CenCal HEALTH®
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40th ANNIVERSARY
1983 - 2023

CenCal Health Board of Directors Meeting Packet

January 17, 2024
6:00 pm

Santa Maria Inn
801 South Broadway
Santa Maria
Santa Maria Room

Notice of Regular Meeting
CenCal Health Board of Directors

January 17, 2024
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, January 17, 2024 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 *(Mr. Lisa)*
2. **Consent Agenda** (*Action to accept reports*) (*Mr. Lisa*) Action
   - 2.1 Approve Minutes of October 18, 2023, Board of Directors Meeting
   - 2.2 Accept Administrative Reports
     - 2.2.1 Executive Summary
     - 2.2.2 Strategic Engagement Report
     - 2.2.3 Performance Division Report
     - 2.2.4 Health Services Report
     - 2.2.5 Quality Report
     - 2.2.6 Government and Administrative Report
     - 2.2.7 Customer Experience Report
     - 2.2.8 Operations Report
     - 2.2.9 Compliance Report
     - 2.2.10 Information Technology Report
   - 2.3 Accept Program Reports
     - 2.3.1 Community Benefit Funding: *Meals that Connect and Corazon Latino*
     - 2.3.2 CalAIM Community Steering Committee Report
     - 2.3.3 CalAIM Program Implementation Report
     - 2.3.4 Population Health Management Report
     - 2.3.5 DHCS Contract Amendment Report
   - 2.4 Accept Advisory Committee Reports
     - 2.4.1 Community Advisory Board (CAB) Report
     - 2.4.2 Community Advisory Board (CAB) Meeting Minutes of July 13, 2023

2.4.3 Provider Advisory Board (PAB) Report
2.4.4 Provider Advisory Board (PAB) Meeting Minutes of July 10, 2023, and October 9, 2023
2.4.5 Family Advisory Committee (FAC) Report
2.4.6 Family Advisory Committee (FAC) Meeting Minutes of November 16, 2023
2.4.7 Pediatric Clinical Advisory Committee (PCAC) Report
2.4.8 Pediatric Clinical Advisory Committee (PCAC) Meeting Minutes of September 27, 2023

3. **Regular Agenda**

1. Consider Approving 2024 Board of Directors Appointments for Officers, Boards and Committees, as recommended by Nominating Committee *(Mr. Lisa)*	Action
2. Consider Approving 2024 Board of Directors Schedule of Meetings *(Mr. Lisa)*	Action
3. Report from Chief Executive Officer *(Ms. Owen)*	Information
4. Consider Accepting the Quality Improvement and Health Equity Committee (QIHEC) Report *(Mr. Hernandez)*	Action
5. Consider Accepting 2024 Community Supports Report and Present Health Services Update on New Initiatives, including Transitional Care Services and Justice-Involved Enhanced Care Management *(Mr. Hill and Ms. Zuniga)*	Action
6. Report from Chief Financial Officer/Treasurer *(Ms. Bishop)*	Information
6.1 Consider Accepting the 2024 CenCal Health Budget	Action
7. Report on Dual Special Needs Program (DSNP) Development and Present on Model of Care and Care Management for Dual Eligible Members *(Ms. Turetsky and Dr. Fonda)*	Information
8. Report on Medi-Cal RX and Present on Pharmacy on Industry Trends For Medi-Cal Members *(Drs. Januska and Lem)*	Information
9. Items for Immediate Action	Action

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

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Note: 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
October 18, 2023

The regular meeting of the Board of Directors of CenCal Health was called to order by Dr. René Bravo, Chair, on October 18, 2023, at 6:02 PM at the CenCal Health Office, 4050 Calle Real, Santa Barbara, CA

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

MEMBERS EXCUSED: Mark Lisa

STAFF PRESENT: Bill Cioffi, Carlos Hernandez, Cathy Slaughter, Chris Hill, Chris Morris, Christy Nichols, Emily Fonda, MD, Hon Chan, Jai Raisinghani, Jordan Turetsky, Karen Kim, Kashina Bishop, Kendall Klein, Lauren Geeb, Marina Owen, Michael Harris, Nicole Wilson, Stuart Warren, Tommy Curran, Van Do-Reynoso, and Paula M. Bottiani (Clerk)

GUESTS PRESENT: John Britton (Bartlett, Pringle & Wolf, LLC), Rosemary Schmoller (Bartlett, Pringle & Wolf, LLC), Frann Wageneck, Ed.D. (Flux Coaching and Consulting), Michael Engelhard (Health Management Associates)

Dr. Bravo commended Ms. Owen on her two-year anniversary as CEO.

1. Public Comment: There was no public comment.

2. **Consent Agenda** (*Action to accept reports*) (*Dr. Bravo*)
   - 2.1 Approve Minutes of September 20, 2023, Board of Directors Meeting
   - 2.2 Accept Administrative Reports
     - 2.2.1 Executive Summary
     - 2.2.2 Quality Report
     - 2.2.3 Health Services Report
     - 2.2.4 Performance Report
     - 2.2.5 Government and Administrative Report
     - 2.2.6 Customer Experience
     - 2.2.7 Operations Report
     - 2.2.8 Information Technology Report
   - 2.3 Accept Program Reports
     - 2.3.1 Community Benefit Program Report
     - 2.3.2 CalAIM Program Implementation Report
     - 2.3.3 Population Health Management Report

2.4 Accept Advisory Committee Reports
2.4.1 Pediatric Clinical Advisory Committee (PCAC) Report
2.4.2 Pediatric Clinical Advisory Committee (PCAC)Meeting Minutes of June 28, 2023

ACTION: On motion of Ms. Macdonald the Board of Directors unanimously Accepted the Consent Agenda Reports without objection.

3. **Regular Agenda**

1. Report from Chief Executive Officer

Ms. Owen reported the following:

- **40th Anniversary Celebration:**
  - The celebration will take place on Wednesday, December 6th; 5:30 pm – 7:30 pm at the Hilton Santa Barbara Beachfront Resort. Save-the-Date cards were distributed at the meeting.
  - We will celebrate the collective impact of local Medi-Cal Program while staff and Board of Directors recognize the accomplishments of providers and community partners.
  - Save-the-Date cards distributed.
- **DHCS Quality Award**
  - Today, DHCS recognized CenCal Health for high quality achievement on the Bold Goals for the Central Coast Region (2022-2023). Team members received recognition at the quality conference.
- **Appreciating our Board Chair, Dr. Bravo**
  - Served as Chair, CenCal Health Board of Directors, for five (5) years.
  - Supported the creation of a regional model, including expansion of Santa Barbara Health Regional Health Authority (*now CenCal Health*) into San Luis Obispo County 15 years ago.
  - Championed participation in CenCal Health's provider network amongst his colleagues.

Dr. Bravo thanked staff for the acknowledgement. He said he appreciates serving on the board and is here because he wants to be. He appreciates being able to watch the inception and growth of the plan following the expansion into SLO. He stated that we are known in Sacramento as the model for local plans as we are doing things right here at CenCal Health. Finally, he commended staff for bringing together an exceptional team.

2. Review and Accept Independent Financial Audit and FY 22-23 Audited Statements

Ms. Bishop introduced our guests, **John Britton** and **Rose Schmoller** of Bartlett, Pringle, and Wolf (independent auditors). She reported the following from the Financial Audit:

Pension Liability Adjustment

1. Accounting standards require an annual adjustment to the net pension liability for the CalPERS defined benefit plan.
2. It occurs after the year end due to its dependency on an actuarial analysis provided by CalPERS.

3. Resulted in an increase of $6 million to pension expense.
4. Volatile in the past couple of years due to market conditions.

Mr. Britton gave a detailed PowerPoint presentation of the audited financial Statements with a clean and unmodified opinion, with a clean audit.

Highlights of this presentation were:

- General Information
- Comments
- Reporting and Compliance
- Significant Estimates
- Financial Statements/Review of the Numbers
- New and Future Standards
- Recommendations for Internal Controls

Discussion:
Ms. Andersen asked if the administrative costs were up due to the settlement.
Mr. Britton explained that it was due to the settlement and the pension liability adjustment.
Dr. Bravo commended staff for receiving a clean audit report.
Ms. Owen complimented Ms. Bishop for her leadership as our new CFO/Treasurer these past six months and the Finance staff for their excellent work on the audit.

ACTION: On motion of Ms. Andersen and seconded by Supervisor Hartmann, the Board of Directors unanimously accepted the Independent Financial Audit Report and FY 22-23 Audited Financial Statements without objection.

3. Report from Treasurer and CFO and Accept Financial Report
   3.1 Review and Accept Financial Statements ending 09/30/2023

Ms. Bishop gave a detailed PowerPoint presentation with the following highlights from the financial report and financial statements:

Membership Trends:

- The health plan's enrollment count as of September 2023 is at 231,377 compared to a budget forecast of 223,594.
- January 1st –September 30th total member months are at 2,095,875 compared to budget expectations of 2,044,582.
- Over budget 2.5%.

Medical Expenses- PMPM Trends

- Medical Costs & Incentives are trending over budget with a variance of 2.7%.
- 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.

Financial Highlights as of June 30, 2023

- **Operating Gain (Loss):** Through nine (9) months of the calendar year we are reporting an operating gain of $54.2 million.
- **Capitation Revenue** is at $940.6 million; over budget by $65.8 million and 7.5%.
- **Medical Expenses** are at $816.5 million; over budget by $18.3 million and 2.3%.
- **Administrative Expenses** are at $55.4 million; under budget by $1.3 million and 2.4%. Strategic Investments are under budget by $6.3 million and 91.5%.
- **Tangible Net Equity (TNE)** is at $267.0 million; representing 824% of the minimum regulatory requirement and 92.5% of the minimum Board of Directors desired TNE target.
- **Total Cash and Short-Term Investments** are at $403.2 million. Cash and Short-Term Investments available for operating the health plan is at $280.9 million, representing 110 Days Cash on Hand.
- **Member Enrollment** is at 231,377 for the month of Sep 2023.

ACTION: On motion of Director Hammami and seconded by Supervisor Ortiz-Legg, the Board Accepted the Finance Report and the Unaudited Financial Statements Ended on September 30, 2023, without objection.

3.2 Adopt 2024 Investment Policy

Ms. Bishop gave a detailed PowerPoint presentation of the 2024 Investment Policy.

1. Delegates investment authority to CenCal's Treasurer for a one-year period
2. Requires that investment of funds must be specified in Government Code Sections 53601-53609
3. Requires that funds are not invested in equity securities without specific Board approval
4. Indicates the primary objectives are (1) safety of principal (2) liquidity and (3) return on invested funds
5. Policy remains unchanged from approved for 2023

ACTION: On motion of Ms. Macdonald and seconded by Mr. Drews, the Board Adopted the 2024 Investment Policy, without objection.

3.3 Accept Recruitment and Retention Benefit Recommendations

Ms. Bishop gave a detailed PowerPoint presentation of the Recruitment and Retention Program. These are the highlights:

Program Summary approved by the Board in May 2020:

- Housing Assistance Program
- 457(f) Supplemental Retirement Plan
- Supplemental Disability Income Benefit
- Medical Continuation Benefit Plan
- Long Term Care Insurance
- Funded by Investment in Corporate Owned Life Insurance

Program Evaluation:

- Since being approved in 2020, CenCal Health has:

- Adopted a new vision and refined our organizational values
- Adopted a multi-year Strategic Plan
- Focused on ensuring financial best practices

New Objectives:

- Benefits approach aligned with financial best practices
- Expanded eligibility to ensure an equitable approach
- Integrated benefits with current administrator to improve administrative efficiencies
- Enhancing the reward structure from tenure based to goal achievement in alignment with the Strategic Plan

Recommended Plan:

- Staff recommend termination of the Recruitment and Retention Program approved by the Board of Directors in May 2020 and approval of the associated unwinding plan with commensurate replacement offering being included in the 2024 Budget represented in the table below.
- Financial Impact of Unwinding Plan: One-Time Cost of $675,000; off-set by current assets

Basic Life	• Increase from 1x annual compensation to 1.5x annual compensation. • Increase maximum benefit to $500,000. • Eligibility: Full time CenCal Health team members. • Premium: Covered by CenCal Health.
Supplemental Life	• Increase maximum from $500,000 to $800,000 • Eligibility: Full-time CenCal Health team members. • Premium: Covered by CenCal Health team member.
Disability	• Increase max salary and monthly benefit to $400,000 and $20,000, respectively. • Eligibility: Full-time CenCal Health team members. • Premium: Covered by CenCal Health team member.
Long Term Care	• Coverage of $3,000 per month with additional death benefit • Eligibility: Full-time CenCal Health team members. • Premium: Covered by CenCal Health team member.
Incentive Program	• Discontinuing (as of 11/30/23) and paying out 457f tenure-based incentive program. • Replacing with goal-based incentive program to be developed and adopted in 2024. • Eligibility: Expanded to all full-time CenCal Health team members.

Discussion:
Ms. Andersen reported that the Finance Committee endorses the recommendations.
Mr. Shah said he appreciates the equity component of the new plan.
Mr. Drews asked if benefits are reduced.
Ms. Bishop stated that commiserate benefits will be offered; however, the housing incentive was discontinued and could be re-evaluated in the future.

<u>ACTION</u>: On motion of Mr. Drews and seconded by Director Hammami, the Board Accepted the Recruitment and Retention Recommendations, without objection.

4. Present Student Behavioral Health Program Update

Dr. Do-Reynoso and Dr. Wageneck gave a detailed PowerPoint Presentation. These are the highlights of the report:

SBHIP Objectives

- Improve coordination of child and adolescent behavioral health services
- Increase the # of students enrolled in Medi-Cal who are receiving behavioral health services
- Increase non-specialty services on or near school campuses
- Address health equity gaps, inequalities, and disparities

Total Potential Incentive

- The total available incentive monies that we can earn is $6.8M.
- We received 3.06 M, which is 100% of the allocation available in our first year.
- The remaining allocation will be made bi-annually based on achievement of stated metrics and milestones.
- CenCal Health recently received full incentive payment for the Jan - June Bi-Quarterly Report since our Local Education Agencies (LEAs) are on target with the stated targeted intervention.
- CenCal Health earned $221,901 for San Luis Obispo County and $542,807 for Santa Barbara County, for a combined total of $764,708.

Participating Local Educational Agencies

- Santa Barbara County Education Office
- Carpinteria Unified School District
- Cuyama Unified School District
- Guadalupe Unified School District
- Lompoc Unified School District
- San Luis Obispo County Office of Education
- Lucia Mar Unified School District
- San Luis Coast Unified School District

Midpoint Reflections: Celebrations

- 25 FTE staff hired, with 11.5 FTE positions open
- Staff dedicated to supporting behavioral health needs
- New trainings for staff and teachers
- Increased confidence and capacity of teachers to support students using trauma-informed strategies

Sustainability beyond SBHIP

- DHCS is establishing, by January 1, 2024, a statewide multi-payer school linked fee schedule that reimburses school-linked providers for mental health and substance use disorder services
- Fee Schedule will be rolled out in three phases
- Cohort 1 will bill through a third-party administrator
- 7 out of 9 LEAs have applied to participate in Cohort 1

Social Emotional Learning (SEL) Program

- **Ms. Cottam** (Lompoc Unified School District) shared a brief overview of the SEL program that is being adopted at the Lompoc Unified School District. They have engaged the expertise of Dr. Rios who assists with educating staff on the needs of marginalized students. Ms. Cottam explained that they give an SEL award at each of their board meetings where a student is recognized for their progress within an SEL small group and shared a story about a middle schooler named Jacob. Jacob's counselor said that Jacob participated in a six-week group of boys with the goal of developing safe, responsible, and respectful young men. With each group that was held, Jacob opened up more and more about the person he wanted to become. He said his purpose in life is to become something great, to make my family happy and proud and to make a positive impact. The counselor shared that he passed all of his classes and is on his way to becoming a responsible and respectful young man.

Discussion:
Ms. Andersen asked why other school districts chose not to participate. Also, what is CenCal's financial role in the program?
Dr. Do-Reynoso stated that it is a 3-year incentive program and some school districts were not interested in participating in just a 3-year incentivized program. For those who chose to participate, we will use data gathered throughout the process to present to those schools who did not in an effort to gain their participation in the future. The incentive dollars that CenCal Health has earned have been distributed to the participating schools.
Ms. Andersen asked how this will be sustained.
Dr. Do-Reynoso explained that the initial funding is going towards building infrastructure within their districts so they are equipped to sustain the program with the when they participate in the Medi-Cal billing process in January.
Director Hammami asked if opioid prevention is intersecting with this program and if there is any overlap with other programs.
Dr. Do-Reynoso said that schools can tailor their interventions based upon their individual needs.
Mr. Drews said he is concerned with the funding being moved to address homelessness and being taken away from school programs.
Dr. Wageneck said that she understands the concern and initiatives such as this through CenCal will shore up the gap.
Ms. Navarro commented that she is very happy that this is going to help with infrastructure for these nine school districts and is very hopeful that this initiative.
Supervisor Ortiz-Legg asked where referrals for the small groups come from.
Ms. Cottam said that referrals come from teachers, school counselors and from partners such as CommUnify.
Supervisor Hartmann asked how the program will be evaluated.
Dr. Do-Reynoso explained that we have just worked with our evaluators to design a logical plan to capture all the elements that we wish to demonstrate. This includes best practices to engage students, best practices in engaging the teachers, best practices in building infrastructure to connect with other providers, best practices in sustaining and recruiting. There is a very structured interview set that the evaluators will use when meeting with all the schools to disseminate this information.
Supervisor Hartmann said that the evaluation process and the stories we can communicate will be vital in gaining support for state funding.

Dr. Do-Reynoso added that the evaluators will also share personal stories in order to provide as much information as possible.
Ms. Macdonald shared that a program like this would have helped her when she was growing up. It was difficult for her to ask for the help she needed.
Dr. Bravo commended staff for an excellent presentation and program. It is an example of what health really is. It is not just treating physical maladies. Health is a much broader and inclusive topic. He said that the American Board of Pediatrics is on board with this and is looking for examples of this work throughout the country.

5. Present 2023 – 2025 Strategic Plan Progress Update

Ms. Owen gave a detailed PowerPoint presentation. Following are the highlights of the report:

Objectives:
- Discuss progress against 2023-2025 Strategic Plan priorities and objectives
- Share themes from Board of Directors Retreat and consider feedback from key stakeholders in the coming year, including state and local partners
- Orient to priorities, objectives and 2024 working strategies

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

Community Stakeholder Feedback from Hospitals, Counties, Clinics, Specialists:
- Facilitate community collaboration, convening and engagement
  - *"Take a more active role in community health to improve outcomes and equity"*
- Proactively prepare for change (e.g., CalAIM)
  - *"I am optimistic for leadership changes and going forward, we are looking for CenCal Health to be strategic partners who will be proactive, engaged and creative in their approach to addressing challenges."*
  - *"It is important for CenCal Health to re-establish itself as a leader and teacher in the local community."*
- Educate stakeholders
  - *"Overall, CenCal Health has performed well, including accessibility, willingness to assist providers with new initiatives, and openness to resolving challenges. I think we have a new opportunity to really partner better with CenCal from both sides."*
- Retain the local model
  - *"I have been a real believer in this model for a long time. I think we have always been grateful to have the local authority to have a plan like this."*

Year one transformation:

- Community partners welcome CenCal Health's increased engagement, including through the CalAIM Community Steering Committee and DHCS Listening Tour.
- CenCal Health's focus on organizing for impact and effectiveness is transforming the internal environment, with a substantial number of new capabilities being developed.
- Competition for talent is considerable, with a flexible working environment being a competitive advantage, and recruitment for talent being key to achieving our goals.
- CenCal Health's financial position remains strong; however, member redetermination is in process and efforts will need to continue to ensure members retain their insurance.
- Building a new product line, like DSNP (Medicare), will require significant investment
  and dedicated focus, resources, and support.
- It required considerable time and effort to develop community supports services
  (10 of 14 in 2024), substantial support for providers and time to build capacity.

July Retreat – Reflections for the future from Board Members:

- Continue building cooperative partnerships and convening role
  - *"CenCal Health can invest to support workforce issues" "Don't forget provider base"*
- Shape policy, lead advocacy and planning, and support local needs
  - *"With our propensity to be regional, need to be attentive to local"*
- Communication is the foundation
  - *"You've opened the doors of trust and participation. Next year is critical"*
- Ensure we are an effective, proactive and accountable organization
  - *"The Board is kept appraised of progress and performance" "Emphasize quality"*
- Support transformation and multiple health related priorities
  - *"Health system strengthening" "How to do it all?" "Healthcare is not slowing down"*

Priority 2024 Working Strategies:

- Enhance local community engagement
- Solicit customer voice to improve experience
- Partner with providers on targeted quality improvements
- Invest in capacity to strengthen health system

Key Takeaways:

- CenCal Health's leadership team is strategic, purposeful and engaged in what the future holds.
- The 3-year strategic plan is being executed with intention, staff have solicited feedback and will develop outcome measures for review and adoption.
- Considerable progress has been made with 10 working strategies (of 30) complete in year one.
- We considered what is needed to foster a culture that supports our people and enables our performance.

- Development of 2024 working strategies is complete to support planning for next year

6. Present Performance Division
   6.1 Consider Adopting 2024 Salary Structure and CalPERS Resolution

Mr. Morris gave a detailed PowerPoint presentation. Following are the highlights of the presentation:

Objectives:
- Review organizational growth to meet business needs over the past 18 months
- Update on the effort to drive down vacancy to enable the organization
- Orient to staff turnover trends as a key indicator of employee experience
- Consider adoption of the 2023 compensation study and associated CalPERS Resolution
- Evaluate organizational effectiveness through strategic and operational performance

Organizational Growth to meet business needs
- Effective organizations continuously adapt to their environment
- In 2022 staff established an effort to *align organizational structure with business need* to enhance readiness for the future

Driving down vacancy to enable the organization
- January 2023 vacancy was at 13.3%
- Highest in February at 22.3%
- On track to meet goal of 9% at end of December 2023

Staff turnover isa key indicator or employee experience
- Turnover at roughly one-third industry average
- Stable at 11.5% annualized, 11.1% rolling 12 months

Compensation Study
- Thoughtful and competitive compensation philosophy and approach
- Third-party consultancy provides market-based compensation guidance
- Board adopts compensation ranges and budget as a public agency

- Analysis Type: 2023 = Grade Update; 2024= Full Study
- Compensation <u>Range</u> Adjustment:
  - Recommended for 2023 = 5.0% Adopted = 5.0%
  - Recommended for 2024 =3.6% Decision Today
- Compensation <u>Budget</u> Adjustment:
  - Recommended for 2023 = 6.2% - 7.9% Adopted 5.0%
  - Recommended for 2024 = 5.0% Decision January

Strategic Effectiveness
- Approximately 1/3 of Working Strategies complete
- Another 1/3 of Working Strategies planned for 2024

- Strategically on track

Operational Effectiveness

- Now comprehensively measurable and visible through the Executive View Dashboard
- Top-line improvement over the past three quarters, from 94.6% of target in Q422 to 96.7% of target through Q223
- Operationally on track

Recommendation

- Staff recommend adopting the third-party consultant recommendation to increase staff compensation ranges 3.6%, effective January 1, 2024.

Next Steps

- Share outcomes from the 2023 Employee Experience survey with your Board in Q1 2024.
- Prepare a compensation recommendation as part of the CY2024 budget for Board consideration in January 2024.

<u>ACTION</u>: On motion of Ms. Andersen and seconded by Mr. Herlinger, the Board of Directors Adopted the 2024 Salary Structure and Adopted CalPERS Resolution without objection.

Discussion:
Ms. Andersen asked what the budgeted amount for 2024 would be.
Mr. Morris stated that it would be 3.6%.

7. Present Medicare Program Report and Consider Approving Development of Dual Special Needs Program (DSNP) in 2026

Ms. Owen, Ms. Turetsky and Mr. Engelhard (HMA) gave a detailed PowerPoint presentation. These are the highlights of the presentation:

D-SNP Overview

- CalAIM System Transformation: Coordinated, Person-Centered Care
- Integrated Health Plan Services: One Plan for Medi-Cal and Medicare
- 2026 D-SNP for Dual Eligible CenCal Health Members

Objectives

- Summarize the opportunity to offer a D-SNP.
- Detail CenCal Health's two-year implementation plan and immediate next step activities.
- Request approval from the Board to develop a D-SNP in Santa Barbara and San Luis Obispo Counties.

Background

- Dual-eligible members are among the most vulnerable, and the most likely to be impacted by fragmented services.
- Local Medi-Cal Plans currently serve dual-eligible members; most plans only provide the Medi-Cal portion of coverage.

- CenCal Health's Strategic Plan includes *expanding our role and reach* in alignment with the goals of CalAIM, inclusive of improved integration of health care services.

Benefits to Members: Care Coordination and Navigation

- Exclusively Aligned Enrollment (EAE):
  only members receiving Medi-Cal through CenCal Health will also be eligible for D-SNP; provides unique opportunity for care coordination for our most complex members
- 23,000 residents eligible for Medicare in Santa Barbara and San Luis Obispo; 88% receiving FFS Medicare
- 1,700 Members age-in to Medicare eligibility annually
- Opportunity to positively impact the lives of thousands of existing CenCal Health Members

D-SNP Planning

- **Planned:** RFP for implementation consulting vendor; selected Health Management Associates
- **Developed:** Developed D-SNP Program Structure and multi-year Roadmap from 2023 through 2026
- **Initiated:** Launched D-SNP Steering Committee and foundational planning work, including operating model, network strategy, and regulatory licensing

Implementation Timeline

- Activities began in 2023 and the Go-live and post implementation performance monitoring will begin January 2026.

Financial Considerations

- Estimated startup investment is $17 million.
- Estimated multi-year initial loss of approximately $20 million.
- Full commitment to these investments is needed to ensure success, even if CenCal Health experiences financially challenging times.
- Forecasts indicate CenCal Health's tangible net equity will remain above regulatory requirements.
- Success in the program can improve CenCal Health's long term financially sustainability.
- Minimum enrollment target = 1,700 at go-live. Greater enrollment improves feasibility forecast. Grow enrollment each year.
- 15% - 18% or greater Medical Management savings off the Medicare fee-for-service benchmark.
- Average 1.9% or greater risk adjustment improvement each year.
- Achieve and Maintain at least a 4.0-Star rating in 2029 and thereafter.
- Network contracting 100% - 101% Medicare.

Board Engagement

- Decision points related to development of a D-SNP; D-SNP resourcing; contracting with selected vendors; application submission to CMS and bid submission.
- Informational items related to model of care and medical management; quality and STARS; financial management and risk adjustment; marketing and

sales; network and provider engagement; compliance activities; and behavioral health.

Recommendation

- Staff request that the Board consider and approve the development of a D-SNP to serve Medicare and Medi-Cal dually eligible members in Santa Barbara and San Luis Obispo Counties.

- Further, staff request approval and adoption of the draft D-SNP Board Engagement Schedule.

Discussion:
Dr. Bravo commended staff on their excellent and thorough presentation.

ACTION: On motion of Dr. Bentley and seconded by Ms. Macdonald, the Board of Directors Approved Development of Dual Special Needs Program (DSNP) in 2026 in Santa Barbara and San Luis Obispo counties without objection.

8. 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

_____
Paula Marie Bottiani, Clerk of the Board

CEO Executive Summary

Date: January 17th, 2024

To: CenCal Health Board of Directors

From: Marina Owen, Chief Executive Officer

Governor Newsom Releases FY14-15 State Budget

On January 10th, Governor Newsom released his 2024-2025 Proposed State Budget. The overall $291.5 billion budget proposal includes $208.7 billion in General Fund spending while also addressing a $37.9 billion budget shortfall for this fiscal year. Notably, the Administration's projected budget shortfall is substantially smaller than the California Legislative Analyst's Office's (LAO) projected $68 billion shortfall.

While acknowledging the state's budget situation, the Governor has continued to maintain investments in homelessness, housing, and healthcare. Of note, funding for initiatives like CalAIM, undocumented Medi-Cal expansion, and the MCO Tax were supported, and the Governor's budget did not materially impact Medi-Cal Managed Care or CenCal Health. To address the existing budget shortfall, the Governor is proposing withdrawing approximately $13 billion from the state's Budget Stabilization Accounts, coupled with $8.5 billion in spending reductions, $5.7 billion borrowing, $5.1 billion in delays, $3.4 billion in fund shifts, $2.1 deferrals to close budget gap.

Additionally, the Governor also acknowledged that he is working with the Legislature on what to do with the impending implementation of SB 525 (Durazo), which enacts a phased-in, multi-tiered statewide minimum wage schedule for health care workers employed by covered health facilities. The Governor stated that there are some potential adjustments needed with the bill, and that proposed language is forthcoming. The language is expected to add "triggers" into the law which could make increases contingent on a healthy General Fund.

For additional information, please see the *Administrative and Government Affairs Reports*, and State Legislative Report, provided by Michael Harris, Administrative and Government Affairs Officer, and Public Policy Advocates (PPA).

Strategic Engagement and Public Relations: *CenCal Health 40th Anniversary*

On December 6th, CenCal Health welcomed our Board of Directors, health professionals and local leaders in Santa Barbara and San Luis Obispo counties to commemorate four decades of strengthening the region's health system. Held at the Hilton Santa Barbara, the event recognized the collective impact of those who have worked to provide exceptional care for Medi-Cal members over CenCal Health's 40-year history. Our appreciation to Mark Lisa, Supervisor Hartmann, and Dr. René Bravo for

speaking at this event and supporting our program. An award ceremony recognized over 30 champions in healthcare and public advocacy, including dedicated service awards to primary care physicians, specialists, hospitalists, and community partners. On December 8th, CenCal Health held an end of the year holiday luncheon and celebrated with over 200 team members. Over 60 team members were recognized and given service awards for 5-, 10-, 15-, and 20-years' service to the mission.

A post-event Press Release can be found on CenCal Health's website in the Press Center and distribution resulted in pick-up in 144 online and mobile media outlets or newsletters including the *Associated Press, Apple News, Bloomberg, Santa Maria Times, Paso Robles Daily News, the Central California Medical Association Pulse and Local Health Plans of California Monthly Newsletter*. Additional detail and community engagement activities can be found in the *Strategic Engagement Report* provided by Citlaly Santos, Strategic Engagement Director.

Medi-Cal Expansion to All Adults

On January 1st, CenCal Health's aggregate membership was 241,242, which is an increase from 14,164 from December 2023. As your Board is aware, California expanded Medi-Cal eligibility to all adults, regardless of documentation status, which resulted in the addition of 15,775 Adult Expansion Members primarily in Santa Barbara County. CenCal Health's call volume over the past two weeks into Member Services surged, with new member's selecting their Primary Care Provider and verifying eligibility and benefits. New enrollment far exceeded CenCal Health estimates and Member Services Representatives are fielding exceptionally high call volume, in some days receiving over 1,000 calls. Meanwhile, since the reinstatement of annual Medi-Cal renewals, CenCal Health has experienced a membership decrease of approximately 8,500 from June through December 2023, which is lower than projection, with County Department of Social Services working diligently on redeterminations.

Additional information can be found in the *Customer Experience Division Report*, provided by Van Do-Reynoso, PHD, MPH, Chief Customer Experience and Health Equity Officer.

Expansion of Community Support Services and Enhanced Care Management

Beginning January 1, 2024, CenCal Health began providing 4 new community supports to members, including short *Term Post Hospitalization, Personnel Care and Homemaker Services, Respite Services and Day Habilitation Services*. Community Supports authorization requests were processed within a 5-day timeframe, maintaining a consistent 100% compliance rate in December. During December 2023, the most frequently requested CS services included Housing *Transition Navigation Services, Housing Tenancy and Sustaining Services, and Sobering Centers*.

With this implementation, CenCal Health is now offering ten (10) of the fourteen (14) Community Supports available for health plans to elect. Also beginning January 1, 2024, CenCal Health began providing Enhanced Care Management Services (ECM) tailored for the Justice-Involved and Birth Equity populations of focus, in alignment with California's Advancing and Innovative Medical Initiative (CalAIM). Comprehensive information on ECM, the referral process, and instructions on how to contact ECM providers have been provided to our providers and community partners.

A presentation on these new initiatives will be provided to your Board at its January 2024 Regular Meeting. At this time, CenCal Health will ask the Board of Directors to consider approving the expansion of Community Supports on July 1, 2024, to offer all fourteen (14) Community Supports, thus supporting community partners with available funding for all state-approved services and fulfilling state expectations for growth.

Additional information can be found in the *Health Services Division Report*, and *CalAIM Implementation Report*, provided by Chris Hill, RN, MBA, Health Services Officer, Jordan Turetsky, MPH, Chief Operating Officer, and Jennifer Fraser, PMP, Program Manager, CalAIM Program.

Strategic Engagement Department (SED) Supplemental Report

December Look-Back

Date: January 10, 2024

From: Citlaly Santos, Strategic Engagement Director

Through: Michael Harris, Government Affairs & Administrative Officer

PUBLIC RELATIONS

Earned Media - 40th Anniversary Celebration & More

CenCal Health's Strategic Engagement Department produced and distributed three press releases in the month of December:

- CenCal Health Commemorates 40 Years of Quality Care in Santa Barbara County, 15 years in SLO County
- Central Coast Primary Care Providers Recognized, Rewarded for Quality of Care
- Community Service Organizations Receive Over $530,000 in Funding from Local Health Plan on Central Coast

Note: All press releases can be viewed online at www.cencalhealth.org/news

A BusinessWire distribution of the 40th Anniversary press release resulted in 3,078 views and pick-up by 144 online/mobile media outlets including the *Associated Press*, *Yahoo Finance*, *Bloomberg*, *Apple News*, *Morningstar*, and *Santa Maria Times*. Additional media mentions for the anniversary event included *Paso Robles Daily News*, the Central Coast Medical Association's (CCMA) e-newsletter *The Pulse*, and Local Health Plans of California's online and email newsletters.

Pacific Coast Business Times included Doctors Without Walls - Santa Barbara Street Medicine Executive Director Maggie Sanchez as one of its 2023 Who's Who in Nonprofits and Foundations. CenCal Health CEO Marina Owen nominated Ms. Sanchez for this recognition rendered in the journal's annual special report. The same issue featured a column item on CenCal Health's 40th anniversary Partner Awards celebration.

CenCal Health's Quality Award press release – distributed at the end of December – was featured in three local media outlets: *EdHat*, *Noozhawk*, and *Nonprofit Resource Network*. The press release highlighted the Certificate of Achievement provided to CenCal Health by the California Department of Health Care Services for notable advancements in various quality and health equity strategies.

The Community Service Organizations press release, which focuses on the grant and sponsorship funds committed by CenCal Health in 2023, was also published toward the end of December. Earned media is expected throughout January.

PUBLIC RELATIONS (cont.)

Clippings Samples

Of the media coverage earned in December, below are three notable samples.

Central Coast Primary Care Providers Recognized, Rewarded for Quality of Care

Local Medi-Cal health plan receives award for quality, health equity from State

1

12/25/23

Edhat

Central Coast Primary Care Providers Recognized, Rewarded for Quality of Care

CenCal Health celebrates 40th anniversary

2

12/15/23

Pacific Coast Business Times

CenCal Health celebrates 40th Anniversary

CenCal Health celebrates 40th Anniversary

Join us in congratulating CenCal Health on their 40th Anniversary! Opening their doors in 1983, CenCal Health has been nationally recognized as the oldest Medicaid managed care program in the country. With over 1,500 physicians, CenCal Health delivers care to 1 in 3 residents in Santa Barbara County, and 1 in 4 residents in San Luis Obispo County. To best represent the communities they serve, CenCal health plays an active role in supporting community organizations who work with the safety net population and engage in community activities, meetings and events.

3

12/12/23

Local Health Plans of California newsletter

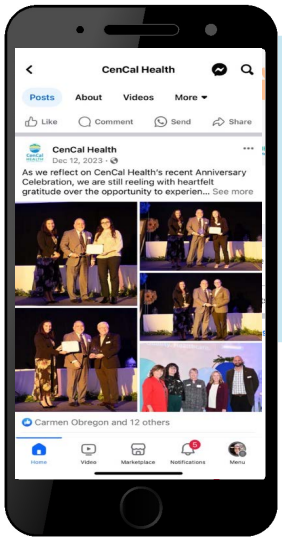
CenCal Health celebrates 40th Anniversary

Earned Media Coverage Report

December 2023		
Date	**Publication**	**Headline**
12/25/23	Edhat	Central Coast Primary Care Providers Recognized, Rewarded for Quality of Care
12/23/23	Paso Robles Daily News	Local hospitals receive award for providing care to Medi-Cal members
12/21/23	Noozhawk	Central Coast Primary Care Providers Recognized, Rewarded for Quality of Care
12/20/23	NonProfit Resource Network	Central Coast Primary Care Providers Recognized, Rewarded for Quality of Care
12/15/23	Pacific Coast Business Times	CenCal Health celebrates 40th anniversary
12/14/23	The Pulse, CCMA e-newsletter	CCMA Honored with CenCal Health's Innovation Award
12/14/23	The Pulse, CCMA e-newsletter	CenCal Health Presents Partners Awards to Physicians, Community Partners...
12/13/23	NonProfit Resource Network	CenCal Health Commemorates 40 Years of Quality Care...
12/12/23	Local Health Plans of California e-news	CenCal Health celebrates 40th anniversary
12/11/13	Local Health Plans of California e-news	CenCal Health celebrates 40th anniversary
12/7/23	Pacific Coast Business Times	CenCal Health celebrates 40th anniversary
12/7/23	*Business Wire	CenCal Health celebrates 40th anniversary

*Note: Business Wire distribution resulted in pick-up by 144 additional media outlets.

SOCIAL MEDIA

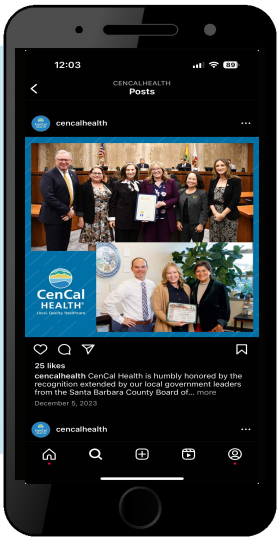


CenCal Health's Anniversary Celebration

Two social media posts sharing images following our December 6th anniversary celebration received significant engagement through Facebook, Instagram, and LinkedIn, including comments, shares, and "likes." Thank you to all our partners who came together and joined us to commemorate this momentous occasion. It was a wonderful opportunity to celebrate our collective impact.

Recognition from our counties' Board of Supervisors

The days leading up to our 40th anniversary celebration were also marked by momentous occasions for the health plan, with recognitions rendered by the Santa Barbara County Board of Supervisors and the San Luis Obispo County Board of Supervisors. Our CEO Marina Owen accepted both awards in person and thanked our local government leaders for their steadfast leadership and dedication throughout the years.



COMMUNITY ENGAGEMENT

Sponsorship & Donation Program Report

Through community engagement, outreach, and investment - drawing upon sponsorship and grant funding, SED aims to support CenCal Health's Strategic Plan priority of cultivating community partnerships.

In December, CenCal Health committed sponsorship funds to the following organizations and events:

Event Date	Organization	Event
2/22/24	The Chelsey Initiative	Do you have M.E.?
2/7/24	Planned Parenthood California Central Coast	SLO Together
2/3/24	Friendship Center Adult Day Services	Festival of Hearts

Performance Division Report

Date: January 17th, 2024

From: Chris Morris, MSOD, Chief Performance Officer

Contributors: Andrew Hansen, MBA, Operational Excellence Director
Joanna Hayes, 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 talent acquisition, employee experience, process management, and strategic development.

Human Resources

Talent Acquisition and Retention Update

As a result of Board approval of new FTE through the CY23 budget, total staff vacancy rate peaked at 22.3% in January 2023. Recruiting capacity was subsequently increased and the vacancy rate is now 4.9%, exceeding staff's goal of 9.0%. There are no new incoming senior leadership team members or recruitments to report at this time.

All cause turnover remains healthy at a 12-month rolling average of 10.7%, greater than two-points below the CY22 average, and approximately 23 points below the industry average (Bureau of Labor Statistics). CenCal Health is committed to remaining an employer of choice for mission-driven professionals, through a thoughtful and competitive hybrid workforce strategy that meets the needs of our members, providers and community partners, and supports the collaboration and belonging.

Employee Experience

Staff conducted a successful annual employee engagement survey which concluded in December 2023, with preliminary results as follows:

- Response. We are pleased to have achieved a 65% participation rate. This is considered a good response rate relative to industry benchmarks, with anything above 70% considered excellent.
- Results. Key summary results relative to our last employee engagement survey in 2017 are as follows:
    - Overall engagement improved 10% over 2017, at 81%. This means 81% of team members selected agree/strongly agree with the five (5) engagement related questions.

- Overall satisfaction improved 15% over 2017, at 84%. This means 84% of team members selected agree/strongly agree with the four (4) satisfaction related questions.
- As we plan for 2024, top organization-wide opportunities for improvement include cross-departmental communication, employee growth and development, and workload. The first two opportunities are nicely aligned with ongoing and planned efforts. Additionally, given the significant reduction in staff vacancy outlined above, workload perceptions are expected to improve and will be monitored as we progress in 2024.

Communication and action planning is underway. The Senior Leadership Team has been oriented to these preliminary results and their department specific details. Insights from the engagement survey are informing each directors' departmental assessment, where departmental level action planning responsive to engagement survey feedback will be identified. Further, these summary results have been shared with all staff, who will additionally be engaged through employee Town Hall activities to ensure staff perspective and input informs action planning in 2024. Additional detail will be shared with your Board for awareness following these action planning activities.

Operational Excellence Update

Organizational Dashboard

Compilation of the Q423 Organizational Dashboard is currently underway, and the Q423 Organizational Dashboard will be shared for your Board's review in March 2024.

2024 Strategy Execution Planning

Annual tactical planning has produced a *2024 Operating Plan* (enclosed) comprised of *strategic* organizational tactics responsive to our Strategic Priorities, Objectives and Working Strategies in 2024, as well as *required* organizational tactics necessary to maintain operations and/or meet external requirements. Staff is currently engaged in achievability assessment to align resource needs and execution timing. The *2024 Operating Plan* currently includes forty-five (45) tactics, with select highlights as follows:

- 37 tactics (82%) are responsive to the Strategic Plan and 8 tactics are necessary to maintain the organization
- 11 tactics (24.4%) are new in 2024 and 24 are carrying over from 2023

The *2024 Operating Plan* will be updated and shared with your Board routinely in 2024 to provide visibility into the progress of execution.

2023 Operating Plan Update

The 2023 Operating Plan is comprised of forty-eight (48) tactics. As of mid-December 2023, eight (8) tactics have completed, two (2) have been deferred to begin after 2023, and the remaining thirty-eight (38) are active. Of the active tactics, progress is as

follows: 10 (26%) are between 0-25% complete, 4 (11%) are between 25-50% complete, 10 (26%) are between 50-75% complete, and 14 (37%) are between 75-100%. Additionally, 90% (n=34) of active tactics are in good health, and four (4) are at-risk of becoming off-track with planned mitigations as follow:

- Ensure Equitable Provision of Preventive Services – This tactic is intended to reduce health disparities in our populations through educating and engaging providers to ensure preventive services are being uniformly and equitably addressed. There are new measures identified within Department of Health Care Services (DHCS) Managed Care Accountability Set (MCAS) that must meet minimum thresholds and are currently below standard.
- Student Behavioral Health Incentive Program – This tactic is intended to develop new Medi-Cal programs and benefits by increasing access to preventive, early intervention and behavioral health services by school-affiliated behavioral health providers for transitional kindergarten – grade 12 children in public schools. A few Local Educational Agencies (LEAs) are behind or at risk of becoming behind on deliverables. The project team is providing additional support and clarification to LEAs to ensure awareness.
- Develop Future of Work Strategy – This tactic is intended to maintain operations by evaluating best practices and adopting a strategy for a hybrid workforce, including technology, process and cultural practices that support a collaborative and high performing organization. The originally planned schedule was to complete this tactic in 2023. The revised schedule now goes through Q224 which is desirable as it will allow for integration with the local presence related tactical work newly defined on the 2024 Operating Plan.
- Develop Comprehensive Payment Integrity Program – This tactic is intended to ensure financial performance to support sustainability through a robust Payment Integrity Program that validates claims are paid by the appropriate party, coded properly, and free of potential fraud, waste and/or abuse. The work to finish a request for proposal (RFP) for a software vendor necessary to enable a robust program is behind schedule. Support from the CenCal Health Enterprise Project Management Office (EPMO) has been deployed to assist RFP completion.

Next Steps

- Share employee engagement plans following director and staff action planning activities throughout Q124.
- Share the Q423 Organizational Dashboard in March 2024.

Recommendation

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

Enclosures

1. 2023 CenCal Health Operating Plan
2. 2024 CenCal Health Operating Plan

2023 Operating Plan

December 2023

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	Implement Transitional Care Services	Reduce health disparities in our populations	
Obtain Knox-Keene Licensure for D-SNP	Develop and Execute a D-SNP Provider Network Strategy	Procure and Implement a PBM for D-SNP	Expand Medi-Cal to County Residents (ages 26-49)	Develop and Execute D-SNP Roadmap	Prepare to serve new members	Expand our Service Role and Reach
Implement Justice Involved Initiative	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	
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	
		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	
				Enhance Financial Accounting and Reporting Capabilities through New Software	Develop Advanced Financial Analytics Capability	Ensure financial performance to support sustainability	
Maintain the Organization							
Implement HIPAA-Compliant National LTC Claim Billing	Implement Redetermination Retention Strategy	Expand Deployment of Contract Management Software *(deferred)*	Develop Future of Work Strategy	Maintain Operations and Meet Regulatory and Contractual Requirements	
Launch a Member Portal	Assess and Implement FQHC Alternative Payment Model	Implement 2024 DHCS Contract Requirements	Conduct 2024 DHCS Contract Operational Readiness		
	Evaluate Quality Based Provider Reimbursement Strategies *(deferred)*	Assess and Implement Targeted Rate Increases (MCO Tax)	Develop Comprehensive Payment Integrity Program		

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

CenCal HEALTH
Local. Quality. Healthcare.

2024 Operating Plan

December 2023

Organizational Tactics				Objectives	Priorities
Design and Implement the Doorway to Health Roadmap *(div.)*	Develop Community Benefits Program	Enhance and Facilitate Provider Engagement and Education	Partner to Address Healthcare Infrastructure and Workforce Needs	Facilitate community collaboration to strengthen the health system	Cultivate Community Partnerships
		Develop Local Presence Strategy	Develop, Adopt and Implement the DEI Roadmap	Expand local presence to strengthen partnership	
		Enhance Insight Into Member Experience through CAHPS	Conduct NCQA Accreditation Readiness	Exceed quality standards and expectations	Advance Quality and Health Equity for All
		Enhance Collection of Population Health Data	Implement Transitional Care Services	Reduce health disparities in our populations	
Produce Core D-SNP System Business Requirements Assessment	Evaluate and Procure a Core Claims System for D-SNP	Obtain Knox-Keene Licensure for D-SNP	Develop and Execute a D-SNP Provider Network Strategy	Procure and Implement a PBM for D-SNP	Prepare to serve new members	Expand our Service Role and Reach
Develop the Model of Care for D-SNP	Develop the Supplemental Benefit Package for D-SNP	Enhance the Quality System Responsive to D-SNP Requirements	Develop a D-SNP Training Strategy and Program	Facilitate Seamless Integration of New Medi-Cal Members (ages 26-49)		
Develop and Implement Equity and Practice Transformation Program	Implement Incentive Payment Program *(div.)*	Implement Student Behavioral Health Incentive Program *(div.)*	Plan and Implement Justice Involved Initiative	Expand and Optimize Community Supports Responsive to Local Needs	Expand and Optimize Enhanced Care Management Program	Develop new Medi-Cal programs and benefits	
		Conduct Inaugural Process Readiness Assessment *(div.)*	Enhance Audit, Monitoring, and Oversight Capabilities through New Software	Enhance Policy and Procedure Management *(div.)*	Advance organizational readiness to support strategy	Organize for Impact and Effectiveness
				Develop and Deploy Talent Development Program	Foster employee growth and inclusion towards a diverse culture	
	Adopt, Implement and Advance Digital Transformation Strategy	Assess and Align Health Information Exchange Approach	Develop Health Information Exchange Capabilities	Enhance Processes and Integration through New Health Mgmt. Software	Leverage and adapt technology and analytics to enable transformation	
		Develop Comprehensive Payment Integrity Program	Develop Advanced Financial Analytics Capability *(div.)*	Enhance Financial Accounting and Reporting Capabilities through New Software	Ensure financial performance to support sustainability	

Advance the Organization

Maintain the Organization

Assess and Implement Targeted Rate Increases (MCO Tax)	Implement HIPAA-Compliant National LTC Claim Billing	Implement 2024 DHCS Contract Requirements	Develop Future of Work Strategy	Maintain Operations and Meet Regulatory and Contractual Requirements
Improve Help Desk and Infrastructure Capabilities *(div.)*	Optimize the Grievance and Appeals Process	Enhance Business Continuity/Disaster Recovery	Implement Contract Management Software	

Progress Legend

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

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

CenCal HEALTH
Local. Quality. Healthcare.

Health Services Division Report

Date: January 17th, 2024

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, RN, Associate Director, Utilization Management

Through: Marina Owen, Chief Executive Officer

Medical Management

The prior authorization turnaround times have met or exceeded the 95% threshold for the month of December. Health Services will continue to actively monitor and evaluate processes to ensure compliance is met. Ongoing education with providers on the appropriate criteria for urgent referrals continues.

During the month of December, Health Services continued to work on readiness for of the Transitional Care Services (TCS) program aligning with contracted hospitals in the discharge management and post-discharge services for our members. In addition, automatic written notification to our members upon approval of authorization requests was implemented. Both programs were launched on January 1, 2024.

Enhanced Care Management

In December, authorization requests for the Enhanced Care Management services were processed within the 5-day timeframe, maintaining a consistent 100% compliance rate for pre services authorization request.

Beginning January 1, 2024, CenCal Health will provide Enhanced Care Management Services (ECM) tailored for the Justice-Involved and Birth Equity populations of focus, in alignment with California's Advancing and Innovative Medical Initiative (CalAIM). Comprehensive information on ECM, the referral process, and instructions on how to contact ECM providers have been provided to our providers and community partners.

Community Supports

Beginning January 1, 2024, CenCal Health will provide 4 new community supports to our members, including short *Term Post Hospitalization, Personnel Care and Homemaker Services, Respite Services and Day Habilitation Services*. Community Supports authorization requests were processed within a 5-day timeframe, maintaining a consistent 100% compliance rate in December.

During December, the most frequently requested CS services included Housing Transition Navigation Services, Housing Tenancy and Sustaining Services, and Sobering Centers. Please see the CalAIM implementation Memo for further detail.

Behavioral Health

Prior authorization continues to maintain at 100% compliance for post-service and 98% pre-service authorizations in December. Care Coordination teams are showing 73% (County Care Coordination), 92% (Navigator Care Coordination) and 100% (Call Center). 12% of adult level of care screenings, indicated that the member would benefit from county level services. Additionally, 20% of pediatric/youth level of care screenings, indicated that the member would benefit from county level services.

The call center is compliant with their performance of average speed to answer, abandonment rate, and calls waiting. The department continues to work closely with both counties to support care coordination and continues weekly referral meetings to support member care. The Memorandum of Understanding (MOU) process between CenCal Health and county agencies is in process and being led by the Administrative Services department.

Pharmacy

Eleven months through the calendar year 2023 the physician administered drugs (PADs) authorization volume continues the upward trend experienced throughout 2022 and has experienced a double-digit growth since November 2022. Greater than half of the activity volume continues to 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 when appropriate. Our biosimilar preferred benefit design across several oncology products and immunology now represents an ~75% market share. All cases were processed within regulatory time standards.

Recommendation

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

Quality Report

Date: January 17th, 2024

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

Contributors: Chelsee Elliott, Quality Measurement Supervisor

Through: Marina Owen, Chief Executive Officer

Executive Summary

This report provides an overview of a process implemented in 2023 to fulfill Department of Health Care Services (DHCS) requirements to systematically risk stratify health plan membership according to individual member need for case management. This industry-standard managed care practice, Risk Scoring & Stratification (RSS), has long been required by DHCS for Medi-Cal *Seniors & Persons with Disability*. However, the DHCS requirement's applicability was broadened beginning in 2023 to include all members. *In December 2023, an important milestone was fulfilled, to complete a required statistical evaluation of CenCal Health's RSS Algorithm. This evaluation marked the completion of CenCal Health's 1st year lifecycle of its RSS system.*

To address the expanded DHCS RSS requirement, CenCal Health implemented its new RSS system in January 2023. It is automated and executed monthly to compute an estimated RSS Risk Tier for *every* CenCal Health member. The RSS Risk Tier approximates each member's unique health risk. The Risk Tier is the product of claims-based diagnostic and reported medical events, and other non-utilization-based administrative data. Each month, the computed RSS Risk Tiers are used to stratify all members into Low, Medium, or High-Risk groups. Members with an estimated High-Risk Tier are supported by CenCal Health's Case Management team that initiates one-on-one, personalized, and coordinated support. All members, including members with lower levels of estimated risk, receive Basic Population Health Management.

At least annually Medi-Cal Managed Care plans, and those that are NCQA accredited, must assess their RSS Algorithm to evaluate and detect potential biases, including those associated with race and ethnicity. CenCal Health's comprehensive bias analysis was completed in December, and it was evaluated and approved by your Board's appointed Quality Improvement Health Equity Committee (QIHEC).

Background

DHCS and NCQA require an analysis for potential RSS algorithmic bias at least annually. The results of the statistical analysis must be used to refine the risk scoring of the RSS Algorithm to more accurately estimate the actual health risk associated with members.

This process of fine-tuning the RSS Algorithm is an industry best practice to continually refine health plan RSS processes.

CenCal Health's bias analysis was based upon data segmented by age group, gender, racial/ethnic category, or housed status. For each member grouping, RSS Risk Tier outcomes were compared to Case Management (CM) validated Risk Tiers. The RSS Computed Risk Tier is the product of claims and other non-utilization administrative data available to CenCal Health. The CM Validated Risk Tier is the result of a person-to-person interaction between the member and CenCal Health's CM staff. Statistically, the observed differences between the RSS calculated Risk Tiers and CM validated Risk Tiers were measured to identify any potential RSS algorithmic bias. Measured differences that were "Statistically Significant", "Very Statistically Significant", or "Extremely Statistically Significant", require RSS Algorithm fine-tuning at least annually to improve the accuracy of Risk Tier estimates.

Statistical tests and findings from CenCal Health's initial RSS Bias Analysis completed in August 2023 revealed that the RSS Algorithm *overestimated* risk for some segments of membership. Select RSS conditions associated with the identified subpopulations were adjusted to lower the risk points used for the Risk Tier estimates.

Statistical tests performed in November 2023 revealed that while some biases were corrected by the fine-tuning completed in August, other biases were revealed that *underestimated* calculated Risk Tier outcomes. Therefore, the RSS Algorithm risk points were increased for conditions that corresponded to subpopulations associated with the remaining biases of statistical significance.

In December, the QIHEC evaluated the RSS Bias Analysis and approved the adjustments recommended by CenCal Health's Quality Measurement and CM staff.

Next Steps

In mid-2024, the annual RSS bias analysis will be performed when regularly scheduled to fine tune CenCal Health's RSS Algorithm and fulfill DHCS requirements and NCQA standards. The same statistical tests used for the 2023 analysis will be applied to each subpopulation to measure differences between the RSS calculated Risk Tier and the CM validated Risk Tier. Risk score adjustments for select measures will be performed as they were in 2023 to minimize any statistically significant algorithmic biases.

Recommendation

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

Administration Division Report

Date: January 17th, 2024

From: Michael Harris, Government Affairs and Administrative Officer

Contributors: Citlaly Santos, Strategic Engagement Director
Kaleb Madrid, Administrative Services Director

Through: Marina Owen, Chief Executive Officer

Executive Summary

The Administrative Report includes key updates on Strategic Engagement, Government Affairs and Administrative Services, including a information on Governor Newsom's Budget released on January 10th, 2024.

40th Anniversary Celebration

As our Board of Directors is aware, last month, with the support and participation of close to 140 healthcare partners and local leaders from Santa Barbara and San Luis Obispo counties and beyond, CenCal Health hosted a community celebration to mark its 40th anniversary in Santa Barbara County and 15th year in San Luis Obispo County. A post-event press release was distributed through the Business Wire, which has rendered over 3,000 views and was picked up by 144 online/mobile media outlets. In addition, CenCal Health earned seven other positive media mentions through our established/traditional distribution process. With the assistance of Supervisors Joan Hartmann and Dawn Ortiz-Legg, CenCal Health was also honored with special recognition from the County's Boards of Supervisors.

Government Affairs

In Sacramento, California Legislatures have returned to begin a seven-month session where they and Governor Newsom have the daunting task of addressing the Legislative Analyst Office's estimate of California's $68B budget deficit. The fiscal shortfall is expected to affect programs that support health care, housing, education, the environment, and beyond. On January 10th, 2024, Governor Newsom submitted his budget proposal to the Legislature, which begins the process of negotiations and discussions to culminate in a final budget in June. Of note, the Governor indicated that he was "less pessimistic" about the State's FY24-25 budget deficit, predicting $38B, with minimal impacts on Medi-Cal Managed Care while remaining committed to CalAIM initiatives and the MCO Tax. Striving for more prudent spending, the California Department of Finance (DOF) has directed all state agencies to cease any new contracts for goods and services, purchase IT equipment, supplies, or fleet vehicles, cancel travel plans, and delay projects.

In the US Capitol, Congress returned to business on January 8th with little time to agree on a spending measure to avoid another government shutdown. Congress has until January 19th and February 2nd to agree on a handful of spending bills to fund the government. Most federal agencies, including the US Department of Health and Human Services, are funded through February 2nd under the continuing resolution (CR).

Before adjourning for the holidays, in Washington, the House passed a significant health package. The Lower Costs, More Transparency Act aims to improve price transparency and reduce costs for patients and employers by requiring hospitals, ambulatory surgery centers, labs, imaging service providers, and pharmacy benefit managers contracting with Medicaid plans, to meet new price transparency requirements, among several other provisions. It would also extend funding for the federally qualified health centers and other expiring health programs.

The Biden-Harris Administration announced a revived "All Hands on Deck" approach to complete the Medicaid redetermination process. To keep eligible Medicaid and CHIP beneficiaries enrolled during the redetermination process, it is expected that all states across the country will continue to face scrutiny from the federal government. As the legislature reconvenes, and with 2024 being an election year, campaigning will also be top of mind for California lawmakers. All 80 Assembly and half the 40 Senate seats are on the ballot.

Administrative Services

The Administrative Services has developed an operational initiative to centralize all non-provider procurement and services under the newly established Procurement and Contracts Unit with the department. While this initiative is anticipated to significantly improve operational effectiveness and efficiency throughout the organization, as CenCal Health contracts with over 500 non-medical vendors. Maturing into an organized and efficient system and Program is clearly indicated.

In line with this strategic direction, CenCal Health hired Sebastian Salcedo as the inaugural Manager of Procurement and Administrative Contracting, reporting to Kaleb Madrid. Mr. Salcedo began his role on January 3, 2024, and brings a wealth of expertise to this position. In tandem with these developments, Administrative Services is progressing with an upgrade to our contract management software system, which is on track for completion by the end of the second quarter of 2024.

Governor's Proposed 2024-25 Fiscal Year Budget

Budget Overview

On January 10th, Governor Newsom submitted his $291 billion proposed FY 2024-25 budget (2023-24 FY budget was $310.8 billion). The "Governor's Proposed Budget" now goes to the legislature where it will be reviewed, debated and the legislature will attempt to influence the governor's his proposal. This proposed budget, and its

subsequent debate, then culminate in May. The "May Revise" initiates the final steps in the legislature's review and submission back to the governor for the fiscal year budget.

With a multi-billion budget deficit, the governor and the legislature face a daunting task of having a balanced budget by June 2024 for the 2024-25 FY. Previously, the nonpartisan Legislative Analyst's Office (LAO) projected a $68 billion deficit for the 2024-25 fiscal year. The governor and his staff are now projecting a $38 billion deficit. The governor's office is assuming $15 billion more in revenues than the LAO. This projection of additional revenues will, of course, be of some debate as the legislature looks at the proposed budget. The governor states that he is, "less pessimistic", about revenues increasing.

In addition to the revenues projected by the governor's office, the approach to close the deficit includes pulling billions out of reserves, reduction in some spending, deferring some spending to the UC and CSU systems and borrowing from special funds to support the tax on health providers.

Medi-Cal Managed Care Impacts

The Budget projects Medi-Cal expenditures of $35.9 billion General Fund in 2024-25, a decrease of $1.4 billion General Fund compared to the revised 2023-24 expenditures. The Budget reflects lower Medi-Cal expenditures of approximately $195.6 million General Fund in 2023-24 compared to the 2023 Budget due to shifting revenues from the MCO Tax, moving some programmatic timelines of various behavioral health initiatives, offset by increases from a one-time retroactive state-only claiming repayment, and increased caseload costs.

- CalAIM Importantly for CenCal Health, the governor's proposed budget maintains approximately $2.4 billion ($811.1 million General Fund) in 2024-25 to continue transforming the health care delivery system through CalAIM at DHCS.
- Undocumented Medi-Cal Coverage The governor's budget maintains the expand full-scope Medi-Cal eligibility to income-eligible adults aged 26 to 49 regardless of immigration status that went into effect on January 1, 2024.
- MCO Tax In December 2023, the federal government approved California's Managed Care Organization Provider Tax (MCO Tax), effective April 1, 2023, through December 31, 2026. Given the projected $37.9 billion budget shortfall, will be asking the Legislature to request the federal government approve an amendment to increase the tax to achieve $20.9 billion in total funding to the state, an increase of $1.5 billion compared to the approved MCO Tax. The Budget proposes $12.9 billion to support the Medi-Cal program and maintain a balanced budget, and $8 billion for targeted rate increases and investments from this MCO Tax.
- Health Care Worker Salaries As your Board will recall, CenCal Health's staff voiced strong concerns and met with local legislators' staff regarding last year's legislation that increased wages for health care workers. At the time, concerns existed that SB 525 would increase costs to various health providers without a corresponding increase in revenues to assist in offsetting those costs. The State of

California is a large health care provider and offsets some costs. The governor is considering cutting funding for some of the bills from last year that have increased state costs.

Next Steps

The Ms. Owen, Mr. Harris and Strategic Engagement are already in conversations with CenCal Health's legislative advocates Public Policy Advocates (PPA) and are monitoring the budget as it evolves in the legislative process. Future updates will be provided by staff and tentative plans are for your Board's March meeting to receive a legislative briefing from PPA and Kathy Mossburg, the legislative advocate for the Local Health Plans of California.

Recommendation

The information is informational, and no action is requested at this time.

Enclosures

1. Additional information on the anniversary celebration is included in the Supplemental Report from the Strategic Engagement Department.
2. Further information on legislative matters is included in the reports provided by CenCal Health's representatives and legislative advocates:
    a. Public Policy Advocates (*state advocate*)
    b. Paul Beddoe (*federal advocate*).

State Legislative Update

Date: January 17th, 2024

To: CenCal Health Board of Directors

Through: Marina Owen, Chief Executive Officer
Michael Harris, Government Affairs and Administrative Officer
Citlaly Santos, Director of Strategic Engagement

On January 3, 2024, Governor Newsom and the Legislature enters the 2024 legislative session with a daunting task of addressing California's $68 billion budget deficit. Recently, the Department of Finance (DOF) sent a budget letter to all state agencies and other statewide constitutional offices delivering the following message:

"The State of California anticipates significant General Fund budget deficits in fiscal years 2023-24 and 2024-25. Accordingly, this [Budget Letter] directs all entities under the Governor's direct executive authority to take immediate action to reduce current-year General Fund expenditures." Specifically, the DOF directed all state agencies to cease any new contracts for goods and services, purchase of IT equipment, supplies, or fleet vehicles, cancel travel plans, and delay projects.

On January 10, 2024, Governor Newsom will have submitted his budget proposal to the Legislature, where discussion of bridging California's $68 billion budget deficit commences. With a significant budget deficit, it is widely anticipated that difficult policy choices will be made in 2024 as the Governor, Legislature, and other stakeholders work on addressing California's budget deficit. Although Medi-Cal is set to expand its services to more immigrants at the beginning of 2024, inevitably, Medi-Cal and other health related policy and fiscal issues will be part of budget discussions.

Following-up on committee assignments, Speaker Rivas announced specific committee assignments for all members on December 27, 2023. Assemblymember Mia Bonta was named Chair and Assemblymember Marie Waldron, named Vice Chair.

As the Legislature resumes session in Sacramento, its legislative activity will mostly focus on policy and fiscal committee hearings and floor sessions to vote on two-year bills that need to move out of its house of origin by January 31, 2024. Any two-year bill that fails passage out of its house of origin by the end of January is considered defeated but can be reintroduced in a different bill.

PPA stands ready and looks forward to collaborating with CenCal Health's team on its legislative strategic plan for 2024.

Paul V. Beddoe Government Affairs, LLC

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

Date: January 17th, 2024

To: Marina Owen, Chief Executive Officer
Michael Harris, Government Affairs and Administrative Officer
Citlaly Santos, Strategic Engagement Director
CenCal Health

Subject: Federal Report, January 2024

Congress returns to Washington, DC, the week of Jan. 8, with less than two weeks to address a daunting set of legislative and fiscal logjams of its own making. Funding under the current continuing resolution (CR) for the U.S. Departments of Agriculture (which includes the Food and Drug Administration), Transportation, Housing and Urban Development and Veterans Affairs runs through Jan. 19. This is also the end of short-term extensions of funding for some expiring health programs, including the Community Health Center Fund, the Teaching Health Center Graduate Medical Education Program, and the National Health Services Corps. A temporary delay of the statutory cuts to the Medicaid disproportionate share hospital (DSH) program will end at the same time. Most other federal agencies, including the U.S. Department of Health and Human Services, are funded through Feb. 2, under the CR.

Before adjourning for the holidays, the House did pass two significant health packages, with strong bipartisan support. On Jan. 11, the House passed the Lower Costs, More Transparency Act (H.R. 5378), on a vote of 320-71, with one voting present. Among other things, the bill requires pass-through pricing models, and prohibits spread pricing, for pharmacy benefit managers contracting with Medicaid plans. It would also extend funding for the federally qualified health centers and other expiring health programs and delay the Medicaid DSH cuts for two years. Rep. Carbajal voted for the measure. Rep. Panetta voted against it, along with other Ways and Means Committee Democrats, who were concerned that the transparency provisions in the bill were not strong enough. On Jan. 13, the House passed the Support for Patients and Communities Reauthorization Act (H.R. 4531), on a vote of 386-37. This bill reauthorizes and updates the 2018 bipartisan SUPPORT Act, enacted to address the opioid crisis. Both Reps. Carbajal and Panetta voted for the bill.

Finally, over the holidays, the Biden-Harris Administration announced a revived an "All Hands on Deck" approach to complete the Medicaid redetermination process. For example, HHS asked nine states to adopt additional Medicaid renewal flexibilities in order to keep eligible Medicaid and CHIP beneficiaries enrolled during the process. CMS sent letters to Texas, Florida, Georgia, Ohio, Arkansas, South Dakota, Idaho, New Hampshire, and Montana, which have dropped the largest numbers and/or the largest percentages of kids from their Medicaid and CHIP rolls. Expect states, even those not on the "naughty list" to continue to face federal scrutiny as this process unfolds.

Customer Experience Division Report

Date: January 17th, 2024

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

Contributors: Eric Buben, Member Services Director
Nicolette Worley Marselian, MBA, Communications & Marketing Director
Bao Xiong, Program Development Director

Through: Marina Owen, Chief Executive Officer

Executive Summary

This report highlights the auto-enrollment of 15,775 new members from the Medi-Cal Adult Expansion efforts, the anticipated incentive funding from meeting metrics in the Student Behavioral Health Incentive Program and the Housing and Homelessness Incentive Program, and 100% completion rate of service requests in the Communications & Marketing Department.

Member Services Department

Membership due to Medi-Cal Renewals and new Enrollment

CenCal Health's aggregate membership as of January 4, 2024, is **241,242**, which is an increase of 14,164 from December total of 227,078. Since the reinstatement of the Medi-Cal annual renewal redetermination process, CenCal Health has experienced a membership decrease of approximately 8,500 from June through December 2023. The increase for January 2024 is the result of addition of 15,775 Adult Med-Cal Expansion members. Final January counts will be available on February 3, 2024.

Monthly Department Performance Highlights

In December 2023, member call volume was 7,630, slightly below 2022's monthly average of 7,939. The decline in call volume commonly occurs in December, due to the holiday season. Despite the overall decrease, the call center still maintained an average of 402 daily aggregate calls. Member Services is continuing to receive a significant volume of calls from members with questions about the renewal process.

Beginning on January 1, 2024, all Californians are eligible for full scope Medi-Cal, regardless of age, assets, or immigration status. The adult expansion significantly increased call volume on December 29, with 569 calls received. Most of the eligible community members from the adult expansion were auto-enrolled by DHCS and did not need to apply for full-scope coverage, as CenCal Health received 15,775 new members on January 1st. All new members received their automated New Member

Welcome Calls from our vendor, TeleVox, which allows direct connection to CenCal Health from the call. On December 29, within 3 hours, the call center faced a backlog of over 350 calls from this enrollment process, which proved to be overwhelming and greatly affected the monthly Average Speed to Answer metric and abandonment rates. As a result of the increased volume and limited staffing due to approved leaves, there were 118 abandoned calls, which were 40% of all call abandoned in December. The significant call volume continued the first few days of January 2024 with 1,073 calls January 2nd (499) and 3rd (574).

Despite the increase in volume of calls, the abandon rate for December still exceeded the goal of 5% or less, at 4.2%. Our Average Speed to Answer (ASA) goal to answer 85% of calls within 30 seconds was not met at 78%. Member Services is increasing call center staffing to address continued higher average call volume. The call center successfully met the goal of tracking 95% of queue calls answered with a December score of 95%.

With regards to the Member Portal, since go-live in April 2023, more than 10,400 adults have created a Member Portal account, which is 7% of eligible adults. Lastly, the Grievance & appeal volume remained in control with usual volume and all turnaround times for G&A were met.

Program Development

Student Behavioral Health Incentive Program (SBHIP):

CenCal Health continues to meet with nine Local Education Agencies (LEAs) to support achievement of their local Scope of Work, including implementation of a referral system. On December 27, 2023, CenCal Health submitted the bi-quarterly report (July 1, 2023 through December 31, 2023) to DHCS and can earn up to $221,901 for San Luis Obispo and $542,808 for Santa Barbara County based upon the scope of work.

Last month, DHCS announced that 47 LEAs were selected to participate in the first cohort of the Children and Youth Behavioral Health Initiative (CYBHI) statewide multi-payer school-linked fee schedule (fee schedule) program that reimburses school-linked providers for mental health and substance use disorder services starting on January 1, 2024. Four (4) of our partner LEAs (*San Luis Coastal Unified, Guadalupe Union Elementary, Santa Barbara County Office of Education, and Santa Maria-Bonita*) were selected to participate in this first cohort, a learning collaborative aimed at informing state-level policy and operational guidance for the CYBHI fee schedule program. Operational readiness was key to being selected.

Our partner LEAs leveraged SBHIP funds to develop the necessary infrastructure to enhance behavioral health offerings, establish key partnerships, and build dedicated behavioral health teams, all of which contributed to their operational readiness.

Housing and Homelessness Incentive Program (HHIP):

On December 23, 2023, CenCal Health submitted the final HHIP Metrics Report (Submission 2) to DHCS, which will determine the final allocation of funding. CenCal Health has the potential to earn up to $5.2M for San Luis Obispo County and $8.4M for Santa Barbara County. Staff anticipate DHCS will provide notification of the allocation earned for Submission 2 by the end of March 2024. In the interim, staff are developing a funding strategy for the final round of HHIP funding that addresses unmet housing needs as identified in the Local Homelessness Plans for San Luis Obispo and Santa Barbara County, considers community members experiencing disparities and inequities related to housing, and complements or enhances CenCal Health's services.

Health Equity

December efforts by our health equity program included supporting NCQA Health Equity accreditation and conducting an analysis to identify gaps in CenCal Health's current diversity, equity, and inclusion (DEI) trainings and assessing the required training components as outlined in APL 23-025. Additionally, the Program Development team engaged the Health Equity Steering Committee in the review of ACAP Health Equity Survey findings and the corresponding development of strategic actions to improve health equity. Lastly, the Program Development team supported the Communications & Marketing Department in engaging community partners for outreach on Medi-Cal expansion to remaining eligible community residents in Santa Barbara and San Luis Obispo County.

Communications & Marketing Department

The year-end assessment showed that between January and December 2023, the Communications and Marketing department completed over 300 projects and nearly 900 service tickets. These efforts to support internal departments included Medi-Cal redetermination, expansion efforts for newly eligibles ages 26-49, provider and member newsletters, website and intranet man management, designing, editing, and refining presentations, new staff photography and business cards, developing multiple CalAIM videos, executing two employee events, and creation of health education and outreach material for the 2024 contract requirements. The department ended the 2023 year with zero outstanding Service Desk tickets.

Recommendation

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

Communications December 2023 Look Back

Date: January 17th, 2024
From: Nicolette Worley Marselian, Director, Communications & Marketing
Through: Marina Owen, CEO

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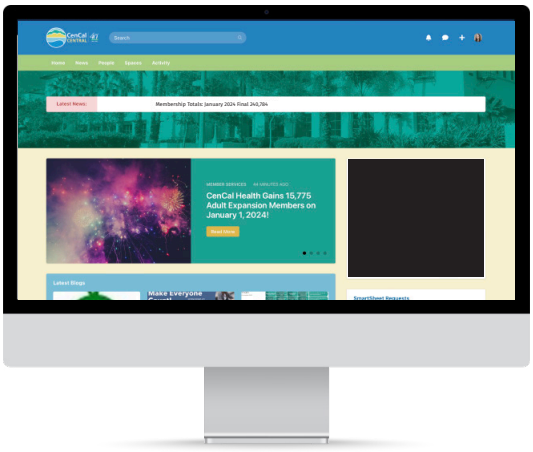
December Focused on New 2024 Contract Requirements Implementation

In December, the Communications & Marketing Department ("Comms") worked on nearly 70 projects with deadlines in December or January 1, 2024, the majority being new 2024 contract requirements. Projects included:

- Filming and editing three CalAIM success story videos, featuring two members who have benefited from the Recuperative Care and Housing Support initiatives funded through CalAIM.
- Creating the year's final hardcopy Provider Bulletin newsletter as well as the first of four 2024 member-focused newsletters, Health Matters/Temas de Salud.
- Finalizing implementation of Medical Management's new Notices of Action (NOA) member approval letter contract requirement due January 1. It is estimated that Medical Management will send nearly a quarter of a million of these letters each year.
- Supporting Quality/Population Health in the development of 24 individual English and Spanish mailers and booklets designed to close care gaps in various areas and required by the 2024 contract. Several of these include inserts and variable text, customized for each recipient, such as PCP name and phone number, to enhance member response.
- Finalizing design and printing 2024 New Member packet materials, in quantities enough to meet expected expansion numbers with January 1 effective dates.

As a reminder, DHCS has set up a dashboard with monthly renewal results here.

Marketing Outreach Meets New Membership Expansion Goals



Screenshot from CenCal Health's intranet, CenCalCentral.

In December, Comms worked closely with Member Services to examine inventories to ensure we could meet the expected influx of new members under the state's expansion to all resident adults regardless of immigration status.

Expansion efforts included reaching out to local farm worker organizations, tangential assistance organizations, and county programs currently serving the expansion population. Two key additional pieces of information regarding changes in eligibility rules and clarification of public charge issues were heavily promoted. In addition, the effort is identifying additional local application and renewal assistance.

Next focus: Ensuring these new members learn how to access the services to which they are entitled.

Communications December 2023 Look Back

To: CenCal Health's Board of Directors
From: Nicolette Worley Marselian, Director, Communications & Marketing
Date: January 3, 2024

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MATERIALS: Provider-focused

Communications created a number of collateral materials focused on providers and members. Provider-focused samples are included below.

New Year's Cards

In addition to the normal holiday cards, Comms created and printed New Year's cards in support of Provider Services.

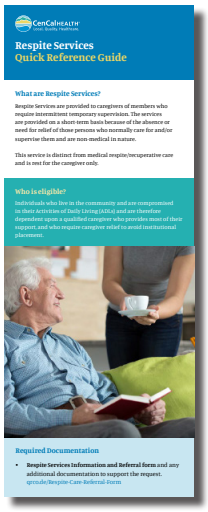
Q4 Provider Bulletin

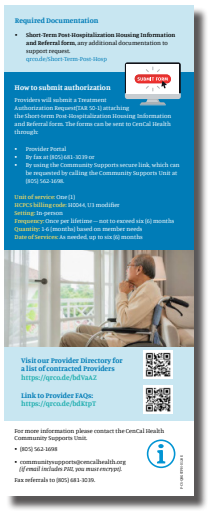
Comms designed, produced, and fulfilled the final quarterly hardcopy Provider Bulletin of the year. Numerous departments contributed content.

Info Cards for Three New Community Supports Offered

Comms supported Care Management with new info cards highlighting new program launches in 2024:

- Respite Services
- Short-Term Post-Hospitalization
- Day Habilitation





Communications December 2023 Look Back

To: CenCal Health's Board of Directors
From: Nicolette Worley Marselian, Director, Communications & Marketing
Date: January 3, 2024

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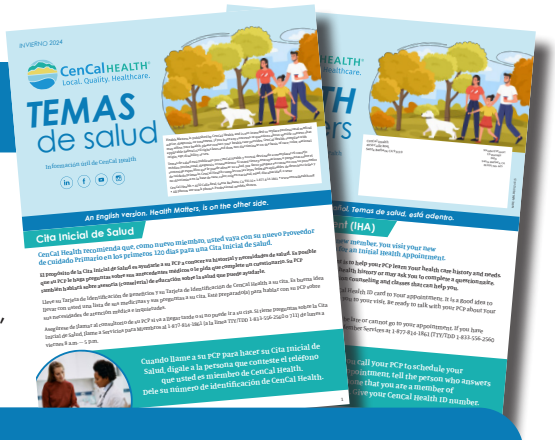
MATERIALS: Member-focused

Communications created a number of collateral materials focused on providers and members. Member-focused samples are included below.

Winter Member Newsletter 2024



Comms supported Health Education and Member Services by producing the first of four bilingual 2024 quarterly Member Newsletters. This edition informs members on lead poisoning, well-child visits, postpartum visits, updated Evidence of Coverage, and much more.

Pop Health 2024 Contract Gap Closure Efforts

As part of the 2024 Contract, the Communications Department created **20 self-mailers** and **4 booklets** in English and Spanish. Most pieces are customized with unique member variable data to enhance member engagement and response. Pieces include topics such as Cervical Cancer screening, Primary Care Provider (PCP) visits, Pregnancy, Postpartum, or Breast Cancer screening. Throughout 2024, these pieces will be sent out monthly, quarterly, or bi-annually to appropriate members.

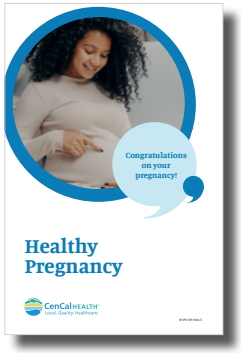
Breathing Better Self-Mailer

This self-mailer educates both adult and child members on ways to control their asthma.

Booklets

Healthy Pregnancy Booklet

This booklet informs pregnant members on ways to ensure they and their babies are healthy during pregnancy. The booklet includes information on vaccinations, dental care, mental care, and more.



Healthy Postpartum Booklet

This booklet educates the member on ways to be healthy during the first year with their child. Information includes what to do during the first few weeks, how to prepare for medical visits, how to feed their baby, and many more tips.

Communications December 2023 Look Back

To: CenCal Health's Board of Directors
From: Nicolette Worley Marselian, Director, Communications & Marketing
Date: January 3, 2024

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MATERIALS: Member-focused (cont.)

Stay Healthy Adult Self-Mailers

These self-mailers target adult members. They serve as reminders for certain members on the importance of screenings, visits to their PCP, and how to control high blood pressure.

- Stay Healthy Adults: Cervical Cancer Screening
- Stay Healthy Adults: Controlling High Blood Pressure
- Stay Healthy Adults: PCP Visit
- Stay Healthy Adults: Breast Cancer Screening
- Stay Healthy Adults: Colorectal Cancer Screening

Stay Healthy Kids Self-Mailers

These self-mailers target younger members between the ages of 0 months to 21 years. They inform the parent or guardian of immunizations needed at certain stages and serve as reminders on the importance of medical visits.

- Stay Healthy Kids: 0 – 12 months
- Stay Healthy Kids: 15 – 30 months
- Stay Healthy Kids: 3 – 12 years
- Stay Healthy: 13 – 21 years

Operations Division Report

Date: January 17th, 2024

From: Jordan Turetsky, MPH, Chief Operating Officer

Contributors: Gary Ashburn, Claims Director
Cathy Slaughter, Provider Relations Director
Luis Somoza, Provider Services Director

Through: Marina Owen, Chief Executive Officer

Executive Summary

This Operations Report provides an overview of December activities specific to the Claims, Provider Services, and Provider Relations Departments, inclusive of department operational metrics.

Incentive Payment Program Update

The Incentive Payment Program (IPP) is an opportunity offered by DHCS to health plans to support the initiation and uptake of Enhanced Care Management (ECM) and Community Supports (CS). CenCal Health applied to DHCS for IPP funding and was awarded an initial allocation of $6.4M in 2022; $1.8M of which was allocated to San Luis Obispo County and $4.6M of which was allocated to Santa Barbara County (funding awards by County were prescribed by DHCS and were based on membership volume). CenCal Health developed and launched an IPP application process in October, 2022

CenCal Health earned and received a second installment of IPP funds totaling $6.4M in July 2023. In August, staff adopted an award strategy which considered unmet member need, service expansion opportunities, geographically underserved areas, and support of upcoming services. As of December 2023, CenCal Health has awarded $12,527,333 in IPP funds to 17 organizations across San Luis Obispo and Santa Barbara Counties, with additional applications pending review in January, 2024.

The 18[1] IPP awards issued to date have supported staffing costs, capital investments, system infrastructure development, staffing training, and general operations, with award allocations detailed in Table 1. Further advancing the uptake of ECM and CS services, IPP funding awarded by CenCal Health currently impacts over 8,500 members annually. The supplemental graphic details specifics of the award allocations, including the counties served, activities supported, and services provided. Lastly, CenCal Health was informed in November, 2023 of a third allocation of IPP funds totaling $5,368,258M, allowing CenCal Health to continue to accept applications for IPP funding in 2024.

[1] 18 IPP awards have been issued across 17 organizations; one organization received two distinct IPP awards.

Table 1: IPP Awards as of December 2023

Organization	IPP Funding Awarded
Doctors Without Walls	$51,675
The Wisdom Center	$209,909
Sanctuary Centers	$1,396,428
Good Samaritan Shelter	$1,253,176
Dignity Health, Marian Regional Medical Center	$1,537,818
Community Action Partnership of San Luis Obispo	$385,953
People's Self-Help Housing	$70,200
Santa Barbara County Public Health	$623,585
County of San Luis Obispo Health Agency	$436,656
San Luis Obispo Sobering Center[2]	$62,043
Titanium Healthcare	$1,034,096
PathPoint	$127,955
Santa Barbara Neighborhood Clinics	$1,345,750
Independent Living Resource Center	$671,718
Santa Barbara County Behavioral Wellness	$804,078
San Luis Obispo County Jail Healthcare Division	$941,000
5Cities Homeless Coalition	$258,443
New Beginnings Counseling Center	$989,938
Total Funded as of December 2023	**$12,572,333**

Additional information on the CenCal Health Incentive Payment Program is also included.

Claims

The Claims Department monitors core service metrics across all operational and customer service functions. For the December 2023 reporting period, all operational metrics were at or above goal and are within normal range, with no notable trends identified. In the prior Board report, the dispute acknowledgement and resolution goal was not met for the November 2023 reporting period. Since that time, staff investigated the issue and determined that what was reported was an error, and the disputes in question were acknowledged and resolved timely. Accordingly, November data has been updated to reflect performance at 100% for both metrics for the month of November 2023.

The included Claims Dashboard includes a suite of key operational metrics ranging from Claims Volume to Provider Call Center performance.

[2] Funding for infrastructure costs associated with the development of a new Sobering Center in San Luis Obispo was awarded to the County of San Luis Obispo Health Agency, and is represented here as a distinct award specific to a development effort rather than an organization. CenCal Health, Good Samaritan Shelter, and the County of San Luis Obispo are collaborating on this initiative.

Provider Services and Provider Relations

Annually, CenCal Health conducts a comprehensive provider satisfaction survey to gauge providers' overall satisfaction with health plan operations. This year, CenCal Health contracted with Press Ganey to conduct our first vendor-supported provider satisfaction survey. Partnering with Press Ganey allows us to employ a multi-channel approach, including mail, email, and phone outreach, as well as the ability to benchmark our results against their Medicaid book of business. Survey results will inform future activities and educational opportunities for our provider network, supporting CenCal Health's focus on improvement efforts to ensure ongoing provider satisfaction. Final survey responses will be collected in January, and survey results will be presented to the Board in March.

Operational metrics for Provider Services and Provider Relations were at or above goal for December 2023, with the exception of calls answered within 30 seconds which were just below goal at 84.4%.

Recommendation

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

Enclosure

1. Incentive Payment Program Update
2. Provider Services Department Statistics

Incentive Payment Program Funding Awards

$12.5M Awarded

18 Awards issued

8,525* CenCal Health Members Impacted

*per year

Under the Department of Health Care Services (DHCS) CalAIM Initiative (California Advancing and Innovating in Medi-Cal), health plans are poised to work closely with health care partners to ensure that Medi-Cal members have the tools and support needed to achieve optimal health outcomes.

To support providers and community partners in building, launching, and expanding ECM and Community Supports services, DHCS has made available a provider incentive program, called the Incentive Payment Program (IPP). IPP funds are issued from DHCS to health plans, and from health plans to providers.

CenCal Health has IPP incentive funds available for distribution to current and potential ECM and CS providers to support the development and expansion of ECM and CS services.

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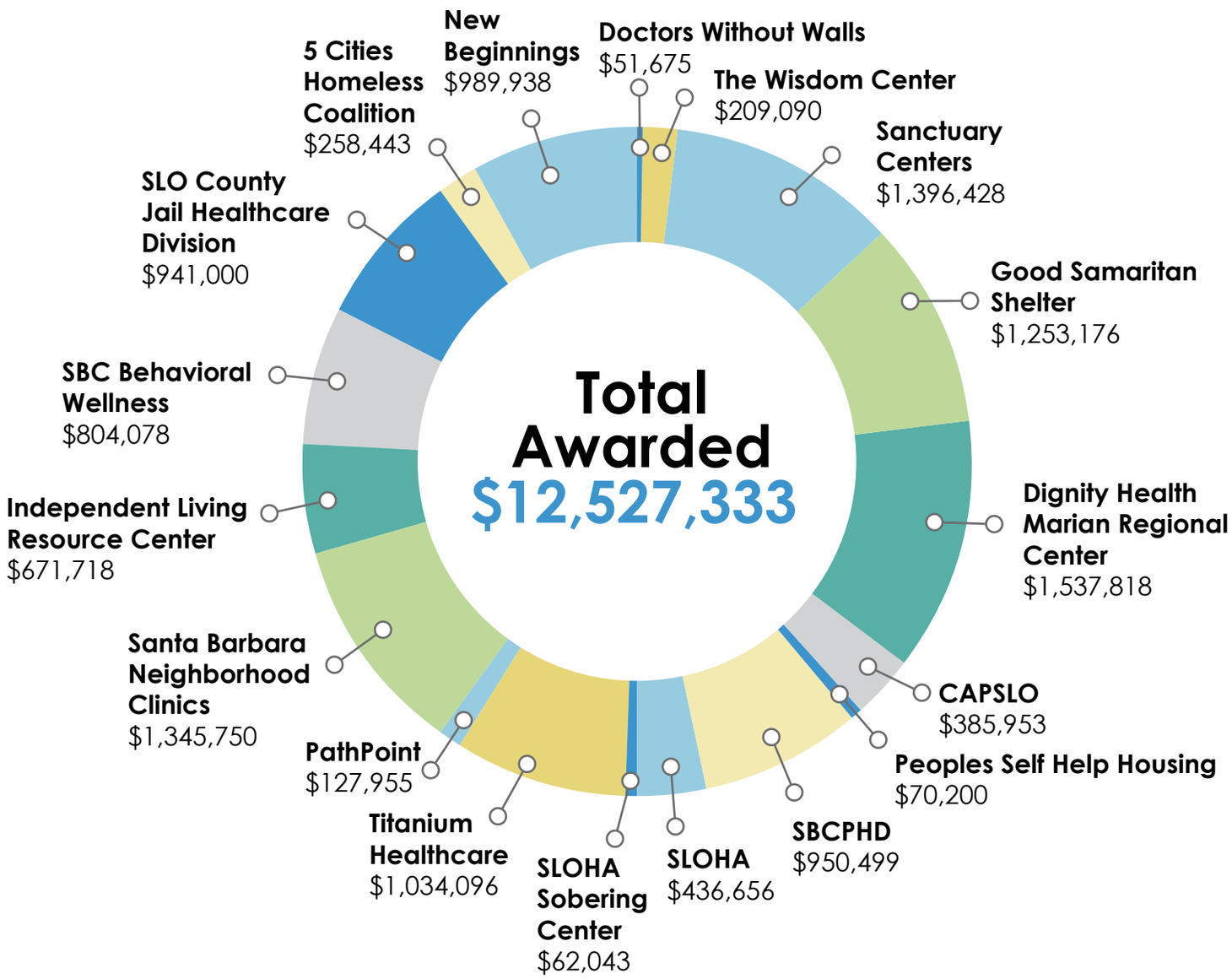
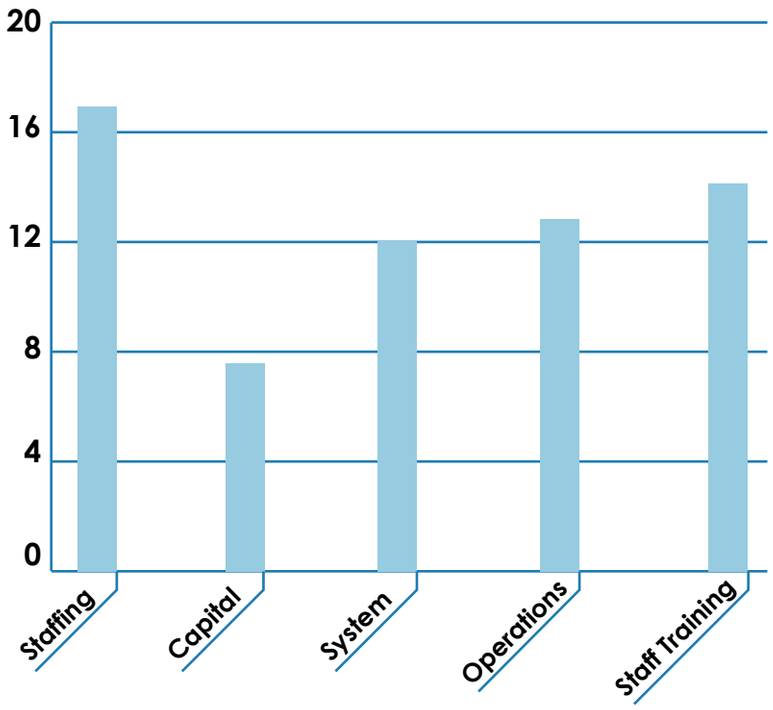


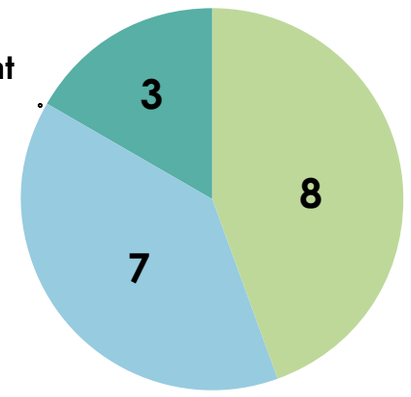
Activities for which IPP funds will be utilized

# of applications



Number of organizations providing services

- Enhanced Care Management (ECM)
- ECM & CS
- Community Supports (CS)



Community Supports (CS) include:

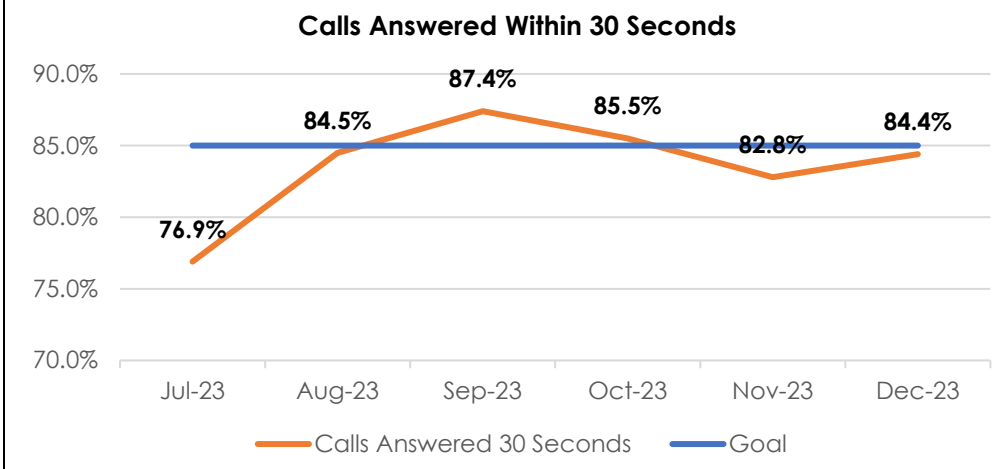
- Medically Tailored Meals
- Recuperative Care
- Sobering Centers
- Housing Transition Services
- Housing Deposits
- Housing Tenancy & Sustaining Services

CENCAL HEALTH
PROVIDER SERVICES STATISTICS

Analysis:
Goal: 85%
Result: 84.4%

Performance was slightly below the goal due to staff absences.

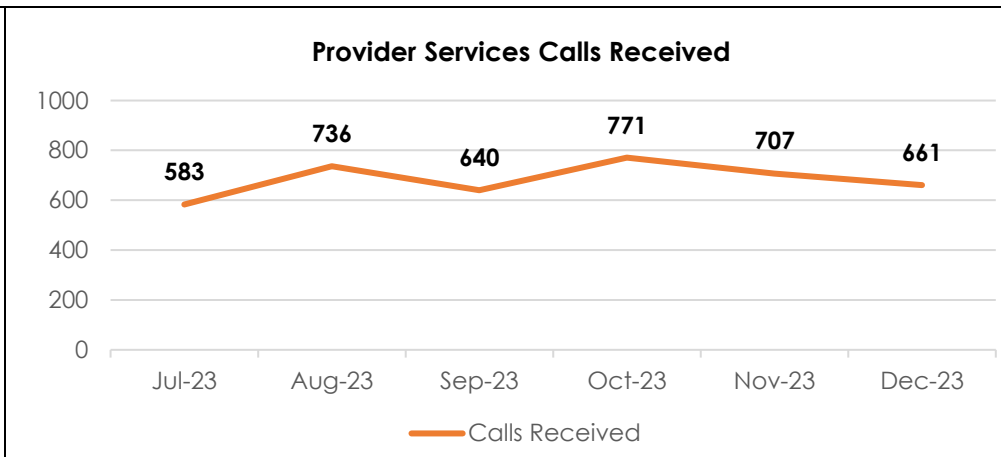
Leadership continues to monitor and seek adjustments to its call center queue staffing to improve its speed in answering results.



Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023
76.9%	84.5%	87.4%	85.5%	82.8%	84.4%

Analysis:
December 2023 Calls Received: 661
Trend to compare volume per month

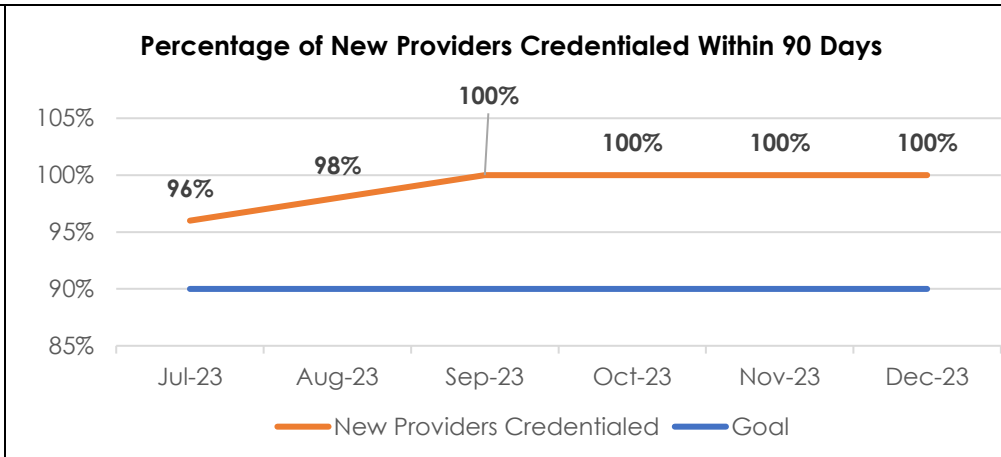
No notable changes in call volume trend.



Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023
583	736	640	771	707	661

Analysis:
Goal: 90%
Results: 100%

46 providers were approved for credentialing in December 2023, all within 90 days.

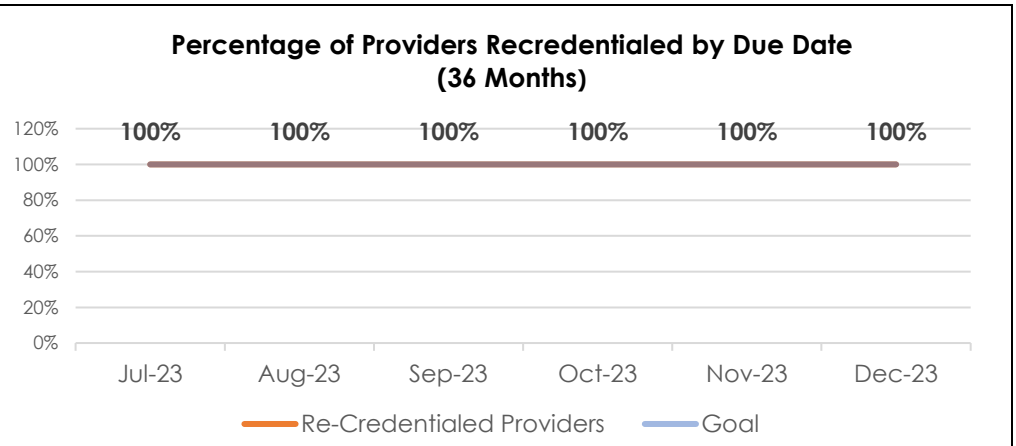


Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023
96%	98%	100%	100%	100%	100%

CENCAL HEALTH
PROVIDER SERVICES STATISTICS

Analysis:
Goal: 100%
Results: 100%

35 Providers were due for re-credentialing in December 2023. All were re-credentialed or termed before their due date.



Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023
100%	100%	100%	100%	100%	100%

Compliance Report

Date: January 17th, 2024

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

Contributors: Puja Shah, Esq., Director of Audits, Monitoring, & Oversight
Yadira Casarrubias, Compliance Specialist

Executive Summary

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

Compliance Program Update

The Compliance Division is actively implementing the use of PolicyTech, a policy and procedure software application, that will allow for a central policy library to search for, view, edit, update, approve, and publish organizational policies and procedures. Policies and procedures are currently being added to PolicyTech for approval by business leaders. Compliance is providing user training for the software application and full plan access is anticipated by the end of January. CenCal Health employees will no longer search for organizational policies and procedures on CenCal Health Central, the organization's intranet site. Instead, they can securely sign into PolicyTech to view organizational policies and procedures.

CenCal Health Board members and employees completed the annual Compliance Training in November and December of 2023. Compliance training topics included Fraud, Waste, and Abuse; HIPAA; and Code of Conduct. New compliance training materials were implemented in 2023.

Audits, Monitoring, & Oversight (AMO)

The Audits, Monitoring, & Oversight Department (AMO) is responsible for performing risk assessment and internal audits of CenCal Health 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. AMO is currently recruiting to fill a budgeted Compliance Auditor position and a Compliance Strategist position.

External Audit – 2024 DHCS Medical Audit
With the closure of the 2023 DHCS Medical Audit, where DHCS had zero findings for CenCal Health, AMO continues to work with the business to prepare for the next annual DHCS Medical Audit, which will occur in Q42024.

Internal Audit
AMO is collaborating with CenCal Health 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 CenCal Health. AMO has closed the recredentialing corrective action plan (CAP) and is monitoring two remediation plans (RPs). AMO is in the process of identifying and prioritizing risks in accordance with the 2024 risk assessment plan.

Delegation Oversight
AMO updated and received approval from the Delegation Oversight Committee (DOC) of all CenCal Health's delegation program documents as well as policies and procedures for 2024 DHCS Contract implementation. Staff is currently working with delegates to execute updated, DHCS-approved delegation agreements. In December 2023, AMO requested a revised CAP (RCAP) from Ventura Transit Systems, Inc. (CenCal Health's transportation broker) to address remaining deficiencies. In early December, AMO conducted the annual audits of Sansum Clinic (for credentialing) and Carenet (which provides CenCal Health's nurse advice line). In mid-February, AMO will conduct an audit of ChildNet. The DOC will next convene for Q12024 on January 22, 2024.

Department of Health Care Services: All Plan Letters

For the month of December, there was five (5) released, and four (4) revised DHCS APLs.

Released APLs:

1. APL 23-031: Medi-Cal Managed Care Plan Implementation of Primary Care Provider Assignment for the Age 26-49 Adult Expansion Transition
    - Released: 12/20/2023
2. APL 23-032: Enhanced Care Management
    - Released: 12/22/2023
3. APL 23-033: 2024-2025 Medi-Cal Managed Care Health Plan MEDS/834 Cutoff and Processing Schedule
    - Released: 12/26/2023
4. APL 23-034: California Children's Services Whole Child Model Program
    - Released: 12/27/2023
    - Supersedes: APL 21-005
5. APL 23-035: Student Behavioral Health Incentive Program
    - Released: 12/28/2023

Revised APLs:

1. APL 23-012: Enforcement Actions: Administrative and Monetary Sanctions
   - Revised: 12/04/2023
2. 23-010: Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21
   - Revised 11/22/2023
   - Supersedes: APL 19-014
3. 3. 23-023: ICF/DD - LTC Benefit Standardization and Transition of Members to Managed Care
   - Revised: 11/28/2023

Recommendation

This memo is intended to be informational only and no action by the Board of Directors is requested.

Information Technology Report

Date: January 17th, 2024

From: Bill Cioffi, Chief Information Officer

Contributors: Jai Raisinghani, Deputy Chief Information Officer

Through: Marina Owen, Chief Executive Officer

Executive Summary

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

Operational Statistics

Claims

During December 2023, the Health Plan received 261,076 claims in total. HIPAA Compliant 837I/837P was the source of 93% of total claims and CenCal Health's Provider Portal was used for 5% of claim submissions. In total 98% of total claims were received via electronic method (HIPAA 837I/ 837P/ Proprietary files). Auto-adjudications rates for the month was at 95%.

Authorizations

During December 2023, the Health Plan received 19,025 authorization requests in total. 81% 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). 13% of total authorization requests were received via Fax.

IT Help Desk

The Service Desk received a total of 1,266 requests during the month of December via IT Service Desk system related to various systems and services. During the month, 1,265 total requests were addressed and closed.
Below are the average times measured during the month of December 2023 for the Help Desk Team:

Average Response Time: 5.48 Hours
Average Resolution Time: 8.16 Hours

New Leadership in IT Data Analytics

Director of Data Analytics and Business Intelligence

Mike Ascarate joined CenCal Health as the Director of Data Analytics and Business Intelligence. Mr. Ascarate brings over 30 years' experience in the healthcare industry, with a diverse background in leadership roles across health plans, providers, physician practices, and management consulting. Prior to joining CenCal Health, he served as the Executive Director of Revenue Cycle Data & Insights at Providence Health System, where he successfully led the development of analytics capabilities, data science, and data governance. Mike's extensive sixteen-year tenure at SCAN Health Plan was dedicated to Medicare Advantage and D-SNP.

Associate Director of Data Analytics

Sophie Zeng joined CenCal Health as the Associate Director of Data Analytics. Ms. Zeng brings over 20 years' experience in the healthcare industry including roles at L.A. Care Health Plan, Central California Alliance for Health and Blue Shield Promise Health Plan. At Blue Shield, Ms. Zeng established and led a high-performing data and analytics department, earning the 2017 Employee Recognition Award for her revenue-generating initiatives and commitment to regulatory compliance. With extensive experience in Data Analytics and Business Intelligence, Ms. Zeng will support Data Analytics and contribute to the success of our organization.

Recommendation

This report is informational and no action is requested at this time.

Community Benefit Funding: *Meals That Connect*

Date: January 17th, 2024

From: Citlaly Santos, Strategic Engagement Director

Through: Marina Owen, Chief Executive Officer
Michael Harris, Government Affairs and Administrative Officer

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Executive Summary

Since 2016, CenCal Health has maintained a longstanding partnership with the San Luis Obispo County nonprofit organization Meals That Connect to address the Social Determinants of Health associated with nutrition and healthy aging for local seniors. Annually, the health plan's partnership with Meals That Connect supports nutritional security and social connections for approximately 10,000 clients a year across Santa Barbara and San Luis Obispo counties, including CenCal Health members. To date, CenCal Health has provided the organization with biannual subsidies totaling $200,000 annually.

For 2024, Meals That Connect submitted a funding request of $350,000. This increase in funding will support the organization's expansion into northern Santa Barbara County. This expansion projects a 35% growth in the number of meals served, increased cost of goods and services and enhancing staffing resources. CenCal Health is recommending funding of **$300,000** for FY 2024 for Meals that Connect, an increase of $100,000 to support expansion plans, in alignment with established practices for community benefit funding.

Background

According to the nonprofit organization Feeding America, 1 in 14 seniors in the U.S. faced food insecurity in 2021. Meals That Connect strives to support this vulnerable population by providing free lunches via its senior nutrition program to residents aged 60 and older in San Luis Obispo County and, since July 2023, expanded to support the senior nutrition program of northern Santa Barbara County. The meals are served at 15 congregate settings across the two counties and dispatched for home delivery to homebound seniors in San Luis Obispo County. Frozen meals are supplied for weekends and holidays.

The expansion of Meals That Connect services in 2024, including its presence in northern Santa Barbara County, is vital to sustaining the needs of a growing Central Coast senior population. According to the Area Agency on Aging for Santa Barbara and San Luis Obispo Counties, by 2030, 29% of the San Luis Obispo County population will be over 60 years old, and 27% of the Santa Barbara County population will be over age 60. This represents a 61% increase from 2010. As a result, service organizations like Meals That

Connect must prepare not only for the current needs of seniors but also for future needs.

Over half of the program's clients are women, and half live alone. In addition, 85% of clients are homebound, 38% live at or below the poverty level, and 28% are CenCal Health members.

Services

According to a 2023 report produced by the U.S. Surgeon General's office, widespread loneliness in the U.S. poses health risks. Meals That Connect runs eight in-person dining sites in San Luis Obispo County. There, over 500 seniors receive freshly prepared lunches and experience much-needed interaction with their peers, leading to friendships with fellow seniors and giving clients a sense of solidarity and belonging.

Approximately 85% of the clients served are homebound. The delivery service is vital from a nutritional perspective for close to 2,100 San Luis Obispo County clients who cannot leave their homes due to medical reasons. In addition, the delivery drivers are often the only daily social contact homebound clients have with another person. Accordingly, the service also achieves the goal of social interaction and wellness checking.

In July 2023, Meals That Connect initiated a partnership with Santa Barbara County's senior nutrition program administered by the Area Agency on Aging (AAA), a program previously offered by CommUnify. Meals That Connect prepares the food and delivers it in bulk to Santa Maria, where AAA receives and distributes it to seven congregate dine-in sites across Santa Barbara County that expand from Guadalupe to Carpinteria. The meals support an average of 221 seniors daily. Please note that Meals That Connect supports Santa Barbara County's program with meals for dine-in sites only, not homebound clients. Meals for Santa Barbara County homebound clients are administered through a different AAA vendor at this time.

Funding Use

Funding in 2024 was requested to support the following:

- Meals - It is anticipated that up to $203,000 would be used for meals in 2024, which would support a significant increase in lunches served across the two counties by 35% compared to 2023, boosting production from 197,000 meals to 270,000. Of those meals, CenCal Health's grant would directly cover the cost of 22,550.
- Staffing - It is anticipated that up to $82,000 would support the salary/wages for two staff members, including a nutrition services director and volunteer coordinator. Funding will increase administrative capacity and ensure Meals That Connect has a dedicated resource to enhance its medically tailored menus beyond the heart-healthy meals currently prepared.
- Facility Expansion & Infrastructure Improvements - It is anticipated that up to $65,000 would be used to make infrastructure improvements and expand the kitchen to

accommodate the growth in services. This includes securing a refrigerated container, increasing food storage by 20,000 pounds, upgrading outdated kitchen equipment, and maximizing food storage space at its kitchen facility.

Recommendation

Staff recommends that the Board of Directors approve the $300,000 in Community Benefit Funding to Meals That Connect, of the 350,000 requested. This Community Benefit proposal is accounted for in the proposed budget for the 2024 calendar year and, therefore, is within the projected expenditures.

Community Benefit Funding Proposal: *Corazon Latino*

Date: January 17th, 2024

From: Citlaly Santos, Strategic Engagement Director

Through: Marina Owen, Chief Executive Officer
Michael Harris, Government Affairs & Administrative Officer

Executive Summary

Established in 2023, Corazon Latino is an inaugural local nonprofit organization comprised of community health workers (also known as *promotores*) and volunteers who serve Latinx Central Coast residents by providing peer health education and resources. The organization's objective is to offer various services in northern Santa Barbara County and San Luis Obispo County to reduce health disparities among vulnerable, underserved communities, including Mixteco-speaking residents. Services include hosting support groups, in-person outreach, training, workshops, and more.

For 2024, Corazon Latino has submitted a funding request of $158,372. This is the organization's first funding request to CenCal Health. The community benefit funding would extensively support its startup costs and staff development as a new nonprofit in support of CenCal Health members. Funding will also contribute to monthly support groups focused on health and wellness topics for Spanish and Mixteco-speaking communities, distributing wellness/resource information across various digital communications channels and community outreach. CenCal Health is recommending funding of **$100,000** for FY 2024 for Corazon Latino in alignment with established practices for community benefit funding.

Background

To accomplish CenCal Health's Strategic Plan priority of expanding our service role and reach, CenCal Health must develop partnerships with organizations that are responsive to the local needs of our diverse communities and can share information with those who require it most. Our affiliations with community health worker organizations that are aligned with CenCal Health's priorities, like Corazon Latino, are essential to this achievement. Through its trusted *promotores*, the organization will advance emotional wellness, share resources, encourage civic engagement, and empower residents. Corazon Latino aims to do that by partnering with local social service agencies, such as CenCal Health and is exploring future partnerships with Community Health Centers of the Central Coast (CHC), Transitions-Mental Health Association (TMHA), and BeWellLine.

According to the California Department of Health Care Services (DHCS), community health worker services are an integral part of Enhanced Care Management and Community Supports offered by Medi-Cal Managed Care Plans, like CenCal Health, as part of the California Advancing and Innovating Medi-Cal (CalAIM) initiative. Similarly,

the Centers for Medicaid and Medicare Services affirms that community health workers help organizations achieve health equity through quality improvement, reducing provider burden, and strengthening relationships and trust within communities where they provide care.

With approximately 41% of CenCal Health's membership identifying as Spanish-speaking (our second and only other threshold language), the new expansion of full-scope Medi-Cal services to all community members, regardless of immigration status, and the future launch of a dual special needs plan to serve Medicare members, it is essential that CenCal Health strategically engages with organizations like Corazon Latino.

In addition to the funding request, Corazon Latino aims to become a CenCal Health contracted provider, thus securing future financing sustainability through Medi-Cal reimbursable pathways in the future. While provider contracting efforts remain in process, the funding is essential to ensure the organization is supported in 2024.

Services

Corazon Latino will host approximately eight to ten monthly support groups across northern Santa Barbara County and San Luis Obispo County to serve roughly 1,200 to 3,600 Spanish and Mixteco-speaking community members annually. The sessions will occur in Paso Robles, San Luis Obispo, Oceano, Nipomo, Guadalupe, Santa Maria, and other rural communities, such as Santa Margarita, Shandon, and San Miguel.

Each support group session will include subject-matter experts who will share education and resources focused on health and wellness topics ranging from physical, social, emotional, and mental. For instance, the support groups are an opportunity to educate members about Medi-Cal/CenCal Health member services through the participation of CenCal Health staff and county social services, who can inform participants about the application process and services available. All community members interested in receiving support will be welcome to join the groups and learn through "hands-on" activities in safe and inclusive environments that are culturally appropriate.

In addition, Corazon Latino will conduct targeted health education and service outreach through digital/social media platforms, community events, resource fairs, focus groups, and town halls.

Funding Use

Funding in 2024 will be used to support the following:

· Staffing - It was requested that $107,352 will be used to support the salary/wages of approximately five staff members, including the executive director, *promotores* project coordinator, *promotores* administrator, and two *promotores* support staff.

· Training & other administrative costs - It was requested that $51,020 will be used to support training and administrative costs, including extensive training for its staff to become certified community health workers.

Recommendation

Staff recommends that the Board of Directors approve the $100,000 community benefit funding proposal for Corazon Latino, which is within budget for 2024 calendar year and, therefore, is within projected expenditures.

CalAIM Community Steering Committee Update

Date: January 17th, 2024

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

Through: Marina Owen, Chief Executive Officer

The final CalAIM Community Steering Committee quarterly meeting in 2023 involved a comprehensive review of CalAIM achievements and upcoming milestones. A significant highlight was a presentation on the justice-involved landscape analysis. The Steering Committee also planned strategic areas of focus for 2024, encompassing key initiatives such as CalAIM services for children and youth, trainings for prospective and current Enhanced Care Management (ECM) providers, continued collaboration to serve justice-involved members, and the enhancing community capacity for data exchange.

Background

The CalAIM Community Steering Committee (CSC) was established in April 2023 to engage senior leadership from across the Medi-Cal and safety net provider spectrum in San Luis Obispo and Santa Barbara County. The CSC met in each county to provide a forum to introduce, understand, and educate about major Medi-Cal reforms and strategic direction. The CSC meetings provide the opportunity to collaboratively plan and coordinate Medi-Cal programs and responses. The areas of emphasis for 2023 included prioritization of Community Supports expansion, implementation of Enhanced Care Management, and awareness of health equity and disparities in program planning and response efforts.

Update on CalAIM Community Steering Committee

During 2023,the CSC met on a quarterly basis in Santa Barbara and in San Luis Obispo, with a joint meeting in Buellton. CenCal Health CalAIM activities and accomplishments resulting from feedback and engagement of this advisory steering committee include:

- Active engagement of leadership from justice-involved and health/human services county departments, hospitals, FQHCs, homeless services providers, community-based organizations/providers, and children/education services providers.
- Planning for implementation of four new Community Supports in Jan 2024 (Short-Term Post-Hospitalization Housing, Personal Care & Homemaker Services, Day Habilitation Services; Respite Services).
- Expansion of ECM/CS provider network via outreach and trainings.
- Significant growth in cumulative ECM enrollment & cumulative CS recipients since 2022.

- Active collaboration in planning and coordinating expansion of Medi-Cal services to justice-involved members, including completion of a landscape analysis shared at the December CSC meeting.

Next Steps

The CalAIM Community Steering Committee will continue to meet on a quarterly basis in their respective county in 2024 on the following dates:

San Luis Obispo County 1:30pm – 3:30pm	Santa Barbara County 1:30pm – 3:30pm
Wednesday, February 7th	Thursday, February 8th
Wednesday, May 15th	Thursday, May 16th
Wednesday, August 21st	Thursday, August 22nd
Wednesday, November 6th	Thursday, November 7th

The areas of focus for 2024 include enhancing collaboration to serve children and youth and Justice-Involved members, continuing to expand ECM network and trainings, and building capacity for community-wide data sharing.

Recommendation

The information is informational, and no action is requested at this time.

CalAIM Program Implementation Report

Date: January 17th, 2024

From: Jennifer Fraser, PMP, EPMO Program Manager, Lead, CalAIM Program
Jordan Turetsky, Chief Operating Officer, Chair, CalAIM Steering Committee

Through: Marina Owen, Chief Executive Officer

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. The purpose of this memo is to provide information and highlights on CalAIM implementation activities.

CalAIM Program Update

The internal CalAIM Steering Committee meets regularly to set the strategy for and guide the work required to implement CalAIM. 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. Initial results of the Justice Involved landscape analysis were presented at the joint CSC held on December 11th allowing committee members and community partners the opportunity to identify key takeaways for meeting the needs of those served through the justice system in preparation for the expansion of the Enhanced Care Management benefit to the Individuals Transitioning from Incarceration Population of Focus (POF) effective January 1, 2024, as well as identify county-specific opportunities for supporting the pre-release services scheduled to begin no sooner than October 1, 2024. Next steps for supporting the launch of pre-release services are developing process flows with agency leaders from Social Services and Behavioral Health to understand the current structure in place for assessing changes needed to meet the new DHCS Justice Involved requirements.

CalAIM Initiatives Update

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

- **Enhanced Care Management (ECM)** – Staff continue to identify new providers for all active POFs as well as continue to support the eighteen (18) providers contracted to provide ECM services. Over 3,100 members have been assigned to these providers for outreach, and 1,128 members are enrolled and receiving ECM services. All ECM POFs are now effective with the recent implementation of the Individuals Transitioning from Incarceration POF and the Birth Equity POF on January 1st with 316 members and 38 members identified respectively for assignment to an ECM provider. In December,

CenCal Health and the Santa Barbara/Santa Maria Continuum of Care (COC) established bi-directional data sharing of plan members receiving services through the Homeless Management Information System (HMIS). Preliminary analysis indicated that over 500 matched members were already enrolled in ECM with more than 800 matched members actively assigned to ECM providers for outreach thereby supporting improved care coordination efforts for members experiencing homelessness.

- **Community Supports** – Staff continue to support the Community Supports (CS) 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. Short Term Post-Hospitalization Housing, Personal Care and Homemaker Services, Day Habilitation Services, and Respite Services went live January 1, 2024, bringing CenCal Health's total CS offerings to ten (10) of the fourteen (14) services available. In preparation for Board approval, efforts continue for the planning and development of the policies and procedures for the services anticipated to be offered in July 2024.
- **NCQA Accreditation & Population Health Management (PHM)** - Workgroups for six (6) Plan Standards and one (1) Health Equity Standard continue to address the work needed to meet the requirement that all managed care plans need to be NCQA accredited by 2026. Staff continues file reviews in preparation for the mock audit process which will occur in Q1 2024 to assess the plan's readiness for the actual survey with NCQA in late 2024. Quarterly reporting to DHCS of PHM Program Key Performance Indicators (KPIs) has been implemented with the next reporting due February 15, 2024.
- **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. Submissions to earn additional program funding for both HHIP and SBHIP have been submitted to DHCS. Preparation for the next IPP submission due in March 2024 is underway.
- **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. In partnership with Health Management Associates (HMA), the annual bodies of work needed to build the health plan's operational readiness for long term program sustainability have been identified with some tactics actively underway. Please see the *Medicare Dual Special Needs Program Report* for more information.
- **Community Health Worker (CHW) / Doula Benefits** – Staff has completed implementing internal system updates to provide these preventive services to our membership and support CenCal Health's Population Health Management strategy. Efforts towards expanding CHW services continue with the development of an electronic system for accepting and processing member recommendations for authorizing services under either benefit expected to be completed by the end of January.

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

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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	1/1/2023 *Live*

	• Adult Nursing Facility Residents Transitioning to the Community	

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 • Individuals Transitioning from Incarceration	1/1/2024 *Live*

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 *Live*

• **Community Transition Services/Nursing Facility Transition to a Home** • **Nursing Facility Transition/Diversion** • **Environmental Accessibility Adaptations (Home Modifications)** • **Asthma Remediation**	*Proposed for 7/1/2024*

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	**Approved**
	• ECM POF 10 (Birth Equity)		Addendum IV	10/2/23	**Approved**
	• ECM POF 4 (Individuals Transitioning from Incarceration)		Addendum III	10/15/23	*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	**Approved**
	Submission 4	3/2024	*In Progress*
	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	12/2023	*Submitted*
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	*Submitted*
	Submission 3	6/2024	Not Started
	Submission 4	12/2024	Not Started

*Local Homelessness Plan (LHP)

Population Health Program Report

Date: January 17th, 2024

From: Lauren Geeb, MBA, Director, Quality

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

CenCal Health's PHM Strategy was recently submitted to the Department of Health Care Services (DHCS) by its December 2023 deadline. This comprehensive strategy incorporated emerging regulatory requirements to engage with local health departments as part of a DHCS-reimagined Population Needs Assessment (PNA) process. CenCal Health's Board-approved 2023 Population Needs Assessment (PNA) is the mechanism used to inform CenCal Health's Board-approved 2023 PHM Strategy, since the PNA identifies the priority needs of local communities and members, and health disparities.

CenCal Health Quality Department staff established a collaboration with Santa Barbara and San Luis Obispo public health departments to meaningfully participate in their Community Health Assessments and/or Community Health Improvement Plans and develop a shared goal that aligns with DHCS' Bold Goals to advance health equity. The goals that were mutually established focus on:

- Pediatric preventive care (Santa Barbara)
- Adolescent depression screening (San Luis Obispo)

Further, CenCal Health is committed to stronger engagement with its local health departments and community stakeholders as part of its overall Strategic Plan. This supports efforts to foster a deeper understanding of the health and social needs of members and the communities in which they live. CenCal Health will annually review and update its PHM Strategy, which will be informed by the PNA process.

Background

CenCal Health's PHM Program, administered in coordination with community stakeholders, was created to guarantee that all members have access to inclusive, equitable health services across the continuum of care based on their needs and preferences, participation, and engagement. Two key components to CenCal Health's overall PHM Program are its PHM Strategy and the PNA.

CenCal Health's comprehensive PHM Strategy, informed by CenCal Health's PNA, is reviewed and updated annually to ensure goals are being met and comply with regulatory requirements. The strategy accomplishes the following:

- Defines how program services are delivered or offered
- Provides a framework to assess and meet membership needs
- Demonstrates how CenCal Health is meaningfully responding to member and community needs
- Provides structure for establishing activities to meet PHM goals, and
- Determines targeted populations and sets goals for:
    - Keeping members healthy
    - Managing members with emerging risks
    - Ensuring patient safety across settings
    - Managing members with multiple chronic illnesses

To deepen CenCal Health's understanding of its members and strengthen its relationship with the communities served, CenCal Health established a collaboration with local health departments in Santa Barbara and San Luis Obispo. CenCal Health's Quality Department staff have been engaged via multistakeholder workgroups to participate with their Community Health Assessments / Community Health Improvement Plans. Through this effort, shared goals and objectives were co-developed in alignment with DHCS' Bold Goals initiative to achieve significant improvements in clinical and health equity outcomes by 2025 for pediatric preventive care, behavioral health, and maternity outcomes (birth equity). The shared goals were specifically defined to improve:

- Pediatric preventive care (Santa Barbara)
- Adolescent depression screening (San Luis Obispo)

CenCal Health will participate meaningfully by ensuring staff engagement and providing data. This collaboration will enhance CenCal Health's ability to identify the needs within member communities so that together, we can more effectively improve members' lives with a coordinated approach to population health management. In December 2023, CenCal Health submitted its PHM Strategy to DHCS inclusive of these shared goals.

Next Steps

CenCal Health staff will implement activities outlined in PHM Strategy.

Recommendation

This report is provided for informational purposes and for your Board's acceptance.

DHCS Contract Amendments: *2009 A57 and A58, and 2024*

Date: January 17th, 2024

From: Michael Harris, Government Affairs and Administrative Officer

Contributors: Kashina Bishop, Chief Financial Officer

Through: Marina Owen, Chief Executive Officer

Executive Summary

Over the past month, two (2) contract amendments from the Department of Health Care Services (DHCS) were reviewed extensively by internal subject matter experts and, as deemed non-substantive and per CenCal Health policy, executed by the Chief Executive Officer (CEO). These necessary contract amendments are a result of program or policy changes, issued through All Plan Letters already in effect, and are made by DHCS to ensure the health plan's contract are up to date. Also, during the month of December 2023, CenCal Health received, as expected, and executed the 2024 DHCS Contract following authorization granted the CEO in October 2023 by the Board of Directors. This memorandum ensures that the Board of Directors are made aware of routine contract amendments, executed per policy, and provided a status update on the execution of the 2024 DHCS contract.

Background

As a part of its normal process, DHCS routinely updates health plan contract terms and conditions. This is a result of the state implementing new programs and policies or various rules or regulations, promulgated by the federal government or the state, being implemented. As a result of these updates, programmatic or rule changes, DHCS must update the health plans' contracts.

During the times in which DHCS requires a signature and the terms are non-substantive or already enacted through various rules or regulations, the CEO instructs internal subject matter experts, legal staff, and the chief financial officer, to review any and all proposed amendments as described in CenCal Health policy. These reviews, coordinated by the Government Affairs and Administrative Officer, ensure that the proposed amendments are in line with staffs' understandings of previous guidance, program changes or known policy changes. Staff ensure that nothing in the proposed amendments are unknown or will pose a financial burden to the health plan that it was otherwise not anticipating. Since your last meeting, staff have received two contract amendments: A57 and A58.

Amendment A57

DHCS has provided CenCal Health with various retroactive rate capitation reconciliations for CY 2022 Rates [January 2022 through June 2022; and July through December 2022. These rates were reviewed by the CFO and her staff and were consistent with previous DHCS conversations and guidance and did not result in a fiscal impact. The CFO approved of the DHCS provided rates. Given a large amount of financial rate adjustments and updates, CenCal Health staff are fully anticipating further retroactive rate adjustments in the future.

Amendment A58

Amendment A58 sought to strengthen reporting obligations for those plans which have large, subcontracted networks. The amendment requires various agreements to be submitted to DHCS for their information and it stresses that health plans must ensure continuity of care; an approach that CenCal Health has long supported. The amendment ensures that health plans understand the requirement of providing information and referrals for Doula coverage and, because CenCal Health provides the medical coordination for California's Whole Child Model Program, it requires health plans to gather various medical information to assist counties in redetermining the eligibility of our health plan's children enrolled in California Children's Services. CenCal Health staff were fully anticipating contractual language that was received.

2024 Contract

As your Board is aware, CenCal Health staff have gone through extensive year-long preparation with DHCS in anticipation of executing the 2024 DHCS Contract. Hundreds of deliverables were provided to DHCS to assure DHCS that CenCal Health was ready and capable of continuing its services to medical recipients and to ensure that CenCal Health could meet new obligations as required in the 2024 contract, as reported in the Compliance Reports. In your October 2023 Board meeting, the Board of Directors authorized the CEO to execute the 2024 contract. By way of an update, the 2024 Contract was received and executed by Ms. Owen on December 7th, 2023, and provided to DHCS within requested timeframes. The execution of the 2024 contract is a major milestone in CenCal Health's history, is reflective of your staffs' extraordinary efforts and a reflection of the trust DHCS has in CenCal Health's abilities to meet the new requirements contained in the 2024 contract.

Recommendation

This report is informational for your Board's acceptance and no further action is required. Accepting this report does not result in a financial impact CenCal Health.

CENCAL HEALTH BOARD OF DIRECTOR APPOINTMENTS FOR 2024

Date: January 17th, 2024

From: René Bravo, MD, Chair
CenCal Health Nominating Committee

Contributor: Marina Owen, Chief Executive Officer

CenCal Health's Nominating Committee, comprised of René Bravo, MD, Chair, Supervisor Joan Hartmann, Dan Herlinger, and Supervisor Ortiz-Legg, convened on Monday, November 6th, 2023, to consider and make recommendations on CenCal Health Board of Director appointments for 2024.

Appointment of Board Officers
CenCal Health's Nominating Committee recommends the following appointments of Board Officers for CY 2024:

Chair:	Mark Lisa -San Luis Obispo
Vice Chair:	Kieran Shah -Santa Barbara
Treasurer:	Kashina Bishop
Clerk:	Paula Bottiani
Assistant Clerk:	Nicole Wilson

Appointment of Members to the Finance Committee:
CenCal Health's Nominating Committee recommends the following board appointments to the Finance Committee for CY 2024:

Sue Andersen -Santa Barbara (Chair)
Mark Lisa -San Luis Obispo
Dan Herlinger -Santa Barbara
Kieran Shah -Santa Barbara

Appointment of Members to the Compliance Oversight Committee:
CenCal Health's Nominating Committee recommends the following board appointments to the Compliance Oversight Committee for CY 2024:

Dan Herlinger -Santa Barbara (Chair)
Nicholas Drews -San Luis Obispo
Toni Navarro -Santa Barbara

Appointment of Members to the Nominating Committee:
CenCal Health's Nominating Committee recommends the following board appointments to the ad hoc Nominating Committee for CY 2024:

René Bravo, MD -San Luis Obispo (Chair)

Supervisor Joan Hartmann -Santa Barbara
Dan Herlinger -Santa Barbara
Supervisor Dawn Ortiz-Legg -San Luis Obispo

Appointment of Members to the CEO Evaluation and Compensation Committee
CenCal Health's Nominating Committee recommends the following board appointments to the ad hoc CEO Evaluation and Compensation Committee for CY 2024:

Mark Lisa -San Luis Obispo (Chair)
Dan Herlinger -Santa Barbara
René Bravo, MD -San Luis Obispo
Sue Andersen -Santa Barbara

Appointment of Members to the Board Development Committee
CenCal Health's Nominating Committee recommends the following board appointments to the ad hoc Board Development Committee for CY 2024:

Dan Herlinger -Santa Barbara (Chair)
René Bravo, MD -San Luis Obispo
Nicholas Drews -San Luis Obispo

Appointment of Board Liaisons to Advisory Boards and Delegated Committees
CenCal Health's Nominating Committee recommends the following board liaisons to Advisory Boards and Delegated Committees for CY 2024:

Community Advisory Board:	Sarah Macdonald -SB (Vice Chair)
Provider Advisory Board:	Kieran Shah -Santa Barbara
Quality Improvement Committee:	Ed Bentley, MD -Santa Barbara
Family Advisory Committee	René Bravo, MD -San Luis Obispo

Appointment of Board Liaisons to Steering Committees
CenCal Health's Nominating Committee recommends the following board liaisons to Steering Committees for CY 2024:

Santa Barbara County CalAIM Community Steering Committee:
Supervisor Joan Hartmann -Santa Barbara

San Luis Obispo County CalAIM Community Steering Committee:
Supervisor Dawn Ortiz-Legg -San Luis Obispo

Recommendation
CenCal Health's Nominating Committee recommends the CenCal Health Board of Directors consider and accept this 2024 Board of Director list of appointments.

CenCal Health 2024 Board of Directors Meeting Schedule

Date: January 17th, 2024

From: Marina Owen, Chief Executive Officer
Paula Bottiani, Sr. Executive Assistant of Administration, Clerk of the Board

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The following schedule represents the CenCal Health Board of Director's meeting schedule from January 2024 through January 2025

CenCal Health will plan to hold six (6) regular meetings of the Board of Directors and one (1) special meeting, which is the annual strategic retreat on Friday, July 19th.

For your convenience, the first meeting of the *next calendar year* is also included and will take place on January 15th, 2025 in Santa Maria.

Board of Directors Meeting Schedule

Date	Location
January 17th, 2024	Santa Maria
March 20th, 2024	San Luis Obispo
April 17th, 2024	Santa Maria
June 12st, 2024	Santa Maria
July 19th, 2024 *[Special Meeting]*	Retreat, Santa Ynez
September 18th, 2024	Santa Maria
October 16th, 2024	Santa Barbara
January 15th, 2025	Santa Maria

All Regular Board Meetings will begin at **6:00pm** with dinner being served at **5:30pm** prior to each meeting.

This year, an April 2024 Regular Meeting will be held as opposed to a May 2024 Regular Meeting to support the timing of the CY 2023 Independent Financial Audit, now on a calendar year schedule. In addition, the June 2024 Regular Meeting is being held the second Wednesday of the month to support the observation of the Juneteenth holiday the following week.

Recommendation

Staff recommends the Board of Directors approve the CenCal Health 2024 Board of Directors Meeting Schedule through January 2025.

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Board of Directors Committee Schedule

For your convenience and planning purposes, following is 2024 standing and ad hoc subcommittee schedule for the Board of Directors. Compliance, Advisory and Steering committees, including those with Board Liaisons, will be provided separate meeting information and invitations.

Finance Committee

Board Committee Date	Location
January 17th, 2024, at 4:00pm	Santa Maria
April 17th, 2024, at 4:00pm	Santa Maria

All Finance Committees can convene at **4:00pm** prior to Regular Board of Director Meetings for one hour.

Board Development Committee

Board Committee Date	Location
March 20th, 2024, at 4:00pm	San Luis Obispo
June 12th, 2024, at 4:00pm	Santa Maria

All Board Development Committees can convene at **4:00pm** prior to Regular Board of Director Meetings for one hour.

Nominating Committee

Board Committee Date	Location
November 4th, 2024, at 5:30pm	Virtual Meeting

Nominating Committee can convene at **5:30pm** in a virtual format, as an ad hoc meeting, to review and approve the 2025 Slate of CenCal Health Board Officers and Committee Appointments.

Note: Standing and ad hoc meetings may convene additionally on an *ad hoc* and *as needed* basis should new Board Members be identified and/or to support County Board of Supervisor nominations including appointments to the CenCal Health Board of Directors or to address business or board needs if/as they emerge.

Quality Improvement Health Equity Committee (QIHEC) Report

Date: January 17th, 2024

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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Executive Summary

This is CenCal Health's QIHEC report to your Board, including information about the committee's proceedings for its 4th quarterly meeting of 2023, completed on December 14th, 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 August 24, 2023, QIHEC minutes.
- Approval or acceptance of reports from the Pediatric Clinical Advisory Committee, Pharmacy & Therapeutics Committee, Customer Experience Committee, Utilization Management Committee, and Credentialing Committee.
- Approval of:
    - Follow-up items including a CCS/TCRC performance analysis age group stratification, an analysis of possible causes of low inpatient average length of stay (ALOS), and tonsillectomy utilization; and confirmation of the closed or open status of additional follow-up requests.
    - 2023 Risk Scoring & Stratification Analysis of Racial, Ethnic, and other Potential Algorithmic Biases.
    - QIHETP Work Plan Update, with focus on Well Child Visit Performance Improvement Project – 15 Months of Age.
    - Quality Dashboard of key performance indicator results.
    - Key Performance Metrics, which demonstrate cross-functional QIHETP integration of Utilization Management, Access and Availability, and Member Grievance operations.
- Approval of fourteen QIHETP & Related 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.

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 March 2023 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 4th quarterly meeting of 2023, and includes QIHETP and related 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 & related 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 program structure and related processes to ensure the effectiveness of the QIHETP. 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.

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 policies.

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 related policies provided for reference as Attachment 1.

Attachments

- Attachment 1 – QIHETP & Related Policies (qty. 14)
- Attachment 2 - QIHEC Meeting Agenda, December 14, 2023
- Attachment 3 - QIHEC Approved Minutes, August 24, 2023

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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

January 17, 2024

MY 2022 Accomplishments

Top 10% of Medicaid Plans

DHCS Performance Measures	Santa Barbara County	San Luis Obispo County
Breast Cancer Screening	✓	
Low Rate of Poorly Controlled Diabetes Blood Glucose (A1c)	✓	✓
Timeliness of Postpartum Care	✓	✓
Well Child Visits, Ages 15-30 Months	✓	
Immunizations for Adolescents	✓	
30-Day Follow-up After Emergency Department Visits for Substance Use	✓	✓

- 9 High Performance Levels surpassed
- No DHCS enforcement actions for substandard performance
  - 3 Minimum Performance Levels missed in SLO
  - 2 Minimum Performance Levels missed in SB

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NCQA Readiness

2024 Q4 NCQA Accreditation Surveys Anticipated

- Independent mock survey is in process
- Feedback has been positive, with valuable guidance provided to strategically strengthen operational readiness
- NCQA surveys will be reserved this month, for survey in Q4 2024
- The 2024 DHCS contract readiness preparations provided a solid foundation to build upon

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Board's QIHETP Role

QIHETP governance to optimize effectiveness

- Approval of the overall QIHETP, the QIHETP annual plan, and appointment of the QIHEC as an accountable entity responsible for QIHETP oversight
- Receipt of 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

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QIHEC: *Quality Improvement & Health Equity Committee*

QIHETP*: Quality Improvement & Health Equity Transformation Program*

December 2023 QIHEC P&P Approvals

- 14 QIHETP & related P&Ps were approved by the QIHEC – their approval serves as recommendation for approval by your Board
- Staff & DHCS confirmed that all policies are compliant with DHCS 2024 contract requirements
- Future P&Ps will be brought for your review in advance of DHCS submission, when feasible

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Policies & Procedures Approved by QIHEC

QIHETP & Related Policies and Procedures Approved by QIHEC	Effective Date
1. Translation of Written Materials	February 2017
2. Access to Linguistic and Interpreter Services	May 2018
3. Cultural and Language Access	June 2018
4. Alternative Format Selection Process	July 2022
5. Provider Directory Creation and Maintenance	January 2023
6. Ensuring EPSDT Screening, AAP Bright Futures Under 21	January 2023
7. Community Advisory Board	January 2024
8. Provider Credentialing and Recredentialing	January 2024
9. Vaccines for Children Program	January 2024
10. Identification, Referral, and Care Coordination for NSMHS, SMHS, SUD	January 2024
11. Early and Periodic Screening, Diagnostic and Treatment Services EPSDT	January 2024
12. Provider to Member Ratios	January 2024
13. External Quality Review Organization Requirements	January 2024
14. Credentialing Systems Control and Oversight	January 2024

Policy Highlight

Community Advisory Board

- Influences QIHETP evolution through member & family-oriented engagement
- Informs policy & decision-making in an advisory capacity
- Reflects CenCal Health's member population; Chair and Co-Chair are CAB members
- Ensures oversight by the CenCal Health Board of Directors via a Board member participation on the CAB
- Demonstrates member & family engagement in policy & decision-making in reports to QIHEC

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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

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Expansion of Community Supports Services

Date: January 17th, 2024

From: Marina Owen, Chief Executive Officer
Van Do-Reynoso, Chief Customer Experience Officer

Contributors: Chris Hill, Health Services Officer
Blanca Zuniga, Medical Management Associate Director
Jennifer Fraser, CalAIM Program Lead
Jennifer Lu, Community Supports Project Manager

Through: CalAIM Community Steering Committee (Santa Barbara and SLO)

Executive Summary

CenCal Health recognizes the importance of engaging external partners in making recommendations to expand Community Supports services toward the achievement of optimal health for our members. As CenCal Health continues its journey in implementing the California Advancing and Innovative Medi-Cal (CalAIM) initiatives, staff formed and convened the CalAIM Community Steering Committee (CSC) within each county to engage external partners in making key recommendations. Members of the CSC represent county and education leaders, healthcare providers, and leaders from community-based organizations.

At the October 2023 convening, CSC members received a report on the remaining state-approved Community Supports Services and had the opportunity to support the plan's recommendation for new Community Supports for 2024. Based upon extensive deliberation, staff recommends expansion and addition of the following services for CenCal Health members effective July 1, 2024:

1. Community Transition Services/Nursing Facility Transition to a Home
2. Nursing Facility Transition/Diversion
3. Environmental Accessibility Adaptations (Home Modifications)
4. Asthma Remediation

Upon approval of these four (4) Community Supports by your Board, CenCal Health will be offering all fourteen (14) state approved Community Support Services and will have developed Models of Care as well as begun planning for the outreach and engagement of prospective providers, analyzing operational implications related to implementation of the aforementioned Community Supports services, and prioritizing staffing resources that are needed for the implementation of these new services.

Background

Within the Medi-Cal environment, there has been a focus on broadening the role of the Managed Care Plan, instituting new and different non-medical benefits, and increasing accountability for quality and equity. Within the safety net environment, health

disparities, member complexities and demographic changes continue to grow and change. The implications of these changes for CenCal Health include the need to build new skillsets and capabilities, ensuring quality and health outcomes are priority, integrating and partnering with the community-based organizations and partners, and prioritizing community collaboration to meet the Plan's goals. One aspect of the Medi-Cal reform effort, through CalAIM, is to offer Community Supports services for CenCal members.

Community Support services are a range of services and resources designed to help Medi-Cal members live healthy and independent lives in their communities. These services are intended to address social determinants of health (SDOH), such as housing instability, food insecurity, and transportation challenges, which can have a significant impact on health outcomes. CenCal Health currently offers ten (10) out of fourteen (14) Community Supports. These include Recuperative Care, Medically Tailored Meals, Housing Deposits, Housing Transition Navigation Services, Housing Tenancy & Sustaining Services, Sobering Centers, Short-Term Post-Hospitalization Housing, Personal Care and Homemaker Services, Respite Services, and Day Habilitation Program. The Department of Healthcare Services (DHCS) intends to make Community Supports services benefits for Medi-Cal members once state-wide capacity for these services has been developed and expects health plans to offer state-approved Community Supports.

During the October convening of the CalAIM CSC for San Luis Obispo County and Santa Barbara County on October 3, 2023, and October 9, 2023, respectively, the CSC reviewed the remaining Community Supports Services to support the health plan's recommendation for additional Community Supports for 2024. The four (4) Community Supports services reviewed are as follows:

1. Community Transition Services/Nursing Facility Transition to a Home
2. Nursing Facility Transition/Diversion
3. Environmental Accessibility Adaptations (Home Modifications)
4. Asthma Remediation

In addition, a Community Survey was conducted with a broad reach of stakeholders, which validated the emphasis identified by the Steering Committee and further identified the need for services to support the community's long-term well-being in home-like settings in July 2024.

Recommendation

Based on input from the community, staff recommends that your Board consider and approve implementation of the four (4) remaining Community Support services, including Community Transition Services/Nursing Facility Transition to a Home, Nursing Facility Transition/Diversion, Environmental Accessibility Adaptations (Home Modifications), and Asthma Remediation effective July 2024.

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2024 Transitional Care Services (TCS) Implementation 1/1/24

Christopher Hill, RN, MBA
Health Services Officer
January 17, 2024

What Is the CalAIM PHM Program?

The PHM Program is designed to ensure that all members have access to a comprehensive set of services based on their needs and preferences across the continuum of care, which leads to longer, healthier, and happier lives, improved outcomes, and health equity. Specifically, the PHM Program intends to:

- Build trust with and meaningfully engage members;
- Gather, share, and assess timely and accurate data to identify efficient and effective opportunities for intervention through processes such as data-driven risk stratification, predictive analytics, identification of gaps in care, and standardized assessment processes;
- Address upstream drivers of health through integration with public health and social services;
- Support all members in staying healthy;
- Provide care management services for members at higher risk of poor outcomes;
- **Provide transitional care services (TCS) for "high risk" members transferring from one setting or level of care to another;**
- Reduce health disparities; and
- Identify and mitigates Social Drivers of Health (SDOH)

What are Transitional Care Services

Care Transitions Definition:

When a member **transfers from one setting or level of care to another**, including but not limited to, Discharges from hospitals, institutions, other acute care facilities, and skilled nursing facilities to home or community-based settings, Community Supports, post-acute care facilities, or long-term care settings.

Goals for Transitional Care

- ✓ Members can transition to the **least restrictive level of care that meets their needs and is aligned with their preferences** in a timely manner without interruptions in care.
- ✓ Members receive the **needed support and coordination to have a safe and secure transition** with the least burden on the Member as possible.
- ✓ Members continue to have the **needed support and connections to services that make them successful in their new environment.**

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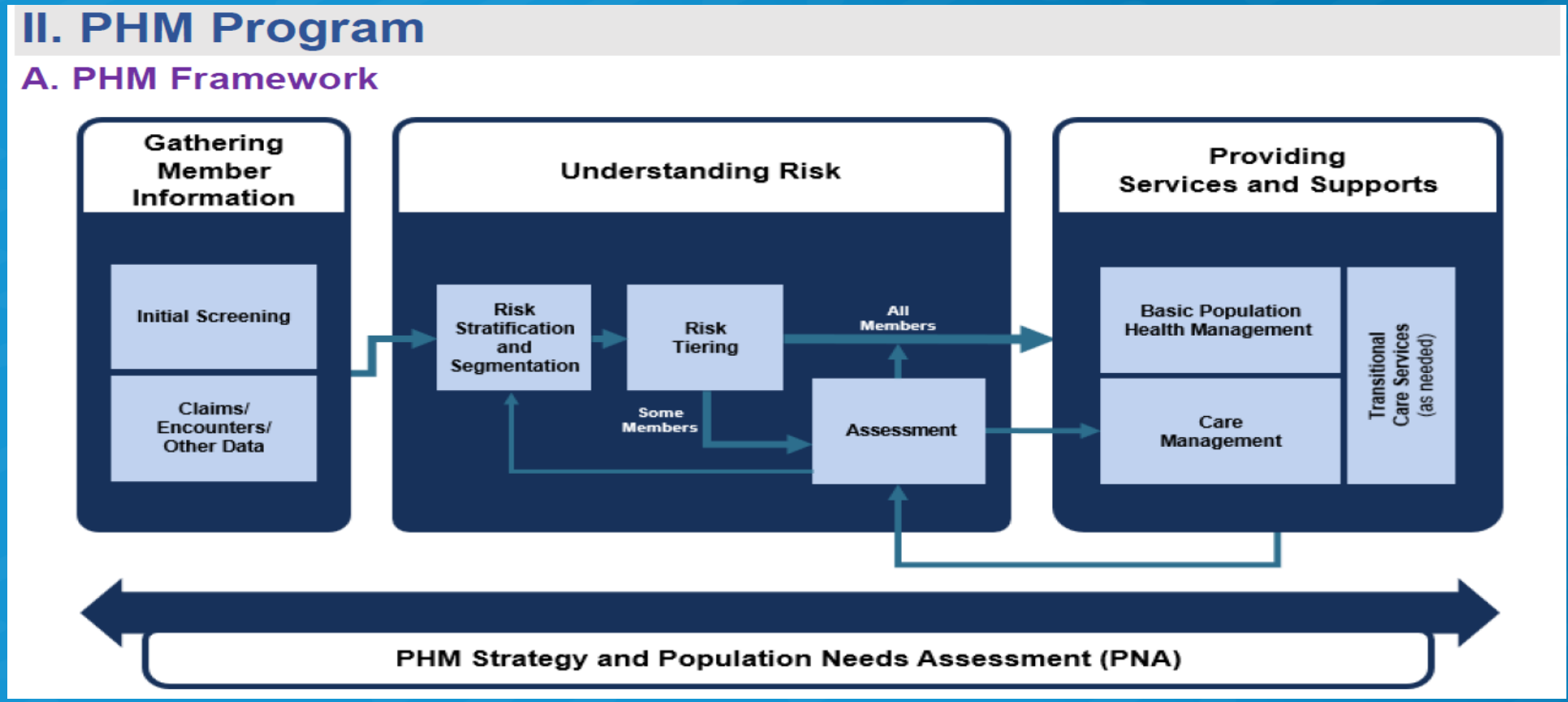
Population Health Requirements



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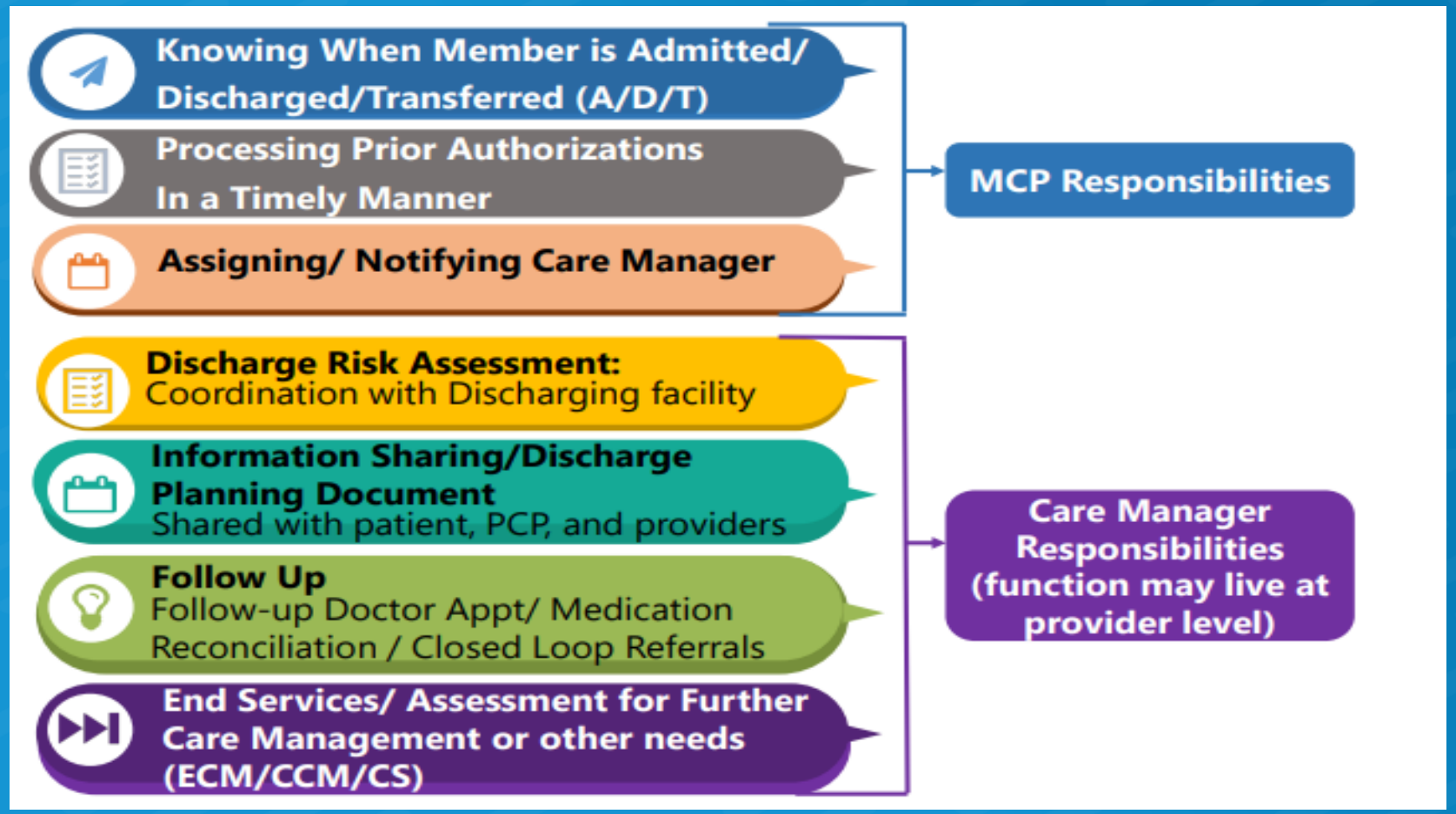
Data to be used to inform Risk Stratification and Segmentation(RSS) (High, Medium and Low) include:

- Screenings and assessments; Managed care and fee-for-service (FFS) medical and dental claims and encounters;
- Social services reports (e.g., CalFresh; Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); California Work Opportunity and Responsibility to Kids (CalWORKs); In-Home Services and Supports (IHSS));
- Electronic health records; Referrals and authorizations
- MCP behavioral health Screenings, Brief Interventions, and Referral to Treatment (SBIRT), medications for addiction treatment (MTOUD, also known as Medications for Opioid Use Disorder), and other substance use disorders (SUD), and other non-specialty mental health services information;8
- County behavioral health Drug Medi-Cal (DMC), Drug Medi-Cal Organized Delivery System (DMC-ODS), and Specialty Mental Health System (SMHS) information available through the Short-Doyle/Medi-Cal and California Medicaid Management Information Systems (CA-MMIS) claims system;9
- Pharmacy claims and encounters;
- Disengaged member reports (e.g., assigned members who have not utilized any services);
- Laboratory test results; Admissions, discharge, and transfer (ADT) data;
- Race, ethnicity, and language information; Sexual orientation and gender identity (SOGI) information;
- Disability status;
- Justice-involved data;
- Housing reports (e.g., through the Homeless Data Integration System (HDIS), Homelessness Management Information System (HMIS), and/or Z-code claims or encounter data); and
- For members under 21, information on developmental and adverse childhood experiences (ACEs) screenings.

Transitional Care Service (TCS) Requirements



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Current State

- Approved staffing model has been completed and TCS department has been partially staffed as of 1/1/24.
- High risk inpatient members identified and engaged Provider education continues.
- Provider Bulletin Article included in January brochure.
- Process workflow & IT updates completed to accommodate new requirements by 1/1/24.
- TCS Phone Line Implemented.

Next Steps

- Ensure Electronic notification of Admits, Discharges, and Transfers (ADT) by 1/31/24
  - If not available must receive daily reports (i.e., secure e-mail).
- Ensure access to "Electronic Health Records".
- Continue ongoing meetings to refine TCS process between Hospital's, LTC's, SNF's and CenCal Health

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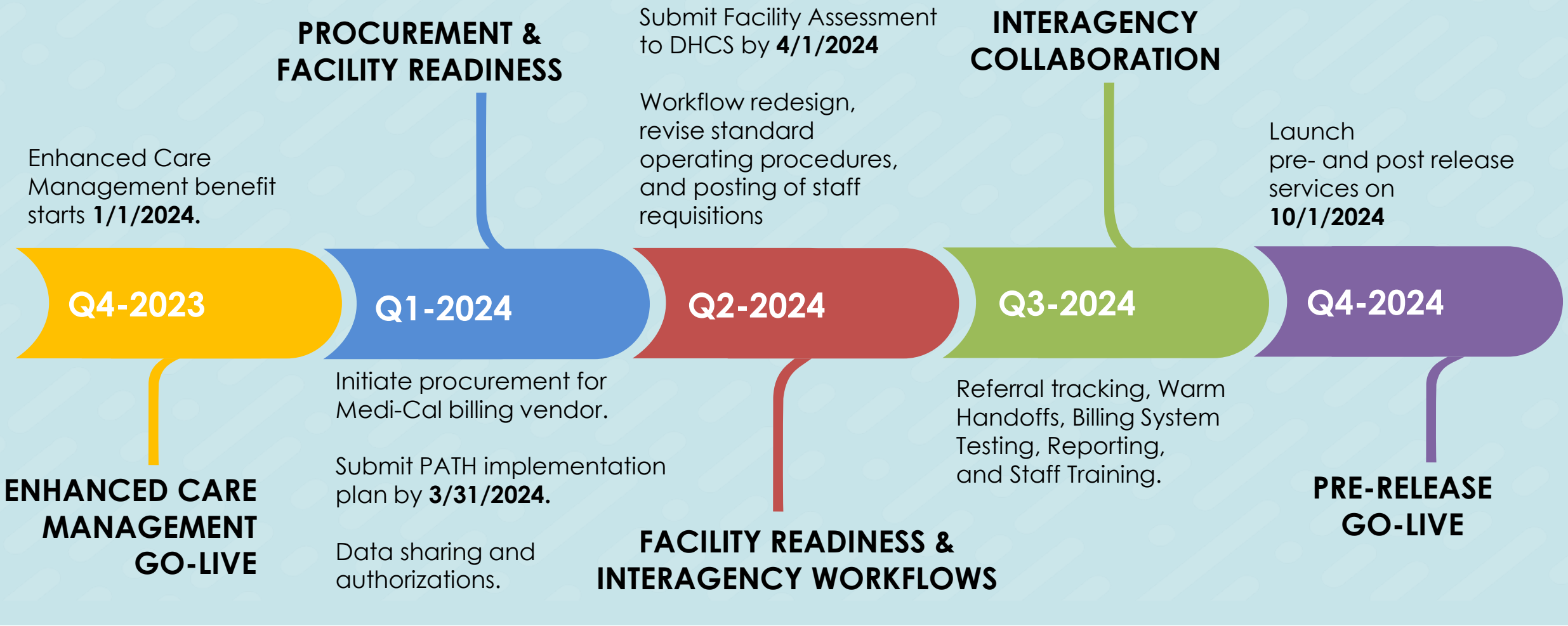
Justice-Involved Initiative

Chris Hill, RN, MBA
Health Services Officer
January 17, 2024

Justice Involved Reentry Roadmap 2023-2024



Roadmap assumes a facility go-live of October 1, 2024

Landscape Analysis: Scope of Work

Initial round of **interviews were held with agency leaders** in the Sheriff's Office, Probation, Social Services, Behavioral Health, Public Health, and Administration.

Discussions focused on reentry supports and services, highlighting the types of in-reach and embedded services in place today.

High-level overviews of screening and diagnosis procedures, and current handoffs between agency staff, embedded vendors (i.e., Wellpath), and community partners.

Identified core technology and reporting systems, and **data analytics** capabilities.

Key Findings

- **Effective** interagency **collaboration** exists today supported by CalAIM governance committees.
- Community-based organizations are **engaged** in the jails and juvenile justice centers (in-reach).
- Mixture of software applications **used** by agencies, in different stages of the lifecycle.
- Limited data **sharing** or **integration** between agencies.
- Local hospitals and health centers **actively participate** in serving justice involved populations.

Key Findings (cont'd)

- Incarcerated youths and adults experiencing mental illness and substance use **aligns** with statewide **benchmarks**.
- **Established** mental health plans (DMC-ODS) in the counties, **supported** by access to local psychiatric health facilities.
- PATH **implementation** dollars are being **allocated** to **support** the reentry initiative, and the details are pending **finalization**.
- **Recruiting** and **retaining** qualified staff is a significant risk to the reentry implementation.

Priorities and Next Steps:

- **Procure and select** a qualified billing vendor for pre-release services, or manage internally within the agency.
- **Determine** the readiness and actual go-live date for each facility.
- **Hire and onboard** new staff to support pre- and post-release services (across all community partners)
- **Sharing** of sensitive data, and the required consents and authorizations throughout the pre- and post-release cycles. County Counsel to engage with legal opinion.

Calendar Year 2024 Operating and Capital Budgets

Date: January 17th, 2024

From: Kashina Bishop, Chief Financial Officer/Treasurer

Contributors: Amy Sim and Jamie Louwerens

Through: Marina Owen, Chief Executive Officer

Executive Summary

Staff is presenting the Calendar Year 2024 Operating and Capital budgets for CenCal Health. The underlying assumptions and full Executive Summary are included in the attached document, which includes both a summary and additional detail.

CenCal Health's Board Finance Committee will also convene on January 17th, 2024, to review the 2024 Budget in detail.

Recommendation

Staff recommends the Board approve the CY 2024 Operating and Capital budgets.

Calendar Year 2024
Operating and Capital Budgets

January 2024

Acknowledgments

Document prepared by:

Kashina Bishop – Chief Financial Officer
Amy Sim – Director of Accounting
Jamie Louwerens – Director of Financial Analysis

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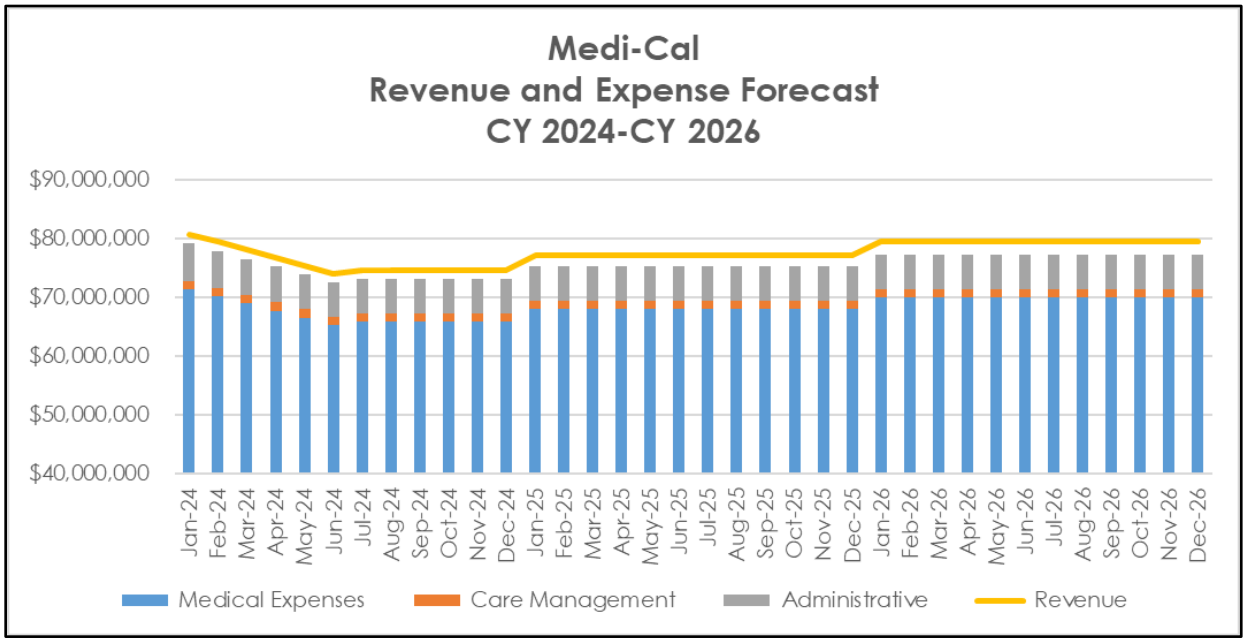
Table of Contents

Executive Budget Summary

This document sets forth the calendar year (CY) 2024 Operating and Capital budgets for CenCal Health, and presents the key assumptions utilized in its development. CenCal Health will solely administer and operate its core health care program, Medi-Cal, during CY 2024 in both Santa Barbara and San Luis Obispo counties through a contract with the State of California Department of Health Care Services (DHCS).

The administrative and medical management budgets were developed with a keen focus on the needed resources to achieve the objectives within the Strategic Plan. These are aimed at building the necessary infrastructure for CenCal to advance the mission in an environment with increasing regulatory oversight and requirements associated with the Medi-Cal CY 2024 Contract.

The budget projections indicate CenCal will maintain and slightly grow reserves while making continued progress towards achieving the objectives outlined in the Strategic Plan. Additionally, the financial forecast is positive through 2026, excluding the necessary investment to implement the Medicare Dual Eligible Special Needs Plan (D-SNP) as of January 2026.

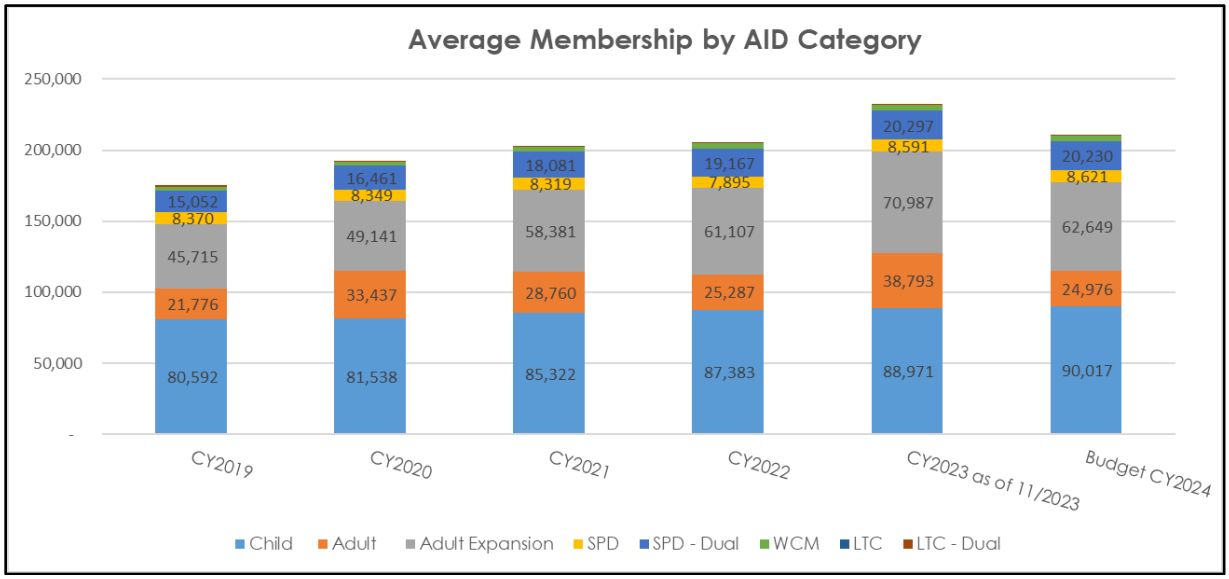


Management is monitoring the potential impact of California's Fiscal Outlook for 2024-2025 which indicated a $68 Billion budget deficit. Updates will be provided in the coming months if Medi-Cal programs are impacted.

Membership

Our membership with the Medi-Cal program is segregated into six major aid categories. The major aid categories are: (1) Seniors and Persons with Disabilities (SPD), (2) Long Term Care (LTC), (3) Child less than 21 years, (4) Adult 21+ years, (5) Medicaid Expansion Adult (MCE Adult), and (6) Whole Child Model (WCM).

The projected member months are shown below, including a comparison to member months for the past few calendar years. Overall, CenCal Health's covered lives are projected to average 211,215 resulting in 2,534,579 member months for 2024. The budget period forecast assumes Medi-Cal eligibility redetermination activity will continue through July 2024 due to the assumed expiration of the federal Public Health Emergency (PHE) declaration in April 2023.



Medi-Cal Capitation and premium revenue, reinsurance and related recoveries, and the medical expense budgets are presented on a per member per month (PMPM) basis and are considered flexible budgets whose aggregate dollar amounts vary with changes in a program's actual member enrollment. Administrative costs, interest income and other revenues are primarily considered fixed budgets, though certain administrative items (e.g., certain vendor costs) are priced on a PMPM basis and do fluctuate with actual membership levels.

Revenue

Capitation Revenue

Capitation payments are received from DHCS for qualifying residents in Santa Barbara and San Luis Obispo counties primarily on a monthly PMPM basis. To derive the Medi-Cal capitation revenue, the member months by aid category were multiplied by the applicable draft CY 2024 capitation rate associated with the aid category. There are differences in the capitation rate dependent on whether a member has dual coverage (covered by both Medicare and Medi-Cal in which Medicare is the primary payer).

DHCS calculated the CY 2024 base capitation rates by trending forward the CY 2021 medical expenses and adjusting them for various program changes, and then adding on a component for administrative expenses and a risk margin. Revenue for the CalAIM Enhanced Care Management (ECM) program is included as part of the base capitation rate.

Assembly Bill (AB) 118 allowed DHCS to develop primary care, obstetric and non-specialty mental health services targeted provider rate increases for provider in Medi-Cal effective for dates of service on or after January 1, 2024. These rate increases will apply to eligible providers in the fee-For-Service delivery system, as well as eligible network provider contracted with Medi-Cal managed care plans. DHCS increased rates, as applicable, for targeted services to no less than 87.5% of the Medicare rate, inclusive of eliminating AB 97 provider payment reductions and incorporating applicable Proposition 56 physician services supplemental payments into the base rate. DHCS calculated an equivalent rate increase for services that do not have a rate established by Medicare. These targeted rate increases are reflected in our base capitation rates from DHCS for CY 2024.

MCO Tax

Assembly Bill (AB) 119 (Chapter 13, Statutes of 2023) authorized a Managed Care Organization (MCO) Provider Tax effective April 1, 2023, through December 31, 2026. MCO tax revenues will be used to support the Medi-Cal program including, but not limited to, new targeted provider rate increases and other investments that advance access, quality, and equity for Medi-Cal members and promote provider participating in the Medi-Cal program. MCO Tax was not included in budgeted revenue or expenses as it is considered a pass-through.

Supplemental Revenue

DHCS pays Health Plans a supplemental revenue rate for maternity delivery services based on the volume of services performed rather than on a per member per month capitation rate. The budget assumes the same volume of services per 1,000 members

will be utilized in CY 2024 as in prior years. Starting in January 2018, Health Plans were no longer at risk for all eligible American Indian Health Services (AIHS) and are paid via a separate payment arrangement that is not part of the base capitation rate. CenCal Health manages these services on an Administrative Services only contract with DHCS and are reimbursed via a supplemental payment. The budget was developed using historical utilization and current contracted rates.

Proposition 56 Revenue

For CY 2024 DHCS provides plans with a PMPM rate to pay Proposition 56 add-on payments for qualifying Family Planning, Developmental Screening and Trauma Screening services to qualifying providers.

The Proposition 56 Physician Services program add-on was eliminated in CY 2024 as it was included in the Targeted Rate Increase (TRI) to the base capitation rate for specific services.

Revenue Reserves

DHCS has two-side risk corridors with Health Plans for the Proposition 56 program and Enhanced Care Management (ECM) program. CenCal Health budgets for the expected amount of revenue to be returned to DHCS for the calendar year based on historical trend.

Directed Payments/IGT/HQAF

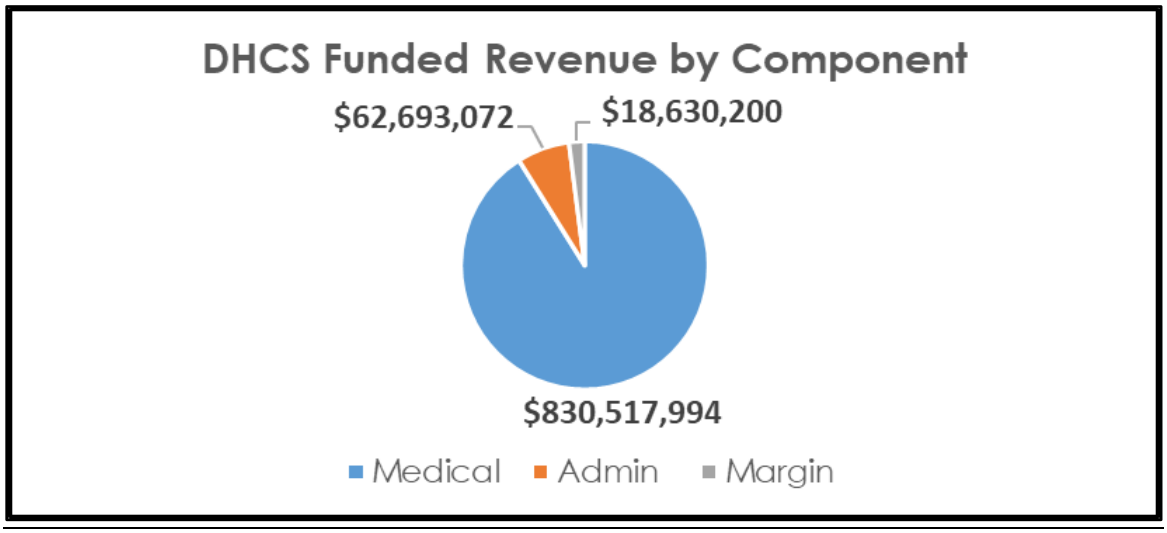
Incentive Revenue, MCO Tax Revenue and Directed Payment Revenues are not included this budget as they are treated as budget neutral pass-through payments.

Non-Operating Revenue

$1,481,112 of interest income and $4,000,000 of investment income is anticipated to be earned during the budget period.

CenCal Health performs certain administrative functions for the Public Health Department of Santa Barbara County. Administrative fees are projected at $25,000. CenCal Health also earns an administrative fee for processing the Voluntary Rate Range IGT and anticipates earning ~$2,000,000 during the budget period.

CY2024 Budget			
Base Capitation Revenue	$	862,786,794	**94.6%**
ECM Revenue	$	14,367,331	**1.6%**
Supplemental Revenue	$	42,400,015	**4.6%**
Prop 56 Revenue	$	7,282,573	**0.8%**
Reserve- Minimum MLR/Risk Corridor	$	(14,995,447)	**-1.6%**
	$	**911,841,265**	



Total Cost of Healthcare

The medical expense budget for CY 2024 is $822,135,483.

Capitation & Incentive Expense

Capitation & Incentive expenses reflects current capitated agreements and updates for contracts currently in the final stages of negotiation and execution.

Primary Care Provider Capitation costs represent expenditures paid on a PMPM basis to primary care providers (PCPs) in return for the PCP providing basic preventive health care medical services and case management functions to their respective assigned CenCal Health members.

The capitation rates paid to SBHI and SLOHI PCPs vary depending on a member's Medi-Cal aid category, sex, and age. Approximately 85 percent of our total Medi-Cal members are projected to be assigned to a PCP for any given month. The remaining members not assigned to a capitated PCP are primarily those residing in long term care facilities, members who obtained eligibility retroactively for a specific month, or who are dual-eligibles (also known as Medi-Medi's).

PCP capitation is paid monthly to PCPs either at 60 or 80 percent of the full capitation rate, dependent on a choice selected by the PCP. The remaining 20 or 40 percent is withheld and is applied towards the PCP incentive pools. Incentives are earned by PCPs through the PCP Incentive Program which provides financial incentives to providers who meet minimum quality and utilization parameters. The total incentive dollars to be paid out fluctuate with any change in the number of members assigned to PCPs and the amount consists of both the withhold and a contribution from CenCal Health into the incentive pools. In addition, CenCal contributes an additional 50% of gross capitation to the incentive pools.

Institutional Capitation is paid for Inpatient, Outpatient and Emergency Room services for a single contracted provider and varies depending on a member's Medi-Cal aid category, sex, and age.

Additionally, Cen Cal Health contracts with a transportation vendor and some Physician Specialty providers on a capitated basis.

All Capitation and PCP incentive payments combined are budgeted at $142.7million and at $56.31 PMPM.

Please note that CalAIM Incentive expense is not included in the budget (nor is the revenue) as it is expected to be budget neutral.

FFS Claims Expense

Medical expenses are developed by calculating PMPM costs for the base period by AID category and category of service, and then incorporating anticipated changes because of membership, utilization patterns, market trends and changes in provider reimbursement rates forecasted to occur during the budget year.

The major assumptions impacting projected medical expenses are:

1. Trend factors consistent with RDT (2-4%) and projections based on the category of AID and category of service
2. Major contracting changes projected to increase fee-for-service costs from the base period.
3. An assumed increase of 4% for Long-Term Care (LTC) / Skilled Nursing Facility (SNF) expenses associated with annual increases based on State established facility rates.
4. Estimates for Targeted Rate Increases (TRI) are reflected in the PCP, FQHC, Physician Specialty, Mental Health, and Other Medical Expense categories of service.
5. Community Supports (CS) expenses were not explicitly assumed in the budget (except for recuperative care and housing deposits).

Directed Payments & Pass-Throughs

Directed Payments and Pass-throughs are incorporated into the budget if they are not budget neutral. Proposition 56 add-ons for the current budget period are estimated based on historical cost and utilization. For CY 2024 budget year only add-ons for the Proposition 56 Family Planning, Developmental Screening and Trauma Screening programs are budgeted. Proposition 56 Physician Services add-on has been incorporated into the base rate as part of the Targeted Rate Increase (TRI)

The following programs are in effect but, not budgeted as revenue or medical expenses as they are budget neutral:

<u>MCO Tax</u>

Assembly Bill (AB) 119 (Chapter 13, Statutes of 2023) authorized a Managed Care Organization (MCO) Provider Tax effective April 1, 2023, through December 31, 2026. MCO tax revenues will be used to support the Medi-Cal program including, but not limited to, new targeted provider rate increases and other investments that advance access, quality, and equity for Medi-Cal members and promote provider participating in the Medi-Cal program. MCO Tax was not included in budgeted revenue or expenses as it is considered a pass-through.

Rate Range Intergovernmental Transfers (IGT)
Qualifying entities (e.g., those which have local taxing authority) may enter into a contractual arrangement with DHCS to draw down federal matching funds known as an Intergovernmental Transfer (IGT). These IGT dollars must be utilized for pay for medical care services provided to Medi-Cal beneficiaries. The IGT funds, inclusive of the federal match, are incorporated into the health plan's capitation rates. Upon receipt of the IGT dollars from DHCS, the health plan makes a payment to the IGT entity towards the cost of care of services provided to health plan members (i.e., Medi-Cal beneficiaries).

HQAF Directed Payments
DHCS along with the California Hospital Associated (CHA) devised an IGT funding mechanism for California hospitals. Hospitals pay a fee which DHCS uses to obtain federal matching funds. These IGT dollars are incorporated into health plan capitation rates and the IGT dollars, once received by the health plan, are paid out to several hospitals based on a schedule generated by the CHA. HQAF is budget-neutral and therefore not reflected in the budget.

Hospital Directed Payments
DHCS created a hospital quality pool whose mechanism flows through the Medi-Cal managed care health plans similar to HQAF Directed Payments.

Other Health Care Related Expense

CenCal Health has reinsurance (stop-loss) through a commercial vendor for high-cost hospital admissions and high-cost drugs incurred by members. The reinsurance premium in effect during the first half of 2024 is $1.48 PMPM. The budget assumes reinsurance recoveries based on most recent 18 months of reported trends resulting in a net cost of reinsurance coverage at $1.25 PMPM and at $3.1 million.

The Health Plan also receives medical cost recoveries from Medicare and other third-party payers through the work performed by primarily by an outside vendor, estimated at $0.24 PMPM and at $600,000. This primarily occurs when we identify members who have other health insurance coverage or share of cost.

Note: Care Management expenses are outlined in the General and administrative budget.

CY 2024 MEDICAL EXPENSE BUDGET

	CY 2023 Annualized PMPM	CY 2024 Budget PMPM	CY2024 Budget Dollars	Variance PMPM
Capitation- Inpatient	$ 18.82	$ 18.86	$ 47,811,325	$ 0.04
Capitation- Outpatient Facility	7.90	7.91	20,053,417	0.01
Capitation- Emergency Room	9.90	10.08	25,536,538	0.18
Capitation- Physician Primary Care	4.37	4.37	11,085,637	0.00
Capitation- FQHC	5.49	5.43	13,759,951	(0.06)
Capitation- Transportation	2.26	2.41	6,108,684	0.15
Capitation- Physician Specialty	1.33	1.37	3,472,078	0.04
Sub-total	$ 50.07	$ 50.43	$ 127,827,631	$ 0.36
Fee For Service				
FFS- Inpatient Hospital	$ 59.72	$ 64.83	$ 164,328,201	$ 5.11
FFS- Outpatient Facility	20.42	22.42	56,825,787	2.00
FFS- Emergency Room	4.20	4.53	11,482,907	0.33
FFS- Long-Term Care	57.73	65.97	167,208,560	8.24
FFS- Physician Primary Care	6.24	7.61	19,295,029	1.37
FFS- Physician Specialty	38.30	38.91	98,608,330	0.61
FFS- FQHC	4.27	9.96	25,256,535	5.70
FFS- Other Medical Professional	6.75	6.73	17,061,699	(0.02)
FFS- Mental Health (Outpatient)	9.76	12.69	32,175,623	2.93
FFS- BHT Services	7.32	7.92	20,078,208	0.60
FFS- Laboratory & Radiology	3.83	3.65	9,257,037	(0.17)
FFS- Transportation	0.96	0.96	2,432,169	(0.00)
FFS- CBAS	0.69	0.73	1,857,090	0.04
FFS- Hospice	2.40	2.60	6,594,415	0.20
FFS- Community Supports	0.58	0.57	1,450,094	(0.01)
FFS- ECM (Community-Based)	1.11	1.09	2,771,389	(0.02)
FFS- HCBS Other	2.12	2.24	5,681,978	0.12
FFS- All Other Health Care Services	5.03	5.33	13,499,633	0.30
Sub-total	$ 231.43	$ 258.77	$ 655,864,683	$ 27.33
Incentives- QCIP	$ 5.66	$ 5.88	$ 14,906,106	$ 0.22
Reinsurance/Recoveries	$ 1.27	$ 1.01	$ 2,568,372	$ (0.26)
Prop 56 Add-Ons	$ 9.93	$ 1.53	$ 3,883,305	$ (8.40)
Care Management	$ 4.14	$ 6.74	$ 17,085,385	2.60
Total Medical Expenses	$ 302.50	$ 324.37	$ 822,135,483	$ 21.86
MLR	**88.1%**	**90.2%**		

CY 2024 MEDICAL EXPENSE BUDGET
PMPM COST BY AID CATEGORY

	Child	Adult	Adult Expansion	SPD	SPD Dual	LTC	LTC Dual	WCM
Capitation Expense	$ 23.06	$ 94.01	$ 67.08	$ 135.12	$ 30.34	$ 96.95	$ 61.00	$ 50.53
Fee For Service								
FFS- Inpatient Hospital	$ 9.49	$ 86.91	$ 81.45	$ 203.93	$ 20.96	$ 48.32	$ 11.54	$ 848.71
FFS- Outpatient Facility	4.61	25.76	31.64	80.79	14.58	6.74	14.46	174.21
FFS- Emergency Room	2.41	5.82	7.29	11.67	0.43	5.91	0.09	7.21
FFS- Long-Term Care	-	2.71	22.58	218.62	202.23	7,991.72	8,552.07	28.36
FFS- Physician Primary Care	7.91	13.19	5.50	6.45	3.88	33.74	6.85	20.62
FFS- Physician Specialty	9.71	48.05	59.70	124.24	41.58	56.23	21.22	119.20
FFS- FQHC	7.13	20.74	10.61	14.92	3.55	28.23	9.89	18.06
FFS- Other Medical Professional	4.70	7.50	7.42	15.65	7.86	7.63	3.97	12.62
FFS- Mental Health (Outpatient)	9.62	14.11	17.47	25.80	3.23	12.74	4.53	19.21
FFS- BHT Services	10.27	-	0.04	59.03	-	-	-	59.71
FFS- Laboratory & Radiology	1.32	7.85	5.93	6.78	0.57	20.50	0.13	3.54
FFS- Transportation	0.32	0.70	1.38	4.28	0.34	9.01	1.25	6.08
FFS- CBAS	-	0.06	1.08	3.02	2.95	-	-	-
FFS- Hospice	-	1.16	1.35	10.86	7.30	272.22	245.46	2.82
FFS- Community Supports	0.00	0.28	1.10	2.27	1.18	-	-	0.29
FFS- ECM (Community-Based)	0.04	1.07	1.41	4.83	3.48	0.99	0.30	0.08
FFS- HCBS Other	0.03	1.19	1.53	7.52	0.89	3.47	1.11	65.76
FFS- All Other Health Care Services	0.61	1.89	3.27	22.14	13.43	2.00	178.91	56.92
Sub-total	$ 68.19	$ 238.99	$ 260.75	$ 822.78	$ 328.46	$ 8,499.45	$ 9,051.79	$ 1,443.40
Incentives- QCIP	$ 5.88	$ 5.88	$ 5.88	$ 5.88	$ 5.88	$ 5.88	$ 5.88	$ 5.88
Reinsurance/Recoveries	$ 1.01	$ 1.01	$ 1.01	$ 1.01	$ 1.01	$ 1.01	$ 1.01	$ 1.01
Prop 56 Add-Ons	$ 1.53	$ 1.53	$ 1.53	$ 1.53	$ 1.53	$ 1.53	$ 1.53	$ 1.53
UMQACC	$ 6.74	$ 6.74	$ 6.74	$ 6.74	$ 6.74	$ 6.74	$ 6.74	$ 6.74
Total PMPM Medical Expenses	$ 100.53	$ 342.29	$ 337.11	$ 967.19	$ 368.08	$ 8,605.68	$ 9,122.07	$ 1,509.10

Administrative Expenses

Budget Development Methodology

The general and administrative budget for CY 2024 is $65,927,496. This is 7.2% of estimated revenue and ~$1.2 million more than the amount allocated in the capitation rates for administrative expenses which is a total of $64,693,072, including estimated funding available through the IGT.

The administrative budget starts with the base of actual expenditures incurred for the current fiscal year, with additions and deletions as appropriate. This includes a review of the continued appropriateness of all previous and current expense items.

Each department Director is required to submit departmental budgets which reflect the resources they believe are necessary to adequately fulfill their responsibilities to support CenCal Health's strategic plan.

The administrative budget is comprised of two components: (i) Administrative and (ii) Medical & Care Management. The administrative component represents expenditures towards the general overhead costs associated with operating CenCal Health, while the medical and care management component represents expenditures which have been evaluated and meet the criteria defined by government code to be classified as a medical expense. The criteria are as follows:

1. Improve health outcomes including increasing the likelihood of desired outcomes compared to a baseline and reduce health disparities among specified populations.
2. Prevent hospital readmissions through a comprehensive program for hospital discharge.
3. Improve patient safety, reduce medical errors, and lower infection and mortality rates.
4. Implement, promote, and increase wellness and health activities; or
5. Enhance the use of health care data to improve quality, transparency, and outcomes and support meaningful use of health information technology consistent with 45 CFR §158.151.

CY 2024 GENERAL AND ADMINISTRATIVE EXPENSES					
	CY 2023 Projected Actual	CY 2023 Budget	CY 2024 Budget	Change Budget to Budget	Percent Change
Salaries & benefits	$ 52,678,934	$ 52,143,000	$56,288,000	$ 4,145,000	8%
Contract Services	7,075,277	11,356,000	11,922,000	566,000	5%
Travel Expenses	120,288	543,000	493,000	(50,000)	-9%
Rent & occupancy	875,079	923,000	1,143,000	220,000	24%
Office supplies & equipment	2,050,261	1,807,000	3,139,000	1,332,000	74%
Insurance	1,603,758	2,051,000	2,051,000	-	0%
Depreciation expense	1,595,873	1,715,000	1,931,000	216,000	13%
Equip/Software maintenance	33,578	99,000	128,000	29,000	29%
Communications	451,491	708,000	266,000	(442,000)	-62%
Publications	12,341	91,000	121,000	30,000	33%
Software licensing fees	3,528,447	3,144,000	4,246,000	1,102,000	35%
Professional association dues	341,591	316,000	332,000	16,000	5%
Marketing	61,183	74,000	110,000	36,000	49%
Member/Provider materials	138,676	120,000	25,000	(95,000)	-79%
Provider relations/recruitment	8,862	64,000	93,000	29,000	45%
Credentialing fees	36,085	27,000	28,000	1,000	4%
QI/Clinical Interventions	5,504	220,000	109,000	(111,000)	-50%
Director/Advisory board fees	25,800	37,000	50,000	13,000	35%
Business meeting costs	120,661	215,000	259,000	44,000	20%
Other expenses	60,316	194,000	279,000	85,000	44%
Care Management (Medical Expense)			(17,085,000)	(17,085,000)	
Total General and Administrative	$ 70,824,006	$ 75,847,000	$65,928,000	$ (9,919,000)	-13%
% Admin to Revenue			**7.2%**		
Community Reinvestment			$ 1,000,000	$ 1,000,000	
Strategic Investment	$ 731,827	$ 9,110,000	$ 4,646,000	$ (4,464,000)	-49%
Total G&A (including Projects)	$ 71,555,833	$ 84,957,000	$71,574,000	$ (13,383,000)	-16%
% to Revenue			**7.8%**		

The major assumptions and changes in the general and administrative budget are as follows:

Salary Expense

Salary expense includes a 4% pool for compensation increases which includes merit and equity adjustments, effective March 2024, as well as 1% for promotions and equity adjustments. The vacancy rate is 9%.

The table below represents budgeted positions by department in comparison with the CY 2023 budget.

Position Summary				
Department	Dec-23 Filled	Budget CY 2023	Budget CY 2024	Change
Executive	2	2.0	16.0	14.0
Administrative Services	7	8.0	8.0	-
Communications & Marketing	7	9.0	7.0	(2.0)
Compliance	11	11.0	7.0	(4.0)
Legal	2	5.0	2.0	(3.0)
Human Resources	11	10.0	11.0	1.0
Operational Excellence	16	17.0	17.0	-
Performance Administration	2	2.0	-	(2.0)
Strategic Engagement	3	4.6	4.0	(0.6)
Customer Experience	1	3.0	-	(3.0)
Program Development	4	3.0	4.0	1.0
Audits & Monitoring	0	-	5.0	5.0
Quality	19.25	21.5	20.0	(1.5)
Accounting	16	17.0	10.0	(7.0)
Financial Analytics	0	-	6.0	6.0
Member Services	31.5	31.5	35.5	4.0
Health Services	8	9.0	8.0	(1.0)
Pharmacy	6	6.0	6.0	-
Medical Management	82.3	81.1	94.3	13.2
Provider Services	35.8	40.8	29.8	(11.0)
Provider Relations	0	-	12.0	12.0
IT	34	40.0	25.0	(15.0)
IT Analytics	0	-	9.0	9.0
Claims	45	45.0	45.0	-
Behavioral Health	22	26.0	25.0	(1.0)
	365.8	392.5	406.6	14.1
Assumed Filled (9% vacancy for CY 2023 and CY 2024)		**357**	**370**	**13**

During 2023, there were several re-organizations and reallocation of personnel across various departments. The net change to the number of positions is 14 mainly due to the Medical Management department, aimed at supporting numerous initiatives under the CalAIM program and are reclassified to a medical expense.

Benefits Expense

CalPERS Defined Benefit Pension Plan
CenCal Health contributes to the Miscellaneous 2% at 60 Risk Pool, a cost-sharing multiple-employer defined benefit pension plan administered by the California Public Employees Retirement System (CalPERS).

The minimum employer contribution rate is 10.15% of qualifying wages for those hired before 1/1/2013. For those hired on or after 1/1/2013, the minimum rate is 7.87%. The health plan will also contribute an additional $100,000 per month towards the employer contribution amount in order mitigate the growth of or to actually begin to reduce the health plan's unfunded pension liability.

Paid Time Off
Paid time off (PTO) encompasses vacation and sick leave. Employees earn PTO under a formula which considers both years of service and job position level. The budget assumes employees on average will take 19 days of PTO per year. The maximum accrual ceiling allowed is 320 hours, upon which time no further PTO is earned.

FICA/SSI/SUI
Payroll taxes for FICA (Federal Insurance Contributions Act), Medicare, and SUI (State Unemployment Insurance) are budgeted at the most current Federal and State rates which may fluctuate from year to year.

Worker's Compensation Insurance
The rates for worker's compensation insurance are based on the classification of the health plan's staff positions. Rates may increase or decrease based on staff utilizing worker's compensation benefits throughout the year.

Health, Dental and Vision Insurance
The health plan offers employees and their dependents health, dental and vision insurance coverage through a nationally known commercial payer offering both HMO and PPO products. Employees are generally financially responsible for approximately 35% of insurance premiums with the health plan contributing the difference.

Life Insurance
The health plan provides employee life insurance coverage through a nationally known commercial payer. The health plan provides 1.5 x salary of coverage at no cost to the employee.

Long Term Disability Insurance
The health plan provides employees with long term disability insurance coverage through a nationally known commercial payer. The health plan provides a monthly benefit maximum up to $20,000 of coverage at no cost to the employee.

Personnel Recruitment
Personnel recruitment costs consists of normal recruitment costs, such as media advertisement and employment brokers and recruiters. It also includes other related costs such as reimbursing travel expenses to prospective candidates for onsite interviews. The budget accounts for the number of new positions anticipated to be hired as well as factoring for employee turnover.

Staff Development
The health plan encourages the professional development of staff to enhance the required skills of their position. The budget amount is for conference or training registration fees.

Inservice Training
Human Resources regularly accesses the health plan's training needs and will at times bring training in house to allow for increased participation.

Educational Reimbursement
The health plan offers employees a $1,500 maximum annual educational assistance benefit which may be applied towards tuition, books, and fees for classes that enhances the employee's job performance and knowledge. Employees may also apply a portion of this benefit towards nutrition counseling, as part of the employee wellness program. The budget assumes 6% of employees will utilize this benefit.

Carpool / Commuter Incentives
The health plan incentivizes employees to utilize alternative transportation rather than driving a vehicle solo to/from home and office. The benefit is $2.50 per day for a confirmed use of alternative transportation. The budget assumes 20% of employees will utilize this benefit.

Employee Wellness Program
The wellness program is focused on promoting the benefits of fitness and good nutrition with a goal of improving the health status of our employees. The program covers participation in fitness activities as well as certain nutritional educational opportunities. The benefit is a maximum of $500 per employee per year. The budget assumes 22% of employees will utilize this benefit.

Company Functions
The health plan provides several company-wide functions to promote camaraderie among staff and to reward and acknowledge staff for their service and commitment to the health plan's mission statement. These functions consist of quarterly all-staff lunches/BBQs, and a seasonal holiday luncheon.

WageWorks 125 Plan
The health plan offers employees an Internal Revenue Service approved Section 125 plan whereby employees may contribute pre-tax dollars from their paychecks towards future qualifying medical-related and childcare expenses. The health plan utilizes a vendor to administer the plan. The cost to the health plan is $3.90 per employee per month.

Referral Bonuses
The health plan provides referral bonuses in recognition that employee referral of job candidates is a proven cost-effective method of obtaining new employees. The benefit pays either $500 or $1,000 for a non-exempt and exempt position, respectively. The benefit is payable only upon a referral being hired.

Employee Assistance
The health plan offers employees and their immediate family access to free counseling services, up to a maximum of five counseling visits per year. The health plan utilizes a third-party vendor as administrator. The cost to the health plan during 2024 is $1.97 per employee per month.

Anniversary Awards
The health plan acknowledges employees with plaques and gift cards in recognition for those who obtain milestone length of service with the organization.

Contract Services Expense
Represents services that are contracted to an outside vendor.

CY 2024
TOP 10 CONTRACT SERVICES

Vendor	Description	Amount ($)
IT Consultants-Various	Assist with various CCH projects	$ 1,500,000
Legal-Various	Outside legal counsel	1,000,000
Premier Healthcare, Inc.	Utilization management program	635,000
Magellan	supplemental rebate vendor	613,000
Ventura Transit System	Non-emergency medical transportation	570,000
New	EDW Redesign/Development	500,000
Health Management Systems, Inc.	HMS-Contingency Fee	474,000
New	Digital Transformation Migration	300,000
EDI Claims-ERA	Claims processing	257,000
Carenet	Utilization management program	220,000
	TOTAL	$ 6,069,000

Rent and Occupancy
Represents building repairs and maintenance, utilities, janitorial services, housekeeping, offsite storage, and landscaping.

Office Supplies and Equipment
Represents items such as chairs, monitors, ergonomic equipment, copy machine and office equipment leases, and miscellaneous office supplies. It also includes postage and printing costs that are primarily associated with bi-monthly medical claim adjudication payment cycles, new member packet mailings, and member and provider newsletter mailings.

Insurance
Represents the cost associated with professional liability insurance, cyber insurance, auto insurance, earthquake insurance, etc.

Depreciation
Depreciation expense is computed on a straight-line method over the estimated useful life of an asset.

Equipment/ Software Maintenance
Represents costs associated with the health plan's health information system, its computer servers, and software programs utilized by the organization.

Communications
The budget amount reflects costs associated with MiFi cards, various telephone/cable fees, and a connection to the Health & Human Services Data Center.

Publications
Represents costs membership to various newspaper & media outlets, medical data books, and human resource tools.

Software Licensing Fees
Represents costs to license various software (e.g., Microsoft) used within the organization.

Professional Association Dues
Represents costs for membership to various organizations to maintain staff certifications/license fees and local community memberships.

Marketing
The budget includes costs to promote the health plan's mission and objectives. Costs include promotional items, banners, and advertising.

Member / Provider Materials
Represents costs for materials created including the member newsletter and the provider bulletin.

Provider Relations & Recruitment
The budget includes costs for the health plan to provide training sessions for providers with various workshops relating to current changes in healthcare.

Credentialing Fees
Represents costs for researching credentials of the health plan's provider network.

QI/Clinical Interventions
Quality improvement interventions are budgeted to include focus areas of well child visits, clinical priority measures to improve quality performance, adolescent wells care, and DHCS required areas. Interventions primary goals are to elevate the quality of care delivered to patients.

Director / Advisory Board Stipends
The budget includes costs for attendance to members of the health plan's committees including QIC, MAC, PAB, P&T, and board meetings.

Meeting Expenses
Represents costs for organizational and department meetings and food/room rentals for board committees and the board of directors' meetings.

Other Expenses
Include expenses for property/rental taxes, interest expense, employee cell phone reimbursement, courier fees, provider chart copying/provider relations, Knox/Keene license fees, and misc. operating expenses.

Community Reinvestment

The purpose of the Community Reinvestment program is to support programs and initiatives administered by community partners to benefit our members and to demonstrate a commitment to the local community. The CY 2024 Medi-Cal contract may require additional amounts related to CY 24 net income; details will follow in the coming months when DHCS releases additional information through an all-plan letter.

Strategic Investments

The Strategic Investment budget captures expenditures associated with start-up costs related to launching a Medicare Dual Special Needs Plan (D-SNP) on January 1, 2026.

Item	2024 Forecast
Medicare D-SNP Planning & Implementation Vendor	$2,000,000
D-SNP Staffing [Medicare Officer and Others]	$2,344,000
D-SNP Actuary Feasibility Study	$35,000
D-SNP Travel / Medicare Conferences/Other	$17,000
Digital Transformation Skills Gap	$250,000
	$4,646,000

CY 2024 Operating Budget

CenCal Health CY 2024 OPERATING BUDGET		
		2024
Program Revenue	$	911,841,265
Total Cost of Health Care		822,135,483
MLR %		90.2%
Gross Margin	$	89,705,783
General & Administrative Expenses	$	65,927,496
Admin %		7.2%
Community Reinvestment	$	1,000,000
Strategic Investments	$	4,645,790
Non-Operating Revenue	$	7,481,112
Net Gain	$	25,613,609

Capital Budget

Capital assets (office furniture and equipment, computer equipment, software, leasehold, building and land improvements, buildings and facilities and intangible assets) whose acquisition costs exceed the amounts below are accounted for in the capital budget.

Capital assets acquired during the budget period will be recorded at acquisition cost and depreciated on a straight-line basis over their estimated useful lives as follows:

Office furniture and equipment-$10,000	5 years
Computer equipment-$10,000	3 years
PC Software -$50,000	3 years
Leasehold improvements-$10,000	5 years or lease term, if less
Building and land improvements-$10,000	30 years
Buildings and facilities-$100,000	30 years
Intangible assets-$100,000	15 years

CenCal Health
CY 2024 CAPITAL BUDGET

Asset Category	Description	Amount
Building and land improvements	Roof replacement	$ 350,000
Buildings and facilities	Elevator upgrade	125,000
Buildings and facilities	Parking lot poles/lights (4050 Calle Real)	52,000
Buildings and facilities	Bike Locker replacement (4050 Calle Real)	19,000
Buildings and facilities	Trellis replacement (4050 Calle Real)	52,000
PC Software	Software Implementation	700,000
PC Software	Software Implementation	130,000
PC Software	Firewall Upgrade	100,000
PC Software	Provider Data Repository	1,000,000
Computer Equipment	Additional server	60,000
	TOTAL	**$ 2,588,000**

Contract Renewals

The Board Guidance and Administrative Decision-Making policy requires Board approval for all vendor contracts more than $250,000. The following contracts will renew in CY 2024.

VENDOR	DESCRIPTION	CONTRACT START DATE	CONTRACT EXPIRATION DATE	ANNUAL BUDGET	RENEWAL STRATEGY
MCG	UTILIZATION MANAGEMENT	6/1/2023	6/1/2024	$ 1,072,828	ANNUAL
PREMIER HEALTHCARE, INC.	UTILIZATION MANAGEMENT	11/15/2023	11/15/2024	$ 635,000	ANNUAL
MAGELLAN	MEDICAL PHARMACY SERVICES	5/1/2023	4/30/2024	$ 612,792	ANNUAL
VENTURA TRANSIT SYSTEM	NON-EMERGENCY MEDIAL TRANSPORTATION	1/1/2024	12/31/2024	$ 570,000	ANNUAL

Glossary of Terms

AIH – American Indian Health
BHT – Behavioral Health Therapy
CCS – California Children Services
CSS – Community Support Services
DHCS – California Department of HealthCare Services
DMHC – California Department of Managed Health Care
ECM – Enhanced Care Management
EOP – Explanation of Payment
FFS – Fee for Service
FQHC – Federally Qualified Health Clinic
G&A – General and Administrative
GEMT – Ground Emergency Medical Transportation
HQAF – Hospital Quality Assurance Fee
IGT – Intergovernmental Transfer
LTC – Long Term Care
MCO – Managed Care Organization
MLR – Medical Loss Ratio; medical costs divided by program revenue stated as a percentage value.
NEMT – Non-Emergency Medical Transportation
NMT – Non-Medical Transportation
PBM – Pharmacy Benefit Manager
PCP – Primary Care Provider
PHE – Public Health Emergency
PMPM – Per Member Per Month
PMPY – Per Unique Member Per Year
P4P – Pay for Performance
QI – Quality Initiative
SBHI – Santa Barbara County's Medi-Cal Program
SLOHI – San Luis Obispo County's Medi-Cal Program
SPD – Seniors and Persons with Disabilities
SNF – Skilled Nursing Facility
Utilization/1,000 – A statistics measuring utilization of services per 1,000 members per year.
WCM – Whole Child Model
TBD – To Be Determined

Medicare Dual Special Needs Plan Report: *Model of Care and Care Coordination*

Date: January 17th, 2024

From: Jordan Turetsky MPH, Chief Operating Officer
Emily Fonda, MD, MMM, CHCQM, Chief Medical Officer
Health Management Associates

Through: Marina Owen, Chief Executive Officer

Executive Summary

The Department of Health Care Services (DHCS) CalAIM waiver aims to transform Medi-Cal to create a more coordinated, person-centered, and equitable health care system. Key to this transformation is the ability of Medi-Cal members who are also eligible for Medicare to have the option to be served by one health plan, rather than having services managed through a bifurcated system. Accordingly, and beginning in 2026, CenCal Health must offer a Medicare Advantage Dual Special Needs Plan (D-SNP) to all CenCal Health members who are dually eligible for Medi-Cal and Medicare.

Through previous reports and presentations, staff have shared the analysis and preparation in which CenCal Health has engaged to prepare for this future requirement. CenCal Health is committed to bringing key decision points and informational items related to D-SNP to the Board of Directors (Board) through the Board Engagement calendar shared at the October 2023 Board meeting. The purpose of this Medicare D-SNP Report is to provide the Board information on two critical components of a D-SNP: the Model of Care and Care Coordination (Medical Management).

Background

CenCal Health developed a 2023-2026 Strategic Plan, adopted in September 2022, that includes expanding our role and reach to support improved integration, align with the DHCS CalAIM goals and objectives, and develop a D-SNP by 2026. Development of a D-SNP is a key organizational strategic objective with the aim of promoting alignment between Medi-Cal and Medicare to support members in achieving improved health outcomes.

County Organized Health Plans like CenCal Health have always served all members in our respective service areas, including providing Medi-Cal services for the dually eligible – those members eligible for both Medi-Cal and Medicare. Duals are among the most complex members and the most adversely impacted by the fragmentation in our health care system. At a time in their lives when they most need coordinated and integrated care, duals often face material barriers due to unnecessary silos and system fragmentation. To address this fragmentation, DHCS has set the policy that all Medi-Cal plans shall offer a D-SNP to serve duals in their service area starting in 2026.

Through a multi-year engagement with Health Management Associates (HMA), the implementation consultant selected by staff through a competitive Request for Proposal process and whose engagement was subsequently approved by the Board, CenCal Health has launched our D-SNP implementation work. CenCal Health developed a detailed D-SNP Implementation Timeline, including key milestones, and has made assumptions for enrollment, medical management, provider reimbursement, risk adjustment, and STARS outcomes. The launch of the internal D-SNP Steering Committee in August 2023 served to formally kick-off the two-year activities which need to be advanced to successfully launch a D-SNP in 2026.

CenCal Health Board of Directors Engagement

Staff recognize the importance of advanced planning in keeping the Board apprised of relevant D-SNP activities, as well as codifying the timeline for key decision points which the Board will need to consider. Accordingly, a D-SNP Board Engagement Schedule was drafted and adopted by the Board in October, 2023. The January 2024 informational items for the Board's consideration include Care Coordination (medical management of a D-SNP) and the Model of Care.

D-SNP Model of Care

D-SNP plans must prepare and submit a Model of Care (MOC) which is reviewed by the National Committee for Quality Assurance (NCQA) and serves to detail the basic framework under which the D-SNP health plan will meet the needs of all D-SNP enrollees. At its most basic, the MOC includes the foundation for promoting quality, care management, and care coordination processes in support of ensuring excellence in the management of member health and outcomes. More specifically, the MOC includes four distinct sections which NCQA reviews and scores. Approval requires a score of 70% or greater, and plans may have their MOC approved for one, two, or three years before resubmission and review is required. In this way, the MOC is intended to evolve as the health plan's management of D-SNP members evolves.

The four MOC components which NCQA reviews and scores each contain *Elements*, which is the term used to describe the different components within each MOC section. In the 2023 Model of Care Matrix Document[1], there are *16 Elements* spread across each of the four MOC sections, as summarized in Table 1:

Table 1: Model of Care Sections and Elements

Section	Elements
Description of the Population	A. Description of the Overall SNP Population B. Sub-Population: Most Vulnerable Enrollees
Care Coordination	A. D-SNP Staff Structure B. Health Risk Assessment Tool (HRAT)

[1] Attachment A: Model of Care Matric Document: Initial and Renewal Submission. https://www.cms.gov/medicare/enrollment-renewal/special-needs-plans/model-care

	C. Face-to-Face Encounter D. Individualized Care Plan (ICP) E. Interdisciplinary Care Team (ICT) F. Care Transition Protocols
Provider Network	A. Specialized Expertise B. Use of Clinical Practice Guidelines and Care Transition Protocols C. MOC Training for the Provider Network
Quality Measurement and Performance Management	A. MOC Quality Performance Improvement Plan B. Measurable Goals & Health Outcomes for the MOC C. Measuring Patient Experience of Care (D-SNP Enrollee Satisfaction) D. Ongoing Performance Improvement Evaluation of the MOC E. Dissemination of D-SNP Quality Performance related to the MOC

The MOC reflects the D-SNP framework to provide care coordination for acute and chronic medical and behavioral health conditions, providing a more efficient pathway toward improved member participation and outcomes. Given the vulnerability of dual-eligible members, the components of the MOC and in particular, care coordination, are crucial to supporting improved health outcomes.

MOC Spotlight: Health Risk Assessment

One notable highlight of the Care Coordination component of the MOC is the Health Risk Assessment (HRA). The MOC framework related to management of member care begins with an HRA (*Table 2, Care Coordination, Element B*) that methodically identifies members at risk for adverse outcomes with improved detection of actionable areas for intervention. The HRA itself provides more actionable information beyond the standard new patient history and physical, and is designed to uncover problems (medical and social) and detect barriers to care or health and well-being.

The HRA is the first step designed to risk stratify all D-SNP members, after which an Interdisciplinary Care Team (ICT) is assembled. The ICT creates an Individualized Care Plan (ICP) which describes the care coordination needs of each discrete member. In essence, the HRA serves as a full evaluation including all of the requirements for health maintenance, improvement, disease prevention and early detection, from which a comprehensive care plan can be developed.

While there are four distinct components of the MOC, all of which are intended to describe framework by which a health plan will operate a D-SNP, one of the most robust and unique is care coordination. The following section describes in further detail the scope of care coordination for D-SNP members.

Care Coordination in a D-SNP

Care coordination, generally, involves the health plan and relevant providers collaborating to assess, plan, and monitor a member's care towards achievement of that member's specific health care goals. Effective care coordination programs in Medi-Cal and Medicare include broad population health strategies as well as member-specific interventions designed to optimize and coordinate health care services, with the ultimate goals being enhanced quality of care and improved patient outcomes. Crucial to an effective and sustainable D-SNP is a robust care coordination program designed to ensure optimal coordination and usage of benefits between Medi-Cal and Medicare.

What is unique about a D-SNP is the requirement to ensure care coordination for *all* D-SNP members, with the level of services determined based on the member's risk stratification (as determined through the HRA). As described above, a health plan's care coordination program is an articulated component of the MOC, and generally includes the following:

1. **Comprehensive Assessments**: including the HRA to understand the member's health status, medical history, and social determinants of health.
2. **Individualized Care Plan**: developing individualized care plans that consider the specific health conditions, preferences, and goals of the dual eligible member. *ICPs are developed for every D-SNP member*.
3. **Coordination of Services**: coordinating and integrating health care services to ensure seamless communication among providers and community resources.
4. **Chronic Disease Management**: implementing strategies to effectively manage chronic conditions, including monitoring and support to improve health outcomes.
5. **Medication Management**: ensuring proper management of medications, including adherence and coordination with pharmacies to prevent adverse drug interactions. All drugs are managed by the health plan, with no carve out to DHCS.
6. **Preventive Care**: promoting preventive measures and screenings to detect health issues early and prevent complications.
7. **Behavioral Health Support**: addressing mental health needs by providing access to behavioral health services and support.
8. **Transitional Care**: assisting members during transitions between different healthcare settings, such as hospital to home, to prevent gaps in care.
9. **Social Support Services**: connecting members with community resources and social services to address social determinants of health, such as housing, transportation, and nutrition.
10. **Member Education**: providing education to empower members to make informed decisions about their health and navigate the health care system effectively.

The ICT is responsible for all aspects of care coordination, and must include the member, primary care provider, specialists actively involved in care, a health plan Medical Director and case manager, as well as representatives from behavioral health,

social work, and pharmacy. An ICT must be convened for all members, and may include additional representatives based on the member needs identified through the initial HRA. The ICT meets a minimum of once per year, and develops the ICP which is then monitored and managed through the health plan's care coordination program.

As CenCal Health prepares to offer a D-SNP in 2026, staff recognize the importance of care coordination and medical management to D-SNP members. Accordingly and in order to deploy a robust care coordination program inclusive of ICTs and ongoing management of ICPs, CenCal Health must further develop and expand multidisciplinary care management resources to ensure sufficient coverage for all enrolled D-SNP members. This expansion will look like additional staffing, the creation of new roles and functions, and revised processes specific to D-SNP members, and will be led by Dr. Emily Fonda, Chief Medical Officer, and Chris Hill, Health Services Officer.

Next Steps

Staff are prioritizing development of the CenCal Health Model of Care and related D-SNP Care Coordination program in 2024 for submission to CMS and NCQA in February 2025. The Board can expect ongoing updates pursuant to the Board Engagement timeline adopted in October 2023, including the status of MOC development and submission.

Recommendation

This report is informational only and no action is requested of the Board at this time.

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Dual Special Needs Plan Model of Care & Care Coordination

Jordan Turetsky, MPH, Chief Operating Officer
Emily Fonda, MD, MMM, CHCQM Chief Medical Officer
Michael Engelhard, Health Management Associates

January 17, 2024

PRESENTATION OBJECTIVES

1

Provide background on D-SNP development and Board engagement.

2

Overview the D-SNP Model of Care and its importance to D-SNP member management.

3

Orient to Care Coordination in a D-SNP and the value to members.

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D-SNP OVERVIEW

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BOARD ENGAGEMENT

Decision points related to development of a D-SNP; D-SNP resourcing; contracting with selected vendors; application submission to CMS and bid submission.

Informational items related to model of care and medical management; quality and STARS; financial management and risk adjustment; marketing and sales; network and provider engagement; compliance activities; and behavioral health.

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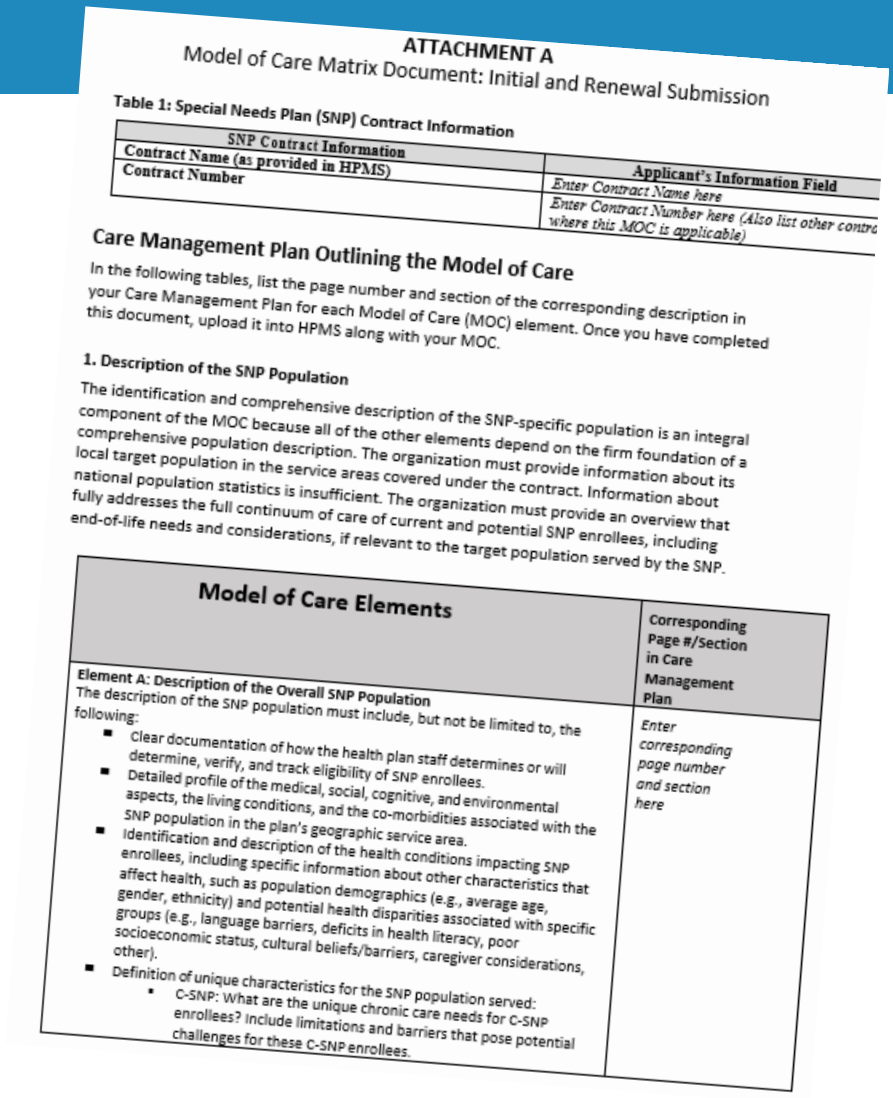
D-SNP Model of Care

- The MOC is a comprehensive document which describes the framework for management of a D-SNP.
- There are 4 sections and 16 elements, with each element containing multiple components.
- Submission of the MOC is required with the application to CMS.
- NCQA reviews the MOC and issues approval for up to three years.
- Score of 70% or more by NCQA is required for MOC approval.



ATTACHMENT A

Model of Care Matrix Document: Initial and Renewal Submission

Table 1: Special Needs Plan (SNP) Contract Information

SNP Contract Information	Applicant's Information Field
Contract Name (as provided in HPMS)	*Enter Contract Name here*
Contract Number	*Enter Contract Number here (Also list other contra where this MOC is applicable)*

Care Management Plan Outlining the Model of Care

In the following tables, list the page number and section of the corresponding description in your Care Management Plan for each Model of Care (MOC) element. Once you have completed this document, upload it into HPMS along with your MOC.

1. Description of the SNP Population

The identification and comprehensive description of the SNP-specific population is an integral component of the MOC because all of the other elements depend on the firm foundation of a comprehensive population description. The organization must provide information about its local target population in the service areas covered under the contract. Information about national population statistics is insufficient. The organization must provide an overview that fully addresses the full continuum of care of current and potential SNP enrollees, including end-of-life needs and considerations, if relevant to the target population served by the SNP.

Model of Care Elements	Corresponding Page #/Section in Care Management Plan
Element A: Description of the Overall SNP Population The description of the SNP population must include, but not be limited to, the following: ▪ Clear documentation of how the health plan staff determines or will determine, verify, and track eligibility of SNP enrollees. ▪ Detailed profile of the medical, social, cognitive, and environmental aspects, the living conditions, and the co-morbidities associated with the SNP population in the plan's geographic service area. ▪ Identification and description of the health conditions impacting SNP enrollees, including specific information about other characteristics that affect health, such as population demographics (e.g., average age, gender, ethnicity) and potential health disparities associated with specific groups (e.g., language barriers, deficits in health literacy, poor socioeconomic status, cultural beliefs/barriers, caregiver considerations, other). ▪ Definition of unique characteristics for the SNP population served: ▪ C-SNP: What are the unique chronic care needs for C-SNP enrollees? Include limitations and barriers that pose potential challenges for these C-SNP enrollees.	*Enter corresponding page number and section here*

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Model of Care Components

Description of the Population

Quality Measurement and Performance Management

Care Coordination

Provider Network

Spotlight: Care Coordination and the Health Risk Assessment (HRA). The HRA allows for member risk stratification to advance care team meetings and the creation of an individualized care plan.

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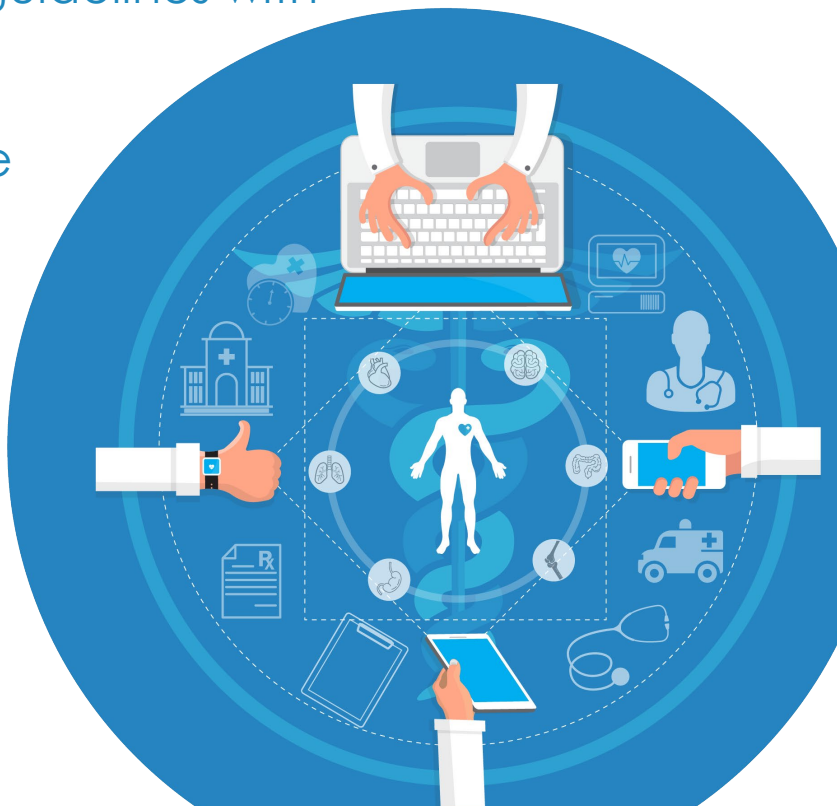
Care Coordination

- A customized Interdisciplinary Care Team (ICT) is convened yearly for each D-SNP member and includes a Medication Review Tool to develop an Individualized Care Plan (ICP).
- ICPs outline specific health goals, actionable strategies, all HRA-identified issues and care coordination tailored to close gaps in care using evidence-based guidelines with personalized recommendations for each member.
- Annual ICPs are forwarded to invitees. New key events that change the ICP trigger more frequent ICTs with updated ICPs.
- Comprehensive care coordination with documented implementation is required for each D-SNP member, necessitating added staff, revised functions, and new processes.



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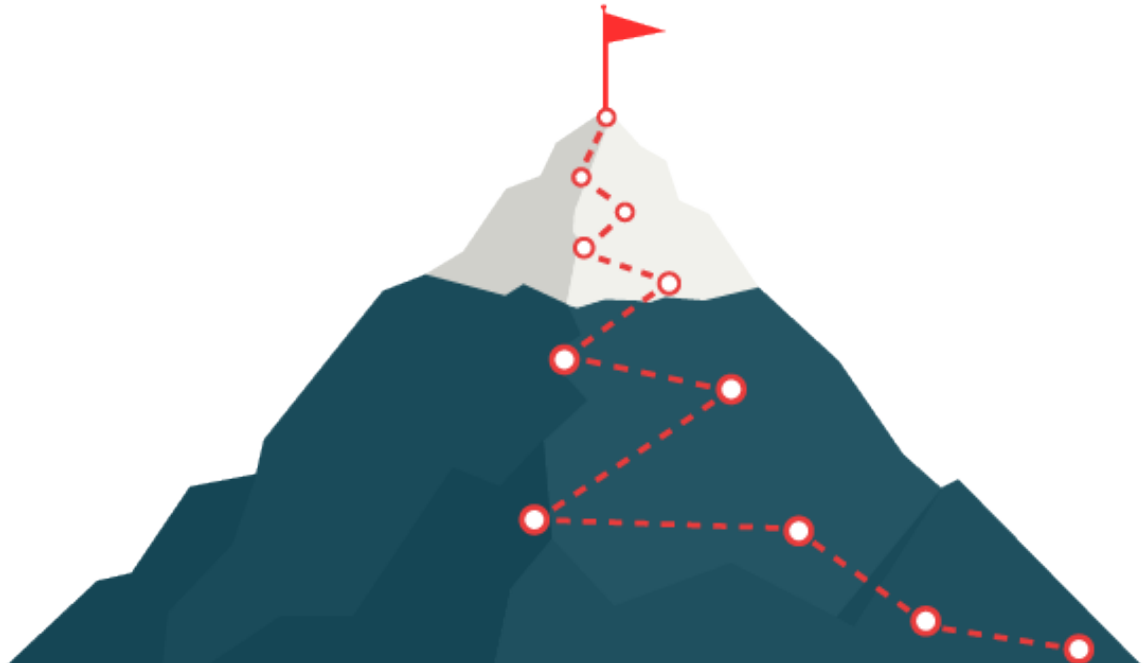
Next Steps

1. CenCal Health will develop the MOC for submission in February 2025 with the CMS Medicare application.
2. Development of the D-SNP care coordination model will begin in 2024, led by Health Services.
3. Updates will be provided to the Board through ongoing reporting and continued presentations.



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Pharmacy Report: *Medi-Cal Rx 2nd Anniversary Update & Pharmaceutical Marketplace Trends*

Date: January 17th, 2024

From: Jeff Januska, Pharm.D., Director of Pharmacy &
Stephanie Lem, Pharm.D., Associate Director of Pharmacy

Through: Chris Hill, RN, MBA, Health Services Officer

Executive Summary

January 2024 marks the start of the 3rd year since the Medi-Cal Rx program began. The transition of the program moving the retail pharmacy benefit from the health plans to that of the State was marked with significant challenges and now 2-years into the transition leadership felt it timely to provide a program status update.

Additionally, the rapidly evolving dynamics around gene and cell therapy development and focus within the pharmaceutical industry is beginning to challenge health care policy, funding and coverage similar to what the market experienced in 2014 with the entrance of oral hepatitis C treatments also warranting an industry update and awareness.

Medi-Cal Rx

Within the 1st month of the Medi-Cal Rx carve-out in 2021 all of the benefit design edits were suspended due to the catastrophic negative impact on members and providers. After many months of strategizing the benefits edits were slowly and methodically reintroduced over a 2-year period. The benefit edits reinstitution is now almost complete as the program begins its 3rd year of operation. CenCal Health's Pharmacy team played an integral in assisting providers and members in accessing and understanding the program's requirements and minimizing disruption of care.

Pharmaceutical Marketplace Trends

On August 30, 2017, the US market had its first CAR-T gene therapy approved for the treatment of refractory or relapsed acute lymphoblastic lymphoma (ALL). Since that market event the pharmaceutical industry has experienced a focus and prioritization on future gene therapy development. As of December 2023, there 34 FDA approved gene therapies in the US and over 5,000 gene therapy trials listed with the National Institutes of Health (NIH). Of note a few of the new to market gene therapies in late 2022 and 2023 included Hemgenix® (November 22, 2022) for the treatment of "Hemophilia B" with a 1-time infusion price of $3.5M, Roctavian® (June 29, 2023) for the treatment of "Hemophilia A" with a 1-time infusion price of $2.9M and Elevidys® (June 22, 2023) for the treatment of "Duchenne Muscular Dystrophy" (DMD) with a 1-time infusion price of $3.2M.

While the targeted populations for these gene and cellular therapies are often rare unlike that of Hepatitis C which effects 1-2% of the population, the price points at which these therapies are coming to market are anticipated to once again cause a market disruption similar to the that of the 2014/15 Hepatitis C treatments which lead to National & regional policy changes, funding and underwriting model implosion and even the rationing of care.

Recommendation

The Medi-Cal Rx 2nd anniversary update and pharmaceutical marketplace trend report is informational only and no action is requested.

Attachment 1: QIHETP & Related Policies

QIHETP & Related Policies and Procedures for QIHEC Approval & Adoption	Effective Date	Contract Reference
1. Translation of Written Materials	February 2017	R.0056
2. Access to Linguistic and Interpreter Services	May 2018	R.0158
3. Cultural and Language Access	June 2018	R.0056
4. Alternative Format Selection Process	July 2022	R.0158
5. Provider Directory Creation and Maintenance	January 2023	R.0166
6. Ensuring EPSDT Screening, AAP Bright Futures Under 21	January 2023	R.0061
7. Community Advisory Board	January 2024	R.0195
8. Provider Credentialing and Recredentialing	January 2024	R.0045
9. Vaccines for Children Program	January 2024	R.0058
10. Identification, Referral, and Care Coordination for NSMHS, SMHS, SUD	January 2024	R.0061
11. Early and Periodic Screening, Diagnostic and Treatment Services EPSDT	January 2024	R.0061
12. Provider to Member Ratios	January 2024	R.0178
13. External Quality Review Organization Requirements	January 2024	R.0043
14. Credentialing Systems Control and Oversight	February 2024	NCQA CR1

CENCAL HEALTH POLICY AND PROCEDURE (P&P)	
Title: Translation of Written Member Materials	**Policy No. :** MS-30
Department: Member Services	
Cross Functional Departments: N/A	
Effective Date: 02/2017	**Last Revised Date:** 03/2023
P&P Require DHCS Approval? Y ☒ N ☐	
Director/Officer Signature and Date: Eric Buben Director of Member Services	**Officer Signature and Date:** Van Do-Reynoso, MPH, PhD Chief Customer Experience & Health Equity

I. Purpose:

To define appropriate protocols and procedures for translation of vital documents and other Member materials for identified threshold language(s) for Limited English Proficiency (LEP) Members that are consistent with the mandated requirements. These are but not limited to, Executive Order 13166, the Language Assistance Guidelines, Section 1557 of the Affordable Care Act (42 U.S.C. § 18116) 1300.67 and, (Title 28) of the California Code and Federal Health and Human Services guidelines. CenCal also provides Alternative Format Selections as outlined in All-Plan Letter (APL 22-002).

II. Policy:

A. CenCal Health has established an internal document translation process and a "translation team" of staff members, who are certified in Spanish written translation to translate CenCal Health Member materials into the threshold language which has been identified as Spanish.

B. CenCal Health accommodates Alternative Format Selections (AFS) for Members and Authorized Representatives (ARs). For AFS and the process for how CenCal Health ensures AFS are completed and distributed, please refer to CenCal Health's policy and procedure: MS-33 – Alternative Format Selection Process.

C. The above processes and services are offered to support all LEP Members in the delivery of Covered Services, including without limitation, Members less than 21 years of age.

III. Procedure:

A. All of CenCal Health's Member materials are translated into Spanish which is CenCal Health's only threshold language in our two counties of service, Santa Barbara and San Luis Obispo. Translation of documents are coordinated by the Translation Coordinator who is responsible for

the coordination of all translated documents, the accuracy and cultural appropriateness of the document.

B. The translation team consists of team members that have their writing competency evaluated by an outside qualified State of California certified evaluator who has attested to the competency of the translation team's written skills.

C. Translated documents are evaluated for:
   1. accuracy of translation (evaluates whether the Spanish translation accurately reflects the original English message); contains appropriate grammar, syntax;
   2. cultural and linguistic appropriateness (transposition of thoughts expressed by one language and by one social group into the appropriate expression of another social group);
   3. culturally transposition of translated document (cultural decoding, recoding and encoding to ensure credibility for the reader);
   4. readability (ability of targeted audience to be able to comprehend intended message using idioms and slang, vernacular); and
   5. clarity and conciseness of translation, and literacy to assess whether the translated material is at the appropriate literacy level of the target audience (recommended 6th grade.)

D. The Translation Team members must receive a score of 80% or higher on their Language Assessments to provide written or verbal translation in Spanish for CenCal Health. See more information about staff language assessments in CenCal Health policy & procedure: MS-31_Cultural and Language Access Program.

E. CenCal Health translates all informing materials, which are vital documents that provide Members with essential information about access to and usage of Plan services. These are documents such as Evidence of Cover/Member Handbooks, Member rights and grievance information, new Member packets, and provider directories (for a full list of vital documents see APL 18-016 and APL 21-004). All such informing materials and vital documents must be current and approved by DHCS prior to distribution to Members.

F. CenCal Health translates all health education materials into its threshold languages automatically (currently, only Spanish), which are designed to modify personal behaviors, achieve and maintain healthy lifestyles, and promote positive health outcomes, including updates on current health conditions, self-care, and management of health conditions.
   1. Examples of these documents include messages about preventive care, health promotion, screenings, disease management, healthy living and healthy communications.

2. These documents can be approved by CenCal Health after going through the internal review process overseen by the Plan's Health Educator.
3. CenCal Health complies with APL 18-016, which sets forth the requirements for Health Education Materials.
4. For its non-threshold languages which are infrequently used, CenCal Health offers oral translation of the information requested through our voice-only or our VRI interpreter services through Certified Languages International (CLI) when requested by Member, or coordinates with a vendor of written translation services for our non- threshold languages when the written documentation is preferred.

G. All translated documents are logged in a Translation Log and acted upon fully and immediately for translation. The log contains the following data fields: date of translation request, name of person and/or department requesting translation, name of document, name of translator, name of reviewers, name of editor, number of words, and cost (cost is tracked only as a method to determine cost savings.)

H. All procedures above are maintained to ensure that verbal and written translations are monitored and evaluated for propriety and support the delivery of Covered Services to LEP Members, including without limitation, those under 21 years of age. Feedback relating to translation services is obtained by the Community Advisory Board (CAB) and through the Plan's Member and family engagement. Such feedback is utilized to update cultural and linguistic policy and procedure and improve the services that support the delivery of Covered Services to Members, including those less than 21 years of age. The processes describing how feedback is obtained and how it is incorporated into policy and decision-making are further described in CenCal Health policies MS-XXX - Community Advisory Board, and MS – XXX – Member and Family Engagement.

IV. Definitions:

All Plan Letter (APL) or **Policy Letter (PL):** a binding document that has been dated, numbered, and issued by DHCS that provides clarification of Contractor's contractual obligations, implementation instructions for Contractor's contractual obligations due to changes in State and federal law or judicial decisions, and/or guidance with regulatory force and effect when DHCS interprets, implements, or makes specific relevant State statutes under its authority.

Covered Services: Health care services, set forth in Welfare and Institutions (W&I) Code sections 14000 *et seq*. and 14131 *et seq*., 22 CCR section 51301 *et*

seq., 17 CCR section 6800 *et seq*., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, CenCal Health's contract with DHCS, and APLs that are made the responsibility of the CenCal Health pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS.

Health Educator: an individual on staff at CenCal Health to assess and approve written health education materials. The Health Educator must have one of the following qualifications: (i) Master of Public Health (MPH) degree with a specialization in health education or health promotion, from a program of study accredited by the Council on Education for Public Health, sanctioned by the American Public Health Association; or (ii) MCHES (Master Certified Health Education Specialist) awarded by the National Commission for Health Education Credentialing, Inc. Individuals who do not meet either requirement may not approve of written health education materials for the Plan, unless approved by DHCS in accordance with APL 18-016.

Health Literacy: The ability to read, understand, and act on health care information. CenCal Health is required to provide Member information in a low literacy format.

Limited English Proficiency (LEP): an inability or a limited ability to speak, read, write, or understand the English language at a level that permits the Member to interact effectively with Providers or Contractor's employees.

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

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

Threshold Language: threshold Languages in each county are designated by the Department of Health Care Services. These are primary languages spoken by Limited English Proficiency (LEP) population groups meeting a numeric threshold of 3,000 or 5% of the eligible beneficiaries residing in a county, whichever is lower. Additionally, languages spoken by a population of eligible LEP beneficiaries residing in a county whose main concentration standard of 1,000 in a single zip code or 1,500 in two contiguous zip codes are also considered threshold languages for a county.

V. References:

A. DHCS 2024 Contract: Exhibit A Attachment III Section 5.2.10 Access Rights and 5.2.11 Cultural & Linguistics Program and Committees
B. NCQA: National Committee for Quality Assurance (NCQA) "Surveyor Guidelines for the Accreditation of Managed Care Organizations," Standard Members' Rights and Responsibilities
C. Department of Health Care Services Contract: 08-85212
D. DHCS All-Plan Letter 22-002: Alternative Format Selection for Members With Visual Impairments
E. DHCS All-Plan Letter 21-004 (REVISED): Standards for Determining Threshold Languages, Non-Discrimination Requirements, and Language Assistance Services
F. DHCS All-Plan Letter 18-016: Readability and Suitability of Written Health Education Materials
G. DHCS All-Plan Letter 21-004: Standards for Determining Threshold Languages, Non-Discrimination requirements, and Language Assistance Services
H. Senate Bill 223: Atkins. Health care language assistance services
I. Senate Bill 1423: Hernandez. Medi-Cal: oral interpretation services
J. Americans with Disabilities Act (ADA)
K. Section 504 of the Rehabilitation Act GOV 11135
L. Title 28: California Code of Regulations, 1300.67.04 Language Assistance Guidelines
M. Section 1557 of the Affordable Care Act (42 U.S.C. § 18116) 1300.67
N. Executive Order 13166
O. HIPAA Notice of Privacy Practices 164.520(b)

VI. Cross Reference:

A. Policy and Procedures (P&P):
   1. MS-31 – Cultural and Language Access
   2. MS-32 – Delivery of Interpreter Services
   3. MS-33 – Alternative Format Selection Process

B. Standard Operating Procedure (SOP):
   1. MSSOP-012 – Translation Request Process

C. Program Documents:
   1. N/A

VII. Attachments:

A. N/A

Revision History:

P&P Revision Date	Leaders who Reviewed and Approved P&P Revisions	Reason for P&P Revisions	P&P Revision Effective Date (date P&P is operationalized)	DHCS P&P Approval Date
10/2023		Checked-Out for 2024 Integration		
02/2023	Van Do-Reynoso, Eric Buben	Policy revised to align with 2024 DHCS Contract Amendment requirements for R.0056, and moved to new P&P Template.	1/1/2024	TBD
09/2022	Eric Buben, Chris Morris	Policy revised to align with 2024 DHCS Contract Amendment requirements for Deliverables R.0157, R.0188 and R.0189.	1/1/2024	10/30/2022
09/2021	Eric Buben	Policy updated per APL 21-004 requirements.	Immediately	2021
10/2020	Eric Buben	Reviewed per Annual Review Instructions.		
01/2020	Eric Buben	Revised paragraph discussing vital documents to be more inclusive of example of vital documents and the need to have these approved by DHCS. Also added a section about Health Education Materials and		

		examples of these and that these can be approved internally when the Plan's Health Educator has reviewed. Referenced APL 11-018_Readability and Suitability of Written Health Education Materials for requirements for developing, translating and approving both vital documents and Member education materials. DHCS Contract Manager requested P&P update to include the Plan's adherence to contract language of providing a TTY Machine for the hard of hearing/deaf membership. Language inserted into P&P including CenCal Health's TTY number.		

CENCAL HEALTH POLICY AND PROCEDURE (P&P)	
Title: Access to Linguistic and Interpreter Services	**Policy No. :** MS-32
Department: Member Services	
Cross Functional Departments: Health Services, Behavioral Health	
Effective Date: 05/2018	**Last Revised Date:** 03/2023
P&P Require DHCS Approval? Y ☒ N ☐	
Director/Officer Signature and Date: Eric Buben Director of Member Services	**Officer Signature and Date:** Van Do-Reynoso, MPH, PhD Chief Customer Experience & Health Equity Officer

I. Purpose:
To ensure communication access to Members in alternative formats or through other methods that provide effective communication, including: assistive listening systems, American Sign Language interpreters, captioning, written communication, electronic format, plain language or written translations, and oral interpreters.

II. Policy:

A. CenCal Health ensures equal access to the provision of high-quality interpreter and linguistic services for Limited English Proficient (LEP) Members and Potential Members, and for Members and Potential Members with disabilities.

B. CenCal Health ensures that Deaf or Hard of Hearing, monolingual, non-English-speaking, or LEP Members and Potential Members receive 24-hour interpreter services at all key points of contact. Key points of contact include medical care settings, such as telephone, advice and urgent care transactions, and outpatient encounters with providers; and non-medical care settings, such as Member Services, orientations and appointment scheduling.

C. CenCal Health ensures that any lack of interpreter services does not impede or delay a Member's timely access to care.

D. In relation to the provision of Covered Services, CenCal Health offers the following linguistic services to Members at no cost:

1. Telephone Typewriters (TTY)/ Telecommunication Devices for the Deaf (TDD) services for Members with hearing impairments;

2. Oral interpreters, sign language interpreters, or bilingual providers;
3. Full and immediate translation of written material;
4. Referrals to culturally and linguistically appropriate community service program; and
5. Auxiliary Aids.

E. The services described above are offered to all Members who require communication access or assistance in the support and delivery of Covered Services, including without limitation, Members less than 21 years of age.

III. Procedure:

A. CenCal Health's demographic population analysis indicates that the Plan's only Threshold Language is Spanish, following Threshold Language guidance provided by DHCS. Accordingly, CenCal Health call center staff are bilingual in English and Spanish. There are also providers in-network who offer bilingual services through office staff personnel. For LEP Members who speak languages other than English and Spanish, CenCal Health offers the interpreter services described below.

B. Interpreter Services.
   1. Interpreter Network.
      a. CenCal Health has developed an interpreter network of "face to face" interpreters for American Sign Language and Spanish to meet the established criteria for the Plan's Member population. CenCal Health interpreters are independent contractors working directly with the Cultural and Linguistic Services Manager to coordinate and schedule face- to-face interpreter services for Spanish and ASL requests. All independent contractors have a signed Business Associate Agreement (BAA) with the Plan. Additionally:
         1. Scheduling is required for all face-to-face interpreting services;
         2. A minimum of 5 days is required for all standard (non-urgent) Spanish and American Sign Language (ASL) requests;
         3. Urgent requests can be submitted at any time, however, in the event a face-to- face interpreter is not available, CenCal Health recommends the use of a telephonic interpreter.

      b. CenCal Health contracted interpreters are evaluated by the Plan's Cultural & Linguistic Services Manager who received certification for Spanish interpretation from the National Board of Certification of Medical Interpreters. Contractors are evaluated for their proficiency in

both English and Spanish, knowledge in both languages of healthcare terminology, and concepts relevant to healthcare delivery systems. They must have training and education in interpreting ethics, professional conduct, and confidentiality.

c. CenCal Health also contracts with a telephonic vendor, Certified Language International (CLI), that offers over 230 languages for oral interpretation to CenCal Health's network providers as well as its LEP population. CLI provides the following services:
   1. Telephonic access to interpreter services to CenCal Health staff and its provider network for LEP Members 24/7. Examples include Members needing assistance with CenCal Health call center services such as benefit questions, transportation, pharmacy, PCP selection and reselection, and grievance and appeals.
   2. Video Remote Interpreting (VRI) services to LEP Members in 22 languages for face-to-face interpreting via video remote access in the physician's office (by connecting a live interpreter on camera from CLI's network with the provider and Member in the physician's office), inclusive of sign language VRI services.

2. Member Access. Members needing language assistance services (including ASL), can access these services by calling the toll free Member Services telephone number that is listed in the Member's Evidence of Coverage/Member Handbook, newsletters, flyers, informational brochures, new Member welcome letters and on CenCal Health's website at www.cencalhealth.org. Hard of Hearing and Deaf Members needing interpretation services can coordinate the service through the Plan's Cultural and Linguistic Services Manager (additional information on Section 4, below).

3. Provider Access. Physician(s) needing interpreter services can request the service by (i) contacting the Plan's Member Services Cultural and Linguistic Services Manager, who arranges an interpreter for the Member/physician for those instances requiring face-to-face interpretation; or (ii) calling CLI's toll-free telephone number for assistance in the language needed for the Member by providing the CenCal Health client code or via CLI's website portal 24-hours a day, 7days a week. This contact information is found in the Provider Manual (available on CenCal Health's website), newsletters, flyers, informational brochures, and also discussed at the Health Plan sponsored training sessions for the Plan's provider network. At the provider's request an instruction sheet will be provided with a step-by-step process.

4. ASL; Auxiliary Aids; Alternative Formats. Members and Potential Members will be offered, at no cost, Auxiliary Aids such as TTY/ TDD, qualified American Sign Language interpreters, and information in alternative formats including Braille, large print text (20 point font or larger), audio, and electronic formats.
    a. CenCal Health provides Deaf and Hard of Hearing Members the CA Relay information in the Member Evidence of Coverage/Member Handbook, the language assistance taglines document (inserted in all Notice of Action (NOA) and Notice of Appeal Resolution (NAR) letters), and the CenCal Health website.
    b. CenCal Health offers TDD/TTY that is housed in the Member Services Department. The call center manager and two supervisors are assigned to provide responses/communication with any Members using this service for interpreter or translation requests, or any other assistance sought. CenCal Health's TTY number is 1-833-556-2560.
5. Captioning; Translations. CenCal Health provides captioning in Threshold Languages (Spanish), or an alternative format if requested, for video materials. or provides for fully translated videos in Spanish for website use and on social media.

C. Feedback relating to the linguistic and interpreter services addressed in this policy is obtained by the Community Advisory Board (CAB) and through the Plan's Member and family engagement. Such feedback is utilized to update cultural and linguistic policy and procedure and improve the services that support the delivery of Covered Services to Members, including those less than 21 years of age. The processes describing how feedback is obtained and how it is incorporated into policy and decision-making are further described in CenCal Health policies MS-40 - Community Advisory Board, and MS–41 – Member and Family Engagement.

IV. Definitions:

All Plan Letter (APL) or Policy Letter (PL): a binding document issued by DHCS that provides clarification on CenCal Health's contractual obligations, implementation instructions due to changes in State or federal law or regulation or judicial decisions. Guidance pursuant to an APL or PL requires Plan's compliance and maintains regulatory force and effect.

Covered Services: Health care services, set forth in Welfare and Institutions (W&I) Code sections 14000 *et seq*. and 14131 *et seq*., 22 CCR section 51301 *et seq*., 17 CCR section 6800 *et seq*., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, CenCal Health's contract with DHCS, and APLs that are made the responsibility of the CenCal Health pursuant to the California

Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS.

Deaf: having a hearing loss of such severity that communication and learning is primarily by visual methods (i.e., manual communication, writing, speech reading (lip-reading), and gestures).
Hard of Hearing: having some degree of hearing loss ranging from mild to profound.

Limited English Proficient: an inability or a limited ability to speak, read, write, or understand the English language at a level that permits the Member to interact effectively with Providers or Contractor's employees.

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

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

Threshold Language: Threshold Languages in each county are designated by the Department of Health Care Services. These are primary languages spoken by Limited English Proficiency (LEP) population groups meeting a numeric threshold of 3,000 or 5% of the eligible beneficiaries residing in a county, whichever is lower. Additionally, languages spoken by a population of eligible LEP beneficiaries residing in a county whose main concentration standard of 1,000 in a single zip code or 1,500 in two contiguous zip codes are also considered threshold languages for a county.

V. References:

A. DHCS 2024 Contract: Exhibit A, Attachment III, Section 5.2.10 Access Rights
B. Civil Rights Act, 1964 – Title VI, Executive Order 13166
C. Language Assistance Guidelines, Section 1557 of the Affordable Care Act (42 U.S.C. § 18116) 1300.67 and (Title 28) California Code of Regulations, 1300.67.04 Language Assistance Guidelines of California Code and Federal Health and Human Services
D. Department of Health Care Services Contract: 08-85212
E. DHCS All-Plan Letter 21-004: Standards for Determining Threshold Languages, Non-Discrimination requirements, and Language Assistance Services
F. Senate Bill 223: Atkins. Health care language assistance services
G. Senate Bill 1423: Hernandez. Medi-Cal: oral interpretation services

H. American with Disabilities Act (ADA)
I. Section 504 of the Rehabilitation Act
J. GOV 11135
K. HIPAA Notice of Privacy Practices 164.520(b)
L. Welfare & Institutions Code Section Section 14029.91

VI. Cross Reference:

A. Policy and Procedures (P&P):
   1. MS-31 – Cultural & Language Access
   2. MS-40 – Community Advisory Board
   3. MS-41 – Member & Family Engagement

B. Standard Operating Procedure (SOP):
   1. MSSOP-013 – Interpreter Request Process
   2. MSSOP-014 – Auditing of CLI and Interpreter Invoicing
   3. MSSOP-015 – ASL and Spanish Interpreter On-Boarding Process
   4. MSSOP-049 – Certified Languages

C. Program Documents:
   1. N/A

VII. Attachments:

A. N/A

Revision History:

P&P Revision Date	Leaders who Reviewed and Approved P&P Revisions	Reason for P&P Revisions	P&P Revision Effective Date (date P&P is operationalized)	DHCS P&P Approval Date
02/2023	Van Do-Reynoso, Eric Buben	Policy revised to align with 2024 DHCS Contract Amendment requirements for R.0056, and moved to new P&P Template.	1/1/2024	TBD
Revision 2023				
09/2022		Policy revised to align with 2024		

		DHCS Contract Amendment requirements.		
09/2021		Policy updated per APL 21-004 requirements.		
10/2020		Updated to reflect new, face-to-face, Video Remote interpreting availability through Certified Languages International for LEP Members in 22 languages. Also minor typos corrected for annual review process.		
01/2020		DHCS Contract Manager requested P&P update to include the Plan's adherence to contract language of providing a TTY Machine for the hard of hearing/deaf membership. Language inserted into P&P including CenCal Health's TTY number.		
06/2019		Moved to new P&P Template only.		

CENCAL HEALTH POLICY AND PROCEDURE (P&P)	
Title: Cultural and Language Access to Services Program	**Policy No. :** MS-31
Department: Member Services	
Cross Functional Departments: Provider Services, Quality	
Effective Date: 06/2018	**Last Revised Date:** 03/2023
P&P Require DHCS Approval? Y ☒ N ☐	
Director/Officer Signature and Date: Eric Buben Director of Member Services	**Officer Signature and Date:** Van Do-Reynoso, MPH, PhD Chief Customer Experience & Health Equity Officer

I. Purpose:

To ensure CenCal Health's compliance and commitment to its Limited English Proficient (LEP) membership with their language needs for improved health care services. This policy also provides for the cultural sensitivity awareness of all CenCal Health staff and specific training and in-service for staff interacting directly with Members who may be LEP, low literacy, have diverse cultural and ethnic backgrounds, or disabilities, including Members identified as Seniors and Persons with Disability (SPD), regardless of gender, sexual orientation or gender identity.

II. Policy:

A. CenCal Health supports the delivery of covered services to Members by maintaining and continually monitoring, improving, and evaluating cultural and linguistic services to all Members. In keeping with its mission of "providing access to high quality medical services," and to fulfill its obligations, CenCal Health provides access to language services for its LEP Members, including those less than 21 year of age and to parents/caregivers of minor Members, with 24-hour interpreter services at all key points of contact with staffing and by interpreters, and telephone language services as follows:

1. Staffing the Member Services Department Call Center and other direct Member contact positions with bilingual/bicultural staff in the threshold language(s).

2. Providing access to independent contractors in Santa Barbara and San Luis Obispo counties to interpret for CenCal Health LEP Members at monolingual provider's offices.

3. Reviewing and updating (when applicable) the cultural and linguistic programs offered by CenCal Health to align with CenCal Health's Population Needs Assessment.

4. Ensuring the cultural and Health Equity linguistic programs offered by CenCal Health's contractors and sub-contractors align with CenCal Health's Population Needs Assessment.

5. Creating a formal process of evaluating and tracking the linguistic capability of bilingual staff, contracted staff (clinical and non-clinical) and contracted interpreters.

6. Contracting with a telephonic interpreter vendor to provide interpreter services 24/7 to CenCal Health Members that speak languages other than English.

7. Ensuring that LEP Members are notified in their materials that interpreter services are available at no cost to the Member.

8. Establishing formal procedures for accessing Interpreter Services and translation of Member materials in the threshold language.

9. Use of National standards for Culturally and Linguistically Appropriate Services (CLAS) for reference.

10. No cost access to the following linguistic services:

    a. Oral interpreters, sign language interpreters, or bilingual providers
    b. Full and immediate translation of written material
    c. Referrals to culturally and linguistically appropriate community service program
    d. Auxiliary Aids

11. CenCal Health does not discriminate on the basis of any characteristic protected by federal or state non-discrimination law as outlined in All Plan Letter (APL) 21-004. This includes, without limitation, sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, sexual orientation, creed, health status, or identification with any other persons or groups defined in Penal Code section 422.56. CenCal Health is subject to federal requirements contained in the Americans with Disabilities Act

(ADA), including standards for communicating effectively with people with disabilities to ensure they benefit equally from government programs. CenCal Health ensures compliance with the ADA through the procedures noted in this policy, as well as the policies and procedures of MS-30 - Translation of Written Member Materials, MS-32 - Delivery of Interpreter Services, MS-33 - Alternative Format Selection Process, and MS-22 – Member Grievances.

12. CenCal Health ensures non-discrimination and equal access to the provision of high-quality interpreter and linguistic services for LEP Members and Potential Members, and for Members and Potential Members with disabilities in accordance with APL 21-004, federal and State law.

III. Procedure:

A. CenCal Health's Cultural and Language Access Services Program:

1. Meets the needs of its LEP Members by following the U.S. Department of Health and Human Services (DHHS) guidelines, Title VI of the Civil Rights Act (Executive Order 13166), Title 28, Section 1300.67.04, the American Disabilities Act (ADA) of 1990 and its contracts with the Department of Health Care Services (DHCS).

2. Utilizing the recommended four (4) factor analysis (demographics, competency of interpreter and bilingual staff and monitoring of the program) is used to ensure language access.

3. Alternative Format Selections (AFS) are made available following CenCal Health's policy and procedure, MS-33 – Alternative Format Selection Process.

4. CenCal Health also ensures equal access and compliance with all applicable civil rights laws for Members with disabilities and ensure accessible web and electronic content, and building accessibility providing ramps, elevators, accessible restrooms, designated parking spaces, and accessible drinking water.

5. CenCal Health posts (i) DHCS-approved nondiscrimination notice, and (ii) language taglines, in a conspicuously visible font size in English, the Threshold Languages, the top 15 non-English languages in the State (at minimum), and any other languages determined by DHCS, explaining the availability of free language assistance services, including written translation and oral interpretation, and information on how to request

auxiliary aids and services, including materials in alternative formats. Additional information on these services can be found in Plan policies MS-30 - Translation of Written Member Materials, MS-32 - Delivery of Interpreter Services, and MS-33 - Alternative Format Selection Process. The nondiscrimination notice and taglines must include CenCal Health's toll-free and TTY/TDD telephone number for obtaining these services, and must be posted as follows:

a. In all conspicuous physical locations where CenCal Health interacts with the public;
b. In a location on CenCal Health's website that is accessible on the home page, and in a manner that allows Members, Potential Members, and members of the public to easily locate the information; and
c. In the Member Handbook/Evidence of Coverage, all Member Information, informational notices, and materials critical to obtaining services targeted to Members, Potential Members, applicants, and members of the public, in accordance with APL 21-004, 42 CFR Section 438.10(d)(2)-(3) and Welfare & Institutions (W&I) Code Section 14029.91(a)(3) and (f).

6. CenCal Health's nondiscrimination notice must include all information required by W&I Code section 14029.91(e), any additional information required by DHCS, and must provide information on how to file a Discrimination Grievance with:
   a. Both CenCal Health and the DHCS Office of Civil Rights (OCR), if there is a concern of discrimination based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, or identification with any other persons or groups defined in Penal Code 422.56; and
   b. The DHHS Office for Civil Rights if there is a concern of discrimination based on race, color, national origin, sex, age, or disability. (W&I Code § 14029.91(e)). Additional information on Member grievances is available in Plan policy MS-22 – Member Grievances.

7. CenCal Health collects demographic data of its Member population, including those less than 21 years of age, to determine the language needs of its Members, including AFS needs. The data is then collected and analyzed which allows CenCal Health to identify the threshold languages and "points of contact" that Members would need to access appropriate cultural and linguistic services.

8. CenCal Health validates the proficiency of the bilingual staff and the contracted interpreters in the source and target language in order to establish competency and to ensure that health care information is communicated accurately.

9. CenCal Health has an established "Translation Team" of certified Spanish written translators who are responsible for translating all Member materials vital, and Member informing materials into Spanish. This process ensures that the information is disseminated to the Member in an appropriate threshold language (Spanish is CenCal Health's only threshold language) and is at the literacy level as recommended by the DHHS guidelines.

10. CenCal Health must ensure that the Community Advisory Board (CAB) is included and involved in developing and updating cultural and linguistic policy and procedure decisions including those related to QI, education, and operational and cultural competency issues affecting groups who speak a primary language other than English. Further details regarding the CAB roles and responsibilities can be referenced in P&P, MS-40_Community Advisory Board. CenCal Health also obtains feedback from Members for further incorporation in policy and decision-making through Member and family engagement as further described in P&P MS-41 – Member and Family Engagement.

11. The above are performed to ensure monitoring and evaluation of CenCal Health's Cultural and Linguistic services offered for improvement opportunities in the delivery of covered services to our membership, including those Members less than 21 years of age.

12. The monitoring and evaluation process will ensure any lack of interpreter services does not impede or delay a Member's timely access to care.

13. Immediate actions will be taken to improve delivery of Cultural & Linguistic (C&L) appropriate services when deficiencies are noted.

B. Staffing and Auxiliary Aid Assistance:

1. CenCal Health has staffed its Member Services Department and Call Center with bilingual/bicultural staff to meet the needs of its membership as defined by the demographic report data.

2. Members can get assistance in accessing services, navigating the health care system and accessing interpreter services by calling the toll-free Member Services telephone number.

3. CenCal Health provides the deaf and hard of hearing Members the CA Relay information, in the Member EOC/Member Handbook, in the Language Assistance taglines document that is inserted in all Notice of Action (NOA) and Notice of Appeal Resolution (NAR) letters and on the Member side of the CenCal Health website.

4. CenCal Health has a Telecommunications Device for the Deaf (TDD) also known as a Teletypewriter (TTY) that is housed in the Member Services Department and the Call Center Manager and two Call Center Supervisors are assigned to provide responses/communication with any Members using this service for interpreter or translation requests, or any other assistance sought. CenCal Health's TTY number is 1-833-556-2560.

C. Evaluation of Proficiency of Bilingual Staff:

1. CenCal Health has developed a formal evaluation process and tool to test and evaluate the capacity of the bilingual staff, including employees, contracted staff and other individuals who provide linguistic services, addressing any identified gaps in the provision of cultural and linguistic services.

2. The evaluation consists of assessing oral fluency and expression, listening, comprehension, and health care vocabulary of the bilingual staff member by an independent outside evaluator.

3. Staff must score 80% or higher on their certified Language Assessment for verbal and written Spanish Translation to translate for CenCal Health.

D. Recruitment and Retainment of Culturally & Linguistically competent Providers:

1. CenCal Health actively recruits and retains providers that reflect the cultural and linguistic needs of its Medi-Cal population in our service areas.

2. Providers are educated in the contracting and onboarding process for expectations around C&L, availability of interpreting and translation services offered by CenCal Health for their use, and asked to provide

linguistic capabilities in their practice to assist CenCal Health in assignment of Members to meet C&L needs.

E. Non-Threshold Languages:
   1. For other Members who speak a language other than the identified threshold language(s), CenCal Health provides 24-hour over the telephone language line services.

   2. This process allows 24/7 coverage through "over the phone" interpreter services to Health Plan Members in over 230 languages at all key points of contact.

   3. All Member Services staff are trained to assist LEP Members access to an interpreter via the telephone per the training outlined in policy MS-02 Member Services Staff Training.

   4. Additional information on interpreter services and availability of alternative formats can be found in Plan policies MS-32 - Delivery of Interpreter Services and MS-33 - Alternative Format Selection Process.

F. Notification to Members of the Availability of Free Language Access Services:

   1. Members are notified of the availability of free language services and how to access these services through numerous Member materials such as the Member Handbook/Evidence of Coverage, the Member Newsletter, the Language Card, which is included in the New Member Packet, postings of language access availability in provider offices and training of contracted providers of medical services regarding the use of telephone language assistance.

G. Member Assignment to Primary Care:

   1. CenCal Health Members can select the Primary Care Provider (PCP) of their choice.

   2. Members can request an assignment to a PCP that speaks their language.

   3. Member Services Representatives are available to assist Members in the selection of language appropriate providers.

   4. Members that do not pick a provider are auto assigned a PCP based upon age, sex and language capability within 30 days of enrolling with CenCal Health.

H. Member and Provider Grievance Process:
   1. CenCal Health has an established grievance process where all LEP Members (including those less than 21 years of age) can file a grievance, or have a grievance filed on their behalf if their language access needs are not met.

   2. The Grievance System allows for the investigation of the complaint and provides the appropriate resolution to the Member.

   3. All discrimination grievances are immediately forwarded to CenCal Health's Compliance Investigator, who is known as CenCal Health's Discrimination Grievance & Appeals Coordinator. These grievances are investigated separately from the Grievance & Appeals Process and not entered into CenCal Health's on-line grievance tracking system and must follow the requirements for reporting discrimination grievances to the Office of Civil Rights (OCR), as outlined by APL 21-004. Reference CenCal Health's grievance system policy and procedure titled, "MS-22 – Member Grievances.

I. Interpreter Services:
   1. CenCal Health has developed a network of independent contractors in Santa Barbara and San Luis Obispo counties whose competency is established by an independent outside evaluator, for Spanish and American Sign Language needs.

   2. Medical providers can schedule interpretation services by calling the Member Services Coordinator directly.

   3. Members can call the toll-free Member Services line and request interpreter services for a scheduled appointment.

   4. CenCal Health also offers 24/7 interpreter services for voice and video remote interpreters via Certified Languages International (CLI) for over 230 languages.

J. Translation of Vital Documents/Member Informing Materials:

   1. CenCal Health has an established policy for translation of written Member materials (P&P MS-30_Translation of Written Member Materials).

   2. All Vital documents /Member Informing Materials are translated immediately into CenCal Health's only threshold language, Spanish.

3. The CenCal Health Translation Team comprised of certified Spanish written translators, are the designated individuals who are responsible for managing the translation process.

4. For AFS identified, CenCal Health works to secure the Member needs through internal creation and development of the materials or vendor services to accomplish the AFS translation requested.

K. Monitoring and Evaluation:
   1. The monitoring and evaluation process will ensure that cultural and linguistic services support the delivery of covered services to Members, including those less than 21 years of age. It will further work to ensure that there is no lack of interpreter services resulting in any impediment or delay to a Member's timely access to care.

   2. Immediate actions will be taken to improve delivery of C&L appropriate services when deficiencies are noted.

   3. Provider Contracting and Resources:

      a. CenCal Health assesses the availability of PCP specific linguistic services in the contracting process.
      b. Cultural and Linguistic Competency is a component of the Provider Workshops.
      c. Access to interpreter services for LEP Members and training materials for cultural sensitivity are provided through CenCal Health's Provider Manual.

   4. The Member Grievance System and PCP Reselection Reason Tracking

      a. Provides for the monitoring of dissatisfaction based upon cultural and language barriers. Refer to CenCal Health P&P, MS-20 – Grievance & Appeals Process.

   5. Quality Improvement and Health Equity Transformation Program (QIHETP/ Quality Improvement and Health Equity Committee QIHEC):

      a. Overall trends in Member and provider issues regarding gaps in cultural and linguistic needs are tracked and monitored through CenCal Health's Quality Improvement and Health Equity Committee structure under the QIHETP to identify the systematic and continuous activities to monitor, evaluate, and

improve upon the Health Equity and health care delivered to Members in accordance with the standards set forth in applicable laws, regulations, and the DHCS Medi-Cal Managed Care Agreement.

b. The QIHEC meets quarterly to direct all QIHETP findings and required actions and is facilitated by CenCal Health's Chief Medical Officer (CMO), or the CMO's designee, in collaboration with the Chief Health Equity Officer.

6. Linguistic Capability of Employees and Contracted Staff:
   a. CenCal Health assesses and tracks the linguistic capability of its interpreters or bilingual staff and contracted staff (clinical and non-clinical).
   b. CenCal Health maintains a system to provide adequate training regarding its language assistance programs to all employees and contracted staff who have routine contact with LEP Members or Potential Members to systematically resolve any identified gaps in CenCal Health's ability to address cultural and linguistic needs. The training includes instruction on:
      i. CenCal Health's policies and procedures for language assistance;
      ii. How to work effectively with LEP Members and Potential Members;
      iii. How to work effectively with interpreters in person and through video, telephone, and other media; and,
      iv. Understanding the cultural diversity of Members and Potential Members, and sensitivity to cultural differences relevant to delivery of health care interpretation services.

7. CenCal Health Staff Training for Diversity, Equity and Inclusion (DEI):
   a. All new CenCal Health staff receives Cultural Sensitivity, Diversity, Competency and Health Equity Training as noted in CenCal Health's Cultural Competency and DEI Training policy and procedure. Thereafter, all staff continue to receive Cultural Sensitivity, Diversity, Competency and Health Equity Training on an annual basis.

IV. Definitions:

All Plan Letter (APL) or Policy Letter (PL): a binding document that has been dated, numbered, and issued by DHCS that provides clarification of Contractor's contractual obligations, implementation instructions for Contractor's contractual

obligations due to changes in State and federal law or judicial decisions, and/or guidance with regulatory force and effect when DHCS interprets, implements, or makes specific relevant State statutes under its authority.

Alternative Format Selections (AFS): four modalities for receiving Member informing materials as alternatives to standard English and Spanish materials designed for CenCal Health membership at large.

1. **Large Print:** At minimum, 20 point, Times New Roman font or equivalent, or larger depending upon need and reasonable requests by members or ARs.
2. **Audio CD:** A voice recording onto a CD of health plan member materials requested in the audio CD format. May or may not be encrypted if disclaimer was presented to member at time of request.
3. **Data CD:** Electronic formats of Member materials added to a CD in their electronic format (.pdf, Word, etc.). May or may not be encrypted if disclaimer was presented to member at time of request.
4. **Braille:** A form of written language for blind people, in which characters are represented by patterns of raised dots that are felt with the fingertips.

Health Literacy: refers to the ability to read, understand, and act on health care information. CenCal Health is required to provide member information in a low literacy format): Threshold languages in each county are designated by the Department of Health services. These are primary languages spoken by Limited English Proficiency (LEP) population groups meeting a numeric threshold of 3,000 eligible beneficiaries residing in a county. Languages spoken by a population of eligible LEP beneficiaries residing in a county whose main concentration standard of 1,000 in a single zip code or 1,500 in two contiguous zip codes are also considered threshold languages for a county.

Interpreter: an individual who facilitates communication between two parties who do not speak the same language.

Limited English Proficient (LEP): an inability or a limited ability to speak, read, write, or understand the English language at a level that permits the Member to interact effectively with Providers or Contractor's employees.

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

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

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

Subcontractor: an individual or entity that has a Subcontractor Agreement with Contractor that relates directly or indirectly to the performance of Contractor's obligations under this Contract. A Network Provider is not a Subcontractor solely because it enters into a Network Provider Agreement

Threshold Language: Threshold Languages in each county are designated by the Department of Health Care Services. These are primary languages spoken by Limited English Proficiency (LEP) population groups meeting a numeric threshold of 3,000 or 5% of the eligible beneficiaries residing in a county, whichever is lower. Additionally, languages spoken by a population of eligible LEP beneficiaries residing in a county whose main concentration standard of 1,000 in a single zip code or 1,500 in two contiguous zip codes are also considered threshold languages for a county.

V. References:

A. DHCS 2024 Contract: Exhibit A, Attachment III, Subsection 2.2.10.D.3 Network and Access to Care, Section 5.2.10 Access Rights, and 5.2.11 Cultural & Linguistics Program and Committees
B. DHCS All-Plan Letter 21-004 (REVISED): Standards for Determining Threshold Languages, Non-Discrimination Requirements, and Language Assistance Services
C. DHCS All-Plan Letter 22-002: Alternative Format Selection for Members With Visual Impairments
D. Senate Bill 223: Atkins. Health care language assistance services
E. Senate Bill 1423: Hernandez. Medi-Cal: oral interpretation services
F. Americans with Disabilities Act (ADA)
G. Section 504 of the Rehabilitation Act
H. GOV 11135
I. Medi-Cal Managed Care Division, Policy Letter 99-03, Linguistic Services, Title 42, Code of Federal Regulations (CFR) Section 440.262
J. Title 28 California Code of Regulations (CCR), 1300.67.04 Language Assistance Guidelines
K. HIPAA Notice of Privacy Practices 164.520(b)
L. Title VI of the Civil Rights Act (Executive Order 13166)
M. Section 1557 of the Affordable Care Act of 2010
N. 42 CFR Sections 438.10 and 438.206(c)(2)
O. 22 CCR Sections 53876, 51202.5 and 51309.5(a)

VI. Cross Reference:

A. Policy and Procedures (P&P):
   1. MS-22 – Member Grievances
   2. MS-23 – Member Appeals
   3. MS-24 – Communication and Education (G&A Process)
   4. MS-25 Monitoring and Oversight (G&A Process)
   5. MS-30 – Translation of Written Member Materials
   6. MS-31 – Cultural and Language Access
   7. MS-32 – Delivery of Interpreter Services
   8. MS-33 – Alternative Format Selection Process
   9. MS-40 – Community Advisory Board
   10. MS-41 – Member/Family Engagement
   11. PS-XXX – Cultural Competency and Diversity, Equity, and Inclusion (DEI) Training
   12. MS-02 – Member Services Staff Training

B. Standard Operating Procedure (SOP):
   1. MSSOP-012 – Translation Request Process
   2. MSSOP-013 – Interpreter Request Process
   3. MSSOP-014 – Auditing of CLI and Interpreter Invoicing
   4. MSSOP-015 – ASL and Spanish Interpreter On-Boarding Process
   5. MSSOP-016 – Bilingual Assessment Process for Internal Staff
   6. MSSOP-049 – Certified Languages
   7. MSSOP-064 – Alternative Format Selection (AFS)

C. Program Documents:
   1. N/A

VII. Attachments:
A. N/A

Revision History:

P&P Revision Date	Leaders who Reviewed and Approved P&P Revisions	Reason for P&P Revisions	P&P Revision Effective Date (date P&P is operationalized)	DHCS P&P Approval Date
10/2023		Checked out for 2024 Integration		

02/2023	Van Do-Reynoso, Eric Buben	Policy revised to align with 2024 DHCS Contract Amendment requirements for R.0056 and R.0158, and moved to new P&P Template.	1/1/2024	TBD
01/2023	Eric Buben	Policy revised to align with 2024 DHCS Contract Amendment requirements for R.0192.	1/1/2024	TBD
09/2022	Eric Buben, Chris Morris	Policy revised to align with 2024 DHCS Contract Amendment requirements.	1/1/2024	10/30/2022
06/2022	Eric Buben	Revised to align with APL 22-002, Alternative Format Selection for Members.	ASAP	7/1/2022
09/2021	Eric Buben	Policy updated per APL 21-004 requirements.		
10/2020		Reviewed per Annual Review Instructions.		
01/2020		DHCS Contract Manager requested P&P update to include the Plan's adherence to contract language of providing a TTY Machine for the hard of hearing/deaf membership. Language inserted into P&P including CenCal Health's TTY number. Reference to old version of Translation of Written Materials P&P corrected to reflect new name of this P&P (MS-30_Translation of Written Member Materials)		
06/2019		Moved to new P&P Template only.		

CENCAL HEALTH POLICY AND PROCEDURE (P&P)	
Title: Alternative Format Selection Process	**Policy No. :** MS-33
Department: Member Services	
Cross Functional Departments: All Departments sending member materials (Behavioral Health, Health Services, Quality)	
Effective Date: 07/2022	**Last Revised Date:** 03/2023
P&P Require DHCS Approval? Y ☒ N ☐	
Director/Officer Signature and Date: Eric Buben Director of Member Services	**Officer Signature and Date:** Van Do-Reynoso, MPH, PhD Chief Customer Experience & Health Equity Officer

I. Purpose:

To ensure CenCal Health's compliance with the Department of Health Care Services (DHCS) All-Plan Letter (APL) 22-002 and the commitment to its membership with visual impairments or other disabilities requiring the provision of written materials in alternative formats, by tracking Members' alternative format selections (AFS). The Americans with Disabilities Act (ADA) requires that services, programs, and activities provided by public entities must be accessible to individuals with disabilities, including visual impairment. (See 42 United States Code (U.S.C.) 12131). CenCal Health is subject to the standards of Title II of the ADA, including standards for communicating effectively with individuals with disabilities to ensure they benefit equally from government programs.

II. Policy:

A. CenCal Health must provide appropriate auxiliary aids and services to individuals in CenCal Health's population with disabilities, including those under 21 years of age and Seniors and Persons with Disabilities (SPD), to maintain and support the delivery of Covered Services to Members.

B. In determining what types of auxiliary aids and services to provide, CenCal Health must give "primary consideration" to the individual's request of a particular auxiliary aid or service.

C. CenCal Health offers an alternative format accessibility tool for members on its website and on its electronic Member Portal. This tool provides for alternative viewing options for all information on the website and within the secure Member Portal. The tool provides accessibility features such as: large print-various sizing, text spacing, line height adjustment, saturation modifications, paused animations, hide imaging, alternate contracts,

highlight tools, underline tools, pointer features and dyslexia friendly assistance.

D. Compliance with APL 22-002 indicates CenCal Health must:

1. Provide auxiliary aids and services to a family member, friend, or associate of a Member if required by the ADA, including if said individual is identified as the Member's authorized representative (AR), or is someone with whom it is appropriate for CenCal Health to communicate (e.g., a disabled spouse of a Member).
2. Accommodate the communication needs of all qualified Members with disabilities, including ARs, and be prepared to facilitate alternative format requests for Braille, audio format, large print (no less than 20-point Arial font), and accessible electronic format, such as a data CD, as well as requests for other auxiliary aids and services that may be appropriate.

3. Provide appropriate auxiliary aids and services to Members with disabilities, including alternative formats, upon request.

4. Inform Members who state that they have difficulty reading print communications on account of a disability of their right to receive auxiliary aids and services, including alternative formats.

5. If a Member selects an electronic format, such as an audio or data CD, the information may be provided unencrypted (i.e., not password protected), but only with the Member's informed consent. CenCal Health must inform a Member who contacts the Plan regarding an electronic alternative format, that unless the Member requests a password protected format, the Member will receive notices and information in an electronic format that is not password protected, which may make the information more vulnerable to loss or misuse. CenCal Health must make clear that Members may request an encrypted (i.e., password protected) electronic format. If the Member requests notices and information in a password protected electronic format, CenCal Health must provide a password protected electronic format with unencrypted instructions on how the Member is to access the encrypted information.

III. **Procedure**:

A. Collection of AFS Data by CenCal Health. CenCal Health must collect and store AFS information for Members and ARs, (including, for example, individuals who have power of attorney for health-related matters), and

share Member AFS data with DHCS as specified in the "Alternative Format Data Process Guide" provided by DHCS.

1. AF Data Process Guide Requirements:
   CenCal Health and our sub-contractors and network providers will be required to enter any new Member AFS that they receive at the time of request through the AFS online screens or by calling the AFS Helpline.

   a. To enter the Member's selection into the AFS online screens use the following web link and follow the prompts: https://afs.dhcs.ca.gov/
   b. To utilize the AFS Helpline, call 1-833-284-0040 and provide the Member's selection.

2. CenCal Health will provide Members with their AFS when that selection is known whether that information is provided directly by the Member or is received through DHCS Alternative Format weekly database update. DHCS requires CenCal Health to ensure Members receive their most current AFS, as their selection can change over time.

3. DHCS will send an AFS file to CenCal Health from the DHCS Alternative Format database weekly. All files will be uploaded through CenCal Health's SFTP folders.

4. CenCal Health must update Member records using the weekly AFS file sent by DHCS and use this file to deploy the alternative format requested by the Member.

5. CenCal Health will share AFS data with our sub-contractors and network providers as appropriate.

6. CenCal Health is not required to submit AFS data to DHCS for ARs, but must track AR AFS data and provide alternative formats to ARs as required by law.

B. Intake & Processing of AFS Requests – Staff Roles. All alternative format selection requests received in Member Services or via another department, will be forwarded to the Member Services Department to document the request formally into our Call Tracking System and/or for direct entry, into CenCal Health's Health Information System (HIS).

   1. Role of the Member Services Representative for AFS:
      a. Member Service Representatives (MSRs) will categorize all phone requests under specific AFS coding classification and will follow the

attached call scripting approved by DHCS as submitted and approved by CenCal Health's DHCS Contract Manager.

b. The MSR will determine the specific needs by asking the Member or AR if this is a one-time document request, or if the Member or AR prefers all Member materials in the AFS selected.

c. If the Member or Authorized Representative (AR) states that another format is acceptable to help in translating the document into the requested AFS (such as read over the phone, interpreted into their preferred language through our language interpreter service Certified Languages International (CLI)), or another AFS instead (audio CD vs. Braille as an example) the MSR will assist by reading/explaining the information in question, secure an interpreter, or provide/coordinate the alternate format the Member approves.

d. If the Member or AR indicates the AFS selection is for "all" documents, the MSR will add the entry into the AFS section of CenCal Health's HIS and then notify CenCal Health's Health Navigator Team to initiate the AFS into the DHCS Alternative Format Database, as outlined earlier in this policy and procedure under Section III.A.1, *AF Data Process Guide Requirements.*

e. If the Member or AR indicates the request is a one-time need, the MSR will document this is a one-time request into their call tracking documentation and will forward the request for AFS to CenCal Health's Cultural & Linguistics Manager and the Director of Member Services to initiate the translation process. These entries should not be forwarded to a Health Navigator for entry into the DHCS Alternative Format Database, as there is no identified on-going need as verified by the Member and documented.

2. Role of the Cultural & Linguistics Manager for AFS:
   a. The C&L Manager, in receipt of an AFS request from the Member Services team, will coordinate with the Director of Member Services and the Communications Department to meet the AFS request for the Member.

   b. The AFS request will be assessed, and a decision will be made to accommodate the Member's request; internal (mainly for large print, audio or data CD selections), or if a vendor will be needed and used to create the document into the selected AFS (examples: Large print of large/complex documents or Braille).

c. Coordination of this process is managed by the C&L Manager and will be performed as soon as possible dependent upon vendor turnaround times, internal turnaround capacity and size of documents in question.

d. The C&L Manager will secure the distribution of the document(s) out to the Member when the translations are complete and will notify Members and ARs of progress periodically during the process.

3. Role of the Health Navigator for AFS:
   a. Any AFS sent to a Health Navigator to enter into the DHCS Alternative Format Database, will be promptly entered within the same business day, or within 24 hours.

   b. The Health Navigator will record the date and time of entry in the Alternative Format Database for any requests received into the Member Services AFS Log.

C. Notification of AFS Policy and Procedures to Sub-Contractors/ Network Providers
   1. CenCal Health is responsible for ensuring that sub-contractors and our provider network comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters regarding AFS. CenCal Health communicates the requirements to all sub-contractors and network providers.

   2. CenCal Health will assist sub-contractors and network providers in meeting this obligation by offering information or training on the effective communication requirements of Title II of the ADA, and technical assistance on such topics as local alternative format vendors, and how to provide accessible documents and websites.

   3. CenCal Health will be able to report efforts to ensure that Members are aware of their right to receive effective communication, what requests for auxiliary aids and services have been made by Members, and we responded to those requests, and our response to any complaints regarding the receipt of effective communication.

   4. Failure to demonstrate compliance with the law for AFS may result in enforcement action, including but not limited to, sanctions.

D. Due Process Requirements

1. Constitutional due process requires that a Member's benefits must not be reduced or terminated without timely and adequate notice explaining the reasons for the proposed action and the opportunity for a hearing. (Goldberg v. Kelly (1970) 397 U.S. 254, 267–268).

2. In the case of a Member with a visual impairment or other disabilities requiring the provision of written materials in alternative formats, DHCS has determined that adequate notice means notice in the Member's selected alternative format, or notice that is otherwise in compliance with the ADA, Section 504 of the Rehabilitation Act of 1973, and Government Code Section 11135.

3. CenCal Health may not deny, reduce, suspend, or terminate services or treatments without providing adequate notice within applicable legal timeframes outlined in 42 CFR 438.404; 42 CFR 431.211. CenCal Health must calculate the deadline for a Member with a visual impairment or other disabilities requiring the provision of written materials in alternative formats, to act from the date of adequate notice, including all deadlines for appeals and aid paid pending.

4. Ordinarily, Members must exhaust CenCal Health's internal appeal process (CenCal Health appeal process outlined in P&P: MS-23), and receive notice that an adverse benefit determination has been upheld, prior to proceeding to a state hearing. However, if CenCal Health fails to provide adequate notice to a Member with a visual impairment or other disabilities requiring the provision of written materials in alternative formats, within applicable federal or state timeframes, the Member is deemed to have exhausted CenCal Health's internal appeal process and may immediately request a state hearing.

5. CenCal Health is prohibited from requesting dismissal of a state hearing based on failure to exhaust CenCal Health's internal appeal process in such cases.

E. Monitoring and Compliance
   1. CenCal Health's Cultural and Language Access Services Program meets the needs of its Limited English Proficient (LEP) Members by following Health and Human Services (HHS) guidelines, Title VI of the Civil Rights Act (Executive Order 13166), Title 28, Section 1300.67.04, the American Disabilities Act (ADA) of 1990 and its contracts with the Department of Health Care Services. This would include utilizing the recommended four (4) factor analysis (demographics, competency of interpreter and bilingual staff, monitoring of program) is used to ensure language access

and ensures that the AFS Database information is referenced before sending Member informing materials. CenCal Health Policy and Procedures, MS-30, MS-31 and MS-32 provide further details for CenCal Health's C&L Access Services Program, translation of written materials procedures and interpreter service options for LEP membership.

2. CenCal Health collects demographic data in the Health Information System (HIS) for Members to determine alternative language needs, including AFS. All staff responsible for sending Member-informing materials will check for Member AFS selections before mailing. CenCal Health staff will ensure that Members selecting an AFS, are provided their materials in the selected format unless the Member advises otherwise.

3. AFS data for CenCal Health is monitored for compliance by Member Services and reported, as necessary, to applicable internal committees to evaluate and determine whether improvements are necessary and ensure the delivery of Covered Services to all Members, including those less than 21 years of age.

IV. Definitions:

Audio CD: a voice recording onto a CD of health plan Member materials requested in the audio CD format. May or may not be encrypted if disclaimer was presented to Member at time of request.

Braille: a form of written language for blind people, in which characters are represented by patterns of raised dots that are felt with the fingertips.

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

Data CD: electronic formats of Member materials added to a CD in their electronic format (.pdf, Word, etc.). May or may not be encrypted if disclaimer was presented to Member at time of request.

Large Print: at minimum, 20-point Times New Roman or equivalent font or larger depending upon need and reasonable requests by Members or ARs.

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

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

V. References:

A. DHCS 2024 Contract: Exhibit A Attachment III Section 5.2.10 Access Rights
B. All-Plan Letter 22-002: Alternative Format Selection for Members With Visual Impairments
C. All-Plan Letter 21-004 (REVISED): Standards for Determining Threshold Languages, Non-Discrimination Requirements, and Language Assistance Services
D. Title II – American Disabilities Act (ADA)
E. 28 Code of Federal Regulations (CFR) 35.160 (b)
F. 42 United States Code (U.S.C.) 12131)
G. 45 Code of Federal Regulations (CFR) 92.102 (b)
H. Department of Health Care Services Contract: 08-85212

VI. Cross Reference:

A. Policy and Procedures (P&P):
   1. MS 23 – Member Appeals
   2. MS-30 – Translation of Written Member Materials
   3. MS-31 – Cultural and Language Access
   4. MS-32 – Delivery of Interpreter Services

B. Standard Operating Procedure (SOP):
   1. MSSOP-064 – Alternative Format Selections (AFS)

C. Program Documents:
   1. N/A

VII. Attachments:

A. N/A

Revision History:

P&P Revision Date	Leaders who Reviewed and Approved P&P Revisions	Reason for P&P Revisions	P&P Revision Effective Date (date P&P is operationalized)	DHCS P&P Approval Date
03/2023	Van Do-Reynoso, Eric Buben	Policy revised to align with 2024 DHCS Contract Amendment requirements for R.0056, and moved to new P&P Template.	1/1/2024	TBD
09/2022		Policy revised to comply with 2024 DHCS Contract.		
07/2022		New policy created to comply with APL 22-002: Alternative Format Selection.		

CENCAL HEALTH POLICY AND PROCEDURE (P&P)	
Title: Provider Directory Creation and Maintenance	**Policy No. :** PS-PS101
Department: Provider Services	
Cross Functional Departments:	
Effective Date: 05/2015	**Last Revised Date:** 11/2023
P&P Require DHCS Approval? Y ☒ N ☐	
Director/Officer Signature and Date: Luis Somoza Director of Provider Services	**Officer Signature and Date:** Jordan Turetsky, MPH Chief Operating Officer

I. Purpose:
To describe the process by which CenCal Health ensures an updated and compliant provider directory which is made available by print and online.

II. Policy:

A. CenCal Health publishes and maintains a provider directory with information on Network Providers that deliver health care services to Members. The provider directory complies with all applicable laws, regulations, and the contract requirements between CenCal Health and the Department of Health Care Services (DHCS). This includes, without limitation, inclusion of all required data elements, accessibility, and compliance with uniform provider directory standards.

B. CenCal Health's provider directory is available to all Members, non-Members, Providers, members of the public, and to DHCS for distribution, as required by applicable law and DHCS contract requirements.

C. CenCal Health's provider directory must be available in both paper and electronic formats. Provider directory information shall be included with CenCal Health's written Member information for new Members, and thereafter available upon request.

D. Electronic provider directories are posted on CenCal Health's website in a machine readable and accessible file and format, and made accessible to Members, non-Members, and Providers.

E. CenCal Health updates its online provider directory every 24 hours. The online provider directory is searchable by, at minimum, Network Provider

name, practice address, city, ZIP Code, California license number, National Provider Identifier (NPI) number, admitting privileges to an identified hospital, product, tier, provider language or languages, provider group, hospital name, facility name, or clinic name, as appropriate.

F. CenCal Health audits and monitors the accuracy of the information contained in the provider directory, including an annual review and update of the entire directory for each product offered.

G. CenCal Health is required to submit its complete provider directory to DHCS for review and approval prior to initial operations. CenCal Health's provider directory submission must include complete, accurate and updated provider directory and provider network information and data, and be submitted as required by Title 42 of the Code of Federal Regulations (CFR) section 438.10(h)(3).

H. CenCal Health's provider directory must comply with all requirements in Policy Letter (PL) 11-009.

I. CenCal Health submits a copy of its printed provider directory to DHCS on a monthly basis. DHCS is authorized to require changes or corrections to CenCal Health's provider directory at any time.

J. Information on how new Members receive and/or access the CenCal Health provider directory is outlined in MS-01 – New Member Enrollment Process.

III. **Procedure**:

A. Provider Directory Required Data Elements
   a. CenCal Health's Provider Directory must comply with 42 CFR section 438.10(h) and Health & Safety Code (H&S) Section 1367.27, and shall include the following information for in-network Primary Care Providers, specialists, hospitals, Enhanced Care Management and Community Support Providers, pharmacies, behavioral health providers, long-term services and supports (LTSS) providers, and any other providers (e.g. community health workers) contracted for Medi-Cal Covered Services, as appropriate:
      a. The Provider or site's location name as well as any group affiliation(s), NPI number(s), address(es), telephone number(s), office email address (if available), and if applicable, website URL, for each service location;
      b. Provider's specialty type (including board certification, if any) and paneling status that allows them to treat specific populations,

including but not limited to, whether they are a California Children's Services (CCS) paneled Provider;

c. Whether the Provider is accepting new patients;
d. Information on the Provider's affiliated medical group or independent practice association (IPA), NPI number, address, telephone number, and, if applicable, website URL for each physician provider of affiliated group or IPA;
e. Admitting privileges, if any, at hospitals contracted with the Plan;
f. The hours and days when each service location is open, including the availability of evening or weekend hours;
g. The services and benefits available, including accessibility symbols approved by DHCS confirming whether the office/facility (exam room(s), equipment, etc.) can accommodate Members with physical disabilities as required by PL 11-009;
h. The Provider's cultural and linguistic capabilities, including whether non-English languages and American Sign Language are offered either by the Provider or a skilled medical interpreter at the Provider's facility, and whether the Provider has completed cultural competence training;
i. Whether the provider is accepting new patients;
j. The telephone number to call after normal business hours;
k. Identification of Network Providers or sites that are not available to all or new Members; and
l. The link to the Medi-Cal Rx Pharmacy Locator, which can be found on the dedicated Medi-Cal Rx website described in APL 22-012.

b. The provider directory shall also inform Members that they are entitled to:
   a. Language interpreter services, at no cost to the Member, including how to obtain interpretation services; and
   b. Full and equal access to covered services, including Members with disabilities as required under the federal Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973.

B. Ongoing Provider Directory Updates
   1. CenCal Health must update and submit its paper and electronic provider directories to DHCS in accordance with 42 CFR section 438.10(h)(3)(i)(A)-(B). CenCal Health must submit under the following timelines:

      a. A paper provider directory must be updated at least monthly, if CenCal Health does not have a mobile-enabled, electronic directory; or
      b. Quarterly, if CenCal Health has a mobile-enabled, electronic provider directory; or

   c. An electronic provider directory must be updated no later than 30 calendar days after CenCal Health receives updated Provider information.
2. CenCal Health meets or exceeds the DHCS required timelines noted above by updating the hardcopy print provider directory on a monthly basis, and the electronic directory on a nightly basis. CenCal Health updates the online provider directory when informed of and upon confirmation of any of the following:
   a. A Network Provider is no longer accepting new patients for that product, or an individual Provider within a Provider group is no longer accepting new patients.
   b. A Provider is no longer under contract for a particular plan product.
   c. A Provider's practice location or other information required to be included on the directory has changed.
   d. It is discovered that a Provider was not accepting new patients, was otherwise not available, or whose contact information was listed incorrectly.
   e. Any other information that affects the content or accuracy of the provider directory.
3. CenCal Health shall delete a Provider from the directory upon confirmation of any of the following:
   a. A Provider has retired or otherwise has ceased to practice.
   b. A Provider or provider group is no longer under contract with CenCal Health for any reason.
   c. The contracting provider group has informed CenCal Health that the Provider is no longer associated with the provider group and is no longer under contract with the Plan.
4. Providers are able to log onto the CenCal Health Provider Portal to verify or submit changes electronically to the information required to be in the directory. All newly contracted Network Providers are trained during New Provider Orientation on how to view and navigate the directory on the Plan's website.
5. Members, potential Members, Providers, and members of the public also maintain the ability to notify CenCal Health if the provider directory appears to contain any inaccurate, incomplete, or misleading information. The provider directory includes both a dedicated email address and a telephone number to report such inaccuracies or potential inaccuracies, as well as a hyperlink on the Plan's online provider directory linking to a form where the information can be reported directly to the Plan through its website. This information shall be disclosed prominently in the directory as well as the Plan's website.
   a. Upon receipt of a notice informing CenCal Health of a possible inaccuracy in the provider directory, CenCal Health shall promptly

investigate, and if necessary, undertake corrective action within thirty (30) business days to ensure the accuracy of the provider directory.

b. CenCal Health's investigation regarding its provider directory shall comply with the requirements of Health & Safety Code Section 1367.27 subsection (o)(2).

6. On an annual basis, CenCal Health reviews and updates the entire provider directory for each product offered. This process includes notifying all Network Providers and requiring affirmative responses acknowledging and confirming that the information is current and accurate, or updating the information required to be in the directory. CenCal Health complies with all applicable steps noted in Health & Safety Code Section 1367.27, subsection (l), for its annual review and update.

C. Bi-Annual and Annual Provider Directory Updates

1. CenCal Health shall take appropriate steps to ensure the accuracy of the information concerning each Network Provider listed in CenCal Health's provider directory in accordance with applicable law, and shall, at least annually, review and update the entire provider directory for each product offered. Each calendar year, CenCal Health shall notify all Network Providers listed in its provider directory as follows:
   a. For individual Providers who are not affiliated with a provider group (including physicians, surgeons, nurse practitioners, physician assistants, psychologists, acupuncturists, optometrists, podiatrists, chiropractors, licensed clinical social workers, marriage and family therapists, professional clinical counselors, qualified autism service providers, nurse midwives, and dentists, as applicable), CenCal Health shall notify each Network Provider at least once every six months.
   b. For all other Network Providers, including Federally Qualified Health Centers or primary care clinics; facilities, including, but not limited to, skilled nursing facilities, urgent care clinics, ambulatory surgery centers, inpatient hospice, residential care facilities, and inpatient rehabilitation facilities; pharmacies, clinical laboratories, imaging centers, and other facilities who have a Network Provider Agreement with CenCal Health, CenCal Health shall notify its Network Providers to ensure that they are contacted at least once annually.
2. The notification shall include all of the following:
   a. The information that CenCal Health has in its directory regarding the Network Provider, including a list of networks and plan products that include the Network Provider.
   b. A statement that the failure to respond to the notification may result in a delay of payment or reimbursement of a claim pursuant to Health and Safety Code Section 1367.27 (p).

c. Instructions on how the Network Provider can update the information in the provider directory using CenCal Health's online interface.

3. CenCal Health shall require an affirmative response from the Network Provider acknowledging that the notification was received. The Network Provider shall confirm that the information in the provider directory is current and accurate or update the information required to be in the directory, including whether or not the Network Provider is accepting new patients for each CenCal Health product.
4. If CenCal Health does not receive an affirmative response and confirmation from the Network Provider that the information is current and accurate or, as an alternative, updates any information required to be in the directory, within 30 business days, CenCal Health shall take no more than 15 business days to verify whether the Network Provider's information is correct or requires updates.
5. CenCal Health shall document the receipt and outcome of each attempt to verify the information. If CenCal Health is unable to verify whether the Network Provider's information is correct or requires updates, CenCal Health shall notify the Network Provider 10 business days in advance of removal that the Network Provider may be removed from the provider directory.
6. The Network Provider may be removed from the provider directory at the next required update of the provider directory after the 10-business-day notice period. A Network Provider may not be removed from the provider directory if he or she responds before the end of the 10-business-day notice period.
7. General acute care hospitals shall be exempt from the annual review requirements noted above.

D. Auditing and Monitoring; Data Verification

CenCal Health performs ongoing auditing and monitoring of provider directory data via a variety of methods.

1. CenCal Health verifies initial provider directory data through the credentialing process. Primary source verification, performed during credentialing, is through the Medical Board of California, the American Board of Specialties, Department of Consumer Affairs Licensing Agency, Osteopathic Medical Board of California, the AMA Physician Master File, National Plan and Provider Enumeration System (NPPESP, the Office of the Inspector General, and other sources.
2. When discrepancies are noted, Provider Services staff perform outreach to confirm the discrepancy and obtain accurate data. In addition, Provider Services performs monthly data audits to ensure data integrity.
3. CenCal Health monitors DHCS' Suspended and Ineligible ("S&I") List to ensure any Network Provider listed on the S&I List is removed from the

online and print directories upon identification. This is reviewed by CenCal Health:
   a. At the time of initial credentialing; and
   b. On a monthly basis thereafter.
4. CenCal Health informs Members, within each publication of its Member newsletter, to check the Plan's online provider directory or to call the Member Services department concerning changes to the Plan's contracted network, as Members who refer to hardcopy directory information may not have the most current up-to-date information.
5. At least annually, CenCal Health performs usability testing of the hospital and physician directory, using internal staff who are not involved in the development of the directory. This testing is also conducted whenever there are significant changes to member demographics and when there are changes to the layout or design of the directory.

IV. Definitions:

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

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

Enhanced Care Management: a whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of high-cost and/or high-need Members who meet ECM Populations of Focus eligibility criteria, through systematic coordination of services and comprehensive care management that is community-based, interdisciplinary, high-touch, and person-centered.

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

Network Provider: any provider or entity that has a Network Provider Agreement with CenCal Health, CenCal Health's subcontractor, or CenCal Health's downstream subcontractor, and receives Medi-Cal funding directly or indirectly to order, refer, or render Covered Services under the contract between CenCal

Health and DHCS. A Network Provider is not a subcontractor or downstream subcontractor by virtue of the Network Provider Agreement.

Network Provider Agreement: a written agreement between a Network Provider and CenCal Health, subcontractor, or downstream subcontractor.

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

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

V. References:

A. DHCS Agreement, Exhibit A, Attachment III Section 5.1.3.H
B. Health & Safety Code Section 1367.27
C. 42 CFR Section 438.10
D. NCQA HP Standards and Guidelines
E. Policy Letter (PL) 11-009
F. APL 22-012 Governor's Executive Order N-01-19, Regarding Transitioning Medi-Cal Pharmacy Benefits from Managed Care to Medi-Cal RX

VI. Cross Reference:

A. Policy and Procedures (P&P):
   1. MS-01 New Member Enrollment Process

B. Standard Operating Procedure (SOP):
   1. N/A

C. Program Documents:
   1. N/A

VII. Attachments:

A. Attachment A: N/A

Revision History:

P&P Revision Date	Leaders who Reviewed and Approved P&P Revisions	Reason for P&P Revisions	P&P Revision Effective Date (date P&P is operationalized)	DHCS P&P Approval Date
11/2023		Checked Out for NCQA Edits		
11/2023		2024 Template Migration	01/2024	
04/2023	Jordan Turetsky, Robert Janeway	Policy revised to align with DHCS Contract Wave 3 requirements	01/01/2024	TBD
05/2015		P&P Established		

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

I. Purpose:

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

II. Policy:

A. CenCal Health maintains a QIHETP and Basic PHM system to identify and address Members in need of all EPSDT screening, and AAP Bright Futures preventive and Medically Necessary diagnostic and treatment services for members less than 21 years of age.

B. CenCal Health covers and ensures the provision of all screening, preventive and Medically Necessary diagnostic and treatment services for Members less than 21 years of age required under the EPSDT benefit described in 42 USC section 1396d(r) and W&I Code section 14132(v).

C. The EPSDT benefit includes all Medically Necessary health care, diagnostic services, treatments, and other services listed in 42 USC section 1396d(a), whether or not covered under the State Plan.

D. All EPSDT services are Covered Services unless expressly excluded under the DHCS 2024 Medi-Cal Managed Care Agreement.

III. Procedure:

A. CenCal Health promotes and ensures the provision of all EPSDT screening, preventive and Medically Necessary diagnostic and treatment services for Members less than 21 years of age, and requires Primary Care Providers (PCPs) to identify and address Member's Covered Services needs, including underutilization of preventive services, as follows:
    1. Initial Health Appointment for Members less than 21 Years of Age
        i. For Members less than 18 months of age, CenCal Health promotes and ensures the provision of an initial health appointment within 120 calendar days following the date of Enrollment or within periodicity timelines established by the American Academy of Pediatrics (AAP) Bright Futures for ages two and younger, whichever is sooner.
        ii. For Members ages 18 months and older, CenCal Health promotes and ensures an initial health appointment is performed within 120 calendar days of Enrollment.
        iii. At the initial health appointment the PCP must provide, or arrange for provision of, all immunizations necessary to ensure that the Member is up-to-date for their age, Adverse Childhood Experiences (ACEs) screening, and any required age-specific screenings including developmental screenings.
        iv. If the provisions of the initial health appointment are not met, then CenCal Health ensures case management and Care Coordination are working directly with the Member to receive appropriate services that include but are not limited to health screenings, immunizations, and risk assessments.

B. Children's Preventive Services
    1. For all Members less than 21 years of age, CenCal Health promotes and its PCPs are required to provide preventive health visits and anticipatory guidance at times specified and as outlined in the most recent AAP Bright Futures Periodicity Schedule. CenCal Health promotes and its PCPs provide, as part of the periodic preventive visit, all age-specific assessments and services required by AAP Bright Futures.
    2. When a request is made for children's preventive services by the Member, the Member's parent(s) or guardian, or through a referral from the local Child Health and Disability Prevention (CHDP) program, an appointment must be made for the Member to have a visit within ten Working Days of the request, unless Member declines a visit within ten Working Days of the request and another appointment date is chosen by the Member.
    3. At each non-emergency Primary Care visit with a Member less than 21 years of age, the Member (if an emancipated minor), or the parent(s) or guardian of the Member, is advised of the Children's preventive services due and available from CenCal Health.

i. Documentation is entered in the Member's Medical Record which indicates the receipt of Children's preventive services in accordance with the AAP Bright Futures standards.

ii. If the services are refused, documentation is entered in the Member's Medical Record which indicates the services were advised, and the Member's (if an emancipated minor), or the parent(s) or guardian of the Member's voluntary refusal of those services.

4. CenCal Health promotes and ensures complete reporting and appropriate collection of all children's preventive services rendered and required as part of the DHCS Encounter Data submittal.

C. Immunizations

1. CenCal Health covers and promotes vaccinations, except for vaccinations expressly excluded in DHCS guidance to Medi-Cal Managed Care Health Plans, at the time of any health care visit and ensures the timely provision of vaccines in accordance with the most recent childhood immunization schedule and recommendations published by Advisory Committee on Immunization Practices (ACIP).

i. If vaccination services are refused, documentation is entered in the Member's Medical Record to indicate the services were advised, and the Member's (if an emancipated minor), or the parent(s) or guardian of the Member's voluntary refusal of those services.

ii. Providers documented attempts that demonstrate unsuccessful efforts to provide the vaccination are considered sufficient to meet vaccination requirements. Reasons for failed attempts to vaccinate must be medically coded.

2. At each non-emergency Primary Care visit with Members less than 21 years of age, the Member (if an emancipated minor), or the parent(s) or guardian of the Member, must be advised of the vaccinations due and available from CenCal Health immediately, if the Member has not received vaccinations in accordance with ACIP standards.

i. Documentation must be entered in the Member's Medical Record which indicates the receipt of vaccinations or proof of prior vaccination in accordance with ACIP standards.

ii. If vaccinations that could be given at the time of the visit are refused, documentation is entered in the Member's Medical Record which indicates the vaccinations were advised, and the Member's (if an emancipated minor), or the parent(s) or guardian of the Member's voluntary refusal of these vaccinations.

iii. If vaccinations cannot be given at the time of the visit, then documentation in the Medical Record must demonstrate that the Member was informed how to obtain necessary

vaccinations or that the Member was scheduled for a future appointment for vaccinations.

3. CenCal Health requires and ensures that Member-specific vaccination information is reported to immunization registries established in CenCal Health's Service Area(s) as part of the Statewide Immunization Information System.
    i. Reports must be made following the Member's initial health appointment and all other health care visits that result in an administered vaccine within 14 calendar days.
    ii. Registry reporting must be in accordance with all applicable State and federal laws.
4. Within 30 calendar days of Federal Food and Drug Administration (FDA) approval of any vaccine for childhood immunization purposes, CenCal Health covers and requires the provision and administration of the vaccine.
    i. CenCal Health covers, requires and ensures the provision of the vaccine from the date of its approval regardless of whether the vaccine has been incorporated into the Vaccines for Children (VFC) Program.
    ii. CenCal Health's coverage of the provision and administration of the FDA-approved vaccine is in accordance with Medi-Cal guidelines issued prior to final ACIP recommendations.
5. CenCal Health provides information to all Network Providers regarding the VFC Program and promotes and supports enrollment of applicable Network Providers in the VFC program as appropriate.

D. Blood Lead Screens
1. CenCal Health covers, promotes and ensures the provision of a blood lead screening test to Members at ages one and two in accordance with 17 CCR sections 37000 - 37100, and in accordance with DHCS APL 20-016.
    i. CenCal Health promotes and ensures its Network Providers follow the Childhood Lead Poisoning Prevention Branch (CLPPB) guidelines when interpreting blood lead levels and determining appropriate follow-up activities, including, without limitation, appropriate referrals to the local public health department.
    ii. CenCal Health identifies, at least quarterly, all Members less than six years of age with no record of receiving a required lead test, and reminds responsible Providers of the requirement to test Children.
2. If the Member refuses the blood lead screen test, CenCal Health requires Network Providers to ensure a signed statement of voluntary refusal by the Member (if an emancipated minor) or the parent(s) or

guardian of the Member is documented in the Member's Medical Record.

i. If the Member (if an emancipated minor) or the parent(s) or guardian of the Member refuses to sign the statement, the refusal must be noted in the Member's Medical Record.

ii. Documented unsuccessful attempts to provide the lead screen test are considered sufficient evidence to meet the lead testing requirement.

E. EPSDT Services

1. CenCal Health promotes and its PCPs are required to provide EPSDT screenings and AAP Bright Futures preventive services to Members and their families;
2. CenCal Health's Quality Department identifies Members who have not utilized EPSDT screening services or AAP Bright Futures preventive services and ensures outreach to these Members in a culturally and linguistically appropriate manner;
   i. For Members less than 21 years of age, CenCal Health complies with all requirements identified in APL 19-010.
      a) CenCal Health's Network Providers provide, or CenCal Health arranges and pays for, all Medically Necessary EPSDT services, including all Medicaid services listed in 42 USC section 1396d(a), whether or not included in the State Plan, unless expressly excluded by the DHCS 2024 Medi-Cal Managed Care Agreement.
      b) Covered Services includes, without limitation, in-home nursing provided by home health agencies or individual nurse Providers, as required by APL 20-012, Care Coordination, case management, and Targeted Case Management (TCM) services.
      c) If Members less than 21 years of age are not eligible or accepted for Medically Necessary TCM services by a Regional Center or local government health program, per requirements in Exhibit A, Attachment III, Section 5.6 (MOUs with Third Parties), CenCal Health arranges for comparable services for the Member under the EPSDT benefit in accordance with APL 19-010.
   ii. CenCal Health promotes and ensures its Network Providers arrange for all Medically Necessary services identified at a preventive screening or other visit identifying the need for treatment, either directly or through referral to appropriate agencies, organizations, or individuals, as required by 42 USC section 1396a(a)(43)(C).
      a) CenCal Health ensures all Medically Necessary services are provided in a timely manner, as soon as possible but

no later than 60 calendar days following the preventive screening or other visit identifying a need for treatment.

b) All Medically Necessary services are provided timely, whether or not the services are Covered Services under the DHCS 2024 Medi-Cal Managed Care Agreement.

iii. Without limitation, CenCal Health identifies available Providers, including if necessary out-of-network providers and Providers eligible to enroll in the Medi-Cal program, to ensure the timely provision of Medically Necessary services.

a) CenCal Health provides appointment scheduling assistance and necessary transportation, including Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT), to and from medical appointments for Medically Necessary services, including all services available through the Medi-Cal program, whether or not they are Covered Services under the DHCS 2024 Medi-Cal Managed Care Agreement.

iv. Covered Services do not include Specialty Mental Health Services (SMHS).

a) For these non-Covered Services, CenCal Health ensures that:

- The case management for Medically Necessary services authorized by county mental health plans, Drug Medi-Cal or Drug Medi-Cal Organized Delivery System Plans is equivalent to that provided by CenCal Health for Covered Services for Members less than 21 years of age;
- If indicated or upon the Member's request, CenCal Health provides additional Care Coordination and case management services as necessary to meet the Member's medical and behavioral health needs.

F. Local Education Agency (LEA) Services

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

G. To ensure Members' EPSDT screenings and AAP Bright Futures Preventive Services are completed and addressed appropriately, CenCal Health's Basic PHM system supports Primary Care case management, through CenCal Health's integration of cross-functional processes. Policy and procedure _____ Basic Population Health Management: Identifying Members Needing Preventive Services & Increasing Appropriate Preventive Services Utilization, defines CenCal Health's system to assure appropriate utilization of services,

including but not limited to EPSDT and AAP Bright Futures preventive services, for Members less than 21 years of age.

IV. Definitions:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

V. References:

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

- 2.2.10 – Quality Care for Children
- 5.3.4 – Services for Children less than 21 Years of Age

VI. Cross Reference:

A. Policy document:

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

VII. Attachments: N/A

Revision History:

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

CENCAL HEALTH POLICY AND PROCEDURE (P&P)	
Title: Community Advisory Board	**Policy No. :** MS-40
Department: Member Services	
Cross Functional Departments: Quality	
Effective Date: 01/2024	**Last Revised Date:** 05/2023
P&P Require DHCS Approval? Y ☒ N ☐	
Director/Officer Signature and Date: Eric Buben, Director of Member Services	**Officer Signature and Date:** Van Do-Reynoso, Chief Customer Experience Officer and Chief Health Equity Officer

I. Purpose:

To set forth the requirements of CenCal Health's Community Advisory Committee (CAC), known as CenCal Health's Community Advisory Board (CAB). To describe the representation, recruitment, and participation requirements of Medi-Cal Members on CenCal Health's CAB.

II. Policy:

A. CenCal Heath established and maintains a CAB and meets periodically with the CAB concerning the development and implementation of its cultural and linguistic accessibility standards and procedures. [22 CCR § 53876(c)]

B. CenCal Health shall ensure Member and family engagement through maintaining a CAB whose composition reflects CenCal Health's Member population and whose input is actively utilized in policies and decision-making by CenCal Health.

C. CenCal Health ensures that Medi-Cal Members, including Seniors and Persons with Disabilities (SPD), persons with chronic conditions (such as asthma, diabetes, congestive heart failure), Limited English Proficient (LEP) Members (including, without limitation, LEP Members under 21 years of age), and Members from diverse cultural and ethnic backgrounds or their representatives are included and invited to participate in establishing public policy within CenCal Health's CAB.

D. CenCal Health must engage in a Member and family-oriented engagement strategy to Quality Improvement (QI) and Health Equity, including children

and caregiver representation on the CAB, and using CAB findings and recommendations, and the results of Member listening sessions, focus groups and surveys, to inform QI and Health Equity Interventions for Members, including without limitation, those under 21 years of age.

E. CenCal Health has and must continue to maintain a diverse CAB pursuant to 22 CCR section 53876(c), comprised primarily of CenCal Health's Members, as part of the CenCal Health's implementation and maintenance of Member and community engagement with stakeholders, community advocates, traditional and Safety-Net Providers, and Members.

III. Procedure:

A. CAB Membership and Selection Committee

1. CenCal Health shall convene a CAB selection committee tasked with selecting the members of the CAB.

2. CenCal Health must demonstrate a good faith effort to ensure that the CAB selection committee is comprised of a representative sample of each of the persons below to bring different perspectives, ideas, and views to the CAB:

   a. Persons who sit on CenCal Health's Governing Board, which should include representation in the following areas: Safety Net Providers including FQHCs, behavioral health, regional centers, local education authorities, dental Providers, Indian Health Services (IHS) Facilities, and home and community-based service Providers; and
   b. Persons and community-based organizations who are representatives of each county within CenCal Health's Service Area adjusting for changes in membership diversity.

3. The CAB Selection Committee ensures the CAB membership reflects the general Medi-Cal Member population in CenCal Health's Service Area, including representatives from IHS Providers, LEP Members (including, without limitation, those under 21 years of age), adolescents and/or parents and/or caregivers of children, including foster youth, as appropriate and will be modified as the population changes to ensure that CenCal Health's community is represented and engaged. The CAB selection committee must also make good faith efforts to include representatives from diverse and hard-to-reach populations on the CAB, with a specific emphasis on persons who are representative of or serving populations that experience Health Disparities such as individuals with diverse racial and ethnic backgrounds, genders, gender identity, and sexual orientation and physical disabilities.

4. CenCal Health's CAB selection committee must select all of its CAB members promptly, no later than 180 calendar days from the effective date of CenCal Health's Medi-Cal Managed Care Contract with the California Department of Health Care Services (DHCS).

B. CAB Member Resignation

1. Should a CAB member resign, is asked to resign, or is otherwise unable to serve on the CAB, CenCal Health must make its best effort to promptly replace the vacant seat within 60 calendar days of the CAB vacancy.

C. CAB Coordinator

1. CenCal Health must designate a CAB coordinator and maintain a written job description detailing the CAB coordinator's responsibilities.
2. The CAB coordinator may be an employee of CenCal Health, CenCal Health's Subcontractor, or CenCal Health's Downstream Subcontractor. CenCal Health's CAB coordinator must not be a member of the CAB or a Member enrolled with CenCal Health.
3. The CAB coordinator 's responsibilities must include managing the operations of the CAB in compliance with all statutory, rule, and contract requirements, including, but not limited to:

    a. Ensuring CAB meetings are scheduled, and CAB agendas are developed with the input of CAB members;
    b. Maintaining CAB membership, including outreach, recruitment, and onboarding of new members, that is adequate to carry out the duties of the CAB;
    c. Actively facilitating communications and connections between the CAB and CenCal Health leadership, including ensuring CAB members are informed of CenCal Health decisions relevant to the work of the CAB;
    d. Ensuring that CAB meetings, including necessary facilities, materials, and other components, are accessible to all participants and that appropriate accommodations are provided to allow all attending the meeting, including, but not limited to, accessibility for individuals with a disability or LEP Members to effectively communicate and participate in CAB meetings; and
    e. Ensuring compliance with all CAB reporting and public posting requirements.

D. CAB Communications with CenCal Health's Board of Directors (BOD)
1. In order to ensure active communication between the CAB and CenCal Health's BOD, CenCal Health maintains a CAB liaison assigned by CenCal Health's BOD who sits on both the CAB and the BOD.

2. To keep the BOD apprised on current information from the CAB, the Member Services department assembles the CAB meeting minutes, agenda, and additional information through a CAB memorandum to include in the BOD packet for review and consideration following each CAB meeting.
3. CenCal Health also ensures that any regular changes to the duties of CAB are shared by a report from CenCal Health to the BOD.

E. DHCS Statewide Consumer Advisory Committee

1. CenCal Health must appoint one member of the CAB, selected by the CAB, or another CenCal Health Member designated by the CAB, to serve as CenCal Health's representative to DHCS' Statewide Consumer Advisory Committee, consistent with Exhibit A, Attachment III, Section 5.2.11.D (Community Engagement) of the contract between CenCal Health and DHCS. CenCal Health is responsible to compensate the CAB member representative for their time and participation on DHCS' Statewide Consumer Advisory Committee, including transportation expenses to appear in person.

F. CAB Meetings

1. CenCal Health must hold its first regular CAB meeting promptly after all initial CAB members have been selected by the CAB selection committee and quarterly thereafter.

2. CenCal Health must make the regularly scheduled CAB meetings open to the public, posting meeting information publicly on CenCal Health's website in a centralized location, 30 calendar days prior to the meeting, and in no event later than 72 hours prior to the meeting.

3. CenCal Health must provide a location for CAB meetings and all necessary tools and materials to run meetings, including, but not limited to, making the meeting accessible to all participants, and providing accommodations to allow all individuals to attend and participate in the meetings.

4. CAB must draft written minutes of each of its meetings and the associated discussions.
    a. All minutes must be posted on CenCal Health's website and submitted to DHCS no later than 45 calendar days after each meeting.
    b. CenCal Health must retain the minutes for no less than 10 years and provided to DHCS, upon request.

5. CenCal Health must ensure that CAB members are supported in their roles on the CAB, including but not limited to providing resources to educate CAB members to ensure they are able to effectively participate in CAB meetings, providing transportation to CAB meetings, arranging childcare as necessary, and scheduling meetings at times and in formats to ensure the highest CAB member participation possible.

6. CenCal Health must demonstrate that CAB input is considered in annual reviews and updates to relevant policies and procedures, including CAB input pursuant to Exhibit A, Attachment III, Section 5.2.11.E (Community Advisory Committee) of the contract between CenCal Health and DHCS, that is relevant to policies and procedures affecting cultural and linguistic services, quality, and Health Equity. CenCal Health must provide a feedback loop to inform CAB members how their input has been incorporated.

G. Duties of the CAB

1. The CAB shall carry out the duties as set forth in CenCal Health's Managed Care Contract with the DHCS. Such duties include, but are not limited to:

   a. Identifying and advocating for preventive care practices to be utilized by CenCal Health;
   b. CenCal Health must ensure that the CAB is included and involved in developing and updating cultural and linguistic policy and procedure decisions, with the objective to evaluate and improve (where necessary) such services that support the delivery of Covered Services to Members, including those less than 21 years of age. Such cultural and linguistic policy and procedure decisions, shall include, without limitation, those related to QI, education, and operational and cultural competency issues affecting groups who speak a primary language other than English. The CAB may also advise on necessary Member or Provider targeted services, programs, and trainings;
   c. The CAB must provide and make recommendations to CenCal Health regarding the cultural appropriateness of communications, partnerships, and services;
   d. The CAB must review Population Needs Assessment (PNA) findings and have a process to discuss improvement opportunities with an emphasis on Health Equity and Social Drivers of Health. CenCal Health must allow its CAB to provide input on selecting targeted health education, cultural and linguistic, and QI strategies;
   e. CenCal Health must provide sufficient resources for the CAB to support the required CAB activities outlined above, including supporting the CAB in engagement strategies such as consumer listening sessions, focus groups, and/or surveys; and

f. The CAB must provide input and advice, including, but not limited to, the following:

i. Culturally appropriate service or program design;
ii. Priorities for health education and outreach program;
iii. Member satisfaction survey results;
iv. Findings of the Population Needs Assessment (PNA);
v. Plan marketing materials and campaigns.
vi. Communication of needs for Network development and assessment;
vii. Community resources and information;
viii. Population Health Management;
ix. Quality;
x. Health Delivery Systems Reforms to improve health outcomes;
xi. Carved Out Services;
xii. Coordination of Care;
xiii. Health Equity; and
xiv. Accessibility of Services

H. CAB Demographic Report

1. To ensure CenCal Health's CAB membership is representative of the Communities in the Plans' Service Area, CenCal Health must complete and submit to DHCS annually an Annual CAB Member Demographic Report by April 1 of each year.

2. The Annual CAB Member Demographic Report must include descriptions of all of the following:

a. The demographic composition of CAB membership;
b. How CenCal Health defines the demographics and diversity of its Members and Potential Members within the Plan's Service Area;
c. The data sources relied upon by CenCal Health to validate that its CAB membership aligns with the Plan's Member demographics;
d. Barriers to and challenges in meeting or increasing alignment between CAB's membership with the demographics of the Members within the Plan's Service Area;
e. Ongoing, updated, and new efforts and strategies undertaken in CAB membership recruitment to address the barriers and challenges to achieving alignment between CAB membership with the demographics of the Members within the Plan's Service Area; and
f. A description of the CAB's ongoing role and impact in decision-making about Health Equity, health-related initiatives, cultural and linguistic services, resource allocation, and other community-based initiatives, including examples of how CAB input impacted and shaped CenCal Health initiatives and/or policies.

IV. Definitions:

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

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

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

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

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

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

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

V. References:

A. 22 CCR section 53876(c)

B. CenCal Health's Medi-Cal Managed Care Contract with DHCS, Exhibit A Attachment III Section 1.1.10 Member Representation

C. CenCal Health's Medi-Cal Managed Care Contract with DHCS, Exhibit A Attachment III Section 2.2.10.E.7 Quality and Health Equity

D. CenCal Health's Medi-Cal Managed Care Contract with DHCS, Exhibit A Attachment III Section 5.2.11.D.8 Community Engagement

E. CenCal Health's Medi-Cal Managed Care Contract with DHCS, Exhibit A Attachment III Section 5.2.11.E Community Advisory Committee

F. PL 99-001 Community Advisory Committee

VI. Cross Reference: N/A

VII. Attachments: N/A

Revision History:

Revision Date	Leaders who Reviewed and Approved	Reason for Change	Effective Date	DHCS Approval Date
2/2023		Policy revised to align with 2024 DHCS Contract Amendment requirements for R.0056 and R.0059.	1/1/2024	TBD

CENCAL HEALTH POLICY AND PROCEDURE (P&P)	
Title: Provider Credentialing and Recredentialing	**Policy No.:** PS-CR03
Department: Provider Services	
Cross-Functional Departments: Quality	
Effective Date: 01/2024	**Last Revision Date:** N/A
P&P Require DHCS Approval? Y ☒ N ☐	
Director or Officer Signature and Date: Luis Somoza Provider Services Director	**Officer Signature and Date:** Jordan Turetsky Chief Operating Officer Emily Fonda, MD Chief Medical Officer

I. Purpose

To ensure that CenCal Health's Network Providers and practitioners meet, and will continue to meet, all professional licensing and performance credentialing requirements necessary in order to provide CenCal Health members at all times with the highest level of medical, hospital and behavioral health care possible. Also, to ensure that participating providers, practitioners and physician executives meet basic qualifications before providing services to members of CenCal Health programs.

II. Policy:

A. CenCal Health and its fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors shall maintain written policies and procedures for the initial credentialing, recredentialing, recertification and reappointment of all Network Providers and practitioners that render acute, primary, and/or behavioral health services to assigned members, in accordance with 42 CFR section 438.214 and Part 2 of the Department of Health Care Services (DHCS) APL 22-013, dated July 19, 2022 (supersedes APL 19-004, dated June 12, 2019)

B. CenCal Health ensures Network Providers and practitioners who deliver covered services to Members are qualified in accordance with applicable standards and are licensed, certified or registered, as appropriate. This policy also defines the credentialing of physicians and physician executives who serve in an administrative capacity for CenCal Health, and who make decisions regarding Utilization Management, Case Management, Quality Improvement, Member Satisfaction, Peer Review, Pharmacy & Therapeutics, or other decisions affecting clinical care or services for members of CenCal Health programs. Providers and practitioners are informed of the credentialing policy and procedure through their Provider contract agreements and amendments, CenCal Health's Provider Manuals, CenCal Health's website, Provider Bulletin articles, and other materials issued by CenCal Health.

III. Procedure:

A. The CenCal Health credentialing and recredentialing functions are a component of the Quality Improvement and Health Equity Transformation Program which is overseen by the Quality Improvement and Health Equity Committee (QIHEC). The Provider Credentials Committee (PCC) is a subcommittee of the QIHEC, chaired by the CenCal Health Chief Medical Officer or designee, and comprised of at least six credentialed Network Providers or practitioners. The PCC's functions include:

   a. Reviewing provider's and practitioner's requests for participation in CenCal Health's provider network; and

   b. Providing final decisions regarding initial or subsequent credentialing based on clinical competency and professional conduct.

B. Providers To Be Credentialed

   1. The scope of the Network Providers and practitioners to be credentialed and recredentialed by CenCal Health under this policy include all licensed and contracted Medical Doctors (MDs), Doctors of Osteopathy (DOs), Doctors of Podiatric Medicine (DPMs), Doctors of Chiropractic (DCs), doctoral level behavioral health practitioners (PhDs, PsyDs), any dentists who provide services under medical benefits (e.g., oral surgeons, DDSs); non-physician behavioral health practitioners such as licensed marriage and family therapists (LMFTs), licensed clinical social workers (LCSWs), professional clinical counselors, (PCCs), board certified behavior analysts (BCBAs); non-physician medical practitioners such as nurse practitioners (NPs), physician assistants (PAs), certified nurse midwives (CNMs) and certified nurse anesthetists

(CRNAs); and non-physician non-licensed independent practitioners such as registered dieticians (RDs) and physical therapists (PTs). CenCal Health will credential and recredential the following practitioners:

a. All Network Providers and practitioners who have a contracted, independent relationship with CenCal Health

b. All Network Providers and practitioners who see members outside the inpatient hospital setting or outside ambulatory freestanding facilities.

c. All physician executives who serve in an administrative capacity for CenCal Health or contracted groups.

d. All Network Providers and practitioners who are hospital-based but see CenCal Health's members as a result of their independent relationship with CenCal Health. An example of this type of practitioner would be an anesthesiologist with a pain management practice.

2. CenCal Health will *not* credential or recredential the following practitioners:

a. Providers or practitioners who practice exclusively within the inpatient setting and who provide care for CenCal Health's members only as a result of the members obtaining care at the hospital or inpatient setting

b. Providers or practitioners who practice exclusively within freestanding facilities and who provide care for CenCal Health's members only as a result of the members obtaining care at the facility.

C. Non-Discrimination Policy for Network Providers and Practitioners

1. No provider or practitioners shall be denied an agreement with CenCal Health, have any corrective actions imposed, or have his/her agreement suspended or terminated solely on the basis of race, color, age, gender, marital status, sexual orientation, religious creed, ancestry, national origin, physical or mental disability, or the types of procedures or the patients in which the provider or practitioner specializes.
2. CenCal Health will track and trend reasons for denial and/or termination from the network to protect against discrimination occurring in the credentialing or recredentialing process. A monitoring report will be reviewed by the PCC at least annually.
3. PCC members shall sign a "Statement of Confidentiality" that includes a non-discrimination statement.
4. Documents and information submitted to the PCC for a decision to participate in CenCal Health's provider network shall not designate a practitioner's race, ethnic or national identity, gender, age, sexual orientation or types of procedures performed except where needed for verification of

information as part of the credentialing process, such as with the NPDB or AMA.

D. Credentialing Application and Letter

1. A credentialing application, attestation, and contract agreement must be completed, signed, and returned to CenCal Health by each provider and practitioner interested in participation.
2. The application for Network Provider and practitioner credentialing requires a signed and dated attestation, which includes, but is not limited to, the following statements by the applicant regarding the following:
    a. Any limitations or inabilities that affect the practitioner's ability to perform any of the position's essential functions, with or without accommodation.
    b. Lack of present illegal drug use
    c. History of loss of license and felony convictions
    d. Any history of loss or limitation of privileges or disciplinary activity
    e. Current adequate malpractice insurance coverage as per the Physician Service Agreement
    f. The application's accuracy and completeness.
3. The application requests a copy of the current DEA certificate (if applicable), malpractice insurance policy face sheet indicating term and liability limits, and written documentation of:
    a. All work history activities since completion of postgraduate training, either on the application or a Curriculum Vitae, with a written or verbal explanation of any gaps of six months or more in the work history (gaps in work history exceeding one year must be explained in writing)
    b. An explanation of all positive answers to attestation questions on the application.
4. The application also requests information regarding board certification, professional training, Educational Commission of Foreign Medical Graduates (ECFMG) (if applicable), clinical privileges, felony convictions, malpractice history, Medicare and Medi-Cal certificate numbers, and pertinent information regarding office features.

E. Initial Credentialing

1. All Network Providers must have executed Network Provider agreements with CenCal Health and must be qualified in accordance with current applicable legal, professional, and technical standards, including

appropriate licensure, certification, or registration as required by state and federal law.

2. All Network Providers and practitioners must have a valid National Provider Identifier (NPI) number.

3. All contracted Laboratory Testing Sites must have either a Clinical Laboratory Improvement Act (CLIA) certificate or waiver of a certificate of registration along with a CLIA identification number.

4. CenCal Health shall conduct onsite reviews of its Network Provider sites but may accept evidence of National Committee on Quality Assurance (NCQA) Provider Organization Certification (POC) in lieu of a monitoring visit at the Network Provider's site. Conversely, CenCal Health may choose to seek POC from the NCQA which would allow CenCal Health to be exempt from DHCS' medical review audit of credentialing practices, while retaining overall responsibility for ensuring that credentialing requirements are met.

5. All verifications, attestations, and information releases will be less than 180 days old (or for some, 365 days) at the time of the credentialing decision as per NCQA standards.

F. Initial Primary Source Verification

1. At time of credentialing, at least the following information is verified from the primary source or an NCQA approved verification source:

   a. A current valid license to practice in the State of California, verified with the Medical Board of California, Dental Board of California, the California Board of Chiropractic Examiners, or Board of Registered Nurses. Alternate means of verification include entry in the AOA or AMA Physician Master Files. CenCal Health retains the right to decline to accept an initial credentialing application from a practitioner whose license is on probation or otherwise not free and unencumbered.

   b. The status of clinical privileges at any contracted inpatient facility within CenCal Health's service area listed by the practitioner on the application, if applicable, by contacting the facility's medical staff office. If an applicant does not have adequate clinical privileges, as determined by the practitioner's agreement with CenCal Health, the practitioner must supply the name(s) of any practitioner(s) who will admit members to a contracted inpatient facility on their behalf, (known as a "covering practitioner"). Covering practitioners must be

participating practitioners in CenCal Health's network and must have a specialty that is comparable to that of the practitioner he is covering. A practitioner may also designate the hospitalist program at a contracted inpatient facility as his inpatient coverage.

c. A valid DEA certificate, as applicable, by obtaining a photocopy of the original certificate. Alternate means of verification include: documented visual inspection of the original certificate, or entry in the AMA or AOA Physician Master Files. If a practitioner does not have all schedules on their DEA certificate, CenCal Health will contact the practitioner for an explanation of the missing schedules and the practitioner's plan for continuity of care.

2. Education and training of Network Providers: If the practitioner is not board certified, CenCal Health verifies the practitioner's highest level of education and training, by contacting the school or residency program. Practitioner's specialties will be listed in CenCal Health's Provider Directory according to their highest level of education and training: i.e. board certification or completed residency in their indicated specialty and subspecialty areas of concentration. Any practitioner not meeting the above criteria will be listed as a General Practitioner in the Provider Directory. A practitioner wishing to contract as a Primary Care Provider (PCP) must have completed a residency in a field that qualifies them to act as a PCP. CenCal Health has determined that residency programs meeting these criteria include: Internal Medicine, Family Practice, and Pediatrics.

3. If the Network Provider or practitioner has been identified as an HIV/AIDS Specialist, the following additional criteria is verified prior to indicating this sub-specialty in provider listings:

   a. Provider or practitioner is credentialed as an "HIV Specialist" by the American Academy of HIV Medicine; OR

   b. Is board certified, or has earned a Certificate of Added Qualification, in the field of HIV medicine granted by a member board of the American Board of Medical Specialties, should a member board of that organization establish board certification, or a Certificate of Added Qualification, in the field of HIV medicine; OR

   c. Is board certified in the field of infectious diseases by a member board of the American Board of Medical Specialties and meets the following qualifications:

i. In the immediately preceding 12 months has clinically managed medical care to a minimum of 25 patients who are infected with HIV; AND
ii. In the immediately preceding 12 months has successfully completed a minimum of 15 hours of category 1 continuing medical education in the prevention of HIV infection, combined with diagnosis, treatment, or both, of HIV-infected patients, including a minimum of 5 hours related to antiretroviral therapy per year; OR
iii. Meets the following qualifications:
    I. In the immediately preceding 24 months has clinically managed medical care to a minimum of 20 patients who are infected with HIV; AND
    II. Has completed any of the following:
        1) In the immediately preceding 12 months has obtained board certification or re-certification in the field of infectious diseases from a member board of the American Board of Medical Specialties; OR
        2) In the immediately preceding 12 months has successfully completed a minimum of 30 hours of category 1 continuing medical education in the prevention of HIV infection, combined with diagnosis, treatment, or both, of HIV-infected patients; OR
        3) In the immediately preceding 12 months has successfully completed a minimum of 15 hours of category 1 continuing medical education in the prevention of HIV infection, combined with diagnosis, treatment, or both, of HIV-infected patients and has successfully completed the HIV Medicine Competency Maintenance Examination administered by the American Academy of HIV Medicine.
iv. Board certification. If the Network Provider or practitioner states that he/she is board certified on the application, certification is verified through the specific board, the ABMS, or entry in the AMA or AOA Physician Master Files.
v. History of professional liability claims by querying the NPDB. Sanction information by querying the NPDB, HIPDB, CIN-BAD, the appropriate state medical boards, and/or the AMA/AOA Physician Master Files.

vi. Medicare/ Medicaid sanctions by querying the NPDB, CIN-BAD, or OIG. Also monitored via Suspended & Ineligible Provider List & Excluded Parties List System.
vii. All Network Providers and practitioners must have good standing in the Medicare and Medicaid/Medi-Cal programs. Providers and practitioners that have been terminated from either Medicare or Medicaid/Medi-Cal cannot participate in CenCal Health's provider network,

4. Initial Credentialing Site Visits: For all PCPs, a Facility Site Review of the provider's primary care office location(s), including an audit of patients' medical records, is performed by a CenCal Health nurse reviewer who is certified by DHCS to perform these site and medical record reviews. The facility review evaluates the office or clinic as compared to CenCal Health's and the Department of Health Care Services' standards. The medical record review evaluates the documentation of appropriate care to ensure conformity with CenCal Health's and the Department of Health Care Services' standards.

G. Recredentialing

1. The Recredentialing process is repeated at least every three years but may be repeated more frequently when required by a change in relevant information or at the direction of the PCC. Network Providers, practitioners and physician executives are recredentialed within three years of their last credentialing date, which is the date the PCC rendered their decision regarding the provider's or practitioner's participation.

2. Recredentialing Primary Source Verification: During recredentialing, at least the following information is verified from the same primary sources as those used for initial credentialing:
   a. A valid California state license to practice
   b. A valid DEA certificate (if applicable). If a practitioner does not have all schedules on his DEA Certificate, CenCal Health will request an explanation of the missing schedules and the practitioner's plan for continuity of care
   c. Malpractice insurance is current and adequate
   d. The status of clinical privileges at all contracted hospitals within CenCal Health's service area that the practitioner lists on the application (as applicable)
   e. Board certification, if the practitioner states that he/she is board certified
   f. If the practitioner has been identified as an HIV/AIDS Specialist, the criteria described in the "Initial Primary Source Verification" section of

this policy is re-verified in order to continue indicating this sub-specialty in provider listings.

3. History of professional liability claims.

4. Sanctions Information. The Medical Board of California, the NPDB, and CIN-BAD (as applicable) are queried for any reported sanctions or actions against the practitioner's license since last review. Sanction information may also be identified through querying the HIPDB or entry in the AMA/AOA Physician Master Files. If the practitioner has been licensed in another state within the past five years, that state's medical board will be contacted for status and sanction history.

5. For PCPs and specialty care providers, the Provider Credentials Committee incorporates the following minimum quality data in its recredentialing review:
    a. Member grievance data as reported by Member Services Department. All member complaints in the previous credentialing cycle will be documented in the practitioner's file, but only those complaints that meet or exceed the following criteria are brought to the PCC for review:
        i. *Pattern:* 3 or more complaints of the same type in the previous credentialing cycle
        ii. *Severity:* 3 or more "with merit" in the previous credentialing cycle

6. Provider complaint data as reported by Provider Services Department

7. Information from quality improvement activities, which may include routine medical record audits as appropriate and any quality of care concerns known to CenCal Health that may be useful to the Committee in making an informed recommendation regarding clinical competency and/or professional conduct. Quality of care concerns include those reviewed by the Chief Medical Officer, Health Services Department, and by other committees of CenCal Health, including but not limited to peer review. Peer review activities are overseen by CenCal Health's Chief Medical Officer or medical director designee, in coordination with all credentialing considerations.

8. Recredentialing Site Visits: An office visit and assessment of medical record keeping practices is conducted for all PCP practice sites within the three-year period before a recredentialing decision. PCPs must attain a passing score on facility and chart audit, or submit a corrective action plan if required within the specified time frame.

9. Continuous Monitoring of credentials: In order to verify that all providers' and practitioner's licenses, DEA certificates, and liability coverage have not lapsed during the three-year recredentialing cycle, CenCal Health will routinely request current documentation either via the internet or by contacting the provider or practitioner.

10. Continuous Monitoring of quality and performance: The Health Services staff and Chief Medical Officer also routinely monitor quality issues that may impact the credentialing process, including member/provider complaints and other quality of care concerns.

11. Continuous Monitoring of sanctions: CenCal Health routinely monitors for medical board actions by obtaining real-time reports via e-mail subscription.

H. Provider/Practitioner Application Recommendations and Actions

1. No Issues files may be approved via Medical Director signature. NCQA recognizes the Medical Director sign-off date as the approval date.

2. If it is established that the applicant has verification or clinical issues for discussion, the PCC must review the file and render a decision with or without restrictions, including but not limited to full approval, approval for a shortened timeframe, or request for additional information.

3. The PCC decision is final. The PCC may still credential a provider or practitioner despite documentation of unfavorable information (e.g., malpractice claims, deficient site audits, sanctions).

4. The decisions of the PCC are based on a risk of harm to CenCal Health's members. Such a risk may be based on (but is not limited to) one or all of the following:
    a. Clinical incompetence
    b. Improper professional conduct
    c. Malpractice claims history
    d. Past or current disciplinary actions and sanctions
    e. Lack of work history or unexplained gaps in work history
    f. A history of restrictions and/or revocations of licensure, DEA certification, clinical privileges, and/or participation in other medical organizations
    g. Felony convictions and/or illegal drug use
    h. Member complaints and/or unsatisfactory member surveys
    i. Fraudulent credentials or misrepresentation of credentials

j. Noncompliance/nonresolution with CenCal Health's quality improvement plan and quality of care issues

5. CenCal Health notifies applicants of initial credentialing decisions and recredentailing denials within 60 days of the decision date.

I. Disciplinary Actions Against Network Providers and Network Providers Appeal of Corrective Actions

1. The PCC may impose corrective actions, after a governmental agency takes action against a provider or practitioner that affects the provider's/practitioner's license or credentials to practice or authorization to prescribe controlled substances.

J. Provider Right to Appeal

1. If the PCC denies participation of an applicant or terminates participation of a contracted provider or practitioner, the provider/practitioner has the right to appeal this decision as stated in CenCal Health's policy titled Provider Complaints and Grievances

2. A provider or practitioner must exhaust the remedies afforded by CenCal Health's Provider Complaints and Grievances policy before resorting to formal legal action which
   - Challenges any decision made pursuant to this credentialing policy or the procedures used to arrive at such a decision
   - Asserts any claim against CenCal Health or any participants in the decision process.

3. If the PCC terminates a provider's or practitioner's participation in CenCal Health's provider network and the provider/practitioner does not request a hearing or appeal and the decision of the PCC is upheld, Provider Services shall immediately proceed, pursuant to the terms of the provider's agreement with CenCal Health, to terminate the agreement.

K. Medical Board of California and National Practitioner Data Bank (NPDB) Reporting

1. Pursuant to Business and Professions Code, Section 805, CenCal Health shall report any reportable actions related to a "medical disciplinary cause or reason" to the Medical Board of California and/or the National Practitioner Data Bank following relevant reporting guidelines.

2. A provider or practitioner who is the subject of a proposed adverse action reportable to the Medical Board of California or the NPDB may request an informal meeting with the Director of Provider Services to dispute the text of the report filed regarding verification issues, and/or with the Chief Medical Officer or appointed Medical Director regarding any Quality of Care dispute. The report dispute meeting shall not constitute a hearing and shall be limited to the issue of whether the report to be filed is consistent with the final action.

L. Delegation of Credentialing and Recredentialing

CenCal Health has the discretion to delegate credentialing and recredentialing activities to subcontractors and downstream subcontractors such as to a professional credentialing verification organization or to entities such as medical groups or independent physician organizations. CenCal Health shall enter into a formal and detailed written agreement with the delegated entity. Such agreement shall be revised when the parties change the agreement's terms and conditions. CenCal Health shall remain ultimately responsible for the completeness and accuracy of the delegated activities.

M. CenCal Health shall establish a delegation system that performs the following functions:

1. Evaluates the delegated entity's ability to perform delegated activities that includes an initial review to assure that the delegated entity has the administrative capacity, experience, and budgetary resources to fulfill its responsibilities.

2. Assures its members that the same standards of participation as required by DHCS and CenCal Health are maintained throughout its provider network;

3. Retains the right to approve, suspend, or terminate all providers, practitioners and sites of care;

4. Continuously monitors, evaluates, and approves the delegated functions through the receipt and review of reports no less than semiannually;

5. Ensures that a consistent and equitable process is used throughout its network by requiring:
   a. The delegated entity adheres to at least the same criteria outlined in this policy. CenCal Health will evaluate the delegated entity's capacity to perform the delegated activities prior to delegation.

   b. A mutually agreed upon document, which may be a contract, letter, memorandum of understanding, or other document, which clearly

defines the performance expectations for CenCal Health and the delegated entity. This document will define CenCal Health's and the delegate's specific duties, responsibilities, activities, reporting requirements, and identifies how CenCal Health will monitor and evaluate the delegate's performance. This mutually agreed upon document will also specify the remedies available to CenCal Health, including (but not limited to) revocation of the delegation if the delegate does not fulfill its obligations.

c. CenCal Health's staff to audit the delegate's policies and procedures and a sample of credentialing files on an annual basis to evaluate whether the delegated entity's activities are being conducted in accordance with CenCal Health's expectations and NCQA standards. The only exception to the oversight requirements is when CenCal Health delegates to an entity that is NCQA Certified for Credentialing or accredited by NCQA. CenCal Health may waive the annual audit and may assume that the delegate is carrying out responsibilities in accordance with NCQA standards.

d. At least annually, CenCal Health's staff monitors the delegate's credentialing system security controls to ensure the delegate monitors its compliance with the delegation agreement or with the delegate's policies and procedures.

e. At least annually, CenCal Health acts on all findings that result from each delegate's monitoring of its credentialing system security controls. CenCal Health implements a quarterly monitoring process until each delegate demonstrates improvement for a finding over three consecutive quarters.

f. If monitoring reveals deficiencies in the delegate's credentialing and recredentialing processes, CenCal Health will work with the delegate to set priorities and correct the problems. If serious problems cannot be corrected, CenCal Health will revoke the delegation arrangement that CenCal Health retains the right, based on quality issues, to approve, suspend or terminate providers and practitioners.

g. Functions performed by vendors that do not involve decision-making (i.e. data collection as may be performed by a CVO) are not delegated functions, as defined in this section.

IV. Definitions:

American Board of Medical Specialties (ABMS): An NCQA-approved source for verification of board certification.

American Medical Association (AMA) Physician Master File: An NCQA-approved source for verification of various MD credentials, including, but not limited to: medical license, DEA certificate, education and training, board certification, sanction activity.

American Osteopathic Association (AOA) Official Osteopathic Physician Profile Report/Physician Master File: An NCQA-approved source for verification of various DO credentials, including, but not limited to: medical license, DEA certificate, education and training, board certification, sanction activity.

Chiropractic Information Network-Board Action Databank (CIN-BAD): Official Actions Database which is a comprehensive repository of information on actions taken by official bodies with regard to individual chiropractors. It is maintained by the Federation of Chiropractic Licensing Boards as a service to its member boards, to the health care community, and to the general public.

Complete Application: An application with 1) All blanks filled in and necessary additional explanations provided; 2) all requested attachments submitted; 3) verification of the information is complete; and 4) all information necessary to properly evaluate the applicant's qualifications received and is consistent with the information provided in the application.

Council for Affordable Quality Healthcare (CAQH): CAQH is a non-profit alliance of health plans and related associations working together to achieve the shared goal of streamlining the business of healthcare. CAQH is an NCQA-certified Credentials Verification Organization (CVO) and serves as a central repository for credentialing applications that member organizations can access.

Credentialing: means the process of determining a Provider or an entity's professional or technical competence, and may include registration, certification, licensure and professional association membership in order to ensure that Network Providers are properly licensed and certified as required by state and federal law. A part of CenCal Health's Quality Assessment and Improvement Program which verifies credentials with the issuer of the credential or other recognized monitoring organization, in order to evaluate a provider's qualifications, affiliations, competency, and to monitor the quality of medical services provided.

Credentials Verification Organization (CVO): An organization that provides primary source verification services to health care organizations to improve and expedite the credentialing process.

Educational Commission for Foreign Medical Graduates (ECFMG): An organization that certifies providers who have graduated from a medical school

in another country. ECFMG verifies each provider's diploma with the medical school prior to issuing certification.

Facility-based Provider: A provider who sees CenCal Health's members only as a result of the member being directed to a hospital, freestanding facility, or other inpatient setting. Examples of this type of provider are hospitalists, pathologists, radiologists, anesthesiologists, neonatologists, and emergency room physicians. The facility is responsible for credentialing these providers.

Freestanding Facilities*:* A health care facility that is physically, organizationally, and financially separate from a hospital and whose primary purpose is to provide immediate or short-term medical care on an outpatient basis. Examples of this type of facility include, but are not limited to, mammography centers, urgent care centers, surgical centers, and ambulatory behavioral health care facilities. CenCal Health assesses these facilities as Organizational Providers.

Healthcare Integrity and Protection Data Bank (HIPDB)*:* A nationwide flagging system established by the Health Insurance Portability and Accountability Act of 1996, Section 221(a), Public Law 104 191, to create a databank of healthcare related adverse actions, including civil judgments, criminal convictions, and actions taken by federal and state agencies responsible for licensing and certification of healthcare practitioners, providers, and suppliers.

Independent Relationship*:* An independent relationship exists between CenCal Health and a provider when CenCal Health directs its members to see a specific provider or group of providers. An independent relationship is not synonymous with an independent contract.

Medical Disciplinary Cause or Reason*:* Refers to an aspect of a provider's competence or professional conduct that is reasonably likely to be detrimental to patient safety or to the delivery of patient care.

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

National Practitioners Data Bank (NPDB): An information clearinghouse established by Title IV of Public Law 99-660 (the Health Care Quality Improvement Act of 1986), to collect and release certain information related to the professional competence and conduct of physicians, dentists, and other health care providers. The U.S. Government established the Data Bank to enhance professional review efforts by making certain information concerning medical malpractice payments and adverse actions available to eligible entities and individuals.

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

subcontractor or downstream subcontractor by virtue of the network provider agreement.

Office of Inspector General (OIG): In response to legislation preventing certain individuals and businesses from participating in federally-funded health care programs (e.g. Medicare), the OIG developed a program to exclude these individuals and entities, and maintains a list of all currently excluded parties. Querying the OIG identifies parties excluded due to sanctions imposed by federally-funded health care programs.

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

Provider Credentials Committee: A committee of credentialed Network Providers who are made responsible by the QIHEC to review and render decisions regarding provider credentialing and recredentialing.

Primary Source Verification: Refers to contacting the entity, agency, or institution that issues a provider's credential for verification of the document's authenticity. Also refers to an entity, such as a state licensing agency with legal responsibility for originating a document and ensuring the accuracy of the document's information. For some credentials, the primary source does not need to be contacted directly if they make verification available through another source. For the purposes of this policy, primary source verification means contacting either the actual issuer or another recognized monitoring source approved for verification by the National Committee for Quality Assurance (NCQA). For example, board certification may be verified by contacting the appropriate specialty board (the issuer) or the NCQA approved source of the American Board of Medical Specialties (ABMS) directory.

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

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

Subcontractor: means an individual or entity that has a contract with an Managed Care Organization (MCO), Prepaid Inpatient Health Plan (PIHP), Prepaid Ambulatory Health Plan (PAHP), or Primary Care Case Management (PCCM) entity that relates directly or indirectly to the performance of the MCO's, PIHP's, PAHP's, or PCCM entity's obligations under its contract with the State. A

Network Provider is not a subcontractor by virtue of the Network Provider agreement with the MCO, PIHP, or PAHP

Verification File: A provider's complete credentialing application with all verifications and documentation gathered during the credentialing verification process, including quality improvement data furnished by the Health Services Department and member complaint data furnished by the Member Services Department.

180-Day Timeframe: To ensure that the PCC does not consider an applicant whose credentials may have changed since verification, CenCal Health and its staff will adhere to strict timeframes for the credentialing process. All verifications, attestations, and information releases will be less than 180 days old at the time of the credentialing decision as per NCQA standards, with the exception of those designated by NCQA as 365 (360) day time limited. For written verifications, the 180-day time limit begins with the date on the written verification from the entity that verified that particular credential. Unless otherwise stated, all verification timeframes in this policy are 180 days prior to the decision.

V. References:

A. 42 CFR section 438.2
B. 42 CFR section 438.214
C. DHCS 2024 Medi-Cal Managed Care Contract, Exhibit A, Attachment III, section 2.2.12
D. DHCS APL 22-013, dated July 19, 2022, supersedes APL 19-004
E. DHCS APL 19-004, dated June 12, 2019, supersedes APL 17-019

VI. Cross Reference:

A. Policy and Procedures (P&Ps):

1. PS-CR01 Provider Enrollment and Screening
2. PS-CR21 Facility Site Review and Medical Record Review Overview
3. PS-CR22 Facility Site Review and Medical Record Review Process
4. PS-CR23 Medical Record Standards

VII. Attachments: N/A

Revision History:

P&P Revision Date	Leaders who Reviewed and Approved P&P Revisions	Reason for P&P Revisions	P&P Revision Effective Date	DHCS P&P Approval Date
2023-11		2024 Template Migration		
2023-09		NCQA Revision		
2022-12		2024 Contract Amendment Update		
2022-08		2024 Contract Amendment Update		
2021-01		Removed references to obsolete policy, update staff titles and committee names		
2019-05		Added NPMPs, CAQH, Medical Director sign off of all clean files. Changed reference of policy number from 500-2010-J to PS-CR03		

CENCAL HEALTH POLICY AND PROCEDURE (P&P)	
Title: Vaccines for Children Program	**Policy No. :** PS-CR35
Department: Provider Services	
Cross Functional Departments: Quality	
Effective Date: 01/2024	**Last Revised Date:** 11/2023
P&P Require DHCS Approval? Y ☒ N ☐	
Director/Officer Signature and Date: Luis Somoza Provider Services Director	**Officer Signature and Date:** Jordan Turetsky, MPH Chief Operating Officer

I. **Purpose**: To specify how CenCal Health will inform its Network Providers about the Vaccines for Children (VFC) Program, including promoting and supporting enrollment of appropriate Network Providers in the Program.

II. **Policy**:

A. CenCal Health shall provide information to all Network Providers regarding the VFC Program. CenCal Health shall promote and support enrollment of applicable Network Providers in the VFC program to improve access to immunizations.

B. CenCal Health shall cover and ensure the provision of the vaccine from the date of its approval regardless of whether or not the vaccine has been incorporated into the VFC Program. CenCal Health coverage shall be in accordance with Medi-Cal guidelines issued prior to final Advisory Committee of Immunization Practices (ACIP) recommendations.

C. CenCal Health shall cover vaccinations, except for vaccinations expressly excluded in Department of Health Care Services (DHCS) guidance to Medi-Cal Managed Care Health Plans, at the time of any health care visit and ensure the timely provision of vaccines in accordance with the most recent childhood immunization schedule and recommendations published by ACIP.

1. CenCal Health's Network Providers are required to document attempts that demonstrate unsuccessful efforts to provide the vaccination, which will be considered sufficient in meeting this requirement. When practical, reasons for failed attempts should be medically coded.

D. CenCal Health shall ensure that Member-specific vaccination information is reported to immunization registries established in CenCal Health's Service

Area(s) as part of the Statewide Immunization Information System. Reports must be made following the Member's initial health appointment and all other health care visits that result in an administered vaccine within 14 calendar days. Reporting must be in accordance with all applicable State and federal laws.

III. Procedure:

A. CenCal Health shall disseminate information to Network Providers about the VFC Program, which include, but shall not be limited to, the following means:
   1. Including VFC Program information in the Provider Manual, explaining the scope and purpose of the VFC Program, and encouraging Network Providers to register as a VFC Program provider.
   2. Providing updated VFC Program information in the CenCal Health Provider Bulletin not less than annually.
   3. Providing VFC Program information and encouraging enrollment in the Program in new Network Provider orientation for pediatric primary care providers.

B. CenCal Health shall promote and support enrollment of applicable Network Providers in the VFC Program to improve access to immunizations through a variety of methods, including but not limited to:
   1. The methods described in section III.A above; and
   2. Addressing enrollment in the VFC Program during the initial contracting of new pediatric primary care Network Providers.

IV. Definitions:

A. Advisory Committee on Immunization Practices (ACIP): a group of medical and public health experts that develop recommendations on how to use vaccines to control diseases in the United States.

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

C. Department of Health Care Services (DHCS) or **Department:** the single state department responsible for the administration of the Medi-Cal Program, CCS, Genetically Handicapped Persons Program (GHPP), and other health-related programs, as provided by statute and/or regulation.

D. Food and Drug Administration: a government agency for protecting the public health by ensuring the safety, efficacy, and security of human and veterinary drugs, biological products, and medical devices.

E. **Medical Records** means the record of a Member's medical information, including but not limited to medical history, care or treatments received, test results, diagnoses, and prescribed medications.
F. **Network Provider:** any Provider or entity that has a Network Provider Agreement with CenCal Health or CenCal Health's Subcontractor, and receives Medi-Cal funding directly or indirectly to order, refer, or render Covered Services. A Network Provider is not a Subcontractor or Downstream Subcontractor by virtue of the Network Provider Agreement.
G. **Network Provider Agreement:** a written agreement between a Network Provider and CenCal Health or CenCal Health's Subcontractor.
H. **Service Area:** the county or counties that CenCal Health is approved to operate in under the terms of its contract with DHCS.
I. **Subcontractor:** an individual or entity that has a Subcontractor Agreement with CenCal Health that relates directly or indirectly to the performance of CenCal Health's obligations under its Medi-Cal managed care contract with DHCS. A Network Provider is not a Subcontractor solely because it enters into a Network Provider Agreement.
J. **Vaccines for Children (VFC) Program**: the federally funded program that provides free vaccines for eligible children age 18 or younger (including all Medi-Cal eligible children age 18 or younger) and distributes immunization updates and related information to participating Providers.

V. References:

A. Welfare and Institutions (W&I) Code sections 14000 *et seq*. and 14131 *et seq*.
B. 17 CCR section 6800 *et seq.*
C. 22 CCR section 51301 *et seq*.
D. Medi-Cal Provider Manual
E. CenCal Health 2024 DHCS Contract, Exhibit A, Attachment III, sections 2.2.10.D.2..

VI. Cross Reference:

A. Policy and Procedures (P&P):
   1. *QU-XXX* Ensuring Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Screening, American Academy of Pediatrics (AAP) Bright Futures Preventive Services, and Medically Necessary Diagnostic and Treatment Services, for Members Under Age 21

B. Standard Operating Procedure (SOP): N/A

VII. Attachments: N/A

Revision History:

Revision Date	Leaders who Reviewed and Approved	Reason for Change	Effective Date	DHCS Approval Date
11/2023	Jordan Turetsky, Chief Operating Officer	2024 Template Migration	01/2024	
09/2023	Jordan Turetsky, Chief Operating Officer	P&P Established	01/2024	TBD

CENCAL HEALTH POLICY AND PROCEDURE (P&P)	
Title: Identification, Referral, and Care Coordination for Members in Need of Non-Specialty Mental Health Services, Specialty Mental Health Services, and/or Substance Use Disorder Treatment Services	**Policy No. :** MM-BH301
Department: Medical Management	
Cross Functional Departments: Behavioral Health	
Effective Date: January 1, 2024	**Last Revised Date:** N/A
P&P Require DHCS Approval? Y ☒ N ☐	**Annual Review Date:**
Director/Officer Signature and Date: Christopher Hill, MBA, BS, RN Health Services Officer	**Officer Signature and Date:** Emily Fonda, MD, MMM, CHCQM Chief Medical Officer

I. Purpose

CenCal Health ensures the provision of all Medically Necessary services and identifies, refers, and coordinates care for Members requiring Non-specialty Mental Health Services (NSMHS), Specialty Mental Health Services (SMHS), and Substance Use Disorder (SUD) treatment services.

II. Policy:

A. Identification

1. CenCal Health identifies its Members seeking and/or requiring NSMHS or SMHS by ensuring they receive DHCS-approved standardized screenings as necessary and appropriate to receive Closed Loop Referrals to the appropriate delivery system for mental health services either in CenCal Health's provider network or the Mental Health Plan (MHP) network in accordance with the No Wrong Door policies set forth in Cal. W&I Code § 14184.402(h). For the purposes of this policy, the MHP is County Behavioral Health.

2. CenCal Health identifies, refers, and coordinates care for Members requiring SUD treatment services in accordance with policy MM-BH304 *Identification, Referral, and Care Coordination for Members Requiring Alcohol or Substance Use Disorder Treatment Services*.

B. Service Coverage

1. CenCal Health shall cover specified outpatient services to adult Members

experiencing mild-to-moderate distress or impairment of mental, emotional, or behavioral functioning.

2. In accordance with Cal. W&I Code section 14184.402(b)(2), CenCal Health shall also provide Medically Necessary NSMHS to Members under the age of 21.

3. CenCal Health shall cover Medically Necessary covered SUD services for Members under the age of 21.

4. Consistent with federal guidance from the Centers for Medicare & Medicaid Services (CMS), behavioral health services need not be curative or completely restorative to ameliorate a behavioral health condition. Services that sustain, maintain, support, improve, or make more tolerable a behavioral health condition are considered to ameliorate the condition and are thus medically necessary and are covered under the EPSDT mandate.

5. Clinically appropriate and covered SUD services delivered by CenCal Health providers (e.g., drug and alcohol SABIRT services, tobacco cessation counseling, and medications for addiction treatment [also known as medication-assisted treatment or MAT)] are covered by CenCal Health whether or not the Member has a co-occurring mental health condition.

    a. Such services delivered by CenCal Health providers in the primary care office setting, emergency department setting, inpatient hospital setting, and other contracted medical settings are covered by CenCal Health whether or not the Member has a co-occurring mental health condition.

6. When clinically appropriate and a covered benefit, CenCal Health provides timely NSMHS for Members consistent with the No Wrong Door policies even when:

    a. NSMHS are provided during the assessment process;

    b. NSMHS are provided prior to the determination of a diagnosis;

    c. NSMHS are provided prior to a determination of whether NSMHS criteria set forth in Cal. W&I Code section 14184.402(b)(2) are met;

    d. NSMHS are not included in a Member's individual treatment plan;

    e. Member has a co-occurring mental health condition and SUD; and/or

    f. NSMHS are provided to a Member concurrently with SMHS, if those services are not duplicative and coordinated between CenCal Health and County Behavioral Health.

7. Likewise, clinically appropriate and covered SMHS are covered by County Behavioral Health whether or not the Member has a co-occurring SUD.

Similarly, clinically appropriate and covered Drug Medi-Cal (DMC) services delivered by DMC providers and Drug Medi-Cal Organized Delivery System (DMC-ODS) services delivered by DMC-ODS providers are covered by DMC counties and DMC-ODS counties, respectively, whether or not the Member has a co-occurring mental health condition. Refer to MM-BH304 Identification, Referral, and Care Coordination for Members Requiring Alcohol or Substance Use Disorder Services and HS-QI402 Alcohol, Tobacco, and Drug Screening Assessment, Behavioral Counseling Interventions and Referral Treatment in Primary Care.

8. Concurrent NSMHS and SMHS

   a. Members may concurrently receive NSMHS from a CenCal Health provider and SMHS via a County Behavioral Health provider when the services are clinically appropriate, coordinated and not duplicative.

   b. When a Member meets criteria for both NSMHS and SMHS, the Member should receive services based on the individual clinical need and established therapeutic relationships.

   c. Likewise, County Behavioral Health must not deny or disallow reimbursement for SMHS provided to a Member on the basis of the Member also meeting NSMHS criteria and/or receiving NSMHS services, provided that the concurrent services are clinically appropriate, coordinated and not duplicative.

   d. Any concurrent NSMHS and SMHS for adults, as well as children under 21 years of age, must be coordinated between CenCal Health and County Behavioral Health to ensure Member choice. CenCal Health must coordinate with County Behavioral Health to facilitate care transitions and guide referrals for Members receiving NSMHS to transition to a SMHS provider and vice versa, ensuring that the referral loop is closed, and the new provider accepts the care of the Member. Such decisions should be made via a patient-centered shared decision-making process.

C. Care Delivery Coordination

1. CenCal Health shall refer to and coordinate with County Behavioral Health for the delivery of NSMHS and SMHS, in accordance with the care coordination and data sharing requirements set forth in the Memorandum of Understanding (MOU) between CenCal Health and County Behavioral Health.

2. In accordance with SMHS access criteria set forth in Behavioral Health Information Notice No. 21-073, County Behavioral Health is contractually required to provide or arrange for the provision of SMHS for Members who have significant impairment or reasonable probability of functional deterioration due to a diagnosed or suspected mental health disorder.

3. CenCal Health coordinates care for Members requiring SUD treatment

services in accordance with the process outlined in MM-BH304 *Identification, Referral, and Care Coordination for Members Requiring Alcohol or Substance Use Disorder Treatment Services*.

4. CenCal Health is required to use the transition of care tool to facilitate transitions of care to County Behavioral Health for all Members, including adults age 21 and older and youth under age 21, when their service needs change.

D. Dispute Resolution

1. CenCal Health shall follow the dispute resolution process outlined in *MM-BH302 Mental Health Services – Dispute Resolution* to resolve disputes between CenCal Health and County Behavioral Health.

E. As applicable, for all applicable county and State MHPs, CenCal Health has executed DHCS-compliant MOUs with County Behavioral Health to ensure that the services for CenCal Health Members are properly coordinated and provided in a timely and non-duplicative manner.

F. CenCal Health complies with all mental health parity requirements in 42 CFR section 438.900 *et seq*. CenCal Health ensures it does not apply any financial or treatment limitation to mental health or SUD benefits in any classification that is more restrictive than the predominant financial or treatment limitation applied to medical and surgical benefits in the same classification.

III. Procedure:

A. Identifying Members in Need of NSMHS, SMHS, and/or SUD Treatment Services

1. CenCal Health primary care providers (PCPs) are responsible for performing mental health screenings. CenCal Health Providers identify Members requiring NSMHS or SMHS treatment through various required mental health screenings, including Patient Health Questionnaire-9 (PHQ-9), Generalized Anxiety Disorder-7 (GAD-7), adverse childhood experiences (ACE), and Screening, Assessment, Brief Intervention, and Referral to Treatment (SABIRT) to ensure Members seeking mental health services who are not currently receiving covered NSMHS or SMHS are referred to the appropriate delivery system for mental health services, either in CenCal Health's provider network or the County Behavioral Health network, in accordance with the No Wrong Door policies set forth in Cal. W&I Code §14184.402(h).

a. CenCal Health covers mental health screening services described in the Medi-Cal Provider Manual as NSMHS, including but not limited to adverse childhood experiences (ACE) screening, brief emotional/behavioral assessments, depression screening, general developmental screening, autism spectrum disorder screening, and

other screening services.

i For Members under age 21, refer to policy [insert P&P no.] Ensuring EPSDT Screening, AAP Bright Futures Preventive Services, and Medically Necessary Diagnostic and Treatment Services, for Members Under Age 21 and policy HS-MMXX Early and Periodic Screening, Diagnostic, and Treatment Services.

b. CenCal Health identifies Members requiring SUD treatment services in accordance with the process outlined in MM-BH304 *Identification, Referral, and Care Coordination for Members Requiring Alcohol or Substance Use Disorder Treatment Services.*

2. In accordance with APL 22-028, CenCal Health utilizes the DHCS-approved standardized Adult and Youth Screening Tools, as appropriate, to determine the appropriate mental health delivery system referral for Members who are not currently receiving mental health services when they contact CenCal Health or County Behavioral Health seeking mental health services.

B. Service Coverage

1. CenCal Health is responsible for providing the following outpatient mental health services when Medically Necessary:

a. Individual and group mental health evaluation and treatment, including psychotherapy, family therapy, and dyadic services.

b. Psychological and neuropsychological testing, when clinically indicated to evaluate a mental health condition.

c. Outpatient services for the purposes of monitoring drug therapy.

d. Outpatient laboratory, drugs (excluding CenCal Health carved-out medications), supplies, and supplements prescribed by mental health providers in CenCal Health's network and PCPs, including physician administered drugs administered by a health care professional in a clinic, physician's office, or outpatient setting through the medical benefit, to assess and treat mental health conditions. Laboratory testing may include tests to determine a baseline assessment before prescribing psychiatric medication or to monitor side effects from psychiatric medications. Supplies may include laboratory supplies. Supplements may include vitamins that are not specifically excluded in the Medi-Cal formulary and that are scientifically proven effective in the treatment of mental health disorders.

e. Psychiatric consultation.

f. Hypnotherapy.

g. Health behavior assessments and interventions.

h. Psychiatric collaborative care.

i. Other NSMHS as described in the Medi-Cal Provider Manual.

2. In addition to the above, CenCal Heath provides psychotherapy to Members under the age of 21 with specified risk factors or with persistent mental health symptoms in the absence of a mental health disorder.

3. CenCal Health covers up to 20 individual and/or group counseling sessions for pregnant and postpartum individuals with specified risk factors for perinatal depression when sessions are delivered during the prenatal period and/or during the 12 months following childbirth.

4. For Members who are 21 years of age and older who meet the criteria for NSMHS set forth in Cal. W&I Code section 14184.402(b)(2), CenCal Health covers Medically Necessary NSMHS in accordance with Cal. W&I Code section 14059.5). CenCal Health also covers Medically Necessary covered SUD services in accordance with Cal. W&I Code section 14059.5 for Members who are 21 years of age and older. CenCal Health's coverage of NSMHS and SUD services complies with Cal. W&I Code section 14184.402(f).

5. For Members who are under 21 years of age, CenCal Health covers Medically Necessary covered NSMHS in accordance with Cal. W&I Code section 14184.402(b)(2). CenCal Health also covers Medically Necessary covered SUD services for Members who are under 21 years of age.

   a. NSMHS and covered SUD services for this population are Medically Necessary if they are necessary to correct or ameliorate a mental health condition or substance use condition discovered by an EPSDT screening. NSMHS and SUD services need not be curative or restorative to ameliorate a mental health or substance use condition. NSMHS and SUD services that sustain, support, improve, or make more tolerable a mental health or substance use condition are considered to ameliorate the mental health or substance use condition, and CenCal Health covers such services.

6. CenCal Health must cover and pay for all Medically Necessary covered mental health and SUD services for the Member, including the following:

   a. All laboratory and radiology services necessary for the diagnosis, monitoring, or treatment of a Member's mental health condition.

   b. Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) services required by Members to access Medi-Cal covered mental health services and SUD services, in compliance with APL 17-010 and CenCal Health's contract with DHCS. These services include, but are not limited to, SMHS, DMC services, and DMC-ODS services.

   c. NMT services and, for Members less than 21 years of age, NEMT

services, to and from DMC services, DMC-ODS services, and SMHS, in compliance with APL 17-010 and CenCal Health's contract with DHCS.

d. Medically Necessary Covered Services after CenCal Health has been notified by a DMC, a DMC-ODS, County Behavioral Health, or a mental health Provider that a Member has been admitted to an inpatient psychiatric facility, including an Institution for Mental Diseases (IMD) as defined by 9 C.C.R §1810.222.1, regardless of the age of the Member. These services include, but are not limited to:

   i The initial health history and physical examination required upon admission, consultations, and any Medically Necessary covered services; Skilled Nursing Facility (SNF) room and board when IMD services are provided to Members less than 21 years of age and age 65 and over. CenCal Health will not cover other inpatient psychiatric facility/IMD room and board charges or other services that are reimbursed as part of the inpatient psychiatric facility/IMD per diem rate.

e. All Medically Necessary Medi-Cal-covered psychotherapeutic drugs, when administered in the outpatient setting as part of medical services for Members not otherwise excluded under CenCal Health's contract with DHCS. This includes reimbursement for Medically Necessary Medi-Cal-covered psychotherapeutic drugs administered by out-of-network providers for Members not otherwise excluded under CenCal Health's contract with DHCS. Reimbursement to pharmacies for psychotherapeutic drugs shall be provided through the Medi-Cal Fee for Service (FFS) program. To qualify for reimbursement, a pharmacy must be enrolled as a Medi-Cal Provider in the Medi-Cal FFS program.

7. Mental health services, including an initial mental health assessment, covered by CenCal Health shall be provided by licensed or licensed-eligible mental health professionals as specified in the Psychological Services Medi-Cal Provider Manual or by PCPs within the scope of their practice.

   i An initial mental health assessment will be covered by an out-of-network provider only if there are no in-network providers that can complete the necessary service within the applicable timely and geographical access requirements. Refer to policy MM-UMXX *Notification of UR Determinations*.

   ii Authorization for services after the initial mental health assessment will be based on the medical necessity for the requested service in a manner that is consistent with current evidence-based clinical practice guidelines an in accordance with MM-UMXX *Notification of UR Determinations*.

8. Covered NSMHS and SUD treatment services may be delivered in person or via telehealth/telephone as specified in Exhibit A, Attachment III,

Subsection 5.3.1(Covered Services) of the 2024 DHCS Medi-Cal Managed Care Agreement.

9. For the provision of psychiatric emergencies during non-business hours, CenCal Health acts in accordance with MM-XX *After-Hours Availability of Plan or Contract Physician*.

10. CenCal Health will adhere to utilization management requirements as described in Utilization Management Program Description and MM-UMXX *Notification of UR Determinations*.

C. Referring Members for NSMHS, SMHS, and/or SUD Treatment Services

   a. Members who are seeking mental health services who are not currently receiving NSMHS or SMHS with positive initial mental health screening results may be further assessed either by the Member's PCP or by referral to a network mental health provider.

      i When the Member's condition is beyond the PCP's scope of practice, the PCP must refer the Member to a mental health provider. The first attempt to refer the Member shall be made within CenCal Health's provider network.

      ii If the Member's PCP cannot perform the mental health assessment, the PCP shall refer the Member to the appropriate provider and ensure that the referral to the appropriate delivery system for mental health services, either in CenCal Health's provider network or County Behavioral Health's network, is made.

      iii To ensure a Closed Loop Referral is completed, the Member's PCP shall follow up to ensure services were rendered. Should the Member's PCP require assistance wherein CenCal Health coordinates the referral, CenCal Health shall conduct follow-up with the Member to ensure services were rendered, as described in MM-BH303 *Access to Non-Specialty Mental Health Services & Substance Use Disorder Covered Services, & Referral Completion and Tracking for Specialty Mental Health & Substance Use Disorder Services.*

   b. CenCal Health shall refer Members in need of SUD treatment services in accordance with MM-BH304 *Identification, Referral, and Care Coordination for Members Requiring Alcohol or Substance Use Disorder Treatment Services*.

   c. CenCal Health shall ensure that contracted providers are educated on the referral process of adult Members with significant impairment resulting from a covered mental health diagnosis to County Behavioral Health such that referrals made are Closed Loop Referrals. CenCal Health Providers are required to use the standardized DHCS transition of care tool and submit requests to CenCal Health's Behavioral Health Department. CenCal Health's Behavioral Health Department shall

coordinate the Member's referral directly with County Behavioral Health.

D. Care Delivery Coordination and Transition of Care

a. CenCal Health shall provide case management and care coordination for all Medically Necessary services.

b. CenCal Health has executed DHCS-compliant MOUs with County Behavioral Health to ensure services for CenCal Health Members are properly coordinated and provided in a timely and non-duplicative manner.

c. CenCal Health shall refer to and coordinate with County Behavioral Health services for the delivery of SMHS.

d. CenCal Health shall coordinate care for SUD treatment services in accordance with MM-BH304 *Identification, Referral, and Care Coordination for Members Requiring Alcohol or Substance Use Disorder Treatment Services*.

e. When not duplicative and coordinated between CenCal Health and County Behavioral Health, CenCal Health Providers shall continue to provide NSMHS to Members concurrently receiving SMHS.

f. If a Member becomes eligible for SMHS during the course of receiving covered NSMHS, CenCal Health shall continue the provision of non-duplicative, Medically Necessary NSMHS even if the Member is simultaneously accessing SMHS.

i When a Member meets criteria for both NSMHS and SMHS, the Member will receive services based on the individual clinical need and established therapeutic relationships. CenCal Health shall not deny or disallow reimbursement for NSMHS provided to a Member based on the basis of the Member also meeting SMHS criteria and/or also receiving SMHS services, provided that the concurrent services are clinically appropriate, coordinated, and not duplicative.

ii If it is determined that a Member receiving NSMHS meets the criteria for SMHS due to a change in the Member's condition, CenCal Health Providers are required to use the standardized DHCS-approved transition of care tool to ensure proper transition of care. Members meeting criteria for SMHS shall be referred to County Behavioral Health.

g. If it is determined that a Member receiving SMHS meets the criteria for NSMHS due to a change in the Member's condition, CenCal Health Providers are required to use the standardized DHCS transition of care tool to ensure proper transition of care. Members meeting criteria for NSMHS as indicated by a DHCS-approved standardized transition tool

shall be referred by County Behavioral Health to CenCal Health.

i CenCal Health shall not deny or disallow reimbursement for SMHS provided to a Member based on the basis of the Member also meeting NSMHS criteria and/or also receiving NSMHS services, provided that the concurrent services are clinically appropriate, coordinated, and not duplicative.

h. New CenCal Members and existing CenCal Health Members whose mental health condition has stabilized such that the Member no longer qualifies to receive SMHS but instead becomes eligible to receive NSMHS from CenCal Health have the right to request continuity of care for up to twelve (12) months. CenCal Health shall follow the continuity of care procedures described in policy *MM-UM08 Continuity of Care*.

IV. Definitions:

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

County Behavioral Health: MHP with whom CenCal Health contracts.

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

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

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

No Wrong Door: Members receive timely behavioral health services without delay, regardless of delivery system where they seek care and are able to maintain treatment relationships with trusted Providers without interruption. This includes concurrent provision, whereby CenCal Health covers Medically Necessary NSMHS for a Member concurrently receiving SMHS covered by , and ensure those services are coordinated and not duplicative. *See* Cal. W&I Code § 14184.402.

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

Service Area: the county or counties that the Plan is approved to operate in under the terms of its contract with DHCS. A Service Area may be limited to designated zip codes (under the U.S. Postal Service) within a county.

V. References:

A. DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, § 4.3.13 Mental Health Services

B. DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, § 5.5 Mental Health and Substance Use Disorder Benefits

C. DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, Section 5.5.2 Non-Specialty Mental Health Services and Substance Use Disorder Services

D. DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, § 5.6 MOUs with Third Parties

E. DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, Section 5.6.1 MOUs with Third-Party Entities and County Programs

F. DHCS APL 22-028: Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services

G. DHCS APL 22-005: No Wrong Door for Mental Health Services Policy

H. DHCS APL 21-013: Dispute Resolution Process Between Mental Health Plans and Medi-Cal Managed Care Health Plans

I. DHCS APL 17-010: Non-Emergency Medical and Non-Medical Transportation Services

J. Behavioral Health Identification Notice No. 21-073: Criteria for Beneficiary Access to Specialty Mental Health Services (SMHS), Medical Necessity and Other Coverage Requirements

VI. Cross-References:

A. Policy and Procedures (P&P):

1. MM-BH304 – Identification, Referral, and Care Coordination for Members Requiring Alcohol or Substance Use Disorder Treatment Services
2. HS-QI402 – Alcohol, Tobacco, and Drug Screening Assessment, Behavioral Counseling Interventions and Referral Treatment in Primary Care
3. MM-BH403 – Mental Health Services – Dispute Resolution
4. MM-UMXX Notification of UR Determinations
5. MM-BH303 – Access to Non-Specialty Mental Health Services & Substance Use Disorder Covered Services, & Referral Completion and Tracking for Specialty Mental Health & Substance Use Disorder Services
6. MM-CM114 – Program Planning and Coordination
7. MM-UM08 – Continuity of Care
8. MM-XX – After-Hours Availability of Plan or Contract Physician
9. QI-XX – Ensuring EPSDT Screening, AAP Bright Futures Preventive Services, and Medically Necessary Diagnostic and Treatment Services, for Members Under Age 21
10. HS-MMXX Early and Periodic Screening, Diagnostic, and Treatment Services

VII. Attachments: N/A

Revision History:

P&P Revision Date	Leaders who Reviewed and Approved P&P Revisions	Reason for P&P Revisions	P&P Revision Effective Date (date P&P is operationalized)	DHCS P&P Approval Date
02/13/2023	Chris Hill, Health Services Officer	Revised to comply with 2024 DHCS Operational Readiness requirements.	01/01/2024	TBD
06/2022	Seleste Bowers, Director	Revised to comply with		

	Behavioral Health	APL 22-006 requirements. Additional changes made due to an AIR issued by DHCS.		
06/2022	Seleste Bowers, Director Behavioral Health	Revised to comply with APL 22-005 and APL 22-006 requirements.		
03/2022	Seleste Bowers, Director Behavioral Health	Revised to comply with APL 21-013 requirements.		
01/2022		Department changed from "Health Services" to "Behavioral Health Department."		
2021		Updated language regarding Mild to Moderate Covered Services. Changed language to refer to providers in gender neutral "they" vs. "he/she." Included Level of Care Screening Tool to be utilized. Updated APL references.		
2021		Added circumstances when a referral would be required.		

2021		Annual review of HS-BH301 completed. Naming logic revised to Medical Managed (MM) and added "family" to the covered mental health services.		

CENCAL HEALTH POLICY AND PROCEDURE (P&P)	
Title: Early and Periodic Screening, Diagnostic, and Treatment Services	**Policy No.:** HS-MMXX
Department: Medical Management	
Cross Functional Departments: Behavioral Health, Provider Services, Quality	
Effective Date: January 1, 2024	**Last Revised Date:** N/A
P&P Require DHCS Approval? Y ☒ N ☐	**Annual Review Date:** TBD
Officer Signature and Date: Christopher Hill, RN, BS, MBA Health Services Officer	**Officer Signature and Date:** Emily Fonda, MD, MMM, CHCQM Chief Medical Officer

I. Purpose:

CenCal Health ensures eligible Members under the age of twenty-one (21) receive Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) case management services.

II. Policy:

A. The EPSDT benefit includes the specific services listed in 42 U.S.C. § 1396(d) as well as Behavioral Health Treatment (BHT), comprehensive case management and Care Coordination, and transportation services.

B. The EPSDT benefit is designed to assure that children receive early detection and care so that health problems are averted or diagnosed and treated as early as possible. The goal is to address any identified issues by maintaining or improving the health condition – they need not cure a condition.

C. CenCal Health has established protocols for identifying, referring, and providing EPSDT case management services for Members less than twenty-one (21) years of age.

D. CenCal Health has established EPSDT case management protocols to assist Members less than twenty-one (21) years of age in gaining access to all Medically Necessary Covered Services and non-covered services – including medical, behavioral health, dental, social, educational, and other services – in compliance with timely access standards.

E. CenCal Health has established data exchange protocols to support the provision of EPSDT services as well as the coordination of non-covered services (such as social support services).

F. Where EPSDT services are delivered by a CenCal Health Network Provider or Subcontractor, the Plan ensures compliance with EPSDT requirements, as identified in this policy.

III. Procedure:

A. Identification, Referral, and Provision of EPSDT Services

1. EPSDT services are Medically Necessary medical, behavioral health, dental, social, educational, and other services, and include identification of a diagnosis, effective treatment, and appropriate care.
2. CenCal Health's Network Providers perform and provide appropriate EPSDT services, in accordance with the American Academy of Pediatrics (AAP)/Bright Futures guidance, within the scope of their practice.
3. Network Providers are adequately informed and trained about EPSDT services through onboarding and annual trainings as well as through the CenCal Health Provider Manual.
4. When outside the scope of the Network Provider's practice, CenCal Health refers the Member to a third-party entity to provide the service in accordance with the AAP/Bright Futures guidance, as appropriate, as follows:
    a. The Member's Network Provider submits a referral to CenCal Health for services outside the scope of their practice;
    b. CenCal Health evaluates for Medical Necessity in accordance with the Plan's UM review policy, ensuring adherence to AAP/Bright Futures guidance;
    c. If not adequately identified by the referring Network Provider, CenCal Health identifies an appropriate Network Provider or third-party entity to provide the EPSDT service, as appropriate;
    d. CenCal Health approves the authorization, notifies the Member and referring Provider of the Member's ability to obtain the Medically Necessary EPSDT services from the identified Network Provider or third-party entity, and ensures the Member receives the approved services.

B. Ensuring Access to All Medically Necessary EPSDT Services

1. No Additional Service Limitations: CenCal Health makes Medical Necessity decisions on an individual basis, and does not impose service limitations other than Medical Necessity; there are no flat or hard limits based on a monetary cap or budgetary constraint.
2. Timely Access: CenCal Health ensures that all Medically Necessary Covered Services and non-covered services for Members less than twenty-one (21) years of age are initiated within timely access standards no later than sixty (60) calendar days following either a preventative

screening or other visit that identifies a need for a follow-up. The Plan identifies available Providers, including if necessary, out-of-network Providers and Providers eligible to enroll in the Medi-Cal program, to ensure the timely provision of Medically Necessary services.

3. Compliance with Americans with Disabilities Act (ADA): CenCal Health complies with the ADA mandate to provide services in the most integrated setting appropriate to Members and in compliance with anti-discrimination laws.
4. California Children's Services (CCS): An exception to the statewide CCS carve-out approach (as detailed in APL 19-010), CCS is carved-in for CenCal Health Members, and as such, the Plan ensures the provision of CCS benefits in coordination with the local county CCS office.
5. CenCal Health covers and ensures Members less than 21 years of age are provided appropriate case management to assist them in gaining access to all Medically Necessary medical, behavioral health, dental, social, educational, and other services. In addition to those specific services listed in 42 U.S.C. § 1396(d), CenCal Health ensures the following, in accordance with DHCS APL 19-010 and 20-012:
   a. Provision of Medically Necessary Behavioral Health Treatment (BHT) services, as outlined in CenCal Health Policies MM-BH301 ("Mental Health Services") and HS-QI402 ("Alcohol, Tobacco, and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment in Primary Care").
   b. Provision of comprehensive case management services, including coordination of all Medically Necessary EPSDT services delivered both within and outside CenCal Health's Provider network as well as coordination of carved-out and linked EPSDT services and referral to appropriate community resources and agencies.
   c. Provision of in-home nursing, as provided by home health agencies or individual nurse Providers, in accordance with APL 20-012 and the Plan's private duty nursing policy.
   d. Identification, referral, and/or coordination of Targeted Case Management (TCM) services, as appropriate and outlined in CenCal Health Policy MM-CMXX ("Targeted Case Management"). If the Plan determines an EPSDT Member is not eligible or accepted for Medically Necessary TCM services, CenCal Health ensures the Member's access to services is comparable to EPSDT TCM services.
   e. Assistance with scheduling appointments and coordination of necessary transportation to and from medical appointments for Medically Necessary EPSDT services, as outlined in CenCal Health Policy HS-UMXX ("Emergency Medical Transportation (EMT), Non-

Emergency Medical Transportation (NEMT), and Non-Medical Transportation (NMT)").

f. Educating and informing EPSDT Members or their families/primary caregivers about benefits, availability, and how to access EPSDT services through the evidence of coverage (EOC) and again annually if the eligible EPSDT Member has not yet accessed EPSDT services.

6. Carved-Out EPSDT services

   a. Covered EPSDT Services do not include Specialty Mental Health Services (SMHS), Substance Use Disorder (SUD) services, or dental services. For these non-covered services, CenCal Health ensures:

      i. That case management for Medically Necessary services authorized by county mental health plans, Drug Medi-Cal (DMC), or Drug Medi-Cal Organized Delivery System (DMC-ODS) Plans is equivalent to that provided by the Plan for Covered Services for Members less than 21 years of age; and
      ii. Provision of additional Care Coordination and case management services as necessary to meet the Member's medical and behavioral health needs, if indicated or upon the Member's request.

   b. For dental services not covered by the Denti-Cal Program, CenCal Health ensures the following:

      i. Dental screenings/oral health assessments are included as part of the initial health assessment and as part of every periodic assessment, and are consistent with the AAP/Bright Futures periodicity schedule and anticipatory guidance;

      ii. Referrals to appropriate Medi-Cal dental Providers;

      iii. Annual dental referrals are made no later than twelve (12) months of age or when a referral is indicated based on assessment; and

      iv. Provision of medical Covered Services related to dental services that are not provided by dentists or dental anesthetists, but may require prior authorization for medical services required in support of dental procedures.

7. Shared Responsibility for EPSDT services – where another entity (such as a Local Education Agency (LEA), Regional Center (RC), or local governmental health program) has overlapping responsibility for providing EPSDT services, CenCal Health does the following:

   a. Assesses the level of Medically Necessary EPSDT services the child requires;

b. Determines what level of service (if any) is being provided by other entities; and

c. Coordinates the provision of services with the other entities to ensure both that the services provided are not duplicative as well as that the child is receiving all Medically Necessary EPSDT services in a timely manner.

C. Data Exchange Protocols in Support of EPSDT Services

1. CenCal Health implements secured data exchange mechanisms to provide and coordinate EPSDT services with both Network Providers as well as third-party entities providing EPSDT services to its Members.

2. On a regular and ad hoc basis, the Plan shares necessary data to facilitate the provision of EPSDT services, including authorizations, clinic visit notes, screening results, laboratory values, and progress notes.

IV. Definitions:

Behavioral Health Treatment (BHT): services and treatment programs for the treatment of Autism Spectrum Disorder (ASD), as specified in the California Medicaid State Plan, including applied behavioral analysis and other evidence-based intervention programs that develop or restore, to the maximum extent practicable, the functioning of a Member less than 21 years of age who has been diagnosed with ASD, or for whom a licensed physician, surgeon, or psychologist has determined BHT is Medically Necessary.

California Children's Services (CCS)-Eligible Condition: a medical condition that qualifies a child to receive medical services under the CCS Program, as specified in 22 C.C.R. §§ 41515.1, et seq.

Care Coordination: coordination of services for a Member between settings of care that includes: appropriate discharge planning for short- and long-term hospital and institutional stays, and appropriate follow up after an emergency room visit; services a Member receives from any other managed care health plan; services a Member receives via fee-for-service (FFS); services a Member receives from out-of-network Providers; and services a Member receives from community and social support Providers.

CCS Program: a State and county program providing Medically Necessary services to treat CCS-Eligible Conditions.

Covered Services: those health care services, set forth in W&I Code §§ 14000 et seq. and 14131 et seq., 22 C.C.R. §§ 51301 et seq., 17 C.C.R. §§ 6800 et seq., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, the Plan's contract with DHCS, and APLs that are made the responsibility of the Plan pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care

program or other federally approved managed care authorities maintained by DHCS.

Drug Medi-Cal (DMC): the State system wherein Members receive Covered Services from DMC-certified SUD treatment Providers.

Drug Medi-Cal Organized Delivery System (DMC-ODS): a program for the organized delivery of SUD services to Medi-Cal-eligible individuals with SUD residing in a county that has elected to participate in the DMC-ODS. Critical elements of DMC-ODS include providing a continuum of care modeled after the American Society of Addiction Medicine (ASAM) Criteria® for SUD treatment services, increased local control and accountability, greater administrative oversight, creation of utilization controls to improve care and efficient use of resources, evidence-based practices in substance use treatment, and increased coordination with other systems of care.

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

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

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

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

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

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

Regional Center (RC): a non-profit, community-based entity that is contracted by the California Department of Developmental Services that develops, purchases and manages services for Members with developmental disabilities and their families.

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

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

Substance Use Disorder (SUD): those set forth in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition, published by the American Psychiatric Association.

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

V. References:

A. 42 U.S.C. §§ 1396d(a), 1396d(r), 1396n(g)(2)

B. Cal. W&I Code §§ 14059.5(b), 14132(v)

C. DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III, Section 4.3.9 Other Population Health Requirements for Children

D. DHCS 2024 Medi-Cal Managed Care Agreement, Exhibit A, Attachment III Section 5.3.4 Services for Members less than 21 Years of Age

E. DHCS APL 19-010: Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21

F. DHCS APL 20-012: Private Duty Nursing Case Management Responsibilities for Medi-Cal Eligible Members Under the Age of 21

G. American Academy of Pediatrics (AAP)/Bright Futures Initiative

VI. Cross References:

A. Policy and Procedures (P&Ps):

1. HS-CMXX – Early Start Program
2. HS-QIXX – Care Management Services for Children with Special Health Care Needs
3. HS-QI402 – Alcohol, Tobacco, and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment in Primary Care
4. HS-UMXX – Emergency Medical Transportation (EMT), Non-Emergency Medical Transportation (NEMT), and Non-Medical Transportation (NMT)
5. MM-BH300 – Behavioral Health Treatment
6. MM-BH301 – Mental Health Services
7. MM-CMXX – Targeted Case Management
8. MM-PE201 – Care Management for Private Duty Nursing Services

VII. Attachments: N/A

Revision History:

P&P Revision Date	Leaders who Reviewed and Approved P&P Revisions	Reason for P&P Revisions	P&P Revision Effective Date (date P&P is operationalized)	DHCS P&P Approval Date
[insert date P&P] is internally finalized	Christopher Hill, MBA, BS, RN	Updated to comply with 2024 Medi-Cal Managed Care Agreement		

CENCAL HEALTH POLICY AND PROCEDURE (P&P)	
Title: Provider to Member Ratios	**Policy No. :** PS-CR28
Department: Provider Services	
Cross Functional Departments: Member Services and Quality	
Effective Date: 01/2024	**Last Revised Date:**
P&P Require DHCS Approval? Y ☒ N ☐	
Director/Officer Signature and Date: Luis Somoza, Director of Provider Services	**Officer Signature and Date:** Jordan Turetsky, MPH Chief Operating Officer

I. Purpose: To ensure that CenCal Health Members have sufficient and adequate accessibility to Network Providers by ensuring that required Provider to Member ratios are met.

II. Policy:

A. CenCal Health shall retain sufficient professional medical staff, including an adequate number of Physicians, Physician extenders, Specialists and sub-Specialists, to provide access to preventive and managed health care services.

B. Primary Care Physician (PCP) to Member Ratio: CenCal Health shall ensure that its Provider network satisfies a ratio of at least one full-time equivalent Primary Care Physician (PCP) for every 2,000 CenCal Health Members in accordance with 22 CCR section 53853(a) (1).

C. High-volume Specialist to Member Ratio: CenCal Health shall ensure that its Provider network satisfies a ratio of at least one full-time equivalent High-volume Specialist for every 2,000 Members to demonstrate National Committee for Quality Assurance (NCQA) Network Management standards for accreditation are met in regard to Availability of Practitioners Providing Specialty Care. Based on encounter and member demographic data, CenCal Health has identified OB/GYN as a High-volume Specialty.

D. Physician to Member Ratio: CenCal Health shall ensure that its Provider network satisfies a ratio of at least one full-time equivalent Physician for every 1,200 Members in accordance with 22 CCR section 22 CCR section 53953(a) (2).

E. Non-Physician Medical Practitioner Member Caseload Ratio: Full time equivalent NPMP Member caseload shall not exceed 1,000 patients in accordance with 22 CCR section 53853(a)(3).

F. Physician to member ratios are reported through the Quality Improvement and Health Equity Transformation Program (QIHETP), ensuring cross-functional oversight of Provider Network and Access to Care operations.

III. **Procedure**:

A. Provider Network Analysis
   1. CenCal Health performs no less than quarterly analysis to support monitoring of compliance with applicable Provider to Member ratios.
   2. CenCal Health performs Physician to member ratio adequacy analysis by generating PCP to Member, High-volume Specialist to Member and Physician to Member ratios based on enrolled Members and Physician Network Providers.
   3. To ensure that CenCal Health maintains sufficient Specialists and sub-Specialists, Primary Care Providers, and Physician extenders in their Provider Network, quarterly CenCal Health:

      a. Performs monthly geo-mapping to assess distribution of Providers by type and specialty.
      b. Conducts quarterly analysis of appointment availability survey results to identify trends and outliers.
      c. Conducts analysis of Member Grievances coded upon as access to care issues.

B. Monitoring and Oversight of Provider Ratios
   1. The regular provider network analyses described above are produced and reviewed by Provider Services leadership.
   2. Provider ratios are presented to and overseen by the Quality Improvement and Health Equity Committee (QIHEC) and reported quarterly to the QIHEC via the quality dashboard.

C. Addressing Provider to Member Ratio Risk
   1. In the event that quarterly or ad hoc analysis and monitoring through the above activities or through Annual Network Certification identifies potential or actual risk of CenCal Health's Provider Network not meeting required Provider ratios, CenCal Health will:.
      a. Perform further analysis to determine the specific provider type or geographic area which is most contributing to inadequate ratios.
      b. CenCal Health's analysis will leverage all available data sources including, but not limited to, California Department of Health Care

Services (DHCS) Provider data, information collected through CenCal Health's Annual Network Certification, and collaboration with other health plans' to understand their Provider Networks, to identify non-contracted Providers who may be recruited into the CenCal Health Provider network.

c. Under the oversight of the QIHEC, the output of these additional analysis will be leveraged to develop and launch targeted interventions to remedy the deficiency, including but not limited to recruitment of additional physicians to the CenCal Health provider network.
d. The output of such activities will be monitored by the QIEHC no less than quarterly.
e. Should ratios continue to trend toward potential or actual risk after interventions are in place, CenCal Health will implement a Corrective Action Plan (CAP) specific to meeting required ratios, will notify DHCS of the potential for a deficiency, and will engage the QIEHC monthly to monitor progress until ratios are met. Interventions to increase ratios will include provider recruitment of in-area and out of area physicians. CAP closure will occur when ratios are trending in a positive direction for 3 consecutive months, and CenCal Health shall notify DHCS of such closure.

IV. Definitions:

High-volume Specialist: specialty types identified as in high demand geographically and/or by specialty based on encounter data; those specialty types most likely to provide services to the largest segment of members.

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

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

Physician: any person holding a valid and unrevoked physician's and surgeon's certificate or certificate to practice medicine and surgery, issued by the Medical Board of California or the Osteopathic Medical Board of California.

Potential Member: a Medi-Cal recipient who resides in Contractor's Service Area and is subject to mandatory enrollment, or who may voluntarily elect to enroll, but is not yet enrolled, in a Medi-Cal managed care health plan, and is in one of

the aid codes enumerated under this definition in the DHCS Medi-Cal Managed Care Contract, Exhibit A, Attachment I, Section 1.0 (Definitions).

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

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

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

Quality Improvement and Health Equity Transformation Program (QIHETP): the systematic and continuous activities to monitor, evaluate, and improve upon the Health Equity and health care delivered to Members in accordance with the standards set forth in applicable laws, regulations, and this Contract.

Specialist: a Provider who has completed advanced education and clinical training in a specific area of medicine or surgery. Specialists include, but are not limited to, those Specialists listed in Welfare and Institutions Code section 14197.

V. References:

A. 22 CCR section 53853 (a)(1) and (2)
B. NCQA HP Standards and Guidelines

VI. Cross Reference:

A. Policy and Procedures (P&P):
    1. PS-CRXXX Supervision of Non-Physician Medical Practitioners

VII. Attachments: N/A

Revision History:

Revision Date	Leaders who Reviewed and Approved	Reason for Change	Effective Date	DHCS Approval Date
11/2023		Checked out for NCQA Revisions		
12/2022	Jordan Turetsky, Carlos Hernandez, Eric Buben, Robert Janeway	New P&P	1/2024	

CENCAL HEALTH POLICY AND PROCEDURE (P&P)	
Title: External Quality Review Requirements	**Policy No.:** AMO-EXT-XX
Department: Audits & Monitoring	
Cross-Functional Departments: Claims, Medical Management, Member Services, Provider Contracts, Quality	
Effective Date: 01/2024	**Last Revision Date:** N/A
P&P Require DHCS Approval? Y ☒ N ☐	
Director or Officer Signature and Date: Puja Shah, Esq. Director of Audits & Monitoring	**Officer Signature and Date:** Karen S. Kim, JD, MPH Chief Compliance & Fraud Prevention Officer

I. Purpose

The purpose of this policy is to describe how CenCal Health will meet External Quality Review Organization (EQRO) requirements and cooperate with and assist the EQRO designated by the California Department of Health Care Services (DHCS) in conducting its EQR reviews of CenCal Health.

II. Policy:

A. At least annually or more frequently as requested by DHCS, CenCal Health must cooperate with and assist the EQRO designated by DHCS in conducting its EQR reviews of CenCal Health and its Delegated Entities in accordance with 42 USC §1396u-2(c)(2) and 42 CFR §§438.310 et seq.

B. CenCal Health must comply with all requirements set forth in 42 CFR §§438.310 et seq., APL 19-017: Quality and Performance Improvement Requirements, and CMS EQR protocols, which provide detailed instructions on how to complete the EQR activities.

C. CenCal Health shall participate in Performance Improvement Projects (PIPs), as required by DHCS.

D. CenCal Health and its Delegated Entities shall comply with Corrective Action Plans (CAPs), as required by DHCS.

E. CenCal Health shall comply with consumer satisfaction survey (CSS) requirements as well as the EQRO's validation of network adequacy data and encounter data.

F. At the direction of DHCS, CenCal Health shall participate in DHCS focused studies of quality outcomes and access to services.

G. CenCal Health shall implement the EQRO's technical guidance provided to CenCal Health in conducting mandatory and optional activities.

III. Procedure:

A. Quality Performance Measures

1. On an annual basis, CenCal Health's Quality Department shall track and report on a set of Quality Performance Measures and Health Equity measures identified by DHCS in accordance with all of the following requirements:

   a. CenCal Health shall work with the EQRO to conduct an onsite assessment of the Quality Measure Compliance Audit and DHCS-required Quality Performance Measures;

   b. CenCal Health shall calculate and report all required Quality Performance Measures and Health Equity measures at the reporting unit level as directed by DHCS.

      i. CenCal Health shall calculate performance measure rates, to be verified by the EQRO;

      ii. CenCal Health shall report audited results on the required performance measures to DHCS no later than June 15 of each year or on another date as established by DHCS.

      iii. CenCal Health shall initiate reporting on required Quality Performance Measures for the reporting cycle following the first year of the Medi-Cal Managed Care contract operation;

   c. CenCal Health shall exceed the DHCS-established Minimum Performance Level (MPL) for each required Quality Performance Measure and Health Equity measure selected by DHCS.

   d. CenCal Health shall meet Health Disparity reduction targets for specific populations and measures as identified by DHCS.

2. Delegated Entities

   a. CenCal Health shall separately report to DHCS all required performance measure results at the reporting unit level for its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors (hereafter collectively referred to as "Fully Delegated Entities").

   b. CenCal Health shall ensure that its Fully Delegated Entities whose rates CenCal Health separately reports to DHCS also exceed the DHCS-established MPL for each required Quality Performance Measure and

Health Equity measure selected by DHCS.

3. DHCS corrective action options

   a. In accordance with 42 CFR §§438.700 et seq., WIC §14197.7, and Exhibit E of the Medi-Cal Managed Care contract between CenCal Health and DHCS (hereafter referred to as "the DHCS Contract"), CenCal Health shall comply with DHCS-imposed financial sanctions, administrative sanctions, and/or Corrective Actions on CenCal Health for failure to meet required MPLs.

      i. DHCS may require CenCal Health to make changes to its executive personnel if CenCal Health has persistent and pervasive poor performance as evidenced by multiple performance measures consistently below the MPL over multiple years.

      ii. DHCS may also limit CenCal Health's Service Area expansion or suspend Member enrollment based on CenCal Health's persistent and pervasive poor performance on Quality Performance Measures.

      iii. In addition to sanctions and Corrective Actions, DHCS reserves the right, subject to actuarial judgment and generally accepted actuarial principles and practices, to consider CenCal Health's performance on specified quality and equity benchmarks, as determined by DHCS and communicated in advance of each applicable Rating Period, within the determination of Capitation Payment rates for that Rating Period.

   b. If CenCal Health's Fully Delegated Entities fails to exceed the DHCS-established MPL, CenCal Health shall subject its Fully Delegated Entities to appropriate Corrective Actions in accordance with CenCal Health's Escalation and Sanctions policy (AMO-31). The Corrective Actions may include, but are not limited to, financial sanctions, CAPs, and a requirement to change its executive personnel.

B. Performance Improvement Projects

   1. CenCal Health's Quality Department shall conduct or participate in Performance Improvement Projects (PIPs), including any PIP required by CMS, in accordance with 42 CFR §438.330. CenCal Health shall conduct or participate in, at a minimum, two (2) PIPs per year, as directed by DHCS. At its sole discretion, DHCS may require CenCal Health to conduct or participate in additional PIPs, including statewide PIPs. DHCS may also require CenCal Health to participate in statewide collaborative PIP workgroups.

2. CenCal Health shall have policies and procedures in place to ensure that its Fully Delegated Entities also conduct and participate in PIPs and any collaborative PIP workgroups as directed by CMS or DHCS.
3. CenCal Health's Quality Department shall comply with the PIP requirements outlined in DHCS APL 19-017: Quality and Performance Improvement Requirements and shall use the PIP reporting format as designated therein to request DHCS's approval of proposed PIPs.
4. Each PIP shall include the following:
    a. Measurement of performance using objective quality indicators;
    b. Implementation of equity-focused interventions to achieve improvement in the access to and quality of care;
    c. Evaluation of the effectiveness of the interventions based on the performance measures; and
    d. Planning and initiation of activities for increasing or sustaining improvement.
5. CenCal Health's Quality Department shall report the status of each PIP at least annually to DHCS.

C. Consumer Satisfaction Survey

1. On an annual basis until January 1, 2026, CenCal Health's Quality Department shall timely provide all data requested by the EQRO in a format designated by the EQRO in conducting a consumer satisfaction survey (CSS).
2. Beginning January 1, 2026, concurrent with the requirement for Health Plan Accreditation (HPA) by the National Committee for Quality Assurance (NCQA), CenCal Health's Member Services Department shall publicly post the annual results of its – and its Fully Delegated Entities' – Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey on CenCal Health's website, including results of any supplemental questions as directed by DHCS.
3. If CenCal Health has HPA prior to January 1, 2026 and reports its CAHPS data to the NCQA, CenCal Health's Member Services Department shall publicly post the annual results of its – and its Fully Delegated Entities' –CAHPS survey on CenCal Health's website, including results of any supplemental questions as directed by DHCS.
4. CenCal Health's Quality Department shall incorporate results from the CAHPS survey in the design of quality improvement and Health Equity activities.

D. Network Adequacy Validation. CenCal Health's Provider Services Department

shall participate in the EQRO's validation of CenCal Health's Network adequacy representations from the preceding 12 months to comply with requirements set forth in 42 CFR §§438.14(b), 438.68, and 438.358.

E. Encounter Data Validation. As directed by DHCS, CenCal Health's Claims Department shall participate in EQRO's validation of Encounter Data from the preceding 12 months to comply with requirements set forth in 42 CFR § §438.242(d) and 438.818.

F. Focused Studies. As directed by DHCS, CenCal Health's Health Services Department shall participate in an external review of focused clinical and/or non-clinical topic(s) as part of DHCS' review of quality outcomes and timeliness of, and access to, services provided by CenCal Health.

G. Technical Assistance. In accordance with 42 CFR §438.358(d) and at the direction of DHCS, CenCal Health's IT Department shall implement EQRO's technical guidance provided to CenCal Health in conducting mandatory and optional activities described in 42 CFR §438.358 and the DHCS Contract.

IV. Definitions:

Capitation Payment: a regularly scheduled payment made by DHCS to CenCal Health on behalf of each Member for each month the Member is enrolled with CenCal Health that is based on the actuarially sound capitation rate for the provision of Covered Services, and paid regardless of whether a Member receives services during the period covered by the payment.

Corrective Actions: specific identifiable activities or undertakings of CenCal Health which address deficiencies or noncompliance with CenCal Health's Medi-Cal Managed Care contract with DHCS.

Corrective Action Plan (CAP): corrective measures that address deficiencies detected as a result of ongoing monitoring and auditing.

Delegated Entity: a subcontracted entity who enters into a risk-based written agreement with CenCal Health to perform functions on behalf of CenCal Health.

Department of Health Care Services (DHCS): the single State Department responsible for the administration of the Federal Medicaid (referred to as Medi-Cal in California) Program, and other health-related programs.

DHCS All Plan Letter (APL): a binding document that has been dated, numbered, and issued by DHCS that provides clarification of Contractor's contractual obligations, implementation instructions for Contractor's contractual obligations due to changes in State and federal law or judicial decisions, and/or guidance with regulatory force and effect when DHCS interprets, implements, or makes specific relevant State statutes under its authority.

Downstream Fully Delegated Subcontractor: a Downstream Subcontractor that contractually assumes all duties and obligations of CenCal Health under the Medi-

Cal Managed Care contract, through the Subcontractor, except for those contractual duties and obligations where delegation is legally or contractually prohibited. A managed care plan can operate as a Downstream Fully Delegated Subcontractor.

External Quality Review (EQR): the analysis and review by the External Quality Review Organization (EQRO) of aggregated information on quality, timeliness, and access to the health care services that CenCal Health, its Subcontractor, its Downstream Subcontractor, or its Network Provider furnishes to Members.

External Quality Review Organization (EQRO): an organization that meets the competence and independence requirements set forth in 42 CFR section 438.354 and performs EQR and other EQR–related activities as set forth in 42 CFR section 438.358 pursuant to its contract with DHCS.

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

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

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

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

Minimum Performance Level (MPL): refers to CenCal Health's minimum performance requirements for select Quality Performance Measures.

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

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

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

Quality Performance Measures: tools that help measure healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that

are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care.

Rating Period: a period selected by DHCS for which actuarially sound capitation rates are developed and documented in the rate certification submitted to CMS as required by 42 CFR §438.7(a).

Service Area: the county or counties that CenCal Health is approved to operate in under the terms of the DHCS Contract. A Service Area may be limited to designated zip codes (under the U.S. Postal Service) within a county.

V. References:

A. 42 USC §1396u-2(c)(2)

B. 42 CFR §§ 438.14(b), 438.68, 438.242(d), 438.310 et seq., 438.330, 438.354, 438.358, 438.700 et seq., 438.818

C. WIC §14197.7

D. DHCS 2024 Contract, Exhibit E

E. DHCS APL 19-017: Quality and Performance Improvement Requirements

F. CMS EQR protocols

VI. Cross-References: N/A

VII. Attachments: N/A

Revision History:

P&P Revision Date	Leaders who Reviewed and Approved P&P Revisions	Reason for P&P Revisions	P&P Revision Effective Date	DHCS P&P Approval Date
12/2023	Karen S. Kim, JD, MPH, Chief Compliance Officer; Puja Shah, Esq., Director of Audits & Monitoring	2024 DHCS Contract OR Deliverable R.0043.	12/2023	TBD

CENCAL HEALTH POLICY AND PROCEDURE (P&P)	
Title: Credentialing Systems Control and Oversight	**Policy No.:** PS-CRXXX
Department: Provider Services	
Cross-Functional Departments: Medical Management, Quality	
Effective Date: 02/2024	**Last Revision Date:** N/A
P&P Require DHCS Approval? Y ☐ N ☒	
Director or Officer Signature and Date: Luis Somoza Provider Services Director	**Officer Signature and Date:** Jordan Turetsky, MPH Chief Operating Officer Emily Fonda, MD Chief Medical Officer

I. Purpose

To describe the credentialing system controls in place to ensure the security and accuracy of provider information.

II. Policy:

CenCal Health will employ system controls to address: how primary source information is received, dated, and stored; how modified information is tracked and dated from its initial verification; the titles and roles of staff who are authorized to review, modify and delete information, and the circumstances when modification or deletion is appropriate; the security measures in place to protect the information from unauthorized modification; and how CenCal Health monitors compliance with credentialing system controls described in this policy and takes appropriate action when necessary.

III. Procedure:

A. Receipt and Handling of Primary Source Verification Information
   1. Credentialing and recredentialing applications and supporting documents are received by email, fax or mail. Applications and documents received by mail are scanned as pdf working documents.

2. The Credentialing Specialist reviews applications for any missing information, or items that require further explanation, and makes requests to providers/practitioners as needed.
3. Applications and supporting documents are tracked throughout the credentialing process via a shared onboarding tracker.
4. Applications and supporting documents are saved in folders with access limited to credentialing staff and CenCal Health medical directors responsible for the credentialing process.
5. Credentialing data from the applications and supporting documents is entered and stored electronically on CenCal Health's secured credentialing database "Symplr". Access to the database is set to user functions, with "write" functionality authorized only for credentialing staff.
6. Processed applications, supporting documents and primary source verifications (PSVs)are stamped via manual date stamp or electronic date stamp in the electronic file.
7. Completed electronic files are saved to subfolders within the access-limited credentialing folder designated for the credentialing manager/supervisor for review, then for the medical directors for review and recommendation.
8. "Clean" files are approved via medical director signature and saved to a corresponding access-limited subfolder. Files requiring review by the CenCal Health Provider Credentials and Peer Review Committee (PCC)are held in the access-limited review subfolder pending the PCC's decision.

B. Tracking Modifications
1. As part of the credentialing process, the applicant is notified of his/her right to obtain the status of his/her application, and to correct erroneous information.
2. Upon receipt of corrections, the credentialing specialist will re-verify the primary source information. If there is still a discrepancy, the applicant will be notified within seven (7) business days. If all information necessary to process the application is not received within thirty (30) business days from the date the applicant was given notice regarding the required information, the application will be deemed incomplete. The application will be in an inactive status and not forwarded for further review or recommendation until all information has been obtained and verified.
3. PSVs received between recredentialing cycles are date stamped by the credentialing specialists (manually or electronically) and filed in the provider's/practitioner's credentials file.

4. Provider/practitioner data entered into the credentialing database is tracked via the audit trail function. Only the credentialing specialists, supervisor and manager are authorized to update, modify or delete provider/practitioner data.
5. If a modification needs to be made to credentialing information, the credentialing specialist will document the date the modification was made, the reason the modification was made and who made the modification. For updates to PSVs, the credentialing specialist will document the change, who they spoke with, and initial and date the PSV. A note will also be entered in the corresponding section of the credentialing database.

C. Authorization to Modify Information
1. The credentialing specialists, credentialing supervisor, and credentialing manager are granted authorization to create, edit and delete documentation into a provider file or electronic record as determined by user scope of practice.
2. PSV information may be modified by credentialing specialists, the credentialing supervisor or credentialing manager when verification information changes. If PSV information changes, the credentialing staff will obtain new verifications, initialed and dated by credentialing staff, and stored in the applicant's electronic file.
3. Examples of appropriate modifications to credentialing information include but are not limited to:
   a. Updates to expired licensure or other documents
   b. Changes/updates to education, training, or privileges
   c. To correct data entry errors
   d. Duplicate profiles
   e. Documents appended to incorrect provider profile
4. Examples of *inappropriate* modifications to credentialing information include but are not limited to:
   a. Altering credentialing approval dates
   b. Altering dates on verifications
   c. Whited out dates or signatures on hard copy documents
   d. Unauthorized deletion of provider/practitioner files or documentation

D. Securing Information
1. Physical access to provider/practitioner files is limited to the credentialing staff and medical directors who are responsible for the credentialing process.
2. Remote workstations are in physically secure areas. Computer screens are positioned to prevent viewing by unauthorized individuals. All password-

based systems on workstations mask, suppress or otherwise obscure passwords so that unauthorized persons are not able to observe them. Authorized users are prohibited from allowing others to access computer systems with their account, password, badge, or unique ID information.

3. Password protections include:
    a. Using strong passwords
    b. Discouraging users from writing down passwords.
    c. Using IDs and passwords unique to each user.
    d. Changing passwords when requested by staff or if passwords are compromised.
    e. Disabling passwords of employees who transition to a non-credentialing role within the organization or who leave the organization.
    f. CenCal Health follows the National Institute of Standards and Technology guidelines.
4. Examples of when credentialing information may be released:
    a. Upon request from CenCal Health's Compliance or Legal departments
    b. Regulatory or accreditation agencies: access requires direct supervision by the credentialing manager or supervisor to ensure no data is accessed without authorization.

E. Credentialing Process Audits
1. At least annually, CenCal Health credentialing staff will monitor compliance with the processes and controls described in this policy and procedure.
    a. The Symplr system administrator will run a report of all files with modifications and pull a random sample of those files.
    b. The random sample will include 5% or 50 files of each type (initial and recredentialing), or at least 10 of each.

F. Credentialing System Controls Oversight
1. In the random sample audited, the designated credentialing specialist will identify all modifications that did not meet the guidelines established in this policy and procedure. These may include but are not limited to:
    a. Modifications made by unauthorized persons
    b. Inappropriate or inaccurate modifications
2. Any modifications to provider/practitioner credentialing data that do not meet the guidelines established in this policy and procedure will be analyzed and appropriate action taken, as needed.
    a. An analysis report will include the number or percentage of noncompliant modifications, and the types of noncompliant modifications

b. Any unauthorized or inaccurate data modifications will be corrected
c. Any system controls that were inadequate or were circumvented to allow unauthorized data modifications will be reviewed and updated as needed.
d. These actions may be taken by any authorized credentialing staff under supervision by the credentialing supervisor or manager.
e. CenCal Health will implement a quarterly monitoring process to assess the effectiveness of its actions on all findings until improvement is demonstrated for at least one finding over three consecutive quarters.

IV. Definitions:

Credentialing: means the process of determining a Provider or an entity's professional or technical competence, and may include registration, certification, licensure and professional association membership in order to ensure that Network Providers are properly licensed and certified as required by state and federal law. A part of CenCal Health's Quality Assessment and Improvement Program which verifies credentials with the issuer of the credential or other recognized monitoring organization, in order to evaluate a provider's qualifications, affiliations, competency, and to monitor the quality of medical services provided.

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

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

Provider Credentials Committee: A committee of credentialed Network Providers who are made responsible by the QIHEC to review and render decisions regarding provider credentialing and recredentialing.

Primary Source Verification: Refers to contacting the entity, agency, or institution that issues a provider's credential for verification of the document's authenticity. Also refers to an entity, such as a state licensing agency with legal responsibility for originating a document and ensuring the accuracy of the document's information. For some credentials, the primary source does not need to be contacted directly if they make verification available through another source. For the purposes of this policy, primary source verification means contacting either the actual issuer or another recognized monitoring source approved for

verification by the National Committee for Quality Assurance (NCQA). For example, board certification may be verified by contacting the appropriate specialty board (the issuer) or the NCQA approved source of the American Board of Medical Specialties (ABMS) directory.

V. References:

A. NCQA Standards describing Credentialing System Controls and Oversight

VI. Cross Reference:

A. Policy and Procedures (P&P):

a. PS-CR03 Provider Credentialing and Recredentialing

b. PS-CR11 Credentialing of Organizational Providers

B. Program Documents:

1. Sample Annual Credentialing Data Modification Report

VII. Attachments: N/A

Revision History:

P&P Revision Date	Leaders who Reviewed and Approved P&P Revisions	Reason for P&P Revisions	P&P Revision Effective Date	DHCS P&P Approval Date
MM/YYYY	[Insert Name, Insert Title]	[Insert sentence outlining the driver of P&P revision, see style guide for more details.]	MM/YYYY	TBD

Attachment 2

Quality Improvement & Health Equity Committee (QIHEC)
Meeting Agenda

Meeting Date: **December 14, 2023**

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

Chairperson: **Emily Fonda, MD, MMM, CHCQM** – Chief Medical Officer, Internal Medicine, CenCal Health
Co-Chairperson: **Michael Collins, DO, MPH, MS** – Sr. Medical Director, Preventive Medicine, CenCal Health

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QIHEC Voting Members:

***Network Provider**

Marina Owen - Chief Executive Officer, CenCal Health
Edward Bentley, MD* – Gastroenterologist – Santa Barbara, CA – ***Board Liaison***
Neal Adams, MD, MPH – Medical Director, Psychiatrist, CenCal Health
Polly Baldwin, MD* – Family Practitioner – Santa Barbara, CA
Bethany Blacketer, MD* - Family Practitioner – Santa Maria, CA
Jeffrey Kaplan, MD* - Pediatrician – Santa Maria, CA
Van Do-Reynoso, MPH, PhD – Chief Customer Experience Officer/Chief Health Equity Officer, CenCal Health
Joseph Freeman, MD, FACEP* - Emergency Medicine, Cottage Health System – Santa Barbara, CA
Carlos Hernandez - Quality & Population Health Officer, CenCal Health
Sara Macdonald – Community Member and CenCal Health Member – Santa Barbara County, CA
Douglas Major, OD* - Optometrist – San Luis Obispo, CA
Mazharullah Shaik, MD* – Director of Quality, Community Health Centers of the Central Coast, Santa Maria, CA
Elizabeth Snyder, MHA* - Senior Director - Administrative Services, Dignity Health Central Coast Division, Santa Maria, CA

Staff:

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

Secretary: Mimi Hall, Executive Assistant

Location: Via Virtual Microsoft Teams

Agenda Item	Minutes	Vote Required
1. Introductions & Announcements Emily Fonda, MD, MMM, CHCQM, Chief Medical Officer	5	No
Approval of Minutes		
2. August 24, 2023, QIHEC Meeting Emily Fonda, MD, MMM, CHCQM, Chief Medical Officer	5	Yes
New Business		
Consent Agenda These items are considered routine and are normally approved by a single vote of the Committee without separate discussion to conserve time and permit focus on other matters on this agenda. Individual consent items may be removed and considered separately at the request of a committee member. ***Dr. Emily Fonda, Chief Medical Officer***	5	Yes
3. Approval of Pediatric Clinical Advisory Committee Report Rea Goumas, MD, Medical Director, Whole Child Model		
4. Acceptance of Pharmacy & Therapeutics Report for Q4 2023 Stephanie Lem, PharmD, Associate Director, Pharmacy		
5. Approval of Customer Experience Committee Report Eric Buben, Director, Member Services		
6. Approval of Utilization Management Committee Report Emily Fonda, MD, MMM, CHCQM, Chief Medical Officer Chris Hill, RN, MBA, Health Services Officer		
7. Approval of Credentialing Committee Report Sheila Thompson, RN, CPHQ, Provider Quality & Credentialing Manager		

Follow-Up		
8. CCS/TCRC Age Breakout Analysis Chelsee Elliott, Quality Measurement Supervisor	5	Yes
9. Under/Over-utilization ALOS & Tonsillectomies Analysis Chelsee Elliott, Quality Measurement Supervisor	5	Yes
10. Verbal Updates – Refer to Follow-up Tabular Summary Lauren Geeb, MBA, Director, Quality	5	Yes
Quality Improvement & Health Equity Transformation Program (QIHETP) Activities		
11. Risk Scoring & Stratification Bias Analysis & Adjustments Chelsee Elliott, Quality Measurement Supervisor	10	Yes
12. QIHETP Work Plan Update, with focus on Well Child Visit Performance Improvement Project – 15 Months of Age (W30) Lauren Geeb, MBA, Director, Quality	5	Yes
13. Approval of Quality Dashboard Lauren Geeb, MBA, Director, Quality	5	Yes
14. QIHETP Systems Integration – Key Performance Metrics Reporting **a.** Access and Availability – Cathy Slaughter, Director, Provider Relations **b.** Grievances & Appeals – Eric Buben, Director, Member Services **c.** Utilization Management – Chris Hill, RN, MBA, Health Services Officer	15	Yes
Policy Review & Feedback		
15. QIHETP & Related Program Policies Carlos Hernandez, Quality & Population Health Officer	5	Yes
Open Forum & Future Agenda Items	5	No
Adjourn		

Attachment 3

Quality Improvement & Health Equity Committee (QIHEC) Meeting Minutes

Date: August 24, 2023

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

Chairperson: Emily Fonda, MD, CHCQM, MMM, Chief Medical Officer
Co-Chairperson Michael Collins, DO, MPH, MS, Senior Medical Director

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QIHEC Voting Members: ***Network Provider**

Marina Owen - Chief Executive Officer, CenCal Health
Edward Bentley, MD* – Gastroenterologist – Santa Barbara, CA – ***Board Liaison***
Neal Adams, MD, MPH – Medical Director, Psychiatrist, CenCal Health
Polly Baldwin, MD* – Family Practitioner – Santa Barbara, CA
Bethany Blacketer, MD* - Family Practitioner – Santa Maria, CA
Jeffrey Kaplan, MD* - Pediatrician – Santa Maria, CA
Van Do-Reynoso, MPH, PhD – Chief Customer Experience Officer/Chief Health Equity Officer, CenCal Health **Noemi Doohan, MD, PhD, MPH*** – Medical Director, Family Medicine, Santa Barbara County Public Health - Santa Barbara, CA
Joseph Freeman, MD, FACEP* - Emergency Medicine, Cottage Health System – Santa Barbara, CA
Carlos Hernandez - Quality & Population Health Officer, CenCal Health
Sara Macdonald – Community Member and CenCal Health Member – Santa Barbara County, CA
Douglas Major, OD* - Optometrist – San Luis Obispo, CA
Mazharullah Shaik, MD* – Director of Quality, Community Health Centers of the Central Coast, Santa Maria, CA
Elizabeth Snyder, MHA* - Sr. Director - Administrative Services, Dignity Health Central Coast Division, Santa Maria, CA

Staff:

Eric Buben, Director, Member Services
Chris Hill, RN, MBA; Health Services Officer
Gabriela Labraña, MPH, Supervisor, Health Promotion
Amber Sabiron, MSN, RN, Manager, Population Health
Sheila Thompson, RN, CPHQ; Provider Quality & Credentialing Manager
Lauren Geeb, MBA; Director, Quality
Sheila Hill, MSPH, MBA, CPHQ; NCQA Project Leader
Stephanie Lem, PharmD; Clinical Manager, Pharmacy

Committee Members Absent: **Dr. Blacketer (Excused), Dr. Doohan (Excused), Dr. Shaik**

Secretary: Mimi Hall, Executive Assistant

Location: Via Virtual Microsoft Teams

Topic	*Discussion*
1a. Introductions and Announcements *Michael Collins, DO, MPH, MS, Senior Medical Director* **1b. Department of Justice & CenCal Health Settlement** *Marina Owen, Chief Executive Officer*	In Dr. Fonda's absence, Dr. Michael Collins, Co-chair, called the meeting to order at 4:02 p.m. It was determined that a quorum had been met, and the Committee was ready to proceed with business at hand. Ms. Owen spoke to the Committee about the Department of Justice and CenCal Health's recent settlement. That concluded *Introductions and Announcements* of the agenda.
2. Approval of Minutes of May 25, 2023, QIHEC Meeting	***Motion made*** by Ms. Macdonald to approve the minutes of the May 25, 2023, QIHEC Meeting; seconded by Dr. Bentley. Motion passed.
3. Consent Agenda (items #3-5)	***Motion made*** by Ms. Snyder to approve the Consent Agenda; seconded by Dr. Bentley. Motion passed.
6. Infection Prevention Nursing Home Pilot Program Update *Emily Fonda, MD, CHCQM, MMM, Chief Medical Officer*	In Dr. Fonda's absence, Ms. Sabiron, MSN, RN, Manager, Population Health, gave an update to the Committee regarding the *Infection Prevention Nursing Home Pilot Program*. Ms. Sabiron indicated that Phase One, which was the information training sessions as well as training session with our community partners, has been completed. Memorandums of Understanding (MOUs) have been sent out to each identified community partner and are awaiting responses from them. That concluded Ms. Sabiron's update of the *Infection Prevention Nursing Home Pilot Program Update*. This agenda item is for informational purposes only.
7. Annual Adoption of Clinical Practice Guidelines *Amber Sabiron, MSN, RN, Manager, Population Health*	Ms. Sabiron spoke to the Committee about the annual adoption of *Clinical Practice Guidelines* and accompanied her oral update with a PowerPoint Presentation. **Executive Summary:** CenCal Health uses clinical practice guidelines to help practitioners make decisions about appropriate health care for specific clinical circumstances and behavioral healthcare services. CenCal Health makes decisions for Member education that are consistent with its practice guidelines. CenCal Health adopts, disseminates, and monitors the use of clinical practice guidelines at least every two years, or more frequently if national guidelines change within the two-year period. **Background:** Clinical practice guidelines supported by CenCal Health are selected based on contractual requirements and identified membership needs using data compiled from reliable sources (e.g., claims, utilization, pharmacy, epidemiological, HEDIS, or demographic data). CenCal Health's clinical practice guidelines address the provision of acute or chronic medical and behavioral health conditions. A subset of the clinical guidelines is used as the basis for CenCal Health's Disease Management programs and Quality Improvement Projects. For those aspects of care which DHCS has not specified approved practice guidelines, CenCal Health adopts nationally recognized standards, best practices guidelines and/or

	recommendations from appropriate professional organizations for proven methods that are evidence based, or time-tested, research supported and accepted by peer professionals as reasonable practice. **Next Steps:** Subsequent to the QIHEC adoption, the clinical practice guidelines are disseminated by CenCal Health's Quality Department to contracted Network Providers electronically via CenCal Health's provider portal, on CenCal Health's website, and by notice in CenCal Health's provider bulletin. CenCal Health distributes practice guidelines to Network Providers and Members and potential Members, upon request. Monitoring of compliance with adopted clinical practice guidelines is performed by CenCal Health's Quality Department at least annually. The comprehensive list of practice guidelines is available on our website, which is noted on the cover memo in your meeting packet. Specifically, for COVID-19 treatment guidelines, we utilize the National Institutes of Health for these practice guidelines, which outline clinical management of adults as well as non-hospitalizations for general management of COVID and then therapeutic management, as well. And again, for more information you can visit their website for COVID-19 treatment guidelines specifically for the National Institute of Health. For the next steps regarding the clinical practice guidelines, they are disseminated and distributed to our practicing providers. They're available on our provider portal as well as our website. Additionally, they are available to our members and potential members upon request, in addition to the Member Bulletin. The Quality Department does look at these practice guidelines annually and monitor them. **Discussion:** Dr. Bentley mentioned that the guidelines are quite diverse, and, in some instances, there may be conflicting guidelines. Therefore, in those instances, who within CenCal Health is the arbitrators of those complexities? Ms. Sabiron confirmed that she understood Dr. Bentley's question; when there are several practice guidelines referring to the same matter, what is the hierarchy of that circumstance? Dr. Bentley affirmed and gave an example: for colorectal cancer screening, many of the specialists recommend that screening begin at the age of forty-five, and the American College of Physicians have just come out with a recommendation beginning at age 50; that is one example. Therefore, when there is a difference of recommendations, how do we reconcile the differences? Is there an individual or group within CenCal Health who will be the arbitrator of that? Mr. Hernandez responded and explained that one of the determining factors is what the guideline sources, and there are three specific guideline sources that are required by DHCS by contract and those are the US Preventive Services Task Force, the American College of Obstetrics and Gynecologists and the American Academy of Pediatricians for the pediatric population. If there is a conflict between those guideline sources and the supplemental sources that are adopted by QIHEC, it would be those that are contractually required that would prevail. Otherwise, if there are two competing sources that are not required by contract, then that determination would be made by our medical director staff in coordination with Dr. Fonda, our Chief Medical Director. Dr. Major asked to confirm what a physician's role would be in these instances. For example, in San Luis Obispo County, for eye screening, Dr. Major indicated that he performs all of the school vision screening for kindergarteners and there are a number of children that haven't been checked for eye care, and that doesn't meet the Bright Start standards, therefore, can we go ahead as a group and agree to connect those pediatricians to realize that they're not meeting those standards? Is this our role to keep it nudging it forward when we see these public health issues?

	Mr. Hernandez agreed that it is within our role. And, for guideline adoption, this is another rule in the QIHEC guideline development. If there is a local need that might go beyond the professional recommendation of a given organization, then it could be brought to the QIHEC for guideline development and adoption, and then that guideline could be used as a priority, going forward. Dr. Major agreed and indicated that these issues might be easily solved by just locating the guidelines, as this is the whole goal of this committee, as he believes. Mr. Hernandez thanked Dr. Major for his input. At the end of discussion, Dr. Major ***made a motion*** to approve the guidelines as specified with the various medical associations; seconded by Dr. Baldwin. Motion passed.

8. 2023 Population Needs Assessment *Gabriela Labraña, MPH, Supervisor, Health Promotion*	Ms. Labraña spoke to the Committee about the 2023 Population Needs Assessment and accompanied her discussion with a Power Point Presentation. Ms. Labraña started by indicating that PNA is an assessment that the Quality Department performs every year for our membership. The main purpose is to identify member health needs and health disparities to evaluate our activities and implement strategies to improve in areas where we have found gaps, therefore, the 2023 PNA is reflective of data from calendar year 2022 and it was just recently finalized. Ms. Labraña reviewed a high-level overview of what is contained in the report, and indicated to the Committee that the full PNA report is available in the meeting packet. **Purpose:** CenCal Health recognizes the importance of offering services that address health equity within health education, Cultural & Linguistic (C&L), and quality improvement (QI) services. The goal of the annual Population Needs Assessment (PNA) is to identify gaps in care, health disparities, and service areas with room for improvement. The annual PNA is a fundamental component of CenCal Health's overall Population Health Management (PHM) Strategy. CenCal Health incorporates PNA findings into PHM activities and implements targeted strategies to address member needs and improve health outcomes throughout the community served in collaboration with community partners. CenCal Heath completes the annual PNA in accordance with the Department of Health Care Services (DHCS) and the national Committee for Quality Assurance (NCQA) accreditation requirements. **Key Findings:** <u>Health Status and Disease Prevalence</u> • Over 75% of adult members reported their overall health in 2022 as being good, very good, or great. • About 94% of parents/guardians reported their children's overall health was good or very good in 2022. • The disease prevalence of four chronic conditions were assessed: 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. <u>Access to Care</u> Consumer Assessment of Healthcare Providers and Systems (CAHPS) data indicates the majority of adult and pediatric members report the ability to access primary and urgent care timely and when necessary. The required PCP-to-member ratio of 1:2000 and the required physician-to member

	ratio of 1:1200 were both met for 100% of members in 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. <u>Health Disparities</u> Health education and QI activities will focus on closing the following identified disparities regarding race, language spoken, sex, and/or region related to Chlamydia Screening, Asthma Medication Ratio, Breast and Cervical Cancer Screening, Developmental Screening, Controlling High Blood Pressure, Immunization for Adolescents, Timely Postpartum Care, and Child and Adolescent Well-Care Visits. **Action Plan** Based on the findings, CenCal Health has developed an Action Plan that will address identified gaps. In alignment with CenCal Health's Quality Improvement and Health Equity Transformation Program, topics included in the Action Plan are those priorities which fell below the DHCS quality benchmarks and/or those that may have decreased significantly. More in-depth information on the Action Plan can be found in your meeting packet, in addition to the complete Population Needs Assessment. **Discussion:** Dr. Major commended Ms. Labraña for her presentation and indicated that there is some new legislation that was coming through that will look at provider access. If the legislation is passed, if CenCal Health would be within the guidelines? Ms. Labraña responded that she is not familiar with the legislation that Dr. Major was referring to, and if no other staff is able to comment, then The Quality Department can certainly take a look at the legislation and report back. Dr. Major responded that the new legislation will be forthcoming in 2024 and that he is aware of no ACEs scores associated, although, there will be the social determinants, however, he asked if that also something that you put in here now? Ms. Labraña thanked Dr. Major for bringing this topic up and responded that it is not included, however, that can be considered for future meetings. She continued that it is not clear the type of data that is available as far as ACE score results, however, she is aware that there is utilization of a screening in general, yet it is unclear if we receive comprehensive data on results. That is something that can be investigated. Dr. Major indicated that San Luis Obispo County will be losing its only pediatric ophthalmologist, therefore, just wanted to give a heads up about that. Mr. Hernandez commented that CenCal Health does receive score results, and that they are reported by the procedure code that is reported by the practitioner that performs the screening to indicate whether the score is normal or not. That information is used for utilization trending or at least it soon will. Currently, Quality is working on a process to collect that data and is also a participant in a local community collaborative that is funded by an ACE Grant. CenCal Health is working in that collaborative to improve a score screening network guide, which will be monitored on a dashboard. It was agreed that the legislative question and discussion above will be followed-up on at a future meeting. Next, Ms. Hill asked when will the more detailed objectives to those goals be developed or is that something for the beginning of the year? Ms. Labraña stated that the objectives that are in the PNA report will be the working objectives. Ms. Hill responded that it is like PIP development. In other words, are we going to understand what the PIP (Program Improvement Project) is with the more detailed version of exactly what we are doing? And will there be member outreach? Ms. Labraña responded affirmatively, and that typically after the report is approved, that is when the process begins with some internal work groups to begin work on the actual objectives and implementing

	strategies. We then really flesh out the steps that will be taken to achieve those goals. Ms. Hill thanked Ms. Labraña for her response. Ms. Owen indicated that she recalled that Quality had action plans developed last year for the PNA and they are different this year. She asked if Ms. Labraña would highlight a success. For instance, there was pediatric developmental screening on the list and was wondering where you think were the major achievements. We see that some are still on the list and so we know on which ones we are still working on. Ms. Labraña thanked Ms. Owen for her question and continued that updates to last year's action plan were occurring quarterly at CAB (Community Advisory Board) and MSC (Member Services Committee). However, Ms. Labraña indicated that one highlight was an objective from last year's PNA and was related to breast cancer screening, Ms. Zena Chafi-Aldwaik and Ms. Geeb coordinated a mobile mammography event to bring access to breast cancer screening to an area that does not have a lab nearby, and is in an underserved area, and that it was a success. Ms. Labraña asked Ms. Geeb if she wanted to chime-in on that event, which was some great work. Ms. Geeb agreed and stated that was one that focused on a particular population where we have seen a disparity, therefore, we are hoping to use that later in the year. We have been doing the work, however, what we have learned is that some of our strategies are taking a little bit more time to move the needle, so to speak. However, we have also seen some great achievements in improving pediatric visits as well. Ms. Geeb continued that they identified some new disparities, but she agreed with Ms. Labraña about pediatric achievements. Ms. Geeb indicated that she would be talking a bit more later in the meeting about breast cancer screening. She continued that CenCal Health rates are among the top 10% of health plans. And we also want to sustain some performance. Dr. Baldwin asked how the Quality team produces the action items that it will implement to improve these measures. Ms. Labraña responded that typically the Population Health team will convene to look at the findings and the HEDIS results from the year and look at the health disparities identified and then determine what is feasible, where our impact will be greatest. We want our objectives to be smart. There are so many things that we could tackle, but we really try to choose things that are organizational priorities that will close a health disparity or meet an unmet need. And we always get input from our Community Advisory Board and from an internal committee to make sure that what we have identified as objectives really do speak to what is needed in the Community. Ms. Geeb added that in addition to a very much data-driven approach and really looking at healthcare disparities, Quality is building an internal dashboard to identify disparities between different populations, but also the state has new requirements for the population needs assessment. After discussion concluded, Dr. Collins asked for a motion to approve. Dr. Bentley ***made a motion*** to approve the *2023 Population Needs Assessment* as presented; seconded by Ms. Macdonald. Motion passed.

9. 2023 Population Health Management (PHM) Program and Strategy *Amber Sabiron, MSN, RN, Manager, Population Health*	Ms. Sabiron spoke to the Committee about the *2023 Population Health Management (PHM) Program and Strategy*. **EXECUTIVE SUMMARY** CenCal Health's Population Health Management (PHM) strategy defines how program services are delivered or offered. It provides a framework for a comprehensive plan to assess and meet the needs of the Plan's entire membership and throughout the member's lifespan. Additionally, the PHM strategy provides a structure for establishing activities that meet PHM goals. CenCal Health programs and services are designed to address the needs of the member population. CenCal Health is committed to assessing and understanding the cause of health disparities for its members and working with internal and external stakeholders to overcome any inequities. The PHM Framework, including its four (4) domains, serves as the foundation for 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 In addition to utilizing the above framework CenCal Health incorporates the National Committee for Quality Assurance's (NCQA) four areas of focus which cover the entire care continuum. Using the four areas of focus below CenCal Health determines targeted populations and sets goals for each area of the following: 1. Keeping members healthy 2. Managing people with emerging risks 3. Patient safety or outcomes across settings 4. Managing multiple chronic illnesses **BACKGROUND** CenCal Health maintains a comprehensive strategy for PHM that is reviewed and updated annually to ensure program goals are being met and in compliance with the Department of Health Care Services (DHCS) and NCQA. 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. CenCal Health integrates PHM across the organization through the coordination of multiple program and service offerings into one seamless system. In doing so this creates efficiencies to improve health outcomes. To ensure a successful PHM strategy, the following critical components are incorporated, including population identification, data integration, stratification, measurement, care delivery systems, and community resources. CenCal Health's PHM Strategy deliverable to DHCS aims to prepare managed care plans for a more robust collaboration with Local Health Departments (LHDs) that is to begin in 2024, when CenCal Health will be required to meaningfully participate in LHDs'

	community health assessments (CHAs) and community health improvement plans (CHIPs) in the service area(s) where CenCal Health operates. DHCS requires MCPs to set up a meeting with LHDs in their service area prior to the deliverable due date to discuss a) early planning around how MCPs may meaningfully participate and b) co-development of at least one shared goal/SMART objective. **NEXT STEPS** Subsequent to the QIHEC adoption: • Meet with our Local Health Departments to meaningfully collaboration with the Community Health Assessment (CHA) • Create a SMART goal related to the CHA • Submit PHM Strategy and Program Description to DHCS by 10/31/2023 **RECOMMENDED ACTION** Acceptance and approval of the PHM Strategy and Program Description. Dr. Major ***made a motion*** to approve the *2023 Population Health Management (PHM) Program and Strategy,* as presented; seconded by Ms. Snyder. Motion passed.
10. 2022 PHM Impact Analysis and Priorities for Improvement *Lauren Geeb, MBA; Director, Quality*	Ms. Geeb spoke to the Committee about the *2022 PHM Impact Analysis and Priorities for Improvement* and accompanied her oral update with a PowerPoint Presentation. **Executive Summary** Annually, the Department of Health Care Services (DHCS) adopts the NCQA 50th and 90th Medicaid percentiles as its Minimum Performance Level (MPL) and High-Performance Level (HPL) to sanction and reward Medi-Cal plans for performance. Likewise, CenCal Health adopts these percentiles to identify priorities for improvement. To identify CenCal Health's priorities for improvement, staff evaluated CenCal Health's most recent quality of care performance results completed in June 2023 for Measurement Year **(MY)** 2022 against the following immediate and long-term organizational priorities. DHCS' Managed Care Accountability Set (MCAS) priorities in relation to the gap in performance to the HPL in anticipation of DHCS MY 2023 requirements (Priority 1), and aspects of care required for NCQA Health Plan Accreditation (Priority 2). The proposed immediate priorities (level 1) for improvement are: • Well-child visits, including lead and developmental screening, and childhood immunizations. • Child and adolescent well-care visits, including adolescent immunizations. • Follow-up after emergency department visits for substance use and/or mental illness. • Chronic disease management (asthma, hypertension). • Women's reproductive health (maternal care, cancer screening). **<u>MY 2022 FINDINGS</u>** Based on the minimum performance thresholds that must be met across all reporting units the following results were reported to DHCS and NCQA: • Exceptional performance was achieved for six aspects of care: breast cancer screening, a low rate of diabetes blood glucose poor control, pediatric preventive health exams (15 months – 30 months), adolescent immunizations, postpartum care timeliness, and timely follow-up after emergency department visit for substance use.

	• MPL not met for three aspects of care: pediatric lead screening, hypertension control, and timely follow-up after emergency department (ED) visit for mental illness. **PROPOSED PRIORITIES FOR IMPROVEMENT** As CenCal Health seeks out NCQA Accreditation in 2024 and the goal to ensure all DHCS required measurement surpass the Medicaid 50th Percentile for MY 2023, the following are priorities for improvement. Red checkmarks indicate a rate is currently projecting below the MPL based on claims data through June 30th, 2023. Black checkmarks indicate a significant gap (5 points or greater) between current performance and the HPL. **Next Steps** Subsequent to the QIHEC's approval of the attached priorities will be submitted to CenCal Health Board of Directors for feedback and to ensure compliance with the Quality Improvement and Health Equity standards. Subsequent to CenCal Health's Board of Directors' feedback, CenCal Health will complete implementation of the policies. Priorities that support the QIHETP and PHM programs, and health plan accreditation activities, will be presented to the QIHEC at least annually. Dr. Collins asked the Committee if there were any questions for Ms. Geeb. There being none, Ms. Macdonald ***made a motion*** to approve the *2022 PHM Impact Analysis and Priorities for Improvement*; seconded by Dr. Freeman. Motion passed.

11. 2022 CCS/TCRC Quality Results
Chelsee Elliott, Quality Measurement Supervisor
	Ms. Elliott spoke to the Committee about the *2022 CCS/TCRC Quality Results* and accompanied her presentation with a PowerPoint Presentation.
	
	EXECUTIVE SUMMARY
	A quality-of-care evaluation of priority measures selected by the Department of Health Care Services (DHCS) was completed to compare performance between the California Children's Services (CCS) and Tri-Counties Regional Center (TCRC) subpopulation to CenCal Health's general membership. This annual evaluation, which includes a comparison to DHCS minimum performance levels (MPLs) for a select set of measures, is to identify differences in quality of care and utilization, as well as potential underlying reasons for variations in the provision of care.
	
	Notable Findings for CCS/TCRC members:
	• Most quality indicators assessed rated higher than the general population.
	• In Santa Barbara, minimum performance thresholds were met for three out of 4 measures assessed.
	• Completion of well-care exams was higher for most age cohorts evaluated (ages 0-21) compared to the general population.
	• In Santa Barbara, the following measure rated significantly higher than the general population:
	  o Asthma Medication Ratio (8-points higher)
	  o Follow-Up for Children Prescribed ADHD Medication (14-points higher)
	• In San Luis Obispo, the following measure rated significantly higher than the general population:
	  o Immunizations for Children (12-points higher)
	  o Immunizations for Adolescents (14-points higher)
	
	Opportunities for Improvement: The following measures rated below the MPL or had an identified disparity:

- Chlamydia Screening (16-20 years) – Santa Barbara
- Well-Child Visits in the First 15 Months of Life – San Luis Obispo
- Chlamydia Screening (16-20 years) – San Luis Obispo
- Lead Screening
- Pediatric developmental screenings (Age 1)

Emergency Department (ED) utilization was higher for the CCS/TCRC population in both counties. However, higher ED utilization is historically customary for this population due to the greater prevalence of serious medical conditions and/or disability among members.

NEXT STEPS

CCS/TCRC eligible members will continue to be included by responsible committees or departments in interventions that are applicable to the CCS/TCRC membership in CenCal Health's ongoing quality improvement activities for all aspects of care where improvement is needed in the plan's general membership. Special attention must be taken to ensure provider interventions include residential facilities that specialize in care for disabled youth, when applicable.

Subsequent to this meeting, CenCal Health's Quality team will:

- Systematically evaluate the areas of concern to confirm priorities for improvement and identify strategies to address relevant barriers (i.e., social drivers of health, access issues) to improved performance;
- Lead the design and implementation of timely interventions to resolve identified disparities.

Dr. Collins asked the Committee if there were any questions for Ms. Elliott regarding her report.

Discussion:

Dr. Baldwin asked if it is possible to get the chlamydia data broken-out by age as she is wondering if it is the younger members in that age range rather than, say, members over the age of twenty, that we need to target more, through the pediatric providers? Ms. Elliott confirmed that there is and continued that this is definitely an area on which there can be focus. Mr. Hernandez offered that this topic will be brought back to a future QIHEC meeting to demonstrate the break-out for chlamydia screening.

Dr. Kaplan indicated that he sees on CenCal Health's Provider Portal the need for chlamydia screening of young women, and inquired if it is all 16- to 20-year-old women that need screening? What are the criteria that includes them to be screened for chlamydia? Mr. Hernandez responded that it is those that are sexually active, and as determined through administrative data, meaning, claims data. There is a nationally recognized set of codes, either diagnostic or procedure codes, which are indicative of sexual activity, and those are the ones that are included. Dr. Kaplan responded that in his experience as a pediatrician, it is rare that this age-group of women will divulge that information. They will answer on the surveys that they are not sexually active, however, when looking at the data that CenCal Health provides that indicates the quality measures of the age-group, and when I check their medical records, none of them have admitted sexual activity, in my office. Therefore, it makes it a little more difficult to know how to go about procuring this information short of screening every 16-year-old girl. Mr. Hernandez agreed and stated that when Quality performs this measurement, we are collecting claims data from all sources. Moreover, of practitioners, providers that have submitted claims to CenCal Health and that indication may be coming from a practitioner outside of your office. Dr. Kaplan agreed that is the case. For instance, one of the criteria done routinely for an ED or urgent care visit for a stomachache is a pregnancy test which qualifies them for a screening test for chlamydia. Perhaps Quality could communicate out to the relevant providers that if they are testing for pregnancy

	to also screen for chlamydia. That would take care of the issue right at the source. Mr. Hernandez responded that he appreciated the suggestion and that his team will follow up to check the value set for this measurement to see whether a pregnancy test might be driving that. Next, Ms. Elliott indicated that she was able to quickly bring-up the data that indicated that pregnancy tests are included as well as just a code submitted for pregnancy as well as sexual activity, which could include contraceptives being submitted as a claim. Dr. Kaplan thanked Ms. Elliott and offered that it is mostly coming from urgent care and ED data on pregnancy testing; overwhelming majority of it. Ms. Hill asked Ms. Elliott whether there is a workgroup that looks at the data and could perform a deeper dive to develop some initiatives that can determine some theories as to why the numbers are what they are and develop some solutions. Ms. Elliott responded that the information was shared with Medical Management as well as Case Management, and it was determined that there was a certain age group member that was frequenting the ED. They were able to speak with the member, however, the member declined assistance. Ms. Elliott confirmed that there is outreach in these instances. There being no further discussion, Dr. Collins asked for a motion to approve the *2022 CCS/TCRC Quality Results.* A ***motion was made*** by Dr. Freeman; seconded by Dr. Bentley. Motion passed.
12. QIHETP Work Plan Update *Lauren Geeb, MBA; Director, Quality*	Ms. Geeb spoke to the Committee about the *QIHETP Work Plan Update* and accompanied her presentation with a PowerPoint Presentation. **Executive Summary** CenCal Health implemented a Board approved *Quality Improvement & Health Equity Transformation Program (QIHETP)* in March 2023 as part of the Department of Health Care Services (DHCS) CalAIM initiative to advance and innovate Medi-Cal. The Quality Improvement and Health Equity Committee (QIHEC) is CenCal Health's Board-appointed entity to oversee CenCal Health's QIHETP performance outcomes. Monitoring is completed through quarterly and annual review of the QIHETP Work Plan to ensure effective oversight by the QIHEC and CenCal Health's Board of Directors. The 2023 QIHETP Work Plan was developed in congruence with CenCal Health's strategic plan and objectives. Relevant updates are presented for review, feedback, and approval. The Quality department leads the annual development of a QIHETP Work Plan inclusive of population health management (PHM) activities, in coordination with all QIHETP participants plan wide, including but not limited to CenCal Health's Chief Medical Officer, Chief Health Equity Officer/Chief Customer Experience Officer, and Quality & Population Health Officer. Updated quarterly, this Work Plan is a living document that is amended throughout the year to reflect emerging regulatory and organizational priorities. It includes at minimum the following: • Yearly planned quality improvement and health equity activities and objectives, which address quality of clinical care, safety of clinical care, quality of service, and member's experience. • Planned inclusive, equity-focused interventions to address identified patterns of over- or under-utilization. • Evaluation of the program, listed as a specific activity within the work plan. • Time frame for each activity's completion. • Staff members responsible for each activity. • Monitoring of previously identified issues that require additional follow-up.

	Updates QIHETP progress is underway demonstrating active interventions throughout Q3 2023 with some goals being achieved or partially met as outlined in the attached Work Plan. The following updates of significance were made to ensure ongoing compliance with emerging regulatory requirements or identified opportunities for improvement: • New tasks that support the Grievance System oversight of key performance indicators, and Network Access and Availability standards to achieve program integration QIHETP Systems. • CenCal Health's ongoing efforts to promote initial health appointments (IHA) with tasks that reflect an IHA monitoring system that including annual evaluation and dissemination of performance results to support continuous improvement and compliance with standards. • Development of an annual PHM Strategy and Program Description consistent with DHCS and NCQA requirements. • KPI monitoring of PHM Dashboard and Health Equity Dashboard to inform outreach to members and feedback to PCPs. **Next Steps** • Subsequent to the QIHEC's approval of the quarterly Work Plan updates, the Work Plans will be submitted to the CenCal Health Board of Directors for feedback and to ensure regulatory compliance. • Subsequent to CenCal Health's Board feedback, QIHETP participants will incorporate feedback into existing interventions as appropriate. CenCal Health staff will continue to monitor progress across tasks and objectives and report updates through the various QIHETP committee systems to ensure continuous improvement to advance health equity. **Discussion:** Dr. Major asked about coverage for the County jail population of San Luis Obispo and Santa Barbara counties. Ms. Geeb deferred to Ms. Cathy Slaughter, Director of Provider Relations, on Dr. Major's question. Ms. Slaughter asked Dr. Major if he was referring to enhanced care management through CalAIM. Dr. Major confirmed that he was. Ms. Slaughter indicated that program will officially kick-off January 1, 2024, and her department has already been having productive and collaborative discussions with both counties to learn of their partners that are providing support so that CenCal Health can be prepared to assist with the transition, in addition to the two counties' Behavioral Health departments. Although this part of the CalAIM program commences on January 1, 2024, there is a timeframe by which each county can independently start with the pre-release services. Each county may have different time frames, and there will be more information forthcoming on that. Dr. Major indicated that he would like to connect with Ms. Slaughter on this topic, and he stated that he is glad that Ms. Slaughter is on top of this topic. Ms. Slaughter responded that she would follow up with Dr. Major. There being no further discussion, Dr. Major ***made a motion*** to approve *the QIHETP Work Plan Update,* as presented; seconded by Dr. Freeman. Motion passed.

13. Approval of Quality Dashboard *Lauren Geeb, MBA; Director, Quality*	Ms. Geeb spoke to the Committee about the Quality Dashboard and accompanied her oral update with a PowerPoint Presentation. **Executive Summary** The Department of Health Care Services (DHCS) requires managed care plans to meet minimum performance levels (MPL) for a select set of quality measures known as the Managed Care Accountability Set (MCAS). Failure to meet required benchmarks annually, in any reporting unit, may lead to consequences including but not limited to corrective actions and/or financial sanctions. CenCal Health staff utilize a Quality Dashboard as a reference to monitor DHCS priorities quarterly to identify areas where benchmarks are not being met. For the period ending June 30, 2023, 15 measures were evaluated across both counties. *When evaluating results from the most recent quarter, claims lag may artificially suggest a decrease in performance.* Key highlights are: • Like the previous quarter, four measures continue to rate in the top 10% of Medicaid plans for timely postpartum care, adolescent immunizations, breast cancer screenings, and well-child exams (for ages 15-30 months). • Well-Child Visits in the First 15 Months of Life surpassed the minimum threshold for this period assessed. Improvement is attributed to ongoing population health initiatives including the development of a gaps in care report to identify children at risk of falling behind the American Academy of Pediatrics Periodicity Schedule. • Five measures rated below minimum thresholds (previously 6). Improvement is needed for lead testing, cervical cancer screening, controlling high blood pressure, and follow-up visits after emergency department visit for substance use/mental illness. Actions to motivate and improve compliance with clinically recommended services include but are not limited to: • Continuous promotion of CenCal Health's Quality Care Incentive Program (QCIP) ❖ Most recently an in-person provider training workshop was held on August 17th which included sharing of best practices and promotion of Initial Health Appointment completion rates. • Member-level gaps in care detail reports to prioritize member outreach. ❖ Recent developments include a new Well Baby Report and Lead Testing Opportunity List. • Recurring meetings with high volume primary care practices • Member health educational campaigns **NEXT STEPS** QIHEC members have discussion to yield diverse input and exchange ideas to identify the most effective interventions for improvement. Towards this goal, staff ask for input from the QIHEC consistent with their respective roles to monitor and enhance organization-wide quality improvement to advance health equity. Quality department staff will: • Complete submission of two PIP Designs by the DHCS deadline of September 8, 2023. • Continue monthly monitoring to track outcomes of focused improvement interventions and assess performance against emerging regulatory requirements. • Continue providing practice transformation support to guide delivery system clinical improvement. • Provide quarterly update of Quarter 4, 2023 based on MY 2023 requirements.

	After the QIHEC's approval of the attached Quality Dashboard report, the Quality Dashboard will be submitted to CenCal Health Board of Directors for feedback and to ensure compliance with the Quality Improvement and Health Equity Transformation Program standards of the DHCS Contract and DHCS Comprehensive Quality Strategy. Ms. Geeb stated that her department will continue their monitoring. It is important to note that what is improving the most is our engagement with our providers to support practice transformation with one-on-one training to go through their Gaps-in-Care lists and share best practices, as well. The Quality Department recently had their first in-person workshop, and it was very well received. The Quality Department plans to conduct many more next year. **Discussion:** Dr. Kaplan commented that it appears that providers that are hitting less than the expected compliance of quality measures are incentivized at the same level as those that are closer to or achieving the quality measures. Mr. Hernandez responded that is the way that the program is designed, and that those providers are being awarded based on their position within each quintile. It is anticipated that CenCal Health will reduce the incentive award for those providers that are in the lesser quintiles and increase the incentive award for those that are in the higher quintiles. Another possibility is dividing the continuum or the stratification of providers into different groups. The current QCIP model is flexible and is designed so that we can change those thresholds if needed and change the amounts that are paid per threshold. Dr. Kaplan responded that it takes a lot of effort to get those percentages higher, so to incentivize based on compliance makes better sense, instead of the current program where if all providers perform very poorly, everybody can still get greatly rewarded. Mr. Hernandez indicated that that is something that CenCal Health are aware of in the design and development process and for the future evolution of the program. Next, Dr. Kaplan ***made a motion*** to approve the Quality Dashboard, as presented; seconded by Dr. Major. Motion passed.
14. QIHETP Systems Integration – Key Performance Metrics Reporting *Cathy Slaughter, Director, Provider Relations* *Eric Buben, Director, Member Services* *Chris Hill, RN, MBA, Health Services Officer*	Ms. Slaughter introduced to the Committee the Provider Relations part of the *QIHETP Systems Integration – Key Performance Metrics Reporting* and accompanied her presentation with a PowerPoint Presentation. **Executive Summary** This report summarizes the ongoing assessment and monitoring of CenCal Health's compliance with network access and availability standards as required by contractual and regulatory requirements and described in APL 23-001. **Background** APL 23-001 is the latest iteration of DHCS' guidance to the managed care plans regarding access and availability standards and outlines the annual assessment and reporting requirements referred to as Annual Network Certification (ANC). Beginning in 2018, Medi-Cal Managed Care Plans (MCPs) submit their network assessment each year in the format dictated by DHCS in the APL, which is then reviewed by DHCS who either approves and certifies the MCP's network or issues a Corrective Action Plan. Components of the assessment include provider to member ratios, the inclusion of mandatory providers in the MCP's network (i.e., Federally Qualified Health Centers, Rural Health Clinics, Freestanding Birth Centers, Indian Health Facilities, Certified Nurse Midwives and Licensed Midwives), and the MCP's compliance with time or distance (T/D) standards by zip code for various provider types. T/D standards are based on population density of each county in the MCP's service area

	with greater parameters afforded to counties with geographic considerations such as national forests and bodies of water, and areas that are less dense in population. San Luis Obispo and Santa Barbara Counties are both categorized as "small" counties with those corresponding standards. CenCal Health uses geomapping technology as per DHCS specifications as the basis for the assessment of compliance with T/D standards as part of the ANC filing, and conducts ongoing monitoring of the network by performing the geomapping and analysis quarterly. Findings of those activities are reported through the Network Management Committee quarterly. **Q2 2023 Findings** CenCal Health has a robust network of primary care and specialty physicians throughout the service area, thus the ratios of physicians to members and PCPs to members are well within the requirements as reported in the accompanying slide. There are known gaps in compliance with T/D standards in outlying rural areas of certain zip codes. *Detailed findings are on this agenda item cover memo.* *in your meeting packet*. When a MCP identifies a gap in compliance, it must submit an Alternate Access Standard (AAS) request to DHCS for the nearest known provider, contracted or not. If not contracted, the MCP must demonstrate efforts to enter into a contract with that provider. CenCal Health has approved AAS for each of these known gaps, and in each of these cases, is already contracted with the nearest provider. For some of these gaps, it may be a small portion of a zip code that is beyond T/D standards, for example four members who live in Ragged Point in the northwest corner of 93452. Beginning in 2021, DHCS allowed telehealth as an option to supplement access, however, in 2022, limited the telehealth allowance to 15% of each zip code. **Next Steps** The ongoing monitoring of access and availability is one factor that drives provider recruitment activities. The Provider Relations team seeks to engage any new providers that become established in our service area and partners with existing providers on possible solutions. As an example, collaboration with ChildNet and Valley Childrens Hospital in Madera led to some pediatric subspecialists offering appointments at a site in San Luis Obispo County. Some gaps cannot be mitigated by CenCal Health, where services simply do not exist, such as the lack of a hospital between city centers in Santa Barbara and San Luis Obispo, and Bakersfield in Kern County. CenCal Health also ensures the availability of telehealth appointments and transportation services where needed. This concluded Ms. Slaughter's part of the presentation. There being no questions, Dr. Collins asked for a motion to approve. ***Motion made by*** Ms. Macdonald to approve the Provider Relations portion of the *QIHETP Systems Integration – Key Performance Metrics Reporting*, as presented; seconded by Ms. Snyder. Motion passed. Next, Mr. Buben spoke to the Committee about the Member Services portion of *QIHETP Systems Integration – Key Performance Metrics Reporting*. Mr. Buben accompanied his presentation with a PowerPoint Presentation. **<u>Executive Summary</u>** Consistent with the Quality Department's to be numbered Policy and Procedure entitled; *<u>Integration of Utilization Management into QIHETP Systems</u>*, this memo and accompanying slides will support the Grievance System oversight KPI reporting

	requirement. This memo highlights the grievance volume filed by CenCal Health's members from September 1, 2022, through June 30, 2023. This memo also highlights the outcomes and severity levels of grievances filed. **Key findings related to Severity Outcomes:** • Clinical Grievances o 52% with no findings (0) points assigned for each. o 38% with an administrative or interpersonal issue found (1) point assigned for each. o 9% with a Mild/Minor Quality of Care concern (2) points assigned for each. o 2% with a Major/Severe Quality of Care concern (4) points assigned for each. • Non-Clinical Grievances o 59% with no findings (0) points assigned for each. o 36% with an administrative or interpersonal issue found (1) point assigned for each. o Minor, Moderate or Major/Severe Quality of Care do not apply to "non-clinical" grievances. Quality of care concerns are always considered "clinical." Mr. Buben commented that the meeting packet has a full memo and charts and breakouts of those charts for the Committee's review. **Next Steps** Every grievance filed is investigated directly with the provider/ provider's staff for awareness and to investigate all aspects of the member's concerns. Trend reports are monitored regularly by the internal grievance team and monitored through many quality sub-committees to report on key findings. As potential quality improvements (PQIs) are identified from grievance review findings, any related to the quality or delivery of medical care provided are referred for Peer Review discussion as determined necessary by CenCal Health's physician reviewers. Follow-up actions for administrative and interpersonal findings are provided to the Grievance Team, Quality Nurses, Case Management, Provider Services, or other CenCal Health departments to complete requested follow-up with providers or internal plan staff to ensure full resolution of member concerns and to assist in mitigation of future grievances. Dr. Collins asked for a motion to approve this agenda item. ***Motion made*** by Dr. Bentley to approve the Member Services portion of *QIHETP Systems Integration – Key Performance Metrics Reporting*, as presented; seconded by Ms. Snyder. Motion passed. Lastly, Mr. Chris Hill spoke to the Committee on the Medical Management portion of the *QIHETP Systems Integration – Key Performance Metrics Reporting*. Mr. Hill accompanied his presentation with a PowerPoint Presentation.

Executive Summary
Consistent with the Quality Department's yet to be numbered Policy and Procedure entitled; *Integration of Utilization Management into QIHETP Systems*, this presentation and accompanying slides will support the Utilization Management team's KPI metric reporting requirement. CenCal Health completes an annual assessment and monitoring of our compliance with network access and availability standards.

The goal is to ensure that ***all*** CenCal Health members have access to Primary Care, Hospitals, and Core Specialties. CenCal Health utilizes geomapping technology per DHCS specifications to ensure compliance with Time and Distance standards as part of the plan's Annual Network Certification.

Q2 2023 Utilization Management KPI Metric Summary

- The aggregate number of service authorizations across the 4-departments under the Health Services Division and stratified by the 4-authorzation service types.
    - Long Term Care (LTC)
    - Inpatient
    - Medical
    - Referral

  ** OF NOTE: not all authorization types are applicable to each Department **

- The aggregate service determinations are stratified by the 3-regulatory options; approved, denied, or modified.

Mr. Hill commented that 8,323 requests were approved and ten were denied, 233 were modified, which means that it is partially approved and partially denied overall with a 94% approval rate, 3% denial rate and 3% modified. Some folks may have seen the latest report from the OIG, which recently came out and talked about having an average 12.5% denial rate across the country for Medicaid plans. Medicare being 5.7% and the range for some plans are anywhere from 7% denial rate up to 41%. Not only in California, but in the country. This gives you an idea of the variation in the denial rate. CenCal Health's Utilization Management approves most things, and our volume stays rather consistent quarter over quarter.

There being no questions, Dr. Collins next asked for a motion to approve.

Motion made by Dr. Major to approve the Medical Management (Utilization Management) portion of the *QIHETP Systems Integration – Key Performance Metrics Reporting***;** seconded by Dr. Freeman. Motion passed.

15. Over & Underutilization Monitoring Report *Chelsee Elliott, Supervisor, Quality Measurement*	Ms. Elliott spoke to the Committee about the *Over & Underutilizing Monitoring Report and* accompanied her presentation with a PowerPoint Presentation. **Executive Summary** As part of CenCal Health's Quality Improvement and Health Equity Transformation Program (QIHETP), CenCal Health conducts routine monitoring and analysis of program indicators for monitoring and detecting underutilization and over-utilization of services, including, but not limited to, outpatient prescription drugs. Annually, CenCal Health staff perform a quantitative data analysis against established thresholds (Medicaid 10th and 90th percentiles) for services and procedures deemed at risk for extreme utilization in Medicaid populations, according to the National Committee for Quality Assurance (NCQA). Inpatient utilization oversight is a high priority and an ongoing focus for the medical management department. Historically, the trend for average length of stay has been consistent, but days per one-thousand-member months and discharges have slightly increased from the prior year. In 2022, there was an increase in hospital allegations during the summer and in late fall early winter, which was likely related to COVID-19. With that being said, all rates remained within threshold except average length of stay in Santa Barbara County, which rated below the 10th percentile. We cannot rule out concern about the low average length of stay and consequently we have identified it as a potential concern that requires further investigation. Outpatient utilization rates for both counties remained within thresholds and showed a slight increase from previous years. This indicates that as we continue to emerge from the pandemic, members are utilizing primary care services more appropriately. Although showing a steady increase, emergency department utilization rates for both counties remained within thresholds and remained below the pre-pandemic peak from 2019. Recently, DHCS has selected asthma medication ratio as an indicator to monitor outpatient prescription drugs. This measure indicated appropriate utilization and rated among the top 10% of Medicaid plans. This significant increase in rate could be due to our internal pay for performance program, which includes this measure. **Background** In June 2023, CenCal Health reported 21 quality indicators to the Department of Health Care Services (DHCS) and monitored 15 additional indicators for the period ending December 31st, 2022, using the NCQA Healthcare Effectiveness Data & Information Set (HEDIS) and the Centers for Medicare & Medicaid Services (CMS) Core Measure Set. CenCal Health's utilization for a standard set of measures is evaluated against Medicaid benchmarks (10th and 90th percentiles) or historical trends/Medi-Cal averages when benchmarks are unavailable to monitor performance for DHCS priority measures and CenCal Health priority measures. Utilization trends are evaluated by CenCal Health's Chief Executive Officer and Health Services and Quality Division leadership including the Chief Medical Officer, Senior Medical Director, Behavioral Health Medical Director, Quality and Population Health Officer, Medical Management Director, Behavioral Health Director, Pharmacy Director, and Quality Director. Staff annually review and present metrics to detect possible over and under-utilization and discuss significant trends with the QIHEC. Staff research areas of concern, provide data for the implementation of interventions that address concerns, and monitor improvement. Domains monitored include: • *Inpatient Acute Care:* Bed Days, Discharges, and Average Length of Stay • *Ambulatory Care:* Emergency Department and Outpatient visits • *Outpatient prescription drugs* • *Frequency of Selected Procedures*

- *Behavioral Health, including Non-specialty Mental Health Services for adult and pediatric members. CenCal Health stratified several Behavioral Health measures, in alignment with NCQA guidelines, by race and ethnicity to support the identification and reduction of disparities.*

CenCal Health is responsible for providing specified services to adults diagnosed with a mental health disorder as defined by the current Diagnostic and Statistical Manual of Mental Disorders (DSM) that results in mild to moderate impairment of mental, emotional, or behavioral functioning. As a part of CenCal Health's Quality Program, CenCal Health conducts routine monitoring and analysis of program indicators for monitoring and detecting under-utilization and over-utilization of services, including, but not limited to, outpatient prescription drugs.

Data Limitations

The division of mental health coverage of services between the Managed Care Plan and Specialty Mental Health is a barrier to the completeness of data necessary for some measurements. CenCal Health does not receive some of the County's Mental Health data, which reflects in measures that require a specific mental health diagnosis. If a PCP does not include this diagnosis in encounter documentation, it will result in a given member not being included in the measure's eligible population.

NEXT STEPS
Subsequent to this meeting, CenCal Health's Quality Team will act to correct patterns of potential or actual inappropriate underutilization or overutilization by:

- Systematically evaluating the potential concerns and possible priorities for improvement as listed below,
- Confirming priorities for improvement and identify relevant barriers to improved performance,
- Leading the design and implementation of timely interventions to resolve the identified barriers.

Potential areas of concern and possible priorities for improvement are:

- Average Length of Stay in SB County rated below the 10th percentile, which could indicate a lower rate of members being hospitalized. CenCal Health will continue to monitor this aspect of care to ensure members are receiving appropriate care.

- Follow-Up After ED Visit for Mental Illness (7-Day Follow-Up & 30-Day Follow-Up) across both counties.

This concluded Ms. Elliott's presentation to the Committee. Dr. Collins thanked Ms. Elliott for her presentation and opened the floor to comments and questions. There being none, Dr. Collins asked for a motion to approve.

Motion made by Dr. Bentley to approve the *Over & Underutilization Monitoring Report*, as presented; seconded by Ms. Macdonald. Motion passed.

Policy Review & Feedback	
16. QIHETP & Population Health Management (PHM) Program Policies *Carlos Hernandez, Quality & Population Health Officer*	Mr. Hernandez spoke to the Committee about the *QIHETP & Population Health Management Program Policies* and accompanied his oral update with a PowerPoint Presentation. Mr. Hernandez indicated that this presentation provides an overview of five of CenCal Health policies and procedures that support our part in the CalAIM Medical Managed Care program transformation. Mr. Hernandez indicated to the Committee that at the last QIHEC meeting, he reviewed his department's responsibilities. Although he stated that he won't go into that in detail again, however, he wanted to reiterate that one of the responsibilities with the transformation from a quality improvement committee to a quality improvement health equity committee is to review policies and procedures to ensure that they are compliant with DHCS requirements and DHCP's comprehensive quality strategy, and that includes this committee's approval of those policies and procedures. He next reviewed the slides that accompanied his presentation. Highlights include: ❖ The program is required to be NCQA compliant with programs that support diabetes, cardiovascular disease, asthma, and depression management, and must align with DHCS' comprehensive quality strategy, which means that CenCal Health must collaborate with local government agencies that align with the PNA that Ms. Labraña presented on earlier this evening. ❖ Address adult and pediatric preventive care priorities, and maternity care outcomes. ❖ Supportive of a patient-centered medical home model. ❖ Provide these services in a culturally and linguistically appropriate manner. Next, Mr. Hernandez reviewed the five policies with the Committee. He indicated that the first three policies are currently implemented, and the last two will be implemented effective January 1, 2024. Subject to this Committee's approval of the policies, they will then be brought to the CenCal Health Board of Directors for their review and feedback, and subsequent approval. Mr. Hernandez reminded the Committee that any QIHETP policies or those that are supportive of NCQA accreditation will be presented to this Committee (QIHEC)at least on an annual basis. However, these will be brought to this Committee on a quarterly basis so that they are distributed throughout the year. Mr. Hernandez opened the floor to questions or comments. There being none, Dr. Collins thanked Mr. Hernandez for his presentation and asked for a motion to approve the agenda item. ***Motion made*** by Ms. Snyder to approve the *QIHETP & Population Health Management Program Policies*, as presented; seconded by Dr. Major. Motion passed.

***If needed*, return to any Consent items designated for discussion**	There were none to discuss.

Open Forum & Future Agenda Items	Dr. Collins invited topics for future agenda items and any discussion topics that the Committee would like to pursue. Dr. Major shared that his office and all the San Luis Obispo school nurses will be meeting with Jack O'Connell, who is the new lobbyist for the California School Association (CSA), and anyone is welcome to attend. The meeting will be held at the Madonna Inn in San Luis Obispo on September 18, 2023. There were no additional topics for discussion nor future agenda items brought forward. Dr. Collins expressed his appreciation for the Committee's patience, participation, collaboration, engagement, and endurance for this evening's meeting, and that he looks forward to seeing the Committee members at the next meeting.
Adjournment	There being no further business, Dr. Collins adjourned the meeting at 6:06 p.m.

Respectfully submitted,
Mimi M. Hall
Executive Assistant

Approved,
Michael Collins, DO, MPH
_____
Michael Collins, MD, MPH, MS
Sr. Medical Director
Co-Chair, Quality Improvement & Health Equity Committee

Committee Reports and Minutes

1. Community Advisory Board (CAB) Report
2. Community Advisory Board (CAB) Charter
3. Community Advisory Board Minutes (7-13-23)
4. Provider Advisory Board (PAB) Report
5. Provider Advisory Board (PAB) Minutes (7-10-23) and (10-9-23)
6. Family Advisory Committee (FAC) Report
7. Family Advisory Committee (FAC) Minutes (11-16-23)
8. Pediatric Clinical Advisory Committee (PCAC) Agenda
9. Pediatric Clinical Advisory Committee (PCAC) Report
10. Pediatric Clinical Advisory Committee (PCAC) Minutes (9-27-23)
11. Provider Bulletin

Community Advisory Board (CAB) Memo

Date: January 17th, 2024

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 memo serves to provide CenCal Health's Board of Directors with a summary from CenCal Health's Community Advisory Board (CAB) on October 26, 2023. A full CAB Information Packet (all materials reviewed) is available for review upon request.

CAB approved the 2024 CAB Charter with updates made to reflect new 2024 DHCS Contract requirements. CAB also approved the nomination of MaryEllen Rehse, MSW-Executive Director, Children and Family Resource Services of Santa Barbara County; In partnership with Santa Barbara County Education Office to become the CAB Chairperson for 2024 and 2025. A Vice-Chairperson was also nominated and approved and that is Sara Macdonald, CenCal Health Board Liaison. Additional agenda topics included a presentation of CenCal Health's Cultural & Linguistics Sensitivity, Competency, and Health Equity Training for staff, the completed Population Needs Assessment 2023 and strategies were reviewed, and a Population Health Department update was provided.

This Memo also advises of CAB's approval of the Minutes from the July 13, 2023 meeting and the 2024 Charter.

Submitted for review:

1. CAB Agenda – October 26, 2023
2. 2024 CAB Charter – Approved by CAB on October 26, 2023
3. Approved CAB Minutes from 7/13/23 (approved by CAB on 10/26/23)

Recommendation

CenCal Health is requesting your Board of Directors to provide approval of this CAB Memo, the 2024 CAB Charter and the CAB Minutes from the July 13, 2023 CAB Meeting.

Respectfully submitted,

Eric Buben

Eric Buben
Director of Member Services, 2023 Chair of the Community Advisory Board

Community Advisory Board (CAB) Charter

Purpose:

The Community Advisory Board (CAB) provides a forum for CenCal members, their representatives, and community agencies to discuss common issues of interest and importance. In addition, the CAB enables member, advocate and agency input for health plan compliance on CAB functions and duties/committee involvement under CenCal Health's contract with the Department of Health Care Services (DHCS) and applicable laws and regulations. The CAB shall be separate and distinct from CenCal Health's Quality Improvement and Health Equity Committee and reports directly to CenCal Health's Board of Directors.

Objectives:

- To establish and maintain a CAB that provides input into the development and implementation of CenCal Health's cultural and linguistic accessibility standards and procedures.

- To ensure member and family engagement through maintaining a CAB whose composition reflects CenCal Health's member population and whose input is actively utilized in policies and decision-making by CenCal Health.

- To ensure that Medi-Cal members, including Seniors and Persons with Disabilities (SPD), persons with chronic conditions (such as asthma, diabetes, congestive heart failure), Limited English Proficient (LEP) members (including, without limitation, LEP members under 21 years of age), and members from diverse cultural and ethnic backgrounds or their representatives are included and invited to participate in establishing public policy within CenCal Health's CAB.

- To engage in a member and family-oriented engagement strategy for Quality Improvement (QI) and Health Equity, including children and caregiver representation on the CAB.

- Use CAB findings and recommendations, and the results of member listening sessions, focus groups and surveys, to inform QI and Health Equity Interventions for members, including without limitation, those under 21 years of age.

- To maintain a diverse CAB pursuant to 22 CCR section 53876(c), comprised primarily of CenCal Health's members, as part of the CenCal Health's implementation and maintenance of member and community engagement with stakeholders, community advocates, traditional and Safety-Net Providers, and members.

Duties:

The CAB shall carry out the duties as set forth in CenCal Health's contract with the Department of Health Care Services.

Such duties include, but are not limited to:

a) Identify and advocate for preventive care practices utilized by CenCal Health.
b) Involvement in developing and updating cultural and linguistic policy and procedure decisions, including those related to QI, health equity, education, and operational and cultural competency issues affecting groups who speak a primary language other than English. The CAB may also advise on necessary member or provider targeted services, programs, and trainings.
c) Make recommendations to CenCal Health regarding the cultural appropriateness of communications, partnerships, and services.
d) Review Population Needs Assessment (PNA) findings and have a process to discuss improvement opportunities with an emphasis on health equity and social drivers of health.
e) Provide input on selecting targeted health education, cultural and linguistic, and QI strategies.
f) Relay input to CenCal Health for its annual reviews and updates to relevant policies and procedures.
g) Participate in engagement strategies such as consumer listening sessions, focus groups, and/or surveys; and
h) Provide input and advice, including, but not limited to, the following:
    i. Culturally appropriate service or program design;
    ii. Priorities for health education and outreach program;
    iii. Member satisfaction survey results;
    iv. Findings of the PNA;
    v. Plan materials and campaigns;
    vi. Communication of needs for network development and assessment;
    vii. Community resources and information;
    ix. Population health management;
    x. Quality;
    xi. Health delivery systems reforms to improve health outcomes;
    xii. Carved out services;
    xiii. Coordination of care;
    xiv. Health equity; and
    xv. Accessibility of services.

Composition:

The CAB membership reflects the general Medi-Cal member population in CenCal Health's service area and will be modified as the population changes to ensure that CenCal Health's community is represented and engaged. The CAB must also make good faith efforts to include representation on the CAB from diverse and hard-to-reach populations, with a specific emphasis on persons who represent or serve populations that experience health disparities, such as individuals with diverse racial and ethnic backgrounds, genders, gender identity, sexual orientation and physical disabilities.

Voting members shall represent consumer and community interest groups who do not directly earn their income from the provision of medical health services. CAB members are voted onto the CAB as representatives by the CAB Selection Committee, which is convened by CenCal Health and tasked with selecting the members of the CAB. CenCal Health must demonstrate a good faith effort to ensure that the CAB Selection Committee is comprised of a representative sample of each of the persons below to bring different perspectives, ideas, and views to the CAB:

- Persons who sit on CenCal Health's Board of Directors, which should include representation in the following areas: safety net providers including FQHCs, behavioral health, regional centers, local education authorities, dental providers, Indian Health Services (IHS) Facilities, and home and community-based service providers; and
- Persons and community-based organizations who are representatives of each county within CenCal Health's service area adjusting for changes in membership diversity.

The CAB Selection Committee ensures the CAB membership reflects the general Medi-Cal member population in CenCal Health's service area. CAB membership and preference shall be given to the groups and populations listed below.

The Chair and Vice-Chair of the CAB will be non-CenCal Health staff and a community representative or from a community-based organization that serves on the CAB. These positions will be voted on for approval by the CAB every two years, serving a two-year term.

For Advocacy and State-Federal Agency Representation:

- Department of Social Services (SB & SLO)
- Safety Net Providers (including FQHCs, Public Health Departments)
- Behavioral Health
- Tri-Counties Regional Center
- Local Education Authorities
- Dental Providers
- Indian Health Services (IHS)
- Home & Community-Based Organizations

For Member Representation :

- Seniors and Persons with Disabilities
- Persons with chronic conditions (asthma, diabetes, congestive heart failure)
- Limited English Proficient (including, without limitation, those under 21 years of age)
- Diverse cultural and ethnic backgrounds, genders, gender identity, and sexual orientation
- Adolescents and/or parents/caretakers of children, including foster youth

Additional details on the process for selecting CAB members (including replacement members) by the CAB Selection Committee are set forth in the Community Advisory Board Policy & Procedure.

CenCal Health appoints one (1) member of the CAB, or another CenCal Health member designated by the CAB, to serve as CenCal Health's representative to DHCS' Statewide Consumer Advisory Committee. This CAB member representative will be compensated for their time and participation on this Committee, including transportation expenses to appear in person.

CenCal Health also maintains one (1) member of the CAB to act as the CenCal Health Board of Directors (BOD) Liaison, to ensure active communication between the CAB and BOD. This member sits on both the CAB and the BOD.

Report to the Board of Directors

CenCal Health shall designate a CAB coordinator, whose responsibilities include managing the operations of the CAB in compliance with all applicable rules, statutes/regulations, and contract requirements as further described in the Community Advisory Board Policy & Procedure. The Chair of the CAB shall coordinate with the CAB Coordinator to approve prepared documents to be reviewed at the CAB meeting including minutes and agendas, health education reports, and presentations. Such documents will include recommendations, as appropriate, to the BOD through the Chief Customer Experience and Health Equity Officer and/or CAB Liaison for the first Board meeting following the CAB meeting.

In order to keep the BOD current on information from the CAB, CAB meeting minutes, agenda, and additional information is assembled through a memorandum to include in the BOD packet for review and consideration following each CAB meeting. Additionally, any regular changes to the duties of CAB are shared by a report from CenCal Health to the BOD.

CAB Meeting Frequency:

The CAB meets on a quarterly schedule (4 meetings/year). There is one (1) CAB for members and community organizations representing Santa Barbara and San Luis Obispo Counties.

All regularly scheduled CAB meetings are open to the public, and meeting information is posted publicly on CenCal Health's website 30 calendar days prior to the meeting, and in no event later than 72 hours prior to the meeting. Additional details on CAB meetings are set forth in the Community Advisory Board Policy & Procedure.

Community Advisory Board (CAB) Meeting Minutes

Date: July 13, 2023

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

Chairperson: Eric Buben, Director, Member Services

Community Advisory Board (CAB) Voting Members Present:
Sara Macdonald, Board of Directors (BOD) Liaison/ Member
Susan Liles, Santa Barbara Public Health Dept. Nutrition Services/Women Infants & Children (WIC) Program
Tamika Harris, Tri-Counties Regional Center
Mary Ellen Rehse, Executive Directive, Children and Family Resource Services
Eustolia Garcia, Promotores Collaborative of San Luis Obispo
Jonathan Nibbio, Family Care Network
Jose Clemente, Santa Barbara County Department of Social Services (DSS)
Josue Medrano, Family Service Agency, Mental Health Services
Julie Posada, Area Agency on Aging, HICAP
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
Quynh Nguyen, DDS, Chief Dental Officer, Santa Barbara Neighborhood Clinics
Alejandra Lind, Member
Yolanda Navarro, Member, United Domestic Workers of America/In-Home Support Services (IHSS)Caregiver

CAB Voting Members Excused:
Dana Gamble, Santa Barbara Public Health Department
Robert Gibson, United Domestic Workers of America /In-Home Support Services (IHSS) Caregiver
Eusebio Soto-Mesa, Member
Maria Jaurequi-Garcia, Community Health Centers of the Central Coast (CHCCC)
Jennifer Nitzel, San Luis Obispo County Department of Social Services (DSS)
Krystle Kaden, Member
Michelle Shoresman, San Luis Obispo County Public Health Department
Barbara Clayton, Member
Shon Clayton, Member
Soledad Soto, Member

Staff:
Eric Buben, Director of Member Services, CAB Chair
Van Do-Reynoso, MPH, PhD – Chief Customer Experience Officer
Denise Filotas, Manager, Cultural and Linguistic Services
Diana Robles, Lead Health Navigator

Staff (Cont.):
Elia Rodriguez, Member Services Call Center Manager
Gabriela Labrana, Supervisor, Health Promotion
Karina Negrete, CenCal Health, Population Health Specialist

Guests:
Javi Infante Varas, Lead Spanish Translator & Interpreter, Rooted Language Justice
Nayra Pacheco Guzman, Spanish Translator & Interpreter, Rooted Language Justice
Maria Elena Garcia Villalobos, Spanish Translator & Interpreter, Rooted Language Justice
Cuca Silva Refurgio, Spanish Translator & Interpreter, Rooted Language Justice

Secretary: Teri Amador, Sr. Administrative Assistant

Location: **Santa Barbara (Hart Room Auditorium) and San Luis Obispo (Peach Street Office)**

Topic	*Discussion*
1. Introductions and Announcements Eric Buben, Director Member Services ***Rooted Language Justice*** *a. Spanish Interpretation Procedures for CAB Meetings* ***2024 New CAB Charter*** *a. For review and approval at the October 2023 Meeting* *b. Transitioning CAB Chair Responsibilities*	*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, at both our Santa Barbara (SB) and San Luis Obispo (SLO) locations. 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.* *Mr. Buben gave an update on the 2024 CAB Charter contract requirement. He said it was in draft form being reviewed internally within CenCal Health. He said he would have it for the CAB Committee to review at the October 12, 2023 meeting. It will be updated to align with our new 2024 contract requirements.* *Eric introduced Dr. Van Do-Reynoso, Chief Customer Experience and Health Equity Officer, who would give an update on the new CAB Chair needs CenCal Health is seeking for 2024. Dr. Do-Reynoso said that the New 2024 CAB Contract will designate Mr. Buben as our new CAB Coordinator. Mr. Buben filling this new position would not allow him to be a part of the CAB Board. That would mean we would like to transition the CAB Chair responsibilities to one of our CAB community representatives to Chair the CAB.* *The CAB Chair responsibilities would facilitate the meeting, consult with Mr. Buben's team in setting up the agenda, the meeting package and all the issues that come forth. This is part of the 2024 New Charter that you will be approving at the October 26, 2023 meeting. We will also be looking for a second individual to be a Vice Chair to support the CAB Chair. We will be electing for these two positions. If anyone is interested in becoming the CAB Chair or Vice Chair, please contract Mr. Buben or Dr. Do-Reynoso. Dr. Do-Reynoso wanted the committee to know that both herself and Mr. Buben would be there to support both new positions to the fullest extent.*
2. Public comment on any non-agenda item of interest to the	No comments or non-agenda items from Santa Barbara or San Luis Obispo.

public that is within the subject matter jurisdiction of the Community Advisory Board (CAB).	
3. Acceptance of Minutes April 13, 2023 CAB Meeting	Motion to approve Minutes from April 13, 2023 meeting was made by Ms. Macdonald and seconded by Ms. Rehse, and unanimously approved by the CAB.
4. Introduction of New CAB Applicants *Mr. Buben, Director, Member Services* • Mr. Chris Burke – Independent Living Resource Center (ILRC) • Quynh Nguyen, DDS – Chief Dental Officer of the Santa Barbara Neighborhood Clinics • Eusebio Soto-Mesa – Member and IHSS Caregiver • Soledad Soto – Member and IHSS Caregiver • Josue Medrano, LPCC – Family Service Agency	Mr. Buben introduced the new CAB Members and that were approved by the CAB Selection Committee. Mr. Burke, Dr. Nguyen, Ms. Soto-Mesa, Mr. Soto and Mr. Medrano 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 unanimously approved these 5 applicants to become official CAB members. **Members of the CAB Selection Committee:** Jonathan Nibbio – Family Care Network Dana Gamble – SB Public Health Department Michelle Shoresman – SLO Public Health Department Susan Liles –Nutrition Services/WIC, SB Public Health Dept. Julie Posada – Area Agency on Aging - HICAP Maria Jaurequi-Garcia – Community Health Centers of the Central Coast (CHCCC)
4. Overview of CenCal Health's Cultural & Linguistics Program and Services *Eric Buben, Director, Member Services*	Mr. Buben provided an in-depth overview of CenCal Health's Cultural & Linguistic (C&L) Program and Services and accompanied his oral update with a PowerPoint Presentation. Purpose of CenCal Health's C&L Program and Services: • To ensure our commitment to Limited English Proficient (LEP) membership's language needs to improve understanding in health care settings. • To ensure cultural awareness of all CenCal Health staff and providers and ensure CenCal Health does not discriminate against any population or group. • To regularly collect and analyze its member demographic data to determine who we serve to provide access to appropriate cultural and linguistic services. Non- Discrimination Commitment:

	• CenCal Health does not discriminate on the basis of any characteristic protected by federal or state non-discrimination law. This includes, without limitation, sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, sexual orientation, creed, health status, or identification with any other persons or groups defined in Penal Code Section 422.56. CenCal Health is subject to federal requirements contained in the Americans with Disabilities Act (ADA), including standards for communicating effectively with people with disabilities to ensure they benefit equally from government programs. ADA Compliance: • Ensures equal access and compliance with all applicable civil rights laws for Members with disabilities. • Ensures accessible web and electronic content. • Ensures building accessibility providing ramps, elevators, accessible restrooms, designated parking spaces, and accessible drinking water. Guiding Principles of Our C&L Program: • Align with the national standards for Culturally and Linguistically Appropriate Services (CLAS). • Ensure access 24/7 to oral and sign language interpreters at "no cost." • Staffing bilingual call center staff in threshold languages (Spanish for CenCal Health). • Evaluate linguistic capabilities of bilingual and contracted staff performing interpretation. • Evaluate Member Demographic changes year to year. • Review & update our C&L Program to align with the Population Needs Assessment (PNA) each year. • Ensure LEP members are notified in their materials that interpreter services are available. • Ensure written translation of materials into threshold languages and upon request at "no cost." • Ensure access to auxiliary aids (electronic readers, tele-typewriters) at "no cost." • Ensure materials are provided in alternative formats (large print, braille, data/audio CD) at "no cost." • Ensure all staff receive cultural competency and sensitivity training annually. • Annual training for providers and contractors on cultural sensitivity, and how to access interpreters. How CenCal Health Collects Member Demographics: • DHCS 834 Eligibility Data - Source Data. • Member Portal – Allows for updating demographics like address, phone, language, race, sexual orientation, gender identity, and alternative format selections for member materials. • Call Center – Member Service Representatives (MSRs) can take updates for members directly and report to Department of Health Care Services (DHCS).

Determining "Threshold" Languages:

- A "threshold Language" is any primary language spoken by Limited English Proficiency (LEP) population groups meeting a numeric threshold of 3,000 or 5% of the eligible beneficiaries residing in a county, whichever is lower.
- Additionally, languages spoken by a population of eligible LEP beneficiaries residing in a county whose main concentration standard of 1,000 in a single zip code or 1,500 in two contiguous zip codes are also considered threshold languages for a county.
- CenCal Health has **1 Threshold Language of Spanish** that meets the above.

Ensuring Interpreter Access:

- Through Member Services
  - MSRs connect in real-time with an interpreter through Certified Languages International (CLI) in 230+ languages.
  - Member Services offers a Spanish phone queue for members and bilingual staff are assessed for competency in Spanish interpretation.
  - MSRs can assist in scheduling face-to-face interpretation for appointments in American Sign Language (ASL) or Spanish.
- At Provider Locations
  - Providers have direct access to CLI services offered by CenCal Health to secure interpretation for voice-only or Video Remote Interpreting (VRI).

Written Translation of Member Materials:

- CenCal Health has an internal "Translation Team" for translating documents into Spanish.
- Contracts with translation service vendors to provide timely written translation needs in all languages and formats requested.

How are members advised about Interpreter Services & Written Translation Services?

- *Evidence of Coverage*
- *Website*
- *Language Taglines - New Member Packets and all member mailings*
- *Member Services staff are trained to connect to CLI for language needs or initiate written translation requests.*
- *Providers connect directly to interpreter services at appointments.*

Alternative Format Selections (AFS):

- Members can also select an alternative format for receipt of health plan materials. These are known as Alternative Format Selections, or AFS.

AFS includes:

1. Large Print (20 pt. Font or greater)
2. Data CD
3. Audio CD
4. Braille
5. Other selections considered

	• CenCal Health has AFS vendor contracts to secure delivery of these requests. Sexual Orientation and Gender Identity (SOGI): Current strategy to collect SOGI data: • CenCal Health has added the ability for call center representatives to gather and enter member preferences for sexual orientation and gender identity (SOGI data) to the member's record, if provided. • Provided the ability with the Member Portal for members to provide their SOGI data. • Very minimal data gathered as this is a new data set required by DHCS in 2023 and not required by Medi-Cal on the enrollment application. Health Plans are required to determine how to gather SOGI data. C&L Competency and Sensitivity Training • All CenCal Health Staff receive annual C&L Competency & Sensitivity Training. • In 2024, all staff will receive an additional Diversity, Equity and Inclusion (DEI) Training. • All providers and contractors of CenCal Health are provided opportunity to attend C&L Training that includes the importance of cultural sensitivity and provides information about CenCal Health's C&L Program and how to access interpreter services for use in their practices. A question was asked (unable to verify CAB member name asking question from the recorded Minutes) as to *how a person answering a question about Ethnicity on an application can distinguish if they are American, Mexican or Indian?* *Mr. Buben replied we can only go off what a member filling out their application at Department of Social Services (DSS) at time of enrollment or in their request for us to update their information when calling Member Services or updating this through their Member Portal account.* Mr. Nibbio asked about the additional training for provider staff and contractors. *Is that training going to be developed internally or virtually? How is it going to be presented?* Mr. Buben replied, "*our Provider Services team would coordinate our training for providers and contractors and plans to offer both in-person and virtual trainings.* Mr. Nibbio asked about local languages developing, especially Mixteco. He said that his organization, Family Care Network, has been working on getting more interpreters with that specific dialect. *Is there anything being done in trying to develop a workforce of Mixteco interpreters?* He feels that if we look ahead and recruit people that speak that language and help them in any pathway of additional training, we can advance this demographic group's needs through developing our workforce to meet the needs. Mr. Nibbio further commented, "*In looking at career paths for this language we need to look at children, teens and high school member participants. Maybe put together some type of a workgroup that can dig deep to create unique strategies.*"

	Ms. Eustolia Garcia, from Promotores, agreed with Mr. Nibbio that the Mixtec community faces many challenges. *"As a Mixteco Promotora in Paso Robles, I helped many Mixtec people who were unable to read and therefore could not access information that was available written in different languages. The Promotoras are there to help the Mixtec community."* Dr. Do-Reynoso commented we know that the language needs have not reached the threshold capacity, but we have been working with Community partners to support us with direct services for interpretation and translation partnering with MICOP and Certified Languages International and others building capacity. We are also partnering with community colleges to emphasize a focus on building a workforce from the community. Lastly, we are looking at opportunities for college age youth from the Mixtec community, so that they can explore career opportunities in healthcare. Mr. Clemente wanted to let the CAB know that Santa Barbara County DSS, was one of three counties that got a grant for the Working Resource Center which will begin July 23, 2023. It is going to be a mobile resource center in Santa Maria and will be behind the Benefit Service Center. We only had one Mixteco speaker apply for eligibility work, and we hired that individual. The location is 1318 S. Broadway, Santa Maria, on July 23rd, from 2:00 to 4:00 p.m. Mr. Buben asked if he had a flyer for the event. Mr. Clemente said he would send it to him, and Mr. Buben said he would forward it on to the Committee members. Ms. Eustolia Garcia *stated, "Only some of the Mixteco speakers come from Oaxaca and others come from Guerrero, like me. Here in Oxnard, Santa Maria and Paso Robles there are a lot of Mixteco speakers, followed by Triqui than Tlapaneco and Zapoteco. Those are the languages I have seen in this area working through COVID in my organization. Also, Mixteco is a language because so many people speak it. Sometimes it is divided into Mixteco Alto (High) and Mixteco Bajo (Low) but really it is just different accents and emphasis. We really had to help the community with filling out Medi-Cal paperwork as they have struggled with providing information, such as the ages of their children. We had to ask them for birth certificates or where the information might be written down. Currently renewal forms are arriving, and we are seeing the same problem. I am sending people to Mixteco/Indigena Community Organizing Project (MICOP). MICOP has been very responsive and is helping them to fill out the forms. They are a very helpful organization, and we are lucky to have them in Santa Maria. Their help is important for being able to fill out the renewal forms, as the other person commented."* Dr. Do-Reynoso commented she thought it is such an important situation because as we think about Medi-Cal expansion to the rest of the 26-49 year olds in our community, it is important that we are spot on with our partnerships in the community so that everyone who is eligible to be involved in Medi-Cal will have access. She appreciated all your hard work and partnerships. Ms. Liles suggested that we ask for a preferred and secondary when asking for a member's language, as well as training. She said that the WIC program did this,

	and it made a big difference when their members filled out paperwork, especially with the Mixteco speaking members. Ms. Harris said that she knows that there are other community partners, like Tri-County Resource Center, that are providing support in helping people fill out applications. She thinks that maybe the partners and other sources that are helping people fill out applications be certified, as trusted ambassadors, so that the applications are filled out correctly, seeing that ethnicity is important for how we provide services for our communities. Mr. Buben asked for the CAB's comments and ideas on how they think we should obtain information regarding a member's Sexual Orientation and Gender Identity (SOGI): Ms. Macdonald expressed she thinks the more documentation that we have on our sexual orientation on our general gender expression, the more it gives us power. The more people that are documented, the data will help us with grants so that we can add more services to obtain better care. Mr. Buben asked Ms. Macdonald how should the question be asked? Ms. Macdonald replied somehow in stating the question that you are helping your community and to just make it optional on the questionnaire. Ms. Liles spoke up and said that most of the medical providers are asking the question already and maybe CenCal Health can get the information through services or codes from other providers. Ms. Rehse's recommendation was to ask the question, but she thought the non-intrusive part may be to allow people to have a variety of answers, or to have no answer at all, or to decline to state. In formulating the questions, maybe ask individuals that fall into the different groups, that you are trying to ascertain, for feedback on how to ask the question. Dr. Nguyen asked is there an age group when we start asking? She felt that there is resistance from elementary school age students. Mr. Buben replied that DHCS is requesting the question be asked for all ages. Ms. Mendoza De Bravo thinks it is a good idea to include the question like they are teaching kids in school. Do not ask it so directly because they may feel judged or may feel harassed. There is bullying against people who are different. But a simple question like: "Choosing who you are or how do you define yourself." So, they do not feel judged. That would be a good idea, from my point of view. Mr. Clemente wanted Mr. Buben to know at DSS they have a mandatory questionnaire on their CalFresh (known federally as the Supplemental Nutrition Assistance Program or SNAP) and CalWORKs (California Work Opportunity and Responsibility to Kids) application for renewals, where our staff will ask that question during the interview process. Clients do have the opportunity to decline to fill out the form to the State. This questionnaire is based on SOGI data and given to fill out with every application. Mr. Buben ask Mr. Clemente if he could get him a blank copy of the form. Mr. Clemente said he would send it.

5. Health Promotion Update/Promotion Needs Assessment (PNA) Update
G. Labrana, Health Promotion Educator, CenCal Health
	Ms. Labrana presented to the Committee the Health Promotion Update & Population Needs Assessment (PNA) Update in memo form.
	
	Background
	• Per the Community Advisory Board (CAB) Charter and Membership Guidelines, the CAB provides feedback and input on CenCal Health's health promotion activities.
	• Per Department of Health Care Services (DHCS) policy, CenCal Health must provide the CAB with an opportunity to provide input on the PNA, report PNA findings to the CAB, have a process to discuss improvement opportunities, and update the CAB on progress made towards PNA goals.
	
	Health Promotion Update
	• <u>Preventive Health Guidelines</u>
	  • In May, the Quality Improvement and Health Equity Committee (QIHEC) approved the annual update to the Preventive Health Guidelines member handouts. These documents summarize preventive services as recommended by U.S. Preventive Services Task Force A&B Recommendations, American Academy of Pediatrics Periodicity Schedule, and Centers for Disease Control Recommended Immunization Schedules. 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.
	
	• <u>Blood Pressure Mailer</u>
	  • The Quality Department Identified a need to increase percentage of hypertensive members that have a recorded blood pressure measurement in 2023. The Health Promotion team is working to create a mailing that describes the risks of high blood pressure, how to stay healthy, and the importance of getting blood pressure checked at the member's PCP. This mailer will also include information on the blood pressure cuff benefit through Medi-Cal Rx and a blood pressure tracking log. The mailer will hit homes in July 2023 and Claims data will be routinely monitored in order to evaluate effectiveness of this intervention and will be shared at subsequent CAB meetings.
	
	• <u>Incentivized Cervical Cancer Screening Campaign</u>
	  • The Quality Department Identified a need to increase the percentage of members who have completed clinically recommended cervical cancer screening. The Health Promotion Team will be offering a $25 gift card to all members that complete their cervical cancer screening by December 31st, 2023. Eligible members will be notified through a focused mailing. Claims data will be routinely pulled to identify members who get screened. Updates on this campaign will be reported at subsequent meetings.

- Provider Cervical Cancer Screening Handout
  - To further increase members' awareness regarding the importance of cervical cancer screening, The Health Promotion Team created an informational handout on ways to protect oneself from cervical cancer to be disseminated at providers' practices.

- Summer Member Newsletter
  - The Summer issue of CenCal Health's Member Newsletter, "Health Matters/Temas de Salud" will be mailed to about 90,000 member households in July 2023. Articles in this issue include information about:

    - Physical Activity
    - Weight Management
    - Adult and Pediatric Preventive Health Guidelines
    - Organ Donation
    - Health Care Fraud
    - Complementary and Alternative Care
    - Health Survey
    - CenCal Health 40th Anniversary
    - COVID testing and treatment
    - Medi-Cal Redetermination
    - Behavioral Health benefits
    - Quality Report
    - Member Rights and Responsibilities

- Nicotine Replacement Therapy Survey
  - CenCal Health participates in the San Luis Obispo Public Health Department's Tobacco Cessation Sub-Committee. The Committee has determined a need to identify barriers tobacco users face in obtaining Nicotine Replacement Therapy (NRT). CenCal Health is in the process of administering a survey to members identified as smokers or that have previously used NRT. Updates on this effort will be reported upon completion of survey analysis.

Mr. Clemente made a comment and posed a question to Ms. Labrana. "*This is very important information and that the Department of Social Service (DSS) serves foster youth transition age in both counties. In San Luis Obispo, we serve homeless families and sometimes they are transient and move around a lot and do not get their information. Is there a way where more members can get the newsletter, so that we can assure our workers can get the children and families connected to these resources?*"

Mr. Labrana said that in the future, she would get copies of the newsletters out to the DSS's locations, as well as other Community Partners. She will also have extras copies available at each future CAB meeting.

Population Needs Assessment 2023 Update – PNA Timeline

- Updated guidance from the Department of Health Care Services (DHCS) states that the Population Needs Assessment (PNA) is now required to be submitted to DHCS every three years, with the next submission due in 2025. However, the National Committee for Quality Assurance (NCQA) requires the PNA to be completed annually.
- The 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.
- The 2023 PNA is in development, soon to be complete.

PNA 2023 Action Plan

CenCal Health kindly requests your review and input to our proposed 2023 PNA Action Plan. These objectives will be integrated within our Population Health Management (PHM) program to ensure our PHM activities and resources are reflective of the needs of our population.

Topics which fell below DHCS quality benchmarks and which are considered quality priorities per the Quality Improvement and Health Equity Transformation Program are included as objectives in the Action Plan.

The 2023 PNA is in development, soon to be complete, remaining per the timeline:

Distribute report for internal review	6/30/2023
Request input from CAB on the proposed Action Plan	7/13/2023
Complete internal review	7/14/2023
Incorporate internal review feedback/requests	7/28/2023
Finalize report for distribution and incorporation into PHM strategy	Aug. 2023

Objective 1: Pediatric Preventive Services

- By December 31, 2024, as measured by HEDIS RY 2025, increase rates for key pediatric preventive services measures to meet HEDIS 90th percentiles and DHCS threshold requirements, including Well Child Visits in the first 30 months of life, Lead Screening, and Developmental Screening.

- Data Source: Baseline and outcomes from HEDIS data; periodic updates from Gaps in Care data.

<u>Strategies</u>

1. Implement a Plan Do Study Act program for pediatric lead screening as required by DHCS and in collaboration with a participating network Provider.
2. Implement a Plan Do Study Act program for Well-Child Visits as required by DHCS and in collaboration with a participating network Provider.
3. Implement provider trainings to promote best practices for developmental screening completion and correct billing practices.

Ms. Macdonald asked Ms. Labrana what HEDIS meant. Ms. Labrana replied *that it is the audit of our performance of certain measures of care, and the collected data we use to monitor our rates.*

A request from a CAB member (cannot determine the name of the person asking the question from the recording of the Minutes) was made. "I have a question about the pediatrics information. It is important as a parent to have that check-up for their children. I have a daughter who has special needs, she has autism. It is good to share your concerns; what your child does and does not do. That can guide you to knowing something is not working properly. As parents we know our children and see when something is not right and that is why it is important to have those pediatrician appointments and share concerns. My grandson was also diagnosed with autism, but I was a little more prepared. I share my recommendation as a mother and let the community know that it is better to get seen on time. That care is important and as a parent let them know when something is not working."

Objective 2: Controlling High Blood Pressure

- By June 2025, as measured by HEDIS MY 2024, increase the percentage of hypertensive members that have a recorded blood pressure measurement from a baseline of 59.19% (HEDIS MY 2022) to 69.19%, which is the HEDIS 90th percentile for this measure.

- Data Source**:** Baseline and outcome from HEDIS data; periodic updates from Gaps in Care data

Strategies

1. Implement a Plan Do Study Act program as required by DHCS and in collaboration with a participating network Provider.
2. Offer member education on the importance of an annual blood pressure measurement, including information about the blood pressure monitor and cuff benefits, as well as a possible member incentive.

Objective 3: Emergency Department Follow Up

- By the conclusion of the 2023—2025 DHCS Performance Improvement Project, increase the percentage of members that have a Follow-Up after an Emergency Department Visit for Alcohol, Drug Abuse or Dependence, or Mental Illness, using PIP-established baseline and goal rates.

- Data Source**:** Baseline and outcome from HEDIS data; periodic updates from Gaps in Care data

Strategies

1. Implement a Performance Improvement Project as required by DHCS and in collaboration with a participating network Provider.

Objective 4: Cervical Cancer Screening

- By June 2025 as measured by HEDIS MY 2024, increase the percentage of members who have completed clinically recommended cervical cancer screening from a baseline of 62.16% (HEDIS MY 2022) to 66.88%, which is the HEDIS 90th percentile for this measure.

- Data Source**:** Baseline and outcome from HEDIS data; periodic updates from Gaps in Care data

Strategies

1. Offer member education on the importance of screening, including a mail-based member incentive.
2. Explore partnerships with network providers to administer member incentive programs within the clinical practice setting.

Motion to approve the Health Promotion Update/Promotion Needs Assessment (PNA) made by Sara Macdonald seconded by Susan Liles, and unanimously approved by the CAB**.**

6. Population Health Report K. Negrete (Orozco), Population Health Specialist, CenCal Health	Ms. Negrete (Orozco) presented to the Committee the Health Promotion Update accompanied by a PowerPoint Presentation. **Information Only – Pediatric Lead Testing Quality Improvement Initiative** Improvement in pediatric lead testing is an established CenCal Health priority. Based on CenCal Health's quality of care audit of state priority measures, the rate of pediatric lead testing in Santa Barbara and San Luis Obispo counties did not meet the Department of Health Care Services (DHCS) required Minimum Performance Level (MPL). The table below illustrates the percentage of children who received at least one blood lead screening test before their 2nd birthday for measurement year 2022. Medicaid 50th Percentile (MPL) 63.99%: • Santa Barbara County Reported Rate 62.29% • San Luis Obispo County Reported Rate 50.36% Preventing children from exposure to lead is important to lifelong good health. Lead poisoning is one of the most common and preventable environmental diseases in children. No level of lead exposure is considered safe as it can result in adverse health issues affecting the brain, nervous, and reproductive systems. Federal and State law requires blood lead testing (finger prick or venous blood draw) on all children, especially children in publicly funded programs at 12 and 24 months of age, or if the child has not been tested before age 6. The Quality Department is committed to ensuring that young children receive appropriate lead testing and care management that exceeds minimum standards in both counties. Initiatives underway to improve performance include: • Provider incentives through the Quality Care Incentive Program (QCIP) • Partnering with the California Department of Public Health to develop a provider training seminar (September 2023) • Development of a member level gaps in care report to support provider identification of members due for screening • Member health education campaigns • Updates to CenCal Health's website ((https://www.cencalhealth.org/providers/care-guidelines/epsdt-services/lead-testing/)with additional resources In addition, the Population Health team has organized focused provider trainings facilitating conversations around best practices, adding an alert into the Electronic Medical Records (EMR) system or patient's chart, offering point of care lead testing, utilizing Current Procedural Terminology (CPT) Code 83655, as well as providing the patient's parent/ guardian with anticipatory guidance/health education material about lead exposure screening. Staff invite feedback on best practices that can be implemented to improve lead testing amongst CenCal Health's pediatric population. Ms. Negrete asked if there were any questions. Ms. Liles asked *"Was this a test being done during a child's wellness exam at their pediatrician office?* She said maybe we could make a short video that could be played in the pediatric offices showing the process and importance.

	Ms. Negrete said some of the barriers have been parents not having transportation or work schedule issues in getting children into their doctor. The other issues have been our Providers providing these services during the well child visits within the first 15 months of life and the parents not wanting to do all the invasive testing during that time. It is a simple blood draw test. Hopefully, getting them this information, parents will be more comfortable with getting the testing done on their children. We can offer free transportation. Some of our Providers are doing Saturday clinics and offering extended office hours to accommodate availability and convenience. Mr. Buben thanked Ms. Negrete for her presentation.
7. Roundtable Opportunity for CAB members to share relevant updates	We had run out of time and Mr. Buben thanked the committee for attending the meeting.
8. Adjournment	Mr. Buben adjourned the meeting at 2:30 p.m. and thanked the committee for their time and participation.

Respectfully submitted,

Eric Buben 10/26/23

Eric Buben
Chair of the Community Advisory Board and Director of Member Services

Provider Advisory Board (PAB) Memo

Date: January 17th, 2024

From: Cathy Slaughter, Director of Provider Relations

Through: Jordan Turetsky, MPH, Chief Operating Officer

Executive Summary

This Memo serves to provide CenCal Health's Board of Directors with the Agenda for CenCal Health's Provider Advisory Board (PAB) held on January 8, 2024. This Memo also advises of PAB's approval of the Minutes from the meetings held on July 10, 2023 and October 9, 2023.

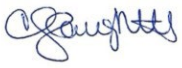
Submitted

1. PAB Agenda – January 8, 2024.
2. PAB Minutes from the July 10, 2023 regular meeting of the PAB (approved by the PAB at the October 9, 2023 Meeting).
3. PAB Minutes from the October 9, 2023 regular meeting of the PAB (approved by the PAB at the January 8, 2024 Meeting).

Recommendation

CenCal Health is requesting your Board of Directors to receive this PAB Memo and accept the Minutes from the July 10, 2023 and October 9, 2023 PAB meetings.

Respectfully submitted,



Cathy Slaughter
Director of Provider Relations, Chair of the Provider Advisory Board

MINUTES
CenCal Health
Provider Advisory Board (PAB)
July10th, 2023

The quarterly meeting of the Provider Advisory Board was called to order by Robert Janeway, Chairperson, on July 10th, 2023, at 11:30 am, at two CenCal Health locations via Video Conference.

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

MEMBERS PRESENT: Dana Goba; Kieran Shah, CHPCA; Marie Moya; Michael Bordofsky, MD; Steve Clarke, MD; Yolanda Robles.

MEMBERS EXCUSED: Barbara Brown-Ramirez, C.P.N.P., M.S.N; Kathleen Sullivan, Ph.D.; Mahdi Ashrafian, MD, MBA; Rahul Vinchhi.

STAFF PRESENT: Carlos Hernandez, Carmen Obregon; Cathy Slaughter; Chelsee Elliott; Chris Hill; Dona Lopez; Emily Fonda, MD; Jai Raisinghani; Jordan Turetsky, MPH; Karina Negrete; Lauren Geeb, MBA; Michael Collins, MD; Nancy Vasquez, MPA; Nicolette Worley Marselian, MBA; Robert Janeway.

GUESTS PRESENT: Amber Bermond; Jo Ann Mack.

1. Public comments. There was no public comment — Action

2. Acceptance of Minutes: April 10th, 2023 meeting. — Action
   - **Mr. Janeway** reviewed the minutes of the last PAB meeting and asked for a motion for approval.

   ***ACTION*: Mr. Shah moved to approve, and Dr. Clarke seconded. Minutes were approved with no objection or abstention.**

3. Announcements from Provider Services Director
   - **Mr. Janeway** announced the promotion of Ms. Cathy Slaughter as the new Provider Relations Director, who will transition to chairing these meetings. Mr. Janeway gave the floor to Ms. Slaughter to continue the meeting.

4. Medi-Cal Redetermination- Partnering with our Providers.
   Ms. Worley Marselian gave a detailed PowerPoint presentation with the following highlights.
   - With the end of the Public Health Emergency, Medi-Cal redeterminations (which were paused) have now begun.
   - The first disenrollments due to the redetermination process occurred in June 2023, with about 4,000 members disenrolled.
   - CenCal Health is undergoing a multi-pronged approach to get information out to members, providers, and community-based

organizations to ensure members know how to engage to continue their coverage.

- Ms. Slaughter invited attendees to share information they have heard from members or any feedback and ideas on how CenCal Health can partner with our provider partners to serve our members through the redetermination process.

- **Discussion:**
- **Dr. Clarke** thanked and appreciated the helpful materials given to the clinics and asked if something had been done to provide this renewal material at the Pharmacy level.
- **Ms. Worley Marselian** stated that this was not something that CenCal Health had explored but would look into how we can support our members through engagement at pharmacies.
- **Ms. Turetsky** supported the suggestion, highlighting that while medications are a carve-out to Medi-Cal Rx, the member is still a CenCal Health member, and the pharmacies are provider partners, regardless of who is the payer of the medication.
- **Mr. Raisinghani** mentioned that DHCS provides claims information for our prescribing providers, which would identify where members are receiving their prescriptions.
- **Ms. Mack** asked if the plan sends emails to members, considering that according to the presentation, a high percentage (87%) of members have smartphones. She also inquired whether text messages are an option, to which Ms. Worley Marselian responded yes. We get information from the change of address format we received and from the database and list of members in their renewal period, we received from the state.
- **Ms. Moya** asked how much time in advance residents of a Skilled Nursing Facility would get their renewal packets.
- **Ms. Worley Marselian** responded that renewal packages go out on the 20th of the month before the renewal month. So, renewals for August will be received on July 20th.
- **Ms. Moya** asked if there is any way to know who's coming up for renewals in advance. Compass facilities have dedicated in-house staff who complete enrollment for residents. Ms. Moya states that by having this information, their team would be able to inform residents and their families that their renewal window was approaching and provide the support that they required to keep their coverage.
- **Ms. Worley Marselian** responded that DHCS has committed to providing plans with a list of the renewal dates for all members.
- **Ms. Slaughter** suggested Ms. Moya meet offline with Ms. Worley Marselian to find out how to support members residing at Compass facilities, as skilled nursing facilities are a unique and critical population for us.
- **Ms. Worley Marselian** shared that CenCal Health is working to put together a list of upcoming events in cities with a large population of our members so that we can partner with local provider offices and CBOs to support members in their redetermination.

5. Health Information Exchange (HIE) Provider Engagement
   Mr. Raisinghani gave a detailed PowerPoint presentation with the following highlights.

   - **Mr. Raisinghani** talked about the Health Information Exchange (HIE), its status as of now, and how CenCal Health hopes to partner with our providers to move this project forward.
   - Health plans were required to sign a data exchange agreement with the Department of Healthcare and Human Services in January 2023, enabling CenCal Health to support information exchange.
   - As of today, CenCal Health has hosted a provider engagement session and launched two provider surveys to understand data sharing readiness. CenCal Health expects to have the technical pieces in place starting Q4, allowing for data sharing with providers starting in January 2024.
   - **Ms. Slaughter** mentioned the importance and valuable information the team needs from our providers and invited them to share the information, which may be valuable for CenCal Health to know specific to engaging our providers in this effort.

   - **Discussion.**
   - **Mr. Raisinghani** clarified that if any organization is already participating with an HIE, our HIE solution will contract with that HIE to avoid adding more effort on the provider's end**.**
   - **Ms. Robles** asked if Cencal Health would offer any investments to help providers with the costs associated with this implementation.
   - **Ms. Turetsky** mentioned yes to some extent. Data exchange is an infrastructure required for ECM and CS implementation. CenCal Health has earned Incentive Payment Program funding from DHCS. Over the next few months, we intend to look for opportunities for grant support for organizations needing that financial incentive.

6. Quality of Care Audit Results
   Ms. Geeb gave a detailed PowerPoint presentation with the following highlights.

   - CenCal Health is required to perform an annual six-month NCQA HEDIS compliance audit through the National Committee for Quality Assurance.
   - The state identifies minimum performance levels for a Managed Care Accountability Set.
   - Ms. Geeb shared the six areas where CenCal Health did exceptionally well, rating above the 90th percentile:
     - Breast Cancer Screening
     - Low Rate of poorly controlled diabetes blood glucose
     - Timeliness of postpartum care
     - Well-child visits for children ages 15-30 months
     - Adolescent Immunizations (DTAP, MCV, and HPV)
     - 30-day follow-up after ED visits for substance use

- Ms. Geeb also shared the three measures that fell below the NCQA Medicaid 50% percentile and were considered priorities for improvement:
    - Lead Screening (both counties)
    - Controlling high blood pressure (both counties)
    - Follow-up after ED visits for mental illness (in SB)

- **Discussion**
- **Dr. Fonda** suggested adding lead and blood pressure screening to the upcoming series of redetermination events to be planned and scheduled.
- **Ms. Geeb** inquired if there were any insights to share from our provider partners, barriers, or opportunities that our Population Health team could use to improve these aspects of care.
- **Mr. Hernandez** added that one factor contributing to a low-performance level in controlling high blood pressure is the absence of a blood pressure reading during a year. The team has seen in recent years many members falling into this situation.
- **Dr. Bordofsky** shared that his practice has improved this by using more home blood pressure monitoring. And instead of asking the patient to call the office, the office calls them. Any help from CenCal Health to support the access to and the use of home blood pressure monitoring and to establish systems to gather that information sounds like a great best practice.

7. Before adjourning the meeting, **Ms. Slaughter** asked if there were additional questions or comments.
    - **Mr. Shah**, regarding the redetermination process, asked if there were any trends in the one-month data we have to inform providers on how they can help support an identified demographic group.
    - **Ms. Worley Marselian** responded that it was too soon to identify trends but noted that CenCal Health would continue to monitor this.
    - **Ms. Worley Marselian** shared an important change in the redetermination process. Any member that starts their paperwork, even if they didn't finish it by the 20th, can return it as-is. In doing so, they will not be disenrolled.
    - **Ms. Moya** inquired about updates on the FTP migration, as they provided some requested information to the IT Department.
    - **Mr. Raisinghani** will follow up on this.

As no further items were from the floor, Ms. Slaughter adjourned the meeting at 1:03 pm.

Respectfully submitted,

Carmen Obregon
Administrative Assistant

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

The quarterly meeting of the Provider Advisory Board was called to order by Cathy Slaughter, Chairperson, on October 9th, 2023, at 11:30 am, at two CenCal Health locations via Video Conference.

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

MEMBERS PRESENT: Amber Bermond; Barbara Brown-Ramirez, CPNP, MSN; Jo Ann Mack; Kieran Shah, CHPCA; Michael Bordofsky, MD; Rahul Vinchhi Steve Clarke, MD; Yolanda Robles.

MEMBERS EXCUSED: Dana Goba; Kathleen Sullivan, Ph.D.; Mahdi Ashrafian, MD, MBA; Marie Moya.

STAFF PRESENT: Adam Butler; Blanca Zuniga; Carlos Hernandez, Carmen Obregon; Caitlyn Hopkins; Cathy Slaughter; Chelsee Elliott; Dona Lopez; Emily Fonda, MD; Jordan Turetsky, MPH; Lauren Geeb, MBA; Michael Collins, MD; Nancy Vasquez, MPA.

1. Public comments. There was no public comment — Action

2. Acceptance of Minutes: July 10th, 2023 meeting. — Action
   - **Ms. Slaughter** reviewed the minutes of the last PAB meeting and asked for a motion for approval.

   ***ACTION*: Mr. Shah moved to approve, and Dr. Clarke seconded. Minutes were approved with no objection or abstention.**

3. Community Health Worker Integration.

   Ms. Geeb and Ms. Slaughter gave a detailed PowerPoint presentation on the Community Health Worker integration into Population Health Management (PHM) with the following highlights.

   - The goals of the Population Health Management (PHM) strategy are (1) to maintain/improve people's physical and psychosocial well-being to address health disparities through tailored solutions and (2) to ensure that all Members have access to a comprehensive set of services based on their unique needs and preferences along the continuum of care.
   - The foundation for the Population Health Management (PHM) strategy includes working with a common framework set by DHCS and the Population Needs Assessment (PNA) activity.
   - **Ms. Slaughter** described the Community Health Workers (CHW) as trusted community members who can be utilized to support members in health education and health navigation.
   - The CHW Integration Plan reflects member needs identified in CenCal Health's PHM Strategy and PNA assessment.
   - To access CHW services, anybody can recommend services through the Provider Portal or the CHW recommendation form. Licensed Practitioners

may recommend services for any member who meets some medical necessities.

- **Ms.Geeb** talked about the key performance indicators to monitor and evaluate CHW integration success.
- **Ms. Slaughter** invited members to an open discussion to support CenCal Health's next steps, which are:
  - Incorporate the Advisory Board Feedback into the CHW Integration Plan
  - Submit the Population Health Management Strategy and Program Description (PHM) to DHCS in December 2023.
  - **Discussion:**
  - **Mr.Vinchhi** shared challenges they've encountered with the mixteco population, including literacy barriers, and asked how to bridge that gap to engage them in their health care**.**
  - **Ms. Slaughter** stated that CenCal Health is partnering with the Promotoras to engage with this population.
  - **Ms.Robles** asked if somebody could provide her with a walkthrough or workflow for accessing a CHW.
  - **Ms. Slaughte**r responded that a recommendation form is available online so that any provider can recommend the services for a member. The form includes the member's information, the recommended provider information, and the referring provider information. Once CenCal Health receives the recommendation, the member is connected to a CHW organization for services.
  - **Ms. Robles** inquired whether a provider with internal CHWs can send a patient to their internal CHW to help them navigate the needed service.
  - **Ms. Slaughter** responded that contracted CHWs may receive a recommendation for services from an appropriate licensed provider from their own organization. These groups also have the opportunity to receive recommendations from the community.
  - **Mr Shah** asked if CenCal Health will provide the list of contracted CHWs.
  - **Ms. Turetsky** responded that all contracted CHWs are listed in the Provider Directory.
  - **Ms. Robles** suggested considering providing training and support to the local Promotoras group so that they can become CHWs.
  - **Ms. Slaughter** responded that currently, there is a local and tri-county collaborative that is working on identifying training opportunities for our local Promotores and other Community-Based Organizations to allow them to contract as CHWs.
  - **Dr. Bordofsky** mentioned that it would be a good idea to find ways to integrate CHWs into practices, for example, having a single CHW assigned to a local practice so that the practice and members get to know and trust them to increase referrals and engagement.
  - **Ms. Slaughter** thanked Dr. Bordofsky for the suggestion and stated that there may be an opportunity to partner on a small pilot program with a local CHW organization to explore this option.
  - **Ms. Mack** asked how the referral process is tracked and how the member is notified of the CHW recommendation.
  - **Ms. Slaughter** explained that once a recommendation is made, our system provides authorization to a CHW organization, which can be seen

by the CHW provider and the PCP. The connection with the member will happen after the CHW provider begins the outreach and engagement.

- **Mr. Shah** asked if the provider communicates to the patient that they have made the referral to a CHW.
- **Ms. Slaughter** emphasized that Mr. Shah makes an important point. The conversation should begin between the member and the provider who is recommending the services to build the trust needed for a successful connection to CHW services.

4. Increasing Utilization: ECM and Community Support Programs

Ms.Slaughter and Ms Zuniga gave a detailed PowerPoint presentation with the following highlights.

- **Ms. Slaughter** gave a brief overview of how CalAIM ECM and CS services have grown since CenCal Health began services in July 2022.
- **Ms. Slaughter** briefly described what Enhanced Care Management (ECM) is. Enrollees with complex needs are identified in Populations of Focus (POF). The plan has undergone three phases of ECM POFs, starting in July 2022, with the fourth phase to be implemented in January. 2024.
- **Ms. Slaughter** gave an overview of Community Support Services (CS), mentioning that it provides an alternative to traditional medical services. The purpose is to address members with complex social needs (housing, access to medically appropriate foods, etc.)
- DHCS has 14 pre-approved CS services, and we first kicked off with just two Community support services in July 2022, followed by housing and sobering centers in January 2023. In January 2024, four new CS services will be launched.
- The available resources for providers to enroll members in ECM and CS services were presented.
  - Member Eligibility Case Management Section
  - In the Provider Directory
  - CalAIM Enhanced Care Management (ECM) & Community Supports (CS) Online Resources on CenCal Health's website
  - CalAIM Enhanced Care Management (ECM) & Community Supports (CS) referral forms
  - CS Community Supports (CS): each CS service has its own information and referral form

  - **Mr. Vinchhi** asked for clarification on the consent box, which must be checked on the CS recommendation form.
  - **Ms.Slaughter** responded that the consent is that the member has agreed to the service. We want to make sure that the Members understand the services available to them and that a conversation has occurred and they have confirmed they want that service.
  - **Mr. Shah** asked if there is a way for members to consent to receive information about the services rather than agreeing to accept the services.
  - **Ms Zuniga** mentioned that the consent allows the provider to ask permission for the member to be referred to. They are only providing general information. Once the CS provider reaches out to the member,

they will explain how the program works and provide the member with the documents they must sign.

- **Mr. Shah** asked if there have been any thoughts given to community support providers on any administrative support that is available to them, noting that there are costs implied, and they might have an administrative burden that could slow or restrain the process.
- **Ms. Turetsky** commented that DHCS contemplated that possible issue last year, and they made available two incentive pathways for current or future ECM and CS providers to support this.
  - The first is a direct pathway with DHCS, where providers apply directly to DHCS to get grant funding.
  - The second pathway is called the Incentive Payment Program (IPP). In this pathway, health plans apply directly to DHCS. We are awarded funds if we meet a specific suite of metrics. After receiving the funds, we have an application process where we can award funding to current or potential ECM and CS providers.

  As of today, we have received two of five potential IPP funding allocations from DHCS and have funded over ten different organizations to support them.

- **Ms. Slaughter** invited members to share additional thoughts regarding referring members to ECM and CS programs from the provider and CenCal Health sides. Also, what can be done to drive the utilization of services for CenCal Health members.
  - **Dr. Clarke** mentioned that for his organization, a key point would be to reach out to the health educators and educate that group on what we can do now and what we can build in the future.
  - **Mr. Vinchhi** mentioned that for his organization, a good way would be to engage with the group of social workers. They support patients a lot, and providers lean on them to find resources for their patients
  - **Ms. Brown-Ramirez** mentioned that in her practice, two people have been doing referrals for a long time. It would be beneficial if they could be provided with that source of information.
  - **Ms. Slaughter** mentioned that we've identified the need to get the information out, so a Whole Person webinar is scheduled every two months for that purpose. CenCal Health can ensure that referral staff are engaged so that they understand the services available and how to access services.

5. On the Horizon: Community Supports 2024

Ms. Zuniga gave a detailed PowerPoint presentation on the upcoming Community Support services starting in January 2024 with the following highlights.

- CenCal Health will offer four new community support (CS) services starting January 1st, 2024:
  - Short-term Post Hospitalization Housing- To provide Members with the opportunity to have a residence to continue their recovery immediately after exiting specific care settings.

- Day Habilitation Services- To assist the member in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to reside successfully in the person's natural environment.
- Respite Services-For caregivers of Members to provide relief to those persons that normally care for/or supervise members.
- Personal Care services and Homemaker services- Provides assistance with Activities of Daily Living (ADLs).

- **Ms. Zuniga** encouraged attendees to go to the website and learn more about the criteria to refer to each specific Community Support program.
- **Ms. Slaughter** invited members to share additional reflections or things that would help us inform and increase utilization of these services to ensure they're easily accessible to providers.
- **Dr. Clarke** is concerned about possibly overwhelming the system on 01/01/24 when the new services start.
- **Ms. Zuniga** mentioned that we have established some processes to ensure that any referral is processed in a timely manner. If there is any issue in the process, we'll refer the member to Case Management.
- **Ms. Turetsky** mentioned that the vision of DHCS is that these fourteen CS services will become benefits. What the State is trying to do in the next one to two years is to work with health plans to build a comprehensive provider network throughout California for all community support services. This will allow our Members access to these services once they move from being optional in lieu of services to being benefits.
- **Mr. Vinchhi** shared that his organization's engagement would be with different stakeholders to get the word out. There's a monthly operational meeting where the operational leaders get together. This would be a good opportunity to share this information. That covers 40 to 45 clinics in our service area.

6. Before adjourning the meeting, **Ms. Slaughter** asked if there were additional questions or comments.

   As no further items were from the floor, **Ms. Slaughter** adjourned the meeting at 1:00 pm.

Respectfully submitted,

Carmen Obregon
Administrative Assistant

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

Date: December 6, 2023

From: Ana Stenersen, RN, BSN
Associate Director, Utilization Management
Chair, Family Advisory Committee

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 November 16, 2023. This memo contains the topics discussed at the last FAC meeting namely announcing the new parent representative for the CCS Advisory Group, CCS Advisory Group (AG) meeting highlights, ECM for children and youth, CCS Advisory Group (AG) meeting highlights, Medi-Cal Rx and the CCS population, updates from CenCal Health's Member Services Department, 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 consisting of 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 Family Representative to the CCS Advisory Group (AG)

Ms. Dena Davis (CCS parent) is stepping down as CenCal Health's parent representative to the CCS AG after serving for two years. CenCal Health appreciates the participation of Ms. Davis in the quarterly meetings of the CCS AG. Ms. Carrie McKiddie (CCs parent and Alpha Resource Coordinator) will be the new parent representative. Ms. McKiddie will start participating in the quarterly AG meetings and

provide updates of AG meeting highlights to the FAC. The next CCS AG meeting is on January 10, 2024.

CCS Advisory Group (AG) Meeting Highlights

Ms. Dena Davis shared the highlights of the last CCS AG meeting held on October 11, 2023. The key points discussed in the AG meeting include:

- CHDP is sunsetting on July 1, 2024. The beneficiaries will be transitioned to other programs, mostly under Population Health Management.
- Dashboard for CCS performance measures versus quality measures as part of the CCS Redesign Performance Measure Quality Subcommittee.
- No data to share yet about Enhanced Care Management (ECM) for children and youth, including CCS beneficiaries.
- CCS case managers and the child's PCP are involved in the transition of CCS members to ECM.

Enhanced Case Management (ECM) For Children and Youth

Ms. Diana Meier, Manager of ECM in CenCal Health provided the latest report on ECM for children and youth. Ms. Meier shared that ECM became available effective July 1, 2023, for children and youth who are at clinical risk or meet the criteria for any of the populations of focus. The identified members are auto assigned to a provider. ECM focuses on children and youth who have psychosocial needs based on social determinants of health. CenCal Health's ECM team is looking into coordinating the service delivery system to improve access as health care navigation could be a challenge to parents and caregivers. ECM providers are increasing their staffing as we continue to assign members to them. There are about 2,000 children and youth that were identified in the ECM populations of focus. Some of the identified CCS members have multiple qualifying population of focus. Members are carefully assigned to ECM providers based on provider expertise. The current ECM providers for children and youth include Good Samaritan, Isles Pathpoint, Access TLC, Titanium SP, Neighborhood Clinics and SLO Public Health Department. Provider recruitment effort continue. Finding providers located close to members can be a challenge because part of ECM is offering face to face visits. Ms. Meier shared that committee members who are part of family groups can go to CenCalHealth.org and click the CalAIM tab to access information that will outline the program. It also has a brochure that be downloaded and printed out and provided to members.

Medi-Cal Rx Update

Adam Horn, Pharm D, Clinical Pharmacist in CenCal Health reported that DHCS has not implemented the prior authorization requirement for medications and prescription drugs for members 21 years and younger. DHCS will provide a 90-day notice for the reinstatement of prior authorization requirements for members 21 years of age and younger. CenCal Health's Pharmacy Department is providing information to providers and members through E-Bulletins in the provider and member pages of the CenCal Health website as well as presentations to internal and external committees. It is anticipated that the reinstatement of prior authorization requirements will be done in phases and would last through 2024, perhaps up to 2025.

Member Services (MS) Update

Diana Robles, Lead Health Navigator in CenCal Health's MS Department provided the MS update to the committee. Ms. Robles reported CenCal Health's CCS membership from July to October 2023 is at 3,925. Ms. Robles stated there has been continued increase in utilization of the Member Portal. Members are calling for assistance in setting up their Member Portal account.

Cottage Hospital Pediatric Intensive Care Unit (PICU) and CCS Updates

Shelby Stockdale, Manager of Pediatric Program shared that Cottage Hospital's CCS PICU suspension was due to administrative findings and not due to quality-of-care issues. In response, Cottage Hospital hired a new PICU Medical Director who has experience in UCLA. Cottage Hospital submitted their last round of reporting back to DHCS in response to their findings. CenCal Health's Pediatric Team Leadership is continuously working with Cottage Hospital by having weekly collaborative meetings with them focusing on CCS members who have an existing CCS condition and those that have a potential CCS condition and are admitted to the PICU, including those that are transferred to another hospital or downgraded to a lower level of care.
Ms. Stockdale shared that a revised All Plan Letter (APL) and CCS Numbered Letter (NL) on Whole Child Model (WCM) will soon be released. Featured in the revised APL and NL is the WCM health plan's responsibility to assist CCS Counties in the CCS redetermination process, also known as CCS annual eligibility review. CenCal Health's Pediatric WCM team is supporting the CCS Counties in gathering information and medical records that will aid in CCS eligibility redeterminations.
Ms. Stenersen added that there is a new guidance in CCS inter-county transfers. CenCal Health's Pediatric WCM teams are working on a streamlined process for county transfers especially for CCS members that are transferring between WCM Counties and non-WCM Counties.

Next Steps

The next CCS FAC meeting is on February 15, 2024, which will be held in-person at CenCal Health's Santa Barbara office.

Recommendation

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

Health Services Department

Whole Child Model Program
Family Advisory Committee Meeting

Date: November 16, 2023
Time: 11:00 am to 12:30 pm
Location:
Chairperson: Ana Stenersen, BSN, RN
Associate Director, UM

Committee Members: Jennifer Griffin, Jennifer Monge, Felisa Strickland, Dena Davis, Regina Samson, Mariana Murillo, Jane Harpster, Edith Diaz, Tanesha Castaneda, Dorothy Blasing, Patty Moore, Daisy Ramirez, Ana Cabrera, Ashley Smeester, Tamika Harris, Carrie McKiddie
CenCal Staff: Elia Rodriguez, Diana Robles, Rea Goumas, MD; Rose Vazquez, LCSW; Shelby Stockdale, MSN, RN, PHN, Adam Horn, PharmD
Recorder: Jodi Wittelsbach, Sr. Administrative Assistant

Agenda Item	Minutes
Welcome & Introductions • Dena Davis is stepping down as parent representative in CCS AG • New parent representative in CCS AG Carrie McKiddie • Membership Recruitment	Ms. Stenersen began the meeting at 11:00 a.m. Ms. Stenersen reviewed attendance for the quorum. Ms. Stenersen shared that Dena Davis, who has been our parent representative in the CCS Advisory Group for a couple of years, is stepping down. Ms. Stenersen thanked her for being our parent representative and shared how grateful we are for representing our plan and our whole child model plan for two years in the CCS AG. Ms. Stenersen shared that Carrie McKiddie accepted being the parent representative in the CCS AG. Ms. Stenersen thanked Ms. McKiddie for her willingness to representing us. Ms. Stenersen asked the committee to assist in recruiting for more members. We need two parent representatives. Marcy retired a few months ago, and Sarah stepped down. If any members of the committee know of a parent who would be good for these roles and be members of this committee, a CCS parent, or CCS member, please email her and copy Ms. Wittelsbach. Ms. Stenersen shared that we regularly must report our membership and our efforts to recruit to the Department of Healthcare Services in the CCS at the state level, and of course our goal is to make sure that our membership is full and complete. We are lacking parent committee members.

Approval of August 17, 2023, Meeting Minutes	Ms. Harpster made a motion to approve the minutes of the August 17, 2023, meeting. Ms. Murillo seconded.
Update on Cottage Hospital PICU	Ms. Stockdale shared that in August 2023 DHCS suspended the CCS paneling status of the PICU at Cottage hospital. That decision was made based on some administrative findings, not an issue related to quality of care of our members. Cottage has made a vast number of changes with their organization. The most recent is they hired a new PICU Medical Director that came from UCLA. We are excited that he has joined their team. We received an updated from Cottage that they submitted their last round of reporting back to DHCS based on the DHCS findings. We are hopeful that in the coming weeks that we will have an update on their reinstatement of their CCs paneling status. We are actively working with them and meet with them once a week. We discuss members who may need to be admitted or transferred out to another hospital, so we are following our members and trying to limit as much of the impact to our families as we can. Ms. Stockdale shared that there is a new updated Whole Child Model APL and numbered letter and ultimately an updated MOU between CenCal Health and RCS county Partners pending release. One of the biggest updates is that it is the responsibility of the health plan for the CCS annual medical redeterminations, and to get ahead of that APL, our team has launched a new process of gathering all the documentation that the counties need to process those redeterminations. We are trying to get the counties the medical records that they need as fast as we can. Ms. Stockdale gave a shout out to San Luis Obispo and Santa Barbara counties. They have been very patient and active partners in this new workflow. We are always looking for ways we can improve, so we are really trying to make the process easy for the county, so they can issue those redeterminations and our children can remain within the program. Ms. Stenersen shared that there is a number letter that came out regarding intercounty transfers. Ms. Stockdale shared that there is a number letter on intercounty transfers and making that a more streamlined process as well. We are in the process of reviewing that and implementing a work plan on how we will get that information to the counties. It is a collaborative process between the information that we can provide in the counties for the county that the member is transferring to. Ms. Stockdale shared that she will provide a more detailed update at our next meeting. Again, we are really looking to improve and streamline the process for our members, and specifically our CCS

	members, as they continue to move throughout the state and change their residence. Ms. Stenersen shared that they have been working on that intercounty transfer numbered letter for quite a while now, and it is quite important to our CCS members, so we are bringing awareness to this committee. In particular the children and families who are either transferring from or transferring to a Whole Child Model County or plan and to a non-whole child or classic CCS plan. There is a lot of planning that is involved in that and a lot of care coordination between the health plan and the counties.
ECM for Children and Youth Update	Ms. Meier gave the background on Enhanced Care Management. It was a stagged implementation across different counties. The children and youth initiative is brand new to every single county who is providing enhanced care management, so we are all working on the launch together. The initiative for Enhanced Care Management for children and youth started on July 1. CCS has designated different populations of focus every six months. As of July 1, children and youth became a part of the program. Up until July 1, all the initiatives were for 21 and over, even though we might consider 18 – 20 adults per their definition. Now ECM is available for youth who are at clinical risk or any of the populations of focus, and we have identified that there are extensive algorithms that we have to identify youth that might be eligible. As providers come on and have capacity, we auto assign them these identified members, but our provide4rs can also refer from within, so if they are already providing what would be similar to enhanced care management, they can refer the member to this program and get reimbursed for their services. This really identifies youth who have other psychosocial needs based on social determinants of health. We are really looking to coordinate the service delivery system to make it accessible to more streamlined for our members because, as you know, healthcare can get a little complicated and overwhelming. The role of this program is to really address these needs and coordinate care among providers as well as we have a community supports program that DHCS funds and it really aligns with the populations of focus that were assigned. Being able to connect the member to those services and keep the coordination going and streamlining the system and really facilitating any access to care or programs in the community that could be supportive. Ms. Meier shared the implementation of the ECM program. July of last year, our focus was families experiencing homelessness at risk for avoidable

	hospitalization and with SMI and SUD needs, severe mental illness, and substance use disorders. Six months later, the focus was adults in the community at risk for institutionalization, as well as member sin nursing facilities who have the desire to return to the community. July of this year, they came up with three new populations of focus for us to work with, which is youth in CCS or CCS, old care model. This program is a fairly new launch because it takes some time to bring on providers and support them in the startup and implementation of these new, what can be considered pilot programs, because they are brand new to their agency and supporting them in the implementation, starting small and then growing from there. We are in the process of growing, which is really exciting. Even though DHCS has a separate population of focus for children and youth, what was previously just for adults, now include youth to those populations. Population that was previously just for 21 and over have added youth to that as well, so they have added youth to categories that were already established for adults. They specifically outlined just the children and youth initiatives to focus on. Some of the identified youth may only be in population 1, experiencing homelessness or they might have high utilization, so our algorithms weigh priorities and use the top priority and secondary is typically the other populations of focus. They are a little complicated, but we do it to assess need and risk to make sure we are serving the members in highest needs. We assign the member based on risk stratification. We have a lot of members that could be brought into this program, and it is really based on the capacity of our providers but sharing that information with them and looking at data from other counties regarding enrollment is helping drive our new providers in determining what their capacity is. Ms. Meier shared that We are monitoring engagement rates and enrollment so staffing can be established. One of the parts of the slow launch of these programs is that providers will come on board and half-time case workers, so we are not hiring staff presumptively. We have been giving them more members, and as their enrollment increases, they have been bringing on new staff to be able to support the needs. Our youth initiative is really supporting our providers and predicting the assignment rates and enrollment rates and supporting them again on increasing staff with the assurance that there will be no lack of members for them to work with. Ms. Meier shared that our presumptive numbers are always going to be high. These are members

	we have identified through data that we will be assigning to providers. We have identified many members and then assigned them a member information file that is sent to the providers based on capacity and then they will do outreach to explain the program and to determine if it is going to work for the member or the family. Then, based on the members response, the members who are not interested will be replaced with newly assigned members, and if the member agrees to be in the program, they will be enrolled in the program and services can start. We have identified over 2000, we have assigned 87, and one has been enrolled so far. They are in the process of doing outreach, which includes a comprehensive assessment and then enrolling the member. It has been a slow launch, but we do see the numbers increasing and our data is not untypical for other counties. As the providers start to build their capacity and get their training with use because they do contract with us and then slowly get the training and support to implement. We encourage our providers to start small, so they can learn the process. We have one agency who started with one assigned member and is learning a lot from that member. Santa Barbara has a higher number than San Luis Obispo, which is expected. The totals are comprehensive, so there are a few thousand, and we are working to onboard additional providers and increasing capacity based on the experiences that they are having with enrollment, and the ECM department offers support the entire way through. Ms. Meier shared that with stratification we look at multiple psychosocial factors or qualifications, so this is an example of the members in CCS which is pop seven who also have another qualifying condition for a different population of focus as well. Some of the members in CCS have four qualifying populations of focus. Many of them have multiple co-occurring medical or mental health or psychosocial factors that need to be addressed, and we really look to our providers with expertise, so it is great that we are identifying more than just CCS. We are also identifying other factors so that we can get them again to a provider with some expertise in those areas, and then we let them take it from there. There is a lot of thought that goes into our assignments, and it does get complicated when they might have four populations of focus that they are managing, and we also talk about multiple if a family member is also in ECM and receiving services. We determine if they want one service agency to work with the family. ECM is all about member choice. There has also been members who have neighbors who are seeing one provider, and they want that same

	provider, even if they have been assigned to someone else because of the providers reputation or the services they provide. We can assist with that as well. Ms. Meier shared that right now our provider network that serve members under 21 are: Good Sam, Isles Pathpoint, Access TLC, Titanium SP, Neighborhood Clinics, Children's Hospital of Los Angeles and San Luis Obispo and Public Health recently came on board too. We also have providers who are in the recruitment process and those are: Pathway Health, Santa Barbara County Public Health, Dignity and Valley Children's Hospital. This has been initiated by our Provider Services Department, and so the recruitment stage is typically a lot of paperwork and a readiness assessment to make sure that they are qualified to do ECM. We have had so much interest in bringing new expertise and services on board for different areas because the counties are vast. Making sure that we are reaching different pockets and different areas and different counties and cities is important. The challenge is San Luis Obispo because of the demographic. Finding providers located close to members can be a challenge because part of ECM is offering face to face visits. If the provider is 2 ½ hours away from the member and that is the closest CM provider, it can create some challenges, but we do have some providers whoa re willing to drive the 2 ½ hours to meet with the family face to face. Ms. Meier shared that they offer weekly drop-in sessions for our providers that really focus on the collaboration, sharing resources, addressing challenges, ongoing education and connecting lead case managers together to support each other. Ms. Meier shared that committee members who are part of family groups can go CenCalHealth.org and click the CalAIM tab to access information that will outline the program. It also has a brochure that could be downloaded and printed out and provided to members.
CCS Advisory Group Meeting Highlights CCS AG Meeting October 11, 2023	Ms. Stenersen shared that the CCS AG meeting was held on October 11. Although she was unable to attend the meeting, she did look at the presentation. She did not see a lot of topics that would concern whole Child Model and this committee. She did see things about CHDP which is sunsetting July of 2024. The beneficiaries will be routed to other programs, mostly in population health. CCS redesign performance measure quality subcommittee, and the Kaiser whole child model implementation.

	Ms. Davis shared that under the CCS redesign performance measure quality subcommittee, and essentially, there will be a dashboard with outcome measures on the DHCS website to show how WCM is doing. There were discussions about performance measures versus quality measures. There was a lot of discussion about Kaiser, which does not apply to us. Dr. Mary Giammona is a great advocate, and she mentioned that she is trying to move transition for CCS to age 26. There is no data to share yet about enhanced case management. The referral pathways are confusing, and they will revise those. CCS case managers are involved, pediatricians are involved in the handoff to ECM. It is helpful that the week after we meet with Family Voices and process what happened at the CCS AG meeting is very helpful.
Medi-Cal Rx Update	Mr. Horn shared that the reimplementation of some of the PA edits in the transition period were in phase III. This is the most update to date timeline that we have for the reinstatement plan. This is for adult members. They have not done anything with the pediatric population, but we started with phase II, which was a reimplementation of PA requirements for certain drug classes for new starts. They see those as someone that has not had a claim in 15 months, and then phase III was the star of the lift of the transitions. That would mean that even if you had been utilizing the medication for drug requires a PA, then those would start to require PA, and then we moved into phase IV. The last time he presented phase IV was supposed to be the start of the reimplementation for the members 21 years of age and younger. They delayed that and changed it to focus on the reinstatement of enteral nutrition, PA requirements, and then also adding back the claims edits to the system. For this last phase, phase IV, we saw reinstatement of claims that it's for age, gender and labeler code restrictions, something that is unique to Medi-Cal or RX, and the fact that they do prefer brand name medications over generics in some situations. When it says labeler code restriction, it's going to redirect pharmacies to give the brand name over the generic, and in September they reinstated a PA requirement for new start enteral nutrition again for those members that had not had a claim in 15 months. Then 5-6 days ago was the last of phase IV. We had phase four lift, and I can go over a bit of what happened in that last lift. This will be the roadmap that we will be followed when we start to do the reimplementation for those pediatric members. They retired the transition policy for all pharmacy benefits for members 22 years of age and older, if you are on a drug. If the member has been on the drug for the last five

	years when they retire those transition policies, if it requires a PA, then the provider would have to submit a PA at that time, even if they had been on that medication for a long period of time They reinstated prior authorization requirements for protein lysates and formulas, although it does not affect the pediatric population. They added that in there. It would only affect adults. It would be on infant formula and electrolytes and miscellaneous nutrients, which includes enteral nutrition. They will need to give medical justification to why they needed the brand name over the generic. The one that they did hold off on was they delayed a diagnosis code restriction that would cause claims to deny when the improper diagnosis code would be submitted to the pharmacy system. DHCS met with us and showed us the numbers on this. It would have caused a disruption in claims processing, and there were quite a few drugs where this reject code would hit, and pharmacies would have to put in those diagnosis codes. It is a good sign that they are looking at the numbers when they are implementing this. When they see things that are an issue or problem, they are delaying them or pushing them out trying to figure out a way to implement it in a way that will not cause disruption or cause any barriers to care for the members. Mr. Horn shared that they worked hard to push this information out to providers and members to make sure they are prepared for reinstatements that they had an idea of what was happening, what drugs were going to require Pas and what they could do on their end to really make this transition as smooth as possible. We went out monthly E-bulletins to the provider network with updates on the Medi-Cal reinstatement plan. We have all the Medi-Cal reinstatement bulletins posted on the CenCal Health webpage, and then we did multiple presentations to internal and external committees about the transition phases and best practices to prepare for the reinstatement process. This is what we will be doing moving forward with the pediatric population as well. We are going to continue to send out the E-bulletins and continue to give presentations to committees like this to prepare members and providers the best we can for this reinstatement plan as it moves forward. Mr. Horn shared that DHCS will provide a 90-day notice for the reinstatement of edits and authorization requirements for members 21 years of age and younger. This is something that we could see as early as tomorrow. From what we get from DHCS is that they are going to take a hard look at what happened, review the lessons

	learned from the adult reinstatement and then begin their efforts to reinstate for the pediatric members. We will probably not see a 90-day notice until closer to the new year, if not all the way into January which would push us all the way into March 2024 for the reinstatement of those. They want to want to pave the smooth road forward for those pediatric members and look at what went wrong and what went right. That is the best Mr. Horn can estimate as far as when we will see the 90-day notice for the beginning of the reinstatement. It will be broken up in phases and probably will last all the way through 2024 if not going in 2025 as they go through the different phases, just like they did with the adult population. Ms. Stenersen shared that as soon as we have more information on the pediatric reinstatement, she can send an email out to share the information with our county partners, as well as this group of family advocate partners, so that they would know. That is a proactive measure that we can do especially not knowing the exact date. Mr. Horn agreed that as soon as he has the 90-day notice, he will pass it along. Hopefully he will have a breakdown of all the dates moving forward throughout the year, so we can get a good idea of what is going to happen when. Mr. Horn share that the Chief of the Pharmacy Benefits Division spoke to them and said they are compiling all the information now. They were really concentrating on the phases as they went through and looking at it and wrapping everything up and will take the rest of the year to look at every aspect. We have all given feedback to them. That is why he doesn't think that we will see this 90-day notice for a bit because they need to go back and look at everything as a whole. Mr. Horn shared that there isa reinstatement page that has all of the notifications they have ever sent out, whether it is a 90-day, 30-day or just an informational piece. That website is a great source for everything that has to do with the reinstatement. They post everything there, and it is a lot, but they have released it and put all the information out there on that website. The Medi-Cal RX covered drug list is the equivalent to the medicalized formulary. They cannot call it a formulary, but that is what the list is. That will have what drugs are covered, which ones are not, fi there is any restrictions on certain medications. That is all listed there in the contract drug list. Mr. Horn shared that they recommend pharmacy providers to assess business processes and workflows to account for the reinstatement of PA

	requirements for them to look at what their process is for members 22 years of age and older that are currently receiving products in the drug classes that are being lifted from the transition period. They want to look and see if there is an alternative therapy that may not require a PA, so if there is an alternate drug that the member could take, and it is clinically appropriate, then they could move to that. There is a lot of cases where change in therapy is not appropriate, so at that point, they do request to submit a PA request in advance. They will open those windows and they will send it out. We are now accepting Pas for new starts and transition, and it is usually before the transition period ends. If we see these transitions come in, and the member knows that they are taking a drug that is going to start requiring a PA, the provider can submit those in advance before the transition period ends, so it gives the provider time to submit it. We are not waiting for the last minute, and if anything happens where a PA is missing a certain data mark or lab that needs to be run, it gives that provider some time to give that information together and get that submitted over for approval before the PA is even needed. We have seen providers that are doing that in advance is a big help, so that the PA is in place and already approved by the time the transition policy ends for that member. Ms. Stenersen inquired if there has been any effort to educate the pharmacies because that is always a barrier. Mr. horn shared that the retail pharmacies receive the updates, but whether they read them or not is the question. The best thing that the pediatric population has going for them is that they already have the experience of a year of the adult population. The hiccups that we saw when they first started doing these edits where they did not know how to override them, or they were not sure what to put in. That will be fixed by repetitive filling of prescriptions for Medi-Cal RX.
CCS & MTP Updates	Ms. Castaneda shared that they still have 2 full-time Physical Therapist vacancies in Santa Maria, so if you know of any physical therapists, send them her way. Ms. Stockdale shared that the Santa Barbara Medical Therapy provider for orthotics and prosthetics was formally Challen Island with Chris Holloway. There have been some acquisitions, but Chris Holloway is still going to be providing services int eh Santa Barbara medical therapy units. There was a bit of a delay in contracting, but as of yesterday, we have entered a temporary contract with the final contract pending signatures, hopefully by the end of the month. He is going to

	be returning to the MTU's on Friday.
Member Services Updates • Current Membership • Medi-Cal Redeterminations and Membership • Member Portal Update	Ms. Robles shared new membership for SB and SLO counties. New members age 0-21 from July – October was: 3925. SB County – 2663 and SLO County – 1262. This includes CCS and Non-CCS. New members age 0-17 from July – October was: 2964. Santa Barbara County – 2040 and SLO county – 924. This includes CCS and non-CCS. Ms. Robles shared that the member portal is currently for adults only. We have not yet done it for the children. The number for new members that have signed up for the portal to access their information through the system for SB County from July – October is: 6223 and SLO County is: 3226 for a grand total of 9449. There has been a major increase in the past four months. We are still getting a lot of messages and calls regarding accessing the portal to help them get set up. Ms. Stenersen shared that she tried to get some number for our CCS members who potentially have lost Medi-Cal due to medical redetermination. We are still in the process of validating the data, so once we get the validated information, Ms. Stenersen will share it with this committee because we are interested at the numbers of CCS members who might have lost Medi-Cal or CenCal coverage. Ms. Stenersen will each out to our CCS county partners for their updates and will share that via email to this committee.
Roundtable Discussion & Updates from Agencies	Ms. McKiddie reminded everyone that they are medical assistors with Alpha, so if there are any families who need to reapply, they can assist with that, as well as Cal Fresh benefits. They help alpha families who have been referred over to them and their families. Send over any referrals that fall into their scope and they are happy to help. Ms. McKiddie shared that they have clients whoa re regional center clients, and we can work closely with the cases of kiddos who have primary insurance and do not meet the income imit. Ana from PHP SLO shared that they started four in person support groups as of October 3 for their patients of Children with autism, and one of them is for parents of children with cerebral palsy. We are slowly immersing ourselves back into in person events. Hopefully we get more parents attending, and we get more interactive support groups. Ana to send Ms. Stenersen information and flyers to share with the CenCal behavioral health team as well as our case management team for both

	Peds and Adults.
Adjournment	Ana Stenersen, BSN, RN, PHN
Next Meeting: February 15, 2023 *Ms. Stenersen shared that we are shooting for an in person meeting in February in Santa Barbara.*	

Health Services Department

Whole Child Model Program
Pediatric Clinical Advisory Committee (PCAC)
Meeting Agenda

Date: December 13, 2023

Time: 6:00 – 7:30 p.m.

Location: Microsoft Teams Virtual Meeting

Chairperson: Rea Goumas, MD, Whole Child Model Director

Committee Members: Carl Owada, MD, FACC, FSCAI; Cindy Blifeld, 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, MMM;

Staff Attendees: Cathy Slaughter, Provider Relations Director

Excused: Kathleen Long, MD

Secretary: Mimi Hall, Executive Assistant

Agenda Item	Facilitator	Time
1. ***Welcome, Announcements, and Introductions***	Dr. Rea Goumas	5
2. Approval of Minutes of September 27, 2023 Meeting	Committee	5
3. Medi-Cal Rx Update • Gene Therapies	Dr. Jeff Januska	10
4. CCS Paneling Status Update • Cottage Hospital PICU	Dr. Miriam Parsa	15
5. CCS WCM Advisory Group Meeting Update	Dr. Rea Goumas Dr. Miriam Parsa	15
6. CCS Medical Consultants Update	Dr. Rhonda Gordon	10

7. Provider Services Update • New Provider Contracting • ECM for CCS Population	Cathy Slaughter, Provider Relations Director	20
8. Future Meeting Date/Time • March 6, 2024 • Starting Time of Meetings	Dr. Goumas	5
9. Adjournment	Dr. Goumas	5

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

Pediatric Clinical Advisory Committee Memo

Date: January 17th, 2024

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

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

Executive Summary

The purpose of this memo is to summarize the highlights of the PCAC meeting that occurred on December 13, 2023. This memo contains topics discussed at this meeting including an overview of new gene therapies, an update on the CCS paneling status for the PICU at Cottage Hospital, a report on the latest CCS WCM Advisory Group meeting, updates from the Santa Barbara County CCS Medical Consultant 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

Gene Therapies

Jeff Januska, PharmD, Director of Pharmacy shared a PowerPoint presentation outlining recent increases in medical pharmacy and the growth in medical benefits spending, new gene therapies (CAR-T, viral vector gene replacement and CRISPER gene editing) and introduced the concept of site of service and how that may be considered in future contracting with different centers performing these procedures.

Cottage PICU and CCS paneling

Dr. Miriam Parsa, Chief Pediatric Medical Officer at Cottage Hospital shared that the Cottage PICU team is awaiting a response from DHCS on the most recent submission of requested information. Dr. Andranik Madikians has started as the Medical Director of the PICU effective 11/1/23. CenCal Health staff continue to receive daily reports of any CenCal Health patients requiring PICU services and to provide Case Management support to any impacted families. Weekly meetings between CenCal Health staff and Cottage staff are ongoing.

CCS WCM Advisory Group (AG) Meeting

Dr. Rea Goumas, WCM Medical Director provided a summary of topics presented at the October 11, 2023, AG meeting including the following:

DHCS Policy Initiatives:

As a result of work done by CCS County Monitoring and Oversight Workgroup a plan, MOU template for County CCS offices and related Numbered Letters and compliance documents are now available. The MOU between DHCS and County CCS is to be executed by 7/1/24.

The Child Health Disability Prevention (CHDP) Program Transition Workgroup has created a post-transition oversight and monitoring plan that should be released soon. DHCS Will continue to send communication and other guidance documents.

The CCS Redesign Performance Measure Quality Subcommittee met in late November and has started reviewing potential quality and outcome measure comparing Classic with Whole Child Model (WCM) CCS Counties. CenCal Health's Pediatric Health Services Manager, Shelby Stockdale, MSN, RN, PHN has joined the committee and will share information from the meetings at PCAC going forward. WCM Expansion - DHCS reiterated that AB 2724 authorizes Kaiser Permanente (KP) to implement as a WCM plan effective January 1, 2024, in eight counties (Marin, Napa, Orange, Santa Cruz, San Mateo, Solano, Sonoma, and Yolo) where it currently operates. KP is submitting requested deliverables and additional information to DHCS in anticipation of the January 1, 2024, start date.

Enhanced Case Management (ECM) - DHCS is expecting receipt of data on enrollment of Population of Focus #7 – Children and Youth Enrolled in CCS or CCSWCM with Additional Needs Beyond the CCS Condition into ECM and will be presenting that information to the AG group at the next meeting in January.

Kaiser Readiness – Two KP executives discussed their case management structure, member notifications to be sent at 60- and 90-days pre-implementation. Children and youth with a CCS condition who currently have an established relationship with KP and are living in the eight counties mentioned earlier will transition to KP as their WCM provider on 1/1/24.

Lael Lambert, CCS Program Administrator for Marin County and Dr. Anan Chabra, Medical Director for CCS San Mateo County discussed the work their Counties have been doing to prepare for Kaiser implementation as a WCM provider.

CCS Medical Consultants Update
Dr. Rhonda Gordon (SB) reported on the following topics:

DHCS received significant public comment on the proposed CHDP program transition plan. The final plan will be released by late March 2024.

Counties are still concerned about Foster Care (HCPCFC) as a stand-alone program managed by a supervising PHN. Current funding allocations for CHDP will likely go towards the Foster Care program and towards CCS County Monitoring and Oversight. DHCS did not attend the most recent CHDP Executive Committee meeting and it is not known if they will attend the upcoming meeting in January.

The statewide Medical Advisory Committee (MAC) met on 9/28/23. Topics discussed included developing a formal training/ mentoring program for CCS County Medical Consultants and reviewing potential eligibility criteria for fatty liver.

The Southern Region Pediatric Action Coalition (SRPAC) met on 10/12/23. Topics discussed included County CCS offices not being informed of upcoming PICU reviews by DHCS, reviewing medical eligibility criteria for hypotonic cerebral palsy, for participation in the Medical Therapy Program and possibly making bariatric surgery a CCS benefit if obesity is complicating a CCS condition such as diabetes.

Several Numbered Letters (NL) have been released recently including CCS Program Grievances Process, Requirements for Nurse Practitioners and Physician Assistants in CCS Special Care Centers, CCS Intercounty Transfer Policy and CCS Program Reporting and Survey. WCM Counties are concerned about required compliance activities in the last NL as authorization of services and case management is done by the Health Plan and not the County CCS in WCM Counties such as ours.

Lastly Dr. Gordon noted that has been significant staffing changes at DHCS resulting in the loss of institutional knowledge about the CCS program

Provider Services/Relations Update
Cathy Slaughter, Director of Provider Relations updated the group of recent recruitment and onboarding efforts for ABA and Speech Therapy providers, ECM Providers including CHLA, a DME vendor and a Homecare company for the upcoming Community Supports requirements. She also informed the group that local pediatrician, Dr. Felipe Arce has closed his practice.

Next Steps
The next PCAC meeting is on March 6, 2024. Anticipated topics for discussion include a Medi-Cal Rx update, the CCS paneling status of the Cottage Hospital PICU, a summary of the CCS WCM Advisory Group meeting scheduled for January 10, 2024, a summary of the CCS Redesign Performance Measure Quality Subcommittee meeting, updates from the County CCS Medical Directors and an 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: 9/27/23 approved minutes and 12/13/23 agenda.

Pediatric Clinical Advisory Committee (PCAC)
Meeting Minutes

Date: September 27, 2023

Time: 6:00 – 8:00 p.m.

Location: *Teams Virtual Meeting*

Chairperson: Rea Goumas, MD, Whole Child Model Director

Members: 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; Cathy Slaughter, Director of Provider Relations

Absent: Cindy Blifeld, MD; Ana Stenersen, RN, PHN

Staff Attendees: Shelby Stockdale, MSN, RN, PHN

Secretary: Mimi Hall, Executive Assistant

Topic	*Discussion*	*Action*
1. **Welcome and Introductions** *Dr. Rea Goumas, Chairperson*	Dr. Goumas began the meeting at 6:16 p.m. A quorum was confirmed, and the Committee continued with business at hand.	**No**
2. **Approval of Minutes of June 28, 2023, meeting** *Dr. Rea Goumas Chairperson*	Dr. Goumas asked the Committee for a motion to approve the June 28, 2023, meeting minutes. ***Motion made*** by Dr. Parsa to approve the June 28, 2023, meeting minutes; seconded by Dr. Davenport. Motion passed.	**Yes**

3. Updates: CCS Paneling Status Update Cottage Hospital PICU *Dr. Miriam Parsa, Pediatric Clinical Advisory Committee member*	Dr. Parsa spoke to the Committee about the CCS Paneling Status Update for Cottage Hospital. ***Summary highlights include***: • On June 1st, 2023, CCS came to perform the on-site visit at Cottage Hospital's PICU, and as a result, there were findings made. The majority of them were procedural regulatory signatures missing, however, it also included seeking more information about our staffing model for the PICU as well as our neurosurgery coverage. • Cottage Hospital responded as of August 11th, 2023, and addressed all of the findings including increasing staff FTE for the PICU and further defining and meeting regulatory requirements for neurosurgery coverage. *Discussion:* Dr. Parsa continued that Cottage Hospital understands that it is absolutely vital to serve our population, patients, and families so that there is no need for them to have to travel too far when their kids are sick. Dr. Parsa stated that she appreciates Dr. Goumas' support along the way and additionally, CenCal Health has been supportive of Cottage Hospital, as well. Dr. Parsa wanted to recognize that and that she really appreciates the collaboration and the partnership. The ultimate goal is that we know we do a good job at Cottage. We want to keep our patients here, so Cottage Hospital and CenCal Health working together has been the right thing to do. Dr. Goumas agreed and indicated that there have been weekly meetings with Cottage Hospital and CenCal Health regarding this topic. Dr. Goumas next asked Ms. Stockdale to give more details about those meetings to the Committee. Ms. Stockdale stated that as Dr. Goumas had mentioned, CenCal Health and Cottage Hospital does have weekly meetings with the PICU team. In addition to that, Cottage has been extremely responsive in providing CenCal Health notification of any of our members who might be impacted in this area. In these instances, CenCal Health is looping those families in with case management, having a social worker or nurse case manager reach out to provide support as we are able to. Whether that might be lodging or transportation assistance for the family, etc. If they need help with follow up care, getting back to their home. This situation has really improved our communication between CenCal Health and Cottage Hospital and Ms. Stockdale highlighted that Dr. Parsa's team and the PICU team's notifications have been very timely. The PEDS team	**No**

	are able to see where our members are in real time, and we are doing our best to limit the impact on our members. Dr. Hughes asked Dr. Parsa about the staffing in terms of there being any new hires to report, or what the future of staffing looks like at Cottage. Dr. Parsa confirmed that indeed Cottage is on track with hiring two of the three FTE and that additional FTE have been allocated for the PICU due to the comments from CCS that Cottage was running lean on staffing, which was acknowledged. Staffing should be finalized shortly. There being no further questions from the Committee, this concluded Dr. Parsa's update. This agenda item is for informational purposes only and does not require a vote of approval from the Committee.	
4. CCS Advisory Group Meeting Update *Dr. Rea Goumas Chairperson*	Dr. Goumas gave an update to the Committee about the recent CCS Advisory Group Meeting on July 12, 2023. Noteworthy highlights include: ➢ CCS monitoring and oversight: the goal is to achieve standardizing the CCS program statewide, promoting accessibility, transparency, and the ability to monitor those. ➢ A workgroup was created of CCS stakeholders, who began to meet in January of 2022. They had periodic meetings concluding with a capstone meeting at the end of June 2023, and from those meetings, a CCS Compliance Monitoring Oversight Program along with the metrics and standards that they want to have followed. ➢ MOUs were recently sent out to the Counties as DHCS is requesting each CCS program at the County level to sign a MOU with them. Those MOUs will need to be reviewed by the counties and it appears that the overall goal is to have everything signed and in place so that monitoring can begin in July of the coming year. ➢ Numbered Letters and compliance activities all related to the CCS monitoring and oversight workgroup are forthcoming. ➢ The State spoke about the sunsetting of the CHDP program, which will occur at the beginning of July 2024. DHCS is looking to see what components of the program can be transferred to other programs in counties. ➢ A Senate Bill states that DHCS needs to create a stakeholder workgroup to monitor the whole transition plan and to determine the next steps for the lead poisoning program prevention activities that will be turned over to the health plans.	

	➢ Also looking at funding for the foster care program as that is a program that DHCS wants to have as a standalone program in the counties. ➢ Regarding the current CHDP positions. Not certain what will be done with those positions. Perhaps, they will transition to something else, and DHCS is also looking at opportunities to see how much of CHDP activities can be aligned with Quality and Population Health programs at the health plan level. ➢ Hearing aid coverage for children under the HACCP which is a state-funded program. These under-21-year-old members don't qualify for hearing-related services through the CCS program or may be underinsured. This program will cover the hearing aids, supplies, batteries, audiological services and will include bone conduction hearing aids that are worn with the soft band. ➢ The Trailer Bill, Assembly Bill 118, about the WCM expansion was finally approved. It will be delayed until January 1, 2025, and at that time, Central California Alliance for Health Plan will cover two more counties. The Partnership Health Plan will take on 10 new counties and Kaiser Permanente will take on 4 new counties. This trailer bill does allow Kaiser to implement as a whole child plan in four COHS expansion counties where it's currently operating. However, the bill indicates that the WCM will not be expanding into three counties where they have a single plan model. Therefore, it does create new requirements for DHCS, and it will have to provide data on CCS enrollment, whole child versus non-whole child. DHCS will have to provide annual utilization and quality measures. ➢ Health plans will have to ensure that PEDS patients have a primary contact for coordination of care. ➢ Expands the Whole Child Model Advisory Group which would have come to an end this December 2023. The advisory group will continue to function through the end of December 2026. ➢ Majority of the meeting was dedicated to Kaiser Permanente's presentation on their readiness to become a Whole Child Model provider. The related Assembly Bill 2724 that was just signed into law at the end of June says essentially that patients who are now part of a Whole Child in these eight existing counties; Marian, Napa, Orange, Santa Cruz, San Mateo, Solano, Sonoma, and Yolo will be able come January 1, 2024 have the option of choosing either Kaiser Permanente or their local MCP as their WCM health plan as long as they meet the eligibility criteria, and KP will need to do what current WCM counties are doing in terms of coordinating with the local CCS office who will continue to determine the eligibility	

	and perform the annual reviews. Then Kaiser will need to provide care coordination, case management, access to CCS-paneled providers, clinics, special care centers, etc. The same activities that CenCal Health is currently performing. Dr. Owada asked if this proposal is a Kaiser south or Kaiser north that is proposing this. Dr. Goumas responded that depending on the location of the county, would determine which Kaiser would be working in that county, be it north or south. There being no further questions, that concluded Dr. Goumas discussion of the *CCS Advisory Group Meeting Update*. This agenda item is for informational purposes only and does not require a vote of approval from the Committee.	
5. CCS Medical Consultant Update *Dr. Rhonda Gordon* *Dr. Kathleen Long* *Pediatric Clinical Advisory Committee members*	Dr. Gordon and Dr. Long gave an update to the Committee regarding Medical Advisory Committee (MAC) statewide meeting and the Southern Region Pediatric Action Coalition (SRPAC) meeting, respectively. ***Highlights from Dr. Gordon include:*** ➢ There will be a capstone meeting on September 28, 2023, to discuss the sunsetting of CHDP. There should be more information regarding the sunsetting of CHDP at that meeting. ➢ The foster care program is supposed to be a standalone program, and currently, it is split between the Department of Social Services and the CHDP program. The biggest concern is that most of the CHDP staff and consultants throughout the State have been wondering what the foster care program will look like and who from the county will be staffing it. The statewide MAC meeting will be tomorrow, therefore, there is not much to report on since the last PCAC meeting. And the SRPAC meeting will be held on October 12, 2023. The only recent item since the past meetings of MAC and SRPAC was that there were some Numbered Letter releases; the first one was on July 7, 2023. That one was regarding telehealth. Telehealth will be allowed in the MTUs to continue both occupational and physical therapy. Additionally, another one was released on July 12, 2023, regarding CCS-training and that it outlines what training needs to be accomplished for the various staff members in the CCS counties. Those trainings are to commence on January 1, 2024.	**No**

	Highlights from Dr. Long include: ➢ A draft of a Serial Casting Numbered Letter came out from the State which would put Medical Directors as supervising the serial casting, which Dr. Long disagreed with. Fortunately, it was later determined that Medical Directors would not be supervising serial casting. ➢ There will be a new Numbered Letter coming out concerning WCM and All Plan Numbered Letter regarding the same. This concluded the updates from Dr. Long and Dr. Gordon.	
6. Provider Services Update *Cathy Slaughter Director of Provider Relations*	Ms. Slaughter gave an update to the Committee and accompanied her update with a PowerPoint Presentation. Ms. Slaughter began with a brief update on the recruitment efforts occurring in Provider Relations. ***Highlights include:*** ➢ Santa Barbara ABA - group provider has been contracted with CenCal Health effective August 16, 2023. This provider will provide services in the members' homes. ➢ Grow with Me – an ABA and speech therapy provider who will be providing services in San Luis Obispo County and is currently on-boarding. ➢ Developmental Specialty Partners – contracted in discussions for speech therapy and pediatric psychiatry. ➢ Center for Developmental Play and Learning – ABA provider currently onboarding for speech therapy and ECM for their pediatric clients. ➢ CHLA – in the process of completing their training with CenCal Health ECM staff to begin serving CCS members whom they currently provide care to. Dr. Goumas asked Ms. Slaughter if these providers will become CCS-paneled in the future. Ms. Slaughter confirmed that in the future that will likely occur, however, for now, the providers request to maintain their status in their services that they provide until they are completely on boarded and learn the processes of CenCal Health and explore CCS paneling. Dr. Parsa asked about the fact that Dr. Barkley had asked Ms. Stenersen previously about ABA and speech therapy providers becoming ECM providers, as well, and whether there is still a need for ECM providers. Dr. Barkley did not hear back from Ms. Stenersen, so, Dr. Parsa had wanted to follow-up with Ms. Slaughter. Ms. Slaughter confirmed that there is still a pressing need. Ms. Slaughter will reach out to Dr. Parsa to speak further about this topic and the current needs.	**No**

	Additionally, Dr. Parsa commented that she is very excited about any child Psychiatry being covered by CenCal Health. Ms. Slaughter continued with additional provider recruitment efforts: ➢ Pathway Family Services – ECM services for foster children ➢ 24-hour Homecare – Community Supports Programs, Personal Care/Homemaker, and respite care for pediatric members. ➢ Sugey Sanchez, LMFT – bilingual provider in Santa Maria for children 13+ in-person and virtually. Undergoing on-boarding, currently. ➢ Remedy Medical Supply, Inc. – CCS-paneled DME provider pending contract with CCH. To provider CPAP/BiPAP devices and supplies, catheters, trach and suction supplies, ostomy supplies, incontinence supplies, wound dressings, and portable oxygen concentrators. ➢ MBH Services, LLC – Billing company for multiple ABA providers who are interested in contracting with CenCal Health. ➢ NFC Behavior Consulting, LLC – ABA provider in Santa Barbara County. ➢ Elizabeth Carr, LMFT, family therapy in Santa Barbara. ➢ Cross Speech and Language Center – Located in Lompoc. ➢ Talking Tree Therapy – Speech provider in Santa Barbara. ➢ Dr. Iona Tripathi – Pediatric Psychiatrist in Santa Barbara. This concluded Ms. Slaughter's presentation. Dr. Goumas expressed her appreciation and gratitude for the efforts of Provider Relations in procuring these providers for our members. Dr. Goumas asked if the Committee had any questions or comments. There were none.	
7. Questions & Comments	Dr. Parsa mentioned that she is aware that CCS has been working on updating many of the Specialty Care Centers and she is a little bit concerned about kind of the direction that's going in terms of redirecting to quaternary care centers, to be honest and as a representative of Cottage that has been very persistent and consistent in terms of communicating that families will be isolated if you require all of our CCS patients to go to their annual exams at the big centers when that's just not needed. Dr. Goumas asked Drs. Gordon and Long if they have heard anything from their meetings or possibly you will hear something when you meet with MAC tomorrow and then SRPAC next month, about why the push now from centers like we have here in Santa Barbara to UCLA, Lucille Packard, UCSF; the big centers.	**No**

	Drs. Long and Gordon indicated that they have not heard anything, and they agreed that if and when they do, they will bring that information to this Committee. This concluded the Questions & Comments section.	
8. Next Meeting Date	Dr. Goumas indicated that the suggested next meeting date could be December 6, 2023, and asked the committee members to contact her with their preference.	**No**
9. Adjournment	The meeting was adjourned at 7:28 p.m.	**No**

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

Respectfully submitted,

Mimi M. Hall
Mimi M. Hall
Executive Assistant

Approved,
Rea Goumas, MD
Rea Goumas, MD
Whole Child Model Director

Exhibits

1. Aggregate Monthly Enrollment by Program
2. Aggregate Call Volume
3. Member Grievances and Appeals

CENCAL HEALTH - CALENDAR 2023
CENCAL HEALTH MONTHLY ENROLLMENT BY PROGRAM

MEMBER ENROLLMENT BY MONTH: DECEMBER 2023 – SBHI & SLOHI

Reporting period:

December 2023 – Calendar 2023

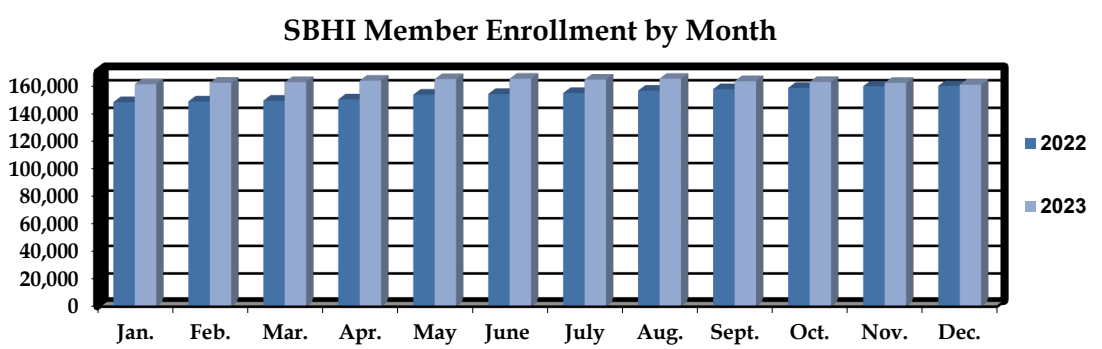
SBHI Monthly Enrollment 2023

December 2023 = 160,823

Membership decreased by a net **1,222** members when compared to last month.

New members for December = **1,283**

Medi-Cal Annual Redeterminations for all beneficiaries with the end of the PHE are underway. Monthly mailings are sent 60 days prior to the member's redetermination date. DHCS is mailing renewal packets or auto-approval letters to beneficiaries.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022 Members	148,119	148,657	149,203	150,143	153,555	154,077	154,717	156,487	157,558	158,413	159,679	159,913
2023 Members	161,132	162,167	162,579	163,706	164,805	165,143	164,464	165,097	163,312	162,822	162,045	160,823

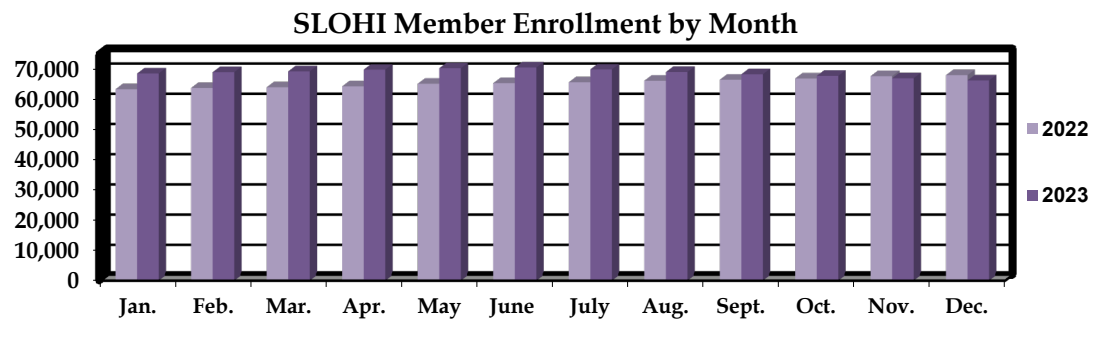
SLOHI Monthly Enrollment 2023

December 2023 = 66,255

Membership decreased by a net **722** members when compared to last month.

New members for December = **771**

Medi-Cal Annual Redeterminations for all beneficiaries with the end of the PHE are underway. Monthly mailings are sent 60 days prior to the member's redetermination date. DHCS is mailing renewal packets or auto-approval letters to beneficiaries.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022 Members	63,347	63,753	63,990	64,291	65,157	65,348	65,653	66,150	66,480	66,897	67,663	68,002
2023 Members	68,547	68,987	69,253	69,826	70,304	70,542	69,915	69,035	68,307	67,769	66,977	66,255

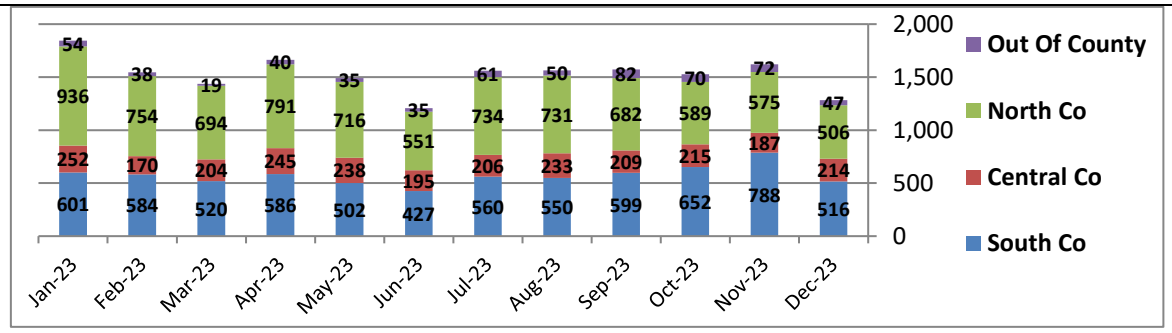
CENCAL HEALTH - CALENDAR 2023
CENCAL HEALTH MONTHLY ENROLLMENT BY PROGRAM

SANTA BARBARA NEW MEMBER ENROLLMENT BY MONTH: DECEMBER 2023

Reporting period:
December 2023 – Calendar 2023

Santa Barbara County New Member Enrollment by Area

December 2023 = 1,283



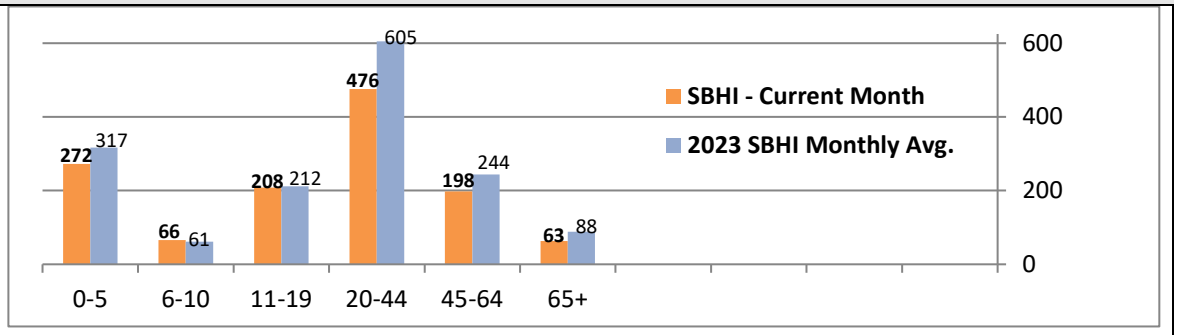
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022 New Members	1,611	1,318	1,494	1,599	3,825	1,245	1,362	2,293	1,895	1,648	1,706	1,271
2023 New Members	1,843	1,546	1,437	1,662	1,491	1,208	1,561	1,564	1,572	1,526	1,622	1,283

SANTA BARBARA NEW MEMBER ENROLLMENT BY AGE: DECEMBER 2023

Santa Barbara County New Members by Age

December 2023 = 1,283

Most growth came from the age group of 20-44 with 476.

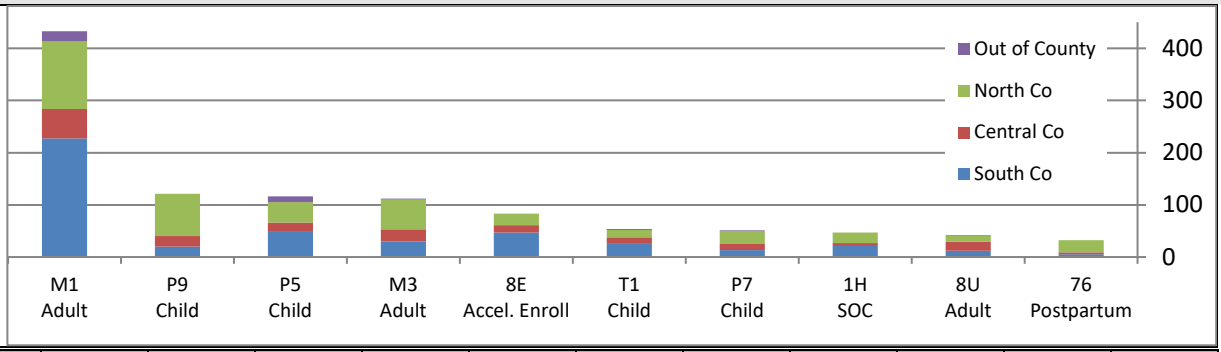


New Members by Age	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
0-5	341	311	339	352	312	276	327	367	343	289	269	272
6-10	52	50	47	73	66	50	70	70	73	61	59	66
11-19	200	203	185	249	165	157	157	202	223	261	332	208
20-44	795	677	569	634	585	455	615	551	615	603	683	476
45-64	346	229	241	261	261	187	276	273	237	226	187	198
65+	109	76	56	93	102	83	116	101	81	86	92	63

SANTA BARBARA NEW MEMBER ENROLLMENT BY TOP 10 AID CODES: DECEMBER 2023

Santa Barbara County New Members by Top 10 Aid Codes

December 2023
M1 – Most common at 433 new members.



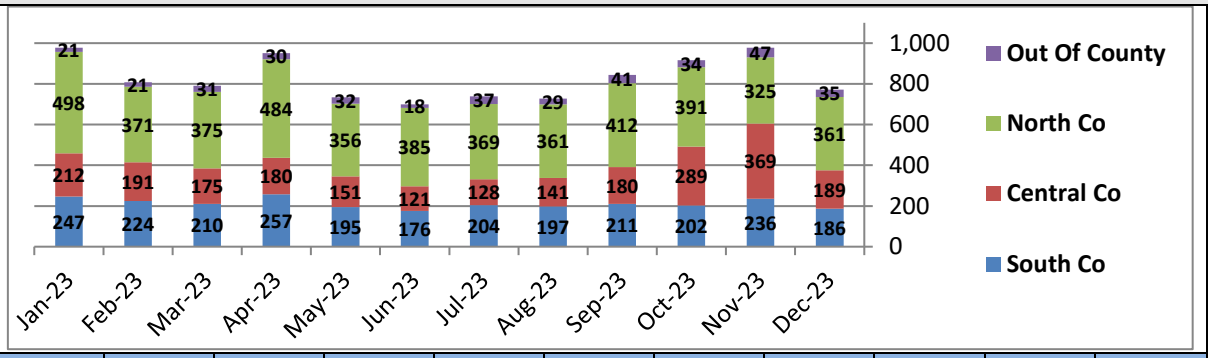
Aid Code	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
M1	522	515	539	587	519	428	614	583	564	539	607	433	6,450
P9	208	189	204	211	162	159	170	231	175	146	132	121	2,108
P5	117	99	97	137	128	87	120	137	115	151	170	116	1,474
M3	155	118	129	171	167	102	128	93	120	121	95	112	1,511
8E	39	47	44	40	29	17	32	29	73	75	77	83	585
T1	39	40	34	39	17	34	30	40	46	45	73	54	491
P7	39	37	43	58	51	47	47	47	62	41	50	51	573
1H	95	51	40	67	81	65	91	81	58	63	66	47	805
8U	31	24	40	29	35	33	38	37	41	43	38	42	431
76	281	169	43	37	60	36	32	42	36	28	64	32	860

CENCAL HEALTH - CALENDAR 2023
CENCAL HEALTH MONTHLY ENROLLMENT BY PROGRAM

SAN LUIS OBISPO NEW MEMBER ENROLLMENT BY MONTH: DECEMBER 2023

San Luis Obispo County New Member Enrollment by Area

December 2023 = 771



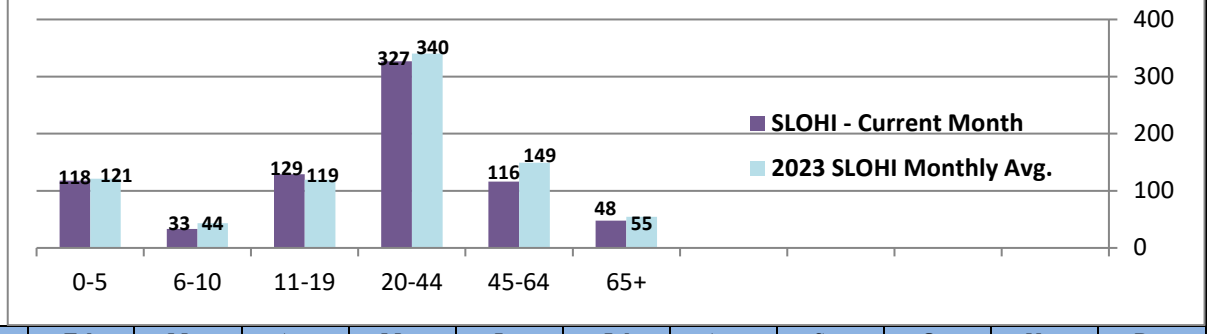
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2022 New Members	893	762	797	764	1,172	608	659	852	793	819	939	796
2023 New Members	978	807	791	951	734	700	738	728	844	916	977	771

SAN LUIS OBISPO NEW MEMBER ENROLLMENT BY MONTH: DECEMBER 2023

San Luis Obispo County New Members by Age

December 2023 = 771

Most growth came from the age group of 20-44 with 327.

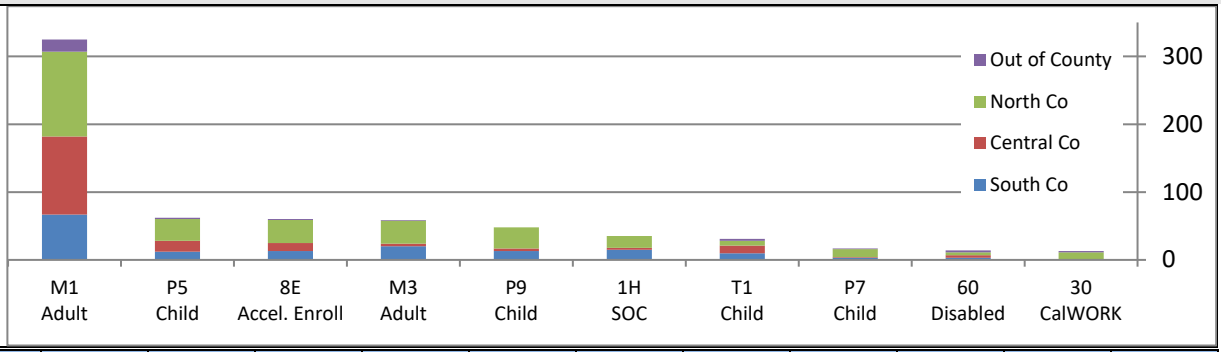


New Members by Age	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
0-5	128	117	102	141	118	114	112	130	122	132	122	118
6-10	51	41	36	52	39	41	34	39	61	48	47	33
11-19	92	93	85	138	75	79	96	95	103	206	242	129
20-44	428	353	338	368	282	296	295	287	365	343	399	327
45-64	202	150	176	185	158	127	142	123	136	147	127	116
65+	77	53	54	67	62	43	59	54	57	40	40	48

SAN LUIS OBISPO NEW MEMBER ENROLLMENT BY TOP 10 AID CODES: DECEMBER 2023

San Luis Obispo County New Members by Top 10 Aid Codes

December 2023
M1 – Most common at 325 new members.



Aid Code	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
M1	424	380	360	397	310	278	288	275	334	364	395	325	4,130
P5	67	52	45	74	53	52	56	52	67	105	90	62	775
8E	41	24	37	23	13	19	29	34	48	39	61	60	428
M3	77	50	66	93	60	70	66	72	81	97	92	59	883
P9	51	55	47	66	52	55	50	56	57	48	47	48	632
1H	62	40	38	48	46	32	47	42	47	26	27	35	490
T1	21	38	35	33	21	20	29	30	16	42	49	31	365
P7	24	20	15	28	21	13	16	30	28	36	19	17	267
60	12	6	11	11	12	12	13	10	8	15	10	14	134
30	12	8	10	12	10	16	16	17	14	9	16	13	153

CENCAL HEALTH
CALENDAR 2022 - 2023
MEMBER SERVICE TELEPHONE STATISTICS

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

Reporting period:

December 2023 - Calendar 2023 **Chart #1**

Monthly Call Volume

☒ In Control

☐ Not In Control

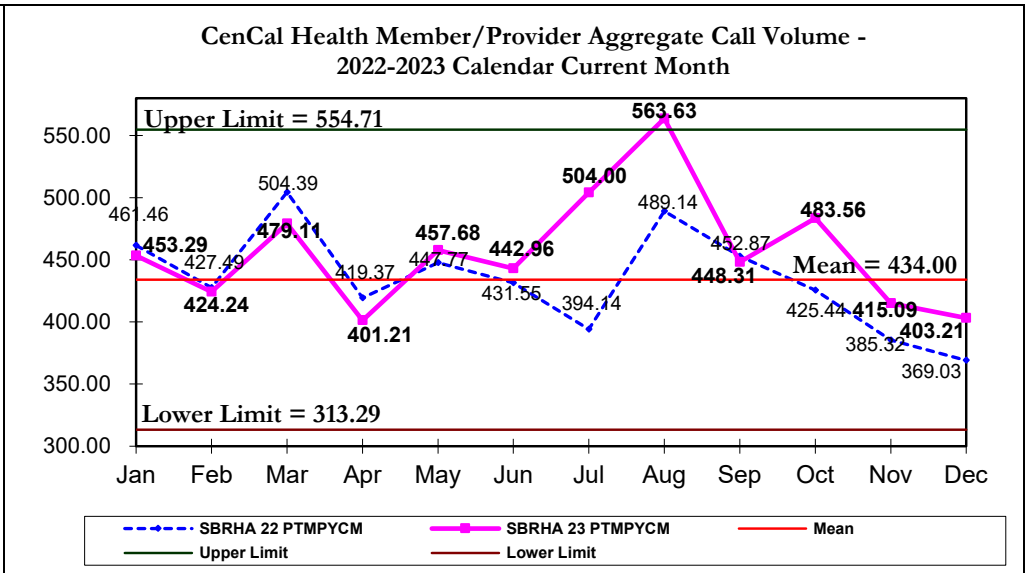
December's call volume PTMPY is in of control with 2022's Mean.

December 2023:

Member Queue = **6,432**
Provider Queue = **992**
Non ACD = **206**
Aggregate Call Volume = **7,630**

Calls per 1,000/month (PTMPM) = **33.60**
Calls per 1,000/year (PTMPY) = **403.21**

Analysis:
The decline in call volume can be attributed to the holiday season as typically occurs each year, and that December had only 19 working days. Despite the decrease, the call center still maintained an average of 402 daily aggregate calls. Of key note, 12/29/23 received 569 calls mostly from the new AE Expansion members for January who received their welcome calls.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
22 Members	211,466	212,410	213,193	214,434	218,712	219,425	220,370	222,637	224,038	225,310	227,342	227,9915
Call Volume	8,132	7,567	8,961	7,494	8,161	7,891	7,238	9,075	8,455	7,988	7,300	7,009
PTMPYCM	461.46	427.49	504.39	419.37	447.77	431.55	394.14	489.14	452.87	425.44	385.32	6,722
23 Members	229,679	231,154	231,832	233,532	235,109	235,685	234,379	234,132	231,619	230,591	229,022	227,078
Call Volume	8,676	8,172	9,256	7,808	8,967	8,700	9,844	10,997	8,653	9,292	7,922	7,630
PTMPYCM	453.29	424.24	479.11	401.21	457.68	442.96	504.00	563.63	448.31	483.56	415.09	403.21

December 2023 - Chart #2

Monthly Average Speed to Answer

☐ Exceeding Goal

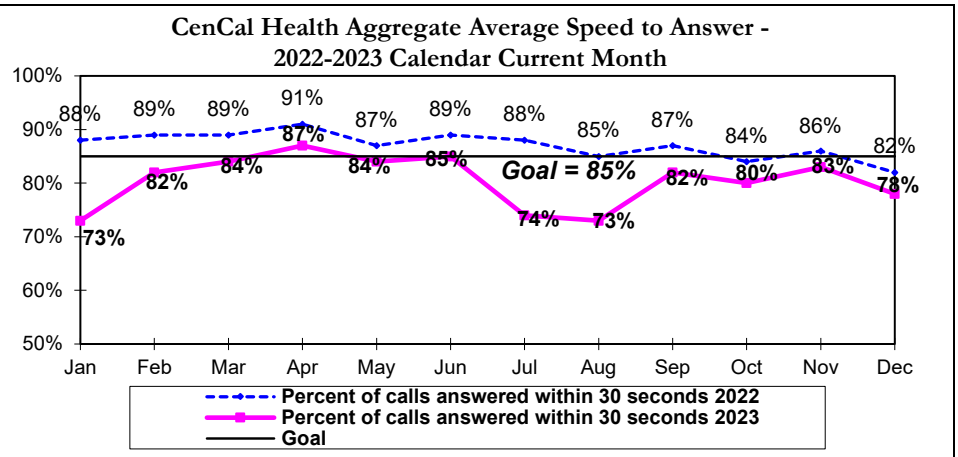
☐ Meets Goal

☒ Not Meeting Goal

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

December's score = **78%**
MS queue calls handled: **7,003**
MS queue calls abandoned: **308**
MS queue calls answered within 30 seconds: **5,575**
*ASA excludes < 30 seconds short-abandoned (138); dequeued-voicemails (113)

The call center averaged 402 daily calls in December 2023.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Answered in 30 seconds or less 2022	88%	89%	89%	91%	87%	89%	88%	85%	87%	84%	86%	82%
Answered in 30 seconds or less 2023	73%	82%	84%	87%	84%	85%	74%	73%	82%	80%	83%	78%

December Analysis: The Medi-Cal Adult Expansion (AE) added 15,775 new members for January 2024. This significantly increased the volume of automated welcome calls which allows members to connect directly to the call center that occur a few days prior to the month of eligibility. On 12/29/23, there was a significant surge in phone calls. Within 3 hours, the call center faced a backlog of over 350 calls, which proved to be overwhelming and resulted with 25 calls in queue over 10 minutes. Despite scheduled PTO around the holidays and a sudden leave of absence, a dedicated smaller team and several back up staff in Member Services and Behavioral Health managed the call volume. Unfortunately, this day greatly affected the monthly average speed to answer and abandonment rates.

CENCAL HEALTH
CALENDAR 2022 - 2023
MEMBER SERVICE TELEPHONE STATISTICS

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

December 2023 - Chart #3

Monthly Aggregate Abandon Rate

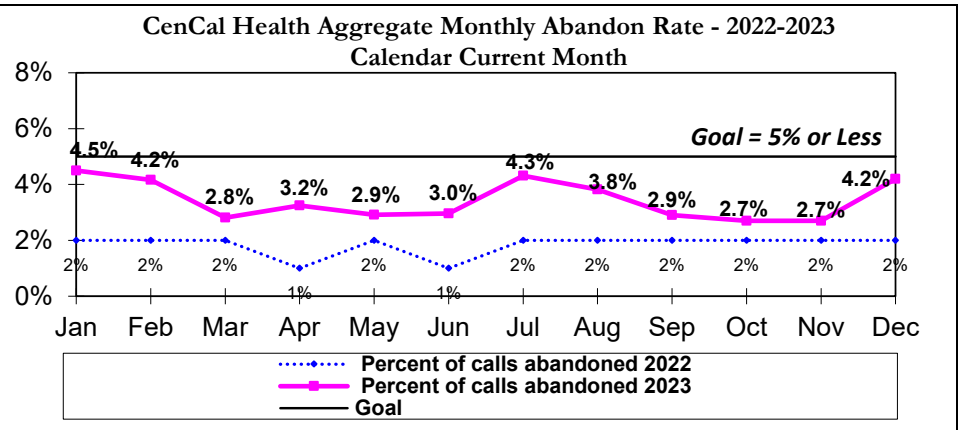
☒ Exceeding Goal
☐ Meets Goal
☐ Not Meeting Goal

CenCal Health Goal = 5% or less

MS Aggregate queue calls: **7,311**
Abandoned Calls: **308**
*Excludes calls dequeued (113)

Percent of calls abandoned in December 2023 = **4.2%**

Analysis: During the 12/29 new member outreach mentioned above, there were 119 abandoned calls. 40% of all abandoned calls in December. Still exceed goal.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
% of Abandoned Calls 2022	2%	2%	2%	1%	2%	1%	2%	2%	2%	2%	2%	2%
% of Abandoned Calls 2023	4.5%	4.2%	2.8%	3.2%	2.9%	3.0%	4.3%	3.8%	2.9%	2.7%	2.7%	4.2%

December 2023 - Chart #4

Monthly Aggregate Calls Coded

☐ Exceeding Goal
☒ Meets Goal
☐ Not Meeting Goal

Goal for Percentage of Coded Calls = 95%

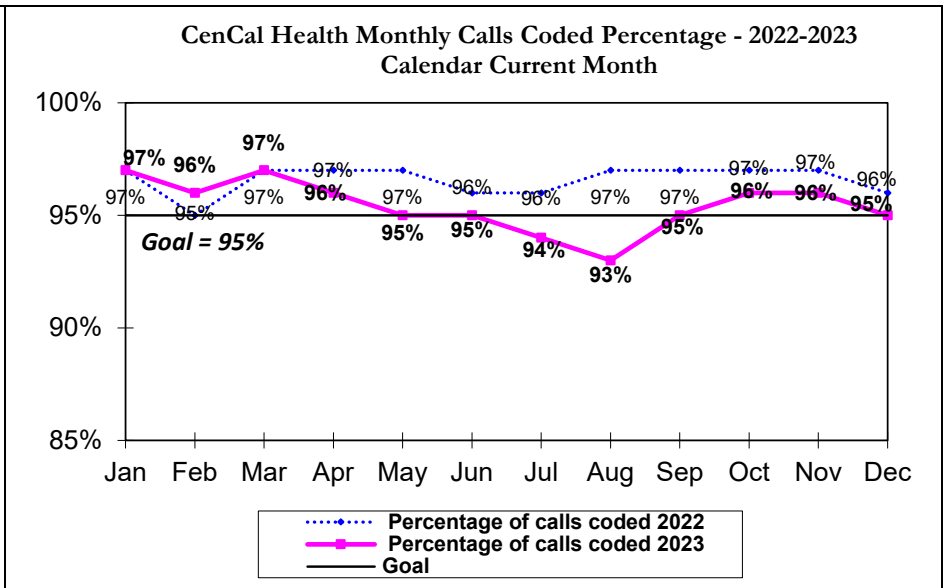
Queue Calls Handled: **7,003**
Queue Calls Coded: **6,661**

Percentage of calls coded in December 2023 = 95%
Total Issues Coded: **8,796**
*Calls may have more than one category.

Top 5 Call Categories:

Category	Calls	% of Total
Eligibility	3,075	35%
PCP Selection	1,305	15%
Benefits	726	8%
Member Request	714	8%
Miscellaneous	701	8%

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



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Percentage of Calls Coded 2022	97%	95%	97%	97%	97%	96%	96%	97%	97%	97%	97%	96%
Percentage of Calls Coded 2023	97%	96%	97%	96%	95%	95%	94%	93%	95%	96%	96%	95%

December Analysis:
Member Calls Coded:

- Eligibility Calls – 48% Eligibility verification, 38% Referred to DSS/SSA, 5% Coordination of Benefits (OHC) Verification.
  - ***230 (7%) Calls from members with questions about the DHCS Re-Determination process.***
- Benefits – 33% Dental, 11% Vision, & 10% Specialists (Mostly asking for list of/contact information for OBGYNs and Dermatologists).
- Member Requests – 42% Demographic update, 40% ***HRA Survey/Mailing Response (286 HRA-related calls)***.
- Transferred Calls – 43% to the Medical Management Department, 17% to the Behavioral Health Department, & 15% Ventura Transit (Transportation).
- Member Portal – ***There were 67 calls for assistance with the Member Portal***, mostly creating a new account or resetting a password.

Provider Calls Coded:

- Provider call volume (1,143) = 13% of all calls tracked. 66% were for Eligibility, 14% were transferred out of Member Services (Mostly to Claims & Medical Management) and 10% for PCP selections.

CENCAL HEALTH
CALENDAR 2023
MEMBER GRIEVANCE SYSTEM GRIEVANCE & APPEAL RECEIPTS

MEMBER GRIEVANCES & APPEALS

Reporting period:

December 2023 - Calendar 2023

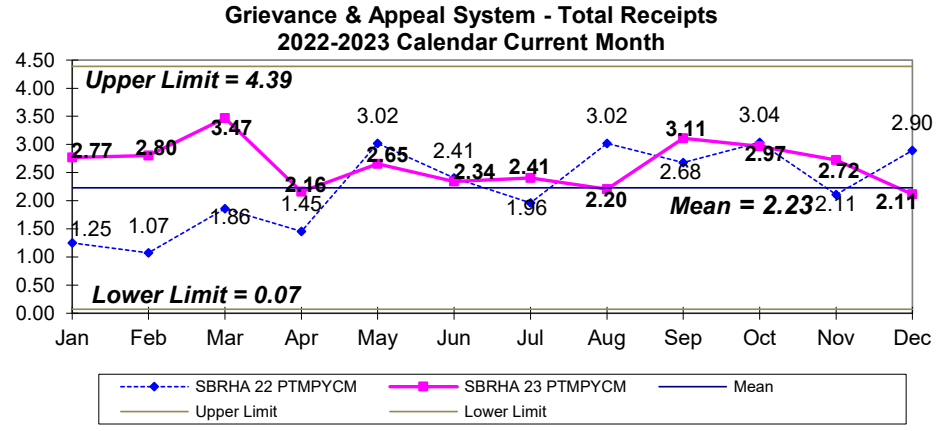
☒ **In Control**
☐ **Not in Control**

December's PTMPY for grievance and appeals was **2.11**, slightly below 2022's Mean of 2.23 and in control.

December Grievance/Appeals = 40

APPEALS	14
QUALITY OF CARE	9
ADMINISTRATIVE	9
ACCESS	5
BENEFITS	2
INTERPERSONAL	1

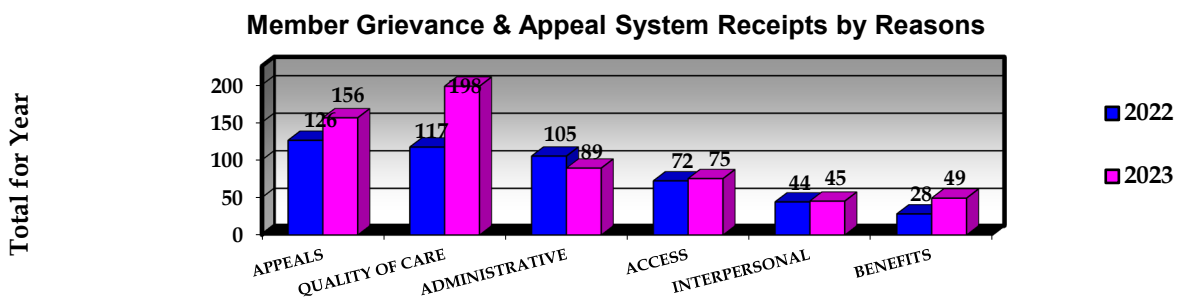
Of the **40** grievances/appeals filed:
34 = SBHI 85% of the aggregate volume (PTMPM: 0.21)
6 = SLOHI 15% of the aggregate volume (PTMPM: 0.09)



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
CenCal 22 Mbrshp	211,466	212,410	213,193	214,434	218,712	219,425	220,370	222,637	224,038	225,310	227,342	227,915
CenCal G&A Issues	22	19	33	26	55	44	36	56	50	57	40	55
CenCal PTMPYCM	1.25	1.07	1.86	1.45	3.02	2.41	1.96	3.02	2.68	3.04	2.11	2.90
CenCal 23 Mbrshp	229,679	231,154	231,832	233,532	235,109	235,685	234,379	234,132	231,619	230,591	229,022	227,078
CenCal G&A Issues	53	54	67	42	52	46	47	43	60	57	52	40
CenCal PTMPYCM	2.77	2.80	3.47	2.16	2.65	2.34	2.41	2.20	3.11	2.97	2.72	2.11

December Analysis and Trends:

* **Appeals:** 12 TAR appeals: 6 various outpatient services including 3 for speech therapy. There were 3 DME appeals and 3 RBM appeals: no trends. 2 RAF appeals: no trends.
* **QOC Grievances** (6 PCP, 2 Behavioral Health, 1 Specialist)**:** Various perceived quality of care concerns/reasons with most issues stemming from member concerns that the provider inadequately addressed their concerns/conditions. Only one provider had more than one QOC grievance filed against them with two: no trends.
* **Administrative:** Mostly centered around the member's dissatisfaction with scheduling, timely communication, or the authorization process. Various providers: no trends.
* **Access:** Most access issues were due to providers not having available appointments within the members expected timeframe or the timeliness of authorization submission (4 PCP, 1 VTS).
* **Benefits:** There were 2 grievances against VTS for no-show/late arrivals for a pickup ride home.
* **Interpersonal:** The member's perception of rude demeanor or comments made by office staff/provider during interactions. There was 1 filed (PCP): no trends.
* **Transportation: 3** (2 Benefit, & 1 Access grievance) filed against transportation vendor (VTS) as noted above, resulting in one missed appointment.
* **Total Mental Health/BHT Services: 4** (2 QOC, 2 Administrative) 75% SB county & 25% SLO County. Commonly dissatisfied with appointment availability, being dismissed by provider, delays in call back/poor communication or not being prescribed medications of choice/preference. One BH provider had two QOC grievances.



Type	Calendar 2022	Calendar 2023
Appeals	**126**	**156**
Quality of Care	**117**	**198**
Administrative	**105**	**89**
Access	**72**	**75**
Interpersonal	**44**	**45**
Benefit	**28**	**49**

Analysis: Grievances and appeal volume average of 51 per month in 2023 is above the 2022 averages of 41 per month.

CenCal HEALTH
Local. Quality. Healthcare.

40th ANNIVERSARY 1983 • 2023

PROVIDER BULLETIN

A QUARTERLY PUBLICATION FOR PROVIDERS

VOL. 33 NO. 4 • DECEMBER 2023

A MESSAGE FROM OUR CEO

Compassionate Service

I want to take a moment to celebrate the compassionate service you provide. As 2023 draws to a close, we express our gratitude for your unwavering commitment to the members we serve, exceptional progress on reforms and initiatives, and remarkable achievements in quality of care.

At CenCal Health, this is also a time to celebrate the value of compassionate service, which is on display by healthcare providers in our community every day. I see you and your teams supporting our members like friends and family, reinforcing a sense of unity and caring within our community. I believe that this, in turn, promotes a healthier and more inclusive environment for everyone. As patients navigate our healthcare system's complexities, your connections with our members and community partners are life-changing.

The health coverage that CenCal Health provides keeps families from worrying and provides continued access to the high-quality healthcare that you provide. We also celebrate the customer service we provide to each other. The long-term benefit of compassionate service extends far beyond the daily assistance you provide. It creates a foundation of trust, expands our perspectives, develops empathy and helps us become more aware of the diverse needs of our organizations and community. It is an investment in well-being.

This month, CenCal Health celebrates 40 years of serve in Santa Barbara County and 15 years of service in San Luis Obispo County. This milestone is only possible through our continued partnership and our willingness to invest in compassionate service, strong partnership and local innovation. Next year will bring the expansion of community supports and enhanced care management to those in need.

CenCal Health will also reach for and achieve health plan accreditation from the National Committee of Quality Assurance (NCQA) and advance efforts to develop a locally responsive and high-quality Dual Special Needs Program (DSNP), which will become an option for those on both Medicare and Medi-Cal in 2026 and beyond. As we embrace what is possible, through our partnership, I am heartened by the values we share.

These include compassionate service, collaboration, integrity and improvement. Thank you for your support of a program that continues the legacy of high quality care and service through a health plan that is locally governed and directly accountable to the community it serves. Together, we are making a significant impact.

Marina M. Owen

Marina Owen, CEO

PROVIDER NEWS

CenCal Health's Provider Satisfaction Survey Has Launched!

CenCal Health is grateful for the relationship that we have with our providers. Our collaboration with you is the backbone of our mission, and we deeply value your knowledge, experience, and commitment to serving the Medi-Cal population.

CenCal Health continues to look forward to how we can better serve our providers and strengthen our communities. This year, in order to better serve you, we have engaged with a third-party vendor to increase the quality of our Provider Satisfaction Survey. On our behalf, Press Ganey, also known as SPH Analytics, will be reaching out to many of our providers with an individualized link to an online survey. This outreach will be done in the form of mail and email, starting the first week of December, with follow up phone calls in January.

Your voice is so important in our work to improve the services we offer both you and your patients, we hope that you will take the time to make it heard.

Spread the word:

Age and immigration status no longer barriers to Medi-Cal access in 2024

California completes its phase-in of Medi-Cal eligibility on January 1, 2024, when all residents, regardless of age or immigration status, can qualify for free or low-cost coverage.

You can make a difference in expanding healthcare access to residents in your community by sharing important facts with your patients about who qualifies for Medi-Cal:

- The latest expansion allows adults ages 26 through 49 to qualify for full-scope Medi-Cal, regardless of immigration status. All other Medi-Cal eligibility rules, including income limits, will still apply.
- Applying for Medi-Cal does not impact an individual's immigration status; their information is only used to determine if they qualify for benefits.
- County residents, including those who were previously ineligible for Medi-Cal, can apply now to see if they qualify for To apply, individuals only need to provide a driver's license or photo ID, proof of income (such as a current pay stub or bank statement), and proof of residence (such as a utility bill).

If you would like resources to share about applying for Medi-Cal benefits, please reach out to the Provider Relations Department at (805) 562-1676 or email **psrgroup@cencalhealth.org**.

PROVIDER NEWS

Help your patients avoid disenrollment during their Medi-Cal annual renewal

The renewal disenrollment rate in our counties averaged 18.5% in September, which is less than the statewide average of 20.5%, according to the Department of Health Care Services. The vast majority were disenrolled due to "procedural reasons," which most often means they did not return their renewal packet, or it was missing information.

The process of redetermination is new to many Medi-Cal recipients, following three years of not needing to renew coverage during the COVID-19 Public Health Emergency.

Important information to share with your patients about Medi-Cal renewal:

- All Medi-Cal members have their coverage reviewed once per year, and renewal dates vary.
- Members who have action required to renew their coverage will be mailed a yellow envelope with a Medi-Cal renewal form. Current members will need to confirm information such as income, household details, address, and may need to provide supporting documents.
- There are four ways for members to renew Medi-Cal:

  1. **Online:** Create an account on BenefitsCal.com.
  2. **Mail:** Follow instructions on the renewal form.
  3. **Phone:** Call their local Medi-Cal office.
  4. **In person:** Visit their local Medi-Cal office.

For more information, visit cencalhealth.org/redeterminationFAQ

- If the renewal due date is missed, the member will be disenrolled. However, if it is less than 90 days from the due date listed in the packet, a member can still submit the form or missing information and have coverage retroactively reinstated without having to re-apply for Medi-Cal.

CalAIM Trainings On the Horizon

Webinar Symposiums Available! Substance Use Disorder (SUD) and the Justice System

As part of the Medication Assisted Treatment (MAT) Expansion Project in Jails and Drug Courts Learning Collaborative, Health Management Associates (HMA) is offering foundational training to the CenCal Health provider network to build capacity to address the needs of the justice-involved population.

This series of six 90-minute trainings from 12:30 – 2 p.m. will provide information on the latest evidence-based best practices for SUD care and the justice system.

Learning Objectives & Webinar Dates:

- Webinar 1: Substance Use Disorder 101: Neurobiology, Recovery Systems and MAT – Training Video Available at **cencalhealth.org/providers/provider-training-resources/**
- December 14, 2023 – Webinar 2: Substance Use Disorder and the Justice System
- January 4, 2024 – Webinar 3: Stigma, Trauma Informed Care (TIC) and Harm Reduction
- January 18, 2024 – Webinar 4: Special Populations with SUD in the Justice System
- February 1, 2024 – Webinar 5: Co-occurring Disorders and the Criminal Justice System
- February 15, 2024 – Webinar 6: The Importance of Transitions for Persons in the Justice System

We invite our provider network to attend these trainings! The trainings also include time for questions. All sessions will be recorded and made available for future training use. If you're interested in attending any or all of these webinar series, please go to **cencalhealth.org/providers/provider-training-resources/**.

New Community Supports Launching January 1, 2024!

CenCal Health is excited to announce the Community Supports programs which we will be launching on January 1, 2024!

The programs that will take effect on January 1, 2024, are:

Short-term Post Hospitalization Housing

Available for 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, 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.

Personal Care and Homemaker Services

Provide for individuals who need assistance with Activities of Daily Living, such as bathing, dressing, toileting, ambulation, or feeding. Personal Care Services can also include assistance with Instrumental Activities of Daily Living, such as meal preparation, grocery shopping, and money management.

Respite Services

Provide 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.

Day Habilitation

Programs are provided in a member's home or an out-of-home. The programs are designed to assist the member in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to reside successfully in the person's natural environment. The services are often considered as peer mentoring when provided by an unlicensed caregiver with the necessary training and supervision.

If you are interested in contracting with CenCal Health to provide one or more of the above services, or if you'd like to learn more, please contact the Provider Relations Department at (805) 562-1676, and/or email **psrgroup@cencalhealth.org** for more information. Additional resources can also be located online at **cencalhealth.org/providers/calaim/**.

CenCal Health Whole-Person Care Webinar

As CenCal Health partners with our local community to transform local healthcare we invite our network to learn more about the services available to CenCal Health members that extend beyond traditional healthcare settings. These services aim to provide comprehensive care and achieve better health outcomes.

Join CenCal Health on January 25, 2024 at 2 p.m. to learn about these services, including Enhanced Care Management, Community Supports, Doula, and Community Health Worker services.

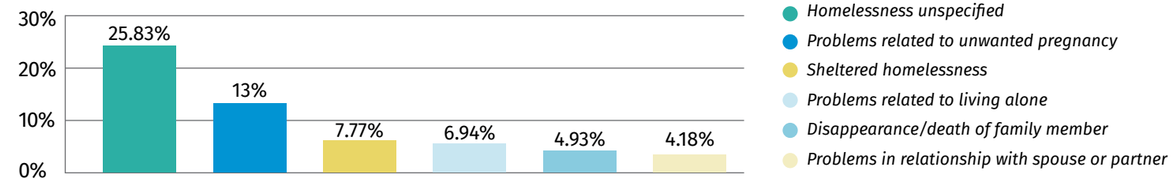
If you're interested in attending any or all of these webinar series, please go to **cencalhealth.org/providers/provider-training-resources/**.

Social Determinants of Health

The Centers of Disease Control and Prevention (CDC) defines Social Determinants of Health (SDOH) as the nonmedical factors that influence an individual's health outcomes. These factors include conditions into which people are born into, live, learn, work, socialize, and worship that affect a wide range of health and quality-of-life outcomes.

In calendar year 2022, CenCal Health's contracted Primary Care Providers (PCPs) submitted SDOH claim encounter codes for 7,510 members. The graph below illustrates the percentage of codes submitted for homelessness, problems related to living alone, problems related to unwanted pregnancy, and others.

Top SDOH Codes Utilized, 2022 (n=7,510)



The following tables show responses from the SDOH questions on the Adult Health Survey Tool for 2022, particularly related to housing, food, security, financial security, social support, and safety.

Self-Reported Responses from Adult Health Survey Tool 2022		
Question	**Yes**	**No**
Do you have family members or others willing and able to help you when you need it?	82.67%	17.33%
Are you currently homeless?	3.08%	96.92%
Do you have enough food to eat each month?	89.74%	10.26%
Do you sometimes run out of money to pay for food, rent, bills, and medicine?	36.32%	63.68%
Are you afraid of anyone or is anyone hurting you?	1.74%	98.26%

CenCal Health providers are key partners in identifying health disparities for your patients. Data gathered will ensure CenCal Health appropriately assesses the needs of our community in support of solutions to help members thrive and achieve optimal health.

Coding

CenCal Health encourages all network providers to include SDOH codes in their billing SDOH categories include:

- **Z55** – Problems related to education and literacy
- **Z56** – Problems related to employment and unemployment
- **Z57** – Occupational exposure to risk factors
- **Z58/Z59** – Problems related to housing and economic circumstances
- **Z60** – Problems related to social environment
- **Z62** – Problems related to upbringing
- **Z63** – Other problems related to primary support group, including family circumstances
- **Z64** – Problems related to certain psychosocial circumstances
- **Z65** – Problems related to other psychosocial circumstances

Help us strive for health equity by coding for SDOH to provide crucial data towards improving quality outcomes, reducing health disparities, and driving delivery system transformation and innovation.

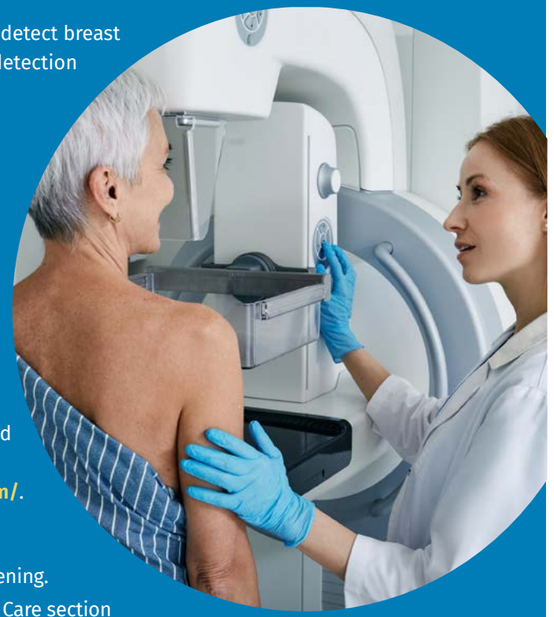
For reference, DHCS issued a comprehensive list of SDOH codes to maximize the capture of actionable information: **www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-009.pdf**

For case management referrals, please visit the CenCal Health website: **cencalhealth.org/providers/case-management/**

For additional support, please contact the Population Health team at **populationhealth@cencalhealth.org**

Breast Cancer Screening

Breast cancer is the second most common cancer among women in the United States. According to the Centers of Disease Control and Prevention (CDC), about 42,000 women and 500 men in the U.S. die each year from breast cancer, with Black women having a higher rate of death than all other women.



Although breast cancer screening cannot prevent breast cancer, it can help detect breast cancer early, sometimes up to three years before it can be palpated. Early detection makes treatment and outcomes better.

Clinical Recommendations

The United States Preventive Services Task Force (USPSTF) recommends biennial screenings for mammography between 50 to 74 years of age. For the comprehensive USPSTF clinical guideline, please visit: **https://uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening**.

Breast Cancer Screening is an incentivized QCIP measure!

CenCal Health's value-based Quality Care Incentive Program (QCIP) offers an incentive to primary care providers (PCPs) in accordance with established guidelines for breast cancer screenings. For details, please visit: **cencalhealth.org/providers/quality-of-care/quality-care-incentive-program/**.

Tips:

- Leverage Initial Health Appointments (IHAs) as opportunities for screening. The list of members due for IHAs can be found in the Coordination of Care section of the provider portal (available to Primary Care Providers only).
- Utilize gaps in care reports also available on the QCIP dashboard of the provider portal to call members and/or send reminders.
- Ensure mammogram information including date and results are noted in the patient's chart and document the findings through corresponding billing and coding.
- Create a workflow to check the status of the patient's mammogram ahead of the visit.
- Provide both written and verbal educational guidance on the importance of self-examination.
- Talk to your patients about the different types of screening tests available and which one is right for them.

Billing:

Timeliness of claims submission is highly encouraged as the list of members due for a breast cancer screening on the QCIP report will be updated monthly using real-time claims data. Below are codes that can be used when billing:

- CPT: 77061-77063, 77065-77067
- HCPCS: G0202, G0204, G0206
- ICD10: Z12

For member health education materials, please contact the Health Promotion team at **healtheducation@cencalhealth.org**
For QCIP questions, please contact the Quality team at **qcip@cencalhealth.org**.

Topical Fluoride for Pediatric Oral Health

Tooth decay (also known as caries or cavities) is the most common chronic disease of childhood in the United States, according to the Centers for Disease Control (CDC).

Poor oral health leads to pain, school absenteeism, lower grades, and an overall negative effect on children's general physical health. Tooth decay disproportionately affects low-income, young, Black, and Hispanic populations, as well as children with special healthcare needs. Cavities are preventable with the use of fluoride varnish, which can prevent about one-third (33%) of cavities in baby teeth.

Pediatricians are in a unique position to provide oral health guidance to families by applying fluoride varnish in-office. **Topical application of fluoride varnish is a covered benefit for pediatric CenCal Health members.**

The early application should be performed after the first tooth erupts until age 5. It can be swabbed directly onto the teeth in less than three minutes and sets within one minute of contact with saliva. No special dental equipment or training are required.

Billing for Fluoride Varnish

- Use CPT code 99188 - Reimbursable for children through age 5 and includes all materials and supplies needed.
- Once teeth are present, treatment is covered up to 3 times in a 12-month period.
- Fluoride Varnish may be applied by:
  - » Medical professionals
  - » Any trained person with signed guardian permission and under a doctor/dentist prescription or protocol
  - » In a community setting such as a https://uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening school/health fair or government program

The American Academy of Pediatric Dentistry recommends that pediatricians perform oral health risk assessments on all children beginning at 6 months of age. Infants identified as higher risk should be referred to a dentist as early as 6 months of age and no later than 6 months after the first tooth erupts or
12 months of age (whichever comes first) to establish their dental home. Every child should have a dental home established by 12 months of age.

For additional resources, please reference **https://www.healthychildren.org/English/healthy-living/oral-health/Pages/Why-Regular-Dental-Visits-Are-Important.aspx** or contact our Population Health Team at **populationhealth@cencalhealth.org**.

CenCal Health recommends reviewing the following sites for more information:

American Academy of Pediatrics, "Fluoride Remains a Powerful Tool to Prevent Tooth Decay"
www.aap.org/en/news-room/news-releases/aap/2020/american-academy-of-pediatrics-fluoride-remains-a-powerful-tool-to-prevent-tooth-decay/

Centers for Disease Control and Prevention, "Children's Oral Health"
www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html

Follow-Up After Emergency Department Visit

CenCal Health prioritizes timely follow-up care for individuals seeking emergency department (ED) services for mental illness and alcohol/drug abuse or dependence.

The period following an individual's ED visit is critical as timely follow-up care leads to reduced ED visits, improved function, increased compliance with follow-up instructions, and a reduction in substance use. High ED utilization may also signal a lack of access to care or issues with continuity of care, both crucial elements to be addressed in a follow-up visit.

For the health and safety of our members, it is important that Primary Care Providers (PCPs) ensure that members experiencing ED visits for mental illness and/or substance use or dependence receive timely follow-up care.

As part of CenCal Health's ongoing Quality Improvement and Health Equity Transformation Program (QIHETP), CenCal Health monitors and reports the following performance measures to the Department of Health Care Service (DHCS).

Follow-Up for Mental Illness (FUM)	Follow-Up for Substance Use (FUA)
The percentage of ED visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm who received a follow-up visit for mental illness: 1. Within 7 days • **Goal Rate: 61.68%** 2. Within 30 days • **Goal Rate: 73.26%**	The percentage of ED visits for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up: 1. Within 7 days • **Goal Rate: 53.44%** 2. Within 30 days • **Goal Rate: 38.15%**

Best Practices:

- Establish a workflow to receive information from hospital partners daily to identify which patients have recently visited the ED.
  - » Many hospital partners have established reports that providers can review to support timely follow-up.
- Upon identification, schedule follow-up appointments within 7 days.
  - » Encourage patients to bring their discharge paperwork including any medications they received upon discharge.
  - » Use the "Teach-Back Method" to ensure patients and caregivers review and understand discharge instructions and the next steps in their care for follow-up.
  - » Engage members in determining what next steps they are open to.
- Screen for Alcohol and Drug Screening, Assessment, Brief Intervention, and Referral to Treatment (SABIRT) or depression screenings during the follow-up appointment.
  - » Document all results, referrals, and next steps.
  - » For members interested in substance use treatment or mental health treatment, please refer to the Behavioral Health Call Center at (800) 421-2560, the Provider Directory on our website to find an available mental health provider, or complete a Behavioral Health Care Coordination Referral form for Behavioral Health to assist with referrals to substance use treatment or mental health care.
  - » Outreach to patients who cancel appointments and assist them with rescheduling as soon as possible.
- Set flags, if available, in electronic health record (EHR) or develop a tracking method for patients due or past due for follow-up after discharge visits.
- Consider referrals to Community Supports (CS) or Enhanced Care Management (ECM) as social drivers of health (SDOH) factors may be barriers.
- Use the same diagnosis for SUD at each follow-up (a non-mental illness diagnosis code will not fulfill this measure).

Care Management (CM)

Care Management (CM) support is available for members who have complex medical conditions, high psychosocial risk factors, or need assistance navigating the healthcare system. Utilize CenCal Health's Provider Portal to determine if the member is currently receiving Complex or Enhanced Care Management or Community Support services. These programs have a dedicated team that can partner with you to support the health, social, and behavioral needs of the member.

For more information on CM services or to access the referral forms, visit **cencalhealth.org/providers/case-management/** or call (805) 681-8260.

For further questions or support, please reach out to the Population Health team at **populationhealth@cencalhealth.org**

Additional online resources:

- Behavioral Health Care Coordination Referral: **cencalhealth.org/providers/behavioral-health-treatment-and-mental-health-services/mental-health-service-provider-resources/**
- Care Management/ Enhanced Care Management: **cencalhealth.org/providers/case-management/**
- Community Supports: **cencalhealth.org/wp-content/uploads/2023/02/202108utilizationmanagementauthorizationdownlaodform.pdf**
- Provider Directory: **cencalhealth.org/providers/search-provider-network/**

Tools for Patients in the New Year

With the new year comes resolutions! Patients may have a health or wellness goal they would like to achieve and may come to you for information. As an active partner in their health care, creating a judgement-free environment that encourages questions is an important way to engage patients to share.

The following techniques will help promote a good health outcome and patient satisfaction:

Inviting questions:

- Encouraging patients to ask questions can be as simple as saying, "What questions do you have?" or "What health concerns do you have?" This wording creates an opportunity for your patients to ask questions.
- Asking "Do you have any questions?" is not ideal because most patients will respond to this wording by saying "no," even if they do have questions.

Using body language to build rapport.

- Look and listen: Look at patients when they're talking, as opposed to looking at the chart or computer.
- Show that you have the time: Be conscious about presenting yourself as having time and wanting to listen to their questions.

Encouraging all staff to make sure questions are asked and answered.

- **Check-in staff** can encourage patients to ask their clinicians any questions they have during the visit.
- **Check-out staff** can ask patients whether all their questions were answered.

If your patients would like more information about their health and wellness, they can visit **cencalhealth.org/health-and-wellness/**, request health education classes/materials from the NEW member portal, or request health education materials to be mailed to their home by calling (800) 421-2560 ext. 3126.

Medi-Cal Rx Updates: Updates to Continuous Glucose Monitoring (CGM) Systems Policy

The coverage requirements for Medi-Cal Rx contracted Continuous Glucose Monitoring (CGM) Systems have been updated. These changes went into effect for requests on or after October 1, 2023. The coverage criteria for CGM systems have been updated as follows:

Life of Prior Authorization Approval

CGM initial authorization and subsequent reauthorizations will be for a period of one year, initiating on the date of approval. Each fill can be a 90-day supply.

Prescriber Requirement

CGM coverage is limited to prescribing by an endocrinologist, a primary care provider (physician [MD or DO]), nurse practitioner (NP), clinical nurse specialist (CNS), physician assistant (PA), or a certified nurse midwife (APRN-CNM), or other licensed healthcare practitioner with experience in diabetes management.

Diagnosis Requirement

A diagnosis of diabetes or gestational diabetes.

- Diabetes (Type 1 or Type 2) and one of the following other criteria:
  - » Insulin-dependence based on regular insulin claim history in the past or other documentation of regular insulin use; or
  - » History of problematic hypoglycemia with documentation demonstrating recurrent (more than one) level 2 hypoglycemia events (glucose < 54 mg/dl [3.0 mmol/L]) that persist despite attempts to adjust medication(s) and/or modify the diabetes treatment plan within the past year.
- Gestational Diabetes
  - » Restricted to approval for the duration of the pregnancy up to a maximum of 9 months; and
  - » Estimated date of delivery must be included on the request.

Hemoglobin A1c (HbA1c) Requirement

A HbA1c value measured within eight months of the date of the request is documented on the PA request.

Reauthorization Requirement

Documentation that the member continues to meet CGM PA coverage criteria and has been seen and evaluated by the prescriber annually, either in person or telephone conferencing with documentation of:

- The date of the most recent visit; and
- The member is using the device as prescribed; and
- The member is maintaining clinical HbA1c targets defined by the prescriber.

Effective December 1, 2023, pharmacy providers and prescribers no longer need to submit PAs for each component (such as sensor plus transmitter plus reader) of the CGM system. Medi-Cal Rx will accept one PA request for CGM systems, which will apply to all components of the CGM system requested by the provider.

For any provider inquiries regarding Medi-Cal Rx, please call the Medi-Cal Rx Customer Service Center (CSC) at (800) 977-2273 or the CenCal Health Pharmacy Department at (805) 562-1080.

Mental health specialists: Higher Level of Care requests

Please coordinate a member's care for county-level mental health services directly with CenCal Health's Behavioral Health Department. The DHCS-required Transition of Care form is available in the Forms Library or on the Behavioral Health/Mental Health provider page.

County Mental Health Services include:

- Residential care for Eating Disorder; Partial Hospitalization care for an Eating Disorder; Intensive Outpatient program for an Eating Disorder
- Full-Service Programs
- Targeted Mental Health Case Management
- Transitional Youth Services
- Peer Recovery Specialists
- Support Groups
- Crisis Intervention, Stabilization
- In-patient psychiatric admission

For members requesting referrals to substance use treatment, please use the Behavioral Health Care Coordination form. For more information or to speak to the Behavioral Health team, please call the Provider Line at (805) 562-1600.

Benefits now include Dyadic Services

Last March, Medi-Cal 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. Psychological testing doesn't require referral.

For more information on how to incorporate Dyadic services into your practice, please reach out to Provider Relations at **providerservices@cencalhealth.org** or call (805) 562-1676.

Reminder: ABA Recommendation Does Not Require Autism Spectrum Diagnosis

Members do not require an Autism Spectrum Diagnosis (ASD) or a comprehensive developmental evaluation to start ABA Services. Eligible members only require a recommendation from a qualified provider stating services are medically necessary. 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 **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.

Provider Bulletin reminder

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

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

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

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CenCal Health Holiday Closures

Monday, December 25, 2023 (Christmas Day observed)

Monday, January 1, 2024 (New Years Day observed)

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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