

**NOTICE OF A
SPECIAL JOINT MEETING OF THE
CALOPTIMA BOARD OF DIRECTORS'
MEMBER ADVISORY COMMITTEE,
ONECARE CONNECT MEMBER ADVISORY COMMITTEE,
AND
PROVIDER ADVISORY COMMITTEE**

**THURSDAY, MARCH 8, 2018
8:00 A.M.**

**CALOPTIMA
505 CITY PARKWAY WEST, SUITE 109-N
ORANGE, CALIFORNIA 92868**

AGENDA

This agenda contains a brief, general description of each item to be considered. The Committees may take any action on all items listed. Except as otherwise provided by law, no action shall be taken on any item not appearing in the following agenda.

Information related to this agenda may be obtained by contacting the CalOptima Clerk of the Board at 714.246.8806 or by visiting our website at www.caloptima.org. In compliance with the Americans with Disabilities Act, those requiring special accommodations for this meeting should notify the Clerk of the Board's office at 714.246.8806. Notification at least 72 hours prior to the meeting will allow time to make reasonable arrangements for accessibility to this meeting.

I. CALL TO ORDER

Pledge of Allegiance

II. ESTABLISH QUORUM

III. PUBLIC COMMENT

At this time, members of the public may address the Committee on general topics. Public Comment on posted item(s) will follow staff presentation of the item(s) to the Committee. If you wish to speak on an item contained in the agenda, please complete a Public Comment Request Form(s) identifying the item(s) and submit the form to the assistant to the PAC. When addressing the Committees, it is requested that you state your name for the record. Please address the Committees as a whole through the Chairs. Comments to individual Committee members or staff are not permitted. Speakers will be limited to three (3) minutes.

IV. REPORTS

None

Notice of a Special Meeting of the CalOptima
Board of Directors' Member Advisory Committee,
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V. CEO AND MANAGEMENT REPORTS

A. Chief Executive Officer (CEO) Update

VI. INFORMATION ITEMS

A. Orange County's Opioid Epidemic

B. Orange County Coalition for Behavioral Health Presentation

C. Healthcare Effectiveness Data and Information Set (HEDIS) Performance

D. Member Access to Providers

VII. COMMITTEE MEMBER COMMENTS

VIII. ADJOURNMENT

MEMORANDUM

DATE: March 1, 2018
TO: CalOptima Board of Directors
FROM: Michael Schrader, CEO
SUBJECT: CEO Report
COPY: Suzanne Turf, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; OneCare Connect Member Advisory Committee

Assistance for Medi-Cal Members Formerly Living in the Riverbed

February marked a period of significant action regarding the homeless population living in the Santa Ana Riverbed, and CalOptima will be playing a supportive role. A federal judge brokered an agreement between attorneys representing the homeless and the County of Orange. Under the agreement, the county began clearing the riverbed on February 20, providing vouchers for 30-day motel stays and weekly \$75 food vouchers for six weeks. After the homeless get settled in the motels, CalOptima personal care coordinators, in conjunction with Orange County Health Care Agency staff, will be visiting to identify mental and physical health needs for people who are known to be CalOptima members. The coordinators will be supporting members in obtaining services by arranging appointments and transportation as necessary. The homeless situation is fluid, and discussions regarding long-term resolution are just beginning. I will keep your Board apprised of CalOptima's involvement.

Federal Budget

The protracted effort to pass a federal budget ended February 9, and considering how it handles health care issues affecting CalOptima, this budget was worth waiting for. Within the two-year budget agreement, the Medicaid program scored two major victories, including the permanent reauthorization of Dual Eligible Special Needs Plans (D-SNPs) and extended reauthorization for the Children's Health Insurance Program (CHIP) until 2027. This legislation provides a boost of confidence for CalOptima on two fronts: CalOptima can continue operating OneCare without concern about a possible sunset of D-SNPs and CalOptima's 112,000 children eligible through CHIP can be assured of coverage for nearly a decade. The budget also provides a favorable two-year extension of the Community Health Center Fund (CHCF) for our local network of Federally Qualified Health Centers. The CHCF provides 70 percent of federal grant funding for these centers. Finally, the budget includes \$6 billion to address the opioid crisis. These successes are due to effective advocacy by many, including CalOptima for engaging our delegation and the Association for Community Affiliated Plans for leading the charge overall.

Federal Advocacy Visit

Coming on the heels of the passage of a federal budget, Board members and staff visited with legislators in Washington, D.C., to reinforce the value of CalOptima as an innovative health plan committed to high-quality, cost-effective care. CalOptima met with staff from the offices of Sens. Dianne Feinstein and Kamala Harris, and Reps. Ed Royce, Alan Lowenthal, Mimi Walters

and Linda Sanchez. During the six meetings, each of the Board members in attendance focused on a particular area, with Dr. Nikan Khatibi covering our actions to address opioid use disorders, Ria Berger discussing the transition for California Children's Services to the Whole-Child Model, and Ron DiLuigi reviewing our services for seniors with the Program of All-Inclusive Care for the Elderly (PACE) and OneCare Connect.

PACE Service Area Expansion

On February 9, CalOptima received notice from the Centers for Medicare & Medicaid Services that our PACE Service Area Expansion application was approved. The expansion is effective March 8, 2018, and it enables CalOptima PACE to serve all of Orange County.

Development Agreement

Per your Board's direction at the December meeting, CalOptima staff informally met with City of Orange staff regarding the development agreement. The city received information regarding the Board's interest in extending the agreement's expiration date, perhaps to October 2026, and expanding the scope of the agreement from office usage to urban mixed use, which entails a combination of office, retail and residential uses. The city expressed preliminary support for exploring an extension of the expiration date as well as expanding the scope to urban mixed use, along with a desire to discuss the residential component in greater detail. A meeting regarding the development agreement between CalOptima and the city will be scheduled in March.

Speaking Engagements

CalOptima maintains an active presence at community, industry and legislative events. In February, I spoke on three occasions. On February 17 at the Tet Festival in Fountain Valley, I provided welcoming remarks and highlighted CalOptima's dedication to community engagement. On February 22, I was part of a panel at the UCI Annual Health Care Forecast Conference focused on updates regarding state programs. I discussed PACE, OneCare Connect, California Children's Services and the Health Homes Program, as well as our experience in strengthening delegation oversight to ensure quality in these programs and others. In Sacramento on February 27, at a gathering of regulators and legislative representatives convened by Local Health Plans of California, I shared CalOptima's current activities to serve members who are homeless. Topics included the recent actions in the Santa Ana Riverbed, recuperative care, Whole-Person Care and community grants.

Media Coverage

CalOptima's plan to expand PACE through partnerships with Community-Based Adult Services centers garnered media coverage in a variety of outlets, including the National PACE Association, Orange County Breeze, Orange County Business Journal and Orange County Register. The Register also mentioned CalOptima's participation at the recent Lunar New Year celebrations.

2017 Opioid Overdose & Death in Orange County

► Addressing the Opioid Crisis

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“Consider the amount of standard daily doses of opioids consumed in Japan. And then double it. And then double it again. And then double it again. And then double it again. And then double it a fifth time.

That would make Japan No. 2 in the world, behind the United States.”

– KEITH HUMPHREYS
Stanford drug policy expert

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Vox

Opioids in Orange County

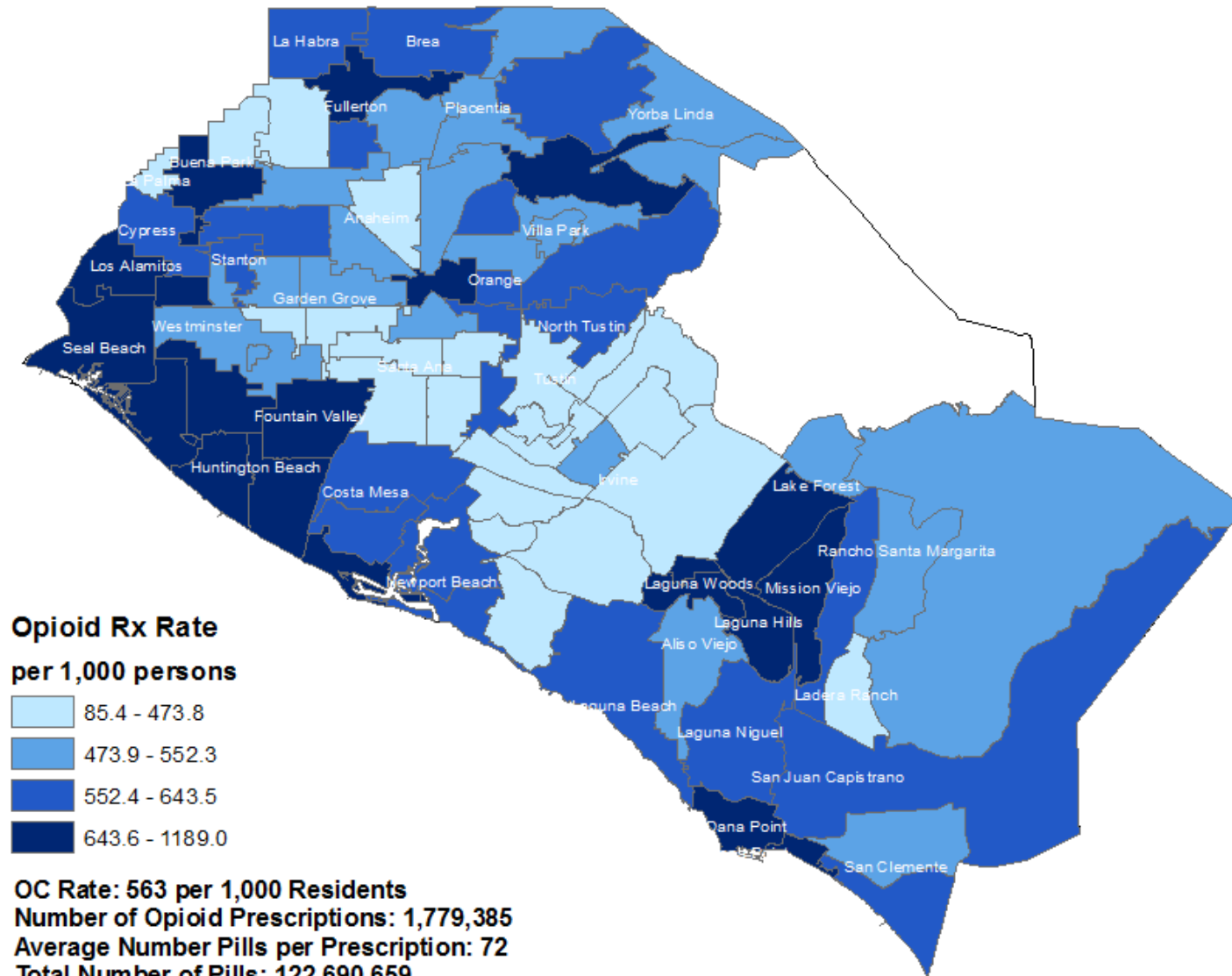
- Prescriptions: California DOJ CURES Data
- Morbidity: ED Visit & Hospitalization Data
(Office Statewide Health Planning & Development, OSHPD)
- Mortality: Death Data (OC Sheriff-Coroner)
- Responses and Resources

Opioid Prescriptions in Orange County

California DOJ Controlled Substance Utilization Review & Evaluation (CURES) Database

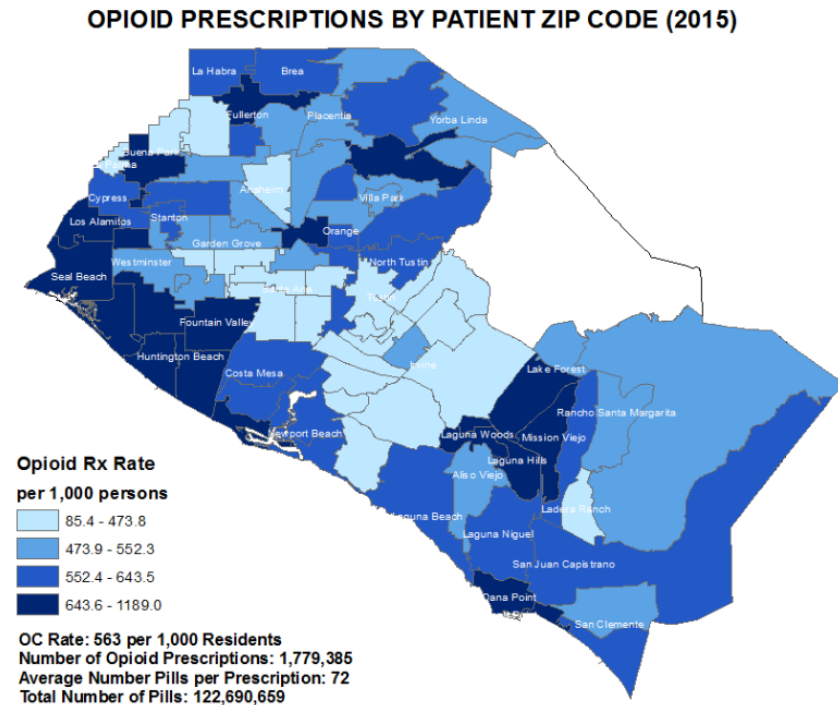
- Almost half (45%) of the four million prescriptions to OC residents for narcotics reported in the in 2015 were for opioid analgesics.
- A total of **1,711,809** prescriptions for opioids (e.g., hydrocodone, oxycodone) were dispensed to OC residents in 2015.
- The average prescription in 2016 was for **73 pills** which corresponded to over **127,000,000 pills** in one year alone (~40 pills per resident/year)

OPIOID PRESCRIPTIONS BY PATIENT ZIP CODE (2015)

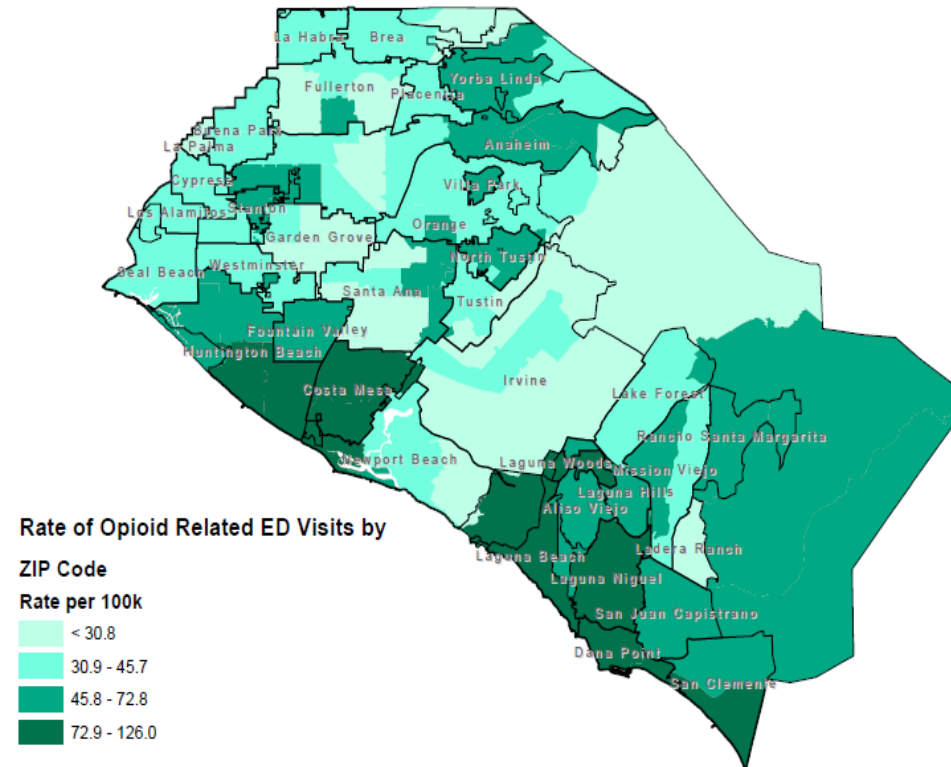


ED Visits vs. Prescriptions

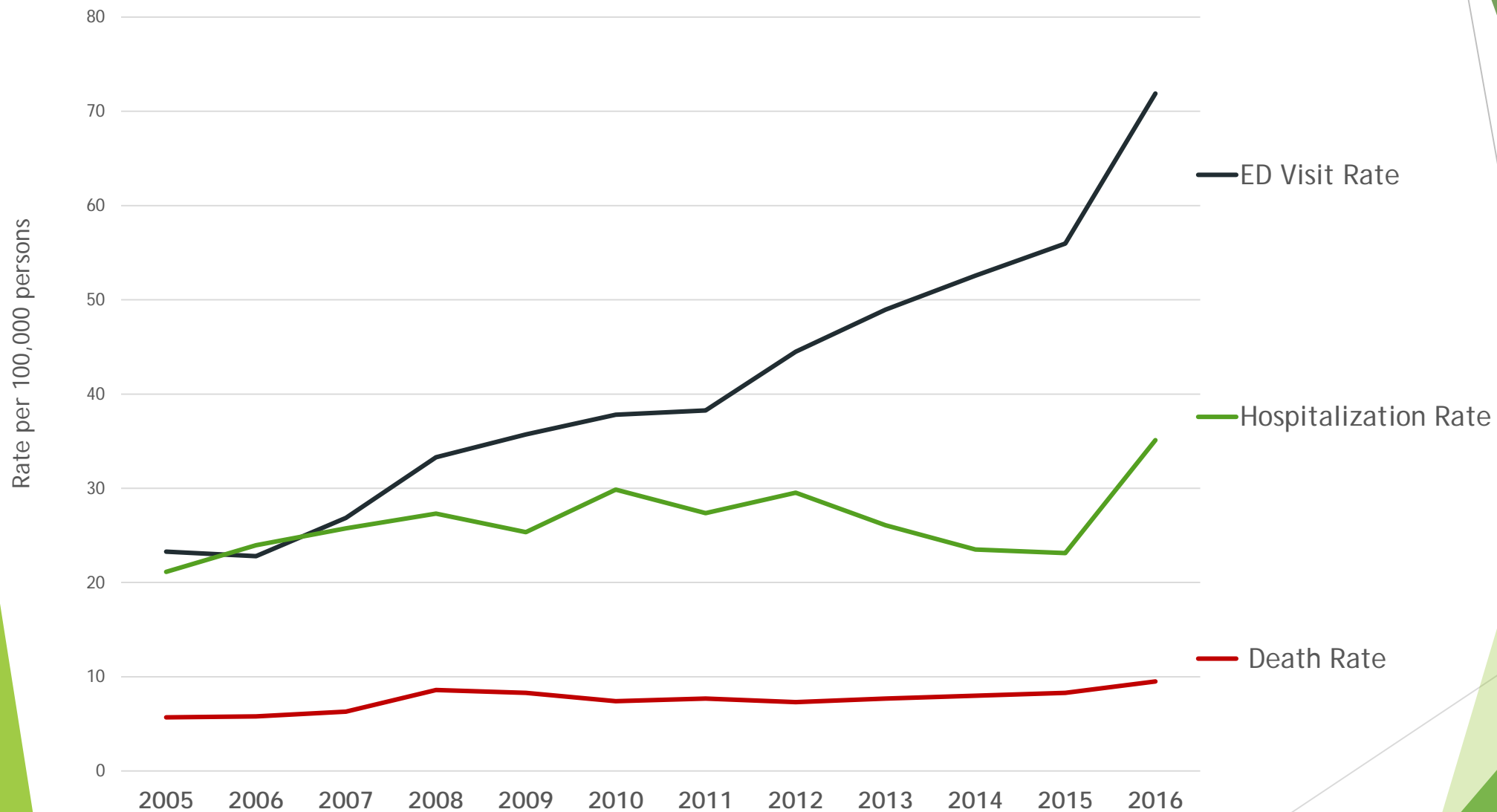
Prescriptions



ED Visits



Opioid-Related ED Visits, Hospitalizations, & Deaths in Orange County



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Opioid-Related Emergency Department Visits by Gender (2011-2015)



MALE FEMALE



Average number of
males per year

906

Average number of
females per year

585

Average 5-year male rate
per 100,000 persons

59.1

Average 5-year female
rate per 100,000 persons

37.4

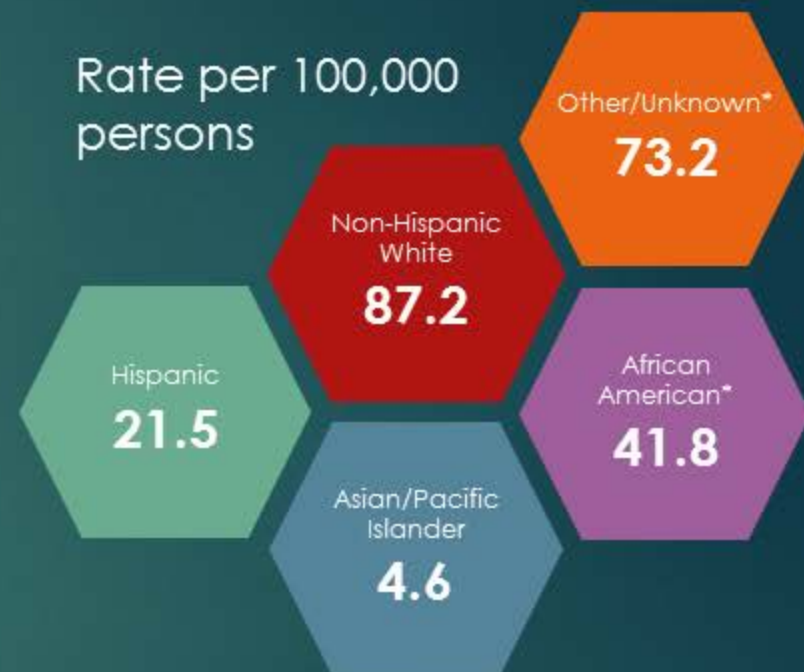
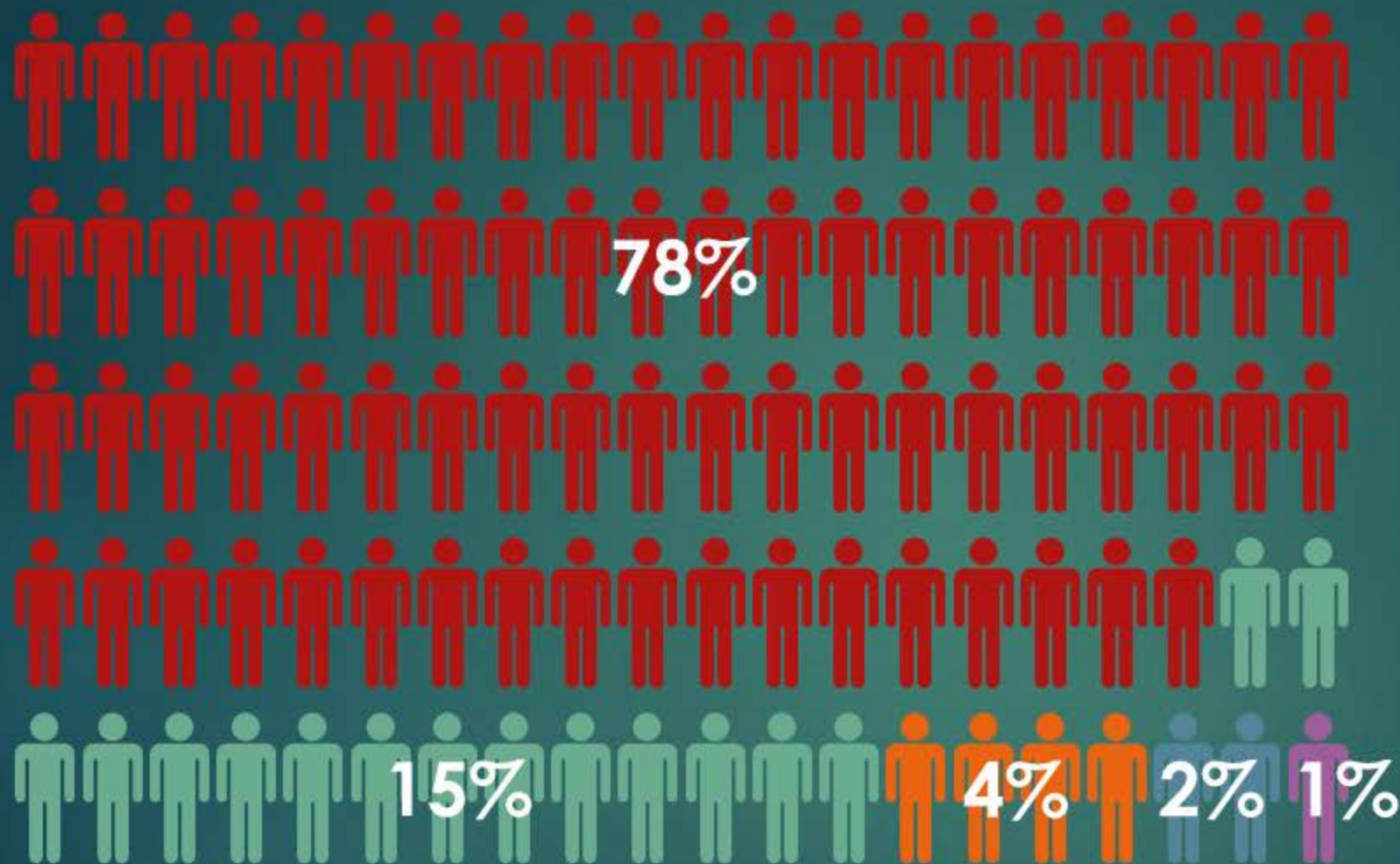
Male percentage of all
Emergency
Department visits

61%

Female percentage of
all Emergency
Department visits

39%

Opioid-Related Emergency Department Visits by Race/Ethnicity (2011-2015)



■ Non-Hispanic White

■ Asian/Pacific Islander

■ Hispanic

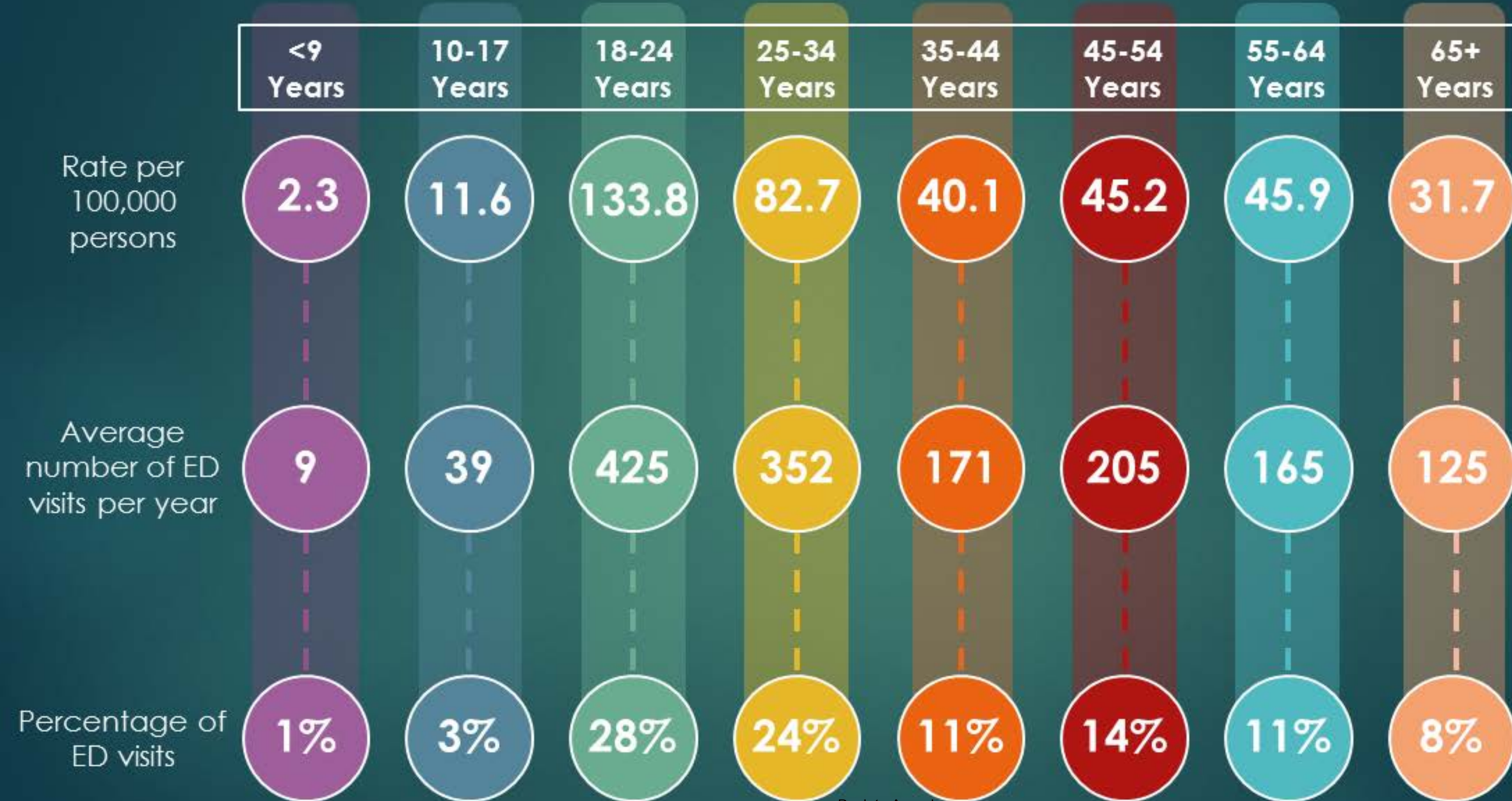
■ African American

■ Other/Unknown

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*Rate should be interpreted with caution due to small population size

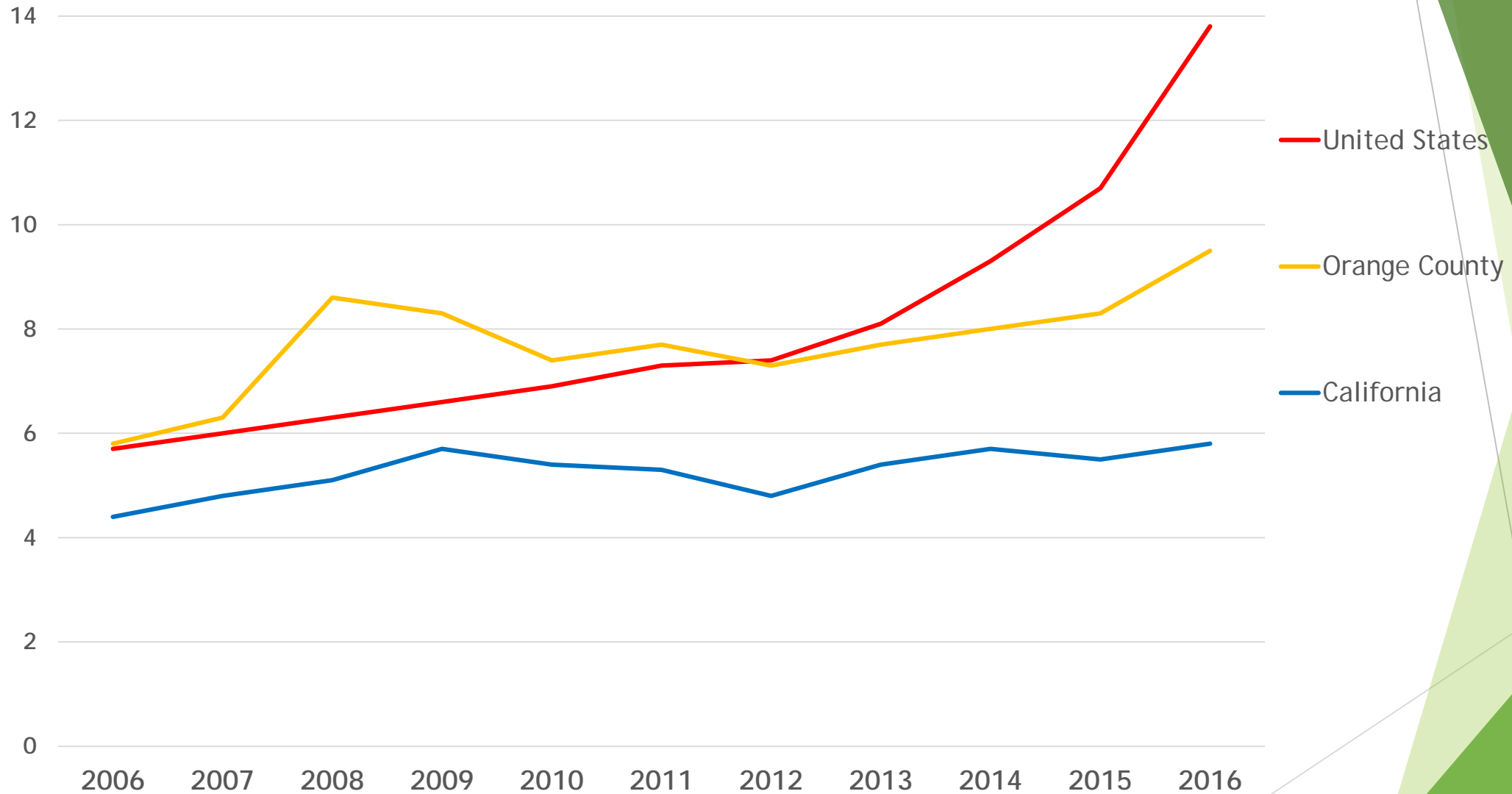
Opioid-Related Emergency Department Visits by Age Group (2011-2015)



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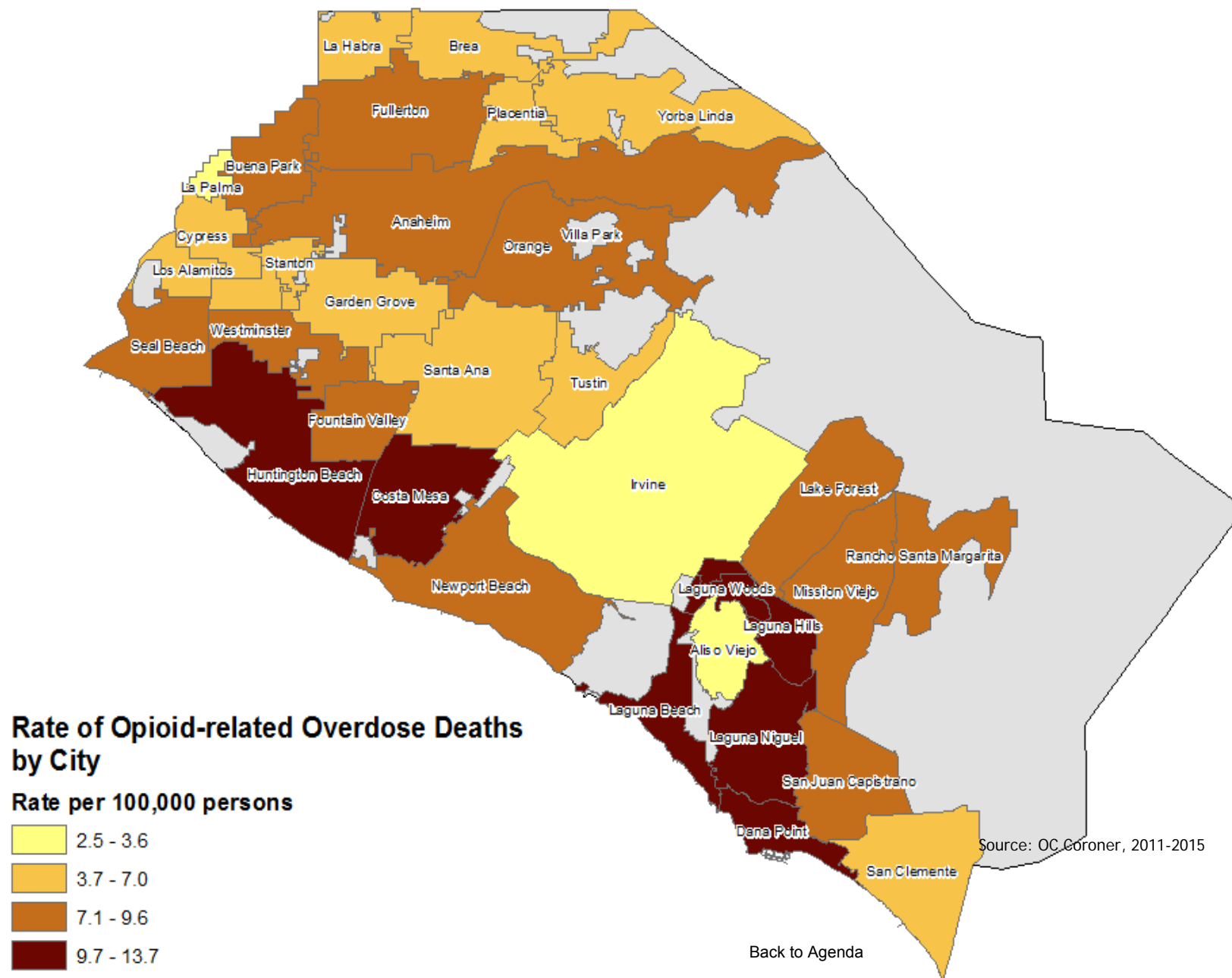


OPIOID OVERDOSE DEATH RATES

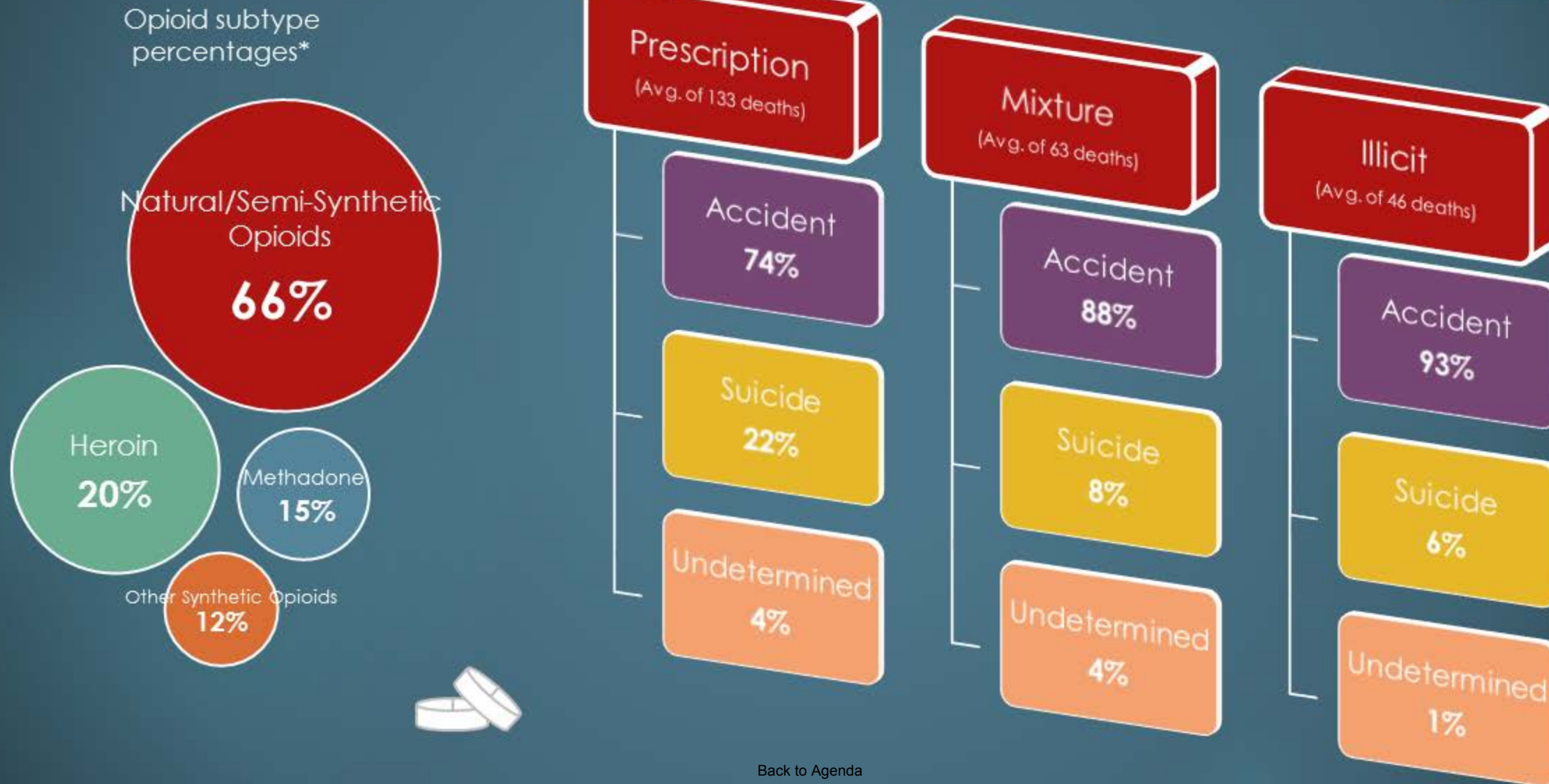


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Opioid-Related Overdose Deaths by City (2011-2015)



Opioid-Related Overdose Deaths by Opioid Type and Intent (2011-2015)



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*Drug cause of death may indicate more than one type of opioid found prior to overdose.

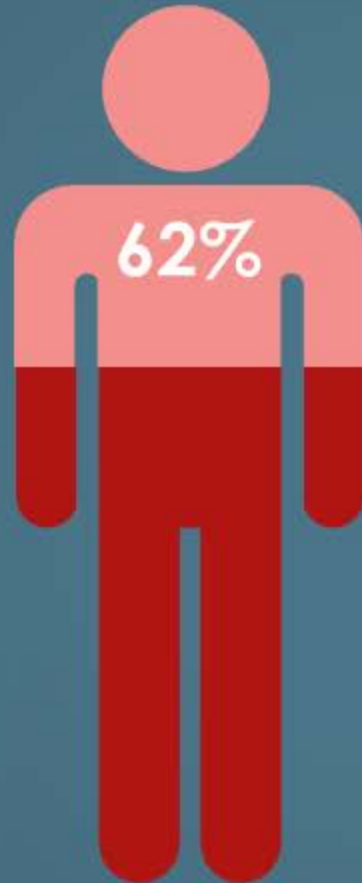
Opioid-Related Overdose Deaths by Gender (2011-2015)



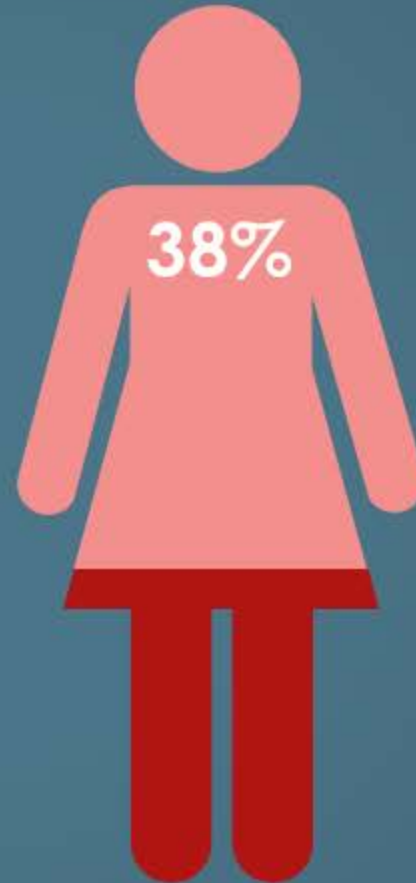
Average number of male overdose deaths per year



Average 5-year male rate per 100,000 persons



MALE



FEMALE



Average number of female overdose deaths per year



Average 5-year female rate per 100,000 persons

Opioid-Related Overdose Deaths by Race/Ethnicity (2011-2015)

NON-
HISPANIC
WHITE



HISPANIC



ASIAN/
PACIFIC
ISLANDER



AFRICAN
AMERICAN



Rate per 100,000
persons



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*Rate should be interpreted with caution due to small population size

Orange County's Response to the Opioid Crisis

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Strategic Plan

- ▶ The Orange County Alcohol and Drug Advisory Board in conjunction with the Health Care Agency, is working on an Opioid Strategic Plan that will identify individual and community needs in Orange County and effective strategies to address these needs.
- ▶ Strategies focus on Prevention, Harm Reduction, Treatment, Recovery
 - ▶ **Assessment:** Stakeholder/client surveys, key informant interviews, & focus groups (in progress)
 - ▶ **Planning:** Stakeholder/policy-maker & community planning sessions (Oct-Jan)
 - ▶ **Report:** Upon completion of community stakeholder meetings a final report will be issued
 - ▶ <http://www.ochealthinfo.com/bhs/about/adab>
 - ▶ Email: opioidinfo@ochca.com

Website: www.ocalthinfo.com/opioids



ocalthinfo.com

quick access

Current Agency ☐ Entire County ☐

Low Graphics Version



HCA HOMEBEHAVIORAL HEALTH SERVICESMENTAL HEALTH INFORMATIONFOR PROVIDERSPUBLICATIONS

[Behavioral Health Services](#) > > [Prevention & Intervention](#) > [Opioids](#)

 Email

 Print

PREVENTION & INTERVENTION

- » [Prevention & Intervention Services Home](#)
- » [BHS Directory](#)
- » [CalMHSA Express Newsletters](#)
- » [Community Events](#)
- » [Crisis and Referral](#) →
- » [Directing Change](#)
- » [Early Intervention](#) →
- » [Here For You](#)
- » [Hot Topics](#)
- » [Low-Cost OC Resources](#)
- » [Mental Health Month](#)
- » [Mental Health Services Act \(MHSA\)](#) →
- » [Network of Care \(NOC\)](#)
- » [NOC Veterans Services](#)
- » [OC Links](#) →
- » [Opioid Prevention and Treatment Resources](#)
- » [Outreach & Engagement Services](#) →
- » [Parent & Family Support Services](#) →
- » [Quick-Find Resources](#)
- » [Statewide Projects](#)

Opioid Prevention and Treatment Resources



Drug overdose (poisoning) is now the leading cause of unintentional injury death in the United States, causing more deaths than motor vehicle crashes. Opioids – both prescription painkillers and heroin – are responsible for most of those deaths. The number of Californians affected by prescription and non-prescription opioid misuse and overdose is substantial, with rates varying significantly across counties, and even within counties. In Orange County, the rate of opioid-related emergency department (ED) visits has increased 141% since 2005 and there were 7,457 opioid overdose/abuse cases treated in the ED between 2011 and 2015. Importantly, seven of every 10 overdose deaths investigated by the Orange County Sheriff-Coroner during this five-year period involved opioids. Learn more in the “2017 Opioid Overdose & Death in Orange County” [report](#).



To combat these climbing statistics, the OC Health Care Agency (HCA) has the following resources available to help you or a loved one who may have a substance use problem:

OC Links

855 OC-LINKS (855-625-4657)

OC Links is an information and referral phone and online chat service to help navigate the Behavioral Health Services (BHS) system within the Health Care Agency for the County of Orange. Callers are connected to clinical Navigators who are knowledgeable in every program within the BHS system. This includes children and adult mental health, alcohol and drug inpatient and outpatient programs, crisis services, and prevention/early intervention programs. Once a program is identified, the Navigator will make every effort to link the caller directly to that program. [Back to Agenda](#)

- Hours of operation: Monday through Friday from 8 a.m. to 6 p.m.

Prevention:

Safe Disposal & Monitor, Secure, Destroy

There are many medical disposal drop box location sites throughout Orange County. Drop boxes offer a safe location where people can dispose of unused medications which can help prevent people from using medications that were not prescribed to them. In addition, medications can be safely destroyed at home.

<http://www.ocalthinfo.com/phs/about/promo/adept>



health Public Health
CARE AGENCY

OCgov.com quick access

Current Agency: Entire County

Search...

Public Health Services > Health Promotion > ADEPT

Email Print

ADEPT

Alcohol & Drug Education & Prevention Team (ADEPT)

- » Alcohol & Drug Education & Prevention Team (ADEPT) Home
- » Internship Opportunities
- » Community Prevention Projects
- » School-Based & Youth-Focused Projects
- » Data Collection Projects
- » Technical Assistance
- » Resources

The Prevention Programs consist of ADEPT Health Education Team and contracted community- and school-based agencies that aim to create safe and healthy communities by reducing problems associated with alcohol, tobacco, and other drug use through education, training, and technical assistance for Orange County. For questions regarding alcohol and other drug prevention or for assistance call the ADEPT main office at (714) 834-4058.

POPULAR

- Beaches
- Clinics and Medical Services
- Disease Control and Epidemiology
- Environmental Health Home
- Family Health
- Food Protection FAQ
- Health Promotion
- HIV Planning and

Medication Drop Boxes Now Available

- Find out where you can safely dispose of unwanted, unused, or expired medications.
- If there is not a drop box close by, learn how to Monitor, Secure, or Destroy your medications at home.

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Health Providers and Collaboratives

CalOptima- Extensive data driven Opioid Reduction Program

Providers, Hospitals, Health Plans and Insurers are using safe prescribing practices, monitoring prescriptions, physicians, pharmacies, patients, and encouraging alternative pain reduction strategies.

SafeRx brings together health experts, public health agencies, hospitals, prescribers, community clinics, emergency departments, medical associations and law enforcement, along with key voices, to take action to combat prescription drug abuse and overdose deaths in Orange County, CA.

<http://www.saferxoc.org/>

Turn the TideRx-prescriber pledge to follow national prescribing guidelines.

Community Prevention Services

- ▶ School-Based Prevention Services
- ▶ Educational Workshops for Parents, Caregivers and Teachers
- ▶ Parent Education and Family-Strengthening Programs
- ▶ Community Forums and Activities
 - ▶ For more information on these services, contact:
 - ▶ HCA 's Alcohol and Drug Education and Prevention Team (ADEPT): www.ocalthinfo.com/adept
 - ▶ OCLinks: www.ocalthinfo.com/oclinks

Harm Reduction:

Naloxone

- ▶ Orange County Board of Supervisors recently accepted a grant for 6,218 doses of Naloxone, also known as Narcan. It is an opiate antagonist and used to reverse the effects of an opiate overdose. Naloxone will be distributed locally to save lives from opioid overdoses and efforts will be made to link those who are using opioids to resources and services available throughout the county.



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Treatment: Drug Medi-Cal

Detox

24-hour care facility (up to 10 days) to eliminate harmful toxins from the body in order to overcome physical dependence on drugs and to prepare for drug treatment.

Residential

A live-in care facility providing therapy for substance abuse, mental illness, or other behavioral problems.

Outpatient

Clinic or associated facility providing diagnosis and/or treatment, including intensive outpatient services.

Medication-Assisted Treatment for Opioid Addiction (MAT)

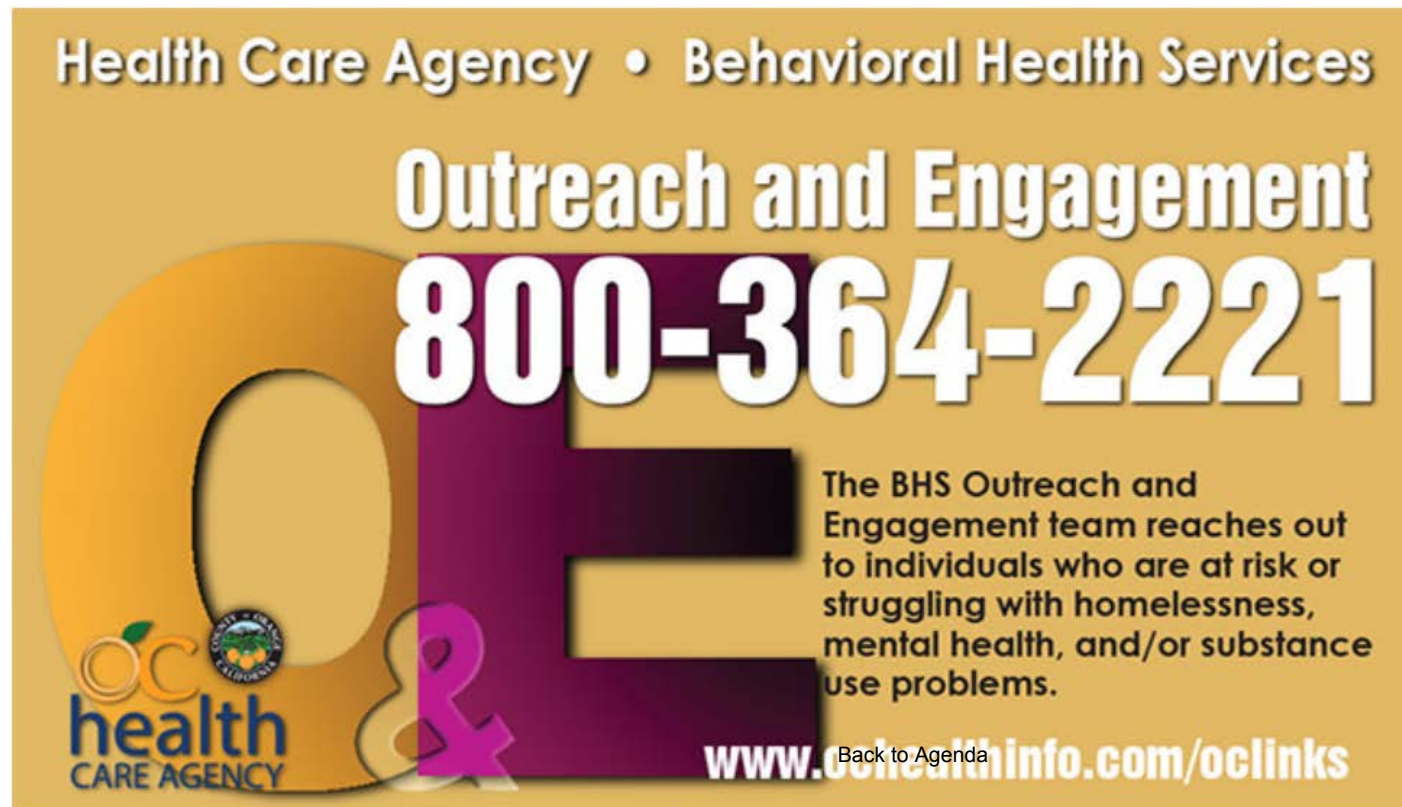
Vivitrol, Naltrexone, and Methadone are available MATs for those who meet certain qualifications. For treatment services, please call 855-OC-LINKS.

Recovery Support

On-going community services to support continuing sobriety.

Outreach & Engagement

Our Outreach and Engagement Services program provides education, assessment, short-term case management, educational and life skills classes; support groups, transportation assistance and in-person outreach to two specific groups here in Orange County.



Health Care Agency • Behavioral Health Services

Outreach and Engagement

800-364-2221

The BHS Outreach and Engagement team reaches out to individuals who are at risk or struggling with homelessness, mental health, and/or substance use problems.

www.ochealthinfo.com/oclinks

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OC health CARE AGENCY

The flyer features a large, stylized 'OE' in orange and purple, with a pink ampersand. The OC Health Care Agency logo is in the bottom left corner.

Telephone-Based Support

NAMI Warm Line

877-910-WARM (877-910-9276)

24 Hour Suicide Prevention Line

877-7-CRISIS (877-727-4747)

OC LINKS

855 OC-LINKS (855-625-4657)
www.ocalhealthinfo.com/oclinks

OC Links is an information and referral phone and online chat service to help navigate the Behavioral Health Services (BHS) system within the Health Care Agency for the County of Orange. Callers are connected to clinical Navigators who are knowledgeable in every program within the BHS system. This includes children and adult mental health, alcohol and drug inpatient and outpatient programs, crisis services, and prevention/early intervention programs. Once a program is identified, the Navigator will make every effort to link the caller directly to that program while still on the call.



Orange County | Behavioral Health Information & Referrals

855-OC-Links
(625-4657)
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Report:

<http://www.ochcahealthinfo.com/about/admin/pubs/opioid>

Story map:

<https://ochca.maps.arcgis.com/OpioidStoryMap>

2017 Opioid Overdose & Death in Orange County

Addressing the Opioid Crisis
Sandra Fair, HCA Behavioral Health Services
714-834-5904, sfair@ochca.com

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CalOptima
Better. Together.

Orange County Coalition for Behavioral Health – A Coalition of the Willing

**Special Joint Meeting of the Member Advisory, OneCare
Connect Member Advisory and Provider Advisory Committees
March 8, 2018**

**Marshall Moncrief
Regional Executive Director
Institute for Mental Health & Wellness
Providence St. Joseph Health, Southern California**



CalOptima
Better. Together.

Quality Initiatives Update

**Member, OneCare Connect Member and Provider
Advisory Committees Joint Meeting**

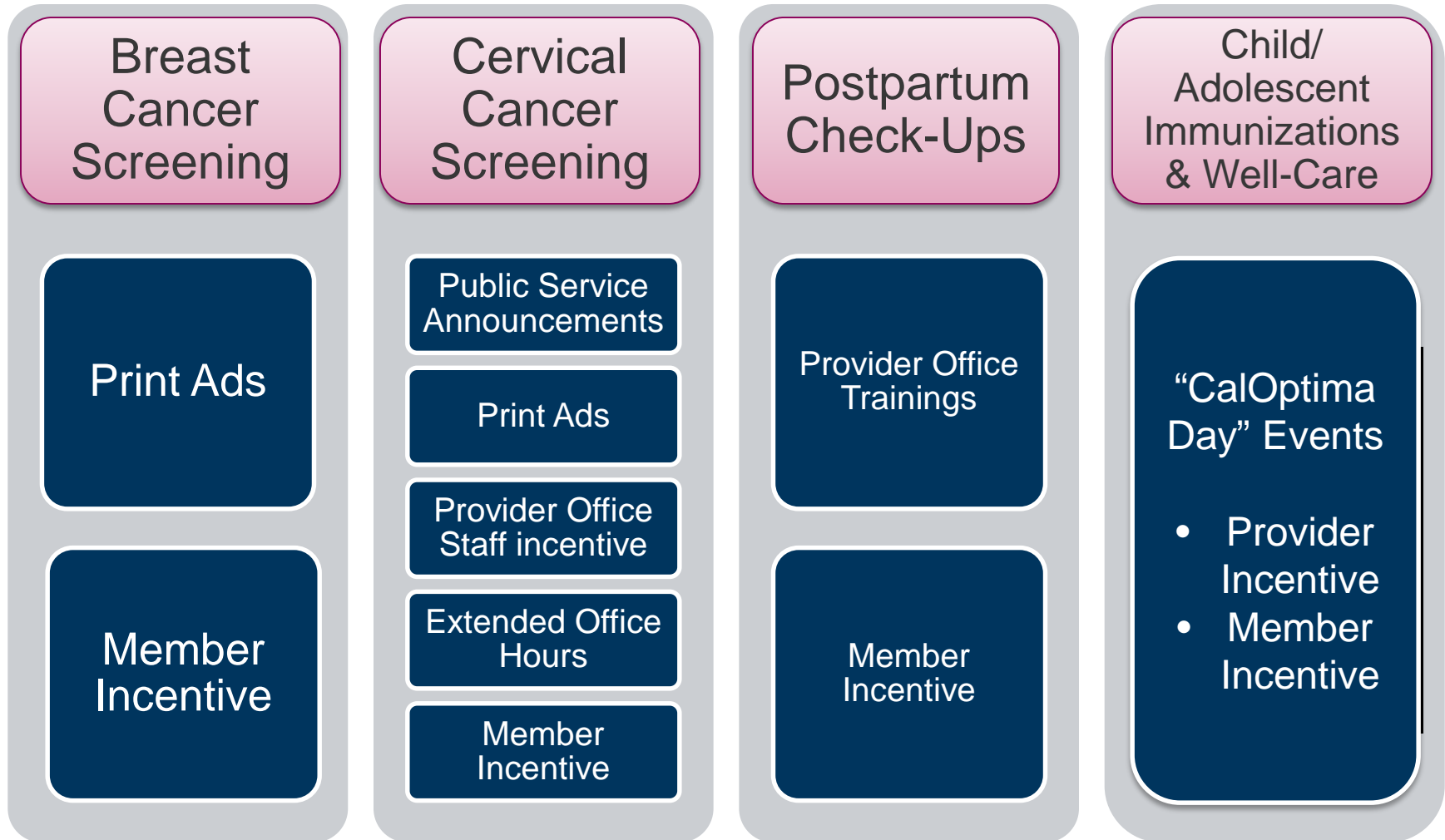
March 8, 2018

**Kelly Rex-Kimmet
Executive Director, Quality (Interim)**

Overview

- Targeted HEDIS measures
- Types of pilot initiatives implemented
- Findings (some are preliminary)
- Barriers
- Lessons learned
- Recommendations

2017 Medi-Cal Quality Initiative Pilots



2017 Women's Health Campaign

Public Service Announcements (PSA)

- Promoted cervical cancer screenings with a focus on ethnic communities.
- PSAs ran on local ethnic radio stations (Spanish, Vietnamese and Korean radio)
- Accessible on CalOptima's Good Health website.

Print Ads

- Promoted women's health screenings (breast and cervical cancer screenings)
- Print ads ran in local Orange County publications in English, Spanish, Vietnamese and Korean.

Recommendations

- Continue to budget for print and radio ads in very targeted ethnic populations.
- Add PSAs onto the CalOptima telephone hold message and other media platforms.

Medi-Cal Member Incentive Programs

Postpartum Check-Up

Eligible CalOptima Medi-Cal members can receive a \$25 gift card and be entered into a \$100 gift card opportunity drawing

Breast Cancer Screening

Eligible CalOptima Medi-Cal members between the ages of 50 and 74 can receive a \$10 gift card and be entered into a \$100 gift card opportunity drawing.

Cervical Cancer Screening

Eligible CalOptima Medi-Cal members ages 21–64 are entered into a \$75 gift card opportunity drawing.

2017 Medi-Cal Member Incentives: Preliminary Assessments

Findings

- Low response rates for all 3 incentive programs:
 - Breast Cancer Screening <3%, [18,031 mailed]
 - Cervical Cancer Screening <1%, [74,730 mailed]
 - Postpartum Check Up <6%, [1,871 mailed]

Barriers

- Extensive process for member material development
- Members' lack of understanding of incentive forms and submission requirements.
- Processing incentive submissions is timely and resource intensive.
- High volume of members to outreach

2017 Medi-Cal Member Incentives: Preliminary Assessments (Cont.)

Lessons Learned

- Launch in 2nd half of the year may have impacted response rate.
- Set up the infrastructure of incentive programs earlier in the year.
- Members and providers appreciated and believe that member incentive programs are helpful.

Recommendations

- Adapt the member incentive program and continue for the 2018 calendar year.
- Establish a year-round approach for these incentives to maintain consistent promotion.
- Guarantee a set amount that a member would receive instead of an opportunity drawing.
- Consider alternatives for submitting incentive forms and pilot test the process.

Provider Office Pilots: Postpartum Trainings

Description: Targeted high volume OB/GYN offices to train office staff on medical records documentation and timeliness of postpartum visits. (Up to \$2,000/office)

Findings

- Three offices engaged. All offices demonstrated meaningful improvement in medical chart documentation, office processes and knowledge of postpartum measure.
- 2 of 3 offices improved rates compared to previous year's data (11-14%).

Barriers

- Providers had reservations about the initiatives due to their concerns about being “audited” by CalOptima.
- Challenges with scheduling appointments with members.
- Member's keeping appointments.

Lessons Learned

- Improved communication between CalOptima and providers.
- Office staff increased interest in learning about HEDIS postpartum specifications and wanted to improve rates.

Recommendations

- Expand trainings to more provider offices in 2018.
- Share best practices and engage other providers to improve their own processes.
- Compare 2018 medical chart reviews to previous year.

Provider Office Pilots: Extended Office Hours

Description: Targeted high-volume PCP offices to increase cervical cancer screenings (CCS) by extending office hours. Providers can earn \$300/hour, up to \$2,400 per event.

Findings

- One provider engaged. Office conducted five (5) extended office hours events at one site for CalOptima members only
- Events occurred on Saturday mornings in Nov-Dec., 2017.
- 360 members were outreached
- 49 members “refused or were not interested”
- 84 members had a phone-related barrier
- Office scheduled 26 appointments total for all 5 screening events.
- 13 of 26 (50%) completed screenings

Barriers (Members)

- Phone related barriers which impacted outreach and scheduling
- Lack of member’s medical history
- Member’s lack of interest in screening
- High attrition rate for appointments
- Perception of an opportunity drawing may be less appealing.

Extended Office Hours (cont.)

Barriers (Providers)

- Low participation/interest from providers to engage in incentive program earlier in the year.
- Time of year to launch program was challenging (Holidays).
- Providers did not have lead time to engage members.
- Challenging type of medical service to promote to members.

Lessons Learned

- Low turnout despite extending hours were on the weekends.
- Promote initiative earlier in the year.

Recommendations

- Make changes to the initiatives and test again
 - Engage providers earlier in the year
 - Offer member incentive same day of screenings
 - Tie with other measures (well-care visits)

Provider Office Staff Incentive: Cervical Cancer Screenings

Description: Targeted high-volume PCP offices and staff to increase cervical cancer screenings (CCS). Office staff can receive \$10 gift card per member above their average monthly CCS rate (2016 baseline).

Findings

- Five offices engaged (3 PCP offices and 2 Clinics)
- Offices reported completing 1,522 cervical cancer screenings.
- CalOptima is currently verifying screenings through claims/encounters received.

Barriers

- Delays in getting member registry list out to providers
- Challenges with getting data submitted back to CalOptima timely

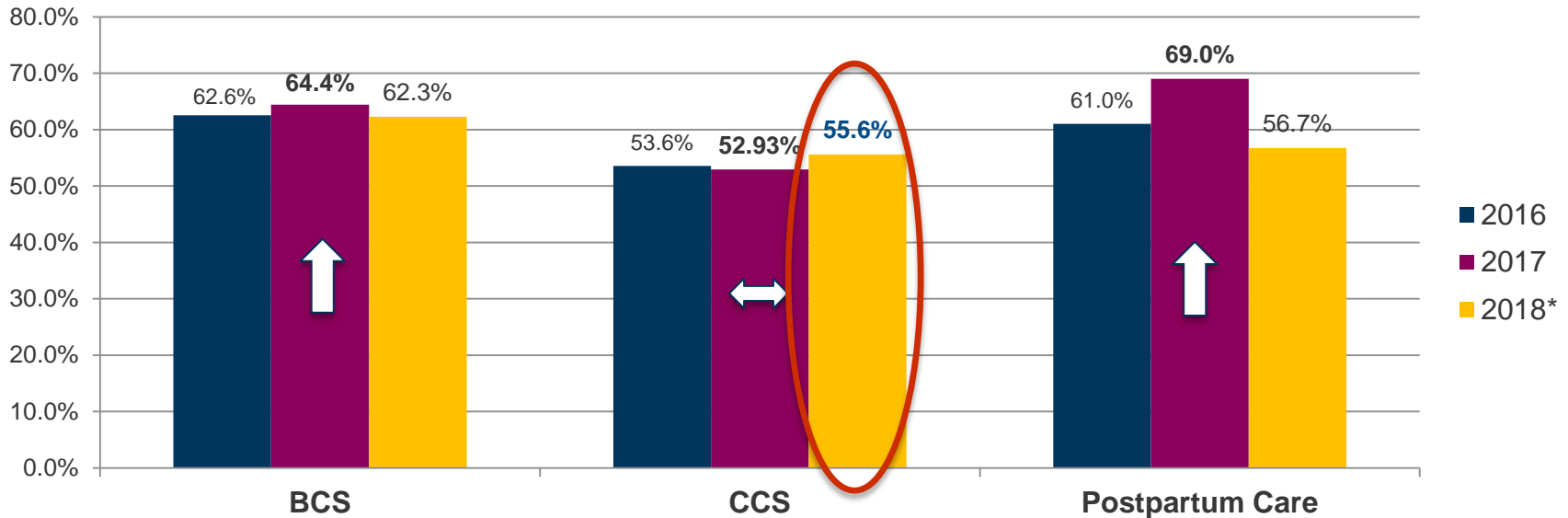
Lessons Learned

- Keep close communication with office staff to share data and provide feedback frequently.
- Work with office staff to reconcile member registry information.

Next Steps

- Work with the Provider offices to ensure all screenings are submitted through claims/encounter process.

HEDIS 2017 Results: Medi-Cal Women's Health



HEDIS Measure	NCQA 50 th Percentile	NCQA 75 th Percentile	NCQA 90 th Percentile	2018 Goal	Reporting Requirements*
Breast Cancer Screening (BCS)	58.99%	65.52%	70.29%	65.52%	ACC, P4V, RS
Cervical Cancer Screening (CCS)	58.48%	65.90%	70.80%	58.48%	ACC, MPL , P4V, RS
Postpartum Care	64.38%	69.44%	73.67%	69.44%	ACC, , MPL , RS

*Red = less than 50th percentile, Green= met 2017 goal, **MPL** met, 2018 rate is the preliminary rate

↑ ↓ statistically higher or lower ↔ statistically no difference

RS=Health plan ratings, **MPL=DHCS Minimum Performance Level, ACC=NCQA Accreditation P4V=Pay for Value

Child and Adolescent Initiative: “CalOptima Day”

- **Description:** Targeted health networks to partner with CalOptima in hosting health and wellness events for the child and adolescent population.
- **Focused on well-care visits and immunizations**
 - Well-Child Visits in the first 15 months of life
 - Well-Child Visits in the 3-6 years of life
 - Adolescent Well-Care
 - Childhood Immunizations
 - Immunizations for Adolescence

Provider Office Pilots: “CalOptima Day”

Incentives

- ❖ **Member Incentive:** Each member would receive either two Regal movie tickets or a \$25 Stater Brothers gift card for participating in CalOptima Day.
- ❖ **Provider Incentive:** Each participating provider office or clinic would earn \$300/per hour up to \$2,400 per event.

Findings

- Eight (8) CalOptima Day events were conducted at seven (7) provider office/clinic sites.
- Total of 480 appointments were scheduled
- Total of 306 members completed a well-care visit and/or immunization service.

“CalOptima Day” (cont.)

Barriers

- Member contact information were outdated
- Member’s commitment to keeping appointments

Lessons Learned

- Set a minimum scheduling capacity for providers/clinics.
- Hold the events earlier in the year to maximize on the total amount of members eligible.

Recommendations

- Continue with the CalOptima Day events and possibly expand the program to include more measures (i.e. Adult measures).
- Create a tiered system for the provider incentive portion that will reward the providers based on the number of members who participated (range).

CalOptima's Mission

To provide members with access to quality health care services delivered in a cost-effective and compassionate manner



CalOptima

Better. Together.



Medi-Cal

CalOptima

Better. Together.



OneCare (HMO SNP)

CalOptima

Better. Together.



OneCare Connect

CalOptima

Better. Together.



PACE

CalOptima

Better. Together.