



December 29, 2023

THIS LETTER SENT VIA EMAIL

Michael Schrader, Chief Executive Officer
Central California Alliance for Health
1600 Green Hills Road
Scotts Valley, CA 95066

**NOTICE OF IMPOSITION OF MONETARY SANCTIONS FOR FAILURE TO MEET
MINIMUM PERFORMANCE LEVELS FOR MEDI-CAL MANAGED CARE
ACCOUNTABILITY SET PERFORMANCE MEASURES**

Dear Michael Schrader,

The Department of Health Care Services (DHCS) sends this notice of imposition of monetary sanctions on Central California Alliance for Health for failure to meet required minimum performance levels (MPLs) for measurement year (MY) 2022 Medi-Cal Managed Care Accountability Set (MCAS) performance measures.

Under the contract with DHCS, Central California Alliance for Health is required to meet the DHCS established MPLs for each Health Effectiveness Data and Information Set (HEDIS) measure and all other required MCAS performance measures (Exhibit A, Attachment 4, Quality Improvement System, section 9 External Quality Review Requirements, A).

Successful administration of the Medi-Cal program requires a collaborative partnership between DHCS and Medi-Cal managed care plans (MCPs). This collaboration includes the expectation that MCPs will meet their contractual and programmatic requirements on an ongoing basis. Central California Alliance for Health and DHCS regularly collaborated on strategies for improving the Plan's MCAS performance measures required to meet MPLs. On July 20, 2023, DHCS received validated MCAS measure rates from the External Quality Review Organization and confirmed that Central California Alliance for Health has 8 plan-wide measures below MPL across 2 domains for MY 2022. See Table 2 for enforcement tier designation triggers.

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Under Welfare and Institutions Code (W&I) section 14197.7 and the MCP contract, DHCS has the authority to impose monetary sanctions for Central California Alliance for Health's failure to meet its MPLs for all applicable MCAS performance measures (Exhibit E, Attachment 2, Program Terms and Conditions, section 17 Sanctions, B; W&I § 14197.7(f)(1)). As noted above, the MCP contract requires it to meet the DHCS established MPLs for each MCAS performance measure (Exhibit A, Attachment 4, Quality Improvement System, section 9 External Quality Review Requirements, A). Central California Alliance for Health confirming failure to meet the MPLs as outlined in the contract creates good cause for DHCS to impose monetary sanctions (Exhibit E, Attachment 2, Program Terms and Conditions, section 17 Sanctions, B; W&I § 14197.7(f)(1)).

DHCS is imposing monetary sanctions for Central California Alliance for Health's failure to comply with its obligations set forth in the contract. Under W&I section 14197.7(f), DHCS is authorized to impose a \$25,000 sanction per violation of Central California Alliance for Health's contractual obligation to meet MPLs for each MCAS performance measure.

The total sanction amount for Central California Alliance for Health is \$25,000 for the following 8 measures below the MPL for MY 2022:

Reporting Unit	Measures*	Domains*	MCP Rates	MPL	Trending Difference from HEDIS MY 2021	Population Impacted
Merced	CIS-10	CH	16.06%	34.79%	-2.19	2198
	IMA-2	CH	33.09%	35.04%	-4.62	2116
	LSC	CH	46.47%	63.99%	0	1402
	W30-2	CH	58.09%	65.83%	2.95	1099
	W30-6	CH	36.72%	55.72%	5.66	1134
	WCV	CH	45.64%	48.93%	4.45	31593
	BCS	RC	49.65%	50.95%	-0.45	2497
	CHL-Tot	RC	52.56%	55.32%	1.77	2314

*Please see Table 1 for acronym definitions

Pursuant to W&I section 14197.7 and in accordance with the December 4, 2023, Quality Sanction Bulletin, DHCS has considered the factors set forth in W&I section 14197.7(f) and (g) in determining the sanction amount, including the following:

- Scope of the violations, which are determined by the number of eligible members impacted by the quality-of-care violation (i.e., the number of

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eligible members who did not receive the recommended preventive service.) If an MCP’s failure to meet an MPL impacts more than 25,000 eligible members, then each impacted beneficiary will constitute a separate violation and the MCP may be sanctioned more than \$25,000 total, as provided by W&I sections 14197.7(f)(1) and (g)(1).

- In determining the nature, scope, and gravity of the violation under W&I section 14197.7(g)(1), DHCS will consider the degree to which the MCP is below the MPL for the measure at issue and will increase sanction amounts per violation based upon the severity of the violation. (Please see Table 3 for violation factors).
- DHCS will consider whether the MCP’s performance on the MPL at issue has improved or worsened over the previous MY under W&I section 14197.7(g)(6). If performance has gotten worse over the previous MY, the sanction amount will increase; if performance has improved, the sanction amount will decrease. (Please see Table 4 for trending factors).
- DHCS has reduced the total sanction amount for MCPs in counties with Healthy Places Index (HPI) scores under the 50th percentile, as determined by DHCS (Please see Table 5 for HPI percentile and impact factors). **This amount has already been accounted for in the sanction total above.**

MCP by County	HPI Percentile	HPI Impact Factor
Central California Alliance/Merced	19.2%	40.0%

Central California Alliance for Health is also required to submit a revised comprehensive quality strategy on or before January 31, 2024, that includes new interventions designed to meet or exceed the required 2024 milestones and details how it intends to devote adequate resources and staff to quality improvement.

Sincerely,

DocuSigned by:

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Sarah Lahidji
 Division Chief, Quality and Health Equity
 Quality and Population Health Management
 Department of Health Care Services



Michael Schrader, CEO

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CC

Michelle Baass
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Department of Health Care Services

Lindy Harrington
Interim Chief Deputy Director, Health Care Programs
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Enclosure

TABLE 1: DOMAIN, MEASURE, & ACRONYM		
Domain	Measure	Acronym
Children's Health (CH)	Child and Adolescent Well-Care Visits	WCV
	Childhood Immunization Status: Combination 10	CIS-10
	Immunizations for Adolescents: Combination 2	IMA-2
	Lead Screening in Children	LSC
	Well-Child Visits in the First 30 Months of Life – Well-Child Visits in the First 15 Months – Six or More Visits	W30-6
	Well-Child Visits in the First 30 Months of Life – Well-Child Visits for Age 15 Months to 30 Months – Two or More Visits	W30-2
Reproductive Health and Cancer Prevention (RC)	Breast Cancer Screening	BCS
	Cervical Cancer Screening	CCS
	Chlamydia Screening in Women	CHL
	Prenatal and Postpartum Care: Postpartum Care	PPC-Post
	Prenatal and Postpartum Care: Timeliness of Prenatal Care	PPC-Pre
Chronic Disease Management (CD)	Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)*	HBD-H9*
	Controlling High Blood Pressure	CBP
Behavioral Health (BH)	Follow-up After Emergency Department Visit for Mental Illness – 30-day Follow-Up	FUM-30Day
	Follow-up After Emergency Department Visit for Substance Use – 30-day Follow-Up	FUA-30Day

*A lower rate is better for this measure

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TABLE 2: QUALITY ENFORCEMENT TIER DESIGNATION TRIGGERS			
Enforcement Tiers	Tier 1	Tier 2	Tier 3
Triggers	One (1) measure below the MPL in any one (1) domain	Two (2) or more measures below the MPL in any one (1) domain	Three (3) or more measures below the MPL in two (2) or more domains
Enforcement Action	Not subject to monetary sanction	Subject to monetary sanction	Subject to monetary sanction

TABLE 3: VIOLATION AND BENEFICIARY IMPACT (W&I section 14197.7(g)(1))		
Severity/Beneficiary Impact	Violation per Measure	Severity Violation Factor
Minimal Violation	<1.00% below MPL	1.0
Minor violation	1.00% - 5.99% below MPL	1.2
Moderate Violation	6.00% - 10.99% below MPL	1.4
Moderately severe violation	11.00% - 15.99% below MPL	1.6
Severe Violation	16.00% - 20.99% below MPL	1.8
Extremely severe violation	≥21.00% below the MPL	2.0

TABLE 4: TRENDING FACTOR (W&I section 14197.7(g)(6))		
Degrees of Improvement	Trending Difference per Measure	Trending Factor
Significant Worsening	≤(-)15.01%	2.0
Moderately Significant Worsening	(-)15.00% - (-)11.01%	1.8
Moderate Worsening	(-)11.00% - (-)7.01%	1.6
Minimal Worsening	(-)7.00% - (-)4.01%	1.4
Slight worsening	(-)4.00% - (-)0.01%	1.2
No Improvement	0.00 - 1.00%	1.0
Slight Improvement	1.01% - 4.00%	0.8
Minimal Improvement	4.01% - 7.00%	0.6
Moderate Improvement	7.01% - 11.00%	0.4
Moderately Significant Improvement	11.01% - 15.00%	0.2
Significant Improvement	≥15.01%	0.0

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TABLE 5: HPI IMPACT AND SANCTION REDUCTION		
Severity (Impact) of HPI (per county and MCP)	HPI Percentile	HPI Impact Factor (Sanction Reduction)
Very High	0-9%ile	50%
High	10-19%ile	40%
Moderate	20-29%ile	30%
Low Moderate	30-39%ile	20%
Low	40-49%ile	10%

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NOTICE OF APPEAL RIGHTS

Central California Alliance for Health has the right to request a hearing in connection with any sanctions within 15 business days after receipt of the notice to impose sanctions. DHCS will stay the imposition of sanctions upon receipt of the request for a hearing until the effective date of a final decision from the Office of Administrative Hearings and Appeals. Central California Alliance for Health may request a hearing by sending a letter so stating to the Office of Administrative Hearings and Appeals at the address below:

Chief Administrative Law Judge
Office of Administrative Hearings and Appeals
Department of Health Care Services
3831 N. Freeway Blvd., Suite 200
Sacramento, CA 95834

A copy of the hearing request shall also be sent to:

Thomas Mahoney
Quality and Health Equity Measurement Monitoring Section Chief
Quality and Population Health Management
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Judith Recchio
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