HERITAGE PROVIDER NETWORK

&

AFFILIATED MEDICAL GROUPS

HEALTH EDUCATION PROGRAM 2024

Approval Signature:

Date: 02/28/2024

Dr. Michael Wettstein, Committee Chair

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HEALTH EDUCATION PROGRAM DESCRIPTION

PURPOSE

The program defines the procedures and processes by which Heritage Provider Network (HPN) and its affiliated medical groups (Affiliates) administer and maintain an effective and comprehensive Health Education Program (Program) for our members as delegated by the Health Plans.

As applicable, regulatory, contractual, and accreditation requirements are referenced throughout this document to offer context to the associated HPN standard and expectation embedded into the procedures and processes. References made within this document are intended for informational purposes only and are subject to change. Any discrepancies shall be superseded by the most up-to-date and available regulatory, contractual, and accreditation requirement as described in the appropriate source documentation.

PROGRAM ADMINISTRATION

The Program shall include services, functions, and resources necessary to provide our members with effective and appropriate health education.[i,ii] Program conduct shall include the maintenance and administration of Program elements including:

1. Goal setting
2. Governance
3. Staffing and resources
4. Education methods
5. Intervention topics
6. Accessibility and promotion
7. Cultural and linguistic appropriateness
8. Readability, suitability, and credibility
9. Provider and staff education
10. Assessing member and population needs
11. Performance monitoring and evaluation

HEALTH EDUCATION GOALS

The Program shall develop and deliver health education interventions that integrate education strategies and methods, population needs, and credible content which are effective in achieving behavioral change for improved health outcomes. Program goals include:

1. Assist members in obtaining the knowledge and skills necessary to achieve optimum health.
2. Encourage member and/or caregiver participation in health care decision-making.
3. Increase participation in health education services among members with a diagnosis of a disease state prevalent in the service area.
4. Increase member adoption of chronic health condition self-management skills.
5. Increase member adoption of healthy lifestyle behaviors.
6. Increase member adherence to recommended treatment plans.
7. Ensure Program interventions are culturally and linguistically appropriate for the population.
8. Ensure Program interventions meet the diverse needs of the service area population.

PROGRAM GOVERNANCE

HPN shall maintain administrative oversight of the Program interventions and functions, including defining and implementing standards and expectations, qualifications, and authority. HPN, acting as the governing body for the Program, works collaboratively with Affiliates to ensure the Program is being maintained according to its standards and expectations.

HPN Administration

The Program is overseen by HPN Clinical Services administrators and the Quality Improvement Committee (QI Committee), acting within the defined scope of their roles and responsibilities serving the Program. Clinical Services, is the functional division of HPN responsible for the Program. The Program works collaboratively with sub-divisions of Clinical Services including the PH, QI, and UM Departments and their respective programs.

HPN Designated Director

The Director acts as the designated individual responsible for overseeing and administering the Program, including day-to-day operations and interfacing with Affiliates to implement and maintain Program services, functions, and resources.[iii] The Director is the HPN Health Education Workgroup oversight authority and reports and recommends Program elements to the appropriate HPN administration staff and committees. The Director reports to Clinical Services. The Director shall have at least one of the following qualifications:[iv,v]

1. Master of Public Health (MPH) degree with specialization in health education or health promotion;
2. Master Certified Health Education Specialist (MCHES) awarded by the National Commission for Health Education Credentialing, Inc.; and/or
3. Master of Nursing (MSN) degree with commensurate clinical education experience.

HPN Health Education Workgroup

The HPN Health Education Workgroup shall include at least one health education representative from each Affiliate. See Attachment "HPN Health Education Workgroup." The Workgroup shall meet no less than twice annually to:

1. Provide training and guidance to Affiliate Health Educators;
2. Review each Affiliate's health education activities, such as tracking logs and Health Education Work Plans, and provide guidance as needed;
3. Communicate and share health education resources; and
4. Review and analyze quarterly health education work plans, semi-annual and annual work plan evaluations and annual Program; and review, approve and distribute health education materials as needed and/or required.

HPN Quality Improvement Committee

The HPN Health Education Workgroup reports the above activities to the HPN QI Committee.
The HPN QI Committee shall:

1. Evaluate each Affiliate's capacity to perform the Program activities;
2. Evaluate annually whether the activities are being conducted in accordance with HPN standards and expectations;
3. Obtain and evaluate health education reports quarterly from the HPN Health Education Workgroup;
4. Provide corrective action and/or quality improvement plans if the Affiliate does not fulfill its responsibilities;
5. Review, approve and distribute health education materials provided by the Affiliates and Health Education Workgroup; and

6. Identify and follow-up on opportunities for improvement within the Program.

PROGRAM STAFFING AND RESOURCES

HPN and Affiliates shall maintain staff appropriate to administer and maintain the Program. The responsibility of Program staff are described in the applicable job description.

Health Education Program Staff

The Program shall include a full-time Director of Health Education and at least one full-time Health Educator designated for each Affiliate.

Based on population needs, HPN and Affiliates may also employ other qualified staff members to act in the delivery of health education including Health Education Specialists, clinical staff, and providers who are qualified, topical experts. HPN and Affiliates may also employ additional staff to support the duties and functions of the Director and/or Health Educator as appropriate to the individual's level of skill and training.

Health Education Program Resources	
Education Material Repository	Affiliates shall maintain a repository of approved and available health education resources to be used directly or to serve as reference material in the development of additional resources. Resources may include written materials, directories, and other reference materials.
Health Education Resource Directory	HPN and Affiliates shall maintain a Health Education Resource Directory by group and location. Directories shall include an inventory of all available Program interventions and community resources available to our members. The Directory inventory shall identify all components sufficient to meet the needs of the population and contractual requirements for the service area. The Directory shall be readily available and communicated to all providers and staff.

PROGRAM EDUCATION METHODS REFERENCE

HPN and Affiliates shall ensure all health education interventions are delivered to members using appropriate educational methods including strategies, mechanisms, contacts, and settings effective in achieving behavioral change for improved health.[vi] Program methods are designed to offer members with diverse learning needs options for optimal learning. To the extent possible, members and/or caregivers shall be given the option to select from appropriate education methods that are best suited to their individual needs and preferences.

Education Delivery

Affiliates shall offer health interventions to members using a variety of education strategies, mechanisms, contacts, and settings as appropriate for the topic and population.[vii]

At a minimum, Affiliates shall include:

1. Interactive member contact with a health educator, topical expert, and/or provider;[viii]
2. Comprehensive case management and care coordination services with health education integrated into member care plans and activities;[ix]
3. Point-of-service education at the time of preventative and primary care visits;[x] and
4. Distribution of select written health education materials, including the availability materials across a

range of prevalent topics in member accessible locations such as exam rooms and waiting rooms.

Education Strategies	
Adult Learning Theory	Theories that provide insight into adult learning, enabling instructors to anticipate learning needs of patients and adapt delivery to improve the effectiveness of education services; according to the CDC Action Guide Adult Learners, adults are frequently: autonomous and self-directed; goal oriented; relevancy oriented; practical; have a foundation of life experiences; and need to be shown respect.
Cultural Competency	The ability of systems to provide care and education to populations of patients with diverse values, beliefs, and behaviors by adapting care delivery to meet social, cultural, and linguistic needs.
Evidence-Based Practice	The integration of clinical expertise, current scientific evidence, and expert opinions to provide high-quality care delivery and education to diverse patients.

Instruction Mechanisms	
Oral Instruction	Content delivered as spoken directly by a health educator such as lectures, demonstrations, or counseling.
Technology-Based Instruction	Content delivered by use of technologies such as phones, websites, secure email, mobile applications, slide shows, tele-health, podcasts, digital signage, lobby video loops, or instructional audiovisual recordings.
Written Instruction	Content delivered by printed materials such as handouts, pamphlets, brochures, member welcome packets, newsletters, promotional materials, or mailings.

Education Contact and Setting Types	
Interactive Contact	Two-way communication between the educator and member such as by phone, in-person, online interactive websites, live chat, secure email, live demonstrations, or interactive mobile applications.
Non-Interactive Contact	One-way communication from the educator to the member such as by written materials, pamphlets, brochures, voice messages, or pre-recorded audiovisual materials.
In-Person Settings	Face-to-face communication between the educator and member delivered in a live setting such as a classroom, exam room, or conference.
Remote Settings	Communication separated by time and/or distance between the educator and member and delivered in remote settings by technologies such as telehealth, video, phone, websites, secure email, and mobile applications.
Individual Settings	One-on-one education interactions between the educator, member, and/or the member's family and caregiver.
Group Settings	Two or more members with mutual education needs participate in shared interactions with the educator.

PROGRAM INTERVENTION TOPICS

HPN and Affiliates shall ensure health education interventions provided to members are effective and address the appropriate use of healthcare services, risk reduction and healthy lifestyles, and self-care and management of health conditions.[xi] Affiliates shall also ensure additional topics, identified through the population needs assessment within each service area, are available as needed.[xii,xiii]

As appropriate, Program interventions shall include:

1. General overview of the health condition, including causes and signs/symptoms;
2. Prevention and treatment methods, including self-care principles;
3. Skills needed to achieve desired health management and outcomes;
4. Plan of action to achieve health goals; and
5. Referral to community resources for additional support as needed.

Appropriate Use of Healthcare Services

Affiliates shall ensure member access to interventions addressing the appropriate use of healthcare services, including topics in the following categories as applicable:

1. Managed healthcare
2. Preventative care
3. Primary care
4. Obstetrical care
5. Health education services
6. Complementary and alternative care

Risk-Reduction and Health Lifestyles:

Affiliates shall ensure member access to interventions addressing risk-reduction and healthy lifestyles, including topics in the following categories as applicable:

1. Nutrition, weight control, and physical activity
2. Tobacco use and cessation
3. Alcohol and drug use
4. Injury prevention
5. Fall prevention
6. Family planning and contraceptive methods
7. Prevention of sexually transmitted diseases
8. HIV and unintended pregnancy
9. Parenting
10. Immunizations

Self-Care and Management of Health Conditions:

Affiliates shall ensure member access to interventions addressing the self-care and management of health conditions, including topics in the following categories as applicable:

1. Pregnancy
2. Asthma
3. COPD
4. Diabetes
5. Hypertension
6. Congestive Heart Failure

PROGRAM ACCESSIBILITY AND PROMOTION

HPN and Affiliates shall provide effective health education services, including information regarding personal behavior, health care, and recommendations regarding the optimal use of healthcare services provided by the Program.[xiv] A section of the Program shall be designated to inform enrollees regarding accessibility of services.[xv]

Health Education Program Accessibility to Members

HPN and Affiliates shall ensure:

1. Timely access to effective health education interventions are available to members at no cost;[xvi]
2. Health education interventions meet Program standards and expectations; and
3. Members are notified of the availability of appropriate health education interventions based on identified member needs.

Referrals to Health Education Interventions

Referrals to health education interventions may be initiated by a provider, case manager, education coordinator, or other participant in the member's care team. Members and caregivers may also self-refer to interventions by contacting Affiliate clinical staff or health education teams.

HPN and Affiliates shall ensure referrals and recommendations for health education interventions are:

1. Documented in the member's medical record; and
2. Communicated to the appropriate Program staff; and
3. Acted on by the appropriate health educator; and
4. Tracked and monitored for intervention outcomes, such as attendance and completion, and outcomes are communicated to the originating and primary providers.

Referrals to Community Health Education Resources

Affiliates may choose to refer members to external health education resources. In such cases, Affiliates may be:

1. Limited in the capacity to provide direct intervention options;
2. Unable to provide education sufficient to meet complex member needs; or
3. Seeking additional member benefits and support in developing skills and knowledge required for health and wellness.

HPN and Affiliates do not delegate or sub-delegate any Program activities to any third-party organizations, but may direct and refer members to use available community resources and interventions as appropriate.

Affiliates shall ensure referrals to external community health education resources are:

1. Available to members when unable to directly provide the requested or needed intervention; and
2. Documented in the member's medical record.

Examples of complimentary external services include State resources such as:[xvii]

1. California Children Services (CCS)
2. Comprehensive Perinatal Services Program (CPSP)
3. Child Health and Disability Prevention (CHDP) Program Services
4. Family Planning Services (FPS)

Health Education Program Promotion to Members

Affiliates shall utilize at least two (2) methods to promote the availability of health education services and resources to members, including:

1. Website postings
2. New member welcome packets
3. Member newsletters
4. Member mailings
5. Member emails
6. Messages to member mobile devices
7. On-hold telephone messaging
8. Promotional materials and events
9. Member requests for information
10. Notifications in waiting rooms and exam rooms
11. Referrals by providers or staff
12. Real-time conversations

Health Education Program Promotion to Providers and Staff

HPN and Affiliates shall conduct periodic outreach to providers and other clinical staff, reminding them of health education interventions available to members that address risk-reduction and healthy lifestyles. Outreach may be conducted by:

1. Newsletters
2. Emails
3. Site visits
4. Hosted meals
5. Continuing education events
6. Alerts for Health Education Resource Directory updates

PROVIDER AND STAFF EDUCATION REFERENCE

HPN and Affiliates shall provide education, training, and program resources to assist providers in the delivery of health education interventions to members.[xviii]

Provider and Staff Training

HPN and Affiliates shall provide new-hire and annual training to appropriate staff and providers in the following categories:[xix,xx]

1. Availability of Program interventions
2. Cultural competency and health literacy
3. Health education behavioral assessments
4. Appropriate trainings per contractual agreements, such as required Health Education webinars hosted by health insurance plans.

Training Documentation

HPN and Affiliates shall maintain supporting documentation for applicable education events including:

1. Copies of program handouts or correspondence
2. Sign in-sheets
3. Agenda/Training outline
4. Meeting minutes

5. Certificates of completion by groups or individuals

CULTURAL AND LINGUISTIC APPROPRIATENESS

HPN and Affiliates shall ensure all health education interventions meet the cultural and linguistic standards of supporting HPN policies and procedures. All Program interventions shall incorporate cultural competency strategies as appropriate to the topic and member population.[xxi]

In addition to requirements within existing policies and procedures, HPN and Affiliates shall ensure all health education interventions are:

1. Culturally and linguistically appropriate for the intended audience and service area population, including those with limited English proficiency, limited reading skills, hearing incapacity, or those with diverse cultural and ethnic backgrounds;[xxii]
2. Offered in a culturally competent manner;
3. Available in alternative formats and threshold languages upon request;[xxiii]
4. Translated from an approved English format into threshold languages by a certified translator when appropriate;[xxiv] and
5. Inclusive of strategies to reduce cultural and linguistic disparities.

READABILITY, SUITABILITY & CREDIBILITY

HPN and Affiliates shall ensure all health education interventions meet the readability, suitability, and credibility standards of supporting HPN policies and procedures. All Program interventions shall incorporate evidence-based practice guidelines and adult learning theories as appropriate to the topic and member population.

In addition to requirements within existing policies and procedures, HPN and Affiliates shall ensure all written health education materials developed, adapted, purchased, and obtained are:

1. Assessed and approved by a qualified health educator or entity per policy;[xxv,xxvi,xxvii,xxviii]
2. Reviewed at least every five (5) years;
3. Maintained and available in a health education repository with documentation of approval;
4. Consistent in the delivery of credible, reliable information; and
5. Retrieved from approved health education publication companies.

ASSESSING MEMBER AND POPULATION NEEDS

HPN and Affiliates shall ensure the health education needs of our members are assessed at the individual and population levels and meet the standards of supporting HPN policies and procedures.

Member Assessments

HPN and Affiliates shall ensure health education assessments are administered and meet the standards of the Program and supporting HPN policies and procedures. Assessments include the initial health assessment (IHA), the individual health education behavioral assessment (IHEBA), and the Staying Healthy Assessment (SHA).

HPN and Affiliates shall ensure health education assessments:

1. Are initiated and administered at the appropriate periodicity per policy;[xxix,xxx,xxxi,xxxii]
2. Are administered and reviewed by a provider during an office visit; and

3. Identify health education needs of members, which are then appropriately acted on.[xxxiii]

Population Needs Assessment

HPN and Affiliates shall ensure the cultural, linguistic, and health education needs of the population are assessed and findings are used to develop Program strategies designed to reduce disparities.[xxxiv]

The population needs assessment (PNA) shall include:

1. An annual assessment of and evaluation of special needs subgroups, including:
    a. Seniors;
    b. Persons with disabilities;
    c. Children with special health care needs;
    d. Members with limited English proficiency; and
    e. Other member subgroups from diverse cultural and ethnic backgrounds.
2. The use of reliable data sources, such as:
    a. Recent consumer assessment of healthcare providers and systems (CAHPS) surveys; and
    b. Disparity data from entities such as DHCS.

PROGRAM MONITORING AND EVAULATION

HPN and Affiliates shall conduct appropriate levels of program evaluation, including: monitoring the performance of providers and educators delivering Program interventions to ensure effectiveness; periodic review of the Program to ensure appropriate allocation of staff and resources; and maintenance of documentation that demonstrates the effective implementation of Program standards.[xxxv,xxxvi]

Annual Work Plans

HPN and Affiliates shall ensure annual Work Plans are inclusive of strategies and action plans required for Program effectiveness. Each Affiliate, in collaboration with the Director, shall develop and implement annual Work Plan objectives and goals, which shall be reviewed and evaluated at least quarterly by appropriate governance channels.

Annual Work Plans shall include:

1. Goals specific to the needs of the service area as identified in the PNA;
2. Action plans to fulfill Program goals, standards, and expectations;
3. Strategies to reduce member disparities as identified in the PNA; and
4. Quarterly updates to address evaluation recommendations as indicated.

Program Monitoring

HPN and Affiliates shall regularly collect Program data and report findings to the appropriate governance channels at least quarterly. See Attachment “Health Education Program Monitoring Tool.” Program monitoring reports shall include Affiliate data collected in each of the following categories:

1. Program Staffing and Resources;
2. Education Interventions;
3. Education Utilization;
4. Member Chart Audits; and
5. Staff Education.

Program Evaluation

HPN and Affiliates shall regularly evaluate Program data obtained during monitoring to determine effectiveness. Appropriate governance channels shall evaluate and recommend improvements as indicated for:

1. Monitoring reports at least quarterly;
2. Work Plans at least quarterly;
3. Corrective Action Plans at least quarterly, if issued;
4. Overall Program performance and effectiveness at least annually; and
5. Population Needs Assessments at least annually.

Corrective Action Plans

HPN and Affiliates shall maintain a process for issuing corrective action plans to address opportunities for improvement. Appropriate governance channels shall develop, issue, and monitor corrective action plans as indicated agreements and non-delegated status

ATTACHMENTS

HPN Health Education Workgroup

The Health Education Workgroup is multidisciplinary in structure with representation from various HPN medical groups.

Governance

Director or designee(s) acts as the Workgroup Chairperson(s). The Chairperson(s) presides over Workgroup meetings and is responsible for the Health Education Program. The Chairperson(s) has the authority to call an ad hoc meeting and reports Health Education Workgroup activity to the Quality Improvement Committee. The Chairperson(s) and a minimum of representation from four (4) HPN groups are required for a quorum.

Membership

Each medical group shall designate at least one health education representative to serve on the Workgroup.

Function

In accordance with its duties and responsibilities, the Workgroup shall:

1. Review and approve the Health Education Program and Work Plan, Corrective Action Plan, at a minimum, on an annual basis.
2. Ensure health education activities are being carried out, as described in the Health Education Program and Work plan, at all the HPN groups.
3. Approve and deny recommendations for Health Education Program and materials.
4. Review the appropriateness of the health education materials, the health education topics being offered, and the utilization of the health education program.
5. Ensure all health education materials, for each title in use distributed to Medi-Cal Members, satisfy DHCS requirements per policy.
6. Ensure final decisions are well documented in Health Education Workgroup minutes.
7. Annually review and update the Health Education Monitoring Tool to align with yearly goals and changes in regulatory or contractual standards and expectations.

Meeting Frequency

The Health Education Workgroup shall meet on at least a twice yearly basis. Meetings and decision-makings should take place in the form of real-time meetings (e.g. video conferencing, WebEx) when possible. Meetings may be conducted asynchronously, if needed.

Reporting

1. Internal: The Health Education Workgroup Chairperson(s) reports the Health Education Workgroup meeting minutes to the QI Committee and have the minutes reviewed and approved.
2. External: The Health Education Workgroup submits annual reports to Heritage Provider Network, Inc., Operations Committee and QI Committee. Once reviewed and approved, the annual reports are submitted to health plans as required by delegation agreements. Annual Reports to the health plans include the Health Education Program and Work Plan.

HPN Health Education Program Monitoring Tool

The Health Education Workgroup administers and maintains a Health Education Program Monitoring Tool used to collect quarterly Affiliate Program data. The tool is reviewed and updated annually to align

with yearly goals and changes in regulatory or contractual standards and expectations, if indicated. At a minimum, the tool shall collect data from across functional Program categories below.

Program Staffing and Resources

1. Staff
    a. Current job descriptions
    b. Current list of staff and qualifying credentials
2. Resources
    a. Repository of Written Materials:
        i. Listing of current titles in use for distribution
        ii. Documentation of current approval for each title in use
        iii. Listing of topics available in threshold languages
    b. Directory of Services:
        i. Listing of available translation services
        ii. Listing of alternative format services

Education Interventions

1. Listing of required topics:
    a. Confirmation of availability
    b. Description of content and delivery methods
    c. Schedule of services
2. Evidence of member promotion (2)
3. Evidence of provider promotion (2)

Education Utilization

1. Total number of unique referrals to health education interventions
2. Percentage rate of member participation in health education after referral
3. Total number of unique members participating in each intervention service
4. Percentage rate of member completion of services in each intervention
5. Population Needs Goal:
    a. Percentage rate of participation in health education interventions among members with a diagnosis of a target disease state identified in the annual Affiliate Work Plan
    b. Other measures as indicated in the Work Plan

Member Chart Audits

1. Evidence of completed member assessments including IHA/IHEBA or SHA
2. Evidence of action taken to address health education needs identified from member assessments
3. Evidence of timely health education referrals and response by health education staff
4. Evidence of health education member outcomes
5. Evidence of member status and outcomes communication to PCP and/or originating provider

Staff Education

1. Evidence of staff training and completion as required

SECTION IV: REFERENCES

[i] DHCS Medi-Cal Managed Care Boilerplate Contract, Exhibit A.10.8.A.(1), (2019).

[ii] SCAN Health Plan Agreement for the Provision of Physician Group Services, Delegation Oversight Addendum (2019).
[iii] SCAN Health Plan Agreement for the Provision of Physician Group Services, Delegation Oversight Addendum (2019).
[iv] DHCS Medi-Cal Managed Care Boilerplate Contract, Exhibit A.10.8.A.(2), (2019).
[v] DHCS Readability and Suitability of Written Health Education Materials, APL 18-016 (2018).
[vi] DHCS Medi-Cal Managed Care Boilerplate Contract, Exhibit A.10.8.A.(4), (2019).
[vii] SCAN Health Plan Agreement for the Provision of Physician Group Services, Delegation Oversight Addendum (2019).
[viii] NCQA Population Health Management Program Standards and Elements, PHM 1: PHM Strategy, Element B, (2020).
[ix] DHCS Medi-Cal Managed Care Boilerplate Contract, Exhibit A.10.8.A.(11), (2019).
[x] DHCS Medi-Cal Managed Care Boilerplate Contract, Exhibit A.10.8.A.(7), (2019).
[xi] DHCS Medi-Cal Managed Care Boilerplate Contract, Exhibit A.10.8.A.(6), (2019).
[xii] Anthem Blue Cross Agreement for Delegation of Healthcare Activities, Addendum (2019).
[xiii] SCAN Health Plan Agreement for the Provision of Physician Group Services, Delegation Oversight Addendum (2019).
[xiv] Scope of Basic Health Care Services Act, 28 C.C.R. §1300.67.(f)(8). (2000 & Supp. 2003).
[xv] Scope of Basic Health Care Services Act, 28 C.C.R. §1300.67.2.(g). (2000 & Supp. 2003).
[xvi] DHCS Medi-Cal Managed Care Boilerplate Contract, Exhibit A.10.8.A.(3), (2019).
[xvii] Anthem Blue Cross Agreement for Delegation of Healthcare Activities, Addendum (2019).
[xviii] DHCS Medi-Cal Managed Care Boilerplate Contract, Exhibit A.10.8.A.(3), (2019).
[xix] SCAN Health Plan Agreement for the Provision of Physician Group Services, Delegation Oversight Addendum (2019).
[xx] Anthem Blue Cross Agreement for Delegation of Healthcare Activities, Addendum (2019).
[xxi] DHCS Medi-Cal Managed Care Boilerplate Contract, Exhibit A.10.8.A.(5), (2019).
[xxii] SCAN Health Plan Agreement for the Provision of Physician Group Services, Delegation Oversight Addendum (2019).
[xxiii] SCAN Health Plan Agreement for the Provision of Physician Group Services, Delegation Oversight Addendum (2019).
[xxiv] DHCS Readability and Suitability of Written Health Education Materials, APL 18-016 (2018).
[xxv] DHCS Medi-Cal Managed Care Boilerplate Contract, Exhibit A.10.8.A.(5), (2019).
[xxvi] DHCS Readability and Suitability of Written Health Education Materials, APL 18-016 (2018).
[xxvii] CMS Medicare Marketing Guidelines, 42 C.F.R §§ 417, 422, 423. (2014, Supp. 2019).
[xxviii] SCAN Health Plan Agreement for the Provision of Physician Group Services, Delegation Oversight Addendum (2019).
[xxix] DHCS Medi-Cal Managed Care Boilerplate Contract, Exhibit A.10.8.A.(10), (2019).
[xxx] DHCS Staying Healthy Assessment/Individual Health Education Behavioral Assessment for Enrollees from Low Income Health
Program, APL 13-017 (2013)
[xxxi] L.A. Care Health plan Participating Physician Group Services Agreement, Addendum (2019).
[xxxii] SCAN Health Plan Agreement for the Provision of Physician Group Services, Delegation Oversight Addendum (2019).
[xxxiii] L.A. Care Health plan Participating Physician Group Services Agreement, Addendum (2019).
[xxxiv] DHCS Population Needs Assessment and Population Health Management Strategy, APL-23-021 (2023).
[xxxv] DHCS Medi-Cal Managed Care Boilerplate Contract, Exhibit A.10.8.A.(8-9), (2019).
[xxxvi] SCAN Health Plan Agreement for the Provision of Physician Group Services, Delegation Oversight Addendum (2019).