 2024, develop MOUs with First 5 Programs and providers, WIC providers, and every Local Education Agency in each county within CenCal Health's service area for school-based services to strengthen the provision of EPSDT.

C. CenCal Health ensures its Basic PHM system promotes health equity and provides all Members services delivered in a culturally and linguistically competent manner that are responsive to Member needs, beliefs, and preferences. All Basic PHM services are provided in alignment with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

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: 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.

Community Supports: substitute services or settings to those required under the California Medicaid State Plan that CenCal Health may select and offer to their Members pursuant to 42 CFR section 438.3(e)(2) when the substitute service or setting is medically appropriate and more cost-effective than the service or setting listed in the California Medicaid State Plan.

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.

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.

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.

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.

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.

Prior Authorization: a formal process requiring a provider to obtain advance approval the amount, duration, and scope of non-emergent covered services.

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 must result 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.

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.

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, 4.3.8 -- Basic Population Health Management

VI. Cross Reference:

A. Policy document:

1. Basic Population Health Management: Identifying Members Needing Preventive Services & Increasing Appropriate Preventive Services Utilization
2. Population Risk Stratification/Segmentation and Risk Tiering

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

CENCAL HEALTH POLICY AND PROCEDURE (P&P)	
Title: Basic Population Health Management: Identifying Members Needing Preventive Services & Increasing Appropriate Preventive Services Utilization	**Policy No.:** QU-16
Department: Quality	
Cross Functional Departments: Medical Management	
Effective Date: January 1, 2023	**Last Revised Date:** N/A
P&P Require DHCS Approval? Y ☒ N ☐	**Annual Review Date:** August 1, 2023
Director Signature and Date: Lauren Geeb, MBA Director of Quality Improvement	**Officer Signature and Date:** Carlos Hernandez Quality Officer

I. Purpose:

In accordance with the Department of Health Care Services (DHCS) Population Health Management Framework, and to ensure the provision of services and supports, this policy describes CenCal Health's Basic Population Health Management (PHM) processes to identify Members in need of preventive services and increase appropriate utilization of preventive services.

II. Policy:

CenCal Health maintains a Basic PHM system to identify and address Members in need of preventive services and increase appropriate utilization of preventive services. CenCal Health's PHM delivery infrastructure ensures the Basic PHM needs of its entire member population are met, including but not limited to provision of preventive services, at the right time and in the right setting, regardless of the Member's Risk Tier.

III. Procedure:

A. Identification of Members and their Preventive Services Needs

1. For all Members less than 21 years of age, CenCal Health requires Primary Care Providers (PCPs) to identify Members' preventive services needs at each:

    i. Preventive health visit at the times specified by the most recent American Academy of Pediatrics (AAP) Bright Futures periodicity schedule. Providers must provide, as part of the periodic preventive visit, anticipatory guidance and all age-

specific assessments and services required by AAP Bright Futures.

ii. Non-emergency Primary Care visit, during which the Member (if an emancipated minor), or the parent(s) or guardian of the Member, must be advised of the children's preventive services due, available and covered by CenCal Health.

2. For all adult Members, CenCal Health covers and requires PCPs to identify Members' preventive services needs and provide all applicable preventive services identified as U.S. Preventive Services Task Force (USPSTF) grade A and B recommendations in accordance with the Guide to Clinical Preventive Services published by the USPSTF.

   i. For all adult Members, CenCal Health covers and requires PCPs to identify Members' preventive services needs and provide all Medically Necessary diagnostic, treatment, and follow-up services necessary given the findings or risk factors identified in the Initial Health Appointment, or during visits for routine, urgent, or emergent health care situations.

   ii. CenCal Health requires PCPs render or arrange for these services to be initiated as soon as possible but no later than 60 calendar days following discovery of a problem requiring follow up.

3. For Members of all ages, documentation must be entered in the Member's Medical Record that indicates the receipt of children's preventive services in accordance with the AAP Bright Futures standards, or adult's preventive services USPSTF grade A and B recommendations, as applicable. If the services are refused, documentation must be 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's voluntary refusal of the preventive services.

B. Addressing Members' Preventive Services Needs

1. To ensure Members' preventive service needs are addressed timely, and responsive to identified preventive service needs, CenCal Health's Basic PHM system supports Primary Care case management, through CenCal Health's integration of cross-functional processes that meet the following requirements:

   i. Access, Utilization, and Engagement with Primary Care

      a) Ensures that each Member has an ongoing source of care that is appropriate, ongoing and timely to meet the Member's needs;

      b) Ensures that each Member is engaged with their assigned PCP and that the Member's assigned PCP plays a key role in

the Care Coordination functions described by this policy and procedure, in partnership with CenCal Health and other delivery systems to guarantee that Member's needs are addressed;

c) Includes review of Member utilization reports to identify Members not using Primary Care, with reports stratified, at minimum, by race and ethnicity to identify Health Disparities that result from differences in utilization of outpatient and preventive services, including development of strategies to address differences in utilization;

d) Facilitates access to care for Members by, at a minimum, helping to make appointments, arranging transportation, ensuring Member health education on the importance of Primary Care for Members who have not had any contact with their assigned medical home/PCP or have not been seen within the last 12 months, particularly Members less than 21 years of age;

e) Ensures each Member receives all needed preventive services in partnership with the Member's assigned PCP;

f) Maintains processes to ensure no duplication of services occurs.

g) Ensures all services are delivered in a culturally and linguistically competent manner that promotes Health Equity for all Members.

ii. Care Coordination, Navigation, and Referrals Across All Health and Social Services, Including Community Supports

a) Ensures Members have access to needed services that address all their health and health-related needs, including navigation and referrals to services that address Members' developmental, physical, mental health, SUD, dementia, LTSS, palliative care, oral health, vision, and pharmacy needs;

b) Ensures efficient Care Coordination and continuity of care for Members who may need or are receiving services and/or programs from out-of-network Providers;

c) Coordinates health and social services between settings of care, across other Medi-Cal managed care health plans, delivery systems, and programs (e.g., Targeted Case Management, Specialty Mental Health Services), with external entities outside of CenCal Health's provider network, and with Community Supports and other community-based resources, even if they are not covered

services, to address Members' needs and to mitigate impacts of SDOH;

d) Establishing relationships and processes to meet future Closed Loop Referral requirements, and by January 2025, coordination of warm hand-offs to other public benefits programs, including but not limited to CalWORKs, CalFresh, Women, WIC Supplemental Nutrition Program, Early Intervention Services, Supplemental Security Income (SSI), and all other programs requiring Memorandums of Understanding (MOUs) per DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, Section 5.6 -- MOUs with Third Parties;

e) Assists Members, Members' parents, family members, legal guardians, authorized representatives, caregivers, or authorized support persons with navigating health delivery systems, including CenCal Health's Subcontractor and Downstream Subcontractor Networks, to access covered services as well as services not covered.

f) Entering into MOUs with County Mental Health Plans and Drug Medi-Cal Organized Delivery Systems Plans by January 2024, to formalize roles to ensure core care coordination, care navigation, and referral needs of all Members are addressed.

iii. Information Sharing Processes and Referral Support Infrastructure to Ensure Appropriate Exchange of Information by Providers and CenCal Health

a) Ensures that Providers furnishing services to Members maintain and share, as appropriate, Members' Medical Records in accordance with professional standards and state and federal law;

b) Communicates to Members' parents, family members, legal guardians, authorized representatives, caregivers, or authorized support persons all Care Coordination provided to Members, as appropriate;

c) Facilitates exchange of necessary Member information in accordance with any and all state and federal privacy laws and regulations, specifically pursuant to 45 CFR parts 160 and 164 subparts A and E, to the extent applicable.

iv. Integration of Community Health Workers (CHWs) in PHM, including but not limited to CenCal Health's PHM Strategy

a) Provides Members with resources to address the progression of disease or disability, and improve behavioral, developmental, physical, and oral health outcomes.

b) Supports Member engagement with their PCP, identifying and connecting Members to services that address SDOH needs, promoting wellness and prevention, helping Members manage their chronic disease, and supporting efforts to improve maternal and child health.

v. Wellness and Prevention Programs

a) Provides comprehensive wellness and prevention programs that, at minimum, meet NCQA requirements, including offering evidence-based self-management tools that provide information on at least the following behavioral changes to address SDOH:

- Healthy weight (BMI) maintenance
- Smoking and tobacco use cessation
- Encouraging physical activity
- Healthy eating
- Managing stress
- Avoiding at-risk drinking
- Identifying depressive symptoms

b) CenCal Health ensures its Wellness and Prevention Program strategies align with community-specific information in the Population Needs Assessment and strategies to drive improvement in DHCS-identified Clinical Focus Areas and BOLD Goals.

vi. Programs Addressing Chronic Disease

a) Provides evidence-based disease management programs tailored to the specific needs of CenCal Health's Members, in line with NCQA requirements. These programs address the following conditions, at a minimum, and aim to close care gaps and address health-related social needs due to SDOH:

- Diabetes
- Cardiovascular disease
- Asthma
- Depression

vii. Programs to Address Maternal Health Outcomes

a) Ensures provision of all Medically Necessary services for pregnant women, including but not limited to comprehensive risk assessments and individualized care plans that include obstetrical, nutrition, psychosocial, and health education interventions, and appropriate follow-up including but not limited to that to address health-related social needs due to SDOH.

b) Risk assessments for pregnant Members are performed with a comprehensive risk assessment tool that is comparable to the ACOG and CPSP standards per Title 22 C.C.R. Section 51348.

viii. PHM for Children

a) Ensures all Members under age 21 receive an Initial Health Appointment within 120 days of enrollment.

b) Provides preventive health visits at the times specified by the most recent American Academy of Pediatrics (AAP) Bright Futures periodicity schedule. Providers must provide, as part of the periodic preventive visit, anticipatory guidance and all age-specific assessments and services required by AAP Bright Futures.

c) Ensures provision of all EPSDT benefits, including receipt of all screening, preventive, and Medically Necessary diagnostic and treatment services, regardless of whether the service is included in the Medicaid State Plan. Includes preventive health visits, including age-specific screenings, assessments, and services, at intervals consistent with the AAP Bright Futures periodicity schedule, and immunizations specified by the Advisory Committee on Immunization Practices (ACIP) childhood immunization schedule.

d) Coordinates health and social services for children between systems of care and across other MCPs and delivery systems. Specifically, MCPs must support children and their families in accessing Medically Necessary physical, behavioral, and dental health services, as well as social and educational services.

e) Review of children's preventive health visits and developmental screening utilization.

f) Before 2024, develop MOUs with First 5 Programs and providers, WIC providers, and every Local Education Agency in each county within CenCal Health's service area for school-based services to strengthen the provision of EPSDT.

C. To ensure Members' preventive service needs are addressed timely and in accordance with the AAP Bright Futures standards, or adult's preventive services USPSTF grade A and B recommendations, as applicable, CenCal Health conducts Gaps in Care Reporting & offers financial Incentives to PCPs:

1. CenCal Health executes monthly gaps in care performance reporting to PCPs to financially support Primary Care delivery systems, and to recognize the delivery of preventive services and other evidence-based care rendered in accordance with established recommendations:
    i. Gaps in care reporting includes the proportion the PCP's assigned Members for whom select AAP or USPSTF preventive services were completed timely;
    ii. The identity of each Member for whom preventive care services were, and were not, completed in accordance with USPSTF recommendations.
2. Financial incentives are paid quarterly to PCPs in recognition of their relative performance to ensure preventive services in accordance with:
    i. The AAP Bright Futures periodicity schedule, and immunizations specified by the Advisory Committee on Immunization Practices (ACIP) childhood immunization schedule, for children;
    ii. The USPSTF Grade A or B recommendations, for adults.
3. Incentive funding is withheld for PCPs with low relative performance in comparison to CenCal Health's PCPs.

D. CenCal Health ensures its Basic PHM system promotes health equity and provides all Members services delivered in a culturally and linguistically competent manner that are responsive to Member needs, beliefs, and preferences. All Basic PHM services are provided in alignment with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

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: 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.

Community Supports: substitute services or settings to those required under the California Medicaid State Plan that CenCal Health may select and offer to their Members pursuant to 42 CFR section 438.3(e)(2) when the substitute service or setting is medically appropriate and more cost-effective than the service or setting listed in the California Medicaid State Plan.

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.

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.

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.

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.

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.

Prior Authorization: a formal process requiring a provider to obtain advance approval the amount, duration, and scope of non-emergent covered services.

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.

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.

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,

- 4.3.8 – Basic Population Health Management
- 5.3.4 – Services for Children less than 21 Years of Age
- 5.3.5 – Services for Adults

VI. Cross Reference:

A. Policy document:

1. Basic Population Health Management: Identifying & Addressing Members' Needs due to Social Drivers of Health

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

CENCAL HEALTH POLICY AND PROCEDURE (P&P)	
Title: Comprehensive Wellness and Prevention Programs for All Members	**Policy No.:** QU-17
Department: Quality	
Cross Functional Departments: Medical Management, Provider Services	
Effective Date: January 1, 2023	**Last Revised Date:** N/A
P&P Require DHCS Approval? Y ☒ N ☐	**Annual Review Date:** August 1, 2023
Director Signature and Date: Lauren Geeb, MBA Director of Quality Improvement	**Officer Signature and Date:** Carlos Hernandez Quality Officer

I. Purpose:
To describe requirements for the provision of comprehensive wellness and prevention programs to all Members by CenCal Health.

II. Policy:

In accordance with the Department of Health Care Services (DHCS) guidance and Population Health Management (PHM) requirements, CenCal Health provides comprehensive wellness and prevention programs to all Members.

III. Procedure:

A. CenCal Health provides comprehensive wellness and prevention programs that, at minimum, meet National Committee for Quality Assurance (NCQA) PHM standards, including evidence-based self-management tools that provide information on at least the following areas:

1. Healthy weight (BMI) maintenance;
2. Smoking and tobacco use cessation;
3. Encouraging physical activity;
4. Healthy eating;
5. Managing stress;
6. Avoiding at-risk drinking; and
7. Identifying depressive symptoms.

B. CenCal Health offers evidence-based chronic disease management programs in line with NCQA requirements that address the following conditions, at a minimum:

1. Diabetes;
2. Cardiovascular disease;
3. Asthma; and
4. Depression.

C. CenCal Health's wellness and prevention programs align with the DHCS Comprehensive Quality Strategy.

D. CenCal Health provides wellness and prevention programs in a manner specified by DHCS, and in collaboration with Local Government Agencies (LGAs) as appropriate, that include the following, at a minimum:

1. Identification of specific, proactive wellness initiatives and programs that address Member needs as identified in the PNA;
2. Evidence-based disease management programs including, but not limited to, programs for diabetes, asthma, and obesity that incorporate health education interventions, target Members for engagement, and seek to close care gaps for Members participating in these programs;
3. Initiatives, programs, and evidence-based approaches to improving access to preventative health visits, developmental screenings and services for Members less than 21 years of age, as described in the DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, Subsection 5.3.4 (*Services for Members less than 21 Years of Age*);
4. Initiatives, programs, and evidence-based approaches on improving pregnancy outcomes for women, including through 12 months postpartum;
5. Initiatives, programs, and evidence-based approaches on ensuring adults have access to preventive care, as described in DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, Subsection 5.3.5 (*Services for Adults*) and in compliance with all applicable state and federal laws;
6. A process for monitoring the provision of wellness and preventive services by Primary Care Providers (PCPs) as part of CenCal Health's Site Review process, as described in DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, Subsection 5.2.14 (*Site Review*);
7. Health education materials, in a manner that meets Members' health education and cultural and linguistic needs, in accordance with DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, Subsection 5.3.7 (*Services for All Members*);

8. Initiatives and programs that implement evidence-based best practices that are aimed at helping Members set and achieve wellness goals.

E. CenCal Health ensures that its wellness and prevention programs are submitted to DHCS for review and approval in a form and method prescribed by DHCS.

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.

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.

Member: a beneficiary 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.

Network Provider means 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 DHCS 2024 Medi-Cal Managed Care Agreement. A Network Provider is not a Subcontractor or Downstream Subcontractor by virtue of the Network Provider Agreement.

Population Health Management (PHM) Strategy: 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.

Population Needs Assessment (PNA): a process for:

A. Identifying Member health needs and Health Disparities;

B. 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

C. Implementing targeted strategies

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, non-physician medical practitioner, or obstetrician-gynecologist (OB-GYN). For Senior and Person with Disability Members, a PCP may also be a Specialist or clinic.

Self-Management Tools: Self-management tools help Members determine risk factors, provide guidance on health issues, recommend ways to improve health or support reducing risk or maintaining low risk. They are interactive resources that allow Members to enter specific personal information and provide immediate, individual results based on the information.

Site Review: surveys and reviews conducted by DHCS or CenCal Health to ensure that Network Provider, Subcontractor, and Downstream Subcontractor sites have sufficient capacity to provide appropriate health care services, carry out processes that support continuity and coordination of care, maintain Member safety standards and practices, and operate in compliance with all applicable federal, State, and local laws and regulations.

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, Subsections:
    1. 4.3.10 Wellness and Prevention Programs
    2. 5.3.4 Services for Members less than 21 Years of Age
    3. 5.3.5 Services for Adults
    4. 5.3.7 Services for All Members
    5. 5.2.14 Site Review
B. DHCS Population Health Management Policy Guide

VI. Cross Reference:

N/A

VII. Attachments:

A. List and Schedule of Health Education Programs and/or Classes.xlxs

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
6/28/2023	Christopher Hill, Carlos Hernandez	Established for 2024 Contract requirements	1/1/2023	TBD

CENCAL HEALTH POLICY AND PROCEDURE (P&P)	
Title: Oversight of Subcontractors and Downstream Subcontractors for Delegated Utilization Management (UM) and Quality Improvement and Health Equity Transformation Program (QIHETP) Activities	**Policy No.:**
Department: Compliance	
Cross Functional Departments: Medical Management, Provider Services and Quality	
Effective Date: 1/1/2024	**Last Revised Date:**
P&P Require DHCS Approval? Y ☒ N ☐	**Annual Review Date:**
Director/Officer Signature and Date: Krisza Vitocruz Compliance Director and Privacy Officer	**Officer Signature and Date:** Karen Kim Chief Legal and Compliance Officer

I. Purpose:

The purpose of this policy is to ensure oversight and compliance of CenCal Health's Subcontractors and Downstream Subcontractors who are delegated to perform any Utilization Management (UM) or Quality Improvement and Health Equity Transformation Program (QIHETP) activities.

II. Policy:

A. CenCal Health is accountable for all Utilization Management (UM), Quality Improvement (QI) and Health Equity functions and responsibilities that are delegated to Subcontractors and any Downstream Subcontractors, in accordance with CenCal Health's Medi-Cal Managed Care contract with the Department of Health Care Services (DHCS).

III. Procedure:

A. CenCal Health shall, at a minimum, specify the following requirements in its Subcontractor Agreements and Downstream Subcontractor Agreements, as applicable.

1. Utilization Management (UM), Quality Improvement (QI) or Health Equity responsibilities, and specific subcontracted functions and activities of Subcontractor and Downstream Subcontractor;

2. The schedule for CenCal Health's on-going oversight, monitoring, and evaluation of Subcontractor and Downstream Subcontractor, including

quarterly reporting and an annual review of Subcontractor's and Downstream Subcontractor's performance;

3. Subcontractor's and Downstream Subcontractor's reporting requirements and CenCal Health's approval procedure of Subcontractor's and Downstream Subcontractor's reports;

4. Subcontractor's and Downstream Subcontractor's obligation to report findings and actions of UM, QI or Health Equity activities at least quarterly to CenCal Health; and

5. CenCal Health's actions and remedies if Subcontractor's and Downstream Subcontractor's obligations are not satisfactorily performed.

B. CenCal Health shall maintain an adequate oversight procedure to ensure Subcontractor's and Downstream Subcontractor's compliance with all UM, QI or Health Equity delegated activities that, at a minimum:

1. Evaluates Subcontractor's and Downstream Subcontractor's ability to perform the delegated activities, including an initial determination that Subcontractor and Downstream Subcontractor have the administrative capacity, experience, and budgetary resources to fulfill their contractual obligations;

2. Ensures Subcontractor and Downstream Subcontractor meet UM, QI and Health Equity standards set forth in CenCal Health's contract with DHCS; and

3. Includes CenCal Health's continuous monitoring, evaluation, and approval of its delegated functions to Subcontractor and Downstream Subcontractor.

C. CenCal Health shall make the findings of its continuous monitoring and evaluation of the Subcontractor and Downstream Subcontractor available to DHCS at least annually, but more frequently when directed by DHCS.

IV. Definitions:

Covered Services: those health care services, set forth in Welfare and Institutions (W&I) Code sections 14000 *et seq.* and 14131 *et seq.*, 22 CCR section 51301 *et seq.*, 17 CCR section 6800 *et seq.*, the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, this Contract, and APLs that are made the responsibility of the Plan pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS.

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.

Downstream Subcontractor Agreement: a written agreement between a Subcontractor and a Downstream Subcontractor or between any Downstream Subcontractors. The Downstream Subcontractor Agreement must include a delegation of CenCal Health's and Subcontractor's duties and obligations under CenCal Health's contract with DHCS.

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.

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

Network: PCPs, Specialists, hospitals, ancillary Providers, facilities, and other Providers with whom CenCal Health enters into a Network Provider Agreement.

Network Provider: any Provider or entity that has a Network Provider Agreement with CenCal Health or CenCal Health's 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.

Network Provider Agreement: a written agreement between a Network Provider and CenCal Health or CenCal Health's Subcontractor.

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 its Medi-Cal managed care contract with 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 its Medi-Cal managed care contract with DHCS.

V. References:

A. DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, Section 2.2.5 Subcontractor and Downstream Subcontractor QI Activities

B. DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, 2.3.4 Delegating UM Activities

VI. Cross Reference: N/A

VII. Attachments: N/A

Revision History:

Revision Date	Leaders who Reviewed and Approved	Reason for Change	Effective Date	DHCS Approval Date

CENCAL HEALTH POLICY AND PROCEDURE (P&P)	
Title: Member and Family Engagement Strategy	**Policy No. :** TBD
Department: Member Services	
Cross Functional Departments: Quality	
Effective Date: 01/01/2024	**Last Revised Date:** N/A
P&P Require DHCS Approval? Y ☒ N ☐	**Annual Review Date:** TBD
Director/Officer Signature and Date: Eric Buben Director of Member Services	**Officer Signature and Date:** Van Do-Reynoso, MPH, PhD Chief Health Experience Officer and Chief Health Equity Officer

I. Purpose:

To describe CenCal Health's Member and family engagement strategy, which includes collecting Member and/or parent and caregiver input and ensuring integration into policy and decision-making.

II. Policy:

A. CenCal Health shall ensure Member and family engagement though an organizational strategy that involves Members and families as partners in the delivery of Covered Services. This includes, but is not limited to the following:

1. Maintaining an organizational leadership commitment to engaging with Members and their families in the delivery of care.

2. Routinely engaging with Members and families that include Members less than 21 years of age, through focus groups, listening sessions, surveys and/or interviews and incorporating results into policies and decision-making, as described in CenCal Health's Quality Improvement and Health Equity Annual Plan.

3. Processes and accountability for incorporating Member and family input into policies and decision-making.

4. Processes to measure and/or monitor the impact of Member and family input into policies and decision-making.

5. Processes to share with Members and families how their input impacts policies and decision-making.

6. Processes to ensure Member feedback relating to cultural and linguistic services is evaluated and results in improvements, where necessary, to support the delivery of Covered Services to Members, including those less than 21 years of age.

7. Processes to ensure feedback from Members and families is incorporated into Quality Improvement and Health Equity activities and interventions, where appropriate.

III. Procedure

A. CenCal Health shall ensure and monitor that procedures are in place for meaningful Member and family engagement. This includes, but is not limited to the following:

1. Conducting consumer surveys and incorporating results in Quality Improvement (QI) and Health Equity activities.

2. Partnering with community-based organizations to cultivate Member and family engagement.

3. Maintaining a Community Advisory Committee (CAC), known as CenCal Health's Community Advisory Board (CAB), whose composition reflects the CenCal Health Member population, including without limitation children and caregiver representation, and whose input is actively utilized in policies and decision-making by CenCal Health. Please refer to CenCal Health's Community Advisory Board (CAB) policy for further details.

4. Ensuring and monitoring that Member and/or parent and caregiver input are incorporated into appropriate policies and decision-making by:

    a. Evaluating the information gathered through focus groups, listening sessions, surveys and/or interviews.

    b. Utilizing the information gathered to develop recommendations for CenCal Health committees.

    c. Presenting a summary of the information gathered and recommendations developed to various committees, including, but not limited to the Quality Improvement and Health Equity Committee (QIHEC) and CAB.

5. Reviewing CAB findings, Member listening sessions, focus groups or surveys, collaborating with local community organizations, and utilizing the information from such engagement to further inform CenCal Health policies and decision-making. A description of this Member and family focused care through Member and community engagement is included as part of CenCal Health's annual QI and Health Equity Plan to DHCS.

6. Incorporating CenCal Health's annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey results into the design of QI and Health Equity activities. CenCal Health shall publicly post the results of the annual CAHPS results on its website.

7. Incorporating feedback from Member and/or parent and caregiver input, as appropriate, into updating applicable policies and procedures, trainings, Member-facing services, and decisions relating to cultural and linguistic programs and cultural competency issues that support the delivery of Covered Services to Members, including without limitation those Members less than 21 years of age. This feedback can be received from Members through various means, such as through CenCal Health's Member advisory committees, the Community Advisory Board and the Family Advisory Committee or otherwise through direct Member feedback from focus groups, listening sessions, surveys or interviews.

IV. Definitions:

Covered Services: those health care services, set forth in Welfare and Institutions (W&I) Code sections 14000 *et seq*. and 14131 *et seq*., 22 CCR section 51301 *et seq*., 17 CCR section 6800 *et seq*., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, the Plan's contract with DHCS, and APLs that are made the responsibility of the Plan pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS.

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.

Member or Enrollee: a Potential Member who has enrolled with CenCal Health.

Potential Member or Potential Enrollee: a Medi-Cal recipient who resides in CenCal Health's service area and is subject to mandatory enrollment, or who may voluntarily elect to enroll, but is not yet enrolled, in a Medi-Cal managed care health plan, and is in one of the aid codes specified by DHCS.

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): a committee facilitated by CenCal Health's medical director, or the medical director's designee, in collaboration with the 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 Medi-Cal managed care contract.

V. References:

A. CenCal Health- 2024 DHCS Contract Exhibit A, Attachment III, Subsection 2.2.7.A Quality Improvement and Health Equity Annual Plan

B. CenCal Health- 2024 DHCS Contract Exhibit A, Attachment III, Subsection 2.2.9.C Consumer Satisfaction Surveys

C. CenCal Health- 2024 DHCS Contract Exhibit A, Attachment III, Subsection 5.2.11.D Community Engagement

VI. Cross Reference:

A. Policy and Procedure:
   1. Community Advisory Board (CAB)
   2. QIHETP Family Engagement Strategy

B. Program Documents
   1. CenCal Health's Quality and Health Equity Transformation Program (QIHETP) Description
   2. CAHPS Analysis Reports

VII. Attachments: N/A

Revision History:

Revision Date	Leaders who Reviewed and Approved	Reason for Change	Effective Date	DHCS Approval Date
02/2023		Policy revised to move procedural steps into a separate "Procedure" section, and further align the Policy with 2024 DHCS Contract Amendment requirements for R.0056 and R.0059.	1/1/2024	TBD

Quality Improvement & Health Equity Committee (QIHEC)
Meeting Agenda

Meeting Date: **August 24, 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

Staff:

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

Recorder: Mimi Hall, Executive Assistant

Location: Via Virtual Microsoft Teams

Agenda Item	Minutes	Vote Required
1a. Introductions and Announcements Emily Fonda, MD, MMM, CHCQM, Chief Medical Officer	5	No
1b. Department of Justice & CenCal Health Settlement Marina Owen, Chief Executive Officer	10	No
Approval of Minutes		
2. May 25, 2023, QIHEC Meeting Dr. Emily Fonda, MD, MMM, CHCQM, Chief Medical Officer	5	Yes
New Business		
Consent Agenda These items are considered routine and are normally approved by a single vote of the Committee without separate discussion to conserve time and permit focus on other matters on this agenda. Individual consent items may be removed and considered separately at the request of a committee member. ***Dr. Emily Fonda, Chief Medical Officer***	5	Yes
3. Approval of Pediatric Clinical Advisory Committee Report Dr. Rea Goumas, Medical Director, Whole Child Model		
4. Approval of Customer Experience Committee Report Eric Buben, Director, Member Services		
5. Approval of Utilization Management Committee Report Dr. Emily Fonda, MD, MMM, CHCQM, Chief Medical Officer Chris Hill, RN, MBA, Health Services Officer		

Follow Up		
6. Infection Prevention Nursing Home Pilot Program (verbal update) Dr. Emily Fonda, MD, MMM, CHCQM, Chief Medical Officer	5	No
Quality Improvement & Health Equity Transformation Program (QIHETP) Reports		
7. Annual Adoption of Clinical Practice Guidelines Amber Sabiron, MSN, RN, Manager, Population Health	5	Yes
8. 2022 Population Needs Assessment Gabriela Labraña, MPH, Supervisor, Health Promotion	10	Yes
9. 2023 Population Health Management (PHM) Program and Strategy Amber Sabiron, MSN, RN, Manager, Population Health	10	Yes
10. 2022 PHM Impact Analysis and Priorities for Improvement Lauren Geeb, MBA, Director, Quality	10	Yes
11. 2022 CCS/TCRC Quality Results Chelsee Elliott, Quality Measurement Supervisor	5	Yes
12. QIHETP Work Plan Update Lauren Geeb, MBA, Director, Quality	5	Yes
13. Approval of Quality Dashboard Lauren Geeb, MBA, Director, Quality	5	Yes
14. QIHETP Systems Integration – Key Performance Metrics Reporting a. Access and Availability – Cathy Slaughter, Director, Provider Relations b. Grievances & Appeals – Eric Buben, Director, Member Services c. Utilization Management – Chris Hill, RN, MBA, Health Services Officer	10	Yes
15. Over & Underutilization Monitoring Report Chelsee Elliott, Supervisor, Quality Measurement	10	Yes
Policy Review & Feedback		
16. QIHETP & PHM Program Policies Carlos Hernandez, Quality & Population Health Officer	5	Yes

Open Forum & Future Agenda Items	5	No
Adjournment		

Quality Improvement & Health Equity Committee (QIHEC) Meeting Minutes

Date: May 25, 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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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* - Sr. 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
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

Committee Members Absent: **Ms. Van Cura (Excused) and Dr. Polly Baldwin (Excused)**

Secretary: Mimi Hall, Executive Assistant

Location: Via Virtual Microsoft Teams

Topic	*Discussion*
Introductions and Announcements *Emily Fonda, MD, CHCQM, MMM, Chief Medical Officer*	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. Next, Dr. Fonda introduced 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 Lastly, Dr. Fonda spoke about Committee name change and openings to fulfill 2024 Department of Health Care Services Contract requirements. That concluded Introductions and Announcements.
3. Approval of Minutes of March 2, 2023, QIC Meeting	***Motion made*** by Dr. Major to approve the minutes of the March 2, 2023, QIC Meeting.; seconded by Dr. Shaik. Motion passed.
2. Consent Agenda (items #4-8)	***Motion made*** by Major to approve the Consent Agenda; seconded by Ms. Macdonald. Motion passed.
Quality Improvement & Health Equity Transformation Program (QIHETP) Reports	
9. Annual Adoption of Preventive Health Guidelines *Gabriela Labraña, MPH, Supervisor, Health Promotion*	Ms. Labraña spoke to the Committee about the annual adoption of Preventive Health guidelines and accompanied her oral update with a PowerPoint Presentation. **Background:** CenCal Health covers all medically necessary preventive services for adult and pediatric members as recommended by the U.S. Preventive Services Task Force (USPSTF) A & B Guidelines for Normal Risk Adults, the Centers for Disease Control (CDC) Immunization Recommendations, and the American Academy of Pediatrics (AAP) Periodicity Schedule**.** This is a requirement of all Managed Care Plans. Every year we refer to these three organizations, and publish updates following their recommendations, and create a summary for this committee. The list of changes is included in your packet. Most of the changes aren't very substantive. The following are ones that the team deemed worthy of noting at this time. **Immunization Highlights:** Adult Schedule: • Covid-19 Added to general schedule. • **Pneumococcal:** Footnote updated to reflect ACIP's new recommendations for the use of PCV 15 and PCV 20 in persons who previously received pneumococcal vaccines. Pediatric Schedule: • Covid-19 added to the general schedule. • **Pneumococcal:** Footnote revised with recommendations for the use of 15-valent pneumococcal conjugate vaccine (PCV 15). **USPSTF A&B Updates:** Anxiety in Children and Adolescents Screening (New) • Screening is recommended for anxiety in children and adolescents aged 8 to 18 years.

- Grade B recommendation.

AAP Periodicity Updates:

Hepatitis B Virus (HBV) Infection
- Assessing risk for HBV infection has been added to occur from newborn to 21 years.

Depression and suicide Risk
- Screening for suicide risk has been added to the existing depression screening recommendation.

Human Immunodeficiency Virus (HIV)
- The HIV screening recommendation has been updated to extend the upper age limit from 18 to 21 years.

Sudden Cardiac Arrest & Sudden Cardiac Death
- Assessing risk for sudden cardiac arrest and sudden cardiac death has been added to occur from 11 to 21 years.

Next Steps: Distribution

Updates to the Preventive Guidelines are presented to network providers via:
- Provider Bulletin
- CenCal Health website
- In hardcopy upon request

Preventive Guidelines are also summarized in member-friendly handouts and distributed via:
- Member Newsletter
- New Member Welcome Packets

Samples of these are included in the meeting packet.

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

Dr. Doohan ask the question, with Covid being added, will this be covered? How will this be paid for?

Ms. Labraña stated that it will be covered like all other vaccines are covered by the plan.

Dr. Major commended Ms. Labraña for her work. He then asked if the adverse childhood event scale a part of this update?

Ms. Labraña replied that ASUS screening is included in the AAP guidelines as part of the bright futures periodicity and there were no updates to those this year.

Dr. Major then asked if that is utilized internally or is it mor just data seeking.

Mr. Hernandez responded by stating it is utilized internally. We receive claims for screenings and that claims data is used in a risk scoring and stratification algorithm that CenCal executed monthly to identify members and their associated risk. Then based on their risk, those members are connected with case management for case management support purposes to make sure that they get the services they need.

Dr. Major thanked Mr. Hernandez for his explanation. He is pleased that the data is being used to support the needs of the members. He noted that he does a great deal of screenings for kindergartners and finds that too many children need glasses that have

	never been caught during well care exams and hopefully we can address that in the future. Dr. Fonda expressed her gratitude for Dr. Major's willingness to provide vision screenings. Ms. Geeb added that CenCal is building a population health management utilization dashboard. One of the components listed on this dashboard is vision screening. This is something that we're monitoring, and we also assess whether our PCPs are completing those screenings for our children. ***Motion made*** by Ms. Macdonald to adopt the *Annual Adoption of Preventive Health Guidelines,* as presented; seconded by Dr. Freeman. Motion passed.

10. QIHETP Work Plan Update
Lauren Geeb, MBA
Director, Quality
	Ms. Geeb spoke to the Committee about the Quality Improvement & Health Equity Transformation Program (QIHETP) Work Plan and accompanied her oral update with a PowerPoint Presentation. She explained that in March, CenCal Health implemented a Board approved Quality Improvement & Health Equity Transformation Program that is part of the Department of HealthCare Services (DHCS) CalAIM initiative. She pointed out that the work plan is a living document that will be updated quarterly so refinements may be made throughout the year to assure compliance with evolving regulatory, organizational, and community needs. Our focus remains on the delivery of high-quality equitable care that's delivered timely, appropriately, and in a compassionate manner.
	
	Background
	Purpose:
	• Establish objectives and activities planned for the coming year.
	• Identify responsible staff leading activities.
	• CenCal Health's commitment and action plan of accountability to:
	  o Advance quality and health equity for all.
	  o Cultivate community partnerships.
	  o Expand our role and reach.
	
	Ms. Geeb shared the organizational chart which shows the key departments and participants who are responsible for working in collaboration with each other and their reporting responsibilities to the board of directors. The quality department leads the development of the workplan, but it is done in coordination with our CMO, Dr. Fonda, our Chief Equity Officer, Dr. Do-Reynoso, and our Population, Health and Quality Officer, Mr. Hernandez.
	
	Q1 2023 Key Updates
	• **Infection Prevention Nursing Home Pilot**
	• **Quality Care Incentive Program (pay for performance)**
	  o Childhood immunizations-Influenza added as Informational Measure
	• **DHCS: required Performance Improvement Projects (2023-2026)**
	  o Improving Well-Child Visits in the First 15 Months of Life for the Hispanic/Latino populations
	  o Improving the Percentage of Provider Notifications for Members with Substance Use Disorder/Mental Illness Diagnoses following or Within 7 days of ED visit
	• **Evolution of Healthcare Operations Committee Work Plan to a Customer Experience Work Plan**
	• **Metrics to monitors Alternative Format Selections. Aggregate Translations of Written Materials, and Behavioral Health phone and grievance metrics**
	
	Ms. Geeb stated for Q1 2023 key updates, progress is underway, and that progress demonstrates active interventions throughout this past quarter, with some goals having been achieved already or partially met.

Next Steps

- **Subsequent to QIHEC review and approval, present to Board of Directors**
- **Incorporate feedback into existing interventions.**
- **Continue monitoring progress and report updates through QIHETP committee system to ensure continuous improvement.**

Dr. Doohan requested further explanation of the purpose of the evolution of the Healthcare Operations Committee work plan to a Customer Experience work plan.

Mr. Buben explained that as the chair of the Customer Experience Committee, we have shifted from what Healthcare Operations Committee used to just look at the reports coming from our subcommittees, the Member Support Committee, the Claims Operations Committee, and the Network Management Committee. Now we are also bringing in the Benefits Subcommittee, and a report from that group, in addition to those three others that are still part of our oversight. We're also looking into the drivers of social determinants of health for members, and looking for metrics around the member experience, our offerings for the member experience, for our provider experience, as well as looking at HealthEquity metrics now. It's a much broader look at the customer experience across members, providers, and health equity in addition to the standard metrics that we were looking at for healthcare operations.

Dr. Doohan asked if this new workplan replaced the former plan or was customer experience added to the former plan.

Ms. Geeb explained that the current plan was revised to accurately reflect the new committees' responsibilities and there is a greater focus on the customer.

Mr. Hernandez added that the committee's name was changed to better reflect their focus on customer experience both the member's and the provider's, and the overarching imperative and priority to improve health equity. The Customer Experience Committee includes subcommittees that focus on both the provider and the member; with the member being the plan's primary customer.

Dr. Doohan said that the additional detail helped her understand the purpose of the change.

Dr. Fonda extended appreciation for the various questions and comments. She stated that we are here to provide visibility and transparency in an effort for understanding by all.

Mr. Hernandez further added that there is greater focus on health equity by the Department of Health Care Services statewide for all Medi-Cal Managed Care Plans.

Dr. Shaik asked if there is any effort being made to provide outreach for the Hispanic patient population. He used the example of a pregnant mother presenting at the FQHC in her third trimester, having not had earlier care or screenings for risks. His desire is that CenCal provide further outreach and education to pregnant women and vaccination information for their children.

Ms. Geeb thanked Dr. Shaik for his comments and request. She explained that all outreach materials are provided in both English and Spanish. Additionally, CenCal Health staff is currently working in partnership with Dr. Shaik's staff to design interventions that will focus on the Hispanic population. One intervention that the team would like to carry out is the development of health education videos that are reflective of the needs of the members. Examples of this would be timely preventive visits for children or prenatal care.

	Mr. Hernandez explained that CenCal Health evaluates our membership on a monthly basis to determine risk amongst racial categories and to provide appropriate support through Case Management, for those members in need. Dr. Shaik thanked Ms. Geeb and Mr. Hernandez for their presentation. Dr. Major requested data for San Luis Obispo County in an effort to provide educational information to several community-based organizations, such as First5, the Foodbank, and also school nurses. Ms. Geeb said she would be happy to share the data, get his feedback, and get the introductions to the agencies he mentioned. After discussion concluded, ***motion made*** by Dr. Shaik to approve *the QIHETP Work Plan*; seconded by Dr. Freeman. Motion passed.
11. Approval of Quality Dashboard *Lauren Geeb, MBA* *Director, Quality*	Ms. Geeb spoke to the Committee about the Quality Dashboard and accompanied her oral update with a PowerPoint Presentation. **Background** **Annually, report quality of care results (Managed Care Accountability Set)** • Department of Health Care Services • National Committee for Quality Assurance **Monitoring Tool: Quality Dashboard** • Highlights required performance thresholds Plans must surpass • Caveat that claims lag may artificially suggest a decrease in performance **Thresholds** • **GREEN**-above Medicaid 90th percentile • **RED**- below Medicaid 50th Percentile (minimum performance level) **Top 10% of Medicaid Plans—15 measurements required to meet minimum thresholds** **Santa Barbara** • Breast Cancer Screening • Timeliness of Postpartum Care* • Immunizations for Adolescents (HPV, Tdap, Meningococcal)* • Well Child Visits for Ages 15 – 30 months. **San Luis Obispo** • Timeliness of Postpartum Care* **Below Medicaid 50th Percentile** **Santa Barbara** • Pediatric Lead Screening* • Controlling High Blood Pressure* • Follow-up After ED Visit for Substance Use or Dependence (30 day) • Follow-up After ED Visit for Mental Illness (30 day) **San Luis Obispo** • Well-Child Visits in the First 15 Months of Life • Pediatric Lead Screening* • Cervical Cancer Screening* • Follow-up After ED Visit for Substance Use or Dependence (30 day) • Follow-up After ED Visit for Mental Illness (30 day)

Ms. Geeb explained that in looking at those areas where we're not quite meeting benchmarks for the quarter, we have various improvement interventions underway.

Primary Improvement Activities

- Quality Care Incentive Program
- DHCS Performance Improvement Project
- Provider Quality Collaboratives

Next Steps:

Monthly Monitoring of Quality Care Incentive Program and Health "Equity Dashboard results

Practice transformation support to guide delivery system clinical excellence.

Provide QIHEC updates on implemented actions for improvement, quarterly.

Recommend Action: QIHEC report approval.

Dr. Kaplan asked a question regarding how frequently the information is updated. He stated that CenCal has the warning system on our portal. How frequently is it updated to show how far behind they are? Because it just says you haven't completed the six, but they are six months old. That's not very useful, but if they get to 14 months and they're two visits behind, there's no way to make up for it. I look at this regularly, but I'm not sure of how the input goes in to know how to use it.

Ms. Geeb responded to Dr. Kaplan's question. She stated that the way we designed it, there's a column that indicates whether you're behind schedule based on an age, and so we created thresholds at the six-month mark, nine-month Mark and 12-month Mark. It will keep updating as they progress through. It is tied to daily claims data.

Dr. Kaplan added it does have some lag and errors in it because we constantly find people on the list that we've already done, so there's a claims lag there. We also don't see names there that we do our own internal searches and find they are behind. I love that you were working on this and doing it, but there's still room for improvement in the system.

Ms. Geeb thanked Dr. Kaplan for his input and recommendations.

Mr. Hernandez thanked Dr. Kaplan for his input and asked that he provide us with some examples that staff could use for troubleshooting and improving the system.

Dr. Kaplan said he would let his staff know. What he does in his office is, if any phone call comes in for a patient, they look at the family and so they will find out that they're calling for a rash for one patient and that there's two siblings that are past due for a well check. They try to use that opportunity to capture and schedule. One receptionist is assigned to the portal that shows who's behind and who needs follow-up, and we'll compare. It's not on CenCal Health's list in the portal, but the receptionist just saw that they haven't been in for a year and a half. He said that they will capture those when they come across them and will send to Mr. Hernandez and Ms. Geeb for follow-up.

Dr. Fonda requested that staff follow-up with Dr. Kaplan after any improvements are made.

	Dr. Kaplan asked how CenCal compares to the rest of the country for areas where we are not meeting the minimum thresholds, because we may be at 48% but the national average is 36%. He's not saying this is success on our part, but it would also put into perspective the challenge in front of us. Ms. Geeb replied that the benchmark is the national benchmark for these measures. Dr. Kaplan asked if we are significantly behind the national average, not the benchmark. How are the other regions doing? Mr. Hernandez stated that we do better than most other managed care plans and in California. We're among the top plans in California, which means that many others that are evaluated based on these same criteria are doing worse. Dr. Kaplan replied, I remember looking at all these data a few years back when I was on the other committee, and even if we weren't meeting or wanted to improve ourselves because we weren't at the high levels, we're still far ahead of everybody. Mr. Hernandez thanked Dr. Kaplan for his insightful feedback. He added that we do recognize that while we are a high performing plan, there is significant opportunity to always improve and that's our focus both to improve and to sustain performance. Ms. Snyder commended staff by saying, "this is so fantastic and it's wonderful and easy to follow. Thank you for all your hard work putting it together." She is especially fascinated by the improvement activity about the follow-up to ED visits. She asked if the follow-up is for all patients regardless of age and if the diagnosis code is from claims data with the ED physician entering the code into the system. Ms. Geeb said for the diagnosis code, yes, the ED physician inputs the code. As far as age, for the ED visit for substance use disorder the age range is 13 years and older and for mental illness, it's six years and older with the diagnosis being the principal diagnosis of mental illness or intentional self-harm. Dr. Adams addressed the committee with the following observations. I had a chance to meet with Celeste Bowers, who's the head of our behavioral health department today to review this and to see what our progress was in anticipation of this meeting. This measure is challenging in many ways. I think the question began to highlight some of the issues, which is how you get the diagnosis and who's assigning it. If you wait for claims, then it's too late to meet the expectations. There are two components to these measures. One is 7-day follow up and the other is 30-day follow up. So, the intent of this is absolutely right on. If we were to succeed in assuring that kind of follow up, we'd be a lot better for it. However, trying to get there is hard and so I think finding a place where we share the responsibility for this between us as a health plan and the hospitals and providers are going be key to success. I'm looking forward to working on this more. Dr. Collins shared that in a previous time, we had a system where physicians would actually have a real time notification set up so that patients who went to the ER, the PCP would get an automatic notification that their patient was in the ER, and they would even get notes on their diagnosis in real time. The hospital case managers would even follow-u and try to coordinate a follow-up visit with the PCP. He asked if there is that kind of system in place at other organizations who use this strategy to improve measures. Ms. Snyder informed the committee that Dignity Health is doing this for every patient who comes in who is a CenCal member. There is an immediate notification to the PCP. It's also available now timelier through the HIE. The County, CHC, and Dignity all use that regularly. It has changed a lot and it's been very successful. She thinks we could identify these patients quickly.

	Dr. Fonda recommended that we plan to outreach to other emergency rooms, other hospitals, to have the same function. Carlos explained that CenCal Health is in the midst of an initiative that will provide access to an HIE. We are pursuing the technical infrastructure and its development to make that happen. Dr. Fonda asked, what the deadline is and when does this need to be in place? Mr. Hernandez reported that the goal is to have it in place by the middle of next year. But we hope to have it in place even sooner than that. It depends on the availability of the vendor to make that implementation happen more quickly. It is uncertain at this time, but we hope to have it in place relatively quickly. Dr. Freeman said as an emergency medicine provider at Cottage, he is very interested, and he would like to be involved. Ms. Geeb thanked Dr. Freeman for his interest and said she would add him to her outreach list and will also reach out to Dr. Bowers regarding the follow-up measure. Concluding discussion, ***motion made*** by Dr. Kaplan to approve *the QIHEC report,* as presented; seconded by Dr. Blacketer. Motion passed.
Policy Review & Feedback	
12. QIHETP & Population Health Management Program Policies *Carlos Hernandez, Quality & Population Health Officer*	Mr. Hernandez spoke to the Committee about the QIHETP & Population Health Management Program Policies and accompanied his oral update with a PowerPoint Presentation. He stated that these policies will be brought to this committee for review, feedback, and approval on a quarterly basis from now on. The policies that he shared this afternoon are ones that were prepared for the Department of Health Care Services initiative that requires plans to demonstrate their operational readiness to execute contract requirements for the 2024 year. Some of these policies will be implemented sooner than that, when we can already demonstrate compliance, other policies, will be implemented in January of 2024. **QIHEC's Role** **Review, feedback to optimize QIHETP effectiveness.** • Board of Directors approved the QIHETP Program Description, which transformed the QIC to the QIHEC ❖ Board appointed entity to oversee QIHETP. ❖ Expanded oversight of quality improvement functions. ❖ Expanded committee membership. • Approval of quality related policies • Thirteen QIHETP & PHM policies distributed for this meeting. **Additional Key Responsibilities** • Annual review of quality & health equity performance results, utilization data, satisfaction surveys & activities of other committees • Direct action to address performance deficiencies, including policy recommendations. • Ensure follow-up for deficiencies. • Ensure practitioner participation. • Written QIHEC progress reporting to Board of Directors • Quarterly availability of reports on website.

Policy & Procedures – Q2 QIHEC

Mr. Hernandez provided the following summary of the 13 policies presented to the committee today.

The first ones are ones that are retroactively effective to January of 2023. These are policies that are all required by the Department of Health Care Services, and they're ones where we're confident that we can demonstrate our compliance with the 2024 contract requirements now.

The last four policies on the list are ones that will be implemented in January of 2024, and for those, we're confident that we will be able to demonstrate compliance with the DHCS requirements at that time. The one policy that relates very directly to this committee is the 4th one from the bottom of the list, which is the Quality Improvement Health Equity Committee role structure and function. It's a policy that defines the exact role and function of this committee.

Mr. Hernandez opened the floor to questions or comments.

Dr. Bentley stated that the focus of the policies appears to be with compliance with DHCS and asked if they are also I n alignment with NCQA.

Mr. Hernandez thanked him for this observation and explained that many of the policies are required for health plan accreditation by NCQA, but not all of them. The standards address different operational segments within CenCal Health that are touched on by some policies, but not by every policy. For those policies that address operational activity that is directly related to an NCQA standard, those standards are incorporated into these policies to make sure that what we've developed addresses all of our requirements, whether from DHCS or the standards that we know we need to achieve accreditation with NCQA.

Dr. Major commented on the need for CenCal Health to interface with the state on implementation when many of the directives are not well defined. He stated that being on the Central Coast, we have the best shot at making things work. He commended Carlos for his diligence and energy to make things happen here.

Mr. Hernandez thanked Dr. Major for his input. He noted that these policies really establish a minimum standard that's required by the Department of Health Care Services and required by the National Committee for Quality Assurance. It's always our prerogative as a health plan, to seek a higher level of performance than that minimum. So if there are other priorities that your committee identifies or that we identify internally, that can always be an additional pursuit to achieve even further in greater excellence.

Key Next Steps

- Board of Directors review, feedback, and approval to ensure contractual compliance.
- After Board approval, complete implementation of policies.
- QIHETP policies & those for NCQA accreditation, will be presented to the QHIEC at least annually, on a quarterly schedule.

Recommendation

- The written QIHEC report and its attached policies are presented for your QIHEC's feedback, acceptance & approval.

Dr. Kaplan added a final comment to the discussion. He said one thing for people to keep in mind, having looked at these numbers and doing this for over 15 years now, is the policies that are being incentivized aren't the only things that are of interest or need.

	Whoever oversees these things will identify some areas they want to improve, and they incentivize them. So then, once the goal has been met, they no longer give an incentive, they move on to the new things. It doesn't mean anything, previous or future is more or less important, but you can't incentivize everything. They're going to identify a reasonable number of things that we believe we can make a difference on, and then we get incentivized. Two years from now, everything on this list is going to be gone, and it will be 10 new things. It will always rotate, and I know a lot of people don't really think about why all of these are here, but they're all important; we just can't incentivize all of them. Mr. Hernandez thanked Dr. Kaplan for his insight and comments. ***Motion made*** by Ms. Snyder to approve *the QIHEC report and Population Health Management Program policies*; seconded by Dr. Major. Motion passed.
13. Approval of Transportation for Eligible Members to and From Community Supports Services *Eric Buben, Director, Member Services*	Mr. Buben spoke to the Committee about approval of Transportation for Eligible Members to and From Community Supports Services and accompanied his oral update with a PowerPoint Presentation. **Executive Summary** At the April 20, 2023, meeting of the CenCal Health Benefits Committee staff discussed possibility of covering transportation for Community Support services. • Non-Medical Transportation (NMT) and Non-Emergency Medical Transportation (NEMT) benefits apply to all Covered Medi-Cal Benefits whether provided directly by CenCal Health or carved out to other service providers (e.g. severe mental illness treatment, pharmacy). • As Community Supports are optional services and elected by health plans to provide, they are not considered Covered Benefits and neither NMT or NEMT are therefore required to be provided for transportation to and from Community Supports. • Staff are aware of multiple instances of transportation requests for access to and from Community Supports, indicating that such a need exists among CenCal Health Members. Mr. Buben reminded the committee that this recommendation is in alignment with our Compassionate Service Value. **Recommendations** To ensure that CenCal Health Members have equitable access to those Community support services for which they are approved. The Benefits Committee recommended that the Customer Experience Committee (CEC) consider and advance the recommendation to allow NMT and NEMT to and from Community Supports for eligible CenCal Health Members. At the May 15, 2023 CEC meeting, staff unanimously adopted this recommendation to submit to QIHEC for potential approval. **Request for QIHEC Approval** The CEC recommends that the Quality Improvement and Health Equity Committee approve the provision of NMT and NEMT services for eligible members receiving and in need of transportation to and/or from Community Supports services. Dr. Fonda opened the floor for questions or comments. Dr. Blacketer asked what kind of community support services are being referred to. Mr. Buben explained that we currently offer support for recuperative care, medically tailored meals, and then housing; to include deposits, transition, navigation services,

	tenancy, and sustaining services. We will be bringing on some additional services in 2024. Dr. Do-Reynoso requested clarification in the process. She stated that we are asking this committee for a recommendation, which would be forwarded to CenCal Health Administration and Board. Since it's a financial decision, she is checking in to make sure that that's the path. Mr. Hernandez said it is the correct path. ***Motion made*** by Ms. Snyder; to *Approve Transportation for Eligible Members to and From Community Supports Services* seconded by Ms. Macdonald. Motion passed. Ms. Owen added to the discussion by saying that she is not in opposition of the motion, but simply in clarification that it's wonderful to see the second from Sara McDonald because we are so pleased to have both a CenCal Health Board member and member who's the recipient of these services weigh in. It is very valuable to see you here. I want to make that clarification that with your strong approval, that this would go forward then to a financial decision-making step since we can't make that choice here. Nonetheless, it would move forward with this strong recommendation, and I have no doubt that would be the next step.
Informational Update	
14. Infection Prevention Nursing Home Pilot Program Update *De. Emily Fonda, Chief Medical Officer*	Dr. Fonda gave an update to the Infection Prevention Nursing Home Pilot Program and accompanied her oral update with a PowerPoint Presentation. Dr. Fonda reported on our infection prevention, nursing home pilot. If you recall, we had a very detailed explanation last March by Doctor Susan Wong, who's the Chancellor's professor of infectious disease at UC University of California at Irvine, at which time this committee approved the pilot and was subsequently approved by our Board. Doctor Wong's, epidemiology team will assist our CenCal Health team, and in fact, the Center for Disease Control is funding 20% of the trainers' costs in support of this very simple bathing protocol for infection prevention in nursing homes, with the possibility of developing the bathing protocol into a national CMS quality measure. **Goal:** • Reduction of Skilled Nursing Facility Infections & Hospitalizations. **Board Approved:** • Implementation of an Infection Prevention Nursing Home Pilot (IPNHP) Project in 6 nursing homes to reduce infection/hospitalizations in SB and SLO counties by changing from regular soap to Chlorhexidine soap. **Status Update:** • Identified the top 6 SNFs with the highest number of infections requiring transfer of care to the inpatient setting. • Outreach to nursing home partners completed. We've received preliminary agreement to participate in our pilot as partners. • CenCal has this opportunity to intervene from a Health Equity standpoint and fulfill our mission of diminishing healthcare disparities for one of the most vulnerable populations.

Partnership with Skilled Nursing Facilities:

- **CenCal Health to subsidize purchase** of CHG and Iodophor swabs.
- **Facilities to switch to Peroxide bleach** for laundry.
- CenCal Health Population Health and UCI Epidemiology **teams are partnered for trainings.**
- **Ongoing assessment checks** for protocol alignment.
- **Outcome measurement** of inpatient admissions for infection.
- **Continuous support/instruction** and onsite training of clinical staff as needed w/UCI team.

Proven Benefits:

- Based on Project SHIELD by UCI Epidemiology team led by Susan Huang, MD MPH – Chancellor's Professor, Division of Infectious Diseases, (over two years 2017 to 2019) it showed a 35% overall decrease of MDR's on the skin. Mersa actually decreased by 31% and VRE actually decreased by 73%. This was just in medical patients in a different county in 16 different nursing homes. So, infection related hospital stays are expected to have a 32% decrease, but the cost savings could be quite a bit more than that.

CenCal Health Reimbursement:

- **Estimated CenCal Costs:**
  - $1,658/month per 100 bed facility
- **Six-Month pilot across six facilities in SB and SLO counties:**
  - Total of $59,688

Next Steps:

- Implementation **Phase 1**: Preparation
  - Single informational session with all facilities.
  - Two 30 min. nursing home training sessions by webinar, including support from Project SHIELD led by Susan Huang, MD, MPH – Chancellor's Professor, Division of Infectious Diseases
- Implementation **Phase 2:** Products & Purchasing
- Implementation **Phase 3:** Process & Practice with onsite team visits.

Ms. Hill commended Dr. Fonda for her excellent update and asked if the committee would be receiving on-going updates in the future.

Dr. Fonda ensured the committee that they can expect updates quarterly.

Ms. Hill requested additional information about the project so the committee could have prepared questions at the next meeting.

Dr. Fonda agreed to arrange the distribution of additional information.

Dr. Kaplan added that to put this into perspective, the cost for the six-month pilot program over six facilities is about $60,000 or the cost of one hospitalization. Additionally, one night in the ICU is approximately $30,000, so this entire 6-month program may cost less than one hospitalization.

Dr. Fonda concurred and shared that during the SHIELD study from 2017 to 2019, they showed a savings of hospital costs of 61%; which turned out to be close to $800,000. She added that we are focusing on quality for this pilot.
Dr. Kaplan said that it is the quality that saves the money.

Ms. Geeb shared that following data analysis for this project, in 2021 CenCal spent $1.8 million on these hospitalizations and in 2022 we spent $1.7 million.

***If needed*, return to any Consent items designated for discussion**	There were none to discuss.
Open Forum & Future Agenda Items	Dr. Fonda invited topics for future agenda items and any discussion topics that the Committee would like to pursue. Dr. Major gave a brief advocacy report. SB340 Eggman; which is the PIA glasses issue has left the Senate floor unopposed. He said that the legislators are starting to look at the provider directories more carefully and he requested that staff continue to update our directories. He thanked staff for their support on this. Ms. Macdonald thanked the group for making her feel so welcome. Mr. Hernandez, Ms. Geeb, and Dr. Fonda all expressed their gratitude of Ms. Macdonald for accepting the invitation to serve on the committee.
Adjournment	There being no further business, Dr. Fonda thanked the Committee for their time and participation, and adjourned the meeting at 5:34 p.m.

Respectfully submitted,

Paula M. Michal

Sr. Executive Assistant of Administration/
Clerk of the Board

Approved,

Emily Fonda, MD

Emily Fonda, MD, CHCQM, MMM
Chief Medical Officer
Chair, Quality Improvement & Health Equity Committee