2023 Population Assessment

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1. Population Needs Assessment Overview

CalOptima Health's Population Needs Assessment (PNA) summarizes the results of an annual assessment on a variety of data including:

- CalOptima Health's internal CORE Reports and Tableau Dashboards that provide analysis of member data, utilization trends based on claims and encounters, and care coordination activities.
- Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS)
- Healthcare Effectiveness Data and Information Set (HEDIS®)
- Managed Care Accountability Sets (MCAS)
- Language assistance services utilization reports

The intent of CalOptima Health's PNA is to review the characteristics and needs of the agency's member population and relevant subpopulations to support data-driven planning and decision-making. To better understand trends, this report specifically focused on CalOptima Health's:

- Overall member population, including social determinants of health (SDOH)
- Children and adolescent members ages 2–19 years old
- Members with disabilities
- Members with serious and persistent mental illness (SPMI)
- Member clinical and utilization trends, including analysis by racial and ethnic groups
- Members with limited English proficiency
- Relevant focus populations (e.g., members with unhoused status)

Key findings of CalOptima Health's 2023 PNA suggest that language assistance services (LAS) met regulatory requirements. Still, CalOptima Health will continue to monitor and evaluate LAS as part of our efforts to ensure appropriate care for all members. CalOptima Health will also continue to strengthen collaborative partnerships to identify unmet needs for members and connect them to appropriate resources.

In addition, the 2023 PNA highlights several opportunities to improve members' adherence to preventive services especially among our youngest members. The data showed that focus should be placed on well-child visits in the first 30 months of life (W30) and lead screening in children (LSC). Data analysis by primary ethnicity on several dimensions shows similar trends as the previous year, and further illustrates equity issues faced by CalOptima Health members. Moreover, gaps in our CAHPS data support ongoing efforts to improve oversampling strategies to better identify and address concerns related to our members' experience when accessing health care.

Other findings in our health education data showed opportunities to plan and integrate hypertension management services and resources to better support the growing demand for health education services on this topic. This assessment also reinforces the need to focus health education efforts on the identification and promotion of early screenings and condition management support.

CalOptima Health uses these key findings to inform the 2023 Population Health Management (PHM) Strategic and Work Plans which aim to address gaps in member

care through intervention strategies and quality initiatives. Report findings also helped identify the need for process updates and resource allocation.

2. Data Sources

- **CalOptima Health CORE Reports 2022** —Internal reports that provide information about services rendered to CalOptima Health members, including eligibility, utilization, case management, claims, pharmacy, labs and more. CORE reports also include staff turnaround times and productivity.
- **CalOptima Health Tableau Dashboard 2022** —Internal data analytics and visualization platform used to share CalOptima Health member information.
- **CAHPS (Reporting Year [RY] 2022)** — CAHPS (MY 2021) is a set of surveys created by the Agency for Healthcare Research and Quality (AHRQ) and used to understand a patient's healthcare experience.
- **HEDIS® (RY 2022)** — HEDIS® (MY 2021) is a comprehensive set of standardized performance measures established by NCQA to provide information for reliable comparison of health plan performance.
- **MCAS (RY 2022)** — MCAS (MY 2021) is a set of performance measures that DHCS selects for annual reporting by Medi-Cal managed care health plans (MCPs).

Several performance indicators are used to establish benchmarks and quality improvement goals, namely HEDIS®, CAHPS and DHCS MCAS minimum performance levels. Data are evaluated at least annually to address population needs and inform adjustments to population interventions and activities.

Overview of Procedures, Resources and Methodologies

CalOptima Health collects, integrates and evaluates internal and external data sources to inform the PNA and support various member care functions. These data sources include:

- Member data (e.g., eligibility, aid codes, line of business, demographic)
- Medical and behavioral claims (e.g., OCHCA mental health inpatient claims) and encounters (e.g., encounter data from contracted health networks)
- Pharmacy claims
- Laboratory results (e.g., Quest and LabCorp results)
- Health appraisal results
- Health services programs within the organization
- Advanced data sources (e.g., Regional Center of Orange County, California Immunization Registry (CAIR), California Department of Public Health for Lead Screening in Children)

CalOptima Health then utilizes integrated data to assess the characteristics and needs of its member population, including:

- Demographics
- SDOH
- Health disparities
- Medical and behavioral conditions

- Service utilization
- Special populations
  - Children, adolescents and seniors
  - Populations with complex needs (e.g., members experiencing homelessness)

At least annually, CalOptima Health uses data to plan and adjust PHM activities based on member needs. Resources are also regularly assessed, which includes the readjustment of staffing and self-management health tools, as well as community resources and partnerships to ensure planned activities are fulfilled.

Population Risk Stratification and Segmentation

CalOptima Health's risk stratification and segmentation (RSS) algorithm was designed to identify members with increasing risk factors early and segmentate member enrollment into our care management programs. Members are risk stratified according to severity of condition, comorbidities, social needs and utilization characteristics. To prioritize outreach efforts and tailor interventions, the risk stratification process is further augmented by member assessments, community supports data, and members' self-reported physical health, behavioral health, functional and SDOH needs. CalOptima Health's care management teams review risk level reports monthly to identify members who were previously classified as low risk and now are high risk for assessment outreach. It is important to note that significant changes in health status may change a member's risk score. In addition, certain health related events can result in a reassessment and change in risk level such as:

- Hospital admissions
- Emergency Department (ED) visits
- Newly identified behavioral health needs
- Alteration in mental or functional status
- Change in care setting (transitions)
- Significant changes to medication regimen
- Change in caregiver or informal supports
- Change in long term support service (LTSS) level

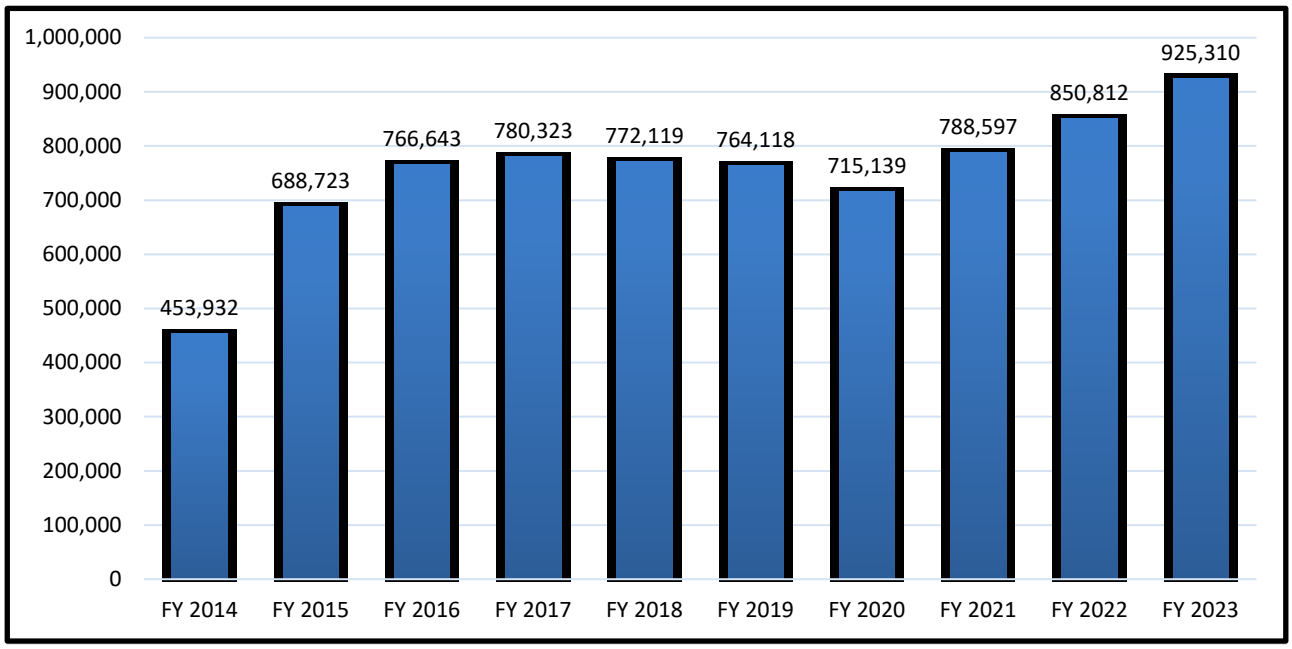
3. Key Data Assessment Findings

Medi-Cal Membership Profile

Over the past decade, the Medi-Cal population at CalOptima Health has more than doubled. At the time of this report, CalOptima Health's Medi-Cal membership reached 925,299, a growth of 75,269 members over the last year. Below is a graph depicting the ten-year trajectory, from fiscal year (FY) 2014 to FY 2023, illustrating CalOptima Health's Medi-Cal membership growth of 103.8% or 471,378 members. The continued unprecedented growth experienced in recent years is likely due to the widespread economic challenges, leading to the suspension of Medi-Cal renewal during the public health emergency (PHE). As a result, more individuals became or stayed eligible for CalOptima Health's health care coverage, and membership grew rapidly.

CalOptima Health Medi-Cal Member Trajectory*

Data Source: 2023 CalOptima Health Tableau Dashboard



**Slight variations in data are due to due to delays in data processing and dates data was pulled.*

Moreover, the COVID-19 pandemic also exposed the magnitude of health inequities experienced by the most susceptible individuals in our community, which includes CalOptima Health members. When the data was analyzed according to SDOH, CalOptima Health members most frequently reported experiencing housing and economic stressors, psychosocial factors and support and family concerns. Most notably, the number of members that reported housing and economic stressors has more than doubled from 5,486 in 2021 to 11,829 in 2022.

Social Determinants per ICD-10

Social Determinant	Count	Percentage	% Change
Housing and economic	11,829	1.3%	0.7%
Psychosocial	4,953	0.5%	0.1%
Support and family	4,837	0.5%	0.1%
Upbringing	2,594	0.3%	0.1%
Education and literacy	1,320	0.2%	0.1%
Employment	1,131	0.1%	0.02%
Social environment	895	0.01%	-0.05%
Occupational risk	80	0.01%	0.01%

Data Source: 2022 CalOptima Health Tableau Dashboard

The rates of these SDOH needs are likely much higher than data indicate due to underreporting and lack of consistent assessment and documentation. Research conducted by the Health Equity Data Action Teams (HEDAT) at CalOptima Health regarding SDOH data found low utilization of SDOH Z-Codes in claims submitted by providers:

- 6.70% of providers are using SDOH Z Codes
- 0.45% of total claims/encounters include SDOH Z Codes
- 3.14% total members have claims with SDOH Z Codes

Additionally, HEDAT found that CalOptima Health's providers and member facing departments do not use evidence based and validated SDOH screening tools consistently.

In summary, CalOptima Health's SDOH member data reveals the need to address housing and economic stressors among our members. Care management teams at CalOptima Health support members with housing and economic stressors by providing direct referrals to Orange County housing, utility and food assistance programs. In addition, CalOptima Health hosts an annual resources fair with community partners like:

- 211 Orange County City - Affordable Housing Lines for housing support.
- Southern California Gas Company and Southern California Edison - California Alternate Rates for Energy (CARE) and Family Electric Rate Assistance (FERA) financial assistance programs for billing support.
- Orange County Social Services Agency - CalFresh program for food assistance.

Although the referrals made by care management teams help meet the needs of eligible members with housing and economic concerns, there are several opportunities to improve the overall SDOH member data to better identify and address the disparities that our members face. By improving SDOH data collection, CalOptima Health can direct the interventions mentioned above to members who are needing these services. In an effort to improve SDOH member data collection, CalOptima Health's HEDAT plans to:

- Promote network and provider SDOH screening using evidence-based screening tools (e.g., Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) and Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool).
- Encourage utilization of SDOH Z Codes among providers.
- Use the transition to a new care management platform (JIVA) to ask consistent, evidence-based questions across all member-facing departments and programs and link members to resources for social needs using a closed-loop referral system.

Focus Populations

Furthermore, CalOptima Health's Medi-Cal membership includes more individuals who are at higher risk of experiencing negative health consequences when compared to the general Medi-Cal population in Orange County. As evidenced by the findings of the SODH analysis, members with unhoused status should be taken into consideration when learning about member health outcomes and posed barriers or opportunities in the overall approach to improve health management.

Individuals and Families Experiencing Homelessness (Unhoused Status)

Members experiencing homelessness face serious challenges obtaining health care services. These unique challenges pose significant health risks and contribute to the overall health disparities seen in this population when compared to housed members. In 2022, those experiencing homelessness made up 1% of our membership. When compared to the previous reporting year, members with unhoused status dropped by 0.5%.

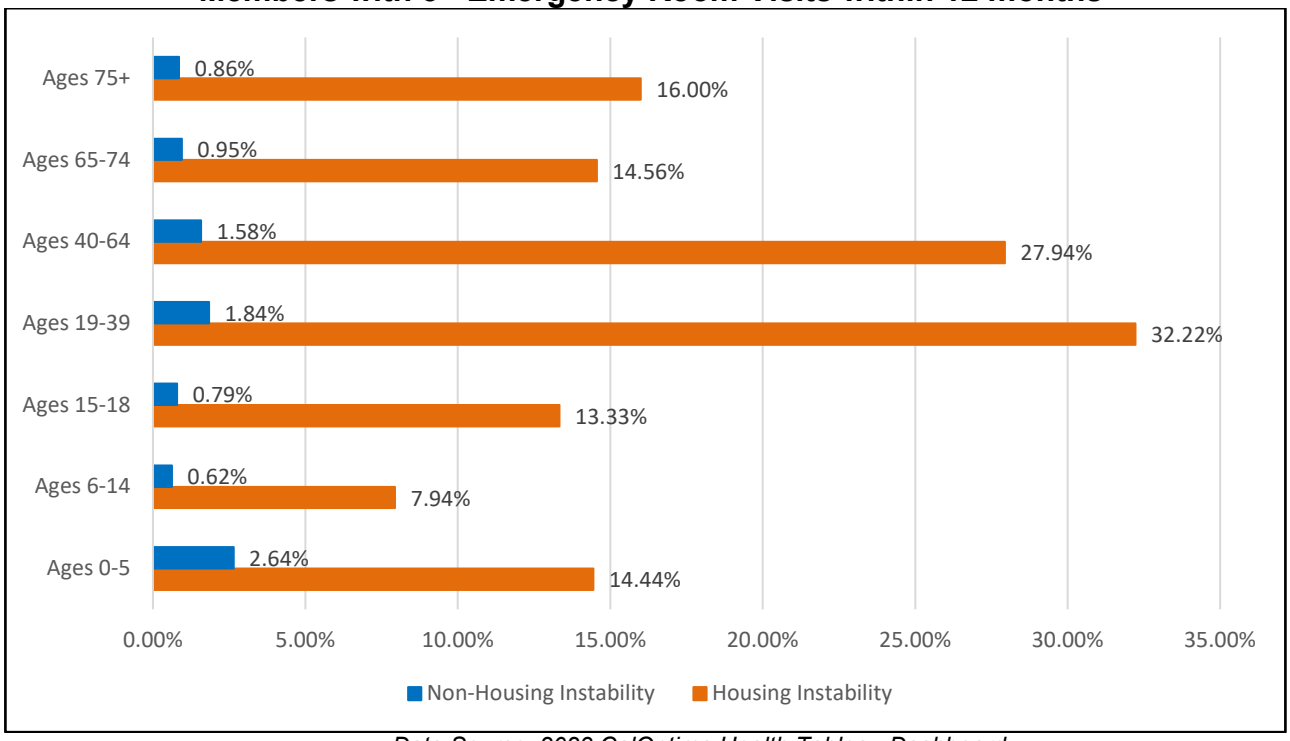
Housing Status

	Count	Percentage	% Change
Unhoused	7,762	1%	-0.5%
Not Unhoused	917,537	99%	0%

Data Source: 2022 CalOptima Health Tableau Dashboard

To better understand health disparities experienced by unhoused members, the rate of emergency room (ER) visits was analyzed by the status of housing instability which is defined as an attestation or presence of a z-code diagnosis. This data revealed that members experiencing housing instability were significantly more likely to have five or more ER visits within a 12-month period regardless of age. Members experiencing housing instability and between the ages of 19-39 had the highest rate (32.33%).

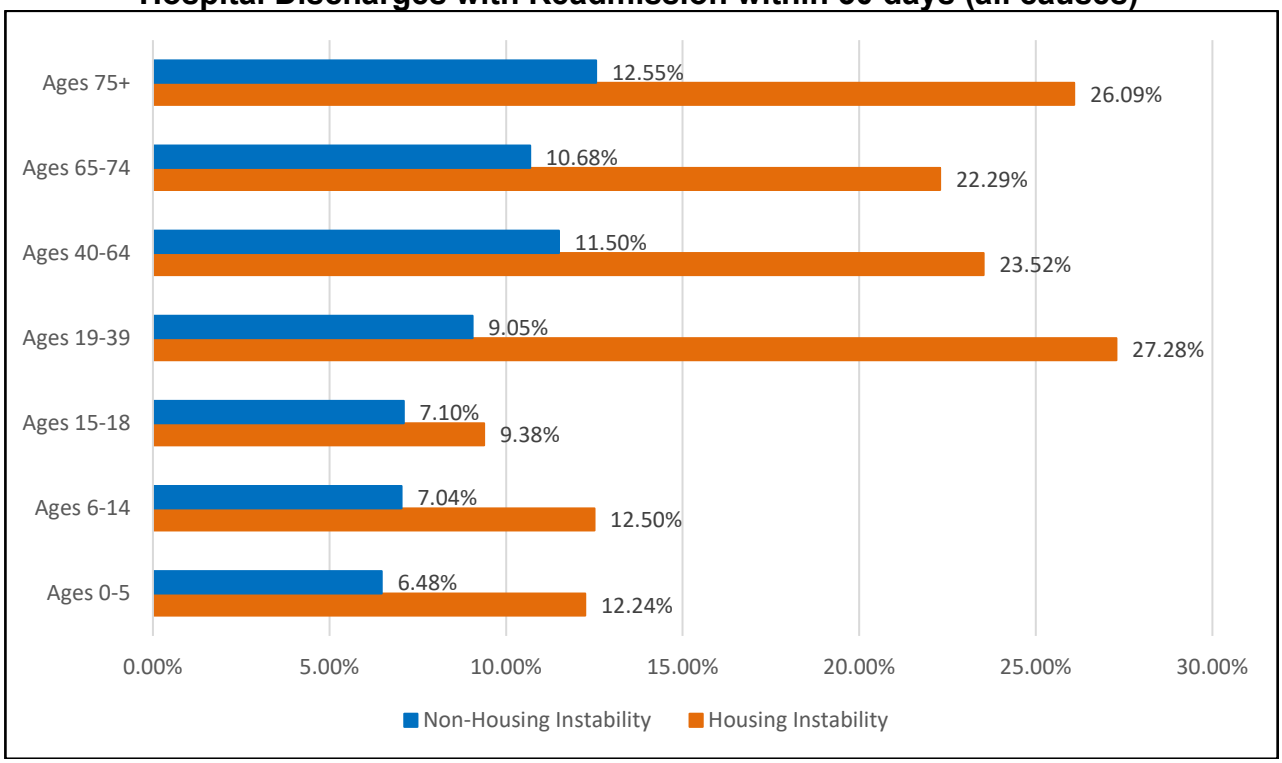
Members with 5+ Emergency Room Visits within 12 months



Data Source: 2023 CalOptima Health Tableau Dashboard

Moreover, when the rate of hospital readmission within a 30-day period were analyzed by the status of housing instability, members experiencing housing instability were significantly more likely to have a hospital readmission. Again, members experiencing housing instability and between the ages of 19-39 had the highest rate (27.28%).

Hospital Discharges with Readmission within 30 days (all causes)



Data Source: 2023 CalOptima Health Tableau Dashboard

This data reinforces the need to continue bridging the gap between the existing care delivery system and the needs of members experiencing homelessness. This analysis also revealed more opportunities to investment in community health services that will increase the wellness of our street homeless residents to build a continuum of support and linkage to services for those with physical health, behavioral health and substance abuse needs. To satisfy this need, CalOptima Health has deployed significant resources to address the housing and health needs of unhoused members via the Street Medicine Program and participation in the DHCS Housing and Homelessness Incentive Program (HHIP). CalOptima Health's Street Medicine Program model was implemented by a contracted medical and social service provider who is responsible for identifying and managing the comprehensive needs of Orange County's un-housed individuals and families through whole person care approaches and addressing social drivers of health. To assist with Street Medicine program, the HHIP provided a one-time cash infusion to address housing insecurity and instability as a social determinant of health for the Medi-Cal population. With CalOptima Health's Board approval, $8 million in HHIP funds was invested to support the expansion of the Street Medicine program.

Population Distribution (Aid Code)

To better inform the development and enhancement of our care delivery, services and resources allocation to meet the needs of our diverse membership, the data was segmented and analyzed according to aid codes. The population aid codes include:

- Aged or members who qualify for services based on economic need and are 65 years of age or older.
- Blind and disabled or members who qualify for services based on economic need and who have blindness and/or a disability.
- Family or individual members who qualify based on household income.

Population Distribution (Aid Code)

Aid Code	Count	Percentage	% Change
Aged	82,398	9%	0%
Blind and disabled	47,404	5%	0%
Family	795,498	86%	0%
GRAND TOTAL	**925,299**	**100%**	

Data Source: 2022 CalOptima Health Tableau Dashboard

Analyzing the data according to aid code provides insight on the focus audience and delivery methods that should be considered when developing member services and allocating resources. This analysis revealed that families continue to make up the largest proportion of membership at 86%, followed by members who qualify by age (9%), then members who are blind and disabled (5%). Based on this data, it is concluded that as the membership under the family aid code continues to grow, CalOptima Health should explore new opportunities to engage families.

Current efforts to meet this need include the enhancement of wellness programs and services that aim to influence behavioral change by providing information and tools to the entire family rather than focusing on the individual which can help foster a supportive environment that promotes healthy behaviors. An example of these efforts is CalOptima Health's Shape Your Life (SLY) program which offers group classes and health coaching for children ages 5 to 18 and their families. SYL aims to help our young members and their families build healthy habits together through a family focused nutrition and physical activity curriculum. In the upcoming year, the Health and Wellness team at CalOptima Health will continue to review current programs and services for more opportunities to incorporate elements that engage the entire family.

Age

The age distribution among members varied from newborns to seniors, with 35% children and adolescents (ages 0–18), 54% adults (ages 19–64) and 11% seniors (65 years and older). Notable again this year, CalOptima Health's adult population (ages 19–40) increased by 1% since the 2022 PNA report.

Medi-Cal Membership by Age

Age Range	Count	Percentage	% Change
0–5	81,010	9%	-1%
6–18	236,988	26%	-1%
19–40	291,120	31%	0%
41–64	215,493	23%	1%
65+	100,689	11%	0%

Data Source: 2022 CalOptima Health Tableau Dashboard

In 2023, several anticipated initiatives will continue to affect the growth of our adult membership (ages 19-64). For example, with the Medi-Cal expansion for adults ages 50 and over regardless of immigration status and the postpartum care extension, CalOptima Health anticipates that these initiatives will increase the number of adults in our member population. This further demonstrates the need for CalOptima Health to review and revise its services to ensure they continue to meet the health care needs of our adult members.

For instance, the potential enrollment increase of individuals with undocumented status justifies the need to monitor cultural and linguistic services to identify opportunities for improvement and recruit staffing to increase the CalOptima Health's cultural responsiveness efforts. To fulfill this need, CalOptima Health offers Cultural and Linguistic Services and regularly monitors interpreter and translation access amongst our contracted Health Networks. Regular monitoring identifies possible member barriers, opportunities for improvement and best practices. Reports break down interpreter and translation requests by threshold language and are compared year over year to support service improvement efforts. CalOptima Health also administers cultural competency training to staff and our network of providers upon hire and annually thereafter. CalOptima Health's cultural competency training includes information on the unique diversity of our member population, ways to decrease stigma, and language access resources to support members among other topics. This training was reviewed by CalOptima Health staff in 2022 who found several opportunities to improve content including the addition of concepts in diversity, equity, inclusion and bias. CalOptima Health plans to make those revisions in 2023. In addition, CalOptima Health is actively working to recruit a Chief Health Equity Officer to guide strategy to address health disparities and promote health equity. The decision to recruit more health equity staff was deferred until CalOptima Health's Chief Health Equity Officer is hired. CalOptima Health has also made plans to pursue NCQA's Health Equity accreditation before 2026 and has contracted a consultant to assist with these efforts.

Furthermore, postpartum care extension may create the need to enhance maternal care services and resources to ensure that expectant members receive continuous medical and behavioral health support. In anticipation and to meet this need, CalOptima Health offers prenatal and postpartum services to members through the Bright Steps program. This program aims to inform and provide resources to pregnant members to help them have a healthy pregnancy, delivery and baby. CalOptima Health's Bright Steps program is currently staffed by a registered dietitian, health coach, health educator, program specialist, and personal care coordinators with subject matter expertise in maternal health and relevant certifications (e.g., certified lactation counselor).

Gender

Members who identify as female continue to make up most of the member population at 53% compared to 47% who identify as male.

Medi-Cal Membership by Gender

Gender	Count	Percentage	% Change
Female	494,011	53%	0%
Male	431,289	47%	0%

Data Source: 2022 CalOptima Health Tableau Dashboard

The absence of sexual orientation and gender identity (SOGI) data limits our understanding of the needs of our members who do not identify within a binary scope of gender. CalOptima Health understands the importance of collecting inclusive and representative data to better meet our members' needs. Currently CalOptima Health does not meet this need; however, the agency is actively working to recruit and contract with subject matter experts (SMEs) in health equity that can help the agency better identify and address gaps in data. Health equity SMEs' responsibilities will include assisting CalOptima Health in performing a comprehensive data gap analysis and developing strategies to gather and/or leverage more representative member data like SOGI information. It is important to note that these efforts align with CalOptima Health's plans to pursue NCQA's Health Equity accreditation by 2026.

Population by Race/Ethnicity

The majority of CalOptima Health's members identify as Hispanic (47%), followed by White (16%) and Vietnamese (12%).

Top 10 Member Ethnicities

Ethnicity	Count	Percentage	% Change
Hispanic	431,516	47%	3%
White	146,198	16%	1%
Vietnamese	108,302	12%	0%
Other	88,508	10%	5%
No Response	60,714	7%	0%
Korean	23,103	2%	-1%
Black	16,084	2%	0%
Filipino	13,500	1%	0%
Chinese	13,063	1%	0%
Asian & Pacific Islander	9,931	1%	0%

Data Source: 2022 CalOptima Health Tableau Dashboard

Compared to the previous reporting year, the percentage of members who identified as "other" significantly increased from 5% to 10%. This finding reinforces the need to enhance data collection efforts to gather more complete and disaggregate race and ethnicity data. To address this need, CalOptima Health plans to conduct a more comprehensive gap analysis of our member race and ethnicity data as part of the agency's efforts to pursue NCQA's Health Equity accreditation. As previously mentioned, CalOptima Health has contracted a consultant to assist with the development of strategies to capture more representative member data. This includes future efforts to align race and ethnicity categories with the Office of Management and Budget's classification standards.

Primary Language

Most CalOptima Health members reported English (57%), Spanish (26%) or Vietnamese (9%) as a primary language. Notably, the percentage of members whose primary language is unknown significantly decreased from 12% to 3%.

Top 10 Member Languages

Language	Count	Percentage	% Change
English	530,305	57%	6%
Spanish	242,450	26%	2%
Vietnamese	83,057	9%	0%
Unknown	23,221	3%	-9%
Korean	12,571	1%	0%
Farsi	9,910	1%	0%
Arabic	5,993	1%	0%
Mandarin	4,100	0%	0%
Chinese	1,873	0%	0%
Tagalog	1,689	0%	0%

Data Source: 2022 CalOptima Health Tableau Dashboard

Despite the improvement seen to close the gap among members with an "unknown" language status, CalOptima Health continues to explore ways to enhance member language data by bringing more clarity and consistency to spoken language categories. To meet this

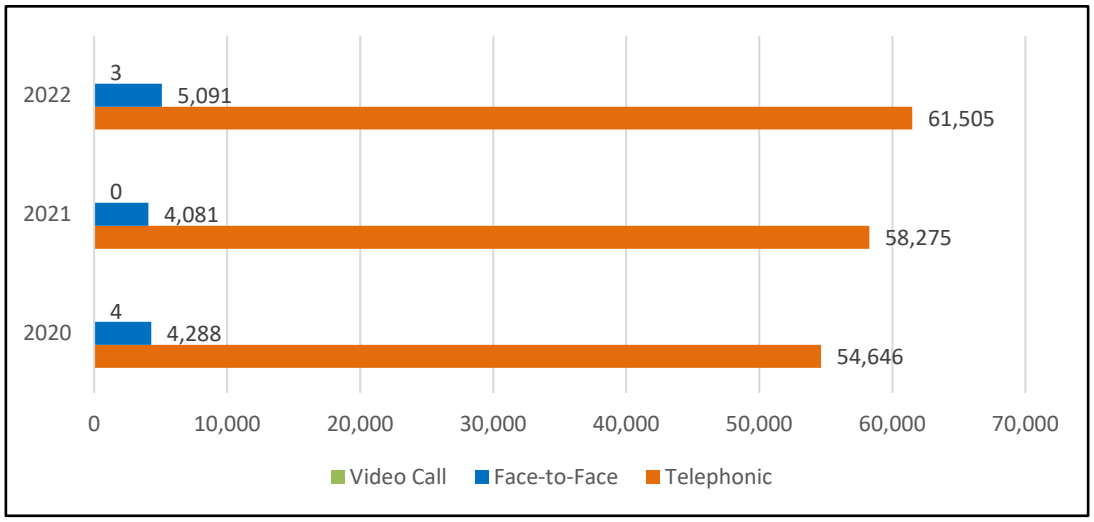
need and as previously noted, CalOptima Health plans to conduct a more comprehensive data gap analysis which includes a deeper review of our member language data. These efforts are also in support of CalOptima Health's pursuit of NCQA's Health Equity accreditation. CalOptima Health has begun to recruit and/or contract with SMEs in Health Equity to develop strategies to capture more representative and disaggregated member data with a focus on language data. Preliminary review of our member language data has prompted future efforts to distinguish between overlapping language categories, like Mandarin and Chinese, to help further clarify the language needs of our members. In addition, CalOptima Health is exploring ways to gather our members' preferred communication style such as braille, audio, written, etc. to further enhance our member communication efforts.

Cultural and Linguistic Services

The utilization of language assistance services (LAS) directly provided by CalOptima Health were also explored to better identify and assess the language needs of our members. The LAS data from 2020 to 2022 shows that telephonic and face-to-face interpretation are steadily rising which is consistent with the increase seen in our member population. In 2022, CalOptima Health's top requested languages for telephonic interpretation were Spanish (49.4%), Vietnamese (25.0%) and Farsi (Persian) (6.2%). The top requested languages for face-to-face (in-person) interpretation were Spanish (37.5%), Farsi (Persian) (14.6%) and Arabic (12.7%). It is also important to note that all CalOptima Health members are offered video interpretation services. However, that method of interpretation is far less utilized than telephonic and face-to-face interpretations with only three video calls made in 2022.

Furthermore, CalOptima Health's LAS assessment met requirements set by DHCS APL 21-004 which state that MCPs must provide meaningful access to individuals with limited English proficiency (LEP) who are eligible to be served or likely to be encountered, in health programs and activities. CalOptima Health offers LAS in over 200 languages and various formats at no-cost to members. CalOptima Health members are made aware of LAS through our nondiscrimination notices and language taglines which are widely disseminated. Members are also informed of interpretation services through the member handbook, periodic newsletters, on-hold messaging through the call center and care management teams. CalOptima Health also met threshold requirements set by DHCS that specify that managed care plans (MCPs) must provide written translated member information in the membership threshold languages. These languages were identified on the Medi-Cal Eligibility Data System (MEDS) as the primary language of 3,000 beneficiaries or 5 percent of the beneficiary population, whichever is lower, in an identified geographic area, per Title 9, CCR, Section 1810.410 (f) (3). CalOptima Health actively translates materials into 6 threshold languages in addition to English: Spanish, Vietnamese, Farsi, Korean, Chinese and Arabic for the Medi-Cal program. CalOptima Health translates materials in languages that fall outside of the threshold language upon member request. CalOptima Health has also established a Member Material Approval process that not only ensures readability and suitability of member facing content, but also streamlines request to translated member materials.

Trending Interpretation Services Requests*



Data Source: 2020-2021 CalOptima Calmative Usage Report

*LAS data captured by CalOptima Health vendors Hanna, Voiance and Language Line Solutions.

No major findings were identified with regard to LAS. This is likely due to the no-cost and widely advertised availability of LAS for all members as well as CalOptima Health's efforts to ensure that member information is available in all threshold languages including Arabic, Chinese, Farsi, Korean, Spanish and Vietnamese in addition to English. Nevertheless, CalOptima Health recognizes that there is diversity among the population we serve and will continue to work with key stakeholders to identify unmet needs for members outside of the language thresholds and connect them to appropriate resources. One example of these efforts is the work of CalOptima Health's PHM and C&L departments to create more member material in Khmer as well as promoting interpretation services and resources. This was in response to community advocates who shared that members who speak Khmer may list English as their primary language when enrolling into Medi-Cal but may need services in their native language during the PHE.

Health Status and Disease Prevalence

To further inform the programs, services, resource allocation and strategies aimed at improving the health and well-being of members, CalOptima Health also provided an in-depth analysis of members' health status and disease prevalence using the 2022 CalOptima Health Medical Diagnoses Tableau Dashboard.

Medical Diagnoses by Population

Overall, CalOptima Health Medi-Cal members were most diagnosed with hypertension (18%), obesity (13%), diabetes (11%), asthma (7%) and acute kidney failure and chronic kidney disease (AKF/CKD) (4%). The data shows a slight increase of 1% among members diagnosed with hypertension, diabetes and asthma while obesity and AKF/CKD remain the same when compared to the previous reporting year.

Medical Diagnoses by Population

Medical Diagnosis	Count	Percentage	% Change
Primary hypertension	121,231	18%	1%
Obesity	90,806	13%	0%
Diabetes	77,579	11%	1%
Asthma	47,148	7%	1%
AKF & CKD	29,872	4%	0%

Data Source: 2022 CalOptima Health Tableau Dashboard

In summary, the continued rise in chronic condition diagnoses among CalOptima Health members supports the need to enhance existing disease management programs and recruit qualified allied health staff to provide services to members with chronic conditions. To satisfy this need, CalOptima Health offers an asthma program to members 3 years of age and older, and a diabetes management program to members 18 years of age and older. CalOptima Health also provides health education classes, individualized health coaching and member materials on chronic condition management. Topics include pre-diabetes, hypertension and weight management among others. Members are identified using claims and lab data and then risk prioritized based on utilization data. Members can self-refer or be referred to chronic care and health education programs by their providers and care team. A multi-disciplinary team of health coaches and health educators (e.g., licensed nurses, registered dietitians and staff with master's degrees in public health and relevant certifications) reach out to CalOptima Health members to assess and provide telephonic coaching in the member's preferred language.

Medical Diagnoses by Population Distribution (Aid Code)

Furthermore, the data revealed variations in the top five medical diagnoses when the data was analyzed according to aid code. For instance, among members who were identified by the aged aid code, the top five diagnoses were hypertension (64%), diabetes (39%), AKF/CKD (22%), congestive heart failure (CHF) (13%) and cancer (12%). Compared to the previous reporting year, rate decreases were seen in hypertension (-1%) and AKF/CKD (-1%) while diabetes, CHF and cancer rates remained the same.

Aged Medical Diagnoses

Medical Diagnosis	Count	Percentage	% Change
Primary hypertension	40,972	64%	-1%
Diabetes	24,718	39%	0%
AKF & CKD	14,252	22%	-1%
Heart failure (CHF)	8,269	13%	0%
Cancer	7,728	12%	0%

Data Source: 2022 CalOptima Health Tableau Dashboard

Despite the slight improvement, the overall rate of hypertension diagnoses among members identified by aid code continues to be alarmingly high at 64%. This reinforces the need to promote early detection screenings through focused member communications and referrals to health management services. In 2022, focused outreach efforts were made in response to rising numbers of hypertension diagnoses seen among Medi-Cal members. The Health and Wellness team at CalOptima Health conducted telephonic call campaigns that focus on members with hypertension who are identified through monthly Health Information Form

(HIF)/Member Evaluation Tool (MET) reports. Through these call campaigns, members were offered individualized health coaching, member materials and available tools (e.g., blood cough monitors) to help members manage hypertension. Future plans to address gaps in health education services include working with enterprise analytics teams to extract data on members diagnosed with hypertension to better identify and focus member outreach efforts to promote screenings and condition management support offered by the Health and Wellness team.

Among members identified by the blind and disabled aid code, the top five medical diagnoses were hypertension (36%), diabetes (24%), obesity (17%), AKF/CKD (13%) and asthma (11%). Compared to the previous reporting year, there was an increase of 1% in diabetes, obesity and asthma while hypertension and AKF/CKD remained the same among members identified as blind and disabled.

Blind and Disabled Medical Diagnoses

Medical Diagnosis	Count	Percentage	% Change
Primary hypertension	15,358	36%	0%
Diabetes	9,965	24%	1%
Obesity	7,383	17%	1%
AKF & CKD	5,602	13%	0%
Asthma	4,683	11%	1%

Data Source: 2022 CalOptima Health Tableau Dashboard

As seen among members in the aged aid code, hypertension continues to be the most common diagnosis experienced by members in the blind and disabled aid code. This finding emphasizes the need to increase access to early detection and prevention services while also helping our members overcome any barriers in accessing care. To address this need, CalOptima Health is continuously promoting new approaches to increase our members' access to care, which includes the expansion of telehealth services and advertisement of language assistance services including TTY (teletypewriter) to communicate with members who have a hearing or speech impairment. Other efforts include monitoring access to timely and needed care standards by health networks, enforcing accessibility requirements (e.g., physical access and effective communication) at contracted provider offices, and providing disability awareness training for all CalOptima Health staff and contracted providers upon hire/new contract and annually thereafter.

Among members identified by the family aid code, the top five medical diagnoses were obesity (13%), hypertension (11%), diabetes (8%), asthma (7%) and liver disease (3%). There was an increase of 2% in diabetes and asthma while obesity and liver disease rates remain the same compared to the previous reporting year.

Family Medical Diagnoses

Medical Diagnosis	Count	Percentage	% Change
Obesity	77,075	13%	0%
Primary hypertension	65,727	11%	1%
Diabetes	43,558	8%	2%
Asthma	38,430	7%	2%
Liver disease	18,195	3%	0%

Data Source: 2022 CalOptima Health Tableau Dashboard

This data reinforces the need for CalOptima Health to enhance health management programs, especially those that focus on diabetes and asthma, to help slow the rise in these chronic conditions. To satisfy this need and as previously mentioned, CalOptima Health has a chronic care management program that focuses on diabetes and asthma among other conditions. Initiatives within this program include asthma and diabetes health coach outreach via telephone to all members identified with high risk factors such as:

- Members with asthma who do not have adequate fills of controller medication or frequent visits to the emergency room (ER) for uncontrolled symptoms.
- Members with diabetes who have a high A1C value or comorbidities such as CKD or end stage renal disease (ESRD).

These members are identified through various methodologies and assigned for telephonic health coach intervention.

Medical Diagnoses by Age Group (2–19, 20–64, 65+)

Moreover, when the data was analyzed according to age groups (2–19, 20–64 and 65+), it revealed variations in the top five medical diagnoses detected among CalOptima Health Medi-Cal members. For example, among members ages 2–19, the top five diagnoses were obesity (11%), asthma (9%), cancer (1%), liver disease (1%) and hypertension (0%). Noteworthy is that the rate of asthma medical diagnoses among members ages 2–19 increased by 3%.

Medical Diagnoses for Ages 2–19

Medical Diagnosis	Count	Percentage	% Change
Obesity	24,972	11%	-1%
Asthma	19,603	9%	3%
Cancer	1,405	1%	0%
Liver Disease	1,313	1%	0%
Primary hypertension	1,114	0%	-1%

Data Source: 2022 CalOptima Health Tableau Dashboard

To address the recent rise in asthma among children and adolescents, CalOptima Health continues to promote asthma management services to health network pediatric providers. In addition, the Health and Wellness staff at CalOptima Health developed and regularly updates tools and member materials designed for children and adolescents with asthma including:

- “Asthma at School,” a member material designed to help parents/guardians manage asthma at school and at home.
- “Asthma Action Plan,” a tailored plan completed with assistance from a Health Coach at CalOptima Health with special instructions on how to take asthma medication, manage symptoms and seek medical attention.

In the upcoming year, Health and Wellness staff will continue to monitor trends in asthma among children and adolescents to help identify and plan strategies to address gaps in asthma management services.

Among members ages 20 to 64, the top five medical diagnoses were hypertension (20%), obesity (17%), diabetes (13%), asthma (6%) and liver disease (5%). These data also reveal slight increases in hypertension (+1%), obesity (+2%) and diabetes (+1%) medical diagnoses rates among members ages 20–64 when compared to last year’s data.

Medical Diagnoses for Ages 20–64

Medical Diagnosis	Count	Percentage	% Change
Primary hypertension	68,354	20%	1%
Obesity	56,159	17%	2%
Diabetes	44,889	13%	1%
Asthma	20,866	6%	0%
Liver disease	18,433	5%	0%

Data Source: 2022 CalOptima Health Tableau Dashboard

The rising rate of obesity suggests the need to enhance and promote prevention services in nutrition, physical activity and obesity prevention for adults. To satisfy this need, CalOptima Health actively promotes Wellness Programs which include weight management support from trained Health Educators, member materials, interactive self-care guides in healthy eating, weight, physical activity and stress management. In addition, CalOptima Health partnered with the County of Orange Social Services Agency and Orange County 211 to launch a CalFresh enrollment initiative to help eligible members get more access to healthy foods. This initiative includes a dedicated warmline, comprehensive text campaign, and various community events to help eligible members apply and enroll in CalFresh.

Among members 65 years and older, the top five diagnoses were hypertension (63%), diabetes (39%), AKF/CKD (21%), CHF (12%) and cancer (12%). Compared to 2021, data, there was a decrease in hypertension (-2%%), AKF/CDK (-1%) and CHF (-1%) while diabetes and cancer rates remain the same.

Medical Diagnoses for Ages 65 and Older

Medical Diagnosis	Count	Percentage	% Change
Primary hypertension	51,705	63%	-2%
Diabetes	31,559	39%	0%
AKF & CKD	17,334	21%	-1%
Heart failure (CHF)	10,043	12%	-1%
Cancer	9,859	12%	0%

Data Source: 2022 CalOptima Health Tableau Dashboard

Despite improvements, members 65 and older are at higher risk for experiencing multiple chronic conditions. In response to this need, CalOptima Health offers various care management programs and services to assist members with multiple chronic conditions (MCC) and according to their risk level. CalOptima Health offers:

- Health Education services for members with MCC who are at low risk (or who have MCC that are under control)
- Case Management and Disease Management programs for members with MCC who are at medium to high risk (or who have MCC and require care coordination and/or support managing their conditions)
- Complex Case Management program for member with MCC who are at the highest risk (or who have MCC and the most complex health care needs)

Behavioral Health Diagnoses by Population

Overall, among members with a behavioral health diagnosis, the most common diagnoses were depression (9%), substance use disorder (SUD) (7%), attention-

deficit/hyperactivity disorder (ADHD) (2%) and bipolar (2%). The rate of the top behavioral health diagnoses remained the same as the previous reporting year, except depression which increased by 1%.

Medi-Cal Behavioral Health Diagnoses

BH Diagnosis	Count	Percentage	% Change
Anxiety disorder	69,668	10%	0%
Depression	60,817	9%	1%
Substance use disorder	45,710	7%	0%
ADHD	16,308	2%	0%
Bipolar	10,406	2%	0%

Data Source: 2022 CalOptima Health Tableau Dashboard

This data confirms the need to promote and increase the accessibility of behavioral health services. In response to this need, CalOptima Health has a dedicated Behavioral Health Line available to all members 24 hours a day, 7 days a week. Behavioral Health Line staff screen and refer members to mental health services depending on their risk. CalOptima Health offers outpatient mental health services to members with mild to moderate impairment of mental, emotional or behavioral functioning. For members with high behavioral and/or mental health impairments, CalOptima Health works closely with the Orange County Mental Health Plan to support members with SPMI. The Behavioral Health Line and affiliated programs are widely promoted via CalOptima Health's member handbook, flyers, newsletter, member materials, website, care management team referrals, social media campaigns and other forms of communication. To support accessibility to CalOptima Health's Behavioral Health services, they are provided to members in all languages, telehealth or in person, evening and weekend appointments and by contracted providers throughout Orange County.

Behavioral Health Diagnoses by Aid Code (Aged, Blind and Disabled, Family)

Moreover, when the behavioral health diagnoses data were analyzed according to aid codes, variations in the top five behavioral health diagnoses were detected. Among members in the aged aid code, the top five diagnoses were depression (14%), anxiety (10%), SUD (6%), schizophrenia (1%) and bipolar diagnoses (1%). Compared to 2021 data, the rates of behavioral health diagnoses have remained the same across the board for members in the aged aid code.

Aged Behavioral Health Diagnoses

BH Diagnosis	Count	Percentage	% Change
Depression	8,597	14%	0%
Anxiety disorder	6,108	10%	0%
Substance use disorder	3,874	6%	0%
Schizophrenia	863	1%	0%
Bipolar	698	1%	0%

Data Source: 2022 CalOptima Health Tableau Dashboard

This data reconfirms the need to enhance the promotion and accessibility of behavioral health services when the data is analyzed according to age. This includes increasing access to patient therapies and support service referrals for older adult members. To address this need and as mentioned above, the Behavioral Health Line and related programs are widely

promoted. Special efforts are placed by care management teams that work with older adults to promote these services. For example, CalOptima Health's Program of All-Inclusive Care for the Elderly (PACE) promotes Behavioral Health services through their dedicated webpage and in-person by PACE's Interdisciplinary Team (IDT). To support our older adult members to access CalOptima Health's Behavioral Health services, the agency provides disability awareness training for all CalOptima staff and contracted providers. CalOptima Health's annually required disability awareness training places emphasis on members who are seniors and persons with disabilities (SPD) and offers resources to assist contracted providers in accommodating members. One example of these resources is the Accommodation Checklist for SPD designed to help providers identify a member's physical access, communication and comprehension needs.

Among members in the blind and disabled aid code, the top five behavioral health diagnoses were anxiety (19%), depression (18%), SUD (14%), schizophrenia (9%) and bipolar (7%). Similar to the aged aid code, the rates of behavioral health diagnoses among member identified by the blind and disabled aid code remain the same across the board.

Blind and Disabled Behavioral Health Diagnoses

BH Diagnosis	Count	Percentage	% Change
Anxiety disorder	7,899	19%	0%
Depression	7,819	18%	0%
Substance Use Disorder	5,912	14%	0%
Schizophrenia	3,700	9%	0%
Bipolar	2,999	7%	0%

Data Source: 2022 CalOptima Health Tableau Dashboard

As seen among members in the aged aid code, the data continues to support the need to increase accessibility of behavioral health services and resources among members who are blind and disabled. To meet the needs of our members who are blind and disabled, CalOptima Health offers reasonable accommodations and access to all health care services including Behavioral Health. Accommodation includes adjustments made to the environment or policies to enable access to services and programs. CalOptima Health also supports effective communication between members and their providers. This includes no-cost braille, large print, assistive listening systems, interpretation (e.g., American Sign Language) and translations that can help support member who receiving behavioral health services and/or member materials.

Among members belonging to the family aid code, the top five behavioral health diagnoses were anxiety (10%), depression (8%), SUD (6%), ADHD (3%) and bipolar (1%). Compared to 2021 data, there was a slight increase in the prevalence of anxiety (1%), depression (1%) and ADHD (1%) while SUD and bipolar diagnoses stayed the same.

Family Behavioral Health Diagnoses

BH Diagnosis	Count	Percentage	% Change
Anxiety disorder	55,865	10%	1%
Depression	44,628	8%	1%
Substance use disorder	36,116	6%	0%
ADHD	14,464	3%	1%
Bipolar	6,777	1%	0%

Data Source: 2022 CalOptima Health Tableau Dashboard

This data further validates the need for CalOptima Health to provide a wide array of behavioral and mental health services that can provide comprehensive support at the individual and family level. To satisfy this need, CalOptima Health offers a wide variety of outpatient services to support members and their families with impairment of mental, emotional or behavioral functioning, including:

- Individual, family and group psychotherapy, psychiatric consultation, medication management, and psychological testing when clinically indicated to evaluate a mental health condition.
- Substance Use Disorder Services which include Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment (SABIRT) provided to members 11 years and older, including pregnant women by providers within their scope of practice.
- Behavioral Health Treatment (BHT) for members 21 years and younger with a recommendation from a medical doctor or a licensed psychologist. BHT services include Applied Behavior Analysis (ABA) and a variety of other behavioral interventions that have been identified as evidence-based approaches and are medically necessary to prevent or minimize the adverse effects of behaviors that interfere with learning and social interaction.

Behavioral Health Diagnoses by Age Groups (2–19, 20–64, 65+)

Furthermore, when the data for behavioral health diagnoses were analyzed according to age groups, variations in the top five behavioral health diagnoses were detected. In 2022, members ages 2–19 were most often diagnosed with anxiety (5%), ADHD (3%), depression (3%), SUD (1%) and mood (1%) diagnoses. Compared to the previous reporting year, rates for behavioral health diagnoses among members ages 2–19 have remained the same except for anxiety which increased by 1%. In 2022, ADHD outranked depression diagnoses among members ages 2 to 19 years old.

Ages 2–19 Behavioral Health Diagnoses

BH Diagnosis	Count	Percentage	% Change
Anxiety Disorder	11,202	5%	1%
ADHD	7,816	3%	0%
Depression	7,793	3%	0%
Substance Use Disorder	1,957	1%	0%
Mood	1,288	1%	0%

Data Source: 2022 CalOptima Health Tableau Dashboard

To address the recent rise ADHD, CalOptima Health foresees a need enhance early detection through psychological testing and behavioral health management through

outpatient therapies and medicine management. As described in more detail above, CalOptima Health meets these needs through its Behavioral Health outpatient support services, which include psychological testing to assess behavioral health conditions, psychiatric consultation and medication management which are available to children and adolescent members.

Members ages 20–64 were most often diagnosed with anxiety (15%), depression (12%), SUD(11%), bipolar (3%) and lastly ADHD (2%). Like members ages 2-19, rates for behavioral health diagnoses among members ages 20-64 have not changed except for SUD which decreased by 1% compared to 2021 data.

20–64 Years Old Behavioral Health Diagnoses

BH Diagnosis	Count	Percentage	% Change
Anxiety Disorder	50,170	15%	0%
Depression	41,688	12%	0%
Substance Use Disorder	38,082	11%	-1%
Bipolar	8,867	3%	0%
ADHD	8,352	2%	0%

Data Source: 2022 CalOptima Health Tableau Dashboard

Among members ages 20-64, the rates of behavioral health diagnoses continue to be substantially higher than those seen among younger members. Further supporting previous suggestions to enhance early detection efforts and comprehensive behavioral health management services. As previously detailed, CalOptima Health meets these needs through its wide array of Behavioral Health and SUD out- and inpatient support services. CalOptima Health also provides initial mental health assessments without prior authorization. Members can receive a mental health assessment at any time from a licensed mental health provider in the CalOptima Health network. To ensure timely access to care, CalOptima Health will assist members to get out of network services at no cost.

Members 65 years and older were diagnosed with depression (14%), anxiety (10%), SUD (7%), schizophrenia (2%) and bipolar (1%). Overall, rates for behavioral health diagnoses among members 65 years and older have remained steady except for depression and anxiety which decrease by 1% when compared to 2021 data.

65 Years Old and Over Behavioral Health Diagnoses

BH Diagnosis	Count	Percentage	% Change
Depression	11,323	14%	-1%
Anxiety Disorder	8,258	10%	-1%
Substance Use Disorder	5,644	7%	0%
Schizophrenia	1,400	2%	0%
Bipolar	1,105	1%	0%

Data Source: 2022 CalOptima Health Tableau Dashboard

Like members ages 20-64, the rates of behavioral health diagnoses among members 65 years and older are significantly higher than younger members. Since these members are more susceptible to experience isolation, CalOptima Health recognizes the opportunity to provide more outreach, screening efforts and support group services for members ages 65 and older. In addition to behavioral health services and to meet the needs of our older members, CalOptima Health is actively exploring the opportunity to partner with Papa Pals. Papa Pals helps health plans to connect their members to real people to:

- Address gaps by filling a critical need for an aging population, helping more older adults live where and as they choose.
- Create connections for members by meeting with Papa Pals for in-person or telephonic visits, creating vital connections that improve overall health.
- Influence behavior by assisting members across generations in making lifestyle adjustments, including engaging with traditional care.
- Lend a hand like light housework, errands, and transportation to improve physical and mental health.
- Support communities since Papa Pals span backgrounds, generations, and languages to support diverse populations.

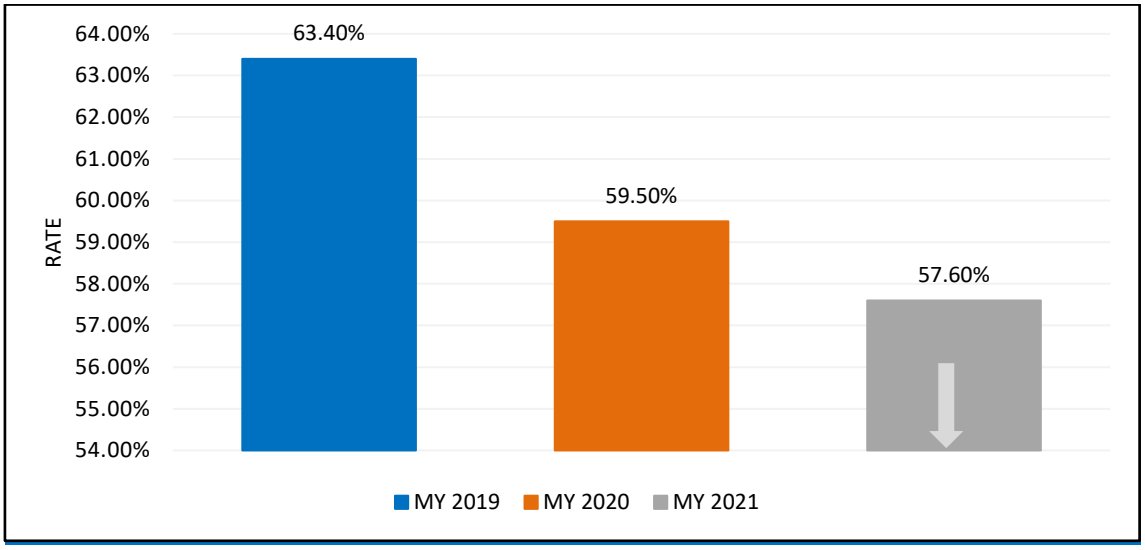
Quality Performance and Health Disparities (HEDIS®)

CalOptima Health HEDIS® Results MY 2021 (RY 2022) were analyzed to further explore the health status and disease prevalence among members. HEDIS® Results MY 2021 indicate that CalOptima Health met all DHCS Minimum Performance Levels (MPL) except for the measure of Well-Child Visits in the First 30 Months of Life (W30). MPL was reached for almost all measures despite the challenges of obtaining medical chart reviews for hybrid measures during the PHE.

The following section summarizes the performance outcomes for:

- Cancer Screenings: Breast Cancer Screening (BCS), Cervical Cancer Screening (CCS)
- Comprehensive Diabetes Care (CDC): HbA1c Poor Control and Eye Exam
- Prenatal and Postpartum Care Services (PPC): Timeliness of Prenatal Care and Postpartum Care
- Pediatric and Adolescent Well-Care Visits and Immunizations: Well-Child Visits in the First 30 Months of Life (W30), Childhood Immunization Status (CIS Combo 10), Child and Adolescent Well-Care Visits (WCV) and Immunizations for Adolescents (IMA Combo 2)
- Blood Lead Screening in Children (LSC)
- Follow-Up After Emergency Department Visit for Mental Illness (FUM)
- Follow-Up After Hospitalization for Mental Illness Within 7 and 30 Days of Discharge (FUH)
- Follow-Up Care for Children with Prescribed ADHD Medication (ADD)

Trending Medi-Cal Breast Cancer Screening (BCS)
HEDIS® Results MY 2019-2021



BCS hybrid rate shown. ↓↑ statistically higher or lower ↔ statistically no difference.

CalOptima Health's HEDIS® MY 2021 BCS rate for Medi-Cal was 57.6%. The rate decreased by 1.9 percentage points from the prior year and was a statistically significant decrease between MY 2020 to MY 2021. However, the rate met the MPL of 53.93%.

Medi-Cal BCS Administrative Rate by Race/Ethnicity
HEDIS® Results MY 2021

Admin	Race/Ethnicity									
HEDIS MY2021	*Hispanic*	*Vietnamese*	*White*	*No Response*	*Other*	*Korean*	*Filipino*	*Asian/Pacific Islander*	*Chinese*	*Black*
Denominator	12,738	10,210	8,666	5,432	1,560	1,212	890	866	775	587
Numerator	7,762	6,742	4,119	3,162	734	663	520	476	362	293
HEDIS Rates	60.94%	66.03%	47.53%	58.21%	47.05%	54.70%	58.43%	54.97%	46.71%	49.91%
KPI (QC 50th % 53.93%)	Met 75th	Met 90th	Not Met	Met 50th	Not Met	Met 50th	Met 50th	Met 50th	Not Met	Not Met

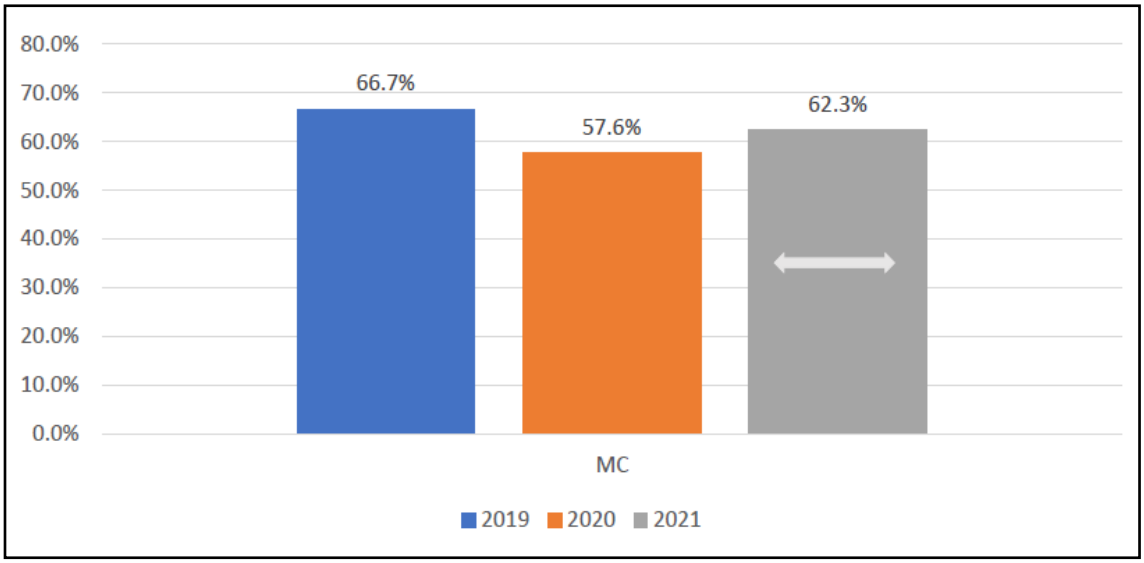
*Top 10 race/ethnicity by denominator count. *Medicaid Quality Compass MY2020 50th percentile.*

The table above examines the race/ethnicity rates for the top 10 race/ethnicity by denominator for the administrative Medi-Cal HEDIS MY 2021 rate (n=43,983) population. Race/ethnicity rates fell below MPL of 53.93% for White, Other, Chinese and Black population. The lowest rate was for members who identified as Chinese (46.71%). Vietnamese members have the highest rate at 66.03% and met the 90th percentile (63.77%).

Although BCS rate met the MPL in MY 2021, health disparities were revealed when the data was analyzed according to race/ethnicity. This finding reinforces the need for BCS interventions focused on increasing culturally appropriate outreach and education – especially to the Chinese Medi-Cal membership population — about the importance of screening and the no-cost screening benefit for CalOptima Health members. In 2020, CalOptima Health discovered significant disparities among members who identify as Chinese and Korean — notably when compared to other Asian groups like Vietnamese who

have consistently had among the highest BSC rates. To address these disparities, CalOptima Health launched a process improvement project (PIP) in partnership with Korean Community Services (KCS) Health Center to host community events to provide Korean and Chinese CalOptima Health Community Network (CCN) Medi-Cal members mobile mammography. In 2022, two mobile mammography community event interventions were held in February and in May. Chinese and Korean members who were overdue for mammograms were invited to participate via member letter campaign in their preferred language. Members who participated were assisted by designated provider staff with check-in and to complete necessary paperwork in the member's preferred language. Members were also offered a no-cost gift card for completing breast cancer screening mammogram as part of the agency's Member Health Rewards Program.

Trending Medi-Cal Cervical Cancer Screening (CCS)
HEDIS® Results MY 2019-2021



CCS hybrid rate shown. ↓↑ statistically higher or lower ↔ statistically no difference.

The CCS rate for Medi-Cal members increased by 4.7 percentage points from the prior year but there is statistically no difference between MY 2020 to MY 2021. Medi-Cal CCS rate met the MPL.

Medi-Cal CCS Administrative Rate by Race/Ethnicity
HEDIS® Results MY 2021

Admin	Race/Ethnicity									
HEDIS MY 2021	*Hispanic*	*White*	*Vietnamese*	*No Response*	*Other*	*Korean*	*Black*	*Filipino*	*Chinese*	*Asian/Pacific Islander*
Numerator	34,256	17,023	17,359	13,238	2,786	1,797	1,582	1,455	975	963
Denominator	60,041	34,961	26,443	23,966	6,989	4,251	3,150	2,947	2,245	2,036
Rate	57.05%	48.69%	65.65%	55.24%	39.86%	42.27%	50.22%	49.37%	43.43%	47.30%
KPI (QC 50th %= 59.12%)*	Not Met	Not Met	Met 75th	Not Met	Not Met	Not Met	Not Met	Not Met	Not Met	Not Met

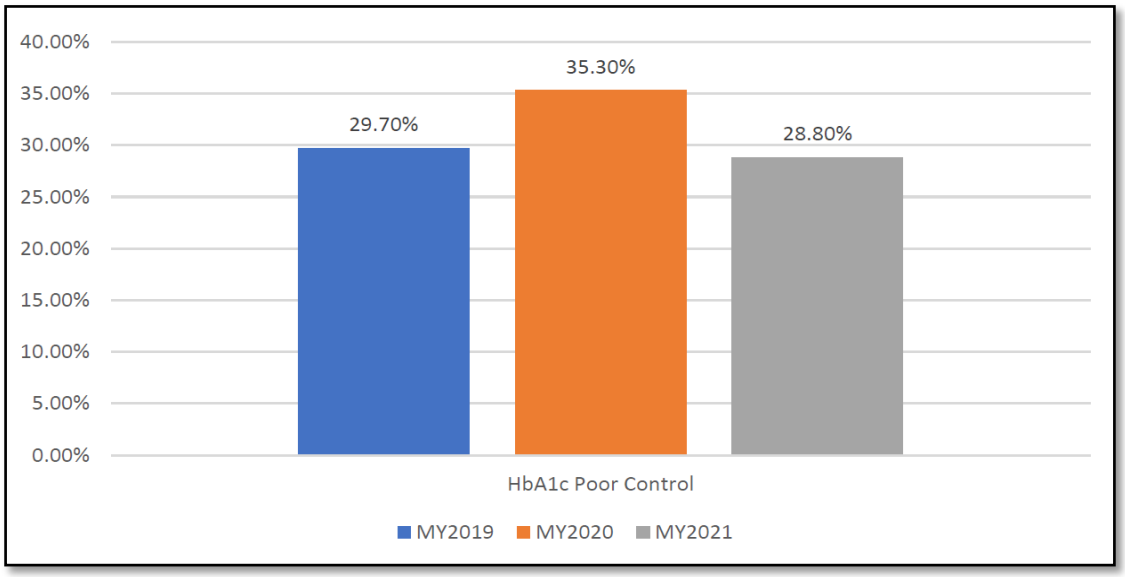
*Top 10 race/ethnicity by denominator count. *Medicaid Quality Compass MY2020 50th percentile*

The table above examines the race/ethnicity rates for the top 10 race/ethnicity by denominator for the administrative HEDIS® MY 2021 rate (n=170,402) population. Race/ethnicity rates that fell below MPL of 59.12% for Hispanic, White, No Response, Other, Korean, Black, Filipino, Chinese, and Asian/Pacific Islander population. The lowest rate was for members that identified as Other (39.86%) followed by members who identified as Korean (42.27%). Vietnamese members have the highest rates at 65.65% and met the 75th percentile (63.66%) followed by Hispanic members 57.05%.

Despite overall improvement to the CCS rate, health disparities were revealed when the CCS rate was analyzed according to race/ethnicity. This finding supports the need for CCS interventions focused on increasing culturally appropriate outreach and education to members of different racial and ethnic groups. In response to this need, the PHM department identified the top cities and languages for unscreened members who were due for CCS. In collaboration with the Communications department, this information was used to develop a digital ad campaign and paid social media campaign. Additional mass media efforts included radio ads and television ad campaigns which aired on the Public Broadcasting Service (PBS). The various campaigns launched in 2022 and the dedicated Member Health Rewards webpage were used to promote the CCS member incentive which offered CalOptima Health Medi-Cal members ages 21–64 who complete a CCS a no-cost gift card. Information on the CCS Member Health Reward program was made available in all threshold languages. In 2023, CalOptima Health will continue CSS multimodal campaign efforts and member health rewards program. In addition, CalOptima Health plans to explore new opportunities to increase culturally appropriate outreach efforts.

Trending Medi-Cal Comprehensive Diabetes Care (CDC) HbA1c Poor Control

HEDIS® Results MY 2019-2021



Lower rates indicate lowers rates of poor control (HbA1c >9.0%) and suggest better outcome.

When comparing MY 2020 to MY 2021 HbA1c Poor Control rates, the rate decreased by 5.8 percentage points. Despite the decrease, MY 2021 HbA1c Poor Control rate met the MPL and remained at the 90th percentile.

Medi-Cal CDC HbA1c Poor Control Rate by Race/Ethnicity

HEDIS® Results MY 2021

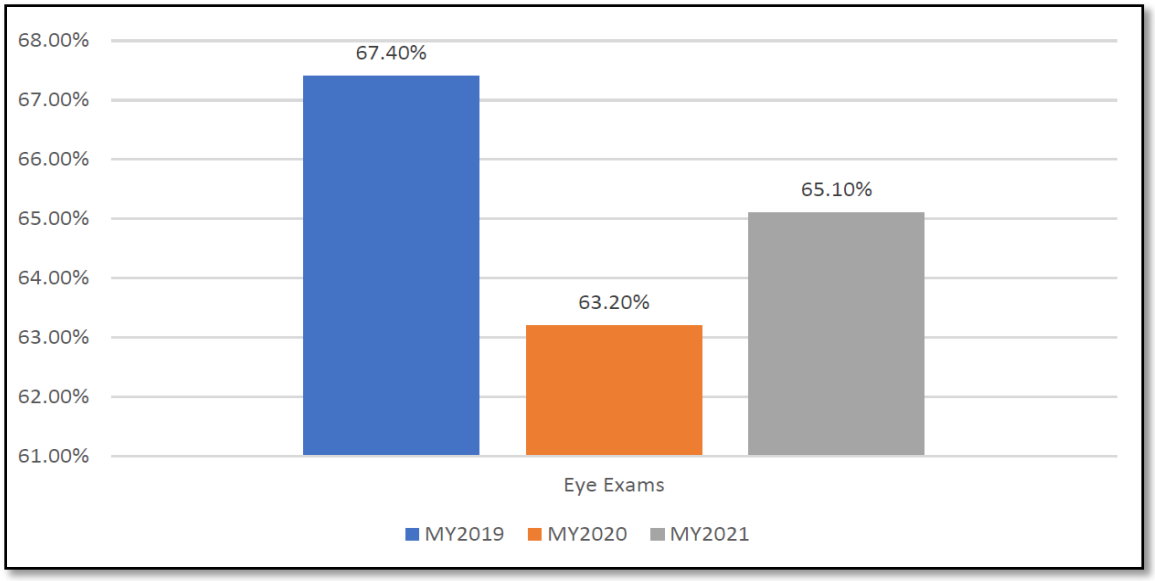
	Race/Ethnicity									
HEDIS MY 2021	*Asian Indian*	*Asian/ Pacific Islander*	*Black*	*Filipino*	*Hispanic*	*Korean*	*Vietnamese*	*White*	*No Response*	*Other*
Numerator	138	218	287	235	7,358	169	1,227	2,192	1,122	1,817
Denominator	469	606	593	814	14,739	649	5,124	4,895	3,259	4,401
Rates*	29.42%	35.97%	48.40%	28.87%	49.92%	26.04%	23.95%	44.78%	34.43%	41.29%
KPI (QC 50% = 43.19%)	Met 90th	Met 75th	Not Met	Met 90th	Not Met	Met 90th	Met 90th	Not Met	Met 75th	Met 50th

*Top 10 race/ethnicity by denominator count. *Lower rates indicate lowers rates of poor control (HbA1c >9.0%) and suggest better outcome.*

For the CDC submeasure of HbA1c poor control (>9%), lower rates indicate lower rates of poor control HbA1c (>9.0%) and suggest better outcome. The table above examines the race/ethnicity rates for the top 10 race/ethnicity by denominator for the HEDIS® MY 2021 rate (n=36,268) population. Race/ethnicity rates that met the MPL of 43.19% or below included members that identify as Asian Indian, Asian/Pacific Islander, Filipino, Korean, Vietnamese, White, no response and other. The highest rate of HbA1c poor control was for members that identified as Hispanic (49.92%). Vietnamese members have the lowest rate at 23.95% and met the 90th percentile (34.06%).

In summary, these findings show that the overall rate of poor control HbA1c (>9.0%) is low among our members (indicating a better health outcome). However, health disparities were revealed among Hispanic members when the HbA1c poor control (>9%) rate was analyzed according to race/ethnicity. This finding supports the need to conduct additional analysis to identify and address barriers and inequities faced by Hispanic members. Then using this information to enhance the diabetes management program so that it is more culturally responsive to our member needs. Currently, CalOptima Health does not satisfy this need; however, the agency is exploring the opportunity to launch a diabetes pilot program that would aim to decrease the rate of poor control HbA1c (>9.0%) (indicating a better health outcome) in Hispanic/Latino members. To support this effort, CalOptima Health has launched strategic planning workgroups to explore a multi-disciplinary approach to improve diabetes care among Latino/Hispanic members by lowering HbA1c levels to avoid complications and improving member and provider satisfaction. Meanwhile, CalOptima Health offers diabetes management services with individualized health coaching by a team of allied health professionals (e.g., nurses, registered dietitians, certified diabetes educators) that can provide services in threshold languages (and other languages upon request). CalOptima Health also offered Medi-Cal members who complete a diabetes A1c test a no-cost gift card. Information on the Diabetes A1c Test Member Health Reward program was made available in all threshold languages including Spanish. In addition, special efforts were dedicated to addressing emerging risks among members with diabetes. Through this initiative health coaches facilitated a call campaign in all languages to members who historically had an A1C value <8% but had recently raised above 8% but remained below 9%. Health coaches made time sensitive outreach calls and address dietary choices, medication adherence and other lifestyle factors as all viable options for helping members bring their A1C values below 8%.

Trending Medi-Cal CDC Eye Exams
HEDIS® Results MY 2019-2021



When comparing MY 2020 to MY 2021 Eye Exam rates, the rate increased by 1.9 percentage points. Overall, the MY 2021 Eye Exam rate met the MPL and was in the 66th percentile.

Medi-Cal CDC Eye Exam Rate by Race/Ethnicity
HEDIS® Results MY 2021

	Race/Ethnicity									
HEDIS MY 2021	*Asian Indian*	*Asian/ Pacific Islander*	*Black*	*Filipino*	*Hispanic*	*Korean*	*Vietnamese*	*White*	*No Response*	*Other*
Numerator	266	347	283	483	7,947	384	3,167	2,213	2,024	2,276
Denominator	469	606	593	814	14,739	649	5,124	4,895	3,259	4,401
Rates	56.72%	57.26%	47.72%	59.34%	53.92%	59.17%	61.81%	45.21%	62.10%	51.72%
KPI (QC 50%=51.36%)	Met 50th	Met 50th	Not Met	Met 75th	Met 50th	Met 75th	Met 75th	Not Met	Met 75th	Met 50th

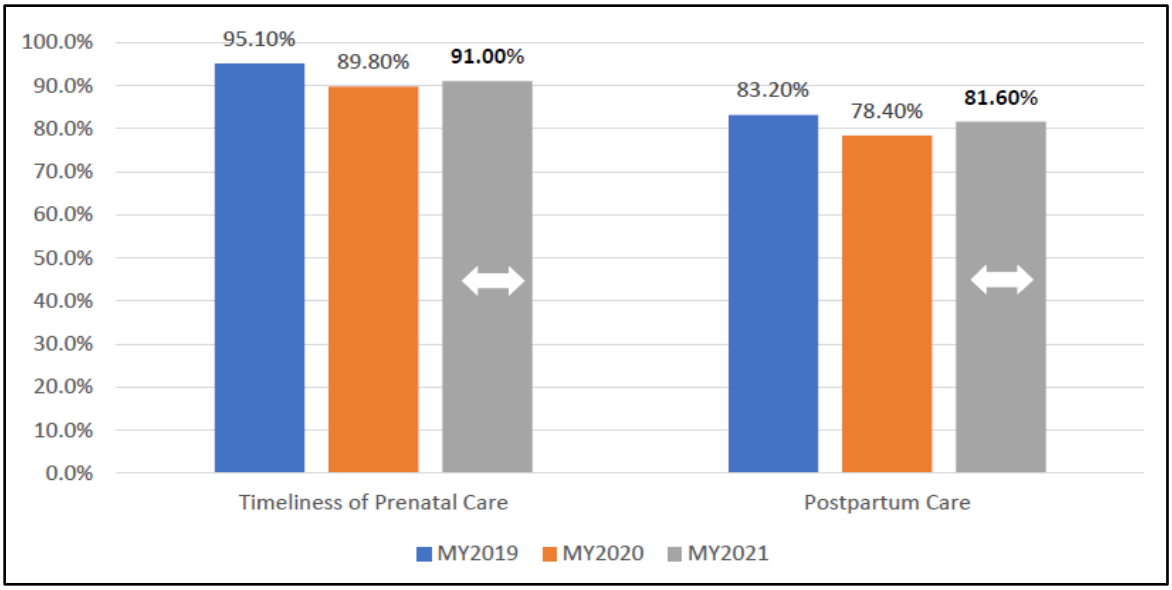
HEDIS MY 2021 CDC Eye Exam submeasure results. Based on the top 10 highest race/ethnicity denominators.

The table above examines the race/ethnicity rates for the top 10 race/ethnicity by denominator for the administrative HEDIS® MY 2021 rate (n=36,268) population. Out of the 10 race/ethnicity listed above, members who identified as Asian Indian, Asian/Pacific Islander, Filipino, Hispanic, Korean, Vietnamese, No Response and Other met the 50th percentile for CDC Eye Exam. Members who identified as Black and White did not meet the MPL for CDC Eye Exam.

In conclusion, opportunities to improve the CDC Eye Exam rate include the reinforcement of member education on the importance of eye exams and promoting the member incentives for preventive CDC Eye Exams. As described earlier and to satisfy this need, CalOptima Health offers diabetes management services with tailored health coaching offered by a team of trained allied health professionals. As part of the diabetes management services, Health coaches provide guidance on the importance of regular dilated eye exams and recommendations on how members can protect their vision when they have diabetes. Member education materials are available to members in threshold languages. These materials include: “Protect Your Eyes” handout, “Tests and Shots for People with Diabetes”

reference, and “Eye Exam” View Medica videos. Moreover, CalOptima Health offers a no cost gift card through their Eye Exam Member Health Rewards program. This incentive is widely promoted through the CalOptima Health website, member and provider newsletters, social media and by care management teams.

Trending Medi-Cal Timeliness of Prenatal Care and Postpartum Care
HEDIS® Results MY 2019-2021



Trend analysis of final HEDIS rates for Prenatal Care and Postpartum Care. Bold percentile indicates that the organization’s goal was met. White arrow indicates that there was no statistical significance in rates when compared to the year prior.

Prenatal and Postpartum Care achieved the HEDIS® MPL rate, 91.00% and 81.60% respectively. Statistically there was no difference between MY 2020 and MY 2021 rates.

Medi-Cal Prenatal Care and Postpartum Care (PCC) Rate by Race/Ethnicity
HEDIS® Results MY 2021

Hybrid	Ethnicity									
HEDIS MY 2021	*Hispanic*	*Other*	*White*	*Vietnamese*	*No response*	*Black*	*Filipino*	*Korean*	*Asian or Pacific Islander*	*Chinese*
Denominator	3,942	1,335	953	488	326	136	77	73	47	35
Prenatal Care Numerator	3,256	1,088	734	375	264	109	58	66	35	28
Prenatal Care Rate	82.60%	81.50%	77.02%	76.84%	80.98%	80.15%	75.32%	90.41%	74.47%	80.00%
Postpartum Care Numerator	2,787	948	608	416	222	93	53	58	39	27
Postpartum Care Rate	70.70%	71.01%	63.80%	85.25%	68.10%	68.38%	68.83%	79.45%	82.98%	77.14%

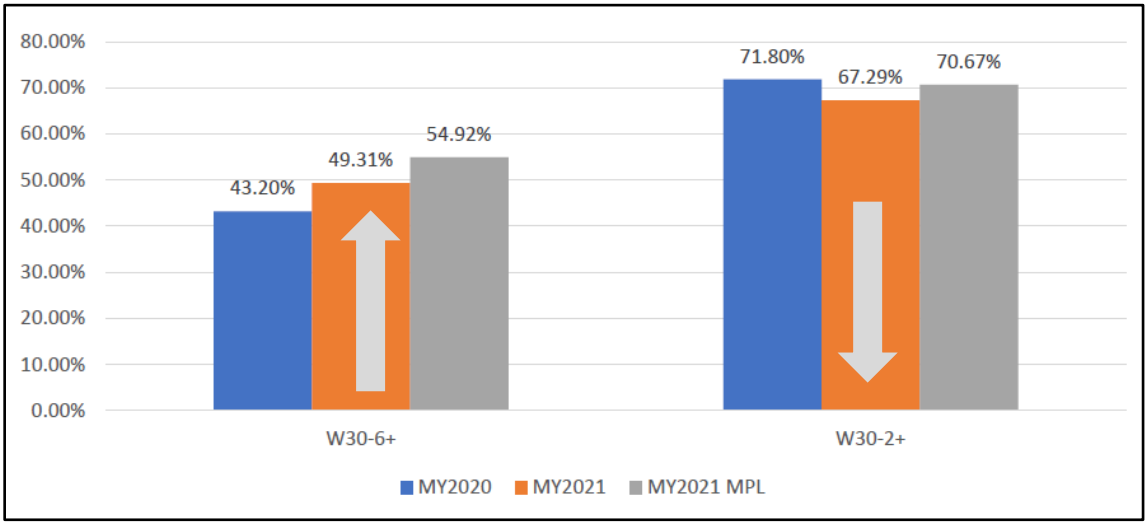
Table 2 displays top 10 ethnicities with the highest denominator based on total HEDIS population and the completion rates of timely prenatal and postpartum care. Prenatal and Postpartum are hybrid measures. The total rate does not indicate the final HEDIS rate. Note: Includes Kaiser members.

The table above examines postpartum care rates by race/ethnicity. The highest prenatal care completion rate is among Korean members at 90.41%, and the highest postnatal care completion rate is among Vietnamese members at 85.25%. The lowest prenatal care rate is among Asian and Pacific Islander members at 74.47% and the lowest postnatal care rate is among White members at 63.80%.

Despite meeting the MPL for both prenatal and postpartum care completion, postpartum care rates continue to be lower than prenatal care rates. Opportunities remain to increase promotion of and leverage the postpartum health reward to support timely postpartum care. In addition, there are opportunities to close gaps in care and support reductions in health disparities by conducting focused interventions such as a live-call campaign with tailored messaging to various racial/ethnic member groups. To address these gaps, CalOptima Health offers Medi-Cal members a $50 Health Reward for completing a postpartum checkup. The health reward was widely promoted to members via CalOptima Health website, Medi-Cal member newsletter and Bright Steps program (BSP). Additional intervention included Pay 4 Value (P4V) metrics for prenatal and postpartum care, social media campaign, CalOptima Health website promotion, member newsletter, and provider newsletter and fax used to promote this incentive. In addition, CalOptima Health's BSP for perinatal and postpartum members offers tailored education, educational materials, resources and support for mom and baby via phone calls throughout each trimester and the postpartum timeframe threshold languages (and others upon request). Through BSP members engaged in Comprehensive Perinatal Services Program (CPSP) through a CPSP certified provider. BSP also offers participants a member mailing with topics related to prenatal and postpartum care. Future plans to address health disparities in perinatal care are being explored through partnerships with community-based organizations and key stakeholders.

Trending Well-Child Visits in the First 30 Months of Life (W30)

HEDIS® Results MY 2019-2021



W30 HEDIS MY 2020 was a display measure. W30 HEDIS MY 2021 was first year reported. MPL is the 50th percentile for Quality Compass Benchmarks.W30 is an administrative measure.

CalOptima Health's HEDIS® MY 2021 W30 did not meet MPL. The W30-6+ rate (49.31%) increased by 6.1 percentage points and had significant improvement compared with last year and met the 33rd percentile (48.90%). The W30-2+ rate (67.30%) did not have significant improvement and decreased 4.5 percentage points compared with last year.

Medi-Cal W30-6+, First 15 Months, Rate by Race/Ethnicity
HEDIS® Results MY 2021

Admin	Race/Ethnicity									
HEDIS MY 2021	*Hispanic*	*No Response*	*Other*	*White*	*Vietnamese*	*Black*	*Korean*	*Filipino*	*Asian/Pacific Islander*	*Chinese*
Numerator	2,225	750	528	330	333	34	31	23	20	14
Denominator	4,386	1,620	1,107	817	496	81	61	48	36	34
Rate	50.73%	46.30%	47.70%	40.39%	67.14%	41.98%	50.82%	47.92%	55.56%	41.18%
KPI, 50th Percentile	Not Met	Not Met	Not Met	Not Met	Met 75th	Not Met	Not Met	Not Met	Met 50th	Not Met

Table displays top 10 race/ethnicities with the highest denominator based on total population. W30 is an administrative measure.

The table above examines the HEDIS® MY 2021 W30-6+ rates by race/ethnicity, yielding a final rate of 49.31%. 8 out of 10 subpopulations displayed did not meet MPL, with White members having the lowest rate at 40.39%. Moreover, in examination of ethnicities within the Asian population (denominator greater than 30) Chinese, Filipino and Korean members have a lower W30-6+ rate when compared to Vietnamese (67.14%) population who met MPL.

Medi-Cal W30-2+, 15 to 30 Months, Rate by Race/Ethnicity
HEDIS® Results MY 2021

Admin	Race/Ethnicity									
HEDIS MY 2021	*Hispanic*	*No Response*	*White*	*Other*	*Vietnamese*	*Black*	*Korean*	*Chinese*	*Filipino*	*Asian/Pacific Islander*
Numerator	4,689	1,054	795	528	595	94	90	62	60	45
Denominator	6,799	1,597	1,326	917	709	184	122	101	80	65
Rate	68.97%	66.00%	59.95%	57.58%	83.92%	51.09%	73.77%	61.39%	75.00%	69.23%
KPI, 50th Percentile	Not Met	Not Met	Not Met	Not Met	Met 90th	Not Met	Met 50th	Not Met	Met 50th	Not Met

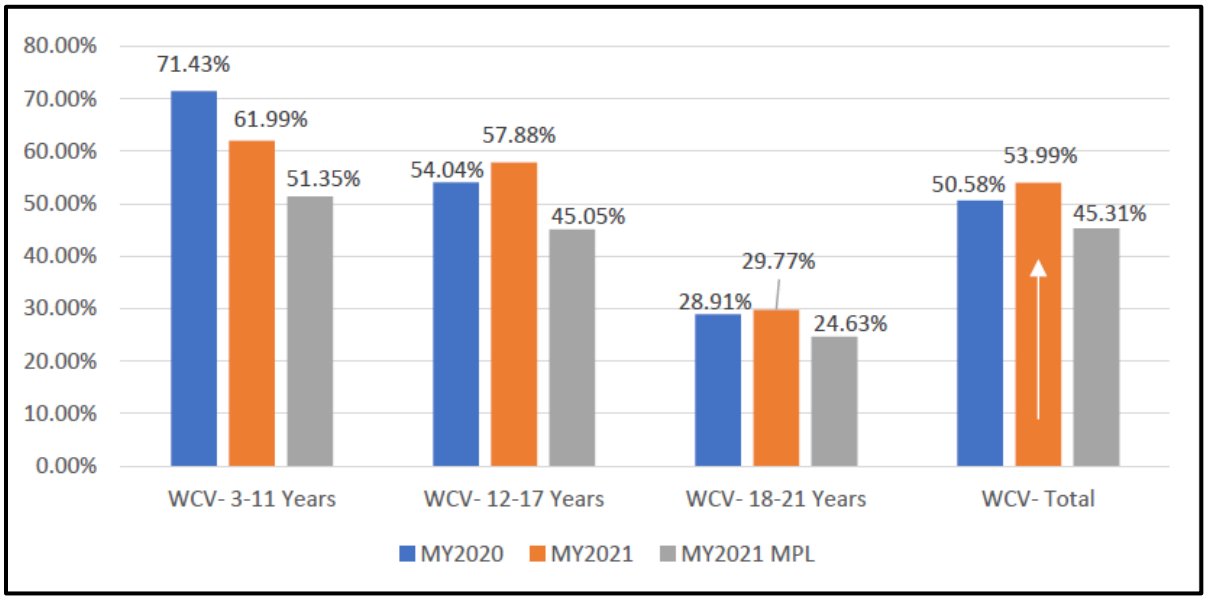
Table displays top 10 race/ethnicities with the highest denominator based on total population including administrative and hybrid measure counts.

The table above examines the HEDIS MY 2021 W30-2+ rates by race/ethnicity which includes the total population. Seven of 10 subpopulations displayed did not meet MPL, with Black members having the lowest rate (51.09%). Interestingly, for this latter sub measure of well-child visits between 15–30 months of life, Koreans and Filipino populations met the MPL but did not for the first 15 months.

In summary, HEDIS® MY 2021 W30 rate justifies the need to continue improvement projects to ensure efforts are made to increase the W30 measure to meet MPL. The improvement project should include multimodal outreach. This analysis also shows that there is an opportunity to develop culturally appropriate interventions to address gaps identified within the racial and ethnic subgroups like ensuring that outreach campaigns are conducted in multiple languages with tailored messaging for various cultures. In response, CalOptima Health has been committed to enhance interventions that promote well-child visits. These include utilizing the BSP for telephonic outreach and call campaigns, robocall campaigns,

focused mailing, mobile text messaging, focused advertisements, community newsletters (e.g., Health Guide for members 0-2) and television advertisements through BSP. To help ensure that members were receiving important information about well child visits, BSP call campaigns were conducted in all languages. Community newsletters and BSP commercials were also made available in threshold languages.

Trending Child and Adolescent Well-Care Visits (WCV)
HEDIS® Results MY 2019-2021



WCV HEDIS MY 2020 was a display measure. WCV HEDIS MY 2021 was first year reported. WCV-Total is reported and held to the MPL. MPL is the 50th percentile for Quality Compass Benchmarks. WCV is an administrative measure.

CalOptima Health's HEDIS® MY 2021 WCV-Total met MPL. The WCV-Total rate (53.99%) increased by 3.14 percentage points and had significant improvement compared to last year. WCV-Total met the 75th percentile (53.83%).

Medi-Cal WVC Rate by Race/Ethnicity
HEDIS® Results MY 2021

Admin	**Race/Ethnicity**									
HEDIS MY 2021	*Hispanic*	*White*	*Vietnamese*	*No Response*	*Other*	*Korean*	*Black*	*Filipino*	*Chinese*	*Asian/Pacific Islander*
Numerator	110,277	13,989	14,817	9,332	4,390	2,851	2,051	1,469	1,350	901
Denominator	192,550	35,744	23,937	18,023	9,993	5,436	4,875	3,039	2,893	1,965
Rate	57.27%	39.14%	61.90%	51.78%	43.93%	52.45%	42.07%	48.34%	46.66%	45.85%
KPI, 50th Percentile	Met 75th	Not Met	Met 75th	Met 50th	Not Met	Met 50th	Not Met	Met 50th	Met 50th	Met 50th

WCV HEDIS MY 2020 was a display measure. WCV HEDIS MY 2021 was first year reported. WCV-Total is reported and held to the MPL. MPL is the 50th percentile for Quality Compass Benchmarks. WCV is an administrative measure.

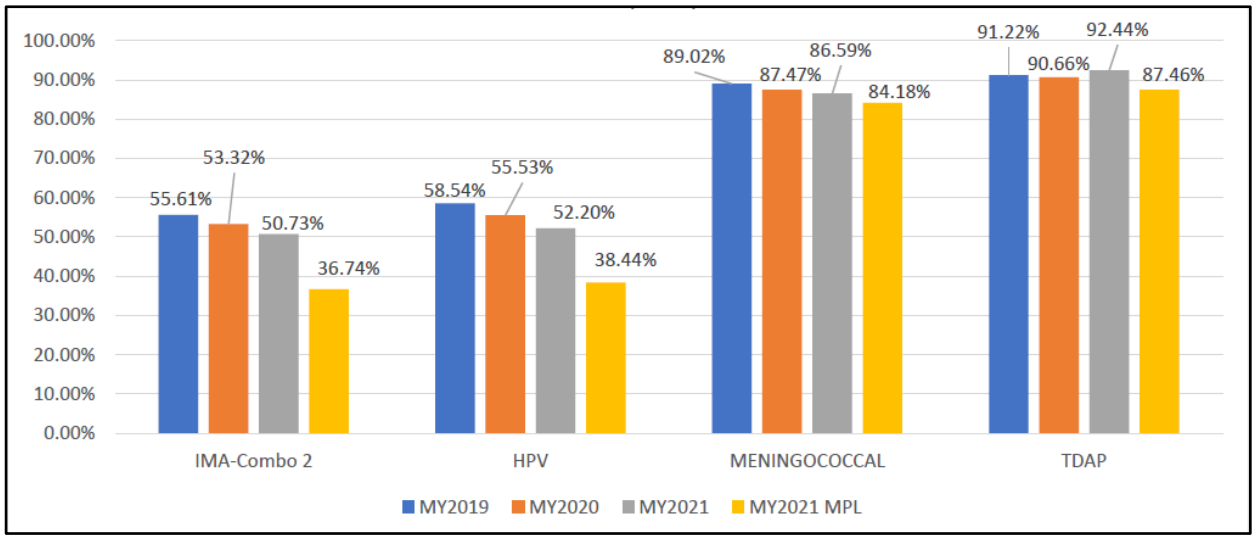
The table above examines the HEDIS® MY 2021 WCV-Total rates by race/ethnicity which includes the total population. Three of 10 subpopulations displayed did not meet MPL, identifying White and Black members as having the lowest rates of 39.14% and 42.07%, respectively.

In conclusion, this analysis revealed opportunities to sustain and even improve efforts through community-based organizations (CBOs) and school district collaboration to promote

well-care visits for students of all ages. This analysis also shows that there is an opportunity to develop culturally appropriate interventions to address gaps identified within the racial and ethnic groups. To address this need, CalOptima Health leveraged opportunities to partner with Orange County CBOs and Orange County school districts to promote well-care visits for students. Examples include participating in resources fairs hosted by the Collaboration to Assist Motel Families and Newport-Mesa school district. At these events, families were provided with information on wellness visits and other health topics and resources. Additional efforts to promote information on wellness visits include a multimodal campaign with newsletter articles (e.g., Health Guides 0-21), robocalls, mobile text messaging, and television advertisements. Furthermore, PHM and Quality Analytics (QA) departments are actively working to leverage available HEDIS data to better understand and plan strategies to address health disparities.

Trending Immunizations for Adolescents (IMA)

HEDIS® Results MY 2019-2021



IMA is a hybrid measure. MPL is the 50th percentile for Quality Compass Benchmarks. IMA-Combo 2 is reported and held to the MPL. MPL is the 50th percentile for Quality Compass Benchmarks.

Furthermore, CalOptima Health's HEDIS MY 2021 IMA-Combo 2 met MPL (36.74%). The IMA-Combo 2 rate (50.73%) decreased by 2.59 percentage points and did not have significant improvement compared to last year. IMA-Combo 2 met the 90th percentile (50.61%).

Medi-Cal IMA-Combination 2, Rate by Race/Ethnicity

HEDIS® Results MY 2021

Admin	Race/Ethnicity									
HEDIS MY 2021	Hispanic	White	Vietnamese	No Response	Other	Korean	Black	Chinese	Filipino	Asian/Pacific Islander
Numerator	5,914	522	835	261	109	129	74	66	74	43
Denominator	12,240	1,878	1,363	735	333	305	302	160	160	125
Rate	48.32%	27.80%	61.26%	35.51%	32.73%	42.30%	24.50%	41.25%	46.25%	34.40%
KPI, 50th Percentile	Met 75th	Not Met	Met 90th	Not Met	Not Met	Met 50th	Not Met	Met 50th	Met 75th	Not Met

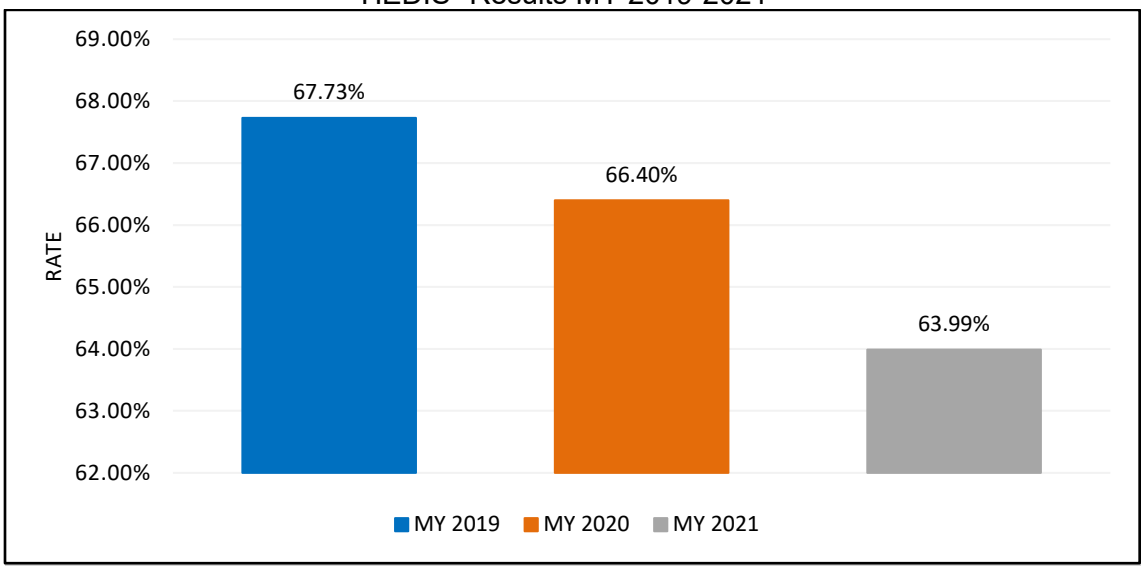
Table displays top 10 race/ethnicities with the highest denominator based on total population including administrative and hybrid measure counts. IMA-Combination 2 includes adolescents who are numerator compliant for all three indicators (meningococcal, Tdap, HPV).

The table above examines the HEDIS MY 2021 IMA-Combo 2 rates by race/ethnicity, which includes the total population. Five of 10 subpopulations displayed did not meet MPL, with Black members having the lowest rate at 24.5%.

Overall, this analysis reinforces the need sustain and enhance efforts through CBO and school district collaborations to promote both well-care visits and immunizations for students of all ages. CBOs and schools are trusted resources and parents are more likely to respond and follow through with the guidance. This analysis also shows that there is an opportunity to develop culturally appropriate interventions to address gaps identified within the racial and ethnic groups. To satisfy this need, CalOptima Health hosted Back-to-School Vaccination events in partnership with Orange County school districts and CBOs. One example was Latino Health Access "Activate Your Health" family event that the provided back-to-school vaccines for students 5-15 years in partnership with CalOptima Health and Serve the People mobile health clinic. Additional efforts to promote information on childhood immunizations include a multimodal campaign with member and community newsletters articles (e.g., Community Connects and Health Guides 0-21), member website promotion and social media campaigns. Furthermore, PHN and QA departments are actively working to leverage available HEDIS data to better understand and plan strategies to address health disparities.

Trending Lead Screening in Children (LSC)

HEDIS® Results MY 2019-2021



Beginning MY 2022, managed care plans (MCPs) will be held to the DHCS MPL. In addition, through All Plan Letter (APL) 20-016: Blood Lead Screening in Young Children, DHCS issued regulatory requirements for MCPs to ensure timely LSC among eligible child members. APL mandates differ from HEDIS® and require two LSC, one at 12 months and a second at 24 months of age with catch-up testing if these recommendations are not met. The final HEDIS® LSC measure rate for MY 2021 was 63.99%, and not held to MPL.

LCS Rate by Race/Ethnicity
HEDIS® Results MY 2021

Hybrid	Ethnicity										
HEDIS MY 2021	*Hispanic*	*No response*	*White*	*Other*	*Vietnamese*	*Black*	*Korean*	*Chinese*	*Filipino*	*Asian/ Pacific Islander*	*Total*
Numerator	4,559	1,080	655	667	480	72	83	59	45	30	7,802
Denominator	7,102	2,011	1,351	1,224	727	168	119	99	77	71	13,082
Rate	64.19%	53.70%	48.48%	54.49%	66.02%	42.86%	69.75%	59.60%	58.44%	42.25%	59.64%
% of Total Population	54.29%	15.37%	10.33%	9.36%	5.56%	1.28%	0.91%	0.76%	0.59%	0.54%	59.63%

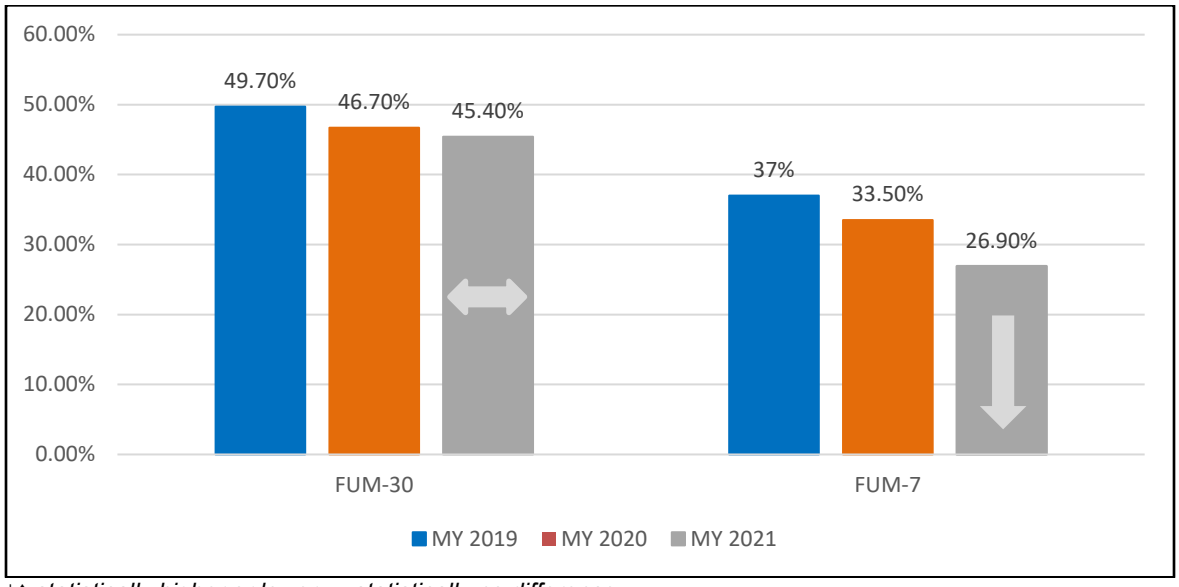
Table A displays top 10 ethnicities with the highest denominator based on total population. LSC is a hybrid measure. The total rate does not indicate the final HEDIS rate.

When LSC rates were analyzed by race/ethnicity, Hispanic members represent the majority of the child population (54.28%) and had a 64.19% testing rate. Asian and Pacific Islander members represent 1.28% of the child population and had the lowest testing rate (42.25%). However, Asian subpopulations have among the highest LSC rate.

In summary, LSC data revealed that there are opportunities to improve this rate by leveraging communication platforms to address blood lead screening topics with both providers and parents. Emphasis of messaging to providers and parents will focus on the importance of timely screenings, requirements for providing parents/guardians with anticipatory guidance and distribution of quarterly reports. This analysis also shows that there is an opportunity to enhance data collection efforts in attempt to disaggregate and better understand the needs of members who identify as Asian and Pacific Islander. To ensure all children are screened for blood lead levels at least once on or before 24 months of age, CalOptima Health has worked on educating members and providers on the benefits of screening. In 2022, guidance on blood lead testing for children was included in Medi-Cal member newsletter articles, PBS television campaign, social media posts and educational content was added to the member website. In addition, a text messaging and IVR campaign was launched to remind and encourage parents and guardians to get their child tested for lead. In addition, CalOptima Health's QA department is closely working with clinical providers that have subject matter expertise in blood lead testing in children to define methodology needed to develop data dashboard to monitor testing at 12 and 24 months of age. This step will help CalOptima Health leverage data to better identify and address health disparities in blood lead testing among members.

Trending Follow-Up After Emergency Visit for Mental Illness (FUM) within 7 and 30 Days of Discharge

HEDIS® Results MY 2019-2021

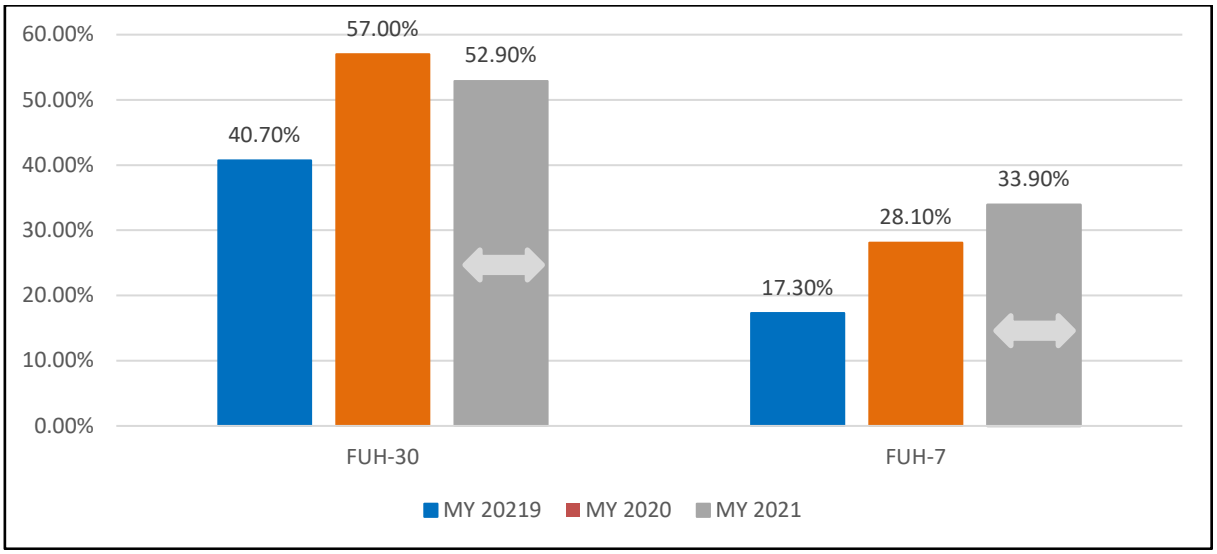


↓↑ *statistically higher or lower* ↔ *statistically no difference.*

Compared to the previous reporting year, there was no significant change in FUM-30 despite the slight rate decrease to 45.4%. However, the FUM-7 rate significantly decreased to 26.9%. The analysis of FUM data revealed the need to leverage opportunities to engage, connect and support members to schedule follow-up visits after an ED visit for mental illness. To address this need, CalOptima Health included the FUM measure as part of the Health Network (HN) P4V program in MY 2022. The agency's Behavioral Health Integration (BHI) department also worked with Information Technology Services (ITS) to create an internal Tableau report to assist in the identification and analysis of potential trends in data (i.e., potential trends for health networks, ED facilities, members, providers, etc.). This report will help BHI better identify and address gaps in care. BHI also partnered with select EDs in Orange County to launch a pilot program to facilitate linkage to behavioral health (BH) services post ED visits when BH was identified as a member need.

Trending Follow-Up After Hospitalization for Mental Illness (FUH) within 7 and 30 Days of Discharge

HEDIS® Results MY 2019-2021

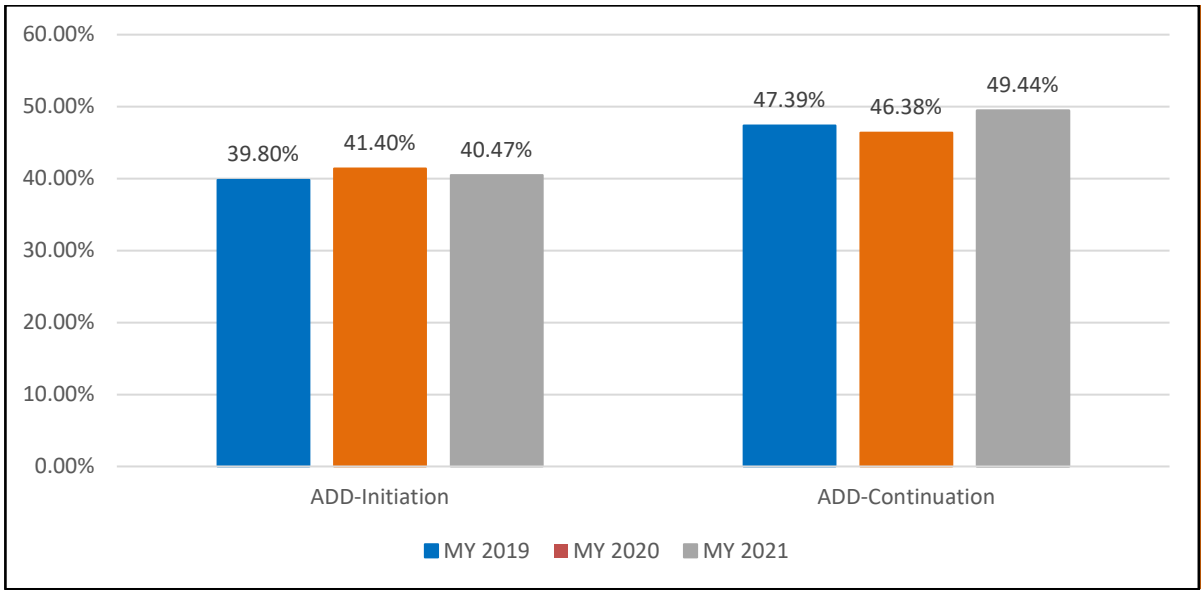


↓↑ *statistically higher or lower* ↔ *statistically no difference.*

In 2021, there were no significant changes in FUH-30 and FU-7 rates. CalOptima Health's FUH-30 rate slightly decreased to 52.90% while the FUH-7 increased 33.90%. Opportunities to increase FUH rates include enhancement to transition care team activities like monitoring and conducting post discharge outreach to ensure members are able to schedule and attend follow-up appointments. To fulfill this need, CalOptima Health's Transition of Care Management (TCM) team conducted outreach to members post-discharge to coordinate follow-up appointments and address potential barriers (e.g., transportation). The TCM team continued to build relationships with facilities, behavioral health (BH) providers, and county staff that further increased engagement. The TCM team also held weekly clinical round meetings to discuss concurrent reviews and internal coordination interventions.

Trending Follow-Up Care for Children with prescribed Attention-Deficit/ Hyperactivity Disorder (ADHD) Medication (ADD)

HEDIS® Results MY 2019-2021



In 2021, CalOptima Health's ADD-Initiation rate slightly decreased to 40.47% while the ADD-Continuous rate increased 49.44%. The analysis of ADD data revealed opportunities to increase this rate through multimodal parents and providers education efforts. To meet this need, the BHI Quality Team tracked high opportunity providers that showed noncompliance in member follow-up visits post ADHD prescription. High opportunity providers were sent a letter to share ADD measure requirements and to reinforce the importance of follow-up visits for members prescribed ADHD medications. The BHI Quality Team also tracked members who filled an initial ADHD medication and conducted member outreach to ensure a 30-day follow-up appointment had been scheduled. Lastly, the BHI Quality Team submitted an article for the Spring 2022 edition of CalOptima Health's member newsletter on the importance of attending follow-up visits with a provider post ADHA prescription.

COVID-10 Public Health Emergency Response

The COVID-19 pandemic created a public health emergency that has changed the landscape of delivering quality health care to members. Since 2020, CalOptima Health continues to develop innovative strategies to meet the needs of our members. Among one of the most important strategies to overcome the PHE was the development of the COVID-19 vaccine and boosters. The following data describes current efforts about the COVID-19 vaccine.

COVID-19 Vaccination* Rates by Race/Ethnicity

Vaccination Rates as of 10/31/2022	Race/Ethnicity					
	Alaskan Native/ American Indian	*Asian*	*Black*	*Hispanic*	*Others*	*White*
Numerator	788	147,894	7,872	215,760	98,027	83,201
Denominator	1,565	183,612	16,940	409,533	167,399	154,742
Rate	50.4%	80.5%	46.5%	52.7%	58.6%	53.8%

**Vaccination rate includes members who have been vaccinated with at least 1 dose of the COVID-19 vaccine.*

As of October 31, 2022, out of all CalOptima Health eligible members ages 6 months and up (933,791), the total vaccinated membership was 553,542, which yields a total vaccination percentage of 59.3%. Review of the vaccination rates by race/ethnicity shows that most categories have achieved at least a 50% vaccination rate with Asian being the highest at 80.5% and Black being the lowest at 46.5%. This analysis demonstrates that there is an opportunity to improve COVID vaccination rates among CalOptima Health members through health education on the importance of the COVID-19 vaccine. This is especially true among certain racial and ethnic groups like Black, Alaskan Native/American Indian, Hispanic and White members.

In response, CalOptima Health launched a comprehensive COVID-19 vaccination and communication strategy designed to mitigate the impact of the pandemic. CalOptima Health carried out a multimodal communication approach using social media, community announcements, CalOptima Health's website and member outreach efforts to share critical information related to COVID-19. With 80% of membership having access to smartphones, texting was a key avenue to expedite the sharing of time-sensitive information. Text messaging campaigns focused on countering vaccine misinformation, encouraging members to get vaccinated, vaccine access and community mobile vaccine clinics. Text messaging was provided to members in all seven threshold languages, and the content remained at sixth grade reading level or lower to maximize the understanding of information. CalOptima Health partnered with trusted faith- and school-based institutions (e.g., Second Baptist Church, St. Anthony Claret Catholic Church, Orange County Department of Education, Golden West College, etc.) to address COVID-19 vaccine myths, encourage vaccination, build awareness and confidence in the COVID-19 vaccine. Messages were shared across social media platforms in CalOptima Health's seven threshold languages. To address disparities, targeted text messaging went out to ethnic/racial populations with lower vaccination rates. In addition, CalOptima Health's continues to develop COVID-19 prevention messages for members, not limited to prevention strategies for high-risk groups, how to access preventive visits during the pandemic, how to seek health advice from your doctor and health network and/or 24/7 nurse triage. CalOptima Health also implemented a highly publicized COVID-19 Vaccination Member Health Rewards program to encourage members to get vaccinated which can contribute to herd immunity for Orange County and lead to routine care.

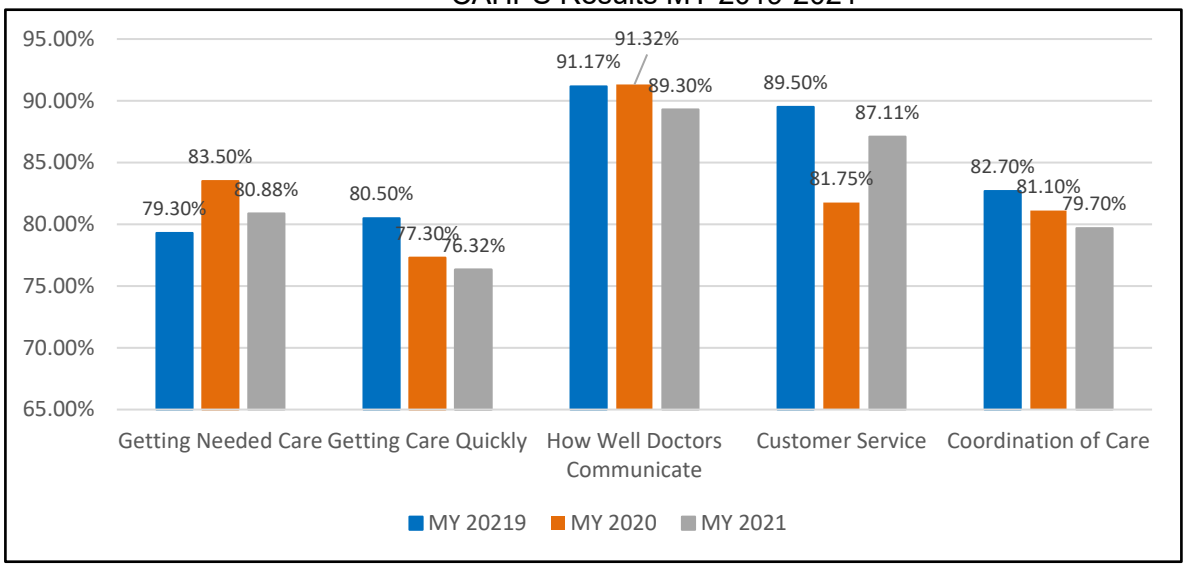
Access to Care (CAHPS)

CalOptima Health annually monitors member satisfaction and identifies areas for improvement. CalOptima Health assesses member satisfaction by identifying the appropriate population and collecting valid data from the affected population about various areas of their health care experience. To align with NCQA's Health Plan Ratings

methodology, CalOptima Health benchmarks the plan's CAHPS performance against the 10th, 33.33rd, 66.67th and 90th measure benchmarks and percentiles for Medi-Cal. The following graphs display CAHPS survey results for MY 2021 (RY 2022).

Medi-Cal Adult CAHPS Survey Composite Ratings

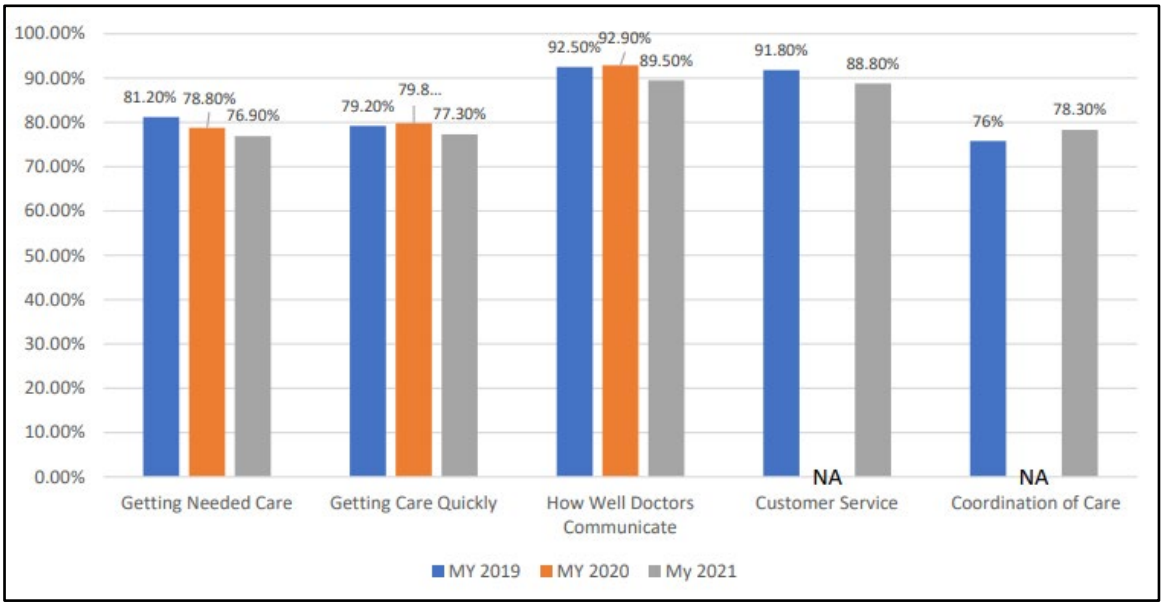
CAHPS Results MY 2019-2021



In 2021, CalOptima Health's goal was to meet the 66th percentile when compared to the National Medicaid Benchmarks. The data shows that CalOptima Health reached the 33rd percentile for "getting needed care" while the rest of the measures were in the 10th percentile.

Medi-Cal Child CAHPS Survey Composite Ratings

CAHPS Results MY 2019-2021



**Denotes performance below the 10th percentile.*

As previously mentioned, CalOptima Health's goal was to meet the 66th percentile when compared to the National Medicaid Benchmarks. The data shows that CalOptima Health reached the 33rd percentile for "customer service" and 10th percentile in "getting needed

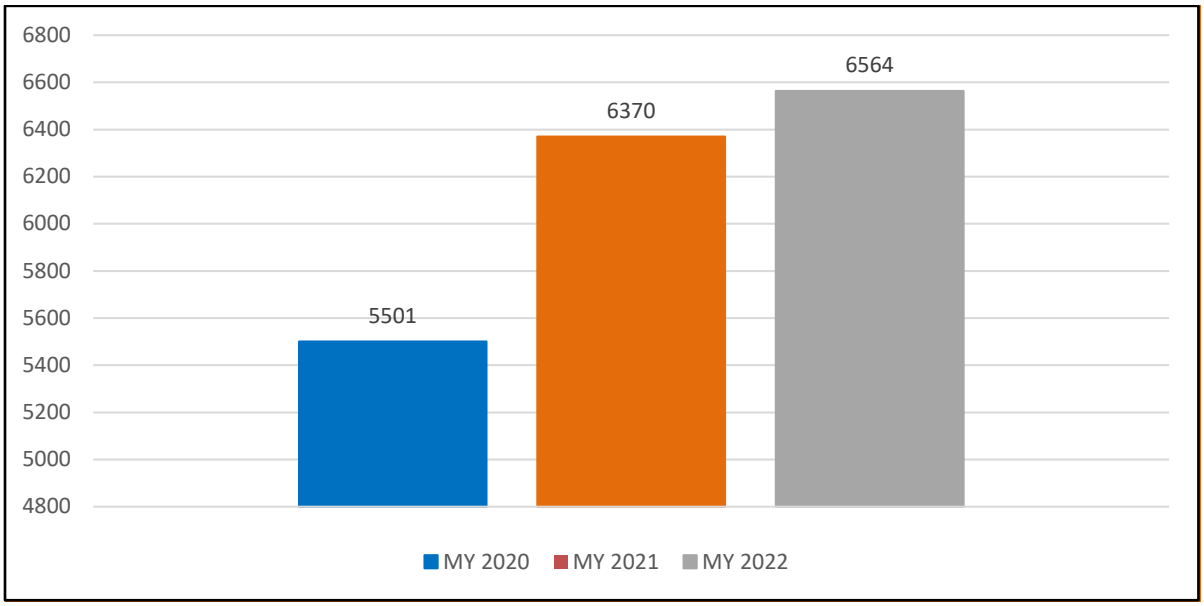
care" while the rest of the measures fell below the 10th percentile.

In conclusion, CAHPS data reveals a need to explore new strategies to improve member experience in all areas of care surveyed among adult and child members (i.e., getting needed care, getting care quickly, how well doctors communicate, customer service, and care coordination). To fulfill this need, CalOptima Health is exploring the opportunity to engage with a predictive analytics vendor that would provide the agency with a defined path and process to improve CAHPS scores. Next steps are to bring vendors in for demonstration with a potential for request for proposal. One promising approach to improve access to appointment availability and telephone accessibility is providing peer education and outreach to providers with challenges in providing timely care. CalOptima Health is exploring how to increase and sustain these efforts in the upcoming year. Additionally, CalOptima Health's response rates have continued to decrease in the past few years despite oversampling efforts. A lower response rate in 2022 has led to CalOptima Health's inability to report a valid CAHPS rate to NCQA for five measures due to a small denominator (N<100). This finding supports the need to increase oversample strategies. CalOptima Health is in discussions with our contracted survey vendor to use a QR code that will allow the member to access their survey electronically for ease of use to improve response rates.

Health Education Services

CalOptima Health assumes responsibility for health education services for all Medi-Cal members. These services promote health and wellness and help members manage their health conditions. At least annually, our Health and Wellness team reviews data on health education services provided to members alongside CAHPS, HEDIS and other internal data to identify and address member health education needs. The following is an analysis of the health education referrals received in MY 2020-2022:

Medi-Cal Member Health Education Referrals



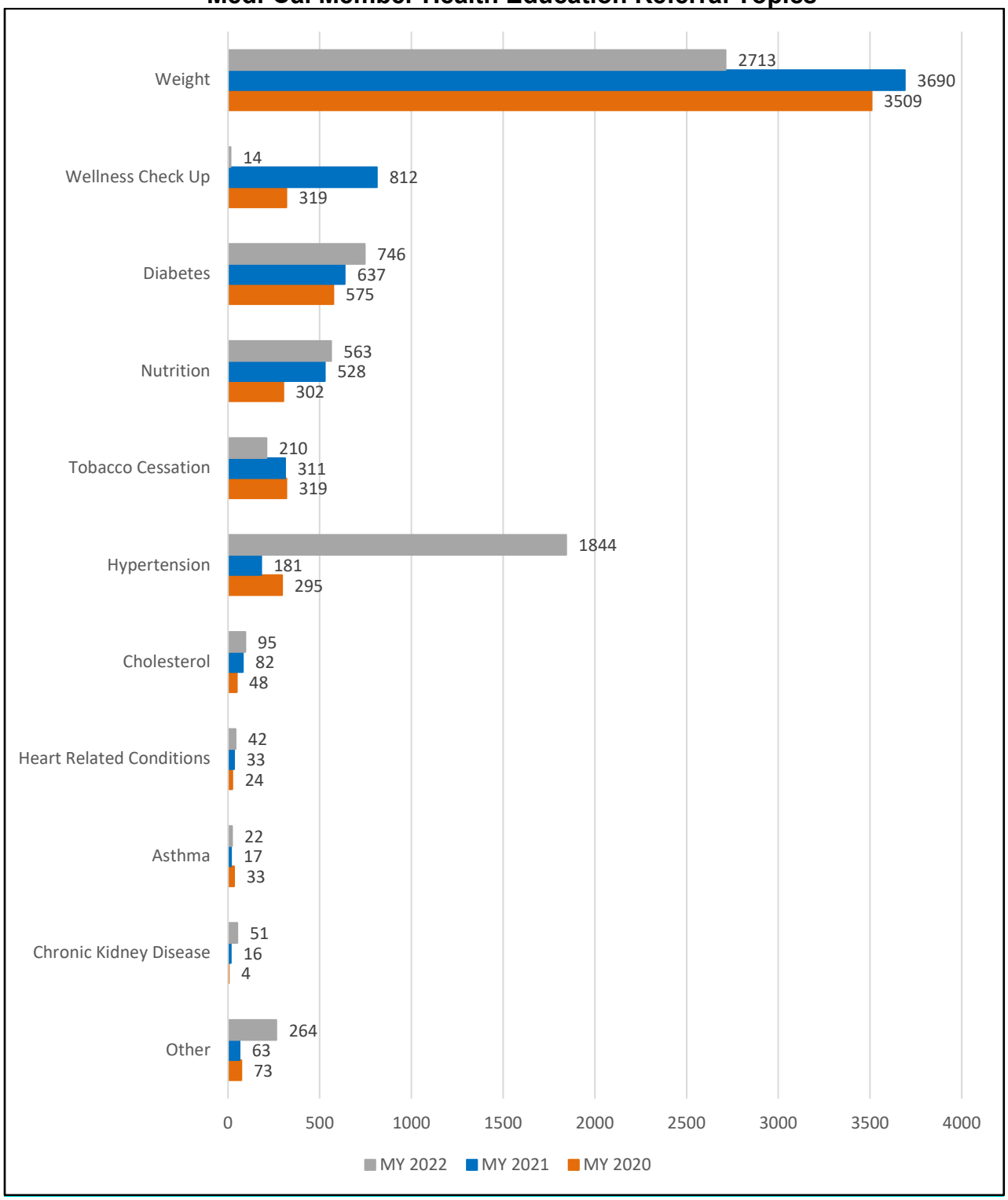
Data Source: 2020-2022 CalOptima Health CORE Reports

The graph above depicts the steady rise in unique member health education referrals received from 2020 to 2022. As CalOptima Health's membership increased, the agency's Health and Wellness team saw the need to expand to meet the growing demand for health management services.

In response, there was 19.32% increase in health education referrals for MY 2022. This increase is likely due to the expansion of the Health and Wellness team to include more trained Health Educators (e.g., certified health education specialists, certified health coaches, etc.) to address the needs of our growing Medi-Cal population, and the multimodal promotion of health education services through our member and provider websites, newsletters (e.g., Health Guide 0-21), member mailings, health education materials, individualized coaching, group classes, text messaging and more. Moreover, members who participate in health education services are also referred to resources to further support their health management journeys. Common referrals include:

- **Behavioral Health** (e.g., 211 OC, Adult Full-Service Partnership, Child Guidance Center Inc., Community Counseling and Supportive Services, Didi Hirsch Mental Health Services, Help Me Grow, OC Links, Outreach and Engagements, NAMI – The OC Warmline, National Suicide 988 Lifeline, Waymakers, Western Youth Services)
- **Dental** (e.g., Keep Smiling)
- **Bill Assistance** (e.g., So Cal Gas Energy Assistance Program, So Cal Edison CARE program)
- **Family Support** (e.g., FACT Family Resource Centers, OC Parent Wellness Program, Planned Parenthood, El Duelo – Grief Support)
- **Food Resources** (e.g., Meals on Wheels OC, CalFresh, Food Banks, The Senior Citizen Nutrition Program, Anaheim Downtown Community Center, Community Action Partnership of OC Food Bank, Families Forward, Family Assistance Ministries, Friendly Center)
- **Housing** (e.g., 211 OC, City Affordable Housing Lines)
- **Seniors** (e.g., St. Jude Medical Center, Senior Services, North OC Senior Collaborative, Office of Aging)
- **Tobacco Cessation** (e.g., New Lung, American Cancer Society – Great American Smoke Out, California Smoker's Helpline 1-800-NO-BUTTS)

Medi-Cal Member Health Education Referral Topics*



Data Source: 2020-2022 CalOptima Health CORE Reports

*This graph reflects referrals received and members identified through W30 and HIF/MET call campaigns conducted by the agency's Health and Wellness team in 2021 and 2022, respectively.

In addition, when health education referrals were assessed according to topic, the data revealed that weight management continues to be the primary reason members seek or are referred for health education services. It is also important to note that referrals for hypertension management have significantly increased (918%) over the past year making it the second most requested health education service in 2022. The trending rise in hypertension diagnoses among member over the past few years has motivated the Health and Wellness team to actively outreach to members with hypertension who are identified through Health Information Form (HIF)/Member Evaluation Tool (MET) data. Therefore, the sudden rise in hypertension management referrals is likely due to increased outreach efforts which has created a need to streamline resources to better support members requesting hypertension management. To meet this growing need, the Health and Wellness team has curated a member material library with hypertension management resources to better support members seeking health education services on this topic. These member materials are available in all threshold languages and are organized in the team's dedicated SharePoint page to ease accessibility. The Health and Wellness team is also working with QA to explore new ways to leverage member data to identify and develop focused strategies to address disparities in members diagnosed with hypertension.

4. Stakeholder Engagement

Contributions and Approval

CalOptima Health presents PNA findings to our stakeholders to solicit further input and discussion to inform the development of our PHM Strategy and Workplan. Stakeholder feedback is also used to develop and implement culturally and linguistically appropriate quality improvement programs and services. PNA key findings are presented at the Quality Improvement Committee (QIC), which includes multidisciplinary physicians and leadership from our agency's medical management and quality assurance teams. Feedback from the QIC is presented to CalOptima Health's Health Network Forum (comprised of contracted health network providers and leadership teams), Provider and Member Advisory Committees and external community stakeholders for further vetting and program contribution.The final workplan reflects opportunities and interventions derived from internal and external stakeholder input, and it is shared with the CalOptima Health Board of Directors' Quality Assurance Committee and approved by the CalOptima Health Board of Directors.

Dissemination and Workplan

CalOptima Health uses existing communication platforms to educate contracted health care providers, and other health personnel about pertinent PNA findings and workplan activities. Such communication channels include the Health Network Forum, website, existing community partnerships and monthly provider communications. Community collaboration accelerates program implementing and sustainability. Communication channels highlight new member initiatives or community-based events including programs identified through the PNA to increase partnership opportunities.

Local Health Department Collaboration

In 2023, CalOptima Health plans to deepen its partnership with the Orange County Health Care Agency (OCHCA) by participating in their Community Health Assessment (CHA), Community Health Improvement Plan (CHIP) and co-develop at least one shared goal based on CHA and PNA findings. Through this collaboration, CalOptima Health hopes to better understand and take collective action to remove the obstacles to health faced by our communities at highest risk of experiencing health disparities.