

# San Joaquin County Health Commission Community Reinvestment Plan

*San Joaquin County Health Commission  
is the governing body for the organizations Doing Business As:*

Health Plan   

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of San Joaquin



Mountain Valley  

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Health Plan

Version: November 14, 2023

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## Background

### *About San Joaquin County Health Commission, Health Plan of San Joaquin, and Mountain Valley Health Plan*

The San Joaquin County Health Commission (“SJCHC”) was established by the San Joaquin County Board of Supervisors to provide publicly assisted medical care under Welfare and Institutions Code Sections 14087.31 and 14087.32 relating to Medi-Cal. SJCHC is the governing body for the entities doing business as the Health Plan of San Joaquin (“HPSJ”) and the forthcoming Mountain Valley Health Plan (“MVHP”), together referenced as the “Health Plan”.

HPSJ has been serving members enrolled in publicly funded programs in the heart of the Central Valley of California since 1996, serving the communities of San Joaquin and Stanislaus Counties. MVHP will be serving members enrolled in publicly funded programs in Alpine and El Dorado Counties as of January 1, 2024. As a publicly sponsored, not-for-profit, Health Maintenance Organization (HMO), the Health Plan has a contract with the California Department of Health Care Services (DHCS) to manage health care for Medi-Cal members.

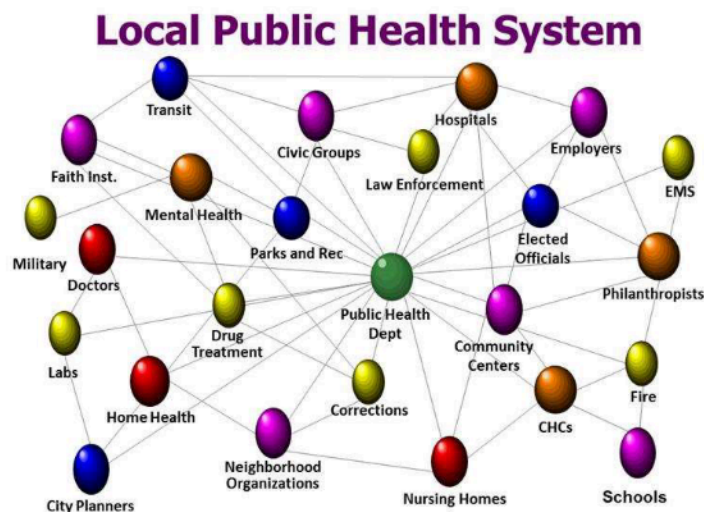
The Health Plan continuously works to improve the health of our community by providing access to high-quality cost-effective health care to approximately 450,000 members.

## Purpose

The purpose of this Community Reinvestment Plan (CRP) is to convey the Health Plan’s overall approach to and specific areas of focus for community reinvestment. As a community-based Medi-Cal managed care plan, the Health Plan is committed to providing access to quality healthcare for our members and removing barriers to our members receiving care. The main priority of the Health Plan is to improve our members’ access to healthcare providers for health screenings, and immunizations as well as to assist in controlling chronic conditions. We believe that these activities are vital to the health of our members and contribute to the overall well-being of the communities in which the Health Plan serves.

This Health Plan defines community reinvestment as its grantmaking approach supporting innovation within the local public health system, which is believed will lead to an improved local Medi-Cal delivery system. Stakeholders within this local public health system include “governmental, private, and public sector agencies and organizations whose actions impact the health of the population, as well as infrastructure and laws that support public health activities.”<sup>i</sup>

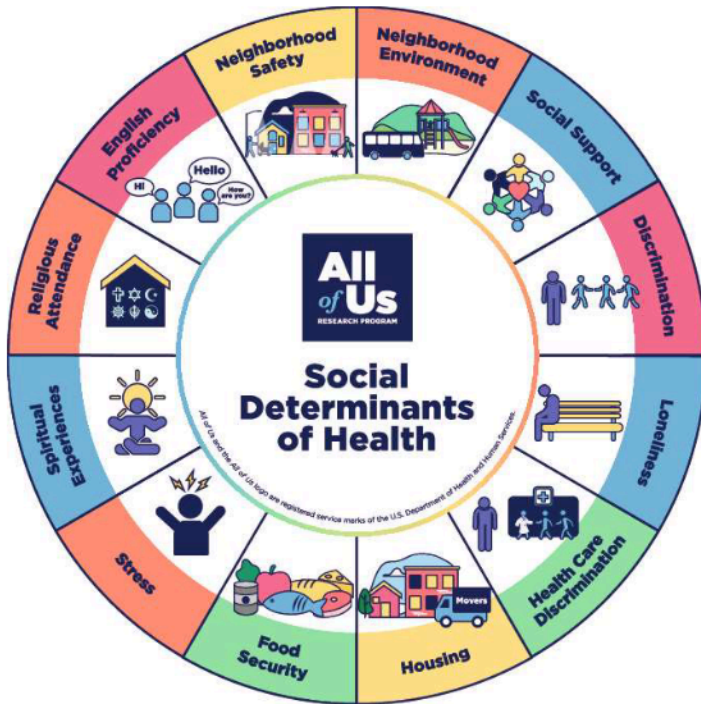
The following is an illustration depicting the local public health system<sup>ii</sup> as previously defined:



Key to note is that non-traditional healthcare delivery entities are included in the local public health system, such as community-based and faith-based organizations, as well as schools and justice institutions.

Furthermore, research continues to reinforce the understanding that addressing social determinants of health must occur to improve access and reduce barriers for our members to receive care. The Centers for Disease Control defines “Social determinants of health (SDOH) [as] the nonmedical factors that influence health outcomes”.<sup>iii</sup>

The following is the National Institutes of Health, All of Us Research Program representation focusing on Social Determinants of Health<sup>iv</sup>:



This depiction reveals areas in which social determinants of health affect every part of an individual’s life.

The California Department of Health Care Services, California Advancing and Innovating Medi-Cal<sup>v</sup> (CalAIM) initiative, attempts to help address many of the complex challenges facing California’s most vulnerable residents by transforming Medi-Cal in crucial areas such as the delivery system, programming, and payment approaches. Initiatives to be funded under this Community Reinvestment Plan will include local approaches to addressing social determinants of health to achieve greater levels of Access to Barrier-Free Quality Care in the communities served by the Health Plan.

Ultimately, this Community Reinvestment Plan is the Health Plan’s high-level roadmap for guiding strategic grant-making engagements, utilizing surplus funds, to partnering with members of the local public health system and the community to improve community health in furtherance of HPSJ’s mission and vision.

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### Priority Areas of Focus

Based on the above data as well as other data inputs from sources such as service area-specific Community Health Needs Assessments (CHNAs) and Community Health Improvement Plans (CHIPs), the following delineate the identified Community Reinvestment Plan Areas of Focus:

Item	Areas of Focus
A	Access
B	Quality
C	Practice Transformation
D	Data Accessibility
E	Capital Improvements
F	CBO/Other - Capacity Building

**Quality** is defined as improving the health of our members by ensuring they see their healthcare providers for preventative care including immunizations, screenings for early detection of serious health conditions and to manage their current health concerns. We believe this will help our members stay healthy and create healthier communities. The Health Plan recognizes that some communities face significantly more socioeconomic barriers than others, preventing them from living their highest quality of life possible. The Health Plan will develop and implement strategies to eliminate such barriers, making it possible for all its members to become, and remain as healthy as possible.

### Goals

The following details the goals of this Community Reinvestment Plan:

#	Goal	Area of Focus
1	Increase the number of providers serving Health Plan members	Access
2	Increase the number of community-based organizations serving as providers in relevant areas of need, e.g. Enhanced Care Management, CHW, Doula, Housing, Transportation, Healthy Food Access, Utilities, Domestic Safety, etc., in all Health Plan Service areas	Access
3	90% of provider practices, participating in the Practice Transformation Initiative, to complete the program	Access
4	Increase the number of Health Plan providers using and consistently sending data to the Health Plan	Data Accessibility
5	Provide support to programs directly impacting access and reducing barriers to quality care for our members	Access
6	Improve facilities to promote high-quality and accessible care	Capital Improvements
7	Align with current and future Health Plan priorities that improve access to and increase quality of care	Quality

## Founding Values

The following are the guiding principles of the Health Plan's Community Reinvestment Program:

1. **Access to Barrier-Free Quality Care.** Annual funding allocations through the CRSPR consider Access to Barrier-Free Quality Care. The Health Plan will implement strategies to identify existing health disparities for the communities it serves, ensuring that high-quality, culturally and linguistically congruent, barrier-free health services are provided to all.
2. **Strategic and Transparent Spending.** The annual CRSPR adheres to an annual strategy that ensures transparency related to the availability of funding for activities within the focus areas of need, as agreed upon by the Health Plan's governing board, the San Joaquin County Health Commission
3. **Beneficial to Members.** The annual CRSPR makes strategic use of HPSJ reserves to strengthen the local Medi-Cal delivery system.
4. **Support for Local Innovation.** The annual CRSPR ensures the strategic use of HPSJ reserves to enable local innovation in healthcare.
5. **Partnership with Community.** The community has a key role in annually developing the CRSPR and identifying focus areas of need.
6. **Integrity.** HPSJ adheres to transparent practices to ensure the annual CRSPR is free from conflicts of interest in the approval of programs and allocation of funds.

## Plan Duration

**Community Reinvestment Plan Effective Date:** July 1, 2023

**Community Reinvestment Plan Expiration Date:** June 30, 2026

**Other Relevant Plan Provisions:** Annual Review Required

## DHCS Community Reinvestment Requirements

The following are key DHCS requirements for Community Reinvestment:

**Community Reinvestment Plan (CRP) and Report (CRR)** (*Exhibit A, Attachment III, 1.2 Financial Information, subsection 1.2.7*):

- Effective January 1, 2024
- Applicable for HPSJ and its Fully Delegated Subcontractors and Downstream Fully Delegated subcontractors
- Requires annual DHCS approval of HPSJ and its Fully Delegated Subcontractors and Downstream Subcontractors CRP
- Approved CRP must be publicly available
- CRP must detail: (a) the expected beneficiaries of HPSJ's community reinvestment, (b) how they will benefit, and (c) any additional information requested by DHCS
- CRR must detail: (a) detail HPSJ's community reinvestment activities following the Community Reinvestment Plan, and (b) the related outcomes. Minimum requirements will be specified in a form and manner specified by DHCS

**Community Reinvestment** (*Exhibit B, 1.0 - Budget Detail and Payment Provisions, subsection 1.17 Community Reinvestment*):

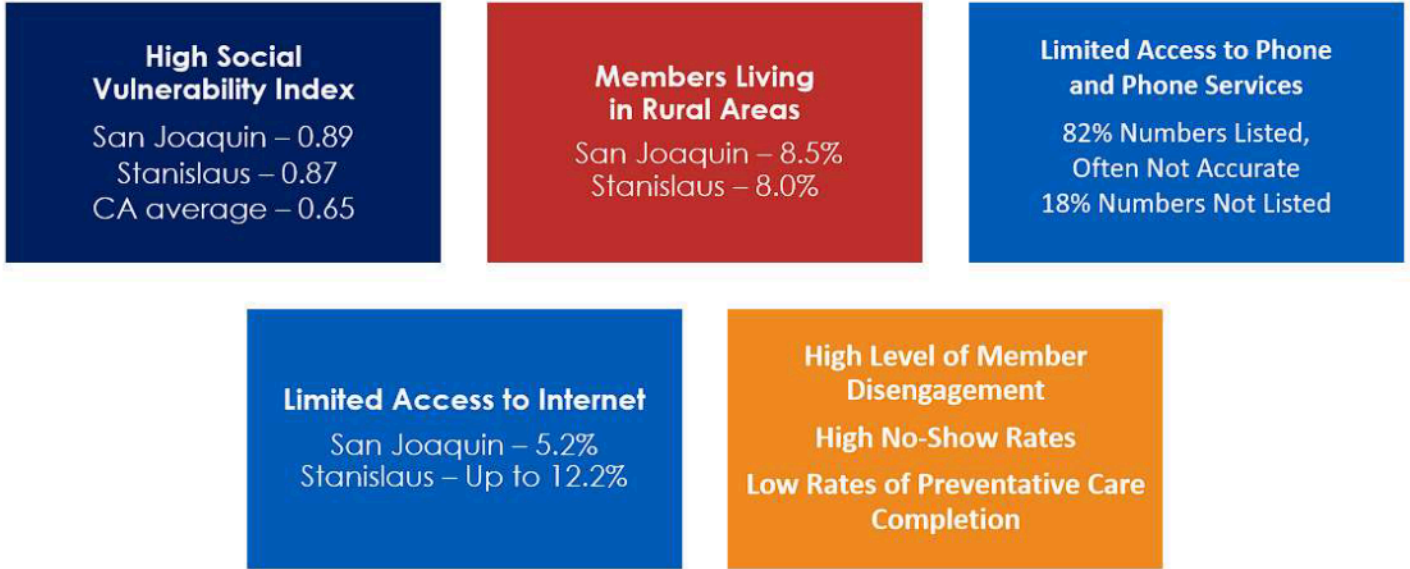
- HPSJ and its Fully Delegated Subcontractors and Downstream Subcontractors shall be required to contribute the following percentage of net income:
  - 5 percent of the portion of annual net income that is less than or equal to 7.5 percent of Contract Revenues for the year, and
  - 7.5 percent of the portion of annual net income that is greater than 7.5 percent

- If the Contractor does not meet quality outcome metrics as defined through an All Plan Letter or similar guidance, it shall set an additional 7.5 percent of its annual net income towards community reinvestment **(DHCS 2024 Contract Section, B.1.18, 1.18 Quality Achievement Requirement)**

Please reference **Appendix E** for full DHCS requirements.

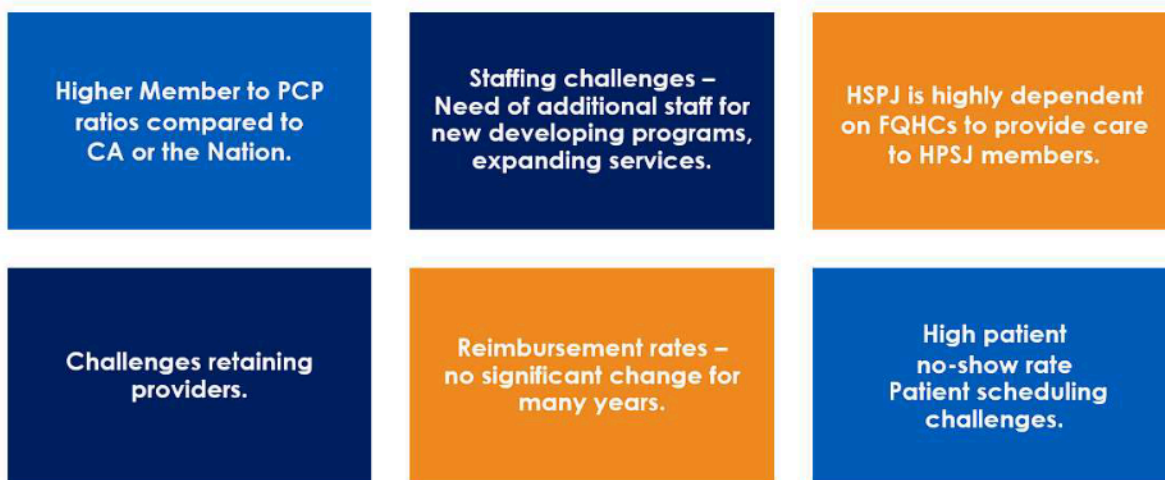
**Data**

The following represents key data inputs for determining Community Reinvestment Plan Areas of Impact:  
*Health Plan Member Challenges (aggregated for Stanislaus and San Joaquin Counties)*



Data Source: HPSJ Provider Survey Data

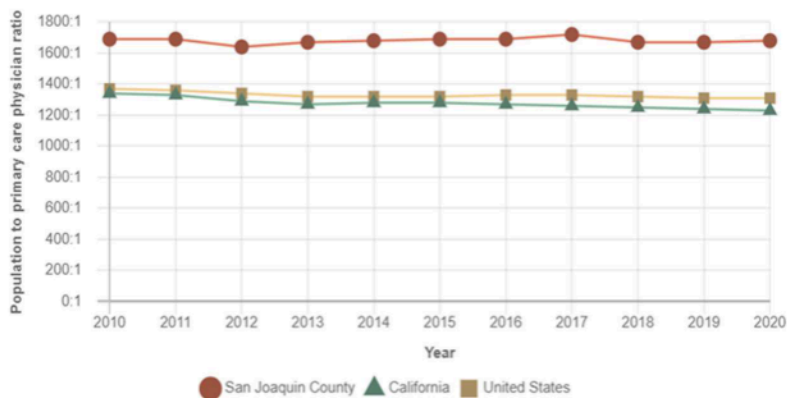
*Health Plan Provider Challenges (aggregated for Stanislaus and San Joaquin Counties)*



Data Source: HPSJ Provider Survey Data

### Primary Care Physicians in San Joaquin County, CA County, state and national trends

Although no significant trend was found in San Joaquin County for this measure, please note state and national trends.



Data Source: San Joaquin:

<https://www.countyhealthrankings.org/explore-health-rankings/california/san-joaquin>

### Primary Care Physicians in Stanislaus County, CA County, state and national trends

Although no significant trend was found in Stanislaus County for this measure, please note state and national trends.



Data Source: Stanislaus County:

<https://www.countyhealthrankings.org/explore-health-rankings/california/stanislaus?year=2023>



Health Plan NCQA HEDIS Quality Challenges

- = At 50<sup>th</sup> Percentile for HEDIS Measure
- = Less than 5% below the 50<sup>th</sup> Percentile for HEDIS Measure
- = More than 5% below the 50<sup>th</sup> Percentile for HEDIS Measure

## San Joaquin: Held to Minimum Performance

Measure	SJ MY2020/Ry2021	SJ MY2021/Ry2022	SJ MY2022/Ry2023	Goal MPL MY2022
Childhood Immunization Status- Combo 10	36.01%	36.98%	36.50%	34.79%
Adolescent Vaccines- Combo 2	44.04%	39.17%	37.55%	35.04%
6 visits in the first 15 months of life	45.82%	44.63%	50.36%	55.72%
2+ visits in the first 15 – 30 months of life	46.65%	58.30%	60.67%	65.83%
Well Visits 3 – 21 years of age	40.68%	46.23%	47.26%	48.93%
Lead Screening in Children	NR	NR	46.11%	63.99%
Breast Cancer Screening	51.71%	47.29%	50.44%	50.95%
Cervical Cancer Screening	58.64%	56.26%	56.93%	57.64%
Chlamydia Screening	59.27%	58.54%	58.78%	55.32%
Timely Prenatal Care	86.62%	88.08%	87.59%	85.40%
Timely Postpartum Care	75.43%	78.83%	78.08%	77.37%
Controlling High Blood Pressure <140/90 mmHg	55.23%	57.18%	59.37%	59.85%
Diabetic A1c <9 (lower is better)	44.70%	38.44%	35.52%	39.90%
Follow-Up after ED visit for Mental Illness – 30 days	NR	56.69%	52.39%	59.42%
Follow-Up after ED visit for Alcohol & Other substances – 30 days	NR	7.17%	17.08%	21.24%

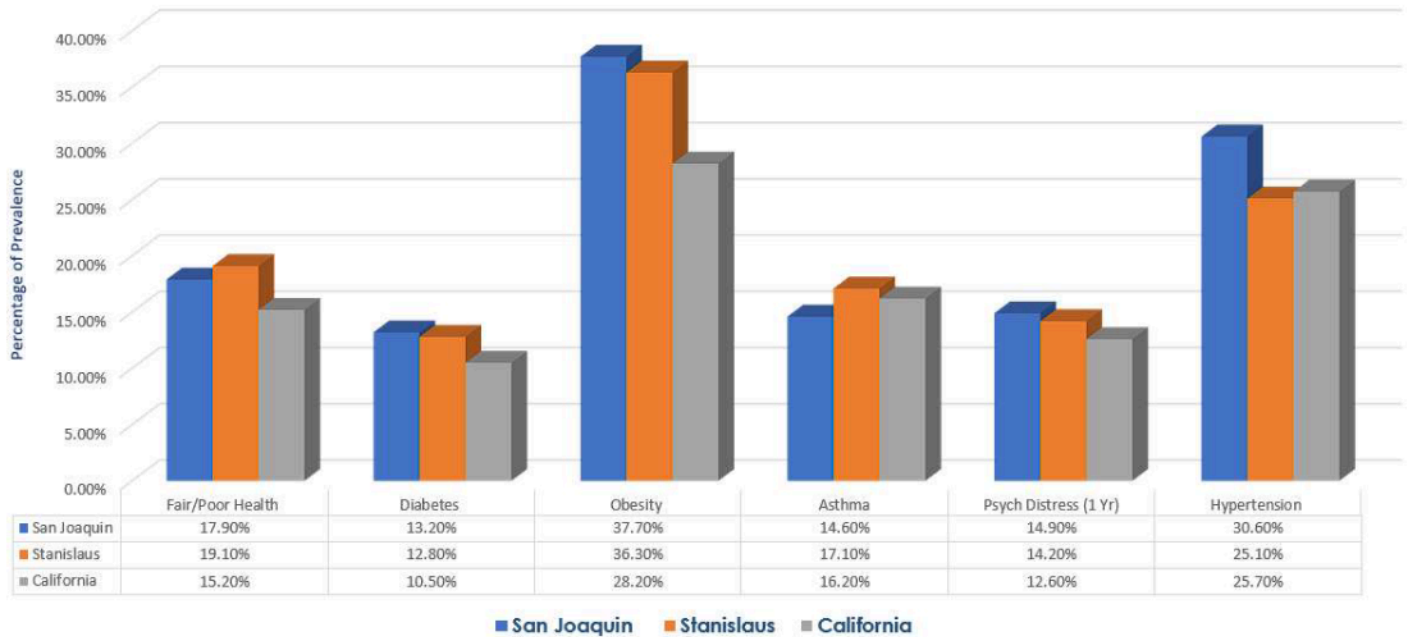
Data Source: National Committee for Quality Assurance, Healthcare Effectiveness Data and Information Set (HEDIS) Data for Measure Year 2020-2023 for San Joaquin Membership

## Stanislaus: Held to Minimum Performance

Measure	ST MY2020/Ry2021	ST MY2021/Ry2022	ST MY2022/Ry2023	Goal MPL MY2022
Childhood Immunization Status- Combo 10	32.60%	29.20%	20.92%	34.79%
Adolescent Vaccines- Combo 2	35.52%	33.33%	30.20%	35.04%
6 visits in the first 15 months of life	39.90%	37.98%	35.32%	55.72%
2+ visits in the first 15 – 30 months of life	63.35%	54.30%	56.49%	65.83%
Well Visits 3 – 21 years of age	34.87%	37.71%	41.89%	48.93%
Lead Screening in Children	NR	NR	39.37%	63.99%
Breast Cancer Screening	57.08%	49.96%	50.42%	50.95%
Cervical Cancer Screening	58.39%	59.12%	58.15%	57.64%
Chlamydia Screening	54.57%	50.77%	52.60%	55.32%
Timely Prenatal Care	86.37%	87.10%	86.37%	85.40%
Timely Postpartum Care	75.43%	79.81%	80.05%	77.37%
Controlling High Blood Pressure <140/90 mmHg	51.82%	55.96%	59.85%	59.85%
Diabetic A1c <9 (lower is better)	47.45%	41.61%	40.63%	39.90%
Follow-Up after ED visit for Mental Illness – 30 days	NR	49.18%	47.16%	59.42%
Follow-Up after ED visit for Alcohol & Other substances – 30 days	NR	5.56%	18.06%	21.24%

Data Source: National Committee for Quality Assurance, Healthcare Effectiveness Data and Information Set (HEDIS) Data for Measure Year 2020-2023 for Stanislaus Membership

**Health Outcomes  
San Joaquin; Stanislaus, CA  
CHIS, 2019- 2020**

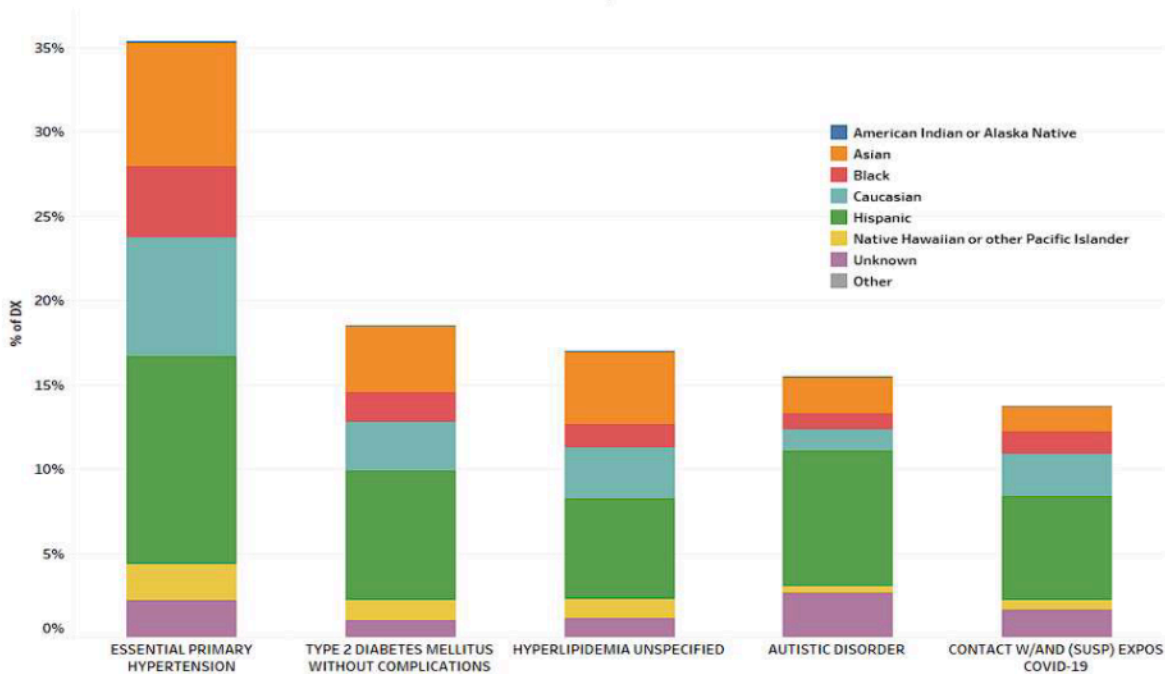


Data Source: 2019-2020 California Health Interview Survey for Stanislaus and San Joaquin County

Health Plan Membership Top 5 Conditions

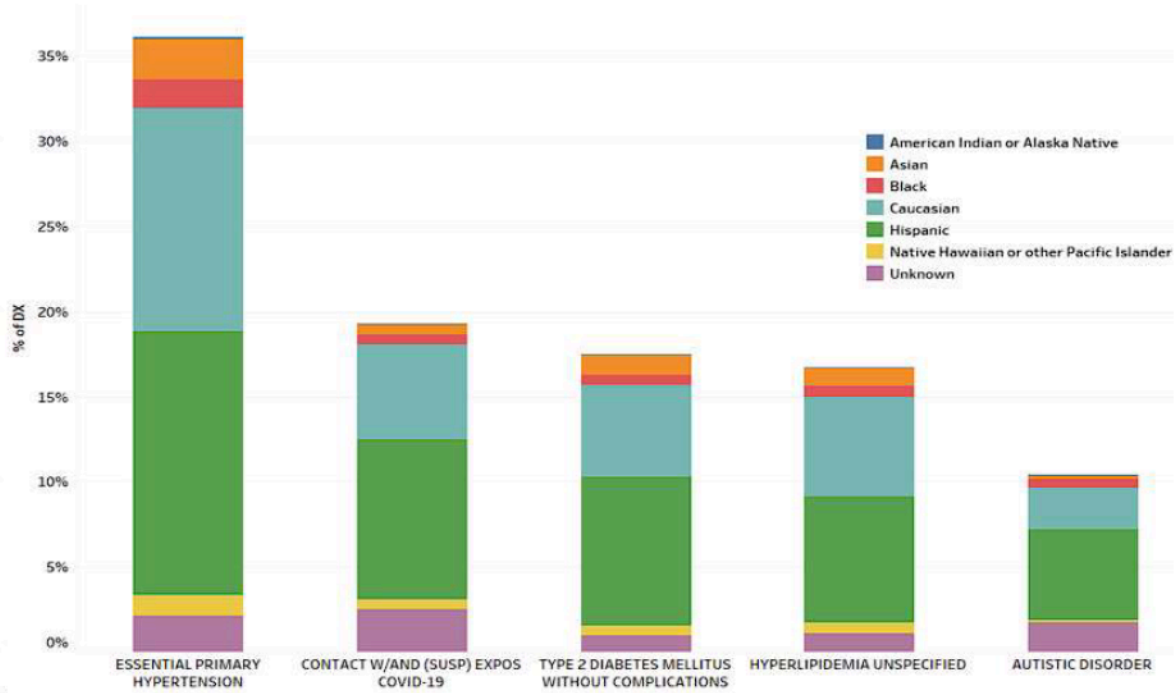
**Top 10 Conditions by Ethnicity (%)**

San Joaquin



### Top 10 Conditions by Ethnicity (%)

Stanislaus



Data Source: HPSJ Membership, Stanislaus County, August 14, 2023

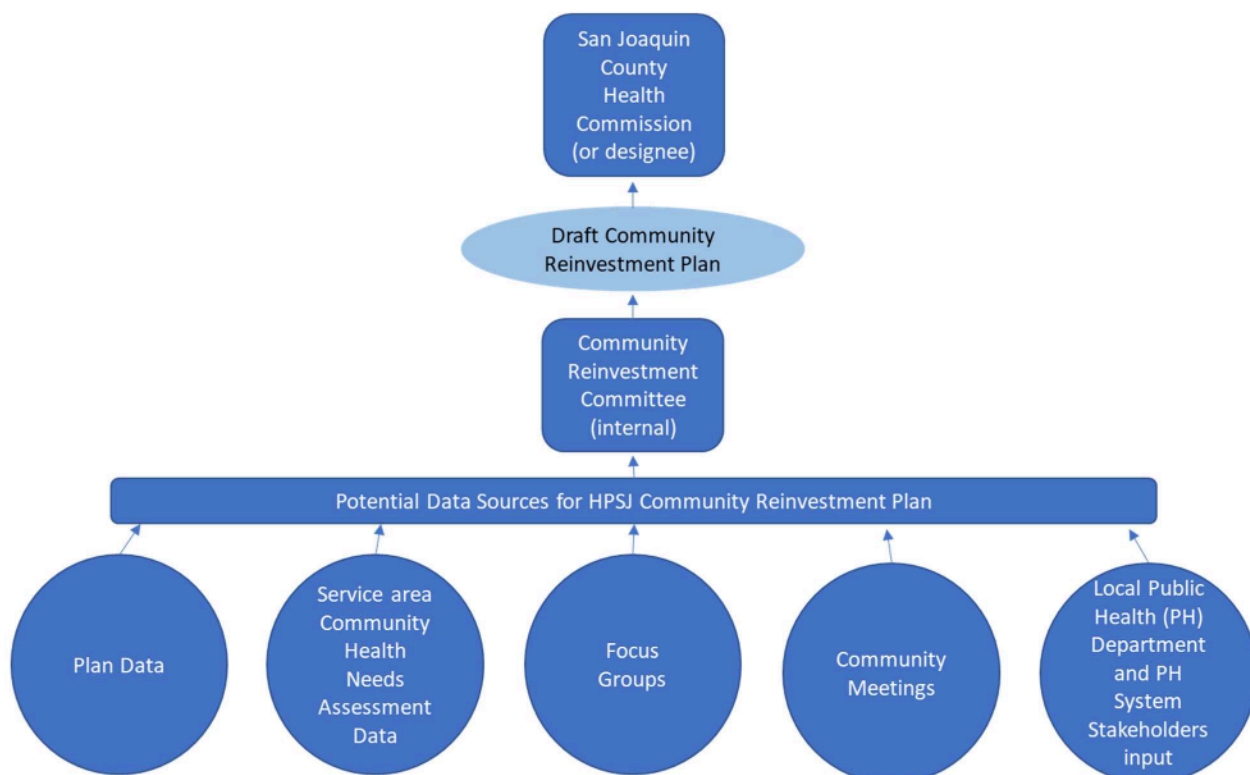
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## Reinvestment Strategy

The Plan's Mission, Vision, and Values are provided in *Appendix A* of this document and reflect core considerations in the planning, designing, and implementation of this Community Reinvestment Plan (CRP).

### Governance Approach

Governance. The annual development of the Community Reinvestment Strategy, Plan, and Reporting (CRSPR), identification of its focus areas of need, and allocation of its funding will be guided by the San Joaquin County Health Commission in collaboration with the internal Community Reinvestment Committee.



The Community Reinvestment Committee will direct activities of the health plan Community Reinvestment Program, where sanctioned by the San Joaquin County Health Commission.

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*Investment Plan*

In June 2023, the San Joaquin County Health Commission committed \$100M, over three fiscal years, to Community Reinvestment.

The following delineates the investment plan funding recommendations, specified by “Areas of Focus”, determined by the Community Reinvestment Committee, subject to the San Joaquin County Health Commission:

Item	Areas of Focus	Funding - Recommended	
		Total (\$)	Total (%)
A	Access	\$33,247,824	54%
B	Quality	\$2,000,000	3%
C	Practice Transformation	\$10,000,000	16%
D	Data Accessibility	\$8,775,000	14%
E	Capital Improvements	\$5,000,000	8%
F	CBO/Other - Capacity Building	\$2,000,000	3%
<b>Funding Commitment / Sub-Total</b>		<b>\$ 61,022,824</b>	<b>100%</b>
<b>Remaining / Undesignated Total</b>		<b>\$38,977,176</b>	<b>N/A</b>
<b>Community Reinvestment Funding - Total</b>		<b>\$100,000,000</b>	<b>N/A</b>

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## Reinvestment Selection Criteria

**Investment Criteria.** The following criteria are used by the internal Community Reinvestment Committee to evaluate funding requests and guide planning for future investments:

1. **Area of Focus.** Awards through the annual CRSPR policy should be associated with a focus area of need, as determined by the SJCHC. The SJCHC may include input from other stakeholders such as community partners and internal HPSJ workgroups.
2. **Impact on Local Medi-Cal Beneficiaries.** Annual allocations through the CRSPR must be focused on improving the health and wellness of local Medi-Cal beneficiaries.
3. **Self-Sustainability.** Investments through the annual CRSPR are intended to foster improvements in the local Medi-Cal delivery system that are sustainable beyond the funding period, as CRSPR awards are intended as initial investments to build capacity or develop infrastructure to meet the needs of Medi-Cal beneficiaries.
4. **Alignment with HPSJ's Mission and Vision.** The annual CRSPR supports community efforts that advance HPSJ's mission, vision, and strategic priorities.

## Funding Approach

External funding requests via two primary approaches, rolling grant cycles and/or periodic grant-making cycles. All external funding requests will be evaluated following the workflow outlined in Appendix B – Grant Making Workflow.

## Core Responsibilities of the Community Reinvestment Committee and associated Community Reinvestment Program

The Community Reinvestment Committee shall be responsible for the following functions:

1. To plan and develop the community reinvestment program strategy and associated plan annually
2. To obtain community reinvestment program inputs for community-driven priorities—e.g., CHNA, CHIP, Other data sources
3. To monitor the outcomes of the community reinvestment program-funded initiatives
4. To evaluate approaches to utilizing the quadruple aim, i.e., reducing costs, improving population health, patient experience, and healthcare team well-being, in achieving Access to Barrier-Free Quality Care for members in the Health Plan service areas

## Health Plan Monitoring Approach & Funding Distribution

The Community Reinvestment Committee directs the Community Reinvestment Program with the following responsibilities:

- A. Overseeing initiatives facilitated by the Community Reinvestment Committee (CRC)
- B. Ensuring DHCS community reinvestment requirements are met annually or as needed
- C. To serve as primary liaison with external entities applying to a Community Reinvestment funding opportunity (*not to be confused with other marketing-focused community engagement efforts of the health plan*)
- D. Ensuring all external grantmaking efforts by the CRC are conducted according to approved policies—e.g., *grant opportunity announcements, review committee, award announcements, validate alignment with focus areas of the CRC*
- E. To develop, monitor, and report on individual grant milestones/outcomes, in partnership with plan-assigned sponsors
- F. Overseeing grant fund payments based on approved grant milestones and CRC-approved policies

## **Conclusion**

This Community Reinvestment Plan works towards deliberate efforts to engage the Health Plan's local communities to advocate for sustainment and improvement in the health status of members in alignment with the organizational mission and vision. The plan will work to develop evaluation and monitoring plans for each funded reinvestment project to align with milestone-based disbursements. The plan is excited to be able to work with our local communities for both these reinvestment efforts, and also to illustrate the value offered by a community-based and public Medi-Cal Health Plan.

## **Community Reinvestment Document Approval**

Approval via Health Plan Resolution 2023-05 (Community Reinvestment Approval Resolution)

## **Appendix A – The Plan Mission, Vision, and Values**

### **Our Vision**

Healthy communities with equitable access to quality care.

### **Our Mission**

Provide high quality healthcare for our members through community partnerships.

### **Our Values**

#### **Accountability**

We are accountable to members, providers, our communities, and each other.

#### **Diversity, Equity, and Inclusion (DEI)**

We believe in promoting a foundation of compassion and respect for diversity, equity, and inclusion strengthening our organization and community by embracing opportunities for growth and leveraging the uniqueness of individual ideas, thoughts, and cultures.

#### **Partnerships**

We actively engage in community partnerships to advance quality care and health equity.

#### **Stewardship**

We serve as a responsible steward of entrusted resources.

#### **Excellence**

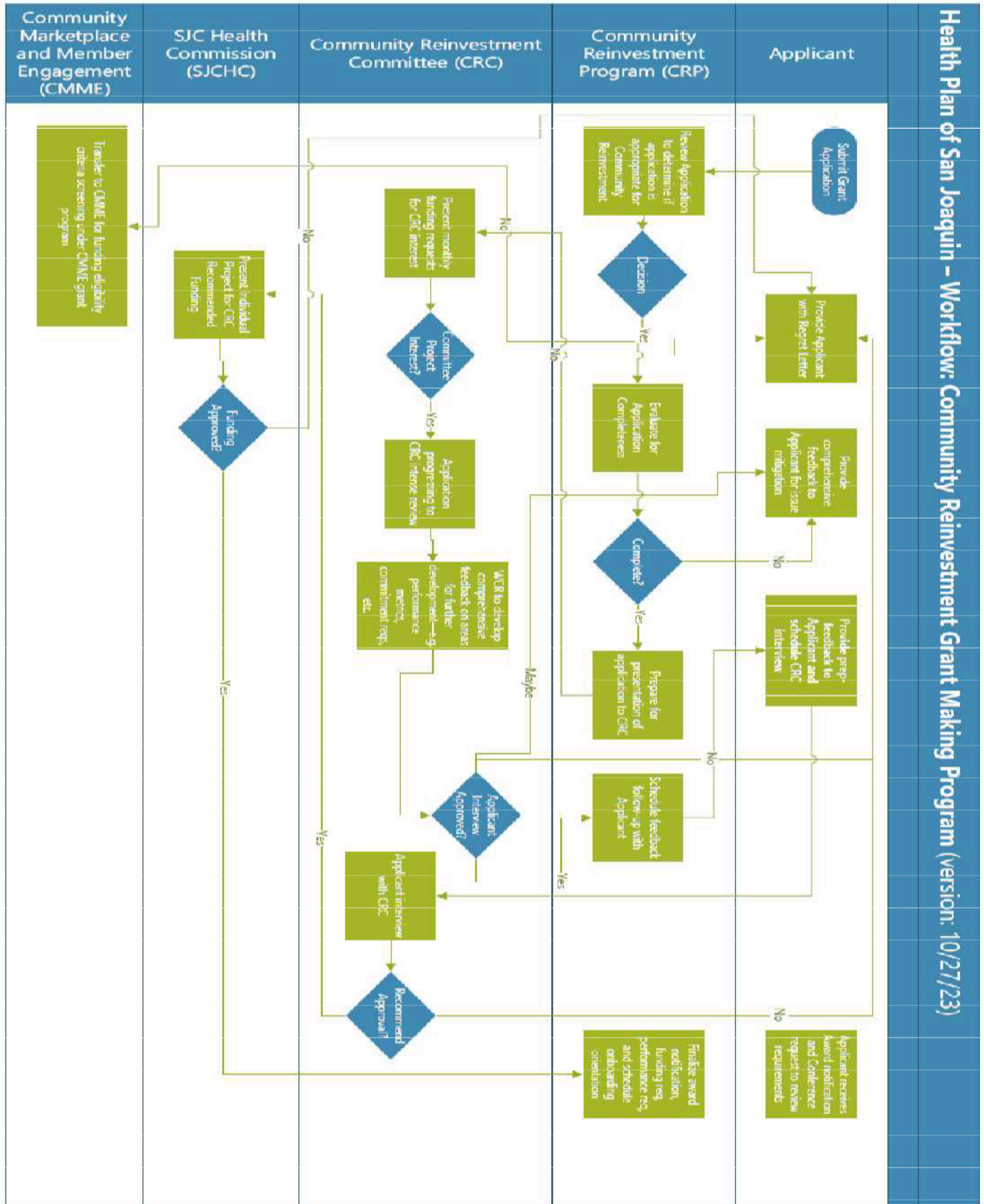
We act with integrity and aim for excellence in all we do.

#### **Teamwork**

We demonstrate teamwork in all our interactions.



Appendix B – Grant Making Workflow



## Appendix C – DHCS Community Reinvestment Requirements

### Exhibit A, ATTACHMENT III, 1.2.7 (Community Reinvestment Plan and Report)

#### 1.2.7 Community Reinvestment Plan and Report

- A. Contractor and its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors must annually submit a Community Reinvestment Plan for DHCS' approval that details its anticipated community reinvestment activities, pursuant to Exhibit B, Section 1.17 (Community Reinvestment), in a form and manner specified by DHCS through All Plan Letters (APLs) or similar guidance. The Community Reinvestment Plan must detail the expected Members of Contractor's community reinvestment, how they will benefit, and any additional information requested by DHCS. DHCS will make available the parameters for allowable community reinvestment activities through APLs or similar guidance.
- B. If Contractor has a Fully Delegated Subcontractor or Downstream Fully Delegated Subcontractor, Contractor must require the Fully Delegated Subcontractor and Downstream Fully Delegated Subcontractor to annually submit a Community Reinvestment Plan for approval that details its anticipated community reinvestment activities, pursuant to Exhibit B, Section, 1.17 (Community Reinvestment), in a form and manner specified by DHCS through APLs or similar guidance. Contractor must submit the Fully Delegated Subcontractor's and Downstream Fully Delegated Subcontractor's Community Reinvestment Plan to DHCS.
- C. Contractor must annually submit a Community Reinvestment Report, including information related to any Fully Delegated Subcontractor's or Downstream Fully Delegated Subcontractor's Community Reinvestment Plan, to DHCS in a form and manner specified by DHCS through APLs or similar guidance. The Community Reinvestment Report must detail Contractor's community reinvestment activities in accordance with the Community Reinvestment Plan, and the outcomes thereof. DHCS will make available the minimum information requirements for the report through APLs or similar guidance.

#### Other Requirements:

ID	Deliverable Title	Ref.	Frequency	Publicly Available	Recipient
D.0009	Community Reinvestment Plan	1.2.7	Annually.	Posted on Contractor's website.	DHCS

## **Exhibit B – Budget Detail and Payment Provisions, 1.17 (Community Reinvestment)**

### **1.17 Community Reinvestment**

A. Contractor must demonstrate a commitment to the local communities in which it operates through community reinvestment activities including contributing a set percentage of its annual net income under this Contract to community reinvestment, in accordance with the plan developed pursuant to Exhibit A, Attachment III, Subsection 1.2.7 (Community Reinvestment Plan and Report). This requirement is effective following Contractor's first year of operation as a Medi-Cal Managed Care Health Plan, as determined by DHCS. The percentage of Contractor's annual net income required to be contributed must be:

- 1) 5 percent of the portion of Contractor's annual net income that is less than or equal to 7.5 percent of Contract Revenues for the year; and
- 2) 7.5 percent of the portion of Contractor's annual net income that is greater than 7.5 percent of Contract Revenues for the year.

B. If Contractor has a Fully Delegated Subcontractor or Downstream Fully Delegated Subcontractor, Contractor must require all of its Fully Delegated Subcontractors or Downstream Fully Delegated Subcontractors to demonstrate a commitment to the local communities in which it operates through community reinvestment activities including contributing a set percentage of the Fully Delegated Subcontractor's or Downstream Fully Delegated Subcontractor's annual net income under the Fully Delegated Subcontractor's Subcontractor Agreement or Downstream Subcontractor's Downstream Subcontractor Agreement that is attributable to Members covered under this Contract to community reinvestment, in accordance with the plan developed pursuant to Exhibit A, Attachment III, Subsection 1.2.7 (Community Reinvestment Plan and Report). This requirement is effective following Contractor's first year of operation as a Medi-Cal Managed Care Health Plan, as determined by DHCS. The percentage of the Fully Delegated Subcontractor's or Downstream Fully Delegated Subcontractor's annual net income required to be contributed must be:

- 1) 5 percent of the portion of the Fully Delegated Subcontractor's or Downstream Fully Delegated Subcontractor's annual net income that is less than or equal to 7.5 percent of the amount the Fully Delegated Subcontractor or Downstream Fully Delegated Subcontractor is paid under its Subcontractor Agreement or Downstream Subcontractor Agreement with Contractor for the year; and
- 2) 7.5 percent of the portion of the Fully Delegated Subcontractor's or Downstream Fully Delegated Subcontractor's annual net income that is greater than 7.5 percent of the amount the Fully Delegated Subcontractor or Downstream Fully Delegated Subcontractor is paid under its Subcontractor Agreement or Downstream Subcontractor Agreement with Contractor for the year.

## **Exhibit B – Budget Detail and Payment Provisions, 1.18 (Quality Achievement Requirement)**

### **1.18 Quality Achievement Requirement**

If Contractor does not meet quality outcome metrics as defined through an All Plan Letter or similar guidance, it must contribute an additional 7.5 percent of its annual net income under this Contract to community reinvestment in accordance with the plan developed pursuant to Exhibit A, Attachment III, Subsection 1.2.7 (Community Reinvestment Plan and Report).

## Appendix D – Endnote

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<sup>i</sup> Halverson PK, Berkowitz B. Public health finance: a conceptual framework. J Public Health Manag Pract. 2004;10(5):377–82

<sup>ii</sup> Platte County Health Department. The Public Health System.

<https://www.plattecountyhealthdept.com/pview.aspx?id=52587&catid=518>

<sup>iii</sup> Centers for Disease Control. Social Determinants of Health at CDC. <https://www.cdc.gov/about/sdoh/index.html>

<sup>iv</sup> American Association on Health & Disability. NIH All of US Research Program figure. <https://aahd.us/2022/05/all-about-the-social-determinants-of-health/>

<sup>v</sup> California Department of Health Care Services. CalAIM. <https://www.dhcs.ca.gov/CalAIM/Pages/CalAIM.aspx>