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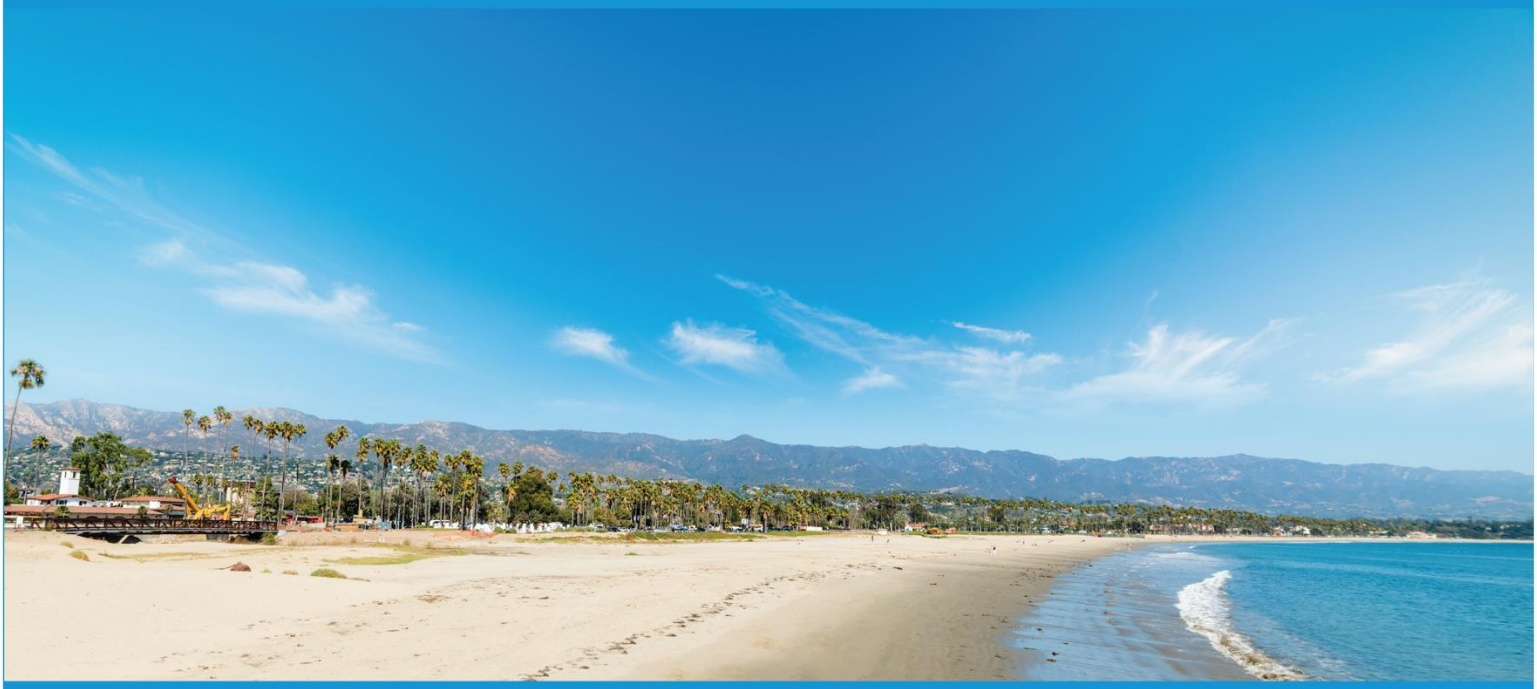

CenCal Health Board of Directors Meeting Packet

Wednesday, September 21, 2022
6:00 pm

Santa Maria Inn

801 South Broadway
Santa Maria, CA
Santa Maria Room

Notice of Regular Meeting
CenCal Health Board of Directors
September 21, 2022 at 6:00 p.m.
Santa Maria Inn (Santa Maria Room)
801 South Broadway
Santa Maria, CA

Members of the public will be allowed to provide public comment in real time during the public comment portion of the Board meeting (Item 1 below) or you may do so by emailing comments before 10:00 am, September 16, 2022 to the Clerk of the Board at pbottiani@cencalhealth.org with "Public Comment" in the subject line. Comments received will be read during the meeting.

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

Agenda

Action/Information

1. Public Comment
2. **Consent Agenda** (*Action to accept reports*) (*Ms. Tanner*) — Action
   - 2.1 Approve Minutes of June 15, 2022 Regular Meeting (pg. 3)
   - 2.2 2022 In-Person Meeting Covid-19 Protocols (pg. 8)
   - 2.3 Administrative Reports
     - 2.3.1 Executive Summary (pg. 9)
     - 2.3.2 Government Affairs and Administrative Report (pg. 12)
     - 2.3.3 Quality Report (pg. 19)
     - 2.3.4 Health Services Report (pg. 22)
     - 2.3.5 Customer Experience Report (pg. 24)
     - 2.3.6 Performance Report (pg. 26)
     - 2.3.7 Compliance Report (pg. 28)
     - 2.3.8 Information Technology Report (pg. 30)
     - 2.3.9 Communications Report (pg. 31)
   - 2.4 Program Reports
     - 2.4.1 CalAIM Implementation Report (pg. 41)
     - 2.4.2 Homeless Housing Incentive Program Report (pg.46)
     - 2.4.3 Population Health Management Report (pg. 48)
   - 2.5 Committee Reports
     - 2.5.1 Accept Quality Improvement Committee (QIC) Report and Exhibits 1-3 (pg. 51)
     - 2.5.2 Accept Community Advisory Board (CAB) Meeting Minutes of April 14, 2022 (pg.71)
     - 2.5.3 Accept Family Advisory Committee (FAC) Memo & Meeting Minutes of May 19, 2022 (pg. 76)

3. **Regular Agenda**

1.	Report from Chief Executive Officer (*Ms. Owen*)	Information
2.	Adopt 2023-2025 Strategic Plan *(Ms. Owen, Mr. Morris, Mr. Gomez)* (pg. 82)	Action
	2.1 Strategic Plan Content Document (pg. 97)	
3.	Review Vision and Mission Statements *(Ms. Owen)* (pg. 92)	Information
4.	Present Incentive Payment Program (IPP) *(Ms. Turetsky)* (pg. 99)	Information
5.	Present 2024 DHCS Contract Operational Readiness Update *(Ms. Kim and Ms. Vitocruz)* (pg. 104)	Information
6.	Present 2022 Population Health Needs Assessment *(Ms. Labraña)* (pg. 115)	Information
	6.1 CenCal Health 2022 Population Needs Assessment Report (pg. 124)	
7.	Report from Chief Financial Officer/Treasurer *(Mr. Ambrose)* (pg. 147)	Information
	7.1 Review and Accept Financial Statements (pg. 153)	Action
8.	Items for Immediate Action	Action

4. **Closed Session**
   1. Pending Litigation CONFERENCE WITH LEGAL COUNSEL: PURSUANT TO CALIFORNIA GOVERNMENT CODE SECTION 54956.9
   2. CEO Evaluation CLOSED SESSION: PURSUANT TO CALIFORNIA GOVERNMENT CODE SECTION 54957

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

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

DRAFT

MINUTES
CenCal Health
BOARD OF DIRECTORS REGULAR MEETING
June 15, 2022

The regular meeting of the Board of Directors of CenCal Health was called to order by Lynda Tanner, Chair, on June 15, 2022 at 6:03 PM at the Santa Maria Inn, Santa Maria, CA.

MEMBERS PRESENT: Daniel Herlinger, Daniel Nielson, Edward "Ned" Bentley, MD, Lynda Tanner, Mohammad Zafar Iqbal, Ph.D., René Bravo, M.D., Supervisor Debbie Arnold, Supervisor Joan Hartmann and Van Do-Reynoso,

MEMBERS ABSENT: Mark Lisa, Penny Borenstein and Sue Andersen

STAFF PRESENT: Amanda Flaum, Bill Cioffi, Carlos Hernandez, David Ambrose, Emily Fonda, MD, Jordan Turetsky, Karen Kim, Leanne Bauer, Marina Owen, Michael Harris, Nicolette Worley Marselian, Tommy Curran and Paula M. Bottiani (Clerk)

GUESTS PRESENT: Patrice Iqbal (Dr. Iqbal's spouse)

1. **Public Comment:**

1. **Consent Agenda** (*Action to accept reports*) (*Ms. Tanner*) Action
   - 1.1 Approve Minutes of May 18, 2022 Regular Meeting
   - 1.2 2022 In-Person Meeting Covid-19 Protocols
   - 1.3 Administrative Reports
     - 1.3.1 Executive Summary
     - 1.3.2 Administrative Report
     - 1.3.3 Health Services Report
     - 1.3.4 Operations Report
     - 1.3.5 Information Technology Report
   - 1.4 Quality Improvement Committee (QIC) Report
   - 1.5 Provider Network Development for Applied Behavioral Analysis (ABA) Services Report
   - 1.6 Human Resources Recruitment Report
   - 1.7 Accept Family Advisory Committee (FAC) Memo & Meeting Minutes of February 24, 2022

***ACTION:** On motion of Supervisor Hartmann the Board Accepted the Consent Agenda Reports with no objection.*

Regular Agenda

2. **Executive Report:**
Ms. Owen reported:
- Introduced Dr. Emily Fonda as our new Chief Medical Officer**.** Dr. Fonda then gave a brief overview of her education, experience and what brought her to CenCal Health.
- AB2724 (Kaiser Bill) will be explained in further detail by Mr. Harris later in the meeting.
- Explained that on the Federal policy level, the current Public Health Emergency (PHE) officially ends on July 15th and we have not seen an extension yet; however, we are confident that one will be announced to extend to mid-October. This impacts the plan in two ways: 1) It provided additional flexibility in our operational work through remote work and 2) Preparation is needed for the unwinding of flexibilities on eligibility for members. Staff is engaged in implementation strategies for outreach and communication with members and Mr. Ambrose will speak to any financial impacts during his report.
- Provider Services staff are busy building Enhanced Case Management (ECM) and Community Support networks and holding ECM roundtables to achieve some of our goals that we have around CalAIM.
- Highlighted our last Medical audit which is contained within the packet. Staff will address the opportunities for improvement
- Reported that Dr. Penny Borenstein is currently on a leave of absence and Mr. Nicholas Drews will be serving as Acting Health Agency Director in San Luis Obispo. He will be appointed to the CenCal Health Board in September.
- Marina gave kudos to our Executive team and Paula Bottiani (Clerk of the Board) for their hard work and dedication during her first six months as CEO.
- Announced that Van Do-Reynoso will be leaving the board to join CenCal Health as our new Chief Customer Experience Officer effective August 1st.

3. **Appoint Board Development Committee Members and Adopt 2022 Schedule**
Ms. Owen and Ms. Kim gave a detailed PowerPoint presentation and update on the Board Development Committee.
Ms. Owen explained that this committee was established at the March board meeting this year. The committee will meet on an Ad Hoc basis. Although it does not have decision making authority, the committee will provide recommendations to the full board.
Ms. Kim stated that this committee may engage a law firm specializing in public law and experience with other County Organized Health Systems. The Legal department of CenCal Health may support and review a gap analysis of the bylaws, policies, board delegation grid and board training as desired by the board.

Responsibilities of the Committee are:
- Review and evaluate board bylaws and policy to support board governance
- Evaluate the authorities and limitations of board members and the CEO in accordance with the board bylaws
- Facilitate an annual board self-evaluation
- Make recommendations on development and improvement to the CenCal Health board

Proposed Slate of Committee Members:
- Daniel Nielson (Chair)
- Rene Bravo, MD

- Dan Herlinger
- Sue Andersen

Discussion:
Mr. Nielson stated that the committee wants to approach this endeavor with a fresh perspective and to get the bylaws and policies distributed well in advance of the first meeting. This will give the group time to decide upon priorities that need to be addressed. He stated that Marina has offered the assistance of an outside consultant to assist with this process. He would like to start with the perspective of the committee first and then review the recommendations of an outside entity.
Ms. Owen stated there will be a kick-off meeting of the committee followed by another meeting prior to the October board meeting with a presentation of recommendations at the January 2023 board meeting.

ACTION: On motion of Dr. Bentley and seconded by Professor Iqbal, the Board Approved the appointment of the Board Development Slate for 2022 and to be Informed of Board Development Committee's schedule and next steps with no objection.

4. **Communications Update on Supporting the Safety Net Award from ACAP**
Ms. Worley Marselian gave a detailed PowerPoint presentation on the Association of Affiliated Plans (ACAP) Supporting the Safety Net Award. CenCal Health has been a long-time member of ACAP.
Ms. Worley Marselian stated that every year ACAP holds a national contest that any of their member plans may submit a nomination of a safety net organization of their choice. In the past we have submitted Santa Barbara Neighborhood Clinics and they won the year we nominated them. We have also submitted for Doctors Without Walls and Camp Mariposas, and both were given honorable mentions. This year, CenCal Health nominated Community Health Centers of the Central Coast (CHCCC) and they won the award. CHCCC serves approximately 39% of CenCal Health's membership in San Luis Obispo County. Their Medical Director, Dr. Steve Clark, will receive the award at the ACAP Summit in Washington, DC where Marina Owen will present this award to him. CHCCC will also receive a donation of $1,000 from ACAP.

5. **Adopt July 2022 –January 2023 Budget**
Mr. Ambrose gave a detailed PowerPoint presentation of the proposed July 2022 – January 2023 budget. **Mr. Ambrose** presented the financial forecast for the period covering July 1, 2022 through January 31, 2023. In transitioning to a calendar year budget cycle, we recommend presenting and adoption of the calendar year budget during the annual January Board of Directors Board Meeting. A calendar year 2023 budget will kick-off the annual calendar year budget cycle. Eligibility determinations will affect calendar year 2023. Staff recommends the approval and adoption of this 7-month transitional budget covering the period July 1, 2022, through January 31, 2023, as we transition into a future calendar year budget cycle.

ACTION: On motion of Dr. Bravo and seconded by Mr. Herlinger, the Board Approved adopted the seven-month transitional budget covering the period July 1, 2022, through January 2023 with no objections.

6. **Advocacy Update on AB2724 (Alternative Health Services Plan)**
Mr. Harris and Ms. Owen gave a detailed PowerPoint presentation on the Advocacy Update of AB2724 (Alternative Health Services Plan). **Mr. Harris** stated there was no open public discussion prior to the initiation of this bill. This would be detrimental to the County Organized Health System (COHS) model moving forward if passed.

Staff recommends:
1. Oppose AB 2724 and proposed Trailer Bill Language (unless amended),
2. Direct staff and CenCal Health's lobbyist to advocate to the state and elected officials for amendments that (a) specify designated areas in alignment with the published DHCS proposal and (b) exclude CenCal Health's counties (Santa Barbara and San Luis Obispo) from AB2724 and remove associated Trailer Bill Whole Child Model (WCM-CCS) language.

Discussion:
Professor Iqbal asked what the state's explanation is for this proposed legislation**.**
Ms. Owen stated that the goal of the department is to direct contract with health plans to serve members through the Kaiser system in COHS counties.
Professor Iqbal added that he believes this to be a political move.
Ms. Owen stated that she and Michael have been invited to a meeting along with the DHCS Director, department staff, senator ProTem, house staff and LHPC. LHPC and CenCalHealth has proposed language for the designated area issue that would be beneficial.
Supervisor Arnold asked why the state wants to change the COHS plan when it is working so well in the communities it serves.
Mr. Harris said this language allows the state maximum latitude to direct contract with the Kaiser system in COHS counties and has stated this supports continuity of care.
Dr. Bravo stated we need to be vigilant to preserve the COHS model and voice opposition to this in a very strong way. This does fixes something that is not broken. This only benefits Kaiser. For the smaller counties, we cannot absorb 2 different systems. This is a local control issue for us also and we need to preserve it.
Dr. Bentley stated that he supports our opposition against the state on this. He questioned the geographic areas of concern and will we be opposed if amended.
Ms. Owen responded by saying that our position thus far has been full opposition. National unions, local medical associations, and local county boards of supervisors have also opposed this.
Mr. Harris added that county public health agencies are deeply opposed to this as well. Senator Monique Limón has been consistently voicing concerns.

ACTION: On motion of Dr. Bravo and seconded by Dr. Do-Reynoso, the Board Approved Opposition of AB2427 and Proposed Trailer Bill Language (unless amended).

7. **Update on 2023-2026 CenCal Health Strategic Planning**
Ms. Owen gave a detailed PowerPoint presentation.

Ms. Owen highlighted the draft Board Strategic Planning Retreat Agenda.
Key Takeaways and Next Steps:
1. Our strategic planning process is underway and the Board Strategic Retreat is on July 1, 2022
2. Staff will return to the Board in September with a Strategic Plan Framework for adoption

3. CenCal Health's organizational structure is evolving to align with business need and enhance effectiveness

8. **Financial Update**
Ms. Bauer gave a detailed Power Point presentation.

Financial Highlights (year-to-date)

- ***Consolidated gain or loss*** from all programs and activities show a year-to-date operating loss of $5.1 million compared to anticipated flexible budget operating loss of $12.0 million.
- ***Capitation revenue*** is over budget by $78.3 million and 8.1%.
- ***Total medical costs*** are over budget by $76.9 million and 8.9%.
- ***Medical loss ratio (MLR)*** FYTD is running at 90%.
- ***Administrative expenses*** are under budget by $5.5 million and 10.0%.
- ***Admin Costs as a Percentage of Capitation Revenue*** FYTD is running at 5.0%.
- ***Other revenue and unrealized gain (loss)*** is over budget by $2.6 million and 205.4%.
- ***Tangible net equity*** (TNE) is at $165.1 million, which is 66% of the Board approved Minimum TNE Target at $250.0 million.
- ***Member enrollment*** is at 213,953 covered lives as of May 2022.

8.1 **Financial Statements (Period Ended May 31, 2022)**

ACTION: On motion of Mr. Herlinger and seconded by Professor Iqbal, the Board Approved the Financial Statements for the period ended May 31, 2022, with no objection.

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

Ms. Tanner adjourned the open session at 7:35 pm and opened the closed session at 7:40 pm.

Closed Session:

- CONFERENCE WITH LEGAL COUNSEL: PURSUANT TO CALIFORNIA GOVERNMENT CODE SECTION 54956.9 Pursuant to Potential Litigation

Ms. Tanner adjourned the closed session 8:05 pm and opened the open session at 8:06 pm.

Report from the Closed Session:

Ms. Tanner reported: After discussion in closed session, No action taken.

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

Respectfully submitted,

Paula Marie Bottiani

Paula Marie Bottiani, Clerk of the Board

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Group Meeting COVID Safety Protocols

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

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

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

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

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

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

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

_____ _____

Print Name Date

_____

Signature

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

Date: September 21, 2022

To: CenCal Health Board of Directors

From: Marina Owen, Chief Executive Officer

Subject: **Executive Summary**

Strategic Planning The development of CenCal Health's next strategic plan has concluded, following your Board's Strategic Retreat on July 1st. Staff is pleased to provide the proposed 2023 – 2025 Strategic Plan for Board adoption, which you may reference in your board packet. The scope of development activities was inclusive, incorporating input from the Board, members, providers, community partners, and staff. CenCal Health will begin planning towards execution against the strategic plan through the end of 2022, under the leadership of Chris Morris, MSOD, Chief Performance Officer, and return to the Board in January with 2023 Organizational Objectives and a 2023 Operating Plan to guide tactical efforts going forward. Additional details can be found in the *Performance Division Report*.

Dual Special Needs Plan (DSNP) Assessment Belong Health, CenCal Health's contracted consultant, concluded their initial assessment on readiness for a Dual Special Needs Plan (DSNP), a CalAIM required program, and presented their findings to the CenCal Health Executive Leadership Team. This assessment included a recommendation on a DSNP launch date, an operational gap analysis informed by staff interviews and a high-level planning and implementation roadmap. Under the leadership of our Chief Operating Officer, Amanda Flaum, additional meetings are scheduled this month to provide in-depth insight and recommendations on critical operational focus areas. An update will be provided to your Board at the October 2022 meeting. Additional details can be found in the *Health Services Operation Report*.

Housing and Homelessness Incentive Program (HHIP) As your Board is aware, the Department of Healthcare Services (DHCS) implemented the Housing and Homelessness Incentive Program (HHIP) effective January 1, 2022, as one of a series of Medi-Cal Home and Community Based Services (HCBS) Spending Plan initiatives that will enhance, expand, and strengthen these services in California. The goal of HHIP is to improve health outcomes and access to whole person care services by addressing homelessness and housing insecurities as social drivers of health. The HHIP initiative is voluntary for health plans and provides a potential to earn up to $27M in incentive funding over two years in Santa Barbara and San Luis Obispo Counties. Under the leadership of our Chief Customer Experience and Health Equity Officer, Dr. Van Do-Reynoso, MPH, PHD, the focus for HHIP has been collaborating with local community stakeholders to create a Local Homelessness Plan and an aligned Investment Plan that will allow CenCal Health to support these important services. Additional details can be found in the *Housing and Homelessness Incentive Program Report*.

Quality Improvement In August, CenCal Health presented recommended priorities for improvement to the Quality Improvement Committee (QIC), your Board's designated entity to oversee CenCal Health's Quality Program. The QIC ratified the priorities presented, including well-child visits, immunizations and weight assessments for children and adolescents, hypertension control and health measures such as prenatal care timeliness, chlamydia and cervical cancer screening. In addition, over $3.5 million in Quality Care Incentive Program (QCIP) payments was distributed to 85 eligible Primary Care Providers (PCPs). In alignment with the CalAIM Population Health Management framework, QCIP is CenCal Health's innovative new VBP system to promote quality improvement. Additional details can be found in the *Quality and QIC Reports* provided by Emily Fonda, MD, MMM, Chief Medical Officer and Carlos Hernandez, Quality Officer.

Member Satisfaction DHCS recently released results from the 2021 Consumer Assessment of Healthcare Providers & Systems (CAHPS) Survey in an "All-Plan Comparison Report". This survey was mailed to members eligible from January – June 2020 to identify their satisfaction with the customer service they receive, their health plan, their perception of their overall health and their ability to get care quickly among other questions. There were 25 Medi-Cal Managed Care Plans that participated in the survey. Highlights for CenCal Health's performance include:

Child Survey Performance:	State Ranking	Adult Survey Performance:	State Ranking
Customer Service	#1	Getting care Quickly	#3
Overall Rating of Health Plan	#2	Getting Needed Care	#4
Overall Rating of Personal Doctor	#3	Overall Rating of Health Plan	#11
Getting Needed Care	#5	Overall Rating of Health Care	#11
Getting care Quickly	#5		
Overall Rating of Health Care	#11		

Additional details can be found in the Customer Experience Report.

DHCS Medical Audit and Operational Readiness Activities In mid-July, CenCal Health received notice of the 2022 Routine Medical Audit from DHCS. The audit will be conducted virtually, similar to the Plan's 2021 audit, occurring from October 17, 2022 through October 28, 2022. The 2022 audit will be limited scope and evaluate the Plan's compliance with contract requirements and regulations in the areas of Utilization Management, Case Management and Care Coordination, Access and Availability, Member Rights, Quality Improvement, Administrative and Organizational Capacity and State Supported Services Contract. The scope of the audit period is from October 1, 2021 through September 30, 2022. Each year the auditors identify a delegate to evaluate and interview, and this year's focus will be on Care to Care. Plan staff have also been engaged in Operational Readiness Activities with DHCS towards 2024 contract compliance. A presentation will be provided to your Board this month on this

important initiative. Additional details can be found in reports provided by Karen Kim, JD, MPH, Chief Legal and Compliance Officer, including the *Compliance and 2024 Operational Readiness Reports*.

Financial Position CenCal Health's net operating gain for the month of August 2022 is $4.1M, given improving revenue and administrative expense factors. Administrative expenses are under budget by $710K or 6%. August revenue is tracking slightly under budget at 0.6% and medical expenses are reported under budget by 2.9%. Membership is tracking well with budget at 220,060. Additional details can be found in the *Financial Report and Statements* provided by David Ambrose, Chief Financial Officer, and Leanne Bauer, Finance Director.

Staffing Update I am pleased to report that Robert Janeway joined CenCal Health's senior leadership team in September as the Director of Provider Services. He comes to CenCal Health from San Francisco Health Plan, where he served as the Provider Services Contract Manager supporting CalAIM initiatives. Mr. Janeway was previously a CenCal Health alum, and we welcome him back to the health plan in this new capacity. His collaborative approach and subject area expertise will support CenCal Health going forward.

Government Relations and Administrative Report

Date: September 21, 2022

From: Michael D. Harris, Government Affairs & Administrative Officer

Through: Marina Owen, Chief Executive Officer

Executive Summary

Throughout the CenCal Health organization, departments have been extremely busy in the enormous efforts around the CalAIM Program, including various CalAIM reporting and funding actions, preparation and analysis of the 2024 new contract with the Department of Health Care Services (DHCS), other programs involving student behavioral health, expansion of various nontraditional health providers services such as Community Health Workers and maintaining services to all of our members in a high-quality manner. It is clear that the Governor wants to push Medi-Cal to reimagine the way Medi-Cal members get services. This "shakeup" of Medi-Cal in reducing inequities has the support of CenCal Health. That work is falling onto the managed care plans to assist with design and implementation, as highlighted in the CalAIM Program Report. Government Relations focus and priorities are also highlighted in this report and the associated Legislative Reports from Public Policy Advocates, at the state level, and Paul Beddoe at the federal level.

Government Affairs Strategies

At the federal level, Congress has been on a short summer recess and will be coming back to close out before the midterm elections. With the upcoming midterms, what actions Congress is able to complete is questionable. The report from CenCal Health's Washington, DC legislative advocate, Paul Beddoe, details activity at the federal level.

In Sacramento, the legislature has just finished its two-year session. Of particular note were the efforts by CenCal Health and the other local health plans to work with the Governor's proposal around Kaiser Permanente being given wide latitude on where it wanted to operate Medi-Cal services. Hundreds of other bills have now gone to the Governor for his signature. The legislation sent the Governor legislation on a wide variety of issues and services from mental health to assisting with the marketplace affordability and expanding and continuing coverage for substance use disorders. The Governor has until 30 September to sign or veto any bills that make it to his desk. The report from CenCal Health's Sacramento advocate, Public Policy Advocates' managing partner Russ Noack, is attached.

In addition to the summary above and the reports provided by CenCal Health's legislative advocates, renewed emphasis and strategies are being developed by CenCal Health staff regarding advocacy in Sacramento and Washington, DC.

Given the significant changes in Medi-Cal that are occurring, staff will be proactive with our state legislators who serve Santa Barbara and San Luis Obispo counties. In addition to our local state legislators, staff recognize the need to develop and foster proactive relationships with those state legislators who have particular interests in health; especially Medi-Cal.

While local state legislators have been supportive when called upon by CenCal Health, understanding the responsibilities and strategic direction of CenCal Health by working with the legislators and their staff on an ongoing basis helps CenCal Health better serve its membership by furthering its strategic goals and objectives.

At the federal level, the same approach is necessary. Congressman Carbajal has previously served on the CenCal Health Board. When staff have met the Congressman, he has been supportive of CenCal Health and has made it clear that he would like to advocate for the organization in any way possible. The Congressman's relationships with various congressional members and with other federal officials can again assist CenCal Health in its responsibility to focus on community-oriented strategies.

Administrative Services Update

CenCal Health has seen significant changes in the expectations of what a Medi-Cal managed care plan must accomplish. Membership in Medi-Cal has significantly risen. The administrative functions of running a Medi-Cal health plan in California has grown its complexity. As staff work on the readiness for the 2024 proposed contract with DHCS, those complexities will increase.

One of the behind-the-scenes responsibilities that takes place is the administrative efforts in renewing various insurance policies and coverages from car insurance to medical malpractice for managed care to ensuring that employees and board members have strong insurance protections takes place. In addition to continually improving coverages for employees and Board members, California State law (Welfare and Institutions Code, Article 2.7, Section 14087.38(j)(2)) makes it clear that members of the CenCal Health governing board and its employees are protected in the same manner that all public employees and entities are protected in California. One area of our insurance previously highlighted for your Board is the cost of Cyber insurance coverage. As staff work with our brokers to obtain all of our insurances, cost increases will be highlighted for your board.

The vast majority of the CenCal Health staff continue to work remotely. As your Board has been previously briefed, CenCal Health is approaching the continued Covid-19 pandemic and upcoming flu season with caution. Maintaining a healthy and safe work environment, supporting our staff with their other life stresses, all while continuing to provide quality services to our members without interruption, is of major importance.

Similarly, behind the scenes, having systems to support departments in managing contractual relationships, both medical and non-medical, are important to ensure efficiencies, consistency of terms and conditions and maintaining effective records. As just one example, through the CenCal Health Enterprise Project Management Office, a new contract management system is being implemented. Further improvements in non-medical contract management, such as workflow, ensuring completeness, obtaining appropriate insurance documentation and timely execution, are further enhancements to administrative processes.

Continual improvement in our administrative functions will be part of larger organizational effort to increase CenCal Health's readiness for the future.

Recommendation

This memo to your Board is an informational update and no action is requested.

PUBLIC POLICY ADVOCATES LLC

1015 K Street, Suite 200
Sacramento, CA 95814-3803
Tel 916.441.0702
Fax 916.441.3549

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

From: Russ Noack, Legislative Advocate

Subject: Legislative Update – September 2022

After a flurry of activity, the 2021-22 California Legislative Session drew to a close at 1:30 a.m. on September 1. Nearly 4,500 bills were introduced and several hundred passed last week and are now headed to Governor Newsom's desk. He has until September 30 to sign, veto or allow these bills to become law without signature.

The unprecedented $308 billion State Budget was modified and enhanced by the passage of a series of trailer bills, most notably Assembly Bill 179 by Phil Ting of San Francisco and Assembly Bill 204 by the Committee on Budget. The measure referred to as the "Budget Jr. Bill" fleshed out many of the programs that received allocations in the original budget that passed in June. Although addressing climate change through reductions of carbon emissions and accelerating renewable energy technology, taking steps to mitigate the effects of wildfires, and promoting affordable housing got most of the press, healthcare funding remained a key ingredient in the August budget bills including providing CalAIM improvements, telehealth advances, access to all income-eligible Californians regardless of age or documentation status and enhanced investments in the health safety net program to assist families to afford coverage.

CenCal Health's primary legislative objective was realized earlier in the year when Assembly Bill 2724 by Dr. Joaquin Arambula of Fresno, the Kaiser Permanente direct contract bill was amended to meet our concerns. However, over 300 pieces of legislation were tracked this session. A few notable bills that passed during the late stage of the legislative process include Assembly Bill 1355 by Marc Levine of Marin County was introduced to require the DHCS to establish the Independent Medical Review (IMR) system for COHS models on the existing IMR process applicable to Knox-Keene health care service plans. Sponsored by the Western Center on Law and Poverty, it represented a narrower approach to providing for an IMR process for certain disputes without requiring COHS to undergo the costly and time-consuming process of becoming licensed under Knox-Keene. Ultimately, the new IMR process for Medi-Cal beneficiaries was removed from the bill leaving a clarification to current state fair hearing process that permits DHCS and DSS director's the opportunity to overturn a law judge's decision based on a thorough examination of the facts and by following the specified standard procedure. As amended, the bill passed and has been sent to the Governor for further action. If signed, it remains to be seen if this is enough or whether the sponsor will return to the legislature next year seeking an IMR procedure for COHS.

Assembly Bill 2317 by James Ramos would add inpatient psychiatric services to individuals under 21 provided in a licensed children's crisis psychiatric residential treatment facility as mental health services provided under Medi-Cal programs.

Assembly Bill 2697 by Cecilia Aguiar-Curry would require the DHCS to implement a community health workers (CHW) and promotores benefit under the Medi-Cal program subject to federal approval and funding. The measure follows the Budget Act augmentation of funds to add CHWs as a Medi-Cal covered benefit and service.

Senate Bill 912 by Monique Limon of Santa Barbara would require health plans, disability insurers and Medi-Cal providers to cover biomarker testing for purposes of diagnosis, treatment, management, or ongoing monitoring if the test is supported by medical and scientific evidence.

Senate Bill 1338 by Tom Umberg of Santa Ana establishes the Community Assistance, Recovery and Empowerment (CARE) Act to establish a program to allow for petitions to court to provide for supervision, housing and treatment for homeless people suffering from mental illness. The Governor Newsom sponsored bill follows the state's $11.6 billion annual investment in mental health and $14.7 billion in funding for housing and homeless support.

With the State Legislature adjourned, the CenCal Health government relations team is planning to use the Fall to conduct a series of meetings with legislative and administrative leaders and staff to inform, educate and strengthen our professional relationships with the people in Sacramento who are guiding future healthcare policy in California. And since the November Election will bring in a host of new legislators to Sacramento, we plan to expand our program to reach out to them and begin new relationships as we prepare for the dawning of the 2023-24 Session in January.

Paul V. Beddoe Government Affairs, LLC

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

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

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

Subject: Federal Report, September 2022

Overview

The Senate returned from its August recess on Tuesday, September 6, with the House of Representatives returning on Tuesday, September 13. Since none of the twelve annual appropriations bills for FY 2023 have been enacted, the top order of business will be to pass a short-term funding bill, or continuing resolution (CR), to fund the federal agencies after the end of the FY 2022, September 30. Leaders have indicated that the CR would likely end in mid-December, past the November elections and with some time to negotiate a full-year Omnibus Appropriations bill. The Administration has requested that Congress add some emergency supplemental funding to the CR, including $22.4 billion for COVID-19 response and $4.5 billion for Monkeypox response. The COVID -19 funding request has drawn significant opposition from Republicans, who have argued that unspent COVID-19 funds from the previous bills should be used to offset any supplemental appropriations. Appropriations legislation have at least sixty votes to pass in the 50-50 Senate, so negotiation toward a bipartisan, bicameral agreement will be intense over the coming weeks.

Supporters of bipartisan mental health legislation that passed the House in June are hoping that the Senate will follow suit and advance a similar package during the September session.

Meanwhile, the Administration has been busy, rolling out several initiatives of interest over the past month.

HHS Likely to Extend Public Health Emergency into January 2023

In July, the HHS Secretary Javier Becerra renewed the COVID-19 Public Health Emergency (PHE) through October 13. However, because the Secretary has promised to give states and stakeholders 60-days' notice before letting the PHE expire, and did not do so on August 13, observers expect that the PHE will be extended again into January 2023.

HHS Anticipates Shifting COVID-19 Vaccines to the Private Sector

On August 30, HHS Assistant Secretary for Preparedness and Response (ASPR), Dawn O'Connell, wrote that the Administration expects to shift COVID-19 vaccine distribution to the private market as early as 2023. This indicates the Administration's view that buying and distributing COVID-19 vaccines and therapeutics should work more like the rest of the health care system, rather than it has since the beginning of the pandemic, with the federal government taking the lead. While the assistant secretary said that this was always the plan, she said the timeline would be accelerated by the failure of Congress to appropriate the additional supplemental emergency funding requested by the Administration.

HHS Proposes Rules Overhauling Medicaid and CHIP Eligibility and Enrollment

On September 7, the U.S. Department of Health and Human Services published proposed regulations to simplify the processes for eligible individuals to enroll and retain eligibility in Medicaid, the Children's Health Insurance Program (CHIP), and the Basic Health Program. The proposed rule would remove barriers and facilitate enrollment of new applicants, particularly those dually eligible for Medicare and Medicaid; and align enrollment and renewal requirements for most individuals in Medicaid. It would also establish protections for beneficiaries related to returned mail and establish timeliness requirements for Medicaid and CHIP redeterminations. Additionally, it aims to make transitions between programs easier and update rules for eligibility and enrollment recordkeeping.

Activities

We continue to monitor the California Department of Health Care Services pending State Plan Amendments (SPAs) submitted to CMS, and CMS approved SPAs for California. With the return of Congress after the August recess, we are preparing to engage with staff for relevant members of the California Congressional Delegation in DC.

We will continue to monitor for, and report to CenCal Health, any legislation introduced and or proposed CMS regulations which would impact the County Organized Health System (COHS) model.

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Quality Program Report

Date: September 21, 2022

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

Contributors: Carlos Hernandez, Quality Officer

Executive Summary

This report provides an overview of recent activities in CenCal Health's quality program policy, highlights any developments of significance, and identifies future implications. Four topics of significance are highlighted regarding CenCal Health's Quality Program:

- *DHCS Performance Reporting Policy:* The DHCS-required measure set for Medi-Cal plans was expanded from 29 measures required for 2022, to 39 measures for 2023. New methodologies must be operationalized in CenCal Health's quality measurement processes. Solutions to optimize CenCal Health's measurement capabilities are in process ahead of January 2023.
- *Quality Improvement Priorities*: Priorities for improvement were recently ratified by the Quality Improvement Committee (QIC) to resolve performance shortfalls relative to benchmark levels of performance. The operational implications of CenCal Health's annual priority-setting include but are not limited to increased collaboration with providers and greater commitment of resources to engage members to obtain vital preventive or treatment services. Value-Based payment is a primary strategy to achieve needed improvements, which requires significant and continuing organizational investment.
- *Value-Based Payment Systems:* Over $3.5 million in Quality Care Incentive Program (QCIP) payments was distributed to 85 eligible Primary Care Providers (PCPs). In alignment with the CalAIM Population Health Management framework, QCIP is CenCal Health's innovative new VBP system to systematically and continuously promote performance excellence.
- *Health Equity Measures:* To meet the well-established health equity imperative, a quantitatively assessment is underway within CenCal Health in consultation with some of the nation's leading subject matter experts through the ACAP Health Equity Collaborative. CenCal Health formed a 13-person team to begin the detailed assessment. The results will identify operational functions to prioritize development to eliminate inequities in quality of care. Resources have been committed to identify inequities, including development of technology for ongoing surveillance.

Policy Developments and Quality Activities

The following recent policy developments and strategies are outlined in recognition of their significance to CenCal Health's Quality Program and its operational readiness:

DHCS Performance Reporting Policy

The performance measures used to evaluate Medi-Cal managed care plan performance were significantly expanded to include aspects of care newly prioritized by DHCS to improve care statewide and increase plan accountability. The measure set was expanded from 29 measures required for 2022 reporting, to 39 required for 2023. While the care domains are not new, the measurements require advanced and challenging methodologies that require data capture from administrative sources in addition to claims (e.g., Health Information Exchanges or EMRs). New aspects of care include colorectal cancer screening, blood lead testing in children, topical fluoride applications for children, depression remission or response for adolescents and adults, adult access to preventive and ambulatory health services, cesarean birth rate, prenatal immunization status, prenatal and postpartum depression screening and follow-up, pharmacotherapy for opioid use disorder, and depression screening and follow-up for adolescents and adults.

Quality Improvement Priorities

In August, CenCal Health presented recommended priorities for improvement to its QIC. The QIC ratified the priorities presented, which were strategically identified based on a) the gap in care relative to external Medicaid performance benchmarks, b) the aspects of care prioritized in a newly proposed DHCS quality-based rate setting methodology, and c) the aspects of care required for National Committee for Quality Assurance (NCQA) accreditation of Medicaid plans.

The priorities for immediate improvement include:

- Well-Child Visits in the First 30 Months of Life
- Immunizations for Children and Adolescents
- Weight Assessment (BMI %) for Children/Adolescents
- Hypertension Control
- Prenatal Care Timeliness
- Chlamydia Screening in Women
- Cervical Cancer Screening

The resulting operational implications include but are not limited to increased collaboration with providers, and greater commitment of resources to intervene plan-wide when members can be influenced to obtain vital preventive or treatment services.

Value-Based Payment Systems

CenCal Health's Quality QCIP fulfills the need for a fundamental CalAIM Population Health Management program component that aligns with the managed care industry's transformational shift to greater value-based reimbursement. CenCal Health recently distributed over $3.5 million in QCIP payments to 85 eligible PCPs, marking the first quarterly payment for CenCal Health's innovative VBP program. This single integrated program provides significant incentives to PCPs to continuously strive for excellence in quality care.

QCIP encourages increased utilization of evidence-based treatment and preventive health services. The program encompasses five clinical categories of care -- Women's Health, Pediatric Care, Behavioral Health, Respiratory Care, and Diabetes Care. Performance is determined by how often evidence-based standards of practice are met. A familiar 5-star methodology is used to express performance.

Health Equity

CenCal Health's values of Compassionate Service, Collaboration, Integrity, and Improvement fundamentally govern CenCal Health's execution of the health equity imperative to do the right thing and eliminate quality of care inequities for members. Health plans must ensure members receive quality care, no matter their personal characteristics or the unique social determinants that impact their health.

Under the guidance of a Health Equity Learning Collaborative organized by the Association for Community Affiliated Plans, CenCal Health recently assembled a 13-person multidisciplinary team to begin a comprehensive assessment of the CenCal Health's capacity to achieve greater health equity.

The team includes leadership from all levels of the organization and from most divisions and departments. The assessment results will identify health plan operational functions to prioritize for development to accelerate CenCal Health's advancement toward greater health equity. Resources have been committed to identify inequities based on social determinants, including development of technology for ongoing surveillance.

Next Steps

To sustain organizational accountability, the topics above will be regularly reported to your Board to highlight progress toward CenCal Health's Quality Program goals and celebrate related achievements.

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Health Services Operations Report

Date: September 21, 2022

From: Amanda Flaum, Chief Operating Officer

Contributors: Chris Hill RN, Director of Medical Management
Jeff Januska, PharmD, Director of Pharmacy Services
Seleste Bowers, DBH, Director of Behavioral Health
Rita Washington, Health Services Program Manager

Dual Special Needs Plan (DSNP) Assessment

CenCal Health engaged Belong Health, a contracted consultant, to conduct an initial assessment and present their findings to the Executive Leadership Team, which included their recommendation on a DSNP launch date, an operational gap analysis, and high-level planning and implementation roadmap. Additional meetings are scheduled for Belong to discuss two critical focus areas: Case Management & Utilization Management, and IT systems. An update will be provided to your Board at the October 2022 meeting.

Medical Management

Medical Management continues to maintain strong compliance in prior authorization timelines and recent enhancements include new case documentation templates, retraining on clinical guideline usage and non-covered benefits. Medical Management and the Medical Director team launched an enhanced after-hours post stabilization process for hospital Emergency Departments on 9/1/22. As required by contract and for your Board's awareness, CenCal Health Medical Director are available telephonically after hours, on weekends and holidays to support these important processes.

Enhanced Care Management (ECM) and Community Supports (CS)

Enhanced Care Management began on July 1, 2022. CenCal Health is collaborating closely with the Good Samaritan Shelter, Independent Living Systems, and Partners in Care Foundation to streamline the assignment process based on their individual capacity. The ECM providers are actively outreaching to our members to assess their needs and enroll them in the program. Medically Tailored Meals and Recuperative Care Community Support services also began on July 1, 2022. Collaboration continues with our recuperative care providers to align processes and authorizations.

Pharmacy

The physician administered drugs (PADs) authorization volume continues its positive trend of >30% over the previous reference year and slightly above the National trend of

25% growth. Greater than 50% of the activity comes from the oncology space and all were processed within regulatory time standards. The reinstitution Medi-Cal RX (administered by Magellan) claims edits resulted in a tripling of claims denial in August, but not accompanied by network disruption. On 9/16/22 Medi-Cal RX will reinstitute the prior authorization requirements on 11 drug classes for beneficiaries >21 years of age as the next step in their phased program roll-out.

Behavioral Health

Operations: The Call Center continues to meet operational and department metrics and is fully staffed, with the Behavioral Health Call Center Manager, Jose Febus, onboarded in August. The Utilization Management and Care Coordination teams continue to meet regulatory requirements and operational requirements. The Utilization Management and Care Coordination teams successfully closed their corrective action plan for inventory and timeliness. All teams have met their corrective action goals and continue to meet operational and regulatory performance standards.

New Benefit: The Eating Disorder project continues to meet weekly as part of implementing the eating disorder benefit in collaboration with our county partners. In September, both Counties will be meeting with CenCal Health leadership to identify strategies to successfully certify partial hospitalization and residential treatment providers, and create workflows for authorization, care coordination, and shared discharge planning to better support care for members.

Payment Program: CenCal Health is actively managing the Behavioral Health Integration Incentive Program (BHIIP) with the objective to incentivize improvement of physical and behavioral health outcomes, care delivery efficiency, and patient experience by establishing or expanding fully integrated care in a Medi-Cal managed care plan's provider network. The program, implemented in 2020 by the Department of Healthcare Services (DHCS), provides funding to six contracted-network providers for performing approved quarterly milestones to meet annual performance measures. CenCal Health continues to work closely with our six provider partners to ensure implementation of milestones and sustainability, post- program closure 12/31/22.

Improvement Initiatives: The Behavioral Health Insourcing Project implemented additional improvement strategies on 8/15/22. The launch has been successful, and all technical issues identified in the first week have been resolved. The changes implemented focused on streamlining authorization submissions, improving provider support, and supporting regulatory adherence on turnaround times.

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Customer Experience Report

Date: September 21, 2022

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

Contributors: Eric Buben, Member Services Director
Jordan Turetsky, Provider Network Officer

This Customer Experience report highlights operational trends in Member Services, Provider Services, and Claims Departments.

Enrollment

For August 2022, CenCal Health's aggregate membership continues to grow with the DHCS suspension of negative re-determinations for Medi-Cal Eligibility through the end of the public health emergency. Additionally, there was a small influx of 675 American Rescue Plan Act (ARPA) members from fee-for-service to managed care. As of September 5, 2022, CenCal Health's membership totals 224,422.

Member Satisfaction

The Department of Healthcare Services (DHCS) recently released results from the 2021 Consumer Assessment of Healthcare Providers & Systems (CAHPS) Survey in an "All-Plan Comparison Report". This survey was mailed to members eligible from January – June 2020 to identify their satisfaction with the customer service they receive, their health plan, their perception of their overall health and their ability to get care quickly among other questions. There were 25 Medi-Cal Managed Care Plans that participated in the survey. Highlights for CenCal Health's performance include:

Child Survey Performance:	State Ranking	Adult Survey Performance:	State Ranking
Customer Service	#1	Getting care Quickly	#3
Overall Rating of Health Plan	#2	Getting Needed Care	#4
Overall Rating of Personal Doctor	#3	Overall Rating of Health Plan	#11
Getting Needed Care	#5	Overall Rating of Health Care	#11
Getting care Quickly	#5		
Overall Rating of Health Care	#11		

Member Services

Member Services Health Navigators are completing an outreach call campaign to all members who identified that they wish to obtain information in Alternative Format

Selection (AFS) to determine their needs. Findings from these contacts indicate many did not wish to receive most materials in the AFS selected and members are working with the Navigators to have their names removed from the DHCS AFS Database. CenCal Health will share this information with DHCS since they initiated the surveying and data gathering statewide. CenCal Health will coordinate with our AFS vendors to produce and distribute the AFS documents needed as our next action.

Member Services will be polling 10,000 households in September and October across our counties for input into our Member Portal design. Members will be asked to complete a Survey Monkey via a postcard mailing to find out what features are of interest to them as we build a secure member portal.

Lastly, the Member Services Call Center continues to meet its goals in call time and resolving grievances and appeals.

Provider Services

In anticipation of the new Community Supports which CenCal Health will offer beginning in January 2023, staff hosted an August Engagement Session with interested stakeholders from Santa Barbara and San Luis Obispo counties. The Session provided an overview of CalAIM, Community Supports, and next steps in engaging with CenCal Health towards providing Community Supports services. Several attendees have indicated interest in contracting for services, and staff are conducting follow-up meetings to explore in next steps. Simultaneously, work is underway to ensure that a provider network is in place for the populations who will become eligible for Enhanced Care Management services in January 2023. This work includes outreach, contracting, and individualized training.

Provider Services remains actively engaged in several regulatory initiatives, including submitting deliverables for the 2024 Department of Health Care Services (DHCS) revised health plan contract, preparing for CenCal Health's 2022 DHCS medical audit, and responding to several ad hoc regulatory requests.

Claims

Claims receipts for the month of August were 269,864, reflecting a 22% increase over the pre-pandemic baseline and trending down when compared to July's receipts (238,314). Claims volume follows a seasonal variation, with current peaks remaining consistent with historical trends. The Claims customer service team received 1,287 provider calls in the month of July, with an average speed to answer of under 20 seconds, and an average talk time of 8 minutes. Provider Services and Claims staff continue to support providers who are new to providing enhanced care management and community support services.

Performance Division Report

Date: September 21, 2022

From: Chris Morris, MSOD, Chief Performance Officer

Contributors: Andrew Hansen, Operational Excellence Director

The following report provides updates surrounding the development and execution of Performance Division functions: strategic development, process excellence, and organizational development. The following report provides updates surrounding the development and execution of these new health plan functions.

Strategic Planning

Development of CenCal Health's next strategic plan has been a primary focus of the Performance Division over the past four months and pleased to provide the proposed 2023 – 2025 Strategic Plan for Board adoption. In May 2022, Staff initiated efforts to develop CenCal Health's next strategic plan. While the pace of this process was expedited, the scope of development activities was expansive and inclusive, incorporating input from members, providers, community partners, the Board and Staff. Following Board adoption, Staff will begin planning towards execution against the strategic plan through the end of 2022 and return to the Board this coming January with 2023 Organizational Objectives and a 2023 Operating Plan to guide Staff tactical efforts in 2023.

Integrated Organizational Planning

In January 2022, Staff began to explore the opportunity to improve integration across the Plan's organizational planning processes. Earlier this year, Staff identified an opportunity to shift the timing of the annual budget development process, the annual employee goal setting process, and the annual employee evaluation process, to improve integration. Efforts to transition these processes from a fiscal year schedule (July – June) to a calendar year schedule (January – December) are underway and on track. As a result, the Plan is well positioned to begin executing our new strategic plan.

Enterprise Project Management Office Transition

On September 12, 2022, the Enterprise Project Management Office (EPMO) joined our new Operational Excellence Department. The EPMO supports CenCal Health with project management and has reported to Bill Cioffi, Chief Information Officer (CIO), since 2020. This year, responsive to CalAIM Program requirements, the EPMO introduced program management. Over the years, the EPMO has improved planning rigor at the organization and supported important initiatives. In May 2022, the Operational

Excellence Department was established within the Performance Division with the onboarding of Andrew Hansen, Operational Excellence Director, to advance our performance measurement, process improvement and strategy execution functions.

The EPMO and OpEx both support the organization in achieving organizational effectiveness through the application of best practices and are instrumental to the organization's improvement and advancement. Effectively executing a new strategic plan will require CenCal Health to build on existing EPMO strengths and establish organization-wide Portfolio Management capabilities to effectively build and execute our annual Operating Plan. The integration of the EPMO and OpEx aligns complimentary functions and supports the advancements needed to enhance our organizational readiness.

Special appreciations to Bill Cioffi, CIO, and Gayla Bierend, EPMO Associate Director, for their steadfast EPMO leadership and collaboration to support an effective integration.

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Compliance Report

Date: September 21, 2022

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

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

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

Department of Health Care Services (DHCS) Medical Audits

2021 DHCS Medical Audit

The 2021 Department of Health Care Services (DHCS) Medical Audit (Audit) was held virtually from October 25 through November 5, 2021. The Audit was a full scope audit with a two-year look-back period from November 1, 2019 through September 30, 2021 and included the following components: *Utilization Management, Case Management and Coordination of Care, Access and Availability, Member Rights, Quality Management, Administrative and Organizational Capacity, and State Supported Services*. The CenCal Health delegate selected for the Audit was the Radiology Benefit Manager, Care to Care.

On June 2, 2022, the Plan received the final report for the 2021 DHCS Medical Audit. The final report indicated no fines and penalties, zero findings for State Supported Services, and eleven (11) findings in five (5) categories. On July 7, 2022, the Plan formally submitted its Corrective Action Plan (CAP) to DHCS along with supporting documentation. The Plan continues to mitigate all deficiencies identified in the 2021 DHCS Audit CAP, submitting regular updates on goals, milestones and deliverables outlined in the Plan's CAP. Compliance is coordinating these updates with stakeholders and provides updates to DHCS on the 15th of the month, along with supporting documents. All remediation actions should be completed by no later than December 2022.

2022 DHCS Medical Audit

On July 18, 2022, the Plan received notice of the 2022 Routine Medical Audit from the Department of Health Care Services (DHCS). The audit will be conducted virtually, similar to the Plan's 2021 audit, occurring from October 17, 2022 through October 28,

2022. The 2022 audit will be limited scope and evaluate the Plan's compliance with contract requirements and regulations in the areas of Utilization Management, Case Management and Care Coordination, Access and Availability, Member Rights, Quality Improvement, Administrative and Organizational Capacity and State Supported Services Contract. The scope of the audit period is from October 1, 2021 through September 30, 2022. Each year the auditors identify a delegate to evaluate and interview, and this year's focus will be on Care to Care.

The Plan continues to prepare for the upcoming virtual audit by DHCS. The Plan successfully submitted all requested Pre-Audit documents on September 1, 2022. Specific file selections from DHCS are expected in the next weeks. The Compliance team is preparing to conduct a mock audit for stakeholders in early October.

DHCS All Plan Letters

For the month of August, one DHCS APL was released.

- **APL 22-015** - Enforcement Actions: Administrative and Monetary Sanctions (Released 8/24/2022)
    - Supersedes APL 18-003

Compliance Department Operational Updates

Delegation Oversight

Compliance continues to oversee the 2022 Annual Audit of Ventura Transit Systems, Inc. (VTS), the Plan's delegate for transportation. A Corrective Action Plan (CAP) was received from VTS in late-August 2022. The 2022 Annual Audit of Care to Care, the Plan's delegate for Radiological services, was also completed in mid-July 2022. Compliance provided final audit findings to Care to Care in mid-August 2022 and expect their CAP in mid-September 2022.

Policies and Procedures

The Compliance Department is actively implementing PolicyTech, a policy management tool, with Navex. PolicyTech will facilitate the drafting, review, and approval process for organizational policies. In addition, the tool will store policies with the ability to search and view approved policies. The Compliance Department is finalizing installation of the tool with the vendor for Phase 1 of the project. Phase 2 of the project is set for Quarter 4 of 2022 and will involve migrating existing policies into PolicyTech for storing and searching for policies. Phase 3 of the project is set for 2023 and will include training on PolicyTech to utilize the tool for policy drafting, review, and approval process.

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Information Technology Report

Date: September 21, 2022

From: Bill Cioffi, Chief Information Officer

Contributors: Jai Raisinghani, Director of Information Technology
Gayla Bierend, Associate Director, Enterprise Project Management Office

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The following information is provided as an update to the board on ongoing operational and project-oriented priorities in the Information Technology and Project Management Office within the organization.

Information Technology

CenCal Health's health information system auto-adjudication rate for claims was 95% for the month of August 2022, including electronic claims received in EDI, provider portal or electronic data exchange formats.

In collaboration with Facilities, Information Technology Operations is working on SpaceIQ implementation, an industry leader in workplace systems management enabling flexibility in reserving and managing shared space for a hybrid or largely remote workforce. CenCal Health is actively recruiting for an IT Operations Manager and IT System Network Administrator.

Project Management

In August, there were (3) projects are in the initiation stage and eight (8) in the execution stage managed by the project management office. Enhanced Care Management (ECM) and Community Supports (CS) and Contract Management are currently in yellow status with the project teams identifying strategies to address project milestones.

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August 2022 Look Back

To:
CenCal Health's Board of Directors

From:
Nicolette Worley Marselian
Director, Communications & Community Relations

Date:
September 8, 2022

What's Inside

EARNED MEDIA

Public Relations/Publicity Efforts

The Communications and Community Relations department distributed the following press release in August 2022:

- **Van Do-Reynoso Begins New Position at CenCal Health**
  Former county public health director now CXO at community health plan for Santa Barbara and SLO counties

(Note: to read the press release, go to page 6.)

The press release regarding Dr. Do-Reynoso's appointment as the Chief Customer Experience Officer (CXO) for CenCal Health resulted in 10 mentions, including the front page of the Sunday edition of the *Santa Barbara News-Press*. In the past three months, news related to Dr. Do-Reynoso's transition to CenCal Health — including the announcement of CenCal Health Board member Daniel Nielson's appointment as Interim Public Health Director for Santa Barbara County — has produced approximately 30 media hits.

Central Coast Physicians Magazine, the quarterly publication produced by the Central Coast Medical Association (CCMA), featured a two-page spread on CenCal Health. The summer 2022 issue included the following stories:

1. Community Health Centers of the Central Coast Receives National Award for Supporting the Safety Net;
2. CenCal Health Appoints New Chief Medical Officer.

CenCal Health's support of Camp Wheez earned mentions in three publications, including *Noozhawk*, *Santa Barbara Independent*, and the Local Health Plans of California (LHPC) via its media monitoring email *Member Mentions*. Each year, CenCal Health assists Sansum Clinic with promoting the free day camp, known as Camp Wheez, for children with asthma. CenCal Health provides a mailing about the camp to eligible members between the ages of 6 and 12, who live in south Santa Barbara County.

Publicity for CommUnify's annual Champions Dinner & Awards fundraiser continued in August. The health plan was recognized as a lead sponsor of the June event, with mentions in *Santa Ynez Valley News* and LHPC's email *Member Mentions*.

August 2022 Look Back

To: CenCal Health's Board of Directors
From: Nicolette Worley Marselian, Director, Communications & Community Relations
Date: September 8, 2022

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EARNED MEDIA

Media Coverage Report

CenCal Health received 17 media mentions, including press release coverage, for the month of August 2022.

CenCal Health Media Coverage Report - August 2022						
Date	**Name**	**Type**	**Page**	**Section**	**Subject**	**Headline**
*8/29/2022	Central Coast Physicians Magazine	Print & digital	30 & 31	CenCal Health News Hub	2022 ACAP Awardee Nominated by CenCal Health, and New Chief Medical Officer	**Community Health Centers of the Central Coast Receives National Award; CenCal Health Appoints New Chief Medical Officer**
8/29/2022	LHPC Email	Email		Member Mentions	CenCal Health Sponsorship	**Kids Breathe Easy While Having Fun at Camp Wheez**
8/24/2022	Noozhawk	Digital & email		Homes & Lifestyle	CenCal Health Sponsorship	**Kids Breathe Easy While Having Fun at Camp Wheez**
*8/23/2022	Santa Barbara Independent	Digital		Announce-ments	CenCal Health Sponsorship	**Sansum Clinic Celebrates Success of Camp Wheez 2022 Serving Children with Asthma**
8/18/2022	CCMA's The Pulse e-newsletter	Email		News	Van Do-Reynoso to CenCal Health	**Do-Reynoso begins new position at CenCal Health**
8/18/2022	Santa Maria Sun	Print & digital	7	News Briefs: Political Watch	Van Do-Reynoso to CenCal Health	**Former Santa Barbara County Public Health Director Van Do-Reynoso started a new position at CenCal Health**
8/17/2022	Lompoc Record	Print & digital	A8	News	Van Do-Reynoso to CenCal Health	**Do-Reynoso begins new position at CenCal Health**
*8/14/2022	Santa Barbara News-Press	Print & digital	A1 & A3	News	Van Do-Reynoso to CenCal Health	**Starting her next chapter in healthcare**
8/12/2022	EdHat	Digital & email		Health	Van Do-Reynoso to CenCal Health	**Do-Reynoso begins new position at CenCal Health**
8/11/2022	Santa Ynez Valley News	Print & online	A2	News	Van Do-Reynoso to CenCal Health	**Do-Reynoso begins new position at CenCal Health**
8/11/2022	LHPC Email	Email		Member Mentions	CenCal Health Sponsorship	**CommUnify event exceeds fundraising goal to support programs for families, youth**
8/10/2022	Noozhawk	Digital		Local News	Van Do-Reynoso to CenCal Health	**Do-Reynoso starts new post at CenCal Health**

August 2022 Look Back

To: CenCal Health's Board of Directors
From: Nicolette Worley Marselian, Director, Communications & Community Relations
Date: September 8, 2022

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EARNED MEDIA

Media Coverage Report (cont.)

CenCal Health Media Coverage Report - August 2022						
Date	**Name**	**Type**	**Page**	**Section**	**Subject**	**Headline**
8/10/2022	NonProfit Resource Network	Digital		News	Van Do-Reynoso to CenCal Health	**Do-Reynoso begins new position at CenCal Health**
8/10/2022	Santa Maria Times	Print & digital	A6	Central Coast News	Van Do-Reynoso to CenCal Health	**Do-Reynoso begins new position at CenCal Health**
8/9/2022	Noozhawk	Digital		School Zone	Former Board member Rose Munoz comment about CenCal Health	**Santa Barbara Superintendent Hilda Maldonado Leads Retreat Centered on Team Bonding**
*8/7/2022	Santa Ynez Valley News	Print & digital		News	CenCal Health Sponsorship	**CommUnify event exceeds fundraising goal to support programs for families, youth**
8/1/2022	LHPC Email	Email		Member Mentions	Van Do-Reynoso to CenCal Health	**Daniel Nielson named as interim county public health director**

August 2022 Look Back

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Clippings Samples

Of the 17 press mentions, below are four notable samples.

1

8/29/2022 – *Central Coast Physicians Magazine*, Community Health Centers of the Central Coast Receives National Award; CenCal Health Appoints New Chief Medical Officer

CenCal Health NEWS HUB:
COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST RECEIVES NATIONAL AWARD FOR SUPPORTING THE SAFETY NET

The network of community health clinics was nominated by local health plan CenCal Health

Emily Fonda, MD, MMM, CHCQM

CenCal Health Appoints New Chief Medical Officer

2

8/23/2022 – *Santa Barbara Independent*, Sansum Clinic Celebrates Success of Camp Wheez 2022 Serving Children with Asthma

Sansum Clinic Celebrates Success of Camp Wheez 2022 Serving Children With Asthma

Community partners:

CenCal Health

Santa Barbara Neighborhood Clinics

First Presbyterian Church of Santa Barbara

Explore Ecology

Food Bank of Santa Barbara County

Santa Barbara Audubon Society

Santa Barbara Wildlife Care Network

UCSB Marine Science Institute

For more information about Camp Wheez and how you can support it, visit www.sansumclinic.org/camp-wheez or contact the Sansum Clinic Health Resource Center at (805) 681-7672.

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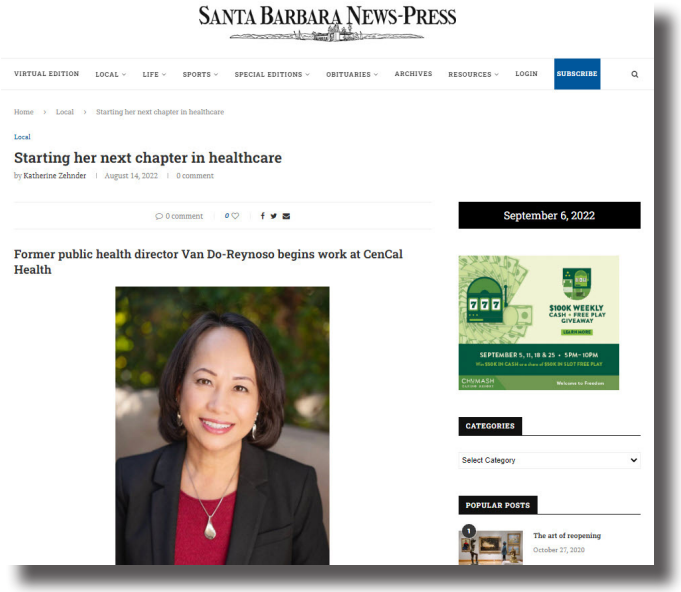
Clippings Samples (cont.)

3

8/14/2022 – *Santa Barbara News-Press*, Starting her next chapter in healthcare



SANTA BARBARA NEWS-PRESS

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Home › Local › Starting her next chapter in healthcare

Local

Starting her next chapter in healthcare

by Katherine Zehnder | August 14, 2022 | 0 comment

0 comment 0

Former public health director Van Do-Reynoso begins work at CenCal Health

September 6, 2022

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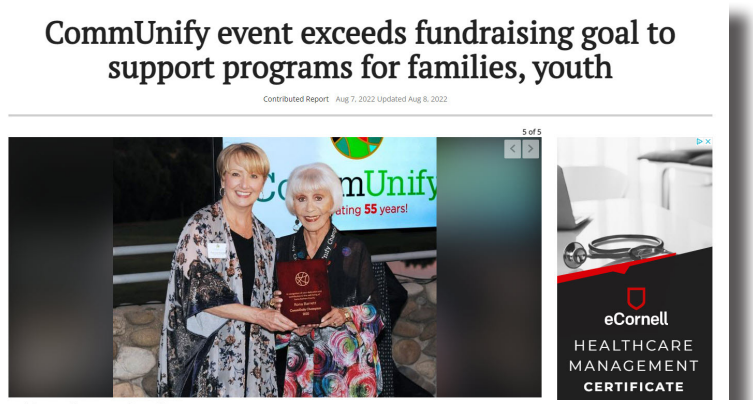
POPULAR POSTS

The art of reopening

October 27, 2020

4

8/7/2022 – *Santa Ynez Valley News*, CommUnify event exceeds fundraising goal to support programs for families, youth



CommUnify event exceeds fundraising goal to support programs for families, youth

Contributed Report Aug 7, 2022 Updated Aug 8, 2022

5 of 5

From left, CommUnify CEO Patricia Keelean and Champi
Contributed

The Champions Dinner was supported by 36 corporate and hospitality sponsors from across Santa Barbara County and raised $171,787 to increase the funding for nine programs in CommUnify's Family & Youth Services division.

"We are so grateful for the generosity and continued support from our community," said CommUnify CEO Patricia Keelean. "These greatly needed funds will help CommUnify to expand our programs to serve the youth of Santa Barbara County and provide them with additional support services including case management, behavioral health, life skills and educational activities, helping these vulnerable adolescents to find a path to success and a brighter and more stable future."

As the event's lead sponsor, CenCal Health will provide an additional $100,000 in grant funds as their matching challenge was met.

The 2022 Champions honored during the evening were the Santa Barbara Foundation, Robert Freeman, former CEO of CenCal Health and CommUnify's board president for eight years, and Eric and Kelly Onnen, longtime community volunteers and co-owners of Santa Barbara Airbus.

August 2022 Look Back

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Press Release

Van Do-Reynoso Begins New Position at CenCal Health

Former county public health director now CXO at community health plan for Santa Barbara and SLO counties

SANTA BARBARA, Calif. – Aug 9, 2022 – **Van Do-Reynoso**, MPH, PhD has started a new position as Chief Customer Experience Officer (CXO) at CenCal Health, the Medi-Cal managed care plan for Santa Barbara and San Luis Obispo counties. In this position, she will provide strategic leadership for the management of relationships with members, providers, and community partners to ensure the long-term growth and success of these key partnerships. Do-Reynoso will also serve as Health Equity Officer at CenCal Health, responsible for understanding and championing diverse needs and perspectives across the health plan's service area; sponsoring improvements in access to care, member engagement and satisfaction; provider and community partner retention and satisfaction; and the quality of customer service and service outcomes with an equity lens. She assumed this newly created role on August 1.

"I am thrilled to join CenCal Health, and look forward to collaborating with our partners to advance health equity in every neighborhood so that our communities are the healthiest in California," said Do-Reynoso.

For the past five years, Do-Reynoso was Public Health Director at the Santa Barbara County Public Health Department, providing oversight of five health care centers, three homeless shelter clinics, and a variety of health programs. She led public health operations during multiple crises including the Thomas Fire, the Montecito debris flows and the COVID-19 pandemic. "Through it all, Van responded with calm and grace," said Santa Barbara County Supervisor **Joan Hartmann**, who also sits on the CenCal Health Board of Directors. "She guided us through these extraordinary times with both science and compassion. I know that at CenCal Health she will continue as an innovative and thoughtful health professional in service to the community."

Prior to her tenure in Santa Barbara, Do-Reynoso was Public Health Director for seven years and Interim Behavioral Health Services Director for one year at the Madera County Department of Public Health. She also worked in public health for Tulare County and Asian Health Services in Oakland, and was a postgraduate fellow and management consultant for Kaiser Permanente in Northern California.

Do-Reynoso's formal education includes a PhD in Public Health from the University of California, Merced; an MPH in Health Policy and Administration from the University of California, Berkeley; and a BA in Biology with a History minor from the University of California, Santa Cruz.

"Serving with Van on the CenCal Health Board of Directors, I've experienced firsthand her depth of healthcare knowledge and concern for the public's welfare," said **Debbie Arnold**, San Luis Obispo County Supervisor. "In her new position, we can expect to see the same steadfast commitment to positive health outcomes for our underserved residents in SLO County."

Press Release cont.

As a public health leader and spokesperson in Santa Barbara County during COVID-19, Do-Reynoso was a steady voice of reason on local broadcast news for the past 2½ years of the pandemic, providing daily briefings to media outlets and the public. Consequently, she became a well-recognized and highly regarded figure in the community, receiving the following awards and recognition, among others:

2022 Women of Achievement Award, Association for Women in Communications

2022 Public Policy Leader of the Year BRAVO Award, NAWBO

2021 Heroes of Hospice, Hospice of Santa Barbara

2021 Woman of the Year, California Assembly District 37

2020 Hero Award, Santa Barbara Independent

"Those who know Van best, know that she is creative, resilient, collaborative, and aspirational in her pursuit of health equity for all, which aligns with CenCal Health's vision," said **Marina Owen**, CenCal Health CEO. "In this reimagined executive role, Van will focus on expanding access to care, providing excellence in provider service, improving the patient experience, and strengthening community collaboration. I couldn't ask for a better partner in the years to come."

More information on CenCal Health is available at cencalhealth.org

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Date: September 8, 2022

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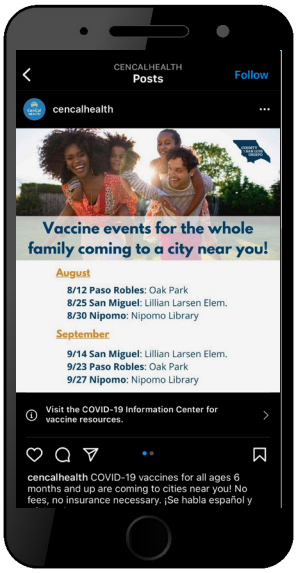
SHARED MEDIA

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

Social Media Campaigns

Valley Fever

New Chief Customer Experience Officer

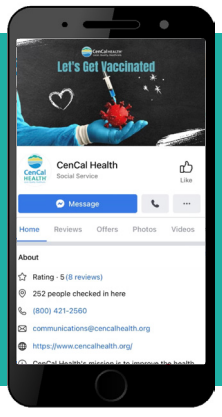


SLO County Vaccine Events

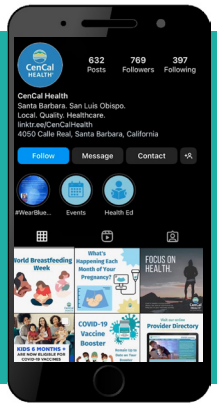
Child Preventive Health Guidelines

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

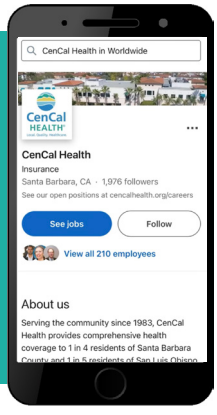
- **Follow** CenCal Health on Facebook, Instagram, and LinkedIn.
- **"Like"** posts.
- **Post comments** as appropriate.
- **Share posts** you think others may find interesting or informative.



Facebook



Instagram



LinkedIn

On our social media platforms, you will see what we are communicating to our viewers, as well as teleworking posts with CenCal Health staff. Together, we will reach a larger audience, become a resource for our local communities, and connect with local partners and stakeholders.

August 2022 Look Back

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COMMUNITY RELATIONS

Camp Mariposas Funding

Camp Mariposas Director Silvia Wasjutin (center) and her team of therapists offered a hybrid program for summer 2022 (June – August), with online and in-person sessions planned at the camp's two locations in Santa Barbara and Atascadero.

During the summer, CenCal Health proudly continued its partnership with contracted network provider MP Health, for this year's Camp Mariposas program. The seasonal camp offers speech, occupational, and physical therapy services for underserved children diagnosed with autism spectrum disorder (ASD); the children are primarily between the ages of 3 and 10, and live in Santa Barbara and San Luis Obispo counties.

Typically, schools are equipped with resources to coordinate essential therapies for students with disabilities. However, a challenge arises during the summer months when children are away from schools, and consequently, away from their school-coordinated therapies. The problem is often magnified for low-income families that rely on safety net programs.

At Camp Mariposas, students are afforded an opportunity during the summer recess to build upon the skills they acquired throughout the school year – all at no cost to families. Though officially "open" for only two months out of the year, Camp Mariposas' impact is significant, as it supports children to prevent lapses in learning.

Since 2017, the health plan has been Camp Mariposas' sole funder. In July, CenCal Health provided $70K in funding for the 2022 program. Of that amount, $50K was allocated to the services provided in Santa Barbara County, and $20K to San Luis Obispo County.

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Community Meetings

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

Activities Report

CenCal Health participated in 11 community-focused meetings and activities in August 2022. Due to the COVID-19 pandemic, remote meetings and events are prioritized to ensure our staff's safety while maintaining engagement. On occasions when in-person activities take place, staff are encouraged to follow recommended preventive safety measures, like mask wearing and social distancing.

Date	Activity/Event/Meeting	Audience Reached
August 3	Meals That Connect introductory meeting and photo shoot with Marina (SLO, in-person)	CBO
August 5	Adult Services Policy Council (SLO)	Public/CBOs/Business Community/ County/ Provider
August 5	CommUnify introductory meeting and photo shoot (SB, in-person)	CBO
August 9	Farm Worker Outreach Task Force (SLO)	CBOs/Business Community/ County
August 10	MP Health, Camp Mariposas introductory meeting (SLO, SB, in-person)	CBO
August 10	Hearts Aligned introductory meeting (SB)	CBO
August 15	Help Me Grow Advisory Board (SB)	Public/CBO/Business Community/ County
August 17	Behavioral Health Board (SLO)	Public/CBOs/Business Community/ County/ Legislators/Law Enforcement
August 25	Health Lompoc Coalition (SB)	Public/CBOs/Business Community/ County/ Provider
August 30	CADA introductory meeting (SB, in-person)	CBO
August 30	Hillside House introductory meeting (SB, in-person)	CBO

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CalAIM Implementation Report

Date: September 21, 2022

From: Jennifer Fraser, PMP, EPMO Program Manager

Through: Marina Owen, Chief Executive Officer
Amanda Flaum, Chief Operating Officer

Contributors: CenCal Health CalAIM Steering Committee

Executive Summary

California Advancing and Innovating Medi-Cal (CalAIM) is a multi-year initiative by the Department of Healthcare Services (DHCS). Its purpose is to improve the quality of life and health outcomes of the Medicaid population in California by implementing a broad delivery system as well as program and payment reform across the Medi-Cal program, and it seeks to transform health care for Californians through various initiatives. CenCal Health staff has been working to develop these initiatives with the goal of creating a seamless and streamlined health care system while improving the health outcomes and supporting the communities we serve.

Background

CalAIM is moving Medi-Cal towards a population health approach that prioritizes prevention and whole person care with a goal to extend supports and services beyond hospitals and health care settings directly into California communities. The major components of CalAIM build upon the successful outcomes of various pilots, including but not limited to the Whole Person Care (WPC), Health Homes Program (HHP), and the Coordinated Care Initiative (CCI). CalAIM expects to result in a better quality of life for Medi-Cal members as well as to achieve long-term cost savings / avoidance.

CalAIM has three (3) primary goals as defined by DHCS:

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

CalAIM Program Steering Committee

To achieve the goals of CalAIM over the next several years, a coordinated effort is needed both internal to CenCal Health and externally with community partners. In support of that effort, CalAIM initiatives are being managed collectively with oversight provided through an internal CenCal Health Steering Committee comprised of Executive and Senior Leaders to support the coordination and guidance needed for aligning CalAIM goals with CenCal Health's strategic objectives as noted in the

following table. An external CalAIM Steering Committee made up of community leaders is being developed and will be launched under Dr. Do-Reynoso's leadership in the Fall. In addition, county collaborative meetings are being considered in partnership with County Administrative officers and Public, Mental and Social Services Departments.

CenCal Health **Objective**	2022 **Objective Description**
Adapt Operations to Meet Customer Needs	Anticipate and respond to the existing and emerging needs of our members, providers, community, and regulatory partners
Enhance Organizational Readiness	Enable organizational advancement by pursuing targeted improvements in operational excellence, compliance strength, technology readiness and financial position
Prepare for Strategic Advancement	Execute a collaborative planning process that positions CenCal Health to strategically focus in the coming years on efforts that advance our mission and emerging vision

The below table represents a list of CalAIM initiatives that are underway with each initiative mapped to its respective CalAIM Goal as well as its CenCal Health Objective:

CalAIM **Initiative**	CalAIM **Goal**	CenCal Health **Objective**
Community Supports (formerly ILOS)	1	Adapt Operations to Meet Customer Needs
Enhanced Care Management (ECM)	1	Adapt Operations to Meet Customer Needs
Collecting Social Determinants of Health (SDOH)	1	Adapt Operations to Meet Customer Needs
Specialty Mental Health Services - Criteria for Services	1	Adapt Operations to Meet Customer Needs
NCQA Accreditation for MCPs	2	Enhance Organizational Readiness
Population Health Management (PHM)	2	Adapt Operations to Meet Customer Needs
Incentive Payment Program (IPP)	2	Adapt Operations to Meet Customer Needs
Providing Access and Transforming Health (PATH) Incentives	2	Prepare for Strategic Advancement
Behavioral Health Incentive Program	2	Adapt Operations to Meet Customer Needs
Student Behavioral Health Incentive Program	2	Adapt Operations to Meet Customer Needs
Homeless Housing Incentive Program	2	Adapt Operations to Meet Customer Needs
Mandatory Managed Care Enrollment (MMCE)	2	Prepare for Strategic Advancement
Transition to Statewide Managed LTSS & D-SNP	2	Adapt Operations to Meet Customer Needs
Benefit Standardization	3	Adapt Operations to Meet Customer Needs
Behavioral Health No Wrong Door	3	Adapt Operations to Meet Customer Needs

CalAIM Goal #1 Identify and manage comprehensive needs through whole person care approaches and social drivers of health

- *ECM & Community Supports* – On July 1st, both initiatives completed their Phase 1 implementations. CenCal Health went live with the first three (3) ECM Populations of Focus (*see Table 1*) for approximately 3,000 presumptively eligible members with outreach lists generated to three (3) contracted providers. On July 1st, the CS service of Medically Tailored Meals (MTM) launched with one (1) contracted national provider. The operational transition from the current Recuperative Care program to the DHCS Community Supports service is targeted for October 1, 2022 (*see Table 2*). CenCal Health staff continues to schedule and meet with both contracted and prospective ECM and CS provider partners to learn and address their needs for meeting program requirements. All Model of Care submissions have been submitted to DHCS timely for Phase 1 and Phase 2 (*see Table 3*).
- *Social Determinants of Health (SDOH)* - DHCS has issued a list of twenty-five (25) priority SDOH diagnosis codes for plans and providers to utilize when coding for SDOH to capture reliable data. CenCal Health staff is developing a communication plan to providers for the reporting of these priority codes.
- *Specialty Mental Health Services* – To update and clarify medical necessity criteria for specialty mental health services for both adults and children, CenCal Health staff has updated and submitted internal policies & procedures to DHCS for their review and approval.

CalAIM Goal #2 Improve quality outcomes, reduce health disparities, and transform the delivery system through value-based initiatives, modernization, and payment reform

- *NCQA Accreditation & Population Health Management (PHM)* - To streamline plan oversight and to increase standardization across plans, DHCS is requiring all plans to be NCQA accredited. Planning is underway to develop a strategy for our approach to meeting the NCQA standards required for plan accreditation by January 2026. Beginning in 2023, CenCal Health will be required to meet NCQA standards for PHM in advance of full accreditation.
- *Incentives* – DHCS has established a variety of funding streams to support plans and providers in achieving the goals of CalAIM. CenCal Health staff is currently in various stages of engaging and implementing these different incentive programs, i.e., Incentive Payment Program (IPP), Providing Access and Transforming Health (PATH) Incentives, Behavioral Health Incentive Program (BHIP), Student Behavioral Health Incentive Program (SBHIP), and Homeless Housing Incentive Program (HHIP).
- *Mandatory Managed Care Enrollment (MMCE)* - To standardize enrollment processes to ensure members moving between counties are subject to the same enrollment requirements, DHCS is eliminating variances in benefits according to aid code, population, and geographic location. The first transition was on January 1, 2022, with the next transition scheduled for January 1, 2023.
- *Transition to Statewide Managed LTSS & D-SNP* – DHCS is requiring beneficiaries to enroll in a Medi-Cal managed care plan and D-SNP operated by the same organization to allow for greater integration and coordination of their care. CenCal

Health staff has engaged a consultant to conduct a gap analysis refresh and create a planning roadmap with a final report provided in August.

CalAIM Goal #3 Make Medi-Cal a more consistent and seamless system for enrollees to navigate by reducing complexity and increasing flexibility.

- *Benefits Standardization* – In line with the purpose of the MMCE above, DHCS is standardizing benefits so that Medi-Cal beneficiaries will have access to a consistent set of services no matter where they live. Both Major Organ Transplant (MOT) and Long Term Care (LTC) are currently CenCal Health benefits. Effective July 1, 2023, specialty mental health services (SMHS) will not be covered services for any managed care plan.
- *Behavioral Health No Wrong Door* – To ensure that members receive timely mental health services without delay regardless of the delivery system where they seek care and that members are able to maintain treatment relationships with trusted providers without interruption, DHCS has provided guidance for the coordination of specialty mental health services (SMHS) and non-specialty mental health services (NSMHS). CenCal Health staff has updated and submitted internal policies & procedures to DHCS for their review and approval.

ECM Populations of Focus (POFs)
DHCS is implementing the new ECM benefit over three (3) phases with each phase targeted for specific Populations of Focus as noted in the table below.

Phase	Populations of Focus (POFs)	Effective Dates
1	Individuals & Families Experiencing Homelessness (POF 1) High Utilizer Adults (POF 2) Adults with SMI/SUD (POF 3)	7/1/2022
2	Adults Living in the Community Who Are at Risk for LTC Institutionalization (POF 5) Nursing Facility Residents Transitioning to the Community (POF 6)	1/1/2023
3	Individuals Transitioning from Incarceration (POF 4) All other Children & Youth (POF 7)	7/1/2023

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

Community Supports	Effective Date
Medically Tailored Meals (MTM)	7/1/2022
Recuperative Care (RC)	10/1/2022
Housing Transition Services Housing Deposits Housing Tenancy & Sustaining Services Sobering Centers	1/1/2023
Potential Offerings • Short-Term Post-Hospitalization Housing • Day Habilitation Programs	7/1/2023 or 1/1/2024

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

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

Phase	ECM	Community Supports	MOC	Deadline	Status
1 7/1/2022	POFs 1, 2, 3	Initial Offerings • Medically Tailored Meals • Recuperative Care	Parts 1 & 2	2/15/22	**Approved**
			Part 3	4/15/22	**Approved**
2 1/1/2023	POFs 5, 6	Subsequent Offerings • Housing Transition Services • Housing Deposits • Housing Tenancy & Sustaining Services • Sobering Centers	Parts 1 & 2	7/1/22	**Approved**
			Part 3	9/1/22	**Submitted**
3 7/1/2023	POF 4 POF 7	Potential Offerings • Short-Term Post-Hospitalization Housing • Day Habilitation Programs	Parts 1 & 2	1/1/23	Not Started
			Part 3	3/1/23	Not Started

Recommendation

Staff recommends acceptance of this informational report describing CenCal Health's CalAIM implementation activities.

Housing and Homelessness Incentive Program (HHIP)

Date: September 21, 2022

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

Through: Marina Owen, Chief Executive Officer

Contributors: Nicole Bennett, MPH, Community Supports Program Manager

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Executive Summary

The Department of Health Care Services (DHCS) implemented the Housing and Homelessness Incentive Program (HHIP) effective January 1, 2022, as one of a series of the Medi-Cal Home and Community Based Services (HCBS) Spending Plan initiatives that will enhance, expand, and strengthen HCBS in California.

The HHIP initiative is voluntary for the health plans and provides a potential to earn up to $27 million in incentive funding over a two-year time in Santa Barbara and San Luis Obispo counties. The goal of HHIP is to improve health outcomes and access to whole person care services by addressing homelessness and housing insecurities as social drivers of health. The current focus for HHIP includes collaborating with local community stakeholders to create an Investment Plan (IP) that will allow CenCal Health to draw down and appropriately allocate approximately $2.7 million to IP activities.

Background

HHIP will bolster housing and homelessness services efforts with an emphasis on building and expanding capacity and partnerships that will provide the health plan network with resources to connect our most vulnerable members to needed housing services. HHIP will assist the counties in achieving measurable progress in reducing and preventing homelessness. CenCal Health is working to maximize investments with local partners who are leading housing and homelessness-related efforts that are directly supporting and assisting our community members experiencing homelessness.

In order to receive the incentive payments, CenCal Health needs to expand partnerships and activities that will provide housing service and homeless prevention resources to members ultimately reducing and preventing homelessness.

Local Homelessness Plan (LHP)

In collaboration with both counties, CenCal Health submitted Local Homeless Plans (LHP) submitted in August to DHCS. To complete the LHP, CenCal Health partnered with community stakeholders to identify and prioritize member needs, collected through

stakeholder engagement, Community Needs Assessments, 5-year Plan on Ending Homelessness, and the CoC's Racial Equity Action Plan.
The LHP prioritizes **four (4) goals** for both counties including:

1. Building infrastructure to be a coordinated entry system
2. Expand street medicine
3. Implement housing supports
4. Provide training and engagement for homeless members

The following local partners were involved: local Continuums of Care (CoCs), counties, public health agencies, and organizations that deliver housing, outreach, and supportive services in efforts to meet the program's goals and to report on measures. DHCS anticipates issuing the allocation for Local Homeless Plans in October of about $1.35 million.

Next Steps: Local Homelessness Investment Plan

To develop the HHIP Investment Plan for submission on September 30th, CenCal Health is collaborating with the Continuum of Care teams in both Santa Barbara and San Luis Obispo counties to develop scope of work for the following areas for investment:

,

1. **CoC and Local Homeless Organization Support:** Address racial inequities by expanding language interpreter/translator services identified in Local Homelessness Plan.
2. **CoC Support:** Identify resources or the CoC to complete the PIT count identified in Local Homelessness Plan.
3. **CoC & MCP Support:** Connect and integrate with the local Coordinated Entry System.
4. **Member Support:** Expand accessible services and supports for individuals with Severe Mental Illness/Substance Use Disorder.
5. **CoC Support:** Increase access to safe, affordable housing.

Recommendation

Staff recommend your Board receive this informational memo on HHIP activities and no action is required.

Reference:
https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-007.pdf

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Population Health Management Report

Date: September 21, 2022

From: Carlos Hernandez, Quality Officer

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

Executive Summary

The following report provides background about the CalAIM goal to standardize Population Health Management (PHM) operations statewide and to improve health equity and outcomes. CenCal Health's most operationally significant developments include:

1. Completion of health risk appraisals for all new members, updated annually
2. Comprehensive complex case management individual assessments
3. Systems to motivate provider engagement in PHM priorities and value-based payment programs
4. Transition by July 2023 to use a California DHCS "PHM Service" technology to stratify members by risk level

This report highlights CenCal Health's approach to assure its readiness to operationalize a robust PHM Program effective January 2023.

Background

Population Health Management (PHM) Framework

CalAIM utilizes a PHM Program framework to prioritize prevention and whole-person care. The goal is to standardize PHM managed care operations statewide to ensure all members have access to a comprehensive program that achieves improved health equity and outcomes. The DHCS PHM requirements achieve standardization by adopting National Committee for Quality Assurance (NCQA) accreditation standards, and uniform population identification methods and technology, across all Medi-Cal Managed Care plans regardless of type.

National Committee for Quality Assurance (NCQA) Accreditation

By October 21, 2022, all Medi-Cal Managed Care plans, including CenCal Health, must attest to their readiness to meet or exceed NCQA and additional DHCS requirements prior to a statewide January 2023 PHM Program launch. Use of a DHCS-provided risk scoring and stratification technology or "PHM Service" is required by July 2023. The DHCS PHM Service technology is foundational to each Medi-Cal plan's PHM Program

implementation of a system to risk stratify its entire membership. The NCQA PHM standards encompass a broad range of managed care operations, including:

- PHM program strategy,
- identification of members,
- provider delivery system supports,
- health appraisal, wellness, & prevention,
- complex case management,
- continuous surveillance & improvement.

PHM Readiness Assessment & Development

In May 2022, CenCal Health convened six multi-disciplinary teams to develop and document its PHM strategy and complete a readiness assessment for each managed care function that corresponds to the NCQA PHM program standards. The six teams are each comprised of subject matter experts in their respective operational functions, plus team members that offer a perspective independent from the processes under review.

Teams conducted a baseline readiness assessment and are designing and implementing process improvements to achieve compliance with NCQA standards. Teams design and implement needed changes, including development or collection of materials needed as evidence of compliance. Process changes at times require policy revisions, and often development of new workflows and systems. Improvement work will continue through 2022. Identified needs are coordinated with leadership to assure appropriate resourcing.

Key Developments Underway

The following PHM Program elements require operational change, ranging from moderate refinement to significant development:

Operational Change	Significance
Completion of health risk appraisals for all new members, updated annually	Significant
Comprehensive complex case management individual assessments	Significant
Transition by July 2023 to use a DHCS "PHM Service" technology to stratify members by risk level	Significant
Systems to motivate provider engagement in PHM priorities and value-based payment programs	Significant
Creation of a cohesive, documented, PHM strategy	Moderate
A comprehensive population assessment	Moderate

Next Steps

By October 21, 2022, DHCS requires plans to attest to their readiness to comply with select NCQA PHM standards, effective January 2023. The DHCS attestation is

comprehensive and requires a significant description of CenCal Health's managed care systems.

Next steps include:

1) Completion of the DHCS PHM Program Readiness Attestation by October 21, 2022.
2) Collection of evidence to substantiate CenCal Health's readiness to achieve compliance, effective January 2023 (in process & ongoing through 2022)
3) Implementation of operational processes and refinements to achieve compliance with NCQA PHM accreditation standards (in process & ongoing through 2022)
4) Transition to use the DHCS PHM Service to stratify CenCal Health's membership by risk level (on or before June 2023)

Recommendation

This report on CenCal Health's PHM Program development activities is presented as informational and no action is requested.

CenCal HEALTH®
Local. Quality. Healthcare.

Quality Improvement Committee (QIC) Report

Date: September 21, 2022

From: Emily Fonda, MD, MMM, CHCQM, Chief Medical Officer
Carlos Hernandez, Quality Officer

Executive Summary

This report represents CenCal Health's Quality Improvement Committee (QIC) report to the Board, which summarizes key actions completed by the QIC as the Board's delegated entity to oversee the effectiveness of CenCal Health's Quality Program. The report also includes information about the committee's third quarterly meeting for 2022 from August 25th at which time the QIC adopted, accepted, or approved all work products presented at the meeting.

The QIC's actions were solely based on motions introduced and seconded by the QIC's membership of contracted network representatives.

The QIC's evaluation included:

- Sources of professionally recognized clinical practice guidelines,
- The 2022 Population Needs Assessment (PNA),
- Quality of care results,
- Under and over-utilization monitoring,
- Clinical priorities for improvement,
- Reports from subcommittees of the QIC.

Background

Recent Proceedings of the QIC

The following content was adopted, accepted or approved by the QIC:

- Sources of professionally recognized clinical practice guidelines, including the Medi-Cal Provider Manual; American Academy of Pediatrics; American Academy of Family Physicians; American College of OB/GYN; American College of Physicians; American Heart Association; American Diabetes Association; American College of Cardiology; U.S. Preventive Services Task Force; National Heart, Lung, and Blood Institute; UpToDate; Milliman Care Guidelines (MCG); National Institutes for Health (NIH COVID-19); and unnamed specialty organization guidelines. The guidelines maintained by these sources are used to evaluate medical necessity to make Utilization Management coverage decisions.
- The 2022 PNA, which provides a comprehensive overview of CenCal Health's membership, including quality of care inequities that may relate to race,

ethnicity, language, age, or geography, among other determinants. The PNA is an important population health activity that informs CenCal Health's efforts to mitigate inequities.

- Quality of care results:
    - CenCal Health's provider network rated among the best 5% of Medicaid plans nationally for 5 aspects of care, and in the top 10% for an additional 3. Exceptional performance was achieved for postpartum care, pediatric preventive care, and diabetes blood glucose control.
    - There were 3 quality of care indicators that failed to meet the DHCS minimum performance thresholds. Improvement is needed in chlamydia screening and well-child visits for infants.
    - An analysis of comparative performance for CenCal Health's members affiliated with California Children's Services or Tri-Counties Regional Center indicated better quality results than CenCal Health's general membership; however, higher Emergency Department utilization was noted.
- Under & over-utilization monitoring is an annual report to the QIC for select inpatient metrics, ambulatory care metrics, and certain surgeries prone to under or over-utilization in Medicaid populations. The QIC concurred with staff's conclusion that no levels of utilization warranted concern.
- Clinical priorities for improvement are identified and recommended for annual QIC approval. The basis for strategic identification of the current priorities was the gap in care relative to external Medicaid performance benchmarks in addition to the aspects of care in a new DHCS quality-based rate setting methodology along with the aspects of care required for National Committee for Quality Assurance (NCQA) accreditation of Medicaid plans.
- Routine reports from entities overseen by the QIC, including the Pharmacy & Therapeutics Committee, Pediatric Clinical Advisory Committee, Healthcare Operations Committee, Utilization Management Committee, and Credentials Committee.
- Minutes of the May 25, 2022, QIC meeting.

Role of the Board

CenCal Health's contract with DHCS requires our Board, as CenCal Health's governing body, to participate in CenCal Health's Quality Improvement System. The Board's related responsibilities are listed below:

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

   This responsibility was completed with the Board's March 2022 approval of CenCal Health's 2022 Quality Program Description. Your approval reaffirmed the Board's delegation of oversight of quality improvement activities to CenCal Health's Chief Executive Officer and the QIC. The QIC is responsible for monitoring the effectiveness of organization-wide quality improvement. The QIC's membership includes CenCal Health's Chief Executive Officer, Chief Medical Officer, and Quality Officer. The QIC also includes a Doctor of Optometry, and clinician representatives of the Community Health Centers of the Central Coast, the Santa Barbara Public Health Department, and Lompoc Valley Medical Center. Dr. Rene Bravo serves as a committee member and CenCal Health's Board of Directors liaison to the QIC.

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

   This responsibility was completed in March 2022 with Board approval of this year's Quality Program Description, CenCal Health's Quality Program Annual Assessment of performance for the prior year, and the current year's Quality Program Work Plan. These documents provide the following: 1) detail CenCal Health's achievements and goals for continued improvement during the coming year, 2) define the structure of CenCal Health's Quality Improvement System, 3) describe responsibilities of entities/individuals within CenCal Health that support improvement in patient experience and safety along with enhancement of quality care, and 4) demonstrate CenCal Health's investment of resources to assure continuous improvement.

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

   This memorandum represents the Board's report on the QIC's third quarterly meeting of 2022, which fulfills this responsibility.

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

1. The QIC meeting agenda for its recent meeting.
2. The QIC meeting minutes approved at the recent meeting of the QIC.
3. The current QIC Dashboard of Quality Indicators, which includes the most recent quarter's evaluation of performance.

Next Steps

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

Recommendation

Staff respectfully recommends acceptance of this progress report by the Board and provision of additional direction, if warranted, based on the attached content that was evaluated and approved by the QIC on August 25, 2022.

References: 3

Quality Improvement Committee (QIC) Meeting Agenda

Date: August 25, 2022

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

Chairperson: Emily Fonda, MD, Chief Medical Officer

QIC Members:

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

Staff:

Lauren Geeb, MBA	Gabriela Labraña, MPH	Stephanie Lem, PharmD
Charlie Mohrle, RN	José Sahagún	Sheila Thompson, RN

Secretary: Mimi Hall, Executive Assistant

Location: Via GoToMeeting

Introductions and Announcements	Minutes	Vote Required
Dr. Emily Fonda, Chief Medical Officer a. Introduction of Dr. Emily Fonda, MMM, CHCQM b. Upcoming DHCS Medical Audit – October 17-28th c. Introductions of QIC members	5 10	No
1. Consent Agenda These items are considered routine and are normally approved by a single vote of the Committee without separate discussion to conserve time and permit focus on other matters on this agenda. Individual consent items may be removed and considered separately at the request of a committee member.	5	Yes
a. Approval of Minutes of May 25, 2022 QIC Meeting		
b. Acceptance of Pharmacy & Therapeutics Report for Q3 2022 Stephanie Lem, PharmD, Clinical Manager of Pharmacy		
c. Approval of Pediatric Clinical Advisory Committee Report Dr. Rea Goumas, Medical Director, Whole Child Model		
d. Approval of Healthcare Operations Committee Report Eric Buben, Director of Member Services		
e. Approval of Utilization Management Committee Report Dr. Emily Fonda, MMM, CHCQM, Chief Medical Officer Amanda Flaum, Chief Operating Officer		
f. Approval of Credentialing Committee Report Sheila Thompson, RN, Provider Quality & Credentialing Manager		

2. Old Business Items for review or discussion from previous meetings		
None to review.		
3. Quality Program Updates		
a. Annual Adoption of Clinical Practice Guidelines Liz Figueroa, RN, HPNC for Population Health	10	Yes
b. COVID-19 Treatment Guidelines Stephanie Lem, PharmD, Clinical Manager of Pharmacy Services	5	Yes
c. 2022 Population Needs Assessment Gabriela Labraña, MPH, Supervisor of Health Promotion	10	No
d. 2021 Quality of Care Results Chelsee Elliott, Sr. Quality Measurement Specialist	10	Yes
e. 2021 Quality of Care Performance for CCS & TCRC Members Teri Lee, Senior Quality Measurement Specialist	10	Yes
f. Annual Over & Underutilization Monitoring Report • *Physical Health* Charlie Mohrle, RN, Quality Measurement Analyst • *Behavioral Health* Chelsee Elliott, Sr. Quality Measurement Specialist	15	Yes
g. Priorities for Improvement Lauren Geeb, MBA, Director of Quality	10	Yes
4. Open Forum		
6. Adjournment		

Quality Improvement Committee (QIC) Meeting Minutes

Date: May 26, 2022

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

Chairperson: Dr. Karen Hord, Deputy Chief Medical Officer

QIC Members:

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

Staff:

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

Absent: Mazharullah Shaik, MD

Secretary: Mimi M. Hall, Executive Assistant

Location: Via Go To Meeting

Topic	*Discussion*
Introductions and Announcements *Dr. Karen Hord, Deputy and Interim Chief Medical Officer*	Dr. Hord called the meeting to order at 4:10 p.m. A quorum had been met, and the Committee proceeded with business. Dr. Hord thanked the Committee for assembling for the meeting. Dr. Hord introduced Ms. Flaum, Chief Health Officer, to the Committee. Then, Dr. Hord announced to the Committee that at the end of May, 2022, after four years with CenCal Health, she would be retiring. The Committee wished her well in her future endeavors. Next, Ms. Owen spoke to the Committee about recent promotions and reporting changes within Health Services, and additionally, that a new Chief Medical Officer, Dr. Emily Fonda, would be joining CenCal Health, on June 13, 2022, and, that a new Director of Medical Management, Mr. Chris Hill, would be joining CenCal Health as of June 6, 2022. Lastly, Ms. Owen mentioned that in May 2022, Ms. Jordan Turetsky, has joined CenCal Health as its new Provider Network Officer has joined CenCal Health. That concluded Introductions and Announcements.
1. Consent Agenda	Dr. Hord asked for a motion to approve the Consent Agenda, as presented. **Motion made** by Dr. Bravo; seconded by Ms. Van Cura. Motion passed.

2. Old Business	There was no old business to discuss.
3. Quality Program Updates	

a. Annual Adoption of Preventive Health Guidelines *Gabriela Labraña, MPH, Supervisor, Health Promotion*	Ms. Labraña spoke about the Annual Adoption of Preventive Health Guidelines. **Introduction** CenCal Health must cover and ensure all preventive and medically necessary diagnostic and treatment services for adult and pediatric members as recommended by: • U.S. Preventive Services Task Force (USPSTF) • Centers for Disease Control (CDC) • American Academy of Pediatrics (AAP) Recent updates to the recommendations from these professional organizations are described in this annual memo to the Quality Improvement committee and are summarized in CenCal Health's 'Preventive Health Guidelines' member handout, which is distributed to all member households in the member newsletter and posted on the CenCal Health website. The published changes are in alignment with the recommendations of the USPSTF, AAP, and CDC.
b. Approval of Behavioral Health Program Description *Seleste Bowers, DHA, LCSW, Director of Behavioral Health*	Dr. Bowers spoke to the Committee about the Behavioral Health Program Description. **Highlights include:** **Purpose** CenCal Health's Behavioral Health Program is designed to promote the delivery of high quality, medically necessary, and cost-efficient health care for our members. The program is under the clinical direction of the Chief Medical Officer (CMO) and the Chief Health Operations Officer (CHOO) provides the operational direction. **Scope of Program** The scope of the Behavioral Health Department utilization management activities covers outpatient mental health services for mild to moderate impairment of functioning and Behavioral Health Treatment services. Specialty Mental Health Services (SMHS) are a carve-out to the County Department of Behavioral Health for Members who are severe in level of impairment of functioning. The CenCal Health Behavioral Health Department is the liaison between the County Departments of Behavioral Health and ensures, through collaboration, member's timely access to care. The CenCal Health Behavioral Health Department also completes care coordination for Members who have identified needs as it relates to mental health, substance use, Behavioral Health Treatment. **Goals and Objectives** The purpose of the Behavioral Health program is to achieve the following objectives for all members to support effective, efficient, and appropriate utilization of services, promote and sustain optimal quality of care, promote consistency in authorization processing through application of defined criteria for clinical decision making, provide appropriate and timely

	feedback to members and providers to communicate reasons for treatment denial, the minimum clinical criteria required for authorization and methods for appeal, and collaborate with and provide support and advocacy to members and providers through the continuum of care.
c. Approval of Quality Dashboard *Charlie Mohrle, RN, Quality Measurement Analyst*	Ms. Mohrle spoke to the Committee about the Quality Dashboard. **Highlights include:** For the period ending March 31, 2022, the following dashboard report includes a quality performance review for Santa Barbara and San Luis Obispo. While CenCal Health is responsible for reporting 40 measurements to the Department of Health Care Services (DHCS), the plan is only required to meet minimum performance thresholds for 15. Of these 15 measurements, **there were 6 indicators in San Luis Obispo and 3 indicators in Santa Barbara that rated among the top 10 percent of Medicaid plans.** Only 1 of the 15 required measurements, *Well Child Visits (6+) in the First 15 months*, did not meet the minimum performance threshold in Santa Barbara. There were no indicators in San Luis Obispo that failed to meet the DHCS-required thresholds. **BACKGROUND** The Quality Dashboard is a consolidation of indicators used for tracking and reporting as part of CenCal Health's Quality Improvement Program. The purpose is threefold: • Provide a comprehensive overview of the Quality program. • Present detail at which the program is administered. • Provide a quick reference for identifying areas where benchmarks and standards are not being met. CenCal Health is responsible for reporting 40 measurements to the DHCS using the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data & Information Set (HEDIS) and the Centers for Medicare & Medicaid Services (CMS) Core Measure Set. While not a DHCS-requirement, CenCal Health staff are monitoring performance for the HEDIS Lead Screening for Children measure as it is expected to be included in the list of reportable measures in the coming year. DHCS adopts NCQA's 50th and 90th Medicaid percentiles as the Minimum Performance Level (MPL) and High-Performance Level (HPL) for Medi-Cal plans and likewise, CenCal Health adopts these percentiles (or the Medi-Cal average if MPL/HPL unavailable) as its' thresholds to monitor performance for the required measures and internal population health initiatives. Rates equal to or greater than the HPL are highlighted in green, while rates less than the established MPL or Medi-Cal average are highlighted in red (*see Attachment: QIC Dashboard May 2022*). Indicators with an eligible population less than 30 are not subject to thresholds since results are not statistically significant. For the period ending March 31, 2022, performance rates were generated based on a rolling 12-month period. Because some indicators, referred to as *hybrid* measures, are supplemented with medical record reviews, an activity performed annually, an estimated rate lift is used to project this period's performance. Thus, for hybrid measures, the rates presented are CenCal Health's *best* estimation of current performance based on available information. Quality Measurement staff will continue to monitor all indicators and provide updates to the QIC at the August 2022 meeting. The Population Health team also uses this information on a routine basis to inform their outreach to improve quality of care.

d. DHCS Value-Based Payment (VBP) Program *Lauren Geeb, MBA, Director of Quality*	The committee ensued in discussion. Ms. Geeb spoke to the committee about the SHCS Value-based Payment Program. **Highlights include:** The California Department of Health Care Services (DHCS) established a Value Based Payment (VBP) Program as one mechanism to improve statewide quality of clinical care for some of the most vulnerable members. Utilizing funding from *The California Healthcare, Research and Prevention Tobacco Tax Act of 2016* (Proposition 56), the VBP Program provides supplemental payments to providers for meeting 17 specific performance measures that align with well-established, evidence-based, clinical practice guidelines. DHCS requires Medi-Cal Managed Care plans, including CenCal Health, to distribute VBP funds as incentive payments to plan-contracted providers. To date, CenCal Health distributed nearly $4.8 million in VBP funds to 247 providers eligible for program participation. On average, providers have received $19K. The amounts paid are most significant for the largest providers, since payments are a function of the volume of services rendered consistent with well-established, evidence-based, clinical practice recommendations. CenCal Health began the payment process in December 2020 and will continue to issue payments monthly. VBP Program eligibility will conclude June 30, 2022. The committee ensued in discussion. **Motion made** by Dr. Blacketer, to approve the Quality Program Updates, as presented; seconded by Ms. Van Cura. Motion passed.

***If needed*, return to any Consent items designated for discussion**	There were none to discuss.
7. Open Forum	Dr. Major reported that the *Eyeglasses Program* in San Luis Obispo County is working well. Dr. Blacketer asked Dr. Bowers if occupational assistance is offered as a covered Medi-Cal benefit to members that require Behavioral Health services. Dr. Bowers answered affirmatively, and that housing and Social Security Insurance (SSI) assistance are both frequently requested, as is assistance with procuring food/meals.
8. Adjournment	There being no further business, Dr. Hord thanked the Committee for their time and participation, and adjourned the meeting at 5:08 p.m.

Respectfully submitted,
Mimi M. Hall
Executive Assistant

Approved,
Karen Hord, MD
Karen Hord, MD
Deputy Chief Medical Officer
Interim Chief Medical Officer
Interim Chair, Quality Improvement Committee

Quality of Care Performance - Santa Barbara
HEDIS Administrative Data

Dark Green = performance ≥ top 10% of Medicaid plans nationally

Red = performance ≤ bottom 50% of Medicaid plans

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

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

Claims only based measures	Description	MPL	HPL	MY2021	GIC Apr 2022	GIC July 2022 (current performance)	Variance to Prior Measurement	Quarterly Trendline
(ADD) Follow-Up Care for Children Prescribed ADHD Medication								
ADD - Initiation Phase	Percentage of children 6-12 years of age and newly prescribed ADHD medication who had at least 3 follow-up care visits within a 10-month period, with 1 follow-up visit occurring within 30 days of being dispensed first ADHD medication.	44.51	55.99	51.87	53.88	**56.48**	↑	
ADD - Continuation and Maintenance Phase		55.96	67.61	71.74	**74.47**	**66.67**	↓	
(AMB - ED) Ambulatory Care: ED Visits								
AMB - ED	Utilization of ambulatory care in ED visits [All ages]	NA	NA	30.65	32.08	33.41	⚑	
(AMM) Antidepressant Medication Management								
AMM - Acute Treatment	Percentage of members 18+ years of age who were treated with antidepressants, had a diagnosis of major depression and remained on an antidepressant medication. Acute: members who remained on an antidepressant for at least 84-days. Continuation: members who remained on an antidepressant for at least 180-days.	56.66	67.74	56.62	**54.45**	**54.37**	↓	
AMM - Continuation Treatment		40.28	52.49	42.86	**39.84**	**40.26**	↑	
(AMR) Asthma Medication Ratio								
AMR	Percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater in the past year.	64.78	75.32	69.67	74.48	**76.74**	↑	
(APM) Metabolic Monitoring for Children and Adolescents on Antipsychotics								
APM - B	Percentage of children/adolescents 1-17 years of age who had 2 or more antipsychotic prescriptions and had metabolic testing. 3 reported rates: Blood Glucose Testing (B), Cholesterol Testing (C), Blood Glucose & Cholesterol Testing (BC)	48.49	61.62	?	54.13	54.55	↑	
APM - C		31.99	46.71	?	34.86	34.71	↓	
APM - BC		30.58	44.58	?	**29.36**	**29.75**	↑	
(BCS) Breast Cancer Screening								
BCS	Percentage of women 50–74 years of age who had at least one mammogram to screen for breast cancer during the past 2 years.	53.93	63.77	59.85	60.25	60.81	↑	
(CHL) Chlamydia Screening In Women								
CHL	Percentage of women 16-24 years of age who were identified as sexually active and had at least one test for chlamydia in past year	54.91	66.15	58.04	57.21	59.76	↑	
(PCR) Plan All-Cause Readmission								
PCR - Observed Readmission* **Lower is better**	For members 18-64 years of age, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.	9.23	NA	9.22	**9.04**	**9.40**	⚑	
(SSD) Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications								
SSD	Percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.	76.64	82.53	79.80	**75.80**	**75.59**	↓	
(WCV) Child and Adolescent Well-Care Visits								
WCV	Percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	45.31	61.97	57.85	55.67	56.01	↑	
(W30) Well Child Visits in the 1st 30 Months of Life								
W30 - 6+ Visits	Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.	54.92	68.33	49.21	**49.30**	**50.56**	↑	
W30 - 2+ Visits	Well-Child Visits for Age 15–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits	70.67	82.82	80.05	79.06	79.25	↑	
(LSC) Lead Screening for Children								
LSC	Percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.	71.53	83.94	60.55	**61.35**	**61.30**	↓	

Quality of Care Performance - Santa Barbara
HEDIS Administrative Data

Dark Green = performance ≥ top 10% of Medicaid plans nationally

Red = performance ≤ bottom 50% of Medicaid plans

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

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

Claims only based measures	Description	MPL	HPL	MY2021	GIC Apr 2022	GIC July 2022 (current performance)	Variance to Prior Measurement	Quarterly Trendline
(FUA) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence								
FUA-7	Percentage of ED visits for members 13+ years of age with a principal diagnosis of alcohol or other drug abuse or dependence, who had a follow-up visit for alcohol or other drug abuse or dependence.	13.36	22.98	7.80	NA	**9.71**		
FUA-30		21.31	32.60	12.07	NA	**12.95**		
(FUM) Follow-Up After Emergency Department Visit for Mental Illness								
FUM-7	Percentage of ED visits for members 6+ years of age with principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.	38.55	61.36	19.14	NA	**19.62**		
FUM-30		53.54	74.39	31.48	NA	**31.50**		

Quality of Care Performance - Santa Barbara
HEDIS Hybrid Data

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Red = performance ≤ bottom 50% of Medicaid plans

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

For the GIC time frames indicated below, the measurements include an estimated medical record rate lift. Calculations are projected rates and subject to change.

Hybrid Measures (claims + medical record review)	Description	MPL	HPL	MY2021	GIC Apr 2022	GIC July 2022 current performance	Variance to Prior Measurement	Quarterly Trendline
(CCS) Cervical Cancer Screening								
CCS	**Percentage of women 21-64 years of age who were screened for cervical cancer using following criteria:** *21-64 years of age who had cervical cytology performed within the last 3 years. *30-64 years of age who had cervical high-risk human papillmavirus (hrHPV) testing performed within the last 5 years. *30-64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.	59.12	67.99	59.54	60.74	60.81	↑	
(CDC) Comprehensive Diabetes Care								
CDC: Poor A1c control (> 9.0%) ***lower rate is better***	Percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c in the past year was >9.0%, or is missing, or was not done.	43.19	34.06	32.35	**25.23**	**26.11**	⚑	
(CBP) Controlling High Blood Pressure								
CBP	Percentage of members 18–85 years of age with a hypertension (HTN) diagnosis and whose BP was adequately controlled (<140/90 mm Hg) in the past year. If no BP is recorded within the past year, it is assumed they are "not controlled".	55.35	66.79	58.29	58.91	58.83	↓	
(CIS) Childhood Immunization Status								
CIS (Combo 10)	Percentage of children 2 years of age that had: - 4 DtaP/DT, - 3 IPV, - 1 MMR, - 3 HIB, - 3 HepB, - 1 VZV, - 4 Pneumococcal (PCV), - 1 HepA, - 2 or 3 Rotavirus, and - 2 Influenza vaccines by their 2nd birthday. (Combo 10).	38.20	53.66	52.19	50.58	52.43	↑	
Dtap/DT (4 doses)		74.45	82.97	83.33	**83.48**	**83.59**	↑	
IPV - Polio (3 doses)		88.32	93.19	94.26	**94.40**	**94.40**	→	
MMR (1 dose)		88.08	92.42	93.44	**93.46**	**93.73**	↑	
HIB (3 doses)		87.06	92.21	90.71	**91.11**	**91.77**	↑	
Hep B (3 doses)		88.56	93.21	93.99	**92.15**	**94.96**	↑	
VZV (1 dose)		87.35	92.21	93.72	**93.98**	**94.19**	↑	
Pneumococcal (4 doses)		76.16	83.88	79.23	**79.71**	**80.62**	↑	
Hep A (1 dose)		84.67	90.27	89.89	**89.99**	**90.70**	↑	
Rotavirus (2 or 3 doses)		72.08	80.56	80.87	**80.41**	**79.16**	↓	
Influenza (2 doses)		50.61	66.48	63.66	**63.21**	63.51	↑	
(IMA) Immunizations for Adolescents								
IMA: Combo 2	Percentage of adolescents 13 years of age who received: -1 Tdap, -1 MCV, and -2 or 3 HPV vaccines by their thirteenth birthday.	36.74	50.61	51.32	**51.50**	**50.53**	↓	
Meningococcal (1 dose)		84.18	90.75	87.89	**88.52**	**87.74**	↓	
Tdap (1 dose)		87.46	92.21	90.53	**91.51**	**91.67**	↑	
HPV (2 or 3 doses)		38.44	52.55	54.47	**54.24**	**52.91**	↓	

Quality of Care Performance - Santa Barbara
HEDIS Hybrid Data

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

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

For the GIC time frames indicated below, the measurements include an estimated medical record rate lift. Calculations are projected rates and subject to change.

Hybrid Measures (claims + medical record review)	Description	MPL	HPL	MY2021	GIC Apr 2022	GIC July 2022 (current performance)	Variance to Prior Measurement	Quarterly Trendline
(PPC) Prenatal and Postpartum Care								
PPC 1: Timeliness of Prenatal Care	Percentage of live birth deliveries with a prenatal care visit in first trimester on or before enrollment start date or within 42 days of enrollment.	85.89	92.21	90.83	88.43	**90.30**	↑	↗
PPC 2: Timeliness of Postpartum Care	Percentage of live birth deliveries with a postpartum visit on or between 7 and 84 days post delivery.	76.40	83.70	93.33	90.86	**93.35**	↑	↗
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children								
WCC: BMI %	Percentage of children/adolescents 3 -17 years of age having an outpatient visit with PCP or OB/GYN and had evidence of BMI % documentation, and counseling for nutrition and physical activity.	76.64	87.18	81.76	82.09	**82.55**	↑	↗
WCC: Nutrition Counseling		70.11	82.48	79.39	78.29	**77.99**	↓	↘
WCC: Physical Activitiy Counseling		66.18	79.32	79.05	78.87	**79.17**	↑	↗

NCQA Accreditation
Quality Measures - Santa Barbara

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Measure Name	Measure ID (Submeasure name, if applicable)	Description	50th Percentile	90th Percentile	MY2021
BEHAVIORIAL HEALTH - Access, Monitoring and Safety					
Follow-Up Care for Children Prescribed ADHD Medication	**ADD (Continuation and Maintenance Phase)**	Percentage of members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for ≥ 210 days and who, in addition to the visit follow-up visit during the initial 30 days after newly prescribed ADHD medication (Initiation Phase), had ≥ 2 follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.	55.96	67.61	**71.74**
Metabolic Monitoring for Children and Adolescents on Antipsychotics	**APM (Blood Glucose and Cholesterol Testing)**	Percentage of children/adolescents 1-17 years of age who had 2 or more antipsychotic prescriptions and received blood glucose and cholesterol testing (BC).	30.58	44.58	NA
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications	**SSD**	Percentage of members 18–64 years of age with Schizophrenia, Schizoaffective disorder or Bipolar Disorder, who were dispensed antipsychotic medication and had a diabetes screening test.	76.64	82.53	79.80
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	**APP**	Percentage of children/adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.	63.03	76.29	NA
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	**IET (Engagement of AOD Treatment)**	Percentage of adolescent/adult members with a new episode of Alcohol or Other Drug Abuse or Dependence (AOD) who initiated treatment and engaged in ongoing AOD treatment within 34 days of the initiation visit.	13.98	22.84	NA
BEHAVIORIAL HEALTH - Care Coordination					
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	**FUA (7 day follow-up)**	Percentage of ED visits among members 13+ years of age with a principal diagnosis of Alcohol or Other Drug Abuse or Dependence (AOD), who had a follow-up visit for Alcohol or Other Drug Abuse or Dependence within 7 days of the ED visit (total 8 days).	13.36	22.98	**7.80**
Follow-Up After Emergency Department Visit for Mental Illness	**FUM (7 day follow-up)**	Percentage of ED visits among members 6+ years of age with a principal diagnosis of Mental Illness or Intentional Self-Harm, who had a follow-up visit for Mental Illness within 7 days of the ED visit (total 8 days).	38.55	61.36	**19.14**
Follow-Up After Hospitalization for Mental Illness	**FUH (7 day follow-up)**	Percentage of discharges among members 6+ years of age who were hospitalized for treatment of selected Mental Illness or Intentional Self-Harm diagnoses and who had a follow-up visit with a mental health provider within 7 days after discharge.	38.95	55.92	NA
Follow-Up After High-Intensity Care for Substance Use Disorder	**FUI (7 day follow-up)**	Percentage of acute inpatient hospitalizations, residential treatment or detoxification visits among members 13+ years of age having a diagnosis of Substance Use Disorder that resulted in a follow-up visit or service for Substance Use Disorder within 7 days after the visit or discharge.	32.45	49.13	NA
BEHAVIORIAL HEALTH - Medication Adherence					
Antidepressant Medication Management	**AMM (Effective Continuation Phase Treatment)**	Percentage of members 18+ years of age who were treated with antidepressants, had a diagnosis of major depression and remained on an antidepressant medication for ≥180 days (6 months).	40.28	52.49	42.86
Pharmacotherapy for Opioid Use Disorder	**POD**	Percentage of members 16+ years of age with a diagnosis of Opioid Use Disorder and new Opioid Use Disorder pharmacotherapy events and Opioid Use Disorder pharmacotherapy for 180+ days (6 months).	30.52	43.60	NA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	**SAA**	Percentage of members 18+ years of age with Schizophrenia or Schizoaffective disorder who were dispensed and remained on an antipsychotic medication for ≥ 80% of treatment period.	63.46	73.04	70.00
PREVENTION					
Chlamydia Screening In Women	**CHL**	Percentage of women 16-24 years of age who were identified as sexually active and had at least one test for chlamydia within past year.	54.91	66.15	58.04
Cervical Cancer Screening	**CCS**	**Percentage of women 21-64 years of age who were screened for cervical cancer using following age criteria:** *21-64 years of age who had cervical cytology performed within the last 3 years. *30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. *30-64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.	49.30	74.20	59.54
Childhood Immunization Status	**CIS (Combo 10)**	Percentage of children 2 years of age who had 4 DTaP, 3 IPV-Polio, 1 MMR, 3 HiB, 3 HepB, 1 VZV, 4 PCV, 1 HepA, 2 (or 3) RV-rotavirus, and 2 flu vaccines by their 2nd birthday.	42.20	63.80	52.19
Immunizations for Adolescents	**IMA (Combo 2)**	Percentage of adolescents 13 years of age who had 1 Tdap, 1 MCV, and 2 or 3 HPV by their thirteenth birthday.	38.30	57.00	51.32
Weight Assessment and Counseling for Nutrition and Physical Activity for Children	**WCC (BMI Percentile)**	Percentage of children/adolescents 3 -17 years of age having an outpatient visit with a PCP or OB/GYN and had evidence of BMI percentile documentation within past year.	46.70	93.50	81.76
Breast Cancer Screening	**BCS**	Percentage of women 50–74 years of age with at least one mammogram screening for breast cancer during past 2 years.	53.93	63.77	59.85
WOMEN'S REPRODUCTIVE HEALTH					
Prenatal and Postpartum Care	**PPC (Timeliness of Prenatal Care)**	Percentage of live birth deliveries with a prenatal care visit in first trimester on or before enrollment start date or within 42 days of enrollment.	67.70	95.30	90.83
	PPC (Postpartum Care)	Percentage of live birth deliveries with a postpartum visit on or between 7 and 84 days post delivery.	57.50	81.20	**93.33**
Prenatal Immunization Status	**PRS-E (Combination)**	**Percentage of deliveries meeting both criteria (combination):** *Deliveries where members received an adult flu vaccine on or between July 1 of year prior to measurement year and delivery date **or** deliveries where members had a flu vaccine adverse reaction any time during or before measurement year. *Deliveries where members received at least 1 Tdap vaccine during pregnancy (including on delivery date) or deliveries where members had an anaphylactic reaction to Tdap or Td vaccine any time during or before measurement year.	NA	NA	46.26

NCQA Accreditation
Quality Measures - Santa Barbara

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Measure Name	Measure ID (Submeasure name, if applicable)	Description	50th Percentile	90th Percentile	MY2021
RESPIRATORY					
Asthma Medication Ratio	**AMR**	Percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of ≥ 0.50 within past year.	64.78	75.32	69.67
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	**AAB**	Percentage of episodes for members 3 months of age and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event.	54.06	70.39	63.37
Appropriate Testing for Pharyngitis	**CWP**	Percentage of episodes for members 3+ years of age where member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.	76.44	85.77	**69.39**
Pharmacotherapy Management of COPD Exacerbation	**PCE (Bronchodilator)**	Percentage of COPD exacerbations for members 40+ years of age who had an acute inpatient discharge or ED visit on or between Jan 1–Nov 30 of measurement year and was dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of COPD exacerbation event.	85.08	90.57	**63.93**
	PCE (Systemic Corticosteroid)	Percentage of COPD exacerbations for members 40+ years of age who had an acute inpatient discharge or ED visit on or between Jan 1–Nov 30 of measurement year and was dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of COPD exacerbation event.	70.33	80.84	**52.46**
Appropriate Treatment for Upper Respiratory Infection	**URI**	Percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.	88.86	94.34	**95.19**
DIABETES					
Comprehensive Diabetes Care	**CDC (Poor A1c control >9.0%)** ***lower rate is better***	Percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c within past year was > 9.0%, or was missing, or was not done.	41.10	22.90	32.35
	CDC (BP Control)	Percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose most recent BP within past year was <140/90 mm Hg.	14.40	39.90	**11.05**
	CDC (Eye Exam)	Percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had a retinal or dilated eye exam within past year, or had a negative retinal or dilated eye exam in year prior to measurement year, or has a history of bilateral eye enucleation any time through Dec 31 of measurement year.	50.20	60.00	**48.52**
Statin Therapy for Patients With Diabetes	**SPD (Received Statin Therapy)**	Percentage of members 40–75 years of age during measurement year with diabetes and *not* having clinical atherosclerotic cardiovascular disease (ASCVD) who were dispensed at least one statin medication of any intensity during past year.	66.47	72.23	67.30
	SPD (Statin Adherence 80%)	Percentage of members 40–75 years of age during measurement year with diabetes and *not* having clinical atherosclerotic cardiovascular disease (ASCVD) who remained on a statin medication of any intensity for ≥ 80% of treatment period.	68.75	80.00	**58.71**
HEART DISEASE					
Controlling High Blood Pressure	**CBP**	Percentage of members 18–85 years of age with a hypertension (HTN) diagnosis and whose BP was adequately controlled (<140/90 mm Hg) within past year. If no BP is recorded in past year, it is assumed they are "not controlled".	18.50	43.40	**58.29**
Statin Therapy for Patients With Cardiovascular Disease	**SPC (Received Statin Therapy)**	Percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, having clinical atherosclerotic cardiovascular disease (ASCVD) and who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.	80.34	85.64	81.52
	SPC (Statin Adherence 80%)	Percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, having clinical atherosclerotic cardiovascular disease (ASCVD) and who remained on a high-intensity or moderate-intensity statin medication for ≥ 80% of treatment period.	72.21	81.31	**68.02**
OVERUSE OF OPIOIDS					
Risk of Continued Opioid Use	**COU (31 day rate)** ***lower is better***	Percentage of members 18+ years of age with a new opioid use episode receiving ≥ 31 days of prescription opioids within a 62-day period.	3.65	1.52	3.89
Use of Opioids at High Dosage	**HDO** ***lower rate is better***	Percentage of members 18+ years of age who received opioid prescriptions at a high dosage (average morphine milligram equivalent dose [MME] ≥ 90) for ≥ 15 days during measurement year.	5.12	1.18	2.49
Use of Opioids from Multiple Providers	**UOP (Multiple Prescribers and Multiple Pharmacies)** ***lower rate is better***	Percentage of members 18+ years of age who received opioid prescriptions for ≥15 days from 4+ prescribers ***and*** 4+ different pharmacies during measurement year.	1.75	0.52	0.45
RISK-ADJUSTED UTILIZATION					
Plan All-Cause Readmission	**PCR (Observed Readmission)** ***lower rate is better***	For members 18-64 years of age, the number of acute inpatient and observation stays during measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.	9.83	10.89	9.70
OTHER TREATMENT MEASURES					
Use of Imaging Studies for Low Back Pain	**LBP**	Percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis.	75.61	82.82	79.96

Quality of Care Performance - San Luis Obispo
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Claims only based measures	Description	MPL	HPL	MY2021	GIC Apr 2022	GIC July 2022 (current performance)	Variance to Prior Measurement	Quarterly Trendline
(ADD) Follow-Up Care for Children Prescribed ADHD Medication								
ADD - Initiation Phase	Percentage of children 6-12 years of age and newly prescribed ADHD medication who had at least 3 follow-up care visits within a 10-month period, with 1 follow-up visit occurring within 30 days of being dispensed first ADHD medication.	44.51	55.99	46.61	**43.41**	**42.74**	↓	
ADD - Continuation and Maintenance Phase		55.96	67.61	60.61	61.29	**50.00**	↓	
(AMB - ED) Ambulatory Care: ED Visits								
AMB - ED	Utilization of ambulatory care in ED visits [All ages]	NA	NA	37.17	38.04	39.41	⚑	
(AMM) Antidepressant Medication Management								
AMM - Acute Treatment	Percentage of members 18+ years of age who were treated with antidepressants, had a diagnosis of major depression and remained on an antidepressant medication. Acute: members who remained on an antidepressant for at least 84-days. Continuation: members who remained on an antidepressant for at least 180-days.	56.66	67.74	59.1	61.50	61.72	↑	
AMM - Continuation Treatment		40.28	52.49	45.72	46.92	48.37	↑	
(AMR) Asthma Medication Ratio								
AMR	Percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater in the past year.	64.78	75.32	68.88	74.58	**81.75**	↑	
(APM) Metabolic Monitoring for Children and Adolescents on Antipsychotics								
APM - B	Percentage of children/adolescents 1-17 years of age who had 2 or more antipsychotic prescriptions and had metabolic testing. 3 reported rates: Blood Glucose Testing (B), Cholesterol Testing (C), Blood Glucose & Cholesterol Testing (BC)	48.49	61.62	NA	**65.79**	56.38	↓	
APM - C		31.99	46.71	NA	39.47	36.17	↓	
APM - BC		30.58	44.58	NA	39.47	35.11	↓	
(BCS) Breast Cancer Screening								
BCS	Percentage of women 50–74 years of age who had at least one mammogram to screen for breast cancer during the past 2 years.	53.93	63.77	59.01	57.76	57.60	↓	
(CHL) Chlamydia Screening in Women								
CHL	Percentage of women 16-24 years of age who were identified as sexually active and had at least one test for chlamydia in past year	54.91	66.15	53.85	55.13	57.41	↑	
(PCR) Plan All-Cause Readmission								
PCR - Observed Readmission* **Lower is better**	For members 18-64 years of age, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.	9.49		9.08	9.16	**9.85**	⚑	
(SSD) Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications								
SSD	Percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.	76.64	82.53	77.10	**74.70**	**75.63**	↑	
(WCV) Child and Adolescent Well-Care Visits								
WCV	Percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	45.31	61.97	57.44	55.41	54.57	↓	
(W30) Well Child Visits in the 1st 30 Months of Life								
W30 - 6+ Visits	Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.	54.92	68.33	54.84	56.73	57.70	↑	
W30 - 2+ Visits	Well-Child Visits for Age 15–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits	70.67	82.82	72.86	74.92	75.73	↑	
(LSC) Lead Screening for Children								
LSC	Percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.	71.53	83.94	49.54	**51.53**	**51.90**	↑	
(FUA) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence								
FUA-7	Percentage of ED visits for members 13+ years of age with a principal diagnosis of alcohol or other drug abuse or dependence, who had a follow-up visit for alcohol or other drug abuse or dependence.	13.36	22.98	1.89	NA	**1.29**		
FUA-30		21.31	32.60	4.31	NA	**3.86**		
(FUM) Follow-Up After Emergency Department Visit for Mental Illness								
FUM-7	Percentage of ED visits for members 6+ years of age with principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.	38.55	61.36	17.25	NA	**18.15**		
FUM-30		53.54	74.39	28.17	NA	**31.05**		

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For the GIC time frames indicated below, the measurements include an estimated medical record rate lift. Calculations are projected rates and subject to change.

Hybrid Measures (claims + medical record review)	Description	MPL	HPL	MY2021	GIC Apr 2022	GIC July 2022 (current performance)	Variance to Prior Measurement	Quarterly Trendline
(CCS) Cervical Cancer Screening								
CCS	Percentage of women 21-64 years of age who had cervical cytology performed within last 3 years	59.12	67.99	66.58	67.05	66.98	↓	╲
(CDC) Comprehensive Diabetes Care								
CDC: Poor A1c control (> 9.0%) ***lower rate is better***	Percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c in the past year was >9.0%, or is missing, or was not done	43.19	34.06	32.98	**29.19**	**32.47**	⚑	╲
(CBP) Controlling High Blood Pressure								
CBP	Percentage of members 18–85 years of age with a hypertension (HTN) diagnosis and whose BP was adequately controlled (<140/90 mm Hg) in the past year. If no BP is recorded within the past year, it is assumed they are "not	55.35	66.79	62.89	62.93	62.95	↑	╲
(CIS) Childhood Immunization Status								
CIS (Combo 10)	Percentage of children 2 years of age that had: - 4 DtaP/DT, - 3 IPV, - 1 MMR, - 3 HIB, - 3 HepB, - 1 VZV, - 4 Pneumococcal (PCV), - 1 HepA, - 2 or 3 Rotavirus, and - 2 Influenza vaccines by their 2nd birthday. (Combo 10).	38.20	53.66	46.43	44.28	44.65	↑	╲
Dtap/DT (4 doses)		74.45	82.97	78.06	76.67	75.53	↓	╲
IPV - Polio (3 doses)		88.32	93.19	89.29	89.85	89.38	↓	╲
MMR (1 dose)		88.08	92.42	87.5	**87.05**	**86.37**	↓	╲
HIB (3 doses)		87.06	92.21	86.73	**86.13**	**86.06**	↓	╲
Hep B (3 doses)		88.56	93.21	88.27	**87.88**	**87.90**	↑	╲
VZV (1 dose)		87.35	92.21	87.24	**86.99**	**86.51**	↓	╲
Pneumococcal (4 doses)		76.16	83.88	77.81	**76.31**	**76.80**	↑	╲
Hep A (1 dose)		84.67	90.27	84.44	**84.06**	**83.78**	↓	╲
Rotavirus (2 or 3 doses)		72.08	80.56	74.23	**74.42**	**75.63**	↑	╲
Influenza (2 doses)		50.61	66.48	56.12	**54.11**	**52.68**	↓	╲
(IMA) Immunizations for Adolescents								
IMA: Combo 2	Percentage of adolescents 13 years of age who received: -1 Tdap, -1 MCV, and -2 or 3 HPV vaccines by their thirteenth birthday.	36.74	50.61	44.88	**44.66**	**43.95**	↓	╲
Meningococcal (1 dose)		84.18	90.75	82.93	**83.66**	**83.47**	↓	╲
Tdap (1 dose)		87.46	92.21	85.85	**86.52**	**87.82**	↑	╲
HPV (2 or 3 doses)		38.44	52.55	50.98	**51.00**	**49.45**	↓	╲
(PPC) Prenatal and Postpartum Care								
PPC 1: Timeliness of Prenatal Care	Percentage of live birth deliveries with a prenatal care visit in first trimester on or before enrollment start date or within 42 days of enrollment.	85.89	92.21	91.84	**92.85**	**97.32**	↑	╲
PPC 2: Timeliness of Postpartum Care	Percentage of live birth deliveries with a postpartum visit on or between 7 and 84 days post delivery.	76.40	83.70	89.8	**88.63**	**90.84**	↑	╲
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children								
WCC: BMI %	Percentage of children/adolescents 3 -17 years of age having an outpatient visit with PCP or OB/GYN and had evidence of BMI % documentation, and counseling for nutrition and physical activity.	76.64	87.18	93.24	**93.20**	**93.84**	↑	╲
WCC: Nutrition Counseling		70.11	82.48	85.99	**85.79**	**86.13**	↑	╲
WCC: Physical Activitiy Counseling		66.18	79.32	85.02	**85.55**	**85.53**	↓	╲

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Quality Measures - San Luis Obispo

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Measure Name	Measure ID (Submeasure name, if applicable)	Description	50th Percentile	90th Percentile	MY2021
BEHAVIORIAL HEALTH - Access, Monitoring and Safety					
Follow-Up Care for Children Prescribed ADHD Medication	ADD (Continuation and Maintenance Phase)	Percentage of members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for ≥ 210 days and who, in addition to the visit follow-up visit during the initial 30 days after newly prescribed ADHD medication (Initiation Phase), had ≥ 2 follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.	55.96	67.61	60.61
Metabolic Monitoring for Children and Adolescents on Antipsychotics	APM (Blood Glucose and Cholesterol Testing)	Percentage of children/adolescents 1-17 years of age who had 2 or more antipsychotic prescriptions and received blood glucose and cholesterol testing (BC)	30.58	44.58	NA
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications	SSD	Percentage of members 18–64 years of age with Schizophrenia, Schizoaffective disorder or Bipolar Disorder, who were dispensed antipsychotic medication and had a diabetes screening test	76.64	82.53	77.10
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	APP	Percentage of children/adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.	63.03	76.29	NA
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	IET (Engagement of AOD Treatment)	Percentage of adolescent/adult members with a new episode of Alcohol or Other Drug Abuse or Dependence (AOD) who initiated treatment and engaged in ongoing AOD treatment within 34 days of the initiation visit	13.98	22.84	NA
BEHAVIORIAL HEALTH - Care Coordination					
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	FUA (7 day follow-up)	Percentage of ED visits among members 13+ years of age with a principal diagnosis of Alcohol or Other Drug Abuse or Dependence (AOD), who had a follow-up visit for Alcohol or Other Drug Abuse or Dependence within 7 days of the ED visit (total 8 days).	13.36	22.98	1.89
Follow-Up After Emergency Department Visit for Mental Illness	FUM (7 day follow-up)	Percentage of ED visits among members 6+ years of age with a principal diagnosis of Mental Illness or Intentional Self-Harm, who had a follow-up visit for Mental Illness within 7 days of the ED visit (total 8 days).	38.55	61.36	17.25
Follow-Up After Hospitalization for Mental Illness	FUH (7 day follow-up)	Percentage of discharges among members 6+ years of age who were hospitalized for treatment of selected Mental Illness or Intentional Self-Harm diagnoses and who had a follow-up visit with a mental health provider within 7 days after discharge.	38.95	55.92	NA
Follow-Up After High-Intensity Care for Substance Use Disorder	FUI (7 day follow-up)	Percentage of acute inpatient hospitalizations, residential treatment or detoxification visits among members 13+ years of age having a diagnosis of Substance Use Disorder that resulted in a follow-up visit or service for Substance Use Disorder within 7 days after the visit or discharge.	32.45	49.13	NA
BEHAVIORIAL HEALTH - Medication Adherence					
Antidepressant Medication Management	AMM (Effective Continuation Phase Treatment)	Percentage of members 18+ years of age who were treated with antidepressants, had a diagnosis of major depression and remained on an antidepressant medication for ≥180 days (6 months).	40.28	52.49	45.72
Pharmacotherapy for Opioid Use Disorder	POD	Percentage of members 16+ years of age with a diagnosis of Opioid Use Disorder and new Opioid Use Disorder pharmacotherapy events and Opioid Use Disorder pharmacotherapy for 180+ days (6 months).	30.52	43.60	21.05
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	SAA	Percentage of members 18+ years of age with Schizophrenia or Schizoaffective disorder who were dispensed and remained on an	63.46	73.04	74.47
PREVENTION					
Chlamydia Screening In Women	CHL	Percentage of women 16-24 years of age who were identified as sexually active and had at least one test for chlamydia within past year.	54.91	66.15	53.85
Cervical Cancer Screening	CCS	**Percentage of women 21-64 years of age who were screened for cervical cancer using following age criteria:** *21-64 years of age who had cervical cytology performed within the last 3 years. *30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. *30-64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.	49.30	74.20	66.58
Childhood Immunization Status	CIS (Combo 10)	Percentage of children 2 years of age who had 4 DTaP, 3 IPV-Polio, 1 MMR, 3 HiB, 3 HepB, 1 VZV, 4 PCV, 1 HepA, 2 (or 3) RV-rotavirus, and 2 flu vaccines by their 2nd birthday.	42.20	63.80	46.43
Immunizations for Adolescents	IMA (Combo 2)	Percentage of adolescents 13 years of age who had 1 Tdap, 1 MCV, and 2 or 3 HPV by their thirteenth birthday.	38.30	57.00	44.88
Weight Assessment and Counseling for Nutrition and Physical Activity for Children	WCC (BMI Percentile)	Percentage of children/adolescents 3 -17 years of age having an outpatient visit with a PCP or OB/GYN and had evidence of BMI percentile documentation within past year.	46.70	93.50	93.24
Breast Cancer Screening	BCS	Percentage of women 50–74 years of age with at least one mammogram screening for breast cancer during past 2 years.	53.93	63.77	59.01
WOMEN'S REPRODUCTIVE HEALTH					
Prenatal and Postpartum Care	PPC (Timeliness of Prenatal Care)	Percentage of live birth deliveries with a prenatal care visit in first trimester on or before enrollment start date or within 42 days of enrollment.	67.70	95.30	91.84
	PPC (Postpartum Care)	Percentage of live birth deliveries with a postpartum visit on or between 7 and 84 days post delivery.	57.50	81.20	89.80
Prenatal Immunization Status	PRS-E (Combination)	**Percentage of deliveries meeting both criteria (combination):** *Deliveries where members received an adult flu vaccine on or between July 1 of year prior to measurement year and delivery date **or** deliveries where members had a flu vaccine adverse reaction any time during or before measurement year. *Deliveries where members received at least 1 Tdap vaccine during pregnancy (including on delivery date) or deliveries where members had an anaphylactic reaction to Tdap or Td vaccine any time during or before measurement year.			42.80
RESPIRATORY					
Asthma Medication Ratio	AMR	Percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of ≥ 0.50 within past year.	64.78	75.32	68.88

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	**AAB**	Percentage of episodes for members 3 months of age and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event.	54.06	70.39	**50.91**
Appropriate Testing for Pharyngitis	**CWP**	Percentage of episodes for members 3+ years of age where member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.	76.44	85.77	**75.56**
Pharmacotherapy Management of COPD Exacerbation	**PCE (Bronchodilator)**	Percentage of COPD exacerbations for members 40+ years of age who had an acute inpatient discharge or ED visit on or between Jan 1–Nov 30 of measurement year and was dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of COPD exacerbation event.	85.08	90.57	**78.33**
	PCE (Systemic Corticosteroid)	Percentage of COPD exacerbations for members 40+ years of age who had an acute inpatient discharge or ED visit on or between Jan 1–Nov 30 of measurement year and was dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of COPD exacerbation event.	70.33	80.84	75.00
Appropriate Treatment for Upper Respiratory Infection	**URI**	Percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.	88.86	94.34	**95.91**
DIABETES					
Comprehensive Diabetes Care	**CDC (Poor A1c control >9.0%)** ***lower rate is better***	Percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c within past year was > 9.0%, or was missing, or was not done.	43.19	34.06	34.80
	CDC (BP Control)	Percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose most recent BP within past year was <140/90 mm Hg.	14.40	39.90	**1.06**
	CDC (Eye Exam)	Percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had a retinal or dilated eye exam within past year, or had a negative retinal or dilated eye exam in year prior to measurement year, or has a history of bilateral eye enucleation any time through Dec 31 of measurement year.	50.20	60.00	**46.28**
Statin Therapy for Patients With Diabetes	**SPD (Received Statin Therapy)**	Percentage of members 40–75 years of age during measurement year with diabetes and *not* having clinical atherosclerotic cardiovascular disease (ASCVD) who were dispensed at least one statin medication of any intensity during past year.	66.47	72.23	**58.29**
	SPD (Statin Adherence 80%)	Percentage of members 40–75 years of age during measurement year with diabetes and *not* having clinical atherosclerotic cardiovascular disease (ASCVD) who remained on a statin medication of any intensity for ≥ 80% of treatment period.	68.75	80.00	**64.66**
HEART DISEASE					
Controlling High Blood Pressure	**CBP**	Percentage of members 18–85 years of age with a hypertension (HTN) diagnosis and whose BP was adequately controlled (<140/90 mm Hg) within past year. If no BP is recorded in past year, it is assumed they are "not controlled".	18.50	43.40	**62.89**
Statin Therapy for Patients With Cardiovascular Disease	**SPC (Received Statin Therapy)**	Percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, having clinical atherosclerotic cardiovascular disease (ASCVD) and who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.	80.34	85.64	85.04
	SPC (Statin Adherence 80%)	Percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, having clinical atherosclerotic cardiovascular disease (ASCVD) and who remained on a high-intensity or moderate-intensity statin medication for ≥ 80% of treatment period.	72.21	81.31	**70.37**
OVERUSE OF OPIOIDS					
Risk of Continued Opioid Use	**COU (31 day rate)** ***lower is better***	Percentage of members 18+ years of age with a new opioid use episode receiving ≥ 31 days of prescription opioids within a 62-day period.	3.65	1.52	**4.32**
Use of Opioids at High Dosage	**HDO** ***lower rate is better***	Percentage of members 18+ years of age who received opioid prescriptions at a high dosage (average morphine milligram equivalent dose [MME] ≥ 90) for ≥ 15 days during measurement year.	5.12	1.18	2.44
Use of Opioids from Multiple Providers	**UOP (Multiple Prescribers and Multiple Pharmacies)** ***lower rate is better***	Percentage of members 18+ years of age who received opioid prescriptions for ≥15 days from 4+ prescribers ***and*** 4+ different pharmacies during measurement year.	1.75	0.52	**0.40**
RISK-ADJUSTED UTILIZATION					
Plan All-Cause Readmission	**PCR (Observed Readmission)** ***lower rate is better***	For members 18-64 years of age, the number of acute inpatient and observation stays during measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.	9.83	10.89	**8.91**
OTHER TREATMENT MEASURES					
Use of Imaging Studies for Low Back Pain	**LBP**	Percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis.	75.61	82.82	**73.70**

Community Advisory Board
Meeting Minutes
April 14, 2022

ATTENDEES: Jose Clemente, Dana Gamble, Maria Garcia, Gaby Labrana, Susan Liles, Petra Lowen, Jonathan Nibbio, Jennifer Nitzel, Rachel Ponce, Mary Ellen Rehse; Diana Robles, Dan Herlinger, Elia Rodriguez

EXCUSED: Michelle Balter, Nicole Bennett, Barbara Clayton, Shon Clayton, Pamela Crabaugh, Maria Hernandez, Nicolette Worley Marselian, Julie Posada

GUESTS: Citlaly Santos

FACILITATOR/CHAIR: Eric Buben

RECORDER: Teri Amador

Topic	Discussion	Action Item	Target Due Date	Responsible Team Member
1. Introductions and comment on any non-agenda item of interest to the public that is within the subject matter jurisdiction of the Community Advisory Board (CAB).	None	*Information Only*		
2. Acceptance of Minutes for January 13, 2022 CAB Meeting	**Motion to approve Minutes from January 13, 2022 meeting was made by Maria Garcia, seconded by Elia Rodriguez, and unanimously approved by the CAB.**	*And Action*		*CAB voting members*
3. Introduction of New CAB Voting Member & BOD Liaison: Dan Herlinger • Recruitment efforts for new members to attend CAB	Mr. Herlinger introduced himself to the committee. He has been on CenCal Health's Board of Directors (BOD) for over 15 years and will be replacing Karen Johnson as the BOD Liaison.	*Informational*		*E. Buben*

Topic	Discussion	Action Item	Target Due Date	Responsible Team Member
4. Return to Work Update • Starting with Member Services	Member Services has returned back to work on a hybrid schedule. Two days in the office and three days working from home. There are a few employees working full-time in the office and a few working full-time remote. The next phase will be opening up the San Luis Obispo Office. The other departments will following in the near future. CAB should hopefully be able to meet in person for a lunch meeting in July both in Santa Barbara and San Luis Obispo TBD.	*Information*		*E. Buben*
5. Upcoming "DHCS-Required" Member Notices • Enhanced Care Management and Community Supports • Public Health Emergency ending – Re-determination Outreach • Alternative Formats for Member Materials – Braille, Large print, Audio CE	DHCS Member Notices: • Enhanced Care Management & Community Supports DHCS is requiring CenCal Health to get member notices out to beneficiaries about how to access these services by July 1, 2022 included in the EOC. CenCal has decided to distribute this information to the members in an Errata format as an insertion, due to the volume of EOCs already printed. • Public Health Emergency has been extended to July 15, 2022. DHCS is asking the Plan and the County to assistance in outreach for membership redetermination for members. CenCal Health's Planned Outreach for the PHE to Members: • Social Media • Website - Banner • June Member Newsletter Article • NCOA Address Changes Through Post Office – CenCal Health's print vendor will send out a post card notifying the member that they could lose their health overage if their address is not up to date with the DSS Office for all NCOAs identified.	*Information*		*J. Nibbio*

Topic	Discussion	Action Item	Target Due Date	Responsible Team Member
	Eric asked the committee members from DSS what are their outreach plans were going to be for the PHE unwinding. <u>Mr. Clemente – Santa Barbara County</u> Call Center – sending out updates with messages Messages on Portal Returned Mail – Is a big concern Facebook Messaging <u>Ms. Nitzel - San Luis Obispo County</u> Retrain Staff – Medi-Cal Renewal Process Mailing and Call Center outreach/answering calls Returned Mail –Is a big concern Older Adult Expansion – Is a concern Mr. Nibbio suggested that his organization could help with outreach if needed. There will be a twelve month re-determination for members that rolls based on oldest re-determination periods being past due. Mary Ellen Rehse suggested that a member from CenCal Health join their Community Health Initiative of Santa Barbara County (CHISB) meeting that meet every two months to help with outreach. They could also get material handed out at these meetings. Eric advised Ellen to send the information via email and he would determine a representative from CenCal Health to be a representative at the meeting. • <u>Alternate Format Selections (AFS) of Member Materials</u> – CenCal Health is to receive a file from DHCS in the middle of April about our membership's selected AFS.			

Topic	Discussion	Action Item	Target Due Date	Responsible Team Member
	4 modalities highlighted: 1. Braille 2. Large Print 20 pt. Arial Font or greater 3. Audio CD 4. Data CD Eric would like to discuss further with both Mr. Clemente and Ms. Nitzel to see who they use as their vendor(s) for alternate formats and Braille.			
6. Health Education Report • Health Education Report • Population Needs Assessment Update	Gaby gave a brief update of the Health Education Report and Population Needs Assessment. Handout of Ms. Labrana's report provided to the committee prior to the meeting. No questions were asked. **Motion to approve Health Education Report was made by Dana Gamble, seconded by Susan Liles, and unanimously approved by the CAB.**	*Action*		*G. Labrana*

7. Population Health Report
• COVID-19 QI Plan
	Ms. Ponce gave a brief update of the Population Health Report.
	
	• Behavioral Health Adolescent Depression Screening
	  • Toolkit
	• Women's Health – Chlamydia Screening for Women
	  • Digital Education Tool – Printed Pamphlet
	• Child and Adolescent Health – Childhood Development Screening
	  • Dashboard
	
	No questions were asked.
		Information		*R. Ponce*

8. CenCal Health's 2021 Community Report	Ms. Santos presented CenCal Health's 2021 Community Report. She explained the design of the report and the key areas of focus. She walked CAB through the complete Report and played the included, Member	*Discussion*		*Citlaly Santos*

Community Advisory Board
Meeting Minutes
April 14, 2022

Topic	Discussion	Action Item	Target Due Date	Responsible Team Member
	Testimonials and key highlights within the report for CenCal Health, and that were focused on our Provider Network's achievements for 2021. Mr. Herlinger mentioned to the CAB that CenCal Health's Community Report was Award Winning and very well done.			

Next Meeting July 14, 2022 – <u>Location TBD</u>

Respectfully submitted,

Chair Signature: Eric Buben Date: July 14, 2022

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

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

Date: September 21, 2022

From: Ana Stenersen, BSN, RN, Clinical Manager, Pediatric Program

Through: Chris Hill, Director, Medical Management

The purpose of this memo is to summarize the highlights of the CCS FAC meetings on August 18, 2022.

New Committee Members – Two new members, Ashley Smee and Sara Sullivan, were introduced to the committee. Both Ashley and Sara are parents of CCS children. The committee members were excited to welcome them as Ashley and Sara are representing San Luis Obispo County.

Medi-Cal Rx Update – Stephanie Lem, PharmD, Clinical Manager of CCH's Pharmacy Services provided an update to the committee. Dr. Lem shared that the exemption of the prior authorization (PA) requirement by Magellan (Pharmacy Benefits Manager) had been extended indefinitely for CCS members. However, Magellan will start to lift PA exemptions using a phased-in approach for the rest of the population except CCS. Problems related to medication authorizations and refills continue to decrease since the PA exemption. Wait times of phone calls to Magellan continue to improve. Magellan expanded their clinical liaison team to include dedicated liaisons for CCS members. The committee shared that they have not heard of any problems related to medication authorizations and refills from parents of CCS children.

CCS Advisory Group (AG) – Dena Davis, Parent and CenCal Health FAC Representative to the CCS AG, provided highlights of the April 2022 CCS State Advisory Group meeting. Ms. Davis shared that CalAIM services to CCS children was a topic of discussion in the last meeting. The population of focus for pediatric members had been identified. Go-Live date of CalAIM for children is set for July 2023.

CCS Medical Therapy Program (MTP) and Units – CCS Medical Therapy Units (MTU) in both counties continue to be open providing mostly in-person and a few tele-therapies. The Santa Maria MTU continues to report staffing challenges and has a high likelihood of outsourcing therapy services. MTUs are exploring the Burst Therapy technique to avoid a potential wat list.

Member Portal Update – Diana Robles, Lead Health Navigator, provided the Members Services update to the committee. The workgroup for the Member Portal development project is conducting regular meetings. Their meetings are focused on enhancing member access to their health benefits information. Among the features of the Member Portal include online access to authorizations, member ability to update their health

coverage as well as member access to the health survey tool that can be completed electronically. The date of implementation of the project has been delayed to a tentative date of March 2023. Ms. Robles also shared that CenCal Health had secured a contract with Mixteco Indigena Community Organizing Project (MICOP) for Mixteco interpretation services. MICOP is available to all CenCal Health members who require translation services.

Health Services Department

Whole Child Model Program
Family Advisory Committee Meeting Minutes

Date: Thursday, May 19, 2022

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

Location: Virtual via Go-To Meeting

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

Committee Members: Daisy Ramirez, Tanesha Castaneda, Jennifer Monge, Jane Harpster, Dena Davis, Arlene Hernandez-Tapia, Jennifer Griffin, Patty Moore, Gina Stabile, Felisa Strickland, Mariana Murillo, Felisa Strickland, Tamika Harris

Staff Attendees: Diana Robles, Elia Rodriguez, Rea Goumas, MD; Rose Vazquez, LCSW

Recorder: Maria Pantoja, Administrative Assistant

Excused: Sharleen Agrusa, Dorothy Blasing, Francesca Peterson, Mika Harris, Keilah Smith, Natalie Angelo, Marcy Jochim

Agenda Item	Discussion
Welcome & Introductions *Ana Stenersen, BSN, PH, RN*	Ms. Stenersen began the meeting at 11:00 a.m. Self-introductions were made.
Approve February 24, 2021, Meeting Minutes (see attached) *Ana Stenersen, BSN, PH, RN*	Ms. Strickland made a motion to approve the minutes of the February 24, 2022, meeting. Ms. Stabile seconded. Motion passed to officially approve the minutes.
CenCal Health Updates *Ana Stenersen, BSN, PH, RN*	Ms. McClellan shared that she has transitioned to Behavioral Health Department and Ms. Pantoja is taking over as the administrative support for the CCS FAC. Ms. Stenersen shared that Member Services started to return to

	the office, observing full COVID precautions. Medical Management will possibly be phasing- in by July 2022 and will most likely be on hybrid schedule. The Pediatric team is exploring resuming the in-person support of Social Workers to the CCS Medical Therapy Clinics. MS. Stenersen also shared that CenCal Health is working towards NCQA accreditation by 2025. Behavioral Health was in-sourced, effective January 1st, 2022. The team is recruiting and hiring new staff. The BH call center is fully staffed.
CCS Advisory Group Meeting Highlights Dena Davis FAC representative, CCS AG	Ms. Davis shared that the highlights of the April 13th, 2022 CCS AG meeting. There were 130 participants. DHCS has new initiatives to look into inequities in health care, medical strategy to support health of children, and family-based care. Children and Youth Behavioral Health initiative will be school based, with an electronic platform that is scheduled to launch in 2024. Ms. Davis also shared that a big concern is that the Public Health Emergency will be unwinding soon which will lead to members losing Medi-Cal coverage. There was an update on the collaboration between the CCS Medical Therapy Programs and the California Department of Education and a webinar transpired on May 10th, 2022, to discuss changes. Ms. Castaneda stated the State is working on enhanced oversite and monitoring of the CCS program. Because the Public Health Emergency is unwinding, it is anticipated that about 2-3 million individuals will be at risk of losing their Medi-Cal coverage. DHCS has a new group of Ambassadors to help with outreach to the Medi-Cal population.
CalAIM Updates *Ana Stenersen, BSN, PH, RN*	Blanca Zuniga, the new Associate Director of Care Management will oversee the CalAIM initiatives (ECM and CS). Nicole Bennette is the new Manager of Community Supports Program. ECM and CS are scheduled to go live on July 1, 2022. CalAIM for the pediatric population is still scheduled for implementation in July 2023.
Med-iCal Rx Update Stephanie Lem, PharmD, Clinical Manager of Pharmacy Services	Dr. Lem confirmed that on May 2022, DHCS and Magellan have decided to extend their transition policy, which means that prior authorization exemptions will be extended until July 2022. Dr. Lem also shared that Magellan initiated a clinical liaison group as of May 9, 2022, in order to provide additional support for CCS members.

	Dr. Lem advised the committee that members can go to the Medi-Cal Rx website for information on resolving issues regarding medication access. Ms. Stenersen asked for Dr. Lem to speak more about CenCal Health's process on authorizing medications when a member has private insurance. Dr. Lem advised that for any prescription from a pharmacy, the member's primary insurance would be billed first by the pharmacy and any authorization requirement from the primary payor will be exhausted first prior to any consideration of authorization/payment by Medi-Cal Rx as the primary payor. CenCal Health follows the same payor rules as Medi-Cal Rx and for any drug billed by a provider on the medical benefit, all options with primary payor must be exhausted prior to consideration of authorization or approval of a claim payment by CenCal Health as primary. Ms. Strickland shared her experience with having an adult daughter who has Medicare as the primary insurance, and CenCal Health as secondary. Ms. Strickland shared that there is usually a delay in prescription fills.
CCS & MTP Updates San Luis Obispo and Santa Barbara	Ms. Monge advised there are no updates on CCS SLO Medical Therapy Program. Some staff have participated in a cultural sensitivity training for the Mixteco population given by Herencia Indegena. SLO County had contracted with this organization for interpretation services for the Mixteco population in SLO. Ms. Stenersen advised that CenCal Health is aware of the inadequate services for interpretation for the Mixteco population and CenCal Health is looking into contracting options, possibly with another organization called MICOP. Ms. Castaneda shared MICOP has informed her that they can translate for their clients, but their strength is not medical terminology. Ms. Castaneda offered to share with the committee the contact information of the company Santa Barbara Public Health Department uses. CCS Updates: Ms. Castaneda advised that the therapy program is short-staffed in Santa Maria. They also have a vacancy for a full-time physical therapist in Santa Maria. The therapy unit is still able to provide therapy to all CCS kids. They have not resorted to "vendoring" out therapy yet. DHCS has proposed to eliminate the Child Health and Disability Prevention (CHDP) program which will

	potentially impact CCS as their staff are currently working in both programs. CHDP services will still be available, and it is the County component that is being proposed to sunset. The health plans' auditing tools had been changed to match the auditing tools of the pediatric providers. The Medi-Cal program would expand presumptive eligibility for members to enable providers to enroll members. Ms. Stenersen requested further updates from the Counties on the CHDP program in the next FAC meeting.
Member Services & Update Elia Rodriguez Member Services Call Center Manager	Ms. Rodriguez advised that the member portal project is in progress. Implementation date is scheduled for January 2023. Ms. Rodriguez also advised that they did receive notification from DHCS, on a new All Plan Letter (APL) which requires health plans to provide alternate formats for member materials such as Braille and a large 20-point font for member ID cards, member handbook, and other member materials. Ms. Rodriguez stated that the calls received in the Call Center have decreased. The previous average calls were 550 to 600 per day, and currently, the call center receives about 380-400 calls per day. It is likely that this decrease is due to the suspension of the prior authorization requirement with Medi-Cal RX. CenCal Health is exploring to incorporate the health survey tools in the online member portal. This will enable members and families to complete the health survey tools online thereby decreasing mailing and return turnaround time. Ms. Rodriguez confirmed to Ms. Davis that an FAQ section will be available on the member portal.
Roundtable Discussion *All Attendees*	Ms. Stenersen asked Patty Moore to present on the Help Me Grow project at the August 18, 2022, meeting.
Next Meeting: Thursday, August 18th, 2022, 11am-12:30pm	

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STRATEGIC PLAN: 2023-2025

Board of Directors | September 21, 2022

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

1

OBJECTIVES

- Orient to the intentional and inclusive process used to develop our Strategic Plan
- Describe Priorities, Objectives and Working Strategies for the future and seek adoption of the "2023 – 2025 CenCal Health Strategic Plan"
- Share CenCal Health's process to effectively execute the Strategic Plan, including stakeholder communication and next steps

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2

STRATEGIC **PLANNING**

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3

Characteristics of Effective Strategic Plans

The most effective strategic plans…

- Are clear, simple & focused
- Provide broad vision but offer achievable steps
- Look forward & outward, not just internally
- Provide a common focus shared by Staff, Leadership & the Board
- Encourage broad buy-in & participation
- Function as a living framework

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This is a collaborative effort with the goal of shared ownership and understanding

4

Strategic Planning Process

- **Gain a shared understanding** of the Medi-Cal environment and implications for CenCal Health.
- **Engage** with Board of Directors, Community Stakeholders, Leaders & staff in perspectives on:
  - Our future vision for CenCal Health
  - Strategic priorities & directions for the next 3 years
  - Strengthening & updating our Mission & Vision statement.

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5

Strategic Planning Timeline & Next Steps

May – June 2022

Soliciting Input:

All-Staff Town Hall Meeting, Community Stakeholder Interviews, Senior Leadership Retreat, Executive Leadership Meetings, Director Survey

July 1, 2022

Board of Directors Strategic Retreat

July – August 2022

Drafting framework of Strategic Plan

September 2022

Presented to Board of Directors for Consideration

September – December 2022:

Communicating and planning for execution

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6

Key Themes

- Expand role to convener and facilitator as opposed to administrator
- Lead in quality and focus on equity
- Expand role past Medi-Cal, towards coordinating more services for additional members
- Integrate well internally and strengthen operations for the future

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7

Considering the Environmental Factors

COVID-19 reshaped workforce & community health environment

Cal-AIM Transformations

- Enhanced Care Management / Community Supports
- Population Health Management

2024 DHCS Contract Requirements

- Transparency, oversight & reporting
- Quality requirements
- Health equity/disparities
- Community engagement requirements

Enrollment & Market Considerations

- Dual-Eligible Special Needs Plans (D-SNP)
- Potential Covered California & Medicare Advantage opportunities
- Uncertain Medi-Cal enrollment future with contradictory forces
- Paying attention to revenue in the future

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Stakeholder Input – Environmental Scan

Comprehensive environmental scan

- Provider Satisfaction Survey
- Member Satisfaction Survey
- Staff input from Town Hall Meetings

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9

Leadership Retreat – Strengths, Weaknesses, Opportunities, Threats

Senior Leadership Retreat

Executive Leadership Meetings

Director Survey

Exceed quality expectations and standards

Expand our role and reach to develop new programs

Organize for impact and effectiveness (e.g., people, processes, technology)

10

Board Retreat – What is needed for the Future?

Board Members

- Be the integrator and build cooperative partnerships
  - *"Take a more active role in community health to improve outcomes and equity"*
- Shape public policy, lead advocacy and support local needs
  - *"CenCal Health can be a driving force in policy"*
- Proactive and early intervention to improve health
  - *"Much more population health management"*
- Become a more effective, proactive and accountable organization
  - *"The Board should be kept appraised of progress and performance"*

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11

Community Stakeholders Feedback

Hospitals

Counties

Clinics

Specialists

- Facilitate community collaboration, convening and engagement
  - *"Take a more active role in community health to improve outcomes and equity"*
- Proactively prepare for change (e.g., CalAIM)
  - *"I am optimistic for leadership changes and going forward, we are looking for CenCal Health to be strategic partners who will be proactive, engaged and creative in their approach to addressing challenges."*
  - *"Providers are not receiving timely or clear data and this has been the case now for several years. It is important for CenCal Health to re-establish itself as a leader and teacher in the local community."*
- Educate stakeholders
  - *"Overall, CenCal Health has performed well, including accessibility, willingness to assist providers with new initiatives, and openness to resolving challenges. I think we have a new opportunity to really partner better with CenCal from both sides."*
- Retain the local model
  - *"I have been a real believer in this model for a long time. I think we have always been grateful to have the local authority to have a plan like this."*

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STRATEGIC **PRIORITIES**

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Strategic Plan Priorities

2023 – 2025

Cultivate Community Partnerships

Advance Quality and Health Equity for All

Expand our Service Role and Reach

Organize for Impact and Effectiveness

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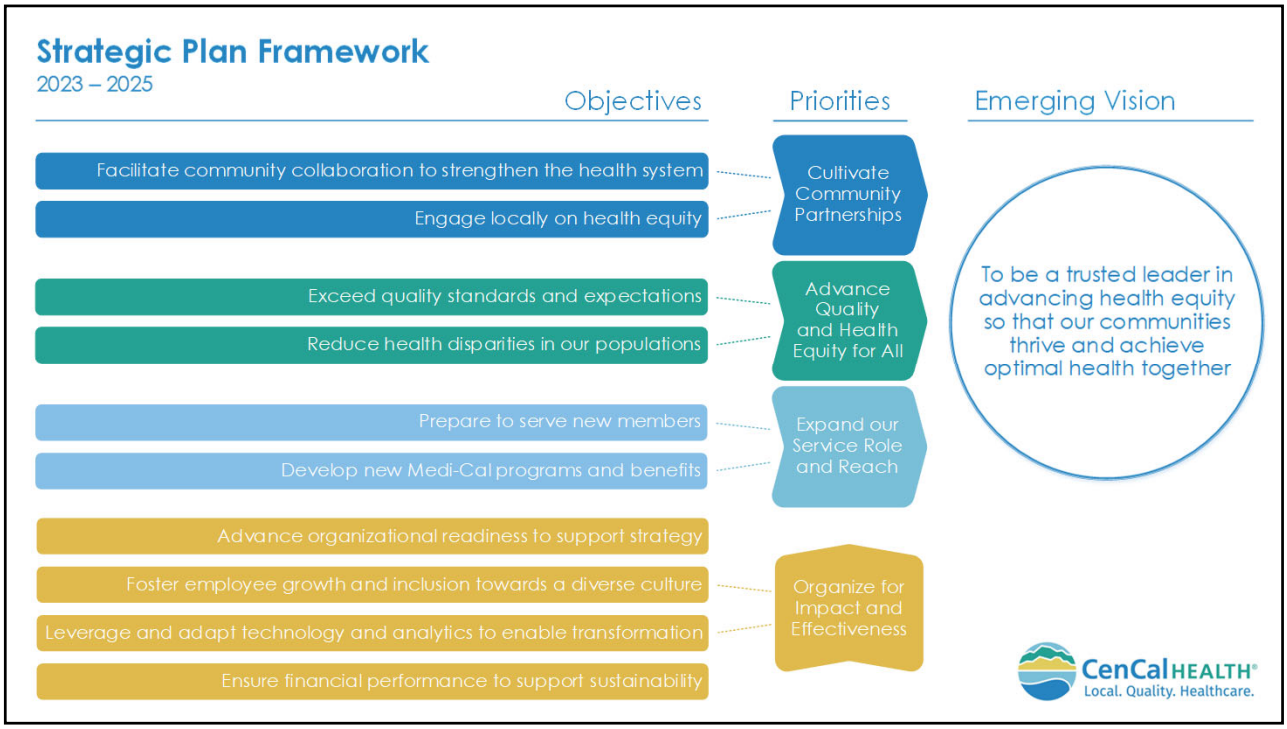
Strategic Plan Framework
2023 – 2025
Objectives
Priorities
Emerging Vision
Facilitate community collaboration to strengthen the health system
Engage locally on health equity
Cultivate Community Partnerships
Exceed quality standards and expectations
Reduce health disparities in our populations
Advance Quality and Health Equity for All
Prepare to serve new members
Develop new Medi-Cal programs and benefits
Expand our Service Role and Reach
Advance organizational readiness to support strategy
Foster employee growth and inclusion towards a diverse culture
Leverage and adapt technology and analytics to enable transformation
Ensure financial performance to support sustainability
Organize for Impact and Effectiveness
To be a trusted leader in advancing health equity so that our communities thrive and achieve optimal health together
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STRATEGIC EXECUTION
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From Strategic Planning to **Strategy Execution**

17

Balance

- Attend to what's needed to succeed today *and* tomorrow
- Appreciate the tension between the current reality and the future vision

Focus

- Focus on less to achieve more by setting few audacious, wildly important goals
- Spark motivation by leaving room for creativity and innovation

Integrate

- Use functional teams to organize and cross-functional teams to execute
- Define their customers and measure what matters to them

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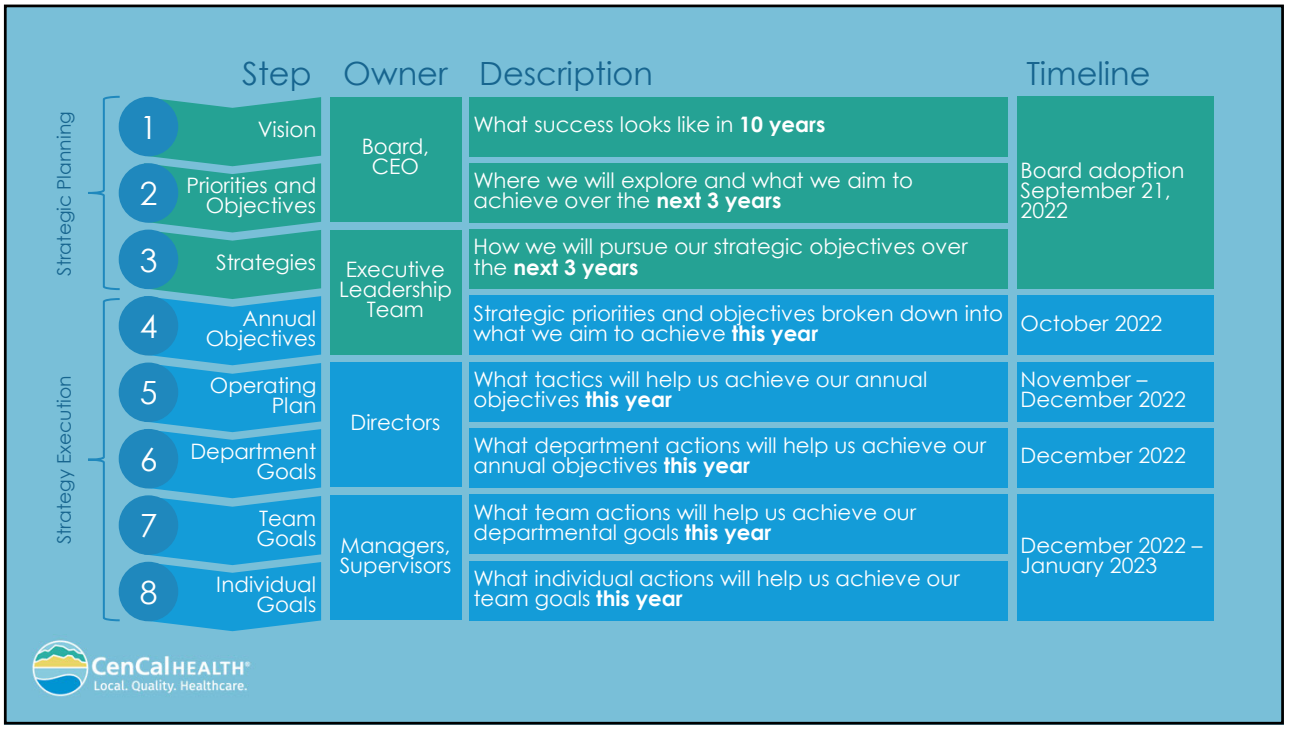
Step
Owner
Description
Timeline
Strategic Planning
Strategy Execution
1 Vision
2 Priorities and Objectives
3 Strategies
4 Annual Objectives
5 Operating Plan
6 Department Goals
7 Team Goals
8 Individual Goals
Board, CEO
Executive Leadership Team
Directors
Managers, Supervisors
What success looks like in 10 years
Where we will explore and what we aim to achieve over the next 3 years
How we will pursue our strategic objectives over the next 3 years
Strategic priorities and objectives broken down into what we aim to achieve this year
What tactics will help us achieve our annual objectives this year
What department actions will help us achieve our annual objectives this year
What team actions will help us achieve our departmental goals this year
What individual actions will help us achieve our team goals this year
Board adoption September 21, 2022
October 2022
November – December 2022
December 2022
December 2022 – January 2023
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Next Steps
1. Finalize and Execute Communication Plan
2. Develop Forums and Convene External Stakeholders
3. Initiate Development of 2023 Operating Plan
4. Report Progress to Board on a Bi-Annual Basis
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KEY TAKEAWAYS

- CenCal Health's leadership team is strategic, purposeful and engaged in what the future holds.
- Our new vision is focused on advancing health equity so that our community thrives and achieves optimal health.
- We've engaged in an intentional and inclusive process to develop a 3-year strategic plan.
- Our priorities will be cultivating community partnership, advancing quality and equity for all, and expanding our role and reach. We will organize for impact and effectiveness to support these priorities.
- We've considered what is needed to execute our strategy well and foster a culture that supports our people and enables our performance.

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Board Recommendation

- Adopt CenCal Health's 2023-2025 Strategic Plan, including priorities, objectives and working strategies for the future

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STRATEGIC **VISION** AND MISSION

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Vision
To be a trusted leader in advancing health equity so that our communities thrive and achieve optimal health together.
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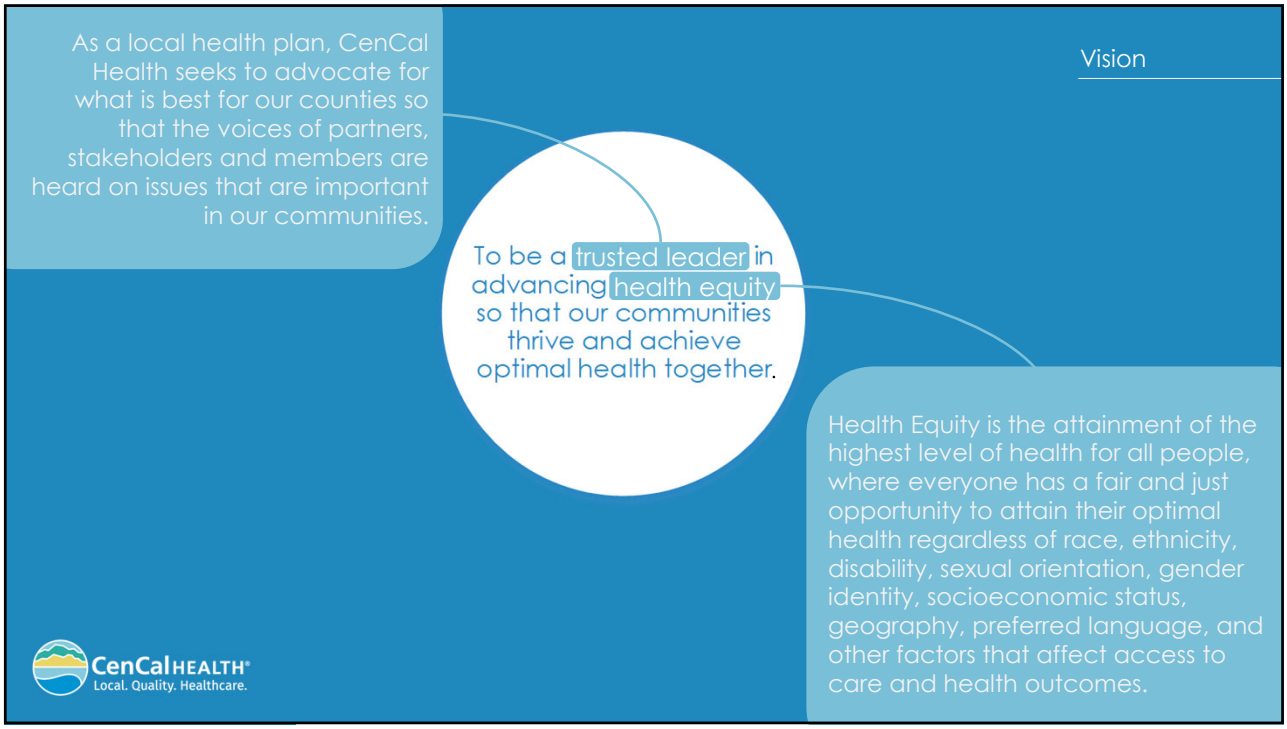
As a local health plan, CenCal Health seeks to advocate for what is best for our counties so that the voices of partners, stakeholders and members are heard on issues that are important in our communities.
Vision
To be a trusted leader in advancing health equity so that our communities thrive and achieve optimal health together.
Health Equity is the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, and other factors that affect access to care and health outcomes.
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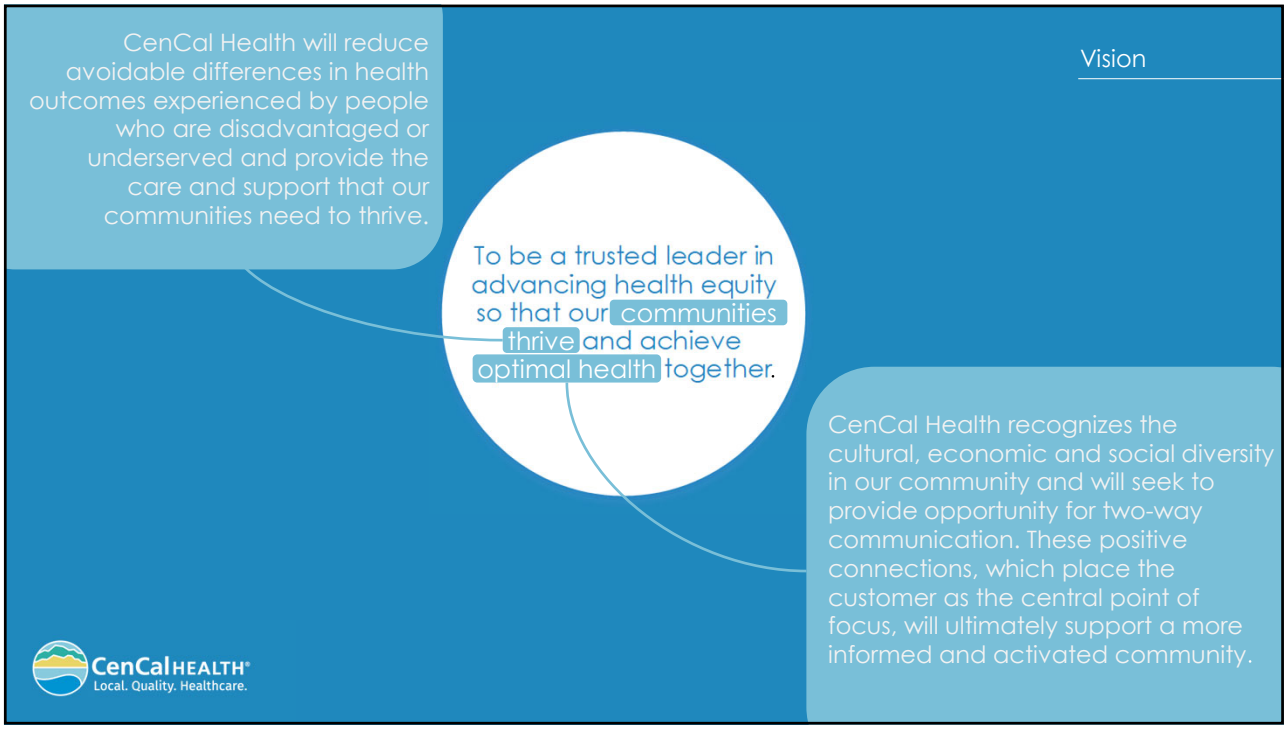
Vision
CenCal Health will reduce avoidable differences in health outcomes experienced by people who are disadvantaged or underserved and provide the care and support that our communities need to thrive.
To be a trusted leader in advancing health equity so that our communities thrive and achieve optimal health together.
CenCal Health recognizes the cultural, economic and social diversity in our community and will seek to provide opportunity for two-way communication. These positive connections, which place the customer as the central point of focus, will ultimately support a more informed and activated community.
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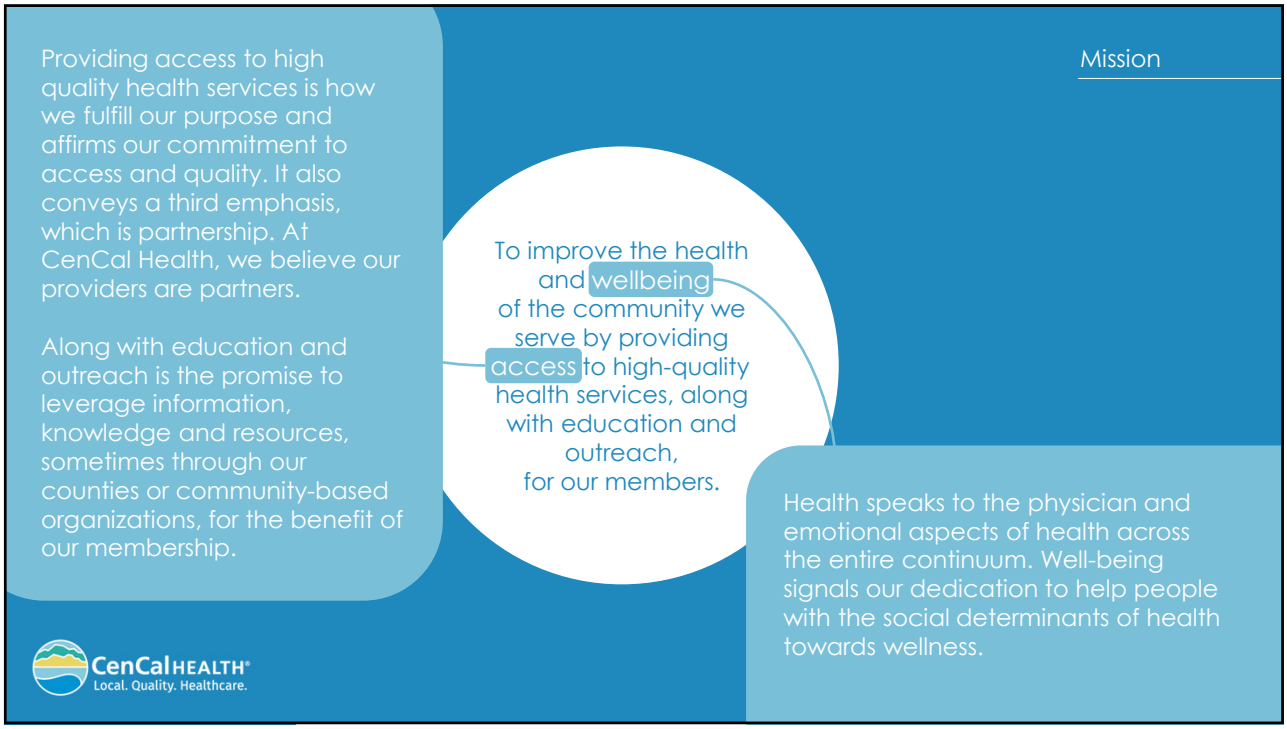
Mission
Providing access to high quality health services is how we fulfill our purpose and affirms our commitment to access and quality. It also conveys a third emphasis, which is partnership. At CenCal Health, we believe our providers are partners.
Along with education and outreach is the promise to leverage information, knowledge and resources, sometimes through our counties or community-based organizations, for the benefit of our membership.
To improve the health and wellbeing of the community we serve by providing access to high-quality health services, along with education and outreach, for our members.
Health speaks to the physician and emotional aspects of health across the entire continuum. Well-being signals our dedication to help people with the social determinants of health towards wellness.
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Next Step

Return to Board in October for adoption of Vision and Mission statements.

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Strategic Plan

2023 - 2025

Our Mission

To improve the health and wellbeing of the communities we serve by providing access to high-quality health services, along with education and outreach, for our members.

Our Values

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

Improvement
Continually improving to ensure our growth, success and sustainability.

Collaboration
Coming together to achieve exceptional results.

Compassionate Service
Serving and advocating for all customers with excellence.

Our Vision

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

Priorities	Objectives
Cultivate Community Partnerships	> **Facilitate** community collaboration to strengthen the health system
	> **Engage** locally on health equity
Advance Quality and Health Equity for All	> **Exceed** quality standards and expectations
	> **Reduce** health disparities in our populations
Expand Our Service Role and Reach	> **Prepare** to serve new members
	> **Develop** new Medi-Cal programs and benefits
Organize for Impact and Effectiveness	> **Advance** organizational readiness to support strategy
	> **Foster** employee growth and inclusion towards a diverse culture
	> **Leverage and adapt** technology and analytics to enable transformation
	> **Ensure** financial performance to support sustainability

Working Strategies

Priority: Cultivate Community Partnerships

- Convene, educate and collaborate with community stakeholders on Medi-Cal reforms to enable coordinated action
- Align the CenCal Health Doorway to Health Foundation to advance quality and health equity for all and promote innovation
- Play a leading policy role as liaison, educator and advocate for local Medi-Cal and safety-net health care priorities at the local and statewide level
- Embrace the role of convener, facilitator, and humble partner with other health providers, social service leaders and government agencies to promote health equity
- Solicit member, provider and community partner voices through meaningful engagement to improve mer experience
- Collect, analyze and share data on health disparities and the social determinants of health to propel community transformation

Priority: Advance Quality and Health Equity for All

- Expand quality strategies to be a top quality performer among Medi-Cal health plans
- Enhance the Quality and Equity Program and achieve NCQA accreditation
- Partner with our provider network to support targeted quality improvements
- Develop a health equity strategy
- Implement population health capabilities to identify and address health disparities among our Medi-Cal members
- Enhance insight into health disparities by expanding the collection and sharing of drivers of health indicators

Priority: Expand Our Service Role and Reach

- Prepare for a sustainable and integrated Medi-Cal and Medicare program serving dually-eligible members
- Explore local needs and market opportunities for Covered California and Medicare Advantage
- Facilitate Medi-Cal coverage expansions for newly eligible residents
- Expand Enhanced Care Management, Community Supports and Community Health Workers programs responsive to local needs
- Invest in capacity to serve members through State sponsored incentive programs
- Advocate to preserve and support local voice and decision-making

Priority: Organize for Impact and Effectiveness

- Develop a strategic human resources function and capabilities to meet future state requirements
- Evolve core competency requirements and performance management system
- Enhance employee training and development
- Develop planning and execution capabilities to advance organizational integration and coordination
- Achieve insight into organizational performance to target improvements
- Adapt processes through continuous improvement methodologies

---

- Evolve technology model to emphasize external partnerships, to meet business needs
- Develop advanced analytical insight to support the management and improvement of member care
- Advance health data exchange and interoperability solutions
- Develop strategic financial function to evaluate regional rates impact and interventions
- Evolve cost containment focus to manage member risk and needs
- Deploy targeted investment and incentive strategies

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Incentive Payment Program
Status and Next Steps

Jordan Turetsky, MPH
Provider Network Officer

September 21, 2022

1

Agenda

- Background: ECM and Community Supports
- Incentive Payment Program: Intent and Allocation
- CenCal Health Incentive Assessment Process
- Provider Feedback
- Next Steps

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ECM and Community Supports

Enhanced Care Management (ECM) is a new benefit under CalAIM, available as of July 1 for eligible members.

Community Supports are optional services, not funded by DHCS, which health plans may offer and which seek to improve SDOH.

CenCal Health currently contracts with three ECM providers and offers two Community Supports.

CenCal Health seeks to continue expanding ECM capacity and will add four additional Community Supports in January 2023.

3

Incentive Payment Program (IPP)

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

Funds can be used for:

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

CenCal Health IPP Application Focus:

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

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CenCal Health Funding Allocation

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

Eligible provider types include:

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

5

CenCal Health Incentive Assessment Process

ASSESS

Determine stakeholder needs, including:

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

DESIGN

Evaluate assessed needs against incentive parameters, including:

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

IMPLEMENT*

Develop and execute a transparent incentive administration program, including:

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

MONITOR

Monitor incentive program outcomes and effectiveness, including:

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

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

6

Provider Feedback

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

100% Said funding would support staffing costs

72% Said funding would support information technology or enhancement

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

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

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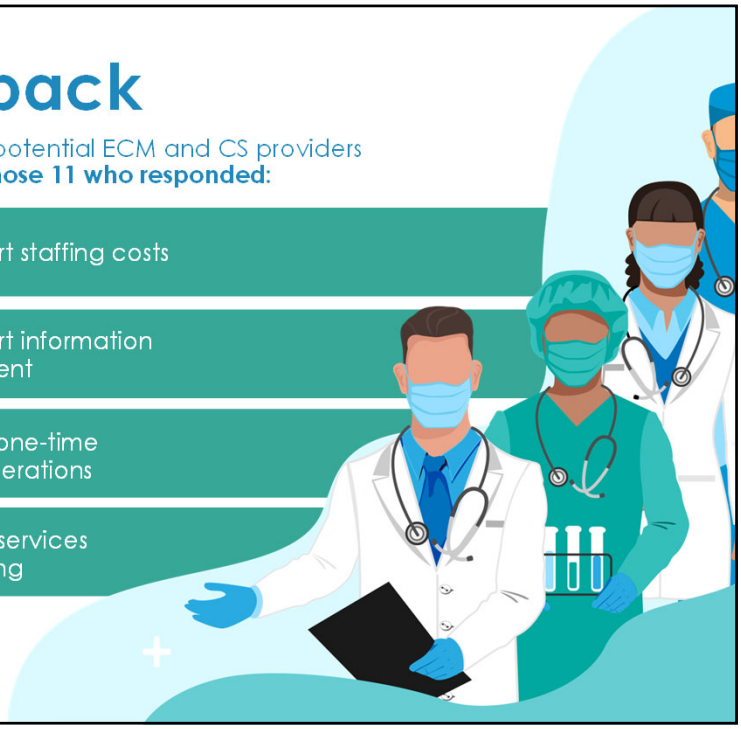

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Next Steps

STEP ONE: Develop process to issue funding to local Stakeholders and inform Board

STEP TWO: Enhance capacity for outcomes and impact monitoring; report regularly to the Board

STEP THREE: Complete ongoing reporting to the Board, DHCS, and the community on progress

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

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2024 Contract Operational Readiness (OR)

Karen S. Kim, Chief Legal and Compliance Officer
Krisza Vitocruz, Compliance Director and Privacy Officer
September 21, 2022

1

Background

- CenCal contracts with the Department of Health Care Services (DHCS) to provide Medi-Cal managed care services to beneficiaries in Santa Barbara and San Luis Obispo counties
- DHCS oversees Managed Care Plans and their adherence to contractual requirements
- DHCS develops model contracts for all Plans
- Contract language is negotiated through group associations (e.g. LHPC and CAHP)
- Each Plan has their own contract rate exhibits

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Background

- Current contract is set to expire on December 31, 2023
- New model contract for 2024 significantly updates and revises DHCS model contract with managed care plans
- 2024 Contract Implementation Period: August 1, 2022 – December 31, 2023.
- 2024 Contract Operations Period: January 1, 2024
- Form 213 attestation has been signed to commit readiness for 2024 contract

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2024 Contract Operational Readiness Background & Approach

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2024 Contract Objectives

Access	Access to high-quality, accessible, and comprehensive care
Reduce	Reduce health disparities
Improve	Improve health outcomes

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2024 Contract: Implementation Period Deliverables

- 12 Exhibits
- 8 of 12 Exhibits have required deliverables during Implementation Period
- Total of 235 deliverables with varying degrees of complexity
- Non-exhaustive list, subject to change based on federal/state law or DHCS program requirements

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2024 Contract: Implementation Period and Scope of Deliverables

SUBJECT AREAS INCLUDED:

- Plan Organization and Administration
- Financial Information
- Program Integrity and Compliance Program
- Management Information System
- Quality Improvement and Health Equity Transformation Program (QIHETP)
- Utilization Management Program
- Network Provider Agreements, Subcontractor Agreements, Downstream Subcontractor Agreements, and Contractor's Oversight Duties
- Provider Relations
- Provider Compensation Arrangements
- Marketing
- Enrollments and Dis-enrollments
- Population Health Management and Coordination of Care
- Enhanced Care Management (ECM)
- Community Supports
- Member Grievance and Appeal System
- Member Services
- Network and Access to Care
- Scope of Services
- Community Based Adult Services (CBAS)
- Mental Health and Substance Use Disorder Benefits
- MOUs with Third Parties
- Emergency Preparedness and Response
- Budget Detail and Payment Provisions
- HIPAA
- Conflict of Interests
- Delegation Oversight

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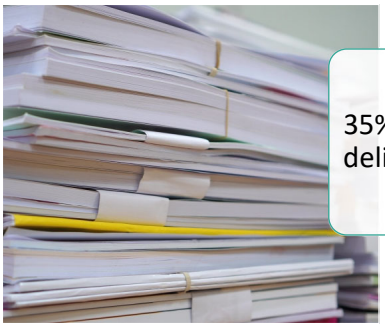
2024 Contract: Implementation Period and Types of Deliverables

Policies and Procedures

65% of deliverables

Other Documentation



35% of deliverables

8

Other Documentation

- Flow charts
- Boilerplate contracts
- MOUs
- Program descriptions
- Model of Care
- Protocols
- Sample reports
- Organizational charts
- Sample attestations
- Committee meeting descriptions
- Knox-Keene licensing exhibits
- NCQA accreditation

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2024 Contract: Implementation Period and Phased Submission Process

1

Phase 1

- ✓ August 12
- ✓ September 12
- October 3

2

Phase 2

- December 19
- January 9, 2023
- March 1

3

Phase 3

- April 24
- May 22
- June 1

10

2024 Contract Analysis – General Themes

- Sections heavily revised and expanded upon
- More explicit and stringent language use
- Defined terminology used throughout
- Reference to regulations or resources

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2024 Contract Analysis – Requirement Themes

Health Equity	Requirement Scope Expansion to: •Network Providers •Subcontractors •Downstream Subcontractors •Potential Members •Potential Enrollees	Increase in Training Requirements	Increased Oversight of Subcontractors, Downstream Subcontractors and Network Providers
Specification of Medical Necessity	Closed Loop Referrals	Publicly Posting Plan Documents	CalAIM Initiatives
MOUs	Sanctions	Mental Health	State Fair Hearings

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2024 Contract Analysis – Examples of High Impact

2024 Provision Title	Summary of Requirement	Impacted Departments	Deliverables	First DHCS Deliverable Due Date
1.1.7 Chief Health Equity Officer	Contractor must maintain a full-time chief health equity officer who has the necessary qualifications or training at the time of hire or within one year of hire to meet the requirements of the position.	• CX • Compliance • Health Services	• Appointed Liaison/Role to Conduct Duties • Job Description - Development • P&P - New • Program Description - Development/New • Reporting - Filing Personnel Changes	No deliverables currently due to DHCS. However, APL guidance will be issued.
1.2.7 Community Reinvestment Plan and Report	Contractor and its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors must annually submit a Community Reinvestment Plan for DHCS' approval that details its anticipated community reinvestment activities	• Compliance • Legal • Provider Services	• Program Description – Development/New	No deliverables currently due to DHCS.

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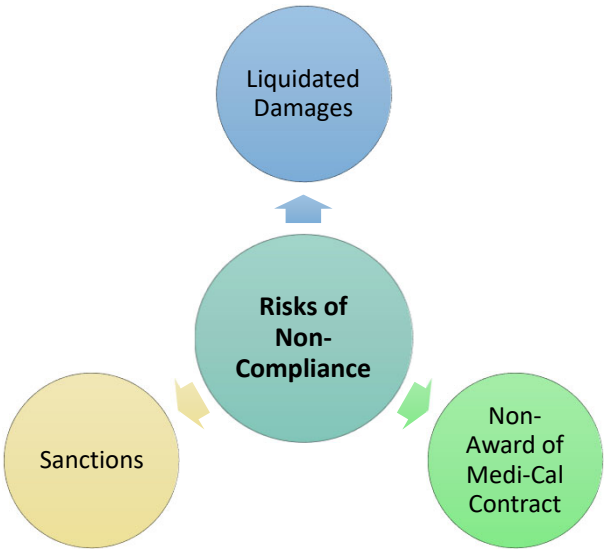
Risks of Non-Compliance



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2024 Contract Approach

- 2024 Contract Analysis
- Project Resources
  - Dedicated Compliance Resource
  - Project Manager
  - Business Analyst
- Steering Committee
- Phase 1: 5-day meeting series for monthly deliverable date
- Phases 2 and 3: Will consolidate all deliverable dates

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2024 DHCS Contract Analysis

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2024 Contract Analysis - Objectives

Phase One

Language Review

Highlight 2024 Contract Language changes, with annotation of 2020 language.

Analysis

Identified Deliverables, Action, Impacted Business Owners and Plan Impact.

Phase Two

Business Owner Validation

Compliance will meet with Departmental Leaders (both Executive and Director level) to verify the analysis.

DHCS Deliverable Overlay

DHCS Deliverables aligned to contractual requirement changes.

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2024 Contract Analysis - Deliverables

Annotated PDF

- Serves as one stop shop to see all changes in the 2020 vs. 2024 contract.
- New verbiage is Highlighted with 2020 verbiage annotated for reference.
- To be used a s a reference guide, should leaders want to understand exactly what has changed.

Gap Analysis

- Analysis Workbook captures the 2024 verbiage to be referenced when making updates to documents.
- Contains all substantive changes.
- Identifies applicable requirement changes per DHCS Deliverables.
- Delta is called out within the analysis as needed.

Analysis Dashboard

- Will identify areas addressed via DHCS Deliverables as well as impact per requirement or section of the contract.
- Examples of additional Dashboard metrics include progress on operational actions not tied to DHCS deliverables as well as Approval/AIRs from DHCS.

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2024 Contract Analysis – Sizing Plan Impact

Rank	Description
High	• Novel to the Plan, requiring new programs, additional resources, procurement of systems, provider network development or credentialling by a 3rd party. • Requires a substantial amount of cross-departmental or external collaboration. • Significant number of deliverables/heavy effort needed for the Plan to comply.
Medium	• Process development/expansion needed, but existing staff can likely absorb the function. • Requiring heavy cross-departmental or external collaboration, IT/IS systems configuration. • One or more deliverables requiring a significant amount of effort.
Low	• Minor modifications to current business operations, small adjustments to process or policy. • One or fewer deliverables, requiring small amount of effort.
N/A – Plan Already Addressed	• Requirements already addressed by the Plan and incorporated into business operations.
N/A to Plan	• Not applicable to the Plan, current state.

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Next Steps

- Update the Board through monthly Compliance Report
- Update the Board after completion of Phase 2 of deliverables
- Any issues would be raised through the Executive Report

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2022 Population Needs Assessment (PNA)

Gaby Labraña, MPH
Supervisor, Health Promotion

9/21/22

1

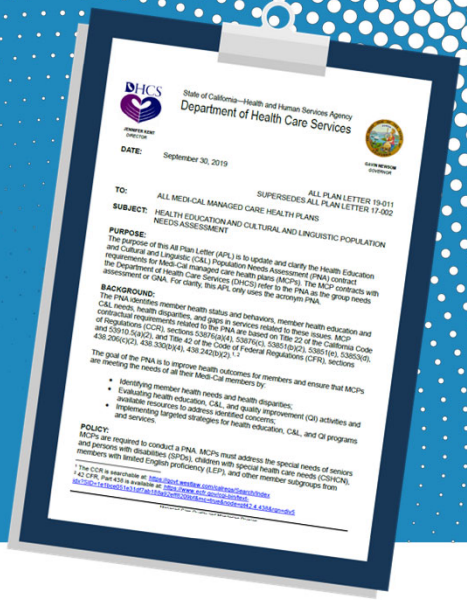
Background

Purpose

- Identify member health needs and health disparities
- Evaluate health education, C&L, and QI activities
- Implement targeted strategies for health education, C&L, and QI programs

PNA is required annually.

All data and findings are for CY 2021.



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Fully approved by DHCS on 7/5/2022

2

Assessment Overview

Background

Data Sources and Methods

Assessment Findings

- Membership Profile
- Health Status and Disease Prevalence
- Access to Care
- Health Disparities
- Health Education, C&L, and QI Improvement Gap Analysis

Action Plan

Stakeholder Engagement

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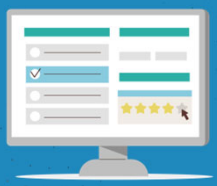
Data Sources

Consumer Assessment of Healthcare Providers & Systems (CAHPS).



Department of Health Care Services Health Disparity Data

Health Plan data

Managed Care Accountability Set (HEDIS & CMS Core Set)

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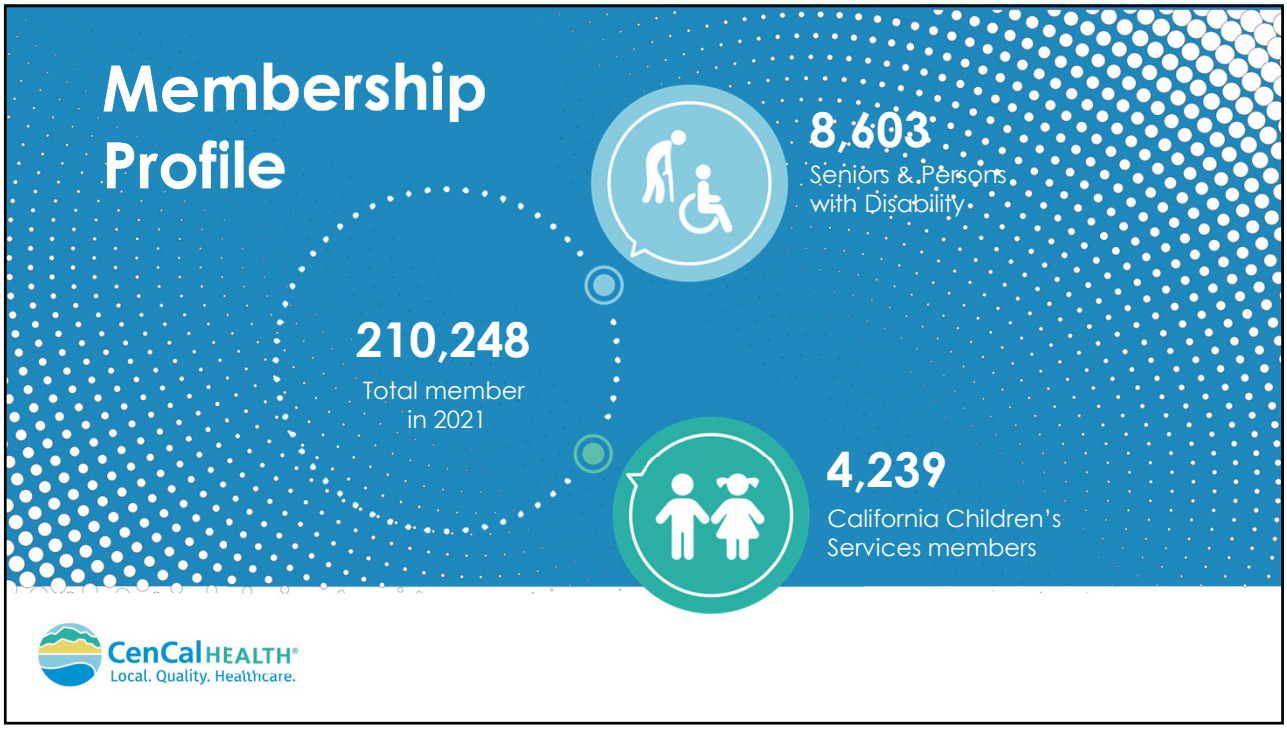
Membership Profile
8,603
Seniors & Persons with Disability
210,248
Total member in 2021
4,239
California Children's Services members
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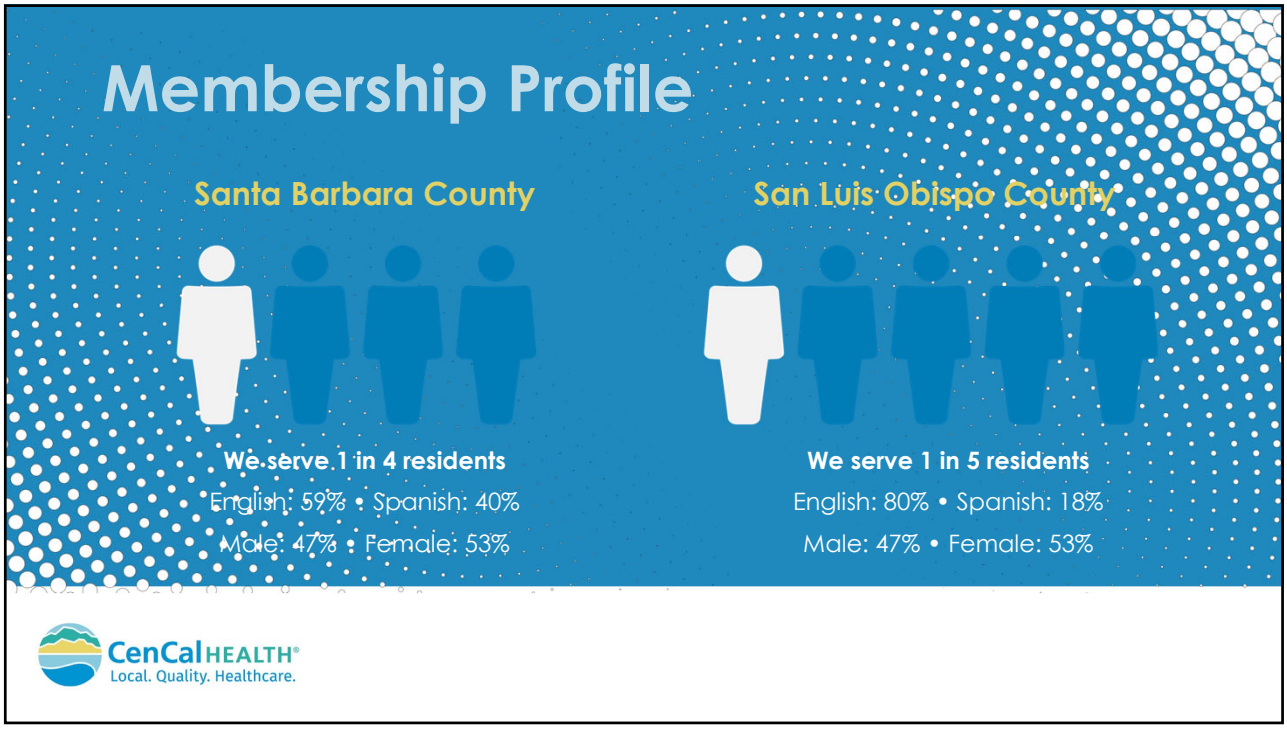
Membership Profile
Santa Barbara County
San Luis Obispo County
We serve 1 in 4 residents
English: 59% • Spanish: 40%
Male: 47% • Female: 53%
We serve 1 in 5 residents
English: 80% • Spanish: 18%
Male: 47% • Female: 53%
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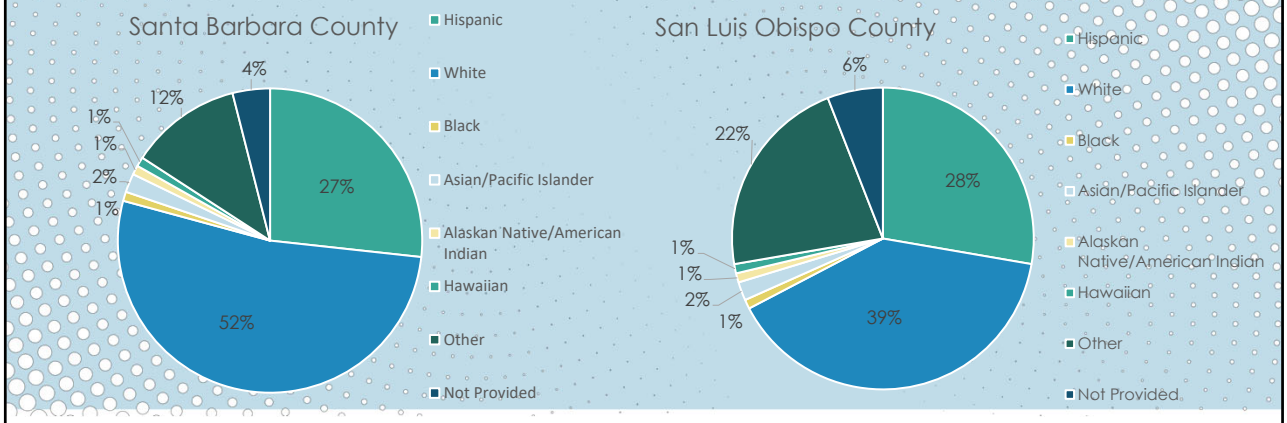
Membership Profile



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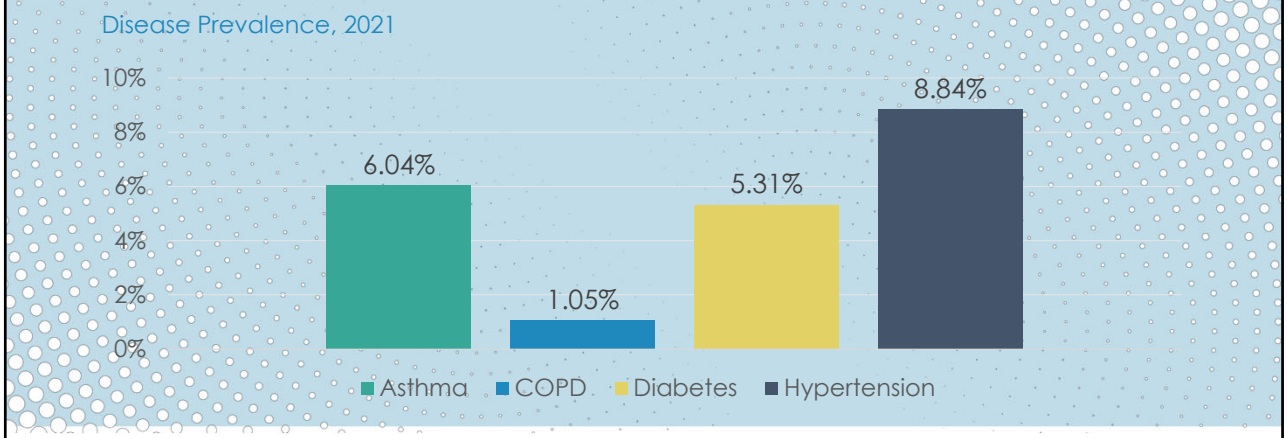
Health Status & Disease Prevalence



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Access to Care

CAHPS survey responses—all >80%

- Got check-up/routine appointments as soon as needed
- Ease of getting care, tests, or treatment
- Getting care quickly
- Getting needed care

Provider Network Data

Capacity standards met

- PCP-to-member ratio 1:2000
- Physician-to-member ratio 1:1200
- Distance/time to PCP

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Identified Health Disparities

- **Asthma Medication Ratio** — *Age*
- **Breast Cancer Screening** — *Language spoken*
- **Controlling High Blood Pressure** — *Region, sex, and language spoken*
- **Pediatric Developmental Screening** — *Age*
- **Depression Screening and Follow-up** — *Language spoken*
- **Immunizations for Adolescents** — *Language spoken, race, region*
- **Chlamydia screening** — *Age*

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PNA Action Plan

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CenCal Health PNA: Action Plan

Pediatric Developmental Screening

Objective:

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

Strategies:

- Explore data completeness and sharing between agencies
- Member and provider education
- Collaboration with Help me Grow Coalition

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CenCal Health PNA: Action Plan

Breast Cancer Screening

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

Strategies:
- Member education
- Member incentive program
- Explore mobile mammography

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CenCal Health PNA: Action Plan

Cervical Cancer Screening

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

Strategies:
- Member education
- Member incentive program
- Partner with CHW/Ps.

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CenCal Health PNA: Action Plan

Hypertension

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

Strategies:

- Member education
- Member incentive program
- Provider education and BP monitor benefit

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Next Steps

1) Implement Action Plan strategies

2) Quarterly reporting on Progress

- Community Advisory Board
- Member Support Committee
- Quality Improvement Committee

This report is informational, therefore no action is requested of your Board

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Population Needs Assessment

CenCal Health

2022

Responsible Health Education and/or Cultural and Linguistics Staff:

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Title: Health Promotion Supervisor
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Table of Contents

1. Population Needs Assessment Overview

Introduction

CenCal Health has provided Medi-Cal coverage in Santa Barbara County as the Santa Barbara Health Initiative (SBHI) since 1983 and in San Luis Obispo County as the San Luis Obispo Health Initiative (SLOHI) since 2008. These two service counties comprise the Plan's singular reporting unit.

Per California Department of Health Care Services (DHCS) requirement, a Health Education and Cultural & Linguistic Population Needs Assessment (PNA) is conducted each year. The Health Promotion Supervisor, who is responsible for planning, implementing, and evaluating the Plan's health education programs, compiled CenCal Health's 2022 PNA. The Director of Member Services is responsible for the Plan's cultural and linguistic (C&L) services through its Cultural and Language Access Program. Staff from our IT, Quality, and Population Health teams contributed health plan data and analysis to the PNA.

CenCal Health recognizes the importance of offering services that address the health education, C&L, and quality improvement (QI) needs of its members. The goal of this assessment is to improve health outcomes and to ensure that the Plan is meeting the needs of our members by:

- Identifying member health needs and health disparities.
- Evaluating health education, C&L, and QI activities and available resources to address identified concerns.
- Implementing targeted strategies for health education, C&L, and QI programs and services.

Data Sources

In compliance with DHCS policy, both required and optional data sources were used to provide a comprehensive assessment of the Health Plan's member population, identify key findings, and plan objectives and strategies for improvement. Unless otherwise noted, data is from Calendar Year 2021.

Key Findings Overview

The key findings of this assessment section were identified by analyzing the data sources described in Section 2 below.

Membership/Group Profile

- There was an 8.5% increase in total membership in 2021, as well as a 15.06% increase in enrollment in CenCal Health's California Children's Services program.
- 70% of members reside in Santa Barbara County, while the other 30% live in San Luis Obispo County.
- In Santa Barbara County, 59% of members speak English, and 40% speak Spanish. In San Luis Obispo County, 81% of members speak English, and 18% of members speak Spanish.

Health Status and Disease Prevalence

- The percentage of adult members that reported their overall health in 2021 as being good, very good, or great was a total of 75.71%.
- The percentage of children whose overall health was reported as good by their parent/guardian was 100% in 2021.
- Of the four key conditions assessed (asthma, chronic obstructive pulmonary disease, diabetes, and hypertension), hypertension was the most prevalent condition among CenCal Health members in 2021, with 7.05% of total members having this diagnosis.

Access to Care

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

Health Disparities

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

Gap Analysis

- Health education and quality improvement activities will focus on closing gaps related to the health disparities identified in this assessment.
- The Plan will focus on increasing utilization of the Health Survey Tools, to comprehensively assess members' health and social needs, particularly for adults, which had only a 9.98% return rate.
- Cultural and linguistic activities will support Health Education and QI efforts to ensure that members of all spoken languages have equitable access to services.

Action Plan

The key findings will be addressed through four Action Plan objectives which address the gaps and health disparities identified in this assessment. The Action Plan is detailed in Section 4 and includes strategies for achieving each objective's SMART goal. Also included is an update table for the 2021 PNA Action Plan objectives, including updated rates and an explanation of activities conducted to date.

Stakeholder Engagement

CenCal Health's Community Advisory Board was updated at each stage of the PNA development process and was given the opportunity to provide input in the content of the report, as well as the Action Plan objectives.

2. Data Sources and Methods

This section lists and provides a brief description of each data source used in the PNA, as well as the methods used to complete the assessment.

Data Sources

In compliance with DHCS policy, the following data sources were used to provide a comprehensive and up-to-date assessment of the Plan's member population, identify key findings, and to plan objectives and strategies for improvement. Data sources include the required, recommended, and optional data sources. *Unless otherwise noted, data is from Calendar Year 2021*.

2020 CAHPS survey [required]

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a program of the Agency for Healthcare Research and Quality. The survey's purpose is to understand and measure patient experiences with health care. In 2020, the CAHPS survey was sent to a sample of CenCal Health members in both counties. A total of 329 adult surveys were "complete and eligible," and a total of 438 child surveys were "complete and eligible."

DHCS Managed Care Plan Specific Health Disparity Data [required]

Provided to plans by DHCS, this data highlights disparities in health status and utilization among CenCal Health members. The data was analyzed to identify potential disparities for the select topics based on key demographic characteristics, including language, gender, and region.

Health Plan Data

Several health plan data sources were used in the development of the PNA, including:

Claims, utilization, and encounter data: This data source is administrative in nature. It encompasses medical claims, pharmacy claims, laboratory data feeds, and California Immunization Registry data feeds received by the Plan.

Gaps in Care database: The Gaps in Care database is the product of data from claims, pharmacy, laboratory results, and DHCS supplemental data feeds received by the Plan to identify member gaps in care. The database is updated monthly with results for prioritized NCQA HEDIS®[1] measures using HEDIS-certified software. The database is then analyzed to determine measure rates through a pre-built data query and dashboard. The Gaps in Care data query and dashboard have the capability to drill to county rates, network provider rates, and member-level detail.

Member Eligibility data: Member eligibility data is a bi-monthly data file received from the Department of Social Services that identifies all current and newly eligible CenCal Health members. It includes a member's personal information, contact information, aid code, as well as demographic information.

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[1]HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Cultural and Linguistics Program data: CenCal Health's Cultural and Linguistic Services program provides and facilitates interpreter and translation services. The Plan tracks utilization of Video Remote Interpreter Requests, Face-to-Face Requests, American Sign Language (ASL) requests, and Language Line requests, and reports this data to the Member Support Committee.

Member Health Survey Tool data: All new members are sent a Health Survey to obtain information about their current health status and health needs, and to determine whether or not the member is a candidate for Case Management or referral to other services. In 2021, the Plan sent a total of 19,310 Adult Health Surveys, and received a total of 1,927 back, or 9.98%. The Plan sent a total of 9,790 Pediatric Health Surveys, and received a total of 7,864 back, or 80.32%.

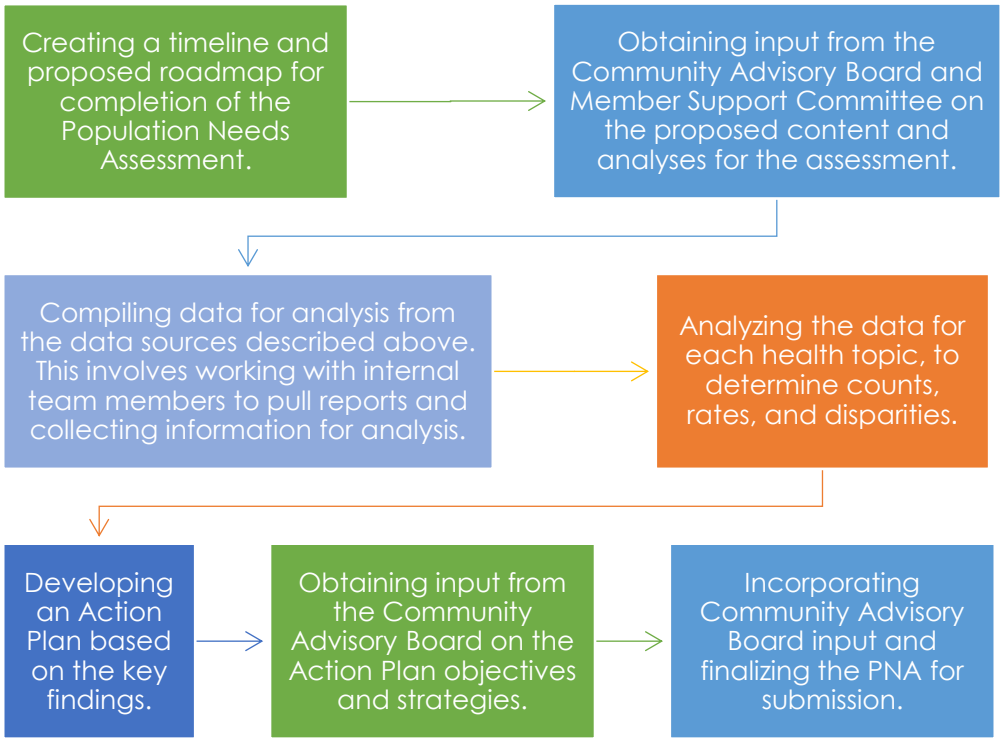
Provider Network data: The Network Management Committee (NMC) is responsible for reviewing access indicators to ensure compliance with contractual requirements and identify opportunities for improvement in the provider network. When needed to assess network adequacy for certain health topics, health plan provider network data was analyzed and cited.

HEDIS and MCAS

Both the Healthcare Effectiveness Data and Information Set (HEDIS) and the Managed Care Accountability Set (MCAS) are sets of standardized performance measures used by the health plan and regulatory bodies to assess The Plan's effectiveness in areas of preventive care and chronic disease management. CenCal Health's Interactive Data Submissions Set (IDSS), which is used for HEDIS and reported to the National Committee for Quality Assurance (NCQA), was used to obtain the specific rate calculations used throughout the assessment and Action Plan.

Methods

The Plan's methodology for completing the PNA included the following steps:



3. Key Data Assessment Findings

This section details the key findings about member demographics, health status, and health disparities identified through the methods described above.

2021 Membership/Group Profile

Overview

Based on member eligibility data, CenCal Health had 210,248 total members enrolled in 2021. This was an 8.5% increase from the total number reported in last year's PNA. 70% of members reside in Santa Barbara County, while the other 30% live in San Luis Obispo County.

Santa Barbara County

Based on eligibility data of the total SBHI members, 59% were English speakers, 40% were Spanish speakers, and 1% were either "other" or did not include a language preference. About 47% of members were male and 53% were female. The following data shows the number and percentage of members by both race and age:

Members by Race and Age, Santa Barbara County, 2021										
Age	White	Hispanic	Asian/ Pacific Islander	Black	Alaskan Native/ American Indian	Hawaiian	Other	Not Provided	Total	% Of Total
Age 0-5	10,460	6,850	144	94	12	15	2,350	381	**20,306**	14%
Age 6-11	14,179	5,598	229	194	22	20	1,189	188	**21,619**	15%
Age 12-21	19,901	10,581	568	357	76	38	2,221	735	**34,477**	23%
Age 22-44	17,646	9,676	837	630	191	29	7,861	2,280	**39,150**	27%
Age 45-64	11,006	4,389	606	472	126	21	3,191	1,182	**20,993**	14%
Age 65+	5,025	2,854	538	194	43	5	1,117	1,076	**10,852**	7%
Total	**78,217**	**39,948**	**2,922**	**1,941**	**470**	**128**	**17,929**	**5,842**	**147,397**	
% Of Total	53%	27%	2%	1%	<1%	<1%	12%	4%		

Note: The category "other" represents a substantial portion of CenCal Health members. Because this category is available when members sign up for Medi-Cal, it cannot be broken out further.

San Luis Obispo County

Based on eligibility data of the total SLOHI members, 81% were English speakers, 18% were Spanish speakers, and 1% were either "other" or did not include a language preference. About 47% of members were male and 53% were female. The following data shows the number and percentage of members by both race and age.

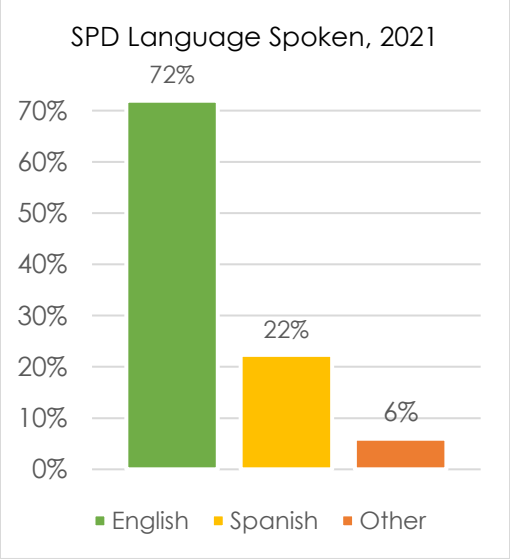
Members by Race and Age, San Luis Obispo County, 2021										
Age	White	Hispanic	Asian/ Pacific Islander	Black	Alaskan Native/ American Indian	Hawaiian	Other	Not Provided	Total	% Of Total
Age 0-5	1,680	2,199	59	40	15	5	2,152	794	**6,944**	11%
Age 6-11	2,720	3,364	103	55	24	15	1,171	198	**7,650**	12%
Age 12-21	4,297	5,763	250	140	44	30	1,559	427	**12,510**	20%
Age 22-44	8,185	3,808	401	243	102	22	5,178	1,344	**19,283**	31%
Age 45-64	5,639	1,733	301	163	97	8	2,775	791	**11,507**	18%
Age 65+	2,426	965	173	58	28	1	811	495	**4,957**	8%
Total	**24,947**	**17,832**	**1,287**	**699**	**310**	**81**	**13,646**	**4,049**	**62,851**	
% Of Total	40%	28%	2%	1%	<1%	<1%	22%	6%		

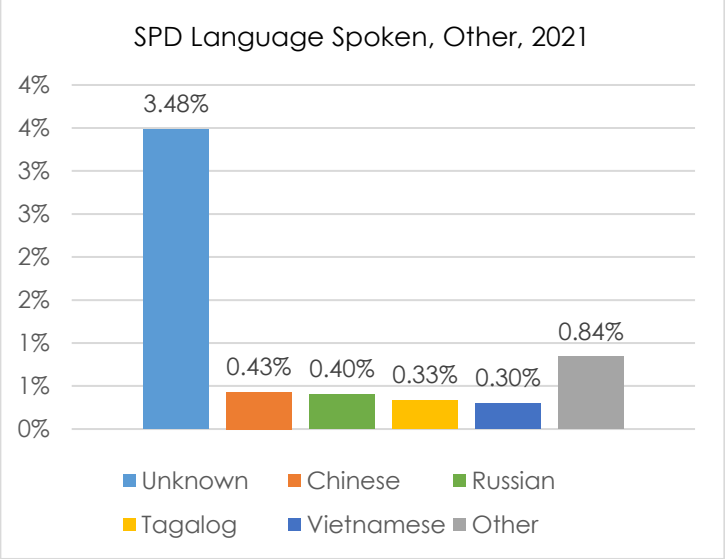
Note: The category "other" represents a substantial portion of CenCal Health members. Because this category is available when members sign up for Medi-Cal, it cannot be broken out further.

Special Populations

The following data highlights specific sub-populations of CenCal Health's membership.

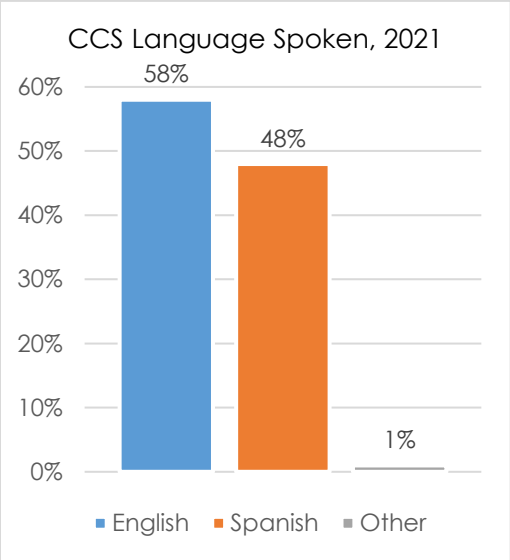
Seniors and Persons with Disability (SPD): Based on DHCS aid codes provided in eligibility data and excluding members with dual Medi-Cal/Medicare coverage, there are 8,603 SPD members in CenCal Health's service areas, 67% of whom live in Santa Barbara County, and 33% of whom live in San Luis Obispo County.

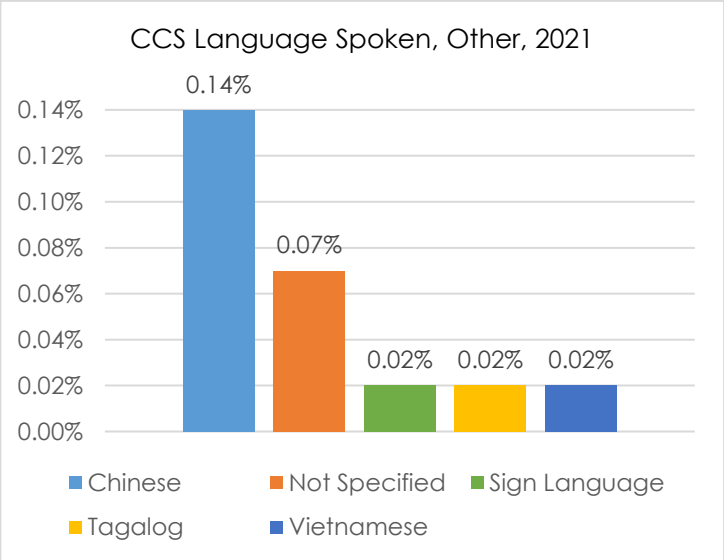




California Children's Services (CCS): Based on eligibility data, there are a total of 4,239 total CCS members in CenCal Health's service areas, which is a 15.06% increase from 2020. Of these

members, 64% live in Santa Barbara County, 33% live in San Luis Obispo County, and 3% live in other Counties.



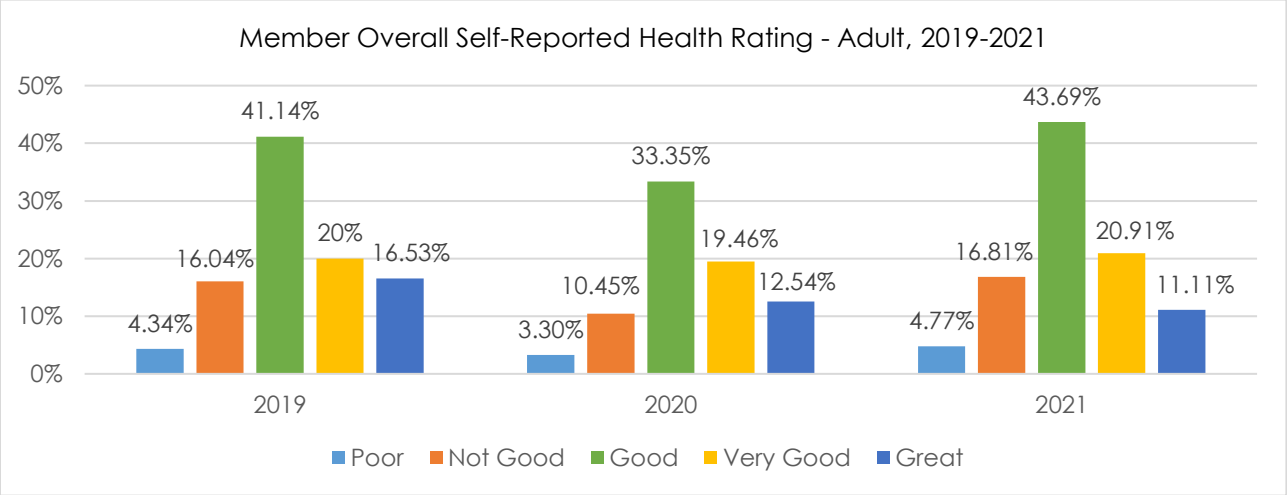


Health Status and Disease Prevalence

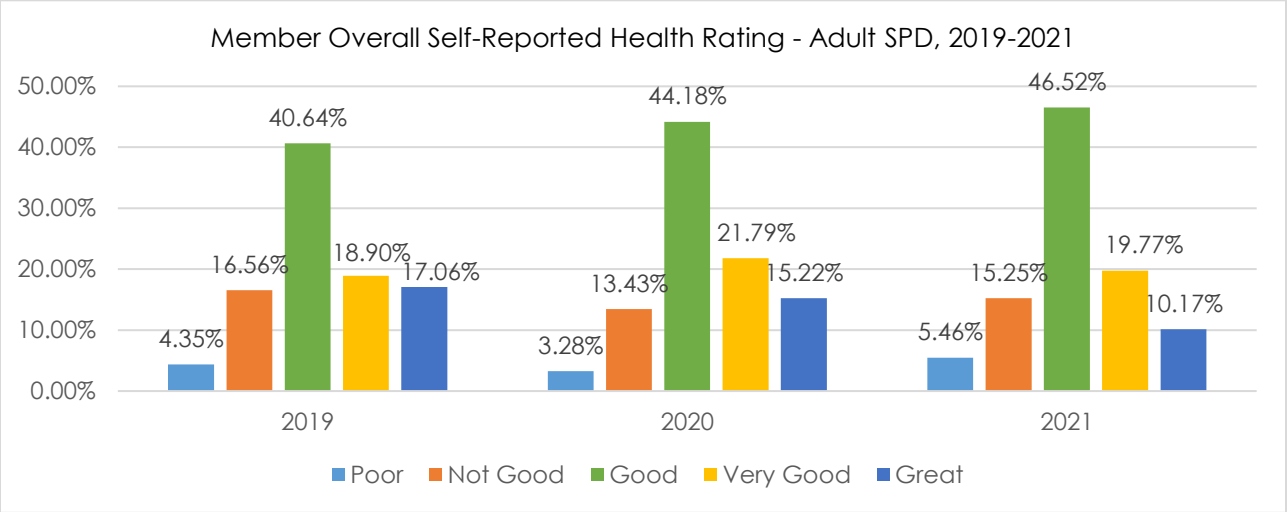
This section provides an overview of our members' health status, based on self-reported indicators, as well as an overview of the prevalence of key chronic conditions.

Health Status

Based on self-reported data from 1,927 Adult Health Survey Tools, the percentage of adult members that reported their overall health in 2021 as being good, very good, or great was a total of 75.71%. Based on self-reported data from this same tool, 11.36% of adult members currently use tobacco. This is consistent with statewide averages (CA Health Interview Survey, 2020). The graph below shows self-reported overall health rankings, including 2019 and 2020 data for comparison.



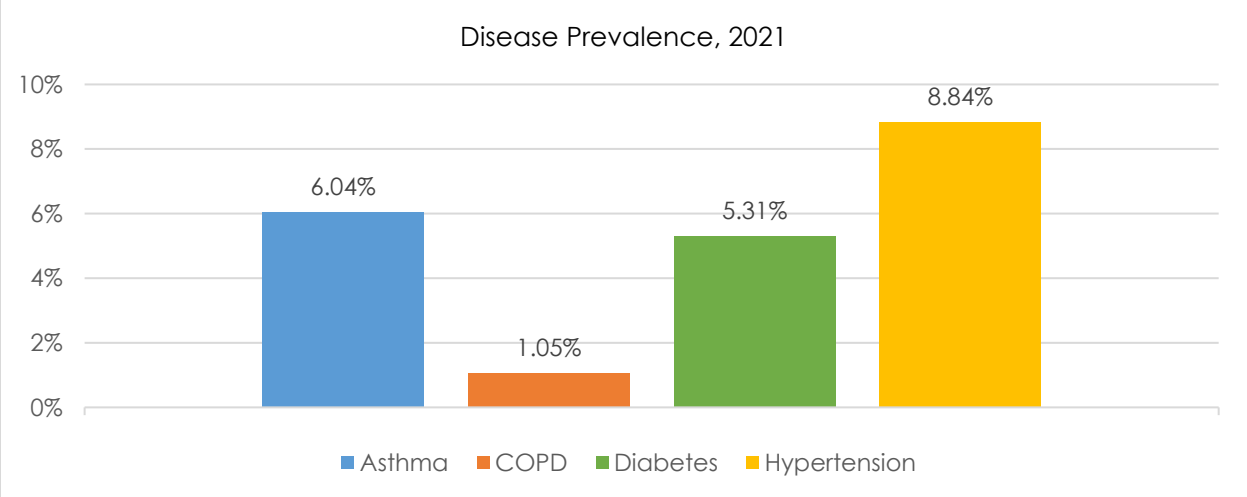
Of the 1,927 Adult Health Survey Tools completed, SPD members completed 531 total surveys. The percentage of adult SPD members that reported their overall health in 2021 as being good, very good, or great was a total of 76.46%. Based on self-reported data from this same tool, 10.55% of adult SPD members currently use tobacco.



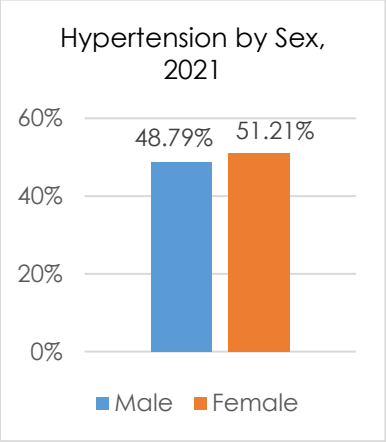
Based on parent/guardian-reported data from the Pediatric Health Survey tools, the percentage of children whose overall health was reported as good was 100% in 2021. However, Body Mass Index (BMI) data from this source indicate that 87.89% of children have a BMI in the 22—31 range, and 7.83% have a BMI over 31, while only 4.27% of children have a BMI under 22. While BMI is not a sole indicator of health, it does indicate that children are likely in need of improved nutrition and an increase in physical activity.

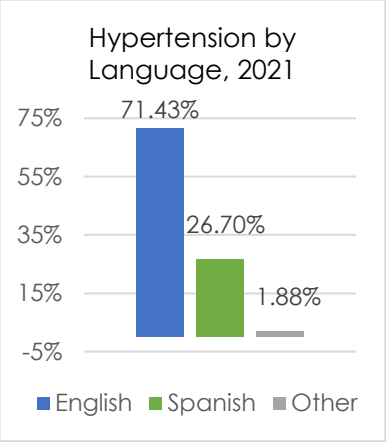
Disease Prevalence

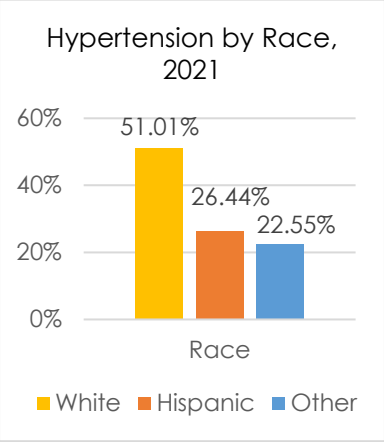
Disease prevalence was assessed by monitoring the prevalence of chronic conditions amongst our membership, including asthma, chronic obstructive pulmonary disease (COPD), diabetes, and hypertension. The following CenCal Health rates were obtained using medical claims/CPT codes.



The following graphs expand on the members diagnosed with hypertension.







Note: The Race category "Other" represents a substantial portion of CenCal Health's hypertensive members. Because this category is available when members sign up for Medi-Cal, it cannot be broken out further.

Access to Care

This section describes members' access to care based on 2021 provider network access data, cultural and linguistic program data, Health Survey Tools, as well as the 2020 CAHPS surveys.

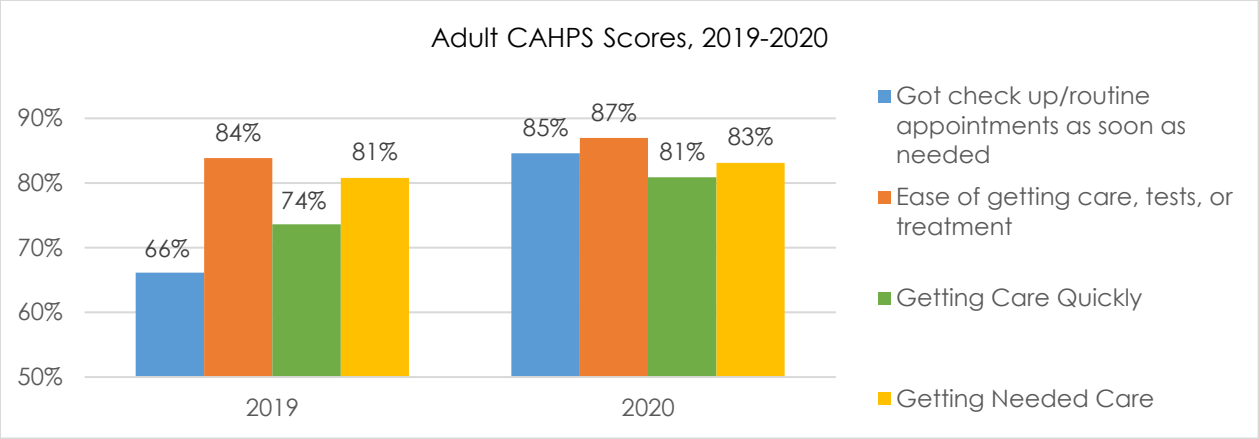
Provider Network Data

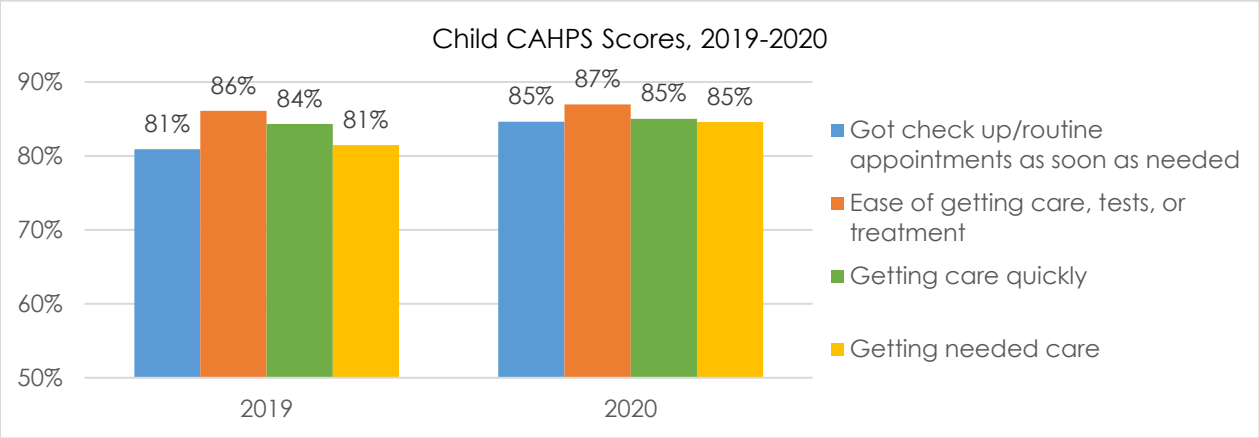
Staff continually monitor each primary care site against capacity standards. The required PCP-to-member ratio of 1:2000 and the required physician-to member ratio of 1:1200 were both met for 100% of members in 2021.

Additionally, at least 95% of members were located within 30 minutes or 10 miles of a PCP in 2021, as required by network access standards.

CAHPS 2020

A total of 329 CenCal Health members returned adult surveys that were "complete and eligible." A total of 438 CenCal Health members returned child surveys that were "complete and eligible." The following graph shows the percent of members that answered either 'Always' or 'Usually,' with 2019 data included for comparison.





These CAHPS scores reflect a positive experience for our members' access to care. The majority of members report both ease and timeliness of access to needed services. The rates increased slightly from the previous year's surveys.

Cultural and Linguistics Program

To promote access to care for all members, the Plan is committed to providing culturally appropriate materials and language assistance for its members. The Cultural and Language Access program ensures that all CenCal Health Limited English Proficiency (LEP) members have access to Language Assistance at medical points of contact. The C&L dedicated staff within Member Services are responsible for coordinating interpreter services for LEP members and translation of member materials into CenCal Health's only non-English threshold language, Spanish.

Below is a summary of Interpreter Service requests/utilization for 2021.

- Total Number of face-to-face interpreter visits: 132 ASL face-to-face visits
- ASL Video Remote Interpreting: 4
- Total Language Line calls: 3,782
- Top 5 Language Line languages: Spanish (3,394), Mixteco (54), Vietnamese (52), Arabic (46), and Farsi (30)

There were no grievances filed regarding C&L services in 2021. Additionally, the NMC reported that all requirements were met in 2021 for threshold linguistic needs.

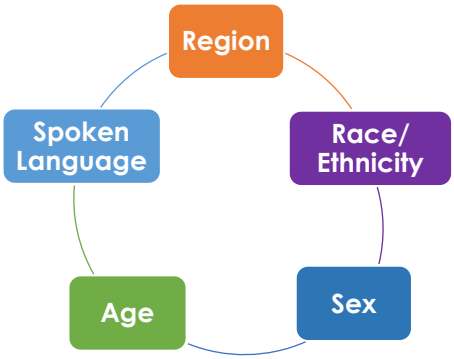
Health Survey Tools

Several questions on the Adult Health Survey Tools also indicate most members did not experience barriers with accessing care in 2021.

From self-reported data on this tool, 79.76% of members said they do not need help filling out health forms. 73.59% said they do not need help getting prescriptions filled or refilled. And 77.74% of members said they do not need help getting transportation to medical appointments.

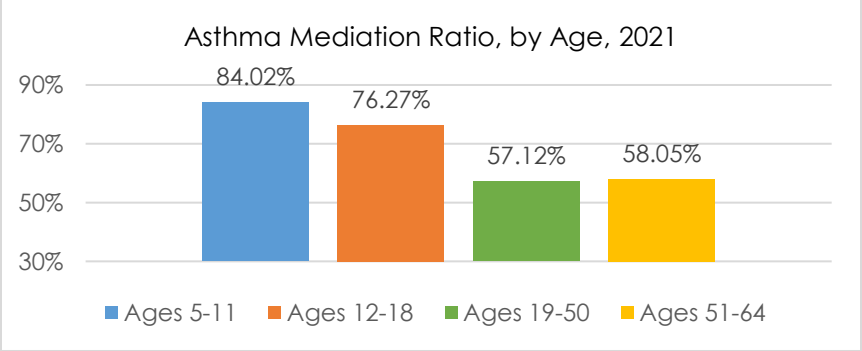
Health Disparities

This section discusses identified health disparities for health topics included in the 2021 DHCS Health Disparities data set, if any were identified. Disparities were assessed for the following indicators:

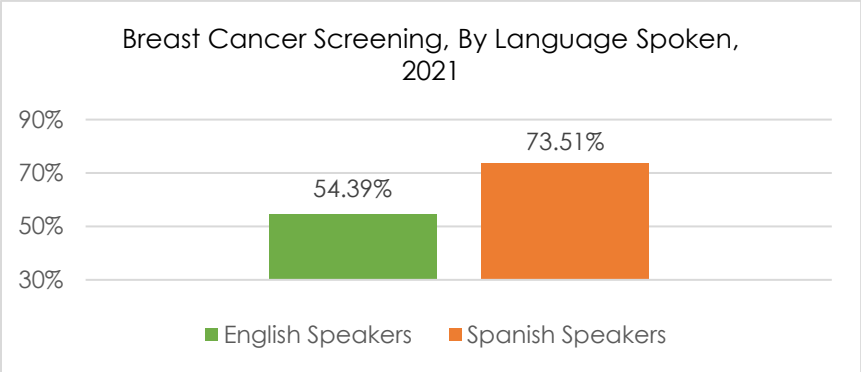


Of these indicators, only those with significant disparities (i.e. a difference in 10% or greater) are discussed in this section. If a health topic or measure is not discussed, it indicates that there was no identified health disparity or that denominators for the measure were too small to be considered significant.

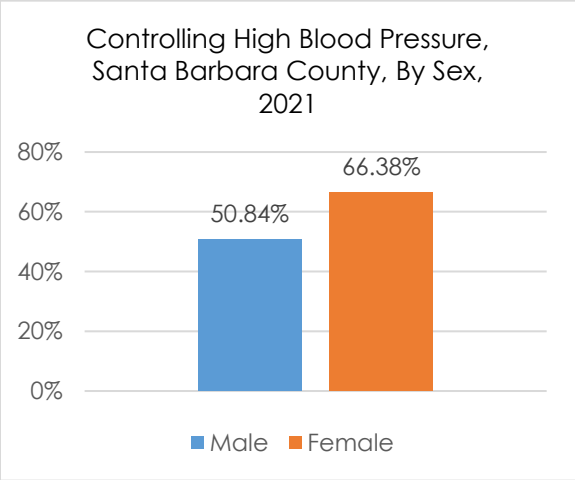
Asthma Medication Ratio (AMR): A disparity in this measure was identified regarding age. The AMR rate for adults is much lower than the rate for children:

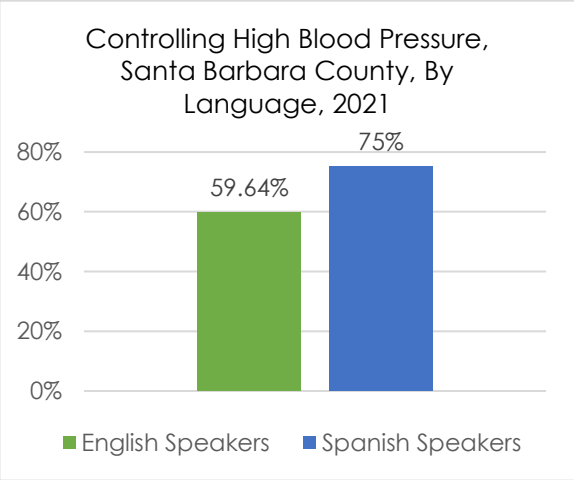


Breast Cancer Screening: A disparity in this measure was identified regarding language spoken. English speakers are screened for breast cancer at a lower rate than Spanish speakers.

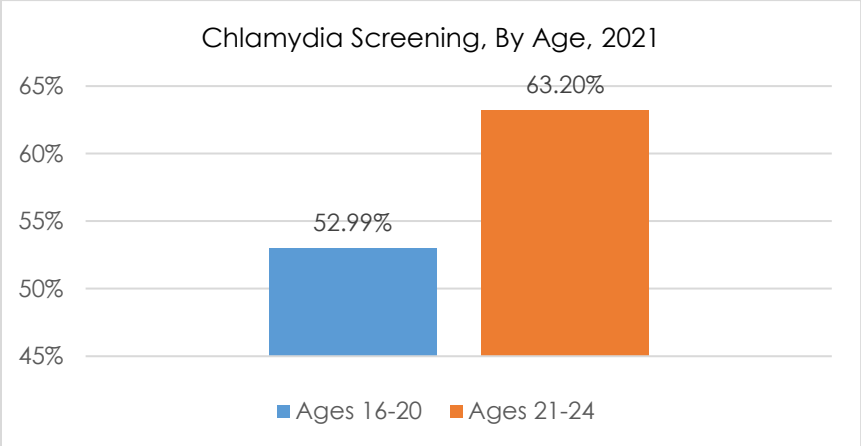


Controlling High Blood Pressure: Disparities in this measure were identified regarding sex and language, specifically in Santa Barbara County. For this measure, a higher rate indicates better blood pressure control within the specified population.

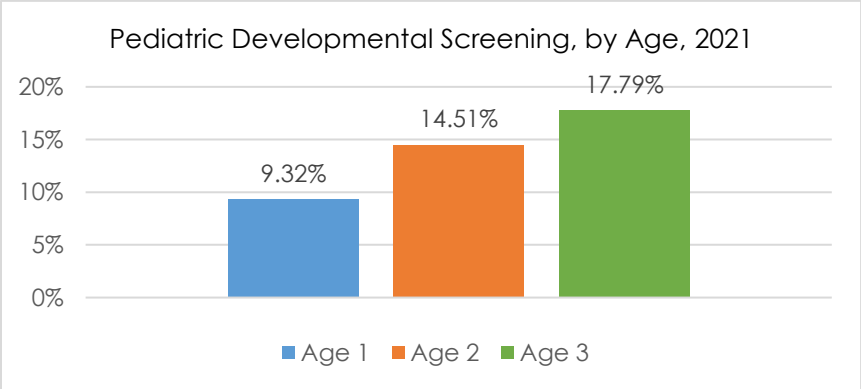




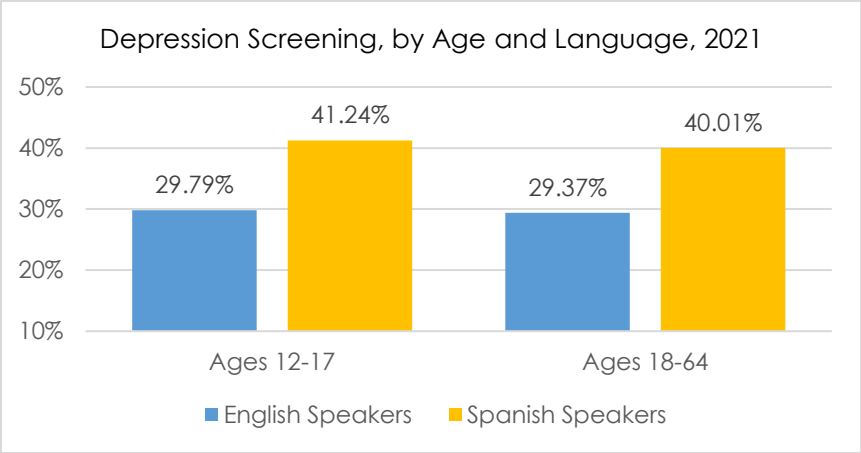
Chlamydia Screening: A disparity in this measure was identified regarding age, with members ages 16—20 being screened at a lower rate than members ages 21—24.



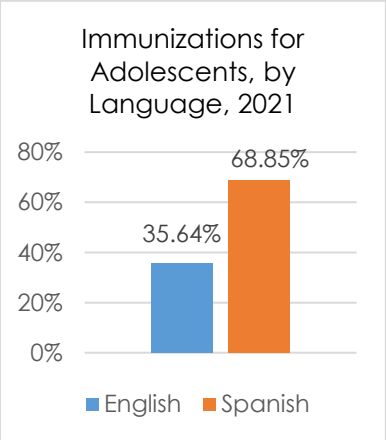
Pediatric Developmental Screening: A disparity in this measure was identified regarding age, with children age 1 being screened at a lower rate than children ages 2—3.

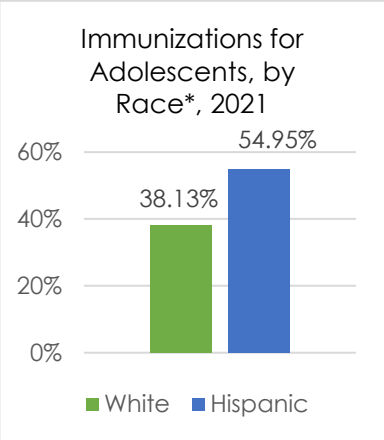


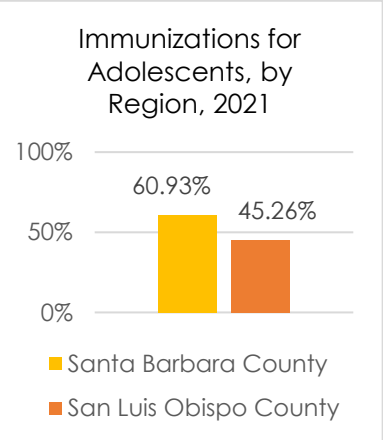
Depression Screening and Follow-Up: There was a disparity identified in this measure regarding language, for all age groups, with English speakers being screened at a lower rate than Spanish speakers.



Immunizations for Adolescents: Disparities in this measure were identified regarding language spoken, region, and in San Luis Obispo County in particular, race.







**The disparity for Race in this measure is specific to San Luis Obispo County.*

Health Education, Cultural & Linguistics, and Quality Improvement Gap Analysis

This section describes gaps in services as they relate to access to care, language needs, cultural and linguistic competency, and health education, as well as gaps in quality improvement efforts identified in this assessment.

This assessment has highlighted the need for efforts in pediatric nutrition and physical activity outreach, based on self-reported BMI scores on the Pediatric Health Survey tools. Health education and quality improvement activities should continue to focus on improving access to information in these areas for pediatric members' parents/guardians.

Additionally, this assessment has highlighted the need for addressing various health disparities, regarding race, language spoken, sex, and/or region. Particularly, health education and quality improvement activities will focus on closing gaps related to immunizations for adolescents, depression screening, pediatric developmental screening, controlling high blood pressure, chlamydia screening, and asthma medication ratio.

The Plan will focus on increasing utilization of the Health Survey Tools to comprehensively assess members' health and social needs. The Plan will focus on increasing completion of both the Adult and Pediatric survey tools in order to connect more members to services they may need or benefit from.

Finally, cultural and linguistic activities will support efforts to ensure that members of all spoken languages have equitable access to services. This assessment identified no other gaps related to cultural and linguistic services that need immediate improvement.

4. Action Plan

This section addresses the health education, cultural and linguistic, and quality improvement efforts planned to improve health outcomes for our members. Not all gaps and disparities that were identified in this assessment are included explicitly in the Action Plan. This is either because the Plan already has quality improvement efforts underway for the identified gap or disparity, or because the Plan lacks comprehensive data to create or evaluate a meaningful intervention.

Below are the topics for which the Plan identified disparities or gaps in this PNA, but will not be specifically included in this year's Action Plan due to the reasons described above.

Asthma Medication Ratio: The Plan currently sends a direct mailing to all members with asthma each year. The mailing includes information about medications and self-management, as well as an Asthma Action Plan. Quarterly robo-calls are also made to all members with asthma, encouraging them to utilize medications properly. Additionally, the Plan holds an annual asthma management training for Primary Care Providers regarding care for their patients with asthma. The Plan also completes an annual Drug Utilization Review to inform Providers of members who are not filling their asthma control medications in accordance with clinically recommended guidelines. This aspect of care is also included in the Quality Care Incentive Program.

Chlamydia Screening: CenCal Health's "Know More: STIs" program is currently being implemented at multiple sites within the Plan's largest FQHC to promote importance of STI screening to both members and providers. A network-wide Provider training on STI screening is planned for July 2022. There is also a Plan Do Study Act (PDSA) planned for this topic.

Depression Screening and Follow-Up: The data available for this measure is limited, due to lack of Provider data feeds. As such, the Plan does not feel confident in the ability to effectively evaluate activities related to this measure.

Immunizations for Adolescents: Currently, the Plan provides all network Providers with updated lists of members due for immunizations monthly. This is also an aspect of care included in the Plan's newly revised pay-for-performance Quality Care Incentive Program. The Plan performs highly in this measure, as per recent HEDIS rates.

Health Survey Tool Utilization: The Plan is currently building its first Member Portal, through which the Health Survey Tools will be promoted to all members each year.

Pediatric Nutrition and Physical Activity Education: The Plan is currently implementing the "Fitness Adventure Challenge" member incentive program in the region with the highest rate of pediatric obesity. The Plan also plans to expand its successful 2021 Food Rx pilot, which provides local produce and nutrition education to families with children diagnosed with obesity.

Action Plan Table

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

Data Source: DHCS Health Disparities data

Continued from previous PNA Action Plan

Strategies

1. Work on data-sharing solution with community partners who perform screenings outside of clinic settings, to ensure data completeness.

2. Offer member and provider education on importance of screening.

3. Continue working with Help Me Grow Coalition to promote screenings in provider offices.

Objective 2 (Health Disparity Objective)

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

Data Source**:** DHCS Health Disparities data

**** Continued from previous PNA Action Plan***

Strategies

1. Offer member education on the importance of screening, including a possible member incentive program.

2. Explore feasibility and potential effectiveness of offering mobile mammography services in targeted regions.

Objective 3

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

Data Source: CenCal Health Gaps in Care data

Strategies

1. Offer member education on the importance of screening, including a possible member incentive.

2. Explore feasibility of partnering with CHW/Promotoras to deliver effective health education and navigation.

Objective 4 (Health Disparity Objective)
By January 1, 2024, increase the percentage of hypertensive members in Santa Barbara County that have a recorded blood pressure measurement, from 58.29% to 66.79%, which is the HEDIS 90th percentile for this measure. Data Source: HEDIS data
Strategies
1. Offer member education on the importance of an annual blood pressure measurement, including a possible member incentive.
2. Offer tools to providers to recall patients for annual blood pressure measurement.

Action Plan Review and Update Table

Objective 1	
Objective: By June 1, 2022, increase diabetic and pre-diabetic members' use of Nutrition Education services (e.g. Registered Dietician and/or Certified Diabetes Educator) from a May 2021 baseline of <1% to 7%. **Data source:** CenCal Health Claims data	**Progress Measure:** The rate of nutrition services utilization increased from <1% in May 2021 to 1.53% as of June 1, 2022. **Data source:** CenCal Health Claims data
	Progress Toward Objective: Plan staff identified three strategies to work toward our goal rate: member education, provider education, and implementing the Diabetes Prevention Program member benefit. Given other major priorities including CalAIM readiness and the DHCS Vaccine Response Plan deliverables, Plan staff focused solely on the Diabetes Prevention Program (DPP) implementation strategy. **This objective will not be continued in the 2022 Action Plan. However, the Plan will continue the DPP benefit implementation, as well as promote the increased use of nutrition services.**
Strategies	

Strategy 1. Develop and implement training to improve primary care referrals to RD/CDE providers for all diabetic and pre-diabetic members.	**Progress Discussion:** The Plan did not implement this strategy.
Strategy 2. Develop member-facing interventions	**Progress Discussion:** The Plan did not implement this strategy.
Strategy 3. Implement the Diabetes Prevention Program member benefit	**Progress Discussion:** This strategy is currently in progress; Plan staff communicated with several DPP providers and are now in the early stages of contracting discussions with one vendor that will best meet CenCal Health members' needs.

Objective	
Objective 2. Increase rate of breast cancer screening for English speaking members in both Counties from a baseline of 56% to 66% (which is closer to the rate screening for Spanish speaking members) by June 1, 2022. **Data source:** Baseline data: DHCS Health Disparities data; Outcome data: CenCal Health Gaps in Care data	**Progress Measure:** The rate for this measure decreased to 53.44% as of June 6, 2022. **Data source:** CenCal Health Gaps in Care data
	Progress Toward Objective: Plan staff identified two strategies to work toward our goal rate: to increase access and capacity by reducing structural barriers and to conduct member education and outreach. Given other major priorities including CalAIM readiness and the DHCS Vaccine Response Plan deliverables, progress was not made on this objective. **This objective will be continued in the 2022 Action Plan.**
Strategies	
Strategy 1. Increase access and capacity for mammography by reducing structural barriers (e.g. offering mobile mammography in target locations)	**Progress Discussion:** Plan staff collaborated with its American Cancer Society partner to identify resources and best practices in offering a mobile mammography program. While progress has been made in getting connected with several resources, this strategy has not yet been implemented.

Strategy 2. Increase member demand for breast cancer screening through member education and outreach	**Progress Discussion:** The Plan did not implement this strategy.

Objective	
Objective 3. Increase the rate of childhood developmental screening for children age 1 year in San Luis Obispo County from a baseline of 8% to 19% (the rate of screening for children ages 2 & 3 in the same county) by January 1, 2023. **Data source:** DHCS Health Disparities data	**Progress Measure:** Increased rate of childhood developmental screening for children age 1 year in SLO County from a baseline of 8% to 9.32%. **Data source:** DHCS 2021 Health Disparities data
	Progress Toward Objective: Given other major priorities including CalAIM readiness and the DHCS Vaccine Response Plan deliverables, as well as Provider limitations related to COVID-19, progress was only made on one identified strategy for this objective. **This objective will be continued in the 2022 Action Plan.**
Strategies	
Strategy 1. Increase provider capacity to screen children through on-site, individual provider training on screening guidelines and validated tools.	**Progress Discussion:** Due to provider capacity limitations related to the COVID-19 pandemic, staff resignations and illnesses, and other priorities, it was advised to not approach key Providers with this education and training opportunity in 2021/2022.
Strategy 2. Facilitate collaboration between healthcare providers and the Help me Grow initiative to offer technical assistance for developmental screenings.	**Progress Discussion:** Plan staff led several meetings with the First 5 agency in San Luis Obispo County, which oversees the Help Me Grow initiative. Help Me Grow's goal is to increase rates of childhood developmental screening, so this was a natural and important partnership. Through these meetings, Plan staff completed a robust assessment of current practices, gaps, and barriers. Plan staff established a strong relationship with the First 5 team and identified actionable steps forward. However, due to provider capacity limitations related to the COVID-19 pandemic, clinic staff resignations

	and illnesses, and other priorities, it was advised to not approach key Providers with this education and training opportunity.
Strategy 3. Develop member educational strategies (e.g. member mailings, social media campaigns, and member incentives) in collaboration with the Help Me Grow initiative.	**Progress Discussion:** Plan staff created a Marketing plan to provide education and promote the importance of developmental screening, which is currently in process. The marketing plan includes the following components: social media campaign, Community newsletter article, include information in the Well Child Performance Improvement Project educational packet, include information in the Postpartum educational packet, CenCal Health Provider Bulletin article, and Provider direct email campaign. The Marketing Plan is currently in progress and will be implemented fully throughout 2022.

5. Stakeholder Engagement

Community Advisory Board (CAB)

In January 2022, Community Advisory Board (CAB) members were given an overview of the scope and goal of the PNA, and an opportunity to provide feedback about the health topics that were important to include in the report. They also had an opportunity to suggest important data sources to consider using for the assessment.

In April 2022, CAB members were given an update on the status of the 2022 PNA development, including key timeline milestones completed and in progress, and next steps.

Subsequently, in May 2022, CAB members were also given an opportunity to provide input on the proposed Action Plan objectives and strategies. Stakeholder feedback is compiled and incorporated into the Objectives and Strategies as appropriate.

An update on the progress of the Action Plan strategies is provided at each quarterly CAB meeting.

Healthcare Providers

Network healthcare providers are notified of the PNA findings, member needs, and Action Plan objectives through a Provider Bulletin article, which goes to all network providers. The Population Needs Assessment is also publicly posted on CenCal Health's website. Providers are also offered individual discussion and training on PNA findings and strategies for improvement.

CenCal HEALTH®
Local. Quality. Healthcare.

Financial Report for the Two (2) Months Ending August 31, 2022

Date: September 21, 2022

From: Leanne Bauer, Director of Finance

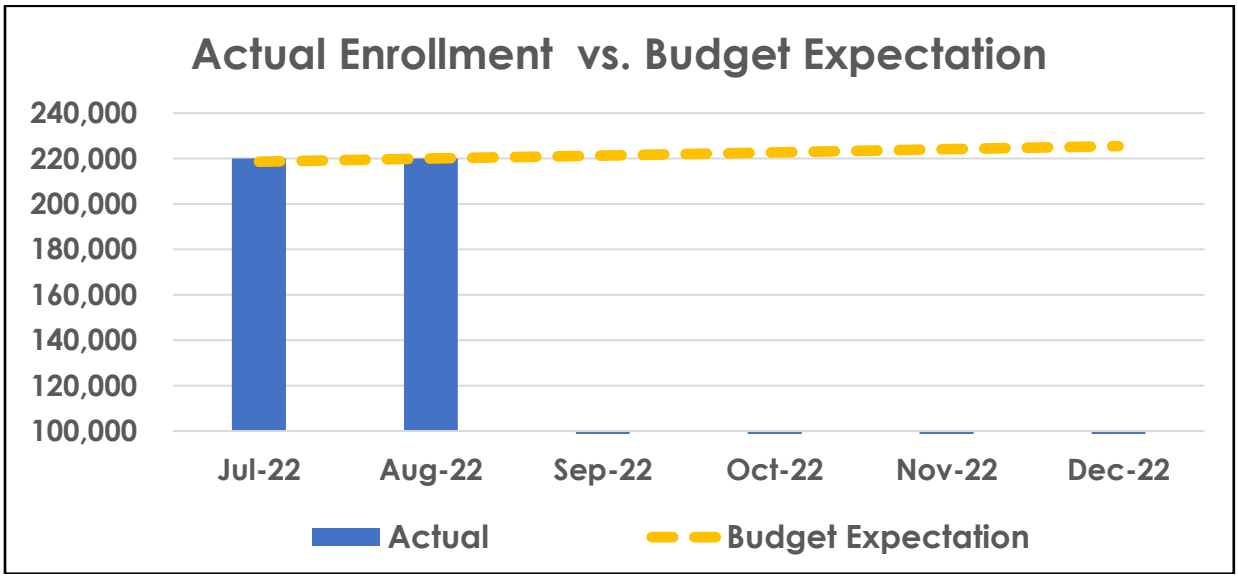
Through: David Ambrose, Chief Financial Officer / Treasurer

Executive Summary

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

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

- **Operation Gain (Loss):** Through two (2) months of the fiscal year we are reporting an operating gain of $4.2 million.
- **Capitation Revenue** is at $178.4 million; under budget by $1.2 million and 0.6%.
- **Medical Expenses** are at $150.5 million; under budget by $4.5 million and 2.9%.
- **Administrative Expenses** are at $11.1 million; under budget by $710,000 and 6.0%.
- **MCO Tax Expense** is at $13.4 million; essentially at budget.
- **Tangible Net Equity (TNE)** is at $173.7 million; representing 492% of the minimum regulatory requirement and 72% of the minimum Board of Directors desired TNE target.
- **Total Cash and Short-Term Investments** are at $277.7 million. Cash and Short-Term Investments available for operating the health plan is at $153.1 million, representing 60 Days Cash on Hand.
- **Member Enrollment** is at 220,060 for the month of August 2022.



The health plan's enrollment count as of August 2022 is forecasted at 220,060 compared to a budget expectation of 220,003. July through August, total member months are over budget expectations by 0.3%.

Capitation Revenue

Revenue Type	FYTD Actual Dollars	FYTD Budget	FYTD Variance	% Variance
Base Capitation Revenue	$174,556,606	$173,970,000	$586,606	0.3%
Supplemental Revenue	$4,134,743	$5,584,000	($1,449,257)	(26.0%)
Budgeted Revenue Items	**$178,691,349**	**$179,554,000**	**($862,651)**	**(0.5%)**
Prior Year Revenue Adjustments: Prior Year Retroactive Items Recorded in Current Fiscal Year	($293,302)	---	($293,302)	
TOTAL CAPITATION REVENUE	**$178,398,047**	**$179,554,000**	**($1,155,953)**	**(0.6%)**

Base Capitation Revenue is under budget with a variance of 0.3% due to several factors, including actual enrollment by member case mix (e.g., by aid category grouping) being different than the member case mix assumed within the budget. In addition, a component of base capitation ---- hospital directed payment (HDP) PMPM$ ---- is exceeding budget expectations due to revised rates from DHCS. DHCS revised the CY2022 HDP PMPM$ components subsequently to the development of the budget. FYTD revenue is also reduced by $4.8 million as a result of accruing for medical loss ratio (MLR) DHCS contractual requirements.

Supplemental Revenue [Behavioral Health Therapy Services, Maternity Deliveries, and visits to American Indian Health Clinics] is under budget by 26.0% due to recent utilization data trending lower than budget expectations. Supplemental revenue is directly impacted by the volume of services incurred.

Overall, actual budgeted revenue is close to budget expectations by 0.5%.

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

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

- The health plan earned additional supplemental revenue applicable to prior year periods greater than internal estimates recorded as of June 30, 2022 resulting in a pick up of revenue within the current fiscal year.

Medical Expenses

Medical Expense Type	FYTD Actual Dollars	FYTD Budget	FYTD Variance	% Variance
Medical Costs + Incentives	$159,259,026	$154,396,000	$4,863,026	3.1%
Reinsurance – net	$383,143	$629,000	($245,857)	
Budgeted Medical Items	**$159,642,169**	**$155,025,000**	**$4,617,169**	**3.0%**
Prior Year Expense Adjustments: Prior Year Retroactive Items Recorded in Current Year	($9,133,949)	---	($9,133,949)	
TOTAL MEDICAL COSTS	**$150,508,220**	**$155,025,000**	**($4,516,780)**	**(2.9%)**

Medical Costs & Incentives are trending over budget with a variance of 3.1%. Three (3) medical expense categories are primarily currently contributing to this budget variance: Long Term Care Facility costs, Mental Health Services, and Hospital Directed Payments (HDP). [note --- HDP expense is correlated to the HDP revenue].

Overall, actual budgeted medical costs are over budget by 3.0%.

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

- $9.1 million of reduced cost is recorded primarily as a result of a change in estimate within the recent (month of August) Incurred But Not Paid (IBNP) Model forecasting a change in the total projected medical costs for dates of service occurring on or before June 30, 2022 and the reduction in hospital directed payments associated to CY2020 [refer to correlated comments with prior year revenue].

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

Expense	FYTD Actual Average Unit Cost	FYTD Projected Util per 1,000	Budget Forecasted Average Unit Cost	Budget Forecasted Util per 1,000
Physician Specialty	$146.93	4,969	$136.35	5,361
FQHC Specialty	$32.15	2,441	$31.40	2,611
Hospital IP In-Area	$13,884	44.7	$9,563	67.7
Hospital IP Out-of-Area	$18,115	17.8	$37,180	8.7
Hospital OP In-Area	$398.67	251	$246.53	1,100
Hospital OP Out-of-Area	$612.34	103	$638.68	96
LTC Facilities	$310.42	1,928	$279.43	2,072
Home Health	$276.18	56	$229.92	74
Hospice	$3,275.01	9	$2,677.89	15
Laboratory	$44.63	1,759	$55.48	1,576
Transportation	$153.04	156	$154.95	153
Physical Therapy	$63.42	203	$51.38	262
Durable Medical Equip.	$141.04	150	$134.32	316
Dialysis	$867.29	39	$830.95	41
Behavioral Health Therapy	$394.58	191	$327.97	225
Mental Health	$125.23	987	$151.52	702

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

For the two new medical care benefits which became effective July 1, 2022 for the health plan, projected actual experience against budget forecast expectation is as follows:

Enhanced Care Management (ECM):

- Santa Barbara County actual is estimated at $0.52 pmpm while budget forecast is at $0.52 pmpm.
- San Luis Obispo County actual is estimated at $0.59 pmpm while budget forecast is at $0.59 pmpm.

Currently for ECM, there is no actual paid claim experience, so the actual estimate is solely based on the budget forecast.

Community Support Services (CS):

- Santa Barbara County actual estimate is at $1.30 pmpm while budget forecast is at $1.30 pmpm.
- San Luis Obispo County actual estimate is $1.30 pmpm while budget forecast is at $1.30 pmpm.

Currently for CS, there is no actual paid claim experience, so the actual estimate is solely based on the budget forecast.

MCO Tax Expense

MCO Tax expense is at $13.4 million and is under budget by .01%.

Administrative Expenses

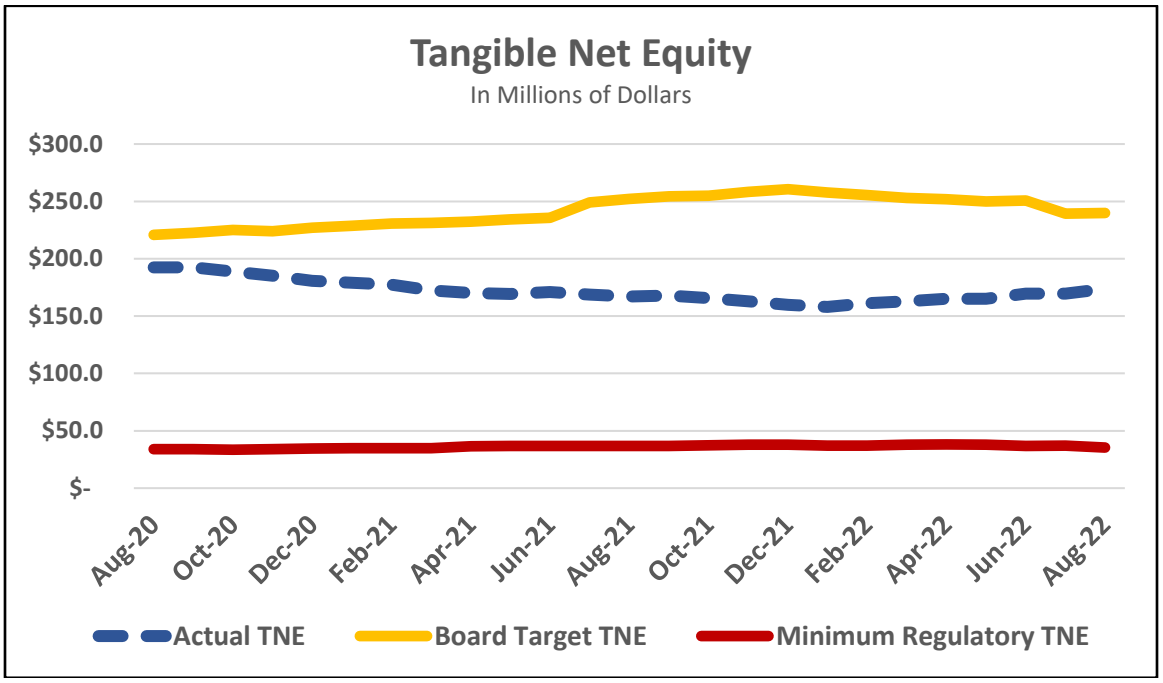
Administrative Expenses are at $11.1 million and under by $710,000 and 6.0% primarily driven by:

- Staffing Vacancies: 47 budgeted positions are currently vacant representing a 13% vacancy rate. The Administrative budget incorporated an 8% assumed vacancy rate.
- Salaries and Fringes are over budget primarily due to a front-loading cost associated with the CalPERS employer contribution requirements.
- Contract Services are lower than expected, primarily due to Legal and Outside Processing costs being lower than budget expectations.
- Rent and Occupancy is lower than budget expectations mainly due to janitorial costs and other occupancy costs. Janitorial costs should increase as staff are reintroduced into the CenCal offices over the duration of the fiscal year. Utilities also vary from month to month.
- Travel Costs are under budget due to the timing of actual conferences and seminars.
- Office Supplies & Equipment are under budget primarily due to the timing of needs for printing and supplies.
- Other Expenses are under budget due to items anticipated to occur later during the Fall of 2022.

Tangible Net Equity (TNE)

As of August 2022, actual TNE is at $173.7 million. This level represents 492% of the Regulatory Minimum TNE level and 72% of the Board of Director's minimum TNE target currently at $240.0 million.

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



Treasury Activities for the Month of August 2022

Total Cash Received is at $79.2 million.
Total Cash Disbursements is at $61.1 million.
Accrued and Earned Interest Income is at $206,000.

Unusual Cash events to note for the month:

- None

Recommendation

Staff recommends the adoption of the financial statements covering the two (2) month period ending August 31, 2022.

CenCal Health

Financial Statements and Additional Information
For The Period Ended August 31, 2022

CenCal Health
Balance Sheet
As of August 31, 2022

ASSETS			
Cash and Short-Term Investments			$ 277,679,138.37
Receivables			
A/R - Medi-Cal Capitation	372,331,014.02		
A/R - 3rd Party Recoveries	99,321.25		
A/R - Reinsurance	2,629,000.00		
A/R - BHI	330,000.00		
A/R - CalAIM IPP	6,412,173.00		
A/R - Risk Corridor	(924,138.01)		
Interest Receivable	64,561.07		
Other Receivables	360,775.68		
Total Receivables			381,302,707.01
Prepaid Expenses			
Prepaid Insurance	309,947.18		
Other Prepaids	1,331,264.16		
Total Prepaid Expense			1,641,211.34
Other Current Assets			
Security Deposits	88,386.34		
Total Other Current Assets			88,386.34
Total Current Assets			660,711,443.06
Net Property, Plant, & Equipment			29,356,136.15
Other Assets			
Restricted CD - Knox-Keene			300,000.00
Corporate Owned Life Insurance (COLI)			10,558,387.34
Leased Assets - SLO and Ekwill Buildings			2,431,421.95
Accrued Amortization - Leased SLO and Ekwill Buildings			(898,966.26)
Deferred Outflow of Resources			
Deferred Pensions			6,274,156.00
TOTAL ASSETS			$ 708,732,578.24
LIABILITIES			
Current Payables			
Medical Claims - Incurred But Not Paid	$ 95,597,000.00		
Other Current Payables	843,624.83		
Total Current Payables			96,440,624.83
Accrued Payables			
Accrued Salary, Wages, & Benefits	3,231,604.29		
Accrued Rate Range IGT Pmts	66,785,556.00		
Accrued BHI	243,855.00		
Accrued Hospital Directed Pmts	209,790,990.00		
Accrued HQAF Directed Pmts	25,793,298.00		
Accrued DHCS Revenue Recoups	72,621,592.01		
Accrued CalAIM IPP	12,824,346.00		
Accrued VRP	955,408.14		
Accrued MCO Tax	17,031,064.19		
Other Accrued Expenses	8,467,037.64		
Total Accrued Payables			417,744,751.27
Other Current Liabilities			
Primary Care Provider Incentives	6,337,561.66		
Quality Initiative Incentives	4,150,000.00		
Total Other Current Liabilities			10,487,561.66
Total Current Liabilities			524,672,937.76
Other Non-Current Liabilities			
Accrued Unfunded Pension Liability - GASB 68			8,125,246.93
Other Liabilities			
Accrued Amortization of Leases			1,611,570.62
Deferred Inflow of Resources			
Deferred Pensions			651,019.00
Total Liabilities			535,060,774.31
FUND BALANCES			
Designated - Contingency Reserve	169,477,265.24		
Undesignated - Current Year	4,194,538.69		
Total Fund Balance			173,671,803.93
Total Liabilities and Fund Balance			$ 708,732,578.24

CenCal Health

Consolidated Statement of Revenue and Expense

As of August 31, 2022

	Month Actual	FYTD Actual	FYTD Flexible Budget	Over (Under) Flexible Budget	Pct. Over(Under) Budget	YTD Actual PMPM
PROGRAM REVENUE						
Capitation Revenue	**$ 83,268,345**	**$ 178,398,047**	**$ 179,554,000**	**$ (1,155,953)**	**-0.6%**	**$405.34**
MEDICAL COSTS						
PCP capitation and incentives	3,392,214	6,773,957	7,383,000	(609,043)	-8.2%	$15.39
Physician services	15,669,954	30,747,941	30,900,000	(152,059)	-0.5%	$69.86
Hospital inpatient	16,581,334	34,581,537	35,796,000	(1,214,463)	-3.4%	$78.57
Hospital outpatient	5,950,567	12,404,781	12,244,000	160,781	1.3%	$28.18
Long term care facilities	10,554,758	22,042,634	21,251,000	791,634	3.7%	$50.08
Dialysis	631,212	1,243,718	1,267,000	(23,282)	-1.8%	$2.83
Enhanced care mgmt (ECM)	119,000	239,000	239,000	-	0.0%	$0.54
Community support services (CS)	287,000	573,000	573,000	-	0.0%	$1.30
Home health & hospice	827,865	1,675,239	2,084,000	(408,761)	-19.6%	$3.81
Mental health services	1,446,486	4,532,579	3,909,000	623,579	16.0%	$10.30
Behavioral health therapy	1,006,720	2,334,432	2,708,000	(373,568)	-13.8%	$5.30
All other health care services	5,456,598	9,862,148	9,260,000	602,148	6.5%	$22.41
HQAF Directed Pmts	3,297,576	6,616,130	6,396,000	220,130	3.4%	$15.03
Hospital Directed Pmts	8,789,816	18,073,730	12,810,000	5,263,730	41.1%	$41.07
Rate Range IGT Pmts	3,774,464	7,558,198	7,576,000	(17,802)	-0.2%	$17.17
Reinsurance/recoveries - net	426,275	383,143	629,000	(245,857)	-39.1%	$0.87
Prior year change in estimates	(10,450,066)	(9,133,949)	-	(9,133,949)		($20.75)
Total Medical Costs	**67,761,773**	**150,508,220**	**155,025,000**	**(4,516,780)**	**-2.9%**	**$341.97**
ADMINISTRATIVE COSTS						
Salary, wages, & benefits	3,937,456	8,567,006	8,125,696	441,310	5.4%	$19.47
Contract services	619,630	1,079,265	1,720,400	(641,135)	-37.3%	$2.45
Travel expense	5,387	11,636	86,194	(74,558)	-86.5%	$0.03
Rent & occupancy	72,709	125,594	222,700	(97,106)	-43.6%	$0.29
Office supplies & equip	47,592	127,793	233,050	(105,257)	-45.2%	$0.29
Insurance	98,564	197,128	278,500	(81,372)	-29.2%	$0.45
Depreciation & amortization	143,770	287,539	264,000	23,539	8.9%	$0.65
Other expenses	350,484	708,687	883,622	(174,935)	-19.8%	$1.61
Total Administrative Costs	**5,275,592**	**11,104,649**	**11,814,162**	**(709,513)**	**-6.0%**	**$25.23**
MCO Tax Expense	6,715,532	13,431,064	13,432,000	(936)	0.0%	$30.52
TOTAL OPERATING EXPENSES	**79,752,897**	**175,043,933**	**180,271,162**	**(5,227,229)**	**-2.9%**	**$397.72**
OTHER REVENUE (EXPENSE)						
Interest income	261,310	433,008	100,000	333,008	333.0%	$0.98
Realized gain (loss) on investments	-	-	-	-		$0.00
Unrealized gain (loss) on investments	(333,989)	(227,147)	-	(227,147)		($0.52)
Other activities	631,304	634,564	6,000	628,564	10476.1%	$1.44
NET OPERATING GAIN (LOSS)	**$ 4,074,074**	**$ 4,194,539**	**$ (611,162)**	**$ 4,805,701**	**-786.3%**	**$9.53**

Average Member Count	220,060	220,060
FYTD Member Months	----	440,120
Medical Loss Ratio (MLR)	81%	84%
Admin Ratio	6%	6%
Pct. Admin to Total Operating Expenses	7%	6%
Operating Margin Gain (Loss)	4.9%	2.4%

CenCal Health

Medical Expenses by Category

As of August 31, 2022

All Programs Combined, excludes pass-thru items.

Direct Medical Expenses Paid to Providers	FYTD Actual	FYTD Budget	Over (Under) Budget	Percentage Over (Under) Budget	FYTD Actual PMPM $
PCP capitation and incentives	$ 6,773,957	$ 7,383,000	$ (609,043)	-8.2%	$15.39
Physician services	30,747,941	30,900,000	(152,059)	-0.5%	$69.86
Hospital inpatient - in area	14,088,253	15,410,000	(1,321,747)	-8.6%	$32.01
Hospital inpatient - out of area	11,804,312	11,963,000	(158,688)	-1.3%	$26.82
Hospital capitation - inpatient services	8,688,972	8,423,000	265,972	3.2%	$19.74
Hospital outpatient: in-area	3,670,244	3,703,000	(32,756)	-0.9%	$8.34
Hospital outpatient: out-of-area	2,324,048	2,267,000	57,048	2.5%	$5.28
Hospital capitation - outpatient services	6,410,489	6,274,000	136,489	2.2%	$14.57
Long term care facilities	22,042,634	21,251,000	791,634	3.7%	$50.08
Chiropractic	4,400	7,000	(2,600)	-37.1%	$0.01
Acupuncture	8,802	17,000	(8,198)	-48.2%	$0.02
Optometry	339,130	299,000	40,130	13.4%	$0.77
Optician	14,266	9,000	5,266	58.5%	$0.03
Audiology	222,300	199,000	23,300	11.7%	$0.51
Mental health services	4,532,579	3,909,000	623,579	16.0%	$10.30
Behavioral health therapy (BHT)	2,334,432	2,708,000	(373,568)	-13.8%	$5.30
Podiatry	228,784	245,000	(16,216)	-6.6%	$0.52
Physical therapy	473,065	495,000	(21,935)	-4.4%	$1.07
Speech therapy	5,089	1,000	4,089	408.9%	$0.01
Transportation	1,975,867	1,886,000	89,867	4.8%	$4.49
Prosthetics	341,311	335,000	6,311	1.9%	$0.78
Home health	571,456	629,000	(57,544)	-9.1%	$1.30
Hospice	1,103,784	1,455,000	(351,216)	-24.1%	$2.51
Dialysis	1,243,718	1,267,000	(23,282)	-1.8%	$2.83
Enhanced care mgmt (ECM)	239,000	239,000	-	0.0%	$0.54
Community support services (CS)	573,000	573,000	-	0.0%	$1.30
Laboratory	2,879,800	3,221,000	(341,200)	-10.6%	$6.54
Durable medical equipment	1,518,106	1,567,000	(48,894)	-3.1%	$3.45
All other medical services	1,851,229	979,000	872,229	89.1%	$4.21
	$ 127,010,968	**$ 127,614,000**	**$ (603,032)**	**-0.5%**	**$ 288.58**

Santa Barbara County Medi-Cal

Operating Statement

As of August 31, 2022

	FYTD Actual	FYTD Flexible Budget	Over (Under) Flexible Budget	Pct. Over(Under) Budget	YTD Actual PMPM$
PROGRAM REVENUE					
Capitation Revenue	**$ 123,737,600**	**$ 121,689,000**	**$ 2,048,600**	**1.7%**	**$ 400.61**
MEDICAL COSTS					
PCP capitation and incentives	4,676,857	5,101,000	(424,143)	-8.3%	15.14
Physician services	22,687,690	22,718,000	(30,310)	-0.1%	73.45
Hospital inpatient - in area	15,889,207	15,779,000	110,207	0.7%	51.44
Hospital inpatient - out of area	9,442,724	8,605,000	837,724	9.7%	30.57
Hospital outpatient - in area	7,983,197	7,842,000	141,197	1.8%	25.85
Hospital outpatient - out of area	1,553,646	1,653,000	(99,354)	-6.0%	5.03
Long term care facilities	14,876,048	14,068,000	808,048	5.7%	48.16
Dialysis	1,019,290	1,024,000	(4,710)	-0.5%	3.30
Enhanced care mgmt (ECM)	161,000	161,000	-	0.0%	0.52
Community support services (CS)	402,000	402,000	-	0.0%	1.30
Home health & hospice	1,192,262	1,478,000	(285,739)	-19.3%	3.86
Mental health services	3,002,274	2,460,000	542,274	22.0%	9.72
Behavioral health therapy (BHT)	1,594,228	1,876,000	(281,772)	-15.0%	5.16
All other health care services	6,891,314	6,242,000	649,314	10.4%	22.31
Reinsurance/recoveries - net	257,444	441,000	(183,556)	-41.6%	0.83
HQAF Directed Pmts	4,501,184	4,351,000	150,184	3.5%	14.57
Hospital Directed Pmts	12,722,912	8,778,000	3,944,912	44.9%	41.19
Rate Range IGT Pmts	5,141,876	5,154,000	(12,124)	-0.2%	16.65
Prior year change in estimates	(4,640,938)	-	(4,640,938)		(15.03)
Total Medical Costs	**109,354,216**	**108,133,000**	**1,221,216**	**1.1%**	**354.04**
ADMINISTRATIVE COSTS - allocation	**7,793,237**	**8,291,000**	**(497,763)**	**-6.0%**	**25.23**
MCO Tax Expense	9,430,945	9,402,000	28,945	0.3%	30.53
TOTAL OPERATING EXPENSES	**126,578,398**	**125,826,000**	**752,398**	**0.6%**	**409.80**
NET OPERATING GAIN (LOSS)	**$ (2,840,798)**	**$ (4,137,000)**	**$ 1,296,202**	**-31.3%**	**$ (9.20)**

Average FYTD Member Count	154,438	Admin Ratio	6.3%
Current Month Member Count	154,438	Pct. Admin to Total Operating Exper	6.2%
FYTD Member Months	308,876		
Medical Loss Ratio (MLR)	88%		
Operating Margin Gain (Loss) %	-2.3%		

San Luis Obispo County Medi-Cal

Operating Statement

As of August 31, 2022

	FYTD Actual	FYTD Flexible Budget	Over (Under) Flexible Budget	Pct. Over(Under) Budget	YTD Actual PMPM$
PROGRAM REVENUE					
Capitation Revenue	**$ 54,660,447**	**$ 57,865,000**	**$ (3,204,553)**	**-5.5%**	**$ 416.48**
MEDICAL COSTS					
PCP capitation and incentives	2,097,100	2,282,000	(184,900)	-8.1%	15.98
Physician services	8,060,251	8,182,000	(121,749)	-1.5%	61.41
Hospital inpatient - in area	6,888,017	8,054,000	(1,165,983)	-14.5%	52.48
Hospital inpatient - out of area	2,361,588	3,358,000	(996,412)	-29.7%	17.99
Hospital outpatient - in area	2,097,536	2,135,000	(37,464)	-1.8%	15.98
Hospital outpatient - out of area	770,402	614,000	156,402	25.5%	5.87
Long term care facilities	7,166,586	7,183,000	(16,414)	-0.2%	54.61
Dialysis	224,428	243,000	(18,572)	-7.6%	1.71
Enhanced care mgmt (ECM)	78,000	78,000	-	0.0%	0.59
Community support services (CS)	171,000	171,000	-	0.0%	1.30
Home health & hospice	482,978	606,000	(123,022)	-20.3%	3.68
Mental health services	1,530,306	1,449,000	81,306	5.6%	11.66
Behavioral health therapy (BHT)	740,204	832,000	(91,796)	-11.0%	5.64
All other health care services	2,970,834	3,018,000	(47,166)	-1.6%	22.64
Reinsurance/recoveries - net	125,699	188,000	(62,301)	-33.1%	0.96
HQAF Directed Pmts	2,114,946	2,045,000	69,946	3.4%	16.11
Hospital Directed Pmts	5,350,818	4,032,000	1,318,818	32.7%	40.77
Rate Range IGT Pmts	2,416,322	2,422,000	(5,678)	-0.2%	18.41
Prior year change in estimates	(4,493,011)	-	(4,493,011)		(34.23)
Total Medical Costs	**41,154,004**	**46,892,000**	**(5,737,996)**	**-12.2%**	**313.57**
ADMINISTRATIVE COSTS - allocation	**3,311,412**	**3,523,000**	**(211,588)**	**-6.0%**	**25.23**
MCO Tax Expense	4,000,119	4,030,000	(29,881)	-0.7%	30.48
TOTAL OPERATING EXPENSES	**48,465,535**	**54,445,000**	**(5,979,465)**	**-11.0%**	**369.28**
NET OPERATING GAIN (LOSS)	**$ 6,194,912**	**$ 3,420,000**	**$ 2,774,912**	**-81.1%**	**$ 47.20**

Average FYTD Member Count	65,622	Admin Ratio	6.1%
Current Month Member Count	65,622	Pct. Admin to Total Operating Expens	6.8%
FYTD Member Months	131,244		
Medical Loss Ratio (MLR)	75%		
Operating Margin Gain (Loss)	11.3%		

CenCal Health

Total Administrative Expenses

Fiscal Year to Date as of August 31, 2022

	Current YTD Actual	Current YTD Budget	Over (Under) Variance	
Salaries & Wages	$ 5,656,334	$ 5,178,506	$ 477,828	
Fringe Benefits	2,910,672	2,947,190	(36,518)	
Contract Services	1,079,265	1,720,400	(641,135)	
Travel Expenses	11,636	86,194	(74,558)	
Rent & Occupancy	125,594	222,700	(97,106)	
Office Supplies & Equip.	127,793	233,050	(105,257)	
Insurance	197,128	278,500	(81,372)	
Depreciation and Amortization	287,539	264,000	23,539	
Equipment/Software Maintenance	3,537	17,320	(13,783)	
Communications	77,229	104,800	(27,571)	
Publications	4,146	15,450	(11,304)	
Software Licensing Fees	441,728	490,900	(49,172)	
Professional Association Dues	51,712	50,308	1,404	
Community Relations and Marketing	75,091	68,000	7,091	
Community Health Promotion	-	18,600	(18,600)	
Member and Provider Materials	2,852	3,400	(548)	
Provider Relations & Recruitment	-	10,600	(10,600)	
Credentialing Fees	4,412	4,700	(288)	
Director and Advisory Board Fees	3,600	5,950	(2,350)	
Business Meeting Costs	11,622	35,510	(23,888)	
All Other Misc Expenses	32,757	58,084	(25,327)	
Total	**$ 11,104,649**	**$ 11,814,162**	**$ (709,513)**	-6.0%
PMPM $	$25.23	$26.84		

NOTES TO THE FINANCIAL STATEMENTS FOR 2 MONTHS ENDING 8/31/2022

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

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

SIGNIFICANT ITEMS REPORTED IN THE FINANCIAL STATEMENTS

- Reserve for 85% Medical Loss Ratio (MLR) contractual provision on the Affordable Care Act (ACA) Medi-Cal Expansion (MCE) population: At August 31, 2022 $34.8 million is reserved on the balance sheet as potential Medi-Cal capitation revenue that will be recouped back to the DHCS under the terms of the MLR contract language. A recoupment of this amount will result in an MLR of 85% for the MCE Adult population. This reserve covers the period July 1, 2017 – August 31st, 2022.

- Reserve for Prop 56 MLRs including for Physician Services, Development Screening Services, Adverse Childhood Event (Trauma) Screening Services, Family Planning Services and the Value Based Payment Program. This reserve covers the periods July 2019 through Dec 2020, Calendar Year 2021 and YTD Calendar Year 2022 for a total amount of $22.7 million.

- GASB 68 requires the health plan to record the magnitude of the unfunded pension liability. Accrued CalPERS Pension Liability is reserved on the balance sheet as of August 31, 2022 in the amount of $8,125,247 based on current estimates. The GASB 68 liability amount is derived by smoothing and amortizing the health plan's actual unfunded liability over several years and as a result will normally be calculated at a lower amount than the unfunded liability derived by CalPERS.

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

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

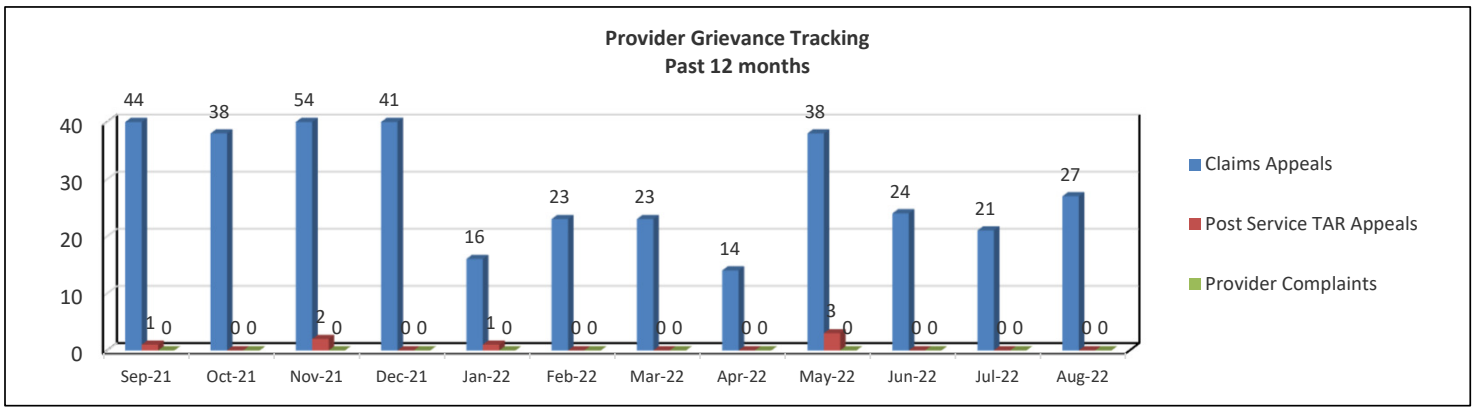
CenCal Health
TANGIBLE NET EQUITY CALCULATION
As of August 31, 2022

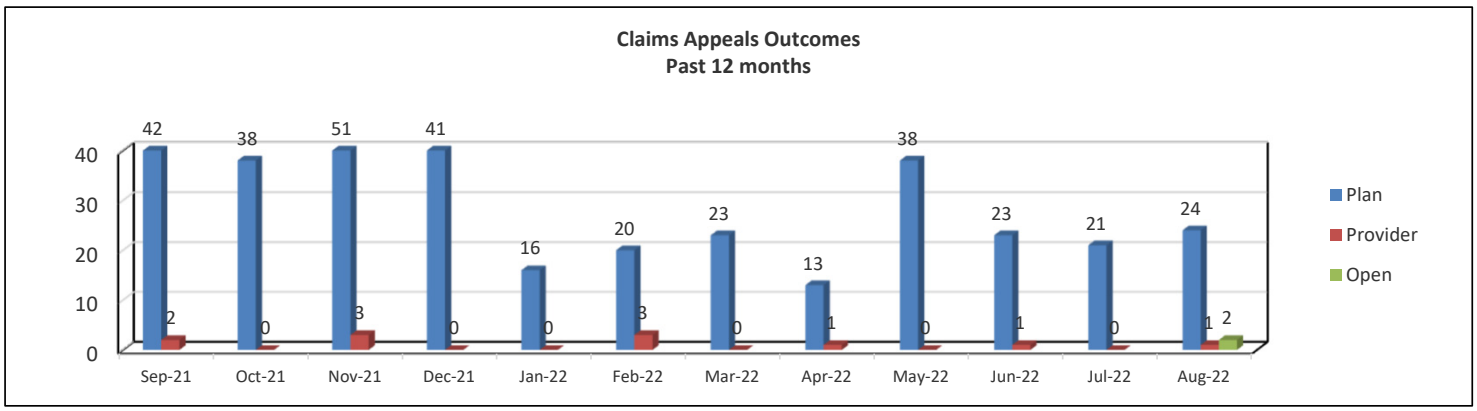
(1)	Total Assets		$ 708,732,578
(2)	Less: Intangible assets		
(3)	Less: Obligations of officers, directors or owners, which are not fully secured		
(4)	Less: Obligations of affiliates which are not current, or not fully secured		
(5)	Less: Long-term prepayments of deferred charges or nonreturnable deposits		
(6)	Less: Total Liabilities		(535,060,774)
(7)	Add: Subordinated debt	0	
	Less: Other	0	
	Total Line 7 (net)		0
(8)	ACTUAL TANGIBLE NET EQUITY (Line 1 through 7)		$ 173,671,804
	Title 10, CCR, Section 1300.76 TNE Requirement:		
(9)	Minimum TNE Requirement ($1 million)		$ 1,000,000
(10)	2% of first $150M of annualized premium revenue	$ 3,000,000	
	PLUS: 1% of annualized premium revenue > $150M	9,303,377	
	Total (Line 10)		$ 12,303,377
(11)	8% of first $150M of annualized health care expenditures, except those paid on a capitated or managed hospital payment basis	$ 12,000,000	
	PLUS: 4% of first $150M of annualized health care expenditures > $150M, EXCEPT those paid on a capitated or managed hospital payment basis	12,648,410	
	PLUS: 4% of the annualized hospital expenditures paid on a managed hospital payment basis (I.e., per diem payments made to the hospitals)	10,672,571	
	Total (Line 11)		$ 35,320,981
(12)	The greater of lines 9, 10, or 11		$ 35,320,981
(13)	% of the amount required by Title 10, CCR, Section 1300.76 ©		100%
(14)	Tangible Net Equity - Minimum required (Line 12 x Line 13)		$ 35,320,980.80
(15)	Actual Tangible Net Equity (Line 8)	492%	$ 173,671,804
(16)	Tangible Net Equity - Excess (Deficiency) (Line 15 - Line 14)		**$ 138,350,823**

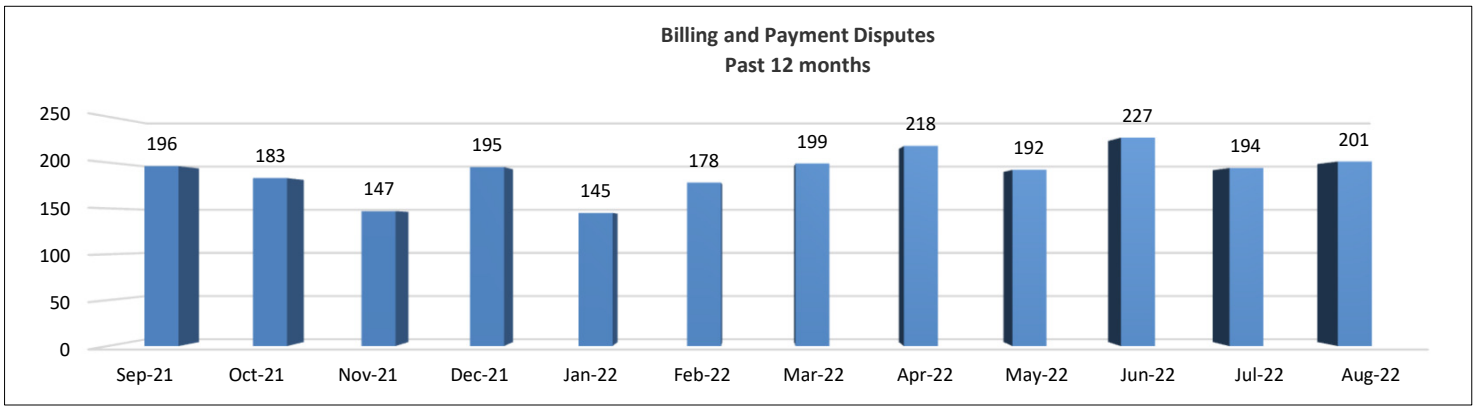
Appendices

Appendix A:	Provider Grievance Tracking Report
Appendix B:	Provider Services Departmental Metrics
Appendix C:	Claims Report
Appendix D:	Member Services Telephone Statistics
Appendix E:	Member Grievance, System Grievance & Appeal Receipts
Appendix F:	CenCal Health Monthly Enrollment by Program

CenCal Health
Type of Indicator: Service
Indicator: Provider Grievance Tracking
Rolling 12 months



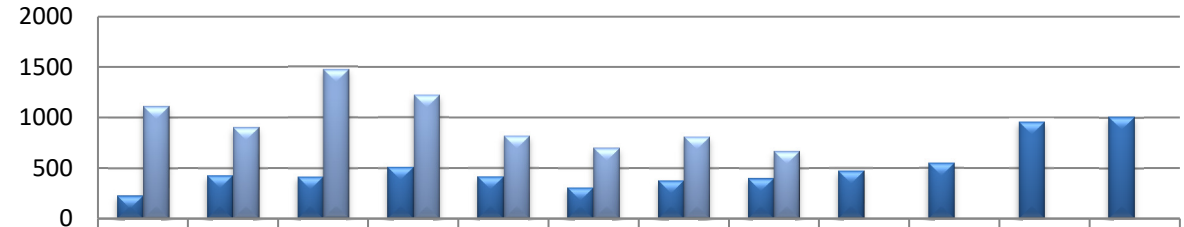




Provider Services Departmental Metrics

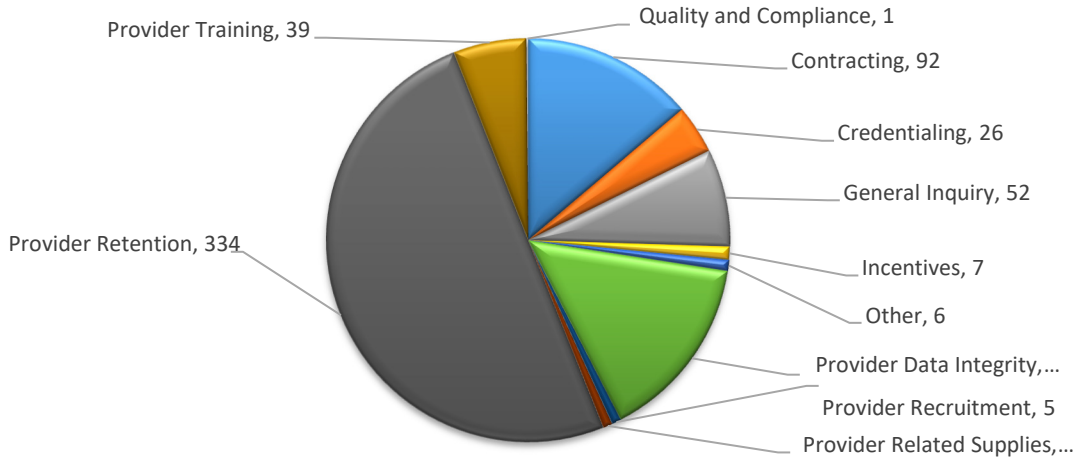
Providers Assisted – August 2022

Providers Assisted YTD

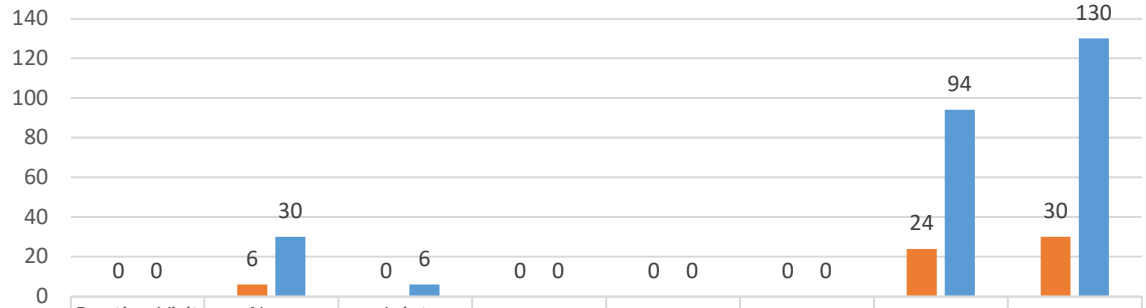


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021	230	428	418	510	416	309	380	402	472	548	954	1010
2022	1111	900	1472	1220	815	700	808	667				

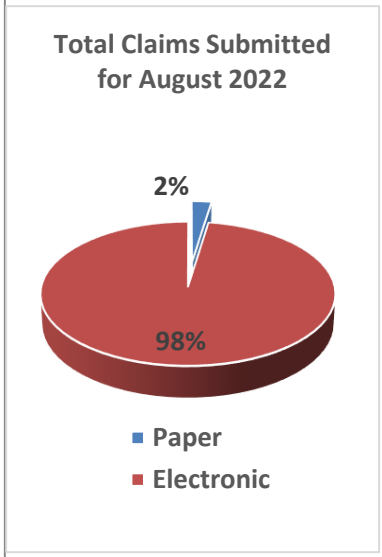
Providers Assisted by Type

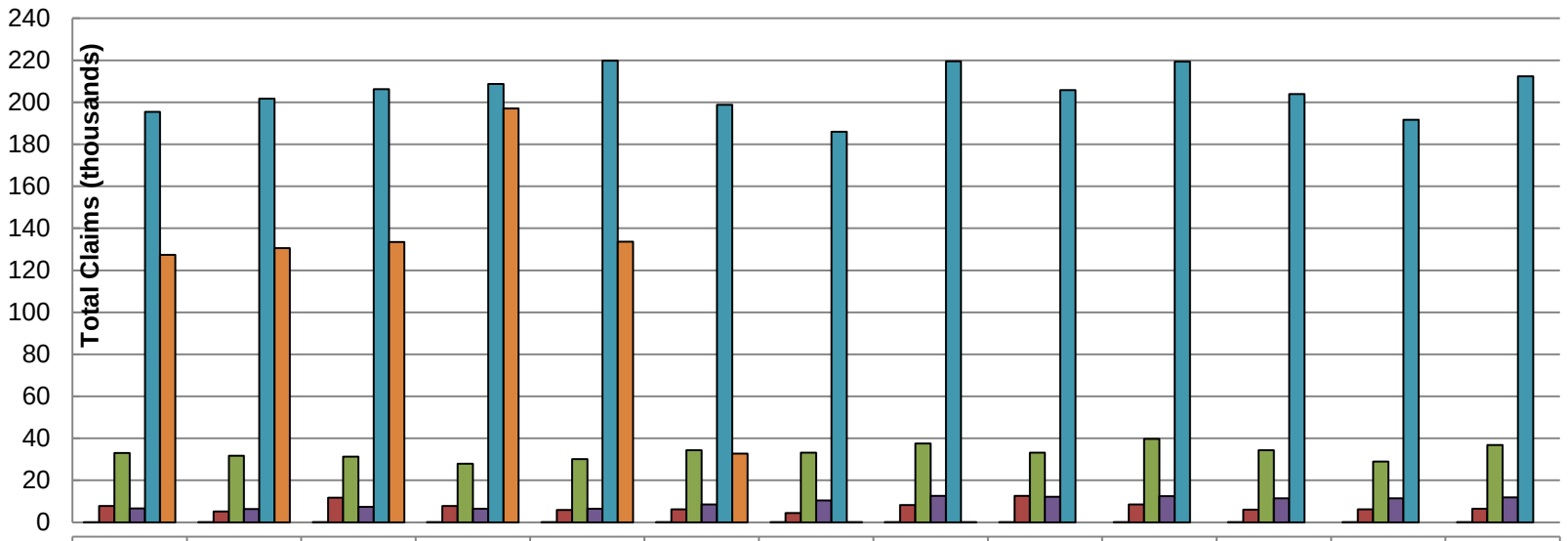


Provider Visits Monthly Comparison - Total Visits



	Routine Visit / Initial Recruitment (1)	New Provider Orientation (3)	Joint Operations Committee (3)	Recruitment Visits (2)	Work Group Meetings (2)	Training In Service Visits (2)	Provider Meeting (2)	Totals
July	0	6	0	0	0	0	24	30
August	0	30	6	0	0	0	94	130





	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Paper - CenCal Health	149	29	61	22	27	123	9	1	7	18	26	17	2
Paper - Outsourced	7,874	5,246	11,798	7,879	5,948	6,200	4,480	8,203	12,695	8,603	6,038	6,153	6,510
AdminisTEP	33,003	31,736	31,317	27,990	30,067	34,382	33,201	37,531	33,133	39,758	34,349	28,935	36,814
Web-Processed	6,699	6,409	7,390	6,521	6,559	8,499	10,490	12,571	12,169	12,542	11,441	11,529	11,854
HIPAA Files	195,453	201,716	206,191	208,644	219,855	198,763	186,001	219,500	205,829	219,412	203,840	191,680	212,361
Med-Impact/PBM	127,392	130,566	133,539	197,089	133,659	32,698	57	8	0	0	0	0	0

Summary:	
Measure Description:	Monthly report used to oversee total claims received by submission type.
Submission Types:	Paper CenCal Health - Claims processed "in-house" by staff at CenCal Health due to special circumstances (example Infusion Providers). Paper Outsourced - Claims outsourced to Smart Data Solutions for data entry and imaging. AdminisTEP - Paper claims submitted through outsourcing vendor to assist with reduction of Paper claim submission. Web Processed - Claims submitted by providers through the CenCal Health website. HIPAA Files -HIPAA compliant electronic claims submitted directly to the FTP server, including crossover claims from the Benefits Coordination & Recovery Center (BCRC). Med-Impact - Pharmacy claims managed and processed by a contracted PBM

CENCAL HEALTH
CALENDAR 2021 - 2022
MEMBER SERVICE TELEPHONE STATISTICS

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

Reporting period:

August 2022 - Calendar 2022 **Chart #1**

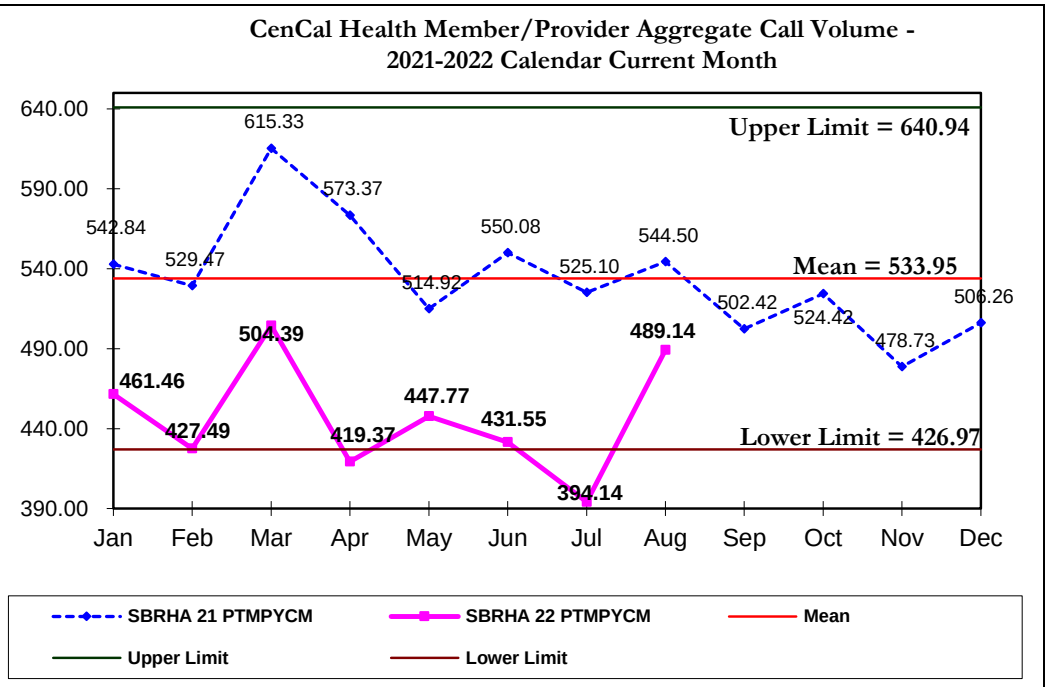
Monthly Call Volume

☒ In Control
☐ Not In Control

August 2022:
Member Queue = **7,264**
Provider Queue = **1,044**
Non ACD = **767**
Aggregate Call Volume = **9,075**

Calls per 1,000/month (PTMPM) = **40.76**
Calls per 1,000/year (PTMPY) = **489.14**

Analysis:
August's call volume PTMPY is below 2021's mean and in control. The drop in PTMPY is the result of the continued membership increases due to suspended DHCS disenrollment during the PHE for Covid-19.



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

August 2022 - Chart #2

Monthly Average Speed to Answer

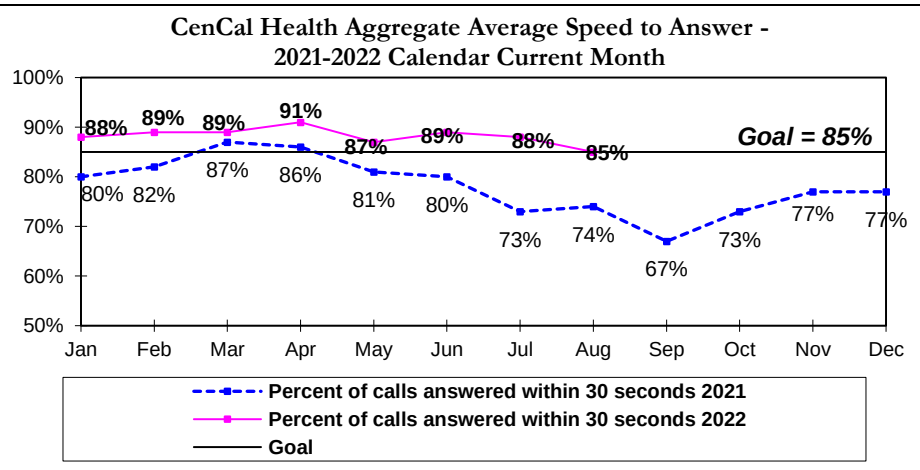
☐ Exceeding Goal
☒ Meets Goal
☐ Not Meeting Goal

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

August's score = **85%**

Aggregate calls answered: **8,767**
Aggregate calls answered within 30 seconds: **7,440**

Analysis:
August 2022 averaged 397 calls a day. There were 11 calls in the queue over 10 minutes before answer. Most of these occur during the new member automated welcome call outreach which allows members to connect to the call center directly.



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

CENCAL HEALTH
CALENDAR 2021 - 2022
MEMBER SERVICE TELEPHONE STATISTICS

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

August 2022 - Chart #3

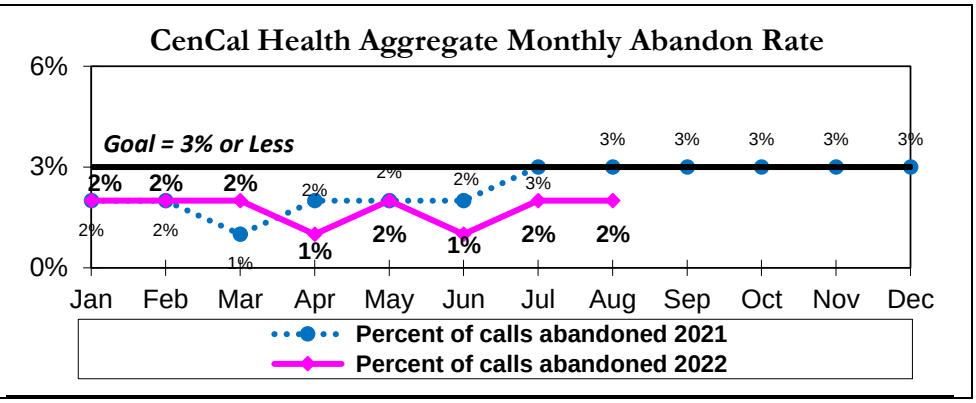
Monthly Aggregate Abandon Rate

☒ Exceeding Goal
☐ Meets Goal
☐ Not Meeting Goal

CenCal Health Goal = 3% or less

Aggregate Call Volume: **9,075**
Abandoned Calls: **183**

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



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

August 2022 - Chart #4

Monthly Aggregate Calls Coded

☒ Exceeding Goal
☐ Meets Goal
☐ Not Meeting Goal

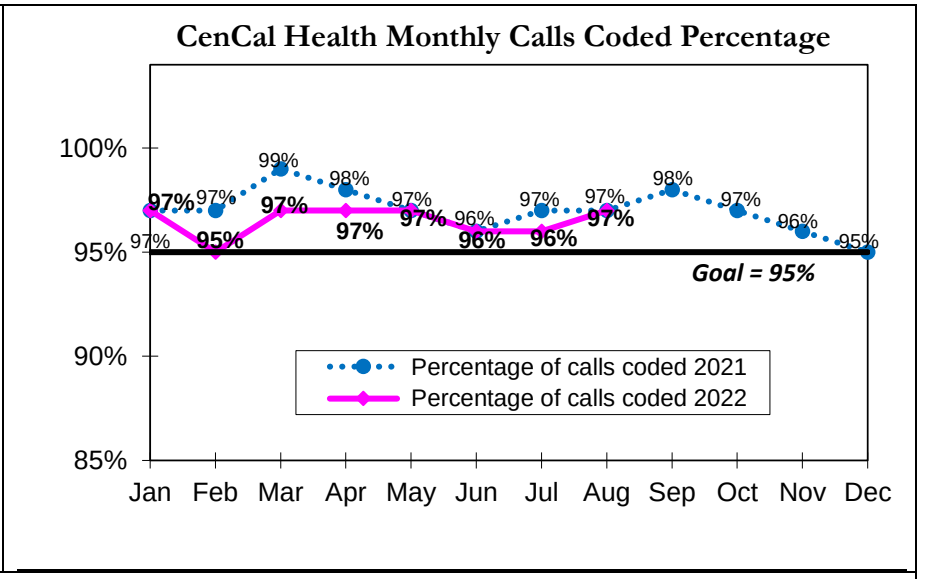
Goal for Percentage of Coded Calls = 95%

Queue Calls Handled: **8,000**
Queue Calls Coded: **7,752**
Percentage of calls coded in August 2022 = 97%
Total Issues Coded: **8,760**
*Calls may have more than one category.

Top 5 Call Codes:

Category	Calls	% of Total
Eligibility	2,338	27%
PCP Selection	1,760	20%
Transfer	1,026	12%
Benefits	861	10%
Miscellaneous	636	7%

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



August Analysis:

*Eligibility Calls – 53% Eligibility verification, 31% Referred to DSS/SSA, 10% Coordination of Benefits (OHC) Verification.

*Transferred Calls – 22% to Ventura Transit, 16% to Med. Management, 15% to Behavioral Health.

*Benefits – 35% Dental, 13% Specialists, 9% Vision.

*Pharmacy – 49 Total pharmacy related calls, 10 resulted in a transfer to Magellan RX.

*COVID specific calls – 21 total calls regarding testing sites, vaccinations, new at-home testing coverage and general questions.

*Provider Call Volume (1235) = 14% of all calls coded.
59% were for Eligibility, 18% were transferred out of Member Services (40% to Medical Management), & 10% for PCP selections.

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

CENCAL HEALTH
CALENDAR 2022
MEMBER GRIEVANCE SYSTEM GRIEVANCE & APPEAL RECEIPTS

MEMBER GRIEVANCES & APPEALS

Reporting period:

August 2022 - Calendar 2022

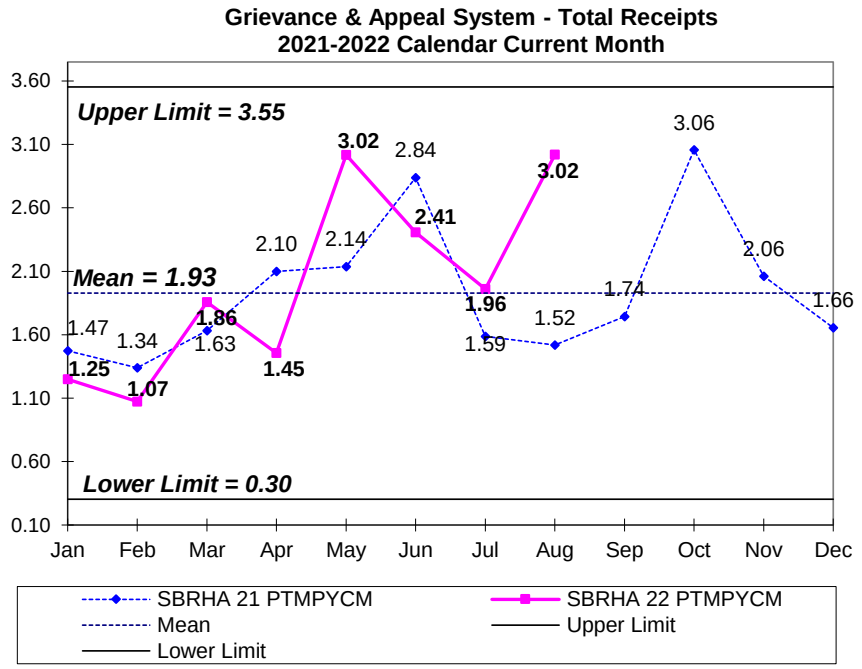
☒ **In Control**
☐ **Not in Control**

August's PTMPY for grievance and appeals was **3.02**, above 2021's Mean of 1.93 and in control.

August Grievance/Appeals = 56
Administrative = **17**
Access = **12**
Quality of Care = **9**
Appeals = **8** (2 Expedited Appeals)
Benefit = **5**
Interpersonal = **5**

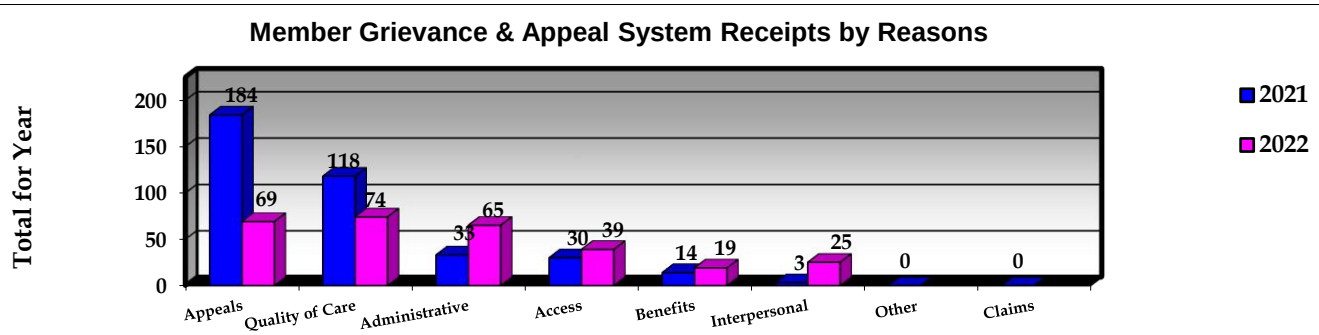
Analysis and Trends

* **Administrative:** Mostly centered around the member's dissatisfaction with expected time to complete paperwork, timely communication, or preferred appointment times. Two providers had 2 administrative grievances filed against them.
* **Access:** 8 of the 12 access grievances filed were for lack of Mental/Behavioral health appointment availability. 7 of the 8 filed in SBHI with no provider with more than one grievance.
* **QOC Grievances** (3 PCPs, 4 Mental/Behavioral Health, 2 Specialist): These were against different providers/clinics for various perceived quality of care concerns/reasons with no trends.
* **Appeals**: 5 TAR appeals; 3 RAF appeals with no trends.
* **Benefits:** 2 filed for lack of Acupuncture providers in network.
* **19 Total Mental/Behavioral Health** (8 Access, 6 Admin., 4 QOC, 1 Appeal) grievances & appeals. Commonly dissatisfied with appointment availability, being dismissed by provider or poor communication, only one provider had more than one filed against them in August (with 3).



Of the **56** grievances/appeals filed:
38 = SB County (12 Mental/Behavioral Health = 32% of SB Vol.)
18 = SLO County (7 Mental/Behavioral Health = 39% of SLO Vol.)

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



Type	Calendar 2021	Calendar 2022 (Through August)
Appeals	**185**	**69**
Quality of Care	**118**	**74**
Administrative	**33**	**65**
Access	**30**	**39**
Benefits	**14**	**19**
Interpersonal	**3**	**25**

Analysis: The transition of pharmacy benefits to Medi-Cal Rx has significantly lowered overall appeals averaging 9 Appeals/month in 2022 compared to 15/month in 2021. MRF appeals accounted for 55% of all appeals in 2021. Additionally, with the addition of Behavioral/Mental Health grievance management transitioned to CCH, we expect an increase in all grievance types related to behavioral and mental health providers, being included within those types vs. as "Holman grievances aggregated" previously.

CenCal Health
Type of Indicator: Service
Indicator: Provider Grievance Tracking
Rolling 12 months

Executive Summary:

Measure Description: This report tracks all provider disputes, appeals and grievances; including provider complaints/grievances, provider claims disputes and appeals, and provider TAR appeals. This report does not track outcomes (except for claims disputes and appeals, see below), only the number and type of disputes, appeals and grievances. August 2017 bundles were removed from data clollection and a third graph with total disputes was added.

Strategic Importance: Provider satisfaction and plan responsiveness to provider issues are important to maintaining the provider network. Tracking of grievances allows trending of number and type of grievances, and also ensures plan compliance with regulatory and contractual requirements (i.e. timeliness of resolution).

Benchmark or Goal: There are no established benchmarks or goals for number or type of disputes, appeals or grievances; however changes in trends may be indicative of system or process changes or problems. Plan expectations are that all disputes and appeals will be resolved within the timelines established by applicable regulations, and grievances will be resolved within 45 business days.

Conclusions & Actions: Disputes for August came in at 201. Claims Appeals came in at 27 for the month. There were 24 claims appeals in favor of the plan and 2 in favor of the provider with 2 having no resolution. There was 0 Post Service TAR Appeals and no Provider Complaints for August.

General Trend & Comparison to Benchmark or Goal: Claims disputes and appeals outcome categories have been revised in this report beginning with the December 2016 data to reflect whether the resolution was in favor of the Plan ("Plan") or the Provider ("Provider"). This is in alignment with how the Claims department reports data to Plan regulators. Resolutions in favor of the Plan include those formerly categorized as "Upheld", while those in favor of the Provider include those formerly categorized as either "Adjusted" or "Overturned". Roughly 30-50% of claims appeals received each month are adjusted based on additional information received (beyond the required non-claim mail process). Tar appeals are averaging 0 to 2 per month. Provider Services uses Case Tracking to capture provider complaints in a standardized fashion, with outcome & severity criteria. This report shows a rolling 12 months of data, rather than calendar year.

Caveats and Limitations: Claims disputes and appeals reports are run by Resolution Date, so data may be incomplete at the time it is first reported as some disputes and appeals may not yet be resolved, categorized as "Open". The graph will be updated the following month with the appropriate outcome codes. Claims and Provider Services staff are collaborating to ensure timely and accurate reporting. Post-service TAR appeals are processed and tracked by the Health Services Department.

CENCAL HEALTH - Calendar 2022
CENCAL HEALTH MONTHLY ENROLLMENT BY PROGRAM

MEMBER ENROLLMENT BY MONTH: AUGUST 2022 – SBHI & SLOHI

Reporting period:
August 2022 – Calendar 2022

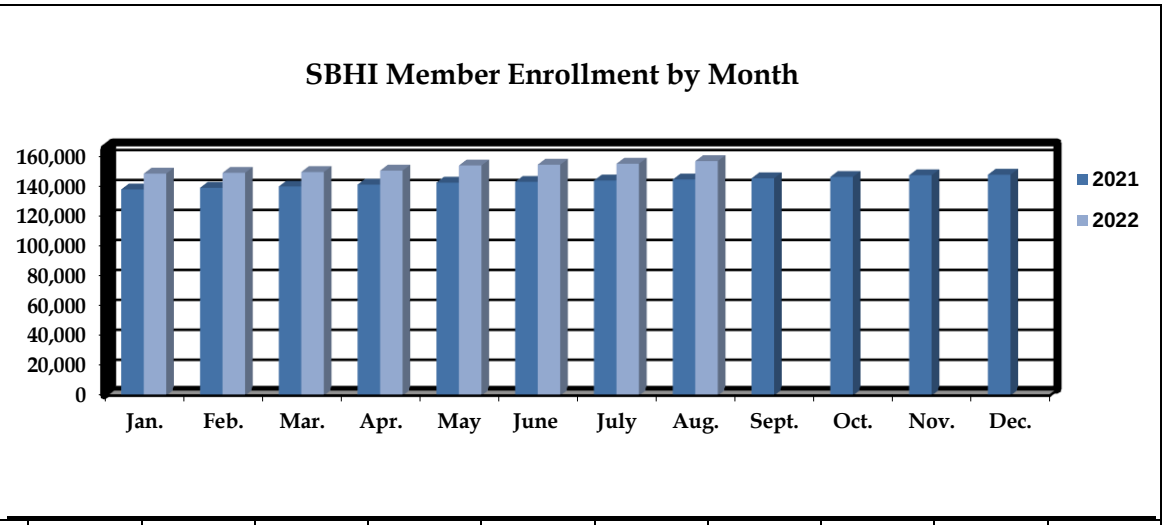
SBHI Monthly Enrollment 2022

August 2022 = 156,487

Membership increased by a net **1,770** members when compared to last month.

New members for August = **2,293**

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



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

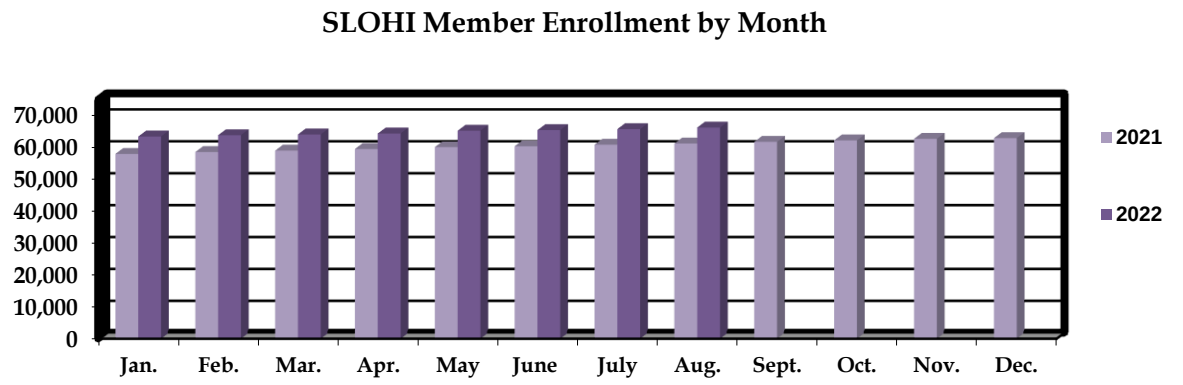
SLOHI Monthly Enrollment 2022

August 2022 = 66,150

Membership increased by a net **497** members when compared to last month.

New members for August = **852**

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



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

CENCAL HEALTH - Calendar 2022
CENCAL HEALTH MONTHLY ENROLLMENT BY PROGRAM

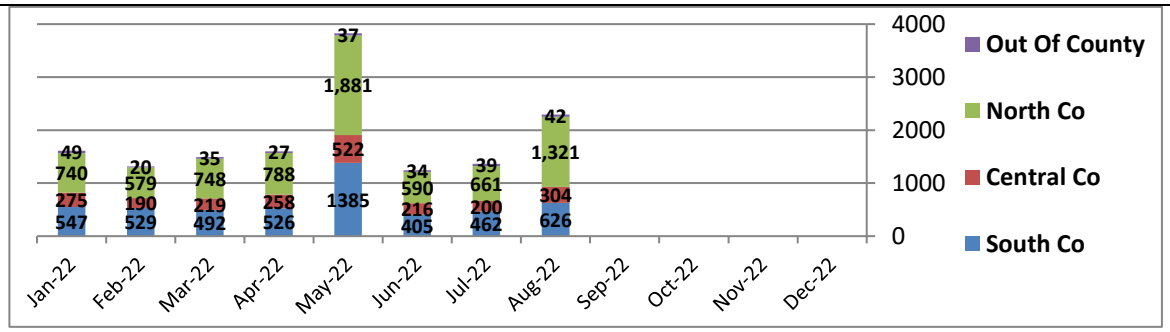
SANTA BARBARA NEW MEMBER ENROLLMENT BY MONTH: AUGUST 2022

Reporting period:
August 2022 – Calendar 2022

Santa Barbara County New Member Enrollment by Area

August 2022 = 2,293

Increased membership in August is an influx of American Rescue Plan Act (ARPA) postpartum care extension to 365 days following delivery (Aid code 76 members).

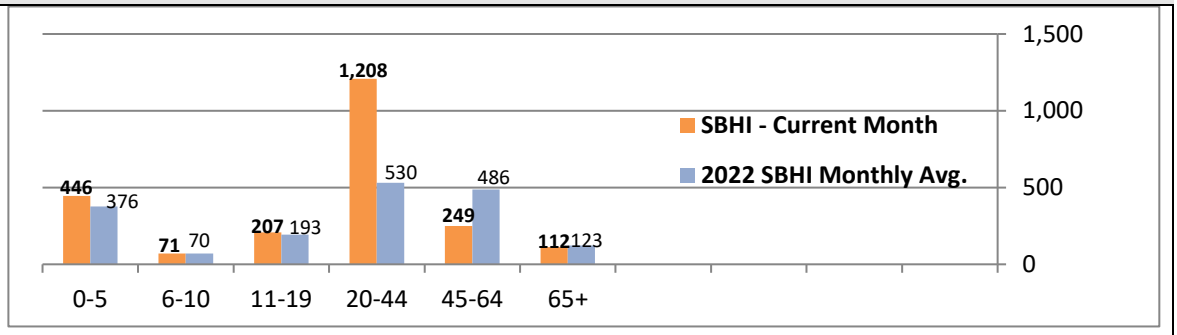


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021 Members	1,602	1,598	1,698	1,825	1,702	1,345	1,506	1,488	1,567	1,712	1,789	1,365
2022 Members	1,611	1,318	1,494	1,599	3,825	1,245	1,362	2,293				

SANTA BARBARA NEW MEMBER ENROLLMENT BY AGE: AUGUST 2022

Santa Barbara County New Members by Age

August 2022 = 1,362



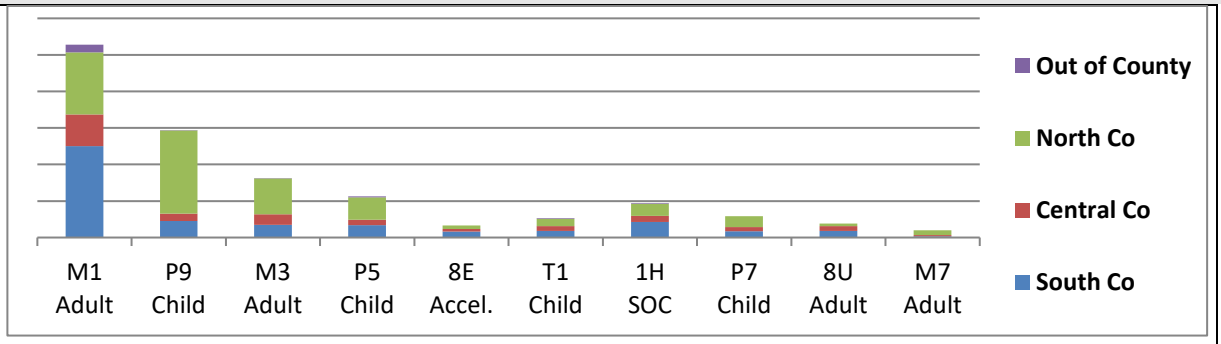
New Members by Age	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
0-5	388	290	373	418	425	361	378	446				
6-10	95	57	71	82	70	56	60	71				
11-19	213	202	197	224	233	142	142	207				
20-44	595	520	596	596	520	422	464	1,208				
45-64	241	195	188	209	2,145	206	219	249				
65+	79	54	69	70	432	58	99	112				

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

Santa Barbara County New Members by Top 10 Aid Codes

August 2022

American Rescue Plan Act (ARPA) **Aid code 76** = 675



Aid Code	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
M1	579	503	545	535	1,210	425	442	528				
P9	209	198	241	268	273	225	248	294				
M3	136	119	179	183	627	124	147	163				
P5	118	121	126	153	127	83	83	113				
8E	123	57	33	29	19	30	27	33				
T1	56	40	44	51	46	27	36	53				
1H	53	40	57	52	300	37	78	94				
P7	44	22	42	59	49	41	38	58				
8U	35	30	32	32	42	38	32	38				
M7	30	24	24	28	29	23	28	20				

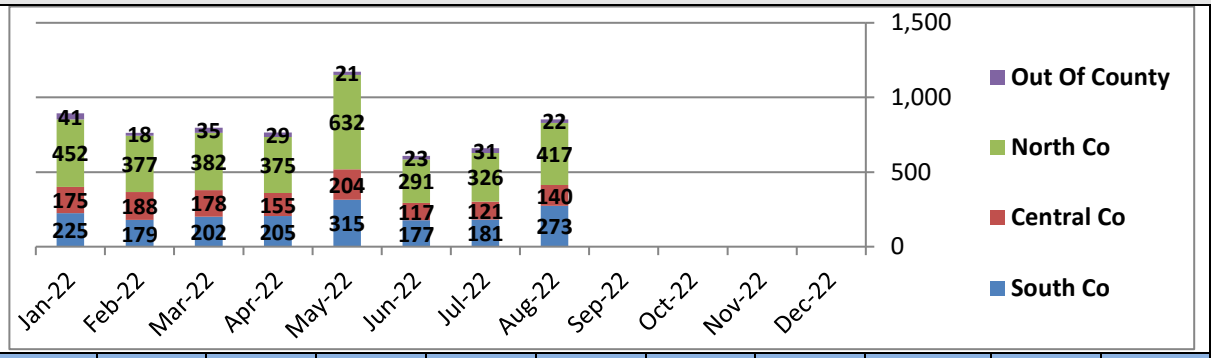
CENCAL HEALTH - Calendar 2022
CENCAL HEALTH MONTHLY ENROLLMENT BY PROGRAM

SAN LUIS OBISPO NEW MEMBER ENROLLMENT BY MONTH: AUGUST 2022

San Luis Obispo County New Member Enrollment by Area

August 2022 = 852

Increased membership in August is an influx of American Rescue Plan Act (ARPA) postpartum care extension to 365 days following delivery (Aid code 76 members).

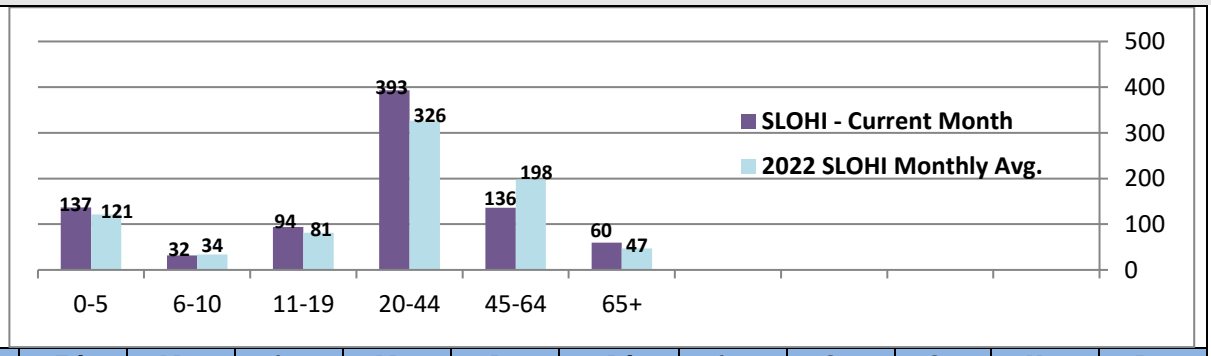


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021 Members	1,004	861	765	867	823	741	800	795	815	821	875	736
2021 Members	893	762	797	764	1,172	608	659	852				

SAN LUIS OBISPO NEW MEMBER ENROLLMENT BY MONTH: AUGUST 2022

San Luis Obispo County New Members by Age

August 2022 = 659



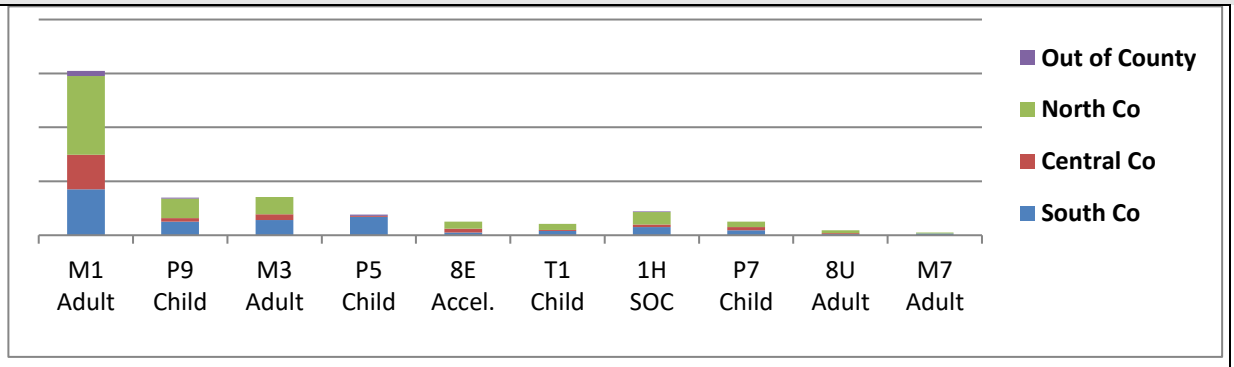
New Members by Age	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
0-5	121	123	125	139	113	112	116	137				
6-10	35	36	38	40	31	27	31	32				
11-19	87	89	110	82	67	58	76	94				
20-44	415	351	356	328	321	250	263	393				
45-64	188	140	138	128	540	130	119	136				
65+	47	23	30	47	100	31	54	60				

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

San Luis Obispo County New Members by Top 10 Aid Codes

August 2022

American Rescue Plan Act (ARPA) **Aid code 76** = 81



Aid Code	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
M1	435	371	377	331	468	274	276	305				
M3	83	61	59	69	61	56	58	70				
P9	60	66	59	69	140	68	62	71				
P5	50	25	31	30	30	21	17	38				
1H	38	28	26	11	20	13	14	25				
T1	22	29	29	18	20	14	19	21				
P7	34	15	22	38	72	21	35	44				
60	13	18	10	26	21	17	18	25				
T2	12	15	18	16	8	11	9	9				
8U	6	6	10	12	8	8	6	5				

CenCal HEALTH®
Local. Quality. Healthcare.

PROVIDER BULLETIN

A PUBLICATION FOR OUR PROVIDERS FROM CENCAL HEALTH

VOL. 32 NO. 8 • AUGUST 2022

PROVIDER NEWS

Medically Tailored Meal services are now available!

To support the California Advancing and Innovating Medi-Cal (CalAIM) initiative, CenCal Health, effective July 1, 2022, now covers Medically Tailored Meal (MTM) services to eligible CenCal Health members! The goal of the MTM service is to enhance or preserve a member's health and overall function as they recover from an acute health condition.

MTM is focused on providing meals specific to a member's medical needs.

To qualify, members must meet the following criteria:

Have one of the following primary or secondary diagnoses:

- Diabetes with an A1c 9 or above
- Congestive Heart Failure: Stage C or D
- Chronic Kidney Disease: Stage 3 and 4
- **AND** two or more inpatient stays in the last 12 months, or
- Two or more emergency departments visits within the previous 12 months, or
- Discharge from a Skilled Nursing Facility within the last 12 months.

The member will receive two meals per day, with 14 meals per week for up to 12 weeks of meals. Our contracted **MTM** providers will cater to members needing dietary support and individual dietary needs such as low sodium or American Diabetes Association (ADA) diet.

How to refer a member:
If a PCP or Specialty Provider identifies a member that would benefit from this service, they can refer the member by submitting a completed 50-1 (TAR) Medical Request form as well as a completed Medically Tailored Meal Referral Form (included and attached to the initial 50-1 TAR request) through CenCal Health's Provider Portal.

For more details on how to refer a member to receive this service, and to watch our video tutorial, please reference the CalAIM section of our website at cencalhealth.org/providers/calaim/

Providers can also contact the Community Supports Department at (805) 562-1698.

Measurement Year 2022 MCAS Quality Measures

The Department of Health Care Services (DHCS) released its updated Managed Care Accountability Set (MCAS) for measurement year (MY) 2022. The MCAS is composed of a subset of quality measures from the National Committee for Quality Assurance (NCQA) and the Centers for Medicare & Medicaid Services (CMS). Medi-Cal managed care plans will report on 39 measures, and Minimum Performance Levels (MPLs) will be established for 15 measures that are priorities for DHCS. Twelve new measures are identified for this reporting period. Additionally, quality measures identified with an asterisk (*) will be stratified by race/ethnicity.

New in 2022	#	MEASUREMENT YEAR 2022 MCAS QUALITY MEASURE	HELD TO MPL
	1	Breast Cancer Screening	YES
	2	Cervical Cancer Screening	YES
	3	Child and Adolescent Well-Care Visits*	YES
	4	Childhood Immunizations – Combination 10*	YES
	5	Chlamydia Screening in Women	YES
	6	Follow-Up After ED Visit for Mental Illness – 30 days*	YES
	7	Follow-Up After ED Visit for Substance Abuse – 30 days*	YES
X	8	Hemoglobin A1c Poor Control (>9%) for Patients with Diabetes*	YES
	9	Controlling High Blood Pressure*	YES
	10	Immunizations for Adolescents – Combination 2*	YES
X	11	Lead Screening in Children	YES
	12	Timeliness of Postpartum Care*	YES
	13	Timeliness of Prenatal Care*	YES
	14	Well-Child Visits in the First 15 Months of Life – 6 or more visits	YES
	15	Well-Child Visits in the First 30 Months of Life - 15 to 30 Months – 2 or more visits	YES

For a complete list of the measures, please refer to the Quality of Care section of our website cencalhealth.org/providers/quality-of-care. Once there, click on the Performance Measures drop-down menu. The list can also be obtained by emailing qmgrp@cencalhealth.org.

Initial Health Assessments Due within 120 Days

Primary Care Providers (PCPs) are required to perform an Initial Health Assessment (IHA) for each newly assigned member within 120 days of assignment. CenCal Health members are encouraged to complete an IHA with their PCP in order to assure their health care risks and needs are assessed and met timely.

Each IHA should include:

- A comprehensive physical and mental developmental health history
- A physical exam
- Oral health assessment and dental screening and referral for children
- Assessment of the need for preventive screenings or services
- Identification of high-risk behaviors
- Health education and anticipatory guidance appropriate for the patient's age
- Diagnosis and plan for treatment of any disease
- **"Staying Healthy Assessment"** (SHA) questionnaire; SHA questionnaires and provider instructions can be found on the DHCS website at https://www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx

To assure the completion and documentation of required components addressed during an IHA visit, CenCal Health performs an annual medical record review audit. Findings will be shared and discussed with audited PCPs later this month via IHA Provider Performance Reports.

Contact your newly assigned members for their IHA today! To identify your patients due for an IHA, you can go to CenCal Health's secure provider portal. The list of your patients due for an IHA is located within the Coordination of Care section in the "Assignment" tab. For more information about IHA requirements or about CenCal Health's monitoring process, please contact the Population Health Team at populationhealth@cencalhealth.org.

HEDIS® Measurement Year 2021 Quality of Care Results

CenCal Health would like to thank providers for their support during the HEDIS® Quality of Care Compliance Audit™, which evaluated effectiveness of care, access and availability, and other important aspects of care and service. We appreciate those providers who allowed us remote access and those providers who sent in medical records promptly and accurately. CenCal Health successfully reported to the California Department of Health Care Services (DHCS) regarding care delivered to our members for the period ending December 31, 2021.

CenCal Health is required to meet minimum performance levels (MPLs) for 15 indicators. Although the ongoing COVID-19 pandemic may have had an impact on the outcomes of patient care, our providers continued to show a commitment to quality healthcare for our members. Overall, CenCal Health rated among the top 10% of Medicaid plans for 8 indicators (compared to 6 last year). This year's results showed noticeable improvements from the prior year. There were 2 indicators that did not meet the MPL. See table below for details:

Above 95th Percentile	**Santa Barbara County**	**San Luis Obispo County**
Timeliness of Postpartum Care	✓	✓
Pediatric BMI Percentile Monitoring for Children/Adolescents		✓
Nutritional Counseling for Children/Adolescents		✓
Physical Activity Counseling for Children/Adolescents		✓
Above 90th Percentile		
Low Rate for HbA1c Poor Control	✓	✓
Adolescent Immunizations (Tdap, HPV, and Meningococcal)	✓	
Above 75th Percentile		
Controlling High Blood Pressure		✓
Timeliness of Prenatal Care	✓	✓
Cervical Cancer Screening		✓
Breast Cancer Screening	✓	✓
Child and Adolescent Well-Care Visits	✓	
Well Child Exams for age 15 months to 30 months (2 or more)	✓	
Nutritional Counseling for Children/Adolescents	✓	
Physical Activity Counseling for Children/Adolescents	✓	
Adolescent Immunizations (Tdap, HPV, and Meningococcal)		✓
Childhood Immunizations (4 DTaP, 3 Polio, 1 MMR, 3 Hep B, 3 Hib, 1 Varicella, 4 Pneumococcal, 1 Hep A, 3 Rotavirus, and 2 Influenza)	✓	✓
Areas for Improvement - Worse than 50th Percentile		
Well Child Exams in the First 15 months of Life (6 or more)	✓	✓
Chlamydia Screening in Women		✓

Member engagement and provider partnerships are essential to achieve improved health outcomes. Detailed practice-specific HEDIS® Measurement Year 2021 results can be requested by contacting Marteena Cao-Galanis, Quality Measurement Specialist, at (805) 562-1609.

The comprehensive Quality of Care performance results reported to DHCS, including those measures for which plans are not held to an MPL, are available at cencalhealth.org/providers/quality-of-care or can be requested by emailing qmgrp@cencalhealth.org.

[1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). HEDIS is a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare health care quality.
[2] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). HEDIS is a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare health care quality.
[3] NCQA HEDIS Compliance Audit™ is a trademark of the National Committee for Quality Assurance (NCQA).

PROVIDER NEWS

Cultural & Linguistic resources for your practice

CenCal Health values health equity and appreciates the importance of providing services in the language of choice for our membership. We recognize the value of clear communication with your patients and we are committed to assisting you through telephonic, face-to-face, and video remote interpreter services.

Language Access Program Services:

- Interpreter services at medical appointments for spoken languages as well as American Sign Language for Health Plan deaf/hearing impaired members. Telephonic and Video Interpreter Services for spoken language are available on a 24-hour basis for medical encounters in over 200+ languages through CenCal Health's language line vendor, Certified Languages International.
- "Face to Face" Interpreter Services are available for American Sign Language, Mixteco, and Spanish (limited to defined criteria) Monday-Friday 24/7 with advance notice. Please call CenCal Health's Member Services at 1-877-814-1861 to schedule face-to-face services.

Need to cancel a scheduled Interpreter?

If a provider needs to cancel a scheduled interpreter appointment, please call the toll-free Member Services line at (877) 814-1861 and inform the Member Services Representative of the request to reschedule or cancel. Please do not call the interpreter directly to inform them of the cancellation. CenCal Health will communicate all cancellations and changes to the interpreter.

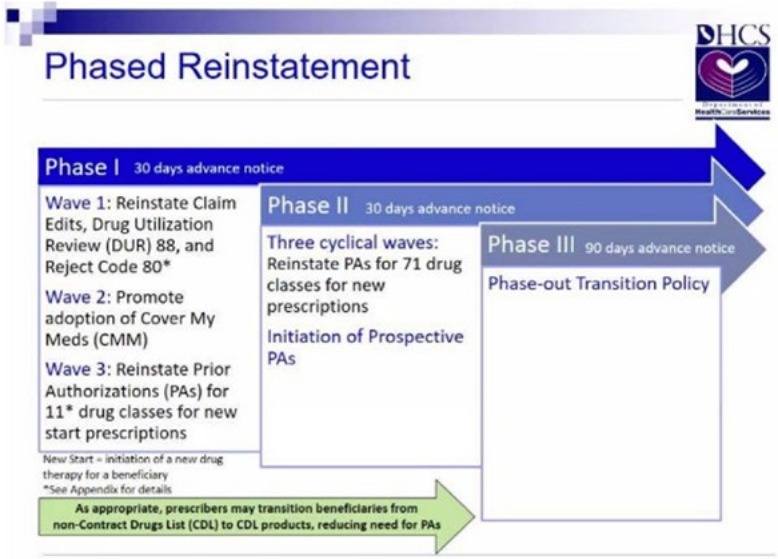
Are you or your staff fluent in a language other than English and would like this represented in CenCal Health's Provider Directory? Contact the Provider Services Department at (805) 562-1676.

To learn more about this resource and access to these services, please go to cencalhealth.org/providers/cultural-linguistic-resources/

PHARMACY UPDATE

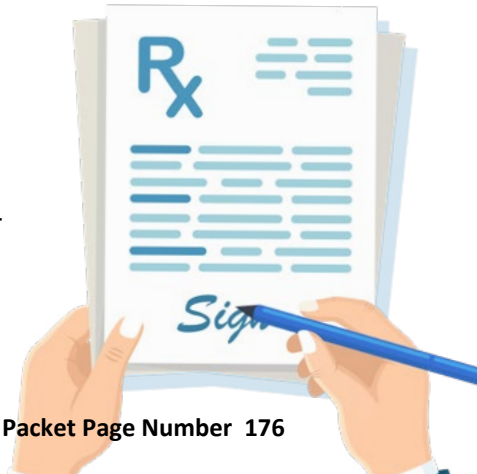
Medi-Cal Rx: Reinstatement Plan Phase 1, Wave 1 — started July 22, 2022

The Department of Health Services (DHCS), in collaboration with Magellan Medicaid Administration, Inc. (MMA), released the Reinstatement Plan (the Plan) for a phased approach to restoring select claim edits and prior authorizations (PAs) by drug class while phasing out the 180-day transition policy. The Plan reflects a methodical, data-driven, and iterative approach to support rapid cycle improvements by incorporating feedback from stakeholders and lessons learned from each phase to ensure alignment with the objective to reduce disruption as well as timely delivery of the pharmacy benefit. Reinstatement will be gradual with intense focus on stakeholder preparedness and performance monitoring. This will be refined as necessary over time based on data analytics, operational experience, and stakeholder feedback.



On July 22, 2022, Phase 1, Wave 1 of the Reinstatement Plan went live. Claim edits for diagnosis and Drug Utilization Review (DUR) requirements were reinstated. Specifically, DUR NCPDP Reject Code 88 – Drug Utilization Review Reject Error for DUR alerts such as drug-drug interactions, high dose, early refill, etc. **Medi-Cal Rx FAQ and resource documents for Phase 1, Wave 1** https://bit.ly/3zRj0sU

As always, the Pharmacy Team can be contacted at (805) 562-1080 to help answer any questions regarding the Phased Reimplementation and will provide meaningful updates as they are made available by DHCS.



Attention Primary Care Physicians (PCPs)

Check out our new ABA Referral Form formerly known as the RAFB authorization request! Effective August 15, 2022, contracted psychologists, physicians, psychiatrists, and surgeons can complete this form to refer a member for ABA treatment.

Members who meet criteria will be referred to complete a Functional Behavioral Assessment (FBA) to determine the severity of behaviors. CenCal Health supports members choosing their provider. When working with our members, please determine the best fit, meaning an ABA provider that speaks the member's or member's family's primary language, is located in the community where the member lives, and serves the member's specific age group. You can identify all of these details within the CenCal Health Contracted Provider Directory at https://provdir.cencalhealth.org/ It is important to ensure that the provider is able to accept the referral.

Watch our Behavioral Health & Mental Health PCP Overview training video today at cencalhealth.org/providers/behavioral-health-treatment-and-mental-health-services/primary-care-provider screening --tools-and-resources/ and share it with your team!

PCP TIP: Some ABA providers prefer a direct call from the PCP prior to a member referral to ensure that the ABA provider is able to serve school age children and to identify if they have afternoon appointments available for ABA treatment, so school is not missed in the morning or afternoons.

Calling all Psychologists

Please check out the new template for Psychological Evaluations! Psychologists who receive referrals to complete a Psychological Evaluation are encouraged to utilize our template that provides direction on how to coordinate care for members based on findings and recommendations. Psychological evaluations do not require a referral or pre-authorization from CenCal Health. **This template will be available online at cencalhealth.org/providers/behavioral-health-treatment-and-mental-health-services/** in addition to our recent Psychologist Provider Symposium recorded event.

BILLING TIP: Providers will bill 1 Unit for Procedure Code 90791. If you require more than 1 Unit of 90791 to complete a psychological evaluation, please submit a 50-1 Medical TAR with your clinical justification via our Provider Portal.

A message for our Behavioral Health (ABA) Providers

Please check out our updated 6-month and FBA Templates that outline the minimum required information CenCal Health must receive to review your authorization request. Providers are able to utilize their own template if it has the required sections.

Please remember to submit a 50-1 Medical Authorization request at least 14 days and no more than 30 days prior to the authorization expiring, as ABA services do require pre-authorization. If you do not have an authorization to see the member, please contact the member's PCP to submit an initial referral to start services. A member's PCP can be located within the Provider Portal Eligibility Tool.

As a refresher, please watch our ABA Provider Training related to authorizations and billing your claims at cencalhealth.org/providers/behavioral-health-treatment-and-mental-health-services/behavioral-health-treatment-aba-provider-resources/

Attention Mental Health and Behavioral Health (ABA) providers, please keep your availability updated. You can contact your Provider Services Representative at psrgroup@cencalhealth.org or the Behavioral Health Department at bhproviderupdates@cencalhealth.org

PROVIDER TRAINING

Women's Health Breast & Cervical Cancer Screening Training

Women's cancer screenings are an important part of the fight against cancer and cancer-related deaths. Join CenCal Health as we discuss clinical guidelines, best practices, and ways to overcome common barriers during this training event.

To register, go to cencalhealth.org/providers/provider-training-resources/ and, as a bonus, receive 1 CME credit!

CLINICAL CORNER

Valley Fever risk high this year

Valley Fever is suspected to be especially prevalent this summer, particularly during the high wind season.

Help us raise awareness of the risk of Valley Fever by talking to your patients who are local farm workers, construction workers, and/or work outdoors in close contact with loose dirt.

When discussing the risk of Valley Fever with your patients, you can remind them of the following:

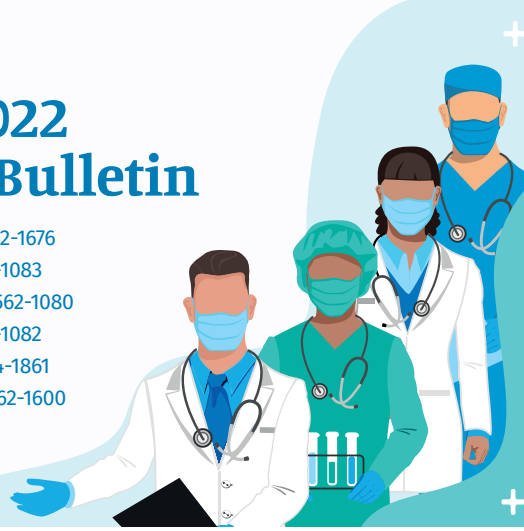
- What Valley Fever is
- How to prevent exposure
- How to identify symptoms
- How to seek testing

You can prevent hospitalizations and ongoing health complications for your patients by talking with them about Valley Fever today.

For additional resources you can visit:
cdc.gov/fungal/diseases/coccidioidomycosis

August 2022 Provider Bulletin

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



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HEALTH PROMOTION

2022 Population Needs Assessment Results

Each year, CenCal Health is required to conduct a Health Education and Cultural and Linguistic (C&L) Population Needs Assessment (PNA).

The goal of the PNA is to improve health outcomes for members and ensure that CenCal Health is meeting their needs by:

- Identifying member health needs and health inequities;
- Evaluating health education, C&L, and quality improvement (QI) activities and available resources to address identified concerns;
- Implementing targeted strategies for health education, C&L, and QI programs and services.

Based on the findings of the 2022 PNA report, CenCal Health has developed an Action Plan that will address the identified gaps in services and education. Some of these strategies may involve provider education or partnership. To view the 2022 PNA visit: cencalhealth.org/explore-cencal-health/population-needs-assessment

Action Plan objectives include:

- Increase the rate of childhood developmental screening for 1-year old children in San Luis Obispo County.
- Increase the rate of breast cancer screening for English speaking members in both Santa Barbara and San Luis Obispo Counties.
- Increase the percentage of members who have completed clinically recommended cervical cancer screening.
- Increase the percentage of hypertensive members in Santa Barbara County that have a recorded blood pressure measurement.

If you would like more information about the PNA results, including CenCal Health's specific Action Plan Objectives and Strategies, please contact (805) 562-1662 or healthed@cencalhealth.org

Summer 2022

CenCal HEALTH®
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HEALTH matters

Helpful information from CenCal Health

La versión en español, Temas de salud, está adentro.

Get a Ride to Your Doctor or Pharmacy

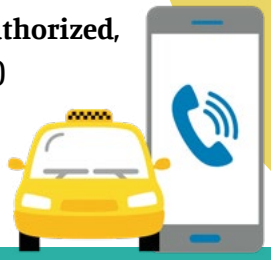
Your benefits include getting a ride to your appointments when the appointment is for a Medi-Cal covered service.

You can get a ride, at no cost to you, when you are:

- Traveling to and from an appointment for a Medi-Cal service authorized by your provider; **or**
- Picking up prescriptions and medical supplies.

To request a ride for services that have been authorized, call at least five business days (Monday-Friday) before your appointment:

- CenCal Health at 1-877-814-1861 **or**
- Ventura Transit System at 1-855-659-4600



Be an Organ Donor

Anyone can help save lives by becoming an organ or tissue donor. If you are between 15 and 18 years old, you can become a donor with the written consent of your parent or guardian.

You can change your mind about being an organ donor at any time.

If you want to learn more about organ or tissue donation, talk to your PCP.

You can also visit the United States Department of Health and Human Services website at **organdonor.gov**.

CenCal Health's 2021 Quality Report is ready to view at www.cencalhealth.org.
Click on the Quality of Care section and check out how we did. You can also get a copy sent to you by calling (805) 562-1609

Start Early to Prepare for Back-to-School

It is never too early to start preparing for the upcoming school year.

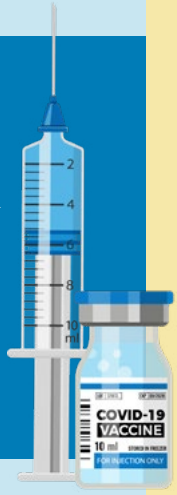
Taking care of your child's health needs **before** the school year can help set them up to stay healthy and safe. Start your planning now!

Over the Summer

Get vaccinations

Getting your children and teens ready to go back to school is the perfect time to make sure they are up-to-date with their immunizations. Vaccination protects students from diseases and keeps them healthy.

Children 5 years and older can get the COVID-19 vaccine. If your child hasn't gotten theirs, make sure to do this before school starts. Getting vaccinated is one of the best ways to protect your child from COVID-19.



Schedule doctor appointments early.

Doctor offices can be very busy in August, so make your appointment for annual well-visits, sports physicals, and vaccinations ahead of time.

Before the First Day of School

Decide

On a safe route to school.

Notify the school

If your child has allergies, needs regular medications, has diet restrictions, or other important information.

During the School Year

Start with breakfast

Your child should eat breakfast every day, to ensure they have energy at school.

Eat healthy

Keep healthy snacks around and aim for 5-7 fruits and veggies per day.

Get enough sleep

Make sure your child is getting the recommended amount of sleep for their age.

Urgent:
Do Not Lose Your Medi-Cal!

IMPORTANT ANNOUNCEMENT

Report Changes Now!

Once a year, Medi-Cal sends out a Redetermination package for you to complete. The redetermination package tells Medi-Cal if you still qualify. During the COVID-19 pandemic, Medi-Cal stopped the Redetermination process. Soon, Redetermination will start again.

If you do not complete your Redetermination package when you receive it, you will lose your Medi-Cal coverage.

How can you prevent this?

Make sure you tell Medi-Cal if you move

Did you move in the last two years? Do you get your mail somewhere else? Let the Department of Social Services (DSS) know.

Medi-Cal members must report a change of address as soon as possible to DSS. Updating your contact information (like your mailing address, phone number and email) is very important so that you can continue receiving notices about Medi-Cal.

What other changes should you report?

Other life changes must also be reported. This includes changes to your income, disability status and family size.

If you are unsure about a certain change, contact DSS. They can help.

Why do I have to do this now?

During the COVID-19 pandemic, people with Medi-Cal were able to keep their coverage regardless of any life changes.

Later this summer, DSS will determine if you are still eligible for Medi-Cal. Make sure you report any changes now; it may help you keep Medi-Cal coverage.

How to report changes

You should report changes to your local county's Department of Social Services office. You can do it in person, by phone, fax or online. Some changes can be submitted by email. **To report changes or for more information, contact one of the offices listed below.**

Santa Barbara County offices:

Lompoc
1100 W. Laurel Ave Lompoc, CA 93436
Phone: (805) 737-7080 • Fax: (805) 737-6047

Santa Barbara
234 Camino Del Remedio, Santa Barbara, CA 93110
Phone: (805) 681-4401 • Fax: (805) 681-4402

Santa Maria
2125 S. Centerpointe Parkway, Santa Maria, CA 93455
Phone: (805) 346-7135 • Fax: (805) 346-7196 **OR**

1444 S. Broadway, Santa Maria, CA 93454
Phone: (805) 614-1300 • Fax: (805) 614-1529

San Luis Obispo County offices:

Arroyo Grande
1086 East Grand Avenue, Arroyo Grande, CA 93420
Phone: (805) 474-2000 • Fax: (805) 474-2134

Atascadero
9415 El Camino Real, Atascadero, CA 93422
Phone: (805) 461-6000 • Fax: (805) 461-6036

Morro Bay
600 Quintana Road, Morro Bay, CA 93442
Phone: (805) 772-6405 •Fax: (805) 772-6409

Nipomo
681 West Tefft Street Suite 1, Nipomo, CA 93444
Phone: (805) 931-1800 • Fax: (805) 931-1804

Paso Robles
406 Spring Street, Paso Robles, CA 93446
Phone: (805) 237-3110 • Fax: (805) 237-3115

San Luis Obispo
3433 South Higuera, San Luis Obispo, CA 93401
Phone: (805) 781-1600 • Fax: (805) 781-1361

If you live in Santa Barbara County, you can also call the Santa Barbara County Department of Social Services at (844) 289-4682, or go online to **secure.countyofsb.org/dss/octopus/en**

You can also go online: www.CoveredCA.com • www.MyBenefitsCalWin.org • www.BenefitsCal.com

Preventive Health Guidelines For Your Child

It is important for your child to have regular checkups with his/her doctor and to get immunizations (shots). Immunizations help protect your child from serious diseases. Vaccines are very safe and effective. They prevent diseases by making your child's immune system stronger. Immunize your child for a lifetime of good health.

WHAT DOES YOUR CHILD NEED , WHEN?

- WELL-CHILD VISIT / CHECK UP
- FLUORIDE VARNISH
- VISION TEST
- HEARING TEST
- DEPRESSION SCREENING
- BLOOD LEAD TEST
- DYSLIPIDEMIA SCREENING

BIRTH	18 months
1 month	24 months
2 months	30 months
4 months	3 years
6 months	4-6 years
9 months	7-10 years
12 months	11-12 years
15 months	13-21 years

Children 6 months and older need a flu shot every year.

IMMUNIZATIONS:

Birth: HepB

1 month: HepB

2 months: DTaP, PCV13, Hib, RV, IPV

4 months: DTaP, RV, Hib, PCV13, IPV

6 months: DTaP, RV, Hib, PCV13, IPV

Between 6 to 18 months: IPV, HepB

Between 12 to 15 months: MMR, Hib, PCV13, VAR

Between 12 to 23 months: HepA (2 doses, 6 months apart)

Between 15 to 18 months: DTaP

4 to 6 years: DTaP, MMR, IPV, VAR

11 to 12 years: MCV, Tdap, HPV (2 doses for girls and boys)

13 to 21 years: MCV (at age 16)

15 to 17: STI / HIV Screening (for ages 15 and older)

COVID-19

Ages 5 to 17 years: 2 doses, 3–8 weeks apart

Ages 12 to 17 years: Booster dose 5 months after second dose.

*These recommendations may change.
Refer to **www.cdc.gov** for current dose recommendations.

Scan the QR code to learn more about shots and screenings for your child.

Adult Preventive Health Guidelines

Getting regular checkups can help you stay healthy, prevent disease, and can even save your life.

Routine Health Exams

Cholesterol
Beginning at age 45 for women, and age 35 for men

Chlamydia and Gonorrhea Screening
For women if age 24 or younger and sexually active, and women 25 years and older at increased risk

Osteoporosis Test
Beginning at age 65 for women

Blood Pressure
Beginning at age 18 for men and women

Body Mass Index (BMI)
At regular checkups for all adults

Prediabetes and Diabetes Screening
Adults aged 35 to 70 years who have overweight or obesity.

HIV Test
For men and women ages 15 to 65, and all pregnant women

Depression Screening
For general adult population, including pregnant and postpartum women

Tuberculosis (TB) screening
For adults at increased risk

Hepatis C Screening
For all adults ages 18 to 79

Immunizations (shots)

Tetanus-Diphtheria-Pertussis (Td or Tdap)
1 dose Tdap, then Td booster every 10 years. Pregnant women should get a Tdap vaccine with each pregnancy

Influenza (Flu Shot)
Every year for all adults

Pneumococcal (PCV15, PCV20, or PCV23)
1 dose after age 65

Hepatitis B
For adults ages 19 through 59. 2, 3, or 4 doses depending on vaccine or condition.

Zoster (RZV)
2 doses for age 50 or older

Measles, Mumps, Rubella (MMR)
1 or 2 doses for adults born in 1957 or later

Chicken Pox (VAR)
2 doses for adults with no history of immunity

Human Papillomavirus (HPV)
If not already completed, adults ages 19 to 26 should get 2 or 3 doses

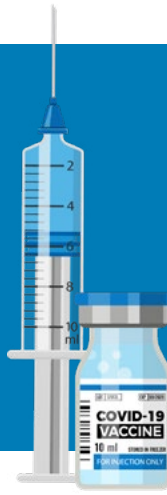
Cancer Screenings

Colorectal Cancer Screening
For men and women beginning at age 45 and continuing until age 75

Cervical Cancer Screening
Every 3 to 5 years for women ages 21 to 65

Breast Cancer Screening (Mammogram)
Breast Cancer Screening (Mammogram) Every 2 years for women 50 to 74

COVID-19 Vaccine
2 doses of mRNA vaccine, given 4–8 weeks apart. Booster dose given 5 months after second dose.
OR
1 dose of J&J vaccine. Booster dose of mRNA 2 months after original dose.



Scan the QR code to learn more about shots and screenings for you.

What is Healthcare Fraud?

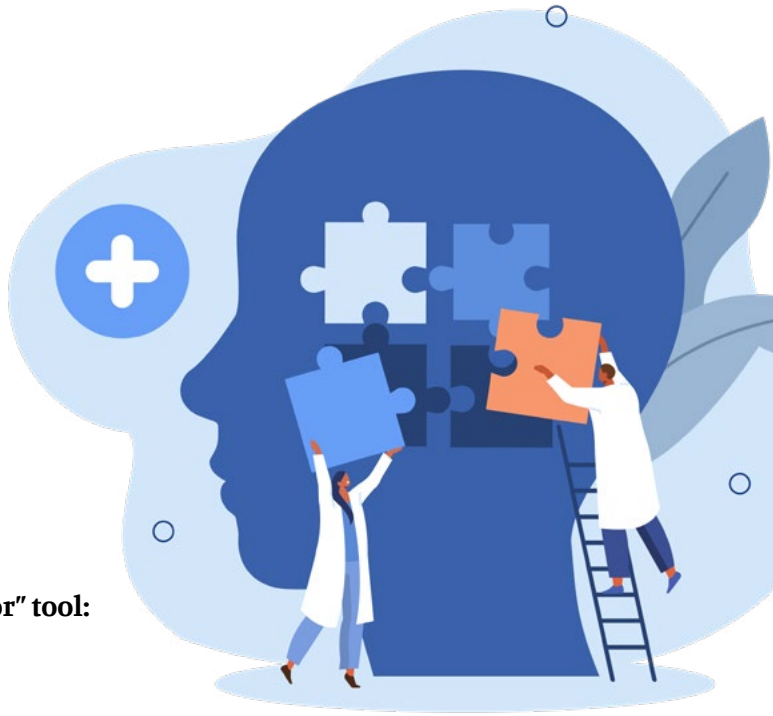
Health care fraud is when a person submits false or misleading information to get healthcare products, coverage, or medicine. Fraud is illegal and increases health care costs.

Here are some examples of possible health care fraud:

- Loaning or using another member's CenCal Health ID card to get services.
- Changing or falsifying a prescription order.
- Selling prescription drugs or supplies obtained under CenCal Health benefits.

If you know of a situation like this, please tell us. The call is free and confidential. Call our Fraud Hotline at (866) 775-3944. You can also learn more at www.cencalhealth.org. Click "Do You Suspect Fraud?" in the Members tab.

Need Mental Health Care? Call Us!



Starting January 1, 2022, CenCal Health's Behavioral Health Department has opened!

Members no longer need a referral before seeing a contracted therapist or psychiatrist.

Please contact the Behavioral Health Department at (877) 814-1861 to get information about:

- Behavioral health treatment
- Applied Behavior Analysis (ABA) services
- Mental health providers
- Mental health benefits

To find a provider, you can also use our website's "Find a Doctor" tool:

1. Go to **www.cencalhealth.org**
2. Select "Find a Doctor Now"
3. Then select "Search for Behavioral Health"

If you are not sure if your provider, previously under The Holman Group, is still contracted with CenCal Health, please call the Behavioral Health Department, or use our website tool.

Changes to CenCal Health's 2022 Evidence of Coverage (EOC)

The Department of Health Care Services has updated the language in the 2022 EOC (also called the Member Handbook).

The Member Handbook tells members what their benefits are and how to get them.

Changes have been made for these Medi-Cal covered benefits and services:

- Minor Consent Services
- What Your Health Plan Covers
- Enhanced Care Management Services
- Community Support Services

To see these changes, go to our website at **www.cencalhealth.org/members/memberhandbook/**

You can view and/or download these notices, called "Erratas" for these changes and updates to your benefits and services.