CenCal Health Board of Directors Meeting Packet

September 20, 2023
6:00 pm

Santa Maria Inn
801 South Broadway
Santa Maria
Santa Maria Room

Notice of Regular Meeting
CenCal Health Board of Directors

September 20, 2023 at 6:00 p.m.
The Historic Santa Maria Inn
801 South Broadway
Santa Maria, CA
Santa Maria Room

Members of the public wishing to provide public comment on items within the jurisdiction of the Board of Directors may do so during the public comment period or by emailing comments before 10:00 am, September 20, 2023 to the Clerk of the Board at pbottiani@cencalhealth.org with "Public Comment" in the subject line. Comments received will be read during the meeting.

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

Agenda
Action/Information

1. Public Comment *(Dr. Bravo)*
2. **Consent Agenda** (*Action to accept reports*) (*Dr. Bravo*)   Action
   2.1 Approve Minutes of June 21, 2023 Board of Directors Meeting
   2.2 Approve Minutes of August 28, 2023 Board Development Committee
   2.3 Accept Administrative Reports
       2.3.1 Executive Summary
       2.3.2 Quality Report
       2.3.3 Health Services Report
       2.3.4 Performance Division Report and 2023 Operating Plan
       2.3.5 Organizational Dashboard Performance and Q2 2023 Dashboard
       2.3.6 Customer Experience Report
       2.3.7 Operations Report
       2.3.8 Government and Administrative Report
       2.3.9 Information Technology Report
   2.4 Accept Program Reports
       2.4.1 Community Benefit Funding Report
       2.4.2 Population Health Management Report
       2.4.3 CalAIM Program Implementation Report
       2.4.4 Medicare Duals Special Needs Program (DSNP) Report
   2.5 Accept Advisory Committee Reports
       2.5.1 Provider Advisory Board (PAB) Appointments and Report
       2.5.2 Provider Advisory Board (PAB) Meeting Minutes of January 9, 2023
       2.5.3 Provider Advisory Board (PAB) Meeting Minutes of April 10, 2023
       2.5.4 Pediatric Clinical Advisory Committee (PCAC) Report
       2.5.5 Pediatric Clinical Advisory Committee (PCAC) Meeting Minutes of March 8, 2023

<u>Action/Information</u>

3. **Regular Agenda**

1. Report from Chief Executive Officer *(Marina Owen, CEO)* — Information

2. Report from the Board Development Committee and Consider Adopting Recommendation to Amend and Restate CenCal Health Bylaws and Board Guidance Policies *(Mr. Herlinger, Board Development Committee Chair)* — Action

3. Report from Treasurer and Chief Financial Officer and Accept Financial Report and Financial Statements for eight (8) months Ending August 31, 2023 *(Ms. Bishop, Chief Financial Officer/Treasurer)* — Action

4. Accept Quality Improvement and Health Equity Committee (QIHEC) Report, QIHETP and Population Health Policies, QIHEC Minutes of May 25, 2023, and QIHEC Agenda of August 24, 2023 *(Dr. Fonda, MD and Mr. Hernandez)* — Action

5. Present Health Equity Program Update *(Dr. Do-Reynoso)* — Information

6. Present Information Technology Roadmap and Consider Approval of Vendor Contract for Medical Management Software *(Mr. Cioffi and Mr. Raisinghani)* — Action

7. Report from Chief Compliance Officer and Consider Granting Authority to CEO to Execute 2024 DHCS Contract *(Ms. Kim, JD)* — Action

8. Items for Immediate Action — Action

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

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<u>Note</u>: The meeting room is accessible to the disabled. Additional information can be found at the CenCal Health website: www.cencalhealth.org

DRAFT

MINUTES
CenCal Health
BOARD OF DIRECTORS REGULAR MEETING
June 21, 2023

The regular meeting of the Board of Directors of CenCal Health was called to order by René Bravo, Chair, on June 21, 2023, at 6:08 PM at the Santa Maria Inn, Santa Maria, CA and Heritage Ranch Owners Association, Paos Robles, CA.

MEMBERS PRESENT: Antonette "Toni" Navarro, Supervisor Dawn Ortiz-Legg, MD, Supervisor Joan Hartmann, Kieran Shah, Mark Lisa, Nicolas Drews, René Bravo, MD, and Sue Andersen

MEMBERS EXCUSED: Daniel Herlinger, Edward "Ned" Bentley, Mouhanad Hammami, Sara Macdonald

STAFF PRESENT: Ana Stenersen, Bill Cioffi, Carlos Hernandez, Cathy Slaughter, Chris Hill, Chris Morris, Citlaly Santos, David Ambrose, Ed Tran, Emily Fonda, MD, Emmanuel Casillas, Hon Chan, Jai Raisinghani, Jordan Turetsky, Karen Kim, Kashina Bishop, Lauren Geeb, Marina Owen, Michael Harris, Nicole Wilson, Rea Goumas, Tommy Curran, Van Do-Reynoso, and Paula M. Bottiani (Clerk)

GUESTS PRESENT: None

1. Public Comment: There was no public comment.

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

2.5.1 Family Advisory Committee (FAC) Report and Minutes of February 16, 2023

ACTION: On motion of Mr. Lisa the Board Accepted the Consent Agenda Reports by roll call vote with no objection.
Roll call:
Antonette Navarro-Aye
Dawn Ortiz-Legg-Aye
Joan Hartmann-Aye
Kieran Shah-Aye
Mark Lisa-Aye
Nicolas Drews-Aye
René Bravo-Aye
Sue Andersen-Aye

3. **Closed Session** Pursuant to California Govt. Code section 54957: Public Employee Performance Evaluation (Annual CEO Evaluation)

Report from the Closed Session:

- The CEO Evaluation and Compensation Committee reviewed the annual CEO Evaluation and recommended a 5% compensation increase for Ms. Owen and the execution of an associated CEO Agreement, following approval of terms by legal counsel, for a three-year term beginning June 21, 2023 through June 20, 2026, renewable subsequently thereafter.

ACTION: On motion of Mr. Drews and seconded by Mr. Shah, the Board of Directors unanimously accepted the annual CEO Evaluation and approved the CEO Evaluation and Compensation Committee recommendation through roll call vote.

Roll call:
Antonette Navarro-Aye
Dawn Ortiz-Legg-Aye
Joan Hartmann-Aye
Kieran Shah-Aye
Mark Lisa-Aye
Nicolas Drews-Aye
René Bravo-Aye
Sue Andersen-Aye

4. **Regular Agenda**

1. Report from Chief Executive Officer
   Ms. Owen reported the following:

- Appreciation of Ms. Bottiani, Ms. Wilson, Mr. Curran, and the Board for being so flexible given the summer months and varying schedules; with special appreciation for Dr. Bravo and Ms. Andersen for making themselves available.
- Governor Newsom released the May budget revision for the 23/24 State budget. The proposal includes provisions to close the $31.5 billion dollar shortfall. The May revision

maintains the recent increased expenditures in Health and Human Services; including a total amount of over $245 billion dollars, with $73 billion coming from the general fund to support various health programs that we are very interested in. The MCO (Managed Care Organization) tax is a major feature of the governor's healthcare budget plan, and it would raise approximately $20 billion dollars over the next eight-to-ten-year period by taxing health plans. As reported in May, both the Local Health Plans of California (LHPC) and the California Hospital Association joined forces to support the safety net coalition with the California Medical Association (CMA) and the California Hospital Association (CHA), among other associations, to advocate for Medi-Cal funding. Lobbying and advocacy continues to strengthen Medi-Cal investments and maintain the program and the funding that health plans are taxed for go directly to services in the Medi-Cal program.

- Welcomed new HR Director, Joanna Hayes, who will be reporting to Chris Morris, Chief Performance Officer. She is highly qualified and is deeply aligned with the CenCal Health Mission, Vision, and Values. She has a background in health care, and we are pleased to have her join our team.
- Marina and Michael attended the ACAP (Association for Community Affiliated Plans) meeting in Washington, DC recently. They were pleased with the CMS (Centers for Medicare and Medicaid) recent flexibility around the Medi-Cal re-enrollment and unwinding. CMS released eleven provisions that greater flexibility to augment the efforts of the county's department of social services outreach to assist members in maintaining their enrollment in the Medi-Cal Program. We will be working with the state in the coming weeks.
- Special recognition was given to CenCal Health employee, Ana Stenersen, as the recipient of the "Making a Difference Award" by ACAP. Ana is the Associate Director of Utilization Management and a very dedicated nurse. What was particularly compelling is her service to children eligible for California Childrens Services (CCS) program. She has dedicated her career to serving and supporting our Whole Child Model member families. Ana was part of the County's program prior to joining CenCal Health. Doctors Without Walls – Santa Barbara Street Medicine was also the recipient of the runner-up award from ACAP. This is the safety net award that goes to an organization that goes above and beyond in care to the underserved.

2. Report from Treasurer and CFO and Accept Financial Report
   Ms. Bishop gave a detailed PowerPoint presentation and reported the following highlights:

- Financial Position for the period covering July 1, 2022 through May 31, 2023
  - Membership has grown 35% since pre-covid total of 173,000 to current total of 233,000 members.
  - The redetermination will have a significant impact and we will be watching this very closely to determine the financial impact.
  - Finance committee met earlier today and reviewed the financial objectives. As a follow up to previous financial audit and CFO transition, we are looking at internal controls and auditing all financial statements.
  - **Mr. Shah** stated the report given at the Finance committee meeting was very comprehensive and thanked Ms. Bishop for its content and in identifying areas of opportunity that will benefit the organization moving forward.

o We have experienced some volatility in the last few months from March through May. The review of the financial statements resulted in some substantial adjustments.

o Adjustments in the positive totaled approximately $60 Million after reviewing statements for calculation errors, accruals without substantiating documentation and reviewing revenue recognition.

o We are in a very strong financial position with a net gain year to date of approximately $47.5 million.

o Tangible Net Equity (TNE) is at $260.3 million; board target is 95.9% or 3.5 months of revenue in reserves. Measured against the state requirement, we are at 839% of the state requirement.

o Looking forward to 2024 and beyond, being in a strong financial position is crucial. CenCal Health will face uncertainty due to membership decline due to the redeterminations. We are anticipating that members who lose eligibility will not be high utilizers. For budgeting purposes, we anticipate that revenue will go down with membership decline while expenses will not commensurately decline.

o Projected 2024 rates from the State on a per-member-per-month basis indicate consistency based upon our initial projections.

o We are under increased pressure from providers to increase rates and there is uncertainty around the state budget deficit in the coming years. CenCal Health is mindful of all changes and uncertainties.

o The Finance Department has been restructured to separate financial analytics from accounting. This will allow for greater forecasting and analysis of financial impacts.

o Forecast for 2024 is in review as CenCal Health looks beyond 2024.

o **2024 Forecast Assumptions (Scenario #1):**
  - 13% Membership decline from July 2023 to June 2024; 1% growth beginning in July 2024
  - .1% rate decrease projected for 2024
  - Includes a medical expense acuity adjustment in line with what we expect we will receive in capitation premium rates for Medical Expenses
  - Medical expense annual increases consistent with rate setting trends
  - Assumes $7.9M Strategic Investment budget

o **2024 Forecast Assumptions (Scenario #2):**
  - 20% membership decline from July 2023 to June 2024; 1% growth beginning in July 2024
  - No Capitation Revenue Withhold
  - .1% rate decrease projected for 2024
  - Includes a medical expense acuity adjustment 1% higher than what we expect we will receive in capitation premium rates for medical expenses. Note that for every 1% increase in acuity adj. there is a $3M unfavorable impact to operating gain.
  - Assumes $10.0M Strategic Investment budget
  - Medical expense annual increases consistent with rate setting trends

Discussion:
Ms. Ortiz-Legg asked when CenCal Health will know how many members have lost

eligibility due to the redetermination.

Ms. Bishop stated that there are approximately 4000 members up for redetermination in June. When we get the reports from the county DSS we will begin tracking this monthly.

Mr. Lisa requested that we have a comprehensive communication plan to communicate with members in place for the redetermination effort. He requested information about our communication efforts in a non-board meeting setting.

Ms. Owen stated that staff can provide on-going updates to the board. The state has communicated that beginning in August, the state will publish a report of the redetermination rates for each county. Within three months we will be able to see trends and how we compare to other communities.

Mr. Lisa recommended that we provide a specific phone number for those with questions to call and speak directly with a representative.

Ms. Owen agreed and stated that we have a comprehensive communication plan; however, it does not include "board level" materials and CenCal Health is happy to develop these materials.

<u>***ACTION***</u>***: On motion of Mr. Shah and seconded by Ms. Hartmann, the Board Accepted the Finance Report and the Unaudited Financial Statements Ended on May 31, 2023 by roll call vote without objection.***
Roll call:
Antonette Navarro-Aye
Dawn Ortiz-Legg-Aye
Joan Hartmann-Aye
Kieran Shah-Aye
Mark Lisa-Aye
Nicolas Drews-Aye
René Bravo-Aye
Sue Andersen-Aye

3. Accept Quality Improvement and Health Equity Committee (QIHEC) Report, QIHETP and Population Health Policies, QIC Minutes of March 2, 2023, and QIHEC Agenda of May 25, 2023

Mr. Hernandez gave a detailed PowerPoint Presentation.

Mr. Hernandez stated that this is the quarterly report from the QIHEC as required by the Department of Health Care Services. These are the highlights of the report:
- o **Board of Directors Role**
  - o Approval of the overall QIHETP & the QIHETP annual plan
  - o Appointing the QIHEC as an accountable entity responsible for oversight of the QIHETP
  - o Receiving written QIHEC progress reports that describe actions taken, progress in meeting QIHETP objectives, & improvements made
  - o Directing necessary modifications to QIHETP policies & procedures to ensure DHCS compliance with Quality Improvement & Health Equity standards
- o **Primary QIHETP Policy Responsibility**
  - o *"Provide direction, including but not limited to necessary modifications*

to QIHETP policies & procedures, to ensure compliance with QI & Health Equity standards of the DHCS Contract & the DHCS Comprehensive Quality Strategy"

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

- o **QIHETP Committee Role**
  - o Expanded QIHETP oversight of quality improvement functions
  - o Overarching commitment to health equity
  - o Approval of quality-related policies
  - o The QIHEC is accountable to your Board
  - o Of the thirteen Policies and Procedures submitted to DHCS, twelve have already been approved with the one remaining for Risk Stratification and Segmentation.
- o **Next Steps**
  - o Subject to Board's approval, staff will complete implementation of the approved policies
  - o QIHETP policies & those for NCQA accreditation, will be presented to your Board at least annually, on a quarterly schedule subsequent to the QIHEC meetings
- o **Recommendation**
  - o The written QIHEC report to your Board & its attached policies are presented for your feedback, acceptance & approval.

ACTION: On motion of Mr. Lisa the Board Accepted the Consent Agenda Reports by roll call vote with no objection.

Roll call:
Antonette Navarro-Aye
Dawn Ortiz-Legg-Aye
Joan Hartmann-Aye
Kieran Shah-Aye
Mark Lisa-Aye
Nicolas Drews-Aye
René Bravo-Aye
Sue Andersen-Aye

4. Present Nursing Home Infectious Disease Pilot Update

Dr. Fonda gave a detailed PowerPoint presentation.

Highlights include:
- o **Goal:** Reduction of skilled nursing facility infections and hospitalizations
- o **Method:** Implementation of an Infection Prevention Nursing Home Pilot (IPNHP) Project at 6 facilities in SB and SLO counties by changing from regular soap to Chlorhexidine soap (CHG)
- o **Target:** Multi-Drug Resistant Organisms (MDROs)

- o Worsening public health problem & worsening population health issue among marginalized members within nursing homes
- o 67% of patients in skilled nursing homes in Southern California harbor MDROs
- o Will utilize successful protocols to protect an underserved, disadvantaged population to equitably improve their quality of care
- o **Data Analysis:**
  - o Identified the top SNFs with highest rate of infections requiring transfer of care to an inpatient setting.
  - o Costs for inpatient hospitalization due to infection in 2022: $1,696,401
- o **Benefits:** Based on Project SHIELD by UCI Epidemiology team led by Susan Huang, MD, MPH – Chancellor's Professor, Division of Infectious Diseases.
  - o Decolonization results in fewer MDROs, less MDRO colonization, and fewer residents on contact precautions
  - o 32% reduction in infection-related hospitalizations
  - o Decolonization with CHG also significantly reduced staff and resident COVID cases in the high-risk nursing home setting
- o **CenCal Health's Partnership with Skilled Nursing Facilities**
  - o CenCal Health to subsidize purchase of CHG and Iodophor swabs.
  - o Facilities to switch to Peroxide bleach for laundry
  - o CenCal Health Population Health and UCI Epidemiology teams are partnered for trainings.
  - o Ongoing assessment checks for protocol alignment
  - o Outcome measurement of inpatient admissions for infection
  - o Continuous support/instruction and onsite training of clinical staff as needed w/UCI team
- o **Financial Impact:**
  - o Total Estimated Costs: $1,658/month per 100 bed facility
  - o 32% Estimated potential cost savings for inpatient stays
- o **Next Steps: Implementation:**
  - o Phase 1: Preparation
    - ▪ Informational session with partnering facilities
    - ▪ Two SNF training sessions by webinar, including support from Project SHIELD led by Susan Huang, MD, MPH – Chancellor's Professor, Division of Infectious Diseases
  - o Phase 2: Products & Purchasing
  - o Phase 3: Process & Practice with onsite team visits

Discussion:

Mr. Lisa commented that although the hospitals have introduced CHG into their operating rooms and supplying surgeons with it for their patient's use, some of the orthopedic surgeons are still resistant to using CHG and perhaps educating our providers would be very helpful.

Supervisor Hartmann asked if CHG can be used at home.

Dr. Fonda stated yes, it can be used at home if diluted ½ CHG and ½ water.

Mr. Lisa asked if CenCal Health would be able to offer CMEs for training physicians.

Dr. Fonda said yes, we can and Dr. Huang is also available to do this training.

Mr. Shah stated that Channel Islands College is looking to partner with groups to offer

analytics support. He said he would be willing to offer an introduction if requested.

Dr. Bravo looks forward to receiving follow-up data and he commended Dr. Fonda for her presentation.

Ms. Owen commended Dr. Fonda on her work and noted previous success in Orange County at CalOptima.

5. Present Incentive Payment Program Update

   Ms. Turetsky gave a detailed PowerPoint presentation.

   Highlights:
   o **Incentive Payment Programs**
       o Opportunity for health plans to apply for and be awarded funds to support the uptake and expansion of Enhanced Care Management and Community Supports.
   o Application-based process with CenCal Health. Requires rigorous reporting by CenCal Health to DHCS to retain and continue to earn IPP funds.
   o **Focus Areas:**
       o Provider Capacity and Infrastructure
       o Bridging Siloes Between Services
       o Reducing Health Disparities
       o Promoting Health Equity
       o Improving Quality
       o Encouraging Up-Take of Services
   o **Incentive Payment Program (IPP) Overview:**
       o **Intent:** Optional funds made available by DHCS to support the implementation and expansion of ECM and Community Supports.
       o **Funds can be used for:**
           o Infrastructure development
           o Staffing
           o Operations
           o Training
           o Other identified community   or health plan needs
       o **CenCal Health IPP Application Focus:**
           o Data sharing and case management
           o Member identification and engagement (e.g. homeless members)
           o Annual training
           o Expansion of ECM and CS capacity
       o **CenCal Health Funding Allocation**
           o $19M awarded to CenCal, with payments dependent on progress against stated goals
           o $12.8M received to date
           o **Eligible provider types include:**
               o Current ECM or CS providers
               o Potential ECM or CS providers
               o County entities
               o CBOs
               o Medical and Behavioral Health providers
               o Correctional facilities

- o **CenCal Health Incentive Assessment Process**
  - o **Assess:**
    - o **Determine stakeholder needs, including**
    - o • Internal staff
    - o • Providers
    - o • Members
    - o • Community organizations
    - o • Local coalitions
  - o **Design:**
    - o **Evaluate assessed needs against incentive parameters, including:**
    - o Funding intent
    - o Desired outcomes
    - o Required timeframe
    - o Limitations or restrictions
  - o **Implement**
    - o **Develop and execute a transparent incentive administration program, including:**
      - o Funding application
      - o Assessment process
      - o Funding agreement
      - o Defined goals and objectives
  - o **Monitor**
    - o **Monitor incentive program outcomes and effectiveness, including:**
      - o Progress against identified goals
      - o Member and community impact
      - o 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.

Allocation Process:
- o **STEP ONE:**
- o Open applications to issue funding to local Stakeholders and inform Board
- o **STEP TWO:**
- o Enhance capacity for outcomes and impact monitoring; report regularly to the Board
- o **STEP THREE:**
- o Complete ongoing reporting to the Board, DHCS, and the community on progress

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

Upcoming Focus Areas:
- o Applicants with pending requests
- o Known needs to build and expand ECM and CS capacity
- o Preparation for 2024 expansion of ECM and CS services

o Data sharing and exchange

Second Installment
- o Notice of second IPP award issued to CenCal Health in June 2023
- o $6.4M representing 100% of possible funds were earned.

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

Discussion:

Mr. Shah asked if sustainability from year to year is a criterion for IPP funding.
Ms. Turetsky stated yes.
Mr. Drews asked if there is a formal process that states that if you are funded one year it is not a guarantee for funding in the future.
Ms. Turetsky said we look at all applications and if an organization is looking for funding of the same project they may not receive funding a second year; however, they may be asking for funds for a different project and may receive funding for that new project.

6. Present Operational Readiness for 2024 DHCS Contract Update

Ms. Kim gave a detailed PowerPoint presentation.

Highlights:
- o **Project Background:**
  - o DHCS has restructured the managed care contract to hold plan partners and subcontractors more accountable for high-quality, accessible, and comprehensive care, to reduce health disparities, and to improve health outcomes
  - o The 2024 Contract Operational Readiness process includes both the Implementation Period and Operations Period
  - o New contract effective January 1, 2024
  - o We have 252 artifacts which are comprised of various document types.
  - o We are currently in Wave three of the process
  - o AIRs (Additional Information Required) rates have improved over time. We are currently at 0% AIRs in Wave Three.
- o **Project Refinements:**
  - o Centralized P&P development and writing with legal team
  - o Dedicated EPMO resources
  - o Improvements in document submissions
  - o Collaboration and communication improvements
  - o New tools for workflow, document development and communication
  - o Leadership engagement

- o **Looking Forward:**
  - o DHCS Readiness Audit scheduled for the summer
  - o Go/No-go Date of September 1, 2023 for contract renewal
    - o We have received informal notice that we will not be included in the "Go/No-go" decision for contract renewal on September 1, 2023.

Discussion:

Mr. Shah asked if there was a threshold on AIRs.

Ms. Kim stated that there is an informal threshold of below 5% being good and below 10% being acceptable to DHCS.

Ms. Owen added that DHCS is focusing on readiness and implementation.

Ms. Kim stated that we have received positive feedback from DHCS and are partnering with the state to reviews deliverables. She recognized staff and the 2024 Operational Readiness project manager in attendance supporting the effort.

Ms. Owen highlighted the magnitude of the project. CenCal Health has only implemented two contracts with DHCS in 25 years.

7. Present National Committee for Quality Assurance (NCQA) Accreditation Update

   Mr. Hernandez gave a detailed PowerPoint presentation.

   Highlights:
   - o **NCQA Accreditation Readiness-Purpose**
     - o CalAIM requires Medi-Cal Managed Care plans to achieve NCQA Health Plan & Health Equity Accreditation by January 1, 2026
     - o Successful NCQA Health Plan & Health Equity Accreditation will have significant organizational benefits:
     - o CenCal Health's operations will attain a higher level of effectiveness in service to members
     - o Favorably impact nearly all the operational processes of CenCal Health's departments
   - o **NCQA Accreditation-Project Structure**
     - o Tasking focus based on the NCQA Standard Areas:
     - o Credentialing/Re-Credentialing (CR)
     - o Health Equity (HE)
     - o Information Technology (IT) & Data Analytics
     - o Member Experience (ME)
     - o Network Management (NET)
     - o Population Health Management (PHM)
     - o Quality Improvement (QI)
     - o Utilization Management (UM)
   - o Mr. Hernandez shared approximately 15 key accomplishments and milestones

   Ms. Owen commended Carlos and staff for their excellent work thus far towards NCQA accreditation.

8. Present 2023-2025 Strategic Plan Update: Strategic Execution and Progress on 2023 Priorities

Ms. Owen and Mr. Morris gave a detailed PowerPoint presentation.

Highlights:
- **Objectives & Priorities (Ms. Owen)**
  - Review 2023 strategic priorities
  - Share strategy execution process and progress
  - Cultivate Community Partnerships
  - Advance Quality and Health Equity for All
  - Expand our Service Role and Reach
  - Organize for Impact and Effectiveness
- **Execution (Mr. Morris)**
  - Forty-one tactics identified are linked to fourteen working strategies that CenCal Health is pursuing this year. One is complete with the remaining tactics being executed are 50% complete.
  - Enabling strategic plan implementation has required CenCal Health to reduce staff vacancy rate and staff are working diligently to achieve a goal of 9% by year end.
  - New Employee Orientation comments shared by Ms. Owen:
    - "Health Equity is incredibly motivating to me. It's the reason I joined CenCal Health and was interested in Population Health!"
    - "Improving the health of our community takes a village. I'm motivated by cultivating community partnerships in Member Services."
    - "I read your Strategic Plan and Community Report. I want to be a part of it and especially interested in how CenCal Health is innovating to expand benefits and supports in Health Services."
    - "I believe in CenCal Health's vision. It's also unique to live by your values and appreciate the focus on organizing for impact and effectiveness. It is a great place to be in Human Resources."

  - **Board Retreat Overview:**
    - Date of CenCal Health Board Retreat is July 7th
    - Facilitator is Rafael Gomez of El Cambio Consulting
    - Guest is Michele Baass, Director of California Department of Healthcare Services will be present to provide a Medi-Cal Roadmap and Priorities from the state's perspective.
    - Topics include: Reflection and Discussion of the CenCal Health Strategic Plan, 2023-2024 Priorities of Focus: CenCal Health Foundation Strategy, Health Plan Quality Accreditation, and Dual Special Needs Program

Ms. Owen encouraged board members to share any additional items Board Members would like to discuss at the retreat as the agenda is in draft at this time.

9. Items for Immediate Action

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

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

Respectfully submitted,

Paula M. Michal

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Paula Marie Bottiani, Clerk of the Board

MINUTES
CenCal Health
Board Development Committee (BDC)
August 28, 2023

Members Present: Dan Herlinger, Board Development Committee Chair, René Bravo, MD, CenCal Health Board Chair and Board Development Committee Member, Nicholas Drews, Board Development Committee Member

Staff Present: Marina Owen, CEO, Hon Chan, Sr. Associate Counsel, Kashina Bishop, CFO, Michael Harris, Government Affairs and Administrative Officer, and Paula Bottiani, Sr. Executive Assistant and Clerk of the Board of Directors

Time: 5:30pm – 6:30pm

Format: Microsoft Teams Virtual Meeting

Welcome and Call to Order

Mr. Herlinger welcomed committee members and staff.

Review of Board Development Committee Memo and Policy Recommendations

Ms. Owen reviewed the Board Development Committee Executive Summary included in the materials packet, that is a follow-up to the March meeting.
   Highlights are as follows:
- High level discussion of documents identified as priority.
- Guidance was given to research board stipends.
- This committee's role is to provide recommendations to the full board.
- Once approved by this committee, documents will be presented to the board at the September board meeting.
- Started with a review of the board bylaws and recommended 5 types of Administrative edits:
  - Anything Out-of-date
  - Anything Inaccurate
  - Anything Unclear
  - Aligned with Best Practices
  - Aligned with State Statute

Restated Bylaws of Board of Directors

- Current Bylaws reference two medical societies when in fact we now have one combined association.
- Bylaws reference the defunct CMAC commission that is no longer in effect.
- Added the Brown Act into Article 6 and drafted a section 7.4 that aligns with the Board, guidance policy and administrative decision making by clarifying that the CEO carries out the policy of the board and implementation as best practice.
- Researched and updated the board stipend. Local health plans are reimbursing $150 and recommend aligning with state law at $150. Aligning with state law does not require additional approval.
- Final revisions to be made to promote clarity around board transitions, vacancies, and absences. Continuity and having representation are very valuable.

Discussion:

Mr. Drews asked how this review of the bylaws by staff initially came about.

Ms. Owen explained that the Board developed the subcommittee to review and update administrative documents. When staff reviewed the most up-to-date bylaws, the last revision was in 2009. The intention is to review and restate to ensure administrative documents are current while addressing inaccuracies. Administrative review is important from time to time, and the cadence can be discussed and determined.

Mr. Drews thanked Ms. Owen for this background information.

Mr. Herlinger asked for clarification of voting and what constitutes a "majority" of the board. Is it a "majority" of the full board or "majority" of the board that's in session with a proper quorum and should there be further clarification in the section under voting.

Dr. Bravo stated that once a quorum is established, it is a majority of the board. He added that with respect to the medical society, there needs to be a clear statement that there is one individual that represents each county, and that each individual county has the ability to appoint a member of the medical association that resides in each county. The original intent of this was to appoint one physician representative from each county. CenCal may have input; however, the flow of the recommendations has to come from the Medical Society to the Board of Supervisors and then to CenCal Health.

Ms. Owen agreed and acknowledged Dr. Bravo's observations and added that this process is very important to follow. She shared that for example, for 2024, her first connection was with Audra Strickland of the Hospital Association and with Dana Goba of the Medical Association. It is the role of the Medical Association or Hospital Association to determine their recommendations. She suggested it could be valuable to update the word "list" in the original language to "recommendation" to strengthen.

Dr. Bravo agreed with this recommendation.

Mr. Harris added that most of this original language is balanced with statutory language and the statutory language still speaks to the Santa Barbara County Medical Society in San Luis Obispo County. The intent is clear that a physician comes from each of the individual counties through the Central Coast Medical Association, so we can

easily make the administrative change in the language. He informed that most of our bylaws reflect statutory language.

Dr. Bravo said that realizing, he asked if we should acknowledge somewhere, with perhaps a preamble, to state that these changes reflect the intention of the original statutory language.

Ms. Owen agreed that this is an important point. She asked Mr. Chan for guidance on how to honor Dr. Bravo's suggestions within the context of the revised document.

Mr. Chan recommended adding a footnote within the document to reference the original statutory language. He recommended that we title the Bylaws as a restatement of the 2009 version, as this is not a substantive change to that version, but it is a restatement of the complete bylaws that is now updated, modernized, and refined.

Dr. Bravo stated that this is a great idea as it codifies what the intention is, and why CenCal Health and staff are recommending administrative updates.

Ms. Owen added that practically speaking, it makes sense to change the word list to recommendation, because Audra and Dana do not provide us a list, they provide us a recommendation.

Mr. Drews agreed and asked if we should update the language for clarify and to reflect the same distinction for the hospital providers as we have for the physician providers with one being from Santa Barbara County and one from San Luis Obispo County.

Ms. Owen agreed and asked staff to align this language in the hospital section as well.

Mr. Herlinger drew attention to the section in the bylaws that addressed appointments of hospital administrators.

Ms. Owen clarified that the CenCal Health Bylaws provide flexibility to support appointment of either the CEO or another administrator, like the CFO or COO in place of a CEO who may otherwise be heavily committed to local, state or national boards.

Ms. Owen informed the committee that, as instructed, the Alternate Vice Chair language was removed as it is not practically been necessary.

Mr. Herlinger stated that after review of the final two agenda topics he would like to discuss when these materials will be provided to the Board of Directors.

Action: On motion of Mr. Herlinger and seconded by Dr. Bravo, the Board Development Committee Approved Recommending to the Full Board, the Approval of the Restated Board of Director Bylaws as discussed. Motion passed without objection.

Board Guidance and Administrative Decision-Making Policy

Ms. Owen introduced the topic by qualifying that the current policy was implemented in 2014. It is worth considering the current day and the financial authority given to staff within the context of evolving events and new programs. Ms. Owen drew attention to the memo and policy and oriented committee members to the summary. CenCal Health's Senior Associate Counsel drafted the policy, reviewed and they key was to align with industry standard and best practices. The 2023 policy was drafted to be more clear, much easier to understand, and then able to be implemented to the letter of the policy. The intent of the policy restructure was to use the policy well within the organization. Ms. Owen thanked Mr. Chan for his work on this. There are four substantive changes to the policy, the first being one of the stronger recommendations that Ms. Owen is making to the committee to include a clear limit on financial authority of the CEO in entering into vendor agreements.

Changes to the Policy are:
1. **A limit on CEO fiscal authority for vendor agreements:**
    -   Presently this is ambiguous and/or not limited.
    -   In practice, Ms. Owen has been bringing significant contracts to the board for consideration.
    -   The contract for HMA, the Medicare consulting partner, is going to be over a three-year period, at a cost of $1,000,000 or more. Good judgment indicates that it should come to the board for approval, which was approved last year.
    -   Propose bringing contracts of $250K or over to the board for approval. Most significant contracts that have strategic implications are over that amount and most of the day-to-day that are aligned with the budget would under that limit.
    -   This would provide clarity for both the board and for the CEO and for the staff to know what requires board approval.
2. **The Board will be apprised of all legal matters:**
    -   The board would approve all legal matters and approve all settlements.
    -   Legal matters will be brought before the board timely.
    -   The prior policy was ambiguous as to when the board is notified, and this policy clarifies that you will be appraised of all legal matters.
    -   The Board would act upon any agreement.
3. **Identify a line of succession:**
    -   If the CEO were to become ill or incapacitated, the board would be clear as to what would happen next at the organization.
4. **Clarification of the Role of Board Subcommittees:**
    -   Secures that there is one organized place where the board sees all of their subcommittees, what their role is, how they report to the board, and how often they meet.

Ms. Owen stated that these are the only changes recommended or clarified and otherwise provider contracting is delegated to staff in line with the annual budget. Ms. Bishop has a thorough sign off process, so there are good internal fiscal controls.

Discussion:
Mr. Drews stated that they have just gone through a similar process at the SLO County Health Agency and noted that this is an important and valuable process. He asked if staff had researched to be sure the $250K threshold was the appropriate amount that would sustain CenCal Health over the next few years with inflation being a factor.
Ms. Owen said that she and Ms. Bishop did a comprehensive review of vendor agreements and survey of health plans. Ms. Bishop believes that vendor contracts that would come forward to the Board would only be those that are substantive to core systems and consultants.
Ms. Bishop shared that Finance found that that this recommendation is mid-range of how health plans are operating. Additionally, to minimize the number of non-substantive contracts, Finance will include more detail in the budget document. Any contract renewals that are standard to support continuity would be specifically approved during the annual budget process, so it would be new contracts above $250K that will be going before the board for approval.

Mr. Drews asked if we have contracts that are pooled together to approve a group, collectively, up to a certain amount.

Ms. Bishop stated that she is not aware of any contracts at CenCal Health that are pooled together.

Mr. Drews asked if it is just spent expenditures or does it also include receipt of certain amounts.

Ms. Owen responded that it would be expenditures . She asked Ms. Bishop what the procedure would be in order to be transparent with the board regarding funding in addition to regular capitation.

Ms. Bishop said that we would appraise the board of any significant transactions within the context of our financial report at our regular board meetings.

Ms. Bishop clarified that this policy refers to vendor contracts.

Mr. Harris referenced unanticipated revenue. The state may provide CenCal Health funding as pass through directly to the providers. They may enhance certain rates through Prop. 56 or some other means.

Ms. Owen thanked Mr. Drews for raising those areas that were previously problematic because as we pursue this new policy, it is helpful to have the historical background.

Mr. Herlinger raised the question of a contract that is approved by the board for $250K, and then six months later there is $50K added based upon a change or needed additional service.

Ms. Owen stated that the policy is designed to identify and seek approval for the very high-cost items. Staff believe that limiting the vendor authority of the CEO in this manner provides improved transparency and is still practically very efficient and effective.

Action: On motion of Mr. Herlinger and seconded by Mr. Drews, the Board Development Committee Approved Recommending to the Full Board, the Approval of the Board Guidelines and Administrative Decision Making Policy. Motion passed without objection.

Signature Authority Policy

Ms. Owen stated the policy establishes clear financial controls at all levels. This policy indicates that the CEO will approve internal expenditures of $100,000 or more. All transactions over $50K and under $100K would be appropriate for the CFO to approve, and all transactions over to $25K and up to $50K would be the department executive, which staff are perfectly capable of accomplishing as they have oversight over their budgets. Department directors would approve up to $25K.

Ms. Bishop explained that this policy establishes a tiered level internally which will strengthen our internal controls and support the CEO. It also clarifies the signing of contracts and that financial commitment, not transactionally, but as an organization and clarifies that the CEO signs contracts, unless delegated to one of the positions in the line of succession identified in the previously approved policy.

Mr. Herlinger asked if there was distinction between budgeted and unbudgeted items.

Ms. Bishop answered by saying it is the responsibility of each department director and leadership's responsibility to manage within their budget. Staff will monitor in finance and at the executive level. The policy applies to both budgeted or unbudgeted items.

Mr. Herlinger asked if Ms. Bishop surveyed other plans for this item as well.

Ms. Bishop answered that she did.

Ms. Owen stated that in addition to instituting these limits, she would receive reports from Ms. Bishop of the expenditures.

Ms. Owen concluded with the clarification within the policy of the use of legal counsel and the review of all documents that are legal in nature. This is our practice; however, it is helpful to memorialize in the policy as well.

Action: On motion of Mr. Herlinger and seconded by Dr. Bravo, the Board Development Committee Approved Recommending to the Full Board, the Approval of the Signature Authority Policy as discussed. Motion passed without objection.

Next Steps:

Ms. Owen asked the committee how it would like to present recommendations.

Mr. Herlinger voiced his strong recommendation that it *should not* be placed on the consent agenda. Materials should be highlighted in the packet that goes out requesting that people pay particular attention and take action through vote.

Dr. Bravo recommended it be presented at the September Board Meeting as the October meeting is the audit review.

Mr. Herlinger suggested that we enclose a notice at the beginning of the packet alerting the board that the packet contains revisions to the board bylaws, requesting they review, and that the Board will be voting at the meeting.

Ms. Owen said we could make this the first item on the regular agenda; we could distribute the packet alerting the Board to this review. Additionally, she could send a summary email to board members once the packet is distributed.

Mr. Herlinger agreed with all of Ms. Owen's suggestions.

Ms. Owen presented the following additional next steps for the committee's consideration:

- Revision of the Procurement Policy
- Updating the Conflict-of-Interest Code
- Business Expense Policy

These follow the three foundational documents. Given that all priority policies have been reviewed, staff will move on to lower priority items in the coming new year.

Mr. Herlinger commended staff for this process, indicating that the memo was well done and appreciated the time of his colleagues.

Mr. Herlinger adjourned the meeting at 6:30 pm.

Respectfully submitted,

Paula M. Michal

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Paula Marie Bottiani, Clerk of the Board

CEO Executive Summary

Date: September 20, 2023

To: CenCal Health Board of Directors

From: Marina Owen, Chief Executive Officer

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Board Development Committee Recommendation

The Board Development Committee convened on August 28, 2023, following its inaugural meeting in March 2023, to guide staff during the prioritization and revision process of administrative documents and policies subject to routine update. These documents included the CenCal Health Bylaws and Board Guidance Policies and support the effective and efficient administration of CenCal Health.

Staff thoroughly reviewed the highest priority documents against legal statute, best practices, industry standard, financial controls, and company precedent. The Board Development Committee, comprised of members of CenCal Health's Board of Directors, includes Daniel Herlinger, Committee Chair, Dr. Rene Bravo, and Mr. Nicholas Drews. CenCal Health staff contributors include Ms. Kashina Bishop, CFO/Treasurer, Mr. Hon Chan, Associate General Counsel, and Mr. Michael Harris, Government and Administrative Officer.

After careful deliberation, the Committee is recommending that the CenCal Health Board of Directors consider and formally adopt the following updated documents:

1.   Amended and Restated Bylaws of the CenCal Health Board of Directors
2.   Board Guidance and Administrative Decision-Making Policy
3.   Signature Authority Policy

These documents are enclosed and are the first in a series of proposed updates following legal review. The next phase of policy updates will be considered by your Board of Directors in subsequent meetings, following the convening of the Board Development Committee. These include CenCal Health's Procurement and Business Expenses Policy, among others.

Additional details can be found in the _Board Development Committee Memo_ and _Board Development Committee Minutes_.

40ᵗʰ Anniversary Celebration

This year marks CenCal Health's 40ᵗʰ anniversary in Santa Barbara and 15ᵗʰ anniversary in San Luis Obispo County. To recognize this incredible milestone, staff have engaged in a variety of internal and external activities highlighting the collective impact of the

local Medi-Cal Program in service to our members and communities and accomplishments achieved together with providers. CenCal Health intends to highlight the people and organizations, including our Board of Directors, community providers and employees, that supported CenCal Health in reaching this important milestone. The 2022/2023 Community Report highlights these accomplishments. As part of this celebration, CenCal Health will hold a 40th Anniversary Celebration for our Board of Directors, community members, providers, and staff in Santa Barbara in December.

A draft program agenda will be available to Board Members at the September 20, 2023 meeting and please watch for save the dates to be distributed soon in anticipation of this celebratory event.

2024 Contract Operational Readiness

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

On September 1, 2023, CenCal Health received DHCS approval to go live on January 1, 2024, in San Luis Obispo and Santa Barbara Counties, without additional on-site review. Approval is contingent upon full completion of all Operational Readiness 2024 deliverables. CenCal Health has only two (2) remaining due dates for operational readiness in September and December of 2023. CenCal Health's approval rate from the Department of Healthcare Services (DHCS) for submissions in the third and final wave is 99.98%, indicating continuous quality improvement of CenCal Health's process, policies, and procedures. DHCS indicated that 2024 contracts will be provided to health plans in mid-November 2023 for execution.

Additional detail is available in the _Compliance Report_ provided by Karen Kim, JD, Chief Compliance Officer.

Enhanced Care Management and Community Supports

Enrollment in _Enhanced Care Management (ECM)_ services has been steadily increasing each month. As of September 6, 2023, 835 members are actively participating in the program, representing a notable 7% increase compared to the previous month. ECM providers are actively outreaching to approximately 2,400 members aiming to secure their participation in the program through effective engagement and outreach effort.

CenCal Health currently offers six (6) CalAIM _Community Supports_ and will offer ten (10) in January 2024. Monthly authorization requests for Community Supports continue to

increase, with Sobering Center services remaining the most frequently requested among Community Support services. The Enhanced Care Management and Community Support teams remain dedicated to assisting providers with authorization submissions, member consultations, and providing technical support through both scheduled meetings and ad hoc requests. A 2023 Fact Sheet is enclosed, including the numbers of members served and providers participating in each program.

Additional detail on CenCal Health ECM and Community Supports are provided in the *Health Services Report* provided by Chris Hill, RN, MBA, Health Services Officer, and the enclosed *Fact Sheets* and the *CalAIM Implementation Report*.

Champions in Healthcare

Congratulations to our CenCal Health Board Member, Kieran Shah, CHPCA, President and CEO of VNA Health, for recognition by the Pacific Coast Business Times as a 2023 Champion in Healthcare. CenCal Health also congratulated the honorees representing our provider partners Cottage Health, French Hospital Medical Center, Tenet Health and all healthcare champions. These recognitions exemplify steadfast commitments to improving the health and well-being of our communities.

Additional details can be found in the *Public Relations Report* provided by Ms. Citlaly Santos, Strategic Engagement Director, as an enclosure to the Government and Administration Report provided by Mr. Harris, Government and Administrative Officer.

Organizational Performance Report and Q2 Dashboard

The Board of Director's new Executive View Dashboard indicates top-level organizational performance of 92.2% of target in Q123 and 96.7% of target in Q223 for CenCal Health. Results for five (5) of the seven (7) key processes met or exceeded 95% of target, with all four (4) *core processes* achieving that standard in both quarters. This Operational Dashboard will now be produced for your Board on a quarterly basis, including a detailed report of areas that can be improved and actions by staff.

Additional details can be found in the *Organizational Performance Report* provided by Chris Morris, MSOD, Chief Performance Officer.

Quality Report

Date: September 20, 2023

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

Through: Marina Owen, Chief Executive Officer

<u>Executive Summary</u>

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

CenCal Health's current Quality Division focus is on compliance readiness for the upcoming 2023 Department of Health Care Services (DHCS) Medical Audit and the National Committee for Quality Assurance (NCQA) Health Plan and Health Equity accreditation surveys. These operational assessments will begin in October 2023, and October 2024, respectively.

For the NCQA surveys, The Mihalik Group, a respected consulting organization, will conduct mock NCQA surveys to evaluate CenCal Health's accreditation readiness. The mock surveys begin in early September and will continue through March 2024. The mock survey results will inform CenCal Health prioritization of readiness refinements to close accreditation requirement gaps.

To maximize CenCal Health's DHCS regulatory compliance and NCQA survey readiness, staff assured completion of several significant reports that fulfill numerous DHCS and NCQA requirements. Many recent reports were the work product of CenCal Health's Quality Department team, and others required key contributions from different divisions planwide.

Reported separately in your Board's meeting materials, the Quality Improvement & Health Equity Committee (QIHEC) Quarterly Report provides further detail about key QIHETP reports that fulfill several DHCS and NCQA requirements. Approval of required reports at the recent QIHEC meeting in August 2003, was strategically advantageous given next month's DHCS Medical Audit.

Background

CenCal Health contracted with The Mihalik Group, LLC., a respected consulting organization, to conduct independent mock NCQA surveys of CenCal Health's operational readiness to achieve NCQA Health Plan and Health Equity accreditation.

The Mihalik Group will conduct mock NCQA surveys to qualitatively and quantitatively evaluate CenCal Health's accreditation readiness. These mock surveys begin with an orientation in early September and will ramp up in earnest in October 2023. Staff engagement and interviews with The Mihalik Group consultants will continue through March 2024. The mock survey results will inform CenCal Health prioritization of readiness refinements to close accreditation requirement gaps. With CenCal Health's leadership, the Mihalik Group consultants will be available to guide staffs' closure of identified gaps in compliance.

To maximize CenCal Health's DHCS regulatory compliance and NCQA survey readiness, staff assured the completion of several significant reports that fulfill numerous DHCS and NCQA requirements. These reports were the product of CenCal Health's Quality Department team, and others required contributions from other operational divisions planwide.

In August, CenCal Health's Quality Improvement & Health Equity Committee (QIHEC), met to evaluate, provide input, and approve several work products of importance to maximize CenCal Health's DHCS audit and NCQA survey readiness. The following work products were evaluated and approved by the QIHEC. They are of unique importance for compliance purposes:

- Clinical Practice Guidelines,

- 2023 Population Needs Assessment,

- 2023 Population Health Management (PHM) Program Strategy,

- 2022 PHM Program Impact Analysis & Priorities for Improvement,

- 2022 California Children's Services/Tri-counties Regional Center Quality Results,

- Reporting of Key Performance Metrics that demonstrate cross-functional QIHETP integration of Utilization Management, Access and Availability, and Member Grievance operations,

- Over & Under-Utilization Management Monitoring; and

- Approval of five QIHETP & PHM Program Policies

Each of the work products listed above strengthens CenCal Health's capability to best support members and assure exceptional quality of care. Each of the products also fulfills a specific DHCS and/or NCQA regulatory requirement, to demonstrate CenCal Health's operational compliance.

Next Steps

CenCal Health's Quality Division is committed to its regulatory and accreditation readiness work, with an aim to achieve full DHCS 2024 contract compliance by the end of 2023, and full NCQA accreditation readiness in early 2024. Although significant preparation is in progress, all preparations remain on schedule and staff are optimistic about CenCal Health's current state of readiness.

Recommendation

This Quality Division Report is presented for your Board's acceptance.

Health Services Report

Date:	September 20, 2023
From:	Christopher Hill, RN, MBA, Health Services Officer
Contributors:	Sue Fischer RN, MA, Director medical Management
	Jeff Januska, PharmD, Director of Pharmacy Services
	Seleste Bowers, DHA, LCSW, Director of Behavioral Health
	Blanca Zuniga, Associate Director, Care Management
	Ana Stenersen, Associate Director, Utilization Management
Through:	Marina Owen, Chief Executive Officer

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Enhanced Care Management and Community Supports

Enrollment in _Enhanced Care Management (ECM)_ services has been steadily increasing each month. As of September 6, 2023, 835 members are actively participating in the program, representing a notable 7% increase compared to the previous month. ECM providers are actively outreaching to approximately 2,400 members aiming to secure their participation in the program through effective engagement and outreach effort.

CenCal Health currently offers six (6) CalAIM _Community Supports_ and will offer ten (10) in January 2024. Monthly authorization requests for Community Supports continue to increase, with Sobering Center services remaining the most frequently requested among Community Support services. Current Community Supports Utilization as of September 6th, 2023, include 1167 approved authorizations for 745 members with detail as follows:
- Medically Tailored Meals – 71 total approved authorizations
- Recuperative Care - 118 total approved authorizations
- Sobering Center – 519 total approved authorizations
- Housing Transition Navigation Services - 204 total approved authorizations
- Housing Tenancy and Sustaining Services - 156 total approved authorizations
- Housing Deposits - 99 total approved authorizations

The Enhanced Care Management and Community Support teams remain dedicated to assisting providers with authorization submissions, member consultations, and providing technical support through both scheduled meetings and ad hoc requests.

Additional detail on CenCal Health ECM and Community Supports are provided in Fact Sheets and CalAIM implementation is outlined within the CalAIM Program Memo.

Medical Management

Medical Management prior authorization turnaround time has been improving; however, it did not achieve its monthly turnaround time goal of 95% in one of the six areas. The Department is focused on hiring key positions to support operations.

Behavioral Health

Prior authorizations for behavioral health remain at 100% compliance for post-service and pre-service authorizations. Care Coordination teams are maintaining 88% and 98.2% compliance with established turnaround times. The Behavioral Health Call Center monthly call volume increased 20% in August. The call center is compliant with performance of average speed to answer, abandonment rate, and calls waiting. The department is working closely with both counties to support care coordination. CenCal Health has presented to both counties a standard operating procedure for maintaining the shared referral log, which includes turnaround time for providing updates on care coordination efforts.

Behavioral Health is working with Human Resources to recruit for the following eight open positions: Health Plan Nurse Coordinator, Behavioral Health Navigator, Behavioral Health Representative, Business Data Analyst, Behavioral Health Community Integration Specialist and Regulatory Liaison. Offers have been made and are pending candidates' response for the Health Plan Nurse Coordinator and Behavioral Health Navigator. Interviews are pending for the Regulatory Liaison position.

Pharmacy

Physician administered drugs (PADs) authorization volume in 2023 continues the upward trend experienced throughout 2022 and has experienced a double-digit growth since August 2022. Greater than 50% of the activity volume has come from the oncology space as a combination of chemo-therapeutic and chemo-supportive followed by the immunology space and we continue to follow this closely and support our determination through like-specialty match review. Our biosimilar preferred benefit design across several oncology products and immunology now represents an ~80% market share. All cases were processed within regulatory time standards. Effective September 22, 2023, Medi-Cal Rx will instate an updated cost ceiling claims edits for members 22 years of age and older.

To improve pharmacy claim submission and processing quality and to mitigate potential fraud, waste, and abuse (FWA) in Medi-Cal Rx, the previous $10,000 cost ceiling policy has been revised to a tiered cost ceiling by drug type as outlined in the following table:

Cost Ceiling Tiers	
Drug/Product	**Cost Ceiling**
Over-the-counter (OTC)	$50/claim
Generic	$1,000/claim
Single and Multi-Source Brand	$4,000/claim
High-Cost Generics and Brands *	$14,000/claim
Claims over the Cost Ceiling Maximum for each category will trigger Reject Code 78 and will require a PA or an administrative override by the Medi-Cal Rx Customer Service Center (CSC).	

Recommendation

This Health Services report is presented for your Board's acceptance.

Community Supports Fact Sheet & Timeline

CenCal HEALTH®
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Community Supports provide cost-effective alternatives to traditional medical services or settings and may not include direct medical care and are optional services that a managed care plan, like CenCal Health, may choose to provide.

The purpose of Community Supports is to address members with complex social needs, including homelessness, unstable and unsafe housing, and inadequate access to medically appropriate foods. By addressing these social determinants of health, members have a greater opportunity to enjoy healthier lives in a safer environment.

Community-based organizations and providers will typically provide Community Supports services. Enhanced Care Management providers may also serve as Community Supports providers if they have appropriate experience.

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Contracted Providers by Community Supports Service
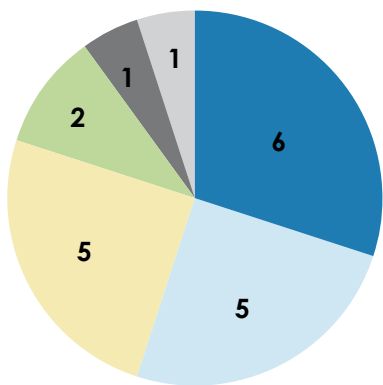
20 Total Community Supports Providers

- Housing Tenancy Sustaining Services
- Housing Deposits
- Housing Transition Navigation Services
- Recuperative Care
- Medically Tailored Meals
- Sobering Center

7/1/2022
- Recuperative Care
- Medically Tailored Meals

1/1/2023
- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy & Sustaining Services
- Sobering Centers

7/1/2023
No New Community Supports Services Offered

1/1/2024
- Short Term Post-Hospitalization Housing
- Personal Care & Homemaker Services
- Day Habilitation Services
- Respite Services

Total Authorizations by Quarter & Community Supports Services

760 Total Authorizations

Q3 2022   Q1 2023
Q4 2022   Q2 2023

Q3 to Q4 is 88% increase
Q4 to Q1 is 88% increase
Q1 to Q2 is 34% increase
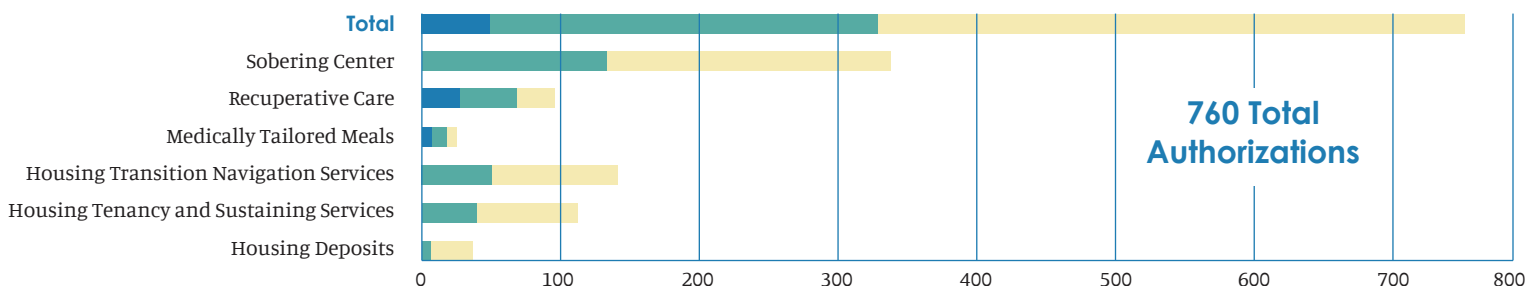
	Housing Deposits	Housing Tenancy and Sustaining Services	Housing Transition Navigation Services	Medically Tailored Meals	Recuperative Care	Sobering Center	TOTAL
Q3 2022				4			4
Q4 2022				3	31		34
Q1 2023	4	53	49	18	37	127	288
Q2 2023	34	58	91	13	29	209	434

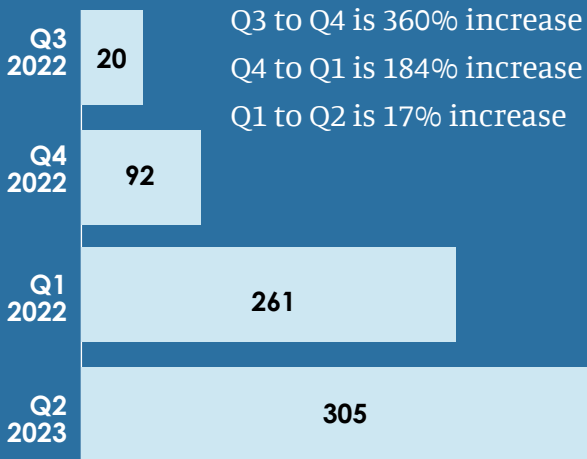![CenCal Health logo] **CenCalHEALTH®** Local. Quality. Healthcare.

ECM Fact Sheet & Timeline

Enhanced Care Management (ECM) is a new benefit for Members with complex needs requiring seamless coordination between multiple doctors and other care providers.

Enrolled Members are assigned a lead care manager who helps coordinate with the Member's doctors, specialists, pharmacists, case managers, and social service providers.
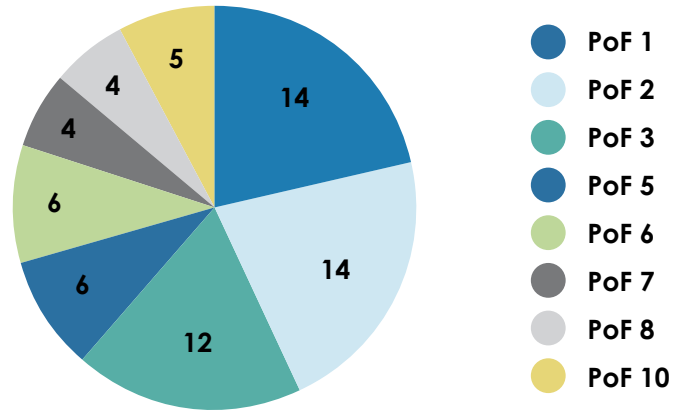
The Member's medical care is comprehensively managed, and they receive support to address their specific social determinants of health. Services are delivered through Enhanced Care Management providers contracted with CenCal Health.

New Members Enrolled in ECM per Quarter

Q3 to Q4 is 360% increase
Q4 to Q1 is 184% increase
Q1 to Q2 is 17% increase

Q3 2022: 20
Q4 2022: 92
Q1 2022: 261
Q2 2023: 305

678 Total Members

Contracted Providers by Population of Focus

Pie chart values: 14, 14, 12, 6, 6, 4, 4, 5

- PoF 1
- PoF 2
- PoF 3
- PoF 5
- PoF 6
- PoF 7
- PoF 8
- PoF 10

7/1/2022
- Adults and their Families Experiencing Homelessness *(PoF 1)*
- Adults At Risk for Avoidable Hospital or ED Utilization *(PoF 2)*
- Adults with Serious Mental Health and/or SUD Needs *(PoF 3)*

1/1/2023
- Adults Living in the Community and At Risk for Long Term Care (LTC) Institutionalization *(PoF 5)*
- Adult Nursing Facility Residents Transitioning to the Community *(PoF 6)*

7/1/2023
- Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness *(PoF 1)*
- Children and Youth At Risk for Avoidable Hospital or ED Utilization *(PoF 2)*
- Children and Youth with Serious Mental Health and/or SUD Needs *(PoF 3)*
- Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition *(PoF 7)*
- Children and Youth Involved in Child Welfare *(PoF 8)*

1/1/2024
- Birth Equity Population of Focus *(PoF 10)*
- Individuals Transitioning from Incarceration *(PoF 4)*

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Performance Division Report

Date: September 20, 2023

From: Chris Morris, MSOD, Chief Performance Officer

Contributors: Andrew Hansen, MBA, Operational Excellence Director
                  Joanna Hayes, SPHR, Human Resources Director

Through: Marina Owen, Chief Executive Officer

Executive Summary

The following report provides updates surrounding the development and execution of Performance Division functions where applicable, including human resources, organizational development, strategic development, and operational excellence.

Human Resources

Talent Acquisition and Retention Update

As a result of Board approval of new FTE through the CY23 budget, total vacancy peaked at 22.3% in January 2023. Recruiting capacity was subsequently increased and vacancy currently is 13.4%, on track for staff's 9.0% goal by end of year. Recruitment for the following senior leadership positions is underway:

- Data Analytics and Business Intelligence Director
- Program Development Director

Voluntary turnover remains healthy at an annualized year-to-date average of 9.2% through August 2023, two-points below the CY22 average, and greater than 20 points below the industry average (Bureau of Labor Statistics). CenCal Health is committed to remaining an employer of choice for mission-driven professionals, through an objective to foster employee growth and inclusion towards a diverse culture and a thoughtful and competitive hybrid workforce strategy that meets the needs of our members, providers and community partners.

Compensation Study

CenCal Health uses CBIZ Consulting, a third-party consultancy, for ad-hoc position benchmarking, annual salary grade benchmarking updates, and periodic full scope compensation studies. Over the past ten years, salary grades were updated relative to market benchmarks in 2015, 2016, 2018, 2019, 2020, 2022, 2023; whereas a full scope

compensation study occurred in 2014, 2017 and 2021, and is underway now in preparation for 2024. While salary benchmark updates assess for broad adjustments to cost of labor and updates existing salary grades accordingly (e.g., 3% across the board), the full scope compensation study reviews and assesses the existing benchmark for *every position* relative to market.

Initial results from our 2024 compensation study will be shared with your Board in October 2023 as part of the regular annually required CalPERS resolution, for Board consideration and adoption.

Operational Excellence Update

2023 Operating Plan Update

The *2023 Operating Plan* is comprised of forty-one (41) tactics. Progress against completion overall exceeds 50% and is on track against objectives set for the year. To date, thirty (33) are active, five (5) tactics have completed, two (2) have not yet started, one (1) has been deferred for reassessment at a later date. Of the active tactics, progress is as follows: 15 (46%) are between 0-25% complete, 8 (24%) are between 25-50% complete, 4 (12%) are between 50-75% complete, and 6 (18%) are between 75-100%.

Additionally, 97% (n=32) of active tactics are in good health, and one (1) is at-risk of becoming off-track and has planned mitigations as follows:

- Implement Population Health Management Capabilities – This tactic is intended to *reduce health disparities in our populations* by establishing a cohesive, multidisciplinary approach to case management, integrated across CenCal Health's business operations, to support all Medi-Cal members to achieve quality care, regardless of their demographic or social circumstances. The development of dashboards to support additional health equity and utilization insights have been delayed or are at risk of not meeting scheduled timelines. Continued collaboration across the business and IT is occurring to ensure business needs are met in the development and production of the identified dashboards.

Recommendation

This report is informational, and no action is being requested at this time. An August 2023 CenCal Health Operating Plan status report is enclosed, depicting progress against a portfolio of tactical activities.

Enclosure

1. August 2023 CenCal Health Operating Plan

2023 Operating Plan

August 2023

Organizational Tactics / Objectives / Priorities

Advance the Organization

Organizational Tactics	Objectives	Priorities
Partner to Assess Healthcare Infrastructure and Workforce needs; Design Collaborative CalAIM Convening Groups; Enhance and Facilitate Provider Engagement and Education; Develop Doorway to Health Foundation Roadmap	Facilitate community collaboration to strengthen the health system	Cultivate Community Partnerships
Enhance Insight Into Member Experience through CAHPS; Enhance Insight Into Healthcare Effectiveness through HEDIS; Conduct NCQA Accreditation Readiness; Enhance the Quality Improvement System to Meet QIHETP Requirements	Exceed quality standards and expectations	Advance Quality and Health Equity for All
Ensure Equitable Provision of Preventive Services; Implement Population Health Management Capabilities; Enhance Collection of Population Health Data	Reduce health disparities in our populations	Advance Quality and Health Equity for All
Expand Medi-Cal to Undocumented Adults (ages 26-49); Develop and Execute D-SNP Roadmap	Prepare to serve new members	Expand our Service Role and Reach
Implement Housing and Homelessness Incentive Program; Implement Student Behavioral Health Incentive Program; Expand Community Supports Responsive to Local Needs; Expand Enhanced Care Management Program; Implement and Expand CHW and Doula Benefits	Develop new Medi-Cal programs and benefits	Expand our Service Role and Reach
Develop and Execute a Compliance Risk Assessment Plan; Evolve the Auditing and Monitoring Program; Enhance Policy and Procedure Management; Develop and Enhance Process Improvement Capabilities; Develop an Organizational Dashboard; Evolve the Governance System for Tactics	Advance organizational readiness to support strategy	Organize for Impact and Effectiveness
Create New Performance Management System; Develop and Deploy Talent Development Program	Foster employee growth and inclusion towards a diverse culture	Organize for Impact and Effectiveness
Design Technology Strategy Responsive to Strategic Plan; Assess Data Exchange Framework; Develop Health Information Exchange Capabilities; Enhance Processes and Integration through New Health Mgmt. Software	Leverage and adapt technology and analytics to enable transformation	Organize for Impact and Effectiveness
Enhance Financial Accounting and Reporting Capabilities through New Software; Develop Advanced Financial Analytics Capability	Ensure financial performance to support sustainability	Organize for Impact and Effectiveness

Maintain the Organization

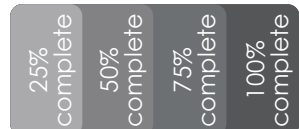| Organizational Tactics	Priority
Convert LTC Claim Forms and Codes; Implement Redetermination Retention Strategy; Expand Deployment of Contract Management Software; Develop Future of Work Strategy; Launch a Member Portal; Evaluate Quality Based Provider Reimbursement Strategies; Implement FQHC Alternative Payment Model; Implement 2024 DHCS Contract Requirements; Conduct 2024 DHCS Contract Operational Readiness	Maintain Operations and Meet Regulatory and Contractual Requirements

Mission

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

Vision

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

Progress Legend

25% complete | 50% complete | 75% complete | 100% complete

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Q2 2023 Organizational Performance Dashboard Report

Date: September 20, 2023

From: Chris Morris, MSOD, Chief Performance Officer

Contributors: Andrew Hansen, MBA, Operational Excellence Director

Through: Marina Owen, Chief Executive Officer

Background

Following adoption of the Executive View Dashboard prototype at the May 2023 Board of Directors meeting, the Q223 Executive View Dashboard has been produced and is enclosed for your Board's review. Moving forward, Executive View Dashboard reports will be provided to your Board on a quarterly cadence.

Organizational Performance Results

The Executive View Dashboards indicate a top-level organizational performance of 92.2% of target in Q123 and 96.7% of target in Q223. Results for five (5) of the seven (7) key (or Level 1) processes met or exceeded 95% of target, with all four (4) Level 1 *core processes* achieving that standard in both quarters. Exceptions to the 95% standard and other notable performance are as follows:

- Support and Develop the Provider Network. This key (Level 1) *core process* contains three subprocesses, known as Level 2 processes, shown on the right-hand side of the Executive View exhibit, with highlights as follows:

  o *Support the Provider Network*. Q123 performance was impacted by the results of timely re-credentialing. A backlog of past-due re-credentialing files was being resolved in Q123, resulting in performance below threshold at 64% of target. Re-credentialing timeliness subsequently returned to 100% of target in Q223, lifting this Level 2 process to 97.3% of target, a nine point improvement over Q422.

  o *Develop the Provider Network.* Q123 performance was impacted by the results of timely access metrics. Provider Relations will be proactively educating providers further on the DHCS-placed timely access calls, to enhance awareness. Timely access metrics improved modestly in Q223, supporting a 2.4 point lift in this Level 2 process to 98.1% of target.

- Manage Compliance Commitments. Quarter-over-quarter performance continues to be impacted by the October 2021 – September 2022 annual DHCS medical audit results, in which one repeat finding was identified. Significant cross-functional work has ensued to remediate the 2021 and 2022 DHCS Audit findings, prepare for the 2023 DHCS Audit, and implement 2024 DHCS Contract requirements. Performance declined in Q123 due to the untimely reporting of a HIPAA incident. However, in Q223, performance strongly rebounded to 91.7% or target. While performance remains below threshold, the return to timely reporting in Q223 as well as positive performance on newly established internal audit metrics resulted in significant improvement.

- Manage Health Plan Finances. Performance remains primarily impacted by the results of the July 2021 – June 2022 or 21/22 independent financial audit in which four (4) significant findings were identified, as previously reviewed with your Board in October 2022. The FY 22/23 independent financial audit is occurring in August 2023 and final results will be available and presented at the October 2023 Board meeting. Slight quarter-over-quarter variation in tangible net equity (TNE) resulted in a slight decline in Q123 performance, followed by improvement in Q223 performance.

Recommendation

This material is informational with no action being requested at this time.

Enclosure

1. Quarter 2 2023 Executive View Dashboard

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Executive View Dashboard
Quarter 2 2023

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

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

Core Processes

Engage and Support Members — 99.1% of target
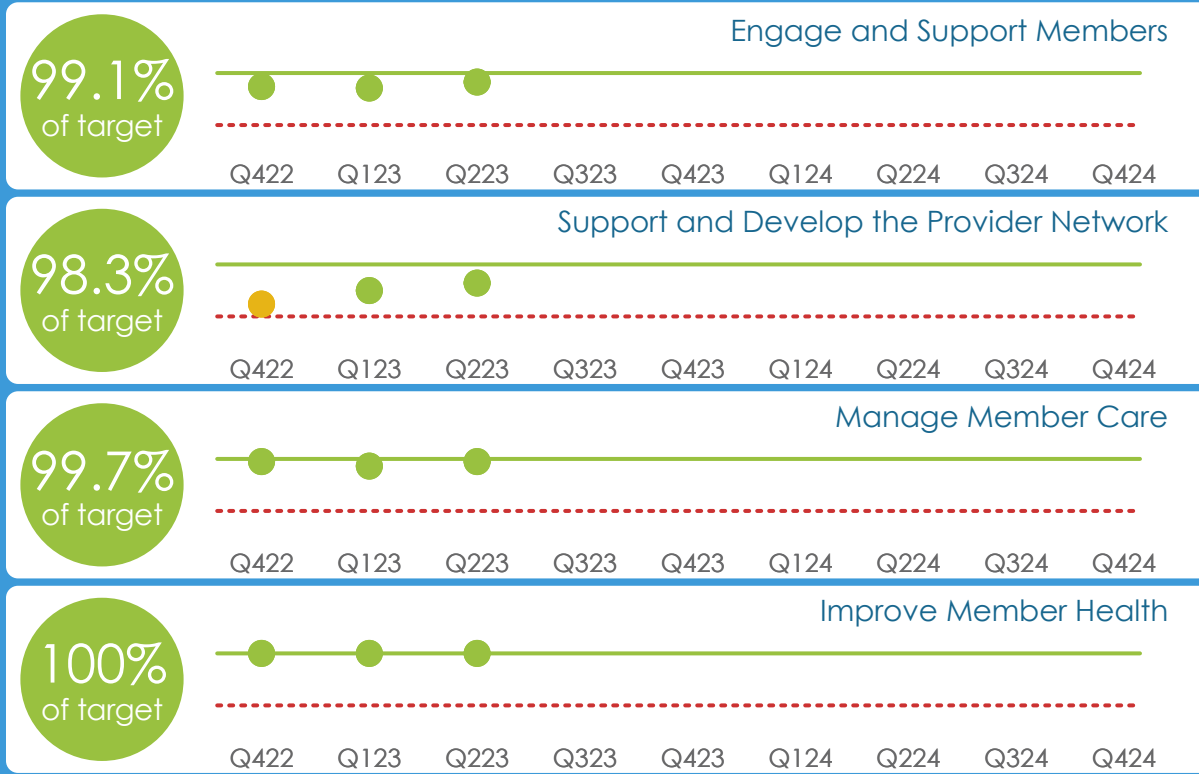
Subprocesses	Q422	Q123	Q223	Q323	Q423
Help Members Engage	100	99.6	99.8		
Help Members Navigate	97.5	97.3	98.3		
Improve Member Experience	99.1	99.1	99.1		

Support and Develop the Provider Network — 98.3% of target

Subprocesses	Q422	Q123	Q223	Q323	Q423
Support the Provider Network	87.9	94.3	97.3		
Develop the Provider Network	96.7	93.8	98.1		
Pay Providers	99.9	100	99.4		

Manage Member Care — 99.7% of target

Subprocesses	Q422	Q123	Q223	Q323	Q423
Manage Member Benefits	TBD	TBD	TBD		
Manage Utilization	99.6	98.1	99.3		
Coordinate Member Care	99.7	99.7	100		

Improve Member Health — 100% of target

Subprocesses	Q422	Q123	Q223	Q323	Q423
Improve Care Delivery	100	100	100		
Manage Population Health	TBD	TBD	TBD		
Manage Plan Accreditation	TBD	TBD	TBD		

Support and Managerial Processes

Provide Data and Technology Services

Q422	Q123	Q223	Q323	Q423
100	99.7	99.9		

Manage Compliance Commitments

Q422	Q123	Q223	Q323	Q423
83.3	70.8	91.7		

Manage Health Plan Finances

Q422	Q123	Q223	Q323	Q423
85.5	81.5	88.1		

Legend

- ‑ ‑ ‑ performance threshold
- ─── performance target
- 🟢 ≥ to 95% of target and > threshold
- 🟡 < 95% of target and ≥ threshold
- 🔴 < threshold

Customer Experience Division Report

Date: September 20, 2023

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

Contributors: Eric Buben, Member Services Director
                   Nicolette Worley Marselian, Communications Director

Through: Marina Owen, Chief Executive Officer

The September 2023 report from the Customer Experience Division provides operational trends and initiatives in the Member Services and Program Developments. This report highlights a key update: CenCal Health has launched a collaborative outreach effort for the last phase of Medi-Cal expansion.

Medi-Cal Expansion

Full-scope Medi-Cal will cover county residents of all ages effective January 1, 2024. County residents between the ages of 26-49 who were previously ineligible for Medi-Cal due to immigration status can now apply. Per DHCS, the estimated number of newly eligibles for San Luis Obispo County is 2,550 and 14,057 for Santa Barbara County. In total, CenCal Health has the opportunity to cover 16,607 new members between the ages of 26-49. CenCal Health has launched an internal team to focus on outreach efforts with external partners and our provider network. We will also focus efforts to maintain existing provider and patient relationships through passive enrollment of newly eligible members. Staff have been attending webinars to gain insights and tools on how to effectively engage with partners in outreaching to the newly eligible community members. Attachment A is additional data from Insure the Uninsured Program (ITUP) about the demographics of our Central Coast communities, with a focus on health coverage status.

Membership Fluctuations due to Medi-Cal Renewals

CenCal Health's aggregate membership as of September 6th is 232,769, which is a decrease of 1,363 from August. As seen in the previous two months, substantial re-instatement of members is occurring from the beginning to end of each month during the renewal process, so this decrease is likely to be lower when reviewing final September enrollment. For example, a net loss from June to July was finalized at 633 members but began as a 1,939 loss at the beginning of July. Final September counts will be ready on October 5, 2023. Renewal Packets are mailed to members 60 days prior to

their renewal date. Member Services received 65 calls from members with questions about the renewal process in August 2023 and advise members on next steps.

Communications and Member Services are using the scripts provided by DHCS for use in member discussions, social media posts and website materials. CenCal Health is also implementing a focused outreach campaign to members based on when their redetermination is set to occur. CenCal Health is working closely with the Department of Social Services in both counties to ensure messaging is timed with renewal dates for each member and forwarding National Change of Address logs to both Counties through secure channels.

The July 2023 data from DHCS indicate that of the 5,600 San Luis Obispo County members who were due to be redetermined, 74.4% completed the redetermination process, of which 24% were discontinued. Of the 11,182 Santa Barbara County members, 33% redeterminations were completed, of which 3% were discontinued. These redetermination rates are dissimilar to the State average rate of 7%. Based on discussions with our DSS partners, we anticipate the discontinued percentages for both counties to be adjusted during the 90-day cure period and also as CalSAWs implementation progresses in Santa Barbara County. Both counties are continuing to process June and July renewals, thus, our retention rate is likely to increase.

Eligibility Month	County Name	Total Enrollment	Redeterminations Due	Redetermination Completed	Redeterminations Completed Percentages	Total Redeterminations Discontinued Percentages	Renewal In Process Percentages
Jul-23	San Luis Obispo	73,342	5,600	4,132	74%	23.7%	26%
Jul-23	Santa Barbara	181,344	11,182	3,719	33%	3.1%	67%
Jul-23	Statewide Total	15,496,381	1,082,242	543,436	50%	7.1%	50%

Data Source: DHCS

Member Services Performance

June and July call volume increased, reflecting members needing additional assistance regarding redeterminations and the Health Risk Assessments (HRA) surveys. June's call volume of 8,700 (414/day) was above 2022's monthly average of 7,939. July's call volume of 9,844 (496/day) was significantly above 2022's monthly average of 7,939.

Our Average Speed to Answer (ASA) goal to answer 85% of calls within 30 seconds was met at 85% in June. For July, our ASA goal was not met at 74%. The mailing and automated calls to members regarding the Health Risk Assessments (HRA) surveys has substantially increased call volume resulting in multiple days exceeding 650+ in call volume. The increase in call volume centered on concerns that the HRA is required for DHCS Medi-Cal Redetermination procedures which is occurring at the same time. August's call volume of 10,997 was significantly above 2022's monthly average of 7,939. Additionally, Member Portal calls to assist with password reset and troubleshooting have averaged 10+ minutes per call. Average Speed to Answer (ASA) goal to answer 85% of

calls within 30 seconds was not met at 73% in August. Combined with the significant increase in call volume, the call center was short-staffed by three MSRs and others assisting in new hire training or on leaves. Grievance & appeal volume remained in control with usual volume and all turnaround times for G&A were all met.

Member Portal

The Member Portal went live April 9, 2023. As of September 7th, CenCal Health has 7,222 (5% of adults) active member accounts. As part of process improvement, we have extended the timeout to 10 minutes for inactivity from the originally 3 minutes to allow for sufficient time to complete the Health Risk Assessment surveys. CenCal Health is receiving daily interactions from members now through their accounts, mostly to provide demographic updates, request ID cards, change PCPs, and complete Health Risk Assessments on-line. Members are providing positive feedback about the availability of the Member Portal for on-line access.

Program Development

Student Behavioral Health Incentive Program (SBHIP): Program implementation is progressing as planned. The LEAs Referral workgroup continues to explore implementation of FIND HELP as their closed loop referral system. SBHIP has made it possible for nine school districts to hire 25 full-time employees and 11.5 pending hires to increase access to behavioral health services by students and their families.

Housing and Homelessness Incentive Program (HHIP): With support from the IPP Funding Committee and the Continuum of Care in both counties in evaluating the funding requests, staff are working on awarding $3.26M to seven providers serving San Luis Obispo County and 2.0M to four providers serving Santa Barbara County. We continue to collaborate with partners to monitor progress made towards metrics and measurements outlined in the first funding agreement, as this data will be used to report to DHCS, resulting in the final round of funding for HHIP from DHCS.

Health Equity

The focus of our August All-Staff Townhall was on health equity and childhood poverty and the role of CenCal Health in supporting community partners who are serving children zero to five years. Ms. Owen and Dr. Do-Reynoso presented on our mission, vision, and values, and the business imperative to integrate health equity strategies in our work. Wendy Sims-Moten, Executive Director of First 5 Santa Barbara County, presented their efforts to ensure that children and their families can thrive through access to health and human services. Following the townhall, Dr. Do-Reynoso and her team have launched the Health Equity Steering Committee and Health Equity Champions to galvanize staff. Additional details on our health equity initiatives are presented in a separate Board memo and presentation.

ITUP
Insure the Uninsured Project

›› *Coverage in California at a Glance*

Central Coast Counties

July 2023

MONTEREY, SAN BENITO, SAN LUIS OBISPO, SANTA BARBARA, SANTA CRUZ, VENTURA

130,000 (5.5%§)
Uninsured, 2021[2]

26.2%§ of the Uninsured have incomes ≤138% FPL, 2021[2]

§ Data for some of these counties are suppressed due to data masking.

CENTRAL COAST
POPULATION, 2020[1]
2.3M
5.9% of CA population[1]
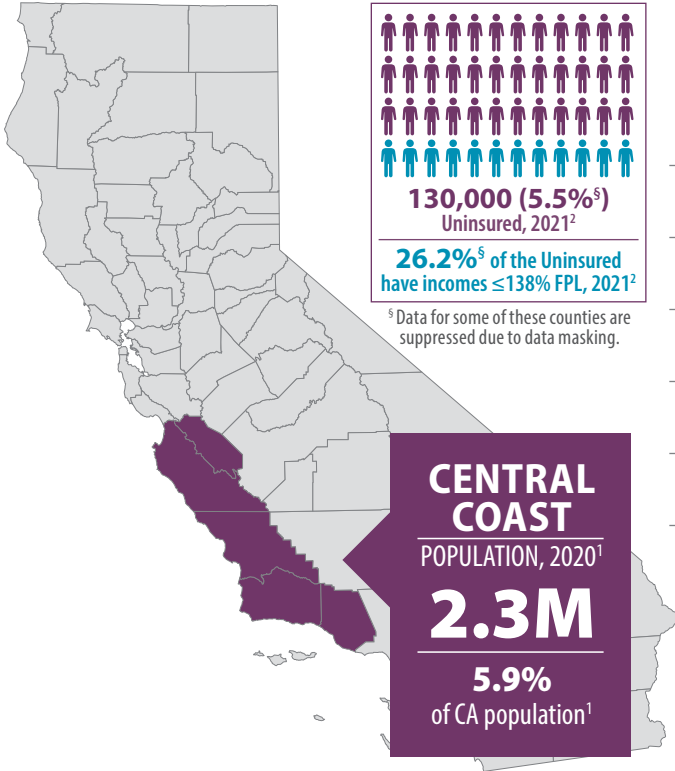
	Population[1]	Uninsured, 2021[2]	Uninsured, Incomes ≤ 138% Federal Poverty Level (FPL), 2021[2]
Ventura	843,843	39,000 (4.7%)	19,000 (2.3%)
Santa Barbara	448,229	28,000 (6.5%*)	-
Monterey	439,035	40,000 (9.8%*)	15,000 (3.4%)
San Luis Obispo	282,424	17,000 (6.7%*)	-
Santa Cruz	270,861	3,000 (1.1%*)	-
San Benito	64,209	3,000 (4.6%*)	-

* Data for these counties are considered statistically unstable. | (-) Notes a value unavailable due to data masking.

FIGURE 1. Race/Ethnicity Among the Uninsured, 2021[2]

Percent by Race	County Population							Insured							Uninsured						
	Latinx	White	Black	AI/AN	Asian	NH/PI	2+	Latinx	White	Black	AI/AN	Asian	NH/PI	2+	Latinx	White	Black	AI/AN	Asian	NH/PI	2+
Ventura	43.4%	45.6%	1.2%*	-	8.1%	-	1.7%	91.6%	97.8%*	100.0%*	-	99.2%*	-	100.0%*	8.4%	2.2%*	-	-	-	-	-
Santa Barbara	49.2%	44.5%	0.9%*	-	2.0%*	-	3.2%*	88.1%*	98.6%*	100.0%*	-	100.0%*	-	100.0%*	11.9%*	1.4%*	-	-	-	-	-
Monterey	59.5%	30.1%	2.2%*	-	5.3%	-	3.0%	85.9%*	97.3%*	100.0%*	-	89.0%*	-	100.0%*	14.1%*	2.7%*	-	-	-	-	-
San Luis Obispo	17.3%	70.8%	3.2%*	-	3.1%*	-	4.9%*	86.9%*	95.2%*	100.0%*	-	69.5%*	-	100.0%*	13.1%*	4.8%*	-	-	-	-	-
Santa Cruz	35.8%	56.9%	-	-	3.8%*	-	2.8%*	99.2%*	99.6%*	-	-	83.8%*	-	100.0%*	-	0.4%*	-	-	-	-	-
San Benito	57.5%	36.8%	-	-	1.8%*	-	3.1%*	92.2%*	99.7%*	-	-	100.0%*	-	100.0%*	7.8%*	-	-	-	-	-	-

AI/AN=American Indian/Alaska Native | NH/PI = Native Hawaiian/Pacific Islander | 2+ = Two or More Races | * Data for these counties are considered statistically unstable.
(-) Notes a value unavailable due to data masking.

FIGURE 2. Employer-Sponsored Coverage, 2021[2]

Total Employer-Sponsored Coverage
in the Central Coast
1,064,000 (45.3%)

	Employer-Sponsored Coverage Among Central Coast Counties	Race/Ethnicity Breakdown Among Central Coast Counties with Employer-Sponsored Coverage						
		Latinx	White	Black	AI/AN	Asian	NH/PI	2+
Ventura	391,000 (47.6%)	37.9%	46.6%	-	-	13.1%	-	2.0%*
Santa Barbara	197,000 (46.0%)	51.6%	39.0%	1.7%*	-	3.0%*	-	4.2%*
Monterey	192,000 (46.6%)	58.5%	30.1%	3.0%*	-	5.3%*	-	3.1%*
San Luis Obispo	127,000 (49.9%)	21.0%	67.3%	-	-	2.5%*	-	3.3%*
Santa Cruz	127,000 (49.6%)	34.0%	59.1%	-	-	3.3%*	-	3.2%*
San Benito	30,000 (49.2%)	52.1%	40.5%	-	-	3.1%*	-	3.5%*

AI/AN=American Indian/Alaska Native | NH/PI = Native Hawaiian/Pacific Islander | 2+ = Two or More Races | * Data for these counties are considered statistically unstable.
(-) Notes a value unavailable due to data masking.

COVERED CALIFORNIA

FIGURE 3. Percent of Counties' Populations Enrolled in Covered California, September 2022[3]

	Total Enrollment	Subsidized Enrollees	Unsubsidized Enrollees
Ventura	42,180 (5.0%)	39,090 (92.7%)	3,090 (7.3%)
Santa Barbara	18,380 (4.1%)	16,780 (91.3%)	1,600 (8.7%)
Monterey	13,770 (3.1%)	13,110 (95.2%)	660 (4.8%)
San Luis Obispo	14,740 (5.2%)	13,730 (93.1%)	1,000 (6.8%)
Santa Cruz	12,260 (4.5%)	11,070 (90.3%)	1,190 (9.7%)
San Benito	1,990 (3.1%)	1,920 (96.5%)	70 (3.5%)

7,610
7.4%

CENTRAL COAST
Total Enrolled
103,320
(4.4%)

95,700
92.6%

Subsidized
Unsubsidized

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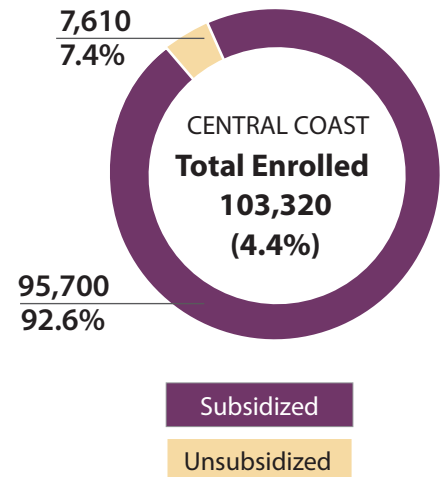
FIGURE 4. Covered California Enrollment by Race/Ethnicity, December 2022[3]

Ventura
| Latinx 33.2% | White 46.9% | 1.0% | 9.1% Asian | 0.3% | 0.1% | Not Reported 9.5% |

Santa Barbara
| 33.2% | 51.5% | 0.7% | 5.1% | 0.2% | 0.1% | 9.0% |

Monterey
| 42.0% | 39.5% | 0.9% | 8.8% | 0.3% | 0.1% | 8.5% |

San Luis Obispo
| 17.5% | 66.3% | 0.6% | 4.4% | 0.5% | 0.1% | 10.6% |

Santa Cruz
| 20.3% | 64.8% | 0.5% | 4.3% | 0.3% | 0.1% | 9.7% |

San Benito
| 52.1% | 33.6% | 0.7% | 6.8% | 0.7% | 0.7% | 6.8% |

Legend: ■ Latinx ■ White ■ Black ■ American Indian/Alaska Native ■ Asian ■ Native Hawaiian/Pacific Islander ■ Not Reported
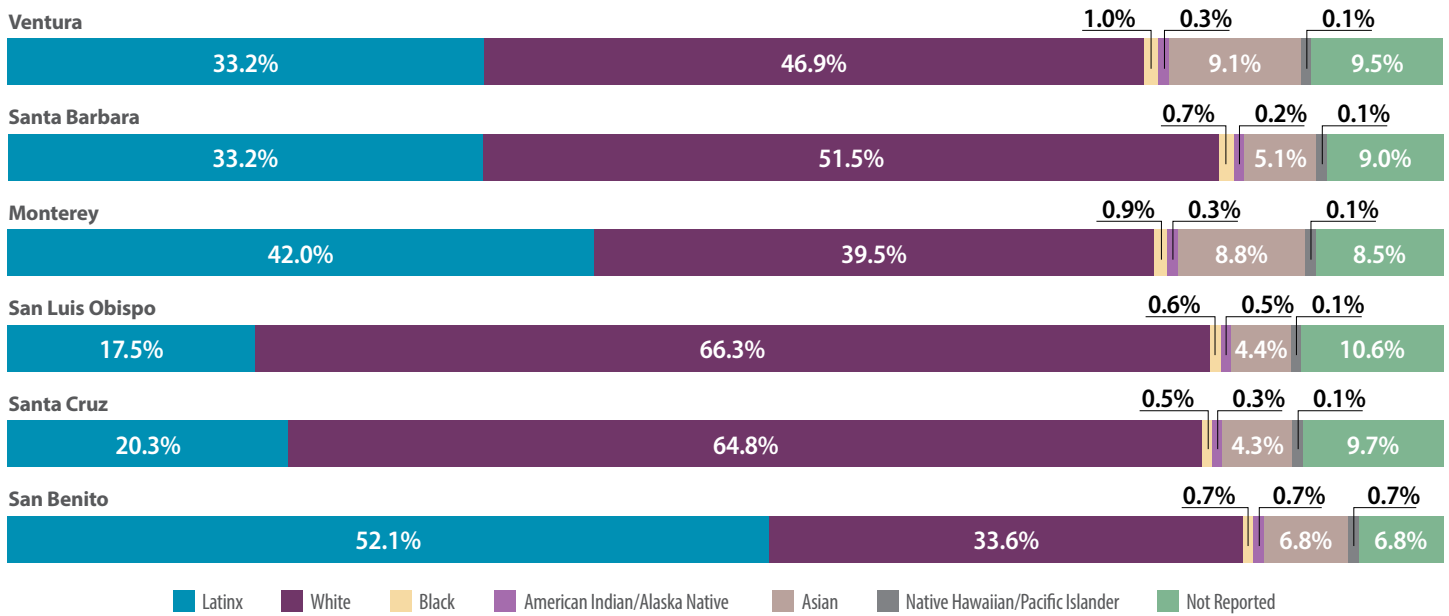
FIGURE 5. Covered California Enrollment by FPL, December 2022[3]

	Under 138% FPL	Between 138% and 400% FPL	Between 400% and 600% FPL	Over 600% FPL
Ventura	2.6%	79.5%	9.7%	4.5%
Santa Barbara	3.0%	74.0%	11.6%	6.3%
Monterey	2.8%	78.7%	11.1%	5.0%
San Luis Obispo	3.1%	75.8%	11.5%	6.3%
Santa Cruz	3.6%	72.1%	12.2%	7.2%
San Benito	2.5%	79.4%	12.1%	4.0%

Enrollments where the FPL of the member is not known are not included.

FIGURE 6. Covered California Enrollment by Health Plan, December 2022[3]

	Anthem Blue Cross	Health Net	Kaiser Permanente	Blue Shield	Western Health Advantage	LA Care Health Plan	Oscar Health Plan	Valley Health Plan	Sharp Health Plan
Ventura	640	10	12,100	29,420	-	10	10	-	-
Santa Barbara	950	10	10	17,420	-	10	-	-	10
Monterey	1,760	-	10	10,750	-	-	-	1,250	-
San Luis Obispo	480	10	10	14,250	-	-	-	-	-
Santa Cruz	130	250	7,800	4,080	10	10	-	-	-
San Benito	290	-	10	1,410	-	-	-	290	-

Covered California's privacy policy rounds all figures to the nearest 10. As a result, grand totals shown may be slightly different from the totals in the individual plan data.
(-) Notes plans that do not participate in the county.

ITUP
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MEDI-CAL

FIGURE 7. Medi-Cal Enrollment, February 2023[4,5]

SANTA CRUZ
88,558 (32.7%)
3,109 (3.5%)

SAN BENITO
21,794 (33.9%)
632 (2.9%)

MONTEREY
224,384 (51.1%)
14,453 (6.4%)

SAN LUIS OBISPO
71,839 (25.4%)
1,779 (2.5%)

SANTA BARBARA
177,072 (39.5%)
10,165 (5.7%)

VENTURA
267,494 (31.7%)
10,526 (3.9%)

COUNTY
Total Medi-Cal Enrollment
Medi-Cal Enrollment, Undocumented

Total Medi-Cal Coverage in the Central Coast
851,141 (36.2%)
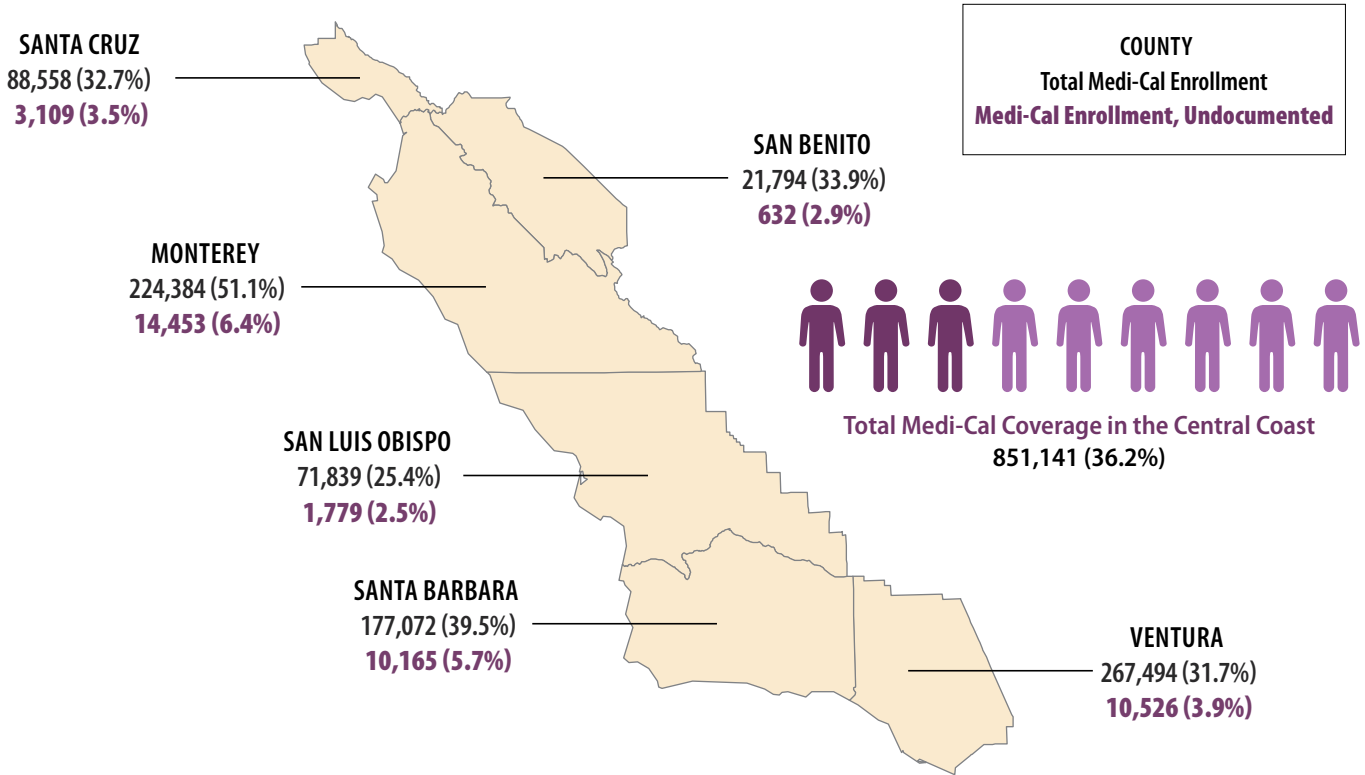
FIGURE 8. Medi-Cal Enrollment by Race/Ethnicity February 2023[6]

Ventura

Latinx	White	Black	American Indian/Alaska Native	Asian	Not Reported
53.9%	18.6%	1.2%	0.2%	3.6%	22.5%

Santa Barbara

| 27.7% | 50.7% | 1.1% | 0.3% | 1.7% | 18.6% |

Monterey

| 71.6% | 8.3% | 1.2% | 0.1% | 2.6% | 16.2% |

San Luis Obispo

| 29.3% | 35.9% | 1.0% | 0.4% | 1.9% | 31.5% |

Santa Cruz

| 48.8% | 22.7% | 0.7% | 0.3% | 1.7% | 25.8% |

San Benito

| 74.1% | 13.4% | 1.9% | 10.2% |

Legend: ■ Latinx ■ White ■ Black ■ American Indian/Alaska Native ■ Asian ■ Not Reported
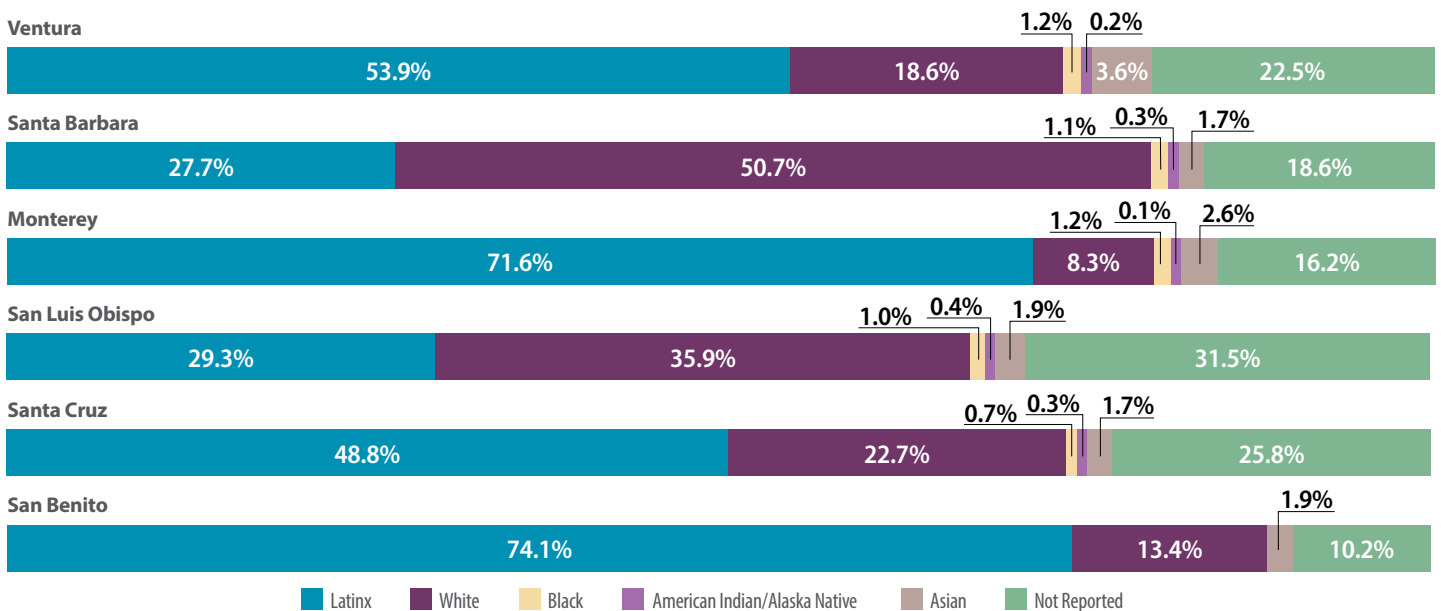
For some Central Coast Counties, data was unavailable for the following Race/Ethnicity categories: Black and AI/AN.

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FIGURE 9. **Medi-Cal Enrollment in Managed Care and Fee-For-Service (FFS), March 2023[7]**

	MCP Enrollment	Gold Coast Health Plan	CenCal Health	Central California Alliance for Health	Anthem Blue Cross	Medi-Cal FFS Enrollment
Ventura	251,473	251,473				16,021
Santa Barbara	162,571		162,571			14,501
Monterey	189,222			189,222		35,162
San Luis Obispo	69,269		69,269			2,570
Santa Cruz	81,265			81,265		7,293
San Benito	13,223				13,223	8,571

☐ = Health Plan does not operate in this county.

FIGURE 10. **Community Supports Elections by Managed Care Plans, February 2023[8]**

	Gold Coast Health Plan	CenCal Health	Central California Alliance for Health	Anthem Blue Cross
Ventura	14			
Santa Barbara		6		
Monterey			8	
San Luis Obispo		6		
Santa Cruz			7	
San Benito				14

*Some Community Supports may not be available to all members or in all areas of the county.

MEDICARE

FIGURE 11. **Medicare Enrollment and Percent of Counties' Population, 2021[4,9]**

Total Medicare Coverage in the Central Coast
407,293 (17.3%)
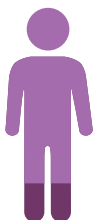
	Medicare	Medicare Advantage	Fee-for-Service	Dual Eligible** (February 2023)[5]
Ventura	146,735 (17.4%)	63,414 (43.2%)	83,321 (56.8%)	26,839 (18.3%)
Santa Barbara	74,272 (16.6%)	15,424 (20.8%)	58,848 (79.2%)	14,926 (20.1%)
Monterey	62,866 (14.3%)	8,254 (13.1%)	54,612 (86.9%)	15,494 (24.6%)
San Luis Obispo	65,008 (23.0%)	14,489 (22.3%)	50,519 (77.7%)	7,919 (12.2%)
Santa Cruz	49,738 (18.4%)	10,733 (21.6%)	39,005 (78.4%)	9,738 (19.6%)
San Benito	8,674 (13.5%)	1,772 (20.4%)	6,902 (79.6%)	1,908 (22.0%)

**Dual Eligibles are those eligible for Medicare and Medi-Cal, also referred to as Medi Medis.

ITUP
Insure the Uninsured Project

FIGURE 12. Medicare Enrollment by Race/Ethnicity, 2021[9]

Ventura
| 69.1% | 1.6% | 19.7% | 9.6% |

Santa Barbara
| 71.0% | 1.7% | 20.7% | 6.7% |

Monterey
| 56.7% | 2.7% | 30.8% | 9.8% |

San Luis Obispo
| 86.0% | 0.7% | 8.3% | 5.0% |

Santa Cruz
| 75.6% | 0.8% | 17.3% | 6.4% |

San Benito
| 55.9% | 0.9% | 38.5% | 4.7% |

■ White   ■ Black   ■ Latinx   ■ Other
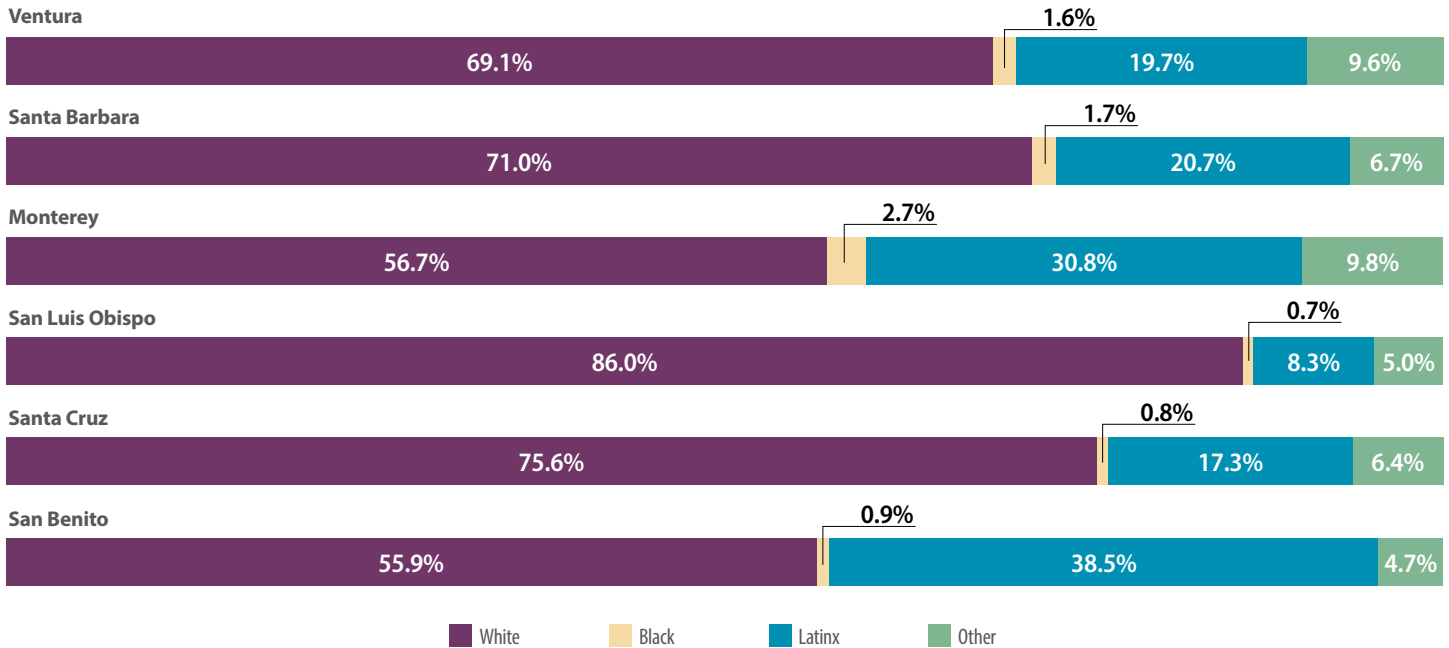
NOTES

All decimals rounded to nearest tenth.

1. United States Census Bureau, 2020 Census Redistricting Data, Accessed: March 27, 2023.
2. UCLA Center for Health Policy Research, 2021 California Health Interview Survey, Public Use File, Accessed: March 27, 2023.
3. Covered California, December 2022, Active Member Profile, Accessed: April 10, 2023.
4. Department of Health Care Services, Medi-Cal Certified Eligibles Data Table by County and Dual Status, February 2023, Accessed: April 10, 2023.
5. Department of Health Care Services, Medi-Cal Certified Eligibles Data Table by County and Aid Code Group, February 2023, Accessed: April 10, 2023.
6. Department of Health Care Services, Medi-Cal Certified Eligibles Data Table Race/Ethnicity and Age, February 2023, Accessed: April 10, 2023.
7. Department of Health Care Services, Medi-Cal Managed Care Enrollment Report, March 2023, Accessed: April 10, 2023.
8. Department of Health Care Services, CalAIM Community Supports – Managed Care Plan Elections, February 2023, Accessed: March 27, 2023.
9. Centers for Medicare and Medicaid Services, Medicare Geographic Variation – by National, State & County, 2021, Public Use File, Accessed: March 27, 2023.

Each year ITUP releases Regional Health Coverage fact sheets for its 11 ITUP Regional Workgroup (listening session) locations. These publications are overviews highlighting key coverage facts across all coverage types county-by-county.

About ITUP

ITUP is an independent, nonprofit, health policy institute that has been a central voice in the California health landscape for more than two decades. ITUP serves as a trusted expert, grounded in statewide and regional connections with a network of policymakers, health care leaders, and stakeholders. The mission of ITUP is to promote innovative and workable policy solutions that expand health care access and improve the health of all Californians.

ITUP is generously supported by the following funders:

- California Health Care Foundation
- The California Endowment
- The California Wellness Foundation

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www.itup.org

Operations Report

Date: September 20, 2023

From: Jordan Turetsky, MPH, Chief Operating Officer

Contributors: Gary Ashburn, Claims Director
                  Cathy Slaughter, Provider Relations Director

Through: Marina Owen, Chief Executive Officer
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Executive Summary

This Operations Report provides an overview of operational activity specific to the Claims, Provider Services, and Provider Relations teams, inclusive of department operational metrics, and CenCal Health's Incentive Payment Program and participation in a collaborative program development effort.

Santa Barbara Pediatric Concurrent Care Collaborative

In August of 2022, CenCal Health joined a group of local leaders from VNA Health, Hospice of Santa Barbara, and Cottage Health to begin conversations to design a pediatric concurrent care program. Concurrent care refers to the provision of simultaneous end of life and palliative care services (typically provided through Hospice organizations), with ongoing treatment for the specified condition or suite of conditions. For pediatric patients with life-threatening or life-limiting diagnoses, the ability to access both supportive services *and* ongoing treatment services through a coordinated effort provides families with more options to consider. In Santa Barbara County, access to such concurrent services is limited, and an opportunity to develop a coordinated program has been identified. The goal is to develop a program in Santa Barbara County and _expand this effort to San Luis Obispo County as well_.

As CenCal Health continued its participation in the Santa Barbara Pediatric Concurrent Care Collaborative, staff are pleased to support the following activities:

1. Submission of a grant application from the Santa Barbara Pediatric Concurrent Care Collaborative to the James S. Bower Foundation for $30,000 to support a 12- month Pediatric Palliative Care Education and Mentoring Program; and
2. Commitment from CenCal Health to remain involved in the continued design and launch of a Pediatric Concurrent Care Program in 2025 through development of referral management, contracting, and reimbursement pathways, as allowed through the Medi-Cal Program.

CenCal Health's participation is led by representatives from Operations, Medical Management, and our Medical Director team, who continue involvement in monthly workgroup meetings in support of the above activities.

Incentive Payment Program

The Incentive Payment Program (IPP) is an opportunity offered by the Department of Health Care Services (DHCS) to health plans to support the initiation and uptake of Enhanced Care Management (ECM) and Community Supports (CS). In a May 2023 report to your Board, staff shared details regarding the status of CenCal Health's IPP deployment, including the initial funding allocation received from DHCS and awards issued to date. In a subsequent report to your Board in June 2023, staff provided additional information as to those ECM and CS services which were funded through the initial allocation.

CenCal Health earned and received a second installment of IPP funds totaling $6.4M in July 2023, allowing the IPP application process to reopen. In August, staff adopted an award strategy which considers unmet member need, service expansion opportunities, geographically underserved areas, and opportunities to support the development of data sharing infrastructure. The revised funding strategy will be used by the IPP Application Review Committee through their review of current applications, which are slated for _discussion and decision on September 28th_, with award notifications sent thereafter.

Claims

The Claims Department monitors core service metrics across all operational and customer service functions. The included Claims Dashboard includes key operational metrics ranging from Claims Volume to Provider Call Center performance.

For the August 2023 reporting period, all metrics were at or above goal and are within normal range, with the exception of dispute resolution which did not meet goal due to two disputes not being recorded timely. Claims paid per 1,000 members has followed a downward trend since July, with overall variation minimal month over month. Daily call volume increased to record levels, with 2,260 calls received in the month of August. The percentage of calls answered in 30 seconds remains well above standard at 91.8%.

Provider Services and Provider Relations

The Provider Relations team co-hosted two provider engagement sessions in the month of August, specific to best practice sharing for CenCal Health's Primary Care Provider Quality Care Incentive Program. Additionally, staff engaged with providers and members to support redetermination and other efforts through participation at three

Back to School Health Fairs with the Santa Barbara County Public Health Department on August 8, 9, and 10.

Capacity building for Doula services has remained an area of focus, and CenCal Health is pleased to share that we are now contracted with all Doulas who meet Medi-Cal Program requirements, affording access to Doula services in both Santa Barbara and San Luis Obispo Counties. Continued engagement with Doulas through local collaborative groups will further grow the capacity to provide these services to Medi-Cal members.

Regarding departmental operations, sustained improvement in the processing of re-credentialing files is noted month-over-month, with all files due for recredentialing in August 2023 completed timely. Providers approved within 90 days of initial credentialing continues to exceed goal, as well. Average speed to answer provider calls within 30 seconds improved in August to 83.5%, however continues to remain below goal. Efforts to improve phone call management, including the implementation of best practices learned from other CenCal Health call centers are underway.

Recommendation

This Operations Report is informational only and no action is required.

Government and Administration Report

Date: September 20, 2023

From: Michael Harris, Government Affairs & Administrative Officer

Contributors: Citlaly Santos, Strategic Engagement Director
                  Kaleb Madrid, Administrative Services Director
                  Hon Chan, Esq., Senior Associate Counsel

Through: Marina Owen, Chief Executive Officer

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Executive Summary

The following report highlights key initiatives led by Strategic Engagement Department (SED) and the Administrative Services Department (ASD). In recognition of our providers, community partners, and stakeholders who have been integral to CenCal Health's 40-year history and collective impact in strengthening the health system, planning efforts are underway to host an in-person anniversary celebration in Santa Barbara in late 2023.

In Sacramento, the legislature has just reconvened to conclude its legislative year. The end of this legislative year will conclude year one of a two-year legislative effort. In addition to the information below, a report is attached from Public Policy Advocates (PPA). PPA is CenCal Health's representative and advocate in Sacramento. In Washington, DC, Congress has been on summer recess. As they return, all eyes are on keeping the federal government from shutting down due to funding. The Centers for Medicare & Medicaid Services (CMS), the federal agency that oversees Medicaid, is directing states on new requirements around financial accountability of managed care plans, quality, and access to care.

Administration continues the process and review of a significant number of provider and vendor contracts. Kaleb Madrid, Director, has undertaken a comprehensive review of the ASD and the staff responsibilities and functions, including initiating a comprehensive contracting process review. ASD is also working to develop robust facilities management, risk management, and other organizational support efforts.

Administrative Highlights

Strategic Engagement Department: 40th Anniversary Celebration

Through service awards and engagement from key stakeholders, including our Board of Directors, the 40th anniversary celebration program seeks to honor the people and organizations whose accomplishments have been essential to the local Medi-Cal program's service in Santa Barbara County for 40 years and San Luis Obispo County for 15 years. Following a query to our Board of Directors on the event date, the event is being scheduled for early December at the Hilton Santa Barbara Beachfront Resort. Next steps include securing feedback and review of the event's program from our Board of Directors at the September 20th Board meeting and distributing save the dates.

Visit by Association of Affiliated Plans (ACAP) to CenCal Health Offices

On August 25, 2023, CenCal Health had the opportunity to convene with the Association for Community Affiliated Plans' (ACAP) Vice President for Quality and Operations Enrique Martinez-Vidal, to celebrate the national Making a Difference Award received by Ana Stenersen, RN, CenCal Health's Associate Director of Utilizaiton Management and the Chair of the Family Advisory Board. Staff, family members, and community partners convened at CenCal Health offices to support Ms. Stenersen.

Government Relations

With Congress returning from summer recess, the White House is calling on Congress to pass a short-term spending measure to prevent a shutdown. While Speaker McCarthy supports this short-term measure, more conservative members of the House will be pushing for spending curtailment. The Congressional Budget Office (CBO) estimates that the federal budget deficit reached $1.6 trillion through July. The CBO projects that the total deficit for the current fiscal year would reach $1.7 trillion, up to $200 billion from its previous projections. While the cause of the increase is not just from increased spending but complicated by several factors, such as interest rate increases, calls for spending cuts are openly advocated by some congressional members.

On the legislative front, as Congress comes back into session, various health bills are being considered. One area of consideration is continued funding of community health centers. While community health centers have broad bipartisan support, the amount of funding for health centers will require discussion. Additional information on Sacramento activities is contained in the attached report from CenCal Health's legislative advocates PPA. For details of public relations activities that occurred in August, please see the public relations report included in the Board Report packet.

Administrative Services

Increased focus on reducing CenCal Health's risks will now have an ASD manager oversee a comprehensive risk management program and work both internally with departments and coordinate with CenCal Health's insurance brokers and carriers. Improving the contracts and procurement processes will ensure alignment with your Board's policies and any statutory requirements will have an individual responsible for contracts and procurements. The Director of Administrative Services is already evaluating an existing in-house software product that CenCal Health previously obtained to maximize its effectiveness, improve efficiencies, and ensure accountability. The department has an overarching goal of ensuring high quality, prompt, and expert administrative support to the various CenCal Health departments.

The legal team is focused on maintaining quick turnarounds and reviews of ongoing contracts. Working with the Administrative Services Director, a significant effort is underway to improve processing, standardization and ensuring the protection of CenCal Health around cyber risks from contractors. Senior Associate Counsel Hon Chan is assessing a standardized contract template that will eventually be migrated into CenCal Health's contract processing software. It is hoped that this increased standardization and automation will improve efficiencies, reduce staff work and improve turnaround times.

<u>Recommendation</u>

This report is provided for informational purposes and no action is being requested.

Public Relations Report
August Look-Back

Congratulations to Board Member Kieran Shah! Champion in Health Care

In August, the regional business journal *Pacific Coast Business Times* published its 2023 Champions in Health Care special report. In it, Board Member and VNA Health President and CEO Kieran Shah was recognized among the tri-counties' top healthcare administrators, along with six other health care champions.

Following several nominations, including one from our CEO Marina Owen, Mr. Shah was selected as champion in the Home Health Care category. *Pacific Coast Business Times* declared in its feature article that, since assuming his role in February 2022, Mr. Shah has "fully helmed the organization into a new era."

The special report also recognized our provider partners Cottage Health, French Hospital Medical Center, and Tenet Health.

To read the Champions in Health Care issue, go to www.pacbiztimes.com/champions-in-healthcare/

Paid Media

Due to Mr. Shah's recognition, a half-page congratulatory ad appeared in the Champions in Health Care special report.

**Congratulations
2023 Champions in Health Care!**

CenCal Health congratulates our Board Member and VNA Health President and CEO Kieran Shah, and the honorees representing our provider partners Cottage Health, French Hospital Medical Center, Tenet Health, and all Champions in Health Care.

Thank you for your steadfast commitment to improving the health and well-being of our communities!

**Learn about our 2023-2025 Strategic Plan:
CenCalHealth.org/StrategicPlan**

CenCal Health is a community-accountable health plan serving Medi-Cal members exclusively in Santa Barbara and San Luis Obispo counties.

Our vision is to be a trusted leader in advancing health equity so that our communities thrive and achieve optimal health together.

Public Relations Report
August Look-Back

Date: September 8, 2023
From: Michael Harris, Government Affairs & Administrative Officer
Contributors: Citlaly Santos, Strategic Engagement Director

Earned Media

In August, CenCal Health generated multiple media mentions, including:

- A news story in the online media outlet *Noozhawk* regarding the CenCal Health-sponsored event Thanks for Giving, a fundraiser produced by Savie Health.
- A blurb in the Central Coast Medical Association's (CCMA) monthly e-newsletter *The Pulse,* which highlighted Mr. Shah's Champions in Healh Care news.

Positive publicity was amplified through the Local Health Plans of California's (LHPC) media monitoring e-newsletter, which reposted three news items that mentioned CenCal Health, including two CenCal Health sponsorships and the Champion in Health Care special report.

In addition, five articles were published regarding the Department of Justice settlement.

Media Coverage Highlights: August 2023

Date	Publication	Headline
8/17/2023	LHPC e-newsletter	Making sure a community 'never has to walk alone'
8/17/2023	The Pulse, CCMA's e-newsletter	Congratulations to the 2023 Champions in Heath Care
8/11/2023	Pacific Coast Business Times	Making sure a community 'never has to walk alone'
8/10/2023	LHPC e-newsletter	Savie Health to Honor Healthcare Heroes at Thanks for Giving
8/7/2023	Noozhawk	Savie Health to Honor Healthcare Heroes at Thanks for Giving
8/3/2023	LHPC e-newsletter	18th Annual Lompoc Empty Bowls Community Fundraiser…

Clippings Samples

From the media mentions listed above, the following are three notable samples:
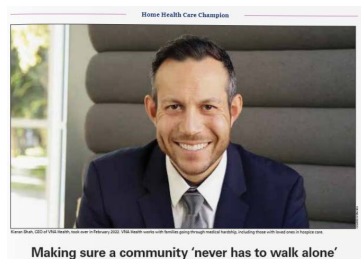
8/11/23

Pacific Coast Business Times,
Making sure a community
'never has to walk alone'
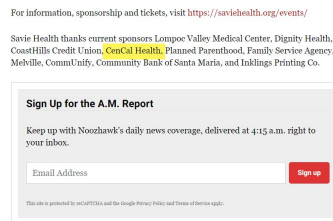
8/7/23

Noozhawk,
Savie Health to Honor
Healthcare Heroes at Thanks
for Giving Luncheon
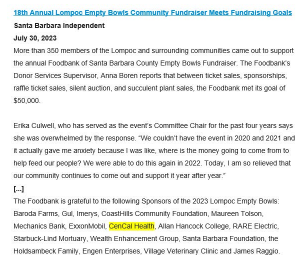
8/3/23

LHPC e-newsletter,
18th Annual Lompoc Empty
Bowls Community Fundraiser
Meets Fundraising Goals

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

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

Subject: Legislative Update –September 2023

State Legislative Update

The California Legislature returned to Sacramento on August 14 for the last month of the first year of the 2-year session. Health care remains a primary focus for the Governor and Legislative leaders as they complete their work prior to the September 14 adjournment.

Overhauling the State's Mental Health Services Act is the Governor's top health care priority. The plan provides for an infusion of funds into the program via taxing the wealthy to specifically include substance abuse treatment as an eligible component. Recent negotiations have led to the Newsom Administration modifying the proposal to make addiction services optional. Tensions between stakeholders, including counties, have led to extensive changes in the bills designed to prevent funding shifts which reduce allocations and thereby services for existing programs. Senate Bill 326 (Eggman) and Assembly Bill 531 (Irwin) contain the new version of these statutory modifications.

The other major political development occurred on Friday, September 1, 2023, when the Assembly and Senate Appropriations Committees met to take action on their respective Suspense Files. 766 bills had been placed on the combined lists. During this lean State Budget year, some, but not all of the higher cost health care measures were held in committee, meaning they are not active for 2023.

The Held Bill List (these will not proceed) include:

Senate Bill 70 (Wiener) which would have promoted the use of specialty and brand name prescription drugs when a lower cost equivalent was clinically appropriate.

Senate Bill 238 (Wiener) which would have expanded the scope of the Independent Medical Review (IMR) process under the Department of Managed Health Care.

Senate Bill 598 (Skinner) the "Gold Carding" bill would have imposed unnecessary restrictions on prior authorization practices.

Senate Bill 873 (Bradford) would have increased health insurance premiums by $200 million by requiring health plans to discontinue shared savings from drug rebates with all enrollees in exchange for providing point-of-sale rebates to select groups.

Assembly Bill 1092 (Wood) which would have imposed expensive new requirements to health plan mergers and acquisitions.

Legislative measures of interest that were reported off the Suspense Files (these are moving forward) included the following:

Senate Bill 525 (Durazo) which is the organized labor backed bill to raise the minimum wage for health care workers to $25 an hour.

Senate Bill 770 (Wiener) is the single-payer bill requiring the State to seek a waiver from the federal government as an initial step to establishing such a program.

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

Assembly Bill 719 (Boerner) would require DHCS to require Medi-Cal managed care plans to contract with public transit operators to establish reimbursement rates for nonmedical and nonemergency transportation trips to appointments when provided by these operators.

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

All of the bills that moved off of the Suspense File now move to the Floors of each House for final votes prior to being sent to Governor Newsom for his signature, veto or allowing the bill to become law without signature. The Governor has until October 14 to take action on bills that reach his desk after the Legislature adjourns on September 14.

Information Technology Report

Date: September 20th, 2023

From: Bill Cioffi, Chief Information Officer

Contributors: Jai Raisinghani, Deputy Chief Information Officer

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Executive Summary

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

IT Operations

Claims: During the month of August 2023, the Health Plan received 284,547 claims in total. HIPAA Compliant 837I/837P was the source of 92% of total claims and CenCal Health's Provider Portal was used for 5% of claim submissions. In total 97% of total claims were received via electronic method (HIPAA 837I/ 837P/ Proprietary files). Auto-adjudications rates for the month was at 95%.

Authorizations: During the month of August 2023, the Health Plan received 22,274 authorization requests in total. 83% of total authorizations were entered using CenCal Health's Provider Portal and 6% of total requests were part of data transmission from that Plan's Radiology Benefit Manager (RBM). 12% of total authorization requests were received via Fax.

IT Help Desk: The Service Desk received a total of 1,264 requests during the month of August via IT Service Desk system related to various systems and services supported by the IT department. During these the months, 1,249 total requests were closed at the time of reporting.

IT Network Monitoring: For month of July 2023, IT Network uptime and connectivity recorded average availability of 99% or higher.

Recommendation

This information is presented as informational, and no action is requested at this time.

Community Benefit Funding: CommUnify Adolescent Family Life Planning Program

Date: September 20, 2023

From: Citlaly Santos, Strategic Engagement Director
                Michael Harris, Government Affairs & Administrative Officer

Through: Marina Owen, Chief Executive Officer

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<u>Executive Summary</u>

The Adolescent Family Life Planning (AFLP) Program, managed by the local nonprofit organization Community Action Commission of Santa Barbara (CommUnify) serves expectant and young parents - primarily mothers ages 12 to 21- in Santa Barbara County. Using the Positive Youth Development model, the program aims to support young parents by facilitating access to social and emotional support services, building resiliency, helping them achieve a healthy pregnancy, and learning positive parenting skills. In addition, clients receive support to complete their high school education and set career goals. All services are provided are free to parents.

CenCal Health began funding CommUnify's AFLP program in 2022, with $200,000 provided that year. CommUnify is requesting, and staff is recommending, $124,380 in funding this year.

<u>Background</u>

CommUnify, the Community Action Commission of Santa Barbara County, is a longstanding community partner of CenCal Health. Their mission is to support Santa Barbara County's vulnerable populations through education and coordinated services so they may achieve economic stability, improve overall well-being, and thrive.

Over the years, CenCal Health has been a significant funder of different CommUnify programs that serve our membership and underserved communities. In 2022, CenCal Health began funding CommUnify's AFLP program - one of 16 social service programs that CommUnify provides in Santa Barbara County.

According to a 2021 report published by the [California Department of Public Health](#), Santa Barbara County has the16th highest adolescent birth rate (ABR) in the state. While rates have fallen in many counties over recent years, ABR in Santa Barbara County has risen from 16.8 (944 births) in 2018 to 17.2 (976 births) in 2021. Young parents – particularly those in at-risk environments or victims of trauma – benefit from support and assistance to support healthy lives for themselves and their children. Many clients referred to the AFLP program have been victims of abuse and trafficking. Moreover, the

impact of stressors associated with the COVID-19 pandemic, particularly on mental health, has contributed further to depression symptoms in young mothers. Nearly all young mothers in the program are low to extremely low income; 98% are Medi-Cal eligible, and more than 90% are single mothers.

Use of funds

The number of adolescent parents served by the AFLP program identified with symptoms of depression exceeded projections, indicating a significantly increased need for therapeutic/behavioral wellness services. With the $124,380 requested in funding, CommUnify will increase capacity for case management and "wraparound" behavioral wellness services through trauma-informed, evidence-based clinical therapies and post-natal support for new parents.

Funding will continue to support the salary/wages of a part-time therapist and allow CommUnify to expand a part-time case manager position into a full-time position. The staff resources will allow CommUnify to increase the number of mothers served from July 1, 2023, through June 30, 2024. During this period, the case management team expects to serve a full client roster of 55-60 clients, representing an increase of over 20 parents (currently waitlisted) compared to those served in the 2022-2023 reporting period.

All clients enrolled in AFLP will be given a depression assessment. Of those, one-third (roughly 20-25 clients) will be referred to the Behavioral Wellness therapeutic team.

Currently, most AFLP services are provided in Santa Maria and Lompoc. As a result of this funding, CommUnify will be able to enhance and expand services in Lompoc, Santa Barbara and Goleta. According to the Expectant Pregnant Parents (EPP) estimate for 2023, Lompoc comprises 65% of the EPP in Santa Barbara County.

Services

Following a whole-person care approach, the AFLP program provides parents with the following:
- A mental health assessment
- Case management and post-natal care
- Clients enrolled in the Behavioral Wellness will also receive:
  - Weekly therapy sessions, including family, individual, and group therapies.
  - Prenatal and postpartum medical/behavioral health support

Reporting

CommUnify works closely with CenCal Health to document the program's impact summary annually. The data below highlights outcomes from April 2022 through February 2023:

- 31 pregnant and parenting teens received services.
- All 31 mothers completed the parent education curriculum, demonstrating notable improvement in parenting skills and child and parent interactions within one year of enrollment.
- All 31 mothers received case management services, which included tracking referrals and support in the California Department of Public Health client information system. Case managers tracked the mothers' recommended postpartum visits and referrals for other needs, including mental health services.
- Over 70% of mothers served by the program completed the recommended schedule of postpartum visits during the recommended period.
- Of the 31 mothers served, 14 (45%) were referred to a licensed therapist for services. The need for therapeutic services among this population exceeded CommUnify's original projection by 15%.
  - Of the 14 referred, 10 received therapy services.

Recommendation

Staff recommends the Board of Directors approve $124,380 in community benefit funding to support to CommUnify, the Community Action Commission of Santa Barbara, to support the AFLP program.

The $124,380 is contained in your Board's approved budget for the calendar year 2023. Approving this request is within projected expenditures.

Population Health Management Report

Date: September 20, 2023

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

Contributor: Lauren Geeb, MBA, Director, Quality

Through: Marina Owen, Chief Executive Officer

Executive Summary

This report highlights recent developments in relation to CenCal Health's Population Health Management (PHM) Program and next steps to assure access to a more equitable, coordinated, and person-centered approach to population health**.** As part of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, the Department of Health Care Services (DHCS) required standardization and implementation of several significant PHM enhancements, inclusive of an organization-wide strategy.

CenCal Health is committed to assessing and understanding the cause of health disparities and working with stakeholders to overcome any inequities. In accordance with DHCS requirements and in preparation for the National Committee for Quality Assurance (NCQA) accreditation mock surveys performed by The Mihalik Group, CenCal Health's PHM Strategy and Program Description was presented and approved in August 2023 by the Quality Improvement and Health Equity Committee (QIHEC), your Board's appointed accountable entity within CenCal Health to oversee the effectiveness of the Quality Improvement and Health Equity Transformation Program.

CenCal Health's PHM program was created to guarantee that all members have access to inclusive, equitable health services across the continuum of care, including the community setting, based on individual needs and preferences through participation, engagement, and focused interventions for a defined population.

Background

CenCal Health must maintain a comprehensive strategy for PHM that is reviewed and updated annually to ensure program goals are being met and in compliance with NCQA and emerging DHCS requirements. This strategy demonstrates how CenCal Health is meaningfully responding to member and community needs.

CenCal Health's PHM framework, including its four domains, are foundational to CenCal Health's PHM program. It helps demonstrate how activities across the organization are integrated to create a comprehensive strategy that addresses the needs, preferences, and values of a population. This allows CenCal Health to be flexible in determining where to focus interventions and tailor programs and services offered based on the results. The sequential integration of the following operational domains comprises the Plan's PHM program:

1.   PHM Strategy and Population Needs Assessment,
2.   Gathering Member Information,
3.   Understanding Risk, and
4.   Providing Services and Supports

As part of the strategy, CenCal Health determines targeted populations and sets goals for:

1. Keeping members healthy
2. Managing people with emerging risks
3. Patient safety or outcomes across settings
4. Managing multiple chronic illnesses

CenCal Health's submission of its PHM Strategy to DHCS will include how the Plan will meaningfully participate in local health department community health assessments (CHAs) and community health improvement plans (CHIPs). Introductory meetings were held in late August 2023 with both the Santa Barbara Public Health Department and San Luis Obispo Public Health Department to discuss Plan participation and co-development of at least one shared goal/objective.

Next Steps

CenCal Health's Quality Division is committed to its regulatory and accreditation readiness. DHCS recently revised the deadline of the required PHM Strategy deliverable from October 2023 to December 2023. This allows managed care plans more time to ensure meaningful community engagement to accomplish required goals to participate in local health departments' CHAs. Progress for compliance with this deliverable remains on schedule.

Recommendation

This Population Health Management Report is presented for your Board's acceptance.

CalAIM Program Implementation Update

Date: September 20, 2023

From: Jennifer Fraser, PMP, EPMO Program Manager
                 Lead, CalAIM Program

Through: Jordan Turetsky, Chief Operating Officer
                 Chair, Executive CalAIM Steering Committee

Executive Summary

This report provides information regarding CenCal Health's efforts to achieve the goals of California Advancing and Innovating Medi-Cal (CalAIM) as defined by the Department of Healthcare Services (DHCS). To achieve these goals over the next several years, CalAIM initiatives are managed collectively with oversight through an internal Steering Committee comprised of Executive and Senior Leaders to support aligning CalAIM goals with CenCal Health's strategic objectives. The purpose of this memo is to provide information and highlights on CalAIM implementation activities to include DHCS policy updates and plan decisions.

CalAIM Program Update

The internal CalAIM Steering Committee meets regularly to set the strategy for and guide the work required to implement CalAIM to include oversight and monitoring to support the work in progress. This includes regular inputs on current and evolving regulatory guidance as well as updates on local and community advocacy through the efforts of the Community Steering Committees (CSCs) in both counties. Based on feedback received from the CSCs in July, the internal CalAIM Steering Committee has approved a network development strategy created to support the Individuals Transitioning from Incarceration Population of Focus (POF) effective January 1, 2024, under the Enhanced Care Management (ECM) Program. Staff is actively engaging with community partners on the Justice Involved Re-Entry initiative to understand the provision of Pre-Release Services effective April 1, 2024, in incarcerated settings defined as covering State prisons, County jails, and youth correctional facilities.

CalAIM Initiatives Update

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

- **Enhanced Care Management (ECM)** – For the Children & Youth Populations of Focus (POFs) that went live July 1, 2023, approximately 7,800 members have been identified as presumptively eligible across all POFs live in the program.

Approximately 1,900 members have been identified for the POF related to Child Welfare, and approximately 1,600 members have been identified for the POF related to California Children's Services (CCS) Whole Child Model (WCM). Staff continue to identify new providers for all active POFs as well as continue to support the thirteen (13) providers contracted to provide ECM services. Approximately 2,400 members have been assigned to these providers for outreach, and 825 members are enrolled and receiving ECM services. Staff has developed the Model of Care (MOC) Addendum III detailing the network and implementation strategy for the Individuals Transitioning from Incarceration POF effective January 1, 2024. Additionally, staff will be attesting to DHCS that we have taken proactive measures to implement updated and reinforced policies related to ECM.

- **Community Supports** – Staff continue to support the Community Supports services that are currently live by expanding the provider network as well as increasing utilization by educating the provider network and the community on the availability and eligibility requirements to increase the uptake for these supportive services which is a specific focus for DHCS. The Phase 4 Model of Care (MOC) for the services being offered on January 1, 2024, submitted to DHCS on July 1st, has been reviewed by DHCS who has issued a request for additional information. Staff have implemented and trained providers on the newly required data sharing capabilities as well as assessed program impacts based on DHCS releasing an updated Community Supports Policy Guide which will also require formal attestation.

- **NCQA Accreditation & Population Health Management (PHM)** - Workgroups for six (6) Plan Standards and one (1) Health Equity Standard continue to assess and analyze the work needed to meet the requirement that all managed care plans need to be NCQA accredited by 2026. Staff are currently conducting file reviews in preparation for the mock audit process later this year to assess the plan's readiness for the actual survey with NCQA in 2024. The first quarterly reporting to DHCS of PHM Program Key Performance Indicators (KPIs) was submitted August 15th.

- **Incentives** – DHCS has established a variety of funding streams to support plans and providers in achieving the goals of CalAIM, i.e., Incentive Payment Program (IPP), Providing Access and Transforming Health (PATH) Incentives, Student Behavioral Health Incentive Program (SBHIP), and Homeless Housing Incentive Program (HHIP). CenCal Health staff is currently participating in and/or implementing these different incentive programs to include timely submissions to DHCS as applicable. Recently, CenCal Health received the funding for HHIP Submission 1 in the amount of approximately $6M and have reviewed provider applications for awarding the funding. Please see the IPP section in the *Operations Report* for more information on awarding the second installment of IPP funds totaling $6.4M earned and received in July 2023. The next submission to earn the first payment for IPP Program Year 2 has been submitted to DHCS.

- **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. Planning with Health Management Associates (HMA) to identify and staff the tactics needed

to build the health plan's operational readiness for long term program sustainability is underway. Please see the *Medicare Dual Special Needs Program Report* for more information.

- **Community Health Worker (CHW) / Doula Benefits** – Staff have completed implementing internal system updates to provide these preventive services to our membership and support CenCal Health's Population Health Management strategy. To date, staff has executed two (2) contracts with CHW organizations and three (3) contracts with individual Doulas. Next steps are development of an integration policy for ensuring utilization of services for both benefits.

Recommendation

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

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

CalAIM Reference

Table 1 – CalAIM Goals

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

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

Table 2 – CenCal Health Objectives

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

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

Table 3 – ECM Populations of Focus (POFs)

DHCS is implementing the ECM benefit over four (4) phases with each phase targeted for specific Populations of Focus as noted in the table below.

Phase	Populations of Focus (POFs)	Effective Dates
1	• Adults and their Families Experiencing Homelessness • Adults At Risk for Avoidable Hospital or ED Utilization • Adults with Serious Mental Health and/or SUD Needs	7/1/2022 *Live*
2	• Adults Living in the Community and At Risk for Long Term Care (LTC) Institutionalization • Adult Nursing Facility Residents Transitioning to the Community	1/1/2023 *Live*

3	• Children & Youth Populations of Focus:
	    • Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness
	    • Children and Youth At Risk for Avoidable Hospital or ED Utilization
	    • Children and Youth with Serious Mental Health and/or SUD Needs
	    • Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition
	    • Children and Youth Involved in Child Welfare
		7/1/2023 *Live*

4	• Birth Equity Population of Focus • Individuals Transitioning from Incarceration	1/1/2024

Table 4 – Implementation of Community Supports (CS) Services

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

Community Supports	Effective Date
• Medically Tailored Meals (MTM)	7/1/2022 *Live*
• Recuperative Care (RC)	10/1/2022 *Live*
• Housing Transition Navigation Services • Housing Deposits • Housing Tenancy & Sustaining Services • Sobering Centers	1/1/2023 *Live*
• *No Community Supports Offerings*	7/1/2023
• Short Term Post-Hospitalization Housing • Personal Care and Homemaker Services • Day Habilitation Services • Respite Services	1/1/2024

Table 5 – ECM and Community Supports Model of Care (MOC) Submission Status

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

Phase	ECM	Community Supports	MOC Parts	Deadline	Status
1 **7/1/22**	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 1/1/23	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	**Approved**
3 7/1/23	POF 7, 8, 9, 10	Subsequent Offerings • None	Parts 1 & 2	2/15/23	**Approved**
			Part 3	4/15/23	**Approved**
4 1/1/24		CS Subsequent Offerings • Short Term Post-Hospitalization Housing • Personal Care and Homemaker Services • Day Habilitation Services • Respite Services	Parts 1, 2, 3	7/1/23	*Pending Approval*
		• ECM POF 4	Addendum III	9/1/23	*Pending Approval*

Table 6 – Incentive Programs

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

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

*Local Homelessness Plan (LHP)

Medicare Dual Special Needs Program Report

Date: September 20, 2023

From: Jordan Turetsky MPH, Chief Operating Officer

Through: Marina Owen, Chief Executive Officer

Executive Summary

This Medicare Dual Special Needs Program (D-SNP) Report serves to transition the pre-planning and foundational reports provided to the Board of Directors (Board), to an ongoing operational report detailing readiness activities in preparation for the launch of a Medicare D-SNP. Through a multi-year engagement with Health Management Associates (HMA), CenCal Health has launched D-SNP implementation work, the recent activities and next steps of which are detailed herein.

Background

Under CalAIM and effective no later than 2026, the Department of Health Care Services requires health plans to offer a Medicare D-SNP. The addition of a D-SNP will provide a Medicare Advantage option for eligible CenCal Health members who dually qualify for Medicare and Medi-Cal, affording an unmatched opportunity for seamless, integrated, and well-coordinated care.

The operational, financial, and regulatory preparation needed to launch a D-SNP is extensive. In January 2023, the Board approved an engagement with an experienced D-SNP implementation vendor, HMA, selected by staff through a competitive RFP process. Subsequent to Board approval, CenCal Health kicked off our engagement with HMA through an April educational presentation to the Senior Leadership Team, after which staff worked with HMA to create a D-SNP Program Structure with overarching governance organized through a D-SNP Steering Committee. Subordinate to the D-SNP Steering Committee are tactics designed to advance operational readiness in nine core project domains, all of which will be launched over the next 3-6 months.

The remainder of this report will detail the recent activities of the D-SNP Steering Committee and the critical activities required in 2023.

Launch of the D-SNP Steering Committee and Priority Activities

In August 2023, staff and HMA developed a D-SNP Implementation Timeline (Table 1) governing the required development activities by quarter, prior to January 2026.

The D-SNP Implementation Timeline, including the most immediate decision points, was shared with the D-SNP Steering Committee at its first meeting on August 24th. Critical dates in advance of January 2026 include submission of the CenCal Health D-SNP application to CMS in February of 2025, and subsequent submission of the CenCal Health D-SNP Bid on June 2, 2025.

Table 1: D-SNP Implementation Timeline

D-SNP Implementation Timeline				
Activities	**2023**	**2024**	**2025**	**2026**
Project Governance: D-SNP Steering, Board of Directors				
Project launch: develop tactical structure, produce project plan, evaluate gap assessment				
Foundational Planning: Build v buy, Operating Model, Network Approach				
Kick off tactics				
Begin: Knox-Keene licensure application, Focus Group Study and Engagement Program **Review:** 2025 CMS MA D-SNP application				
Finalize: Marketing and Sales program, Model of Care **Begin:** CMS Application, State Medicaid Agency Contract process **Checkpoint:** Ensure Part D vendor and provider network are contracted				
Finalize: CMS Application, Product Development, CMS Benefit and Bid Process **Begin:** Work with Actuaries on Bid Development Process Mid-February: submit CMS application June 2: submit CMS Bid				
Finalize: Regulatory Approvals and Submissions **Begin:** Marketing and Sales – Member enrollment , System Readiness				
Prepare for go-live				
Go-live and post-implementation performance monitoring				

In order to ensure preparedness for these two key filings in 2025, the D-SNP Steering Committee discussed those foundational activities and decisions needed over the next three months. The foundational planning activities required during the balance of 2023 include:

1. <u>Buy versus Build</u>: The discussion and recommendation to either purchase a new solution (e.g. software or technology), or to develop (build) such solution in house. This includes CenCal Health's approach to securing a Pharmacy Benefits Manager.

2. <u>Operating Model</u>: CenCal Health's functional organization of the D-SNP work, either aligned with or separate from existing Medi-Cal work.
3. <u>Network Strategy</u>: The way in which CenCal Health will approach provider engagement and contracting in support of collaborative development of a robust D-SNP provider network.

During the month of September, CenCal Health subject matter experts and the Executive Leadership Team will discuss with HMA these key decision points, towards the goal of bringing relevant items to the Board in October 2023 and beyond.

Next Steps

To ensure progress against the D-SNP Implementation Timeline, staff meet with HMA weekly to align on activities, decisions, and key considerations. The D-SNP Steering Committee meets monthly, with the next meeting occurring on September 18th. The Board can expect regular updates and decision points over the next two years, in addition to informational content designed to enhance the Board's understanding of Medicare D-SNP as a future line of business for CenCal Health.

Recommendation

This report is informational only and no action is required by the Board at this time.

Appointments to Provider Advisory Board (PAB)

Date: September 20, 2023

From: Robert Janeway, Provider Services Director

Through: Jordan Turetsky MPH, Chief Operating Officer

Contributors: Sheila Thompson, Quality and Credentialing Manager

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Executive Summary

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

- **Jo Ann Mack:** *Chief Operating Officer, VNA Health*

  Replacing:
  Dusty Keagan: *Interim Chief Operating Officer, VNA Health*

  and

- **Amber Bermond:** *Fiscal Manager, County of Santa Barbara Public Health Department*

  Replacing:
  Suzanne Jacobson: *Deputy Director, Administration and Finance, County of Santa Barbara Public Health Department*

Background

Ms. Mack previously served on PAB from July 2017 through November 2020 as the COO for Visiting Nurse and Hospice Care. She is now returning to that role following positions with Mission Healthcare and Traditions Healthcare, where she served as COO and President West Division, respectively. Prior to those positions, Ms. Mack worked for Vitas Healthcare as the Senior Vice President of Operations since 2002. Ms. Mack's experience in strategic planning, administrative and financial operations will be a valuable addition to the PAB.

Ms. Bermond has been with the County of Santa Barbara Public Health Department since November 2003, holding several progressive positions in the Finance Department, and currently serving as Fiscal Manager. Her experience with financial operations and her longevity with the organization will make her an asset to PAB. She is stepping into the role of PAB representative following the retirement of long-time member, Suzanne Jacobson, CFO, Santa Barbara County Public Health Department.

Recommendation

Staff recommends the Board of Directors approve these appointments in anticipation of the next meeting of the PAB in October 2023.

Provider Advisory Board (PAB) Report

Date: September 20, 2023

From: Robert Janeway, Director of Provider Services

Through: Jordan Turetsky, MPH, Chief Operating Officer

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Executive Summary

This report serves to provide CenCal Health's Board of Directors with the approved minutes from the Provider Advisory Board (PAB) meetings held on January 9th, 2023 and April 10th, 2023. Also included is a request for two new appointments to the PAB for the Board's approval.

For the Board's awareness, the role of Chair of the PAB transitioned from the Director of Provider Services to CenCal Health's Director of Provider Relations, Cathy Slaughter, as of the July 10th PAB meeting; a change which will be reflected in forthcoming minutes to be approved at the October 2023 PAB meeting.

Submitted

1. PAB Minutes from the January 9th, 2023 regular meeting of the PAB (approved by the PAB at the April 10th, 2023 Meeting)
2. PAB Minutes from the April 10th, 2023 regular meeting of the PAB (approved by the PAB at the July 10th, 2023 Meeting)
3. Appointments to Provider Advisory Board Executive Summary

Recommendation

CenCal Health requests that your Board of Directors accept the Minutes from the January 9th, 2023 and April 10th, 2023 PAB meetings, and approve the appointment of two new members to CenCal Health's PAB.

Respectfully submitted,

Robert Janeway
Director of Provider Services, Immediate Past Chair, Provider Advisory Board

MINUTES
CenCal Health
Provider Advisory Board (PAB)
January 9th, 2023

The quarterly meeting of the Provider Advisory Board was called to order by Robert Janeway, Chairperson, on January 9th, 2023, at 11:35 AM through a Teams Virtual Meeting.

MEMBERS PRESENT: Barbara Brown-Ramirez, C.P.N.P., M.S.N; Dana Goba; Dusty Keegan; Marie Moya; Kathleen Sullivan, Ph.D., Rahul Vinchhi; Michael Bordofsky, MD; Suzanne Jacobson; Yolanda Robles.

MEMBERS EXCUSED: Kieran Shah; Steve Clarke, MD.

STAFF PRESENT: Adam Butler, MPP; Bill Cioffi, MPPA, CHCIO; Carmen Obregon; Cathy Slaughter; Chelsee Elliott; Christy Nichols; Jordan Turetsky, MPH; Karina Orozco; RN; Lauren Geeb, MBA; Nancy Vasquez, MPA; Robert Janeway; Sheila Thompson, RN, CPHQ; Van Do-Reynoso, Ph.D.

GUEST PRESENT: Mahdi Ashrafian, MD.

Mr. Janeway welcomed attendees to the virtual meeting.

1. AB 361 Findings in Support of Virtual Meetings   Action
   - **Mr. Janeway** requested support from PAB members to conduct January 9, 2023, meeting virtually in support of the flexibilities allowed under AB 361.

   ACTION The motion was approved by all PAB members with no objection or abstention.

2. Introductions and requesting comments on any non-agenda item of interest to the public.   Action
   - **Mr. Janeway** requested if there were comments on any non-agenda item of interest to the public that is within the subject matter jurisdiction of the Provider Advisory Board. None were noted.

3. Acceptance of Minutes: October 10th, 2022, Meeting.   Action
   - **Mr. Janeway** reviewed the minutes of the last PAB meeting and asked for a motion for approval.

   ACTION The motion was approved by all PAB members with no objection or abstention. Ms. Goba moved to approve, and Ms. Jacobson seconded. Minutes were approved.

4. Enhanced Care Management and Community Supports

Ms. Slaughter provided an overview of Enhanced Care Management benefit and Community Supports, including those Community Supports now offered by CenCal Health.

- Enhanced Care Management, the new statewide Medi-Cal benefit is available to selected Populations of Focus whose eligibility will be phased in through 2024. Enhanced Care Management addresses the clinical and non-clinical needs of the highest-need enrollees through intensive coordination of health and health-related services.
- The Department of Health Care Services defined a four-phased implementation plan for the Populations of Focus, beginning on 7/1/22 (Phase 1) for CenCal Health. Phase 2 started on 1/1/23, and phases 3 and 4 are planned to start on 7/1/23 and 1/1/24 respectively.
- Community Supports are optional services that Medi-Cal managed care plans can provide to help members meet their social needs, including medically supportive foods and housing support.
- The Department of Health Care Services has provided a list of fourteen (14) pre-approved Community Supports. CenCal Health started with two (2) Community Supports services on 07/01/22, and added four (4) on 01/01/23. CenCal Health now offers Medically Tailored Meals, Recuperative Care, Sobering Center services, Housing Deposits, Housing Navigation, and Housing Tenancy services.
- **Ms. Slaughter** shared available resources and requested PAB feedback on ways in which CenCal Health can best engage with providers on these new services.

Questions, Comments, and feedback from members:
- **Ms. Moya** inquired as to whether the provider portal includes member-specific information on Populations of Focus. Ms. Slaughter clarified that while this information is not currently available on the provider portal, there are alternate data sources from which this information could be obtained
  - ACTION ITEM – CenCal to investigate whether additional information such as Population of Focus can be provided on the provider portal.

- **Mr. Vinchhi** inquired as to potential engagement with the Street Medicine program from the Residency Clinic in Santa Maria. Ms. Slaughter will complete a follow-up offline to make this connection and explore potential next steps

5. New Benefits: Community Health Workers and Doulas

Mr. Janeway provided information on the Community Health Workers and Doulas benefits emphasizing the objective of CenCal Health to orient providers to these new benefits.

- The Community Health Workers benefit was effective on 07/01/22 and includes Health education, health navigation, screening and assessment, individual support, and advocacy.
- **Mr. Janeway** provided high-level information on requirements to provide Community Health Worker services, including creation and maintenance of a care plan for Member, as well as training and certification for Community Health Workers.
- CenCal Health will support Community Health Worker services by building and expanding capacity and incorporating Community Health Worker services into Population Health and health equity work.
- **Mr. Janeway** provided a brief overview of the Doula benefit that went live in January. Doula services include personal support to women and families throughout a woman's pregnancy, childbirth, and postpartum experience. This includes emotional and physical support, provided during pregnancy, labor, birth, and the postpartum period.
- Concluding his presentation, **Mr. Janeway** invited PAB members to connect with CenCal Health to know more about these two (2) benefits and to inform CenCal Health if any additional information would be valuable.

6. Population Health Project Update

   Ms. Orozco presented the main areas of responsibility of the Population Health team which include: Population Health Programs, Quality improvement activities, and monitoring the Quality Care Improvement Program (QCIP).

- On the Population Health Program, Ms. Orozco mentioned that the programs included in this category have been identified through quality measure programs, such as the Quality Care Improvement Program, Minimum Performance Level, and the Healthcare Effectiveness Data and Information Set data.
- The Quality Improvement activities are projects required by the Department of Health Care Services. Every 18 months the Department of Health Care Services requires Medi-Cal Managed Care Plans to perform two Performance Improvement Projects (PIPs) to address state-wide priority areas of care. The team is currently working on two (2) Performance Improvement Projects: (1) Timely Postpartum Care, and (2) Well Child Visits in the First 15 Months of Life.
- CenCal Health, per the Department of Health Care Services requirement, has begun the planning stage for two (2) Plan-Do-Study-Act cycles to address quality measures. These Plan-Do-Study-Act are (1) Chlamydia Screening in Women and (2) Well Child Visits in the First 15 Months of Life
- The team continues to monitor the Quality Care Incentive Program which is almost one year old. The third payment will be issued late this month (January) reflecting up to December 2022 performance.

7. CenCal Health Information Exchange Efforts

Dr. Do-Reynoso and **Mr. Cioffi** provided an overview of California's Health and Human Services Data Exchange framework project.

- California's Health and Human Services Data Exchange framework project is an ambitious statewide project whose purpose is to exchange health information among healthcare entities, government agencies, and social service programs beginning in 2024.
- This will provide easy and secure access to information between entities, thus allowing patients' and beneficiaries' information to be accessible in a faster way.
- **Mr. Cioffi** shared that CenCal Health will seek to launch this data exchange effort through a stepwise project which will engage providers and will support bi-directional data sharing. The first step will be to underwhat what electronic health records providers are currently using. Providers can expect a survey as the first opportunity to engage in this work.

As there were no further items from the PAB, Mr. Janeway adjourned the meeting at 12:48 pm.

Respectfully submitted,

Carmen Obregon
Administrative Assistant

MINUTES
CenCal Health
Provider Advisory Board (PAB)
April 10th, 2023

The quarterly meeting of the Provider Advisory Board was called to order by Robert Janeway, Chairperson, on April 10th, 2023, at 11:35 am, at two CenCal Health locations via Video Conference.

<u>CenCal Health (Santa Barbara)</u>   <u>CenCal Health (San Luis Obispo)</u>
4050 Calle Real   1035 Peach Street, Suite 201,
Santa Barbara, CA 93110   San Luis Obispo, CA 93401

MEMBERS PRESENT: Barbara Brown-Ramirez, C.P.N.P., M.S.N; Kieran Shah, CHPCA; Rahul Vinchhi; Steve Clarke, MD; Suzanne Jacobson; Yolanda Robles.

MEMBERS EXCUSED: Dana Goba; Dusty Keegan; Kathleen Sullivan, Ph.D., Marie Moya; Michael Bordofsky, MD;

STAFF PRESENT: Adam Butler, MPP; Carlos Hernandez, Carmen Obregon; Cathy Slaughter; Chelsee Elliott; Chris Hill; Emily Fonda, MD; Eric Buben: Jordan Turetsky, MPH; Karina Orozco; Michael Collins, MD; Nancy Vasquez, MPA; Robert Janeway; Sheila Thompson, RN, CPHQ; Van Do-Reynoso, Ph.D.

Mr. Janeway welcomed attendees in both locations. (Locations connected via video conference).

1. Introductions and requesting comments on any non-agenda item of interest to the public.   Action
   - **Mr. Janeway** requested if there were comments on any non-agenda item of interest to the public that is within the subject matter jurisdiction of the Provider Advisory Board. None were noted.

2. Acceptance of Minutes: January 9th, 2023 meeting.   Action
   - **Mr. Janeway** reviewed the minutes of the last PAB meeting and asked for a motion for approval.

   ACTION **Ms. Jacobson moved to approve, and Mr. Shah seconded. Minutes were approved with no objection or abstention.**

3. Announcements from Provider Services Director.
   - No Announcements were provided at this time.

4. Medi-Cal Redetermination

   Mr. Buben provided information on the Medi-Cal Redetermination process.

   - Medicaid-continuous coverage ended on March 31, 2023, and states are required to restart eligibility renewals beginning April 1, 2023.

- A statewide public campaign to avoid the loss of health coverage was launched by the California Department of Health Care Services (DHCS) to inform, educate, and outreach members. This campaign will run from February 2023 through June 2024.
- There is a new Medi-Cal Renewal Website where beneficiaries will be able to check and update their information to receive their renewal packets timely. :
- CenCal Health's Outreach Plan includes posting on social media, text campaigns, robocall campaigns, press releases, MSR call scripting, and promoting the web pages created for this campaign.
- **Mr. Buben** invited those in our communities working as "Coverage Ambassadors" to contact us to work together to assist our membership.

Questions, Comments, and feedback from members.
- Dr. Steve Clarke asked the percentage of CenCal Health members who have Mixteco as their primary language, which Mr. Buben stated was less than 1%.
- Ms. Ramirez asked if posters would be provided to primary care offices. Mr. Buben shared yes, and that a toolkit was available for printing today.
- Mr. Vincchi asked what the impact on member assignment could be, and CenCal Health shared that 30,000-60,000 CenCal Health members could lose coverage.

5. Community Health Worker Network Integration.

   Mr. Janeway provided an update on Community Health Worker services.

   - Community Health Workers include health education, health navigation, screening and assessment, and individual support or advocacy.
   - To begin services with a Community Health Worker, a written recommendation is required from a licensed practitioner.
   - Mr. Janeway requested feedback from committee members as to how they were currently utilizing Community Health Workers in their organizations and how to increase engagement.

   Questions, Comments, and feedback from members.
   - Mr. Vincchi shared that Dignity Health had full-time social workers and identified the need for shared lived experiences to connect to members.
   - Ms. Ramirez suggested that CenCal Health reach out to GALA and Pacific Pride to support LGBTQ.
   - Dr. Clarke shared that CHC does engage with the Mixteco Indigena Community Organizing Project (MICOP) for the Mixteco population. A concern is that FQHCs are not eligible to be reimbursed for Community Health Workers (CHW) services.

6. Provider Education Series.

   Ms. Slaughter shared a new provider training and education effort which CenCal Health is launching.

Highlights include:
- CenCal Health currently offers provider training and education through Webinars, an Online training library, Provider Bulletins, and In-office provider visits.
- Regularly Scheduled Webinars include Member Eligibility, Claims and Billing, Authorization Overview, Cultural Competency & Seniors and Persons with Disabilities. Additionally, personalized training is always available on a one-on-one basis.
- CenCal Health will resume offering in-person training to our provider network during the second quarter of 2023.
- In-person training topics to be scheduled include:
  - CalAIM Enhanced Care Management and Community Support Programs
  - Quality Care Incentive Program Best Practice
  - Behavioral Health and Mental Health Services

Questions, Comments, and feedback from members.
- Dr. Clarke shared that topics surrounding Data Exchange would be important to discuss. Ms. Slaughter shared that CenCal Health was currently planning a virtual Health Information Exchange (HIE) Engagement session in May, and additional sessions would be planned as well.
- Mr. Vincchi stated that in-person training would be beneficial, especially to new providers in our communities.
- Mr. Shah shared that a regional Community Health Workers convening would be beneficial. He also requested that we consider virtual participation as well because drive time could be a barrier, particularly for providers in the Lompoc area.
- The importance of advance scheduling was also shared to increase the opportunity for attendance.

As there were no further items from the floor, Mr. Janeway adjourned the meeting at 12:45 pm.

Respectfully submitted,

Carmen Obregon
Administrative Assistant

Whole Child Model (WCM) Program
Pediatric Clinical Advisory Committee (PCAC)

Date: September 20, 2023

From: Rea Goumas, MD, Medical Director, Whole Child Model

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

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Executive Summary

The purpose of this memo is to summarize the highlights of the PCAC meeting that occurred on June 28, 2023. This memo contains topics discussed at the last PCAC meeting including updates on Medi-Cal Rx relevant to the CCS populations and updates on RSV, a report on the latest CCS WCM Advisory Group Meeting, updates from the county CCS Medical Consultants, and an update from CenCal Health's Provider Services Department. This memo is informational and presented for the Board of Directors' acceptance.

Background

PCAC was formed as part of WCM implementation in July 2018. (SB 586, Section 14094.17(a)). It provides a forum for CenCal Health, SB and SLO County CCS Medical Directors and community CCS paneled physicians to discuss issues of interest and importance. The purpose of PCAC is to advise the health Plan on clinical issues relating to CCS conditions. PCAC reports to the Quality Improvement Committee and ultimately to the Board of Directors. The committee meets on a quarterly basis.

Meeting Highlights

Medi-Cal Rx Update

Jeff Januska, PharmD, Director of Pharmacy Services shared that Phase 3 of the Prior Authorization (PA) reinstatement is in process. Members under 21 years of age are not yet affected. He also briefly discussed the Medi-Cal Rx Physician Administered Drug Policy and provided Medi-Cal Rx Reinstatement Plan resources. He then provided an update on the 2023/2024 Respiratory Syncytial Virus (RSV) season, new RSV vaccines for adults recently approved by the FDA as well as Nirsevimab, a new monoclonal antibody that may soon be recommended for all infants.

CCS WCM Advisory Group (AG) Meeting

Dr. Miriam Parsa, Chief Pediatric Medical Officer at Cottage and WCM AG member provided a summary of topics presented at the April 12, 2023 AG meeting. Topics included the following:

Update on the CCS County Monitoring and Oversight Workgroup

Update on Child Health Disability Prevention (CHDP) Program Transition Workgroup as the program will sunset on July 1, 2024

Update on WCM Implementation noting a trailer bill has been proposed by DHCS to implement WCM in the various counties starting in 2024. This includes Kaiser implementation in 8 proposed new WCM counties.

Plans to create a FAQ document for members, providers, and counties to serve as a guidance tool and resource document for children and youth transitioning to adult care.

An update on ECM activities including information about Population Health Management (PHM), ECM Core Services, who ECM is for, populations of focus for ECM, how families will access ECM for their children and some of the roles and responsibilities for the Health Plan for ECM which goes live for CCS Children and Youth on July 1, 2023

Review of the methodology, results and conclusions of the Whole Child Model Evaluation conducted by UCSF in 2022. A follow-up meeting with Advisory Group members to further review the evaluation results would be scheduled.

Due to time constraints several CCS Program Updates were not presented. Additional information would be provided in the future.

CCS Medical Consultants Update

Dr. Kathleen Long (SLO) and Dr. Rhonda Gordon (SB) provided summaries of topics discussed at both regional and statewide meetings of the County CCS Medical consultants. These included several new Numbered Letters (NL) pending release from DHCS, upcoming site reviews including PICUs with low volume or which are overdue for review, the SoCal counties who are applying to become ECM providers, difficulty recruiting physicians to cover the Medical Therapy Clinics (MTCs) due to low reimbursement from the State, and upcoming retirements of County CCS Med Consultants resulting in loss of historical knowledge.

Provider Services Update

Robert Janeway, Director of Provider Services, discussed the new ECM Populations of Focus (POF) going live 7/1/23. These include members under 21 years of age participating in WCM with additional needs. Provider Services is outreaching to potential ECM providers and anticipate CHLA and Valley Children's Hospital becoming ECM providers on 7/1/23 and 8/1/23 respectively.

Next Steps

The next PCAC meeting is on September 27, 2023. Anticipated topics for discussion include Medi-Cal Rx update and possible discussion of new gene therapies, a summary of the last CCS WCM Advisory Group meeting which occurred on July 12, 2023, the CCS paneling status of the Cottage Hospital PICU, updates from the County CCS Medical Directors and update from Provider Services regarding contracting with new providers and further discussion on ECM for the CCS population.

Recommendation

The PCAC report is informational and is presented for Board of Directors acceptance. No additional action is requested at this time.

Attachments

1. March 8, 2023 approved minutes

Pediatric Clinical Advisory Committee (PCAC)
Meeting Minutes

Date: March 8, 2023

Time: 6:00 – 8:00 p.m.

Location: *Teams Virtual Meeting*

Chairperson: Rea Goumas, MD, Whole Child Model Director

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

Absent: Gowthamy Balakumaran, MD

Staff Attendees: Adam Horn, PharmD

Secretary: Mimi Hall, Executive Assistant

Topic	Discussion	Action
1. Welcome and Introductions *Rea Goumas, MD*	Dr. Goumas began the meeting at 6:09 p.m. A quorum was confirmed, and the Committee continued with business at hand. Next, Dr. Goumas announced that Dr. Paul Parker has resigned from PCAC. Next, Dr. Goumas introduced Dr. Carl Owada, Pediatric Cardiologist and Director of the Wilson Heart Center at the Valley Childrens hospital in Madera, CA. and CenCal Health's Health Services Officer, Chris Hill. Lastly, Ms. Stenersen shared an update regarding her new role. Ms. Stenersen is now CenCal Health's Associate Director of Utilization Management.	**No**

2. **Approval of Minutes of November 30, 2022, meeting** *Dr. Goumas*	Dr. Goumas stated the November 30, 2022, minutes are pending approval to which Ms. Hall stated that we likely will bring those minutes back to this committee for approval at a future meeting as the Committee should be assembled to approve the minutes.	**Yes**

3. Medi-Cal Rx Update
 	
Adam Horn, PharmD, Clinical Pharmacist
	Mr. Horn provided an update on Medi-Cal Rx.
	
	Noteworthy highlights include:
	➢ In July of 2022, Medi-Cal Rx began a reinstatement plan which is currently in phase two. There were two waves in phase two which involved the reinstatement of PA requirements for new starts.
	➢ There were 39 drug classes that were added in January of 2023 and 47 drug classes in February of 2023, this includes medical supplies for members 22 years of age and older.
	➢ Phase three is a series of transition lifts requiring prior authorization for members receiving medication through the Transition Policy for members 22 years of age and older. The PA window opened on February 24, 2023.
	➢ There are Medi-Cal RX Reinstatement plan resources available.
	    o Medi-Cal Rx Reinstatement Page: https://medi-calrx.dhcs.ca.gov/home/education/
	    o Medi-Cal RX covered drug list (CDL) = Medi-Cal Rx Formulary: https://medi-calrx.dhcs.ca.gov/home/cdl/	

4. **Updates:** DHCS update on University of California at San Francisco's Whole Child Model Evaluation *Ana Stenersen, Associate Director, Utilization Management*	Ms. Stenersen spoke to the Committee about the Whole Child Model (WCM) evaluation update. **Noteworthy highlights include:** ➢ The evaluation is focused on measuring the effectiveness of the Whole Child Model in the COS plans versus the CCS counties. ➢ Overall, the quality of CCS-level care in the WCM appeared to be maintained in health plans with that of Classis CCS counties. The majority of the survey respondents indicated that since the transition to WCM, the quality of service remained the same. ➢ DME vendor key informants were satisfied with a quicker and more efficient authorization process. ➢ The majority of parent respondents in all WCM study groups indicated they were satisfied or very satisfied with the various specialty and CCS-related services they have been receiving. Only 3% had any grievance reported indicating a high level of satisfaction with CCS services in the WCM.	**No**

	Next, Ms. Stenersen provided an update pertaining to Enhanced Care Management for children and youth.	
	Noteworthy highlights include: ➢ The launch date for the population for children and youth is July 1, 2023. ➢ CCS members can still receive ECM for their additional needs. ➢ WCM plans share current thinking for how they will deliver ECM for WCM enrollees and considerations for plan-based ECM teams. ➢ ECM providers must be community-based. Managed Care Plans (MCP) that offer CCS WCM are expected to adhere to all ECM requirements including contracting with community-based providers even if CCS is delivered in-house at the MCP. Where it is appropriate, CCS WCM elements can be delegated to ECM providers to ensure children and youth receive comprehensive, non-duplicated care across WCM and CCS WCM. Ms. Stenersen provided an update pertaining to the Risk Stratification and Segmentation (RSS) project. Ms. Stenersen stated when the RSS project started as part of Population Health, CenCal Health identified the high-risk population and in doing so, many CCS members were identified. There were also other members that were identified that are not on the CCS list and therefore, was an opportunity to expand Care Management services.	

5. CCS Medical Consultant Update
 	
Dr. Rhonda Gordon
Dr. Kathleen Long
	Dr. Gordon and Dr. Long provided an update to the Committee.
	
	Highlights include:
	• Dr. Doyle from Los Angeles County is working with the state to update the medical eligibility criteria for the medical therapy program.
	• There has been recent concern surrounding lack of funding for ECM.
	• There was a recent County Health Executive Association of California meeting regarding the expansion of the Whole Child Model program into more counties in 2024 and 2025.
	• A senate bill was introduced, SB-424 and there were a few salient points:
	    ○ A freeze on the WCM expansion is being proposed in order the ensure there are no errors in the current WCM.
	    ○ CCS eligible conditions is being proposed to put all CCS medical eligible conditions into code.
	    ○ It is being proposed that in January of 2025, DHCS will be required to provide financial assistance for out-of-pocket cost for any medically necessary
		No

	services to treat CCS conditions that are not covered by the child's health care coverage. ○ The last proposal is in January of 2025, DHCS is required to provide a sustainability and access of payment of $500.00 to a hospital or CCS special care center for every CCS enrolled child seen in the hospital or CCS Special Care Center. Additionally, in 2025, it is proposed that DHCS adjusts the CCS physician payment rates. ○ DHCS to provide reimbursement for life-saving specialty drugs, as long as necessary for the patient.	
6. Provider Services Update *Robert Janeway, Director of Provider Services*	Mr. Janeway gave an update to the Committee. ***Noteworthy Highlights include:*** Mr. Janeway responded to Dr. Gordon's comments surrounding the ECM program and funding for that. Mr. Janeway indicated that there is funding available to providers that assists with their start-up costs for the program. The County and many other providers have applied for the funding and Provider Services has earnestly assisted. There will be annual evaluations of what makes sense based on the funding that is given from the state and the guidance the state has submitted. Sustainability in the ECM program is critical, and Provider Services is sensitive to that. ➢ Populations of focus that will be eligible for ECM this summer and we are preparing our network outreach for that program. ➢ Provider Services will begin to procure providers in the network who serve these populations. ➢ One of the challenges is with new providers who are new to the area and have not yet established that deep of a relationship with their patient, and that can be a factor in establishing care from a care management perspective. This is a current focus of Provider Services. ➢ Transitional care and long-term care for members of ECM: We have brought-in several new providers who are serving the existing populations and the new populations that became eligible as of January 1, 2023. These populations relate to long-term care members who are transitioning back into the community who may be at risk of institutionalization, therefore, we have brought in several new providers who focus solely on those populations. They are working very closely with our long-term care facility network so that they have that connectivity. ➢ Currently building the network to include Doula services and its related providers.	**No**

	➤ Also adding Community Health Workers and Promotoras, and similar type health workers. Additionally, other type of health navigators that specialize in violence prevention services. Often these are volunteers or subcontractors. ➤ CenCal Health is glad to be able to provide these opportunities, which in some spaces is a new revenue source and a way to build out workforce, especially in the Community health worker space. This concluded Mr. Janeway's update to the Committee. Mr. Janeway opened the floor for questions. Ms. Stenersen shared what she has heard from other health plans in terms of ECM. She continued that it appears that for CCS members, there are providers who are willing or not willing to treat kids but are already providing services to the adults who are likely the parents. So ideally, what we would like to see is for the same ECM provider treat for the entire family. But I understand some plans are having a tough time finding ECM providers, for children and youth. Mr. Janeway responded that Ms. Stenersen' s comments are very, very timely and helpful as Provider Services engage providers for children and youth. That foundation of trust building with a patient is really key. Mr. Janeway indicated that Provider Services will plan to engage their existing providers serving the high-risk adult population to determine if there is alignment there. This concluded Mr. Janeway's update to the committee.	
7. Open Forum	Dr. Goumas mentioned the possibility of changing the start time of PCAC meetings to 6:30 p.m. in an effort to ensure that committee members are able to be present for the meetings when they begin. It is understandable that it is a challenge for committee members to end their business day, shift gears, and get to PCAC meetings by 6:00 p.m. Dr. Goumas asked the committee to consider this change and let her know their thoughts. This consideration will be brought back to the next meeting for discussion and determination of what would work best for the committee.	**No**
8. Questions & Comments	There we no additional questions or comments.	**No**
9. Next Meeting Date	Dr. Goumas indicated that the next meeting date could be June 14th or June 28th, 2023, and asked the committee members to contact her with their preference.	**No**
10. Adjournment	The meeting was adjourned at 7:34 p.m.	**No**

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

Respectfully submitted,

Mimi M. Hall

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Mimi M. Hall
Executive Assistant

Approved,

Rea Goumas, MD

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Rea Goumas, MD
Whole Child Model Director

Community Advisory Board (CAB) Report

Date: September 20, 2023

From: Eric Buben, Director of Member Services

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

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Executive Summary

This report serves to provide CenCal Health's Board of Directors with the Minutes from CenCal Health's Community Advisory Board (CAB) on April 12, 2023.

CAB received an introduction to several new CAB members approved by the CAB Selection Committee, whose membership aligns CenCal Health with the 2024 DHCS Contract requirements for CAB membership representation. Presentations and robust discussion occurred during an Overview of CenCal Health's Cultural & Linguistics Services Program, the Population Needs Assessment 2023 Plan Update and a Population Health Department update.

This report also advises of CAB's approval of the Minutes from April 12, 2023. A CAB Information Packet is available for review upon request.

Enclosures:

1. CAB Minutes from the April 12, 2023 regular meeting of the CAB (approved by the CAB at the July 13, 2023 Meeting).

Recommendation

CenCal Health is requesting your Board accept this CAB report and CAB Minutes from the April 12, 2023.

Respectfully submitted,

Eric Buben

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

Community Advisory Board (CAB) Meeting Minutes

Date: April 13, 2023

Time: 12:30 to 2:00 p.m.

Chairperson: Eric Buben, Director, Member Services

CAB Voting Members Present:
Dana Gamble, Santa Barbara Public Health Department
Michelle Shoresman, San Luis Obispo County Public Health Department
Jennifer Nitzel, San Luis Obispo County Department of Social Services
Eustolia Garcia, Promotores Collaborative of San Luis Obispo
Jaurequi-Garcia, Maria, Community Health Centers of the Central Coast (CHCCC)
Robert Gibson, United Domestic Workers of America /In-Home Support Services (IHSS) Caregiver
Norma Alonso, United Domestic Workers of America/In-Home Support Services (IHSS) Caregiver
Olga Mendoza De Bravo, United Domestic Workers of America/In-Home Support Services (IHSS) Caregiver
Krystle Kaden, Member
Susan Liles, Santa Barbara Public Health Dept. Nutrition Services/Women Infants & Children (WIC) Program
Alejandra Lind, Member
Sara Macdonald, Board of Directors (BOD) Liaison/ Member
Mary Ellen Rehse, Executive Directive, Children and Family Resource Services

CAB Voting Members Excused:
Jose Clemente, Santa Barbara County Department of Social Services
Tamika Harris, Tri-Counties Regional Center
Julie Posada, Area Agency on Aging, HICAP
Jonathan Nibbio, Family Care Network
Barbara Clayton, Member
Shon Clayton, Member

Staff:
Eric Buben, Director of Member Services, CAB Chair
Van Do-Reynoso, MPH, PhD – Chief Customer Experience Officer
Zena Chafi-Aldwaik, Health Promotion Educator
Julian Braxton, Manager, Grievance & Appeals/Quality Improvement
Denise Filotas, Manager, Cultural and Linguistic Services
Gabriela Labrana, Supervisor, Health Promotion
Diana Robles, Lead Health Navigator
Elia Rodriguez, Member Services Call Center Manager
Citlaly Santos, Communications Manager, CenCal Health

Guests:
Marian Acosta, Santa Barbara County Department of Social Services
Josue Medrano, Family Service Agency, Mental Health Services
Quynh Nguyen, DDS, Chief Dental Officer, Santa Barbara Neighborhood Clinics
Yolanda Navarro, Member, United Domestic Workers of America/In-Home Support Services (IHSS)Caregiver
Soledad Soto, Member, United Domestic Workers of America /In-Home Support Services (IHSS) Caregiver
Javi Infante Varas, Lead Spanish Translator & Interpreter, Rooted Language Justice
Nayra Pacheco Guzman, Spanish Translator & Interpreter, Rooted Language Justice

Secretary: Teri Amador, Sr. Administrative Assistant

Location: Zoom Meeting

Topic	*Discussion*
Introductions and Announcements *Eric Buben, Director Member Services*	Mr. Buben called the meeting to order at 12:30 p.m. He introduced Javi Infante Varas and Nayra Pacheco Guzman from Rooted Language Justice in attendance to provide Spanish interpretation for our new Spanish-speaking CAB members. Instructions for accessing Spanish interpretation and information for speakers on how best to speak for the interpretation needs were explained and all CAB attendees were secured Spanish interpretation that needed the services, before getting the official agenda topics into discussion. Rooted Language Justice will be present when we meet in person for Spanish Interpretation moving forward. Due to volume of attendees, the recording of attendees from Zoom used to verify attendance for our Minutes.
1. Public comment on any <u>non-agenda item</u> of interest to the public that is within the subject matter jurisdiction of the Community Advisory Board (CAB).	No public comments by CAB members or guests in attendance. Two non-agenda items from CenCal Health staff: The Federal Public Health Emergency (PHE) for COVID-19 officially ends May 11, 2023. We will meet in person again at our Santa Barbara and San Luis Obispo offices starting with our next meeting in July. Ms. Amador will be sending out a Member Questionnaire to each of you to fill out and sent back. The questions are centered around dietary needs, attendance location preference, transportation needs etc. for future CAB meetings. Mr. Buben also announced that CenCal Health's Member Portal went live over the weekend (April 9, 2023). He asked the members that are on the CAB committee to go to www.cencalhealth.org and create an account and give feedback on their experience. He thanked the committee for participating in building the portal originally when surveyed about what contents should be included.
2. Acceptance of Minutes January 12, 2023 CAB Meeting	Motion to approve Minutes from January 12, 2023 meeting was made by Ms. Macdonald and seconded by Ms. Jaurequi-Garcia, <u>and unanimously approved by the CAB</u>.
3. Introduction of New CAB Applicants	

a. New CAB Members were Introduced *Mr. Buben, Director, Member Services* • Mr. Robert Gibson – (UDWA)/(IHSS) • Ms. Olga Mendoza De Bravo – (UDWA)/(IHSS) • Ms. Norma Alonso – (UDWA)/(IHSS) • Ms. Eustolia Garcia – Promotores Collaborative of SLO • Ms. Tamika Harris – Services & Support Manager (TCRC)	Mr. Buben introduced the new CAB Members and approved by the CAB Selection Committee. Mr. Gibson, Ms. Mendoza De Bravo, Ms. Alonso, Ms. Garcia and Ms. Harris were introduced to the CAB. Their applications had been forwarded to the CAB Selection Committee prior to the meeting for review and approval. The CAB Selection Committee <u>unanimously approved these 5 applicants to become official CAB members.</u> **Other applicants to be considered and approved by the CAB Selection Committee for July's meeting were introduced as guests in attendance:** Eusebio Soto-Mesa – Member/IHSS Soledad Soto – Member/IHSS Yolanda Navarro – IHSS Quynh Nguyen – Goleta Neighborhood Dental Clinic (Required) Josue Medrano – Family Care Agency (Required) **<u>Members of the CAB Selection Committee:</u>** Jonathan Nibbio – Family Care Network Dana Gamble – SB Public Health Department Michelle Shoresman – SLO Public Health Department Susan Liles – Director Nutrition Services/WIC, SB Public Health Dept. Julie Posada – Area Agency on Aging - HICAP Maria Jaurequi-Garcia – Director of Nursing, Community Health Centers of the Central Coast (CHCCC) Mr. Buben advised the CAB that we were almost at the end of identifying the members required to fill specific demographics needed for the CAB and the CAB Selection Committee. **Discussion** Ms. Navarro thought that Mr. Buben said her last name wrong when he introduced her and wanted to make the correction. Mr. Buben reintroduced Ms. Navarro to the committee members. Mr. Gamble asked with the new contract, would the CAB be renewing its Charter. Mr. Buben replied that yes, that the committee would be reviewing the new Charter at the next quarterly meeting or at the final committee meeting of the year. He will have a draft of the Charter for the CAB to approve.
4. 2023 Medi-Cal Renewal Process - CenCal Health's Outreach Campaign *Eric Buben, Director, Member Services*	Mr. Buben spoke about CenCal Health's Outreach Strategy for Medi-Cal Eligibility Renewals and accompanied his oral update with a PowerPoint Presentation. **Background** In March 2020, the Centers for Medicare & Medicaid Services (CMS) temporarily waived certain Medicaid and Children's Health Insurance Program (CHIP) requirements and conditions in response to COVID-19.

However, a new law passed on December 23, 2022, called the Consolidated Appropriations Act, an omnibus funding package, provided a fixed end date for Medicaid continuous coverage for March 31, 2023.

States are required to restart eligibility renewals **beginning April 1, 2023**.

Outreach
The California Department of Health Care Services (DHCS) launched a statewide public information, education, and outreach campaign to raise awareness about the upcoming return of the Medi-Cal eligibility renewal process for all 15.4 million Medi-Cal members, and to encourage them to take steps to keep their coverage.

DHCS' statewide campaign will run from February 2023 through June 2024 and hopes to drive Medi-Cal members to take necessary steps to keep themselves and their families covered. Recognizing the diversity of Californians, the campaign will include a range of integrated communications tools designed to reach Medi-Cal members in 19 Medi-Cal threshold languages where they live, work, and spend time with vital information.

The campaign will reach individuals across traditional and digital media channels, including radio, Facebook, and display advertising, as well as through out-of-home advertising, such as billboards and public transit signage. Direct mail, text messaging, and email will be utilized to reach members individually. Working with diverse stakeholders that have relationships in communities across the state will ensure that the campaign reaches populations in culturally and linguistically appropriate ways.

Collateral materials, including call center scripts, text and social media scripts, flyers, posters, etc. are available for government agencies, county enrollment offices, and community partners. DHCS provided a "Renewal Toolkit" for Plans like CenCal Health to use and to share with our community partners.

The PowerPoint slides provided in the CAB Information Packet provided CAB members with the toolkit website link and examples of the resources available for community assistance with the renewal messaging.

CenCal Health is taking a multi-point outreach approach using social media, texting, robocalls, and distribution of toolkit materials to providers and CBOs. Additionally, CenCal Health is working closely with Santa Barbara and San Luis Obispo County Department of Social Services to receive data exchange that can target members timely to when they are due for renewal. See CAB Information Packet for further details.

Discussion
Ms. Macdonald said that she was on Facebook, and that there was an article in the Santa Barbara Independent that people had read, and they were concerned that they were going to lose their Medi-Cal benefits immediately. She had called DSS personally to see about her benefits. She now understands the renewal process seeing this presentation. Mr. Buben said that CenCal Health is going to do our best to try and get the messaging out to members that

	benefit renewal begins 60 days prior to their anniversary date and the importance of timely response to DSS Renewal Packet requested information. Ms. Nitzel from Department of Social Services in San Luis Obispo (SLO) and Ms. Acosta from Department of Social Services in Santa Barbara (SB) discussed the renewal process that will start in June of 2023 and continuing over the next 14 months. They said that there were two different processes for Medi-Cal. The ex parte which is an auto renewal and a standard redetermination packet mailed out to members, that will need to be completed and mailed back to DSS prior to member anniversary dates. Ms. Shoresman asked Ms. Nitzel how many members in SLO County would auto renew and how many would receive a standard redetermination packet. Ms. Nitzel replied that in SLO there are about 55,000 Medi-Cal members and approximately 30% are to receive auto-renewal. She said, at this time, it is hard for her to determine the exact number of standard redetermination packets that will be going out to members. Ms. Acosta said that there is approximately 35% of auto-renewal expected in SB County. Ms. Eustolia Garcia asked how will members that cannot read or write fill out their packet. Ms. Acosta said that members can call into DSS. DSS has policies and procedures in place to assist them with a language services to help them fill out their packet. Mr. Buben said that CenCal Health also has a telephonic interpretation line available to assist members. Ms. Garcia asked who should she refer members to DSS or CenCal Health? Mr. Buben said they should start with DSS first. Ms. Nitzel said she would provide the phone number for SLO DSS. SLO Public Health – Ambassador number is 805-781-4837.

5. CenCal Health's Community Report & Cal AIM Video
Citlaly Santos, Communications Manager, CenCal Health
	Ms. Santos presented to the Committee CenCal Health's Community Report accompanied by a PowerPoint Presentation (both in English and in Spanish).
	
	Purpose:
	   • Highlight **strategies, objectives, and early accomplishments** that support CenCal Health's 2023-2025 Strategic Plan goals:
	      ➢ *Cultivate community partnerships.*
	      ➢ *Advance quality and health equity for all.*
	      ➢ *Expand our role and reach.*
	      ➢ *Organize for Impact & Effectiveness*
	
	   • Commemorate CenCal Health's 40th anniversary with "*Forward Leading, Looking Back*" theme
	      o Recognize the invaluable impact of our staff & community partners over the years
	Key Updates:
	   • Report covers 15 months, as opposed to one year
	   • Report is bilingual in English & Spanish
	   • Significant focus on the California Advancing and Innovating Medi-Cal (CalAIM) Initiative
	      ➢ CalAIM identified as the *path forward* in the report
	      ➢ Series of CalAIM videos and short stories highlight **local CalAIM implementation efforts**
	   • Stats highlight our network excellence and member experiences
	   • Member testimonials featured in the *Kind Words* section showcase voice recordings of individuals complimenting Member Services representatives.
	
	Discussion
	The Spanish speaking members of CAB expressed appreciation of Ms. Santos switching from English to Spanish in giving this presentation. They felt it was very informative and an inspiring presentation.

6. 2022 Population Needs Assessment (PNA) Update & 2023 PNA Zena Chafi-Aldwaik, Health Promotion Educator, CenCal Health	Ms. Chafi-Aldwaik presented to the Committee the 2022 Population Needs Assessment (PNA) Update & 2023 PNA accompanied by a PowerPoint Presentation. **2022 Population Needs Assessment (PNA) Update & 2023 PNA** **Purpose** • Identify member health needs and health disparities • Evaluate health education, Cultural & Linguistics, and Quality Improvement activities • Implement targeted strategies for health education, C&L and QI programs **Action Plan 2022** • Pediatric Development Screening - by 1/1/2024 increase rate in SLO County for children before they turn 1 to exceed the Statewide Average from a baseline of 9.32% to 24.91% - Strategies - Member and provider education • Breast Cancer Screening – by 1/1/2024 increase the rate of English-speaking members in both counties from 54.39% to 63.77% - Strategies - Mobile Mammography • Cervical Cancer Screening – by 1/1/2024 increase rate of members who have completed clinically recommended cervical cancer screening from 54.47% to a HEDIS goal rate of 67.99% - Strategies - Member education and possible member incentive; Mailer • Hypertension – by 1/1/2024 increase the percentage of hypertensive member in Santa Barbara County that have a recorded blood pressure measurement that is adequately controlled from 58.29% to a HEDIS goal rate of 66.79% - Member education; Tools to providers; Mailer **2023 PNA Timeline** • Updated guidance from Department of Health Care Services (DHCS) states that PNA is now required to be submitted to DHCS every three years, with the next submission due in 2025. • The National Committee for Quality Assurance (NCQA) requires the PNA to be submitted annually. As a result of CenCal Health working towards NCQA accreditation, the PNA will still be completed annually. A timeline was shared for the deliverables and work to be performed for the 2023 PNA. Ms. Chafi-Aldwaik said that an e-mail would be sent to the CAB members for their input into the 2023 PNA on May 10, 2023 to be collected by May 17, 2023 and the input will be incorporated into the PNA for final review and submittal to NCQA by June-July 2023. CAB members were advised to review the email and provide input when received.

7. Health Promotion Update Zena Chafi-Aldwaik, Health Promotion Educator, CenCal Health	Ms. Chafi-Aldwaik presented to the Committee the Health Promotion Update accompanied by a PowerPoint Presentation. **Health Promotion Update** • Asthma Mailer - As a part of the annual Asthma Campaign with the Pharmacy Team, the Health Promotion and Population Health Teams worked to update the annual asthma mailer, which includes an Asthma Action plan. It was sent to over 500 members diagnosed with asthma in March 2023. The mailer encourages members with asthma to get the flu shot, per guidance from the Center of Disease Control and Prevention (CDC). We will continue to monitor the rate of improvements. • Nicotine Replacement Therapy Survey - CenCal Health participates in the San Luis Obispo Public Health Departments Tobacco Cessation Committee. The Committee has determined a need to identify barriers tobacco users face in obtaining Nicotine Replacement Therapy. The Health Promotion Team has finalized the mailer and survey for distribution. The updates on this effort will be reported upon completion of the survey analysis. Ms. Chafi-Aldwaik asked if there were any questions. There were none. Mr. Buben asked for a motion to approve the Health Promotion and PNA Report. Motion made by Sara Macdonald seconded by Dana Gamble, <u>and unanimously approved by the CAB</u>. Mr. Buben thanked Ms. Chafi-Aldwaik for her presentations.
8. Adjournment	Mr. Buben adjourned the meeting at 2:00pm the thanked the committee for their time and participation.

Respectfully submitted,

Eric Buben
_____   July 13, 2023 _____
Eric Buben   Date
Director of Member Services
Chair of the Community Advisory Board

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

Date: September 6, 2023

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

Through: Christopher Hill, RN, MBA
                  Health Services Officer

Executive Summary

The purpose of this memo is to summarize the highlights of the CCS FAC meeting that was held on August 17, 2023. This memo contains the topics discussed at the last FAC meeting namely welcoming a new committee member, update on Medi-Cal redetermination, CCS Advisory Group (AG) meeting highlights, update on ECM for children and youth, update on Medi-Cal Rx relevant to the CCS population, updates from CenCal Health's Member Services Department and information on Cottage Hospital's PICU CCS paneling. This memo is for an informational purpose only and therefore would not need any action from the Board.

Background

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

Meeting Highlights

New Committee Member

The FAC members accepted the application and welcomed Carrie McKiddie as a new member. Ms. McKiddie is a parent of a CCS child and is very passionate about advocating for CCS members and parents of CCS children. Ms. McKiddie works in Alpha Resource as a Resource Coordinator.

Medi-Cal Redetermination

Nicolette Worley Marselian, CenCal Health's Director of Communications and Community Relations presented CenCal Health's efforts to assist members with the Medi-Cal renewal process. The goals include increasing membership awareness, reminding members to update their address with the Department of Social Services (DSS) if they have moved over the last three years and informing members to return their renewal packets to prevent them from being disenrolled.

Ms. Marselian shared that CenCal Health's website contains helpful information for members regarding re-enrollment, completion of packets and what to do when disenrolled. It was also shared by Ms. Marselian that there are some CCS members who lost their Medi-Cal coverage due to non-renewal. The next step is for CenCal Health to do outreach specifically to CCS/WCM members for assistance with renewals due to the vulnerability of this population. The committee members who are in family advocacy agencies agreed to share and spread the information to the families they serve.

CCS Advisory Group (AG) Meeting Highlights

Ana Stenersen, Associate Director of UM and Chair of the Committee provided the highlights of the CCS AG meeting held by DHCS in Sacramento on July 12, 2023. The key points discussed in the meeting include:

- CCS Workgroup – continued meetings to develop best practices that result in of compliance of both WCM and Classic CCS Counties.
- Sunsetting of the CHDP Program on July 1, 2024 – backed up by Senate Bill 184. DHCS is finding some opportunities for alignment of CHDP services with Quality and Population Health Management programs. There are some programs that will be taking over to fulfill the CHDP services that are provided to children and youth.

Enhanced Case Management (ECM) For Children and Youth

Ms. Stenersen shared that CalAIM/ECM for children and youth went live on July 1, 2023. Prior to going live with ECM, CenCal Health identified children and youth members that are under the ECM populations of focus. There are about 7,000 pediatric members that were identified as eligible for enhanced care management. A phased-in approach was taken while CenCal Health works on expanding their ECM provider network for the pediatric population. CCS/WCM members are eligible for ECM services for needs beyond their CCS conditions.

Medi-Cal Rx Update

Ms. Stenersen shared that there are no major updates for Medi-Cal Rx. No prior authorizations (PA)are required for medications of the 0-21 population. A 90-day notification will be provided prior to the re-instatement of the PA requirement. Members of the committee did not report any problems regarding prescription approvals and fills for CCS members.

Ms. Stenersen shared that the FDA has been approving a few gene therapies, most of which are for CCS eligible conditions such as Spinal Muscular Atrophy, Cerebral Adrenoleukodystrophy and Beta Thalassemia. CenCal Health reviews gene therapies on a case-to-case basis by our Medical Directors and Pharmacists.

Member Services Update

Diana Robles, Lead Health Navigator in CenCal Health's Member Services Department provided the Members Services update to the committee. Ms. Robles stated that more members are utilizing the Member Portal for their health care information. Ms. Robles shared that the total CenCal Health membership in August is 88,535. There was a slight increase between April through August in Santa Barbara County and a slight decrease between April through August in San Luis Obispo County. Calls from members are increasing mainly related to questions regarding Medi-Cal redetermination.

Cottage Hospital Pediatric Intensive Care Unit (PICU)

Shelby Stockdale, Manager of Pediatric Program shared that the department of Health Care Services (DHCS) issued a CCS PICU admission restriction to Santa Barbara Cottage Hospital's (SBCH) PICU effective July 11, 2023. DHCS recently reviewed the PICU at SBCH in Santa Barbara and found the PICU does not meet several CCS PICU Provider Standards. As a result, Cottage Hospital will primarily provide care to CCS members that require PICU care to stabilize their condition, then will appropriately transfer the member to an external facility or to an internal floor for a lower level of care. CenCal Health is meeting weekly with Cottage Hospital to discuss members who are inpatient and were transferred. Cottage Hospital continues to submit the required deliverables to get their PICU admission restriction lifted.

Next Steps

The next CCS FAC meeting is on November 16, 2023. Ms. Stenersen asked the committee to give some thought on possibly doing an in-person meeting in November.

Recommendation

As previously mentioned, this memo is for informational purpose only and would not need any action from the Board.

Health Services Division
Medical Management

| Whole Child Model Program |
| Family Advisory Committee Meeting Minutes |

Date: Thursday, May 25, 2023

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

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

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

Recorder: Maria Pantoja, Administrative Assistant

Excused:

Topic	Discussion	Action Item
Welcome & Introductions Ana Stenersen, RN, BSN, PHN	Ms. Stenersen began the meeting at 11:00 a.m. Self- introductions were made. Ms. Stenersen introduced Ms. Sue Fischer, Director of Medical Management to the committee. Ms. Stenersen announced that Ms. Marcy Jochim has requested to end her participation as a member of the FAC effective the date of this meeting. Ms. Jochim was a parent of a former CCS member and a long time Social Worker in CCS Santa Barbara. Ms. Stenersen acknowledged the contribution of Ms. Jochim to CCS, CCS children, CCS families and the FAC committee.	No
CCS Advisory Group Meeting Highlights	Ms. Davis and Ms. Stenersen provided the following updates pertaining to the CCS Advisory Group:	Informational

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	• Enhanced monitoring and oversight of all 58 CCS counties by DHCS to ensure continuous and unwavering optimal care for children through a strategic compliance program. • MOU development between DHCS and CCS Counties commenced early 2023 and by July 2024, DHCS will initiate monitoring protocols. • CHDP is still scheduled to sunset July 1, 2024. Program activities will be transitioned to other delivery systems already in place. A transition plan is being developed. Opportunities for alignment with Population Health has been identified. • Kaiser Permanente will implement in the following existing WCM counties effective January 1, 2024: Marin, Napa, Orange, San Mateo, Santa Cruz, Solano, Sonoma, Yolo. Kaiser will also implement in the following proposed new WCM counties: Effective January 1, 2024: Sutter, Yuba, Mariposa and Effective January 1, 2025: Placer, Contra Costa, Alameda, Imperial. • The Frequently Asked Questions (FAQ) documents for Transition of Care from Pediatric to Adult are currently being drafted for the Member, Providers and Counties. FAQ will focus on DMEs, resources and language of discussion between the CCS case manager and family.	
CalAIM/ECM for Pediatric Ana Stenersen, RN, BSN, PHN	Ms. Stenersen presented the following updates on Enhanced Care Management (ECM) for children and youth: • Go live date: July 1, 2023 • CCS members can still receive ECM for their additional needs. • MCPs that offer CCS WCM are expected to adhere to all ECM requirements including contracting with community-based providers even if CCS is delivered in-house at the MCP. • Where it is appropriate, CCS WCM elements can be delegated to ECM providers to ensure children and youth receive comprehensive, non-duplicated care across WCM and CCS WCM. Ms. Stenersen will provide continued ECM for children and youth updates to the committee in the upcoming FAC meetings.	Informational
Medi-Cal Rx Update Ana Stenersen, RN, BSN	Ms. Stenersen shared that there are no major changes in Medi-Cal Rx for CCS members and that the "no prior auth" requirement for medications for CCS members is still in place. The re-implementation of this requirement for the under 21 years old group will be preceded by a 90-day notification. Ms. Griffin who represents the Lennaux-Gestaut Syndrome (LGS) group requested more information on Phase 3 of prior-auth requirements for anticonvulsant medications of the 22 and older age group. Ms. Stenersen advised Ms. Griffin to send her the question via email which she will forward to CenCal Health's Pharmacy Department.	Informational

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	Continued updates on this topic will be provided in the upcoming FAC meetings.	
CCS & MTP Updates	Ms. Castaneda said that the Santa Barbara Public Health Department is closely monitoring and actively assisting members who need to renew their Medi-Cal coverage. Ms. Castaneda shared that the Santa Maria CCS Medical Therapy Unit (MTU) hired a new MTU Supervisor after a very long wait. There are no updates from San Luis Obispo County CCS and MTP. Ms. Stenersen shared that CenCal Health formed an internal workgroup for Medi-Cal redeterminations to assist members with their Medi-Cal renewals. More information regarding Medi-Cal re-enrollment is available in the CenCal Health website. Feedback received from members pertain to the long wait on the phone to the Department of Social Service (DSS).	Informational
Member Services Updates Eric Buben, Director of member Services	Mr. Buben demonstrated the Member Portal to the committee. Mr. Buben showed how to log in and explained the various features of the Member Portal. When asked if a parent can sign-up his/her child to the member portal, Mr. Buben stated that that functionality is not available at this time.	Informational
Roundtable Discussion	Ms. Stabile shared that Alpha resource has 5 Resource Coordinators, 1 Operations Coordinator and 1 Admin Assistant. 7 of the team members are Medi-Cal and CalFresh Assistors.	Informational
Next Scheduled Meeting: May 25th, 2023, 11am-12:30pm		

Respectfully submitted,

Jodi Wittelsback
Senior Administrative Assistant

Approved by,

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*Ana Stenersen*_____   Date: _August 23, 2023_____

Chair of the Committee
Title

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Board Development Committee Recommendation: *Board Policy Updates and Recommendations*

Date: September 20, 2023

From: Dan Herlinger, Chair, Board Development Committee
                Rene Bravo, MD, Board Development Committee Member
                Nicholas Drews, Board Development Committee Member
                Marina Owen, Chief Executive Officer

Contributors: Kashina Bishop, Chief Financial Officer / Treasurer
                Hon Chan, Esq., Senior Associate Counsel
                Michael Harris, Government Affairs & Administrative Officer

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Executive Summary

The Board Development Committee ("the Committee") convened in March 2023 to guide staff during the prioritization and revision process of certain documents and policies to routinely update policies to support the effective and efficient administration of CenCal Health. Subsequently, staff thoroughly reviewed the highest priority documents against legal statute, best practices, industry standard, financial controls, and company precedent. The Board Development Committee convened on August 28, 2023, to review the result of this first phase of document review and updates.

After careful deliberation, the Committee recommends the CenCal Health Board of Directors consider and formally adopt the following updated documents:

1.   Restated Bylaws of the Board of Directors
2.   Board Guidance and Administrative Decision-Making Policy
3.   Signature Authority Policy

The updated and restated Bylaws and these foundational policies are the first in a series of proposed updates following legal review. The next phase of policy updates will be considered by your Board of Directors in subsequent meetings following the convening of the Board Development Committee, which next includes review and consideration of CenCal Health's Procurement and Business Expenses Policy, among others.

Background

Over the last two years, staff identified an opportunity to thoroughly review and update policies and procedures that are outdated or, because of the increasing complexity of managing the health plan and desire to align with best practice, necessitate restatement or revision to produce new, improved policies. In addition, the Bylaws of

the Board of Directors were in need of updating to reflect legal statute and contemporary responsibilities. CenCal Health Bylaws closely align with and follow statute.

The Committee and staff view these initial proposed adoptions as the first step in an ongoing effort to ensure administrative policies and procedures are maintained in a manner consistent with Board and management's responsibility and to support the clear articulation and consistent implementation of Board policy.

Documents Reviewed and Revised

Bylaws

Staff reviewed the Bylaws last adopted by the Board of Directors in 2009. Administrative updates were made as described below and are not intended to change the intention of CenCal Health's original Bylaws. The review process prioritized the maintenance of legislative intent, while updating language if *inaccurate*, *unclear*, or *out of date* or to improve and align with best practice.

The Bylaws were reviewed for consistency against California State statute that enabled the Santa Barbara San Luis Obispo Regional Health Authority. After general discussion at the inaugural Committee and receiving Board guidance, staff proposes the following revisions:

1. **Administrative updates**, including correcting statute *references*, updating CenCal Health's *name*, clarifying *titles* and *similar language*, etc.
2. **Revisions to align with current state**, including recognizing the creation of the Central Coast Medical Association (*formerly separate Santa Barbara and San Luis Obispo Medical Societies*), referencing "*email*" as acceptable business communication, and removing reference to an *alternate Vice Chair* and defunct commission language (*i.e. CMAC*).
3. **Expanded upon language to align with best practice**, including addition of *Brown Act* language to Article 6 and creation of section 7.4 to support the *Board Guidance* and Administrative Decision-Making Policy outlining the CEO's obligation to carry out Board policy.
4. **Update Board Stipend** *increasing from $100 to $150* to align with statutory language currently in place last revised in 2008. An evaluation of health plan stipends in Local Health Plans of California also revealed the common practice is alignment with state law and payment of $150 per meeting and committee, not to exceed $200 per month.
5. **Revisions to promote clarify**, including circumstances of board transitions, vacancies, and absences. Rationale is further described below.

While there are 13 members on the board, occasionally a member will retire or leave their position. Improvements were made to existing language intended to allow an individual to continue to fulfill their responsibilities while their replacement is identified and approved by the Board. This clarification ensures continuity of representation for the originating entity, should that be their election. In circumstances of transition, the appointing organization maintains the ability to make the final recommendation (e.g., Central Coast Medical Association, Board of Supervisors, Hospital Council).

Finally, to ensure that on a day-to-day basis the health plan operates in an effective and efficient manner, the proposed update to the bylaws in section 7.4 reiterates the board's intent "… *that the CEO has the authority to carry out the policies, procedures and practices of the board*..." and that the CEO will act as the staff representative of the Board unless the Board has identified another individual, as recommended by public policy counsel.

Board Guidance and Administrative Decision-Making Policy

In line with the delegation of authorities to the CEO, staff updated current policy on Board Guidance and Administrative Decision-Making to **align with best practices**. The *Guidelines for Board Actions* policy was developed in 2014 and adopted by the Board of Directors. It was subsequently updated by the former CEO in 2020.

The intention of the "Board Guidance Policy" has always been to ensure that the authorities of the CEO are articulated to support the operations of the health plan. Staff are recommending *retiring* the 2014 Board Guidance Policy, drafted by administration, and *restating and replacing* it with the *2023 Board Guidance and Administrative Decision-Making Policy*, drafted by legal counsel, incorporating best practices and industry standard language, and **aligned fully with the original intention with the following proposed changes**:

1. **Limit CEO authority** to approve vendor agreements $250,000 or below and seek Board of Directors approval to approve contracts greater than this limit. This is aligned with best practice, as opposed to a higher limit or unclear authority.
2. **Retain policy** that the Board of Directors is to be appraised of **all Legal Matters** and approves all Legal Settlements.
3. **Identify line of succession**, should CEO be unavailable due to illness or incapacitation.
4. **Clarify the role of subcommittees,** aligned with their charters, meeting frequency and reporting relationships.

Approval and Signature Authority Policy

CenCal Health provides payments for a variety of different services. It is important that appropriate expenditure controls exist, and that levels of control be identified in policy.

CenCal Health has in place a *2019 Authorized Approval Levels Policy*, which has not been approved by the Board of Directors, although approved by the Compliance Committee.

Staff are recommending *retiring* the *2019 Authorized Approval Levels Policy*, drafted by administration, and *restating and replacing* it with the *2023 Signature Authority Policy*, drafted by the CFO/Treasurer and reviewed by counsel, incorporating best practices and industry comparisons, and aligned fully with the original intention **with the following proposed changes**:

1. **Establish Clear Financial Controls at all levels** of the organization that are aligned with each leader's organizational responsibility.

The applicable General Authorization, as set forth in the following table, is based on the CenCal Health job level.

GENERAL AUTHORIZATION

Job Level	Authorization Limit
Chief Executive Officer	$100,000 and over
Chief Financial Officer	All transactions over $50,000 and under $100,000
Department Chief	All transactions over $25,000 and up to $50,000
Department Director	Up to $25,000

2. **Clarify delegation of signatory authority**, aligned with the Administrative Decision-Making Policy, in the event of the CEO's absence, including vacation.

3. **Clarify use of legal counsel** in review of contractual documents, aligned with CenCal Health's current practice.

Authorities for expenditures include, but are not limited to, purchase requisitions, check requests, purchase orders, contracts, leases and capital expenditures. The levels of authorization, delegation of those authorizations and the requirement for legal review are outlined clearly within the *Signature Authority Policy* for Committee consideration.

Next Steps

Following Board Development Committee's recommendation, the CenCal Health Board of Directors will consider adopting at the Board's September 20th meeting. Following adoption, staff will engage in implementation and staff training.

For this Committee's awareness, staff is actively working on refining the Procurement Policy and Business Expense Policy that will be considered by the Finance Committee. A

Conflict-of-Interest Code is in its final stages of refinement and will also be provided to the Board of Directors in October 2023 through the Compliance Department.

This concludes the priority review of materials identified by external and internal legal counsel and staff will then turn attention to priority 2-3 policies for consideration in 2024.

Attachments

Redline versions that highlight Committee and staff recommended changes and a final "clean copy" of the following documents are attached for your Board, including any policies that are being recommended for retirement:

1.   Restated Bylaws of the Board of Directors
2.   Board Guidance and Administrative Decision-Making Policy
3.   Signature Authority Policy

Recommended for retirement:

- ADM-01 Guidelines for Board Action
- FIN-07 Authorized Approval Levels

AMENDED AND RESTATED BY-LAWS OF THE
BOARD OF DIRECTORS OF THE
SANTA BARBARA SAN LUIS OBISPO REGIONAL HEALTH AUTHORITY
dba CENCAL HEALTH

ARTICLE I

These By-Laws are adopted by the Board of Directors, hereinafter the "Board" of the Santa Barbara San Luis Obispo Regional Health Authority, dba, CenCal Health, hereinafter "CenCal Health," to establish rules for its proceedings, pursuant to Health and Safety code Section 101700, and to compile in one document the various specific provisions applicable to this Board from CenCal Health's Enabling Act (Health and Safety Code Sections 101675 – 101781).

ARTICLE 2
DIRECTORS

Section 2.1   The governing body of CenCal Health shall be vested in a board of directors that shall consist of thirteen (13) members. Eight members shall be appointed by the Board of Supervisors of Santa Barbara County and five members shall be appointed by the Board of Supervisors of San Luis Obispo County.

Section 2.2   Three (3) members shall be elected or appointed officers or employees of Santa Barbara County, at least one of whom shall be a member of the board of supervisors.

Two (2) members shall be elected or appointed officers or employees of San Luis Obispo County, at least one of whom shall be a member of the board of supervisors.

These five (5) Directors, hereinafter "County Directors" have no specified terms or office. They serve at the pleasure of the Board of Supervisors that appointed that officer or employee.

Section 2.3   The other eight (8) Directors, hereinafter Non-County Directors, are appointed from three groups:

1. Two (2) Non-provider Santa Barbara County residents:
    a. A Medi-Cal or Medicare or Medi-Cal/Medicare recipient
    b. A representative of a community business

2. One (1) Non-provider San Luis Obispo County resident: A Medi-Cal or Medicare or Medi-Cal/Medicare recipient

3. Five (5) representatives of providers of health care:
    a. One (1) Santa Barbara County physician from a recommendation provided by the Central Coast Medical Association.

Bylaws of the Board of Directors
of the Santa Barbara San Luis Obispo
Regional Health Authority
dba CenCal Health

    b. One (1) San Luis Obispo County physician from a recommendation provided by the Central Coast Medical Association. [1]

    c. Two (2) hospital administrators, one (1) from a Santa Barbara County hospital and one (1) from a San Luis Obispo County hospital, who shall be appointed from a list established by the local hospital councils.

    d. One (1) non-hospital or non-physician health care provider.

Each hospital administrator appointed to the board of directors shall be unaffiliated with the hospital group, network, or corporate entity of the other hospital board appointee.

Each physician appointee to the board of directors shall be unaffiliated with the group, network, or corporate entity of the other physician board appointee.

With respect to the two non-provider resident directors, the appointments shall not result in two members who are both recipients of Medi-Cal only or both recipients of Medicare only.

Except for initial staggered terms that may be established by the board, the term of office of each non-county member, shall be two years.

Members who retire, leave their position in good standing, and otherwise remain qualified, may, until the appointment and qualification of their successor, remain on the board with full voting rights and privileges.

Section 2.4   Any vacancy on the board shall be filled for the unexpired term by the board of supervisors of the county authorized to make the appointment to the position.

Section 2.5   Directors shall be entitled to one hundred fifty dollars ($150.00) remuneration from CenCal Health for each Board meeting attended except that remuneration shall not exceed two hundred dollars ($200.00) per month. The one hundred fifty dollars ($150.00) rate per meeting may be increased by the Board subject to approval by the Boards of Supervisors. [2]

In addition, Directors shall be reimbursed for their actual expenses incurred in attending Board meetings at such rates as are payable to County officers and employees.

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[1] 1 California Health & Safety Code Section 101690 originally address two separate county medical societies; Santa Barbara and San Luis Obispo. With the merger of the two societies into the Central Coast Medical Association, Santa Barbara San Luis Obispo Counties, legislative intent is maintained by identifying a requirement for a physician from each county based on the recommendation(s) from the Central Coast Medical Society.

[2] Health & Safety Code Section 101700

Bylaws of the Board of Directors
of the Santa Barbara San Luis Obispo
Regional Health Authority
dba CenCal Health

ARTICLE 3
OFFICERS

Section 3.1   The Officers of this Board shall be:

A <u>Chair</u>, who shall preside at all meetings and execute, all documents approved by the Board.

A <u>Vice-Chair</u>, who in the Chair's absence or inability to act shall preside and execute documents.

A <u>Clerk</u>, who shall keep the minutes of the Board and shall attest the Chair's or Vice-Chair's signature on documents approved by the Board. The Clerk shall be an employee of CenCal Health and not a member of this Board.

An <u>Assistant Clerk</u>, who shall perform the duties of the Clerk in the Clerk's absence and who shall be an employee of CenCal Health and not a member of this Board.

A <u>Treasurer</u>, shall serve as the Chief Financial Officer (CFO) of CenCal Health and not be a member of this Board.

Section 3.2   The Board, annually at the first meeting in January or at an adjournment of that meeting, shall elect a Chair, Vice-Chair, Clerk, and Assistant Clerk for a one year term.

The Vice-Chair may be recommended from the alternate county of the Chair to the extent a willing candidate is available.

The Board of Directors may reappoint the Chair and Vice-Chair for a second term with a term limit of two (2) consecutive terms for any of these officers in a single position.

Should a vacancy occur of the Chair and/or Vice-Chair, members of the Nominating committee would convene to make a recommendation to the Board for a new Chair and/or Vice-Chair.

ARTICLE 4
MEETINGS

Section 4.1   The date, time, and place of meetings of the Board shall be established by approval of the Board.

Section 4.2   Meetings shall be open and public, and all persons shall be permitted to attend, except for legally permitted closed sessions.

Bylaws of the Board of Directors
of the Santa Barbara San Luis Obispo
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Section 4.3   The Board may adjourn any regular, adjourned regular, special or adjourned special meeting to a time and place specified in the order of adjournment. Less than a quorum may so adjourn from time to time. If all Directors are absent from any regular or adjourned regular meeting, the Clerk of the Board may declare the meeting adjourned to a stated time and place and the Clerk shall cause a written notice of the adjournment to be given in the same manner as provided in Section 4.4 for special meetings, unless such notice is waived as provided for special meetings. A copy of the order or notice or adjournment shall be conspicuously posted on or near the door of the place where the meeting was held within 24 hours after the time of the adjournment. When a regular or adjourned regular meeting is adjourned as provided in this section, the resulting adjourned regular meeting is a regular meeting for all purposes. When an order of adjournment of any meeting fails to state the hour at which the adjourned meeting is to be held, it shall be held at the hour specified for regular meetings by ordinance resolution, by law, or other rule.

Section 4.4   A special meeting may be called at any time by the Chair or, in the Chair's absence or unavailability, by the Vice-Chair, or by a majority of the Directors by delivering personally, by electronic mail ("email") or by mail written notice to each Director and to each local newspaper of general circulation or radio or television station requesting notice in writing. Such notice shall be delivered personally, by email or by mail and shall be received at least 24 hours before the time of such meeting as specified in the notice. The call and notice shall specify the time and place of the special meeting and the business to be transacted. No other business shall be considered at such meetings by the Board. Such written notice shall be dispensed with as to any Director who at or prior to the time the meeting convenes files with the Clerk of the Board a written waiver of notice. Such waiver may be given by electronic means. Such written notice may also be dispensed with as to any Director who is actually present at the meeting at the time it convenes. Notice shall be required pursuant to this section regardless of whether any action is taken at the special meeting.

Section 4.5   The Board shall hold at least four (4) meetings per year.

ARTICLE 5
QUORUM

A majority of the Directors of the Board shall constitute a quorum for the transaction of business.

ARTICLE 6
AGENDAS

4

Bylaws of the Board of Directors
of the Santa Barbara San Luis Obispo
Regional Health Authority
dba CenCal Health

The Chief Executive Officer shall prepare an agenda for all meetings of the Board. The agenda for a regular meeting of the Board shall contain one section entitled "Other Business." Under this section any Director or the Chief Executive Officer may request that the Board consider any item not otherwise appearing on the agenda.

Agenda items added under "Other Business", shall conform with the Ralph M. Brown Act. Added agenda items, that have not been previously posted, may only be added if the Board majority agrees that there is a need for immediate action on the item and that CenCal Health became aware of the item after the agenda was already posted. The addition of an additional agenda item shall follow a process prescribed in law.

ARTICLE 7
CONDUCT OF BUSINESS

Section 7.1   The items on the agenda shall be considered in order unless the Chair, with the majority of the Board present concurring, announces a change in the order of consideration.

Section 7.2   Unless the agenda item identifies a particular source for a report (such as the Chair, Directors, Advisory Committees or Chief Executive Officer), the Chief Executive Officer, the Directors, CenCal Health's staff and consultants shall report first on the item. Then the item shall be open to public comment upon recognition of the speaker by the Chair.

Section 7.3   The actions of the Board shall be expressed by motion, resolution, or ordinance.

Section 7.4   In executing its business, the Board activities are implemented and overseen by the CEO. These Bylaws provide that the CEO has the authority to carry out the policies, procedures, and practices of the Board, and to act as the representative of the Board in all matters that the Board has not authorized someone else to do. Any authority not specifically addressed by the Board or in these Bylaws, is reserved to the CEO or designee(s) identified by the CEO with a memorandum identifying the designee(s) with the Clerk of the Board and copies to the Chair and Vice-Chair.

ARTICLE 8
VOTING

All official acts of the Board shall require the affirmative vote of a majority of the Directors of the Board.

Bylaws of the Board of Directors
of the Santa Barbara San Luis Obispo
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ARTICLE 9
DISQUALIFICATION FROM VOTING

Section 9.1   Directors shall be disqualified from voting on contracts in which they have a financial interest. Notwithstanding any other provision of law, such Directors shall not be disqualified from continuing to serve as Directors and such contracts may not be avoided solely because of such Director's financial interest.

Section 9.2   The five (5) County Directors may vote to approve arrangements and agreements between CenCal Health and the County as a service provider and such Directors shall not thus be disqualified solely for the reason that they are employed by the County.

ARTICLE 10
MINUTES

The Clerk shall prepare the minutes of each meeting. The minutes shall be an accurate summary of the Board's consideration of each item on the agenda and an accurate record of each action of the Board. At a subsequent meeting, the Clerk shall submit the minutes to the Board for approval by at least seven (7) Directors in attendance at the meeting covered by the minutes.

ARTICLE 11
COMMITTEES

This Board may, from time to time, create and appoint such committees as it deems necessary for its work. No more six (6) Directors or less than a Majority of Directors, whichever is less, may serve on any one committee.

ARTICLE 12
SIGNATURES ON DOCUMENTS

Documents approved by the Board shall bear the signature of the Chair Vice-Chair and the signature shall be attested to by the signature of the Clerk or Assistant Clerk.

ARTICLE 13
AMENDMENT OF BYLAWS

After notice of the substance of the proposed Amendment has been given in the written agenda, these Bylaws may be amended by a resolution of the Board at any meeting of the Board.

Bylaws of the Board of Directors
of the Santa Barbara San Luis Obispo
Regional Health Authority
dba CenCal Health

Adopted by The CenCal Health Board of Directors
On XX XX, 2023

_____

René Bravo, M.D., Chair of the Board

_____

Date of Signature

Attested:

_____

Paula Marie Bottiani, Clerk of the Board

_____

Date of Signature

AMENDED AND RESTATED BY-LAWS OF THE
BOARD OF DIRECTORS OF THE
SANTA BARBARA SAN LUIS OBISPO REGIONAL HEALTH AUTHORITY
dba CENCAL HEALTH

ARTICLE I

These By-Laws are adopted by the Board of Directors, hereinafter the "Board" of the Santa Barbara San Luis Obispo Regional Health Authority, dba, CenCal Health, hereinafter "CenCal Health," to establish rules for its proceedings, pursuant to Health and Safety code Section 101700, and to compile in one document the various specific provisions applicable to this Board from CenCal Health's Enabling Act (Health and Safety Code Sections 101675 – ~~1017850~~101781).

ARTICLE 2
DIRECTORS

Section 2.1   The governing body of CenCal Health shall be vested in a board of directors that shall consist of thirteen (13) members. Eight members shall be appointed by the Board of Supervisors of Santa Barbara County and five members shall be appointed by the Board of Supervisors of San Luis Obispo County.

Section 2.2   Three (3) members shall be elected or appointed officers or employees of Santa Barbara County, at least one of whom shall be a member of the board of supervisors.

     Two (2) members shall be elected or appointed officers or employees of San Luis Obispo County, at least one of whom shall be a member of the board of supervisors.

     These five (5) Directors, hereinafter "County Directors" have no specified terms or office. They serve at the pleasure of the Board of Supervisors that appointed that officer or employee.

Section 2.3   The other eight (8) Directors, hereinafter Non-County Directors, are appointed from three groups:

     1. Two (2) Non-provider Santa Barbara County residents:
         a. A Medi-Cal or Medicare or Medi-Cal/Medicare recipient
         b. A representative of a community business

     2. One (1) Non-provider San Luis Obispo County resident: A Medi-Cal or Medicare or Medi-Cal/Medicare recipient

     3. Five (5) representatives of providers of health care:
         a. ~~A~~ One (1) Santa Barbara County physician from a ~~list~~ recommendation provided by the ~~Santa Barbara County Medical Society~~Central Coast Medical Association.
         b. ~~A~~ One (1) San Luis Obispo County physician from a ~~list~~ recommendation provided by the ~~San Luis~~

Commented [MH1]: Confirmed Citation: 101700.
The board shall establish rules for its proceedings. There shall be at least four meetings per year. Board members shall be entitled to one hundred fifty dollars ($150) per diem from authority funds, for each board meeting attended and the authority may pay per diem to board members attending meetings of committees of the board except that per diem for attending board meetings and board committee meetings shall not exceed the sum of two hundred dollars ($200) per month, plus actual expenses incurred in attending meetings at rates payable to county officers and employees. The per diem rate of one hundred fifty dollars ($150) may be increased by the board subject to approval by the boards of supervisors.

Commented [MH2]: Corrected HSC Reference.

Commented [MO3]: The Santa Barbara and San Luis Obispo County Medical Societies combined to create the Central Coast Medical Association. Noting, here, that one (1) physician from Santa Barbara and one (1) physician from San Luis Obispo County are recommended by the Association.

Bylaws of the Board of Directors
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dba CenCal Health

~~Obispo County Medical Society~~Central Coast Medical
Association. [1]

c. Two (2) hospital administrators, one (1) from a Santa
    Barbara County hospital and one (1) from a San Luis
    Obispo County hospital, who shall be appointed from
    a list established by the local hospital councils.

d. One (1) non-hospital or non-physician health care
    provider.

Each hospital administrator appointed to the board of directors
shall be unaffiliated with the hospital group, network, or corporate
entity of the other hospital board appointee.

Each physician appointee to the board of directors shall be
unaffiliated with the group, network, or corporate entity of the
other physician board appointee.

With respect to the two non-provider resident directors, the
appointments shall not result in two members who are both
recipients of Medi-Cal only or both recipients of Medicare only.

Except for initial staggered terms that may be established by the
board, the term of office of each non-county member, shall be two
years.

~~and, in addition,~~Members who retire, leave their position in good
standing, and otherwise remain qualified, may, ~~time as necessary~~
until the appointment and qualification of their successor, remain
on the board with full voting rights and privileges.

Commented [MH4]: Simple clarification of existing language.

Section 2.4   Any vacancy on the board shall be filled for the unexpired term by
the board of supervisors of the county authorized to make the
appointment to the position.

Section 2.5   Directors shall be entitled to one hundred fifty dollars ($1~~50~~0.00)
remuneration from ~~Authority~~ CenCal Health for each Board
meeting attended except that remuneration shall not exceed two
hundred dollars ($200.00) per month. The one hundred fifty
dollars ($1~~50~~0.00) rate per meeting may be increased by the Board
subject to approval by the Boards of Supervisors. [2]

In addition, Directors shall be reimbursed for their actual
expenses incurred in attending Board meetings at such rates as
are payable to County officers and employees.

Commented [MH5]: Citation: Current enabling State
statute HSC Section 101700 allows for payment up
to $150. The CenCal Health Board may elect to
increase their amount from $100 to $150. Section
101700 requires that an amount more than $150
must be approved by both Boards of Supervisors.
$200 per month maximum renumeration is the
statutory maximum.

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[1] 1 California Health & Safety Code Section 101690 originally address two separate county medical societies; Santa Barbara and San Luis Obispo. With the
merger of the two societies into the Central Coast Medical Association, Santa Barbara San Luis Obispo Counties, legislative intent is maintained by identifying
a requirement for a physician from each county based on the recommendation(s) from the Central Coast Medical Society.
[2] Health & Safety Code Section 101700

Bylaws of the Board of Directors
of the Santa Barbara San Luis Obispo
Regional Health Authority
dba CenCal Health

ARTICLE 3
OFFICERS

Section 3.1   The Officers of this Board shall be:

A Chair, who shall preside at all meetings and execute,
all documents approved by the Board.

A Vice-Chair, who in the Chair's absence or inability to act
shall preside and execute documents.

An Alternate Vice-Chair , who in the absence of both the Chair
and Vice-Chair or their inability to act shall preside and
execute documents

A Clerk, who shall keep the minutes of the Board and shall
attest the Chair's or Vice-Chair's or Alternate Vice-Chair's
signature on documents approved by the Board. The Clerk
shall be an employee of the AuthorityCenCal Health and not a
member of this Board.

An Assistant Clerk, who shall perform the duties of the Clerk in
the Clerk's absence and who shall be an employee of the
AuthorityCenCal Health and not a member of this Board.

A Treasurer, shall serve as the Chief Financial Officer (CFO) of
the AuthorityCenCal Health and not be a member of this
Board.

Section 3.2   The Board, annually at the first meeting in January or at an
adjournment of that meeting, shall elect a Chair, Vice-Chair,
Alternate Vice-Chair, Clerk, and Assistant Clerk for a one year
term.

The Vice-Chair will may be recommended from the alternate
county of the Chair to the extent a willing candidate is available.

The Board of Directors may reappoint the Chair and Vice-Chair or
Alternate Vice-Chair for a second term with a term limit of two (2)
consecutive terms for any of these officers in a single position.

Should a vacancy occur of the Chair and/or Vice-Chair, members
of the Nominating committee would convene to make a
recommendation to the Board for a new Chair and/or Vice-Chair.

ARTICLE 4
MEETINGS

3

Bylaws of the Board of Directors
of the Santa Barbara San Luis Obispo
Regional Health Authority
dba CenCal Health

Section 4.1   The date, time, and place of meetings of the Board shall be established ~~from time to time~~ by ~~Resolutions~~ approval of ~~this~~ the Board.

Section 4.2   Meetings shall be open and public, and all persons shall be permitted to attend, except for legally permitted closed sessions.

Section 4.3   The Board may adjourn any regular, adjourned regular, special or adjourned special meeting to a time and place specified in the order of adjournment. Less than a quorum may so adjourn from time to time. If all Directors are absent from any regular or adjourned regular meeting, ~~The~~ the Clerk of the Board may declare the meeting adjourned to a stated time and place and the Clerk shall cause a written notice of the adjournment to be given in the same manner as provided in Section 4.4 for special meetings, unless such notice is waived as provided for special meetings. A copy of the order or notice or adjournment shall be conspicuously posted on or near the door of the place where the meeting was held within 24 hours after the time of the adjournment. When a regular or adjourned regular meeting is adjourned as provided in this section, the resulting adjourned regular meeting is a regular meeting for all purposes. When an order of adjournment of any meeting fails to state the hour at which the adjourned meeting is to be held, it shall be held at the hour specified for regular meetings by ordinance resolution, by law, or other rule.

Section 4.4   A special meeting may be called at any time by the Chair or, in the Chair's absence or unavailability, by the Vice-Chair, or by a majority of the Directors by delivering personally, by electronic mail ("email") or by mail written notice to each Director and to each local newspaper of general circulation or radio or television station requesting notice in writing. Such notice shall be delivered personally, by email or by mail and shall be received at least 24 hours before the time of such meeting as specified in the notice. The call and notice shall specify the time and place of the special meeting and the business to be transacted. No other business shall be considered at such meetings by the Board. Such written notice shall be dispensed with as to any Director who at or prior to the time the meeting convenes files with the Clerk of the Board a written waiver of notice. Such waiver may be given by electronic means. Such written notice may also be dispensed with as to any Director who is actually present at the meeting at the time it convenes. Notice shall be required pursuant to this section regardless of whether any action is taken at the special meeting.

Section 4.5   The Board shall hold at least four (4) meetings per year.

Commented [MH8]: HSC 101700

ARTICLE 5

4

Bylaws of the Board of Directors
of the Santa Barbara San Luis Obispo
Regional Health Authority
dba CenCal Health

QUORUM

A majority of the Directors of the Board shall constitute a quorum for the transaction of business.

ARTICLE 6
AGENDAS

The ~~Executive Director~~Chief Executive Officer shall prepare an agenda for all meetings of the Board. The agenda for a regular meeting of the Board shall contain one section entitled "Other Business." Under this section any Director or the ~~Executive Director~~Chief Executive Officer may request that the Board consider any item not otherwise appearing on the agenda.

Agenda items added under "Other Business", shall conform with the Ralph M. Brown Act. Added agenda items, that have not been previously posted, may only be added if the Board majority agrees that there is a need for immediate action on the item and that CenCal Health became aware of the item after the agenda was already posted. The addition of an additional agenda item shall follow a process prescribed in law.

ARTICLE 7
CONDUCT OF BUSINESS

Section 7.1   The items on the agenda shall be considered in order unless the Chair, with the majority of the Board present concurring, ~~shall~~ announce~~s~~ a change in the order of consideration.

Section 7.2   Unless the agenda item identifies a particular source for a report (such as the Chair, Directors, Advisory Committees or ~~Executive Director~~Chief Executive Officer), the ~~Executive Director~~Chief Executive Officer, the Directors, ~~the Authority's~~CenCal Health's staff and consultants shall report first on the item. Then the item shall be open to public comment upon recognition of the speaker by the Chair.

Section 7.3   The actions of the Board shall be expressed by motion, resolution, or ordinance.

Section 7.4   In executing its business, the Board activities are implemented and overseen by the CEO. These Bylaws provide that the CEO has the authority to carry out the policies, procedures, and practices of the Board, and to act as the representative of the Board in all matters that the Board has not authorized someone else to do. Any authority not specifically addressed by the Board or in these Bylaws, is reserved to the CEO or designee(s) identified by the

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CEO with a memorandum identifying the designee(s) with the Clerk of the Board and copies to the Chair and Vice-Chair.

Section 7.45   At open meetings of the Board of Directors, inpatient hospital reimbursement rates negotiated with a specific out-of-County hospital by the California Medical Assistance Commission shall not be revealed. (Approved and Added 12/19/89, Resolution No. 89-12)

> **Commented [MH12]:** Outdated reference. State hospital rates from DHCS are now a matter of record.

ARTICLE 8
VOTING

All official acts of the Board shall require the affirmative vote of a majority of the Directors of the Board.

ARTICLE 9
DISQUALIFICATION FROM VOTING

Section 9.1   Directors shall be disqualified from voting on contracts in which they have a financial interest. Notwithstanding any other provision of law, such Directors shall not be disqualified from continuing to serve as Directors and such contracts may not be avoided solely because of such Director's financial interest.

Section 9.2   The five (5) County Directors may vote to approve arrangements and agreements between the AuthorityCenCal Health and the County as a service provider and such Directors shall not thus be disqualified solely for the reason that they are employed by the County.

ARTICLE 10
MINUTES

The Clerk shall prepare the minutes of each meeting. The minutes shall be an accurate summary of the Board's consideration of each item on the agenda and an accurate record of each action of the Board. At a subsequent meeting, the Clerk shall submit the minutes to the Board for approval by at least seven (7) Directors in attendance at the meeting covered by the minutes.

ARTICLE 11
COMMITTEES

This Board may, from time to time, create and appoint such committees as it deems necessary for its work. No more six (6) Directors or less than a Majority of Directors, whichever is less, may serve on any one committee.

Bylaws of the Board of Directors
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ARTICLE 12
SIGNATURES ON DOCUMENTS

Documents approved by the Board shall bear the signature of the Chair, Vice-Chair, or Alternate Vice-Chair and the signature shall be attested to by the signature of the Clerk or Assistant Clerk.

ARTICLE 13
AMENDMENT OF BY-LAWS

After notice of the substance of the proposed Amendment has been given in the written agenda, these By-lawsBylaws may be amended by a resolution of the Board at any meeting of the Board.

Adopted by The CenCal Health Board of Directors
On XX XX, 2023

_____

René Bravo, M.D., Chair of the Board

_____

Date of Signature

Attested:

_____

Paula Marie Bottiani, Clerk of the Board

_____

Date of Signature

CENCAL HEALTH
POLICY AND PROCEDURE (P&P)

Title: Board Guidance and Delegated Administrative Decision-Making Controls	**Policy No. :** ADM-01
Department: Administration	
Cross Functional Departments:	
Effective Date:	**Last Revised Date:**
P&P Require DHCS Approval? Y ☐ N ☐	**Annual Review Date:**
Director/Officer Signature and Date:	**Officer Signature and Date:**

I. Purpose:

To establish a documented and consistent policy and pattern of those decisions to be acted upon by the Board of Directors and of those decisions to be delegated to a Board delegated committee or to CenCal Health's Chief Executive Officer (CEO) or the CEO's designee is the CEO's absence or unavailability.

To outline CenCal Health's policy on administrative decision-making controls delegated to the CEO or the CEO's designee is the CEO's absence or unavailability.

II. Policy:

Board activities are implemented and overseen by the CEO. CenCal Health Bylaws provide that the CEO has the authority to carry out the policies, procedures, and practices of the Board, and to act as the representative of the Board in all matters that the Board has not authorized someone else to do. Any authority not specifically addressed by the Board, the Bylaws, or this policy is reserved to the CEO or designee identified by the CEO with a memorandum identifying the designee(s) with the Clerk of the Board with copies to the Chair and Vice-Chair.

III. Procedure:

A. The following matters require Board of Directors approval:

1. General

   a. Organizational policies relating to CenCal Health's mission, vision and values

   b. CenCal Health Strategic Plan

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c. Contracts or contract amendments with State, Federal or other regulatory agencies

d. New program or product authorization or termination

e. Issues of significance that the CEO believes to be within the overall purview of the Board

f. Employment and evaluation of the CEO

g. CenCal Health representation in advocacy matters relating to Federal and State legislation

h. Any specific matter the Board chooses to consider through motion and vote

2. Legal

a. Actions inherent to the Board as a body politic (organization, By-Laws revisions, etc.)

b. Actions relevant to the powers and responsibilities of the organization as specified in the enabling statute (H&S Code 101675 et. seq.)

c. Actions relating to potential or ongoing legal actions

d. Any action required of the Board due to legal or contractual obligations

e. Agreement or commitments relating to or with State or federal regulators

3. Financial:

a. Selection of Independent Audit Firm

b. Independent Audited Financial Statements

c. Unaudited financial statements

d. Provider payment policies (affecting provider classifications or across provider classifications)

e. CenCal Health's Annual Budget and significant variations from the approved budget

f. Investment policy

g. Vendor contracts in excess of $250,000 that are not explicitly approved in the annual budget

B. The following subject matters are delegated to Board designated committees to make recommendations to the Board of Directors:

Committee	Type of Committee	Committee Meeting Frequency	Frequency of Report Submission to BOD
Finance Committee	Board Sub-Committee	Ad Hoc or at least Annually	Ad Hoc or at least Annually
Nominating Committee	Board Sub-Committee	Ad Hoc or at least Annually	Ad Hoc or at least Annually
Board Development Committee	Ad Hoc Board Committee	Ad Hoc or at least Annually	Ad Hoc or at least Annually
CEO Performance and Compensation Committee	Ad Hoc Board Committee	Ad Hoc or at least Annually	Ad Hoc or at least Annually
Quality Improvement Committee (Quality Improvement and Health Equity Committee or QIHEC on 1/1/2024)	Internal Plan Committee	Quarterly	Monthly
Compliance Committee	Internal Plan Committee	Quarterly	Monthly
Community Advisory Board (CAB)	Advisory Committee	Quarterly	Quarterly
Provider Advisory Board (PAB)	Advisory Committee	Quarterly	Quarterly
Family Advisory Committee (FAC)	Advisory Committee	Quarterly	Quarterly
Clinical Advisory Committee (CAC)	Advisory Committee	Quarterly	Quarterly

C. The following matters are delegated to the CEO.

1. Association Advocacy – the CEO, or designee, maintains authority to represent CenCal Health in professional or industry associations, including but not limited to, the Association for Community Affiliated Plans (ACAP), the California Association of Health Plans (CAHP), and the Local Health Plans of California (LHPC).

2. Regulatory Representation - the CEO, or designees, maintains authority to represent CenCal Health with various state and federal regulatory representatives to ensure a harmonious and professional relationship.

3. Provider Contracting Including Provider Claims Settlements – the CEO maintains authority to approve provider contracting including provider claims settlements.

4. Signature Stamps - the CEO, the Chief Operating Officer (COO), the Chief Financial Officer (CFO), and the Chief Performance Officer (CPO) each maintains his or her authority to approve use of their respective signature stamps.

5. CenCal Health staff

   a. The CEO will submit to the Board, annually, for approval, an administrative budget that provides for necessary personnel, equipment, supplies, and other necessary expenditures to ensure that the work of the Board can be carried out effectively and efficiently.

   b. The Board delegates to the CEO the responsibility for the management and hiring of personnel subject to personnel policies which are the responsibility of the CEO to establish and carry out. In doing so, the CEO will ensure all applicable laws, regulations and rules regarding personnel are followed and documented in personnel policies.

   c. Only the CEO has authority to approve involuntary staff terminations. In these instances, the Human Resources Director (HRD) recommends separation to the Chief Performance Officer (CPO). If approved, the CPO forwards the separation request to the CEO for final approval.

   d. The CFO maintains the authority and oversight over payroll expenditures.

6. Executive Line of Succession

   a. Specific authorities may be delegated in accordance with this policy if the CEO is unavailable (absent and unreachable due to vacation, illness, injury, or other circumstance inhibiting decision-making abilities essential to support business operations).

   b. In the event that the Executive Line of Succession is activated on behalf of the CEO, CenCal staff members listed in the table below may act in the CEO's absence, in accordance with this policy, beginning with the First Alternate and progressing thorough each alternate, as necessary.

   Primary CEO
   First Alternate COO
   Second Alternate CFO
   Third Alternate CPO

   c. Only the Officers named above are included in the Executive Line of Succession. The Board assumes authority when all named individuals are Unavailable.

   d. Individuals acting in accordance with the Executive Line of Succession shall retain such authorities until:

   i. Authority is resumed by the Primary; or

ii. Authority is assumed by the Board.

   e. The CEO or acting CEO (see Section C. 6. b. above) must notify the Board, CenCal Health Officers and Department Directors in the event the Executive Line of Succession is activated based on CEO unavailability due to incapacity, as determined by the acting CEO.

   f. For any action in which two officers' signatures or approvals are required, and in the event the authorized officer is unavailable to provide approval, the Executive Line of Succession may be used to obtain the signature or approval of the next alternate in the Executive Line of Succession.

IV. Definitions:

Unavailable: Absent and unreachable due to vacation, illness, injury, or other circumstance inhibiting decision-making abilities essential to support business operations.

V. References:

A. Bylaws

VI. Cross Reference:

A. Policy and Procedures (P&P):

   1. [Insert P&P Alphanumeric Identifier] –   Approval and Signature Authority Policy

B. Standard Operating Procedure (SOP):

   1. [Insert SOP Identifier] – [Insert SOP Title]

C. Program Documents:

   1. [Insert SOP Identifier] – [Insert SOP Title]

VII. Attachments:

Revision History:

P&P Revision Date	Leaders who Reviewed and Approved P&P Revisions	Reason for P&P Revisions	P&P Revision Effective Date (date P&P is operationalized)	DHCS P&P Approval Date
MM/DD/YYYY	[Insert Name, Insert Title]	P&P Established	MM/DD/YYYY	TBD

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CENCAL HEALTH POLICY AND PROCEDURE	
Title: Guidelines for Board Actions	**Policy No. :** ADM-01
Department: Administration	
Effective Date: September 17, 2014	**Revised Date:** August 6, 2020
Cross Reference:	**Annual Review Date:** September 2, 2020
Executive: Robert Freeman Chief Executive Officer	**Executive Signature and Date:** *[signature]* 9/16/20

I. Purpose:

On a regular basis staff brings items to the Board of Directors with a recommended action for the Board to accept, modify or reject. There are also many items, issues or decisions the Board delegates to staff without specific input. These guidelines define what types of issues or items require Board approval and what types of issues or decisions have been delegated to management or a Board designated body for determination of appropriate action. The intent is to:

- Maintain a balance between the Board's oversight of management activities and its decision-making powers;
- Focus the Board's attention on those issues of most significance and importance;
- Enable the plan to react more promptly to changes in state reimbursement rates, while maintaining appropriate checks and balances;
- Establish a documented and consistent policy and pattern of those decisions to be acted upon by the Board; and those decisions to be delegated to management or a Board delegated committee.

This policy does not impact or revise the type or number of issues brought to the Board of Directors as informational items or reports. Further, as noted above, adoption of this policy would not prohibit or prevent the Board of Directors from taking up any issue or item of its choosing to potentially take action on. Rather, the policy is intended to assist staff both in the development of Board agendas and in the management of the Board's time during meetings.

II. Policy:

Board activities are implemented and overseen by the CEO to define the types and items requiring Board approval and those that have been delegated to management of a Board designated body.

III. Procedure:

A. For any action requiring Board of Director approval, as defined above, management staff must notify the CEO to assure the item is included on the next Board agenda as an "Action" item

The following types of actions require Board of Directors approval:

B. *General:*
   1. Organizational policies relating to CenCal Health's mission, vision and values
   2. CenCal Health Strategic Plan
   3. Contracts or contract amendments with State agencies
   4. New program or product authorization or program/product termination
   5. Miscellaneous issues of significance that management believes to be within the overall purview of the Board
   6. Employment and evaluation of Chief Executive Officer
   7. Any specific action the Board chooses to consider through motion and vote

C. *Legal:*
   1. Actions inherent to the Board as a body politic (organization, By-Laws revisions, etc.)
   2. Actions relevant to the powers and responsibilities of the organization as specified in the enabling statute (H&S Code 101675 et. seq.)
   3. Actions relating to potential or ongoing legal actions
   4. Any action required of the Board due to legal or contractual obligations
   5. Agreements or commitments relating to or with State or federal regulators

D. *Financial:*
   1. Selection of Independent Audit Firm
   2. Independent Audited Financial Statements
   3. Unaudited financial statements
   4. Vendor contracts and expenditures as outlined in the attached matrix
   5. Provider payment policies (affecting provider classifications or across provider classifications)
   6. CenCal Health's Annual Budget and significant variations from the approved budget.
   7. Investment policy

E. The following action does not require Board of Directors approval:
   1. The Chief Executive Officer may sign Medi-Cal (or other state program) contract amendments under the following conditions:
      a. The contract amendment is primarily to revise State reimbursement rates and contains no other substantive provisions;
      b. The CEO is otherwise satisfied with the amendment's content;
      c. The CFO has determined the revised rates are adequate to meet the corresponding obligations;
      d. The Legal Counsel has approved the amendment as to form; and,
      e. With the advice and consent of the Chair of the Board.

F. The following types of actions are <u>delegated to Board designated committees</u>:
    1. Quality Improvement (Quality Improvement Committee)
    2. Compliance (Compliance Committee)

G. The following types of actions are <u>delegated to management</u>:
    1. Provider contracts
    2. Vendor contracts and expenditures as outlined in the attached matrix
    3. Utilization Management/Clinical Determinations (Chief Medical Officer)
    4. Any actions not specified as being the responsibility of the Board of Directors or delegated to Board designated bodies.
    5. The only management representatives authorized to legally or contractually bind CenCal Health are the Chief Executive Officer, Chief Operating Officer, Chief Financial Officer and the Chief Medical Officer.

IV. Definitions: N/A

V. References: N/A

VI. Attachments:

Vendor Contract/Expense Approval Matrix

Vendor Contract/Expense Type	Board of Directors	Management	Amount in Annual Budget
Advocacy/Associations			
State Legislative Advocacy	X		>$50k
Federal Legislative Advocacy	X		>$25k
CAHIO		X	>$25k
ACAP		X	>$25k
CAHP		X	>$25k
Provider Contracts			
Individual provider contracts		X	
Pharmacy Benefits Manager	X		>$100k
Behavioral Health subcontractor (Healthy Families)	X		>$100k
Insurance			
Health Insurance		X	>$100k
Liability Insurance		X	>$100k
Dental Insurance		X	>$50k
Workers Compensation Insurance		X	>$50k
Life Insurance		X	>$50k
Reinsurance		X	>$1m
Administrative Support			
Postage (In total)		X	>$100k
Printing (In total)		X	>$100k
Integrated Phone and Data Service		X	>$100k
Claims Processing Support		X	>$100k
Quarterly Member Newsletter "Your Health"		X	>$50k
Computers		X	>$50k
Office Supplies		X	>$50k
Copier/Printers		X	>$50k
Business Recovery Services		X	>$25k
Computer Hardware and Support (in total)		X	>$100k

Vendor Contract/Expense Type	Board of Directors	Management	Amount in Annual Budget
IT-Related Support/License Fees			
Technical Consulting (in total)		X	>$100k
Interqual License Fees		X	>$100k
Computer Software & Maintenance (in total)		X	>$100k
Decision Support Report Subscription		X	>$50k
Cactus Software and Training		X	>$25k
KOVIS License Fee and Annual Service		X	>$25k
First Data Bank license fees		X	>$25k
Software License Fees		X	>$25k
Misc. Any non-listed expense item over $100k	X		>$100k

Template Revised 8/2020

CENCAL HEALTH **POLICY AND PROCEDURE (P&P)**	
Title: APPROVAL AND SIGNATURE AUTHORITY POLICY	**Policy No.:**
Department: Finance	
Cross Functional Departments:	
Effective Date: 1/1/2024	**Last Revised Date:**
P&P Require DHCS Approval? Y ☐ N ☐	**Annual Review Date:**
Director/Officer Signature and Date:	**Officer Signature and Date:**

I. Purpose

   A. The purpose of this policy is to establish consistent company-wide control over accounts payable disbursements, wire transfers, purchases and contractual commitments made on behalf of CenCal Health that are generally not provider claim related. It is essential that potential transactions have all required approvals prior to CenCal Health making a commitment with the associated vendor or other outside party.

   B. CenCal Health grants specific levels of signature authority to certain employees to authorize and approve the commitment or expenditure of CenCal Health's funds ("Commitments"). This policy is intended to ensure that any of CenCal Health's Commitments is properly authorized prior to being made.

II. Policy:

   A. This policy applies to new transactions that will ultimately result in the use of CenCal Health's assets. These transactions include, but are not limited to, purchase requisitions, check requests, purchase orders, contracts, leases, and capital expenditures – regardless if such transactions were budgeted or unbudgeted. Exceptions include claims payments that are NOT processed and paid through CenCal Health's accounts payable system; provider contracts and capitation contracts which are the responsibility of the associated Chief Officer to the extent they are routine and within budgetary expectations; and payments of pass-through items designated by DHCS as available for disbursement to providers through various government programs. Invoice transactions that have been previously authorized by a requisition/PO do not require Signature approval.

B. All transactions are required to have the proper level of authorization prior to CenCal Health making a Commitment with a vendor or other outside party. The proper level of authorization for transactions is defined as "The signature of at least one employee with authorization for the related cost center and an authorization limit greater than or equal to the total amount of the transaction". The approver or his/her designee is responsible for ensuring that the transaction represents a proper use of CenCal Health's funds.

C. CenCal Health's Finance Department is responsible for administering this policy. It is the responsibility of the requesting employee or business unit to obtain all necessary approvals prior to the issuance of a purchase order, signing of a contract, a capital expenditure, entering a lease agreement, etc. No purchase orders should be issued, or contractual documents signed or funds disbursed, until the required approvals have been obtained.

III. **Procedure:**

A. Authorization Limits

1. The appropriate level is determined by the amount of the total transaction, regardless of whether the transaction is submitted using one purchase requisition/check request/purchase order or multiple smaller transactions.

B. General Authorization

1. Employees are identified with authorization limits up to a specified amount based on their job title within CenCal Health (e.g., director, chief, officer). General disbursement authorization limits are designated in Table1 below:

The applicable General Authorization, as set forth in the following table, is based on the CenCal Health job level.

GENERAL AUTHORIZATION	
Job Level	**Authorization Limit**
Chief Executive Officer	$100,000 and over
Chief Financial Officer	All transactions over $50,000 and under $100,000
Department Chief	All transactions over $25,000 and up to $50,000
Department Director	Up to $25,000

Note: It is the responsibility of the approver to ensure expenditures are within the approved department budget.

C. Delegation of Authority

1. Authority to approve check requests or requisitions/purchase orders under this Signature Authority Policy may be temporarily delegated to another employee during periods of planned absences. Delegation must be to a direct report at a Manager or above job level. Delegation of authority by using the attached Delegation of Authority form.

D. Contracts and Authorized Agents

1. The Chief Executive Officer (CEO) or designee is CenCal Health's authorized agent to sign all contracts. Properly authorized requisitions/purchase orders from originating departments serve as the internal authorization for the CEO to make external funding Commitments with vendors of administrative goods and services. The CEO may only temporarily delegate his/her authority to an Officer or Director during periods of planned absences.

E. Legal Review of Contracts

1. Where practical, all contractual negotiations should be initiated from legally pre-approved standard agreements. Circumstances may arise where standard contract templates are not applicable. In these situations, a standard contract template may be modified, or a different contract format may be used. In every situation, if there are changes to a legally pre- approved contract, the Legal Department must review and approved of such changes. If the contract is a statement of work/service order/schedule against a pre-approved master agreement, and the terms and conditions contained in the statement of work/service order/schedule do not conflict with the master agreement terms and conditions, the Legal Department does not need to review the statement of work/service order/schedule.

F. Auditing and Monitoring

IV. **Definitions:**

A. **Signature**: means written in the hand of the authorizing individual or an approved electronic signature format within the PLAN's documents.

V. **References:**

A.

VI. **Cross Reference:**

A. Policy and Procedures (P&P):

1. ADM-01 Board Guidance and Delegated Administrative Decision-Making Controls

2. FIN-15 Procurement Policy

B. Standard Operating Procedure (SOP):

1. In Development

C. Program Documents:

1. In Development

VII. Attachments:

A. **Attachment A**: Delegation of Authority form

Revision History:

P&P Revision Date	Leaders who Reviewed and Approved P&P Revisions	Reason for P&P Revisions	P&P Revision Effective Date (date P&P is operationalized)	DHCS P&P Approval Date
MM/DD/YYYY	[Insert Name, Insert Title]	P&P Established	MM/DD/YYYY	TBD

Exhibit A

DELEGATION OF AUTHORITY LETTER

By means of this letter, I, [name and title], hereby temporarily delegate my signature authority as described in the Signature Authority Policy to [position title and name], on the following terms and conditions:

1. In accordance with the Signature Authority Policy, [name and title] may review and sign, on my behalf, check requests, requisitions/purchase orders in an amount and duration not to exceed [insert dollar limit] from [starting date] until [end date].

2. The authority delegated in this document cannot be sub-delegated.

I hereby acknowledge and agree that the responsibility for all actions remains with the delegating party.

[signature]
_____Date:
Name
Title [delegating official]

Acknowledged and agreed:
[signature]
_____Date:
Name
Title [delegate]

** The signed form must be sent to A/P.

CENCAL HEALTH POLICY AND PROCEDURE	
Title: Authorized Approval Levels on Purchase Orders/Expense Reimbursements	**Policy No. :** FIN-07
Department: Finance	
Effective Date: 3/21/2019	**Revised Date:** 11/9/2020
Cross Reference:	**Annual Review Date:** December 2020
Director: Leanne Bauer, Director of Finance	**Director Signature and Date:** *Leanne Bauer* 2/8/2021
Executive: David Ambrose, Chief Financial Officer	**Executive Signature and Date:** David Ambrose 7/21/2021

I.   Purpose:

To establish guidelines for approval of expenditures and to expedite the purchasing and accounts payable process.

II.   Policy:

Staff must use the Chrome River system on the intranet to complete purchase orders/invoices, pre-approval/expense reimbursements.

- The Finance and Administrative Services departments monitor purchase orders/invoice, pre-approvals/expense reimbursements.

III.   Procedure:

1. Approval guidelines for purchase orders, expense requests and expense reimbursements are as follows:

   1.1 A purchase order or expense request must be approved <u>before</u> an item is purchased or <u>before</u> an employee has traveled.

   1.2 Expense reimbursements are to be completed after travel has completed or after the employee has purchased an item with their own funds.

   1.3 The Department Director or designee must determine if the item being requested for purchase is a budgeted item or a non-budgeted item. If the item is non-budgeted, then an unbudgeted form needs to be filled out and signed off by the Department Director supervisor.

   1.4 For special office supplies a purchase order should be requested (Staples).

   1.5 All requested purchases must meet ALL CenCal Health policies regarding expenditure of funds.

1.6 It will not be the responsibility of the Administrative Services, Finance or Administration Department to verify that a purchase order/invoice, or pre-approval/expense reimbursement does not exceed budget.

1.7 If there is any question or possible problem or doubt that an item or service may not be budgeted, or may exceed the budgeted amount, the Department Director should verify budgeted amounts with the Finance Department.

2. The following are the thresholds for approving CenCal Health purchase orders, expense requests and expense reimbursements.

2.1 2.1 Only a Department Director's approval is required on a purchase order or expense request for expenditures under $1,000.

2.2 Finance approval (along with the Department Director) is required on all purchases exceeding $1,001 through $10,000 for purchase orders and expense requests.

2.3 Administration approval (along with Finance and the Department Director) is required on purchase orders for expenses exceeding $10,000.

2.4 Expense requests and reimbursements $5,000 or less require a Department Director and Finance approval.

2.5 Expense requests and reimbursements over $5,000 require the approvals of Administration, Finance and the Department Director.

2.6 The Administrative Executive Assistants and Human Resources Administrative Assistant (along with Finance) can approve purchase orders, expense requests and expense reimbursements up to $150.

2.7

2. **Definitions:**

N/A

3. **References:**

The unbudgeted form is located on the intranet (Scoop) Finance department page.

4. **Attachments:**

N/A

Financial Report for the eight (8) Month Period Ending August 31, 2023

Date: September 20, 2023

From: Kashina Bishop, Chief Financial Officer/Treasurer

Contributors: Amy Sim, Accounting Director

Executive Summary

This report summarizes the health plan's financial performance calendar year-to-date (CYTD) through August 31, 2023, and provides insight on how the health plan is operating against budget forecast expectations.

In addition to monitoring current performance, staff is beginning work on the CY 2024 budget which will incorporate the financial forecast for 2024 and beyond to reflect more current information. This will involve an assessment of the potential financial risk associated with the resumption of redeterminations, D-SNP start-up costs and increasing financial pressures on medical unit cost from providers.

Staff is also in the process implementing improvements to financial reporting beginning in 2024 which will align the reporting methodologies used for the budget, monthly statements, and State submissions. This will allow staff to identify cost variances more effectively and implement strategies to reduce risk or maximize revenue.

Financial Highlights (CYTD: Jan-Aug)

- **Operating Gain (Loss):** Through eight (8) months of the calendar year we are reporting an operating gain of $51.8 million.
- **Capitation Revenue** is at $838.1 million; over budget by $60.5 million and 7.8%.
- **Medical Expenses** are at $726.3 million; over budget by $16.7 million and 2.4%.
- **Administrative Expenses** are at $45.3 million; under budget by $5.1 million and 10.0%. Strategic Investments are under budget by $5.7 million and 93%.
- **Tangible Net Equity (TNE)** is at $264.6 million; representing 800% of the minimum regulatory requirement and 93.0% of the minimum Board of Directors desired TNE target.
- **Total Cash and Short-Term Investments** are at $225.8 million. Cash and Short-Term Investments available for operating the health plan is at $277.1 million, representing 108 Days Cash on Hand.
- **Member Enrollment** is at 233,794 for the month of Aug 2023.

Enrollment Trend YTD

Actual Enrollment vs. Budget Expectation
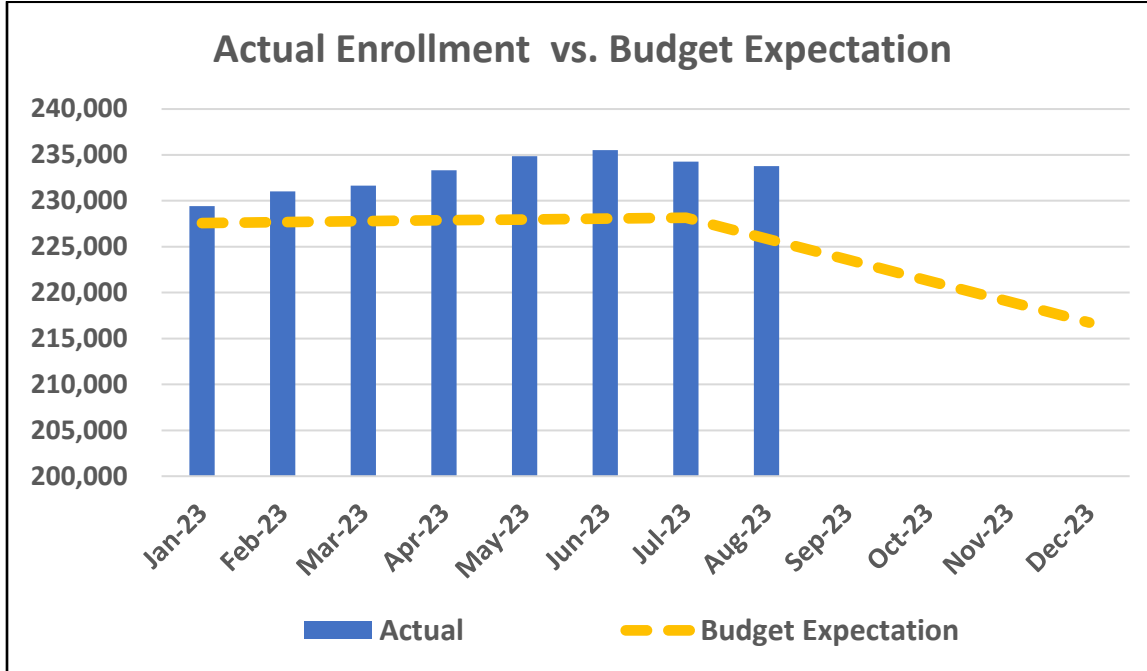
The health plan's enrollment count as of August 2023 is at 233,794 compared to a budget forecast of 225,877. January 1st – August 31st total member months are at 1,863,934 compared to budget expectations of 1,820,988; over budget 2.4%.

Capitation Revenue

Revenue Type	YTD Actual Dollars	FYTD Budget	YTD Variance	% Variance
Base Capitation Revenue	$804,145,083	$766,864,000	$37,281,083	4.9%
Supplemental Revenue	$24,634,043	$10,776,000	$13,858,043	128.6%
Budgeted Revenue Items	**$828,779,126**	**$777,640,000**	**$51,139,126**	**6.6%**
Prior Year Revenue Adjustments: Prior Year Retroactive Items Recorded in Current Fiscal Year	$9,342,262	-	$9,342,262	
TOTAL CAPITATION REVENUE	**$838,121,388**	**$777,640,000**	**$60,481,388**	**7.8%**

Base Capitation Revenue is over budget with a variance of 4.9% due to revised capitation rates from DHCS for Hospital Directed Payments (HDP) and Proposition 56, subsequent to the budget development.

Supplemental Revenue [Maternity Deliveries, and visits to American Indian Health Clinics] is over budget by 128.6% mainly due to maternity submission and updated rates for CY 2023. Recent additional submission for maternity included claims from the prior 12 months based on technical data review. Maternity rates were also updated effective January 2023 with adjustments from Jan 23-Mar 23.

Overall, actual budgeted revenue is exceeding budget expectations by 7.8%.

Interest Income

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

Medical Expenses

Medical Expense Type	YTD Actual Dollars	FYTD Budget	YTD Variance	% Variance
Medical Costs + Incentives	$727,181,230	$707,846,000	$19,335,230	2.7%
Reinsurance – net	$2,734,698	$1,786,000	$948,698	53.1%
Budgeted Medical Items	**$729,915,928**	**$709,632,000**	**$20,283,928**	**2.9%**
Prior Year Expense Adjustments: Prior Year Retroactive Items Recorded in Current Year	($3,567,181)	-	($3,567,181)	
TOTAL MEDICAL COSTS	**$726,348,747**	**$709,632,000**	**$16,716,747**	**2.4%**

Medical Costs & Incentives are trending over budget with a variance of 2.4%. Excluding DHCS directed payments which are budget neutral, the medical expenses in aggregate are in line with budget expectations. We are noting some upward trends in hospital inpatient costs due to high dollars cases and some increasing costs to LTC expenses which are assessing the overall impact.

Administrative Expenses

Administrative Expenses are at $45.3 million and under budget by $5.1 million and 10.0% primarily driven by:

- Staffing Vacancies: 57 budgeted positions are currently vacant. The Administrative budget incorporated a 9% assumed vacancy rate.
- Salaries and Fringes are under budget primarily due to open positions.
- Contract Services are under budget due to the timing of services needed.
- Rent and Occupancy is lower than budget expectations mainly due to janitorial costs and other occupancy costs.
- Travel Costs are under budget due to the timing of actual conferences and seminars.
- Office Supplies & Equipment are over budget primarily due to postage and printing costs for additional State requirements of member materials.
- Other Expenses are over budget due to the timing of software subscriptions.

Strategic Investments

Calendar year-to-date Strategic Investments, which include expenditures associated with start-up costs for launching a Medicare Dual Special Needs Program (D-SNP) and investments in technology infrastructure solutions, as of August 31, 2023, YTD actual is at $418,088 compared to the budget forecast of $6,073,600. The budget variance is primary due timing of consulting expenses anticipated during the budget process.

Tangible Net Equity (TNE)

As of August 2023, actual TNE is at $264.6 million. This level represents 800% of the Regulatory Minimum TNE level ($33.1 million) and 93.0% of the Board of Director's minimum TNE target currently at $284.6 million.

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

Tangible Net Equity
In Millions of Dollars

Legend: Actual TNE — Board Target TNE — Minimum Regulatory TNE
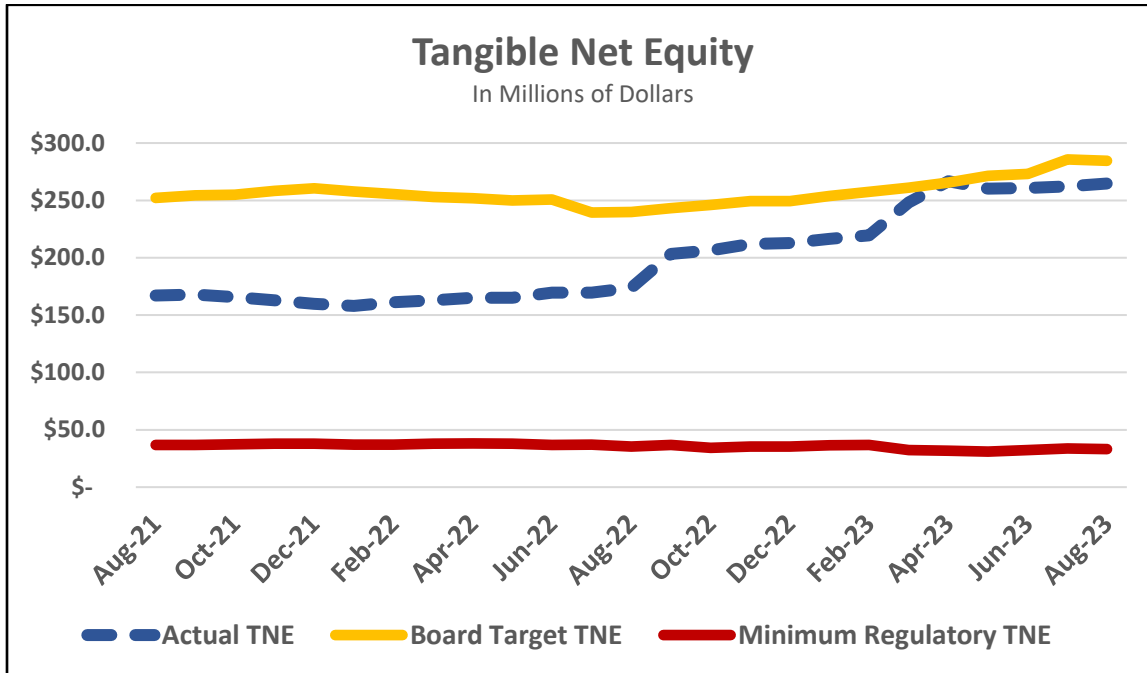
Treasury Activities for the Month of August 2023

Total Cash Received is at $92.3 million
    Due to an upgrade in the State's capitation software, capitation was not
    received by the plan until 9/8/2023.
Total Cash Disbursements is at $75.9 million.
Accrued and Earned Interest Income is at $578,343.

Finance Report
As of August 31, 2023

Kashina Bishop
Chief Financial Officer
September 20, 2023

Financial Position
for the period covering January 1
through August 31, 2023.

Discussion Topic
Finance Areas of Focus
Membership
Medical Expense Trends
August 2023 Financial Statements

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Finance – Focus Areas

1. FY 22-23 Financial Audit – Report at the October Board Meeting
2. CY 2024 Budget and Forecasts
3. Rate Development – CY 2022 Submission for CY 2025 Rate Setting
4. Implementation of Accounting System – Align Reporting to RDT
5. Assessment of Financial Impacts of State Requirements

State Requirements

MCO Tax

- Federally allowable Medicaid funding mechanism used to generate new State funds that can be used to match with Federal funds
- $11.7B available statewide to augment provider rates, referred to as "Targeted Rate Increases" (TRI)

Office of Health Care Affordability

- Developing spending growth targets, initially statewide and eventually sector-specific (e.g. geography, types of entities)
- Progressive enforcement of targets: technical assistance, public testimony, performance improvement plans, and escalating financial penalties

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Membership Trends
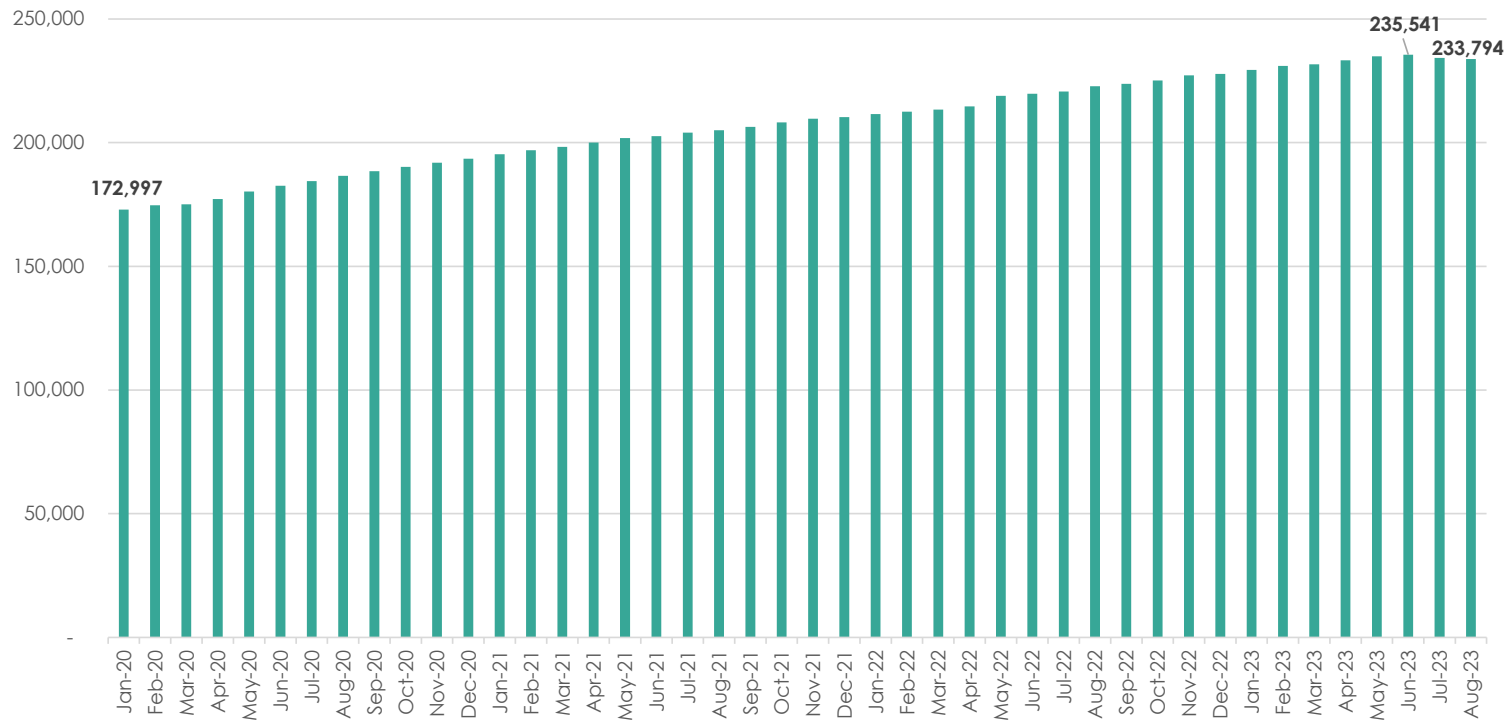
Medical Expenses – PMPM Trends

Financial Statements as of August 31, 2023

Presented in Millions	August	YTD thru Aug	YTD Budget
Capitation Revenue	$96.8	$838.1	$777.6
Medical Costs	$89.3	$726.3	$709.6
Medical Loss Ratio (MLR)	92%	87%	91%
Administrative/Strategic Costs	$5.7	$45.8	$56.5
Non-Operating Income (Expense)	$.6	$(14.3)	$.4
Operating Gain (Loss)	$2.4	$51.8	$11.9
Cash + Investments		$225.8	
Receivables		$552.6	
Accrued IBNP Claims		$119.9	
Tangible Net Equity Pct. of Board TNE Target Pct. of Required		$264.6 93% 800%	

Questions?

Staff recommends the Board of Directors approve the unaudited financial statements as of August 31, 2023

CenCal Health

Finance Statements and Other Information
For the eight (8) month period ending August 31, 2023

CenCal Health

Balance Sheet
As of August 31, 2023

Assets

Cash and cash equivalents	$	225,815,224
Accounts receivable:		
DHCS capitation and other		549,175,667
Reinsurance and other recoveries		3,220,740
Interest and other		249,358
Total accounts receivable		552,645,765
Prepaid expenses		2,965,046
Capital assets-net		28,181,772
Cerificate of deposit - DMHC assigned		300,000
Corporate owned life insurance (COLI)		10,802,389
Deposits and other assets		7,892,557
Total Assets	$	828,602,753

Liabilities and Net Assets

Medical claims payable and incentives	$	119,940,178
Accounts payable, accrued salaries and expense		14,722,056
Accrued DHCS revenue recoups-MLRs		26,919,872
Accrued DHCS directed payments		399,011,562
Unfunded pension liability - CalPERS		(1,346,155)
Other accrued liabilities		4,791,999
Net Assets - Tangible Net Equity		264,563,241
Total Liabilities and Net Assets	**$**	**828,602,753**

CenCal Health

Income Statement

For the eight (8) month period ending August 31, 2023

	Actual $	Budget $	Variance $	%
Operating Revenues:				
Capitation	$ 838,121,388	$ 777,640,000	$ 60,481,388	7.8%
Medical Expenses:				
PCP capitation	$ 23,240,804	$ 27,436,000	$ (4,195,196)	-15.3%
Physician services	121,235,959	139,466,000	(18,230,041)	-13.1%
Hospital inpatient	163,059,418	148,961,000	14,098,418	9.5%
Hospital outpatient	55,304,437	56,481,000	(1,176,563)	-2.1%
LTC facilities	109,796,616	96,450,000	13,346,616	13.8%
All other services	257,278,694	240,838,000	16,440,694	6.8%
PY estimate change	(3,567,181)	-	(3,567,181)	0.0%
	$ 726,348,747	$ 709,632,000	$ 16,716,747	2.4%
Operating Expenses:				
Administrative expenses	$ 45,337,641	$ 50,389,121	$ (5,051,480)	-10.0%
Strategic investments	418,088	6,073,600	(5,655,512)	-93.1%
	$ 45,755,729	$ 56,462,721	$ (10,706,992)	-19.0%
MCO Tax Expense	(3,195,452)	-	(3,195,452)	0.0%
Interest income	4,751,850	400,000	4,351,850	1088.0%
Non-Operating expense	(22,474,520)	-	(22,474,520)	0.0%
Unrealized gain (loss)	266,832	-	266,832	0.0%
Operating Gain (Loss)	**$ 51,756,526**	**$ 11,945,279**	**$ 39,811,247**	**333.3%**

CenCal Health

Income Statement

For the month of August 2023

		Actual $
Operating Revenues:		
Capitation	$	96,791,843
Medical Expenses:		
PCP capitation	$	3,674,945
Physician services		14,535,595
Hospital inpatient		18,887,010
Hospital outpatient		7,151,828
LTC facilities		14,501,824
All other services		31,789,841
PY estimate change		(1,232,864)
	$	89,308,179
Operating Expenses:		
Administrative expenses	$	5,656,135
Strategic investments		73,609
	$	5,729,744
MCO Tax Expense		-
Interest income		641,789
Non-Operating Income (expense)		90
Unrealized gain (loss)		(40,000)
Operating Gain (Loss)	**$**	**2,355,799**

CenCal Health

Medical Expense by Category

For the eight (8) month period ending August 31, 2023

	Actual $	Budget $	Variance $	%
PCP capitation	$ 23,240,804	$ 27,436,000	$ (4,195,196)	-15.3%
Physician services	121,235,959	139,466,000	(18,230,041)	-13.1%
Hospital inpatient in-area	57,917,891	68,175,000	(10,257,109)	-15.0%
Hospital inpatient out-of-area	67,028,844	43,118,000	23,910,844	55.5%
Hospital capitation inpatient	38,112,683	37,668,000	444,683	1.2%
Hospital outpatient in-area	15,881,616	16,443,000	(561,384)	-3.4%
Hospital outpatient out-of-area	9,422,458	12,419,000	(2,996,542)	-24.1%
Hospital capitation outpatient	30,000,362	27,619,000	2,381,362	8.6%
Long term care facilities	109,796,616	96,450,000	13,346,616	13.8%
Mental health services	19,506,516	22,029,000	(2,522,484)	-11.5%
Behavioral health therapy	12,324,856	12,713,000	(388,144)	-3.1%
Transportation	7,176,643	9,564,000	(2,387,357)	-25.0%
Durable medical equip.	5,983,220	6,978,000	(994,780)	-14.3%
Laboratory	9,170,378	11,905,000	(2,734,622)	-23.0%
Dialysis	5,759,342	5,432,000	327,342	6.0%
Hospice	3,726,994	5,452,000	(1,725,006)	-31.6%
Home health	1,984,046	2,422,000	(437,954)	-18.1%
Enhanced care mgmt.	2,263,018	7,955,000	(5,691,982)	-71.6%
Prop 56	10,347,580	-	10,347,580	
Community supports	1,038,849	890,000	148,849	16.7%
DHCS directed payments	158,334,675	134,671,000	23,663,675	17.6%
All other medical services	16,927,880	19,041,000	(2,113,120)	-11.1%
Reinsurance & recoveries	2,734,698	1,786,000	948,698	53.1%
Prior year change in estimate	(3,567,181)	-	(3,567,181)	0.0%
Total Medical Expenses	**$ 726,348,747**	**$ 709,632,000**	**$ 16,716,747**	**2.4%**

CenCal Health

Administrative Expenses by Category

For the eight (8) month period ending August 31, 2023

	Actual $	Budget $	Variance $	%
Salaries & wages	$ 21,400,743	$ 23,830,630	$ (2,429,887)	-10.2%
Fringe benefits	9,123,453	10,779,911	(1,656,458)	-15.4%
Contract services	6,360,636	7,567,200	(1,206,564)	-15.9%
Travel expenses	79,234	360,419	(281,185)	-78.0%
Rent & occupancy	592,343	615,200	(22,857)	-3.7%
Supplies & equipment	1,500,874	1,204,878	295,996	24.6%
Insurance	1,089,005	1,367,000	(277,995)	-20.3%
Depreciation expense	1,042,357	1,143,600	(101,243)	-8.9%
Software maintenance	26,114	65,960	(39,846)	-60.4%
Software licensing	2,312,524	2,095,600	216,924	10.4%
Communications	341,868	367,400	(25,532)	-6.9%
Professional dues	248,040	209,710	38,330	18.3%
Marketing	59,842	49,200	10,642	21.6%
Member/Provider materials	69,735	55,000	14,735	26.8%
Credentialing fees	30,441	18,000	12,441	69.1%
Provider relations	8,123	42,400	(34,277)	-80.8%
Board committee fees	15,975	24,360	(8,385)	-34.4%
Meeting room expenses	91,797	142,210	(50,413)	-35.4%
All other expeneses	944,538	450,443	494,095	109.7%
Total Admin Expenses	**$ 45,337,642**	**$ 50,389,121**	**$ (5,051,479)**	**-10.0%**

CenCal Health

Santa Barbara County Operating Statement

For the eight (8) month period ending August 31, 2023

YTD:	Actual $	Budget $	Variance $	%
Capitation Revenue	$ 575,343,980	$ 533,000,000	$ 42,343,980	7.9%
Medical Expenses	515,110,964	501,674,000	13,436,964	2.7%
Administrative Expenses	31,866,073	35,310,562	(3,444,489)	-9.8%
MCO Tax	(2,236,816)	-	(2,236,816)	
Operating Gain (Loss)	$ 30,603,759	$ (3,984,562)	$ 34,588,321	-868.1%

Medical Loss Ratio (MLR)	90%
Admin Loss Ratio (ALR)	5.5%
YTD Member Months	1,307,678
Avg. Member Count	163,460

CenCal Health

San Luis Obispo County Operating Statement

For the eight (8) month period ending August 31, 2023

YTD:	Actual $	Budget $	Variance $	%
Capitation Revenue	$ 262,777,408	$ 244,640,000	$ 18,137,408	7.4%
Medical Expenses	206,189,423	207,958,000	(1,768,577)	-0.9%
Administrative Expenses	13,471,887	15,077,000	(1,605,113)	-10.6%
MCO Tax	(958,635)	-	(958,635)	
Operating Gain (Loss)	$ 44,074,733	$ 21,605,000	$ 22,469,733	104.0%

Medical Loss Ratio (MLR)	78%
Admin Loss Ratio (ALR)	5.1%
YTD Member Months	556,256
Avg. Member Count	69,532

CenCal Health

Tangible Net Equity (TNE)

As of August 31, 2023

Actual TNE (from the Balance Sheet)	$ 264,563,241
Tangible Net Equity - DMHC minimum regulatory	33,053,386
TNE - excess (deficiency)	$ 231,509,855
Pct. Actual TNE of the Regulatory Minimum	800.4%

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

CenCal Health

Notes to the Financials Statements

As of August 31, 2023

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

REVENUE RECOGNITION Under contracts with the State of California, Medi-Cal is based on the estimated number of eligible enrollees per month, times the contracted monthly capitation rate. Revenue is recorded in the month in which eligible enrollees are entitled to health care services. Revenue projections for Medi-Cal are based on draft capitation rates issued by the DHCS effective as of January 1, 2023, as well as prior year any retroactive rate adjustments issued by the DHCS.

GASB 68 requires the health plan to record the magnitude of the unfunded pension liability. Accrued CalPERS Pension Liability is reserved on the balance sheet in the amount of ($1,346,155) based on current estimates.

CenCal Health

FYTD Operating Statement

For the two (2) month period ending August 31, 2023

Capitation Revenue	$	198,094,697
Medical Expenses		183,104,196
Administrative Expenses		10,854,282
Strategic Investments		140,584
MCO Tax		-
Interest Income		1,249,528
Unrealized gain (loss)		33,288
Non-Operating Income (expense)		3,973
Operating Gain (Loss)	**$**	**5,282,424**

Medical Loss Ratio (MLR)	92%
Admin Loss Ratio (ALR)	5.5%
YTD Member Months	468,076
Avg. Member Count	234,038

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

Quality Improvement Health Equity Committee (QIHEC) Report

Date: September 20, 2023

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

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

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<u>**Executive Summary**</u>

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

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

The QIHEC's recent proceedings included the following actions:

- Approval of May 25, 2023, QIHEC minutes.

- Approval of reports from the Pediatric Clinical Advisory Committee, Customer Experience Committee, and Utilization Management Committee.

- Approval of:

  o Clinical Practice Guidelines,

  o 2022 Population Needs Assessment,

  o 2023 Population Health Management (PHM) Program Strategy,

  o 2022 PHM Program Impact Analysis & Priorities for Improvement,

  o 2022 California Children's Services/Tri-counties Regional Center Quality Results,

  o Updates to the QIHETP Work Plan,

  o Key Performance Metrics that demonstrate cross-functional QIHETP integration of Utilization Management, Access and Availability, and Member Grievance operations,

  o Over & Under-Utilization Management Report; and

  o Quality Dashboard of key performance indicator results.

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

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

An informational update was also provided on recruitment of providers for the *Infection Prevention Nursing Home Pilot Program* to decrease hospitalizations for infection. Providers have been highly engaged and CenCal Health's leadership are optimistic that six invited facilities will participate in this pilot, despite slower than expected execution of individual agreements.

Background

Your Board, as CenCal Health's governing body, is required to participate in CenCal Health's Quality Improvement System as follows:

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

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

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

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

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

This memorandum represents your Board's report on the quality committee's recent proceedings for its 3rd quarterly meeting of 2023, and includes QIHETP and PHM policies for your consideration, direction, and approval. This report fulfills your Board's responsibility to review written progress reports from the QIHEC.

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

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

1. QIHETP & PHM Program policies reviewed and approved by the QIHEC.

2. The meeting agenda for the recent QIHEC meeting.

3. The meeting minutes of the former QIHEC, which were approved at the recent meeting of the QIHEC.

The policies reviewed by the QIHEC provide details about CenCal Health's QIHETP and PHM program structure and processes to ensure the effectiveness of the QIHETP and PHM programs. The QIHEC's engagement in this policy review enabled valuable feedback and direction from the QIHEC to meaningfully direct the effective administration of CenCal Health's QIHETP and PHM programs.

CenCal Health staff and DHCS have confirmed that the policies reviewed by the QIHEC comply with all DHCS quality improvement and health equity standards. The QIHEC's approval of the attached policies serves as the QIHEC's recommendation for your Board's approval, as the entity appointed by and accountable to your Board.

Next Steps

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

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

Recommendation

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

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

Quality Attachments:

- Attachment 1 – QIHEC Approved QIHETP & Population Health Management Program Policies (qty. 5)

- Attachment 2 - QIHEC Meeting Agenda, August 24, 2023

- Attachment 3 - QIHEC Approved Minutes, May 25, 2023

Quality Improvement & Health Equity Committee Report

Emily Fonda, MD, MMM, CHCQM, Chief Medical Officer
Van Do-Reynoso, MPH, PhD, Chief Customer Experience Officer, Chief Health Equity Officer
Carlos Hernandez, Quality & Population Health Officer

September 20, 2023

Board's Role

QIHETP governance to optimize effectiveness

- Approval of the overall QIHETP & the QIHETP annual plan

- Appointing the QIHEC as an accountable entity responsible for oversight of the QIHETP

- Receiving written QIHEC progress reports that describe actions taken, progress in meeting QIHETP objectives, & improvements made

- Directing necessary modifications to QIHETP policies & procedures to ensure DHCS compliance with Quality Improvement & Health Equity standards

QIHEC: *Quality Improvement & Health Equity* <u>*Committee*</u>
QIHETP: *Quality Improvement & Health Equity* <u>*Transformation Program*</u>

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Primary QIHETP Policy Responsibility

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

- Staff & DHCS have confirmed that all policies are compliant with DHCS standards

- Future P&Ps will be brought for your review in advance of DHCS submission, when feasible

Policies & Procedures Approved by QIHEC

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

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Policy Highlight

Comprehensive Wellness & Prevention Program for All Members

- A core PHM program element required by CalAIM

- Meets NCQA PHM standards, including evidence-based self-management of specific health behaviors & risks

- Includes NCQA-compliant programs that address diabetes, cardiovascular disease, asthma & depression

- Must align with the DHCS "Comprehensive Quality Strateg

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Key Next Steps

- Subject to Board's approval, staff will complete implementation of the approved policies

- QIHETP policies & those for NCQA accreditation, will be presented to your Board at least annually, on a quarterly schedule subsequent to the QIHEC meetings

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Recommendation

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

Health Equity Program Report

Date: September 20, 2023

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

Through: Marina Owen, Chief Executive Officer

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Executive Summary

CenCal Health has officially launched our Health Equity Program with formation of a Health Equity Steering Committee and Health Equity Champions work groups. The Health Equity Steering Committee will support the development of strategic actions for each domain identified in a gap analysis conducted through the Health Equity Collaborative, a national effort for community affiliated plans. This work will be accomplished in coordination across CenCal Health and community partners. The Health Equity Champions work groups will provide opportunities for CenCal Health staff to engage in ad-hoc workgroups formed by the Health Equity Steering Committee. The ultimate goal of the Health Equity Program is to craft a comprehensive Health Equity Roadmap that will ensure the attainment of targets and obligations outlined in our Strategic Plan, NCQA Health Equity Accreditation, and DHCS 2024 contract and support the objective to reduce healthcare disparities for our membership to achieve CenCal Health's vision of optimal health in our community.

Background

CenCal Health's Health Equity Program is rooted in our Mission to improve the health and well-being of the communities we serve by providing access to high quality health services, along with education and outreach, for our membership. Moreover, it aligns with our Board-approved Vision to become a trusted leader in promoting health equity, thereby fostering thriving communities that collectively achieve optimal health.

In December 2022, a select group of CenCal Health staff participated in a gap analysis of our organizational infrastructure, as part of the Association for Community Affiliated Plans (ACAP) Health Equity Collaborative at the national level. This analysis encompassed six key domains, covering various aspects of health plan operations, including Strategy, Data, Member Engagement, Internal Change Management, Community Engagement, and Provider Engagement. The results of this analysis highlighted both strengths and areas for enhancement in each domain.

The ACAP gap analysis findings were presented during an August Town Hall to CenCal Health staff, which prominently focused on health equity and child poverty. The

agenda featured discussions on health equity definitions, our ongoing efforts in this realm, the impact of health inequities on children in our communities, and welcomed Ms. Wendy Sims-Moten, Executive Director of First 5 Santa Barbara County, as a guest speaker, to discuss the impact of childhood poverty. Attendees were invited to participate in both pre- and post-event surveys to assess their understanding of health equity and CenCal Health's role in advancing health equity. The results were striking, showing an increase in awareness from 60% in the pre-survey to an impressive 99% in the post-survey.

Following the August Town Hall, the Health Equity Steering Committee is being launched on September 18th at an inaugural meeting, where CenCal Health's CEO, Ms. Owen, and Chief Health Equity Officer, Dr. Do-Reynoso, charged the team with initiating concrete actions based on the opportunities identified in the ACAP gap analysis and seek data driven solutions to address health inequities, in coordination with CenCal Health's Quality and Health Equity Transformation Program (QIHETP).

With the combined efforts of the Health Equity Steering Committee and the Health Equity Champions, the Health Equity Program is on track to develop a comprehensive Health Equity Roadmap, ensuring alignment with the goals set forth in the CenCal Health Strategic Plan, NCQA Health Equity Accreditation, and DHCS 2024 contract requirements.

Recommendation

This report serves an informational update, and no action is requested from the Board of Directors at this time.

Recommendation for Selection of Medical Management System Vendor

Date: September 20, 2023

From: Bill Cioffi, Chief Information Officer

Contributors: Jai Raisinghani, Deputy Chief Information Officer
                   Chris Hill, RN, MBA, Health Services Officer

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Overview

The purpose of this report is to recommend selection of a medical management system vendor following a Request for Proposal (RFP) process conducted by CenCal Health in alignment with the competitive purchasing process and the Board Guidance policy for vendor purchasing that exceeds $250K annually.

As discussed at your Board's strategic retreat in July 2023, CenCal Health developed a comprehensive IT Strategic Roadmap to enable transformation and support core business operations aligned with the 2023-2025 Strategic Plan. At that time, staff highlighted the next milestone as the selection of a Medical Management software solution and engaged in a competitive purchasing process. After careful evaluation and scoring of the proposals and vendor demonstrations, MedHOK was identified by a cross-functional team within CenCal Health as the preferred vendor to move forward with contracting for the implementation of a new medical management system.

Through implementation of a best-in-class system and replacement of the legacy system for Medical Management, CenCal Health will address the needs of the Health Services Division and meet the objectives of the CalAIM Program longer term, including improvements in authorization processing, efficiencies for enhanced care management and community supports, and in anticipation of Medicare program requirements.

Background

As shared in the Health Services Division reports over the past year and as identified in CenCal Health's 2023 Operating Plan, selecting a new Medical Management system is critical to organizing for impact and effectiveness at CenCal Health and expanding our role and reach to support future program requirements (e.g. Medicare). An RFP process attracted significant interest from best-in-class vendors supporting local health plans in California, resulting in multiple submissions from reputable vendors. After a rigorous evaluation process from a cross-functional team of subject matter experts in Health Services, including Medical Directors, nurses, and coordinators, and Member Services, IT

and Quality team members, an evaluation committee shortlisted two finalists: MedHOK and ZeOmega. The evaluation criteria included the RFP score, as well as scores from two demo rounds conducted with representatives from both vendors.

Vendor Selection

While both vendors were quite competitive, MedHOK emerged as the preferred choice due to their consistently high performance throughout the evaluation process. Their comprehensive RFP response, combined with their impressive demonstration sessions, demonstrated their ability to meet our requirements effectively. MedHOK is also currently being used by similarly positioned local health plans in California.

Vendor Cost

Furthermore, staff considered the proposed costs for implementation and ongoing licensing fees for the vendor from the preferred vendor, MedHOK, which were significantly less than alternative vendors:

- Annual Licensing Fees: $545,000
- Implementation Costs: $695,000

Next Steps

The CenCal Health team, responsible for evaluating and scoring the proposals, unanimously supports the selection of MedHOK as our preferred vendor. Their extensive experience in the healthcare industry, robust system capabilities, and competitive pricing make them an ideal partner for us to achieve our strategic objectives. The vendor's pricing is significantly lower than alternative vendors, ensuring a more cost-effective solution without compromising on functionality and quality. This aligns with the goal of optimizing resources while delivering exceptional healthcare management services to our members.

Next steps include engaging in contracting with the preferred vendor, development of an implementation plan and initiating project planning.

Recommendation

CenCal Health recommends Board's approval to contract with MedHOK as the selected medical management system vendor, not to exceed $545,000 in annual licensing fees and $695,000 in implementation cost.

Compliance Report

Date: September 20, 2023

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

Contributors: Puja Shah, Esq., Audits and Monitoring Director
Allison Bartee, Compliance Manager

<u>**Executive Summary**</u>

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, Audits and Monitoring, and other Compliance Department updates.

<u>**2024 Contract Operational Readiness**</u>

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

DHCS has structured the 2024 Contract Operational Readiness process into two (2) distinct periods: (1) Implementation Period; and (2) Operations Period. The Implementation Period is from August 1, 2022, through December 31, 2023. The Operations Period Commences on January 1, 2024.

On September 1, 2023, CenCal Health received DHCS approval to go live on January 1, 2024, in San Luis Obispo and Santa Barbara Counties, without additional on-site review. Approval is contingent upon full completion of all Operational Readiness 2024 deliverables. CenCal Health has only two (2) remaining due dates for operational readiness in September and December of 2023. CenCal Health's AIR rate (Additional Information Requested by DHCS) for Wave 1 is 13.1%. The AIR rate for Wave 2 is 9.4%.

The current AIR rate for Wave 3 is 0.02% with 99.98% of submissions approved by DHCS, indicating continuous quality improvement of CenCal Health's process, policies and procedures.

Department of Health Care Services: All Plan Letters

For the Month of August, DHCS released four (4), revised five (5) and retired two (2) APLs.

Released:

1. APL 23-021 Population Needs Assessment and Population Health Management Strategy
   - o Supersedes APL 19-011
   - o Released 8/15/2023

2. APL 23-022 Continuity of Care for Medi-Cal Beneficiaries Who Newly Enroll in Medi-Cal Managed Care from Medi-Cal Fee-For-Service, on or After January 1, 2023
   - o Supersedes APL 22-032
   - o Released 8/15/2023

3. APL 23-023 Intermediate Care Facilities for Individuals with Developmental Disabilities – Long Term Care Benefit Standardization and Transition of Members to Managed Care
   - o Released 8/18/2023

4. APL 23-024 Doula Services
   - o Supersedes APL 22-031
   - o Released 8/24/2023

Revised:

1. APL 17-020 American Indian Health Programs
   a. Revised 8/7/2023
      i. The DHCS website now includes an updated attachment containing the List of American Indian Health Program Providers.

2. APL 20-021 Acute Hospital Care at Home
   a. Revised 8/1/2023

3. APL 21-008 Tribal Federally Qualified Health Center Providers
   a. Revised 8/7/2023
      i. The DHCS APL Website now includes an updated attachment containing the List of Tribal Federally Qualified Health Center Providers.

4. APL 21-011 Grievance and Appeals Requirements, Notice and "Your Rights" Templates
   a. Revised 8/11/2023
      i. A large print version of the State Hearing Form was added to the DHCS APL Website.

5. APL 22-013 Provider Credentialing/Re-Credentialing and Screening/Enrollment
   a. Revised 8/4/2023

Retired:

1. APLs 10-003 Augmented Reimbursement for Family Planning Services
   a. Retired 8/15/2023

2. 10-014: Correction to All Plan Letter 10-003 Regarding Augmented Reimbursement for Family Planning Services
   a. Retired 8/15/2023

Audits & Monitoring

The Director of Audits & Monitoring and the Audit Manager continue to build the Audits & Monitoring (A&M) Unit. The A&M Unit is responsible for performing internal audits of CenCal Health (CCH) business units and processes, facilitating external audits with our regulators, assisting business owners with audit remediation efforts, and conducting delegation oversight of our delegated providers. As of September 18, 2023, the A&M Unit will have a Senior Delegation Oversight Specialist and is currently recruiting to fill two Compliance Auditor positions.

Internal Audit

The A&M Unit is collaborating with business units to develop an internal reporting, monitoring, auditing, and remediation cadence resembling our oversight of delegates as well as the Department of Health Care Services' (DHCS) oversight of CCH. Upon auditing the Physician Certification Statement (PCS) Form process, the A&M Unit provided recommendations to the Medical Management (MM) and Provider Services (PS) Departments on July 26, 2023. Following an audit of the implementation of APL 22-013, the A&M Unit provided recommendations to the PS Department on July 26, 2023. The A&M Unit is currently auditing the Grievances & Appeals (G&A) process.

External Audit – 2022 DHCS Medical Audit

The A&M Unit is leading the remediation of the 2022 DHCS Medical Audit findings, ensuring that all matters cited in DHCS's final report (issued on May 23, 2023) are appropriately addressed as soon as possible. CCH provided CAP responses to DHCS on

June 30, 2023, August 1, 2023, and September 1, 2023; currently, one (1) of the nine (9) findings is complete, four (4) findings have been accepted, and the remaining four (4) have been partially accepted. Following a response and submission of additional documentation with the September submission, <u>CCH is awaiting further guidance from DHCS</u>.

External Audit – 2023 DHCS Medical Audit and Focused Audits

<u>The 2023 DHCS Medical Audit and Focused Audits will occur on October 9-20, 2023</u>. Through the Medical Audit, CCH will be evaluated in six (6) categories of performance: *utilization management, case management and coordination of care, access and availability, member's rights, administrative and organizational capacity, and state supported services*. The Focused Audits will evaluate CCH in the areas of *transportation and behavioral health* (BH). On August 25, 2023, the A&M Unit timely submitted CCH's response to DHCS's pre-audit requests. On September 1, 2023, DHCS requested specific Focused Audit verification files; the A&M Unit is working closely with the Utilization Management (UM), Member Services (MS), G&A, and BH Departments to obtain and submit the appropriate files to DHCS. The A&M Unit is currently scheduling mock audits and interview preparation to occur this month.

Delegation Oversight

The A&M Unit completed 2023 annual audits of Ventura Transit Systems, Inc. (VTS), CCH's transportation broker, and of Care to Care, CCH's delegated radiological services provider. Following their respective audits, the A&M Unit issued final audit findings and requested a CAP from both VTS and Care to Care. <u>Neither audit resulted in any urgent or immediate findings that would cause a danger to members or a delay in care</u>.

<u>Recommendation</u>

This Compliance Report is presented for your Board's acceptance.

PROVIDER BULLETIN

A QUARTERLY PUBLICATION FOR PROVIDERS

VOL. 33 NO. 3 • SEPTEMBER 2023

PROVIDER NEWS

- Med-Cal Redetermination Update
- All residents regardless of immigration status can apply now
- DHCS annual medical audit coming in October
- Report suspected health care fraud directly to CenCal Health

CLINICAL CORNER

- MY2023 MCAS quality measures available
- Medi-Cal babies must be lead tested at 12 and 24 months
- Improve quality scores through patient education
- Reminder: Initial Health Assessments required during initial PCP visit
- Non-Emergency Medical Transportation Physician Certification Form

HEALTH PROMOTION UPDATES

- Preventive Health Guidelines are now in your Provider Portal
- 2023 Population Needs Assessment results available

CalAIM CORNER

- Social Determinants of Health (SDOH) screenings encouraged
- Community Supports programs are growing!
- Members transitioning from incarceration soon to be eligible for Enhanced Care Management

BEHAVIORAL HEALTH & MENTAL HEALTH UPDATES

- Benefits now include Dyadic Services
- ABA Recommendation doesn't require Autism Spectrum Diagnosis

Med-Cal Redetermination Update

The Department of Health Care Services has released a new, public Medi-Cal Continuous Coverage Unwinding Dashboard, containing by-county results.

Data displayed include new enrollments, ex parte renewals, monthly renewals processed as well as still in-process, and more.

DHCS plans to revise the data monthly. Overall, June renewal disenrollment rate averaged 21% across our counties, which mirrors the state's average. June and July members who were disenrolled due to not returning their packages still have 90 days (called the "cure" period) to submit it! If submitted within 90 days after disenrollment, DSS will process and retroactively re-enroll a beneficiary if determined eligible. This means a beneficiary doesn't need to start the application process from scratch.

DHCS expects the retention rates to increase between 3-4% percent during the "cure" period, which was the historical rate prior to COVID.
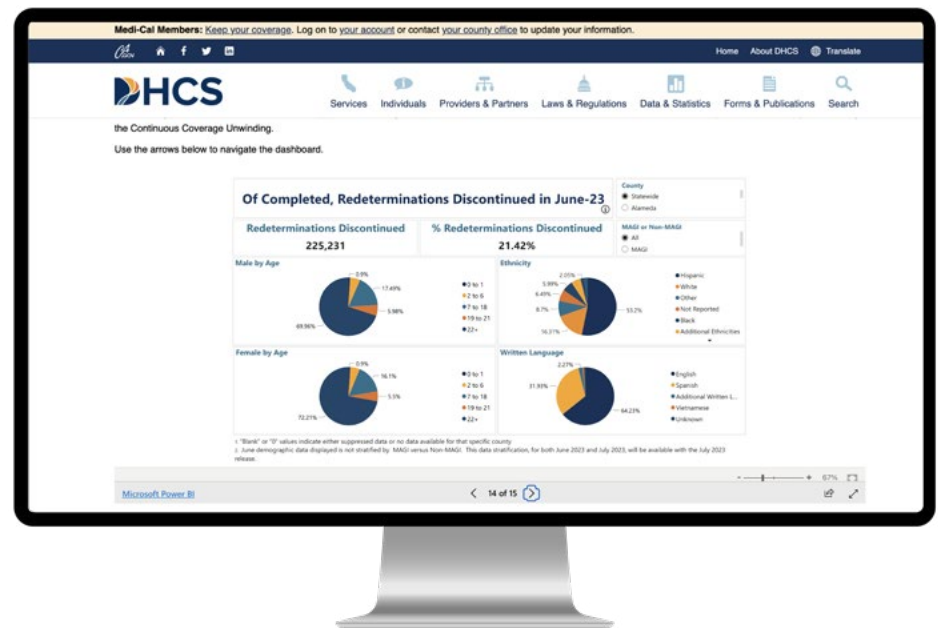
The dashboard allows a viewer to view specific data by county.

Disenrollments can occur for a variety of unpreventable reasons, including no longer qualifying, moving out of the area, deceased members, and others. However, the state has determined that June's disenrollments were overwhelmingly due to "procedural reasons," the majority of which are unreturned packages. CenCal Health is actively engaged with the Department of Social Services to identify members within their 10-day grace period and 90-day post-non-response disenrollment period for possible retroactive re-enrollments.

You can also scan the QR code to view the state's dashboard by opening your mobile phone's camera & point it to this QR code then click the link.

All residents regardless of immigration status can apply now, ages 26-49 eligible Jan. 1!

California continues to lead the nation in expanding access to health coverage.

On January 1, 2024, California becomes the first state to cover all low-income residents in full scope Medi-Cal regardless of immigration status. In California currently around 92% of all residents have some kind of health insurance or coverage. Closing this gap for adults aged 26 to 49 years regardless of immigration status will represent the final coverage expansion since implementation of the Affordable Care Act.

If you have patients ages 26 – 49 without health coverage who many quailify, encourage them to apply for Medi-Cal. These individuals ages 26 – 49 can apply NOW anytime for a January 1 enrollment.

CenCal Health will engage with our provider partners during the expansion of coverage for those in our community. Providers who have questions can reach out to the Provider Relations Department at (805) 562-1676 or email **psrgroup@cencalhealth.org**.
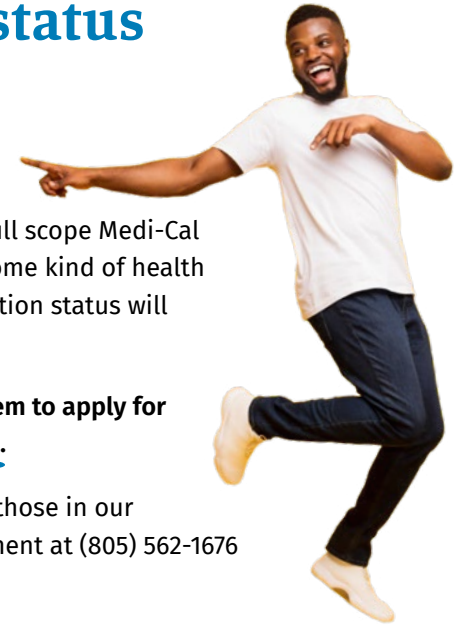
DHCS annual medical audit coming in October

The Department of Health Care Services (DHCS) will be conducting their annual medical audit of CenCal Health from October 9 through October 20, 2023.

A component of this routine audit may include telephone interviews with a DHCS nurse evaluator for select contracted provider offices, as well as medical record reviews regarding coordination of care. DHCS's nurse evaluators will conduct these interviews and medical record reviews in accordance with HIPAA regulations.

If selected, a DHCS nurse evaluator will contact your office to schedule an interview. If you have any additional questions, or to receive more information, please contact a Provider Services Representative at (805) 562-1676 or **ProviderServices@cencalhealth.org**.

Social Determinants of Health (SDOH) screenings encouraged

Social Determinants of Health (SDOH) are the conditions into which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

There are several health-related social factors that can be improved through the analysis of a member's characteristics, health, social, and risk needs. By screening for these factors, our providers are key to identify health disparities, and their root causes, that are negatively impacting our members' health.

Help us strive for Health Equity by reporting SDOH screening results. The Department of Health Care Services (DHCS) issued a list of comprehensive SDOH diagnosis codes that can be listed on a medical claim for each visit.

Data gathered will ensure CenCal Health appropriately assesses the needs of our community resulting in but not limited to the creation of resource materials, programs, and community collaborations. The comprehensive list can be found on the CenCal Health Website: **www.cencalhealth.org/providers/social-determinants-of-health/**. For more information on how the CDC is addressing SDOH, please visit the CDC website: **www.cdc.gov/about/sdoh/index.html**.
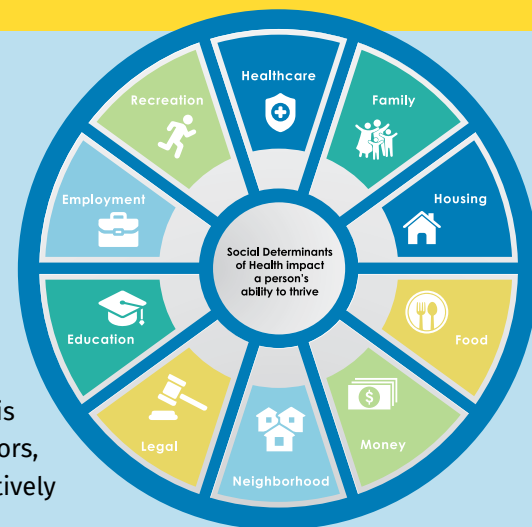
Report suspected health care fraud directly to CenCal Health

The National Health Care Anti-Fraud Association (NHCAA) estimates that the financial losses due to health care fraud are in the tens of billions of dollars each year.

In an effort to improve our healthcare delivery system, CenCal Health would like our providers to help stop fraud, waste, and abuse by reporting your concerns anytime you suspect they may be occurring.

Some examples of health care fraud are:

- Double billing: Submitting multiple claims for the same service.
- Phantom billing: Billing for a service, visit or supplies the patient never received.
- Unbundling: Submitting multiple bills for the same service.

The Compliance Department at CenCal Health investigates all allegations of suspected health care fraud.

How can you help?

You can help reduce health care fraud by reporting all suspicions of fraud. If you believe someone is committing fraud against CenCal Health, please report the act to the CenCal Health Compliance Department. You can remain anonymous, and all reports are kept confidential.

How to report suspected fraud

Reporting is simple! To contact the CenCal Health Compliance Department:

- **Call:** (866) 775-3944
  You may remain anonymous

- **Write:** CenCal Health
  Attn: Fraud Investigations-Compliance
  4050 Calle Real, Santa Barbara, CA 93110

- **Email:** Fill out a Fraud, Waste, and Abuse Form at **www.cencalhealth.org/providers/suspect-fraud/** and email it to **FWATeam@cencalhealth.org**

For more resources, please visit **www.nhcaa.org/tools-insights/about-health-care-fraud/the-challenge-of-health-care-fraud/** or visit CenCal Health's 'Do You Suspect Fraud? Section of our website at **www.cencalhealth.org/providers/suspect-fraud/**.

Continued: Med-Cal Redetermination Update

CenCal Health is distrubting several retention tools for providers to use to help get the word out on renewals:

1. New hand-outs for provider offices point Medi-Cal members to our retention sites, **www.keepcencal.org** and **www.mantengacencal.org**. These sites list all local DSS office phone numbers and addresses, instructions for completing and returning renewal packets, and where to find help locally. Whether you hand these to Medi-Cal patients on the way in or on the way out, these are an easy way to get renewal information into members' hands.

2. A bilingual FAQ sheet that helps provider offices assist their patients in the renewal process is available online at **www.cencalhealth.org/providers/redeterminationFAQ**.

For more information or printed handouts, providers may contact the Provider Relations Department at **providerservices@cencalhealth.org**.

View the state's dashboard at **www.dhcs.ca.gov/dataandstats/Pages/Continuous-Coverage-Eligibility-Unwinding-Dashboard.aspx**.

MY2023 MCAS quality measures available

The Managed Care Accountability Set (MCAS) for measurement year (MY) 2023 has been updated and released by the Department of Health Care Services (DHCS).

The MCAS includes a selection of quality measures from the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS), The Joint Commission (TJC), and the Dental Quality Alliance (DQA). Medi-Cal managed care plans are required to report on 42 measures, while 18 measures will be held to minimum performance levels (MPL). This reporting period includes five new measures that will be held to the MPL, identified with an asterisk (*). Additionally, quality measures identified with two asterisks (**) will be stratified by race/ethnicity.

#	MY2023 MCAS QUALITY MEASURE	HELD TO MPL
1	Asthma Medication Ratio** (AMR)	Yes*
2	Breast Cancer Screening** (BCS-E)	Yes
3	Cervical Cancer Screening (CCS)	Yes
4	Child and Adolescent Well-Care Visits** (WCV)	Yes
5	Childhood Immunizations – Combination 10** (CIS-10)	Yes
6	Chlamydia Screening in Women (CHL)	Yes
7	Controlling High Blood Pressure** (CBP)	Yes
8	Developmental Screening in the First Three Years of Life (DEV)	Yes*
9	Follow-Up After ED Visit for Mental Illness – 30 days** (FUM)	Yes
10	Follow-Up After ED Visit for Substance Abuse – 30 days** (FUA)	Yes
11	Hemoglobin A1c Poor Control (>9%) for Patients with Diabetes** (HBD)	Yes
12	Immunizations for Adolescents – Combination 2** (IMA)	Yes
13	Lead Screening in Children – Testing (LSC)	Yes
14	Timeliness of Postpartum Care** (PPC-Pst)	Yes
15	Timeliness of Prenatal Care** (PPC-Pre)	Yes
16	Topical Fluoride for Children (TFL-CH)	Yes*
17	Well-Child Visits in the First 15 Months of Life – 6 or more visits (W30-6+)	Yes
18	Well-Child Visits in the First 30 Months of Life – 15 to 30 Months – 2 or more visits (W30-2+)	Yes

For a complete list of the measures:
Please refer to the Quality of Care section of our website
www.cencalhealth.org/providers/quality-of-care.

Once there, click on the Performance Measures drop down.
The list can also be obtained by emailing
qmgrp@cencalhealth.org.
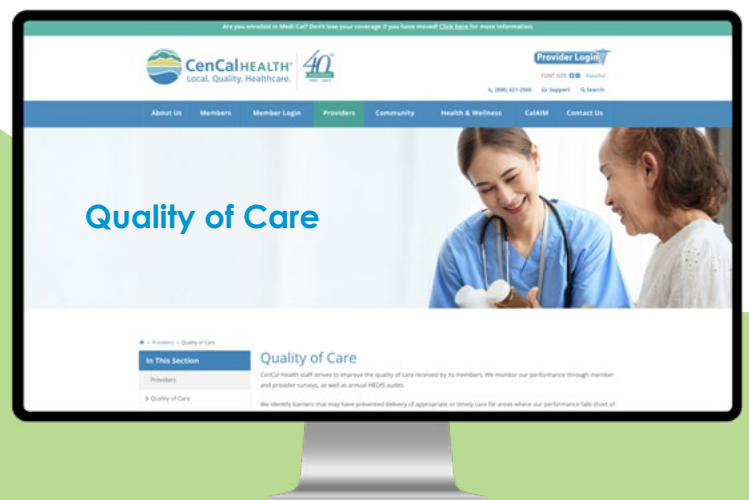
Medi-Cal babies must be lead tested at 12 and 24 months

Lead is a naturally occurring metal that can cause negative health effects as defined by the Center for Disease Control (CDC). Ingesting contaminated food or water, eating paint chips and or by breathing in dust containing lead are ways people are exposed to lead.

In the absence of timely testing, and treatment, children remain vulnerable to cognitive deficiencies associated with lead exposure. **Patients on any government assistance program (this includes Medi-Cal/CenCal Health eligibility) are at-risk and should be tested for lead exposure at 12 and 24 months of age.** No level of lead exposure is safe.

CenCal Health rated below the Department of Health Care Services required Minimum Performance Level (MPL) of 63.99% in both Santa Barbara (62.29%) and San Luis Obispo counties (50.36%) and we are now leading an organization-wide effort to increase pediatric lead testing.

Childhood lead poisoning is 100% preventable and here is how you can help:

- Ensure a blood lead level test is completed at 12 and 24 months of age.
  + To make it easier to identify members that are due for lead testing, CenCal Health has developed a "members due for lead testing" report which is available in the Quality Care Incentive Program (QCIP) section of the provider portal.
- Talk to parents about potential lead exposures at every well child visit from 6 months to 6 years of age.
  + If a child has never had a blood lead test before the age of 6 or has likely been exposed to lead, a test is required.

Additional Best Practice Tips:

- **Include an alert** in your EMR system or the patient's chart to test at 12 & 24 months
- Keep a chart alert for all patients **under age 6 who've never been tested**
- **Offer point-of-care lead testing** in your office to ensure timely testing
- **Use CPT code 83655** when billing for lead testing

For more information on Blood Lead Testing and where you can find provider- and member-facing educational materials:
Visit **www.cencalhealth.org/providers/care-guidelines/epsdt-services/lead-testing/**

Learn more during our September 20th PCP Pediatric Lead Testing Provider Training!
RSVP at **www.cencalhealth.org/providers/provider-training-resources/**

Improve Quality scores through patient education

CenCal Health is leading an organization-wide effort to improve quality scores for Cervical Cancer Screening and Controlling High Blood Pressure, two important aspects of care for CenCal Health members.

We need your help to improve our rates! Steps you can take today:

- Identify all patients due/overdue for Cervical Cancer Screening.
- Identify all hypertensive patients overdue for a blood pressure checkup.
- Call and schedule their next appointment today!

Cervical Cancer Screening

Ensuring all patients with a cervix that are ages 21-65 get screened for cervical cancer every 3 to 5 years (as recommended by the U.S. Preventive Services Task Force) is vital for detecting and treating cervical cancer early. Cervical cancer often has no symptoms and can be life threating if left untreated.

CenCal Health's goal is to reach the HEDIS 90th percentile of 66.88%. Recent quality of care results indicate screening rates are 66.08% in Santa Barbara (SB) County and 57.95% in San Luis Obispo (SLO) County.

Patient Education Resources

To assist with patient recall, you can find a list of patients assigned to you that are due for screening in the QCIP dashboard in the Provider Portal.

Patient education materials can be requested from the Health Education team at **healthed@cencalhealth.org**, or you can refer patients to our online health education library at **www.cencalhealth.org/health-and-wellness**.
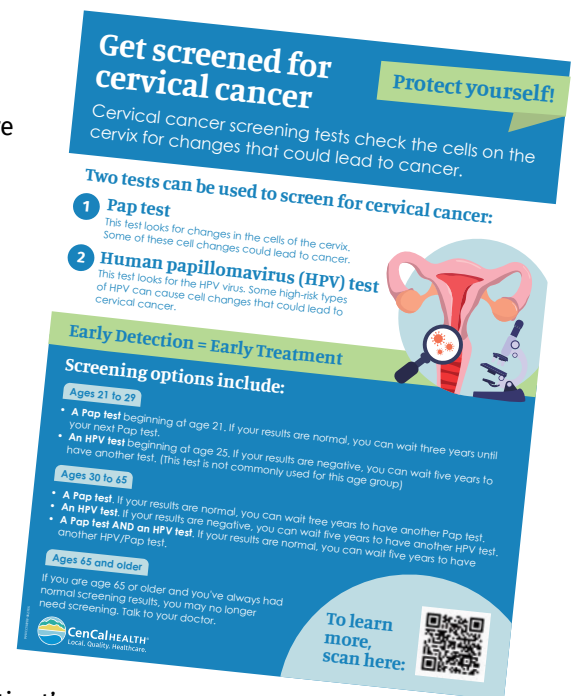
Member Incentive

CenCal Health is also offering a $25 member incentive for eligible patients who complete their cervical cancer screening before 12/31/23. For inquires. Please email the Health Education team.

Sensitivity

As a provider, it is important to show care and support for patient's feelings and concerns about cervical cancer screenings, particularly as this can be a sensitive or worrisome screening for many patients. Take into consideration a patient's:

- History of medical trauma/distrust of medical system
- Physical and psychological pain and discomfort associated with screenings
- Experiences that can trigger traumas (e.g., childhood shame or abuse)

For more information on cultural competency in healthcare, visit CenCal Health's provider training library at www.cencalhealth.org/providers/provider-training-resources/provider-training-library/

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Controlling High Blood Pressure (CBP)

It is important to ensure all hypertensive adult members visit your office at least once annually to obtain and record a blood pressure measurement. Routine monitoring of blood pressure allows for better patient care and aids in patient self-management.

CenCal Health's goal is to reach the HEDIS 90th percentile of 69.19%. Recent quality of care results indicate adequate control of hypertension rates in adults ages 18–85 years are 59.35% in Santa Barbara County and 59.02% in San Luis Obispo County.

CBP Patient Education Resources

CenCal Health can support your patients with health education materials on hypertension tracking and self-management. Please contact the Health Education team at **healthed@cencalhealth.org**. For more information on available resources.

CenCal Health is also implementing an outreach campaign to hypertensive members due for a blood pressure (BP) check. A mailer has been sent to all hypertensive members who have not visited their PCP in the past year. This mailer also includes an at home tracking log for patients to track their BP.

BP Monitor & Cuff Benefit

CenCal Health patients with hypertension are eligible to receive a free BP monitor every five years, and a free BP cuff every year.

As their PCP, it's easy to help. Here's how:

1. Write a prescription for a BP monitor/cuff at the patient's visit.
2. Tell the patient to take the prescription to their local pharmacy to get the monitor/cuff.
3. Let the patient know that the pharmacist can also answer their questions about how to use the monitor.

Take the opportunity to educate your patients on how often they need to check their blood pressure and why it is important to do so regularly.

For reference, a list of blood pressure monitors approved by Medi-Cal Rx can be found online at the Medi-Cal Rx website **medi-calrx.dhcs.ca.gov**.

For specific questions about this benefit, please email **populationhealth@cencalhealth.org**.

Reminder: Initial Health Assessments required during initial PCP visit

An initial health assessment (IHA) is a comprehensive assessment of a patient's health status, which is completed during their initial visit(s) with their Primary Care Provider (PCP).

During an IHA, PCPs have the opportunity to assess the patient's acute, chronic, and preventative health needs.

PCPs are **required** to perform an Initial Health Assessment (IHA) for each newly assigned member within **120 days** of assignment. CenCal Health encourages PCPs to reach out to their newly-assigned members to schedule a perform an IHA in order to ensure the member's health care risks and needs are assessed and met timely.

Each IHA should include the following:

- A comprehensive physical and mental developmental health history
- A physical exam
- Oral health assessment and dental screening and referral for children
- Assessment of outstanding 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

A Staying Healthy Assessment (SHA) questionnaire is no longer required.

CenCal Health's Quality Measurement team performs an annual medical record review audit to monitor the completion and documentation of required components addressed during an IHA. The most recent audit has been completed, and CenCal Health's Population Health team will share and discuss findings with audited PCPs later this month via IHA Provider Performance Reports.

To identify your patients due for an IHA, 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**.

Non-Emergency Medical Transportation Physician Certification Form

CenCal Health offers Non-Emergency Medical Transportation (NEMT) benefits to members.

NEMT are medically appropriate transport services provided when the member's medical and physical condition is such that transport by ordinary means of public or private conveyance is medically contraindicated and transportation is required for obtaining medically necessary services. NEMT services are authorized for members who cannot reasonably ambulate or unable to stand or walk without assistance, including those using a walker or crutches.

NEMT requires a prior authorization and a completed **Physician Certification Form (PCF)**. **It is very important that providers submit a completed PCF Form to ensure timely authorization and scheduling of NEMT transports.**

Providers are required to complete all fields including:

- NEMT Modality Type (Wheelchair, Gurney, Ground Ambulance, Air Transport)
- BLS or ALS for Ambulance
- Duration, Start Date, End Date
- ICD 10 Diagnosis and Medical Justification
- Provider Signature

The form may be signed by a physician, physician assistant, nurse practitioner, certified nurse midwife, physical therapist, speech therapist, occupational therapist, dentists, podiatrists, mental health, or substance use disorder provider responsible for providing care to the member and responsible for determining the medical necessity of the transportation consistent with the scope of their practice.

Physician Certification Form (PCF) are located online under the Medical Transportation Service section of our website at **www.cencalhealth.org/providers/authorizations/** or for questions on NEMT services, please call the Medical Management department (805) 562-1675.

Important Reminder:
Forms that are not submitted, not completed, or completed incorrectly may cause a delay or barrier to the member's access to transportation.

Preventive Health Guidelines are now in your Provider Portal

The 2023 Preventive Health Guidelines are now available to view in the Provider Portal! If you prefer a hardcopy be mailed to you instead, please email **healthed@cencalhealth.org** or call (800) 421-2560 ext. 3126.

2023 Population Needs Assessment results available

NEMT are medically appropriate transport services provided when the member's medical and physical condition is such that CenCal Health recognizes the importance of offering services that address health equity within the health education, Cultural & Linguistic (C&L), and quality improvement (QI) needs of our members. The annual Population Needs Assessment (PNA) aims to identify gaps in care, health disparities, and service areas with room for improvement. The Plan incorporates PNA findings into its Population Health Management activities and implements targeted strategies to address member needs and improve health outcomes.

Key findings include the following:

Health Status and Disease Prevalence

- Over 75% of adult members reported their overall health in 2022 as good, very good, or great.
- About 94% of parents/guardians reported their children's overall health was good or very good in 2022.
- Four chronic conditions' prevalence were assessed, including asthma, chronic obstructive pulmonary disease, diabetes, and hypertension. The rate of hypertension has decreased 5.81% since 2020. The rate of asthma, chronic obstructive pulmonary disease, and diabetes has remained stable since 2020.

Access to Care

- Consumer Assessment of Healthcare Providers and Systems (CAHPS) data indicates that most adult and pediatric members can access primary and urgent care timely when necessary.
- The network 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 2022.
- The Plan will focus on increasing utilization of both the Adult and Pediatric Health Survey Tools to comprehensively assess members' health and social needs.

Health Disparities: Identified Gaps & Action Plan

Health education and QI activities will focus on closing the following identified gaps regarding race, language spoken, sex, and/or region:

- Chlamydia Screening
- Asthma Medication Ratio
- Breast and Cervical Cancer Screening
- Developmental Screening
- Controlling High Blood Pressure
- Immunization for Adolescents
- Timely Postpartum Care
- Child and Adolescent Well-Care Visits.

CenCal Health's Action Plan will address gaps in services and education. In alignment with CenCal Health Quality Improvement and Health Equity Transformation Program, topics included in the Action Plan are the following priorities, which fell below the Department of Health Care Services quality benchmarks and those that may have decreased significantly:

- Pediatric Preventive Services
- Controlling High Blood Pressure
- Emergency Department Follow up
- Cervical Cancer Screening

Download the CenCal Health Population Needs Assessment online at **www.cencalhealth.org/explore-cencal-health/population-needs-assessment/** or for more information about Population Needs Assessment results, and Action Plan strategies, please contact (805) 562-1662 or **healthed@cencalhealth.org**.

Community Supports programs are growing!

CenCal Health is excited to announce the Community Supports Programs we will be launching on January 1, 2024! CenCal Health will offer four (4) new Community Supports in January.

The programs that will take effect on January 1, 2024, are:

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

To learn more about each program, read the program descriptions below:

Short-Term Post Hospitalization

Short-Term Post-Hospitalization Housing provides Members who do not have a residence and who have high medical or behavioral health needs with the opportunity to continue their medical/psychiatric/substance use disorder recovery immediately after exiting an inpatient hospital (either acute or psychiatric or Chemical Dependency and Recovery hospital), residential substance use disorder treatment or recovery facility, residential mental health treatment facility, correctional facility, nursing facility, or recuperative care and avoid further utilization of State plan services.

This setting must provide individuals with ongoing supports necessary for recuperation and recovery such as gaining (or regaining) the ability to perform activities of daily living, receiving necessary medical/psychiatric/substance use disorder care, case management, and beginning to access other housing supports such as Housing Transition Navigation.

Day Habilitation

This program assists Member's in finding help with their own personal needs, socialization, and adaptive skills necessary to reside successfully in their environment. Some services include training on how to use public transportation, conflict resolution skills, cooking, cleaning, shopping, etc.

Respite Services

Respite Services are provided to caregivers of Members who require intermittent temporary supervision. The services are provided on a short-term basis because of the absence or need for relief of those persons who normally care for and/or supervise them and are non-medical in nature. This service is distinct from medical respite/recuperative care and is rest for the caregiver only.

Personal Care and Home Maker Services

Personal Care Services and Homemaker Services are for members who need assistance with Activities of Daily Living (ADLs) such as bathing, dressing, toileting, ambulation, or feeding. Personal Care Services. They can also include assistance with Instrumental Activities of Daily Living (IADLs) such as meal preparation, grocery shopping, and money management. These services provide support to individuals who may not otherwise be able to remain in their homes.

These include services provided through the In-Home Support Services (In-Home Supportive Services) program, including house cleaning, meal preparation, laundry, grocery shopping, personal care services (such as bowel and bladder care, bathing, grooming, and paramedical services), accompaniment to medical appointments, and protective supervision for the mentally impaired.

To learn more about these services please visit **www.cencalhealth.org/providers/calaim/** or to be a contracted Community Supports provider, please **www.cencalhealth.org/providers/join-our-network/credentialing-applications-and-forms/** or contact Provider Relations Department at **provideronboarding@cencalhealth.org**.

Members transitioning from incarceration soon to be eligible for Enhanced Care Management

Effective 1/1/2024 the ECM benefit will expand to both Adults and Children/Youth transitioning into the Community from Incarceration (Population of Focus number four).

These members have disproportionally high medical and behavioral health care needs that require ongoing treatment and medication maintenance when they are reentering the community. They often experience a lack of continuous medical and behavioral health care which can lead to a deterioration of their medical and behavioral health conditions.

Enhanced Care Management services for this population of focus will ensure the member is assigned a Lead Care Manager upon release. The Lead Care Manager will ensure the Member receives timely access and follow-up to medical, mental health, substance use, and community support services.

Post-release Care management through ECM can include both care managers and community health workers, who provide the following activities:

- Conducting outreach and engaging individuals.
- Updating the individual's needs assessment and care plan with newly identified needs.
- Coordinating the services necessary to implement the care plan.
- Providing health promotion services to encourage and support individuals to engage in healthy behaviors.
- Supporting individuals and their support networks during discharge from the hospital or institutional settings.
- Ensuring individuals and their support networks are knowledgeable about the individual's conditions.
- Coordinating referrals and transportation to community and social services

Adults /Children and Youth are eligible for ECM under this Population of Focus if they are:

- Transitioning or transitioned from a correctional facility within the past 12 months.

Adult Members (21+) must also have one of the following conditions to be eligible.

- Mental illness
- Substance Use Disorder (SUD)
- Chronic Condition/Significant Clinical Condition
- Intellectually/Developmentally Disabled
- Traumatic Brain Injury (TBI)
- HIV/AIDS
- Pregnancy or Postpartum

If you have experience serving the justice involved population and are interested in becoming an Enhanced Care Management provider, please go to **www.cencalhealth.org/providers/join-our-network/credentialing-applications-and-forms/** or contact Provider Relations Department at **provideronboarding@cencalhealth.org**.

ABA Recommendation doesn't require Autism Spectrum Diagnosis

Members do not require an Autism Spectrum Diagnosis (ASD) to start ABA Services or psychological testing.

Qualified providers (physicians, psychologists, and surgeons) who believe that a member would benefit from ABA services can complete an ABA Recommendation and submit it to the Behavioral Health Department by following the directions on the form.

ABA providers can also watch CenCal Health's monthly technical training quick reference videos online at **www.cencalhealth.org/providers/behavioral-health-treatment-and-mental-health-services/** under the 'Behavioral Health Treatment (ABA) Provider' tab! For further questions, please contact the Behavioral Health Call Center Provider Line (805) 562-1600.

CenCal Health Holiday Closures

- Thursday, November 23 – 24, 2023 (Thanksgiving Day observed)

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

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Benefits now include Dyadic Services

Effective March 20, 2023 Medi-Cal has expanded the Mental Health Benefit to include Dyadic Services and Family Therapy.

The Dyadic Services Benefit is designed to support the implementation of comprehensive models of dyadic care, such as HealthSteps and Dulce, that work within the pediatric clinic setting to identify and address caregiver and family risk factors for the benefit of the child. It is a family and caregiver focused model of care intended to address developmental and behavioral health conditions of children as soon as they are identified, and fosters access to preventive care for children, improved rates of immunization completion, coordination of care, child social-emotional health and safety, developmentally appropriate parenting, and maternal mental health.

Dyadic Services include Dyadic behavioral health (DBH) well child visits, Dyadic Comprehensive Community Supports Services, Dyadic Psychoeducational services, and Dyadic Family Training and Counseling for Child Development. Eligible providers include licensed mental health specialists, physicians, associate mental health specialists and community health workers.

For more information on how to incorporate dyadic services into your practice, please reach out to Provider Relations at **providerservices@cencalhealth.org** or call us at (805) 562-1676.Psychological testing doesn't require referral.

CenCal Health would like to remind our providers that Psychological Testing evaluations do not require a referral. If a provider recommends a psychological evaluation for a member, they may assist the member by connecting them to a contracted psychologist for an evaluation.
A list of contracted psychologists can be found in our Provider Directory at **provdir.cencalhealth.org/**.

![CenCal HEALTH® | Local. Quality. Healthcare. | 40th ANNIVERSARY 1983 – 2023]
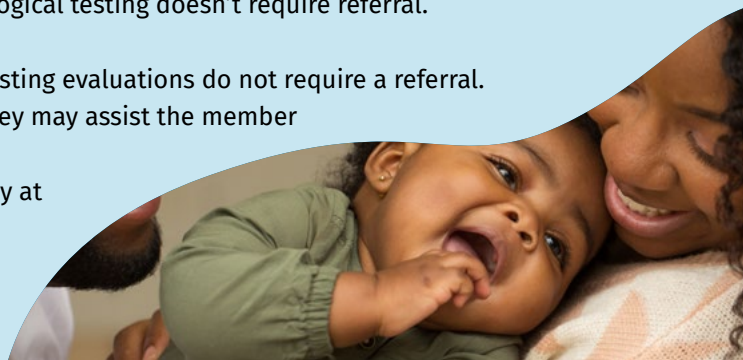
HEALTH matters

Helpful information from CenCal Health

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

Don't wait!   Complete your health survey today!

CenCal Health must collect a Health Survey from our members once each year.

This survey helps CenCal Health serve you better. Our staff will review your responses. They can provide education on your health needs and recommend overdue medical services.

You can also complete the required survey online in our new Member Portal. **Your personal member account allows you to manage your health information from your computer or smartphone!**

Scan the QR code below to view
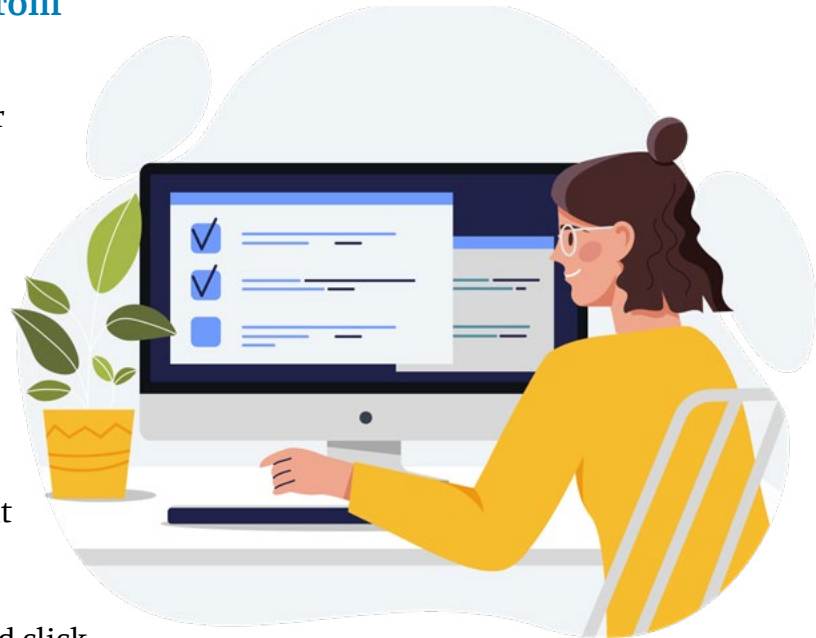
You can create an account by scanning the QR code to the right or by visiting **www.cencalhealth.org** and click "Member Login" and follow the steps to create an account. Then, go to the "Complete member surveys" section to complete your required Health Survey online.

Get active this summer!

Summer is a great time to be active. Even if you live where it gets hot or humid, there are ways you can stay active safely.

If the temperature is lower than 80°F, you can usually be active outside without taking extra precautions. It depends on how active you already are and how used to hot weather you are.

If you are overweight or have health problems, you may be at a higher risk for heat-related illness. You may also have trouble if you are not used to exercising in warmer weather.

Older adults and children are also at higher risk for heat-related illness and should be extra cautious.

Anytime you exercise, it's a good idea to:

- Drink plenty of water before, during, and after exercise.
- Take rest breaks. Exercise more slowly than usual or for a shorter time.
- Stay in the shade when you can.
- Wear light-colored, breathable clothes.
- Always wear sunscreen.
- Watch for signs of dehydration (dry mouth and eyes or feeling lightheaded, tired, or thirsty). If you are dehydrated, make sure to rest, cool down, and drink more fluids. If you don't, it could lead to heat exhaustion or heat stroke which are very serious and require immediate medical attention.

Remember to talk to your doctor about how to exercise safely.
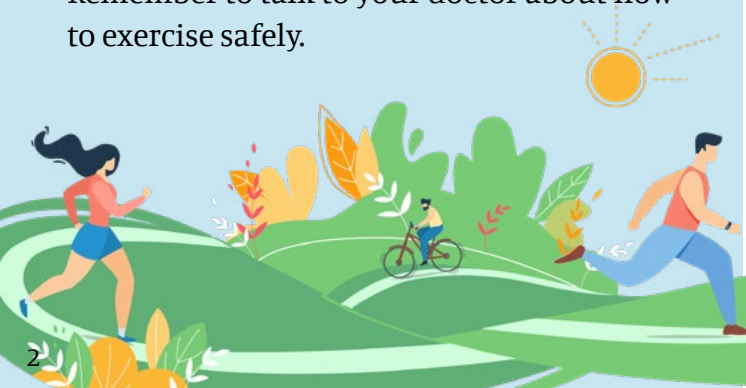
Important News: Medi-Cal renewals have started again

Once a year, Medi-Cal sends out a renewal package for you to complete. The forms in that package tell Medi-Cal if you still qualify. **You will receive yours when it is your time for renewal.**

If you do not complete and return your renewal package when you receive it, you will lose your coverage with CenCal Health.

To prevent losing your coverage, tell the Department of Social Services (DSS) **if you have moved or changed your phone number in the last three years.** To find the phone number or address of the DSS office nearest you, see the list at our website, **www.KeepCenCal.org.**

When your renewal month comes, watch your mailbox for a big yellow envelope! Complete and return it right away. Need help? Check our website www.KeepCenCal.org .

You can 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 **www.organdonor.gov.**
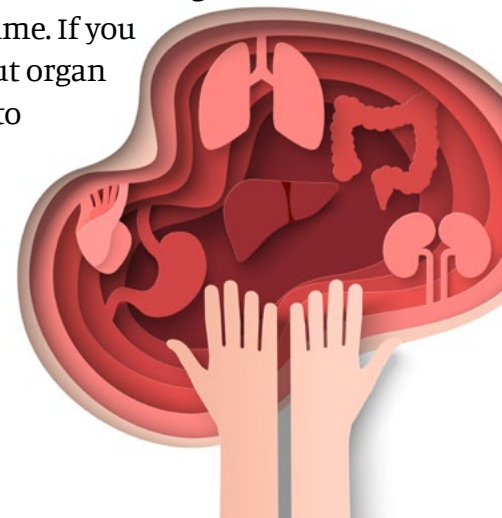
# Health Education services are here for you!

- Want materials sent to your home?
- Looking for a health class in your area?

CenCal Health members can request health education information through the member portal or call the Health Education Request Line at 1-800-421-2560 ext. 3125.
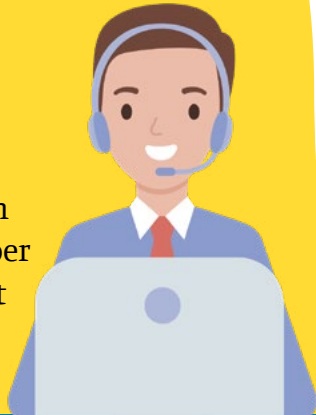
COVID Testing and Treatment

Scan the QR code to find out about your benefits for COVID-19 testing and treatment.
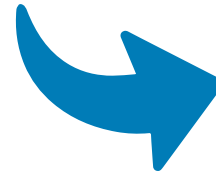
Stay healthy by watching your weight

What is a healthy weight?
A healthy weight is the weight at which you feel good about yourself and have energy all day. It's also one that lowers your risk for health problems.

Why pay attention to your weight?
Staying at a healthy weight is one of the best things you can do for your health. It can help prevent serious health problems, including heart disease, stroke, and type 2 diabetes. Eating healthy foods and being more active also can help you feel better and have more energy.

What can you do to get to a healthy weight and stay there?
If you want to get to a healthy weight and stay there, making healthy lifestyle changes will often work better than dieting.

These steps can help.

- **Eat healthy foods.** On most days, eat a variety of whole grains, vegetables, fruits, dairy, and lean meats. All foods, if eaten in moderation, can be part of healthy eating. If you have diabetes, kidney disease, heart problems or food allergies, please discuss your diet with your doctor.

- **Be active.** When you're active, you burn calories. This makes it easier to reach and stay at a healthy weight. Try to be active for at least one (1) hour every day.

- **Change your thinking.** When you're trying to reach a healthy weight, changing how you think about certain things may help. **Here are some ideas:**
  - Don't compare yourself to others. Healthy bodies come in all shapes and sizes.
  - Pay attention to how hungry or full you feel.
  - Focus on improving your health instead of dieting.

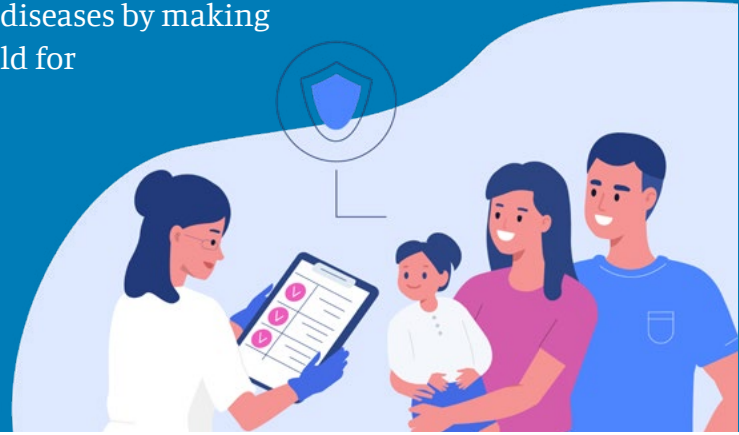> ! Please talk to your doctor about how to reach and/or maintain a healthy weight.

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.

Immunizations 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.

- **Visits**
- **Screenings**
- **Immunizations**

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

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

STI / HIV Screening (for ages 15 and older)

Well-Child Visit / Check Up

It is important for your child to have regularly scheduled checkups, often called well-child visits. Each visit includes a complete physical exam. At this exam, the health care provider will check your child's growth and development in order to find or prevent problems.

Fluoride Varnish

Fluoride varnish prevents tooth decay and helps keep your child's teeth and gums healthy. Once teeth are present, fluoride varnish may be applied every 3—6 months until age 5.

Depression/Suicide Risk Screening

Your child's doctor may now screen your child for depression every year from ages 12 through 21 and can help provide treatment and resources.

Blood Lead Test

This tests for lead levels in your child's blood. Protecting children from exposure to lead is important to lifelong good health.

Hepatitis B Screening

Hepatitis B is a serious disease that is caused by a virus (HBV) attacking the liver. Your child's doctor may now screen your child for HBV infection from birth to 21 years.

Dyslipidemia Screening

This screening checks for lipids (fat) in your child's blood that can affect heart health. For ages 9-11 and 17-21.

Vision / Hearing Tests

Vision screening is an important way to find any vision problems your child might have. Hearing screening is an important step in helping understand if your child may be deaf or hard of hearing.

Anxiety Screening

Your child's doctor may screen your child for anxiety from ages 8 to 18 years and can help provide treatment and resources to help with anxiety.

Cardiac Screening

Your child's doctor may screen your child for risk of cardiac arrest or cardiac death from ages 11 to 21 years.

Immunizations

Birth:
• HepB

1 month:
• HepB

2 months:
• DTaP
• PCV15
• Hib
• RV
• IPV

4 months:
• DTaP
• RV
• Hib
• PCV15
• IPV

6 months:
• DTaP
• RV
• Hib
• PCV15
• IPV

Between 12-15 months:
• MMR
• Hib
• PCV15
• VAR

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

Between 15-18 months:
• DTaP

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

11 to 12 years:
• MCV
• Tdap
• HPV
(2 doses for girls & boys)

13 to 21 years:
• MCV (at age 16)

Ages 6 months and older:
COVID-19:
2 or 3 dose primary series and booster

PREVENTIVE HEALTH GUIDELINES FOR ADULTS

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

The following tests and immunizations are recommended for most adults.

- ## Routine Health Exams
- ## Immunizations (shots)
- ## Cancer Screenings

✓ Mark the ones you may need below. Take this to your doctor to talk about which of these tests and shots you need, and when you should get them.

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

○ **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

○ **Prediabetes and Diabetes Screening**
Asymptomatic adults aged 35 to 70 years who have overweight or obesity.

Perinatal Care

○ **Prenatal visit**
For pregnant women within the first trimester

○ **Postpartum visit**
For women between 1 to 12 weeks after delivery

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 or PCV20)**
1 dose after age 65

○ **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

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

○ **COVID-19**
2 or 3 dose primary series and booster

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)**
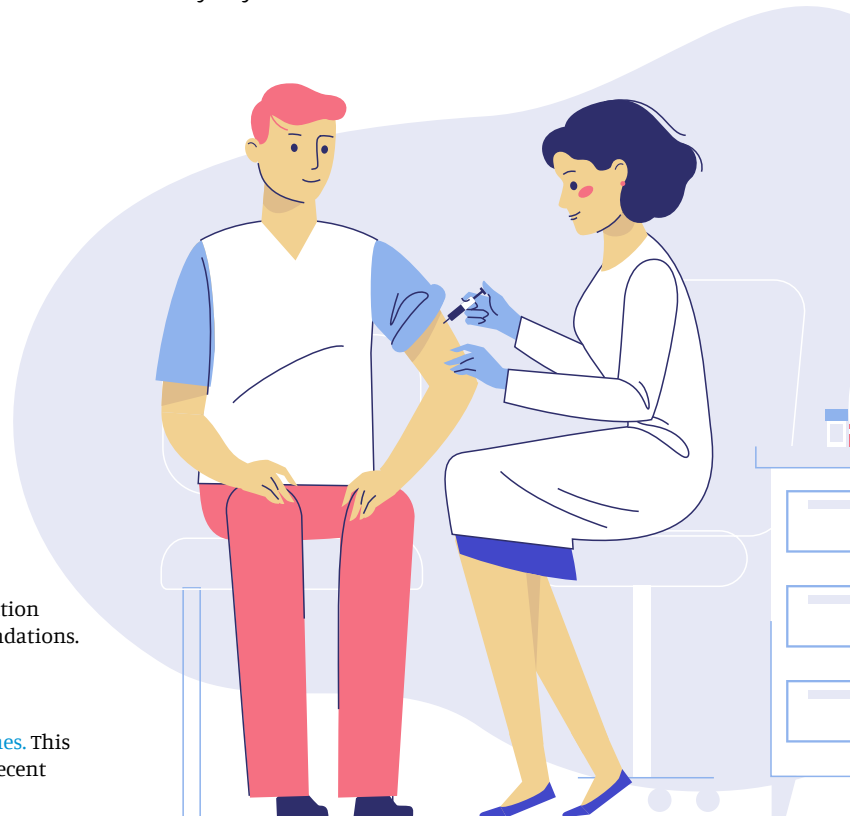Every 2 years for women 50 to 74

2023—This summary is based on the CDC Recommended Adult Immunization Schedule and select U.S. Preventive Services Task Force (USPSTF) recommendations. A complete list of USPSTF A and B recommendations is available at: www.uspreventiveservicestaskforce.org.

The complete CDC Immunization Schedule can be found at cdc.gov/vaccines. This document is updated annually; visit www.cencalhealth.org for the most recent version.

It is CenCal Health's 40th anniversary!

In 1983, the Santa Barbara healthcare community created a program for Medi-Cal called the Santa Barbara Health Initiative. It is now called CenCal Health.

This program used managed care to contract with healthcare providers to give care to our members. Before CenCal Health, people with Medi-Cal had to use a phone book (remember those?) to call and find doctors who would accept Medi-Cal members. There was no customer service for them to call when they needed help.

CenCal Health was the first plan of its kind. It gives control over how it delivers care to Medi-Cal members to the local counties, including:

- Doctors
- Hospitals
- The county public health system
- Local government

Forty years later, CenCal Health is a widely recognized plan that serves more than 233,000 children, families and individuals. Our network of local health care professionals has delivered compassionate care to our members for four decades. When members call Member Services for help, they are speaking to people right here in our counties.

We thank our providers and our staff for 40 years of service in Santa Barbara County. (And 15 years serving our San Luis Obispo County members.)

CenCal Health is, at our core, neighbors serving and helping neighbors. Our staff is proud of our mission of improving the health and well-being of the communities we serve -- because they are our communities.

We are honored to serve you.

Be aware: Do not fall for health care fraud!

The National Health Care Anti-Fraud Association (NHCAA) estimates that the financial losses due to health care fraud are in the tens of billions of dollars each year.
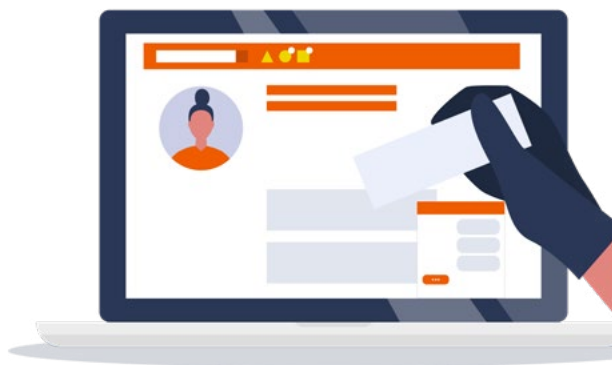
Some examples of health care fraud are:
- Using someone else's insurance card to get health care services.
- Receiving equipment you or your doctor never requested.
- Obtaining multiple prescriptions for the same drug from several doctors during the same timeframe.

How can I report fraud?
Reporting is simple! To contact the CenCal Health Compliance Dept.
- Call: 866-775-3944
- Write: CenCal Health, Attn: Fraud Investigations-Compliance, 4050 Calle Real, Santa Barbara, CA 93110
- Email: Fill out a Fraud, Waste, and Abuse Form and email it to FWATeam@cencalhealth.org
  Find the form here: www.cencalhealth.org/members/suspect-fraud

Quality Report: Our scores are in!

CenCal Health's 2023 Quality Report is ready to view. This year, scores reflected high performance for postpartum care, diabetes blood glucose control, and others. Scores showed room for improvement in controlling high blood pressure, lead screening in children, and others.

Go to **www.cencalhealth.org/providers/quality-of-care/** to see the full report. You can also get a copy sent to you by calling (805) 562-1609.

How to get mental health services for your child when you need them

CenCal Health members have benefits for Applied Behavior Analysis (ABA).

ABA treatment can help:

- Increase language
- Improve attention, focus, social skills, and cooperative behaviors
- Decrease problem behaviors

If you believe your child may benefit from ABA, call your PCP or a qualified provider. They will discuss with you if your child may be eligible and start the referral process.

Natural care options for health

What is Complementary Care?
The word "complementary" means "in addition to."

Complementary medicine is a term used for a wide variety of health care practices that may be used along with standard medical treatment.

Examples of complementary medicine include:

- Alternative health approaches such as traditional Chinese medicine, homeopathy, and naturopathy.
- Mind and body practices like acupuncture, massage therapy, and tai chi.
- Natural products like herbs, dietary supplements, and probiotics.

CenCal Health covers some complementary and alternative care, like acupuncture and chiropractic. To learn more, go to **www.cencalhealth.org/eoc**.

Member Rights & Responsibilities

As a CenCal Health member, you have many Rights that we want you to know about. You also have Responsibilities, and both are very important for you to know and understand.

CenCal Health Member rights are as follows:

1. To be treated with respect and recognition of their dignity, giving due consideration to the Member's right to privacy and the need to maintain confidentiality of the Member's protected health information (PHI) and private information (PI).

2. To be provided with information about CenCal Health's organization, its practitioners and providers, Member rights and responsibilities, and all services available to Members.

3. To be able to choose their Primary Care Provider (PCP) within CenCal Health's network unless the PCP is unavailable or is not accepting new patients.

4. To participate with practitioners in decision making regarding their health care, including the right to refuse treatment.

5. To submit grievances, either verbally or in writing, about CenCal Health, providers, care received, and any other expression of dissatisfaction not related to an Adverse Benefit Determination.

6. To request an appeal of an Adverse Benefit Determination within 60 calendar days from the date on the notice of Adverse Benefit Determination (NABD) and how to continue benefits during the in-plan appeal process through the State Fair Hearing, when applicable.

7. To request a State Fair Hearing, including information on the circumstances under which an expedited State Fair Hearing is available.

8. To receive interpretation services and written translation of critical informing materials in their preferred threshold language, including oral interpretation and American Sign Language.

9. To have a valid Advance Directive in place, and an explanation to Members of what an Advance Directive is.

10. To have access to family planning services, sexually transmitted disease services, from a provider of their choice, without referral or prior authorization, either in or outside of CenCal Health's network. To have Emergency Services provided in or outside of CenCal Health's network, as required pursuant to federal law.

11. To have access to Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Indian Health Service Facility (IHS) Programs outside of CenCal Health's network, pursuant to federal law.

12. To have access to, and receive a copy of, their medical records, and request that they be amended or corrected, as specified in 45 CFR sections 164.524 and 164.526.

13. To change Medi-Cal managed care plans upon request, if applicable.

14. To access Minor Consent Services.

15. To receive written Member informing materials in alternative formats, including braille, large size print no smaller than 20 point font, accessible electronic format, and audio format upon request and in accordance with 45 CFR sections 84.52(d), 92.102, and 42 CFR 438.10.

16. To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.

17. To receive information and/or have a candid discussion on available treatment options and alternatives that are appropriate and medically necessary, and presented in a manner appropriate for the Member's condition and ability to understand available treatment options and alternatives, regardless of cost or benefit coverage.

18. Freely to exercise these Member rights without retaliation or any adverse conduct by CenCal Health, subcontractors, downstream subcontractors, Network Providers, or the State.

19. To make recommendations regarding CenCal Health's Member rights and responsibilities policy.

CenCal Health Member responsibilities are as follows:

1. To learn how to use the CenCal Health plan and supply information (to the extent possible) that CenCal Health and its practitioners and providers need in order to provide the best care possible.

2. To follow plans, treatment plans, and instructions for care that they have agreed to with their practitioners.

3. To understand their health problems and participate in developing a mutually agreed-upon treatment plan and goals, to the degree possible.

4. To cooperate with their providers and treat their providers and CenCal Health staff with courtesy and respect.

5. To always present their CenCal Health ID card when getting services.

6. To help CenCal Health keep correct records by providing timely information regarding changes in address, family status, and other health care coverage.

7. To notify CenCal Health as soon as possible if a provider bills them inappropriately.